

1. International and TSOC PAH Treatment Guideline Update: Diagnosis

In clinical practice, the diagnosis of Group 1 pulmonary arterial hypertension (PAH) requires a comprehensive and integrated approach rather than reliance on a single test. Physicians begin with clinical suspicion based on presenting symptoms and proceed through a structured diagnostic pathway, including imaging, echocardiography, and right heart catheterization to confirm the diagnosis. Throughout this process, clinical clues, assessment tools, and key decision points are critical in differentiating PAH from other forms of pulmonary hypertension. However, real-world diagnosis remains challenging due to non-specific symptoms, delays in referral, and limited access to diagnostic resources.

2. International and TSOC PAH Treatment Guideline Update: Treatment

The treatment approach for Group 1 PAH is largely guided by risk stratification and disease severity. In practice, therapy selection is individualized based on the patient's clinical status, functional class, and comorbidities, with clearly defined treatment goals such as symptom improvement, enhanced exercise capacity, and slowing disease progression. Ongoing monitoring of treatment response is essential to guide subsequent therapy adjustments. While treatment guidelines provide a structured framework, real-world clinical management often requires flexibility to tailor treatment to individual patient needs.

3. The Unmet Clinical Needs in PAH

In everyday clinical care, the management of PAH continues to present significant challenges, including disease complexity, variability in access to treatment, and issues related to patient adherence. There is also a notable gap between guideline-recommended care and what is implemented in real-world practice, which may limit optimal patient outcomes. As such, substantial unmet clinical needs remain in improving disease control and long-term prognosis, highlighting the need for better tools, more effective therapies, and streamlined care pathways.

4. Integrating First Activin Signaling Inhibitor into the PAH Treatment Paradigm

Despite advancements in existing therapies, improving overall patient outcomes in pulmonary hypertension remains a critical priority. Emerging and innovative treatment approaches are being explored, offering potential benefits through novel mechanisms of action. These new strategies may provide added clinical value, not only in improving short-term symptoms but also in enhancing long-term disease management and patient outcomes.

5. Optimizing the PAH Treatment Management: The Importance of Multidisciplinary Care

Incorporating ASI into PAH treatment requires careful clinical consideration, which can be effectively illustrated through a case-based approach. Physicians must evaluate patient characteristics, potential benefits, and limitations when applying ASI in practice. Discussions based on real or hypothetical cases provide valuable practical insights, helping to optimize treatment decisions and enhance clinical application.