J-PCI registry
~Current status~

Specialist certification and renewal

ed analysis using J-PCI
"Comprehensive analysis"
*Approved by central IRB

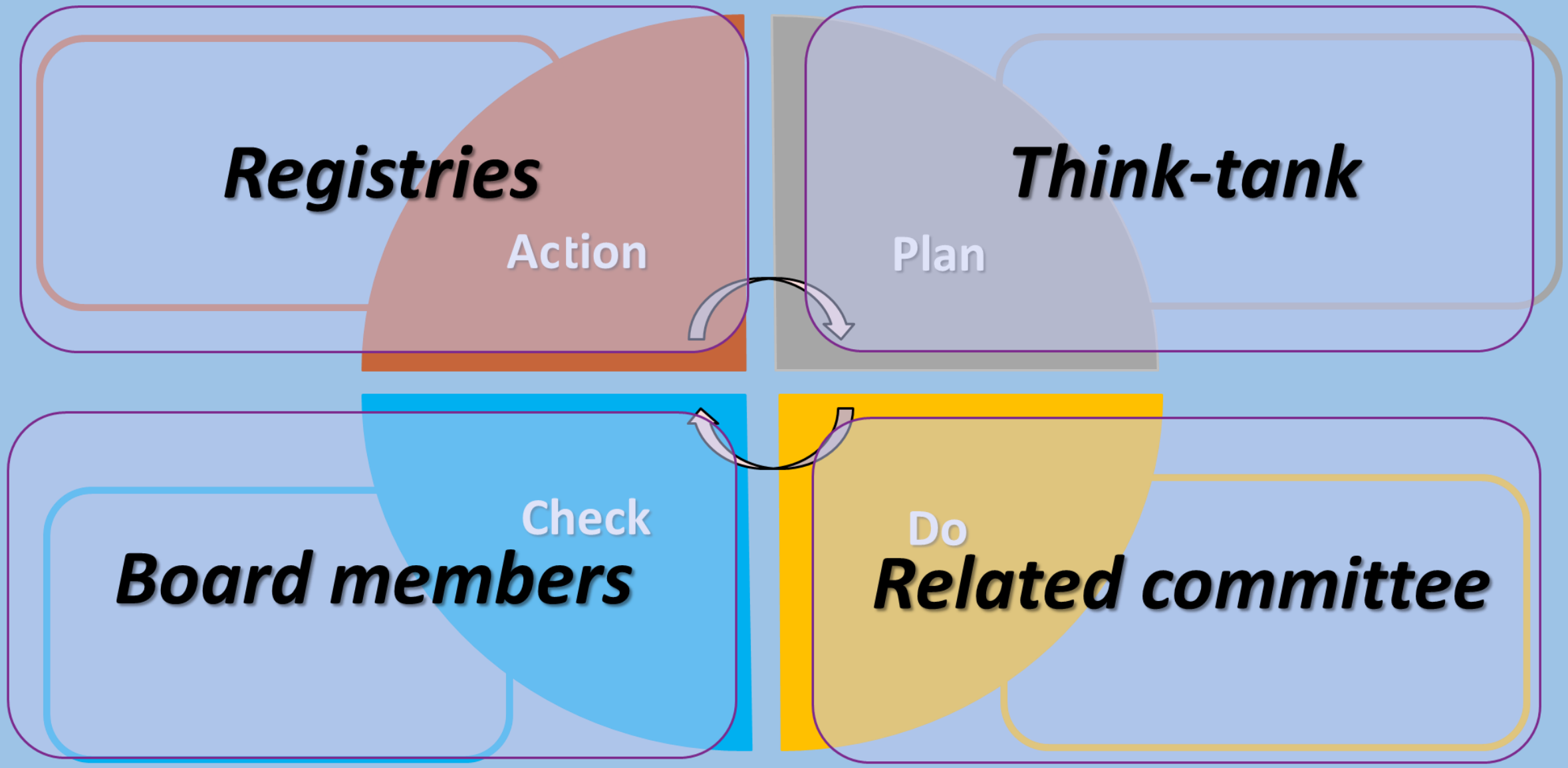
Research Proposal (Academic output)

AMED- J-PCI
Prognosis analysis

Quality improvement of CVIT!

What's next?

