swissdnalysis
step up your quality of care

ARVC DIAGNOSIS SCORE FORM

Adapted from the Modified Task Force Criteria 2010. Circulation. 2010;121:1533-1541.

PATIENT GENERAL DATA Internal Code_____

First Name_____ Place of Birth_____

Last Name_____ Place of Residency_____

Date of Birth ___/___/_____ Date of ARVC Diagnosis ___/____ Date of Blood Sample___/___/_____
(day) (month) (year) (month) (year) (day) (month) (year)

Gender Address: Street and No._____ ZIP Code_____

Male ☐ City_____Country_____Phone_____

Female ☐ Have family members been studied for ARVC? Yes____ No_____

ARVC DIAGNOSIS TASK FORCE 2010 CRITERIA (Please check box)

I. Global or regional dysfunction and structural alterations

MAJOR CRITERIA

By 2D echo

☐ Regional RV akinesia, dyskinesia or aneurysm and 1 of the following (end diastole):
- ☐ PLAX RVOT ≥32 mm (corrected for body size [PLAX/BSA] ≥19 mm/m²)
- ☐ PSAX RVOT ≥36 mm (corrected for body size [PSAX/BSA] ≥21 mm/m²)
- ☐ Fractional area change ≤33%

By MRI

☐ Regional RV akinesia, dyskinesia or dyssynchronous RV contraction and 1 of the following:
- ☐ Ratio of RV end-diastolic volume to BSA ≥110 mL/m² (male) or ≥100 mL/m² (female
- ☐ RV ejection fraction ≤40%

By RV angiography

☐ Regional RV akinesia, dyskinesia, or aneurysm

MINOR CRITERIA

By 2D echo

☐ Regional RV akinesia, dyskinesia or aneurysm and 1 of the following (end diastole):
- ☐ PLAX RVOT ≥29 mm to <32 mm (corrected for body size [PLAX/BSA] ≥16 to <19 mm/m²)
- ☐ PSAX RVOT ≥32 mm <36mm (corrected for body size [PSAX/BSA] ≥18 <21 mm/m²)
- ☐ Fractional area change ≥33% to ≤40%

By MRI

☐ Regional RV akinesia, dyskinesia or dyssynchronous RV contraction and 1 of the following:
- ☐ Ratio of RV end-diastolic volume to BSA ≥100 to <110 mL/m² (Male) or ≥90 to <100 mL/m² (Female)
- ☐ RV ejection fraction >40% to ≤45%

II. Tissue characterization of wall

MAJOR CRITERIA

☐ Residual myocytes <60% by morphometric analysis (or <50% if estimated) with fibrous replacement of the RV free wall myocardium in ≥1 sample, with or without fatty replacement of tissue on endomyocardial biopsy

MINOR CRITERIA

☐ Residual myocytes 60% to 75% by morphometric analysis (or 50% to 65% if estimated) with fibrous replacement of the RV free wall myocardium in ≥1 sample, with or without fatty replacement of tissue on endomyocardial biopsy

III. Repolarization Abnormalities

MAJOR CRITERIA

☐ Inverted T waves in right precordial leads (V1, V2, and V3) or beyond in individuals >14 years of age (in the absence of complete RBBB QRS ≥120 ms)

MINOR CRITERIA

☐ Inverted T waves in leads V1 and V2 in individuals >14 years of age (in the absence of complete RBBB) or in V4, V5, or V6

☐ Inverted T waves in leads V1, V2, V3, and V4 in individuals >14 years of age in the presence of complete RBBB

swissdnalysis
step up your quality of care

ARVC DIAGNOSIS SCORE FORM

Adapted from the Modified Task Force Criteria 2010. Circulation. 2010;121:1533-1541.

IV. Depolarization Abnormalities

MAJOR CRITERIA

☐ Epsilon wave (reproducible low-amplitude signals between end of QRS complex to onset of the T wave) in the right precordial leads (V1 to V3)

MINOR CRITERIA

Late potentials by SAECG in ≥1 of 3 parameters in the absence of a QRS duration of ≥110 ms on the standard ECG

- ☐ Filtered QRS duration (fQRS) ≥114 ms
- ☐ Duration of terminal QRS <40 µV (low-amplitude signal duration) ≥38 ms
- ☐ Root-mean-square voltage of terminal 40 ms ≤20 µV

Terminal activation duration

- ☐ Terminal activation duration of QRS ≥55 ms measured from the nadir of the S wave to the end of the QRS including R´, in V1, V2, or V3, in the absence of complete RBBB

V. Arrhythmias

MAJOR CRITERIA

☐ Non-sustained or sustained ventricular tachycardia of left bundle-branch morphology with superior axis (negative or indeterminate QRS in leads II, III, and aVF and positive in lead aVL)

MINOR CRITERIA

☐ Non-sustained or sustained ventricular tachycardia of RV outflow configuration, left bundle-branch block morphology with inferior axis (positive QRS in leads II, III, and aVF and negative in lead aVL) or of unknown axis

☐ >500 ventricular extrasystoles per 24 hours (Holter)

VI. Family History

MAJOR CRITERIA

☐ ARVC confirmed in a first-degree relative who meets current Task Force criteria

☐ ARVC confirmed pathologically at autopsy or surgery in a first-degree relative

☐ Identification of a pathogenic mutation categorized as associated or probably associated with ARVC in the patient under evaluation

MINOR CRITERIA

☐ History of ARVC in a first-degree relative in whom it is not possible or practical to determine whether the family member meets current Task Force criteria

☐ Premature sudden death (<35 years of age) due to suspected ARVC in a first-degree relative

☐ ARVC confirmed pathologically or by current Task Force Criteria in second-degree relative

Summary

☐ Indicate the number of **MAJOR CRITERIA**

☐ Indicate the number of **MINOR CRITERIA**

Final Score

☐ **DEFINITE**

2 **MAJOR CRITERIA**

OR

1 **MAJOR CRITERIA** + 2 **MINOR CRITERIA**

☐ **BORDERLINE**

1 **MAJOR CRITERIA** + 1 **MINOR CRITERIA**

OR

3 **MINOR CRITERIA**

☐ **POSSIBLE**

1 **MAJOR CRITERIA**

OR

2 **MINOR CRITERIA**

Referral Physician Information

Name_____

Last Name_____

Hospital_____

City_____

Phone_____

Fax_____

e-mail_____

Signature_____

Adlerstrasse 1
8600 Dübendorf-CH

Tel.: +41 43 3435533
Fax: +41 43 3435534

info@swissdnalysis.ch
www.swissdnalysis.ch