Rock Meeting Agenda 7-9-2015. 3-6pm EST

ROOM Location – Taylor Room - AOSSM Meeting, lower level of the Hilton.

Probable GoTo Meeting with Eric Wall, if Internet is working

Invited: Group

RSVP: John, Ted, Kevin, Carey, Ben, Henry, Matt, Dan, Shannon, Phil, Mark, Suzanne, Eric E, Eric W, John P, Brad,

Cant attend- Peter, Andy P, Roger, Jennifer W, Min, Lucas, cliff, Greg, Mike, Jutta,

Attendance:

Room setup by [Camille@aossm.org](mailto:Camille@aossm.org), Camille Petrick

1. 300-305. ROCK Arthroscopy Classification Paper - Review by Group – Jim
   1. Document previously sent to group members for review
   2. To be submitted to AJSM in July
2. 305-310. ROCK Board of Directors – Jim, Ted, John
   1. Monthly Meetings
   2. Members
      1. Co-Chairs: Jim Carey, Kevin Shea
      2. Members
         1. Ted Ganley
         2. John Polousky
         3. Allen Anderson
         4. Carl Nissen
         5. Eric Edmonds
         6. Jen Weiss
         7. Eric Wall
         8. Greg Myer
         9. Ben Heyworth
         10. Matt Milewski
         11. Jeff Nepple
      3. BOD has a committee co-chair representation from each committee
3. 310-315. Next Meeting – Jim Carey
   1. Annual ROCK Meeting
      1. Jan 27-28, 2015, San Diego
         1. Wed 12 noon -8pm, Thurs 7-4pm
         2. All Members
   2. Monthly/Bi-monthly newsletter update to members
      1. Updates on PC and RCT
   3. New committee assignments and charges in September
      1. Research
      2. Classification/Imaging
      3. Publication
      4. Membership/Bi-laws/Nominating
      5. Financial/Industry Relations
      6. Web/Media
      7. PT/Non-Op Treatment
      8. International
4. 315-325. ROCKET Update – Carl Nissen
   1. Website sections for Elbow, Talus
   2. Next Steps
      1. Identify ROCK members with interest in Elbow/Talus Classification process
5. 325-335. Grants/ Funding Update – Jim, John, Ted
   1. Grants
      1. PCORI. Jim, Shannon
         1. Should hear by Sept/Oct
      2. Allosource – John Polousky
         1. OC Allograft data
         2. Other ROCK centers for cartilage/outcomes research
      3. MRI Classification/Imaging – Ganley
         1. Proposal developed
            1. MRI Classification – 30-40k.
            2. Radiologists are working to identify contacts at: GE, Toshiba, Siemens
         2. Working with Imaging Committee on proposal
            1. Proposal written to cover costs of Cincinnati Childrens Website

20k/year for 2 years.

* + 1. DME
       1. DonJoy has declined to participate with ROCK Research
       2. BREG - John – Update on BREG discussion
          1. Will send DME /Unloader Brace Proposal to BREG
       3. OSSUR – smaller company
          1. Will send DME /Unloader Brace Proposal to Ossur if they have an interest

1. 335-340. Image Storage – Update – Jeff, Eric
   1. Jeff Nepple – Wash U, Shriners Grant.
   2. Eric Wall, Greg Myer. Update from radiology department, Andrew Z.
2. 340-345. OCD Variation Treatment Paper - Ben
   1. Authorship discussion – will include Jim, Kevin, Eric, Allen, Ben
   2. Will get feedback to the group
   3. Level of Evidence – Min, Jim –
      1. Descriptive epidemiology study (regarding trends in treatment decision); level of evidence, 5.?
3. 345-355. RCT UPDATE - ben
   1. Ben
   2. Valgus unloader brace – to be updated into the study manual
      1. Will need to amend this to the IRB
   3. Table with Numbers
   4. Updates from new sites
      1. Staff/personnel
      2. New Center IRB Applications/Approval
4. 355-410. PC Update – Shannon/Jim
   1. Latest form updates
      1. Input from multiple centers
   2. Surgical forms
      1. Group
         1. Input needed by august first to finalize forms
   3. Recent Input
      1. U Penn did not like web site forms?
      2. Preferred use of paper forms
      3. IPAD site will be down?
   4. PC and RCT data sets – separate, merge?
      1. Discussion will be with Research Committee, and Ben, Kevin, Jim, Shannon, Kyna
5. 410-415. PT Protocols from Mark Paterno – Carl Nissen
   1. Attachments sent in previous email
   2. Please review attachments, and send feedback to group for discussion by email
   3. PT committee Members to review and finalize documents
      1. Mark/Carl – Co-Chairs
      2. Andy Pennock, Greg Myer, Lucas, Paul Saluan, Willimon, Busch
6. 415-515.MRI Classification Document Review
   1. Document Attached and on Kneeocd.org Website
   2. Group Review and feedback on the Document
7. 515-530 New Business.
8. 530-Sept BOD Meeting Dates.
   1. 9pm est. Tues sept, 8, 15, 22.

