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Bunino RM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004488
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Thromboembolism Prophylaxis (VTEPPx) Timing is Associated with Center Mortality in Traumatic Brain Injury (TBI): A Trauma Quality Improvement Project Retrospective Analysis

Coaston TN et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004469
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ELEVATED CELL-FREE HEMOGLOBIN: A NOVEL EARLY BIOMARKER FOLLOWING TRAUMATIC INJURY

Ross J. T. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004543
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EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ACUTE APPENDICITIS. AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORK GROUP

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AN INTRODUCTION TO PROPENSITY SCORE ANALYSIS IN ACUTE CARE SURGERY RESEARCH: METHODOLOGY AND PITFALLS

AN INTRODUCTION TO PROPENSITY SCORE ANALYSIS IN ACUTE CARE SURGERY RESEARCH: METHODOLOGY AND PITFALLS
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ELEVATED CELL-FREE HEMOGLOBIN: A NOVEL EARLY BIOMARKER FOLLOWING TRAUMATIC INJURY

- Hemolysis releases cell-free hemoglobin (CFH) and heme. Cleared by haptoglobin and hemopexin.
- CFH and heme mediate organ injury in sepsis, but role in Trauma unclear.

Aim: Describe kinetics of hemolysis after trauma.

Findings:

- Cell-free hemoglobin elevated on ED arrival.
- CFH sufficient to deplete haptoglobin with 6h nadir.
- Majority of hemolysis likely endogenous, rather than from transfusion or intervention.

Clinical Significance:

- If hemolysis products mediate organ damage in trauma (as in sepsis), existing drugs may be useful early in Trauma care.

Prospective study of 119 highest level activations. Blood sampling at ED arrival (before transfusion), 6, 12, 24h.

Ross J. T. et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000004543
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ELEVATED CELL-FREE HEMOGLOBIN: A NOVEL EARLY BIOMARKER FOLLOWING TRAUMATIC INJURY
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Genomic Analysis of Surgical Patients to Identify Patients at Risk for Post-operative Sepsis and Surgical Site Infections

Aim: Identify novel genetic variants associated with surgical site infection and post-operative sepsis.

Genetic regions on chromosome 9, 10, and 11 reached statistical significance (p<10⁻⁹).

- Chromosome 9: PGM-5 pseudogene 2 and ZNF1 gene
- Chromosome 10: Lysosyme-like 2 gene
- Chromosome 14: olfactory receptor gene families, OR11 and OR4

Our study reveals potential screening biomarkers for perioperative decision-making.

Potential novel therapeutic targets for minimizing the risk of SSI and POS. The findings from this study should be replicated in isolated cohorts of single surgical procedures.

eMERGE database Total patients: 50,754, Post-operative Sepsis: 9,979; Surgical Site Infections: 2,560
 GWAS Analysis, Logistic Regression

Sillesen M et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000004530
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GENOMIC ANALYSIS OF SURGICAL PATIENTS TO IDENTIFY PATIENTS AT RISK FOR POSTOPERATIVE SEPSIS AND SURGICAL SITE INFECTION
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Early Achievement of Hemostasis Defined by Transfusion Velocity: A Possible Mechanism For Whole Blood Survival Benefit

Achievement of Hemostasis Defined by Nadir Transfusion Velocity

Associated With:

- Lower Mortality
- Blood Transfusion
- Coagulopathy

LTOWB Resuscitation more likely to Achieve Hemostasis

As Prehospital Risk of Mortality Increases-LTOWB Use More Likely to Achieve Hemostasis

Sperry L et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000004507
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EARLY ACHIEVEMENT OF HEMOSTASIS DEFINED BY TRANSFUSION VELOCITY: A POSSIBLE MECHANISM FOR WHOLE BLOOD SURVIVAL BENEFIT
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EMS Level of Training is Associated with Mortality in Trauma Patients: A Combined Prehospital and In Hospital Database Analysis

Hypothesis: Patients transported by Advanced Life Support EMS units would have decreased mortality compared to those transported by Basic Life Support units

Results:

- 60% decreased mortality in matched trauma patients when transported by Advanced Life Support EMS units
- 65% decreased mortality for matched patients > 50 years and those with high-risk mechanisms of injury
- Call for focus on EMS training

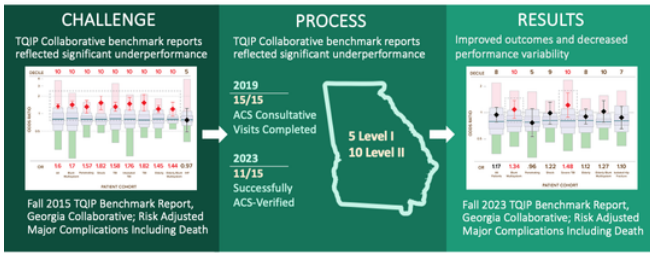
Methods:

- ESO data extraction
- Propensity score matching on prehospital characteristics
- Regression modeling
- Exposure: EMS level of training
- Outcome: Mortality

Harrison L et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000004540
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EMERGENCY MEDICAL SERVICES LEVEL OF TRAINING IS ASSOCIATED WITH MORTALITY IN TRAUMA PATIENTS: A COMBINED PREHOSPITAL AND IN HOSPITAL DATABASE ANALYSIS
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Impact of American College of Surgeons Trauma Verification on Statewide Collaborative Outcomes



Ashley DW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004505

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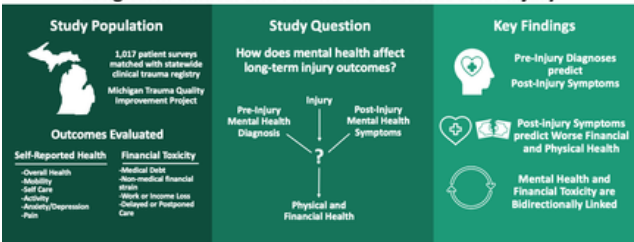
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Association of Pre- and Post-Injury Mental Health with Long Term Clinical and Financial Outcomes after Injury



