



APHRS NEWSLETTER

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GREETINGS FROM THE APHRS PRESIDENT

Prof. Hui-Nam Pak



It is with great pleasure and honor that I extend my warmest greetings to all members of the APHRS community. As the newly appointed President of the APHRS Board, effective January 2025, I am delighted to address and share my vision for the future of our esteemed society.

I would like to express my heartfelt appreciation to all the Past Presidents, Executive Board Members, Committee Members, and Country Representatives for their outstanding leadership and unwavering dedication to advancing the field of cardiac electrophysiology within our region. Building upon these remarkable achievements, I am committed to strengthening the APHRS's role as a global leader further. Together, we will continue to promote excellence, foster innovation, and nurture collaboration in the field of heart rhythm disorders.

In 2024, APHRS achieved key milestones in advancing electrophysiology. The APHRS 2024 Congress, led by Dr. Sanders, Dr. Stiles, and our Australian colleagues, united over 3,000 global participants for impactful academic exchange. The Journal of Arrhythmia, under new leadership, is working toward an impact factor 5. Our educational programs thrived both online and offline, and the EP fellowship program continued despite reduced industry support. We upgraded APHRS committees and strengthened leadership with annual evaluations. A budget settlement committee and renewed financial transparency have set a strong foundation for the future.

Looking ahead to 2025, APHRS is committed to fostering growth and collaboration in electrophysiology. We aim to elevate the APHRS Congress with a standardized platform as a global leader, promote inclusive education, and establish a non-profit foundation for mission sustainability. Through the APHRS Biobank TFT, we will drive digital health research and encourage innovation through transparent, multi-institutional collaboration. Beyond the science, it's about raising awareness and inspiring action for global heart health through initiatives like Pulse Day, powered by social media. This is a pivotal moment for APHRS.

I believe that the APHRS Congress has become a leading scientific festival in the world. However, it is time to make further progress toward the hill of in-depth education, highly qualified research and publications, and public service. Together, we can amplify our impact, collaborate with leading arrhythmia societies, and advance education, research, and community support to create a healthier future. Let's seize the opportunity with determination and hope.

With the support of our dedicated officers and members, I am confident that we will achieve new milestones and positively impact the lives of cardiac arrhythmia patients in the Asia-Pacific region. I would like to ask for your open opinions, sincere support, and prayers for APHRS and a Happy New Year.

“ONE EP GROWS UP TOGETHER”

Hui-Nam Pak

President of APHRS; Professor of Medicine, Yonsei University Health System

THE 18TH ASIA PACIFIC HEART RHYTHM SOCIETY SCIENTIFIC SESSION (APHRS2025 / JHRS2025)

Written by Dr Wataru Shimizu
Congress President, APHRS 2025 Yokohama

“Arrhythmology and Electrocardiology: Enter a New Stage!”

On behalf of the Asia Pacific Heart Rhythm Society (APHRS), it is a great honour to host the 18th APHRS Scientific Session at Pacifico Yokohama from November 12th (Wednesday) through November 15th (Saturday), 2025. I also feel a great sense of responsibility. This will be the first APHRS Scientific Session in Japan in eight years since 2017, when it was also held in Yokohama. As in 2017, APHRS2025 will be held jointly with the 71st Japanese Heart Rhythm Society (JHRS) Scientific Session.



Congress President
Dr Wataru Shimizu
Department of Cardiovascular Medicine,
Nippon Medical School

Modern arrhythmia management has made remarkable progress. In addition to comprehensive pharmacotherapy, there are a wide variety of managements including non-pharmacological treatments such as catheter ablation and arrhythmia devices, genetic diagnosis, arrhythmia prediction using AI, and arrhythmia diagnosis using digital devices. The basic research supporting these treatments continues to deepen as well. The theme of this session is to take this advanced arrhythmology and electrocardiology to a new stage.

The APHRS is the first and only society organized in the Asia-Pacific region with the aim of improving the level of medical care and treatment for arrhythmia patients in the region, which is highly diverse in terms of ethnicities, economies, standards or medical care, and science. An important mission of the APHRS is to improve and standardize the level of medical care and treatment for arrhythmia in this region. The APHRS also strives to cooperate with societies representing North America (HRS), Europe (EHRA), Latin America (LAHRS), and other regions.

