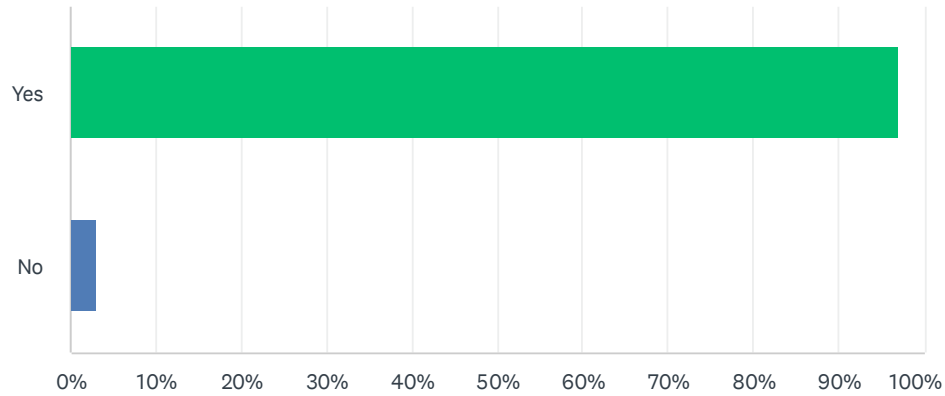


Q1 Do you have any role in managing patients with implanted CIEDs (pacemakers/ICDs)?

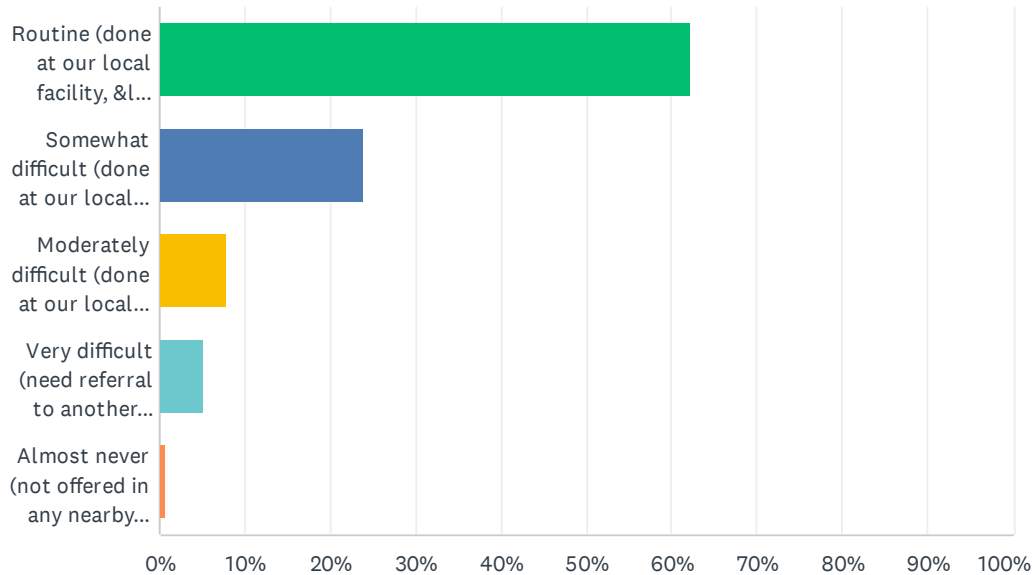
Answered: 887 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	97.07%	861
No	2.93%	26
TOTAL		887

Q2 How accessible is MRI scanning for your patients with MRI-conditional CIED systems?

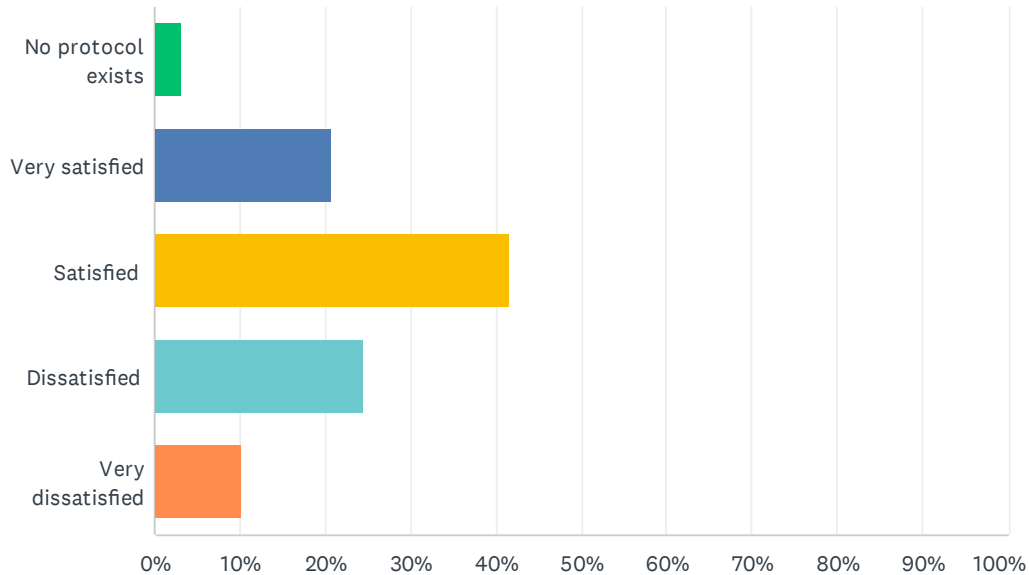
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Routine (done at our local facility, <1 month wait time)	62.34%	399
Somewhat difficult (done at our local facility, but 1-3 month wait time)	23.91%	153
Moderately difficult (done at our local facility, but >3 month wait time)	7.97%	51
Very difficult (need referral to another facility in our area)	5.16%	33
Almost never (not offered in any nearby facilities)	0.63%	4
TOTAL		640

Q3 How satisfied are you with your clinic's protocol for MRI coordination (for conditional and non-conditional systems)?

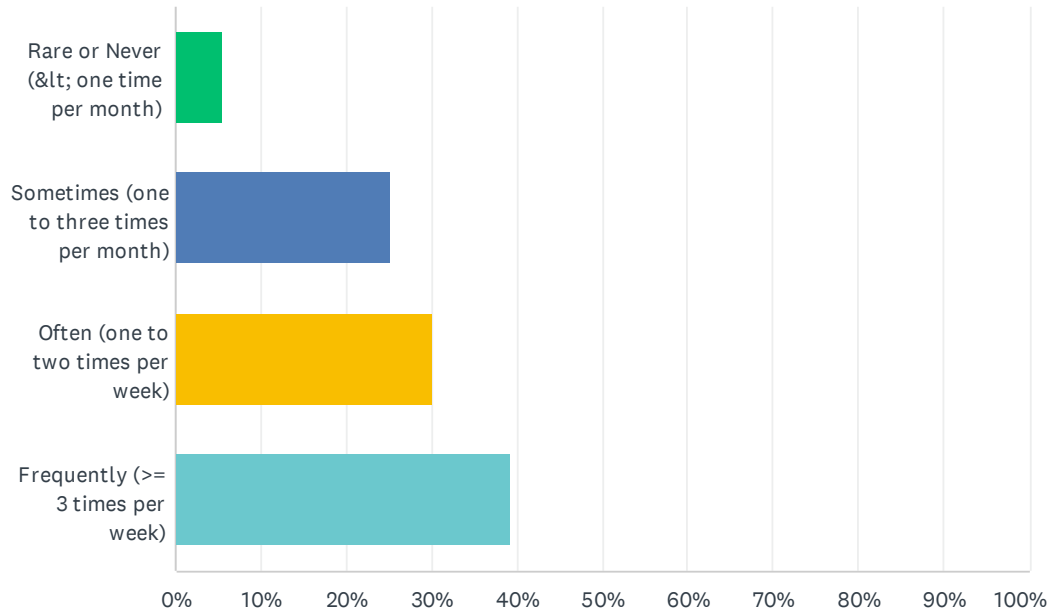
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
No protocol exists	3.13%	20
Very satisfied	20.63%	132
Satisfied	41.56%	266
Dissatisfied	24.53%	157
Very dissatisfied	10.16%	65
TOTAL		640

Q4 How frequently are you asked to determine whether an individual with CIEDs may undergo an MRI?

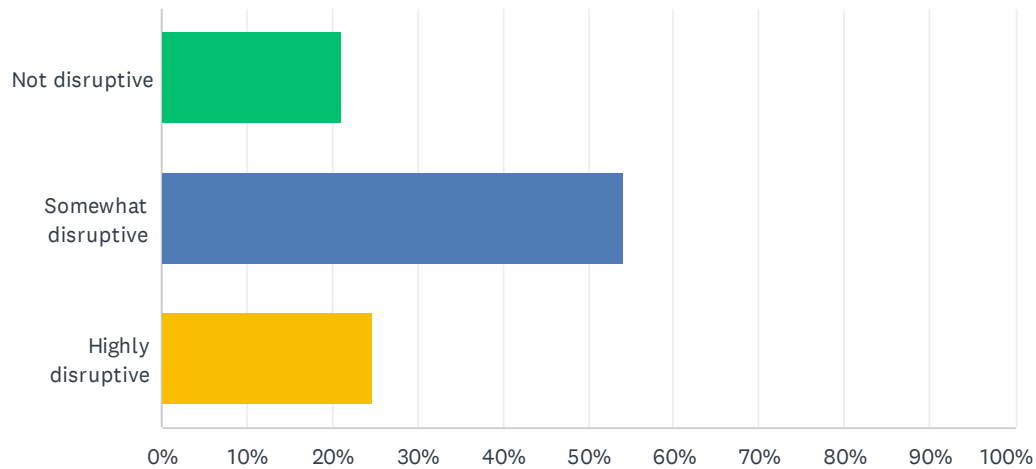
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Rare or Never (< one time per month)	5.63%	36
Sometimes (one to three times per month)	25.16%	161
Often (one to two times per week)	30.00%	192
Frequently (>= 3 times per week)	39.22%	251
TOTAL		640

Q5 How disruptive are the requests to adjudicate MRI approvals in your workflow?

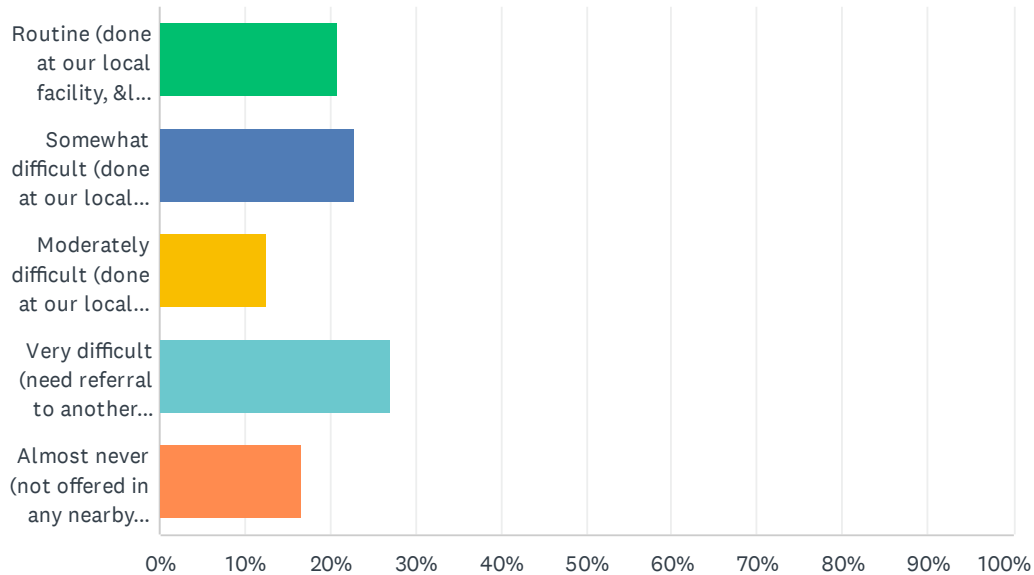
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Not disruptive	21.09%	135
Somewhat disruptive	54.22%	347
Highly disruptive	24.69%	158
TOTAL		640

Q6 How accessible is MRI scanning for your patients with a non-MRI-conditional CIED system?

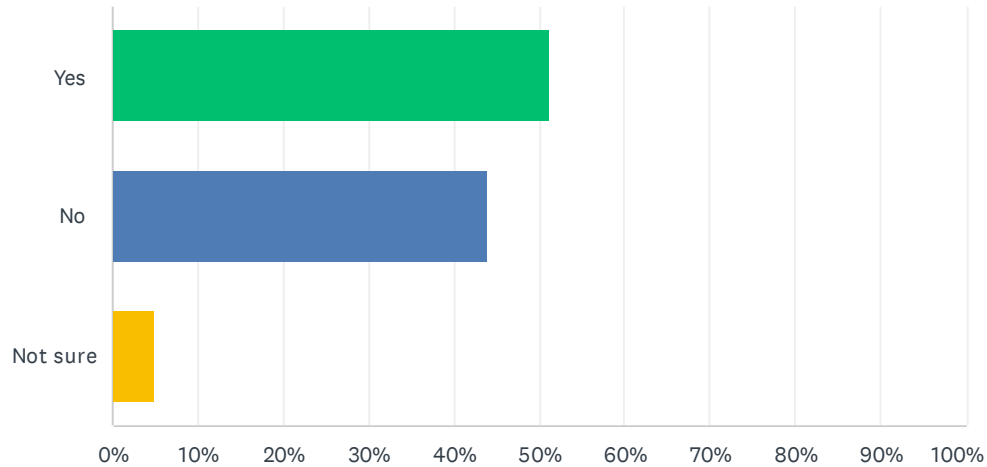
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Routine (done at our local facility, <1 month wait time)	20.94%	134
Somewhat difficult (done at our local facility, but 1-3 month wait time)	22.81%	146
Moderately difficult (done at our local facility, but >3 month wait time)	12.50%	80
Very difficult (need referral to another facility)	27.03%	173
Almost never (not offered in any nearby facilities)	16.72%	107
TOTAL		640

Q7 Does your institution have a formal protocol for scanning off label/non-conditional devices?

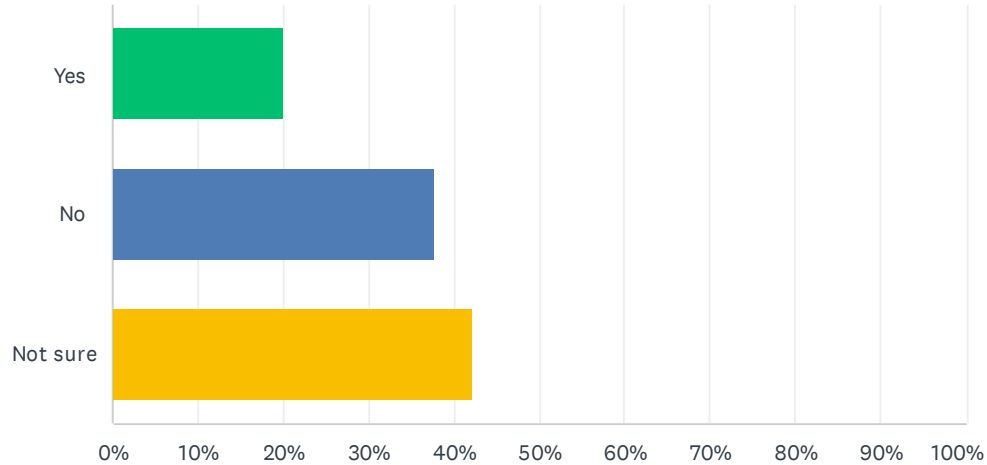
Answered: 640 Skipped: 247



ANSWER CHOICES		RESPONSES	
Yes		51.09%	327
No		43.91%	281
Not sure		5.00%	32
TOTAL			640

Q8 Have you ever encountered denial of pre-authorization for scanning an off- label/non-conditional device or denial of payment after a scan?

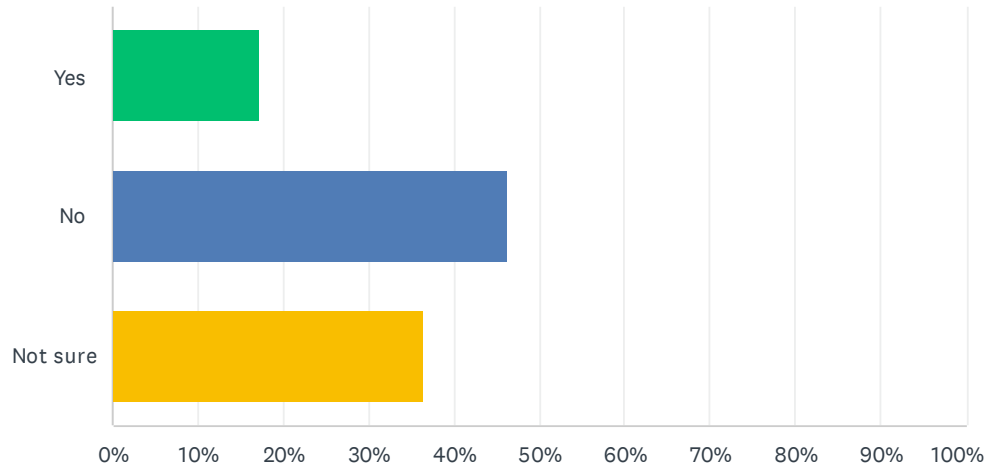
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Yes	20.00%	128
No	37.81%	242
Not sure	42.19%	270
TOTAL		640

Q9 Do you prefer to do off-label MRI for non-conditional systems while patients are in the hospital (under inpatient DRG)?

Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Yes	17.34%	111
No	46.25%	296
Not sure	36.41%	233
TOTAL		640

#	COMMENTS	DATE
1	I worked with our radiology group to develop a protocol for MRI studies on patients with non-conditional devices. Despite physician backing in both the radiology and EP groups, our non-physician, non-cardiology administrators denied our request.	6/6/2024 12:17 AM
2	Haven't had inpatient requests very often, but would prefer to do while in hospital if already admitted	6/5/2024 6:31 PM
3	We do not scan off label systems.	6/5/2024 11:38 AM
4	Our local area hospitals (3 facilities) will not do mri for off label Device patients.	6/5/2024 7:57 AM
5	Doesn't matter	6/5/2024 6:11 AM
6	One of our hospitals will do off label MRI scan This puts a great burden on this institution. The others really finds it easier to "just say no"	5/31/2024 7:50 PM
7	Most are done for acute infections	5/31/2024 7:09 AM
8	We do not scan non- conditional systems	5/30/2024 1:40 PM
9	This is often more challenging to coordinate.	5/29/2024 11:00 PM
10	If needed due to an emergent situation, yet. If needed for routine diagnostic purposes where it's not necessary for the pt o be hospitalized, then no.	5/29/2024 3:30 PM
11	our facility does not do off label or non-conditional systems.	5/29/2024 8:30 AM

Challenges with MRIs for Patients with CIEDs

12	All elective non- MRI conditional scans are done at the Alaska Heart & Vascular Clinic MRI so that an EP APP can attend the MRI. As far as I know we are the only MRI center in the state doing non-conditional scans. With the exception of extremely rare cases non-MRI conditional scans are not done inpatient at the hospital unless they are critical for the diagnosis.	5/28/2024 11:16 AM
13	Had not even considered this. It seems like a tremendous waste of resources.	5/28/2024 11:12 AM
14	I don't have a preference	5/28/2024 9:04 AM
15	in-patient scan and cardiac MRI are never used in the same sentence	5/28/2024 8:29 AM
16	Not involved with inpatients	5/28/2024 7:36 AM
17	Hospital declines this.	5/28/2024 1:13 AM
18	is there a billing/payment issue?	5/27/2024 7:59 PM
19	This helps to reduce the wait time from >6mos when a real need is present.	5/27/2024 6:49 PM
20	Not available	5/27/2024 6:04 PM
21	We are in Canada. Different program	5/27/2024 2:59 PM
22	It takes a lot of coordination between EP, radiology, and the device company/resps that is often difficult to perform as an outpatient. Additionally, there are few instances where an alternative test to MRI is not feasible as an outpatient/for non-urgent issues .	5/27/2024 2:30 PM
23	Our facility does not perform off-label MRIs.	5/27/2024 12:58 PM
24	N/A since we don't really have a protocol.	5/27/2024 12:42 PM
25	It is easier to get the proper supervision when non-conditional MRIs are scheduled outpatient.	5/26/2024 7:15 PM
26	Does not apply in the VA system	5/26/2024 5:37 PM
27	never happens as no radiology practice will do off lable scans	5/26/2024 4:47 PM
28	Does not matter in VA system	5/26/2024 1:06 PM
29	Not available	5/26/2024 5:59 AM
30	Since our hospital authority has not allowed MRI scanning of non-conditional systems, if we were to start this program, would definitely want to monitor these patients to obtain data that CMRI does not affect these systems.	5/26/2024 5:47 AM
31	We can't admit someone to the hospital only to accomplish an MRI. but if in the hospital already it is certainly easier to schedule as an inpatient than to wait 3 months for a non-conditional outpt slot to open up as we at present only have staffing to accommodate this one day a week.	5/25/2024 8:01 PM
32	I will not assume the risk. Any judicial problem herein will be on me	5/25/2024 5:42 PM
33	MRIs are expensive, I do not mind to be involved if a specific question is asked and I appreciate to know my patient is having an MRI but I do not see as my responsibility or my clinic staff's the "clearance" for MRIs. MRI conditionality and safety protocols are available to radiology who make the profit from MRIs many of which are ordered indiscriminately when patients really do not need them.	5/25/2024 4:58 PM
34	No preference	5/25/2024 4:11 PM
35	It should not matter	5/25/2024 3:13 PM
36	may cause increased costs under DRGs	5/25/2024 12:19 PM
37	we do them inpatient and outpatient. After hours and on weekends they are theoretically not to be done for lack of trained radiology support but inevitably the general cardiology fellow will be called (e.g. by Neurology or the ED) and then the EP attending get called demanding to have an MRI, such that the EP attending will have to provide the Pre MRI assessment and programming, sit in the MRI suite and to the post programming. Our general cardiology fellows are not allowed to be involved in what would be considered a non educational activity.	5/25/2024 11:21 AM
38	We don't offer off-label MRI for nonconditional systems. Radiology simply will not budge on	5/25/2024 10:17 AM

Challenges with MRIs for Patients with CIEDs

this.

39	Not allowed to do this	5/25/2024 10:05 AM
40	We have policies for inpatient/outpatient and after hours scans.	5/25/2024 9:04 AM
41	I think this is the best way to get MRIs on Non-conditional devices. However, Radiology (especially technicians) refuse to consider this an option.	5/25/2024 8:01 AM
42	If radiologist would do it.	5/25/2024 7:04 AM
43	These patients undergo a thorough pre-MRI evaluation and these patients receive the MRI only when really necessary and there is no other imaging alternative.	5/25/2024 5:37 AM
44	We have a regional centre conducting such lists and can refer - however the referral process is tedious	5/25/2024 5:07 AM
45	Odd question. Needs clarification.	5/25/2024 2:04 AM
46	One cardiologist travels out to do them	5/24/2024 9:35 PM
47	We don't perform off label at our facility	5/24/2024 8:31 PM
48	-	5/24/2024 8:01 PM
49	I don't know what DRG is	5/24/2024 7:11 PM
50	Majority of CIED were changed to MRI compatible in the last decade	5/24/2024 4:57 PM
51	In Italy MRI for patients with non-conditional CIED is not allowed	5/24/2024 3:17 PM
52	We are in Canada so the paying is different. Our barrier is that the radiologists won't let us do these tests.	5/24/2024 3:04 PM
53	n/a our center will not even consider doing them, they will transfer them to another facility	5/24/2024 3:01 PM
54	Our protocol is not to do Off-label MRI for non-conditional systems.	5/24/2024 1:56 PM
55	done for both inpatient and outpatient patients, but admission is not required.	5/24/2024 1:31 PM
56	Our radiologists will not do it.	5/24/2024 1:08 PM
57	M-F, 8-4 pm only. Off Label studies are covered under a protocol approved by our MED about 4Y ago and we only do them during normal business hours and all patients sign a consent for these studies obtained by a Radiologist. Most Free-Standing MRI Centers in our community excluded all device patients.	5/24/2024 1:01 PM
58	We rarely perform MRI scanning for patients with non conditional cardiac devices even if we as EP physicians approve that, Radiologists will not agree. We even don't try to refer these patients to MRI.	5/24/2024 1:01 PM
59	Our institution does not allow any non-conditional CIEDs to be scanned	5/24/2024 11:53 AM
60	I prefer to do them, but usually fail due to resistance from radiology providers.	5/24/2024 9:55 AM
61	Radiology department doesn't take responsibility	5/24/2024 9:55 AM
62	The protocol requires a lot of investigation, CXR, available staff etc. Not realistic to get done in a day or two	5/24/2024 9:20 AM
63	Not done in the local hospital	5/24/2024 8:09 AM
64	MRIs are not done in patients with nonconditional CIEDs	5/24/2024 7:43 AM
65	We are currently developing a protocol for non conditional devices	5/24/2024 7:08 AM
66	Our hospital does not scan non-conditional devices	5/24/2024 2:25 AM
67	not performed at all currently at our institution	5/24/2024 1:55 AM
68	not applicable to us	5/24/2024 1:38 AM
69	We already do not allow these patients	5/24/2024 1:24 AM

Challenges with MRIs for Patients with CIEDs

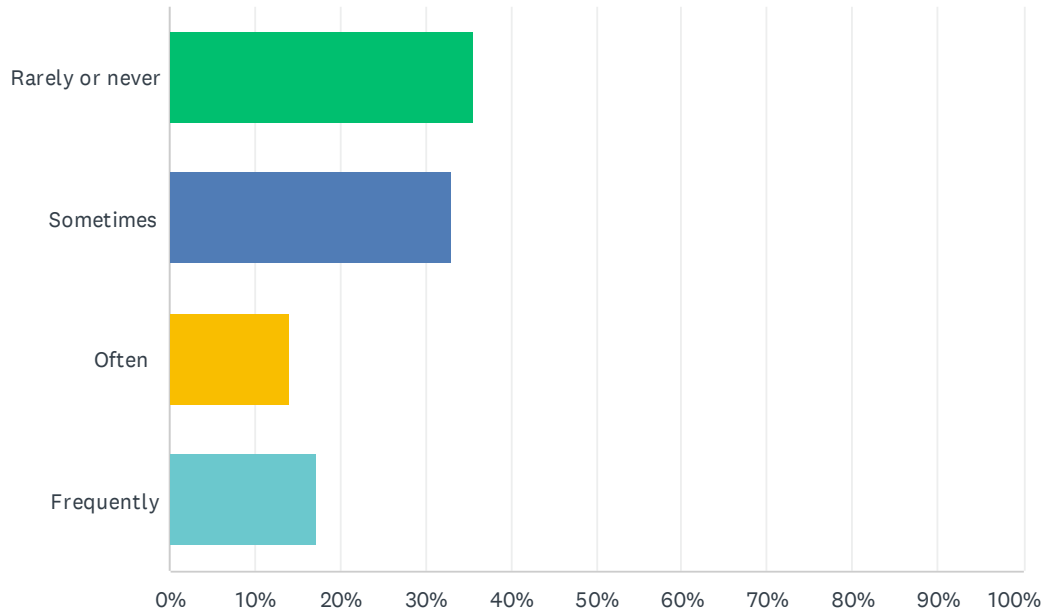
70	no MRI providers will do MRI "off label" for non MRI conditional CIEDs	5/23/2024 11:07 PM
71	The Radiology group that operates in our hospital has been unwilling to do MRI's on non conditional systems until now. We have approached them with a protocol that they are reviewing and we expect the hospital will offer this as a service soon. Patients have had to travel from Tucson to Phoenix for MRI's.	5/23/2024 10:36 PM
72	I TRY TO ADMIT EVERY PATIENT WITH A RESONANCE DEVICE, THE PROBLEM IS THE RADIOLOGY AND THE FEAR OF THE PROCEDURE	5/23/2024 10:03 PM
73	some times an off label MRI are done in consistent no major protocol across board	5/23/2024 9:40 PM
74	Our radiology department has an absolute refusal of off-label scans with no plan to review this position in the near future despite evidence from the magnasafe registry	5/23/2024 9:40 PM
75	Prior to there existing an MRI conditional device, we use to do MRIs . But once the MRI conditional , otherwise known to radiologist as "MRI Safe" devices became available and approved by the FDA, all the old device systems started to become uniformly denied by radiologists and imaging centers, without consideration of the indications or risks, even if I were willing to assist in the process, personally. Non-conditional devices are NEVER able to be scanned here in my half of this state	5/23/2024 8:57 PM
76	We do not do them at the hospital I work at	5/23/2024 7:47 PM
77	We do not do off-label MRI scans	5/23/2024 7:14 PM
78	Same thing conditional or non conditional	5/23/2024 7:01 PM
79	They get done faster Rounding EP get consent done faster	5/23/2024 6:58 PM
80	Get MRI as needed irrespective of being in the hospital or not.	5/23/2024 6:44 PM
81	non	5/23/2024 6:32 PM
82	We typically try to only do them outpatient	5/23/2024 6:31 PM
83	I am on the outpatient device clinic side so denials for MRI and non-payment are not something I know about at my facility.	5/23/2024 6:30 PM
84	our hospital refuse to do these	5/23/2024 6:25 PM
85	Indifferent	5/23/2024 6:21 PM
86	I work at Kaiser so billing is different	5/23/2024 6:07 PM
87	We do if necessary for inpatient- our protocol has the radiologist discuss with referring provider if MRI is the best image modality for this patient. Reps help with inpt and clinic device team assigned outpt scheduled MRIS	5/23/2024 6:00 PM
88	I don't think our hospital allows any non-conditional device scans	5/23/2024 5:41 PM
89	We don't do any nonconditional scanning	5/23/2024 5:32 PM
90	I am the Team Manager for the device clinic and our MRI with device program - We were awarded a Pillar of Excellence award for our safety protocols and teamwork. We have done 2100 scans in three plus years and 12% of those scans were non-conditional - our turnaround time is 3-4 weeks as we dedicate a lot of resourced to it but typically it is 3-5 months elsewhere	5/23/2024 5:32 PM
91	Usually the MRI people do not accept the physician`s letters	5/23/2024 5:24 PM
92	Is this an American issue?	5/23/2024 5:23 PM
93	One of the hospital systems I work with at has a clinic to see patients with non-conditional systems to allow them to have MRIs and one of the hospital systems I work with does not.	5/23/2024 5:21 PM
94	Our hospital system provides care for non-conditional CIED patients at a sister hospital 10 minutes away. Both for inpatients and outpatients. We have provided some non-conditional MRIs to emergent patients difficult to transport.	5/23/2024 5:20 PM
95	Not been evaluated	5/23/2024 5:17 PM

Challenges with MRIs for Patients with CIEDs

96	Medical necessity should dictate	5/23/2024 4:59 PM
97	We dont procede MRI in non-conditional device and we have many difficulties to perform in conditional because radiologists refuse do it.	5/23/2024 4:59 PM
98	not relevant as we do not do non conditional systems.	5/23/2024 4:58 PM
99	This doesn't factor in to our protocol.	5/23/2024 4:57 PM
100	have not had a chance to do these but would be willing to do them	5/23/2024 4:57 PM
101	No local institution will contemplate doing so.	5/23/2024 4:55 PM
102	We do not scan non conditional product	5/23/2024 4:52 PM
103	we do the MRIs as clinically indicated, although not on an emergency basis	5/23/2024 4:42 PM
104	We do outpatients often	5/23/2024 4:40 PM
105	Practice at VAMC. Payment not issue.	5/23/2024 4:39 PM
106	We do not do off label MRI's for patients with CIEDs.	5/23/2024 4:37 PM
107	What does DRG mean? The acronym should be expanded first before used in a document.	5/23/2024 4:37 PM
108	the workflow for outpatient is easier. inpatient MRIs are often ordered stat with much les staff available.	5/23/2024 4:36 PM
109	Am not involved in this, so not sure my answer to this question matters much.	5/23/2024 4:34 PM

Q10 How often have you not been able to obtain an MRI on a non-conditional device that you felt was low risk?

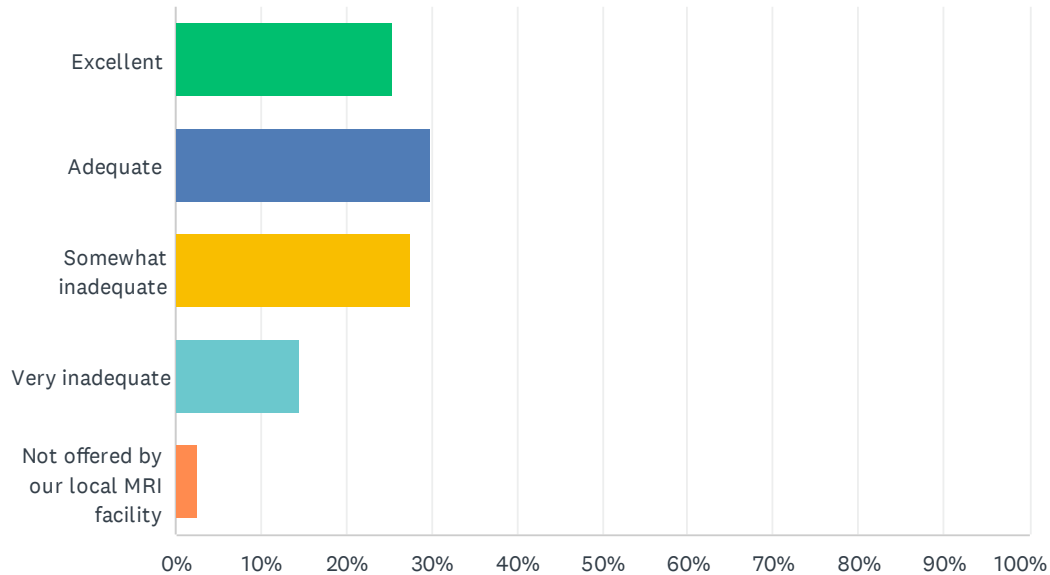
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Rarely or never	35.63%	228
Sometimes	33.13%	212
Often	14.06%	90
Frequently	17.19%	110
TOTAL		640

Q11 What is your perception of your local MRI facility's efforts to accommodate CIED patients for MRI?

