

European Registry For Quality Improvement In Corneal Transplantation Surgery 1341-B0048

List of Authors

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Purpose

ECCTR aims to build a common assessment methodology and establish an EU web-based registry and network for academics, health professionals and authorities to assess and verify the safety, quality and efficacy of corneal transplantation.

The consortium for this project consists of eight partners: the European Society of Cataract and Refractive Surgeons (ESCRS), European Society of Cornea and Ocular Surface Disease Specialists (EuCornea), Fondazione Banca degli Occhi del Veneto Onlus (FBOV) & European Eye Bank Association (EEBA), NHS Blood and Transplant (NHSBT), University of Maastricht (MU), Dutch transplant foundation (NTS) and Blekinge Lans Landsting (LTBlekinge).

ECCTR is co-funded by





Clinics participating in the ECCTR come from:

Austria, Belgium, Czech Republic, Finland, France, Germany, Ireland, Italy, Norway, Portugal, Spain, Latvia, Switzerland, The Netherlands, UK, Sweden, Denmark

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Methods

An Electronic Data Capture (EDC) platform has been developed. The registry records data related to the donor, transplant procedure and the recipient. Data related to the donor tissue, including the recently introduced Single European Code (SEC), is obtained from participating eye banks. Baseline information on the recipient includes indication for transplantation, vision, refraction, and risk factors for graft failure, among others. Follow-up data is provided after two-years, including graft survival, visual and refractive outcomes, and postoperative complications. We also included a novel tool to assess Patient Reported Outcome Measures (PROMs) after corneal transplantation.

Results

ECCTR allows both manual input of data via the web, and direct transfer of data from existing national registries. Interfaces have been developed to avoid double entry in countries where corneal transplantation registries are operating.

ECCTR benefits to surgeons:

- Unique opportunity to monitor and compare outcomes anonymously
- Clinical outcome data when new surgical procedures are introduced
- Provision of innovative benchmarks for comparing and demonstrating good practice
- Link to Patient Reported Outcomes

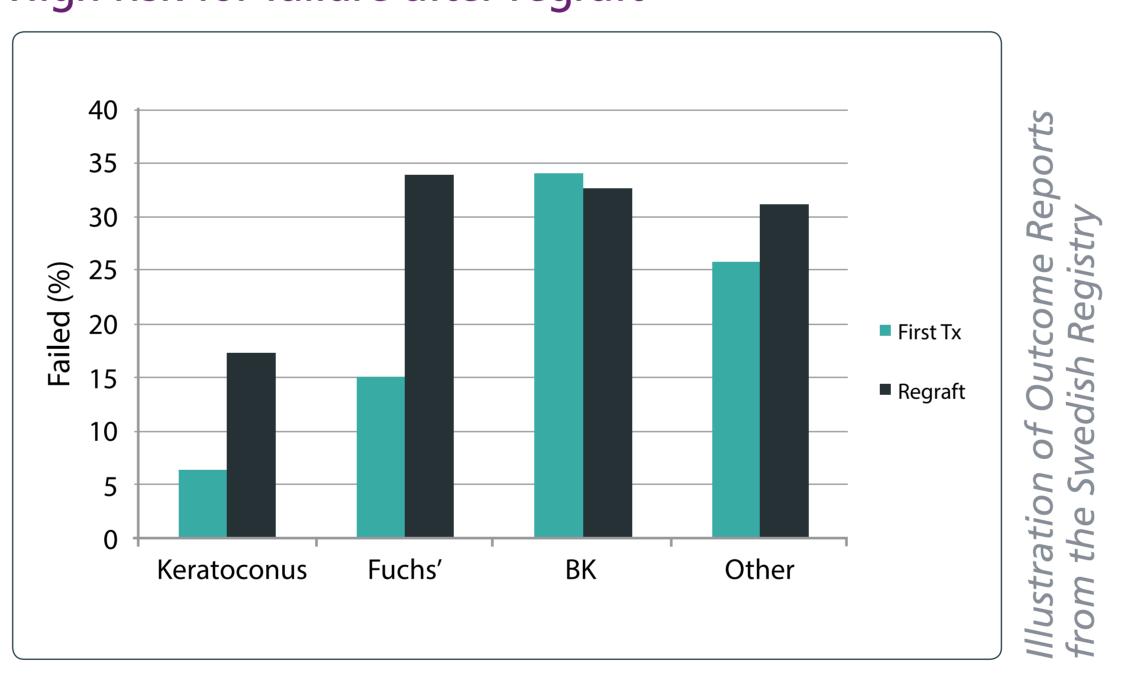
Selection and transplantation in 2016 – EEBA Annual Directory 2018 Selected Percentage Transplanted Selected not transplanted not transplanted Emergency 1767 1169 496 28% Anterior lamellar 212 255 10% 22 Deep anterior lamellar 675 695 Posterior lamellar 4534 4450 4348 160 4430 DMEK 4% 6% 12646 749 11717 Unknown 502 6% 7% 1654 Total 23218 24449