Rock Meeting Agenda 6-2-2015. 7pm MS

Invited: Group

Attendance: Shea, Latz, Wilson, Walters, Polousky, Nepple, Lyon, Fabricant, Ganley, Ellis, Wall, Lucas, Milewski, Nelson, Pennock, Nelson, Paterno, Murnaghan,

1. 700-708. PC Funding
   1. Allosource
      1. Support of ROCK – unrestricted grant
         1. Tentative confirmation for existing PC
            1. 50/year for 3 years
      2. Outcomes of OC Allograft
      3. Outcomes of other cartilage products
      4. Meeting Jun 4
   2. DJO
      1. Grant submitted to Mike McBrayer, May 10
      2. Research Committee Review
   3. Radiology/MRI
      1. Andy/Jutta to speak with imaging companies
      2. Ted will lead committee to develop grant
      3. Jeff will confirm MRI company at Wash U.
2. 708-715. Imaging portal options. Myer, Nepple
   1. Myer Email 5-19.
      1. “We have research PACS with the capability of data management and we are building portals that will have utility for the ROCK users to have work with the imaging for studies, data storage etc.”
      2. no updates – will check with Greg at next meeting
      3. andy z are driving this
   2. Nepple – Shriner Grant
      1. ANCHOR group has set this up with REDCAP, that allows abilit upload and anonymize all data
      2. Not too expensive to setup
      3. Management is more expensive for data management
      4. Should hear by Oct/Nov
      5. Have used this to upload for ANCHOR with success for xrays.
      6. Setup for 1000 PAOs
      7. IRB issues have to address shared imaging.
3. 715-718. PCORI Grant
   1. Shannon/Jim
   2. Penn PCORI pilot version submitted
      1. About 35-50K
      2. Should hear by Sept/Oct
4. 715-720. MRI Imaging Classification – Wall
   1. Greg, Eric, John, Ted, Kevin. Jutta, Brad Nelson, Peter, Andy, Jutta, Jake, Nate, Victor, Tal
   2. Significant progress – weekly meetings over last 5 weeks
   3. Goal – Present at AOSSM
   4. Funding for portal
      1. Committee with Radiologists and Ganley
         1. Proposal for funding
            1. Siemens, GE, Toshiba
5. 720-730. RCT Update – Ben/Kyna
   1. not available tonight – update later
6. 730-735. PC Update – Shannon/Jim
   1. Latest form updates
      1. Comments from many centers analyzed
      2. Going through revisions now base upon previous input/evaluations
      3. Recommend sites simulate patient entry on forms
   2. Surgical forms
      1. Jim – can send out latest version forms to each Center, including surgeon forms
   3. Recent Input
      1. U Penn did not like web site forms?
      2. Preferred use of paper forms
      3. IPAD site will be down
7. 735-742. Research/Publication Updates
   1. Arthroscopy Classification – Carey
      1. 6 categories
      2. going to Nate for final input prior to June 18
      3. will send to group for final review.
   2. OCD Treatment Variation – Ben
   3. Radiology Healing Sequence Paper – Eric, Greg, Matt
      1. All revisions put in by group have been incorporated
      2. Eric asked for clarification from Jim on a few items/questions
      3. Will send to Peter for input as well
8. 742-747.
   1. AOSSM Meeting
      1. Thurs 3-6pm
         1. May need to change this for Jims Schedule
         2. Better for 3 o’clock start – yes
         3. Kevin will check
      2. Taylor Room
      3. Agenda
         1. Leadership structure
         2. Committee Assignments, charges
         3. Variation Summary
         4. MRI Classification Teaching PowerPoint.
      4. ROCK San Diego
9. 747-757. ROCKET Update – Carl, Matt
   1. Carl not available
   2. Survey Monkey
      1. 23 responders
      2. 65% interest in both elbow/ankle
      3. 35% either elbow or ankle
      4. If members did not fill out the survey, send email to Carl or Mat if interested
10. 757-852. New Business
    1. Next journal club – Roger
    2. August 25, 9pm EST.
    3. Questions about Cohorts- active enrollment is now
       1. Enroll before definitive treatment
       2. Confirm IRB and Data Use Agreements prior to enrollments.
11. TO DO LIST
    1. All ROCK Members
       1. Review Teleforms for PC- simulate patient entry and give feedback to Jim, Shannon
       2. Jim
          1. Send latest rock PC forms and surgery forms to group
       3. Complete IRB applications for New Centers for RCT
       4. Shannon
          1. IRB Updates for PC
       5. Kyna/Ben
          1. Updates on RCT
       6. Ben
          1. Variation document update.

