



*HIP fracture Accelerated surgical care and Treatment trACK*

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# Background

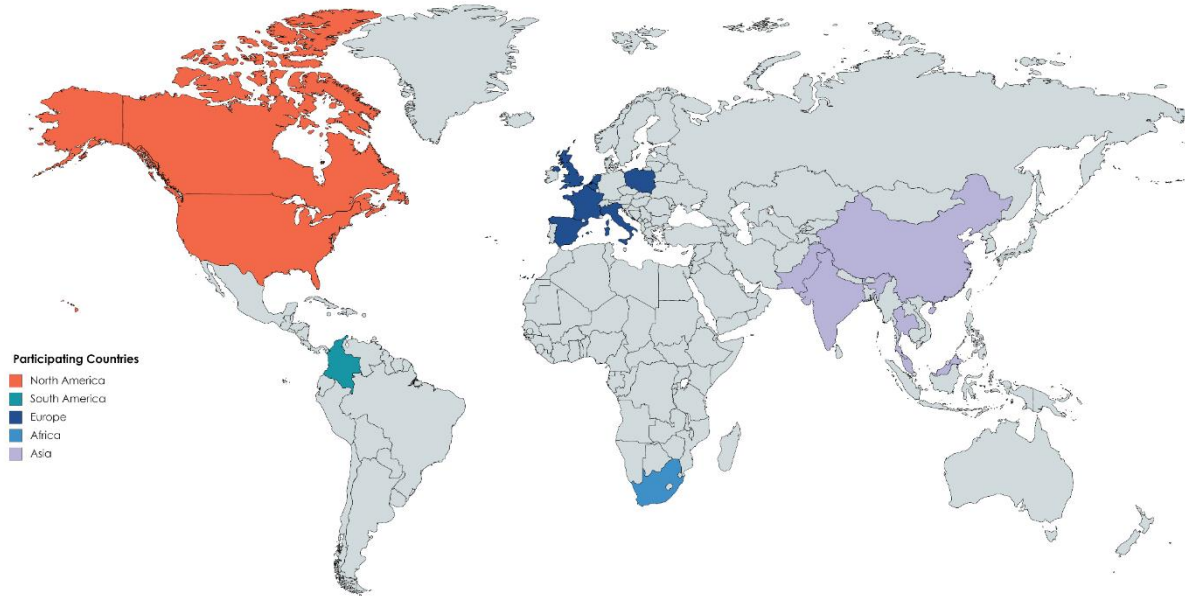


- Over 35,000 Canadians annually suffer from a hip fracture
- 30 day mortality rate for men is 9% and 5% for women
- Economic impact of hip fractures in Canada is > \$1 billion annually
- Survivors are at substantial risk of disability:
  - 11% will become bed ridden
  - 16% will require treatment in a long-term care facility
  - 80% will require the use of a walking aid at 1 year