Conclusions

A European quality registry has been set-up for corneal transplant surgery. It incorporates one of the largest web-based databases in the field. ECCTR offers surgeons a tool for quality improvement by comparison and benchmarking with state-of-the-art epidemiological data and patient reported outcomes.

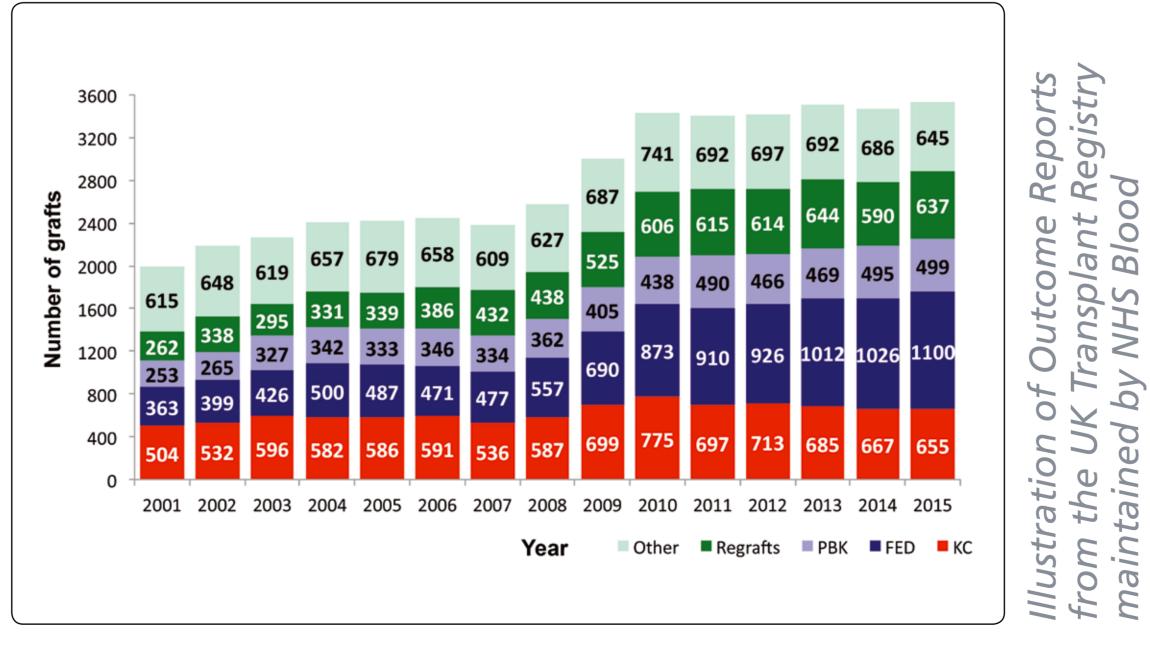
Benefits and Benchmarking

High risk for failure after regraft



High risk for failure after regraft: Failure within 2 years by indication for first Tx (n=1050) and by original indication for regrafts (n=386)

Main indications for corneal transplants



Number of grafts per year for each of the main indications, expressed as a number

