

A Acute

M Myocardial

I Infarction in

S Switzerland

University of Zurich

Institute of Social and Preventive Medicine



AMIS Plus Registry

Acute Myocardial Infarction in Switzerland

Paul Erne 5 March 2009, Berne

AMIS Plus

Sponsor's Meeting Programme

9:00 - 10:30

- Welcome history of the AMIS Plus Registry P. Frne
- AMIS Plus in perspective with other large registries F. Eberli
- Status of the AMIS Plus Registry

 D. Radovanovic
- The need for a national registry some recent findings *P. Urban*
- Discussion





AMIS Plus Project

- Sponsoring medical societies:
 - Swiss Society of Cardiology
 - Swiss Society of Internal Medicine
 - Swiss Society of Intensive Medicine



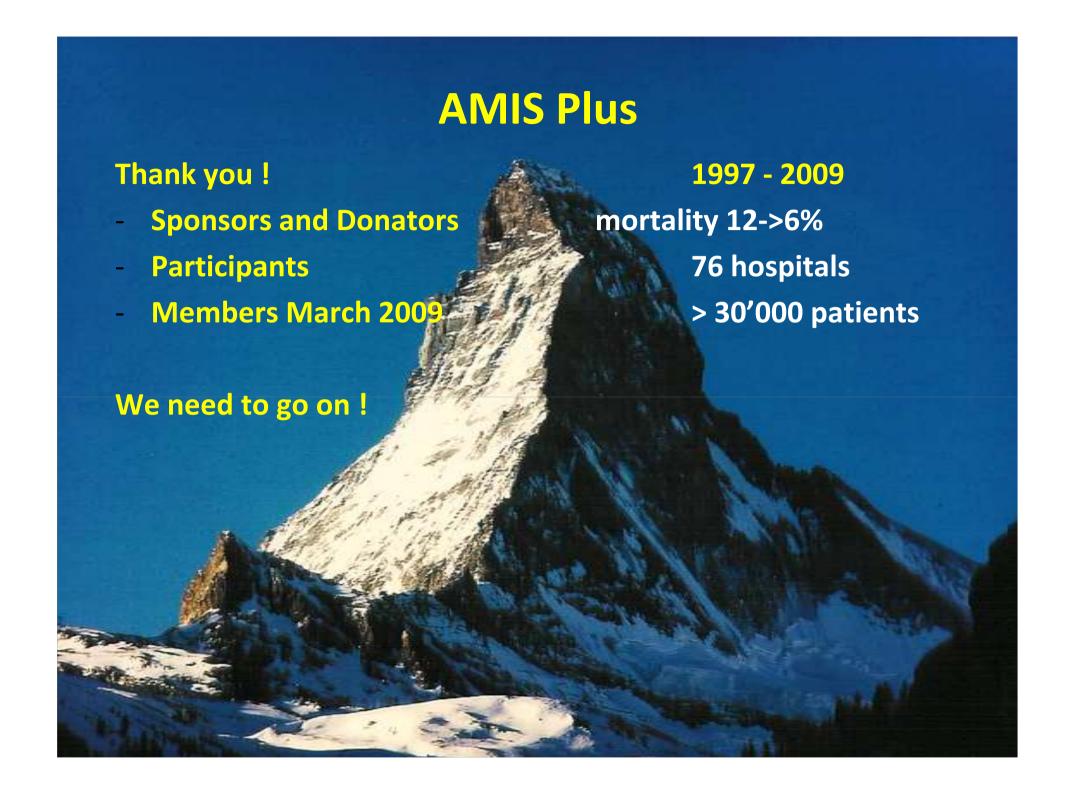




- Prospective, observational study funded by the industry
 - Approval of the project through
 - UREK (supra-regional ethics committee)
 - Swiss Federal Commission for data safety
 - All Cantonal Ethics Commissions (for follow-ups)







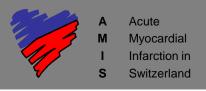
AMIS Plus History

- PIMICS: 1995/96, AMI in 73 hospitals
- AMIS: 1997, AMI in 50 hospitals
 - electronic data transfer, diskettes or Internet
 - Data Center at the Department of Clinical Epidemiology, Geneva University Hospital
- AMIS Plus: 2000, AMI and UA, 20 hospitals
- Transfer of Data Center from Geneva to Zurich
 - at the Institute of Social and Preventive Medicine, University of Zurich





