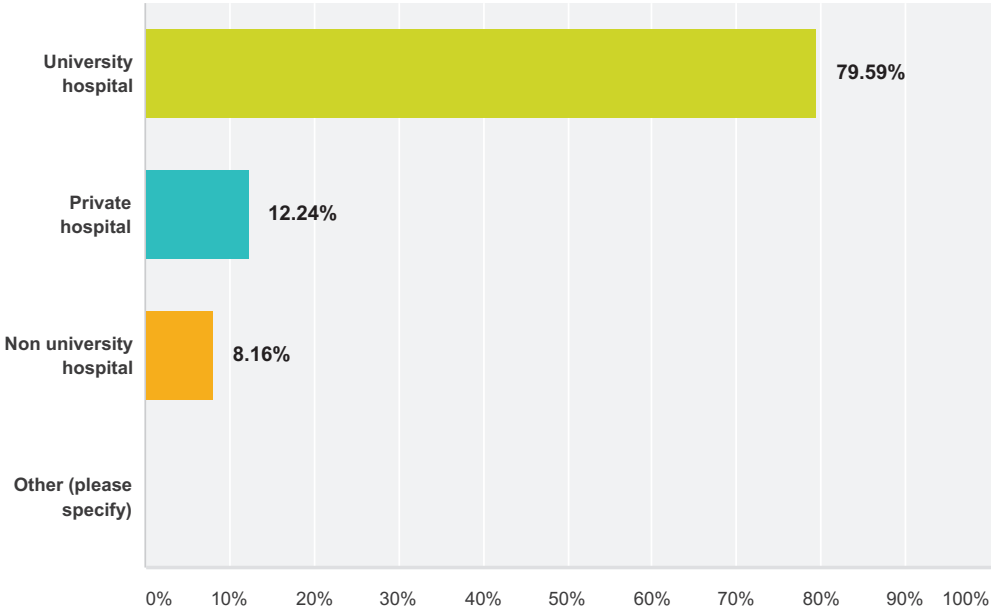
Q1 What type of institution do you work in ?

Answered: 49 Skipped: 0

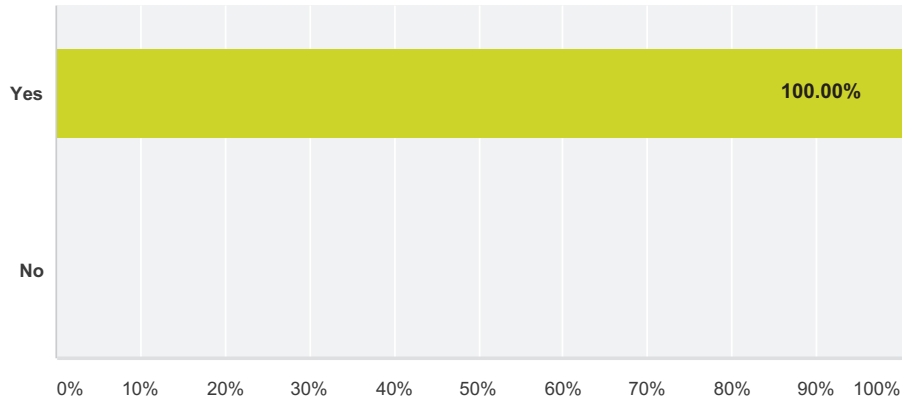


Answer Choices	Responses	
University hospital	**79.59%**	39
Private hospital	**12.24%**	6
Non university hospital	**8.16%**	4
Other (please specify)	**0.00%**	0
Total		**49**

#	Other (please specify)	Date
	There are no responses.	

Q2 Would you like acknowledgment of your centre in the EP Europace Journal and on the website ?

Answered: 49 Skipped: 0



Answer Choices	Responses	
Yes	**100.00%**	49
No	**0.00%**	0
Total		**49**

Q3 In which country and city is your centre based ?

