

HR-UK

Heart Rhythm UK



HRUK NEWSLETTER

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
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PRESIDENT'S LETTER

If anyone was in doubt that we live in challenging times the discussions over the last several months on how to save £20 billion from the health budget will have disabused them. However it is also true that working in medicine, especially cardiology, prepares one very well for challenges, so the only real challenge for us is how to adapt to the changing landscape in which we work, and how to use our advocacy skills for the benefit of patients. And as Lord Darzi has observed, our experience, knowledge, leadership and expertise as clinical advocates for the patients is needed.

Since the last newsletter the National Device Survey for 2008 was published. The highlight figures were that the pacing, ICD and CRT implant rates increased by 9, 24 and 40% respectively. However as the introductions to the survey emphasised there is little room for thinking that we have corrected the underlying issue of inequity. Our implant rates remain considerably lower than other comparable international health care systems. The figures reveal marked variations in implant rates across the UK, within networks and PCTs that are difficult to explain on any basis other than underprovision. What these results also emphasise is the importance of the Cardiac Rhythm Management component of the Central Cardiac Audit Database, from which the Device Survey derives its information. In the current fiscal climate we are critically dependent on high quality national data to demonstrate that our care delivery is of the highest quality and equity. If we do so we attract support and resources for our work.

Continues page 2 

President's letter continued

So I urge everyone to do all they can to support national data collection, and to ensure that it is kept up to date. We have 2 current initiatives to make the CRM database more responsive. We hope that the National Device Survey for 2009 will be available in the middle of this year, and we are working to expand the database to collect more information on follow-up. If there are other aspects of data collection that you would like to see please let us know. It is important to remember that the CRM database also collects data on catheter ablation procedures. Mike Griffith presented the first detailed analysis of this component of the CRM database at the Heart Rhythm Congress. Again it shows how the number of ablation procedures has increased, and it is beginning to produce data on the quality of the outcomes. There remains much to do on both these elements of CRM and your help in providing data is needed more than ever before. We must demonstrate that the care we deliver is of the highest quality.

There are very important elections due for HRUK Council. It is time to elect a new President, a cardiologist to represent devices work, and there are vacancies for 3 physiologists. A detailed announcement of the posts for election and the process are given in this newsletter.

Many of you will be aware of the NICE technology appraisal concerning Dronedarone. The initial NICE assessment recommended that the drug was not approved for the treatment of AF. This resulted in a great deal of activity and advocacy by clinicians and patients. By the time the appraisal committee met to reach their final decision at the end of February they had received the second highest number of responses ever recorded. So whatever the 'final' outcome remember that we are a numerous lobby, and that we can activate many clinicians and patients to help support our work.

Finally education. I wanted to highlight what I think are crucial activities of HRUK. Encouraging, representing and supporting the next generation of arrhythmia specialists is one of our key roles. If we do a good job of educating and nurturing the next generation we will attract the best people into cardiac rhythm management. The sub-specialist electrophysiology training programme for SpRs is being given huge impetus by Mark O'Neil and Derick Todd. The HRUK accreditation examination is being led by Nick Linker and it is becoming so comprehensive it is attracting international interest. Derick Todd, Simon Fynn and Tim Betts have introduced an annual EP course which will be running again this year. There are many other HRUK educational activities and I would like to thank all those involved. And this year will see the first HRUK Surgical Skills Course for device implanters, designed to teach those surgical skills that are needed to implant, replace and revise devices with the lowest risk of wound complications.

A final word about the elections for HRUK Council. Firstly please vote – 2 years ago we had the highest number of votes cast for Council positions. Last year the number went down because of the technical difficulties of transferring to an email based voting system. The health of HRUK depends upon the active participation of all the members. And please think about putting yourself forward – it is time-consuming, but we need your input!



Dr Edward Rowland
President, Heart Rhythm UK

HRUK Council – March 2010

Officers

Dr Edward Rowland	President Consultant Cardiologist, The Heart Hospital, London
To be appointed 2010	President Elect
Dr Michael Gammage	Honorary Secretary (Also HRUK SAC Representative, HRUK Accreditation Committee Member and Scientific Director, Heart Rhythm Congress 2010) Reader in Cardiovascular Medicine, The Medical School, University of Birmingham
Prof Richard Schilling	Treasurer Professor of Cardiology and Electrophysiology, St Bartholomew's Hospital and Queen Mary's University of London

Subgroup Representatives

Dr Nick Linker	Doctor to represent Devices subgroup (Also Chair, HRUK Accreditation Committee and Programme Director, Heart Rhythm Congress 2010) Consultant Cardiologist, James Cook University Hospital
Dr Neil Sulke	Doctor to represent Devices subgroup Consultant Cardiologist, Eastbourne District General Hospital
Dr Derick Todd	Doctor to represent Interventional EP Subgroup Consultant Cardiologist and Electrophysiologist, Liverpool Heart and Chest Hospital
Dr Tim Betts	Doctor to represent Interventional EP Subgroup Consultant Cardiologist and Electrophysiologist, John Radcliffe Hospital, Oxford

HRUK Elections 2010 ~ nominations

As discussed at last year's HRUK AGM by Edward Rowland, a few concerns were raised by council in terms of how last year's election process was coordinated and also a member of HRUK raised concern over the anonymity of the voting process. I subsequently personally corresponded with that member to allay their concern. On behalf of HRUK Council, I can assure you that the glitches that occurred last year will have been successfully resolved in time for the forthcoming elections!

Once again, we will be using a method of 'electronic voting' used by other affiliated groups to save on the cost of postage and paper. By 'electronic voting' I mean that members will be required to return a completed voting form by email. The form itself will have a unique identifying reference number which will be your HRUK membership number. Email votes will be counted by Azeem Ahmad, Affiliates Coordinator at the British Cardiovascular Society plus one other colleague at the British Cardiovascular Society, who will only disclose the number of votes cast by HRUK members when reporting back to HRUK Council and NOT the voter's name I can assure you. If you are concerned about anonymity, you will be allowed to print out the form which will have been emailed to you, manually place an 'X' by your chosen candidate(s) and return by post to the address specified at the bottom of the voting form. All will be made absolutely clear when the voting process commences, and if you have any further questions, you would be welcome to contact either myself, Edward Rowland or Azeem Ahmad at the BCS.

