1. **Parkinson's disease: the nutrition perspective**

   Item Type: Conference Proceeding

   Authors: Breasail, M.O., Smith, M.D., Tenison, E., Henderson, E.J. and Lithander, F.E.

   Publication Date: 81
   Proceedings of the Nutrition Society,
   Abstract: Parkinson's disease (PD) is the second most common neurodegenerative disease after Alzheimer's disease and affects about 1% of the population over the age of 60 years in industrialised countries. The aim of this review is to examine nutrition in PD across three domains: dietary intake and the development of PD; whole body metabolism in PD and the effects of PD symptoms and treatment on nutritional status. In most cases, PD is believed to be caused by a combination of genetic and environmental factors and although there has been much research in the area, evidence suggests that poor dietary intake is not a risk factor for the development of PD. The evidence about body weight changes in both the prodromal and symptomatic phases of PD is inconclusive and is confounded by many factors. Malnutrition in PD has been documented as has sarcopaenia, although the prevalence of the latter remains uncertain due to a lack of consensus in the definition of sarcopaenia. PD symptoms, including those which are gastrointestinal and non-gastrointestinal, are known to adversely affect nutritional status. Similarly, PD treatments can cause nausea, vomiting and constipation, all of which can adversely affect nutritional status. Given that the prevalence of PD will increase as the population ages, it is important to understand the interplay between PD, comorbidities and nutritional status. Further research may contribute to the development of interventional strategies to improve symptoms, augment care and importantly, enhance the quality of life for patients living with this complex neurodegenerative disease.

   DOI: 10.1017/S0029665121003645

2. **Clinical examination may increase but not decrease suspicion of oesophageal intubation.**

   Item Type: Journal Article

   Authors: Chrimes, N.;Higgs, A. and Cook, T.

   Publication Date: 2023

   Journal: Anaesthesia 78(1), pp. 128-129

   DOI: 10.1111/anae.15887

3. **Addressing human factors is crucial to preventing unrecognised oesophageal intubation.**

   Item Type: Journal Article

   Authors: Chrimes, N.;Higgs, A.;Marshall, S. and Cook, T.

   Publication Date: 2023

   Journal: Anaesthesia 78(1), pp. 132-134

   DOI: 10.1111/anae.15904

4. **Does the introduction of a formal neutropenic sepsis protocol improve therapeutic radiographer confidence and competence at recognising sepsis within the**

radiotherapy department?.

Item Type: Journal Article

Authors: Clayton, A.;Griffiths, S. and Gilbert, P.

Publication Date: 2023

Journal: Journal of Radiotherapy in Practice 22(3) (pagination), pp. Arte Number: e15. ate of Pubaton: 14 Ot 2023

Abstract: Aim: The aim of this service review was to review whether implementing a formal training package increased therapeutic radiographer confidence and competence in recognising neutropenic sepsis in radiotherapy patients. In addition, authors also investigated whether the introduction of a weekly National Early Warning Score (NEWS) protocol had been successful in identifying cases of neutropenic sepsis.

DOI: 10.1017/S1460396921000510

5. **Dissection-related tandem occlusion may be different from atherothrombotic tandem occlusion.**

Item Type: Journal Article

Authors: Zhang, L.;Trippier, S.;Banerjee, S.;Xu, T.;Leyon, J.;Taylor, E.;Shtaya, A.;Sim, C. H.;Gargalas, S.;Khan, U.;Cluckie, G.;Holt, P.;Lobotesis, K.;Clifton, A.;Markus, H. S.;Goyal, M. and Ogungbemi, A.

Publication Date: 2023

Journal: Journal of Stroke and Cerebrovascular Diseases 32(2) (pagination), pp. Arte Number: 106910. ate of Pubaton: February 2023

Abstract: Objectives: The optimal endovascular treatment for tandem occlusion in anterior circulation ischaemic stroke remains unknown. The aim of this study was to examine how the aetiology of carotid pathology, dissection versus atherothrombosis, affects clinical outcomes.

DOI: 10.1016/j.jstrokecerebrovasdis.2022.106910

6. **Effect of perindopril or leucine on physical performance in older people with sarcopenia: the LACE randomized controlled trial**

Item Type: Journal Article

Authors: Achison, Marcus;Adamson, Simon;Akpan, Asangaedem;Aspray, Terry;Avenell, Alison;Band, Margaret M.;Bashir, Tufail;Burton, Louise A.;Cvoro, Vera;Donnan, Peter T.;Duncan, Gordon W.;George, Jacob;Gordon, Adam L.;Gregson, Celia L.;Hapca, Adrian;Henderson, Emily;Hume, Cheryl;Jackson, Thomas A.;Kemp, Paul;Kerr, Simon, et al

Publication Date: 2022

Journal: Journal of Cachexia, Sarcopenia and Muscle 13(2), pp. 858-871

Abstract: Background: This trial aimed to determine the efficacy of leucine and/or perindopril in improving physical function in older people with sarcopenia.; Methods: Placebo-controlled, parallel group, double-blind, randomized two-by-two factorial trial. We recruited adults aged ≥ 70 years with sarcopenia, defined as low gait speed (<0.8 m/s on 4

m walk) and/or low handgrip strength (women < 20 kg, men < 30 kg) plus low muscle mass (using sex and body mass index category-specific thresholds derived from normative UK BioBank data) from 14 UK centres. Eligible participants were randomized to perindopril 4 mg or placebo, and to oral leucine powder 2.5 g or placebo thrice daily. The primary outcome was the between-group difference in the short physical performance battery (SPPB) score over 12-month follow-up by repeated-measures mixed models. Results were combined with existing systematic reviews using random-effects meta-analysis to derive summary estimates of treatment efficacy.; Results: We screened 320 people and randomized 145 participants compared with an original target of 440 participants. For perindopril n = 73, mean age 79 (SD 6), female sex 39 (53%), mean SPPB 7.1 (SD 2.3)] versus no perindopril n = 72, mean age 79 (SD 6), female sex 39 (54%), mean SPPB 6.9 (SD 2.4)], median adherence to perindopril was lower (76% vs. 96%; P < 0.001). Perindopril did not improve the primary outcome adjusted treatment effect -0.1 points (95%CI -1.2 to 1.0), P = 0.89]. No significant treatment benefit was seen for any secondary outcome including muscle mass adjusted treatment effect -0.4 kg (95%CI -1.1 to 0.3), P = 0.27]. More adverse events occurred in the perindopril group (218 vs. 165), but falls rates were similar. For leucine n = 72, mean age 78 (SD 6), female sex 38 (53%), mean SPPB 7.0 (SD 2.1)] versus no leucine n = 72, mean age 79 (SD 6), female sex 40 (55%), mean SPPB 7.0 (SD 2.5)], median adherence was the same in both groups (76% vs. 76%; P = 0.99). Leucine did not improve the primary outcome adjusted treatment effect 0.1 point (95%CI -1.0 to 1.1), P = 0.90]. No significant treatment benefit was seen for any secondary outcome including muscle mass adjusted treatment effect -0.3 kg (95%CI -1.0 to 0.4), P = 0.47]. Meta-analysis of angiotensin converting enzyme inhibitor/angiotensin receptor blocker trials showed no clinically important treatment effect for the SPPB between-group difference -0.1 points (95%CI -0.4 to 0.2)].; Conclusions: Neither perindopril nor leucine improved physical performance or muscle mass in this trial; meta-analysis did not find evidence of efficacy of either ACE inhibitors or leucine as treatments to improve physical performance. (© 2022 The Authors. Journal of Cachexia, Sarcopenia and Muscle published by John Wiley & Sons Ltd on behalf of Society on Sarcopenia, Cachexia and Wasting Disorders.)

DOI: 10.1002/jcsm.12934

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35174663&custid=ns010877

7. **Validation of the OAKS prognostic model for acute kidney injury after gastrointestinal surgery.**

   Item Type: Journal Article

   Authors: Ahmed, W. U. R.;Bhatia, S.;McLean, K. A.;Khaw, R.;Baker, D.;Kamarajah, S. K.;Bell, S.;Nepogodiev, D.;Harrison, E. M.;Glasbey, J. C.;Borakati, A.;Burke, J.;Drake, T. M.;Bath, M. F.;Claireaux, H. A.;Gundogan, B.;Mohan, M.;Deekonda, P.;Kong, C.;Joyce, H., et al

   Publication Date: 2022a

   Journal: BJS Open 6(1) (pagination), pp. Arte Number: zrab150. ate of Pubaton: 2022

   Abstract: Background: Postoperative acute kidney injury (AKI) is a common complication of major gastrointestinal surgery with an impact on short- and long-term survival. No validated system for risk stratification exists for this patient group. This study aimed to validate externally a prognostic model for AKI after major gastrointestinal surgery in two multicentre cohort studies.

8. **Validation of the OAKS prognostic model for acute kidney injury after gastrointestinal surgery.**

Item Type: Journal Article

Authors: Ahmed, W. U. R.;Bhatia, S.;McLean, K. A.;Khaw, R.;Baker, D.;Kamarajah, S. K.;Bell, S.;Nepogodiev, D.;Harrison, E. M.;Glasbey, J. C.;Borakati, A.;Burke, J.;Drake, T. M.;Bath, M. F.;Claireaux, H. A.;Gundogan, B.;Mohan, M.;Deekonda, P.;Kong, C.;Joyce, H., et al

Publication Date: 2022b

Journal: BJS Open 6(1) (pagination), pp. Arte Number: zrab150. ate of Pubaton: 2022

Abstract: Background: Postoperative acute kidney injury (AKI) is a common complication of major gastrointestinal surgery with an impact on short- and long-term survival. No validated system for risk stratification exists for this patient group. This study aimed to validate externally a prognostic model for AKI after major gastrointestinal surgery in two multicentre cohort studies.

9. **Validation of the OAKS prognostic model for acute kidney injury after gastrointestinal surgery.**

Item Type: Journal Article

Authors: Ahmed, W. U. R.;Bhatia, S.;McLean, K. A.;Khaw, R.;Baker, D.;Kamarajah, S. K.;Bell, S.;Nepogodiev, D.;Harrison, E. M.;Glasbey, J. C.;Borakati, A.;Burke, J.;Drake, T. M.;Bath, M. F.;Claireaux, H. A.;Gundogan, B.;Mohan, M.;Deekonda, P.;Kong, C.;Joyce, H., et al

Publication Date: 2022c

Journal: BJS Open 6(1) (pagination), pp. Arte Number: zrab150. ate of Pubaton: 2022

Abstract: Background: Postoperative acute kidney injury (AKI) is a common complication of major gastrointestinal surgery with an impact on short- and long-term survival. No validated system for risk stratification exists for this patient group. This study aimed to validate externally a prognostic model for AKI after major gastrointestinal surgery in two multicentre cohort studies.

10. **Injuries and Fatalities Related to Freediving: A Case Report and Literature Review**

Item Type: Journal Article

Authors: Allen, Michael F. and Allen, Deborah E.

Publication Date: 2022a

Journal: Cureus 14(10), pp. e30353

Abstract: This case report and literature review aim to explore the range of injuries sustained in the sport of freediving. The case report involves a 37-year-old patient who sustained a pneumothorax secondary to freediving. We conducted the literature review to analyse the injuries associated with freediving. We used the combination of search terms 'freediving", "injuries", and "breath-hold diving" on the database PubMed®. A total of 40 studies were eligible for inclusion in this review. The search revealed a wide range of ophthalmological, pulmonary, neurological, ear, nose, and throat injuries, along with several fatalities. Freediving is a sport performed in extreme environments and, if undertaken by inexperienced, untrained, or competition divers, can lead to severe injury or even death. However, the risk of damage can be reduced by performing it responsibly with the

appropriate training and by using proper safety measures. Future research is warranted into the psychological, physiological, and economic benefits of freediving at both individual and community levels.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2022, Allen et al.)

DOI: 10.7759/cureus.30353

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36407268&custid=ns010877

11. **Pes Anserinus Bursitis: A Case Report**

Item Type: Journal Article

Authors: Allen, Michael F. and Allen, Deborah E.

Publication Date: 2022b

Journal: Cureus 14(11), pp. e31354

Abstract: Pes anserinus bursitis is a differential diagnosis for knee pain, that may be misdiagnosed. Without proper physical examination and thorough history taking, the diagnosis of pes anserinus may be delayed. We present a case report of this condition, involving both primary care and the emergency department. This case illustrates one possible presentation of this condition, and also demonstrates the risks of overreliance on imaging modalities in primary care, without also performing a proper physical examination of musculoskeletal presentations. The teamwork between physiotherapists and clinicians, in this case, highlights the value of a multidisciplinary team in sports medicine. This case report lends evidence that pes anserinus bursitis should be considered as a possible diagnosis for knee pain and emphasises the importance of physical examination.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2022, Allen et al.)

DOI: 10.7759/cureus.31354

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36415475&custid=ns010877

12. **Perioperative group and save testing are not routinely indicated for emergency laparoscopic appendicectomy and laparoscopic hernia repairs: A North West London retrospective study.**

Item Type: Journal Article

Authors: AlMusawi, J.;Reece, I.;Chen, J. Y.;Britton, C.;Shakweh, E.;Vutipongsatorn, K.;Ng, C.;Kotecha, S.;Lawler, M.;Daga, G. and Zafar, N.

Publication Date: 2022

Journal: Journal of Perioperative Practice (pagination), pp. ate of Pubaton: 2022

Abstract: Introduction: Two valid group and saves are commonly required for patients undergoing laparoscopic appendicectomy and laparoscopic hernia repairs preoperatively; however, perioperative blood transfusions are seldom required. This is financially burdensome and frequently leads to delays in theatre lists. We performed a retrospective analysis to investigate blood transfusions performed perioperatively and within 28 days of

these procedures.

DOI: 10.1177/17504589221110333

13. **Perioperative group and save testing are not routinely indicated for emergency laparoscopic appendicectomy and laparoscopic hernia repairs: A North West London retrospective study**

Item Type: Journal Article

Authors: Al-Musawi, Jasim;Reece, Ieuan;Chen, Jun Yu;Britton, Clemency;Shakweh, Ealaff;Vutipongsatorn, Kritchai;Ng, Clarissa;Kotecha, Shreeya;Lawler, Michael;Daga, Garima and Zafar, Noman

Publication Date: 2022

Journal: Journal of Perioperative Practice , pp. 17504589221110333

Abstract: Introduction: Two valid group and saves are commonly required for patients undergoing laparoscopic appendicectomy and laparoscopic hernia repairs preoperatively; however, perioperative blood transfusions are seldom required. This is financially burdensome and frequently leads to delays in theatre lists. We performed a retrospective analysis to investigate blood transfusions performed perioperatively and within 28 days of these procedures.; Method: We used our electronic records to collect data of all laparoscopic appendectomies and laparoscopic hernia repairs between March 2017 and March 2021. Patients of any age undergoing these operations were included. Patients requiring concomitant intra-abdominal surgery or who had incomplete medical records were excluded.; Results: A total of 1891 patients were included, of which 1462 (77.3%) had a laparoscopic appendicectomy versus 429 (22.7%) who had a laparoscopic hernia repair. In all, 3507 group and saves were taken costing £47,398.50. One patient (0.068%) required emergency blood transfusion (4 units of red cells) secondary to major haemorrhage.; Conclusion: Our findings demonstrate that the incidence of perioperative blood transfusions for laparoscopic appendicectomy and laparoscopic hernia repairs is low, challenging the indication for routine preoperative group and saves.

DOI: 10.1177/17504589221110333

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35938672&custid=ns010877

14. **Drugs for advanced life support**

Item Type: Journal Article

Authors: Andersen, Lars W.;Nolan, Jerry P. and Sandroni, Claudio

Publication Date: 2022

Journal: Intensive Care Medicine 48(5), pp. 606-608

DOI: 10.1007/s00134-022-06678-1

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156579327&custid=ns010877

15. **UK national bladder outlet obstruction surgery snapshot audit**

Item Type: Journal Article

Authors: Aning, Jonathan J.;Calvert, Robert C.;Harding, Chris;Fowler, Sarah;Nitkunan, Tharani;Lee, Su-Min;McGrath, John S.;Cresswell, Joanne;Hagan, Patricia;Hermans, Louisa and Dickinson, Andrew J.

Publication Date: 2022

Journal: BJU International 129(5), pp. 634-641

Abstract: Objectives: To determine the preoperative assessment and perioperative outcomes of men undergoing bladder outlet obstruction (BOO) surgery in the UK.; Patients and Methods: A retrospective cohort study was conducted of all men undergoing BOO surgery in 105 UK hospitals over a 1-month period. The study included 1456 men, of whom 42% were catheter dependent prior to undergoing surgery.; Results: There was no evidence that a frequency-volume chart or urinary symptom questionnaire had been completed in 73% or 50% of men, respectively in the non-catheter-dependent group. Bipolar transurethral resection of the prostate (TURP) was the most common BOO surgical procedure performed (38%). Monopolar TURP was the next most prevalent modality (23%); however, minimally invasive BOO surgical procedures combined accounted for 17% of all procedures performed. Of the cohort 5% of men had complications within 30 days of surgery, only 1% had Clavien-Dindo Grade ≥III complications. Less than 1% of the cohort received a blood transfusion after BOO surgery and 2% were re-admitted to hospital after their BOO surgery. In total only 4% of the whole cohort were catheter dependent after BOO surgery. Pre- and postoperative paired International Prostate Symptom Score scores reviewed suggest that minimally invasive surgical procedures achieved comparable levels of improvement in both symptoms and bother at 3 months postoperatively in men who were not catheter dependent preoperatively.; Conclusions: There has been a substantial shift in the available choice of procedure for BOO surgery around the UK in recent years. However, men can be reassured that overall BOO surgery treatments are safe and effective. Evidence of adherence to guidelines in the preoperative assessment of men with lower urinary tract symptoms undergoing surgery was poorly documented and must be improved. (© 2021 The Authors BJU International © 2021 BJU International.)

DOI: 10.1111/bju.15610

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34617385&custid=ns010877

16. **Screening success: A virtual MDT can reduce the number of patients requiring respiratory follow-up post-COVID-19 pneumonia in line with British Thoracic Society guidance.**

Item Type: Journal Article

Authors: Anstey, R.;Rossdale, J.;Dereham, A.;Peter, E.;Tan, R.;Ross, R. M.;Robinson, G.;Hartley, T.;Suntharalingam, J. and Rodrigues, J. C. L.

Publication Date: 2022a

Journal: Clinical Medicine, Journal of the Royal College of Physicians of London 22(1), pp. 45-50

Abstract: Introduction and objectives The ongoing respiratory sequelae of COVID-19 pneumonia remain unclear, and the ideal follow-up of these patients is still a work in

progress. We describe our experience of using a pre-follow-up multidisciplinary team (MDT) to decide the follow-up stream in patients hospitalised for COVID-19 pneumonia. Methods We reviewed all patients with a clinico-radiological diagnosis of COVID-19 admitted to hospital during a 3-month period and assigned a follow-up stream based on British Thoracic Society guidance. Results We changed the follow-up pathway in 71% (277/392) and refined the pathway in 67% (261/392) of indeterminate cases. We also created an automated process for the general practitioner to book follow-up imaging and will use this process going forward. Conclusion These findings highlight the importance of the MDT review of cases with suspected COVID-19 pneumonia prior to clinic attendance to ensure appropriate patients are followed up and to optimise utilisation of outpatient imaging and clinics.

17. **Screening success: A virtual MDT can reduce the number of patients requiring respiratory follow-up post-COVID-19 pneumonia in line with British Thoracic Society guidance.**

    Item Type: Journal Article

    Authors: Anstey, R.;Rossdale, J.;Dereham, A.;Peter, E.;Tan, R.;Ross, R. M.;Robinson, G.;Hartley, T.;Suntharalingam, J. and Rodrigues, J. C. L.

    Publication Date: 2022b

    Journal: Clinical Medicine, Journal of the Royal College of Physicians of London 22(1), pp. 45-50

    Abstract: Introduction and objectives The ongoing respiratory sequelae of COVID-19 pneumonia remain unclear, and the ideal follow-up of these patients is still a work in progress. We describe our experience of using a pre-follow-up multidisciplinary team (MDT) to decide the follow-up stream in patients hospitalised for COVID-19 pneumonia. Methods We reviewed all patients with a clinico-radiological diagnosis of COVID-19 admitted to hospital during a 3-month period and assigned a follow-up stream based on British Thoracic Society guidance. Results We changed the follow-up pathway in 71% (277/392) and refined the pathway in 67% (261/392) of indeterminate cases. We also created an automated process for the general practitioner to book follow-up imaging and will use this process going forward. Conclusion These findings highlight the importance of the MDT review of cases with suspected COVID-19 pneumonia prior to clinic attendance to ensure appropriate patients are followed up and to optimise utilisation of outpatient imaging and clinics.

18. **Screening success: A virtual MDT can reduce the number of patients requiring respiratory follow-up post-COVID-19 pneumonia in line with British Thoracic Society guidance.**

    Item Type: Journal Article

    Authors: Anstey, R.;Rossdale, J.;Dereham, A.;Peter, E.;Tan, R.;Ross, R. M.;Robinson, G.;Hartley, T.;Suntharalingam, J. and Rodrigues, J. C. L.

    Publication Date: 2022c

    Journal: Clinical Medicine, Journal of the Royal College of Physicians of London 22(1), pp. 45-50

    Abstract: Introduction and objectives The ongoing respiratory sequelae of COVID-19 pneumonia remain unclear, and the ideal follow-up of these patients is still a work in progress. We describe our experience of using a pre-follow-up multidisciplinary team (MDT) to decide the follow-up stream in patients hospitalised for COVID-19 pneumonia. Methods We reviewed all patients with a clinico-radiological diagnosis of COVID-19 admitted to hospital during a 3-month period and assigned a follow-up stream based on British Thoracic

Society guidance. Results We changed the follow-up pathway in 71% (277/392) and refined the pathway in 67% (261/392) of indeterminate cases. We also created an automated process for the general practitioner to book follow-up imaging and will use this process going forward. Conclusion These findings highlight the importance of the MDT review of cases with suspected COVID-19 pneumonia prior to clinic attendance to ensure appropriate patients are followed up and to optimise utilisation of outpatient imaging and clinics.

