Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, May 14, 2018

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 no changes
    b. Accept with minor changes send revision electronically
    c. Accept with major changes and represent at PCRC
    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.

Attendance:

Dan Biggs (Oklahoma)	Olubukola (Bukky) Nafiu, Olubukola (Michigan)
Ruth Cassidy (Michigan)	Bhiken Naik (Virginia)
David Clark (Michigan)	Nathan Pace (Utah)
Douglas Colquhoun (Michigan)	William Paganelli (Vermont)
Robert Craft (Tennessee)	Nicole Pescatore (Michigan)
Germaine Cuff (NYU Langone)	Karen Posner (University of Washington)
Adit Ginde (Colorado)	Robert Schonberger (Yale)
Shelley Housey (Michigan)	Allie Thompson (Michigan)
Robert Craft (Tennessee)	Kevin Tremper (Michigan)
Leslie Jameson (Colorado)	Zachary Turnbull (Cornell)
Tory Lacca (Michigan)	Jonathan Wanderer (Vanderbilt)
Mike Mathis (Michigan)	

IARS/ Clinical Research Consortium Recap:

- 3 finalists – Dr. Blank, Dr. Aziz and Dr. Billings
- Links to a description of each clinical trial are available on the MPOG website

ASA Registration will open at the end of the month

PCRC 007: Prevalence and trends of high body mass index in a multi-institution pediatric surgical population: A Report from the Multicenter Perioperative Outcomes Group (MPOG)

PI: Dr. Olobukola O. Nafiu, University of Michigan

- Q: Should data be weighted by institution since MPOG data is discontinuous?
    - A: CSCAR (UM statistical consultants) suggests that we weight each institution to the base population – where the base population is the pediatric surgical population. Current plan is to survey institutions with pediatric data to obtain total number of performed pediatric cases per year and then weight sample proportion.
- Q: Potential for systemic bias based on institution restrictions.
    - A: By collecting total count of pediatric patients should be accounted for in the institution population.
    - A: May want to include type of case and location of operating room (ambulatory, in-patient, etc.)
    - A: If change in obesity proportion >10%, then exclude that institution from that time period.
- Comment: For drug dosing analysis, consider an exclusion criterion for regional technique (lesson learned from previous MPOG project).
    - A: Great point – will look into this.
- Comment: Colorado – distinctly different BMI population distribution and major pediatric hospital is not part of current MPOG data.
    - A: Will look at prevalence by center.
    - A: Interested in how trends vary by year and by institution.
    - A: Characteristics of the site are important for this study - % of pediatric cases performed, academic vs. private hospital, urban vs. rural hospital
- Comment: Will the analysis be clustered at the institution level? Institutions can serve as their own controls.
    - A: Yes, we will incorporate this into the analysis.
- Comment: At some institutions with pediatric hospitals not participating in MPOG, the only pediatric patients may be trauma patients. Older pediatric patients may at the main hospital, but not the younger patients. Should consider age distribution and trauma cases.
- Comment: Will need to exclude C-sections in pediatric patients.
- Comment: What is considered biologically plausible BMI data?
    - A: Macro provided by CDC for SAS will be used.
- Comment: Consider methods paper alongside the study paper to develop an algorithm for biologically plausible height/weight values.
- Comment: Macro program computes all the percentiles derived from the growth curves.
    - Comment: Could use CDC look-up tables?
        - Comment: CDC table was summarized and previously published.
- Q: Trying to compare distribution of BMI across years – could use Kolmogorov Smirnov analysis.
    - A: We can look into using that methodology.
    - Comment: Comparing empirical distribution of BMIs by year.
    - Comment: This helps for examination of the lower ends of distribution.
- Comment: Utah pediatric cases are not part of the MPOG data.
- Comment: Consider eliminating all obstetric procedures.
- Comment: How do we interpret changes in the dosing of drugs without any outcomes data?
    - A: Research team feels it's not possible to currently address the outcomes.
- Q: Are there accurate pain scores for PACU data in MPOG?
    - A: Not currently, but MPOG is working to capture PACU data.
- Comment: Do we have length of stay data in MPOG?

    - A: Have looked at LOS using billing data for other MPOG projects.
- Comment: If any collaborators are interested in participating in the study, please email Allie Thompson (aledat@med.umich.edu).

Final Decision: Electronic Revisions

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Brigham and Women's	**N/A**
Bronson	**N/A**
Children's Hospital of Orange County (CHOC)	**N/A**
Cleveland Clinic	**N/A**
Columbia	**N/A**
Henry Ford	**N/A**
Holland	**N/A**
MGH	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**Electronic Revisions**
Oregon Health Science University	**N/A**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Electronic Revisions**
University Medical Center of Utrecht	**N/A**
University of California Los Angeles	**Electronic Revisions**
University of Colorado	**N/A**
University of Michigan	**Abstain**
University of Oklahoma	**Electronic Revisions**
University of Pennsylvania	**N/A**
University of Tennessee	**Electronic Revisions**
University of Utah	**Electronic Revisions**
University of Vermont	**N/A**
University of Virginia	**Electronic Revisions**
University of Washington	**Electronic Revisions**
Vanderbilt	**Electronic Revisions**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**Electronic Revisions**
Yale	**Electronic Revisions**
University of Arkansas	**N/A**