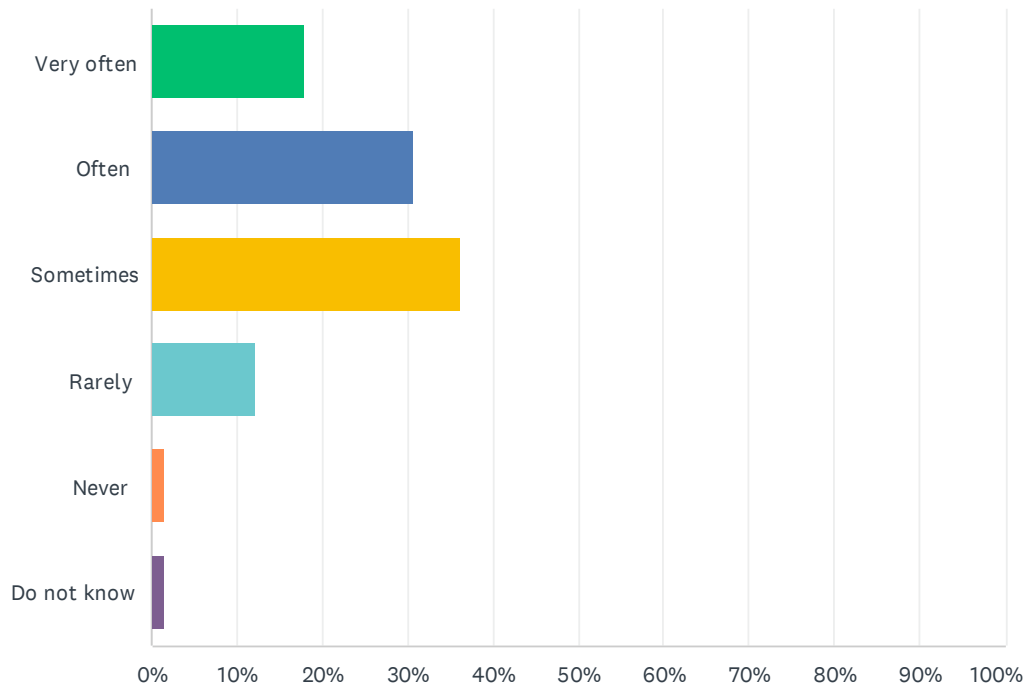
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Excellent	25.47%	163
Adequate	29.84%	191
Somewhat inadequate	27.50%	176
Very inadequate	14.53%	93
Not offered by our local MRI facility	2.66%	17
TOTAL		640

Q12 Do you think patient care is adversely affected by inability to obtain indicated MRI scans in patients with non-conditional devices?

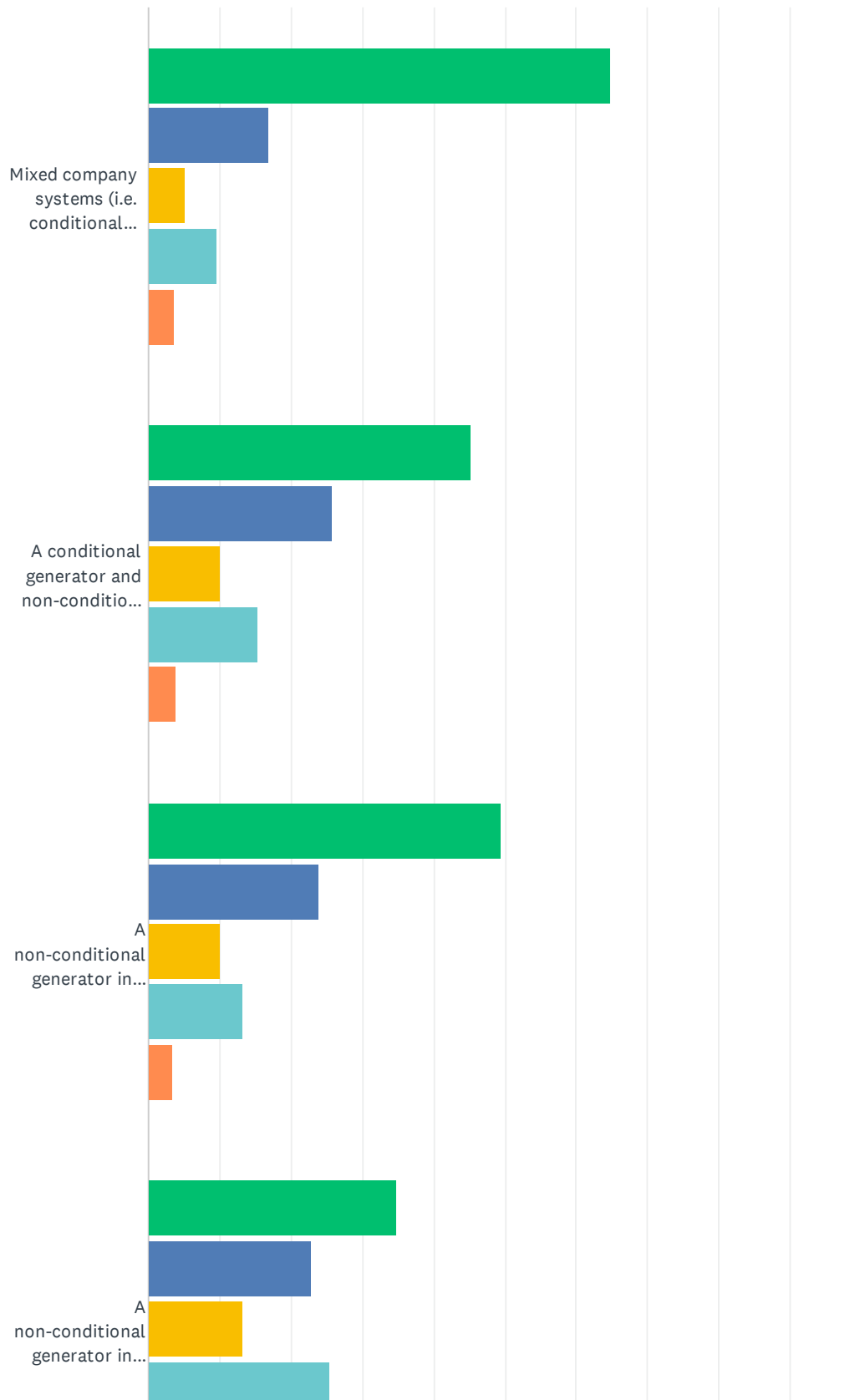
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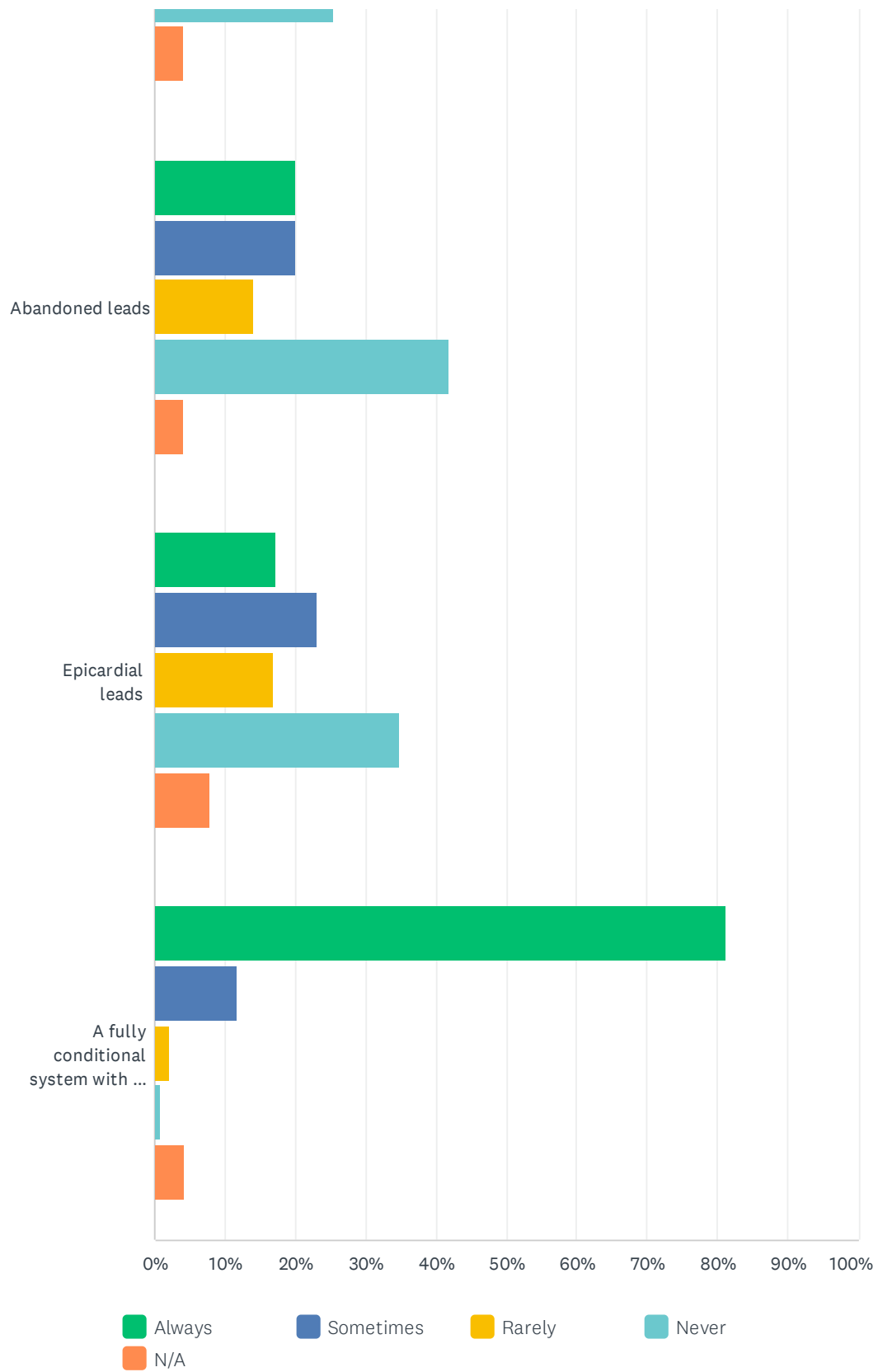
ANSWER CHOICES	RESPONSES	
Very often	17.81%	114
Often	30.63%	196
Sometimes	36.25%	232
Rarely	12.19%	78
Never	1.56%	10
Do not know	1.56%	10
TOTAL		640

Q13 Would you approve an MRI scan in a CIED patient with:

Answered: 640 Skipped: 247



Challenges with MRIs for Patients with CIEDs

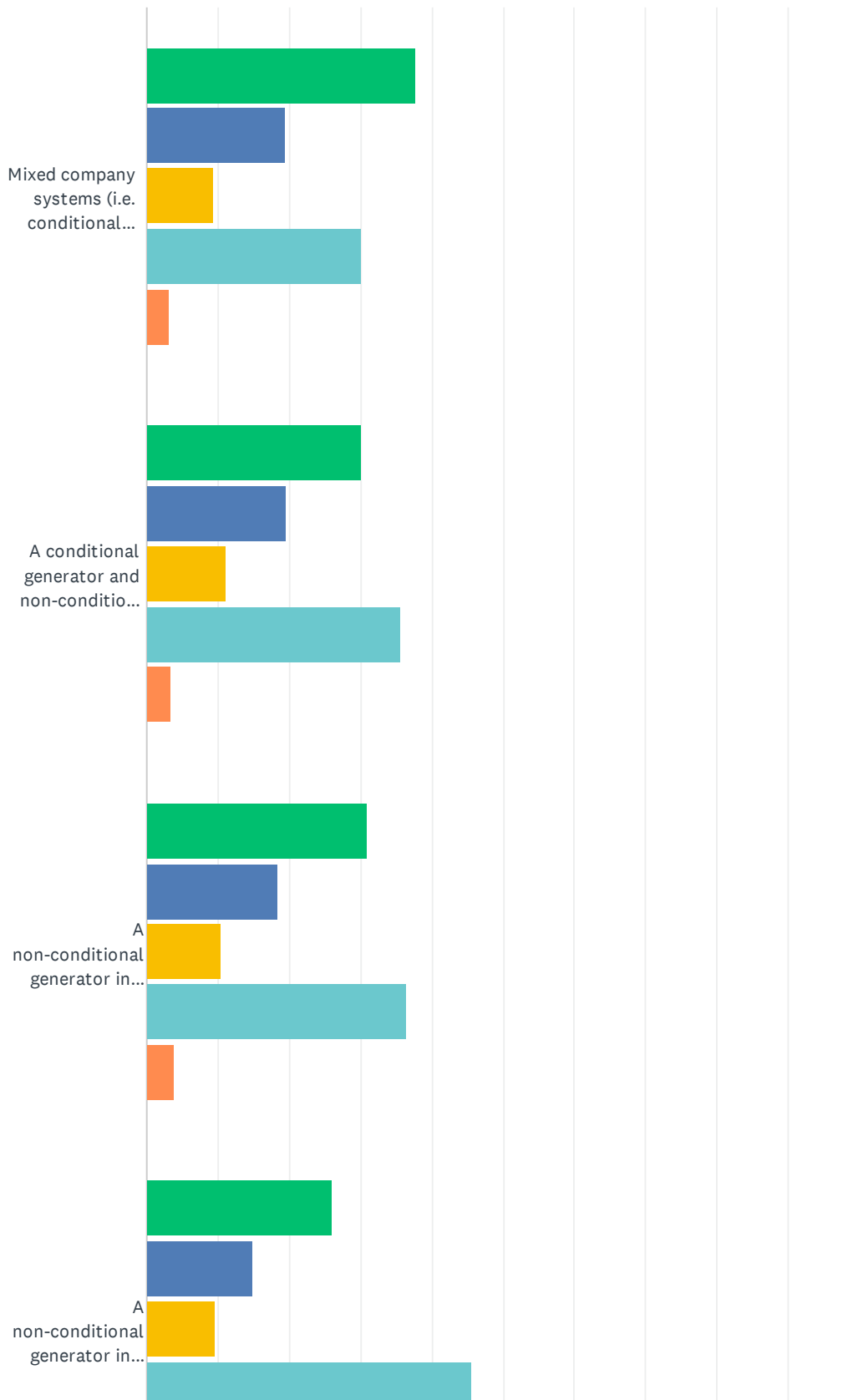


Challenges with MRIs for Patients with CIEDs

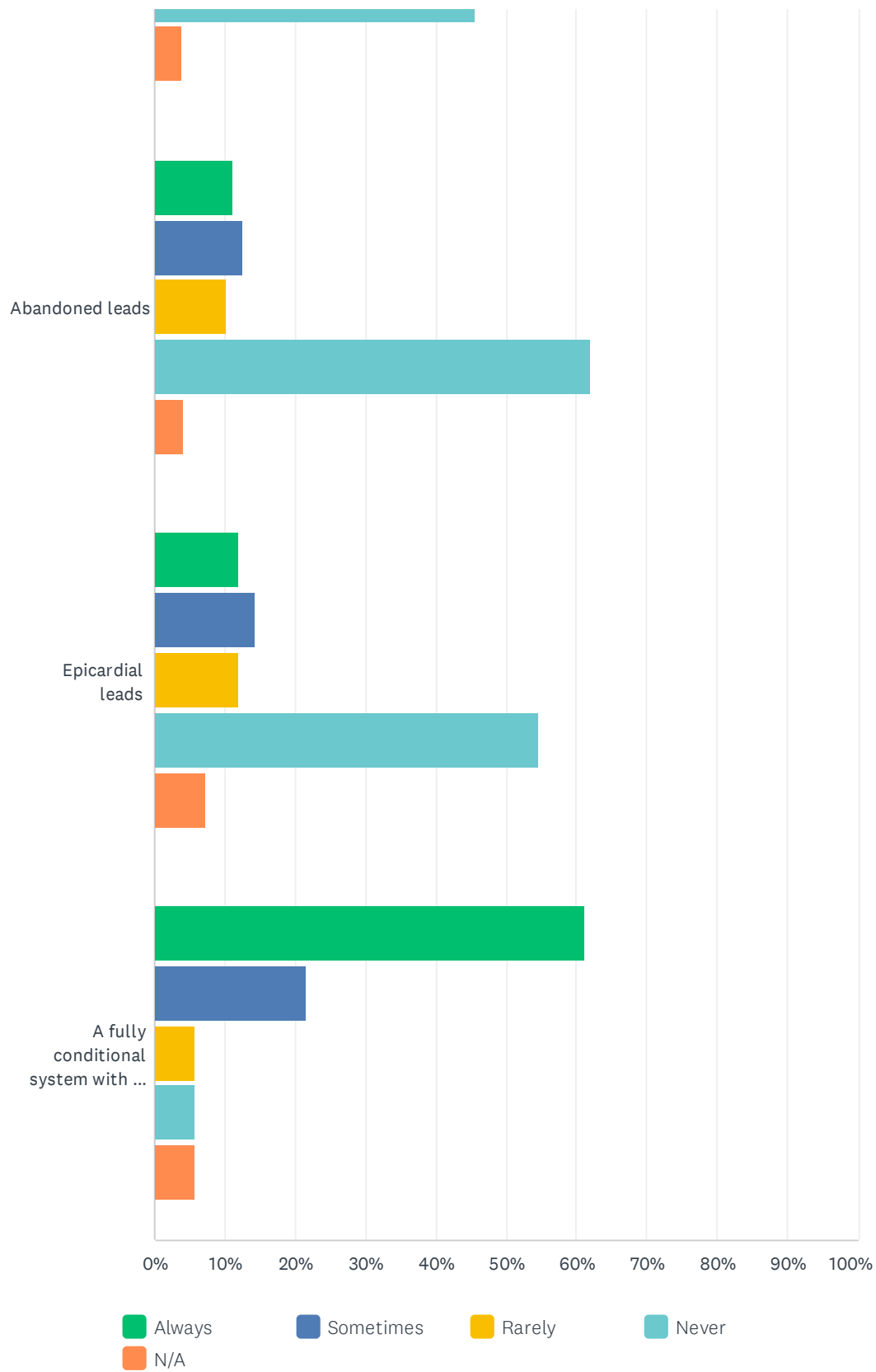
	ALWAYS	SOMETIMES	RARELY	NEVER	N/A	TOTAL	WEIGHTED AVERAGE
Mixed company systems (i.e. conditional generator and another company's conditional leads)?	64.84% 415	16.88% 108	5.16% 33	9.53% 61	3.59% 23	640	1.58
A conditional generator and non-conditional leads	45.16% 289	25.78% 165	10.00% 64	15.31% 98	3.75% 24	640	1.95
A non-conditional generator in non-pacing-dependent patient	49.53% 317	23.91% 153	10.00% 64	13.13% 84	3.44% 22	640	1.86
A non-conditional generator in pacing-dependent patient	34.69% 222	22.81% 146	13.13% 84	25.31% 162	4.06% 26	640	2.30
Abandoned leads	20.00% 128	20.00% 128	14.06% 90	41.88% 268	4.06% 26	640	2.81
Epicardial leads	17.34% 111	22.97% 147	16.88% 108	34.84% 223	7.97% 51	640	2.75
A fully conditional system with an additional MRI-conditional implanted device (such as an implanted loop recorder, coronary stent, CardioMEMS, ASD occlusion device, LAA occlusion device, Mitra clip, etc).	81.25% 520	11.72% 75	2.03% 13	0.78% 5	4.22% 27	640	1.19

Q14 Does your facility ever allow MRI scan in a CIED patient with:

Answered: 640 Skipped: 247



Challenges with MRIs for Patients with CIEDs

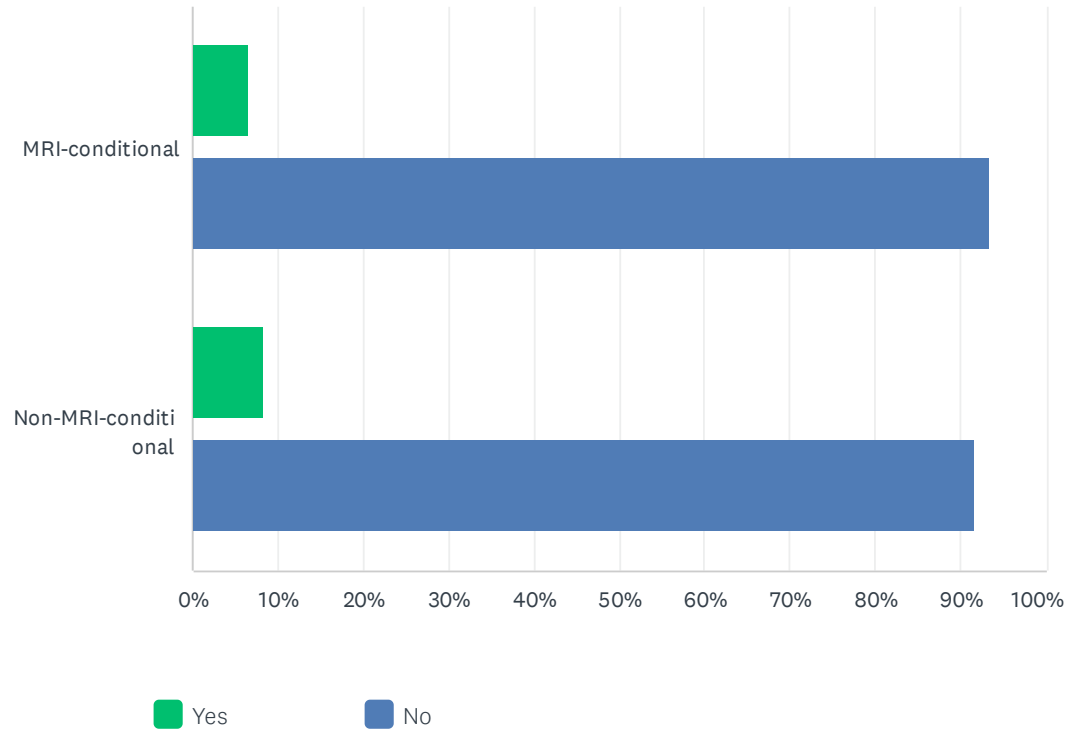


Challenges with MRIs for Patients with CIEDs

	ALWAYS	SOMETIMES	RARELY	NEVER	N/A	TOTAL	WEIGHTED AVERAGE
Mixed company systems (i.e. conditional generator and another company's conditional leads)?	37.81% 242	19.38% 124	9.38% 60	30.16% 193	3.28% 21	640	2.33
A conditional generator and non-conditional leads	30.16% 193	19.69% 126	11.09% 71	35.63% 228	3.44% 22	640	2.54
A non-conditional generator in non-pacing-dependent patient	30.94% 198	18.28% 117	10.47% 67	36.56% 234	3.75% 24	640	2.55
A non-conditional generator in pacing-dependent patient	26.09% 167	14.84% 95	9.69% 62	45.63% 292	3.75% 24	640	2.78
Abandoned leads	11.09% 71	12.50% 80	10.31% 66	62.03% 397	4.06% 26	640	3.29
Epicardial leads	11.88% 76	14.37% 92	11.88% 76	54.69% 350	7.19% 46	640	3.18
A fully conditional system with an additional MRI-conditional implanted device (such as an implanted loop recorder, coronary stent, CardioMEMS, ASD occlusion device, LAA occlusion device, Mitra clip, etc).	61.09% 391	21.56% 138	5.78% 37	5.78% 37	5.78% 37	640	1.54

Q15 Have you ever encountered a clinically significant adverse event related to MRI scanning with a CIED system that is:

Answered: 640 Skipped: 247



	YES	NO	TOTAL	WEIGHTED AVERAGE
MRI-conditional	6.58% 42	93.42% 596	638	1.93
Non-MRI-conditional	8.32% 52	91.68% 573	625	1.92

#	IF YES, PLEASE SPECIFY	DATE
1	Not major but in certain angle scans Abbott device does back up safety pacing and changes rate from asych rate chose to 60bpm. It was fine but noticed rate drop from 90 to 60, pacer dependent pt.	6/5/2024 6:11 AM
2	Bradycardia, elevated thresholds and impedance	6/3/2024 6:40 PM
3	AAJ Jude - rate dropped to 50 during scan when set to DOO - while scanning - most likely due to noise revision- another time even though set at DOO forget to turn off magnet response so once in the scanner DOO @ 100	6/3/2024 8:56 AM
4	Parameters got effected	6/1/2024 11:04 PM
5	Never seen any adverse effects when done as emergency or radiology department was unaware that patient had a device	5/31/2024 7:50 PM
6	Potential one adverse event with VT in a patient one day after MRI with fractured fidelis lead	5/31/2024 8:10 AM
7	I have had two patients go into afib with RVR towards the end of their MRI	5/30/2024 6:17 PM
8	Device got reset and was not programmable thereafter	5/29/2024 12:08 PM

Challenges with MRIs for Patients with CIEDs

9	Not approved by our facility outlying facilities have made significant errors scanning MRI conditional devices. Untrained staff programming pts into MRI safe mode. Making permanent changes to programming unknowingly.	5/29/2024 8:30 AM
10	Device went into Safety Mode- per our protocol the patient was being monitored by device nurse, who recognized a change in rate/mode. Scan was aborted, Abbott tech support was contacted and guided us in reprogramming device. Patient was asymptomatic while in safety mode.	5/28/2024 12:17 PM
11	2 instances of OLD Abbott PACemakers: electronic resets, both able to reprogram post MRI. These happened in 2014 on old pacemakers (maybe a Zephyr??)	5/28/2024 11:59 AM
12	Only 1 adverse event ever in the thousands of MRIs we have done on device patients - 1 SJM generator hard reset during the study. The device rep & tech services were able to reprogram the device but it took about an hour to do so. Re questions 13 & 14 above: Why I chose "sometimes" - we have only had to decline MRIs on patients who have fractured but intact leads (rare) & a few patients who have retained lead fragments post lead extractions.	5/28/2024 11:16 AM
13	1. patient arrested while in MRI with ICD off. Unrelated to device conditionality. 2. ICD generator rendered unusable after inadvertently being left ON in MRI; patient was unharmed.	5/28/2024 11:12 AM
14	LV lead dislodgment, new phrenic stimulation that had not been encountered for the two years we had used this device prior to the MR imaging.	5/28/2024 1:13 AM
15	pt reported heating over chest wall/long lead	5/27/2024 7:59 PM
16	Recent episode of VT in ICD patient while scanning and device inactive	5/27/2024 7:15 PM
17	Our facility does not perform MRI s in non-MRI-conditional so my answer to that question would be I am not sure.	5/27/2024 12:58 PM
18	Someone programmed a timed MRI mode on an ICD prior to the MRI, then the MRI got delayed and the MRI mode timed out in the middle of the MRI. Fortunately, nothing happened to the patient but it was a near miss.	5/27/2024 12:42 PM
19	Conditional patient with ICD went into V-tach during scan.	5/26/2024 7:15 PM
20	Patient concealed the fact he had ICD -> reset of device	5/26/2024 3:52 PM
21	Increase in pacing threshold	5/25/2024 8:38 PM
22	Power on reset, only once in >1000 scans	5/25/2024 8:17 PM
23	EOL behavior that persisted in two Biotronik ICDs	5/25/2024 5:11 PM
24	`	5/25/2024 11:21 AM
25	Threshold rise in an epicardial CRT-P system undergoing urgent MRI within a week of implant	5/25/2024 10:34 AM
26	We don't do MRI in non-conditional though	5/25/2024 10:17 AM
27	Biotronik preprogrammed ICD tachy and pacing off, pt underwent a VT ablation with AVN injury and another MRI ordered post procedure patient coded in MRI machine	5/25/2024 8:42 AM
28	Pt had stim at high output pacing that could be reproduced in clinic (echo cxr lead behavior fine)	5/25/2024 8:29 AM
29	However, I have encountered only 2 in my 33 year career. Many years ago a nonconditional ICD got locked in magnet mode. And just this month patient with an Abbott BiV ICD conditional system (Gallant HF) underwent MRI but was not programmed to MRI mode before scanning flipped to "backup" mode VVI 65 bpm and tachy therapies "off". Neither patient was pacemaker dependant and underwent generator replacement without complications.	5/25/2024 8:01 AM
30	Increase in pacing threshold	5/25/2024 8:00 AM
31	ERI, sensing issue	5/25/2024 6:16 AM
32	2 x induction of atrial arrhythmia due to D00 mode (both self-terminating within hours)	5/25/2024 6:07 AM
33	Increase in LV threshold	5/25/2024 1:00 AM
34	Fractured lead discovery, ERI discovery. Frequent VT/VF therapy that has gone unacted upon.	5/25/2024 12:44 AM

Challenges with MRIs for Patients with CIEDs

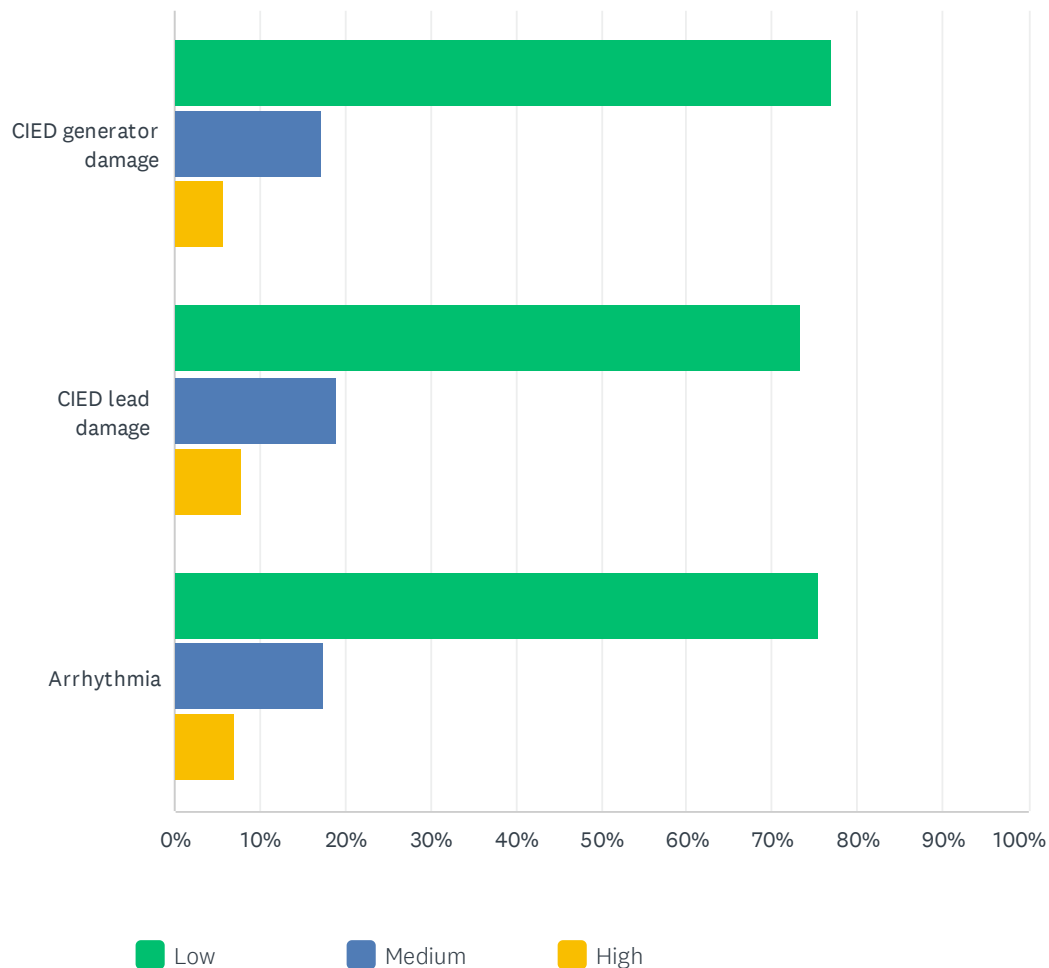
	Abnormal lead impedance values preventing programming (Medtronic SureScan).	
35	Mild increase in pacing threshold. Years ago	5/24/2024 10:12 PM
36	N/A	5/24/2024 8:31 PM
37	Patient coded in MRI. Previously considered non-dependent. MRI pacing mode chosen was not appropriate when patient stopped having an underlying rhythm.	5/24/2024 4:15 PM
38	Patient went to an offsite MRI with non-MRI conditional generatory and it went into aback up mode and had to be cleared and reprogrammed to get back to appropriate settings. Long discussion with the engineers to make this happen.	5/24/2024 1:24 PM
39	transient loss of capture	5/24/2024 12:22 PM
40	Power on reset of device that had 3 months remaining until ERI	5/24/2024 10:03 AM
41	The ICD turned into safety mode.	5/24/2024 9:57 AM
42	Patient had syncope after programming DOO & sudden CHB. Pacing system was MRI conditional.	5/24/2024 7:41 AM
43	Pt had MR with conditional leads in another facility with MR conditional system but did not get clearance and were not aware he had an ICD. Device had to be reprogrammed.	5/24/2024 6:46 AM
44	Patient has mixed conditional device with non MRI lead , during the scan patient developed chest pain with heat inside the chest .So the scan was canceled and device was rechecked. When I checked the device I found that The device was turned off the MRI mode spontaneously	5/24/2024 5:04 AM
45	V00 with VF induction	5/24/2024 3:17 AM
46	No because we already do not allow. If we did may be we would	5/24/2024 1:24 AM
47	Generator damage	5/24/2024 1:03 AM
48	Back up VVI mode. Vere rare. Solvable by updating the software.	5/24/2024 12:57 AM
49	Remember one battery nearly depleted and one "reprogramming" occurred during the process. No really serious events	5/24/2024 12:07 AM
50	Generator extrusion	5/23/2024 10:28 PM
51	Emergent scan without pre/post MRI evaluation was found to be in safety mode and had to be reprogrammed.	5/23/2024 9:53 PM
52	Urology pt. Got MRI and radiology staff did not realise patient had a ST. Jude CRT-D. Came to clinic. Pacing at set nominal rate. Device would not link with programmer and unit had to be replaced. This was > 10 years ago.	5/23/2024 9:33 PM
53	Patient symptoms of warmth or pain	5/23/2024 9:07 PM
54	Safety mode	5/23/2024 8:39 PM
55	There have been some delays up to months that resulted in delayed care for a non-cardiac condition.	5/23/2024 8:29 PM
56	Unsure	5/23/2024 8:12 PM
57	Impedance trended up thereafter	5/23/2024 7:47 PM
58	Device reset/lockout in an Abbott ICD which needed tech services to provide passcodes to reset/ recenter all information back into system	5/23/2024 7:24 PM
59	Others on our team have had device reset	5/23/2024 6:58 PM
60	An atrial fibrillation due to asincronic stimulation	5/23/2024 6:53 PM
61	Pacing threshold elevation, including exit block on an atrial lead. Accelerated ventricular rhythm (duration 4 h after MRI Scan).	5/23/2024 6:39 PM
62	I Have a Patient with DAI DD who was submitted to MRI and the device failed	5/23/2024 6:32 PM

Challenges with MRIs for Patients with CIEDs

63	Rv lead impedance increased after conditional CIED underwent MRI- lead was replaced.	5/23/2024 6:00 PM
64	Temporary elevation in threshold	5/23/2024 5:45 PM
65	Outpatient MRI- Pt went into AF - never had AF before.	5/23/2024 5:21 PM
66	Threshold and impedance changes, fractured leads requiring revision.	5/23/2024 5:19 PM
67	The device was ruined. Thankfully the patient was not dependent. He had to get a new device.	5/23/2024 5:18 PM
68	patient with ICD went into VF when ICD was turned off.	5/23/2024 5:13 PM
69	Power on reset	5/23/2024 5:10 PM
70	Total loss of capture of RV lead 1 week post MRI, had been normal and stable for 9 years prior. Patient with CHB, presented with near syncope, escape rhythm in low 20s. Was an MRI system, but MRI done elsewhere, ? technique/power.	5/23/2024 5:07 PM
71	N/A. Our facility doesn't perform this	5/23/2024 5:07 PM
72	RA lead failure in Biventricular pacing system.	5/23/2024 5:06 PM
73	Delay in diagnosis of a spinal cord compression resulting in permanent paralysis	5/23/2024 5:05 PM
74	activity noted on interrogation	5/23/2024 4:56 PM
75	One patient (with MRI conditional device and leads) who sat with her daughter during a brain MRI (3T scanner) experienced marked elevation in V pacing threshold (from 0.75 V to 1.75V) that improved over months but did not return to baseline. A second patient had a brain MRI and experienced an increased V threshold and frequent PVCs with the same morphology as the paced beats fro 12 months. Non-MRI conditional epicardial lead in 3T scanner.	5/23/2024 4:53 PM
76	Power on reset of 2 fully conditional St. Jude CRT-D devices	5/23/2024 4:45 PM
77	Asystole	5/23/2024 4:41 PM
78	We have had non-MRI-conditional ICD patients "accidentally" scanned without adverse events.	5/23/2024 4:39 PM

Q16 What is your level of concern for these possible adverse events when scanning a non-conditional CIED system:

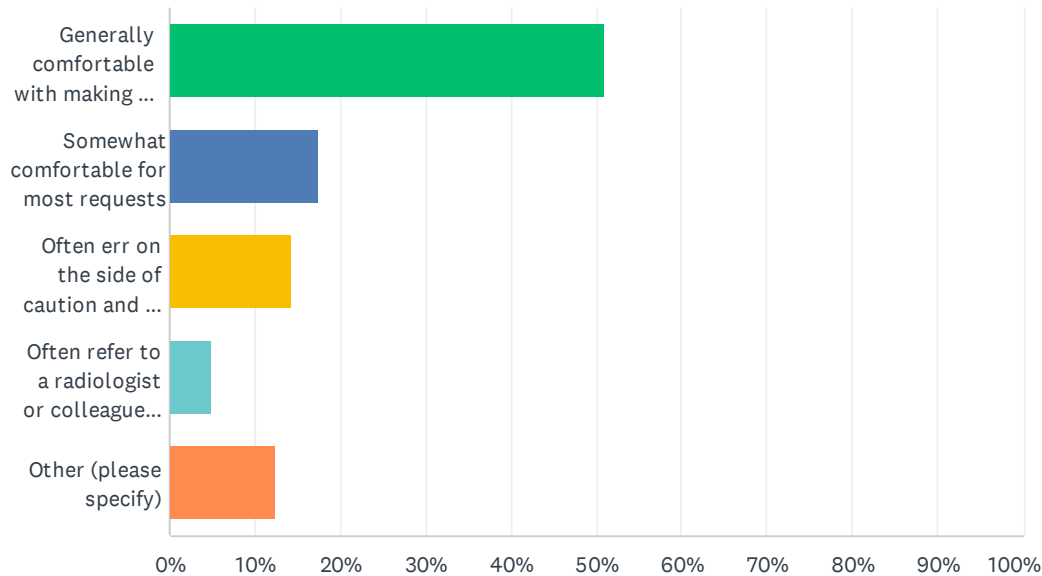
Answered: 640 Skipped: 247



	LOW	MEDIUM	HIGH	TOTAL	WEIGHTED AVERAGE
CIED generator damage	76.88% 492	17.34% 111	5.78% 37	640	1.29
CIED lead damage	73.28% 469	18.91% 121	7.81% 50	640	1.35
Arrhythmia	75.47% 483	17.50% 112	7.03% 45	640	1.32

Q17 When you receive requests to approve MRI for patients with non-conditional CIEDs, how certain do you feel about your ability to manage the request to ensure the safety of the patient?

Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Generally comfortable with making the decision	50.94%	326
Somewhat comfortable for most requests	17.50%	112
Often err on the side of caution and do not approve	14.22%	91
Often refer to a radiologist or colleague to make the decision	5.00%	32
Other (please specify)	12.34%	79
TOTAL		640

#	OTHER (PLEASE SPECIFY)	DATE
1	Radiologists absolutely refuse to do scan	6/6/2024 10:44 PM
2	We do not approve non-conditional CIED's, we refer out to another facility. We are confident that this is safest option for our patients.	6/5/2024 11:38 AM
3	xx	6/5/2024 9:20 AM
4	the patients have to be reviewed by Cardiologist and radiology for approval	6/4/2024 9:24 AM
5	Some sedation to make patients calm	6/1/2024 11:04 PM
6	i work with physician/EP that has a protocol for approving MRI with non conditional CIEDs in coordination with the MRI/radiology	5/31/2024 1:52 PM
7	Do not perform at my facility.	5/30/2024 9:59 AM
8	We do not approve	5/30/2024 4:10 AM

Challenges with MRIs for Patients with CIEDs

9	Our protocol is that the head of radiology reviews non-conditional systems and weighs risk of MRI vs benefit of scan and also identifies if there is an alternative diagnostic option to provide similar data.	5/29/2024 11:00 PM
10	our facility does not scan non-conditional devices.	5/29/2024 8:30 AM
11	We have scanned so many epicardial and abandoned leads without any adverse events. We always do an EP consult for non-MRI conditional systems to discuss potential risk, but really we have not seen adverse clinical or device effects of MRIs on these patients. In addition, we only require a MD presence in the MRI suite for "pacing dependent" non-conditional patients. All other non conditional scans or programmed by our device team pre- and post but staff are not required to stay in the MRI suite during the scan. MRI RN monitors pulse ox waveform to confirm circulation.	5/28/2024 11:59 AM
12	We have detailed protocols for MRI reviews (both conditional & non-conditional). Reviews are done by an EP APP or PA. If there are any criteria which fall outside of our protocol "norms" for a device then we run the patient by one of the EP MDs who generally approve the scan. Over the years we have gone from not approving patients with abandoned / epicardial leads to scanning these patients w/o any adverse events thus far. An EP APP (NP/PA) & device rep always attend the non-conditional scans (which can delay the study d/t availability).	5/28/2024 11:16 AM
13	we do not perform, send to nearest facility who does	5/28/2024 10:26 AM
14	protocol in place says no to all.	5/28/2024 8:30 AM
15	Decide by our providers	5/28/2024 7:36 AM
16	Generally we are not told the imaging indication, so hard to make risk-benefit decisions.	5/28/2024 1:13 AM
17	it is true to all MRI performed in our facilities, where a rigorous protocol is in place. This may not be true to outside or stand-alone MR facilities.	5/28/2024 12:16 AM
18	Our facility does not perform MRIs in non-MRI-conditional CIEDs.	5/27/2024 12:58 PM
19	Our facility requires radiology approval prior to non-conditional MRIs. It is infrequent that the pacemaker team has to deny a device, but it does happen as well.	5/26/2024 7:15 PM
20	If the system is non-conditional the radiology practice will not scan	5/26/2024 4:47 PM
21	never referred	5/26/2024 5:59 AM
22	This is currently not allowed in Hong Kong	5/26/2024 5:47 AM
23	It should not be my decision, as long as safety protocols are followed I am comfortable but I do not control the MRI staff, scanning or monitoring. I do not believe the decision should be mine, most of the time I am not ordering the MRI and frequently it seems that an MRI is not absolutely needed.	5/25/2024 4:58 PM
24	Radiology won't do it so it doesn't really matter	5/25/2024 12:22 PM
25	we have a protocol	5/25/2024 11:21 AM
26	Radiology just won't do them. We have to send them elsewhere.	5/25/2024 10:17 AM
27	Not allowed-refer to outside Physician	5/25/2024 10:05 AM
28	We reserve one day each week for non-conditional scans. Our device clinic adds a qualified RN on non-conditional scan days to remain in he MRI suite and monitor throughout the scan.	5/25/2024 9:04 AM
29	We do not do them at all	5/25/2024 8:29 AM
30	Would not approve it but should be safe	5/25/2024 7:04 AM
31	Epicardial leads can be a challenge if they are old > 20 years and have low impedances <200 ohms	5/25/2024 6:58 AM
32	since our radiologist deny MRI scans on patient with non-conditional CIEDs I do not have to address this question	5/25/2024 6:07 AM
33	Shared decision .along with the patient	5/25/2024 2:04 AM
34	No protocol at our institution	5/24/2024 9:52 PM

Challenges with MRIs for Patients with CIEDs

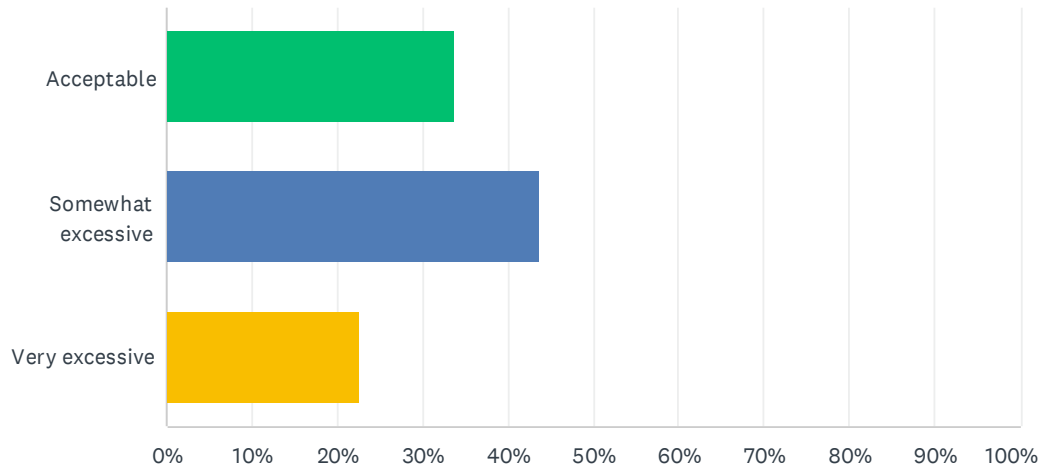
35	Cardiologist will be within facility	5/24/2024 9:35 PM
36	We do not offer this at my centre	5/24/2024 7:11 PM
37	I	5/24/2024 5:42 PM
38	Confirm model and contact company representatives	5/24/2024 4:57 PM
39	na	5/24/2024 2:05 PM
40	I would not approve MRI for patients w/non-conditional CIEDs, per facility protocol and patients' safety.	5/24/2024 1:56 PM
41	Required to decline and refer to another facility.	5/24/2024 1:54 PM
42	Generally Comfortable. EPs manage all MRI requests for IPT studies. This is for efficiency's sake. Often an outside or out of state CIED patient requires a scan. We can review the chart remotely, order an EKG/CXR as needed, check with the Mfr Rep, and then complete orders to enable an MRI.	5/24/2024 1:01 PM
43	Depends whether patient is pacer dependent or not.	5/24/2024 1:01 PM
44	Our non-conditional CIED policy states that EP and radiology collaborate on considering potential risks and benefits of scan, but that radiology is the final decision maker, as they are obtaining consent for the scan.	5/24/2024 11:10 AM
45	Depends on the CIED features and the clinical and electrophysiological conditions of the patient.	5/24/2024 9:57 AM
46	I am almost always comfortable with the decision but I am usually overridden by MRI safety officer which summarily denies almost all requests.	5/24/2024 9:55 AM
47	We scan nonconditional devices but ultimately the radiologist will weigh the benefit vs. risk for the individual patient and their situation. We have a protocol for high-risk patients.	5/24/2024 9:13 AM
48	I don't get requests - our MRI team will not do them.	5/24/2024 8:22 AM
49	Often not my patient so I do not know risk/benefits	5/24/2024 8:09 AM
50	We do not allow them at our facility.	5/24/2024 7:41 AM
51	cardiologist decision	5/24/2024 7:32 AM
52	I feel comfortable. When there is a question re: being conditional I will seek technical advice with company rep or their technical services or advice from electrophysiologist.	5/24/2024 6:46 AM
53	In Japan, recently published statement does not allow the MRI as class 1 or 2. Therefore, we usually have to ask this issue for the IRB.	5/24/2024 3:40 AM
54	currently not doing non conditional systems	5/24/2024 1:55 AM
55	I do not allow	5/24/2024 1:24 AM
56	We refer out for non-conditional CIEDs. Would like guidelines regarding having ACLS personnel and whether EP team to be readily available	5/24/2024 12:15 AM
57	never asked	5/23/2024 11:07 PM
58	Not permitted at our institution	5/23/2024 11:02 PM
59	We do not scan non conditional devices in our health system, however, we are working on a protocol to allow some non conditional situations.	5/23/2024 9:47 PM
60	Not allowed at our hospital currently but if that changed I would be comfortable with making the decision	5/23/2024 9:40 PM
61	I am comfortable , but we are never permitted to schedule them	5/23/2024 8:57 PM
62	Comfortable with the decision during business hours, do not have resources to provide approval after hours	5/23/2024 7:39 PM
63	Risk vs benefits are weighed and discussed multidisciplinary team	5/23/2024 7:21 PM

Challenges with MRIs for Patients with CIEDs

64	We do not approve off-label MRI	5/23/2024 7:14 PM
65	Following protocol	5/23/2024 6:58 PM
66	Attending makes final decision	5/23/2024 6:38 PM
67	We have to analyze each case, some time we have to take the risk if the data obtained by MRI it is more important that the device. Some time we have to be prepared to upgrade the device	5/23/2024 6:32 PM
68	I run the program at my hospital, they all come through me.	5/23/2024 6:07 PM
69	We do not get requests for this as radiology decline	5/23/2024 5:32 PM
70	Our program has a policy that requires radiology MRI attendings to evaluate all non-conditional prior to scan but EP is comfortable with it	5/23/2024 5:32 PM
71	Not recommended by the facility	5/23/2024 5:21 PM
72	Final approval comes from Radiology and Electrophysiology MD.	5/23/2024 5:20 PM
73	In Italy is the radiologist that decides	5/23/2024 5:09 PM
74	we are in the process of starting to do this but have yet to start	5/23/2024 4:56 PM
75	No radiologist locally will scan any patient, regardless of our opinion.	5/23/2024 4:55 PM
76	I am an RN so I cannot determine safety or approve	5/23/2024 4:50 PM
77	We do not scan non-MRI-conditional CIED, but do help triage these patients and facilitate referrals.	5/23/2024 4:39 PM
78	We refer to another local hospital that has a higher level of comfort with non conditional systems.	5/23/2024 4:37 PM
79	I'm comfortable, but it is a pain to gather the info, and my system insists on a cxr to exclude epi or abandoned leads.	5/23/2024 1:01 PM

Q18 How would you characterize the amount of your device team's work involved for the average patient with non-conditional CIED to undergo MRI?

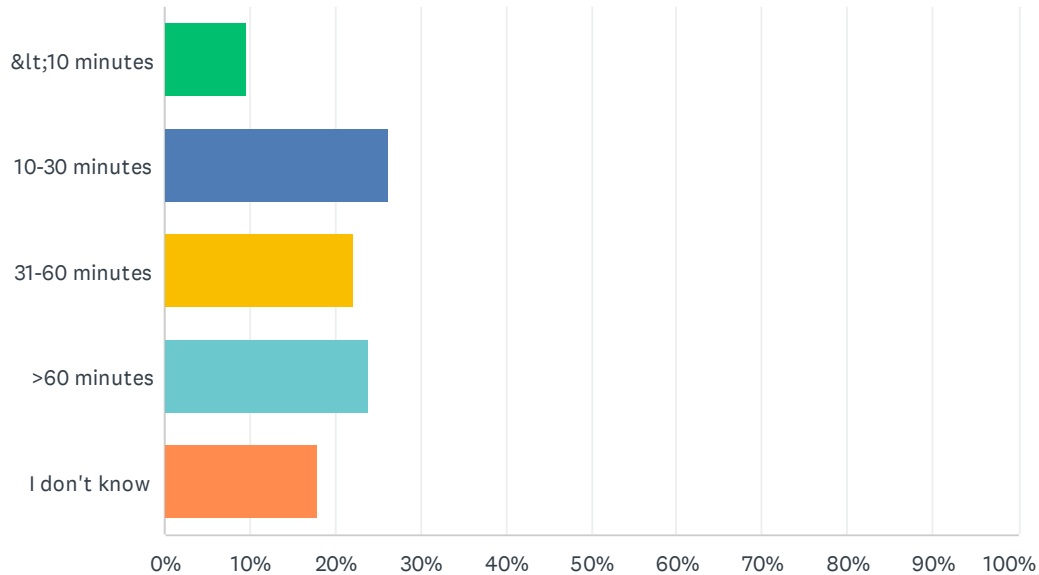
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
Acceptable	33.59%	215
Somewhat excessive	43.75%	280
Very excessive	22.66%	145
TOTAL		640

Q19 What is the estimated total time dedicated by you and your device team to the care of a typical non-conditional CIED patient's MRI scan?

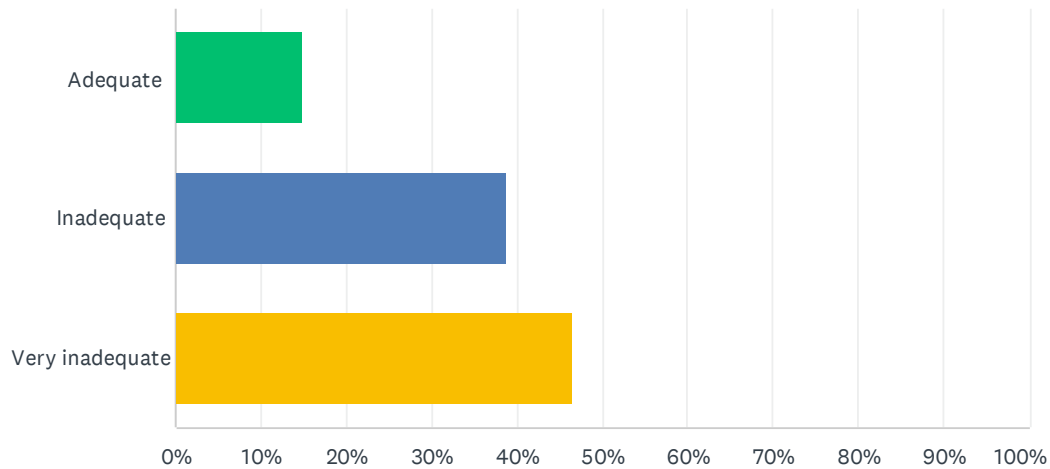
Answered: 640 Skipped: 247



ANSWER CHOICES	RESPONSES	
<10 minutes	9.69%	62
10-30 minutes	26.25%	168
31-60 minutes	22.19%	142
>60 minutes	23.91%	153
I don't know	17.97%	115
TOTAL		640

Q20 Payment for EP services provided to support MRI scans in CIED patients is:

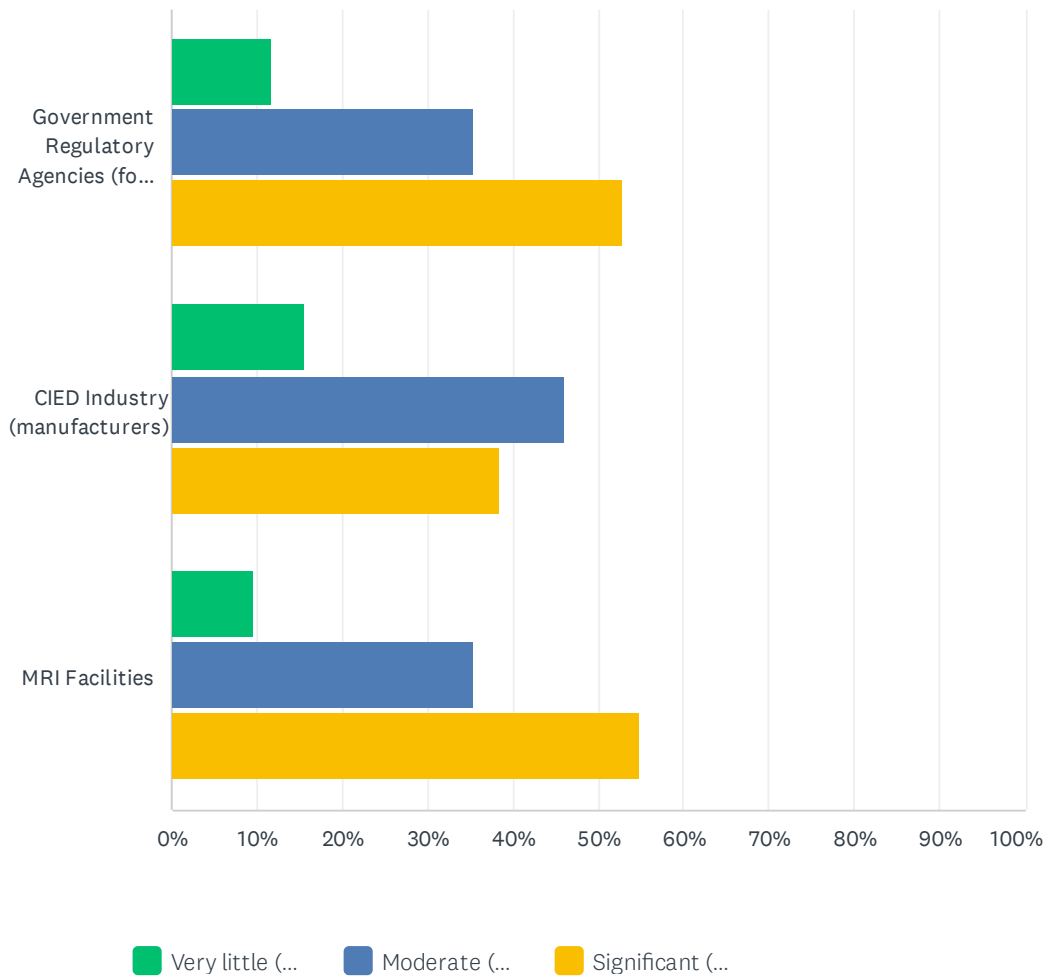
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ANSWER CHOICES	RESPONSES	
Adequate	14.84%	95
Inadequate	38.75%	248
Very inadequate	46.41%	297
TOTAL		640

Q21 How much increased effort do you believe each of the following entities need to dedicate to improve MRI scanning for patients with CIEDs (including systems currently considered non-conditional)?

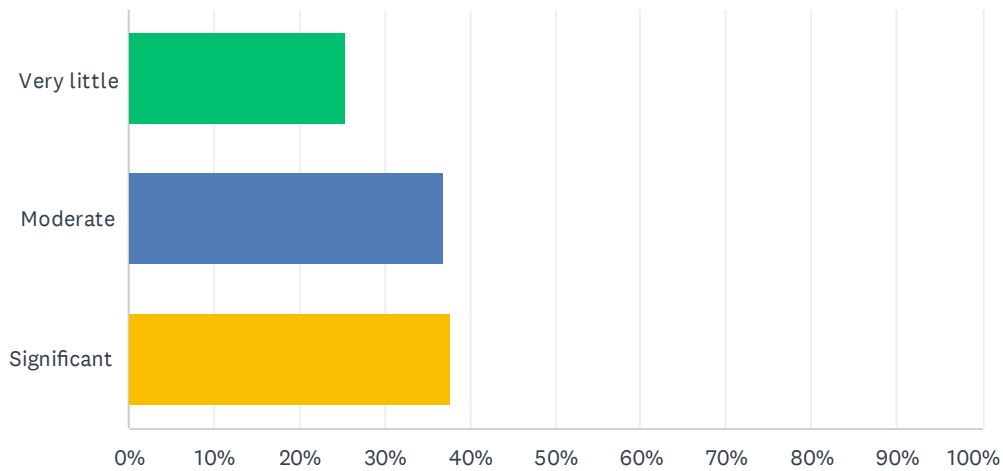
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	VERY LITTLE (CURRENT EFFORTS ARE GENERALLY ADEQUATE)	MODERATE (CURRENT EFFORTS ARE SOMEWHAT INADEQUATE)	SIGNIFICANT (CURRENT EFFORTS ARE VERY INADEQUATE)	TOTAL	WEIGHTED AVERAGE
Government Regulatory Agencies (for U.S.: FDA and CMS)	11.72% 75	35.31% 226	52.97% 339	640	2.41
CIED Industry (manufacturers)	15.47% 99	46.09% 295	38.44% 246	640	2.23
MRI Facilities	9.69% 62	35.47% 227	54.84% 351	640	2.45

Q22 If a CIED manufacturer was able to obtain MRI-conditional labeling for its generator to be used with a mix of other manufacturers' leads, how much competitive advantage would you give this brand in your practice?

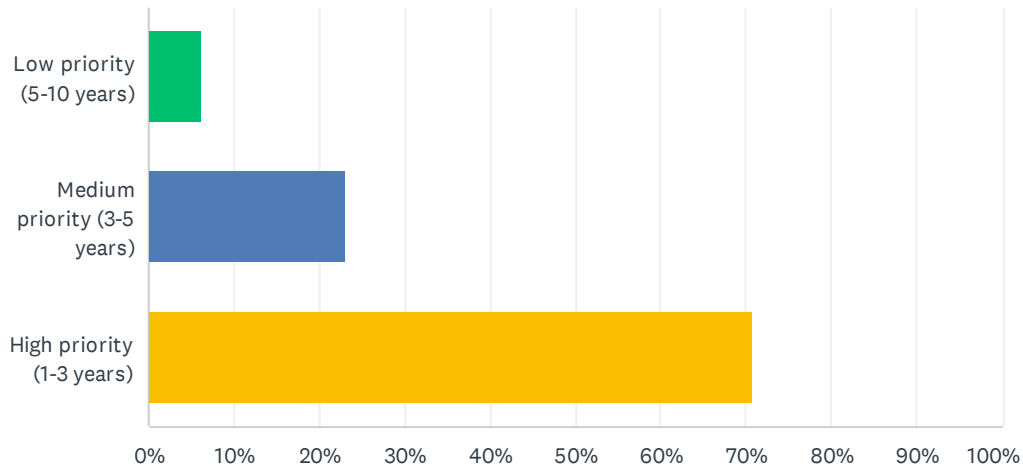
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ANSWER CHOICES	RESPONSES	
Very little	25.47%	163
Moderate	36.88%	236
Significant	37.66%	241
TOTAL		640

Q23 What priority do you believe industry and regulatory agencies (FDA and others) should place to update MRI-conditional labeling to include mixed-brand systems?

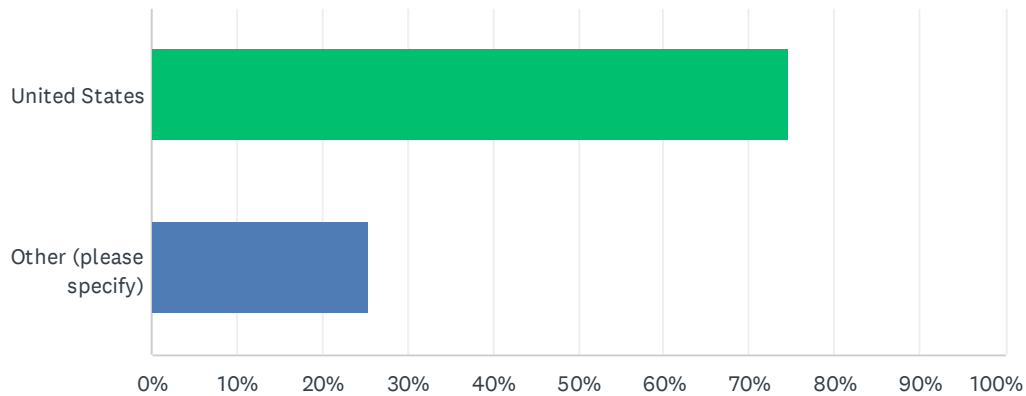
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ANSWER CHOICES	RESPONSES	
Low priority (5-10 years)	6.09%	39
Medium priority (3-5 years)	23.13%	148
High priority (1-3 years)	70.78%	453
TOTAL		640

Q24 In what country do you currently practice?

Answered: 662 Skipped: 225



ANSWER CHOICES	RESPONSES
United States	74.62% 494
Other (please specify)	25.38% 168
TOTAL	662

#	OTHER (PLEASE SPECIFY)	DATE
1	UK	6/7/2024 1:55 AM
2	canada	6/5/2024 9:20 AM
3	The Netherlands	6/3/2024 12:50 AM
4	India	6/1/2024 11:04 PM
5	Canada	5/31/2024 7:59 PM
6	sweden	5/30/2024 5:30 PM
7	Czech republic	5/30/2024 4:10 AM
8	India	5/29/2024 12:08 PM
9	Europe	5/29/2024 8:56 AM
10	Malaysia	5/28/2024 6:08 PM
11	Portugal	5/28/2024 1:33 PM
12	na	5/28/2024 11:02 AM
13	Denmark	5/28/2024 7:59 AM
14	hong kong	5/28/2024 5:22 AM
15	Canada	5/27/2024 2:59 PM
16	TURKEY	5/27/2024 2:59 PM
17	Canada	5/27/2024 12:13 PM
18	ITALY	5/27/2024 5:12 AM

Challenges with MRIs for Patients with CIEDs

19	Portugal	5/27/2024 5:08 AM
20	Germany	5/27/2024 3:52 AM
21	Netherlands	5/27/2024 3:46 AM
22	Republic of Moldova	5/27/2024 3:22 AM
23	Australia	5/26/2024 10:53 PM
24	Australia	5/26/2024 4:47 PM
25	Morocco	5/26/2024 4:00 PM
26	Poland	5/26/2024 3:52 PM
27	Brazil	5/26/2024 3:43 PM
28	Canada	5/26/2024 3:01 PM
29	Australia	5/26/2024 6:00 AM
30	Hong Kong	5/26/2024 5:47 AM
31	India	5/26/2024 12:50 AM
32	Portugal	5/25/2024 8:38 PM
33	Brazil	5/25/2024 5:42 PM
34	New Zealand	5/25/2024 5:33 PM
35	Israel	5/25/2024 5:11 PM
36	Poland	5/25/2024 3:43 PM
37	Poland	5/25/2024 12:30 PM
38	South Africa	5/25/2024 9:47 AM
39	ISRAEL	5/25/2024 8:00 AM
40	Australia	5/25/2024 7:28 AM
41	spain	5/25/2024 6:36 AM
42	CHINA	5/25/2024 6:16 AM
43	Germany	5/25/2024 6:07 AM
44	Slovenia	5/25/2024 5:41 AM
45	Switzerland	5/25/2024 5:37 AM
46	UK	5/25/2024 5:07 AM
47	Romania	5/25/2024 4:02 AM
48	lebanon	5/25/2024 2:42 AM
49	Australia	5/25/2024 2:10 AM
50	Italy	5/25/2024 1:58 AM
51	UK	5/25/2024 1:37 AM
52	UAE	5/25/2024 1:01 AM
53	Australia	5/24/2024 9:35 PM
54	Canada	5/24/2024 9:14 PM
55	Argentina	5/24/2024 8:02 PM
56	England	5/24/2024 7:11 PM

Challenges with MRIs for Patients with CIEDs

57	UK	5/24/2024 6:13 PM
58	Hong kong	5/24/2024 4:57 PM
59	Netherlands	5/24/2024 4:32 PM
60	KSA	5/24/2024 4:10 PM
61	ITALY	5/24/2024 3:17 PM
62	Canada	5/24/2024 3:04 PM
63	Sweden	5/24/2024 2:20 PM
64	Israel	5/24/2024 1:02 PM
65	United Kingdom	5/24/2024 12:34 PM
66	Lebanon	5/24/2024 12:28 PM
67	INDIA	5/24/2024 12:04 PM
68	Canada	5/24/2024 10:52 AM
69	Canada	5/24/2024 10:51 AM
70	Italy	5/24/2024 10:13 AM
71	BRAZIL	5/24/2024 10:04 AM
72	India	5/24/2024 9:56 AM
73	Yemen	5/24/2024 9:23 AM
74	Dominican Republic	5/24/2024 8:58 AM
75	United Kingdom	5/24/2024 8:30 AM
76	Austria	5/24/2024 8:29 AM
77	India	5/24/2024 6:29 AM
78	Japan	5/24/2024 5:57 AM
79	argentina	5/24/2024 5:39 AM
80	Jordan	5/24/2024 5:04 AM
81	Brazil	5/24/2024 5:04 AM
82	Australia	5/24/2024 4:57 AM
83	Japan	5/24/2024 3:41 AM
84	North Macedonia	5/24/2024 3:33 AM
85	Malta	5/24/2024 3:33 AM
86	France	5/24/2024 3:24 AM
87	Germany	5/24/2024 3:17 AM
88	Argentina	5/24/2024 3:05 AM
89	Tunisia	5/24/2024 2:52 AM
90	israel	5/24/2024 2:24 AM
91	Malaysia	5/24/2024 2:14 AM
92	Australia	5/24/2024 1:55 AM
93	Turkey	5/24/2024 1:24 AM
94	India	5/24/2024 1:17 AM

Challenges with MRIs for Patients with CIEDs

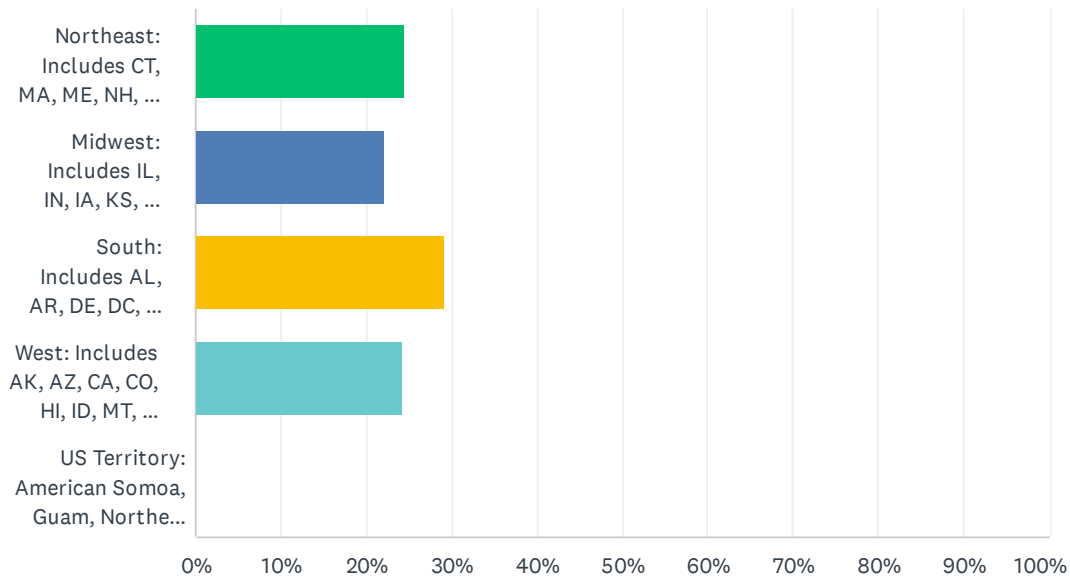
95	Turkey	5/24/2024 1:05 AM
96	Italy	5/24/2024 1:03 AM
97	Brazil	5/24/2024 1:01 AM
98	Estonia	5/24/2024 12:57 AM
99	Ireland	5/24/2024 12:55 AM
100	South KOREA	5/24/2024 12:45 AM
101	pakistan	5/24/2024 12:19 AM
102	Norway	5/24/2024 12:07 AM
103	France	5/24/2024 12:05 AM
104	Netherlands	5/23/2024 11:57 PM
105	Israel	5/23/2024 11:56 PM
106	Romania	5/23/2024 11:54 PM
107	Greece	5/23/2024 11:31 PM
108	China	5/23/2024 11:09 PM
109	AUSTRALIA	5/23/2024 11:08 PM
110	Ecuador	5/23/2024 11:03 PM
111	Brazil	5/23/2024 10:28 PM
112	Canada	5/23/2024 10:26 PM
113	Canada	5/23/2024 10:07 PM
114	COLOMBIA	5/23/2024 10:03 PM
115	Israel	5/23/2024 10:02 PM
116	France	5/23/2024 9:48 PM
117	india	5/23/2024 9:41 PM
118	Australia	5/23/2024 9:41 PM
119	Canada	5/23/2024 9:31 PM
120	India	5/23/2024 8:45 PM
121	Canada	5/23/2024 8:38 PM
122	India	5/23/2024 8:22 PM
123	Australia	5/23/2024 8:13 PM
124	Uruguay	5/23/2024 8:12 PM
125	Australia	5/23/2024 7:59 PM
126	China	5/23/2024 7:46 PM
127	Canada	5/23/2024 7:36 PM
128	Sweden	5/23/2024 7:35 PM
129	Australia	5/23/2024 7:14 PM
130	Japan	5/23/2024 7:04 PM
131	Argentina	5/23/2024 6:59 PM
132	Argentina	5/23/2024 6:53 PM

Challenges with MRIs for Patients with CIEDs

133	Canada	5/23/2024 6:44 PM
134	VietNam	5/23/2024 6:44 PM
135	Sweden	5/23/2024 6:39 PM
136	MEXICO	5/23/2024 6:33 PM
137	Spain	5/23/2024 6:05 PM
138	China	5/23/2024 6:00 PM
139	India	5/23/2024 5:59 PM
140	the netherlands	5/23/2024 5:57 PM
141	Canada	5/23/2024 5:57 PM
142	Canada	5/23/2024 5:45 PM
143	Japan	5/23/2024 5:44 PM
144	Colombia	5/23/2024 5:42 PM
145	Canada	5/23/2024 5:32 PM
146	Portugal	5/23/2024 5:26 PM
147	Uk	5/23/2024 5:25 PM
148	Brasil	5/23/2024 5:24 PM
149	Netherlands	5/23/2024 5:24 PM
150	Canada	5/23/2024 5:21 PM
151	Italy	5/23/2024 5:10 PM
152	Israel	5/23/2024 5:09 PM
153	Canada	5/23/2024 5:07 PM
154	Jamaica	5/23/2024 5:07 PM
155	Sweden	5/23/2024 5:07 PM
156	Canada	5/23/2024 5:05 PM
157	germany	5/23/2024 5:05 PM
158	Brazil	5/23/2024 4:59 PM
159	Canada	5/23/2024 4:58 PM
160	Japan	5/23/2024 4:55 PM
161	Brazil	5/23/2024 4:52 PM
162	syria	5/23/2024 4:52 PM
163	Tanzania	5/23/2024 4:43 PM
164	Australia	5/23/2024 4:41 PM
165	Netherlands	5/23/2024 4:40 PM
166	Canada	5/23/2024 4:37 PM
167	Austria	5/23/2024 4:36 PM
168	Germany	5/23/2024 4:35 PM

Q25 In what region or territory of the U.S. do you primarily practice?