19. **Screening success: A virtual MDT can reduce the number of patients requiring respiratory follow-up post-COVID-19 pneumonia in line with British Thoracic Society guidance**

    Item Type: Journal Article

    Authors: Anstey, Rebekah;Rossdale, Jennifer;Dereham, Alexander;Peter, Eleanor;Tan, Rey;Ross, Robert Mackenzie;Robinson, Graham;Hartley, Tom;Suntharalingam, Jay and Rodrigues, Jonathan C. L.

    Publication Date: 2022a

    Journal: Clinical Medicine 22(1), pp. 45-50

    Abstract: Introduction and objectives The ongoing respiratory sequelae of COVID-19 pneumonia remain unclear, and the ideal follow-up of these patients is still a work in progress. We describe our experience of using a pre-follow-up multidisciplinary team (MDT) to decide the follow-up stream in patients hospitalised for COVID-19 pneumonia. Methods We reviewed all patients with a clinico-radiological diagnosis of COVID-19 admitted to hospital during a 3-month period and assigned a follow-up stream based on British Thoracic Society guidance. Results We changed the follow-up pathway in 71% (277/392) and refined the pathway in 67% (261/392) of indeterminate cases. We also created an automated process for the general practitioner to book follow-up imaging and will use this process going forward. Conclusion These findings highlight the importance of the MDT review of cases with suspected COVID-19 pneumonia prior to clinic attendance to ensure appropriate patients are followed up and to optimise utilisation of outpatient imaging and clinics.

    DOI: 10.7861/clinmed.2021-0124

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154913928&custid=ns010877

20. **Screening success: A virtual MDT can reduce the number of patients requiring respiratory follow-up post-COVID-19 pneumonia in line with British Thoracic Society guidance**

    Item Type: Journal Article

    Authors: Anstey, Rebekah;Rossdale, Jennifer;Dereham, Alexander;Peter, Eleanor;Tan, Rey;Ross, Robert Mackenzie;Robinson, Graham;Hartley, Tom;Suntharalingam, Jay and Rodrigues, Jonathan Cl

    Publication Date: 2022b

    Journal: Clinical Medicine (London, England) 22(1), pp. 45-50

    Abstract: Introduction and objectivesThe ongoing respiratory sequelae of COVID-19 pneumonia remain unclear, and the ideal follow-up of these patients is still a work in progress. We describe our experience of using a pre-follow-up multidisciplinary team (MDT) to decide the follow-up stream in patients hospitalised for COVID-19 pneumonia.; Methods:

We reviewed all patients with a clinico-radiological diagnosis of COVID-19 admitted to hospital during a 3-month period and assigned a follow-up stream based on British Thoracic Society guidance.; Results: We changed the follow-up pathway in 71% (277/392) and refined the pathway in 67% (261/392) of indeterminate cases. We also created an automated process for the general practitioner to book follow-up imaging and will use this process going forward.; Conclusion: These findings highlight the importance of the MDT review of cases with suspected COVID-19 pneumonia prior to clinic attendance to ensure appropriate patients are followed up and to optimise utilisation of outpatient imaging and clinics.

DOI: 10.7861/clinmed.2021-0124

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35078793&custid=ns010877

21. **Artificial intelligence can detect left ventricular dilatation on contrast-enhanced thoracic computer tomography relative to cardiac magnetic resonance imaging**

Item Type: Journal Article

Authors: Asif, Ashar;Charters, Pia F. P.;Thompson, Charlotte A. S.;Komber, Hend M. E. I.;Hudson, Benjamin J. and Rodrigues, Jonathan Carl Luis

Publication Date: 2022

Journal: The British Journal of Radiology 95(1138), pp. 20210852

Abstract: Objectives: To assess the diagnostic accuracy of an automated algorithm to detect left ventricular (LV) dilatation on non-ECG gated CT, using cardiac magnetic resonance (CMR) as reference standard.; Methods: Consecutive patients with contrast-enhanced CT thorax and CMR within 31 days (2016-2020) were analysed (n = 84). LV dilatation was defined against age-, sex- and body surface area-specific values for CMR. CTs underwent automated artificial intelligence(AI)-derived analysis that segmented ventricular chambers, presenting maximal LV diameter and volume. Area under the receiver operator curve (AUC-ROC) analysis identified CT thresholds with ≥90% sensitivity and highest specificity and ≥90% specificity with highest sensitivity. Youden's Index was used to identify thresholds with optimised sensitivity and specificity.; Results: Automated diameter analysis was feasible in 92% of cases (77/84; 45 men, age 61 ± 14 years, mean CT to CMR interval 10 ± 8 days). Relative to CMR as a reference standard, 45% had LV dilatation. In males, an automated LV diameter measurement of ≥55.5 mm was ≥90% specific for CMR-defined LV dilatation (positive predictive value (PPV) 85.7%, negative predictive value (NPV) 61.2%, accuracy 68.9%). In females, an LV diameter of ≥49.7 mm was ≥90% specific for CMR-defined LV dilatation (PPV 66.7%, NPV 73.1%, accuracy 71.9%). AI CT volumetry data did not significantly improve AUC performance.; Conclusion: Fully automated AI-derived analysis LV dilatation on routine unselected non-gated contrast-enhanced CT thorax studies is feasible. We have defined thresholds for the detection of LV dilatation on CT relative to CMR, which could be used to routinely screen for dilated cardiomyopathy at the time of CT.; Advances in Knowledge: We show, for the first time, that a fully-automated AI-derived analysis of maximal LV chamber axial diameter on non-ECG-gated thoracic CT is feasible in unselected real-world cases and that the derived measures can predict LV dilatation relative to cardiac magnetic resonance imaging, the non-invasive reference standard for determining cardiac chamber size. We have derived sex-specific cut-off values to screen for LV dilatation on routine contrast-enhanced thoracic CT. Future work should validate these thresholds and determine if technology can alter clinical outcomes in a cost-effective manner.

DOI: 10.1259/bjr.20210852

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35286140&custid=ns010877

22. **Concept: A randomised multicentre trial of first line chemotherapy comparing three weekly cabazitaxel versus weekly paclitaxel in HER2 negative metastatic breast cancer.**

    Item Type: Journal Article

    Authors: Bahl, A.;Wilson, W.;Ball, J.;Renninson, E.;Dubey, S.;Bravo, A.;Foulstone, E.;Spensley, S.;Bowen, R.;Mansi, J.;Waters, S.;Riddle, P.;Wheatley, D.;Stephens, P.;Bezecny, P.;Madhusudan, S.;Verrill, M.;Braybrooke, J.;Comins, C.;Mohan, V., et al

    Publication Date: 2022a

    Journal: Breast 66, pp. 69-76

    Abstract: Background: Paclitaxel is commonly used as first-line chemotherapy for HER2-negative metastatic breast cancer (MBC) patients. However, with response rates of 21.5-53.7% and significant risk of peripheral neuropathy, there is need for better chemotherapy.

23. **Concept: A randomised multicentre trial of first line chemotherapy comparing three weekly cabazitaxel versus weekly paclitaxel in HER2 negative metastatic breast cancer.**

    Item Type: Journal Article

    Authors: Bahl, A.;Wilson, W.;Ball, J.;Renninson, E.;Dubey, S.;Bravo, A.;Foulstone, E.;Spensley, S.;Bowen, R.;Mansi, J.;Waters, S.;Riddle, P.;Wheatley, D.;Stephens, P.;Bezecny, P.;Madhusudan, S.;Verrill, M.;Braybrooke, J.;Comins, C.;Mohan, V., et al

    Publication Date: 2022b

    Journal: Breast 66, pp. 69-76

    Abstract: Background: Paclitaxel is commonly used as first-line chemotherapy for HER2-negative metastatic breast cancer (MBC) patients. However, with response rates of 21.5-53.7% and significant risk of peripheral neuropathy, there is need for better chemotherapy.

24. **Concept: A randomised multicentre trial of first line chemotherapy comparing three weekly cabazitaxel versus weekly paclitaxel in HER2 negative metastatic breast cancer.**

    Item Type: Journal Article

    Authors: Bahl, A.;Wilson, W.;Ball, J.;Renninson, E.;Dubey, S.;Bravo, A.;Foulstone, E.;Spensley, S.;Bowen, R.;Mansi, J.;Waters, S.;Riddle, P.;Wheatley, D.;Stephens, P.;Bezecny, P.;Madhusudan, S.;Verrill, M.;Braybrooke, J.;Comins, C.;Mohan, V., et al

    Publication Date: 2022c

    Journal: Breast 66, pp. 69-76

    Abstract: Background: Paclitaxel is commonly used as first-line chemotherapy for HER2-negative metastatic breast cancer (MBC) patients. However, with response rates of 21.5-53.7% and significant risk of peripheral neuropathy, there is need for better chemotherapy.

25. **Concept: A randomised multicentre trial of first line chemotherapy comparing three weekly cabazitaxel versus weekly paclitaxel in HER2 negative metastatic breast cancer**

Item Type: Journal Article

Authors: Bahl, Amit;Wilson, William;Ball, Jessica;Renninson, Emily;Dubey, Sidharth;Bravo, Alicia;Foulstone, Emily;Spensley, Saiqa;Bowen, Rebecca;Mansi, Janine;Waters, Simon;Riddle, Pippa;Wheatley, Duncan;Stephens, Peter;Bezecny, Pavel;Madhusudan, Srinivasan;Verrill, Mark;Braybrooke, Jeremy;Comins, Charles;Mohan, Vivek, et al

Publication Date: 2022

Journal: Breast (Edinburgh, Scotland) 66, pp. 69-76

Abstract: Background: Paclitaxel is commonly used as first-line chemotherapy for HER2-negative metastatic breast cancer (MBC) patients. However, with response rates of 21.5-53.7% and significant risk of peripheral neuropathy, there is need for better chemotherapy.; Patients and Methods: This open-label phase II/III trial randomised HER2-negative MBC patients 1:1 to either 6 cycles of three-weekly cabazitaxel (25 mg/m 2), or, weekly paclitaxel (80 mg/m 2) over 18 weeks. The primary endpoint was progression free survival (PFS). Secondary endpoints included objective response rate (ORR), time to response (TTR), overall survival (OS), safety and tolerability and quality of life (QoL).; Results: 158 patients were recruited. Comparing cabazitaxel to paclitaxel, median PFS was 6.7 vs 5.8 months (HR 0.87; 80%CI 0.70-1.08, P = 0.4). There was no difference in median OS (20.6 vs 18.2 months, HR 1.00; 95%CI 0.69-1.45, P = 0.99), ORR (41.8% vs 36.7%) or TTR (HR 1.09; 95%CI 0.68-1.75, P = 0.7). Grade ≥3 adverse events occurred in 41.8% on cabazitaxel and 46.8% on paclitaxel; the most common being neutropenia (16.5%) and febrile neutropenia (12.7%) cabazitaxel and neutropenia (8.9%) and lung infection (7.6%) paclitaxel. Peripheral neuropathy of any grade occurred in 54.5% paclitaxel vs 16.5% cabazitaxel. Mean EQ-5D-5L single index utility score (+0.05; 95%CI 0.004-0.09, P = 0.03) and visual analogue scale score (+7.7; 95%CI 3.1-12.3, P = 0.001) were higher in cabazitaxel vs paclitaxel.; Conclusions: Three-weekly cabazitaxel in HER2-negative MBC does not significantly improve PFS compared to weekly paclitaxel, although it has a lower risk of peripheral neuropathy with better patient reported QoL outcomes. It is well tolerated and requires fewer hospital visits.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

DOI: 10.1016/j.breast.2022.09.005

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36194950&custid=ns010877

26. **Implant-Based Reconstruction following Mastectomy in Patients Who Have Had a Previous Breast Augmentation: Lessons from the National Multicenter Implant Breast Reconstruction Evaluation Study.**

Item Type: Journal Article

Authors: Baker, B. G.;Sewart, E.;Barnes, N. L. P.;Blazeby, J. M.;Branford, O. A.;Conroy, E. J.;Cutress, R. I.;Gardiner, M. D.;Jain, A.;Mills, N.;Skillman, J. M.;Teasdale, E. M.;Tolkien, Z.;Whisker, L. J.;Christopoulos, P.;Murphy, C.;Fatayer, H.;Newton, R.;Luangsomboon, A.;Swiech, B., et al

Publication Date: 2022

Journal: Plastic and Reconstructive Surgery 149(2), pp. 324-337

Abstract: Background: Breast augmentation is the most commonly performed cosmetic procedure, and increasingly women in this group present with breast cancer or request risk-reducing surgery, but their optimal management is unclear. The authors explored the clinical and patient-reported outcomes of patients undergoing immediate implant-based breast reconstruction following previous augmentation and compared these with outcomes of patients who had not had cosmetic implants in the Implant Breast Reconstruction Evaluation (iBRA) Study.

DOI: 10.1097/PRS.0000000000008713

27. **Early weight bearing in elderly patients with ankle fractures reduces care needs and maintains independence**

Item Type: Journal Article

Authors: Barlow, Ciaran;Duggleby, Luke and Barton, Tristan

Publication Date: 2022

Journal: Foot and Ankle Surgery : Official Journal of the European Society of Foot and Ankle Surgeons

Abstract: Background: Ankle fractures in the elderly are increasingly prevalent and are associated with significant morbidity and loss of independence.; Method: Patients over the age of 70 suffering ankle fracture were identified using ICD-9-CM patient coding. Fracture stability was assessed using patient records and radiographic evidence. Management strategy, length of inpatient stay, time non-weight bearing, pre-admission residence, discharge destination and discharge care needs were studied.; Results: 169 patients with a mean age 80.3 years were studied. Management strategy was shown to have a significant effect on a patient's care requirements (p = 0.012) and ability to return to their primary residence (p = 0.014). Management via an intramedullary rod was associated with the lowest rates of increased care needs (29.7%) and the highest rate of returning home on discharge (88.9%).; Conclusions: Early weight bearing had a significant effect on a patient's ability to maintain independent living and were more likely to return to their own home.; Competing Interests: Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Crown Copyright © 2022. Published by Elsevier Ltd. All rights reserved.)

DOI: 10.1016/j.fas.2022.09.006

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36175269&custid=ns010877

28. **Melatonin for the prevention of postoperative delirium in older adults.**

Item Type: Journal Article

Authors: Barnes, J.;Sewart, E.;Armstrong, R.;Pufulete, M.;Hinchliffe, R.;Gibbinson, B. and Mouton, R.

Publication Date: 2022a

Journal: Anaesthesia Conference, pp. Tranee

Abstract: Postoperative delirium (POD) is a major cause of morbidity [1]. Melatonin and melatonin receptor agonists have been suggested as a promising, low-risk, low cost therapies to prevent POD. A previous systematic review found limited evidence to support the use of melatonin in the prevention of POD [2]. However, several randomised, controlled trials (RCTs) have since been published. This updated systematic review provides an updated analysis of melatonin for prevention of POD, including a meta-analysis of results and assessment of study methodology. Methods A systematic search of studies examining melatonin in POD was performed, across EMBASE, Medline, CINAHL and PsychInfo. RCTs studying melatonin or melatonin receptor agonists in patient groups with mean age of >= 50 years were included. No restrictions were placed on the programme of drug administration, including timing, dose and additional treatments used. Studies were excluded if they did not report outcomes related to POD. The search strategy mirrored that used in the previous review. Data synthesis of POD incidence across the 10 studies was undertaken using random effects meta-analysis. This study is registered with PROSPERO. Results The literature search identified 339 articles of which 10 met the inclusion criteria (1220 patients). Studies included patients undergoing general, cardiac and orthopaedic surgeries. Six trials used melatonin and four used ramelteon. Duration of therapy in the intervention groups ranged from 1-7 days and five different doses of melatonin were used (all ramelteon doses were 8 mg). Eight different diagnostic tools were used for diagnosis of delirium. Meta-analysis showed a significantly reduced incidence of POD in the treatment versus intervention groups (odds ratio 0.46, 95% confidence interval 0.24-0.90). (Figure Presented) Discussion We found evidence that peri-operative melatonin use is associated with a significant reduction in POD incidence across a range of surgeries. This could make it an invaluable peri-operative tool, particularly for an increasingly frail and comorbid population. Melatonin should be considered when developing care bundles to reduce POD; however, studies to date are heterogeneous in their methodology and standardisation of intervention and outcome measures is needed to maximise usefulness of future research.

29. **Melatonin for the prevention of postoperative delirium in older adults.**

Item Type: Journal Article

Authors: Barnes, J.;Sewart, E.;Armstrong, R.;Pufulete, M.;Hinchliffe, R.;Gibbinson, B. and Mouton, R.

Publication Date: 2022b

Journal: Anaesthesia Conference, pp. Tranee

Abstract: Postoperative delirium (POD) is a major cause of morbidity [1]. Melatonin and melatonin receptor agonists have been suggested as a promising, low-risk, low cost therapies to prevent POD. A previous systematic review found limited evidence to support the use of melatonin in the prevention of POD [2]. However, several randomised, controlled trials (RCTs) have since been published. This updated systematic review provides an updated analysis of melatonin for prevention of POD, including a meta-analysis of results and assessment of study methodology. Methods A systematic search of studies examining melatonin in POD was performed, across EMBASE, Medline, CINAHL and PsychInfo. RCTs studying melatonin or melatonin receptor agonists in patient groups with mean age of >= 50 years were included. No restrictions were placed on the programme of drug administration, including timing, dose and additional treatments used. Studies were excluded if they did not report outcomes related to POD. The search strategy mirrored that used in the previous review. Data synthesis of POD incidence across the 10 studies was undertaken using random effects meta-analysis. This study is registered with PROSPERO. Results The literature search identified 339 articles of which 10 met the inclusion criteria (1220 patients). Studies included patients undergoing general, cardiac and orthopaedic surgeries. Six trials used melatonin and four used ramelteon. Duration of therapy in the intervention groups ranged from 1-7 days and five different doses of melatonin were used (all ramelteon doses were 8 mg). Eight different diagnostic tools were used for diagnosis of delirium. Meta-

analysis showed a significantly reduced incidence of POD in the treatment versus intervention groups (odds ratio 0.46, 95% confidence interval 0.24-0.90). (Figure Presented) Discussion We found evidence that peri-operative melatonin use is associated with a significant reduction in POD incidence across a range of surgeries. This could make it an invaluable peri-operative tool, particularly for an increasingly frail and comorbid population. Melatonin should be considered when developing care bundles to reduce POD; however, studies to date are heterogeneous in their methodology and standardisation of intervention and outcome measures is needed to maximise usefulness of future research.

30. **Melatonin for the prevention of postoperative delirium in older adults.**

    Item Type: Journal Article

    Authors: Barnes, J.;Sewart, E.;Armstrong, R.;Pufulete, M.;Hinchliffe, R.;Gibbinson, B. and Mouton, R.

    Publication Date: 2022c

    Journal: Anaesthesia Conference, pp. Tranee

    Abstract: Postoperative delirium (POD) is a major cause of morbidity [1]. Melatonin and melatonin receptor agonists have been suggested as a promising, low-risk, low cost therapies to prevent POD. A previous systematic review found limited evidence to support the use of melatonin in the prevention of POD [2]. However, several randomised, controlled trials (RCTs) have since been published. This updated systematic review provides an updated analysis of melatonin for prevention of POD, including a meta-analysis of results and assessment of study methodology. Methods A systematic search of studies examining melatonin in POD was performed, across EMBASE, Medline, CINAHL and PsychInfo. RCTs studying melatonin or melatonin receptor agonists in patient groups with mean age of >= 50 years were included. No restrictions were placed on the programme of drug administration, including timing, dose and additional treatments used. Studies were excluded if they did not report outcomes related to POD. The search strategy mirrored that used in the previous review. Data synthesis of POD incidence across the 10 studies was undertaken using random effects meta-analysis. This study is registered with PROSPERO. Results The literature search identified 339 articles of which 10 met the inclusion criteria (1220 patients). Studies included patients undergoing general, cardiac and orthopaedic surgeries. Six trials used melatonin and four used ramelteon. Duration of therapy in the intervention groups ranged from 1-7 days and five different doses of melatonin were used (all ramelteon doses were 8 mg). Eight different diagnostic tools were used for diagnosis of delirium. Meta-analysis showed a significantly reduced incidence of POD in the treatment versus intervention groups (odds ratio 0.46, 95% confidence interval 0.24-0.90). (Figure Presented) Discussion We found evidence that peri-operative melatonin use is associated with a significant reduction in POD incidence across a range of surgeries. This could make it an invaluable peri-operative tool, particularly for an increasingly frail and comorbid population. Melatonin should be considered when developing care bundles to reduce POD; however, studies to date are heterogeneous in their methodology and standardisation of intervention and outcome measures is needed to maximise usefulness of future research.

31. **DISEASE TRAJECTORIES of AXIAL SPONDYLOARTHRITIS PATIENTS INITIATED on BIOLOGIC DMARDS: PRELIMINARY ANALYSIS from A REAL-WORLD COHORT.**

    Item Type: Journal Article

    Authors: Barnett, R.;Carpenter, L.;Cavill, C. and Sengupta, R.

    Publication Date: 2022a

    Journal: Annals of the Rheumatic Diseases Conference, pp. Euroean

Abstract: Background: The number of biologic/targeted synthetic (b/ts) disease-modifying anti-rheumatic drugs (DMARDs) available for the treatment of axial spondyloar-thritis (axSpA) are increasing. However, 1 in 4 axSpA patients may discontinue their frst bDMARD within the frst 12-months (1). A greater understanding of real-world axSpA disease/treatment trajectories pre-and post-bDMARD initiation is needed to inform optimal treatment for patients.