Back to the matter in hand, the following posts on council are up for election this year, and we seek nominations for:

- President Elect (Edward Rowland's term as President will be coming to an end in March 2011, and a President Elect needs to be elected this year. As part of the transition process, the successful candidate will shadow the current President for one year, before succeeding to President in March 2011)
- Doctor to represent Devices subgroup (Neil Sulke's first term on council is due to expire in March 2010, but is eligible to apply again for a second term on council)
- 3 x Physiologist to represent Physiologist subgroup (Donna Elliott-Rotgans and Emma Shepherd have now stood down from council and thus creating an immediate void for 2 posts. Making up the third post, Carole Joyce's first term on council is due to expire in March 2010, but again is eligible to apply for a second term on council).

Nomination papers will be issued shortly and once all nominations have been collated, the election process will commence with the aim of issuing the results in June. In the meantime, please do give some careful consideration to applying for a post on council.

Dr Mike Gammage
Honorary Secretary

Physiologist Council Members

Following on from Mike's note, I felt compelled to write something about the role of physiologists on council. We have sadly lost 2 of our physiologist representatives on council. Donna Elliott-Rotgans and Emma Shepherd have both stood down. We wish them both well for the future and thank them for their major contributions to HRUK. Donna particularly has been an active council member and made an enormous contribution to HRC last year. She has also been the key liaison between the SCST and HRUK.

We need 2 new physiologist nominations for new council members and would like to encourage you to come forward. Carole Joyce is also coming to the end of her first term on council by March and is eligible to stand again so in effect, there will be a total of 3 physiologist posts on council up for election. You can really make a difference to the physiologist's role and standing by being active in HRUK, so if you have a little time to commit and are in an EP or Devices role with some experience and feel that there are burning issues to address, please consider whether you would like to represent physiologists as a council member.

Sue Jones
Physiologist to represent Physiologist subgroup, HRUK Council

HRC 2009 Review and HRC 2010

Arrhythmia Alliance and HRUK held the fourth annual Heart Rhythm Congress in Birmingham from 18th – 21st October 2009. With over 3000 attendees, 2009 was a record year for HRC.

Once again HRC played host to the HRUK Certificate of Accreditation Courses (Core, Devices and Electrophysiology), plus presentations from an international faculty, lively debates, informative patient group meetings and an extensive industry exhibition which ran throughout.

Patients Day on Sunday 18th October offered sessions from Arrhythmia Alliance (A-A), Atrial Fibrillation Association (AFA) and Syncope Trust And Reflex anoxic Seizures (STARS). Each session was well attended, particularly so for AFA playing host to over 100 delegates including patients, family members and medical professionals. The day was a huge success, highlighted by patient stories and the ever popular 'Ask the Experts' opportunity for those afflicted with heart conditions.

Medical sessions kicked off on Monday with a packed room at the AFA Symposium which featured presentations by world renowned experts including Professor John Camm and Professor Richard Schilling. The STARS Syncope Symposium proved just as popular with presentations from international faculty member Dr Thomas Fahraeus from Sweden and syncope expert Professor Richard Sutton.

2009 saw a move from live cases to pre-recorded cases sponsored by Bard, Biosense Webster, Medtronic and St Jude Medical. Feedback from delegates has proven that this move was a success, allowing for interesting and time managed demonstrations of technologically advanced surgical procedures.

This year's Lifetime Achievement Award was presented to Dr Aubrey Leatham for his pioneering involvement in cardiac pacing since the 1950s. The day was rounded up with a welcome reception and buffet supper in the exhibition.

Tuesday's sessions included an incredibly popular and well received Allied Professionals meeting coordinated by Jayne Mudd from James Cook University Hospital and Donna Elliot-Rotgans from The Heart Hospital, London. Real Life Cardiac Genetics turned out to be another highlight of the congress pulling in many delegates.

2009 contenders for the Young Investigator's Prize vied for the coveted prize and after much deliberation the judges awarded two winners £200 and a certificate. The first, FS Ng of Imperial College London for his abstract 'Modulating Gap Junctional Coupling with AAP10 and Carbenoxolone Reduces the Incidence and Delays the Onset of Reperfusion Arrhythmias Following Regional Ischaemia'. The second, JH Tuan of Kings College London for his abstract 'Regional fractionation and dominant frequency in persistent Atrial Fibrillation: Effects of left atrial ablation and evidence of spatial relationship'. Both winners received their prize at the Gala Dinner, held on the evening of Tuesday 19th.

The Gala Dinner also played host to the Arrhythmia Alliance Excellence in Practice Awards. This year's winners were: Charles Lobban Volunteer Award for Outstanding Contribution to Arrhythmia Services 2009 – Mrs Julie Fear Outstanding Contribution to the Management of Inherited Cardiac Conditions 2009 – Dr Anna Maria Choy Outstanding Contribution to Arrhythmia Management in Primary Care 2009 – Miss Adele Graham Team of the Year Award 2009 - Professor Arthur Wilde Cardiogenetic Department Academic Medical Centre, Amsterdam

Wednesday's sessions included the annual congress highlight Cases and Traces – an opportunity for electrophysiologists, cardiologists and trainees to present their own interesting or abnormal cases. By far the most popular session of the day, this is a session not to be missed at HRC 2010.

Heart Rhythm Congress has grown into the UK's largest cardiology meeting of its kind and plans are well under way for Heart Rhythm Congress 2010. Dates for your diary are 3rd – 6th October 2010. Please visit <http://www.heartrhythmcongress.com/> for up to date information and to view presentations from the 2009 Scientific Agenda.

