### Use of Therapeutic Area-Specific Real-World Databases in Non-N°RWD32 Interventional Studies to Generate Relevant Evidence: Case of an **Orthopedic Risk Study**

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## **INTRODUCTION**

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This study highlights the potential of clinical databases in advancing orthopedic research and improving patient care. By focusing on rotator cuff tear, a frequent cause of chronic shoulder pain and reduced function, the research uses the Ortho+ specialized clinical database to analyze outcomes following surgical repair. With this comprehensive data management system, the study aims to identify key factors influencing surgical success or failure. The integration of clinical databases like Ortho+ ensures enhanced data accuracy, supports long-term patient tracking, and incorporates specialized clinical indicators. This allows researchers to derive actionable insights for refining treatment protocols and improving patient outcomes. As a use case, this study demonstrates the crucial role of clinical databases in supporting evidence-based healthcare and advancing medical research, particularly in complex orthopedic procedures.

#### Figure 2: Ortho+ through the patient journey

**Demographics** (birth date, gender, ...)

Hospital admission



Medical history, **Contraindications Risk factors** 



Anesthesia

consultation

Scores, Adverse events



Postoperative

consultation

Follow-up



#### **OBJECTIVE**

This study uses the Ortho+ clinical database to assess rotator cuff surgery outcomes, with a focus on identifying factors contributing to surgical failures. By leveraging the detailed data within **Ortho+, the study aims to demonstrate how** specialized clinical databases can be used to improve surgical protocols and enhance patient care.

## **METHOD**

Ortho+ ensured high-quality data by capturing structured and standardized information throughout the patient's clinical journey, from preoperative consultations to longterm follow-up. This robust dataset minimized common Real-World Data (RWD) challenges such as missing or incomplete records across various orthopedic procedures, with significant patient numbers (Figure 1). The following data categories were collected:

• Demographic Data: Age, gender, and other relevant



Medical

consultation

Diagnosis, Preoperative information (Scores, & pathology definition)



Surgery

Medical devices, Surgical techniques, procedure reports



Medical consultations, **Scores evolution** 

Illustration of the patient journey in a hospital captured by Ortho+ software for managing orthopedic surgeries.

Table 1: Data sources comparison				
	SPECIALIZED CLINICAL DATABASE Ortho	REGISTRIES	ELECTRONIC HEALTH RECORDS (EHR)	RANDOMIZED CONTROLLED TRIALS (RCTs)
Population size	+	++	╋╍╋╸╋╸	+
Follow-up	+++	+++	╋╺╋╸╋╸	+
Specificity	+++	+++		+++
Quality	++	+/-	+/-	+++
Cost efficiency	+++	++	+	
Time to access	+++	++	╋╺╋╸╋╸	+
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- personal information.
- Preoperative Clinical Information: Detailed pathology scores, risk factors.
- Surgical Data: Information about the surgical procedure, including the type of surgery (e.g., single versus doublerow repair), the **medical devices** used (anchors), and the surgical technique used.
- **Postoperative Outcomes:** Recovery metrics, including postoperative shoulder mobility, pain (EVA), Constant Score, and postoperative adverse events. Reoperation events were tracked within two years post-surgery.
- Follow-up Data: Long-term follow-up was conducted to assess outcomes such as quality of life and satisfaction scores.

#### **Statistical Analysis:**

The primary outcome was the failure rate of rotator cuff repair, assessed by Kaplan-Meier survival analysis to estimate the time to reintervention. Cox proportionalhazards regression models were used to evaluate risk factors for surgical failure. Secondary analyses focused on identifying preoperative clinical factors that contributed to a higher likelihood of failure and comparing outcomes between different surgical techniques (e.g., single versus double-row repair).

# **RESULTS AND DISCUSSION**

The Ortho+ system provided consistent and comprehensive data entry, tracking the entire patient journey from hospital admission to follow-up (Figure 2). This longitudinal tracking allowed for precise monitoring of patient progress and surgical outcomes, making it particularly valuable for studies on procedures like rotator cuff repair. This use case highlights that patients with rotator cuff tears resulting from work accidents are more likely to require reintervention, suggesting a need for more specialized treatment to enhance their patient journey.

Ortho+ ability to standardize coding (CCAM for procedures, CIM-10 for diagnoses) and automatically generate detailed operative reports significantly enhanced data quality and specificity, ensuring consistency across multiple clinicians and surgical practices.

