



# Stent For Life, Egypt A Success Story







## **Stent For Life Initiative in Egypt**

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Professor of Cardiology Department, Alexandria
University - Egypt
Past President of the Egyptian Society of Cardiology
Governor of ACC Chapter in Egypt
CardioAlex Chairman
Chairman of ICC Hospital, Alexandria
SFL Egypt Champion



# **Egyptian Journey in pPCI**

2006: Workshops, Discussions, cases.

• 2007: We started to share in international track..



Management of acute coronary syndromes in developing countries: The ACCESS registry

Mohamed SOBHY (Egypt), Norka ANTEPARA (Venezuela), Alvaro ESCOBAR (Colombia), Samir ALAM (Lebanon), Alain LEIZOROVICZ (France), Carlos MARTINEZ (Mexico), José NICOLAU (Brazil), Gilles MONTALESCOT (France),

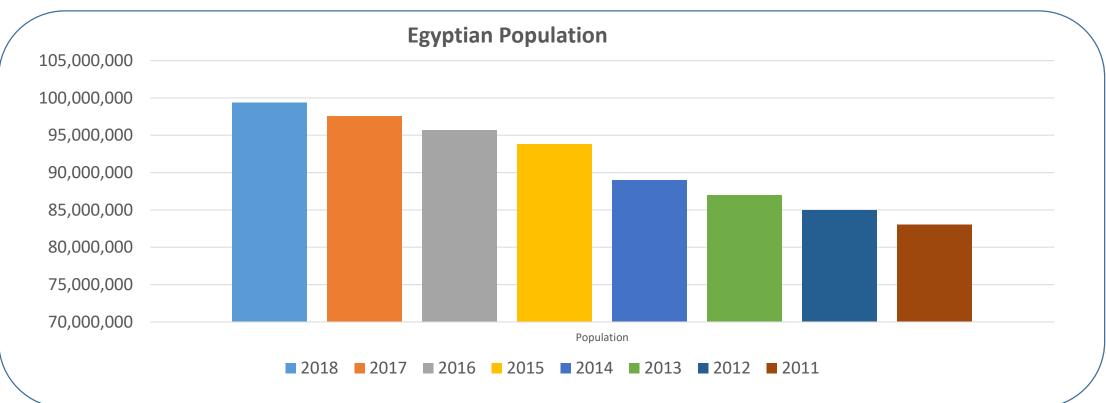
on behalf of the ACCESS investigators

# **Egyptian Journey in pPCI - continued**

## End of 2010: We finally found our way

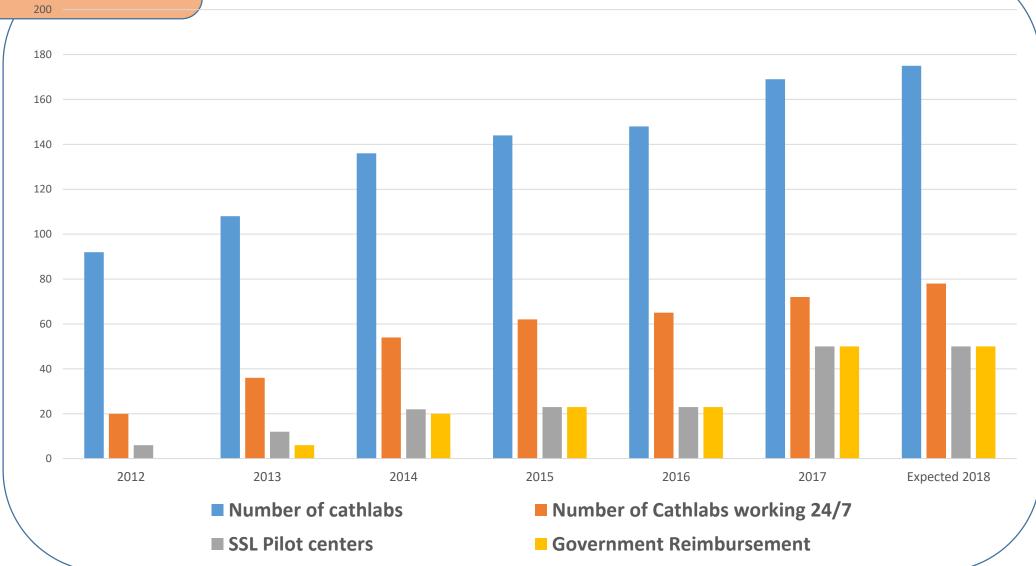


# **Egyptian Situation**





# Egyptian Situation





## The start ..

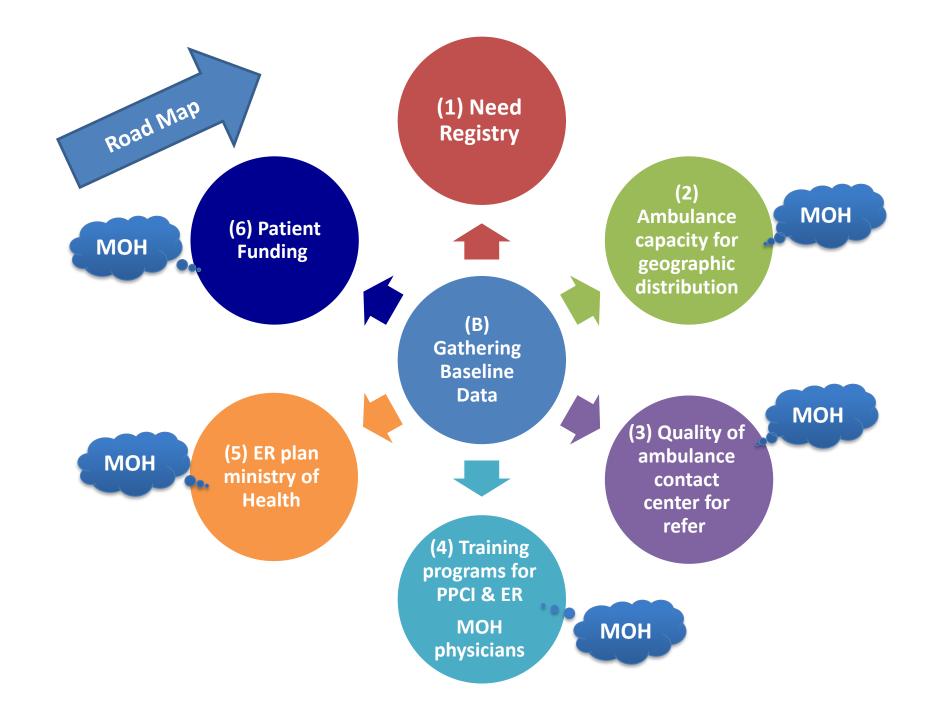


- November 2010
- Brain storming Camp
- 80 eminent Intervention Cardiologists,
   MOH representatives, NGOs, Health
   Insurance, EMS and ..The minister of
   Health.