Rock Meeting Agent 3-2-2015

Attendance: Kevin, Nate, Eric W, Ted, Jen, Carl, Shannon, Roger, Matt, Ben, Jim, Ben, John, Hank, Jeff, Lucas, Cliff, Andy,

Attachments at end.

PCORI Announcement

IRB update

Denver ROCK Meeting Notes.

1. Review Meeting Notes Rock Denver
   1. MEETING NOTES Approved.
2. Review To Do List from ROCK/DENVER Meeting
   1. 803-805. Ben – Summary of treatment variation discussion
      * 1. Review at AAOS?
        2. May need up to 1 hours of AAOS Meeting, perhaps only 30 minutes
           1. Ben will distribute documents for review prior to the AAOS Meeting
           2. Save time at AAOS meeting for Form Optimization – may need some changes on the forms
   2. 803-805. Jim, Shannon, Dexin – PC storage of Images
      1. Probably wont be able to store the images at U Penn
      2. Greg and Eric – they have the ability to store the images at CCH, but will have to work out the way to anonymize
         1. Storage is cheap now
         2. CCH does lots of MRI studies on tumor cases, to monitor progression
         3. Eric may be able to get this going by AOSSM meeting?
            1. Will give us update by this meeting
            2. Having Tal and Andy involved may help with this, and minimize fees for this
   3. 805-810. Classification Papers
      1. Radiology Healing Sequence Paper – Eric, Greg, Matt
         1. Review of Stats
            1. Ongoing now
            2. Ben and Min have epidemiologist that are reviewing the paper to clarify issues on inter and intra observer spurious? findings
         2. Secondary review of Paper
            1. Matt did a superb job on first draft, and eric, Emily, greg have done subsequent drafts
            2. Figures/legends ongoing
         3. Within a few week, Eric will send to Jim and the rest of Group
      2. Arthroscopy Classification paper – Jim
         1. Between 12-5pm this Saturday – they plan to submit to the group for final review/input
         2. Probably submit prior to AAOS meeting
   4. 810-818. New Centers
      1. Criteria
         1. Case Volume
            1. 10 operative/30 non-operative
         2. 5k Teleforms one time fee
         3. Annual membership
         4. Research Coordinator
         5. Participation in RCT/PC
            1. 80% follow-up
            2. 50% of RCT qualifying patients entered
      2. Interest/Invitations
         1. Atlanta –Mike Busch, Clliff Willimon
         2. U Minn – Brad Nelson, Jutta Ellerman
         3. Cleveland Clinic – Paul Saluan
         4. TSRH – Henry Ellis/Phil Wilson
         5. Kansas City – Kevin Latz
         6. Children's National Medical Center, Suzanne Walters
         7. HSS – Dan Green
      3. ROCK Operational Guidelines – John/Group
         1. Will finalize by the AAOS or AOSSM meeting
         2. John Sent copy to the group
         3. Associate members? John recommends a standard membership criteria for everyone
3. RCT Recalculation – currently ongoing with Bens Statistician.
4. 818-823. PCORI Grant – Rare Diseases – Jim, Shannon
   1. do we qualify as a rare disease
   2. cant calculate prevalence easily?
      1. Can get an estimate from Kessler data
      2. May quality for PCORI grant based upon the estimate
      3. Shannon has a draft of the grant, which is almost done
         1. Needs minor details and power analysis
      4. Letter of intent is due this Friday – can make the deadline.
5. 823-827. Allosource Partnership – John
   1. Ongoing meetings with AS
   2. AS wants to fund ROCK
      1. Still working on the details
      2. They want the data on their allografts.
      3. May be template for future partnership with Arthrex
6. 827-830. MRI Classification – Wall, Myer
   1. Group – Start after AAOS
      1. April 7 is next meeting
      2. Eric is working to close out the healing sequence study prior to starting MRI
      3. Will be much more complex
      4. But may be the best way to predict healing
      5. Eric has larger volume of cases, based upon several in the x-ray healing/classification sequences
   2. Classification committee. Greg, Eric, John, Ted, Kevin. Jutta, Brad Nelson
7. 830-835. ROCKET – Carl
   1. Many within the group also treat ankle/elbow OCD in addition to knee
   2. Previously (2-3 years ago) it was felt that opening to ankle/knee might be an inappropriate distraction
   3. Carl would encourage the group to consider expanding to the elbows
   4. Will expand the discussion at the AAOS meeting
      1. Carl will formally present to the group an outline of next steps for elbow/talus at AAOS meeting
         1. He will send out a document for review to group prior to AAOS meeting
      2. – Carey. MOON/MARS – different sites become local experts and leads on certain areas – Rotator Cuff, Labral tear, etc. We might consider a similar approach with ROCK, in which ELBOW and Talus develop leadership at other sites –
      3. Ben – consider poll of members to evaluate the volume of E/T OCD lesions
         1. Carl may send out Survey Monkey to centers
      4. Wall – Elbow and Talus would do well with multi-center study.
         1. We appear to have
8. 835-840. AAOS Meeting Agenda
   1. IRB Updates – 10 minutes
   2. Bracing/PT Protocols – Paterno/Ganley – 20 minutes
   3. EMR NOTES/Templates – Andy, Eric, Roger – 30 minutes
   4. Treatment Variation – 30 minutes
   5. Radiology Classification studies – 10 minutes
   6. ROCKET Expansion- 45 minutes
   7. Discussion of Smart Nails, bioabsorbable screws.
   8. New Business
9. 840-905. OCD Article Review – Lyons
10. Next Meeting
    1. AAOS Meeting, Thursday, March 26, 6-9pm PST

