

# Heart Rhythm Daily

Friday

34<sup>TH</sup> ANNUAL SCIENTIFIC SESSIONS

MAY 8–11, 2013 | DENVER, CO

www.HRsonline.org/ADV

## DAILY HIGHLIGHTS

### FRIDAY

7:30 a.m. – 6 p.m.  
Registration Open8 – 9:30 a.m.  
Ideas on Trial Session: Left Atrial Appendage Closure is Better than Anticoagulation Therapy for Stroke Prevention in AF8 – 9:30 a.m.  
Live Cases: Mayo Clinic8 – 9:30 a.m.  
MOC: Self-Evaluation Process: 2011 Update in Clinical Cardiac Electrophysiology Module B3L Versions 11-19:30 a.m. – 5 p.m.  
Exhibit Hall Open9:30 – 10:30 a.m.  
Pioneers Unplugged: Pioneers in Ablation9:30 a.m. – noon  
Poster Session and Moderated Poster Sessions10:30 a.m. – noon  
MOC: Self-Evaluation Process: 2012 Update in Clinical Cardiac Electrophysiology Module B3M Versions 12-112:15 – 1:15 p.m.  
Rapid Fire: Device1:30 – 3 p.m.  
Oral Abstract Sessions1:30 – 3 p.m.  
Late-Breaking Clinical Trials Session2 – 5 p.m.  
Poster Session and Moderated Poster Sessions6 – 7:45 p.m.  
Awards Ceremony and Presidents' Reception

## Late-Breaking Clinical Trials Session Presents Practice-Changing Data

### CURRENT PRACTICE GUIDELINES

typically recommend discontinuing oral anticoagulation with warfarin for patients undergoing cardiac procedures, but two studies from Thursday's Late-Breaking Clinical Trials session suggest that patients may do better if warfarin therapy is continued.

Discontinuation of oral warfarin carries a 13-fold risk for periprocedural stroke and hemorrhagic complications following ablation for atrial fibrillation.

"There is an ominous association between atrial fibrillation, ablation and periprocedural stroke," said Luigi Di Biase, MD, PhD, FHRS, St. David's Texas Cardiac Arrhythmia Institute, Austin, Texas.

Dr. Di Biase presented "Periprocedural Stroke and Bleeding Complications in Patients Undergoing Catheter Ablation of Atrial Fibrillation with Different Anticoagulation Management: Results from The 'COMPARE' Randomized Trial."

A total of 1,584 patients enrolled in the open-label randomized trial before AF ablation. Patients had a CHADS<sub>2</sub> score of at least one and were on oral warfarin. Some 790 patients discontinued warfarin before ablation and 794 continued. All patients were assessed for neurological bleeding complications

during the 48 hours following ablation.

The off-warfarin group suffered 29 strokes (3.7 percent) and ten TIAs (1.3 percent), a 4.9 percent event rate. The warfarin group had just two strokes (0.25 percent) and no TIAs ( $p < 0.001$ ).

Multivariate analysis showed warfarin discontinuance as the strongest predictor of periprocedural complications. There was no difference in major bleeds or pericardial effusions between the groups.

Continued warfarin showed similar advantages for patients undergoing continued warfarin with guideline-recommended heparin bridging therapy was stopped early after the safety committee found an 80 percent reduction in clinically significant hematoma in patients who continued warfarin.

David Birnie, MD, University of Ottawa Heart Institute, Ottawa, Canada, presented the results of "Pacemaker



David Birnie, MD (right), and Sanjiv Narayan, MD, PhD, FHRS, spoke at Thursday's Late-Breaking Clinical Trials news conference.

and Defibrillator Surgery Without Interruption of Oral Anticoagulation: Results of the Bridge Or Continue Coumadin for Device Surgery Randomized Controlled Trial (Bruise Control)." The trial randomly assigned patients with a CHADS<sub>2</sub> risk of two or higher to bridging anticoagulation or continued Coumadin.

"All of the components of the primary endpoint were positive," Dr. Birnie said. "Implanting devices without stopping Coumadin is clearly better than heparin bridging."

**TRIALS**, continued on Page 14

## INSIDE

### In Memoriam

Remembering EP pioneers Paul Crawford Gillette, MD, FHRS, and Brian Hoffman, MD... **Page 2**

### Basic/Translational Science Forum

This year's event takes a closer look at systems physiology approaches to heart rhythm research and therapy... **Page 15**

## Today's History Special Session Remembers Arrhythmia Pioneer

GORDON K. MOE, MD, PHD, AND HIS LABORATORY HAVE A LASTING IMPACT ON CARDIAC ELECTROPHYSIOLOGY

A History Special Session honoring Gordon K. Moe, MD, PhD, takes place at 12:15 – 1:15 p.m. today in Room 201.

Dr. Moe was the Director of Research of the Masonic Medical Research Laboratory from 1960-1984. He was involved in the birth of modern cardiac electrophysiology and is best known for his studies on the mechanisms of cardiac arrhythmias, particularly atrial fibrillation.

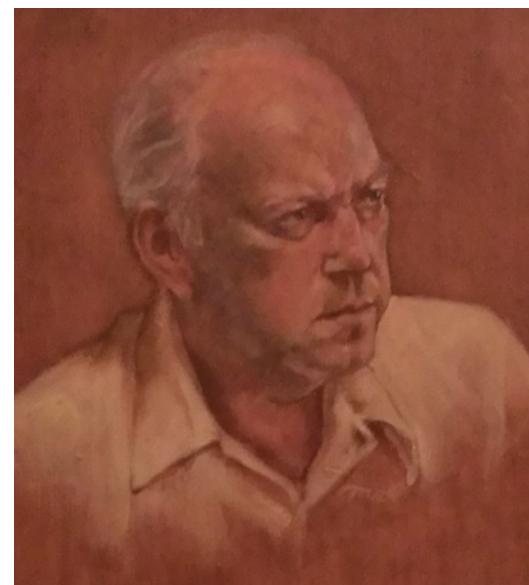
This session will highlight the history of the Gordon K. Moe Laboratory and the

many postdoctoral fellows and scholars who trained at the Masonic Medical Research Laboratory, Utica, N.Y. Participants will learn about Gordon K. Moe, the scientist, the scholar and the warm and caring human being.

Presentations will be chaired by Charles Antzelevitch, PhD, FHRS, director of the Masonic Medical Research Laboratory, Utica, N.Y., and Albert L. Waldo, MD, FHRS, CDDs, of Case Western Research University-University Hospitals.

Presentations by former fellows include:

- Jose Jalife, MD, FHRS, University of Michigan, Ann Arbor
- Juan Tamargo, MD, School of Medicine, Complutense University, Madrid, Spain
- Douglas P. Zipes, MD, FHRS, Krannert Institute of Cardiology, Indianapolis, Ind.
- Commentator Berndt Luederitz, MD, PhD, FHRS, University of Bonn, Bonn, Germany.



Gordon K. Moe, MD, PhD



## IN MEMORIAM

## Paul Crawford Gillette, MD, FHRS, and Brian Hoffman, MD

## BRIAN HOFFMAN, MD (1925- 2013)

**DR. HOFFMAN WAS BORN IN NEW** York, attended Princeton University and received his medical degree at the Long Island College of medicine in 1947. After an internship and assistant residency in medicine at New York's Lenox Hill Hospital, he started his research career as an instructor in Physiology at State University of New York Downstate Medical Center in 1949. He was appointed professor of Physiology at Downstate in 1960, and three years later he accepted the David Hosack Professorship and Chair in Pharmacology at Columbia University College of Physicians and Surgeons, a position he held for more than 30 years.

Dr. Hoffman was the recipient of the Society's 1983 Distinguished Scientist and 2006 Pioneer in Cardiac Pacing and Electrophysiology awards. He also was honored at the 32nd Annual Scientific Sessions 2011 Rhythms in Time exhibit.

His contributions to research centered on three areas: study of the basis of normal cardiac impulse initiation and conduction; identification of the mechanisms responsible for cardiac arrhythmia; and application of the

results of basic research in electrophysiology and pharmacology to the improvement of patient care. His work on arrhythmogenic mechanisms was visionary, highlighted by his studies on slow propagation, summation and cancellation of impulses that provided a seminal step in the understanding of reentry. He was also a pioneer in the introduction of "mapping" techniques for the human heart, facilitating the tracing of cardiac activation during normal rhythm and arrhythmias. His investigations of antiarrhythmic drugs provided a firm electrophysiologic and biophysical basis for understanding their mechanisms of action.