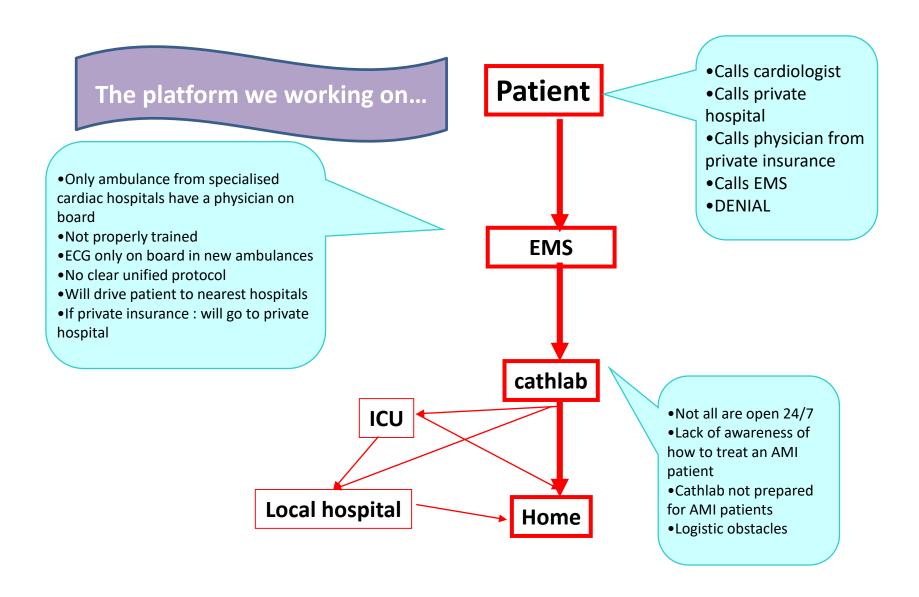


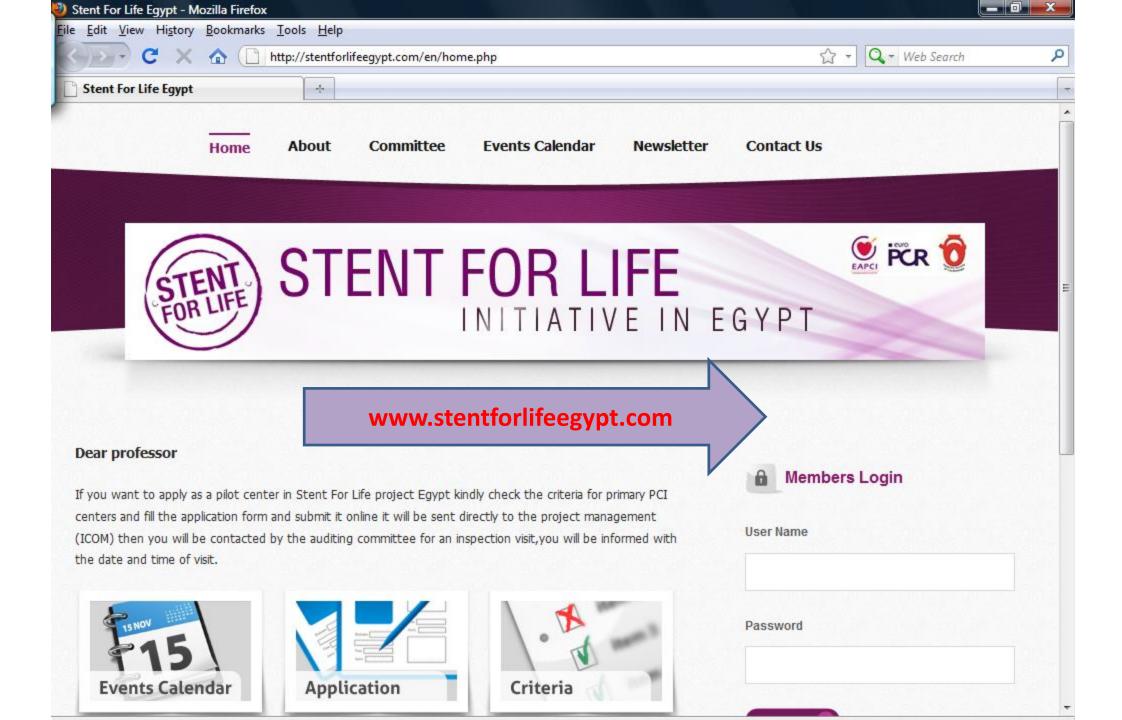






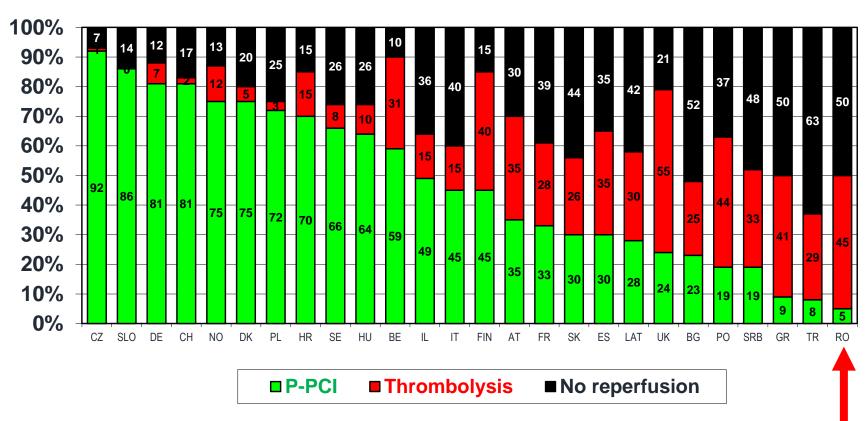
#### Current situation : patient pathway





