
### Study highlights

- 53 patients across two States, 83% male, median age 19 years.
- Range of products/devices used. **84% reported use of tetrahydrocannabinol.**
- Presenting features:
  - Symptoms: respiratory (98%), GI (81%), constitutional (100%)
  - Bilateral lung infiltrates in 100% (part of the case definition).

### Outcomes:

- 94% hospitalized, 32% required mechanical ventilation, one death reported

**Central figure**

<table>
<thead>
<tr>
<th>Month</th>
<th>ED Visits for Severe Unexplained Respiratory Illness per 10,000 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2.0</td>
</tr>
<tr>
<td>February</td>
<td>2.5</td>
</tr>
<tr>
<td>March</td>
<td>3.0</td>
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<tr>
<td>April</td>
<td>4.0</td>
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<tr>
<td>May</td>
<td>5.0</td>
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<tr>
<td>June</td>
<td>6.0</td>
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<tr>
<td>July</td>
<td>7.0</td>
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<tr>
<td>August</td>
<td>8.0</td>
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</tbody>
</table>

**Reviewer’s comments**

**Limitations:** Definitive pathology yet to be established; cases may represent a range of processes

**Strengths:** First case series to describe a large cluster of temporally related pulmonary illnesses linked to the use of e-cigarette products

**CDC Clinical Health Advisory and ATS Health Alerts** have now been issued to highlight risk of Vaping Associated Lung Illness

**Study highlights**

- Management of minimal acute cellular rejection remains controversial
- 962 adult patients undergoing first, bilateral lung transplant
- First spirometrically-stable A1 rejection (StA1R) compared to time-matched spirometrically-stable no ACR (StNAR)
- Risk of CLAD or death was assessed using univariable and multivariable Cox Proportional Hazards models

**Central figure**

After adjusting for recipient age, sex, native lung disease, CMV mismatch, and transplant era:
- CLAD: HR=1.15, CI 0.84-1.58, P=0.37
- Death: HR=0.80, CI 0.57-1.12, P=0.19

**Reviewer’s comments**

**Limitations:**
- Single centre study
- Applicability to centres with different surveillance protocols
- Potential unmeasured confounders

**Strengths:**
Largest study to date showing that, in clinically stable patients, a watchful waiting approach to first A1 ACR in the first-year post-transplant may be appropriate.

### Study highlights

- Single center retrospective study in 769 lung transplant patients (2009-2014). 47 (6%) required delayed chest closure.

- Propensity matched analysis shows that at 30 days wound infection and at 6 months composite infection rates were not different.

- Delayed chest closure was associated with more severe primary graft dysfunction (39% vs. 17%, p = 0.044), longer hospital stay (median 61 vs. 25 days, p<0.001), and worse lung function at 6 years (p = 0.019) but survival was not affected.

### Central figure

![Infection percentage over time](image)

### Reviewer’s comments

**Limitation:**
Retrospective Analysis

**Strengths:**
Propensity matching for analysis

**Conclusion:**
Delayed chest closure in lung transplantation does not yield higher infection or worse long-term survival.

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Edited by Jamie Todd, MD PhD