



INSIDE

04 Cardiac Care Network	12 Variation In Revascularization Practice in Ontario (VRPO)
04 Privacy Statement	14 Reporting and Informing
05 Report from Board Chair and CEO	16 Wait List Data
07 Board of Directors	25 CCN Member Hospitals
09 Financial Summary	26 CCN Staff
10 Committees and Working Groups	

The Cardiac Care Network serves an advisory role on matters pertaining to cardiovascular disease for the province of Ontario. Our priority is to ensure the highest quality of cardiovascular care, based on established standards and guidelines, and we actively monitor the access, volumes and outcomes of advanced cardiac procedures in Ontario. CCN works in collaboration with key stakeholders, including the Ministry of Health and Long-Term Care, Local Health Integration Networks, hospitals, health service planners, researchers, clinical leaders and health care professionals.

“By working together, we will collectively help to achieve the best possible clinical outcomes for patients, families and individuals and help to secure the future of a sustainable and high performing health care system.”

THE CARDIAC CARE NETWORK

The Cardiac Care Network is comprised of 18 member hospitals that provide advanced cardiac care services in Ontario. In addition to helping plan, coordinate, implement and evaluate cardiovascular care in Ontario, CCN is responsible for the provincial cardiac registry. The information collected in the cardiac registry includes wait time information as well as specific clinical variables required to evaluate key components of care and determine risk-adjusted outcomes. Through scientific evidence, expert panels and working groups, CCN uses consensus-driven methods to identify best practice and strategies to effectively deliver cardiovascular services, across the continuum of care.

PRIVACY STATEMENT

The Cardiac Care Network maintains the registry of advanced cardiac services for the province of Ontario. This information is used to plan, monitor, manage and improve the quality and efficiency of cardiac services and also ensure equitable access to these services. CCN in respect of its registry of cardiac services is a prescribed person within the meaning of the subsection 39(1)(c) of the Personal Health Information Protection Act. The Act permits health information custodians to disclose personal health information, without consent, to a prescribed person who compiles or maintains a registry of personal health information for purposes of facilitating or improving the provision of health care.

Report from Board Chair and CEO

On behalf of the Cardiac Care Network of Ontario, we are pleased to submit our 2009–2010 Annual Report.

Over the past year, we have focussed on expanding capacity externally through collaboration and internally by investing in people and infrastructure to support enhanced monitoring and reporting of metrics related to cardiovascular health care quality and system performance. We have moved forward with building stronger partnerships with the Ontario Stroke Network, Heart and Stroke Foundation of Ontario, the Ontario Health Quality Council, and the newly established Ontario Renal Network. In addition, several key projects were completed in the past year, including *Variation in Revascularization Practices in Ontario* (in collaboration with Institute for Clinical Evaluative Sciences and CCN Member Hospitals) and *Cardiac Quality Indicators Pilot Project* (in collaboration with Canadian Institute for Health Information).

We firmly believe that establishing and maintaining high quality cardiovascular services is not the work of a single program or organization, but rather is achieved through a high level of collaboration and the collective efforts of skilled health care professionals, dedicated administrators, and system supporters. We would like to thank our many stakeholders, volunteers and partners who generously share their time with the Cardiac Care Network so that we are able to successfully deliver on our mandate and create new opportunities as we move forward.

We look forward to continuing to dedicate our efforts to ensure a health care system that delivers high quality cardiovascular care to those in need of services, and high value for the investments made by the Ontario Ministry of Health and Long-Term Care. By working together, we will collectively help to achieve the best possible clinical outcomes for patients, families and individuals and help to secure the future of a sustainable and high performing health care system.

Yours truly,



Ken White
Board Chair



Kori Kingsbury
Chief Executive Officer



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Board of Directors

Ken White BBA, MSHA, CHE, ICDD
Chair, CCN Board

Ben Chan MD MPH MPA
CEO, Ontario Health Quality Council

Patti Cochrane RN, BScN, MHSc, CHE
Vice President, Patient Services & Quality, Trillium Health Care

Anne Corbett BA, LLB
Partner, Borden Ladner Gervais

Robert Devitt BA, MHA, CHE, ACHE
CEO, Toronto East General Hospital

Christopher Feindel MD, FRCS(C)
Clinical Service Chief—Cardiac Surgery, Antonio & Helga DeGasperis Chair in Clinical Trials & Outcomes Research, University Health Network

David Fell MD, FRCP(C) FACC
Physician Leader, Regional Cardiac Program, Southlake Regional Health Centre

Anthony Graham CM, MD, FACC, FRCP(C)
HSFO Representative, St. Michael's Hospital

Charles Lazzam MD, FRCP(C), FACC
Cath Lab Director, Trillium Health Centre

Mary Catherine Lindberg BSP
Executive Director, Council of Academic Hospitals of Ontario

Peter Liu MD, FRCP(C)
Heart & Stroke/Polo Chair, Professor in Medicine & Physiology, University Health Network

John McCans MD, FRCP(C), MSc
Vice Chair, CCN Board; Chief of Staff, Kingston General Hospital

Ben Petersen CGA
Vice President & Chief Financial Officer, Hôpital Régional de Sudbury Regional Hospital

Indra Pulcins PhD
Director, Indicators & Performance Measurement, Canadian Institute for Health Information

Heather Sherrard BScN, MHA, CHE
Vice President Clinical Services, University of Ottawa Heart Institute

Don Shilton BSc, RRT, MBA
Assistant Vice President, Clinical Services St. Mary's General Hospital

Christopher Simpson MD, FRCP(C), FACC
Chief of Cardiology, Kingston General Hospital

Stuart Smith MD, FRCP(C), FACC
Chief of Cardiovascular Services, St Mary's General Hospital

Jane Woods RN
Regional Cardiac Care Coordinator, University Health Network

"We firmly believe that establishing and maintaining high quality cardiovascular services is not the work of a single program or organization; but is achieved through a high level of collaboration and the collective efforts of skilled health care professionals, dedicated administrators, and system supporters."

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“The success of the Cardiac Care Network is only possible through the contributions and dedicated efforts of many individuals and programs who share our passion to improve the system of cardiovascular care in Ontario, and so generously share their time, expertise and ideas.”

Financial Summary

MARCH 31, 2010

	OPERATING FUND	SPECIAL PURPOSE FUND	TOTAL
STATEMENT OF FINANCIAL POSITION			
Total Assets	\$1,645,522	\$2,638,884	\$4,284,406
Liabilities & Deferred Amounts	1,104,229	2,638,884	3,743,113
Fund Balance — End of Year	541,293	-	541,293
Total Liabilities & Fund Balance	\$1,645,522	\$2,638,884	\$4,284,406
STATEMENT OF OPERATIONS AND FUND BALANCE			
Revenue	\$2,488,754	\$842,707	\$3,331,461
Expenses	2,331,280	842,707	3,173,987
Excess Revenue	157,474	-	157,474
Fund Balance — Beginning of Year	383,819	-	383,819
Fund Balance — End of Year	\$541,293	-	\$541,293

Committees and Working Groups

CCN HOSPITAL ADMINISTRATORS (CCN-HA) | Chair: Ms. Heather Sherrard

The CCN-HA Committee is comprised of senior health care administrators from each of the member hospitals. The focus is on strategic thinking and planning to address high level operations and systems issues to ensure the efficient delivery of advanced cardiac care services and application of the standards established for best practices, quality and access.

