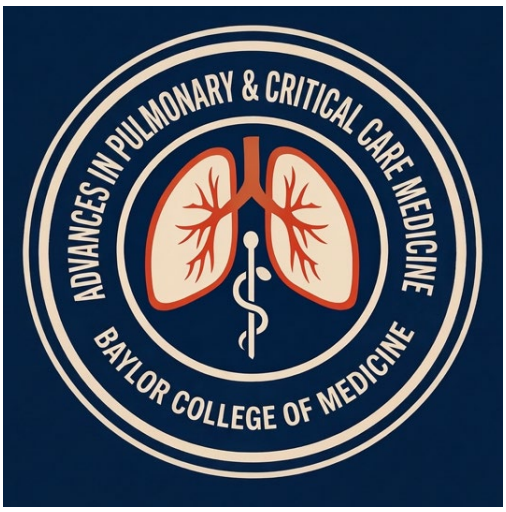


Advances in Pulmonary and Critical Care Medicine 2027

FINAL PROGRAM

Baylor College of Medicine

February 5–6, 2027

About the Course

Course Description

Advances in Pulmonary and Critical Care Medicine is designed to provide practicing clinicians, trainees, and researchers with a focused examination of the most important recent and emerging developments across pulmonary and critical care medicine. Rather than providing a comprehensive review of the field or preparation for board examinations, the course will examine advances that are changing—or are likely to change—clinical practice.

Through evidence-based presentations, expert interpretation of emerging data, and discussion of complex clinical scenarios, participants will examine how new diagnostic strategies, therapeutics, technologies, clinical trial results, and evolving models of care can be incorporated into contemporary practice.

Target Audience

This activity is designed for pulmonologists, critical care physicians, and physicians in internal medicine, hospital medicine, and emergency medicine who care for patients with acute and chronic respiratory disease or critical illness. It is also intended for fellows and residents in pulmonary and critical care medicine, and for advanced practice providers, respiratory therapists, critical care nurses, and pharmacists who practice in pulmonary clinics and intensive care units. Content is appropriate for clinicians practicing in academic, community, and safety-net settings, with an emphasis on translating recent advances into everyday practice and recognizing when referral to specialized centers, including advanced lung disease and lung transplant programs, is indicated.

Faculty Charge

Because this course focuses on advances rather than comprehensive review, “What is new?” is the test for every session. Each speaker will address four questions:

1. **What has changed in the last 2–3 years?**
2. **What evidence drove the change?**
3. **What should I do differently Monday morning?**
4. **What is coming next?**

Educational Objectives

Overarching Objectives

At the conclusion of this two-day activity, participants should be able to:

- Identify major recent advances in pulmonary and critical care medicine and distinguish developments that are ready for clinical implementation from those that remain investigational.
- Interpret emerging evidence and clinical trial results and assess how they should influence current diagnostic and therapeutic decision-making.
- Incorporate new therapies and precision approaches into the management of airway disease, interstitial lung disease, pulmonary vascular disease, advanced lung disease, and other complex pulmonary disorders.
- Apply evolving strategies in critical care, including respiratory support, mechanical ventilation, management of shock and ARDS, extracorporeal support, and organ-support technologies.
- Recognize advances in diagnostics, imaging, biomarkers, and technology that are changing the evaluation and monitoring of pulmonary and critically ill patients.
- Determine when emerging evidence supports a change in practice, referral to specialized centers, or multidisciplinary management.
- Anticipate important developments on the horizon in pulmonary and critical care medicine and understand their potential implications for patient care.

