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December 27, 2016

Dr. John Monson  
Research Committee  
Research Foundation of the American Society of Colon and Rectal Surgeons  
85 West Algonquin Road, Suite 550  
Arlington Heights, IL 60005-4460

Dear Research Foundation:

I write this letter to provide an interim progress report regarding ASCRS Research Foundation General Surgery Resident Research Initiation Grant GSRRIG-031 entitled, "Preoperative Patient Optimization Prior to Colorectal Cancer Surgery." Six months into my dedicated 2-year research period, I am glad to report early progress on my proposed research plan and am excited for the next steps. The following sections highlight important domains of the research effort to date, and I am happy to provide further information on any of the below upon request.

#### **Summary of Research Aims**

**Aim #1** *Identify any difference in outcomes following bundled intervention program participation given a patient's socioeconomic status.*

**Aim #2** *Define the distribution of operative risk using an all-procedure validated risk assessment tool and behavioral screen in a diverse CRC patient population.*

**Aim #3** *Asses the feasibility and demonstrate a clinical benefit of a risk-stratified, bundled perioperative intervention that includes functional prehabilitation and guides to improve the outcomes of CRC surgical patients.*

#### **Progress**

Considerable work has occurred on all three aims. Aim #1 has evolved into two sub-aims. I have completed a study and am currently finalizing a manuscript for submission with faculty mentors that examines surgical disparities in the context of our institution's Enhanced Recovery After Surgery implementation. The second part of this aim will be to continue to monitor surgical disparities as the prehabilitation intervention described in Aim #3 is implemented.

Aim #2 is being pursued as two separate studies each looking at clinical predictors and behavioral predictors of short-term surgical outcomes. A study examining current risk prediction models (e.g., NSQIP) and a cancer diagnosis has been completed with submission currently under review. A more complex study trying to assess patient's behavioral traits (e.g., addiction risk, resilience) and associate them with surgical outcomes is currently pending full-IRB board review with expected data collection to begin in January 2017.

Aim #3 is currently well into the logistical planning phase with an intervention scheduled to begin in June 2017. Originally scheduled for January 2017, the complexity unearthed by the findings of Aims #1 and #2 has complicated how to best roll out an

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intervention that is most clinically appropriate. Rather than rush out a preoperative intervention that does not meet the needs of patients or overwhelms the institution's existing preoperative services, we elected to await preliminary data from Aims #1 and #2 prior to finalizing the intervention required for Aim #3. Intervention design modifications should be completed by March 2017 with an intended start of the intervention in June 2017.

### **Productivity**

We have been very successful with the early work related with this project. Our examination of under-explored populations and bundled interventions has already led to a first-author publication regarding modifications of ERAS for a pediatric surgery population. I will be presenting other Aim #1 work as an oral presentation at the 2017 Academic Surgical Congress that examined the relationship between race, socioeconomic status, and short-term surgical outcomes. A manuscript is currently being revised with my research mentors on these findings. I will also be presenting a QuickShot abstract on the effect of GI cancer on surgical risk prediction (Aim #2) at the same conference. These findings are currently in a manuscript under review with the Journal of American College of Surgeons. Finally, the work of Aim #2 is under consideration by the National Surgical Quality Improvement Program for their annual conference as well.

### Peer-Reviewed Submissions

1. *List all submissions related to the project*

### **Administrative Updates**

An unexpected hurdle for this project's success was the departure of my primary research mentor, Dr. XXXX, for a new career opportunity shortly before the beginning of my dedicated research time. Dr. XXX has continued to be incredibly supportive. She been instrumental in the interpretation of the findings in the two manuscripts under review and continues to help shape the agenda for my overall research plan.

In Dr. XXX's absence, my clinical mentor Dr. XXXX has helped to marshal the institution's research resources to keep my research plan on track. Dr. XXXX, a K-funded surgical oncologist with disparities and decision-making research experience, was a recent faculty hire who has been gracious to offer himself as my primary research mentor immediately following his arrival on campus. An important final addition to my mentorship team has been the role of Dr. XXXX, a well-established R-funded health services research, to provide senior methods support as well.

### **Budget**

Costs have been well-managed to date with the majority of study costs expected to result from the intervention planned for the middle of 2017. Of the \$20,000 total award, approximately \$3,000 is intended for travel and presentation of findings from this work at the Academic Surgical Congress, American Society of Colorectal Surgeons Tripartite Meeting, and National Surgical Quality Improvement Program conference. Another \$4,000 has supported direct research costs. The final funds are currently

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reserved for personnel costs associated with data collection during the intervention phase of Aim #3.

At this time, we intend to apply for competitive renewal for a second year of funding from the ASCRS Research Foundation to continue ongoing personnel and research costs anticipated with the continued preoperative optimization intervention and data collection in the 2017-2018 academic year.

I want to thank the ASCRS Research Foundation again for the opportunity to perform high-quality research with their support. This research plan has helped me provide a real contribution to colorectal-related surgical science as well as continue to develop my personal career path in academic colorectal surgery. Please let me know if there is anything further I can provide to demonstrate the ongoing successful pursuit of this funded research plan.

Sincerely,

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