PACES EPS in repaired TOF Survey Prompts

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| **Please provide your first name** |
| [Free text] |
| **Please provide your last name** |
| [Free text] |
| **Please select today’s date** |
| [Free text] |
| **Practice location of ACHD program (select all that apply)** |
| Private solo practice |
| Private small group practice |
| Private multispecialty group practice |
| Children's hospital-based practice |
| Adult hospital-based practice |
| Academic university-based medical center |
| Other- Adult and Pediatric Cardiac Center |
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| **Age restrictions in your practice** |
| Practice is limited to pediatrics |
| Practice is limited to adult patients |
| No age restrictions in my practice |
|  |
| **Approximate number of EP procedures performed on all patients by you/your partners per year (device procedure, EPS, catheter ablation, etc.)** |
| <25 |
| 25-50 |
| 51-100 |
| 101-200 |
| 201-400 |
| >400 |
| Not applicable |
|  |
| **Approximate number of rTOF outpatients seen by YOU per year** |
| <25 |
| 25-50 |
| 51-100 |
| 101-200 |
| 201-400 |
| >400 |
|  |
| **Approximate number of rTOF outpatients seen by YOUR EP PROGRAM per year** |
| <25 |
| 25-50 |
| 51-100 |
| 101-200 |
| 201-400 |
| >400 |
|  |
| **Age range of rTOF patients seen by YOU (select all that apply)** |
| Infant to adolescent |
| Infant to adult |
| School-aged child to adolescent |
| School-aged child to adult |
| Adolescent to adult |
| Adult only |
|  |
| **Select the tests you or your program perform for ALL rTOF patients regardless of their state of health (select all that apply)** |
| ECG |
| Transthoracic echocardiogram |
| 24- to 48-hour Holter monitor |
| 1- to 4-week event or Holter monitor |
| Cardiac MRI/CTA |
| Exercise testing |
| Signal averaged ECG |
| Cardiac catheterization |
| EPS |
| Implantable loop recorder |
| Other - |
|  |
| **Select the tests you or your program perform for risk stratification of SCD in rTOF patients WHEN A CONCERN IS IDENTIFIED\* on history, physical examination, or diagnostic testing (select all that apply) \*concerns such as NSVT, syncope, worsening symptoms, etc.** |
| ECG |
| Transthoracic echocardiogram |
| 24- to 48-hour Holter monitor |
| 1- to 4-week event or Holter monitor |
| Cardiac MRI/CTA |
| Exercise testing |
| Signal averaged ECG |
| Cardiac catheterization |
| EPS |
| Implantable loop recorder |
| Other |
|  |
| **Select the indications for diagnostic EPS for inducible VT in rTOF patients (select all that apply)** |
| Late age at initial TOF repair (age > 3 years) |
| Time since initial repair > 20 years |
| Initial systemic-to-pulmonary artery shunt |
| In conjunction with cardiac catheterization when cath is indicated |
| Prior to pulmonary valve replacement |
| Prior to other open heart surgery |
| Following pulmonary valve replacement |
| Following other indicated open heart surgery |
| Suspected cardiac presyncope or syncope |
| Palpitations suspicious for tachyarrhythmia |
| Atrial and other supraventricular tacharrhythmias (ectopic atrial tachycardia, atrial flutter, atrial fibrillation, etc.) |
| Non-sustained ventricular tachycardia (< 30 beats) recorded on ECG, ambulatory rhythm monitor, pacemaker/ICD, etc.) |
| Abnormal transthoracic echocardiogram (moderate or greater abnormalities) |
| Abnormal cardiac MRI/CTA (moderate or greater abnormalities) |
| Abnormal hemodynamics on cath (moderate or greater abnormalities) |
| Late potentials/other concerns on signal averaged ECG |
| Prolonged QRS duration on ECG (>180 msec) |
| Routine surveillance regardless of risk factors |
| Other |
| Not sure |
|  |
