Analysis Plan

Study title:

Safe and sustainable balanced anaesthesia – identifying potentials in daily clinical routine (SAFE-SUSTAIN)

Version:

V1.0 based on protocol version V1.5 06.05.2024

Protocol version:

V1.5 06.05.2024

Software

R version 4.4.1 (2024-06-14) -- "Race for Your Life" or later

Platform: x86 64-w64-mingw32/x64 (64-bit)

Packages used: ggplot2 version 3.3.6. or higher

Database

Microsoft Excel 2016

Study design

Prospective, multi-centre observational study. (See Protocol section 4.1.)

Study objectives

- 1. to determine sevoflurane consumption during anaesthesia induction and to identify modifiable factors of influence.
- 2. to investigate the safety of applied FGF settings by assessing narcotic depth and hemodynamic stability.
- 3. to compare different ways of sevoflurane consumption measurements (vaporizer weight as gold standard vs. sevoflurane consumption displayed by Draeger® anaesthesia machine vs. sevoflurane consumption calculated by a widely-used formula vs. sevoflurane consumption calculated by the simulation software GasMan®).
- 4. to compare the gathered real-world data to a simulated anaesthesia induction (software GasMan®) with optimized FGF and vaporizer settings in order to develop a safe low flow algorithm with minimized sevoflurane consumption and maintained narcotic depth.

The current document describes the analysis plan for the first two objectives.

Primary endpoint

Sevoflurane consumption in ml during induction measured as cumulative amount in the first 7 minutes after opening of vaporizer. It is measured as the difference in the vaporizer weight before and after use.

Secondary endpoints

The following are secondary outcomes of interest:

- Sevoflurane consumption in ml during maintenance (cumulative amount after induction)
- Ventilation settings:
 - o Fresh gas flow (FGF) (amount in I/min and duration)
 - Sevoflurane vaporizer setting (%)
 - Fraction of inspiratory oxygen (FiO2)
- End-tidal sevoflurane concentration
- Age-related minimal alveolar concentration (shown as xMAC in Dräger menu or calculated using the following equation: xMAC = MAC40 * 10 ^ (-0.00269 * (age 40)) ¹)
- Ventilation complications
 - o Laryngospasm, bronchospasm
- Neuromonitoring (PSI, Narcotrend Index or BIS)
- Need for additional propofol bolus
- Hemodynamic stability:
 - o episode and time of mean arterial blood pressure (MAP) < 65mmHg
 - need for vasopressors
 - o episode and time of bradycardia (defined as <45 bpm)
 - o episode and time of tachycardia (defined as >100 bpm)

Study Flow

See Protocol section 4.7

Study Population

The full analysis set includes all cases from whom any of the outcome data has been recorded. Analyses of outcome data and patient characteristics will be performed on this set.

Target variables

Data type and unit of recorded variables are tabulated in table 1 and table 2.

Variable(s) code	Description	Data type	Unit	Response set
Patienten-ID	Patient identifier	nominal		character
Zentrumsnummer	Site identifier	nominal		1; 2; 3
Surgery- Specialty_neu	Surgical specialty	nominal		General; Gynaecology; Neurosurgery; Orthopaedic; Trauma; Urology; Other
Classification_neu	Surgical classification following "the Johns Hopkins Medical Institutions"	nominal		I; II; III; IV; V
Approach_neu	Surgical approach	nominal		DaVinci; Laparoscopic
Sex_neu	Patient's sex	nominal		female; male

ASA_Score_neu	American Society of Anesthesiologists score	nominal I; II		I; II
Age_neu	Patient's age	ratio	years	positive integer
Height [cm]_neu	Patient's height	ratio	cm	positive integer
Weight [kg]_neu	Patient's weight	ratio	kg	positive integer
BMI_neu	Body mass index	ratio	kg/m2	positive real
MAC: 0min neu	xMAC values from 0	ratio	%	positive real
through MAC:	min to 7 min			
7min_neu				
BPM: before_neu	Beats per minute	ratio	per minutes	positive integer
and BPM:				
0min_neu				
through BPM:				
7min_neu	A 1:			
MAP: before_neu and MAP:	Median arterial	ratio	mmHg	positive integer
Omin_neu	pressure			
through MAP:				
7min neu				
Propofol?_neu	Additional propofol	nominal		ja
	within first 7 minutes			
Total [mg]_neu	Propofol dose within	ratio	mg	positive integer
5.2	first 7 minutes			
BIS-Index:	BIS Index at 7 min	ratio		positive integer
7min_neu				
Narcotrend:	Narcotrend Index at 7	ratio		positive integer
7min_neu	min			
PSI: 7min_neu	PSI Index at 7 min	ratio		positive integer
Tubes_neu	Breathing circuit	nominal		Dahlhausen;
				Intersurgical;
				VentStar 1.8m;
Substance nou 2	Onioid	nominal		VentStar 2.8m Sufentanil;
Substance_neu3	Opioid	nominai		Remifentanyl
Dose [μg]_neu	Opioid dose	ratio µg		positive real
Substance_neu5	Opioid – perfusor	nominal	μg	Remifentanyl
0	Opioid periusor	110111111ai		Kemmentanyi
Perfusor_Total	Opioid dose	ratio	μg	positive real
[μg] neu54				
Substance_neu1	Opioid – pre	nominal		Sufentanil
06	intubation			
Dose	Opioid dose	ratio	μg	positive real
[μg]_neu110				
Substance_neu2	Opioid – pre-vapor-	nominal		Sufentanil;
22	opening			Remifentanyl
Dose	Opioid dose ratio µg positive		positive real	
[µg]_neu226				<u> </u>
Substance_neu2	Opioid – pre-vapor-	nominal		Remifentanyl
38 opening in perfusor				

