Les leçons et le futur de France PCI

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Les leçons

« plus on partage, plus on s’enrichit »
Leonard Nimoy

C’est compliqué !

OUVERTURES CENTRES

COMMUNICATION

REGLEMENTAIRE

JURIDIQUE

MONITTORING

PUBLICATIONS

ADHESION DES ACTEURS

FINANCEMENT

INFORMATIQUE

ORGANISATION

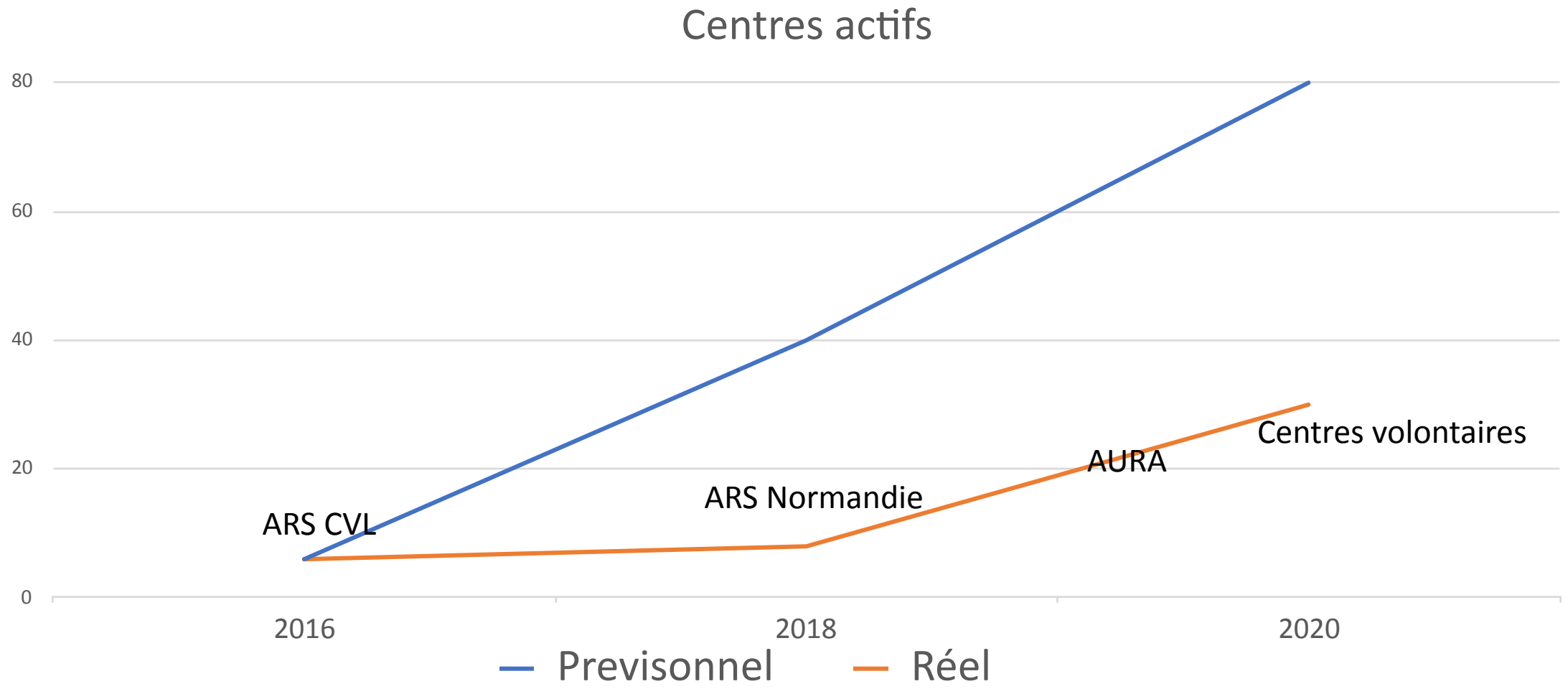
DEVELOPPEMENT

STATISTIQUES

DATA MANAGEMENT

