National Registries and Transplant Outcomes: An Update from the Canadian Organ Replacement Register (CORR)

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Vice President, CORR Board of Directors BC Kidney Days 2012 Friday, October 19th, 2012

Outline

- Introduction
- Purpose
- History
- Organization
- Data (scope, elements, sources, quality)
- Trends in kidney transplantation, 2001 to 2010
- Access to Kidney Transplantation Feasibility Study
- · Future directions

Introduction

- Canadian Organ Replacement Register (CORR) is the national information system for end-stage renal disease and solid organ transplantation
- Day-to-day operations currently based at the Canadian Institute for Health Information (CIHI)
- Mission: To provide a national database on vital organ replacement therapy in Canada, with the goal of enhancing treatment, research, and patient care
- CORR Board of Directors is responsible for providing strategic advice to CIHI re: the register

Purpose

- Collect, process and analyze summary data on endstage organ failure and organ transplants
- Provide a pan-Canadian view on end-stage organ failure statistics for comparative analyses
- Increase the availability of comparative material to facilitate development of treatment algorithms
- Provide statistics on long-term trends that can be used for program and system planning
- Provide a feedback mechanism to facilities, a quality assurance function for treatment, and a national standard for comparison

History

- 1972 CORR began as a renal failure registry under the leadership of Dr. Arthur Shimizu
- 1973 Registry transferred to Statistics Canada in collaboration with Kidney Foundation of Canada (KFOC)
- 1974 First report produced
- Mid-1970's Detailed reports of dialysis and kidney transplantation activity continued
- 1980 Registry revived after few years of inactivity under new partnership between KFOC, Health and Welfare Canada, and Statistics Canada
- 1981 Data collection re-initiated on all chronic renal failure patients on RRT (data previously collected were lost)

History (cont'd)

- 1985 Advisory Committee on Institutional and Medical Services (ACIMS) recommended including data on extra-renal organ transplants in registry
- 1987 Hospital Medical Records Institute (HMRI) awarded contract to operate new expanded registry
- 1988 CORR started collecting data on extra-renal organ transplants
- 1990 CORR incorporated
- 1994 Merger of HMRI and sections of Health Canada and Statistics Canada to formed the Canadian Institute for Health Information (CIHI)
- · 1995 CORR became fully integrated within CIHI

Organization

- CIHI houses and operates the CORR
 - President & CEO: John Wright
 - Director, Clinical Registries: Greg Webster
 - Manager, Clinical Registries: Claire Marie Fortin
 - Program Lead: Bob Williams
 - Analysts: Frank Ivis and Yingbo Na
- CORR Board functions in an advisory role to CIHI providing strategic advice on scientific and health policy matters as well as representing the interests of the renal and organ transplantation communities

CORR Board of Directors

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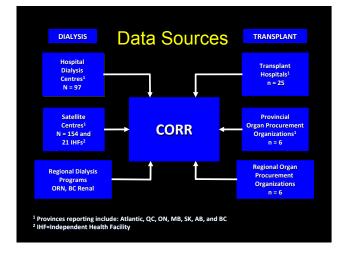
Susan Samuel Pediatric Nephrology

Scope

- · CORR is patient-oriented
 - Followed until death or lost to follow-up
- · Captures information on:
 - Treated patients
 - Specific treatments
 - Organ donors
 - Aggregate transplant waiting list statistics from OPOs
 - Transplant and dialysis facilities
- · Access to Kidney Transplantation Project
 - Referral and wait-listing activity at patient-level

Data Elements

- · Nearly 600 data elements in CORR database
 - Patient demographics (DOB, sex, race/ethnicity, postal code)
 - Diagnosis and co-morbidities
 - Treatment specific information (HD, PD, solid organ transplants)
 - Treatment changes (hospital transfers, modality changes, dialysis withdrawal)
 - Outcomes (organ failures, death)
 - Donor information (demographics, organs donated and transplanted)