REGIONAL CARDIAC CARE COORDINATORS (RCCCs) | Chair: Ms. Jane Woods

RCCCs are in place at each of the member hospitals as part of the Active Cardiac Access Management strategy. They serve a key role in helping patients and families navigate through the health care system, and ensure the appropriate information is available for clinical decision-making. The RCCCs meet each quarter to share ideas for system improvements and discuss pertinent issues relevant to their roles.

CATH/PCI WORKING GROUP (CATH/PCI WG) | Chair: Dr. Jean-Francois Marquis

The focus of the Cath/PCI WG is on standards and issues related to cardiac catheterization and percutaneous coronary intervention (PCI). Over the past year, the emphasis has been on Primary PCI (PPCI) as a key treatment strategy for acute coronary syndromes and the implementation and advancement of regional STEMI programs throughout Ontario. As a result of this work, a new system of data collection for PPCI was recently implemented by CCN.

HEART RHYTHM WORKING GROUP (HRWG) | Chair: Dr. Jeff Healey


The scope of the HRWG pertains to the care related to cardiac rhythm management including device implants (permanent cardiac pacemakers, implantable cardioverter defibrillators) diagnostic electrophysiology studies (EPS) and interventional procedures (ablations) for recurrent arrhythmias. A key project of the HRWG over the past year has been to develop a standard electronic referral system to access heart rhythm experts across the province.

CARDIOVASCULAR CHRONIC DISEASE MANAGEMENT WORKING GROUP (CV-CDM WG) | Chair: Dr. Paul Oh

The CV-CDM WG engages a variety of stakeholders with a focus on the continuum of cardiovascular disease, identifying opportunities to enhance the services and systems in Ontario to support individuals, patients and families to reduce their cardiovascular risk and have access to the key strategies and interventions known to improve patient outcomes after a cardiovascular event. The focus of the past year has been on chronic diseases including chronic disease self-management models, expanding contact with the Local Health Integration Networks (LHINs), and developing an inventory of all cardiac prevention/rehabilitation services within each LHIN in Ontario.

CARDIOVASCULAR SURGERY WORKING GROUP (CVS-WG) | Chair: Dr. Christopher Feindel

The CVS-WG is represented by the head of the cardiac surgery program at each of the member hospitals. The focus of the CVS-WG is on the standards for best practices and quality patient outcomes. Over the past year, the CVS-WG has reviewed key opportunities for quality improvement, including conservation of blood products and standardized data collection to augment current reporting systems.



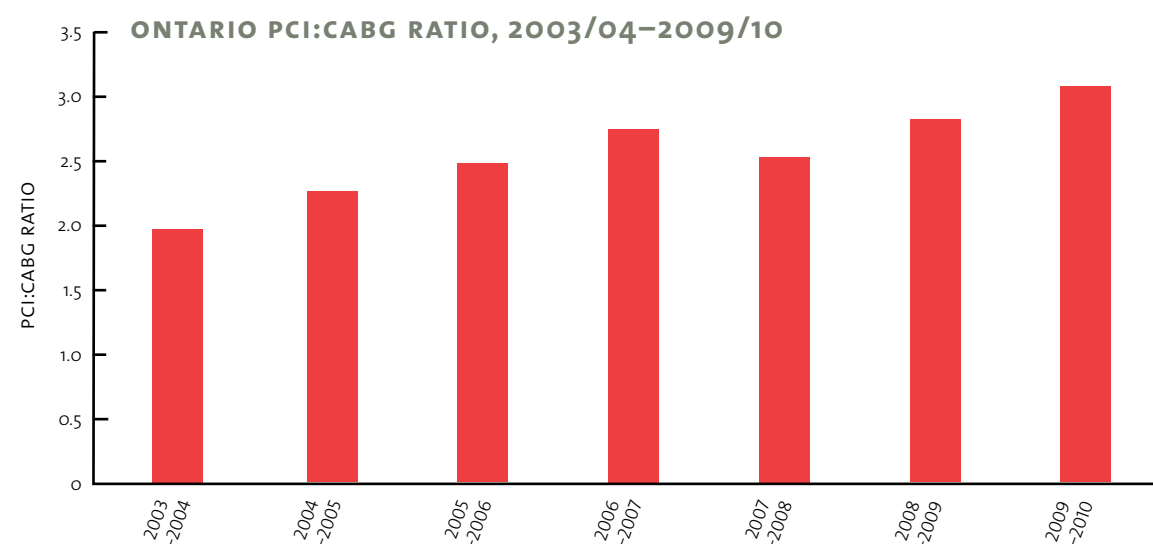
“Through scientific evidence, expert panels and working groups, CCN uses consensus driven methods to identify best practice and strategies to effectively deliver cardiovascular services, across the continuum of care.”

Variation In Revascularization Practice in Ontario (VRPO)

PROJECT SUMMARY

The diagnosis and treatment of coronary artery disease (CAD) is an important element of Ontario's health care system. Coronary revascularization—the term applied to mechanical restoration or improvement of blood supply to the heart—plays a key role in the overall treatment of CAD, particularly for patients with more acute or more severe manifestations of CAD. Revascularization can be accomplished by coronary bypass surgery (CABG)—this was the first method to gain wide acceptance after its development in the mid 1960's; and by the less invasive coronary angioplasty, introduced about a decade later and now referred to as percutaneous coronary intervention (PCI).

With significant advances in technology, the scope of PCI has broadened and the proportion of patients undergoing CABG surgery has declined. This relative balance reflects a changing pattern of revascularization practice and is often expressed as the ratio of PCI to CABG procedures. In Ontario, as elsewhere, there has been a rise in the PCI:CABG ratio over the past several years, and within the overall provincial trend, variations in the hospital-specific practice patterns have been observed.



CCN led the *Variation in Revascularization Practice in Ontario* (VRPO) project to describe and evaluate clinical and non-clinical factors that might account for the variation in PCI:CABG ratio across Ontario. CCN worked with the Institute for Clinical Evaluative Sciences (ICES) and in collaboration with CCN member hospitals, in the collection, analysis and interpretation of data from the cardiac centres in Ontario. This project was funded by the Ministry of Health and Long-Term Care.

The VRPO project included:

- A comprehensive literature review to inform data collection and analysis methodologies.
- Documentation of trends in procedure rates and revascularization ratios for Ontario, by hospital and by Local Health Integration Network (LHIN).
- Chart abstraction of demographic and clinical information from 8,972 patient charts (19.5% of the target patient population) from cardiac centres in Ontario.
- Angiographic review to independently validate chart data for 1,674 patients within the VRPO cohort.
- Detailed review of the full cohort and a restricted cohort (i.e., only those patients who had a PCI or CABG) to determine predictors of choice of treatment and to assess outcomes.
- Interviews of 67 clinical stakeholders at participating cardiac centres to solicit views on non-clinical factors that affected the choice of treatment.

CCN would like to acknowledge the leadership and contribution of Dr. Eric Cohen and Dr. Jack Tu in Co-Leading the VRPO project, as well as the members of the Steering Committee, Working Group, Project Team and Hospital Representatives to complete this comprehensive project. A full copy of the report will be available on the CCN website (www.ccn.on.ca).