Quality of Patient Care through a reliable Data Base





The AMIS concept

Randomized controlled trials

=EBM





Guidelines







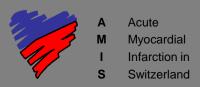


Paul Erne, Berne 5 March 2009



Role of Observational Studies

- Collect data demographics, practice patterns and outcomes
- Comparison of the «real world » to randomized trials and define topics to be improved
- Examine subgroups
- Access and analyze clinical issues at less cost than in clinical trials





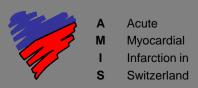
Registries versus Prospective Studies

Registries

- "Real world" conditions (females, elderly patients, polymorbidity)
- Representative of various strategies and differing treatment logistics
- Results reliable only if data acquisition is complete and data quality checked

Prospective Studies

- Selected well-defined study populations: Selection bias by exclusion of the majority of patients
- Strictly standardized treatment conditions
- High data quality





Why are ACS registries necessary?

- ACS is the most important single cause of death outcome
- ACS patients are high-cost users of medical care
- ACS care is complex although the patient population is homogenous
- ACS is a suitable index tracer for testing overall performance of cardiovascular care addressing all important dimensions of quality





Why do we need a national ACS registry?

Teaching

- Adherence to guidelines ?
- Application to current knowledge ?
- Assessment of quality ?

Research

- Are results from RCT identical in the real world and in subgroups?
- Are guidelines applicable and cost effective ?
- Trends do they have an impact? Do we need to adapt?

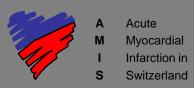




A National AMIS Plus Registry of ACS Patients...

- Provides reliable data on epidemiology
- Is a valuable instrument of quality improvement by assessment and benchmarking
- Gives possibilities for intervention
- Allows improvement of logistics and algorithms

- AMIS-Plus is a comprehensive and ongoing registry
- Focuses on data controlling and data quality
- Enables online analyses
- Is powered by the positive motivation of participating physicians and nurses





Networks / other registries

	Strengths	Weaknesses
Verein Outcome/ QuaZentral	–Implementation through cantonal authorities–Compulsory	-No national registry-Limited duration (only a few years)
European Society of cardiology Registry/ GRACE	International comparisonIntensive controlling of data collection	-Not a representative inclusion of centers and limited time periods





Myocardial

Infarction in

Switzerland



Players

- Sponsors and Donators
- Hospitals:

• >500 beds: 9

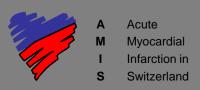
• 250-499 beds: 10

• 125-245 beds: 30

• 75-124 beds: 14

• - 74 beds: 13

- AMIS Plus Data Center
- Steering Committee:
 - 14 members





AMIS Plus Founding Sponsors 1997

- Swiss Heart Foundation
- Astra
- Bristol-Myers Squibb
- Merck Sharp & Dohme-Chibret
- Pfizer





AMIS Plus Sponsors and Donators (time frame)

- Aventis Pharma, 2004
- Boston Scientific, 2004-2006
- Bayer, 2004-2005
- Boehring Ingelheim, 2003-2006
- Boston Scientific, 2004-2006
- Guidant, 2002-2006
- Jomed, 2002
- MCMmedsys, 2006
- Mepha Pharma, 2004-2005
- Merck, 2003-2005

- Roche Pharma, 2002
- Sanofi-Aventis, 2002-2004
- Santésuisse, 2004
- SPSS Schweiz, 2003
- St. Jude Medical, 2003, 2005
- Takeda Pharma, 2004
- Vision Stiftung, 2003





Sponsors of the AMIS Plus Project 2009

- AstraZeneca
- Biotronik, since 2003
- Bayer/Schering, since 2005
- Daiichi/Sankyo/Lilly since 2008
- Invatec, since 2004

- Medtronic, since 2003
- A. Menarini, since 2002
- Pfizer
- St. Jude Medical, since 2006

