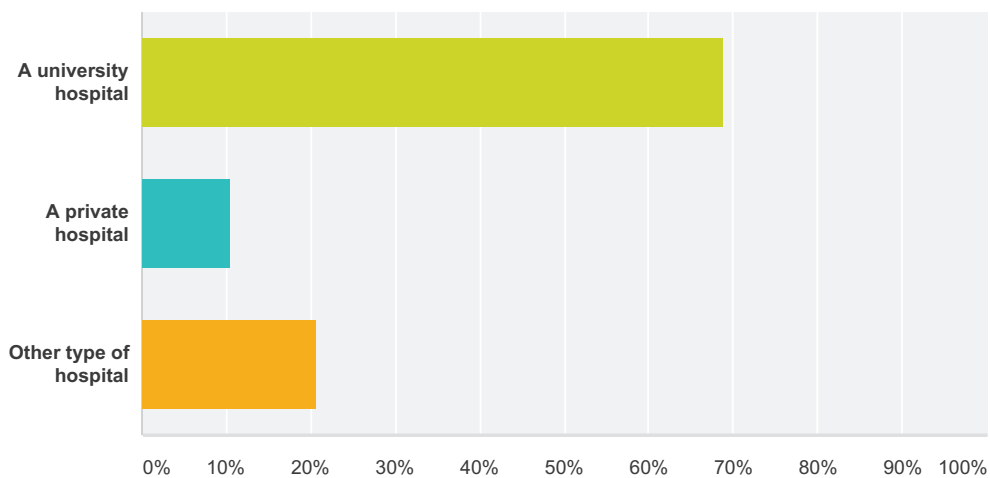


EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q1 Is your Institution :

Answered: 29 Skipped: 1

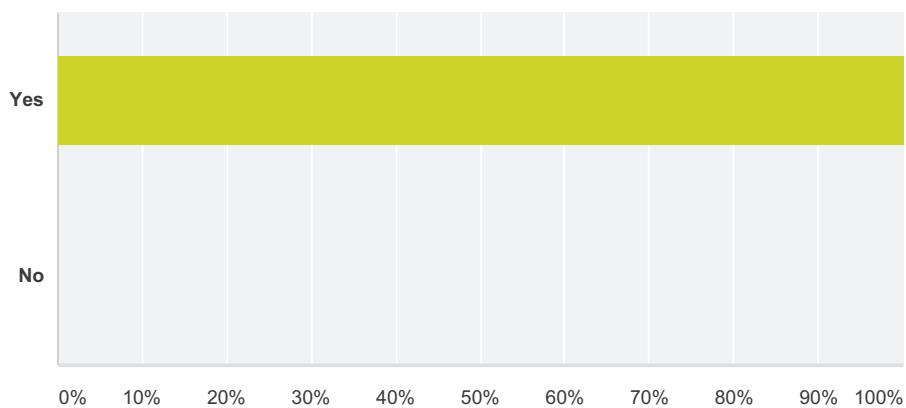


Answer Choices	Responses
A university hospital	68.97% 20
A private hospital	10.34% 3
Other type of hospital	20.69% 6
Total	29

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q3 Would you be comfortable if we acknowledge your centre in the Europace Journal and on the Website?

Answered: 29 Skipped: 1



Answer Choices	Responses
Yes	100.00% 29
No	0.00% 0
Total	29

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q4 In which country and which city is your centre based ?

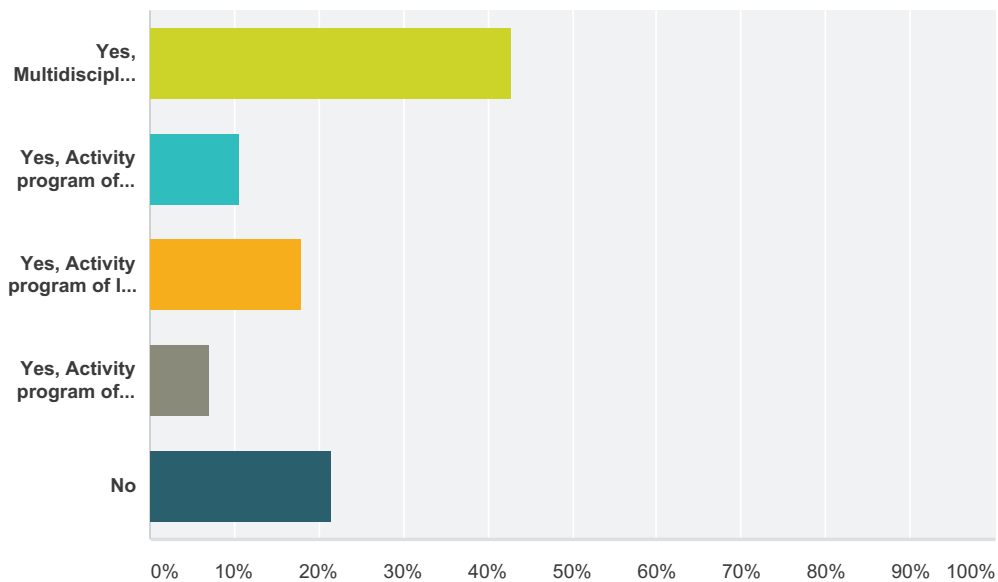
Answered: 29 Skipped: 1

Answer Choices	Responses	
Country	100.00%	29
City	93.10%	27

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q5 In your hospital do you have a program for screening patients at risk of SCD?

