

The 3rd International CTEPH Conference in Leuven, Belgium concludes successfully
 Basel, 5 July 2017

The 3rd International CTEPH Conference (ICC), which took place 9–10 June in the historic city of Leuven, Belgium, attracted a large international audience of health-care professionals involved in chronic thromboembolic pulmonary hypertension (CTEPH). The 350 participants convened from more than 40 countries to discuss the latest findings in the field. A scientific poster session with more than 80 contributions and an industry exhibition supported the 1.5-day long plenary programme.



Global experts in the field discussed the latest clinical findings around CTEPH

Acute pulmonary embolism usually precedes the development of CTEPH, but at present there is not enough evidence to justify a screening programme of all PE patients.. However, development of pulmonary hypertension into CTEPH after an acute event is not common, and patients may also present with CTEPH due to multiple factors other than acute pulmonary embolism. For patients with acute pulmonary embolism, the



panellists emphasised the importance of performing exercise capacity testing and V/Q scans, however, the correct follow-up algorithm requires further evaluation. Specialists strive to develop a biomarker-based risk prediction model.

Pulmonary endarterectomy (PEA) remains the treatment of choice for operable patients and the evidence was reviewed, including new data on long term survival. The distal extent of technical operability was explored by surgical experts. The relatively new technique of balloon pulmonary angioplasty (BPA) was discussed in detail. Key steps in further establishing BPA interventions include collecting long-term follow-up data and reducing BPA-associated complications, say the experts. Lung injury after BPA is primarily related to perforation and bleeding rather than true reperfusion pulmonary oedema. For some patients with very distal disease on one side, and proximal disease on the other, a hybrid approach of combining PEA and BPA may be performed. However, other sequential options are also available and the procedure should be carefully considered.



Results of the MERIT and CHEST-2 drug studies highlighted the significant benefits of medical treatment to inoperable patients or those with persistent/recurrent pulmonary hypertension after surgery.

The combined efforts from the entire CTEPH community in generating and disseminating scientific research lead to novel insights and an increased dynamic in the field. The ICA is already looking forward to discussing the new scientific findings that will be presented at the next ICC 2020 in Germany.



About the ICC

The ICC conference takes place triennially and is the largest gathering of CTEPH experts across worldwide. It attracts an international and multidisciplinary audience of cardiologists, respiratory physicians and surgeons. The first ICC was held 2011 in Cambridge, followed by the Paris ICC conference in 2014. The next ICC will take place 2020 in Germany and the ICC 2023 will be held in San Diego, USA.

About the ICA

The International CTEPH Association is a non-profit organisation of physicians, surgeons and other medically qualified professionals committed to advancing the diagnosis and treatment of CTEPH, and thus improving the clinical outcome and long-term care for affected patients. Health-care professionals interested in CTEPH are welcome to join as a member.

About CTEPH

CTEPH is a condition caused by a thromboembolism in the pulmonary arteries with incomplete resolution and remodelling causing permanent fibrous obstruction. The diagnosis is based on findings obtained after at least 3 months of effective anticoagulation therapy in order to discriminate this condition from 'subacute' pulmonary embolism. CTEPH is an orphan disease with an estimated incidence of 5 cases per million, but it is likely that CTEPH is under-diagnosed as symptoms are non-specific. The median age of patients ranges widely around 63 years, but paediatric cases are rare. Both genders are equally affected. In recent years, the emergence of three potential treatments (PEA, BPA licenced vasodilator dugs) has brought further options to improve symptoms and prognosis in all patients with CTEPH.