APHRS2025/JHRS2025 will bring together more than 6,000 participants including cardiologists, electrophysiologists, and other medical professionals, industry leaders who drive innovation, and representatives of companies from not only the Asia-Pacific regions but from around the world. APHRS2025/JHRS2025 will provide an outstanding platform to advance arrhythmia diagnosis and treatment, as well as research, and a forum for networking among experts, so we hope that many of you will participate.



APHRS2025 **JHRS2025**

Date **NOV. 12 WED – 15 SAT, 2025** Venue **PACIFICO YOKOHAMA, JAPAN**

**Arrhythmology and Electrocardiology:
Entering a New Stage!**

The 71st Annual Meeting of
The Japanese Heart Rhythm Society (JHRS2025)
Congress Presidents

Teiichi YAMANE
The Jikei University School of Medicine

Eiichi WATANABE
Fujita Health University Bantane Hospital

The 18th Asia-Pacific
Heart Rhythm Society Session (APHRS2025)
Congress President

Wataru SHIMIZU
Nippon Medical School

※ This is a Joint Academic Conference.



■ **Venue**
PACIFICO Yokohama North (Yokohama, Japan)

■ **Congress Secretariat**
ACE Enterprise Co, Ltd

■ **Congress Website**
<https://aphrs2025.ace-enterprise.biz/index.html>

GETTING TO KNOW: PROF WEIJIAN HUANG

*APHRS Cardiac Implantable Electronic Devices Committee Chair 2025
The First Affiliated Hospital of Wenzhou Medical University*

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

I have always been passionate about helping people and fascinated by how the human body works. My interest in electrophysiology grew from my desire to understand how the heart's electrical system controls its rhythm. This field combines technology and medicine, allowing me to diagnose and treat heart rhythm disorders effectively, improving patients' lives significantly. It's a rewarding and challenging specialty that keeps me motivated and excited about my work.



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

The most significant development in electrophysiology is the research on the mechanisms of arrhythmias, clinical exploration, and the widespread application of conduction system pacing, especially left bundle branch pacing (LBBP). This innovating pacing approach improves heart function by providing a more physiological pacing method compared to traditional techniques.



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

One accomplishment I am particularly proud of is the development and global implementation of the LBBP technique. This innovation has significantly advanced the field of cardiac pacing by providing a more physiological and effective method for treating heart rhythm disorders. The success and widespread adoption of LBBP in over 800 centres worldwide have greatly improved patient clinical outcomes and established a new standard in pacing therapy. This achievement reflects the hard work and dedication of my team and the broader medical community.



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

The people who have inspired me the most are my parents. They were very strict with me growing up, teaching me to always stick with things and see them through to the end. Their lessons in hard work and determination have shaped how I approach everything in life, especially my career in medicine. Their support and guidance have always motivated me to do my best and never give up, no matter the obstacles.

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

Emerging technologies are transforming arrhythmia care. AI and machine learning enhance diagnosis and prediction, enabling early intervention. Wearable devices provide real-time monitoring, improving response times. Genetic research allows for personalized treatments based on individual genetic profiles. Advances in ablation and pacing techniques make procedures safer and more precise. These innovations collectively improve patient outcomes, making arrhythmia care more proactive and effective.

What are your hobbies and interests outside of medicine?

Outside of medicine, one of my favourite hobbies is listening to music. I have a collection of headphones that I have used to enjoy different genres of music, each offering a unique listening experience. Music provides a wonderful escape and helps me unwind after a busy day. It also inspires creativity and enhances my focus, whether I am working on research or simply relaxing. Listening to music is a significant part of my life, providing both relaxation and inspiration.

What is your best life advice, motto or favourite quote?

My best life advice is to always strive for excellence and never stop learning. One of my favorite quotes is by Albert Einstein: "Strive not to be a success, but rather to be of value." This reminds me that true fulfilment comes from contributing positively to the lives of others and continuously improving oneself. In medicine, this means providing the best care for patients and staying updated with the latest advancements to ensure the highest standards of practice. This approach has guided me throughout my career and personal life, keeping me motivated and focused on making a meaningful impact.

What advice would you give to your younger self?

I would tell my younger self to embrace challenges and never be afraid of failure. Every setback is an opportunity to learn and grow. I would also advise maintaining a balance between work and personal life, as both are essential for long-term success and happiness. Surround yourself with supportive mentors and colleagues who inspire and motivate you.

