Long-term clarithromycin treatment in the management of lung transplant recipients

Summary / Zusammenfassung
Chronic allograft failure continues to be the obstacle of human lung transplantation. To date, BOS management generally comprises augmentation of immunosuppressant therapy. In addition, other therapies such as total lymphoid irradiation and extracorporeal photophoresis have been described, aiming to disrupt the allogenic response to the allograft. Overall, however, treatment attempts of BOS have not been satisfying so far. In 2003, Gerhardt et al. first reported the successful use of azithromycin, a macrolide antibiotic, in six lung transplant recipients with BOS. A few more reports have followed, all of which describe the successful use of azithromycin in lung transplant recipients with BOS. Since 2000, clarithromycin (CLAR), a macrolide antibiotic, has been used at our center as long-term therapy in lung transplant recipients with BOS or potential BOS. The response to CLAR is defined as an FEV1 increase of more than 10% at 6 months compared with the FEV1 value recorded at initiation of CLAR as. In addition, based on each patient’s serial lung function measurements, the rate of FEV1 decline posttransplant will be determined in milliliters per month. Likewise, the rate of decline of FEV1 (mL/month) after initiation of CLAR will be calculated based on FEV1 results during the following 6 months as described. Adverse effects of CLAR will be recorded. A paired student’s t test will be used to analyze the rate of FEV1 decline before and after the commencement of CLAR.

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