#### **Egypt situation 2011**

# Reperfusion Therapies



P.Widimsky et al. November 19, 2009. Reperfusion therapy for ST elevation acute myocardial infarction in Europe: description of the current situation in 30 countries. Eur. Heart.J.doi:10.1093/eurheartj/ehp492

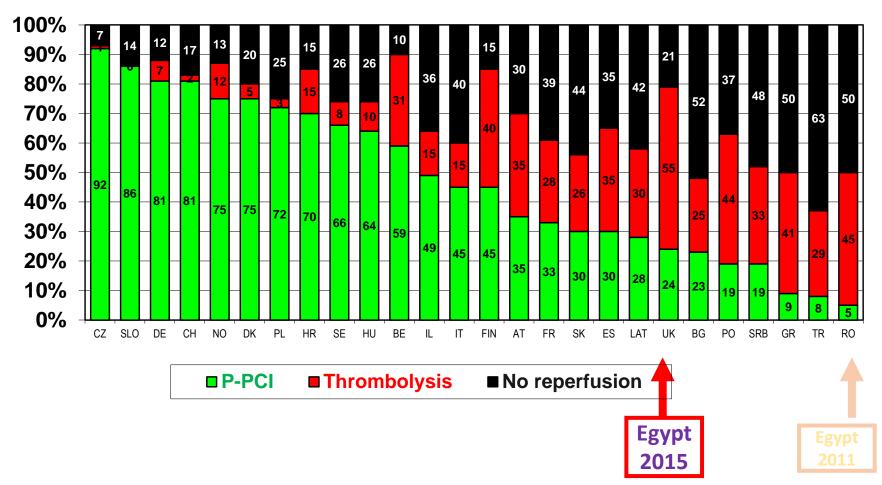








# Proposed Egypt situation 2015 Reperfusion Therapies



P.Widimsky et al. November 19, 2009. Reperfusion therapy for ST elevation acute myocardial infarction in Europe: description of the current situation in 30 countries. Eur. Heart.J.doi:10.1093/eurheartj/ehp492

# LuroIntervention

Official Journal of EuroPCR and the European Association of Percutaneous Cardiovascular Interventions (EAPCI)





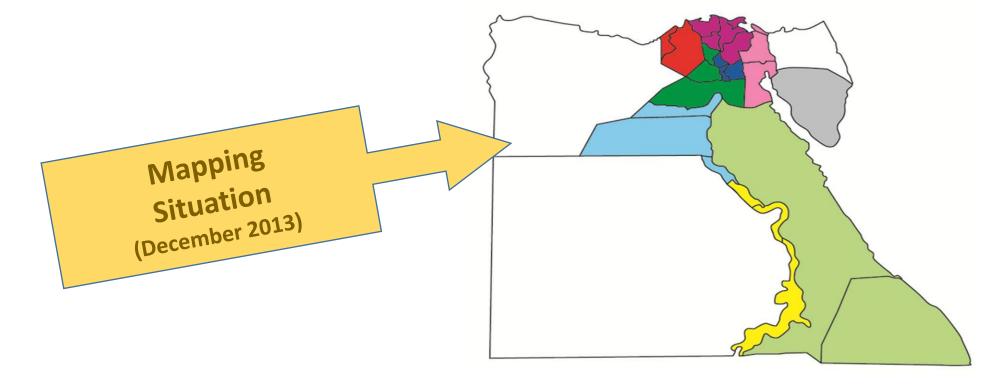


## **Stent for Life Initiative**

#### Stent for Life Initiative placed at the forefront in Egypt 2011

Mohamed Sobhy<sup>1</sup>, MD; Mohamed Sadaka<sup>1</sup>, MD; Nireen Okasha<sup>2</sup>, MD; El Sayed Farag<sup>3</sup>, MD; Ayman Saleh<sup>2</sup>, MD; Hussein Ismail<sup>4</sup>, MD; Mohamed El Seteiha<sup>5</sup>, MD; Hany Ragy<sup>6</sup>, MD; Mohamed Abdel Hameed<sup>1</sup>, MD; Radwa Mehanna, MD

