CHEST Online Supplement

Hospitalization and Survival in Patients Using Epoprostenol for Injection in the PROSPECT Observational Study

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e-Table 1. Targeted Data Collection by Study Visit

Data	Enrollment Visit	Quarterly Visits (months 3, 6, 9 and 12)	As Event Occurs
Signed Informed Consent	X		
Demographics[a]	X		
Medical History[b]	X		
Patient Evaluation			
Physical Exam	X	X	
Vital Signs	X	X	
Weight and Height	X	X	
Targeted Lab Values[c]	X	X	
Right Heart Catheterization	X	X	
Pulmonary Function Test	X	X	
Echocardiogram	X	X	
Functional Status Evaluation			
6 Minute Walk Distance	X	X	
NYHA Functional Class	X	X	
Concomitant PAH medications	X	X	
RTS-Epo dosing and titration information (medications log)	X	X	
Blood Stream Infection Log[d]			X
Serious Adverse Events			X
Hospitalizations			X
Death[e]			X

NYHA, New York Heart Association; PAH, Pulmonary arterial hypertension; RTS-Epo, prolonged Room Temperature Stable epoprostenol (Epoprostenol for Injection, Veletri®)

a. Includes age, gender, and race
b. Includes date and method of PAH diagnosis, PAH etiology, and past medical conditions at study entry
c. Includes B type natriuretic peptide (BNP), N-terminal prohormone brain natriuretic peptide (NT-proBNP), C-reactive protein (CRP), creatinine, blood urea nitrogen (BUN), plasma sodium, platelet count, and uric acid
d. History of blood stream infection (BSI) including organism, if identified
e. Including cause of death

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e-Table 2: Reasons for RTS-Epo Initiation by Prostacyclin History

	Overall	Parenteral-Naïve	Parenteral-Transitioned
	N=336	N=147	N=189
Reason for Veletri Initiation*, n (%)			
Initiation of First PAH Medication	54 (16.1%)	47 (32.0%)	7 (3.7%)
PAH Progression	111 (33.0%)	84 (57.1%)	27 (14.3%)
PAH Stable but not Optimal	12 (3.6%)	5 (3.4%)	7 (3.7%)
Compliance Issue	8 (2.4%)	2 (1.4%)	6 (3.2%)
Patient Request	83 (24.7%)	4 (2.7%)	79 (41.8%)
Side Effect	2 (0.6%)	2 (1.4%)	0 (0. 0%)
Other†	90 (26.8%)	10 (6.8%)	80 (42.3%)

*Column percent do not add up to be 100% because patient could select more than one reason for initiation of RTS-Epo

†Switch from other epoprostenol, convenience, insurance reasons, cost savings, physician request, newly available therapy, potential for less line infections

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