



Pulmonary Hypertension and Venous Thrombo-Embolic Disease

EFFECT OF TREATMENT STRATEGY ON RISK STATUS AND SURVIVAL IN PULMONARY HYPERTENSION PATIENTS

Poster Contributions

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Authors: *Yalin Tolga Yaylali, Ibrahim Basarici, Burcak Kilickiran-Avci, Murat Meric, Umit Yasar Sinan, Hande Senol, Mehmet Serdar Küçükoglu, Zeki Ongen, Pamukkale University, Denizli, Turkey, Akdeniz University, Antalya, Turkey*

Background: It is immensely important to target a low risk profile with initial treatment strategy for pulmonary hypertension (PH). We aimed to evaluate the effect of treatment strategy on risk status and survival in incident PH.

Methods: We collected data from incident patients with IPAH, heritable, drug induced, CHD, CTD subsets and CTEPH from January 2008 to February 2018. Specific therapy was given at the discretion of the treating physician. Survival in each treatment group [initial mono, sequential or up-front double combination therapy(DCombo) was assessed by Kaplan Meier Survival Analysis. Risk assessments were performed both at diagnosis and follow-up according to a mean grade.

Results: Sixty-one patients had died. One hundred and thirty-three patients were treated with monotherapy (70.4%), 37 with sequential DCombo (19.6%), and 19 with up-front DCombo (10.1%). The vast majority of patients had remained in the same risk category as before during treatment regardless of the treatment strategy. Distribution of mean grades were similar in the treatment groups. There was no difference in 5 year survival between the groups (Figure A-C).

Conclusion: Initial mono, sequential, and up-front combination therapies had similar effect on risk status and survival. The majority of patients had the same risk profile as before at follow-up even though a third of them had received a DCombo. This could support the rationale for up-front triple combination therapy for patients with worse risk profiles at baseline.