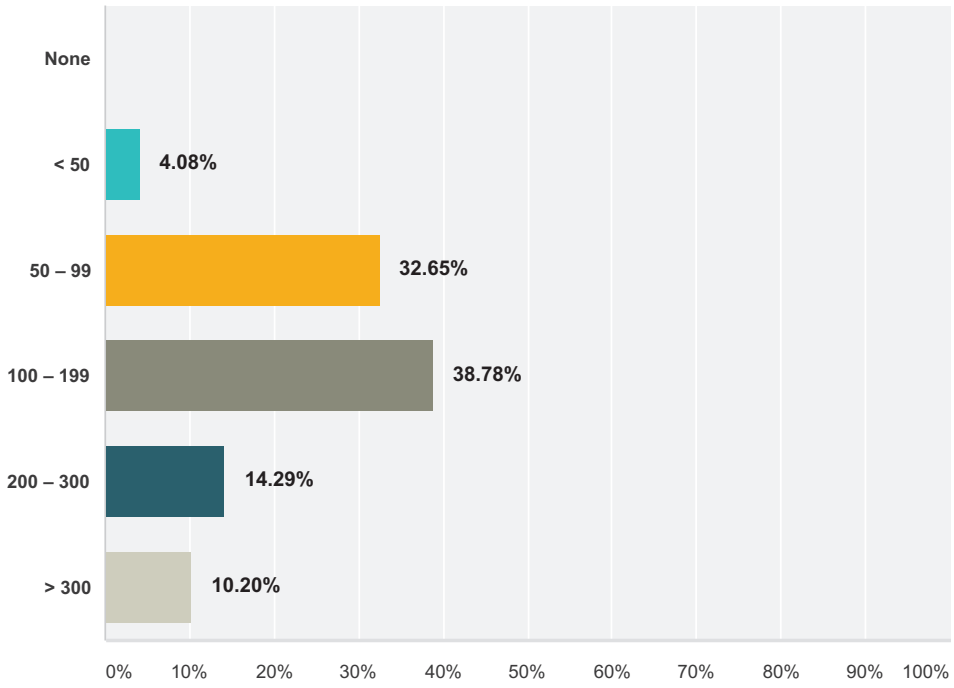
Answered: 49 Skipped: 0

#	Responses	Date
1	Germany	2/5/2017 8:48 PM
2	Poland, Zabrze	2/3/2017 10:36 PM
3	Poland, Zakopane	2/3/2017 7:12 PM
4	Norway,Bergen	2/3/2017 1:41 PM
5	Belgrade, Serbia	2/1/2017 5:45 PM
6	France, Marseilles	2/1/2017 1:51 PM
7	Germany, Munich	2/1/2017 9:20 AM
8	Italy, Genoa	1/31/2017 1:28 PM
9	Lodz Poland	1/30/2017 10:58 PM
10	Lodz Poland	1/30/2017 10:55 PM
11	Madrid, Spain	1/28/2017 8:44 AM
12	FRANCE	1/27/2017 3:11 PM
13	Belgium	1/27/2017 11:12 AM
14	Spain Alicante	1/27/2017 6:06 AM
15	Spain, city: Valencia	1/27/2017 12:51 AM
16	France	1/26/2017 9:47 PM
17	Poland, Polanica Zdrój	1/26/2017 9:32 PM
18	Poland, Polanica Zdrój	1/25/2017 7:33 AM
19	Italy, Pisa	1/20/2017 12:49 AM
20	Aberdeen Scotland	1/19/2017 12:05 PM
21	Warsaw, Poland	1/18/2017 3:36 PM
22	Leipzig, Germany	1/17/2017 7:52 PM
23	Lodz, Poland	1/17/2017 9:44 AM
24	Italy	1/17/2017 8:33 AM
25	Germany	1/16/2017 12:08 PM
26	Norway Trondheim	1/16/2017 9:34 AM
27	Egypt, Mansoura	1/15/2017 8:08 PM
28	Poland, Rzeszów	1/15/2017 2:44 PM
29	France	1/15/2017 6:44 AM
30	Croatia. Zagreb	1/13/2017 6:39 PM
31	Germany	1/13/2017 6:07 PM
32	Denmark, Copenhagen	1/13/2017 4:39 PM
33	Austria, Linz	1/13/2017 4:03 PM
34	Poland Wrocław	1/13/2017 3:45 PM

35	Poland	1/13/2017 10:41 AM
36	germany	1/13/2017 8:33 AM
37	Madrid spain	1/13/2017 8:23 AM
38	Switzerland	1/13/2017 7:44 AM
39	Zabrze Poland	1/13/2017 3:37 AM
40	France Toulouse	1/13/2017 1:02 AM
41	Spain, Madrid	1/13/2017 12:17 AM
42	Maastricht, the Netherlands	1/12/2017 6:49 PM
43	Spain	1/12/2017 6:45 PM
44	Serbia	1/12/2017 6:44 PM
45	Bulgaria,Sofia	1/12/2017 6:35 PM
46	valencia, spain	1/12/2017 6:34 PM
47	Georgia	1/12/2017 6:24 PM
48	Kragujevac, Serbia	1/12/2017 6:10 PM
49	Denmark, Aarhus	1/12/2017 6:03 PM

Q5 What total number of ICDs was implanted in your centre during the last 12 months :

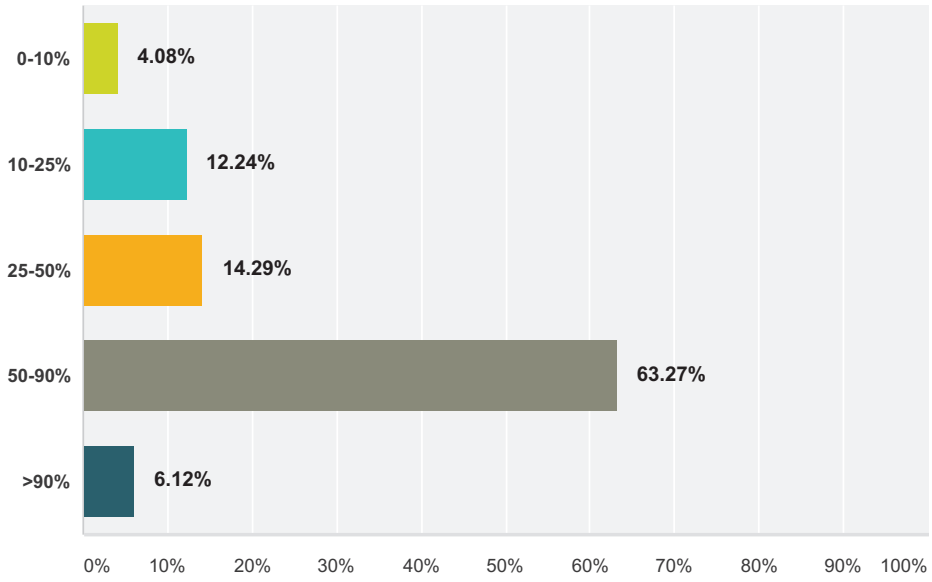
Answered: 49 Skipped: 0



Answer Choices	Responses	
None	0.00%	0
< 50	4.08%	2
50 – 99	32.65%	16
100 – 199	38.78%	19
200 – 300	14.29%	7
> 300	10.20%	5
Total		49

Q6 What is the proportion of primary prevention ICD among all newly implanted ICDs in your centre?

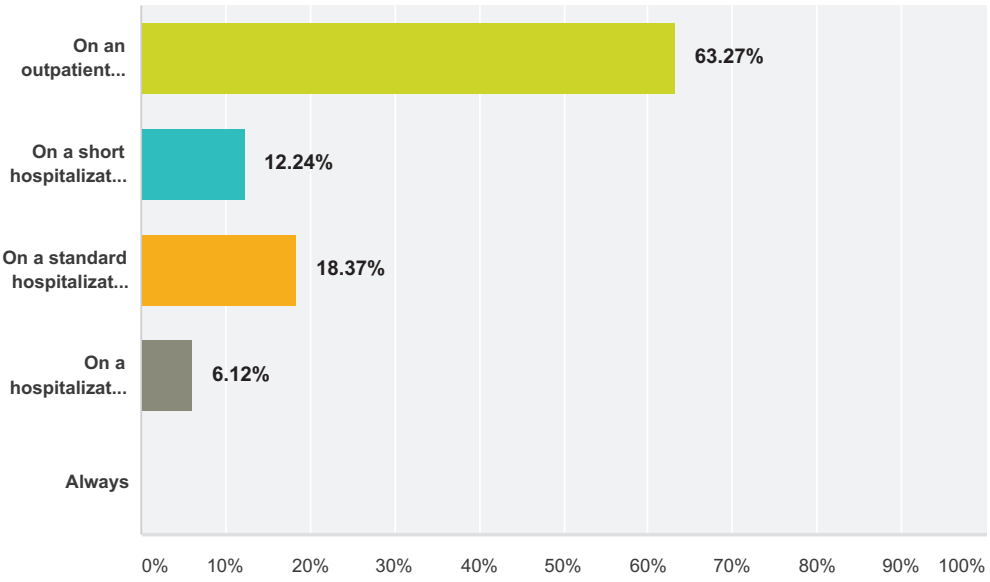
Answered: 49 Skipped: 0



Answer Choices	Responses	
0-10%	4.08%	2
10-25%	12.24%	6
25-50%	14.29%	7
50-90%	63.27%	31
>90%	6.12%	3
Total		49

