

# MR/CT REGISTRY

## **User Manual**



## Content

I.	Log In	3
II.	Centre Registration Form	ł
III.	User Registration Form	5
IV.	Log In Page6	5
V.	Registry Data	7
VI.	Data Entry	)
VII.	Create a New Record 10	)
VIII.	Specification of Indication / Suspected CAD11	L
IX.	Final Diagnosis	2
Х.	Consequences	3
XI.	Complications / MR – Scanner	ļ
XII.	MR-Examination / Contrast Material15	5
XIII.	MR-ECG / Postprocessing	5
XIV.	Reporting	7
XV.	Editing / Data Search	3



### **USER MANUAL**

https://www.mrct-registry.org/

#### I. Log In

European Society of Cardiac Radiology	MR/CT Registry User Registration Form	SECT.
	>> MR/CT Registry Login here	
	<ul> <li>&gt;&gt; Forms for • User Registration</li> <li>• Centre Registration</li> </ul>	
	Statistics will be displayed here	

In order to enter examination data in the MRCT-Registry page of the ESCR, a login code is required.

To complete the personal user registration your institute has to be registered beforehand.

Whether your institute is already registered in the database or not can be identified in the user registration area under the section *Institutes*.

If your institute is already registered, you find it in the drop-down menu. If this is the case, you may continue with the personal User Registration.

uropean Societ ardiac Radiolog	y of Y MP/CT I	Penistry State
	User Registra	ation Form
STARTPAGE		$\sim$
	Use this form to register a new user t	o participate in ESCR MR/CT-Registry
nstitute*	<please select=""></please>	Note: If your institute doesn't appear in this dropdown list
	<please select=""></please>	please register the institute first.
Address	Asklepios Klinik Altona	
(dui coo	Diakoniekrankenhaus Henriettenstiftung Hannover	
	Gemeinschaftskrankennaus Bonn	
	HELIOS KIINKUM AUE	
	Herzzentrum Leipzig GmbH	in the second se
	Klipikum der Ludwig Maximilians Universität München	
-	Medizinisches Zentrum am Siegerlandflughafen	
Personal in	Radiologisches Institut Dr. von Essen	
Title	St. Josef Krankenhaus Moers GmbH	
	Städtische Kliniken Neuss Lukaskrankenhaus GmbH -	_
First name	Städtisches Klinikum Magdeburg	
Surname*	Universitätsklinikum Aachen	
Transil #	Universitätsklinikum Essen	
Inali	Universitätsklinikum Freiburg mit Universitätsherzzentrum	
Phone*	Universitätsklinikum Heidelberg	

ESCR – European Society of Radiology www.escr.org



#### II. <u>Centre Registration Form</u>

ESCR		
European Society of Cardiac Radiology	MR/CT Registry Centre Registration Form	ESCR
>> STARTPAGE		$\sim$
	Use this form to register a new institute to participate in ESCR MR/CT-Registry	
Institute*		
Type of institute*	Academic Hospital	
Address*		
Zip* / City*		
Country*		
-		
Institute director /	Responsible person for Continuing Education	
Title	<b>J</b>	
First name*		
Surname*		
Email*		

If your institute is not yet registered, this has to be done one-time, using the registration form provided (Centre Registration)

Information concerning the hospital/institute, the person responsible for maintenance of the account as well as the equipment used has to be provided.

- All fields marked with a red star (\*) are mandatory and have to be filled in
- Blank mandatory fields prevent the saving process and hence generating an institute
- By clicking the button "submit" your data will be forwarded

Upon receipt and approval of your application your institutional access is being created and an email with your username and password will be sent to you. The authorisation process usually takes 1 work day.

As soon as your institute is authorised and appears in the drop-down-menu, you can continue with your User Registration



#### III. User Registration Form

As soon as you have received your username, you may log in to the Registry and create further user accounts.

• Continue with the user registration

Cardiac Radiology	MR/CT Registry User Registration Form	
** STARTPAGE		$\sim$
	>> MR/CT Registry Login here	
	>> Forms for • User Registration • Centre Registration	
	>> Short manual	

ardiac Hadiology	MR/CT Registry User Registration Form	
Us	se this form to register a new institute to participate in ESCR MR/CT-Registry	
Institute*	٦	
Address*		
Zip*/City*		
Country*		
Institute director / Responsible person Title		
First name*		
Surname*		
Phone		
Comment		

In this form as well, all fields marked with a red star (\*) are mandatory, hence have to be filled in, in order for the user data being saved and the registration process being continued. Only then, your examinations can be allocated to you personally.



After saving, a Username and a Password will be generated and sent to your stated e-mail address. This process takes approximately one work day.



