Shrewsbury and Telford
Health Libraries

Staff Publications Report

Published or presented work involving staff of Shrewsbury and Telford Hospital NHS Trust during 2018

List prepared by Shrewsbury and Telford Health Libraries May 2019

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Contents

Cardiovascular

Coronary heart disease mortality in treated familial hypercholesterolaemia: Update of the UK Simon Broome FH register (2018)

Type of publication:
Journal article

Author(s):
Humphries S.E.; Cooper J.A.; Seed M.; *Capps N.; Durrington P.N.; Jones B.; McDowell I.F.W.; Soran H.; Neil H.A.W.

Citation:
Atherosclerosis; Jul 2018; vol. 274 ; p. 41-46

Abstract:
Background and aims: Patients with familial hypercholesterolaemia (FH) have an elevated risk of coronary heart disease (CHD). Here we compare changes in CHD mortality in patients with heterozygous (FH) pre 1992, before lipid-lowering therapy with statins was used routinely, and in the periods 1992-2008 and 2008-2016. Methods: 1903 Definite (DFH) and 1650 Possible (PFH) patients (51% women) aged 20-79 years, recruited from 21 lipid clinics in the United Kingdom and followed prospectively between 1980 and 2016 for 67,060 person-years. The CHD standardised mortality ratio (SMR) compared to the population in England and Wales was calculated (with 95% Confidence intervals). Results: There were 585 deaths, including 252 from CHD. Overall, the observed 2.4-fold excess coronary mortality for treated DFH post-1991 was significantly higher than the 1.78 excess for PFH (35% 95% CI 3%-76%). In patients with DFH and established coronary disease, there was a significant excess coronary mortality in all time periods, but in men it was reduced from a 4.83-fold excess (2.32-8.89) pre-1992 to 4.66 (3.46-6.14) in 1992-2008 and 2.51 (1.01-5.17) post-2008, while in women the corresponding values were 7.23 (2.65-15.73), 4.42 (2.70-6.82) and 6.34 (2.06-14.81). Primary prevention in men with DFH resulted in a progressive reduction in coronary mortality over the three time-periods, with no excess mortality evident post-2008 (0.89 (0.29-2.08)), although in women the excess persisted (post-2008 3.65 (1.75-6.72)). Conclusions: The results confirm the benefit of statin treatment in reducing CHD mortality, but suggest that FH patients with pre-existing CHD and women with FH may not be treated adequately.

Optimising patient experience within the ACHD outreach network: A questionnaire based study (2018)

Type of publication:
Conference abstract

Author(s):
Ooues G.; Clift P.; Bowater S.; Arif S.; Hawkesford S.; Pope N.; Anthony J.; Gaffey T.; Thorne S.; Hudsmith L.; Epstein A.; Prasad N.; Adamson D.; Cummings M.; Spencer C.; Woodmansey P.; *Ingram T.; Morley-Davies A.; Roberts W.; Qureshi N.

Citation:
Heart; Feb 2018; vol. 104, Suppl 2, A12

Abstract:
Purpose The NHS England Congenital Heart Disease standards review is based on a network model to deliver high quality, safe and effective services as locally as possible. We developed a Patient Questionnaire across our Adult Congenital Heart Disease (ACHD) West Midlands network to measure patient experience, satisfaction and to improve services across the network. Methods Patient questionnaires were distributed to patients in all 8 Outreach and the Level 1 ACHD Centre (University Hospital Birmingham). Data was analysed including patients' replies on travel to outpatient clinic, satisfaction on location and timing of their appointment, review by ACHD Specialist Nurse and tests performed, information on their condition and leaflets provided and patients' demographics. Results 130 questionnaires were returned. The majority of patients (67%, n=87) travelled to their appointment with their own car, either alone (36%, n=46) or with a member of their family (44%, n=56). Most patients (93%, n=120) travelled less than one hour to hospital and less than 20 miles (86%, n=99). Patients attending Level 1 Centre appointments travelled a longer distance (mean 29.6+/-44 miles) compared to the Outreach Centres (mean 9.9+/-2.8 miles). Almost all patients found the appointment time and location convenient for them (91%, n=117% and 95%, n=121), and were given enough information regarding their condition (85%, n=98). Conclusion With the development of ACHD Network Outreach clinics to facilitate services and appointments closer to patients' homes, travel times are reduced and high patient satisfaction is maintained.

Link to full-text [NHS OpenAthens account required]

Iron deficiency in heart failure: A retrospective review of current practice and patient outcomes in a district general hospital (2018)

Type of publication:
Conference abstract

Author(s):
*Chatrath N.; *Kundu S.; *Makan J.

Citation:
Heart; Jun 2018; vol. 104, Supp 6

Abstract:
Iron deficiency (ID) affects up to 50% of patients with heart failure (HF) with higher rates in decompensated, hospitalised patients.1 ID is associated with poor functional capacity and recurrent hospital admissions. The 2016 European Society of Cardiology (ESC) guidelines for management of HF advocate measurement of ferritin and Transferrin Saturations (TSAT) in all HF patients. ID is defined by serum ferritin <100 mg/L or 100-299 mg/ L and TSAT <20%0.2 Intravenous Iron therapy is recommended for any patient meeting these parameters. This retrospective study looked at the diagnosis and management of ID in HF patients in a district general hospital. All 111 (n=111) inpatients with a diagnosis of HF with reduced ejection fraction (HFrEF), admitted between April-October 2016 were included. The mean age of the population was 75 (30100), 37% female and 63% male. 64% (n=71) were anaemic (Male n=46, Female n=25) as defined by our laboratory haemoglobin reference ranges for

gender. Only 51% (n=57) of all patients had Ferritin checked during admission or within 3 months of discharge with an average Ferritin of 161 mg/L (11-1432). 30.6% (n=34) of all patients had absolute iron deficiency (Ferritin <100 mg/L) and 14.4% (n=11) had ferritin in the range 100300 mg/L, in which further TSAT testing to confirm functional iron deficiency is recommended but is not performed locally unless specifically requested by the clinician. Only 4.5% (n=5) of all patients had further investigations looking into causes of ID, including gastro-intestinal work-up. 47.8% (n=53) died in the 1 year follow-up period with 9% (n=10) not surviving past the initial admission. Of the 101 patients surviving the initial admission, there was a total of 135 hospital admissions within the follow-up period, 58% (n=78) of which were directly related to HF. 11.7% of all patients (n=13) were prescribed oral iron therapy on discharge and only 2 out of all patients had intravenous iron therapy during admission or within 6 months of discharge. This study highlights the high readmission and mortality rates of hospitalised HF patients and that ID is an underdiagnosed comorbidity in this population. A new protocol has been proposed which involves mandatory testing of ferritin, and TSAT if required, at the time of diagnosis and during regular follow-up. Local research is underway to further evaluate the benefits of iron replacement in HF and the effects of the proposed protocol on this population.

Link to full-text [NHS OpenAthens account required]

A patient-centred model to quality assure outputs from an echocardiography department: consensus guidance from the British Society of Echocardiography (2018)

Type of publication:
Journal article

Author(s):
*Ingram, Thomas E; Baker, Steph; Allen, Jane; Ritzmann, Sarah; Bual, Nina; Duffy, Laura; Ellis, Chris; Bunting, Karina; Black, Noel; Peck, Marcus; Hothi, Sandeep S; Sharma, Vishal; Pearce, Keith; Steeds, Richard P; Masani, Navroz

Citation:
Echo research and practice; Dec 2018; vol. 5 (no. 4); p. G25

Abstract:
Background Quality assurance (QA) of echocardiographic studies is vital to ensure that clinicians can act on findings of high quality to deliver excellent patient care. To date, there is a paucity of published guidance on how to perform this QA. The British Society of Echocardiography (BSE) has previously produced an Echocardiography Quality Framework (EQF) to assist departments with their QA processes. This article expands on the EQF with a structured yet versatile approach on how to analyse echocardiographic departments to ensure high-quality standards are met. In addition, a process is detailed for departments that are seeking to demonstrate to external bodies adherence to a robust QA process. Methods The EQF consists of four domains. These include assessment of Echo Quality (including study acquisition and report generation); Reproducibility & Consistency (including analysis of individual variability when compared to the group and focused clinical audit), Education & Training (for all providers and service users) and Customer & Staff Satisfaction (of both service users and patients/their carers). Examples of what could be done in each of these areas are presented. Furthermore, evidence of participation in each domain is categorised against a red, amber or green

rating: with an amber or green rating signifying that a quantifiable level of engagement in that aspect of QA has been achieved. Conclusion The proposed EQF is a powerful tool that focuses the limited time available for departmental QA on areas of practice where a change in patient experience or outcome is most likely to occur.

Link to full-text [NHS OpenAthens account required]

Patient experience within the adult congenital heart disease outreach network: A questionnaire-based study (2018)

Type of publication:
Journal article

Author(s):

Georgina Ooues, Paul Clift, Sarah Bowater, Sayqa Arif, Andrew Epstein, Neeraj Prasad, Dawn Adamson, Mandy Cummings, Charles Spencer, Paul Woodmansey, Jenny Borley, *Thomas Ingram, Adrian Morley-Davies, William Roberts, Najmi Qureshi, Susan Hawkesford, Nichola Pope, James Anthony, Thomas Gaffey, Sara Thorne, Lucy Hudsmith and On behalf of The West Midlands ACHD Network, UK

Citation:
Journal of Congenital Cardiology; Sep 2018; vol. 2 (no. 1)

Abstract:
Background: Specialist multi-disciplinary care improves outcomes of Adult Congenital Heart Disease (ACHD) patients. Following the NHS England Congenital Heart Disease standards review, the aim is to deliver high quality, patient-centred, care closer to patients' homes. Cardiac investigations performed on the same day of outpatient appointments reduce the non-attendance rates. This young cohort of patients, benefits from comprehensive multi-disciplinary management. We developed a Patient Questionnaire across our West Midlands ACHD network to measure patient experience. Methods: Patient questionnaires were distributed to patients attending outpatient clinics in all 8 Outreach Centres and the Level 1 ACHD Centre (University Hospitals Birmingham). Results: 71 males (55%) and 59 females (45%), median age range 25-34years old (range between 16 and 75years old), returned the questionnaires (n=130). Most patients travelled less than one hour to hospital (93%, n=120) and less than 20miles (86%, n=99). The mean travel distance was 14+/-12.3miles (range 1 to 160miles), with Level 1 ACHD Centre patients travelling a significantly longer distance (mean 29.6+/-44miles) compared to the local Outreach Centres (mean 11.3+/-9miles, p=0.0037). There was a wide variability in the provision of parking, although most patients found the appointment time and location convenient (91%, n=117 and 95%, n=121 respectively). There was also marked variation in the number of electrocardiograms (19-100%) and echocardiograms (0-60%) performed on the same day as their clinic appointment. Most patients felt they were given enough information regarding their condition (85%, n=98), with no significant differences between the centres (p=0.24). Conclusion: To our knowledge, this is the first questionnaire-based study assessing patient experience within the NHS ACHD Outreach network with significantly reduced travel times and maintained high patient satisfaction. There was a wide variation ininvestigations performed and patient information leaflets provided. Standardisation of services is required at allcentres to ensure equity of care, with Specialist Nurses' input and more availability of tests on the day of clinicappointments in all centres.

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Link to full-text [no password required]

Giant Circumflex Artery Aneurysm with a Coronary Sinus Fistula (2018)

Type of publication:
Journal article

Author(s):
Libertini, Richard; *Walbridge, David; Jones, Hefin R; Gunning, Mark; Satur, Christopher Mr

Citation:
The Annals of Thoracic Surgery; May 2018 [online]

Abstract:
Giant coronary artery aneurysms (GCCAA) are extremely rare entities, and of the circumflex artery we are aware of only 13 case reports. We therefore provide this case report to add evidence of the natural history and pathophysiology and describe successful surgical treatment of the condition.

Endocrinology

How accurate is glycated haemoglobin in patients with liver cirrhosis? A case series (2018)

Type of publication:
Conference abstract

Author(s):
*Basavaraju N.; *Rangan S.; *Singh P.; *Moulik P

Citation:
Diabetic Medicine; Mar 2018; vol. 35 ; S1

Abstract:
Introduction: Glycated haemoglobin (HbA1c) is the gold standard for monitoring glycaemic control in patients with diabetes. We present three cases of chronic liver disease where HbA1c may be misleading. Case 1: A 71-year-old Caucasian woman with liver cirrhosis due to hepatitis C, Type 2 diabetes, previous bladder tuberculosis and chronic kidney disease stage 3 was evaluated in clinic. Her capillary glucose (CG) was 6 to 9 mmol/l, no hypoglycaemia. She was anaemic; HbA1c was low at 34mmol/mol. Fructosamine was elevated at 296umol/l (205 to 285). Case 2: A 38-year-old Caucasian man with alcoholic liver cirrhosis, portal hypertension, and Type 2 diabetes was admitted with haematemesis. His CG was 10 to 14 mmol/l and HbA1c 26mmol/mol. He had iron deficiency anaemia, deranged liver enzymes and renal function. Fructosamine was normal at 246umol/l. Case 3: A 65-year-old Caucasian woman with non-alcoholic steatohepatosis/cirrhosis, portal hypertension, Type 2 diabetes, iron deficiency anaemia was admitted with melena. Her CG was 12 to 14mmol/l and HbA1c 44mmol/mol. Results showed acute kidney injury, deranged liver enzymes, normal albumin but low haemoglobin. Fructosamine is awaited. All patients required insulin for management of their diabetes. Discussion: The degree of glycation (glucose binding to N-terminal valine of HbA) is dependent on glycation rate, glucose availability and lifespan of red blood cells. Reference range of HbA1c is based on normal lifespan of RBC. There are very limited studies in evaluating the accuracy of HbA1c in chronic liver disease (CLD). Multiple factors can shorten RBC survival in CLD, including anaemia, portal hypertension, hypersplenism, variceal bleeding, resulting in falsely low HbA1c. Fructosamine, glycated albumin can also be inaccurate. Capillary glucose monitoring should guide glycaemic management.

Link to full-text [NHS OpenAthens account required]

A prospective study of hospitalised patients with diabetes and hypoglycaemia following the National Inpatient Diabetes Audit (NaDIA) (2018)

Type of publication:
Conference abstract

Author(s):
*Htun H.; *Richardson E.; *Barton D.

Citation:
Diabetic Medicine; Mar 2018; vol. 35 ; S1

Abstract:
Background: A growing concern regarding increasing incidence of hypoglycaemia in hospitalised patients with diabetes and its association to all-cause mortality is well recognised. There has been no further study regarding the implication of appropriate management of hypoglycaemia following the NaDIA data 2016. Aims: To determine the quality of care provided to patients with diabetes with hypoglycaemia and to minimise the risk of avoidable complications and prolonged hospital stay. Methods: We prospectively identified 50 patients with diabetes who experienced one or more episodes of hypoglycaemia during their hospital stay in 2017. We assessed their clinical information regarding specific risk factors, medication and insulin prescription errors. Results: The study population identified the evidence of mild hypoglycaemic and severe hypoglycaemic episodes as 68% and 20% respectively. Recurrent hypoglycaemic episodes were highlighted as nine cases, especially in older patients aged over 65 years, with HbA1c >70mmol/mol. Their morbidity status was captured with mean prolonged hospital stay of 18 days. Regarding risk stratification, 44 cases were largely contributed to by a variety of clinical risk factors, whereas six cases (half of NaDIA 2016 figures) of those resulted from medication management errors, especially insulin prescription and administration. More than 90% of patients were seen by a member of the diabetes team following hypoglycaemic episodes. Conclusion: Our data confirm strong morbidity risk with recurrent hypoglycaemia. The study suggests much closer attention to correctable risk factors, so as to minimise avoidable complications with structured diabetes team input to ensure good quality care is to be maintained.

Link to full-text [NHS OpenAthens account required]

Gestational diabetes mellitus: onset, causes and management (2018)

Type of publication:
Journal article

Author(s):
*Morris, David

Citation:
Independent Nurse; Jun 2018; vol. 2018 (no. 6); p. 15-18

Abstract:
Primary care nurses can play a huge role in the management of gestational diabetes, writes David Morris

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Complications of diabetes: keep an eye on retinopathy (2018)

Type of publication:
Journal article

Author(s):
*David Morris

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Citation:
Independent Nurse. May 2018:15-18

Link to full-text [no password required]

Diabetes arising from pancreatic exocrine problems (2018)

Type of publication:
Journal article

Author(s):
*Morris, David

Citation:
Independent Nurse; Oct 2018; vol. 2018 (no. 10); p. 21-24

Abstract:
This condition, also known as Type 3C diabetes, is frequently misdiagnosed, writes David Morris.

Steroid-induced diabetes and hyperglycaemia. Part 1: mechanisms and risks (2018)

Type of publication:
Journal article

Author(s):
*Morris, David

Citation:
Diabetes & Primary Care; Aug 2018; vol. 20 (no. 4); p. 151-153

Abstract:
Glucocorticoids are prescribed widely in primary care for the treatment of a range of conditions. Courses of treatment are usually short, but around 22% of use continues for over 6 months. As well as their therapeutic actions, glucocorticoids have a powerful impact on glucose metabolism, contributing to hyperglycaemia and a predisposition to diabetes. In the first of two articles on steroid-induced hyperglycaemia and diabetes, the author outlines the scale of the problem and explains the mechanisms by which glucocorticoids induce hyperglycaemia. High-risk situations are identified, and the short- and long-term dangers summarised. The second article will appear in the next issue of this journal.

