EDITOR'S MEMO

Patients with pulmonary arterial hypertension (PAH) refractory to conventional pharmaceutical intervention with PAH-specific medications remain a significant challenge to providers. Generally, such patients are those who have failed combination therapy including infusion prostanoid. The presentation may be gradual decline or acute deterioration with right heart failure requiring critical care to resuscitate and stabilize the patient. Options for management entail a deliberate approach in PAH specialty centers and encompass complex interventions such as lung transplantation, atrial septostomy, Potts anastomosis, and bridging therapies such as extracorporeal circulation.

For that very reason, I am quite pleased that Dr. Harrison (who we all know as Hap) Farber accepted the gauntlet of challenge to serve as guest editor of the current issue. He has orchestrated a spectrum of articles and discussions that span the range of considerations for patients with refractory disease. I would also call your attention to the roundtable discussion that provides insight and perspective beyond the basic criteria for selection of patients for lung transplantation.

Unfortunately, patients may fail all medical interventions; therefore, guidance on the role of palliative care serves an important role. This issue includes 2 informative articles on this topic as well. Hopefully, the reader will be better equipped to care for these patients!

Charles Burger, MD
Professor of Medicine
Mayo Clinic College of Medicine
Medical Director, PH Clinic
Jacksonville, Florida

GUEST EDITOR'S MEMO

"Refractory pulmonary hypertension" is a phrase none of us in this field wants to hear. First, it means this patient is not doing well. Second, it makes us question our therapeutic approach: could I have done better; could I have been more aggressive with therapy; why did this patient fail? Yet, we know that, despite our best efforts, some patients with pulmonary arterial hypertension (PAH) will not "do well," and we will be faced with the daunting task of how best to care for these patients.

In this issue of *Advances,* we address the options for the failing patient; hopefully, the following articles will better prepare you for this situation and will provide you with a blueprint of how to approach such a patient. In this issue, we discuss options such as lung transplantation, atrial septostomy, Potts anastomoses, bridging and mechanical therapies such as ECMO, and palliative care—all of which should be performed in a center with expertise in these complex entities.

I thank all those who contributed to this effort: the authors of the various articles and the participants in the Roundtable. In sum, I hope discussion of this difficult subject will make your PAH life a little easier.

Harrison Farber, MD
Professor of Medicine
Director, Pulmonary Hypertension Center
Boston University/Boston Medical Center
Boston, Massachusetts