

The EHRA mission: "To improve the quality of life of the European population by reducing the impact of cardiac arrhythmias and reduce sudden cardiac death"

It is my great pleasure to introduce the 2012 Activities Report of the European Heart Rhythm Association (EHRA). When I took over the role of President, I proposed a strategy to the new Board that was built around a number of key elements including:

- Expanding the EHRA education offering and diversifying the education product portfolio
- Increasing training opportunities for young cardiologists wanting to become electrophysiologists
- Improving collaboration with the working group on arrhythmias and electrophysiology of the ESC's 55 national societies
- Increasing the number of EHRA scientific registries
- Enhancing the international scientific network

We have undertaken many projects and initiatives over the past year aimed at supporting the strategy and in improving EHRA's visibility, both in Europe and globally. Many of these initiatives are summarised in this Report. Much effort has gone into the promotion of best practice in cardiac arrhythmia treatment, including the development of a webportal dedicated to patients suffering atrial fibrillation, and the lobbying of national governments and EU institutions to tackle inequalities in access to high quality care. We have also taken positive action to highlight the burden of sudden cardiac death amongst ESC member countries and argued strongly for the deployment of cost-effective solutions.

Membership continues to steadily grow, and currently numbers around 1,600 cardiologists and other professionals. This welcome growth is an endorsement of EHRA's ability to meet the needs of its members as well as a demonstration that it can actively support and complement the work undertaken by each of the national working groups on arrhythmias and electrophysiology. Overall, the last year has been very successful for EHRA and has confirmed its undisputed leading role as a European, as well as an international, scientific organisation.

The progress we have achieved is a direct result of the outstanding contribution made by the whole EHRA Executive Board, by each of the EHRA committee chairs and co-chairs, and by individual committee members – all of whom are voluntarily giving up their time to serve the EHRA. The Board has worked well together in implementing the strategy to prepare EHRA for future challenges, and we have received excellent support from the permanent staff at the European Heart House. Of course, the membership itself can also take great pride in these collective achievements. With my profound gratitude, I acknowledge the contribution made by all of these excellent physicians, scientists, and allied professionals who are lending their expertise to help EHRA in its mission.

I would like to particularly thank fellow Board members during my time as President for their wonderful support and commitment. EHRA is entering its 10th year and we plan to celebrate this important anniversary during our 2013 congress in Athens where we also anticipate an extraordinary scientific event in line with the EHRA tradition. I hope you will find this Report useful.

Sincerely,

Professor Angelo Auricchio

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President of the European Heart Rhythm Association (EHRA) (2011-2013)



Pres	ident's Introduction	I
EHR	A Board and Committees	3
2012	2 Highlights	7
Men	nbership & Benefits	9
Edu	cation	
	Educational Framework	10
	Training Courses	11
	ESCeL	
	Affiliated Courses	11
	Training Fellowships	12
	Certification	12
	Webinars	13
	EHRA Website	13
Rela	tions	
	National Societies Relations	14
	International Affairs	15
EP E	uropace Journal	16
Scie	nce	
	Scientific Initiatives	17
	Scientific Documents	18
	Health Economics	18
EHR	A EUROPACE Congresses	
	EHRA EUROPACE Congress 2011	19
	EHRA and Cardiostim	19
	Join us in Athens for EHRA EUROPACE 2013	20



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# 2012 has been an OUTSTANDING year for EHRA

While many of our achievements are detailed in the following pages, here is a short summary of the key highlights:

#### **♦ MEMBERSHIP**

17% increase in membership – now standing at 1,600

+ 17% EHRA Membership



#### **♦ JOURNAL**

High impact factor for EP Europace Journal – now at

1.980



#### **♦ KEY MESSAGES**

EHRA Key Messages initiative launched to provide concise summaries of scientific documents



