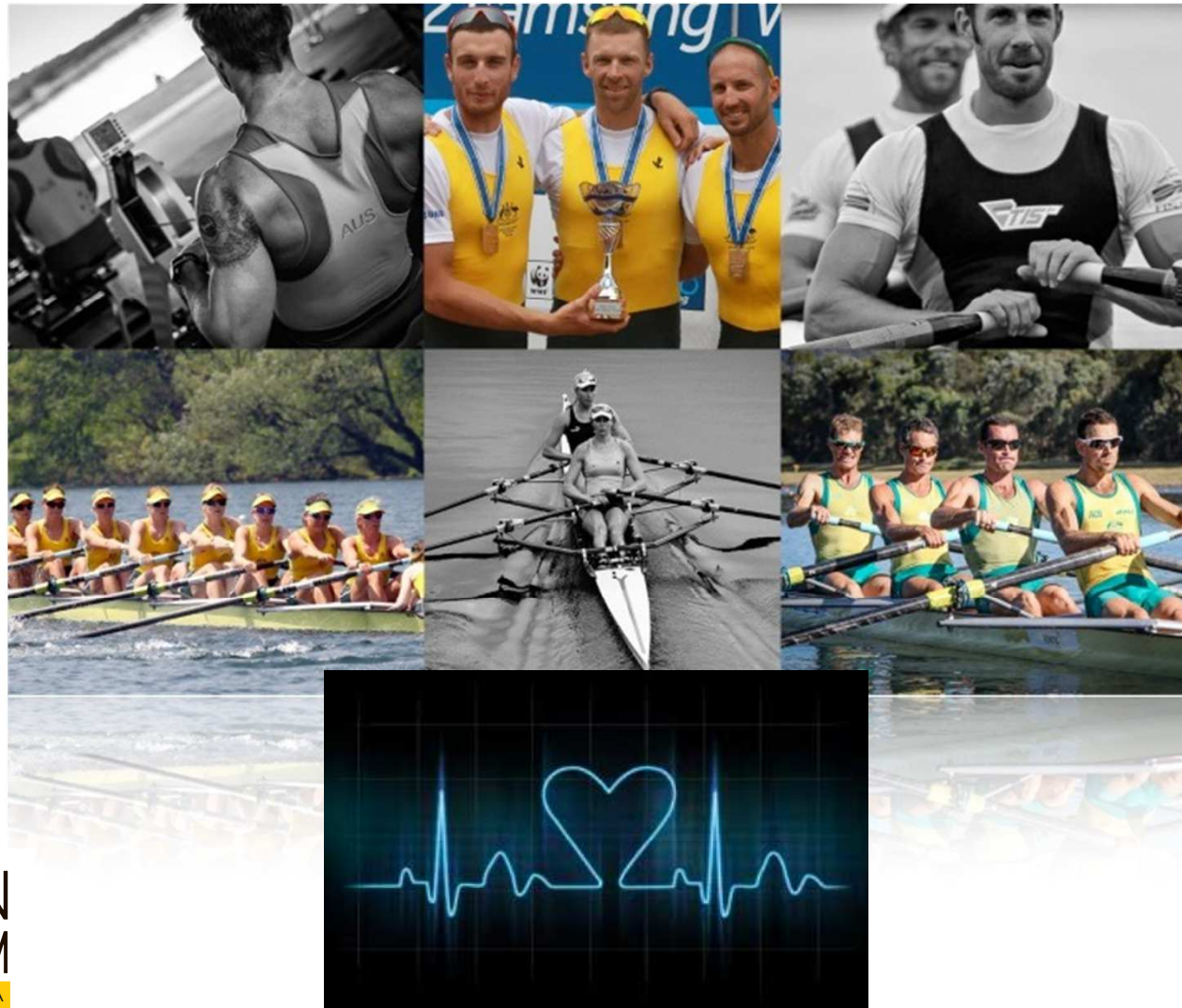


# Cardiac screening – Australian experience



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- 
- A map of Australia is shown, filled with the pattern of the Australian flag (blue field with white stars and the Union Jack in the canton).
- No compulsory medical or cardiac screening program to participate in sport at any level
  - Cardiac screening not funded by Government
  - Cardiac specialists with interest in sport limited to capital cities & public hospitals

