

Guy's and St Thomas' NHS Foundation Trust

Inherited Cardiac Conditions (ICC) Outpatient Referral Form

PLEASE COMPLETE PAGE 1, SAVE IN ADOBE ACROBAT READER ONLY AND EMAIL TO gstt.HFandICreferrals@nhs.net

ALL URGENT REFERRALS MUST BE DISCUSSED IN THE ICC MDT. PLEASE CONTACT: gstt.iccmdt@nhs.net TO REFER

1. PATIENT INFORMATION

Please enter details here (* = required fields)

Name * **Date of Birth *** **Biological Sex *** **NHS Number ***

Prefix First Name Last Name Day Month Year

Hospital Referred to * **Condition (if not listed, see page 3) ***

Referral Urgency *

2. PLEASE SPECIFY THE REASON FOR REFERRAL

Family screening - first degree relatives ONLY please, unless concern about a second degree relative, or first degree relative cannot be screened (e.g. if deceased). **Please consider screening patients LOCALLY where possible**, if the relevant tests and clinical expertise are available. A guide for minimum screening tests for different ICCs is given overleaf on page 2.

Management advice or clinical opinions - please consider if referral to a GSTT MDT is more appropriate and timely, such as LVOT or MRI MDT - list of MDTs is on page 2. If referral still required, please state reason and question being asked below.

Provide details below - referrals MUST include death certificates, post-mortem (PM) and genetics reports if available *

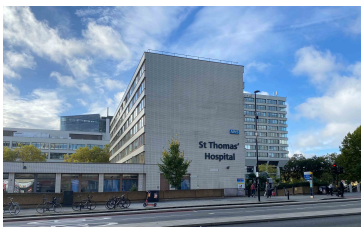
3. LOCAL TEST RESULTS / GENETICS / PM REPORTS INCLUDED WITH REFERRAL

Please indicate which local test results are being emailed with the referral. Genetic and PM reports are mandatory if available.

12-lead ECG Exercise test Cardiac MRI PM Report OTHER - please specify:
Echocardiogram Holter Monitor PET-CT Scan Genetics Report

4. REFERRING CONSULTANT'S DETAILS

Responsible Consultant: * **Consultant's E-mail *** **Consultant's Secretary's E-mail *** **Date:***



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Minimum screening tests for Inherited Cardiac Conditions

Arrhythmogenic Cardiomyopathy (ACM):

- 12-lead ECG, cardiac MRI scan, exercise tolerance test, and Holter monitor (duration dependent on symptoms)
- Echocardiogram if you anticipate a delay in obtaining a cardiac MRI

Dilated Cardiomyopathy (DCM):

- 12-lead ECG and echocardiogram
- if ECG abnormal then consider cardiac MRI, even if echocardiogram normal
- other tests (Holter) as guided by symptoms

Hypertrophic Cardiomyopathy (HCM):

- 12-lead ECG and echocardiogram
- if ECG abnormal then consider cardiac MRI, even if echocardiogram normal
- other tests (Holter) as guided by symptoms

Inherited Arrhythmia Syndromes

- *Brugada Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia, Long QT Syndrome, Short QT Syndrome*
- *Early Repolarisation Syndrome, Familial Atrial Fibrillation, Progressive Cardiac Conduction Disease*
- *Wolff-Parkinson-White Syndrome with cardiomyopathy or family history of sudden death*
- Family members should be referred to a specialist inherited centre for screening

Sudden Arrhythmic Death Syndrome, Idiopathic Ventricular Fibrillation, and Unexplained Cardiac Arrest

- Family members should be referred to a specialist inherited centre for screening

Lists of MDTs Available at GSTT as an alternative to referral:

Cardiac MRI MDT - Online via Teams every week on Thursday between 9:30-10:30 am

- Suitable for reviewing cardiac MRI studies and questions or queries about phenotypes
- Refer by emailing cases to gstt.cmrmdt@nhs.net
- Ensure studies not done at GSTT are transferred over to us well in advance

