

EHRA Registries & EP Network: room for improvement ?

Carina Blomström Lundqvist

www.escardio.org/EHRA





EHRA Research / EP Network

- EHRA Research / EP Network of centres - established by previous Scientific Initiatives Committee SIC to facilitate European centres collaborative research activities and the production of EP wires.

E.P Wire Surveys

- **Objectives:** to have a global vision of daily EP practice in various European countries through on-line surveys with regards to their adaptation to guidelines, use & access to diagnostic tools, devices or ablation procedures, their management of pats with arrhythmias.
- Short surveys with 12 to 15 questions sent on a monthly basis to centers part of the Research Network.

12 EP Wire survey results published in 2012 in Europace J in a section called “EP Wire”.

Survey to Manuscript sent out	Manuscript dead line to	New Dead line to Europa	Public month	EP wire No	EP wire Topics
					Manuscriptwriter (M), Reviewers - survey constructors (R)
na	Dec 6th		Jan. 2012	1	Ventricular tachycardia ablation in ICD recipients
na	Jan 5th		Febr. 2012	2	Out-patient Evaluation and Management of
na	Jan 20th		March 2012	3	Practice of CIED follow up in Europe
na	March 1st		April. 2012	4	Monitoring in the Management of AF
Febr 1st	March 27th		May. 2012	5	Periprocedural anticoagulation therapy
March 1st	Apr. 25th		June 2012	6	Lead extraction (extended survey).
April 1st	May 22nd		July. 2012	7	Surgical and hybrid AF ablation procedures
April 23st	June 28th		Aug. 2012	8	Management of survival of out of hosp cardiac arrest
May 14th	July 23rd		Sept 2012.	9	CRT (AF, RBBB, guidelines, nonrespond)
June 7th	Aug 24th		Oct. 2012	10	Atrial fibrillation ablation techniques and strategies
July 1st	Sept 25th		Nov. 2012	11	Device infections
July 21st	Oct 18th		Dec. 2012	12	MRI in device patients
Aug. 21st	Nov 14th		Jan. 2013	13	Use of atrial appendage occluder for stroke prevention
Sept 21st	Dec 19th		Febr. 2013	14	Management of patient with Sustained Ventricular Tachycardia
Oct 21st	Jan 18, 2013		March 2013	15	X ray exposure for implanting and ablating physicians
Nov 21st	Febr 27th	Febr 25th	April.2013	16	Prophylactic Antiarrhythmic Pharmacological Rx for atrial fibrillation
Jan 9th	March 21st	March 18th	May 2013	17	Managemant Preexcitation syndromes
Jan 28st	April 24rd	April 22th	June. 2013	18	Cardioversion of AF

Europace (2012) 14, 935–941
doi:10.1093/europace/eus207

EP WIRE

Surgical and hybrid atrial fibrillation ablation procedures

Europace (2012) 14, 1195–1198
doi:10.1093/europace/eus232

EP WIRE

Current practice in out-of-hospital cardiac arrest management: a european heart rhythm association EP network survey

Europace (2012) 14, 1666–1669
doi:10.1093/europace/eus250

EP WIRE

How European centres diagnose, treat and prevent CIED infections: Results of an European Heart Rhythm Association survey

Europace (2013) 15, 141–143
doi:10.1093/europace/eus413

EP WIRE

Left atrial appendage occlusion for stroke prevention in atrial fibrillation in Europe: results of the European Heart Rhythm Association survey

Gregory Y.H. Lip^{1,†}, Nikolaos Dagres^{2†}, Alessandro Proclemer³, Jesper Hastrup Svendsen⁴, Laurent Pison⁵, and Carina Blomstrom-Lundqvist⁶, conducted by the Scientific Initiative Committee, European Heart Rhythm Association

Europace Publication extracts

Periprocedural anticoagulation therapy for devices and atrial fibrillation ablation



Europace (2012) 14, 741–744
doi:10.1093/europace/eus105

EP WIRE

Periprocedural anticoagulation therapy for devices and atrial fibrillation ablation

Gregory Y.H. Lip^{1*}, Alessandro Proclemer², Nikolaus Dagres³, Maria Grazia Bongioni⁴, Thorsten Lewalter⁵, and Carina Blomström-Lundqvist⁶.
Conducted by the Scientific Initiative Committee, European Heart Rhythm Association

¹University of Birmingham, Centre for Cardiovascular Sciences, City Hospital Birmingham, England, UK; ²Department of Cardiothoracic Science, University Hospital S. Maria della Misericordia, Udine, Italy; ³Second Cardiology Department, Atilon University Hospital, University of Athens, Athens, Greece; ⁴Third Cardiology Department, University Hospital of Pisa, Italy; ⁵Heart Center Munich, Munich, Germany; and ⁶Department of Cardiology, Institution of Medical Science, Uppsala University, Sweden

This EP Wire surveyed clinical practice with regard to the use of antithrombotic therapy in relation to device implantation (pacemakers, ICD, resynchronization therapy) and atrial fibrillation ablation in 71 centres—members of the European Heart Rhythm Association research network. The results of this survey show variation in clinical practice, but reassuringly some consistency with guidelines and consensus recommendations on the management of periprocedure (devices, ablation) antithrombotic therapy.