He is justifiably considered a central figure in the growth and development of cardiac electrophysiology as a basic and clinical science. His intellectual grasp of the entire field from biophysical studies of basic mechanisms through clinical studies of arrhythmias focused the direction of research and its application and provided guidance and inspiration for his peers as well as for succeeding generations of investigators. No fewer than 70 of the leading contributors to



Brian Hoffman, MD

electrophysiological literature trained directly or worked with him.

Not only was Dr. Hoffman a dominant figure in 20th-century biomedical research, but he communicated his knowledge and research effectively to students, to the scientific community and to the practicing physician. There are few individuals whose contributions and abilities have been so diverse and so consistently endowed with excellence. There are even fewer who have shown comparable leadership and insight in spanning the spectrum from basic sciences to clinical cardiovascular medicine.

"IN THE PAST YEAR, WE HAVE LOST TWO LEADERS IN ELECTROPHYSIOLOGY, ONE CLINICAL AND ONE BASIC. PAUL GILLETTE DID MORE THAN ANY OTHER TO SHAPE THE EARLY WORLD OF PEDIATRIC ELECTROPHYSIOLOGY. GENERALLY WORKING WITH TOOLS DESIGNED FOR ADULTS, HE WAS ABLE TO ADAPT THEM TO TINY TOTS, AND EXPLORE AND TREAT HEARTS NO BIGGER THAN WALNUTS. BRIAN HOFFMAN EXPLORED HIS OWN TINY EMPIRE, THE WORLD OF ELECTROPHYSIOLOGY INSIDE THE CARDIAC CELL. ALONE AND SOMETIMES WITH PAUL CRANFIELD, HE DISCOVERED AND ESTABLISHED BASIC ELECTROPHYSIOLOGIC PRINCIPLES THAT ARE THE BEDROCK OF MODERN EXPERIMENTAL ELECTROPHYSIOLOGY. AS THE YOUNG SCIENTISTS OF TODAY STAND ON OUR SHOULDERS, SO WE STOOD ON THEIRS, TO BETTER SEE AND SHAPE THE FUTURE."

— HeartRhythm Editor-in-Chief  
Douglas P. Zipes, MD, FHRS

Society members can share their thoughts of both physicians in the HRS eCommunity at <http://community.hrsonline.org>

## PAUL C. GILLETTE, MD, FHRS (1942-2013)

**DR. GILLETTE WAS BORN IN** Winston-Salem, N.C., on Dec. 1, 1942, and served as the seventh president of the Heart Rhythm Society, from 1985-86. After receiving his undergraduate degree from the University of North Carolina at Chapel Hill, he earned his medical degree in 1969 from the Medical University of South Carolina. He completed his pediatric residency and cardiology fellowship at Texas Children's Hospital at Baylor in Houston and went on to become faculty there.

Dr. Gillette was an internationally respected physician who cared for thousands of patients during a 40-year career. His professional contributions to the field include a series of fundamental works during the 1970s and '80s that covered the entire spectrum of pediatric arrhythmia care. These accomplishments helped establish the pediatric EP subspecialty, and Dr. Gillette continued to be a leader in the field throughout his career. He received the Pioneer in Pacing and Electrophysiology Award from the Heart

Rhythm Society in 1998 and the Founder's Award from the Section on Cardiology and Cardiac Surgery of the American Academy of Pediatrics in 2009.

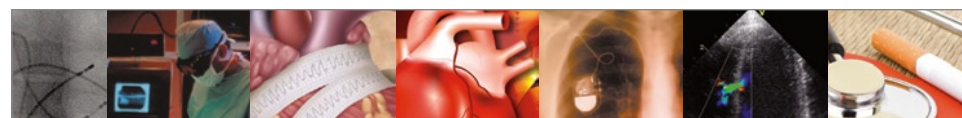
His contributions to pediatric EP included intracardiac recordings, the mechanism of surgical AV block, the electrophysiology of the Mustard procedure as well as ventricular inversion, the use of invasive electrophysiology study in repaired tetralogy of Fallot, the application of transvenous pacemakers in children, and the surgical management of arrhythmias. His program at Texas Children's Hospital was easily one of the best in the world during his tenure, and children from all over the country were referred there for management. He moved to the Medical University of South Carolina in 1984, where he served as the Division Director of Pediatric Cardiology until 1996. The remainder of his career was spent at Cook Children's Hospital in Fort Worth, Texas, as Medical Director of Cardiology and then in active clinical practice in Denton, Texas, until his recent retirement.

Co-founder of the Pediatric and Congenital Electrophysiology Study in 1982, Dr. Gillette trained several generations of pediatric electrophysiologists, including Arthur (Tim) Garson, John Kugler, Robert Campbell, Seshadri Balaji and Christopher Case.

Dr. Gillette's accomplishments were many, and he was to be honored with the first Lifetime Achievement Award from the Pediatric and Congenital Electrophysiology Society (PACES) at this year's meeting of the Heart Rhythm Society in Denver.



Paul C. Gillette, MD, FHRS



## Patient Information Sheets Now Available!

Help patients understand common heart rhythm disorders with the Heart Rhythm Society's newly updated patient information sheets.

Written by experts in the field, these easy-to-read information sheets provide patients and caregivers with basic facts on 15 heart rhythm-related topics, including heart disease and disorders, signs and symptoms, risk factors and prevention, treatment options, and more!

Best of all, each patient information sheet can be customized, or "co-branded" with your organization's name, address, phone number, and logo.

**Order one or order them all — whatever best suits your patients' needs!**

**[www.HRsonline.org/CustomPrinting](http://www.HRsonline.org/CustomPrinting)**

**SPECIAL INTRODUCTORY OFFER:**  
Receive 25% off any patient information sheets ordered by June 15, 2013!\* Enter code **INTRO**. Discount applied at check out. *For more information, stop by Heart Rhythm Place, Booth 739 in the Exhibit Hall.*

\*After June 15, 2013, Heart Rhythm Society members will continue to receive a 25% discount off the list price on all patient information sheet orders.



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Exhibits: November 17–19  
Sessions: November 16–20  
Resuscitation Science Symposium: November 16–17  
Cardiovascular Nursing Symposium: November 19–20

Dallas, Texas

[scientificsessions.org](http://scientificsessions.org)

# Electrophysiology Track

## Key Dates



### **Abstract Submission Deadline**

April 17–June 5, 5 PM CDT | UTC -5 Hours



### **Late-Breaking Clinical Trial Application**

June 3–24, 5 PM CDT | UTC -5 Hours



### **Late-Breaking Basic Science**

July 29–Aug. 19, 5 PM CDT | UTC -5 Hours

### **Registration and Housing Opens**

June 12 | FAHA and VIP

June 19 | Members and Media

June 26 | Nonmembers

**Members save up to \$400. Join today!**

Visit AHA Booth #854 to learn more.

## ***Don't Miss the Most Exciting Sessions in Electrophysiology at the American Heart Association's Scientific Sessions 2013***

- **Atrial Fibrillation Management:** Clinical Challenges
- **ECG Screening Programs for Sudden Death Prevention:** Benefits, Risks and Costs
- **Ventricular Fibrillation:** From Bench to Bedside
- **Joint AHA/Cardiac Electrophysiology Society Session:** Atrial Fibrillation – Basic Mechanisms and Clinical Treatment in 2013
- **Arrhythmogenic and Hypertrophic Cardiomyopathies:** Scientific and Clinical Updates



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at HRS.**

**BOOTH  
#854**

[scientificsessions.org](http://scientificsessions.org)



## Heart Rhythm Society Launches Clinical Decision-Making Seminars

**THE HEART RHYTHM SOCIETY** recently launched a unique, physician-centric, three-session seminar series designed to share evidence-based patient management strategies across the spectrum of arrhythmia-based disease states.

The 2013 series will focus on lead management, with Session 1 primarily focusing on pre-implantation decision making in patients with a device indication. Sessions 2 and 3 will cover lead surveillance, indications for extraction, extraction

procedures and logistical concerns.

Each series takes place within a 90-day time frame and features an on-demand portion followed by a live, interactive question-and-answer (Q&A) session with faculty. Watch the on-demand case, pause the recording and submit detailed questions regarding the case for inclusion in the faculty's Q&A session preparation. Questions can also be submitted during the live Q&A.

To register and view Session 1, please visit [www.hrsonline.org](http://www.hrsonline.org) for more information.

