

Heart Team: A quoi sert un Staff?

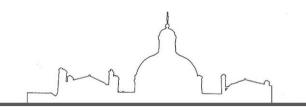
Prendre une décision à plusieurs est-ce bien pour le patient et pour le docteur ?

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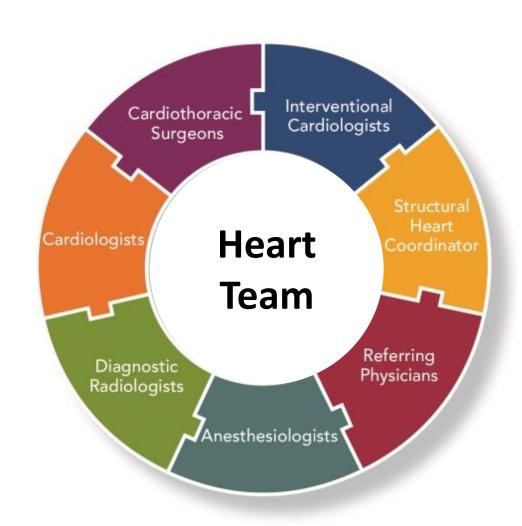
Cardiology Department
Hopital de la Pitié-Salpêtrière
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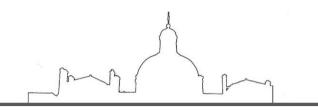
Goal



Make the best recommendation for the patient
Based On EBM Or Guidelines Or Previous Cases <u>And</u> Local Expertise To Improve Outcomes



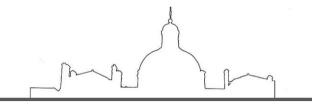
Who?



- PCI vs CABG
- Ethics decision/Conservative/Medical Treatment

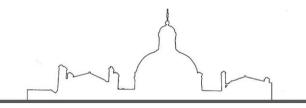
ACS				
Shock	STEMI	NSTE-ACS	SCAD without ad hoc PCI indication according to Heart Team protocol	SCAD with ad hoc PCI indication according to Heart Team protocol
Not mandatory during the acute phase; mechanical circulatory sup- port according to Heart Team protocol	Not mandatory during the acute phase	Not mandatory during the acute phase; after stabilization, recom- mended as in SCAD	Required	Not required

Overt & Subconscious Factors That Influence Whether Well-balanced Information Is Provided



- 'Building an empire' leading to (inter)national recognition
- Conflict of interest with industry
- Knowledge of patient's preferences
- No appreciation of personal therapeutic limits
- Not being up-to-date regarding PCI and/or CABG (technology, outcomes, indications, etc.)
- Opportunity to include a patient in an enroling randomized trial
- Personal conflict between interventional cardiologist and/or surgeon
- Physician—patient bonding
- Preservation of patient—referral pathways
- The physician's centre is a centre of excellence in PCI or CABG
- 'Turf protection' (protection of patient access and salary)

Inappropriate Decisions Are Common

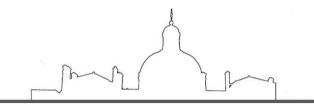


Author, year	Country	Inclusion	Number of procedures for stable angina	Rate of inappropriateness, %	Rate of uncertian appropriateness, %
CABG	•••••	••••••	•••••	•••••	
Winslow, 1988 ⁵⁷	USA	1979-1980, 1982	213	13	_
Gray, 1990 ⁴⁵	UK and USA	1987-1988	319	16	
Bengtson, 1994 ⁴⁶	Sweden	1990	307	1	8
McGlynn, 1994 ⁵⁴	Canada and USA	1989-1990	~980	~15	
Meijler, 1997 ⁵⁵	The Netherlands	1992	1054	4.5	13.4
Bernstein, 1999 ⁴⁷	Sweden	1994–1995	1038	8.5	13.2
Hemingway, 1999 ⁵⁰	UK	1995	~323	43	38
Fitch, 2000 ⁴⁹	_	_	204	19	40
O'Connor, 2008 ⁵⁶	USA	2004-2005	806	2.1	0
Hannan, 2012 ⁵⁸	USA	2009-2010	8168	1.1	8.6

