

BOOK OF ABSTRACTS

**YOUNG
RESEARCHERS
MEETING**



IJUP
4.5.6 MAIO 2022

**ONLINE
REITORIA
DA U.PORTO**

15.ª EDIÇÃO

U. PORTO

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U.PORTO

 **Santander**
Universidades

TÍTULO | TITLE

Livro de Resumos do 15.º Encontro de Investigação Jovem da U.Porto

Universidade do Porto

Vice-reitor para a investigação, inovação e internacionalização

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Patrícia Antunes

Patrícia Valentão

Ricardo Fernandes

Rute Pedro

Sérgio Sousa

PROGRAMA PROGRAM



ONLINE EVENT LINK (CLICK HERE)

RECTORATE OF THE UNIVERSITY OF PORTO

MAY, 4TH

MAY, 5TH

MAY, 6TH

08:00 – 18:00

PARALLEL ORAL SESSIONS I

- A1 – Mathematics
- A2 – Architecture I
- A3 – Chemistry I
- A4 – Environment I
- A5 – AgroFood I
- A6 – Health Sciences I

PARALLEL ORAL SESSIONS VI

- A1 – Biological Sciences IV
- A2 – Engineering I
- A3 – Physics II
- A4 – Language & Communication 
- A5 – Health Sciences VI
- A6 – Psychology & Sciences of Education I

09:00 – 10:30

Break

PARALLEL ORAL SESSIONS II

- A1 – Health Sciences II
- A2 – Architecture II
- A3 – AgroFood II
- A4 – Environment II 
- A5 – Physics I

PARALLEL ORAL SESSIONS VII

- A1 – Biological Sciences V
- A2 – Engineering II
- A3 – Chemistry II
- A4 – Geo-Politics I
- A5 – Health Sciences VII
- A6 – Psychology & Sciences of Education II

10:40 – 12:00

12:00 – 12:20

Break

PARALLEL ORAL SESSIONS III

- A1 – Economics & Management
- A2 – Biological Sciences I
- A3 – Architecture III
- A4 – Chemistry III
- A5 – Sport Sciences I
- A6 – Health Sciences III

PARALLEL ORAL SESSIONS VIII

- A1 – Biological Sciences VI
- A2 – Engineering III
- A3 – Geo-Politics II
- A4 – Health Sciences VIII
- A5 – Health Sciences IX
- A6 – Psychology & Sciences of Education III

12:20 – 13:40

13:40 – 14:30

Lunch Break

PARALLEL ORAL SESSIONS IV

- A1 – Arts I
- A2 – Biological Sciences II
- A3 – Sport Sciences II
- A4 – Chemistry IV
- A5 – Architecture IV
- A6 – Health Sciences IV 

PARALLEL ORAL SESSIONS IX

- A1 – Biological Sciences VII
- A2 – Engineering IV
- A3 – Law and Criminology I
- A4 – Health Sciences X
- A5 – Heritage & History I
- A6 – Psychology & Sciences of Education IV 

14:30 – 16:00

16:00 – 16:10

Break

PARALLEL ORAL SESSIONS V

- A1 – Astronomy & Physics
- A2 – Arts II
- A3 – Sport Sciences III
- A4 – Biological Sciences III
- A5 – Health Sciences V

PARALLEL ORAL SESSIONS X

- A1 – Law and Criminology II
- A2 – Health Sciences XI
- A3 – Psychology & Sciences of Education V
- A4 – Heritage & History II

16:10 – 17:40

08:30 – 09:00

Opening of the secretariat for all participants

09:00 – 10:00

POSTER SESSION I

10 min

Coffee-break

10:10 – 11:00

POSTER SESSION I

11:00 – 11:15

Break

11:15 – 12:00

POSTER SESSION II

10 min

Coffee-break

12:10 – 13:15

POSTER SESSION II

13:15 – 15:00

Lunch Break

15:00 – 18:00

**CLOSING SESSION AND CELEBRATION
OF THE 15-YEARS ANNIVERSARY OF IJUP**



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An overview of circulating pulmonary arterial hypertension biomarkers

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Abstract

Introduction: Pulmonary arterial hypertension (PAH), also known as Group 1 Pulmonary Hypertension (PH), is a PH subset characterized by pulmonary vascular remodelling and pulmonary arterial obstruction. It has an estimated incidence of 15 to 50 people per million in the United States and Europe and is associated with high mortality and morbidity, with patients' survival time after diagnosis being only 2.8 years. According to current guidelines, right heart catheterization is the gold standard for diagnostic and prognostic evaluation of PAH patients. However, this technic is highly invasive, so it is not used in routine clinical practice or patient follow-up. Thereby, it is essential to find new non-invasive strategies for evaluating disease progression. Biomarkers can be an effective solution for determining PAH patient prognosis and response to therapy, and aiding in diagnostic efforts, so long as their detection is non-invasive, easy, and objective. This review aims to clarify and describe some of the potential new candidates as circulating biomarkers of PAH.

Results: All biomarkers included in this review were found to be significantly altered in PAH patients of various subtypes, and almost all (except for homocysteine, serotonin, monocyte chemoattracting protein-1, oxidized lipids and CD40/CD49L) were found to be good indicators of disease severity and/or prognosis. Some, like red cell distribution width, endostatin and galectin-3, when added to current risk stratification tools, improved their accuracy and predictive power.

Conclusion: Although no biomarker to date has shown to be ideal, there are some that stand out as independent predictors of disease outcomes, while others can improve the performance of the clinical tools currently in use. However, larger studies providing more high-quality evidence are needed before these novel biomarkers can be introduced into clinical practice.