



APHRS NEWSLETTER

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GREETINGS FROM THE PRESIDENT OF APHRS



It is a great honor to be appointed president of the APHRS board beginning January 2022, but it is also a great responsibility.

Cardiac arrhythmia ranks with ischemic heart disease and heart failure as one of the three major areas of cardiovascular disease. For over 30 years, I have worked to enhance the presence in arrhythmia treatment, education, and research. I have also tried to build relationships with scientific societies in other areas of cardiovascular disease in Japan as well as with scientific societies in other countries. Through the efforts of past presidents, officers, and members of APHRS, we have achieved dramatic growth since our founding in 2008. The Asia-Pacific region is extremely diverse ethnically, economically, and in terms of medical and scientific development.

For this reason, one of the important missions of APHRS is to educate our members and the other health care professionals in the region who are involved in the treatment of arrhythmia. Currently, in response to the COVID-19 pandemic, we have been offering educational programs online. With the end of the pandemic in sight, we look forward to promoting education by resuming in-person conferences and educational programs. At the same time, on the other hand, it is also significant to adopt online program underpinned our experience at the COVID-19 pandemic in addition to in-person educational programs. As the heart rhythm society for the Asia-Pacific region, APHRS also exists as a counterpart to societies in North America (HRS) and Europe (EHRA). An important part of our mission at APHRS is also to demonstrate and enhance our presence in the region. Toward this end, we need to work more closely than ever with HRS, EHRA, and other leading regional societies, as well as with the many national societies involved in APHRS. We need to work with other societies to advance registered research, document writings, and study groups that take advantage of the characteristics of the Asia-Pacific region. Moreover, for the continual growth of our society, it is vital that we cultivate young physicians interested in arrhythmia, actively involve female physicians, and promote exchange between scientists of basic medicine and clinicians. As we all know, ablation and device-based therapies require multidisciplinary teams that include medical professionals from a variety of fields as well as physicians. Our important responsibility will be to provide a forum where professionals in a variety of disciplines can grow together by participating in our organization's activities while contributing expertise and technology from a variety of fields.

As the new president of APHRS, I will dedicate myself fully to tackling these many issues. I thank all the officers and members in advance for your support and encouragement.

Wataru Shimizu

President of Asia Pacific Heart Rhythm Society (APHRS)

(Professor of the Department of Cardiovascular Medicine, Nippon Medical School)

WHAT IS ICD?

Kazuo Matsumoto MD, PhD

ICD stands for implanted cardiac defibrillator usually as we know as an EP doctor. There is another meaning with ICD, that is International Classification of Diseases. I would like to remind you that ICD is important for EP doctors as other clinicians not only for statistician.

ICD-11 will be launched January 2022 all over the world. And it will be used in five years in practice in each country that has accepted the WHO treaty. I would like to introduce you ICD-11 on this APHRS news.

ICD-11 is the international standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data. Health conditions and accidents are assigned ICD codes, resulting in data that can be used by governments to design effective public health policies, and measure their impact, or used for clinical recording. ICD-10 has been used for 30 years in the world, but only updating ICD-10 is not enough anymore since medicine has advanced too much to deal with ICD-10. The different points of ICD-11 revision in comparison with ICD-10 are as followings.

1, New six chapters added to ICD-10, Those are
04 Diseases of the immune system
07 Sleep-wake disorders
17 Conditions related to sexual health
26 Supplementary Chapter Traditional Medicine
Conditions V Supplementary section for functioning assessment
X Extension Codes

2, The coding scheme has changed. In ICD-10 chapter were 22. And ICD-11 are 28 chapters. ICD-11 always has a letter in the second position to differentiate from the codes of ICD-10. In ICD-11, the first character of the code always relates to the chapter number. It may be a number or a letter. The code range of a single chapter always has the same character in the first position. The codes of the ICD-11 are alphanumeric and cover the range from 1A00.00 to ZZ9Z.ZZ. Codes starting with 'X' indicate an extension code. The inclusion of a forced number at the 3rd character position prevents spelling

"undesirable words". The letters 'O' and 'I' are omitted to prevent confusion with the numbers '0' and '1'. Chapters are indicated by the first character.