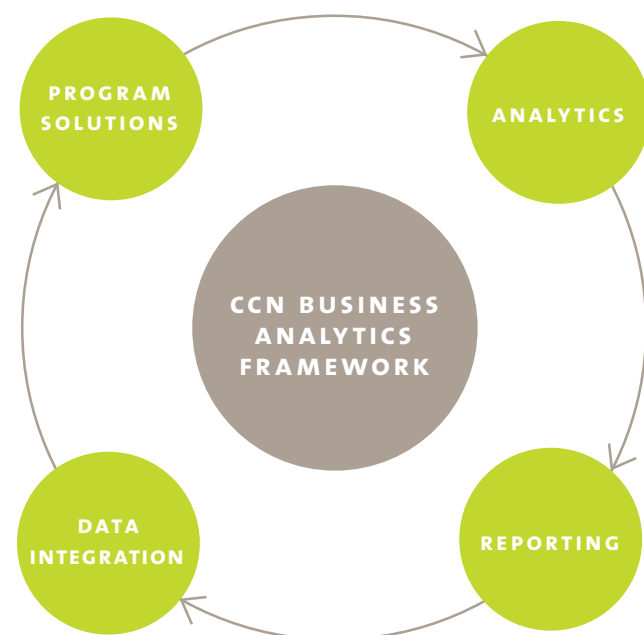
“Our priority is to ensure the highest quality of cardiovascular care, based on established standards and guidelines, and we actively monitor the access, volumes and outcomes of advanced cardiac procedures in Ontario.”

Reporting and Informing

Fundamental to the mandate of the Cardiac Care Network is transforming data from the cardiac registry into information to support efficient service delivery, the highest quality of care, and optimal patient outcomes. Working with key stakeholders, including member hospitals, our focus is to provide a high level of customer service and efficiently respond to the needs and requests of our stakeholders to support and sustain a culture of evaluation and evidence-based decision making.

As part of CCN data infrastructure, each member hospital receives a daily extract of their own data to support local administrative and clinical decision making. In addition, CCN provides regular reports by way of the CCN website and directly to member hospitals, the Ministry of Health and Long-Term Care and LHINs on advanced cardiac services. Through the business analytics framework and decision support, CCN is able to efficiently respond to ad hoc requests for information and serve as a resource to health system planners, researchers, administrators and clinicians to optimize adult cardiovascular care in Ontario.

By empowering our stakeholders with information, we have set our sights on even greater successes in the immediate future, including updating variables relevant to clinical outcomes, process indicators and quality of care, to reinforce our commitment to efficiency and providing clear and accurate information in a timely manner.



BUSINESS INTELLIGENCE AND ANALYTIC FRAMEWORK

CCN's Business Analytics Framework encompasses a full range of clinical and technological expertise and technology infrastructure to support business processes and strategies that promote optimal clinical performance. The CCN's Business Analytics Framework includes an expanding range of options for program tracking and reporting.

Program solutions: Address critical business challenges unique to specific clinical program and information needs, using technologies that incorporate the strength and scope of CCN's expertise.

Reporting: Provide answers to clinical and administrative questions, through standard and ad hoc reporting, including presentation-quality results and templates.

Analytics: Evolve from reactive to proactive decision supports using CCN data extract analytics capabilities and training programs for member hospital teams to utilize and understand their data.

