

Table S1 Criteria for Re-LTx Referring to the Consensus Statement of Selecting LTx Candidates by ISHLT in 2021 (9)

Indication	Absolute contraindication
Meeting all the following general criteria:	1. Lack of patient willingness or acceptance of transplant
1. High (>50%) risk of death from lung disease within 2 years if re-LTx is not performed	2. Malignancy with high risk of recurrence or death related to cancer
2. High (>80%) likelihood of 5-year post-transplant survival from a general medical perspective provided that there is adequate graft function	3. Acute coronary syndrome or myocardial infarction within 30 days
3. BODE score 7–10	4. Acute liver or renal failure
And meeting any of the following general criteria:	5. Liver cirrhosis with portal hypertension or synthetic dysfunction
1. Presence of moderate to severe pulmonary hypertension	6. Stroke within 30 days
2. FEV1 <25% predicted	7. Septic shock
3. Rapid decline in lung function or progressive symptoms despite appropriate treatment	8. Active extrapulmonary or disseminated infection
4. Hospitalization because of respiratory decline or acute exacerbation requiring persistent mechanical ventilatory support and /or ECLS without expectation of clinical recovery and with evidence of irreversible lung destruction	9. Active tuberculosis infection
	10. HIV infection with detectable viral load
	11. Limited functional status (e.g., non-ambulatory) with poor potential for post-transplant rehabilitation
	12. Progressive cognitive impairment
	13. Active substance use or dependence including current tobacco use, vaping, marijuana smoking, or IV drug use
	14. Other severe uncontrolled medical conditions expected to limit survival after transplant