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**Title:** Symptom-related telephone monitoring and cardiopulmonary exercise testing in the pulmonary embolism follow-up for early detection of chronic thromboembolic pulmonary hypertension (CTEPH)

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**Body:** The incidence of CTEPH as a serious complication of pulmonary embolism (PE) varies between 0.5 -8%. There are currently no established structured follow-up programs for early detection of CTEPH. We prospectively studied the follow-up of patients with newly diagnosed PE to evaluate a symptom-related approach which is based on a telephone monitoring program. Patients were contacted after three, six, 12, 24 and 36 months. Patients were further studied if one item of a five item-questionnaire was positive. further imaging studies and right heart catheterization were performed in case that echocardiography or/and cardiopulmonary exercise testing (CPET) revealed abnormalities suggestive of pulmonary hypertension. We report the results from our 3 months- follow-up and 18- months interim analysis. 3-months follow-up: n=104. Telephone interview suggesting abnormalities: n=32 (29,8 %). Pathological echocardiography: n=7, normal n= 25: CPET n=20: pathological CPET n =7, normal n =13. Further diagnostic work-up: n=15. Diagnosis CTEPH: n=7. Interim analysis after18 months: n =123:Diagnosis CTEPH: n=10 .3 out of 10 patients had shown a pathological CPET despite normal echocardiographic findings. The symptom-related follow-up program which is based on a telephone-monitoring and a 5 item-questionnaire detects patients with chronic-thromboembolic pulmonary hypertension. Cardiopulmonary exercise testing may serve as a complementary diagnostic tool. Telephone monitoring and cardiopulmonary exercise testing should be included in a pulmonary embolism follow-up program for early detection of CTEPH.