Answered: 28 Skipped: 2

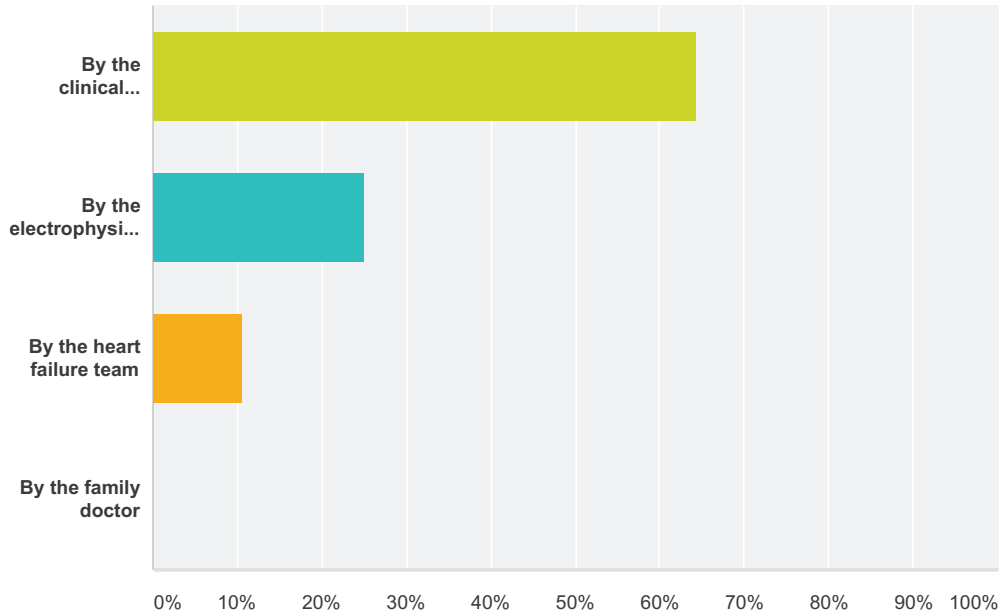


Answer Choices	Responses
Yes, Multidisciplinary dedicated program	42.86% 12
Yes, Activity program of heart failure clinic	10.71% 3
Yes, Activity program of ICD clinic	17.86% 5
Yes, Activity program of coronary care unit	7.14% 2
No	21.43% 6
Total	28

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q6 How are patients informed about the risk factors of SCD after myocardial infarction?

Answered: 28 Skipped: 2

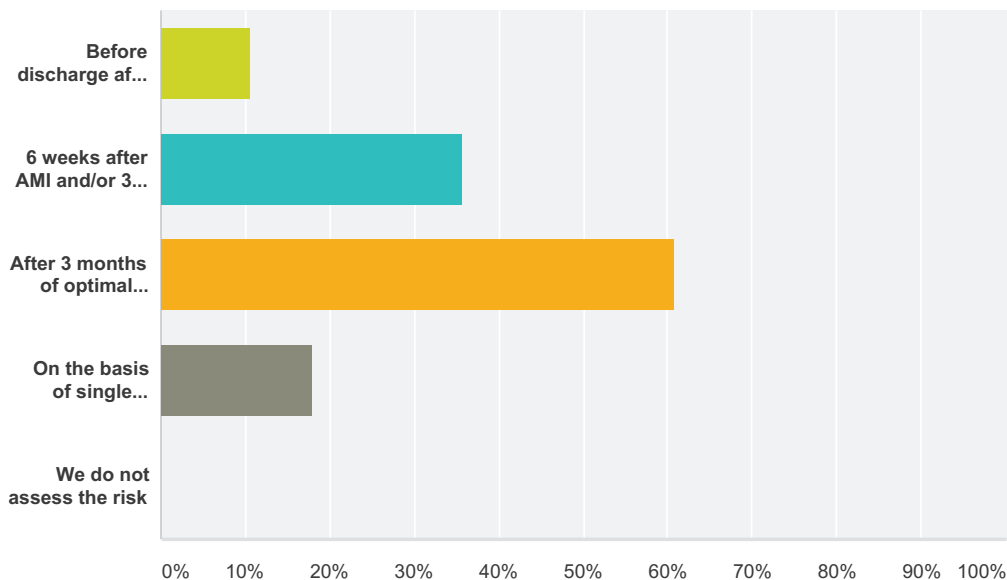


Answer Choices	Responses
By the clinical cardiologist	64.29% 18
By the electrophysiology team	25.00% 7
By the heart failure team	10.71% 3
By the family doctor	0.00% 0
Total	28

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q7 When do you assess the risk of SCD in patients with ischemic cardiomyopathy?

