

# 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

