Dear Colleague

It is with great pleasure that I introduce the 2015 Activity Report of the European Heart Rhythm Association (EHRA). This report contains an overview of our notable achievements during the last 12 months, and provides an update on the status of ongoing projects and programmes. It is also an excellent reminder of the extent of the work we undertake in pursuit of our mission. The tireless effort and commitment of so many people – volunteers and staff alike – is why the EHRA can successfully engage in so many different activities within our field of specialty. I therefore begin this introduction by expressing sincere thanks to the EHRA members for their enthusiasm and dedication to our cause.

I took office as EHRA President at the General Assembly in June, held in Milan during the EHRA EUROPACE - CARDIOSTIM 2015 congress. A new Board was elected at the same time and we are already working closely together to develop our strategic priorities. My predecessor, Professor Karl-Heinz Kuck, will be a hard act to follow. The EHRA is in great shape because of his vision and leadership, and it is good to know that I can call on him for advice in the future. I am also delighted that Professor John Camm is our new President-Elect. A highly distinguished and respected leader in cardiovascular medicine and arrhythmia research, his appointment completes the team for the next two years.

As noted above, the main purpose of this report is to reflect on the achievements of 2015. I would like to highlight some of those achievements in the following paragraphs while also encouraging you to read the report fully to appreciate the significant progress we have made.

With almost 6,000 participants, the very successful EHRA EUROPACE - CARDIOSTIM congress, held in Milan, broke attendance records and was widely acknowledged as the largest ever European meeting on arrhythmias and electrophysiology. But more than just attendance, the scientific and education content was absolutely world-class. My thanks, particularly, go to Professors Cecilia Linde and Michael Glikson who masterminded the excellent programme.

Membership is another area with great news, ending 2015 with over 2,200 members. The membership scheme has been updated and now offers a wider range of benefits and discounts along with three new membership categories. The Young EP committee has performed superbly in its objective of creating a network of under-35 EP specialists. Active Young EPs now number over 500, and the signs are that they will go from strength to strength as their contribution to EHRA activities increases.

Our Education Committee has, for a number of years, led the way with the largest offering of any ESC association. 2015 was no exception; many training courses were conceived and delivered, some breaking new ground in terms of content, location, and language. The positive trend for webinars has been maintained, with 11 online presentations provided on a range of topics, while our commitment to the ESCeL online training initiative was as high as ever. Our EP Europace Journal achieved its highest ever Impact Factor rating of 3.670, a testament to the quality of papers published and my congratulations go to the Editor-in-Chief, Professor John Camm, and his editorial team. Under the leadership of Doctors Jens Coseids Nielson and Jan Steffel, great progress was made by the Certification Committee through the expansion of iPad-based exams for CP and EP specialists, and members of the allied professions. In respect of Training Fellowships, the Proctor Programme received 16 applications for grants towards research placements at EP centres-of-excellence while the Academic Research Fellowship was awarded for the third time.

Close cooperation with the EP National Cardiac Societies (NCS) and EP Working Groups (WG) is very important to our mission. I am therefore delighted that we invited all of the EP NCS and EP WG of the ESC countries to take part in a survey designed to assess the state of our relationship and identify key areas for future collaboration. It was pleasing to note that 87% of EP specialists across the ESC countries are aware of the EHRA and its work. The theme of future cooperation also came up at a summit meeting in Budapest attended by representatives from 36 countries. The EHRA Board listened carefully to the suggestions, comments, and expectations expressed by the EP NCS and WG leadership, and the key message was heard and understood – there is a call for better communication, closer networking, and more effective delivery of the EHRA portfolio of scientific and educational offers.

Moreover, it became clear that new avenues of strategic support are expected to be developed in the near future. On behalf of the EHRA Board and the EHRA team at the Heart House, I can assure current and future members that we will do our utmost to support the fruitful development and growth of the European Heart Rhythm Association. I urge you to renew your EHRA membership and encourage your colleagues to join us in 2016 so that we can all collaborate in pursuit of our mission for the ultimate benefit of our patients throughout Europe and beyond.

I would like to close by expressing my deep appreciation for the excellent and highly successful work of the EHRA team during the period from 2013 to 2015.

