Reply to Letter to the Editor

Pelvic Fractures in Women of Childbearing Age

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The intermix between obstetrics and orthopaedic trauma has been an interest of mine dating back several years. My father is an obstetrician-gynecologist and I spent years working with him. Thus it is natural that I continue research involving pregnancy and orthopaedic trauma.

I was thrilled I had the opportunity to work with Dr. Carol Copeland, an expert in this area, during my Trauma Fellowship at the R.A. Cowley Shock Trauma Center. The concept of my collaboration with Dr. Carol Copeland, which began in 2001, focused on pelvic fractures in women of childbearing age and was a direct continuation of her research [2–4]. She developed an extensive questionnaire in 1993 which served as a basis for her articles and our subsequent study. Together, we developed a full research protocol on “Childbirth After Pelvic Fractures”, but I was not able to complete the study during or immediately after my fellowship.

I first submitted the “Childbirth After Pelvic Fractures” grant to the Ruth Jackson Orthopaedic Society in 2005. In December 2005, I was notified I did not receive the grant, but they stated there was similar grant by Dr. Vallier and perhaps we should talk. I approached Dr. Vallier, sending her my research protocol, grant proposal, and forms. She agreed to collaborate. I submitted the grant in 2006 successfully to the Foundation for Orthopaedic Trauma (\$15,000 received) and the Ruth Jackson Orthopaedic Society/Zimmer Research Grant (\$29,948 received).

(Re: Cannada LK, Barr J. Pelvic fractures in women of childbearing age. *Clin Orthop Relat Res.* 2010;468:1781–1789.)

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Being the Grant Principle Investigator, I communicated with the other sites’ PIs (Dr. Vallier was the site PI for MetroHealth Medical Center) on numerous occasions, providing extensive details regarding how to complete the study and all spreadsheets and forms to be used. A sub-contract was signed with each participating center. As indicated in the article by my coauthor and me published in CORR [1], all patients involved in that study were to be sent the study invitation letter, consent form, HIPAA form, patient information form, SF12, and release form for the obstetrician (as shown in Appendix 1 of the article published in CORR [1]). The study centers then were to send the forms to the obstetrician for completion. In addition, there was an xray and injury form to be completed by the investigators for each patient.

I requested the data be sent to me in early January 2009 for submission to the Orthopaedic Trauma Association (OTA). The other two involved centers had extensive data sheets with more than 70 points, as they followed the study protocol. I received a spreadsheet with only 17 data parameters from Dr. Vallier. (Editor’s Note: This spreadsheet was sent to me.) I found it difficult to write an abstract, but did so with the limiting factor being the Metro Health Medical Center data. The abstract was accepted for podium presentation for the 2009 annual meeting of the OTA. More data from Metro Health Medical Center were needed to complete a scholarly paper. On numerous occasions, I asked, through multiple avenues of communication, to obtain the additional data with the intent of including Dr. Vallier as an author for the article published in CORR [1]. Dr. Vallier stated she was not informed the article had been submitted for publication, but I have e-mails confirming otherwise. As I did not receive the complete data from Dr. Vallier, we could not include her patients in the CORR article.

In March 2010, I was reviewing a blinded article for the *Journal of Orthopaedic Trauma* on pelvic injury and its association with sexual dysfunction in women. I was surprised to find a 10-item questionnaire, of which all 10 items were part of my 18-item questionnaire published as Appendix 2 in our article in CORR [1]. The questionnaire Dr. Vallier provided in her article contained the same context and descriptive choices for the 10 items.

Dr. Vallier signed a subcontract with the University of Texas Southwestern (where I was completing the research project) indicating in the statement of work that she agreed to complete the study, following our protocol and using the specified forms. In addition, the submission of articles regarding any patients in this study requires permission from the study PI (me) and also acknowledgment of the monies received. Because a grant cannot be submitted without the patient forms and without the collaborating PIs viewing the grant application, the forms in question were received by Dr. Vallier in 2006. That would be more than enough time for Dr. Vallier to let me know that she had the same questions. I questioned her, but she did not provide a

direct answer to my question, “How could you have my data sheets since 2006 and not know the questions were the same/quite similar?”

I want to thank the editor for the opportunity to provide information regarding this research. These situations can be regretful when completing research to seek the best possible care and information for our patients.

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