

PROTOCOL Changes from Version 1.1 (May 12, 2016) for Version 1.2 (June 16, 2017)

4.2.10.4 Ventilation Perfusion Lung Scan (3, 7, 67)

All patients are required to have a ventilation-perfusion lung scan for detection of possible pulmonary emboli. V/Q scans performed within ~~four~~one years prior to enrollment can be used provided acceptable results (no images required) ~~area source document is~~ made available to the DCC. Also, A V/Q scan is not required if the participant has lung parenchymal disease and has had a CT angiogram (CTA) in the past year from which the results (images) are provided to the DCC Lung Imaging Core.

4.2.11 Right Heart Catheterization

C. Challenges (74-76)

1. 100% Oxygen (77)

- a. Performed in all patients except with known CO₂ retention or those with mPAP < 20 mmHg
 - pH < 7.32 AND pCO₂ > 50 mmHg – contraindicated
 - pH > 7.32 AND pCO₂ > 50 mmHg – at the discretion of the physician
- b. Inhale 100% O₂ for 5 minutes – through a face mask
- c. Record measurements from B1, B2, B3, and B5
- d. No washout period required.

2. Inhaled NO (78-83)

- a. Performed in all patients except with PCWP ≥ 25 mmHg or those with mPAP < 20 mmHg.
- b. Inhale iNO 40 ppm (added on to 100% oxygen) for 5 minutes
- c. Record measurements from B1, B2, B3, and B5
- d. Stop iNO and 100% oxygen
- e. 5 minute washout period.

References:

36. ~~Hays, R. D., and L. S. Morales. 2001. The RAND-36 measure of health-related quality of life. *Annals of medicine* 33: 350-357. Maruish ME. (Ed.). *User's manual for the SF-36v2 Health Survey* (3rd ed.). Lincoln, RI: QualityMetric Incorporated, 2011.~~
37. Rector TS, ~~Kubo SH-S.~~, Cohn JN. 1987. Patients' Self-Assessment of Their Congestive Heart Failure: Content, Reliability and Validity of a New Measure, the Minnesota Living With Heart Failure Questionnaire. *Heart Failure* 3: 198-209.