



# APHRS NEWSLETTER

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## **KHRS 2025: WHERE GLOBAL SCIENCE MEETS KOREAN EXCELLENCE**

**Written by:** Dr Hyung Ki Jeong, MD, PhD  
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On behalf of the Korean Heart Rhythm Society (KHRS)

### **Introduction**

In an era where cardiac electrophysiology is advancing at an unprecedented pace, the Korean Heart Rhythm Society (KHRS) has firmly established itself as one of the most dynamic and internationally engaged academic societies in the Asia-Pacific region. Founded with the mission to elevate standards in arrhythmia care across Korea and beyond, KHRS has grown into a multifaceted organisation that seamlessly integrates scientific excellence, structured education, and meaningful international collaboration. With a growing membership of electrophysiologists, clinical cardiologists, and allied professionals, KHRS continues to shape the future of heart rhythm medicine — not only at home but across the wider Asia-Pacific community.

### **KHRS 2025 Annual Scientific Session**

The 17th Annual Scientific Session of the Korean Heart Rhythm Society, held on June 20–21, 2025 at the Grand Walkerhill Seoul, marked a landmark moment in the Society's academic journey. Bringing together 1,394 participants from 25 countries, the congress underscored KHRS's expanding global footprint and its growing authority in defining contemporary arrhythmia management.

Built around the guiding spirit of innovation and collaboration, the 2025 programme offered a meticulously curated blend of scientific and educational content. Thematic tracks spanned atrial fibrillation, basic electrophysiologic science, cardiac implantable electronic devices (CIEDs), digital health, health policy, pediatric rhythm disorders, and sudden cardiac death — reflecting the breadth and depth of challenges facing the modern electrophysiologist.

One of the defining highlights of KHRS 2025 was the PFA (Pulsed Field Ablation) Update Session, which convened leading experts to share the latest clinical outcomes, technical refinements, and future research directions in this rapidly evolving ablation modality. As PFA continues to reshape ablation practice across the Asia-Pacific, this session positioned KHRS at the forefront of its adoption and critical appraisal. A distinctive strength of the 2025 programme lay in its International Society Joint Sessions, held in collaboration with the Heart Rhythm Society (HRS), the Indian Heart Rhythm Society (IHRS), the Japanese Heart Rhythm Society (JHRS), and the Taiwan Heart Rhythm Society (THRS). These cross-border forums facilitated meaningful exchange of clinical perspectives and research findings, reinforcing KHRS's role as a true regional convener.

The congress also placed significant emphasis on early-career development. The Bootcamp for Residents and Fellows, the Young Investigator Award (YIA) Competition, and the International Case Competition offered emerging practitioners' rich platforms to present original work and engage with international mentors. The innovative "ECG Golden Bell" — a rapid-fire, quiz-based diagnostic challenge — exemplified the Society's commitment to making learning both rigorous and energising.

Procedural education was equally prominent. Specialised deep-dive sessions on "Anatomy for Electrophysiology and CIED" and "Troubleshooting for Complex Cases" provided attendees with practical, hands-on insights that bridge scientific evidence and real-world clinical decision-making — a hallmark of the KHRS educational philosophy.



**KHRS 2025 – Day 1 Special Session: "Anatomy for Electrophysiology and CIED".** Participants engage in an interactive session featuring detailed anatomical demonstrations and high-resolution imaging to enhance understanding of cardiac conduction structures and device-related anatomy.



**KHRS 2025 – Day 2 Session: "ECG Golden Bell".** Fellows and senior residents actively participated in the interactive ECG Golden Bell session, demonstrating their diagnostic skills in a dynamic, quiz-based format. The session, primarily moderated by junior faculty members, fostered an engaging and educational atmosphere that encouraged clinical reasoning, rapid ECG interpretation, and collegial learning.

### Looking Ahead: APHRS 2026 Busan

The momentum generated at KHRS 2025 sets the stage for an even greater gathering on the horizon. As the host society for the 19th APHRS Scientific Session — to be held at BEXCO, Busan, from October 21–24, 2026 — KHRS is channelling its organisational experience and scientific networks into what promises to be a landmark event for the Asia-Pacific electrophysiology community. Abstract submissions are now open, with a deadline of June 18, 2026. The APHRS community is warmly encouraged to participate and contribute to this upcoming milestone.

## BUILDING THE FUTURE OF EP: KOREA'S MULTIFACETED EDUCATIONAL PROGRAMS

**Written by:** Dr Hyung Ki Jeong, MD, PhD  
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### Introduction

While the KHRS Annual Scientific Session serves as the Society's flagship academic gathering, the Korean Heart Rhythm Society has invested equal effort in building a year-round educational infrastructure that supports cardiac electrophysiology practitioners at every stage of their careers. This infrastructure is defined by four enduring pillars: the EP Review Course (ERC), the VT Symposium, the Korean Society for Holter and Noninvasive Electrocardiology (KSHNE), and the AF Summit. Each programme addresses a distinct dimension of arrhythmia medicine, yet all share the same conviction — that sustainable excellence in clinical practice is built not through a single event, but through continuous, structured, and diverse learning that accumulates over time.

### EP Review Course (ERC): Nurturing the Next Generation, Year after Year

The KHRS EP Review Course has, over the years, become one of the most valued and anticipated educational fixtures in the Korean electrophysiology calendar. Offered twice annually, the ERC is deliberately designed for fellows-in-training, early-career cardiologists, and allied health professionals who are building — or consolidating — their foundational knowledge in cardiac electrophysiology.