Genetics MDT - Online via Teams every week on Wednesday between 2:30-3:30 pm

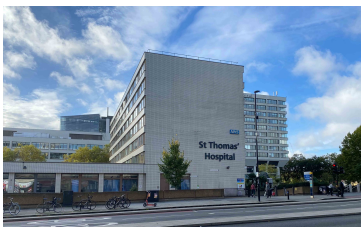
- Suitable for reviewing genetic results, queries about genetic variants, queries about appropriateness of genetic testing, and queries about genotype-phenotype correlation
- Refer by emailing cases to gstt.geneticsreferrals@nhs.net

ICC MDT - Online via Teams every week on Friday between 12:30-2pm

- Suitable for reviewing general ICC queries including questions about phenotypes, genetics, and management
- Refer by emailing gstt.iccmdt@nhs.net no later than the Wednesday of the week of the meeting (unless urgent)

LVOT Obstruction Management MDT - Online via Teams on the first Thursday of every month between 2-3pm

- Suitable for reviewing management options in patients with LVOT obstruction
- **All patients being considered for Mavacamten should be discussed in the LVOT MDT first** to assess suitability and best options for the patient
- Refer by emailing gstt.iccmdt@nhs.net and specifying that the case is for the LVOT MDT (not the ICC MDT)



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Conditions not evaluated which are more appropriate for other services

If your patient's condition is not listed in the drop-down box on page 1, the condition is not appropriate for the ICC service. For the following conditions, please consider an alternative service, as suggested:

- **Genetic testing** - if ONLY genetic testing is required (including predictive genetic testing in families who have a known pathological variant), then please refer DIRECTLY to genetics by emailing gst-tr.GeneticsReferrals@nhs.net. The patient does NOT need review in the clinic service by an ICC Consultant, unless a clinical management question is being asked or opinion is being sought
- **Atrial septal defects, bicuspid aortic valve, coarctation of the aorta, congenital coronary artery anomalies, Tetralogy of Fallot, ventricular septal defects and other congenital disorders** should be referred to the **Adult Congenital Heart Diseases (ACHD) team**: gstt.achd@nhs.net
- **Cardiac amyloid** should be referred to your **local heart failure team**, or directly to the **National Amyloid Centre at the Royal Free Hospital** (rf-tr.amyloidosis-admin@nhs.net) if a diagnosis is confirmed or highly likely. For diagnostic uncertainty between other forms of LVH, please consider presenting at the **Inherited Cardiac Conditions MDT** or **Cardiac MRI MDT** first, whichever is most appropriate (see page 2 on how to refer, and timings of these online meetings)
- **Cardiac sarcoid** should be referred to an **appropriate specialist with an interest in this area**. One such clinic is the cardiac sarcoidosis clinic at the Royal Brompton Hospital. Referrals can be made via the referral form found on the clinic web page: <https://www.rbht.nhs.uk/our-services/heart/cardiac-sarcoidosis-clinic-0>
- **Familial hypercholesterolaemia and premature coronary artery disease / young myocardial infarction** should be referred to your **local coronary intervention team and local lipid service** or the **GSTT endocrinology team's lipid service** (for the latter, please refer to Professor Anthony Wierzbicki on gstt.diabetesandendocrine@nhs.net)
- **Aortopathies**: to establish a diagnosis, referrals should be made directly to **Dr Leema Robert in Clinical genetics** (gstt.clinicalgeneticspatientaccesssteam@nhs.net). For surveillance of patients with a known inherited aortopathy, referrals should be directed to **Dr Yaso Emmanuel** via the **ACHD team**: gstt.achd@nhs.net
- **Marfan syndrome and other connective tissue disorders** should be referred directly to **Dr Leema Robert in Clinical genetics** (gstt.clinicalgeneticspatientaccesssteam@nhs.net)
- **Lone mitral valve prolapse, without a history of arrhythmias, family history of sudden death, or scar on cardiac MRI** should be referred to your **local valve service**
- **Myocarditis** should be seen by **general cardiology** or, if associated with LV impairment, your **local heart failure team**. If a **question exists about a potential overlap with arrhythmogenic cardiomyopathy and the diagnosis is uncertain**, then please consider presenting at the **Inherited Cardiac Conditions MDT** or **Cardiac MRI MDT** first, whichever is most appropriate (see page 2 on how to refer, and timings of these online meetings)
- **Wolff-Parkinson-White syndrome without a family history of sudden cardiac death or coexisting cardiomyopathy** should be referred to your **local electrophysiology (EP) service** (if felt to be clinically indicated)