

Basics & Beyond Session 5 Quiz Questions

Radiation Therapy and End of Life for CIED Patients

1. Your 64-year-old ICD patient has frequent appropriate shocks for rapid, symptomatic VT. He tells you he can no longer tolerate the shocks and requests that all ICD therapies be turned 'off'. Your initial response would be?
 - a. Turn off all tachy therapies
 - b. Discuss alternative or complimentary therapies to minimize shocks**
 - c. Request psych evaluation
 - d. Explain that turning off therapies would be considered euthanasia and illegal
2. Your 64-year-old pacemaker dependent patient has a metastatic malignancy with bone involvement, and constant pain relieved only by frequent narcotics. He tells you he can no longer tolerate the pain and refuses any further oncologic treatment and wants his pacemaker turned off. He also states that he understands the consequences given pacemaker dependency. Immediate family members are present and they strongly voice their opposition to turning off the device. Your initial response would be?
 - a. Program pacemaker 'off' or to parameters that fail to capture the ventricle
 - b. Request ethics consultation**
 - c. Request psych evaluation
 - d. Explain that turning off pacing therapy would be considered euthanasia and illegal
3. A patient with an ICD for secondary prevention located in the left pre-pectoral position is diagnosed with a lung malignancy and the primary lesion is in the apex of the left upper lobe. The oncologist and radiotherapist have said that the tumor should be highly sensitive to radiation. Your Initial response should be:
 - a. Relocate the ICD to an abdominal position
 - b. Relocate the ICD to a right pre-pectoral position
 - c. Proceed with potentially life-saving radiation therapy
 - d. Involve manufacturer and radiation physicist to determine amount of radiation the device will receive**

ICM Overview/Troubleshooting

1. Which of the following are current indication for ILR's?
 - a. Complete heart block
 - b. Syncope, AF monitoring, cryptogenic stroke. palpitations**
 - c. Sinus node dysfunction
2. Which of the following is a common reason that may lead to false AF detections?
 - a. Frequent ectopy**
 - b. Undersensing of QRS complexes
 - c. Undersensing of atrial events
 - d. Bradycardia events

Remote Monitoring Overview

1. The 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement on practical management of the remote device clinic provides which of the following:
 - a. Guidance on appropriate patient-to-staff ratios for remote monitoring needs of CIED patients
 - b. Recommendations for programming primary vs. secondary prevention ICD tachy parameters
 - c. Recommendations for enrollment of CIED patient enrollment techniques
 - d. Considerations for pediatric CIED patients and remote monitoring
 - e. All the above
 - f. **Answers a, c, and d only.**
2. Remote monitoring alerts should be set according to device type and indications to help improve clinical relevancy of the alerts and decrease clinical burden.
 - a. **True**
 - b. False
3. Biotronik's CardioMessenger Smart requires a landline connection for home transmission.
 - a. True
 - b. **False**
4. Which of the following components assist the device clinician in triaging remote alerts on the BIOTRONIK Home Monitoring website:
 - a. Yellow alerts
 - b. Red alerts
 - c. Orange alerts
 - d. Clock icon
 - e. "View" list
 - f. All the above
 - g. **Answers a, b, d, and e**
 - h. Answers a, b, and c
5. Adjusting alert parameters for patients individually is not recommended, instead, clinicians should apply templates to groups of patients to decrease alert burden.
 - a. True
 - b. **False**
6. If there are no yellow or red alerts transmitted on a patient, the device clinician does not need to review the device diagnostics in the home transmission.
 - a. True
 - b. **False**
7. The goal of the remote monitoring alert project with Biotronik & Mayo was to focus on actionable data and reduce workload reviewing patients.
 - a. **True**
 - b. False