

The CCS CDI Registry: Moving from Early Development Toward Full Implementation

Written by Rita Buckley

Godfrey Aleong, MD, Advanced Cardiovascular Institute, Trinidad and Tobago provided a status report on the development of the Caribbean Cardiac Society Cardiac Diagnostic and Interventional (CCSCDI) Registry.

Cardiac registries can improve clinical outcomes and also be used to examine issues related to the choice and use of cardiac procedures and the comparative effectiveness of competing treatment options [Hannan EL et al. *J Am Coll Cardiol* 2012].

The goal of the initiative to establish a Caribbean-wide diagnostic interventional registry is to standardize cardiac practices and accumulate regional data. Its objectives are to build a voluntary quality-assurance tool relevant to the Caribbean environment (ie, its diversity and unique character), and to develop a combined database of sufficient size for meaningful research.

Over the past year, 8 countries in the Caribbean with 13 cardiac catheterization laboratories and their associated invasive and interventional cardiologists have been identified for participation in the registry. The initial countries include the Bahamas, Barbados, Belize, Guyana, Jamaica, Martinique, St. Croix, and Trinidad; all 13 cardiac catheterization laboratories will be included in the registry.

A Patient Data Form with 45 variables has been developed in collaboration with interventional cardiologists from the Caribbean. It includes information on patient demographics, risk factors, cardiovascular histories, complications and recommendations, equipment used, and outcomes of cardiac interventions. The form has been sent to interventional cardiologists in the Caribbean for comments.

Three IT providers have been interviewed to develop an online database, and proposals have been submitted to the Caribbean Cardiac Society (CCS) Secretariat for review. A prototype was commissioned and presented at the CCS 2012 meeting, along with preliminary data from January 2011 (Figures 1 and 2).

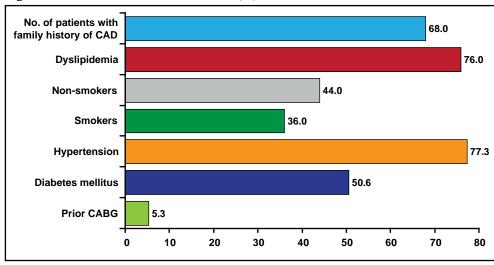


Figure 1. CCSCDI Risk Factor Statistics (%).

Peer-Reviewed Highlights from the



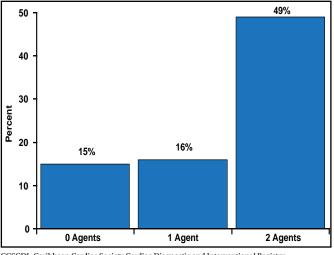
27th Annual Caribbean Cardiology Conference

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CABG=coronary artery bypass graft; CAD=coronary artery disease. Reproduced with permission from G. Aleong, MD.



Figure 2. CCSCDI Data: Antiplatelet Therapy.



CCSCDI=Caribbean Cardiac Society Cardiac Diagnostic and Interventional Registry Reproduced with permission from G. Aelong, MD.

Further development will require the cooperation of all stakeholders. According to Dr. Aleong, the registry is in its early developmental stages and will be fully established over the next year.

The West Indies Cardiac Surgery Registry: One Year Later

Written by Rita Buckley

Cardiovascular disease has been the leading cause of death in Trinidad and Tobago since the 1940s; it accounts for a proportional mortality of 25% [Mungrue K et al. *Anadolu Kardiyol Derg* 2011] (Figure 1). In 2011, the Caribbean Cardiac Society (CCS) endorsed development of a regional West Indies Cardiac Surgery Registry (WICSR). Randolph Rawlins, MBBS, Doctors' Inn Research Group (DIRG), Diego Martin, Trinidad and Tobago, presented an update on the status of WICSR.

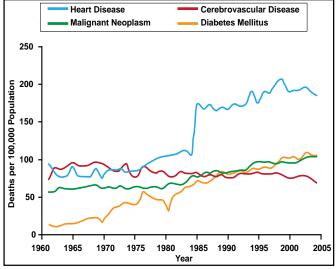
WICSR is an online regional and multi-institutional cardiac surgical database serving all cardiac units in the Caribbean that perform open heart surgery. Its goals are to collect, collate, risk stratify, and analyze patient characteristics by categories of procedures performed. Its mission is to inform decision-making in a resource-limited environment.

Eight countries (Bahamas, Barbados, Belize, Guyana, Jamaica, Martinique, St. Croix, and Trinidad and Tobago), working in collaboration with Imperial College, London, United Kingdom, are participating in the registry.

Since last year, a template comprising a list of variables has been recommended by regional partners. These

variables have been collated by the DIRG for the CCS and are available for demonstration. The dataset is illustrative, user-friendly, and offers ease of data entry. Its various menu and submenu options can now be tested.

Figure 1. Cardiovascular Disease Is the Leading Cause of
Death in the Caribbean.



Reproduced with permission from R. Rawlins, MBBS.

Dr. Rawlins said that the WICSR is a revolutionary approach to recording data among regional surgical centers and its utilization and growth should be encouraged. "The registry will benefit patients, healthcare providers, and caregivers, including surgeons and cardiologists. Information from this resource will be of value for research, training, and professional development," he explained.

Low Socioeconomic Status Is Associated with Greater Cardiovascular Risk in Guadeloupe

Written by Rita Buckley

Low socioeconomic status is associated with large increases in cardiovascular disease (CVD) risk in men and women [Clark AM et al. *Nat Rev Cardiol* 2009]. Victor Atallah, MD, Reseau HTA-GWAD, Gourbeyre, CHU de Pointe à Pitre, Guadeloupe, France, presented results from CONSTANT, a cross-sectional study to assess the relationship between socioeconomic factors and the expression of multiple cardiovascular (CV) risk factors in an adult Caribbean population.

CONSTANT was carried out in 2007 on a representative sample of the adult Guadeloupian population. It included 1005 subjects (46% men) aged 25 to 74 years selected via