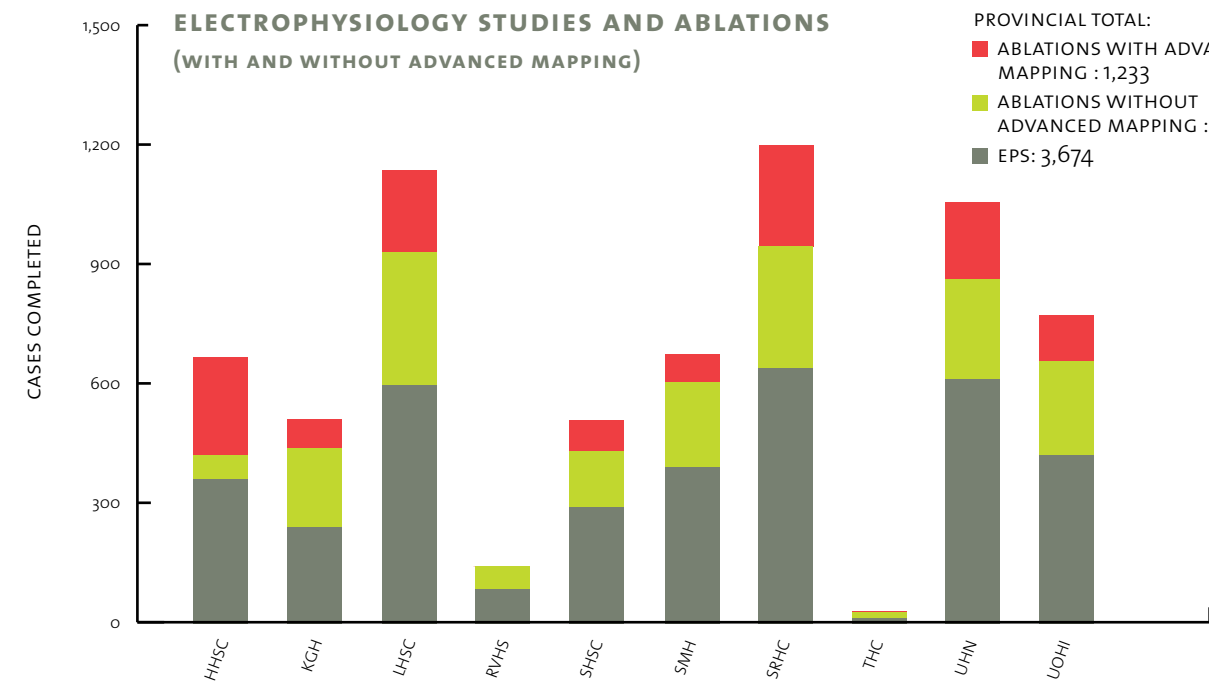
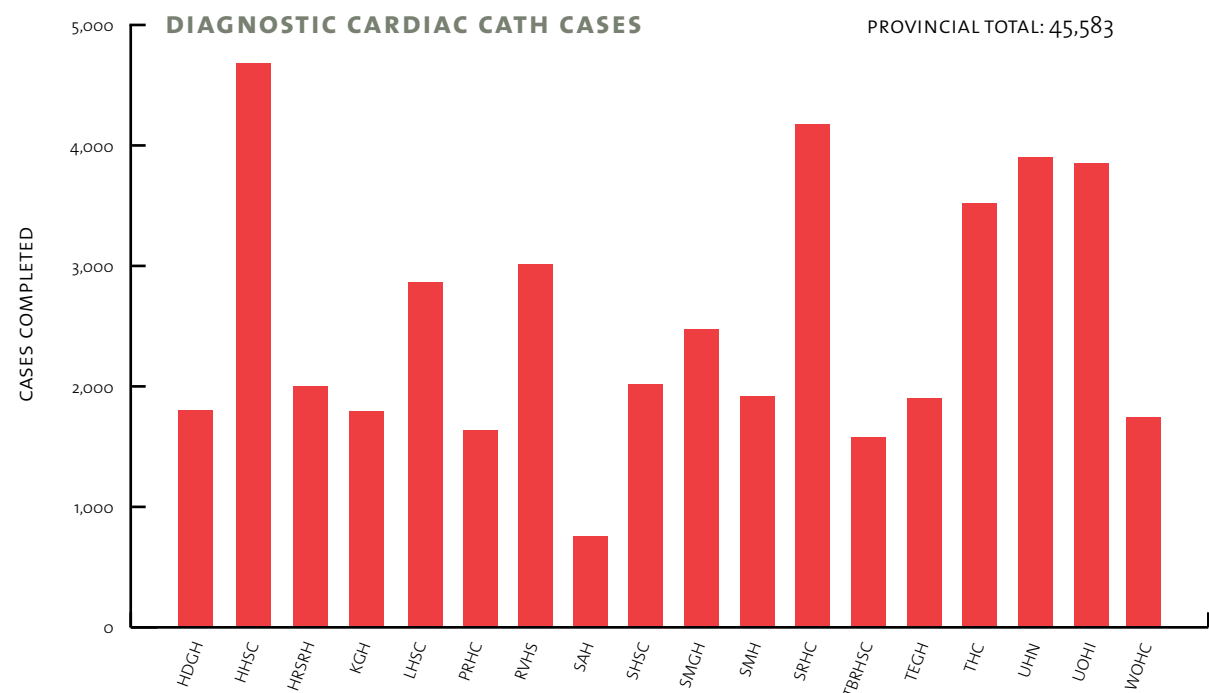
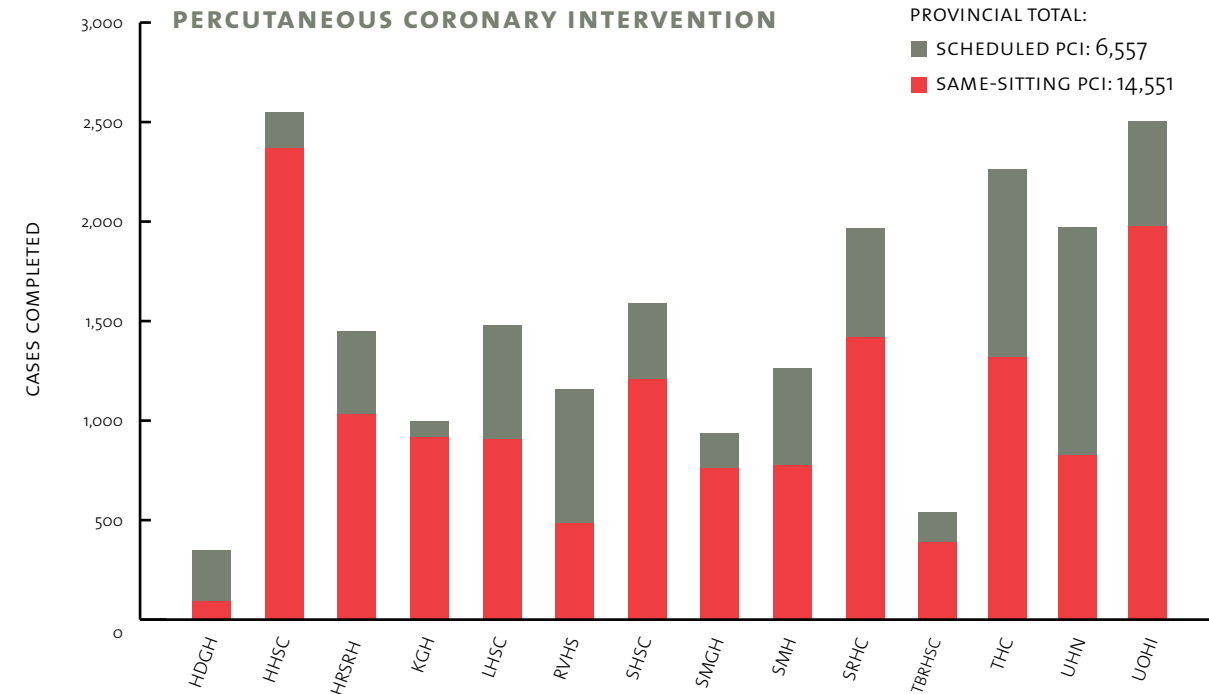
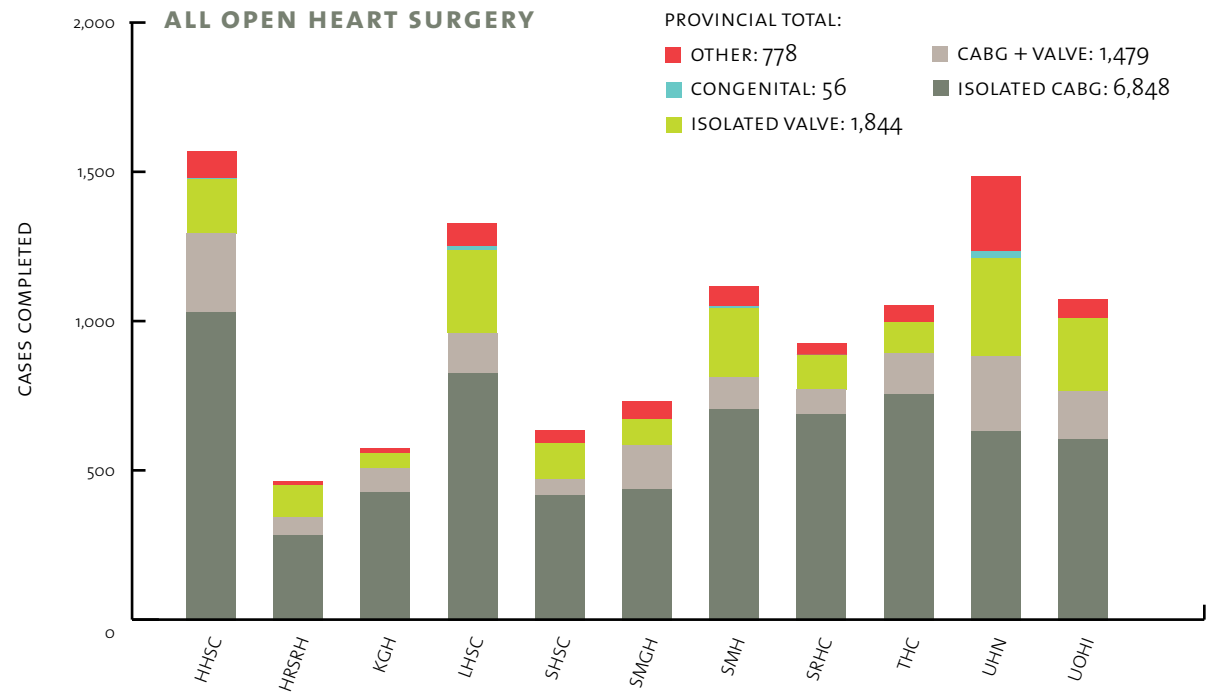
Data integration: Leverage all opportunities to work with key stakeholders, through the creation and integration of new and existing data sources to support the continuum care for patients with cardiovascular disease.

Through the CCN Business Analytics Framework, member hospitals and stakeholders can better understand the current state with respect to cardiac services delivery, utilization and opportunities for efficiency, as well as address site-specific queries.

"In the near future, with enhanced functionality and augmented data collection on specific clinical variables, CCN will move forward with greater emphasis on quality of care including clinical outcomes for patients and program performance measured against established standards and benchmarks."

