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Staff Publications Report 2016

Published work involving staff of Shrewsbury and Telford Hospital NHS Trust during 2016.

List prepared by Shrewsbury and Telford Health Libraries in October 2016

Parent experiences of paediatric allergy pathways in the West Midlands Region of the United Kingdom - A qualitative study (2016)

Type of publication:
Conference abstract

Author(s):
*Diwakar L., Cummins C., Williams L., Sansom H., Kerrigan C., *Rees M., Hackett S., Lilford R., Roberts T.

Citation:
Allergy: European Journal of Allergy and Clinical Immunology, August 2016, vol./is. 71/(577)

Abstract:
Background: Almost all allergy care in the UK is provided by the publicly funded National Health Service (NHS). Services are deficient in most parts of the country at both primary and secondary level, with few regions having appropriate access to trained allergy clinical teams. The problem is especially acute for paediatric allergy services. Method: We are carrying out a qualitative study using in-depth, semi-structured interviews of parents purposively selected from two separate NHS Paediatric allergy clinics. All interviews are being audio-taped and transcribed anonymously. Analysis is by framework approach facilitated by NVivo software. Themes are being identified and alternate theories for findings will be sought using peer panels and literature searches. Interviews will be carried out until data saturation is achieved. Results: Preliminary analysis of 6 completed interviews has revealed a few emerging themes. Access to Primary Care services was variable with some parents expressing frustration at delays in obtaining appointments. Some of the mothers felt aggrieved that their 'gut reactions' regarding the well being of their child were often disregarded by Primary Care Physicians (PCPs). This was perceived strongly as 0being dismissed0 and made the mothers feel frustrated and often helpless with regards to taking care of their children. "I'd come out sometimes and I'd be so frustrated because I felt like, 'You weren't listening'. They just wouldn't listen to me. It was as if - you know, 'You're just an overreacting mom'." (P6) Even when the PCPs did not provide effective treatments, mothers were quite accepting of the treatment when they felt that their views were respected and 'listened to' " that's not eczema cream, so I thought that's not what I was expecting ... but I can't really-you know -fault them for trying the different creams."(P7) Referral practices from Primary to Secondary Care also varied significantly with some parents facing frustrating delays with referral. Most of our interviewees found specialist clinics satisfactory, although some expressed discontentment over the usefulness of the consultation and followup processes. Conclusion: Parents experience considerable variation with regards to access, knowledge and attitude of PCPs in the WM region for children with allergies. Experiences with secondary care were largely favourable. In general, parents greatly valued being listened to and taken seriously by their clinicians.

Improving documentation of communication with parents in neonatal unit. A service development experience (2016)

Type of publication:
Conference abstract

Author(s):
Kasim Aldaleel O., *Welch R.

Citation:
Archives of Disease in Childhood, April 2016, vol./is. 101/(A71-A72)

Abstract:
Introduction Effective communication with parents/patients is essential according to Domain 3 of the General Medical Council's (GMC) Guide for Good Medical Practice. Documentation of communication is crucial for clinical and medicolegal aspects. A local survey in our unit revealed a room for development, when 35.3% only of communication with parents was documented. Aim To improve documentation of communication with parents in the neonatal unit, in line with GMC Good Medical Practice Guide, aiming at 100% documentation of communications with parents. Method A development team was assigned with clear responsibilities and leadership. As part of PDSA (Plan-Do-Study-Act) cycle for improvement, tools were developed as an Act to improve documentation of communication with parents. The developed tools were; making documentation of communication with parents a handover component, making the documentation in the notes a personal responsibility of the doctor who spoke to parents and recording that, creating posters about documenting communication with parents and distributing them in different areas of the department as reminders and having a weekly updated Statistical Process Control chart (SPC chart) clearly visible in the unit. Results A Test of the Change was carried out after 2 months by a review of the last 6 weeks of the SPC Chart. The overall percentage of documented communication with parents was 72.85% (51/70) over 6 weeks period. The first week did not show significant change when 36% (4/11) of communications were documented. However, there was a steady improvement between the second and the fifth weeks, ranging from 71% to 80%, before reaching 92% in the sixth week. That was a positive test of change which was highlighted and implementation of these tools was agreed. High quality documented communications were selected and presented to trainees for learning benefits. Conclusion Having accurate medical records is medicolegally essential. Developing local tools to improve documentation of communication with parents is important when that documentation is sub-optimal. The SPC chart, posters, and communication documentation handing over are effective tools. However, other tools might be effective depending on each unit's needs.

Prevention and control of multiresistant Gram-negative bacteria: recommendations from a Joint Working Party (2016)

Type of publication:
Journal article

Author(s):
Wilson, A P R, Livermore, D M, Otter, *J A, Warren, R E, Jenks, P, Enoch, D A, Newsholme, W, Oppenheim, B, Leanord, A, McNulty, C, Tanner, G, Bennett, S, Cann, M, Bostock, J, Collins, E, Peckitt, S, Ritchie, L, Fry, C, Hawkey, P

Citation:
The Journal of Hospital Infection, Jan 2016, vol. 92 Suppl 1, p. S1

Knowledge gaps in the management of familial hypercholesterolaemia. A UK based survey (2016)

Type of publication:
Journal article

Author(s):
Jonathan Schofield, See Kwok, Michael France, *Nigel Capps, Ruth Eatough, Rahul Yadav, Kausik Ray, Handrean Soran

Citation:
Atherosclerosis (2016) [article in press]