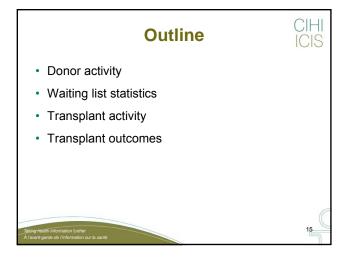


Data Quality

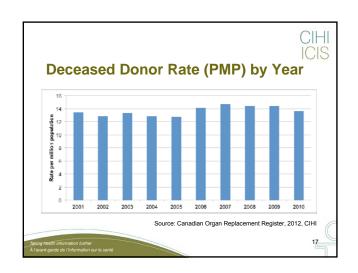
- CORR is a voluntary registry (i.e., data submission is not provincially or nationally mandated)
- In 2008, coverage of transplants in CORR is 98.5% vs. coverage of transplants in Discharge Abstracts Database
- In 2009, 99.7% of aggregate data on kidney transplant counts from OPOs reflected patient-level data in CORR
- From 2000 to 2009, CORR failed to capture only 77 of 9,344 deceased and living donors
- From 2000 to 2009, item non-response ≥ 10% occurred in race, causes of graft failure or death, and various comorbid conditions (low to moderate SN, high SP)

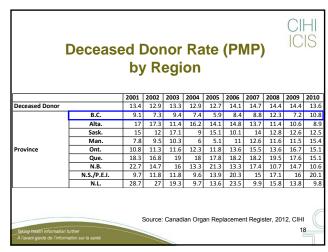
A Validation Study of the Canadian Organ Replacement Register Louise M. Moist, "Meather A. Richards," Dana Miskulin," Charmaine E. Lok," Karen Yeates, "Amit X. Garg." 1. Medical records from 1,125 incident dialysis patients registered in CORR from 2005 to 2006 1. Agreement > 97% for HCN, DOB, sex and 71% (47% to 89%) for primary renal disease 1. Comorbid conditions generally under-reported with SN ranging from 0.47 (95% CI, 0.38 to 0.55) for PVD to 0.89 (95% CI, 0.80 to 0.92) for HTN 1. Specificity for comorbid conditions > 93% except for HTN 1. Adjusted hazard ratios for death similar whether calculated with data from CORR or medical record

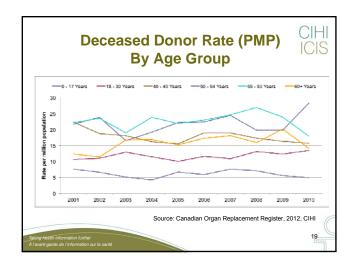
Trends in Kidney Transplantation 2001 to 2010