What distinguishes the ERC from a conventional lecture series is its integrative, mentorship-centred approach. Each iteration of the course weaves together didactic teaching, interactive case discussions, and hands-on workshop sessions, ensuring that participants engage actively with the material rather than receive it passively. The curriculum spans the full spectrum of electrophysiologic practice — from basic mechanisms of arrhythmia and systematic ECG interpretation through to advanced 3D mapping strategies, catheter ablation principles, and device therapies — with each topic anchored to current guidelines and real-world clinical scenarios.

Year after year, a defining feature of the ERC is the deliberate cultivation of mentorship. Senior faculty consistently make themselves available not just as lecturers but as guides, creating an atmosphere in which questions are welcomed and clinical intuition is consciously developed.

For many participants, the relationships formed during the ERC — with peers and with mentors — become lasting professional connections that extend well beyond the classroom. In this way, the course functions not only as a knowledge-building exercise but as a community investment, strengthening the cohesion and collaborative spirit of the KHRS fellowship network with every passing year.



### **VT Symposium: A Dedicated Annual Forum for the Most Challenging Arrhythmias**

Among the most clinically demanding areas in electrophysiology are ventricular tachycardia and sudden cardiac death — and the KHRS VT Symposium exists precisely to meet these challenges with the depth and rigour they deserve. Convened annually as a focused, specialist-oriented forum, the VT Symposium has earned a reputation as the definitive Korean platform for advancing expertise in ventricular arrhythmia management.

The programme is deliberately advanced in its content. Each year, attendees engage with current evidence and expert perspectives on substrate modification, epicardial and endocardial mapping strategies, and the complex relationships between genetic predisposition, structural heart disease, and ventricular arrhythmogenesis. Device-based approaches — including ICD indications, individualised programming, and the evolving role of wearable defibrillators — are examined alongside catheter-based techniques, ensuring that participants gain a truly comprehensive view of both prevention and intervention in this high-stakes field.

Central to the VT Symposium's educational philosophy is case-based learning. Rather than presenting ventricular arrhythmias in abstract terms, the programme brings real-world complexity to the discussion — enabling attendees to work through branching clinical decision-making pathways, analyse outcomes, and interrogate the reasoning behind both successful and challenging cases. This format has proven particularly effective in sharpening the kind of nuanced, adaptive clinical thinking that ventricular arrhythmia management demands. For clinicians working at the intersection of structural cardiology and electrophysiology, the VT Symposium has become an indispensable annual reference point.

### **KSHNE: Advancing Non-Invasive Electrocardiology in the Digital Era**

The Korean Society for Holter and Noninvasive Electrocardiology (KSHNE), a dedicated academic community operating within the broader KHRS ecosystem, focuses on one of the most rapidly evolving frontiers in arrhythmia medicine: non-invasive monitoring and diagnostics. As wearable ECG devices, implantable loop recorders, continuous ambulatory monitoring systems, and artificial intelligence-assisted arrhythmia detection become increasingly integral to everyday clinical practice, KSHNE serves as an ongoing forum where these technologies are rigorously examined, debated, and contextualised for clinical application.

Through its regular symposia and educational activities, KSHNE convenes experts in Holter monitoring, event recording, remote cardiac surveillance, and digital health tools — facilitating discussions that span arrhythmia detection methodology, risk stratification algorithms, and longitudinal follow-up strategies. Interpretive workshops and technology demonstrations provide attendees with practical exposure to the latest diagnostic platforms, while case review sessions develop competence in distinguishing clinically meaningful findings from artefact or incidental observations.

As the field continues to be transformed by digital innovation, KSHNE's ongoing role is increasingly strategic. It represents the "front end" of the arrhythmia care continuum — the point at which rhythm disorders are first identified, often before symptoms arise, and where early detection translates directly into timely, life-saving intervention. By maintaining a dedicated educational space for non-invasive electrocardiology, KSHNE ensures that this critical dimension of arrhythmia medicine keeps pace with the rapid advances occurring elsewhere in the field.

### **AF Summit: Korea's Premier Annual Forum on Atrial Fibrillation**

Atrial fibrillation remains the most prevalent sustained cardiac arrhythmia worldwide, and the pace at which its management continues to evolve demands a dedicated, specialised forum. The KHRS AF Summit — held each autumn as an annual scientific session devoted exclusively to AF — has fulfilled this role with distinction, establishing itself over the years as one of the most highly regarded AF-focused gatherings in the Asia-Pacific region.

Each year, the AF Summit draws participants from across clinical disciplines and international borders, united by a shared commitment to advancing AF care. The programme consistently offers a rich blend of scientific lectures, live case demonstrations, and interactive panel discussions that reflect both the current standard of care and the emerging innovations reshaping it. In recent years, expanded live case channels have allowed real-time engagement with procedural workflows — including both 2D and 3D visualisation formats — while sessions dedicated to Pulsed Field Ablation (PFA) have grown in prominence alongside the technology's rapid clinical adoption.

The AF Summit's scope, however, extends beyond procedural technique. Discussions regularly encompass AF screening strategies, stroke prevention, rate versus rhythm management, and the integration of digital health tools into longitudinal AF care — ensuring that attendees receive a genuinely holistic perspective on this complex condition. "Challenging Case" presentations offer a dynamic forum where junior and senior clinicians engage on equal terms, and the AF Summit's distinctive "My Life, My EP" segment — spotlighting the personal passions and pursuits of arrhythmia specialists — serves as an annual reminder that a richly lived life outside medicine ultimately deepens the clinician within it.