With my best wishes,

[Signature]
Gerhard Hindricks,
EHRA President, 2015-2017
Be part of the leading network of **European Cardiac Rhythm Management**, connect with EHRA and access all these benefits:

- Registration discount on EHRA annual congresses:
  - CARDIOSTIM-EHRA EUROPACE 2016 &
  - EHRA EUROPACE-CARDIOSTIM 2017

- Reduced fee for the EP EUROPACE Journal
- Discounted fee for EHRA educational courses
- Exclusivity to EHRA Training Fellowship Programmes
- EHRA monthly webinars
- ESC eLearning platform
- EHRA quarterly e-newsletter
- Automatic ESC Membership
- Voting rights*

* reserved to members of ESC National Cardiac Societies

I’m an EHRA member. We are the ESC

www.escardio.org/EHRA
in membership section
EP EUROPACE JOURNAL
EP Europace is the official journal of the European Heart Rhythm Association, the ESC Working Group on Cardiac Cellular Electrophysiology, and the ESC Working Group on e-Cardiology. It is ranked as the 4th best electrophysiology journal in the world and has earned an impressive Impact Factor of 3.670 in 2014. The current Editor-in-Chief is Professor A.J. Camm, FESC.

EHRA SCIENTIFIC DOCUMENTS
The EHRA Scientific Documents Committee facilitates, develops, and publishes scientific content relevant to the membership as well as the wider cardiology profession. Recent articles published in EP Europace, for instance, have covered innovative topics such as the wearable cardioverter defibrillator and a review of state-of-the-art leadless pacing technology. Highlights included the following:

- **Cardiac tachyarrhythmias and patient values and preferences for their management**: An EHRA consensus statement endorsed by the Heart Rhythm Society (HRS), Asia Pacific Heart Rhythm Society (APHRS), and Sociedad Latinoamericana de Estimulacion Cardiaca y Electrofisiologia (SOLAECE)
- **Syncope Unit: Rationale and Requirement**: An EHRA consensus statement endorsed by the HRS
- **Chronic kidney disease in patients with cardiac rhythm disturbances or implantable electrical devices: clinical significance and implications for decision making**: An EHRA position paper endorsed by the HRS and the APHRS
- **Antithrombotic management in patients undergoing electrophysiological procedures**: An EHRA position paper endorsed by the ESC Working Group on Thrombosis, the HRS, and the APHRS
- **Arrhythmias in heart failure**: A joint EHRA/Heart Failure Association (HFA) consensus statement endorsed by the HRS and the APHRS
- **ICD Programming and Defibrillation Testing**: An expert consensus statement by the EHRA together with HRS, APHRS, and SOLAECE

Edited by Prof. Haran Burri, Prof. Carsten Israel, and Prof. Jean-Claude Deharo, the EHRA Book of Pacemaker, ICD, and CRT Troubleshooting, is a case-based learning module with multiple choice questions. This book is now available, while another, addressing EP tracings, is currently in preparation.

The reach of the **EHRA Key Messages** initiative continues to grow along with the specific topics covered. The original focus on printed A6 booklets and slide sets to summarise the content of relevant scientific documents has now been significantly widened by the availability of an App for mobile devices such as tablets and smartphones. The **App can be downloaded from the EHRA website**. The latest Key Message topic is the EHRA consensus statement, ‘Syncope Unit: Rationale and Requirement’, and by the end of April 2016 the update of NOAC will also be available via the mobile App.
The EHRA Education Committee designs educational training programmes to help maintain a high standard of professional excellence among cardiologists specialising in pacing and arrhythmias.

LIVE COURSES
During 2015, the EHRA delivered the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Location</th>
<th>Course Director</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>EP and CP Mini-Courses</td>
<td>Dubai</td>
<td>Prof. Burri</td>
<td>50</td>
</tr>
<tr>
<td>February</td>
<td>Advanced EP course</td>
<td>Sophia Antipolis</td>
<td>Prof. Antz</td>
<td>125</td>
</tr>
<tr>
<td>March</td>
<td>Cardiac Pacing, ICD, and Cardiac Resynchronisation</td>
<td>Vienna</td>
<td>Dr. Lunati</td>
<td>210</td>
</tr>
<tr>
<td>May</td>
<td>Lead Management and extraction</td>
<td>Budapest</td>
<td>Prof. Burri</td>
<td>79</td>
</tr>
<tr>
<td>September</td>
<td>Cardiac Pacing, ICD and Cardiac Resynchronisation (English/Russian)</td>
<td>St Petersburg</td>
<td>Prof. Burri</td>
<td>29</td>
</tr>
<tr>
<td>October</td>
<td>EHRA Preparatory for ESC Fellows</td>
<td>Sophia Antipolis</td>
<td>Dr. Lambiase</td>
<td>67</td>
</tr>
</tbody>
</table>

