



At UPMC, we offer advanced care for patients with severe lung disease and evaluate many high-risk patients, including those needing single or double lung transplants, as well as those requiring re-transplantation. We consider each person referred to our program — even if they've been declined by other centers.

UPMC Lung Transplant Program

UPMC Presbyterian, Suite C-900
200 Lothrop St.
Pittsburgh, PA 15213

The cost of a lung transplant can vary from patient to patient, depending on multiple factors. Because every insurance plan is different, we work with credit analysts who can help your patient understand what aspects of their medical care will be covered.

For more information, or to refer a patient to our program, email cttransplant@upmc.edu.

*Is your patient
a candidate for
lung transplant?*

Referring a Patient to the
UPMC Lung Transplant Program

UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.

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Indications for Referral to Lung Transplant

- **Body Mass Index (BMI) ideally below 35. Others are considered with the understanding that weight loss will be needed.**
- **Conditions appropriate for transplant include severe lung disease due to:**
 - > Pulmonary fibrosis
 - > Chronic obstructive pulmonary disease (COPD)
 - > Cystic fibrosis and other causes of bronchiectasis
 - > Pulmonary hypertension
 - > Sarcoidosis

The Importance of Early Referrals

For many patients with advanced lung disease, a lung transplant may be the only long-term treatment option. However, deciding on the right time to refer your patient for an evaluation can be a challenge. Early referral is critical to:

- **determine feasibility of transplant as an option**
- **educate patients and families**
- **address barriers and optimize co-morbidities to improve the likelihood of a successful outcome**

Late referral often precludes transplant and reduces a patient's chance for improved quality of life and longer survival. Referral does not mean that patients will receive a transplant sooner than is ideal based on risk/benefit discussions.

Early referral is particularly important for patients with pulmonary fibrosis, prior to the need for continuous supplemental oxygen given the frequency of rapid progression to lung failure, and for patients with pulmonary hypertension on maximal medical therapy.

The UPMC Difference

Experts at the UPMC Lung Transplant Program value partnerships with referring physicians. We are committed to transparent collaboration and will keep you informed on the status of your patient throughout the transplant process.

As national leaders in solid-organ transplantation, our team accepts difficult and complex cases. We are committed to providing transplant options to patients who may have been deemed high risk and were declined for transplant at another center.

- **No age restriction for lung transplant referral**
 - > Our experts have lung transplant experience with older adults and consider patients older than age 70 on a case-by-case basis.
- **Sequential bone marrow transplant**
 - > Often patients with underlying immunodeficiency are declined for lung transplant at other centers due to increased risk of infection. To help address this, our team can procure bone marrow from the lung transplant donor at the time of lung procurement to be used for a bone marrow transplant to help restore a functioning immune system in eligible patients.
- **High-risk systemic sclerosis/scleroderma**
 - > Many centers will not transplant patients with certain esophageal disorders, such as system sclerosis, due to concerns about the effects of potential aspiration on lung allograft function. UPMC has a long history of successfully transplanting these higher-risk patients by using enteral feeding through the recovery phase after transplant.

- **Patients with cystic fibrosis and drug-resistant infections**

> Some centers may decline patients with cystic fibrosis who are living with airway pathogens, including species of Burkholderia and nontuberculous mycobacteria. At UPMC, we consider transplant for those who are colonized with these organisms. We have transplanted many such patients and have achieved acceptable outcomes.

- **Patients with advanced lung disease and concomitant renal or hepatic dysfunction, particularly those under the age of 55 will be considered on a case-by-case basis.**

Why Choose UPMC's Lung Transplant Program?

Since the program's inception in 1982, our surgeons have performed more than 2,350 lung and heart-lung transplants, exceeding many other transplant centers.

We're one of only a few lung transplant centers in the United States that has achieved this volume, while maintaining outcomes that are consistent with national averages. To expand the pool of lungs available for transplantation, our team uses innovative technologies, including ex vivo lung perfusion (EVLP), which allows our surgeons to better assess and prepare donor lungs for successful transplantation.

Our talented team of lung and heart-lung transplant surgeons continues to gain vast clinical skills and expertise in the field, giving hope to people across the country and around the world.

For more information, or to refer a patient to our program, email cttransplant@upmc.edu.