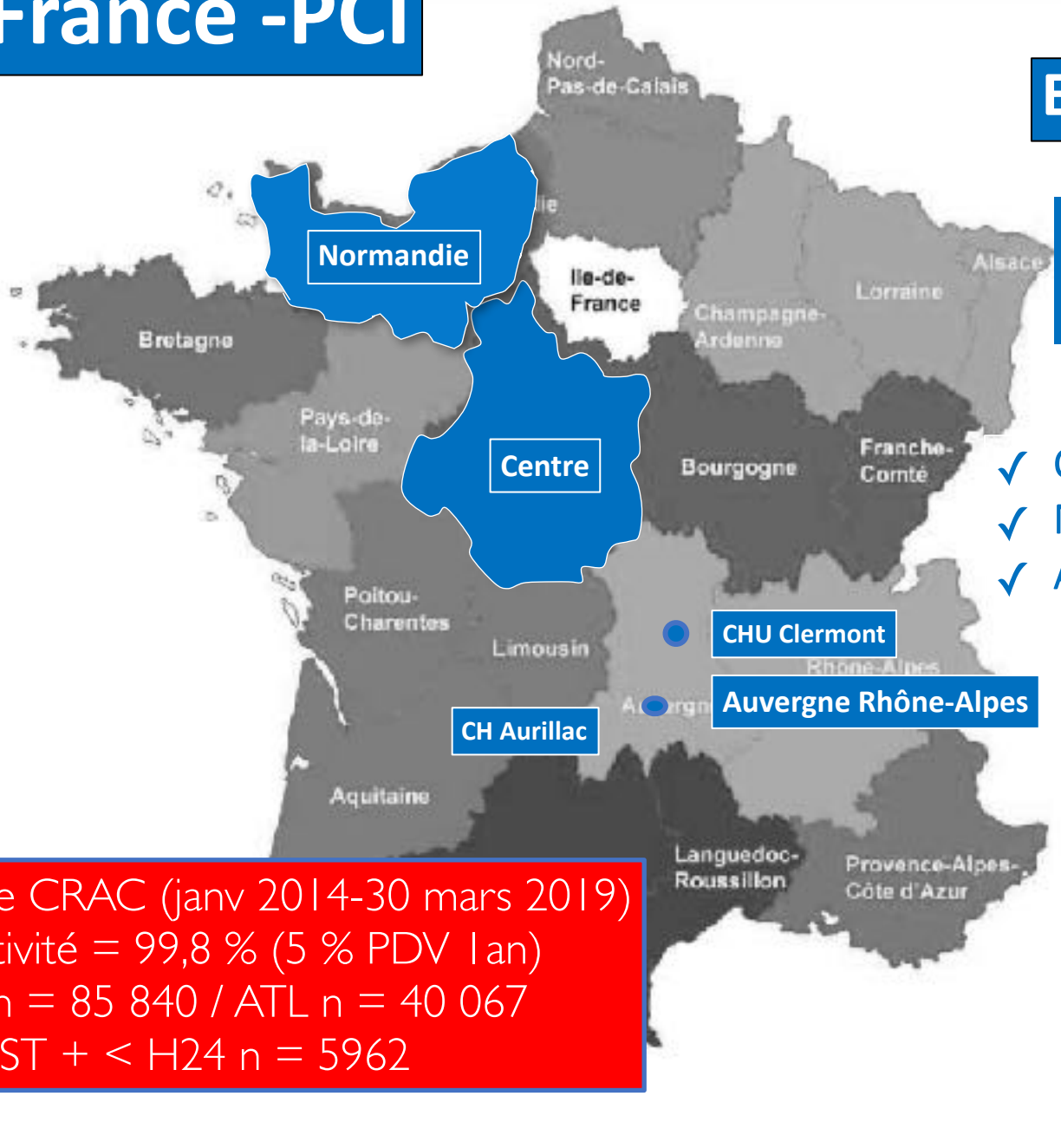
POLITIQUE

C’est long !


Centres actifs
80
60
40
20
0
2016
2018
2020
ARS CVL
ARS Normandie
AURA
Centres volontaires
Previsonnel
Réel

Mais c’est bon !

France -PCI



Etat actuel Mai 2019

13 centres ouverts
Environ 6 Millions d'Hab
10 % de la population francaise

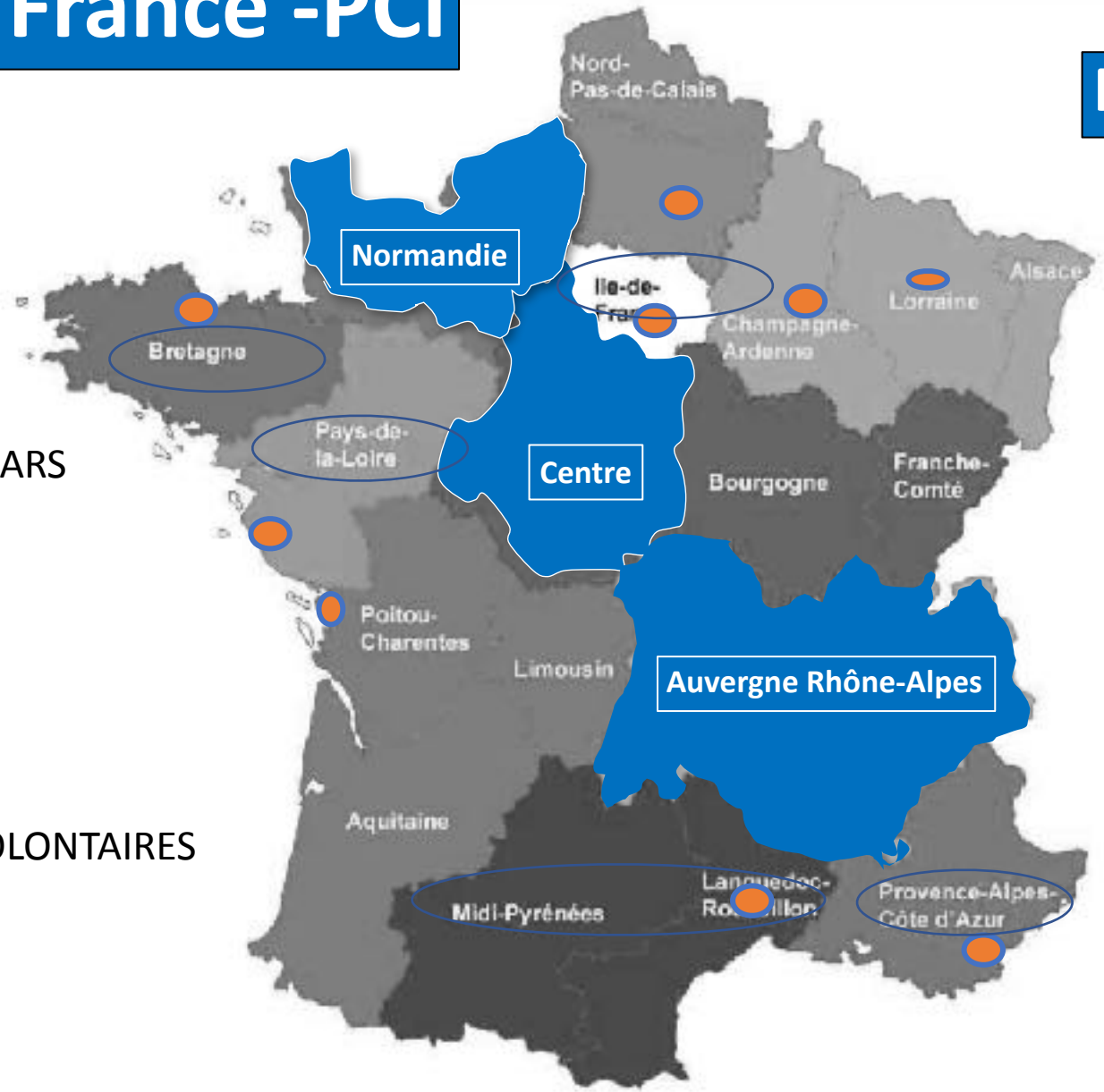
- ✓ Centre Val de Loire (n=6/6)
- ✓ Normandie (n=5/7)
- ✓ Auvergne Rhône Alpes (n=2)

