ROCK Agenda 1-22-2014

Allosource Facility, Centennial, CO

1. 1200-100 pm. Healing Sequence. Eric Wall
	1. **Sub CMTE was formed, decided on final criteria based upon reliability study; will do Likert scale to grade lesions**
	2. **2 different studies, one determining if a lesion is healed, and one to assess the different categories. Will do the healing determination one first.**
		1. **Will assess the categories on the document EW sent out with both Likert scale and the categorical options as well (anchored likert scale)**
		2. **Study 2 only look at overall healing.**
2. 100-230 pm. Treatment Algorithm. Kevin/Group Discussion.
Review the “Treatment Algorithm Flow Chart”, and “20 Rock Questions.pdf” prior to meeting – – Get Documents from ROCK Website
	1. The goal of this session is to reach consensus on treatment options for each of these categories
	2. Review the rationale for reducing variation within ROCK Group
		1. National Policy Alignment on reducing variation in health care
		2. Improvement in data management for Registry
	3. These may be incorporated into the Registry Forms in the future
	4. Treatment Options to be discussed for each ROCK Arthroscopy Category, considered in skeletally immature, and mature
		1. Stable Lesion
			1. Cue Ball
			2. Shadow
			3. Wrinkle in the Rug
		2. Unstable Lesions
			1. Locked Door
			2. Trap Door
			3. Crater
	5. Establish different acceptable options for each category by group consensus
		1. Poll the Rock members after the meeting for input on treatment options – Benton Heyworth
	6. Review other consensus/standard questions for ROCK Registry
		1. Xray/Skeletal Age/MRI
		2. Enrollment
		3. Data Collection
		4. Follow-up
		5. Rehab
		6. Future Criteria for ROCK Registy Participation
3. 230-245pm. Break
4. 245- 400pm. Registry Research Questions. Ben, Allen, Jim (if available)
	1. Review of Ben and Allen’s document on Research Questions for Registry prior to the meeting – Get Documents from ROCK Website
	2. Level 2 Study.
		1. Prospective Data Collection on specific questions:
		2. Group has reviewed, updated, and approved the prospective research questions for the Registry/Prospective cohort study.
	3. Priority Topics
	4. Indications for biopsy
		1. Histology of OCD – future ROCK study
		2. **Eric/Andy reporting a few cases that compare biopsy to MRI**
		3. **Should take biopsies of several patients for each type of OCD stage**
		4. **IRB: will have to get approval for this study regardless because are you: doing research, deviating from normal use of needle; question is whether or not need patient consent**
		5. **Will take a 2mm biopsy with hollow core needle – use this biopsy before or instead of drilling**
		6. **Question is whether or not we take these biopsies for stable lesions**
			1. **Argument for doing this is that the 0.045 k-wire is about the same as the 2mm biopsy needle; Boston uses .625 kwire is about 1.6 mm**
			2. **If you use Eric’s retrograde technique, could get bone biopsy, but would not include cartilage**
			3. **No question to if we can take a biopsy for more severe lesions (e.g. trap door, crater)**
		7. **Should get an MRI for each of these patients, and compare the MRI for comparison (send with biopsy specimen)**
5. 400-500pm. Research Group Registry Practices. Ben, Eric, Kevin, Jim (if available)
	1. Spine Deformity Group Research E
	2. Case Contribution Expectation
	3. Research Proposal
		1. Review Process for Proposals
		2. Eligibility
6. 500-600pm. Dinner
	1. Discussion: RCT enrollment. Ben
7. 600-700pm. Registry Forms. Ben
	1. Group Review of Forms
8. 700-730pm. PT Update – Mark Paterno.
	1. **Wide variation among members for treating patients after drilling as well as variation for other post-op; a lot seems to be dependent on the coverage of the individual (e.g. does their insurance cover PT) mark will send out a document to gauge the different treatment recommendations for each surgeon and compile into one document; the registry will ascertain whether or not one treatment protocol is more beneficial than others**
9. 730-800pm. New Business/Discussion
	1. Next meeting times
	2. AAOS
	3. POSNA
	4. AOSSM
10. 800pm. Adjourn.
