



How to enroll

OUTCOMES REGISTRY FOR CARDIAC CONDITIONS IN ATHLETES

Enrollment Criteria

Age 14 to <35 at the time of enrollment

Eligible cardiac diagnosis or eligible borderline finding (diagnosed at any time)

Participating in competitive sport (high school, collegiate, semi-professional, professional, elite, national) at time of enrollment or within the last 2 years, including athletes that returned to sport, stopped voluntarily, or were excluded from sport

1. Go to orccastudy.org and click 'REGISTER'



ORCCASTUDY.ORG

REGISTER

2. Complete the 'Register a Patient/Athlete' form

Register Yourself Register a Patient/Athlete

First Name
Your first name...

Last Name
Your last name...

Email
Your email address

3. The ORCCA team will contact the patient for informed consent/HIPAA and provide a link to the surveys



4. Submit copies of medical records to e-fax 1-206-520-4727



The American Medical Society for Sports Medicine, American Heart Association, and UW Medicine Center for Sports Cardiology proudly support ORCCA.



Inclusion Criteria for ORCCA

**Competitive athletes* ages 14 to <35 years old
diagnosed with one of the following:**

Pathologic Cardiovascular Condition

- Cardiomyopathy
- Primary electrical disease including the cardiac channelopathies or unexplained sudden cardiac arrest
- Myocarditis
- Coronary artery disease/anomaly
- Congenital heart disease**
- Valvular heart disease+
- Aortopathy

Borderline findings with potential risk for major adverse cardiovascular events

- Markedly abnormal ECG++ per the International Criteria with normal cardiac imaging[^]
- Isolated left ventricular hypertrophy (14–16 mm M, 13–14 mm F)
- Isolated aortic dilatation (40–44 mm M, 34–39 mm F)
- Subclinical ventricular scar or late-gadolinium enhancement on CMR^{^^}
- Non-compacted LV myocardium with concerns for underlying cardiomyopathy
- Genotype positive/phenotype negative for known pathologic variant of genetic cardiomyopathy or channelopathy
- Unexplained reduction in resting LVEF (45–50%)^{***}
- Clinically significant premature ventricular contractions (PVCs)⁺⁺⁺

*A competitive athlete is any athlete competing at the high school, collegiate, semi-professional, professional, elite or national level. ** Moderate or greater complexity of adult congenital heart disease per the 2018 ACC/AHA ACHD Guidelines (excludes isolated small ASD/VSD, PFO, repaired ASD/VSD without residual shunt, repaired PDA). + Primary structural abnormality (bicuspid, prolapse, myxomatous, congenital or rheumatic) with moderate or greater regurgitation/stenosis or other associated abnormality (i.e., bicuspid aortic valve with aortopathy, or mitral valve prolapse with mitral annular disjunction). ++ I.e., inferolateral T-wave inversion.

[^] Normal echocardiogram or cardiac magnetic resonance imaging. ^{^^} Excluding isolated right ventricular insertion point LGE and isolated papillary muscle fibrosis. ^{***} LVEF as defined on transthoracic echocardiogram and in athletes participating in a non-endurance or high-dynamic team sport.

⁺⁺⁺ Frequent PVCs requiring clinical follow-up consisting of either 1) >2000 in 24 hours of non-outflow tract or non-fascicular morphology/origin, or 2) >10,000 in 24 hours of outflow tract or fascicular morphology/origin.