

Dear VQI Primary Investigators:

Presenting the best information possible for quality improvement research is a key goal for the Vascular Quality Initiative. To this end, the VQI has established a policy which recommends that Principal Investigators exclude from analyses involving long-term follow-up the data from centers that report 9 month or longer follow-up in fewer than 50% of surviving patients, unless other explicit analytic approaches are undertaken.

We are asking that all Principal Investigators who are currently working on presenting or publishing studies that use VQI data involving long term follow-up take the following three steps:

- 1. Calculate and report the number missing following-up in your study.**
This calculation should take into account patients who are not yet eligible for follow-up (those still within the 18 month window for long term follow-up), and patient patients who might have died, or patients whose procedures were performed within the 18 months prior to the dataset harvest.
- 2. Use all the available VQI data to measure follow-up.**
For example, Principal Investigators can use the matched Medicare claims datasets, where available, to calculate late events such as death or aneurysm rupture. Variables to indicate other late events, such as stroke or amputation, are under development, and the availability of these variables is described in the matched Medicare datasets.
- 3. Censor long-term data from centers with fewer than 50% follow up.**
Unless you will use and describe a method for dealing with missing data such as multiple imputation, comparison between missing and non-missing cohorts, or other methods, we recommend that investigators eliminate data from centers who do not report at least 50% long term follow up (at least 9 months in surviving patients). This will help ensure compliance with best practices for long term follow-up data used in studies submitted to peer reviewed journals.

We appreciate your assistance in optimizing the reporting of long-term follow-up in your publications and presentations.

Please note that this does not apply to studies that focus only on in-hospital data analyses.

Philip Goodney, MD

Chair, SVS PSO Research Advisory Committee