BDD actuelle CRAC (janv 2014-30 mars 2019)
Exhaustivité = 99,8 % (5 % PDV 1an)
Coro n = 85 840 / ATL n = 40 067
ST + < H24 n = 5962

France -PCI

LOGIQUE ARS

LOGIQUE
CENTRES VOLONTAIRES



Prévisionnel fin 2019

30 centres ouverts
= SCAAR

- ✓ Centre Val de Loire (n=6/6)
- ✓ Normandie (n=7/7)
- ✓ Auvergne Rhône Alpes (n=11/21)
- ✓ Autres :
  - ✓ La Roche sur Yon
  - ✓ CH Metz
  - ✓ IMM
  - ✓ Clinique de la Roseraie
  - ✓ Clinique A Paré
  - ✓ Saint Brieuc
  - ✓ Bastia
  - ✓ La Rochelle
  - ✓ Amiens
  - ✓ Reims
  - ✓ …

Qualité des données ?

Revue d'Épidémiologie et de Santé Publique
Epidemiology and Public Health

Original article

The CRAC cohort model: A computerized low cost registry of interventional cardiology with daily update and long-term follow-up

Un modèle de cohorte en cardiologie interventionnelle : le registre automatisé CRAC, région centre Val-de-Loire

G. Rangé [a], S. Chassaing [b], P. Marcollet [c], C. Saint-Étienne [d], P. Dequenne [e], M. Goralski [f], P. Bardiére [g], F. Beverilli [h], L. Godillon [i], B. Sabine [i], C. Laure [a], S. Gautier [a], R. Hakim [a], F. Albert [a], D. Angoulvant [d], L. Grammatico-Guillon [i,j,*]

Results. – CRAC model provided a high-quality level with 98.2% procedure completeness, 99.6% data completeness and 89% data consistency. The operating cost per procedure was €14.70 ($16.51) for data collection and quality control, including ST-segment elevation myocardial infarction (STEMI) preadmission information and one-year follow-up after angioplasty.

Conclusions. – This integrated computerized IC registry led to the construction of an exhaustive, reliable and costless database, including all coronary patients entering in participating IC centers in the CVL region. This solution will be developed in other French regions, setting up a national IC database for coronary patients in 2020: France PCI.

Factors associated with delay in transfer of patients with ST-segment elevation myocardial infarction from first medical contact to catheterization laboratory: Lessons from CRAC, a French prospective multicentre registry