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

If I could have an alternative career, I would have chosen to be a biomedical engineer. This field combines my interest in medicine with my passion for technology and innovation in medicine. As a biomedical engineer, I would have the opportunity to design and develop advanced medical devices and technologies that can improve patient care. This career would allow me to stay at the forefront of medical advancements and continue to contribute to the healthcare industry in a meaningful way, while satisfying my curiosity and passion for technological innovation.

What is the funniest thing that has happened to you recently?

The funniest thing that happened to me recently was during a procedure for which Dr Su my colleague, and I had a heated argument over a concept in electrophysiology. Our voices got so loud that everyone in the catheter lab came over to see what was happening. When we finished our discussion and surprisingly saw all the people gathered around us, Dr Su and I thought there was an emergency or some major issue happening. It turned out that we were the centre of attention, much to our surprise and amusement.

WEBINAR SUMMARY: APAC EP JOURNAL CLUB 2024 (PART 2)

Prepared by Johnson&Johnson MedTech



APAC EP Journal Club

A series of educational sessions

Faculty – Part 1



Prof. Raymond Sy
University of Sydney

Australia

Faculty – Part 2



Prof. Minglong Chen
The First Affiliated
Hospital of Nanjing
Medical University

China

Faculty – Part 3



Dr. Akira Mizukami
Kameda Medical
Center

Japan

Jun
13

Part 1
Epicardia
mapping

Aug
19

Part 2
Low fluoroscopy
in EP

Oct
24

Part 3
Biophysics of RF Ablation:
From Basics to vHPSD
Ablation

On Aug 19, 2024, the second session of EP Journal Club (EPJC) 2024 was hosted by the electrophysiology team led by Professor Minglong Chen. Prof. Chen is a physician scientist who serves as the director of Heart Center of The First Affiliated Hospital of Nanjing Medical University, as well as the vice-chairman of Chinese Society of Pacing and Electrophysiology. He is a professor of medicine (cardiology) at Nanjing Medical University. Prof. Chen is also the director of cardiac electrophysiology which covers 4000 ablations and 1000 devices annually.

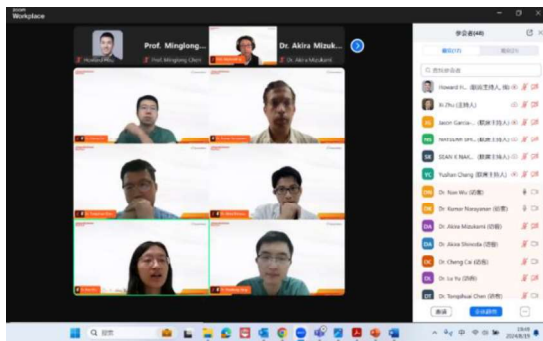
Prof. Chen has been elected as an APHRS country representative of China, subcommittee chairman of Global Affairs and Industry Affairs of APHRS.



EPJC is a professional education event initiated by Electrophysiology, Johnson & Johnson MedTech, with electrophysiological experts from China, Australia and Japan. The experts share electrophysiology literature on a rotating basis, categorized by different topics. They are responsible for one topic each, leading the audience through the literature progress and sharing their hands-on experience. This course targets electrophysiologists in the Asia-Pacific region with 1-5 years of experience.

The session was based on case reviews, characterized by recent seminal journal publications, with the theme of this session was "Low Fluoroscopy in EP ". Prof. Chen led the Chinese faculties who were Dr. Hongwu Chen, Dr. Weizhu Ju, Dr. Xiaohong Jiang, Dr. Cheng Cai, Dr. Yang Liu, Dr. Lu Yu, Dr. Nan Wu and Dr. Tongshuai Chen. Dr Weizhu Ju made a presentation with the theme of Construction of Fluoroless Cardiac Electrophysiology Laboratory. Dr. Hongwu Chen shared a presentation about Low Fluoroscopy in EP: Workflow. Dr. Xiaohong Jiang shared a case about Low Fluoroscopy in Atrial Arrhythmias. And Dr. Cheng Cai shared a case about Low Fluoroscopy in Ventricular Arrhythmias.