Quality Improvement of CVIT



(Modified from Dr. John A Spertus version, JCS 2022)

🔶【CVITレジストリー委員会の主な役割：QI推進の観点から】

1. 質の高いデータの収集・管理

- J-PCI、J-SHD、J-EVTなどのレジストリープロジェクトを通じて全国データを継続的に収集。
- データの**標準化・精度管理（データクレンジング）**を通じて信頼性を確保。
- センター毎の入力精度の評価・フィードバック。

2. アウトカムの可視化・ベンチマーキング

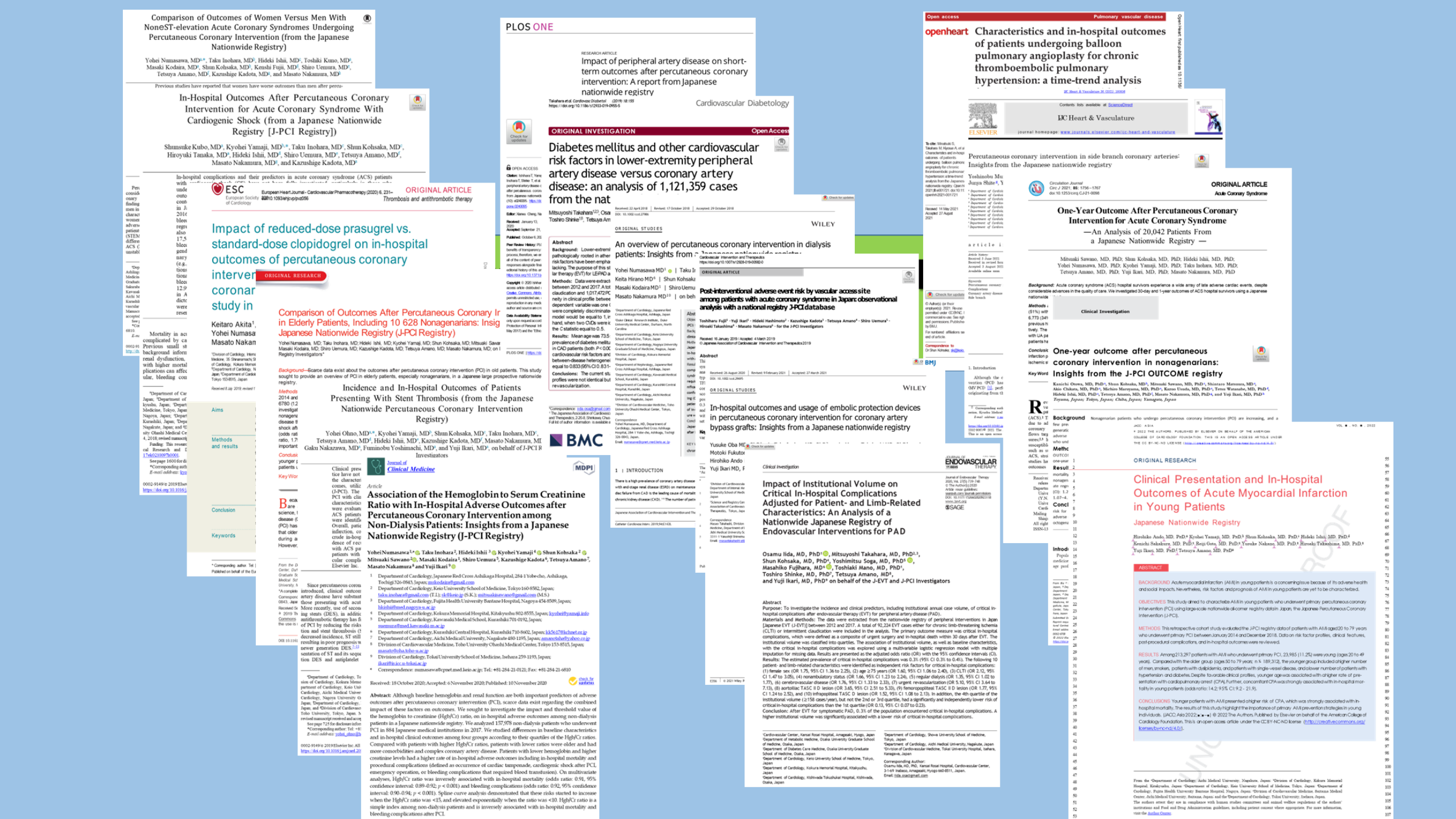
- 症例特性やリスク補正を加味した**センター別・オペレーター別のパフォーマンス指標**を作成。
- 自施設と全国平均との比較（ベンチマーキング）により、各施設の改善点を浮き彫りに。

