

Where Do *Your Patients* Want to Be in 5 Years?

Help your patients improve their
prognosis by achieving low-risk status¹⁻⁴



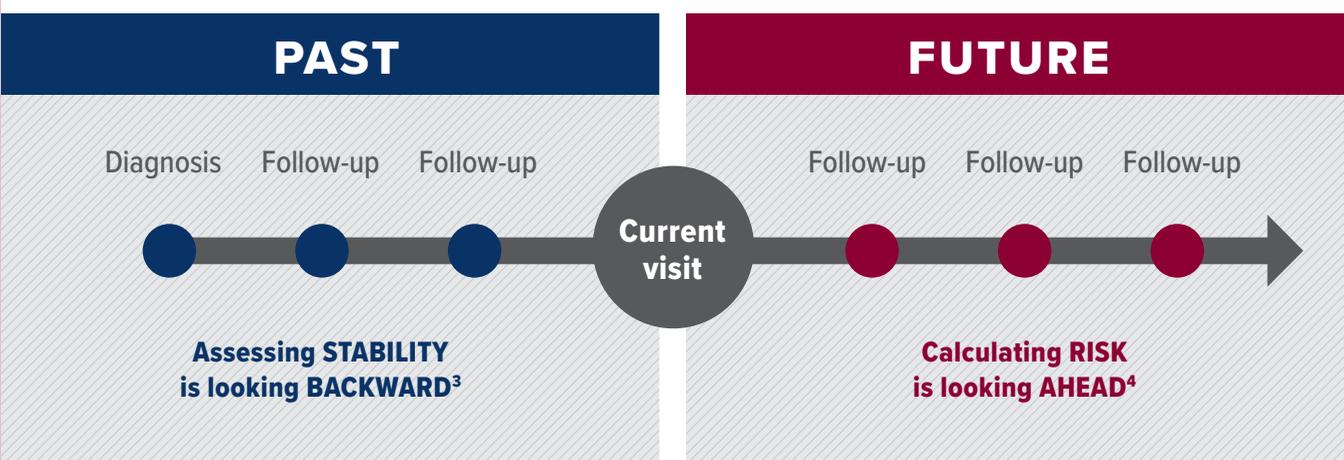
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Formally Calculate Risk to Help Accurately Assess Your Patients^{4,5}

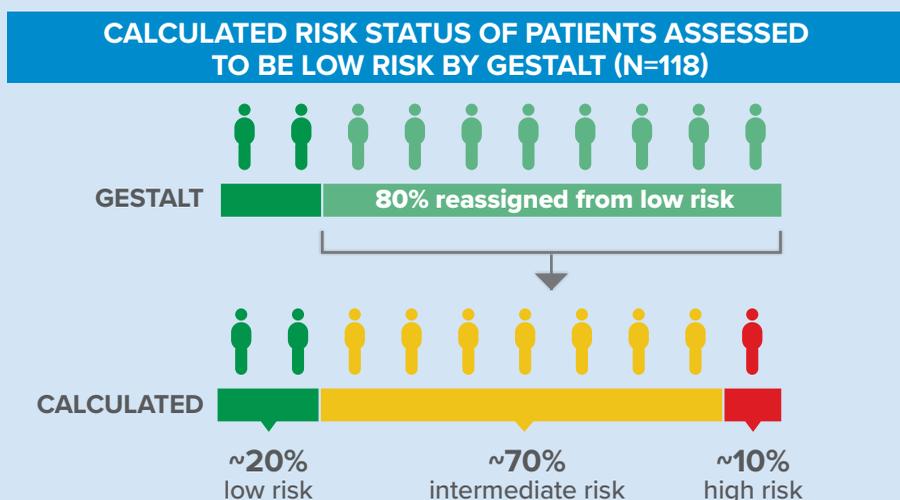
Know how your patients are doing today and how they will be doing in the future¹⁻³

Calculate your patients' risk status today to estimate their 5-year prognosis¹⁻³



2015 ESC/ERS guidelines recommend a multiparameter approach to risk assessment because no single variable provides sufficient prognostic information.⁴

In a study of 365 patients, where 118 were estimated to be low risk, **80% of these patients were reassigned to a higher risk category** after formal risk calculation⁶



WSPH 2018 Recommends Comprehensive Risk Assessments Every 3 to 6 Months⁵

Calculate Your Patients' Risk Status Using Only 3 Noninvasive Criteria^{1,4}



Functional Class

Widely used as a measure of a patient's functional status⁴

Low-risk goal⁴
Functional Class I/II



6-Minute Walk Distance

Most predictive parameter of 5-year survival in 2 European registries^{1,3}

Low-risk goal⁴
>440 m



NT-proBNP/BNP

- Indicator of RV function in PAH⁷
- A normal NT-proBNP/BNP has a 98% sensitivity to exclude the presence of either RAP >8 mm Hg, CI <2.5 L/l/m², or both¹