3, ICD-11 is fully electronic, currently providing access to 17 000 diagnostic categories, with over 100 000 medical diagnostic index terms. The index-based search algorithm interprets more than 1.6 million terms. Please refer the WHO ICD-11 reference guide¹) in detail.

Differences of Cardiology chapters between ICD-10 and ICD-11

The chapters of cardiovascular diseases, are chapter 11 of ICD-11 and chapter 9 of ICD-10.

Major differences between the two versions are as followings.

1, Heart valve disease is in diagnostic paradigms to that of valve type, then valve pathology followed by etiology.

2, Cerebrovascular diseases (I60-I69) have been reclassified to Chapter 08, 'Diseases of the nervous system' and esophageal varices (I85) have been relocated to 'Diseases of the digestive system' (Chapter 13).

3, A new subsection on Pulmonary Hypertension in the Pulmonary heart disease and diseases of pulmonary circulation section, is based on the resulting paper Updated Clinical Classification of Pulmonary Hypertension,

4, Myocarditis and Cardiomyopathy become major entity.

5, Cardiac arrhythmia including a large new subsection on 'Cardiac arrhythmia associated with genetic disorder' and 'Pacemaker or implantable cardioverter or defibrillator or lead dysfunction', become major entities.

Changes of arrhythmia section between ICD-10 and ICD-11

The number of codes were 40 in ICD-10, are 78 in ICD-11. Although categories of bradycardia were dominant in ICD-10, tachycardia become more in ICD-11. Especially atrial tachycardias are categorized into many codes due to the mechanisms of reentry. Those might be affected therapy of arrhythmias by catheter ablation. Please see and compare the Codes of both ICD-10 and ICD-11.

See table ICD-10 codes and ICD-11 codes

Finally, I recommend you see more about ICD-11² that you will be able to use and even improve it for your clinical or statistical use of ICD-11.

References

1. ICD-11 Reference Guide (who.int) (<https://icd.who.int/icd11refguide/en/index.html>)
2. ICD-11 (who.int) (<https://icd.who.int/en/>)

ICD-10

- | | |
|---|---|
| I44 Atrioventricular and left bundle-branch block | I47 Paroxysmal tachycardia |
| I44.0 Atrioventricular block, first degree | I47.0 Re-entry ventricular arrhythmia |
| I44.1 Atrioventricular block, second degree | I47.1 Supraventricular tachycardia |
| I44.2 Atrioventricular block, complete | I47.2 Ventricular tachycardia |
| I44.3 Other and unspecified atrioventricular block | I47.9 Paroxysmal tachycardia, unspecified |
| I44.4 Left anterior fascicular block | I48 Atrial fibrillation and flutter |
| I44.5 Left posterior fascicular block | I48.0 Paroxysmal atrial fibrillation |
| I44.6 Other and unspecified fascicular block | I48.1 Persistent atrial fibrillation |
| I44.7 Left bundle-branch block, unspecified | I48.2 Chronic atrial fibrillation |
| I45 Other conduction disorders | I48.3 Typical atrial flutter |
| I45.0 Right fascicular block | I48.4 Atypical atrial flutter |
| I45.1 Other and unspecified right bundle-branch block | I48.9 Atrial fibrillation and atrial flutter, unspecified |
| I45.2 Bifascicular block | I49 Other cardiac arrhythmias |
| I45.3 Trifascicular block | I49.0 Ventricular fibrillation and flutter |
| I45.4 Nonspecific intraventricular block | I49.1 Atrial premature depolarization |
| I45.5 Other specified heart block | I49.2 Junctional premature depolarization |
| I45.6 Pre-excitation syndrome | I49.3 Ventricular premature depolarization |
| I45.8 Other specified conduction disorders | I49.4 Other and unspecified premature depolarization |
| I45.9 Conduction disorder, unspecified | I49.5 Sick sinus syndrome |
| I46 Cardiac arrest | I49.8 Other specified cardiac arrhythmias |
| I46.0 Cardiac arrest with successful resuscitation | I49.9 Cardiac arrhythmia, unspecified |
| I46.1 Sudden cardiac death, so described | |
| I46.9 Cardiac arrest, unspecified | |