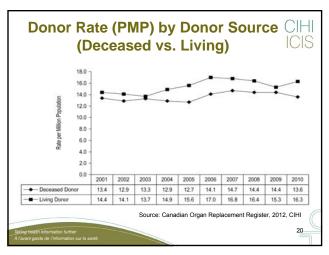


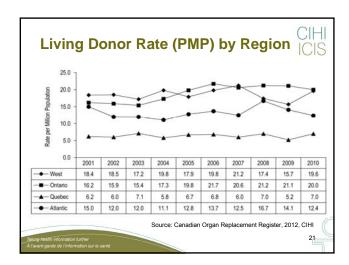


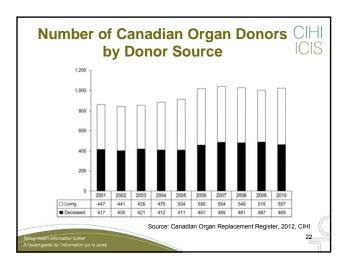


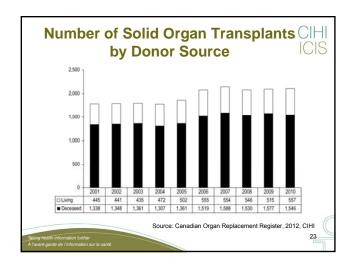


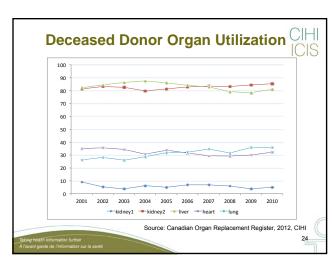






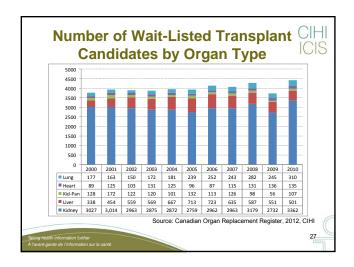


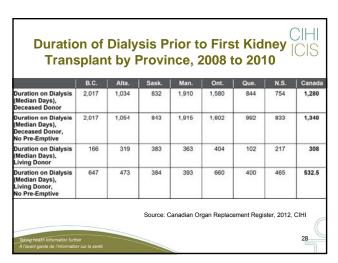


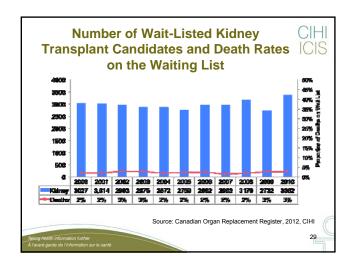


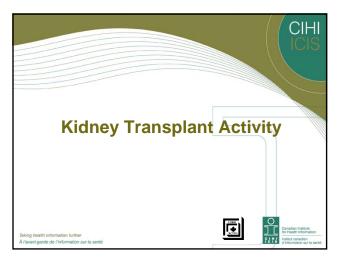


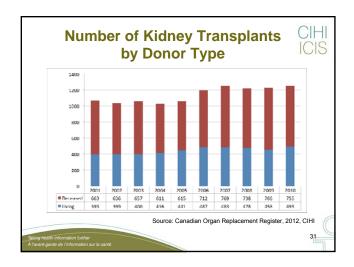


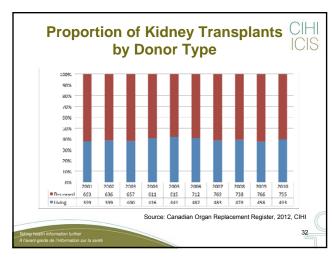


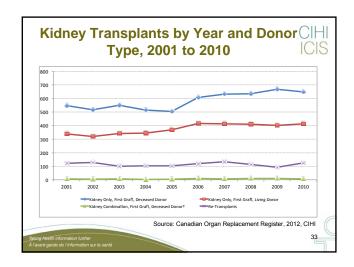


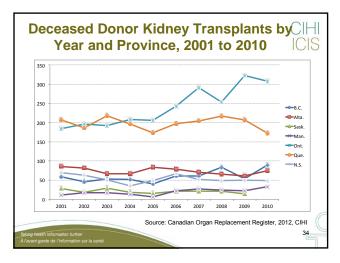


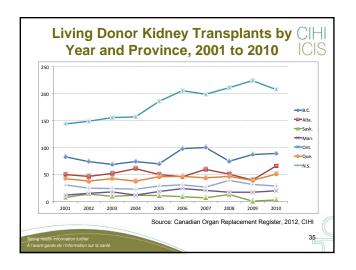


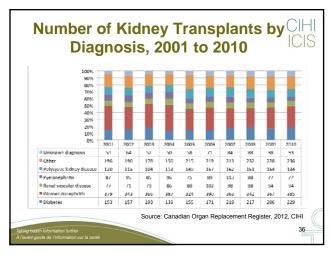


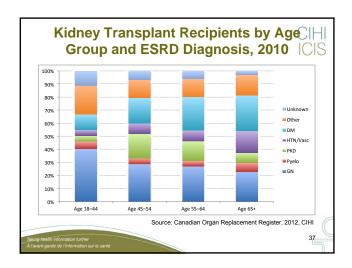


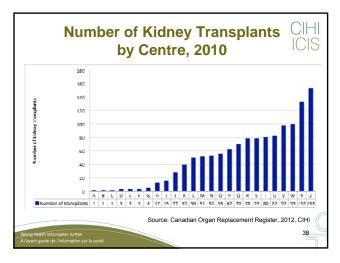


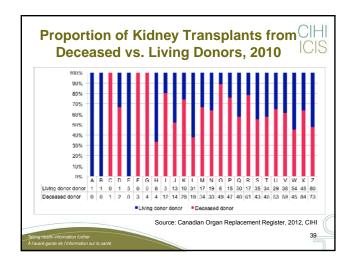


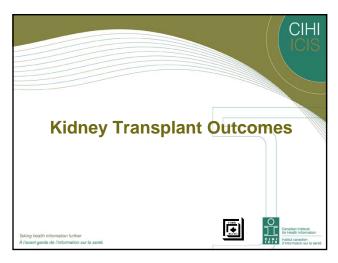


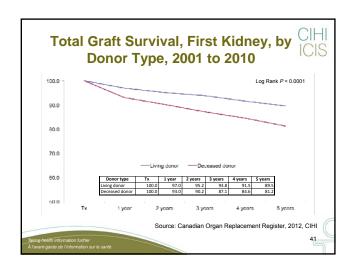


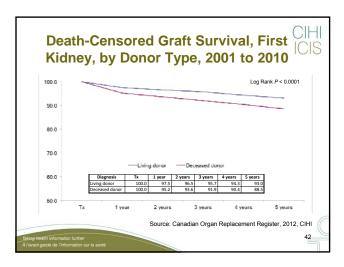


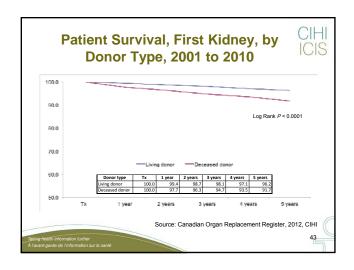


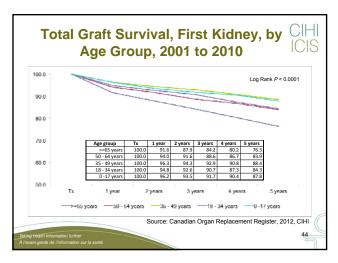