Keywords Ablation • Anticoagulation • Atrial fibrillation • Devices • Pacemakers

Introduction

Periprocedural use of antithrombotic therapy during electrophysiological procedures was addressed in a position document from the European Heart Rhythm Association in 2006,¹ which addressed practice recommendations for periprocedure management [e.g. during pacemaker (PPM) implantation] and ablation procedure. Since then, additional developments have included the increasing use of implantable cardioverter-defibrillator

Devices

The median number of devices implanted in 2011 at the centres surveyed was 445 (range 50–1500), with pacemakers, ICD, and CRT being 263 (42–1000), 100 (0–600), and 70 (0–300), respectively. Of the overall number, a median of 25% (0–70) were on a vitamin K antagonist (VKA), with only a minority (mean 1.6%) on a new oral anticoagulant (OAC) in 2011. A median of 42% (8–90) were on antiplatelet therapy, whereas 30% (2–80) were on antithrombotic therapy.

Downloaded from <http://europace.oxfordjournals.org/> by guest on July 2, 2012

Current practice of ventricular tachycardia ablation in patients with implantable cardioverter-defibrillators



Europace (2012) 14, 135–137
doi:10.1093/europace/eus111

EP WIRE

Current practice of ventricular tachycardia ablation in patients with implantable cardioverter-defibrillators

Nikolaos Dagres^{1*}, Francesco Cantù², Peter Geelen³, Thorsten Lewalter⁴, Alessandro Proclemer⁵, and Carina Blomström-Lundqvist⁶

¹Second Cardiology Department, Atilon University Hospital, University of Athens, Athens, Greece; ²Biophysiology, Cardiovascular Department, Ospedale F.lli, Bergamo, Italy; ³Arrhythmia Unit, Cardiovascular Center, OLV Hospital, Ales, Belgium; ⁴Department of Medicine, Cardiology and Intensive Care, Heart Center Munich, Munich, Germany; ⁵Department of Cardiology, University Hospital S. Maria della Misericordia, Udine, Italy; and ⁶Department of Cardiology, Institution of Medical Science, Uppsala University, Uppsala, Sweden

The survey was conducted by the Scientific Initiatives Committee of the European Heart Rhythm Association.

We performed a survey on current practice of ventricular tachycardia (VT) ablation in patients with implantable cardioverter-defibrillators among the European Heart Rhythm Association Research Network. The main indication for the procedure is the occurrence of multiple shocks or electrical storm. While prophylactic ablation is only rarely performed. The epicardial approach is seldom used and mostly only after failure of endocardial ablation. The main ablation strategy is targeting the clinical VT only by substrate mapping and ablation, and by targeting fractionated potentials with utilization of modern electroanatomical mapping systems. Still, a considerable number of centres frequently perform the procedure using conventional mapping catheters only.

Keywords Ventricular tachycardia • Catheter ablation • Implantable cardioverter-defibrillator

Introduction

The use of implantable cardioverter-defibrillators (ICDs) has dramatically improved the management of patients with structural heart disease and life-threatening ventricular arrhythmias. However, despite the significant mortality benefit, recurrent arrhythmia episodes with subsequent device activation have an impact not only on life quality but also on patients' survival.¹ Catheter ablation of ventricular tachycardia (VT) effectively reduces tachycardia episodes² and is recommended for ICD patients with recurrent or incessant VT or VT storm.³ Although recent developments such as electroanatomical mapping and irrigated ablation technology have improved the results of VT ablation,⁴ the technique remains demanding. The aim of this survey was to gain insight into the current practice of VT ablation in ICD patients.

geographic distribution with responses from 17 countries (6 centres from Germany, 5 each from Belgium and Spain, 4 each from Denmark and the United Kingdom, 3 from France, 2 each from Austria and the Netherlands, and 1 centre from 9 other countries). The majority of centres had a high degree of expertise: 70% of them perform >250 and 23% perform 100–250 ablations per year. Despite these high numbers of procedures, VT ablation in ICD recipients is infrequent: only 13% of the centres perform >30 such interventions per year, whereas 58% perform 10–30 and 30% perform 0–10 such interventions per year.

The main indication for the procedure is multiple ICD shocks (73%) or electrical storm (85%) (see Figure 1). Prophylactic ablation after ICD implantation aiming at reduction of future device therapies is rarely performed (8% of the responding centres never follow this strategy. In addition, 58% never perform ablation after a first appropriate shock for VT.

