

Applying Classification of Recommendations and Level of Evidence

Class I	Class IIa	Class IIb	Class III
<i>Benefit >>> Risk</i>	<i>Benefit >> Risk Additional studies with focused objectives needed</i>	<i>Benefit ≥ Risk Additional studies with broad objectives needed; Additional registry data would be helpful</i>	<i>Risk ≥ Benefit No additional studies needed</i>
Procedure/ Treatment SHOULD be performed/ administered	IT IS REASONABLE to perform procedure/ administer treatment	Procedure/Treatment MAY BE CONSIDERED	Procedure/Treatment should NOT be performed/administered SINCE IT IS NOT HELPFUL AND MAY BE HARMFUL

Level of Evidence:

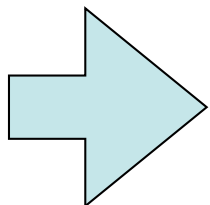
Level A:	Data derived from multiple randomized clinical trials or meta-analyses Multiple populations evaluated;
Level B:	Data derived from a single randomized trial or nonrandomized studies Limited populations evaluated
Level C:	Only consensus of experts opinion, case studies, or standard of care Very limited populations evaluated

Chronische KHK

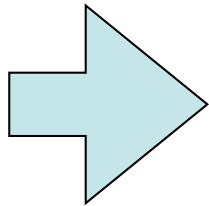
- | | |
|--------------------------------|-------------|
| • Lipide und BZ alle 12 Monate | Ila Level C |
| • Routine EKG | Ila Level C |
| • Routine Belastung EKG | IIb Level C |

Asymptotisch nach Myokardrevaskularisation

	Class ^a	Level ^b	Ref. ^c
Stress imaging (stress echo or MPS) should be used rather than stress ECG.	I	A	12, 269
<ul style="list-style-type: none"> • With low-risk findings (+) at stress testing, the reinforcement of OMT and lifestyle changes should be considered. • With high- to intermediate-risk findings (++) at stress testing, coronary angiography should be considered. 	IIa	C	—
Early imaging testing should be considered in specific patient subsets. ^d	IIa	C	—
Routine stress testing may be considered ≥ 2 years after PCI and ≥ 5 years after CABG.	IIb	C	—



Symptomatisch nach Myokardrevaskularisation



	Class ^a	Level ^b	Ref. ^c
Stress imaging (stress echo or MPS) should be used rather than stress ECG.	I	A	12, 269
It is recommended to reinforce OMT and life style changes in patients with low-risk findings (+) at stress testing.	I	B	14, 43, 270
With intermediate- to high-risk findings (++) at stress testing, coronary angiography is recommended.	I	C	—
Emergent coronary angiography is recommended in patients with STEMI.	I	A	94
Early invasive strategy is indicated in high-risk NSTEMI-ACS patients.	I	A	60
Elective coronary angiography is indicated in low-risk NSTEMI-ACS patients.	I	C	—

Herzinsuffizienz

Class I

- Jede Visite Leistungsfähigkeit (Level of Evidence: C)
- Jede Visite Volumenstatus Gewicht (Level of Evidence: C)
- Jede Visite Alkohol, Tabak, Drogen, „alternative Therapien“, Chemotherapie, Diät, Salzkonsum (Level of Evidence: C)

Class IIa

- Wiederholen der EF und Remodeling bei Änderungen Klinik, Therapie (Level of Evidence: C)

Class IIb

- Wiederholung von BNP nicht genügend etabliert
- therapy for patients with HF is not well established.
- (Level of Evidence: C)

Nachkontrollen Klappenfehler Mitralklappe

- | | | | | |
|------------------------------------------|----------------|----------|-----|------|
| • Insuffizienz | Mittelschwer | Klinik | 1 | Jahr |
| | Asymptomatisch | Echo | 2 | |
| | LV-EF normal | | | |
| | Schwer | Klinik | 0.5 | |
| | Asymptomatisch | Echo | 1 | |
| | LV-EF normal | | | |
| Keine Voruntersuchung/Borderline/Zunahme | | | | |
| Kürzere Intervalle | | | | |
| • Stenose | Signifikant | Klinik | 1 | |
| | Asymptomatisch | Echo | 1 | |
| Nach Valvuloplastie | | wie oben | | |

Nachkontrollen Klappenfehler Aortenklappe

• Insuffizienz	Leicht – mittel	Klinik	1	Jahr
		Echo	2	
	Schwer	1. Kontrolle	Echo	0.5
	Schwer stabil		Echo	1
	Schwer Progr/Nahe OP		Echo	0.5
Aortendilatation/Marfan/Bikuspide K		Echo	1	
	Zunehmend	Echo	0.5	

• Stenose	Leicht – mittel	Klinik	1	
		Echo	nach Klinik	
	>4m/s, Kalk \geq ++	1.Ko	Echo/Ergo	0.5
	1. Ko Stabil	Klinik		0.5

Ascending Aortic Aneurysm of Degenerative Etiology

Size adjusted disease surveillance schedule

Aneurysm 3.5- 4.4 cm
• Annual CT or MR

Aneurysm 4.5- 5.4 cm
• Semi-annual CT or MR

Indication for operative repair:

- Size > 5.5cm
- Symptomatic
- Growth rate >0.5cm/year

No

Continue disease surveillance

Yes

No

Risk factor modification

Preoperative assessment:
Suitable operative candidate?

Hypertrophe Kardiomyopathie Nachkontrollen Jedes Jahr

- Anamnese
- Echo (LV-HT, LVOT Obstruktion, LV Funktion)
- Max. Ergometrie (BD Abfall)
- Holter EKG (KT)

Guidelines

European Heart Journal 2003;24:1965

Chemotherapie

Anthracycline

Screeninguntersuchungen

Onkologie Inselspital Bern

- **Echo vor Therapiebeginn** bei:
 - Patienten > 60
 - Patienten < 60 mit Hypertonie oder kardialen Erkrankungen
- **Routinemassige Echokontrolle** bei asymptomatischen Patienten bei kumulativer Dosis
 - 360 (240) mg/m² Doxorubicin resp. 720 mg/m² Epirubicin
 - und 450 (400) resp. 900 mg/m²
- **Individuell bei Risikopatienten**
 - zB Vor nächsten Zyklus

Trastuzumab (Herceptin): Echokontrollen adjuvante Therapie