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Ontario Procedure Volumes by Hospital 2009–2010



HHSC HAMILTON HEALTH SCIENCES CENTRE
 HRSRH HÔPITAL REGIONAL DE SUDBURY
 HDGH HÔTEL DIEU GRACE HOSPITAL
 KGH KINGSTON GENERAL HOSPITAL
 LHSC LONDON HEALTH SCIENCES CENTRE

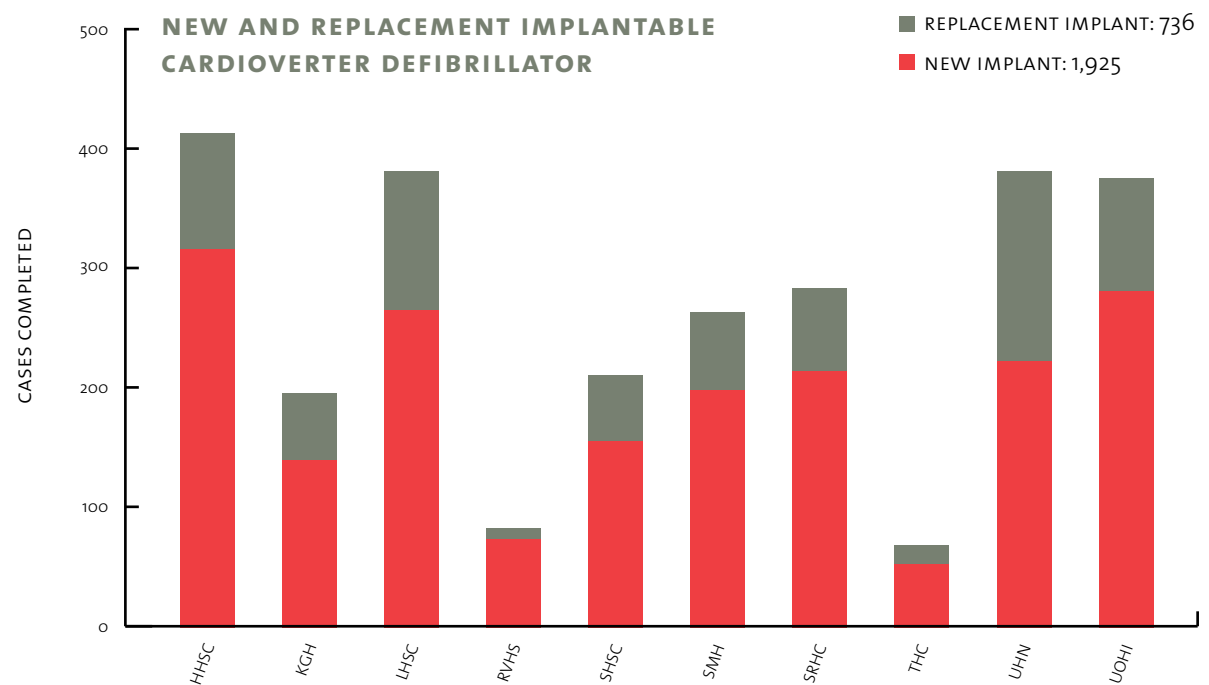
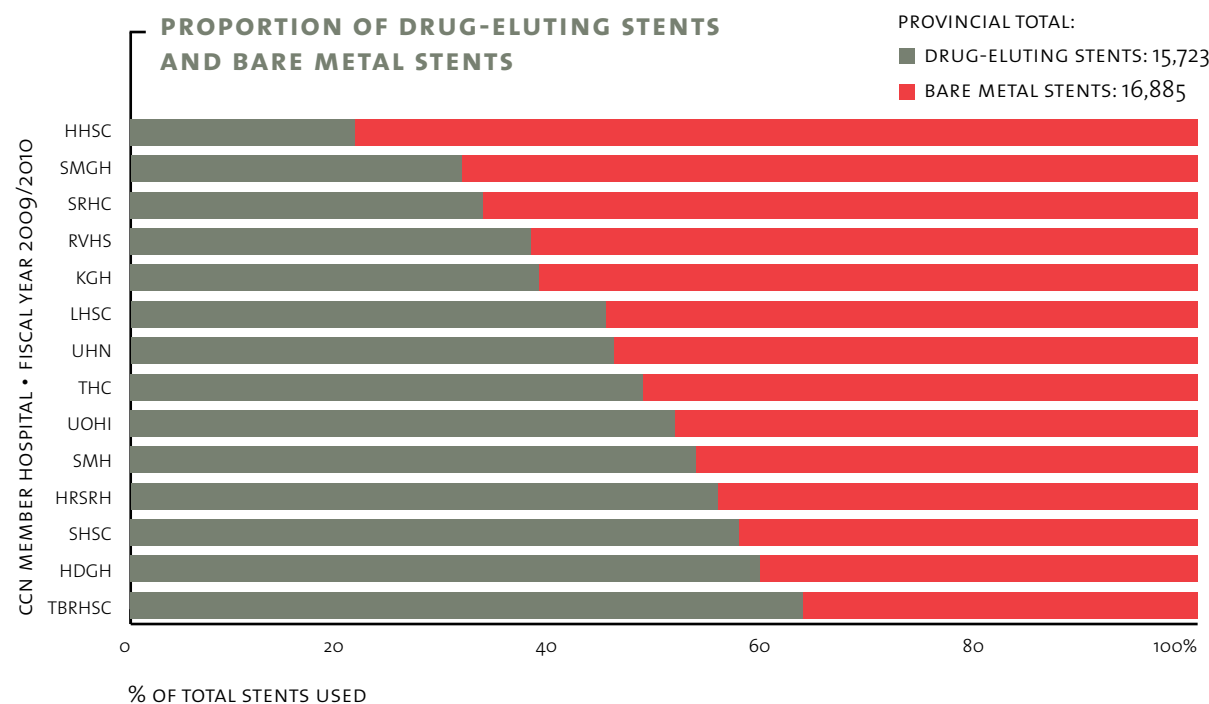
PRHC PETERBOROUGH REGIONAL HEALTH CENTRE
 RVHS ROUGE VALLEY HEALTH SYSTEM
 SAH SAULT AREA HOSPITAL
 SHSC SUNNYBROOK HEALTH SCIENCES CENTRE
 SMGH ST. MARY'S GENERAL HOSPITAL

SMH ST. MICHAEL'S HOSPITAL
 SRHC SOUTHLAKE REGIONAL HEALTH CENTRE
 TBRHSC THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
 TEGH THE TORONTO EAST GENERAL HOSPITAL