3. QI指標の開発と活用

- 構造指標（例：緊急対応体制の有無）、プロセス指標（例：ガイドライン遵守）
  アウトカム指標（例：30日死亡率、合併症率）をもとに**QIスコア**を開発。
- これらを基に、施設向けの**フィードバックレポート**を発行。

4. 政策提言・連携

- 厚労省や医療機関認定機構などに対して、エビデンスに基づく提言を行い、
  構造的QIの推進（例：適正配置の議論や専門施設の認定基準構築）。
- 日本循環器学会など関連学会との連携による**包括的な循環器QI戦略**の中核。



Comparison of Outcomes of Women Versus Men With NoneST-elevation Acute Coronary Syndromes Undergoing Percutaneous Coronary Intervention (from the Japanese Nationwide Registry)

Yohei Numasawa, MD[a,*], Taku Inohara, MD[b], Hideki Ishii, MD[c], Toshiki Kuno, MD[d], Masaki Kodaira, MD[e], Shun Kohsaka, MD[b], Kenshi Fujii, MD[f], Shiro Uemura, MD[c], Tetsuya Amano, MD[f], Kazushige Kadota, MD[g], and Masato Nakamura, MD[b]

Previous studies have reported that women have worse outcomes than men after percu-

In-Hospital Outcomes After Percutaneous Coronary Intervention for Acute Coronary Syndrome With Cardiogenic Shock (from a Japanese Nationwide Registry [J-PCI Registry])

Shunsuke Kubo, MD[a], Kyohei Yamaji, MD[b,*], Taku Inohara, MD[c], Shun Kohsaka, MD[c], Hiroyuki Tanaka, MD[d], Hideki Ishii, MD[d], Shiro Uemura, MD[e], Tetsuya Amano, MD[f], Masato Nakamura, MD[g], and Kazushige Kadota, MD[g]

In-hospital complications and their predictors in acute coronary syndrome (ACS) patients

ESC European Society of Cardiology

European Heart Journal - Cardiovascular Pharmacotherapy (2020) 6, 231–
doi:10.1093/ehjcvp/pvz056

ORIGINAL ARTICLE
Thrombosis and antithrombotic therapy

Impact of reduced-dose prasugrel vs. standard-dose clopidogrel on in-hospital outcomes of percutaneous coronary interven coronar study in

ORIGINAL RESEARCH

Keitaro Akita[1], Yohei Numasa Masato Nakan

[a]Division of Cardiology, Interna Medicine, 36 Shinanomachi, Sh of Cardiology, Kokura Memor [b]Department of Cardiology, N Japan [c]Department of Cardiol Tokyo 153-8515, Japan

Received 8 July 2019; revised 1

Aims

Methods and results

Conclusion

Keywords

Comparison of Outcomes After Percutaneous Coronary Ir in Elderly Patients, Including 10 628 Nonagenarians: Insig Japanese Nationwide Registry (J-PCI Registry)

Yohei Numasawa, MD; Taku Inohara, MD; Hideki Ishii, MD; Kyohei Yamaji, MD; Shun Kohsaka, MD; Mitsuaki Sawa Masaki Kodaira, MD; Shiro Uemura, MD; Kazushige Kadota, MD; Tetsuya Amano, MD; Masato Nakamura, MD; on b Registry Investigators*

Background—Scarce data exist about the outcomes after percutaneous coronary intervention (PCI) in old patients. This study sought to provide an overview of PCI in elderly patients, especially nonagenarians, in a Japanese large prospective nationwide registry.