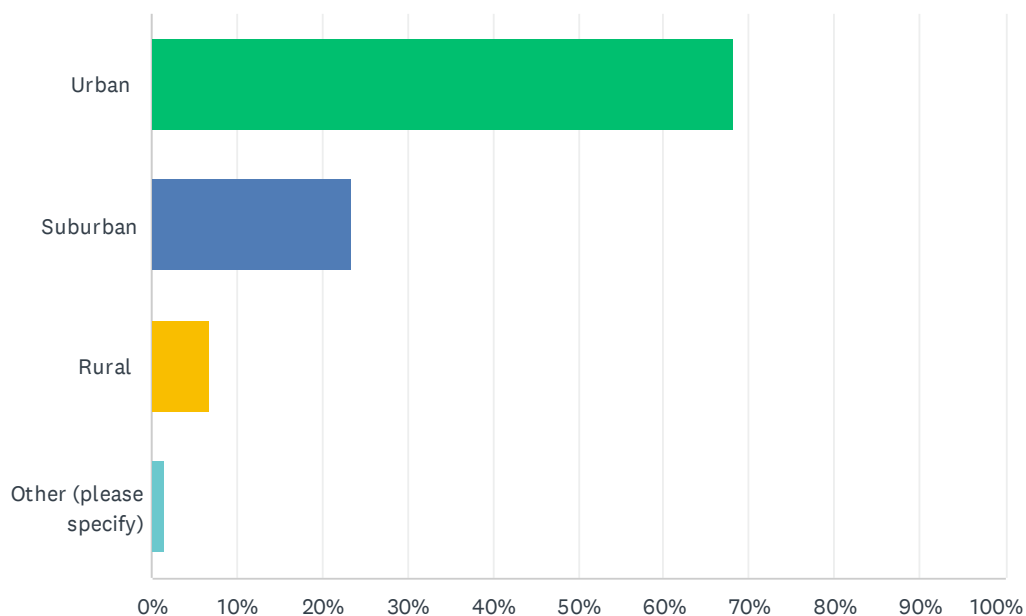
Answered: 487 Skipped: 400



ANSWER CHOICES	RESPONSES	
Northeast: Includes CT, MA, ME, NH, NJ, NY, PA, RI, VT	24.44%	119
Midwest: Includes IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI	22.18%	108
South: Includes AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV	29.16%	142
West: Includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY	24.23%	118
US Territory: American Somoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands	0.00%	0
TOTAL		487

Q26 What is the setting of your primary hospital?

Answered: 637 Skipped: 250

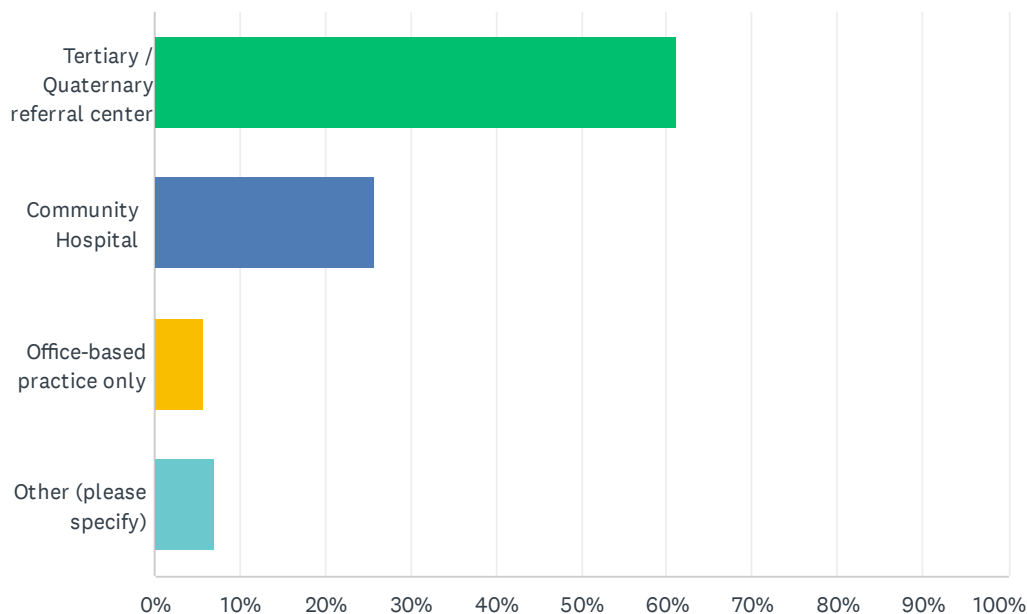


ANSWER CHOICES	RESPONSES	
Urban	68.13%	434
Suburban	23.39%	149
Rural	6.91%	44
Other (please specify)	1.57%	10
TOTAL		637

#	OTHER (PLEASE SPECIFY)	DATE
1	Large academic center	6/6/2024 10:47 AM
2	PRIVATE HOSPITAL	5/27/2024 3:04 PM
3	mixed rural/suburban/urban	5/27/2024 3:47 AM
4	Oncology Center	5/26/2024 3:55 PM
5	Small midwestern city	5/25/2024 5:05 PM
6	Military Medicine	5/25/2024 8:46 AM
7	University Hospital	5/25/2024 2:44 AM
8	Suburban/urban	5/23/2024 10:32 PM
9	University Hospital	5/23/2024 5:34 PM
10	Government	5/23/2024 4:57 PM

Q27 Which of the following best describes your primary practice setting?

Answered: 637 Skipped: 250



ANSWER CHOICES	RESPONSES	
Tertiary / Quaternary referral center	61.22%	390
Community Hospital	25.90%	165
Office-based practice only	5.81%	37
Other (please specify)	7.06%	45
TOTAL		637

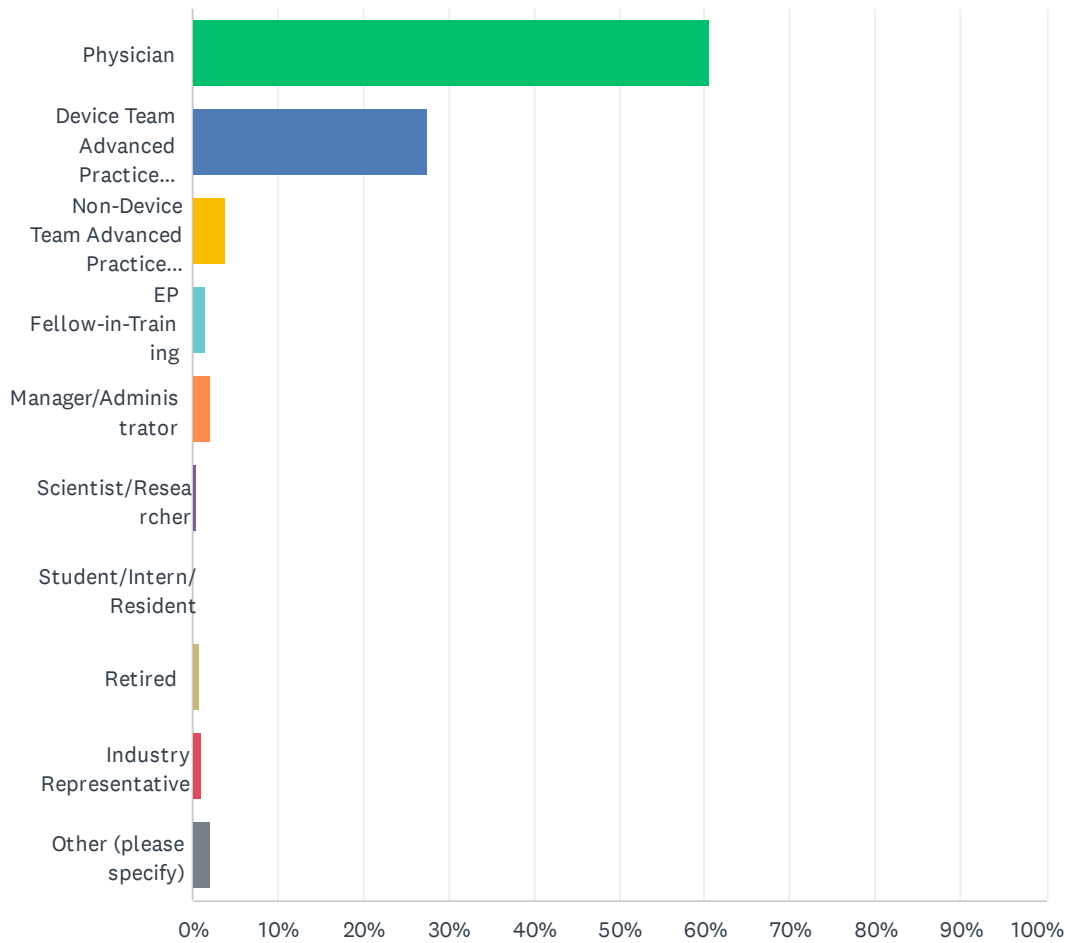
#	OTHER (PLEASE SPECIFY)	DATE
1	St. Michael's Hospital is a fully affiliated teaching and research hospital serving Toronto's urban comWe are an Urban level 1 trauma centre and provincial hub for neurosurgery, complex cardiac and cardiovascular care and more, and home to one of the largest MS Clinics in North America.	6/5/2024 9:23 AM
2	Large teaching hospital	6/5/2024 6:20 AM
3	Inpatient and outpatient	5/30/2024 4:50 PM
4	Academic Hospital Outpatient Clinic	5/30/2024 1:42 PM
5	Office based practice and community hospital	5/30/2024 1:18 PM
6	cancer center	5/29/2024 9:49 AM
7	outpatient clinic connected to hospital/radiology dept	5/28/2024 10:28 AM
8	Academic University Hospital	5/28/2024 10:06 AM
9	Office based private practice and Hospital based practice	5/28/2024 8:32 AM
10	VA hospital/clinic	5/28/2024 5:53 AM

Challenges with MRIs for Patients with CIEDs

11	Office and rounding in community hospital	5/27/2024 6:06 PM
12	PRIVATE HOSPITAL	5/27/2024 3:04 PM
13	Both inpatient and outpatient care	5/26/2024 7:17 PM
14	independent private practice. I am not a hospital employee	5/26/2024 3:22 PM
15	Government VA hospital	5/25/2024 7:13 PM
16	Military Hospital/ Outpatient Clinic	5/25/2024 8:46 AM
17	Private EP practice	5/25/2024 7:10 AM
18	Office based affiliated with academic hospital	5/25/2024 5:53 AM
19	VA	5/24/2024 9:54 PM
20	VA outpatient setting	5/24/2024 8:08 PM
21	RN	5/24/2024 5:03 PM
22	government	5/24/2024 3:04 PM
23	University Hospital	5/24/2024 12:29 PM
24	Veterans Hospital	5/24/2024 10:50 AM
25	Office, Hospital, University	5/24/2024 10:04 AM
26	Hospital/clinic mix	5/24/2024 2:26 AM
27	Large Hospital somewhere between Community and Tertiary	5/23/2024 10:38 PM
28	Hospital and clinic	5/23/2024 10:32 PM
29	Tertiary and office based mix	5/23/2024 9:01 PM
30	Office based within hospital system	5/23/2024 8:11 PM
31	Satellite office and community hospital	5/23/2024 7:26 PM
32	office based practice next door to a major hospital	5/23/2024 6:35 PM
33	Managed care hospital	5/23/2024 6:13 PM
34	Academic	5/23/2024 6:11 PM
35	HMO Clinic & Hospital based	5/23/2024 6:03 PM
36	HMO	5/23/2024 5:52 PM
37	Hospital	5/23/2024 5:46 PM
38	Office/Hosp	5/23/2024 5:39 PM
39	Academic hospital	5/23/2024 5:22 PM
40	Office and Hospital Inpatient	5/23/2024 5:21 PM
41	Acad�mic hospital	5/23/2024 5:11 PM
42	Device manufacturer	5/23/2024 5:10 PM
43	Hines VA	5/23/2024 4:59 PM
44	VA facility	5/23/2024 4:57 PM
45	Office with conjunction to the community hospital	5/23/2024 4:39 PM

Q28 Which of the following best describes your role? (Select only one):

Answered: 637 Skipped: 250



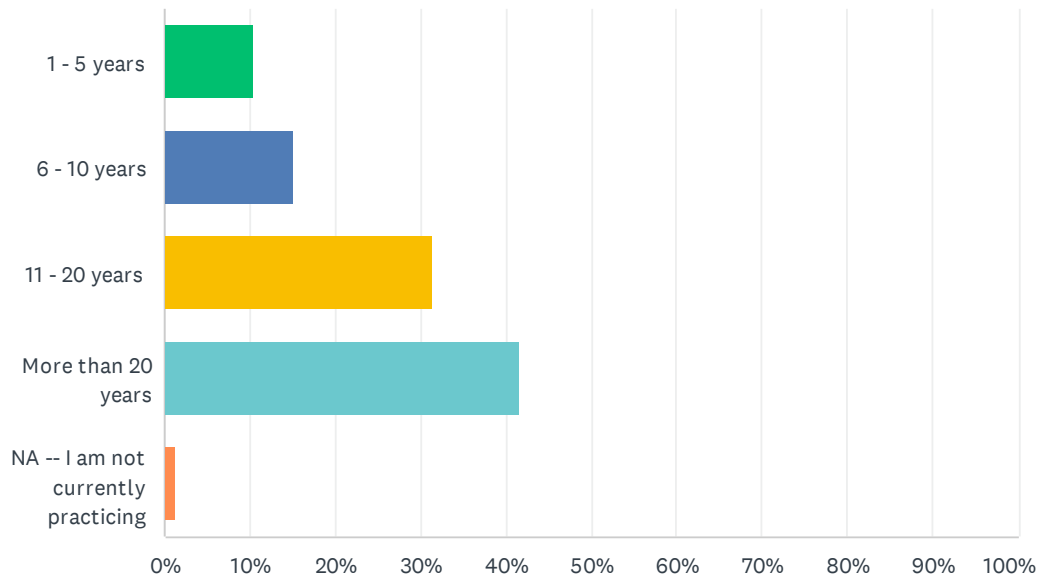
Challenges with MRIs for Patients with CIEDs

ANSWER CHOICES	RESPONSES	
Physician	60.60%	386
Device Team Advanced Practice Provider (NP, PA), Nurse, or Technician	27.47%	175
Non-Device Team Advanced Practice Provider (NP, PA), Nurse, or Technician	3.92%	25
EP Fellow-in-Training	1.41%	9
Manager/Administrator	2.04%	13
Scientist/Researcher	0.47%	3
Student/Intern/Resident	0.00%	0
Retired	0.78%	5
Industry Representative	1.10%	7
Other (please specify)	2.20%	14
TOTAL		637

#	OTHER (PLEASE SPECIFY)	DATE
1	RN I work part time I do weekly MRI with pt who have devices	6/4/2024 9:28 AM
2	Clinical Nurse Specialist, APRN but support the nursing practice	6/3/2024 3:58 PM
3	Device Clinic RN	6/3/2024 9:33 AM
4	Pacemaker technician	5/26/2024 7:17 PM
5	Cardiologist and Director of cardiac MRI program	5/24/2024 5:44 PM
6	EP Clinic Manager- very involved in checking devices and in supporting the radiology dept during MRI's	5/24/2024 9:28 AM
7	Also recently retired < 1 month	5/24/2024 7:45 AM
8	RN	5/23/2024 11:00 PM
9	Device RN	5/23/2024 7:02 PM
10	Chief Arrhythmia Unit	5/23/2024 6:58 PM
11	RN	5/23/2024 6:05 PM
12	EP APP and Manager of Device Clinic	5/23/2024 5:39 PM
13	Clinical Nurse Educator in CIED clinic	5/23/2024 5:08 PM
14	Parent of patient	5/23/2024 4:37 PM

Q29 How many years have you been in practice?

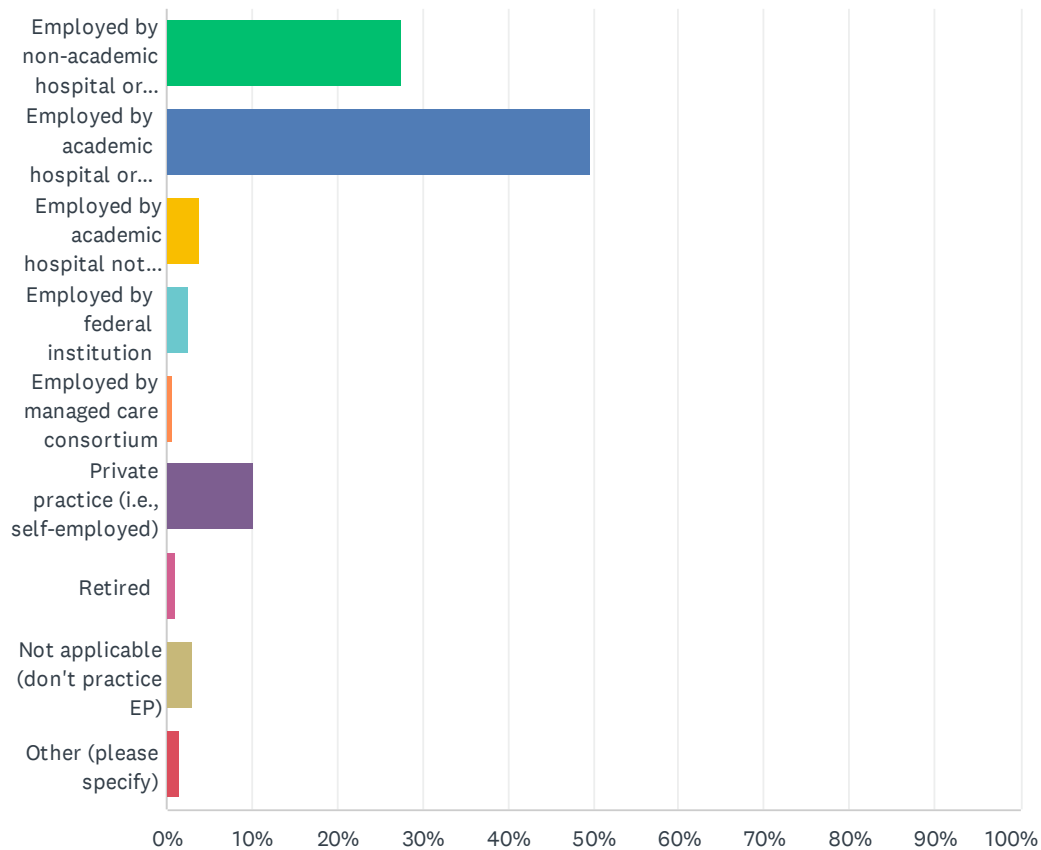
Answered: 637 Skipped: 250



ANSWER CHOICES	RESPONSES	
1 - 5 years	10.52%	67
6 - 10 years	15.23%	97
11 - 20 years	31.40%	200
More than 20 years	41.60%	265
NA -- I am not currently practicing	1.26%	8
TOTAL		637

Q30 What is the primary setting in which you practice electrophysiology?

Answered: 637 Skipped: 250



ANSWER CHOICES		RESPONSES
Employed by non-academic hospital or health system		27.47% 175
Employed by academic hospital or health system		49.76% 317
Employed by academic hospital not affiliated with a university		3.77% 24
Employed by federal institution		2.51% 16
Employed by managed care consortium		0.63% 4
Private practice (i.e., self-employed)		10.20% 65
Retired		1.10% 7
Not applicable (don't practice EP)		2.98% 19
Other (please specify)		1.57% 10
TOTAL		637

#	OTHER (PLEASE SPECIFY)	DATE
1	Mixed academic and private practice	6/5/2024 8:19 PM

Challenges with MRIs for Patients with CIEDs

2	employed by a private practice.	5/28/2024 11:26 AM
3	Work for private practice	5/27/2024 6:06 PM
4	Industry rep at academic facility	5/25/2024 4:47 AM
5	Employed by state owned hospital part of UK national health service	5/25/2024 1:43 AM
6	manager	5/24/2024 8:58 AM
7	Industry	5/23/2024 10:02 PM
8	Team work	5/23/2024 6:02 PM
9	Currently monitoring patients remotely.	5/23/2024 5:20 PM
10	Parent of a teenager patient	5/23/2024 4:37 PM

Q31 Please share your comments and suggestions for HRS on the need for additional evidence or workflow improvement for CIEDs and MRI scanning.

Answered: 218 Skipped: 669

#	RESPONSES	DATE
1	We provide NP or cardiologist on-site monitoring of ECG during scanning for non-conditional systems. Nonetheless, the process is burdensome especially for mixed systems and otherwise conditional CIED systems coexisting with non-cardiac devices.	6/6/2024 11:00 AM
2	Especially mixed conditional systems need approval. More clear guidelines need to be published in conjunction with ACR to get radiologist buy-in. Monitoring by cardiac trained staff during MRI should not be required in nearly any circumstance.	6/5/2024 7:30 PM
3	Please note, for all my responses: at our center, we perform *cardiac* MRIs on non-conditional devices. Our radiology department is not willing to do any other MRIs with non-conditional CIEDs.	6/5/2024 6:34 PM
4	I believe conditional systems, even with mixed brands should be tested and approved for MRI safety. Sometimes the patients do not get a choice on the generator being placed, and that disqualifies the patient for MRI at rural hospitals. We see this far too often, especially when our rural hospital only implants one manufacturer.	6/5/2024 11:44 AM
5	Better guidance for non conditional wires and abandoned wires. Mixed systems that are all conditional would be nice to consider them as conditional.	6/5/2024 6:20 AM
6	Would love a specific recommended workflow that every institution can easily follow that includes not just conditional/non-conditional but also abandoned leads, epicardial leads, dependency, and longevity of device.	6/3/2024 9:33 AM
7	Questions were good and thanks for the opportunity	6/1/2024 11:08 PM
8	We need clear guidelines which should include level of risk (very low -high) to patient, when we implant devices that are MRI conditional that the radiology department accept this without concerns and that physicians not be held liable for some very rare unexpected events	5/31/2024 7:58 PM
9	Pt care is adversely effected with current MRI limitations in CEIDs Suggesting an extraction for MRI compatibility in a pt with cancer Really???	5/31/2024 11:14 AM
10	Unfortunately, since it is understood the device can be scanned, patients and non EP or radiology provider don't understand amount of time and effort it takes to get it done. ie, hard to do emergently or quickly	5/31/2024 8:16 AM
11	The current work flow with forms etc is laborious. Sometimes the primary EP refuses to approve making it a lot of work for the covering EP.	5/31/2024 7:12 AM
12	We should be able to perform MRIs on patients with MRI conditional hardware from different manufacturers (mixed systems). We should develop a protocol for MRI scans on non-conditional systems.	5/30/2024 6:49 PM
13	I am sharing perspective from the radiology side and want to share the experiences I have. MRI has no problem scanning MR conditional devices. We have had a lot of fear instilled from the device reps regarding non-conditional CIED liability. Medtronic will not program at all, and the other companies have told us we need a physician order. We do not have an EP or EP APP available to program in the MRI suite on the day of due to staffing. Our non-conditional scanning protocol explicitly states that our EP needs to evaluate the system prior to MRI scan for clearance however, like I said, our EP support isn't very robust. We run into problems like getting CIED clearance scheduled in a timely manner, waiting for clearance and then getting them on MRIs schedule. And in the event that something changes and the rep can't program the device in the mode/rate that is indicated on order it can lead to more delays and frustration for patients/MRI staff/device reps. Another challenge is rep coverage for cases since they are	5/30/2024 6:31 PM

Challenges with MRIs for Patients with CIEDs

supporting device clinic, procedures, and other MRs for other sites in their territory. Getting patients on the schedule and cleared for an MRI is already challenging enough, but adding CIEDs and other implants creates a whole layer of complexity that requires multidisciplinary input.

14	- More realistic supervision protocols that are tied to rates of AEs (not just absolute worst case)	5/30/2024 5:54 PM
15	We are a Pediatric EP group. We do not do MRIs for non-conditional CIED systems.	5/30/2024 1:42 PM
16	Retrospective data review could be beneficial in supporting the practice of scanning patients with non-conditional systems.	5/29/2024 11:05 PM
17	Changing from one hospital who only did conditional devices to another hospital that does many non conditional devices (with no negative effects) has opened my eyes to how many people have not had adequate care due to MRI conditions.	5/29/2024 6:50 PM
18	Using off label worksheets for mixed systems is very annoying.	5/29/2024 3:32 PM
19	It would be very helpful to provide a standard for device reprogramming for all MRI systems and hospitals to adopt based on indication for implant and underlying rhythm. Thank you for tackling this complex issue! It is very much appreciated as I do believe it is impeding the ability to have an MRI quickly compared to patients that do not have implanted devices.	5/29/2024 2:28 PM
20	Need a platform where we can share the practices and protocols by different facilities that do MRI scanning of non-conditional devices	5/29/2024 1:23 PM
21	The images got are suboptimal. We need our radiology team to be taught on how to get good images	5/29/2024 12:10 PM
22	I appreciate the HRS CIED MRI screening recommendations. At the University of Washington we have incorporated it into our non-conditional policy. Would appreciate any recommendations on team structure variations (e.g., MRI RN who's cross-trained to EP + EP NP/PA/MD on call; EP RN + EP NP/PA/MD on call; EP NP/PA on call)	5/29/2024 12:24 AM
23	1) Guidelines on programming CIEDs for MRI (based off pacing indications/burden). 2) Who should be giving the order on how to program CIED- our facility won't provide orders for programming for scans done outside of our hospital (on patients we follow). We feel this should be managed by EP department at the facility that the MRI is being done (decision should be made on current rhythm, pacing burden and device function. Which may be different from the last time we saw patient and check their CIED). We receive a lot of push back for the requesting facility. And legally can we provide orders for programming outside of our institution (which could also be out of state)?	5/28/2024 12:26 PM
24	We need to address the automatic MRI detection devices as well as the "time out" settings: these should be very programmable so we can use them in our hospital population.	5/28/2024 12:05 PM
25	It would be great to come up with a standard review process for screening device patients as well as an updated protocol. Seems that we are now routinely scanning patients that were excluded from the 2017 expert consensus statement.	5/28/2024 11:26 AM
26	Our radiologists created a thoughtful protocol combining safety with efficacy. However, it is a complex document, and requires some familiarity from device/MRI staff. It would be challenging to replicate at a small center without dedicated device staff.	5/28/2024 11:15 AM
27	Take so much time-from Cardio signing forms, MRI contacting reps, local rep unavailability, counter-productive time utilized on follow ups(between floor staff & doctor/floor staff & MRI, MRI & local rep)	5/28/2024 11:08 AM
28	I personally developed out protocols as we originally did not perform any MRIs on pt's with CIEDs.	5/28/2024 10:28 AM
29	FDA needs to update their recs to improve pt care	5/28/2024 9:17 AM
30	There are several institutions with incredibly taxing protocols for mismatch devices, non-conditional hardware, and multiple conditional devices, with little to no adverse events/outcomes. The additional manpower required to accommodate these scans is not tenable, and is leading to significant burnout. HRS should re-evaluate all of the data, and provide a consensus statement as to the safety/feasibility to help guide the regulatory bodies to adjust the MRI conditionality. It is clearly not in the best interest of a CIED manufacturer to	5/28/2024 8:32 AM

Challenges with MRIs for Patients with CIEDs

perform and publish study data re; safety of MRI scanning on a competitors component, and the FDA should be pressed to update the conditional labelling to include company mismatch, as well as multiple conditional devices in same patient, for full MRI conditionality. Patients are needing more and more MRI's and it is increasingly painful to provide support for things that should simply be considered conditional.

