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<https://reachmd.com/programs/cme/summing-up-are-we-at-the-threshold-of-a-change-in-how-we-approach-risk-and-treatment-in-pah/14117/>

Released: 05/31/2022

Valid until: 05/31/2023

Time needed to complete: 1h 04m

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Summing Up: Are We at the Threshold of a Change in How We Approach Risk and Treatment in PAH?

Dr. McLaughlin:

So, summing it all up. Are we at the threshold of a change in how we approach risk and treatment in PAH? Well, we've learned a lot. There've been so many great publications over the past year or two. EAH risk-assessment algorithms are gaining acceptance as a means to objectively measure a patient's progress in therapy towards the goal of attaining and maintaining a low-risk status. To date, most treatment assessment protocols divide the population into three groups, low, intermediate, and high risk. However, about 70% of patients fall into that intermediate-risk zone. And some of these patients are sick. They may be higher, closer to the high-risk zone than that general categorization of intermediate-risk suggests. Recent re-analysis of risk-scoring algorithms for PAH from the French Pulmonary Hypertension Network and from COMPERA have now helped us subdivide that large group of intermediate-risk patients into two different strata, such that we have a total of four strata. Low, intermediate-low, intermediate-high, and high risk.

Patients with intermediate-high risk status are likely to require more aggressive treatment measures, including prostacyclins, and even triple therapy. Risk scoring for PAH is not only prognostic, but it helps us drive the management strategies. And I think this has been particularly helpful with that intermediate-risk group dividing them into intermediate-low and intermediate-high. And even for PAH patients with advanced disease, risk scoring suggests better alternative practices create more realistic options for lung transplantation. Thank you.