Long–Term Ambrisentan Therapy for Pulmonary Arterial Hypertension: Comparison by Etiology
Pulido T' on behalf of the ARIES Study Group E

Instituto Nacional de Cardiologa, Mexico City, Mexico

Purpose: Ambrisentan (ABS) is an oral, once–daily ETA–selective endothelin receptor antagonist approved for the treatment of pulmonary arterial hypertension (PAH) in patients with WHO class II or III symptoms (5 and 10mg once daily).

Methods: 178 patients with idiopathic PAH (IPAH) and 94 patients with PAH associated with connective tissue diseases (CTD) received 5 or 10mg ABS in the ARIES–1, ARIES–2, or ARIES–E studies. Presented is a subgroup analysis of long–term efficacy and safety in patients with IPAH or CTD. Data are presented for the 5 and 10mg treatment groups combined with last observation carried forward for missing data. However, the majority of patients had 6–minute walk (6MWD) data at 2 years (IPAH: 75%; CTD: 62%).

Results: Kaplan–Meier (K–M) estimates of long–term survival at 1 year were 94% (95% CI: 90% to 97%) for IPAH and 91% (95% CI: 82% to 95%) for CTD. K–M estimates of long–term survival at 2 years were 89% (95% CI: 83% to 93%) for IPAH and 87% (95% CI: 77% to 92%) for CTD. The change from baseline in 6MWD at 2 years was +38m (95% CI: 24 to 52) for IPAH and +1m (95% CI: −18 to 20) for CTD. Changes from baseline at 2 years in Borg dyspnea index (BDI) and WHO functional class (WHO–FC) were similar between IPAH and CTD subjects (data not shown). Long term ABS treatment was generally well tolerated. 3 IPAH patients and 1 CTD patient experienced an adverse event (AE) of peripheral edema that was considered severe by the investigator; only 1 AE of peripheral edema lead to study d/c (IPAH). Five IPAH patients and 7 CTD patients reported aminotransferase abnormalities (ALT/AST>3xULN) during the 2 year treatment period; 3 of these events led to study d/c (IPAH=1, CTD=2).

Conclusions: ABS treatment was associated with favorable long–term survival in IPAH and in CTD patients. IPAH patients showed sustained improvements in 6MWD whereas baseline 6MWD was maintained for patients with PAH associated with CTD.