Answered: 28 Skipped: 2

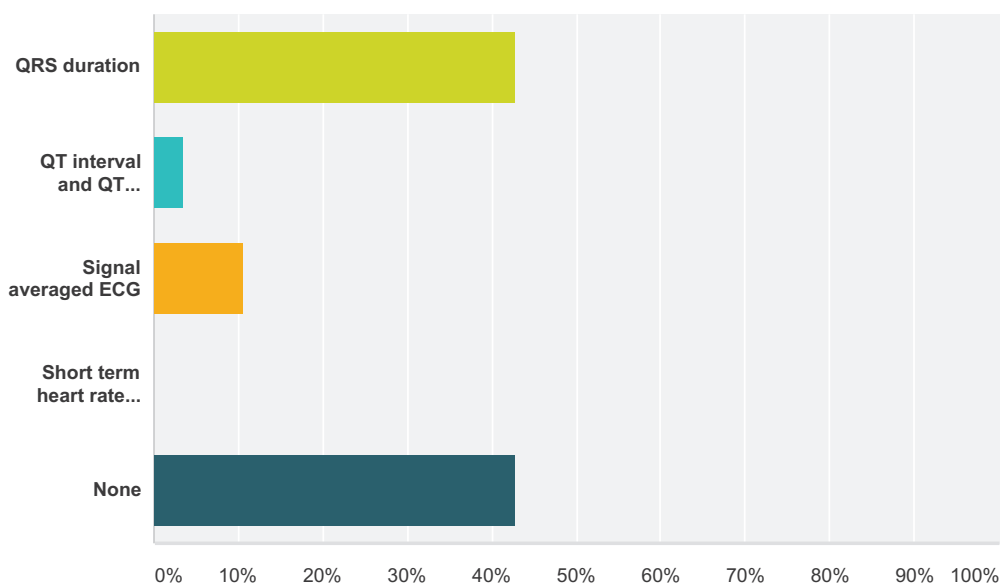


Answer Choices	Responses
Before discharge after admission for acute myocardial infarction (AMI)	10.71% 3
6 weeks after AMI and/or 3 months after myocardial revascularization (MADIT II criteria)	35.71% 10
After 3 months of optimal medical therapy and reassessment of left ventricular ejection fraction	60.71% 17
On the basis of single centre scheduled follow-up time	17.86% 5
We do not assess the risk	0.00% 0
Total Respondents: 28	

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q8 In patients with coronary artery disease, which is the main electrocardiographic parameter that you consider for risk stratification for SCD, in addition to left ventricular ejection fraction?

Answered: 28 Skipped: 2

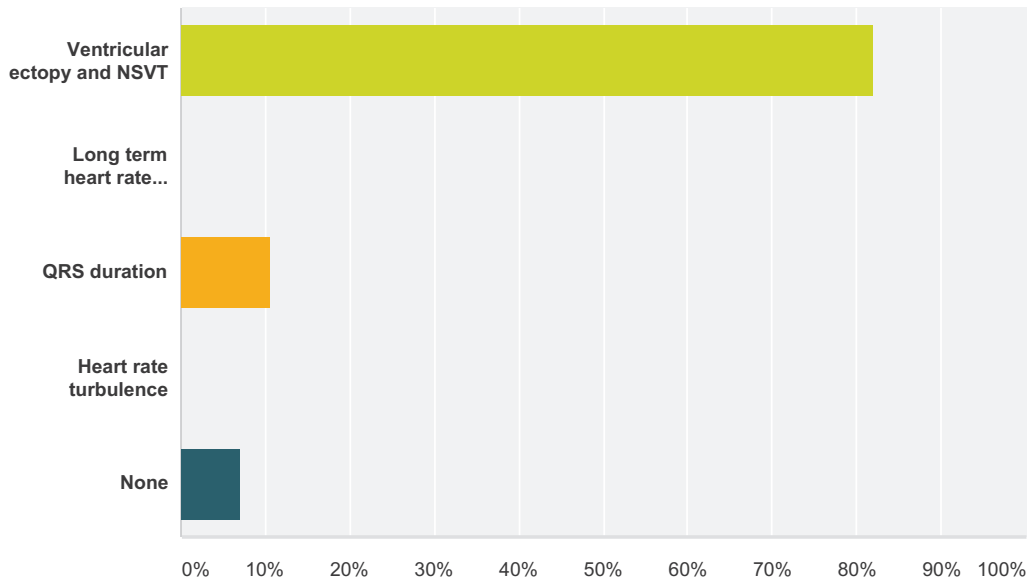


Answer Choices	Responses	
QRS duration	42.86%	12
QT interval and QT dispersion	3.57%	1
Signal averaged ECG	10.71%	3
Short term heart rate variability	0.00%	0
None	42.86%	12
Total		28

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q9 In patients with coronary artery disease, which ECG recording do you mainly consider for risk stratification for SCD, in addition to left ventricular ejection fraction?

