The European Registry of Cardiac Catheter Interventions 1998

Maier W, Meier B, Rotter M
Togni M, Windecker S, Zeiher A

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The European Registry of Cardiac Catheter Interventions 1998

W. Maier, A. Zeiher, M. Rotter, M. Togni, S. Windecker, B. Meier
on behalf of the Working Group Coronary Circulation of the European Society of Cardiology

Abstract: Objective: The tradition of yearly reports on cardiac catheter interventions in Europe has been initiated in 1992. This seventh report presents aggregated data on cardiac catheter procedures in 29 European countries performed in the year 1998.

Design and Setting: A detailed questionnaire addressing summary data of all cardiac interventions was mailed to presidents or designated delegates of the national societies of cardiology in Europe. The questionnaire was distributed to all institutions with cardiac catheterisation programs. All questionnaires were compiled in a national summary data sheet. This task lies in the hands of the national societies of cardiology in Europe. The questionnaire was mailed to presidents or designated delegates of the national societies of cardiology in Europe. The questionnaire was distributed in 1992. This seventh report presents aggregated data on cardiac catheter procedures in 29 European countries performed in the year 1998.

Methods

Set-Up of the Registry

A detailed questionnaire, adapted to current trends in the field, with instructions and examples is being mailed every year to the presidents or designated delegates of the national societies of cardiology represented in the European Society of Cardiology. They distribute a copy of the questionnaire to all institutions, performing diagnostic or interventional procedures in their respective countries. All questionnaires are compiled in a national summary data sheet. This task lies in the hands of the national representatives. The summary data sheets are entered into a central data base and subsequently analysed. In 1998, no data were received from Cyprus and Ireland as in the previous years. Data quality was poor from Hungary, Norway, Poland, and the Netherlands. The Dutch representative provided but the plain number of percutaneous coronary interventions.

Limitations of the Registry

In registry data, sources of potential error include limited external validation of the raw data provided by the local institutions, different local depths of documentation, and communication errors between the institutions, national coordinators, and the central data base. Elementary data on coronary angiography, coronary angioplasty (PTCA), and stenting are supplied readily. Although today virtually every catheterisation laboratory uses computerised performance statistics, procedural details supplied on national and on supranational level are deficient. Therefore, those data must be considered as approximate. However, the involvement of the national societies of cardiology, either directly or by designated delegates, ensures conformity with national registries and statistics and thus guarantees the best level of accuracy to be achieved with current methodology. Overall, the data provide an important overview of interventional cardiology (electrophysiology excluded).


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In Germany – the key contributor to this registry – the data were gathered in 1998 for the first time through a different task force nominated by the national working group. The German figures in 1998 were about of 5–20 % lower than 1997. This is likely due to both a decreasing trend induced by budget restrictions, and a difference in data collection.

■ Results

The major procedures (coronary angiography, PTCA, stenting, new devices, coronary ultrasound) are listed in table 1 in absolute numbers and numbers per 10^6 inhabitants. For reference, the changes from 1997 are also depicted.

Coronary Angiography

Overall, 1,413,206 coronary angiograms were reported during 1998. The population-adjusted rate of coronary angiograms amounted to a mean of 2,554 per 10^6 inhabitants for all of Europe during 1998 (ranging from as high as 6,233 in Germany to as low as 173 in Romania). Population-adjusted there was no change compared with 1997, the absolute numbers differ due to different reporting levels. The highest absolute number was reported from Germany with 510,510 and the lowest from Iceland with 1,172 coronary angiograms. In contrast to the previous years a decreasing trend was observed in a few countries (e.g. Germany −6 %, Greece −7 %). As in the preceding years, the highest relative growth was observed in eastern European countries, mostly in those countries with the biggest backlog (e.g. Croatia +78 %, Latvia +49 %, Lithuania +29 %, Romania +23 %), whereas the growth in the more advanced eastern countries continued at a nearly constant rate (+29 %, Romania +23 %), whereas the growth in the more advanced eastern countries continued at a nearly constant rate of about 20 % (e.g. Czechia +23 %, Poland +20 %). The average, calculated by averaging the country means, was 2,207 ± 1,464 angiograms per 10^6 inhabitants (mean ± standard deviation). More than 3,000 coronary angiograms per 10^6 inhabitants were reported in decreasing order from Germany, Belgium, Iceland, Austria, Switzerland, France, Luxembourg and Norway, whereas less than 500 coronary angiograms per 10^6 inhabitants were observed in decreasing order in the two countries Bulgaria and Romania as in 1997.

