



International Society for Heart & Lung Transplantation
www.isHLT.org

Media Contact: Stephen Chavez
Phone: +1 (210) 310-8215
E-mail: stephen.d.chavez@gmail.com

UPDATED HEART AND LUNG CONSENSUS REPORTS PRESENTED AT INTERNATIONAL SOCIETY OF HEART AND LUNG TRANSPLANTATION ANNUAL MEETING

NICE, FR (April, 18, 2015) – During the [35th Annual International Society for Heart and Lung Transplantation \(ISHLT\) Meeting and Scientific Sessions](#), April 15-18 in Nice, France, working groups presented consensus reports in Antibody Mediated Rejection (AMR) in Lung Transplantation and updates to listing criteria in heart transplantation (Tx). Mandeep R. Mehra, MD, Medical Director, Brigham and Women's Hospital Heart and Vascular Center And Professor of Medicine, Harvard Medical School presented an update to ISHLT's listing criteria for heart transplantation candidates, the first update since the original consensus report was created 10 Years ago. AMR in Lung Tx was presented by Deborah Levine, MD, UT Health Science Center San Antonio regarding achieving consensus regarding a pathological and clinical working definition of pulmonary AMR.

"Reaching a consensus in these two categories helps to guide ISHLT's research and clinical protocols. The continual effort to update consensus reports shows our organization's determination to continually look forward, and adapt and change as new knowledge is learned," said Andreas Zuckermann, ISHLT 2015 Scientific Program Committee Chair.

Consensus Report: Listing Criteria in Heart Transplantation

Today's report on listing criteria in heart Tx was a timely revision of the 2006 published guidelines as a "10-year" update. The report emphasized the changing epidemiology of the transplant candidate with respect to specialized areas including determining criteria for appropriate listing of Adults and Children with Congenital Heart Disease, individuals with HIV or Hepatitis infections, and those with restrictive cardiomyopathy. Other general updates include the upgraded use of "Heart Failure Survival Scores," obesity and Diabetes cutoff points, and a call for better allocation systems.

ISHLT AMR Working Group Report: AMR in Lung Transplantation

AMR is a recognized cause of allograft dysfunction in lung transplant recipients. However, unlike AMR in the kidney or heart transplant literature, there are no standardized diagnostic criteria or an agreed upon definition in the lung transplant literature. The ISHLT Pulmonary AMR working group is a multi-disciplinary group which was established to determine an agreed-upon working definition of Pulmonary AMR. Through three conferences and multiple discussion over the last year, consensus has been achieved by the group.

-more-



International Society for Heart & Lung Transplantation
www.isHLT.org

This definition is provisional as it will now go through the Standards and Guidelines Committee and the ISHLT Board to be ratified.

Through two consensus conferences and multiple discussions, consensus has been achieved regarding a pathological and clinical working definition of pulmonary AMR. A universal agreed upon definition will have important implications both in clinical practice as well as in research protocols in both diagnostic and therapeutic protocols between centers. The report noted the need to emphasize that it is a “working” definition, and will need to be validated through further work and adjusted as new knowledge is incorporated.

The International Society for Heart and Lung Transplantation (ISHLT) is a not-for-profit professional organization with more than 2,700 members from over 45 countries dedicated to improving the care of patients with advanced heart or lung disease through transplantation, mechanical support and innovative therapies via research, education and advocacy. For more information, visit www.isHLT.org.

###