社團法人中華民國心臟學會
肺高壓南台灣研討會

Date: 2024 年 5 月 25 日 (星期六) 13:30-16:00
Location: 台南富信大飯店 (台南市北區成功路 336 號)

MEETING AGENDA

Time	Subject	Speaker	Moderator
13:30~13:40	**Opening**		吳懿哲教授
13:40~14:10	**Treatment of PAH: recent progress**	朱俊源醫師	吳懿哲教授
14:10~14:20	**Q & A**		
14:20~14:50	**Novel pathways and therapies targeting the TGF-β superfamily**	林佳淩醫師	許志新教授
14:50~15:00	**Q and A**		
15:00~15:15	**Coffee break**		
15:15~15:30	**PAH case sharing 1**	劉熙韻醫師 (小兒心臟科)	林盈瑞醫師 (小兒心臟科)
15:30~15:35	**Q and A**		
15:35~15:50	**PAH case sharing 2**	陳奕廷醫師	鍾昇穎醫師
15:50~15:55	**Q and A**		
15:55~16:00	**Closing**		鄭錦昌主任

學分申請：心臟學會、風濕科學會、內科醫學會、重症學會、胸腔暨重症學會

Novel pathways and therapies targeting the TGF-β superfamily

林佳淩醫師

成大醫院心臟血管科主治醫師

Traditional treatment for pulmonary arterial hypertension (PAH) involves 3 pathways: endothelin-1, prostacyclin, and nitric oxide. Previously, all approved medication targeting PAH are from these 3 pathways. There was no new class of medication for over decades, until March 2024, US FDA approved sotatercept, a first-in-class treatment for PAH.

Pulmonary arterial hypertension is the result of pulmonary vascular remodeling due in part to an imbalance between anti-proliferative (BMPR-II-mediated) and pro-proliferative (ActRIIA-mediated) signaling pathways, resulting in hyperproliferation of vessel wall cells. Sotatercept is an activin signaling inhibitor. It works as a ligand trap that inhibits transforming growth factor beta (TGF-β) superfamily members. Therefore, Sotatercept is proposed to act as a reverse-remodeling agent through rebalancing of anti-proliferative and pro-proliferative signaling pathways.

In this short talk, we would give a brief introduction of the mechanism of Sotatercept, review its hallmark trials, and discuss future perspectives.

PAH Case Sharing 2

陳奕廷醫師

高雄長庚紀念醫院心臟血管內科

The case involves a 76-year-old woman presenting with interstitial lung disease, favoring idiopathic pulmonary fibrosis (IPF). Upon examination, echocardiography revealed a high right ventricular systolic pressure (RVSP), indicative of potential pulmonary hypertension. Further investigation via right heart catheterization demonstrated elevated pulmonary capillary wedge pressure (PCWP) and increased pulmonary vascular resistance.

The combination of interstitial lung disease, elevated RVSP, and findings from right heart catheterization highlights the complexity of the patient's condition. Management will likely involve a multidisciplinary approach, including optimizing lung function with medications such as corticosteroids and immunosuppressants, managing symptoms of pulmonary hypertension with vasodilator therapy, and potentially considering lung transplantation depending on the severity of the disease and the patient's overall health status.

In conclusion, this case underscores the importance of thorough evaluation and collaborative management in addressing the intricate interplay between interstitial lung disease, pulmonary hypertension, and right heart dysfunction in elderly patients.

朱俊源 醫師

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高雄醫學大學附設中和紀念醫院內科部 住院醫師 2002~2005
高雄醫學大學附設中和紀念醫院心臟血管內科 總醫師 2005~2007
行政院衛生署屏東醫院心臟內科主治醫師 2007-2012
行政院衛生署屏東醫院內科加護病房主任 2011-2012
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高雄醫學大學附設中和紀念醫院心臟血管內科 主治醫師 2007~至今
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中華民國心臟學會肺高壓治療小組委員 2016~至今
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2013-2014, 2015-2017 Resident, Department of Internal Medicine,
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