32. **DISEASE TRAJECTORIES of AXIAL SPONDYLOARTHRITIS PATIENTS INITIATED on BIOLOGIC DMARDS: PRELIMINARY ANALYSIS from A REAL-WORLD COHORT.**

    Item Type: Journal Article

    Authors: Barnett, R.;Carpenter, L.;Cavill, C. and Sengupta, R.

    Publication Date: 2022b

    Journal: Annals of the Rheumatic Diseases Conference, pp. Euroean

    Abstract: Background: The number of biologic/targeted synthetic (b/ts) disease-modifying anti-rheumatic drugs (DMARDs) available for the treatment of axial spondyloar-thritis (axSpA) are increasing. However, 1 in 4 axSpA patients may discontinue their frst bDMARD within the frst 12-months (1). A greater understanding of real-world axSpA disease/treatment trajectories pre-and post-bDMARD initiation is needed to inform optimal treatment for patients.

33. **DISEASE TRAJECTORIES of AXIAL SPONDYLOARTHRITIS PATIENTS INITIATED on BIOLOGIC DMARDS: PRELIMINARY ANALYSIS from A REAL-WORLD COHORT.**

    Item Type: Journal Article

    Authors: Barnett, R.;Carpenter, L.;Cavill, C. and Sengupta, R.

    Publication Date: 2022c

    Journal: Annals of the Rheumatic Diseases Conference, pp. Euroean

    Abstract: Background: The number of biologic/targeted synthetic (b/ts) disease-modifying anti-rheumatic drugs (DMARDs) available for the treatment of axial spondyloar-thritis (axSpA) are increasing. However, 1 in 4 axSpA patients may discontinue their frst bDMARD within the frst 12-months (1). A greater understanding of real-world axSpA disease/treatment trajectories pre-and post-bDMARD initiation is needed to inform optimal treatment for patients.

34. **Prophylactic Treatment of COVID-19 in Care Homes Trial (PROTECT-CH).**

    Item Type: Journal Article

    Authors: Bath, P. M.;Ball, J.;Boyd, M.;Juszczak, E.;Leighton, P.;Shenkin, S. D.;Gordon, A. L.;Burns, A.;Treweek, S.;Wason, J.;Forster, A.;Farooqi, A.;Vernon, M.;Pratt, P.;Rayner, V.;Shone, A.;Lees, K.;Peters, T.;Carter, B.;Martin, F., et al

    Publication Date: 2022a

    Journal: medRxiv (pagination), pp. ate of Pubaton: 31 Aug 2022

    Abstract: Background: Coronavirus disease 2019 (COVID-19) is associated with significant

mortality and morbidity in care homes. Novel or repurposed antiviral drugs may reduce infection and disease severity through reducing viral replication and inflammation.

35. **Prophylactic Treatment of COVID-19 in Care Homes Trial (PROTECT-CH).**

    Item Type: Journal Article

    Authors: Bath, P. M.;Ball, J.;Boyd, M.;Juszczak, E.;Leighton, P.;Shenkin, S. D.;Gordon, A. L.;Burns, A.;Treweek, S.;Wason, J.;Forster, A.;Farooqi, A.;Vernon, M.;Pratt, P.;Rayner, V.;Shone, A.;Lees, K.;Peters, T.;Carter, B.;Martin, F., et al

    Publication Date: 2022b

    Journal: medRxiv (pagination), pp. ate of Pubaton: 31 Aug 2022

    Abstract: Background: Coronavirus disease 2019 (COVID-19) is associated with significant mortality and morbidity in care homes. Novel or repurposed antiviral drugs may reduce infection and disease severity through reducing viral replication and inflammation.

36. **Prophylactic Treatment of COVID-19 in Care Homes Trial (PROTECT-CH).**

    Item Type: Journal Article

    Authors: Bath, P. M.;Ball, J.;Boyd, M.;Juszczak, E.;Leighton, P.;Shenkin, S. D.;Gordon, A. L.;Burns, A.;Treweek, S.;Wason, J.;Forster, A.;Farooqi, A.;Vernon, M.;Pratt, P.;Rayner, V.;Shone, A.;Lees, K.;Peters, T.;Carter, B.;Martin, F., et al

    Publication Date: 2022c

    Journal: medRxiv (pagination), pp. ate of Pubaton: 31 Aug 2022

    Abstract: Background: Coronavirus disease 2019 (COVID-19) is associated with significant mortality and morbidity in care homes. Novel or repurposed antiviral drugs may reduce infection and disease severity through reducing viral replication and inflammation.

37. **Supraglottic airway device versus tracheal intubation in the initial airway management of out-of-hospital cardiac arrest: The AIRWAYS-2 cluster RCT.**

    Item Type: Journal Article

    Authors: Benger, J. R.;Kirby, K.;Black, S.;Brett, S. J.;Clout, M.;Lazaroo, M. J.;Nolan, J. P.;Reeves, B. C.;Robinson, M.;Scott, L. J.;Smartt, H.;South, A.;Stokes, E. A.;Taylor, J.;Thomas, M.;Voss, S.;Wordsworth, S. and Rogers, C. A.

    Publication Date: 2022

    Journal: Health Technology Assessment 26(21) (pagination), pp. ate of Pubaton: 2022

    Abstract: Background When a cardiac arrest occurs, cardiopulmonary resuscitation should be started immediately. However, there is limited evidence about the best approach to airway management during cardiac arrest. ObjectiveThe objective was to determine whether or not the i-gel (Intersurgical Ltd, Wokingham, UK) supraglottic airway is superior to tracheal intubation as the initial advanced airway management strategy in adults with non-traumatic out-of-hospital cardiac arrest. DesignThis was a pragmatic, open, parallel, two-group, multicentre, cluster randomised controlled trial. A cost-effectiveness analysis accompanied the trial. SettingThe setting was four ambulance services in England. Participants Patients aged >=18 years who had a non-traumatic out-of-hospital cardiac arrest and were attended by a participating paramedic were enrolled automatically under a waiver of consent between

June 2015 and August 2017. Follow-up ended in February 2018. Intervention Paramedics were randomised 1:1 to use tracheal intubation (764 paramedics) or i-gel (759 paramedics) for their initial advanced airway management and were unblinded. Main outcome measures The primary outcome was modified Rankin Scale score at hospital discharge or 30 days after out-of-hospital cardiac arrest, whichever occurred earlier, collected by assessors blinded to allocation. The modified Rankin Scale, a measure of neurological disability, was dichotomised: A score of 0-3 (good outcome) or 4-6 (poor outcome/death). The primary outcome for the economic evaluation was quality-adjusted life-years, estimated using the EuroQol-5 Dimensions, five-level version. Results A total of 9296 patients (supraglottic airway group, 4886; tracheal intubation group, 4410) were enrolled [median age 73 years; 3373 (36.3%) women]; modified Rankin Scale score was known for 9289 patients. Characteristics were similar between groups. A total of 6.4% (311/4882) of patients in the supraglottic airway group and 6.8% (300/4407) of patients in the tracheal intubation group had a good outcome (adjusted difference in proportions of patients experiencing a good outcome: -0.6%, 95% confidence interval -1.6% to 0.4%). The supraglottic airway group had a higher initial ventilation success rate than the tracheal intubation group [87.4% (4255/4868) vs. 79.0% (3473/4397), respectively; adjusted difference in proportions of patients: 8.3%, 95% confidence interval 6.3% to 10.2%]; however, patients in the tracheal intubation group were less likely to receive advanced airway management than patients in the supraglottic airway group [77.6% (3419/4404) vs. 85.2% (4161/4883), respectively]. Regurgitation rate was similar between the groups [supraglottic airway group, 26.1% (1268/4865); tracheal intubation group, 24.5% (1072/4372); adjusted difference in proportions of patients: 1.4%, 95% confidence interval -0.6% to 3.4%], as was aspiration rate [supraglottic airway group, 15.1% (729/4824); tracheal intubation group, 14.9% (647/4337); adjusted difference in proportions of patients: 0.1%, 95% confidence interval -1.5% to 1.8%]. The longer-term outcomes were also similar between the groups (modified Rankin Scale: At 3 months, odds ratio 0.89, 95% confidence interval 0.69 to 1.14; at 6 months, odds ratio 0.91, 95% confidence interval 0.71 to 1.16). Sensitivity analyses did not alter the overall findings. There were no unexpected serious adverse events. Mean quality-adjusted life-years to 6 months were 0.03 in both groups (supraglottic airway group minus tracheal intubation group difference -0.0015, 95% confidence interval -0.0059 to 0.0028), and total costs were 157 (95% confidence interval -270 to 583) lower in the tracheal intubation group. Although the point estimate of the incremental cost-effectiveness ratio suggested that tracheal intubation may be cost-effective, the huge uncertainty around this result indicates no evidence of a difference between groups. Limitations Limitations included imbalance in the number of patients in each group, caused by unequal distribution of high-enrolling paramedics; crossover between groups; and the fact that participating paramedics, who were volunteers, might not be representative of all paramedics in the UK. Findings may not be applicable to other countries. Conclusion Among patients with out-of-hospital cardiac arrest, randomisation to the supraglottic airway group compared with the tracheal intubation group did not result in a difference in outcome at 30 days. There were no notable differences in costs, outcomes and overall cost-effectiveness between the groups. Future work Future work could compare alternative supraglottic airway types with tracheal intubation; include a randomised trial of bag mask ventilation versus supraglottic airways; and involve other patient populations, including children, people with trauma and people in hospital.

DOI: 10.3310/VHOH9034

38. **Supraglottic airway device versus tracheal intubation in the initial airway management of out-of-hospital cardiac arrest: the AIRWAYS-2 cluster RCT**

Item Type: Journal Article

Authors: Benger, Jonathan R.;Kirby, Kim;Black, Sarah;Brett, Stephen J.;Clout, Madeleine;Lazaroo, Michelle J.;Nolan, Jerry P.;Reeves, Barnaby C.;Robinson, Maria;Scott, Lauren J.;Smartt, Helena;South, Adrian;Stokes, Elizabeth A.;Taylor, Jodi;Thomas, Matthew;Voss, Sarah;Wordsworth, Sarah and Rogers, Chris A.

Publication Date: 2022

Journal: Health Technology Assessment (Winchester, England) 26(21), pp. 1-158

Abstract: Background: When a cardiac arrest occurs, cardiopulmonary resuscitation should be started immediately. However, there is limited evidence about the best approach to airway management during cardiac arrest.; Objective: The objective was to determine whether or not the i-gel ® (Intersurgical Ltd, Wokingham, UK) supraglottic airway is superior to tracheal intubation as the initial advanced airway management strategy in adults with non-traumatic out-of-hospital cardiac arrest.; Design: This was a pragmatic, open, parallel, two-group, multicentre, cluster randomised controlled trial. A cost-effectiveness analysis accompanied the trial.; Setting: The setting was four ambulance services in England.; Participants: Patients aged ≥ 18 years who had a non-traumatic out-of-hospital cardiac arrest and were attended by a participating paramedic were enrolled automatically under a waiver of consent between June 2015 and August 2017. Follow-up ended in February 2018.; Intervention: Paramedics were randomised 1 : 1 to use tracheal intubation (764 paramedics) or i-gel (759 paramedics) for their initial advanced airway management and were unblinded.; Main Outcome Measures: The primary outcome was modified Rankin Scale score at hospital discharge or 30 days after out-of-hospital cardiac arrest, whichever occurred earlier, collected by assessors blinded to allocation. The modified Rankin Scale, a measure of neurological disability, was dichotomised: a score of 0-3 (good outcome) or 4-6 (poor outcome/death). The primary outcome for the economic evaluation was quality-adjusted life-years, estimated using the EuroQol-5 Dimensions, five-level version.; Results: A total of 9296 patients (supraglottic airway group, 4886; tracheal intubation group, 4410) were enrolled median age 73 years; 3373 (36.3%) women]; modified Rankin Scale score was known for 9289 patients. Characteristics were similar between groups. A total of 6.4% (311/4882) of patients in the supraglottic airway group and 6.8% (300/4407) of patients in the tracheal intubation group had a good outcome (adjusted difference in proportions of patients experiencing a good outcome: -0.6%, 95% confidence interval -1.6% to 0.4%). The supraglottic airway group had a higher initial ventilation success rate than the tracheal intubation group 87.4% (4255/4868) vs. 79.0% (3473/4397), respectively; adjusted difference in proportions of patients: 8.3%, 95% confidence interval 6.3% to 10.2%]; however, patients in the tracheal intubation group were less likely to receive advanced airway management than patients in the supraglottic airway group 77.6% (3419/4404) vs. 85.2% (4161/4883), respectively]. Regurgitation rate was similar between the groups supraglottic airway group, 26.1% (1268/4865); tracheal intubation group, 24.5% (1072/4372); adjusted difference in proportions of patients: 1.4%, 95% confidence interval -0.6% to 3.4%], as was aspiration rate supraglottic airway group, 15.1% (729/4824); tracheal intubation group, 14.9% (647/4337); adjusted difference in proportions of patients: 0.1%, 95% confidence interval -1.5% to 1.8%]. The longer-term outcomes were also similar between the groups (modified Rankin Scale: at 3 months, odds ratio 0.89, 95% confidence interval 0.69 to 1.14; at 6 months, odds ratio 0.91, 95% confidence interval 0.71 to 1.16). Sensitivity analyses did not alter the overall findings. There were no unexpected serious adverse events. Mean quality-adjusted life-years to 6 months were 0.03 in both groups (supraglottic airway group minus tracheal intubation group difference -0.0015, 95% confidence interval -0.0059 to 0.0028), and total costs were £157 (95% confidence interval -£270 to £583) lower in the tracheal intubation group. Although the point estimate of the incremental cost-effectiveness ratio suggested that tracheal intubation may be cost-effective, the huge uncertainty around this result indicates no evidence of a difference between groups.; Limitations: Limitations included imbalance in the number of patients in each group, caused by unequal distribution of high-enrolling paramedics; crossover between groups; and the fact that participating paramedics, who were volunteers, might not be representative of all paramedics in the UK. Findings may not be applicable to other countries.; Conclusion: Among patients with out-of-hospital cardiac arrest, randomisation to the supraglottic airway group compared with the tracheal intubation group did not result in a difference in outcome at 30 days. There were no notable differences in costs, outcomes and

overall cost-effectiveness between the groups.; Future Work: Future work could compare alternative supraglottic airway types with tracheal intubation; include a randomised trial of bag mask ventilation versus supraglottic airways; and involve other patient populations, including children, people with trauma and people in hospital.; Trial Registration: This trial is registered as ISRCTN08256118.; Funding: This project was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme and supported by the NIHR Comprehensive Research Networks and will be published in full in Health Technology Assessment ; Vol. 26, No. 21. See the NIHR Journals Library website for further project information.

DOI: 10.3310/VHOH9034

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35426781&custid=ns010877

39. **Clinical indications and triaging for adult transthoracic echocardiography: a consensus statement by the British Society of Echocardiography in collaboration with British Heart Valve Society**

Item Type: Journal Article

Authors: Bennett, Sadie;Stout, Martin;Ingram, Thomas E.;Pearce, Keith;Griffiths, Timothy;Duckett, Simon;Heatlie, Grant;Thompson, Patrick;Tweedie, Judith;Sopala, Jo;Ritzmann, Sarah;Victor, Kelly;Skipper, Judith;Shah, Benoy N.;Robinson, Shaun;Potter, Andrew;Augustine, Daniel X. and Colebourn, Claire L.

Publication Date: 2022

Journal: Echo Research and Practice 9(1), pp. 5

Abstract: Transthoracic echocardiography (TTE) is widely utilised within many aspects of clinical practice, as such the demand placed on echocardiography services is ever increasing. In an attempt to provide incremental value for patients and standardise patient care, the British Society of Echocardiography in collaboration with the British Heart Valve Society have devised updated guidance for the indications and triaging of adult TTE requests for TTE services to implement into clinical practice. (© 2022. The Author(s).)

DOI: 10.1186/s44156-022-00003-8

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35820954&custid=ns010877

40. **Human papillomavirus (HPV) vaccination for the prevention of cervical cancer and other HPV-related diseases: a network meta-analysis.**

Item Type: Journal Article

Authors: Bergman, H.;Henschke, N.;Villanueva, G.;Loke, Y. K.;Golder, S. P.;Dwan, K.;Crosbie, E. J.;Kyrgiou, M.;Platt, J. and Morrison, J.

Publication Date: 2022a

Journal: Cochrane Database of Systematic Reviews 2022(5) (pagination), pp. Arte Number: 015364. ate of Pubaton: 31 May 2022

Abstract: Objectives: This is a protocol for a Cochrane Review (intervention). The

objectives are as follows:. We aim to evaluate the safety and efficacy of WHO pre-qualified human papillomavirus (HPV) vaccines given in different dose schedules, in females and males, to prevent cervical cancer and other HPV-related diseases by undertaking a network meta-analysis (NMA). We will rank the different vaccines and dose schedules according to the critical outcomes.

DOI: 10.1002/14651858.CD015364

41. **Human papillomavirus (HPV) vaccination for the prevention of cervical cancer and other HPV-related diseases: a network meta-analysis.**

    Item Type: Journal Article

    Authors: Bergman, H.;Henschke, N.;Villanueva, G.;Loke, Y. K.;Golder, S. P.;Dwan, K.;Crosbie, E. J.;Kyrgiou, M.;Platt, J. and Morrison, J.

    Publication Date: 2022b

    Journal: Cochrane Database of Systematic Reviews 2022(5) (pagination), pp. Arte Number: 015364. ate of Pubaton: 31 May 2022

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    Item Type: Journal Article

    Authors: Bergman, H.;Henschke, N.;Villanueva, G.;Loke, Y. K.;Golder, S. P.;Dwan, K.;Crosbie, E. J.;Kyrgiou, M.;Platt, J. and Morrison, J.

    Publication Date: 2022c

    Journal: Cochrane Database of Systematic Reviews 2022(5) (pagination), pp. Arte Number: 015364. ate of Pubaton: 31 May 2022

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43. **Human papillomavirus (HPV) vaccination for the prevention of cervical cancer and other HPV-related diseases: a network meta-analysis.**

    Item Type: Journal Article

    Authors: Bergman, H.;Henschke, N.;Villanueva, G.;Loke, Y. K.;Golder, S. P.;Dwan, K.;Crosbie, E. J.;Kyrgiou, M.;Platt, J. and Morrison, J.

    Publication Date: 2022d

Journal: Cochrane Database of Systematic Reviews 2022(5) (pagination), pp. Arte Number: 015364. ate of Pubaton: 31 May 2022

Abstract: Objectives: This is a protocol for a Cochrane Review (intervention). The objectives are as follows:. We aim to evaluate the safety and efficacy of WHO pre-qualified human papillomavirus (HPV) vaccines given in different dose schedules, in females and males, to prevent cervical cancer and other HPV-related diseases by undertaking a network meta-analysis (NMA). We will rank the different vaccines and dose schedules according to the critical outcomes.

44. **Key findings from the UKCCMP cohort of 877 patients with haematological malignancy and COVID-19: disease control as an important factor relative to recent chemotherapy or anti-CD20 therapy**

Item Type: Journal Article

Authors: Booth, Stephen;Curley, Helen M.;Varnai, Csilla;Arnold, Roland;Lee, Lennard Y. W.;Campton, Naomi A.;Cook, Gordon;Purshouse, Karin;Aries, James;Innes, Andrew;Cook, Lucy B.;Tomkins, Oliver;Oram, Helen S.;Tilby, Michael;Kulasekararaj, Austin;Wrench, David;Dolly, Saoirse;Newsom-Davies, Tom;Pettengell, Ruth;Gault, Abigail, et al

Publication Date: 2022

Journal: British Journal of Haematology 196(4), pp. 892-901

Abstract: Patients with haematological malignancies have a high risk of severe infection and death from SARS-CoV-2. In this prospective observational study, we investigated the impact of cancer type, disease activity, and treatment in 877 unvaccinated UK patients with SARS-CoV-2 infection and active haematological cancer. The primary end-point was all-cause mortality. In a multivariate analysis adjusted for age, sex and comorbidities, the highest mortality was in patients with acute leukaemia odds ratio (OR) = 1·73, 95% confidence interval (CI) 1·1-2·72, P = 0·017] and myeloma (OR 1·3, 95% CI 0·96-1·76, P = 0·08). Having uncontrolled cancer (newly diagnosed awaiting treatment as well as relapsed or progressive disease) was associated with increased mortality risk (OR = 2·45, 95% CI 1·09-5·5, P = 0·03), as was receiving second or beyond line of treatment (OR = 1·7, 95% CI 1·08-2·67, P = 0·023). We found no association between recent cytotoxic chemotherapy or anti-CD19/anti-CD20 treatment and increased risk of death within the limitations of the cohort size. Therefore, disease control is an important factor predicting mortality in the context of SARS-CoV-2 infection alongside the possible risks of therapies such as cytotoxic treatment or anti-CD19/anti-CD20 treatments. (© 2021 The Authors. British Journal of Haematology published by British Society for Haematology and John Wiley & Sons Ltd.)

DOI: 10.1111/bjh.17937

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34761389&custid=ns010877

45. **The outcomes of zone 1 flexor digitorum profundus tendon injury: A systematic review and meta-analysis.**

Item Type: Journal Article

Authors: Brady, C.;Lee, A.;Gardiner, M.;Baker, R.;Giddins, G. and Wade, R. G.

Publication Date: 2022a

Journal: Journal of Plastic, Reconstructive and Aesthetic Surgery 75(2), pp. 893-939

46. **The outcomes of zone 1 flexor digitorum profundus tendon injury: A systematic review and meta-analysis.**

    Item Type: Journal Article

    Authors: Brady, C.;Lee, A.;Gardiner, M.;Baker, R.;Giddins, G. and Wade, R. G.

    Publication Date: 2022b

    Journal: Journal of Plastic, Reconstructive and Aesthetic Surgery 75(2), pp. 893-939

47. **The outcomes of zone 1 flexor digitorum profundus tendon injury: A systematic review and meta-analysis.**

    Item Type: Journal Article

    Authors: Brady, C.;Lee, A.;Gardiner, M.;Baker, R.;Giddins, G. and Wade, R. G.

