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DYNAMIC OF THE TIME ON THE LUNG TRANSPLANTATION WAITING LIST

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Objective: Introduction: Until mid-2017 more than 64800 lung transplantations were performed worldwide. With increase in number of lungs transplanted, the number of patients added on the waiting list had increased too. The availability of donor organs is significantly exceeded by the demand inducing the rise of waiting time and increase in the waiting list mortality. The objective of this study was to determine dynamics of the waiting time for lung transplantation through the lung transplantation programme at Clinical Centre for Pulmonary Diseases Jordanovac, University Hospital Centre Zagreb.

Methods: The research compares time on the organ waiting list for 64 lung transplant patients. Patients were divided in the two groups depending upon the transplantation period. In the first group patients transplanted from the beginning of the year 2010 until the end of 2014 and in the second group, patients transplanted from beginning of the year 2015 until the end of 2018 were included.

Results: Number of transplanted patients in first period of time was 26 while in the second period 38. The time on the waiting list had increased from median of 61,5 days (in years 2010-2015) to 138,5 days (in years 2015-2018). Minimal values have not change significantly, whereas maximal values increased from 211 days to 534 days. From the first year of observation, waiting time increased steadily in every consecutive year. Average annual



increase through the first period of time was 27,2%, and in the second period 23,7%. Single highest annual increase was observed in year 2015 with 79,3% increase in the waiting time compared to the year before.

Conclusion: Observed increase in time on the waiting list appears to be a universal problem.
The global shortage of all donor organs is much more apparent in lung transplantation since lungs are more fragile than any other solid organ and less than 20% of all potential donor lungs can be used in transplantation. This is most likely caused by donors becoming older, obese and suffering from other comorbidities as reported NHS Blood and Transplant suggesting the need for extension in donor pool but also improvements in the bridging transplantation technique.