Article

Implant Failure After Biodegradable Screw Fixation in Osteochondritis Dissecans of the Knee in Skeletally Immature Patients

Camathias Et al.

Altogether, 14 of a total of 61 screws (23%) were broken.

Purpose: The primary purpose of this study was to retrospectively assess the incidence of bioabsorbable screw failure in skeletally immature patients treated for osteochondritis dissecans (OCD) of the knee. The second purpose was to assess implant degradation, focusing on differential breakdown of the intraosseous and extraosseous parts of the screw on magnetic resonance imaging (MRI). Methods: In this retrospective study, 24 patients (30 knees) with MRI-confirmed OCD were treated with a total of 61 biodegradable screws and followed up for a minimum of 2 years or until the onset of new symptoms. MRI scans were performed every 6 months to assess differences in signal intensity between the head and body of the screw. The angle between the surface of the head and the body of the screw was measured, with an angle greater than 90\_ interpreted as indicating a broken screw (i.e., failed implant). Results: Seven screws (all 2.7 mm, 11.5% of all screws) in 5 patients were considered broken screws. The implant failed completely in an additional 4 patients with breakage of 7 of 9 screws; 3 patients were considered late failures, occurring after more than 6 months. Altogether, 14 of a total of 61 screws (23%) were broken. Conclusions: Screw breakage is a surprisingly frequent cause of failure in resorbable OCD fixation in skeletally immature patients. MRI data showed differential decomposition of the screw within and outside of bone as a possible cause. Level of Evidence: Level IV, therapeutic case series

Comments.

Eric Wall has abandoned use or bioabsorbable for OCD. Breakage, backout, scuff articular cartilage. May fracture/dissolve by 6-8 weeks. Eric only uses Metallic screws now. Min Kocher had paper on this about 10+ years ago – but he did not have many of these complications.

Hank has not had problems with smart nails?

Allen -. Experience of high rate bioabsorbable screw failure. Had some problems with both screws and Smart Nails cause symptoms, and some cartilage damage on opposite cartilage area. Low threshold for second look if patients have symptoms.

Carl – not having problems with bioabsorbable screws. Completely loose fragments may take longer to heal, and bioabsorbable screws may not be good for more unstable/loose fragments. More stable lesions might be better treated with bioabsorbable devices, but for less stable lesion, metallic screws may be necessary.

Andrew. Had some problems with bioabsorble screw fractures. Has moved to metal screws, but had recent xray of metal screw that backed out at 7 months.

Ted. Previous systematic review of screws – many screws had reports of backing out, and ted made transition away from absorbable screws, to metallic. But, he has had some metal screws break as well.

John – Quit using the bioabsorbable screws about 2011, after ROCK discussion

Jim – tends to leave metal screws in indefinitely. Screws need to be flush with the subchondral bone. With surface screws, take out screws about 8-12 weeks.