- 1. Faculty of Medicine, Alexandria University, Alexandria, Egypt; 2. Faculty of Medicine, Ain Shams University, Cairo, Egypt;
- 3. Faculty of Medicine, Zagazig University, Zagazig, Egypt; 4. Faculty of Medicine, Suez Canal University, Port Said, Egypt,
- 5. Faculty of Medicine, Tanta University, Tanta, Egypt; 6. National Heart Institute, Cairo, Egypt



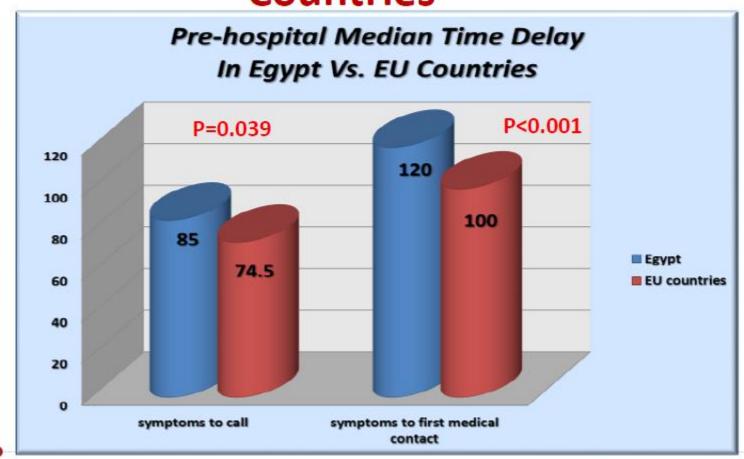
Area		Population	Cath. Labs	24/7	SFL Pilot	Population/Cath lab working 24/7	Population/SFL Pilot
Alexandria		6%	10	5	3	972000/cath lab	1.620000/center
Cairo		12%	34	12	7	833000/cath lab	1.430000/center
Giza		10%	34	9	6	888000/cath lab	1.330000/center
Delta		21%	12	4	4	4.250000/cath lab.	4.250000/ center
Canal		7%	3	1	1	5.700000/cath lab.	5.700000/ center
Red Sea		4%	1	0	0	0	0
Upper Egypt 1	(	13%	4	1	1	10.500000/cath lab.	10.500000/ center
Upper Egypt 2		20%	7	2	2	8.100000/cath lab.	8.100000/ center
South Sinai		4%	1	0	0	0	0
West Desert & Upper Sinai		3%	0	0	0	0	0

# Mapping situation 2018



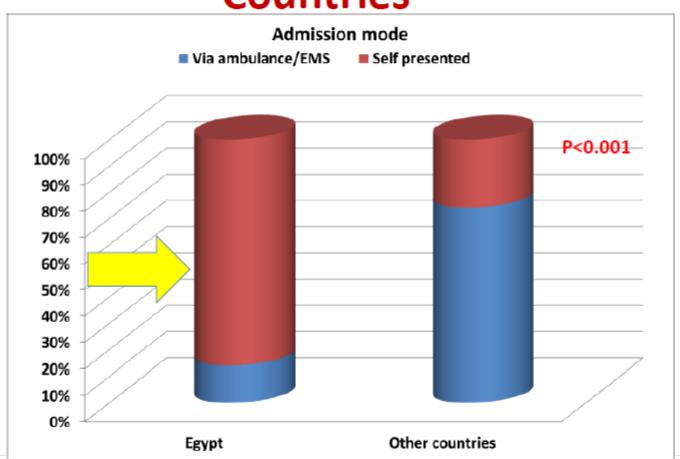
N.B: the upcoming slides are from dr. Moheb Wadie (Mansoura University) ppt in ESC 2018