Scores cannot be the only drivers of the decision

Author, year	Patients	Number of patients	Score evaluation	Intra-observer variability $(\kappa)^a$	Inter-observer variability (κ) ^a
Serruys, 2009 ³⁸	LM and/or 3VD	100	Two corelab technicians	0.59 for raw scores	0.45 for raw scores
				0.61 for score tertiles	0.52 for score tertiles
Garg, 2010 ³⁵	LM and/or 3VD	100	Three interventional cardiologists	0.54 for raw scores	_
Shiomi, 2011 ³⁹	LM	101	Two interventional cardiologists	0.69 for score tertiles	0.58 for score tertiles
Tanboga, 2011 ³⁷		76	Two interventional cardiologists	0.69 for score tertiles	0.56 for score tertiles
Généreux, 2011 ³⁶	MVD	30	Three interventional cardiologists — before training	_	0.33 for score tertiles
		50	Three interventional cardiologists — after training	0.88, 0.64, 0.66 for score tertiles	0.76 for score tertiles

Staff de la Pitié



11 092 patients admis

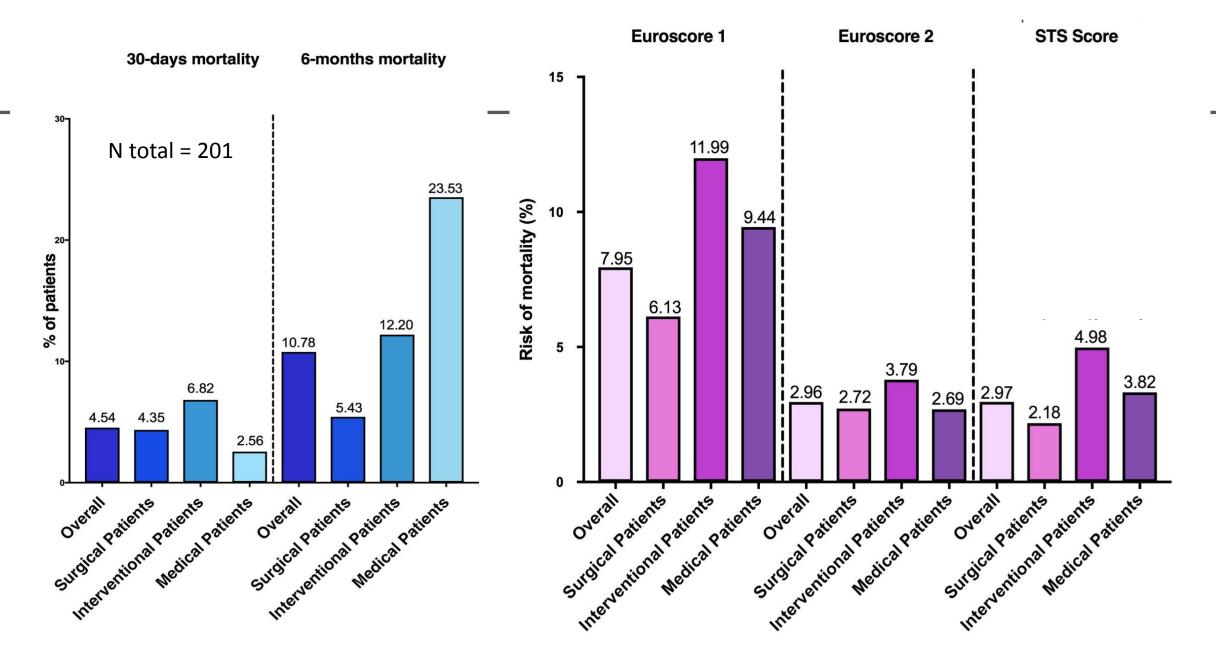
1924 CEC

295 TAVI + 80 Structurel divers

2707 ATL

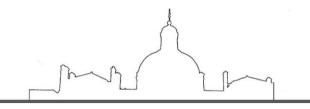
1 staff médico-chirurgical/semaine
1H

201 patients présentés en STAFF



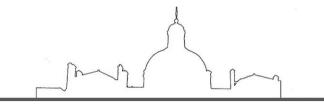
Cacoub L. et al. 2017

Finally



- Decision of the heart team should be recorded (Dedicated Notebook)
- Follow-up of the decisions
- Follow-up of the outcomes

Finally



 The patient's right to decline the treatment option recommended by the Heart Team has to be respected. Patient refusal of a recommended treatment should be acknowledged in a written document after the patient has received the necessary information by the Heart Team members. In this case, the patient may be offered an alternative treatment option by the Heart Team.