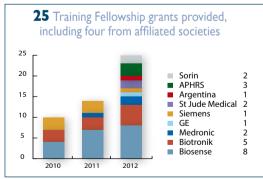
#### **♦ EDUCATION**

Over 250 members took certification exams

**470 members** attended professional courses

25 Training Fellowship grants were provided





2012 HIGHLIGHTS



#### **SCIENCE**

Expanded Research Network Partnership to 240 centres with monthly survey publication in EP Europace Journal

Published a large number of scientific documents

Highlighted the issue of reimbursement schemes for remote monitoring of CIED in collaboration with Eucomed

Involvement in several registries:

- Atrial Fibrillation Ablation
- Atrial Fibrillation General
- Lead Extraction (ELECTRa)



#### **RELATIONS/ADVOCACY**

Held EHRA ICD for Life Summit in Belgrade to focus on Sudden Cardiac Death (SCD) in Eastern Europe



Grew participation in the annual White Book project of national Working groups on arrhythmias







#### **♦ MAJOR PRESENCE AT CARDIOSTIM 2012 IN NICE**

Signed historic agreement with **CARDIOSTIM** organisers to hold a joint annual congress between 2014 and 2017

Hosted EHRA Booth and Members Lounge

Held EHRA General Assembly and Certification Exams



Organised 31 EBAC accredited scientific sessions

The **dramatic increase in EHRA membership** has seen numbers almost double since 2010 and now stands at 1,600.

# 864 in 2010 by the end of 2012

EHRA membership is open to specialist cardiologists with expertise in arrhythmias and electrophysiology, as well as to basic scientists, members of allied professions, and general cardiologists.

#### The benefits of EHRA membership

- Special registration fee for EHRA Educational Courses
- Special registration rates for EHRA courses
- Free registration for EHRA webinars
- 10% off all cardiology publications from Oxford University Press
- Reduced fee for EP Europace Journal
- Exclusive access to Training Fellowship and online educational content
- Automatic membership of ESC and benefits
- EHRA newsletter
- Voting rights

#### New benefits announced for 2013!

- Registration discount for EHRA EUROPACE 2013 Congress
- Unlimited access to EHRA Lounge during EHRA EUROPACE 2013
- Free access to the ESC eLearning Platform (ESCeL)

EHRA membership rates and options				
	Basic	Online	Full	
Physicians	€ 60	€ 110	€ 195	
Allied Professionals, Under 35s, Non-clinicians, Basic Scientist	€ 50	€ 85	€ 180	

Fees including 19.6% VAT

#### What are the differences between the fees?

- Basic: all the benefits listed above
- Online: all the benefits listed above, plus access to the online version of the 2013 EP Europace Journal starting 2013
- Full: all the benefits listed above, plus access to the online and paper versions of the 2013 EP Europace Journal





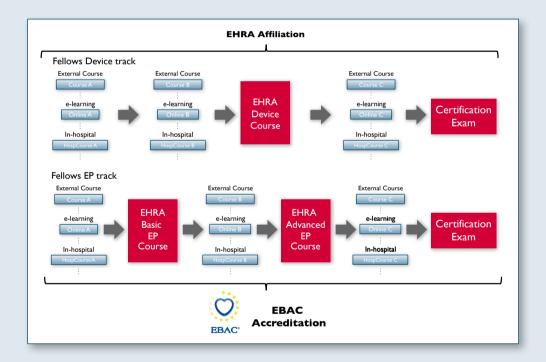
#### **EDUCATION**

The EHRA Education Committee provides and coordinates **high quality training for cardiologists** specialising in Pacing and Arrhythmias, for trained electrophysiologists, for cardiologists with a special interest in EP, and for allied professionals.

The Committee oversees the delivery of education programmes in a range of formats including Continuous Medical Education (CME), and these are designed to **meet the individual needs of participants** and preparation for EHRA's Certification Exams.

