

ONLINE DATA SUPPLEMENT FOR:

**THE EFFECT OF PRIMARY GRAFT DYSFUNCTION ON SURVIVAL FOLLOWING LUNG
TRANSPLANTATION**

**JASON D. CHRISTIE, M.D., M.S.
ROBERT M. KOTLOFF, M.D.
VIVEK N. AHYA, M.D.
GREGORY TINO, M.D.
ALBERTO POCHETTINO, M.D.
CHRISTINA GAUGHAN, M.S.
EJIGAYEHU DEMISSIE, MSN
STEPHEN E. KIMMEL, M.D., M.S.**

Detailed Defining Criteria for Chart Extraction of Primary Graft Dysfunction:

We used the following detailed defining criteria for comparisons with the database definition of primary graft dysfunction. We have previously published these criteria (E1, E2).

To be defined as having PGF, study subjects had to meet all of the following criteria: (1) the presence within 72 hours of transplantation of a diffuse alveolar infiltrate involving the lung allograft(s) and, in the case of single lung transplant, sparing the native lung; (2) ratio of arterial partial pressure of oxygen (PaO₂) to fraction of inspired oxygen (FiO₂) of less than 200 persisting beyond the initial 48 hours postoperatively; (3) no other secondary cause of graft dysfunction identified including: a) cardiogenic pulmonary edema defined as a pulmonary artery occlusion pressure of greater than 18 cm or resolution of infiltrates with effective diuresis, b) pathologic evidence of rejection, c) pneumonia as evidenced by the presence of fever, leukocytosis, and purulent secretions with positive cultures on bronchoscopy during the first three postoperative days and d) pulmonary venous outflow obstruction by clot or kinking as demonstrated by transesophageal echocardiogram or direct inspection on surgical re-exploration or postmortem examination; 4) in the event of death prior to day 3, the patient must fulfill the above criteria at the time of death and must demonstrate diffuse alveolar damage as the predominant process on histological examination of the lung (available on all patients with death within 72 hours).

LITERATURE CITED FOR ONLINE SUPPLEMENT:

- E1. Christie, J. D., J. E. Bavaria, H. I. Palevsky, L. Litzky, N. Blumenthal, L. R. Kaiser, and R. M. Kotloff. 1998. Primary Graft Failure following lung transplantation. *Chest* 114(1):51-60.
- E2. Christie, J. D., R. M. Kotloff, A. Pochettino, S. M. Arcasoy, B. R. Rosengard, J. R. Landis, and S. E. Kimmel. 2003. Clinical risk factors for primary graft failure following lung transplantation. *Chest* 124(4):1232-41.