| **Methods of diagnostic EPS for inducible VT in rTOF patients (select all that apply)** |
| Ventricular extra-stimuli |
| Specify number of ventricular extra-stimuli: |
| 1 ventricular extra-stimuli |
| 2 ventricular extra-stimuli |
| 3 ventricular extra-stimuli |
| >3 ventricular extra-stimuli |
| Not sure # of ventricular extra-stimuli |
| Specify shortest cycle length (ventricular extrastimuli): [free text] |
| Burst ventricular pacing |
| Specify shortest cycle length (burst ventricular pacing): [free text] |
| Specify number of ventricular pacing sites: |
| 1 ventricular pacing site |
| 2 ventricular pacing sites |
| >2 ventricular pacing sites |
| Not sure # of ventricular pacing sites |
| Isoproterenol |
| Specify heart rate goal: [free text] |
| Type of anesthesia: |
| General |
| Conscious |
| Electroanatomic 3D mapping |
| Other [free text] |
| Not sure |
|  |
| **Definition of a 'positive' EPS (select all that apply)** |
| Induction of NON-SUSTAINED VENTRICULAR TACHYCARDIA (< 30 beats) |
| Induction of SUSTAINED MONOMORPHIC VENTRICULAR TACHYCARDIA with unstable blood pressure and/or lasting more than \_\_ seconds and/or requiring intervention to terminate |
| **[Define duration of sustained monomorphic VT beyond which study is positive]** |
| Induction of SUSTAINED POLYMORPHIC VENTRICULAR TACHYCARDIA with unstable blood pressure and/or lasting more than \_\_ seconds and/or requiring intervention to terminate |
| **[Define duration of sustained polymorphic VT beyond which study is positive]** |
| Induction of VENTRICULAR FIBRILLATION requiring intervention to terminate |
| Other – Please explain: |
| Not sure |
|  |
| **Treatment recommendations when EPS is positive (select all that apply)** |
| Catheter ablation of monomorphic ventricular tachycardia |
| Surgical ablation of monomorphic ventricular tachycardia (at the time of PVR) |
| Immediately implant ICD |
| Treat hemodynamic reason for VT, e.g., PVR, then implant ICD |
| Treat hemodynamic reason for VT, e.g., PVR, then repeat EPS followed by possible ICD implantation if EPS is still positive |
| Treatment with beta blocker |
| Treatment with class I antiarrhythmic (procainamide, flecainide, etc.) |
| Treatment with class III antiarrhythmic (sotalol, dofetilide, amiodarone, etc.) |
| Other |
| Not Sure |
| **[Specify number of months until EPS is repeated]** |
| **If catheter or surgical ablation of VT is performed, do you then repeat an EPS to evaluate for residual inducible VT?** |
| Yes |
| No |
| **[Specify number of months until EPS is repeated]** |
|  |
| **If EPS for residual inducible VT is performed after catheter or surgical ablation and VT is still inducible, what is your NEXT approach? (choose one)** |
| Repeat ablation |
| Implant ICD |
| Maximize medical therapy |
| Not sure |
|  |
| **Does your program use a formal algorithm or process map for determining the need for EPS for inducible VT in rTOF patients?** |
| Yes |
| No |
|  |
| **Please provide any additional comments or clarification if needed** |
| [Free text] |
|  |
| **Do you think it would be helpful for EP providers to have a formal algorithm or process map to help care for these patients?** |
| Yes |
| No |
| **Please provide the name of your primary institution** |
| [Free text] |
| **Please provide your email address if you are willing to collaborate further on this topic.** |
| [Free text] |
| **Please specify your primary clinical role (select all that apply)** |
| Pediatric Cardiologist |
| Internal Medicine (IM) Cardiologist |
| Pediatric Electrophysiologist |
| IM Electrophysiologist |
| Adult Congenital Heart Disease Specialist |
| Advanced Practice Provider (PA-C or ARNP) |
| Other |