

Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – June 11, 2012

Attendees: P=Present; A=Absent; X=Expected Absence

Active PIs		In-Progress PIs	
A	Kenneth Abbey, MD - OHSU	A	Michael Avidan, MD - Wash Univ, St. Louis
P	Michael Aziz, MD - OHSU	A	Daniel Biggs, MD – Oklahoma Univ Med Cntr
A	Brian Bateman, MD - MGH	P	James Caldwell, MD - UCSF
A	Mitchell Berman, MD - Columbia	A	Rich Colquitt, MD – Univ of Virginia
P	Edward Bitner, MD - MGH	A	Robert Craft, MD - University of Utah
A	Matthias Eikermann, MD - MGH	A	Marcel Durieux, MD – Univ of Virginia
A	Jerry Epps, MD - University of Tennessee	A	John Hanks, MD – Univ of Virginia
A	Alexander Friend, MD – Univ of Vermont	A	Dan Helsten, MD – Wach Univ, St. Louis
A	Leslie Jameson, MD - Univ of Colorado	A	Timothy Morey, MD - Univ of Florida
P	Sachin Kheterpal, MD - University of Michigan	A	Marco Navetta, MD – Santa Barbara Cottage
A	William Paganelli, MD – Univ of Vermont	P	Nathan Pace, MD – Univ of Utah
A	Stephen Robinson, MD - OHSU	A	David Robinowitz, MD - UCSF
A	John Walsh - MGH	A	Scott Springman, MD – Univ of Wisconsin
		A	Kelley Smith, MD – Univ of Utah
		A	Kevin Wethington, MD - Univ of Utah
Active Chairs			
A	Thomas Henthorn, MD – Univ of Colorado		
A	Jeffrey Kirsch, MD - OHSU	MPOG	
A	Howard Schapiro, MD - Univ of Vermont	P	Mark Dehring
P	Kevin Tremper, PhD, MD - Univ of Michigan	P	Robert Freundlich, MD
A	Jeanine Wiener-Kronish, MD - Mass Genn	P	Tory Lacca, MBA
A	Margaret Wood, MD - Columbia	P	Amy Shanks, MS

Meeting started at 2:10pm EST.

Ground Rules for PCRC:

1. Each protocol must have specific testable hypothesis with data available in MPOG data structure
2. People requesting specific data elements must also supply that data type to MPOG. If you don't submit that data type currently, then you can't get that type of data type out. However, if you have a co-investigator from another site that does supply that data, then you can ask for that type of data. The reason is so someone on the research team understands the limitations of each data element being requested and used
3. To ensure that there is not a lack of clarity about what the status of the proposal is, each proposal will get the following overall decision at the end of each presentation and discussion
 - a. Accept with minimal or no changes required
 - b. Accept with major changes required
 - c. Revise and reconsider at future meeting
 - d. Reject
4. Meeting will be recorded to be shared later with members of MPOG via the MPOG website. There were no objections to this via the members that were on the call.

Update on where we are:

1. 3rd PCRC meeting
2. Re-abstracting data from all sites now
3. Tested and de-bugged the interfaces. We were able to pull data out for two of the proposals
 - a. Infusion pump data – being re-extracted now to allow more centers to be included. Final version should be out early next week
 - b. AKI data – Submitted ASA abstract on the incidence of AKI. Found problems with mapping but have cleared up those issues.
4. Process of pulling data is bringing up problems which are being addressed as they are found but does slow down the process a bit to fix the issues
5. Mike Aziz and Sachin Kheterpal projects will be sent out for re-review next week to the group for final approval
6. We now have specification from Univ of Michigan Medical School computer support which will allow each site to have remote access statistical machine. We are going to try to have it in place within two months for use by each site. Data will be sitting on the server as well for you to use. It will require each site to have a UM login which we will work on you to get. Each PI please ask stats colleague what statistical package they like to use. If they like to use something other than R, R Studio, SPSS, STATA, and SAS please let us know and we will have it loaded on the server. Anybody using R, please let us know early on which libraries you would like loaded on.