Eric uses titanium, Synthes, headless compression screws. Takes out at about 1 year. Then he puts a plug of bone in the screw hole after screw removal!

Ben – has evolved his use of smart nails. The nails may need to be tamped down further, all they way through the cartilage, but it wont dissolve if it is not recessed in the bone.

Allen – perhaps the solution with Smart Nails is to ensure they are adequately recessed.

**Proximal tibial morphology and its correlation with osteochondritis dissecans of the knee**

**John F. Wechter · Robby Singh Sikka · Mujtaba Alwan · Bradley J. Nelson · Marc Tompkins**

*Purpose* The relationship of proximal tibial morphology to the presence of femoral osteochondritis dissecans (OCD) lesions is unknown. This radiographic study tested the null hypothesis that knees with unilateral medial or lateral OCD lesions would have no difference in the slope of their medial, lateral, or posterior tibial plateau compared with unaffected knees.

*Methods* There were 72 patients with unilateral OCD lesions of the medial or lateral femoral condyle seen at our institution from 2005 to 2011. On AP and lateral radio- graphs of the knee, three examiners conducted independent measurements of the tibial plateau posterior slope, as well as medial and lateral slope as measured from the peak of the tibial spine to the edge of the plateau on the side of the corresponding OCD lesion. Measurements were repeated on normal contralateral and matched control knees.

*Results* Knees with medial femoral condyle OCD lesions had greater medial tibial slope compared with normal con- tralateral knees (*p* = 0.007) and normal controls (*p* < 0.04). Knees with lateral femoral condyle OCD lesions had no significant difference in lateral tibial slope compared with the contralateral knee or matched controls. Posterior slope was greater in knees with medial OCD lesions than matched controls (*p* = 0.007). Intraclass correlation coef- ficients demonstrated consistency between observers for all measurements.

*Conclusion* An assessment of proximal tibial morphol- ogy demonstrated greater medial and posterior tibial slope in knees with medial OCD lesions compared with normal knees. The technique for measuring medial and lateral tibial slope was reliable among evaluators. The clinical rel- evance is that proximal tibial morphology may have a rela- tionship with OCD lesions.

*Level of evidence* III.

Agenda

Review to do list from ROCK Denver Meeting

MRI Classification

ROCK Operational Guidelines – input due by feb 15

**From:** Makina Table [<mailto:mtable@pcori.org>]

**Sent:** Wednesday, February 04, 2015 12:03 PM

**To:** Cummins, Deborah

**Subject:** PCORI Offers Up to $138 Million in New Funding Opportunities

Greetings!

Today, the [Patient-Centered Outcomes Research Institute](http://www.pcori.org/) (PCORI) issued six new funding announcements offering up to $138 million in support for studies comparing how well different approaches to care work for patients given their particular circumstances and concerns.

One of the new PCORI Funding Announcements (PFAs) offers up to $50 million for up to four comparative clinical effectiveness studies on the best ways to diagnose and treat hepatitis C virus (HCV) infection. The other five announcements issued under PCORI’s [National Priorities for Research](http://www.pcori.org/content/national-priorities-and-research-agenda) provide up to $88 million for a broad range of research projects, with a pool of $12 million of that total set aside for studies that focus on rare disease.

The HCV announcement is a product of a research prioritization process that included a large multi-stakeholder workshop that PCORI held in October 2014; PCORI’s Board of Governors later approved the topic for development into a PFA. The announcement addresses four specific research questions addressing critical issues involving HCV screening and treatment options.

“Hepatitis C is a substantial health threat that can have devastating consequences for infected people and their families,” said PCORI Executive Director, Joe Selby, MD, MPH. “Recently approved medications are very promising and appear to be vast improvements over previous therapies, but as yet there’s no ‘real-world’ evidence of their long-term effectiveness or comparative evidence on a number of critical research questions that should be answered to help patients and those who care for them make better-informed decisions.”

Rare disease research is called out as a particular area of interest in four of the five broad funding announcements issued today (the PFA seeking proposals for methods studies is excluded). PCORI is earmarking $12 million for studies that focus on rare diseases, which are defined as life-threatening and chronically debilitating conditions that affect fewer than 200,000 people, or fewer than one in 1,500, in the United States. Rare diseases also are the focus of about half of the Patient-Powered Research Networks that are part of PCORnet, PCORI’s national patient-centered health data initiative designed to allow the nation to conduct clinical research faster and more efficiently.