Downloaded from <http://europace.oxfordjournals.org/> by guest on July 2, 2012

EP Wire Manual

How to create an EP Wire Survey

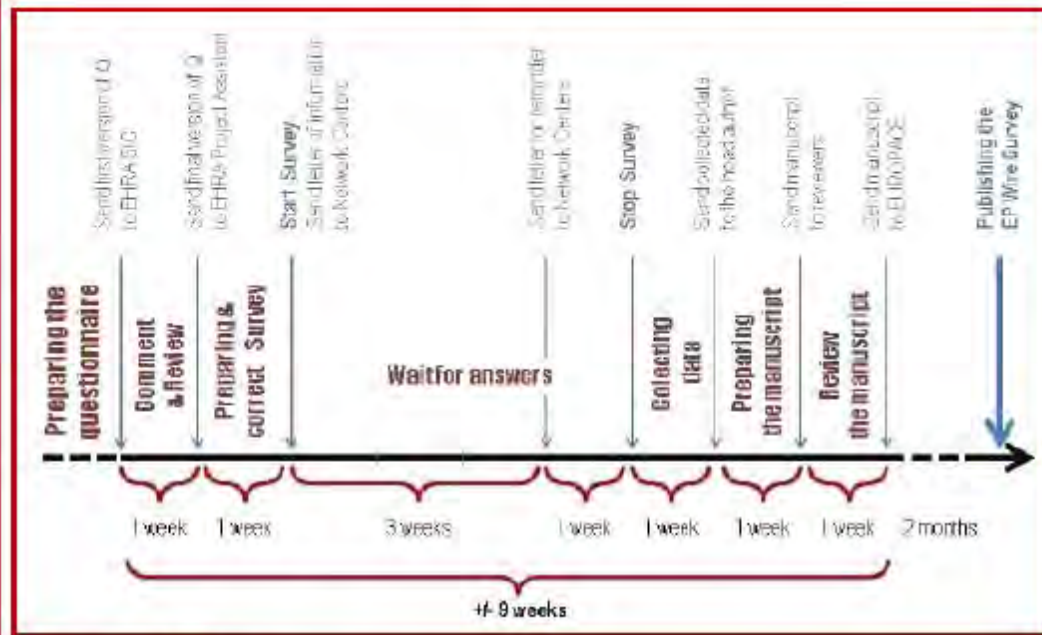
under the responsibility of the EHRA Scientific Initiatives Committee

Standardise production of EP wires: "Manual" for EP wires

Table of Contents

1. Aims and outcome
2. How to prepare the questionnaire
3. How to put the questionnaire on the air
4. How to collect the answers
5. How to prepare the manuscript
6. How to send the manuscript to Europace
7. Annexes

Annex 1: Timeline of EP Wire Survey



Usually, a questionnaire is sent in two versions.

The EP Wire questionnaires are available on the site (<http://www.surveymonkey.com>).

The EHRA Project Assistant will send the survey to the site. To this purpose, you will need to:

- once the final version of the questionnaire is sent to the EHRA Project Assistant
- wait for the web version of the questionnaire to be available on the site
- when the web version of the questionnaire is available, the Project Assistant will send the questionnaire to the Scientific Initiatives Committee
- once the survey is uploaded, the Project Assistant will send the questionnaire to the Network Centers once the questions have been corrected

Basic Informations – Center activity

Presentations (Including CRT-Ds) at your institution last calendar year :

How many CRT-D Implants receive CRT-D

How many ablations (all types of arrhythmia) at your institution

Final

How many AF ablations ?

EP WIRE - Monitoring in the management of AF Survey Results - Question 2

2. Do you have a defined strategy for the detection and the monitoring of AF in your outpatient service using implanted devices? (multiple answers possible)

	Response Percent	Response Count
yes with the use of remote monitoring	7.1%	1
yes without the use of remote monitoring	37.5%	18
both of the above	30.3%	16
none of the above	27.1%	13
answered question		48
skipped question		0

EHRA Electrophysiology (EP) Wire

EP WIRE: A picture of daily Electrophysiology (EP) practice in Europe through online surveys



The EP WIRE Surveys are conducted by the Scientific Initiatives Committee:

Carina Blomstrom-Lundqvist (Chair).

Maria-Grazia Bongiorni, Thorsten Lewalter, Jesper Hastrup Svendsen, Dan Dobreanu, Germanas Marinskis, Laurent Pison, Nikolaos Dagres, Alessandro Proclemer, Gregory YH Lip, Philippe Mabo (picture missing), Antonio Madrid (Picture missing)



Prof C Blomström, Dr MG Bongiorni, Prof T Lewalter, Prof J U Svendsen, Prof D Dobreanu, Prof G Marinskis, Dr L Pison, Prof N Dagres, Dr A Proclemer, Prof G YH Lip, Prof P Mabo

Surveys

Title

Current practice on Transvenous Lead extractions

Periprocedural Anticoagulation Therapy

Surgical and Hybrid AF Ablation procedures

Management of Survival of Out of Hospital Cardiac Arrest

Highlight On



Weekly emails covering important cardiology topics



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Discover the ESC

Periprocedural Anticoagulation Therapy

Below are the results of the survey as well as the publication on the topic.



This EPWire surveyed clinical practice with regard to the use of antithrombotic therapy in relation to device implantation (pacemakers, ICT, resynchronization therapy) and atrial fibrillation ablation in 71 centres—members of the European Heart Rhythm Association research network.

The results of this survey show variation in clinical practice, but reassuringly some consistency with guidelines and consensus recommendations on the management of periprocedure (devices, ablation) antithrombotic therapy.

 [The results of the survey are here](#)

 [The published article is here](#)

 PRINT THIS PAGE

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Weekly emails covering
important cardiology
topics



Research Network Partners List

Network of centres collaborating in the performance of registry initiatives and research studies



Would your centre like to join the network?



Fill in form

As part of the Research Network Partners list, your centre is entitled to participate in the [EP WIRE SURVEYS](#).

The results of each survey are published in a special section of the EP-Europace Journal in a section called "EP Wire".

All centres listed below have an active programme of clinical and research activities.

