



# MAYO CLINIC PROCEEDINGS

## Innovations, Quality & Outcomes

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June 2019 Volume 3 Number 2

The September issue of *MCP:IQO* will be available by Friday, August 23.  
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- 103** **Extreme Physical Activity May Increase Coronary Calcification, But Fitness Still Prevails**  
*Carl J. Lavie, Harvey F. Hecht, and Ulrik Wisloff*

### Original Articles

- 106** **Well-Being Champion Impact on Employee Engagement, Staff Satisfaction, and Employee Well-Being**  
*Kaisa C. Wieneke, Jason S. Egginton, Sarah M. Jenkins, Gretl C. Kruse, Francisco Lopez-Jimenez, Michelle M. Mungo, Beth A. Riley, and Paul J. Limburg*  
The results of a survey completed by Mayo Clinic employees indicate that having a work unit well-being champion, coupled with an organizational commitment to employee well-being, is associated with better employee engagement, satisfaction, and perception of personal well-being, as well as a more favorable perception of the organization, strongly supporting the multi-level benefits of a robust well-being champions program.
- 116** **Assessment of Coronary Atherosclerosis Using Calcium Scores in Short- and Long-Distance Runners**  
*Omar Jafar, Jason Friedman, Ian Bogdanowicz, Aamir Muneer, Paul D. Thompson, Julie Ling, Anthony Messina, Michael Yen, Dorothy Wakefield, Pranav Varanasi, and Kamran Haleem*
- An analysis of 56 runners revealed a significantly higher rate of coronary artery calcification in long-term marathon, ultramarathon, and extreme runners when compared to sub-marathon runners. The marathoners and ultramarathoners also demonstrated a higher incidence of calcification, as well as a higher average plaque burden when compared to a standard database, and above-average calcium scores when compared to a national data base.
- 122** **Cardiorespiratory Fitness and Coronary Artery Calcification in a Primary Prevention Population**  
*Cindy A. Kermott, Darrell R. Schroeder, Stephen L. Kopecky, and Thomas R. Behrenbeck*  
In a retrospective cross-sectional observation study involving working middle-aged men from the Mayo Clinic Executive Health Program, results showed that, for men, maximal cardiorespiratory fitness (CRF) is associated with higher levels of atherosclerosis, established by coronary artery calcium (CAC) imaging with cardiac computed tomography, as compared to average-to-moderate CRF, which was associated with the least CAC burden and thus may be the most cardioprotective.

Continued

- 131 Risk of Statin-Induced Hypertransaminasemia: A Systematic Review and Meta-Analysis of Randomized Controlled Trials**  
*Rosanna Villani, Eliano Pio Navarese, Francesco Cavallone, Jacek Kubica, Francesco Bellanti, Antonio Facciorusso, Gianluigi Vendemiale, and Gaetano Serviddio* 
- This systematic review of randomized clinical trials comparing statins versus placebo concludes that a dose-dependent risk of developing hypertransaminasemia occurs in patients taking atorvastatin, rosuvastatin and lovastatin; at high doses, these statins yielded higher risk of liver function test abnormalities.
- 141 Predictive Factors for Achieving the Recommended AUA Daily Urine Production in Patients With Nephrolithiasis**  
*Kimberly Tay, Anojan Navaratnam, Sean McAdams, Mira Keddis, Matthew Neville, and Mitchell R. Humphreys*
- This retrospective chart review found that predictive factors for urine volume  $\geq 2.5\text{L/d}$  include increased fluid intake, higher salt and animal protein diet, elevated BMI and male gender. Nephrolithiasis patients with these factors may require other interventions or recommendations besides just increased fluid intake, while patients without the positive predictive factors may benefit from simply more intensive fluid intake interventions to achieve 2.5L/d urine production.
- 149 Bacterial Cholangitis in Autosomal Dominant Polycystic Kidney and Liver Disease**  
*William P. Martin, Lisa E. Vaughan, Kotaro Yoshida, Naoki Takahashi, Marie E. Edwards, Andrew Metzger, Sarah R. Senum, Tetyana V. Masyuk, Nicholas F. LaRusso, Matthew D. Griffin, Ziad El-Zoghby, Peter C. Harris, Walter K. Kremers, David M. Nagorney, Patrick S. Kamath, Vicente E. Torres, and Marie C. Hogan* 
- Results of a nested case-control study of presentation and management of cholangitis in the polycystic liver disease population (PLD) and of risk factors for cholangitis in patients with autosomal dominant polycystic kidney disease (ADPKD) show that gallstones, prior cholecystectomy, duodenal diverticulosis, type 2 diabetes mellitus, prior endoscopic retrograde cholangiopancreatography, and prior kidney transplantation constituted risk factors for cholangitis amongst patients with ADPKD-associated PLD.
- 160 Acute Pancreatitis in Advanced Chronic Kidney Disease and Kidney Transplant Recipients: Results of a US Nationwide Analysis**  
*Paul T. Kroner, Karl Mareth, Massimo Raimondo, David D. Lee, Ali Alsaad, Nabeel Aslam, Peter Abader, and Hani M. Wadei*
- Based on patient data from the Nationwide Inpatient Sample database, this study highlights that despite overall comparable risk of acute pancreatitis (AP) between the general and the advanced chronic kidney disease populations, patients with end stage renal disease have high mortality and morbidity, as well as significant burden on the healthcare system if they develop AP.
- 169 Respiratory Depression Following Ambulatory Urogynecologic Procedures: A Retrospective Analysis**  
*Bhargavi Gali, Sarah R. Gritzner, Amy J. Henderson, Mary E. Warner, Sinokuthaba L. Sibanda, Juraj Sprung, and Toby N. Weingarten* 
- Health records of adults patients undergoing urogynecologic procedures at an ambulatory surgical center demonstrated that postanesthesia respiratory depression after ambulatory urogynecologic procedures delays anesthesia recovery, but is not associated with later complications.
- 176 Physician-Reported Experience and Understanding of Adverse Event Attribution in Cancer Clinical Trials**  
*Jennifer G. Le-Rademacher, Elizabeth M. Storrick, Aminah Jatoi, and Sumithra J. Mandrekar* 
- The results of an electronic survey conducted among medical oncologists, hematologists, and cancer prevention specialists suggest that very few clinical trialists received any formal training in adverse event attribution, even though most identified formal training as effective means to improve attribution accuracy, thus highlighting the need for more formal training in this area among clinical trialists.



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**Coming Soon...**

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Clinical Manifestation, Diagnosis, and Treatment of Sarcoidosis

Identifying Patterns of Adverse Events of Solid Organ Transplantation Through Departmental Case Reviews

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**Icon Key**

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-  This article has been given "Editor's Choice" distinction.
-  Supplemental material accompanies this article at [www.mcpiqjournal.org](http://www.mcpiqjournal.org).



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MAYO CLINIC PROCEEDINGS: INNOVATIONS, QUALITY & OUTCOMES (ISSN 2542-4548) is published quarterly by Elsevier on behalf of Mayo Foundation for Medical Education and Research.