ESC eLEARNING PLATFORM (ESCeL)
The EHRA is a strong advocate for the ESC’s eLearning platform, ESCeL. This powerful tool delivers a series of training modules and aims to harmonise cardiovascular training for the various cardiology sub-specialties. EHRA content is organised in two tracks:

- Fellows CP track (containing 16 individual modules)
- Fellows EP track (containing 43 individual modules which includes 18 modules dedicated to Lead Management and Extraction added in 2015)

Individual modules normally comprise an on-demand slideshow with audio, while learning outcome is assessed by multiple choice questions.

AFFILIATED COURSES
The EHRA formally affiliated a series of training courses developed by industry partners upon their request: Biotronik, Medtronic, and St Jude Medical during 2015. Demonstrating its competencies and global credibility, the EHRA was asked to conduct audits of industry employee courses in cardiac pacing and EP by St Jude Medical, Boston Scientific, and Medtronic.

WEBINARS
11 webinars were held during 2015 as shown in Table below. These included three EHRA Member-only webinars (highlighted in grey), a series of seven Open Access webinars available to everyone (highlighted in blue) and, for the first time ever, a joint webinar organised with the European Association of Cardiovascular Imaging (EACVI).

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker(s)</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>ECG features of inherited arrhythmia syndromes - EHRA Member-only</td>
<td>Prof. Wolpert</td>
<td>Prof. Wilde</td>
</tr>
<tr>
<td>February</td>
<td>Where does the Subcutaneous ICD fit in my patient practice?</td>
<td>Dr. Lambiase</td>
<td>Prof. Capucci</td>
</tr>
<tr>
<td>March</td>
<td>How to ensure protection of patients at risk for SCD? An approach to screening</td>
<td>Dr. Winter</td>
<td>Prof. Mark</td>
</tr>
<tr>
<td>April</td>
<td>Redefining Electrophysiology – Signal Information that Matters</td>
<td>Prof. Hindricks &amp; Prof. Jais</td>
<td>Dr. Davies</td>
</tr>
<tr>
<td>June</td>
<td>Management of arrhythmias in patients with acute coronary syndromes - EHRA Member-only</td>
<td>Prof. Hindricks &amp; Prof. Kirchhof</td>
<td>Prof. Gorenek</td>
</tr>
<tr>
<td>July</td>
<td>Leadless Pacing: Transcatheter delivery of a miniaturized pacing capsule</td>
<td>Dr. Boersma &amp; Prof. Mont</td>
<td>Prof. Camm</td>
</tr>
<tr>
<td>September</td>
<td>Specific antidotes for NOACs: Initial experience and future outlook</td>
<td>Prof. Grottke &amp; Prof. Huisman</td>
<td>Dr. Steffel</td>
</tr>
<tr>
<td>October</td>
<td>Persistent atrial fibrillation. Novel strategies for better ablation success - EHRA Member-only</td>
<td>Prof. Jais</td>
<td>Prof. Kottkamp</td>
</tr>
<tr>
<td>November</td>
<td>Joint EHRA/EACVI webinar: Substrate imaging for ventricular tachycardia ablation: not just pretty pictures</td>
<td>Prof. Donal &amp; Dr. Cochet</td>
<td>Dr. Tilz</td>
</tr>
<tr>
<td>November</td>
<td>Use of device based AF diagnostics in clinical practice</td>
<td>Dr. Biffi &amp; Prof. Israel</td>
<td>Prof. Burri</td>
</tr>
<tr>
<td>December</td>
<td>Reducing ventricular stimulation in patients with dual chamber pacing during Sinus Rhythm, Atrial pacing or AV block</td>
<td>Dr. Moreno &amp; Prof. Auricchio</td>
<td>Prof. Mabo</td>
</tr>
</tbody>
</table>
CERTIFICATION
The role of the EHRA Certification Committee is to assess knowledge, skills, and competencies in both individuals and institutions. In doing this, it provides assurance and confidence in the levels of arrhythmia healthcare. The committee has pioneered important new initiatives over the last few years to meet its objectives. These have included the successful introduction of iPad-based electronic examinations by candidates and improvements to the certification process for Allied Professionals (APs) to help spread best practice between member countries. By 2015, the number of APs taking certification examinations had more than doubled since the 2011 launch. Staying on the AP theme, the certification examination is now available in the Dutch and Italian languages.

