

**ISHLT ACADEMY**  
**MASTER CLASS IN PULMONARY HYPERTENSION**

**PRELIMINARY PROGRAM SCHEDULE**

**1:00 – 1:05 p.m.**

**WELCOME AND OVERVIEW**

Colin Church, BSC(Hons), PhD, FRCP, Golden Jubilee National Hospital, Glasgow, Scotland  
Marc Simon, MD, MS, University of California San Francisco, San Francisco, CA USA

**1:05 – 2:10 p.m.**

**SESSION 1: ADVANCED PAH: CHALLENGES IN MANAGEMENT**

**Moderator:** Helen Whitford, MBBS, FRACP, The Alfred Hospital, Melbourne, VIC Australia

**1:05 p.m.**

***Summary of the State of the Science of the Session Topic and Its Most Pressing Challenges***

Helen Whitford, MBBS, FRACP, The Alfred Hospital, Melbourne, VIC Australia

**1:10 p.m.**

***CASE SCENARIO 1A: Idiopathic PAH with Acute Severe Deterioration***

Ioana Preston, MD, Tufts Medical Center, Boston, MA USA

***Teaching/Discussion Points***

1. Understanding the potential causes of acute deterioration
2. Understanding of optimal management strategies for RV failure (diuretics, inotropes, pressors)
3. Discuss the role of atrial septostomy and ECMO
  - Bridge to Transplant
  - Bridge to Recovery
4. Timing of lung transplantation and factors impacting outcome
5. Future of PH/remote monitoring, digital health.

**1:40 p.m.**

***CASE SCENARIO 1B: PAH with Suboptimal Control on Double Combination Therapy: What***

***Next?*** Sasiharan Sithamparamanathan, MBBS, Auckland City Hospital, Auckland, New Zealand

***Teaching/Discussion Points***

1. Utilization of optimal therapy lags behind guideline recommendations.
2. Recognition of disease progression requires sophisticated integration of clinical, imaging and hemodynamic parameters that is insufficiently employed.
  - Are Risk Scores Enough
3. Discussion of when to initiate parenteral therapy and various options available
4. Recognition of practice gaps suggesting that many PAH patients with advanced disease are not initiated on parenteral therapies and discussion of possible factors influencing this outcome

**2:10 – 3:15 p.m.**

**SESSION 2: Challenges in PH Due to Left Heart Disease: An Increasingly Recognized Complication**

**Moderator:** Roberto Badagliacca, M, PhD, University of Rome Sapienza, Rome, Italy

**2:10 p.m.**

***Summary of the State of the Science of the Session Topic and Its Most Pressing Challenges***

Roberto Badagliacca, M, PhD, University of Rome Sapienza, Rome, Italy

**2:15 p.m.**

***CASE SCENARIO 2A: PH Due to Heart Failure with Reduced Ejection Fraction. What to do? Future Opportunities?***

Raymond Benza, MD, FACC The Ohio State University, Columbus, OH USA

***Teaching/Discussion Points***

1. Hemodynamic definition and its limitations
2. Epidemiology and phenotypes. Understanding the role of the right ventricle in HF<sub>r</sub>EF
3. Pathophysiology of PH-HF<sub>r</sub>EF and the importance of mitral regurgitation
4. Discussion of transplant and advanced support in the presence of PH
5. Challenges in the management of patients with HF<sub>p</sub>EF and significant RV dysfunction. Discussion whether targeting the pulmonary vasculature is effective and safe.

**2:45 p.m.**

***CASE SCENARIO 2B: PH Due to Heart Failure with Preserved Ejection Fraction***

Michele D'Alto, MD, PhD, Monaldi Hospital, Naples, Italy

***Teaching/Discussion Points***

1. Examine the clinical context of the disease
2. Review the strengths and limitations of diagnostic tools (mainly echocardiography and right heart catheterization)
3. Distinguish between PAH with comorbidities and PH due to HF<sub>p</sub>EF
4. Discuss the management options for patients with PAH with comorbidities and patients with PH due to HF<sub>p</sub>EF

**3:15 – 3:45 p.m.**

**COFFEE BREAK**

**3:45 – 4:50 p.m.**

**SESSION 3: PH DUE TO ADVANCED LUNG DISEASE**

**Moderator:** Sandeep Sahay, MD, MSc Houston, Methodist Hospital, Houston, TX USA

**3:45 p.m.**

***Summary of the State of the Science of the Session Topic and Its Most Pressing Challenges***

Sandeep Sahay, MD, MSc Houston, Methodist Hospital, Houston, TX USA

**3:50 p.m.**

***CASE SCENARIO 3A: PH Due to Combined Chronic Obstructive Lung Disease and Pulmonary Fibrosis***

Nicholas Kolaitis, MD, University of California, San Francisco, San Francisco, CA USA

***Teaching/Discussion Points***

1. Understand the implications of PH in diffuse parenchymal lung disease
2. Epidemiology: advances in screening techniques and diagnostic algorithms.
3. Interpretation of hemodynamic testing in the setting of advanced lung disease
4. Challenges in the treatment of advanced pulmonary vascular disease in patients with COPD and IPF.
5. Clinical trial conundrums

4:20 p.m.

**CASE SCENARIO 3B: PH in Idiopathic Interstitial Pneumonia**

Steven Nathan, MD, Inova Fairfax Hospital, Falls Church, VA USA

**Teaching/Discussion Points**

1. Is PH complicating IIP different to the PH associated with CTD ILD?
2. What factors are unique to IIP PH?
3. Epidemiology: the role of PH screening in sarcoidosis
4. Implications with regards to transplantation
5. Treatment options, limitations of current therapies

4:50 – 5:55 p.m.

**SESSION 4: CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION (CTEPH)**

**Moderator:** Joanna Pepke-Zaba, PhD, FRCP, Royal Papworth Hospital NHS Foundation Trust, Cambridge, UK

4:50 p.m.

**Summary of the State of the Science of the Session Topic and Its Most Pressing Challenges**

Joanna Pepke-Zaba, PhD, FRCP, Royal Papworth Hospital NHS Foundation Trust, Cambridge, UK

4:55 p.m.

**CASE SCENARIO 4A: Management of CTEPH Patients With Mainly Proximal/Mid Subsegmental Distribution of the Chronic Clot**

Elie Fadel, MD, Hospital Marie Lannelongue, Le Plessis-Robinson, France

**Teaching/Discussion Points**

1. Overlap between PEA and BPA: Surgical challenges in patients with distal disease, risks for BPA in proximal segmental distribution.
2. Is there one right therapeutic approach? Is there a role for multimodality approach in CTEPH? combined disease?
3. Need for long term follow-up
4. What do we mean by cured CTEPH?

5:25 p.m.

**CASE SCENARIO 4B: CTEPH with Discordant Diagnostic Results Between Imaging and Haemodynamic Variables**

William Auger, MD, University of California, San Diego, San Diego, CA USA

**Teaching/Discussion Points**

1. CTEPD /exercise induced PH
2. Optimizing patient selection for PEA in patients with high pulmonary vascular resistance
3. Predicting surgical outcomes from pre-op data
4. Identifying patients with post PEA persistent PH
5. Diseases that mimic CTEPH

5:55 p.m.

**CLOSING REMARKS**

Colin Church, BSC(Hons), PhD, FRCP, Golden Jubilee National Hospital, Glasgow, Scotland

Marc Simon, MD, MS, University of California San Francisco, San Francisco, CA USA

6:00 PM

**ADJOURN**