Pulmonary vascular resistance predicts mortality in patients with pulmonary hypertension associated with interstitial lung disease: results from the COMPERA registry

Karen M. Olsson[1,2], Marius M. Hoeper[1,2], Christine Pausch[3], Ekkehard Grünig[4], Doerte Huscher[5], David Pittrow[3,6], Stephan Rosenkranz[7] and Henning Gall[2,8]

[1]Dept of Respiratory Medicine, Hannover Medical School, Hannover, Germany. [2]German Centre of Lung Research (DZL), Germany. [3]GWT-TUD GmbH, Epidemiological Centre, Dresden, Germany. [4]Centre for Pulmonary Hypertension, Thoraxclinic Heidelberg GmbH at Heidelberg University Hospital, Heidelberg, Germany. [5]Institute of Biometry and Clinical Epidemiology, Charité Universitätsmedizin, Berlin, Germany. [6]Institute for Clinical Pharmacology, Medical Faculty, Technical University, Dresden, Germany. [7]Clinic III for Internal Medicine (Cardiology) and Center for Molecular Medicine (CMMC), and the Cologne Cardiovascular Research Center (CCRC), University of Cologne, Cologne, Germany. [8]Dept of Internal Medicine, Justus-Liebig-University Giessen, Universities of Giessen and Marburg Lung Center (UGMLC), Giessen, Germany.

Marius M. Hoeper (hoeper.marius@mh-hannover.de)

Cite this article as: Olsson KM, Hoeper MM, Pausch C, *et al*. Pulmonary vascular resistance predicts mortality in patients with pulmonary hypertension associated with interstitial lung disease: results from the COMPERA registry. *Eur Respir J* 2021; 58: 2101483 [DOI: 10.1183/13993003.01483-2021].

This article has an editorial commentary: https://doi.org/10.1183/13993003.02008-2021

Received: 25 May 2021
Accepted: 17 June 2021

To the Editor:

Pulmonary hypertension (PH) is a common complication of many chronic lung diseases, especially COPD and interstitial lung disease (ILD) [1]. In these conditions, the development of PH is associated with an aggravation of symptoms and an increase in mortality risk. In most patients with chronic lung disease, the haemodynamic severity of PH is mild to moderate, while some patients develop severe PH, which is presently defined by a mean pulmonary arterial pressure (mPAP) ⩾35 mmHg or mPAP ⩾25 mmHg in the presence of a cardiac index <2.0 $L \cdot min^{-1} \cdot m^{-2}$ [2]. These haemodynamic criteria were introduced per expert consensus but were not based on solid data.