Topic-Specific Objectives

Building on these overarching objectives, participants should also be able to:

- Apply the latest evidence-based approaches to the diagnosis and treatment of interstitial lung diseases, obstructive airway diseases, and pulmonary infections.
- Incorporate emerging therapies, including biologics and other targeted treatments, into individualized care plans for patients with severe asthma and COPD.
- Evaluate and manage complex pleural disease, pulmonary nodules, lung cancer screening findings, and pulmonary vascular diseases using recently updated diagnostic and therapeutic strategies.
- Recognize indications for referral and multidisciplinary management of patients with advanced lung disease, including progressive fibrotic interstitial lung disease, severe COPD, pulmonary hypertension, and advanced bronchiectasis.
- Identify appropriate timing, referral criteria, contraindications, and candidate-selection considerations for lung transplantation.
- Manage common issues in lung transplant recipients, including allograft dysfunction, infection prevention, immunosuppressive medication interactions, and coordination with transplant centers.
- Apply evidence-based strategies for the evaluation and management of acute respiratory failure, including noninvasive ventilatory support, invasive mechanical ventilation, and liberation from mechanical ventilation.
- Diagnose and initiate management for shock, sepsis, and acute respiratory distress syndrome, incorporating recent trial evidence and updated definitions.
- Implement best practices for sedation, delirium prevention, early mobilization, and patient- and family-centered care in the intensive care unit.
- Recognize when advanced therapies—including prone positioning, extracorporeal membrane oxygenation, pulmonary vasodilator support, and renal replacement therapy—should be considered or when referral to a specialized center is appropriate.
- Identify strategies to reduce inequities, prevent burnout, improve multidisciplinary communication, and enhance patient safety and quality of care in the intensive care unit.

Program at a Glance

Day 1 • Friday, February 5, 2027

Advances in Pulmonary Medicine & Advanced Lung Disease

8:00 – 9:30 AM	**Session 1: Airway Diseases**
8:00 – 8:20 AM	Biologics and Precision Therapies in Severe Asthma — Nicola Hanania
8:20 – 8:40 AM	Evolving Concepts in COPD Management — Muhammad Adrish
8:40 – 9:00 AM	New Directions in Bronchiectasis — Sunjay Devarajan
9:00 – 9:20 AM	Cystic Fibrosis Update — Tara Barto
9:20 – 9:30 AM	Panel Discussion and Q&A
9:30 – 10:45 AM	**Session 2: Interstitial Lung Diseases**
9:30 – 9:50 AM	Advances in the Diagnosis and Classification of Interstitial Lung Disease — Ivan Rosas
9:50 – 10:10 AM	Interdisciplinary Approach to Interstitial Lung Disease — Mohammad Hayat Syed
10:10 – 10:30 AM	Pulmonary Vasculitis: Evaluation and Management — Bhavika Kaul
10:30 – 10:45 AM	Panel Discussion and Q&A
10:45 – 11:00 AM	**Coffee Break and Exhibits**
11:00 AM – 12:15 PM	**Session 3: Vascular, Pleural, and Thoracic Oncology**
11:00 – 11:20 AM	Pulmonary Hypertension Update — Lavanya Pandit
11:20 – 11:40 AM	Advances in Pleural Disease — Donald Lazarus
11:40 AM – 12:00 PM	Advances in Lung Cancer Screening, Diagnosis, and Treatment — Stephen Bujarski
12:00 – 12:15 PM	Panel Discussion and Q&A
12:15 – 1:15 PM	**Lunch Break and Exhibits**
1:15 – 2:00 PM	**Keynote: Artificial Intelligence in Healthcare: Applications, Challenges, and Future Directions** — Jennifer Benjamin
2:00 – 3:45 PM	**Session 4: Advanced Lung Disease & Transplantation**
2:00 – 2:20 PM	Evolving Models of Care in Advanced Lung Disease — Nirmal Sharma
2:20 – 2:40 PM	Lung Transplantation—What Has Changed in Referral and Selection — Gloria Li
2:40 – 3:00 PM	Advances in Post-Transplant Care for the General Pulmonologist — Rahat Hussein
3:00 – 3:20 PM	Infection Prevention and Coordinated Care in Transplant — Fatima Adhi
3:20 – 3:45 PM	Panel Discussion and Q&A
3:45 PM	**Day 1 Adjourns**