#### IV. Log In Page



As soon as you received your Username and Password you may log in via clicking on the button "Login here".



After you successfully logged in you may continue filling out the MR- or CT-form.



#### V. <u>Registry Data</u>

The form for the MR-database and the CT-database can be distinguished by their differently coloured backgrounds and by their caption.

#### Pink = MR – form light blue = CT- form

You may select the desired form under the section Switch to MDCT/MR registry.



After logging in you find two diagrams on the home page:





- a) The bar chart shows you the CT- (red bar) and MR- examinations (blue chart) that are already entered in the registry. It is distinguished between personal, institutional and total examinations of all centres.
- b) The pie chart describes the percentage of CT-/MR-examination numbers that are lacking to complete the ESCR Cardiac Diploma (% of missing CT-/MR- submissions) and how many percent of the required examination numbers have already been entered (% of necessary MR- submissions).



#### VI. Data Entry

The MR Database gives the possibility to create a new examination record or open and edit an existing one.





#### VII. Create a New Record

	[ AKTE ANLEGEN ]
Examination	Exhips Jubids
Date of Examina	ation [www.mm-dd]
Patient Registry ID	C https://www.mrct-registry.org/ - Examination - Windows Internet Explorer
Age Gender Body Weight Height	Examination Date of Examination * 2012-08-15 Date of Birth 1 1976-07-10 [YYYY-MM-DD] Age * 36 years
■ Indications * Suspected CAD Stress test Performance	Gender     male       Body Weight     95       kg       Height     184       cm     ET
(multiple answer Known CAD Suspected HTx	Approve Data
Suspected HTx. Visualisation of I	Allograft Vasculopathy  Pulmonary Veins

When creating a new record, usually a pop-up window opens automatically.

If this is not the case, click on the button "Edit Identification Data".

[ CREATE RECORD ]					
Examination					
Examined by	Matthias Gutberlet				
Date of Examination	[yyyy-mm-dd]				
Patient					
Registry ID	0000109				
Age	years				
Gender					
Body Weight	kg				
Height	cm Edit Identification Data				

This menu is to enter information about the patient.

Fields marked with a red star \* (Examination date, age and gender) are mandatory fields that have to be filled out

The date of birth is used for the automatic age calculation and will not be saved in the registry.

Please mind the date format Year - Month - Day which are separated with a "- ".

As soon as all mandatory fields are filled in, the data can be saved and the pop-up window closes.



#### VIII. Specification of Indication / Suspected CAD

Indications * (Please select at least one indications	on) ease CAD
Suspected CAD 1	
Please select patient's risk according to this <u>table</u> (modified from Taylor Ar et al. JACC 2010) Stress test Perfort and () (multiple answers poessible)	Please select       Please select       low risk (less than 10%) intermediate risk (between 10-90%) high risk (more than 90%)
Known CAD Please select one or r	nore checkboxes!
Suspected Hix Rejection	
Suspected HTx Allograft Vasculopathy	
Visualisation of Pulmonary Veins	
Visualisation of Coronary Veins	

Is a "mouse over" info field that provides further information when placing the mouse cursor on it.

At least one indication/question has to be specified by ticking the check box  $\square$ 

If a suspicion of Coronary Artery Disease (CAD) exists, the individual risk for the patient has to be assessed.

➔ by clicking on "table" a pdf file containing a table for risk classification opens. By means of this table the individual risk of a present CAD case can be assessed.

ESCR European Society of Cardiac Radiology Pretest Probability of Coronary Artery Disease (CAD) by Age, Sex, and Symptoms						
		modified from Taylor	AJ et al. (JACC 2010)			
AGE	SEX	Typical/Definite Angina Pectoris	Atypical/Probable Angina Pectoris	Nonanginal Chest Pain	Asymptomatic	
	Men	Intermediate	Intermediate	Low	Very Low	
< 39	Women	Intermediate	Very Low	Very Low	Very Low	
	Men	High	Intermediate	Intermediate	Low	
40-49	Women	Intermediate	Low	Very Low	Very Low	
	Men	High	Intermediate	Intermediate	Low	
50-59	Women	Intermediate	Intermediate	Low	Very Low	
	Men	High	Intermediate	Intermediate	Low	
> 60	Women	High	Intermediate	Intermediate	Low	

