BRING-UP Prevention

Summary of the Study

Title	BRING-UP Prevention
Research description	Treatment of acute coronary syndromes (ACS) is greatly improved over the last decades, with a relevant in-hospital mortality reduction. Serious short-term complications after elective revascularization (CABG or PCI) have been also relevantly reduce. As a consequence, with respect to the past, a larger number of patients are discharged alive after ACS/coronary revascularization and exposed to secondary prevention treatments. Recent real world Italian data show that more than 30% of patients with an admission for a documented acute athero-thrombotic event has a further hospitalization in the year following hospital discharge. In this context, adherence to guideline recommendations of secondary prevention strategies seems to be largely insufficient. For these reasons, there is the need to start a national *Implementation Science* project, based on educational programs and patients' data collection, to try to narrow the gap between what is available and what is actually used in clinical practice. The study will be observational, prospective, multicenter conducted in a large, representative sample of Italian cardiology centers. *Phases:* 1) ECM educational program to discuss the recommendations of guidelines and treatment patterns in specific phenotypes of patients . 2) Data collection, lasting 3 months, in patients with documented CAD/CVD/PAD on a web CRF generating reminders on the most relevant guideline recommendations, and, when guidelines are not followed, asking the reason for non-adherence. 3) Evaluation of the primary and secondary end-points of the study at 6 months after enrollment. 4) ECM educational program to share the results of the first enrollment period of the study focusing the attention on existing gaps between guidelines recommendations and clinical practice. 5) New data collection, lasting 3 months, in patients with documented CAD/CVD/PAD on a web CRF generating pop-ups to remind the most relevant guideline recommendations, and, when guidelines are not followed, asking the reason for non-adherence. 6) Additional evaluation of the primary and secondary end-points of the study at 6 months after enrollment. 7) 1-year follow-up for all patients included in both enrollment phases.
Promoter	Fondazione per il Tuo cuore - Heart Care Foundation-Onlus, ANMCO, Firenze, Italy

Participants	Patients with a previous documented athero-thrombotic event: coronary artery disease (CAD), cerebrovascular disease (CVD), peripheral artery disease (PAD).
	Inclusion Criteria
	Both sexes at birth, age ≥18 years
	At least one of the following clinical conditions:
	• Documented CAD defined as:
	  ○ Prior ACS
	  ○ Prior CABG
	  ○ Prior PCI
	• Documented PAD (previous peripheral bypass surgery or angioplasty, limb or foot amputation, intermittent claudication with objective evidence of peripheral artery disease, ABI<90).
	• Documented CVD: Ischemic stroke, previous carotid vascular interventions.
	• Signed informed consent.
	Exclusion criteria
	1) Active neoplasia or very severe disease compromising short-medium term life expectancy.
	2) Participation in interventional studies.
	3) Patients already enrolled into the study from another participating center or in the previous enrolling phase.

Duration	36 months
Follow-up	1 year
Study objectives	*Primary objective* To assess the level of adherence to guideline recommendations with the assumption to improve the rate of patients at goal for cholesterol levels. *Secondary objectives* To assess the level of adherence to guideline recommendations and the rate of patients at goal for the other relevant and modifiable risk factors for cardiovascular event recurrence. *Exploratory objective* To assess patients' outcomes over a follow-up period of 1 year.
Estimated number of patients	The participation of approximately 100 cardiology centers will assure the recruitment of at least 3000 patients in the 6 months of data collection (3 months in each phase), allowing an evaluation of the adherence to guidelines also in specific subgroups of patients.