Results: 335 patients underwent a first LT. Two years before LT, 33% have already been seen in a LT or Mixed centre.
Two years after LT, 75% of patients have a follow-up including specific management of CF: 14% via shared care with a CF centre, 63% via follow-up in a Mixed centre. The other follow-up data were provided either by a LT centre (2%) or by a CF centre (17%).
Conclusion: Thanks to this care organisation, the French CF Registry collects data for all recipients. Unsurprisingly, most LT recipients are followed by a LT centre that provide data to the Registry, either directly or through a CF centre. Work is still needed to increase implication of CF and LT centres in the follow-up of these patients.

P059

Factors associated with post lung transplantation mortality in a cystic fibrosis centre in Lisbon - a retrospective review

T. Rodrigues[1], F. Ferro[1], C. Lopes[1], P. Azevedo[1]. [1]*Hospital de Santa Maria, CHULN, Serviço de Pneumologia, Lisboa, Portugal*

Despite therapeutic advances, for many patients with CF there comes a time when lung transplantation (LT) is the only option. A recent systematic review showed the only pre-LT factors associated with post-LT mortality were *Burkolderia cepaciae* colonisation and older year of LT. The aim of this study is to identify the factors associated with post-LT mortality in a CF Centre in Lisbon. We did a retrospective review of the files of transplanted patients from 2005 to 2019 comparing the group of survivors (G1) with the group of deceased (G2).
Eighteen patients were transplanted, of which 4 (22%) died. The mortality rate in women was 33% vs 11% in men. The average age at the time of LT was similar for G1 and G2 (30 vs 29 years, respectively). G1 patients were transplanted between 2005 and 2019 and those from G2 between 2007 and 2015. Mean FEV_1 was lower in G2 (25 vs 31% pred), as well as BMI (17 vs 18.8 Kg/m^2). In G2 75% had pancreatic insufficiency vs 79% in G1 and 50% had diabetes vs 14% in G1. In G2 100% were under long-term oxygen therapy vs 57% in G1 and 50% were under non invasive ventilation vs 7% in G1. No patient in either groups were colonised by *B. cepaciae*. In G2 100% had colonisation by *P. aeruginosa* (vs 79% in G1) and 25% by MRSA (vs 14% in G1).
This study showed that, on average, patients who died after LT had worse respiratory and pancreatic function, lower BMI and higher rates of colonisation before LT. It also showed that the mortality rate among women was higher than in men. Although these differences are not statistically significant they show a trend we think is important. This study reinforces the importance of analysing criteria of referral to LT and keeping patients in the best possible status in order to assure longer survivals post-LT in patients with CF.

P060

Indications and contraindications for lung transplantation of cystic fibrosis patients in Turkey

Z.R. Onay[1], T. Ramasli Gursoy[1], A.T. Aslan[1], T. Sismanlar Eyuboglu[1], E. Cakir[2], N. Cobanoglu[3], S. Pekcan[4], G. Cinel[5], D. Dogru[6], U. Ozcelik[6], E. Yalcin[6], V. Sen[7], O. Ercan[4], A.A. Kilinc[8], H. Yazan[2], D. Altintas[9], E. Demir[10], A. Bingol[11], N. Sapan[12], E. Celebi[13], G.D. Tugcu[5], A. Ozdemir[14], K. Harmanci[15], M. Kose[16], N. Emiralioglu[6], Z. Tamay[17], H. Yuksel[18], G. Ozcan[3], E. Topal[19], D. Can[20], P. Korkmaz[21], G. Caltepe[22], M. Kilic[23], S. Ozdogan[24]. [1]*Gazi University Faculty of Medicine, Division of Pediatric Pulmonology, Ankara, Turkey;* [2]*Bezmialem University Faculty of Medicine, Division of Pediatric Pulmonology, Istanbul, Turkey;* [3]*Ankara University Faculty of Medicine, Division of Pediatric Pulmonology, Ankara, Turkey;* [4]*Necmettin Erbakan University, Meram Medicine Faculty, Division of Pediatric Pulmonology, Konya, Turkey;* [5]*Ankara City Training and Research Hospital, Division of Pediatric Pulmonology, Ankara, Turkey;* [6]*Hacettepe University Faculty of Medicine, Division of Pediatric Pulmonology, Ankara, Turkey;* [7]*Dicle University Faculty of Medicine, Division of Pediatric Pulmonology, Diyarbakir, Turkey;* [8]*Istanbul University Cerrahpaşa Medicine Faculty, Division of Pediatric Allergy and Pulmonology, Istanbul, Turkey;* [9]*Cukurova University Faculty of Medicine, Division of Pediatric Allergy and Pulmonology, Adana, Turkey;* [10]*Ege University Faculty of Medicine, Division of Pediatric Pulmonology, Izmir, Turkey;* [11]*Akdeniz University Faculty of Medicine, Division of Pediatric Allergy and Pulmonology, Antalya, Turkey;* [12]*Bursa Uludag University Faculty of Medicine, Division of Pediatric Allergy and Pulmonology, Bursa, Turkey;* [13]*Hacettepe University Faculty of Medicine, Department of Chest Diseases, Ankara, Turkey;* [14]*Mersin City Training and Research Hospital, Division of Pediatric Pulmonology, Mersin, Turkey;* [15]*Eskisehir Osmangazi University, Division of Pediatric Allergy and Pulmonology, Eskisehir, Turkey;* [16]*Erciyes University Faculty of Medicine, Division of Pediatric Pulmonology, Kayseri, Turkey;* [17]*Istanbul University Faculty of Medicine, Pediatric Allergy, Istanbul, Turkey;* [18]*Celal Bayar University Faculty of Medicine, Division of Pediatric Allergy and Pulmonology, Manisa, Turkey;* [19]*Inonu University Faculty of Medicine, Pediatric Allergy, Malatya, Turkey;* [20]*Balikesir University Faculty of Medicine, Division of Pediatric Pulmonology, Balıkesir, Turkey;* [21]*Ege University Faculty of Medicine, Department of Chest Diseases, Izmir, Turkey;* [22]*Ondokuz Mayıs University Faculty of Medicine, Division of Pediatric Gastroenterology, Hepatology and Nutrition, Samsun, Turkey;* [23]*Firat University Faculty of Medicine, Division of Pediatric Allergy and Pulmonology, Elazig, Turkey;* [24]*Sisli Hamidiye Etfal Research and Training Hospital, Division of Pediatric Pulmonology, Istanbul, Turkey*

