

## PEDIATRIC ELECTROPHYSIOLOGY SOCIETY SEMI-ANNUAL MEETING

May 19, 2004, San Francisco Marriott Hotel at the Heart Rhythm Society Meeting

### Minutes

- 1) The meeting was called to order Jim Perry at 7:15 pm. Thanks to Geneaissance, Medtronic, Bard for sponsorship of the meeting. There were 112 attendees, most likely our largest meeting ever.
- 2) The Treasurer's report was given by Richard Friedman (see attached). The current bank balance is \$16,993. We received dues from regular members \$6375, affiliates \$235. Society now owns an LCD projector (\$2200), which will allow us to avoid rental fees at national meetings.
- 3) Membership issues: George Van Hare lead a short discussion of a proposal made by himself to alter membership categories of the Society. We have had a number of inquiries from non-physicians, mainly from industry, about joining the society. Currently, our By-laws state that there are two categories of membership, Regular and Affiliate, with Regular reserved for cardiologists (pediatric and adult) with an interest in pediatric arrhythmias, and affiliate reserved for fellows, nurses, radiology techs, etc. George proposed changing the Affiliate category to "Associated Professional" and re-defining the Affiliate membership category to allow membership by non-practitioners, such as industry engineers involved in product development, the officers of family support groups and other groups such as the SADS Foundation. There was some discussion. A proposal will be circulated through our society website, and a vote will be taken.
- 4) Discussion of meeting venues (Jim Perry)

Jim has made a proposal for fall meeting of the pediatric EP society at the American Academy of Pediatrics (Oct 2004) which would be a real meeting with a consensus conference. He pointed out that there is already a pedi EP section at the meeting. This proposal produced a lot discussion about new meeting vs. replacement for AHA. Paul Gillette was concerned that industry would be essentially absent from the AAP and so this meeting might not serve our interests as well as AHA. Mike Ackerman thought that meeting at the AAP would be a great idea, and that contrary to other statements, the science is much better at the AAP currently as compared with previously. Ed Walsh spoke in support of our involve with the AAP. We need to establish a pediatric identity. We can make the cardiology section better if we do this. Ron Kanter said that despite recent apparent set-backs such as the loss of the Pediatric Committee at NASPE, in fact the HRS is aware of us. The Pediatric Network proposal was very popular for pediatrics. Robert Campbell agreed with Paul Gillette. Although we have an emotional attachment to pediatrics, our functional alignment is with electrophysiology, and he worried that NASPE might be neglected by moving from the AHA to the AAP for the fall meeting. Wayne Franklin worried that time may be too short for planning this meeting. Naomi Kertesz made the point that at this point, academic calendars are already set for most people. Bert Ross had an historical note about AHA vs. NASPE meetings. AHA is clearly not working. Having two meetings doesn't mean people need to come to both meetings. Mike Silka warned that policy conferences are hard, they require a year or more of preparation. John Kugler stated that the AAP meeting in fact may present the same problem, with pediatric EP potentially being pushed off to the side by the pediatricians. Steve Yabek asked for a show of hands of who is likely to attend AAP, and about half of the attendees indicated that they would be likely to attend.

The discussion was terminated with a decision for the Executive Committee to look into the possibility of increasing our involvement in the HRS, and the general consensus that the time was too short to pull off a consensus conference at the AAP in October.

- 5) Ed Walsh presented the status of Sudden death case-control study: The study is now closed to new patients. He feels it is an exciting project, that will hopefully be complete within a year.
- 6) Anne Dubin reported on the multi-center retrospective BiV pacing study. An invitation was previously sent to entire EP society to submit patient information. To date 65 patients have been included, and she will be presenting the paper at this meeting on Friday. Please feel free to submit additional patients to this series (amdubin@stanford.edu)
- 7) Andy Blaufox reported on registry projects on IART, VT, JET. These studies will include data from the original Pediatric Ablation Registry as well as from PAPCA. E-mail Andy if you want to provide additional data to registry (blaufoad@muscle.edu).
- 8) Pat Frias briefly reported on a study of BiV pacing as “pre-synchronization”. Medtronic will fund the study and he will produce a multicenter proposal . E-mail Pat if you have any interest in participating (friasp@kidsheart.com).
- 9) Joel Kirsh reported on progress with a pediatric Cryoablation registry New forms will be made available through PAPCA. He made a plea: Since AV node reentry in cryoablation is more mysterious than with RF, we would like to get together a retrospective study together and plan a prospective study.
- 10) Vickie Vetter : Training guidelines. Vickie presented the tables regarding core and advanced training expectations. As these have frequently been presented before, they are

not included in these minutes, but feel free to contact Vickie directly if you would like another copy (VETTER@email.chop.edu).

11) John Kugler: EP certification: There is now a new opportunity because Pediatric Transplant Hepatology is now a sub-board of both pediatric and adult gastroenterology (2002-3) Three modules: one adult, one pediatric, one shared.

- a. There is now a template, ripe for adoption.
- b. A question from the audience: why do we want to do this? Paul Gillette responded: this will define our subspecialty more than anything we can do. It will also tend to protect our patient base.
- c. Heart Rhythm Society now has a fellowship category requiring board certification in adult EP.
- d. Show of hands was taken regarding interest in further investigating the issue: about 95% in favor.

12) Mike Ackerman: presentation of genetic testing status. Test released this week by Genaisance Pharmaceuticals (<http://www.familion.com/>) FAMILION Genetic test. Covers 5 genes. Type 1, 2, 3, 5 or 6. Eventually a chip based technology, but now, primarily based on sequencing.

- a. In 388 cases at Mayo, 51% genotype positive. If you add QTc on submission, none with QTc<420 are genotyped, whereas, if QTc is greater than 480 is 62%. It is 75% for those with Schwartz score of  $\geq 4$ . If negative, further investigations are to be available at Mayo for novel genetic conditions.

- b. Catecholaminergic Polymorphic VT, genetic test for Ryanodine channel gene. It's the 3<sup>rd</sup> most frequent finding in patients referred for testing of possible LQTS at Mayo.
- c. Target audience will be electrophysiologists, primarily pediatric.
- d. Cost of test unknown now, suspects that index case will be \$4000-5500 with family members of identified index cases at \$500.
- e. Conflict of interest disclosure: Dr. Ackerman is on the Scientific Advisory Board for Genaisance Pharmaceuticals, along with Arthur Moss.

Respectfully submitted,



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

Attachments:

- 1) Treasurer's Report
- 2) Andrew Blaufox presentation
- 3) John Kugler presentation