Country	Director	Hospital	Training Fellowship
Germany	Dr Simon Helge	Klinikum Coburg	Yes
Germany	Prof. Dietrich Andresen	Vivantes Klinikum Am Urban Krankenhaus Urban	
Germany	Prof.Dr. Gunter Breithardt	University Hospital Münster	Yes
Germany	Prof. Dr. Burghard Schumacher	Herz- und Gefäßklinik GmbH	Yes
Germany	Prof Christian Wolpert	University Hospital Mannheim	Yes
Germany	Prof. Gerhard Hindricks	University of Leipzig, Heart Centre	Yes
France	Dr. Franck Halimi	CMC Parly 2	Yes

Highlight On



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EHRA member



Discover the ESC
eLearning platform in
heart rhythm



EHRA
INDIVIDUAL
CERTIFICATION

ESC Journals @ OUP:
iPad-iPhone App now
available





Scientific Research Registry Reply Form


☐ 1st enrollment ☐ Update

I wish to enroll

☐ Yes ☐ No

EHRA survey basic informations:

Number of ICD implantations (including CRT-Ds) at your institution (including box changes) last calendar year:

SOME STATISTICS – 152 active centres

Month - EP WIRE	Title of the Survey	Answers
January - EP WIRE 1	Ventricular Tachycardia ablation in ICD Recipients	40
February - EP WIRE 2	Out-Patient Evaluation and management of patients with ventricular premature beats or non-sustained ventricular tachycardia	46
March - EP WIRE 3	Current practice of ventricular tachycardia ablation in patients with implantable cardioverter-defibrillators	40
April - EP WIRE 4	Monitoring in the management of atrial fibrillation	43
May - EP WIRE 5	Periprocedural anticoagulation therapy	73
June - EP WIRE 6	Lead Extraction	155
July - EP WIRE 7	Surgical and hybrid AF Ablation Procedures	33
August - EP WIRE 8	Management of Survival of out of Hospital Cardiac Arrest	53
September - EP WIRE 9	CRT	48
October - EP WIRE 10	Atrial Fibrillation Techniques and strategies	50
November - EP WIRE 11	Device infections	48
December - EP WIRE 12	MRI in Device patients	53

Promote participation



EUROPEAN HEART RHYTHM ASSOCIATION
a European branch of the ESC



The European Heart Rhythm Association (EHRA) Board and Scientific Advisory Committee are very grateful for your contribution and for your devoted participation over the last four years. They would like to express to all of you their recognition for your time and commitment to the association, how you all doing above your formal part of the European network of experts.

All those who have worked to bring a thousand of heart rhythm cases to the European meeting will be happy to have their contribution to guidelines, clinical trials and research publications, their management of patients with cardiac arrhythmias and use of diagnostic tools.

We still have the same objectives and we have been truly open towards this direction. Therefore your participation is very important to help achieve those objectives and we would greatly appreciate your continued participation to develop the network of experts on EP practice in Europe.

In this respect, we are sending back to you today to give your contribution on the EP when we meet in 2015 and on the grounds of long research we have initiated.

Setting the most accurate practice and "evidence" information is extremely important to us. Therefore we need to recall that the information we receive from you is very useful up to date that the medical progress in our Association is still valid and that you would still support such our quest for information.

Moreover, the interpretation and the analysis of all the data from data you have submitted to us so far has prompted us to slightly modify the format of the EP when we meet in 2015 and to make the data more relevant.

THE NEW SUBMISSIONS: It is possible (maximum) about a specific EP in 2015, and EP when we meet in 2015 to make for this evidence after 15 days and the corresponding case described, so that the data submitted can be analysed and related to the data of the patient. Your data and cases will still be kept anonymous as for the members of the network. However, we consider that the feedback will come as well as a consensus for all participants, facilitating rapid implementation of guidelines and research proposals to help build the evidence base that supports clinical practice.

All in all, thank you are entitled to have access to the full data and to your entire participation to evidence based on the EHRA network.

Anyon might already know, the results of our research are published in a special section of the EP. It is presented in a section called "EP when".

You know the research from our report that has already been published in EP when your journal.

<http://www.escardio.org/About/Committees/EHRA/epwhen/epwhen.htm>

We are sending back to you a list of all the publications that we compiled your data information.

If you would like to appear in our publications, please fill in the form we send to you and ensure that your data is well valid and that you contact person at your centre is still the same.