Answered: 28 Skipped: 2

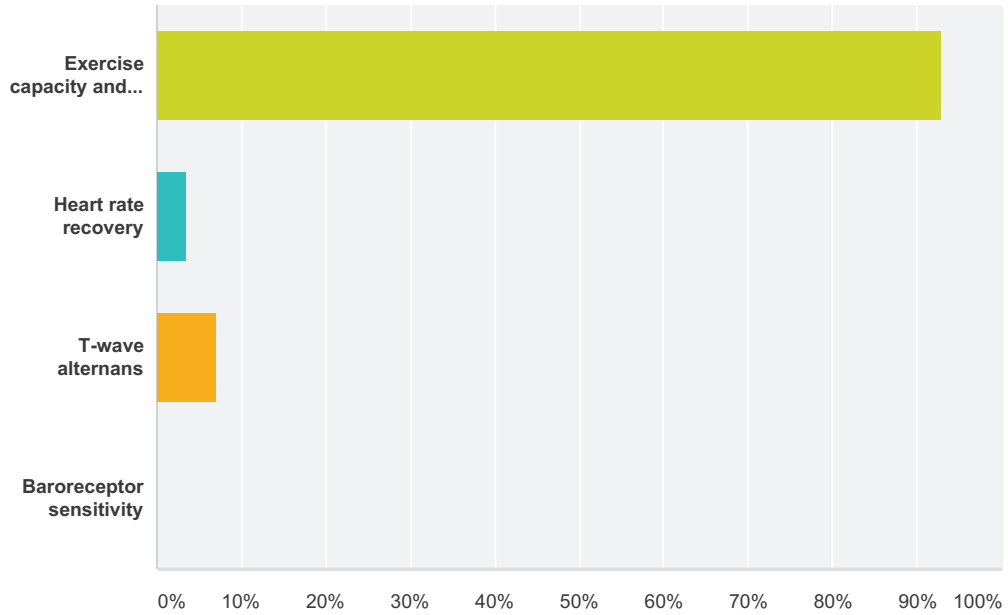


Answer Choices	Responses	Count
Ventricular ectopy and NSVT	82.14%	23
Long term heart rate variability	0.00%	0
QRS duration	10.71%	3
Heart rate turbulence	0.00%	0
None	7.14%	2
Total		28

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q10 In patients with coronary artery disease, which exercises/functional status test do you consider for risk stratification for SCD?

Answered: 28 Skipped: 2

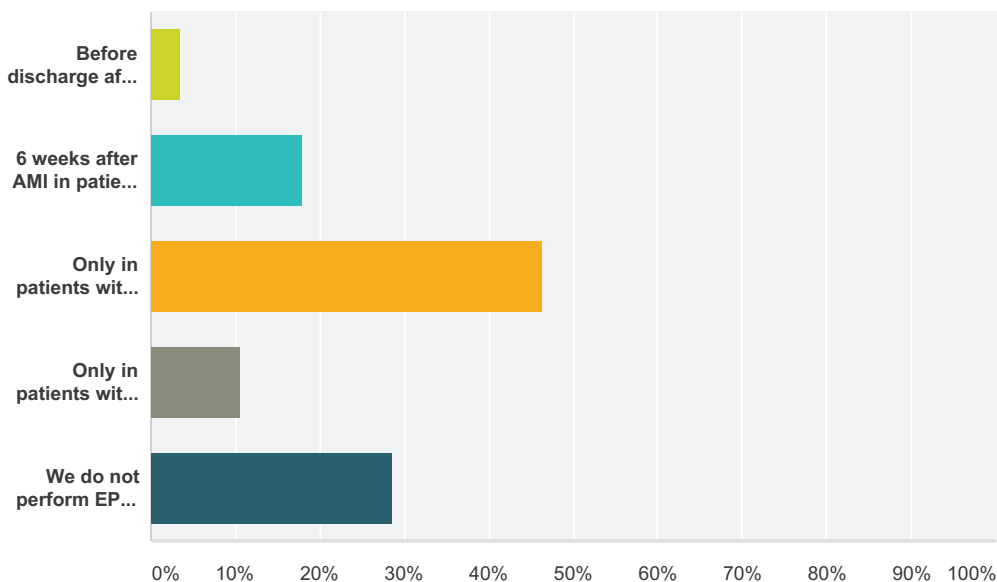


Answer Choices	Responses
Exercise capacity and NYHA class	92.86% 26
Heart rate recovery	3.57% 1
T-wave alternans	7.14% 2
Baroreceptor sensitivity	0.00% 0
Total Respondents: 28	

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q11 In patients with coronary artery disease, when do you perform electrophysiological (EP) study to assess myocardial vulnerability, ie risk for SCD?