    Publication Date: 2022c

    Journal: Journal of Plastic, Reconstructive and Aesthetic Surgery 75(2), pp. 893-939

48. **The outcomes of zone 1 flexor digitorum profundus tendon injury: A systematic review and meta-analysis**

    Item Type: Journal Article

    Authors: Brady, Chevonne;Lee, Alice;Gardiner, Matthew;Baker, Richard;Giddins, Grey and Wade, Ryckie G.

    Publication Date: 2022

    Journal: Journal of Plastic, Reconstructive & Aesthetic Surgery : JPRAS 75(2), pp. 893-939

    Abstract: Competing Interests: Declaration of Competing Interest There are no conflicts of interest.

    DOI: 10.1016/j.bjps.2021.11.026

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34876371&custid=ns010877

49. **The effects of isotretinoin on serotonin: a prospective pilot study on acne patients**

    Item Type: Journal Article

    Authors: Bray, Adam P.;Kravvas, Georgios;Skevington, Suzanne M. and Lovell, Christopher R.

    Publication Date: 2022

    Journal: Anais Brasileiros De Dermatologia 97(4), pp. 526-528

    DOI: 10.1016/j.abd.2021.02.011

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35654653&custid=ns010877

50. **Parkinson's disease: the nutrition perspective.**

Item Type: Journal Article

Authors: Breasail, M. O.;Smith, M. D.;Tenison, E.;Henderson, E. J. and Lithander, F. E.

Publication Date: 2022a

Journal: Proceedings of the Nutrition Society 81(1), pp. 12-26

Abstract: Parkinson's disease (PD) is the second most common neurodegenerative disease after Alzheimer's disease and affects about 1% of the population over the age of 60 years in industrialised countries. The aim of this review is to examine nutrition in PD across three domains: dietary intake and the development of PD; whole body metabolism in PD and the effects of PD symptoms and treatment on nutritional status. In most cases, PD is believed to be caused by a combination of genetic and environmental factors and although there has been much research in the area, evidence suggests that poor dietary intake is not a risk factor for the development of PD. The evidence about body weight changes in both the prodromal and symptomatic phases of PD is inconclusive and is confounded by many factors. Malnutrition in PD has been documented as has sarcopaenia, although the prevalence of the latter remains uncertain due to a lack of consensus in the definition of sarcopaenia. PD symptoms, including those which are gastrointestinal and non-gastrointestinal, are known to adversely affect nutritional status. Similarly, PD treatments can cause nausea, vomiting and constipation, all of which can adversely affect nutritional status. Given that the prevalence of PD will increase as the population ages, it is important to understand the interplay between PD, comorbidities and nutritional status. Further research may contribute to the development of interventional strategies to improve symptoms, augment care and importantly, enhance the quality of life for patients living with this complex neurodegenerative disease.

51. **Parkinson's disease: the nutrition perspective.**

Item Type: Journal Article

Authors: Breasail, M. O.;Smith, M. D.;Tenison, E.;Henderson, E. J. and Lithander, F. E.

Publication Date: 2022b

Journal: Proceedings of the Nutrition Society 81(1), pp. 12-26

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Item Type: Journal Article

Authors: Breasail, M. O.;Smith, M. D.;Tenison, E.;Henderson, E. J. and Lithander, F. E.

Publication Date: 2022c

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53. **Driving and Parkinson's Disease: A Survey of the Patient's Perspective.**

Item Type: Journal Article

Authors: Brock, P.;Oates, L. L.;Gray, W. K.;Henderson, E. J.;Mann, H.;Haunton, V. J.;Skelly, R.;Hand, A.;Davies, M. L. and Walker, R. W.

Publication Date: 2022a

Journal: Journal of Parkinson's Disease 12(1), pp. 465-471

Abstract: Background: Parkinson's disease (PD) is a multi-system disorder that can impact on driving ability. Little is known about how these changes in driving ability affect people with PD, making it difficult for clinicians and carers to offer appropriate support.

54. **Driving and Parkinson's Disease: A Survey of the Patient's Perspective.**

Item Type: Journal Article

Authors: Brock, P.;Oates, L. L.;Gray, W. K.;Henderson, E. J.;Mann, H.;Haunton, V. J.;Skelly, R.;Hand, A.;Davies, M. L. and Walker, R. W.

Publication Date: 2022b

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56. **Driving and Parkinson's Disease: A Survey of the Patient's Perspective**

Item Type: Journal Article

Authors: Brock, Peter;Oates, Lloyd L.;Gray, William K.;Henderson, Emily J.;Mann, Helen;Haunton, Victoria J.;Skelly, Rob;Hand, Annette;Davies, Matthew L. and Walker, Richard W.

Publication Date: 2022

Journal: Journal of Parkinson's Disease 12(1), pp. 465-471

Abstract: Background: Parkinson's disease (PD) is a multi-system disorder that can impact on driving ability. Little is known about how these changes in driving ability affect people with PD, making it difficult for clinicians and carers to offer appropriate support.; Objective: To assess patient views concerning the effect of PD on their driving ability, the impact of these changes and how they manage them.; Method: An online survey was created by a team of clinicians, people with PD, their carers, and representatives from Parkinson's UK. People with PD throughout the United Kingdom were invited to participate through Parkinson's UK's website, newsletter and Parkinson's Excellence Network email list.; Results: 805 people with PD took part in the survey. We found that the loss of a driving licence had an adverse impact on employment, socialisation, travel costs and spontaneous lifestyle choices. Multiple changes in driving ability related to PD were described, including that impulse control disorders can have an adverse impact on driving. Changes in driving ability caused people to change their driving practices including taking shorter journeys and being less likely to drive at night. Participants advised managing changes in driving ability through planning, vehicle adaptions, maintaining skills and self-assessment.; Conclusion: This study demonstrates the impact that changes in driving ability can have on the lifestyle of people with PD and reveals the strategies that individuals adopt to manage these changes.

DOI: 10.3233/JPD-212686

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN

=34542030&custid=ns010877

57. **Identifying potentially inappropriate medications in memory clinic attendees.**

Item Type: Journal Article

Authors: Bromby, C.;Courcier, L.;Hickson, C.;Wernham, C. and Welsh, T.

Publication Date: 2022a

Journal: European Geriatric Medicine Conference: 18th Congress of the European Geriatric Medicine Society. Online, pp. ate of Pubaton: eember 2022

Abstract: Introduction: Unease about the risks of adverse effects from medications in older people has been an area of concern in both clinical practice and the academic literature for some time, in particular in people with dementia. A number of tools have been developed to aid clinicians to identify and deprescibe potentially inappropriate medications (PIMs). Before strategies using these tools can be trialled it is important to quantify the number of people exposed to PIMs. This project set out to compare three tools (PIMcog, Anticholinergic burden score and STOPPfalls) in identifying exposure to PIMs in memory clinic attendees with dementia.

58. **Identifying potentially inappropriate medications in memory clinic attendees.**

Item Type: Journal Article

Authors: Bromby, C.;Courcier, L.;Hickson, C.;Wernham, C. and Welsh, T.

Publication Date: 2022b

Journal: European Geriatric Medicine Conference: 18th Congress of the European Geriatric Medicine Society. Online, pp. ate of Pubaton: eember 2022

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59. **Identifying potentially inappropriate medications in memory clinic attendees.**

Item Type: Journal Article

Authors: Bromby, C.;Courcier, L.;Hickson, C.;Wernham, C. and Welsh, T.

Publication Date: 2022c

Journal: European Geriatric Medicine Conference: 18th Congress of the European Geriatric Medicine Society. Online, pp. ate of Pubaton: eember 2022

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60. **Daylight and dementia: don't stop going outside.**

    Item Type: Journal Article

    Authors: Bromby, C. and Welsh, T.

    Publication Date: 2022a

    Journal: Evidence-Based Nursing (pagination), pp. ate of Pubaton: 22 e 2022

61. **Daylight and dementia: don't stop going outside.**

    Item Type: Journal Article

    Authors: Bromby, C. and Welsh, T.

    Publication Date: 2022b

    Journal: Evidence-Based Nursing (pagination), pp. ate of Pubaton: 22 e 2022

62. **Daylight and dementia: don't stop going outside.**

    Item Type: Journal Article

    Authors: Bromby, C. and Welsh, T.

    Publication Date: 2022c

    Journal: Evidence-Based Nursing (pagination), pp. ate of Pubaton: 22 e 2022

63. **Daylight and dementia: don't stop going outside**

    Item Type: Journal Article

    Authors: Bromby, Carys and Welsh, Tomas

    Publication Date: 2022

    Journal: Evidence-Based Nursing
    Abstract: Competing Interests: Competing interests: None declared.

    DOI: 10.1136/ebnurs-2022-103578

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36549878&custid=ns010877

64. **"A disembodied voice over the telephone": A qualitative study of healthcare practitioners' experiences in geriatric medicine.**

    Item Type: Journal Article

    Authors: Brown, F.;Isabella, S.;Watkins, R.;Grey, E.;Smith, P.;Springett, D.;Welsh, T. and Gillison, F.

Publication Date: 2022a

Journal: European Geriatric Medicine Conference: 18th Congress of the European Geriatric Medicine Society. Online, pp. ate of Pubaton: eember 2022

Abstract: The COVID-19 pandemic has accelerated the implementation of remote models of patient care, including in specialities or patient groups for whom these would historically have been considered less suitable. The aim of this study was to explore the experience of delivering care remotely among practitioners in a UK geriatric medicine clinic, with a view to informing longer term plans. Nine semi-structured interviews were conducted with consultants (n = 5), nurses (n = 2), a speech and language therapist and an occupational therapist, and analysed using thematic analysis Three themes were developed that emphasised the aspects of practitioner experience that were considered particularly salient to the types of patients and conditions presenting at the clinic; Rapport Building; Setting and Context; Patient-Professional relationships. Participants felt that rapport and trust had been more feasible to develop remotely than they had anticipated, particularly through videocalls, although this was more challenging for new patients and those with cognitive or sensory impairments. While practitioners identified some advantages of remote consultations, such as involving relatives who live far away, saving time and reducing anxiety, they also saw disadvantages such as consultations feeling like a 'production line', missing important visual cues and reduced opportunities for private discussions. Some clinicians felt their professional identity was threatened by the lack of face-to-face contact, linked to feeling that remote consultations are not suitable for frail older adults or those with cognitive deficits. Research to promote practitioner confidence and sense of professional identity may be valuable in increasing the acceptability of remote consultations in this field. .

65. **"A disembodied voice over the telephone": A qualitative study of healthcare practitioners' experiences in geriatric medicine.**

Item Type: Journal Article

Authors: Brown, F.;Isabella, S.;Watkins, R.;Grey, E.;Smith, P.;Springett, D.;Welsh, T. and Gillison, F.

Publication Date: 2022b

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67. **Anatomy of the Mesentery**

Item Type: Journal Article

Authors: Bunni, John

Publication Date: 2022

Journal: Clinics in Colon and Rectal Surgery 35(4), pp. 277-280

Abstract: It is clear that despite the importance of multimodal therapy, the most impactful weapon in the arsenal of treatment in a patient with colorectal cancer is high-quality surgery. This has been shown time and time again and surgery remains the bedrock in the management of visceral, and particularly colorectal, cancer. The reason for this is an anatomical one, based upon embryological planes. One cannot truly understand and perform high-quality surgery without an appreciation of the fascial and mesenteric anatomy of the abdomen and pelvis. R. J. ("Bill") Heald greatly advanced the management of rectal cancer with his description of the anatomical foundation of total mesorectal excision. He popularized usage of the term "mesorectum" and was an early pioneer in the commitment to mesenteric-based surgery. This concept has been extended by Werner Hohenberger to mesocolic excision for colon cancer surgery. These all rely on the principle that, in general,

cancer tends to remain within its embryological compartment of origin, making it amenable to dissecting out as an oncological surgical envelope or package. There have been some theories put forth as to why, but it remains the fact that, far more often than not, an excision within the mesenteric plane affords better outcomes than the one that breaches it. Thus an understanding of the anatomy of the mesentery is important and is the scientific foundation of the art that is cancer surgery. Herein the author outlines the history of the development of our understanding of mesenteric anatomy and where we are today.; Competing Interests: Conflict of Interest None declared. (Thieme. All rights reserved.)

DOI: 10.1055/s-0042-1743587

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35966982&custid=ns010877

68. **COLONOSCOPY COMPLETION RATES AND PATIENT TOLERANCE AFTER COMPLICATED DIVERTICULITIS; IS CT COLONOSCOPY A BETTER OPTION?.**

Item Type: Journal Article

Authors: Carter, J.;Down, A. and Mehta, T.

Publication Date: 2022a

Journal: Gut Conference, pp. Annua

Abstract: Introduction ACPGBI and ESCP guidelines suggest colonic examination after acute complicated diverticulitis due to a higher prevalence of colorectal cancer (CRC), but colonoscopy in this cohort can be challenging. We examined completion rates, pain scores and analgesic use in endoscopic follow-up of complicated diverticulitis in a district general hospital. Methods Patients were identified from hospital records with a coded diagnosis of acute diverticulitis from 01/01/2021 - 01/ 07/2021. Electronic records were examined to identify those with complicated diverticulitis on CT who had not had surgery. The endoscopy system was interrogated from 01/01/2021 - 01/01/2022 for these patients. Information was collected on: whether colonoscopy was requested and performed, site reached, quality of mucosal views, pain scores (average of physician and nurse), analgesia and sedation use, and reason for incomplete colonoscopy. We gathered the same data for the preceding and/or succeeding patients on the endoscopy list for comparison. Results From 01/01/2021 - 01/07/2021 there were 49 cases of acute complicated diverticulitis; 4 had emergency surgery. of the remaining 45 cases, 28 had a colonoscopy requested. By 01/01/2022, 17 had an colonoscopy (group 1), and the mean time from discharge to endoscopy was 108 days. These were compared to the 26 colonoscopies immediately preceding or succeeding the group 1 colonoscopies (group 2). Colonoscopy completion rates were lower in group 1, and reasons for incomplete examination were: patient discomfort x2, tight angulation x1, muscular hypertrophy x1. Reasons for incomplete examination in group 2 were: poor bowel prep x2. In group 1 the mean pain scores were higher, as was use of fentanyl and midazolam. Entonox use was about equivalent. Conclusions Endoscopic follow-up of complicated diverticulitis was not universal. There was a delay beyond the recommended follow-up at 6 weeks which corresponds with delays in endoscopy for other indications since the COVID-19 pandemic. Completion rates were lower for the complicated diverticulitis group and the procedure was more poorly tolerated. Colonoscopy completion rates have not been looked at specifically for complicated diverticulitis follow-up elsewhere. The completion rates in this sample are lower than those for the endoscopic follow-up of all diverticulitis in other studies. If these rates are found in a larger sample then alternative methods for examining the colon, such as CT colonoscopy, may be a more attractive option.

69. **COLONOSCOPY COMPLETION RATES AND PATIENT TOLERANCE AFTER COMPLICATED DIVERTICULITIS; IS CT COLONOSCOPY A BETTER OPTION?.**

Item Type: Journal Article

Authors: Carter, J.;Down, A. and Mehta, T.

Publication Date: 2022b

Journal: Gut Conference, pp. Annua

Abstract: Introduction ACPGBI and ESCP guidelines suggest colonic examination after acute complicated diverticulitis due to a higher prevalence of colorectal cancer (CRC), but colonoscopy in this cohort can be challenging. We examined completion rates, pain scores and analgesic use in endoscopic follow-up of complicated diverticulitis in a district general hospital. Methods Patients were identified from hospital records with a coded diagnosis of acute diverticulitis from 01/01/2021 - 01/ 07/2021. Electronic records were examined to identify those with complicated diverticulitis on CT who had not had surgery. The endoscopy system was interrogated from 01/01/2021 - 01/01/2022 for these patients. Information was collected on: whether colonoscopy was requested and performed, site reached, quality of mucosal views, pain scores (average of physician and nurse), analgesia and sedation use, and reason for incomplete colonoscopy. We gathered the same data for the preceding and/or succeeding patients on the endoscopy list for comparison. Results From 01/01/2021 - 01/07/2021 there were 49 cases of acute complicated diverticulitis; 4 had emergency surgery. of the remaining 45 cases, 28 had a colonoscopy requested. By 01/01/2022, 17 had an colonoscopy (group 1), and the mean time from discharge to endoscopy was 108 days. These were compared to the 26 colonoscopies immediately preceding or succeeding the group 1 colonoscopies (group 2). Colonoscopy completion rates were lower in group 1, and reasons for incomplete examination were: patient discomfort x2, tight angulation x1, muscular hypertrophy x1. Reasons for incomplete examination in group 2 were: poor bowel prep x2. In group 1 the mean pain scores were higher, as was use of fentanyl and midazolam. Entonox use was about equivalent. Conclusions Endoscopic follow-up of complicated diverticulitis was not universal. There was a delay beyond the recommended follow-up at 6 weeks which corresponds with delays in endoscopy for other indications since the COVID-19 pandemic. Completion rates were lower for the complicated diverticulitis group and the procedure was more poorly tolerated. Colonoscopy completion rates have not been looked at specifically for complicated diverticulitis follow-up elsewhere. The completion rates in this sample are lower than those for the endoscopic follow-up of all diverticulitis in other studies. If these rates are found in a larger sample then alternative methods for examining the colon, such as CT colonoscopy, may be a more attractive option.

70. **COLONOSCOPY COMPLETION RATES AND PATIENT TOLERANCE AFTER COMPLICATED DIVERTICULITIS; IS CT COLONOSCOPY A BETTER OPTION?.**

Item Type: Journal Article

Authors: Carter, J.;Down, A. and Mehta, T.

Publication Date: 2022c

Journal: Gut Conference, pp. Annua

Abstract: Introduction ACPGBI and ESCP guidelines suggest colonic examination after acute complicated diverticulitis due to a higher prevalence of colorectal cancer (CRC), but colonoscopy in this cohort can be challenging. We examined completion rates, pain scores and analgesic use in endoscopic follow-up of complicated diverticulitis in a district general hospital. Methods Patients were identified from hospital records with a coded diagnosis of acute diverticulitis from 01/01/2021 - 01/ 07/2021. Electronic records were examined to identify those with complicated diverticulitis on CT who had not had surgery. The endoscopy system was interrogated from 01/01/2021 - 01/01/2022 for these patients. Information was

collected on: whether colonoscopy was requested and performed, site reached, quality of mucosal views, pain scores (average of physician and nurse), analgesia and sedation use, and reason for incomplete colonoscopy. We gathered the same data for the preceding and/or succeeding patients on the endoscopy list for comparison. Results From 01/01/2021 - 01/07/2021 there were 49 cases of acute complicated diverticulitis; 4 had emergency surgery. of the remaining 45 cases, 28 had a colonoscopy requested. By 01/01/2022, 17 had an colonoscopy (group 1), and the mean time from discharge to endoscopy was 108 days. These were compared to the 26 colonoscopies immediately preceding or succeeding the group 1 colonoscopies (group 2). Colonoscopy completion rates were lower in group 1, and reasons for incomplete examination were: patient discomfort x2, tight angulation x1, muscular hypertrophy x1. Reasons for incomplete examination in group 2 were: poor bowel prep x2. In group 1 the mean pain scores were higher, as was use of fentanyl and midazolam. Entonox use was about equivalent. Conclusions Endoscopic follow-up of complicated diverticulitis was not universal. There was a delay beyond the recommended follow-up at 6 weeks which corresponds with delays in endoscopy for other indications since the COVID-19 pandemic. Completion rates were lower for the complicated diverticulitis group and the procedure was more poorly tolerated. Colonoscopy completion rates have not been looked at specifically for complicated diverticulitis follow-up elsewhere. The completion rates in this sample are lower than those for the endoscopic follow-up of all diverticulitis in other studies. If these rates are found in a larger sample then alternative methods for examining the colon, such as CT colonoscopy, may be a more attractive option.

71. **Easy-BILAG: a new tool for simplified recording of SLE disease activity using BILAG-2004 index**

Item Type: Journal Article

Authors: Carter, Lucy M.;Gordon, Caroline;Yee, Chee-Seng;Bruce, Ian;Isenberg, David;Skeoch, Sarah and Vital, Edward M.

