



## Pediatric Electrophysiology Society

*James C. Perry, M.D., President  
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Minutes of Semi-Annual Business Meeting at the AHA  
Hilton Garden Inn, New Orleans Convention Center  
November 7, 2004 7:00 – 9:00 PM

Attendance: about 45 people. Beer left over: surprisingly, a lot.

1) We discussed the Proposal to Amend the By-Laws, which was passed in our first web-based vote of the membership. Briefly, we now recognize three classifications of members: Regular, Associated Professional, and Affiliate. Regular membership is open to individuals with an MD, DO or Ph.D. degree who are interested in arrhythmias in the young, and who engage in the practice of Pediatric Cardiac Electrophysiology through clinical service, research, or teaching. Regular members are eligible to vote, to hold office, and to serve on committees. Associated Professional membership is open to individuals who are interested in arrhythmias in the young, who are trainees in a training program and/or who assist regular members in Pediatric Cardiac Electrophysiology through clinical service, research, or teaching. Affiliate membership is open to individuals who are non-practitioners, such as industry engineers involved in product development (as distinct from marketing), the officers of family support groups and other groups such as the SADS Foundation. Affiliate members shall pay dues as specified in the Bylaws.

2) We discussed the current status of the RF ablation Registry. The PAPCA project will not be re-funded by the NIH as a competitive renewal. We discussed the difficulties in getting registry projects funded by the NIH, and the problems with PAPCA relating to inadequate follow-up of enrolled patients, which was an important reason we were not successful in getting funding renewed. The sense of the discussion was that those present were not ready to terminate the Registry, but instead were in favor of seeking alternative funding, either from industry, or from the FDA, if available. Also, we noted that cryoablation forms were developed and the Registry is now accepting cryoablation data.

3) Rich Friedman presented preliminary data from the ICD Registry pilot project, which involved four hospitals (Texas Children's, Boston Children's, Stanford and UCSF) and is supported with funding from industry. One center used a different spreadsheet format for collecting data, which has made merging of the data difficult. Still, there are 373 patients, ages 0,08 – 55 years, 38% implanted for primary prevention. As it stands, the database suffers from a large amount of missing data. Next step will be to merge the data and develop a common data entry form prior to migration to all interested centers.

4) We had additional discussion concerning the possibility of board certification in pediatric electrophysiology. John Kugler presented a list of issues and concerns from the point of view of the Sub-board. In brief, before going forward, the sub-board would need an indication of substantial support for the idea from the pediatric electrophysiology community. It was decided that we perform a survey of the membership in the next month to determine whether, in fact, substantial support exists within our specialty for board certification, prior to any further action by the sub-board.

5) Vicki Vetter presented a proposal for a multi-center biventricular pacing study. This is a proposal that has been under development by the Pediatric Cardiac Network, but will not be performed at present due to various issues, one of which is a lack of adequate patients at the 7 network centers.

Respectfully submitted,

George F. Van Hare, M.D.  
Secretary, Pediatric Electrophysiology Society