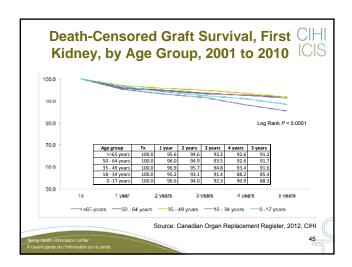


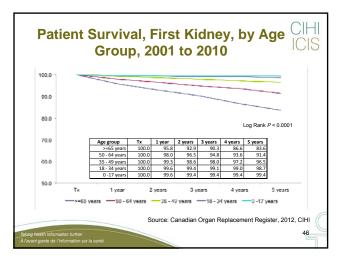


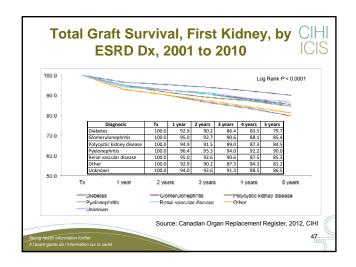


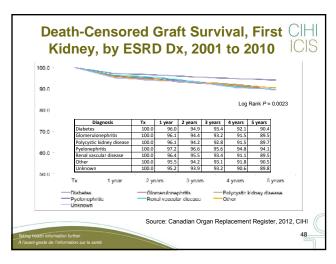


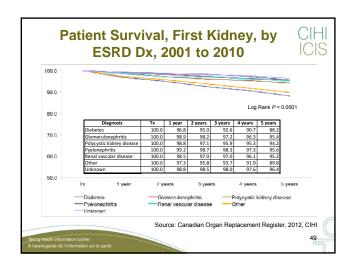


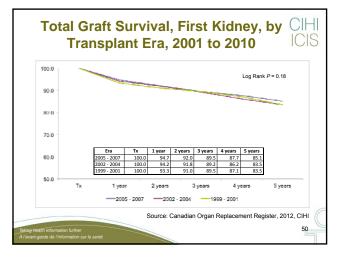


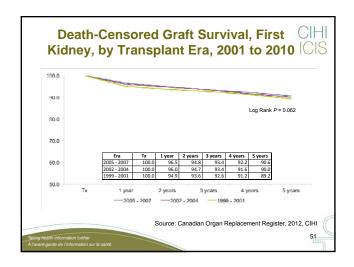


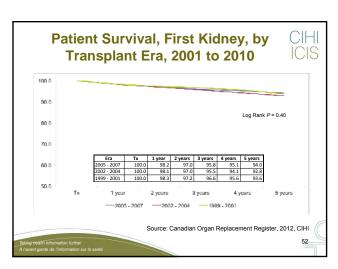


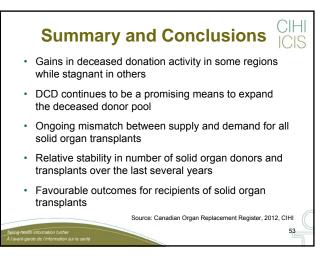


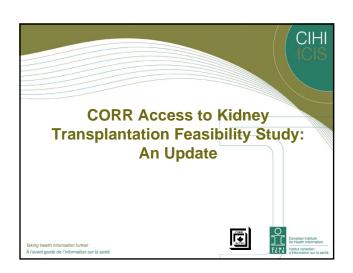












CORR Access to Kidney Transplantation Feasibility Project

- Five-year feasibility project that collects referral and waitlist activity on a cohort of ESRD patients referred to Canadian transplant centres
- · Sponsored by CORR Board in partnership with CIHI
- Data collected directly from transplant centres with follow-up on those activated onto the deceased donor waiting list
- For analysis, data to be linked to CORR to capture waitlist and post-transplant outcomes
- At end of project, discussions on maintaining this data collection stream on a permanent basis.

