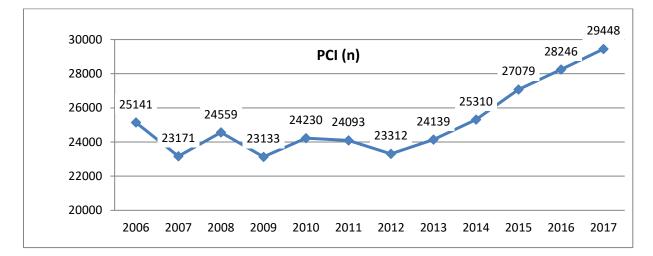
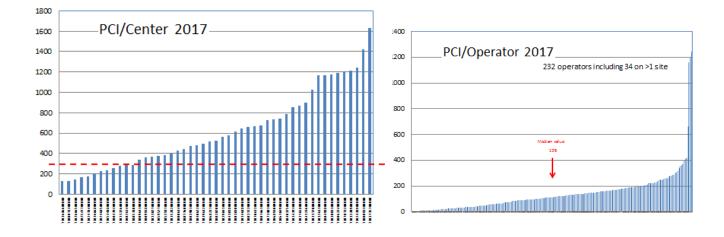
Coronary interventions

The number of percutaneous coronary interventions (PCI) continuously increases since 2013. Due to the delay in encoding data in the QERMID database, the data from 2018 are still incomplete.

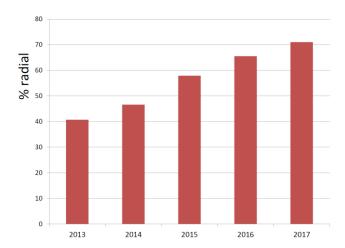
Several meetings have been organized to prepare the migration of the present QERMID database to Healthdata. The present analysis is based on the QERMID data from 2017. Quantitatively, these data shows an important heterogeneity in the caseload per center and per operator. The activity of a substantial number of PCI centers remains below 300/year. The overall median caseload per operator is 106 PCI/year.





The in-hospital mortality is low in elective cases (0.45%) and averages 4.9% in acute cases (which includes direct PCIs for STEMI). These values are similar to those observed during the two preceding years and equivalent to what is reported in most foreign databases.

71% of procedures were done through a radial access, a constant rise since 2013. This continuous increase reflects an application of the most recent guidelines that recommend the radial approach for treatment of acute coronary syndromes by experienced operators.



Proportion of PCI performed through radial access from 2013 to 2017

Structural interventions

TAVI

A national on-line TAVI Registry was designed in August 2014. The 25 TAVI sites that share their data within this national TAVI Registry can access the registry by a user specific username and password. Provider of the digital platform is Lambda Plus.

The number of symptomatic patients with significant aortic valve stenosis, treated by TAVI is increasing progressively. In the period 2008-2018, based on analysis of the Belgian TAVI Registry, at least 2987 patients were treated with TAVI, of which at least 1511 since 2016. Most probably however, the Belgian TAVI Registry (like many registries) is underreporting reality since sharing of data by the different TAVI sites is purely on a voluntary basis.

Number of patients, treated by TAVI in 2016-2018, based on Registry data, RIZIV data or company data:

	2016	2017	2018
TAVI Registry	580	509	422
RIZIV reimbursement data		714	585
Company data	517	737	814

Based on company data, the number of implants delivered in Belgium in the period 2016-2018 was 2068. There might however be a slight overestimation since most probably some non-Belgian (mostly Dutch) patients were also included. The number of TAVI procedures in Belgium, based on company data, seems to exceed the number of procedures based on RIZIV data.

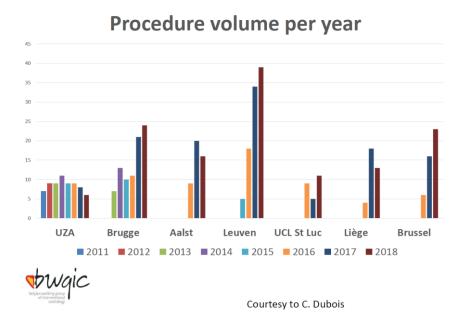
	2016	5 2017	1 till 11/2018
	580	509	422
age	82,3±8,9	82,4±7,4	82,3±7,6
male (%)	45%	46%	46%
BMI	28,7±9,1	31±8,1	30,6±7,8
EuroScore II	8,4±4,2	7,2±4,1	7,3±4,1
log EuroScore	21±7	22,4±6,8	20,7±7,1
STS score	6,6±3,1	6,6±3,3	6,4±3,3
mean grad (mm Hg)	47±21	45,6±18,3	46,6±19,2
peak gradient (mm Hg)	75±31	69,3±27,3	68,5±28,3
atrial fibrillation (%)	31%	33%	31%

Characteristics of the patients remained remarkably stable during the last three years.

Mitraclip

On March 1_{st}, 2016, a Limited Clinical Application (LCA) was initiated for "one or more implants and adjunctives for percutaneous repair of the coaptation of the mitral valve leaflets in patients with symptomatic severe mitral valve regurgitation at high or prohibitive risk for surgery". The LCA implied an obligation to cardiac networks and their scientific working groups to monitor patient selection, implantation procedures and patient outcome. More specifically, the LCA regulation requested a yearly interim analysis of a limited dataset (deadline July 1_{st}, yearly), as well as a more profound analysis to be completed before July 1_{st}, 2020. Data from patients undergoing MitraClip implantation are stored in an e-database (e-MITRABEL). Database was designed according to the requirements of RIZIV/INAMI.

The final report is in preparation with the collaboration of RIZIV/INAMI and of the IMA (intermutualistic agency) in order to include cost analysis. A first meeting was followed by several email contacts. It appears that permission must be obtained from the Information Safety Committee before to use any data for reporting to RIZIV/INAMI. We are



currently awaiting further feedback from RIZIV/INAMI on how to proceed.

The number of Mitraclip implantations were below the allocated quota in 2017 (111/140) and in 2018 (128/155) but some centers reached and went over their quotum while other centers did not reached the allocated number of implantations.

LAAO Closure

Data of LAAO closure are continuously collected and monitored. In January 2018 the outcome of 457 consecutive patients undergoing LAAO in 21 centres in Belgium Between June 2009 and November 2016 were published in EuroIntervention (EuroIntervention 2018;13:1603-1611)

Communication with centers

Activities of the BWGIC are presented to all members during the general assembly (spring meeting of the BWGIC, 04th May, 2018). In addition, a newsletter (6th edition) was recently addressed to all members in January 2019 summarizing the relevant scientific initiatives of the BWGIC and some data from the ongoing registries.