CORTICES Seattle Annual Meeting

Executive Summary

* Videos of Friday sessions available in YouTube for a month.

1. Tibia Nail - Skeletal Maturity App Training (Virtual)- Presenter: Miller

- Launch at 5 beta sites: WUSTL, BCH, Lurie (SSA), Rady (SSA), Vanderbilt (SSA) Colorado (SSA).
- Request a “lead investigator” from each site.
- Participating sites search for eligible patients with CPT and ICD codes.
- Use the Skeletal Maturity App to identify patients with open physis and select those eligible that are either TibQ=0 or TibQ=1.
- Add five cases to the REDCap once it's finalized and see how that works, and then we will start to share that with the rest of the group.

2. Femoral Neck Fx Update- Presenter(s): Baghdadi & Larson

- Look at Soroush REDCap
- Boston will pull cohort
- Beta test sites are those that don't need IRB amendments, extend IRB date to 2024.
- Soroush to create a training guide for PIs for x-ray measurements at 5 Beta sites (reliability).
- Soroush to put cases together to look at treatment variation for surveying CORTICES.

3. Necrotizing Fasciitis: Variable Update- Presenter: Ramalingam

- Consider changing the name to align with adult literature, such as "NSTI" or an acronym like "NASTY."
- Ramalingam to collaborate with Copley to reduce the number of time points collected and ensure the data entry guide provides clear variable definitions for research teams.
- Consider adding enough information ensuring the study captures the relevant data from this rare population but balancing it to what is achievable.

4. Lisfranc Retrospective- Presenter(s): Rice-Denning

- Survey: Flesh out the survey and distribute it to the group. If possible, the survey should be deployed from individual sites with troubleshooting support.
- The discussion and feedback from the survey will help define how the retrospective cohort is collected, ensuring consistency and clarity in the methodology.
- Post-Survey the Protocol and Data Dictionary will be sent to Boston to start study procedures

5. Antibiotic Prophylaxis in Open Fractures Survey- Presenter: Livingston

- The study should focus on antibiotic prophylaxis for type III open fractures and gather protocols from different institutions to compare practice versus guidelines.
- Additionally, it may be valuable to explore antibiotic compliance and duration of administration.

6. Thoracolumbar Burst Fx Survey - Presenter: Shore/Birch/Hedequist

- Create a retrospective study to capture variability in operative and non-operative management, focusing on instrumentation decisions and care coordination. At this end Boston will create a more in-depth protocol and variable list to circulate to CORTICES members

7. Surgeon Preference. Presenter: Schoenecker

- The primary objective is to prove that this consensus-building process works as an educational tool. The team aims to publish their findings in JPO or JBJS to establish a paper that can be cited in future work.

8. NAT Papers

- Anyone interested in leading papers #3, #4, or #5 should reach out to Shore. Rosenfeld will be added as an author on all papers, although he does not have a strong preference on who leads the paper.
- First, submit the NAT protocol variation paper. Follow with the prevalence paper #2. Then decide whether to merge or separate the risk factors paper (#3) from the diagnosis risk factors paper (#4).
- Lastly, publish the femur fracture treatment variation paper (#5), which can be submitted once paper #2 is published.
- The BCH team will share the data dictionary with anyone interested so that they can choose the relevant variables for each paper.

9. Infection Grant: Presenter: Schoenecker

- Shore urged members to engage their complex care teams in discussions about the pathophysiology.
- Members asked that Schoenecker sends the intended labs to compare with current institutional practices.
- Schoenecker encouraged participants to think not only about variables but also about available resources, particularly from infectious disease and complex care teams.
- Members were advised to identify potential collaborators at their institutions, even if no immediate outcomes emerge, as this can initiate valuable dialogue.
- For those less involved with CP surgery, Shore recommended speaking with colleagues to better understand risk evaluation and patient outcomes, especially regarding ICU admissions and clinical deterioration.