ICD-11

Cardiac arrhythmia

- BC60 Atrial premature depolarization
- BC61 Junctional premature depolarization
- BC62 Accessory pathway
- BC63 Conduction disorders
 - BC63.0 Atrioventricular block, first degree
 - BC63.1 Atrioventricular block, second degree
 - BC63.10 High-grade second degree atrioventricular block
 - BC63.1Y** Other specified atrioventricular block, second degree
 - BC63.1Z** Atrioventricular block, second degree, unspecified
 - BC63.2 Complete atrioventricular block
 - BC63.20 Congenital complete atrioventricular block
 - BC63.21 Acquired complete atrioventricular block
 - BC63.2Z** Complete atrioventricular block, unspecified
 - BC63.3 Right bundle branch block
 - BC63.4 Left bundle branch block
 - BC63.40 Left anterior fascicular block
 - BC63.41 Left posterior fascicular block
 - BC63.4Z** Left bundle branch block, fascicle unspecified
 - BC63.5 Nonspecific intraventricular conduction delay
 - BC63.Y** Other specified conduction disorders
 - BC63.Z** Conduction disorders, unspecified
- BC64 Sudden arrhythmic death syndrome
- BC65 Cardiac arrhythmia associated with genetic disorder
 - BC65.0 Long QT syndrome
 - BC65.1 Brugada syndrome
 - BC65.2 Short QT syndrome
 - BC65.3 Early repolarisation syndrome
 - BC65.4 Idiopathic ventricular fibrillation
 - BC65.5 Catecholaminergic polymorphic ventricular tachycardia
 - BC65.Y** Other specified cardiac arrhythmia associated with genetic disorder
 - BC65.Z** Cardiac arrhythmia associated with genetic disorder, unspecified

Ventricular rhythm disturbance

- BC70 Ventricular premature depolarization
- BC71 Ventricular tachyarrhythmia
 - BC71.0 Ventricular tachycardia
 - BC71.00 Right outflow tract ventricular tachycardia

- BC71.01 Polymorphic ventricular tachycardia
- BC71.02 Sustained ventricular tachycardia
- BC71.03 Non-sustained ventricular tachycardia

BC71.0Y Other specified ventricular tachycardia

BC71.0Z Ventricular tachycardia, unspecified

BC71.1 Ventricular fibrillation

BC71.2 Re-entry ventricular arrhythmia

BC71.Y Other specified ventricular tachyarrhythmia

BC71.Z Ventricular tachyarrhythmia, unspecified

BC7Y Other specified ventricular rhythm disturbance

BC7Z Ventricular rhythm disturbance, unspecified

Supraventricular rhythm disturbance

- BC80 Supraventricular bradyarrhythmia
 - BC80.0 Sinus pause
 - BC80.1 Sinus bradycardia
 - BC80.2 Sinus node dysfunction
 - BC80.20 Sick sinus syndrome
 - BC80.21 Sinoatrial block
 - BC80.2Y** Other specified sinus node dysfunction
 - BC80.2Z** Sinus node dysfunction, unspecified
 - BC80.Y** Other specified supraventricular bradyarrhythmia
 - BC80.Z** Supraventricular bradyarrhythmia, unspecified
- BC81 Supraventricular tachyarrhythmia
 - BC81.0 Ectopic atrial tachycardia
 - BC81.1 Junctional ectopic tachycardia
 - BC81.2 Macro reentrant atrial tachycardia
 - BC81.20 Cavotricuspid isthmus dependent macroreentry tachycardia
 - BC81.21 Non-scar, non-isthmus dependent macro reentrant atrial tachycardia
 - BC81.22 Scar mediated macro reentrant atrial tachycardia
 - BC81.2Y** Other specified macro reentrant atrial tachycardia
 - BC81.2Z** Macro reentrant atrial tachycardia, unspecified
 - BC81.3 Atrial fibrillation
 - BC81.30 Paroxysmal atrial fibrillation
 - BC81.31 Persistent atrial fibrillation
 - BC81.32 Permanent atrial fibrillation
 - BC81.33 Preexcited atrial fibrillation
 - BC81.3Y** Other specified atrial fibrillation
 - BC81.3Z** Atrial fibrillation, unspecified
 - BC81.4 Wolff-Parkinson-White syndrome