Abstract:
Background and aims: Untreated individuals with familial hypercholesterolaemia (FH) are at increased risk of developing premature cardiovascular disease (CVD). Early diagnosis and treatment can result in a normal life expectancy. A recent survey commissioned by the European Atherosclerosis Society (EAS) reported a lack of awareness of FH in the general population.We conducted a survey to assess knowledge among healthcare professionals involved in the assessment and management of cardiovascular risk and disease in the United Kingdom.
Methods: A survey designed to assess knowledge of diagnostic criteria, risk assessment, the role of cascade screening, and management options for patients with FH was distributed to 1000 healthcare professionals (response rate 44.3%). The same survey was redistributed following attendance at an educational session on FH.
Results: 151 respondents (40.5%) reported having patients under their care who would meet the diagnostic criteria for FH, but just 61.4% recognized that cardiovascular risk estimation tools cannot be applied in FH, and only 22.3% understood the relative risk of premature CVD compared to the general population. Similarly, just 65.9% were aware of recommendations regarding cascade screening.
Conclusions: The prevalence and associated risk of FH continue to be underestimated, and knowledge of diagnostic criteria and treatment options is suboptimal. These results support the recent Consensus Statement of the EAS and production of quality standards by the National Institute for Health and Care Excellence. Further work is required to formulate interventions to improve FH awareness and knowledge, and to determine the effect these interventions have on patient outcomes.

Spedali Degli Innocenti, the Foundling Hospital in Florence, Italy (2016)

Type of publication:
Journal article

Author(s):
*Summers, Bruce

Citation:
Medical humanities, June 2016, vol. 42, no. 2, p. 141-142

Abstract:
The author reflects on a visit to the Ospedale Degli Innocenti, the former Renaissance foundling hospital in Florence, having escaped from an international clinical conference. He considers the symbolism of the architecture and artwork in relation to its function as a sanctuary for abandoned children.

Predicting and measuring fluid responsiveness with echocardiography (2016)

Type of publication:
Journal article

Author(s):
*Miller, Ashley, Mandeville, Justin

Citation:
Echo research and practice, June 2016, vol. 3, no. 2, p. G1

Abstract:
Echocardiography is ideally suited to guide fluid resuscitation in critically ill patients. It can be used to assess fluid responsiveness by looking at the left ventricle, aortic outflow, inferior vena cava and right ventricle. Static measurements and dynamic variables based on heart-lung interactions all combine to predict and measure fluid responsiveness and assess response to intravenous fluid resuscitation. Thorough knowledge of these variables, the physiology behind them and the pitfalls in their use allows the echocardiographer to confidently assess these patients and in combination with clinical judgement manage them appropriately.

Link to full text: http://www.echorespract.com/content/3/2/G1.abstract

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Gynaecological laparoscopic injuries: a 10-year retrospective review at a District General Hospital NHS Trust (2016)

Type of publication:
Journal article

Author(s):
*Moores K.L., *Bentick B.

Citation:
Gynecological Surgery, May 2016, vol./is. 13/2(125-130)

Abstract:
Worldwide, increasingly complex surgery is being performed laparoscopically; thus, laparoscopic complication rates may be increasing. Reported risks from all complications of laparoscopic surgery are between 1 and 12.5/1000 cases and serious complications in 1/1000 cases. Accurate complication rates of surgery are difficult to obtain as most data are from retrospective studies and may be incomplete. This paper is a 10-year retrospective review of gynaecological laparoscopic complications from 1 January 2003 to 31 December 2012. Data sources are SEMAHELIX Hospital Database, Gynaecology Complications Register, Clinical Governance Records, Complaints and Legal Cases. Recorded complications were classified as diagnostic, sterilisations and therapeutic laparoscopies. Further classifications are as follows: major complications and type of injury (bowel, urological, vascular, other), minor complications and failed sterilisations. Twenty-nine complications were identified from 5128 laparoscopies; total complication rate is 5.7/1000 procedures. Major complication rates are as follows: diagnostic, 2.2/1000; sterilisations, 3.3/1000; and therapeutic, 3.1/1000, subcategorised into bowel 1.4/1000, urological 0.2/1000 and vascular 1.2/1000. Our total complication rate lies within published national rates. Compared to published standards of major complications, diagnostic laparoscopy and laparoscopic sterilisation rates were comparable. Conversely, our therapeutic laparoscopy complication rate was much lower. The highest complication rate was in the failed sterilisation group; however, this rate is within published sterilisation failure rates. Bowel and vascular complications were comparable; minor complication rates were low in all groups.

Addition of docetaxel, zoledronic acid, or both to first-line long-term hormone therapy in prostate cancer (STAMPEDE): Survival results from an adaptive, multiarm, multistage, platform randomised controlled trial (2016)

Type of publication:
Journal article

Author(s):
James N.D., Sydes M.R., Clarke N.W., Mason M.D., Dearnaley D.P., Spears M.R., Ritchie A.W.S., Parker C.C., Russell J.M., Attard G., De Bono J., Cross W., Jones R.J., Thalmann G., Amos C., Matheson D., Millman R., Alzouebi M., Beesley S., Birtle A.J., Brock S., Cathomas R., Chakraborti P., Chowdhury S., Cook A., Elliott T., Gale J., Gibbs S., Graham J.D., Hetherington J., Hughes R., Laing R., McKinna F., McLaren D.B., O'Sullivan J.M., Parikh O., Peedell C., Protheroe A., Robinson A.J., *Srihari N., Srinivasan R., Staffurth J., Sundar S., Tolan S., Tsang D., Wagstaff J., Parmar M.K.B.

Citation:
The Lancet, March 2016, vol./is. 387/10024(1163-1177)

Abstract:
Background
Long-term hormone therapy has been the standard of care for advanced prostate cancer since the 1940s. STAMPEDE is a randomised controlled trial using a multiarm, multistage platform design. It recruits men with high-risk, locally advanced, metastatic or recurrent prostate cancer who are starting first-line long-term hormone therapy. We report primary survival results for three research comparisons testing the

addition of zoledronic acid, docetaxel, or their combination to standard of care versus standard of care alone.

