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Meet Your Medical Professional:

Dr. Marc de Perrot



Dr. Marc de Perrot, MD, MSc, is the Director of the Toronto Chronic Thromboembolic Pulmonary Hypertension (CTEPH) Program at the University Health Network's Thoracic Surgery Clinic. A leader in the treatment of CTEPH in Canada, Dr. de Perrot has changed the lives of many CTEPH patients by performing pulmonary endarterectomy (PEA surgery), a procedure that has the potential to cure this particular type of PH. Dr. de Perrot also occupies the position of Associate Professor, Division of Thoracic Surgery, at the University of Toronto, is affiliated with the Toronto General Research Institute (TGRI), and is a member of PHA Canada's Medical Advisory Committee (MAC). We are pleased to share insight into his medical practice through this interview.

Image taken from UHN's website.

PHA Canada: *Where did you begin your medical career, and in what field?*

Dr. de Perrot: I started my training in general surgery in Geneva, Switzerland and then came to Toronto to complete my training in thoracic surgery and lung transplantation.

PHA Canada: *How were you first introduced to pulmonary hypertension? What drew you towards developing a specialization in the field of PH, and in the treatment of CTEPH more specifically?*

Dr. de Perrot: My initial exposure to pulmonary hypertension was through the Toronto General Hospital's Lung Transplantation program in the early 2000s. At that time, patients with CTEPH were still referred for lung transplantation. This encouraged me to spend an extra year of training in Paris, France to learn more about CTEPH and acquire the necessary skills to start a Pulmonary Endarterectomy (PEA surgery) Program in Toronto as an alternative to lung transplantation.

PHA Canada: *CTEPH is a form of PH that is potentially curable through PEA surgery. What has been your experience performing this surgery in terms of improving patients' lives?*

Dr. de Perrot: This is a unique surgery in the sense that you truly can transform a patient's life, both in terms of quality and expectancy. As I mentioned, in the past lung transplantation was being performed for patients with CTEPH, leading to a lot of new medical challenges related to immunosuppressive medications. In contrast, after pulmonary endarterectomy, patients' PH may be cured and may be able to resume their normal life, while only taking an anticoagulation treatment in the long term. This is unique in the field of end-stage lung disease and pulmonary hypertension.

PHA Canada: *Can you share some inspiring stories of CTEPH patients whom you successfully treated?*

Dr. de Perrot: Every patient who proceeds to pulmonary endarterectomy is inspiring and has a personal story that would be worthwhile sharing. It is always fascinating to see the patient's transformation from before to after the surgery.

PHA Canada: *Working in the field of PH, what do you find most challenging? Are there particular challenges associated with treating CTEPH?*

Dr. de Perrot: Pulmonary hypertension is a challenging field due to the nature of the disease. This is primarily a disease of the lungs, but it can progressively damage the heart, liver, and kidneys, until eventually every organ in the body is affected by the disease. Our goal in treating CTEPH is to detect the disease before the heart and other organs become damaged. When pulmonary endarterectomy is performed early on in the course of the disease, you can minimize the risks of the surgery and maximize chances to normalize the condition.

PHA Canada: *You are a member of PHA Canada's Medical Advisory Committee (MAC). Can you explain why you became involved with PHA Canada?*

Dr. de Perrot: PHA Canada is a very important organization in the country. It is a platform that is accessible across Canada to all patients and their loved ones, allowing them to connect with each other and share their experiences. PHA Canada also plays a unique role in ensuring that up-to-date quality medical information is available to patients. This organization empowers patients to take an active role in their treatment and ensure that they have access to the care they need.

PHA Canada: *Are you currently involved in research or clinical practice development projects?*

Dr. de Perrot: The CTEPH Program's team has several ongoing projects both in clinical care and in the laboratory. Our research is oriented towards diagnosis and treatment. More specifically, we are looking at the impact of PH on the metabolism, to diagnose the disease at an earlier stage and be able to make better predictions by understanding how PH affects the heart.

PHA Canada: *What is the most important information you would want to share with someone who is newly diagnosed or newly affected by CTEPH?*

Dr. de Perrot: CTEPH is the only type of pulmonary hypertension that can potentially be cured. It is therefore important to search for the disease in any patient with a new diagnosis of PH. A ventilation-perfusion scan (VQ scan) remains the best test to screen for CTEPH and should be done in all patients with PH.

PHA Canada: *What advances have you seen in the treatment of CTEPH since you started practicing? What do you find to be the most encouraging research/developments currently taking place?*

Dr. de Perrot: The field of CTEPH has changed a lot over the past 15 years. Pulmonary endarterectomy has become a safe surgery that can be performed in more than 80% of patients with CTEPH. Specific medication such as riociguat has also become available for CTEPH patients who are not candidates for surgery or with residual PH after surgery. More recently, we have started a program of balloon pulmonary angioplasty (BPA) as an additional option for some patients with CTEPH. I think the most encouraging development is that we are finally providing optimal medical care to a large number of patients who were previously unaware of this condition. There is, however, a lot of more work to do as CTEPH is still largely underdiagnosed in Canada.

Contributed by Dr. Marc de Perrot, MD, MSc, Director, Toronto Chronic Thromboembolic Pulmonary Hypertension (CTEPH) Program at the University Health Network's Thoracic Surgery Clinic