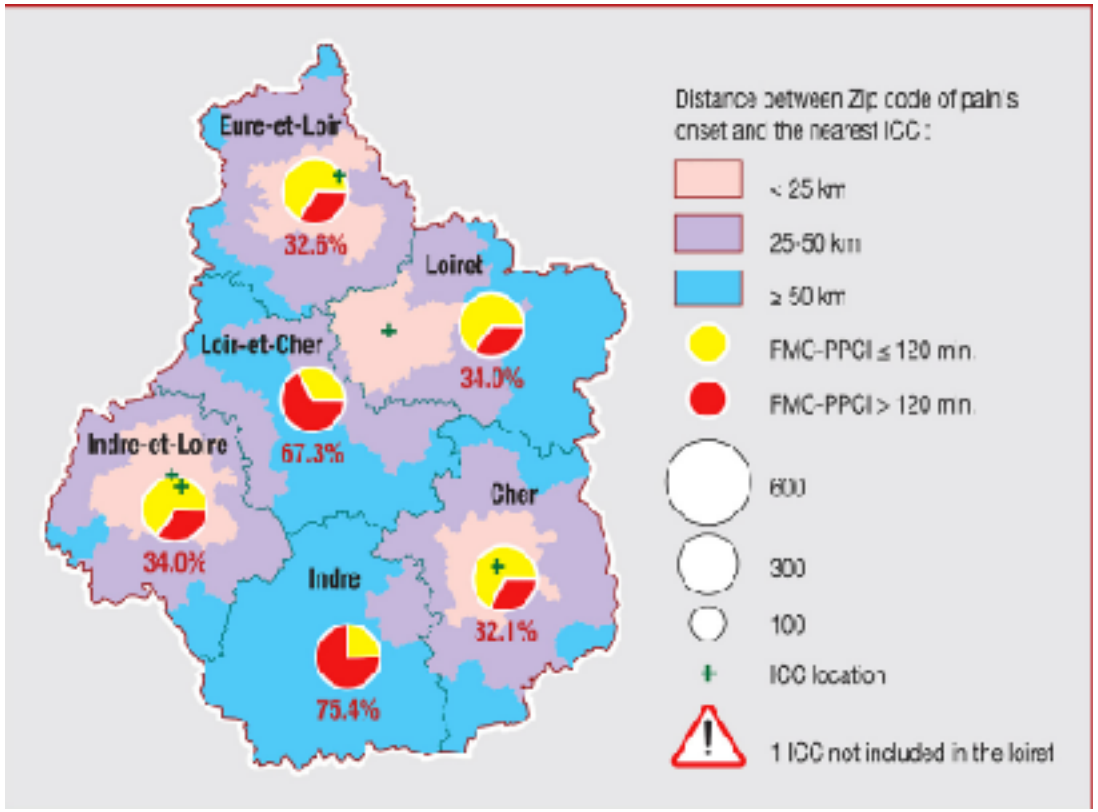


Table 2 Multivariable analysis of factors associated with a first medical contact to primary percutaneous coronary intervention time of > 120 min in patients with ST segment elevation myocardial infarction (Centre Val de Loire region, 2014–2015).

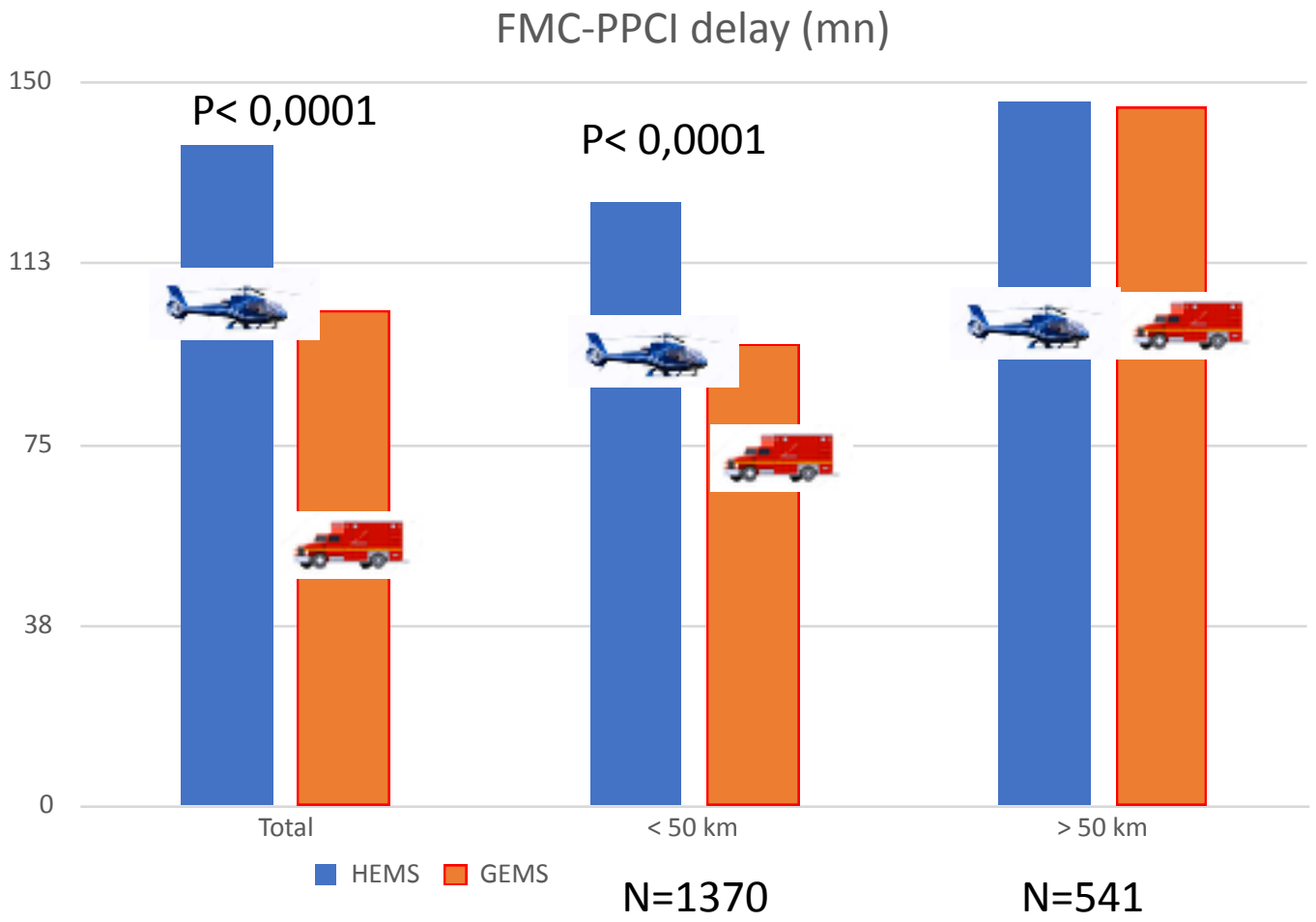
	Multivariable analysis[a] (n = 1938)		
	Adjusted OR	95% CI	P
Age > 65 years	1.2	0.9–1.5	0.15
Female sex	1.2	0.9–1.6	0.22
Diabetes	1.6	1.1–2.2	0.01
Hypertension	1.3	1.01–1.7	0.02
Killip class at admission > 1	1.8	1.3–2.5	0.0003
Site of ischaemia			
Inferior	Reference		
Anterior	1.1	0.8–1.4	0.54
Lateral	1.8	1.1–2.9	0.01
Absence of EMS call	1.6	1.2–2.1	0.001
Time from symptom onset to FMC ≥ 90 min	1.3	1.1–1.7	0.016
Not optimal care pathway[b]	4.5	3.4–6.0	< 0.0001
First admission to hospital without ICC	2.9	2.1–3.9	< 0.0001
Distance from location of onset of pain to ICC			
< 25 km	Reference		
25–50 km	2.2	1.7–2.9	< 0.0001
50–75 km	5.1	3.6–7.0	< 0.0001
≥ 75 km	7.9	4.4–14.0	< 0.0001