Publication Date: 2022

Journal: Rheumatology (Oxford, England) 61(10), pp. 4006-4015

Abstract: Objective: BILAG-2004 index is a comprehensive disease activity instrument for SLE but administrative burden and potential frequency of errors limits its use in routine practice. We aimed to develop a tool for more accurate, time-efficient scoring of BILAG-2004 index with full fidelity to the existing instrument.; Methods: Frequency of BILAG-2004 items was collated from a BILAG-biologics registry (BILAG-BR) dataset. Easy-BILAG prototypes were developed to address known issues affecting speed and accuracy. After expert verification, accuracy and usability of the finalized Easy-BILAG was validated against standard format BILAG-2004 in a workbook exercise of 10 case vignettes. Thirty-three professionals ranging in expertise from 14 UK centres completed the validation exercise.; Results: Easy-BILAG incorporates all items present in ≥5% BILAG-BR records, plus full constitutional and renal domains into a rapid single page assessment. An embedded glossary and colour-coding assists domain scoring. A second page captures rarer manifestations when needed. In the validation exercise, Easy-BILAG yielded higher median scoring accuracy (96.7%) than standard BILAG-2004 documentation (87.8%, P = 0.001), with better inter-rater agreement. Easy-BILAG was completed faster (59.5 min) than the standard format (80.0 min, P = 0.04) for 10 cases. An advantage in accuracy was observed with Easy-BILAG use among general hospital rheumatologists (91.3 vs 75.0, P = 0.02), leading to equivalent accuracy as tertiary centre rheumatologists. Clinicians rated Easy-BILAG as intuitive, convenient, and well adapted for routine practice.; Conclusion: Easy-BILAG facilitates more rapid and accurate scoring of BILAG-2004 across all clinical settings, which could improve patient care and biologics prescribing. Easy-BILAG should be adopted wherever BILAG-2004 assessment is required. (© The Author(s) 2022. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

DOI: 10.1093/rheumatology/keab883

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35077529&custid=ns010877

72. **Outcomes of relapse in patients with deferred autologous stem cell transplant after achieving at least very good partial response following bortezomib, adriamycin, dexamethasone chemotherapy for newly diagnosed multiple myeloma in the phase II PADIMAC trial.**

    Item Type: Journal Article

    Authors: Chan, W. Y.;Counsell, N.;de Tute, R.;DeSilva, D.;Phillips, E. H.;Cavenagh, J.;Adedayo, T.;Braganca, N.;Roddie, C.;Streetly, M.;Schey, S.;Koh, M. B. C.;Crowe, J.;Morris, T. C.;Cook, G.;CliftonHadley, L.;Rabin, N.;Owen, R. G.;Popat, R.;Yong, K. L., et al

    Publication Date: 2022a

    Journal: British Journal of Haematology 196(4), pp. e33-e37

73. **Outcomes of relapse in patients with deferred autologous stem cell transplant after achieving at least very good partial response following bortezomib, adriamycin, dexamethasone chemotherapy for newly diagnosed multiple myeloma in the phase II PADIMAC trial.**

    Item Type: Journal Article

    Authors: Chan, W. Y.;Counsell, N.;de Tute, R.;DeSilva, D.;Phillips, E. H.;Cavenagh, J.;Adedayo, T.;Braganca, N.;Roddie, C.;Streetly, M.;Schey, S.;Koh, M. B. C.;Crowe, J.;Morris, T. C.;Cook, G.;CliftonHadley, L.;Rabin, N.;Owen, R. G.;Popat, R.;Yong, K. L., et al

    Publication Date: 2022b

    Journal: British Journal of Haematology 196(4), pp. e33-e37

74. **Outcomes of relapse in patients with deferred autologous stem cell transplant after achieving at least very good partial response following bortezomib, adriamycin, dexamethasone chemotherapy for newly diagnosed multiple myeloma in the phase II PADIMAC trial.**

    Item Type: Journal Article

    Authors: Chan, W. Y.;Counsell, N.;de Tute, R.;DeSilva, D.;Phillips, E. H.;Cavenagh, J.;Adedayo, T.;Braganca, N.;Roddie, C.;Streetly, M.;Schey, S.;Koh, M. B. C.;Crowe, J.;Morris, T. C.;Cook, G.;CliftonHadley, L.;Rabin, N.;Owen, R. G.;Popat, R.;Yong, K. L., et al

    Publication Date: 2022c

    Journal: British Journal of Haematology 196(4), pp. e33-e37

75. **Outcomes of relapse in patients with deferred autologous stem cell transplant after achieving at least very good partial response following bortezomib, adriamycin, dexamethasone chemotherapy for newly diagnosed multiple myeloma in the phase II PADIMAC trial**

    Item Type: Journal Article

Authors: Chan, Wei Yee;Counsell, Nicholas;de Tute, Ruth;De-Silva, Dunnya;Phillips, Elizabeth H.;Cavenagh, Jamie;Adedayo, Toyin;Braganca, Nivette;Roddie, Claire;Streetly, Matthew;Schey, Stephen;Koh, Mickey B. C.;Crowe, Josephine;Morris, Treen C.;Cook, Gordon;Clifton-Hadley, Laura;Rabin, Neil;Owen, Roger G.;Popat, Rakesh and Yong, Kwee L.

Publication Date: 2022

Journal: British Journal of Haematology 196(4), pp. e33-e37

DOI: 10.1111/bjh.17903

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34636043&custid=ns010877

76. **Diagnostic accuracy of an automated artificial intelligence derived right ventricular to left ventricular diameter ratio tool on CT pulmonary angiography to predict pulmonary hypertension at right heart catheterisation**

Item Type: Journal Article

Authors: Charters, P. F. P.;Rossdale, J.;Brown, W.;Burnett, T. A.;Komber, H. M. E. I.;Thompson, C.;Robinson, G.;MacKenzie Ross, R.;Suntharalingam, J. and Rodrigues, J. C. L.

Publication Date: 2022

Journal: Clinical Radiology 77(7), pp. e500-e508

Abstract: Aim: To determine the diagnostic accuracy of an automated artificial intelligence derived right ventricle/left ventricle diameter ratio (RV/LV) computed tomography pulmonary angiography (CTPA) analysis tool to detect pulmonary hypertension (PH) in patients with suspected PH referred to a specialist centre.; Materials and Methods: The present study was a retrospective analysis of a prospectively maintained database of 202 consecutive patients with suspected PH, who underwent CTPA within 12 months of right heart catheterisation (RHC). Automated ventricular segmentation and RV/LV calculation (Imbio LLC, Minneapolis, MN, USA) was undertaken on the CTPA images. PH diagnosis was made using the RHC reference standard.; Results: The automated RV/LV correlated more strongly with RHC metrics than main pulmonary artery (MPA) diameter and MPA to ascending aorta diameter ratio (MPA/AA) measured manually (mean pulmonary arterial pressure mPAP] r=0.535, R 2 = 0.287 p<0.001; pulmonary vascular resistance PVR] r=0.607, R 2 = 0.369 p<0.001). In the derivation cohort (n=100), the area under the receiver-operating curve for automated RV/LV discriminating PH was 0.752 (95% confidence interval CI] 0.677-0.827, p<0.001). Using an optimised Youden's Index of ≥1.12 classified from derivation, automated RV/LV ratio analysis was more sensitive for the detection of PH with higher positive predictive value (PPV) when compared with manual MPA and MPA/AA in the validation cohort (n=102). Automated RV/LV compromise (1.12) and specific (1.335) thresholds were strongly predictive of mortality (log-rank 7.401, p=0.007 and log-rank 16.075, p<0.001 respectively).; Conclusion: In suspected PH, automated RV/LV diameter thresholds have high sensitivity for PH, outperform manual MPA and MPA/AA and can predict survival.

DOI: 10.1016/j.crad.2022.03.009

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35487778&custid=ns010877

77. **Preventing unrecognised oesophageal intubation: a consensus guideline from the Project for Universal Management of Airways and international airway societies**

Item Type: Journal Article

Authors: Chrimes, N.;Higgs, A.;Hagberg, C. A.;Baker, P. A.;Cooper, R. M.;Greif, R.;Kovacs, G.;Law, J. A.;Marshall, S. D.;Myatra, S. N.;O'Sullivan, E. P.;Rosenblatt, W. H.;Ross, C. H.;Sakles, J. C.;Sorbello, M. and Cook, T. M.

Publication Date: 2022

Journal: Anaesthesia 77(12), pp. 1395-1415

Abstract: Across multiple disciplines undertaking airway management globally, preventable episodes of unrecognised oesophageal intubation result in profound hypoxaemia, brain injury and death. These events occur in the hands of both inexperienced and experienced practitioners. Current evidence shows that unrecognised oesophageal intubation occurs sufficiently frequently to be a major concern and to merit a co-ordinated approach to address it. Harm from unrecognised oesophageal intubation is avoidable through reducing the rate of oesophageal intubation, combined with prompt detection and immediate action when it occurs. The detection of 'sustained exhaled carbon dioxide' using waveform capnography is the mainstay for excluding oesophageal placement of an intended tracheal tube. Tube removal should be the default response when sustained exhaled carbon dioxide cannot be detected. If default tube removal is considered dangerous, urgent exclusion of oesophageal intubation using valid alternative techniques is indicated, in parallel with evaluation of other causes of inability to detect carbon dioxide. The tube should be removed if timely restoration of sustained exhaled carbon dioxide cannot be achieved. In addition to technical interventions, strategies are required to address cognitive biases and the deterioration of individual and team performance in stressful situations, to which all practitioners are vulnerable. These guidelines provide recommendations for preventing unrecognised oesophageal intubation that are relevant to all airway practitioners independent of geography, clinical location, discipline or patient type. (© 2022 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.15817

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35977431&custid=ns010877

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Authors: Chrimes, N.;Higgs, A.;Hagberg, C. A.;Baker, P. A.;Cooper, R. M.;Greif, R.;Kovacs, G.;Law, J. A.;Marshall, S. D.;Myatra, S. N.;O'Sullivan, E. P.;Rosenblatt, W. H.;Ross, C. H.;Sakles, J. C.;Sorbello, M. and Cook, T. M.

Publication Date: 2022a

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160097649&custid=ns010877

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Authors: Chrimes, N.;Higgs, A.;Hagberg, C. A.;Baker, P. A.;Cooper, R. M.;Greif, R.;Kovacs, G.;Law, J. A.;Marshall, S. D.;Myatra, S. N.;O'Sullivan, E. P.;Rosenblatt, W. H.;Ross, C. H.;Sakles, J. C.;Sorbello, M. and Cook, T. M.

Publication Date: 2022b

Journal: Anaesthesia 77(12), pp. 1395-1415

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80. **Preventing unrecognised oesophageal intubation: a consensus guideline from the Project for Universal Management of Airways and international airway societies*.**

Item Type: Journal Article

Authors: Chrimes, N.;Higgs, A.;Hagberg, C. A.;Baker, P. A.;Cooper, R. M.;Greif, R.;Kovacs, G.;Law, J. A.;Marshall, S. D.;Myatra, S. N.;O'Sullivan, E. P.;Rosenblatt, W. H.;Ross, C. H.;Sakles, J. C.;Sorbello, M. and Cook, T. M.

Publication Date: 2022c

Journal: Anaesthesia 77(12), pp. 1395-1415

Abstract: Across multiple disciplines undertaking airway management globally, preventable episodes of unrecognised oesophageal intubation result in profound hypoxaemia, brain injury and death. These events occur in the hands of both inexperienced and experienced practitioners. Current evidence shows that unrecognised oesophageal intubation occurs sufficiently frequently to be a major concern and to merit a co-ordinated approach to address it. Harm from unrecognised oesophageal intubation is avoidable through reducing the rate of oesophageal intubation, combined with prompt detection and immediate action when it occurs. The detection of 'sustained exhaled carbon dioxide' using waveform capnography is the mainstay for excluding oesophageal placement of an intended tracheal tube. Tube removal should be the default response when sustained exhaled carbon dioxide cannot be detected. If default tube removal is considered dangerous, urgent exclusion of oesophageal intubation using valid alternative techniques is indicated, in parallel with evaluation of other causes of inability to detect carbon dioxide. The tube should be removed if timely restoration of sustained exhaled carbon dioxide cannot be achieved. In addition to technical interventions, strategies are required to address cognitive biases and the deterioration of individual and team performance in stressful situations, to which all practitioners are vulnerable. These guidelines provide recommendations for preventing unrecognised oesophageal intubation that are relevant to all airway practitioners independent of geography, clinical location, discipline or patient type.

81. **Preventing unrecognised oesophageal intubation: a consensus guideline from the Project for Universal Management of Airways and international airway societies*.**

Item Type: Journal Article

Authors: Chrimes, N.;Higgs, A.;Hagberg, C. A.;Baker, P. A.;Cooper, R. M.;Greif, R.;Kovacs, G.;Law, J. A.;Marshall, S. D.;Myatra, S. N.;O'Sullivan, E. P.;Rosenblatt, W. H.;Ross, C. H.;Sakles, J. C.;Sorbello, M. and Cook, T. M.

Publication Date: 2022d

Journal: Anaesthesia 77(12), pp. 1395-1415

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practitioners are vulnerable. These guidelines provide recommendations for preventing unrecognised oesophageal intubation that are relevant to all airway practitioners independent of geography, clinical location, discipline or patient type.

82. **Identification of Immune Cell Types in the Peripheral Blood of Rheumatoid Arthritis Patients Associated with Susceptibility and Response to Treatment.**

    Item Type: Journal Article

    Authors: Christofi, M.;Mulhearn, B.;Marshall, L.;Sutcliffe, M.;Plant, D.;Hyrich, K.;Morgan, A.;Wilson, A.;Isaacs, J. D.;Raychaudhuri, S.;Barton, A. and Viatte, S.

    Publication Date: 2022a

    Journal: Arthritis and Rheumatology Conference, pp. Ameran

    Abstract: Background/Purpose: Rheumatoid arthritis (RA) is a complex immune mediated disease that affects 1% of the population. Even with modern therapeutic strategies, many patients with RA still experience a poor prognosis; each of the marketed biologic drugs improves joint inflammation in only 70% of patients. Due to lack of understanding of RA pathophysiology, it is currently impossible to predict which patients will respond to specific treatments, with the current approach being that of trial-and-error. RA comprises different endotypes, each associated with different disease pathways and responding to different biologic drugs. Here we aim to provide personalised treatment options to patients with RA by predicting their response to treatment using deep immunophenotyping by mass cytometry.

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    Publication Date: 2022b

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    Authors: Christofi, M.;Mulhearn, B.;Marshall, L.;Sutcliffe, M.;Plant, D.;Hyrich, K.;Morgan, A.;Wilson, A.;Isaacs, J. D.;Raychaudhuri, S.;Barton, A. and Viatte, S.

Publication Date: 2022c

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85. **PreciSSIon: a collaborative initiative to reduce surgical site infections after elective colorectal surgery**

Item Type: Journal Article

Authors: Clayphan, B.;Dixon, L.;Biggs, S.;Jordan, L. and Pullyblank, A.

Publication Date: 2022

Journal: The Journal of Hospital Infection 130, pp. 131-137

Abstract: Background: Surgical site infections (SSIs) are common after colorectal surgery, but most hospitals do not know their SSI rates. Approximately half of SSIs occur after discharge, and postdischarge surveillance is needed for accurate measurement. Perioperative care bundles are known to reduce SSI rates. PreciSSion is a collaboration between seven hospitals in the West of England.; Aims: To establish reliable SSI measurement after elective colorectal surgery using 30-day patient-reported outcome measures, and to implement an evidence-based four-point care bundle that had already demonstrated a reduction in the SSI rate in a local hospital. The bundle included: 2% chlorhexidine skin preparation, a second dose of antibiotic after 4 h, use of a dual-ring wound protector, and use of antibacterial sutures for abdominal wall closure.; Methods: The 30-day patient-reported SSI rate was determined using the Public Health England questionnaire, and response rates were recorded. The baseline SSI rate was measured from November 2019 to May 2020, and continued after implementation of the care bundle until March 2021. Bundle compliance was also measured.; Findings: The average questionnaire response rate was 81%, and average compliance was 92%, 96%, 79% and 85% for each element of the bundle. The baseline SSI rate was 8-30%. Six of seven hospitals reduced their SSI rate, and the regional average SSI rate almost halved from 18% (1447 patients) to 9.5% (1247 patients).; Conclusion: A care bundle developed in a single hospital can be adopted in other hospitals, and a 50% reduction in SSI rate after elective colorectal surgery can be replicated in other hospitals within 18 months.

DOI: 10.1016/j.jhin.2022.08.012

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36087804&custid=ns010877

86. **PreciSSIon: a collaborative initiative to reduce surgical site infections after elective colorectal surgery.**

Item Type: Journal Article

Authors: Clayphan, B.;Dixon, L.;Biggs, S.;Jordan, L.;Pullyblank, A.;Holden, K.;Walker, D.;Pitts, K.;Bertman, K.;Glancy, D.;Andrews, S.;Vallance, A.;Smith, A.;Koczorowski, W.;Woodridge, A.;Thurston, L.;Lim, J.;Robinson, N.;Hopkins, J.;Gane, D., et al

Publication Date: 2022a

Journal: Journal of Hospital Infection 130, pp. 131-137

Abstract: Background: Surgical site infections (SSIs) are common after colorectal surgery, but most hospitals do not know their SSI rates. Approximately half of SSIs occur after discharge, and postdischarge surveillance is needed for accurate measurement. Perioperative care bundles are known to reduce SSI rates. PreciSSion is a collaboration between seven hospitals in the West of England.

87. **PreciSSIon: a collaborative initiative to reduce surgical site infections after elective colorectal surgery.**

Item Type: Journal Article

Authors: Clayphan, B.;Dixon, L.;Biggs, S.;Jordan, L.;Pullyblank, A.;Holden, K.;Walker, D.;Pitts, K.;Bertman, K.;Glancy, D.;Andrews, S.;Vallance, A.;Smith, A.;Koczorowski, W.;Woodridge, A.;Thurston, L.;Lim, J.;Robinson, N.;Hopkins, J.;Gane, D., et al

Publication Date: 2022b

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Publication Date: 2022c

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89. **THE CLUE IS IN THE NECK.**

Item Type: Journal Article

Authors: Cleaver, J.;Morgan, E.;Lyons, P. and Chohan, G.

Publication Date: 2022a

Journal: Journal of Neurology, Neurosurgery and Psychiatry.Conference: Association of British Neurologists, ABN 2020.Virtual 93(6), pp. A39

Abstract: Miller-Fisher Syndrome is characterised by ataxia, ophthalmoplegia and areflexia. Approximately 72% are preceded by infection, of which, Campylobacter jejuni and Haemophilus influenzae are frequently reported aetiological agents. We report a 22-year-old lady admitted with ataxia and worsening diplopia. On examination, she had bilateral abducens nerve palsies, left-sided facial weakness and widespread areflexia. Palpable lymphadenopathy was present bilaterally. MRI showed mild inflammatory sinus disease and marked cervical lymphadenopathy. CSF revealed albuminocytologic dissociation and monospot was positive for Epstein-Barr virus. Subsequent abdominal sonography detected splenomegaly and counselling on avoiding contact sports was provided. A diagnosis of MFS was made based on the history, clinical features and supportive investigations. Anti-GQ1b antibodies were negative. MFS is typically associated with anti-GQ1b antibodies although a significant percentage (>10%) are seronegative. Recent studies have suggested anti-GAD may be associated with a broader clinical spectrum of presentations. The patient received 5 days of intravenous immunoglobulin and several weeks later she had complete symptomatic resolution. MFS is a self-limiting, though temporarily debilitating condition, and EBV should be remembered as a causative agent; particularly in susceptible demographic groups. Radiographic and viral clues, including examination of the neck, may facilitate accurate diagnosis.

90. **THE CLUE IS IN THE NECK.**

Item Type: Journal Article

Authors: Cleaver, J.;Morgan, E.;Lyons, P. and Chohan, G.

Publication Date: 2022b

Journal: Journal of Neurology, Neurosurgery and Psychiatry.Conference: Association of British Neurologists, ABN 2020.Virtual 93(6), pp. A39

Abstract: Miller-Fisher Syndrome is characterised by ataxia, ophthalmoplegia and areflexia. Approximately 72% are preceded by infection, of which, Campylobacter jejuni and Haemophilus influenzae are frequently reported aetiological agents. We report a 22-year-old lady admitted with ataxia and worsening diplopia. On examination, she had bilateral abducens nerve palsies, left-sided facial weakness and widespread areflexia. Palpable lymphadenopathy was present bilaterally. MRI showed mild inflammatory sinus disease and marked cervical lymphadenopathy. CSF revealed albuminocytologic dissociation and monospot was positive for Epstein-Barr virus. Subsequent abdominal sonography detected splenomegaly and counselling on avoiding contact sports was provided. A diagnosis of MFS was made based on the history, clinical features and supportive investigations. Anti-GQ1b antibodies were negative. MFS is typically associated with anti-GQ1b antibodies although a significant percentage (>10%) are seronegative. Recent studies have suggested anti-GAD may be associated with a broader clinical spectrum of presentations. The patient received 5 days of intravenous immunoglobulin and several weeks later she had complete symptomatic resolution. MFS is a self-limiting, though temporarily debilitating condition, and EBV should be remembered as a causative agent; particularly in susceptible demographic groups. Radiographic and viral clues, including examination of the neck, may facilitate accurate diagnosis.

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Publication Date: 2022

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92. **LIMB-SHAKING LINKED TO HAEMODYNAMIC CEREBROVASCULAR DISEASE.**

Item Type: Journal Article

Authors: Cleaver, J.;Pope, L.;Mayo, T. and Gbadamoshi, L.

Publication Date: 2022

Journal: Journal of Neurology, Neurosurgery and Psychiatry.Conference: Association of British Neurologists, ABN 2020.Virtual 93(6), pp. A89

Abstract: Limb-shaking transient ischaemic attacks (TIAs) are under-recognised in neurology and typically consists of involuntary movements resembling focal seizure-like activity. This form of TIA suggests severe carotid occlusive disease and is a warning for future strokes. Awareness can help avoid unnecessary medication, lifestyle measures and driving implications. We present a case of a 61-year-old patient who developed transient but persistent right upper limb shaking and syncope on turning to the left. He suffered a recent NSTEMI causing severe left ventricular dysfunction and associated anaemia. His ictal EEG was unremarkable. CT angiography and doppler ultrasound revealed severe left internal carotid artery stenosis. This suggested an underlying low-flow TIA and symptoms resolved with blood pressure optimisation and blood transfusions. Cerebrovascular events typically present with acute negative symptoms including loss of power, sensation, vision or speech. Alternatively, focal movement abnormalities would generally make the physician think of a non-cerebrovascular disorder. This stresses the need to raise awareness of limb-shaking TIAs to expedite diagnosis and instigate management strategies to lower future stroke risk. Along with secondary stroke prevention, attacks can be abolished by improving blood supply through optimisation of blood pressure, cardiac function and treating anaemia. Failing this, surgical revasculari- sation procedures should be considered.

93. **The importance of school in the management of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS): issues identified by adolescents and their families.**

Item Type: Journal Article

Authors: Clery, P.;Linney, C.;Parslow, R.;Starbuck, J.;Laffan, A.;Leveret, J. and Crawley, E.

