





A roadmap for management of chronic thromboembolic pulmonary hypertension

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Multicentre consortia should now produce stronger data both from randomised controlled trials and multicentre registries, in order to implement CTEPH guidelines <http://bit.ly/2TWnaJ3>

Cite this article as: Jaïs X, Brenot P, Montani D, *et al.* A roadmap for management of chronic thromboembolic pulmonary hypertension. *Eur Respir J* 2019; 54: 1901295 [<https://doi.org/10.1183/13993003.01295-2019>].

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To the Editor:

In a recent editorial published in the *European Respiratory Journal*, LANG and MATSUBARA [1] comment on the French experience of balloon pulmonary angioplasty (BPA) for inoperable chronic thromboembolic pulmonary hypertension (CTEPH) in the context of international BPA experience [2]. The groundbreaking development of BPA techniques (initially developed in the USA by FEINSTEIN *et al.* [3]) is widely recognised, and Matsubara and his Japanese colleagues should be congratulated for refining this treatment [4]. In the mid-2010s, BPA was implemented in high-volume expert centres in Europe, including France and Germany [2, 5]. These large European centres host multidisciplinary teams with experienced surgeons for pulmonary endarterectomy, interventional radiologists/cardiologists for BPA, radiologists experienced in pulmonary vascular imaging and pulmonologists/cardiologists with expertise in pulmonary hypertension management [6]. As described in our recent article in the *European Respiratory Journal* [2], the French reference centre for pulmonary hypertension has generated strong data in a large cohort of inoperable CTEPH (or patients with persistent pulmonary hypertension after pulmonary endarterectomy) treated with BPA between 2014 and 2017. There is no doubt that BPA is an important treatment option for carefully selected CTEPH patients [1–6]. Some recommendations from LANG and MATSUBARA [1] are well taken and we agree that developing a BPA programme in an expert CTEPH centre is certainly a challenging but inspiring task and that our goals should be very ambitious. We wish, however, to provide some additional comments and ask to correct a number of erroneous statements in the editorial [1].