## RAPID FIRE CASES: THE LATEST INFORMATION — FAST!

New for Heart Rhythm 2013, each hour-long "brown bag" lunchtime session features five 4-minute case presentations. After each presentation, an expert panel will hold a 7-minute discussion to quickly evaluate each case and consider potential treatment options, followed by a question-and-answer session.

### Today

12:15 – 1:15 p.m. | Room 503

### Rapid Fire: Device

This session will cover five clinical pacemaker/ICD cases. Experts will discuss each case and discuss potential treatment options.

**Chair:** Byron K. Lee, MD  
UCSF Cardiac Electrophysiology,  
San Francisco, CA

**Expert Panelists:** Rahul N. Doshi, MD, FHRS  
University of California, Irvine, Orange, CA

F. Roosevelt Gilliam, III, MD, FHRS, CCDS  
Cardiology Associates of Northeast  
Arkansas, Jonesboro, AR

**Case 1:** Jeffrey S. Osborn, MD, CCDS  
Intermountain Medical Center, Salt Lake  
City, UT

**Case 2:** Wei Hua, MD, PhD, FHRS  
Fu Wai Hospital and Cardiovascular  
Institute, Beijing, China

**Case 3:** Nathan M. Segerson, MD, FHRS  
Kitsap Cardiology Consultants, Salt Lake  
City, UT

**Case 4:** Kathryn A. Glatter, MD, FHRS  
Woodland Healthcare, Woodland, CA

**Case 5:** L. Bing Liem, DO, CCDS  
El Camino Hospital, Mountain View, CA

Thank you!

# HeartRhythm

As *HeartRhythm* Journal celebrates its 10-year anniversary, on behalf of the publication's nearly 6,000 readers, the Heart Rhythm Society would like to recognize the extraordinary accomplishments of Founding Editor-in-Chief Douglas P. Zipes, MD, FHRS, and Executive Managing Editor M. Joan Zipes, and their outstanding service to the journal since its launch.

Dr. and Mrs. Zipes also will be recognized with 2013 President's Awards for exemplary performance and dedication to *HeartRhythm*.

Please join us in celebrating their contributions to the Journal, the Society, and the EP field.



## DOWNLOAD THE **FREE** HRS SKETCHER APP!



The Heart Rhythm Society (HRS) has updated and improved its popular **Sketcher**, an iPad App designed to help health care providers explain arrhythmia-related disease states to patients and caregivers, and facilitate communication regarding diagnosis, treatment, and follow up.

### FEATURES:

- Explanatory graphics and video animation
- Images with summary descriptions of normal and irregular heart functions
- Customizable heart diagrams
- **NEW:** Heart Failure disease description and Cardiac Resynchronization Therapy with explanatory animation

The app allows the provider to graphically illustrate changes in normal heart functions in cases of sudden cardiac arrest, atrial fibrillation, heart failure, and cardiac resynchronization therapy, and to show where surgical intervention might be required. In addition, illustrations may be emailed to a patient directly from the app or printed as a PDF, helping maintain medical records at every step.

Support for the Heart Rhythm Society Sketcher Application is provided by St. Jude Medical and Janssen Pharmaceuticals, Inc.

Learn more at  
[HRSONline.org/Sketcher](http://HRSONline.org/Sketcher)





# HRS Salutes its Supporters Through the Infinity Circle

The Infinity Circle recognizes the significant contributions of the Heart Rhythm Society's year-round supporters and salutes the importance of their role in furthering the mission of the Society and the cardiac arrhythmia profession.

The Society's 2012 Infinity Circle represents eight companies committed to furthering the Society's mission and delivering quality education and resources to the Society's constituents and the Field.

The Heart Rhythm Society gratefully acknowledges the companies in the 2012 Infinity Circle:

## Platinum Member

Medtronic

## Gold Members

Boston Scientific  
Boehringer-Ingelheim

## Silver Members

Biosense Webster, Inc. a Johnson  
and Johnson Company  
Bristol-Meyers Squibb and Pfizer, Inc.  
Janssen Pharmaceuticals, Inc.  
St. Jude Medical  
ZOLL

Infinity Circle supporters help fund a wide range of Society initiatives and programs, which ultimately lead to improved patient diagnosis, treatment and care.



HRS President Anne Gillis, MD, FHRS, and Society CEO James Youngblood (right) presented the Platinum Infinity Circle Award to Medtronic CRDM President Pat Mackin. All Infinity Circle member companies were recognized Tuesday night.

In 2012, thanks to the generous support of the Infinity Circle, the following programs and initiatives are a sampling of what was possible:

33rd Annual Scientific Sessions  
Board Review Course  
Research Fellowships  
Affiliate Membership Program  
Atrial Fibrillation Awareness Campaign  
AFibProfessional.org  
Sudden Cardiac Arrest Awareness Campaign  
AF Summit at Heart Rhythm 2012  
Transitions of Care in AFib, Pilot  
Arrest the Risk Awareness Campaign  
SCA Protocol and Mobile Application  
CRM Online Clinical Community

## JOINT SESSIONS WITH INTERNATIONAL ORGANIZATIONS

### TODAY

8 – 9:30 a.m.

#### Advances in CRT

Associazione Italiana di Aritmologia e Cardioritmo (Italian Heart Rhythm Society)  
Room 406

#### Current Status and Future Trend of Device/Patient Follow up in Asia

Asia Pacific Heart Rhythm Society (APHRS) & Chinese Society of Pacing and EP (CSPE)  
Mile High Room 4F

#### Advances in Catheter Ablation for the Treatment of VT/VF

CHRS (Canadian Heart Rhythm Society) and SOLAECE (Sociedad Latino Americana de Estimulación Cardíaca y Electrofisiología)  
Mile High Room 3A

#### Risk Stratification of Thromboembolic Events in AF

Taiwan Heart Rhythm Society  
Mile High Room 3C

#### Simulators for Electrophysiology Training: A New Paradigm on the Horizon?

University of Insubria, Varese, Italy  
Room 102

10:30 a.m. – Noon

#### Challenges in Cardiac Resynchronization Therapy: The Devil is in the Details

Hungarian Society of Cardiology  
Room 406

#### How to Manage Anticoagulation and Antiplatelet Agents at Time of PPM and ICD Procedures

Oregon Health & Science University  
Mile High Room 1D

4:30 – 5 p.m.

#### Impact of Cardiovascular Ultrasound in Cardiac Resynchronization Therapy

American Society of Echocardiography (ASE)  
Mile High Room 4A

#### Real-Life Epidemiology, Management and Outcomes of the AF Ablation

European Heart Rhythm Society  
Room 406

#### ICD Indications and Outcomes: Lessons from Registries

Israeli Working Group of Pacing and EP  
Belco Theatre 1

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# IBHRE Certification Has Positive Impact, Survey Finds

**AT THE END OF 2012, THE INTERNATIONAL Board of Heart Rhythm Examiners (IBHRE)** conducted an annual survey about the impact of certification on physicians and allied professionals.

Recent survey results found that obtaining an IBHRE certification enhanced credibility in the medical practice as well as increased respect for the practitioner, allowing IBHRE certified professionals to gain a competitive advantage in their specialty. More than 50 percent of certified professionals said that certification also facilitated their growth as a specialist as well as being a source of personal pride.

Clark Campbell, BS, CCDS, said he became IBHRE certified because, "I want to be recognized as having credibility with regard to my knowledge, the drive to put forth the effort to pass the exam, and pride in being part of this astute community."

Many certified professionals said that the knowledge they obtained while studying for the exam was invaluable and gave them a greater level of understanding of their profession. Respondents also stated the certification shows a level of competency, provides vast networking opportunities and allows the professional's voice to be heard within the EP community.

Sootkeng Ma, MD, CCDS, CEPS, said, "Personally, getting certified really 'kick-started' my career in EP and helped me steadily gain momentum in learning more on EP. Professionally, the networking opportunities are enormous, both during and after certification."

Employers find it meaningful to have IBHRE-certified staff because it validates the credibility of their service. This encourages staff members to

strive for certification, which encourages them to perform more complex tasks and take on heightened responsibilities. Certification also increases the employees' expertise in device management and follow-up, improves patient care and acknowledges their practice as a resource for device evaluation and research. Employers appreciate and recognize when their employees take the extra steps to show their dedication to the practice and their patients.

Tegan Moxon, BAPPSC, CCDS, believes certification is important because "It allows us to move our service in new directions, encouraging staff members to strive for certification and the ability to perform more complex tasks and higher responsibility duties."

