

## **Proposal for a change of the EASA-Medical-Requirements within the Acceptable Means of Compliance**

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Section 2, Specific requirements for class 1 medical certificates  
AMC1 MED.B.010 Cardiovascular system  
(k) Coronary artery disease

### **Actual text:**

(4) (iv) Successful completion of the 6-month or subsequent review will allow a fit assessment with a multi-pilot limitation.

### **Proposed text:**

(4) (iv) Successful completion of the 6-month or subsequent review will allow a fit assessment with a multi-pilot limitation. A fit assessment without multi-pilot limitation is only possible in low risk cases and must be approved by the licensing authority.

### **Justification for the proposed revision:**

Modern cardiology allows well to differentiate patients - and this means, also pilots -, who have had a coronary artery event or intervention like percutaneous transluminal coronary angioplasty with or without stenting or coronary artery bypass grafting (CABG), in different risk groups in respect for major adverse cardiac events in the follow up. For those pilots being in a low risk group, an OML-restriction is not justified. But it is important to understand, that no OML-limitation will be an exemption and shall only be applied in the low risk applicants and can only be approved by the licensing authority. A broad literature research, which we have undertaken, is the basis of our statements. We have presented this item at the ECAM-congress in Bukarest 09/2014 (see abstract in the annex).

### **Additional remark:**

There are many factors, which build the basis for the risk assessment of patients and pilots who have had a coronary artery event or intervention. Here is a list of such factors: age, previous myocardial infarction, left ventricular function, amount of cardiovascular risk factors, extent of coronary artery disease (1-, 2- or 3-vessel disease), number of stents, location of stents within the coronary artery tree, kind of treated plaque (calcified or not), completeness of revascularization, kind of used stents, kind of used vessels in case of CABG. It is not possible to mention all these factors in the text of the Acceptable Means of Compliance, this would be too complicated, and the text would not be in accordance with the usual wording in these requirements. For this reason we have chosen a simple text for the change within the Acceptable Means of Compliance. The idea is that the assessment of the risk in the cases mentioned here must be performed by cardiologists (maybe cardiological experts of the CAA) and must then be approved by the licensing authority. This process must be done on an individual basis. It would resemble the

USA-system, where there is the waiver system, and where each case is analyzed separately when there is such a problem or a similar problem. As an aid for those being involved performing the risk assessment an algorithm can be used. We have set up such an algorithm (see annex).

02.02.2015, René Maire

Annexes: - Abstract ECAM-congress 09/2015  
- Algorithm

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