

## Editorial

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# **Happy Holidays**

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### Dear colleagues

We welcome you to the Holiday edition of JAFIB. Hope you had a great Halloween. We just wrapped up Thanksgiving here in the United States. Everyone seems to be getting ready for the Holiday season. The Asia Pacific Heart Rhythm Symposium was hosted in New Delhi with great fanfare. Despite the ongoing Ebola scare there was great attendance from all parts of the world. Congratulations to the organizers on putting together an excellent meeting. As expected the faculty was fantastic and a great deal of electrophysiology was covered. The AF-VT-VF Summit is ready to take off in Chicago in a week. This two day symposium provides a quick update on the core disease spectrum in the practice of clinical electrophysiology.

Another exciting meeting is the third iteration of the International Symposium on Left Atrial Appendage (ISLAA 2015) to be held in Los Angeles from February 5-6, 2015. This meeting offers the stateof-the-art in Left Atrial Appendage Exclusion. It is a very unique multi-specialty meeting that bring together the Electrophysiologists, Interventional cardiologists, Cardiac Surgeons, Neurologists and Neurosurgeons together to address the risk of stroke and bleeding in patients with Atrial Fibrillation. Several important aspects of the stroke prophylaxis in AF patients who are anticoagulation eligible, failed and ineligible will be addressed. Despite several large trials involving the endocardially placed exclusion devices like the Watchman, approval from FDA seems to be rather slow to come. The entire field of LAA is at an interesting stage where all further progress seems to be contingent on FDA's decision on the Watchman device. A historical third panel on the clinical efficacy and safety of this device was convened in October with a close vote to decide its future. This state of uncertainty really leaves thousands of AF patients who are ineligible for oral anticoagulation in a precarious situation with continued risk of fatal bleeding or willful exposure to the risk of strokes. There is an interesting wave of disapprovals from individual state Medicare carriers declining coverage for LAA exclusion devices, which further pushes the advances back. It Is time we reconcile the issues at hand and move forward with an important technology and field of study that's going to redefine our ability to provide appropriate care for many AF patients.

Happy Holidays Best wishes for a Happy New Year Dhanunjaya Lakkireddy MD Andrea Natale MD



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