

Why we need a national registry in interventional cardiology

Christopher M Reid, Andrew E Ajani and David Eccleston

TO THE EDITOR: Scott was correct in his recent article to emphasise the need for an Australian registry for percutaneous coronary interventions (PCIs).¹ To that end, we report an initiative developed by a voluntary collaborative group of interventional cardiologists in Victoria — the Melbourne Interventional Group (MIG) — which has provided a significant volume of contemporary data on the efficacy and safety of PCI.²

Since July 2004, data on over 9500 coronary interventional procedures in over 7500 patients have been collected into this registry, using data elements and methods based on those of the United States National Cardiac Disease Registry and the Victorian Cardiothoracic Surgical Database.^{3,4} Methods for

data collection and analysis, and the format of data forms have been published.⁵ The data elements, developed by an MIG working group, have been peer reviewed and are currently under review for publication.

MIG has a formal governance structure with a constitution, steering committee and subcommittees that govern data quality, database development, research, publication and funding. Approval for the conduct of the registry has been obtained from the ethics committees of all participating hospitals; all patients enrolled provide informed consent for initial and long-term data collection in a manner similar to that used for the Victorian Cardiothoracic Surgical Database.³

Results from MIG to date show that PCI practice differs between Australia and the US, and that use of drug-eluting stents (DES) is safe and effective in reducing restenosis in patients with appropriate indications, leading to a DES usage rate of 30% in public hospitals.²

The MIG registry may provide an appropriate framework for a national PCI data registry. It satisfies most of Scott's criteria, and many colleagues in other states have expressed interest in collecting similar data or collaborating in a joint registry. The limiting factor, as always, is funding. We join Scott in supporting the call for appropriate funding to be provided by government and professional societies to allow a national PCI registry to be established.

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⁵ Ajani AE, Szto G, Eccleston D, et al. The foundation and launch of the Melbourne interventional group: a collaborative interventional cardiology project. *Heart Lung Circ* 2006; 15: 44-47. □