Steroid-induced diabetes and hyperglycaemia. Part 2: management (2018)

Type of publication:
Journal article

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Author(s):
*David Morris

Citation:
Diabetes and Primary Care 2018; 20(5): 183-187

ENT

Three-layered technique to repair an oroantral fistula using a posterior-pedicled inferior turbinate, buccal fat pad, and buccal mucosal advancement flap (2018)

Type of publication:
Journal article

Author(s):
*Darr, A; *Jolly, K; Martin, T; Monaghan, A; Grime, P; Isles, M; Beech, T; Ahmed, S

Citation:
British Journal of Oral and Maxillofacial Surgery; Volume 56, Issue 7, September 2018, Pages 638-639

Sparing the superficial lobe of the parotid during radical radiotherapy for oropharyngeal carcinoma (2018)

Type of publication:
Conference abstract

Author(s):
*Pettit L.; *Welsh A.G.; *Williams M.T.; *Puzey C.H.

Citation:
Radiotherapy and Oncology; Apr 2018; vol. 127

Abstract:
Purpose or Objective: Parotid sparing IMRT has been shown to reduce incidence of xerostomia, leading to recovery of salivary function and subsequently improve quality of life. It is usual to contour the whole parotid gland (WPG) which is considered a parallel organ. It can be challenging to meet dose constraints of the WPG even with VMAT. The general consensus in the U.K. has been to use a simple planning constraint of mean < 24 Gy to the WPG. However, this is not always achievable, especially with large tumours. Previous work suggests if only part of the parotid was spared this may be enough for preservation of saliva function. Material and Methods A retrospective dosimetric analysis of ten previous unselected patients who had received bilateral radical radiotherapy 65 Gy in 30 fractions for squamous cell carcinoma of the oropharynx that were identified from ARIA. Demographics were recorded on an excel spreadsheet. The deep lobe (DL) and superficial lobe (SL) of the ipsilateral (IL) and contralateral (CL) parotid gland were contoured on each CT planning slice. Mean dose to the deep lobe (DL) and superficial lobe (SL) was calculated from the original plan with the volume of the WPG. V40 and D50 were recorded. All treatment was replanned using a SL tolerance of V40 < 33% and D50 < 50% without compromise to the PTV's or change to other OAR. The DL of the parotid was not considered an organ at risk (OAR) for the re-plan. Results 10 patients were identified. 8 male, 2 female. All had squamous cell carcinoma of the oropharynx, 7 had tonsilar primaries, 2 base of tongue and 1 posterior pharyngeal wall. 7 were positive for p16. 9 also received concurrent platinum based chemotherapy. As expected the mean volume of the IL and CL parotid were similar (32.8 cc IL (7.8 cc DL, 24.7 cc SL, 31.9 cc

CL (7.6 cc DL, 23.7 cc SL). On average, the DL accounted for 24.8% of the IL parotid and 25.1% of the CL parotid. Average IL SL mean dose was significantly reduced from 36.1 Gy to 33.9 Gy, average CL SL mean dose reduced from 28.3 Gy to 25.5 Gy (p = 0.02 t-test). Conclusion Our retrospective study confirmed that tolerances to the superficial lobe only are relatively easy and practical to meet. Previous work suggests that D50 may be a more reliable predictor of recovery of parotid function than mean dose to whole gland. Following this retrospective study our department will change dose constraints to superficial lobe V40 < 33% and D50 < 50% and no longer consider the deep lobe an OAR. Prospective data will investigate preservation of salivary function using D50/V40. (Figure Presented).

Results of a multicentre randomised controlled trial of cochlear-sparing intensity-modulated radiotherapy versus conventional radiotherapy in patients with parotid cancer (COSTAR; CRUK/08/004) (2018)

Type of publication:
Journal article

Author(s):
Nutting , Morden JP, Beasley M, Bhide S, Cook A, De Winton E, Emson M, Evans M, Fresco L, Gollins S, Gujral D, Harrington K, Joseph M, Lemon C, Luxon L, van den Blink Q, Mendes R, Miah A, Newbold K, Prestwich R, Robinson M, Sanghera P, Simpson J, Sivaramalingam M, *Srihari NN, Sydenham M, Wells E, Witts S, Hall E; COSTAR Investigators.

Citation:
European Journal of Cancer; Nov 2018; vol. 103 ; p. 249-258

Abstract:
Purpose: About 40-60% of patients treated with post-operative radiotherapy for parotid cancer experience ipsilateral sensorineural hearing loss. Intensity-modulated radiotherapy (IMRT) can reduce radiation dose to the cochlea. COSTAR, a phase III trial, investigated the role of cochlear-sparing IMRT (CS-IMRT) in reducing hearing loss. Methods: Patients (pT1-4 N0-3 M0) were randomly assigned (1:1) to 3-dimensional conformal radiotherapy (3DCRT) or CS-IMRT by minimisation, balancing for centre and radiation dose of 60Gy or 65Gy in 30 daily fractions. The primary end-point was proportion of patients with sensorineural hearing loss in the ipsilateral cochlea of >=10 dB bone conduction at 4000 Hz 12 months after radiotherapy compared using Fisher's exact test. Secondary end-points included hearing loss at 6 and 24 months, balance assessment, acute and late toxicity, patient-reported quality of life, time to recurrence and survival. Results: From Aug 2008 to Feb 2013, 110 patients (54 3DCRT; 56 CS-IMRT) were enrolled from 22 UK centres. Median doses to the ipsilateral cochlea were 3DCRT: 56.2Gy and CS-IMRT: 35.7Gy (p < 0.0001). 67/110 (61%) patients were evaluable for the primary end-point; main reasons for non-evaluability were non-attendance at follow-up or incomplete audiology assessment. At 12 months, 14/36 (39%) 3DCRT and 11/31 (36%) CS-IMRT patients had >=10 dB loss (p = 0.81). No statistically significant differences were observed in hearing loss at 6 or 24 months or in other secondary end-points including patient-reported hearing outcomes. Conclusion: CS-IMRT reduced the radiation dose below the accepted tolerance of the cochlea, but this did not lead to a reduction in the proportion of patients with clinically relevant hearing loss.

Gastroenterology

What's in a name: friend or foe? Coping strategies used by stoma patients (2018)

Type of publication:
Journal article

Author(s):
*Powell, Julie

Citation:
British Journal of Nursing; Mar 2018; vol. 27 (no. 5) S22

Abstract:
The article examines how stoma patients chose to name their stoma and discusses how this can inform medical professionals' understanding of patient experiences. It provides examples of patients who named stoma after common first names or after television characters and explores the success of such coping strategies.

Link to full-text [NHS OpenAthens account required]

Stepped-wedge randomised trial of laparoscopic ventral mesh rectopexy in adults with chronic constipation: Study protocol for a randomized controlled trial (2018)

Type of publication:
Randomised controlled trial

Author(s):
Ugo Grossi, Natasha Stevens, Eleanor McAlees, *Jon Lacy-Colson, Steven Brown, Anthony Dixon, Gian Luca Di Tanna, S. Mark Scott, Christine Norton, Nadine Marlin, James Mason, Charles H. Knowles, and On behalf of the NIHR CapaCiTY working group

Citation:
Trials; Feb 2018; vol. 19 (no. 1)

Abstract:
Background: Laparoscopic ventral mesh rectopexy (LVMR) is an established treatment for external full thickness rectal prolapse. However, its clinical efficacy in patients with internal prolapse is uncertain due to the lack of high-quality evidence. Methods: An individual level, stepped-wedge randomised trial has been designed to allow observer-blinded data comparisons between patients awaiting LVMR with those who have undergone surgery. Adults with symptomatic internal rectal prolapse, unresponsive to prior conservative management, will be eligible to participate. They will be randomised to three arms with different delays before surgery (0, 12 and 24 weeks). Efficacy outcome data will be collected at equally stepped time points (12, 24, 36 and 48 weeks). The primary objective is to determine clinical efficacy of

LVMR compared to controls with reduction in the Patient Assessment of Constipation Quality of Life (PAC-QOL) at 24 weeks serving as the primary outcome. Secondary objectives are to determine: (1) the clinical effectiveness of LVMR to 48 weeks to a maximum of 72 weeks; (2) pre-operative determinants of outcome; (3) relevant health economics for LVMR; (4) qualitative evaluation of patient and health professional experience of LVMR and (5) 30-day morbidity and mortality rates. Discussion: An individual-level, stepped-wedge, randomised trial serves the purpose of providing an untreated comparison for the active treatment group, while at the same time allowing the waiting-listed participants an opportunity to obtain the intervention at a later date. In keeping with the basic ethical tenets of this design, the average waiting time for LVMR (12 weeks) will be shorter than that for routine services (24 weeks).

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3 versus 6 months of adjuvant oxaliplatin-fluoropyrimidine combination therapy for colorectal cancer (SCOT): an international, randomised, phase 3, non-inferiority trial (2018)

Type of publication:
Randomised controlled trial

Author(s):
Iveson TJ, Kerr RS, Saunders MP, Cassidy J, Hollander NH, Tabernero J, Haydon A, Glimelius B, Harkin A, Allan K, McQueen J, Scudder C, Boyd KA, Briggs A, Waterston A, Medley L, Wilson C, Ellis R, Essapen S, Dhadda AS, Harrison M, Falk S, Raouf S, Rees C, Olesen RK, Propper D, Bridgewater J, Azzabi A, Farrugia D, Webb A, Cunningham D, Hickish T, Weaver A, Gollins S, Wasan HS, Paul J. [SaTH was one of the sites this trial took place at]

Citation:
Lancet Oncology 2018 Apr;19(4):562-578

Abstract:
BACKGROUND: 6 months of oxaliplatin-containing chemotherapy is usually given as adjuvant treatment for stage 3 colorectal cancer. We investigated whether 3 months of oxaliplatin-containing chemotherapy would be non-inferior to the usual 6 months of treatment.
METHODS: The SCOT study was an international, randomised, phase 3, non-inferiority trial done at 244 centres. Patients aged 18 years or older with high-risk stage II and stage III colorectal cancer underwent central randomisation with minimisation for centre, choice of regimen, sex, disease site, N stage, T stage, and the starting dose of capecitabine. Patients were assigned (1:1) to receive 3 months or 6 months of adjuvant oxaliplatin-containing chemotherapy. The chemotherapy regimens could consist of CAPOX (capecitabine and oxaliplatin) or FOLFOX (bolus and infused fluorouracil with oxaliplatin). The regimen was selected before randomisation in accordance with choices of the patient and treating physician. The primary study endpoint was disease-free survival and the non-inferiority margin was a hazard ratio of 1·13. The primary analysis was done in the intention-to-treat population and safety was assessed in patients who started study treatment. This trial is registered with ISRCTN, number ISRCTN59757862, and follow-up is continuing.
FINDINGS: 6088 patients underwent randomisation between March 27, 2008, and Nov 29, 2013. The intended treatment was FOLFOX in 1981 patients and CAPOX in 4107 patients. 3044 patients were assigned to 3 month group and 3044 were assigned to 6 month group. Nine patients in the 3 month group and 14 patients in the 6 month group did not consent for their data to be used, leaving 3035

patients in the 3 month group and 3030 patients in the 6 month group for the intention-to-treat analyses. At the cutoff date for analysis, there had been 1482 disease-free survival events, with 740 in the 3 month group and 742 in the 6 month group. 3 year disease-free survival was 76·7% (95% CI 75·1-78·2) for the 3 month group and 77·1% (75·6-78·6) for the 6 month group, giving a hazard ratio of 1·006 (0·909-1·114, test for non-inferiority p=0·012), significantly below the non-inferiority margin. Peripheral neuropathy of grade 2 or worse was more common in the 6 month group (237 [58%] of 409 patients for the subset with safety data) than in the 3 month group (103 [25%] of 420) and was long-lasting and associated with worse quality of life. 1098 serious adverse events were reported (492 reports in the 3 month group and 606 reports in the 6 month group) and 32 treatment-related deaths occurred (16 in each group).
INTERPRETATION: In the whole study population, 3 months of oxaliplatin-containing adjuvant chemotherapy was non-inferior to 6 months of the same therapy for patients with high-risk stage II and stage III colorectal cancer and was associated with reduced toxicity and improved quality of life. Despite the fact the study was underpowered, these data suggest that a shorter duration leads to similar survival outcomes with better quality of life and thus might represent a new standard of care.
FUNDING: Medical Research Council, Swedish Cancer Society, NETSCC, and Cancer Research UK.

Link to full-text [Open access – no password required]

Screening for colorectal cancer in defunctioned colons (2018)

Type of publication:
Journal article

Author(s):
*Akbar, Fayyaz; Quyn, Aaron; Steele, Robert

Citation:
Journal of medical screening; Dec 2018; vol. 25 (no. 4); p. 178-182

Abstract:
OBJECTIVES Population-based colorectal (bowel) cancer screening using faecal occult blood tests leads to a reduction in cause-specific mortality. However, in people where the colon is defunctioned, the use of standard faecal occult blood test is not appropriate. The aim of this study was to examine the current trends of clinical practice for colorectal cancer screening in people with defunctioned colons.METHODS An online survey was performed using SurveyMonkey. All members of the Association of Coloproctology of Great Britain and Ireland were invited by email to participate. Reminders were sent to non-responders and partial responders till six weeks. All responses were included in our analysis. RESULTS Of the 206 (34.59%) questionnaires completed, all questions were answered in 110 (55.8%). Among responders, 94 (85.4%) were colorectal consultant surgeons, 72% had worked in their current capacity for more than five years, and 105 (50.9%) had encountered colorectal cancer in defunctioned colons during their career. Some 72.2% of responders stated that a screening test for colorectal cancer in patients with defunctioned colons was currently not offered, or that they did not know whether or not it was offered in their area.CONCLUSIONS Bowel screening in the United Kingdom is currently not offered to 72.2% of the age appropriate population with defunctioned colons. Among responding colorectal surgeons, 50% had encountered colorectal cancer in such patients. There is considerable variability in

clinical practice regarding the optimal age for onset of screening, time interval, and the optimal modality to offer for screening in such cases.

Link to full-text [no password required]

Perplexing presentations in paediatric gastroenterology (2018)

Type of publication:
Journal article

Author(s):
Pigott, Anna Jane; Saran, Shashwat; *Monaghan, Sean

Citation:
Paediatrics & Child Health; Nov 2018; vol. 28 (no. 11); p. 515-519

Abstract:
Abstract The nature of gastroenterological conditions often lead the clinician to rely on the history offered by the parents or carers to make a diagnosis and create a management plan. It is no coincidence that some of the most frequent presentations of fabricated or induced illness (FII) are with apparent gastroenterological complaints. This review details elements in the presenting history of vomiting, constipation, diarrhoea, blood in stool, faltering growth and abdominal pain that potentially make FII a more likely diagnosis, and proposes a management approach to a suspected presentation of FII.

Gynaecology

The paediatrician and the management of common gynaecological conditions (2018)

Type of publication:
Journal article

Author(s):
*Ritchie, Joanne K; Latthe, Pallavi; Jyothish, Deepthi; Blair, Joanne C

Citation:
Archives of disease in childhood; Jul 2018, 103(7), p. 703-706

Abstract:
Paediatric gynaecology is an emerging discipline. Since 2000, there has been an advanced training programme in paediatric gynaecology available for obstetric and gynaecology trainees; additionally, a set of clinical standards1 for the care of paediatric and adolescent patients has been developed by The British Society of Paediatric and Adolescent Gynaecology (BritSPAG). BritSPAG is a multidisciplinary group of professionals including gynaecologists, paediatricians, paediatric urologists and endocrinologists.Girls with gynaecological conditions are often seen in general paediatric services; it is important that those assessing them are confident in identifying patients who require more specialist care. Despite this, gynaecology does not appear in the Royal College of Paediatrics and Child Health curriculum. This article aims to increase the knowledge base and confidence of paediatricians in dealing with common paediatric and adolescent gynaecological conditions.

Link to full-text [NHS OpenAthens account required]

Psychosexual outcomes in women of reproductive age at more than two-years from excisional cervical treatment - a cross-sectional study (2018)

Type of publication:
Journal article

Author(s):
Sparić, Radmila; *Papoutsis, Dimitrios; Kadija, Saša; Stefanović, Radomir; *Antonakou, Angeliki; Nejković, Lazar; Kesić, Vesna

Citation:
Journal of Psychosomatic Obstetrics and Gynaecology; Mar 2018 ; p. 1-10

Abstract:
PURPOSE To investigate the long-term psychosexual outcomes in women following excisional cervical treatment. MATERIALS AND METHODS Women with cold-knife conization (CKC) or large loop excision of the transformation zone (LLETZ) treatment were interviewed after a follow-up colposcopy visit. Their demographics, treatment and psychosexual characteristics were recorded. RESULTS One hundred and forty six women with a mean age of 35.2 ± 5.4 years underwent either LLETZ (68.5%) or CKC (31.5%)

treatment within 4.7 ± 2.7 years (range: 2-15) before the interview. 27.4% of women were less interested in sexual intercourse following treatment in comparison with their interest before. Those women with less interest in sexual intercourse after treatment had higher anxiety and depression scores and were more worried about disease progression. Women with post-treatment complications were at risk of less interest in sexual intercourse and of greater anxiety and depression. Women with abnormal smears at follow-up were at risk of greater anxiety. The type of treatment and grade of dysplasia did not affect their interest in sexual intercourse or the anxiety and depression scores. CONCLUSIONS Approximately, one-third of women at more than two years posttreatment may suffer from less interest in sexual intercourse, have relatively greater anxiety and depression, and might still be concerned about the possibility of disease progression.