Publication Date: 2022

Journal: Health and Social Care in the Community 30(6), pp. e5234-e5244

Abstract: Paediatric Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) is a disabling condition. Schools play a key role in adolescents' experiences with managing ME/CFS. However, little is known about the experiences of adolescents with ME/CFS (and their families) in schools. This paper is an incidental qualitative study, which combines data from two independent ME/CFS studies: study 1 researched ethnic minority adolescents with ME/CFS; study 2 explored Acceptance and Commitment Therapy for adolescents with ME/CFS who had not recovered after one year. Participants included: adolescents with ME/CFS; their families; and medical professionals (ME/CFS specialists and non-specialists). Adolescents, their families, and ME/CFS medical professionals were recruited from a UK specialist paediatric ME/CFS service. Non-ME/CFS medical professionals were recruited from the same region. Semi-structured qualitative interviews and focus groups were undertaken. Participants' views on schools from each study were combined and thematic analysis was used to identify themes. Fifteen adolescents with ME/CFS (11-17 years old), sixteen family members, and ten medical professionals (GPs, school nurses and ME/CFS specialists) were interviewed. Four key themes were found: (1) adolescents identified school was important for aiding ME/CFS recovery, especially educationally and socially; (2) families described varying levels of support from schools and local authorities with help managing ME/CFS - some described significant practical and emotional difficulties to accessing education, whereas others recounted examples of positive supportive strategies, particularly when teachers had previous experience or knowledge of ME/CFS; (3) parents thought three-way communication between schools, healthcare and families could improve support; (4) participants felt schools were an appropriate place for knowledge building and raising awareness of ME/CFS amongst teachers and pupils, to aid improved supportive measures. In conclusion, this paper provides rich data that highlights the importance of education and the realistic fears and hurdles for adolescents with ME/CFS remaining engaged in education and the impact on their future. Some families described positive strategies in school, which were viewed as helpful to manage ME/CFS in the classroom. These strategies could be implemented alongside knowledge building initiatives and improved communication between healthcare and education. There is a need to further investigate useful strategies and determine how teachers can be best supported in implementing them.

DOI: 10.1111/hsc.13942

94. **What treatments work for anxiety and depression in children and adolescents with chronic fatigue syndrome? An updated systematic review.**

Item Type: Journal Article

Authors: Clery, P.;Royston, A.;Driver, K.;Bailey, J.;Crawley, E. and Loades, M.

Publication Date: 2022a

Journal: BMJ Open 12(1) (pagination), pp. Arte Number: e051358. ate of Pubaton: 31 Jan 2022

Abstract: Objectives Children with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) experience a higher prevalence of depression and anxiety compared with age-matched controls. Our previous systematic reviews in 2015/16 found little evidence for

effective treatment for children with CFS/ME with comorbid depression and/or anxiety. This review updates these findings. Design A systematic review. We searched Cochrane library, Medline, Embase and PsycINFO databases from 2015 to 2020. We combined the updated results with our previous reviews in a narrative synthesis. Participants Inclusion criteria: <18 years old; diagnosed with CFS/ME (using Centers for Disease Control and Prevention, National Institute for Health and Care Excellence or Oxford criteria); validated measures of depression and/or anxiety. Interventions Observational studies or randomised controlled trials. Comparison Any or none. Outcomes Studies with outcome measures of anxiety, depression or fatigue. Results The updated review identified two studies. This brings the total number of paediatric CFS/ME studies with a measure of anxiety and/or depression since 1991 to 16. None of the studies specifically targeted depression, nor anxiety. One new study showed the Lightning Process (in addition to specialist care) was more effective at reducing depressive and anxiety symptoms compared with specialist care alone. Previous studies evaluated cognitive-behavioural therapy (CBT); pharmacological interventions and behavioural approaches. CBT-type interventions had most evidence for improving comorbid anxiety and/or depressive symptoms but varied in delivery and modality. Other interventions showed promise but studies were small and have not been replicated. Conclusion Very few paediatric CFS/ME intervention studies have been conducted. This review update does not significantly add to what is known from previous reviews. The evidence is of poor quality and insufficient to conclude which interventions are effective at treating comorbid anxiety and/or depression in paediatric CFS/ME. PROSPERO registration numbers CRD42016043488 and CRD42015016813.

DOI: 10.1136/bmjopen-2021-051358

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Item Type: Journal Article

Authors: Clery, P.;Royston, A.;Driver, K.;Bailey, J.;Crawley, E. and Loades, M.

Publication Date: 2022b

Journal: BMJ Open 12(1) (pagination), pp. Arte Number: e051358. ate of Pubaton: 31 Jan 2022

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significantly add to what is known from previous reviews. The evidence is of poor quality and insufficient to conclude which interventions are effective at treating comorbid anxiety and/or depression in paediatric CFS/ME. PROSPERO registration numbers CRD42016043488 and CRD42015016813.

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    Item Type: Journal Article

    Authors: Clery, P.;Royston, A.;Driver, K.;Bailey, J.;Crawley, E. and Loades, M.

    Publication Date: 2022c

    Journal: BMJ Open 12(1) (pagination), pp. Arte Number: e051358. ate of Pubaton: 31 Jan 2022

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    Item Type: Journal Article

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    Publication Date: 2022d

    Journal: BMJ Open 12(1) (pagination), pp. Arte Number: e051358. ate of Pubaton: 31 Jan 2022

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98. **The importance of school in the management of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS): issues identified by adolescents and their families**

Item Type: Journal Article

Authors: Clery, Philippa;Linney, Catherine;Parslow, Roxanne;Starbuck, Jennifer;Laffan, Amanda;Leveret, Jamie and Crawley, Esther

Publication Date: 2022a

Journal: Health & Social Care in the Community 30(6), pp. e5234-e5244

Abstract: Paediatric Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) is a disabling condition. Schools play a key role in adolescents' experiences with managing ME/CFS. However, little is known about the experiences of adolescents with ME/CFS (and their families) in schools. This paper is an incidental qualitative study, which combines data from two independent ME/CFS studies: study 1 researched ethnic minority adolescents with ME/CFS; study 2 explored Acceptance and Commitment Therapy for adolescents with ME/CFS who had not recovered after one year. Participants included: adolescents with ME/CFS; their families; and medical professionals (ME/CFS specialists and non-specialists). Adolescents, their families, and ME/CFS medical professionals were recruited from a UK specialist paediatric ME/CFS service. Non-ME/CFS medical professionals were recruited from the same region. Semi-structured qualitative interviews and focus groups were undertaken. Participants' views on schools from each study were combined and thematic analysis was used to identify themes. Fifteen adolescents with ME/CFS (11–17 years old), sixteen family members, and ten medical professionals (GPs, school nurses and ME/CFS specialists) were interviewed. Four key themes were found: (1) adolescents identified school was important for aiding ME/CFS recovery, especially educationally and socially; (2) families described varying levels of support from schools and local authorities with help managing ME/CFS – some described significant practical and emotional difficulties to accessing education, whereas others recounted examples of positive supportive strategies, particularly when teachers had previous experience or knowledge of ME/CFS; (3) parents thought three-way communication between schools, healthcare and families could improve support; (4) participants felt schools were an appropriate place for knowledge building and raising awareness of ME/CFS amongst teachers and pupils, to aid improved supportive measures.

In conclusion, this paper provides rich data that highlights the importance of education and the realistic fears and hurdles for adolescents with ME/CFS remaining engaged in education and the impact on their future. Some families described positive strategies in school, which were viewed as helpful to manage ME/CFS in the classroom. These strategies could be implemented alongside knowledge building initiatives and improved communication between healthcare and education. There is a need to further investigate useful strategies and determine how teachers can be best supported in implementing them.

DOI: 10.1111/hsc.13942

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160812882&custid=ns010877

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Item Type: Journal Article

Authors: Clery, Philippa;Linney, Catherine;Parslow, Roxanne;Starbuck, Jennifer;Laffan, Amanda;Leveret, Jamie and Crawley, Esther

Publication Date: 2022b

Journal: Health & Social Care in the Community 30(6), pp. e5234-e5244

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DOI: 10.1111/hsc.13942

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35996850&custid=ns010877

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Item Type: Journal Article

Authors: Clery, Philippa;Linney, Catherine;Parslow, Roxanne;Starbuck, Jennifer;Laffan, Amanda;Leveret, Jamie and Crawley, Esther

Publication Date: 2022

Journal: Health & Social Care in the Community 30(6), pp. e5234-e5244

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URL: https://www.proquest.com/scholarly-journals/importance-school-management-myalgic/docview/2754416483/se-2 https://libkey.io/libraries/2835/openurl?genre=article&au=Clery%252C+Philippa%253BLinney%252C+Catherine%253BParslow%252C+Roxanne%253BStarbuck%252C+Jennifer%253BLaffan%252C+Amanda%253BLeveret%252C+Jamie%253BCrawley%252C+Esther&aulast=Clery&issn=09660410&isbn=&title=The+importance+of+school+in+the+management+o

f+Myalgic+Encephalomyelitis%252FChronic+Fatigue+Syndrome+%2528ME%252FCFS%2529%253A+issues+identified+by+adolescents+and+their+families&jtitle=Health+%2526+Social+Care+in+the+Community&pubname=Health+%2526+Social+Care+in+the+Community&btitle=&atitle=The+importance+of+school+in+the+management+of+Myalgic+Encephalomyelitis%252FChronic+Fatigue+Syndrome+%2528ME%252FCFS%2529%253A+issues+identified+by+adolescents+and+their+families&volume=30&issue=6&spage=e5234&date=2022&doi=10.1111%252Fhsc.13942&sid=ProQuest https://doi.org/10.1111/hsc.13942

101. **What treatments work for anxiety and depression in children and adolescents with chronic fatigue syndrome? An updated systematic review**

Item Type: Journal Article

Authors: Clery, Philippa;Royston, Alexander;Driver, Katie;Bailey, Jasmine;Crawley, Esther and Loades, Maria

Publication Date: 2022

Journal: BMJ Open 12(1), pp. e051358

Abstract: Objectives: Children with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) experience a higher prevalence of depression and anxiety compared with age-matched controls. Our previous systematic reviews in 2015/16 found little evidence for effective treatment for children with CFS/ME with comorbid depression and/or anxiety. This review updates these findings.; Design: A systematic review. We searched Cochrane library, Medline, Embase and PsycINFO databases from 2015 to 2020. We combined the updated results with our previous reviews in a narrative synthesis.; Participants: Inclusion criteria: <18 years old; diagnosed with CFS/ME (using Centers for Disease Control and Prevention, National Institute for Health and Care Excellence or Oxford criteria); validated measures of depression and/or anxiety.; Interventions: Observational studies or randomised controlled trials.; Comparison: Any or none.; Outcomes: Studies with outcome measures of anxiety, depression or fatigue.; Results: The updated review identified two studies. This brings the total number of paediatric CFS/ME studies with a measure of anxiety and/or depression since 1991 to 16. None of the studies specifically targeted depression, nor anxiety. One new study showed the Lightning Process (in addition to specialist care) was more effective at reducing depressive and anxiety symptoms compared with specialist care alone. Previous studies evaluated cognitive-behavioural therapy (CBT); pharmacological interventions and behavioural approaches. CBT-type interventions had most evidence for improving comorbid anxiety and/or depressive symptoms but varied in delivery and modality. Other interventions showed promise but studies were small and have not been replicated.; Conclusion: Very few paediatric CFS/ME intervention studies have been conducted. This review update does not significantly add to what is known from previous reviews. The evidence is of poor quality and insufficient to conclude which interventions are effective at treating comorbid anxiety and/or depression in paediatric CFS/ME.; Prospero Registration Numbers: CRD42016043488 and CRD42015016813.; Competing Interests: Competing interests: EC acts as a non-paid medical advisor for the Sussex and Kent ME society. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY. Published by BMJ.)

DOI: 10.1136/bmjopen-2021-051358

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35105619&custid=ns010877

102. **Considerations for women with COVID-19 admitted to hospital.**

Item Type: Journal Article

Authors: Coad, F. and Frise, C.

Publication Date: 2022a

Journal: Obstetric Medicine 15(4), pp. 233-237

Abstract: The number of pregnant women being admitted with severe COVID-19 infection and dying has increased with each wave of the pandemic. These women often present unique challenges to the medical and obstetric teams given the changes in physiology that occur in pregnancy, affecting assessment and management, as well as the practical difficulties such as the ideal location of care. Whilst the basis of treatment remains the same, there are nuances to caring for pregnant women that need considerable thought and multidisciplinary collaboration. Obstetricians, neonatologists, midwives, intensivists, anaesthetists and physicians may all be involved at some point, depending on the gestation and severity of illness. Implementing a COVID-19 in pregnancy guideline or checklist for your hospital will help ensure pregnant women are managed in a safe and timely manner. Here described are some key recommendations to help in the management of pregnant women admitted with COVID-19.

DOI: 10.1177/1753495X221083504

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Authors: Coad, F. and Frise, C.

Publication Date: 2022b

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104. **Considerations for women with COVID-19 admitted to hospital.**

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Authors: Coad, F. and Frise, C.

Publication Date: 2022c

Journal: Obstetric Medicine 15(4), pp. 233-237

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unique challenges to the medical and obstetric teams given the changes in physiology that occur in pregnancy, affecting assessment and management, as well as the practical difficulties such as the ideal location of care. Whilst the basis of treatment remains the same, there are nuances to caring for pregnant women that need considerable thought and multidisciplinary collaboration. Obstetricians, neonatologists, midwives, intensivists, anaesthetists and physicians may all be involved at some point, depending on the gestation and severity of illness. Implementing a COVID-19 in pregnancy guideline or checklist for your hospital will help ensure pregnant women are managed in a safe and timely manner. Here described are some key recommendations to help in the management of pregnant women admitted with COVID-19.

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    Item Type: Journal Article

    Authors: Coad, F. and Frise, C.

    Publication Date: 2022d

    Journal: Obstetric Medicine 15(4), pp. 233-237

    Abstract: The number of pregnant women being admitted with severe COVID-19 infection and dying has increased with each wave of the pandemic. These women often present unique challenges to the medical and obstetric teams given the changes in physiology that occur in pregnancy, affecting assessment and management, as well as the practical difficulties such as the ideal location of care. Whilst the basis of treatment remains the same, there are nuances to caring for pregnant women that need considerable thought and multidisciplinary collaboration. Obstetricians, neonatologists, midwives, intensivists, anaesthetists and physicians may all be involved at some point, depending on the gestation and severity of illness. Implementing a COVID-19 in pregnancy guideline or checklist for your hospital will help ensure pregnant women are managed in a safe and timely manner. Here described are some key recommendations to help in the management of pregnant women admitted with COVID-19.

106. **Considerations for women with COVID-19 admitted to hospital**

    Item Type: Journal Article

    Authors: Coad, Felicity and Frise, Charlotte

    Publication Date: 2022

    Journal: Obstetric Medicine 15(4), pp. 233-237

    Abstract: The number of pregnant women being admitted with severe COVID-19 infection and dying has increased with each wave of the pandemic. These women often present unique challenges to the medical and obstetric teams given the changes in physiology that occur in pregnancy, affecting assessment and management, as well as the practical difficulties such as the ideal location of care. Whilst the basis of treatment remains the same, there are nuances to caring for pregnant women that need considerable thought and multidisciplinary collaboration. Obstetricians, neonatologists, midwives, intensivists, anaesthetists and physicians may all be involved at some point, depending on the gestation and severity of illness. Implementing a COVID-19 in pregnancy guideline or checklist for your hospital will help ensure pregnant women are managed in a safe and timely manner. Here described are some key recommendations to help in the management of pregnant women admitted with COVID-19.; Competing Interests: The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Dr Felicity Coad has no perceived conflicts of interest. Dr Charlotte Frise is co

editor in chief of the journal Obstetric Medicine, and has received lecturing fees from Cardinal Health Ltd (© The Author(s) 2022.)

DOI: 10.1177/1753495X221083504

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36514794&custid=ns010877

107. **Has the time really come for universal videolaryngoscopy?**

Item Type: Journal Article

Authors: Cook, Tim M. and Aziz, Michael F.

Publication Date: 2022

Journal: British Journal of Anaesthesia 129(4), pp. 474-477

Abstract: Recent evidence, highlighted in this editorial, creates a strong argument for universal use of videolaryngoscopy in anaesthesia to improve efficiency and safety of tracheal intubation. In a recent study published in the British Journal of Anaesthesia, the authors implemented widespread (66%) use of videolaryngoscopy as first choice in one hospital and compared this with a control hospital, in which this was not implemented. Increased videolaryngoscopy use was associated with a significant fall in the rate of difficult airways, use of airway rescue techniques, and operator-reported difficulty, whilst in the control hospitals no such changes were seen. Locations outside the operating theatre might also benefit from universal laryngoscopy, but the evidence base is less robust, most notably in pre-hospital emergency medicine. The extent to which variation in results in different locations is attributable to different patient factors or organisational and operator factors is considered. (Copyright © 2022 British Journal of Anaesthesia. Published by Elsevier Ltd. All rights reserved.)

DOI: 10.1016/j.bja.2022.07.038

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36192053&custid=ns010877

108. **Virtual induction for anaesthetic departments.**

Item Type: Journal Article

Authors: Cope, T.;Wood, N. and Penders, R.

Publication Date: 2022a

Journal: Anaesthesia Conference, pp. Tranee

Abstract: As a result of the new Royal College of Anaesthetists (RCoA) curriculum introducing top-up training as part of the core trainee competencies, and new guidance for the introduction of less-than-fulltime training (LTFT) to be made available to all trainees, anaesthetic departments are presented with an ever-increasing rotation of trainees through their departments. In their GPAS (Guidance for the Provision of Anaesthetic Services) document, the RCoA set out their recommendations for the provision of departmental inductions [1] In addressing these changes, we developed a virtual induction for trainees to access prior to starting their rotation. We created video guidance covering the major points normally delivered in a face-to-face induction session, to allow repeated inductions to take

place outside of traditional rotation times. Methods We used the RCoA curriculum and GPAS guidance to design a video induction with departmental leads and college tutors. We ensured the video had no patient-identifiable data, nor any patients included in the footage. It was filmed at unsociable hours to avoid inadvertent inclusion of members of the public. Results 'The new changes have meant that the college tutors would spend 4 h a week undertaking induction of various grades of anaesthetists. Our paediatrics induction video has been a transformation. Of utmost importance, new trainees have not got lost and have been introduced to their new environment safely and thoroughly. The success of this trial has led to us to use this induction method across all our training modules around our multiple sites' - College Tutor. Discussion The virtual induction has been well received, allowing trainees to undertake their departmental inductions prior to starting without having to attend in person. It also reduces the departmental workload by reducing the number of meetings that must be arranged in an increasingly busy period. This approach to virtual induction is transferrable across many anaesthetic sub-specialities and can be tailored to the trainees needs, such as a specific video for on-call requirements or orientation around the delivery suite. This method has the advantage of being able to be accessed repeatably if trainees would like to remind themselves of aspects of the department. The formatting was such that it is easily accessible on a mobile device, which has proved popular with trainees.

109. **Virtual induction for anaesthetic departments.**

Item Type: Journal Article

Authors: Cope, T.;Wood, N. and Penders, R.

Publication Date: 2022b

Journal: Anaesthesia Conference, pp. Tranee

Abstract: As a result of the new Royal College of Anaesthetists (RCoA) curriculum introducing top-up training as part of the core trainee competencies, and new guidance for the introduction of less-than-fulltime training (LTFT) to be made available to all trainees, anaesthetic departments are presented with an ever-increasing rotation of trainees through their departments. In their GPAS (Guidance for the Provision of Anaesthetic Services) document, the RCoA set out their recommendations for the provision of departmental inductions [1] In addressing these changes, we developed a virtual induction for trainees to access prior to starting their rotation. We created video guidance covering the major points normally delivered in a face-to-face induction session, to allow repeated inductions to take place outside of traditional rotation times. Methods We used the RCoA curriculum and GPAS guidance to design a video induction with departmental leads and college tutors. We ensured the video had no patient-identifiable data, nor any patients included in the footage. It was filmed at unsociable hours to avoid inadvertent inclusion of members of the public. Results 'The new changes have meant that the college tutors would spend 4 h a week undertaking induction of various grades of anaesthetists. Our paediatrics induction video has been a transformation. Of utmost importance, new trainees have not got lost and have been introduced to their new environment safely and thoroughly. The success of this trial has led to us to use this induction method across all our training modules around our multiple sites' - College Tutor. Discussion The virtual induction has been well received, allowing trainees to undertake their departmental inductions prior to starting without having to attend in person. It also reduces the departmental workload by reducing the number of meetings that must be arranged in an increasingly busy period. This approach to virtual induction is transferrable across many anaesthetic sub-specialities and can be tailored to the trainees needs, such as a specific video for on-call requirements or orientation around the delivery suite. This method has the advantage of being able to be accessed repeatably if trainees would like to remind themselves of aspects of the department. The formatting was such that it is easily accessible on a mobile device, which has proved popular with trainees.

110. **Virtual induction for anaesthetic departments.**

Item Type: Journal Article

Authors: Cope, T.;Wood, N. and Penders, R.

Publication Date: 2022c

Journal: Anaesthesia Conference, pp. Tranee

Abstract: As a result of the new Royal College of Anaesthetists (RCoA) curriculum introducing top-up training as part of the core trainee competencies, and new guidance for the introduction of less-than-fulltime training (LTFT) to be made available to all trainees, anaesthetic departments are presented with an ever-increasing rotation of trainees through their departments. In their GPAS (Guidance for the Provision of Anaesthetic Services) document, the RCoA set out their recommendations for the provision of departmental inductions [1] In addressing these changes, we developed a virtual induction for trainees to access prior to starting their rotation. We created video guidance covering the major points normally delivered in a face-to-face induction session, to allow repeated inductions to take place outside of traditional rotation times. Methods We used the RCoA curriculum and GPAS guidance to design a video induction with departmental leads and college tutors. We ensured the video had no patient-identifiable data, nor any patients included in the footage. It was filmed at unsociable hours to avoid inadvertent inclusion of members of the public. Results 'The new changes have meant that the college tutors would spend 4 h a week undertaking induction of various grades of anaesthetists. Our paediatrics induction video has been a transformation. Of utmost importance, new trainees have not got lost and have been introduced to their new environment safely and thoroughly. The success of this trial has led to us to use this induction method across all our training modules around our multiple sites' - College Tutor. Discussion The virtual induction has been well received, allowing trainees to undertake their departmental inductions prior to starting without having to attend in person. It also reduces the departmental workload by reducing the number of meetings that must be arranged in an increasingly busy period. This approach to virtual induction is transferrable across many anaesthetic sub-specialities and can be tailored to the trainees needs, such as a specific video for on-call requirements or orientation around the delivery suite. This method has the advantage of being able to be accessed repeatably if trainees would like to remind themselves of aspects of the department. The formatting was such that it is easily accessible on a mobile device, which has proved popular with trainees.