Answered: 28 Skipped: 2

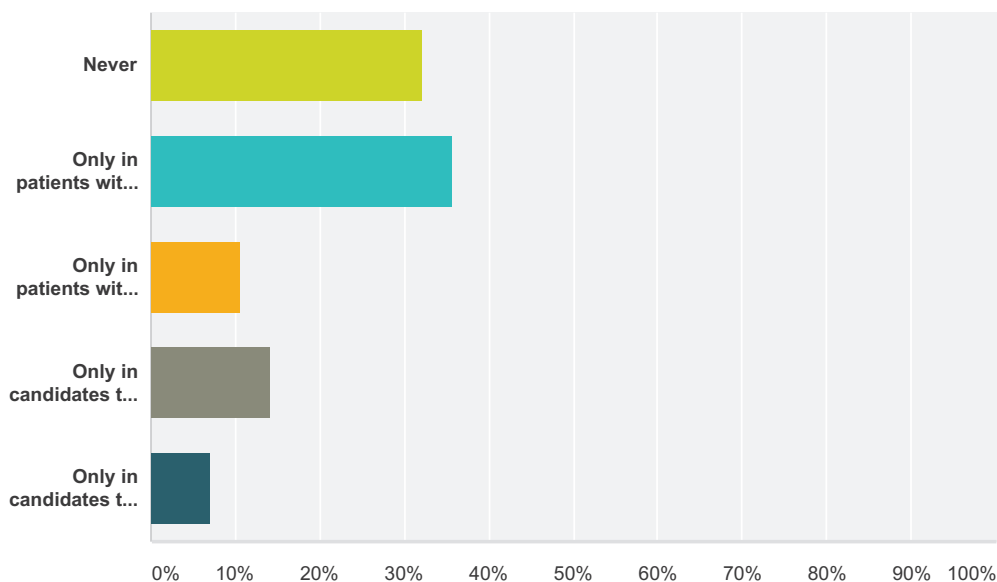


Answer Choices	Responses
Before discharge after AMI in patients with low LV ejection fraction (<40%)	3.57% 1
6 weeks after AMI in patients with LV ejection fraction between 35-40% and NSVT (MUSTT criteria)	17.86% 5
Only in patients with syncopal episodes independently of LV ejection fraction	46.43% 13
Only in patients with abnormal non invasive tests	10.71% 3
We do not perform EP study in these patients	28.57% 8
Total Respondents: 28	

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q12 In patients with previous myocardial infarction, do you characterize infarct size and myocardial vitality by cardiac MRI?

Answered: 28 Skipped: 2

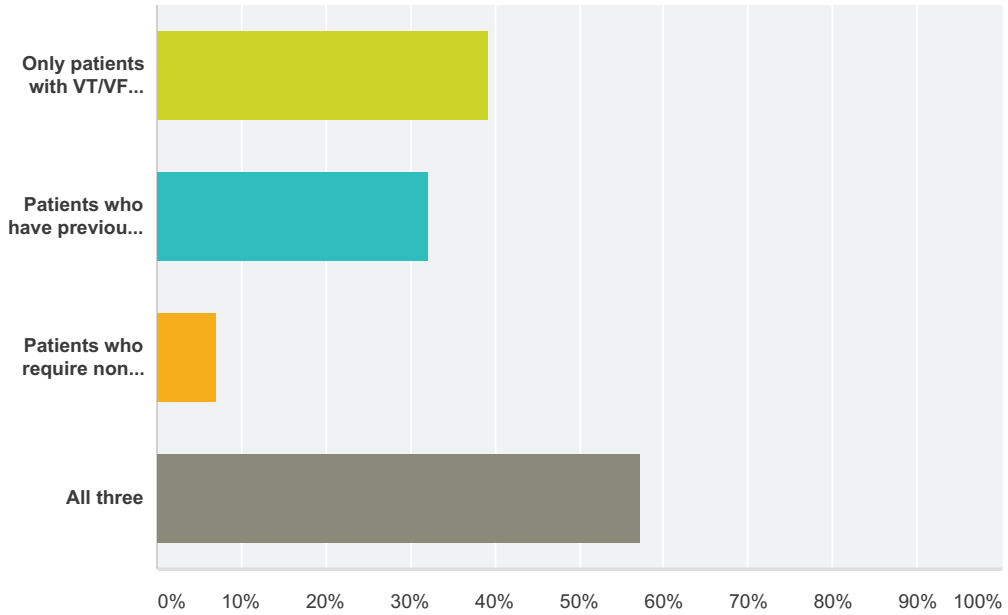


Answer Choices	Responses
Never	32.14% 9
Only in patients with low LV ejection fraction (<40%)	35.71% 10
Only in patients with non-effective myocardial revascularization	10.71% 3
Only in candidates to ICD implantation on the basis of MADIT II or SCD-HeFT criteria	14.29% 4
Only in candidates to CRT-D implantation	7.14% 2
Total	28

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q13 Which patients, who have previously suffered ventricular tachycardia or fibrillation, will receive an ICD within 90 days of revascularization (PTCA/CABG) ?

