AU Dandel M, Lelunkuhl H, Weng Y, Mulahasanovic S, Bottcher H, Knosalla C, Grauhan O, Hetzer R
IN Research address: Deutsch Herzzentrum, Berlin, Germany

# TI Bridging-to-transplant therapy in patients with end-stage primary pulmonary hyperten: Benefits of iloprost and bosentan

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AB Background: Recent advances in treatment for primary **pulmonary hypertension** (PPH) had improved short- and long-term outcome of patients. However, for end-stage PPH there is controversy about the long-term efficiency of medical treatment and also on its reliability in case of patient withdrawal from transplantation (Tx) lists. We evaluated the benefits and safety of **iloprost** and bosentan in our patients with end-stage PPH referred for listing for Tx. Methods: The evaluation of medical therapy was started in 01/1996 when **iloprost** was introduced in our department for PPH treatment. We evaluated all end-stage NYHA class late III-class IV PPH patients who were referred between 1/1996-6/2004 for Tx. Attention was focused on results of hemodynamic testing, kind and duration of medical treatment, and survival without Tx. Additionally we evaluated the outcome of all PPH patients transplanted in our department since 1992 in order to compare the survival of PPH patients, with and without Tx. Results: During the evaluation period, 23 (42,6 %) of 54 PPH patients who were referred for Tx died on the waiting list during 4.2  3.9 months. The mortality on the waiting list was lower in respoders to hemodynamic testing who were treated with **iloprost** (**aerosolised** or intravenous) and/or bosentan ($p < 0.01$). Thus, whereas in the group with conventional therapy ($n = 15$) the mortality reached 60.0 % and none of the patients survived without Tx more than 55 weeks after listing (median survival without Tx 3,1 month), in the **iloprost** and/or bosentan group ($n = 39$) the mortality was 35.9 %. However, in the **iloprost**/bosentan group among the 19 patients who were not yet transplanted, 14 (73.7 %) died on the waiting list (4.5  3.4 months after listing), and only one patient could be withdrawn from listing. The 5-year actuarial survival of 50 % for our 41 transplanted PPH patients (23 heart-lung Tx;18 lung Tx) was in comparison to these outcome data the better result. Conclusions: **Iloprost** and bosentan use has proved to be an effective bridging-to-transplant therapy for patients with end-stage PPH, which can reduce the mortality on the waiting list. Despite of their high efficiency in end-stage PPH, with only few exceptions, neither bosentan, nor **iloprost** allow a reliable withdrawal of patients from the Tx list and thus, Tx still remains for these patients the most efficient therapeutic option. **ABSTRACT IS THE FULL TEXT**