Melanie Quinlan
Event Coordinator, Arrhythmia Alliance



HRC2010
3rd – 6th October 2010

Hilton Birmingham Metropole Hotel, Birmingham, UK

Education
Technology
Diversity
www.heartrhythmcongress.com

HRUK Certificate of Accreditation

The following successful candidates have recently received their certificates and had their logbooks returned:

Haseana Ali
Motin Ali
Sarah Baker
Catherine Dickens
Dr Paul Foley
Samantha Gollick
Leighton Gordon
Katherine Hibberd
Dr Christine Hughes

Alison King
Rachel Lewis
Jacqueline McCance
Lorraine McMahon
Joanne Martin
Avril Minto
David Moorhead
Martha Scott
Dr Honey Thomas

The following successful candidates will also be receiving their certificates and their logbooks will be returned shortly:

Paul Arumugam
Su Baxter
Hollie Butler
Rebecca Gibbons

Sara Phillips
Shila Tailor
James Willis

If you have not yet received confirmation of your logbook result, please do bear with us, and you will be informed as soon as possible. If you have any further enquiries, please contact Azeem Ahmad, Affiliates Coordinator, Tel: 020 7380 1918, Email: hruk@bcs.com

HRUK will once again run pre-exam courses during this year's Heart Rhythm Congress, 3 - 6 October 2010, Hilton Birmingham Metropole hotel. Details will be made available on the HRC 2010 website in due course (<http://www.heartrhythmcongress.com/>), and we will publicise details in a future newsletter and other e-communications.

This year's examination for the HRUK Certificate of Accreditation takes place at 2pm on Friday 26th March 2010 in 3 venues (London – St George's Hospital, Tooting, Manchester – Allen Hall, Fallowfield Campus and Belfast – Belfast City Hospital).

For future candidates, before contemplating registering for the exam, please note that the certificate of accreditation is intended for those who are specialising in cardiac rhythm management. From experience of advising on many logbook extension requests, I cannot emphasise strongly enough that the logbook component is very important and requires a significant amount of time and effort. A candidate who does not specialise in cardiac rhythm management may find it increasingly difficult to complete the logbook within the specified deadline. The Accreditation Committee would expect candidates to have two years experience in cardiac rhythm management prior to sitting the examination or completing the logbook.

The Accreditation Committee met in early February to set this year's examination. The format of the examination remains the same, with a core section of 60 questions and two specialist sections on devices and electrophysiology, each of 40 questions of which candidates must choose one section only. The process for setting questions this year was much more robust than in previous years and will be reflected in the quality of the questions. We have endeavoured to produce high quality questions, avoiding phrases such as "all of the above" or "none of the above" in the answers and also trying to avoid any ambiguity in the questions, such as avoiding double negatives and "trick" questions. Because of the improved quality of the questions, the Accreditation Committee, in conjunction with HRUK Council, has decided that the pass-mark for the examination will be in the region of 50%. Candidates will be expected to achieve this level for both the Core section and Specialist section in order to pass the examination.

Can I also remind candidates that the examination is based around the published syllabus and there will be questions on every section of the syllabus. The number of questions on each section of the syllabus has been agreed by the Accreditation Committee and reflects the relative importance placed on each of the sections.

We will also shortly publish some representative questions for the devices and EP sections on the HRUK website as these questions are more up to date and representative of the standard required than previous examination papers.

Returning back to the subject of logbooks and already mentioned on the HRUK website, the Accreditation Committee has concentrated this year on improving the quality and validity of the examination and has decided not to change the logbooks this year. We have started a process of revision of the logbooks and these changes will be instituted from 2011. The syllabus has also remained unchanged for this year.

For candidates who will be sitting the exam on 26 March 2010, this is just a reminder that your logbook can be started from the date that you registered for the examination and must then be completed by 31 December 2010. As a rule, requests for logbook extensions must always be submitted in writing (and not by telephone) to hruk@bcs.com giving full reasons why an extension is being sought, and requests will then be considered on a case by case basis by the Accreditation Committee. Please note that extension requests require clear mitigating circumstances (eg. ill-health, pregnancy) and not simply failure to achieve cases.

A list of frequently asked questions mainly about the HRUK logbooks compiled from candidates actual enquiries and HRUK's responses will also be made available on the website in due course.

Dr Nick Linker
Chair, HRUK Accreditation Committee

HRUK Website

What would you like from your relaunched website? We are always looking for new ideas. Please do drop us an email to hruk@bcs.com or if you need any further motivation, please read on about the Treasurer's Innovation Competition!

The Treasurer's Innovation Competition

The Treasurer's Innovation Competition is designed to reward HRUK members for contributing and helping to develop the society. We want to encourage membership and provide good value for money and are keen to have your ideas on how we might do that. We are therefore inviting you to make suggestions or outline ideas/plans that will result in HRUK either better serving its members or better promoting heart rhythm management in the UK. The ideas can take any form and might range from improvements to the website or newsletter, improved structuring of membership fees, ideas for increasing heart rhythm management profile in the UK, ideas for improving political representation of heart rhythm professionals, ideas for increasing the membership. Even if you don't win there is a good chance that a good idea will be acted on and make a real difference.

Rules

The competition is open to fully paid up members of HRUK only. Ideas should be limited to one side of A4 (12 font) and should outline in as much detail as possible the idea and how it might be accomplished. **Deadline for applications is 1 May 2010.** The application should include your name, email and work address and whether you are a physician or allied professional. Two prizes will be awarded one for allied professionals and one for physicians. The winners will be decided by council and published on the HRUK web site. Please submit to: admin@hruk.org.uk

Prizes

Each winner will get a free registration to HRC 2010.

Prof Richard Schilling
Treasurer

SpR Supraregional Advanced EP Training Day, Friday 23 April 2010, Wythenshawe Hospital, Manchester

There will be an advanced EP day for Year 4/5 EP trainees on this date. We expect all attendees to be familiar with the differential diagnosis of SVT in the EP lab, including the pacing manoeuvres involved. Experience in managing VT patients would also be ideal.