In addition to Prof. Chen and the Chinese faculties who shared the excellent lectures, Prof. Sy from Australia and Dr. Akira Mizukami from Japan were the moderators of the session. They shared their valuable experiences in the discussion sessions. The panelists, Dr. Kumar Narayanan, Dr. Shinoda, Dr. Yang Liu, Dr. Lu Yu, Dr. Nan Wu and Dr. Tongshuai Chen joined the discussion. With the wonderful lectures, various interaction, case reviews, Q&A discussion and multi-platform promotion, such as iEP, the number of audiences reached 100 who expressed that they had a deeper understanding for Low Fluoroscopy in EP.



Virtual webinars have become a great platform where our experts and new electrophysiologists in the field gather together to share experience and learn from each other. We look forward to future sessions of the APAC EPJC.

NAVIGATING THROUGH AN ELECTRICAL STORM: OVERSEEING THE ADOPTION OF PULSE FIELD ABLATION – A DIRECTOR'S CHALLENGE

Written by: A/Prof Sandeep Prabhu



Professor Peter Kistler (MBBS, PhD, FRACP, FAPHRs, FHRS) is the founding and current Director of Cardiac Electrophysiology at the Alfred Hospital in Melbourne, Australia.

The field of electrophysiology is undergoing a period of rapid evolution following the rapid translation of pulse field ablation (PFA) technology to the mainstream of clinical EP practice. This new technology, uses ultra rapid electric fields to cause irreversible electroporation of myocardial cells, resulting in non-thermal, cell death. The tissue specific susceptibility to injury, allow the composition of the electrical field to be adapted to specific tissue types, such as myocardial cells, leaving non-myocardial tissue relatively immune to injury.

The result is a very rapid and targeted approach to ablation, compared to the standard approach of radiofrequency or RF ablation, which utilizes traditional thermal energy to affect myocardial tissue. The additional advantage is a substantially reduced risk of injury to non-cardiac structures (such as the oesophagus and phrenic nerve) as well as preservation of tissue architecture, making complications such as atrio-oesophageal fistula, phrenic nerve injury and pulmonary vein stenosis exceedingly unlikely. Currently the technology has been used primarily for the treatment of AF and other atrial arrhythmias, however there is clear potential for its eventual widespread adoption for many other arrhythmia treatments.

Largely due to the speed of PFA for AF ablation, the all but elimination of several rare but feared complications of AF ablation, and recent data suggesting that even the first-generation catheters achieve at least equivalent efficacy to standard techniques, the adoption of the technology has been widespread with nearly unparalleled speed. Consequently, those charged with managing the EP services and infrastructure in large institutions, have been rapidly required to adapt to new workflows, new industry players, physician preferences and even patient preferences - on a background of an unprecedented technology rollout and within the confines of an increasingly stretched health economy. Despite the excitement of the new technology, these factors present EP leaders pragmatic challenges to navigate in the short to medium term.

Professor Peter Kistler is an internationally renowned electrophysiologist and clinical academic, and an international leader in the field of EP. In addition to his exceptional national and international academic reputation, supervision of a highly regarded PhD and clinical fellowship program (of which I am a proud beneficiary!) and high-volume public and private practice, Peter has been Director of Cardiac Electrophysiology at the Alfred Hospital for over two decades, a department he essentially founded in 2003. Over that time, he has overseen an impressive expansion of electrophysiology services with the department currently encompassing seven operators performing over 450 ablation procedures annually, including a significant proportion of complex cases. As he now navigates the roll-out of PFA technology at the Alfred, Peter kindly agreed to be interviewed by myself to share his insights about the technology and the unique challenges as an EP Director during this fascinating time in the EP space.

How does the advent of PFA technology compare with other big changes in the field you have seen over the years during your time as a director of a large tertiary EP institution?

I think the advent of PFA is clearly one of the most significant changes to the EP field in the last 20 years, probably approaching the advent of 3D mapping technology and the seminal discovery by Michel Haïssaguerre of the pulmonary vein triggers of atrial fibrillation². These were also clear turning points in the EP field.

I think that one of the most notable features is that the learning curve for PFA is considerably shorter than that for RF ablation, potentially allowing the technology to be accessible to more operators. This will only be of net benefit to patients and improve accessibility to the treatment and therefore patient outcomes in the long term.

There is also the possibility that with further iterations PFA may be more efficacious than RF ablation. So far this has not been demonstrated in randomised clinical trials, but achieving equivalence in success between first generation PFA technology with contemporary thermal ablation (for AF) in the ADVENT trial³ is reassuring.