- BC81.5 Sinus node reentrant tachycardia
- BC81.6 Inappropriate sinus tachycardia
- BC81.7 Atrioventricular reciprocating tachycardia
- BC81.70 Atrioventricular reciprocating tachycardia, orthodromic
- BC81.71 Atrioventricular reciprocating tachycardia, antidromic
- BC81.7Y** Other specified atrioventricular reciprocating tachycardia
- BC81.7Z** Atrioventricular reciprocating tachycardia, unspecified
- BC81.8 Atrioventricular nodal reentry tachycardia
- BC81.Y** Other specified supraventricular tachyarrhythmia
- BC81.Z** Supraventricular tachyarrhythmia, unspecified
- BC8Y** Other specified supraventricular rhythm disturbance
- BC8Z** Supraventricular rhythm disturbance, unspecified
- BC90 Rhythm disturbance at level of atrioventricular junction
- BC91 Pacemaker or implantable cardioverter defibrillator battery at end of battery life
- MC82** Cardiac arrest
 - MC82.0** Ventricular tachycardia and fibrillation cardiac arrest
 - MC82.1** Bradycardic cardiac arrest
 - MC82.2** Asystolic cardiac arrest
 - MC82.3** Cardiac arrest with pulseless electrical activity
 - MC82.4** Cardiopulmonary arrest
 - MC82.Z** Cardiac arrest, unspecified
- KB41** Cardiac arrhythmias in the neonate
- NE82** Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified
 - NE82.0** Pacemaker or implantable cardioverter defibrillator complication
 - NE82.00** Pacemaker or implantable cardioverter defibrillator pocket erosion
 - NE82.01** Pacemaker or implantable cardioverter defibrillator pocket muscle stimulation
 - NE82.02** Pacemaker or implantable cardioverter defibrillator phrenic nerve stimulation
 - NE82.03** Pacemaker-induced cardiomyopathy
 - NE82.0Y** Other specified pacemaker or implantable cardioverter defibrillator complication
 - NE82.0Z** Pacemaker or implantable cardioverter defibrillator complication, unspecified
 - NE82.1** Pacemaker or implantable cardioverter defibrillator dysfunction
 - NE82.10** Inappropriate implantable cardioverter defibrillator shock
 - NE82.11** Pacemaker syndrome
 - NE82.12** Pacemaker generator dysfunction
 - NE82.1Y** Other specified pacemaker or implantable cardioverter defibrillator dysfunction
 - NE82.1Z** Pacemaker or implantable cardioverter defibrillator dysfunction, unspecified
 - NE82.2** Pacemaker or implantable cardioverter defibrillator lead complication
 - NE82.20** Pacemaker or implantable cardioverter defibrillator lead fracture
 - NE82.21** Pacemaker or implantable cardioverter defibrillator lead dislodgement
 - NE82.22** Pacemaker or implantable cardioverter defibrillator lead insulation break
 - NE82.2Y** Other specified pacemaker or implantable cardioverter defibrillator lead complication
 - NE82.2Z** Pacemaker or implantable cardioverter defibrillator lead complication, unspecified
 - NE82.3** Pacemaker or implantable cardioverter defibrillator lead dysfunction
 - BC91** Pacemaker or implantable cardioverter defibrillator battery at end of battery life
 - NE82.Y** Other specified dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified
 - NE82.Z** Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified, unspecified
- BC9Y** Other specified cardiac arrhythmia
- BC9Z** Cardiac arrhythmia, unspecified

PROGRAM REPORT FOR APHRS 2021 SUZHOU: THE 14TH APHRS SCIENTIFIC SESSION (HYBRID)



On-site Venue: Kempinski Hotel Suzhou 1 Guobin Road, Suzhou, China

Official Website: www.aphrs2021.org

Number of Session

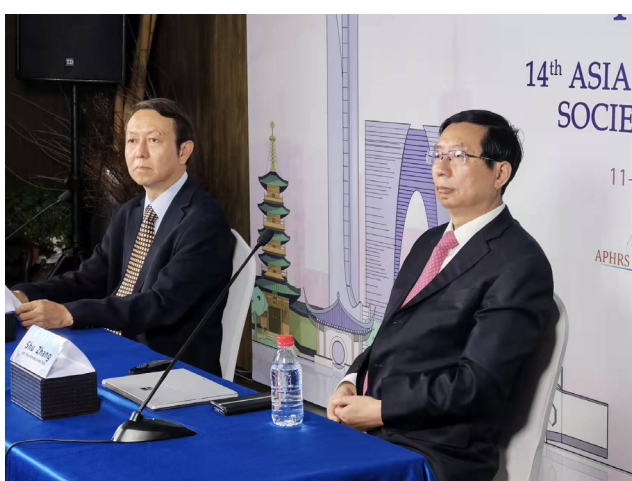
Total 2359 registered attendees.