### **Conclusion: A Blueprint for Regional Educational Leadership**

Taken together, the ERC, VT Symposium, KSHNE, and AF Summit represent one of the most cohesive and comprehensive models for specialty education in cardiac electrophysiology within the Asia-Pacific region. These are not one-off initiatives or isolated events — they are enduring, annually renewed commitments to the principle that clinical excellence in arrhythmia medicine must be built continuously, through structured programmes that evolve alongside the field itself. As KHRS prepares to co-host the 19th APHRS Scientific Session in Busan in October 2026, this foundation of educational leadership will be on full display to the international community — a testament to Korea's deep and enduring investment in the future of heart rhythm care.

## PULSE DAY 2026: TAKING THE BEAT TO THE STREETS

**Written by:** Dr Ki Hong Lee, MD, PhD  
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On behalf of the Korean Heart Rhythm Society (KHRS)

### A Global Movement, A Local Mission

Every year on March 1st — the first day of the third month — the global heart rhythm community unites behind a simple but profound message: 1 in 3 people worldwide is at risk of developing a serious cardiac arrhythmia during their lifetime. Pulse Day, launched in 2023 by the world's four major heart rhythm societies — the Asia Pacific Heart Rhythm Society (APHRS), the European Heart Rhythm Association (EHRA), the Heart Rhythm Society (HRS), and the Latin American Heart Rhythm Society (LAHRS) — is the annual global campaign that carries this message from the clinic to the community, empowering individuals to take an active role in protecting their own heart health.

The campaign's core premise is both elegant and actionable: that the earliest and most accessible tool for detecting a cardiac arrhythmia requires no special equipment — only thirty seconds and two fingers placed lightly on the wrist. By encouraging the simple habit of regular pulse self-checking, Pulse Day aims to close the enormous gap between arrhythmia prevalence and public awareness, translating that awareness into earlier diagnosis, timely treatment, and ultimately, fewer strokes and cardiac deaths.

In 2026, Pulse Day took on special significance in Korea — marking the first year in which the Korean Heart Rhythm Society (KHRS) joined the global campaign as an official partner, and doing so in a manner that set a new benchmark for public arrhythmia awareness across the Asia-Pacific region.

### Seoul Takes Centre Stage: Pulse Day 2026 at Dongdaemun Design Plaza

On March 1, 2026, the iconic Oullim Square of Dongdaemun Design Plaza (DDP) in Seoul became the beating heart of Korea's largest-ever public arrhythmia awareness event. Organised by the Korean Heart Rhythm Society in collaboration with the non-profit organisation Space and Sharing, the event drew more than 2,000 citizens — transforming one of Seoul's most celebrated architectural landmarks into a vibrant public health forum.

The scale and ambition of the Seoul event reflected the spirit of Pulse Day itself: that heart health is not a matter confined to hospitals and specialist clinics, but one that belongs to every public space, every community, and every individual willing to pause for thirty seconds and feel their own pulse.

Professor Seil Oh, Chairman of the Korean Heart Rhythm Society and Professor at Seoul National University Hospital, captured the essence of the event:

*"Arrhythmia can lead to serious complications such as stroke, yet it remains deeply under-recognised by the general public. Too many people live with an irregular heart rhythm and never know it — until it is too late. Events like Pulse Day exist precisely to change that."*

Professor Hee-Nam Park of Severance Hospital added:

*"We designed this event around hands-on participation, because understanding heart health begins not with a lecture but with a personal experience. When someone checks their own pulse for the first time and becomes aware of what a regular or irregular rhythm feels like, that moment of awareness can save a life."*

### Three Zones, One Purpose: The Event Programme

The Pulse Day 2026 Seoul event was structured around three interconnected zones, each designed to guide visitors progressively from awareness to action.

### Zone 1 — Medical Examination

The centrepiece of the event, the Medical Examination Zone offered free cardiac health screenings to all visitors, made possible through the generous support of leading healthcare and pharmaceutical companies. Participating organisations included VUNO, Daewoong Pharmaceutical, Seers Technology, ATsens, Yuhan Corporation, Samjin Pharmaceutical, Dong-A ST, and Omron — collectively providing on-site ECG recordings and blood pressure measurements to hundreds of participants throughout the day. For many visitors, this was their first-ever ECG — an experience that transformed abstract concern about heart health into a tangible, documented clinical record. Healthcare professionals on site guided participants through their results, explaining what a normal heart rhythm looks like and when an irregular finding should prompt further evaluation.

### Zone 2 — Experience

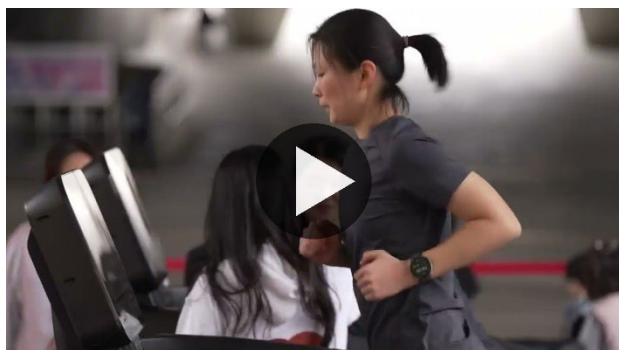
The Experience Zone brought heart rhythm education to life through interactive engagement. Dedicated sessions explained the fundamentals of cardiac rhythm in accessible language, while exercise-based demonstrations allowed visitors to observe how their own heart rate responds to physical activity — making the concept of rate versus rhythm tangible in real time. Health quizzes created a playful yet informative atmosphere in which participants tested and expanded their knowledge of arrhythmia, stroke prevention, and the importance of early detection. The food company Dahyang joined as a supporting sponsor, contributing to the event's welcoming community atmosphere.