Day 2 • Saturday, February 6, 2027

Advances in Critical Care Medicine

8:00 – 9:00 AM	Session 1: Year in Review: Critical Care Guidelines
8:00 – 8:20 AM	Surviving Sepsis Guidelines 2026: Highlights and Practice-Changing Updates — Chris Morgan
8:20 – 8:40 AM	Emerging Technologies for Detecting and Treating Sepsis — JP Herlihy
8:40 – 9:00 AM	Panel Discussion and Q&A
9:00 – 9:45 AM	**Keynote: Excellence in ICU Liberation** — Sergio Zanotti
9:45 – 10:00 AM	**Coffee Break and Exhibits**
10:00 – 11:15 AM	**Session 2: Reflections on Acute Pulmonary Critical Care**
10:00 – 10:20 AM	ATS Guidelines on Noninvasive Respiratory Support — Jairo Barrantes
10:20 – 10:40 AM	Guidelines for the Evaluation and Management of ARDS — Dharani Narendra
10:40 – 11:00 AM	What Does AI Look Like with Regard to Acute Respiratory Failure? — Chris Howard
11:00 – 11:15 AM	Panel Discussion and Q&A
11:15 – 11:30 AM	**Coffee Break and Exhibits**
11:30 AM – 12:45 PM	**Session 3: Update on Cardiac Critical Care**
11:30 – 11:50 AM	Evaluation and Management of Acute Pulmonary Embolism 2026: Review of Global Guidelines — Will Brasher
11:50 AM – 12:10 PM	ESICM Guidelines on Circulatory Shock and Hemodynamic Monitoring (2025) — Mourad Senussi
12:10 – 12:30 PM	Updates and Referral Patterns for VA and VV ECMO: Do's and Don'ts — Subha Chatterjee
12:30 – 12:45 PM	Panel Discussion and Q&A
12:45 PM	**Course Adjourns**

DAY 1 • FRIDAY, FEBRUARY 5, 2027

Advances in Pulmonary Medicine & Advanced Lung Disease

Focus: Outpatient and inpatient pulmonary topics, thoracic oncology, vascular disease, and lung transplantation.

SESSION 1 | Airway Diseases

8:00 – 9:30 AM **Moderators:** David Wu and Sara Assaf

8:00 – 8:20 AM

1. Biologics and Precision Therapies in Severe Asthma

Nicola Hanania

By the end of this session, participants will be able to:

a. Use biomarkers (blood eosinophils, FeNO, and IgE) and clinical traits to match patients with severe asthma to the best biologic.

b. Compare current and newer biologics, including anti-TSLP and long-acting anti-IL-5 agents, by mechanism, efficacy, dosing, and the patients each suits.

c. Apply the idea of clinical remission as a treatment goal, and decide when to switch, stop, or step down biologic therapy.

d. Reduce reliance on oral corticosteroids using steroid-stewardship strategies and anti-inflammatory reliever approaches.

8:20 – 8:40 AM

2. Evolving Concepts in COPD Management

Muhammad Adrish

By the end of this session, participants will be able to:

a. Apply the current GOLD recommendations for early, mild, and pre-COPD states, and for exacerbation risk.

b. Identify patients with COPD and type 2 inflammation who may benefit from biologics (dupilumab, mepolizumab) and describe what blood eosinophils can and cannot tell you.

c. Place newer biologic therapies, as well as other treatments including ensifentrine and triple inhaled therapy, within a treatable-traits approach to drug treatment.

d. Treat COPD as a disease of heart and lung risk, and address cardiovascular risk, comorbidities, and the transition after an exacerbation.

8:40 – 9:00 AM

3. New Directions in Bronchiectasis

Sunjay Devarajan

By the end of this session, participants will be able to:

a. Assess bronchiectasis using treatable traits and endotypes, including neutrophilic and eosinophilic inflammation and chronic Pseudomonas infection.

b. Describe the evidence for DPP-1 inhibition (brensocatib) and how it fits with airway clearance, long-term macrolides, and inhaled antibiotics.