31	In our area Shields MRI is impossible to reason with	5/28/2024 8:31 AM
32	MRI's for patients with CIEDs has long been determined to be safe in most patients. The responsibility needs to be shifted to Radiology and/or there needs to be greater reimbursement for EP to support Radiology's unwillingness to take on this responsibility. Other than device reprogramming, this should fall to Radiology.	5/28/2024 7:42 AM
33	We are a private practice and have our own MRI scanner. Our hospitals decline most of these scans and we are doing them.	5/28/2024 1:15 AM
34	Our facility has had a protocol for MRI scanning and CIEDs for nearly 10 years. It is constantly updated. I have a hard time "clearing" patients for MR scan in other facilities, particularly stand-alone radiology one, where there is no protocol in place and am unaware of bail-out resources. These facilities only want an "okay", but offer no resources to take care of issues. A policy, stating the minimum requirements to be able to perform MR scans in these patients, is far past due.	5/28/2024 12:22 AM
35	Evidence exists. HRS/ACC/AHA lagging in re-evaluating existing data when we have already seen recent statements from EHRA, Canada, SCMR	5/27/2024 7:17 PM
36	MRI is the most common advanced imaging modality, and our patients experience unnecessary delays in diagnosis and management with the current system. In addition, many undergo much more risky procedures (like CT Myelograms) instead of MRI. This must be rectified.	5/27/2024 6:52 PM
37	We need data to show no harm in non-MRI conditional cardiovascular devices	5/27/2024 1:08 PM
38	This survey seems to have focused on conditionality relating to the hardware, but some of the conditionality issues arise with tissue interface. For instance, one question asked whether scanning an non-conditional system would cause worry primarily for damage to the generator or leads, but didn't address concerns about pacing threshold rising, for instance in a dependent patient who already had a high pacing threshold. That would be a non-conditional system regardless of the labelling of the hardware and I would be much more concerned about doing an MRI in that patient than I would in a patient who had system components that weren't conditional but otherwise were working well.	5/27/2024 12:46 PM
39	Most Community radiology centers choose not to have an ACLS provider on site and see the added work for CEID with MRI as a disruption to work-flow	5/27/2024 12:09 PM
40	Increased evidence on safety is required - especially for abandoned leads and epicardial leads.	5/27/2024 10:11 AM
41	Need more robust data and effort consensus statement regarding safety of MRI in abandoned and epicardial leads.	5/27/2024 1:21 AM
42	Our primary concerns are retained or broken disconnected leads.	5/26/2024 7:17 PM
43	radiology is killing us, even with risk management on our side	5/26/2024 6:09 PM
44	Perform studies that show there is no need for any protocols surrounding MRI scanning of CIEDs - just scan them without the requirement for any other monitoring or "pre / post MRI programming or monitoring"	5/26/2024 4:50 PM
45	EPs should not be expected to assume responsibility for the safety of an expensive test that they did not order. Most MRIs are unnecessary and clinically not indicated or have a reasonable alternative. Our administrative staff and pacer clinic have been overwhelmed with "clearance" forms for MRIs in patients who we may not have seen in several months and the MRI not even be indicated. HRS position papers and guidelines need to come up with protocols that limit our involvement to the minimum necessary and reasonable, restoring ownership to radiology and the hospitals of the test they perform.	5/26/2024 3:22 PM
46	While we have been able to develop a program to MRI scan patients with both conditional and non conditional devices except for abandoned leads, most centers in Canada would not	5/26/2024 3:03 PM

Challenges with MRIs for Patients with CIEDs

perform a cardiac MRI on any of these patients. Better guidance with respect to specifically cardiac MRI and these patients would be helpful

47	Review/promote safety of epicardial/abandoned leads as that is still an area where some questions remain from radiology at our center. Does ACLS provider still need to be immediately available when event rates are near zero when non-conditional device is properly programmed?	5/26/2024 1:12 PM
48	We need to let the data talk we are spending an enormous amount of time for very low risk of harm. Our facility won't scan abandoned leads which is a detrimental to the patient with moderate data showing it to be safe. We are put enormous resources (that could be used elsewhere and actually improving patient outcomes)	5/26/2024 9:02 AM
49	It would be of value to have guidelines, an algorithm that could be followed by the MRI department. Standardization of protocols would be immensely helpful to all parties	5/26/2024 9:01 AM
50	I would appreciate a policy based on experience using mixed systems and their suitability for MRI	5/26/2024 7:32 AM
51	This is an increasing problems for our adults with congenital heart disease patient population, therefore epicardial leads and/or non-MRI conditional device create significant dilemma.	5/26/2024 5:48 AM
52	I think HRS should issue a statement saying that the current situation is unacceptable and the risks of MRI are exaggerated.	5/25/2024 8:41 PM
53	It just feels like the radiologists dump all the work on the EP's, but we're facilitating their procedures. It's their MRI! If we didn't handle all the logistics to get the patient's device set up, they couldn't the MRI. Drives me crazy.	5/25/2024 8:20 PM
54	At our institution - we have all the protocols we need in place - but we lack the staffing. Since company reps will not deal with non-conditional systems , we have to use our own staff (pacer staff)	5/25/2024 8:04 PM
55	For us the major barrier for MRI access is the staffing resources, our local MRI radiologists and MRT technicians lack of willingness to accept data of safety with on- and off- label devices without cardiac techs and EPs on-site but not physically present at a scan. Currently MRIs at our institution are heavily staff resourced and thus very hard for patients to access.	5/25/2024 5:38 PM
56	We have a policy in our institution which encompasses Mri conditional and non-conditional devices and spells out specific conditions where MRI is contraindicated. We have just gotten the form into EPIC in order to eliminate the paper forms we previously filled out.	5/25/2024 5:05 PM
57	Define why EPs are responsible for MRIs we don't order are not reimbursed for. Primary responsibility for the MRI and how in whom is performed belongs to the Radiologist. I do not endorse responsibility to others on the devices I implant or procedures I perform.	5/25/2024 5:01 PM
58	N/A	5/25/2024 4:11 PM
59	Multiple studies have shown that absent abandoned or epi leads the risk is exceptionally low... but our practice patterns fail to recognize this. Education of radiologists is o paramount importance	5/25/2024 3:15 PM
60	Retrospective multicenter studies can and should occur to reinforce the current evidence and finally convince MRI techs and radiologists	5/25/2024 3:15 PM
61	I was one of the authors of the MagnaSafe study which was published in the NEJM. Despite those findings, I find it incredible that it is still such a chore to get MRIs done in patients whose therapy is guided by the need for an MRI. It is amazing that some outside centers refuse to do MRIs in patients with conditional systems. In terms do epicardial and abandoned leads, I cannot believe that the majority of centers refuse MRIs on such patients.	5/25/2024 12:24 PM
62	Instead of towing the FDA line of brand specific approvals, the HRS consensus statement should have reviewed the vast data in the safety of mix brand devices and MRI compatibility. Our EP APP hate if when we use a conduction system lead with another manufacturer's device because it is extra work to get an MRI. The HRS did the EP community a disservice! Hopefully, common sense will prevail and this will be set right.	5/25/2024 11:38 AM
63	We need to resolve this issue once and for all. This has gone on long enough.	5/25/2024 11:35 AM
64	Need mixed systems approved and need insurance/ Medicare coverage for MRI in non conditional system w approved protocol	5/25/2024 11:35 AM

Challenges with MRIs for Patients with CIEDs

65	Have to prioritize mixed systems (different device than leads company) , followed by non conditional leads of a certain year forward (i.e after 2010 or so), and then abandoned leads	5/25/2024 11:24 AM
66	We literally have to approve dozens of MRI requests on a weekly basis (up to 8-10 per day). Even inpatients who had a similar request made within the past year. The physicians who supervise cardiac MRI are willing to do off label (one was a PI in MagnaEASE) cardiac studies, but they do not oversee other MRIs (eg neck etc).	5/25/2024 10:47 AM
67	Please work 1. To educate individuals on how rare problems are resulting from MRI of patients with CIED 2. To compensate providers who are asked to provide clearance	5/25/2024 9:37 AM
68	The present HRS guidelines provide a solid base from which to proceed. Do all institutions follow HRS guidelines, especially regarding maintaining monitoring during nonconditional scans and abandoned leads? Perhaps an HRS committee should reexamine the process from start to completion.	5/25/2024 9:16 AM
69	Our healthcare system has proven scanning a non conditional device is safe. A lot of healthcare facilities around us do not offer MRI's to non conditional devices so our wait list for MRI's with device patients is long and often people have to wait because of lack of access.	5/25/2024 9:09 AM
70	Would love to volunteer to be part of a workgroup with HRS committee to work on improving CIED and MRI management . Currently a memento of a QI committee.	5/25/2024 8:53 AM
71	This should be a high priority due to the lack of access to care, patient safety, and old-fashioned guidelines	5/25/2024 8:46 AM
72	Standardize documentation limited to device only , require vendors to create simple tool to verify candidacy for mri	5/25/2024 8:32 AM
73	We need actual patient data, not "bench" data as to the risks of MRI in nonconditional devices and then HRS has to come out with a guideline to recommend to radiologists to allow these device patients to undergo MRI scanning. I am inundated with requests by radiology suites every day to approve MRIs on patients and I do not receive ANY reimbursement for this despite it placing me at risk for malpractice!. The incidence of a problem is exceeding low in my 33 year experience of EP practice. I have only experienced 2 episodes of device malfunctioning. It is time to stop the madness!	5/25/2024 8:08 AM
74	The compatibility issues is just device company's scam to "force" you to use their device along with their leads.	5/25/2024 7:10 AM
75	Delineation of need for consent - we currently require this for non-conditional systems and satellite hospitals do not have infrastructure to obtain consent.	5/25/2024 7:03 AM
76	Cleaning devices for mri conditional are a time sink, the non conditional just take a little more coordination, we baby sit the non conditional devices in the scanner so it adds a significant amount of time to our work flow but we are not comfortable having these patients not monitored by ep team	5/25/2024 7:01 AM
77	Provide clear data on adverse events with each type of system (i.e "# of each complication with a mixed/conditional/abandoned device)	5/25/2024 6:32 AM
78	cooperation between cardiologist and radiologist needs to be specified; reimbursement needs to be adequate	5/25/2024 6:14 AM
79	I have years of experience showing mri is safe, sending patients to Penn for years (abandoned leads, etc). No issues. Now Penn has stopped doing them due to manpower. MRI centers need to do better to accommodate these patients	5/25/2024 5:55 AM
80	Workflow for abandoned leads	5/25/2024 5:44 AM
81	Pacers and ICD should be approached differently	5/25/2024 5:11 AM
82	Many MRI workflows do not permit free flow - pre-planning of elective lists is needed.	5/25/2024 5:09 AM
83	Once clinical documentation of no abandoned leads has been established, allow industry clinical rep to do testing and programming for safe MRI scans CMS cleared MRI scanning of "non-conditional" devices and leads 5 or 6 years ago and we have routinely scanned them since then. The clinical data on scanning patients with abandoned leads is accumulating in the patients' favor, but not yet cleared by CMS. Some hospitals make the process of scanning CIED patients excessively burdensome.	5/25/2024 4:47 AM

Challenges with MRIs for Patients with CIEDs

84	I think it would be great to provide a platform for sharing of MRI scanning protocols and workflows.	5/25/2024 1:51 AM
85	We have had well established and working model for almost 10 years. We scan 10 -12 patients per week and everything is protocolized and well documented. I realise that the set up is slightly different but we have patients with exactly the same needs and types of devices and the service is ran by similarly qualified people.	5/25/2024 1:43 AM
86	Expanded decision on mix company systems. It is a huge roadblock on patients getting a necessary MRI even though the individual components are known to be functional at the same level of MRI strength, ie 1.5T or 3T. A decision to be formally made about abandoned leads. Patient life expectancy are outlasting device/lead longevity leading patients containing abandoned leads which leads to no MRIs to be accepted.	5/25/2024 12:49 AM
87	Additional guidance by way of HRS consensus statement or large center research results on safety of scanning non-conditional/off-label devices would open the doors for many patients in need of this diagnostic modality to be more readily accessible in all areas of the country, thus decreasing cost of referring patients to larger facilities.	5/24/2024 8:39 PM
88	Promote registry or research projects in patients with fractured, abandoned endocardial or permanent epicardial leads underwent MRI.	5/24/2024 8:11 PM
89	Important issue to develop new guidelines	5/24/2024 8:06 PM
90	Further evidence that MRIs in contemporary devices are safe	5/24/2024 5:46 PM
91	The main challenge I face is that the current literature is still fairly limited from a sample size given the nearly infinite degrees of freedom of lead length, device, lead configuration, etc. A consensus document with buy in from cardiology and radiology that details scenarios of high, intermediate, and low risk for heating and arrhythmia would be helpful. This document needs to be granular in nature and not just provide high level guidance.	5/24/2024 5:44 PM
92	Just adapt 2017 guidelines to current knowledge as soon as possible e.g. see 2021 esc guidelines	5/24/2024 4:35 PM
93	.	5/24/2024 4:12 PM
94	I am a pediatric EP who takes care of patients with CHD. We have patients with epicardial systems who have had MRIs obtained with no issue	5/24/2024 3:43 PM
95	Write something jointly with radiologists	5/24/2024 3:05 PM
96	our facility problem would like be solved by update to guidelines, our radiology team will not entertain the idea of non-conditional devices, even when they are done locally elsewhere	5/24/2024 3:04 PM
97	I would rather you spend your time on getting an ASC approved by Medicare for catheter ablations	5/24/2024 2:09 PM
98	It is my experience that radiology takes very little ownership of this patient population. More emphasis needs to be placed on these practitioners to develop their own internal practices (hire their own dedicated staff) to avoid the excessive drain on EP.	5/24/2024 2:01 PM
99	EPs are burdened with larger and larger burdens attendant to device management. HRS should inform EP Employers of this large burden of non-reimbursed but critical support service.	5/24/2024 1:03 PM
100	I am the HRS representative to AAMI's (American Association of Medical Instrumentation) CRM Committee. This subject was discussed extensively at our last meeting.	5/24/2024 12:25 PM
101	We need more clarity in the guidelines for MRI in CIED patients as well as management protocols and troubleshooting if required	5/24/2024 12:06 PM
102	As contracts change, we are often asked to implant generators that differ from existing leads. This disrupts compatibility of MRI conditional devices and could put EPs at risk of liability	5/24/2024 11:21 AM
103	Explicit expert consensus guidelines must come from the HRS and regulatory approval through the FDA. Positions should never be asked to be exposed to medical legal risk in order for patients to receive indicated in safe care. There's no method for reimbursement of the substantial resources required for patients to receive MRI scans on even MRI conditional systems.	5/24/2024 11:17 AM

Challenges with MRIs for Patients with CIEDs

104	Until there is a new consensus statement from HRS, our facility will not consider doing MRI on abandoned or epicardial leads.	5/24/2024 10:46 AM
105	The best improvement in workflow would be a process that minimized the need for nurse/company rep interactions before and after MRI scanning - for example and auto testing algorithm before and after scan with highlights of potential problems - auto reset to pre-scan settings after scan completion and testing that would demonstrate safety of mixed MRI conditional manufacturer leads and PG	5/24/2024 10:07 AM
106	1. Disclose a risk index to do MRI in non-conditioned CIED in order to show the patient and hospital 2. Disclose a risk index to do MRI in CIED and lead of different brands in order to show the patient and hospital 3. Recommend a fair medical payment rate	5/24/2024 10:04 AM
107	Formation of guidelines Formation of registry Education to physician and radiologist Expected complications during MRI and action plan Certificate course for physicians in such pt	5/24/2024 9:59 AM
108	Currently in my community patients with devices have effectively been abandoned by most if not all MRI radiologists. It is disheartening and discouraging how patient care and needs are being summarily denied when the technology exists for them to get the care they need. Anything the HRS can do to improve access to care for our patients would be much appreciated.	5/24/2024 9:58 AM
109	Other facilities near us still refuse to do MRI's on patients with devices, conditional or non-conditional, which increases our workload due to the need to service these patients despite the fact they do not permanently transition to our practice. There seems to be a general lack of awareness and/or confidence in providing these services.	5/24/2024 9:28 AM
110	Conditional and nonconditional should have a set programming protocol	5/24/2024 9:22 AM
111	EPs should NOT be involved in mri conditional systems routinely unless very specific concern. Hospitals/CMS/FDA need to change policies to allow non mri conditional devices to be scanned as all studies showed safety and no significant clinical events	5/24/2024 8:29 AM
112	We need clear and concise documents-safety protocols to perform MRIs in nonconditional devices (especially in pacer dependent patients or in patient with ICDs)	5/24/2024 7:46 AM
113	I strongly believe in the highest priority for safety. I think a qualified practitioner of device programming should be at the MRI during the scan for all patients. No compromise on that.	5/24/2024 7:45 AM
114	More widely allowable statement and recommendation about who we can scan or not. The original HRS statement was helpful, but need to expand further. FDA then need to update the allowable recommendations so insurance can pay for them.	5/24/2024 7:36 AM
115	Problems faced with non conditional systems include difficulty obtaining accurate information on new patients. Particularly regarding unknown abandoned leads. There are also a lot of "Frankenstein " systems out there with leads of various ages and conditions. Not all non conditional systems are the same. Some degree of risk stratification needs to be devised based upon more precise data.	5/24/2024 7:34 AM
116	Our workflow is working well. Our institution is a clear exception in this region. Most institutions are refusing what we do regularly. The process is a notable time commitment for the ep lab staff especially for non conditional patients.	5/24/2024 7:22 AM
117	Setting up a protocol would be helpful.	5/24/2024 6:48 AM
118	Proper protocol for unconditional devices.	5/24/2024 6:31 AM
119	es importante que tanto el paciente , como el servicio o las personas que trabajan en el servicio de RMI sepan que la mayoría de los dispositivos actuales son compatibles con resonancia y que ante la necesidad de realizar una resonancia de cualquier parte del cuerpo, se podría hacer sin inconvenientes previo paso del dispositivo a un modo de seguridad ya se el resonador de 1,5 tesla o 3 tesla. y tambien saber que hay dispositivos actuales que al entrar en un capo magnetico solo se pasan un modo de seguridad.	5/24/2024 5:51 AM
120	In Australia patients are going to be charged at least A\$200 for each MRI- which they will have to pay not covered by the payer. It is also difficult to find radiology practices who will accomodated CIED patients. This makes it very frustrating and costly.	5/24/2024 5:00 AM
121	Probably, current HRS statement was published in 2017. Therefore, it should be updated according to the recent clinical practice and the situation of device provider (they only provide	5/24/2024 3:47 AM

Challenges with MRIs for Patients with CIEDs

	the MRI conditional device).	
122	Provide a listing of all leads and devices according to ability to undergo MRI scans	5/24/2024 3:36 AM
123	Further liaison with industry to loosen labelling restrictions regarding MRIs in non-conditional CIEDs	5/24/2024 3:36 AM
124	provide examples of workflow/ procedures to improve outcomes for off label scanning	5/24/2024 1:57 AM
125	need policy so physician and practice can follow easily	5/24/2024 1:48 AM
126	A guideline or a flowchart to primary care physicians	5/24/2024 1:05 AM
127	Many institutions are simply declining to scan patients with CIEDs even if conditional systems due to the resources involved. This is a significant disadvantage to EP patients and is actually a consideration when implanting a device. Institutions should have an ethical and legal obligation to scan patients with MRI conditional systems and not simply decline due to inconvenience.	5/24/2024 12:59 AM
128	There is definitely a need for some guidance on this	5/24/2024 12:58 AM
129	Updated guidelines for epicardial, abandoned, fractured leads to help facilitate approval.	5/24/2024 12:56 AM
130	need definitive guide lines	5/24/2024 12:20 AM
131	Would like a protocol to give to IR and charge codes for checking devices pre/post if necessary.	5/24/2024 12:17 AM
132	Automatic entry into and exit from MRI-modes greatly enhances workflow. Only Biotronik has this.	5/24/2024 12:09 AM
133	Accept fir epicardial leads, we accept every situation for MRI without any adverse events. Of course we re-program the CIED to avoid EMI	5/24/2024 12:05 AM
134	T	5/23/2024 11:34 PM
135	HRS, alongside the appropriate radiology societies, should take a firmer stance in promoting MR scanning of devices, both conditional and non-conditional. Scanning devices has been shown to be exceedingly safe, and it's shocking how many imaging centers/hospitals still are afraid to scan devices (even conditional ones.) I would be happy to participate in this HRS committee/document, so please feel free to contact me. I established our medical center's protocols for scanning both conditional and legacy devices. Thanks. --Amir	5/23/2024 11:14 PM
136	Very important; Australian MRI providers are excessively risk averse	5/23/2024 11:10 PM
137	Our regional hospital system is made up of multiple hospitals, and some have been scanning conditional devices longer than others. We've been trying for years to get them to scan non-conditional devices, but the imaging departments are resistant.	5/23/2024 10:32 PM
138	First of all, all mix and match of all MRI conditional leads and generators between different brands should be considered MRI safe. Second, MRI non-conditional devices should be routinely scanned in hospitals without any hesitation	5/23/2024 10:28 PM
139	WE NEED TO CHANGE THE PARADIGM OF COUNTER RESONANCE INDICATION IN CARDIAC STIMULATION DEVICES AND THE EVIDENCE IS AVAILABLE	5/23/2024 10:07 PM
140	More education needs to be available for radiology and MRI techs. We present all the evidence available for safety of scans on non-conditional devices to Radiologists and MRI techs but can't overcome their ritual and superstition. I frequently see and hear from patients about their delay in care and diagnosis.	5/23/2024 10:01 PM
141	We are One of the only institutions in this area that will clear patients for MRIs that are non conditional.	5/23/2024 9:49 PM
142	The problem lays with radiologists. They will not accept any studies that show that these scans can be done.	5/23/2024 9:48 PM
143	non conditional mri devices and abandoned leads need to be addressed dependency on devices is still an open question hence these need to be addressed	5/23/2024 9:43 PM
144	measure the problem to show loss of access by qualified patients	5/23/2024 9:32 PM

Challenges with MRIs for Patients with CIEDs

145	It is time consuming and we need a uniform consensus	5/23/2024 9:31 PM
146	Needs FDA attention	5/23/2024 9:13 PM
147	Better billing for the time of physicians or allied professionals monitoring the patient with a cied during an MRI	5/23/2024 9:09 PM
148	FDA approval means a lot to people who don't understand the science or clinical nuances of issues like this.	5/23/2024 9:01 PM
149	Mandating the manufacturer for mix use data and common MRI standard	5/23/2024 8:47 PM
150	I was one of the investigators for the Magnasafe study which was published in the New England Journal. I cannot believe how after all of the work we did and all of the good results we showed as well of the studies that have been done other hospitals that it is still such a pain in the ass to get an MRI study done on patients that do not have conditional systems	5/23/2024 8:44 PM
151	MRI Staff find every reason and make some up or create excessive demands in hopes the scan is canceled	5/23/2024 8:42 PM
152	MRI protocols have been developed by many institutions who also follow for any adverse events. CARDIQ had our intuitions workflow for others to use	5/23/2024 8:41 PM
153	In the end, outside of uncapped & abandoned leads, we at Alaska Heart & Vascular Institue ultimately scan everyone as long as the patient consents. To-date, we have not had any clinically significant outcome when scanning capped & abandoned/epicardial leads, suspected fractured leads, or mixed systems. The threshold should be significantly increased for cause for concern. For example, mixed systems that have individual components that are conditional, should not warrant EP supervision during scans. I think this feedback and implementation by HRS will be immensely helpful in reducing EP's nationwide MRI w/CIED burden. We currently have no way to reimburse for this.	5/23/2024 8:40 PM
154	Help get FDA labeling to make all CIEDs MRI compatible. Then there will be no fights over who can be scanned	5/23/2024 8:25 PM
155	Informative	5/23/2024 8:24 PM
156	All mri devices and leads must be conditional! If Impulse Dynamics can get approval with any leads, every company should have the same	5/23/2024 8:23 PM
157	Help!!	5/23/2024 8:13 PM
158	Need to scan with things like stents and LAA closure devices in place	5/23/2024 8:08 PM
159	Organize trials and trainings.	5/23/2024 7:51 PM
160	Currently our protocol for non-MRI conditional devices requires an MD to be physically present. If labeling was changed, we would probably be able to have this done by APPs or nurses.	5/23/2024 7:49 PM
161	Need updated guidance on protocols to allow MRI scanning in urgent situations	5/23/2024 7:41 PM
162	Main barrier is device technologist time to do the MRIs. We are struggling with remote monitoring and have less tech time to do MRIs.	5/23/2024 7:37 PM
163	Advocacy for improved payment for this activity. Our protocol involves an EP physician, EP RN, device tech and, for dependent patients with non-conditional devices, an APRN to supervise the scan.	5/23/2024 7:19 PM
164	HRS sponsored clinical trials on safety of MRI on current non-Conditional CIEDs, including mixed systems and abandoned hardware	5/23/2024 7:16 PM
165	Need for Nonconditional guidelines/ Side effects noted	5/23/2024 7:02 PM
166	A more recent white paper on CIEDs and MRIs would be very helpful	5/23/2024 7:00 PM
167	I started with MRI and CIEDs in my country and I'm the head of Arrhythmia Service in the hospital. This center is the biggest in Argentina in MRI with 11 MRI 1,5 T and 3 T. With referral of all the country, about 3 per day.	5/23/2024 6:58 PM
168	Good	5/23/2024 6:47 PM
169	consider updating HRS guideline doc in next few years as increasing evidence	5/23/2024 6:46 PM

Challenges with MRIs for Patients with CIEDs

abandoned/epicardial OK. These are excluded from the CMS NCD and need to be covered

170	We need relaxed guidelines on mixed systems and older components like those found in the magna safe registry. We need a single website for component look up and safety that combines all 4 major US companies (MDT, Biot, Abbott/SJM, and BSCI) so the MRI radiology depts can help manage the burden. We need more education for non-device healthcare professionals like Radiologists, Rad techs, non-EP cardiology providers etc to be able to help with these requests. This is a HUGE drain and burden on device clinics. Radiologists need to be more invested and accountable as well.	5/23/2024 6:35 PM
171	HRS IS DOING WELL	5/23/2024 6:35 PM
172	Having mixed company devices as conditional if each piece of the system is conditional would be great and would lead to less wait time and less patients being turned away from MRI	5/23/2024 6:33 PM
173	We need to focus education on the radiology side of this issue.	5/23/2024 6:27 PM
174	Our device team and MD partnered together to give a presentation to our Radiology department fighting to scan Non-conditional MRI CIEDs. We were able to get it approved and scanned one device without incident. Radiology later pushed back and would not allow us to scan these patients again. I believe MRI facilities and Radiologists need to be educated on the risks as people of HRS have been.	5/23/2024 6:25 PM
175	Too cautious in general.	5/23/2024 6:11 PM
176	I run our CIED for MRI patients at our hospital. In our region (including several hospitals) we have never had an adverse outcome among thousands of scans on CIED patients.	5/23/2024 6:09 PM
177	N/A	5/23/2024 6:05 PM
178	It'd be necessary to have MRI compatible devices, especially for SCD patients.	5/23/2024 6:03 PM
179	More data regarding centers outcomes/research. especially with abandoned, fractured or epicardial leads	5/23/2024 6:03 PM
180	Evidence on non conditional MRI	5/23/2024 6:02 PM
181	The biggest hindrance to getting MRIs for our patients has been the radiology department.	5/23/2024 5:52 PM
182	A list of all brands of devices and leads, specifying if they are conditional or not conditional, the Tesla recommendation, and the issues reported in each devices to be aware of	5/23/2024 5:47 PM
183	I would like to see more on this at the annual meeting	5/23/2024 5:42 PM
184	We treat all devices as non-conditional, until work up in a virtual visit by EP APP; then an order is placed for the Device Clinic that includes device settings to be utilized for the MRI. We follow standard work with a good process. We usually have 3-6 CIED MRI's a day at one location; only during business hours (More system wide). If emergency request after hours, the request goes directly to EP cardiologist to triage (very rare).	5/23/2024 5:39 PM
185	Many of the devices are 3T rated and access is limited by 2018 guidelines that have not changed. We are moving away from issues with non-conditional as change out, lead revisions and such are more common. The lack of 1.5T availability is a tremendous impact on what we do	5/23/2024 5:36 PM
186	I observe many patients who are followed for device care in our clinic being denied MRIs by their local community hospitals, simply due to the presence of their devices. I agree that there is significant room for improvement with providing education to these providers, and there appears to be sufficient anecdotal evidence to support scanning most devices is safe. I would like to learn more about other facilities protocols for scanning, epicardial, leads, and temporary pacing leads (in extreme situations).	5/23/2024 5:34 PM
187	Out NPs write orders for MRI for CIEDs and then the reps program the devices. We do not interrogate the devices ourselves but use already existing interrogations. We review CXR to be sure there are no other abandoned leads or devices. There needs to be a standard for writing orders and who should write orders- managing EP office or EP office where MRI will be performed.	5/23/2024 5:34 PM
188	More effort engaging radiology would be helpful	5/23/2024 5:33 PM
189	Our hospital system is currently in the process of developing and now fixing a policy for this.	5/23/2024 5:30 PM

Challenges with MRIs for Patients with CIEDs

While it is better than it is 2 month ago, there is still consternation from the mri department about people with completely conditional systems. And pay off it comes down to not wanting to assume liability. The ACR guidelines actuality indicate that an MR physician should be the one evaluating and making decisions, and I agree that collaboration with cardiology is warranted in some scenarios, but radiology training should address this as well and they should be able to handle most of these decisions.

190	The evidence is all there . We jjust need regulatory bodies to endorse it	5/23/2024 5:27 PM
191	We just redid our MRI protocols. We clear MRI conditional systems with matching leads all the time; nonmatching leads all the time and MRI is okay with this. Nonconditional MRI systems require the EP to be in the control room. My clinic completes average of 5 MRI clearance forms daily (3 EP docs).	5/23/2024 5:26 PM
192	Interaction of HRS with other societies to provide adequate regulation valid for everyone.	5/23/2024 5:26 PM
193	I feel like the EMR should be able to help identify fully conditional devices. I think abandoned leads need to be approved. We have issues with ordering physicians that need the MRI not wanting to consent the patient and the patient ends up not having the testing.	5/23/2024 5:25 PM
194	More discussions and research on epicardial and capped leads in MRI machines.	5/23/2024 5:21 PM
195	Most people in a clinic aren't quite sure if the device and leads are ok. They will err on the side of caution if it is not an MRI conditional with the original leads.	5/23/2024 5:20 PM
196	We need to change the practice. The evidence is in favor to perform MRI in most devices, even if labeled non-MRI conditional. This is affecting a lot of our patients, especially due to the corporations running the hospitals and contracting with different vendors, currently my Hospital doesn't allow me to do replacements with the same brand anymore. This is really affecting our patients. They will not bulge, money is more important for them.	5/23/2024 5:18 PM
197	My comment is it is difficult to obtain an MRI for CIED patients because imaging facilities and many tertiary care hospitals in my area will not do them. The one hospital that will do them is booked out months because the CIED clinic has a limited number of slots for a CIED nurse or technician to interrogate and program the device before and after the MRI even if the device is fully MRI safe. I think HRS could help by offering educational programs for MRI providers and perhaps survey them to identify the reasons for their concerns.	5/23/2024 5:18 PM
198	biggest issue is that CMS doesn't pay for ambulatory MRI in fractured or abandoned leads---this adversely impacts patient care.	5/23/2024 5:15 PM
199	There are a couple of tertiary facilities that do MRIs on non-conditional systems but they are both outside of our city and about a 45-1 hour drive away which is a big burden on patients and also adds to the cost for the patient as well significantly delays care	5/23/2024 5:14 PM
200	Ner th	5/23/2024 5:12 PM
201	We were on an MRI FDA study scanning nonconditional devices. I believe we scanned between 1500-2000 patients with no complications. Patients that fall into a high risk category will have a consult to discuss the risks/benefits, but it is rare that we would decline an MRI for a patient. Because of that, we receive referrals from all over to do MRIs, which has caused us to be scheduled 3 months out with over 200 patients on a waiting list. Last year we scanned almost 2,000 patients and these volumes continue to increase. We require monitoring by an ACLS certified nurse, but hope HRS will change this in their guidelines with the amount of evidence and experience we have. At least for MR conditional systems. I do not know our totals, but I would estimate that we've scanned close to 3-4,000 patients with nonconditional systems without complications.	5/23/2024 5:10 PM
202	There should be a shift towards gradient of risk for non-conditional MRI patients and not absolute versus relative risk, such as the British Cardiovascular Society format). Also from reviewing the literature overall it seems older non-conditional devices are the highest risk for potential malfunction where newer non-conditional devices have a much lower risk of malfunction. This risk stratification has not been integrated into our guidelines. Below is conflicting information of various regulatory bodies which makes it challenging to create robust guidelines. Our CIED staff workload for monitoring patients during non-conditional MRIs has increased substantially which pulls away clinic staff resources. I think low risk non-conditional CIED patients should be considered to have less extensive clinical support than currently recommended. Also I have no idea how CIED MRI patients are financially coded but I could	5/23/2024 5:08 PM

Challenges with MRIs for Patients with CIEDs

not put N/A as an answer so I chose "adequate" In regards to abandon leads: HRS 2017 publication on MRI and Cardiac Devices does not place abandoned leads as an absolute contraindication but also does not give specific recommendations. They imply that consideration of scanning must be done with collaborative risk/benefit discussion as there is insufficient RCT large trials to comment definitively on the safety. Language around devices and MRIs are moving away from "relative" and "absolute" to assessing the gradient of risk. I reviewed British (2024), Netherland (2020), European (2013) guidelines and the International Society for Magnetic Resonance in Medicine (ISMRM) Safety Committee journal (2020). British and Netherland guidelines state abandon leads may be considered for scanning with comprehensive assessment (deemed as intermediate risk) and still support that fractured and epicardial leads are higher risk than abandoned leads. European guidelines do not support scanning of abandoned, epicardial or fractured leads, their literature is from 2013 or earlier and HRS, British, Netherland and ISMRM guidelines have been published more recently which include a handful of studies potentially supporting scanning abandoned leads in extenuating circumstances with risk/benefits understood. If anything there is a higher degree of uncertainty with epicardial leads which was accepted with our physician consensus here to be potentially considered for scanning in the future.

203	N/A	5/23/2024 5:07 PM
204	Should allow MRI on non-conditional device with device company rep support (need more clinical trial data on this as well)	5/23/2024 5:05 PM
205	1) All risks on modern devices and leads are theoretical (e.g. - pre-modern devices had reed switches, modern devices do not have reed switches) 2) Devices and leads are non-ferromagnetic 3) Epicardial leads have been scanned hundreds and possibly thousands of times without any adverse events 4) Any study that reports changes in impedance, capture threshold, arrhythmias during the MRI, or other adverse events MUST have a control group of patients without CIED (arrhythmias occur during MRI procedures in patients who don't have a CIED) and a control group of patients who did not undergo an MRI (impedances, capture thresholds, etc. have natural changes over time). 5) The probability that a patient needs an MRI in their lifetime is incredibly higher and for children approaches 100% 6) I would be cautious in allowing new guidelines to recommend that vitals need to be monitored in a patient with a modern generator but with a non-conditional system as this adds immense cost / time to device groups who support their patients who need an MRI with the understanding that zero significant adverse events have been reported in modern studies for these patients. 7) We must follow the litmus test of if it was our family member who needed an MRI, would be blanket ban them from that imaging modality if it is what they needed? 8) I am very interested in joining any committee to review these guidelines and standards and provide recommendations to the FDA and industry groups.	5/23/2024 5:03 PM
206	we need a document to explain to radiologists about safety in MRI and CEIDs, because they dont know and dont have interest to obtain this information. Need to be clear and easy.	5/23/2024 5:03 PM
207	Radiology departments need to provide support for these cases not EP	5/23/2024 5:01 PM
208	Sadly the VA facility I work for does not have an MRI protocol for cied pts. Due to staffing issues in MRI department for monitoring these pts. Therefore all CIED pts get referred out this does cause delays in care at times or MRI is completed but the report never makes it bk to the VA. This dose pose extra effort on myself to ensure I have secured a reliable MRI facility for our veterans. I am the only NP clinic that responds to all the MRI requests in addition to the usual device clinic pts we see on outpatient basis.	5/23/2024 4:59 PM
209	Need to make more meaningful inroads with radiologists and rdiology groups/depts. Our facility developed a cery safe and thorough non-conditional CIED MRI policy that was approved at the highest levels (including radiology) but has ultimately been brought to a halt by a few of the radiologists who were resistant to these changes and felt they were risking their medical licenses in doing these scans.	5/23/2024 4:59 PM
210	I think the evidence is pretty good, between Hopkins and Magnasafe, and other smaller studies.	5/23/2024 4:58 PM
211	Imaging providers who want to market their ability to do this should have dedicated physician extenders to run the program. Not all centers need to be able to do this. Should always use a 1.5 T scanner.	5/23/2024 4:56 PM
212	Currently, I alone function as the manager of CIEDs in the clinic and hospital in a rural setting	5/23/2024 4:56 PM

Challenges with MRIs for Patients with CIEDs

as part of a larger health system. I have had zero success getting MRIs on device patients locally despite adequate data demonstrating safety. The larger health system doesn't seem to care either way to change the current process. I think if HRS could provide a unifying voice for the safety of MRI in CIED patients this was help immensely.

213	Suggesting a multi-disciplinary approach with EP RN/NP and MRI team is the best way to be successful. We wrote a protocol in this manner and it has been quite effective.	5/23/2024 4:52 PM
214	Need to find some way to support better payment for device interrogation/management at the time of an MRI. Very labor and time-consuming with little benefit. This results in high volume of patients being sent to our academic center to get MRI as no other facilities are willing/able to provide the service.	5/23/2024 4:48 PM
215	there is current data supporting use of MRI in abandoned leads with appropriate precautions. I would like to see this expanded upon. This could facilitate patients being imaged and potentially reduce the need for extraction	5/23/2024 4:44 PM
216	We have no issues scanning conditional and non conditional systems at our academic medical center. But we have to deal with other hospitals nearby who will not scan unless we fill out their required paperwork for our patients with CIEDs to get the scan.	5/23/2024 4:43 PM
217	NA	5/23/2024 4:43 PM
218	When my son was having neurological event he was unable to get an MRI to assist in diagnosing.	5/23/2024 4:37 PM

Q32 Please provide your contact information if you are willing to share your CIED MRI protocol and/or participate in future CIED-MRI registry studies.