“We recognize the special challenges and efforts needed to study rare diseases effectively, so we’ve added a call for rare disease-focused projects across our broad funding announcements,” Selby said. “We’re hoping to solicit studies that can gather the amounts of data needed to conduct CER studies and produce useful information about how to better care for people with these conditions.”

Applicants can also learn about PCORI’s application process through informational “town hall” [webinars](http://www.pcori.org/events) that are designed to help them meet all criteria for each funding announcement.

Letters of Intent (LOIs) for the Clinical Management of Hepatitis C Infection and five broad PFAs, including rare disease research proposals, are due by 5 p.m. ET Friday, March 6, 2015. LOIs are required and will be reviewed for responsiveness and fit with program goals. Those invited to submit full applications will be notified Monday, March 23; applications will be due Tuesday, May 5.

Information and key dates related to all of PCORI’s funding opportunities can be found in the [Funding Opportunities page](http://www.pcori.org/funding/opportunities)on PCORI’s website. For more information, please do not hesitate to email [pfa@pcori.org](mailto:pfa@pcori.org) with any questions, or contact me as noted below.

Sincerely,

Makina Table

***Makina Table, MPH***

Program Associate, Stakeholder Engagement

Patient-Centered Outcomes Research Institute (PCORI)

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Hi Dr. Shea,

See below for my most recent update - there are a few sites I haven't been able to touch base with lately.  Technically not "allowed" in my work email while I'm out, but I've been trying to keep tabs regardless. The following is based on my update as of 12pm EST - it is possible coordinators will get back to me before 4pm EST, and if that's the case I will provide additional update during my and Dr. Carey's portion of the meeting today.

4 sites are completely approved (IRB and DUA). 3 sites have one or the other approved.  6 sites have documents submitted but neither IRB nor DUA have been approved so far.

Penn - IRB and DUA approved

CT Children's - IRB and DUA approved

SLHS - IRB and DUA approved

Wash U - IRB and DUA approved

Cincinnati Children's - IRB approved, DUA in final stages

CHOP - DUA approved, IRB submitted (was pending DUA approval which just happened)

Rocky Mtn - IRB approved, DUA in final stages

Rady - IRB submitted, DUA not needed

BCH - IRB submitted, DUA in final stages

Wisconsin - IRB submitted, DUA in progress

TN Ortho Alliance - IRB submitted, unk DUA status

Kaiser - IRB submitted, unk DUA status

Sick Kids - IRB submitted, DUA not yet submitted

Thank you!

ROCK Denver Annual Meeting Jan 22-23 2015

Pre-meeting with Allosource.

Polousky, Shea, Ganley, Myer, Carey

1030-1140.