The meeting is sponsored so there is no registration fee. Travel costs however will be the responsibility of individuals (or their Deanery).

We hope all interested SpRs will be able to attend. There is a good group of speakers and it should be an interesting day.

To register, please contact: Dr Derick Todd, Email: dtodd@doctors.org.uk

Morning 10am start

1. 10am Differential diagnosis of SVT in the EP lab - a case based learning session 3 cases with pacing manoeuvres to help diagnose SVT mechanism – Adrian Morley-Davies
 2. 11am Parahisian pacing/ Differential ventricular pacing - Derick Todd
 3. 11.30am Tough cases / traces - Neil Davidson
- 12-1pm Live / pre-recorded cases: interactive small groups (all faculty and Mark Hall)

Lunch 1 - 1.45pm

Afternoon

1. - 1.45pm Normal heart VT - tips and tricks for ablation - John Bourke
2. - 2.30pm VT in structural heart disease - the issues - Derek Connelly
3. - 3.15pm to 5.00pm - VT ablation in structural heart disease - Steve Furniss

5.00pm - light local dinner and then home

Dr Derick Todd

Doctor to represent Interventional EP Subgroup, HUK Council

Electrophysiology and Ablation of Accessory Pathways, Friday 11 June 2010, Oxford Barcelo Hotel

Following on from the successful AVNRT day last year, Dr Tim Betts, Dr Derick Todd and Dr Simon Fynn are organising this study day for consultants, experienced EP trainees and lab staff.

The special guest speaker is Professor George Klein from London, Ontario. Those of you who know George will be aware of his fantastic teaching and presenting style. Those of you who don't - please come and see. It's a lot of fun! The day is aimed at people who already regularly take part in ablation procedures. The programme will be a mix of lectures, a debate and interesting case presentations. There is a £100 registration fee, fully refundable with attendance at the course.

A flyer with details of the programme and registration form accompanies this Spring HUK Newsletter and will also be placed on the HUK website for downloading. <http://www.hruk.org.uk/html/events.html>. Get the day booked off! For any enquiries, please contact Tim Betts at EP.doctors@orh.nhs.uk

Dr Tim Betts

Doctor to represent Interventional EP Subgroup, HUK Council

Essential surgical skills for cardiologists, 21 May 2010, Royal College of Surgeons of England

This course is aimed at all trainees and not specifically those with an interest in device implantation.

Although heavily sponsored it will not be free - anticipated cost £150.

There will be a high trainer/ trainee ratio (2:1) with maximal practical emphasis.

If you need any further info please let me know. My contact for interested trainees:

Khavandi@Hotmail.com or Ali.Khavandi@UHBristol.nhs.uk

Dr Ali Khavandi (Cardiology SpR)
Bristol Heart Institute

BCS Annual Conference and Exhibition 2010, 7 – 9 June 2010, Manchester Central

Registration for the BCS Annual Conference and Exhibition 2010, 7 – 9 June 2010 is open.

For further details on how to register and more, please visit the BCS website now:

<http://www.bcs.com/pages/conference.asp?PageID=489>

(Early bird fees for BCS Full Members expires on 31 March 2010).

The preliminary programme can be viewed now at: http://www.bcs.com/pages/p_conference_09.asp?pageID=491

HRUK sessions will include (please note that details are subject to change):

Monday 7th June 2010

- Dilemmas in the management of patients with heart failure and atrial fibrillation (joint session with British Society of Heart Failure)

(Also National Training Day for cardiology trainees, based on the cardiology curriculum)

Tuesday 8th June 2010

- Primary prevention ICDs: Shutting the door before the horse has bolted
(Also BCS Annual Conference Dinner)

Wednesday 8th June 2010

- BCS Lecture by Dr Edward Rowland, President of HRUK – 'Managing the cardiac rhythms of life'
- Arrhythmia and devices cases: making the complex simple

KBA Exam 2010

Following the success of the pilot last year, BCS will run the Knowledge Based Assessment (KBA) Exam in Cardiology for the first time on Sunday 6 June 2010, in Manchester. From June, the KBA Exam will form a mandatory part of UK Cardiology Training and all UK Trainees in St5 at June 2010 should sit the exam. Only UK Cardiology Trainees may sit the KBA Exam. Whilst the exam is to be taken by all trainees during the St5 year, there will also be some St6 or St7 trainees that started an StR programme after August 2007 who will also need to take the exam as part of completing the 2007 curriculum (if you are unsure, please email education@bcs.com to clarify).

The cost of the KBA Exam is £475 for BCS Members and £525 for non-members. The cost of the exam will include online access to the ESC Textbook, which is essential reading for Cardiology Trainees and for anyone sitting the exam.

The registration system for the KBA Exam 2010 is now open on the BCS website, payment is taken by credit card: <http://www.bcs.com/kbaregistration/>. If you have any queries on the exam, please email education@bcs.com

Arrhythmia Awareness Week (AAAW), 7 – 13 June 2010

The 'Know Your Pulse' campaign launched in 2009 immediately made a strong impact. Over 1100 events were held across the UK, from the Channel Islands to the Orkney Islands. With your help we distributed over 250,000

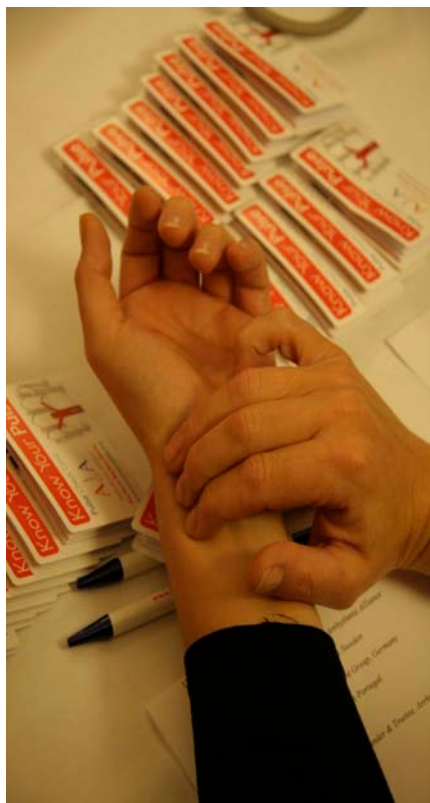
Pulse Check Cards and thousands of booklets and posters to raise awareness of heart rhythm disorders across the UK. Your contribution helped raise public, patient and medical awareness of the 'Know Your Pulse' campaign, and how a simple health check can detect potential cardiac arrhythmias.