Early and late pregnancy outcomes in women treated with cold-coagulation versus LLETZ cervical treatment for cervical intraepithelial neoplasia; a retrospective cohort study (2018)

Type of publication:
Journal article

Author(s):
*Papoutsis, Dimitrios; *Underwood, Martyn; *Parry-Smith, William; *Panikkar, Jane

Citation:
Archives of gynecology and obstetrics; Apr 2018; Vol.297(4):1015-1025

Abstract:
PURPOSE To compare the pregnancy outcomes between women who were treated with cold-coagulation versus large loop excision of the transformation zone (LLETZ) for cervical intraepithelial neoplasia. METHODS This was a retrospective cohort study of women who had a single cervical treatment between 2010 and 2011. We identified those women who had a singleton pregnancy subsequent to their cervical treatment until September 2017. Women with previous cervical treatment, previous miscarriage or preterm delivery were excluded. RESULTSWe identified 86 women with a pregnancy after LLETZ treatment and 75 women after cold coagulation. Those who had LLETZ when compared to cold coagulation miscarried more often in the first trimester (33.7 vs 17.3%; p = 0.01) than in the second trimester. In women with LLETZ this effect of increased early miscarriage was shown to be prolonged and to persist up to 17 months after excision. Women with LLETZ when compared to cold coagulation had higher spontaneous preterm birth rates (8.9 vs 6.7%) even though the difference was non significant, with the earliest spontaneous preterm birth occurring at 32 weeks and 34 weeks, respectively. CONCLUSION We found that women who received LLETZ treatment when compared to cold coagulation had higher spontaneous preterm birth rates in their subsequent pregnancy and miscarried more frequently in the first trimester, and demonstrated an increased early miscarriage risk that persisted for more than a year after excisional treatment.

A survey of management of vulvar disorders in the primary health care setting in an urban area of England (2018)

Type of publication:
Journal article

Author(s):
*Kandanearachchi P.; *Sahu B.; *Antonakou A.; *Papoutsis D.

Citation:
Archives of Hellenic Medicine; 2018; vol. 35 (no. 3); p. 405-411

Abstract:
OBJECTIVE To determine the frequency of consultation for vulvar diseases in the primary health care setting, and their investigation and management patterns, and to identify the training needs of general practitioners (GPs) in vulvar disease. METHOD A survey was conducted using a 13-item questionnaire handed out to GPs during their regional post-graduate seminars in the area of Shropshire in the West Midlands in England. RESULTS Of 120 questionnaires distributed, a total of 107 responses were received (response rate: 89.1%). Of the participants, 67.3% reported that they see more than 5 patients per month with vulvar symptoms, and 24.6% that they see more than 5 patients per month with recurrent vulvar symptoms. The predominant symptom was pruritus vulvae (77.5%), with 94.5% of practitioners considering lichen sclero-sus as the most likely diagnosis. For recurrent pruritus vulvae a gynecological referral was made in most cases (86%). In contrast, when there was vulvar pain, only few practitioners would refer the patient to a gynecologist (8.4%) or a dermatologist (17.3%). Only 41.1% of GPs had ever received any kind of training, with all (100%) agreeing that formal training in the diagnosis and management of vulvar diseases would benefit their care of their patients. CONCLUSIONS This survey showed that a substantial number of women consult their GP with vulvar symptoms. A variety of approaches were reported in the diagnosis and management of these cases. All the GPs agreed that there is a need for formal training in vulvar disease.

Link to full-text [NHS OpenAthens account required]

Lymphangioma circumscriptum of the vulva clinical picture and surgical management (2018)

Type of publication:
Journal article

Author(s):
*Papoutsis D.; Haefner H.K

Citation:
Archives of Hellenic Medicine 35(6):809-810 · November 2018

Abstract:
Vulvar lymphangioma circumscriptum is a rare entity that may mimic many other diseases of the vulva. It presents with the non-specific symptoms of persistent vulvar itching and soreness, and the diagnosis

is confirmed through vulvar biopsy. Surgical treatment has the lowest recurrence rates compared with other treatment modalities. The case is presented here of a woman diagnosed with lymphangioma circumscriptum of the vulva and its surgical management.

Audit of 2-week wait referrals to the Gynecology Department in District General Hospital and investigating patient awareness of the reasons and importance behind the referral (2018)

Type of publication:
Conference abstract

Author(s):
Wilkinson M.; *Sahu B

Citation:
BJOG: An International Journal of Obstetrics and Gynaecology; Dec 2018; vol. 125 ; p. 48

Abstract:
Introduction Two-week wait referrals to gynecology services are at a premium with pressure on numbers. Referrals can be inappropriate. Patients are often unaware the appointment is for suspected cancer. Methods Two-week wait referrals were examined during a six month period. The gynecologist in clinic collected data. Patients were asked about their 2-week wait referral, gauging awareness around their referral. Clinical symptoms and signs were compared to those in referral. Appropriateness of the referral was assessed by symptoms fitting the 2-week wait criteria or clinical findings on referral not consistent with the presenting symptoms and findings in clinic. Results A total of 172 patients were referred under the 2-week wait criteria; mean age was 58 years, range (17-95). Referrals were from 50 separate primary care practices. Suspected cancer referrals were composed of 111 endometrial, 15 ovarian, 22 cervical, 15 vulva/vaginal and 9 of mixed pathology. There was awareness of referral for cancer in 90 cases (52%), awareness of “2-week wait” in 124 cases (72%) and aware that the appointment could be at either hospital within the trust in 96 cases (56%). The referral was considered appropriate for 2-week wait referral in 123 (72%) of cases. Conclusion The majority of patients were referred correctly. A wide range of pathologies was seen. A significant number could have been referred as routine referrals or advice requested. Patient awareness of it being a referral due to suspected cancer was poor with better appreciation of the urgency of referral.

Link to full-text [NHS OpenAthens account required]

Haematology

Individual and monitoring centre influences upon anticoagulation control of AF patients on warfarin: a longitudinal multicentre UK-based study (2018)

Type of publication:
Journal article

Author(s):
Abohelaika, Salah; Wynne, Hilary; Avery, Peter; Robinson, Brian; Jones, Lisa; Tait, Campbell; Dickinson, Bradley; Salisbury, Julie; Nightingale, Joanna; *Green, Louise; Kamali, Farhad

Citation:
European Journal of Haematology 2018 October, 101:486–495.

Abstract:
OBJECTIVES Time within therapeutic INR range (TTR) predicts benefits/risk of warfarin therapy. Identification of individual- and centre-related factors that influence TTR, and addressing them to improve anticoagulation control, are important. This study examined the impact of individual and centre-related factors uponlong-term anticoagulation control in atrial fibrillation patients in seven UK-based monitoring services. METHODS Data between 2000 and 2014 on 25,270 patients (equating to 203,220 patient years) [18,120 (71.7%) in general practice, 2,348 (9.3%) in hospital-based clinics and 4,802 (19.0%) in domiciliary service] were analysed. RESULTS TTR increased with increasing age, peaking around 77% at 70-75 years, and then declined, was lower in females than males, and in dependent home-monitored patients than those attending clinic (P<0.0001). TTR, number of dose changes and INR monitoring events, and the probability of TTR≤ 65%, differed across the centres (P<0.0001). CONCLUSIONS Although all the participating centres ostensively followed a standard dosing algorithm, our results indicate that variations in practice do occur between different monitoring sites. We suggest feedback on TTR for individual monitoring sites gauged against the average values reported by others would empower the individual centres to improve quality outcomes of anticoagulation therapy by identifying and adjusting contributory factors within their management system.

Link to full-text [NHS OpenAthens account required]

Infection

Treatment of infections caused by multidrug-resistant Gram-negative bacteria: report of the British Society for Antimicrobial Chemotherapy/Healthcare Infection Society/British Infection Association Joint Working Party. (2018)

Type of publication:
Journal article

Author(s):
Hawkey, Peter M; *Warren, Roderic E; Livermore, David M; McNulty, Cliodna A M; Enoch, David A; Otter, Jonathan A; Wilson, A Peter R

Citation:
Journal of Antimicrobial Chemotherapy; Mar 2018; vol. 73 ; p. iii2

Abstract:
The Working Party makes more than 100 tabulated recommendations in antimicrobial prescribing for the treatment of infections caused by multidrug-resistant (MDR) Gram-negative bacteria (GNB) and suggest further research, and algorithms for hospital and community antimicrobial usage in urinary infection. The international definition of MDR is complex, unsatisfactory and hinders the setting and monitoring of improvement programmes. We give a new definition of multiresistance. The background information on the mechanisms, global spread and UK prevalence of antibiotic prescribing and resistance has been systematically reviewed. The treatment options available in hospitals using intravenous antibiotics and in primary care using oral agents have been reviewed, ending with a consideration of antibiotic stewardship and recommendations. The guidance has been derived from current peer-reviewed publications and expert opinion with open consultation. Methods for systematic review were NICE compliant and in accordance with the SIGN 50 Handbook; critical appraisal was applied using AGREE II. Published guidelines were used as part of the evidence base and to support expert consensus. The guidance includes recommendations for stakeholders (including prescribers) and antibiotic-specific recommendations. The clinical efficacy of different agents is critically reviewed. We found there are very few good-quality comparative randomized clinical trials to support treatment regimens, particularly for licensed older agents. Susceptibility testing of MDR GNB causing infection to guide treatment needs critical enhancements. Meropenem- or imipenem-resistant Enterobacteriaceae should have their carbapenem MICs tested urgently, and any carbapenemase class should be identified: mandatory reporting of these isolates from all anatomical sites and specimens would improve risk assessments. Broth microdilution methods should be adopted for colistin susceptibility testing. Antimicrobial stewardship programmes should be instituted in all care settings, based on resistance rates and audit of compliance with guidelines, but should be augmented by improved surveillance of outcome in Gram-negative bacteraemia, and feedback to prescribers. Local and national surveillance of antibiotic use, resistance and outcomes should be supported and antibiotic prescribing guidelines should be informed by these data. The diagnosis and treatment of both presumptive and confirmed cases of infection by GNB should be improved. This guidance, with infection control to arrest increases in MDR, should be used to improve the outcome of infections with such strains. Anticipated users include medical, scientific, nursing, antimicrobial pharmacy and paramedical staff where they can be adapted for local use.

Medical Devices

Risk-Based Maintenance of Medical Devices for use with Humans (2018)

Type of publication:
Dissertation

Author(s):
*Nigel Watkinson

Citation:
University of Derby

Abstract:
Medical devices continue to increase in quantity and complexity, and as they have a direct correlation with human health and safety their correct use and operation is paramount. This includes effective maintenance to retain serviceability and extend service life. Hospital Clinical Engineering departments are responsible for developing and operating Equipment Management Programs to ensure the safety and reliability of devices whilst optimising lifecycle costs for the organisation. Maintenance of engineering assets traditionally involves following manufacturers predetermined servicing activity at fixed intervals; however, alternative
approaches have been employed in many engineering industries to optimise maintenance management resources with reduced risk. Risk-based maintenance (RBM) strategies being the most recent development are evaluated in this paper to consider their appropriateness with medical devices in UK hospitals. A mixed methods approach is used for the research study with a literature review of RBM in engineering industries, analysis of a survey of 74 UK medical engineering professionals and equipment service data from local organisation. The current and future position of RBM is discussed including development of RBM methodology to be employed with medical devices in UK hospitals. The study identifies strong endorsement of RBM principles by medical engineering professionals, including widespread employment of RBM, yet with no standardisation. Opposition to RBM is also encountered in favour of traditional approaches with variations in attitude to risk. Recommendations include collaboration of UK professionals for further research and development of medical device specific RBM with standardisation of methodology and approach with engagement of healthcare regulatory authorities.

Musculoskeletal

Physiotherapists utilizing diagnostic ultrasound in shoulder clinics. How useful do patients find immediate feedback from the scan as part of the management of their problem? (2018)

Type of publication:
Journal article

Author(s):
*Lumsden, Gordon; *Lucas-Garner, Kerry; *Sutherland, Sarah; *Dodenhoff, Ron

Citation:
Musculoskeletal care; Mar 2018; vol. 16 (no. 1); p. 209-213

Abstract:
AIMSPhysiotherapists are beginning to utilize diagnostic ultrasound imaging in upper limb/shoulder clinics. The aim of the present study was to receive feedback on the views of the patients concerning the usefulness of the information obtained immediately from the scan in the management of their problem.METHODS A questionnaire was offered to all patients attending a physiotherapist-led upper limb/shoulder clinic who underwent ultrasound imaging as part of a shoulder assessment over a 6-month period. A total of 103 patients completed a questionnaire for analysis.RESULTSPatients rated the ultrasound scan to be of benefit in all aspects. Regarding the ability to understand their shoulder problem better and in feeling reassured about their problem, 97% of patients either strongly agreed or agreed that this was the case. Concerning the capability of managing their problem, 89% of patients strongly agreed or agreed that they felt more able to do this. In total, 96% of patients evaluated the ultrasound scan to be of very high/high value to them.CONCLUSION Patients highly rate the information gained from ultrasound imaging in a physiotherapy-led upper limb/shoulder clinic and felt that it assisted them in the understanding, reassurance and management of their problem.

Link to full-text [NHS OpenAthens account required]

Spinal Motocross Injuries in the United Kingdom (2018)

Type of publication:
Journal article

Author(s):
*Singh, Rohit; Bhalla, Amit; Ockendon, Matthew; *Hay, Stuart

Citation:
Orthopaedic journal of sports medicine; Jan 2018; vol. 6 (no. 1); p.

Abstract:
Background Motocross is a form of motorcycle racing held on established off-road circuits and has been a recreational and competitive sport across the world for >100 years. In the United Kingdom alone, motocross has grown into a phenomenally ambitious and popular franchise. There are >200 motocross

clubs across the country, permitting >900 events annually. Purpose To assess the current trend of spine-related motocross injuries over the past 5 years. Study Design Descriptive epidemiology study. Methods Data were prospectively collected over 5 years (August 2010-August 2015) at our regional trauma and spine unit, regardless of whether the rider was performing the sport competitively or recreationally. Results During the study period, spine related injuries were identified for 174 patients (age range, 6-75 years) who were directly referred to our department following recreational or competitive motocross, with most injuries being sustained within the early spring and summer months, representing the start of the motocross season. A significant number of injuries were in males (n = 203, 94%), with the majority of injuries occurring within the 21- to 30-year-old age group. A total of 116 (54%) injuries required operative treatment. The most common spinal injury was thoracolumbar burst fracture (n = 95), followed by chance fractures (n = 26). Conclusion This data series emphasizes the prevalence and devastation of motocross-related spinal injuries in the United Kingdom and may serve in administering sanctions and guidelines to governing bodies of motocross. The spinal injuries that occur during motocross have significant capital connotations for regional spinal centers. The recent surge in motocross popularity is correlated with the number of injuries, which have increased over the past 5 years by almost 500%.

Link to full-text [no password required]

Development of an accelerated functional rehabilitation protocol following minimal invasive Achilles tendon repair (2018)

Type of publication:
Journal article

Author(s):
Braunstein, Mareen; Baumbach, Sebastian F; Boecker, Wolfgang; *Carmont, Mike R; Polzer, Hans

Citation:
Knee Surgery, Sports Traumatology, Arthroscopy : Official Journal of the ESSKA; Mar 2018; vol. 26 (no. 3); p. 846-853

Abstract:
PURPOSE Surgical repair after acute Achilles tendon rupture leads to lower re-rupture rates than non-surgical treatment. After open repair, early functional rehabilitation improves outcome, but there are risks of infection and poor wound healing. Minimal invasive surgery reduces these risks; however, there are concerns about its stability. Consequently, physicians may have reservations about adopting functional rehabilitation. There is still no consensus about the post-operative treatment after minimal invasive repair. The aim of this study was to define the most effective and safe post-operative rehabilitation protocol following minimal invasive repair. METHODS A systematic literature search in Embase, MEDLINE and Cochrane Library for prospective trials reporting on early functional rehabilitation after minimal invasive repair was performed. Seven studies were included. RESULTS One randomized controlled trail, one prospective comparative and five prospective non-comparative studies were identified. Four studies performed full weight bearing, all demonstrating good functional results, an early return to work/sports and high satisfaction. One study allowed early mobilization leading to excellent subjective and objective results. The only randomized controlled trial performed the most accelerated protocol demonstrating a superior functional outcome and fewer complications after

immediate full weight bearing combined with free ankle mobilization. The non-comparative study reported high satisfaction, good functional results and an early return to work/sports following combined treatment. CONCLUSION Immediate weight bearing in a functional brace, together with early mobilization, is safe and has superior outcome following minimally invasive repair of Achilles tendon rupture. Our recommended treatment protocol provides quality assurance for the patient and reliability for the attending physician. LEVEL OF EVIDENCE II.

