

Arrhythmia Syndromes

Selection Criteria – Arrhythmia Syndromes
<p>Exclusion criteria:</p> <ul style="list-style-type: none"> - Deceased individuals - NGS-based test performed from 2013 onwards - Individuals from families with a known disease-causing variant - Unascertained sudden death <p>For BrS, MUST meet diagnostic criteria for dx AND must be able to tick at least 1 box from at least 2 of the following categories: Age criteria, FHx criteria, Clinical criteria. PLEASE NOTE: FHx can be considered standalone if confirmed, i.e. if diagnostic criteria AND family history criteria are met, the patient is eligible.</p> <p>For LQTS, MUST meet diagnostic criteria for dx:</p> <ul style="list-style-type: none"> - LQTS risk score ≥ 3.5 in the absence of a secondary cause for QT prolongation and/or a QTc interval ≥ 500 ms in repeated 12-lead ECG and in the absence of a secondary cause for QT prolongation. <p>For CPVT, MUST meet diagnostic criteria and dx ≤ 40yo:</p> <ul style="list-style-type: none"> - Structurally normal heart, normal ECG & unexplained catecholamine-induced bidirectional VT or polymorphic ventricular beats or VT in an individual < 40 or relative of a CPVT case with normal heart who manifests exercise induced PVCs or bidirectional polymorphic VT.
Diagnosis
<input type="checkbox"/> BrS (go to i.) <input type="checkbox"/> LQTS (go to ii.) <input type="checkbox"/> CPVT (go to iii.)
i. BrS
<p>Diagnostic criteria: (MUST meet diagnostic criteria for dx)</p> <input type="checkbox"/> HRS/EHRA/APHRs Expert Consensus Statement at any age
<p>Family history criteria: (If family history AND diagnostic criteria are met, the patient is eligible)</p> <input type="checkbox"/> ≥ 1 first or second degree relative with documented BrS <input type="checkbox"/> ≥ 1 first or second degree relative with sudden death before 50 (must attempt to obtain PM report, death certificate and/or medical records to exclude other causes of death)
<p>Clinical criteria:</p> <input type="checkbox"/> Spontaneous type 1 pattern <input type="checkbox"/> Previous OHCA <input type="checkbox"/> Induced type 1 pattern (OHCA = out-of-hospital cardiac arrest)
ii. LQTS
<p>Diagnostic criteria: (MUST meet diagnostic criteria for dx)</p> <input type="checkbox"/> LQTS risk score ≥ 3.5 in the absence of a secondary cause for QT prolongation <input type="checkbox"/> QTc interval ≥ 500 ms in repeated 12-lead ECG and in the absence of a secondary cause for QT prolongation
iii. CPVT
<p>Diagnostic criteria: (MUST meet diagnostic criteria for dx)</p>

<input type="checkbox"/> Structurally normal heart, normal ECG and unexplained exercise or catecholamine-induced bidirectional VT or polymorphic ventricular premature beats or VT in an individual ≤ 40 yo, OR <input type="checkbox"/> Relative of a CPVT case with normal heart who manifests exercise induced PVCs or bidirectional polymorphic VT	
Age criteria:	
<input type="checkbox"/> Must be dx ≤ 40 yo	
Clinical History	
Height _____ (cm)	Weight _____ (kg)
Calculated total Body Surface Area (m2) _____	
Date of diagnosis: _____ (If unsure of the exact date please set to January 1 of the year the event took place and set the "Exact date" option to "No".)	Is this an exact date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms at diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest pain <input type="checkbox"/> Pre-syncope <input type="checkbox"/> Syncope <input type="checkbox"/> Palpitations	<input type="checkbox"/> Heart failure <input type="checkbox"/> OHCA <input type="checkbox"/> Seizure(s) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other
Number of other additional symptoms:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
First additional symptom: <i>*SNOMED CT Capture Field</i>	_____
First additional symptom description (if code not found):	_____
Second additional symptom: <i>*SNOMED CT Capture Field</i>	_____
Second additional symptom description (if code not found):	_____
Asymptomatic list	<input type="checkbox"/> Diagnosed on family screening <input type="checkbox"/> Incidental diagnosis; details: _____
Other Conditions	
<input type="checkbox"/> HTN <input type="checkbox"/> Diabetes <input type="checkbox"/> CAD <input type="checkbox"/> Cancer <input type="checkbox"/> Syndrome diagnosis <input type="checkbox"/> Metabolic conditions <input type="checkbox"/> Neuromuscular conditions	<input type="checkbox"/> AF <input type="checkbox"/> Previous VT <input type="checkbox"/> Conduction system abnormalities <input type="checkbox"/> Ventricular arrhythmias <input type="checkbox"/> OHCA (other than at presentation) <input type="checkbox"/> Other (Do not include the principal diagnosis)
HTN	
First HTN date of diagnosis	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Diabetes	
Date Diabetes diagnosed	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
CAD	

