
INCORPORATING PROSPECTIVE DATA COLLECTION INTO CLINICAL PRACTICE - THE HOLD EXPERIENCE

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- I do not intend to discuss an unapproved / investigative use of a commercial product/device in my presentation
- Information contained in this presentation is from previously presented/or published peer reviewed material

OUTLINE

- Background
- Rationale for the HOLD Project
- CIHR International Task Force
- Prospective Database (REDCap)
- Getting engaged



REVIEW OF THE LITERATURE



- Complication rates vary widely
- More than 300 surgical techniques reported
- Short to mid-term follow-up
- What matters for patients is still lacking

WHY A MULTICENTRE PROSPECTIVE HYPOSPADIAS DATABASE?



RATIONALE FOR HOLD



- Different surgeons use different surgical techniques
- Few studies address long-term outcomes
- No standardized way of reporting pre- and post-operative results
- Even the largest centers do not have enough numbers to answer the necessary questions.

RATIONALE FOR HOLD

- 3 **P's** for improving practice and clinical outcomes
 - **Prospective** data collection – better quality of research
 - **Periodic** outcomes review – understand own and others' results
 - **Practice** change – personal improvement – better outcomes – better patient care

(Snodgrass W, AUA University, www.auanet.org)

OBJECTIVES OF THE HOLD PROJECT



- What are the most common techniques?
- What is the true complication rate at an institutional, provincial and national level and what factors affect it?
 - Preoperative hormone stimulation / Regional blocks
 - Glans size
 - Glans groove / Urethral plate
 - Severity of VC
 - Number of cases – (distal vs. proximal)
- How satisfied are adolescents with their hypospadias repair outcomes?

HOW IT ALL STARTED





International Pediatric Urology Task Force on Hypospadias

Standardizing Surgical Outcomes in Clinical Research

Date: **September 18th to 19th, 2013**

Location: **Aria Hotel, Las Vegas, Nevada**



Hosted by Dr. Luis Braga of McMaster University, in collaboration with the Hospital for Sick Children and Pediatric Urology researchers from across Canada, the USA, Brazil, France, Italy, and the United Kingdom.

Held immediately prior to the Pediatric Urology Fall Congress

MEETING OBJECTIVES

- Improve quality of reporting in hypospadias literature - a 20-item instrument adapted from STROBE.
- Create a Summary of Findings (SoF) table highlighting key points of studies.
- Set minimum standards for data collection through expert consensus.
- Create networks for future global/international cooperation in hypospadias research.

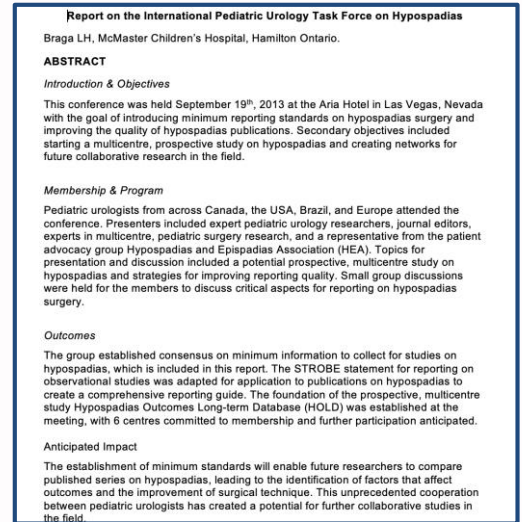
HOLD TASK FORCE



MEETING OUTCOMES



- Meeting Minutes circulated and posted as a white paper ✓
- Consensus statement on data collection and reporting on hypospadias (in progress)
- Application of the STROBE statement to the hypospadias literature ✓



Journal of Pediatric Urology (2016) 12, 367–380

Application of the STROBE statement to the hypospadias literature: Report of the international pediatric urology task force on hypospadias



Luis H. Braga ^a, Armando J. Lorenzo ^b, Darius J. Bagli ^b,
Joao L. Pippi Salle ^c, Anthony Caldamone ^d

MINIMAL REPORTING ITEMS

Preoperative Assessment

Meatal location and/or level of division of corpus spongiosum, as defined by Figure 1

