Abstract Title
Transition from Parenteral Prostacyclin Therapy to Oral Selexipag in Pulmonary Arterial Hypertension: a Single Center, Case Series

Purpose
Review all patients with PAH on IV or SC therapy that were transition to selexipag in our institution.

Methods
We reviewed all patients with PAH on IV or SC therapy that transitioned to selexipag therapy in our institution. Rationale for transition was highly individualized and included patient preference, history of complications related to ongoing IV or SC treatment and hemodynamic/clinical profile. NYHA function class (FC) was assessed before and after transition to selexipag; 8 patients in the cohort had follow-up hemodynamics by the time of presentation.

Results
Nine (64%) patients were on IV epoprostenol and five patients on SC treprostinil prior to transition. Duration of parenteral therapy prior to transition ranged from 9-62 months (mean 30.1 ± 18.3 months).

The majority of patients were female (86%) and over the age of 50 (mean 55.6 ± 11 years).

All patients were on background PAH therapy. Eight on combined ERA/NO-pathway medications. Five patients on NO-pathway alone and one patient on ERA alone.

Average time between transitioning to selexipag and functional class assessment was 6.6 months.

Eleven (79%) of the 14 patients maintained their NYHA FC after transitioning to selexipag.

Two patients had worsening of FC after transitioning. One of these patients required re-initiation of parenteral therapy.

One patient with scleroderma and clinical features of PVOD transitioned to selexipag for difficulty maintaining IV therapy without option of lung transplantation. She was functional class IV prior to transition – and had clinical worsening due to right heart failure and died under hospice care.

Conclusion
The transition from chronic parenteral prostacyclin therapy to oral selexipag is feasible but requires careful individualized consideration with close monitoring during and after the transition period.