# Admission process - Egypt versus Other Countries



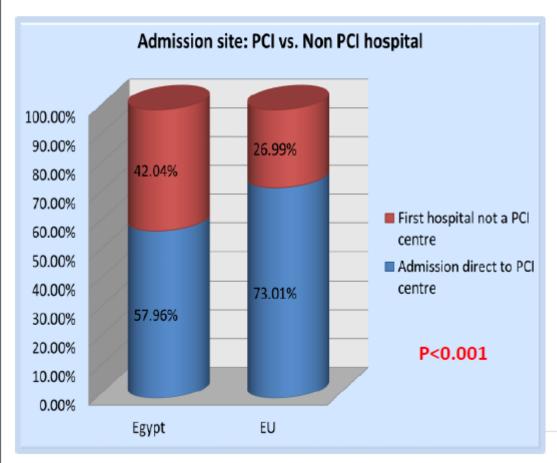
ESC Congress Munich 2018

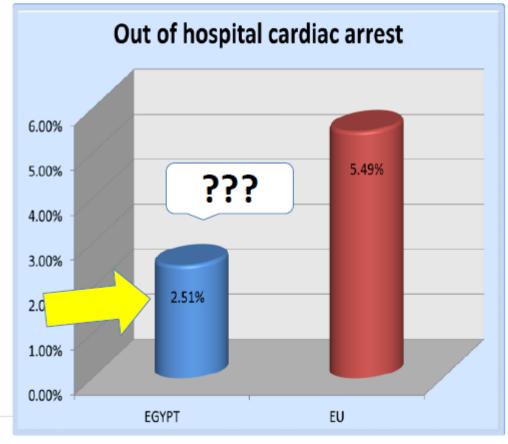
# Admission process - Egypt versus Other Countries



ESC Congress Munich 2018

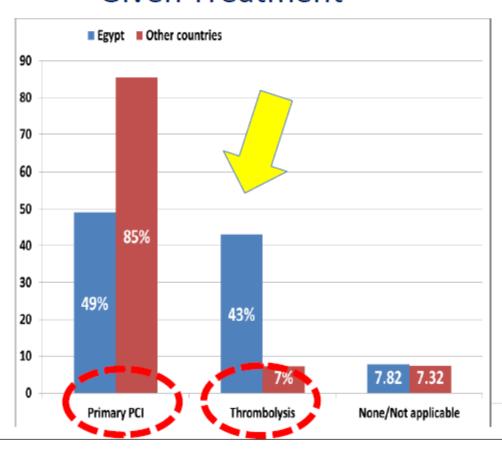
# Admission process - Egypt versus Other Countries

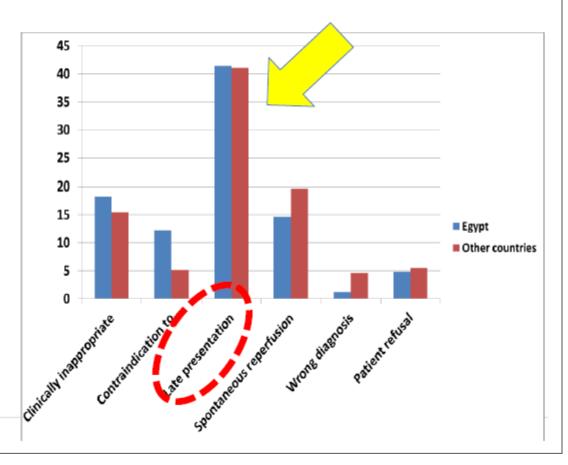




#### **Treatments**

#### Given Treatment







#### How-to-Guide

Stent for Life Initiative

#### SFL Egypt: How to work innovatively with government

#### M. Sobhy<sup>1,3</sup>, A. El Shal<sup>3</sup>

- 1 Stent for Life Egypt, Country Champion
- 2 Stent for Life Egypt, Project Manager, ICOM
- 3 Alexandria University

