SVS TOS Reporting Standards:
Highlights and What’s New?

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TOS Reporting Standards:
DISCLOSURES

• Royalties from “Thoracic Outlet Syndrome” (Springer, 2013)
  – Dinner with my wife once a year

• None other

TOS Reporting Standards:
WHAT’S THE NEED?

• TOS (mostly neurogenic) suffers from inconsistent terminology, no agreement on diagnostic criteria, and inconsistent outcomes reporting.
• As a result, we’re not even sure we’re talking about the same thing. Very poor data.

TOS Reporting Standards:
SVS “STANDARDS” PROCESS

• Reporting standards: What should be included in a scholarly report (including definitions)
• Practice Standards: What constitutes best (or at least accepted) practice

TOS Reporting Standards:
BACKGROUND

• A group of interested people petitioned the SVS to write this document
• Committee formed in 2013
• Final document went through two cycles of peer review – 85 (!) comments addressed
• Submitted to JVS as approved by publications committee, theoretically in press

TOS Reporting Standards:
THREE OBJECTIVES:

• Standardize terminology
• Standardize diagnosis
• Standardize reporting requirements
TOS Reporting Standards:

**FIRST: TERMINOLOGY**

- NTOS, VTOS, ATOS
- PMS
- Eliminate some older (some pejorative) terms

**SECOND: DIAGNOSIS (NTOS)**

- Three of the following 4 criteria should be met:
  1. **LOCAL**: Pain, tenderness at scalene triangle, radiation nearby (neck, chest, shoulder, head)
  2. **DISTAL**: Signs and symptoms of nerve compression proximally, worse with things that narrow the outlet (arms overhead, EAST) and/or stretch the plexus (dangling, driving, ULTT)

- **PHYSICIAN** ranks his or her SUSPICION as low, medium, or high
- **PATIENT** ranks his or her SEVERITY as low, medium, or high

Thus two strategies for test injection:

1. Inject everyone, or
2. Reserve injection for situations in which the physician’s suspicion is moderate (implying only two of the first three criteria are met)

Arterial TOS is strictly defined as objective evidence of damage to the artery.

- Most “ATOS” is probably NTOS
- Some patients may exist with true upper extremity intermittent ischemia – poorly characterized at present
**TOS Reporting Standards:**

**THIRD: REPORTING STANDARDS**

- Extensively delineated in document
- Datasheets supplied (exhaustive)
- NTOS: Recommend CBSQ, QuickDASH
- All: Recommend disability scale (0-10)

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**TOS Reporting Standards:**

**SO WHAT’S NEW?**

- Terminology and definitions should now be the same for all
- As a result, data gathered by different people can better be compared

- Look for this in JVS