After becoming IBHRE certified, most professionals say they gained a new level of pride, confidence and respect in the EP and Pacing community. Practitioners also expand their networks on an international scale and discover more opportunities for jobs, consulting and speaking at national conferences. Miriam Norman, MS, CCDS, said, "Studying for the exam greatly improved my knowledge. Success in the exam has improved my professional reputation, which in turn is allowing me to apply and share my knowledge. I am far less apologetic of my ideas and opinions and can approach others with confidence and am now

receiving requests to speak at national conferences."

The CCDS and CEPS certification for allied professionals and physicians establishes a measure of proficiency for those responsible for diagnostic data interpretation, troubleshooting issues and reprogramming devices. It also demonstrates that the

practitioner is dedicated to their specialty and up to date with current changes. Individuals select IBHRE certification because of personal goals as well as incentives given by their employers. They wish to challenge themselves and broaden their knowledge beyond their own practice.

Practitioners want to meet their personal standards of providing world-class service to patients along with earning credibility in the heart rhythm community.

IBHRE currently has more than 9,000 certified professionals — including 1,815 physicians — worldwide who represent 50 countries. With the ever-changing landscape of cardiac pacing and EP, certification matters now more than ever before. Certification drives improvement, performance and quality of care while standardizing knowledge across borders. IBHRE will continue to make its certification a global standard while emphasizing the importance of competency and quality of patient care in cardiac pacing and electrophysiology.

"PERSONALLY, GETTING CERTIFIED REALLY 'KICK-STARTED' MY CAREER IN EP AND HELPED ME STEADILY GAIN MOMENTUM IN LEARNING MORE ON EP. PROFESSIONALLY, THE NETWORKING OPPORTUNITIES ARE ENORMOUS, BOTH DURING AND AFTER CERTIFICATION."

— Sootkeng Ma, MD, CCDS, CEPS

**The Heart Rhythm Society increases public knowledge of heart rhythm disorders and treatment through its year-long awareness campaigns:**

## Atrial Fibrillation (AFib)

The "AFib Feels Like" Awareness Campaign increases public knowledge of AFib, its symptoms, warning signs, and available treatment options.

[www.AFib.org](http://www.AFib.org)

Sponsors: Boehringer-Ingelheim, Janssen Pharmaceuticals, St. Jude Medical



## Sudden Cardiac Arrest (SCA)

The Society's award-winning "Apples and Oranges" Awareness Campaign uses a simple analogy to educate people about the difference between a heart attack and SCA. The campaign targets heart attack survivors, who are at the highest risk for SCA.

[www.StopSCA.org](http://www.StopSCA.org)

Sponsors: Boston Scientific



## Arrest the Risk

"Arrest the Risk" is the Society's newest awareness campaign. Launched in the U.S. in partnership with the Association of Black Cardiologists, this campaign aims to overcome the barriers to proper diagnosis and treatment of SCA, particularly in the African American community. Emmy Award-winning journalist Shaun Robinson is lending her voice and support to the campaign.

[www.ArrestTheRisk.org](http://www.ArrestTheRisk.org)

Sponsors: Medtronic



# Heart Rhythm 2013

34<sup>TH</sup> ANNUAL SCIENTIFIC SESSIONS  
MAY 8–11, 2013 | DENVER, CO

**Science | Discovery | Innovation**  
HONORING OUR PAST. SHAPING OUR FUTURE.

**Rhythm Theatre 2013** Back by popular demand — Rhythm Theatre returns to the Exhibit Hall. Enjoy three days of education on current clinical information, industry products, and services in two presentation areas.

## Rhythm Theatre 1

Wednesday, May 8, 2013 | 6:15–7:15 p.m.  
Syncope and a Look into the Future of Syncope

Sponsored by Medtronic

Thursday, May 9, 2013 | 9:30–10:30 a.m.  
I Can See Clearly Now: SureScan® Pacemaker Systems as the New Standard of Care

Sponsored by Medtronic

Thursday, May 9, 2013 | 12:15–1:15 p.m.  
Get Rhythm: Cardiac Resynchronization Therapy, New Patient Populations, & New Technologies

Sponsored by Medtronic

Thursday, May 9, 2013 | 3:15–4:15 p.m.  
CareLink Express: Leveraging Technology to Create a New Standard of Care for Cardiac Device Patients in Your Hospital

Sponsored by Medtronic

Friday, May 10, 2013 | 9:30–10:30 a.m.  
Next Generation Cryoballoon: Targeting the Next Level of Patient Care

Sponsored by Medtronic

Friday, May 10, 2013 | 12:15–1:15 p.m.

Making the Difficult Choices for Your ICD Patients

Sponsored by Medtronic

Friday, May 10, 2013 | 3:15–4:15 p.m.  
Physicians and Social Media — Current State of the Art

Sponsored by Medtronic



## Rhythm Theatre 2

Thursday, May 9, 2013 | 9:30–10:30 a.m.  
Advances in Non-invasive Electrocardiographic Mapping — Cardiolinsight Technologies, Inc.

Sponsored by Cardiolinsight Technologies, Inc.



Thursday, May 9, 2013 | 12:15–1:15 p.m.  
S-ICD® System or Transvenous ICD: How do you choose?

Sponsored by Boston Scientific Corporation



Friday, May 10, 2013 | 12:15–1:15 p.m.  
A Closer Look at a Class III Antiarrhythmic

Sponsored by Pfizer



[www.HRSONline.org/Sessions](http://www.HRSONline.org/Sessions)

As of April 1, 2013



# Explore Innovative Abstracts in the EPicenter

## COME HEAR NEW IDEAS FOR

technological or scientific advances in the field of cardiac electrophysiology! Nine innovative abstracts will be presented from 9:30 a.m. – 5 p.m. Friday during the Innovation Poster II sessions in the EPicenter: The Learning Lounge located in the Exhibit Hall.

Presenters will be available to speak with attendees from 9:30 – 10:30 a.m. and 3:15 – 4:15 p.m.

### Abstracts

**Stem Cell-Based Cardiac Resynchronization**

Satsuki Yamada, MD, PhD

**Quantitative Magnetic Resonance Imaging Analysis of the Relationship between Contact Force and Left Atrial Scar Formation after Catheter Ablation of Atrial Fibrillation**

Christian Sohns, MD

**Real-Time Positional Adjustment of Electroanatomical Models to Improve Spatial Perception and Catheter Localization**

Steven Williams, MRCP

**Low Entropy in the Sub-endocardial Scar Can Localize Ventricular Tachycardia Supporting Channels in Post-Infarct Ventricles**

Sachin Nayyar, MD

**A Novel Strategy for Mapping in Sinus Rhythm to Localize Ventricular Tachycardia Channels in Ischemic Cardiomyopathy**

Sachin Nayyar, MD

**Development of a Biomarker Panel to Predict Cardiac Resynchronization Therapy Response: Results from the SMART-AV Trial**

Francis Spinale, MD, PhD

**Evaluation of the Fetal QT Interval Using Non-invasive Fetal ECG Technology**

Alisa Niksch, MD

**Mutations in a Neuronal Sodium Channel Responsible for a Large Fraction of Brugada Syndrome Cases**

Dan Hu, MD, PhD

**U-wave on ECG is Associated with Sudden Cardiac Death in General Population**

Larisa Tereshchenko, MD, PhD

"WE HAVE RECENTLY CREATED A NEW ABSTRACT CATEGORY TO SHOWCASE THE LATEST INNOVATIVE STUDIES IN THE FIELD OF HEART RHYTHM MANAGEMENT. NOVEL DEVICES, TREATMENT STRATEGIES, GENE EVALUATION AND IMAGING TECHNIQUES WILL ALL BE SHOWCASED IN THESE UNIQUE ABSTRACT SESSIONS. THIS IS A GREAT OPPORTUNITY TO TAKE A GLIMPSE INTO THE FUTURE OF EP AND SEE WHAT THE NEXT BIG THING MIGHT JUST BE."

— John Day, MD, FHRS, Abstract Chair, Scientific Sessions Program Committee

## HYDE PARK CORNER

Hyde Park Corner features an innovative, free-form, slide-less presentation format used to provide new or controversial ideas or techniques. Featured speakers will voice their opinion on a controversial or provocative topic, espousing the virtues of the idea, even if it has not been sufficiently tested in a clinical trial to allow it to stand on "guideline-level" merits.

Today's Hyde Park Corner presentations include:

### Obamacare — Our Salvation?

9:30 – 9:45 a.m.

