

Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, April 8, 2019

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:

Mike Aziz (Oregon)	Michael Lewis (Henry Ford)
Dan Biggs (Oklahoma)	Mike Mathis (Michigan)
Mike Burns (Michigan)	Patrick McCormick (Memorial Sloan Kettering)
Ruth Cassidy (Michigan)	Graciela Mentz (Michigan)
David Clark (Stanford)	Anna Nachamie (Weill Cornell)
David Clark (Michigan)	Bhiken Naik (Virginia)
Peter Coles (Bronson)	Mark Neuman (U Pennsylvania)
Douglas Colquhoun (Michigan)	Karen Posner (U Washington)
Germaine Cuff (NYU Langone)	Leif Saager (Göttingen)
Karen Domino (U Washington)	Robert Schonberger (Yale)
Adit Ginde (Colorado)	Rebecca Schroeder (Duke)
Leslie Jameson (Colorado)	Amy Shanks (Michigan)
Allison Janda (Michigan)	Kevin Tremper (Michigan)
Sachin Kheterpal (Michigan)	Chris Troianos (Cleveland Clinic)
Kai Kuck (Utah)	Shelley Vaughn (Michigan)
Tory Lacca (Michigan)	Jonathan Wanderer (Vanderbilt)

Announcements/Updates:

- PCRC Process Changes:
 - o Restructured PCRC submission process – updated steps are now available on the website. Any new research projects should follow this new process.
 - o Delegation of PCRC moderator role for each monthly meeting to a PCRC member from the rotating review committee

PCRC 0061: Association between Intraoperative Hypotension and Patient Outcomes: A Multicenter Retrospective Observational Study (REPRESENT)

PI: Dr. Nirav Shah

Institution: University of Michigan

- Main Q: Concise and complete introduction and methods? Yes
- Main Q: Are data available to answer the study hypothesis? Primary outcome data should be available. Secondary outcomes (particularly MINs) may not be as complete.
- Main Q: Are proposed statistical techniques appropriate? Current version of the protocol retains time as a continuous variable and MAP as categorical variable. May want to consider the consequences of overlapping MAP thresholds – would it be useful to have a secondary analysis that did not include overlapping bins.
- Main Q: Does study reflect current healthcare concern? Yes.
- Main Q: Is the literature review complete? Consider expanding the introduction to include most recent published study. Pros of MPOG data such as multicenter aspect, automated capture of vital signs and BP algorithm should be emphasized in the introduction.
- Comment: Overlapping MAP thresholds – may be more digestible for the reader if they allow for overlapping thresholds.
 - o Comment: Consider a secondary analysis of non-overlapping bands if sample size allows.
- Q: If some sites routinely capture surveillance troponin, then perhaps a secondary analysis of just those sites to assess measurement bias.
 - o Q: Do we have an estimate for how many institutions are doing surveillance troponin?
 - A: Cleveland Clinic, Utrecht, AMC may capture surveillance troponins.
 - o Will likely distribute survey to research PI to assess how many institutions do surveillance troponin.
- Comment: Graph of MAP threshold and AKI incidence would be helpful to determine possible plateau.
- Comment: Should we include a minimum pre-op hemoglobin as an exclusion criterion.
 - o Plan to include as a secondary or sensitivity analysis.
- Comment: Estimated blood loss of 1000mL might be too low.
- Q: How are accounting for hypertensive people?
 - o Comment: Hypertension is currently included as a covariate for adjustment. Could consider a stratified analysis to see if the main effects are observed in hypertensive versus non-hypertensive population.
 - o Should control for a number of covariates - baseline blood pressure, ace inhibitor/arb (home medications), vasopressor infusion received
 - Data quality for home or pre-op medications is lacking – may just include as a limitation in the discussion section.
 - Presence or absence of vasopressor infusion or total amount of vasopressor including infusion and bolus.
 - May be better to just use presence/absence (yes/no) of vasopressor infusion.
 - Exclude cases receiving dopamine
- Q: If A-line is placed after induction – are you taking the BPs during that time? And do you have valid BP measurements?
- Comment: Consider an exploratory analysis as receipt of troponin measurement.
 - o Will get some descriptive data on who is measuring troponin and how often.

Final Decision: Electronic Revisions

	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	Accept
Columbia	N/A
Duke	Electronic revisions
Henry Ford	Accept
Holland	N/A
MGH	N/A
Memorial Sloan Kettering	Accept
NY Langone	N/A
Oregon Health Science University	Electronic revisions
St. Joseph/Trinity	N/A
Sparrow	N/A
Stanford	Electronic revisions
University Medical Center of Utrecht	N/A
University of Arkansas	N/A
University of California Los Angeles	N/A
University of Colorado	Electronic revisions
University of Michigan	Abstain
University of Oklahoma	Electronic revisions
University of Pennsylvania	N/A
University of Tennessee	N/A
University of Utah	Accept
University of Vermont	N/A
University of Virginia	Electronic revisions
University of Washington	Electronic revisions
Vanderbilt	N/A
Wake Forest	N/A
Washington University, St. Louis	N/A
Weill-Cornell Medical Center – New York Presbyterian	N/A
Yale	Accept