During your time as a director, you have seen many technologies ‘come and go’, even those with some initial promise. What made you realise this technology was something that was here to stay?

Like many of us, I have been following the development of this technology for a number of years - well before it was translated into the mainstream. For me there were a few things.

Firstly, the initial published data from Vivek Reddy's group reporting the durability of pulmonary vein isolation in non-clinically indicated repeat mapping studies with PFA⁴. I think the demonstration of durability was an important milestone for PFA technology. Secondly, I think the publishing of data from the MANIFEST-17K data was very reassuring – particularly no reports of atrio-oesophageal fistulas⁵. This is one of our most feared complications and the fact that there were zero in this large cohort, for me was a strong positive for the technology. Lastly, of course, nothing compares to actually having the technology in your hand. I was impressed by how easy it was to use, and how relatively straightforward previous ablation challenges (such as posterior wall isolation) could be more quickly and safely completed. Having used RF ablation for many years, the sheer speed and ease of use of the technology really couldn't be ignored.

There are a multitude of PFA systems coming on the market currently with several new platforms in the pipeline. When selecting the right EP platforms for your department, how do you balance competing interests such as efficacy, safety, cost and versatility? What advice would you have for your EP Director counterparts in the same position?

I think as a director during this time, it is really important to keep an open mind, and to avoid committing to a single piece of technology for the long term. The field is obviously very exciting at the moment with a number of new providers in the space. Some manufactures have had a clear head start in the roll-out of their technology, however, others are rapidly catching up, so it is really important to be flexible and open to trialling new technology as it becomes available. It is also crucial to have “hands on” experience with something before making any decisions.

Another important consideration is supply. Unfortunately, in the contemporary era, supply issues seem to be a reality, so the expectation is that if industry is offering a product, then it must be able to meet this commitment. Although comparative studies between manufacturers would be helpful, head-to-head comparisons for efficacy are unlikely to be available to help guide decision making.

There may remain anatomic locations where RF ablation may be the best option (for example for linear ablation in locations in close proximity to the coronary vessels). Therefore, the option of dual energy to not only offer the alternative between PF and RF at a particular site but even to combine RF and PF to create deeper lesions will be important in ablation beyond the pulmonary veins.

Similarly, despite the capacity to deliver large effective lesions, I do think that high density mapping will remain incredibly important to further our understanding of arrhythmia mechanisms generally and in individuals and really should form part of any ideal platform.

Do you worry about the diminishment of RF based catheter skills, which are of course crucial to non-AF ablation procedures, being lost as single shot PFA technology increasingly grows as the mainstream treatment?

There is some sense of romanticism when I think about the years of training required to develop the dexterity to perform point by point ablation, so there is a touch of sadness at the prospect that these skills may diminish over time. It may be that two tiers of EPs develop where there are those who perform single shot procedures and those who retain or obtain the dexterity and understanding of more complex arrhythmia mechanisms which require a more advanced skill set. The case volume and complexity are increasing, and the need for more detailed mapping and ablation will remain.

Are there things that concern you about PFA technology?

Of course there are some concerns about any new technology, especially when it is being adopted and rolled out so rapidly. I'm reminded about the old adage: "with great power comes great responsibility". Just because it is now feasible, safe and possible to ablate large swathes of the atria, doesn't mean that it is necessarily the best thing for the patient. The long-term mechanical consequences of an ablation approach which annihilates the atria with PFA is unlikely to be a successful outcome for our patients' quality of life.

I also think it's crucial that there remains an emphasis in the importance of high-density mapping and understanding the mechanism of arrhythmias as well, even as the energy source allows us to deliver deeper larger lesions. The ideal tool will incorporate high density mapping which will always remain important in complex EP cases. Obviously, there are still limitations of the technology including the applicability to non-AF ablation such as VT – although there is rapid progress being made here as well. There is also no clear need to replace RF for SVT ablation where it has achieved remarkable success and safety.

What excites you the most about the potential for PFA technology in the future – both for AF and other arrhythmias?

For me I think the ability to effectively and safely ablate in areas of the atria we so far haven't been able to get to with standard thermal ablation is exciting. We may be finally able to understand the impact of durable ablation lesions, and learn the true impact of a linear ablation strategy, particularly beyond pulmonary vein isolation.

Also, the ease and advancement in the speed of the procedure will really open up ablation to more patients. Given the superiority of catheter ablation to medical therapy wider access can only be a good thing for patients with heart rhythm disorders.