SFL Egypt has found innovative ways of working with the government during a turbulent period. Egypt became a member of SFL at the end of 2010 and held a brainstorming session with 80 eminent intervention card ologists, Ministry of Health (MOH) representatives including the minister of health, non-governmental organisations (NGOs), health insurance providers and the emergency medical service (EMS). A road map was created which specified five dements as being the responsibility of the MOH. These were ambulance capacity to cover the geographic area; ability of ambulance staff to triage patients correctly; training programmes in primary PCI for emergency room staff and MOH physicians; protocol for emergency rooms; and patient funding. Three months later a two year revolution began. There were dramatic changes in ministers, celays in decision making and economic instability. The EMS became preoccupied with staging revolutionary activities. Government support and involvement is essential to the success of Egypt's SFL road map. Meetings were held with successive health ministers to convince them that a national STEMI programme was needed. A protocol of cooperation and support between SFL and the MOH was agreed that included three goals: educating MOH physicians and referral doctors, providing patient funding through government health insurance, and improving the quality and coverage of the EMS.



Anti-ApoA-1 auto-antibodies and plaque vulnerability

Prehospital diagnosis and primary PCI

RANTES and carotid plaque characteristics

ABCA1 gene variant and coronary heart disease risk

Bone marrow-derived mononuclear cells and arrhythmic events

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Deputy Editors, Josep Brugada Bernard J. Gersh Ult Landmessur Frank Ruschitzka William Wins

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Cardiology in Egypt is improving through increased links with Europe and the USA

The president of the Egyptian Society of Cardiology discusses his vision for bringing the speciality onto the 'world stage' with Jen Taylor



M. Sobby

The Egyptian Society of Cardiology was founded by 10 doctors in 1954. Today, membership stands at 1954 and it has a 15-strong found.

The society is a member of the European Society of Cardiology (ESC) and has four votes for the ESC president.

Professor Mohamed Sobby, MD. FACC, FESC. Professor of Cardiology in the Faculty of Medicine at Alexandria University and Chairman of the International Cardiac Center, is the society's

President from 2010 to 2012.

The bas a complex of grads, which include upgradies the society's

It is one of the two big cardiology meetings held annually in Egypt. The second, CardioEgypt, is in February and this year the 5-day event had 48 guest speakers from the USA, Canada, Europe, and Arab countries and more than 360 Egyptian speakers and chairpersons.

The Egyptian Society of Cardiology hosts 13 working groups that have been active for a number of years: Interventional Cardiology; Electrophysiology & Pacing Echocardiography; Preventive Cardiology; Heart Fallure; Nuclear Cardiology; Continuous Medical Education; Thrombosis and Haemostasts; The Egyptian Working Group of Pediatric Cardiologists; Cardiovascular Drug Therapy; Lipidology, Viscular Biology and Research; Cardiovascular Disease; in Womer; and Peripheral Vascular Disease.

The working groups collaborate with international societies, and their main objective is to hold specialist conferences.

Creating a core syllabus for young cardiologists is another major project. Sobhy, who is Egypt's national coordinator for ESC guidelines, has received approval from Professor Alec Vahanian, MD, chairman of the ESC's Committee for Practice Guidelines from 2006 to 2010 and Professor Roberto Ferrari, MD, president of the ESC from 2008 to 2010, to adapt ESC guidelines to Egyptian cardiologists.

"We don't have Egiptian guidelines", says Sobhy. "It's very difficult because we don't have trials." The society and its Cardiovascular Drug Therapy working group agreed that they needed to adapt the guidelines that would most closely fit the Egiptian situation and that these would be the ESC guidelines.

