

Celebrating success in surgery research in Wessex and the Thames Valley



Friday 14th June 2019 9:15 – 16:30
Saïd Business School, Oxford

The NIHR Clinical Research Networks for Wessex and Thames Valley & South Midlands invite staff to celebrate world class surgery research.

Chairs

Mr James Byrne, consultant upper GI and bariatric surgeon,
University Hospital Southampton NHS Foundation Trust

Miss P.G. Roy, consultant oncoplastic breast surgeon,
Oxford University Hospitals NHS Foundation Trust

Confirmed speakers include:

Peter McCulloch - The IDEAL Framework

Jane Blazeby - RCTs & Measuring Outcomes in Surgery Research

Malcolm West - Trainee Research Collaborative

Amit Goyal – Overcoming Challenges of Running Surgical Trials

Nigel Bundred – NIHR CRN National Surgery Specialty Lead Perspective

Plus free paper research presentations.

Book your place via: <https://tinyurl.com/surgery14J>

Closing date for registration is 31st May 2019

The NIHR Clinical Research Networks for Wessex and Thames Valley & South Midlands invite submission of abstracts. Successful applicants will be invited to give an oral presentation at the event on Friday 14th June 2019.

Abstract Submission Guidelines

Please submit all abstracts electronically in the following format by 14th May 2019 to studysupport6.crnwessex@nhr.ac.uk:

- Title:
- Authorship. Please provide names, initials and affiliation of authors.
- Abstract: A maximum of 250 words. If describing a Research study please use the following headings: Background, Aim, Methods, Results, and Conclusion (or Implications for Practice). If necessary you can use free text.
- References.

Example Abstract

Title: Patients with community acquired pneumonia admitted to European intensive care units: an epidemiological survey of the GenOSept cohort.

Author: Walden A.P.

Background: The GenOSept collaboration was set up by the European Critical Care Research Network (ECCRN) to determine the genetic basis of the host response to sepsis. Community acquired pneumonia (CAP) was one cohort and the collection of high quality data gives an unique and contemporary view of the microbiology and clinical phenotype of patients admitted to Intensive care units (ICU) across Europe with CAP.

Aim: To define the clinical phenotype, microbiology and independent risk factors for outcome of CAP in the GenOSept collection.

Methods: Data of CAP patients recruited to GenOSept was extracted from electronic case report forms. Patients were right censored at date of hospital discharge or six month follow up. Study end point was 6-month mortality. Kaplan-Meier analysis was used to determine mortality rates. A Cox Proportional Hazards (PH) model was used to identify variables independently associated with six-month mortality.

Results: Data from 1170 patients admitted to 102 centres in 14 countries was extracted. Average age was 61.6 ± 16.2 years and male to female ratio was 57.6%:42.4%. ICU mortality rate (MR) was 19% with in hospital MR of 25% and 27% at 6 months. *Streptococcus pneumoniae* was the commonest organism isolated in 27% of cases, with no organism isolated in 36% of cases. Risk of death was increased by *Staphylococcus aureus* CAP (RR 2.05, CI 1.40-3.00, $p=0.0002$); need for mechanical ventilation on day of admission (RR 2.22, CI 1.62-3.04, $p<0.0001$); presence of shock (RR 1.61, CI 1.28-2.01, $p<0.0001$); diffuse, bilateral changes on CXR (RR 1.52, CI 1.21-1.92, $p=0.0003$) and need for renal replacement therapy (RR 2.28, CI 1.78-2.93, $p<0.0001$).

Conclusions: The mortality rate from CAP admitted to ICU across Europe is 26.6% 6 months from admission. *Streptococcus pneumoniae* remains the most commonly isolated organism but with no microbiological diagnosis in over a third of patients. *Staphylococcus aureus* doubles the risk of death from CAP in this setting and the presence of bilateral consolidation also increases the risk of death.

References: Walden AP, Clarke GM, McKechnie S, Hutton P, Gordon AC, Rello J, Chiche JD, Stueber F, Garrard CS, Hinds CJ. Patients with community acquired pneumonia admitted to European intensive care units: an epidemiological survey of the GenOSept cohort. Crit Care. 2014 Apr 1;18(2):R58.