



Treating Comorbidities in Patients With Fibrosis

The next abstract I want to highlight is an abstract by Dr. Alvarez looking at dose escalation of pulse inhaled nitric oxide in subjects with pulmonary hypertension and interstitial lung disease. Well, pulmonary hypertension is a known co-morbidity that frequently complicates interstitial lung disease, adding to morbidity and mortality. And presently, there are no proven therapies. This particular abstract gives us a look into the intermural results of patients from the study during their acute right heart cath steady data, after they've been treated with pulse inhaled nitric oxide.

During the study and during the cath, patients had baseline hemodynamic data done, and then they were given inhaled pulse nitric oxide in various doses, with a dose escalation that followed a wash out period of about 10 minutes. And what they found is that with treatment with inhaled nitric oxide, mean pulmonary artery pressure and PVR was reduced, with an increase in cardiac index. And that seemed to follow a dose response pattern.

This particular inhaled therapy for pulmonary hypertension was well-tolerated and no significant oxygen desaturations resulted during the course of the treatment during the right heart cath. I think these results are very exciting when we think about management of patients with the co-morbidity of pulmonary hypertension and interstitial lung disease. It really drives us to look further into therapies for this population of patients, and really to better understand their impact and utility in clinical management of patients with pulmonary hypertension with interstitial lung disease. And I'm really optimistic about the future of treatment of this subset of patients.