General Questions for the committee:

1. If we brought our (UM) IT programmers to the MPOG meeting on Friday before the ASA, would you be able to bring your IT programmers for each individual site as well? Is there funding for that? Would it be useful? Please let Sachin know directly if that is something that is possible from each individual site

Presentations:

Title: Prevalence and trends of high body mass index in a national pediatric surgical population

Proposed Authors: Olubukola O. Nafiu, MD, Amy Shanks, MS, Kevin K. Tremper, PhD, MD, Sachin Kheterpal MD, MBA,

Primary Institution: Michigan

Presentation Overview:

Sachin presented for Bukky Nafiu. Bukky's expertise is in obesity and trends in obesity at University of Michigan. This project started as a call for paper's for JAMA for a special topics on obesity. There is a lack of knowledge in the surgical population but we assume it's the same as the medical population. Bukky was going to do a single center project with just UM data but Sachin approached him to do it across several centers using MPOG.

Discussion Points

- Mike Aziz mentioned that someone from OHSU would be interested in joining
- How to handle the extremes in BMI?
 - Can do a simple distribution to determine BMI is normally distributed or if it looks like there is some issue with extreme spikes in extreme BMI's
 - Take outliers and check for validity to see if previous anesthetics or subsequent anesthetics have the same BMI
- Does MGH have pediatric volume?
 - 2 peds OR per day and 3 peds off-sites per day
 - Sachin asked what type of patients are these? Is it a skewed population?
 - MGH is trying to build it's peds hospital so the main OR rooms are "bread and butter" peds cases. The offsites have more elaborate procedures
 - One concern MGH has in general is that they are good at entering weights but maybe not be so good at entering in heights.
- Include all procedures that peds anesthesia is involved with. Does this sound reasonable?
 - Mike Aziz at OHSU thinks it's fine and we should definitely include
- Do we include bariatric procedures?
 - Yes
- Do we include emergent cases?
 - Yes
- Are you comfortable with only excluding data quality issues?
 - Yes
- How many cases are we expecting?
 - Almost 100,000
- What percentage are patients that present several times across the years?
 - We do not know that right now

- Distribution of BMI
 - Quantile regression could be used
 - Outliers will not be disruptive to the model
 - We can speak to Dr. Pace off-line to discuss looking at obesity as a categorical concept since this technique will only work with a continuous BMI function and that will not help with the definition of obesity due to the different cut-offs by age and sex.
- Sachin will speak to Vermont and Tennessee individually to discuss what type of peds data they have available
- Can we follow patients longitudinally throughout the years?
 - We can conceptually but Sachin doesn't know if this is possible with this study. We also do not have a way to look at if they are increasing in obesity due to disease process itself
- What about underweights?
 - We will discuss with Bukky to determine the classifications and include in the analysis
- Sachin will follow up with those sites not present for their input.

Vote:

Columbia: Not present

MGH: Approved with minor modifications

OHSU: Approved with minor modifications

University of Colorado: Not Present

University of Michigan: Not Present

University of Tennessee: Not Present

University of California, San Francisco: Approved with minor modifications

University of Utah: Approved with minor modifications

University of Vermont: Not Present

Status: Approved with minor modifications

General Discussion Elements

- Sachin will follow up on getting revisions from proposals from other investigators.
- We start meetings earlier in the fall, because we have European colleagues joining our group.

ASA MPOG Meeting, Friday, October 12, 2012

- Sachin will send out an invite on how many people will be attending the Friday meeting and Tory will be collecting the responses to track expected attendance.
 - You are welcome to invite whomever you want to attend from each site.
- The meeting will include the active and in-progress institutions. We anticipate inviting approximately 20 sites.
 - Active Site: Those sites who are actively contributing data or have data from them.
 - In-Progress sites: The sites have an IRB and we are more engaged with these sites. Their servers are installed and there is configuration work is underway.
 - Regulatory process start: Sites who we have started chatting with and their IRBs have been submitted.
- We would like to potentially add an IT staff meeting and they will meet in a separate room concurrently with the MPOG meeting on Friday.