Answered: 28 Skipped: 2

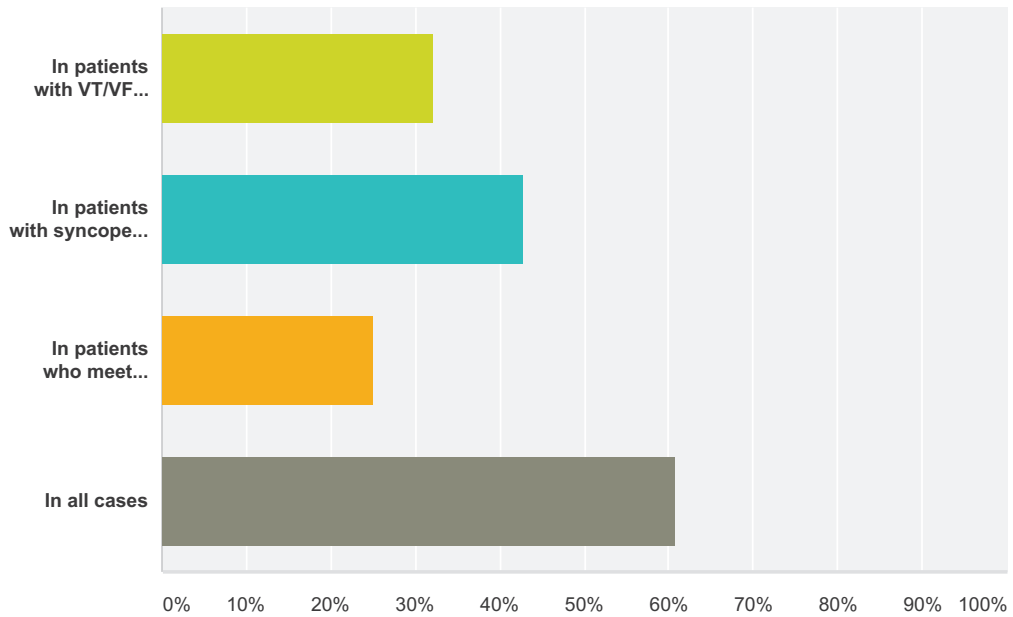


Answer Choices	Responses
Only patients with VT/VF episodes >48 hours after an AMI and who have undergone revascularization that is unlikely to result in an improvement in LVEF > 35%	39.29% 11
Patients who have previously qualified for the ICD implantation for secondary prevention of SCD and have an abnormal LVEF	32.14% 9
Patients who require non elective permanent pacing	7.14% 2
All three	57.14% 16
Total Respondents: 28	

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q14 In which patients, who require permanent pacing and in whom recovery of low LVEF is uncertain, do you consider ICD implantation within 40 days of myocardial infarction or within 90 days of revascularization?

