



5th National PH Medical Think Tank
September 19-20
2024 PH Community Conference
www.phacanada.ca/conference

NATIONAL PH MEDICAL THINK TANK & SCIENTIFIC PROGRAM FINAL

(Subject to change)

Meeting Locations:

1. In-person: Westin Calgary Hotel, Nakiska Room
2. Online: a Zoom link will be provided to registered participants only

Meeting Times:

1. Thursday, September 19 – 1:00 pm – 5:30 pm
2. Friday, September 20 – 8:00 am – 5:00 pm

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program (MOC) of The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Thoracic Society.

You may claim a maximum of 10.5 hours.

This program is co-developed by the Pulmonary Hypertension Association of Canada and the Canadian Thoracic Society and is planned to achieve scientific integrity, objectivity, and balance.

Thursday, September 19 Think Tank (times are shown in Mountain time)

60	12:00 – 1:00 PM	Lunch, registration & networking
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Session Chair: Sanjay Mehta

15	1:00 – 1:15 PM	Welcome & Opening Remarks Jamie Myrah & Mitesh Thakrar, PHA Canada
30	1:15 – 1:45 PM	Building Capacity for Patient-Oriented Research Jamie Myrah At the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Describe the key outcomes from PHA Canada’s Research Capacity Building Project 2. Identify opportunities to engage patient partners in PH research
30	1:45 – 2:15 PM	Update from the Canadian PH Registry (CPHR) John Swiston At the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Describe the principles and structure of the CPHR 2. Recognize the current successes, limitations, and dilemmas of the CPHR 3. Discuss the future direction of the CPHR
45	2:15 – 3:00 PM	Plenary Session: Concepts and development of a RV assist device Ray Benza At the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Identify limitations in current ECMO configurations for PH 2. Identify advantages of trans atrial perfusion in PH
	3:00 – 3:30 PM	Refreshment break

Session Chair: Lisa Mielniczuk

30	3:30 – 4:00 PM	Opportunities during on boarding of sotatercept John Granton At the end of this session, participants will be able to: <ol style="list-style-type: none"> 1. Develop a strategy on how to implement sotatercept in their own practice 2. Develop opportunities to collaborate with other Canadian programs 3. Discuss where, as Canadian PH centers, we can contribute to the state of knowledge about sotatercept's effects in patients with PAH
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30	4:00 – 4:30 PM	<p>Update on the status of the SAPPHIRE study and proposed publication Duncan Stewart</p> <p>At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Understand the rationale for angiogenic cell and gene therapy of PAH 2. Describe the results of the SAPPHIRE trial 3. Discuss implications and next steps
30	4:30 – 5:00 PM	<p>Update from the CRAVE trial Lisa Mielniczuk and Jason Weatherald</p> <p>At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe progress on the CRAVE feasibility trial 2. Discuss the design and plans for the phase 2 CRAVE platform trial
30	5:00 – 5:30 PM	Updates from the floor / Q&A
120	6:30 – 8:30 PM	Dinner at Centini Restaurant (160 8th Ave SE)

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Friday, September 20: Scientific Sessions (times are shown in Mountain time)

60	7:00 – 8:00 AM	Breakfast, registration & networking
<i>Session Chair: John Granton</i>		
15	8:00 – 8:15 AM	Welcome & Introduction John Granton
30	8:15 – 8:45 AM	CHIP Variants in PAH: “Bet you can’t have just one” Stephen Archer At the end of this session, participants will be able to recognize that: <ul style="list-style-type: none"> 1. PAH often has a genetic basis 2. Variants in Clonal Hematopoiesis of Indeterminant Potential (CHIP) genes predispose to vascular diseases including pulmonary hypertension 3. Variants in TET2 and DNMT3A predispose to PAH 4. Variants in DNMT3A predispose to Associated PAH
30	8:45 – 9:15 AM	Down to the cell: Identifying disease-specific vascular cell populations by single cell transcriptomic analysis Duncan Stewart At the end of this session, participants will be able to: <ul style="list-style-type: none"> 1. Understand single cell transcriptomics and its relevance for deeper understanding of the pathobiology of PAH 2. Understand the evolution of cell types during the onset and development of experimental PAH, focusing of endothelial and stromal cell populations 3. Discuss the implications on novel disease-specific, endothelial cell populations for the development of novel therapeutic approaches for PAH
30	9:15 – 9:45 AM	PTE specimens: more than surgical waste Marc de Perrot At the end of this session, participants will be able to: <ul style="list-style-type: none"> 1. Recognize the inflammatory characteristics of the cast of endarterectomy 2. Identify the role of the endothelial cells in the thrombotic process 3. Define the potential mechanisms of vascular remodeling