Arrhythmia Alliance (A-A) is now planning the seventh annual Arrhythmia Awareness Week (AAAW), 7th - 13th June 2010.

We want to build on the success of the 'Know Your Pulse' initiative, with the important message of promoting pulse checks a routine check whenever visiting the GP.

During the week, events will take place to highlight the need for people to be 'pulse aware'. Your local initiatives are so valuable to raise awareness of the campaign amongst those with no prior knowledge of how important it is to 'Know Your Pulse'.

A-A is counting on your continued support to promote greater understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias.



What you can do...

Pulse Check Cards – For individuals, friends and family. The Pulse Check Card is a public self-educational tool that teaches the reader how to take their pulse, what it means and when they should seek further advice for an irregular heartbeat.

Order Pulse Check Cards from joanna@heartrhythmcharity.org.uk or to view/download a copy http://www.aaaw.org.uk/files/file/pulse_check.pdf

Posters and Leaflets Pack – Ideal for distributing information and promotional items, individuals can take this pack to their GP surgery, hospital, medical centre, care home, local school, work place, and community centre.

Order Posters and Leaflets Pack from joanna@heartrhythmcharity.org.uk

Pulse Check Pack – With a selection of information and promotional items, this pack is for those holding a Pulse Check Clinic teaching people how to take their pulse. It can also be used for those holding a display stand at your local hospital, shopping centre, GP surgery or community centre. We have Pulse Check Cards, checklists, and promotional materials you can use.

Order your Pulse Check Pack from joanna@heartrhythmcharity.org.uk

We are determined that with your help, AAW 2010 will be even more successful than in previous years. We want to have greater impact on the key issue of pulse checks in GP surgeries to ensure that more people receive the correct diagnosis and treatment.

For more information about how you can get involved and to order your Awareness Week materials please contact me: email joanna@heartrhythmcharity.org.uk or telephone 01789 451 823. Website: <http://www.aaaw.org.uk/>

Please note, if you are due to attend any Arrhythmia Alliance Regional Meetings, we can ensure your Awareness Week materials are available to collect on the day! Simply email joanna@heartrhythmcharity.org.uk to arrange this.

Dronedarone

Most of you will be aware that Dronedarone was the subject of a NICE technology appraisal recently. The initial recommendation of the Appraisal Committee was that the drug should not be approved for the treatment of atrial fibrillation. HRUK presented expert testimony at the initial committee meeting, and it was a surprise when the draft guidance was released on December 24th. Both I and our nominated expert, Dr Neil Sulke, responded and our evidence was considered at the second appraisal committee meeting at the end of February. We now await the final NICE recommendation.

I would like to thank all those who responded back to HRUK or responded directly to NICE. I understand that the number of responses received by NICE was the second highest ever recorded, so we are very grateful to you for all your efforts.

I have extracted below some of the responses provided by Neil Sulke and myself.

“All respondents find it difficult to accept the recommendation that ‘Dronedarone is not recommended for treatment of atrial fibrillation’. ... this is the only drug proven to reduce serious cardiovascular outcomes and hospitalisation in patients with multiple cardiovascular risk and atrial fibrillation and all HRUK members agree that it appears to be the safest anti-arrhythmic that has been developed.”

With regard to rhythm control, if Dronedarone is not effective and patients suffer multiple recurrences of their AF induced symptoms, the drug will be stopped, as suppression of symptoms by suppression of the arrhythmia is the aim of this therapeutic intervention. Very few patients would remain on Dronedarone if there is therapeutic failure and costs will therefore be limited.

It is also clear from the ATHENA data that in long-term follow-up with significant exposure to Dronedarone there is unequivocally no increase in mortality with this drug and no significant adverse side-effects in the long-term.

....the ATHENA results were not completely unexpected, and are consistent with a hypothesis of moderate benefit not being confounded by cardiac toxicity...

Clinical academic opinion is unanimous thatit is much safer to use Dronedarone than Amiodarone and the latter must remain the drug of last resort. All agree that Dronedarone should not be used in NYHA IV as per the Committee’s recommendations based on good trial data. It should be acknowledged that Amiodarone has not been shown to reduce cardiovascular risk in studies such as AFFIRM and AF STAT unlike the data from ATHENA with Dronedarone.

- i) *All respondents from HRUK were unanimous that Section 4.18 is incorrect in suggesting that there is no benefit from the use of Dronedarone over Amiodarone, 1c agents or Sotalol.*
- ii) *There is little mention of a significant risk reduction for stroke found in the ATHENA post-hoc analysis nor that patients with moderate heart failure (NYHA III) improved more than NYHA 1 & II. ...the decrease in primary cardiovascular hospital admission rate with Dronedarone must be taken into account in the cost efficacy analysis.*

The general comment from the majority of Electrophysiologists is that there is not a large number or variety of pharmaco-therapies available in atrial fibrillation and this drug represents a new opportunity for a large number of patients with low risk for adverse events and no increase in mortality. It should, therefore, be approved for use in the NHS.

...the ability to use a ‘relatively’ inexpensive medication for relief of symptoms in order to prevent progression to alternative more toxic medications or expensive interventions is something we would welcome.

Dr Edward Rowland
President, Heart Rhythm UK

Professor Michel Haïssaguerre

Winner of the 2010 Louis-Jeantet Prize for Medicine



It has just been announced in Geneva that Michel Haïssaguerre, Professor of Cardiology, Université Victor-Segalen and Hôpital Haut-Lévêque, Bordeaux has been awarded the 2010 Louis-Jeantet Prize for his work on cardiac fibrillation.

