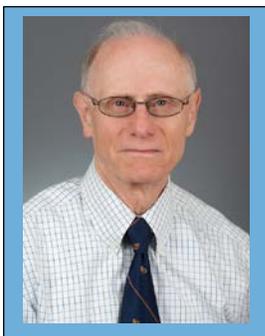




Surgeon Spotlight

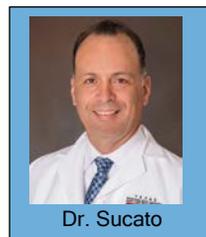
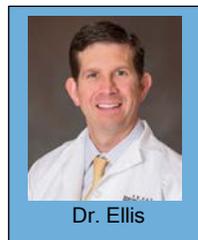
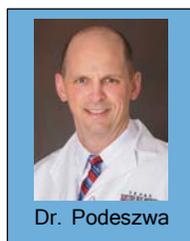
Presidential Guest Speaker at 2018 Pediatric Orthopaedic Society of America (POSNA)

Dr. Michael Millis, one of the founding members of ANCHOR and credited surgeon for our name, is a graduate of Harvard Medical School and the Harvard Combined Orthopaedic Residency Program. Following a fellowship with Professor Heinz Wagner, in Germany, he has pursued a career-long interest in developmental hip conditions and their evolution through adolescence and adulthood, with a particular interest in hip preservation surgery. He was the Founding Director of the Adolescent and Young Adult Hip Unit at Boston Children Hospital and is Professor of Orthopaedic Surgery at Harvard Medical School. Dr. Millis received the Pro Maximis Meritis Award from EPOS in 2017.



ANCHOR Site Spotlight

Texas Scottish Rite Hospital For Children is dedicated to advancing treatment methods, conducting pioneering research and educating health care professionals locally and abroad to serve the commitment of giving children back their childhood. The Texas Scottish Rite Hospital ANCHOR surgeons will host the annual ANCHOR meeting in Dallas on November 18-19, 2018.



Study Spotlight

Under the direction of Dr. John Clohisy and Dr. Jeffrey Nepple, the **ANCHOR Group** will launch a new research project in January 2019 that will focus on the contemporary surgical treatment for Femoroacetabular Impingement (FAI). Washington University School of Medicine will serve as both the Coordinating and Data Management Center for this study.





Highlighted ANCHOR Study: The Journal of Bone and Joint Surgery): Table 1 (below) provides patient characteristics from this important study - <http://dx.doi.org/10.2106/JBJS.15.00798>. Future studies with this cohort will focus on mid-term follow-up and radiographic predictors of clinical outcomes.

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Patient-Reported Outcomes of Periacetabular Osteotomy from the Prospective ANCHOR Cohort Study

John C. Clohisy, MD, Jeffrey Ackerman, MD, Geneva Baca, BA, Jack Baty, MS, Paul E. Beaulé, MD, FRCSC, Young-Jo Kim, MD, PhD, Michael B. Millis, MD, David A. Podeszwa, MD, Perry L. Schoenecker, MD, Rafael J. Sierra, MD, Ernest L. Sink, MD, Daniel J. Sucato, MD, Robert T. Trousdale, MD, and Ira Zaltz, MD, on behalf of the ANCHOR Study Group

Investigation performed at Washington University, St. Louis, Missouri

Background: Current literature describing the periacetabular osteotomy (PAO) is mostly limited to retrospective case series. Larger, prospective cohort studies are needed to provide better clinical evidence regarding this procedure. The goals of the current study were to (1) report minimum 2-year patient-reported outcomes (pain, hip function, activity, overall health, and quality of life), (2) investigate preoperative clinical and disease characteristics as predictors of clinical outcomes, and (3) report the rate of early failures and reoperations in patients undergoing contemporary PAO surgery.

Methods: A large, prospective, multicenter cohort of PAO procedures was established, and outcomes at a minimum of 2 years were analyzed. A total of 391 hips were included for analysis (79% of the patients were female, and the average patient age was 25.4 years). Patient-reported outcomes, conversion to total hip replacement, reoperations, and major complications were documented. Variables with a p value of ≤ 0.10 in the univariate linear regressions were included in the multivariate linear regression. The backward stepwise selection method was used to determine the final risk factors of clinical outcomes.

Results: Clinical outcome analysis demonstrated major clinically important improvements in pain, function, quality of life, overall health, and activity level. Increasing age and a body mass index status of overweight or obese were predictive of improved results for certain outcome metrics. Male sex and mild acetabular dysplasia were predictive of lesser improvements in certain outcome measures. Three (0.8%) of the hips underwent early conversion to total hip arthroplasty, 12 (3%) required reoperation, and 26 (7%) experienced a major complication.

Conclusions: This large, prospective cohort study demonstrated the clinical success of contemporary PAO surgery for the treatment of symptomatic acetabular dysplasia. Patient and disease characteristics demonstrated predictive value that should be considered in surgical decision-making.

Level of Evidence: Therapeutic Level IV. See Instructions for Authors for a complete description of levels of evidence.

TABLE I PAO Cohort Patient Characteristics*

Variable	Summary Statistics
Age at surgery† (yr)	25.4 ± 9.5 (10.2-53.6)
Male‡	83 (21%)
Right hip‡	230 (59%)
Caucasian‡	343 (88%)
BMI† (kg/m ²)	24.9
Normal (<25 kg/m ²)†	224 (57%)
Overweight (25 to <30 kg/m ²)†	113 (29%)
Obese (≥30 kg/m ²)†	54 (14%)
Comorbidities‡	
Depression	50 (13%)
Back pain	89 (23%)
Diabetes	2 (0.5%)
Previous ipsilateral hip surgery†	59 (15%)

*Study cohort of 391 patients (391 hips). †The values are presented as the mean and, for age, the standard deviation with the range in parentheses. ‡The values are presented as the number, with the percentage in parentheses.



ANCHOR GROUP Facts

- At present, 27 orthopaedic surgeons at 15 different institutions make up the ANCHOR Group
- At present, our data repository stores patient reported outcomes from over 3,500 participants
- Our work has been supported, in part, by the Curing Hip Disease Fund, ANCHOR Research Fund, International Hip Dysplasia Institute, Washington University ICTS, an NFL grant, NIH R13, The Hip Society and industry grants (Zimmer Biomet; Smith and Nephew).



ANCHOR is a multicenter clinical research group focused on the investigation of adolescent and young adult hip disorders.