Methods
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Key Wor

Incidence and In-Hospital Outcomes of Patients Presenting With Stent Thrombosis (from the Japanese Nationwide Percutaneous Coronary Intervention Registry)

Yohei Ohno, MD[a,*], Kyohei Yamaji, MD[b], Shun Kohsaka, MD[c], Taku Inohara, MD[c], Tetsuya Amano, MD[d], Hideki Ishii, MD[e], Kazushige Kadota, MD[f], Masato Nakamura, MI Gaku Nakazawa, MD[g], Fuminobu Yoshimachi, MD[h], and Yuji Ikari, MD[i], on behalf of J-PCI R Investigators

Journal of Clinical Medicine

Clinical pres
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tion DES and antiplatelet

[a]Department of Cardiology, To
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Cardiology, Nagoya University G
Japan, [f]Department of Cardiology,
Japan, and [g]Division of Cardiovasc
Tohoku University, Tokyo, Japan. N
revised manuscript received and accep
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PLOS ONE

RESEARCH ARTICLE

Impact of peripheral artery disease on short-term outcomes after percutaneous coronary intervention: A report from Japanese nationwide registry

Takahara et al. Cardiovasc Diabetol (2019) 18:155
https://doi.org/10.1186/s12933-019-0955-5

Cardiovascular Diabetology

OPEN ACCESS

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Data Availability Stateme only upon request accord Protection of Personal In May 2017) and the "Ethic

PLOS ONE | https://do

ORIGINAL INVESTIGATION Open Access

Diabetes mellitus and other cardiovascular risk factors in lower-extremity peripheral artery disease versus coronary artery disease: an analysis of 1,121,359 cases from the nat

Mitsuyoshi Takahara[1,2], Osa Toshiro Shinke[1,8], Tetsuya Am

Abstract

Background: Lower-extremi pathologically rooted in ather risk factors have been empha lacking. The purpose of this st lar therapy (EVT) for LEPAD a

Methods: Data were extract between 2012 and 2017. A tot claudication and 1,017,472PC neity in clinical profile betwee dependent variable was one (were completely discriminate model would be equal to 1, ir hand, when two CVDs were i the C statistic equal to 0.5.

Results: Mean age was 73.5 prevalence of diabetes mellitu in CAD patients (both P < 0.0(cardiovascular risk factors and between-disease heterogenei equal to 0.833 (95% CI 0.831-

Conclusions: The current stu profiles were not identical but revascularization.

*Correspondence: nde.osa@gmail.com
[1] The Japanese Association of Cardiovas and Therapeutics, 2-20-8, Shinkawa, Chuo Full list of author information is available a

BMC

Received: 22 April 2018 | Revised: 17 October 2018 | Accepted: 29 October 2018
DOI: 10.1002/ccd.27986

ORIGINAL STUDIES

WILEY

An overview of percutaneous coronary intervention in dialysis patients: Insights from a

Yohei Numasawa MD[1] | Taku In
Keita Hirano MD[1] | Shun Kohsak
Masaki Kodaira MD[1] | Shiro Uemu
Masato Nakamura MD[1,0] | on beh

Abstract

1 | INTRODUCTION

There is a high prevalence of coronary artery disease with end-stage renal disease (ESRD) on maintenance dialysis and heart failure from CAD is the leading cause of mortality chronic kidney disease (CKD).[1,2] The number of patients

Japanese Association of Cardiovascular Intervention and The

Catheter Cardiovasc Interv. 2019;94:E143–E151.

Cardiovascular Intervention and Therapeutics
https://doi.org/10.1007/s12928-019-00582-0

ORIGINAL ARTICLE

Post-interventional adverse event risk by vascular access site among patients with acute coronary syndrome in Japan: observational analysis with a national registry J-PCI database

Toshiharu Fujii[1] · Yuji Ikari[2] · Hideki Hashimoto[2] · Kazushige Kadota[3] · Tetsuya Amano[4] · Shiro Uemura[5] · Hiroaki Takashima[6] · Masato Nakamura[6] · for the J-PCI Investigators

Received: 16 January 2019 / Accepted: 4 March 2019
© Japanese Association of Cardiovascular Intervention and Therapeutics 2019

Abstract

ORIGINAL STUDIES

WILEY

In-hospital outcomes and usage of embolic protection devices in percutaneous coronary intervention for coronary artery bypass grafts: Insights from a Japanese nationwide registry

