

Opportunities in the International Consortium of Vascular Registries

Paulo Eduardo Ocke Reis^{1,2*} and Jack L. Cronenwett³

¹Department of Specialized and General Surgery, Fluminense Federal University, Rio de Janeiro, Brazil

²Vascular Clinic Ocke Reis, Rio de Janeiro, Brazil

³Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire

*Corresponding author: Paulo Eduardo Ocke Reis, Department of Specialized and General Surgery, Fluminense Federal University, Brazil, Tel No: +55 21 2629-5000; E-mail: vascular@pauloocke.com.br

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Editorial

It is difficult for vascular surgeons to recognize patterns associated with bad outcomes because they occur infrequently even in a busy practice. This makes quality improvement difficult and suggests the need for collaborative registries that can analyze thousands of patients to discern and incent best practices. Hertzner and colleagues first demonstrated the feasibility of a regional vascular registry in 1979 and emphasized that we must measure our performance in order to improve it [1]. By the 1990's, several European vascular registries were established and were organized as the VASCUNET collaboration of registries under the European Society of Vascular and Endovascular Surgery in 1997 [2]. In 2002, the first US regional vascular quality improvement registry was started in New England [3], and this expanded to become the Vascular Quality Initiative (VQI) of the Society for Vascular Surgery in 2011 [4].

Benefiting from this rich background, the International Consortium of Vascular Registries (ICVR) was organized as a global collaboration of 13 national registries from VASCUNET and VQI [5]. It has infrastructure support from the Medical Device Epidemiology Network (MDEpiNet) [6], a US based public private partnership sponsored by the FDA to promote the use of real-world evidence for medical device evaluation. The ICVR aims to improve the quality of vascular care by exchanging information among many countries in order to analyze and report on variation in treatment type, patient selection and device performance. ICVR meets biannually with representatives from Australia, Denmark, Finland, France, Germany, Hungary, Iceland, Japan, Netherlands, New Zealand, Spain, Sweden, Switzerland, United Kingdom and United States. Recent projects analyzing 30,000 AAA and 60,000 carotid procedures showed substantial variation in treatment type and patient selection by country, with opportunity to reach more uniform care [7,8]. Current projects are focusing on outcome and device evaluation.

After attending the recent ICVR meeting in New York City, I am motivated to initiate a quality improvement registry in

Brazil, and hope that other South American countries will follow. It can be challenging to start a national registry, but lessons from ICVR countries suggest that we start with limited data collection for 1-2 treatment types and expand this gradually. Surgeons are keenly interested in benchmark reports that anonymously compare their results with others, since all want to see what and how they can improve. It is my hope to launch this in several Brazilian centres in 2019 and invite all interested surgeons to contact me.

References

1. Plecha FR, Avellone JC, Beven EG, DePalma RG, Hertzner NR (1979) A computerized vascular registry: Experience of the Cleveland Vascular Society. *Surgery* 86: 826-835.
2. Mitchell D, Venermo M, Mani K, Bjorck M, Troëng T, et al. (2015) Quality improvement in vascular surgery: The role of comparative audit and vascunet. *Eur J Vasc Endovasc Surg* 49: 1-3.
3. Cronenwett JL, Likosky DS, Russell MT, Eldrup-Jorgensen J, Stanley AC, et al. (2007) A regional registry for quality assurance and improvement: the vascular study group of northern new england (VSGNNE). *J Vasc Surg* 46: 1093-1101.
4. Cronenwett JL, Kraiss LW, Cambria RP (2012) The society for vascular surgery vascular quality initiative. *J Vasc Surg* 55: 1529-1537.
5. Sedrakyan A, Cronenwett JL, Venermo M, Kraiss L, Marinac-Dabic D, et al. (2017) An international vascular registry infrastructure for medical device evaluation and surveillance. *J Vasc Surg* 65:1220-1222.
6. Krucoff MW, Sedrakyan A, Normand SL (2015) Bridging unmet medical device ecosystem needs with strategically coordinated registries networks. *JAMA* 314: 1691-1692.
7. Beck AW, Sedrakyan A, Mao J, Venermo M, Faizer R, et al. (2016) International consortium of vascular registries. Variations in abdominal aortic aneurysm care: A report from the international consortium of vascular registries. *Circulation* 134: 1948-1958.
8. Venermo M, Wang G, Sedrakyan A, Mao J, Eldrup N, et al. (2017) Editor's choice-carotid stenosis treatment: variation in

international practice patterns. Eur J Vasc Endovasc Surg 53:
511-519.