### Zone 3 — Reward

The Reward Zone acknowledged participants for their engagement and reinforced the event's central message: that taking care of your heart is something to be celebrated, not feared.

### Watch: Pulse Day 2026 in Action

The following footage captures the energy and community spirit of the Pulse Day 2026 event at Dongdaemun Design Plaza, Seoul. Scan the QR code to view the full event video.



<https://youtu.be/yJIUWdxhXCU>



### The Science Behind the Campaign: Why Pulse Awareness Matters

The public health rationale for Pulse Day is rooted in sobering epidemiological reality. Atrial fibrillation (AF), the most common sustained cardiac arrhythmia worldwide, increases the risk of stroke fivefold and doubles the risk of premature death. Yet despite its prevalence and clinical significance, approximately 50 percent of AF cases remain undiagnosed — in large part because the condition is frequently asymptomatic, detected only after a devastating complication has already occurred.

The burden is particularly acute across the Asia-Pacific region. With ageing populations, rising rates of metabolic disease, and rapid urbanisation driving cardiovascular risk factors, the number of individuals living with undetected AF across Asia is projected to grow substantially in the decades ahead. Early detection, even through the simplest of measures, is therefore one of the most impactful interventions available at a population level.

The technique requires no equipment: placing the index and middle fingers on the inner wrist or neck, counting the heartbeats for thirty seconds, then doubling the figure to estimate the rate per minute. Beyond rate, the regularity of the rhythm is equally informative — an irregular, erratic, or unexpectedly fast or slow pulse warrants medical attention, particularly if accompanied by symptoms such as palpitations, dizziness, breathlessness, or transient limb weakness.

Wearable technologies — including consumer smartwatches equipped with optical sensors and single-lead ECG capability — are increasingly complementing manual pulse checks as accessible, real-time screening tools. Recent data have demonstrated that wearable-based AF detection significantly increases the rate of arrhythmia diagnosis compared with standard care alone. While these devices serve as screening rather than diagnostic instruments and require clinical confirmation for any detected irregularity, they represent a powerful democratisation of cardiac monitoring — one that is highly relevant to the Asia-Pacific context.

### A Coordinated Global Campaign

The Seoul event was one component of a coordinated global Pulse Day 2026 campaign spanning multiple continents. Led by APHRS and its sister societies, the campaign's digital outreach was anchored by official social media accounts at @pulseday2026 on Instagram and TikTok, and through the Pulse Day 2026 Facebook page — amplifying local events through shared educational content, step-by-step pulse-checking guides, and real-time community engagement. Campaign toolkits were distributed to healthcare professionals and partner organisations across the Asia-Pacific region to support local adaptation and multilingual outreach.

The momentum for this global coordination had been built progressively throughout the year. At the APHRS 2025 Annual Scientific Sessions in Yokohama, a Pulse Day Fun Run brought together 120 participants from across APHRS, JHRS, EHRA, HRS, and LAHRS member societies, demonstrating the breadth of institutional commitment to public arrhythmia awareness. The APHRS Summit in Auckland, New Zealand on February 28, 2026 — the day immediately preceding Pulse Day — provided a further platform for APHRS Board Members from across the region to align their messaging and coordinate their national campaigns.

### Looking Forward

The Korean Heart Rhythm Society has affirmed its commitment to deepening and expanding its Pulse Day engagement in the years ahead, building on the success of the 2026 Seoul event to create a sustainable annual platform for public arrhythmia education in Korea.

For the APHRS community, the scale and impact of the Seoul event offers both an inspiration and a call to action. As the Society prepares for its 19th Annual Scientific Session in Busan in October 2026, Pulse Day stands as a reminder that the ultimate measure of our field's progress is not the sophistication of our technologies alone — it is the number of lives touched, complications prevented, and heartbeats protected through early awareness and timely care.

Feel the rhythm. Know your pulse. Take action.

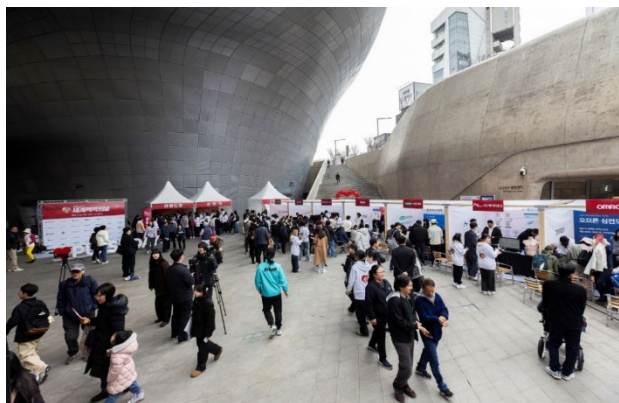


Figure 1. Pulse Day 2026 at Dongdaemun Design Plaza Oullim Square, Seoul — over 2,000 citizens participated in Korea's largest-ever public arrhythmia awareness event on March 1, 2026.



Figure 2. Free ECG and blood pressure screening at the Medical Examination Zone, supported by VUNO, Omron, ATsens, and partner companies.



Figure 3. Interactive heart-rate demonstration at the Experience Zone — visitors observe real-time changes in their own cardiac rhythm.

