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Beitrag: *Multicentre Clinical Registries - a necessary element in health care research !?*
Example : The Berlin Myocardial Infarction Registry

The study of diseases, whether in the framework of controlled clinical trials or observational studies, faces the problem of heterogeneity of subjects. Heterogeneity usually is tacklet by the application of statistical methods which lead to general results valid for populations but not for single individuals. In statistical models, the true heterogeneity is viewed as a random variation produced by a stochastic mechanism. However, apart from systematic errors the statistical error produced by random variation of results may be considerable, especially for the analysis of subgroups. For specific problems, especially in the multifactorial setting, sample sizes of thousands of patients will be necessary to obtain sufficient results.This is true for controlled clinical trials but also for clinical epidemiology working with data from hospital based registries.

With the use of the Berlin Myocardial Infarction Registry it will be shown, how the cooperation between different hospitals can be organized, which kind of documentation and follow up data are necessary, how quality assurance could be organized in a regional multicentre registry, which efficiency a remote data entry system should have, what is neccessary to fulfill the demands of the data protection agencies and which biometrical considerations and medical implications can be made.
It will be shown that we need well designed and properly performed prospectve registries continuing for several years to improve the quality of care and the outcome of the patient.

References: Uwe Zeymer, Jochen Senges: Why do we need prospective registries in patients with acute myocardial infarction? European Heart Journal (2003)24,1611-1612
Further information: www.herzinfarktregister.de