#### EDUCATIONAL FRAMEWORK

To serve these needs, an Educational Framework has been developed which embraces educational initiatives of external partners that are complementary to EHRA's own offerings. EHRA expects to set and maintain high standards of professional excellence. The graphic below shows the Framework, and depicts example tracks for EP and device specialties. Other tracks covering general cardiologists and allied professionals are available, and most training modules within the tracks are EBAC accredited. External courses can be affiliated to the Framework, and these are also usually EBAC accredited. From Autumn 2012, the EHRA Educational Framework has been implemented and formalised within the new ESC online educational platform, ESCeL.



of the participants rated the content of our educational courses as good to excellent





#### TRAINING COURSES

During 2012, EHRA delivered a number of major training programmes for members that included the following:

#### • EHRA Advanced EP course, Heart House, February 2012

This 3-day course, directed by Professor Lluis Mont, provided participants with knowledge of advanced EP techniques, with special interest in ablation and imaging. The course was aimed at those preparing for the EHRA electrophysiology certification exam.

#### • EHRA device course, Vienna, March 2012

Covering pacing, ICDs and CRT, this course was directed by Doctor Haran Burri and presented by a physician faculty that covered clinical aspects of device therapy. Speakers from all major device companies gave lectures on technical features of their products under strict non-commercial guidance to avoid inappropriate bias. Content combined theoretical lectures, troubleshooting case presentations and mock exams.

#### Case-based arrhythmia and device practice course, Heart House, June 2012

This 2-day course directed by Professor Carsten Israel covered clinical aspects of diagnosis and treatment of arrhythmias and device practice, and was aimed at general cardiologists. The format of the course included interactive case-based presentations, as well as device simulator workshops in collaboration with the major device companies.

#### • EHRA Basic EP course, Egypt, June 2012

Following a request from the Egyptian Cardiac Rhythm Association (ECRA), the Basic EP Course was delivered in Alexandria, Egypt, under the directorship of Professor Hein Heidbuchel. This represented the first time that an EHRA course had been exported.

#### • EHRA Basic EP course, Heart House, October 2012

This 3-day course was directed by Professor Luis Mont and Professor Richard Schilling, and was designed for first year EP Fellows and for Fellows who needed to undertake a review of EP fundamentals. The content covered the mechanisms, diagnosis and treatment of supraventricular and ventricular arrhythmias.



#### **♦ ESC eLEARNING PLATFORM (ESCeL)**

The ESC eLearning platform is a web based tool which facilitates the harmonisation of cardiovascular training across sub-specialties of cardiology, as well as at the national level.

This tool is designed for cardiologists in training as well as to experienced cardiologists:

- Knowledge and skills assessment
- Professional development
- The laboratory accreditation process



#### AFFILIATED COURSES

A series of affiliated courses sponsored by industry partners were held during 2012:

Course Title	Industry Sponsor
Pacemaker therapy     International Fellow programmes	Biotronik
Virtual CRT Hospital     CRT follow-up clinic     The simulated implant     Pacemaker principles in clinical practice     ICD principles in clinical practice	Medtronic
Interventional EP curriculum     Low Voltage Fundamental module     CRT Fundamental module     EP Advanced / NavX module	St. Jude Medical

#### **♦ TRAINING FELLOWSHIPS**

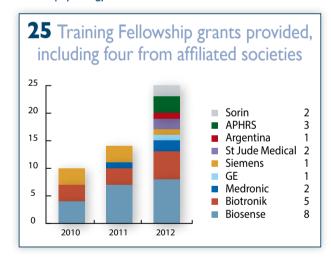
EHRA Training Fellowships are supported by Biosense Webster – a founding member – and Biotronik, Medtronic, Sorin, St. Jude Medical, GE, and Siemens. These Fellowships give physicians the opportunity to gain specialised training in clinical electrophysiology in another ESC member country or with an ESC-affiliated National Society. The objective of these Fellowship programmes is to promote the development of academic medicine within the field of clinical cardiac electrophysiology.

EHRA's Training Fellowship Committee has developed two unique Fellowship programmes that are available to both individuals and centres.

