



Welcome to THRIVE's First Full-Scale Newsletter!

The goal of this newsletter is to **inform** our patient partners, faculty, and staff, of the most recent progress we've made, to **communicate** updates, changes, deadlines, and new information, and to **gather** feedback from everyone involved in making THRIVE a success.

Thank you for taking the time to read the newsletter!

Announcements

25%

As of October 31st we randomized 3,125 patients, meeting our 25% enrollment milestone!

Thanksgiving Randomization Pause

Please do not consent patients for randomization between November 27-29th.

Operational Update

Randomization counts as of Nov. 21

Institution	Total Randomized	Institution	Total Randomized
Brigham and Women's Hospital	72	University of Michigan	381
Dartmouth-Hitchcock Medical Center	60	University of Pennsylvania	3
Duke University Hospital	169	University of Utah	291
Henry Ford Detroit	84	University of Virginia	87

		Health System	
Massachusetts General Hospital	53	University of Washington	45
MD Anderson	112	Wake Forest School of Medicine	61
NYU Langone Medical Center	19	Washington University	451
Oregon Health Science University	23	Weill Cornell Medical College	280
University of Arkansas	32	Yale New Haven Hospital	254
University of California San Francisco	1,000	TOTAL:	3,477

95.0%

POD1 QoR15

98.2%

POD1 Brice

97.9%

TIVA Adherence

99.9%

INVA Adherence

Recent Updates

Manual of Procedures

We published updates to the Manual of Procedures (MOP). Please see Laura's email from Monday, Nov. 4th.

- Directions on adding/removing team members via a Qualtrics survey
- Clarification of the definition of TIVA and INVA treatment
- Clarification of crossovers (Randomization section)
- Clarification of Withdrawal guidelines
- Updated Positive Modified Brice process
- Clarification of patient compensation criteria
- Clarification of 3D CAM administration time points

[MOP in Dropbox](#)

Withdrawals After Randomization

After a patient is randomized, it is important to keep them in the study

- If the anesthesia clinician or surgeon decides they will not or can not administer the assigned technique, the patient should remain in the study and will be counted as a crossover
- Appropriate reasons to withdraw after randomization include:
 - Death
 - No GA received (canceled or changed)
 - Patient request

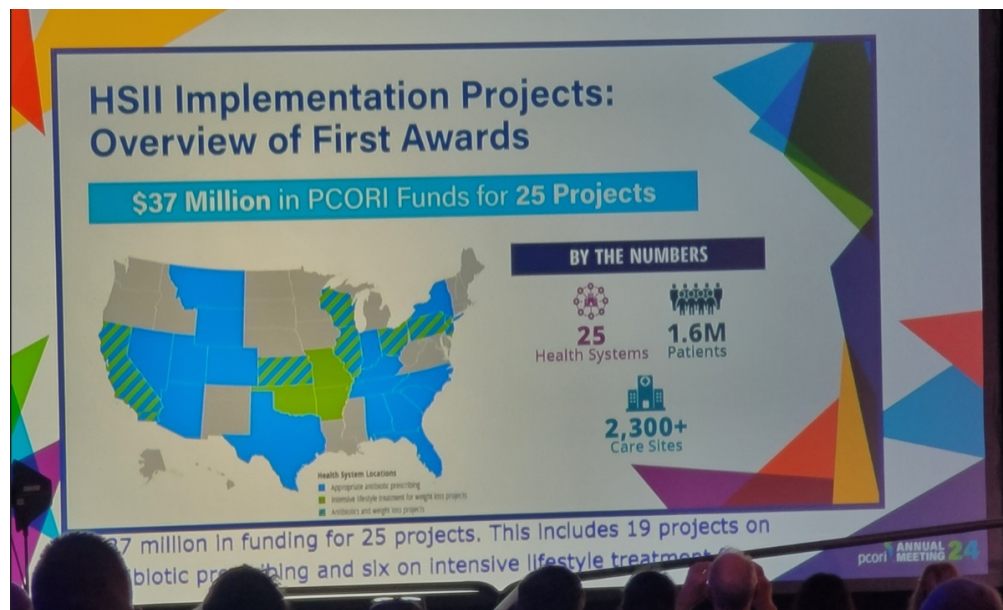
Process Updates

- Please pause day of surgery consenting
- Ensure THRIVE cases are elective cases with complexity consistent with provider comfort with TIVA and INVA
- Brice follow up process: sites help contact patients for follow up interviews

Publications Committee

The Publications Committee will develop and manage publication policies and processes, and will adjudicate any issues that arise. Membership will consist of representatives from the coordinating centers, top-performing sites, and patient partners.