For more information about Pulse Day and to access campaign resources, visit: [www.aphrs.org/training-education/for-patients/663-global-pulse-day](http://www.aphrs.org/training-education/for-patients/663-global-pulse-day) | Follow: @pulseday2026 (Instagram | TikTok) | Pulse Day 2026 (Facebook)



## FROM FOUNDATIONS TO FUNCTION: BUILDING AN ELECTROPHYSIOLOGY LABORATORY IN A RESOURCE-LIMITED SMALL-TOWN SETTING IN INDIA

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### Regional and Institutional Overview

Krishna Charitable Hospital and Research Center is a tertiary-level charitable healthcare institution located in a semi-urban region of Western India. The hospital caters predominantly to patients from rural and peri-urban backgrounds, where access to advanced cardiac electrophysiology (EP) services has historically been limited. Until the mid-2010s, patients with symptomatic arrhythmias were largely managed medically or referred to distant metropolitan centers, often resulting in delayed or incomplete care.

### Evolution of Cardiology and Early Awareness Challenges

General cardiology services at our institution began in **2012**, initially through visiting cardiologists. Recognizing the growing regional need, a **full-time cardiology service was established in December 2014**. During this period, awareness of **electrophysiology (EP) studies and radiofrequency ablation** among referring physicians were limited, and referrals for arrhythmia evaluation were minimal. A major initial challenge was the absence of trained manpower, limited infrastructure, and uncertainty regarding the sustainability of an EP program in a low-volume setting. Despite these constraints, a structured plan focusing on gradual capacity building was adopted. Considerable effort was invested in clinician education, case discussions, and outcome-based confidence building within the regional medical community.

### Establishment of the Electrophysiology Laboratory

The Electrophysiology program was initiated in **2015** with the objective of delivering advanced arrhythmia care in a non-metropolitan setting. In the initial phase, the absence of a dedicated EP setup required **renting EP equipment**, and procedures were performed by **clubbing patients once every two to three months**, typically managing **7–10 cases per session**. Establishing a permanent EP laboratory demanded meticulous attention to technical fundamentals. Significant focus was placed on **electrical noise reduction, signal fidelity, and robust earthing**, extending beyond the EP lab to the hospital-wide electrical infrastructure. These measures were essential to achieving reliable intra-cardiac signal acquisition. To strengthen technical expertise, our **cath lab technician underwent specialized EP training in Hyderabad**, which played a key role in stabilizing early services.

### Technology Adoption and Growth

In **2018**, the acquisition of an in-house **2D EP system** marked a major milestone, enabling continuous electrophysiology services. Currently, we perform approximately **10–12 EP studies and ablation procedures per month**. The laboratory utilizes a **Prucka EP recording system with St. Jude Medical ablation and stimulation platforms**. The introduction of **cardiac magnetic resonance imaging (MRI) in 2016** significantly enhanced diagnostic capabilities, particularly for ventricular arrhythmias and infiltrative cardiomyopathies. More recently, **intracardiac echocardiography (ICE)** has been incorporated, improving procedural precision and safety, especially for complex ventricular arrhythmias in patients unable to afford 3D electroanatomical mapping.

### Clinical Spectrum and Case Mix

The majority of ablation procedures performed involve **supraventricular tachycardias (SVT)**, reflecting regional disease prevalence, referral patterns, and the pragmatic prioritization of high-impact, curative procedures in a resource-limited setting. Based on clinical necessity and careful patient selection, we also manage **malignant right ventricular outflow tract (RVOT) premature ventricular complexes** and **fascicular ventricular tachycardia**, frequently under **ICE guidance** particularly for patients who are unable to afford 3D electroanatomical mapping systems. Device therapy represents a significant component of our practice, with approximately **10–15 pacemaker and cardiac implantable electronic device procedures per month**, including **left bundle branch area pacing (LBBAP)**. Our center has also developed experience in the evaluation and management of **cardiac sarcoidosis**, supported by cardiac MRI and electrophysiological assessment.

### Technical Challenges and Problem-Solving

A notable technical challenge arose following installation of a **new Prucka EP recording system**, selected as a cost-effective solution bundled with a new catheterization laboratory. At that time, the system was used by very few centers in India, resulting in limited technical support. Initial procedures were hampered by **poor-quality intracardiac signals**.

In the absence of immediate external support, the EP team undertook a systematic review of the equipment manuals, recalibrated and reset the amplifiers, optimized grounding, and modified signal acquisition parameters. These interventions resulted in marked improvement in signal fidelity and procedural confidence. This experience reinforced the importance of strong foundational knowledge, hands-on problem-solving, and adaptability when introducing advanced technology in resource-constrained environments.

### Delivering EP Care in Resource-Limited Settings

A defining characteristic of our EP program is the provision of advanced arrhythmia care within **significant financial constraints**. The majority of patients are treated under government healthcare schemes or receive care at **highly subsidized or no cost**. Patients frequently travel from **Western Maharashtra, North Karnataka, and Goa**, reflecting increasing regional confidence in our services.

Our center has also developed expertise in the evaluation and management of **cardiac sarcoidosis**, supported by cardiac MRI and comprehensive electrophysiological assessment.

### Notable Challenging Case

One particularly challenging case involved a patient with a Mahaim accessory pathway, who had previously undergone **two unsuccessful ablation attempts at tertiary referral centers** in metropolitan cities and presented with recurrent syncope. The case was technically demanding due to **reproducible induction of atrial fibrillation during atrial pacing**, which complicated mapping and pathway localization.

