**Functional capacity assessment in pulmonary hypertension: pedometer versus six-minute walk test**

**Purpose:** To assess the correlation between the distance covered on the six-minute walk test (6MWT) and the number of steps per day reported by a pedometer.

**Study population:** Patients presenting with pulmonary hypertension, from all Danapoints’ group, with day care hospitai follow up.

**Design:** French, prospective, mono-centric study, in the CHUR ROUEN.  
Inclusion period: two years (2019-2021).  
Follow up: 1, 3, 6, 12 months.  
Primary endpoint: distance covered on the 6MWT.

**Device:** Connected pedometer with a smartphone or a tablet. Application will be set up with the patients, during the first consultation.
Phenomapping of PH HF register

**Purpose:** To find new physiopathological characteristics within the pulmonary hypertension Danapoint group 2 in order to achieve a better tailored treatment.

**Study population:** Patients suffering from pulmonary hypertension caused by left heart disease (isolated and combined).

**Design:** French, retrospective, multi-centric study. Data from PH HF register.

**Phenomapping:** Statistical methods using Artificial Intelligence and machine learning to obtain clusters of patients according to their physiopathological characteristics and hopefully, prognosis.
Right ventricular-arterial coupling in post-capillary pulmonary hypertension

**Purpose:** To compare invasive versus non-invasive methods to study right ventricular-arterial (V-A) coupling.

**Study population:** Patients suffering from pulmonary hypertension caused by left heart disease (isolated and combined).

**Design:** French, retrospective, multi-centric study. Data from the PH HF register.
First, to define the most accurate non invasive methods to study the V-A coupling according to the existing literature.
Then, to validate the non invasive approach versus the invasive gold standard.
Finally, to assess the prognostic implications of the V-A coupling in our population using the non invasive test.