Low-risk goals⁴

- NT-proBNP <300 ng/L
- BNP <50 ng/L

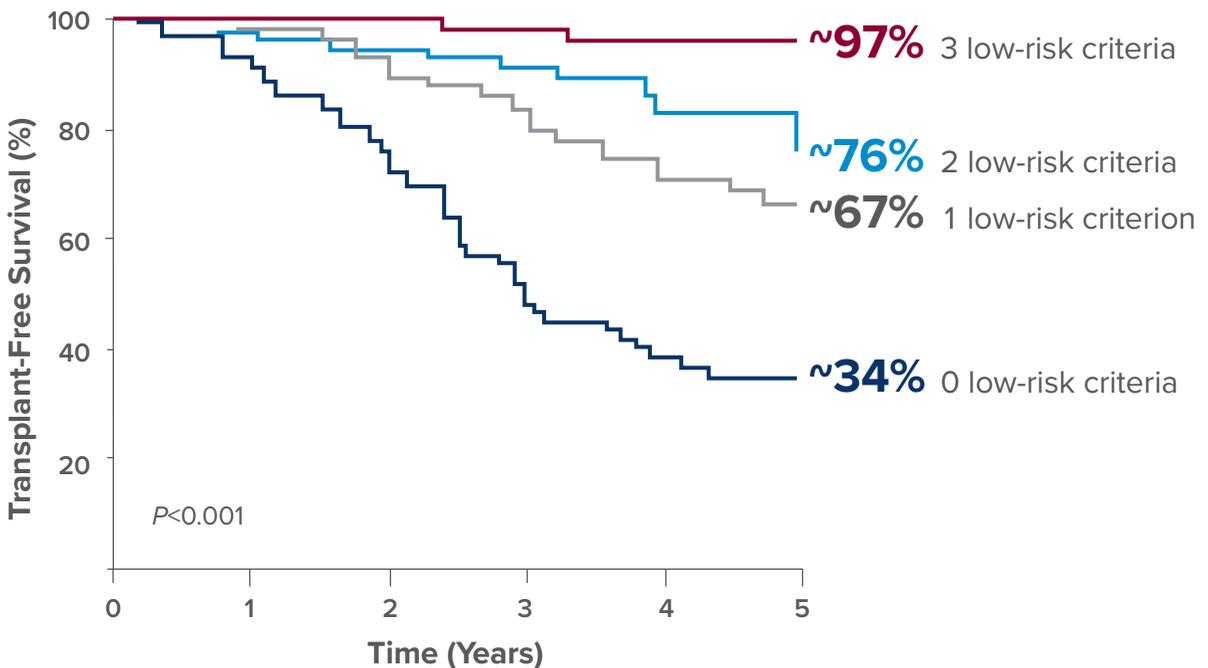
Make Low Risk the Goal^{4,5}

Achieving more low-risk criteria can improve your patients' 5-year prognosis¹

The French PAH Registry*: In an exploratory subanalysis, patients were assessed for 3 low-risk criteria; transplant-free survival was estimated based on number of low-risk criteria present at first follow-up (n=603).¹

- **WHO/NYHA**: FC I/II
- **6MWD**: >440 m
- **NT-proBNP**: <300 ng/L
or **BNP**: <50 ng/L

Prognosis by number of noninvasive low-risk criteria at first follow-up^{1†}



Is it time to adjust your patients' treatment to help them reach low risk?⁵

*Patients enrolled in the French PAH Registry had idiopathic, heritable, or drug-induced PAH. Of these patients, 603 had baseline and follow-up with WHO/NYHA FC, 6MWD, and NT-proBNP or BNP measurements documented within 1 year of diagnosis.¹

[†]Median (IQR) follow-up, 4.4 (3.6-6.4) months.¹

Patient's Name

Today's Date

Today's Risk Assessment

Circle the values from today's assessment.

Low Risk

Intermediate Risk

High Risk



Functional Class

I, II

III

IV



6-Minute Walk Test

>440 m

165-440 m

<165 m



NT-proBNP/
BNP

NT-proBNP
<300 ng/L

NT-proBNP
300-1400 ng/L

NT-proBNP
>1400 ng/L

—
BNP <50 ng/L

—
BNP 50-300 ng/L

—
BNP >300 ng/L

How many low-risk goals has your patient met today?

What else can you do to help your patients meet more low-risk goals?



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Your healthcare provider may use these 3 evaluations to perform a risk assessment to know if your treatment plan needs to be adjusted to help you feel better and do more.



Functional Class

Shows how your symptoms impact your day-to-day activities

Functional Class is divided into 4 groups



Class 1

Can you ride a bike or go for a long walk without getting breathless?



Class 2

Do you need to pause to catch your breath when you climb stairs or go shopping?



Class 3

Can you walk to the end of your driveway without stopping to rest?



Class 4

Do you experience symptoms of PAH even when resting?



6-Minute Walk Test

Evaluates how far you can walk in 6 minutes



NT-proBNP or BNP

Measures a chemical in your blood that shows how much strain is on your heart

People who are able to achieve more low-risk goals sooner have a higher survival rate*

Ask your healthcare provider how you can achieve more low-risk goals

*Survival=living without lung transplant.

Is it time to adjust your patients' treatment to help them reach low risk?

6MWD=6-minute walk distance; BNP=B-type natriuretic peptide; CI=cardiac index; ESC/ERS=European Society of Cardiology/European Respiratory Society; FC=Functional Class; NT-proBNP=N-terminal pro-B-type natriuretic peptide; NYHA=New York Heart Association; PAH=pulmonary arterial hypertension; RAP=right atrial pressure; RHC=right heart catheterization; RV=right ventricle; WHO=World Health Organization; WSPH=World Symposium on Pulmonary Hypertension.

References: **1.** Boucly A, et al. *Eur Respir J.* 2017;50:1700889. **2.** Kylhammar D, et al. *Eur Heart J.* 2018;39(47):4175-4181. **3.** Hoeper MM, et al. *Eur Respir J.* 2017;50:1700740. **4.** Galie N, et al. *Eur Heart J.* 2016;37(1):67-119. **5.** Galie N, et al. *Eur Resp J.* 2019;53(1):1801889. **6.** Simons JE, et al. *Adv Ther.* 2019;36(9):2351-2363. **7.** Warwick G, et al. *Eur Resp J.* 2008;32:503-512.

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