Challenges implementing a classification and staging system for cholesteatoma in the US

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Current state

No agreed upon classification and staging system in the US

Few individual institutions use staging systems (Dornhoffer – OOPS for ossiculoplasty)

Makes comparing data difficult
Obstacles

- HIPAA
- IRB
- Complexity of data
- Time
- Consensus
Proposed solutions

Consider using EAONO-JOS Classification/staging system AND IOOG classification of type of tympanoplasty/mastoidectomy surgery
Consider using REDCap
Smart use of Epic or other EMR
IRB obstacles

Consider creating database for quality improvement and not research

If used later for research, can them identify this data set as source

If sharing database, IRB should be involved

*Check the policy at your institution*
HIPAA, 21 CFR part 11, FISMA compliant

Widely available and easy to use

Sharable among institutions

Can export data into excel, STATA, etc

Unable to sync with EMR (maybe soon)

Not available at all institutions
There are endless possible datapoints in chronic ear disease and surgery. Consider starting with database using EAONO-JOS and IOOG classification systems.
EMR solutions

Epic is used at UTSW

Ability to define “discrete” data

This can be identifies and extracted

Example: We use smartphrase with discrete data .hbscale to record facial nerve function

You could have an op note template with discrete data that could be extracted and mirror the REDCap database
Stage of surgery
S1 Primary (first surgery)

Approach
A1 Endoscopic transcanal

Mastoid surgery

M1
- no mastoectomy
- canal wall preserved
- + posterior tympanotomy

M2
- only scutum removed
- scutum + posterio
- superior wall removed
- +whole canal wall removed

M1a+2a
- combination of M1a and M2a
- combination of M3a and M3b

M3a
- subtotal petrosectomy
- otic capsule preserved
- subtotal petrosectomy
- otic capsule removed

M3b

Courtesy of Adrian James, MD
Discussion