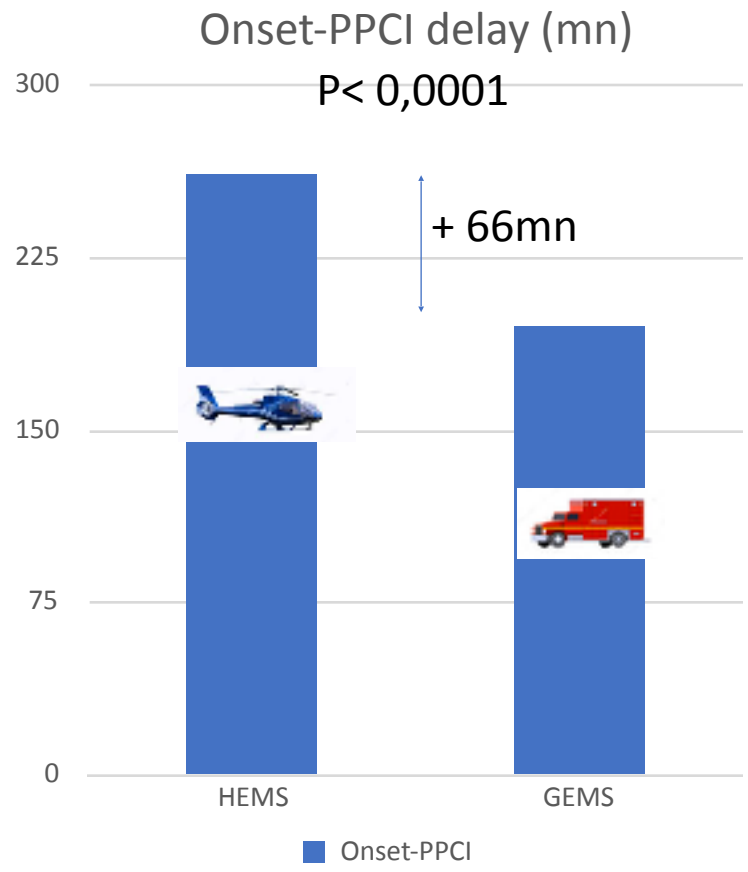
Rangé and al, Archives of Cardiovascular Disease (2019) 112, 3–11

Does helicopter transport delay prehospital transfer for STEMI patients in rural areas? Findings from the CRAC France PCI registry

