

CNTR’s First DoD Research Proposal to be Funded

The Coalition for National Trauma Research (CNTR) begins its first study—an intensive investigation into the causes and mechanisms of U.S. deaths that occur outside of hospital settings—with a recently announced \$4 million Department of Defense grant.

The Multi-Institutional Multidisciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC) will evaluate the causes and pathophysiologic mechanisms of 3,000 pre-hospital deaths occurring in six diverse regions across the country. The aims of the study are to determine the potential for survivability of injury deaths occurring in the pre-hospital environment and to identify opportunities for trauma system improvement.

Brian J. Eastridge, MD, Clinical Professor of Surgery at the UT Health Science Center at San Antonio and a Colonel in the U.S. Army Reserve, is the principal investigator for the MIMIC project along with Ellen MacKenzie, PhD, Johns Hopkins Bloomberg School of Public Health, and Kurt Nolte, MD, past president of the National Association of Medical Examiners (NAME).

During his active duty service, Dr. Eastridge was the Trauma Consultant to the U.S. Army Surgeon General and co-developer and Director of the Joint Trauma System. His work analyzing causes of combat death, published in the Journal of Trauma and Acute Care Surgery in 2012, determined that 25 percent of those casualties had injuries that were potentially survivable. The MIMIC grant enables a comparable analysis of civilian pre-hospital death.

The Coalition for National Trauma Research (CNTR) includes the country’s five leading trauma organizations: the American Association for the Surgery of Trauma, National Trauma Institute, Eastern Association for the Surgery of Trauma, ACS Committee on Trauma and Western Trauma Association.

Visit CoalitionNTR.org for more information, or stop by the CNTR booth in the exhibit area.

AAST DAILY

TODAY’S EVENTS

7:30 am
Session IX –
Acute Care Surgery Papers

10:30 am
Session X – *IOM Report on
Military Civilian Collaboration*

11:45 am
Lunch Sessions

1:00 pm
Session XIa – *Papers 49-59*

1:00 pm
Session XIb – *Papers 60-70*

5:00 pm
AAST Annual Business Meeting

6:30 pm
Annual Banquet / Luau



SESSION VI AAST - PLENARY PAPERS 30-39 By – Jason Smith, MD

The second day of the 75th Annual meeting of the American Association for the Surgery of Trauma was off when Pres. Grace Rozycki and Recorder Dr. David Spain called the session to order. Ten manuscripts were presented encompassing diverse topics such as intestinal lymph exosomes, pelvic fracture management, and education topics re: graduating residents and fellows ability to cover trauma call.

The morning might have been labeled how to manage pelvic fractures in the modern era as both Dr. Clay Cothren Burlew and Todd Costantini presented compelling data about innovative multi-modal management of hemorrhage and then using fracture patterns to identify patients at high risk for hemorrhage. Dr. Burlew discussed the use of preperitoneal packing over 11 years at Denver Health Medical Center. Dr. Burlew noted a reduced mortality in those packed compared to the results of the AAST MCT of angioembolization use in pelvic fractures from last year’s meeting. Dr. Costantini continued the pelvic fracture discussion by presented a prospective observational AAST MCTI study demonstrating that patients with open pelvic fractures, anterior posterior compression, and vertical shear fractures required much higher rates of intervention compared to other types of fractures. Fracture pattern however did not predict mortality.

The ATOMAC group presented the results of a multicenter trial evaluating the non-operative management of blunt liver and spleen injuries in children noting the NOM only fails in 6% of children and that only 3% failed due to their liver or spleen injury. Dr. Maria Linnaus noted future studies will evaluate which patients are more likely to fail NOM and look at the time to NOM failure in pediatric patients.

Later in the morning, Dr. Leslie Kobayashi presented surprising information from the AAST MCTI noting that patients on aspirin had the highest rate of and risk of intracranial hemorrhage following trauma. This was rate was 3 x higher than those treated with newer oral anticoagulants. Raising the question: Do we need to reverse Aspirin?

Overall it was another great morning for science here at the 75th AAST meeting. Great work by all involved!

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Fitts Lecture

presented by Dr. M. Margret Knudson

By - Bill Bromberg, MD

The 42nd annual Fitts lecture entitled “When Peace Breaks Out” was presented by Dr. Knudson this second morning of the 75th annual meeting of the AAST. Dr. Knudson was introduced by Dr. Grace Rozycki highlighting her multi decade career as an academician, surgeon, and research program director and her contributions in her fields of interest including resuscitation, venous thromboembolic disease, and pediatric injury prevention.