111. **Patient reported outcomes in systemic vasculitis.**

Item Type: Journal Article

Authors: Crawshaw, H.;Wells, M.;Austin, K.;Janagan, S. and Robson, J. C.

Publication Date: 2022a

Journal: Current Opinion in Rheumatology 34(1), pp. 33-38

Abstract: PURPOSE OF REVIEW: This review paper evaluates the use of patient reported outcome (PROs) in systemic vasculitis and the increasing incorporation of these measures in the evaluation of clinical outcomes and healthcare provision. RECENT FINDINGS: Generic PROs such as the SF-12, SF-36, EQ-5D have been used to evaluate health-related quality of life (HRQOL) across the spectrum of vasculitis; including giant cell arteritis, antineutrophil cytoplasmic antibody (ANCA)-related vasculitis and immunoglobulin A vasculitis (IgA) vasculitis. More recently disease-specific PROs have been developed including the associated vasculitis (AAV)-PRO and GCA-PRO, whilst further work is ongoing including a Steroid-PRO. SUMMARY: Generic and disease-specific PROs are complimentary in nature, but the advent of disease-specific PROs allows evaluation of the

impact of specific symptoms and intervention on patient HRQOL. Following the COVID-19 pandemic, the advent of increasing virtual work has brought the potential for electronic-PRO measures to the forefront and is a current area of interest.

112. **Patient reported outcomes in systemic vasculitis.**

Item Type: Journal Article

Authors: Crawshaw, H.;Wells, M.;Austin, K.;Janagan, S. and Robson, J. C.

Publication Date: 2022b

Journal: Current Opinion in Rheumatology 34(1), pp. 33-38

Abstract: PURPOSE OF REVIEW: This review paper evaluates the use of patient reported outcome (PROs) in systemic vasculitis and the increasing incorporation of these measures in the evaluation of clinical outcomes and healthcare provision. RECENT FINDINGS: Generic PROs such as the SF-12, SF-36, EQ-5D have been used to evaluate health-related quality of life (HRQOL) across the spectrum of vasculitis; including giant cell arteritis, antineutrophil cytoplasmic antibody (ANCA)-related vasculitis and immunoglobulin A vasculitis (IgA) vasculitis. More recently disease-specific PROs have been developed including the associated vasculitis (AAV)-PRO and GCA-PRO, whilst further work is ongoing including a Steroid-PRO. SUMMARY: Generic and disease-specific PROs are complimentary in nature, but the advent of disease-specific PROs allows evaluation of the impact of specific symptoms and intervention on patient HRQOL. Following the COVID-19 pandemic, the advent of increasing virtual work has brought the potential for electronic-PRO measures to the forefront and is a current area of interest.

113. **Patient reported outcomes in systemic vasculitis.**

Item Type: Journal Article

Authors: Crawshaw, H.;Wells, M.;Austin, K.;Janagan, S. and Robson, J. C.

Publication Date: 2022c

Journal: Current Opinion in Rheumatology 34(1), pp. 33-38

Abstract: PURPOSE OF REVIEW: This review paper evaluates the use of patient reported outcome (PROs) in systemic vasculitis and the increasing incorporation of these measures in the evaluation of clinical outcomes and healthcare provision. RECENT FINDINGS: Generic PROs such as the SF-12, SF-36, EQ-5D have been used to evaluate health-related quality of life (HRQOL) across the spectrum of vasculitis; including giant cell arteritis, antineutrophil cytoplasmic antibody (ANCA)-related vasculitis and immunoglobulin A vasculitis (IgA) vasculitis. More recently disease-specific PROs have been developed including the associated vasculitis (AAV)-PRO and GCA-PRO, whilst further work is ongoing including a Steroid-PRO. SUMMARY: Generic and disease-specific PROs are complimentary in nature, but the advent of disease-specific PROs allows evaluation of the impact of specific symptoms and intervention on patient HRQOL. Following the COVID-19 pandemic, the advent of increasing virtual work has brought the potential for electronic-PRO measures to the forefront and is a current area of interest.

114. **Patient reported outcomes in systemic vasculitis**

Item Type: Journal Article

Authors: Crawshaw, Helena;Wells, Matthew;Austin, Keziah;Janagan, Shalini and Robson, Joanna C.

Publication Date: 2022

Journal: Current Opinion in Rheumatology 34(1), pp. 33-38

Abstract: Purpose of Review: This review paper evaluates the use of patient reported outcome (PROs) in systemic vasculitis and the increasing incorporation of these measures in the evaluation of clinical outcomes and healthcare provision.; Recent Findings: Generic PROs such as the SF-12, SF-36, EQ-5D have been used to evaluate health-related quality of life (HRQOL) across the spectrum of vasculitis; including giant cell arteritis, antineutrophil cytoplasmic antibody (ANCA)-related vasculitis and immunoglobulin A vasculitis (IgA) vasculitis. More recently disease-specific PROs have been developed including the associated vasculitis (AAV)-PRO and GCA-PRO, whilst further work is ongoing including a Steroid-PRO.; Summary: Generic and disease-specific PROs are complimentary in nature, but the advent of disease-specific PROs allows evaluation of the impact of specific symptoms and intervention on patient HRQOL. Following the COVID-19 pandemic, the advent of increasing virtual work has brought the potential for electronic-PRO measures to the forefront and is a current area of interest. (Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34738981&custid=ns010877

115. **Aerosol precautions and airway complications: a national prospective multicentre cohort study.**

Item Type: Journal Article

Authors: Cronin, J. N.;Kua, J.;Nurmi, E.;Wong, D. J. N.;Ahmad, I.;Cook, T. M.;Abberton, T.;Abdelaziz, A.;Addy, M.;AdusePoku, M.;Afifi, M.;Afzal, A.;Ahmad, A.;Ahmad, H.;Ainsworth, J.;Alexander, R.;Ali, Y.;Allen, C.;Aly, H.;Amer, S., et al

Publication Date: 2022

Journal: Anaesthesia (pagination), pp. ate of Pubaton: 2022

Abstract: The perceived risk of transmission of aerosolised viral particles from patients to airway practitioners during the COVID-19 pandemic led to the widespread use of aerosol precautions, including personal protective equipment and modifications to anaesthetic technique. The risk of these aerosol precautions on peri-operative airway complications has not been assessed outside of simulation studies. This prospective, national, multicentre cohort study aimed to quantify this risk. Adult patients undergoing general anaesthesia for elective or emergency procedures over a 96-hour period were included. Data collected included use of aerosol precautions by the airway practitioner, airway complications and potential confounding variables. Mixed-effects logistic regression was used to assess the risk of individual aerosol precautions on overall and specific airway complications. Data from 5905 patients from 70 hospital sites were included. The rate of airway complications was 10.0% (95%CI 9.2-10.8%). Use of filtering facepiece class 2 or class 3 respirators was associated with an increased risk of airway complications (odds ratio 1.38, 95%CI 1.04-1.83), predominantly due to an association with difficult facemask ventilation (odds ratio 1.68, 95%CI 1.09-2.61) and desaturation on pulse oximetry (odds ratio 2.39, 95%CI 1.26-4.54). Use of goggles, powered air-purifying respirators, long-sleeved gowns, double gloves and videolaryngoscopy were not associated with any alteration in the risk of airway complications. Overall, the use of filtering facepiece class 2 or class 3 respirators was

associated with an increased risk of airway complications, but most aerosol precautions used during the COVID-19 pandemic were not.

116. **Celebrating our wins.**

    Item Type: Journal Article

    Authors: Crosby, L. and Finlay, F.

    Publication Date: 2022a

    Journal: Archives of Disease in Childhood: Education and Practice Edition 107(3), pp. 161

    DOI: 10.1136/archdischild-2021-322139

117. **Celebrating our wins.**

    Item Type: Journal Article

    Authors: Crosby, L. and Finlay, F.

    Publication Date: 2022b

    Journal: Archives of Disease in Childhood: Education and Practice Edition 107(3), pp. 161

118. **Celebrating our wins.**

    Item Type: Journal Article

    Authors: Crosby, L. and Finlay, F.

    Publication Date: 2022c

    Journal: Archives of Disease in Childhood: Education and Practice Edition 107(3), pp. 161

119. **Celebrating our wins.**

    Item Type: Journal Article

    Authors: Crosby, L. and Finlay, F.

    Publication Date: 2022d

    Journal: Archives of Disease in Childhood: Education and Practice Edition 107(3), pp. 161

120. **Celebrating our wins**

    Item Type: Journal Article

    Authors: Crosby, Laura and Finlay, Fiona

    Publication Date: 2022

    Journal: Archives of Disease in Childhood.Education and Practice Edition 107(3), pp. 161

    DOI: 10.1136/archdischild-2021-322139

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN

=34183379&custid=ns010877

121. **936 IMPROVING DELIRIUM SCREENING IN OLDER ADULTS AT THE ROYAL UNITED HOSPITAL, BATH...British Geriatrics Society Spring Meeting (Online), April 6-8, 2022**

Item Type: Journal Article

Authors: Cross, R.;Trew, C.;Howell, K. and Dyer, C.

Publication Date: 2022a

Journal: Age & Ageing 51, pp. 1

Abstract: Introduction Delirium affects up to 20% of older patients within hospital and is associated with increases in mortality, length of stay, institutionalisation and accelerated cognitive decline in patients with dementia. 30% of cases are preventable. NICE therefore advocates for delirium screening on admission in the elderly and those with cognitive impairment. We aimed to determine the compliance of the RUH Bath with delirium screening. National guidelines advocate for the use of a CAM, 4AT and/or SQiD. The RUH internal policy accepts a full AMT10, AMT4 plus an assessment of alertness, 4AT or a comment from a Consultant geriatrician about the presence of delirium. Method Notes of 60 patients on geriatric wards were inspected for compliance with screening in the first 24 hours of the patient's admission. Following this, we implemented education sessions for junior doctors, changed the hospital admission proformas and re-wrote the hospital guidelines for delirium to re-emphasise the need for screening. We re-screened the notes 6 months after these changes and then again at 18 months to look for longstanding change. Results Initially, only 25% of patients were screened according to national standards and 63% met the hospital criteria. At 6 months 52% met the national standard and 82% met the hospital policy. At 18 months 41% the national standard and 87% met the hospital standard. There was also an increase in the proportion of patients being screened for delirium via multiple different method. Conclusion There has been significant, long-term improvement in delirium screening at the RUH Bath. This is particularly remarkable for the hospital standard where, despite no further intervention, the figures were maintained over 18 months. Despite a slight degradation in those meeting the national standard, the proportion was still higher than pre-intervention.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158409111&custid=ns010877

122. **IMPROVING DELIRIUM SCREENING IN OLDER ADULTS AT THE ROYAL UNITED HOSPITAL, BATH.**

Item Type: Journal Article

Authors: Cross, R.;Trew, C.;Howell, K. and Dyer, C.

Publication Date: 2022b

Journal: Age and Ageing.Conference: British Geriatrics Society Spring Meeting.Online 51(Supplement 2) (pp ii9), pp. ate of Pubaton: 2022

Abstract: Introduction: Delirium affects up to 20% of older patients within hospital and is associated with increases in mortality, length of stay, institutionalisation and accelerated cognitive decline in patients with dementia. 30% of cases are preventable. NICE therefore

advocates for delirium screening on admission in the elderly and those with cognitive impairment. We aimed to determine the compliance of the RUH Bath with delirium screening. National guidelines advocate for the use of a CAM, 4AT and/or SQiD. The RUH internal policy accepts a full AMT10, AMT4 plus an assessment of alertness, 4AT or a comment from a Consultant geriatrician about the presence of delirium.

123. **IMPROVING DELIRIUM SCREENING IN OLDER ADULTS AT THE ROYAL UNITED HOSPITAL, BATH.**

    Item Type: Journal Article

    Authors: Cross, R.;Trew, C.;Howell, K. and Dyer, C.

    Publication Date: 2022c

    Journal: Age and Ageing.Conference: British Geriatrics Society Spring Meeting.Online 51(Supplement 2) (pp ii9), pp. ate of Pubaton: 2022

    Abstract: Introduction: Delirium affects up to 20% of older patients within hospital and is associated with increases in mortality, length of stay, institutionalisation and accelerated cognitive decline in patients with dementia. 30% of cases are preventable. NICE therefore advocates for delirium screening on admission in the elderly and those with cognitive impairment. We aimed to determine the compliance of the RUH Bath with delirium screening. National guidelines advocate for the use of a CAM, 4AT and/or SQiD. The RUH internal policy accepts a full AMT10, AMT4 plus an assessment of alertness, 4AT or a comment from a Consultant geriatrician about the presence of delirium.

124. **IMPROVING DELIRIUM SCREENING IN OLDER ADULTS AT THE ROYAL UNITED HOSPITAL, BATH.**

    Item Type: Journal Article

    Authors: Cross, R.;Trew, C.;Howell, K. and Dyer, C.

    Publication Date: 2022d

    Journal: Age and Ageing.Conference: British Geriatrics Society Spring Meeting.Online 51(Supplement 2) (pp ii9), pp. ate of Pubaton: 2022

    Abstract: Introduction: Delirium affects up to 20% of older patients within hospital and is associated with increases in mortality, length of stay, institutionalisation and accelerated cognitive decline in patients with dementia. 30% of cases are preventable. NICE therefore advocates for delirium screening on admission in the elderly and those with cognitive impairment. We aimed to determine the compliance of the RUH Bath with delirium screening. National guidelines advocate for the use of a CAM, 4AT and/or SQiD. The RUH internal policy accepts a full AMT10, AMT4 plus an assessment of alertness, 4AT or a comment from a Consultant geriatrician about the presence of delirium.

125. **Wearable and Portable GPS Solutions for Monitoring Mobility in Dementia: A Systematic Review.**

    Item Type: Journal Article

    Authors: Cullen, A.;Mazhar, M. K. A.;Smith, M. D.;Lithander, F. E.;O Breasail M. and Henderson, E. J.

    Publication Date: 2022a

Journal: Sensors (Basel, Switzerland) 22(9) (pagination), pp. ate of Pubaton: 27 Ar 2022

Abstract: Dementia is the most common neurodegenerative disorder globally. Disease progression is marked by declining cognitive function accompanied by changes in mobility. Increased sedentary behaviour and, conversely, wandering and becoming lost are common. Global positioning system (GPS) solutions are increasingly used by caregivers to locate missing people with dementia (PwD) but also offer a non-invasive means of monitoring mobility patterns in PwD. We performed a systematic search across five databases to identify papers published since 2000, where wearable or portable GPS was used to monitor mobility in patients with common dementias or mild cognitive impairment (MCI). Disease and GPS-specific vocabulary were searched singly, and then in combination, identifying 3004 papers. Following deduplication, we screened 1972 papers and retained 17 studies after a full-text review. Only 1/17 studies used a wrist-worn GPS solution, while all others were variously located on the patient. We characterised the studies using a conceptual framework, finding marked heterogeneity in the number and complexity of reported GPS-derived mobility outcomes. Duration was the most frequently reported category of mobility reported (15/17), followed by out of home (14/17), and stop and trajectory (both 10/17). Future research would benefit from greater standardisation and harmonisation of reporting which would enable GPS-derived measures of mobility to be incorporated more robustly into clinical trials.

126. **Wearable and Portable GPS Solutions for Monitoring Mobility in Dementia: A Systematic Review.**

    Item Type: Journal Article

    Authors: Cullen, A.;Mazhar, M. K. A.;Smith, M. D.;Lithander, F. E.;O Breasail M. and Henderson, E. J.

    Publication Date: 2022b

    Journal: Sensors (Basel, Switzerland) 22(9) (pagination), pp. ate of Pubaton: 27 Ar 2022

    Abstract: Dementia is the most common neurodegenerative disorder globally. Disease progression is marked by declining cognitive function accompanied by changes in mobility. Increased sedentary behaviour and, conversely, wandering and becoming lost are common. Global positioning system (GPS) solutions are increasingly used by caregivers to locate missing people with dementia (PwD) but also offer a non-invasive means of monitoring mobility patterns in PwD. We performed a systematic search across five databases to identify papers published since 2000, where wearable or portable GPS was used to monitor mobility in patients with common dementias or mild cognitive impairment (MCI). Disease and GPS-specific vocabulary were searched singly, and then in combination, identifying 3004 papers. Following deduplication, we screened 1972 papers and retained 17 studies after a full-text review. Only 1/17 studies used a wrist-worn GPS solution, while all others were variously located on the patient. We characterised the studies using a conceptual framework, finding marked heterogeneity in the number and complexity of reported GPS-derived mobility outcomes. Duration was the most frequently reported category of mobility reported (15/17), followed by out of home (14/17), and stop and trajectory (both 10/17). Future research would benefit from greater standardisation and harmonisation of reporting which would enable GPS-derived measures of mobility to be incorporated more robustly into clinical trials.

127. **Wearable and Portable GPS Solutions for Monitoring Mobility in Dementia: A Systematic Review.**

    Item Type: Journal Article

    Authors: Cullen, A.;Mazhar, M. K. A.;Smith, M. D.;Lithander, F. E.;O Breasail M. and

Henderson, E. J.

Publication Date: 2022c

Journal: Sensors (Basel, Switzerland) 22(9) (pagination), pp. ate of Pubaton: 27 Ar 2022

Abstract: Dementia is the most common neurodegenerative disorder globally. Disease progression is marked by declining cognitive function accompanied by changes in mobility. Increased sedentary behaviour and, conversely, wandering and becoming lost are common. Global positioning system (GPS) solutions are increasingly used by caregivers to locate missing people with dementia (PwD) but also offer a non-invasive means of monitoring mobility patterns in PwD. We performed a systematic search across five databases to identify papers published since 2000, where wearable or portable GPS was used to monitor mobility in patients with common dementias or mild cognitive impairment (MCI). Disease and GPS-specific vocabulary were searched singly, and then in combination, identifying 3004 papers. Following deduplication, we screened 1972 papers and retained 17 studies after a full-text review. Only 1/17 studies used a wrist-worn GPS solution, while all others were variously located on the patient. We characterised the studies using a conceptual framework, finding marked heterogeneity in the number and complexity of reported GPS-derived mobility outcomes. Duration was the most frequently reported category of mobility reported (15/17), followed by out of home (14/17), and stop and trajectory (both 10/17). Future research would benefit from greater standardisation and harmonisation of reporting which would enable GPS-derived measures of mobility to be incorporated more robustly into clinical trials.

128. **Wearable and Portable GPS Solutions for Monitoring Mobility in Dementia: A Systematic Review**

Item Type: Journal Article

Authors: Cullen, Anisha;Mazhar, Md Khadimul Anam;Smith, Matthew D.;Lithander, Fiona E.;Ó Breasail, Mícheál and Henderson, Emily J.

Publication Date: 2022

Journal: Sensors (Basel, Switzerland) 22(9)
Abstract: Dementia is the most common neurodegenerative disorder globally. Disease progression is marked by declining cognitive function accompanied by changes in mobility. Increased sedentary behaviour and, conversely, wandering and becoming lost are common. Global positioning system (GPS) solutions are increasingly used by caregivers to locate missing people with dementia (PwD) but also offer a non-invasive means of monitoring mobility patterns in PwD. We performed a systematic search across five databases to identify papers published since 2000, where wearable or portable GPS was used to monitor mobility in patients with common dementias or mild cognitive impairment (MCI). Disease and GPS-specific vocabulary were searched singly, and then in combination, identifying 3004 papers. Following deduplication, we screened 1972 papers and retained 17 studies after a full-text review. Only 1/17 studies used a wrist-worn GPS solution, while all others were variously located on the patient. We characterised the studies using a conceptual framework, finding marked heterogeneity in the number and complexity of reported GPS-derived mobility outcomes. Duration was the most frequently reported category of mobility reported (15/17), followed by out of home (14/17), and stop and trajectory (both 10/17). Future research would benefit from greater standardisation and harmonisation of reporting which would enable GPS-derived measures of mobility to be incorporated more robustly into clinical trials.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN

=35591026&custid=ns010877

129. **Impact of Off-Time on Quality of Life in Parkinson's Patients and Their Caregivers: Insights from Social Media**

Item Type: Journal Article

Authors: Damier, Philippe;Henderson, Emily J.;Romero-Imbroda, Jes;Galimam, Laura;Kronfeld, Nick and Warnecke, Tobias

Publication Date: 2022

Journal: Parkinson's Disease 2022, pp. 1800567

Abstract: Introduction: In Parkinson's disease (PD), the quality of life of both patients and caregivers is affected. While key issues relating to quality of life may not emerge in conversations with healthcare professionals (HCPs), unguarded social media conversations can provide insight into how people with Parkinson's disease (PwPD) and their caregivers are affected. We conducted a qualitative and quantitative netnographic study of PD conversations posted on social media sites over a 12-month period.; Objective: To identify key themes and issues for PwPD.; Methods: Using predefined and piloted search terms, we identified 392,962 social media posts (between March 31, 2020, and March 31, 2021, for the UK and France, and between September 30, 2019, and March 31, 2021, for Italy, Spain, and Germany). A random sample of these posts was then analyzed using natural language processing (NLP), and quantitative, qualitative,in-depth contextual analysis was also performed.; Results: Key themes that emerged in the PD conversation related to the changing experience of symptoms over time are the physical, emotional, and cognitive impact of symptoms, the management and treatment of PD, disease awareness among the general public, and the caregiver burden. The emotional impact of motor symptoms on PwPD is significant, particularly when symptoms increase and PwPD lose their independence, which may exacerbate existing anxiety and depression. Nonmotor symptoms can also compound the difficulties with managing the physical impact of motor symptoms. The burden of nonmotor symptoms is felt by both PwPD and their caregivers, with the impact of nonmotor symptoms on cognitive processes particularly frustrating for caregivers. The experience of off-time was also featured in the online conversation. Some PwPD believe there is a lack of adequate management from healthcare professionals, who may not appreciate their concerns or take sufficient time to discuss their needs.; Conclusion: This study identified key themes that PwPD and their caregivers discuss online. These findings help signpost issues of importance to PwPD and areas in which their care may be improved.; Competing Interests: Philippe Damier has received payment or honoraria from AbbVie, Novartis Pharma, and Roche and has participated on a data safety monitoring board or advisory board for Kyowa Kirin. Emily Henderson has received grants or contracts from The Gatsby Foundation, National Institute of Health Research Health Technology Assessment Grant, Elizabeth Blackwell Institute Health, Engineering and Physical Sciences Research Council (EPSRC), NIHR Research for Patient Benefit (RfPB) Programme, and Alzheimer's UK; consulting fees from Luye, AbbVie, Bial, and Kyowa Kirin; payment or honoraria from The Neurology Academy, Kyowa Kirin, AbbVie, and Bial; and support for attending meetings and/or travel from Bial and Ever Pharma, and she has participated on a data safety monitoring board or advisory board for AbbVie and Kyowa Kirin and is the Vice President of Academic Affairs, British Geriatric Society. Jesus Romero-Imbroda is the president of Sociedad Andaluza de Neurologia. Laura Galimam is an employee of Lumanity, which received payment for the market research services that underpin this study. Nicholas Kronfeld is an employee of Kyowa Kirin. Tobias Warnecke has received grants or contracts from AbbVie, Licher, and UCB, consulting fees from Phagenesis and payment or honoraria from AbbVie, Bayer, Bial, Biogen, Desitin, Pfizer, STADA, Teva, UCB, and Zambon and participated on data safety monitoring boards or advisory boards for AbbVie, Archimedes, Bial, Kyowa, UCB, and Zambon. (Copyright © 2022 Philippe Damier et al.)