Objectives: Lung transplantation (LT) is a treatment option for cystic fibrosis (CF) due to prolong life and confers a survival benefit. We aim to investigate number of patients, indications and contraindications for LT of all CF patients in CF Registry of Turkey (CFRT).
Methods: All CF patients in CFRT were evaluated in terms of LT indications and contraindications according to the current guideline for LT (Lung transplant referral for individuals with cystic fibrosis: Cystic Fibrosis Foundation consensus guidelines). Patients who are older than 6 year-old and who could perform pulmonary function tests were included to study. Patients who need LT classified as Group 1 and who do not need LT classified as Group 2.
Results: Totally 1,488 patients were recorded in the registry in 2018 and 659 patients were included the study. There were 51 (7.7%) patients in Group 1 and 608 (92.3%) patients in Group 2 and 30 patients in Group 1 were <18 years and 21 patients were >18 year-old. Mean age of diagnosis was 5.3 ± 8.9 years in Group 1 and 3.3 ± 4.9 years in Group 2 and 43.1% patients of Group 1 and 55.3% of Group 2 were male ($p > 0.05$). Mean FEV1 percentage of Group 1 was 31.4 ± 8.2 and 87.5 ± 23.9 in Group 2 ($p < 0.05$). Treatment with inhaled hypertonic salin, mannitol, antibiotic, bronchodilator, oxygen support, non-invasive ventilation, azithromycin were significantly higher in Group 1 ($p < 0.05$).
Chronic colonisation of *P.aeruginosa*, *H.influenzae* and *Achromobacter* were significantly higher in Group 1 ($p < 0.05$). *B.cepacia* was detected in 2 patients and in Group 1 and 5 patients in Group 2 and nontuberculosis mycobacteria was present in 1 patient in Group 1 and 3 patients in Group 2. These were accepted as contraindication for LT. No other contraindications were detected.
Conclusion: Totally 51 patients had need for LT. Patients who need more pulmonary medications and colonisation with *P.aeruginosa*, *H.influenzae* and *Achromobacter* could be carefully follow up in terms of LT need.

P061

Malnutrition, oxygen use and diagnosis before 6 months are risk factors for death in children and adolescents diagnosed with cystic fibrosis in a western region of Mexico

R. Hernández-Raygoza[1], O.M. Medina-Mendoza[1], A. Aguilar-Aranda[1], H.H. Ruíz-Gutierrez[1]. [1]*Instituto Mexicano del Seguro Social, Neumologia Hospital de Pediatria Centro Medico Occidente, Guadalajara, Mexico*

Objectives: To Identify the risk factors associated with survival in children and adolescents diagnosed cystic fibrosis in western region of Mexico.
Methods: The study design is a retrospective cohort analysis using Centro Medico de Occidente Hospital de Pediatria IMSS patient registry data from 2008 to 2018, of children and adolescents-diagnosed cystic fibrosis treated in the pulmonology department. The data were obtained from the patients electronic clinical record: age of death, cause of death, gender, age of diagnosis, genotype, pancreatic functional status, use of supplementary oxygen, bacterial cultures, nutrition state, CF-related diabetes mellitus and pulmonary hypertension. To be included in the analysis, patients needed at least 2 visit annually. Kaplan Meier test was used to estimate the median age of survival. Hazard ratios (HR) and 95% confidence intervals (CI) were generated for univariable analyses. Multivariable cox proportional hazards