Q7 Decisions on ICD implantation for primary prevention in ischemic and non-ischemic cardiomyopathy are usually taken:

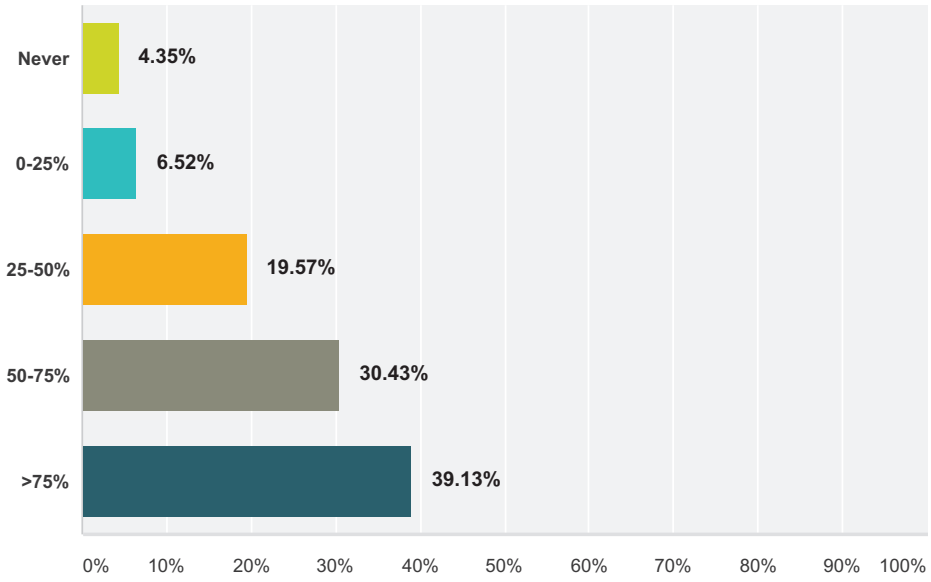
Answered: 49 Skipped: 0



Answer Choices	Responses	
On an outpatient basis	63.27%	31
On a short hospitalization stay (less than 2 days)	12.24%	6
On a standard hospitalization basis (3-4 days)	18.37%	9
On a hospitalization basis of > 4 days	6.12%	3
Always	0.00%	0
Total		**49**

Q8 In patients with non-ischemic DCM with EF < 35% on optimal medical therapy and with > 1 year life expectancy, how often do you implant an ICD for primary prevention?

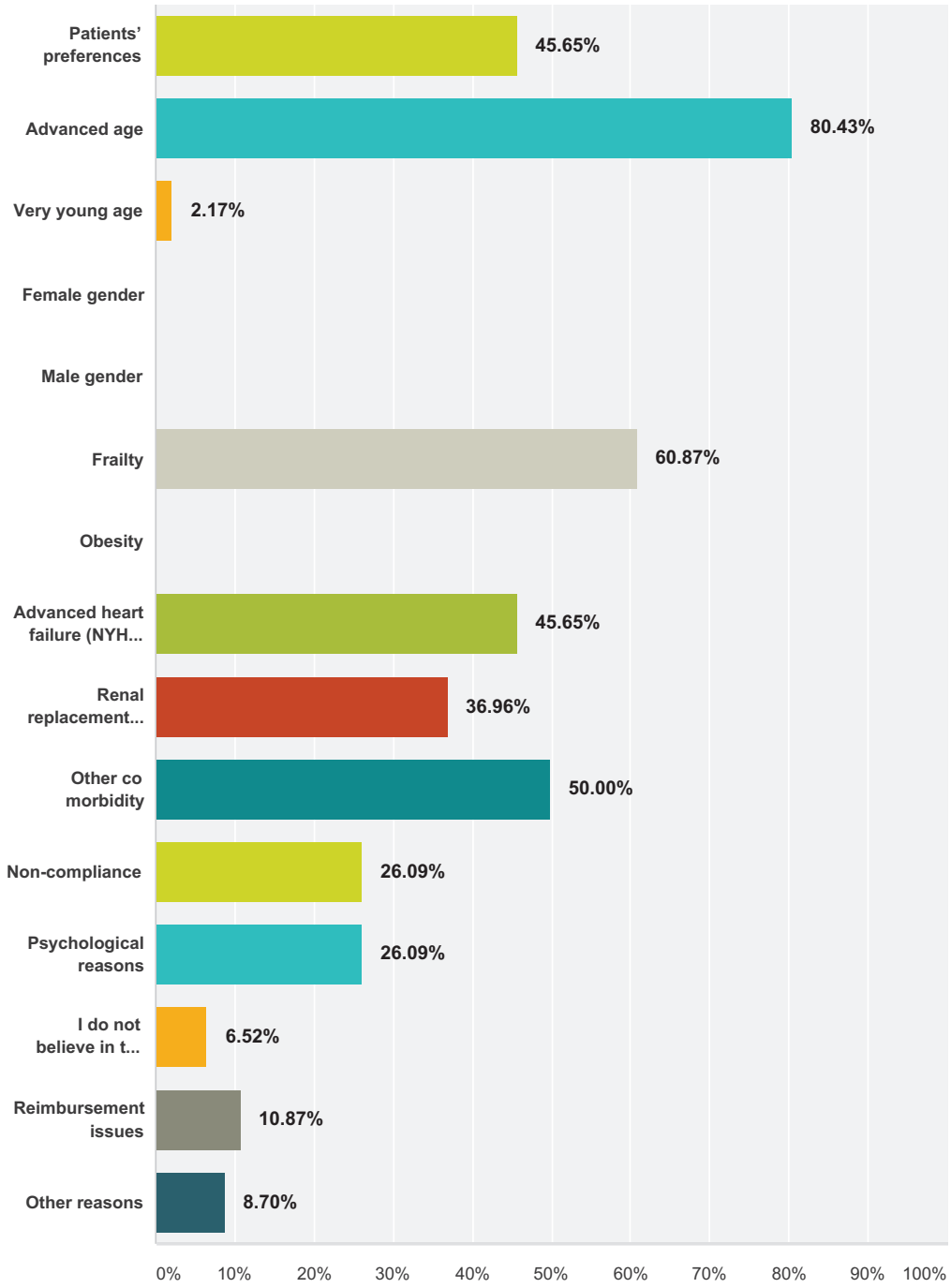
Answered: 46 Skipped: 3



Answer Choices	Responses	
Never	4.35%	2
0-25%	6.52%	3
25-50%	19.57%	9
50-75%	30.43%	14
>75%	39.13%	18
Total		46

