

British Neurosurgical Trainees Research Collaborative (BNTRC)

Launch meeting minutes

Royal College of Surgeons of England, London, 19 October 2012

Mr Angelos Kolias, BNTA Academic Representative, opened the meeting by welcoming everyone and stating that the trainees who have registered for the meeting work in 21 different hospitals in the UK and that 13/18 training programmes in the UK/Ireland are represented. He thanked the invited speakers, the RCSEng, the SBNS, the UK Neurosurgical Research Network (UKNSRN), the NIHR Research Design Service for the East of England, and Codman for supporting the meeting.

Mr Richard Nelson, SBNS President, welcomed everyone by stating that the SBNS is fully supporting the BNTRC initiative. The SBNS President also mentioned that trainee involvement in UK neurosurgical trials has happened in the past citing the example of the British Aneurysm Nimodipine Trial (3 registrars were co-authors in the BMJ paper).

Invited talks

The first session, which was chaired by Mr Paul Brennan (BNTA immediate past chair) and Mr Tim Jones (BNTA secretary), focussed on the RCSEng research infrastructure, NIHR funding opportunities and trainee research networks.

Professor Dion Morton, Clinical Director of Research RCSEng, made the following key points:

- The RCSEng is working with partners to develop a nationwide research infrastructure to develop and expand the surgical clinical trials portfolio over the next five years
- This infrastructure includes the establishment of surgical trials units (2 have already been funded), the appointment of surgical subspecialty leads (eventually to cover all surgical specialties) and the support of trainee networks
- Trainee networks are in a unique position to put clinical trials and research at the centre of patient care delivery

Prof David Armstrong, Programme Director of the NIHR Research for Patient Benefit (RfPB) programme, made the following key points:

- The NIHR funds a range of programmes addressing mainly the evaluation and adoption of the full range of interventions (including pharmaceuticals, biologics, biotechnologies, procedures,

therapies and practices) for the full range of health and healthcare delivery (such as prevention, detection, diagnosis, prognosis, treatment and care

- The NIHR RfPB programme provides funding for applied clinical research projects on a trajectory to benefit patients in the short to medium term.
- The RfPB programme can be viewed as ‘the nursery slopes of research’ – well designed pilot randomised trials or prospective cohort studies of a trainee network would fall within the remit of this programme
- There is a paucity of surgical trials evaluating different technique *and* diagnostic studies

Mr Tom Pinkney, who is a Registrar in General Surgery and a member of the West Midlands Research Collaborative, made the following key points:

- The WMRC was set up by a group of surgical registrars with the help and support of Professor Dion Morton a few years ago
- The WMRC study portfolio now includes 3 randomised trials and more than 5 cohort studies
- The ROSSINI randomised trial, which was run by registrars ‘from the ground’, managed to secure funding from the NIHR RfPB programme and completed recruitment 2 months ahead of schedule
- Fair and inclusive authorship policies are necessary for the success of trainee networks; policies should be determined on a study-by-study basis during the planning stages

Mr Aneel Bhangu, who is a Registrar in General Surgery and involved with the National Appendectomy Outcomes Audit, made the following key points:

- Prospective cohort studies are good studies for a trainee network to start with
- Once full “functionality” is established, randomised trials will be easier to do
- Involvement of trainees at all levels is useful
- Individual studies benefit from having trainee principal investigators in local hospitals who co-ordinate regulatory approvals/recruitment/data collection in their units and aim to engage other trainees as collaborators

Mr Peter Hutchinson, Consultant Neurosurgeon and member of the RCSEng Research & Academic Board, made the following key points:

- Neurosurgery has long tradition of collaboration that has resulted in a number of high-quality randomised multi-centre randomised trials
- The BNTRC, supported by the UKNSRN, will be well positioned to ensure that the future of neurosurgical research in the UK is even better

Panel discussion

The **invited speakers** were then joined by **Prof Liam Gray** (Chair of the Academic Committee of the SBNS and UKNSRN Lead) for a panel discussion. The following key points were made:

- Prospective cohort studies are an excellent way of developing our network; our eventual aim should be to carry out randomised trials
- The BNTRC should make the most of the SBNS research infrastructure
 - The Academic Committee (AC) infrastructure can be utilised for protocol development and peer-review
 - The UKNSRN infrastructure can be utilised to facilitate applications for funding, ethics/regulatory approval, establishment of collaborations
- Authorship policies should be fair and aim to recognise the contributions of local investigators
 - Nowadays, most large multi-centre studies have a list of 20-30 authors followed by a list of numerous collaborators (in some cases several hundred). This results in a Medline citation for authors and collaborators
- The RCSEng is trying to develop research infrastructure in all surgical specialties across the UK; naturally they will continue being very supportive of the BNTRC

Proposed studies

The next session, which was chaired by Mr Tim Jones, focussed on presentation and discussion of three studies that were submitted during the call for proposals (June - July 2012). Each study presentation was followed by open-floor discussion with the participation of trainees and consultants.