	Number of Sessions
11 November 2021 (Thursday)	8
12 November 2021 (Friday)	36
13 November 2021 (Saturday)	53
14 November 2021 (Sunday)	14
Total	<u>111</u>

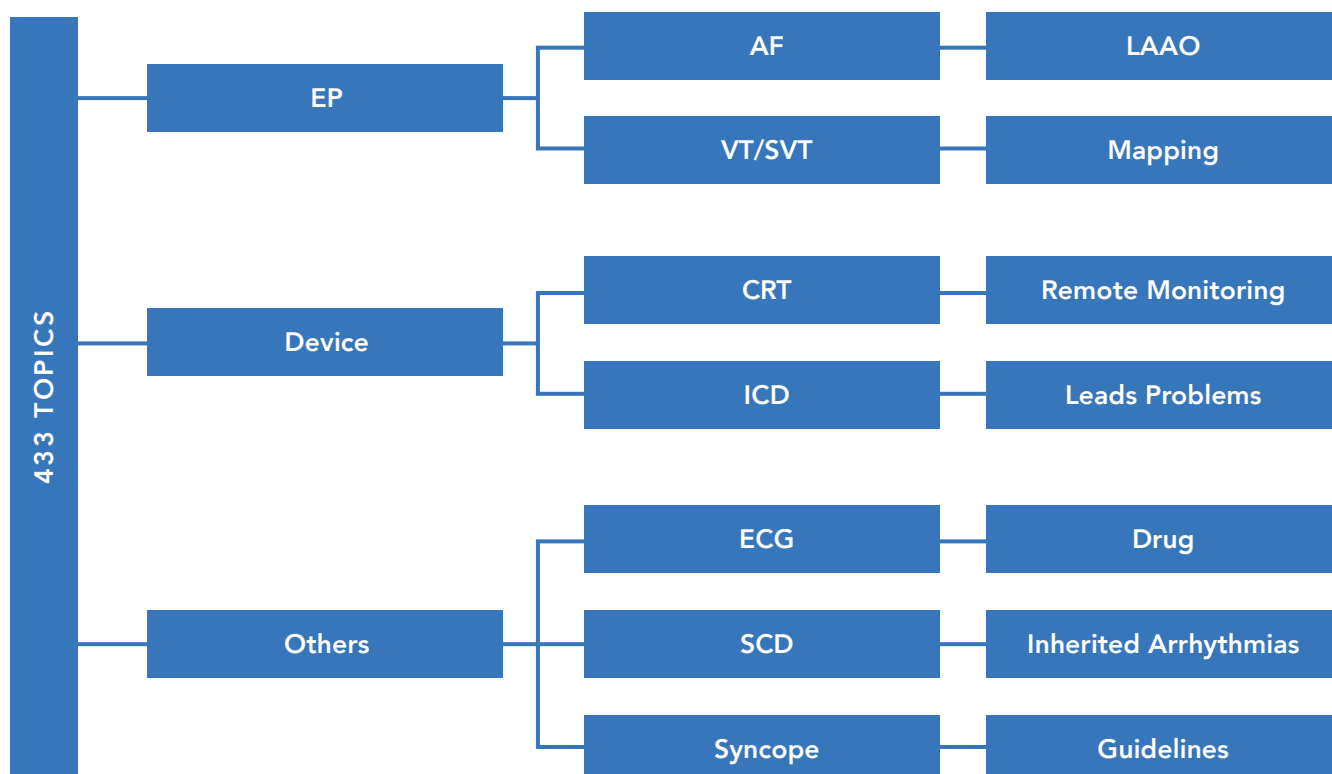
Invited Faculty

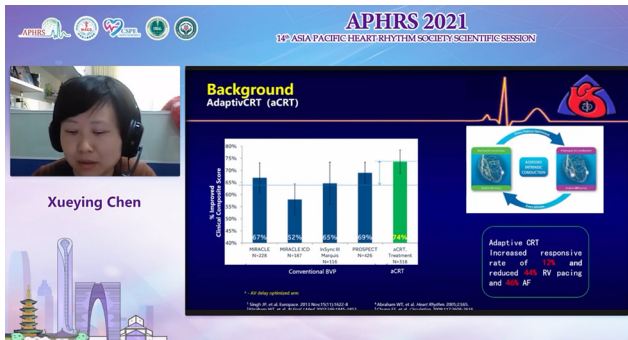
452 Invited Faculty Members from 31 Countries.