Achilles tendon rupture: the evaluation and outcome of percutaneous and minimally invasive repair (2018)

Type of publication:
Journal article

Author(s):
*Carmont, Michael R

Citation:
British Journal of Sports Medicine; Jun 2018 [online]

Link to full-text [NHS OpenAthens account required]

Longer duration of operative time enhances healing metabolites and improves patient outcome after Achilles tendon rupture surgery (2018)

Type of publication:
Journal article

Author(s):
Svedman S.; Aufwerber S.; Ackermann P.W.; Westin O.; Nilsson-Helander K.; *Carmont M.R.; Karlsson J.; Edman G.

Citation:
Knee surgery, sports traumatology, arthroscopy : official journal of the ESSKA; Jul 2018; vol. 26 (no. 7); p. 2011-2020

Abstract:
PURPOSE: The relationship between the duration of operative time (DOT), healing response and patient outcome has not been previously investigated. An enhanced healing response related to DOT may potentiate repair processes, especially in hypovascular and sparsely metabolized musculoskeletal tissues such as tendons. This study aimed to investigate the association between DOT and the metabolic healing response, patient reported outcome and the rate of post-operative complications after acute Achilles tendon injury.METHODS: Observational cohort, cross-sectional study with observers blinded to patient grouping. A total of two-hundred and fifty-six prospectively randomized patients (210 men, 46 women; mean age 41 years) with an acute total Achilles tendon rupture all operated on with uniform anaesthetic and surgical technique were retrospectively assessed. At 2 weeks post-operatively, six

metabolites were quantified using microdialysis. At 3, 6 and 12 months, patient-reported pain, walking ability and physical activity were examined using self-reported questionnaires, Achilles tendon total rupture score, foot and ankle outcome score and physical activity scale. At 12 months, functional outcome was assessed using the heel-rise test. Complications, such as deep venous thrombosis, infections and re-operations, were recorded throughout the study.RESULTS: Patients who underwent longer DOT exhibited higher levels of glutamate (p = 0.026) and glycerol (p = 0.023) at 2 weeks. At the 1-year follow-up, longer DOT was associated with significantly less loss in physical activity (p = 0.003), less pain (p = 0.009), less walking limitations (p = 0.022) and better functional outcome (p = 0.014). DOT did not significantly correlate with the rate of adverse events, such as deep venous thrombosis, infections or reruptures. Higher glutamate levels were associated with less loss in physical activity (p = 0.017). All correlations were confirmed by multiple linear regressions taking confounding factors into consideration.CONCLUSION: The results from this study suggest a previously unknown mechanism, increased metabolic response associated with longer DOT, which may improve patient outcome after Achilles tendon rupture surgery. Allowing for a higher amount of traumatized tissue, as reflected by up-regulation of glycerol in patients with longer DOT, may prove to be an important surgical tip for stimulation of repair of hypometabolic soft tissue injuries, such as Achilles tendon ruptures.II.

Link to full-text [no password required]

Charcot Marie Tooth disease type 2S with late onset diaphragmatic weakness: An atypical case (2018)

Type of publication:
Journal article

Author(s):
Kulshrestha, Richa; Forrester, Natalie; Antoniadi, Thalia; Willis, Tracey; *Sethuraman, Sethil Kumar; Samuels, Martin

Citation:
Neuromuscular disorders : NMD; Dec 2018; vol. 28 (no. 12); p. 1016-1021

Abstract:
Immunoglobulin-helicase-μ-binding protein 2 (IGHMBP2) mutations are associated with partial continuum between two extremes of rapidly lethal disorder of spinal muscular atrophy with respiratory distress type 1 (SMARD1), with infantile axonal neuropathy, diaphragmatic weakness and commonly death before 1 year of age, and Charcot-Marie-Tooth disease (CMT) type 2S with slowly progressive weakness and sensory loss but no significant respiratory compromise. We present an atypical case of CMT2S. A 9 month old boy presented with bilateral feet deformities and axonal neuropathy. Genetic testing revealed two heterozygous variants in the IGHMBP2 gene: c.1156 T>C p.(Trp386Arg) in exon 8 and c.2747G>A p.(Cys916Tyr) in exon 14, that were inherited from his father and mother respectively. At 9 years, he developed diaphragmatic weakness, following which he was established on non-invasive ventilation. Our case emphasizes the importance of life long respiratory surveillance for patients with CMT2S and expands the phenotype of this condition.

TPS-calculated vs. measured dose around a prosthetic hip implant (2018)

Type of publication:
Poster presentation

Author(s):
*Maryke Fox, *Mike Alexander

Citation:
IPEM Medical Physics & Engineering Conference & Biennial Radiotherapy Meeting Proceedings, York, UK. September 2018

Abstract:
An increasing number of patients presenting for prostate radiotherapy have prosthetic hips. It is well known
that modern treatment planning systems are unable to accurately model dose in the vicinity of high density
prostheses. This work sought to characterise how dose is modelled by the Eclipse TPS around a hip prosthesis in a water phantom by comparing the modelled dose with dose measured by a Farmer chamber and find estimate dose due to scatter. Transmission, lateral scatter and back scatter were measured at a range of distances from the prosthesis and compared to the Eclipse modelled dose. It was found that dose distal to the prosthesis was underestimated by over 20%, backscatter was not modelled at all by Eclipse but lateral scatter was adequately modelled. The dose due to backscatter and lateral scatter from the prosthesis were not significant contributors to dose. These results indicate that planners should avoid treating through prosthetic hips, and that dose due to scatter was unlikely to cause ill effects.

Link to full-text

The current standard of care and the unmet needs for axial spondyloarthritis (2018)

Type of publication:
Journal article

Author(s):
*Noureldin, Basil; Barkham, Nick

Citation:
Rheumatology; Volume 57, Issue suppl_6, November 2018, Pages vi10–vi17

Abstract:
The aim of this article is to explore the benefits and limitations of the established treatments for axial SpA (axSpA), including physiotherapy, NSAIDs, conventional synthetic DMARDs and biologic DMARDs such as TNF inhibitors (TNFis). It also briefly discusses the emerging role of anti-IL-17 therapy, which could be used as a valuable alternative to first-line biologic DMARD treatment or as a second-line

treatment for patients who are inadequate responders to TNFi therapy, as evidenced by various studies. Exercise programmes improve health related quality of life and hydrotherapy improves disease activity and functional parameters in AS. NSAIDs have been proven to substantially relieve symptoms in 70–80% of patients and enhance physiotherapy by reducing pain and stiffness. The role of NSAIDs in preventing radiographic progression remains unclear. The use of conventional synthetic DMARDs (csDMARDs) is limited to peripheral arthritis; there is insufficient evidence to support the use of csDMARDs for axial disease. TNFi therapy reduces the disease activity of axSpA, however, as not all patients respond to treatment in the same way, it is good to have other therapeutic options available. Finally, this article explores the potential for IL-17 inhibition in AS and introduces clinical data for secukinumab, a fully human monoclonal antibody targeting IL-17A.

Factors associated with physiotherapists' preference for MRI in primary care patients with low back and leg pain (2018)

Type of publication:
Journal article

Author(s):
*Ely S.; Stynes S.; Ogollah R.; Foster N.E.; Konstantinou K.

Citation:
Musculoskeletal Science and Practice; Dec 2018; vol. 38 ; p. 46-52

Abstract:
Background: Criticisms about overuse of MRI in low back pain are well documented. Yet, with the exception of suspicion of serious pathology, little is known about factors that influence clinicians' preference for magnetic resonance imaging (MRI) at first consultation. Objective: To explore factors associated with physiotherapists' preference for MRI for patients consulting with benign low back and leg pain (LBLP) including sciatica. Design: Cross-sectional cohort study. Methods: Data were collected from 607 primary care LBLP patients participating in the ATLAS cohort study. Following clinical assessment, physiotherapists documented whether he/she wanted the patient to have an MRI. Factors potentially associated with physiotherapists' preference for imaging were selected a priori from patient characteristics and clinical assessment findings. A mixed-effects logistic regression model examined the associations between these factors and physiotherapists' preference for MRI. Results: Physiotherapists expressed a preference for MRI in 32% (196/607) of patients, of whom 22 did not have a clinical diagnosis of sciatica (radiculopathy). Factors associated with preference for MRI included; clinical diagnosis of sciatica (OR 4.23: 95% CI 2.29, 7.81), greater than 3 months pain duration (2.61: 1.58, 4.30), high pain intensity (1.24: 1.11, 1.37), patient's low expectation of improvement (2.40: 1.50, 3.83), physiotherapist's confidence in their diagnosis (1.19: 1.07, 1.33), with greater confidence associated with higher probability for MRI preference. Conclusion: A clinical diagnosis of sciatica and longer symptom duration were most strongly associated with physiotherapists' preference for MRI. Given current best practice guidelines, these appear to be justifiable reasons for MRI preference at first consultation.

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* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

A Classification for Extensor Carpi Ulnaris Groove Morphology as an Aid for Ulnar Sided Wrist Pain (2018)

Type of publication:
Journal article

Author(s):
Singh R.; Roulohamin N.; Patel A.; *Turner R.

Citation:
The Journal of Hand Surgery Asian-Pacific. volume; Jun 2016; vol. 21 (no. 2); p. 246-252

Link to full-text [NHS OpenAthens account required]

Neonatology

Rare complication of a percutaneous long line (2018)

Type of publication:
Journal article

Author(s):
*Shankar S.; *Ray S.; *Gupta M.

Citation:
BMJ Case Reports; 2018; vol. 2018

Link to full-text [NHS OpenAthens account required]

Bilateral parameatal cysts with associated hypospadias presenting in a newborn baby (2018)

Type of publication:
Journal article

Author(s):
*Brown S.; *Mohamed A.S.A.; *Ray S.; *Shankar S.

Citation:
BMJ Case Reports; 2018; vol. 2018

Abstract:

Link to full-text [NHS OpenAthens account required]

Renal ultrasound imaging in a preterm infant with a persistently elevated C reactive protein (2018)

Type of publication:
Journal article

Author(s):
*Ray S.; *Shankar S.

Citation:
BMJ Case Reports; 2018; vol. 2018

Link to full-text [NHS OpenAthens account required]

Neurology

Minimally symptomatic cerebral amyloid angiopathy-related inflammation: three descriptive case reports (2018)

Type of publication:
Journal article

Author(s):
Banerjee, Gargi; Alvares, Debie; *Bowen, John; Adams, Matthew E; Werring, David J

Citation:
Journal of Neurology, Neurosurgery, and Psychiatry; Mar 2018

Abstract:

Link to full-text [NHS OpenAthens account required]

The REstart or STop Antithrombotics Randomised Trial (RESTART) after stroke due to intracerebral haemorrhage: Study protocol for a randomised controlled trial (2018)

Type of publication:
Journal article

Author(s):
Al-Shahi Salman R.; Dennis M.S.; Innes K.; Drever J.; Dinsmore L.; Williams C.; Whiteley W.N.; Sandercock P.A.G.; Sudlow C.L.M.; Murray G.D.; White P.M.; Newby D.E.; Sprigg N.; Werring D.J.; Dennis M.; Sudlow C.; Whiteley W.; Lerpiniere C.; McCormick K.; Perry J.; Parakramawansha R.; Hunter N.; Doubal F.; Paulton R.; O'Brien R.; Burgess S.; Mead G.; Taylor P.; MacLeod M.-J.; Maclennan B.; Clarke R.; Taylor V.; Klaasen K.; Crouch N.; Jagpal B.; Furnace J.; Irvine J.; Gow H.; Joyson A.; Nelson S.; Ross S.; Davies R.; Jose D.; Robinson N.; Codd L.; Dodd A.; Moroney H.; Weir P.; Little V.; Gott V.; Sangster G.; Owings P.; Cherian S.; Downham S.; Epstein D.; Webber A.; Qureshi S.; Nicholas P.; Krishnamurthy V.; Shukla A.; Jones I.; Ahmed A.; Cunningham M.; Zahoor T.; Johnson S.; Denniss C.; Albazzaz M.; Ramadan H.; Maguire S.; Patterson C.; Bellfield R.; Hairsine B.; Quinn O.; Hooley M.; Nair A.; Alam M.I.; Greig J.; Rana P.; Robinson M.; Sajid M.; Ball M.; Gascoyne R.; Ghaly G.; Raghunathan S.; Clarke J.; Wilkes G.; Law Z.; Appleton J.; Matias O.; Jackson B.; Keshvara R.; Whittamore K.; Jordan C.; Sheikh S.; Roffe J.; Gilzeane N.; Krishnan K.; Buck A.; Havard D.; Hedstrom A.; Shelton F.; Godfrey M.; Webster T.; Haider S.; Seagrave S.; Leason S.; Nallasivan A.; Chatterjee K.; Perkins C.; Mohd Nor A.; Persad N.; Eglinton C.; Brown C.; Weinling M.; Shah A.; Baker J.; Hyams B.; Kini M.; Fong R.; Chadha D.; Walstow D.; Proeschel H.; Sharpe S.; Horton S.; Jones S.; Byrne A.; McGhee C.; Smart A.; Copeland C.; Dutta D.; Bakawala R.; O'Connell S.; Hughes C.; Brown P.; Davis F.; Collins K.; Ward D.; Turfrey J.; Rudd T.; Marks K.; Kullane S.; Jonathan B.; Bhalla A.; Yip B.; Bell M.; MacInnes B.; Macliver L.; Esson D.; Yadava R.; Stafford S.; Reddan J.; Sangombe M.; Azhar K.; Jenkins C.; Price F.; Mercer L.; Vasileiadis E.; Mason C.; Aweid B.; Holden M.; Parry A.; Landers G.; Broughton D.; Chapman K.; Sigsworth A.; Tryambake D.; Young A.; Dixon L.; Bergin A.; Barber M.; Brodie F.; Anjum T.; Connor L.; Tucker S.; Thomas S.; Davies C.; Slade P.; Treadwell S.; Wani M.; Beaty T.; Krishnan M.; Dacey