Yusuke Oba MD
Motoki Fukutor
Hirohiko Ando
Yuji Ikari MD, F

Clinical Investigation

Impact of Institutional Volume on Critical In-Hospital Complications Adjusted for Patient- and Limb-Related Characteristics: An Analysis of a Nationwide Japanese Registry of Endovascular Interventions for PAD

Osamu Iida, MD, PhD[1], Mitsuyoshi Takahara, MD, PhD[2,3], Shun Kohsaka, MD, PhD[4], Yoshimitsu Soga, MD, PhD[5], Masahiko Fujihara, MD[6], Toshiaki Mano, MD, PhD[1], Toshiro Shinke, MD, PhD[7], Tetsuya Amano, MD[8], and Yuji Ikari, MD, PhD[9] on behalf of the J-EVT and J-PCI Investigators

Abstract

Purpose: To investigate the incidence and clinical predictors, including institutional annual case volume, of critical in-hospital complications after endovascular therapy (EVT) for peripheral artery disease (PAD).

Materials and Methods: The data were extracted from the nationwide registry of peripheral interventions in Japan [Japanese EVT (J-EVT)] between 2012 and 2017. A total of 92,224 EVT cases either for chronic limb-threatening ischemia (CLTI) or intermittent claudication were included in the analysis. The primary outcome measure was critical in-hospital complications, which were defined as a composite of urgent surgery and in-hospital death within 30 days after EVT. The institutional volume was classified into quartiles. The association of institutional volume, as well as baseline characteristics, with the critical in-hospital complications was explored using a multivariable logistic regression model with multiple imputation for missing data. Results are presented as the adjusted odds ratio (OR) with the 95% confidence intervals (CI).

Results: The estimated prevalence of critical in-hospital complications was 0.3% (95% CI 0.3% to 0.4%). The following 10 patient- and limb-related characteristics were identified as independent risk factors for critical in-hospital complications: (1) female sex (OR 1.75, 95% CI 1.36 to 2.25), (2) age ≥75 years (OR 1.60, 95% CI 1.06 to 2.40), (3) CLTI (OR 2.12, 95% CI 1.47 to 3.05), (4) nonambulatory status (OR 1.66, 95% CI 1.23 to 2.24), (5) regular dialysis (OR 1.35, 95% CI 1.02 to 1.77), (6) cerebrovascular disease (OR 1.76, 95% CI 1.33 to 2.33), (7) urgent revascularization (OR 5.10, 95% CI 3.64 to 7.13), (8) aortoiliac TASC II D lesion (OR 3.65, 95% CI 2.51 to 5.33), (9) femoropopliteal TASC II D lesion (OR 1.77, 95% CI 1.24 to 2.52), and (10) infrapopliteal TASC D lesion (OR 1.52, 95% CI 1.08 to 2.13). In addition, the 4th quartile of the institutional volume (≥158 cases/year), but not the 2nd or 3rd quartile, had a significantly and independently lower risk of critical in-hospital complications than the 1st quartile (OR 0.13, 95% CI 0.07 to 0.23).

Conclusion: After EVT for symptomatic PAD, 0.3% of the population encountered critical in-hospital complications. A higher institutional volume was significantly associated with a lower risk of critical in-hospital complications.

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Email: iida.osa@gmail.com

Open access Pulmonary vascular disease

openheart

Characteristics and in-hospital outcomes of patients undergoing balloon pulmonary angioplasty for chronic thromboembolic pulmonary hypertension: a time-trend analysis

Open Heart: first published as 10.1136/

IJC Heart & Vasculature

Contents lists available at ScienceDirect

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ELSEVIER

Percutaneous coronary intervention in side branch coronary arteries: Insights from the Japanese nationwide registry

Yoshinobu Mu
Junya Shite[4], Y

Circulation Journal
Circ J 2021; 85: 1756–1767
doi:10.1253/circj.CJ-21-0098

ORIGINAL ARTICLE
Acute Coronary Syndrome

One-Year Outcome After Percutaneous Coronary Intervention for Acute Coronary Syndrome
—An Analysis of 20,042 Patients From a Japanese Nationwide Registry —

Mitsuaki Sawano, MD, PhD; Shun Kohsaka, MD, PhD; Hideki Ishii, MD, PhD; Yohei Numasawa, MD, PhD; Kyohei Yamaji, MD, PhD; Taku Inohara, MD, PhD; Tetsuya Amano, MD, PhD; Yuji Ikari, MD, PhD; Masato Nakamura, MD, PhD