10. Traumatic Arthrotomy. Presenter: Livingston

- Start by surveying CORTICES members to capture variability in treatment approaches. This will highlight areas needing consensus and inform the key variables for the retrospective study.
- Pay special attention to different mechanisms of injury (e.g., gunshot wounds, animal bites, biological penetrations) and how geographic differences might influence injury patterns and treatment protocols.
- Investigate the variability in antibiotic administration, particularly whether certain injuries are more likely to receive antibiotic treatment, and explore potential overuse of antibiotics in non-severe cases.
- Consider including questions in the survey about the mechanisms each institution uses (e.g., CT scan reports, operative notes, NLP) to identify patients in the notes when

specific diagnostic codes are not available. This will help standardize the approach for retrospective data collection across sites.

11. Hip Dislocation (Virtual) Presenter: Baldwin

- The goal for the study is to produce multiple papers addressing different aspects of traumatic hip dislocations, ensuring the data collected is used efficiently for various research questions.
- Each participating center that wants to participate should commit to the study by assigning a dedicated point person PI and research assistant responsible for data collection. This will enhance accountability and ensure smooth collaboration across multiple sites given the broad scope.
- Baldwin to share data dictionary across centers early to allow for valuable feedback, ensuring that all necessary data points are captured before data collection starts.

12. Napkin Ideas

a. SH 2 distal tibia Consensus study. Presenter: Swarup
   Recruit a group of 5-10 committed surgeons to begin the modified Delphi process, which will help establish agreement or highlight areas lacking consensus. This work could inform future prospective studies by identifying key factors to investigate.
b. Complication of Septic Arthritis of the Hip. Presenter: Sanders
   Conduct a power analysis to assess the available sample size. This represents a straightforward opportunity for investigation, as MSKI data is readily available.
c. Calcaneal Fractures-Presenter: May
   Develop a research proposal, submit for institutional approval, build a REDCap database, and present refined plans at the next meeting.
d. MRI in setting of a hip effusion: standard of care or unnecessary cost-Presenter: Blumberg
   Refine the study idea and the intended purpose. Explore if this is better as a survey and maybe what is needed is a “Current Concepts” paper.
e. Trauma management projects- Presenter: Jessica McGraw-Heinrich
   Develop a research proposal that has not been done and discuss with potential collaborators.

13. Committees

- **Membership:**

a. Review new points and look at the current point count for accuracy.
b. BCH to build a REDCap survey to send prior to POSNA and annual meeting.
c. Most of the group agreed to consider increasing to a maximum of one more site, if said site meets criteria and need but the group does not need to select a site just to grow. Open the Application Cycle: Between New Year and POSNA 2025.
d. Bylaws:
    i. Shore proposed terms for BOD members
    ii. Maintain leadership role from BCH
    iii. Better define roles like the President.
    iv. Draft changes and present them for a vote.

- **Research:**

a. New committee members were added.
b. New Research proposal form (attached). Retrospective/Prospective studies and Expedited Reviews.
c. List of sites that could help with Beta Test.
d. Prior to starting any new study, make sure your IRB date has an end date of June 30th 2024.
e. Publications: A reminder for corresponding authors—it's your responsibility to make sure everything looks right in the title page and proofs and that your colleagues get the credit they deserve for their work.

- **Marketing:**

a. BCH will be the host of the website as the company is internal to BCH (free service).
b. We will have the same home pages as before plus a record of our publications
c. Our password protected internal site will have tabs for the publication's dashboard, active studies, newsletters, the research proposal, bylaws and membership point.
d. Take Home Points: If you have a new Bio or Headshot please send it to Meghana. If you have any suggestions for other tabs, please let Meghana know.
e. The Marketing Committee will be contacted after the Website is set up to review and discuss additional social media/marketing initiatives

14. Miscellaneous:

- Next meeting Fall of 2025 Minneapolis ~ TBD September.
- Merch for POSNA 2025 Hoodie or 1/4-Zip Sweatshirt.