European Heart Journal Acute Cardiovascular Care

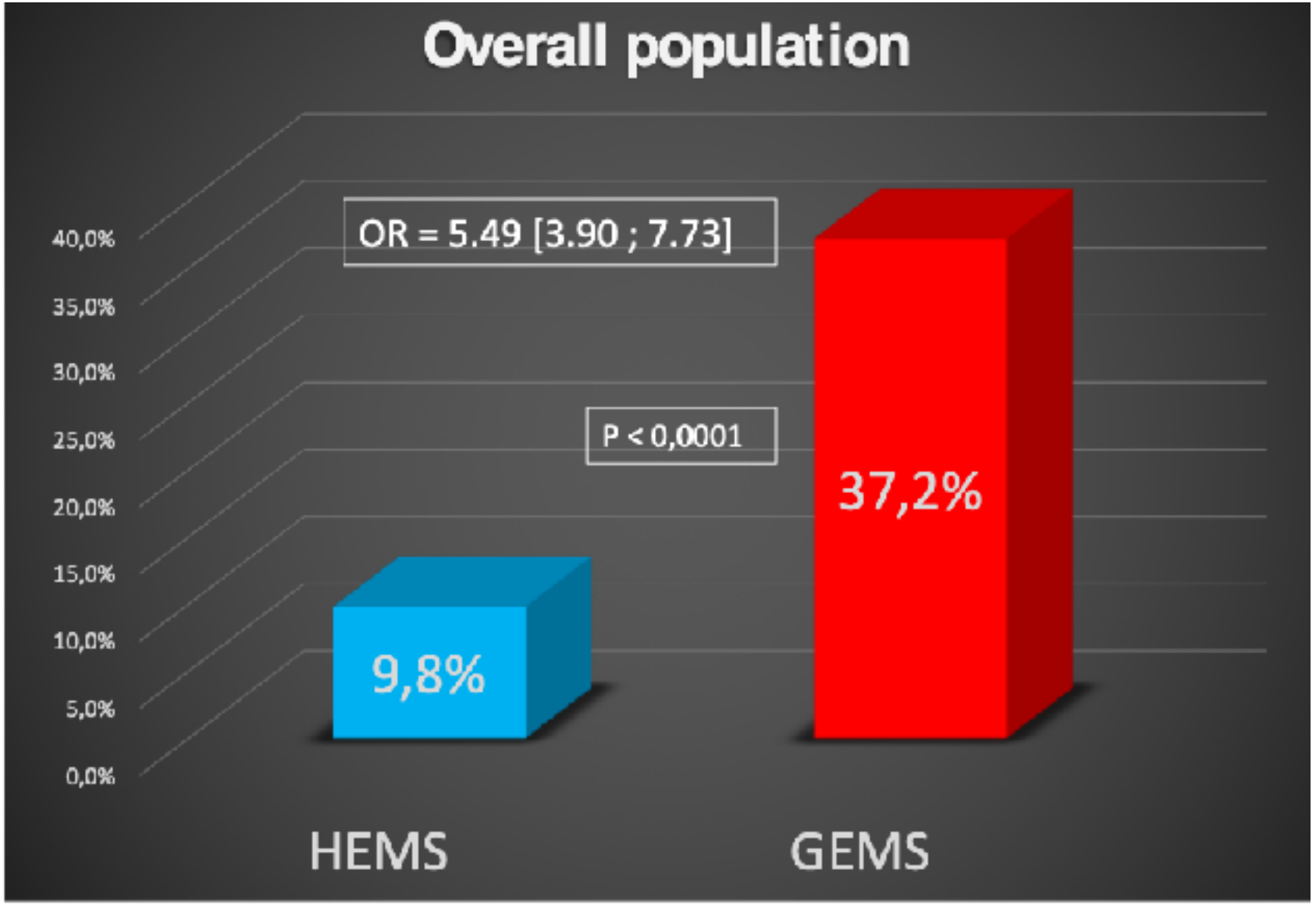
HEMS or GEMS for STEMI patients in the overall population