The William T. Fitts, Jr., MD lecture honors the 4-decade career of Dr. Fitts and his long association with the AAST. His lifelong interest in the care of the military and civilian trauma patient sparked by his WWII military experience and continuing on into his civilian career was commemorated when this lecture was endowed at the 35th meeting of the AAST.

Starting out with the indescribable events of Sept 11, 2001, Dr. Knudson pointed out the growing similarities in the military and civilian trauma experience and the importance of lessons that military medicine has taught us about the care of severely injured patients. She went on to highlight her concerns that these lessons will be lost in the welcome event of the cessation of hostilities as has historically been the case.

Towards this end Dr. Knudson introduced several programs designed to foster the readiness of civilian systems facing mass casualty events as well as to maintain deployable readiness of the military surgeons in non-hostile positions. These included a new plan for Military Competence and Currency evaluation and maintenance similar to enhanced MOC as well as a proposal for a National Trauma Care System. This system, a military/civilian collaborative, would have the laudable goal of implementing all of the lessons distilled from the tragedy of war to zero preventable post-injury deaths which could save as many as 30,000 lives each year in the United States.

Dr. Knudson ended by enjoining us to do what we can right now which is to:

1. Participate in your local hospital disaster plans
2. Take a disaster course
3. Sign up to volunteer at OGB/ASST
4. Have a go-pack ready
5. Promote the “Stop the Bleed” campaign
6. Become an ATOM/ASSET instructor
7. Support CNTR
8. Welcome military surgical teams for training
9. Recognize that strengthening our partnership with the military strengthens our security worldwide
10. Don't forget to pass along the pizza – support your colleagues in times of stress and effort.

THANK YOU

Thank you to the following who contributed
time and articles for the newsletter:

Michael Rotondo, MD, Chair, Publications and Communications Committee

Eric Kuncir, MD, Daily Newsletter Work Group Chair

Jeannette Capella, MD

Paula Ferrada, MD

Alicia Mohr, MD

Bill Bromberg, MD

Amy Goldberg, MD

Jason Smith, MD

Jamie Coleman, MD

Adil Haider, MD

Robert Winfield, MD

ANZAST/ATS Optional Session

By – Amy Goldberg, MD

The afternoon session of Day two of the AAST brought us two wonderful keynote addresses by Dr. Deborah Stein on “TBI: The latest and greatest” and Dr. Frederick Moore on “The evolving epidemiology of MOF and the emergence of PICS”. Each address was followed by outstanding presentations from our colleagues of the Australian and New Zealand Trauma Societies on those topics.

Dr. Stein discussed the data that exists on Therapeutic Hypothermia for TBI and that it is not living up to its expectations. Data on decompressive craniectomy has not shown a statistically significant survival benefit yet, but more studies are to come. There are exciting TBI trials on the use of Glibenclamide (glyburide). She closed with advice she gives her fellows: “Protect the brain while taking care of the patient” and “Protect the patient while taking care of the brain”.

Dr. Cino Bendinelli then presented a 4 year retrospective bi-institutional trauma registry study looking at prehospital endotracheal intubation (PETI) in patients with severe traumatic brain injury across Australia. Victoria paramedics use rapid sequence intubation drugs while in New South Wales (NSW) paramedics do not have access to these paralytic agents when performing PETI. Successful PETI occurred 85% of the time in the Victorian cohort while only 22% in the NSW group. The higher PETI rate was not reflected in a better mortality or shorter ICU length of stay.



Presenters at Thursday's Optional Session included Daniel McIlroy, MD.

Dr. Moore elaborated on his Master Surgeon Lecture, giving us a history of MOF from the 1970's to the present. He showed mortality rates of patients that had stayed in the ICU greater than 14 days. They appeared similar to cancer mortality rates, which led researchers to myeloid derived suppressor cells and PICS, persistent inflammation immunosuppression and catabolism syndrome (PICS).

Dr. Kate King presented her work on postinjury multiple organ failure. A 10-year prospective inception cohort study performed at John Hunter Hospital. MOF had increased from 17% to 30% over that time period and was more severe as measured by the Denver score and increased ICU LOS. However during these 10 years, patients received less crystalloid and were more likely to survive.

Online CME Is Available Now on WWW.AAST.ORG

AAST has over 100 courses online that are eligible for AMA PRA Category 1 Credits and include a self-assessment component. Courses include Annual Meeting lunch sessions, selection of Quick Shots and pre-sessions from Annual Meetings, Journal of Trauma of Acute Care Surgery, and archived Grand Rounds webinars. There is no charge for AAST members, and non-members are charged a nominal fee. To find out more, go to www.aast.org and click on the Education tab.