9:00 – 9:20 AM

4. Cystic Fibrosis Update

Tara Barto

By the end of this session, participants will be able to:

a. Describe how highly effective CFTR modulators, including newer once-daily triple combinations, have changed survival, lung function, and the clinical picture of CF.

b. Recognize the needs of an aging CF population: CF-related diabetes, liver disease, cancer screening, pregnancy, and mental health.

c. Evaluate the evidence for simplifying treatment (cutting back daily inhaled therapies) in patients who are stable on modulators.

d. Identify approaches for patients who are not eligible for modulators, including genetic and mRNA-based therapies in development, and describe the role of the adult pulmonologist in co-managing care.

9:20 – 9:30 AM — **Panel Discussion and Q&A**

SESSION 2 | Interstitial Lung Diseases

9:30 – 10:45 AM **Moderators:** Bhavika Kaul and Mohammad Hayat Syed

9:30 – 9:50 AM

5. Advances in the Diagnosis and Classification of Interstitial Lung Disease

Ivan Rosas

By the end of this session, participants will be able to:

a. Apply current guideline-based criteria, including HRCT patterns, to diagnose IPF and to recognize progressive pulmonary fibrosis in non-IPF interstitial lung disease (ILD).

b. Assess the role of newer diagnostic tools, such as transbronchial cryobiopsy, genomic classifiers, serologic panels, and quantitative CT, and say when each one changes a diagnostic decision.

c. Identify interstitial lung abnormalities (ILA) and early fibrotic disease, and describe a follow-up approach for at-risk groups.

d. Explain how the move from histology-based to behavior-based classification affects prognosis and treatment choices.

9:50 – 10:10 AM

6. Interdisciplinary Approach to Interstitial Lung Disease

Mohammad Hayat Syed

By the end of this session, participants will be able to:

a. Describe how a multidisciplinary discussion (pulmonology, radiology, pathology, and rheumatology) is set up and how it improves diagnostic confidence and agreement in ILD.

b. Apply current recommendations for screening and monitoring ILD in patients with systemic autoimmune rheumatic diseases.

c. Combine antifibrotic, immunosuppressive, and emerging therapies into a coordinated, team-based treatment plan.

d. Bring in supportive and comprehensive care at the right time: pulmonary rehabilitation, oxygen, symptom and palliative care, and lung transplant referral.

10:10 – 10:30 AM

7. Pulmonary Vasculitis: Evaluation and Management

Bhavika Kaul

By the end of this session, participants will be able to:

a. Recognize how pulmonary vasculitides present clinically and on imaging, including diffuse alveolar hemorrhage, and apply current classification criteria for ANCA-associated vasculitis.

b. Use a structured workup that includes serologies, bronchoscopy, tissue diagnosis, and assessment of other organs, and tell vasculitis apart from mimics such as infection, malignancy, and drug reactions.

c. Choose evidence-based induction and maintenance therapy, including strategies that reduce glucocorticoid use and targeted agents for granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), and eosinophilic granulomatosis with polyangiitis (EGPA).

d. Track disease activity, relapse, and treatment-related complications over the long term.

10:30 – 10:45 AM **Panel Discussion and Q&A**

10:45 – 11:00 AM **Coffee Break and Exhibits**

SESSION 3 | Vascular, Pleural, and Thoracic Oncology

11:00 AM – 12:15 PM **Moderators:** Prangthip Charoenpong, Will Brasher, and Pralay Sarkar

11:00 – 11:20 AM

8. Pulmonary Hypertension Update

Lavanya Pandit

By the end of this session, participants will be able to:

a. Apply the updated hemodynamic definitions of pulmonary hypertension (lower mPAP and PVR thresholds) and recognize the clinical clues that should prompt an earlier echocardiogram and referral.

b. Use current multi-strata risk tools at diagnosis and at follow-up to guide treatment goals and escalation.

c. Choose first and later therapy for pulmonary arterial hypertension, including upfront combination therapy and the activin-signaling inhibitor sotatercept.

d. Distinguish PH due to left heart disease and PH due to lung disease (including PH-ILD), and identify which of these patients may benefit from targeted therapy such as inhaled treprostinil.