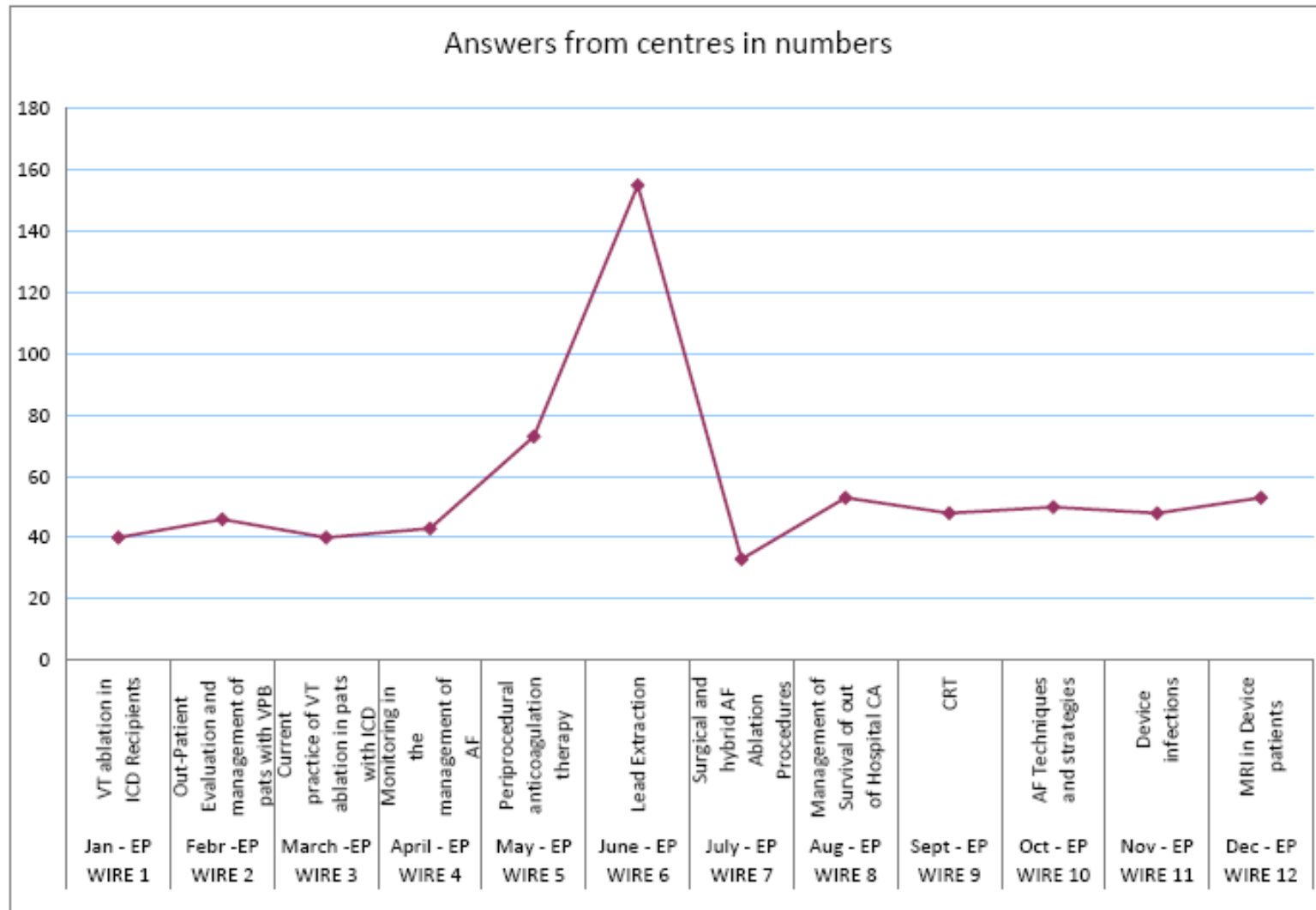
<http://www.escardio.org/About/Committees/EHRA/epwhen/epwhen.htm>

EhRA hopes that this information will stimulate discussion amongst us about the state of practice and the development of new research in the future. We are greatly indebted to your participation.