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# Previous experience



## Australian Olympic Winter Team (Sochi 2014)

- 5 abnormal of 89 in squad
- 2 / 5 previous screened & ECG reported normal
- 1 athlete diagnosed with HOCM



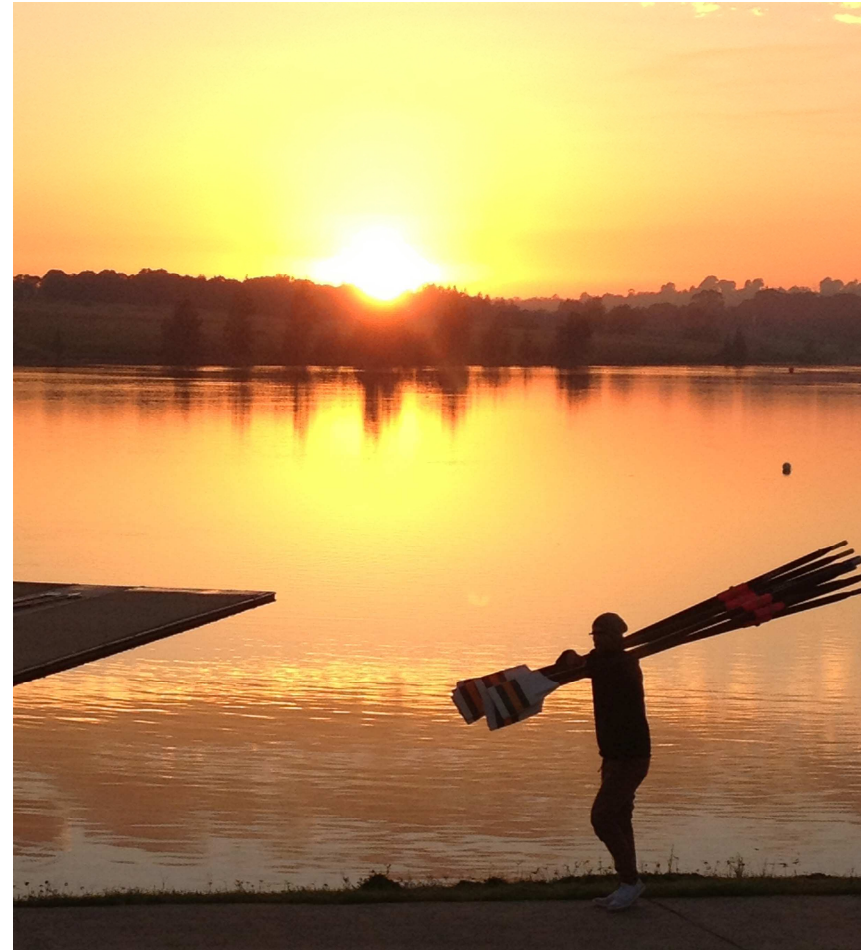
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## Results

- 26/185 abnormal [14%]
- 8.1% R precordial T wave inversion
- 4.9% R ventricular hypertrophy
- Echocardiogram on site
- Three referred for further investigation [1.6%]
  - 2 x Genetic Cardiologist [MRI]
    - FHx & ECG suggestive HOCM (Junior)
    - Echo suggestive of ARVD (U23)
  - 1 x Transoesophageal Echocardiogram for ? ASD (Senior)



# Cost

- Private service is €95 per ECG + €250 per Echo
- Engaged service €28 per ECG & those then referred for Echo can be billed to Medicare
- Possible cost ECG €17,422 & Echo €6,348  
= €23,770
  - €128 per athlete
  - €7,923 per positive finding
- Actual cost ECG €5,205
  - €1,734 per positive finding

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# Challenges

## *Future cost*

- Junior / U23 / Senior
- 230 x €95 = €21,850
- 230 x €28 = €6,440

## *Timing of screening*

- Pre selection –
  - increased numbers / cost
- Following selection
  - Disqualification
  - Short time frame [end April to end July]

## *Frequency of screening*

- Australian Cardiology Society recommends asymptomatic family members of individuals with HOCM be screened (50% risk of HOCM +)
  - Age 11 – 20
    - every 12 - 18 mths
  - Age 21 – 30
    - every 2 – 3 years
- Incidence of HOCM in community 1:500







Asymptomatic athlete with no family history & a previously normal ECG - is annual ECG screening too often?

Different screening frequency for Junior, U23 and Senior athletes?

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