11. **20 Questions for the ROCK Group – Regarding Consensus and Standards**
	1. **Evaluation**
		1. **How do you determine if a pt needs to undergo xray evaluation?**
			1. **All pts require usable xrays (AP, tunnel, lateral, sunrise)**
			2. **Xrays are ordered based on certain criteria**
		2. **For what age range do you obtain wrist images to assess skeletal maturity?**
			1. **Anyone skeletally immature with OCD regardless of age**
		3. **How do you determine if OCD pt needs to undergo MRI evaluation?**
			1. **All patients require a usable MRI**
	2. **Enrollment**
		1. **At what time point will a pt be enrolled in registry?**
			1. **At 1st or 2nd visit after diagnosis of OCD**
	3. **Data Collection**
		1. **How do you (the surgeons as a group) plan to enter data primarily?**
			1. **Currently paper forms Fedex or scanned (b/c Teleform is not currently an option)**
		2. **How do you want your patients to enter data primarily?**
			1. **Electronic forms (once capable)**
	4. **Standard Procedures – Surveillance**
		1. **When no tx is indicated, what is your preferred surveillance plan?**
			1. **Timing of reevaluation: 3-6 months**
			2. **Important features of hx and PE: effusion, crepitus, tenderness**
			3. **Imaging studies acquired: xray and/or MRI**
	5. **Standard Procedures – Non-operative Treatment**
		1. **When non-operative treatment is indicated, what is your preferred method for treating patients with symptomatic OCD lesions?**
			1. **Weight bearing status: full/partial/none**
			2. **Casting or bracing: either/or**
				1. **Braces: hinge, unloader, immobilizer**
			3. **Duration of tx if pain is worsening: 6-12 weeks**
			4. **Duration of tx if pain is improving: 6-12 weeks**
			5. **Timing of imaging studies to evaluate healing: 6-12 weeks**
	6. **Standard Procedures – Operative Treatment**
		1. **When operative treatment is indicated, what is your preferred method for treating patients with a “cue ball”?**
			1. **Transarticular, retroarticular (with or without bone graft), intercondylar**
		2. **When operative treatment is indicated, what is your preferred method for treating patients with a “shadow”?**
			1. **Transarticular, retroarticular (with or without bone graft), intercondylar**
		3. **When operative treatment is indicated, what is your preferred method for treating patients with a “wrinkle in the rug”?**
			1. **Transarticular (with or without fixation), retroarticular (with or without bone graft, with or without fixation), notch drilling (with or without fixation), open bone graft with fixation and drilling, OATS, salvage techniques**
		4. **When operative treatment is indicated, what is your preferred method for treating patients with a “locked door”?**
			1. **Transarticular (with or without fixation), retroarticular (with or without bone graft, with or without fixation), notch drilling (with or without fixation), open bone graft with fixation and drilling, OATS, salvage techniques**
		5. **When operative treatment is indicated, what is your preferred method for treating patients with a “trapped door”?**
			1. **Transarticular (with or without fixation), retroarticular (with or without bone graft, with or without fixation), notch drilling (with or without fixation), open bone graft with fixation and drilling, OATS, salvage techniques**
		6. **When operative treatment is indicated, what is your preferred method for treating patients with a “crater”?**
			1. **ACI, osteochondral allograft, marrow stimulation, OATS, mosaicplasty, open reduction with bone grafting and internal fixation, open reduction without bone grafting, bone grafting with fibrin glue**
	7. **Rehabilitation**
		1. **Do patients require supervised rehabilitation or is home-based therapy acceptable?**
			1. **For non-operative treatment: both**
			2. **For post-operative treatment: both**
		2. **Will rehabilitation specialists in your community agree to follow ROCK protocols?**
			1. **Yes**
	8. **Follow-up**
		1. **Are you okay with mandating follow-up at the following time periods?**
			1. **1 year post treatment initiation: yes**
			2. **2 years post treatment initiation: yes**
			3. **5 years post treatment initiation: yes**
		2. **If a patient cannot make on site follow-up, then can “off site” questionnaire be mailed or emailed?**
			1. **Yes, but check with surgeon first**
		3. **What information is appropriate to initially acquire to help us track down patients?**
			1. **Mail address of patient, mail address of family, email address of patient, primary phone number, secondary phone number, social media usernames, +grandparent’s email address**
	9. **Future ROCK sites and registry participation**
		1. **Are there any criteria to be a future ROCK site that participates in the registry?**
			1. **Research coordinator or equivalent: not necessarily**
			2. **Number of patients with OCD per year: minimum 10**