International Society for Heart & Lung Transplantation
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GREAT DEBATES IN PULMONARY HYPERTENSION AT THE 37th ANNUAL ISHLT MEETING AND SCIENTIFIC SESSIONS

SAN DIEGO (April 7, 2017) – Today at the 37th Annual International Society for Heart and Lung Transplantation (ISHLT) Meeting & Scientific Sessions, researchers and physicians debated diagnostic and management topics beyond accepted practice during **Symposium 28: Great Debates in Pulmonary Hypertension (PH).** Debate topics included pulmonary arterial hypertension (PAH) specific therapy in a stable patient, treatment of borderline PAH, and managing PAH complicated by Interstitial Lung Disease.

Marius Hoeper, MD from the Hannover Medical School in Hannover, Germany, debated the cons of treating patients with PAH due to lung disease with PAH-specific therapies. He noted there is no evidence from randomized controlled trials that treatments approved for PAH improve symptoms or outcomes in patients with PAH due to lung disease. To lend further credibility to his debate, Hoeper mentioned two recent randomized controlled trials using drugs approved for patients with PAH due to lung disease that have been prematurely discontinued because of an increased risk of adverse outcomes, including a higher mortality rate.

"Debate and subsequent research are the hallmarks of scientific progression," said SHLT 37th Annual Meeting and Scientific Sessions Program Chair and Board Member Jeffrey Teuteberg, MD. "Creating a professional and collegial setting to discuss and challenge PAH therapies is exactly what we want our annual meetings to include."

The debate continued with Bradley Maron, MD from Brigham and Women's Hospital discussing the Pros of treating patients with PAH due to lung disease. His presentation included information on the spectrum of clinical risk in PAH, which suggests that pulmonary artery pressures in the borderline range are associated with an important increase in the hazard for a hard clinical event. Maron noted that identifying patients at risk for PAH and diagnosing patients with borderline PAH is challenging.

He concluded by saying that there is hope for early identification of pulmonary vascular disease through clinical screening in selected populations, such as those with systemic sclerosis. In this subgroup of patients, emerging data suggests that treating patients with borderline PH is linked to favorable treatment response and better outcome, which provides justification for broadening the methods by which patients at risk for PAH are identified and treated early.

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About PAH

Pulmonary Arterial Hypertension is a type of high blood pressure that affects the arteries in a patient's lungs and over time can impact the function of the right side of the heart. With PAH the lung arteries become thicker and stiffer which causes the pressure inside of the arteries to become elevated.

Sometime the changes to the lung arteries is from a disease process of the arteries themselves, other times these changes are a result of lung or heart disease. Over time as the pressure builds in the lung arteries, it makes the right ventricle of the heart, which pumps blood through the lung arteries, work harder. The overuse of the heart muscle eventually causes the right ventricle to weaken and result in heart failure. Though most forms of PAH are not curable, there are now numerous medical therapies are available to treat symptoms and improve the quality of life for patients suffering with PH.

About ISHLT

The International Society for Heart and Lung Transplantation (ISHLT) is a not-for-profit professional organization with more than 2,700 members from over 45 countries dedicated to improving the care of patients with advanced heart or lung disease through transplantation, mechanical support and innovative therapies via research, education and advocacy. For more information, visit www.ishlt.org.

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