Country/Region	Invited Faculty	Country/Region	Invited Faculty	Country/Region	Invited Faculty
Australia	32	Indonesia	5	Spain	1
Bangladesh	1	Italy	6	Sri Lanka	2
Belgium	6	Japan	49	Switzerland	2
Brunei Darussalam	2	Korea	20	Taiwan	23
Canada	5	Malaysia	12	Thailand	6
China	116	Mongolia	1	Turkey	1
Czech Republic	1	Myanmar	1	United Kingdom	10
France	2	Netherlands	6	United States	78
Germany	12	New Zealand	5	Vietnam	2
Hong Kong	15	Philippines	4		
India	16	Singapore	10	Total	<u>452</u>



Involved Field





Three Joint Sessions

HRS APHRS

Joint Session (1)

AI Application in Cardiac Electrophysiology

CSPE CSA APHRS

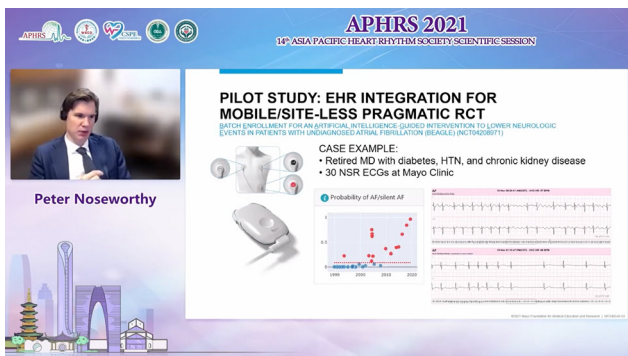
Joint Session (2)