Through a meticulous electrophysiological approach, successful ablation was achieved at our center approximately **one year ago**, with complete resolution of symptoms on follow-up. Importantly, this advanced therapy was provided **entirely free of cost**, reflecting our commitment to equitable care.

### Training, Education, and Academic Contribution

Alongside electrophysiology services, the department manages a high volume of **general cardiology practice**, enabling integrated arrhythmia care. A **DM Cardiology training program** has been initiated, providing postgraduate trainees structured exposure to electrophysiology studies, ablation procedures, and device therapy. One DM trainee is currently planning to pursue an advanced **EP fellowship at an esteemed center**.

Additionally, **BSc Cardiac Care Technology students** receive hands-on exposure to general cardiology, catheterization laboratory work, and electrophysiology during training. Notably, one graduate has successfully joined the **Medtronic Cardiac Rhythm Management industry**, highlighting the practical relevance of training.

The department also mentored a nursing PhD scholar who completed doctoral research focused on nursing care in heart failure.

The program was further strengthened by my selection for the **APHRS–HRS Immersion Program**, which included attendance at the Heart Rhythm Society (HRS) Scientific Sessions and a **two-week observership at St. Luke’s–Aurora Hospital Milwaukee, in 2019**, contributing significantly to the development of our EP services.

### Current Status and Future Directions

Currently, our EP laboratory functions as a high-volume **2D EP center**, delivering efficient and affordable arrhythmia care. In view of the evolving complexity of arrhythmia management, we are **planning to acquire an advanced 3D electroanatomical mapping system**, which will further expand our capabilities in atrial fibrillation and complex ventricular arrhythmia ablation.

### What Makes Our EP Lab Unique

Our experience demonstrates that **high-quality electrophysiology services can be successfully established and sustained in a small-town, resource-limited environment**. A strong emphasis on technical fundamentals, structured team training, judicious technology adoption, and a steadfast commitment to affordability and social responsibility defines our EP program. The experience demonstrates that meaningful EP services can be developed incrementally, even outside major metropolitan centres.

### Conclusion

From renting EP equipment in 2015 to delivering complex ablation and device therapies today, our journey reflects resilience innovation, and patient-centered care. We continue to strive toward expanding advanced electrophysiology services while ensuring accessibility and affordability for patients across underserved regions.

### Figure Legends

**Figure 1.** First electrophysiology procedure performed at Krishna Charitable Hospital and Research Center (2015).



**Figure 2.** Initial electrophysiology team after completion of the first EP session (April 15, 2015).



**Figure 3.** Current electrophysiology laboratory setup with multi-monitor EP recording and pacing systems



**Figure 4.** Aerial view of Krishna Institute of Medical Sciences (KIMS), Karad



## GETTING TO KNOW: DR KATSUHIKO IMAI

*APHRS Surgery Committee Chair  
Director of Heart Center  
Director, Dept. of Cardiovascular Surgery  
National Hospital Organization, Kure Medical Center and Chugoku Cancer Center*

### **Why did you choose to enter medicine and above all, prefer to specialize in Electrophysiology?**

I aspired to pursue a career closely connected with human beings, which led me to choose medicine. I specialized in surgery, but early in my career the Maze procedure was first introduced. The profound fascination I felt at the prospect of controlling invisible “electrical activity” through surgical intervention was the primary reason I became interested in electrophysiology.

### **What do you regard as the most significant development in Electrophysiology in the recent past?**

I believe intracardiac (and extracardiac) electrical mapping technology has advanced dramatically alongside computer technology and continues to progress today. Furthermore, the advancement of CIED technology cannot be overlooked.

### **Can you talk about an accomplishment that you are particularly proud of?**

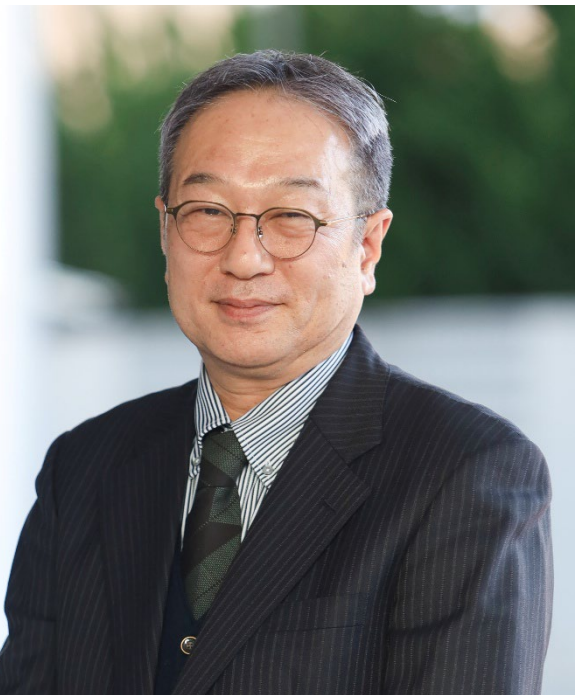
Electrophysiologically based surgical ablation techniques and procedures, along with their underlying concepts.

### **Who has inspired you the most in your life and why?**

It may be Mr. Osamu Tezuka, the manga artist. He is one of the most famous manga artists in Japan, and there's hardly anyone who doesn't know him. He was also a medical doctor, and I feel that the works of his that I read as a child ultimately shaped my life.

### **Who has inspired you the most in your life and why?**

Unfortunately, it seems not. Oh! This interview was the funniest thing ever!



### **If you could have an alternative career, what would it be and why?**

In medicine, I was also interested in psychiatry. This is because it allows for close interaction with people. Outside of medicine, I was interested in controlling large, complex systems myself, so there was a time when I wanted to become a pilot.