In press EHJ : Acute CV care 2019

Proportion of STEMI patients achieving FMC-PPCI <= 90 mn

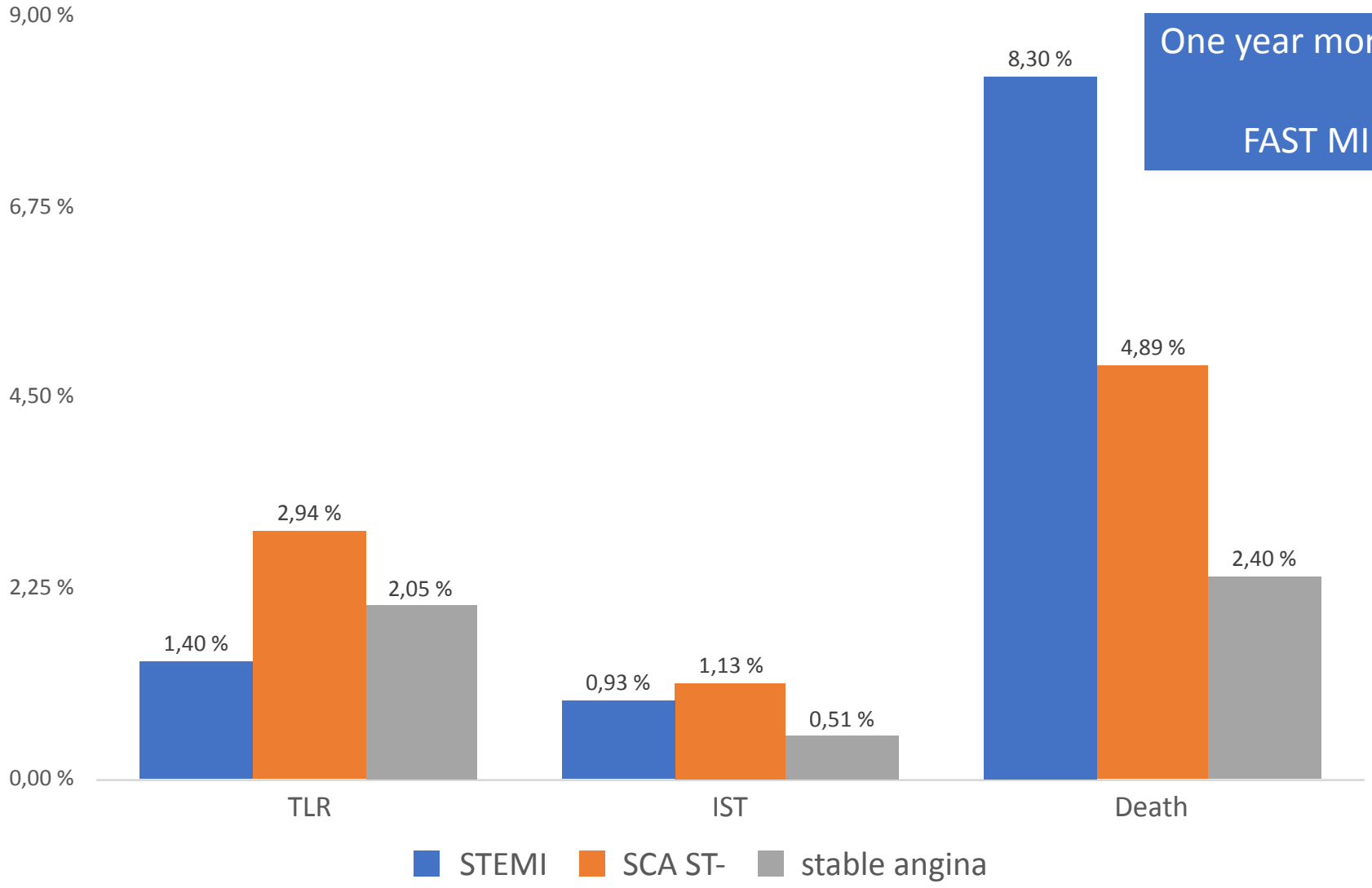


Evaluation de pratiques

« La meilleur façon d'anticiper l'avenir , c'est de bien comprendre le présent »

Peter F Drucker

MACE according to clinical status in FPCI

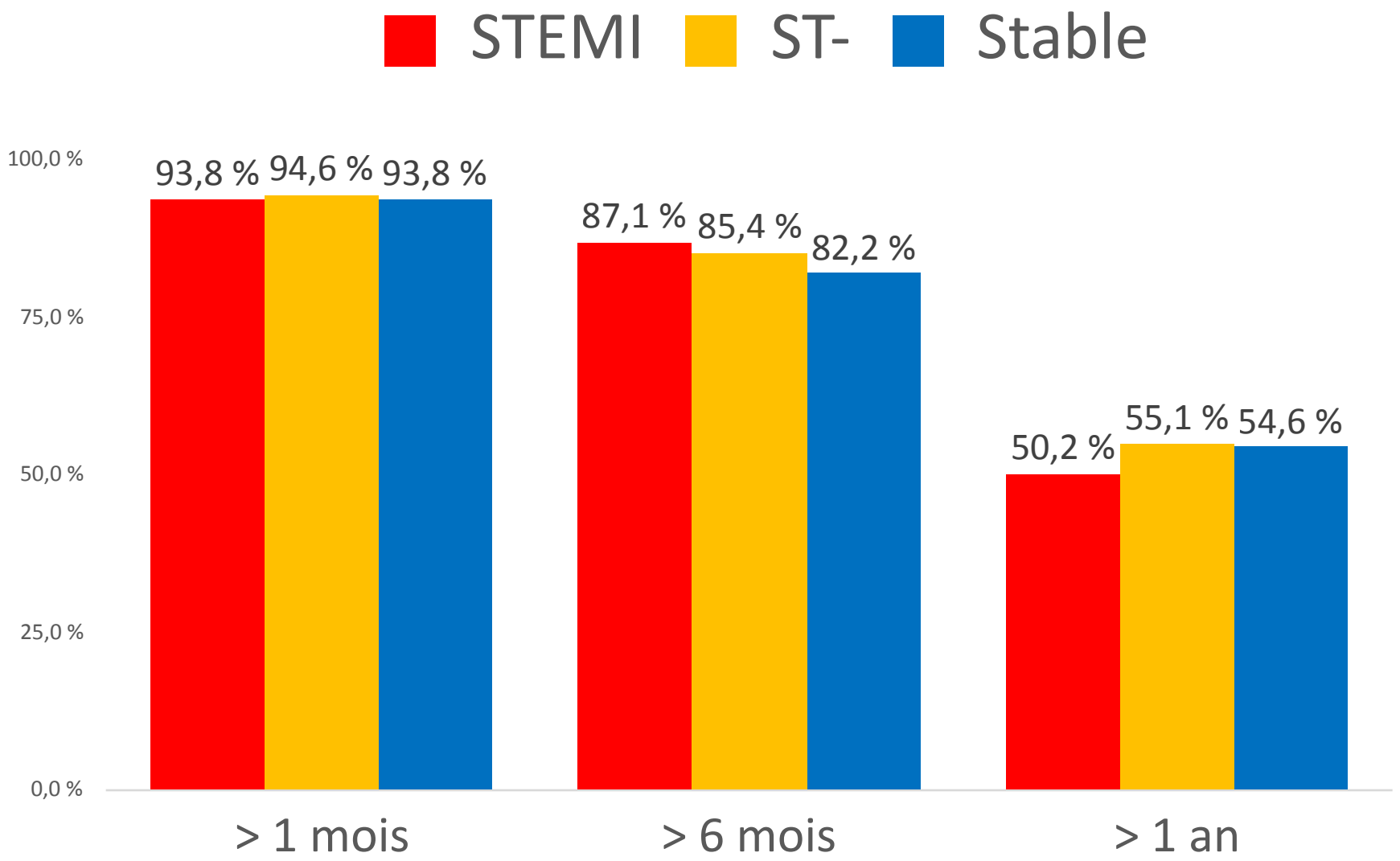


One year mortality in STEMI SCAAR = 15 %

FAST MI = 6,9 % à 6 mois

FPCI (2014 – 30/06/2016)