Corneas Distributed in 2016 –
EUROCET Report 2017

INCREMANY

SWEDEN

1,091

LATVA
11

LITHUANIA
73

FRANCE
4,979

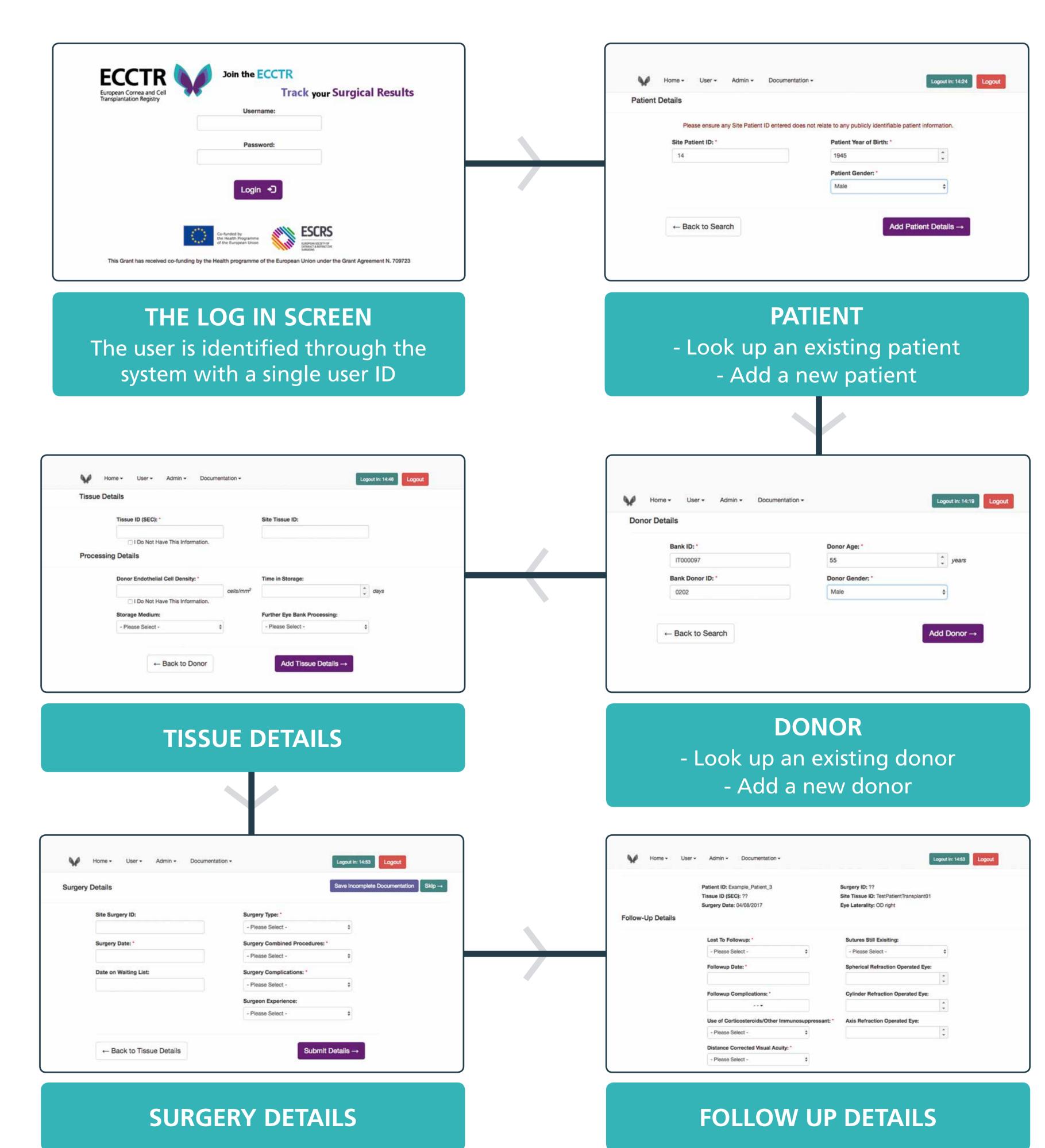
SPECGIUR

SECONOMERIBLE

1,083

SECONOM

FINLAND



Disclosures: Lucia Brocato, None; John Armitage, None; Margareta Claesson, None; Gary Jones, None; Cynthia Konijn, None; Martin Heemskerk, None; Jesper Hjortdal, None; Mark Jones; None; Ulf Stenevi, None; Rudy MMA Nuijts, Abbott (S), Alcon (C,L,S), Asico (C), Bausch & Lomb (C), Carl-Zeiss (S), Gebauer (S), HumanOptics (S), Ophtec (S), Oculentis (S), TheaPharma (C); Mats Lundström, None; Mor M. Dickman, None.