TRAINING FELLOWSHIPS
EHRA Training Fellowships give physicians the opportunity to undertake specialist training in clinical cardiac EP in an approved facility in an ESC member country. Thanks to the generous support of our industry partners, 16 grants were awarded out of 110 applications received from individuals and centres. 13 of the grants were awarded to applicants from ESC member countries, while three were jointly awarded with the Asia Pacific Heart Rhythm Society (APHRS). The Scientific Initiatives Committee has also established the Academic Research Fellowship. Its purpose is to promote a potential career within academic EP by providing research supervision and guidance towards various research fields. This approach suits candidates looking for a period of high quality, supervised research, and grants are available for both clinical and basic science research. The third Academic Research Fellowship together with the Training Fellowship winners were all announced at the EHRA EUROPACE-CARDIOSTIM in Milan.

Proctor Programme
Launched in 2015, the Proctor Programme provides support for physicians and former EHRA Fellows to undertake training in new and emerging techniques at established centres-of-excellence. A key aim of this programme is to foster innovation and facilitate knowledge sharing where it is most needed. In its first full year, the Proctor Programme awarded four grants out of 16 applications from individuals and centres.

EHRA WEBSITE & COMMUNICATION
The EHRA has continued to develop its patient-focused website, www.afibmatters.org. This very useful resource provides a great deal of lay-friendly information specifically for patients including an explanation of atrial fibrillation, treatment options, living with the condition, and useful contacts. As well as adding new features, the 2015 updates have included the launch of versions in the Italian and Spanish languages.

Additionally, the committee has contributed to the development of the highly popular EHRA Key Message Mobile App, produced quarterly newsletters, and fully supported the rollout of the updated ESC website.

2016 Objective – Certification
The Certification Committee will launch its new EHRA Recognised Training Centre (ERTC) programme. This initiative encourages good educational practices by providing a quality label for training excellence and efficiency, and is open to all EP laboratories and training centres.

2016 Objective – Website & Communication
The Website & Communication Committee is planning a further update of the www.afibmatters.org website with the addition of versions in the Swedish and Portuguese languages.
NATIONAL CARDIAC SOCIETIES
The National Cardiac Societies Committee has four main objectives; to improve relations between the EHRA and EP National Cardiac Societies (NCS) and EP Working Groups (WG) of the ESC; to monitor their expectations and their collaboration with the EHRA; to encourage individual members to become more involved in EHRA activities; and to outline actions and procedures for better networking.

Four major activities undertaken during the year:

1. EHRA Summit: The 2015 EHRA Summit was held in March at Heart House in Sophia Antipolis, and its primary focus was ‘Atrial Fibrillation – a risk factor or a risk marker for stroke?’ The meeting brought together the EHRA and representatives from EP National Cardiac Societies, related Working Groups, and other affiliated bodies.

2. EHRA Mini Summit: EP representatives from 36 countries attended the mini summit in December in Budapest, ‘Connecting EP Communities’ which was aimed at improving the relationship between the EHRA and National Cardiac Societies.

3. EHRA White Book
The EHRA White Book 2015 was the eighth edition of a project launched to help understand the status of arrhythmia treatment across the ESC member countries. An impressive 51 of the 56 EP NCS took part in this project, beating the previous record.


