Meeting every 5 years, the World Symposium on Pulmonary Hypertension provides a regular opportunity to invigorate the field of pulmonary hypertension (PH) by bringing diverse stakeholders together to summarize the state of the art. The most recent Symposia held in June in Barcelona served as a reminder of how far the field has come and how much opportunity there is to continue advancing care. This issue of *Advances in Pulmonary Hypertension* is focused on that future—highlighting innovations in treatment pathways, cutting-edge technology for understanding the disease process and management strategies, and strategies for improving equity in the development of novel therapies. This edition brings together thought leaders who elaborate on opportunities from drug development to implementation of clinical care.

Reem El Kabbout, MSc, and team highlight how cutting-edge multiomics data integrating genomic, epigenomic, transcriptomic, proteomic, and metabolomic information have informed our understanding of and can be harnessed to unravel the complexities of pulmonary arterial hypertension (PAH). This will enable not only the identification of functionally important molecular pathways and the improvement of patient outcomes through targeted therapies and precision medicine but also the development of better diagnostics. In the comprehensive review, both the challenges of multiomics and the promise of the technology in a thorough and accessible manner for the Pulmonary Hypertension Association community are discussed.

Next, Dr. Madgula and colleagues examine the evidence behind and the potential for using implantable hemodynamic monitors in the management of PH. Remote wireless monitoring is currently a 2b recommendation for heart failure patients who are on optimal guideline-directed medical and device therapy with either continued elevation in natriuretic peptide levels or a heart failure hospitalization in the past year. With a small study supporting the safety and ongoing larger trials evaluating the efficacy, in the review, the potential of implantable hemodynamic monitors is expertly laid out as a patient-centric therapy that could facilitate rapid medication titration and timely identification of clinical deterioration to improve outcomes.

Dr. Frantz then explores the potential for tyrosine kinase inhibition in the treatment of PAH. Dr. Frantz succinctly explains the benefits and adverse events that have thus far been identified in using tyrosine kinase inhibitors to treat PAH. In doing so, he highlights both the promise and what needs to happen to have a fifth therapeutic target in the treatment of PAH.

Dr. Miller and colleagues then highlight the state-of-the-art PH risk stratification. The authors discuss opportunities to improve risk stratification through additional phenotyping and how to consider risk stratification in clinical trial design before concluding with opportunities for further refinement of risk models.

Lastly, Lia Barros, DNP, and colleagues lay forth a pathway to equitable representation in PAH clinical trials. Through the identification of multilevel barriers to equitable participation, the authors provide a framework to systematically improve access to clinical trials for all people with PH.

Together, this issue is focused on the future of PAH management and care. We thank the authors for their insights and participation. As you explore this issue, we hope you are impressed with the progress and challenged to achieve continued success.

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