Ian Coulter, who is a Northern Deanery trainee, presented a **proposal for a national chronic subdural haematoma (CSDH) outcomes study**. The study proposal was also supported by trainees from Edinburgh, Cambridge and St Mary's (London). The following key points were made during the study presentation and the open floor discussion.

- A prospective CSDH study would be a favourable one to start with due to the large numbers of patients and the significant exposure of trainees to this pathology
- A national audit would aim to compare UK outcomes and practice with international literature and establish national benchmarks for future studies
- The majority agreed that an audit with the following characteristics would be desirable
 - recruit patients with CSDH over a period of 2-4 months (with very broad inclusion criteria)
 - endpoints to focus on in-hospital morbidity/mortality and outcome at discharge

Paul Brennan (clinical lecturer/registrar in Edinburgh) and Fardad Afshari (academic foundation trainee in Cambridge) presented a **proposal for a national cranioplasty study**. The study proposal was also supported by trainees from Plymouth and Southampton. The following key points were made during the study presentation and the open floor discussion.

- Review of UK studies shows a significant variation in practice patterns (timing of cranioplasty; material used) and a wide range of reported morbidity
- A prospective cranioplasty audit would be an important study in order to establish contemporary practice patterns, complications rates and benchmarks for future studies
- The majority agreed that an audit with the following characteristics would be desirable
 - data collection to focus on baseline and operative data
 - primary endpoint should be carefully selected with the aim of combining ease of collection with clinical relevance (an example is re-operation rate within 6 months which can be collected from electronic patient records)
 - follow-on projects could be a national registry and/or randomised trials

Angelos Koliass (academic clinical fellow in Cambridge) presented a **proposal for a multi-centre randomised trial of decompressive craniectomy vs craniotomy for adult patients undergoing evacuation of acute subdural haematoma** (ASDH). The study proposal was also supported by trainees from Newcastle and Edinburgh. The following key points were made during the study presentation and the open floor discussion.

- Preparatory work has shown that there is significant variation in the practice patterns of UK units due to the uncertainty as to the optimal surgical technique for primary evacuation of ASDH
- The proposed study protocol has evolved through 3 open collaborators meetings, presentations at conferences and input from patient representatives
- The outcome of an outline application for funding from the NIHR (HTA programme) is currently awaited
- Even though the protocol has nearly been finalised, there is plenty of scope for involvement of the BNTRC and trainees across the UK and Ireland in terms of trial set-up in local units, recruitment and trial analysis/write-up

The following plan of action was agreed:

- **CSDH study (prospective audit)**
 - Trainees from the units supporting the proposal will put together a draft protocol and data collection proforma which will then be developed in conjunction with trainees from interested units and the AC of the SBNS

- Local trainee principal investigators for the CSDH study will co-ordinate regulatory approvals/recruitment/data collection in their units and aim to engage other trainees as collaborators
- **Cranioplasty study (prospective audit)**
 - Trainees from the units supporting the proposal will put together a draft protocol and data collection proforma which will then be developed in conjunction with trainees from interested units and the AC of the SBNS
 - Local trainee principal investigators for the cranioplasty study will co-ordinate regulatory approvals/recruitment/data collection in their units and aim to engage other trainees as collaborators
- **ASDH study (randomised trial)**
 - Local trainee principal investigators for the ASDH study will co-ordinate regulatory approvals/recruitment/data collection in their units and aim to engage other trainees as collaborators

Trainees interested to become local trainee principal investigators for any of the above studies need to email angeloskolias@gmail.com

- **Future meetings**
 - The progress of BNTRC study proposals will be discussed at the forthcoming **BNRG meeting (Manchester, 7-8 March 2013)**. Prof Andy King (local organiser) will try to include a “clinical research methods” session and possibly a “Good Clinical Practice in Research (GCP course)” in the programme if there is enough interest from trainees.
 - The progress of the BNTRC initiative and study proposals will also be discussed at the **forthcoming spring SBNS meeting (Sheffield, 22-24 May 2013)**.