Dear Colleagues:

We are delighted to provide you with this 2012 Annual Report of the Johns Hopkins Lung Transplant Program. One of the nation’s oldest programs, performing heart and lung transplants as early as 1983, the Hopkins Lung Transplant Program continues to lead the nation in both research and outstanding patient outcomes, despite a complex patient profile. Our multidisciplinary team of pulmonologists, surgeons, nurses and other specialists is committed to providing comprehensive care for patients at every stage of the transplant journey. In 2011, we performed 27 lung transplants with excellent outcomes.

**Highlights for 2012 include:**

**Superior One-Year Survival:** Our patients have had >84% one-year survival since 2007, consistently at or above the national average and above the risk-adjusted expected patient survival.

**Short Wait List Times:** Our wait times have been less than one month, well below the national average of six months. However, with shorter wait times it is critical for candidates to be referred early so that their health is optimal before they are placed on the waiting list, allowing each patient a greater chance at a better outcome.

**New Website:** The Comprehensive Transplant Center launched a new website in October 2011, hopkinsmedicine.org/transplant. This refreshed online portal is patient-friendly, informative and easy to navigate. Physicians, patients and caregivers can each find tools and resources needed to connect with our transplant team and learn about our program.

**New Faculty:** We welcome pulmonologist Pali Shah, M.D., director of patient safety and quality for the transplant program, and Alan Simone, M.D., previously at Duke University, to our cardiothoracic surgery faculty.

**Cutting-Edge Research:** Committed to setting the benchmark for providing the most advanced patient care, our faculty are extraordinarily active in their research to improve outcomes. A selection of our recent publications is listed inside.

We thank you for your support of the Johns Hopkins Lung Transplant Program. Our experienced team is dedicated to combining the latest medical advances in transplantation with timely, compassionate, and personalized care. We welcome your suggestions so that we may continue to provide the best care for your patients.

Sincerely,

Ashish Shah  M.D.  
Surgical Director

Jonathan Orens  M.D.  
Medical Director
### Statistics Published in January 2012 Scientific Registry of Transplant Recipients Report

<table>
<thead>
<tr>
<th></th>
<th>JHH</th>
<th>Risk Adjusted Expected Rate</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Waiting Time for a Lung Transplant (months)</td>
<td>1.7</td>
<td>n/a</td>
<td>4.7</td>
</tr>
<tr>
<td>Transplant Rate Per Patient Year on Waiting List</td>
<td>6.1</td>
<td>2.3</td>
<td>1.0</td>
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<tr>
<td>% Patients Survived 1 Month Post-transplant</td>
<td>100.0</td>
<td>95.4</td>
<td>96.2</td>
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<tr>
<td>% Patients Survived 1 Year Post-transplant</td>
<td>85.1</td>
<td>81.5</td>
<td>84.5</td>
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<tr>
<td>% Patients Survived 3 Years Post-transplant</td>
<td>63.0</td>
<td>62.8</td>
<td>66.6</td>
</tr>
</tbody>
</table>

### Select Research Publications 2011


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**Meet our Patients**

Antara Desai and Podge Reed

*Our patients have had >84% one year survival since 2007, consistently at or above the national average and above the risk-adjusted expected patient survival.*
Each patient will be assessed individually to determine suitability for transplant, however the following risk factors may increase risk for poor outcome:

- Active smoking OR substance abuse - must be abstinent for >6 months
- History of cancer (excluding non-melanoma skin) within past 5 years
- Ventilator dependence
- Severe medical comorbidities
- History of medical noncompliance
- Morbid obesity
- Severe deconditioning

**Common Indications for Transplant:**

- **Chronic Obstructive Lung Disease (COPD) with**
  - FEV1 < 25% of predicted
  - Evidence of hypercapnia
  - Secondary pulmonary hypertension
  - Recurrent life threatening exacerbations
  - BODE score >6

- **Idiopathic Pulmonary Fibrosis (IPF)**
  - Early referral preferred
  - Total lung capacity < 60%
  - Any Resting hypoxia
  - Secondary pulmonary hypertension
  - >10% loss of FVC in 6 months

- **Cystic Fibrosis (CF)**
  - FEV1 < 25% of predicted
  - Resting hypercapnia
  - Secondary pulmonary hypertension

- **Pulmonary arterial Hypertension**
  - Progressive disease on maximal medical therapy

- **Sarcoidosis**

- **Interstitial Lung Disease**

- **LAM**

**Potential Barriers to Lung Transplant:**

- Meet our Team

Dr. Ashish Shah, Dr. Christian Merlo, Dr. Pali Shah, Dr. Jonathan Orens, Dr. Alan Simeone (not pictured)