#### These cover:

- Clinical electrophysiology with emphasis on catheter ablation (one- or two-year programme)
- Arrhythmias and cardiac pacing with emphasis on ICD/CRT (one-year programme)

25 grants were awarded in 2012, with 103 applications received of which 61 were from individuals and 42 from centres. Of these, 21 were awarded to applicants from the ESC member countries, three jointly awarded with the Asia Pacific Heart Rhythm Society (APHRS) and one jointly awarded with the Argentine Working Group on Cardiac Arrhythmia and Electrophysiology.



#### 2013 key initiative

- I Launch of the short training Fellowship programme: the Master Programme.
- 2. Launch of the Academic Research grant to promote a potential career within academic electrophysiology.

#### **CERTIFICATION**

**Over 250 EHRA members** sat certification exams during 2012 in three categories:

- Cardiac pacing (CP) for physicians which includes theoretical and practical elements. The theoretical exam consists of multiple choice questions while, for practical certification, candidates have to perform 100 device implantations as first operator including at least 25 ICDs and 30 CRTs. Full certification is awarded only when logbooks are completed within three years of passing the theoretical element.
  - During 2012, 123 candidates sat the CP exam.
- Electrophysiology (EP) for physicians has a similar structure to the CP certification described above, with the major difference being that candidates have to perform 100 diagnostic EP studies (standard or prior to ablation) as the main operator, and 100 catheter ablations as first operator.
  - During 2012, 88 candidates sat the EP exam.
- Cardiac pacing and ICDs for allied professionals which aims to support a homogenous level of AP expertise between countries, and also to stimulate communication between APs from different countries within a common reference.
   AP certification was launched in 2011, with 34 candidates sitting the exam, and in 2012 this number increased to 42 candidates.

The theoretical part consists of multiple choice questions in the five major European languages. Certification is common for industry-employed APs and clinically-employed APs.

#### 2013 key initiatives

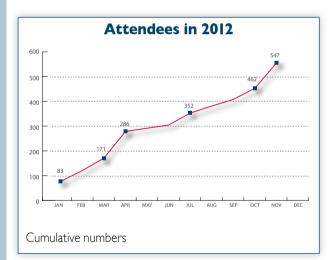
- I. To introduce a process that can be used for the accreditation of centres.
- 2• Launch of a computer based exam on tablet computers.



#### **♦ WEBINARS**

Seven webinars were held during 2012, all organised by Professor Christophe Leclercq. EHRA has now established a series of Open Access webinars that can be attended by non-EHRA members (in blue):

Date	Topic Presenter		Moderator	
January	Atrial fibrillation antiarrhythmic treatment	M. Antz	L. Mont	
March	March Arrhythmias in athletes  April Troubleshooting on surface ECGs		L. Saghy	
April			C. Blomstrom- Lundqvist	
July	Highlights from Cardiostim	A. Goette, L. Mont	P. Ritter	
October	Cartography tri-dimensional Ablation: is 3D mapping really useful?	G. Hindricks	C. de Chillou	
October	MRI	R. Sutton, M. Gotte	J. Brugada	
November	Clinical cases of SVT ablation	G. Fiorenzo	S. Viskin	



#### 2013 key initiative

To develop a website specifically for AF patients. This will offer a reliable information source for patients that will help them manage their condition through education and awareness.

#### EHRA WEBSITE

The Website and Communication Committee aims to provide high quality online information that describes EHRA's activities in the field of arrhythmias and electrophysiology. The web presence is intended to be used by medical professionals in ESC member countries and beyond to encourage discussion, debate, and cooperation. Education is a key priority for the website, and initiatives have been developed to promote EHRA's educational services. These have included regular 'ask the expert' webinars, on-line recordings of previous educational courses, and webcasts from past congresses for on-demand playback.

To keep members up-to-date, new materials are posted to the website weekly. The Committee also produces A QUARTERLY NEWSLETTER which has the HIGHEST READERSHIP rate amongst all those produced by the ESC.