Best regards,

Luciana Montemurro, Secretary for
EHRA Scientific Advisory Committee Chair

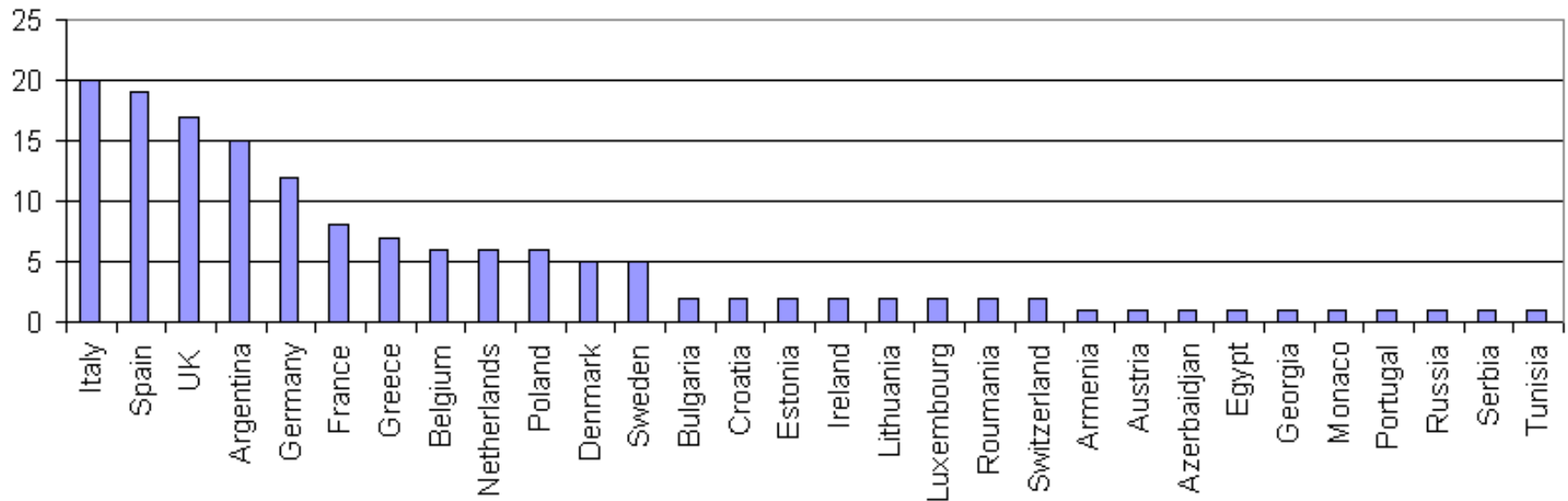
Angelo Auricchio
EHRA President



- **No of centres replying for each EP wire during 2012 : mean 53 centres per survey.**
- **No of centres approached for EP wires surveys: 230 centres**
- **Next EP wires survey will be sent to 250 centres - 20 new centres from South America!!**

Total no EP Network centres 152

Number of EP Network centres by country



Europace J:
Total hits including abstr, HTML, pdf:

29

87

123

127

180

186

194

231

246

280

323

375

394

483

565

593

REGISTRIES

EURObservational Research Programme	No Centers	No Expected Patients
Atrial Fibrillation Ablation		
- Pilot Phase	72	1.410 (Presented at Hot Line ESC 2012)
- Long-term Phase	150	2.500
Atrial Fibrillation General		
- Pilot Phase	100	5.000
- Long-term Phase	250	12.500
Lead Extraction (ELECTRa)	100	3.000



NEW: AF epicardial ablation registry, Renal denervation registry



Atrial Fibrillation Ablation

Centre activity & Enrolment status

EHRA Summit – April 9th, 2013

Atrial Fibrillation Ablation Long-Term

- Objectives: to describe clinical epidemiology, management used in pats undergoing AF ablation procedure and real-life results.
- Target: 3000 patients
- 54 ESC member countries invited in 2011
- Methods: consecutive enrolment of minimum 20 pats per centre - maximum 50 pat.
- Enrolment period: During whole year

National Coordinators

Executive Committee Members	Countries	National Coordinators
E. Arbelo	CYPRUS	Dr. Panayiotis Avraamides
	EGYPT	Dr. Mostafa Nawar
	FRANCE	Prof. Frederic Anselme
	GREECE	Dr. Michalis Efremidis
	ITALY	Prof. Fiorenzo Gaita
	LEBANON	Dr. Maurice Khoury
	PORTUGAL	Dr. Pedro Adragao
E. Pokushalov	SPAIN	Dr. Julian Perez Villacastin
	BULGARIA	Assoc. Prof. Tosho Balabanski
	LATVIA	Assoc. Prof. Oskars Kalejs
	LITHUANIA	Assoc. Prof. Aras Puodziukynas
	ROMANIA	Dr. Radu Ciudin
	RUSSIAN FEDERATION	Dr. Evgeny Mikhaylov
J. Kautzner	UKRAINE	Prof. Oleg Sychoy
	AUSTRIA	Clemens Steinwender
	CZECH REPUBLIC	Prof. Josef Kautzner
	GERMANY	Prof. Thorsten Lewalter
	HUNGARY	Dr. Laszlo Geller
	POLAND	Prof. Zbigniew Kalarus
C. Blomström Lundqvist	SLOVENIA	Dr. Matjaz Sinkovec
	BELGIUM	Dr. Georges Mairesse
	FINLAND	Prof. Pekka Raatikainen
	ISRAEL	Prof. Michael Glikson and Dr. Moti Haim
	NETHERLANDS	Dr. Serge Trines
	SLOVAKIA	Assoc. Prof. Robert Hatala
	UNITED KINGDOM	Prof. John Morgan

COUNTRY	Centres		Enrolled pats
	Registered	Active	Up to 4 April 2013
POLAND	13	12	207
SPAIN	26	12	116
RUSSIAN FEDERATION	10	7	115
NETHERLANDS	6	5	72
FINLAND	5	2	62
PORTUGAL	5	4	54
CZECH REPUBLIC	4	2	51
GREECE	8	3	38
UNITED KINGDOM	2	2	32
BELGIUM	1	1	27
UKRAINE	4	2	27
ITALY	10	1	26
SLOVENIA	1	1	24
AUSTRIA	2	1	20
GERMANY	10	2	20
BULGARIA	2	1	17
EGYPT	5	3	13
LATVIA	1	1	13
LITHUANIA	2	1	1
CYPRUS	1	.	.
FRANCE	3	.	.
HUNGARY	4	.	.
ISRAEL	6	.	.
LEBANON	2	.	.
ROMANIA	2	.	.
SLOVAKIA	2	.	.
Total	137	63	935

**935
enrolled
patients
since
March
2012**

REGISTRIES

- In progress : ELECTRa
(European Lead Extraction Controlled Registry)
- Yet to come :
 - Renal Denervation
- TehAFaR (Thoracoscopic Epicardial AF Ablation Registry)
- WPW Registry

European Lead Extraction Controlled Registry (ELECTRa)

AIMS :

Register indications, techniques, success rates, safety and follow-up used in various countries.

Improve healthcare standards by generating data from a high number of centres across Europe.