### **What are your hobbies and interests outside of medicine?**

I enjoy photography, with a particular interest in railway photography. I'm also interested in sports I can continue as I get older; besides jogging, I've recently started practicing golf and darts.

### **How do you keep a healthy work/life balance?**

Isn't thinking about work-life balance every day the first step?



**What are your thoughts about some of the emerging technologies, and the way they will shape the future care of arrhythmia patients?**

As a surgeon, I will focus on the surgical field, but PFA technology is also closely applicable to surgical devices. It is considered highly compatible with minimally invasive surgical approaches (MICS, robotic), which are becoming mainstream, and is expected to contribute to improved surgical ablation outcomes. Furthermore, I anticipate that hybrid procedures combining endocardial ablation with PFA will bring positive outcomes for patients with long-standing persistent AF.

**If you were a movie character, who would you be and why?**

This isn't a movie character, but I also enjoy playing music and singing, so there was a time when I wanted to be like the members of British rock bands such as The Beatles and Queen.

**Favorite weekend activity?**

Taking photos while traveling by train. Practicing and watching sports suited to each occasion. Enjoying playing music and singing (Japanese karaoke).

**What is your best life advice, motto or favorite quote?**

In Japan, we have the sayings "break through at one point, then expand across the entire front" and "clear skies above the clouds." It's good to keep up steady, diligent effort so that, in the end, you can see the beautiful view.

**What is your best life advice, motto or favorite quote?**

This relates to the question above as well, but maybe "I should have tried a little harder"?



**You're a new addition to the crayon box. What color would you be and why?**

Green. It evokes images of abundant nature. It is also, the complementary color to passionate red.

## REPORT ON APHRS IMMERSION PROGRAM AT NUHCS SINGAPORE

Written by: Rerdin Julario M.D

### Report on APHRS Immersion Program at NUHCS Singapore

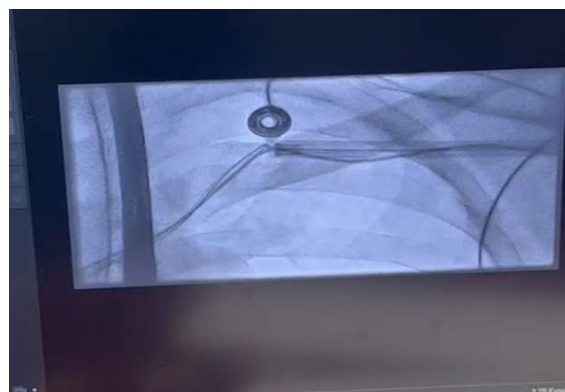
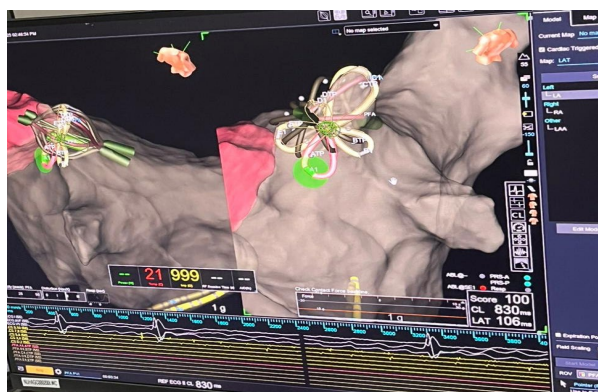
I am Rerdin Julario, MD, a Cardiac Electrophysiology and Pacing Specialist in the Department of Cardiology and Vascular Medicine at Dr. Soetomo General Hospital, Surabaya, Indonesia. Recently, I had the privilege of participating in a two-week APHRS Immersion Program observational attachment at the National University Heart Centre Singapore (NUHCS). Under the mentorship of Seow Swee Chong and alongside his electrophysiology team, the experience offered an inspiring glimpse into advanced cardiac electrophysiology practice within a high-volume tertiary referral center.



During the attachment, I observed a wide range of EP procedures, including supraventricular tachycardia (SVT) ablation cases, cases of pulsed-field ablation (PFA) for persistent atrial fibrillation, epicardial ventricular tachycardia (VT) ablation, atrial flutter ablation, and lead extraction procedure. In addition, I observed device-related cases, including left bundle branch (LBB) pacing and leadless pacemaker implantation, gaining exposure to contemporary pacing strategies and device technologies.



The exposure to PFA technology was particularly beneficial, allowing me to understand its workflow, safety profile, and evolving role in persistent atrial fibrillation management. Observation of epicardial VT ablation and lead extraction further enhanced my understanding of advanced EP techniques and multidisciplinary procedural planning.



The program also included participation in Heart Rhythm Association of Singapore (HRAS) meetings, where complex electrophysiology cases were discussed in a multidisciplinary setting. These sessions involved case presentations and discussions contributed by international fellows from other centers in Singapore, providing valuable perspectives on varying clinical approaches, procedural strategies, and decision-making in complex arrhythmia management.



Furthermore, I attended weekly electrophysiology team meetings at NUHCS, which focused on detailed reviews of ablation cases performed in the preceding week. These discussions emphasized procedural planning, mapping strategies, ablation outcomes, complications, and opportunities for improvement. Participation in these meetings enhanced my understanding of post-procedural assessment, quality assurance, and continuous learning within an EP program.



