INTRODUCTION AND OBJECTIVES

Idiopathic pulmonary fibrosis (IPF) is a chronic, fibrosing interstitial pneumonia of unknown aetiology. Its clinical course is unpredictable but invariably leads to progressive respiratory failure and death. Median survival from time of diagnosis, without transplant, is 2–3 years.

IPF patients referred for transplantation often suffer from poor outcomes, due to organ shortage and rapid disease progression. In America, the introduction of the lung allocation score has greatly benefited the IPF cohort. Furthermore, an increasing proportion of these transplants have occurred in patients over the age of 65 - an age group that had previously been associated with high post-transplant mortality. Recent data has however contradicted this, showing that surgical outcomes and survival are satisfactory in this age group.

In a condition with no disease modifying medical therapy, we reviewed the survival benefit of lung transplantation in age-stratified groups to see if our data matched those seen internationally and to encourage further transplantation in this older population.

METHODS

All patients with IPF who received lung transplantation in Ireland, since the beginning of the transplant service in 2005, were included (n = 30). Data collected included patient demographics, lung function, transplant details and survival data. Survival data was compared with IPF patients who had died while on the waiting list (n = 30). Data collected included time of diagnosis, without transplant, is 2 years – progressive respiratory failure and death. Median survival from time of diagnosis, without transplant, is 2–3 years.

RESULTS

For those patients on the lung transplant waiting list, who did not receive a transplant, survival was unfortunately poor (75% at 6 months, 30% at 12 months, and 15% at 18 months). However, following transplantation, all-age survival was 96.6% at 1 year, 90.1% at 2 years and 78.9% at 5 years. The 5 year survival for those transplanted over the age of 65 was 88.9% (n = 9).

Abstract P203 Figure 1.

CONCLUSION

As patients who suffer from IPF commonly present in their 7th decade, the consideration of patient age is pertinent when referring for transplantation. Although, many centres view age greater than 65 as a relative contraindication to lung transplantation, we feel that this data reinforces the alternative viewpoint - that age should not be a limiting factor, in carefully selected candidates.

REFERENCES


21 YEARS OF SHIELD: DECREASING INCIDENCE OF OCCUPATIONAL ASTHMA IN THE WEST MIDLANDS, UK?

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INTRODUCTION

Notifications of occupational asthma (OA) to the West Midlands SHIELD reporting scheme have declined between 1991 and 2011. This may be due in part to reporter fatigue or restrictions on reporting, under-recognition, or true reduction in incidence of OA due to workplace control measures. We aimed to describe trends in reports of OA to the SHIELD database over a 21-year period and investigate reasons for any changes.

METHODS

Descriptive statistics were performed on demographic and annual notification count data (for total notifications and individual causative agents). Count data were scaled to give a count per million workers using West Midlands’ mid-year...
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