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Quality of life and survival advantage with LVRS

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The National Emphysema Treatment Trial (NETT) demonstrated improved pulmonary function, quality of life and survival advantage with LVRS. The study was instrumental in defining the population that is most likely to benefit from LVRS. The preponderance of data published related to surgical LVRS analyzes the NETT data, which stopped accrual in 2002, a decade ago. While recent LVRS studies are limited, morbidity and mortality have been demonstrated to be consistently lower than that demonstrated in the NETT. Despite evidence based consensus that LVRS is effective in improving lung function in defined patients with emphysema, limited numbers are performed yearly in the United States. The dominant belief held among pulmonologists is that the high risk of the procedure outweighs the benefits. This perception therefore influences physician and patient preferences regarding alternative therapies. While national lung transplant numbers have gradually increased, they do not match the burgeoning population of patients with advanced lung disease. Organ supply is inherently limited and changes to the allocation system further decrease transplant opportunities for emphysema patients. COPD is no longer the most common indication for lung transplant as the scoring system favors patients with fibrotic lung disease for whom transplantation is life saving. As the priorities for lung transplant candidates shift, our institution became more aggressive in offering LVRS to appropriate patients with emphysema. We currently account for over 10% of the national yearly volume of LVRS based on the Society of Thoracic Surgeons (STS) database. In the following, we discuss our institutional results, comparison with data from the STS database, and comparison with existing interventional approaches to lung volume reduction.

Biography

Maloney has a dual appointment as Associate Professor in the Departments of Surgery and Medicine at the University of Wisconsin, Madison. He is the Surgical Director of the Advanced Lung Disease Program and a member of the Veterans Affairs National Transplant Advisory Board.

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