Overall, it's an incredibly exciting time to be in EP, and I'm genuinely looking forward to the what the coming technology has to offer in clinical practice.

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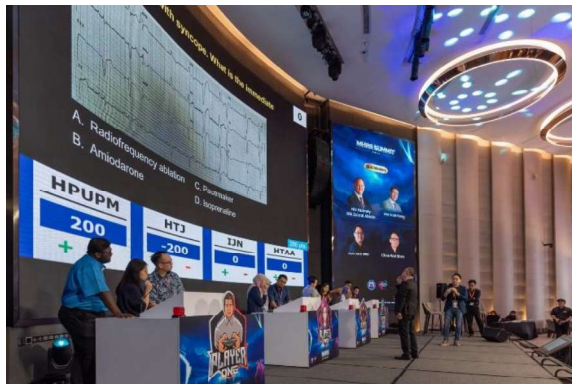
MALAYSIAN HEART RHYTHM SOCIETY (MHRS) SUMMIT 2024: SUMMARY REPORT

Prepared by: Dr Abdul Raqib BIN ABD GHANI

The Malaysian Heart Rhythm Society (MHRS) recently concluded its annual summit, held at the EQ Hotel in Kuala Lumpur from December 6th to 8th, 2024. The event, themed “Engaging the Future of Heart Rhythm Management,” was held in conjunction with the MHRS Presidential Cup, Arrhythmia Grand Ward Rounds, and Malaysian ECG Summit. This year’s summit attracted a total of 305 attendees and faculty members, all gathered in the heart of Kuala Lumpur with the unified purpose of learning through structured education, interactive gameplay, and engaging interactions with the Malaysian EP community. The event welcomed healthcare staff at all levels, both directly and indirectly involved with heart rhythm services in Malaysia.



The summit has grown significantly since its inception as a three-hour Arrhythmia Grand Ward Rounds in 2019, led by Dr. Zulkeflee Muhammad, then president of the society (formerly known as SoPACE). It has now evolved into a comprehensive three-day event that has become a cornerstone for the Malaysian electrophysiology and cardiology community. The Presidential Cup, an innovative initiative inspired by Dr. Koh Kok Wei and Dr. Ma Soot Keng, introduced gamification of ECG and heart rhythm learning to engage a broader audience and foster friendly competition among hospitals, including those without cardiology or EP services.



In an effort to engage a broader regional community, MHRS began inviting expert panelists from neighboring societies starting in 2023. This year, the event featured esteemed panelists and judges such as Dr. Sofian Johar (Brunei), Dr. Muhammad Yamin (Indonesia), and Dr. Paul Lim (Singapore), who contributed their expertise to the Arrhythmia Grand Ward Round finals.

The main symposium covered a wide range of topics related to heart rhythm and electrophysiology, presented in concise sessions to cater to a diverse audience. A highlight of the symposium was Dr. Ma Soot Keng's anatomical and educational dissection of a cow's heart, which captivated the audience. Additionally, several panel discussions included insights and opinions from regional experts on subjects such as atrial fibrillation and heart failure. The young EP community also contributed with a session on vasovagal syncope.

Concurrently, 'Meet the Experts' sessions were held in breakout rooms, where industry leaders showcased their latest innovations and engaged in intimate demonstration sessions and discussions.



The Arrhythmia Grand Ward Rounds featured 16 shortlisted candidates nationwide, presenting cases based on themes such as 'fascinating ECGs', 'Intracardiac EGMs and 3D', and 'Device Tracings and CIED implants'. The top three candidates advanced to the finals, vying for the grand prize of a travel grant to their EP conference of choice.

The MHRS Presidential Cup saw 20 teams from selected centers across the country compete in a game show format. After several intense rounds, Hospital Sultanah Bahiyah Alor Setar emerged victorious in a closely contested final against Hospital Angkatan Tentera Tuanku Mizan.

The Malaysian ECG Summit, held concurrently, catered to a broader audience including GPs and medical students. This well-received session featured expert speakers discussing various aspects of ECG interpretation. For the first time, MHRS also hosted a public awareness program titled "A Journey to Heart Health," focusing on atrial fibrillation awareness and screening for the general public. This initiative aligns with the society's mission to elevate heart rhythm awareness within the community.