11:20 – 11:40 AM

9. Advances in Pleural Disease

Donald Lazarus

By the end of this session, participants will be able to:

a. Manage malignant pleural effusion based on what the patient wants and the trial evidence, including indwelling pleural catheters, talc pleurodesis, and ambulatory approaches.

b. Use risk stratification and intrapleural enzyme therapy in pleural infection, and decide when to refer for early surgery.

c. Use thoracic ultrasound and current safety standards for pleural procedures to improve diagnosis and reduce complications.

d. Apply newer evidence that favors conservative and ambulatory management of selected pneumothoraces.

11:40 AM – 12:00 PM	**10. Advances in Lung Cancer Screening, Diagnosis, and Treatment** **Stephen Bujarski** By the end of this session, participants will be able to: a. Apply the expanded screening eligibility criteria and use strategies to increase uptake and reduce disparities in screening. b. Evaluate the role of AI-assisted nodule detection and malignancy risk prediction alongside Lung-RADS and established nodule guidelines. c. Compare advanced bronchoscopic diagnosis (robotic, navigational, and EBUS-guided approaches) for sampling peripheral nodules and staging. d. Describe how perioperative immunotherapy and targeted adjuvant therapy have changed treatment of early-stage lung cancer, and why biomarker testing is now required before surgery.
12:00 – 12:15 PM	**Panel Discussion and Q&A**
12:15 – 1:15 PM	**Lunch Break and Exhibits**
1:15 – 2:00 PM	KEYNOTE ADDRESS **11. Artificial Intelligence in Healthcare: Applications, Challenges, and Future Directions** **Jennifer Benjamin** By the end of this session, participants will be able to: a. **Describe** the main types of AI used in healthcare today (machine learning, deep learning, natural language processing, and large language models) and current uses in clinical care, including imaging interpretation, risk prediction, clinical decision support, and ambient documentation. b. **Evaluate** the challenges and risks of using AI in clinical practice, including algorithmic bias, data privacy, transparency and "black box" concerns, hallucinations, regulatory oversight, and medicolegal liability. c. **Critically appraise** AI tools for clinical use, considering validation evidence, bias, privacy, regulatory, and medicolegal concerns.

SESSION 4 | Advanced Lung Disease & Transplantation

2:00 – 3:45 PM **Moderators:** Gloria Li and Justin Segraves

2:00 – 2:20 PM	**12. Evolving Models of Care in Advanced Lung Disease** **Nirmal Sharma** By the end of this session, participants will be able to: a. Describe multidisciplinary care programs for advanced lung disease, including integrated pulmonary rehabilitation, oxygen, symptom management, and palliative care offered alongside disease-directed treatment. b. Use newer tools that support care, such as remote monitoring, telehealth, and home-based services, to manage advanced disease outside the hospital. c. Fit newer disease-specific therapies into the care plan for advanced COPD, ILD, and pulmonary vascular disease. d. Recognize clinical triggers for referral to specialized centers, including transplant, advanced therapies, and clinical trials, and refer early instead of waiting for a crisis.

2:20 – 2:40 PM

13. Lung Transplantation—What Has Changed in Referral and Selection

Gloria Li

By the end of this session, participants will be able to:

a. Apply current international consensus criteria for when to refer for transplant and when to list, by disease (ILD, COPD, CF, PAH).
b. Assess candidates using current views on contraindications: age, frailty, body composition, cancer history, coronary disease, and psychosocial factors.
c. Describe how the US allocation system (the Composite Allocation Score) and advances in donor lung preservation have changed access and waitlist outcomes.
d. Recognize how changes in disease treatment, such as CFTR modulators and antifibrotics, affect when and whether patients need transplant referral.