•



#### IX. <u>Final Diagnosis</u>

Final Diagnosis (based on MR results) * (Please select at least one indication)							
Exclusion of CAD							
Coronary Artery Disease(CAD)							
Visualisation of Pulmonary Veins							
Visualisation of Coronary Veins							
Please select one or more	☐ Coronary Anor ☐ CABG or IMA- ☐ Aortic Dissecti ☐ Patient suitable ☐ Myocardial Infa	naly or Fistula Graft-Patency on e for TAVI rction - Non-Viable	Pulmonary Embolism CABG or IMA-Graft-Ste Constrictive Pericarditi Patient not suitable for Myoeardium	enosis (>50%) / s TAVI	Occlusion		
Cardiomyopathy							
Myocarditis							
Valve Disease							
Cardiac Tumour							
Congenital Heart Disease(CHD)							
Post Heart Transplantation(HTX)	very good: no artefacts, brilliant i good: a few artefacts, which did r	mage quality iot influence image qu	ality				
Additional new non-cardiac DX	adequate: artefacts, which did no poor: a lot of artefacts, which influ	ot influence image inte Jence image interpreta	rpretation tion				
Others	very poor: not assessable						
Image Quality 🚺	Overy good	⊙good	Oadequate	Opoor	Overy poor		

The next step is to make a diagnosis on the basis of the MRT.

Please note that at least one check box 

has to be ticked for the diagnosis

The information sign



supports the classification of the image quality



#### X. <u>Consequences</u>

Consequences			
Did Cardiac MRI influence Therapy / Outcome?*	💿 yes i O no	Please select	
Please select an option!	Please select	CT-Coronary Angiography was performed	
Patient participation in other trial/registry	⊙ yes 🔿 no	Direct referral to Surgery Direct referral to Cath Lab.	
Please select an option!	Please select 🕑	Patient was sent home Change of drug regimen.	
•	Please select Euro CMR- or Euro CCT-Registry Industry sponsored trial Investigator initiated trial Trial according to ClinicalTrials.gov Others:	No further treatment necessary Consultation of another specialist Testing for ischemia necessary Impact on Interventional Procedure No Impact on Interventional Procedure Others:	

Under the section "Consequences" the various effects of the findings on the following treatment of the patient have to be stated and whether the patient participates in any other trial or registry.

In case the findings have no further consequences, or the patient is in no other study or register, select "no".

By selecting "yes" a drop-down menu with various pre-formulated answers opens



#### XI. <u>Complications / MR – Scanner</u>

This section is to state possible complications that appeared during the examination.

plications	
ications - Adverse Events (AE)	
Multiple answers possible To select more than one answer please use the CTRL or STRG key! symptomatic bradycardia symptomatic bradycardia sy	material

In order to select more than one answer hold the CTRL or STRG key.

MR-Scanner (Centre Specific Presets)	
Field Strength [T] *	Please select 💌
Name *	Please select

Please select the device used for the examination from the drop-down menu "Name".

The Field Strength [IT] will be specified automatically.

According to your institution selection there will only be a limited choice of devices to choose from, in regards to the MR-scanners used in your institution.

> In case a scanner is missing in the list, the allocations for your institute have to be altered!



#### XII. MR-Examination / Contrast Material

The section "MR - Examination" is for general information concerning the examination

 $\rightarrow$  which sequences, contrast medium, flow rate, etc

MR-Examination			
Please select one or more	Morphology Coronary MRA MR-Diffusion T2 <sup>*</sup> -Imaging (Haemorrhage)	CINE-MRI 2D Flow Measurer T1-Mapping Edema Imaging (e	MR-Tagging nent 3D Flow Measurement T2-Mapping g. STIR,SPAIR)
MR-Stress-Examination	MR-Wall Motion Analysis (Stress	-Dobutamin)	MR-Wall Motion Analysis (Physical-Stress)
Others			
Contrast Material	⊙ yes O no		
	□ T1-Spinecho post CM ⊘Late Enhancement (LGE) - 10-20 ⊘MR-Perfusionstudy (Rest) ⊘MR-Perfusionstudy (Stress-Rega □ other.	) min.	ceMRA Early Enhancement (<10 min.) MR-Perfusionstudy (Stress-Adenosine) MR-Perfusionstudy (Stress-Dobutamin)
A list of product names can be found here.	GADUBUTROL		
Product Name	GADOVIST Y	istributor Company B	ayer 💌
Concentration of CM	0.1 [mmol/kg/body weight]		
Amount of CM	[14 [ml]		
Flow Rate Perfusion Scan	[4 [mVs]		
Concentration Perfusion Scan	0.05 [mmol/kg/body weight]		
Flow Rate ceMRA	[ml/s]		
Total Scan duration	42 [min]		
Total Examination Time	between 30 and 60 min. 💌		
Premedication for/during MR			
Multiple answers possible	sedation nitrates beta-blocker i v. beta-blocker orally matradine Ca-channel blocker premedication for contrast allergy adenosine for perfusion study dobutamine for perfusion study		

The indication of the contrast medium depends on the family

By clicking on "here" (as marked by the red arrow in the above figure) a pop up window opens with a pdf file containing a table for family contrast medium classification.