Concluding the 2024 Summit, the Malaysian Heart Rhythm Society hopes that this event will continue its tradition of engaging the future of heart rhythm, both in inspiring a new generation of electrophysiologists and also in keeping up with the rapidly expanding technological frontiers in heart rhythm and electrophysiology through shared knowledge and scientific discussions. We also hope to continue including our regional partners in the spirit of community and have already invited regional teams to contest in the Presidential Cup!



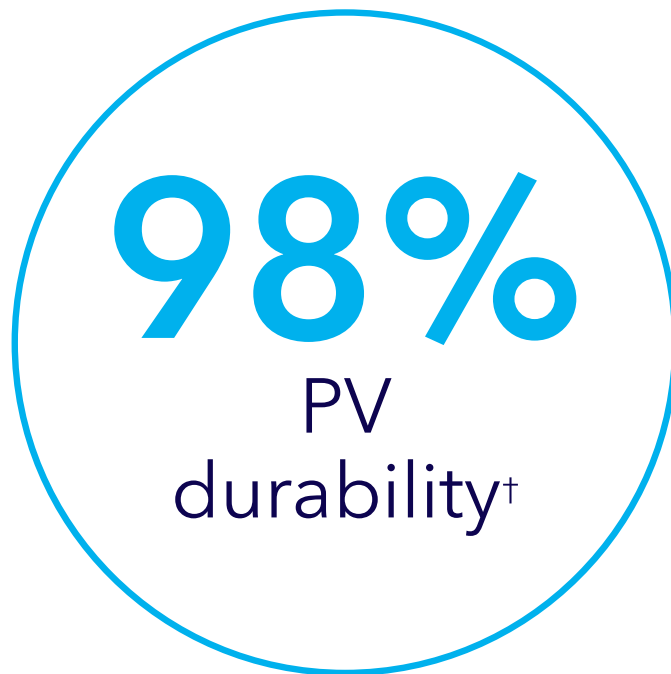
Medtronic



Pulsed Field Ablation Durability Clinical Study¹

PulseSelect™

pulsed field ablation system



† Per vein. | N = 25 patients
(102/104 veins)

Risks may include serious complications and injuries to cardiac and other body structures. The PulseSelect™ Pulsed Field Ablation System should only be used by or under the supervision of a physician that performs pulsed field ablation procedures.

1. Nair, et al. First Invasive remapping to assess long term durability of pulmonary vein isolation using a circular pulsed field ablation catheter. APHRS 2024.

Certain Medtronic products or therapies may not be available for use in the market(s) in which you practice. Information relating to these products are intended only for users in markets where our products and therapies are available for use as indicated within the respective product manuals.

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Minneapolis, MN 55432-5604 USA

New real-world evidence of 2,300+ patients across 77 centers

Model 3830 safely and effectively delivers LBBAP

1. Vijayaraman P, West M, Dresing T, et al. Safety and performance of conduction system pacing: real-world experience from a Product Surveillance Registry. *Heart Rhythm*. 2024;S1547-5271(24)02871-02876.

Purpose

To evaluate real-world safety and performance of LBBAP and HBP with the Model 3830 lead

Study design

- Retrospective comparative analysis from the Medtronic Product Surveillance Registry of bradycardia patients implanted with a pacemaker system and a Model 3830 lead between January 2019 and December 2023.
- N = 1502 LBBAP; N = 840 HBP; 77 centers globally.

3830 and LBBAP Real-World Analysis Key Takeaways

- LBBAP patients continue to demonstrate **low pacing thresholds** and **stable electricals** from implant through follow-up.
- **Lead complication rates were low** through 36 months post-implant. LBBAP lead complication rate was 2.5% and HBP rate was 6.3% (unadjusted: $p < 0.01$; adjusted: $p = 0.09$) with no difference in all-cause mortality between groups ($p = 0.63$).
- **No lead fractures** were reported in either cohort.

Read full article here



Proven safe. Proven effective. Proven design.

APHRS2025

JHRS2025

Date **NOV. 12 WED – 15 SAT, 2025** Venue **PACIFICO YOKOHAMA, JAPAN**

Arrhythmology and Electrophysiology: Entering a New Stage!

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The 18th Asia-Pacific
Heart Rhythm Society Session (APHRS2025)
Congress President

Wataru SHIMIZU

Nippon Medical School

※ This is a Joint Academic Conference.

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List of all Program
Committee Members

February 2025 Abstract Open