Q9 What were the most common reasons, that were discouraging you from using primary prevention ICD in patients with non-ischemic DCM, who otherwise fulfilled the indications for ICD (multiple answers)

Answered: 46 Skipped: 3

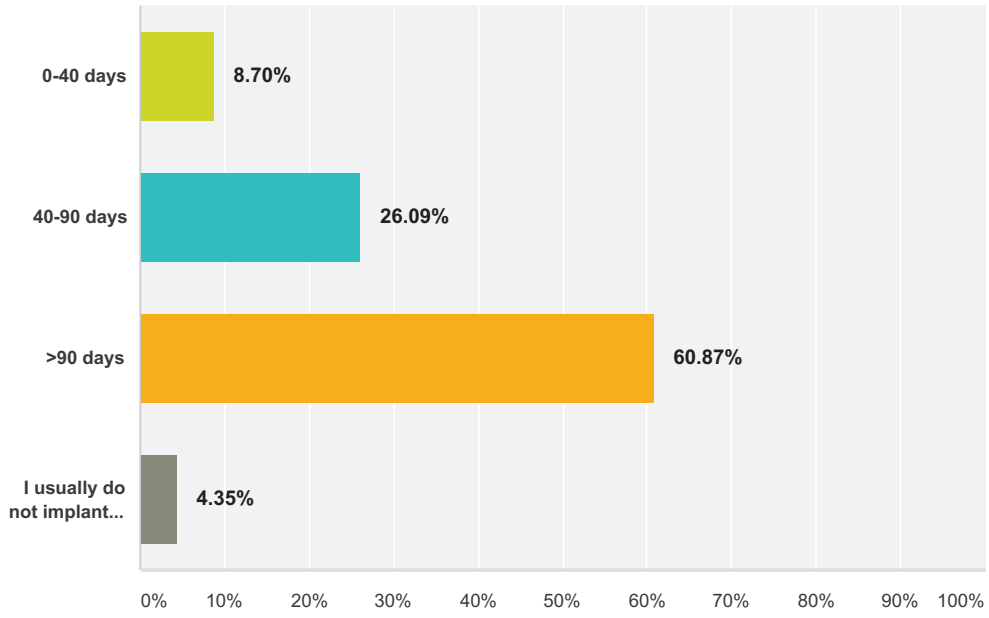


Answer Choices	Responses

Patients' preferences	**45.65%**	21
Advanced age	**80.43%**	37
Very young age	**2.17%**	1
Female gender	**0.00%**	0
Male gender	**0.00%**	0
Frailty	**60.87%**	28
Obesity	**0.00%**	0
Advanced heart failure (NYHA IV)	**45.65%**	21
Renal replacement therapy (HD) / Chronic Kidney Disease	**36.96%**	17
Other co morbidity	**50.00%**	23
Non-compliance	**26.09%**	12
Psychological reasons	**26.09%**	12
I do not believe in the current data / guidelines	**6.52%**	3
Reimbursement issues	**10.87%**	5
Other reasons	**8.70%**	4
Total Respondents: 46		

Q10 How long do you typically (in >90% of patients) wait after the initial diagnosis of non-ischemic DCM is set and optimization of the medical treatment, before you implant an ICD on primary prevention if the indications are fulfilled?

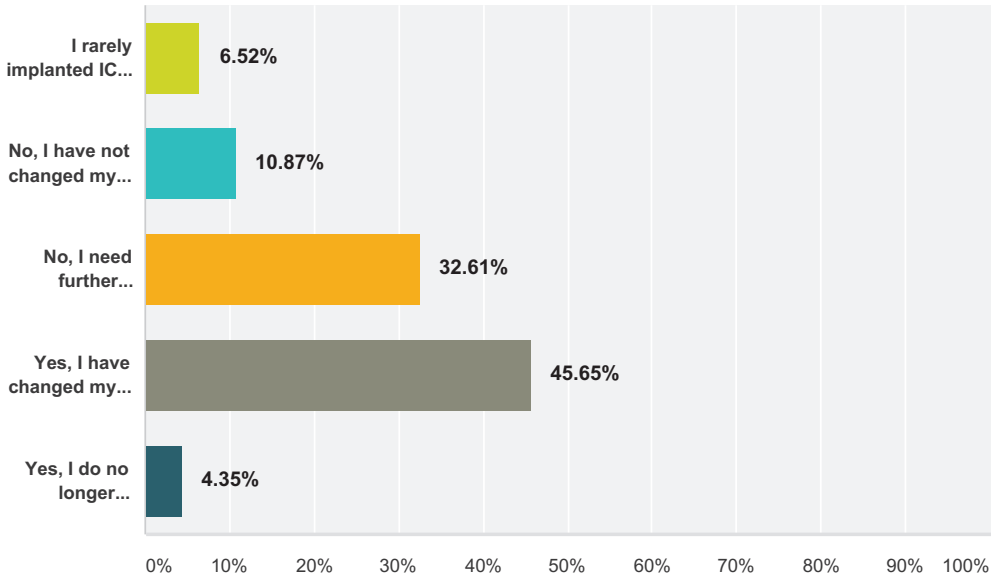
Answered: 46 Skipped: 3



Answer Choices	Responses	
0-40 days	**8.70%**	4
40-90 days	**26.09%**	12
>90 days	**60.87%**	28
I usually do not implant ICDs on primary prevention in these patients	**4.35%**	2
Total		**46**

Q11 Has the DANISH Study changed your approach to ICD implantation for primary prevention in patients with non-ischemic DCM? (single answer)

