Screening Data Collection

Develop a core uniform screening data set
Inclusion of core data

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Background

• What information can echo provide?
  – Diagnosis of HCM, coronary artery anomalies, CM, myocarditis, aortic root enlargement
• What do we need to achieve with echo data?
  – Is it a helpful tool in the screening process?
• What echo data needs to be collected?
  – Measurements, images, pt data (ht, wt, BP)
• What are the ways to collect data?
• If we are obtaining information, it needs to be quality data
What works well today

• ? Echo core lab
  – No current standard guidelines for echo core lab, just recommendations on how to run it
  – Initiate independent core lab or find established core lab that suits our needs?
  – Oversight, personnel, quality assurance, IT support,
  – What would it be used for?
    • Storage, interpretation/quantification
  – Need to figure out end points and set up to accomplish goals
  – Minimize variability and maximize reproducibility
    • measurements at home site or core lab reader?
Problems with echo

• Uniformity/Protocols
  – Who to include?
  – Image acquisition
    • Multiple sonographers, physicians, equipment, data storage/transfer
  – Image interpretation
  – Measurements
  – Quality assurance

• Advantage
  – DICOM=digital imaging and communication in medicine
Echo short term goals

- Determine site for ECL
- Establish protocol to participate in depository
- Recommend protocol?
- Ease of use
- What costs are involved?
Echo long term goals

• Making it work
• Interpreting data sets
• Correlate/connect EKG with echo data sets
• Accommodate to new technologies
Echo in screening

- Huge hurdles to get to finish line
- But we need to get to the finish line