Answered: 28 Skipped: 2

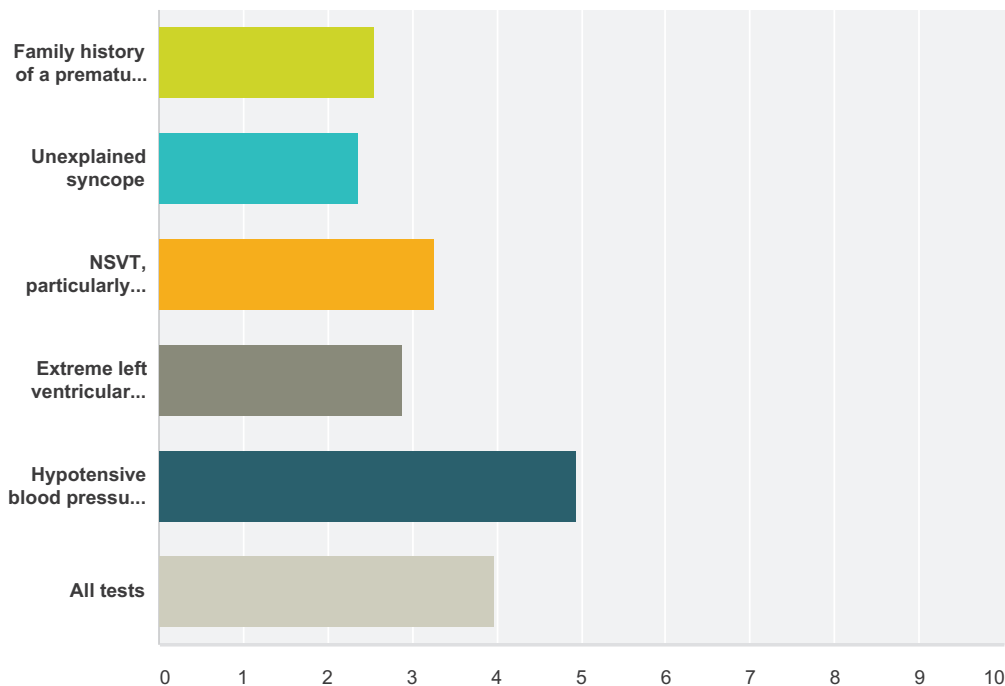


Answer Choices	Responses
In patients with VT/VF episodes after the first 48 hours post AMI	32.14% 9
In patients with syncope that is thought to be due to ventricular arrhythmias	42.86% 12
In patients who meet primary prevention criteria for ICD implantation	25.00% 7
In all cases	60.71% 17
Total Respondents: 28	

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q15 In which order do you apply the following tests for primary prevention of SCD in patient with hypertrophic cardiomyopathy (from 1 to 6)?

Answered: 28 Skipped: 2

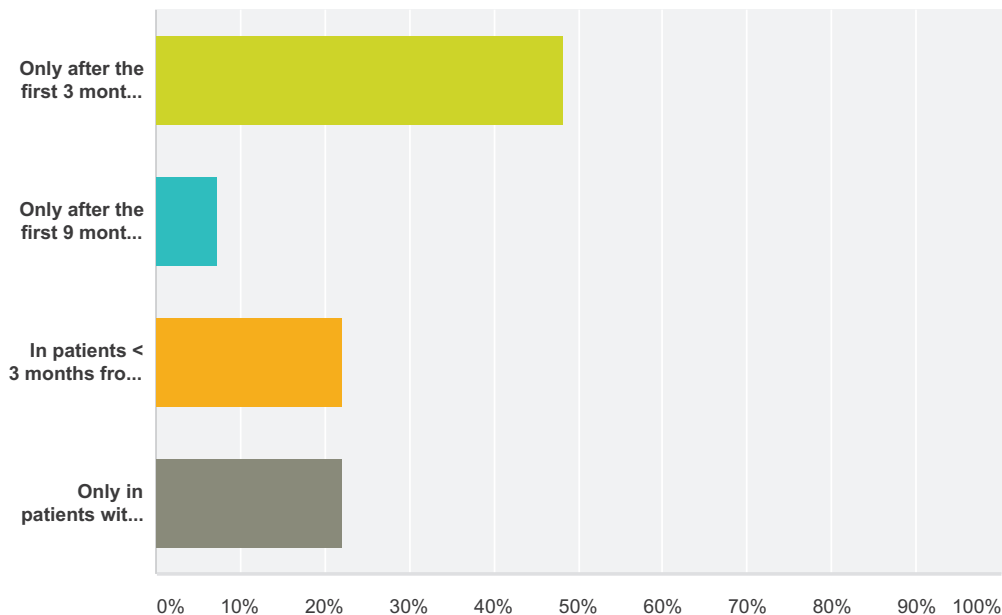


	1	2	3	4	5	6	Total	Weighted Average
Family history of a premature HCM-related SCD	30.00% 6	20.00% 4	15.00% 3	35.00% 7	0.00% 0	0.00% 0	20	2.55
Unexplained syncope	30.00% 6	30.00% 6	20.00% 4	15.00% 3	5.00% 1	0.00% 0	20	2.35
NSVT, particularly if multiple/repetitive	0.00% 0	25.00% 5	30.00% 6	40.00% 8	5.00% 1	0.00% 0	20	3.25
Extreme left ventricular hypertrophy	15.79% 3	26.32% 5	26.32% 5	15.79% 3	15.79% 3	0.00% 0	19	2.89
Hypotensive blood pressure response during exercise	5.00% 1	0.00% 0	5.00% 1	5.00% 1	55.00% 11	30.00% 6	20	4.95
All tests	37.50% 9	0.00% 0	0.00% 0	0.00% 0	16.67% 4	45.83% 11	24	3.96

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q16 In patients with non-ischemic cardiomyopathy (NICM), when do you recommend ICD implantation?