Methods

Standard of care was hormone therapy for at least 2 years; radiotherapy was encouraged for men with N0M0 disease to November, 2011, then mandated; radiotherapy was optional for men with node-positive non-metastatic (N+M0) disease. Stratified randomisation (via minimisation) allocated men 2:1:1:1 to standard of care only (SOC-only; control), standard of care plus zoledronic acid (SOC + ZA), standard of care plus docetaxel (SOC + Doc), or standard of care with both zoledronic acid and docetaxel (SOC + ZA + Doc). Zoledronic acid (4 mg) was given for six 3-weekly cycles, then 4-weekly until 2 years, and docetaxel (75 mg/m²) for six 3-weekly cycles with prednisolone 10 mg daily. There was no blinding to treatment allocation. The primary outcome measure was overall survival. Pairwise comparisons of research versus control had 90% power at 2.5% one-sided alpha for hazard ratio (HR) 0.75, requiring roughly 400 control arm deaths. Statistical analyses were undertaken with standard log-rank-type methods for time-to-event data, with hazard ratios (HRs) and 95% CIs derived from adjusted Cox models. This trial is registered at ClinicalTrials.gov (NCT00268476) and ControlledTrials.com (ISRCTN78818544).

Findings

2962 men were randomly assigned to four groups between Oct 5, 2005, and March 31, 2013. Median age was 65 years (IQR 60-71). 1817 (61%) men had M+ disease, 448 (15%) had N+/X M0, and 697 (24%) had N0M0. 165 (6%) men were previously treated with local therapy, and median prostate-specific antigen was 65 ng/mL (IQR 23-184). Median follow-up was 43 months (IQR 30-60). There were 415 deaths in the control group (347 [84%] prostate cancer). Median overall survival was 71 months (IQR 32 to not reached) for SOC-only, not reached (32 to not reached) for SOC + ZA (HR 0.94, 95% CI 0.79-1.11; p=0.450), 81 months (41 to not reached) for SOC + Doc (0.78, 0.66-0.93; p=0.006), and 76 months (39 to not reached) for SOC + ZA + Doc (0.82, 0.69-0.97; p=0.022). There was no evidence of heterogeneity in treatment effect (for any of the treatments) across prespecified subsets. Grade 3-5 adverse events were reported for 399 (32%) patients receiving SOC, 197 (32%) receiving SOC + ZA, 288 (52%) receiving SOC + Doc, and 269 (52%) receiving SOC + ZA + Doc.

Interpretation

Zoledronic acid showed no evidence of survival improvement and should not be part of standard of care for this population. Docetaxel chemotherapy, given at the time of long-term hormone therapy initiation, showed evidence of improved survival accompanied by an increase in adverse events. Docetaxel treatment should become part of standard of care for adequately fit men commencing long-term hormone therapy.

Funding

Cancer Research UK, Medical Research Council, Novartis, Sanofi-Aventis, Pfizer, Janssen, Astellas, NIHR Clinical Research Network, Swiss Group for Clinical Cancer Research.

Link to more details or full-text: http://www.sciencedirect.com/science/article/pii/S0140673615010375

Breast reconstruction changes coping mechanisms in breast cancer survivorship (2016)

Type of publication:
Conference abstract

Author(s):
*Lake B., *Fuller H.R., *Rastall S., *Usman T.

Citation:
Cancer Research, February 2016, vol./is. 76/4 SUPPL. 1(no pagination)

Abstract:
Introduction
Cancer survivorship is the process of living through and beyond cancer; a key part is how a patient copes with their diagnosis. Breast cancer is the most common malignancy of women worldwide and is known to be a severe stressor. Research has determined that the coping strategies used by women with breast cancer are vital to adjustment to their disease. Immediate breast reconstruction at the time of mastectomy with preservation of the breast form has been shown to be a positive influence on breast cancer patients however there are currently no studies to show whether breast reconstruction changes mechanisms of coping for such patients. The aim of this study, therefore, was to conduct a prospective cohort study to determine whether immediate breast reconstruction following mastectomy changes the way women with breast cancer cope with their diagnosis, compared to those who have mastectomy alone.
Method
A standardised questionnaire, the Brief Cope Scale was sent to two cohorts of patients who had a mastectomy and immediate reconstruction or mastectomy alone over an 11 year period 2003 to 2014 in Shropshire, England. It is a 28-point item with a four point Likert scale, which measures 14 different coping mechanisms: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning humour, acceptance, religion and self-blame. The inclusion criteria for this study was all woman who had mastectomy with immediate breast reconstruction in Shropshire between 2003 and 2014 for either Ductal carcinoma in situ (DCIS) or breast cancer which was node negative (cohort 1). The principle exclusion criteria were: men, node positive cancer, prophylactic mastectomy and breast reconstruction. Each index patient was matched for year of diagnosis, adjuvant therapy and age to woman who had mastectomy alone for DCIS or breast cancer which was node negative (cohort 2). An anonymous questionnaire was sent out to all patients identified who were still living, with a reminder letter at six weeks.
Results
Questionnaires were sent to a total of 234 patients; 117 patients in each cohort. Preliminary results indicate a response rate of 46%, with 60 responses from reconstruction cohort and 48 from mastectomy. The mean age was 50, with range 29 to 70 for reconstruction cohort, and the mean age of mastectomy cohort was 52, with range 32 to 70. Common coping styles for the reconstruction cohort were acceptance, active coping and use of emotional support. Common coping styles for mastectomy cohort were acceptance, use of emotional support and positive reframing. Significantly more patients from the reconstruction cohort coped by active coping (T value 1.88 at P value 0.02). Significantly less patients coped by active venting in reconstructive cohort compared to mastectomy cohort; (T value 1.91 at P value 0.03).
Conclusion
Breast reconstruction alters coping mechanisms in breast cancer patients allowing less venting coping style and more active coping. Understanding how breast surgery changes coping mechanisms allows clinicians to understand cancer survivorship in breast cancer patients and helps to provide needed support.

