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# Impact of the endocarditis team on management strategies and mortality: the Dutch experience

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**Background:** Infective endocarditis (IE) was associated with poor survival. In 2015, the European Society of Cardiology (ESC) introduced the multidisciplinary IE team to improve diagnostics, treatment and outcome in patients with IE.

**Purpose:** This study evaluated the clinical implementation of the IE team in the Netherlands.

**Methods:** Retrospective cohort of all IE patients diagnosed between 2012–2016 in a tertiary single center. Clinical characteristics, data on imaging techniques, surgical procedures, IE-related complications and all-cause mortality were collected. Differences before and after installation of the IE team in 2015 were analyzed.

**Results:** Overall, 257 IE patients were included with a minimal follow-up of 1 year. No significant differences in baseline characteristics or imaging method were observed. The annual incidence of IE gradually increased

over time from 36 cases in 2012 to 50 cases in 2016. This was caused by an increase in native IE cases. No difference in mortality was observed before and after 2015 (22% vs. 26%,  $P=0.43$ ).

After 2015, a reduction in hospitalization duration was observed (37 vs. 32 days;  $P=0.09$ ) and median time to surgery had significantly decreased (18 vs. 8 days;  $P=0.01$ ). Although an increase in congestive heart failure and valvular abscess were observed a downtrend in acute renal failure (25% vs. 16%,  $P=0.08$ ) was observed. Multivariate analysis demonstrated that age, COPD, diminished LV function and surgery were important predictors for mortality but not the IE team.

**Conclusion(s):** The introduction of a multidisciplinary IE team led to earlier surgical intervention and was associated with a reduction in hospital duration but not an important predictor for mortality. These results are important in view of designing novel clinical trials.