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3 **The need to establish a national vascular surgery registry**

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11 *Madam,* The integration of information technology (IT) in healthcare and data has
12 resulted in significant medical research advancement. The International Consortium of
13 Vascular Registries is one such example where registries from several countries
14 contribute to the development in vascular surgery via cross-border collaborations.¹
15 Similar successful examples from other fields include the Karachi Cancer registry and
16 Pakistan National joint Registry in our country. ²⁻³ While Pakistan bears a high burden
17 of vascular diseases, the centres offering state-of-the-art services are limited.⁴ The lack
18 of accurate statistics makes it more challenging to predict the disease course and its
19 relationship with geography, its complications, and outcomes. Inadequacy of follow-up
20 and poor reporting of patients' functional status also become barriers to optimal care.
21 The utilisation of a Vascular Registry can gather information regarding all such
22 variables. It makes it possible to analyse data in a large patient population by collecting
23 prospective data routinely.⁵ This is of great importance in improving the standards of
24 vascular surgery at a national level. Even with long-term follow-up, future studies miss
25 rare incidences and other critical information. However, scientific analysis is more
26 feasible in sufficiently large data sets, such as those found in registries. Such datasets
27 can also be utilised to generate new hypotheses and design more impactful studies.^{5,6}

28 However, the trend of manual data entry and limited reliance on IT provide a setback to
29 registry development in our country. This adversely affects data quality, and essential
30 information may go missing. There is an intra- and inter-hospital lack of uniformity in
31 reporting, and thus, the development of standardised guidelines becomes pertinent. The
32 digitalisation of information via establishing a national registry will surely aid in this
33 process. This process seems more feasible with the use of computerised national identity
34 cards which are being widely used in patient registrations in major hospitals.
35 Maintaining files in both hard and soft copies is time-consuming until a complete
36 transition to electronic data storage is possible. This calls for taking up the task of
37 computerisation at a rapid pace. A robust software system needs to be used that is user-
38 friendly and poses no threats of security breach.

39 We believe that a collaborative effort by the community's vascular surgeons to build a
40 national registry will result in data centralisation and help in managing resources and
41 improve the quality of care.

42 It will help identify which vascular surgery centres offer specialised services and this
43 can aid in building centres of excellence which will also positively impact vascular
44 surgery training. Furthermore, this step will open new doors for national and
45 international research collaborations.

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