Over the last two years, the ESC web team has undertaken the development and optimisation of a new search engine which offers members a powerful way of browsing the entire range of EHRA resources, services and products, which has resulted in a dramatic *increase in website visits* (see graph below).





#### **♦ REDUCING INEQUALITY IN HEALTHCARE TREATMENT IN ARRHYTHMIA**

#### • EHRA Summit

This meeting brings together the EHRA and electrophysiology representatives of the National Societies of the ESC member countries to help shape future strategy. The 2012 Summit drew representatives from 45 National Societies and Working Groups from 37 countries as well as industry partners, and the agenda included 30 lectures on a range of topics from training requirements to economic challenges.

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#### EHRA membership initiative

Asreported elsewhere in this report, there has been an impressive growth in membership to 1,600 during 2012. The Committee actively approaches National Societies to promote the benefits of EHRA membership. Joint sessions held during national meetings have proved to be particularly helpful to recruitment in a number of countries including Turkey, Croatia, Tunisia, Ukraine, Belarus, Russia, Egypt, Italy, Spain, Poland, Lithuania, the Czech

Republic, and Slovakia. Changes to the membership categories have been implemented along with a new fee structure.

#### • Eastern initiative

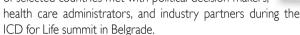
The Eastern Initiative was introduced to the chairmen of the Eastern European National Societies at a meeting held in Sophia Antipolis during the EHRA summit. It was agreed to

initially focus the EHRA's strategic and political support on five selected countries to help meet the needs of their heart rhythm communities. EHRA supports the training of operators through short-term master fellowships, public awareness campaigns for sudden cardiac death, and education programmes for the referring medical community.

EHRA ICD

#### ICD for Life

This project aims to create an infrastructure for promoting defibrillator therapy as the only life-saving modality for prevention of sudden cardiac death. The White Book initiative has identified a great disparity of ICD use across ESC member countries, particularly in Eastern Europe. To consider ways to address this situation, representatives of selected countries met with political decision makers, health care administrators, and industry partners durin





EHRA fosters relationships with the Ministry of Health of emerging economies and key institutions – Including the World Health Organization and Directorate General for Health & Consumer Affairs, European Union – to negotiate a better way forward on Arrhythmias and Cardiac Pacing.

#### 2013 key initiative

To encourage greater participation in the ICD for Life project by inviting proposals from relevant Working Groups in Electrophysiology and Cardiac Pacing of the ESC's National Societies that identify the barriers to ICD use and the steps necessary to overcome.

#### • EHRA White Book Project

The EHRA White Book of Cardiac Electrophysiology assesses

After Argan - Autors share the entire stage - the e

the status quo of arrhythmia treatment in all ESC member countries. Its objective is to be a platform for the progressive harmonisation of access to arrhythmia treatment in ESC countries. The enthusiastic cooperation of National Cardiac Societies and Working Groups means that we are able to report on 46 of the ESC's 55 member countries in the 2012 edition. The book also serves as a continuous reference for all our initiatives

and efforts in education and training, and has become the standard information source for comparing arrhythmia treatment between countries. The EU uses the White Book, and it has been published on the Health EU website and will be included in the EU's Health in Europe: Information and Data Interface (HEIDI).

#### **DON'T MISS**

- EHRA White Book on EU Health Portal
- EHRA White Book 2011
- The 2012 EHRA Statistics on Electronic Devices and Electrophysiological Procedures in the ESC 55 countries

A structured analysis of data collected in the EHRA White Book monograph since 2008. The report brings together the most up-to-date statistics on electrophysiological procedures including the implantation of cardiovascular electronic devices in the 55 ESC countries and includes all data of the first five Editions of the EHRA White Book.

