Dear Readers,

It is with great pleasure that I write this letter to welcome you to the New Year. The past year was very productive for the field of cardiac electrophysiology, and we are looking forward to a prolific 2016.

Many of the advances we witnessed in 2015 in EP were related to cardiac pacing, including increased focus on bundle pacing, the development of new algorithms to prevent symptoms in patients with neurocardiogenic syncope, and the introduction of leadless pacing. The interest in optimizing pacing appears to be extending into 2016 as evidenced in the article by Biffi et al. published in this issue of the Journal reporting the results of the OPTI-MIND study. The authors analyzed the effects of physiologic pacing settings on a variety of clinical outcomes including mortality and the development of atrial fibrillation in a large population. Physiologic pacing was based on simple principles including avoidance of unnecessary ventricular stimulation in patients without atrioventricular block, avoidance of unnecessary atrial stimulation in those without sinus node disease, and rate increase in those with chronotropic incompetence. The major finding of the study was that physiologic pacing resulted in almost twofold reduction in the incidence of atrial fibrillation. There was a trend towards improved survival with physiologic pacing but that did not reach statistical significance.

This study has some limitations including the non-randomized design and the fact that the mortality primary end point was not reached. However, the importance of this study is that it highlights a problem in the practice of cardiac electrophysiology, which is the common use of out-of-box pacemaker settings. Despite advances in technology allowing multiple choices for pacing programming, and studies demonstrating the importance of reducing ventricular pacing, there continues to be a lack of enthusiasm for customizing the pacemaker settings to meet the needs of each individual patient. Large-scale randomized clinical studies analyzing the effects of individualized pacing programming on important clinical outcomes such as mortality, hospitalization, congestive heart failure, and atrial fibrillation are essential in order to change the widespread behavior of using the pacemaker shipment settings.

I hope that you enjoy reading this issue of the Journal. Best wishes for a healthy New Year.

Regards,

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