Presence of associated genital anomalies

Measured degree of penile torque

Measured degree of ventral curvature

Prior circumcision

Use and details of preoperative hormone stimulation

Details of any previous surgery for hypospadias

Intraoperative Assessment

Fully-stretched dorsal penile length and diameter of the glans

Depth of the groove separating the glans wings

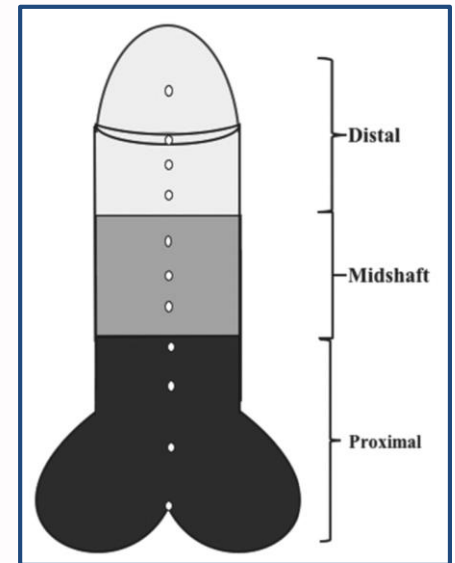
Length and width of the urethral plate (UP), extending from the ectopic ventral meatus to the tip of the glans

Presence of hypoplastic urethra below the meatus, characterized by an absence of surrounding corpus spongiosum tissue

Deficiency of the ventral skin

Ventral curvature of the penis

Elasticity or rigidity of the UP tissue



MINIMAL REPORTING ITEMS

Surgical Technique

Anaesthesia and methods to achieve hemostasis

Severity and ventral curvature re-assessment after de-gloving

Degree of ventral curvature and steps taken for correction

Type of surgical procedure performed, including any modifications

Grafting use, including the donor site and its management

Use of UP incision, including post-incision width

Details of urethroplasty, including number of layers, suture size, suture type, and closure

Glansplasty, if used, including suture size, type, and closure

Barrier layers, if used, including number of layers and tissue used

Additional procedures performed

Skin closure, including suture size, type, and suture closure

Urinary diversion and dressing

Meatal position at the end of the procedure

Foreskin management (preputioplasty or circumcision)

MINIMAL REPORTING ITEMS

Follow-up and Outcome Assessment

Age at follow-up

Duration of follow-up

Developmental milestones reached

Presence of complications and their severity

Assessment of voiding

Cosmetic assessment



HYPOSPADIAS LONG - TERM OUTCOMES DATABASE (HOLD)



HOLD

- Prospective data collection on all hypospadias surgeries from 2010 – present
 - Importance - consecutive cases
- Online database using REDCap to collect and store information
 - Infrastructure and Security to support multiple centres

HOLD FORMS



Surgery Form 2.1

Patient ID:
Physician Code:
Centre Code:

Clearly print all details. Please INITIAL and DATE all corrections. Indicate ☒ where applicable.
Please complete Surgery Forms 2.1-2.7 for the infant currently referred for this database.

1. Date*
Y Y M M D D

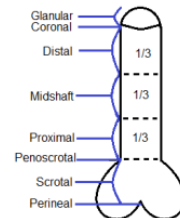
2. Age in months* (months)

3. Weight at surgery (kg)

1. Did the position of the meatus change after testosterone administration?* ☐ No ☐ Yes

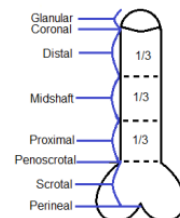
2. Please indicate the intraoperative position of the meatus*

- ☐ Glanular
- ☐ Coronal
- ☐ Subcoronal
- ☐ Distal shaft
- ☐ Mid shaft
- ☐ Proximal shaft
- ☐ Penoscrotal
- ☐ Scrotal
- ☐ Perineal



3. Please indicate the intraoperative position of the division of the corpus spongiosum*

- ☐ Glanular
- ☐ Coronal
- ☐ Subcoronal
- ☐ Distal shaft
- ☐ Mid shaft
- ☐ Proximal shaft
- ☐ Penoscrotal
- ☐ Scrotal
- ☐ Perineal



Version 5.0 December 12, 2014

*denotes a required field



Surgery Form 2.3

Patient ID:
Physician Code:
Centre Code:

Clearly print all details. Please INITIAL and DATE all corrections. Indicate ☒ where applicable.
Please complete Surgery Forms 2.1-2.7 for the infant currently referred for this database.

