



CEDARS-SINAI MEDICAL CENTER®

NEWS

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LUNG TRANSPLANT GAVE ACTOR NEW LIFE;  
NEW PROCEDURE MAY OFFER EMPHYSEMA PATIENTS MORE TIME

*Veteran actor Wayne Tippit received transplanted lung in 2000*

LOS ANGELES (Feb. 6, 2008) – Before he received a transplanted lung at Cedars-Sinai Medical Center in 2000, actor Wayne Tippit worked hard to keep his pulmonary condition a secret.

“In the acting profession, they never, ever want to hear anything about an illness you might have because they don’t want to hire you. It’s an anathema to them if you even have a cold, so I really had to keep it very quiet, and a lot of the time I was faking. I look back at some of my old tapes and my voice was really thin. After the transplant, I came back full voice,” says Tippit, whose TV acting career spanned more than 40 years, from daytime serial *The Secret Storm* in 1959 to *Melrose Place* in the 1990s and occasional roles since. He also worked in theater and did commercial voice-overs.

“Near the end of my work period, I had oxygen tanks that I would take with me and slip into dressing rooms. On a break I’d go in and try to ‘air up.’ No one ever seemed to catch on that anything was wrong, but one night after about an 18-hour shoot, I came out of the dressing room to walk to a van to get to my car and I could not get up into the van because I was so depleted,” he recalls. “A grip came over and helped me. I didn’t say anything, and I continued working as long as I could.”

For most of his career, Tippit, 75, worked in New York City and lived in New Jersey, commuting by car, train or bus. When he took the train, he had to walk about a third of a mile, mostly uphill, to get home. In the late 1980s he noticed he was getting winded during the hike. He saw several doctors who diagnosed asthma, prescribed inhalers and said there was little more they could do. Deciding to leave Broadway, Tippitt and his wife moved to Southern California.

In the spring of 1998 he was diagnosed with emphysema, a chronic, progressive, irreversible lung disease. He was told that a lung transplant was his only hope for relief and long-term survival.

“For patients who have emphysema, air gets trapped in the lungs. When inhaled air does not get vented out, the patient becomes unable to get more air in,” says Zab Mosenifar, M.D., medical director of the Women’s Guild Lung Institute at Cedars-Sinai. “There are natural escape routes but emphysema causes them to lose their elasticity. As the person tries to exhale, the escape routes collapse and the air stays behind.”

With state-of-the-art facilities, advanced medical therapies and sophisticated, minimally invasive

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surgical procedures, the Women's Guild Lung Institute provides comprehensive diagnostic and treatment services for all pulmonary disorders and diseases. On the leading edge of research, the institute's rapid bench-to-bedside approach offers patients the most innovative treatment options.

Mosenifar says emphysema was difficult to diagnose before the advent of CT scans and newer, more sophisticated tests. Estimates suggest 2 million to 3 million Americans are now living with end-stage emphysema, and transplantation has been the only effective long-term treatment. But because of the shortage of donor organs, those that become available are allocated to patients who are the sickest.

"There are patients like Wayne who have done very well. His condition was right at the cusp and he was transplanted just at the right time, but we don't always have that luxury," says Mosenifar, who is principal investigator at Cedars-Sinai of a national clinical trial (the Exhale Airway Stents for Emphysema or EASE trial) evaluating a new airway bypass procedure for patients with advanced, widespread (homogeneous) emphysema.

Drug-coated stents, like those used to keep coronary arteries open, are inserted through the walls of the small, collapsing natural air passages to connect the damaged inner lung tissue with larger natural passages. The overall objective is to provide a "bridge to transplant" – reducing breathlessness and extending patient survival until a donor organ becomes available.

"In this project, we're basically putting vents on the bronchial walls to let the air escape. In a sense, we're creating emergency exits," says Mosenifar. "Lung transplants have to be performed at very end-stage disease, but, depending on the results of the trial, this procedure may allow the need for transplantation to be delayed by quite a few years."

Call it an actor's timing, but Tippit was in the right place at the right time for his transplant, and he had no significant problems with the transplanted lung.

"At my age, all kinds of health issues crop up once in a while, but not with the lung," he says, "The lung has been chugging along."

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