

China An Integrated Study

Trial Design

The China Acute Myocardial Infarction (CAMI) Registry: A national long-term registry-research-education integrated platform for exploring acute myocardial infarction in China



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Background Acute myocardial infarction (AMI) has become a major cause of hospitalization and mortality in China. There has been limited data to date available to characterize AMI presentation, contemporary patterns of medical care, and outcomes in China.

Aims The CAMI Registry is a national project with the objectives to timely obtain real-world knowledge about AMI patients and to provide the platform for clinical research, guide preventive measures and care quality improvement efforts in China.

Methods and Progress The CAMI registry is a prospective, nationwide, multicenter observational study for AMI patients. The registry includes three levels of hospitals (representing typical Chinese governmental and administrative models) from all provinces and municipalities throughout Mainland China except Hong Kong and Macau. Sites were instructed to enroll consecutive patients with a primary diagnosis of AMI. Clinical data, treatments, outcomes and cost are collected by local investigators and captured electronically, with a standardized set of variables and standard definitions, and rigorous data quality control. Postdischarge patient follow-up to 2 years is planned. The CAMI Registry was launched in January 2013. A total of 108 hospitals have participated in this registry so far. As of September 2014, 26,103 patients with AMI were registered.

Conclusions The CAMI registry represents a well-supported and the largest national long-term registry-research-education platform for surveillance, research, prevention and care improvement for AMI in China, the world's most populous nation. The broad representation of all provinces and different-level hospitals will allow for the exploration of AMI across diverse geographic regions and economic circumstances. (*Am Heart J* 2016;175:193-201.e3)

The mortality of acute myocardial infarction (AMI) has been declining over the past 50 years in US and European countries.¹⁻⁵ The significant improvement in outcomes is concurrent with the translation and integration of evidence-based AMI care including early myocardial

reperfusion, effective antithrombotic therapy, and intensive evidence-based medication into routine clinical practice.¹⁻⁵

Whereas in China, the morbidity of ischemic heart disease including AMI has sharply increased and become a major cause of emergency medical care, hospitalization and death over the past few decades.^{6,7} This increase in part represents economic and medical progress that has led to declines in infectious diseases and a shift to chronic diseases in China.^{8,9} However, increasing urbanization, economic prosperity and western influences have also increased consumption of animal fats, cigarette smoking, and obesity, all leading to the marked increase in cardiovascular diseases, especially in the younger and rural population.^{10,11} The broad geography, unbalanced economy, different population, and varied life-styles in China may bring about variation in prevalence and clinical characteristics of AMI, but epidemiologic nationwide data across the whole country is lacking.

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study during.

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