

International Society of Arthroplasty Registries Committee Meeting

At

**Annual Meeting, San Diego
February 14-18, 2007**

Name: AAOS International Registries
Date of Meeting: Wednesday, 14th February 2007
Time: 5:30PM-7:30PM
Place: San Diego Marriott Hotel & Marina in Torrey 3

Minutes

Attendees: Professor Stephen Graves (Australia, Chairman), Professor Otto Robertsson (Sweden Knee), Professor Johan Kärrholm (Sweden Hip), Dr Göran Garellick (Sweden Hip), Professor Leif Havelin (Norway), Dr Ove Furnes (Norway), Professor Robert Bourne (Canada), Ms Lisa Ingerson (Australia), Dr Richard deSteiger (Australia), Dr Gerold Labek (EFORT/Austria), Dr Nikolaus Boehler (EFFORT Austria), Dr Christo Thaler (EFORT/Austria) Professor Richards Coutts (USA), Professor Henrik Malchau (Sweden, USA), Dr William Maloney (USA), Ms Katherine Sale (USA), Dr Dick van der Jagt (South Africa), Professor Anton Schepers (South Africa), Dr Alejandro Allepuz (Spain), Dr Rob Nelissen (Netherlands), Dr Eric Garling (Netherlands), Assoc Professor William Mihalko (USA), Dr Edmund Lau (Exponent/USA), Dr Steven Kurtz (Exponent/USA), Dr Michael Dohm (USA), Dr R Haralson (USA), Dr Monti Khatod (USA), Dr Liz Paxton (USA), Dr Charles Turkelson (USA), Dr Karin Pontzer (USA), Dr Mark Clapper (USA), Ms Kajsa Erikson (Sweden), Ms Karin Lindborg (Sweden) Ms Karin Pettersson (Sweden), Dr Harry Rubash (USA), Dr Peter Devane (New Zealand), Dr Donald Fithian (USA), Dr Charles Bragdon (USA).

1. Apologies

Professor Bjarne Lund, Professor Tay Boon Keng, Professor Alastair Rothwell

2. Confirmation of minutes of last meeting held;

Wednesday, March 22nd 2006, 5:30PM-6:30PM, McCormick Place, 2301 S Lake Shore Drive,
Meeting Room Name: E271a

AAOS Chicago 2006

The minutes of the previous meeting were accepted.

3. Membership List

Dr Dick van der Jagt requested that South African Orthopaedic Association Registry be changed from affiliate member to associate membership as this Registry has national coverage but currently data collection is less than 90%. He also informed the committee that it is planned to commence a National Knee Registry in April 2007.

It was agreed that the South African Orthopaedic Association Registry be accepted as an associate member.

Through a written submission Professor Alastair Rothwell requested that New Zealand National Joint Registry be listed as a full member. The New Zealand Registry collects data on over 90% of procedures and also has a validation process in place.

It was agreed that the New Zealand National Joint Registry be accepted as a full member

4. International Society Article

At the previous meeting a summary description of the activities of each of the full member registries was circulated for discussion and comment. It was agreed at that time that this information was correct and should be used as the basis for the preparation of an article for publication summarising each of the Registries. Since that time Prof.Graves was approached by the newly established Catalona Registry for support in the preparation of a similar article. The information discussed at the previous meeting was provided to them. Currently the Catalona Registry is combining this data with information that they had previously collected in the preparation of the article. The article provides a summary description of the structure, function, data collection and analysis of the various registries. This will be reviewed by Professor Graves and Dr Labek prior to submission for publication.

The JBJS (British) was suggested as the first journal to approach as Professor Otto Robertsson recently published an article on knee registries in that journal (O. Robertsson, Knee arthroplasty registers, J Bone Joint Surg Br, Jan 2007; 89-B: 1 – 4). Dr Gerold Labek to follow up re the possibility of publication in that journal.

5. International Society Report

At the previous meeting it was agreed that a major focus of the Society should be to produce a report providing an overview of comparative outcomes of National Registries. It was agreed at that time that aiming to publish that report once every three years should be achievable. There are a number of difficulties with this including the need for Registries to undertake comparable analysis and to use agreed common terminology.

Professor Henrik Maulchau mentioned that he was involved in undertaking a pilot study comparing a US Medicare data set with a Swedish (hip) and Norway (knee) data set. The study is longitudinal and the data set includes 5% of the national sample, diagnosis, and procedure code and from 2004 onwards side in 60%. No prostheses data are collected. The study is to look at survival outcomes

what differences there are and why. He anticipated that an article will be ready to publish in a few months. Following a review of the article Professor Malchau feels that he will be able to have a proposal ready that could be presented to the steering committee at EFORT for discussion. The suggested issues to address include; Are their differences in outcomes between countries and if so why are they different. One of the difficulties in determining possible reasons is the impact of variety of different confounders. How this is best handled needs to be discussed.