laking health information further À l'avant-garde de l'information sur la santé

Project Steering Committee



- Dr. John GillDr. Joseph Kim,
- Steve Brulé
- Dr. Trish Campbell
- · Dr. Marcelo Cantarovich
- Dr. Bryce Kiberd
- Dr. Greg Knoll
- · CIHI:
- QE II HSC Ottawa Hospital

St. Paul's Hospital

University of Alberta

Royal Victoria Hospital

Toronto General Hospital

Canadian Blood Services

- Greg Webster, Director, Clinical RegistriesClaire Marie Fortin, Manager, Clinical Registries
- Bob Williams, Program Lead, CORR

Taking health information further À l'avant-garde de l'information sur la santé

Methodology



- · Sixteen actively participating transplant centres
- Patients enrolling over 3 year period (started with all new referrals as of 1 Jun 2010)
- Follow-up on cohort until end of data collection period on 31 Mar 2015
- Data submission via paper or electronic files to CIHI
- CORR Board sponsoring a Microsoft Access application used for data entry and creation of data files to send to CIHI

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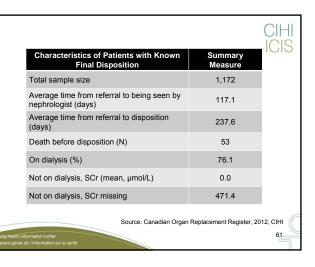
Type of Information Collected

- · Time of referral:
 - Patient demographics, referral date, dialysis status, date dialysis initiated
- Final disposition:
 - Date seen by physician, date of final disposition
 - Wait list type and reasons why/why not activated
 - Serology (for those wait-listed)
- · Wait List Activity
 - Date of removal (if 6+ months off list)
 - Reasons for removal
 - Date of reactivation

A l'avant-garde de l'information sur la santé

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Wait-listing Stage	2010 Q2	2010 Q3	2010 Q4	2011 Q1	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	Total
Referral	204	560	504	587	559	495	363	268	230	11	3,781
Disposition	101	231	207	196	160	120	63	29	10	0	1,117
Disposition rate (%)	49.5	41.3	41.1	33.4	28.6	24.2	17.4	10.8	4.3	0.0	29.
Activated to DD wait-list	57	137	132	116	96	67	36	15	6	0	662
Not activated to DD wait-list	45	94	77	80	64	53	27	14	4	0	458

Patient Characteristics at Referral	Summary Measure	CIH
Total sample size	3,781	ICIS
Age (mean, years)	52.0	
Age ≥ 65 years (%)	18.3	
Sex (%)		
Female	36.6	
Male	63.4	
Race (%)		
Caucasian	39.9	
Other	23.2	
Unknown	36.9	
Valid HCN (%)	99.5	
Valid postal code (%)	98.8	
On dialysis (%)	61.1	
Not on dialysis, SCr (mean, µmol/L)	388.1	
Not on dialysis, SCr missing (%)	7.5	
n information further do de l'information sur la santé Source: Canadian Organ Re	placement Register, 2	2012, CIHI 60



Summary and Conclusions ICIS



- Cohort of over 3,700 patients referred for kidney transplantation in under 2 years
- Proportion with reported final disposition below 50% and lower in more recent guarters
- · Approximately 39% of patients are not on dialysis at the time of referral
- · PRA data missing in 24% to 34% of patients at the time of wait-listing

Source: Canadian Organ Replacement Register, 2012, CIHI

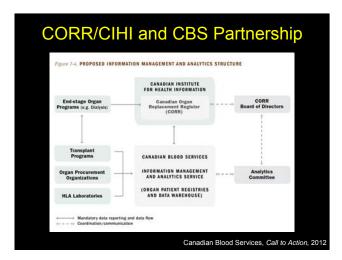
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Next Steps



- · Reconciliation of total referrals at each transplant centre with those reported to CORR/CIHI
- Update and complete reports on final disposition for all referred patients
- · Explore ways to improve timeliness and completeness of PRA data at time of wait-listing
- Ramp up data collection on holds and reactivations for patients on the wait-list
- Link to CORR for mortality and transplant events

Future Directions



Future Directions

- Data collection and follow-up of patients in the Access to Kidney Transplantation Feasibility Study
- · Comprehensive transplant data element review
- eCORR electronic data entry
- Re-evaluate and revise data request process to improve access to CORR data for investigators
- Operationalize partnership with Canadian Blood Services around acquisition and management of transplant data