3. Degree of VC* ☐ <30° (mild) ☐ 30-70° (moderate) ☐ >70° (severe)

4. VC Measurement ☐ Visual estimate ☐ Measured in degrees¹
¹Please specify the degrees of VC before degloving

5. Degree of VC After Degloving ☐ None ☐ <30° ☐ 30-70° ☐ >70°

6. VC Measurement after degloving ☐ Visual estimate ☐ Measured in degrees²
²Please specify the degrees of VC after degloving*

7. VC Type*
☐ Lateral bands (fibrosis) ☐ Penoscrotal curvature ☐ Other (please specify):
☐ Glans tilt ☐ Corporal disproportion
☐ Short urethral plate ☐ VC with no hypospadias

8. VC Correction Procedure*
☐ Degloving ☐ Proximal dissection of urethra beyond peno-scrotal junction
☐ Release of lateral bands ☐ Fairy cuts (Ventral transverse releasing incisions)
☐ Urethral plate lifting
☐ Dorsal plication³ ³If checked, please answer Questions 10-11.
☐ Ventral penile lengthening (grafting the corpora)⁴ ⁴If checked, please answer Question 12.
☐ Transection of urethral plate⁵ ⁵If checked, please answer Question 13-14.

9. Dorsal Penile Length (after VC correction)* mm
10. Dorsal Plication Type* ☐ Midline (Baskin) ☐ Lateral (Nesbitt)

11. Number of stitches used for Dorsal Plication

12. Corporal Grafting Type
☐ Skin (inner prepuce) ☐ Tunica vaginalis ☐ Dura
☐ 1-layer SIS ☐ 4-layer SIS ☐ Other (please specify):

13. Degree of VC After Transection of Urethral Plate* ☐ None ☐ <30° ☐ 30-70° ☐ >70°

14. Method of VC assessment after UP transection ☐ Visual ☐ Measured⁶
⁶Degrees of VC after UP transection

Version 5.0 December 12, 2014

*denotes a required field

WHY USE REDCap?

Research Electronic Data Capture (REDCap)

- Online tool to collect and manage data
- Accessible online (smartphones, tablets, etc)
- Intuitive, user friendly interface
- Customizable
- Free to add users and create projects
- Secure: designed to support HIPAA compliance



867 institutions in 71 countries

SECURITY

- Data stored on McMaster Server, encrypted and backed-up nightly.
- 256-bit encryption system designed to provide communication security over the internet.
- Audit trails track data manipulation and export by all users.



Your connection to fhspeds.mcmaster.ca is encrypted with 256-bit encryption.

The connection uses TLS 1.0.

The connection is encrypted using AES_256_CBC, with SHA1 for message authentication and DHE_RSA as the key exchange mechanism.

Time / Date	Username	Action	List of Data Changes OR Fields Exported
12:46pm 11/20/2013	david	Manage/Design	Edit project field
12:36pm 11/20/2013	david	Manage/Design	Create project field
12:35pm 11/20/2013	david	Manage/Design	Create project field

User activity
shown in detail

CUSTOMIZATION

Longitudinal Data Entry

- Forms can be used once or multiple times per record
- Keeps study info organized by visit
- Complete forms - green, incomplete - red, and unverified - yellow

Data Collection Instrument	Initial Exam and Surgery (1)	Follow-Up1 (2)	Follow-Up2 (3)	Follow-Up3 (4)	Follow-Up4 (5)	Follow-Up5 (6)	Follow-Up6 (7)	Follow-Up7 (8)	Follow-Up8 (9)	Follow-Up9 (10)	Follow-Up10 (11)	Follow-Up11 (12)	Follow-Up12 (13)	Follow-Up13 (14)	Follow-Up14 (15)	Follow-Up15 (16)
Initial Exam	<input checked="" type="radio"/>	Complete														
Surgery	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>													
Catheter Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Incomplete												
Follow Up		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Procedure		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Click colour-coded buttons to access forms