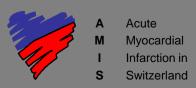




Donators of the AMIS Plus project 2009

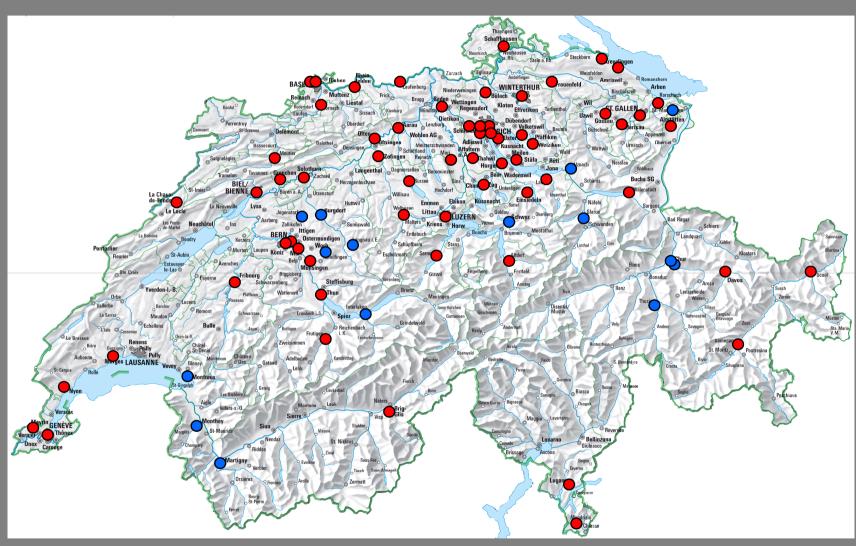
- Abbott, since 2006
- Aotec, since 2007
- Bristol-Myers Squibb,
 since 2005
- GlaxoSmithKline AG, since 2004
- Guidant, since 2008
- Johnson & Johnson –
 since 2002

- Merck Sharp & Dohme-Chibret/Essex, since 2005
- Novartis, since 2006
- Servier, since 2003
- Sanofi-Aventis, since 2005
- Takeda Pharma, since
 2005





AMIS Plus Participants







Myocardial

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Steering Committee

- Erne Paul, Lucerne,
 President
- Bertel O, Zurich
- Eberli F, Zurich
- Essig M, Zweisimmen
- Gutzwiller F, Zurich
- Hunziker P, Basel
- Keller P-F, Genève

- Maggiorini M, Zurich
- Pedrazzini G, Lugano
- Radovanovic D, Zurich
- Rickli H, St. Gallen
- Stauffer J-C, Lausanne
- Urban P, Genève
- Windecker S, Berne





AMIS Plus Data Center Team



Dragana Radovanovic, head of Data Center (60%)



 Nicole Duvoisin, data management (60%)



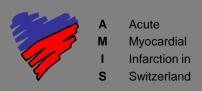
• Caroline Bähler, data management (40%)



 Eveline Doukas, office management (40%)



 Jenny Piket, publications assistant (50%)





Gender differences in management and outcomes in patients with acute coronary syndromes: results on 20 290 patients

Dragana Radovanovic, Paul Erne, Philip Urban, Osmund Bertel, Hans Rickli, Jean-Michel Gaspoz, on balant of the AMIC Plus Investigators from the AMIS Plus Registry

Heart 2007,93:1369-1375, doi: 10.1136/hrt.2006.106781 behalf of the AMIS Plus Investigators

der differences in management and outcomes have been reported in acute coronary

1369

nd 2006

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THE AMERICAN

IOURNAL of

MEDICINE ®

ORIGINAL ARTICLE

Admission glycaemia and outcome in patients with acute coronary syndrome

DAMARIS MÜDESPACHER DRAGANA RADOVANOVIC FDOARDO CAMENZIND, MANERED ESSIG OSMUND BERTEL PAUL ERNE FRANZ ROBERT EBERLI, FELIX GUTZWILLER ON BEHALF OF THE AMIS PLUS INVESTIGATORS

Abstract

ome studies of patients with acute myocardial infarction have reported that hyperglycaemia at admission may be associated with a worse outcome. This study sought to evaluate the association of blood glucose at admission with the outcome of unselected patients with acute coronary syndrome (ACS).

A Report from the AMIS Registry

CLINICAL RESEARCH STUDY

intervals [CI] 1.05-1.14, p<0.001) per mmol/L. The OR for in-hospital mortality was 1.04 (95% CI 0.99-1.1; p=0.140) per mmol/L for patients with diabetes but 1.21 (95% CI 112-1.30; p<0.001) per mmol/L for non-diabet-

In conclusion, elevated glucose level in ACS patients on admission is a significant independent predictor of in-

Annals of Internal Medicine e and Treatment of

ARTICLE IN PRESS

n of In-Hospital Mortality for Acute Myocardia Switzerland With Admission During Routine Du Admission During Out of Hours: Insight Into the MD^{a,*}, Jean-Christophe Staufe