4. Survey: The Committee undertook a survey to determine the current situation in respect of awareness of the EHRA and its role. From the 56 ESC countries, 35 EP National Cardiac Societies and Working Groups responded to a questionnaire aimed at gathering information that will be used to shape future relationships. When analysed, the information gave an excellent insight into how the EHRA is perceived and what it needs to consider in the coming years. Highlights of the survey show that:

On average, 50% of professional cardiologists and 87% of EP specialists across member countries are aware of the EHRA and its activities

36% of societies thought that the EHRA should standardise arrhythmia management throughout the member countries

39% of societies thought that the EHRA should promote therapy awareness regarding advanced EP and CP therapies including ICD, CRT, AF, and VT ablation

INTERNATIONAL AFFAIRS
The EHRA International Affairs was established to reinforce the relationships and cooperation with sister societies outside the ESC member countries. Face-to-face meetings were organised at Board level to discuss topics of mutual interest and to ensure collaboration. These societies included APHRS (Asia Pacific), SOBRAC (Brazil), SOLAECE (Latin America), Heart Rhythm Society (US), JHRS (Japan), and the CSPE (China). As a result of this initiative, EHRA membership has increased with strong representation from these regions, notably including Brazil among the top 10 countries and China among top 20 countries. Additionally, the EHRA will support their participation via joint sessions during CARDIOSTIM - EHRA EUROPACE 2016 congress.
SCIENTIFIC INITIATIVES

The Scientific Initiatives Committee undertakes research amongst EHRA’s Research Network of centres to monitor the consistency of arrhythmia treatment across ESC member countries. It also reviews the implementation of ESC Clinical Practice Guidelines to identify any issues which may require additional R&D.

A brief report on different aspects of EP practice is prepared every month and distributed across the Research Network, and the results are regularly published in EP Europace Journal in the ‘EP Wire’ section of the journal and on the EHRA website. During 2015, the committee was pleased to increase the number of participating centres in the Research Network to 278. Further to the EP Wires, notable surveys carried out in the last year include:

• **First SNAP SHOT SURVEY on Periprocedural Routines for Atrial Fibrillation Ablation.** This survey collected data from consecutive patients in Europe undergoing these procedures over a period of four consecutive weeks. The objective was to better identify geographical inequalities and potential barriers for guidelines penetration and implementation in the medical community. The results have been presented in two publications in the EP Europace Journal.

• **Second SNAP SHOT SURVEY on Periprocedural Routines for Electronic Device Implants.** This survey provides a special focus on pocket hematomas after device implantation in patients taking oral anticoagulants or antiplatelet drugs. Now completed, the results will be presented in the near future.

• **EHRA European Patient Survey on Education and Compliance of Patients taking Anticoagulants.** This survey collected information from eight European countries, addressing patients who have, or have had, atrial fibrillation. Patients participated in a survey answering a questionnaire in their own language to evaluate their health. Two manuscripts along with the results have been published in the EP Europace journal.

A number of important registries and trials are ongoing under the European Observational Research Programme (EORP) with EHRA being represented by the Chair of its Scientific Initiatives Committee, and these include:

• **Atrial Fibrillation Ablation Registry** aims to describe the clinical epidemiology of patients undergoing an Atrial Fibrillation Ablation (AFA) procedure, and the diagnostic and/or therapeutic processes applied. The registry will enable a timely assessment of the uptake of the new ESC Guidelines, and allow monitoring of implementation and catheter ablation. It will also track new anti-thrombotic drugs and new anti-arrhythmic agents, and will determine the outcomes as they relate to AF Guideline adherence. The pilot phase results were presented at the ESC Congress Hotline session in 2012 at Munich, and the long-term results are planned to be presented at the 2016 ESC Congress in Rome.

• **Atrial Fibrillation General Long-Term Registry** was launched in 2014. All 56 ESC member countries have been invited, and affiliates are also welcome to join this study. This registry of AF management under the EORP programme will enable a timely assessment of the uptake of the new ESC Guidelines, allow monitoring of implementation and the uptake of catheter ablation, new anti-thrombotic drugs and new anti-arrhythmic agents. It will also determine the outcomes as they relate to ESC Guidelines adherence.
• European Lead Extraction Controlled Registry (ELECTRa) is the first large, prospective, multi-centre, European-controlled registry of consecutive patients undergoing Transvenous Lead Extraction (TLE) procedures. Recruitment of patients began in November 2012 and ended in May 2014 with a follow-up phase at one year. Preliminary results on TLE in Europe was presented during the 2014 ESC Congress in Barcelona, the EHRA EUROPACE - CARDIOSTIM 2015 meeting in Milan, and at the 2015 ESC Congress in London.