Not filled

CUSTOMIZATION

- REDCap has safeguards in place to prevent data loss while making changes to the database.
- During development, changes can be made in real time.
- After data collection begins, projects can still be safely updated.
- All updates during production are reviewed by an administrator

Since this project is currently in PRODUCTION, changes will not be made in real time. [Tell me more](#)

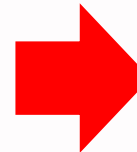
[Submit Changes for Review](#)

Fields to be added: 13 / Total resulting field count: 1208

Fields to be deleted: 7 / Existing field count: 1202

[Remove all drafted changes](#)

[View detailed summary of all drafted changes](#)



Details regarding all changes made in Draft Mode:

- Records in project: 57
- Fields to be added: 13
- Fields to be modified: 29
- Total potentially critical issues: 6
 - Deleted fields that contain data: 6
 - Potentially critical issues in modified fields that contain data: 0
- Total field count BEFORE the changes below are committed: 1202
- Total field count AFTER the changes below are committed: 1208

- Policy for Data Access and Authorship (**Data sharing agreement**)
 - Same model as other registries
 - Hydronephrosis – (Tony Herndon)
- Research output - Presentations / Publications
 - CUA: 2013-19
 - ESPU: 2015, 2016, 2019
 - AUA: 2016, 2017, 2018, 2019

HOLD - PUBLICATIONS



Hypospadias

0022-5347/17/1973-0845/0

THE JOURNAL OF UROLOGY®

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Cause and Effect versus Confounding—Is There a True Association between Caudal Blocks and Tubularized Incised Plate Repair Complications?



Luis H. Braga,* Kizanee Jegatheeswaran, Melissa McGrath, Bethany Easterbrook, Mandy Rickard, Jorge DeMaria and Armando J. Lorenzo

CURRENT DATABASE - DESCRIPTIVES

- 848 patients included in the database
- Location
 - Distal: 616 (72%)
 - Midshaft: 100 (13%)
 - Penoscrotal/perineal: 132 (15%)
- Median age at surgery: 16.9 mos.

CURRENT DATABASE DESCRIPTIVE

Complications

- Overall complication rate = 14.7%
- Fistula - 9%
- Glans dehiscence - 6%

CURRENT CENTRES

- McMaster University – Started 2010
- Children's Hospital of Eastern Ontario – February 2016
- Rhode Island Hospital – March 2015
- Hospital Geral Roberto Santos – Bahia Brazil - June 2015

PARTICIPATING CENTRES

Centres in Ethics Approval Process

- Dalhousie University, Nova Scotia, Canada
- Hamad Medical Corporation, Qatar
- All India Institute of Medical Services, India

BARRIERS

- There needs to be a research **CULTURE** shift
- Research happens all the time
 - Clinics, OR, meetings, rounds, etc
- It is part of what we do, how we grow !!!
- Research support – **VERY IMPORTANT**
 - if you don't have it - volunteers



MINDSET

"START WHERE
YOU ARE.
USE WHAT
YOU HAVE.
DO WHAT
YOU CAN."

- ARTHUR ASHE



GETTING INVOLVED



WHY SHOULD ONE GET INVOLVED ?

- **Clinical Benefits**

- Evidence-based improvement tool for your own practice
- Establish minimal standards of care
- Generalizability of published results

- **Research Benefits**

- Publication of centre specific data
- Collaboration in multi-centre projects
- Professional recognition (Merit)
- Evidence-based research - higher quality (in the absence of RCTs)

GETTING STARTED



IN THE END

Our legacy

- We owe to the new generation of pediatric urologists and to our patients to try to do better



THANK YOU!

If you are interested in getting started with your own databases, please contact
Melissa McGrath (mcgram2@mcmaster.ca)



Don't wait
The time will
N E V E R
be just
right