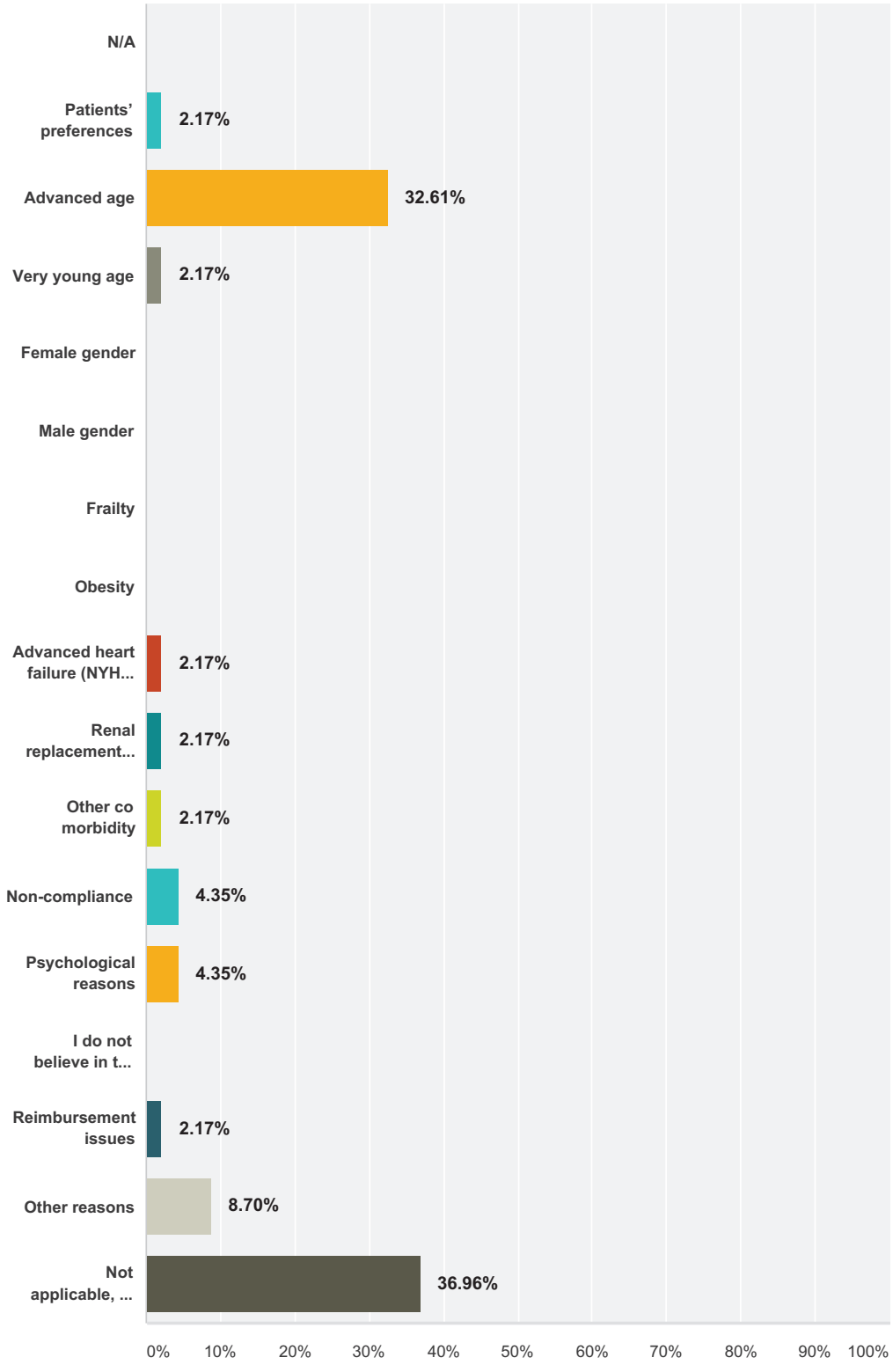
Answered: 46 Skipped: 3



Answer Choices	Responses	
I rarely implanted ICD for primary prevention even before the DANISH trial	6.52%	3
No, I have not changed my indications	10.87%	5
No, I need further evidence and / or I will wait until the guidelines change before I modify my clinical practice	32.61%	15
Yes, I have changed my practice. I am more selective and have implanted less ICDs on primary prevention for non-ischemic DCM after the study	45.65%	21
Yes, I do no longer systematically implant ICD for primary prevention in patients with non-ischemic DCM	4.35%	2
Total		**46**

Q12 If you answered “yes” on the previous question, what conditions would tend you hold back an ICD for primary prevention in patients with non-ischemic DCM fulfilling current indications? (multiple answers)

Answered: 46 Skipped: 3

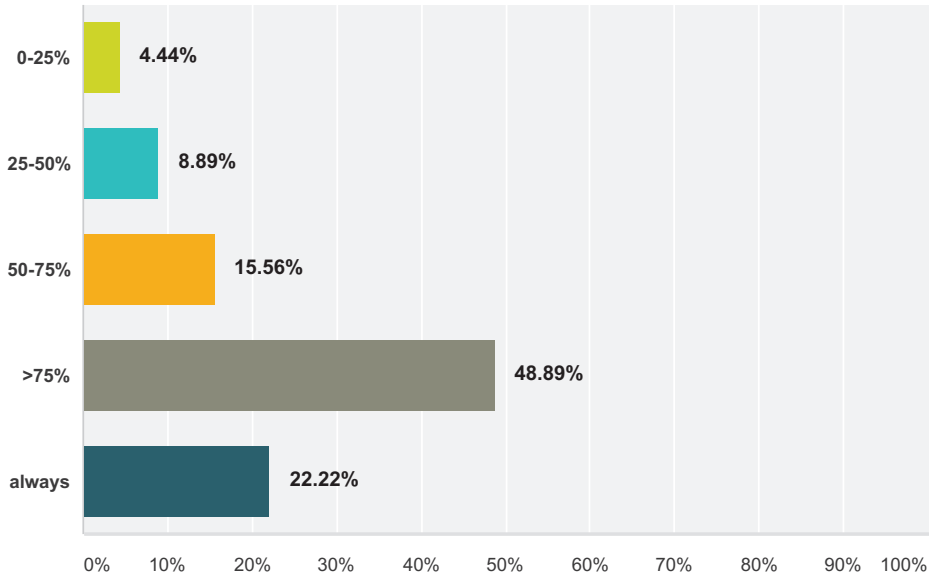


Answer Choices	Responses	
N/A	0.00%	0
Patients' preferences	2.17%	1

Advanced age	**32.61%**	15
Very young age	**2.17%**	1
Female gender	**0.00%**	0
Male gender	**0.00%**	0
Frailty	**0.00%**	0
Obesity	**0.00%**	0
Advanced heart failure (NYHA IV)	**2.17%**	1
Renal replacement therapy (HD) / Chronic Kidney Disease	**2.17%**	1
Other co morbidity	**2.17%**	1
Non-compliance	**4.35%**	2
Psychological reasons	**4.35%**	2
I do not believe in the current data / guidelines	**0.00%**	0
Reimbursement issues	**2.17%**	1
Other reasons	**8.70%**	4
Not applicable, I have not changed my indications	**36.96%**	17
Total		**46**

Q13 In patients > 6 weeks after myocardial infarction, with EF < 35% on optimal medical therapy and with > 1 year life expectancy, how often do you implant an ICD for primary prevention?

