

Screening Strategies for Pulmonary Hypertension (PH) in Interstitial Lung Disease (ILD): A Multidisciplinary Delphi Study

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RATIONALE

- Recent approval of therapy for PH in ILD increases the value of early detection
- There is no generally accepted standard for screening of PH in ILD

METHODS

- Modified Delphi method used to identify current practice

SURVEY 1:

Generate statements

SURVEY 2:

Rate agreement with statements on a Likert scale from -5 to +5

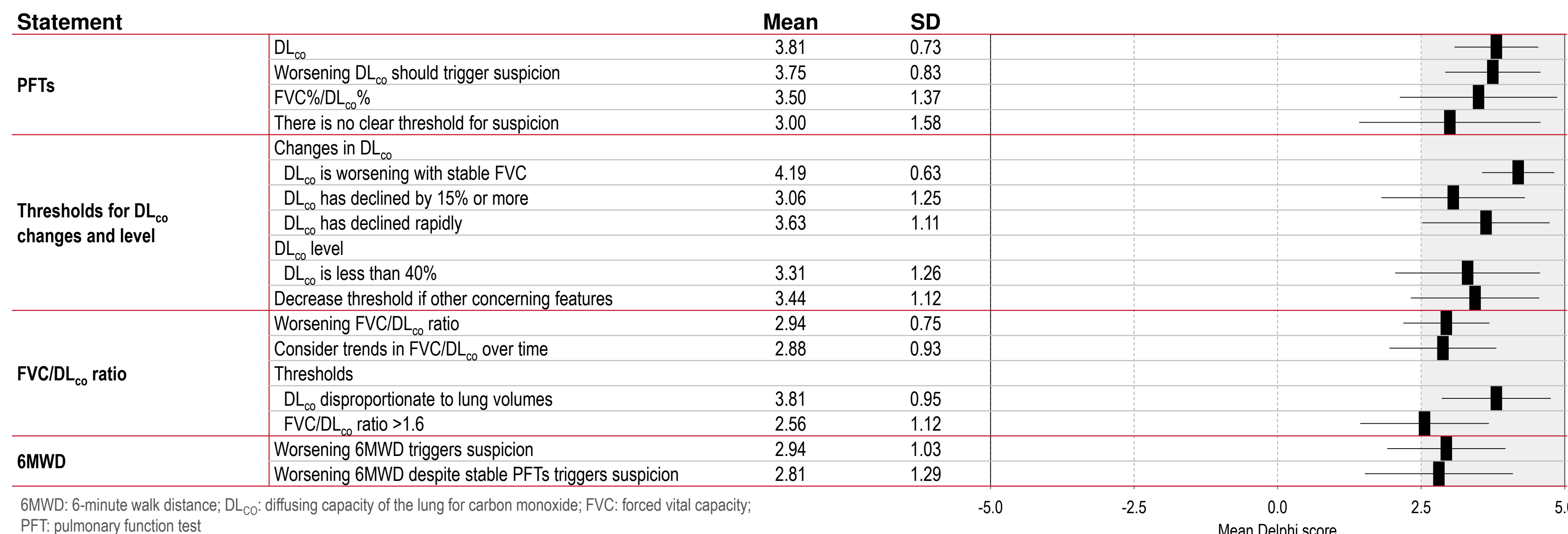
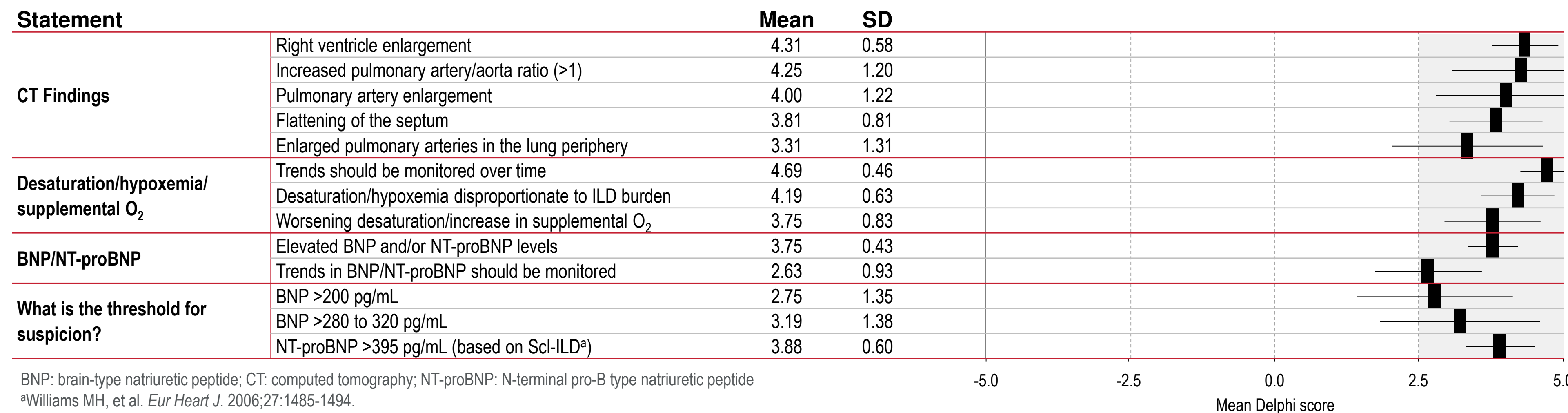
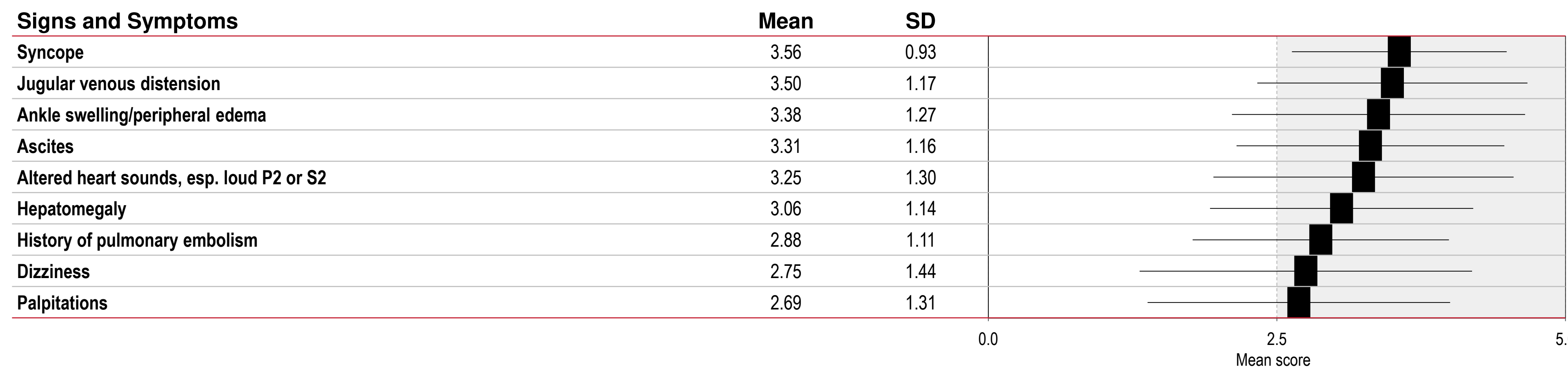
SURVEY 3:

Repeat statements with results of survey 2

CONSENSUS:

Mean 2.5 with SD that does not cross zero

TRIGGERS for PH SCREENING – LIKERT SCALE SCORES



CONCLUSION

- Many patients with ILD are likely to benefit from early screening for PH now that an approved therapy is available

Consensus Approach to Screening for PH in Patients with ILD

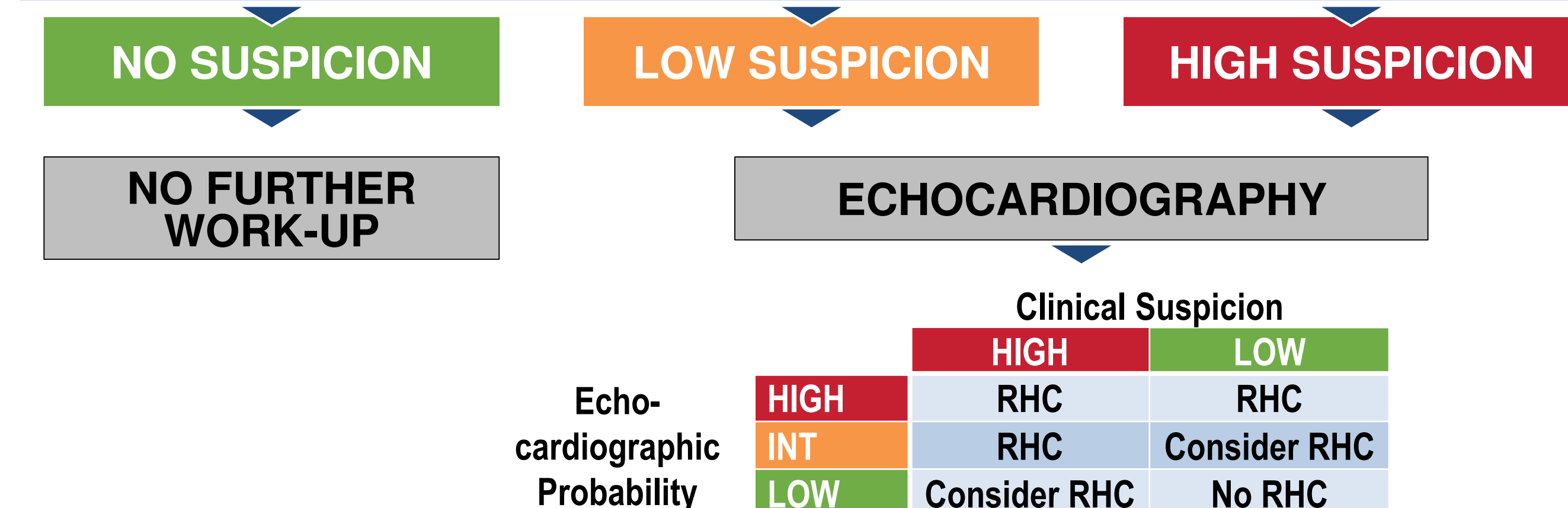
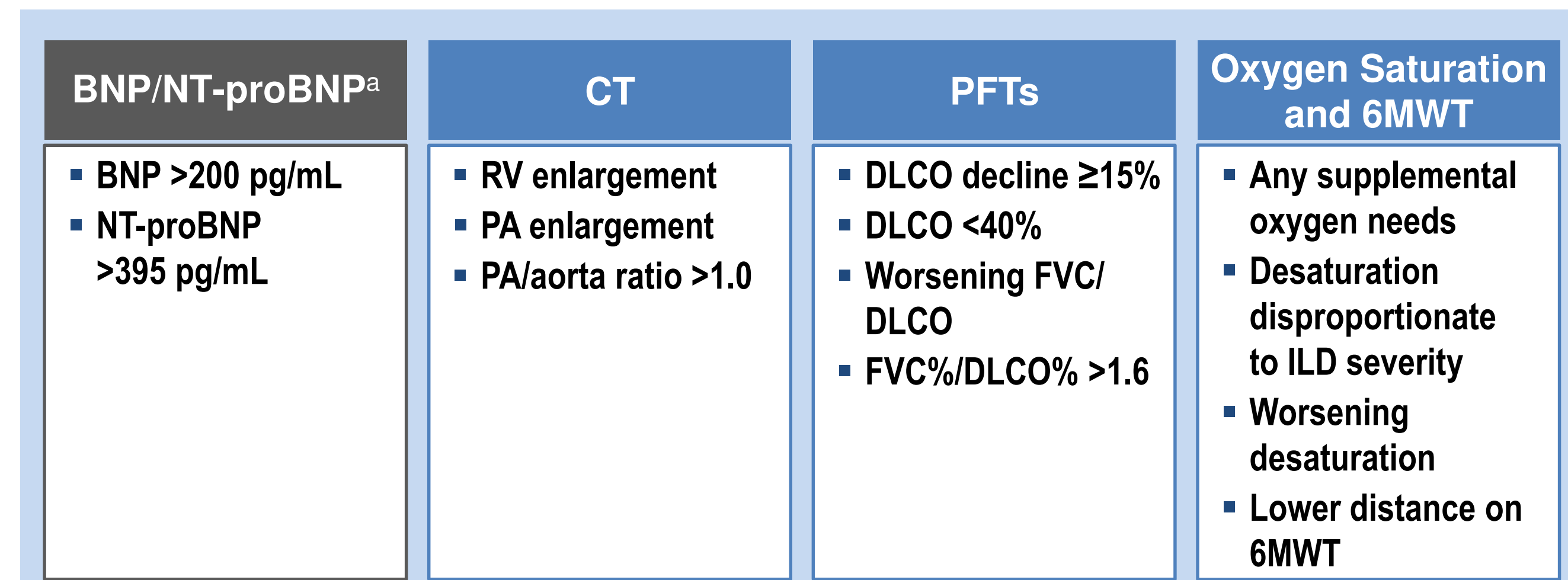
Risk factors/symptoms

- History of pulmonary embolism or heart failure
- Dizziness, palpitations, syncope

Signs

- Altered heart sounds (loud P2 or S2)
- Signs of right heart failure
- Jugular venous distension
- Ankle swelling/peripheral edema
- Hepatomegaly/ascites

Tests (used in concert to risk stratify for PH)



■ Not routinely obtained, but considered if there is suspicion of underlying heart failure or PH in patients with ILD

■ Testing that is routinely obtained in patients with ILD

^aIndividual laboratories may have different thresholds. 6MWT: 6 minute walk test; PA: pulmonary artery; RHC: right heart catheterization; RV: right ventricular