Number of coronary artery disease (CAD) conditions:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
First CAD type: <i>*SNOMED CT Capture Field</i>	_____
First CAD type description (if code not found):	_____
First CAD date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Second CAD type: <i>*SNOMED CT Capture Field</i>	_____
Second CAD type description (if code not found):	_____
Second CAD date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Cancer	
Number of cancers:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
First cancer type: <i>*SNOMED CT Capture Field</i>	_____
First cancer type description (if code not found):	_____
First cancer date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Second cancer type: <i>*SNOMED CT Capture Field</i>	_____
Second cancer type description (if code not found):	_____
Second cancer date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Chemotherapy drugs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syndrome Diagnosis	
Syndrome diagnosis: <i>*OMIM Capture Field</i>	_____
Syndrome diagnosis (if code not found):	_____
Syndrome diagnosis date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Metabolic Conditions	
Metabolic conditions: <i>*OMIM Capture Field</i>	_____
Metabolic conditions (if code not found):	_____
Metabolic conditions date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Neuromuscular Conditions	
Neuromuscular conditions: <i>*OMIM Capture Field</i>	_____
Neuromuscular conditions (if code not found):	_____

Neuromuscular conditions date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
AF	
AF condition <i>*SNOMED CT Capture Field</i>	_____ _____
AF conditions (if code not found):	_____ _____
AF date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Previous VT	
Previous VT: <i>*SNOMED CT Capture Field</i>	_____ _____
Previous VT (if code not found):	_____ _____
Previous VT date of diagnosis:	_____
Is than an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Conduction System Abnormalities	
Conduction system abnormalities type: <i>*SNOMED CT Capture Field</i>	_____ _____
Conduction system abnormality type description (if code not found):	_____ _____
Conduction system abnormalities diagnosis date	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Ventricular Arrhythmias	
Ventricular arrhythmia type: <i>*SNOMED CT Capture Field</i>	_____ _____
Ventricular arrhythmia type description (if code not found):	_____ _____
Ventricular arrhythmia date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Out of hospital cardiac arrest (OHCA)	
OHCA	<input type="checkbox"/> Yes <input type="checkbox"/> No
OHCA date:	_____
Other	
Number of other additional conditions:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
First additional condition: <i>*SNOMED CT Capture Field</i>	_____ _____
First additional condition description (if code not found):	_____ _____
First additional condition date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Second additional condition: <i>*SNOMED CT Capture Field</i>	_____ _____