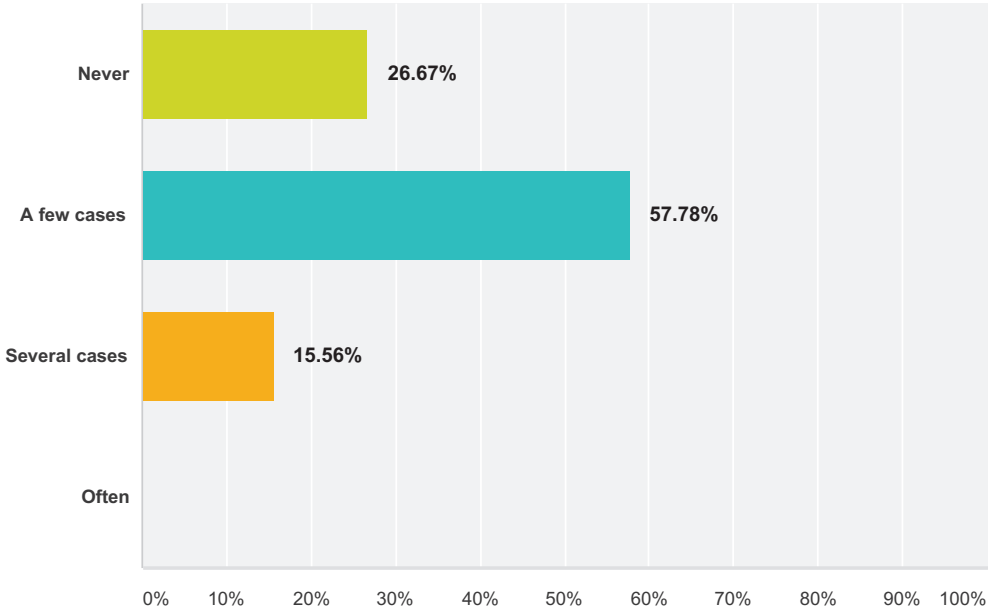
Answered: 45 Skipped: 4



Answer Choices	Responses	
0-25%	4.44%	2
25-50%	8.89%	4
50-75%	15.56%	7
>75%	48.89%	22
always	22.22%	10
Total		45

Q14 In a patient > 6 weeks after myocardial infarction, with EF < 35% on optimal medical therapy and with > 1 year life expectancy. How often have you discouraged the patient from ICD implantation for primary prevention?

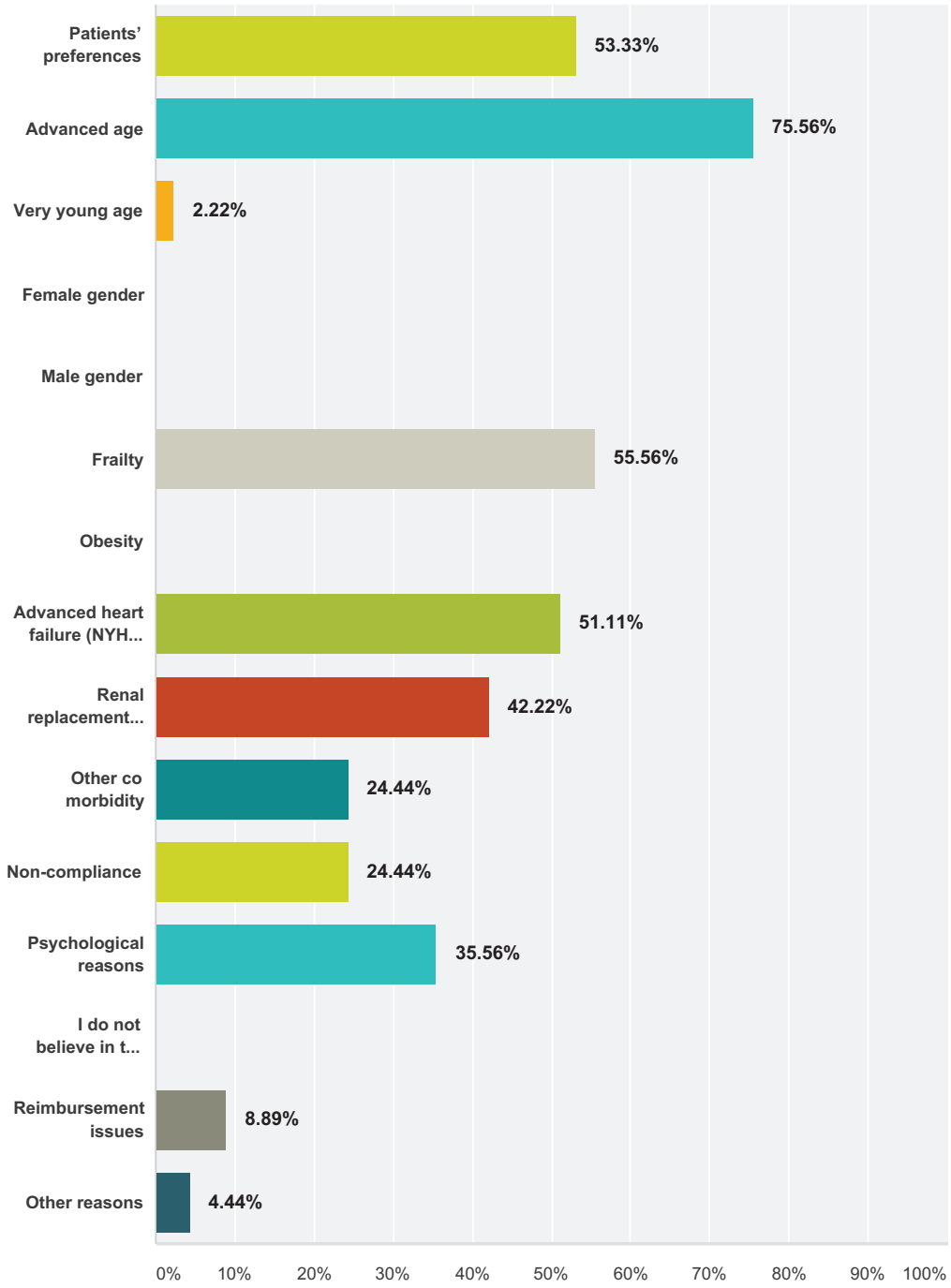
Answered: 45 Skipped: 4



Answer Choices	Responses	
Never	**26.67%**	12
A few cases	**57.78%**	26
Several cases	**15.56%**	7
Often	**0.00%**	0
Total		**45**

Q15 What would be the reasons for not implanting an primary prevention ICD in a patient with ischemic heart disease fulfilling current indications for primary prevention ICD (multiple answers) ?