Г	T	1 .	ı	T	
Perfusor_Total [μg]_neu242	Opioid dose	ratio	μg	positive real	
	Lhunnatia	nominal		Dranafal	
Substance_neu6 2	Hypnotic	nominal		Propofol	
Dose	Hypnotic dose	ratio	mg	positive integer	
[mg]_neu66					
Substance1_neu	Hypnotic – pre intubation	·		Propofol	
Dose1 [mg]_neu	Hypnotic dose	ratio	mg	positive integer	
Substance_neu2	Hypnotic – pre-vapor-	nominal		Propofol	
02	opening				
Dose			positive integer		
[mg]_neu206	Tryphotic dosc	Tatio	1118	positive integer	
vasopressor prä-	Vasopressor pre	nominal		ja	
intubation?_neu	intubation	Hominai		Ja	
		n a main a l		:-	
vasopressor prä-	Vasopressor pre-	nominal		ja	
Vapor-	vapor-opening				
Opening?_neu					
Vapor 1 Opening-	Time at vaporizer 1	Time	h:m:s	0-23:0-59:0-59	
Time_neu	opening				
Vaporswitch-	Time at vaporizer	Time	h:m:s	0-23:0-59:0-59	
Time_neu	switch				
Vapor 2 Closing-	Time at vaporizer 2	Time	h:m:s	0-23:0-59:0-59	
Time_neu	closing				
Duration	Time from intubation	Time	h:m:s	0-23:0-59:0-59	
Intubation-	to extubation				
Extubation					
[h:mm:ss]_neu					
Bolus_Total	Opioid dose in first 7	ratio	μg	positive real	
[μg]_neu	minutes				
Bolus?_neu	Opioid - bolus in first 7 minutes	nominal ja		ja	
Perfusor_Total	Opioid dose in first 7	t 7 ratio μg posit		positive real	
_ [μg]_neu	minutes			•	
Perfusor?_neu	Opioid –perfusor in	nominal		ja	
_	first 7 minutes				
Substance_neu	Vasopressor –perfusor within first 7 minutes	nominal		Noradrenalin	
Perfusor_Total	Vasopressor dose -	ratio	μg	positive real	
[μg]_neu	perfusor within first 7	Tatio	μБ	positive real	
[μβ]_πεα	minutes				
Substance1_neu	Vasopressor – bolus	nominal		Akrinor;	
Jubstance1_ned	within first 7 minutes	Tioriiriai		Noradrenalin	
Bolus1_Total	Vasopressor dose –	ratio	μσ	positive real	
[μg]_neu	bolus within first 7	Tatio	μg	positive real	
[μg]_iicu	minutes				
Substance?		nominal		Alerinan	
Substance2_neu	Vasopressor – bolus	nominal		Akrinor	
Doluga Total	within first 7 minutes	ratic	115	nocitive re-l	
Bolus2_Total	Vasopressor dose –	ratio	μg	positive real	
[µg]_neu	bolus within first 7				
	minutes				

Sev_Weight_Indu	Sevoflurane	ratio	ml	positive real
ction [ml]_neu	consumption during			
	induction based on			
	vaporizer weight			
Sev_Weight_Main	Sevoflurane	ratio	ml	positive real
tenance [ml]_neu	consumption during			
	maintenance based			
	on vaporizer weight			

Table 1: Data types of data recorded in CRF. (Data type indicates expected data type)

Variable	Description	Data type	Unit	Response set
Time	Time of setting	Time	h:m:s	0-23:0-59:0-59
	or			
	measurement			
Date/Time	Date and time	Date/time	YYYY-	[0000-9999]-[01-12]-[01-31] 0-23:0-59:0-59
	of setting or		mm-	
	measurement		dd	
			h:m:s	
Label	Type of	nominal		Vaporizer setting; FG flow
	recorded data			
Current	Vaporizer	ratio	L/min	non-negative real
value	setting or FG		or %	
	value			
FiO2	Fraction of	ratio	%	positive integer
	inspiratory			
	oxygen			
etSev	Endtidal	ratio	%	non-negative real
	sevoflurane			
	concentration			

Table 2: Data type of data recorded by and exported from the anaesthetic machine (files 1-002_Excel.xlsx through 3-096_Excel.xlsx). (Data type indicates expected data type)

Data handling

Data will be merged into a one-row per patient table.

