

Risk assessment and real-world outcomes in chronic thromboembolic pulmonary hypertension: insights from a UK pulmonary hypertension referral service

Supplementary tables

Supplementary Table 1. Average HCRU and associated costs per year at 1- and 3-years' follow-up post-diagnosis, by cohort

	Operated patients		Not-operated patients	
	1-year follow-up (n=237)	3-year follow-up* (n=134)	1-year follow-up (n=292)	3-year follow-up* (n=149)
HCRU, per patient per year of follow-up, n				
Inpatient hospitalisations (>1 day)				
Mean (SD)	2.5 (1.8)	1.7 (1.1)	1.2 (1.5)	0.8 (1.2)
Median (Q1, Q3)	2.0 (1.0, 3.0)	1.7 (1.0, 2.0)	1.0 (0.0, 2.0)	0.3 (0.3, 1.0)
Duration (>1 day) inpatient hospitalisations, days				
Mean (SD)	10.2 (8.0)	7.8 (5.7)	6.8 (10.0)	6.1 (7.0)
Median (Q1, Q3)	8.7 (6.0, 12.0)	6.3 (5.3, 8.7)	3.0 (2.0, 8.0)	3.5 (2.0, 6.8)
Same-day visits				
Mean (SD)	2.1 (1.5)	2.0 (2.6)	2.4 (1.9)	1.9 (1.2)
Median (Q1, Q3)	2.0 (1.0, 3.0)	1.7 (1.3, 2.3)	2.0 (1.0, 3.0)	1.7 (1.3, 2.7)
Outpatient consultations				
Mean (SD)	9.7 (10.5)	8.6 (8.1)	10.8 (10.3)	9.0 (7.1)
Median (Q1, Q3)	5.0 (3.0, 12.0)	5.7 (3.3, 10.7)	7.0 (4.0, 15.0)	7.0 (4.0, 11.7)
A&E visits				
Mean (SD)	1.0 (2.1)	0.8 (1.4)	0.9 (1.5)	0.7 (1.2)
Median (Q1, Q3)	0.0 (0.0, 1.0)	0.3 (0.0, 1.0)	0.0 (0.0, 1.0)	0.3 (0.0, 1.0)

	Operated patients		Not-operated patients	
Costs (GBP), per patient per year of follow-up				
Inpatient hospitalisations (>1 day)				
Mean (SD)	4215 (4693)	2539 (2813)	3101 (4718)	1901 (2951)
Median (Q1, Q3)	2836 (0, 6941)	1862 (828, 3474)	1527 (0, 3681)	1015 (176, 2279)
Same-day spells				
Mean (SD)	1971 (1483)	1855 (3911)	2247 (2767)	1704 (1410)
Median (Q1, Q3)	1838 (989, 2813)	1407 (871, 1897)	1992 (1002, 2899)	1580 (1012, 2191)
Outpatient consultations				
Mean (SD)	1448 (1361)	1173 (1046)	1476 (1447)	1212 (954)
Median (Q1, Q3)	935 (604, 1705)	849 (543, 1368)	1043 (592, 1825)	983 (578, 1544)
A&E visits				
Mean (SD)	112 (200)	86 (143)	115 (222)	94 (184)
Median (Q1, Q3)	0 (0, 169)	47 (0, 104)	0 (0, 148)	40 (0, 114)
Total mean costs per patient	7746	5653	6939	4911

\*HCRU and costs 3 years post-diagnosis represent the mean and median per year for patients with 3 years of follow-up data, not during the third year. Total costs represent the sum of means for the four types of HCRU.