Answered: 45 Skipped: 4

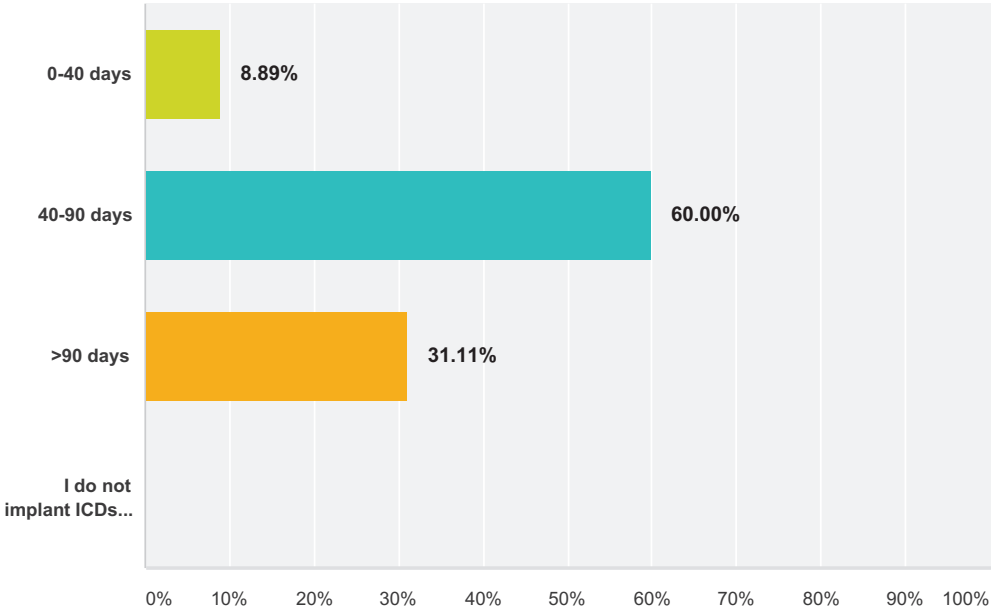


Answer Choices	Responses

Patients' preferences	**53.33%**	24
Advanced age	**75.56%**	34
Very young age	**2.22%**	1
Female gender	**0.00%**	0
Male gender	**0.00%**	0
Frailty	**55.56%**	25
Obesity	**0.00%**	0
Advanced heart failure (NYHA IV)	**51.11%**	23
Renal replacement therapy (HD) / Chronic Kidney Disease	**42.22%**	19
Other co morbidity	**24.44%**	11
Non-compliance	**24.44%**	11
Psychological reasons	**35.56%**	16
I do not believe in the current data / guidelines	**0.00%**	0
Reimbursement issues	**8.89%**	4
Other reasons	**4.44%**	2
Total Respondents: 45		

Q16 How long do you typically wait after the myocardial infarction in patients with ischemic heart disease, under optimal medical treatment, fulfilling indications before you implant an ICD for primary prevention?

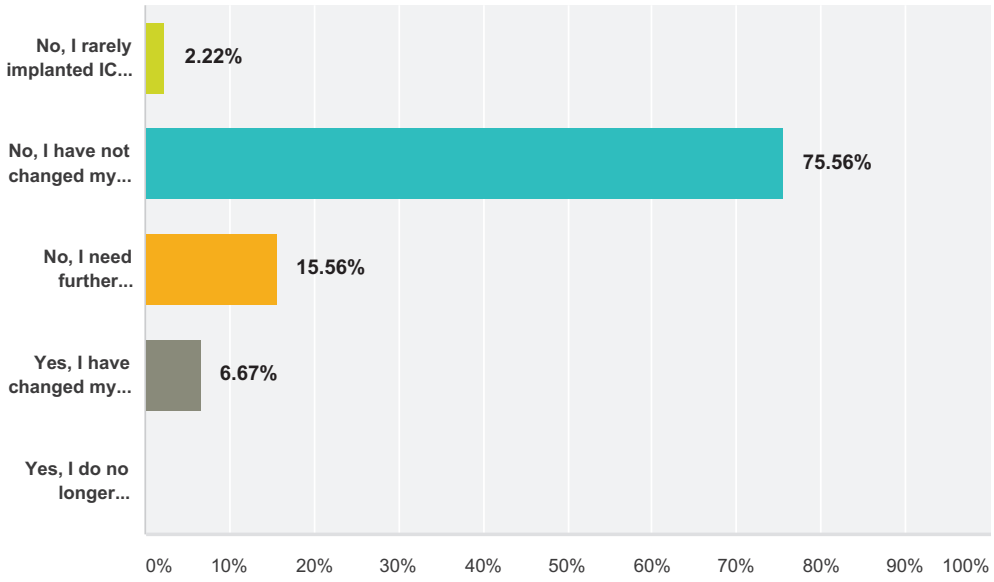
Answered: 45 Skipped: 4



Answer Choices	Responses	
0-40 days	**8.89%**	4
40-90 days	**60.00%**	27
>90 days	**31.11%**	14
I do not implant ICDs on primary prevention in these patients	**0.00%**	0
Total		**45**

Q17 Has the DANISH study changed your behavior to implant ICD on primary prevention in patients with ischemic heart disease?

