



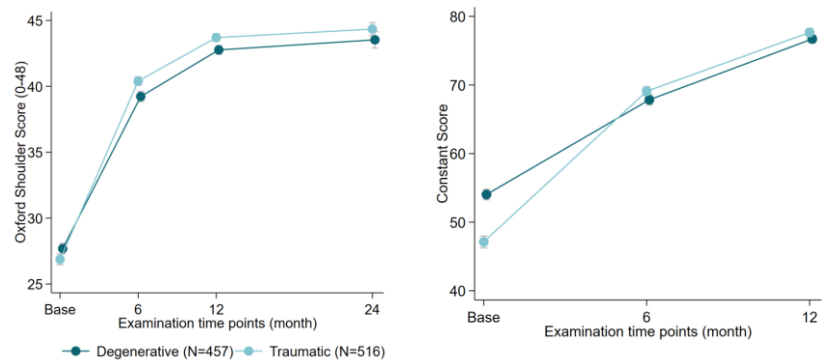
## Surgical safety and effectiveness in orthopedics: Swiss-wide multicenter evaluation and prediction of core outcomes in Arthroscopic Rotator Cuff Repair

### End of 1-year follow-up

After the recruitment of our patients between June 2020 and November 2021, we finished last month the 1-year follow-up for active participants. This is a great achievement to document 89% of 973 ARCRs. We are now cleaning-up the database, addressing all data queries, so that we can perform planned analyses and prepare publications.

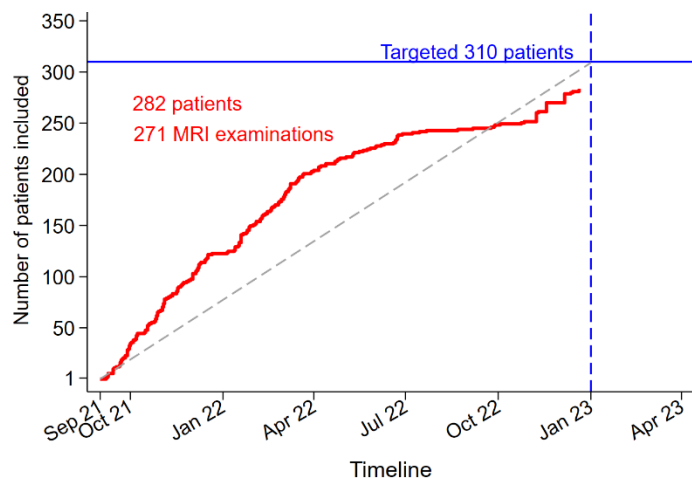
### Selected outcome data

Overall, patients clinical scores (Oxford Shoulder Score and Constant-Score are described below) improved after the surgery.



### Status of MRI study

Recruitment of patients in the MRI study is delayed. This is notably impacted by a high rate of patients declining participation and change in personnel. We have now 9 sites involved (LUG, and recently KSB were added) in order to reach the expected sample size.



### Facts

- 19 clinics
- 143 project staff
- 981 patients operated
- 973 cuff tear repairs
- 99% 6-week follow-up
- 95% at 6 months
- 89% at 12 months
- 68% of 455 at 24 months
- 38 (3.9%) dropout
- 98.6% of 10'556 collected forms have no missing data

### Milestones achieved:

- Prognostic factors for improvement of shoulder function after arthroscopic rotator cuff repair: a systematic review was published in September 2022
- Our website has been online since June 2022 (see <https://arcr-pred.ch> or QR code)



**Our next ARCR\_Pred project meeting will take place  
online with ZOOM on **Monday 6th of March 2023** (16:00-17:00)\* !**

\*A separate meeting for the project scientific board will follow ...



#### Outlook:

1. **Second Delphi Process of Prognostic factors ranking for functional outcomes** [by end of February 2023](#)
2. **Abstracts submission to various international conferences** [by end of March 2023](#)
3. **Description of the ARCR\_Pred cohort for publication in *BMJ Open* Submission Q1 2023**
4. **12-month database locking and preparation for analyses** [by end of March 2023](#)
5. **Implementation and submission of some subprojects according to publication plan** [by end of Spring 2023](#)
6. **Completion of patient recruitment and MRI capture at 12 months (SUVA project)** [by end of Spring 2023](#)
7. **Next Newsletter** [by end of June 2023](#)

#### Recruitment with screening log data

Overall, 1853 patients were screened for eligibility and 880 patients were not included. No differences were observed in terms of age and sex distribution between included and not included patients. However, patients with partial or massive tears were underrepresented in our study sample.

#### Monitoring of Adverse Events (AE)

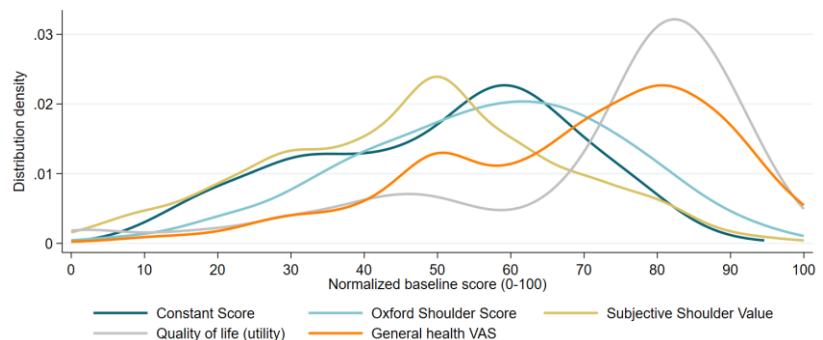
AE require a specific attention in terms of monitoring and follow-up. We created several new data queries in order to monitor specific AEs. These queries need to be resolved before going to the next step: the initiation of the AE surveys. In that phase, starting soon, patients and surgeons will be asked to grade AEs in terms of severity and preventability.

Complication group and type	n	%
At least one post-operative local event	264	27.1
Persisting or worsening pain	96	9.9
Rotator cuff (re-)defect	43	4.4
Peripheral neurological	13	1.3
Deep soft tissue	93	9.6
<i>Capsule (stiffness)*</i>	66	6.8

\* Leading to a change of treatment

#### Status of analysis/reporting

We started the analysis of baseline and outcome data according to our publication strategy. Various topics will be addressed in the coming months increasing in intensity in 2023. Together with a detailed description of our ARCR cohort, we will attempt to identify key characteristics associated with worse baseline scores. Normalized baseline score density plots are presented below.



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**We thank you for the fruitful collaboration  
over the last 2 years, and wish you  
a happy new year 2023 !**



#### Confidentiality Statement:

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