L.; Spencer J.; Quinn L.; Chenna S.; Storton S.; Jones T.; Jones H.T.; Hussain M.; Homan J.; Foster E.; Brotherton L.; Durman H.; Hunt N.; Foot J.; Whitcher A.; Pawley C.; Khan M.; Whiting R.; Harvey M.; Brown S.; Foote L.; Richard B.; Triscott C.; Edwards M.; Lawson H.; Wallace R.; Nott C.; Moseley S.; Buckle S.; Sarah P.; Whiteman J.; Fotherby K.; Butler D.; Willberry A.; Ahmad N.; Jennings-Preece K.; Baig F.; Morgan D.; Stevens A.; Metcalf K.; McDonald S.; Ravenhill G.; Anversha A.; Shinh N.; Perfitt R.; Greenwood R.; Saada J.; Waterfield K.; Sutton P.; Jagger J.; Wiltshire A.; Luder R.; Johnson V.V.; Bridger H.; Bhargava M.; Gallagher J.; Adesina T.; van Someren C.; Carpenter M.; Walker M.; Stanners A.; Ball J.; Jackson L.; Datta P.; Bateman G.; Fathima R.; Davey R.; Needle A.; Siddegowda P.; Ponnambath S.; Suttling A.; Harrington-Davies Y.; Butler R.; James M.C.; Valentine M.S.; Dobson T.; Howard P.; Tandy J.; Hyatt L.; Jarrett D.; Saulat A.; Sims D.; Willmot M.; Green C.; Jones R.; Cunningham J.; Maiden S.; Sutton C.; Hurley J.; Littleton E.; Shekhar R.; Crown R.; Ahmed I.; Fuller S.T.; Gilham E.; Andole S.; Gadapa N.; Dunne M.K.; Krommyda M.; Burssens E.; King S.; Goorah N.; Bell A.; Patel F.; Tomlinson B.; Duberley S.; Singh A.; Kelly C.; Walford J.; Harrington F.; Schofield C.; Lucas L.; Ellis S.; Bond K.; Mate A.; Adie K.; James A.; Maund B.; Courtauld G.; Mudd P.; Hemsley A.; Thorpe K.; Gupwell K.; Goff A.; Sword J.; Roughan C.; Strain D.; Cageao J.; Bowring A.; Keenan S.; James M.; Kingwell H.; Miller K.; Harkness K.; Doyle C.; Majis A.; Stocks K.; Maatouk A.; Barron L.; Dakin K.; Lindert R.; Kamara C.; Bayliss P.; Redgrave J.; Kibutu F.; Blank C.; Ali A.; Balitska O.; Birchall K.; Richards E.; Howe J.; Smyth N.; Giallombardo E.; Sykes L.; Wilson J.; Langhorne P.; McAlpine C.; Humphreys L.; Iqbal M.S.; Graham R.; Kerr G.; Wright F.; Kumar P.; Thomas P.; Culmsee C.; Huggett I.; Dunn M.L.; Barker J.; Manoj A.; Fitzsimmons P.; Lopez M.P.; Sharma N.; Cox P.; Fletcher G.; Wilkinson M.; Emsley H.; Raj S.; Doyle D.; Gregory B.; Punekar S.; Sultan S.; McLoughlin A.; Pasco K.; Balazikova M.O.; Nasim A.; Peixoto C.; Kane I.; Pitt- Ford A.; Hervey S.; Thompson P.; Latter M.L.; Barbon E.; Breeds J.; Rajkumar C.; Gainsborough N.; Gaylard J.; Choulerton J.; Shaw L.; Madigan B.; Howcroft D.; Lucas S.; Stone A.; Avis J.; Gbadamoshi L.; Button D.; Stephanie M.; Dow L.; Davis M.; Thompson T.; Hogg V.; Hays C.; Fawcett M.; Atkinson N.; Guy H.; Woodward S.; Parry-Jones A.; Marshall S.; Jarapa R.; Lee S.; Harrison L.; Johnes M.; Oloughlin V.; Wood E.; Perez J.; Naing Z.; Morell J.; Marsden T.; Ingham A.; Burger I.; Shaw K.M.; Hall A.; Punter M.; Weir N.; Evans S.; Walters A.; Gartrell M.I.; Smith M.F.; Cox M.C.; Smith C.N.S.; Egerton S.; Creeden R.; Marigold J.R.; Blades A.; Crawford P.; Battersby- Wood E.; Pressly V.; Allen C.; Howard G.; Muir K.; Kalladka D.; Smith W.; Day N.; Moreton F.; Cheripelli B.K.; Huang X.; Welch A.; El Tawil S.; Ramachandran S.; Crosbie C.; Elliot J.; Cluckie G.; Clarke B.; Dayal N.; Orefo C.; Adedoyin T.; Ghatala R.; Clarke N.; Jones V.; Blight A.; Lovelock C.; Chopra N.; Moynihan B.; Kennedy K.; Williams R.; Kerin M.L.; Jeyaraj M.N.; Choy L.; Watson F.; Trippier S.; O'Reill J.; Haque M.; Symonds S.; Maanoosi M.; Herman J.; Vassallo J.; Krishnamoorthy S.; Cochrane H.; Walter D.; O'Connell J.; Fox C.; Krishnamurthy R.; Osborne E.; Smith A.; Mokoena B.; Gulliver D.; Brew H.; Myint M.; Majmudar N.; Bunea G.; Sattar N.; *Srinivasan M.; *Mukherjee I.; *Motherwell N.; *Donaldson D.; *Campbell R.; *Hurford F.; Thavanesan K.; David O.; Tiwari D.; Hann G.; Longland B.; Bell J.; Rogers M.E.; Bagnall M.C.; Iqbal M.A.; Keltos M.; Jupp B.; Roberts J.; Cox C.; Ovington C.; Bhaskaran B.; Garfield-Smith J.; Buxton J.; Horan K.; Ayres G.; Bearne H.; Tomlin D.; Szabo S.; Kelly D.; Salih I.; Bhakri H.; Fitzell P.; Wilson D.; Wroath B.; Dynan K.; Power M.; Thompson S.; Ghosh S.; Henry M.; Gilmour D.; Barrie E.; Kenton A.; Nyabadza M.S.; Martin M.I.; Hunt B.; Hassan H.; Dallol B.; Muddegowda G.; Hiden M.J.; Maguire H.; Grocott J.; Finney K.; Barry A.; Roffe C.; Lyjko S.; Sanyal R.; Remegoso A.; Ferdinand P.; Butler A.; Abano N.; Causley M.C.; Denic H.; Carpio R.; Stevens S.; Moores A.; Varquez R.; Pai Y.; Bruce D.; Dima S.; Baliga V.; Naeem M.; Rogers G.; Brown E.; Hayman R.; Garside M.; Dhakal M.; Smith G.M.; Clayton S.; Orugun E.; Poultney U.; Glover R.; Crowther H.; Thornthwaite S.; Webb T.; Beranova E.; Walker S.; Cosier T.; Rudenko H.; Cowie L.; Verrion A.; Thomson A.; Gamble E.; Charles B.; Grue R.; Blane S.; Hague A.; Rashed K.; Vickers C.; Wood D.; Board J.; Buckley C.; Allison J.; Board S.; William-Yesson B.; Balian L.; Keeling E.; Kar A.; Halse O.; Nguyen V.; Harvey K.; Gardener L.; Mashate S.; Tilley V.; Wilding P.; Geraghty O.; Hazel B.; Harrison T.; Cuenoud L.; Auld G.; Erumere E.; Redjep O.; Grimwood G.; Howaniec L.; Hove D.; Salek-Haddadi A.; Saastamoinen K.; Argandona L.; Wiggam I.; Wallace A.; Cuddy S.; Tauro S.;

Hunter A.; Kerr E.; Fulton A.; Putterill J.; Kakar P.; Jha R.; Gallifent R.; Pusalkar A.; Chan K.; Dangri P.; Crabtree K.; Beadle H.; Cook A.; Black T.; Cronin J.; Fennelly R.; Tribbeck M.; Clarke C.; Miriam S.; Anthony A.; Mead D.; Esisi B.; Bokhari M.; Cassidy T.; McClelland B.; Cooper M.; Wynter I.; Rajapakse A.; Nasar M.; Anwar I.; Ramshaw A.; Annamalai A.; Crawford S.; Nozedar T.; Skinner H.; Kumar B.; McArdle D.; Holmes C.; Dodd E.; Clarke S.; Caine S.; Baker P.; Murphy P.; Osborn M.; Guthrie L.B.; Steele A.; Devitt N.; Mangion D.; Fletcher J.; Hardwick A.; Constantin C.; Markova S.; Lawrence T.; Subramonian S.; Temple M.N.; Owusu-Agyei P.; Butterworth-Cowin N.; Werring D.; Hogan C.; brezitski M.; Elliott E.; Francia N.; Ashton A.; Hostettler I.; Oji N.; Banaras A.; Patel K.; Crook L.; Watchurst C.; Erande R.; Sekaran L.; Mohammed N.; Chauhan M.; Sethuraman S.; Simon R.; Bharaj K.; Tate M.; Justin F.; Phiri D.; Hewitt J.; Gray J.; Mardania R.; Procter M.S.; Elfandi K.; Khan U.; Ragab S.; Knops K.; Jinks E.; Dickson C.; Gleave L.; Leggett J.; Dube J.; Garcia T.; McIlmoyle J.; Anwar S.; Dhar S.; Jones K.; Jeffs C.; Dickinson C.; Howard J.; England T.; Donnelly R.; Maddula M.; Hassan A.; Veraque E.; Kambafwile M.; Makawa L.; Randall M.; Papavasileiou V.; Waugh D.; Ispoglou S.; Hayes A.; Ankolekar S.; Evans R.; Ni H.; Graham C.; Jose J.; Milligan J.; Rahman B.; Findlay P.; Macaden A.; Shread I.; Keegan B.; Blair C.; Kelly J.; Doherty M.; Dewar R.; White J.; Thomas K.; Cohen D.; David A.; Owoyele E.; Njoku K.; Poku P.; Sukdeo V.; Chandrakumar A.; Chamberlain A.; Abbdulsaheb M.; Guo F.; Oshodi M.A.; Licenik R.; Devine J.; Davies S.; Nisar N.; Niranchanan R.; Roganova T.; Mpelembue M.; Burgess L.; Bathula R.; Ngwako M.; Eveson D.; Mistri A.; Stephens C.; Musarrat K.; Lam M.Y.; Sattar S.; Khan S.; Moqsith M.; Manning L.; Patel C.; Schulz U.; Kennedy J.; Ford G.; Harston G.; Teal R.; Mathieson P.; Lenti G.; Reckless I.; Cullen C.; Stevenson S.; Harrison M.; Ewing J.; Shackcloth D.; Durairaj R.; Zoe M.; Ingram T.; Thant H.; Peters J.; Sutton V.; Ivatts S.; Amey I.; Clayton-Evans L.; Baird Y.; Sally M.; Newton S.; Guyler P.; Ng K.X.; Prabakaran R.O.; Ngo D.; Rashmi S.; Coward L.; Menon N.; Kelavkar S.; Kunhunny S.; Sinha D.; Siddiqui A.; Loganathan T.; Tysoe S.; Shah S.; Kalathil L.; Gautam N.; Meir J.; Bailey D.; Salehin M.; Miller R.; Kelly A.; Rayessa R.; Rodgers A.; Wilson L.; Naylor C.; Wilson S.; Clarkson E.; McCarron M.; McVerry F.; McKee S.J.; Cvoro V.; Ullah K.; Chapman N.; Couser M.; Mcauley S.; Pound S.; Nicolson A.; Imam J.; Wood L.; O'Brien E.; Hannon N.; Finlay S.; Hayhoe H.; Handley D.; Kelly S.; Mcgee J.; Mitchell J.; Amis E.; Sesay J.; Crisp S.; Francis J.

Citation:
Trials; Mar 2018; vol. 19 (no. 1)

Abstract:
Background: For adults surviving stroke due to spontaneous (non-traumatic) intracerebral haemorrhage (ICH) who had taken an antithrombotic (i.e. anticoagulant or antiplatelet) drug for the prevention of vaso-occlusive disease before the ICH, it is unclear whether starting antiplatelet drugs results in an increase in the risk of recurrent ICH or a beneficial net reduction of all serious vascular events compared to avoiding antiplatelet drugs. Methods/design: The REstart or STop Antithrombotics Randomised Trial (RESTART) is an investigatorled, randomised, open, assessor-blind, parallel-group, randomised trial comparing starting versus avoiding antiplatelet drugs for adults surviving antithrombotic-associated ICH at 122 hospital sites in the United Kingdom. RESTART uses a central, web-based randomisation system using a minimisation algorithm, with 1:1 treatment allocation to which central research staff are masked. Central follow-up includes annual postal or telephone questionnaires to participants and their general (family) practitioners, with local provision of information about adverse events and outcome events. The primary outcome is recurrent symptomatic ICH. The secondary outcomes are: symptomatic haemorrhagic events; symptomatic vaso-occlusive events; symptomatic stroke of uncertain type; other fatal events; modified Rankin Scale score; adherence to antiplatelet drug(s). The magnetic resonance imaging (MRI) sub-study involves the conduct of brain MRI according to a standardised imaging protocol before randomisation to investigate heterogeneity of treatment effect according to the presence of brain microbleeds. Recruitment began on 22 May 2013. The target sample size is at least 720

participants in the main trial (at least 550 in the MRI sub-study). Discussion: Final results of RESTART will be analysed and disseminated in 2019.

Link to full-text [no password required]

Validating the portal population of the United Kingdom Multiple Sclerosis Register (2018)

Type of publication:
Journal article

Author(s):
Middleton R.M.; Rodgers W.J.; Akbari A.; Tuite-Dalton K.; Lockhart-Jones H.; Griffiths D.; Noble D.G.; Jones K.H.; Ford D.V.; Chataway J.; Schmierer K.; Rog D.; Galea I.; Al-Din A.; Craner M.; Evangelou N.; Harman P.; Harrower T.; Hobart J.; Husseyin H.; Kasti M.; Kipps C.; McDonnell G.; *Owen C.; Pearson O.; Rashid W.; Wilson H.

Citation:
Multiple Sclerosis and Related Disorders; Aug 2018; vol. 24 ; p. 3-10

Abstract:
The UK Multiple Sclerosis Register (UKMSR) is a large cohort study designed to capture 'real world' information about living with multiple sclerosis (MS) in the UK from diverse sources. The primary source of data is directly from people with Multiple Sclerosis (pwMS) captured by longitudinal questionnaires via an internet portal. This population's diagnosis of MS is self-reported and therefore unverified. The second data source is clinical data which is captured from MS Specialist Treatment centres across the UK. This includes a clinically confirmed diagnosis of MS (by Macdonald criteria) for consented patients. A proportion of the internet population have also been consented at their hospital making comparisons possible. This dataset is called the 'linked dataset'. The purpose of this paper is to examine the characteristics of the three datasets: the selfreported portal data, clinical data and linked data, in order to assess the validity of the self-reported portal data. The internet (n = 11,021) and clinical (n = 3,003) populations were studied for key shared characteristics. We found them to be closely matched for mean age at diagnosis (clinical = 37.39, portal = 39.28) and gender ratio (female %, portal = 73.1, clinical = 75.2). The Two Sample Kolmogorov-Smirnov test was for the continuous variables to examine is they were drawn from the same distribution. The null hypothesis was rejected only for age at diagnosis ($D = 0.078$, $p < 0.01$). The populations therefore, were drawn from different distributions, as there are more patients with relapsing disease in the clinical cohort. In all other analyses performed, the populations were shown to be drawn from the same distribution. Our analysis has shown that the UKMSR portal population is highly analogous to the entirely clinical (validated) population. This supports the validity of the self-reported diagnosis and therefore that the portal population can be utilised as a viable and valid cohort of people with Multiple Sclerosis for study.

A stroke-like presentation due to balo concentric sclerosis (2018)

Type of publication:
Conference abstract

Author(s):
*Albuidair A.

Citation:
European Stroke Journal; May 2018; vol. 3, Supp 1

Abstract:
Background and Aims: A young woman presented with a ‘stroke like’ episode subsequently found to be due to a rare form of multiple sclerosis, Balo concentric sclerosis (BCS). Method: A literature search was conducted (5/ 1/2018) using the key words: ‘Balo concentric sclerosis ‘ and ‘Stroke ‘ finding only 30 PUbMed and 5 Medline references respectively. Few case reports exist of such a presentation. Results: The Hungarian neuropathologist Josef Balo published a case report in 1928 of a young man with a new hemiparesis who was found at autopsy to have lesions described as encephalitis periaxialis concerntrica. With the advent of MRI, imaging characteristically shows an onion ring or whorled appearance. Recently it has been classified to lie within the spectrum of atypical idiopathic inflammatory demyelinating disorders, and practically is considered as a form of relapsing-remitting MS. It is more common in Chinese and Filipino populations with an estimated 2:1 female predilection with on-going uncertainty as to the relative role of genetic or environmental predespositions. We describe a 33 year old lady presenting acutely with left arm heaviness, incoordination and paraesthesia. She had no vascular risk factors and no relevant past medical or family history. MRI confirmed a classical BCS ringed lesion within the white matter of the right frontal gyrus, Lumbar puncture showed raised lymphocytes and oligoclonal bands. Conclusion: Stroke-like presentations are not uncommonly found to be due to MS but rarely of the atypical BCS type. BCS shows a characteristic onion ring appearance on MRI.

Obstetrics

Minimum prevalence of non-compliance recorded in an audit of antenatal care in a district general hospital joint obstetric epilepsy clinic (2018)

Type of publication:
Poster presentation

Author(s):
*Smyth, C., *Bowen, J., *Gornall, A.

Citation:
Poster presentation at the ABN – May 2018 Birmingham

Link to poster

Oncology

An audit of 'real world' systemic chemotherapy in breast cancer patients over the age of 70 in one U.K. Cancer Centre (2018)

Type of publication:
Conference abstract

Author(s):
*Choudhary Y.; *Pettit L.; *Khanduri S.

Citation:
European Journal of Surgical Oncology; Mar 2018; vol. 44

Abstract:
Background: Breast cancer incidence among the over 70's is increasing. Trial data from this age group is not as extensive when compared with younger patients. Co-morbidities are common and may lead to poor tolerance of chemotherapy. Cytotoxic chemotherapy usage in patients over 70 was audited to record toxicity and tolerability. Method: Patients aged >70 years, diagnosed with invasive breast cancer between 01/01/2015 and 31/12/2015 treated with cytotoxic chemotherapy at the Shrewsbury and Telford Hospital NHS Trust were identified from the Somerset database. Clinical information was obtained from an electronic portal. Data collected: demographics, performance status, tumour characteristics, ER/PR and HER2 status, chemotherapy regimen, treatment intent, number of chemotherapy cycles planned, number given, toxicities, and hospital admissions. Data was collected on an excel database. Results: Thirty patients were identified, all female. 26 were between 71 and 75, 2 were between 76 and 80, 2 > 80 years. 20 patients (67%) ER/PR receptor positive. 15 (50%) HER2 positive. The majority 29 (97%) had a performance status of 0/1. Cardiovascular co-morbidities were the most common (57% pre-existing cardiovascular disease). 25 (83%) were treated with adjuvant intent. 15 (50%) were admitted to hospital, 6 (20%) with neutropenic sepsis. 12 (40%) had dose reductions. 21 (70%) completed their planned number of cycles. Chemotherapy was discontinued in 7 (23%) due to toxicity and 1 patient remains on treatment at the time of this audit. There were no patient deaths within 30 days of commencing chemotherapy. Conclusion: Chemotherapy usage in the >70's was associated with higher risk breast cancer. Despite good baseline performance status, 50% of patients required hospital admission and 27% discontinued treatment due to toxicity. The decision to use chemotherapy must also account for potential toxicities and impact on quality of life. Increased contact with health professionals including tele-consults and increased specialist nurse support, will help to predict and manage toxicity and reduce admissions.

Ophthalmology

Images in ophthalmia nodosa: An unusual presentation of red eye (2018)

Type of publication:
Journal article

Author(s):
*Savage N.D.S.J.; Green J.C.P.; Carley F.

