Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, August 12, 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)	Gary Loyd (Henry Ford)
Brian Bateman (Brigham and Women's)	Mike Mathis (Michigan)
Dan Biggs (Oklahoma)	Patrick McCormick (Memorial Sloan Kettering)
Lee-lynn Chen (UCSF)	Graciela Mentz (Michigan)
David Clark (Michigan)	Jill Mhyre (Arkansas)
Douglas Colquhoun (Michigan)	Bhiken Naik (Virginia)
Germaine Cuff (NYU Langone)	Nathan Pace (Utah)
Tobias Eckle (Colorado)	James Rathmell (Brigham and Women's)
Leslie Jameson (Colorado)	Amy Shanks (Michigan)
Sachin Kheterpal (Michigan)	Allie Leis (Michigan)
Andrea Kurz (Cleveland Clinic)	Christopher Trsoianos (Cleveland Clinic)
Tory Lacca (Michigan)	Shelley Vaughn (Michigan)
	Jonathan Wanderer (Vanderbilt)

Announcements/Updates:

- Congratulations to Dr. Patrick McCormick, our July/August MPOG Featured Member, from Memorial Sloan Kettering!

- We hope to see you at the Annual MPOG Retreat, which is scheduled on Friday, October 18, 2019 at the Renaissance Orlando Sea World. Please visit our website to register for the meeting.

- Please read the editorial in July issue of Anesthesiology related to how observational studies are recorded.
    - All observational studies sent to Anesthesiology must include 1 of 4 statements surrounding establishing an a priori analytic plan and registering publically, privately, documented via email timestamp, or that it was not established a priori. You may be asked to include the original proposal.
    - Strongly recommend that we are extra thoughtful moving forward with our proposals and building in a priori analytic plans with flexibility.
    - Strongly recommend that each researcher consider whether to publically register MPOG protocols after a descriptive analysis has been completed, but before any inferential analyses are undertaken. Please refer to the MPOG website for information on where to publically register your protocols.

PCRC 0083: The association of midazolam premedication and the incidence of perioperative myocardial injury/ ischemia (MI) in the Multicenter Perioperative Outcomes Group
PI: Dr. Tobias Eckle
Institution: University of Colorado
PCRC Review Committee Moderator: Dr. Bhiken Naik

- **Comment**: Study period extends 72 hours postoperative. This could be a limitation of the MPOG database for some institutions/cases.
- **Q**: Current study period includes 2000-2019, however, there may have been changes in practice patterns or data quality during that extended time period.
    - **A:** Would recommend restricting the study period to 2014-2019.
- **Q**: There are multiple non-ischemic causes of elevated troponin, which may not be as easily gleaned from the MPOG database.
    - **A**: ICD 9/10 discharge diagnosis codes may be helpful for capturing these. Another option is to use the anesthesia H&P, however, this requires extensive manual review and may not be feasible for a large project.
    - **A:** Consider including the anonymized institution, year of surgery, Elixhauser comorbidities, and other specific ones of interest using ICD 9/10 discharge codes.
- **Q**: MINS criteria utilized high-sensitivity troponin. How will we address this in the proposal?
    - **A**: MPOG captures any lab value up to 365 prior to surgery.
    - **Comment**: Examine data by anonymized institution to see which routinely draw postoperative troponin.
- **Q**: Researchers are interested in determining the exact time of midazolam dose (preoperatively or pre/during induction).
    - **Comment**: Potential issue with confounding is partially accounted for by midazolam given preoperatively or pre/during induction. What are we planning to do with patients receiving midazolam outside those windows? We may also need to address the context around the midazolam administration and possible confounding.
        - **Comment**: Consider grouping based on MPOG timestamps.
        - **Comment**: Little is known about the time-sensitivity of midazolam.
        - **Comment**: 80% of myocardial injury is within first 3 days postop.
        - **Comment**: Separate out cases where midazolam was given outside of those time windows.
        - **Comment**: Dose and timing of midazolam are important to capture and examine.
- **Q**: Sensitivity analysis examines high risk surgeries, however, we may need to consider how to account for open versus laparoscopic surgeries.
- **Q**: Light exposure will be difficult to capture with the MPOG database.

Final Decision: Electronic Revisions

	Vote
Academic Medical Center (AMC) Amsterdam	
Beaumont	
Brigham and Women's	**Electronic Revisions**
Bronson	
Children's Hospital of Orange County (CHOC)	
Cleveland Clinic	**Electronic Revisions**
Columbia	
Duke	

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