<table>
<thead>
<tr>
<th>EURObservational Research Programme</th>
<th>N° of countries</th>
<th>N° of Centres</th>
<th>N° of actual or expected patients</th>
<th>Patient recruitment status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial Fibrillation Ablation</td>
<td>10</td>
<td>72</td>
<td>1 410</td>
<td>Closed</td>
</tr>
<tr>
<td>• Pilot Phase</td>
<td>27</td>
<td>112</td>
<td>3 558</td>
<td>Closed (1 and 3 year-follow-up data collection in progress)</td>
</tr>
<tr>
<td>• Long-term Phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial Fibrillation General</td>
<td>9</td>
<td>70</td>
<td>3 229</td>
<td>Closed (1 and 3 year-follow-up data collection in progress)</td>
</tr>
<tr>
<td>• Pilot Phase</td>
<td>32</td>
<td>315</td>
<td>10 000 (+2 500 expected from German GPs)</td>
<td>79</td>
</tr>
<tr>
<td>• Long-term Phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELECTRa</td>
<td>19</td>
<td>76</td>
<td>3 528</td>
<td>Closed</td>
</tr>
</tbody>
</table>

• Early Comprehensive Atrial Fibrillation Stroke Prevention Trial (East) is a European, investigator-initiated study jointly conducted by AFNET and EHRA. The trial is supported by a unique partnership including Sanofi Aventis and St Jude Medical, receiving further funding from the German Ministry of Education and Research (BMBF) through the German Centre for Heart Research (DZHK). Its aims are to determine whether early, standardised, rhythm control intervention can help prevent adverse cardiovascular outcomes associated with atrial fibrillation, including stroke and death. At the end of 2015, over 2 350 patients were enrolled in 11 European countries. We expect to continue enrolment until early 2016.

HEALTH ECONOMICS
Good progress were made in 2015 on Health Economics through the EHRA coordinator. The three-year MedtecHTA project came to an end with the results presented in Milan in November 2015 and due to be published in the Health Economics journal during 2016. Funded by the EU, this project aimed to improve the framework under which Health Technology Assessments (HTAs) are carried out on medical devices, and to introduce evidence-based input into health policy decisions relating to those devices. Work was carried out by a consortium of the ESC – represented by the EHRA – and six universities from across Europe. Prof. Giuseppe Boriani represented EHRA to lead one of the major work packages, ‘Geographic variation in access to medical devices’, and the findings have already been published.

Another major activity undertaken was to set up a project to enhance the performance of first responders from an emergency unit using a GPS-tracked application. A working prototype was developed thanks to local funding in Lübeck, Germany. For 2016, EHRA-wide implementation will be evaluated. Furthermore, work was also started on a series of four publications to determine the economic value of simulations, CPR co-ordination, rhythm-logic treatment centres, and wearable devices for rhythm-logic treatment.
This section of the 2015 EHRA Activity report provides a short update on the activities of three network-focused committees.

**YOUNG EP**
The Young Electrophysiologist (EP) Committee was formed to facilitate, enhance, and accelerate the development of early career electrophysiologists. Members and prospective members can now follow the Young EP network on LinkedIn, Twitter, Facebook, and Google+. The committee is delighted to report that over **550 Young EPs** have now joined the network with almost 200 of them connected by the dedicated LinkedIn group. In addition, two sessions at the EHRA EUROPACE - CARDIOSTIM congress were organised by the Young EP Committee; ‘Case-based discussion with experts’, and ‘Research by young electrophysiologists’. Travel grants were awarded to the individuals who submitted the best abstracts for these sessions.

**INNOVATION**
The EHRA Innovation Committee has been recently formed to encourage innovation by electrophysiologists and related researchers and to translate that innovation into new products. During 2015, the committee organised two dedicated innovation sessions at EHRA EUROPACE - CARDIOSTIM, shared experience and knowledge via the related LinkedIn group, and introduced the EHRA Inventors Award for which **19 applications** were received with three shortlisted and the winner announced.

**WOMEN IN EP**
During 2015, the Committee updated its website with useful information for EP professionals and organised a successful session during the EHRA EUROPACE - CARDIOSTIM 2015 congress. The EHRA Board made a commitment to address the under-representation of female professionals in senior positions across the Association including the faculty of EHRA scientific congresses, the editorial board of the Europace journal, the EHRA fellowship programme, and the EHRA Board itself. Another initiative, begun in 2015, was the creation of a database of voluntary EP professionals to facilitate networking, and increase visibility of the committee’s activities.