Importantly, this immersion provided several key learning points that can be directly applied to clinical practice at Dr. Soetomo Hospital. I gained insight into updated electrophysiology protocols, particularly standardized pre-procedural planning, intraprocedural workflow optimization, and post-procedural assessment to support safe and effective ablation procedures. In addition, I observed the routine use of ultrasound guidance for vascular access in every electrophysiology procedure, emphasizing its role in reducing vascular complications and enhancing patient safety. Adoption of these safety-focused protocols and procedural standards would be highly beneficial in improving outcomes and procedural efficiency at Dr. Soetomo Hospital.

Overall, the APHRS immersion program at NUHCS under Dr. Seow Swee Chong and his team was a highly enriching educational experience that significantly enhanced my understanding of contemporary cardiac electrophysiology practice, advanced device therapy, and team-based arrhythmia management.

## THANK YOU LETTER

Written by: Nguyen Thi Thanh Truc

I would like to express my deepest and most sincere gratitude to the Asia Pacific Heart Rhythm Society (APHRS) for awarding me the travel grant, which enabled my participation in The 18th Asia Pacific Heart Rhythm Society Scientific Session/ the 71st Japanese Heart Rhythm Society (JHRS) Annual Scientific Meeting.



This generous support made it possible for me to attend a highly prestigious international scientific meeting of exceptional academic quality, providing an invaluable opportunity to enhance my knowledge and professional development in the field of cardiac electrophysiology. Through comprehensive scientific sessions, experience-sharing lectures, high-quality poster presentations, and hands-on dissection workshops, I gained meaningful and practice-oriented insights that will significantly contribute to my future clinical practice and academic growth. The dynamic and intellectually stimulating academic atmosphere further enriched my learning experience and left a strong and lasting impression on me.



This conference has further strengthened my long-term commitment and passion for cardiac arrhythmias and has provided strong motivation for me to continue learning, conducting research, and developing myself both clinically and academically.

I sincerely hope to have the opportunity to participate in future APHRS scientific meetings, such as the 19th APHRS Scientific Session in 2026, and to contribute actively to the advancement of heart rhythm research and education in the Asia-Pacific region.

Once again, on behalf of myself and other early-career physicians with a strong dedication to the field of heart rhythm, I would like to thank you sincerely for this invaluable opportunity and for your continued dedication to fostering excellence in cardiac arrhythmias across the region.

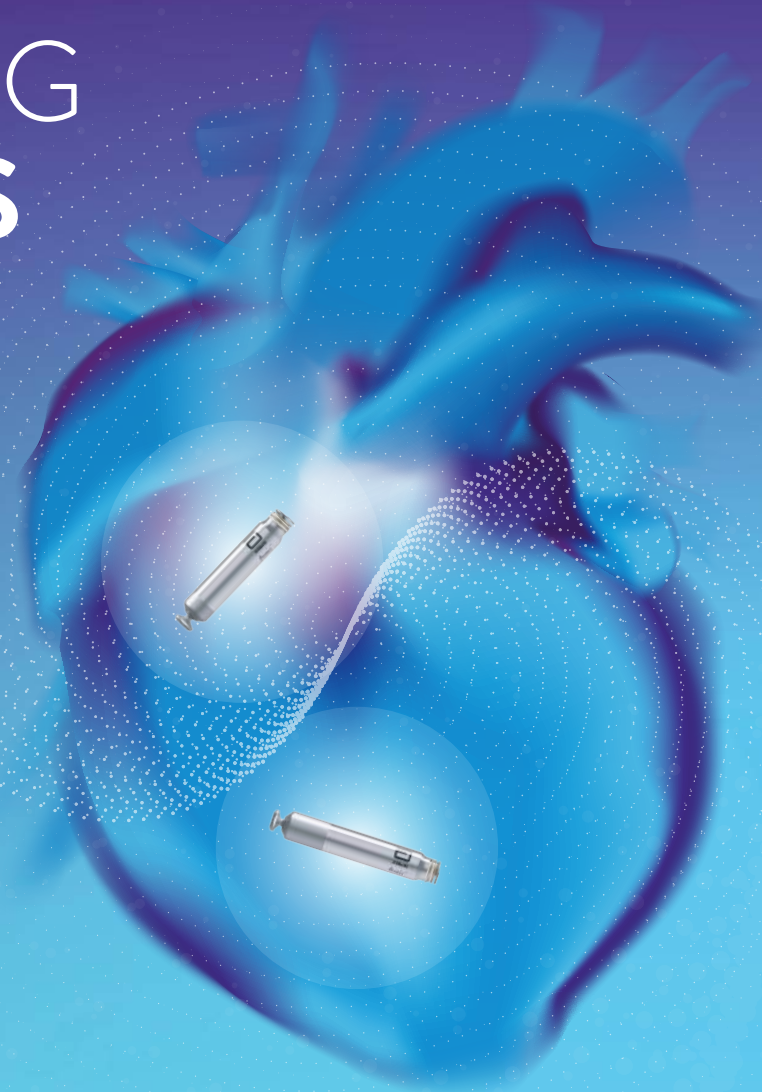




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# APHRS 2026 BUSAN

**19<sup>th</sup> Asia Pacific Heart Rhythm  
Society Scientific Session  
in conjunction with KHRS 2026**

**21 – 24 October 2026**

**Bexco, Busan, Korea**

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## KEY DATES

Registration	Early-bird Registration Open	In March
Accommodation	Hotel Reservation Open	
Abstract	Abstract • Case • BoB Submission Deadline	18 June (Thu.)
	Notification of Abstract Acceptance	23 July (Thu.)
	Late Breaking Abstract Submission Open	30 July (Thu.)

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