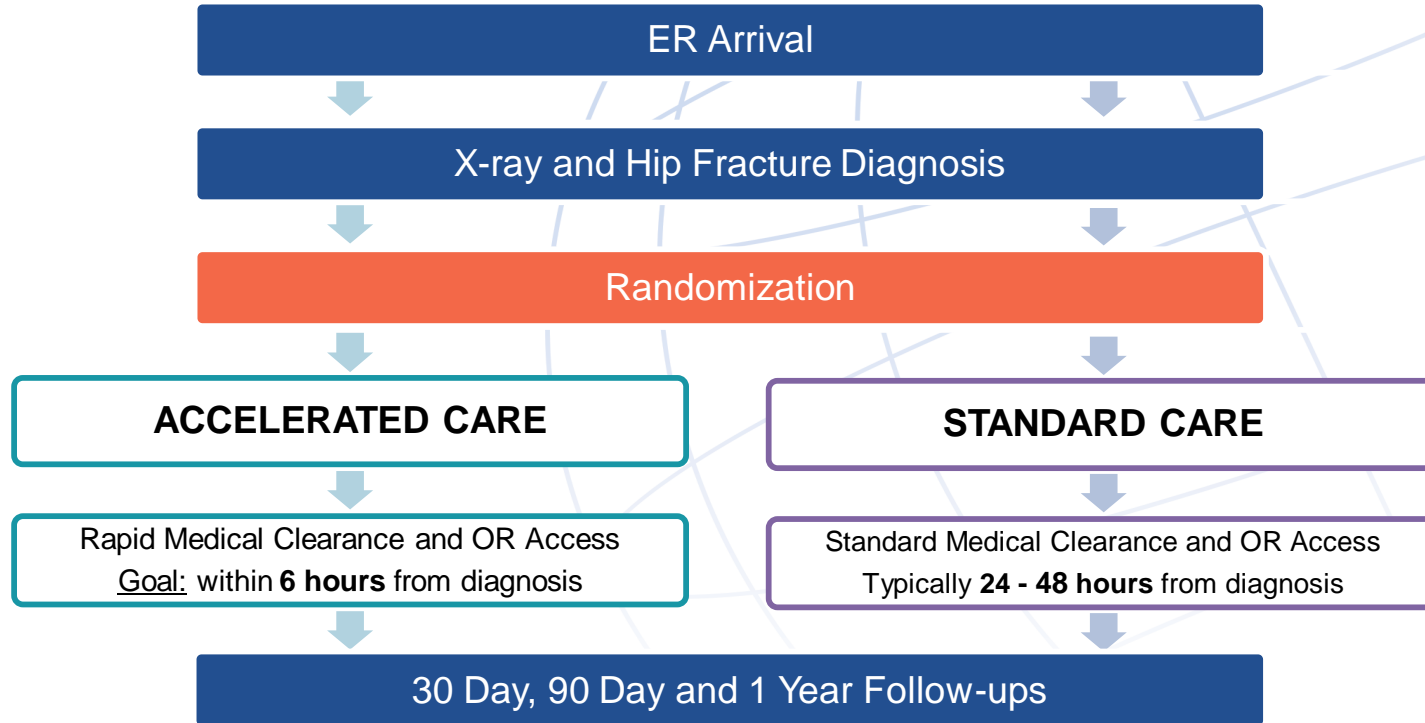


# Trial Design

- Parallel group international RCT
- Sample size: 3,000 patients
  - 69 hospitals in 17 countries



# Intervention



# Patient Population

## Inclusion Criteria

1. Age  $\geq$  45 years
2. Hip fracture from low energy mechanism requiring surgery diagnosed during study hours

## Exclusion Criteria

1. Requiring emergent surgery or intervention(s) for another reason
2. Open hip fracture
3. Periprosthetic fracture
4. Bilateral hip fractures
5. Therapeutic anticoagulation for which there is no reversal method
6. History of HIT and current use of warfarin with INR  $\geq$  1.5
7. Refusal to participate
8. Previous participation in the HIP ATTACK Trial



# Outcomes

## Primary Outcome

- To determine the effect of accelerated medical clearance and surgery compared to standard care on the 90-day risk of the following two co-primary outcomes:
  - 1) all-cause mortality; and
  - 2) major perioperative complications (i.e., a composite of mortality, nonfatal MI, nonfatal PE, nonfatal pneumonia, nonfatal sepsis, nonfatal stroke, nonfatal life-threatening and major bleeding)



# Outcomes

## Secondary and Tertiary Outcomes

- Individual clinical outcomes at 90 days and 1 year
- Functional outcomes (SF-36v2, delirium, new residence in a nursing home, length of hospital, critical care and rehabilitation stays)
- Acute and chronic post-surgical incisional pain
- Mortality and institutionalization status of dependents and non-dependents
- Health economics and quality-adjusted life years



# Follow-up

## Baseline

- Demographics and medical history
- Baseline vitals and laboratory assessments
- Numeric Pain Scale score and SF-36
- Acute or newly diagnosed medical conditions

## Post- rand Days 1-7

- Daily troponin and creatinine measurements
- Dates/times of first mobilization, first stood and first full weight bearing
- Daily Numeric Pain Scale scores
- Daily Confusion Assessments

## Hospital Discharge

- Discharge location
- Events since randomization
- Numeric Pain Scale score at discharge



# Follow-up

30 Day  
Follow-up

- Events since last visit
- FIM<sup>®</sup> Instrument (at select sites)
- SF-36v2
- Pain scores at rest and with walking (if incisional pain reported)

90 Day  
Follow-up

- Events since last visit

1 Year  
Follow-up

- Events since last visit
- FIM<sup>®</sup> Instrument (at select sites)
- Health Survey SF-36v2
- Pain scores at rest and with walking (if incisional pain reported)