Citation:
BMJ Case Reports; 2018; vol. 2018

Abstract:

Link to full-text [NHS OpenAthens account required]

Increasing rates for certification of visual impairment at Royal Cornwall Hospital Trust: An audit series (2018)

Type of publication:
Journal article

Author(s):
*Savage, Nicholas St John; Claridge, Kate; Green, Jessica

Citation:
British Journal of Visual Impairment; May 2018; vol. 36 (no. 2); p. 143-151

Abstract:
The audit series investigated how rates of Certification of Visual Impairment (CVI) at Royal Cornwall Hospital Trust (RCHT) performed when compared against Public Health England (PHE) indices. Our aim was to assess whether CVI rates could be improved by promoting clinician awareness.We collected CVI data for Sight Impairment (SI) and Severe Sight Impairment (SSI) from a prospective MS Excel database maintained at RCHT for all certifications between 1 August 2014 and 31 July 2016. Annual local certification rates were compared to regional and national rates using data from Public Health Outcomes Framework (PHOF) for glaucoma, agerelated macular degeneration (ARMD), and diabetic eye disease.We found that overall rates of certification were above both those of the South West region and England; however, certifications for ARMD and glaucoma fell below the regional and national rates. Reasons for this may include variations in ethnicity, introduction of anti-vascular endothelial growth factor (anti-VEGF) agents, and/or the potential delay in CVI completion while under treatment for ARMD. We concluded that raising awareness among clinicians did not prove a satisfactory intervention to improve certification rates. In response to these findings, RCHT and a local charity, iSight Cornwall, have jointly funded an Eye Clinic Liaison Officer (ECLO) to enhance the certification process. This is expected to deliver immediate service improvement. Considerable overlap in dual diagnoses presents a problem in interpretation of CVI data, which could be targeted by the implementation of electronic certification.

Self-inflicted bilateral ocular and eyelid injuries in an unsuspected individual. (2018)

Type of publication:
Journal article

Author(s):
*Samia-Aly, Emma; *Ha, Jerome; *Sagili, Suresh

Citation:
Scottish medical journal; Dec 2018

Abstract:
BACKGROUND AND AIMS This report aims to illustrate a case of self-inflicted ocular and orbital injury, resulting in severe tissue loss and ophthalmoplegia in a patient with no known history of mental illness.METHODS AND RESULTS A 71-year-old male initially presented to the emergency department with significant tissue loss from his left upper and lower lids, orbital tissue loss and complete ophthalmoplegia, after reportedly tripping and falling onto his desk. He subsequently attended the emergency department on two further occasions with similar injuries, affecting the same and contralateral eye, whilst maintaining a traumatic cause for his injuries. He was eventually admitted to a psychiatric ward for mental health assessment. This report covers his progress as well as illustrating his injuries with images. CONCLUSION Self-harm is an important differential diagnosis in cases where the mechanism of injury does not correspond to the extent of injury or tissue loss. It can, however, be difficult to differentiate from accidental injury and even with repeated assessments, a formal psychiatric diagnosis may not be possible.

Chronic lymphocytic leukemia presenting as unilateral extraocular muscle enlargement and proptosis (2018)

Type of publication:
Journal article

Author(s):
*Amun Sachdev, *Nigel Timothy O'Connor, *Suresh Sagili

Citation:
Oman Journal of Ophthalmology. 2018 Jan-Apr;11(1):65-67

Radiography

Is a nurse consultant impact toolkit relevant and transferrable to the radiography profession? An evaluation project (2018)

Type of publication:
Journal article

Author(s):
B.Snaith, *S.Williams, K.Taylor, Y.Tsang, J.Kelly, N.Woznitzagh

Citation:
Radiography, Volume 24, Issue 3, August 2018, Pages 257-261

Abstract:
Introduction: Consultant posts were developed to strengthen strategic leadership whilst maintaining front line service responsibilities and clinical expertise. The nursing profession has attempted to develop tools to enable individuals to evaluate their own practice and consider relevant measurable outcomes. This study evaluated the feasibility of transferring such a nursing 'toolkit' to another health profession. Method: This evaluation was structured around a one-day workshop where a nurse consultant impact toolkit was appraised and tested within the context of consultant radiographic practice. The adapted toolkit was subsequently validated using a larger sample at a national meeting of consultant radiographers.
Results: There was broad agreement that the tools could be adopted for use by radiographers although several themes emerged in relation to perceived gaps within the nursing template, confirming the initial exercise. This resulted in amendments to the original scope and a proposed new evaluation tool.
Conclusion: The impact toolkit could help assess individual and collaborative role impact at a local and national level. The framework provides consultant radiographers with an opportunity to understand and highlight the contribution their roles have on patients, staff, their organisation and the wider profession.

Renal / Urology

A pilot experience in using a digital app to follow-up prostate cancer patients in Shropshire, UK (2018)

Type of publication:
Conference abstract

Author(s):
*Phan Y.; *Loh A.; *Anandakumar A.; *Umranikar S.; *Elves A.

Citation:
European Urology, Supplements; Mar 2018; vol. 17 (no. 2)

Abstract:
Introduction & Objective: It is not uncommon for patients with cancer to experience physical, mental and social distress, forming a significant burden that has a negative impact on their quality of life. We have piloted a digital app called VitruCare in our hospital in order to address these issues in patients with prostate cancer. More importantly, the app also serves as a communication tool between the hospital medical team and the patients. Materials and Methods: Patients with prostate cancer were invited to use VitruCare in our pilot study. 53 users were followed prospectively. Data on various domains such as “My Goals”, “My Lifestyle”, “My Priorities”, “My Diaries”, and “How Do I Feel Today” were analysed retrospectively. Results: The users of this application have a median age of 72.5 years old. 14% have nodal or bone metastasis, and median time since treatment is 48 months. 60% have completed the lifestyle questionnaire and “How Do I Feel Today” trackers. 20% of the users who completed the lifestyle questionnaire reported anxiety. 42% have used the diary function and 47% have used the secured messaging function. Usage of the lifestyle questionnaire, “How Do I Feel Today” trackers, secured messaging and diary functions does not appear to be age related. Patients who have been treated and further away from treatment in time are more likely to be used the app. Conclusions: The level of engagement in this pilot study reflects the willingness of patients to utilize this innovative app that has the potential to monitor the well-being of patients with prostate cancer out with the constraints of a fixed clinic appointment.

A rare presentation of haematuria: hip prosthesis in the bladder (2018)

Type of publication:
Journal article

Author(s):
*Phan, Yih Chyn; *Eli, Nnaemeka; *Pillai, Praveen; *O’Dair, Jonathan

Citation:
BMJ case reports; Mar 2018; vol. 2018

Abstract:
An 80-year-old woman presented to our department with visible haematuria and stage II acute kidney injury (AKI). She had stage IIB cervical cancer, for which she received chemotherapy and external beam

radiotherapy in 2003. Four years later, she had a left dynamic hip screw for an extracapsular neck of femur fracture following a fall. In 2010, she underwent a right total hip replacement owing to osteoarthritis, and it was subsequently revised in 2012 owing to a right acetabular component failure. In this admission, her AKI improved with intravenous fluid administration and her haematuria settled following catheterisation with a three-way catheter and bladder irrigation with saline. She underwent a flexible cystoscopy which revealed that a part of her right hip prosthesis was in the bladder, having eroded through the right bony pelvis. However, she declined any surgical interventions.

Link to full-text [NHS OpenAthens account required]

Prostatic abscess: A rare complication of staghorn calculi (2018)

Type of publication:
Journal article

Author(s):
*Quraishi M.K.; *Phan Y.C.; *Asaad W.; *Lynn N.

Citation:
BMJ Case Reports; 2018; vol. 2018

Abstract:
A staghorn calculus is a calculus accommodating the majority of a renal calyx extending into the renal pelvis. A conservative approach to its treatment may lead to high morbidity and mortality rates. Such morbidity usually manifests with renal failure, obstructed upper urinary tract and/or life-Threatening sepsis. Prostatic abscesses have never been associated with staghorn calculi in the literature. We report a case of a 70-year-old man who presented with sepsis, which was found to originate from a complex prostatic abscess. The patient had no history of urinary tract infections or risk factors. The authors believe that the incidentally identified staghorn calculi promoted the growth of Proteus mirabilis which led to the development of the prostatic abscess. The patient underwent a transurethral resection and drainage of the abscess following a failed course of antibiotic therapy. This case also highlights the paucity of guidelines available in treating prostatic abscesses.

Link to full-text [NHS OpenAthens account required]

Biomarkers and Pharmacogenomics in Kidney Transplantation (2018)

Type of publication:
Journal article

Author(s):
Crowley, L E; *Mekki, M; *Chand, S

Citation:
Molecular Diagnosis and Therapy; Oct 2018; vol. 22 (no. 5); p. 537-550

Abstract:
This review is focused on present and future biomarkers, along with pharmacogenomics used in clinical practice for kidney transplantation. It aims to highlight biomarkers that could potentially be used to improve kidney transplant early and long-term graft survival, but also potentially patient co-morbidity. Future directions for improving outcomes are discussed, which include immune tolerance and personalising immunosuppression regimens.

Adding abiraterone or docetaxel to long-term hormone therapy for prostate cancer: directly randomised data from the STAMPEDE multi-arm, multi-stage platform protocol (2018)

Type of publication:
Journal article

Author(s):
Sydes, M R; Spears, M R; Mason, M D; Clarke, N W; Dearnaley, D P; de Bono, J S; Attard, G; Chowdhury, S; Cross, W; Gillessen, S; Malik, Z I; Jones, R; Parker, C C; Ritchie, A W S; Russell, J M; Millman, R; Matheson, D; Amos, C; Gilson, C; Birtle, A; Brock, S; Capaldi, L; Chakraborti, P; Choudhury, A; Evans, L; Ford, D; Gale, J; Gibbs, S; Gilbert, D C; Hughes, R; McLaren, D; Lester, J F; Nikapota, A; O'Sullivan, J; Parikh, O; Peedell, C; Protheroe, A; Rudman, S M; Shaffer, R; Sheehan, D; Simms, M; *Srihari, N; Strebel, R; Sundar, S; Tolan, S; Tsang, D; Varughese, M; Wagstaff, J; Parmar, M K B; James, N D; STAMPEDE Investigators

Citation:
Annals of Oncology : Official Journal of the European Society for Medical Oncology; May 2018; vol. 29 (no. 5); p. 1235-1248

Abstract:
Background Adding abiraterone acetate with prednisolone (AAP) or docetaxel with prednisolone (DocP) to standard-of-care (SOC) each improved survival in systemic therapy for advanced or metastatic prostate cancer: evaluation of drug efficacy: a multi-arm multi-stage platform randomised controlled protocol recruiting patients with high-risk locally advanced or metastatic PCa starting long-term androgen deprivation therapy (ADT). The protocol provides the only direct, randomised comparative data of SOC+AAP versus SOC+DocP. Method Recruitment to SOC+DocP and SOC+AAP overlapped November 2011 to March 2013. SOC was long-term ADT or, for most non-metastatic cases, ADT for≥2years and RT to the primary tumour. Stratified randomisation allocated pts 2:1:2 to SOC; SOC+docetaxel 75mg/m2 3-weekly×6+prednisolone 10mg daily; or SOC+abiraterone acetate 1000mg+prednisolone 5mg daily. AAP duration depended on stage and intent to give radical RT. The primary outcome measure was death from any cause. Analyses used Cox proportional hazards and flexible parametric models, adjusted for stratification factors. This was not a formally powered comparison. A hazard ratio (HR) <1 favours SOC+AAP, and HR>1 favours SOC+DocP. Results A total of 566 consenting patients were contemporaneously randomised: 189 SOC+DocP and 377 SOC+AAP. The patients, balanced by allocated treatment were: 342 (60%) M1; 429 (76%) Gleason 8-10; 449 (79%) WHO performance status 0; median age 66years and median PSA 56ng/ml. With median follow-up 4years, 149 deaths were reported. For overall survival, HR=1.16 (95% CI 0.82-1.65); failure-free survival HR=0.51 (95% CI 0.39-0.67); progression-free survival HR=0.65 (95% CI 0.48-0.88); metastasis-free

survival HR=0.77 (95% CI 0.57-1.03); prostate cancer-specific survival HR=1.02 (0.70-1.49); and symptomatic skeletal events HR=0.83 (95% CI 0.55-1.25). In the safety population, the proportion reporting≥1 grade 3, 4 or 5 adverse events ever was 36%, 13% and 1% SOC+DocP, and 40%, 7% and 1% SOC+AAP; prevalence 11% at 1 and 2 years on both arms. Relapse treatment patterns varied by arm. Conclusions This direct, randomised comparative analysis of two new treatment standards for hormone-naïve prostate cancer showed no evidence of a difference in overall or prostate cancer-specific survival, nor in other important outcomes such as symptomatic skeletal events. Worst toxicity grade over entire time on trial was similar but comprised different toxicities in line with the known properties of the drugs.Trial registration Clinicaltrials.gov: NCT00268476.

Comparison of clinical outcomes with firstline pazopanib in clinical trial eligible and non-clinical trial eligible patients with renal cell carcinoma (2018)

Type of publication:
Conference abstract

Author(s):
Jonasch E.; Procopio G.; Hawkins R.E.; Sanchez A.R.; Vazquez S.; *Srihari N.; Kalofonos H.; Bamias A.; Bono P.; Pisal C.B.; Hirschberg Y.; Dezzani L.; Ahmad Q.I.; Schmidinger M.

Citation:
Journal of Clinical Oncology; May 2018; vol. 36 (no. 15)

Abstract:
Background: Although pazopanib (PAZ) has been evaluated in clinical trials of patients (pts) with renal cell carcinoma (RCC), limited real-world data on the effectiveness and safety of PAZ exist. The PRINCIPAL study (NCT01649778) assessed the effectiveness and safety of first-line PAZ in a real-world setting. Method(s): In this nonrandomized, prospective study, pts with advanced and/or metastatic clear cell RCC were enrolled in PRINCIPAL within 30 days of initiating first-line PAZ. Data on progression, survival, and safety were collected approximately every 3 months (mos) until death, consent withdrawal, or loss to follow-up, for up to 30 mos. Pts in PRINCIPAL were separated into two groups based on key eligibility criteria from the Phase III COMPARZ trial (Motzer et al. NEJM. 2013;369:722). Key clinical trial eligible (CTE) criteria included no prior systemic therapy, presence of measurable disease per RECIST 1.1, Karnofsky performance status >=70, adequate organ system function, no history or clinical evidence of central nervous system metastases, and no coronary or cerebral artery disease at baseline. CTE pts were compared to non-CTE (NCTE) pts. Clinical effectiveness (ie, median overall survival [mOS], median progression-free survival [mPFS], and overall response rate [ORR]), adverse event (AE) measures, and relative dose intensity (RDI) were assessed in both pt populations. Result(s): Of the 657 enrolled pts who received >=1 dose of PAZ, 97 (14.8%) were CTE and 560 (85.2%) were NCTE. RDI >=85% was achieved in 70.1% and 56.6% in the CTE and NCTE populations, respectively. Effectiveness was similar in the CTE and the NCTE populations (mPFS, 9.6 vs 10.7 mos; ORR, 33.0% vs 29.8%; mOS, 26.3 vs 32.9 mos). Serious AEs were reported by 23.7% of CTE and 28.2% of NCTE pts. AEs led to dose adjustment/interruption in 83.5% and 95.2%, respectively, and AEs led to treatment discontinuation in 8.2% of the CTE and 15.5% NCTE pts. Conclusion(s): The results of the PRINCIPAL study suggest that first-line PAZ for pts with

advanced or metastatic RCC remains effective and safe in a real-world setting, showing similar outcomes to those reported in large randomized clinical trials.

Prospective, multinational, observational study of real-world treatment outcomes with pazopanib in patients with advanced or metastatic renal cell carcinoma (PRINCIPAL study) (2018)

Type of publication:
Conference abstract

Author(s):
Schmidinger M.; Procopio G.; Hawkins R.E.; Sanchez A.R.; Vazquez S.; *Srihari N.; Kalofonos H.; Bamias A.; Bono P.; Pisal C.B.; Hirschberg Y.; Dezzani L.; Ahmad Q.I.; Jonasch E.

Citation:
Journal of Clinical Oncology; May 2018; vol. 36 (no. 15)

Abstract:
Background: PRINCIPAL (NCT01649778) was the largest prospective real-world effectiveness and safety study of pazopanib (PAZ) in patients (pts) with renal cell carcinoma (RCC). Method(s): Pts with advanced and/or metastatic clear cell RCC were enrolled within 30 days of initiating firstline PAZ. Follow-up data on progression, survival, and safety was collected approximately every 3 months until death, consent withdrawal, or loss to follow-up, for up to 30 months. Primary efficacy end points were median overall survival (mOS), median progression-free survival (mPFS), and overall response rate (ORR). Safety measures included frequency of adverse events (AEs), serious AEs, and AEs of special interest. Result(s): Among 657 pts who received >=1 dose of PAZ, 76.3% completed the study (33.0% completed 30 months of follow-up and 43.2% died). Median enrollment age was 66 years, with 57.2% aged >=65 years. 4.1%, 62.6%, and 33.3% of pts were grouped as favorable, intermediate, or poor risk by Heng criteria, respectively. Most pts (84%) initiated treatment at 800 mg, and the median treatment time with or without dose interruption was 6.9 and 7.6 months, respectively. mPFS and mOS are shown in the Table. Among the measurable disease population (n = 168), ORR was 30.3%, median duration of response was 11.0 months (95% confidence interval [CI] 8.6-14.6), and time to response, evaluated every 3 months, was 3.0 months (95% CI 2.9-3.1). Most pts had an AE (74.0%) that led to dose adjustment/interruption in 49.3% and treatment discontinuation in 14.6%. The most frequent (> 10%) drug-related AEs were hypertension (20.9%), diarrhea (11.3%), and increased alanine aminotransferase (11.0%). Conclusion(s): Realworld effectiveness and safety outcomes in the PRINCIPAL study were consistent with clinical trials and support the first-line use of PAZ across all risk groups of pts with advanced or metastatic RCC.