Does the number of tissue fragments removed from the cervix with excisional treatment for CIN pathology affect the completeness of excision and cytology recurrence at follow-up? An observational cohort study (2016)

Type of publication:
Journal article

Author(s):
*Papoutsis D., *Panikkar J., *Gornall A., *Blundell S.

Citation:
Journal of Obstetrics and Gynaecology, February 2016, vol./is. 36/2(251-256)

Abstract:
The objective of our study was to determine whether removing multiple pieces of cervical tissue during large loop excision of the transformation zone (LLETZ) reduced the margin positivity of excision and cytology recurrence rates at follow-up. We conducted an observational cohort study and identified 462 women having had a single LLETZ treatment for cervical intraepithelial neoplasia (CIN) over a two-year period. Women with previous cervical treatment, cervical cancer on the excised tissue or missing follow-up data were excluded. Multiple regression analysis showed that removal of cervical tissue in multiple pieces did not offer any benefit in removing more disease and less recurrence rates. When multiple pieces were taken there was a four-fold increased risk for inconclusive excision margins as reported by the histopathologist. Removal of multiple pieces led to significantly more tissue being removed which may expose the patient to an increased risk of preterm delivery in a future pregnancy.

A dedicated undergraduate gynaecology teaching clinic: The Keele experience (2016)

Type of publication:
Journal article

Author(s):
Katali, Hamza Mahamadu, *Parry-Smith, William Rhys, Eliot, Rees L, O'Mahony, Fidelma

Citation:
Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology, Feb 2016, vol. 36 , no. 2, p. 227-229

Abstract:
Much discussion in the literature centres on how best to teach medical students the intricacies of gynaecological assessment and the subsequent formulation of a management plan. At Keele University skills are initially developed in a simulated setting and then transferred to the workplace where students continue to develop their skills. A dedicated undergraduate gynaecology teaching clinic has been developed

and comprises of 2-3 students and a tutor. All 38 students rotating through the department between January and June 2013 were invited to complete an anonymous questionnaire to evaluate this clinic an d 36 (95%) of them responded. Respondents felt significantly more comfortab le taking a gynaecology history, ensuring privacy during examination and fo rmulating a management plan post-clinic (all $p < 0.001$), with female stu dents feeling significantly more comfortable than their male counterparts ($p = 0.04$). The use of this clinic shows great promise to help students learn an unfamiliar and challenging skill.

Magnetic resonance imaging for the diagnosis of vestibular schwannoma - Increasing cost-effectiveness and the diagnostic yield (2016)

Type of publication:
Conference abstract

Author(s):
Kumar S., Olaitan A., Danino J., Scott A.

Citation:
Otorhinolaryngologist, 2016, vol./is. 9/1(9-13)

Abstract:
Introduction: We aimed to assess whether MRI scans for screening of vestibular schwannoma (VS) are a cost effective tool and how best to maximise their positive yield. Materials and Methods: We undertook a retrospective analysis of 1000 scans to assess the diagnostic yield and the sensitivity and specificity of four published protocols Results: Of 756 patients included 8 patients were positively identified with a VS. If only patients who had either a 15dB or 20dB hearing loss at any single frequency underwent screening the number of negative scans would have been reduced by over 50%. No patients with unilateral tinnitus alone and normal hearing (8.6%) were diagnosed with VS. Discussion: To reduce the burden of MRI scans all departments should scan in accordance with a published protocol.

Outcomes of two trials of oxygen-saturation targets in preterm infants (2016)

Type of publication:
Journal article

Author(s):
Tarnow-Mordi W., Stenson B., Kirby A., Juszczak E., Donoghoe M., *Deshpande S., Morley C., King A., Doyle L.W., Fleck B.W., Davis P.G., Halliday H.L., Hague W., Cairns P., Darlow B.A., Fielder A.R., Gebski V., Marlow N., Simmer K., Tin W., Ghadge A., Williams C., Keech A., Wardle S.P., Kecskes Z., Kluckow M., Gole G., Evans N., Malcolm G., Luig M., Wright I., Stack J., Tan K., Pritchard M., Gray P.H., Morris S., Headley B., Dargaville P., Simes R.J., Brocklehurst P.

Citation:
New England Journal of Medicine, February 2016, vol./is. 374/8(749-760)

