course and history of long term survivors and we describe characteristics and outcomes of all lung transplant recipients who have survived greater than 20 years at our centre.

Results Twenty-one (16.2%) out of a possible total of 121 transplant patients survived at least 20 years with an overall median survival of 21.3 (range 20.1–24.9) years. The mean age at transplantation was 31.8 ± 9.9 years and 13 (61.9%) were male. The most common indication for transplantation in the group was Cystic Fibrosis (33.3%); heart-lung and bilateral lung transplant operations were equally the most commonly performed.

The median six-minute walk distance (6MWD) was 600m (range 419–785m). The median time to the development of BOS was 9.7 years. At time of evaluation, 2 (10%) patients had BOS score 0, 3 (14%) BOS 1, 6 (29%) BOS 2 and 10 (48%) BOS 3.

The total number of rejections requiring augmentation with corticosteroids was 30 episodes in 21 patients with an average of 1.4 (range 0–3) episodes per patient. Eighteen patients had at least one episode of rejection needing corticosteroids.

No patient developed symptomatic ischaemic heart disease; systemic hypertension was found in 19 (90.5%) patients. Two (9.5%) patients developed post-transplant lymphoproliferative disease. Four patients developed other malignancies, 3 of which were skin cancers and 1 renal cancer.

All 4 cases of diabetes post transplantation occurred in patients with Cystic Fibrosis. Eight patients required renal replacement therapy as a result of ciclosporin toxicity and four underwent renal transplantation.

Conclusion Twenty-one (16.2%) patients in our cohort survived 20 years. Although nearly all patients developed an element of CLAD, exercise tolerance was preserved as judged by 6MWD. Hypertension was common and renal failure remained the most problematic complication of immunosuppression.

P244 CHARACTERISTICS AND OUTCOMES IN LUNG TRANSPLANT RECIPIENTS AGED 65 AND OVER

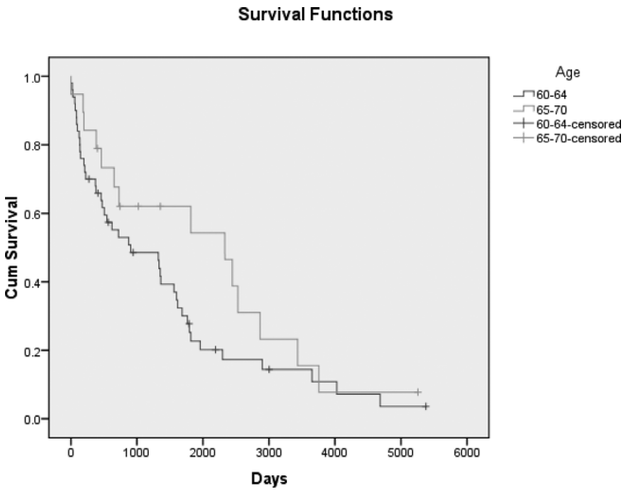
S Isse, R Hackett, D Thomas, P Catarino, S Tsui, JS Parmar. *Papworth Hospital NHS Foundation Trust, Cambridge, UK*

10.1136/thoraxjnl-2014-206260.372

Rationale Lung transplantation has become an accepted treatment option in a select group of patients with end-stage lung disease. The current International Society for Heart and Lung Transplantation (ISHLT) guidelines suggest age above 65 is a relative contraindication. However, increasingly patients with COPD and IPF are being referred for consideration after this age. The outcomes in this group (above 65) are not well described. We have studied the characteristics and outcomes of patients aged 65 and over, offered lung transplantation in our institution.

Method Retrospective review from the transplant database and patient records. We examined the Age, Sex, Indication for transplant and cause of death in all transplant recipients aged 65 and over from 1991 to July 2013. As a control group we compared them with 50 single lung transplant recipients front the same era and institution who were under 65. We used SPSS to generate the survival curves.

Results In total we had 19 lung transplant recipients aged 65 and over who all had a single lung transplant, with a mean survival of 1600 days post-transplant. 13/19 were male recipients.



Abstracts P244 Figure 1 Survival Functions

The indication for transplantation was COPD and IPF in all. The cause of death was BOS in 9/14, malignancy in 2/14 and pulmonary embolism, stroke and bleeding in the others. When compared with 50 single lung transplant recipients aged 60–64, we did not find any statistically significant differences in survival (p value 0.158) (see figure 1), cause of death and reason for transplantation.

Conclusion We have shown from our limited data that patients aged 65 and over have very similar outcomes to their younger counterparts. Hence, age whilst still important should not be a deterring factor when referring patients for lung transplant assessment. It would also be important to examine longer term outcomes and complications such as rates of renal dysfunction, hypertension, rejection and admissions into hospital. As the number of patients aged 65 and older receiving lung transplant increases, we should be able to gather more effective data.

P245 EVALUATION OF OUTCOMES OF ORAL RIBAVIRIN IN THE TREATMENT OF VIRAL LOWER RESPIRATORY TRACT INFECTION IN LUNG TRANSPLANT PATIENTS

RJ Hackett, S Isse, J Parmar, D Thomas. *Papworth Hospital, Cambridge, UK*

10.1136/thoraxjnl-2014-206260.373

Introduction Viral lower respiratory tract infections are common in lung transplant patients and contribute to the development of chronic rejection. Studies have highlighted the improvement in lung function and reduction in relative risk of chronic rejection in patients who are treated with appropriate anti-virals. Our study aimed to investigate the efficacy of three different routes of administration in patients with symptomatic declines in lung function and positive viral cultures.

Method Retrospective cohort study of viral respiratory tract infections treated with Ribavirin over a 5 year period was performed. Patients were divided in to 3 groups dependent on route of administration – Oral, Nebulised or Intravenous. Data was collected on patient demographics along with the indication for transplant, time since transplantation, pre and post treatment (6–8 weeks) lung function, viral cultures and details of any confounding factors such as prior rejection or concomitant bacterial infection were recorded.