2:40 – 3:00 PM

14. Advances in Post-Transplant Care for the General Pulmonologist

Rahat Hussein

By the end of this session, participants will be able to:

a. Recognize chronic lung allograft dysfunction (CLAD) and its phenotypes using current diagnostic criteria, and know when to contact the transplant center.
b. Describe current and emerging treatment for CLAD and antibody-mediated rejection, including azithromycin, extracorporeal photopheresis, and new agents.
c. Manage common immunosuppression-related problems: kidney injury, diabetes, cancer (especially skin cancer), and cardiovascular risk.
d. Identify and prevent dangerous interactions between calcineurin inhibitors and common drugs such as azoles, macrolides, anticonvulsants, and DOACs.

3:00 – 3:20 PM

15. Infection Prevention and Coordinated Care in Transplant

Fatima Adhi

By the end of this session, participants will be able to:

a. Apply current prophylaxis strategies for CMV, fungal, and Pneumocystis infections after lung transplant, including newer antiviral options.
b. Use current vaccination guidance before and after transplant, including RSV, COVID-19, influenza, and pneumococcal vaccines.
c. Assess and manage community respiratory viral infections and other common infections in transplant recipients, and know when they require urgent evaluation at the center.
d. Describe shared-care models between transplant centers and community providers: how to communicate, who is responsible for what, and when to escalate care.

3:20 – 3:45 PM	**Panel Discussion and Q&A**
3:45 PM	**Day 1 Adjourns**

DAY 2 • SATURDAY, FEBRUARY 6, 2027

Advances in Critical Care Medicine

Focus: Acute respiratory failure, hemodynamic instability, advanced organ support, and ICU care delivery.

SESSION 1 | Year in Review: Critical Care Guidelines

8:00 – 9:00 AM **Moderators:** Venkata Bandi, Prasad Manian, and Adam Kley

8:00 – 8:20 AM

16. Surviving Sepsis Guidelines 2026: Highlights and Practice-Changing Updates

Chris Morgan

By the end of this session, participants will be able to:

a. Summarize the main structure and scope of the 2026 adult guidelines.
b. Apply the new early-recognition recommendations.
c. Use the updated antimicrobial recommendations.
d. Apply the updated recommendations on resuscitation, breathing support, and care after discharge.

8:20 – 8:40 AM

17. Emerging Technologies for Detecting and Treating Sepsis

JP Herlihy

By the end of this session, participants will be able to:

a. Assess AI and machine-learning early-warning tools for sepsis, including how well they perform, how often they raise false alarms, and what is needed to put them in place safely.
b. Describe newer diagnostics, including host-response tests and rapid molecular pathogen and resistance testing.
c. Discuss emerging treatment approaches, including sepsis subtypes that guide therapy, precision immunomodulation, and extracorporeal blood purification.
d. Apply a framework for judging new sepsis technologies before using them: the strength of their evidence, how they fit into clinical workflow, cost, and equity.

8:40 – 9:00 AM **Panel Discussion and Q&A**

9:00 – 9:45 AM

KEYNOTE ADDRESS

18. Excellence in ICU Liberation

Sergio Zanotti

By the end of this session, participants will be able to:

a. **Describe** each part of the ICU Liberation (A–F) Bundle and the evidence behind it:
   - A: Assess, prevent, and manage pain
   - B: Both spontaneous awakening and spontaneous breathing trials
   - C: Choice of analgesia and sedation
   - D: Delirium (assess, prevent, and manage)
   - E: Early mobility and exercise
   - F: Family engagement and empowerment
b. **Apply** evidence-based strategies to carry out the bundle and measure compliance to improve short- and long-term outcomes, including post-intensive care syndrome (PICS).
c. **Identify** common barriers to using the bundle at the patient, clinician, and system levels, and strategies to overcome them, including interprofessional rounding, protocols led by nurses and respiratory therapists, EHR prompts, and audit and feedback.