**Speaker:** Brian Olshansky, MD, FHRS, CCDS, University of Iowa Hospital and Clinics, Iowa City, IA

"MANY KNOCK OBAMACARE AS NOT BEING THE AFFORDABLE CARE ACT IT PURPORTS TO BE. THEY SAY THAT IT WILL COST THE COUNTRY HUGE AMOUNTS OF MONEY AND STILL NOT PROVIDE CARE FOR THE POOREST AMONG US. SOME ALSO SAY THAT IT COULD BE A DISASTER FOR THE COUNTRY. HOWEVER, I SAY 'POPPYCOCK.' OBAMACARE IS OUR SALVATION!"

— Dr. Olshansky

### Is there a Future for Academic EPs?

3 – 3:15 p.m.

**Speaker:** Anne B. Curtis, MD, FHRS, CCDS, University of Buffalo, Buffalo, NY



"DECREASING REIMBURSEMENT BY THE GOVERNMENT AND THIRD-PARTY PAYERS, DECREASING PAYLINES BY NIH, HEALTHCARE REFORM, THE TREND FOR FULL-TIME HOSPITAL EMPLOYMENT, RVU TARGETS THAT SOAR HIGHER AND HIGHER, THE WITHERING AWAY OF 'PROTECTED TIME' — WHAT IS THE FUTURE OF ACADEMIC EP, AND HOW DO WE PROTECT INNOVATION AND ADVANCES IN THE TREATMENT OF ARRHYTHMIAS IN THE CURRENT ENVIRONMENT?"

— Dr. Curtis

Both presentations will take place in the Colorado Convention Center, Grand Concourse.

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FRIDAY 8 MAY 10, 2013



## HEART RHYTHM SOCIETY SOCIAL NETWORKING TOOLS

Connect with colleagues, find information and join discussions on the research and treatment of heart rhythm disorders using the following websites:

### Twitter

Visit the Society's Twitter site at [www.twitter.com/hrsonline](http://www.twitter.com/hrsonline) for the latest updates on Heart Rhythm 2013, including important events and room changes. Add **#hrs2013** to your tweets in order to join the conversation.

### Facebook

Visit or "Like" the Society's page at [www.facebook.com/HeartRhythmSociety](http://www.facebook.com/HeartRhythmSociety) for daily updates on events and programs, as well as news articles about heart rhythm disorders.

### HRS eCommunity

Discuss interesting or challenging issues related to your work and practice, gain insights about the field and the opinions of your colleagues and share important events on group calendars at [www.HRSonline.org/eCommunity](http://www.HRSonline.org/eCommunity).

### LinkedIn

Society members may network, review Society news and information, and post and discuss questions. To find out more or to become a member, contact [membership@HRSonline.org](mailto:membership@HRSonline.org).

### EP Insights

Visit the Society's blog at [www.EPinsights.org](http://www.EPinsights.org) to read and discuss news, commentary and information for heart rhythm professionals, including clinical guidelines, health policy and advocacy, professional education, practice information, quality improvement, research and the Society's Annual Scientific Sessions.

## TWEETS OF THE DAY

@dlschermd

Great to see sessions on patient concerns, at #HRS2013. Patients are finally taking their rightful place next to technology. #s4pm

@CSHeartResearch

Great session: genetics of arrhythmia disease #hrs2013 Complexities of pathogenicity growing with NGS technologies @rdbagnall @lienlittlelam

@Toaster\_Pastry

Great lecture on His-bundle pacing. I'm gonna start developing that into my practice. #HRS2013

@RandyWerneth

At #HRS2013, Hypertension seems to be the root of all evil. Certainly a strong predictor for all the cardiac diseases.

## Attendee Spotlight



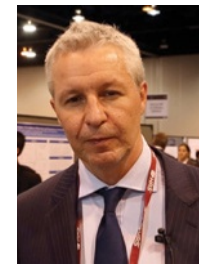
*"This year I'd have to say my most favorite moment was the introduction of Rapid AFib. It was great to see live, real patient cases with an expert panel commenting on the current strategies for atrial fibrillation for paroxysmal and non-paroxysmal atrial fibrillation, as well as tips and tricks to help one succeed in atrial fibrillation ablation procedures."*

— Ashish A. Sadhu, MD, FHRS



*"Being a Fellow of the Heart Rhythm Society gives me the opportunity to support the Society in a meaningful way. This is a Society that has advanced the field of cardiac electrophysiology and arrhythmias in a very important way over the past few years and I've been very proud to be a part of it and I'd like to continue to help in any way possible."*

— Charles Antzelevitch, PhD, FHRS



*"I attend Scientific Sessions at HRS because I think it is a wonderful meeting. It is a great opportunity, firstly, to see what is happening in the world of electrophysiology and pacing, [and] to be at the forefront of the new technologies and new innovations. Also it's a great opportunity to meet colleagues and friends from around the world, to exchange ideas and to network."*

— Christopher A. Rinaldi, MD, FHRS

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## 2013 BOARD REVIEW COURSE

Clinical Cardiac Electrophysiology &  
ABIM CCEP Recertification Prep Course

### COURSE DIRECTOR

Kenneth A. Ellenbogen, MD, FHRS

### CO-DIRECTORS

Gregory F. Michaud, MD, FHRS  
John M. Miller, MD, FHRS

Register today at [www.HRSonline.org/BRCourse](http://www.HRSonline.org/BRCourse)



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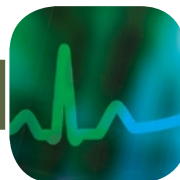


Heart Rhythm Society<sup>SM</sup>



**"Funding from HRS gave me the motivation to**

continue the rigorous process of obtaining the knowledge to be of benefit to my patients, my peers, and my physician colleagues." ~ HRS FURMAN FUND RECIPIENT



**"Most people mark life milestones in years and**

decades. I mark them by advancements in heart rhythm care that enable me to fully live those years and decades." ~ PATIENT



**"I give to HRS because I believe in the mission,**

'Ending Death and Suffering Due to Heart Rhythm Disorders' and I believe in the volunteers who have demonstrated their dedication to achieving that mission." ~ HRS INDIVIDUAL DONOR

**Your donation helps to advance our  
profession and improve the care of patients  
with cardiac rhythm disorders around the world.**

For more information, visit [www.HRSonline.org](http://www.HRSonline.org)



## IDEAS ON TRIAL

## LEFT ATRIAL APPENDAGE CLOSURE IS BETTER THAN ANTICOAGULATION THERAPY FOR STROKE PREVENTION

In this “trial,” experts will critically assess the available data in comparing interventional approaches surgical approaches and anticoagulation strategies for preventing stroke in patients with atrial fibrillation.

**Today**

8 – 9:30 a.m.

Mile High Room 4D, Denver Colorado Convention Center

**Chief Justice:** James D. Maloney, MD, FHRS, CCDS**Associate Justices:** Jack Kron, MD, FHRS;  
Jerold S. Shinbane, MD, FHRS**Protagonists:** Andre D’Avila, MD, PhD;**Protagonist Witnesses:** Shephal K. Doshi, MD;  
Glenn Young, MBBS**Antagonists:** John Camm, MD, FHRS**Antagonist Witnesses:** T. Jared Bunch, MD;  
Anne B. Curtis, MD, FHRS

Ideas on Trial sessions are debate sessions of the future! These sessions leave the traditional debate sessions on the floor of the EP lab. Instead of two debaters taking the pro and con side of an issue, the actual “idea” goes on trial with a Chief Justice and two Associate Justices presiding. Attorneys may call witnesses to help make their point to the jury, which is the audience, to make a decision as to whether the idea is “appropriate” or “guilty.”

*Supported by unrestricted educational grants provided by Biosense Webster, Inc., a Johnson & Johnson company, and SentreHEART, Inc.*

## LIVE CASE PRESENTATIONS FROM MAYO CLINIC

The Society’s popular live case presentations provide Scientific Session attendees with a unique opportunity to observe real time case-procedures conducted by the world’s leading electrophysiology clinicians.

“THE TWO LIVE CASE SEGMENTS SHOWCASE INTERESTING STRATEGIES AND NEW TECHNOLOGIES, PERFORMED IN TWO OF THE MOST EFFECTIVE EP LABORATORIES IN THE WORLD. THE FOCUS OF THE PRESENTATION IS THE REAL TIME DECISION ANALYSIS THAT OCCURS DURING THE CASE, PERFORMED BY EXPERTS IN THE FIELD. THE PROCEEDINGS ARE BY NATURE UNSCRIPTED, AND SEEING EXPERIENCED ELECTROPHYSIOLOGISTS HANDLE THE UNEXPECTED IS A GREAT PART OF THE LEARNING PROCESS.”