Preliminary results disclosed at Europace Congress
June 2013

European Lead Extraction Controlled Registry (ELECTRa)

- EORP -EUR *Observational* Research Programme
 - Platform, Data management
 - Research fellow
 - **First centre based registry**
 - Regional coordinators
 - 3500 consecutive pats; 103 centres; FU 12 mo.
- Nov. 1st 2012 inclusion started (9 mo period)

Electra Registry



EURObservational Research Programme
ELECTRa (European Lead Extraction Controlled) Registry



- 3500 consecutive pats; 103 centres; FU 12 mo.
- 1st centre based registry

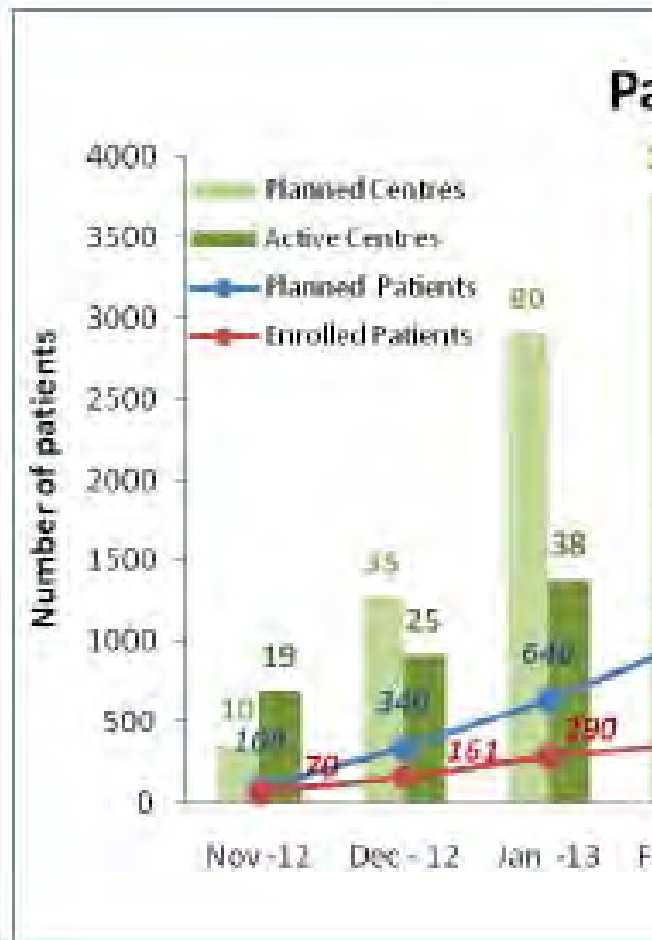
NEWSLETTER N°3 – March 2013

Active/potential centres Status for February 2013



NB: The Non-Active centres are still waiting for EC

Electra Registry



Status on March 13th, 2013

Country	Centres	Active	Site Questionnaire	Enrolled	Signed off	Locked
AZERBAIJAN	1	0	0	0	0	0
BELGIUM	4	2	2	11	9	6
CZECH REPUBLIC	1	0	0	0	0	0
DENMARK	3	3	0	25	12	4
FINLAND	2	0	0	0	0	0
FRANCE	9	9	4	73	47	24
GERMANY	8	2	2	11	3	3
GREECE	4	1	1	1	0	0
HUNGARY	2	1	1	13	7	6
ISRAEL	1	1	1	1	0	0
ITALY	23	11	9	125	88	81
LITHUANIA	1	1	1	3	2	2
NETHERLANDS	1	0	0	0	0	0
NORWAY	2	0	0	0	0	0
POLAND	6	6	3	110	67	33
PORTUGAL	1	0	0	0	0	0
ROMANIA	1	0	0	0	0	0
RUSSIAN FEDERATION	1	1	1	7	4	4
SLOVENIA	1	0	0	0	0	0
SPAIN	6	4	4	12	8	2
SWEDEN	3	3	3	16	3	1
SWITZERLAND	3	1	1	4	0	0
UKRAINE	1	1	1	5	5	5
UNITED KINGDOM	1	0	0	0	0	0
TOTAL	86	47	34	417	255	171

