BREST (The Brest REgistry of STroke) - Registre des AVC du pays de Brest (registre qualifié 2011-2017)

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General

Identification

Detailed name	Registre des AVC du pays de Brest (registre qualifié 2011-2017)
Sign or acronym	BREST (The Brest REgistry of STroke)
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	908085

General Aspects

Medical area	Neurology
Health determinants	Geography
Others (details)	Cerebral (CVAs), ischemic and hemorrhagic vascular accidents, Stroke, Brain ischemia, Brain hemorrhage, Ischemic stroke, Hemorrhagic stroke
Keywords	Databank, Vascular risk factors, Stroke; transient ischaemic attack (TIA); epidemiology; registry

Scientific investigator(s) (Contact)

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Organization	CHRU

Collaborations

Participation in projects, networks and consortia	Yes
Details	Registries of Dijon and Lille, EHESP, InVS, CTAD-PEPI (Rennes)

Funding

Funding status	Public
Details	Institut de veille sanitaire - InVS, INSERM

Governance of the database

Sponsor(s) or organisation(s) responsible	CHRU Brest
Organisation status	Public

Additional contact

Main features

Type of database

Type of database	Morbidity registers
Database recruitment is carried out by an intermediary	A selection of health institutions and services
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	Selection of subjects having the required inclusion criteria.Several sources are used to identify cases:- University-Hospital Centers- Hospital Center of Landerneau- HIA (Armed Forces Teaching Hospital)- Private-practicing neurologists- DDASS (death certificates)- Private-practicing radiologists- Private-practicing general practitioners

Database objective

Main objective	The main objective of Brest Stroke Registry is to regroup all confirmed cases of stroke over a defined geographical zone in order to calculate an incidence. There are three prospective medium-term goals: - In respect with public health epidemiology:

1- To obtain incidence data and evaluate the regional and international divergences
This is about obtaining confirmed incidence data given that there are only two French data bases in Dijon and Lille. Our results put forward a high stroke incidence rate in the region of Brest. The rates of combined standardized attacks for 2008-2010 in 1 00 000 people were:
For men: 356.7 (IC95%: 317,5-396.0); 445.5 (IC95%: 414.7-476.3) and 464.1 (IC95%: 415.0-513.2) for Dijon, Brest and Lille respectively. (Cf registry comparison)
For women: 244.8 (IC95%: 219.7-269.8); 300.9 (IC95%: 282.9-319.0) and 362.4 (IC95%: 331.8-393.1) for Dijon, Brest and Lille respectively. (Cf registry comparison)

To date, there is no explanation for this high divergence of data.

2- To obtain the mortality data in short and long term.
Since the onset of the registry, we have implemented a study on the mortality of stroke patients of Brest Registry. This study has been realized independently for both types of stroke, i.e. ischemic and hemorrhagic, with different caused mortality. This mortality was studied at medium-term (? 28 days) as well as at long-term (> 28 days). Currently, we have followed all collected data in 2008 for a maximum of 6 years. There will be a collaboration project between InVS, Brest CHU and Rennes network on all causes of death.

3- Pharmaco-epidemiology

In clinical terms, the registry offers an opportunity to do an inventory of all current practices (diagnosis, therapies and the subsidiaries) and propose in this manner the best management of stroke. This strategy is in line with the pilot programs deployed by the HAS (French High Health Authority) for improvement of quality and safety of the health care. We have a project to analyse the bleeding risk associated with anticoagulants and anti-platelet agents in people of Brest as well as that of Dijon and Lille (in collaboration with their respective registry).
This study has gained a particular characteristic since 2012 with emerging new oral anticoagulants (OAC) which have shown less associated bleeding risks compared with vitamin K antagonists

	(randomized controlled trials). Hospital Project Call for Funding will be submitted in 2015. - In terms of clinical researc we have initiated several projects: 1- Study the impactand consequences of stroke by socio-economic characteristics of the territories in the Pays de Brest (SOCAVAC) 2- Identify short and long term clinical predictors of mortality in patients who have had a hemorrhagic stroke. 3- To identify clinical predictors of mortality in the short and long-term patients with ischemic stroke. 4- To identify genetic predictors of mortality and long-term recurrence of patients with ischemic stroke 5- Identify stroke identification algorithm from existing databases
Inclusion criteria	Diagnostic validated for one of the following pathologies: - Ischemic stroke, - Non-traumatic intracranial hematoma - Cerebral venous thrombosis Diagnostic after December 31, 2007 Age > 15 years on the date of the diagnostic Patient domiciled at the time of the diagnostic in one of the 79 communes defined beforehand
Population type	
Age	Adolescence (13 to 18 years) Adulthood (19 to 24 years) Adulthood (25 to 44 years) Adulthood (45 to 64 years) Elderly (65 to 79 years) Great age (80 years and more)
Population covered	Sick population
Gender	Male Woman
Geography area	Local
French regions covered by the database	Bretagne
Detail of the geography area	Subjects residing in the Brest area except for the Community of Communes of Presqu'île de Crozon and of the Community of Communes of Aulne Maritime

Data collection

Dates

Date of first collection (YYYY or MM/YYYY)	01/2008

Size of the database

Size of the database (number of individuals)	[1000-10 000[individuals
Details of the number of individuals	851 in 2008 - 898 in 2009 - 823 in 2010 - 809 in 2011 - 841 in 2012 - 896 in 2013

Data

Database activity	Current data collection
Type of data collected	Clinical data Paraclinical data Administrative data
Clinical data (detail)	Direct physical measures Medical registration
Paraclinical data (detail)	Brain scanner, Brain MRI, ECG, Scope, echodoppler of the supra-aortic trunks, transcranial doppler, cardiac ultrasound, angio-MRI, angioscanner, cardiac holter, brain arteriography.
Administrative data (detail)	Name, firstname, birthday, location, place of birth, sex
Presence of a biobank	No
Health parameters studied	Health event/morbidity Health event/mortality

Procedures

Data collection method	Visit, email, telephone, letter, computer software (SAU, Imaging), Arrivals registry of the HIA, Death certificate.
Participant monitoring	Yes
Details on monitoring of participants	vital status: Once a year
Links to administrative sources	Yes

Linked administrative sources (detail)	ARS, PMSI, SAMU request
Promotion and access	
Promotion	
Access	
Terms of data access (charter for data provision, format of data, availability delay)	Scientific publications and reports. Collaboration desired after validation by the Scientific Board of the Registry.
Access to aggregated data	Access on specific project only
Access to individual data	Access on specific project only