His research has been based on meticulous observation with careful and stringent analysis and has applied scientific method to the vagaries inherent to clinical research. Although we still do not know why the pulmonary veins trigger atrial fibrillation in those that are so affected isolation with subsequent symptom resolution powerfully, albeit empirically, underpins their critical role in the triggering and maintenance of this potentially devastating disease. More recently his interests have turned to the application of similar methods to the identification and resolution of the triggers of ventricular fibrillation.

His work has resulted in the transformation of the lives of many patients and those with a professional interest in cardiac arrhythmias have been provided with new, effective and potentially transforming treatment options. Atrial fibrillation previously thought to be intractable can for many now be effectively cured.

The contributions made by Haïssaguerre are of course already widely recognized and he has been awarded many prizes including the Grüntzig Award, European Society of Cardiology (2003), the Pioneer Award of the North American Society of Pacing and Electrophysiology (2004) and the Michel Mirowski Award (2009). What makes the receipt of the Louis-Jeantet Prize so significant however is that the pre-clinical basic scientific community now joins in recognizing his contribution.

The Louis-Jeantet Foundation was established in 1983 and its stated principal interests are in physiology, biophysics, structural biology, biochemistry, molecular and cell biology, developmental biology and genetics. Seventy previous recipients include Kim Nasmyth, Adrian Bird, Jurg Tscopp, Nicole Le Douarin and Sydney Brenner some of whom have gone on to win the Nobel Prize. The other recipient for 2010 will be Professor Austin Smith, FRS, MRC Professor in the Department of Biochemistry and Director of the Wellcome Trust Centre for Stem Cell Research, University of Cambridge. His work on pluripotency has advanced our understanding of the mechanisms governing renewal and differentiation of stem cells.

Professor Haïssaguerre will receive his award in Geneva on Thursday April 22nd 2010 and we should all congratulate him. He has already transformed the management of cardiac fibrillation and we look forward to many further innovations from him and his colleagues in the years ahead.

Dr Andrew Grace
Papworth and Addenbrooke's Hospitals and University of Cambridge

NICE Guide to the technology appraisal appeal process – Public Consultation

The National Institute for Clinical Excellence (NICE) has undertaken a review of the Guide to the Technology Appraisal Appeal Process. This guide contains information on how to prepare for an appeal and how appeals are conducted.

The new, draft guide was opened for consultation on **Monday 14 December 2009**. The NICE would like to receive comments on this document from anyone who has an interest in the Technology Appraisal Appeal Process. The documents can be made found on the NICE website at:

<http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/ReviewOfTheGuideToTheTechnologyAppraisalAppealProcess.jsp>

Comments should be sent to TAappealconsultation@nice.org.uk. The closing date for receipt of comments is **Monday 22 March 2010**.

Deactivating ICD's in terminally ill patients

With the significant increase in the number of ICD implants in the UK and particularly with the increase in devices for Heart Failure we are dealing with a different population of patient than previously. Inevitably a number of these patients will develop terminal illnesses and the problem of de-activating their ICD to reduce the risk of shocks occurring immediately before or at death is an issue that is becoming more and more of a problem.

HRUK does not have a policy document on this topic as it was felt that 2 current publications address the issue quite clearly. The short guide available from the Arrhythmia Alliance provides a form of consent to be completed when de-activating an ICD and also a brief summary of the issues involved. A long guidance by the British Heart Foundation covers the ethical issues involved together with suggested procedures. Both these documents are available on the web and links to both are on the HRUK website <http://www.hruk.org.uk/html/articles.html>

Several networks and local centres are developing protocols of their own based on these and these will be put up on the website when available. All implanting centres will need to have a protocol for dealing with this whether it is self-generated or adopted from one of the existing ones.

If there are any queries or suggestions about this feel free to contact us at HRUK.

Sue Jones

Physiologist to represent Physiologist subgroup, HRUK Council

Cardiac Ablation Catheters: An MHRA Update

The Medicines and Healthcare Products Regulatory Agency (MHRA) has recently been informed of three incidents of charring and coagulum formation on the tips of cardiac ablation catheters. While the appearance of coagulum and charring on these devices is a well-recognised occurrence, it does pose certain risks and raise certain questions.

The risks of coagulum formation are clear, and include failure of the procedure, the requirement for additional devices (at not insignificant expense), and the occurrence of transient ischemic attacks (TIA), stroke, and death. The questions posed by this event however are more difficult to answer.

- How can a TIA or stroke be confirmed as definitely related to the occurrence of coagulum or charring on the tip of an ablation catheter?
- What is the true rate of occurrence of coagulum or charring on the tip of ablation catheters, and to whom should these events be reported?
- With many patients being sedated during their procedure, identification of a mild stroke or TIA may not take place until the patient is on the ward, at which stage it is more unlikely that a faulty device used during an ablation procedure might be linked to the stroke – how can this be addressed?
- Is there a need for advice or recommendations to clarify reporting mechanisms for cases of TIA or stroke which involve ablation catheters (or, indeed, other cardiac devices)?

At present, MHRA would greatly appreciate reports of all cases which involve the occurrence of coagulum or charring on the tip of cardiac ablation catheters. Regarding the risk of TIA or stroke, this is a much more difficult question. If neither the manufacturer nor the regulator are made aware of the occurrence of these events, neither can take any action. MHRA would, therefore, like to make the recommendation that all cases of perioperative stroke and transient ischemic attack, particularly those which are suspected by the clinician to be related to the device, are reported to the MHRA.

Reporting of adverse incidents is vital to ensure that these devices are safe and perform as intended, and also enables the acquisition and dissemination of knowledge from more widespread usage than would be possible in a clinical trial.