Answered: 318 Skipped: 569

ANSWER CHOICES	RESPONSES	
Name	99.37%	316
Institution	93.40%	297
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	91.51%	291
ZIP/Postal Code	0.00%	0
Country	97.48%	310
Email Address	97.80%	311
Phone Number	85.22%	271

#	NAME	DATE
1	Tina Baykaner	6/7/2024 5:04 AM
2	Seth Sheldon	6/6/2024 11:44 PM
3	Anne H. Dougherty	6/6/2024 11:00 AM
4	Christopher Lowery	6/6/2024 12:18 AM
5	Ijeoma A. Ekeruo	6/5/2024 8:19 PM
6	John Wylie	6/5/2024 7:30 PM
7	Elizabeth Sherwin	6/5/2024 6:34 PM
8	Elizabeth DeFrang	6/5/2024 11:44 AM
9	Nicole Wendt	6/5/2024 7:58 AM
10	Kelly Maroun	6/5/2024 6:20 AM
11	Alexander Maass	6/3/2024 12:52 AM
12	Satya Dhanumjaya	6/1/2024 11:08 PM
13	Raffaele Corbisiero	5/31/2024 11:14 AM
14	George Thomas	5/31/2024 8:16 AM
15	Tonye Teme	5/31/2024 7:12 AM
16	Mehran Jabbarzadeh, MD, MHRS	5/30/2024 6:49 PM
17	Cyndy Kao	5/30/2024 6:31 PM
18	Satish Misra	5/30/2024 5:54 PM

Challenges with MRIs for Patients with CIEDs

19	Lisa Roelle	5/30/2024 1:42 PM
20	Anne Hainley	5/30/2024 2:20 AM
21	Joan Byrnes	5/29/2024 11:05 PM
22	Erin Pardee	5/29/2024 9:42 PM
23	Jane Wisker	5/29/2024 6:50 PM
24	Casey Naylor	5/29/2024 3:32 PM
25	Sarah MacPherson	5/29/2024 2:28 PM
26	Pinky Bilimoria	5/29/2024 1:23 PM
27	John Roshan Jacob	5/29/2024 12:10 PM
28	Michael Oliveri PA-C	5/29/2024 10:00 AM
29	Melissa Le	5/29/2024 12:24 AM
30	Pratik Patel	5/28/2024 9:47 PM
31	LUIS ELVAS	5/28/2024 1:36 PM
32	Shannon Schauff	5/28/2024 12:26 PM
33	SALLIE GUSTAFSON	5/28/2024 12:05 PM
34	Elizabeth Garrity	5/28/2024 11:26 AM
35	Anya Gunn	5/28/2024 10:28 AM
36	Kyle michaelis	5/28/2024 9:17 AM
37	Shannon Sorescu	5/28/2024 9:06 AM
38	Rebecca Bearer	5/28/2024 8:38 AM
39	James O'Hara PhD, DrPH, DMSc, PA-C	5/28/2024 8:32 AM
40	lawrence rosenthal	5/28/2024 8:31 AM
41	Tracy Conner	5/28/2024 8:31 AM
42	TC Yung	5/28/2024 5:23 AM
43	Luis Scott	5/28/2024 12:22 AM
44	Shaun Mohan	5/27/2024 8:21 PM
45	Gerald S. Greer	5/27/2024 7:17 PM
46	Charles J. Love, MD	5/27/2024 6:52 PM
47	Alan	5/27/2024 5:12 PM
48	KAMAL ISGANDAROV	5/27/2024 3:04 PM
49	Martha Ferrara	5/27/2024 1:08 PM
50	Erich F Wedam	5/27/2024 12:09 PM
51	Steven Zweibel	5/27/2024 10:11 AM
52	Sunil Reddy	5/27/2024 9:12 AM
53	Darciuc Radu	5/27/2024 3:28 AM
54	Loren Budge	5/27/2024 1:21 AM
55	Kuldeep Shah	5/27/2024 12:57 AM
56	Julie Abduloska	5/26/2024 10:56 PM

Challenges with MRIs for Patients with CIEDs

57	Hilary Almeida	5/26/2024 7:46 PM
58	Penny Colvin	5/26/2024 7:17 PM
59	Heather Bloom	5/26/2024 6:09 PM
60	Karoly Kaszala	5/26/2024 5:39 PM
61	Kheyi	5/26/2024 4:02 PM
62	Katarzyna Piotrowska	5/26/2024 3:55 PM
63	Vitor Dornela de Oliveira	5/26/2024 3:46 PM
64	Yaariv Khaykin	5/26/2024 3:03 PM
65	Peter Jessel	5/26/2024 1:12 PM
66	Henry W Sesselberg	5/26/2024 9:02 AM
67	Colin Movsowitz	5/26/2024 9:01 AM
68	Ali Al-Mudamgha	5/26/2024 9:00 AM
69	Ralph Augostini	5/26/2024 8:26 AM
70	Francis Roosevelt (Rosey) Gilliam	5/26/2024 7:32 AM
71	Emily Zeitler	5/26/2024 7:05 AM
72	Sabrina Tsao	5/26/2024 5:48 AM
73	John C. Brandt	5/25/2024 11:31 PM
74	azcarraga	5/25/2024 9:53 PM
75	Subramaniam Krishnan	5/25/2024 8:41 PM
76	Joao Sousa	5/25/2024 8:40 PM
77	Jordan Prutkin	5/25/2024 8:20 PM
78	Melanie Maytin	5/25/2024 8:12 PM
79	Julia H Indik	5/25/2024 8:04 PM
80	Jorge McCormack	5/25/2024 6:58 PM
81	Peter Netzler	5/25/2024 6:04 PM
82	Bridget McIlraith	5/25/2024 5:38 PM
83	Michael Glikson	5/25/2024 5:13 PM
84	Evelyn Provell CNP	5/25/2024 5:05 PM
85	Javier E. Banchs	5/25/2024 5:01 PM
86	Dipak Shah	5/25/2024 3:46 PM
87	Maureen	5/25/2024 3:34 PM
88	Mark Richards, PhD MD	5/25/2024 3:15 PM
89	Simone Musco	5/25/2024 3:15 PM
90	Raul Weiss	5/25/2024 1:06 PM
91	Artur Filipecki	5/25/2024 12:32 PM
92	Raymond Schaerf	5/25/2024 12:24 PM
93	Marshall Winner	5/25/2024 12:23 PM
94	Adam R Shapira	5/25/2024 12:19 PM

Challenges with MRIs for Patients with CIEDs

95	Edward Lipman	5/25/2024 11:35 AM
96	Jeanne Poole	5/25/2024 11:24 AM
97	Kyle P. Hornsby	5/25/2024 10:19 AM
98	Paul Kohanski	5/25/2024 9:16 AM
99	Andrea Diefenthaler	5/25/2024 9:09 AM
100	Anna Streeter	5/25/2024 8:53 AM
101	Catherine Marshall	5/25/2024 8:46 AM
102	Robert Sheppard	5/25/2024 8:08 AM
103	Sachin Nayyar	5/25/2024 7:30 AM
104	Timothy Yeh	5/25/2024 7:10 AM
105	Sandeep Jain	5/25/2024 7:03 AM
106	Carolyn Ramwell	5/25/2024 7:01 AM
107	IGNACIO GIL ORTEGA	5/25/2024 6:40 AM
108	Anthony Moretta	5/25/2024 6:32 AM
109	Oliver Przibille	5/25/2024 6:14 AM
110	Chris Schulze	5/25/2024 5:55 AM
111	David zizek	5/25/2024 5:44 AM
112	François D. Regoli	5/25/2024 5:40 AM
113	Scott Logsdon	5/25/2024 4:47 AM
114	Randa N Tabbah	5/25/2024 2:44 AM
115	Jason Wildschut	5/25/2024 2:11 AM
116	Pangallo Antonio	5/25/2024 2:04 AM
117	Helge Immo lehmann	5/25/2024 1:51 AM
118	Tsveta Rahneva	5/25/2024 1:43 AM
119	Christine Meliones	5/25/2024 1:39 AM
120	James Grinnell	5/25/2024 12:49 AM
121	Jose Nazari, MD	5/24/2024 10:14 PM
122	Angela Anderson	5/24/2024 8:39 PM
123	Haojie Wang MD	5/24/2024 8:11 PM
124	Susan Anderson	5/24/2024 8:08 PM
125	N/A. We do not have a protocol as we do not offer this	5/24/2024 7:12 PM
126	Mina Mostafavifar	5/24/2024 6:15 PM
127	Klaus Witte	5/24/2024 6:14 PM
128	Ken choy	5/24/2024 4:59 PM
129	Frank Bracke	5/24/2024 4:35 PM
130	Reina Bianca Tan	5/24/2024 3:43 PM
131	STEFANO VIANI	5/24/2024 3:18 PM
132	jessica mullenix	5/24/2024 3:04 PM

Challenges with MRIs for Patients with CIEDs

133	Lajja Desai	5/24/2024 2:24 PM
134	Melanie Kapphahn-Bergs	5/24/2024 2:01 PM
135	Ann H. Zhang	5/24/2024 1:59 PM
136	Alaina Mathers	5/24/2024 1:56 PM
137	Gaurav Arora	5/24/2024 1:48 PM
138	Kathleen Blais	5/24/2024 1:43 PM
139	Nemer Samniah	5/24/2024 1:05 PM
140	Hingson M. Chun, MD	5/24/2024 1:03 PM
141	Charles Swerdlow	5/24/2024 12:25 PM
142	Dr Vivek S narayan Pillai	5/24/2024 12:06 PM
143	Charles Machell	5/24/2024 12:06 PM
144	David Singh	5/24/2024 12:02 PM
145	Janet K. Han	5/24/2024 11:55 AM
146	Frederic Paulin	5/24/2024 10:54 AM
147	Leila Laroussi	5/24/2024 10:51 AM
148	Diane Proctor	5/24/2024 10:46 AM
149	Sergio Conti	5/24/2024 10:15 AM
150	JC Pachon-M	5/24/2024 10:04 AM
151	Abhijeet B Shelke	5/24/2024 9:59 AM
152	Anjan Shah	5/24/2024 9:58 AM
153	Martin Burke	5/24/2024 9:48 AM
154	Francisco Aguilar	5/24/2024 9:42 AM
155	Tyler Boudreau	5/24/2024 9:28 AM
156	Mustafa Dabwan	5/24/2024 9:23 AM
157	Janice Marie Amsler	5/24/2024 9:15 AM
158	Joshua Kovach, MD	5/24/2024 9:00 AM
159	Laiden Suarez	5/24/2024 9:00 AM
160	Thomas Aschacher	5/24/2024 8:32 AM
161	Jennifer Wicks	5/24/2024 8:13 AM
162	David Turbay	5/24/2024 7:46 AM
163	Mary Johnston	5/24/2024 7:45 AM
164	Steve Leung	5/24/2024 7:36 AM
165	Andrew Hordes	5/24/2024 7:34 AM
166	David Margolis, MD	5/24/2024 7:22 AM
167	Anoop Gupta	5/24/2024 6:31 AM
168	Pedro Leonardo gil	5/24/2024 5:51 AM
169	jose mario baggio junior	5/24/2024 5:19 AM
170	Ritsushi Kato	5/24/2024 3:47 AM

Challenges with MRIs for Patients with CIEDs

171	Nikola Gjorgov, MD, PhD, FESC	5/24/2024 3:36 AM
172	Mark Sammut	5/24/2024 3:36 AM
173	Jonas Wörmann	5/24/2024 3:18 AM
174	Mahjoub Marouane	5/24/2024 2:55 AM
175	yuval konstantino	5/24/2024 2:25 AM
176	Kean Huat Neoh	5/24/2024 2:15 AM
177	Joshua Cooper	5/24/2024 2:01 AM
178	Kay sutton	5/24/2024 1:57 AM
179	Jennifer North	5/24/2024 1:39 AM
180	Senem Özgür	5/24/2024 1:27 AM
181	Vora Amit	5/24/2024 1:18 AM
182	Mustafa Adem Tatlısu	5/24/2024 1:07 AM
183	Andressa Piaia	5/24/2024 1:05 AM
184	Gisella Amoroso	5/24/2024 1:04 AM
185	Jüri Voitk	5/24/2024 1:00 AM
186	Stephanie Yoakum	5/24/2024 12:58 AM
187	Wilson Lam	5/24/2024 12:56 AM
188	daud shaukat	5/24/2024 12:20 AM
189	Inge McClory	5/24/2024 12:17 AM
190	Jan Elders	5/24/2024 12:05 AM
191	Stefan Bogdan	5/23/2024 11:56 PM
192	David Kessler	5/23/2024 11:42 PM
193	Ambrose Panico	5/23/2024 11:34 PM
194	Arfaat Khan	5/23/2024 11:33 PM
195	Michael Spartalis	5/23/2024 11:33 PM
196	Amir Schricker	5/23/2024 11:14 PM
197	yankai guo	5/23/2024 11:11 PM
198	william heddle	5/23/2024 11:10 PM
199	PABLO JOSE CASANOVA ZAMBRANO	5/23/2024 11:04 PM
200	Darren Peress	5/23/2024 10:38 PM
201	Diego Chemello	5/23/2024 10:29 PM
202	Akash Makkar	5/23/2024 10:28 PM
203	Melanie Durham	5/23/2024 10:27 PM
204	JORGE ENRIQUE VELASQUEZ	5/23/2024 10:07 PM
205	Alain Lebon	5/23/2024 9:50 PM
206	Sunthosh Parvathaneni	5/23/2024 9:48 PM
207	sridevi chennapragada	5/23/2024 9:43 PM
208	Colin Woodfield	5/23/2024 9:43 PM

Challenges with MRIs for Patients with CIEDs

209	Dan Address	5/23/2024 9:35 PM
210	Andrew Krahn	5/23/2024 9:32 PM
211	Roger Carrillo	5/23/2024 9:13 PM
212	Lindsey Gakenheimer-Smith	5/23/2024 9:09 PM
213	Michael Casciello, MD	5/23/2024 9:01 PM
214	Jay Erlebacher	5/23/2024 8:51 PM
215	Chander Mohan Thakur	5/23/2024 8:47 PM
216	Ray Schaerf	5/23/2024 8:44 PM
217	Jennifer Wright	5/23/2024 8:41 PM
218	Gabe Holland, PA-C	5/23/2024 8:40 PM
219	Doug Esberg	5/23/2024 8:25 PM
220	Dr. Sharan Badiger	5/23/2024 8:24 PM
221	John Ferrante	5/23/2024 8:23 PM
222	Manish Assar	5/23/2024 8:19 PM
223	Sachin Sondhi	5/23/2024 8:15 PM
224	Gabriel Vanerio	5/23/2024 8:13 PM
225	William M. Miles, MD	5/23/2024 8:13 PM
226	Suneet Mittal	5/23/2024 8:08 PM
227	Daniel Ninio	5/23/2024 7:59 PM
228	Courtney Remezas	5/23/2024 7:57 PM
229	Hailei Liu	5/23/2024 7:51 PM
230	Wynne Crawford	5/23/2024 7:49 PM
231	Adam Henry Zivin	5/23/2024 7:44 PM
232	Jennifer A. Feldman	5/23/2024 7:42 PM
233	Melinda Marks	5/23/2024 7:41 PM
234	Nicoleta Sora	5/23/2024 7:36 PM
235	Sid Mukerji	5/23/2024 7:28 PM
236	Ruth Burdett	5/23/2024 7:27 PM
237	Kirstan Clay-Weinfeld	5/23/2024 7:23 PM
238	Christian Hays	5/23/2024 7:21 PM
239	Joseph Dellorfan	5/23/2024 7:19 PM
240	Edward Toal	5/23/2024 7:16 PM
241	Kara Hulver	5/23/2024 7:11 PM
242	Taro Temma	5/23/2024 7:06 PM
243	Kate Stockey	5/23/2024 7:03 PM
244	Daniel Frisch	5/23/2024 7:02 PM
245	Susan Morrissey	5/23/2024 7:02 PM
246	Sergio Dubner	5/23/2024 7:01 PM

Challenges with MRIs for Patients with CIEDs

247	Deepthy Varghese	5/23/2024 7:00 PM
248	Luis A. Arabia	5/23/2024 6:58 PM
249	Xuan Duong	5/23/2024 6:47 PM
250	Andrew Epstein	5/23/2024 6:46 PM
251	Shannon Becker	5/23/2024 6:35 PM
252	José Carlos Medina Buenfil	5/23/2024 6:35 PM
253	mayer rashtian	5/23/2024 6:26 PM
254	Saige Brown	5/23/2024 6:25 PM
255	Armando Sanchez	5/23/2024 6:17 PM
256	Michael Belz	5/23/2024 6:13 PM
257	Christine King	5/23/2024 6:03 PM
258	naga narasimhareddy	5/23/2024 6:02 PM
259	Christian Adams	5/23/2024 5:47 PM
260	Kirsten Larsen-Vansant	5/23/2024 5:46 PM
261	Robert Drennan	5/23/2024 5:44 PM
262	Jason A Goebel	5/23/2024 5:40 PM
263	Anne Meyer	5/23/2024 5:39 PM
264	Yaw Adjei-Poku	5/23/2024 5:37 PM
265	Kenneth J Comeiro Jr MSN NP MBA	5/23/2024 5:36 PM
266	Mallory Swirka	5/23/2024 5:34 PM
267	Eileen Yeisley	5/23/2024 5:34 PM
268	Jason Cohen	5/23/2024 5:30 PM
269	Ker Boyce, MD	5/23/2024 5:26 PM
270	C.P. Allaart	5/23/2024 5:26 PM
271	Ann-Marie McLoney	5/23/2024 5:25 PM
272	Virinder Sidhu	5/23/2024 5:24 PM
273	Robert Sangrigoli	5/23/2024 5:23 PM
274	Shelee June Padhiar	5/23/2024 5:22 PM
275	jodie Hurwitz	5/23/2024 5:22 PM
276	Jay Dinerman	5/23/2024 5:20 PM
277	Robert G Hauser	5/23/2024 5:18 PM
278	michael morris	5/23/2024 5:15 PM
279	Crystal Patterson BSN, RN	5/23/2024 5:14 PM
280	MD TASFEEN	5/23/2024 5:12 PM
281	Erik Frick	5/23/2024 5:12 PM
282	andrew rubin	5/23/2024 5:11 PM
283	Mark Kiessling	5/23/2024 5:11 PM
284	Christine Kneeland	5/23/2024 5:10 PM

Challenges with MRIs for Patients with CIEDs

285	Suzette Turner	5/23/2024 5:08 PM
286	Allana Fantin	5/23/2024 5:08 PM
287	Aimee Lee	5/23/2024 5:07 PM
288	Thomas Gaspar	5/23/2024 5:07 PM
289	Mark Olson, PA-C	5/23/2024 5:03 PM
290	Erika Olivier Vilela Bragança	5/23/2024 5:03 PM
291	Bradley Knight	5/23/2024 5:01 PM
292	Michelle Madonis	5/23/2024 5:00 PM
293	Nathaniel Krueger	5/23/2024 4:59 PM
294	Charles A Henrikson	5/23/2024 4:58 PM
295	Kevin Shannon	5/23/2024 4:56 PM
296	bankin yousef	5/23/2024 4:56 PM
297	Gabriella Haftel BSN, CCDS	5/23/2024 4:55 PM
298	Anand Kenia	5/23/2024 4:53 PM
299	Jodi Myers	5/23/2024 4:53 PM
300	Stephanie Hull	5/23/2024 4:52 PM
301	Anne Kroman	5/23/2024 4:50 PM
302	Pamela K Mason	5/23/2024 4:46 PM
303	Smita bhalia	5/23/2024 4:45 PM
304	Steve Schwartz	5/23/2024 4:44 PM
305	Melanie Gannon	5/23/2024 4:43 PM
306	Ivaylo Tonchev	5/23/2024 4:43 PM
307	Marco Götte	5/23/2024 4:42 PM
308	Hans Moore	5/23/2024 4:41 PM
309	Jason Rubenstein	5/23/2024 4:40 PM
310	Kiran Jayaram	5/23/2024 4:38 PM
311	Kevin Parrott	5/23/2024 4:36 PM
312	MONICA SANCHEZ	5/23/2024 4:35 PM
313	Anne Gabriel	5/23/2024 4:35 PM
314	Raymond Kwong	5/23/2024 4:35 PM
315	Paul Maccaro	5/23/2024 4:34 PM
316	Christopher Liu	5/23/2024 12:14 PM
#	INSTITUTION	DATE
1	Stanford University	6/7/2024 5:04 AM
2	The University of Kansas Health System	6/6/2024 11:44 PM
3	UTHealth Houston	6/6/2024 11:00 AM
4	Kaiser Permanente Colorado	6/6/2024 12:18 AM
5	Memorial Hermann TMC	6/5/2024 8:19 PM

Challenges with MRIs for Patients with CIEDs

6	Steward Health	6/5/2024 7:30 PM
7	Children's National Hospital	6/5/2024 6:34 PM
8	Olympic Medical Center	6/5/2024 11:44 AM
9	University Hospitals Cleveland Medical Center	6/5/2024 6:20 AM
10	UMCG	6/3/2024 12:52 AM
11	Manipal hospitals	6/1/2024 11:08 PM
12	Deborah Heart and Lung Center	5/31/2024 11:14 AM
13	Weill Cornell medicine	5/31/2024 8:16 AM
14	Northwestern McHenry Hospital	5/31/2024 7:12 AM
15	Advocate Health	5/30/2024 6:49 PM
16	University of California Irvine Medical Center	5/30/2024 6:31 PM
17	Sanger Heart and Vascular Institute	5/30/2024 5:54 PM
18	Washington University in St. Louis	5/30/2024 1:42 PM
19	UCI Medical Center	5/30/2024 2:20 AM
20	UCSF	5/29/2024 11:05 PM
21	John Muir	5/29/2024 9:42 PM
22	Minneapolis Heart Institute	5/29/2024 6:50 PM
23	UR Medical Center	5/29/2024 3:32 PM
24	UVA Health	5/29/2024 2:28 PM
25	University of Washington Medical Center	5/29/2024 1:23 PM
26	Christian Medical College Vellore	5/29/2024 12:10 PM
27	NYU Langone Health East End Cardiology	5/29/2024 10:00 AM
28	University of Washington	5/29/2024 12:24 AM
29	Community Healthcare System	5/28/2024 9:47 PM
30	university coimbra hospital	5/28/2024 1:36 PM
31	University of Wisconsin	5/28/2024 12:26 PM
32	Emory Healthcare	5/28/2024 12:05 PM
33	Alaska Heart & Vascular Institute	5/28/2024 11:26 AM
34	UCHealth heart & Vascular Steamboat Springs	5/28/2024 10:28 AM
35	Sacramento Heart and Vascular	5/28/2024 9:17 AM
36	Emory University Hospital	5/28/2024 9:06 AM
37	Dubois Regional Cardiology Associates	5/28/2024 8:38 AM
38	Virginia Heart / Inova	5/28/2024 8:32 AM
39	umass memorial medical center	5/28/2024 8:31 AM
40	WUSTL	5/28/2024 8:31 AM
41	Hong Kong children's hospital	5/28/2024 5:23 AM
42	Mayo Clinic	5/28/2024 12:22 AM
43	University of Kentucky	5/27/2024 8:21 PM

Challenges with MRIs for Patients with CIEDs

44	Arkansas Cardiology	5/27/2024 7:17 PM
45	Johns Hopkins Hospital	5/27/2024 6:52 PM
46	Wimmer	5/27/2024 5:12 PM
47	OZEL ESKISEHIR ANADOLU HOSPITAL	5/27/2024 3:04 PM
48	White Plains Hospital	5/27/2024 1:08 PM
49	JHCP Heart Care- Johns Hopkins Medicine	5/27/2024 12:09 PM
50	Hartford HealthCare	5/27/2024 10:11 AM
51	Medpark International Hospital	5/27/2024 3:28 AM
52	Billings clinic	5/27/2024 1:21 AM
53	Mercyone Siouxland medical center	5/27/2024 12:57 AM
54	Northern Hospital	5/26/2024 10:56 PM
55	DHR	5/26/2024 7:46 PM
56	University of Utah	5/26/2024 7:17 PM
57	atlanta vamc	5/26/2024 6:09 PM
58	Richmond VAMC	5/26/2024 5:39 PM
59	Mohammed V military teaching hospital	5/26/2024 4:02 PM
60	DCOPiH in Wrocalw	5/26/2024 3:55 PM
61	HUCAM-UFES / Vitória Apart Hospital	5/26/2024 3:46 PM
62	Southlake Regional Health Centre	5/26/2024 3:03 PM
63	VA Portland Health Care System	5/26/2024 1:12 PM
64	Maine Medical Center	5/26/2024 9:02 AM
65	PAOLI Hospital	5/26/2024 9:01 AM
66	St Joseph's hospital	5/26/2024 9:00 AM
67	Ohio State University Wexner Medical Center	5/26/2024 8:26 AM
68	Prisma Cardiology	5/26/2024 7:32 AM
69	Dartmouth	5/26/2024 7:05 AM
70	The University of Hong Kong	5/26/2024 5:48 AM
71	Mission Hospital	5/25/2024 11:31 PM
72	medstar	5/25/2024 9:53 PM
73	Sutter Medical Center	5/25/2024 8:41 PM
74	Hospital Santa Maria	5/25/2024 8:40 PM
75	University of Washington	5/25/2024 8:20 PM
76	Brigham & Women's Hospital	5/25/2024 8:12 PM
77	Prisma Health upstate	5/25/2024 6:04 PM
78	Christchurch Hospital	5/25/2024 5:38 PM
79	Shaare Zedek MC	5/25/2024 5:13 PM
80	Monument Health	5/25/2024 5:05 PM
81	Baylor Scott & White Health	5/25/2024 5:01 PM

Challenges with MRIs for Patients with CIEDs

82	Ascension Providence	5/25/2024 3:46 PM
83	Kaiser NW	5/25/2024 3:34 PM
84	Plano Heart Hospital	5/25/2024 3:15 PM
85	Providence St. Patrick hospital	5/25/2024 3:15 PM
86	Mount Sinai Miami Beach	5/25/2024 1:06 PM
87	Uppersilesian Medical Center	5/25/2024 12:32 PM
88	Cedars Sinai Medical Center	5/25/2024 12:24 PM
89	TriHealth Heart Institute	5/25/2024 12:23 PM
90	Baylor Scott & White The Heart Hospital - Plano	5/25/2024 12:19 PM
91	Rush Copley	5/25/2024 11:35 AM
92	University of Washington	5/25/2024 11:24 AM
93	Indiana University Health Regional Academic Center Bloomington	5/25/2024 10:19 AM
94	University Hospitals of Cleveland	5/25/2024 9:16 AM
95	Michigan Medicine- University of Michigan Hospital	5/25/2024 9:09 AM
96	University of Virginia Health System	5/25/2024 8:53 AM
97	San Antonio Military Medical Center	5/25/2024 8:46 AM
98	The Heart Institute/Northside Hospital	5/25/2024 8:08 AM
99	Gold Coast University Hospital	5/25/2024 7:30 AM
100	Anaheim	5/25/2024 7:10 AM
101	UPMC	5/25/2024 7:03 AM
102	Childrens National Hosptial	5/25/2024 7:01 AM
103	ARRHYTHMYA UNIT. HOSPITAL UNIVERSITARIO SANTA LUCIA CARTAGENA	5/25/2024 6:40 AM
104	Sarasota Memorial Hospital	5/25/2024 6:32 AM
105	CCB	5/25/2024 6:14 AM
106	Cardiology Consultants of Philadelphia	5/25/2024 5:55 AM
107	University Medical Centre Ljubljana	5/25/2024 5:44 AM
108	Centro Cardiologico Ticino	5/25/2024 5:40 AM
109	Abbott	5/25/2024 4:47 AM
110	CHUNDS	5/25/2024 2:44 AM
111	QLD Children's Hospital	5/25/2024 2:11 AM
112	Large Metropolitan Hospital of Reggio Calabria	5/25/2024 2:04 AM
113	University of Michigan	5/25/2024 1:51 AM
114	Royal Brompton Hospital	5/25/2024 1:43 AM
115	Keck Medicine of USC	5/25/2024 12:49 AM
116	Endeavor Health	5/24/2024 10:14 PM
117	Altru Health System	5/24/2024 8:39 PM
118	BSW Heart&Vascular Heart Hospital- Dallas	5/24/2024 8:11 PM
119	VA MT Fort Harrison	5/24/2024 8:08 PM

Challenges with MRIs for Patients with CIEDs

120	OHSU	5/24/2024 6:15 PM
121	TCC	5/24/2024 4:59 PM
122	Catharina hospital Eindhoven	5/24/2024 4:35 PM
123	NYU Langone Health	5/24/2024 3:43 PM
124	AZIENDA OSPEDALIERO UNIVERSITARIA PISANA	5/24/2024 3:18 PM
125	va health durham	5/24/2024 3:04 PM
126	Lurie Children's Hospital/Northwestern University	5/24/2024 2:24 PM
127	Minneapolis Heart Insitute	5/24/2024 2:01 PM
128	Jesse Brown VA hospital	5/24/2024 1:59 PM
129	Genesis Healthcare	5/24/2024 1:56 PM
130	UPMC Children's Hospital of Pittsburgh	5/24/2024 1:48 PM
131	Care New England Cardiology	5/24/2024 1:43 PM
132	Bnai- Zion medical center	5/24/2024 1:05 PM
133	Straub Medical Center	5/24/2024 1:03 PM
134	GMC,Kannur,Pariyaram	5/24/2024 12:06 PM
135	Christus Good Shepherd	5/24/2024 12:06 PM
136	Queens medical center	5/24/2024 12:02 PM
137	VA Greater Los Angeles Healthcare System	5/24/2024 11:55 AM
138	Health Science Centre	5/24/2024 10:54 AM
139	Hôpital Sacré Cœur	5/24/2024 10:51 AM
140	Cincinnati Children's Hospital	5/24/2024 10:46 AM
141	ARNAS Civico	5/24/2024 10:15 AM
142	Sao Paulo University	5/24/2024 10:04 AM
143	Krishna vishwa vidyapeeth	5/24/2024 9:59 AM
144	University of Oklahoma	5/24/2024 9:58 AM
145	CorVita Science Foundation	5/24/2024 9:48 AM
146	UChicago Medicine Advent Health	5/24/2024 9:42 AM
147	Riverside Medical Center	5/24/2024 9:28 AM
148	YSH	5/24/2024 9:23 AM
149	Barnes Jewish Hospital	5/24/2024 9:15 AM
150	Medical College of Wisconsin - Children's Hospital	5/24/2024 9:00 AM
151	AIDC	5/24/2024 9:00 AM
152	Clinic Floridsdorf	5/24/2024 8:32 AM
153	Tampa General Hospital	5/24/2024 8:13 AM
154	VA healthcare	5/24/2024 7:45 AM
155	University of Kentucky	5/24/2024 7:36 AM
156	UNC Health Appalachian	5/24/2024 7:34 AM
157	Via Christi St Francis	5/24/2024 7:22 AM

Challenges with MRIs for Patients with CIEDs

158	Epic hospital	5/24/2024 6:31 AM
159	Sanatorio Aregentino de La Plata	5/24/2024 5:51 AM
160	Cardiology institute of Brasilia	5/24/2024 5:19 AM
161	Saitama Medical University, International Medical Center	5/24/2024 3:47 AM
162	Zan Mitrev Clinic	5/24/2024 3:36 AM
163	Mater Dei Hospital Malta	5/24/2024 3:36 AM
164	University Hospital Cologne	5/24/2024 3:18 AM
165	University Hospital Fattouma Bourguiba	5/24/2024 2:55 AM
166	soroka medical center	5/24/2024 2:25 AM
167	Temple University Hospital	5/24/2024 2:01 AM
168	Flinders Medical Centre	5/24/2024 1:57 AM
169	Kaiser Permanente	5/24/2024 1:39 AM
170	Etlik City Hospital	5/24/2024 1:27 AM
171	Istanbul Ataşehir International Hospital	5/24/2024 1:07 AM
172	Unimed Chapecó	5/24/2024 1:05 AM
173	Asl Cn1	5/24/2024 1:04 AM
174	North Estonia Medical Center Foundation	5/24/2024 1:00 AM
175	UCSD	5/24/2024 12:58 AM
176	Baylor College of Medicine / Texas Children's Hospital / Baylor St Luke's Med Center	5/24/2024 12:56 AM
177	Naz Hospital	5/24/2024 12:20 AM
178	Boulder Community Health	5/24/2024 12:17 AM
179	Canadius Wilhelminahospital	5/24/2024 12:05 AM
180	Elias Emergency University Hospital	5/23/2024 11:56 PM
181	Texas cardiac arrhythmia	5/23/2024 11:42 PM
182	Cardiovascular Associates of Mesa	5/23/2024 11:34 PM
183	Henry Ford Health	5/23/2024 11:33 PM
184	National and Kapodistrian University of Athens	5/23/2024 11:33 PM
185	Sutter Health, Mills-Peninsula Medical Center	5/23/2024 11:14 PM
186	flinders university/ flinders medical centre	5/23/2024 11:10 PM
187	RED ENDOCOR	5/23/2024 11:04 PM
188	Pima Heart / Tucson Medical Center	5/23/2024 10:38 PM
189	Hospital de Caridade Astrogildo de Azevedo	5/23/2024 10:29 PM
190	Arizona Heart Arrhythmia Associates	5/23/2024 10:28 PM
191	Baylor Heart and Vascular Hosp	5/23/2024 10:27 PM
192	SOMER INCARE	5/23/2024 10:07 PM
193	Saint Martin private hospital center	5/23/2024 9:50 PM
194	Mercy Hospital	5/23/2024 9:48 PM
195	AIG hospital	5/23/2024 9:43 PM

Challenges with MRIs for Patients with CIEDs

196	Launceston General Hospital	5/23/2024 9:43 PM
197	St. Paul's Hospital	5/23/2024 9:32 PM
198	Palmetto General Hospital	5/23/2024 9:13 PM
199	University of Utah	5/23/2024 9:09 PM
200	Coastal Carolina Health Care	5/23/2024 9:01 PM
201	Englewood Hospital and Medical Center	5/23/2024 8:51 PM
202	Abbott	5/23/2024 8:47 PM
203	Cedars Sinai Medical Center	5/23/2024 8:44 PM
204	University of Wisconsin	5/23/2024 8:41 PM
205	Alaska Heart & Vascular Institute	5/23/2024 8:40 PM
206	Lankenau Med Ctr	5/23/2024 8:25 PM
207	BLDE Deemed to be University	5/23/2024 8:24 PM
208	Georgia Heart Institute	5/23/2024 8:23 PM
209	Baylor University medical center	5/23/2024 8:19 PM
210	Mildura Base Hospital	5/23/2024 8:15 PM
211	CASMU	5/23/2024 8:13 PM
212	University of Florida, Gainesville	5/23/2024 8:13 PM
213	Valley Hospital	5/23/2024 8:08 PM
214	Advocate Health Care	5/23/2024 7:57 PM
215	The First Affiliated Hospital of Nanjing Medical University	5/23/2024 7:51 PM
216	Baptist Medical Center South	5/23/2024 7:49 PM
217	Swedish Heart and Vascular	5/23/2024 7:44 PM
218	Prisma Health	5/23/2024 7:42 PM
219	St. Luke's Regional Medical Center	5/23/2024 7:41 PM
220	Blekingesjukhuset Thoraxcentrum	5/23/2024 7:36 PM
221	UTP	5/23/2024 7:28 PM
222	Aurora St Luke's Medical Center	5/23/2024 7:27 PM
223	Pennsylvania Hospital	5/23/2024 7:23 PM
224	St Elizabeth Health System	5/23/2024 7:21 PM
225	Central Maine Heart and Vascular Institute	5/23/2024 7:19 PM
226	Royal Prince Alfred Hospital	5/23/2024 7:16 PM
227	Sentara RMH Medical Center	5/23/2024 7:11 PM
228	Hokkaido University	5/23/2024 7:06 PM
229	Hartford Healthcare	5/23/2024 7:03 PM
230	Thomas Jefferson University Hospital	5/23/2024 7:02 PM
231	University of Kansas Hospital	5/23/2024 7:02 PM
232	Clinica y maternidad Suizo Argentina	5/23/2024 7:01 PM
233	Northside Hospital	5/23/2024 7:00 PM