### RELATIONS

#### **♦ INTERNATIONAL AFFAIRS**

The International Affairs Committee promotes EHRA beyond the traditional regions of Europe and the Mediterranean basin. This Committee is specifically responsible for increasing the number of international Fellows and members, reinforcing links with other specialty groups, and increasing general awareness of EHRA's activities. Close relationships are maintained with sister societies, often working closely with the President of those groups. The major external meetings and congresses are identified, and the Committee coordinates the appropriate EHRA representation, as well as encouraging bi-directional participation at the EHRA EUROPACE Congress. 2012 has seen great progress in building relationships with societies in a number of regions and individual countries including:

- Asian Pacific Heart Rhythm Society (APHRS)
- Brazilian Society of Cardiac Arrhythmias (SOBRAC)
- Heart Rhythm Society (HRS)
- Chinese Society of Pacing and Electrophysiology (CSPE)
- Canadian Heart Rhythm Society (CHRS)
- Argentinean Working Group on Cardiac Arrhythmia and Electrophysiology (WGCAE)
- Working Group on Arrhythmias and Electrophysiology of Uruguay Society of Cardiology













Thanks to our close collaboration with several sister societies, joint training fellowship programmes were launched and 3 fellowships were awarded to APHRS members, as well as one to Argentina.

EHRA also have a booth at several international meetings: APHRS, HRS, SOBRAC as well as the Argentinian Arrhythmia congress, where two live case transmissions from Leipzig took place.



EP Europace is EHRA's Journal covering advances in the fields of pacing, arrhythmias and cardiac electrophysiology. Published monthly in conjunction with the ESC Working Groups on Cardiac Cellular Electrophysiology and e-Cardiology, its objective is **to provide information on high quality, original scientific work** conducted in Europe, and globally, that is relevant to EHRA members and their specialties.











The Journal has earned an excellent **Impact Factor rating of 1.980** It offers a wide range of content including peer-reviewed papers, consensus statements, position papers, invited papers, and editorial comments.

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#### Deputy Editors:

Luc Jordaens, FESC, NL; Antonio Zaza, FESC, IT (Experimental Cardiology)

#### Associate Editor:

Philippe Chevalier, FESC, FR (Clinical Cardiology)

## Ranked as the 4<sup>th</sup> BEST subspecialty journal



### EP EUROPACE JOURNAL

#### **♦ SCIENTIFIC INITIATIVES**

EHRA has formed a Scientific Initiatives Committee to support research activity within the wider community of cardiac rhythm specialists and cardiac electro-physicists. Its objective is to provide a resource that will facilitate rapid identification of experts and institutions willing to collaborate in gathering evidence to underpin clinical practice.

#### Research Network Initiative

The CH VERILLO REPORTS

The Committee has continued its work on developing a network of centres that are prepared to collaborate in the performance of survey initiatives and research studies. While formal guidelines of EP practice are usually drawn from the results of multicentre trials, daily practice can often reveal other important and relevant factors. The success of this work is illustrated by the **240 centres** that have already applied to join the network.



#### **EP** Wire

To complement its Research Network Partners project, the Committee has established EP Wire. This monthly survey of EP practice is distributed to centres within the network requesting summary information on specific topics that can be used to accelerate and share research outcomes. The process involves sending a short survey of 10 to 20 questions to gather information on practice in a specific EP topic. Survey results are then published in the EP Europace journal.

#### Registry and Controlled Trials

EHRA contributes to a number of significant clinical trial surveys. Notable amongst these are:

- The EAST trial (Early comprehensive Atrial fibrillation Stroke prevention Trial www.easttrial.org) is a European, investigator-initiated study jointly conducted by AFNET (as sponsor) and EHRA. The trial is supported in a unique partnership by Sanofi Aventis and St Jude Medical. Its aims are to determine whether an early, standardised rhythm control intervention can help prevent adverse cardiovascular outcomes associated with atrial fibrillation, including stroke and death.
- The Atrial Fibrillation Ablation Registry is part of the **EURObservational Research Programme** with co-operation across 28 ESC member countries. Its main objective is to describe the clinical epidemiology of patients undergoing an Atrial Fibrillation Ablation (AFA) procedure, and the diagnostic and/or therapeutic processes applied. A survey of AF management under the EORP will enable a timely assessment of the uptake of the new ESC guidelines, allow monitoring of implementation and uptake of catheter ablation, new antithrombotic drugs and new antiarrhythmic agents, and will inform about outcomes related to guideline-adherent management of AF.
- European Lead Extraction controlled Registry aims to improve healthcare standards and education by generating data from a high number of representative centres across Europe. Enrolment of patients should start in November 2012 and the first results will be announced in June 2013 during EHRA EUROPACE.

