

**NEWS FROM THE ATRIAL FIBRILLATION SUB-COMMITTEE**

**SUMMARY OF GROUP PROJECT OR ACTIVITIES – POSTED DECEMBER 2024**

Name of Project or Activity	Description	Project Status
Practice Advisory for Thoracic Surgery Patients	Developing / writing practice advisory for post op atrial fibrillation in thoracic surgery patients	ongoing

**SUMMARY OF GROUP MEETINGS**

Date	Action Items from Meeting
7/11/2024	Full text review in Covidence search
8/5/2024	Full text review in Covidence search
9/5/2024	Full text review in Covidence search

**Summary of Group Project or Activities – Posted June 2024**

Name of Project or Activity	Description	Project Status
Practice advisory manuscript	practice advisory manuscript for post op atrial fibrillation in thoracic surgery patients	ongoing
SCA AM session proposals	Developing ideas	Complete-submitted proposals

**Summary of Group Meetings – Posted June 2024**

Type of Group Meeting	Date	Action Items from Meeting
Zoom call	Monthly meetings: ie 3/7/2024, 1/8/2024, 12/7/2023	Working on abstract screening, full text exclusion, grading texts

**POSTED NOVEMBER 2023**

**Summary of Group Meeting 1: May 6, 2023**

Members Present: Jennie Ngai, Diana Anca, Jeff Olech, Tom Jan, Brett Wakefield, Andrew Nottarini, Shanna Hill, Bruce Bollen -  
Current status: Manuscript draft created from subsections, undergoing review; End note references created; The direction of the manuscript was discussed – either to move forward as practice advisory or as a narrative review; Dr. Popescu, the CPI committee chair (the AF sub-committee parent committee), had advised Dr. Ngai that from her previous interaction with the A&A journal that retrospective references would not be accepted if the manuscript was to be submitted as a practice advisory. If the manuscript was to be submitted as a narrative review, then retrospective references would be accepted; As a practice advisory, the strength of the references matters, whereas the references matters less so in a narrative review. The committee members present decided to proceed to format the manuscript as a practice advisory. The committee decided to use as reference types: practice guidelines, meta-analysis, RCT, and prospective studies; Therefore, the authors of each subsection should try to omit retrospective and review article references. It was also noted upon review of the references used and compared to the list of references included from Covidence, that not all of the references were incorporated into each of the sections for practice guidelines, meta-analysis, RCT, and prospective studies; The main sections of the manuscript (Prophylactic management, treatment, and impact) should try to incorporate these references; Since the SCA journal is A&A, we should submit first to A&A for first acceptance / refusal. Formatting should follow the A&A manuscript guidelines. Next

steps: Likely choose "Advisory" path, which allows for less stringent evidence strength than practice guidelines, but more stringent evidence strength than narrative review; Will likely double submit to A&A and JCVA; Of note, we must include or exclude all articles within a publication type (RCTs, guidelines, meta-analysis etc). We will need each section to be reviewed by authors for: Attempt to remove all review and retrospective study articles; Re-review other publication types to see if appropriate to incorporate into section. utilize all the other article types; Jennie: clarify references needs for A&A, Jennie to reach out to publication advisors/partners, Need volunteers for: creation of graphs and figures, qualifying our recommendations with levels of evidence etc.

### **Summary of Group Meeting 2 Date: 7/6/2023**

Attendees: Samit Ghia, Diana Anca, Wanda Popescu, Tom Jan, Shanna Hill, Andrew Notarianni, Jennie Ngai. Discussed the status of the project and the need to start the search again to capture meta-analysis and randomize control trial. After reviewing manuscript draft sections submitted by the committee members, we realized that multiple studies were not included in the original search results. It was decided to make the practice advisory complete we needed to re-do the search to make it more inclusive. We have set up a meeting with the medical librarians for July 19. We will update the group once we have more information. We hope that the process of reference inclusion / exclusion will be shortened if we are able to include previously screened references. Announcement was made that our next in-person meeting will be at ASA annual meeting, Oct 15, Sunday, 2pm PST