"Nothing about us without us."



THRIVE Patient Partners at the Annual PCORI Meeting

Melissa Wurst and Linda Zukowski, two THRIVE Patient Partners, attended PCORI 2024 in Washington, DC. The two-day conference, held on October 22nd and 23rd, is PCORI's annual conference where researchers, patients, caregivers, and other healthcare stakeholders gathered to discuss the latest findings from PCORI-funded research projects, network, and share insights on advancing patient-centered comparative clinical effectiveness research (CER).

Both Melissa and Linda attended several sessions which described various research and implementation supported by PCORI. Session topics varied from community-engaged healthcare research & implementation to health equity and AI's impact, as well as PCORI

fostered research on various segments of healthcare (Ex: Mental health, Women’s health, various diseases, and more)!

Linda and Melissa shared the conference was two “brain filling” days where experts and project teams shared their successes around patient-centered CER. It was truly a unique experience as the speakers and project teams highlighted the importance of patient and community involvement in research. Trust is a crucial component across project team members and for post-research implementation/policies in both the clinical and patient communities. Ensuring awareness of the research results and benefits were crucial for implementation.

Overall, the positivity around research and implementation was very exciting to see. In addition to the sessions presented, forty PCORI supported projects were highlighted by displaying “Project Posters” – each containing a brief explanation of the project and its results. Our hope is THRIVE will have a place in a future PCORI “Project Posters” room – to share the great work being done by this THRIVE team!

[Check out PCORI's video about the meeting and see what kinds of sessions were presented.](#)

Getting to Know the Team



Jaime Hyman, M.D.

Yale School of Medicine

Dr. Jaime Hyman is the THRIVE Site PI for the Yale School of Medicine. Dr. Hyman joined the faculty at Yale as Division Chief of Ambulatory Anesthesiology in 2020. Her clinical focus is on ambulatory anesthesia and anesthesia for otolaryngology and head and neck surgery. She was excited for the opportunity to serve as site PI on the THRIVE trial because the study aims are patient-centered and highly relevant to every day anesthetic practice. Dr. Hyman has found it tremendously rewarding to work with the incredible network of MPOG clinical researchers on the trial. Outside of work Dr. Hyman enjoys spending time with her husband and two children, hiking, working out, and cheering for the Minnesota Vikings.

[Read more about Dr. Hyman here](#)

Emerging Literature

gr2_lrg image

Mortality and morbidity after total intravenous anaesthesia versus inhalational anaesthesia: a systematic review and meta-analysis

This systematic review and meta-analysis found that postoperative mortality and organ-related morbidity was similar between patients receiving total intravenous anaesthesia versus inhalational anaesthesia. Total intravenous anaesthesia offered advantages in postoperative recovery, including a higher quality of recovery

score (QoR-40 questionnaire), less nausea and vomiting and lower incidences of emergence delirium and postoperative cognitive dysfunction in elderly patients.

[Read the full article here.](#)

Celebrations!



Congratulations Rachel Shoemake at University of Michigan on the birth of your son!



Congratulations Amelia Eaton at Wake Forest on the birth of your son!

Helpful Links



A few helpful links for the teams:

- [Manual of Procedures \(MOP\)](#)
- [Trial Flow Systems Overview & SOP](#)
- [3D-CAM Training Manual](#)
- [3D-CAM Tip Sheet](#)
- [Add/Remove Team Member Form](#)

Suggestion Box

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We would love to hear from you! Please let us know if there is a team member you would like to recognize or celebrate in the next newsletter, or if there are other updates you would like to know about.



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