Heart ONLINE

Simple point of care risk stratification in acute coronary syndromes: The AMIS model

Heart Drug

David J. Kurz, Abraham Bernstein, Katrin Hunt, Dragana Radovanovic, Paul Erne, Zbigniew Siudak and Osmund Bertel

Heart published online 9 Dec 2008:

Downloaded from heart.bmijournals.com on 17 June 2005

CARDIOVASCULAR MEDICINE

Trends in reperfusion therapy of ST s myocardial infarction in Switzerland: nationwide registry

A-A Fassa, P Urban, D Radovanovic, N Duvoisin, J-M Gaspa Plus Investigators

> Objective: To document the trends in reperfusion there (STEMI) in Switzerland

Design: National prospective multicentre registry, AMI angina in Switzerland), of patients admitted with acute Setting: 54 hospitals of varying size and capability in Patients: 7098 of 11845 AMIS Plus patients who pr branch block on the ECG at admission.

Main outcome measures: In-hospital mortality and its

Resub.

Philip Urban, MD^a, Osmund Bertel, MD^e, Paul Erne. Ju During Ot AMIS Plus Reg

Clinical Trial

Heart Drug 2003;3:134-140 DOI: 10.1150/000072929

Early Drug Therapy and In-Hospital Mortality following Acute Myocardial Infarction

Paul Erne^a Dragana Radovanovic^b Philip Urban^d Jean-Christophe Stauffer® Osmund Bertel® Felix Gutzwillerb for the AMIS Plus Investigators 1

*Division of Cardiology Kantonsspital Luzern *AMIS Plus Data Center Institute for Social and Preventive Medicine, University Zürich, Division of Cardiology, Stadtspital Triemli, Zürich, Division of Cardiology, Hôpital La Tour, Genève, °Division of Cardiology, Centre Hospitalier Universitaire Vaudois, Lausanne, Sw

Key Words

Drug therapy - Acute myocardial infarction - In-hospital mortality

pating hospitals between 1997 and the effect of factors and drug mortality was assessed by logi

Cardiovasc Drugs Ther (2007) 21:389-398 DOI 10.1007/s10557-007-6044-0

Determinants of Costs **Coronary Syndromes:**

of More Than 10 000 P

Matthias Bramkamp • Dragana Radovano

Paul Erne · Thomas D. Szucs

Philip Urban, MD, a Dragana Radovanovic, MD, b Paul Erne, MD, c Jean-Christophe Stauffer, MD, d Giovanni Pedrazzini, MD,e Stephan Windecker, MD,f Osmund Bertel, MDg; For the AMIS Plus investigators

"Cardiovascular Department, La Tour Hospital, Geneva, Switzerland; "AMIS Plus Data Center, Institute of Social and Preventive Medicine, University of Zurich, Zurich, Switzerland; "Cardiology Department, Cantonal Hospital, Luzern, Switzerland; "Cardiology Center, Cantonal Hospital, Fribourg, Switzerland; Cardiocentro, Lugano, Switzerland; Cardiology Department, Inselspital, Bern, *Cardio-Vascular Center Zurich, Klinik im Park, Zurich, Switzerland.

Impact of Changing Definitions for Myocardial Infarction:

Age-Related Differences in the Use of Guideline-Recommended Age-related Differences in the Ose of Guidenne-recommendedical and Interventional Therapies for Acute Coronary

tress W. Schoenenberger, MD, *† Dragana Radovanovic, MD, † Jean-Christophe Stauffer, MD, s. Anderson Stauffer, MD, s. Areas W. Schoenenberger, M.D.** Dragana Kadovanovic, M.D.* Jean-Christophe S. Gutzwiller, M.D., Philip Urban, M.D., Franz R. Eberli, M.D. ** Andrews Townstings Company of the Action of Andrews Company of the Action of the Action

CARDIOLOGY

Original Research Cardiology 2008;199:156-162

DOI: 10.1159/900196676

The Impact of Statin Treatment on Presentation Mode and Early Outcomes in Acute Coronary Syndromes _cochedi J.C.Stauffer O.Bertel P.Eme

AMIS Plus - Future

- Modifications needed to focus on current challenges
 - Assess novel diagnostic & therapeutic options
 - Assess drug interactions
 - Optimal care despite constraints
 - Assess shortcomings
 - Challenge of congestive heart failure
 - Strategies to prevent sudden death
 - Outcome