Caveolin-1 in renal disease (2018)

Type of publication:
Journal article

Author(s):
*Chand S.

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Citation:
Scientific Journal of Genetics and Gene Therapy. 2018 July: 007-014.

Abstract:
Caveolin-1 is the essential structural formation for lipid raft formation. It has been ascribed to several disease processes in humans due to its ubiquitous distribution. Patients with chronic kidney disease suffer great morbidity and mortality where manipulation of caveolin-1 could lead to new potential therapeutic targets in this patient group. This review highlights caveolin-1 structure, signalling and provides examples of studies of caveolin-1 single nucleotide polymorphism in chronic kidney disease.

Link to full-text [no password required]

Strategies for investigating the genetics of chronic kidney disease (2018)

Type of publication:
Journal article

Author(s):
*Chand S.

Citation:
Scientific Journal of Genetics and Gene Therapy. 2018 July 4(1): 004-006.

Abstract:
This short review describes the strategies employed for investigating genetic variation in chronic kidney disease as well as highlighting potential shortfalls that should be overcome in future studies.

Link to full-text [no password required]

Genetic Deletion of the Lipid Raft Protein Caveolin-1 Leads to Worsening Renal Fibrosis (2018)

Type of publication:
Journal article

Author(s):
*Chand S, Hazeldine J, Smith S, Borrows R.

Citation:
Journal of Clinical Nephrology and Renal Care 2018 Jun;4(1):037

Abstract:
Background
Renal disease is a major global public health issue. Renal interstitial fibrosis is the characteristic histopathological finding in all progressive renal disease. Caveolin-1 is the essential structural protein for lipid rafts called caveolae that are ubiquitously distributed among fibroblasts, endothelial and epithelial

cells. Caveolin-1 acts as an intracellular signalling pathway chaperone in fibrotic disease. Presently, caveolin-1 expression is associated with more severe renal disease in human and previous murine studies. In non-renal fibrosis, caveolin-1 protects against fibrosis. The purpose of this study was to investigate if caveolin-1 knockout led to an increased fibrotic phenotype using the unilateral ureteric obstruction model of renal fibrosis.
Methods
Using 2 time-points of the unilateral ureteric obstruction model, wild-type and caveolin-1 knockout mouse kidneys were analysed for caveolin-1 expression and markers of fibrosis using histology, Gomori staining, real-time quantified polymerase chain reaction, Western blotting and confocal microscopy.
Results
Confocal microscopy shows caveolin-1 staining mainly in glomerulus, lining of tubules as well as the vasculature. There was increased caveolin-1 expression the longer the unilateral obstruction occurred as well as in the contralateral compensating non-obstructed kidney. Caveolin-1 knockout had less fibrosis at day 3 histologically but more at day 14 as compared to wild-type. There were significantly more F4/80 positive staining cells at day 3 and day 14 in the wild-type injured kidney as compared to the caveolin-1 knockout mouse.
Conclusion
Caveolin-1 knockout leads to a worse fibrosis upon unilateral ureteric obstruction. Caveolin-1 expression manipulation timing remains to be elucidated in reducing renal fibrosis.

Link to full-text [no password required]

QIP: Intravenous Iron Service at SaTH Increasing CKD specialist nursing time to start a MDT Low Clearance Clinic (2018)

Type of publication:
Poster presentation

Author(s):
Ara A, Haque F, Burke P, Crowley L, Chand S

Citation:
UK Kidney Week June 2018

Abstract:

Link to full-text [no password required]

The Curious Case of the Unexpected Biopsy (2018)

Type of publication:
Oral presentation

Author(s):
Jarvis G, Harrison K, Green N, Roufosse C, Neil D, *Chand S

Citation:
UK Kidney Week June 2018

Routine micturating cystourethrogram for multicystic dysplastic kidneys: have we moved on? (2018)

Type of publication:
Journal article

Author(s):
*Shankar, Shiva; *Hay, Eleanor; *Ray, Sagarika

Citation:
Archives of disease in childhood; Jul 2018

Link to full-text [NHS OpenAthens account required]

A patient centred, self-management app providing digital support and follow up care for citizens with prostate cancer (2018)

Type of publication:
Conference abstract

Author(s):
*Elves A.; *Dunk S.; *Perry S.; *Srihari N.; Khanduri S.; Redgrave R.; Pope R.

Citation:
Journal of Clinical Urology; Jun 2018; vol. 11 ; p. 26

Abstract:
Introduction: The challenges of increasing cancer survivors, National Survivorship Programme/Recovery package and drive to stratified care combined with funding and workforce constraints require novel approaches to follow-up care. We describe a web-based App facilitating stratified care through remote patient self management for patients undergoing follow-up for prostate cancer. Method: Patients with stable prostate cancer were eligible for recruitment. The App was offered as a replacement to face to face follow-up or for communication and support. App functionalities include remote follow-up, self-reporting of disease/treatment effects, multimedia information/sign posting and secure messaging to a clinical nurse specialist. Outcomes included up-take, use of App functionalities, number of follow-ups delivered, escalations in care and user satisfaction. Results: One hundred and twenty patients identified were eligible for the App. Sixty five patients recruited generated 342 messages and 627 patient self-reported disease/treatment effect entry sessions providing 3036 readings. Sexual health and hormone side effects were most common reported issues.Sixty-six per cent of users were over 69 years. Forty four patients received digital follow-up over the 10 month period. Clinician concerns about disease progression or user lack of internet access or device were the principle obstacle to recruitment. Conclusion: The App was safe and allowed patients to provide

feedback upon symptoms, wellbeing and interact proactively with their healthcare team on an ad hoc basis as well as regular follow-up. This fundamental change in approach to delivery of clinical care has wider application to a range of urological conditions.

Benign testicular tumour in non-palpable scrotal lesions in patients with abnormal testicular ultrasound (2018)

Type of publication:
Conference abstract

Author(s):
*Phan Y.; *Loh A.; *Rosli M.; *Anankumar A.; *Lynn N.

Citation:
Journal of Clinical Urology; Jun 2018; vol. 11 ; Supp 1 ; p. 74

Abstract:
Introduction: Radical orchidectomy may represent a life changing experience for patients. Clinicians strive to accurately diagnose testicular malignancy through careful scrotal examination and testicular ultrasound prior to surgery. Nevertheless, no investigation is 100% accurate. We aim to find out the occurrence of benign testicular tumour in men without palpable scrotal lesions but with abnormal testicular ultrasound. Methodology: All pathological outcomes of orchidectomies from Jan 2011 to Dec 2016 were retrospectively analysed. Results: 220 orchidectomies were performed during this period. 146 patients with a mean age of 44 years old underwent radical inguinal orchidectomies for possible malignancies due to abnormal testicular ultrasound findings with or without palpable lesions. 115 of these patients had palpable scrotal lesions. 101(88%) of these men had malignant tumours on histopathology. 31 patients had no palpable scrotal lesion but had abnormal testicular ultrasound findings that are suspicious of a testicular tumour. Of these patients, 15 (48%) had malignant tumours while 16 patients (52%) had benign testicular tumours. Conclusions: 88% patients with clinically palpable scrotal tumour and ultrasound abnormality were found to have malignant tumour. In contrast, only 52% patients were found to have malignant tumours with ultrasound abnormality without a palpable lesion. Whilst this may not change the need for surgical excision, it is an important consideration in the pre-operative counseling of these men and offer ultrasound surveillance in these men.

Update on renal disease in diabetic patients in primary care (2018)

Type of publication:
Journal article

Author(s):
*Morris, David

Citation:
Independent Nurse; Sep 2018; vol. 2018 (no. 9); p. 32-36

Abstract:
David Morris details complications in the kidneys that diabetes can cause.

Palliative home dialysis: a new paradigm in the holistic management of dialysis patients (2018)

Type of publication:
Journal article

Author(s):
*Nair, Sunita; Borman, Natalie

Citation:
Journal of Kidney Care; Sep 2018; vol. 3 (no. 5); p. 278-283

Radiotherapy to the primary tumour for newly diagnosed, metastatic prostate cancer (STAMPEDE): a randomised controlled phase 3 trial (2018)

Type of publication:
Randomised controlled trial

Author(s):
Parker, Christopher C; James, Nicholas D; Brawley, Christopher D; Clarke, Noel W; Hoyle, Alex P; Ali, Adnan; Ritchie, Alastair W S; Attard, Gerhardt; Chowdhury, Simon; Cross, William; Dearnaley, David P; Gillessen, Silke; Gilson, Clare; Jones, Robert J; Langley, Ruth E; Malik, Zafar I; Mason, Malcolm D; Matheson, David; Millman, Robin; Russell, J Martin; Thalmann, George N; Amos, Claire L; Alonzi, Roberto; Bahl, Amit; Birtle, Alison; Din, Omar; Douis, Hassan; Eswar, Chinnamani; Gale, Joanna; Gannon, Melissa R; Jonnada, Sai; Khaksar, Sara; Lester, Jason F; O'Sullivan, Joe M; Parikh, Omi A; Pedley, Ian D; Pudney, Delia M; Sheehan, Denise J; *Srihari, Narayanan Nair; Tran, Anna T H; Parmar, Mahesh K B; Sydes, Matthew R; Systemic Therapy for Advanced or Metastatic Prostate cancer: Evaluation of Drug Efficacy (STAMPEDE) investigators

Citation:
Lancet, Volume 392, Issue 10162, 1–7 December 2018, Pages 2353-2366

Abstract:
BACKGROUND Based on previous findings, we hypothesised that radiotherapy to the prostate would improve overall survival in men with metastatic prostate cancer, and that the benefit would be greatest in patients with a low metastatic burden. We aimed to compare standard of care for metastatic prostate cancer, with and without radiotherapy. METHODS We did a randomised controlled phase 3 trial at 117 hospitals in Switzerland and the UK. Eligible patients had newly diagnosed metastatic prostate cancer. We randomly allocated patients open label in a 1:1 ratio to standard of care (control group) or standard of care and radiotherapy (radiotherapy group). Randomisation was stratified by hospital, age at randomisation, nodal involvement, WHO performance status, planned androgen deprivation therapy, planned docetaxel use (from December, 2015), and regular aspirin or non-steroidal anti-inflammatory

drug use. Standard of care was lifelong androgen deprivation therapy, with up front docetaxel permitted from December, 2015. Men allocated radiotherapy received either a daily (55 Gy in 20 fractions over 4 weeks) or weekly (36 Gy in six fractions over 6 weeks) schedule that was nominated before randomisation. The primary outcome was overall survival, measured as the number of deaths; this analysis had 90% power with a one-sided α of 2·5% for a hazard ratio (HR) of 0·75. Secondary outcomes were failure-free survival, progression-free survival, metastatic progression-free survival, prostate cancer-specific survival, and symptomatic local event-free survival. Analyses used Cox proportional hazards and flexible parametric models, adjusted for stratification factors. The primary outcome analysis was by intention to treat. Two prespecified subgroup analyses tested the effects of prostate radiotherapy by baseline metastatic burden and radiotherapy schedule. This trial is registered with ClinicalTrials.gov, number CT00268476. FINDINGS Between Jan 22, 2013, and Sept 2, 2016, 2061 men underwent randomisation, 1029 were allocated the control and 1032 radiotherapy. Allocated groups were balanced, with a median age of 68 years (IQR 63-73) and median amount of prostate-specific antigen of 97 ng/mL (33-315). 367 (18%) patients received early docetaxel. 1082 (52%) participants nominated the daily radiotherapy schedule before randomisation and 979 (48%) the weekly schedule. 819 (40%) men had a low metastatic burden, 1120 (54%) had a high metastatic burden, and the metastatic burden was unknown for 122 (6%). Radiotherapy improved failure-free survival (HR 0·76, 95% CI 0·68-0·84; p<0·0001) but not overall survival (0·92, 0·80-1·06; p=0·266). Radiotherapy was well tolerated, with 48 (5%) adverse events (Radiation Therapy Oncology Group grade 3-4) reported during radiotherapy and 37 (4%) after radiotherapy. The proportion reporting at least one severe adverse event (Common Terminology Criteria for Adverse Events grade 3 or worse) was similar by treatment group in the safety population (398
[38%] with control and 380 [39%] with radiotherapy). INTERPRETATION Radiotherapy to the prostate did not improve overall survival for unselected patients with newly diagnosed metastatic prostate cancer. FUNDING Cancer Research UK, UK Medical Research Council, Swiss Group for Clinical Cancer Research, Astellas, Clovis Oncology, Janssen, Novartis, Pfizer, and Sanofi-Aventis.

Link to full-text [NHS OpenAthens account required]

Respiratory

Adult asthma: what community nurses should know (2018)

Type of publication:
Journal article

Author(s):
*Pickstock, Shirley

Citation:
Journal of Community Nursing; Feb 2018; vol. 32 (no. 1); p. 48-53

Abstract:
Asthma is a common lung condition affecting many patients in the community. Nurses are pivotal in the diagnosis and management of people with both stable disease and during I acute flare-ups. Asthma reviews offer opportunities to build therapeutic relationships and optimise treatment, helping patients to recognise and plan management of an asthma attack. On average, three people die of asthma every day in the UK — a stark statistic which should encourage nurses to be forever watchful of opportunities to regularly review the evidence base and provide patient-centred care. This article focuses on the management of chronic adult asthma, at diagnosis, management, and briefly touches on assessment of the acute exacerbation. The key differences between the asthma guidelines of the British Thoracic Society/Scottish Intercollegiate Guidelines Network (BTS/SIGKr < 2016) and the National Institute for Health and Care Excellence (NICE, 2017) guidelines, which are currently in use in the UK, are presented for reader consideration.

Link to full-text [NHS OpenAthens account required]

A phase 2b, randomized, double-blind, placebo-controlled trial of presatovir (GS-5806), a novel oral rsv fusion inhibitor, for the treatment of respiratory syncytial virus (RSV) in hospitalized adults (2018)

Type of publication:
Conference abstract

Author(s):
Hanfelt-Goade D.; Maimon N.; Nimer A.; Riviere F.; Catherinot E.; Ison M.; Jeong S.; Walsh E.; Falsey A.R.; Gafter-Gvili A.; Nama S.; Napora P.; Chowers M.; Bergeron A.; Zeltser D.; *Moudgil H.; Limaye A.P.; Couturaud F.; Nseir W.; McKevitt M.; Porter D.; Jordan R.; Guo Y.; German P.; Watkins T.R.; Gossage D.L.; Chien J.W.

Citation:
American Journal of Respiratory and Critical Care Medicine; May 2018; vol. 197

Abstract:
RATIONALE: Presatovir has been shown to significantly reduce nasal viral load and signs and symptoms of RSV infection in a healthy human challenge study. We evaluated the safety and efficacy of presatovir

in hospitalized adults infected with RSV. METHODS: RSV infected subjects with <= 5 days of symptoms were randomized (1:1) to oral presatovir 200 mg or placebo once on Day 1, in addition to standard of care. Subjects were stratified by 4 categories: no chronic airways or lung disease, chronic obstructive pulmonary disease (COPD), asthma or other chronic airways or lung disease. The primary endpoint was the time weighted average change (TWAC) in nasal RSV viral load from baseline through Day 5. Secondary endpoints included mean TWAC in patient reported outcomes (Flu-PROTM), duration of hospital stay following study drug administration and rate of unplanned medical encounters related to a respiratory illness after initial hospital discharge through Day 28. RESULTS: From May 2014 to May 2017, 189 subjects from 78 centers were enrolled. Mean (SD) duration of symptoms prior to first dose of study drug was 3 (1.2) and 3 (1.1) days for the presatovir and placebo groups respectively. Despite maintaining mean plasma levels above 4-fold paEC95 for 5 days, presatovir treatment did not reduce the TWAC in viral load or the mean number of hospitalization free days (Table). The placebo group had a greater TWAC in Flu-PROTM score and a lower rate of unplanned medical encounters after initial hospital discharge than the presatovir group. The percentage of subjects with Treatment- Emergent Adverse Events (TEAE) and >= Grade 3 TEAEs (presatovir vs. placebo) were similar in both groups [65.2% vs. 67.0%] and [6.5% vs. 8.5%] respectively. The percentage of subjects with serious adverse events was also similar [8.7% vs 13.8%]. Two COPD subjects in the presatovir group died due to worsening COPD, one on day 5 during the study period and the other on day 36 after the study period. CONCLUSIONS: Presatovir did not significantly reduce viral load or improve clinical outcomes in hospitalized adults with RSV. (Table Presented) .

