

NHS

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.HFandICCreferrals@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 *

Please choose | | |

Prefix | First Name | Last Name

Date of Birth *

Day | Month | Year

Biological Sex *

Please choose

NHS Number *

Hospital Referred to *

Please choose

Condition (if not listed, see page 3) *

Please choose

Referral Urgency *

Please choose

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.cardiacgeneticsmdt@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 - Routine genetic testing should occur locally. For predictive genetic testing in families who have a known pathological variant and pre-natal genetic counselling, please refer DIRECTLY to genetics by emailing gstt.geneticsreferrals@nhs.net The patient does NOT need review in the clinical 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.clinicalgeneticspatientaccessteam@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.clinicalgeneticspatientaccessteam@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).**

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