

UCLA Thoracic Transplant Programs



UCLA Heart Transplant Program

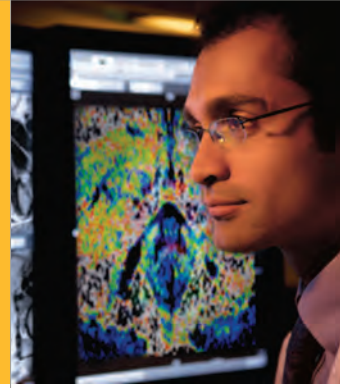
UCLA Lung & Heart-Lung Transplant Program

UCLA thoracic transplant programs in heart and lung transplantation have a celebrated history of innovation and a tradition for leadership that remains strong, helping make UCLA one of the busiest thoracic transplant centers in the nation. Our commitment to advancing care continues to put us at the forefront of transplant technique and technology, offering our patients opportunities for care that few other institutions can match. The scope of resources and expertise available at UCLA enables us to care for the most difficult cases while continuing to produce the most favorable outcomes.



At the Leading Edge of Care

UCLA thoracic transplant physicians and scientists are constantly seeking ways to achieve better outcomes and bring life-extending therapies to more patients with end-stage heart and lung disease. They have made transformative contributions in areas including expanding the availability of donor organs, offering transplantation to more patients, immunosuppression, donor organ preservation and bridge-to-transplant care.





Definitive Treatment for More Patients

UCLA has been a pioneer in expanding the use of life-extending heart and lung transplantation to more patients, including older recipients who would not normally meet criteria for organ transplantation. UCLA was the first center to establish an alternate heart recipient list, matching older patients with organs from older donors. This approach has been validated by its successful outcomes, which are comparable to those of the larger heart transplant population.

Similarly, UCLA has been offering lung transplantation to patients — including those with scleroderma — who are usually not considered for transplantation. UCLA offers the resources and expertise, from infectious disease specialists to immunogenetics experts to rheumatologists, to perform lung transplantation in these complex cases and achieve favorable outcomes.

Increasing the Availability of Donor Organs

UCLA has long been an innovator in expanding the pool of available donor organs. UCLA heart transplant surgeons were among the first to take less-than-perfect hearts that would have been rejected for use as transplant organs, repair them and use them to treat patients for whom no donor organ would have been available. The innovation continues with UCLA's leadership role in clinical studies of a transportation system for donor lungs that simulates the human body to keep lungs in a near-physiological state until they can be transplanted. Surgeons can assess the organs' health and improve their condition before implanting them into the recipient. For example, lungs with pneumonia can be treated by suctioning them clear and administering antibiotics and collapsed lungs can be expanded before they are used in patients.

UCLA was the first center in the United States to perform a successful "breathing lung" transplant and it continues to be a leading center for "beating heart" transplants, which offer similar advantages in transporting donor hearts in a warm, perfused state rather than preserved on ice.

Because of its aggressive practices in accepting donor organs, UCLA can offer its patients transplantation with less time waiting for a donor organ and lower waiting-list mortality than national averages.



Advanced Care on Many Fronts

In addition to the progress made in expanding heart and lung transplantation to include more donor organs and recipients, UCLA leads the way with a number of other treatments that put us at the frontier of science and medicine.

A UCLA-led study found that a blood test that measures changes in the expression of about a dozen genes in heart transplant recipients can be used to predict organ-rejection problems, independent of how the transplanted heart is currently functioning. The AlloMap test proved to be as effective as tissue biopsy in detecting rejection or dysfunction, while offering the advantage of being non-invasive.

UCLA is also a leader in performing lung transplantation and concomitant cardiac procedures. In cases where a cardiac defect would normally disqualify a candidate from receiving a transplanted lung, UCLA surgeons can transplant the lung and repair the heart defect during the same procedure. For example, UCLA surgeons can perform cardiac bypass surgery along with lung transplantation.

Another advanced treatment available at UCLA involves the use of ECMO (extracorporeal membrane oxygenation) as a bridge to lung transplantation. Traditionally, ECMO is used as a bridge to heart transplantation or for patients whose compromise lung function is expected to improve enough for them to be taken off ECMO support. UCLA is one of the few centers able to offer the around-the-clock care by pulmonologists, intensivists, perfusionists and other medical experts necessary to care for patients who are on ECMO as a bridge to lung transplantation. Most of these patients have no other treatment options and would not survive more than a few days without this form of care.

Continuing in Leadership

Among its unique strengths is that UCLA excels in both heart and lung transplantation — it is the busiest thoracic transplant center in the West and the second-busiest in the United States. Survival rates at UCLA exceed national averages despite the fact that we are often treating older and more acutely ill patients. UCLA's Heart Transplant Program and its Lung and Heart-Lung Transplant Program provide optimal care for patients with end-stage heart and lung disease while continuing to pursue new innovations to further advance transplantation science and medicine.



Participating Physicians

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