Prospective validation of the rapid clinical risk prediction score in patients with pleural infection: The pleural infection longitudinal outcome study (PILOT) (2018)

Type of publication:
Conference abstract

Author(s):
Corcoran J.P.; Dobson M.; Shaw R.; Hedley E.L.; Sabia A.; Robinson B.; Rahman N.M.; Psallidas I.; Hallifax R.J.; Gerry S.; Collins G.S.; Piccolo F.; Read C.; Koegelenberg C.F.; Saba T.; Saba J.; Daneshvar C.; Ward N.; Fairbairn I.; *Heinink R.; West A.; Stanton A.E.; Holme J.; Kastelik J.A.; Steer H.; Downer N.J.; Haris M.; Baker E.H.; Everett C.F.; Pepperell J.; Bewick T.; Yarmus L.B.; Maldonado F.; Khan B.; Hart-Thomas A.; Hands G.; Warwick G.; Munavvar M.; Guhan A.; Shahidi M.; Pogson Z.E.; Dowson L.; Bhatnagar R.; Davies H.E.; Yu L.; Maskell N.A.; Miller R.F.

Citation:
American Journal of Respiratory and Critical Care Medicine; May 2018; vol. 197

Abstract:
RATIONALE Pleural infection is increasingly common and associated with significant morbidity and mortality, with no current robust means of predicting which patients will suffer poor clinical outcomes. A validated risk score at baseline would allow high-risk patients to be identified early, and directed towards more invasive management strategies aimed at improving prognosis. METHODS The Pleural Infection Longitudinal Outcome Study (PILOT) was a prospective observational cohort study, recruiting adult patients with pleural infection from 29 centres in four countries, with patients undergoing

protocolised management based on widely accepted national guidelines adapted for local practice. The study was powered to validate a previously described clinical risk prediction score (RAPID), derived and retrospectively validated using data from two large multicentre randomised trials in pleural infection (MIST1 and MIST2). The primary outcome was mortality associated with pleural infection at 3 months; secondary outcomes included mortality at 12 months, length of hospital stay, need for thoracic surgical intervention, failure of initial medical management (according to predefined criteria), and lung function impairment at 3 months. Study follow-up was for 12 months. The study was funded by the UK Medical Research Council, and registered with ClinicalTrials.gov (ISRCTN 50236700). RESULTS 551 participants were recruited between October 2013 and October 2016, and data were available in 542 (98.4%) patients. 383/542 (70.7%) were male; mean age was 58 years (SD 20). Overall mortality was 10% at 3 months (54/542) and 19% (101/542) at 12 months. Mortality increased according to RAPID score overall (Figure 1a) and 3 month mortality was closely associated with RAPID category; low-risk (RAPID score 0-2) 4/216 (1.9%, 95% CI 0.5 to 3.6), medium risk (RAPID score 3-4) 22/233 (9.4%, 95% CI 5.7 to 13.2), and high-risk (RAPID score 5- 7) 28/93 (30.1%, 95% CI 20.8 to 39.4) (Figure 1b). C-indexes (AUROC) for the prediction score at 3 months and 12 months were 0.79 (95% CI 0.73 to 0.85) and 0.77 (95% CI 0.72 to 0.82) respectively. CONCLUSIONS RAPID is a robust prediction score for mortality in adult patients with pleural infection, and should now be used to guide clinical care. Further studies are now required to assess if targeting more interventional treatment strategies in higher risk groups can reduce mortality.

Correlating chest CT radiological reporting of tree-in-bud with clinical diagnosis (2018)

Type of publication:
Conference abstract

Author(s):
*Muthusami R.; *Makan A.; *Ahmad N.; *Srinivasan K.S.; *Moudgil H.

Citation:
American Journal of Respiratory and Critical Care Medicine; May 2018; vol. 197

Abstract:
RATIONALE Although initially describing Endobronchial Tuberculosis, the Tree-in-Bud (TIB) pattern is increasingly recognised in a wider number of conditions. Objective here was to establish how frequently this was reported and the spectrum of subsequent diagnosis. METHODS Reports relating to all Chest CT scans undertaken at our District General Hospital during 2015 were identified and those with reference to TIB further explored from electronic medical records. RESULTS 27 patients had the TIB (2.7% of total CTs) pattern reported. Average age was 72 years with 59% female. The right lung was affected (78%) more than the left (52%) along with one of the lower lobes (55%). The most common lobe affected was the RLL (41%) followed by the RML (37%) and then RUL & LLL (both 33%). 21 (78%) were seen by a Respiratory Physician. For the group as a whole, two had died from advanced cancer (1 lung cancer) and one with advanced dementia. An Infectious Aetiology was proposed in 16 (59%) with half confirmed with a positive microbiological result. 2 patients had Non-Tuberculous Mycobacteria, alongside Chronic Cavitatory Pulmonary Aspergillosis (1), ABPA (Allergic BronchoPulmonary Aspergillosis) in 3 (11%), Emphysema (3), Asbestos Disease (2) and one each had Pulmonary Sarcoid and BOOP (Bronchiolitis Obliterans Organizing Pneumonia). CONCLUSION The Tree-in-Bud pattern occurs as a result of a number of processes, although often they co-exist in the same condition and though we identified some

mycobacterial disease, cases identified had a wider spectrum including other infectious, allergic, and vasculitic pathways alongside malignancy. The radiological distribution of disease within the lungs further proposes a role for silent aspiration into the airways. (Figure Presented) .

Assessment of chronic obstructive airways disease in heart failure : An analysis of current practice (2018)

Type of publication:
Conference abstract

Author(s):
*Muthusami R.; *Mahmoud M.; *Crawford E.; *Makan A.; *Ahmad N.; *Srinivasan K.S.; *Moudgil H.; *Candassamy N.

Citation:
American Journal of Respiratory and Critical Care Medicine; May 2018; vol. 197

Abstract:
RATIONALE Heart Failure (HF) and Chronic Obstructive Pulmonary Disease (COPD) are global epidemics incurring significant morbidity and mortality with overlapping symptoms & risk factors. Whereas with other coexisting co-morbidities such as with Diabetes Mellitus and Ischaemic Heart Disease, much work has been done to concurrently improve outcomes from both pathologies, whether anything is uniformly undertaken in practice to firstly recognize and secondly improve outcomes from HF and COPD is less understood. The objective here was to establish our current pattern of assessment to identify potential areas of improvement that would enable us to better manage the modern multi-morbid patient. METHODS Electronic medical records of all patients admitted to our District General Hospital (serving fairly static population 250,000) over a 6 month period to end December 2016 and referred internally to our Heart Failure Specialist Team were assessed. Data for all admitted cases were cross-referenced to Electrocardiography (ECHO) and Pulmonary Function Lab Databases. RESULTS 116 patients (63% male) with mean (SD, range) age 74.9 (11.7, 32-100) years had been admitted and of these 37% had died over the subsequent 12 months follow up period. Of the total, 113 (97%) had prior transthoracic cardiac ECHO (updated within a two year window); Mean estimated Left Ventricular Ejection Fraction (LVEF) was 41%. Comparatively, only 31 (27%) patients had undergone Spirometry testing at our centre over the preceding 10 year period and of these approximately half (51%) had shown obstructive spirometry. Collectively, 44 (38%) were known to have any Obstructive Airways Disease with 32 (28%) being COPD but a slightly higher figure at 50 (43%) were on inhaler treatment. . Sub-analysing, the 59 (51%) specifically with Ischaemic Heart Disease as opposed to other causes for Heart Failure (Valvular Heart Disease, Cardiomyopathy etc.) had a higher 12 month mortality rate (49%) as well as higher prevalence of known COPD (32%), higher proportion of patients with obstructive spirometry (65%) and patients on inhaler therapy (45%). Only 2 of the 7 patients on Amiodarone had Spirometry. CONCLUSION The basic provision of spirometry to Heart Failure patients, and in particular those with Ischaemic Heart Disease, needs to be improved with our findings probably consistent with others providing the same models of diagnosis driven care. Our findings are in a population with established Heart Failure and potentially in their final years of life but there may be improved quality of life and care planning, if assessing those presenting earlier.

Thoracic ultrasound: It's not all about the pleura (2018)

Type of publication:
Journal article

Author(s):
Walden A.; Smallwood N.; Dachsel M.; *Miller A.; Stephens J.; Griksaitis M.

Citation:
BMJ Open Respiratory Research; 2018; vol. 5 (no. 1)

Link to full-text [no password required]

Patent foramen ovale causing breathlessness and platypnoea-orthodeoxia syndrome in an older patient (2018)

Type of publication:
Journal article

Author(s):
*Madden, Katy; *MacKintosh, Abigail; *Mike, Nigel

Citation:
Age and ageing; Oct 2018

Abstract:
An 82-year-old male presented with a week’s history of shortness of breath on exertion, particularly when bending to tie his shoe laces. The breathlessness worsened on standing and was relieved by lying. His oxygen saturations were noted to fluctuate based on position dropping to 82% on standing. This was suggestive of platypnoea-orthodeoxia syndrome (POS), an uncommon but potentially reversible diagnosis. As the population ages we may be more likely to see patients with persisting patent foramen ovale decompensate and develop POS.

Can Improving Working Partnerships with Primary Care Prevent Avoidable Emergency Admissions for Patients with Lung Cancer? (2018)

Type of publication:
Conference abstract

Author(s):
Morley J.; Anderson V.; Beattie V.; Clayton K.; Denby D.; Eaton M.; Glover S.; Griffiths A.; Maddock N.; *McAdam J.; Morgan S.; Rees P.; Perkins T.; Phillips S.; Pugh B.; Roberts J.; Robinson W.; Rose P.

Citation:
Journal of Thoracic Oncology; Oct 2018; vol. 13 (no. 10)

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Abstract:
Background: A literature search was performed. Primary Care Professionals (PCP'S) and National Lung Cancer Forum for Nurses (NLCFN) members were surveyed. Patients with a known diagnosis of lung cancer and their carers were interviewed following emergency care admissions. Lung Cancer Nurse Specialists (LCNS) from 15 NHS Trusts/Health Boards (HB) throughout the United Kingdom participated in data collection between May and August 2017. Method: A literature search (CINAHL, Embase, Proquest, PubMed, Medline) was performed. 120 PCP's from 7 CCG's/HB were surveyed to ask how and why they would contact a LCNS; any difficulties experienced contacting a LCNS and what support the LCNS could provide. 86 (72%) responded. 27 patients and their carers from 5 NHS/HB who were admitted as an emergency with a symptom related to their lung cancer were interviewed by a LCNS. A questionnaire was sent to all NLCFN members, asking "What do you do in your current practice to help prevent avoidable emergency hospital attendances?" Result: There was no published literature specific to the project aim. 46 (53%) PCP's knew how to contact the LCNS, 24 (28%) did not and 16 (19%) were unaware the service existed. PCP's reported that the LCNS could improve communication and provide education and specialist advice to help reduce avoidable emergency admissions. Following review by the LCNS, 25 (92%) of emergency admissions were deemed necessary. 2 (8%) patients contacted 999, with the rest seeking advice from the LCNS, Acute Oncology Service or GP prior to admission. 282 NLCFN members were surveyed with 59 respondents. Findings highlighted wide variations in practice, although a number of common themes were evident. Proactive communication with patients and HCP's and timely referrals and signposting were key to identifying and addressing potential problems as early as possible. Conclusion: This small data sample suggests that patients were admitted appropriately. The NLCFN survey highlighted the role of the LCNS in providing expert specialist knowledge and advice to patients and Health Care Professionals throughout the patients journey. PCP's expressed that they would like to know more about the role of the LCNS and would value better means of communication, advice and specialist support to improve patient care.

Surgery

Over 70s breast cancer management: A single institute experience (2018)

Type of publication:
Conference abstract

Author(s):
Dube M.; Talaat A.; *Rastall S.; *Przyczyna A.; *Usman T.

Citation:
European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 898

Abstract:
Introduction: With increasing life expectancy, awareness and improved referral system more women over the age of 70 (70+) are diagnosed with breast cancer. NICE guidelines recommended standard treatment of breast cancer irrespective of age and decision rather based on co-morbidities and frailty. To review our compliance with NICE guidelines we audited management of breast cancer of 70+ women over a period of five years. Methods: Retrospective case note analysis of 833 70+ women with breast cancer diagnosed from April 2010 to March 2015. Breast MDT recommendations, reason for choice of treatment, co-morbidities and performance status recorded. Results: Out of 2729 breast cancer diagnosis 30% (833) were 70+. The median age was 78. Surgery was the treatment of choice in all five years and is represented by 60% in year one, four and five; 55% in year two; 45% in year three. Primary endocrine treatment was the next treatment of choice among 28% in year one, 23% in year two, 30% in year three, 20% in year four, and 25% in year five. Offer and acceptance adjuvant treatments have increased in year wise analysis. Conclusions: We have noticed a shift towards surgery from primary endocrine therapy in year wise analysis. There has been an increase of number of 70+ patients diagnosed with breast cancer. Inclusion of performance status had improved offer of adjuvant treatment in the last year of the study. More individualised and evidence based management recommended to offer appropriate treatment in this age group.

Revision surgery following extended latissimus dorsi flap and implant based breast reconstruction: a district general hospital experience (2018)

Type of publication:
Conference abstract

Author(s):
Dube M.; *Sheikh H.; *Rastall S.

Citation:
European Journal of Surgical Oncology; Jun 2018; vol. 44 (no. 6); p. 902-903

Abstract:
Introduction: Extended latissimus dorsi (ELD) flap breast reconstruction has been a very well-established reconstruction modality after mastectomy. Although recently number of ELD flap operation has decreased due to popularity of implant based reconstruction we found rate of revisional surgery were

less with ELD reconstruction. Rates of revisional surgery have been quoted between 30%-75% in the literature. After 5 years we evaluate our rates of revision surgery. Methods: Analysis of a prospectively maintained breast reconstruction database. Types of initial surgery, complications and rate of revision sur-gery after radiotherapy specifically noted. Results: Total Reconstructions: 127 Immediate Reconstructions: 90 (78 ELD flap, 12 Implant only with acellular dermal matrix (ADM) Total patients who had further surgery 5 Fat grafting after ELD Flap 3 Fat grafting after implant only 1 Changeofimplant 1 *Patients with ELD reconstruction also had post-operative radiotherapy and 1 had small skin breakdown of the breast after primary surgery. Delayed Reconstructions: 37 Fat grafting after ELDflap Reconstruction 1 Symmetrisation surgery: 9 Total Patients requiring contralateral symmetry surgery 9 Augmentation mastopexy after immediate ELD 2 Mastopexy after delayed ELD 1 Reduction mastopexy after immediate ELD 4 Reduction mastopexy after delayed ELD 2 Time from primary surgery to symmetrisation or corrective surgery was between 8 months to 3 years. Conclusions: About 1.5% of patients required corrective surgery to the reconstructed or contralateral breast. High level of patient satisfaction found with ELD flap breast reconstruction than implant as only small number of patient required corrective surgery even after postoperative radiotherapy.

Cancelled operations: a 7-day cohort study of planned adult inpatient surgery in 245 UK National Health Service hospitals (2018)

Type of publication:
Journal article

Author(s):
Wong, D.J.N.; Harris, S.K.; Moonesinghe, S.R

Collaborators at Shrewsbury and Telford Hospital NHS Trust:
*Jane Wright, *Paul Jones, *Riquella Abbott, *Lisa Bacon, *Christopher Godden, *David Howe, *Angela Loughlin, *Helen Moore, *Samuel Passey, *Rebekah Rodgers

Citation:
BJA: The British Journal of Anaesthesia; Oct 2018; vol. 121 (no. 4); p. 730-738

Abstract:
Background: Cancellation of planned surgery impacts substantially on patients and health systems. This study describes the incidence and reasons for cancellation of inpatient surgery in the UK NHS. Methods: We conducted a prospective observational cohort study over 7 consecutive days in March 2017 in 245 NHS hospitals. Occurrences and reasons for previous surgical cancellations were recorded. Using multilevel logistic regression, we identified patient- and hospital-level factors associated with cancellation due to inadequate bed capacity.Results: We analysed data from 14 936 patients undergoing planned surgery. A total of 1499 patients (10.0%) reported previous cancellation for the same procedure; contemporaneous hospital census data indicated that 13.9% patients attending inpatient operations were cancelled on the day of surgery. Non-clinical reasons, predominantly inadequate bed capacity, accounted for a large proportion of previous cancellations. Independent risk factors for cancellation due to inadequate bed capacity included requirement for postoperative critical care [odds ratio (OR)=2.92; 95% confidence interval (CI), 2.12-4.02; P<0.001] and the presence of an emergency department in the treating hospital (OR=4.18; 95% CI, 2.22-7.89; P<0.001). Patients undergoing cancer surgery (OR=0.32; 95% CI, 0.22-0.46; P<0.001), obstetric procedures (OR=0.17; 95% CI, 0.08-0.32;

P<0.001), and expedited surgery (OR=0.39; 95% CI, 0.27-0.56; P<0.001) were less likely to be cancelled.Conclusions: A significant proportion of patients presenting for surgery have experienced a previous cancellation for the same procedure. Cancer surgery is relatively protected, but bed capacity, including postoperative critical care requirements, are significant risk factors for previous cancellations.