#### Acute Coronary Syndrome Registry

Hany I. Ragy<sup>1</sup>, Ghada A. Kazamel<sup>1</sup>, Mohamed Sleem<sup>1</sup>, Khaled El Tohamy<sup>1</sup>, Mohamed Helmy<sup>1</sup>, Basem Zarif<sup>1</sup>, Medhat M. Elsayed<sup>1</sup>, Hisham Sleem<sup>1</sup>, Ahmed Magdy<sup>1</sup>, Magid Alabbadi<sup>1</sup>, Farid M. El Gendy<sup>1</sup>, Tarek Abd El Ghafar<sup>1</sup>, Abdelkader A. Elbakery<sup>1</sup>, Waleed Abass<sup>2</sup>

<sup>1</sup>Cardiology Department, National Heart Institute, Egypt
<sup>2</sup> Cardio Surgery Department, National Heart Institute, Egypt

## **Method:**

#### **Patients:**

Enrolled 886 ACS patients on 1/6/2011 and closed for statistical analysis on 30/12/2012.

All patients signed the hospital standard consent form which allows data collection for study and statistical purposes.

# In hospital management

#### Table 3 Treatment and Mortality

	All (886)	STEMI (482)	Other ACS (404)	Rescue revascularization
Thrombolysis	269/886 *	268	1	
PCI	265/886 (29.9%)	180 PPCI (37%)	46 (11%)	39 rescue
No revascularization	N/A	38 (7.8%) **	88%***	
Death	19/886 (2.1%)	14/482 (3.1%)	5/404 (1.2%)	

<sup>\*</sup> Mostly in 483 STEMI cases. \*\* 22 inconclusive ECG and 16 late presenters

- Thrombolytic therapy was used in 264 out of 482 STEMI patients (54.7%)
- Streptokinase in 260 patients t-PA was used in 4 patients; 1 out of 404 NSTEMI received Streptokinase.

<sup>\*\*\*</sup> No revascularization during index hospitalization

# Discussion: High Use of Thrombolysis

- PPCI was used in 37% of STEMI patients while thrombolytic, namely streptokinase were used in 55.6%.
- In spite of 24/7 Cath labs and full involvement in stent for life program, less than 40% of STEMI patients coming to NHI undergo PPCI.
- IV thrombolysis remains the strategy used in the majority of STEMI patients; this needs to be addressed.

## **Identified Unmet needs**

#### **Patients**

- 1. Teach patients about heart attacks and importance of time.
- 2. Encourage them to call the emrgency if symptoms were felt
- 3. Special patient awareness campagins around the pilot centers to monitor the effect of the campagins.

E M S

- 1. EMS team awareness for the diagnosis of MI.
- 2. To implement all needs for MOH and project coordination.
- 3. Transporting the data from the car to the hospital.

#### Hospitals

- Physician education.
- 2. MOH support.
- Cath lab equipments and needs including physicians and nurses and techs.

Registry

- 1. Mortality rate in the registry.
- 2. Need to increase centers in registry phases.



## إنقاذ مرضى جلطات القلب أول ٩٠ دقيقة

تم اختيار ٢٢ مركزا في ١٢ محافظة تابعين لوزارة الصحة والجامعة للمشاركة في مشروع دعامة الحياة التي تمثل «المبادرة الوطنية لإنقاذ مرضى الشرابين التاجية والقلب « من الجلطات في اول ٩٠ دقيقة، عن طريق ضمان وصولهم الى الستشفيات وإجرا، قسطرة قلبية لتركيب دعامة او اذابة جلطة مجانا صرح بذلك الدكتور عادل عدوى وزير الصحة.

ومن جانبه اوضح الدكتور محمد صبحى استاذ امراض القلب جامعة الاسكندرية

ومدير مشروع دعامة الحياة، ان اختيار المراكز الطبية التي يمكنها الاشتراك في المشروع يتم بناء على معابير عالمية يجب توافرها للخدمة والاطباء والفنيين، ويقوم بتقييم ذلك لجنة دعامة للحياة في المشروع، بحيث يقوم المركز بإجراء في المعام، وان يكون الطبيب الواحد قام باجراء ٧٠ حالة قسطرة في العام، وان يتوفر في الركز عدد من الكفاءات الطبية الطبية

# Conclusion

- SFL now SSL Egypt was a successful first step in the right direction.
- In 2018 the Egyptian MOH formed a National Heart Attack committee mainly formed from the Original SFL members aiming at National level management of Acute Coronary Syndromes.





# **Thank You**