Abstract:
BACKGROUND The safest ranges of oxygen saturation in preterm infants have been the subject of debate. METHODS In two trials, conducted in Australia and the United Kingdom, infants born before 28 weeks' gestation were randomly assigned to either a lower (85 to 89%) or a higher (91 to 95%) oxygen-saturation range. During enrollment, the oximeters were revised to correct a calibration-algorithm artifact. The primary outcome was death or disability at a corrected gestational age of 2 years; this outcome was evaluated among infants whose oxygen saturation was measured with any study oximeter in the Australian trial and those whose oxygen saturation was measured with a revised oximeter in the U.K. trial. RESULTS After 1135 infants in Australia and 973 infants in the United Kingdom had been enrolled in the trial, an interim analysis showed increased mortality at a corrected gestational age of 36 weeks, and enrollment was stopped. Death or disability in the Australian trial (with all oximeters included) occurred in 247 of 549 infants (45.0%) in the lower-target group versus 217 of 545 infants (39.8%) in the higher-target group (adjusted relative risk, 1.12; 95% confidence interval [CI], 0.98 to 1.27; P = 0.10); death or disability in the U.K. trial (with only revised oximeters included) occurred in 185 of 366 infants (50.5%) in the lower-target group versus 164 of 357 infants (45.9%) in the higher-target group (adjusted relative risk, 1.10; 95% CI, 0.97 to 1.24; P = 0.15). In post hoc combined, unadjusted analyses that included all oximeters, death or disability occurred in 492 of 1022 infants (48.1%) in the lower-target group versus 437 of 1013 infants (43.1%) in the higher-target group (relative risk, 1.11; 95% CI, 1.01 to 1.23; P = 0.02), and death occurred in 222 of 1045 infants (21.2%) in the lower-target group versus 185 of 1045 infants (17.7%) in the higher-target group (relative risk, 1.20; 95% CI, 1.01 to 1.43; P = 0.04). In the group in which revised oximeters were used, death or disability occurred in 287 of 580 infants (49.5%) in the lower-target group versus 248 of 563 infants (44.0%) in the higher-target group (relative risk, 1.12; 95% CI, 0.99 to 1.27; P = 0.07), and death occurred in 144 of 587 infants (24.5%) versus 99 of 586 infants (16.9%) (relative risk, 1.45; 95% CI, 1.16 to 1.82; P = 0.001). CONCLUSIONS Use of an oxygen-saturation target range of 85 to 89% versus 91 to 95% resulted in nonsignificantly higher rates of death or disability at 2 years in each trial but in significantly increased risks of this combined outcome and of death alone in post hoc combined analyses. (Funded by the Australian National Health and Medical Research Council and others; BOOST-II Current Controlled Trials number, ISRCTN00842661, and Australian New Zealand Clinical Trials Registry number, ACTRN12605000055606.).

Link to more details or full-text:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00006024-201602250-00011&LSLINK=80&D=ovft

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Partial breast radiotherapy for women with early breast cancer: First results of local recurrence data for IMPORT LOW (CRUK/06/003) (2016)

Type of publication:
Conference abstract

Author(s):
Coles C., *Agrawal R., Ah-See M.L., Algurafi H., Alhasso A., Brunt A.M., Chan C., Griffin C., Harnett A., Hopwood P., Kirby A., Sawyer E., Syndikus I., Titley J., Tsang Y., Wheatley D., Wilcox M., Yarnold J., Bliss J.M.

Citation:
European Journal of Cancer, April 2016, vol./is. 57/(S4)

Abstract:
Background: IMPORT LOW is a randomised, multi-centre phase III trial testing partial breast radiotherapy (RT) using intensity modulated RT in women with low risk early stage breast cancer, for whom late complications of RT are the dominant hazard rather than local recurrence (LR). Materials and Methods: Women age >50 who had breast conservation surgery, for invasive adenocarcinoma (excluding classical lobular carcinoma) pT1-2 (<3 cm) N0-1, any grade, with minimum microscopic margins of ge;2 mm, were eligible. Patients were randomised (1:1:1) to 40Gy/15F to whole breast (control); 36Gy/15F to whole breast and 40Gy/15Fr to partial breast (test 1); or 40Gy/15F to partial breast (test 2). The primary endpoint is local tumour control in the ipsilateral breast. 1935 patients were required to exclude 2.5% inferiority for each test group (80% power, one-sided alpha 2.5%) assuming 2.5% local recurrence (LR) rate at 5 years in the control group. Key secondary endpoints were late adverse effects measured using a combination of clinical, photographic and patient self-assessments. Analysis was by intention to treat. Results: 2018 patients were recruited from 05/2007 to 09/2010 from 30 UK RT centres (675 control, 674 test 1, 669 test 2). Baseline characteristics were balanced with median age 63 (IQR 58-68); 43%, 47% and 10% were tumour grade 1, 2 and 3; 3% were pN+. Median follow-up is 68.3 (IQR 60.3-73.4) months. The 5-year rate of LR was 1.1% (95% CI 0.5, 2.3), 0.2% (95% CI 0.02, 1.2) and 0.5% (95% CI 0.2-1.4) in the control, test 1 and test 2 groups respectively. Absolute treatment differences in LR with control compared with test 1 is -0.83% (95% CI -1.04, 0.18) and -0.69% (-0.99, 0.44) compared with test 2. For each of the test groups non-inferiority, assessed against the pre-specified 2.5% threshold was demonstrated. Conclusions: At 5 years, partial breast RT was shown to be non-inferior to whole breast RT in women with low risk early breast cancer. LR rates were very low in all treatment groups and moderate and marked normal tissue events were also low across all groups. Follow-up is ongoing and 10 year LR rates will be reported. (Figure Presented).

Failure-Free Survival and Radiotherapy in Patients With Newly Diagnosed Nonmetastatic Prostate Cancer: Data From Patients in the Control Arm of the STAMPEDE Trial (2016)

Type of publication:
Journal article

Author(s):
James, Nicholas D, Spears, Melissa R, Clarke, Noel W, Dearnaley, David P, Mason, Malcolm D, Parker, Christopher C, Ritchie, Alastair W S, Russell, J Martin, Schiavone, Francesca, Attard, Gerhardt, de Bono, Johann S, Birtle, Alison, Engeler, Daniel S, Elliott, Tony, Matheson, David, O'Sullivan, Joe, Pudney, Delia, *Srihari, Narayanan, Wallace, Jan, Barber, Jim, Syndikus, Isabel, Parmar, Mahesh K B, Sydes, Matthew R, STAMPEDE Investigators