9:45 – 10:00 AM **Coffee Break and Exhibits**

SESSION 2 | Reflections on Acute Pulmonary Critical Care

10:00 – 11:15 AM **Moderators:** Asim Siddique and Amir Shamshirsaz

10:00 – 10:20 AM

19. ATS Guidelines on Noninvasive Respiratory Support

Jairo Barrantes

By the end of this session, participants will be able to:

a. Apply the recommendations for acute hypoxemic respiratory failure.
b. Use noninvasive ventilation (NIV) as first-line support for acute hypercapnic respiratory failure.
c. Apply the strong recommendation for high-flow nasal cannula (HFNC) or NIV over standard oxygen for preoxygenation before intubation.
d. Choose support after extubation based on risk of reintubation.

10:20 – 10:40 AM

20. Guidelines for the Evaluation and Management of ARDS

Dharani Narendra

By the end of this session, participants will be able to:

a. Apply the 2024 Global Definition of ARDS.
b. Apply the 2024 ATS recommendations for systemic corticosteroids, VV-ECMO, and neuromuscular blockade.
c. Compare where the ATS and ESICM guidelines disagree, especially on neuromuscular blockade, PEEP, and corticosteroids, and use that comparison to make bedside decisions.
d. Describe emerging precision approaches to ARDS, such as hyper- and hypoinflammatory subtypes, recruitability assessment, and lung-protective strategies tailored to the individual patient.

10:40 – 11:00 AM

21. What Does AI Look Like with Regard to Acute Respiratory Failure?

Chris Howard

By the end of this session, participants will be able to:

a. Describe AI and machine-learning tools for early warning of deterioration and for predicting HFNC or NIV failure and the need to intubate, and compare them with existing bedside scores such as the ROX index.
b. Assess AI applications for mechanical ventilation, including detection of patient–ventilator asynchrony, closed-loop ventilation, and prediction of readiness for extubation.
c. Discuss AI-based imaging and data-driven subtyping, such as reading chest X-rays for ARDS and identifying subtypes, as a path toward precision treatment of acute respiratory failure.
d. Evaluate AI tools before using them clinically: validation, bias, alert fatigue, workflow integration, and regulatory status.

11:00 – 11:15 AM **Panel Discussion and Q&A**

11:15 – 11:30 AM **Coffee Break and Exhibits**

SESSION 3 | Update on Cardiac Critical Care

11:30 AM – 12:45 PM **Moderators:** Faisal Masud and Bindu Akkanti

11:30 – 11:50 AM	**22. Evaluation and Management of Acute Pulmonary Embolism 2026: Review of Global Guidelines** **Will Brasher** By the end of this session, participants will be able to: a. Classify acute PE by risk using clinical findings, imaging, and biomarkers, including newer frameworks that separate intermediate-risk patients more finely. b. Compare catheter-directed thrombolysis and mechanical thrombectomy with anticoagulation alone and systemic thrombolysis, using recent trial evidence. c. Describe how PE response teams (PERTs) are set up and how they help make fast, coordinated decisions about escalating treatment. d. Apply current practice for outpatient management, anticoagulant choice, and follow-up after PE, including screening for persistent symptoms and CTEPH. e. Apply a team-based approach to choosing anticoagulation, reperfusion therapy, and hemodynamic support for patients with high-risk PE.
11:50 AM – 12:10 PM	**23. ESICM Guidelines on Circulatory Shock and Hemodynamic Monitoring (2025)** **Mourad Senussi** By the end of this session, participants will be able to: a. Summarize the main recommendations of the 2025 ESICM guideline on diagnosing shock and monitoring hemodynamics. b. Apply a structured, physiology-based approach to assessing perfusion, fluid responsiveness, and the type of shock. c. Choose hemodynamic monitoring tools and targets for each patient based on the clinical situation and how they respond to treatment.
12:10 – 12:30 PM	**24. Updates and Referral Patterns for VA and VV ECMO: Do's and Don'ts** **Subha Chatterjee** By the end of this session, participants will be able to: a. Identify current indications and contraindications for VA and VV ECMO in adults with severe heart or lung failure. b. Describe how recent evidence has changed which patients should be referred for ECMO and when. c. Apply best practices for timely referral, communication, and transfer to ECMO centers.
12:30 – 12:45 PM	**Panel Discussion and Q&A**
12:45 PM	**Course Adjourns**