Coronary Angioplasty

A total of 421,473 PTCA procedures were reported in Europe during 1998, a 4 % increase from 1997. Compared with the increase of 24 % from 1996 to 1997, this indicates a slower pace of growth in interventional procedures, even considering changes in data collection in Germany. The mean European number of PTCA per 10^6 inhabitants increased by 4 % from 733 in 1997 to 762 in 1998. The average, calculated by averaging the country means, was 649 ± 509 PTCA per 10^6 inhabitants. As in 1997, the highest absolute and population-adjusted number of PTCA were reported from Germany with 153,257 procedures (1,871 per 10^6 inhabitants). They represented, however, a 9 % decrease from 1997. The lowest absolute number of PTCA was observed in Luxembourg, a nation of 0.42 million people with 369 cases and the lowest number of PTCA per 10^6 inhabitants again in Romania (24). In parallel with the figures for coronary angiography, eastern countries showed also the steepest increase in coronary interventions: Croatia +211 %, Lithuania +67 %, Slovakia +58 %, Hungary +55 %, Estonia +42 %, Latvia +41 %. Considerable augmentations were still reported for Denmark (+37 %) and Italy (+36 %), whereas in Germany a slight decrease was observed. In France the increase was only moderate (9 %). More than 1,000 PTCA per 10^6 inhabitants were reported in decreasing order from Germany, Iceland, Belgium, Switzerland, France, and Austria, whereas fewer than 100 PTCA per 10^6 inhabitants were observed in decreasing order only in Bulgaria and Romania. Croatia and Slovakia have left this category in 1998.

The ratio of PTCA per coronary angiography showed a slightly increasing tendency: in Europe as a whole: 30 % in 1998 versus 29 % in 1997, and 27 % (1997: 24 %) when averaging the country means. The ratio of PTCA to coronary angiograms ranged from 39 % in Iceland to 14 % in Romania.

The percentage of percutaneous interventions performed at the time of the diagnostic study may be considered either as an indicator of cost efficiency, but it may also be influenced by organizational policies. Data were available for 36 % of the total population. These data confirm that ad hoc PTCA is more or less established in some countries and still cautiously practised in others, resulting in a considerable per country variation. The mean percentage of ad hoc PTCA, calculated as sum of all ad hoc PTCA reported per sum of interventions for the countries reporting, was 40 % (1997: 43 %). The highest rates were reported from Luxembourg (81 %) and Switzerland (77 %).

Data on multivessel PTCA were available for 43 % of the population. The mean incidence of multivessel PTCA, calculated as sum of all reported multivessel PTCA devided by the sum of interventions for the countries reporting this variable, was 12 %, which is slightly lower than in the preceding year with 14 %.

Coronary Stenting

From 1997 to 1998, reported procedures with stenting increased by 9 % from 235,637 to 260,315. The overall stenting rate, calculated as the sum of all reported stenting procedures related to all reported interventions was 62 %, compared with 58 % in 1997. This indicates in 1998 a plateau in the prior exponential growth curve. Germany performed the highest absolute number of stent procedures (73,776), followed by France (60,261). Greece turned out to be the country with the highest stenting rate (100 %, even reporting 2 % more stent than PTCA cases) and thus has overtaken France. The stenting ratio was > 50 % in the majority of countries, except for (in decreasing and alphabetical order): Germany, Slovenia, Finland, Estonia, Slovakia, Bulgaria, Hungary, Lithuania (table 1).

Other New Devices

The use of other new therapeutic devices, such as laser angioplasty, directional coronary atherectomy, rotablation, or ultrasound therapy was available for 76 % of the survey population. A total of 6,290 cases were reported which means in absolute terms a reduction of roughly 40 % compared with the reported overall numbers of the previous year, even when considering the differences in population samples. Accordingly,
the ratio of new devices to all coronary interventions was further reduced (1.5 % in 1998 versus 2.5 % in 1997).

Intracoronary ultrasound (6,904) and Doppler flow measurements (1,644) decreased in relation to the preceding year 1997 in absolute reported figures. The ratio of reported intracoronary ultrasound and Doppler flow measurements per intervention with specified ultrasound data fell from 5.6 % to 2.5 %, indicating a clear decline in contrast to the increase in the previous year.

Noncoronary Interventions


Complications

Data on procedure-related major adverse cardiac events, i.e. infarction, emergency coronary artery bypass grafting (CABG), and death were available for a sample size of 39 % of the whole population. However, the two countries with the highest absolute interventional volume, Germany and France, were not able to give these figures. The respective ratios are infarction 1.2 %, emergency CABG 0.4 %, and death 0.7 %.

