

February, 2013

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International Society for
Adult Congenital Heart Disease

ISACHD Newsletter

President's Message

by Curt J Daniels



Dear ISACHD Members,

Its an exciting time in the field of ACHD! We are now in the midst of an accelerated phase of ACHD development; new programs are starting throughout the world, larger datasets are reporting important clinical information, multi-center and multi-international trials are being proposed, and new PH therapies and registries are creating excitement caring for this complex group of patients. Plus, we are now in the beginning phases of ACHD physician

certification and program accreditation, which will undoubtedly create a standard and improve the quality of care we deliver. ISACHD has become the vehicle to communicate, keep professionals updated and involved, and provide the worldwide view of ACHD.

We are preparing for our ACC 2013 ISACHD meeting in San Francisco, California, USA.

Sunday, March 10, 2013,
7:00 pm - 9:30 pm

**Hilton San Francisco Union
Square**

Room: Continental Parlor 3
333 O'Farrell Street
San Francisco, CA 94102
phone: 415-771-1400



We have an exciting agenda planned, mirroring Global ACHD Development. First, we are pleased to host a special quest speaker delivering our opening lecture. Michael Maves, MD is the Executive Vice President for [Project Hope](#), one of the largest (if not the largest), international health organization in the world. He will speak to the development of CHD care in underserved areas and also the need to develop ACHD in concert with CHD programming in various parts of the world. This will be followed by a multi-international

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Michael A. Gatzoulis, MD, PhD, FACC

presentation and discussion regarding ACHD physician certification and program accreditation from around the world. Plus, we will provide updates on current ISACHD projects and, there will be an exciting presentation by Gary Webb, MD (past- president ISACHD) detailing the development of The ACHD eLearning Center.

Agenda

- 7:00-7:30 pm Welcome, Appetizers and Cocktails
7:30-8:00 pm Global Perspective Building CHD and ACHD Programs - Michael Maves, MD, Executive VP for Project Hope
8:00-8:40 pm ACHD Program Accreditation Around the World- Germany, Netherlands, Canada, USA - Barbara Mulder, MD, Curt Daniels, MD, and Ariane Marelli
8:40- 9:15 pm Updates
- ISACHD - Curt Daniels, MD
 - Global Education ACHD Learning Center - Gary Webb, MD
 - Global Research
- 9:15-9:30 pm Regional ACHD - South America, Asian Pacific, Europe, USA, Cardiac Care Associates
9:30 pm Closing Remarks

ISACHD has received a grant from Actelion to support this meeting.



Hope to see you in San Francisco.

If you haven't renewed your membership for this year, please do so, now is the time.

Please visit the ISACHD website at www.isachd.org to learn more about ISACHD, visit the journal watch page and find the latest ACHD publications, view upcoming conferences endorsed by ISACHD and register to become a member of ISACHD.

Look forward to seeing you soon,

Curt J Daniels, MD, President

**Regional News:
News from Asia Pacific**



By Koichiro Niwa

The Annual Korean ACHD Society Meeting took place in Seoul on December 1, 2012. Several of my Japanese colleagues, including me, were fortunate to attend this meeting. The main topics were aorta, aortic valve and Eisenmenger syndrome.

2004-2006

Jack M. Colman, MD
2006-2008

Michael J. Landzberg, MD
2008-2010

Barbara Mulder, MD
2010-2012

The 15th Annual Congress of the Japanese Society for ACHD in Tokyo was held on January 18-20, 2013. Michael Gatzoulis, MD, Glenn Arsdell, MD, Maria Cannobio, MN, and nearly 20 members from Korea, China, Malaysia, Taiwan, Singapore, and UK, have honored us with their presence at this exciting event. We enjoyed a variety of oral poster and symposium presentations. The event has gathered 520 attendants this year, which was close to 40% increase from last year. It lets me believe that more and more physicians and staff in the Asian Countries are becoming more interested in this field. Also, the membership of the Society has reached now 350. Geeth Candavelo, MD from Malaysia reported about the current situation of ACHD clinic in ASEAN. According to Dr. Candavelo, in some countries the ACHD profession is still in a beginning stage, but in Thailand, Singapore and Malaysia, ACHD clinics are already established. The need and awareness for these clinics in Asian countries is steadily growing.

News from Canada



*By Ervin Oechslin,
President, CACH Network*

CACH Network is submitting a **Position Statement about Training and Maintenance of Competence in Adult Congenital Heart Disease**. This paper should culminate in an Area of Focused Competence (AFC) Diploma from the Royal College of Physicians and Surgeons of Canada (RCPSC): the Council of the RCPSC recently approved the AFC Diploma Program in 2011 to recognize new subspecialties and established disciplines of medicine that enhance scope of practice.

The Toronto Adult Congenital Heart Disease Program switched from the CACH Network Codes to the **International Pediatric and Congenital Cardiac Code (IPCCC)** on December 28, 2012. The matched IPCCC are being evaluated the CAPS database in Toronto with more than 14,000 patients. There haven't been any problems so far and the Dr. Jack Colman (Toronto), in collaboration with Dr. Gary Webb (Cincinnati) and Graham Jericho (Toronto, developer of CAPS) has translated the CACH coding system via IPCCC to European Pediatric Cardiac Code derived IPCCC. I highly appreciate their efforts to make this transition to IPCCC happen.

Please visit www.cachnet.ca and read the President's message for more information.