EUR <b>Observational</b> Research Programme	N° Centres	N° Expected Patients
Atrial Fibrillation Ablation  • Pilot Phase  • Long-term Phase	72 150	I,410 (Presented at Hot Line ESC 2012 2,500
Atrial Fibrillation General  Pilot Phase  Long-term Phase	100 250	5,000 12,500
Lead Extraction (ELECTRa)	100	3,000

#### 2013 key initiative

Launch two new registries; one covering Renal Denervation and the other covering Thoracoscopic Atrial Fibrillation Ablation.







#### **SCIENTIFIC DOCUMENTS**

EHRA's Scientific Documents Committee is responsible for planning, initiating, reviewing and publishing innovative scientific content that addresses new areas of interest to members and the wider cardiology profession. Documents with international consensus are generated in cooperation with other ESC Associations or Working Groups. The Committee also organises policy conferences with peer societies such as the Atrial Fibrillation Network (AFNET) to agree joint responses to position papers. For example, a network has been formed with AFNET to conduct the EAST trial (see above) which, as of August 2012, has enrolled over 350 patients.

#### Recently published documents

EHRA has published a number of important scientific papers, statements, and other documents during 2012. A number of other papers are at varying levels of production including new papers on the practicalities of NOAC therapy and electrophysiological procedures for children, and planning for the 4<sup>th</sup> AFNET/EHRA consensus conference in January 2013. Published documents include:



- ISHNE/EHRA expert consensus on remote monitoring of cardiovascular implantable electronic devices (CIEDs)
- 2012 HRS/EHRA/ECAS Expert Consensus Statement on Catheter and Surgical Ablation of Atrial Fibrillation: recommendations
  for patient selection, procedural techniques, patient management and follow-up, definitions, endpoints, and research trial design.
  This document is also available in Russian
- Pathways for training and accreditation for transvenous lead extraction: a European Heart Rhythm Association position paper
- 2012 EHRA/HRS expert consensus statement on cardiac resynchronisation therapy in heart failure: implant and follow-up recommendations and management

In a very important development, we published the first titles of our new EHRA Key Messages. These are A6 booklets that summarise the content of relevant scientific documents in a convenient and accessible format. We plan to produce these for all future documents. The EHRA Key Messages available so far are:

- Comprehensive risk reduction in patients with atrial fibrillation: emerging diagnostic and therapeutic options
- Pathways for training and accreditation for transvenous lead extraction

The key messages are also available on slide sets

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#### 2013 key initiative

Extend the Key Message format and concept into a smartphone app to further enhance accessibility.

#### **♦ HEALTH ECONOMICS**

EHRA's Health Economics Committee is responsible for establishing the expertise that can guide members through the complex issues of balancing up-front investment in new treatments with long-term economic policy. The Committee also advises members on relationships with policy makers and managers in order to overcome the financial barriers to adopting these treatments. Notable activities during 2012 have included:



#### Reimbursement schemes for cardiac device remote monitoring

Advanced technology is routinely enabling remote monitoring of cardiac implants. This capability is seen as crucial to meeting the needs of Europe's ageing population in a way that will minimise the impact on budget and specialist resources. EHRA and a number of partner organisations have published a report that addresses concerns that the technology roll-out is compromised by a lack of reimbursement schemes.

#### MedTech Health Technology Assessment

EHRA has been selected as a member of a multi-centre Health Economics project that will research regional variations in access to devices and the implications of those variations on device management. The project is due to start in 2013 and is funded by the EU through its FP7 Work Programme.