Dr Christopher Brittain MB BS BSc (Hons) MRCOphth

Senior Medical Officer - Clinical Devices, Medicines and Healthcare products Regulatory Agency

The use of 200J biphasic defibrillators and their ability to effectively treat VF cardiac arrests

The Medicines and Healthcare products Regulatory Agency (MHRA) has been made aware of concerns amongst the cardiology community about the use of 200J biphasic defibrillators and their ability to effectively treat VF cardiac arrests. There is currently no definitive answer in the literature which demonstrates equivalent efficacy between 200J biphasic and 360J biphasic shocks for the treatment of VF, although there are some studies focussed on the elective cardioversion of AF.

In order to assist MHRA, and therefore the wider clinical community, we are very keen for the following to be reported to MHRA:

- All incidents where three sets of 200J biphasic shocks have failed to restore sinus rhythm in a VF arrest patient, but a 360J biphasic shock has subsequently succeeded.
- All cases of elective cardioversion for AF which have failed using three sets of 200J biphasic defibrillation, but that have subsequently been successful using a 360J biphasic shock.

MHRA hopes that this additional information, gathered centrally by the MHRA's on-line reporting system (<http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Cardiology/index.htm>), will facilitate an answer to this challenging question and enable accurate advice to be provided to the health service and manufacturers in the future. We would also like any reports to contain the height, weight and BMI of the (anonymised) patient, if possible. If colleagues have concerns about sending potentially sensitive data, you would be welcome to contact Dr Mike Gammage, Honorary Secretary, HRUK (m.d.gammage@bham.ac.uk). We thank you in advance for your help.

Dr Christopher Brittain MB BS BSc (Hons) MRCOphth
Senior Medical Officer - Clinical Devices, Medicines and Healthcare products Regulatory Agency

MHRA ECG top tips poster

The MHRA has published a top tips poster to promote safe and more effective use of the equipment used to record an electrocardiogram. This is based on incidents that have been reported to MHRA.

The poster can be viewed by clicking on the link below, which also provides details of how to obtain copies. You may also wish to be aware that copies of the poster have been distributed to NHS Trusts. Please feel free to forward this link to other colleagues or place it on other websites if you feel this would be appropriate.

<http://www.mhra.gov.uk/Publications/Postersandleaflets/CON062994>

On-line educational programmes are also available via this link.

<http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/index.htm>

Dr Susanne Ludgate
BSc (Hons) MB ChB DMRT FRCR FRACR
Clinical Director, Devices - Medicines and Healthcare products Regulatory Agency



2nd Annual MHRA Conference for Doctors in Training

Unusual Suspects

Patient safety and the regulation of drugs and medical devices

Wednesday 26 May 2010, Royal York Hotel, York

Topics will include:

- The MHRA and its role in public health
- Lessons learnt: Northwick Park and TGN 1412
- H1N1 Pandemic and vaccination
- Medical device regulation and reporting
- Medicines safety in children and mothers
- Breakout sessions on vaccination, safe prescribing and medical devices

REGISTRATION NOW OPEN AT

<http://www.mhra.gov.uk>

Click on Conferences and Learning Centre



2nd Annual MHRA Conference for Doctors in Training

Unusual Suspects

Patient safety and the regulation of drugs and medical devices

Wednesday 26 May 2010 Royal York Hotel, York

Call for Posters

The Medicines and Healthcare products Regulatory Agency invites the submission of abstracts as proposals for poster presentations at the Conference

Abstracts can be submitted under 2 categories (below) relating to patient safety and regulation. Poster presentations will be selected by the MHRA in consultation with an expert panel.

AUDIT

Results of audits on drug safety, the safe use of medical devices, or safe use of blood products (e.g. safe prescribing, Medical Device Alert adherence, transfusion guidelines, local reporting procedures)

IMPROVING CLINICAL PRACTICE

Original examples of best practice in the safe use of medical devices, medicines or blood products which may be reproducible and of benefit to other hospitals/trusts/GP practices (e.g. medicines reconciliation, adverse drug reaction reporting initiatives, procedures for using medical devices safely)

Prizes will be awarded on the day for the best posters in each category.

Abstracts of no longer than 400 words must be submitted electronically to mhraconferences@mhra.gsi.gov.uk with the subject 'MHRA Conference for Doctors Abstract Submission'

Submissions will be accepted until Midday on 19 March 2010. Authors of accepted abstracts will be notified via e-mail of the result of their submission by the end of March 2010. Once abstracts are confirmed, it is expected that the named presenter or a co-author will attend the conference to make the presentation. Prize-winners will have their registration fees reimbursed.



Arrhythmia Alliance Regional Meetings 2010

Following the success from the Arrhythmia Alliance Regional Meetings in 2009, Arrhythmia Alliance will be hosting 11 meetings in 2010. We will be hosting meetings in the following regions:

Midlands – Birmingham
Midlands – Oxford
East Midlands – Cambridge
South – Reading
North – Leeds
North West – Manchester
North Wales – Wrexham
South Wales – Cardiff
South West – Bristol
Scotland – Glasgow
Northern Ireland – Belfast

For more information, please go to: <http://www.arrhythmiaalliance.org.uk/>

To register your interest and to be contacted once dates are confirmed, please send your name and details to Melanie Quinlan at melanie@heartrhythmcharity.org.uk



Dates for your diary

- **ECAS 2010, 16 – 18 April 2010, Hotel Bayerischer Hof, Munich, Germany**

For further details, including the programme and online registration for the Sixth Annual Scientific Congress of the European Cardiac Arrhythmia Society (ECAS) please visit:

<http://www.ecas-congress.org/index.asp?PageID=1&SID>

- **HRUK Supraregional EP Training Day, 23 April 2010, Wythenshawe Hospital, Manchester**

For further details, please see page 9. Contact: Dr Derick Todd at dtodd@doctors.org.uk

- **Heart Rhythm 2010, 12 – 15 May 2010, Denver, Colorado, USA**

For further details, including the programme and online registration for the Heart Rhythm Society's 31st Annual Scientific Sessions, please visit: <http://www.hrsonline.org/Sessions/>