Thursday Agenda

1. 1150-1205 Am. Welcome. Carey, Shea
   1. 2014 Recap
      1. Research
         1. Publications - Jacobs
         2. Summer fellowship - Jacobs
      2. RCT
         1. AOSSM deadline
      3. Prospective Cohort
         1. JBJS 2015 Levels of Evidence Table
         2. PC will be considered Level 2 Evidence
2. 1205-145pm. Treatment variation and Treatment algorithm based upon arthroscopy classification – Heyworth, Ganley, Polousky, Shea
   1. 5 min. Emphasis upon reducing treatment variation – Shea, Heyworth
      1. National priority for health care research
         1. Rational versus Irrational variation
         2. Reproducibility with surgery technique
      2. Research
         1. Value of Prospective Cohort data with less treatment variation – statistical power
   2. 80 min. Development of Treatment Algorithm based upon 6 arthroscopy categories - Heyworth
      1. Consensus-building approach
      2. 10 minutes per category, goal of cutting variation in half
      3. Clarification of ‘rare’ exceptions for the treatment categories – consensus of group
   3. 10 Min. Wrap-up
   4. **SUMMARY/TO DO List.** 
      1. **Ben will summarize discussion of reduced variation document, with exceptions for group review.**
      2. **Develop updated ROCK OCD Treatment Algorithm based upon this document**
         1. **Ben, Jim, Ted, Kevin**
3. 145-200. Break
4. 200-250. Database updates – Carey, Marcoon, Pennock, Nepple, Myer, Shea
   1. **10 min**. Teleform – Carey
      1. Surgical forms – Jim
         1. Tied to work on variation reduction
      2. Work being done by Scott D, resident working with Jim Carey
      3. Ben and Carl did a lot of work on improving the forms
      4. **SUMMARY To Do List. Excellent work by Dexlin on coordination of the Teleforms/Optiforms Data management.**
         1. **Surgical Forms will need final development – Jim and Group**
         2. **Clarify if/how we can store/access MRI, XRay images through PC – Jim, Dexlin, Shannon**
   2. 30 min. Redcap – Pennock, Nepple, Myer,
      1. Summary of REDCAP – Pennock, Nepple
         1. Monitoring patients, follow-up notices, email
      2. Review OTA experience with Obremsky – Shea
      3. **Summary. REDCAP has evolved, and offers many good options. The Teleform/Optiform Program remains the best option for us at this stage, with some custom forms that are better than REDCAP. Will continue to follow RC developments in the future. Andy, Jeff**
   3. 10 min. Summary of custom portals options - Myer
5. 250-300. Update on Drilling RCT. Heyworth
   1. timelines for competing study
   2. adding new centers
   3. Obstacles/Solutions to RCT Entry
6. 300-315. Radiology Healing Sequence update – Myer, Zbojniewicz and Wall
   1. summary of classification data
   2. reliability intra/inter
   3. plans for publication
   4. **SUMMARY/TO DO List**
      1. **Second review of Stats to be completed – which member assigned to this? Jeff Nepple?**
      2. **Second author role in writing of paper – Matt Milewski with Wall.**
7. 315-330. Break
8. 330-430. ROCK Operational Guidelines/Bylaws. Polousky, Ganley, Myers, Wall, Grimm
   1. 330-345. Adaptation of HARMS to ROCK (15 min). Myers
      1. Authorship for papers
      2. Vignettes – to be reviewed
   2. 345-415. Membership category (30 min). Ganley, Polousky, Myers, Grimm
      1. Harms Principles
      2. Categories
         1. Research
         2. Associate – new members, with opportunity to enter patients into database
            1. Not serve on committee initially
      3. Criterion
         1. Patient contribution
         2. Timelines for completion of data entry
         3. IRB completions
      4. Discuss criteria for continuing existing centers and addition of new centers
         1. Volume
            1. 20-40 operative?
            2. 50-80 Non-operative
            3. 2 years

80% data follow-up

* + - 1. List of Centers
         1. Busch/Atlanta.

80 operative OCD/Year

200 new patients

* + - * 1. Bradley Nelson, Univ. Minnesota

Partners with DVM OCD Researchers

Carlson, Toth, Ellerman

Imaging Jutta Ellerman

Add her to MSK imaging group?

* + - * 1. Wilson/Ellis – TSRH/Texas Childrens
        2. Mayo – Chris Camp
        3. Duke – Nate Grimm
        4. PRISM members, Others?
        5. Kevin Latz, Kansas City Mercy
    1. **SUMMARY/TO Do List**
       1. **Add new centers, to increase our numbers entered into the Drilling RCT and PC**
       2. **Final Criteria for participation close to complete**
       3. **Each Center will pay 5k to be a member, which is identical to what other cites have done.**
       4. **Invitations to be extended to other centers by AAOS Meeting – John, Ted, Kevin, Ben, Jim**
  1. 415-430. Committee Structure/Assignments
     1. Applications for committees
        1. 4/member

1. 430-530p. Research Questions from Prospective Cohort
   1. Next 4 major studies by ROCK
      1. 430-445. Internal Fixation of Unstable OCD Lesions. Nepple/Polousky/Shea
         1. General design/methodology
         2. Timeline
         3. Approach to Grant Funding
            1. Include Shear injuries to Grand application?

Yes

* + - 1. **Summary/To Do List.**
         1. **Develop list of implants used – Andy Pennock, Jeff Nepple.**
         2. **Develop consensus about implants to be used for fixation. Andy Pennock, Jeff Nepple, and Allen Anderson**
    1. 445-500. Salvage/Resurfacing Approach to Osteochondral Defects from OCD (Polousky/Pennock/Edmonds/Lyons)
       1. **Summary To Do List – Develop proposal for ALLOSOURCE to fund the portion of the PC related to allografts. John, Ted, Greg, Kevin**
    2. Optimal non-operative treatment for stable OCD. Heyworth, Paterno**. Bracing outcomes.**
       1. **Protocol for bracing, casting, non- weight bearing to be developed by Group.** 
          1. **MARK Paterno.**
       2. **Develop Proposal for funding for DJO, Breg, OSSUR, etc**
          1. **Ganley**
    3. 515-530. MRI Classification (Wall/Zbojniewicz/Myer)
       1. General design/methodology
       2. Timeline
       3. Approach to Grant Funding
          1. Radiology
          2. Orthopedic
       4. **SUMMARY/TO DO List. TO BE REVIEWED AT UPCOMING MEETING. Goals from Andy Z.** 
          1. **Two issues that need to be considered are**