→ For the premedication multiple answers are possible.

GADOPENTETATE DIMUGLUMINE	MAGNEVIST <sup>®</sup>	Bayer	HUNGARY/IRELAND/ITALY/LATVIA/ LITHUANIA/LUXEMBOURG/ MALTA/NETHERLANDS/ NORWAY/POLAND/PORTUGAL/ ROMANIA/ SLOVAK REPUBLIC/ SLOVENIA/ /SPAIN/ SWEDEN/SWITZERLAND/TURKEY/ UNITED KINGDOM
GADOBENATE DIMEGLUBINE	MULTIHANCE ®	Bracco	AUSI NIA/BELGIUM/CZECH REPUBLIC/DENMARK/FINLAND/ FRANCE/GERMANY/GREECE/ HUNGARY/IRELAND/ITALY/ LUXEMBOURG/NETHERLANDS/ NORWAY/POLAND/PORTUGAL/ ROMANIA/SLOVENIA/SPAIN/ SWEDEN/SWITZERLAND/TURKEY/ UNITED KINGDOM
GADOTERIDOL	PROHANCE ®	Bracco	AUSTRIA/BELGIUM/CZECH REPUBLIC/DENMARK/FINLAND/ FRANCE/GERMANY/ITALY/ LUXEMBOURG/NETHERLANDS/ NORWAY/SLOVAK REPUBLIC/SPAIN/ SWEDEN/SWITZERLAND/ UNITED KINGDOM



#### XIII. MR-ECG / Postprocessing

ECG (during examination)	
Mean Heart Rate	between 65 and 75/min.  Please select less-than 30 min. between 30 and 60 min.
Heart Rhythm (during scan)	Please select greater-than 60 min.
	Please select sinus rhythm VES/SVES atrial fibrillation/flatter Pacemaker sinus arrhythmia Others:

Please specify mean heart rate and heart rhythm of the patient during the examination in the section "ECG".

Postprocessing	
Postprocessing*	V
Multiple answers possible To select more than one answer please use the CTRL or STRG key!	3D-Reconstruction 4D-Reconstruction Separate Coro MPRs Analysis of Ventricular Volumes and Func Calculation of Muscle Mass Evaluation of Right Ventricle Quantitative Analysis of Perfusion Flow Calculations 4D-Flow calculations 1T-Mapping T2-Mapping T2*-Analysis Others:

All post processing that has been carried out afterwards is to be stated here.

Again, multiple answers can be selected by pressing the CTRL or STRG key.



#### XIV. <u>Reporting</u>

Who was writing the report?		
Reporter *	Radiologist Cardiologist other:	C Consensus Reading (Radiologist and Cardiologist) C Separate Reading (Radiologist / Cardiologist)
Role	Consultant	Resident
Responsible Consultant/Second Observer	Please select	

Before saving, please specify who wrote the examination report.

Save & leave Save Cancel Reset
--------------------------------

After having filled in all mandatory fields, you may now save your entries or reset the form.

Before saving, please ensure you filled in all mandatory fields (marked with a red star \*). Only if all mandatory fields are filled in, you may continue.



#### XV. Editing / Data Search



Already existing examination data can be opened by clicking on "here" as marked by the arrow in the figure above.

	Record Search (View/Edit Record)				
1	Date of Examination : [yyyy-mm-dd]				
	Age :				
	Gender : <please select=""> 🔽 🗖 invers</please>				
	Next >> Reset				

A search mask opens, which gives the possibility to filter by examination date and age and gender of the patient.

If you leave all fields blank, you find all your examinations of the respective form.

Suchergebnisse: 9 Akten				
	Date of Exaction	Age	Gender	Aktenanmerkungen
	at 2012	60	male	
	ai 2012	73	female	
	08. Mai 2012	74	female	
	09. Mai 2012	67	male	
	21. Mai 2012	65	female	
	24. Mai 2012	47	male	
	24. Mai 2012	60	female	
	24. Mai 2012	80	male	
	25. Mai 2012	81	male	
AKTE ANLEGEN				

By clicking on the grey box (marked by the red arrow on the figure above) you can open the individual examinations.



To open examinations without editing them, click on "MR" as marked by the red arrow in the figure above.

Date of Examin	ation : 08. Mai 2012
Age	: 73
Gender	: fer le
MR.	🖉 [ändem 2012 [brenneis/hzl_ldem]

To edit examinations click on the edit logo.