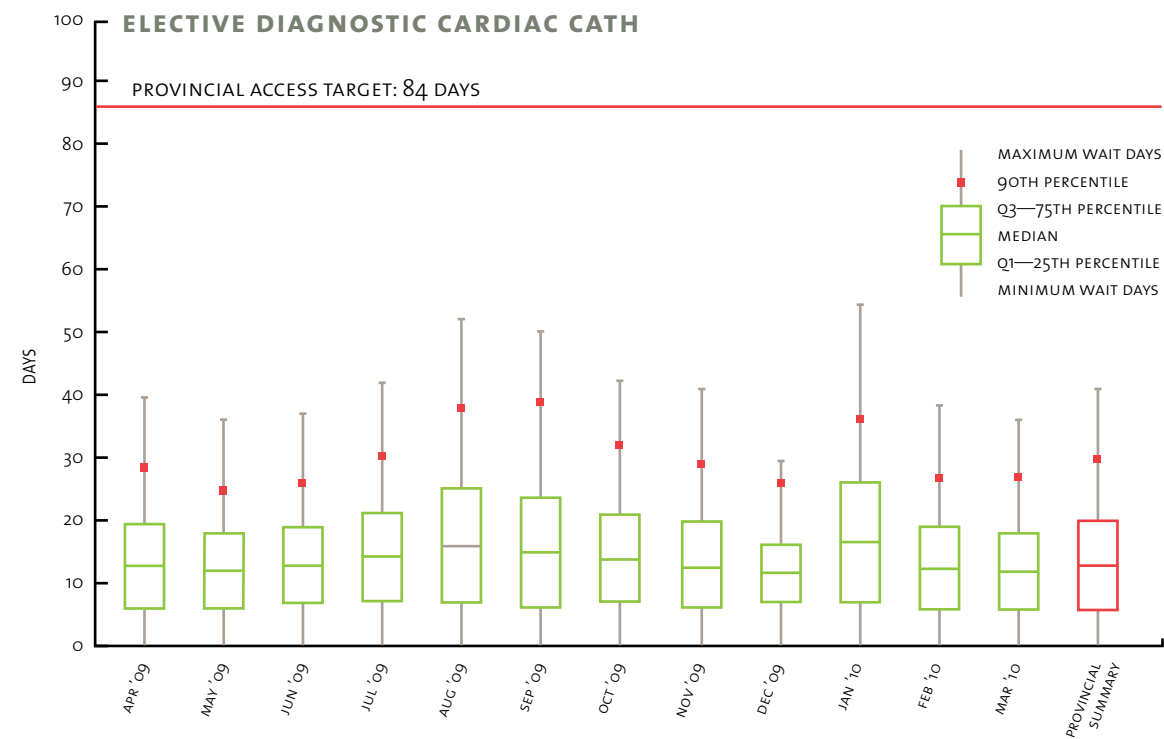
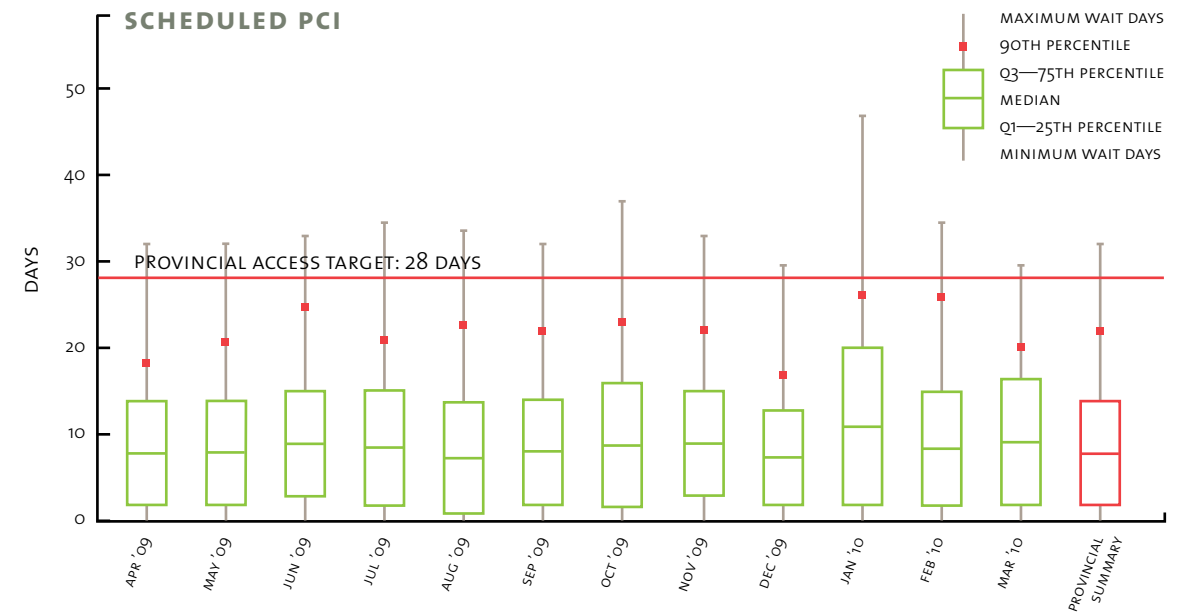
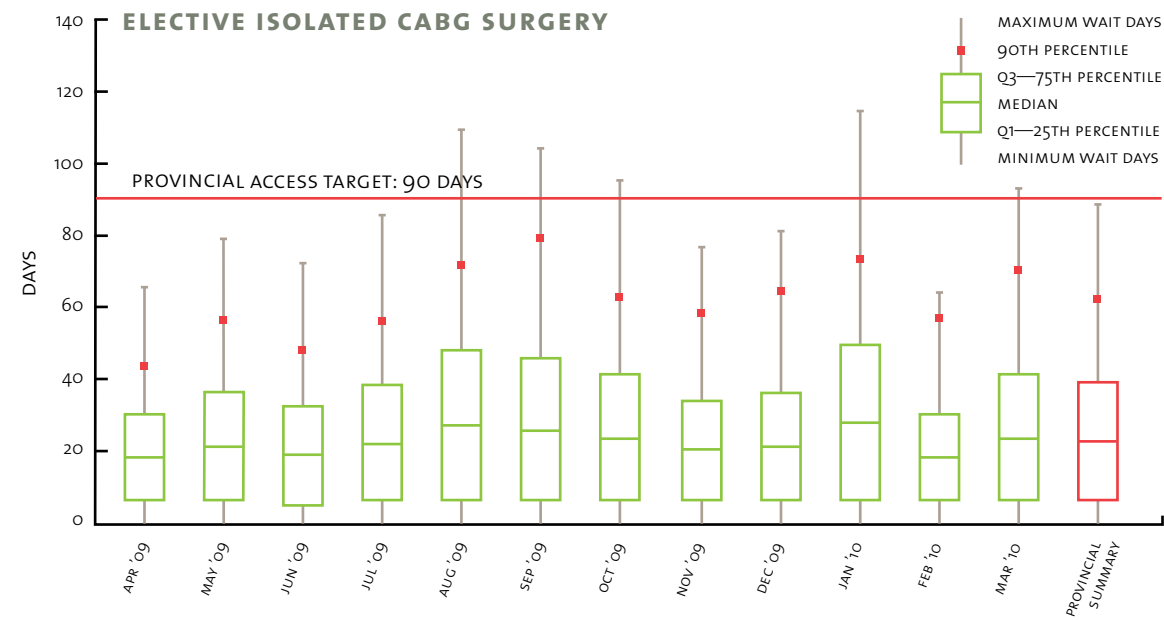
THC TRILLIUM HEALTH CENTRE
 UHN UNIVERSITY HEALTH NETWORK
 UOHI UNIVERSITY OF OTTAWA HEART INSTITUTE
 WOHC WILLIAM OSLER HEALTH CENTRE

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Ontario Procedure Volumes by Hospital 2009–2010



