LUNG TRANSPLANTATION AND SURVIVAL IN IDIOPATHIC PULMONARY FIBROSIS - AN IRISH PERSPECTIVE

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 transplantation, 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 awaiting a transplant over the past 3 years (n = 20).

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).

Survival: IPF patients on the lung transplant waiting list.

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.

Reducing Antigen Exposure in Pigeon Breeders. Wearing a Mask is a Sign of Disease

INTRODUCTION

Mask wearing is a common practice in pigeon breeders due to the risk of pigeon breeder disease (PBD). However, there is limited evidence to support the effectiveness of mask wearing in preventing PBD.

METHODS

We conducted a cross-sectional survey of pigeon breeders in Ireland to assess the prevalence of PBD and mask wearing. A questionnaire was developed to collect information on mask wearing, symptoms of PBD, and exposure to pigeon antigens. The questionnaire was distributed online and through pigeon clubs.

RESULTS

Of the 200 responses received, 167 were usable. The prevalence of mask wearing was 45%. The majority of respondents (75%) wore masks when handling pigeons. The most common symptoms reported were cough (85%), fatigue (65%), and joint pain (55%). The odds ratio for developing PBD was 3.02 (95% CI: 1.01-8.98) for those who wore masks compared to non-mask wearers.

CONCLUSION

Wearing a mask is associated with a reduced risk of PBD in pigeon breeders. However, the effectiveness of mask wearing in preventing PBD requires further study. This survey highlights the importance of mask wearing in pigeon breeders and raises awareness of the risk of PBD.

REFERENCES


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