• 5 200 Spine

surgeries

surgeries

• 10 500 Other

surgeries

Traumatology

• 13 300

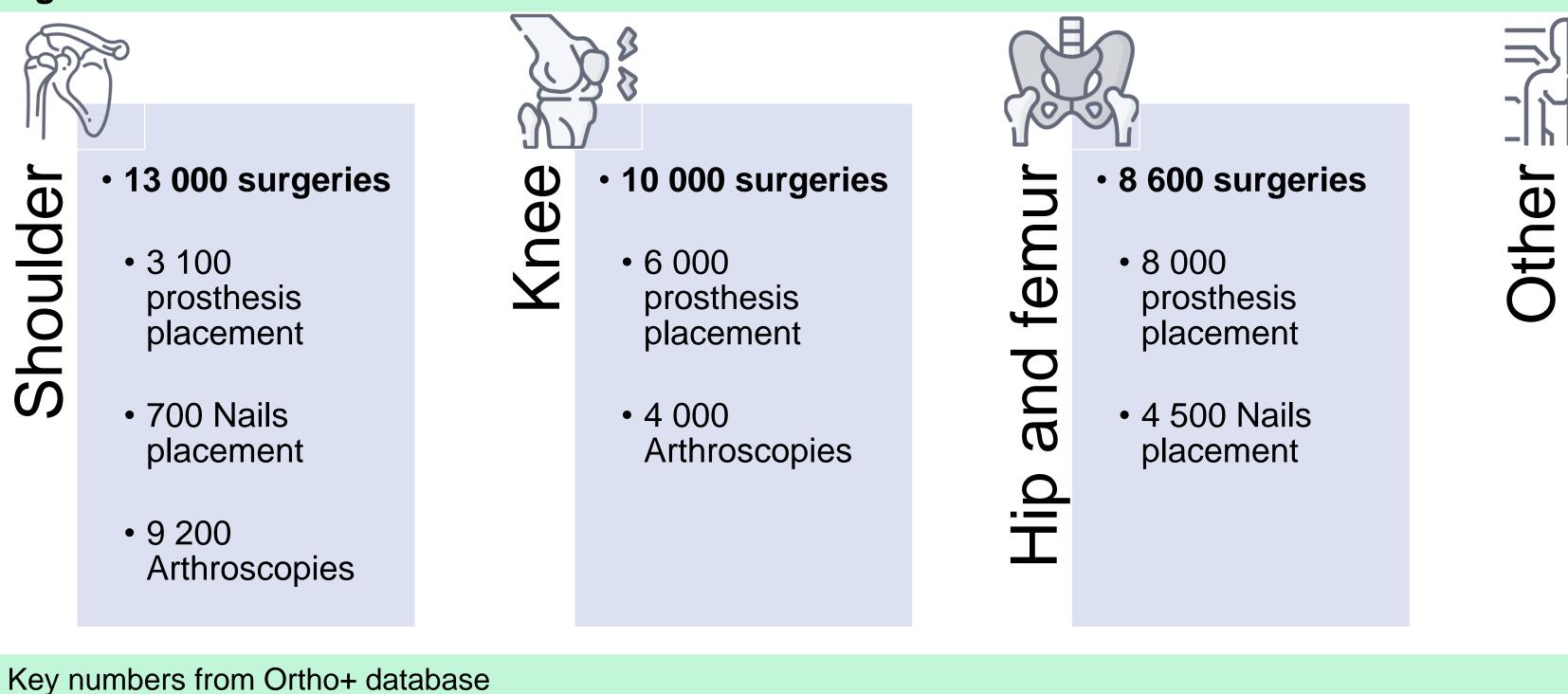
This high level of detail in the dataset allows for more accurate outcome analysis and better decision-making in clinical practice.

In comparison to registries, EHRs, and RCTs (Table 1), Ortho+ demonstrated clear advantages in follow-up consistency, cost efficiency, and speed of data access. The specialized nature of Ortho+'s database for orthopedic surgeries further differentiates it, offering specificity that broader data sources like EHRs often lack. Ortho+ well-structured dataset, enriched with clinical and operative details, provided an excellent foundation for assessing surgical outcomes and exploring potential improvement in clinical decisionmaking in rotator cuff repair.

#### CONCLUSION

Specialized clinical databases provide high-quality, comprehensive data that reflect the realities of

#### **Figure 1: Database overview**



surgeons' work in practice. Their structured format allows in-depth analysis and valuable insights. These databases have great potential to advance research and improve patient outcomes.

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