We Definitely Know the Outcome of What We're Doing (Not) A call to Action



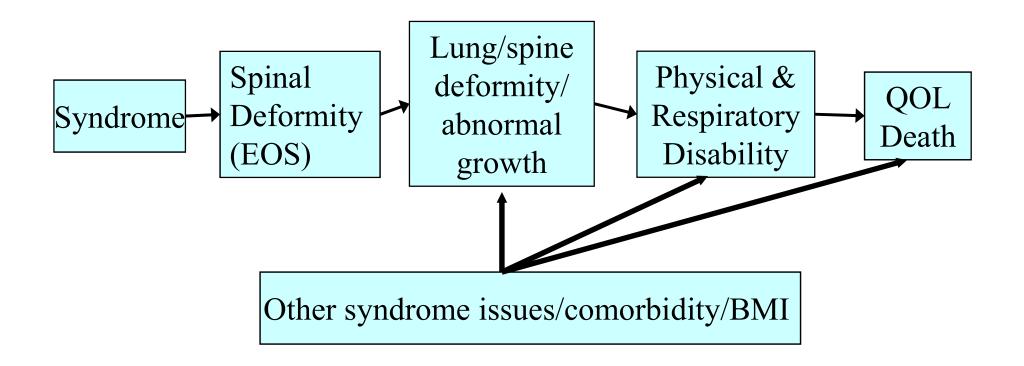




International Classification of Impairment Disabilty and Handiciap; International Classification of Functionning

ICIDH:	Disease –	→ Impairment →	Disability	 Handic ap "Participation"
	"intrinsic pathobgy or discrder"	" any loss or abnormality of psychological, physiological, or anatemic structure or function at the organ level"	" any restriction or lack of ability to perform an activity in the manner or within the range considered normal"	" a disadvantage for a given individual resulting from an impairment or disability, that limits or prevents the ful- filment of a role that is normal"
		~		

Intrinsic Extrinsic Factors



Need to Define Clinical and Anatomic Abnormalities

- Define clinical clusters; eg arthrogryposis or thoracic insufficiency
- Define diseases; eg Jarcho Levin vs spondylcostal dysplasia and spondylothoraic dysplasia

Potential outcome measures

- **<u>Anatomic</u>**: ribs, vertebrae, muscles
- **<u>Chest:</u>** size, shape, compliance
- <u>Radiographic</u>: Cobb, interpedicular line ratio, decompensation, shoulder level, rotation, posterior hemithorax symmetry ratio, sagittal costophrenic depth ratio, spinal penetration index, thoracic height & depth, abdominal lung positioning, space available for lungs
- <u>CT</u>: lung area
- <u>**PFT:</u>** volumes, ABG/saturation, DLCO, assisted ventilation rating</u>
- **<u>QOL</u>**: CHQ-PF50

Treatment May Worsen Prognosis Short or Long Term

- Early complications; infection, neurologic compromise, skin breakdown, death
- Late complications; fusion, chest wall stiffness, instrumentation or fixation failure

What has been published

- Early fusion associated with worse PFTs (Goldberg 2003)
- CT lung volumes related to PFTs; shorter, higher, more rotated curves associated with lower CT volumes, worse R>L (Adam 2007)
- More extensive fusions and more proximal fusions associated with worse PFTs (Karol 2008)

Is it working

- VEPTR for spondylocostal dysplasia in 20 patients stabilized or improved AVR (Ramirez 2010)
- Sternoplasty and rib distraction allowed child with Jeune syndrome to live for >30 months (Conroy 2010)

What do We Need to Do

- Establish minimal and standardized measures: (formal endorsement, consensus process, periodic revision)
- Develop needed measures: e.g. diseasespecific health measure
- Examine inter-relationship of variables
- Establish what's normal

Next Steps

- Cross sectional studies
- Standardization terminology / measurement
- Sharing of innovations / social media

Conclusions

- Exciting time with lots of innovation
- Time to bring some order