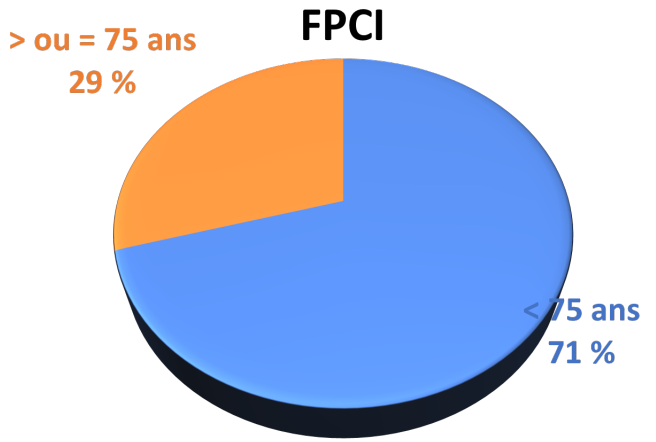
Durée DAPT
Indépendante de contexte clinique ?

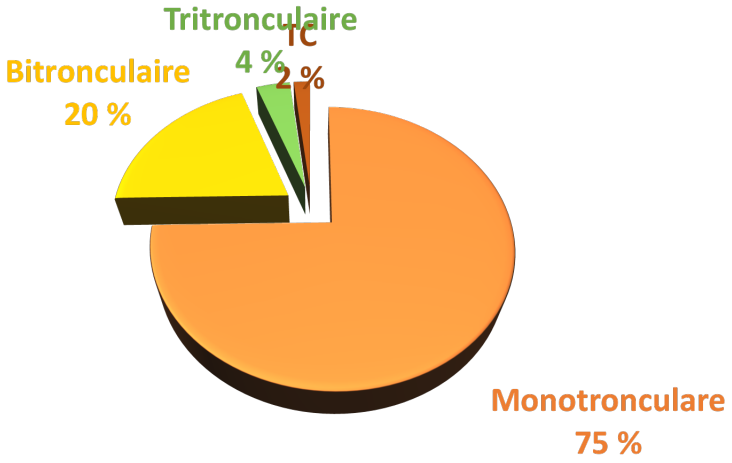


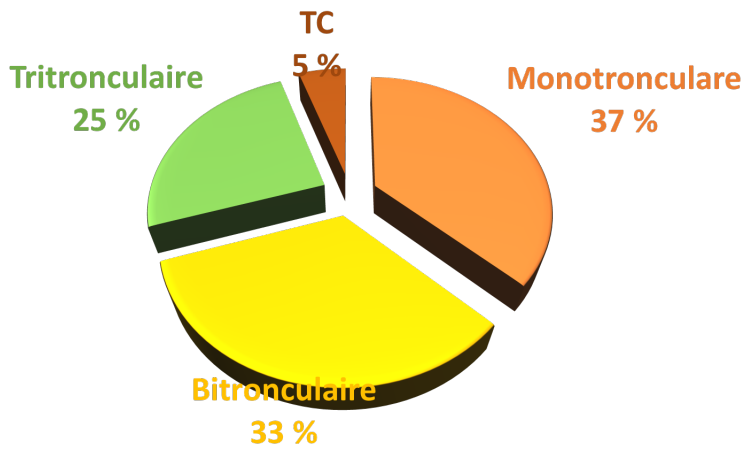
Global Leader (all comer study) vs FPCI
MACE at one year

MACE at one year	Control Group Global Leader	FPCI (2014-S1 2016)
Total number of patients	N=7988	N = 10 651
All-cause mortality	1,64 %	6,0 %
Myocardial infarction	1,98 %	1,47%
Stroke	0,61%	0,71 %
Ischemic stroke	0,51%	0,38 %
Revascularisation	6,87 %	5,90 %
TVR	3,83 %	2,01 % (TLR)
Definite stent thrombosis	0,51 %	0,50 %
BARC 3 or 5 bleeding[b]	1,70 %	0,86 % (BARC 3-4-5)

All comers but not really !







Le futur

- ✓Déploiement national
- ✓Suivi électronique
- ✓RRCT
- ✓Thématique annuelle
- ✓Financement institutionnel national

www.francepci.com

Le registre CRAC, dont la méthodologie s'est fortement inspirée du registre suédois SCAAR, est un observatoire de cardiologie interventionnelle initié en 2014 en région Centre Val de Loire sur 6 centres de coronarographie, porté par les cardiologues (association CRAC) et dont l'équipe projet dépend de l'unité de recherche du service de cardiologie de l'hôpital de Chartres.

Devant son succès, il va s'etendre à d'autres régions en France et, à terme, à l'ensemble du territoire national pour devenir le registre