REVISED TASK FORCE CRITERIA

I. Global and/or Regional Dysfunction and Structural Alterations

**Major (by 2D echo)**
Regional RV akinesia, dyskinesia or aneurysm.
And one of the following (end diastole):
- Parasternal long axis view RVOT (PLAX) \( \geq 32 \) mm
- Parasternal short axis view RVOT (PSAX) \( \geq 36 \) mm
- Corrected for body size (PSAX/BSA) \( \geq 21 \text{ mm/m}^2 \)

or

Fractional area change (FAC) \( \leq 33\%

**Major (by MRI)**
Regional RV akinesia or dyskinesia or dyssynchronous RV contraction
And one of the following:
- Right ventricular end diastolic volume (RVEDV/BSA) \( \geq 110 \text{ ml/m}^2 \) male
  \( \geq 100 \text{ ml/m}^2 \) female

**Major (by RV angiography)**
Regional RV akinesia, dyskinesia or aneurysm

**Minor (by 2D echo)**
Regional RV akinesia or dyskinesia
And one of the following (end diastole):
- Parasternal long axis view RVOT (PLAX) \( \geq 29 - < 32 \) mm
- Corrected for body size (PLAX/BSA) \( \geq 16 - < 19 \text{ mm/m}^2 \)
- Parasternal short axis view RVOT (PSAX) \( \geq 32 - < 36 \) mm
- Corrected for body size (PSAX/BSA) \( \geq 18 - < 21 \text{ mm/m}^2 \)

or

Fractional area change (FAC) \( > 33\% - \leq 40\%

**Minor (by MRI)**
Regional RV akinesia or dyskinesia or dyssynchronous RV contraction
And one of the following:
- Right ventricular end diastolic volume/BSA \( \geq 100 - < 110 \text{ ml/m}^2 \) male
  \( \geq 90 - < 100 \text{ ml/m}^2 \) female
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OR

Right ventricular ejection fraction (RVEF) > 40% - ≤ 45%

II. Tissue Characterization of Wall

**Major**

Residual myocytes <60% by morphometric analysis, (or < 50% if estimated), with fibrous replacement of the RV free wall myocardium in at least 1 sample, with or without fatty replacement of tissue on endomyocardial biopsy.

**Minor**

Residual myocytes 60 – 75% by morphometric analysis, (or 50 to 65% if estimated), with fibrous replacement of the RV free wall myocardium in at least 1 sample, with or without fatty replacement of tissue on endomyocardial biopsy.

III. Repolarization Abnormalities

**Major**

Inverted T waves in right precordial leads (V₁, V₂ and V₃) or beyond in individuals > 14 years of age (in the absence of complete right bundle branch block QRS ≥ 120 msecs).

**Minor**

Inverted T waves in leads V₁ and V₂ in individuals > 14 years of age (in the absence of complete right bundle branch block), or in V₄, V₅, or V₆.

Inverted T waves in leads V₁, V₂, V₃ and V₄ in individuals > 14 years of age in the presence of complete right bundle branch block.

IV. Depolarization/Conduction Abnormalities

**Major**

Epsilon wave (reproducible low amplitude signals between end of QRS complex to onset of the T wave) in the right precordial leads (V₁ to V₃)

**Minor**

Late potentials by signal averaged ECG in at least one of three parameters in the absence of a QRS duration of ≥110 msecs on the standard ECG.

- Filtered QRS duration (fQRS) ≥114 msecs
- Duration of terminal QRS < 40 µV (LAS) ≥38 msecs
- RMS voltage of terminal 40 msecs ≥20 µV

Terminal activation duration of QRS ≥ 55ms measured from the nadir of the S wave to the end of the QRS, including R’, in V₁, V₂ or V₃, in the absence of complete right bundle branch block.

V. Arrhythmias

**Major**

Non-sustained or sustained VT of left bundle branch morphology with superior axis (negative or
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indeterminate QRS in II, III, AVF and positive in AVL)

**Minor**
Greater than 500 ventricular extrasystoles/24 hours by Holter

**VI. Family History**

**Major**
ARVC/D confirmed in a first-degree relative who meets current task force criteria.
ARVC/D confirmed pathologically at autopsy or surgery in a first degree relative.
Identification of a pathogenic mutation † categorized as associated or probably associated with ARVC/D in the patient under evaluation.

**Minor**
History of ARVC/D in a first degree relative in whom it is not possible or practical to determine if the family member meets current task force criteria.
Premature sudden death (<35 years) due to suspected ARVC/D in a first degree relative.
ARVC/D confirmed pathologically or by current Task Force Criteria in second degree relative.

*Hypokinesis is not included in this or subsequent definitions of RV regional wall motion abnormalities for the proposed modified criteria.
†A pathogenic mutation is a DNA alteration associated with ARVC/D that alters or is expected to alter the encoded protein, is unobserved or rare in a large non ARVC/D control population and either alters or is predicted to alter the structure or function of the protein or has demonstrated linkage to the disease phenotype in a conclusive pedigree.

Diagnostic terminology for original criteria
Diagnostic terminology for revised criteria
This diagnosis is fulfilled by the presence of two major, or one major plus two minor criteria or four minor criteria from different groups. Definite diagnosis: 2 major or 1 major and 2 minor criteria or 4 minor from different categories
Borderline: 1 major and 1 minor or 3 minor criteria from different categories
Possible: 1 major or 2 minor criteria from different categories