WG on Education

By Ervin Oechslin, Toronto (Canada)

GREAT NEWS: The Cincinnati Children's Hospital is providing financial support and IT input to establish the Website for the ACHD e-Learning Centre, which will be the e-hub for educational material on

ACHD. I am very grateful to the leaders at the Cincinnati Children's Hospital for their vision, their generosity and investment in education. I also acknowledge and highly appreciate Dr. Gary Webb's leadership to secure funding for the Website. The ACHD community owes Dr. Webb a great THANK YOU.

Dr. Els Pieper (Groningen, NL) has finalized the program and the speaker list for the basic teaching course in ACHD for trainees in adult cardiology. The speakers are receiving their official invitation with instructions in February 2013. Dr. Pieper has prepared a slide set which explains the recording process of the presentations. Thank you, Els, for investing your time to make this basic teaching course happen. If you have any questions regarding the ACHD e-Learning Centre, please email gary.webb@cchmc.org or erwin.oechslin@uhn.ca

Endorsement of ACHD Meetings

The following meetings have been endorsed:

- 23rd International Symposium on Congenital Heart Disease in the Adult: "Improving Long-Term Outcomes". June 1-5, 2013, at the Skamania Lodge outside of Portland, Oregon. This symposium is organized by Oregon Health & Sciences, University, Portland, Oregon. Organizers: Drs. Craig Broberg, David Sahn and Karen Stout. Please visit <http://www.ohsu.edu/xd/health/services/heart-vascular/for-healthcare-professionals/continuing-medical-education/heart-disease-symposium.cfm>
- PACES Pre - HRS 2013 Symposium: Management of Arrhythmias in Adult Congenital Heart Disease. Tuesday, May 7, 2013, Parkside Mansion, 1859 York Street, Denver, CO; Organizer: Dr. Paul Khairy, Montreal. Program available at www.isachd.org or www.cachnet.ca.

*) Pediatric & Congenital Electrophysiology Society

Please contact me at erwin.oechslin@uhn.ca if you want to endorse your ACHD meeting.

Commentary

Article review: January, 2013

Commentary on Wi et al. paper: "**Fate of Preoperative Atrial Fibrillation After Correction of Atrial Septal Defect**" by Blandine Mondésert, MD (Montreal Heart Institute)

Long-standing left-to-right shunting across an atrial septal defect (ASD) results in volume loading and subsequent dilation of right-sided

chambers [1]. Chronic atrial enlargement induces electrical remodeling that increases susceptibility to atrial arrhythmias [2]. Atrial fibrillation (AF) is the most common arrhythmia in patients over 40 years of age with ASDs [1]. Studies have consistently reported that ASD closure at a young age (e.g., <40 years) results in superior arrhythmia-free survival [3]. However, ASDs may be discovered in later life due to a paucity of symptoms. As such, a substantial proportion of patients who undergo surgical or transcatheter ASD closure have preexisting AF. Optimal management of patients with preprocedural AF remains a topic of debate. Within this context, Wi et al. examined the impact of ASD closure with or without a concomitant Maze procedure on postoperative AF [4].

In a single center retrospective cohort study, 471 patients (131 men, 42±14 years) underwent ostium secundum ASD closure between 2001 and 2010: 237 had transcatheter procedures (Amplatzer septal occluder, AGA Medical Corporation) and 234 had surgical interventions. Forty patients (9%) had AF prior to transcatheter closure (10) or surgical repair (30). Eleven patients (28%) had paroxysmal AF (PAF) and 29 permanent AF (PeAF; 72%). Fifteen patients had a Maze procedure during surgical repair (3 with PAF; 12 with PeAF). Excluding the 15 patients with a Maze procedure, sinus rhythm (SR) was maintained in 7 of 8 (88%) patients with PAF during a follow-up of 44±28 months, although 3 received anti-arrhythmic drugs (AAD). In contrast, only 3 of 17 (18%) patients with PeAF maintained SR. Among the 15 patients with a concomitant Maze procedure, 12 (80%) maintained SR, including all 3 patients with PAF (none on an AAD) and 9 of 12 patients with PeAF (5 on an AAD). In patients with preoperative PeAF, the Maze procedure was associated with greater success in maintaining SR (75% vs 18%, P=0.006).

The first major finding of this study was that SR was maintained after ASD closure in most patients with preoperative PAF, but not in those with preoperative PeAF. The authors concluded that ASD closure alone may be sufficient for patients with PAF, with Maze procedures adding little benefit. Secondly, a concurrent Maze procedure appeared effective in maintaining SR in patients with preprocedural PeAF, prompting the authors to conclude that Maze procedures (or the transcatheter ablation equivalent) should be considered in patients with PeAF.

The study is subject to the limitations inherent to observational studies. Given that outcomes were assessed by Holter monitoring or 12-lead ECGs and that AF recurrences may be asymptomatic, recurrence rates may have been underestimated. Prospective studies more typically rely on weekly or monthly trans-telephonic recordings. Nevertheless, the study adds valuable information to the discussion of whether ASD closure should be combined with arrhythmia interventions. Giamberti et al had previously suggested that intraoperative radiofrequency ablation should be performed in all adults with atrial tachyarrhythmias referred for surgical ASD closure [5]. In their series of 15 patients, concomitant intraoperative radiofrequency ablation resulted in impressive arrhythmia-free survival over a 24-month period, with only one patient having a relapse of AF and one requiring a pacemaker. Although transseptal punctures may be performed across closure devices or surgical patches [6], catheter ablation of the AF substrate is simplest prior to ASD closure, when access the left atrium is readily available. Ideally, a randomized clinical trial may more definitively address optimal management for AF in patients undergoing surgical or percutaneous

ASD closure.

Acknowledgement: Thanks to Dr. Khairy for reviewing this commentary prior to submission.

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Journal Watch

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