Challenges with MRIs for Patients with CIEDs

234	Instituto Oulton	5/23/2024 6:58 PM
235	Thu duc dist	5/23/2024 6:47 PM
236	University of Pennsylvania	5/23/2024 6:46 PM
237	navy hospital	5/23/2024 6:35 PM
238	Cheyenne Regional Medical Center	5/23/2024 6:25 PM
239	University of New Mexico	5/23/2024 6:17 PM
240	Kaiser Permanente Washington	5/23/2024 6:13 PM
241	Kaiser Permanente	5/23/2024 6:03 PM
242	Indus hospital	5/23/2024 6:02 PM
243	Fundación Valle de Lili	5/23/2024 5:47 PM
244	Heart South Cardiovascular Group, PC	5/23/2024 5:46 PM
245	Cardiovascular Institute Of The South	5/23/2024 5:44 PM
246	Grand Strand Medical Center	5/23/2024 5:40 PM
247	Essentia Health	5/23/2024 5:39 PM
248	Lovelace Medical Center	5/23/2024 5:37 PM
249	Brigham and Womens Hospital	5/23/2024 5:36 PM
250	University of Colorado Hospital	5/23/2024 5:34 PM
251	University of Iowa	5/23/2024 5:34 PM
252	Baylor Scott and White	5/23/2024 5:30 PM
253	Pinehurst Medical Clinic/FirstHealth of the carolinas	5/23/2024 5:26 PM
254	Amsterdam university medical center	5/23/2024 5:26 PM
255	BHMG Lexington Cardiology	5/23/2024 5:25 PM
256	Premier Health	5/23/2024 5:24 PM
257	Doylestown Health	5/23/2024 5:23 PM
258	UPMC Shadyside Hospital	5/23/2024 5:22 PM
259	Medical City Heart Hospital	5/23/2024 5:22 PM
260	Huntsville Hospital	5/23/2024 5:20 PM
261	Minneapolis Heart Institute Foundation	5/23/2024 5:18 PM
262	banner university medical center phoenix	5/23/2024 5:15 PM
263	LMH Health	5/23/2024 5:14 PM
264	Albama medical	5/23/2024 5:12 PM
265	Dept of Cardiology Skövde	5/23/2024 5:12 PM
266	Eisenhower Health	5/23/2024 5:11 PM
267	Dartmouth Health	5/23/2024 5:11 PM
268	Mayo Clinic Rochester	5/23/2024 5:10 PM
269	Sunnybrook	5/23/2024 5:08 PM
270	Foothills Medical Center Calgary Alberta Canada	5/23/2024 5:08 PM
271	Heart Center Dresden	5/23/2024 5:07 PM

Challenges with MRIs for Patients with CIEDs

272	The University of Iowa Stead Family Children's Hospital	5/23/2024 5:03 PM
273	RitmoCheck	5/23/2024 5:03 PM
274	Northwestern	5/23/2024 5:01 PM
275	Scarborough Health Network	5/23/2024 5:00 PM
276	Cheyenne Regional Medical Center	5/23/2024 4:59 PM
277	Oregon Health & Science University	5/23/2024 4:58 PM
278	UCLA	5/23/2024 4:56 PM
279	Heart and Vascular Center Glenwood Springs	5/23/2024 4:55 PM
280	Hamilton medical center	5/23/2024 4:53 PM
281	PRISMA Health	5/23/2024 4:53 PM
282	UC San Diego Health	5/23/2024 4:52 PM
283	Medical University of South Carolina	5/23/2024 4:50 PM
284	University of Virginia	5/23/2024 4:46 PM
285	Jakaya KIKWETE cardiac institute	5/23/2024 4:45 PM
286	Southern NH Medical Center	5/23/2024 4:44 PM
287	UAB	5/23/2024 4:43 PM
288	Flinders Medical Center	5/23/2024 4:43 PM
289	AmsterdamUMC	5/23/2024 4:42 PM
290	DC VAMC	5/23/2024 4:41 PM
291	MCW	5/23/2024 4:40 PM
292	Methodist	5/23/2024 4:38 PM
293	Baptist Louisville	5/23/2024 4:36 PM
294	Optum Electrophysiology	5/23/2024 4:35 PM
295	Brigham and Women's	5/23/2024 4:35 PM
296	Huntington Hospital, Northwell Health	5/23/2024 4:34 PM
297	Weill Cornell Medicine	5/23/2024 12:14 PM

#	ADDRESS	DATE
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There are no responses.

#	ADDRESS 2	DATE
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There are no responses.

#	CITY/TOWN	DATE
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There are no responses.

#	STATE/PROVINCE	DATE
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1	CA	6/7/2024 5:04 AM
2	KS	6/6/2024 11:44 PM
3	TX	6/6/2024 11:00 AM
4	CO	6/6/2024 12:18 AM
5	TX	6/5/2024 8:19 PM
6	MA	6/5/2024 7:30 PM

Challenges with MRIs for Patients with CIEDs

7	DC	6/5/2024 6:34 PM
8	Washington	6/5/2024 11:44 AM
9	WI	6/5/2024 7:58 AM
10	Ohio	6/5/2024 6:20 AM
11	Goa	6/1/2024 11:08 PM
12	NJ	5/31/2024 11:14 AM
13	Ny	5/31/2024 8:16 AM
14	IL	5/31/2024 7:12 AM
15	IL	5/30/2024 6:49 PM
16	CA	5/30/2024 6:31 PM
17	NC	5/30/2024 5:54 PM
18	Missouri	5/30/2024 1:42 PM
19	CA	5/30/2024 2:20 AM
20	CA	5/29/2024 11:05 PM
21	Ca	5/29/2024 9:42 PM
22	MN	5/29/2024 6:50 PM
23	NY	5/29/2024 3:32 PM
24	VA	5/29/2024 2:28 PM
25	WA	5/29/2024 1:23 PM
26	Tamilnadu	5/29/2024 12:10 PM
27	NY	5/29/2024 10:00 AM
28	WA	5/29/2024 12:24 AM
29	IN	5/28/2024 9:47 PM
30	Portugal	5/28/2024 1:36 PM
31	Wisconsin	5/28/2024 12:26 PM
32	Georgia	5/28/2024 12:05 PM
33	Alaska	5/28/2024 11:26 AM
34	Colorado	5/28/2024 10:28 AM
35	CA	5/28/2024 9:17 AM
36	GA	5/28/2024 9:06 AM
37	PA	5/28/2024 8:38 AM
38	VA	5/28/2024 8:32 AM
39	ma	5/28/2024 8:31 AM
40	MO	5/28/2024 8:31 AM
41	AZ	5/28/2024 12:22 AM
42	KY	5/27/2024 8:21 PM
43	AR	5/27/2024 7:17 PM
44	MD	5/27/2024 6:52 PM

Challenges with MRIs for Patients with CIEDs

45	Missouri	5/27/2024 5:12 PM
46	ESKISEHIR	5/27/2024 3:04 PM
47	NY	5/27/2024 1:08 PM
48	Maryland	5/27/2024 12:09 PM
49	CT	5/27/2024 10:11 AM
50	TX	5/27/2024 9:12 AM
51	MT	5/27/2024 1:21 AM
52	IOWA	5/27/2024 12:57 AM
53	Vic	5/26/2024 10:56 PM
54	TX	5/26/2024 7:46 PM
55	UT	5/26/2024 7:17 PM
56	GA	5/26/2024 6:09 PM
57	Va	5/26/2024 5:39 PM
58	Rabat	5/26/2024 4:02 PM
59	Wroclaw	5/26/2024 3:55 PM
60	ES	5/26/2024 3:46 PM
61	ON	5/26/2024 3:03 PM
62	Oregon	5/26/2024 1:12 PM
63	ME	5/26/2024 9:02 AM
64	PA	5/26/2024 9:01 AM
65	Ny	5/26/2024 9:00 AM
66	OH	5/26/2024 8:26 AM
67	SC	5/26/2024 7:32 AM
68	NH	5/26/2024 7:05 AM
69	N/A	5/26/2024 5:48 AM
70	N	5/25/2024 11:31 PM
71	dc	5/25/2024 9:53 PM
72	CALIFORNIA	5/25/2024 8:41 PM
73	WA	5/25/2024 8:20 PM
74	MA	5/25/2024 8:12 PM
75	AZ	5/25/2024 8:04 PM
76	FL	5/25/2024 6:58 PM
77	SC	5/25/2024 6:04 PM
78	Israae	5/25/2024 5:13 PM
79	S.D.	5/25/2024 5:05 PM
80	TX	5/25/2024 5:01 PM
81	MI	5/25/2024 3:46 PM
82	OR	5/25/2024 3:34 PM

Challenges with MRIs for Patients with CIEDs

83	Texas	5/25/2024 3:15 PM
84	MT	5/25/2024 3:15 PM
85	FL	5/25/2024 1:06 PM
86	Silesia	5/25/2024 12:32 PM
87	CA	5/25/2024 12:24 PM
88	OH	5/25/2024 12:23 PM
89	TX	5/25/2024 12:19 PM
90	IL	5/25/2024 11:35 AM
91	Washington	5/25/2024 11:24 AM
92	IN	5/25/2024 10:19 AM
93	Ohio	5/25/2024 9:16 AM
94	MI	5/25/2024 9:09 AM
95	VA	5/25/2024 8:53 AM
96	TX	5/25/2024 8:46 AM
97	FL	5/25/2024 8:08 AM
98	Qld	5/25/2024 7:30 AM
99	Ca	5/25/2024 7:10 AM
100	Pittsburgh	5/25/2024 7:03 AM
101	Washington DC	5/25/2024 7:01 AM
102	MURCIA	5/25/2024 6:40 AM
103	FL	5/25/2024 6:32 AM
104	Hessen	5/25/2024 6:14 AM
105	PA	5/25/2024 5:55 AM
106	Ljubljana	5/25/2024 5:44 AM
107	NE	5/25/2024 4:47 AM
108	Other	5/25/2024 2:44 AM
109	QLD	5/25/2024 2:11 AM
110	RC	5/25/2024 2:04 AM
111	Michigan	5/25/2024 1:51 AM
112	London	5/25/2024 1:43 AM
113	Tx	5/25/2024 1:39 AM
114	CA	5/25/2024 12:49 AM
115	IL	5/24/2024 10:14 PM
116	ND	5/24/2024 8:39 PM
117	Texas	5/24/2024 8:11 PM
118	Mt	5/24/2024 8:08 PM
119	OR	5/24/2024 6:15 PM
120	New York	5/24/2024 3:43 PM

Challenges with MRIs for Patients with CIEDs

121	nc	5/24/2024 3:04 PM
122	IL	5/24/2024 2:24 PM
123	MN	5/24/2024 2:01 PM
124	IL	5/24/2024 1:59 PM
125	OH	5/24/2024 1:56 PM
126	PA	5/24/2024 1:48 PM
127	RI	5/24/2024 1:43 PM
128	HI	5/24/2024 1:03 PM
129	CA	5/24/2024 12:25 PM
130	kerala	5/24/2024 12:06 PM
131	TX	5/24/2024 12:06 PM
132	Hi	5/24/2024 12:02 PM
133	CA	5/24/2024 11:55 AM
134	NL	5/24/2024 10:54 AM
135	Qc	5/24/2024 10:51 AM
136	Ohio	5/24/2024 10:46 AM
137	PA	5/24/2024 10:15 AM
138	SP	5/24/2024 10:04 AM
139	Karad , Maharashtra	5/24/2024 9:59 AM
140	OK	5/24/2024 9:58 AM
141	IL	5/24/2024 9:48 AM
142	IL	5/24/2024 9:42 AM
143	Illinois	5/24/2024 9:28 AM
144	Missouri	5/24/2024 9:15 AM
145	WI	5/24/2024 9:00 AM
146	Santo Domingo	5/24/2024 9:00 AM
147	Vienna	5/24/2024 8:32 AM
148	FL	5/24/2024 8:13 AM
149	TX	5/24/2024 7:46 AM
150	CT	5/24/2024 7:45 AM
151	KY	5/24/2024 7:36 AM
152	NC	5/24/2024 7:34 AM
153	KS	5/24/2024 7:22 AM
154	Gujarat	5/24/2024 6:31 AM
155	Buenos Aires	5/24/2024 5:51 AM
156	Brasilia	5/24/2024 5:19 AM
157	Saitama	5/24/2024 3:47 AM
158	Birkirkara	5/24/2024 3:36 AM

Challenges with MRIs for Patients with CIEDs

159	Monastir	5/24/2024 2:55 AM
160	Penang	5/24/2024 2:15 AM
161	PA	5/24/2024 2:01 AM
162	State	5/24/2024 1:57 AM
163	CA	5/24/2024 1:39 AM
164	Ankara	5/24/2024 1:27 AM
165	N/A	5/24/2024 1:07 AM
166	SC	5/24/2024 1:05 AM
167	CN	5/24/2024 1:04 AM
168	CA	5/24/2024 12:58 AM
169	Texas	5/24/2024 12:56 AM
170	Punjab	5/24/2024 12:20 AM
171	CO	5/24/2024 12:17 AM
172	Gelderland	5/24/2024 12:05 AM
173	Bucharest	5/23/2024 11:56 PM
174	Texas	5/23/2024 11:42 PM
175	Az	5/23/2024 11:34 PM
176	MI	5/23/2024 11:33 PM
177	Attiki	5/23/2024 11:33 PM
178	CA	5/23/2024 11:14 PM
179	xinjiang	5/23/2024 11:11 PM
180	Souith Australia	5/23/2024 11:10 PM
181	Machala	5/23/2024 11:04 PM
182	AZ	5/23/2024 10:38 PM
183	RS	5/23/2024 10:29 PM
184	AZ	5/23/2024 10:28 PM
185	TX	5/23/2024 10:27 PM
186	ANTIOQUIA	5/23/2024 10:07 PM
187	Caen	5/23/2024 9:50 PM
188	MO	5/23/2024 9:48 PM
189	Telangana	5/23/2024 9:43 PM
190	TAS	5/23/2024 9:43 PM
191	IL	5/23/2024 9:35 PM
192	BC	5/23/2024 9:32 PM
193	FL	5/23/2024 9:13 PM
194	UT	5/23/2024 9:09 PM
195	NC	5/23/2024 9:01 PM
196	NJ	5/23/2024 8:51 PM

Challenges with MRIs for Patients with CIEDs

197	CA	5/23/2024 8:44 PM
198	WI	5/23/2024 8:41 PM
199	AK	5/23/2024 8:40 PM
200	PA	5/23/2024 8:25 PM
201	Karnataka	5/23/2024 8:24 PM
202	GA	5/23/2024 8:23 PM
203	Texas	5/23/2024 8:19 PM
204	Victoria	5/23/2024 8:15 PM
205	Montevideo	5/23/2024 8:13 PM
206	Florida	5/23/2024 8:13 PM
207	NJ	5/23/2024 8:08 PM
208	SA	5/23/2024 7:59 PM
209	IL	5/23/2024 7:57 PM
210	Jiangsu	5/23/2024 7:51 PM
211	Alabama	5/23/2024 7:49 PM
212	Washington	5/23/2024 7:44 PM
213	SC	5/23/2024 7:42 PM
214	Idaho	5/23/2024 7:41 PM
215	Blekinge	5/23/2024 7:36 PM
216	TX	5/23/2024 7:28 PM
217	WI	5/23/2024 7:27 PM
218	PA	5/23/2024 7:23 PM
219	Ky	5/23/2024 7:21 PM
220	Maine	5/23/2024 7:19 PM
221	NSW	5/23/2024 7:16 PM
222	VA	5/23/2024 7:11 PM
223	Hokkaido	5/23/2024 7:06 PM
224	CT	5/23/2024 7:03 PM
225	PA	5/23/2024 7:02 PM
226	Kansas	5/23/2024 7:02 PM
227	Buenos Aires	5/23/2024 7:01 PM
228	GA	5/23/2024 7:00 PM
229	Córdoba	5/23/2024 6:58 PM
230	Hcm city	5/23/2024 6:47 PM
231	PA	5/23/2024 6:46 PM
232	MO	5/23/2024 6:35 PM
233	Distrito Federal	5/23/2024 6:35 PM
234	US-0-CA	5/23/2024 6:26 PM

Challenges with MRIs for Patients with CIEDs

235	WY	5/23/2024 6:25 PM
236	NM	5/23/2024 6:17 PM
237	WA	5/23/2024 6:13 PM
238	HI	5/23/2024 6:03 PM
239	Andhra Pradesh	5/23/2024 6:02 PM
240	Valle	5/23/2024 5:47 PM
241	AL	5/23/2024 5:46 PM
242	LA	5/23/2024 5:44 PM
243	SC	5/23/2024 5:40 PM
244	MN	5/23/2024 5:39 PM
245	NM	5/23/2024 5:37 PM
246	Massachusetts	5/23/2024 5:36 PM
247	CO	5/23/2024 5:34 PM
248	IA	5/23/2024 5:34 PM
249	TX	5/23/2024 5:30 PM
250	NC	5/23/2024 5:26 PM
251	KY	5/23/2024 5:25 PM
252	Ohio	5/23/2024 5:24 PM
253	PA	5/23/2024 5:23 PM
254	United States (+1)	5/23/2024 5:22 PM
255	Texas	5/23/2024 5:22 PM
256	AL	5/23/2024 5:20 PM
257	MN	5/23/2024 5:18 PM
258	AZ	5/23/2024 5:15 PM
259	KS	5/23/2024 5:14 PM
260	Alabama	5/23/2024 5:12 PM
261	California	5/23/2024 5:11 PM
262	NH	5/23/2024 5:11 PM
263	MN	5/23/2024 5:10 PM
264	ON	5/23/2024 5:08 PM
265	Alberta	5/23/2024 5:08 PM
266	Iowa	5/23/2024 5:03 PM
267	SP	5/23/2024 5:03 PM
268	IL	5/23/2024 5:01 PM
269	ON	5/23/2024 5:00 PM
270	Wyoming	5/23/2024 4:59 PM
271	Oregon	5/23/2024 4:58 PM
272	CA	5/23/2024 4:56 PM

Challenges with MRIs for Patients with CIEDs

273	Colorado	5/23/2024 4:55 PM
274	GA	5/23/2024 4:53 PM
275	SC	5/23/2024 4:53 PM
276	CA	5/23/2024 4:52 PM
277	SC	5/23/2024 4:50 PM
278	VA	5/23/2024 4:46 PM
279	Dar es salaam	5/23/2024 4:45 PM
280	NH	5/23/2024 4:44 PM
281	AL	5/23/2024 4:43 PM
282	South Australia	5/23/2024 4:43 PM
283	DC	5/23/2024 4:41 PM
284	WI	5/23/2024 4:40 PM
285	TX	5/23/2024 4:38 PM
286	KY	5/23/2024 4:36 PM
287	Individual	5/23/2024 4:35 PM
288	New York	5/23/2024 4:35 PM
289	MA	5/23/2024 4:35 PM
290	NY	5/23/2024 4:34 PM
291	NY	5/23/2024 12:14 PM

#	ZIP/POSTAL CODE	DATE
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There are no responses.

#	COUNTRY	DATE
1	United States	6/7/2024 5:04 AM
2	USA	6/6/2024 11:44 PM
3	United States	6/6/2024 11:00 AM
4	USA	6/6/2024 12:18 AM
5	USA	6/5/2024 8:19 PM
6	United States	6/5/2024 7:30 PM
7	USA	6/5/2024 6:34 PM
8	United States	6/5/2024 11:44 AM
9	United States	6/5/2024 7:58 AM
10	USA	6/5/2024 6:20 AM
11	The Netherlands	6/3/2024 12:52 AM
12	India	6/1/2024 11:08 PM
13	USA	5/31/2024 11:14 AM
14	Ny	5/31/2024 8:16 AM
15	United States	5/31/2024 7:12 AM
16	USA	5/30/2024 6:49 PM

Challenges with MRIs for Patients with CIEDs

17	United States	5/30/2024 6:31 PM
18	USA	5/30/2024 5:54 PM
19	United States	5/30/2024 1:42 PM
20	USA	5/30/2024 2:20 AM
21	USA	5/29/2024 11:05 PM
22	Usa	5/29/2024 9:42 PM
23	United States	5/29/2024 6:50 PM
24	USA	5/29/2024 3:32 PM
25	USA	5/29/2024 2:28 PM
26	USA	5/29/2024 1:23 PM
27	India	5/29/2024 12:10 PM
28	USA	5/29/2024 10:00 AM
29	US	5/29/2024 12:24 AM
30	United States	5/28/2024 9:47 PM
31	Portugal	5/28/2024 1:36 PM
32	USA	5/28/2024 12:26 PM
33	United States	5/28/2024 12:05 PM
34	United States	5/28/2024 11:26 AM
35	USA	5/28/2024 10:28 AM
36	United States	5/28/2024 9:17 AM
37	USA	5/28/2024 9:06 AM
38	USA	5/28/2024 8:38 AM
39	USA	5/28/2024 8:32 AM
40	usa	5/28/2024 8:31 AM
41	United States	5/28/2024 8:31 AM
42	USA	5/28/2024 12:22 AM
43	USA	5/27/2024 8:21 PM
44	United States	5/27/2024 7:17 PM
45	USA	5/27/2024 6:52 PM
46	United States	5/27/2024 5:12 PM
47	TURKIYE	5/27/2024 3:04 PM
48	United States	5/27/2024 1:08 PM
49	United States	5/27/2024 12:09 PM
50	United States	5/27/2024 10:11 AM
51	United States	5/27/2024 9:12 AM
52	Republic of Moldova	5/27/2024 3:28 AM
53	USA	5/27/2024 1:21 AM
54	United States	5/27/2024 12:57 AM

Challenges with MRIs for Patients with CIEDs

55	Australia	5/26/2024 10:56 PM
56	USA	5/26/2024 7:46 PM
57	United States	5/26/2024 7:17 PM
58	United States	5/26/2024 6:09 PM
59	Usa	5/26/2024 5:39 PM
60	Morocco	5/26/2024 4:02 PM
61	Poland	5/26/2024 3:55 PM
62	Brazil	5/26/2024 3:46 PM
63	Canada	5/26/2024 3:03 PM
64	USA	5/26/2024 1:12 PM
65	United States	5/26/2024 9:02 AM
66	Chester	5/26/2024 9:01 AM
67	USA	5/26/2024 9:00 AM
68	United States	5/26/2024 8:26 AM
69	United States	5/26/2024 7:32 AM
70	United States	5/26/2024 7:05 AM
71	Hong Kong	5/26/2024 5:48 AM
72	United States	5/25/2024 11:31 PM
73	United States	5/25/2024 9:53 PM
74	United States	5/25/2024 8:41 PM
75	Portugal	5/25/2024 8:40 PM
76	USA	5/25/2024 8:20 PM
77	United States	5/25/2024 8:12 PM
78	United States	5/25/2024 8:04 PM
79	United States	5/25/2024 6:58 PM
80	United States	5/25/2024 6:04 PM
81	New Zealand	5/25/2024 5:38 PM
82	Israel	5/25/2024 5:13 PM
83	USA	5/25/2024 5:05 PM
84	USA	5/25/2024 5:01 PM
85	United States	5/25/2024 3:46 PM
86	US	5/25/2024 3:34 PM
87	United States	5/25/2024 3:15 PM
88	USA	5/25/2024 3:15 PM
89	United States	5/25/2024 1:06 PM
90	Poland	5/25/2024 12:32 PM
91	USA	5/25/2024 12:24 PM
92	USA	5/25/2024 12:23 PM

Challenges with MRIs for Patients with CIEDs

93	United States	5/25/2024 12:19 PM
94	United States	5/25/2024 11:35 AM
95	King	5/25/2024 11:24 AM
96	United States	5/25/2024 10:19 AM
97	USA	5/25/2024 9:16 AM
98	United States	5/25/2024 9:09 AM
99	US	5/25/2024 8:53 AM
100	USA	5/25/2024 8:46 AM
101	United States	5/25/2024 8:08 AM
102	Australia	5/25/2024 7:30 AM
103	USA	5/25/2024 7:10 AM
104	PA	5/25/2024 7:03 AM
105	usa	5/25/2024 7:01 AM
106	SPAIN	5/25/2024 6:40 AM
107	United States	5/25/2024 6:32 AM
108	Germany	5/25/2024 6:14 AM
109	Usa	5/25/2024 5:55 AM
110	Slovenia	5/25/2024 5:44 AM
111	Switzerland	5/25/2024 5:40 AM
112	United Kingdom	5/25/2024 5:09 AM
113	ISA	5/25/2024 4:47 AM
114	Lebanon	5/25/2024 2:44 AM
115	Australia	5/25/2024 2:11 AM
116	Italia	5/25/2024 2:04 AM
117	London	5/25/2024 1:43 AM
118	USA	5/25/2024 12:49 AM
119	USA	5/24/2024 10:14 PM
120	United States	5/24/2024 8:39 PM
121	USA	5/24/2024 8:11 PM
122	USA	5/24/2024 8:08 PM
123	United States	5/24/2024 6:15 PM
124	Vereinigtes Königreich	5/24/2024 6:14 PM
125	Hong kong	5/24/2024 4:59 PM
126	Nederland	5/24/2024 4:35 PM
127	USA	5/24/2024 3:43 PM
128	ITALY	5/24/2024 3:18 PM
129	usa	5/24/2024 3:04 PM
130	USA	5/24/2024 2:24 PM

Challenges with MRIs for Patients with CIEDs

131	United States	5/24/2024 2:01 PM
132	USA	5/24/2024 1:59 PM
133	United States	5/24/2024 1:56 PM
134	United States	5/24/2024 1:48 PM
135	United States	5/24/2024 1:43 PM
136	Israel	5/24/2024 1:05 PM
137	USA	5/24/2024 1:03 PM
138	United States	5/24/2024 12:25 PM
139	India	5/24/2024 12:06 PM
140	USA	5/24/2024 12:06 PM
141	USA	5/24/2024 12:02 PM
142	USA	5/24/2024 11:55 AM
143	Canada	5/24/2024 10:54 AM
144	Canada	5/24/2024 10:51 AM
145	United States	5/24/2024 10:46 AM
146	Italy	5/24/2024 10:15 AM
147	Brasil	5/24/2024 10:04 AM
148	India	5/24/2024 9:59 AM
149	USA	5/24/2024 9:58 AM
150	USA	5/24/2024 9:48 AM
151	USA	5/24/2024 9:42 AM
152	USA	5/24/2024 9:28 AM
153	اليمن	5/24/2024 9:23 AM
154	United States	5/24/2024 9:15 AM
155	USA	5/24/2024 9:00 AM
156	Dominican Republic	5/24/2024 9:00 AM
157	Austria	5/24/2024 8:32 AM
158	United States	5/24/2024 8:13 AM
159	United States	5/24/2024 7:46 AM
160	US	5/24/2024 7:45 AM
161	USA	5/24/2024 7:36 AM
162	USA	5/24/2024 7:34 AM
163	USA	5/24/2024 7:22 AM
164	India	5/24/2024 6:31 AM
165	La Plata	5/24/2024 5:51 AM
166	BRazil	5/24/2024 5:19 AM
167	Japan	5/24/2024 3:47 AM
168	North Macedonia	5/24/2024 3:36 AM

Challenges with MRIs for Patients with CIEDs

169	Malta	5/24/2024 3:36 AM
170	Germany	5/24/2024 3:18 AM
171	Tunisie	5/24/2024 2:55 AM
172	israel	5/24/2024 2:25 AM
173	Malaysia	5/24/2024 2:15 AM
174	United States	5/24/2024 2:01 AM
175	Australia	5/24/2024 1:57 AM
176	USA	5/24/2024 1:39 AM
177	Turkey	5/24/2024 1:27 AM
178	India	5/24/2024 1:18 AM
179	Turkey	5/24/2024 1:07 AM
180	Brasil	5/24/2024 1:05 AM
181	Italia	5/24/2024 1:04 AM
182	Estonia	5/24/2024 1:00 AM
183	United States	5/24/2024 12:58 AM
184	United States	5/24/2024 12:56 AM
185	Pakistan	5/24/2024 12:20 AM
186	USA	5/24/2024 12:17 AM
187	Netherlands	5/24/2024 12:05 AM
188	Romania	5/23/2024 11:56 PM
189	United States	5/23/2024 11:42 PM
190	United States	5/23/2024 11:34 PM
191	United States	5/23/2024 11:33 PM
192	Greece	5/23/2024 11:33 PM
193	USA	5/23/2024 11:14 PM
194	中国	5/23/2024 11:11 PM
195	Australia	5/23/2024 11:10 PM
196	Ecuador	5/23/2024 11:04 PM
197	Pima	5/23/2024 10:38 PM
198	Brasil	5/23/2024 10:29 PM
199	United States	5/23/2024 10:28 PM
200	United States	5/23/2024 10:27 PM
201	COLOMBIA	5/23/2024 10:07 PM
202	France	5/23/2024 9:50 PM
203	United States	5/23/2024 9:48 PM
204	India	5/23/2024 9:43 PM
205	Australia	5/23/2024 9:43 PM
206	Us	5/23/2024 9:35 PM

Challenges with MRIs for Patients with CIEDs

207	Canada	5/23/2024 9:32 PM
208	United States	5/23/2024 9:13 PM
209	USA	5/23/2024 9:09 PM
210	USA	5/23/2024 9:01 PM
211	United States	5/23/2024 8:51 PM
212	India	5/23/2024 8:47 PM
213	USA	5/23/2024 8:44 PM
214	USA	5/23/2024 8:41 PM
215	United States	5/23/2024 8:40 PM
216	USA	5/23/2024 8:25 PM
217	India	5/23/2024 8:24 PM
218	USA	5/23/2024 8:23 PM
219	USA	5/23/2024 8:19 PM
220	Australia	5/23/2024 8:15 PM
221	Uruguay	5/23/2024 8:13 PM
222	USA	5/23/2024 8:13 PM
223	USA	5/23/2024 8:08 PM
224	Australia	5/23/2024 7:59 PM
225	United States	5/23/2024 7:57 PM
226	China	5/23/2024 7:51 PM
227	USA	5/23/2024 7:49 PM
228	United States	5/23/2024 7:44 PM
229	United States	5/23/2024 7:42 PM
230	United States	5/23/2024 7:41 PM
231	Sweden	5/23/2024 7:36 PM
232	USA	5/23/2024 7:28 PM
233	USA	5/23/2024 7:27 PM
234	United States	5/23/2024 7:23 PM
235	Usa	5/23/2024 7:21 PM
236	USA	5/23/2024 7:19 PM
237	Australia	5/23/2024 7:16 PM
238	United States	5/23/2024 7:11 PM
239	Japan	5/23/2024 7:06 PM
240	USA	5/23/2024 7:03 PM
241	USA	5/23/2024 7:02 PM
242	United States	5/23/2024 7:02 PM
243	Argentina	5/23/2024 7:01 PM
244	United States	5/23/2024 7:00 PM

Challenges with MRIs for Patients with CIEDs

245	Argentina	5/23/2024 6:58 PM
246	Vietnam	5/23/2024 6:47 PM
247	USA	5/23/2024 6:46 PM
248	United States	5/23/2024 6:35 PM
249	Mexico	5/23/2024 6:35 PM
250	United States	5/23/2024 6:26 PM
251	USA	5/23/2024 6:25 PM
252	United States	5/23/2024 6:17 PM
253	United States	5/23/2024 6:13 PM
254	USA	5/23/2024 6:03 PM
255	India	5/23/2024 6:02 PM
256	Colombia	5/23/2024 5:47 PM
257	USA	5/23/2024 5:46 PM
258	United States	5/23/2024 5:44 PM
259	United States	5/23/2024 5:40 PM
260	USA	5/23/2024 5:39 PM
261	United States	5/23/2024 5:36 PM
262	USA	5/23/2024 5:34 PM
263	United States	5/23/2024 5:34 PM
264	USA	5/23/2024 5:30 PM
265	USA	5/23/2024 5:26 PM
266	Netherlands	5/23/2024 5:26 PM
267	United States	5/23/2024 5:25 PM
268	Warren	5/23/2024 5:24 PM
269	USA	5/23/2024 5:23 PM
270	United States	5/23/2024 5:22 PM
271	United States	5/23/2024 5:22 PM
272	United States	5/23/2024 5:20 PM
273	United States	5/23/2024 5:18 PM
274	usa	5/23/2024 5:15 PM
275	United States	5/23/2024 5:14 PM
276	USA	5/23/2024 5:12 PM
277	Sweden	5/23/2024 5:12 PM
278	United States	5/23/2024 5:11 PM
279	US	5/23/2024 5:11 PM
280	USA	5/23/2024 5:10 PM
281	Canada	5/23/2024 5:08 PM
282	Canada	5/23/2024 5:08 PM

Challenges with MRIs for Patients with CIEDs

283	United States	5/23/2024 5:07 PM
284	Germany	5/23/2024 5:07 PM
285	52242	5/23/2024 5:03 PM
286	Brasil	5/23/2024 5:03 PM
287	USA	5/23/2024 5:01 PM
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294	US	5/23/2024 4:52 PM
295	USA	5/23/2024 4:50 PM
296	USA	5/23/2024 4:46 PM
297	Tanzania	5/23/2024 4:45 PM
298	United States	5/23/2024 4:44 PM
299	United States	5/23/2024 4:43 PM
300	Australia	5/23/2024 4:43 PM
301	Netherlands	5/23/2024 4:42 PM
302	USA	5/23/2024 4:41 PM
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305	USA	5/23/2024 4:36 PM
306	United States	5/23/2024 4:35 PM
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308	USA	5/23/2024 4:35 PM
309	United States	5/23/2024 4:34 PM
310	United States	5/23/2024 12:14 PM
#	EMAIL ADDRESS	DATE
1	tina4@stanford.edu	6/7/2024 5:04 AM
2	ssheldon@kumc.edu	6/6/2024 11:44 PM
3	Anne.H.Dougherty@uth.tmc.edu	6/6/2024 11:00 AM
4	christopherlowery34@gmail.com	6/6/2024 12:18 AM
5	ijeoma.a.ekeruo@uth.tmc.edu	6/5/2024 8:19 PM
6	jackwylie@gmail.com	6/5/2024 7:30 PM
7	edsherwin@childrensnational.org	6/5/2024 6:34 PM
8	edefrang@olympicmedical.org	6/5/2024 11:44 AM
9	nikki54902@gmail.com	6/5/2024 7:58 AM

Challenges with MRIs for Patients with CIEDs

10	Kelly.Maroun@uhhospitals.org	6/5/2024 6:20 AM
11	a.h.maass@umcg.nl	6/3/2024 12:52 AM
12	dhanu.yadla@gmail.com	6/1/2024 11:08 PM
13	corbisieror@deborah.org	5/31/2024 11:14 AM
14	get2007@mes.cornell.edu	5/31/2024 8:16 AM
15	tonyeteme@gmail.com	5/31/2024 7:12 AM
16	mehran.jabbarzadeh@aah.org	5/30/2024 6:49 PM
17	cyndyk@hs.uci.edu	5/30/2024 6:31 PM
18	satish.misra@atriumhealth.org	5/30/2024 5:54 PM
19	lisa.roelle@wustl.edu	5/30/2024 1:42 PM
20	ahainley@hs.uci.edu	5/30/2024 2:20 AM
21	joankbyrnes@gmail.com	5/29/2024 11:05 PM
22	erin.pardee@yahoo.com	5/29/2024 9:42 PM
23	janewisker@gmail.com	5/29/2024 6:50 PM
24	casey_naylor@urmc.rochester.edu	5/29/2024 3:32 PM
25	sej2v@uvahealth.org	5/29/2024 2:28 PM
26	pinkybil@uw.edu	5/29/2024 1:23 PM
27	johnroshanjacob@gmail.com	5/29/2024 12:10 PM
28	Michael.Oliveri@NYULANGONE.ORG	5/29/2024 10:00 AM
29	melissle@uw.edu	5/29/2024 12:24 AM
30	pratikpatel2@gmail.com	5/28/2024 9:47 PM
31	luisdvelvas@gmail.com	5/28/2024 1:36 PM
32	sschauff@uwhealth.org	5/28/2024 12:26 PM
33	sallie.gustafson@emoryhealthcare.org	5/28/2024 12:05 PM
34	egarrity@alaskaheart.com	5/28/2024 11:26 AM
35	anya.gunn@uchealth.org	5/28/2024 10:28 AM
36	kylemichaelis2019@gmail.com	5/28/2024 9:17 AM
37	shannon.kohler@emoryhealthcare.org	5/28/2024 9:06 AM
38	rgbearer@phhealthcare.org	5/28/2024 8:38 AM
39	johara@virginiaheart.com / irish100p@hotmail.com	5/28/2024 8:32 AM
40	lawrence.rosenthal@umassmemorial.org	5/28/2024 8:31 AM
41	ctracy@wustl.edu	5/28/2024 8:31 AM
42	scott.luis@mayo.edu	5/28/2024 12:22 AM
43	shaun.moha@uky.edu	5/27/2024 8:21 PM
44	sgreer@comcast.net	5/27/2024 7:17 PM
45	charles.love@jhu.edu	5/27/2024 6:52 PM
46	awimmer@saint-lukes.org	5/27/2024 5:12 PM
47	kemalazeri@hotmail.com	5/27/2024 3:04 PM