COVID 19 and Cardiac Arrhythmia

EHRA WSA

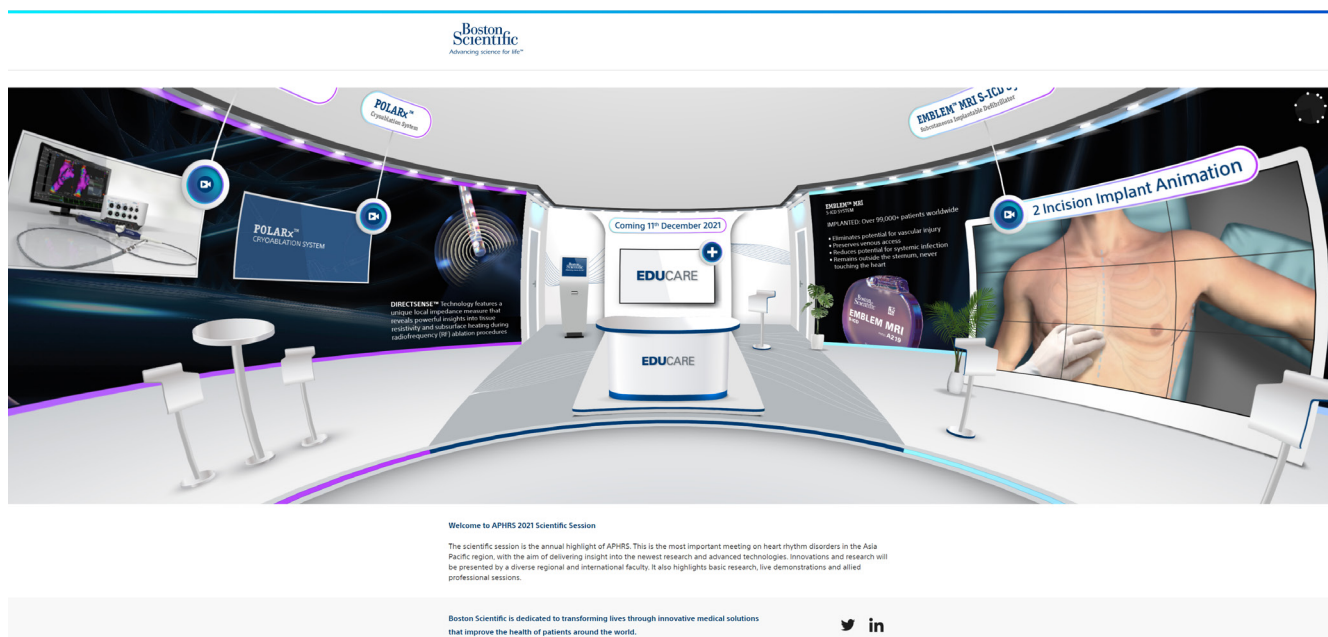
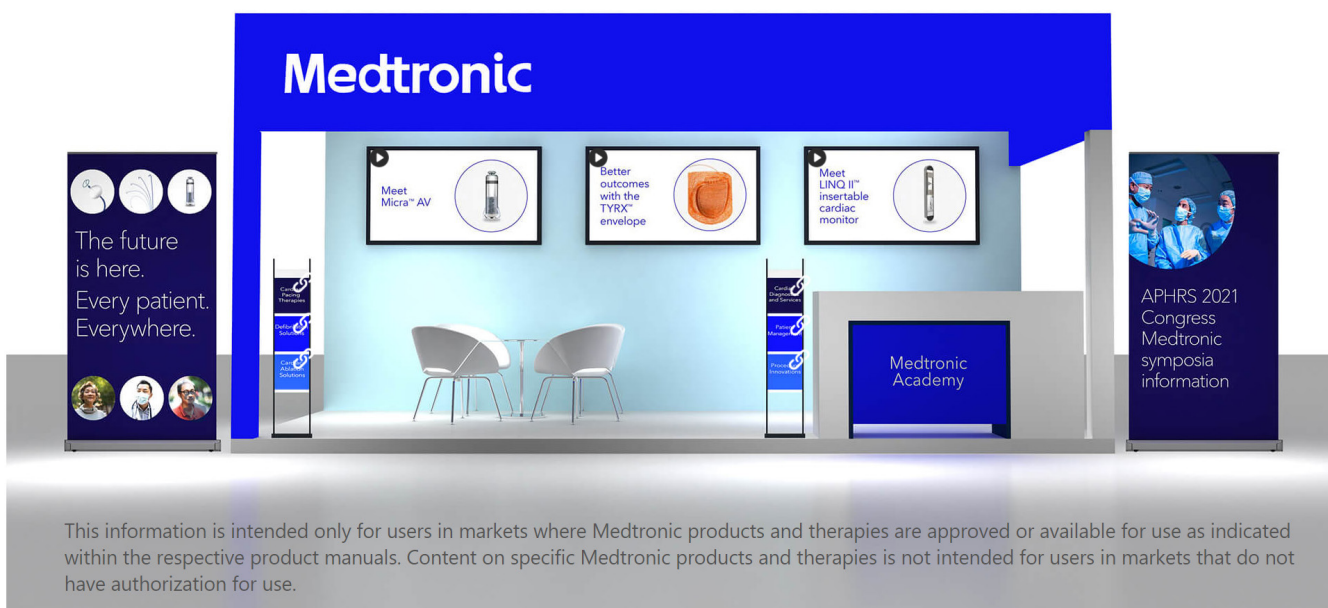
Joint Session (3)

Screen and Monitor of Atrial Fibrillation



Virtual Booth





SAVE the DATE



APHRS 2022

SINGAPORE

15TH ASIA PACIFIC HEART RHYTHM SOCIETY
SCIENTIFIC SESSION

18-20 November 2022

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IMPORTANT DATES

Call for Abstracts:
February 2022

Registration Opens:
April 2022



For more information and future updates,
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¹ Nippoldt D, Whiting J. Micra Transcatheter Pacing System Device Volume Characterization Comparison. Medtronic data on file. November 2014.

² Medtronic Micra™ AV MC1AVR1 Reference Manual. January 2020.

³ El-Chami MF, Bockstedt L, Longacre C, et al. Leadless vs. transvenous single-chamber ventricular pacing in the Micra CED study: 2-year follow-up. *Eur Heart J*. November 11, 2021;ehab767.

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