Second additional condition description (if code not found):	_____
Second additional condition date of diagnosis:	_____
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date not known
Echo Parameters at Diagnosis	
Echo performed?	<input type="checkbox"/> Not performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Describe abnormalities	_____
Electrophysiological Parameters	
Resting QTc at diagnosis: NB: ensure this measurement is off QT prolonging drugs and not immediately post arrest.	_____ (msec)
Exercise stress test (EST) performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
EST type	<input type="checkbox"/> Bruce <input type="checkbox"/> Sprint
EST result	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal QTc in recovery <input type="checkbox"/> Blood pressure drop during exercise <input type="checkbox"/> VT <input type="checkbox"/> Ventricular ectopic beats <input type="checkbox"/> Other arrhythmia
Longest QTc in recovery:	_____ (msec)
VT:	<input type="checkbox"/> Monomorphic <input type="checkbox"/> Polymorphic <input type="checkbox"/> Bidirectional
Ventricular ectopic beats morphology:	<input type="checkbox"/> Monomorphic <input type="checkbox"/> Polymorphic
Ventricular ectopic beats distributional pattern:	<input type="checkbox"/> Single <input type="checkbox"/> Couplets <input type="checkbox"/> Triplets
Ventricular ectopic beats, when?	<input type="checkbox"/> At rest <input type="checkbox"/> During exercise <input type="checkbox"/> During max exercise <input type="checkbox"/> In recovery
Other arrhythmia:	_____
Holter monitor:	

<input type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Atrial tachycardia <input type="checkbox"/> Afib <input type="checkbox"/> Torsades <input type="checkbox"/> AV Block II - intermittent <input type="checkbox"/> AV Block II - persistent <input type="checkbox"/> AV Block III - intermittent <input type="checkbox"/> AV Block III - persistent <input type="checkbox"/> Brugada pattern	<input type="checkbox"/> Ventricular ectopic beats - monomorphic <input type="checkbox"/> Ventricular ectopic beats - polymorphic <input type="checkbox"/> Ventricular ectopic beats - couplets <input type="checkbox"/> Ventricular ectopic beats - triplets <input type="checkbox"/> Sustained VT <input type="checkbox"/> Non sustained VT <input type="checkbox"/> AVRT/AVNRT <input type="checkbox"/> Abnormal pauses for age <input type="checkbox"/> Significant Bradycardia <input type="checkbox"/> Other; please specify _____
Ajmaline challenge performed?	<input type="checkbox"/> Not performed <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Brugada pattern type:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
Flecainide challenge performed?	<input type="checkbox"/> Not performed <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Brugada pattern type:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
Adrenaline challenge performed?	<input type="checkbox"/> Not performed <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Longest QTc:	_____
Intervention Procedures	
PPM:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date implanted:	_____ (If unsure of the exact date please set to January 1 of the year the event took place and set the "Exact date" option to "No".)
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICD:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If the patient has had multiple ICDs, this refers to the first one)
Date implanted:	_____ (If unsure of the exact date please set to January 1 of the year the event took place and set the "Exact date" option to "No".)
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary or secondary prevention	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Cardiac transplant:	<input type="checkbox"/> Yes <input type="checkbox"/> Listed <input type="checkbox"/> No

Date inserted:	_____
	(If unsure of the exact date please set to January 1 of the year the event took place and set the "Exact date" option to "No".)
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date listed:	_____
	(If unsure of the exact date please set to January 1 of the year the event took place and set the "Exact date" option to "No".)
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
LVAD:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date inserted:	_____
	(If unsure of the exact date please set to January 1 of the year the event took place and set the "Exact date" option to "No".)
Is this an exact date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uploads	
Echo at diagnosis or representative echo	
Number of ECGs at diagnosis or representative ECGs	
First ECG	
First ECG lead placement	<input type="checkbox"/> Standard <input type="checkbox"/> Elevated
Second ECG	
Second ECG lead placement	<input type="checkbox"/> Standard <input type="checkbox"/> Elevated
Third ECG	
Third ECG lead placement	<input type="checkbox"/> Standard <input type="checkbox"/> Elevated
Fourth ECG	
Fourth ECG lead placement	<input type="checkbox"/> Standard <input type="checkbox"/> Elevated
Fifth ECG	
Fifth ECG lead placement	<input type="checkbox"/> Standard <input type="checkbox"/> Elevated
CMRI at diagnosis or representative CMRI	
Ajmaline challenge report	
Flecainide challenge report	
Adrenaline challenge report	
Operation report	