

Pediatric cardiology in Poland in 2019

To the editor In the years 2015 to 2020, I had the honor of being the National Consultant of Pediatric Cardiology (advisor of the Ministry of Health). I consider this period of time to be very strenuous and busy, but also very productive. I would like to thank all people who helped me fulfill this responsibility. Without them, the achieved successes would not have been possible.

Probably the greatest success was the inclusion of pediatric cardiology into the list of priority specialties (decision of the Polish Ministry of Health; Journal of Law of September 23, 2018, position number 1738). I have repeatedly reported disastrous consequences of prior removal of pediatric cardiology from the list. First such publication, which was inspired by me, was released in 2010.¹ Our efforts resulted in the debate about the pediatric cardiology problems at the Senate Health Committee in 2017. It would not be possible without the invaluable support of the Polish Cardiac Society and the “Serce Dziecka” Foundation. The “priority status” of our specialty results in both higher remuneration for the residents and greater number of training places. We can already observe positive effects of this change in greater recruitment of residents wishing to specialize in pediatric cardiology. However, my idea of transformation of our specialization from a “modular” to “uniform” mode has not been realized. In my opinion, it would improve the organization of training independently from the specialty program.

Pediatric cardiology in Poland is doing very well, which I demonstrated in a study from 2019.² I summarized the activity of all 10 pediatric catheterization laboratories in Poland in which patients with congenital heart defects (CHDs) had been treated from 2009 to 2018. Unfortunately, the pediatric transcatheter procedures continuously are not included in the reports of the Association of Cardiovascular Interventions of the Polish Cardiac Society (AISN PTK).³ A nearly 2-fold increase in the number of annually performed interventional transcatheter procedures could have been observed over

the last decade (1221 in 2009 vs 2271 in 2018). Moreover in 2018, the number of annually reported interventional transcatheter procedures came close to the total number of cardiac surgeries performed in patients with CHD (2271 vs 2293). During these years, approximately 12% of transcatheter interventional procedures performed in patients with congenital and structural heart defects were conducted in adult patients in 4 centers (Silesian Center for Heart Diseases in Zabrze, Medical University of Gdansk, Regional Specialist Hospital in Wrocław, Polish Mother’s Memorial Hospital Research Institute in Łódź). The majority of those procedures (>70%) were device closures of atrial septal defect (ASD) and patent foramen ovale in patients with a history of cryptogenic stroke.

In 2019, there were 2237 interventional transcatheter procedures in patients with CHD vs 2257 cardiac surgeries. The majority of interventions conducted in children (similarly to previous years) were: ASD (n = 383) and patent ductus arteriosus closure (n = 309); stent implantation to a stenosed pulmonary artery (n = 153) or in coarctation of the aorta (n = 57), balloon angioplasties of the pulmonary artery (n = 223) and coarctation of the aorta (n=142) as well as balloon pulmonary (n = 116) or aortic (n = 71) valvuloplasties. Similar to 2018, 4 centers in Kraków, Łódź, Warsaw (Centrum Zdrowia Dziecka), and Zabrze performed more than 270 interventional procedures per year in CHD, whereas 6 centers performed less than 200 procedures (FIGURE 1).

Another achievement was the introduction of the immune prophylaxis of the respiratory syncytial virus (RSV) infection in infants with hemodynamically significant CHD with the use of palivizumab (monoclonal antibody) in 2019 after many years of unsuccessful attempts. The RSV infection season runs from October to April and the palivizumab is administered at monthly intervals as an intramuscular injection (maximum 5 doses). It is an expensive therapy (one ampule of Synagis about EUR 1500) and its cost-effectiveness is the topic of an ongoing discussion. Abbvi Comp, the only producer of

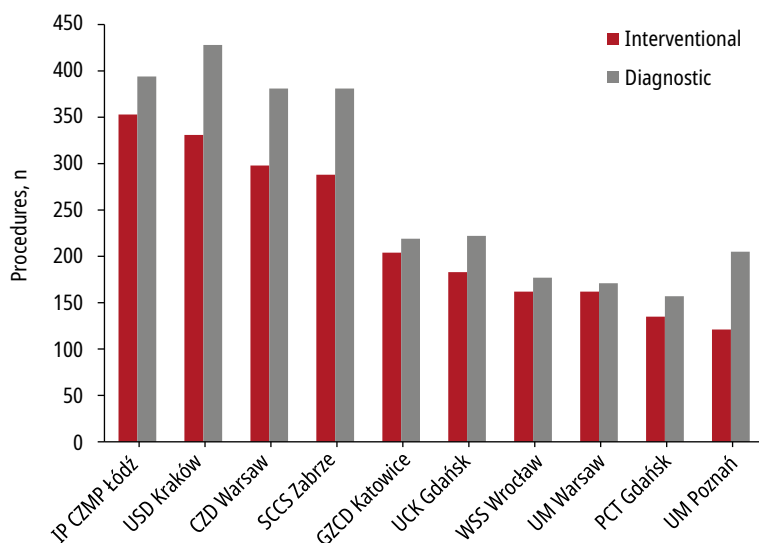


FIGURE 1 Number of interventional and diagnostic transcatheter procedures performed in selected centers in Poland in pediatric and adult patients with congenital heart defects in the year 2019

Abbreviations: GZCD, Górnośląskie Centrum Zdrowia Dziecka; IPCZMP, Instytut Pomnik Centrum Zdrowia Matki Polki; PCT, Szpital Copernicus; SCCS, Śląskie Centrum Chorób Serca; UCK, Uniwersyteckie Centrum Kliniczne; UM, Uniwersytet Medyczny; USD, Uniwersytecki Szpital Kliniczny; WSS, Wojewódzki Szpital Specjalistyczny

palivizumab, after negotiations, made it available for a symbolic price. According to the arrangements with the Ministry of Health, the optimal procedure is to administer this drug during 1-day hospitalization in any pediatric hospital, and the treatment can be ordered by any pediatric cardiologist (the medication can only be dispensed by the hospital pharmacies).

Recommendations on the palivizumab use and the RSV prevention vary in different countries.⁴ Nowadays in Poland, only infants (children under 12 months of age) with significant CHD with left-to-right shunting (with heart failure, resistant to medical treatment), infants with cyanotic CHD with oxygen saturation levels under 80% as well as infants with pulmonary hypertension are included into the immune RSV prophylaxis program. Swedish and German recommendations (from 2019) on the RSV prophylaxis include mainly infants younger than 6 months of age with hemodynamically significant CHD (in Europe and South America it does not include simple ASD, patent ductus arteriosus, small ventricular septal defect, valve stenosis, coarctation of the aorta, etc). I am under the impression that in Poland, there is a discussion to extend this program even more, which in my opinion is not necessary.

ARTICLE INFORMATION

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CONFLICT OF INTEREST None declared.

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