Citation:
JAMA oncology, Mar 2016, vol. 2, no. 3, p. 348-357

Abstract:
The natural history of patients with newly diagnosed high-risk nonmetastatic (M0) prostate cancer receiving hormone therapy (HT) either alone or with standard-of-care radiotherapy (RT) is not well documented. Furthermore, no clinical trial has assessed the role of RT in patients with node-positive (N+) M0 disease. The STAMPEDE Trial includes such individuals, allowing an exploratory multivariate analysis of the impact of radical RT. To describe survival and the impact on failure-free survival of RT by nodal involvement in these patients. Cohort study using data collected for patients allocated to the control arm (standard-of-care only) of the STAMPEDE Trial between October 5, 2005, and May 1, 2014. Outcomes are presented as hazard ratios (HRs) with 95% CIs derived from adjusted Cox models; survival estimates are reported at 2 and 5 years. Participants were high-risk, hormone-naive patients with newly diagnosed M0 prostate cancer starting long-term HT for the first time. Radiotherapy is encouraged in this group, but mandated for patients with node-negative (N0) M0 disease only since November 2011. Long-term HT either alone or with RT, as per local standard. Planned RT use was recorded at entry. Failure-free survival (FFS) and overall survival. A total of 721 men with newly diagnosed M0 disease were included: median age at entry, 66 (interquartile range [IQR], 61-72) years, median (IQR) prostate-specific antigen level of 43 (18-88) ng/mL. There were 40 deaths (31 owing to prostate cancer) with 17 months' median follow-up. Two-year survival was 96% (95% CI, 93%-97%) and 2-year FFS, 77% (95% CI, 73%-81%). Median (IQR) FFS was 63 (26 to not reached) months. Time to FFS was worse in patients with N+ disease (HR, 2.02 [95% CI, 1.46-2.81]) than in those with N0 disease. Failure-free survival outcomes favored planned use of RT for patients with both N0M0 (HR, 0.33 [95% CI, 0.18-0.61]) and N+M0 disease (HR, 0.48 [95% CI, 0.29-0.79]). Survival for men entering the cohort with high-risk M0 disease was higher than anticipated at study inception. These nonrandomized data were consistent with previous trials that support routine use of RT with HT in patients with N0M0 disease. Additionally, the data suggest that the benefits of RT extend to men with N+M0 disease. clinicaltrials.gov Identifier: NCT00268476; ISRCTN78818544.

A "systems medicine" approach to the study of non-alcoholic fatty liver disease (2016)

Type of publication:
Journal article

Author(s):
Petta, Salvatore, Valenti, Luca, Bugianesi, Elisabetta, Targher, *Giovanni, Bellentani, Stefano, Bonino, Ferruccio, Special Interest Group on Personalised Hepatology of the Italian Association for the Study of the Liver (AISF), Special Interest Group on Personalised Hepatology of the Italian Association for the Study of the Liver AISF (2016)

Citation:
Digestive and Liver Disease, Mar 2016, vol. 48, no. 3, p. 333-342

Abstract:
The prevalence of fatty liver (steatosis) in the general population is rapidly increasing worldwide. The

progress of knowledge in the physiopathology of fatty liver is based on the systems biology approach to studying the complex interactions among different physiological systems. Similarly, translational and clinical research should address the complex interplay between these systems impacting on fatty liver. The clinical needs drive the applications of systems medicine to re-define clinical phenotypes, assessing the multiple nature of disease susceptibility and progression (e.g. the definition of risk, prognosis, diagnosis criteria, and new endpoints of clinical trials). Based on this premise and in light of recent findings, the complex mechanisms involved in the pathology of fatty liver and their impact on the short- and long-term clinical outcomes of cardiovascular, metabolic liver diseases associated with steatosis are presented in this review using a new “systems medicine” approach. A new data set is proposed for studying the impairments of different physiological systems that have an impact on fatty liver in different subsets of subjects and patients.

Factors contributing to student nurses'/midwives' perceived competency in spiritual care (2016)

Type of publication:
Journal article

Author(s):
Ross, Linda, Giske, Tove, van Leeuwen, Ren?, Baldacchino, Donia, *McSherry, Wilfred, Narayanasam y, Aru, Jarvis, Paul, Schep-Akkerman, Annemiek

Citation:
Nurse education today, Jan 2016, vol. 36, p. 445-451

Abstract:
The spiritual part of life is importa nt to health, well-being and quality of life. Spiritual care is expected of nurses/midwives, but it is not clear how students can achieve competency in spiritual care at point of registration as required by regulatory bodies. To explore factors contributing to undergraduate nurses’/midwives 9; perceived competency in giving spiritual care. A pilot cross-sectional, multinational, correlational survey design. Questionnaires were completed b y 86% (n=531) of a convenience sample of 618 undergraduate nurses/midwive s from six universities in four countries in 2010. Bivariate and multivaria te analyses were performed. Differences between groups were small. Two fact ors were significantly related to perceived spiritual care competency: perc eption of spirituality/spiritual care and student’s personal spiritual ity. Students reporting higher perceived competency viewed spirituality/spi ritual care broadly, not just in religious terms. This association between perceived competency and perception of spirituality is a new finding not pr eviously reported. Further results reinforce findings in the literature that own spirituality was a strong predictor of perceived ability to provide spiritual care, as students reporting higher perceived competency engaged in spiritual activities, were from secular universities and had previous healthcare experience. They were also religious, practised their faith/belief and scored highly on spiritual well-being and spiritual attitude/involvement . The challenge for nurse/midwifery educators is how they might enhance spi ritual care competency in students who are not religious and how they might encourage students who hold a narrow view of spirituality/spiritual care t o broaden their perspective to include the full range of spiritual concerns that patients/clients may encounter. Statistical models created

predicted factors contributing to spiritual care competency to some extent but the picture is complex requiring further investigation involving a bigger and mor e diverse longitudinal sample.

Parent Experiences of Paediatric Allergy Pathways in the West Midlands Region of the United Kingdom- A Qualitative Study (2016)

Type of publication:
Oral presentation

Author(s):
Diwakar L., Cummins C., *Williams L., Sansom H., Kerrigan C., *Rees M., Hackett S., Lilford R., Roberts T

Citation:
Oral presentation at the EuHEA conference, Hamburg (July 2016)

Reducing medication (TTOs) delays when patients are ready to leave hospital (2016)

Type of publication:
Post on the Academy of Fab NHS Stuff website

Author(s):
Nick Holding

Citation:
Academy of Fab NHS Stuff (www.fabnhsstuff.net/), February 2016

Abstract:
It's a commonly held belief that patient discharge medication and discharge summaries are a cause of delays to patients leaving hospital.

