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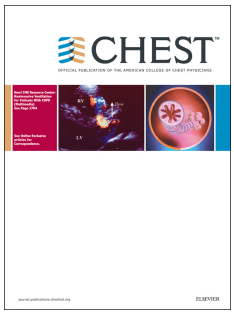

Point: Should wireless pulmonary artery hemodynamic monitoring be used to monitor patients with pulmonary hypertension? YES

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Not long ago, median life expectancy after a diagnosis of pulmonary artery hypertension (PAH) was less than 3 years with survival at 5 years being 34% (1). Prognosis was most related to right atrial (RA) pressure, an indirect reflection of right ventricular (RV) function. Few therapies were available and those that were, such as calcium channel blockers, were only marginally effective in a defined subset of patients. Thus, it was not unusual for the diagnosis to be missed even by cardiologists and pulmonologists. After all, in the long run it did not matter whether the diagnosis was made – treatment was limited to supportive care.

It was not until the mid-1990s with the introduction of epoprostenol that a disease-specific pharmacologic agent was shown to reduce symptoms, improve hemodynamics, and prolong short-term (12-week) survival. Of the 82 patients enrolled in the study, 8 died, all in the control arm. Six minute walk time (6MWT) increased 47 meters in the treatment group but fell 66 meters in the control group. Pulmonary vascular resistance (PVR) decreased 21% in the treatment group but rose 9% in the control arm (2).

The ability of epoprostenol to impact long-term survival was reported in 2002. Of 162 patients treated with epoprostenol for a mean of 36.3 months, survival was 87.8% and 62.8% at 1 and 3