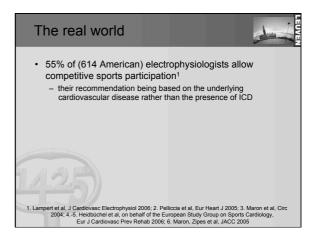
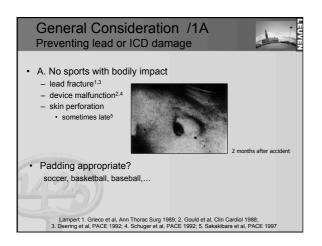


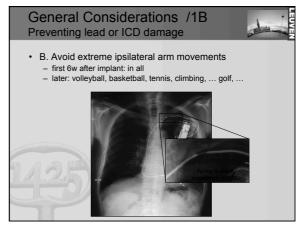
Current recommendations Summary

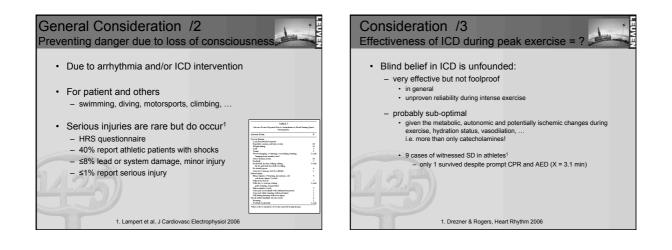
- Sports allowed with ICD: 1-5
 - competitive sports with low dynamic or static cardiovascular demand
 - golf, billiard, bowling,
 - leisure-time sports with low to moderate cardiovascular demand
- Underlying heart disease or channelopathy

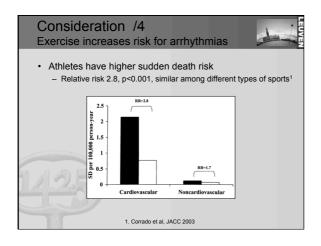
 specific restrictions: cf. ESC and AHA recommendations¹⁻⁵
- "ICD is no substitute for disease-specific recommendations"
 I.e.: an ICD is no means to allow reentry into the arena
 - 1. Pelliccia et al, Eur Heart J 2005; 2. JACC 2005; 3. Maron et al, Circ 2004; 4.-5. Heidbüchel et al, on behalf of the European Study Group on Sports Cardiolog Eur J Cardiovasc Prev Rehab 2006

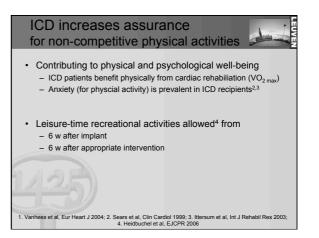


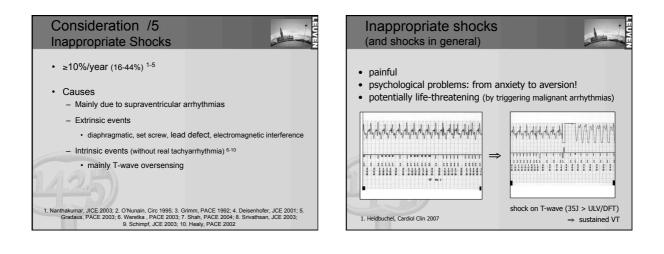


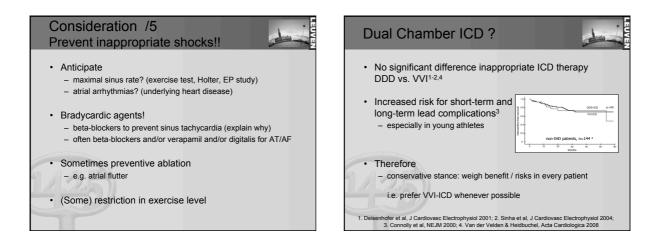




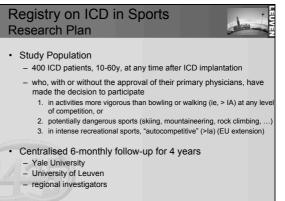




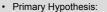








Registry on ICD in Sports Hypothesis and Aims



- The incidence of serious adverse events occurring during sports will be <1% over 4 years:
- 1) tachyarrhythmic death (due to failure to convert VT/VF or post-shock pulseless electrical activity, PEA) or externally resuscitated arrest, or
- 2) significant injury due to syncopal arrhythmia or shock.

· Exploratory Aims:

- Determine the incidence of minor adverse events during sports
- · multiple shocks, minor injuries, damage to lead/system
- Determine whether risk is greater during sports than at other times
- Determine whether risk is greater in specific populations
- · competitive vs. recreational • underlying cardiovascular disorder

Registry on ICD in Sports Enrollment as of 15 March 2011 • total "competitive": n = 368 (US 321; Europe 47) total "recreational": n = 106 (Europe) Belgium 35 France 12 Germany 5 . Israel 3 Norway 6 Poland 1 Spain 17 Switzerland 2 The Netherlands 71 UK 1 28% ≤20y; 36% women; EF 60%