Provincial Wait Times by Month 2009–2010

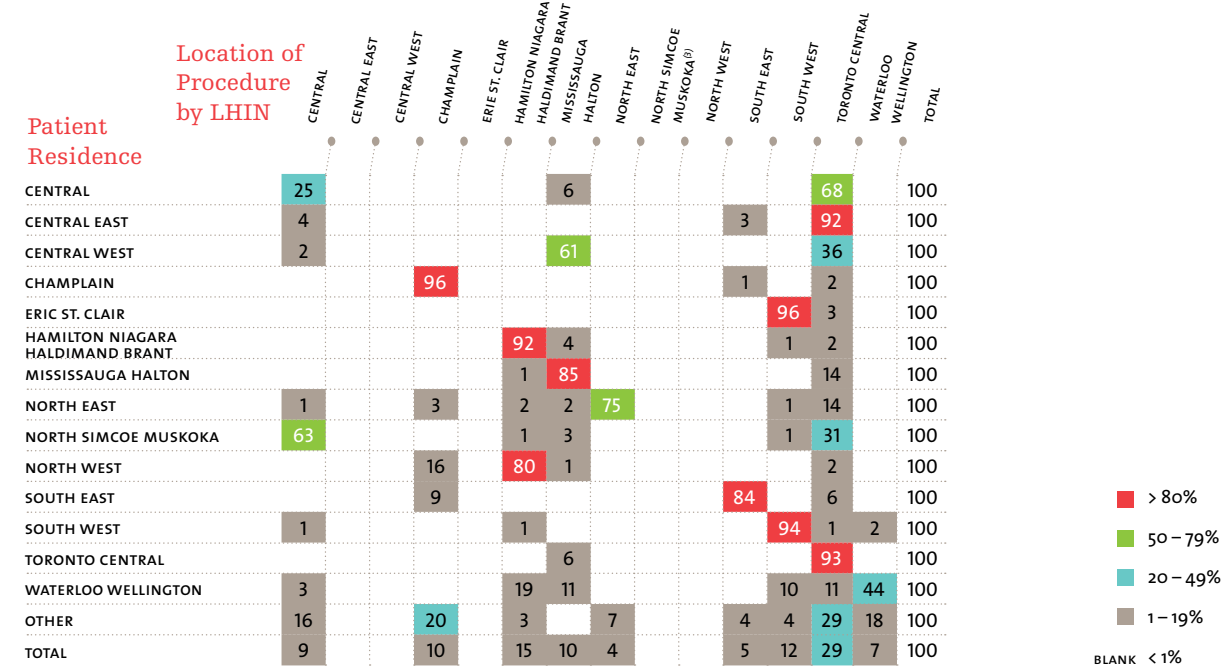


“Provincial wait times by month were consistently within the provincial access targets for elective isolated CABG surgery, diagnostic cardiac cath and scheduled PCI procedures. Slight seasonal variation is observed and this is consistent with data from previous years.”

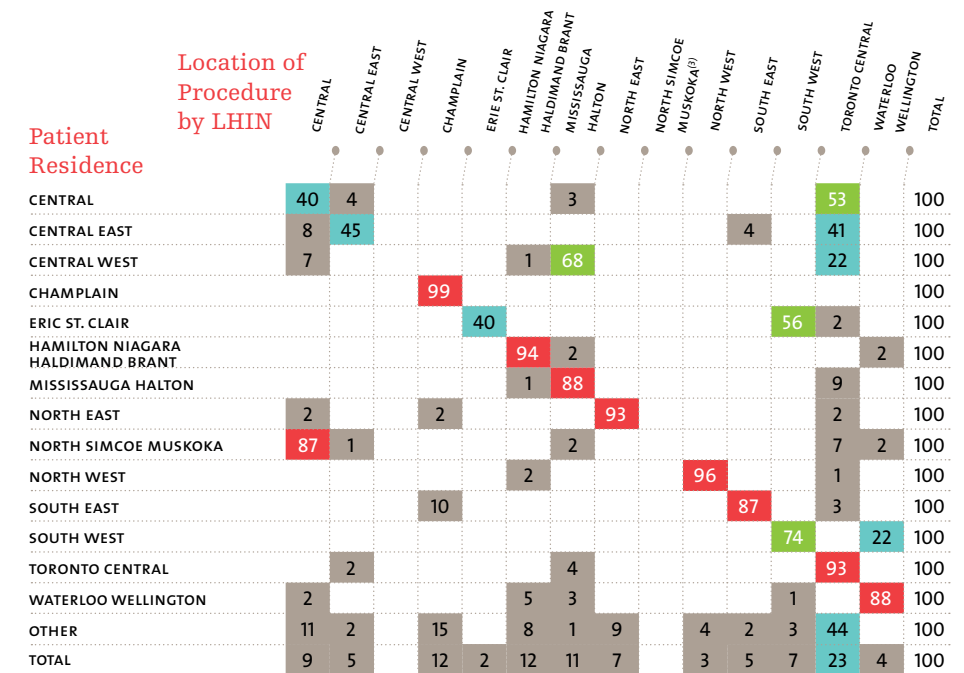
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Distribution of Cardiac Procedures by LHIN 2009–2010

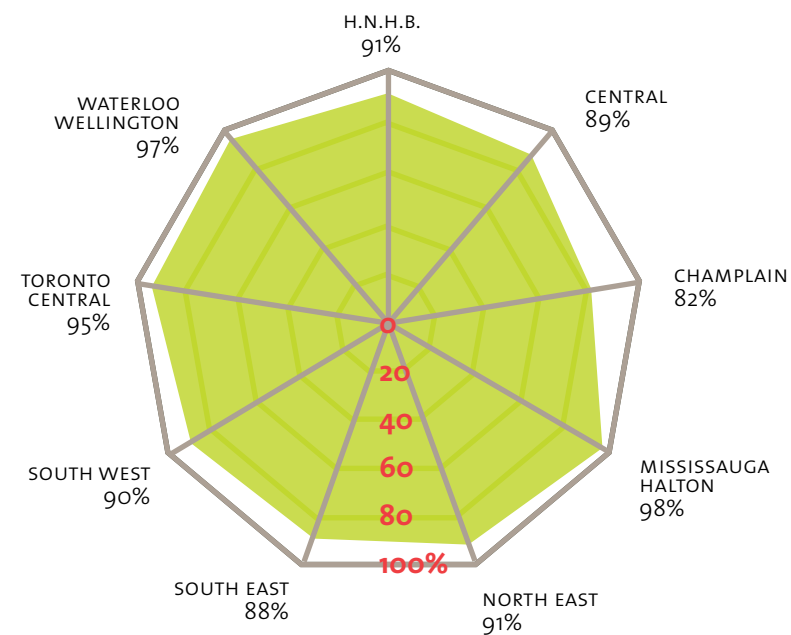
DISTRIBUTION OF OPEN HEART SURGERY CASES ACCORDING TO PATIENTS' RESIDENCE—LHINS (%)



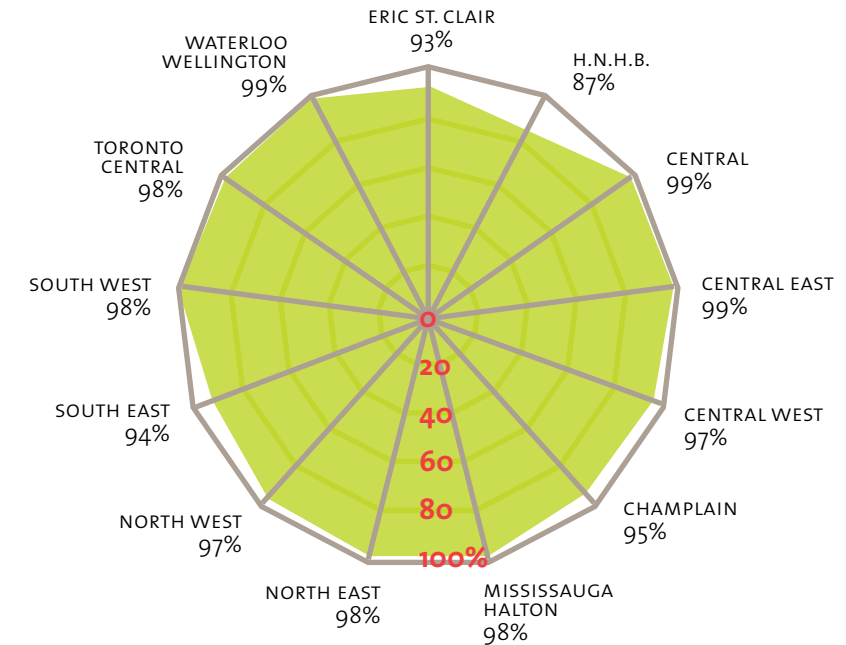
DISTRIBUTION OF PERCUTANEOUS CORONARY INTERVENTION CASES ACCORDING TO PATIENTS' RESIDENCE—LHINS (%)