**1) Keep the number of criteria as succinct and simple as possible, while still maintaining an adequate variety so as not to miss anything that could be important,**

**2) Make sure that a significant number of each chosen criteria are presnt in the sample cases.**

* 1. Other, smaller studies?
     1. Growth Hormone – Styhl, Heyworth, Shea

1. 530-830. Dinner. Off Campus
   1. 6pm at *Maggianos* DTC
   2. Allosource Discussion
2. 730-800. Summary of Treatment Variation Discussion. Heyworth, Myer
3. 800-820. Industry Grants – Polousky, Ganley, Shea, Jacobs
4. 830. Return to Hotel

Friday Agenda

1. 730-845. Research Presentations –
   1. 730-830. Carlson
      1. Goat model of OCD (10 minutes)
      2. 2) MRI visualization of epiphyseal cartilage necrosis in goat model (10 minutes)
      3. MRI visualization of epiphyseal vasculature in distal femur: comparison of humans, pigs, and goats (10 minutes)
      4. Histology of human OCD cases (n=2) (6 minutes)
      5. Comments about serial CT study of OC in pigs (5 minutes)
      6. Questions/answers.
      7. **SUMMARY. Fascinating date on Ostecohondrosis Latens and Manifesta, etiology, vascularity, inter-species comparisons.**
      8. **TO Do List. Develop a biopsy protocol that would be used for more advanced lesions, such as trap doors, and/or craters. In these cases, the tissue is not re-used. This tissue would be of great value to the OCD Group, and to the Univ of Minnesota DVM/OCD Research Group.**
         1. **Staff – Shea, Carlson, Wall, Zbo.**
   2. 830-840. Ganley –
      1. EOS – 5 minutes
      2. Genetics – 5 minutes
      3. **Summary. Genetics/Blood Draw protocol could be added to PC in the future. Staff - Ganley**
   3. 840-900. Other Research Presentations
2. 900-915. 15 min Break
3. 945-1000. PT Protocols. Paterno, Group.
   1. **Summary. Significant Work done on this, with more to continue**
      1. **Lead – Mark Paterno, Carl Nissen.**
4. 1000-1030. IRB Updates, Each Center
   1. PC
   2. RCT
   3. Deadlines
   4. **Summary.TO be reviewed at upcoming meeting. Email summary sent 1-26-15 to group.**
5. 1030-1045. 15 min Break
6. 1045-1100. Financials. Non-Profit Status Update. Nissen
   1. Budget
   2. Membership dues 2015
7. 1100-1110. Discussion of AJRR. Formation of ROCK Registry Reporting Committee for EMR. Group
   1. Standard EMR templates for OCD
   2. The AJRR currently has agreements with three orthopaedic charting vendors, InVivoLink, Inc., Ortech, Inc., and URS-Oberd, Inc. These vendors submit data directly to the AJRR on behalf of a participating hospital. AJRR IT staff has also been working with Epic and Cerner on predefined AJRR reporting modules. Epic released an AJRR reporting module that functions with their latest EMR and OpTime software release. Cerner is in the process of customer testing and should release the final reporting module in late 2014.
   3. **Summary. Group sees value in common OCD clinic note templates for each site.**
      1. **Clinical Note Templates –** 
         1. **To be developed by. Andy Pennock, Eric Edmonds, Roger Lyon.**
      2. **Flagging research patients in EMR. Can this be done, to make data capture/follow-up percentage higher?**
         1. **To be developed by. Andy Pennock, Eric Edmonds, Roger Lyon**
8. 1110-1120. Future Meetings. Group
   1. Feb
      1. Tues 9pm EST. Feb 17, 24, Mar 3.
      2. AAOS Mar 24-28, Tues-Sat. Mar 26 Thurs 6-9 PM MST
      3. POSNA April 29-May 2. April 30, Thurs 6-9pm EST
      4. AOSSM July 9-12. Thurs Jul 9, 6-9pm.
9. 1120-1140. New Business. Group
10. 1140 – Conclusion

Optional Sessions

1. Meet with Allosource re research partnership. Thurs 1030-1130 am. Polousky, Ganley, Myer, Carey, Shea
2. Review ICL Cases for AAOS ROCK OCD, Friday. 1200 Noon.
   1. Milewski, Nissen, Polousky, Shea