



## Webex Teleconference of the EUROTRACS project

October 7, 2014

### Minutes

#### Participants:

**IMIM-PSMAR:**

ELOSUA, ROBERTO  
FERRER, YOLANDA  
MARRUGAT, JAUME  
ROMAN, IRENE  
SUBIRANA, ISAAC  
VILA, JOAN  
MERCE COMAS

**FMUP:**

AZEVEDO, ANA

**HMGU:**

QUINONES, PHILIP

**ESREFO:**

SPAGNOLO, BARBARA  
MARICA SABARESE

**AEPMCV:**

FERRIÈRES, JEAN

**ISS:**

TORRE, MARINA

**HOPE:**

NOTARANGELO, ISABELLA

**HCC-UOA:**

FARMAKIS, DIMITRIOS

**CINECA:**

CORONA, ALESSANDRO

**OBLIKUE:**

BROSA, MAX

#### Apologies for absence:

DEASL

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**1) Approval of the Minutes of the teleconference of July 10th 2014.**

The minutes are approved.

**2) Comments from our officer, Dr. Yazbeck, to DL3-DL4 and DL5 (annual report).**

Last summer we delivered to the commission DL3, DL4 and DL5 which was the annual report.

Our officer, Dr. Anne Marie Yazbeck made some comments on these deliverables:





- 1) First of all she asked to change the logos in them, and use the logos from the new CHAFAE in all deliverables sent in 2014. She asked too to eliminate some items in the deliverable template and suggested to always number the pages. Marina Torre has already prepared a new template which will be used for the following deliverables.
  - 2) Concerning the annual report, before accepting it Dr. Yazbeck asked not only the same formal changes, but also some scientific explanations on the development of the project. The explanations given were well accepted and included in the annual report before resending it to the commission.
  - 3) Dr. Yazbeck also asked, since it is not in the contract to add our dissemination plan to the final report as an additional document.
  - 4) And she also requested to send the updated version of the Gantt chart as we state in the annual report that there had been errors in the schedule. In the updated version of the Gantt Chart (in annex), the changes were:
    - a. M1.4 – (Completion of ACS data bases, CAD and interventions cost data collection) deadline is scheduled now in February 2015
    - b. M2.2 – (First version of the Dissemination Plan) deadline is scheduled now in June 2014
    - c. D10 – (Final version of Dissemination Plan) has been added and its deadline is February 2015
  - 5) Following Dr. Yazbeck suggestions, Alessandro Corona from CINECA proceeded also to remove the old logo from the website, and upload the new one. They are also going to replace the old logo with the new one in the leaflets.
  6. Dr. Yazbeck asked too to prepare short summaries in lay language for the website for these two deliverables 3 and 4, (and maybe we will have to take this into account for the next deliverables). And a table with all acronyms. What she misses is also the interpretation under the tables / graphs, or perhaps a short summary interpretation for each country.
  7. Dissemination Plan (DL10). J Marrugat will reply to the questions raised by Marina Torre at the end of July in the next days.
- 3) Web site. The CAD incidence functions to be placed at the member area of [www.EUROTRACS-project.eu](http://www.EUROTRACS-project.eu).**
- Now that the functions to predict events at population level have been adapted to all the participating countries, they could already be set up in the member area of the website. CINECA is ready to publish the model, as the functions have already been tested. Isaac and Joan will contact Alessandro Corona in order to make sure that there are no changes and that we are all coordinated.





**4) Database received from Greece to be added to WP6 (estimate procedure-associated in-hospital mortality & procedure cost) database.**

We finally have received the database from Greece. It is a registry of ACS in Greece; 1,840 patients from 2005 and 2006 covering the whole country.

The EUROTRACS database has now information on 99,967 ACS patients.

Annex II is the chart that we saw in the last teleconference, which shows the data used to prepare DL4, but now with the changes that the addition of HELIOS dataset has produced to the numbers.

We will now proceed to the quality control of all variables of the data received and we will use them to update DL4 and to prepare cost-effectiveness models.

We need to meet with our colleagues in the ESC, to check whether the databases from the European Heart Surveys I and II that were already sent have all the recorded variables. We will visit Aldo Maggioni in the next weeks if possible.

**5) Data collection on costs for WP5 & WP7. Forms (attached) and deadlines.**

We have started WP5 and WP7 and we need to close the forms and start submitting data.

The forms are showed. The part in yellow corresponds to the changes made in the Athens meeting. We included the control visits differentiating between GPs and specialists, and we also included the possible costs for implementation of smoking bans or the cost of smoking campaigns, and we defined what was included in control visits. On the brands, we decided to use the cheapest brands or the generic value.

There were also some indications on how to count the number of visits. We have put the data from Spain on stable angina, myocardial infarction and stable angina after admission for ACS, but it might change among countries, so, if you have this data for your country/region, please change the numbers.

If there are issues regarding the cost forms to be clarified Max Brosa, he will be available at his email address to solve them: [max.brosa@oblikue.com](mailto:max.brosa@oblikue.com)

The forms are ready to gather the data, so all the partners can start obtaining the cost data from both forms. To facilitate cost data incorporation into the cost-effectiveness models IMIM will prepare an electronic version of these forms that will be ready by the end of October at the latest. The procedure will be the following: when the partners have the data (and the electronic forms are available), they will fill the electronic forms online and send them. By doing this, the forms information will be automatically stored in a database.

Concerning the dose of the different drugs, Jean Ferrières shows an example showing for France the non-linear relationship between doses and prices:

National Health Insurances Costs for 28 pills:

Atorvastatin 10 mg per day 14.82 euros

Atorvastatin 20 mg per day 27.33 euros

Atorvastatin 40 mg per day 30.54 euros

Atorvastatin 80 mg per day 30.54 euros

Max Brosa suggestion is to proceed like this:

1. If there is a commercialized presentation with the DDD, use that price



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2. If that is not the case, use the mean value between the immediate lower and higher doses respect to DDD.

In the case of simvastatin in France, the way to calculate is 2 (DDD for simvastatin is 30 mg), so the cost to be assigned is the average price of 20 mg and 40 mg.

The deadline to submit the data will be **end of November, but the sooner you can submit the data the better (provided that the electronic version of the forms is available on the EUROTRACS website).**

#### **6) Forthcoming deliverables.**

a. WP5 (D6 cost-effectiveness analysis of population interventions). Due in January 2015.

We need to rush a bit with this.

b. WP2 (D10 Dissemination plan). Due in February 2015.

We have already a good draft.

#### **7) Forthcoming Milestones.**

a. M5.1 (Computation of the most effective population interventions focused on decreasing risk factor population prevalence) by January 2015 in WP5.

b. M1.4 (Completion of ACS databases and intervention costs) by February 2015 in WP1.

#### **8) Any other business & next teleconference.**

Ana Azevedo informs that FMUP will not be able to organize the Final Workshop in Porto as Marta Pereira is leaving the team, and she will be in maternal leave.

Jaume Marrugat asks for volunteers to organize this meeting, but offers Barcelona in case there is no other candidature.

Next Teleconference will be held in November 13<sup>th</sup>, Thursday, at 15:00 Barcelona time.



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