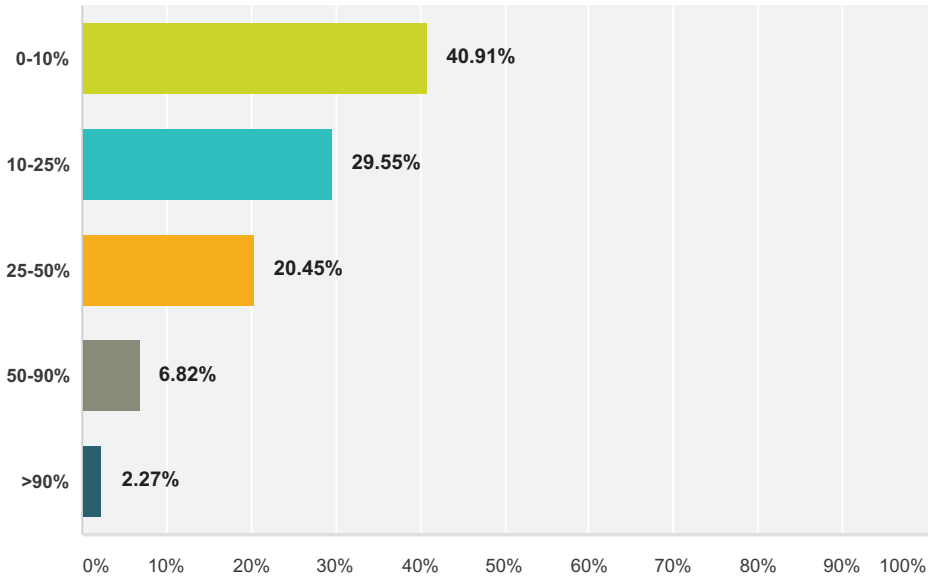
Answered: 45 Skipped: 4



Answer Choices	Responses
No, I rarely implanted ICD for primary prevention even before the DANISH trial	2.22% 1
No, I have not changed my indications	75.56% 34
No, I need further evidence and / or I will wait until the guidelines change to modify my practice	15.56% 7
Yes, I have changed my practice. I am more selective and have implanted less ICDs on primary prevention for ischemic heart disease after the study	6.67% 3
Yes, I do no longer systematically implant ICD for primary prevention in patients with ischemic heart disease	0.00% 0
Total	**45**

Q18 What is approximatively the percentage of your CRT patients not implanted with a back-up defibrillator (CRT-P only) ?

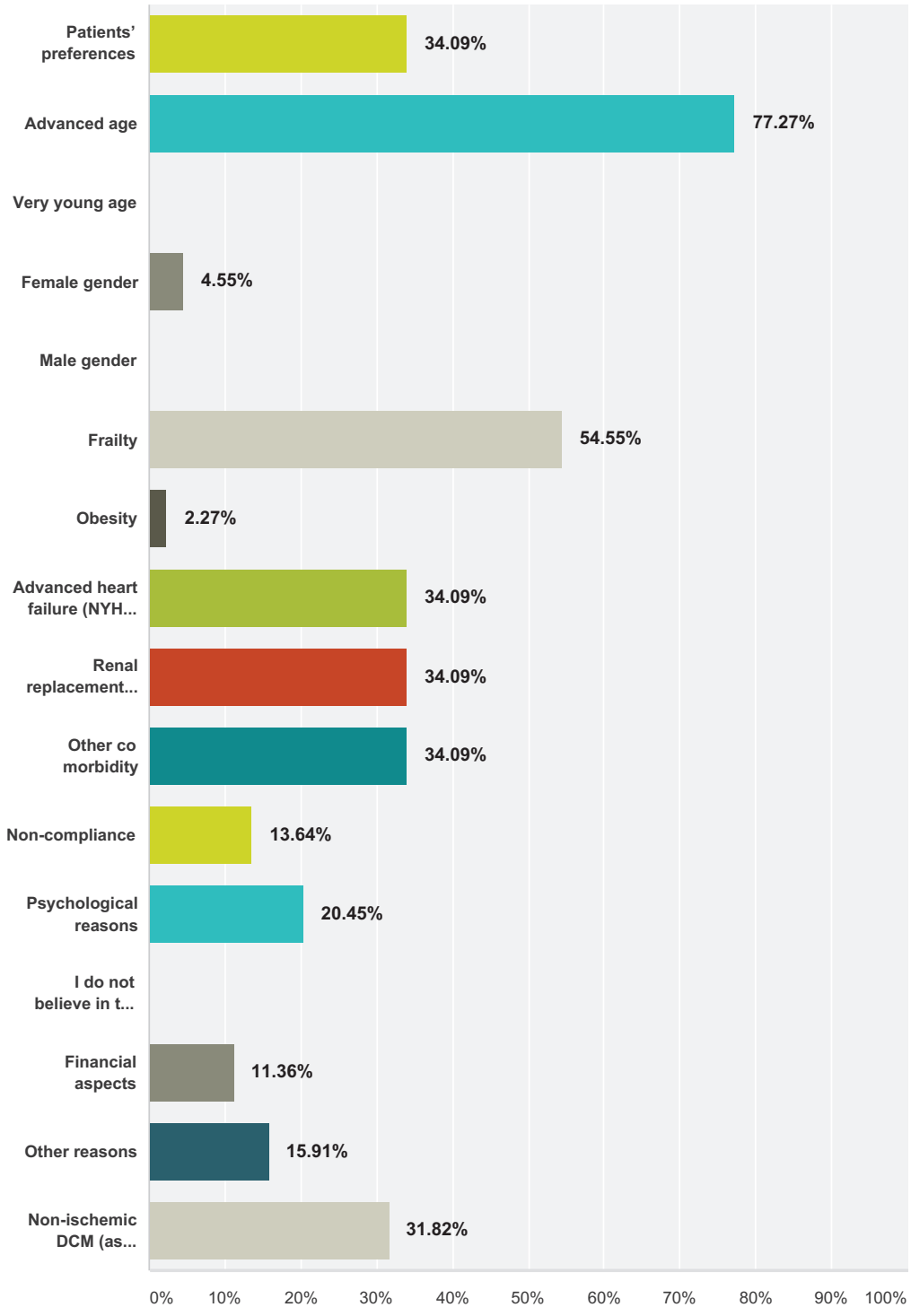
Answered: 44 Skipped: 5



Answer Choices	Responses	
0-10%	**40.91%**	18
10-25%	**29.55%**	13
25-50%	**20.45%**	9
50-90%	**6.82%**	3
>90%	**2.27%**	1
Total		**44**

Q19 What factors favor CRT-P-only instead of CRT-D in patients fulfilling CRT indications with EF <35% (mutliple answers) ?

Answered: 44 Skipped: 5



Answer Choices	Responses	
Patients' preferences	**34.09%**	15
Advanced age	**77.27%**	34
Very young age	**0.00%**	0
Female gender	**4.55%**	2
Male gender	**0.00%**	0
Frailty	**54.55%**	24
Obesity	**2.27%**	1
Advanced heart failure (NYHA IV)	**34.09%**	15
Renal replacement therapy (HD) / Chronic Kidney Disease	**34.09%**	15
Other co morbidity	**34.09%**	15
Non-compliance	**13.64%**	6
Psychological reasons	**20.45%**	9
I do not believe in the current data / guidelines	**0.00%**	0
Financial aspects	**11.36%**	5
Other reasons	**15.91%**	7
Non-ischemic DCM (as compared to ischemic heart disease)	**31.82%**	14
Total Respondents: 44		