Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, July 11, 2016

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

P	David Adams, MD – U Vermont	**P**	Michael Mathis, MD – U Michigan
P	Michael Aziz, MD - OHSU	**P**	Bhiken Naik – U of Virginia
P	Joshua Berris, DO - Beaumont	**P**	Bala Nair, PhD – U of Washington
P	Daniel Biggs, MD – Oklahoma	**P**	Nathan Pace, MD – Utah
P	Jurgen de Graff - Utrecht	**P**	William Paganelli, MD – U Vermont
P	Shelley Housey, MPH – U Michigan	**P**	Leif Saager, MD – U Michigan
P	Leslie Jameson, MD – U Colorado	**P**	Robert Sanders, MD - Wisconsin
P	Sachin Kheterpal, MD – U Michigan	**P**	Kevin Tremper, PhD, MD – U Michigan
P	Tory Lacca, MBA – U Michigan (MPOG)	**P**	John Vandervest – U of Michigan

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
        i. E-mail revision to PCRC
    b. Accept with moderate changes required
        i. Represent at a future PCRC
        ii. E-mail Revisions to PCRC
    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.

Meeting Minutes

Agenda:

1) Addition of Leif Saager at MPOG coordinating center
    a. Leif Saager, MD joined the staff at the University of Michigan and is now the Associate Research Director for MPOG. He will review the proposals and be the point person for many of the PCRC proposals.

2) "Call for proposals" for MPOG-wide enhanced observational projects or pragmatic clinical trials
    a. MPOG would like to start doing randomized and/or observational trials following the success of the European Society (ESA) of Clinical Trials Clinical Trial Network (CTN). Each year there would be a call for proposals – PCRC members would vote on a project to focus on for the upcoming year. Any external dollars would assist in paying for the cost of

coordinating the project. MPOG Executive Committee is supportive of this endeavor. The current MPOG data contains 95% of the data required and would require ~ 5% of the data that is housed outside the MPOG registry (i.e. visit record, calling patients, surveys, etc.)

i. MPOG Executive Board supports this project
ii. Thoughts would be to utilize existing research assistants and for 3-weeks per year to assist with the trials, thoughts?
    1. Dr. Jameson: The university of Colorado is adding hospitals to their health system and we would like to look at more outcomes data and this would help get us closer to that goal with projects such as saturation and outcomes
iii. Would sites be comfortable is not all sites participate? For example, we have 25 contributing hospitals and only 12 sign up for the trial, is that okay? No response, which indicated that it was okay.
iv. What is a good/bad time of year to start a trial?
    1. Dr. de Graff said that ESA CTN they ran the trial for 3- weeks and avoided holidays.
    2. Suggestion to send out survey to sites to guide decision
v. First proposal will avoid patient consent forms and consider this for future proposals
vi. We anticipate this being a separate IRB and all participating sites will need an IRB
vii. Sachin would like to send out a call for proposals to be submitted to PCRC and/or the Executive Board.
viii. **Conclusions**
    1. General support for trials
    2. First proposal will not require patient consent but will require separate IRB
    3. Sachin will speak with ESA CTN on their experiences
        a. Timeline for trials and best time during the year for a trial
        b. How they handle authorship on papers
    4. Goal is to have a proposal ready or close by ASA to be presented at the MPOG Retreat

3) Congratulations on papers submitted
    a. Dr. Aziz's paper PCRC 0005 'Rescue of failed direct laryngoscopy. An analysis of the performance of rescue techniques during difficult airway management: Results from the multicentered perioperative outcomes group' accepted by *Anesthesiology*
    b. Dr. de Graff's paper PCRC 0018, 'Development of reference ranges for vital signs for children during anesthesia,' was accepted by *Anesthesiology* with minor/major revisions. Editors had very positive comments and indicated they would like additional projects in the future.
    c. Dr. Berman's paper PCRC0002, 'Infusion Pump Alarm Limits Determined from EMR Usage Data,' is under review and *Anesthesiology and Analgesia*

4) Consideration of new industry sponsored analysis
    a. Sachin was approached by Merck to do multicenter research on Sugammadex usage.
    b. We would like to determine which centers will be using Sugammadex by September.
        i. Beaumont does not have formal protocol but they have access to it. It is stocked at Beaumont, but not a preferred drug.

ii. Oregon, Aziz secured funding for a clinical trial using Sugammadex, so OHSU will mostly likely have to be excluded from this project
iii. Colorado and Oklahoma have been using it formally since May and it is a preferred drug in the cart.
1. Sachin will send out a survey on who has it and is it available and give us a sense of how many centers will be participating

c. Sachin presented industry sponsored analysis to the MPOG Executive Board who determined that any money on top of the reserves will be sent to hospitals contributing data.
d. MPOG found that distributing money for the BD project was a mess and turned out to be very difficult and not worth the extra effort for many sites.
e. MPOG does not offer a lot of IT support outside the state of Michigan. The Executive Board would like to pay an IT person at the coordinating center from the reserve to allow MPOG to assist non-Michigan hospitals

5) Update on data contribution for specific data types (pro fee CPT, discharge ICD9, mortality)
a. Thank you to all the sites that have uploaded your pro fee CPT, discharge and mortality data.
b. Sachin will send out a notice to those sites who have not uploaded their data

6) MPOG annual retreat registration
a. Tory will be sending out registration this week for MPOG/ASPIRE Retreat

7) Other concerns
a. NSQIP adaptors are now available and Sachin will send out directions on how sites can use the adaptor as well as how the surgeons can submit proposals to PCRC
i. What about the STS adaptor?
1. The STS adaptor was dependent on the NSQIP adaptor and we will be doing some alpha testing on the STS adaptor. Would Utah like to be an alpha site?
a. Dr. Pace will check with the surgeons
ii. Dr. Paganelli: We are contributing NNE data and would this also be available?
1. Sachin will reach out to Dr. Jameson soon to discuss NSQIP.