Dr Gerold Labek to organise a room at EFORT for the steering committee to meet and discuss the issues related to the preparation of this Report. It was suggested that it may also be possible if necessary to have a follow up meeting at the Japanese Orthopaedic Association meeting in late May.

International Society meetings at major meetings

At the last meeting it was agreed that there should be a regular registry session each year at the AAOS. It would provide a platform for registries to present outcomes at an international level assisting in the development of their profile and provide the best opportunity to present the most recent information to the widest audience. Professor Malchau had tried to organise a session for this meeting but for various reasons was unsuccessful. Dr Robert Haralson (AAOS) volunteered to help with the organisation for next year.

There was considerable discussion concerning the nature and the format of this session. It was felt that the steering group should select the topic and decide on the format. The deadline for this is the 1st May 2007.

Dr Bill Maloney suggested that it might be appropriate to have a symposium particular on topical areas of interest. Some topics were suggested, including;

1. cemented v's cementless hips
2. resurfacing hips
3. how the clinician should interpret registry data.
4. how quickly can significant differences be shown utilising registry data
5. registry data collection.

There was a general view that it was important that there are presentations by individual registries. It was also suggested that it was important to present both the positive and negative outcomes. A suggested symposium format was 2 hours allowing for approximately 8 talks of 12 minutes and 3 minutes question time.

Other suggestions were that it should be full membership Registries to present, Denmark, Sweden, Finland, Norway, Australia, New Zealand but could also include Mayo, Kaiser Permanente and Canada for the North American in put.

It was suggested that the topic should be restricted to hips for the first symposium and that each country should decide on their own presentation with handouts of 1-2 pages. Professor Malchau asked that all submissions were sent to him. Ms Katherine Sale is to let Professor Malchau of the deadline for submissions.

Several members also thought it might be worthwhile to have a workshop as well.

6. Standardization of nomenclature

All members agreed that it was very important to standardize terminology. Professor Graves volunteered to prepare a paper for the next meeting. Professor Malchau will organise a website and would like to see this on the site in approximately 4 months.

7. Other Business

Use of bar coding for identification of prostheses

There was a general discussion about the use of bar codes in data collection. All members agreed that the use of bar codes presented difficulties particularly because of the different systems used and the variation in, numbers, format and structure of the bar codes. Additionally bar codes are not available before the release of a prosthesis. There were also perceived difficulties in obtaining the key for barcodes and standardisation. A further difficulty may occur with interfacing between all the registries.

Dr Richard Coutts suggested that it may be important to development a central database of prostheses and bar codes that was able to be utilised by all registries. The data would need to be updated regularly.

It was agreed that the steering group should meet with Industry at the next AAOS meeting to discuss the possibility of setting up and maintaining a central database. It was decided that the steering group would develop an agenda for this meeting.

Professor Graves mentioned that the Australian Registry had sent a copy of their prostheses database (identifying prostheses by description and catalogue number) to the Catalona Registry. Dr Allepuz said that the database had interfaced quite well with European prostheses identification and only a small number of discrepancies were present.

Correspondence.

Gerold Labek agrees with the procedures detailed in the Early Warnings documentation presented at the last meeting but stated that there are some difficulties. e.g. the same prosthesis will have different names in different countries which could cause difficulties. He asked that those prostheses that were identified as having higher than anticipated rates in particular registries should be reviewed by the steering committee and perhaps industry.

Professor Graves said that he believed this approach was not appropriate as it was going away for the role of registries which was to collect, analyse and present information on the outcomes of joint replacement surgery. His concern was that this type of activity could potentially be interpreted that the steering committee was taking on a de facto regulatory role which was more appropriately done by already established government agencies.

Professor Ove Furnes also suggested that it was important to publish in peer-reviewed journals. It was suggested that Registries should let regulatory bodies know of identified prostheses and if a particular prosthesis was withdrawn by a local regulatory agency then the relevant registry could then let other Registries know.

Dr Maloney also queried what would be the appropriate criteria for determining an individual prosthesis is failing, in particular at what stage or time point should this be assessed, e.g at 3 years or 4 years? Professor Graves suggested that Registries should just present the data and not make a judgement on acceptability or otherwise and that this was for individual surgeons to assess and in situations where there were high early revision rates then established regulatory agencies should make that decision after reviewing registry data, other data and in consultation with the relevant companies.

8. Date of next meeting

Steering committee: EFORT date and time to be confirmed. Dr Labek to organise.
General meeting: AAOS 2008