Meet the Assemblies Assembly 13: placing the pulmonary circulation in the heart of ERS

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In 1988, Henri Denolin stated that the "pulmonary circulation is a kind of no-man's land between pulmonology and cardiology for everyone except physiologists". In the years thereafter, the pulmonary field took over from the physiologist, expanding both our knowledge on the pulmonary circulation and the pathobiology of the different diseases affecting the pulmonary circulation. Novel clinical diagnostic tools made it possible to identify abnormal pulmonary circulatory conditions in a noninvasive way. Results from many studies showed that the pulmonary circulation is affected in almost all the currently known respiratory diseases and that the presence of pulmonary hypertension in any respiratory disease is associated with a poor outcome. The cause of death is inevitably the failing right ventricle. In addition, we came to recognise that pulmonary embolism and pulmonary arterial hypertension are far more frequent than had been assumed in the old days. The formation of centres of expertise in Europe was the next step leading to success. Scientific breakthroughs in these centres of expertise paved the way for the development of successful novel treatment. 30 years after the statement of Henri Denolin the European Respiratory Society (ERS) decided to create Assembly 13, entirely devoted to the pulmonary circulation, acknowledging the importance of the pulmonary circulation in respiratory diseases and the progress made in the field.

The goal of our Assembly is to create the best educational and research platform in the world in the field of pulmonary hypertension. To serve this purpose a pulmonary hypertension group, a pulmonary embolism group and a right ventricle group were created. Many initiatives are currently being undertaken to increase the educational and scientific impact of our assembly within the ERS. To increase our impact on the society we have developed the following initiatives.

- Expanding our educational activities. A number of initiatives are currently expanding our educational programme in this area. In 2019 we will have our first ERS course on pulmonary embolism and it is planned to repeat this activity every 2 years.
- Since our field is interdisciplinary, we will strengthen our collaboration with other societies including the European Society of Cardiology, American Thoracic Society, International Society of Heart and Lung Transplantation, Pulmonary Vascular Research Institute and American Heart Association. In addition, ERS wants to be a platform for pulmonary vascular radiologists and pathologists interested in the pulmonary circulation.
- Translational research in the field of pulmonary vascular disease is very strongly represented in Europe. Our assembly will seek better ways to serve the scientists in this area with the support of leading scientists and by creating multidisciplinary task forces.
- Finally, since the pulmonary circulation is involved in almost every pulmonary disease, we will work closely with the other Assemblies to create proposals for symposia, task forces and other education activities.

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Meet @ERStalk Assembly 13: pulmonary vascular diseases http://ow.ly/9t2430n2MhU

Although still small in terms of our number of members, we believe that this situation will change

quickly in the coming years showing that the pulmonary circulation is a no man's land no more.

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Conflict of interest

A. Vonk Noordegraaf received speakers' money from Actelion, MSD, Pfizer, Bayer and GSK in the past 10 years. In addition, he served as a member of the scientific advisory board of Morphogen-XI. M. Delcroix reports research grants and personal fees (investigator, speaker and consultant fees) from Actelion, personal fees (investigator, speaker and consultant fees) from Bayer, personal fees (investigator, speaker and consultant fees) from GSK, personal fees (speaker and consultant fees) from MSD, personal fees (investigator fees) from Reata, personal fees (investigator and consultant fees) from Bellarophon, personal fees (investigator fees) from Eli Lilly, outside the submitted work. D. Jimenez reports personal fees from Bayer, BMS, Pfizer, Rovi and Sanofi, and grants and personal fees from Daiichi-Sankyo, outside the submitted work. O. Sitbon reports grants, personal fees and non-financial support from Actelion Pharmaceuticals, GSK and MSD (research and educational grants, and investigator, speaker's fees and consultancy services), grants and personal fees from Bayer (research and educational grants, and investigator, speaker's fees and consultancy services), and personal fees from Arena Pharmaceuticals (consultancy services), outside the submitted work. H.J. Bogaard has nothing to disclose.