Discussion

This seventh European registry of coronary interventions, as its predecessors, is intended to give a rough and global picture of interventional activity per country with aggregated, not individual patient data. Detailed procedural data collection on a per patient basis as for example in the United States the American College of Cardiology – National Cardiovascular Data Registry [8], the Society for Cardiac Angiography and Interventions Registry [9], and the dynamic National Heart, Lung and Blood Institute registries [10] pursue different goals. These registries share with our survey the limited external validation in comparison with sponsored, randomized, multicenter trial data, but to some extent analyse individual patients’ courses. The goal of our survey in its present form is to collect the anonymous, mandatory data collection is cumbersome and time consuming both on national and supranational levels even for the elementary data sets. This explains that the data are still exclusive, but, however, systematically delayed for about 3 years. Conclusions can be drawn primarily for trends in procedures per inhabitants, for comparisons of resource allocation per country, and for comparisons with epidemiological indicators [11]. The epidemiological background is planned

### Table 1: 1998 European Registry of Cardiac Interventions. Selected Country Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (million inhabitants)</th>
<th>Coronary angiography (n)</th>
<th>Coronary angiography (97/98) (%)</th>
<th>Population to serve (million inhabitants)</th>
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<tbody>
<tr>
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<td>8.1</td>
<td>4,249</td>
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<td>13</td>
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<tr>
<td>Belgium</td>
<td>10.2</td>
<td>4,737</td>
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<td>12</td>
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<td>Germany</td>
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to be extended by implementation of already existing regional data in Europe.

The year 1998 showed, compared with the previous years, a slowing down of the growth rates of coronary angiographies and interventions, amounting in the previous years to globally between 10 and 20 per cent per year. This might be primarily related to budget restrictions in the most active western European countries Germany and France, and the Benelux group, in which the increase for most of the procedures did not exceed ten per cent. As for other western/central European countries, Spain, Switzerland, and the UK remained also below 10 per cent of growth compared with 1997, whereas Austria, Italy and Portugal showed increases of more than 10 %. It is of particular interest that Portugal, coming from a comparably low level of coronary intervention rates as the UK, shows double digits increments, whereas the UK does not. In 1998, Czechiia, a country belonging to the former Eastern bloc until 1999, was performing over 50 % more coronary angioplasties per million inhabitants than the UK. Since the initiation of this registry, the UK interventional activity has been dimensionally inferior to the western continental countries, resulting e.g. in 1998 in a more than 4 times lower population-adjusted intervention rate compared to Germany.

The observation of a temporary levelling off of the increase in percutaneous revascularisation in the more active countries of continental Europe goes in parallel with a stagnation of coronary artery bypass surgery (CABG). Gosh and Unger [7] reported only a 2 % increase in CABG from 1997 to 1998, calculated on a per million inhabitants basis for Europe as a whole and based on a registry comprising a comparable population of 516 million people. Local registries in central European countries with a high revascularisation activity even hint at a declining tendency for CABG.

The most active countries worldwide in terms of coronary revascularisation are undisputedly the United States. However, the fact that official registry or survey data on coronary revascularisation on a national basis are still missing prevents a comparison. The only available source, the annual statistical update of the American Heart Association, based on estimates, demonstrates in its most recent edition [12] a still increasing trend for the year 1998 with a levelling off in 1999, whereas CABG already decreases in 1998. Thus, a certain degree of saturation seems to be achieved in both Europe and the US. However, any prognosis on the future development of coronary revascularisation based on these observations remains speculative.

The use of stents per intervention also seems to have reached some plateau, with at least stents and IIb/IIIa antagonists [13]. In summary, the major finding of the 1998 survey is that, overall, the increment of coronary interventions in Europe seems to have reached some plateau, with continued need to catch up in eastern European countries, in which growth is still exponential. Only a few eastern countries cannot participate in this development, presumably due to their unresolved economic backlog. An incomprehensible dimensional discrepancy in numbers of interventions per population persists between the UK and the rest of the developed western continental European countries. The forthcoming years will show if the slowing down in growth of coronary interventions in Europe reflects only a temporary observation or a definitive saturation of the epidemiological demand.

Acknowledgement

We are indebted to all representatives of the national societies of cardiology participating in this survey. Furthermore, we acknowledge the tremendous effort of all individual centers in collecting the surveyed data and completing the questionnaires. The principal data coordinators of each individual country participating in this survey are in alphabetical order:

Austria: Mühlberger V.
Belgium: Heyndrickx G.
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France: Lablanche J.
Germany: Mannebach H.
Greece: Voudris V.
Hungary: Horstkotte D.
Italy: Piscione F.
Latvia: Kalnins U.
Lithuania: Navickas R.
Luxembourg: Beisell J.
Netherlands: de Boer M.
Norway: Vik-Mo H.
Portugal: Ruyzyllo W.
Romania: Fotiade B.
Russian Federation: Fridrich V.
Sweden: Cijan A.
Switzerland: Albertson P.
Turkey: Meier B.
United Kingdom: De Belder M.

References

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