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**2016 Objective – Young EP**

*The Young EP Committee will focus on:*

- Holding the inaugural EHRA Young National Ambassadors Summit in April 2016

**2016 Objective – Innovation**

*The Innovation Committee will focus on:*

- Holding an Innovation Forum in February 2016 at which representatives of industry, insurance companies, the EU, and patients will be invited

**2016 Objective - Women in EP**

*The Women in EP Committee will focus on:*

- Developing in collaboration with the Young EP committee a new consensus statement covering radiation exposure for both male and female EP professionals with childbearing potentials.
The EHRA EUROPACE – CARDIOSTIM 2015 meeting was held in Milan and was the second to be organised in collaboration with the Cardiostim Group following a strategic agreement in 2013. This 2015 meeting, the largest EHRA EUROPACE Congress ever, was a great success in all aspects.

A total of almost 6,000 delegates from 90 countries came together to participate in a highly commended scientific programme, representing a 10% increase over the 2013 event. The scientific programme was designed to address how a multi-disciplinary, translational approach benefits modern EP, and to highlight the latest developments in arrhythmia diagnosis and conduction disturbance. The programme comprised over 160 sessions, joint sessions with our sister associations within the ESC, and joint sessions with EP societies from other parts of the world. These included expert-led case sessions - both live and recorded - which allowed delegates to learn from the experience of their colleagues. Over 1,500 abstracts were submitted, of which almost 1,000 (65%) were accepted. While most of these – 75% – were from ESC countries, it was notable that 15% of total abstracts accepted came from the Asia Pacific region.

For the first time, the final programme was paperless, and the organising committee made excellent use of open spaces within the hall for rapid presentation of oral abstracts. The exhibition hall comprised 51 stands occupying over 1,600m², with 36 companies represented along with other organisations. It was excellent to see growing representation from two groups of participants; 527 EP professionals under the age of 35 registered and attended, along with over 900 female EP professionals. The joint ESC/EHRA stand proved a great attraction, with an estimated 1,500 visitors during the congress. Overall, the meeting was well regarded by all participants and their feedback and comments will be carefully analysed ahead of the 2017 meeting which will be held in Vienna between June 18 and 21).

We now look forward to CARDIOSTIM – EHRA EUROPACE 2016 which will take place in Nice in June. The EHRA Programme Committee is working very closely with its Cardiostim counterparts to develop a compelling scientific programme. It is expected that almost 130 scientific sessions will be offered covering all aspects of pacing and electrophysiology. We hope to see you there – please mark your diary.
EHRA BOARD AND COMMITTEES

COMMITTEE CHAIRS AND MEMBERS

SCIENTIFIC DOCUMENTS COMMITTEE

Prof. Gregory Y. Lip, FESC, UK, Chair
Prof. Bulent Gorensek, FESC, Turkey, Co-Chair

Members
- Prof. Christian Sticherling, FESC, Switzerland
- Prof. Laurent Fauchier, FESC, France
- Prof. Andreas Goette, Germany
- Prof. Werner Jung, FESC, Germany
- Prof. Marc A Vos, The Netherlands
- Dr. Michele Brignole, FESC, Italy
- Prof. Gheorghe-Andrei Dan, FESC, Romania
- Dr. Francisco Marin, Spain
- Prof. Giuseppe Boriani, FESC, Italy
- Dr. Deirdre Lane, UK
- Prof. Carina Blomstrom Lundqvist, Sweden
- Dr. Irina Savelieva, FESC, UK
- Dr. Gheorghe-Andrei Dan, FESC, Romania
- Dr. Francisco Marin, Spain
- Prof. Giuseppe Boriani, FESC, Italy
- Dr. Deirdre Lane, UK
- Prof. Carina Blomstrom Lundqvist, Sweden
- Dr. Irina Savelieva, FESC, UK

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Dr. Jose Luis Merino, Spain, Chair
Prof. Matthias Antz, FESC, Germany, Co-Chair

Members
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- Dr. Carlos Morais, Portugal
- Dr. Pier Lambiasi, Italy
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