Electra Registry

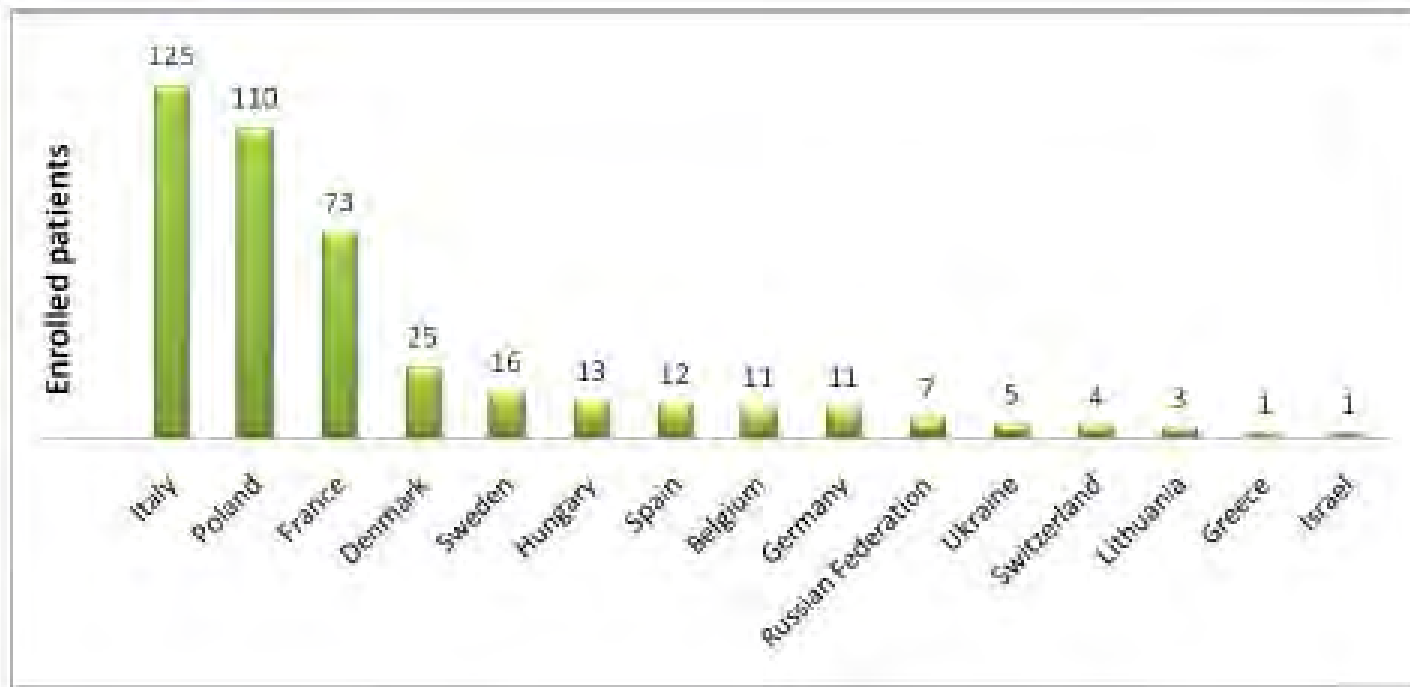


EURObservational Research Programme
ELECTRa (European Lead Extraction Controlled) Registry



- 3500 consecutive pats; 103 centres; FU 12 mo.
- 1st centre based registry

NEWSLETTER N°3 – March 2013

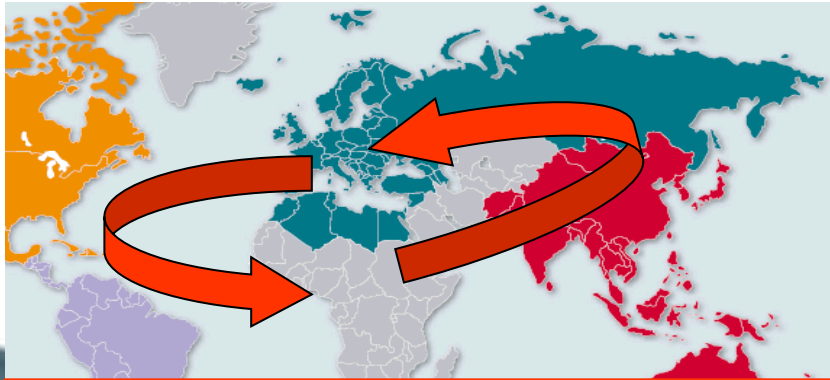


EP Network centres

- room for improvements?



- More efforts to acknowledge / promote continued activities – interactions
 - EP wires, EHRA registries, research studies.
- Motivation – Acknowledgements EP wires
 - On EHRA website.
 - Will be in EP journal
 - Diplomas to 100 top most active centres.
 - T-shirts offered to top 30 centres at Europace in Athens.
 - Breakfast Meeting at Europace in Athens June 24th at 07h30



Research Network Partners List

Country	Director	Hospital	Training Fellowship
Armenia	Dr. Smbat Jamalyan	Arrhythmology Cardiology Centre of Armenia	Yes
Austria	Dr. Helmut Puererfellner	Elisabethinen Hospital Linz	Yes
Austria	Prof. Burkert Pieske	Medical University of Graz	
Azerbaijan	Dr. Farid Aliyev	Merkezi Klinika Hospital, Heart Center	Yes
Belgium	Prof Luc De Roy	Cliniques universitaires UCL, Mont-Godinne	Yes
Belgium	Dr. Maximo Rivero-Ayerza	Ziekenhuis Oost Limburg	
Belgium	Dr. Marnix Goethals	Heilig Hartziekenhuis Roeselare-Menen VZW	Yes
		Ghent	Yes
		sels	Yes
		sberg, University of	Yes

c. An extended group of people with similar interests or concerns who interact and remain in informal contact for mutual assistance or support.

EP Network centres - room for improvements?



- Electra - first EORP admin registry with centre based regional coordinators
 - Direct communication with centres
 - More involvement from EP National Assoc and WG?
- Decentralise admin. of small registries?
 - USE EORP infrastructure/platform but EHRA manpower
- Centralised Ethical committee application process – time delay
- Reimbursement for follow-ups needed (ex UK)

EHRA

(European Heart Rhythm Association)



**Join the Research Network of
Centres**

Fill in
the form
on line