Johnson PL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004521

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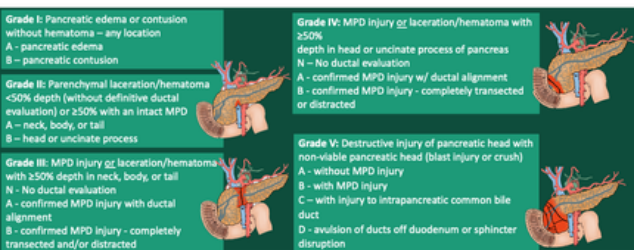
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AAST Pancreas Organ Injury Grading: 2024 Revision



Notrica DM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004524

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Long-term Functional Recovery after Rib Fractures: The Impact of Frailty



Rafaqat W et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004489

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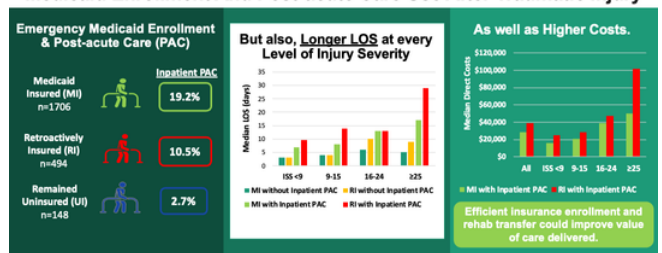
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Awaiting Insurance Coverage: Medicaid Enrollment And Post-acute Care Use After Traumatic Injury



Haddad D. N. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004550

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Automating Excellence: A Breakthrough in Emergency General Surgery Quality Benchmarking



Perkins LA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004532

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Emergency Medicaid Enrollment After Traumatic Injury Predicts Long-term Healthcare Utilization



Kaufman EJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004403

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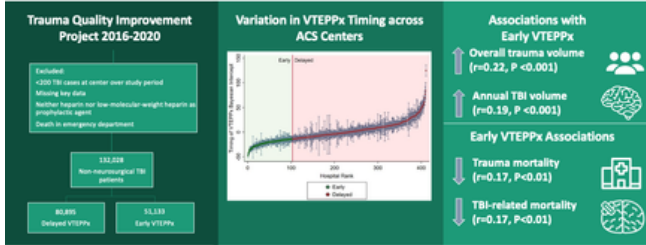
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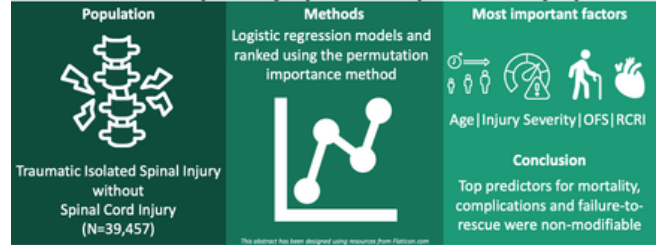


Coaston TN et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004469

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Predicting Morbidity and Mortality After Surgery for Isolated Traumatic Spinal Injury without Spinal Cord Injury



Ismail AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004469

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Does time to operating room affect outcomes after pediatric blunt hollow viscus injury? A TQIP analysis

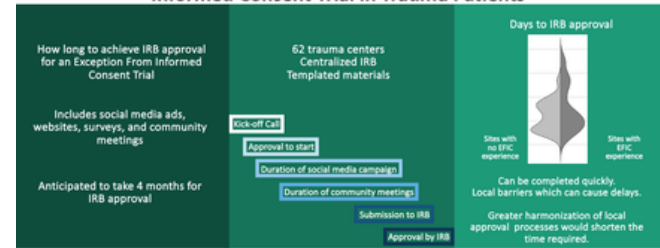


Johnston, et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004468

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Analysis of Time to Regulatory Approval in an Exception From Informed Consent Trial in Trauma Patients



Stephens SW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004465

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ANALYSIS OF TIME TO REGULATORY APPROVAL IN AN EXCEPTION FROM INFORMED CONSENT TRIAL IN TRAUMA PATIENTS
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Immediate Post-injury Extracorporeal CO₂ Removal Reduces Ventilator Requirements and Mitigates ARDS in Swine

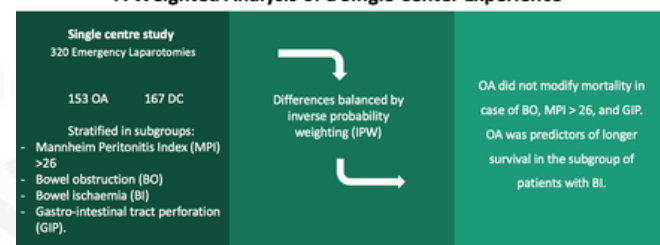


Batchinsky A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004486

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Open Abdomen Versus Primary Closure in Non-Trauma Patients: A Weighted Analysis of a Single Center Experience



Bunino RM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004488

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OPEN ABDOMEN VERSUS PRIMARY CLOSURE IN NONTRAUMA PATIENTS: A WEIGHTED ANALYSIS OF A SINGLE-CENTER EXPERIENCE
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LETTER RE: "TIMING OF VENOUS THROMBOEMBOLISM PROPHYLAXIS INITIATION AND COMPLICATIONS IN POLYTRAUMA PATIENTS WITH HIGH-RISK BLEEDING ORTHOPEDIC INTERVENTIONS: A NATIONWIDE ANALYSIS"

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PATIENTS WITH THORACIC
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