AF and the risk allele of the SNP rs2200733 in one family. All variant-carriers had no mutations in other genes previously associated with AF. 

Conclusion: This is the first report of 1) an association between a variant in PITX2 and early-onset lone AF, and 2) co-segregation of the SNP rs2200733 with a non-synonymous genetic variant within the coding region of PITX2. This supports the hypothesis of the 4q25 locus being a marker of genetic variation in PITX2 in patients with AF, and suggests that this gene may be involved in AF, independent of major structural abnormalities in the heart.

4558 (W) | BEDSIDE

Efficacy of ablation of atrial fibrillation in Brugada syndrome

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Purpose: To evaluate the efficacy of Flecainide to reduce the amount of arrhythmias in debrillator (ICD) carriers with CPVT.

Methods: In a large family, we have identified 179 alive RYR2 p.G357S mutation carriers. Of these, we selected 7 (3 males) because they met two conditions: to be carriers of an ICD and to present frequently ventricular arrhythmias (VA) in seriated stress tests (ET) despite BB full dose treatment. They accepted and accomplished a 6 week protocol of Flecainide treatment and progressive titration of weight adjusted dose, with frequent search of side effects. 3 ET were concurrently performed: Basal (BS) -only with BB-, half dose Flecainide (F1) -after 2 weeks-, and full dose Flecainide (F2) -after 6 weeks-. VA were measured by a quantitative Arrhythmia Score.

Results: The mean half dose and total dose of Flecainide was 89.3 mg (1.36±0.22 mg/kg) and 178.6 mg (2.58±0.75 mg/kg), respectively. The mean/median (±SD) Arrhythmia Score in BS, F1 (2 weeks) and F2 (6 weeks) is: 125/166.9 (±190), 1/17.49 (±26) and 0/0.14 (±0.38) (FIGURE). Applying statistical analysis, BS Vs F1, p=0.018; BS Vs F2, p=0.018; F1 Vs F2, p=0.05. There were no differences in means of METS (Basal 12.6) Vs F1 (13.06); p=0.05; Basal Vs F2 (12.93) p=0.14. No side effects were noted.

Conclusions: Flecainide added to BB is safe and progressively effective to reduce ventricular arrhythmias in stress tests of CPVT patients after 6 weeks of follow-up.

Cancer and heart failure: double trouble

4560 | BEDSIDE

Efficacy and safety of flecainide in catecholaminergic polymorphic ventricular tachycardia

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Background: Catecholaminergic polymorphic ventricular tachycardia (CPVT) is an inherited disorder characterized by ventricular arrhythmias causing sudden cardiac death in young individuals. Arrhythmias in stress test have been related with bad prognosis in CPVT. Betablocker (BB) therapy is the mainstay of treatment but its protection has shown to be incomplete.

Purpose: To evaluate the efficacy of Flecainide to reduce the amount of arrhythmias in debrillator (ICD) carriers with CPVT.

Methods: In a large family, we have identified 179 alive RYR2 p.G357S mutation carriers. Of these, we selected 7 (3 males) because they met two conditions: to be carriers of an ICD and to present frequently ventricular arrhythmias (VA) in seriated stress tests (ET) despite BB full dose treatment. They accepted and accomplished a 6 week protocol of Flecainide treatment and progressive titration of weight adjusted dose, with frequent search of side effects. 3 ET were concurrently performed: Basal (BS) -only with BB-, half dose Flecainide (F1) -after 2 weeks-, and full dose Flecainide (F2) -after 6 weeks-. VA were measured by a quantitative Arrhythmia Score.

Results: The mean half dose and total dose of Flecainide was 89.3 mg (1.36±0.22 mg/kg) and 178.6 mg (2.58±0.75 mg/kg), respectively. The mean/median (±SD) Arrhythmia Score in BS, F1 (2 weeks) and F2 (6 weeks) is: 125/166.9 (±190), 1/17.49 (±26) and 0/0.14 (±0.38) (FIGURE). Applying statistical analysis, BS Vs F1, p=0.018; BS Vs F2, p=0.018; F1 Vs F2, p=0.05. There were no differences in means of METS (Basal 12.6) Vs F1 (13.06); p=0.05; Basal Vs F2 (12.93) p=0.14. No side effects were noted.

Conclusions: Flecainide added to BB is safe and progressively effective to reduce ventricular arrhythmias in stress tests of CPVT patients after 6 weeks of follow-up.

CANCER AND HEART FAILURE: DOUBLE TROUBLE

4570 | SPOTLIGHT 2013

Cardiotoxicity of trastuzumab adjuvant treatment in positive HER2 breast cancer

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Purpose: Adjuvant Trastuzumab (TRS) improves survival in patients (pts) with HER2-positive Breast Cancer (BC) but at the cost of significant cardiotoxicity. We prospectively assessed TRS-related cardiotoxicity to familiarize with its nature.

Methods: Two hundred fifty three women with HER2 positive BC, treated with...