A&E, accident and emergency; GBP, British Pound Sterling; HCRU, healthcare resource utilisation; SD standard deviation

Supplementary Table 2. Survival probabilities by cohort and risk group

	Survival probability (95% CI)		
	1 year	3 year	5 year
<b>Not operated patients</b>	0.85 (0.82, 0.89)	0.63 (0.58, 0.69)	0.49 (0.43, 0.56)
Low-risk	0.91 (0.81, 1.00)	0.91 (0.81, 1.00)	0.91 (0.81, 1.00)
Intermediate-risk	0.91 (0.87, 0.95)	0.70 (0.64, 0.78)	0.59 (0.50, 0.68)
High-risk	0.76 (0.68, 0.84)	0.48 (0.39, 0.58)	0.29 (0.20, 0.41)
<b>Operated patients</b>	0.98 (0.96, 1.00)	0.91 (0.87, 0.95)	0.83 (0.78, 0.90)
Low-risk	1.00 (1.00, 1.00)	0.94 (0.84, 1.00)	0.94 (0.84, 1.00)
Intermediate-risk	0.98 (0.95, 1.00)	0.92 (0.88, 0.97)	0.83 (0.75, 0.92)
High-risk	0.97 (0.92, 1.00)	0.85 (0.76, 0.95)	0.79 (0.67, 0.92)

Supplementary Table 3. Patient characteristics included in the Kylhammar risk assessment tool [32]

Determinants of prognosis	Low risk	Intermediate risk	High risk
WHO FC	I, II	III	IV
6MWD	>440 m	165–440 m	<165 m
NT-proBNP levels	<300 ng/L	300–1400 ng/L	>1400 ng/L
Imaging (echocardiography)	RA area <18 cm <sup>2</sup> No pericardial effusion	RA area 18–26 cm <sup>2</sup> No or minimal pericardial effusion	RA area >26 cm <sup>2</sup> Pericardial effusion
Haemodynamics	RAP <8 mmHg CI ≥2.5 L/min/m <sup>2</sup> SvO <sub>2</sub> >65%	RAP 8–14 mmHg CI 2.0–2.4 L/min/m <sup>2</sup> SvO <sub>2</sub> 60–65%	RAP >14 mmHg CI <2.0 L/min/m <sup>2</sup> SvO <sub>2</sub> <60%

Source: Kylhammar et al. 2018 [32]

6MWD, 6-minute walking distance; CI, cardiac index; NT-proBNP, N-terminal prohormone of brain natriuretic peptide; RA, right atrium; RAP, right atrial pressure; SvO<sub>2</sub>, mixed venous oxygen saturation; WHO FC, World Health Organization functional class