Answered: 27 Skipped: 3

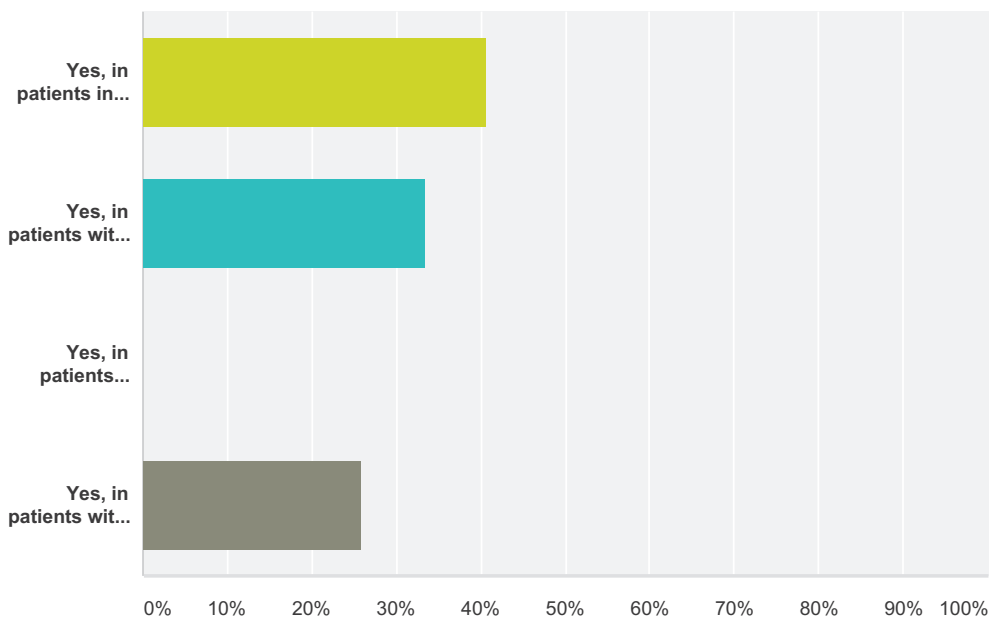


Answer Choices	Responses
Only after the first 3 months from the initial diagnosis of NICM	48.15% 13
Only after the first 9 months from the initial diagnosis of NICM	7.41% 2
In patients < 3 months from the initial diagnosis of NICM who meet primary prevention criteria for ICD implantation and recovery of LVEF is uncertain	22.22% 6
Only in patients with LVEF<35% and left bundle brunch block	22.22% 6
Total	27

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q17 In patients <3-9 months from the diagnosis of non-ischemic cardiomyopathy, who require permanent pacing, do you recommend ICD implantation with appropriate pacing mode (CRT or DR or VR ICD)?

Answered: 27 Skipped: 3

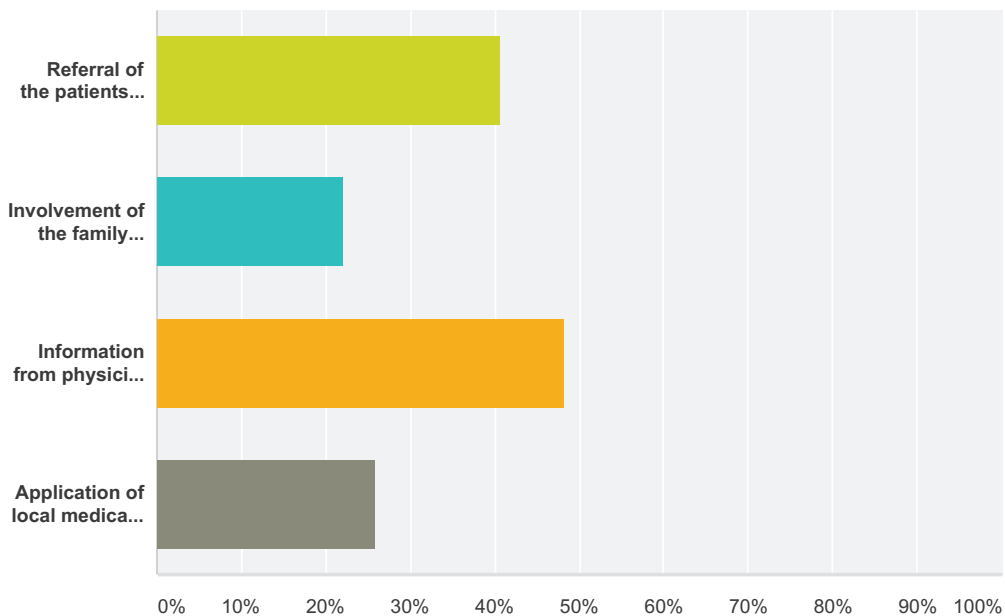


Answer Choices	Responses
Yes, in patients in whom recovery of LVEF is uncertain or not expected	40.74% 11
Yes, in patients with CRT indication	33.33% 9
Yes, in patients without severe comorbidities	0.00% 0
Yes, in patients with syncope of unknown origin	25.93% 7
Total	27

EP Wire on how are European patients at risk of malignant arrhythmias or sudden cardiac death identified.

Q18 Which information strategy have you adopted for risk assessment of SCD?

Answered: 27 Skipped: 3



Answer Choices	Responses
Referral of the patients to a dedicated team	40.74% 11
Involvement of the family after the initial contact with the patient	22.22% 6
Information from physician about the national guidelines regarding risk assessment strategy and ICD implantation	48.15% 13
Application of local medical strategy based on hospital policy and economic budget	25.93% 7
Total Respondents: 27	