Last year we tested to what extent this was a problem, confirm or dispel myths, and work with teams to find ways to improve turnaround times of medication.

We found that the process could be broken down into 4 key cycles of work:

1. Pharmacist generating the medication request (average 1.5hrs)

2. Prescription in queue waiting to be picked (average 1hr)

3. Prescription collection in Pharmacy Dept (average 50 mins)

4. Delivery of medication back to the patient (average 1hr)

Overall lead time to turnaround medication was therefore 4hrs 40mins. One of our roles in this was to help the teams that carry out the work, improve the work. So with this in mind we presented our findings to ward and pharmacy teams and ran a workshop to identify a number of improvement ideas which we would test and measure their effectiveness using Plan, Do, Study, Act (PDSA) cycles.

The teams came up with 3 simple ideas that they wanted to try out.

1. Pharmacist on daily ward round to improve communication and reduce delays in generating prescription

2. Separate work line in pharmacy for outpatient and inpatient activity to reduce delays in the picking queue

3. Introduce a direct delivery service to wards from pharmacy to reduce delivery times of medication

Testing the concepts and ideas Using PDSA cycles we planned a series of improvement weeks where we tested out the various concepts and measured the impact. Our aim was to develop a proof of concept which could then be explored further and introduced appropriately. By doing a number of simple steps we found that in after the first improvement week we reduced the turnaround time from 4hrs 40mins to 2hrs 30mins. By retesting, refining and introducing the other ideas in the second improvement week, the teams reduced the turnaround time further down to 1hr 30mins

Therefore, in conclusion, by truly understanding the current state, allowing the teams that carry out the work to improve the work, and giving them the space and time to test out their ideas, we showed that we can significantly reduce delays that patient experience when they are ready to leave hospital.

Link to more details or full-text: http://www.fabnhsstuff.net/2016/02/24/reducing-medication-ttos-delays-patients-ready-leave-hospital/

Taking Board Meetings outside the room (2016)

Type of publication:
Post on the Academy of Fab NHS Stuff website

Author(s):
Adrian Osborne

Citation:
Academy of Fab NHS Stuff (www.fabnhsstuff.net/), March 2016

Abstract:
Trust Board meetings sometimes aren't the most engaging or interactive of experiences, and any meeting that takes place in one place in one town will be limited in the number of people it can reach.

At The Shrewsbury and Telford Hospital NHS Trust (SATH) we're on a journey, using social media to take our meetings outside the room and bring communities (real and virtual) into the room.

Link to more details or full-text: http://www.fabnhsstuff.net/2016/03/16/taking-board-meetings-outside-room/

Consultant-led, collaborative service for people suffering from respiratory conditions (2016)

Type of publication:
Post on the Academy of Fab NHS Stuff website

Author(s):
Nawaid Ahmad

Citation:
Academy of Fab NHS Stuff (www.fabnhsstuff.net/), January 2016

Abstract:
This Future Hospital Programme case study from The Shrewsbury and Telford Hospital NHS Trust outlines the benefits of having a consultant- led service for respiratory medicine.

Key recommendations:

Establish a series of multidisciplinary team (MDT) meetings to discuss the needs of patients with long-term conditions. The MDT should incorporate primary care physicians, mental health, social services and palliative care services to provide a collaborative and exceptional level of care.
Run community-based clinics to reduce hospital admissions as well as help with accurate diagnosis
Propose a long-term management plan for more patients with more complicated health needs and to help with advanced care planning for those patients who are especially ill.

Link to more details or full-text: http://www.fabnhsstuff.net/2016/01/25/your-story-consultant-led-collaborative-service-for-people-suffering-from-respiratory-conditions/

Making a difference to End of Life and Bereavement Care (2016)

Type of publication:
Post on the Academy of Fab NHS Stuff website

Author(s):
Jules Lewis

Citation:
Academy of Fab NHS Stuff (fabnhsstuff.net), February 2016

Abstract:
Death and dying is very difficult to deal with, even for staff who work in hospitals, but helping patients and

their families at their time of greatest need is hugely important to us. It is a privilege to care for people at end of life and support their relatives/friends; we only have one chance to get it right.

The Trust has implemented the Swan Scheme to represent end of life and bereavement care. Following advice, support and permission from Fiona Murphy at the Royal Alliance Bereavement and Donor Service, a nurse-led innovation transforming practice across 3 large acute hospital trusts in the North West of England with the purpose of providing excellent end of life care for all.

Link to more details or full-text: http://www.fabnhsstuff.net/2016/02/29/making-a-difference-to-end-of-life-and-bereavement-care/

Introducing a realistic and reusable quinsy simulator (2016)

Type of publication:
Journal article

Author(s):
*Giblett, N, *Hari, C

Citation:
The Journal of Laryngology and Otology, Feb 2016, vol. 130, no. 2, p. 201-203

Abstract:
An increasing number of inexperienced doctors are rotating through otolaryngology departments and providing care to ENT patients. Numerous acute ENT conditions require basic surgical or technical intervention; hence, effective and efficient simulation induction training has become paramount in providing a safe yet valuable educational environment for the junior clinician. Whilst simulation has developed over the years for numerous ENT skills, to date there has not been a realistic and easily reproducible model for teaching the skills to manage one of the most common ENT emergencies, a peritonsillar abscess or 'quinsy'. We have adapted the Laryngotech trainer, a well-established ENT simulation tool, to present a readily accessible, reusable and realistic simulation model. The model provides safe training for the drainage of quinsy.