ELECTIVE ISOLATED CABG CASES COMPLETED WITHIN RMWT BY LHIN

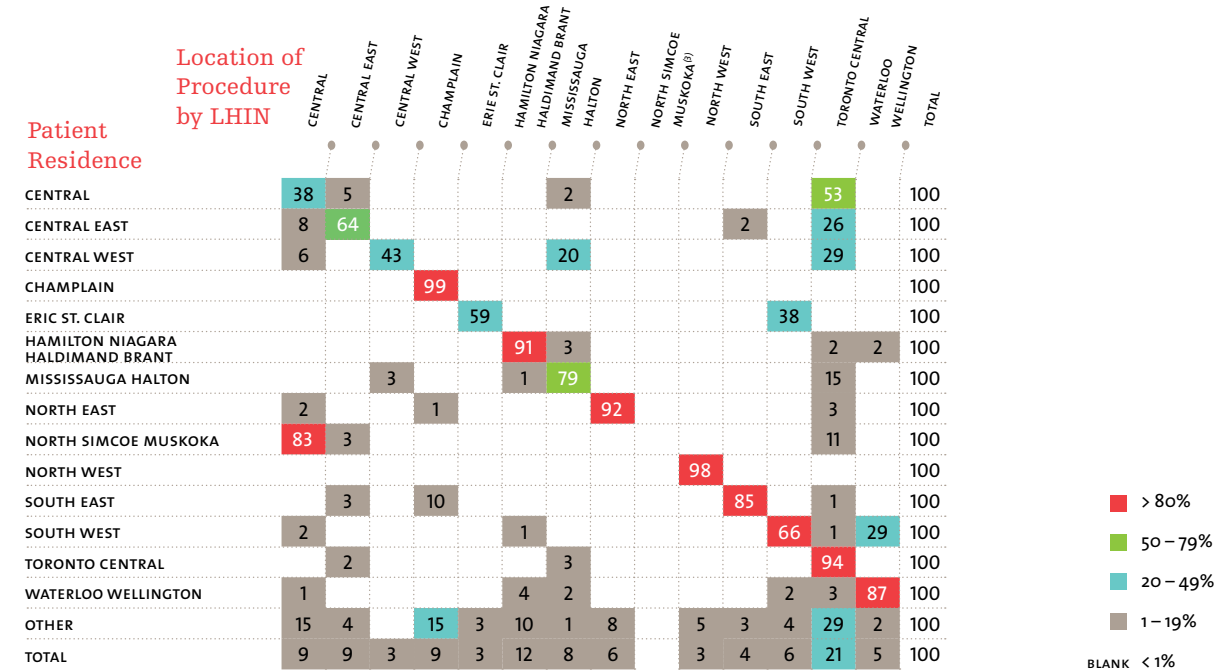


SCHEDULED PCI CASES COMPLETED WITHIN RMWT BY LHIN



Distribution of Cardiac Procedures by LHIN 2009–2010

DISTRIBUTION OF DIAGNOSTIC CARDIAC CATH CASES ACCORDING TO PATIENTS' RESIDENCE—LHINS (%)

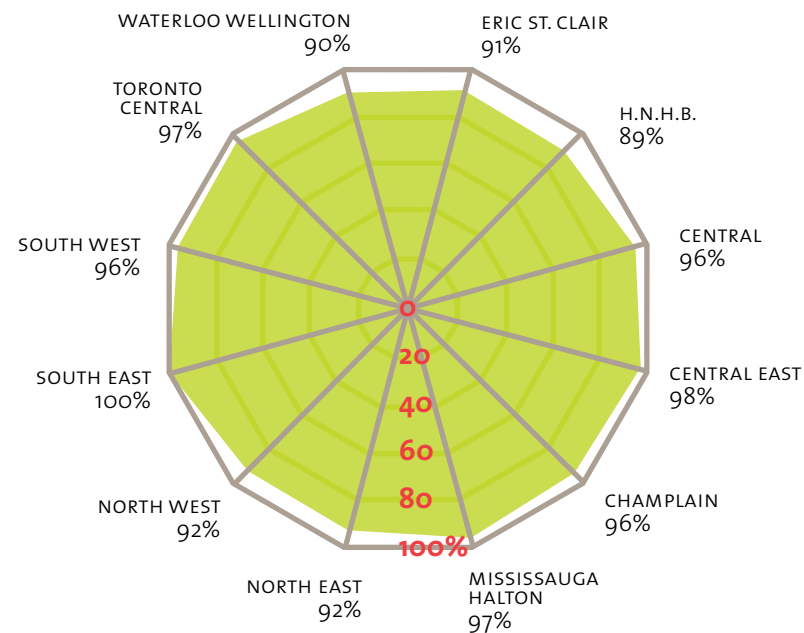


CCN Member Hospitals

Advanced Cardiac Service
CATH PCI OHS EP

Hamilton Health Sciences	●	●	●	●	2195 311
Hôpital Régional de Sudbury Regional Hospital	●	●	●		84 1136 4
Hôtel-Dieu Grace Hospital	●	●			1189 430
Kingston General Hospital	●	●	●	●	2142 161
London Health Sciences Centre	●	●	●	●	677 1101
Peterborough Regional Health Centre	●				1027 337
Rouge Valley Health System (Centenary)	●	●		●	870 1200
Sault Area Hospital	●				932 111 3
St. Mary's General Hospital	●	●	●		551 131
St. Michael's Hospital	●	●	●	●	750 1936
Southlake Regional Health Centre	●	●	●	●	201 365 2
Sunnybrook Health Sciences Centre	●	●	●	●	1216 105
Thunder Bay Regional Health Sciences Centre	●	●			525 1814
Toronto East General Hospital	●				311 2506
Trillium Health Centre	●	●	●	●	1136 424
University Health Network	●	●	●	●	430 1619
University of Ottawa Heart Institute	●	●	●	●	161 2303
William Osler Health Centre	●				1101 748

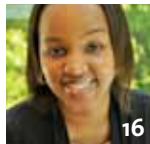
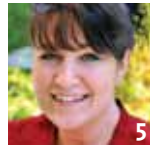
ELECTIVE DIAGNOSTIC CARDIAC CATH CASES COMPLETED WITHIN RMWT BY LHIN



CATH Diagnostic Cardiac Cath PCI Percutaneous Coronary Intervention
OHS Open Heart Surgery EP Electrophysiology/Ablation

CCN Staff

1. **Kori Kingsbury**
CEO
2. **Lisa Burlacoff**
Clinical Practice Consultant
3. **Mirjana Ilic**
Data Manager
4. **Jim Pagiamtzis**
Director of Operations & Stakeholder Relations
5. **Tracey Lynch**
CCN Communications & Board Liaison
6. **Danny Ho**
Director of Informatics & Business Intelligence
7. **Anita Bradizza**
Administrative Assistant
8. **Lee Norbeck**
Manager of Finance & Administrative Affairs
9. **Alan Wong**
Database/Application Support
10. **Rose Obien**
Clinical Data Entry Clerk
11. **Lindsay Siurna**
Software Application Manager
12. **Al Yoshiki**
Report Developer
13. **Maram Khalif**
Committee Support
14. **Usman Aslam**
Decision Support Analyst
15. **Patricia Scholey**
Manager, Clinical Quality
16. **Ida Nkonge**
Application Support Analyst
17. **Marcella Sholdice** (no picture available) *Project Manager*



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CARDIAC CARE NETWORK



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