#### The 2011 EHRA EUROPACE Congress held in Madrid was a great success.

**Over 5,500 delegates** attended, 4,000 of whom were arrhythmia and electrophysiology professionals or members of the allied professions. This figure represents a **24% increase** on the 2009 event. I,522 abstracts from 68 countries were submitted, a 22% increase, and the upward trend was repeated in other areas, with similar increases in the size of the exhibition floor, and the number of satellite symposia run. Three key themes were chosen:

Atrial Fibrillation • Sudden Cardiac Death • Emerging technologies



#### **EHRA AND CARDIOSTIM**

Since 2006, EHRA and CARDIOSTIM have held their respective congresses in alternating years and collaborated on the content of scientific programmes. In an historic agreement signed at CARDIOSTIM 2012, a joint Congress will now be held each year in June starting in 2014. Both organisations are focused on a high quality scientific Congress that attracts the most eminent specialists from around the world, which reports on the latest news in the field, and provides top notch training to cardiology professionals.

In 2014 and 2016 the Congress will be called CARDIOSTIM-EHRAEUROPACE. It will be organised by CARDIOSTIM-REED and the Scientific Committee will be run by the CARDIOSTIM-REED appointed Chairman. In 2015 and 2017 the Congress will be called EHRA EUROPACE-CARDIOSTIM and will be organised by ESC-EHRA. In those years the Scientific Committee will be run by the ESC-EHRA appointed Chairman.

The Programme will be built around four main topics: electrophysiology (EP) and catheter ablation, devices, non-invasive EP, and basic science. Every year the Congress abstracts will be published in EP-Europace – The European Journal of Pacing, Arrhythmias and Cardiac Electrophysiology, the official journal of EHRA along with the ESC Working Groups on Cardiac Cellular Electrophysiology and e-Cardiology.



Join us in Athens to **CELEBRATE** our **10<sup>th</sup> anniversary** 



# EHR/\2013

## Please join us in Athens for EHRA EUROPACE 2013

EHRA EUROPACE 2013, Athens, promises to be a highly successful meeting – at least equalling the triumph of EHRA EUROPACE 2011, Madrid.

A new record-breaking abstract submission (1509 abstracts) to the congress compared to EHRA 2011 meeting has been seen. The scientific content is exciting and challenging.

The Working Group on Cardiac Cellular Electrophysiology and the Working Group on e-cardiology have added another exciting dimension to the meeting, extending its scientific reach and content. EHRA EUROPACE 2013 will also host two major summits on *lead management issues* and the *genetic basis of arrhythmogenesis*. Both summits will bring together leaders in the field to give participants a once-in-5-years "state of the art" resumé in these areas that will enable them to grow and craft their own clinical services to provide even better care for cardiac patients in Europe and around the globe.

The global reach of the meeting is also demonstrated in the "Connecting Continents" sessions when experts from around the world, and sister organisations to EHRA, share clinical and scientific experience and insights common to global practice in cardiac rhythm management. Other sessions are intended to challenge and develop the thoughts and clinical practices of participants with the latest developments in clinical science presented in "Late Breaking Clinical Trials", technology developments in the "Innovation Booth" and stimulating "Live" and "In The Catheter Laboratory" (new) sessions.

We hope and expect that EHRA EUROPACE 2013 will exceed the expectations of participants and be a landmark meeting in the development of cardiac rhythm management education and research.



Prof. Andreas Goette EHRA Scientific Programme Committee Chairperson



**Prof. John Morgan** EHRA Scientific Programme Committee Vice-Chairperson







#### KEY DATES

Abstract Submission Deadline
20 January 2013

Late Breaking Trials Submission Deadline

19 March 2013

Early Registration Deadline
17 April 2013

Late Registration Deadline
22 May 2013

Last-Minute Registration Deadline
12 June 2013

On-site Registration From 22 June 2013