Multidrug-resistant (MDR) Gram-negative bacteria information leaflets (2016)

Type of publication:
Journal article

Author(s):
Brown C., Livermore D.M., Otter J.A., *Warren R.E., Jenks P., Enoch D.A., Newsholme W., Oppenheim B., Leanord A., McNulty C., Tanner G., Bennett S., Cann M., Bostock J., Collins E., Peckitt S., Ritchie L., Fry C., Hawkey P., Wilson A.P.R.

Citation:
Journal of Hospital Infection, January 2016, vol./is. 92/1(86-87)

Carney's triad with paraganglioma (2016)

Type of publication:
Journal article

Author(s):
*Giblett, Neil, Maksoud, Ahmed Abd El, *Hari, Churunal

Citation:
The British journal of Oral & Maxillofacial surgery, Jan 2016, vol. 54, no. 1, p. e15

Clinical Validation of the UKMS Register Minimal Dataset utilising Natural Language Processing (2016)

Type of publication:
Poster presentation

Author(s):
Rod Middleton, Ashley Akbari, Hazel Lockhart-Jones, Jemma Jones, *Charlotte Owen, Stella Hughes, Richard Gain, David Ford

Citation:
IPDLNC 2016

Abstract:
Objectives
The UK MS Register is a research project that aims to capture real world data about living with Multiple Sclerosis(MS) in the UK. Launched in 2011, identified data sources were: Directly from People with MS (PwMS) via the internet, from NHS treatment centers via 'traditional' database capture and by linkage to routine datasets from the SAIL databank. Data received from the NHS, though 'gold standard' in terms of diagnosis, is dependent on clinical staff finding both time and information to enter into a clinical system. System implementations across the NHS are variable, as is clinical time. Therefore, we looked to other complementary methodologies.

Approach
The Clix enrich natural language processing (NLP) software was chosen to see if it could capture a portion of the MS Register minimum clinical dataset, the software matches clinical phrases against SNOMED-CT. 40

letters, from 2 NHS Trusts, from 28 patients were loaded. The letters were a mix of MS patients with differing disease subtypes and were dictated by Neurologists, Specialist General Practitioners and MS Specialist Nurses. 20 of the letters were in docx format and 20 as PDF.
The letters were parsed by a domain expert for clinical content, scored by data item for sensitivity and specificity. Next the output from the software was scored by another researcher to see if the 12 relevant clinical concepts from the Register dataset had been elicited. Lastly a ruleset was created to look for particular clinical concepts and scored in the same way.

Results
Of the 40 letters one failed to load, the rest were analysed for the specific data items. Date related items were clearly challenging, with only 7% of appointment dates being matched and 22% for date of diagnosis. MS Type (93.3%) and EDSS score (93.75%) were well recognised, additionally symptoms of MS that would be poorly reported in traditional databases were recognised, with fatigue being well highlighted (78.5%) and gait and walking issues (68.7%) Of concern, were a number of false positive results in DMT's with 15% patients being identified as being on a DMT when this was just being 'considered'.

Conclusion
The NLP pathway could be extremely useful for obtaining hard to capture clinical data for the Register. Further work is needed to reduce errors, even with the current minimal configuration, it’s possible to ascertain MS Type, functional score of MS, current medication and potentially disabling symptomology within the condition.

Osteomyelitis as a complication of a pilonidal sinus (2015)

Type of publication:
Case report

Author(s):
*KJ Gordon , *TM Hunt

Citation:
International Journal of Colorectal Disease, January 2016, Volume 31, Issue 1, pp 155-156
First online: 22 March 2015

A baby with low Apgar scores at birth (2016)

Type of publication:
Case review

Author(s):
Sagarika Ray

Citation:
BMJ 2016;352:i479

Abstract:
No abstract available.

Link to full-text: http://www.bmj.com/content/352/bmj.i479.full.pdf+html

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Investigation of the Role of Semen in Embryo Implantation: a pilot study (2016)

Type of publication:
Poster presentation

Author(s):
*Cloete H., *Binnersley S., *Henderson A., *Mitchell A., *Kasraie J.

Citation:
Poster presentation at the ACE Annual Conference, 5-6 January 2016.

Abstract:
Aim: To investigate the effect of unprotected intercourse on embryo implantation in patients undergoing fertility treatment. Evidence suggests that seminal plasma elicits an endometrial immune response that promotes tolerance towards an invading conceptus. However, in assisted reproductive techniques (ART), seminal plasma is usually excluded and does not come into contact with the female reproductive tract. In humans, investigators have shown that intra-vaginal and/or intra-cervical application of seminal plasma at the time of fertility treatment may improve pregnancy outcomes.
Method: Women were asked to share information about timing and frequency of intercourse in the week of, and 2 weeks prior to, fresh and frozen embryo transfer (FET). Women who had unprotected intercourse in the 5 days prior to ovulation and up to the day of embryo transfer were assigned to the study group (n = 40). Women who abstained in this period were assigned to the control group (n = 66).
Main study outcomes: Biochemical pregnancy rate, clinical pregnancy rate and implantation rate. Statistical analysis showed no significant difference in main outcomes between groups when results were pooled for all treatment types (in vitro fertilisation (IVF)/intra-cytoplasmic sperm injection (ICSI) and FET cycles). However, a significantly reduced implantation rate was observed in the study group when considering the IVF/ICSI stratum alone (24% versus 44%, p = 0.03).
Conclusion: This pilot study supports intercourse abstinence during fertility treatment, however study limitations such as small sample size and patient recall means further investigation is recommended.

Osteomyelitis as a complication of a pilonidal sinus (2016)

Type of publication:
Journal article

Author(s):
*KJ Gordon & *TM Hunt

Citation:
January 2016, Volume 31, Issue 1, pp 155-156

Abstract:
Case report in letter to editor