Background: Acute coronary syndrome (ACS) hospital survivors experience a wide array of late adverse cardiac events, despite considerable advances in the quality of care. We investigated 30-day and 1-year outcomes of ACS hospital survivors using a Japanese nationwide

Methods
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Clinical Investigation

One-year outcome after percutaneous coronary intervention in nonagenarians: Insights from the J-PCI OUTCOME registry

Kanichi Onowa, MD, PhD[1], Shun Kohsaka, MD[2], Mitsuaki Sawano, MD, PhD[2], Shintaro Matsuura, MD[1], Akio Chikaru, MD, PhD[1], Michiso Maruyama, MD, PhD[1], Kazuo Umeda, MD, PhD[1], Teruo Watanabe, MD, PhD[1], Hideki Ishii, MD, PhD[2], Tetsuya Amano, MD, PhD[2], Masato Nakamura, MD, PhD[2], and Yuji Ikari, MD, PhD[2]

Toyama, Japan; [2]Tokyo, Japan; [3]Chiba, Japan; [4]Yamagata, Japan

Background Nonagenarian patients who undergo percutaneous coronary intervention (PCI) are increasing, and a

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ORIGINAL RESEARCH

Clinical Presentation and In-Hospital Outcomes of Acute Myocardial Infarction in Young Patients

Japanese Nationwide Registry

Hirohiko Ando, MD, PhD,[a] Kyohei Yamaji, MD, PhD,[b] Shun Kohsaka, MD, PhD,[c] Hideki Ishii, MD, PhD,[d] Kenichi Sakakura, MD, PhD,[e] Reiji Goto, MD, PhD,[a] Yusuke Nakano, MD, PhD,[a] Hiroaki Takeshima, MD, PhD,[a] Yuji Ikari, MD, PhD,[f] Tetsuya Amano, MD, PhD[g]

ABSTRACT

BACKGROUND: Acute myocardial infarction (AMI) in young patients is a concerning issue because of its adverse health and social impacts. Nevertheless, risk factors and prognosis of AMI in young patients are yet to be characterized.

OBJECTIVES: This study aimed to characterize AMI in young patients who underwent primary percutaneous coronary intervention (PCI) using large-scale nationwide all-comer registry data in Japan, the Japanese Percutaneous Coronary Intervention (J-PCI).

METHODS: This retrospective cohort study evaluated the J-PCI registry data of patients with AMI aged 20 to 79 years who underwent primary PCI between January 2014 and December 2018. Data on risk factor profiles, clinical features, post-procedural complications, and in-hospital outcomes were reviewed.

RESULTS: Among 213,297 patients with AMI who underwent primary PCI, 23,985 (11.2%) were young (ages 20 to 49 years). Compared with the older group (ages 50 to 79 years; n = 189,312), the younger group included a higher number of men, smokers, patients with dyslipidemia, and patients with single-vessel disease, and a lower number of patients with hypertension and diabetes. Despite favorable clinical profiles, younger age was associated with a higher rate of presentation with cardiopulmonary arrest (CPA). Further, concomitant CPA was strongly associated with in-hospital mortality in young patients (odds ratio: 14.2; 95% CI: 9.2 - 21.9).

CONCLUSIONS: Younger patients with AMI presented a higher risk of CPA, which was strongly associated with in-hospital mortality. The results of this study highlight the importance of primary AMI prevention strategies in young individuals. (JACC: Asia 2022;■:■–■) © 2022 The Authors. Published by Elsevier on behalf of the American College of Cardiology Foundation. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

From the [a]Department of Cardiology, Aichi Medical University, Nagakute, Japan; [b]Division of Cardiology, Kokura Memorial Hospital, Kitakyushu, Japan; [c]Department of Cardiology, Keio University School of Medicine, Tokyo, Japan; [d]Department of Cardiology, Fujita Health University Banbase Hospital, Nagoya, Japan; [e]Division of Cardiovascular Medicine, Saitama Medical Center, Jichi Medical University, Saitama, Japan; and the [f]Department of Cardiology, Tokai University, Isehara, Japan.
The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the Author Center.

Thank you always for your kind corporation.