Response to Skinner: Risk stratification in hypertrophic cardiomyopathy: Time to think about the electrocardiogram

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We thank Prof Skinner for his thoughtful comments on our review article in this Journal.[1] We welcome his recognition of the need for prospective collaborative studies in this important field; the ability to identify which children with hypertrophic cardiomyopathy (HCM) would benefit most from implantable cardioverter-defibrillator (ICD) therapy would represent a significant advance in paediatric heart muscle disease clinical care. In a rare disease with a relatively low prevalence of events, large-scale multicentre collaborations are essential to answer this question and many others. The Australian,[2] North American[3] and, most recently, UK[4] cohorts are testament to this. We agree that the electrocardiogram (ECG) may be of use in risk stratification in paediatric HCM, and acknowledge not just the work from Sweden[5,6] referenced in Skinner's commentary, but also innovative work from the Bologna group.[7] As highlighted in our previous meta-analysis, however, the difficulty lies in the fact different studies have investigated different ECG parameters, resulting in inconsistent data.[8] Furthermore, it is unclear whether the addition of ECG parameters to existing risk algorithms would improve their performance. This hypothesis, of course, needs to be evaluated in large collaborative studies. We have recently established an international paediatric HCM consortium, involving 40 expert centres and with over 1600 patients recruited to date, with the aim of investigating established and novel risk factors for childhood HCM, including the 12-lead ECG - we would be delighted if Prof Skinner would join us in this endeavour.

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