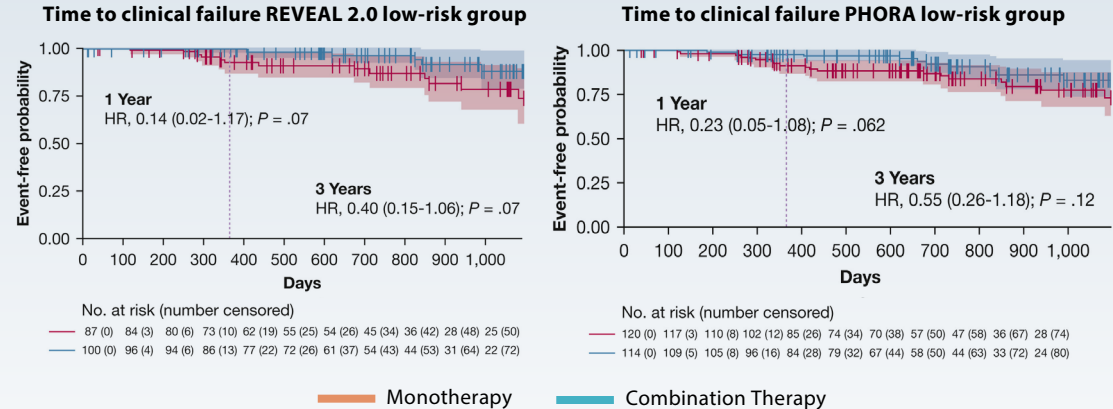


Do Patients With Low-Risk PAH Benefit From Upfront Combination Therapy?

STUDY DESIGN

- Retrospective study using data from AMBITION trial
- Patients with pulmonary arterial hypertension (PAH) classified using REVEAL 2.0 and PHORA as low, intermediate, and high risk
- Primary endpoint was time to clinical worsening (death, hospitalization for PAH worsening, and disease progression) censored at 1 and 3 years from enrollment

RESULTS



- There was no statistically significant benefit of upfront combination therapy vs monotherapy in patients with low-risk PAH.
- The low-risk upfront combination therapy group experienced a higher but not significant incidence of side effects (SE).

Patients with low-risk PAH should be further stratified using other modalities before committing to upfront combination therapy, especially when the occurrence of SEs is considered. Further prospective data are needed to validate this hypothesis before changes in current guideline-directed therapy are contemplated.