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45	9:45 – 10:30 AM	<p>Plenary Session: Risky Business: How can risk scores inform practice?</p> <p>Ray Benza</p> <p>At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify differences in contemporary risk algorithms 2. Identify advantages of informed clinical risk decision making 3. Identify shortcomings of current prediction algorithms
30	10:30 – 11:00 AM	Refreshment break
<p>Session Chair: George Chandy</p>		
30	11:00 – 11:30 AM	<p>Role of dynamic invasive hemodynamic testing</p> <p>Susanna Mak (<i>virtual presenter</i>)</p> <p>At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Summarize the interventions that can be employed during diagnostic right heart catheterization for pulmonary hypertension 2. Select patients that may benefit from a fluid challenge or exercise during right heart catheterization
15	11:30 – 11:45 AM	<p>DLCO in action</p> <p>Kostiantyn Dmytriiev</p> <p>At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Define components of diffusing lung capacity for carbon monoxide (DLCO) and its clinical relevance 2. Differentiate pulmonary vascular dysfunction and pulmonary vascular destruction using the DLCO components 3. Understand the response of DLCO to positional change and exercise in PAH
30	11:45 – 12:15 PM	<p>HFpEF and PH</p> <p>Lisa Mielniczuk</p> <p>At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe current risk factors for the development of HFpEF 2. Discuss current pathophysiology of HFpEF and the predisposition to pulmonary hypertension 3. Understand current and potential therapies for HFpEF and pulmonary hypertension in the setting of HFpEF
60	12:15 – 1:15 PM	Lunch break

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Session Chair: Angela Bates

15	1:15 – 1:30 PM	Who goes on next? Tyler Pitre At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Understand how network meta-analysis can be an effective tool in PAH evidence synthesis2. Summarize the mechanism of action of sotatercept in comparison to other classical pathways3. Understand the efficacy of sotatercept across patient important outcomes, and in comparison to other add-on therapies
30	1:30 – 2:00 PM	When is that ASD just PAH? Rafa Alonso (<i>virtual presenter</i>) At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Assess patients with pre-tricuspid shunts and pulmonary hypertension2. Identify patients that will benefit from pulmonary vasodilators3. Identify patients that will benefit from closure of the atrial septal defect
15	2:00 – 2:15 PM	PVS in Pediatric PH: Lessons from the PVS Registry Erika Vorhies At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Understand the current outcomes and management options for pediatric pulmonary vein stenosis
15	2:15 – 2:30 PM	An Update on Pediatric PH from the WSPH 2024 Angela Bates At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Understand the current challenges in diagnosing and managing Pediatric PH2. Discuss how to establish treatment guidelines and build research relationships in Pediatric PH
30	2:30 – 3:00 PM	Highlights from the WSPH 2024 Rhea Varughese At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Summarize the changes to the definition and classification of PH2. Identify some of the updates to management of pulmonary hypertension3. Recognize advances in other areas relevant to pulmonary hypertension (i.e. RV function, genetics)
30	3:00 – 3:30 PM	Refreshment break

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Session Chair: Kristina Kemp

30	3:30 – 4:00 PM	Steroids if it swells Mithum Kularatne At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Review the role of inflammation in the onset of CTD-PAH2. Discuss the literature on the use of immune suppression in the treatment of CTD-PAH3. Outline an approach to treatment in patients with CTD-PAH
30	4:00 – 4:30 PM	Comorbidities in PAH Jason Weatherald At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Identify the different PAH phenotypes and the importance of comorbidities in PAH2. Describe recent data on the relationship between comorbidities, treatment selection, and response
30	4:30 – 5:00 PM	Tough Conversations: Patient insights and clinical implications Andrea Gardner, Lisa Kolkman, and Brooke Paulin At the end of this session, participants will be able to: <ol style="list-style-type: none">1. Reflect on the patient experience during tough conversations with healthcare providers2. Describe healthcare provider compassion and its role as an evidence-based intervention3. Recognize expressions of compassions which can be integrated into clinical practice
15	5:00 – 5:05 PM	Closing Remarks Lisa Mielniczuk, PHA Canada

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Plenary Speaker: Raymond L Benza, MD, FACC, FAHA, FACP, USA

Dr. Raymond L Benza is the System Director for Pulmonary Vascular Diseases at Mount Sinai Heart in New York City and a Professor of Medicine at the Icahn School of Medicine at Mount Sinai. He is a fellow of the American College of Physicians, the American Heart Association Council on Clinical Cardiology, the American College of Chest Physicians, and the American College of Cardiology. He is a diplomat of the American Board of Internal Medicine with certification in the subspecialties of cardiovascular diseases and advanced heart failure and transplantation.

Dr. Benza currently holds administrative positions in the Pulmonary Vascular Research Institute and the International Society of Heart and Lung Transplantation and is the former treasurer of that society. He served for four years on President Obama's Advisory Committee on Organ Transplantation (ACOT) in the Health Resources and Services Administration. He was knighted in 2015 by His Royal Highness Vittorio Emanuele of Italy for his philanthropic work in patients with pulmonary arterial hypertension and was admitted to the Association of University Cardiologists. He sits on multiple journal editorial committees and is the Steering Committee Chair for several industry trials in PAH.

His primary clinical interests are the evaluation and treatment of advanced congestive heart failure, cardiac transplantation, and pulmonary arterial hypertension. He participates in major clinical studies of new therapies for the treatment of heart failure, mechanical support, and pulmonary hypertension. Dr. Benza is a funded investigator for the National Institutes of Health and the American Heart Association for his work in pulmonary arterial hypertension, focusing on risk stratification, pharmacogenomics, and new device therapies for this disease state.

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