Ms. Karen Collishaw, CEO

Ms. Michelle Gong, President

American Thoracic Society

Church Street Station

P.O. Box 3421

New York, NY 10008-3421

Dear Ms. Collishaw and Ms. Gong,

We, the Lung Transplant Foundation Advocacy Committee, are reaching out to you as representatives of the lung transplant community with a request for you to create an up-to date, comprehensive Guideline Document advising physicians to implement patient education for lung disease patients on the following four topics: skin cancer prevention and screening; bone density support and screening; fertility preservation in patients of childbearing age; and vaccination.

Studies show that solid organ transplant patients are at up to a 100-fold higher risk for developing skin cancer compared to the general population.[i] In addition, approximately 30%-50% of lung transplant candidates have osteoporosis pre-transplantation.[ii] Furthermore, there is a lack of standardization in provider approaches to fertility and parenthood in lung transplant recipients.[iii] Finally, because vaccine responses are reduced after transplantation, lung transplant candidates should be immunized as early as possible to optimize protection against vaccine-preventable illnesses.[iv]

Through the Lung Transplant Foundation's mission of supporting lung transplant recipients and their families, we have observed that referral to non-pulmonary specialists for education and treatment for complications caused by pulmonary disease therapies often occurs only after a patient has been referred for a lung transplant evaluation. These patients have typically been on high dose steroids and other immunosuppressant medications for years, without sufficient edification as to the significant long-term side effects.

We are asking for this education and referral process to begin at the stage of initial diagnosis and treatment for lung diseases that are either likely to require lifelong immune suppression, corticosteroids, or are likely to progress to lung transplant. We believe that initiating conversations with physicians about these issues earlier in the treatment process may reduce the rates of skin cancer and severe osteoporosis, improve fertility preservation, and increase the effectiveness of immunization, leading to better long-term outcomes for both chronic lung disease patients and lung transplant patients over lifetimes.

On behalf of the lung transplant community, we thank you for considering our request.

Sincerely,

The Lung Transplant Advocacy Committee

The Lung Transplant Foundation

advocacy@lungtransplantfoundation.org

[i] "Organ Transplant and Skin Cancer Risk." Ucsfhealth.Org, UCSF Health, 22 May 2025, https://www.ucsfhealth.org/education/organ-transplant-and-skin-cancer-risk.

[ii] Rzepka, Anna, et al. "Lung Transplantation and bone health: A narrative review." The Journal of Heart and Lung Transplantation, vol. 44, no. 6, June 2025, pp. 49-57, https://doi.org/10.1016/j.healun.2025.01.010.

[iii] Gaffney, Nicole S., et al. "Practice patterns and attitudes regarding pregnancy and parenthood after Lung Transplantation." Transplantation Direct, vol. 10, no. 3, 21 Feb. 2024, https://doi.org/10.1097/txd.0000000000001578.

[iv] Vigano, Mauro, et al. "Vaccination recommendations in solid organ transplant adult candidates and recipients." Vaccines, vol. 11, no. 10, 18 Oct. 2023, p. 1611, https://doi.org/10.3390/vaccines11101611.