— Dave Callans, MD, FHRS, CCDS

**Today**

8 – 9:30 a.m.

**Case Topic 1:** Cryoballoon Ablation for Atrial Fibrillation**Case Topic 2:** Leadless ICD Implantation

*Supported by an unrestricted educational grant provided by Boston Scientific*

## OFFICIAL EDUCATIONAL SATELLITE SYMPOSIA

**Today**

6 – 7:45 a.m.

**The Emerging Role of Catheter-Based Renal Denervation in the EP Lab: Meeting the Challenges of Resistant Hypertension**

*Jointly sponsored by MediaSphere Medical, LLC and Cine-Med. Supported by an educational grant provided by St. Jude Medical*

Hyatt Regency Denver at Colorado Convention Center — Capital Ballroom 4

6:30 – 8 p.m.

**Second International Contact Force Symposium**

*Sponsored by MediaSphere Medical, LLC. Supported by an unrestricted educational grant provided by Biosense Webster*

Hyatt Regency Denver at Colorado Convention Center — Centennial Ballrooms A-C

*NOTE: This is an invitation-only event. Only health care professionals from outside the United States are permitted to attend this symposium. Products under IDE investigation will be discussed at this symposium, and such products are not available for sale within the United States.*

6:30 – 8:30 p.m.

**Innovative Technologies for LAA Closure**

*Jointly sponsored by MediaSphere Medical, LLC and Cine-Med. Supported by an educational grant provided by SentreHEART, Inc.*

Hyatt Regency Denver at Colorado Convention Center — Centennial Ballrooms F-H

## PRODUCT SHOWCASE

**2nd International Symposium**

**Left Atrial Appendage**

**March 14-15, 2014**

The Westin Kansas City at Crown Center,  
Kansas City, MO

**Course Directors**

**Dhanunjaya Lakkireddy, MD, FACC, FHRS**  
University of Kansas Hospital, Kansas City, KS

**Andrea Natale, MD, FACC, FHRS, FESC**  
Texas Cardiac Arrhythmia Institute, Austin, TX

**Saibal Kar, MD, FACC, FSCAI**  
Cedars Sinai Hospital, Los Angeles, CA

**David R. Holmes, Jr., MD, FACC, FSCAI**  
Mayo Clinic, Rochester, MN

[www.ISLAA-KC.com](http://www.ISLAA-KC.com)

**Course Overview**

This symposium updates you on everything you need to understand about stroke prevention and Left Atrial Appendage (LAA) exclusion procedures. Highlights include:

- Anatomy and physiology of LAA
- Stroke pathophysiology and the role of LAA
- Anticoagulation strategies
- Live Case Telecast
- Clinical issues related to LAA exclusion
- Interesting cases
- Clinical trials on LAA exclusion device
- Panel discussions
- Debates by experts in the field

**Sponsored by**

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**KANSAS CITY HEART RHYTHM SYMPOSIUM 2013**

**August 17-18, 2013 | Sheraton Kansas City Hotel at Crown Center**

**Dhanunjaya Lakkireddy, MD, FACC, FHRS**  
University of Kansas Hospital, Kansas City, KS

[www.kchrs.com](http://www.kchrs.com)

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The University of Kansas

**Symposium Highlights:**

- 4th Annual Dr. Manohar Sai Gowda Memorial Young Investigator Cardiovascular Research Awards
- KU Pioneers in Cardiovascular Electrophysiology Award and Keynote Speaker – Albert Waldo, MD
- **Featured Speakers:** Dr. Anne Gillis, Dr. Richard Fogel, Dr. Sam Asirvatham, Dr. Sana Al-Khatib, Dr. Larry Chinitz, Dr. David Callans
- **Topics Include:** Subcutaneous ICDs, Role of genetic testing for electrical and structural cardiomyopathies, Role of cardiac imaging in the management of heart rhythm disorders.

*Year-round Support. Infinite Gratitude.*

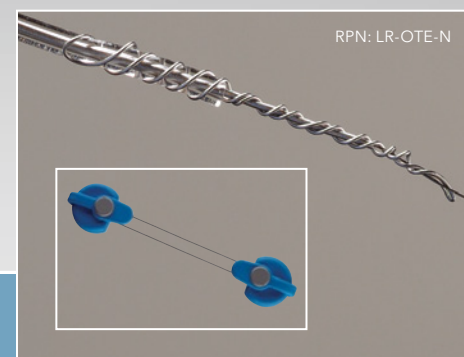


**Heart Rhythm Society**  
**INFINITY CIRCLE**

The Heart Rhythm Society’s Infinity Circle acknowledges our year-round supporters for their significant contributions. Infinity Circle members help fund a wide range of Heart Rhythm Society initiatives and programs, which ultimately lead to improved quality, patient diagnosis, treatment and care. The Heart Rhythm Society gratefully acknowledges the companies in the 2012 Infinity Circle.

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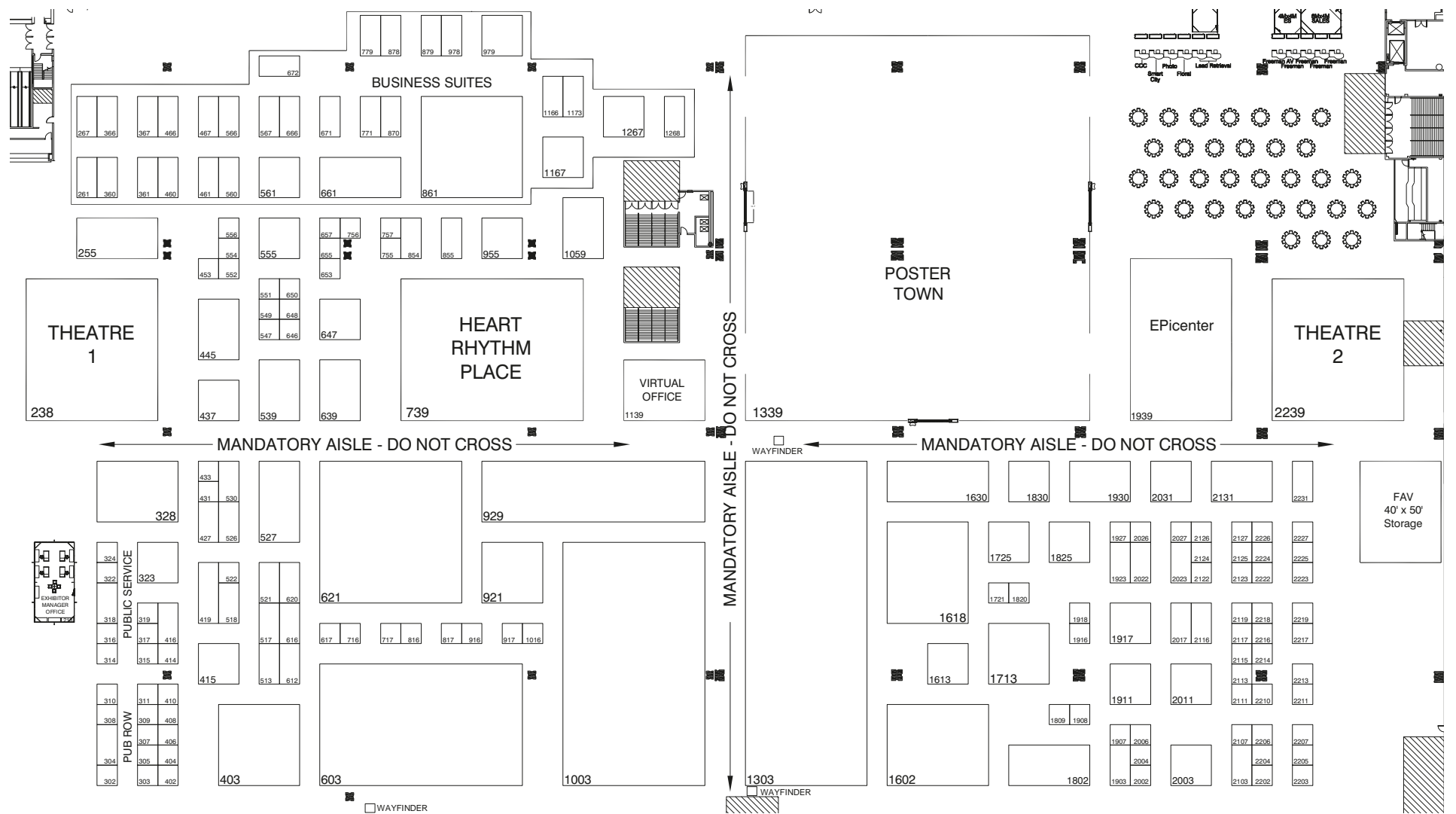