Data validation

All patient records will be double-checked by trained study staff for data entry errors.

Data transformations

The following derived variables will be created using syntax in file clean.R.

```
Vasopressor_ja_nein = Substance_neu!="n.a" | Substance1_neu!="n.a" | Substance2_neu!="n.a"
```

Remifentanyl = Dose [μ g]_neu + Perfusor_Total [μ g]_neu...54 + Perfusor_Total [μ g]_neu...242 if Substance_neu...34 == "Remifentanyl", Substance_neu...50 == "Remifentanyl", Substance_neu...238 == "Remifentanyl"

```
Sufentanil = Dose [\mug]_neu + Dose [\mug]_neu...110 if Substance_neu...34 == "Sufentanil" , Substance_neu...106 == "Sufentanil"
```

```
Remifentanyl_yes = TRUE if Substance_neu...34=="Remifentanyl" |
Substance_neu...50=="Remifentanyl" | Substance_neu...106=="Remifentanyl" |
Substance_neu...222=="Remifentanyl" | Substance_neu...238=="Remifentanyl"

Sufentanil_yes = TRUE if Substance_neu...34=="Sufentanil" | Substance_neu...50=="Sufentanil" |
Substance_neu...106=="Sufentanil" | Substance_neu...222=="Sufentanil" |
Substance_neu...238=="Sufentanil"

Propofol_mg = Dose [mg]_neu...66 + Dose1 [mg]_neu + Dose [mg]_neu...206

Propofol_total = Propofol_mg + Total [mg]_neu

Remifentanyl_total = Remifentanyl + Perfusor_Total [µg]_neu

Sufentanil_total = Sufentanyl + Bolus_Total [µg]_neu
```

Mean vaporizer setting for each patient will be calculated and stored in variable *vapor_mean* from the *current_value* for *label="Vaporizer setting"* using syntax in file Transform vapor setting.R.

Mean FGF for each patient will be calculated and stored in variable *meanFGF* from *current_value* for *label=*"FG flow" using syntax in file Tranform_FG_flow.R.

Mean FiO2 and mean etSev for each patient will be calculated and stored in variables *meanFiO2* and *meanetSev* using syntax in file Transform FiO2 etSev.R.

Descriptive Statistics

Descriptive statistics of continuous characteristics will be tabulated using number of observations, mean, standard deviation, minimum, maximum, and quartiles. Categorical variables will be described using number of observations and frequencies. Variables will also be tabulated by centers. Other visualization methods will also be considered.

Sevoflurane consumption during induction

Descriptive statistics of the primary endpoint sevoflurane consumption will be performed by age, weight, mean MAP, mean MAC, mean FGF, total propofol, and mean vaporizer setting. For graphical presentation scatter plots or similar graphical techniques will be used.

Secondary outcome variables

All secondary outcome variables will be analysed using descriptive methods as described in section Descriptive Statistics.

Models

Linear regression models will be used to model sevoflurane consumption during induction. The following variables will be considered in univariable and multivariable models: centre (categorical), weight (continuous), age (continuous), propofol (continuous), mean MAP in first 7 minutes (continuous), vasopressor use during induction (categorical; yes/no), mean MAC in first 7 minutes (continuous), mean FGF in first 7 minutes (continuous), mean vaporizer setting in first 7 minutes (continuous), volume of breathing circuit (categorical), dosage of remifentanil (continuous), and dosage of sufentanil (continuous). Predictor levels occurring less than 1% in the dataset will not be

used. In multivariable models we will include interactions between centre and remifentanil and sufentanil dosage.

The model assumptions and model fit will be checked using graphical methods and the multivariable model will be adapted using transformation of variables, including non-linear terms and using generalized linear models.

Missing data

Frequency of missing data will be tabulated.

Other analyses

Analyses of other predefined secondary endpoints, such as economic efficiency, sustainability, and comparison of different sevoflurane consumption measurements as well as comparison of real-world data to simulated anaesthesia induction are described elsewhere.

Future analyses

Additional analyses of the collected data may be planned in the future. All analyses planned and carried out after finalizing data collection will be distinguished from the pre-planned analyses.

Literature

1. Nickalls R W, Mapleson W W. Age-related iso-MAC charts for isoflurane, sevoflurane and desflurane in man. *Br J Anaesth* 2003; **91**: 170-174.