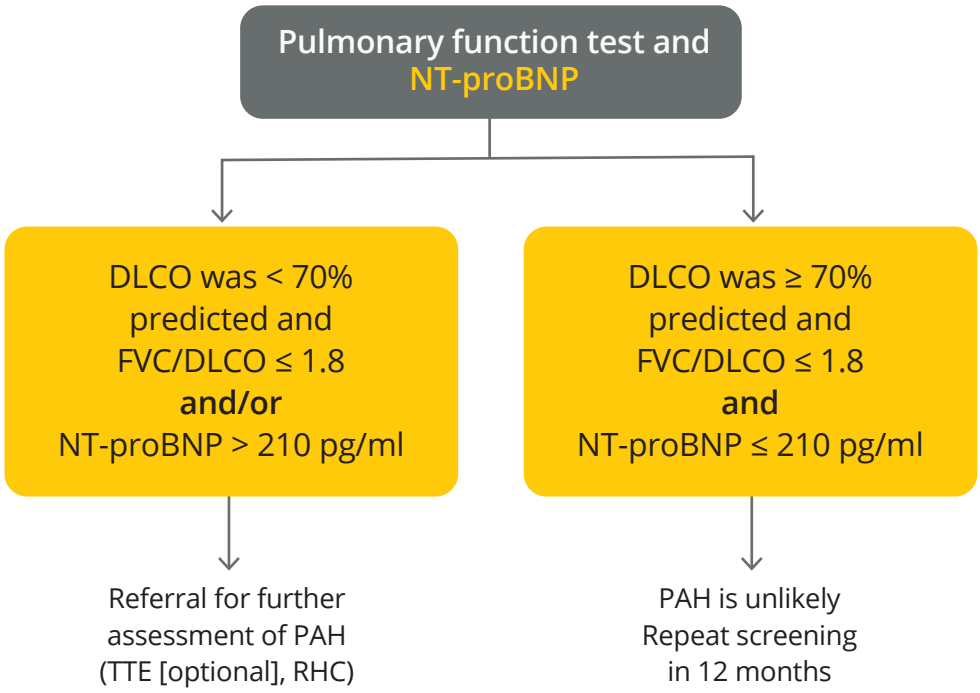
Information to give to your treating doctor at your next appointment

From 1 November 2023, NT-proBNP blood testing will be MBS reimbursed for the screening of people with Scleroderma (SSc) for Pulmonary Arterial Hypertension (PAH). The below screening algorithm is endorsed and supported internationally as a tool for PAH screening in people with SSc.

How do I screen my patients with Scleroderma (SSc) for PAH?

The Australian Scleroderma Interest Group (ASIG) have developed the below algorithm for simplified annual screening for PAH in SSc which involves NT-proBNP testing. This algorithm reduces the number of other tests that may be required, including transthoracic echocardiography (TTE), or "echo", if a person is not deemed "at risk" based on their NT-proBNP level in combination with pulmonary function testing.[1,2]



What result thresholds should be noted to the referring clinician?

The local validated algorithm in SSc screening for PAH recommend a range in NT-proBNP of 0–210 pg/ml for a negative screen in addition to their pulmonary function test results being within the negative ranges.[1,2] If NT-proBNP serum levels exceed 210 pg/ml, the person should be referred for further investigation for PAH. It is strongly recommended that this alert is included in the pathology test report.

Visit the ASIG website for more information on the screening of PAH in Scleroderma
www.asigresearch.com.au/screening-for-pah/

Abbreviations: DLCO: diffusion capacity for carbon monoxide; FVC: forced vital capacity; NT-proBNP serum N-terminal pro-B-type natriuretic peptide; RHC: right heart catheterisation; TTE: transthoracic echocardiography.

References: 1. Lewis R et al. Eur Respir Rev 2020:29;200009. **2.** Thakkar V et al. Arthritis Res Ther 2012;14:R143.