[www.cookmedical.com](http://www.cookmedical.com)

**BOOTH  
#1713**



# HEART RHYTHM 2013 EXHIBIT HALL MAP & EXHIBITORS



## 6th APHRS & CardioRhythm 2013

### A

AADCO Medical Inc.	1918
Abiomed	521
ADInstruments, Inc./Millar Instruments	1908
Affinity Medical Technologies	817
AliveCor, Inc.	431
Ambry Genetics	646
American Heart Association	854
American Preclinical Services	2119
Anthem Medical LLC	2022
Arrhythmia Alliance	317
Asia Pacific Heart Rhythm Society	757
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Augusta Health	TK7
AZUMIO	AP#3

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HMP Communications	2103

34<sup>TH</sup> ANNUAL SCIENTIFIC SESSIONS | MAY 8-11, 2013 | DENVER, CO

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### Visit the Exhibit Hall for Technology & Innovation

Visit more than 130 exhibitors showcasing the latest innovations and most technologically advanced products and services available to health care professionals working in cardiac electrophysiology and arrhythmia devices.

### Exhibit Hall Highlights:

<b>Featured Poster Session &amp; Reception</b> <i>Wednesday, May 8 at 6 p.m.</i>	<b>Booth 1339</b>
<b>Heart Rhythm Place</b> <i>The official HRS exhibit booth</i>	<b>Booth 739</b>
<b>Rhythm Theatres I &amp; II</b> <i>Industry-expert presentations</i>	<b>Booth 238</b> <b>Booth 2239</b>
<b>Poster Town</b> <i>Abstract presentations</i>	<b>Booth 1339</b>
<b>EPiCenter: The Learning Lounge</b> <i>Interactive learning and discovery</i>	<b>Booth 1939</b>
<b>Virtual Office</b> <i>Heart Rhythm resources at your fingertips</i>	<b>Booth 1139</b>

### Exhibit Hall Hours:

<b>Wednesday, May 8</b> <b>6 – 7:30 p.m.</b>
<b>Thursday, May 9</b> <b>9:30 a.m. – 5 p.m.</b>
<b>Friday, May 10</b> <b>9:30 a.m. – 5 p.m.</b>



HRA Healthcare Research & Analytics	617	NorthEast Monitoring, Inc.	2219	STARS - US	316	<b>V-W</b>	
Hypertrophic Cardiomyopathy Association	322	Novella Clinical	2117	Stellar Technologies	1907	VeniceArrhythmias2013	655
Integrated Medical Devices, Inc.	916	Omega Medical Imaging, LLC	1830	Stellartech Research Corporation	2126	Visible EP	433
iRhythm Technologies	648	Oscor Inc.	1923	Stereotaxis, Inc.	1802	Weaver and Company	2111
<b>J-K-L</b>		Otsuka Pharmaceutical	453	StopAfib.org	314	Wiley-Blackwell	304
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Kalila Medical	TK4	<b>P</b>		<b>T</b>		Worldwide Innovations & Technology	408
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LifeSyncCorp	TK5	Paieon Inc.	TK6	Texas Childrens Hospital	410	Xeridigm	2107
LifeWatch Services Inc.	AP#2	Parent Heart Watch	2224	Thoratec Corporation	2116	ZOLL	539
Lippincott Williams & Wilkins, Wolters Kluwer	310	Perkins Healthcare Technologies	323	Topera	445	ZTS HAGMED Sp. J	406
<b>M</b>		Pfizer	427, 2127	Toshiba America Medical Systems, Inc.	416		
Magic Massage Therapy	2210	Philips	403	Transgenomic, Inc.	917		
MAVIG GmbH	2218	Pressure Products, Inc.	1903	TYRX, Inc.	2003		
Mayo Clinic	2216	Preventice Inc.	2123	TZ Medical	2223		
McGraw Hill	2213	Protech Leaded Eyewear, Inc.	716				
McKesson	647	<b>Q-R</b>					
MDLABLINK	414	QOL-Apps	AP#1				
MediaSphere Medical LLC	308	Quail Digital	2113				
Medical Simulation Corporation	653	Real Time Diagnostics	650				
MEDICALgorithmics S.A.	2027	Robotic Electrophysiology Society	756				
Medical Software LLC	AP#4	<b>S</b>					
Medicomp, Inc.	555	SADS Foundation	318				
Mednet Healthcare Technologies	1725	Sanofi	437				
Medtronic, Inc.	1303	Science International Corp.	324				
Mended Hearts, Inc.	2222	ScottCare Cardiovascular Solutions	2011				
Merit Medical	549	SentreHEART, Inc.	TK2				
Mogul Enterprises/Tyche Med Tech Inc.	1809	Siemens Medical Solutions USA, Inc.	639				
Mortara Instrument Inc.	717	Simbionix USA Corp.	556				
MyoStim Pacers	657	Sorin CRM SAS	1618				
<b>N-O</b>		Spectocor	2023				
National Manufacturing Co. Inc.	2115	Spectranetics	1602				
nContact, Inc.	1825	ST Cardio Technologies	1016				
		St. Jude Medical	1003				

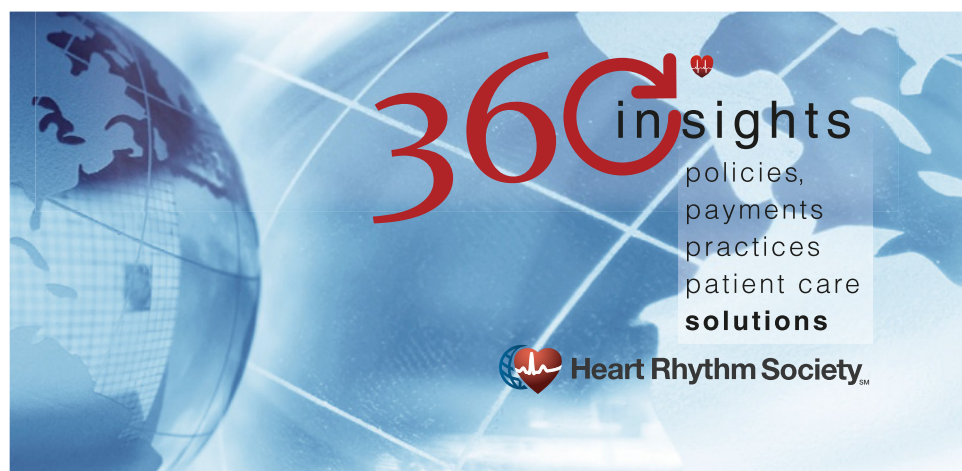


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The Asia Pacific Heart Rhythm Society (APHRS) is the international organization specializing in science and education for cardiac arrhythmia professionals. Established in 2008, APHRS has rapidly grown with generous support of all members and manufacturers. The society has a membership of professionals from more than 20 countries worldwide. Its annual scientific sessions have drawn much attention year by year. The APHRS News is the society's bimonthly publication, which develops a platform to exchange the information and ideas of medical science. Please access at [www.aphrs.asia](http://www.aphrs.asia) for details.

**Booth Locations: #315 and #757**

This year, the society will host the 6th annual scientific sessions in Hong Kong from **Oct. 3-6**. Please join us and get involved!

## Call for abstracts

Don't miss the chance to publish your abstracts in the supplement of the Journal of Arrhythmia!

**Abstract Submission Deadline: May 26, 2013**

**Notification of Abstract Acceptance: June 30, 2013**





## MEMBERS CORNER

## MEET OUR MEMBERS!

The Heart Rhythm Society Member Spotlight program highlights our members, their experiences in the field and how they have benefited from Society membership. All members are encouraged to share their stories. Submit your Spotlight today or become a member at [www.HRSonline.org/Membership](http://www.HRSonline.org/Membership).



**Jeffrey L. Williams, MD, MS, FHRS**  
Member since 2006

Dr. Williams started in the Invasive Electrophysiology Laboratory at The Good Samaritan Hospital in Lebanon, Pa., in 2008. His educational background and extensive knowledge of both engineering and cardiology have earned Dr. Williams many accolades in both clinical and academic settings. He's published more than 20 manuscripts and abstracts in the field of cardiology/electrophysiology and has received awards from both the American College of Cardiology Foundation and the National Institutes of Health.



