Meeting of the EURHOBOP project

AEPMCV, Toulouse
May 6th, 2011

Minutes

Participants:

Jean Ferrières (AEPMCV)
Vanina Bongard (AEPMCV)
Solange Barrère (AEPMCV)
Jean Bernard Ruidavets (AEPMCV)
Marion Massabuau (AEPMCV)
Dany Deckers (AEPMCV)
Mireille Souviraa (AEPMCV)
Jaume Marrugat (IMAS-IMIM)
Yolanda Ferrer (IMAS-IMIM)

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1) Welcome

Dr. Ferrières welcomes J Marrugat and Y Ferrer to the AEPMCV and describes the research group and its objectives and activities.

2) Data Extration Issues

Clinique de l'Union: AEPMCV has already entered 45 patients, but they do not appear in the recruitment figure as the Hospital Form has not been sent yet. The Clinique de l'Union form has been sent after the meeting.

In France, there will be only 8 hospitals included owing to the region characteristics, but they will reach the 2000 patients.

3) About Queries

We have to take into account that it is normal that an intra-aortic balloon is used more often during hospitalisation in France than in other countries, just for security matters during high risk PTCA procedures.

On the other hand, they generally use "l" instead of "ml" in units. They have made the conversion on the forms, but there may be some errors.

In some variables (eg. Troponine), if they pass the upper or the lower limit, they just put the maximum or the minimum possible value.

Implantable defibrillator is not used in the acute phase of an ACS in France because, according to guidelines, cardiologists must wait 40 days before implantation. J Ferrières asks how many of these are in the data base.

4) WP 5 – Analysis of availability of severity measurements in administrative data

We will have a Statistical Party Meeting in the next Annual Meeting in Porto (October 2011). Next June 20th, a preparation statistical meeting will be held in Rome to start with the analysis as soon as possible.

We already have 5.200 patients included in the files. For the meeting in Porto we will need a list of priority severity variables (in annex), to be considered in WP5.
We have to distinguish among private and public hospitals. Partners will be asked this information for the hospitals in their countries.
We need to separate ST from Non-ST elevation.
For now we will exclude Non-Classifiable, until the database is complete due to the current low number of patients.

Each partner will do his/her analyses. The IMIM statisticians will validate the final analyses for each paper.

At the end we can concretise in more clinical objectives.

J Marrugat suggests three types of tables:

1. one based on the letters of discharge versus other sources of information
2. a second one based on the letters and the medical records
3. a third one based on hospital characteristics.

5) Other issues.

During the annual meeting in Porto we all have to suggest the “papers” to write and which will be the partners participating in each of these papers.

Concerning WP7 – Cost analysis of procedures, J Ferrières states that there is not an analytic procedure in the French Hospitals, but one hospital is going to participate in the WPT with financial data based on diagnoses-related groups. They will contact the WP7 coordinator.

Annex: PRIORITY VARIABLES

BASIC DATA:

- Age
- Sex

PREVIOUS HISTORY:

- Renal Failure

ADMISSION DATA:

- Heart Rate on admission
- Systolic blood pressure on admission
- Acute Pulmonary oedema on admission
- Cardiogenic shock on admission
- Initial creatinine

PROCEDURES USED DURING HOSPITALIZATION

- Coronary artery bypass surgery
- Intracardiac defibrillator (not regularly used in France)
- Intra-aortic balloon pump (IABP) (very common in France for security matters)

SEVERITY INDICATORS AND COMPLICATIONS DURING HOSPITALIZATION

- TIMI/GRACE
- Q-wave in the evolving ECG
- Anterior ST elevation
- Troponin peak
- Left systolic ejection fraction
- Acute pulmonary oedema
- Cardiogenic shock
- Cardiac arrest
- Acute renal failure
- Reinfarction
- Stroke/TIA
- Intracranial bleeding
- Bleeding with a drop in haemoglobin >50
- Bleeding with a drop in haemoglobin >30 but <50
- Days in Coronary Care Unit
- Days in Intensive Care Unit