### **POSTED JUNE 2023**

#### **Summary of Group Meeting 1 - Date: January 5, 2023**

We have finished the full text review and now have 134 papers to be extracted. I am sending an email to the librarians about some questions that were raised during today's meeting: what if we find that some of the 134 articles should have been excluded and do we need to include all 134 articles in our citation list. I made up a detailed outline of the sections for our paper. Hopefully this will make it easier for people to focus and write their sections. I have included 2 papers that I thought we could model our paper on, regarding sections / format. We will still aim to have a draft done by April 2023. Please feel free to upload your sections to the file tab in Microsoft teams. Then others can read and get an idea about the direction to go in, and can send edits etc. Another option is Google doc or just emailing it back and forth to your partner and to the group. If you finish your section early, please try to help other people with their sections. I know everyone gets busy and some projects tend to take a back seat. We will keep having our monthly meetings to keep people on track and allow you to ask questions. We have our in-person meeting set up for the SCA in Portland. It will be sat May 6 at 4pm. We will be having 3 new people join our committee in May.

#### **Summary of Group Meeting 2 - Date: March 2, 2023**

First draft of your section should be done April 1. (that's a Saturday) If you can email me your draft by April 3, Monday, I can put them together into 1 document and send to everyone to look it over. We can then discuss and give feedback at the next meeting, Thursday April 6. I would appreciate it if you could send me your section as a simple word document with the references included. If you use end note, I am not familiar with how to put it all together. You can include the references within the text or as numbered references. We have a meeting at the SCA for those that are planning on attending the meeting. I just sent the calendar invite. It will be May 6, Saturday, at 4pm pacific. Attached to this email is the manuscript section outline, with the contributors and the word limit. I also included at the bottom the type of article we have included and the number. Per the librarians, every article that we include must be included in our reference list. They have said that we can still send articles back to the full text review to exclude them if we do not use them. We decided to remove the lower quality articles to full text review, such as the reviews, cases series, and other. We will keep practice guideline, meta analysis, RCT, prospective, and retrospective for now. We should keep in mind that if we decided to keep a type of reference, we need to include all of them. We will need to determine, if we decide to use retrospective, for instance, how many patients / power we should use. I think this may be tricky though. I also found as I was going through the practice guidelines, that some are repeats – the same thing published in multiple journals. If you find repeats, please send it back to full text review.

### **POSTED NOVEMBER 2022**

### **Summary of Group Meeting 1: May 15, 2022**

- We had just completed going through the 2000 abstracts that were returned from the search. Our next task is to review the full texts to determine which are relevant to the project. The full text review is similar to the abstract review, requiring review of 2 committee members to determine acceptance or exclusion. We also discussed what sections / topics should be discussed in our practice advisory. We also discussed which journal(s) should we attempt to publish in.

### **Summary of Group Meeting 2: September 1, 2022**

- We checked in with the group regarding the process of the full text review. We had gone through approximately a third of the approximately 450 full texts that were accepted through the abstract review. We encouraged the continuation of reviewing the full texts, acknowledging that the summer months proved to be a bit slow due to onboarding of new fellows and personal summer vacations. The next step will be to divide the manuscript into sections and begin writing.

### **POSTED JUNE 2022**

#### **Summary of Group Meeting 1:**

- Date: 11/2/2021
- Summary of Discussion: We reviewed to proposed question for the project and search terms for the librarians for the literature search.

#### **Summary of Group Meeting 2:**

- Date: 2/8/2022
- Summary of Discussion: The search results were returned to the group by the librarians, with over 2000 abstracts. Each abstract is to be screened by 2 members of the group to determine acceptance or rejection for further review. Each member is expected to review almost 300 abstracts.

#### **FUTURE PROJECTS**

We are in the beginning stages of our project. The research question is “What are the recommendations for management of perioperative atrial fibrillation in thoracic surgery patients?” We hope to eventually have a manuscript published, either in A&A or JCVA.

### **POSTED OCTOBER 2021**

#### **Requested Board of Directors Approval**

Action / Request 1: To be able to collaborate with the international anesthesiology society liaison / committees, such as EACTA, to work on a practice advisory on perioperative atrial fibrillation treatment algorithm for thoracic surgery patients. Would need to be introduced / connected with someone in the international societies to communicate with them the idea of collaborating on this project, if approved by the SCA Board.

#### **FUTURE PROJECTS**

Would like to have a practice advisory on perioperative atrial fibrillation treatment algorithm for thoracic surgery patients.