Challenges with MRIs for Patients with CIEDs

48	MFerrara@wphospital.org	5/27/2024 1:08 PM
49	efwedam@gmail.com	5/27/2024 12:09 PM
50	steven.zweibel@hhchealth.org	5/27/2024 10:11 AM
51	SunilReddyMD@gmail.com	5/27/2024 9:12 AM
52	rdarciuc@yahoo.com	5/27/2024 3:28 AM
53	lbudge@billingsclinic.org	5/27/2024 1:21 AM
54	drkuldeepshah@gmail.com	5/27/2024 12:57 AM
55	julie.abduloska@nh.org.au	5/26/2024 10:56 PM
56	pennydance23@hotmail.com	5/26/2024 7:17 PM
57	heather.bloom@va.gov	5/26/2024 6:09 PM
58	karoly.kaszala@va.gov	5/26/2024 5:39 PM
59	kheyi.jamal@gmail.com	5/26/2024 4:02 PM
60	khpiotrowska@wp.pl	5/26/2024 3:55 PM
61	vitordorneladeoliveira@gmail.com	5/26/2024 3:46 PM
62	ykhaykin@southlake.ca	5/26/2024 3:03 PM
63	jesselp@ohsu.edu	5/26/2024 1:12 PM
64	henry.sesselberg@mainehealth.org	5/26/2024 9:02 AM
65	colinm@ccpdocs.com	5/26/2024 9:01 AM
66	alieps11@gmail.com	5/26/2024 9:00 AM
67	ralph.augostini@osumc.edu	5/26/2024 8:26 AM
68	rosey.gilliam@prismahealth.org	5/26/2024 7:32 AM
69	emily.p.zeitler@hitchcock.org	5/26/2024 7:05 AM
70	stsao@hku.hk	5/26/2024 5:48 AM
71	brandtjc20@hotmail.com	5/25/2024 11:31 PM
72	krishnan_sc@hotmail.com	5/25/2024 8:41 PM
73	jmfrsousa@gmail.com	5/25/2024 8:40 PM
74	jprutkin@uw.edu	5/25/2024 8:20 PM
75	mmaytin@bwh.harvard.edu	5/25/2024 8:12 PM
76	jjindik@shc.arizona.edu	5/25/2024 8:04 PM
77	jorgemc@aol.com	5/25/2024 6:58 PM
78	peter.netzler@prismahealth.org	5/25/2024 6:04 PM
79	bridget.mcilraith@cdhb.health.nz	5/25/2024 5:38 PM
80	mglikson@szmc.org.il	5/25/2024 5:13 PM
81	eprovell@monument.health	5/25/2024 5:05 PM
82	javier.banchs@BSWHealth.org	5/25/2024 5:01 PM
83	dipak_2003@yahoo.com	5/25/2024 3:46 PM
84	Maureen.E.Chesser@KP.org	5/25/2024 3:34 PM
85	Simone.Musco@providence.org	5/25/2024 3:15 PM

Challenges with MRIs for Patients with CIEDs

86	raul.weiss@msmc.com	5/25/2024 1:06 PM
87	arturfilipecki@wp.pl	5/25/2024 12:32 PM
88	Raymond.schaerf@cshs.org or Raymondschaerf@gmail.com	5/25/2024 12:24 PM
89	mwinneriii@gmail.com	5/25/2024 12:23 PM
90	Adam.Shapira@BSWHEALTH.org	5/25/2024 12:19 PM
91	edlipman@yahoo.com	5/25/2024 11:35 AM
92	jpoole@uw.edu	5/25/2024 11:24 AM
93	khornsby@iuhealth.org	5/25/2024 10:19 AM
94	paul.kohanski@	5/25/2024 9:16 AM
95	Andrea6783@hotmail.com	5/25/2024 9:09 AM
96	Ass8xk@uvahealth.org	5/25/2024 8:53 AM
97	catherinedmarshall@yahoo.com	5/25/2024 8:46 AM
98	Robert.sheppard@hcahealthcare.com	5/25/2024 8:08 AM
99	sachinststephens@gmail.com	5/25/2024 7:30 AM
100	yehepconsultants@hotmail.com	5/25/2024 7:10 AM
101	jainsk@upmc.edu	5/25/2024 7:03 AM
102	cbramwell@childrensnational.org	5/25/2024 7:01 AM
103	ignaciogilortega@gmail.com	5/25/2024 6:40 AM
104	Moretta.md@gmail.com	5/25/2024 6:32 AM
105	o.przibille@ccb.de	5/25/2024 6:14 AM
106	cmschulze@yahoo.com	5/25/2024 5:55 AM
107	david.zizek@kclj.si	5/25/2024 5:44 AM
108	francois.regoli@hin.ch	5/25/2024 5:40 AM
109	scott.logsdon@abbott.com	5/25/2024 4:47 AM
110	drandatabbah22@hotmail.com	5/25/2024 2:44 AM
111	Jason.Wildschut@health.qld.gov.au	5/25/2024 2:11 AM
112	panganto@gmail.com	5/25/2024 2:04 AM
113	helge.i.lehmann@gmail.com	5/25/2024 1:51 AM
114	cveta.rahneva@gmail.com	5/25/2024 1:43 AM
115	christine.meliones@ith.tmc.edi	5/25/2024 1:39 AM
116	James.Grinnell@med.usc.edu	5/25/2024 12:49 AM
117	JNazari@northshore.org	5/24/2024 10:14 PM
118	angieanderson16@icloud.com	5/24/2024 8:39 PM
119	haojie.wang@bswhealth.org	5/24/2024 8:11 PM
120	sanderson626@gmail.com	5/24/2024 8:08 PM
121	mostafav@ohsu.edu	5/24/2024 6:15 PM
122	k.k.witte@leeds.ac.uk	5/24/2024 6:14 PM
123	kenchoymk@gmail.com	5/24/2024 4:59 PM

Challenges with MRIs for Patients with CIEDs

124	f.bracke@me.com	5/24/2024 4:35 PM
125	reina.tan@nyulangone.org	5/24/2024 3:43 PM
126	s.viani@ao-pisa.toscana.it	5/24/2024 3:18 PM
127	jessica.mullenix@va.gov	5/24/2024 3:04 PM
128	ldesai@luriechildrens.org	5/24/2024 2:24 PM
129	melanie.kapphahn@allina.com	5/24/2024 2:01 PM
130	ann.zhang@va.gov	5/24/2024 1:59 PM
131	amathers1972@gmail.com	5/24/2024 1:56 PM
132	Gaurav.Arora@chp.edu	5/24/2024 1:48 PM
133	kblais@kentri.org	5/24/2024 1:43 PM
134	samnn0001@gmail.com	5/24/2024 1:05 PM
135	HChun@Straub.Net	5/24/2024 1:03 PM
136	charles.swerdlow@cshs.org	5/24/2024 12:25 PM
137	docvivpillai@yahoo.com	5/24/2024 12:06 PM
138	chmachelltx@gmail.com	5/24/2024 12:06 PM
139	singhofheart@gmail.com	5/24/2024 12:02 PM
140	janet.han@va.gov	5/24/2024 11:55 AM
141	frederic.paulin@easternhealth.ca	5/24/2024 10:54 AM
142	liloularoussi@gmail.com	5/24/2024 10:51 AM
143	diane.proctor@cchmc.org	5/24/2024 10:46 AM
144	sergioconti.md@gmail.com	5/24/2024 10:15 AM
145	pachon@usp.br	5/24/2024 10:04 AM
146	panacea2005.abhijeet@gmail.com	5/24/2024 9:59 AM
147	anjan.shah@ouhealth.com	5/24/2024 9:58 AM
148	mburke@corvitahealth.org	5/24/2024 9:48 AM
149	fiveply@me.com	5/24/2024 9:42 AM
150	tboudreau2@rhc.net	5/24/2024 9:28 AM
151	alsheheri005@gmail.com	5/24/2024 9:23 AM
152	Janice.Amsler@bjc.org	5/24/2024 9:15 AM
153	jkovach@childrenswi.org	5/24/2024 9:00 AM
154	laidenf@gmail.com	5/24/2024 9:00 AM
155	thomasaschacher@msn.com	5/24/2024 8:32 AM
156	jwcrnp@gmail.com	5/24/2024 8:13 AM
157	dvdtrbay@yahoo.com	5/24/2024 7:46 AM
158	mary.johnston104@yahoo.com	5/24/2024 7:45 AM
159	steve.leung@uky.edu	5/24/2024 7:36 AM
160	andymd1@mail.com	5/24/2024 7:34 AM
161	david.margolis@ascension.org	5/24/2024 7:22 AM

Challenges with MRIs for Patients with CIEDs

162	anoopgupta@msn.com	5/24/2024 6:31 AM
163	pedrotiziano220736@gmail.com	5/24/2024 5:51 AM
164	jmbaggio@cardiol.br	5/24/2024 5:19 AM
165	ritsn@saitama-med.ac.jp	5/24/2024 3:47 AM
166	nikola.gjorgov@zmc.mk	5/24/2024 3:36 AM
167	markadrian.sammut@gmail.com	5/24/2024 3:36 AM
168	woerjon@googlemail.com	5/24/2024 3:18 AM
169	marouchmc@gmail.com	5/24/2024 2:55 AM
170	yuvalkon@clalit.org.il	5/24/2024 2:25 AM
171	nkh777@yahoo.com	5/24/2024 2:15 AM
172	joshua.cooper@tuhs.temple.edu	5/24/2024 2:01 AM
173	kaye.sutton@sa.gov.au	5/24/2024 1:57 AM
174	jnorthnp@yahoo.com	5/24/2024 1:39 AM
175	drsenemozgur@hotmail.com	5/24/2024 1:27 AM
176	amvora@hotmail.com	5/24/2024 1:18 AM
177	ademtatlisu@gmail.com	5/24/2024 1:07 AM
178	acpiaia@yahoo.com	5/24/2024 1:05 AM
179	amorosogisella@yahoo.it	5/24/2024 1:04 AM
180	gyri.voitk@regionaalhaigla.ee	5/24/2024 1:00 AM
181	syoakum@health.ucsd.edu	5/24/2024 12:58 AM
182	wlam@bcm.edu	5/24/2024 12:56 AM
183	daudshaukat@yahoo.com	5/24/2024 12:20 AM
184	imccclory@bch.ort	5/24/2024 12:17 AM
185	j.elders@cwz.nl	5/24/2024 12:05 AM
186	bogdan.stefan@spitalul-elias.ro	5/23/2024 11:56 PM
187	david.kessler@hcahealthcare.com	5/23/2024 11:42 PM
188	azepdoc@gmail.com	5/23/2024 11:34 PM
189	akhan2@hfhs.org	5/23/2024 11:33 PM
190	mspartalis@alumni.harvard.edu	5/23/2024 11:33 PM
191	amirschrick@gmail.com	5/23/2024 11:14 PM
192	guoyk0511@163.com	5/23/2024 11:11 PM
193	bill.heddle@flinders.edu.au	5/23/2024 11:10 PM
194	pablocasanova87@gmail.com	5/23/2024 11:04 PM
195	darrenperess@gmail.com	5/23/2024 10:38 PM
196	chemello.diego@gmail.com	5/23/2024 10:29 PM
197	amakkar@azhaas.com	5/23/2024 10:28 PM
198	millier.4145@hotmail.com	5/23/2024 10:27 PM
199	jevelasquez79@gmail.com	5/23/2024 10:07 PM

Challenges with MRIs for Patients with CIEDs

200	lebon.al1@gmail.com	5/23/2024 9:50 PM
201	sparvat1@yahoo.com	5/23/2024 9:48 PM
202	dr_csridevi@yahoo.com	5/23/2024 9:43 PM
203	colin.woodfield@ths.tas.gov.au	5/23/2024 9:43 PM
204	danandressmdmba@gmail.com	5/23/2024 9:35 PM
205	akrahn@mail.ubc.ca	5/23/2024 9:32 PM
206	rogercar@aol.com	5/23/2024 9:13 PM
207	lindseygake@gmail.com	5/23/2024 9:09 PM
208	dr.casciello@gmail.com	5/23/2024 9:01 PM
209	drerle@mac.com	5/23/2024 8:51 PM
210	raymondschaerf@gmail.com	5/23/2024 8:44 PM
211	jmwright@medicine.wisc.edu	5/23/2024 8:41 PM
212	gholland@alaskaheart.com	5/23/2024 8:40 PM
213	esbergdb@mlhs.org	5/23/2024 8:25 PM
214	sharanrb@rediffmail.com	5/23/2024 8:24 PM
215	jrferrante@netzero.net	5/23/2024 8:23 PM
216	manish.assar@bswhealth.org	5/23/2024 8:19 PM
217	ssachin119@gmail.com	5/23/2024 8:15 PM
218	ca40399@casmu.com	5/23/2024 8:13 PM
219	william.miles@medicine.ufl.edu	5/23/2024 8:13 PM
220	mittsu@valleyhealth.com	5/23/2024 8:08 PM
221	daniel.ninio@sa.gov.au	5/23/2024 7:59 PM
222	Courts49@aol.com	5/23/2024 7:57 PM
223	liuhailei@njmu.edu.cn	5/23/2024 7:51 PM
224	mca009@aol.com	5/23/2024 7:49 PM
225	adam.zivin@swedish.org	5/23/2024 7:44 PM
226	jennyfeldm@gmail.com	5/23/2024 7:42 PM
227	mmarks@slhs.org	5/23/2024 7:41 PM
228	orsaminor@gmail.com	5/23/2024 7:36 PM
229	smukerjim@gmail.com	5/23/2024 7:28 PM
230	ruthiroo@yahoo.com	5/23/2024 7:27 PM
231	kbraingirl@ymail.com	5/23/2024 7:23 PM
232	jchays1@mac.com	5/23/2024 7:21 PM
233	joe@dellorfano.net	5/23/2024 7:19 PM
234	edward.toal@health.nsw.gov.au	5/23/2024 7:16 PM
235	krhulver@gmail.com	5/23/2024 7:11 PM
236	ttemma@med.hokudai.ac.jp	5/23/2024 7:06 PM
237	kate.cieslowski@gmail.com	5/23/2024 7:03 PM

Challenges with MRIs for Patients with CIEDs

238	daniel.frisch@jefferson.edu	5/23/2024 7:02 PM
239	suesmorrissey@gmail.com	5/23/2024 7:02 PM
240	dubnermd@gmail.com	5/23/2024 7:01 PM
241	deevarghese82@gmail.com	5/23/2024 7:00 PM
242	luisarabi@hotmail.com	5/23/2024 6:58 PM
243	duongbme04@gmail.com	5/23/2024 6:47 PM
244	andrew.epstein@pennmedicine.upenn.edu	5/23/2024 6:46 PM
245	shannon.d.becker@gmail.com	5/23/2024 6:35 PM
246	carbuenfil@prodigy.net.mx	5/23/2024 6:35 PM
247	mmashtianmd@gmail.com	5/23/2024 6:26 PM
248	saige.brown@crmcwy.org	5/23/2024 6:25 PM
249	armsanch@gmail.com	5/23/2024 6:17 PM
250	michael.k.belz@kp.org	5/23/2024 6:13 PM
251	christine.m.king@kp.org	5/23/2024 6:03 PM
252	naganarasimhareddy@gmail.com	5/23/2024 6:02 PM
253	adams.cardiologia@gmail.com	5/23/2024 5:47 PM
254	klarsen@heartsouthpc.com	5/23/2024 5:46 PM
255	robert.drennan@cardio.com	5/23/2024 5:44 PM
256	goebelja@gmail.com	5/23/2024 5:40 PM
257	anne.meyer@essentiahealth.org	5/23/2024 5:39 PM
258	dryawpoku@gmail.com	5/23/2024 5:37 PM
259	KCOMEIRO@BWH.HARVARD.EDU	5/23/2024 5:36 PM
260	mallory.swirka@cuanschutz.edu	5/23/2024 5:34 PM
261	eileen-yeisley@uiowa.edu	5/23/2024 5:34 PM
262	jasoncohen86@gmail.com	5/23/2024 5:30 PM
263	kboyce@pinehurstmedicalclinic.com	5/23/2024 5:26 PM
264	cp.allaart@amsterdamumc.nl	5/23/2024 5:26 PM
265	ann-marie.mcloney@bhsi.com	5/23/2024 5:25 PM
266	vsidhu72@gmail.com	5/23/2024 5:24 PM
267	rsangrigoli@dh.org	5/23/2024 5:23 PM
268	shamrockshelee@aol.com	5/23/2024 5:22 PM
269	jhurwitz@nthc.com	5/23/2024 5:22 PM
270	jdinerman@me.com	5/23/2024 5:20 PM
271	rhauser747@gmail.com	5/23/2024 5:18 PM
272	michael.morris@bannerhealth.com	5/23/2024 5:15 PM
273	crystlku@gmail.com	5/23/2024 5:14 PM
274	1221aasad@gmail.com	5/23/2024 5:12 PM
275	erik.frick@vgregion.se	5/23/2024 5:12 PM

Challenges with MRIs for Patients with CIEDs

276	arubin@desertcard.com	5/23/2024 5:11 PM
277	mark.h.kiessling@hitchcock.org	5/23/2024 5:11 PM
278	kneeland.christine@mayo.edu	5/23/2024 5:10 PM
279	suzette.turner@sunnybrook.ca	5/23/2024 5:08 PM
280	allana.fantin@albertahealthservices.ca	5/23/2024 5:08 PM
281	ailee@stanfordmed.org	5/23/2024 5:07 PM
282	gasparthomas@hotmail.com	5/23/2024 5:07 PM
283	mark-olson@uiowa.edu	5/23/2024 5:03 PM
284	oliviererika@hotmail.com	5/23/2024 5:03 PM
285	bknight@nm.org	5/23/2024 5:01 PM
286	Mmadonis@shn.ca	5/23/2024 5:00 PM
287	nathaniel.krueger@crmcwy.org	5/23/2024 4:59 PM
288	HENRIKSO@OHSU.EDU	5/23/2024 4:58 PM
289	kshannon@mednet.ucla.edu	5/23/2024 4:56 PM
290	bankinyousef@gmail.com	5/23/2024 4:56 PM
291	leonard.ilkhanoff@gmail.com	5/23/2024 4:55 PM
292	ghaftel vvh.org	5/23/2024 4:55 PM
293	akenia@hhcs.org	5/23/2024 4:53 PM
294	jodi.myers@prismahealth.org	5/23/2024 4:53 PM
295	smwynn@health.ucsd.edu	5/23/2024 4:52 PM
296	kroman@musc.edu	5/23/2024 4:50 PM
297	pkm5f@virginia.edu	5/23/2024 4:46 PM
298	sbhaliaa@gmail.com	5/23/2024 4:45 PM
299	steven.schwartz@snhhs.org	5/23/2024 4:44 PM
300	mgannon@uabmc.edu	5/23/2024 4:43 PM
301	ivailortonchev@gmail.com	5/23/2024 4:43 PM
302	mjlw.gotte@amsterdamumc.nl	5/23/2024 4:42 PM
303	Hans.Moore@VA.GOV	5/23/2024 4:41 PM
304	jrubenstein@mcw.edu	5/23/2024 4:40 PM
305	kiran.jayaram@mhshealth.com	5/23/2024 4:38 PM
306	kevin.parrott@bhsi.com	5/23/2024 4:36 PM
307	monica.sanchez@bjc.org	5/23/2024 4:35 PM
308	agabriel@prohealthcare.com	5/23/2024 4:35 PM
309	rykwong@bwh.harvard.edu	5/23/2024 4:35 PM
310	pmaccaro@northwell.edu	5/23/2024 4:34 PM
311	chl7001@med.cornell.edu	5/23/2024 12:14 PM
#	PHONE NUMBER	DATE
1	6179479114	6/7/2024 5:04 AM

Challenges with MRIs for Patients with CIEDs

2	7135006590	6/6/2024 11:00 AM
3	3032465536	6/6/2024 12:18 AM
4	713 385 1925	6/5/2024 8:19 PM
5	6179745126	6/5/2024 7:30 PM
6	2024766771	6/5/2024 6:34 PM
7	3605659360	6/5/2024 11:44 AM
8	9202672255	6/5/2024 7:58 AM
9	2169834704	6/5/2024 6:20 AM
10	+31-503612355	6/3/2024 12:52 AM
11	9850661237	6/1/2024 11:08 PM
12	6097352910	5/31/2024 11:14 AM
13	2127462168	5/31/2024 8:16 AM
14	7654095723	5/31/2024 7:12 AM
15	847-367-7171	5/30/2024 6:49 PM
16	9498646379	5/30/2024 6:31 PM
17	9192715335	5/30/2024 5:54 PM
18	314-454-5612	5/30/2024 1:42 PM
19	6128108584	5/29/2024 6:50 PM
20	585-273-4283	5/29/2024 3:32 PM
21	434-566-9712	5/29/2024 2:28 PM
22	+919443312680	5/29/2024 12:10 PM
23	631-727-2100	5/29/2024 10:00 AM
24	512-739-1239	5/29/2024 12:24 AM
25	7063383373	5/28/2024 9:47 PM
26	+351 239400400	5/28/2024 1:36 PM
27	4043910862	5/28/2024 12:05 PM
28	907-444-2854	5/28/2024 11:26 AM
29	9708702904	5/28/2024 10:28 AM
30	7076853602	5/28/2024 9:17 AM
31	678-365-9066	5/28/2024 9:06 AM
32	814-375-3184	5/28/2024 8:38 AM
33	210-441-2230	5/28/2024 8:32 AM
34	774-441-6649	5/28/2024 8:31 AM
35	3035062841	5/28/2024 8:31 AM
36	8593236754	5/27/2024 8:21 PM
37	5013513535	5/27/2024 7:17 PM
38	614-395-8133	5/27/2024 6:52 PM
39	816-751-8325	5/27/2024 5:12 PM

Challenges with MRIs for Patients with CIEDs

40	00905305155393	5/27/2024 3:04 PM
41	914-849-2690	5/27/2024 1:08 PM
42	2022512870	5/27/2024 12:09 PM
43	8605199885	5/27/2024 10:11 AM
44	3147196448	5/27/2024 9:12 AM
45	+373 69459077	5/27/2024 3:28 AM
46	4062382005	5/27/2024 1:21 AM
47	9178322688	5/27/2024 12:57 AM
48	0431646575	5/26/2024 10:56 PM
49	8013100028	5/26/2024 7:17 PM
50	9165483563	5/26/2024 6:09 PM
51	8046755466	5/26/2024 5:39 PM
52	00212661291739	5/26/2024 4:02 PM
53	+5527993214343	5/26/2024 3:46 PM
54	4165604699	5/26/2024 3:03 PM
55	734-754-0861	5/26/2024 1:12 PM
56	2153705409	5/26/2024 9:01 AM
57	3157272063	5/26/2024 9:00 AM
58	6145579682	5/26/2024 8:26 AM
59	8037749797	5/26/2024 7:32 AM
60	9192648778	5/26/2024 7:05 AM
61	+852 9185 2699	5/26/2024 5:48 AM
62	8647104089	5/25/2024 11:31 PM
63	916-887-4040	5/25/2024 8:41 PM
64	00351966020103	5/25/2024 8:40 PM
65	2065984690	5/25/2024 8:20 PM
66	2022580000	5/25/2024 8:12 PM
67	5207806367	5/25/2024 8:04 PM
68	7274344495	5/25/2024 6:58 PM
69	8646402286	5/25/2024 6:04 PM
70	972526667128	5/25/2024 5:13 PM
71	javier.banchs@BSWHealth.org	5/25/2024 5:01 PM
72	5037994917	5/25/2024 3:34 PM
73	14062416488	5/25/2024 3:15 PM
74	+48 501525633	5/25/2024 12:32 PM
75	8185153566	5/25/2024 12:24 PM
76	5136670277	5/25/2024 12:23 PM
77	2145070824	5/25/2024 12:19 PM

Challenges with MRIs for Patients with CIEDs

78	6309170933	5/25/2024 11:35 AM
79	2063901505	5/25/2024 11:24 AM
80	8123401220	5/25/2024 10:19 AM
81	440 844 2482	5/25/2024 9:16 AM
82	4193511592	5/25/2024 9:09 AM
83	8452691488	5/25/2024 8:53 AM
84	6184099801	5/25/2024 8:46 AM
85	7274638023	5/25/2024 8:08 AM
86	0449608541	5/25/2024 7:30 AM
87	9493782882	5/25/2024 7:10 AM
88	4123370351	5/25/2024 7:03 AM
89	0034696166572	5/25/2024 6:40 AM
90	6467519368	5/25/2024 6:32 AM
91	0049 69 945028338	5/25/2024 6:14 AM
92	2154078471	5/25/2024 5:55 AM
93	+41 79 269 4908	5/25/2024 5:40 AM
94	5312159573	5/25/2024 4:47 AM
95	70238849	5/25/2024 2:44 AM
96	3389450947	5/25/2024 2:04 AM
97	5072616197	5/25/2024 1:51 AM
98	+447773223158	5/25/2024 1:43 AM
99	9194343982	5/25/2024 1:39 AM
100	3238651049	5/25/2024 12:49 AM
101	8477573301	5/24/2024 10:14 PM
102	2182779056	5/24/2024 8:39 PM
103	4698007400	5/24/2024 8:11 PM
104	5059173915	5/24/2024 6:15 PM
105	07768254073	5/24/2024 6:14 PM
106	+852 55444661	5/24/2024 4:59 PM
107	0032494775481	5/24/2024 4:35 PM
108	7187105224	5/24/2024 3:43 PM
109	312-227-4100	5/24/2024 2:24 PM
110	7406071276	5/24/2024 1:56 PM
111	4126926054	5/24/2024 1:48 PM
112	4016814996	5/24/2024 1:43 PM
113	972547542818	5/24/2024 1:05 PM
114	808-522-2547	5/24/2024 1:03 PM
115	3107294102	5/24/2024 12:25 PM

Challenges with MRIs for Patients with CIEDs

116	+91 8129093071	5/24/2024 12:06 PM
117	2108622197	5/24/2024 12:06 PM
118	8083541935	5/24/2024 12:02 PM
119	3109684750	5/24/2024 11:55 AM
120	4035613346	5/24/2024 10:54 AM
121	5149926948	5/24/2024 10:51 AM
122	513-636-7864	5/24/2024 10:46 AM
123	+393396408321	5/24/2024 10:15 AM
124	11963970703	5/24/2024 10:04 AM
125	8978623010	5/24/2024 9:59 AM
126	405-343-1061	5/24/2024 9:58 AM
127	7735208322	5/24/2024 9:48 AM
128	2036682975	5/24/2024 9:42 AM
129	815-386-4258	5/24/2024 9:28 AM
130	0777159005	5/24/2024 9:23 AM
131	3142295374	5/24/2024 9:15 AM
132	414-266-3407	5/24/2024 9:00 AM
133	8299861698	5/24/2024 9:00 AM
134	4129135892	5/24/2024 8:13 AM
135	9152388869	5/24/2024 7:46 AM
136	8607989426	5/24/2024 7:45 AM
137	8596086397	5/24/2024 7:36 AM
138	8282649664	5/24/2024 7:34 AM
139	3166559949	5/24/2024 7:22 AM
140	+919825611033	5/24/2024 6:31 AM
141	+5492215406802	5/24/2024 5:51 AM
142	5561981123107	5/24/2024 5:19 AM
143	+81-492-984-4111	5/24/2024 3:47 AM
144	+35699238013	5/24/2024 3:36 AM
145	+4917699992357	5/24/2024 3:18 AM
146	98405482	5/24/2024 2:55 AM
147	972506912613	5/24/2024 2:25 AM
148	0164407009	5/24/2024 2:15 AM
149	215-707-7526	5/24/2024 2:01 AM
150	+61433248693	5/24/2024 1:57 AM
151	949-394-8836	5/24/2024 1:39 AM
152	5056893981	5/24/2024 1:27 AM
153	9821084160	5/24/2024 1:18 AM

Challenges with MRIs for Patients with CIEDs

154	5300319906	5/24/2024 1:07 AM
155	49998125477	5/24/2024 1:05 AM
156	3294428889	5/24/2024 1:04 AM
157	+3725076364	5/24/2024 1:00 AM
158	713-628-4117	5/24/2024 12:56 AM
159	03349884997	5/24/2024 12:20 AM
160	303-415-3849	5/24/2024 12:17 AM
161	+31652296586	5/24/2024 12:05 AM
162	+40723195179	5/23/2024 11:56 PM
163	5126587891	5/23/2024 11:42 PM
164	7088224011	5/23/2024 11:34 PM
165	3133999923	5/23/2024 11:33 PM
166	6937291476	5/23/2024 11:33 PM
167	310-487-9271	5/23/2024 11:14 PM
168	0407604452	5/23/2024 11:10 PM
169	+593991040172	5/23/2024 11:04 PM
170	5209906226	5/23/2024 10:38 PM
171	559919313	5/23/2024 10:29 PM
172	5022989123	5/23/2024 10:28 PM
173	2145782663	5/23/2024 10:27 PM
174	+573136727084	5/23/2024 10:07 PM
175	+33676700175	5/23/2024 9:50 PM
176	7753036131	5/23/2024 9:48 PM
177	09618922644	5/23/2024 9:43 PM
178	0418988571	5/23/2024 9:43 PM
179	6047540191	5/23/2024 9:32 PM
180	3053332048	5/23/2024 9:13 PM
181	7347313988	5/23/2024 9:09 PM
182	252-634-3278	5/23/2024 9:01 PM
183	2015694901	5/23/2024 8:51 PM
184	8185153566	5/23/2024 8:44 PM
185	6082654188	5/23/2024 8:41 PM
186	9079522031	5/23/2024 8:40 PM
187	4044020826	5/23/2024 8:23 PM
188	2146361849	5/23/2024 8:19 PM
189	+59899689420	5/23/2024 8:13 PM
190	352-262-0567	5/23/2024 8:13 PM
191	9179918949	5/23/2024 8:08 PM

Challenges with MRIs for Patients with CIEDs

192	0421042150	5/23/2024 7:59 PM
193	7085374628	5/23/2024 7:57 PM
194	0086-18094226858	5/23/2024 7:51 PM
195	3342960008	5/23/2024 7:49 PM
196	2062154545	5/23/2024 7:44 PM
197	8036085943	5/23/2024 7:42 PM
198	0046709457782	5/23/2024 7:36 PM
199	8322954999	5/23/2024 7:28 PM
200	8324258283	5/23/2024 7:27 PM
201	3028240888	5/23/2024 7:23 PM
202	51302881934	5/23/2024 7:21 PM
203	8604160072	5/23/2024 7:19 PM
204	0415439517	5/23/2024 7:16 PM
205	5404219560	5/23/2024 7:11 PM
206	7738070775	5/23/2024 7:03 PM
207	2159550531	5/23/2024 7:02 PM
208	9132481480	5/23/2024 7:02 PM
209	+541148273654	5/23/2024 7:01 PM
210	8452704455	5/23/2024 7:00 PM
211	+543515179015	5/23/2024 6:58 PM
212	0902469541	5/23/2024 6:47 PM
213	2059087891	5/23/2024 6:46 PM
214	8169854666	5/23/2024 6:35 PM
215	5551353186	5/23/2024 6:35 PM
216	6266659400	5/23/2024 6:26 PM
217	4803701198	5/23/2024 6:25 PM
218	5052636402	5/23/2024 6:17 PM
219	2063202220	5/23/2024 6:13 PM
220	808-432-8132	5/23/2024 6:03 PM
221	09542016043	5/23/2024 6:02 PM
222	+573108493635	5/23/2024 5:47 PM
223	205-663-5775 ext 109	5/23/2024 5:46 PM
224	8432095955	5/23/2024 5:40 PM
225	218-390-3383	5/23/2024 5:39 PM
226	5059342947	5/23/2024 5:37 PM
227	781-910-0721	5/23/2024 5:36 PM
228	7208485300	5/23/2024 5:34 PM
229	3195734022	5/23/2024 5:34 PM

Challenges with MRIs for Patients with CIEDs

230	910-235-3105	5/23/2024 5:26 PM
231	8592765772	5/23/2024 5:25 PM
232	5135357154	5/23/2024 5:24 PM
233	6143544767	5/23/2024 5:22 PM
234	2149124283	5/23/2024 5:22 PM
235	2565098264	5/23/2024 5:20 PM
236	6128595200	5/23/2024 5:18 PM
237	6028394850	5/23/2024 5:15 PM
238	7053930571	5/23/2024 5:14 PM
239	07004504927	5/23/2024 5:12 PM
240	+46730444554	5/23/2024 5:12 PM
241	17605746546	5/23/2024 5:11 PM
242	603-650-4590	5/23/2024 5:11 PM
243	507-261-2496	5/23/2024 5:10 PM
244	4039210229	5/23/2024 5:08 PM
245	4152360884	5/23/2024 5:07 PM
246	319-321-8199	5/23/2024 5:03 PM
247	12991566693	5/23/2024 5:03 PM
248	6472084991	5/23/2024 5:00 PM
249	307-256-0242	5/23/2024 4:59 PM
250	5034947400	5/23/2024 4:58 PM
251	310-267-7660	5/23/2024 4:56 PM
252	6106620360	5/23/2024 4:55 PM
253	9703847290	5/23/2024 4:55 PM
254	4134542073	5/23/2024 4:53 PM
255	6065858542	5/23/2024 4:53 PM
256	816-739-0272	5/23/2024 4:52 PM
257	865-567-0517	5/23/2024 4:50 PM
258	4349242465	5/23/2024 4:46 PM
259	+2557845426	5/23/2024 4:45 PM
260	6034937514	5/23/2024 4:44 PM
261	2059751935	5/23/2024 4:43 PM
262	0423707898	5/23/2024 4:43 PM
263	+31204440123	5/23/2024 4:42 PM
264	202-745-8115 x 57829	5/23/2024 4:41 PM
265	4149556777	5/23/2024 4:40 PM
266	2106145400	5/23/2024 4:38 PM
267	6068136891	5/23/2024 4:36 PM

Challenges with MRIs for Patients with CIEDs

268	3142204331	5/23/2024 4:35 PM
269	516-622-6145	5/23/2024 4:35 PM
270	6313008513	5/23/2024 4:34 PM
271	6469623421	5/23/2024 12:14 PM