Supplementary Table 4. Final risk category assessment strategy

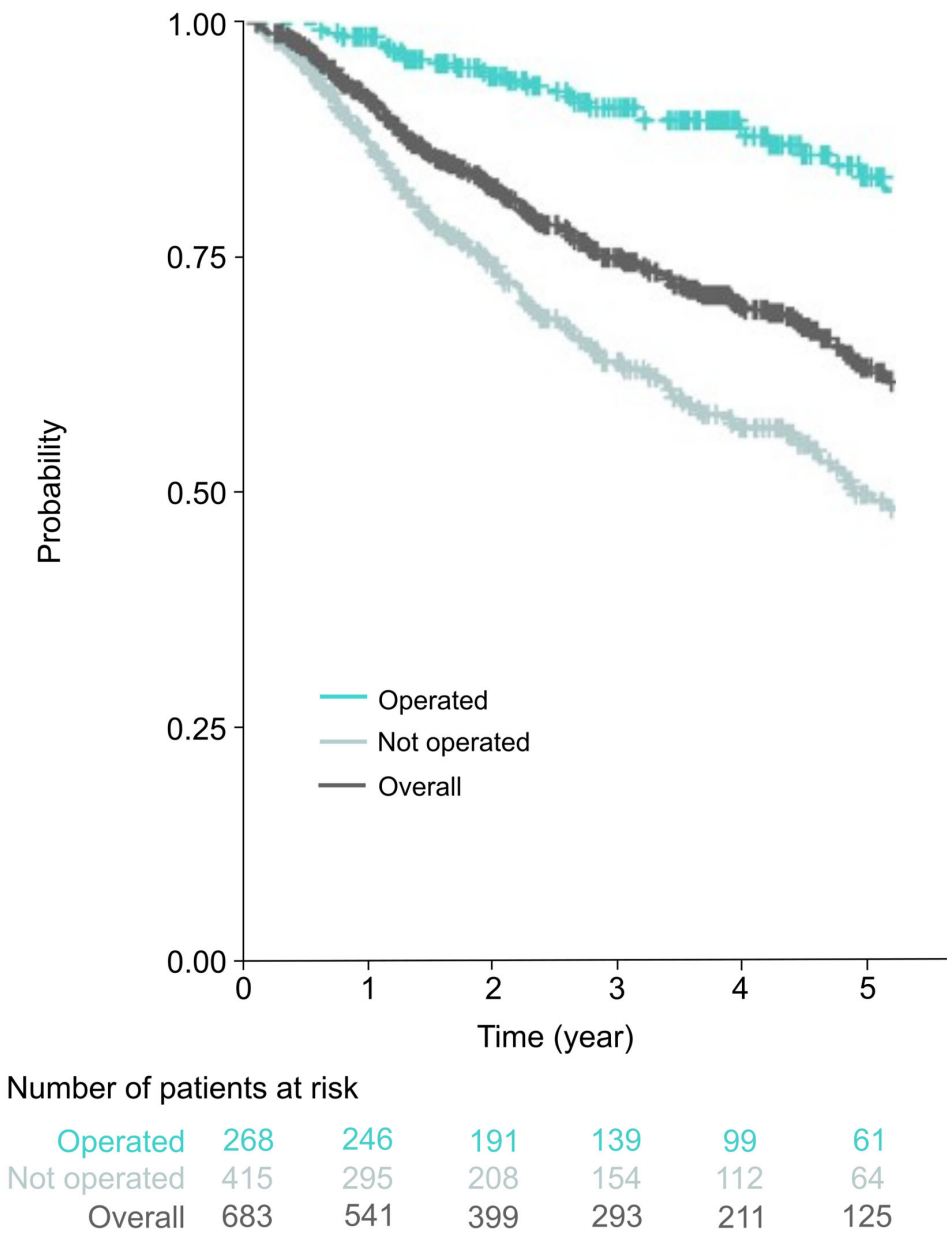
Variables included in risk score at each assessment point	Risk score methodology
<div><div>1. WHO FC</div><div>2. ISWT or 6MWD<ul style="list-style-type: none"><li>ISWT thresholds were: ≥340 m (low risk), 190–330 m (intermediate risk), ≤180 m (high risk)</li></ul></div><div>3. RVEF where available</div><div>4. RAP where available</div><div>5. Cardiac index where available</div><div>6. SvO<sub>2</sub> where available</div></div>	<div><div>1. A minimum of ISWT and WHO FC were used to define a patient risk score at any risk assessment</div><div>2. Each variable was graded from 1 to 3 based on the ESC/ERS guidelines and cardiovascular magnetic resonance imaging</div><div>3. 1= ‘Low risk’, 2= ‘Intermediate risk’, and 3= ‘High risk’</div><div>4. A mean grade (sum of all grades/the number of parameters for each patient) was calculated and rounded off to the nearest integer, which was used to define the patient’s risk stratum</div></div>

ISWT was used if 6MWD was not available, as ISWT is more commonly used at Sheffield Pulmonary Vascular Disease Unit. Both WHO FC and ISWT/6MWD were required to calculate a score as a minimum; if either were not available, the risk score was defined as ‘missing/undetermined’.

6MWD, 6-minute walk distance; ESC/ERS, European Society of Cardiology/European Respiratory Society; ISWT, incremental shuttle walk test; RAP, right atrial pressure; RVEF, right ventricular ejection fraction; SvO<sub>2</sub>, mixed venous oxygen saturation; WHO FC, World Health Organization functional class

Supplementary figure

Figure 1. Survival in patients after diagnosis with CTEPH



Small numbers were suppressed in line with data protection requirements. A result of '<7' substitutes any patient count that is below 7 unique patients and therefore masked for data privacy reasons. 'S\*' means that a number that has been 'Suppressed'. Values of zero or missing do not require suppression.

CTEPH, chronic thromboembolic pulmonary hypertension