**Felix O. Sogade, MD, FHRS**  
Member since 1998

Dr. Sogade serves as Chair of the Medical Center of Central Georgia Department of Medicine as well as an associate professor of medicine at Mercer University. He completed his Clinical Cardiac Electrophysiology Fellowship at Duke University Medical Center in 1996, his Cardiovascular Diseases Fellowship at the State University of New York at Stonybrook/Nassau County Medical Center and his M.B.B.S. at the University Ibadan, College of Medicine in 1986.

Read more about these and other Spotlitged Members now at [www.HRSonline.org/MemberSpotlight](http://www.HRSonline.org/MemberSpotlight).



## 2013 CODING GUIDE

for Heart Rhythm  
Procedures and Services

[www.HRSonline.org/Policy](http://www.HRSonline.org/Policy)

Not a member?  
Join the Society  
**TODAY!**[www.HRSonline.org/Join](http://www.HRSonline.org/Join)

The Heart Rhythm Society is the international leader in science, education and advocacy for cardiac arrhythmia professionals and patients and the primary information resource on heart rhythm disorders.

Since its founding in 1979, the Heart Rhythm Society has grown to represent professionals in cardiac pacing and electrophysiology in more than 70 countries.

Membership in the Society provides you with timely and relevant information, professional education and networking opportunities that you need to provide the best patient care possible.

**Publications**

- HeartRhythm Journal print and online subscriptions (up to \$230 in value)
- Keeping Pace, the Society's weekly e-newsletter with important features on education, health policy and member news and information.

**Discounts on Educational Courses and Products**

- Annual Scientific Sessions (save \$200 or more)
- Board Review Course (up to \$240 discount)
- Coding Guide for Heart Rhythm Procedures and Services (\$30 discount)
- Online Self-Assessment Program for the IBHRE Exams (up to \$200 discount)

**Advocacy and Health Policy**

- Advocacy for favorable legislation and regulations on coding, reimbursement and coverage for heart rhythm procedures
- Access to coding experts that help to assure appropriate and timely reimbursement
- Heart Rhythm Advisory Panel — Help direct the future of the field of electrophysiology and receive exclusive executive summary findings about many important EP issues including trends, research, new therapies, delivery of care, quality measures and Society programs.

[www.HRSonline.org](http://www.HRSonline.org)

- Find a Specialist — Physicians may elect to be listed on this publicly searchable directory which allows physician members to list their contact information for patient and physician referral purposes
- Career Resources — find and post jobs and utilize our comprehensive career development resources. All members receive one free job posting and fellowship postings are always free!
- Members-only access to valuable resources and materials

**Social Networking Opportunities**

NEW! HRSeCommunity — discuss interesting or challenging issues related to your work and practice, gain insights about the field and the opinions of your colleagues, and share important events on group calendars

- Member Directory of heart rhythm professionals to network and create professional relationships
- Member Spotlight to share your story with your fellow Society members
- LinkedIn — network with your colleagues, participate in discussions and read the latest news from the field

## Fellows-in-Training Lounge

## ROOM 107

The Society's Fellows-in-Training Lounge provides a setting in which fellows can relax with peers, enjoy light refreshment and access the Internet.

Society Leaders will give interactive talks on a number of professional development topics on Thursday and Friday. View the full schedule now at [www.HRSonline.org/FITLounge](http://www.HRSonline.org/FITLounge).

Are you a fellow-in-training? You may be eligible for FREE Society membership! Visit [www.HRSonline.org/Affiliate](http://www.HRSonline.org/Affiliate) for details.

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Heart Rhythm Society**

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TRIALS, *continued from Page 1***Device Beats Warfarin**

A third trial pitted warfarin against the Watchman device for stroke prophylaxis in atrial fibrillation.

"There is clear superiority in the Watchman group," said Vivek Reddy, MD, Mount Sinai School of Medicine, New York.

Dr. Reddy presented "Long Term Results of Protect AF: The Mortality Effects of Left Atrial Appendage Closure Versus Warfarin for Stroke Prophylaxis in AF."

The prospective, randomized trial has followed 800 nonvalvular AF patients for a mean of 45 months.

Watchman showed a risk ratio of 0.65 ( $p=0.04$ ) for all-cause mortality, 0.40 for cardiovascular mortality ( $p=0.005$ ) and 0.18 for hemorrhagic stroke ( $p=0.01$ ) compared to warfarin. Adverse event rates are similar for the two groups.

**Fibrosis and Severity in AF**

Atrial fibrosis may predict ablation success. "Delayed Enhancement for Mri Determinant of Successful Catheter Ablation for Atrial Fibrillation (decaaf): A Double-blinded, Multi-center, Prospective Trial" found the degree of atrial fibrosis is a strong predictor of patient outcomes following ablation.

On average, every 1 percent increase in fibrosis is associated with a 6 percent increase in the hazard of recurrence of AF, reported lead author Nassir Marrouche, MD, FHRS, University of Utah, Salt Lake City, Utah.

"The more fibrosis you have, the more disease you have and the less likely you are to have an excellent outcome," Dr. Marrouche said.

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"Fibrosis is a predictor that may help us to individualize treatment."

**Optim ICD Lead Data**

Are Optim ICD leads safe? Prospective registry data showed 99.4 percent of Optim leads are free from mechanical failure. The new findings were part of "Optim ICD Lead Failures: Long Term Rates from An Independent Analysis of >10,000 Leads in 3 Prospective Registries" presented by lead author John Cairns, MD, University of British Columbia, Vancouver, B.C.

"These are very low rates of failure," Dr. Cairns said.

Device maker St. Jude funds the registries and analysis. Registries

had recorded 11,005 leads as of Feb. 28, 2013, with a median follow up of about three years. About 550 leads had five years or more of follow up.

**AF a Substrate Disease**

It may be time to change thinking about AF as new data suggests that AF, like other arrhythmias, has discrete and identifiable targets.

"Paroxysmal AF is a substrate-based disease that can be eliminated by ablation of its promoters and sustaining mechanisms without pulmonary vein isolation," said Sanjiv Narayan, MD, PhD, FHRS, University of California San Diego Medical Center. "The elimination of stable rotors and stable focal

sources can be very successful without pulmonary vein isolation."

Dr. Narayan is lead author for "Treatment of Paroxysmal Atrial Fibrillation by Targeted Elimination of Stable Rotors and Focal Sources Without Pulmonary Vein Isolation: The Precise Rotor Elimination Without Concomitant Pulmonary Vein Isolation for Subsequent Elimination of PAF (PRECISE) Trial."

Using familiar hardware and Focal Impulse and Rotor Mapping (FIRM) software, researchers identified stable rotors or focal sources in a series of 31 patients scheduled to undergo ablation.

FIRM-guided ablation eliminated subsequent AF in 82.6 percent of patients over 190 days.



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# Basic/Translational Science Forum Reviews Heart Rhythm Systems Physiology

**THE 2013 BASIC/TRANSLATIONAL** Science Forum examined systems physiology approaches to heart rhythm research and therapy.

HRS partnered with the Cardiac Electrophysiology Society (CES) to create the all-day forum, which took place Wednesday.

As part of Wednesday's program, Raymond Ideker, MD, PhD, FHRS, received the Douglas P. Zipes Lectureship Award. The award recognizes a person's contributions to the advancement of cardiac electrophysiology in the area of basic science. Dr. Ideker is Professor Emeritus of Medicine, Physiology & Biophysics and

Biomedical Engineering and director of the Cardiac Rhythm Management Laboratory at the University of Alabama at Birmingham School of Medicine. The laboratory works to create a better understanding of the basic electrophysiologic mechanisms of ventricular and atrial arrhythmias in animals, using that information to improve treatment of arrhythmias in humans caused by coronary artery disease.

Dr. Ideker's lecture, "Rabbit Warren or Beehive: The Mechanisms of Fibrillation and Defibrillation" wrapped up Wednesday's session.

The Basic/Translational Science

Forum was filled with state-of-the-art talks relevant to experimental electrophysiology, mechanisms of heart rhythm disorders and novel therapeutics. Sessions offered included:

- Heart Rhythm Bioinformatics
- Cardiac Circadian Rhythm and Arrhythmia
- Making a Pacemaking and Conduction System
- Oxidative Stress and Arrhythmia: Novel Signaling Pathways
- Autonomic Control of Heart Rhythm and Arrhythmia



Raymond Ideker, MD, PhD, FHRS (right), received the Douglas P. Zipes Lectureship Award from Dr. Zipes on Wednesday.



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