- **Essential surgical skills for cardiologists, 21 May 2010, The Royal College of Surgeons of England, London**

For further details, please see page 10. Contact: Dr Ali Khavandi at Ali.Khavandi@UHBristol.nhs.uk

- **Unusual Suspects: Patient safety and the regulation of drugs and medical devices, 26 May 2010, York**

For further details, please see pgs 16 – 17. <http://www.mhra.gov.uk/ConferencesLearningCentre/index.htm>

- **BCS Annual Conference and Exhibition 2010, 7 – 9 June 2010, Manchester Central**

For further details, please see page 10. BCS website: <http://www.bcs.com/pages/default.asp>

- **Arrhythmia Awareness Week (AAAW), 7 – 13 June 2010**

For further details on how to participate, please see page 11, Contact: Joanna Fearnley, joanna@heartrhythmcharity.org.uk, Tel: 01789 451 823

- **Electrophysiology and Ablation of Accessory Pathways, 11 June 2010, Oxford Barcelo Hotel**

For further details, please see page 9. Contact: Dr Tim Betts at EP.doctors@orh.nhs.uk

- **Cardiostim 2010, 16 – 19 June 2010, Nice Acropolis Convention Centre, France**

For further details, including the programme and online registration for the 17th World Congress in Cardiac Electrophysiology & Cardiac Techniques, please visit the Cardiostim 2010 website:

http://www.cardiostim.fr/site/GB,C237,I141.htm?KM_Session=a6179de6064754c2cfbdfd7a0f597bae

- **Anatomy for Electrophysiologists, 28 – 29 June 2010, Education Centre, National Heart and Lung Institute, London**

For further details, including the draft programme and how to register please visit the Royal Brompton and Harefield NHS Foundation Trust website:

<http://www.rbht.nhs.uk/healthprofessionals/clinical-depts/paediatrics/morphology/>

- ESC Congress 2010, 28 August - 1 September 2010, Stockholm, Sweden

For further details, please visit the ESC website:

<http://www.esccardio.org/CONGRESSES/ESC-2010/Pages/welcome.aspx>

- Heart Rhythm Congress 2010, 3rd - 6th October 2010, Hilton Birmingham Metropole Hotel, Birmingham



Heart Rhythm Congress (HRC) is an annual event which brings together all those with an interest in arrhythmias. It offers an educational opportunity for members of the medical, allied professional and industry communities to increase their own and others' knowledge of heart rhythm disorders. Please visit the HRC website <http://www.heartrhythmcongress.com/>.

- Nurse Clinics 2010, 9 November 2010, Birmingham Motor Museum

For further details, please visit the conference website:

<http://www.healthcare-events.co.uk/conf/booking.php?action=home&id=418>

- European Heart Rhythm Association (EHRA) EUROPACE 2011, 26 - 29 June 2011, Madrid

For further details, please visit the EHRA Europace 2011 website:

<http://www.esccardio.org/congresses/ehra-europace-2011/Pages/welcome.aspx>

Welcome to new members

We are delighted to welcome the following new and returning Members, who have joined HRUK in recent months.

Ruth Altmiks	Tamara Daily	Dr Rumi Jaundally	Monica Rowland
Lisa Ashton	Dr Onkar Singh Dhillon	Sarah Jackson	Christopher Sheridan
Tegan Bates	Hazel Divers	Helen Jones	Oliver Shriver
Gowan Beddoes	Dr Shahana Esmail	Dr Habib Rehman Khan	Rebecca Sinar
Zaire Bergonia	Tracy Everett	Sara McFadden	Andrew Staniforth
Natalie Blyth	Dr Matthew Fay	Arun Kumar Maisuria	Dr Ben Szwejkowski
Dr Julian Boullin	Dr Paul Foley	James Mason	Christopher Tandy
Viki Carpenter	Jennifer Green	Daniel Meiring	Sarah Thatch
Amy Chambers	Claire Griffiths	Kim Mills	Dr Andrew Turley
Dr Nigel Clarke	Deborah Hakin	Andrew Mitchell	Jennie Ward
Greta Clayton	Carly Hamilton	Daniel Newcomb	Anita Warner
Ian Clement	Neil Hamilton	Hannah Northcote-Smith	Anne White
Marco Coetzer	Yadiksha Hari	Andrew Page	Corina Whittam
Steven Colker	Jonathan Hart	Helder Pereira	Dr Andreas Wolff
Eilish Conway	Alan Hutchinson	Jonathan Ritchie	David Yates
Andrea Cooper	John Hutchinson	Dr James Rosengarten	Emma Woodward
Heather Cusden			

HRUK NEWSLETTER

**Got an idea?
Doing something innovative?
New ideas or initiatives?
Areas of good practice?**

SHARE YOUR VIEWS WITH YOUR COLLEAGUES

This is your newsletter and needs your contributions.
We always welcome features from our readers.

Please email your news to hruk@bcs.com

Or write to:
Azeem Ahmad,
Affiliates Coordinator – HRUK,
c/o British Cardiovascular Society,
9 Fitzroy Square,
London, W1T 5HW

Direct Tel: 020 7380 1918 General Tel: 020 7383 3887

CONTACT HRUK

If you know of a colleague who would like to join HRUK or have any membership administration enquiries, please contact:

**HRUK Administrator
PO Box 3697
Stratford-upon-Avon
Warwickshire CV37 8YL**

E-mail: admin@hruk.org.uk

Tel: 01789 451 831/822

Our application form can also be downloaded from the website: <http://www.hruk.org.uk/html/membership.html>

Just a reminder, if your contact details have changed (esp. email as most communications from HRUK are carried out electronically), it is important to inform HRUK as soon as possible, so we can amend your records on our central membership database, to ensure that you still receive communications from us.

If you wish to contact HRUK on any other matter please contact:

**Azeem Ahmad
Affiliates Coordinator - HRUK
c/o British Cardiovascular Society
9 Fitzroy Square
London W1T 5HW**

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