DOI: 10.1155/2022/1800567

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36510568&custid=ns010877

130. **Painful diabetic neuropathy (PDN): an internet survey to the determine health-care priorities of people with PDN.**

Item Type: Journal Article

Authors: Davies, B.;Cramp, F.;GauntlettGilbert, J. and McCabe, C. S.

Publication Date: 2022

Journal: Pain and Rehabilitation 2022(52), pp. 7-19

Abstract: Aims To determine the healthcare priorities of people with painful diabetic neuropathy (PDN) for managing the impacts of this condition. Methods An internet survey incorporating impacts of PDN developed from previous qualitative research, was distributed via diabetes support groups and on social media forum platforms. The survey asked respondents how frequently they experienced 58 impacts of PDN, how these impacts affected their quality of life, and the impacts they prioritised for better clinical management. Results The survey had 62 eligible and complete responses. The impacts with high frequency related to emotions, foot health and walking. The impacts with the greatest affect on quality of life related to psychological distress, social world, functional ability and sensory experiences. The impacts prioritised for better clinical management were: sleep, worry, functional ability and depression. Conclusions This study identified the top healthcare priorities of people with PDN, the topmost being help with sleep disturbance. There are existing evidence-based approaches, such as cognitive behavioural therapy for insomnia, which could help manage some of these priorities, but not all. These priorities could be used to develop a PDN-specific pain management programme. Contribution of the paper * People with PDN experience a wide range of impacts on their quality of life, it was unknown which of these impacts would be prioritised by them for better management * This survey found sleep disturbance to be the key issue people wanted help with. * There are treatment options for some priorities eg CBT for insomnia, but not for others.

131. **Painful diabetic neuropathy (PDN): an internet survey to the determine healthcare priorities of people with PDN**

Item Type: Journal Article

Authors: Davies, Ben;Cramp, Fiona;Gauntlett-Gilbert, Jeremy and McCabe, Candida S.

Publication Date: 2022

Journal: Pain & Rehabilitation - the Journal of Physiotherapy Pain Association (52), pp. 7-19

Abstract: Aims To determine the healthcare priorities of people with painful diabetic neuropathy (PDN) for managing the impacts of this condition. Methods An internet survey incorporating impacts of PDN developed from previous qualitative research, was distributed via diabetes support groups and on social media forum platforms. The survey asked respondents how frequently they experienced 58 impacts of PDN, how these impacts affected their quality of life, and the impacts they prioritised for better clinical management. Results The survey had 62 eligible and complete responses. The impacts with high frequency related to emotions, foot health and walking. The impacts with the greatest affect

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157511031&custid=ns010877

132. **AUTOANTIBODIES IN ANKYLOSING SPONDYLITIS: A SYSTEMATIC LITERATURE REVIEW.**

Item Type: Journal Article

Authors: Davies, E. J.;Jones, G. T. and Sengupta, R.

Publication Date: 2022a

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 144-145

Abstract: Background/Aims Ankylosing spondylitis (AS) is a chronic inflammatory arthritis leading to long term disability. It is frequently diagnosed late when irreversible damage has already occurred. Unlike most autoimmune rheumatological diseases, there are no known autoantibodies associated with AS; this can confound the diagnostic challenge as diagnosis depends not only on symptoms but on finding evidence of active inflammation at the time of assessment or damage from previously active disease. Our aim was to determine the extent to which autoantibodies may be pathognomonic of AS. Methods A systematic literature review was conducted to identify all articles reporting on autoantibodies in AS. The protocol was preregistered on PROSPERO. Articles were screened and reviewed independently by two reviewers. Disagreements were solved by consensus. Data were extracted and the MINORS (Methodological Index for Non- Randomised Studies) tool was used to assess and compare the quality of the studies. Data were pooled in a narrative synthesis. Results 743 papers were identified after removal of duplicates. Following review of abstracts, 31 full text articles were assessed for eligibility and 18 were excluded, leaving 13 studies to be included in the final systematic review. 12 articles looked at 14 biomarkers; one article looked at 2 high density nucleic acid protein arrays expressing 3,498 proteins. Samples sizes were small and the papers were found to be of modest quality. AS patients showed a wide-ranging autoantibody response across studies. One study found that 60% of autoantibodies detected were found only in the AS cohort versus the rheumatoid arthritis cohort and heathy controls. Antibodies against HLA-B27, pANCA, CD74, OmpC, collagens, PPM1A, noggin, sclerostin, Klebsiella pneumoniae and Breg cells were found more commonly in AS patients than in controls (both healthy controls and those with other autoimmune diseases). Antibodies to human tTG and anti DFS70 were not found to be associated with AS and there was conflicting evidence regarding the association of antibodies to the cell-wall mannan of Saccharomyces cerevisiae (ASCA) in AS from different papers. Conclusion Although many autoantibodies have been found among persons with AS, there is currently no evidence that any are specifically and independently associated with the disease. We therefore conclude that as yet no autoantibodies can be considered to be pathognomonic for AS. However, some autoantibodies may be clinically significant and combined with other biomarkers, such as HLA-B27, may prove fruitful in reducing the delay to diagnosis. Further work should seek to explore other avenues, in particular autoantibodies in closely related diseases, such as inflammatory bowel disease, to try to determine autoantibodies that may aid in the earlier diagnosis of this chronic disease.

133. **AUTOANTIBODIES IN ANKYLOSING SPONDYLITIS: A SYSTEMATIC LITERATURE REVIEW.**

Item Type: Journal Article

Authors: Davies, E. J.;Jones, G. T. and Sengupta, R.

Publication Date: 2022b

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Item Type: Journal Article

Authors: Davies, E. J.;Jones, G. T. and Sengupta, R.

Publication Date: 2022c

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 144-145

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135. **GWAS meta-analysis of intrahepatic cholestasis of pregnancy implicates multiple hepatic genes and regulatory elements.**

Item Type: Journal Article

Authors: Dixon, P. H.;Levine, A. P.;Cebola, I.;Chan, M. M. Y.;Amin, A. S.;Aich, A.;Mozere, M.;Maude, H.;Mitchell, A. L.;Zhang, J.;Adlard, J.;Ahmed, M.;Aitman, T.;Alachkar, H.;Allsup, D.;AlmeidaKing, J.;Ancliff, P.;Antrobus, R.;Armstrong, R.;Arno, G., et al

Publication Date: 2022a

Journal: Nature Communications 13(1) (pagination), pp. Arte Number: 4840. ate of Pubaton: eember 2022

Abstract: Intrahepatic cholestasis of pregnancy (ICP) is a pregnancy-specific liver disorder affecting 0.5-2% of pregnancies. The majority of cases present in the third trimester with pruritus, elevated serum bile acids and abnormal serum liver tests. ICP is associated with an increased risk of adverse outcomes, including spontaneous preterm birth and stillbirth. Whilst rare mutations affecting hepatobiliary transporters contribute to the aetiology of ICP, the role of common genetic variation in ICP has not been systematically characterised to date. Here, we perform genome-wide association studies (GWAS) and meta-analyses for ICP across three studies including 1138 cases and 153,642 controls. Eleven loci achieve genome-wide significance and have been further investigated and fine-mapped using functional genomics approaches. Our results pinpoint common sequence variation in liver-

enriched genes and liver-specific cis-regulatory elements as contributing mechanisms to ICP susceptibility.

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138. **Outcomes of anti-CD38 isatuximab plus pomalidomide and dexamethasone in five relapsed myeloma patients with prior exposure to anti-C38 daratumumab: case series.**

    Item Type: Journal Article

    Authors: Djebbari, F.;Poynton, M.;Sangha, G.;Anderson, L.;Maddams, R.;Eyre, T. A.;Vallance, G.;Basu, S. and Ramasamy, K.

    Publication Date: 2022a

    Journal: Hematology (United Kingdom) 27(1), pp. 204-207

    Abstract: Objectives: Daratumumab is the first anti-CD38 monoclonal antibody (Mab) used to treat myeloma in the newly diagnosed setting and in the relapsed setting. Isatuximab, another Mab targeting a specific epitope on the CD38 receptor, was recently approved in the UK in combination with pomalidomide and dexamethasone (IsaPomDex) to treat myeloma patients who received three prior lines of therapy. However, there is a lack of understanding of whether using a prior anti-CD38 Mab (e.g. daratumumab) can affect the efficacy of another Mab (e.g. isatuximab), when the latter is used to treat a subsequent relapse.

139. **Outcomes of anti-CD38 isatuximab plus pomalidomide and dexamethasone in five relapsed myeloma patients with prior exposure to anti-C38 daratumumab: case series.**

    Item Type: Journal Article

    Authors: Djebbari, F.;Poynton, M.;Sangha, G.;Anderson, L.;Maddams, R.;Eyre, T. A.;Vallance, G.;Basu, S. and Ramasamy, K.

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141. **Efficacy of Isatuximab with Pomalidomide and Dexamethasone in Relapsed Myeloma: Results of a UK-Wide Real-World Dataset.**

    Item Type: Journal Article

    Authors: Djebbari, F.;Rampotas, A.;Vallance, G.;Panitsas, F.;Basker, N.;Sangha, G.;Salhan, B.;Karim, F.;AlKaisi, F.;Gudger, A.;Ngu, L.;Poynton, M.;Lam, H. P. J.;Morgan, L.;Yang, L.;Young, J.;Walker, M.;Tsagkaraki, I.;Anderson, L.;Chauhan, S. R., et al

    Publication Date: 2022a

    Journal: HemaSphere 6(6), pp. E738

    Abstract: Real-world data on the efficacy and tolerability of isatuximab with pomalidomide and dexamethasone (IsaPomDex) in relapsed/refractory myeloma patients have not been reported. In this UK-wide retrospective study, IsaPomDex outcomes were evaluated across 24 routine care cancer centers. The primary endpoint was overall response rate (ORR). Secondary endpoints included progression-free survival (PFS), duration of response (DOR) for patients who achieved an objective response (>=partial response [PR]), and adverse events (AEs). In a total cohort 107 patients, median follow up (interquartile range [IQR]) was 12.1 months (10.1-18.6 mo), median age (IQR) was 69 years (61-77). Median (IQR) Charlson Comorbidity Index (CCI) score was 3 (2-4); 43% had eGFR = very good partial response: 31.8%, PR: 34.6%, stable disease: 15.9%, progressive disease: 15%, and unknown 2.8%. Median PFS was 10.9 months. Median DOR was 10.3 months. There was no statistical difference in median PFS by age (=75: 8.5 mo, log-rank P = 0.4157), by CCI score (=4: 13.2, log-rank P = 0.6531), but inferior PFS was observed with renal impairment (>=60: 13.2 versus =G3 AEs were neutropenia (45.8%), infections (18.7%), and thrombocytopenia (14%). Our UK-wide IsaPomDex study demonstrated encouraging efficacy outcomes in the real world, comparable to ICARIA-MM trial.

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144. **Infections in relapsed myeloma patients treated with isatuximab plus pomalidomide and dexamethasone during the COVID-19 pandemic: Initial results of a UK-wide real-world study.**

Item Type: Journal Article

Authors: Djebbari, F.;Rampotas, A.;Vallance, G.;Panitsas, F.;Basker, N.;Sangha, G.;Salhan, B.;Karim, F.;Firas, A. K.;Gudger, A.;Ngu, L.;Poynton, M.;Lam, H. P. J.;Morgan, L.;Yang, L.;Young, J.;Walker, M.;Tsagkaraki, I.;Anderson, L.;Chauhan, S. R., et al

Publication Date: 2022a

Journal: Hematology (United Kingdom) 27(1), pp. 691-699

Abstract: Objectives: There are no real-world data describing infection morbidity in relapsed/refractory myeloma (RRMM) patients treated with anti-CD38 isatuximab in combination with pomalidomide and dexamethasone (IsaPomDex). In this UK-wide

retrospective study, we set out to evaluate infections experienced by routine care patients who received this novel therapy across 24 cancer centres during the COVID-19 pandemic.

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146. **Infections in relapsed myeloma patients treated with isatuximab plus pomalidomide and dexamethasone during the COVID-19 pandemic: Initial results of a UK-wide real-world study.**

    Item Type: Journal Article

    Authors: Djebbari, F.;Rampotas, A.;Vallance, G.;Panitsas, F.;Basker, N.;Sangha, G.;Salhan, B.;Karim, F.;Firas, A. K.;Gudger, A.;Ngu, L.;Poynton, M.;Lam, H. P. J.;Morgan, L.;Yang, L.;Young, J.;Walker, M.;Tsagkaraki, I.;Anderson, L.;Chauhan, S. R., et al

    Publication Date: 2022c

    Journal: Hematology (United Kingdom) 27(1), pp. 691-699

    Abstract: Objectives: There are no real-world data describing infection morbidity in relapsed/refractory myeloma (RRMM) patients treated with anti-CD38 isatuximab in combination with pomalidomide and dexamethasone (IsaPomDex). In this UK-wide retrospective study, we set out to evaluate infections experienced by routine care patients who received this novel therapy across 24 cancer centres during the COVID-19 pandemic.

147. **Outcomes of anti-CD38 isatuximab plus pomalidomide and dexamethasone in five relapsed myeloma patients with prior exposure to anti-C38 daratumumab: case series**

    Item Type: Journal Article

    Authors: Djebbari, Faouzi;Poynton, Matt;Sangha, Gina;Anderson, Laura;Maddams, Rebecca;Eyre, Toby A.;Vallance, Grant;Basu, Supratik and Ramasamy, Karthik

    Publication Date: 2022

    Journal: Hematology (Amsterdam, Netherlands) 27(1), pp. 204-207

    Abstract: Objectives: Daratumumab is the first anti-CD38 monoclonal antibody (Mab) used to treat myeloma in the newly diagnosed setting and in the relapsed setting. Isatuximab, another Mab targeting a specific epitope on the CD38 receptor, was recently approved in

the UK in combination with pomalidomide and dexamethasone (IsaPomDex) to treat myeloma patients who received three prior lines of therapy. However, there is a lack of understanding of whether using a prior anti-CD38 Mab (e.g. daratumumab) can affect the efficacy of another Mab (e.g. isatuximab), when the latter is used to treat a subsequent relapse. Methods: We performed a UK-wide outcomes study of IsaPomDex in the real-world. In this case series, we report a detailed descriptive analysis of the characteristics and clinical outcomes of five IsaPomDex patients in UK routine practice (Patients I to V), with a prior exposure to daratumumab. Results: Age range was 51-77 years with two patients >70 and three patients <70 years. The cytogenetic risk was standard in two patients, high in two patients and not known in one patient. Prior daratumumab regimen were monotherapy (dara-mono) in one patient (II), and daratumumab with bortezomib and dexamethasone (DVd) in four patients. Responses to prior daratumumab were: very good partial response (VGPR) in two patients (I and III), minor response-stable disease (MR-SD) in one patient (II), and progressive disease (PD) in two patients (IV and V). Median (range) number of IsaPomDex cycles received was 2 (1-4). Outcomes of IsaPomDex were PD in three patients (II, IV and V) and a response in two patients. Response categories were: MR-SD in patient I and PR in patient III. Discussion: Despite the limitations of our case series, we described the first UK real-world report of IsaPomDex outcomes in myeloma patients with a prior exposure to daratumumab. Conclusion: Large prospective studies are required to further evaluate myeloma outcomes in this setting.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35134321&custid=ns010877

148. **Efficacy of Isatuximab With Pomalidomide and Dexamethasone in Relapsed Myeloma: Results of a UK-Wide Real-World Dataset**

Item Type: Journal Article

Authors: Djebbari, Faouzi;Rampotas, Alexandros;Vallance, Grant;Panitsas, Fotios;Basker, Nanda;Sangha, Gina;Salhan, Beena;Karim, Farheen;Al-Kaisi, Firas;Gudger, Amy;Ngu, Loretta;Poynton, Matt;Lam, Ho Pui Jeff;Morgan, Lowri;Yang, Laura;Young, Jennifer;Walker, Mairi;Tsagkaraki, Ismini;Anderson, Laura;Chauhan, Saleena Rani, et al

Publication Date: 2022

Journal: HemaSphere 6(6), pp. e738

Abstract: Real-world data on the efficacy and tolerability of isatuximab with pomalidomide and dexamethasone (IsaPomDex) in relapsed/refractory myeloma patients have not been reported. In this UK-wide retrospective study, IsaPomDex outcomes were evaluated across 24 routine care cancer centers. The primary endpoint was overall response rate (ORR). Secondary endpoints included progression-free survival (PFS), duration of response (DOR) for patients who achieved an objective response (≥partial response PR]), and adverse events (AEs). In a total cohort 107 patients, median follow up (interquartile range IQR]) was 12.1 months (10.1-18.6 mo), median age (IQR) was 69 years (61-77). Median (IQR) Charlson Comorbidity Index (CCI) score was 3 (2-4); 43% had eGFR <60 mL/min. Median (IQR) number of prior therapies was 3 (3-3). Median (IQR) number of IsaPomDex cycles administered was 7 (3-13). ORR was 66.4%, with responses categorized as ≥ very good partial response: 31.8%, PR: 34.6%, stable disease: 15.9%, progressive disease: 15%, and unknown 2.8%. Median PFS was 10.9 months. Median DOR was 10.3 months. There was no statistical difference in median PFS by age (<65: 10.2 versus 65-74 13.2 versus ≥75: 8.5 mo, log-rank P = 0.4157), by CCI score (<4: 10.2 mo versus ≥4: 13.2, log-rank P = 0.6531), but inferior PFS was observed with renal impairment (≥60: 13.2 versus <60: 7.9 mo, log-rank P = 0.0408). Median OS was 18.8 months. After a median of 4 cycles, any grade AEs

were experienced by 87.9% of patients. The most common ≥G3 AEs were neutropenia (45.8%), infections (18.7%), and thrombocytopenia (14%). Our UK-wide IsaPomDex study demonstrated encouraging efficacy outcomes in the real world, comparable to ICARIA-MM trial. (Copyright © 2022 the Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the European Hematology Association.)

DOI: 10.1097/HS9.0000000000000738

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35651713&custid=ns010877

149. **Infections in relapsed myeloma patients treated with isatuximab plus pomalidomide and dexamethasone during the COVID-19 pandemic: Initial results of a UK-wide real-world study**

Item Type: Journal Article

Authors: Djebbari, Faouzi;Rampotas, Alexandros;Vallance, Grant;Panitsas, Fotios;Basker, Nanda;Sangha, Gina;Salhan, Beena;Karim, Farheen;Firas, Al-Kaisi;Gudger, Amy;Ngu, Loretta;Poynton, Matt;Lam, Ho Pui Jeff;Morgan, Lowri;Yang, Laura;Young, Jennifer;Walker, Mairi;Tsagkaraki, Ismini;Anderson, Laura;Chauhan, Saleena Rani, et al

Publication Date: 2022

Journal: Hematology (Amsterdam, Netherlands) 27(1), pp. 691-699

Abstract: Objectives: There are no real-world data describing infection morbidity in relapsed/refractory myeloma (RRMM) patients treated with anti-CD38 isatuximab in combination with pomalidomide and dexamethasone (IsaPomDex). In this UK-wide retrospective study, we set out to evaluate infections experienced by routine care patients who received this novel therapy across 24 cancer centres during the COVID-19 pandemic.; Methods: The primary endpoint was infection morbidity (incidence, grading, hospitalization) as well as infection-related deaths. Secondary outcomes were clinical predictors of increased incidence of any grade (G2-5) and high grade (≥G3) infections.; Results: In a total cohort of 107 patients who received a median (IQR) of 4 cycles (2-8), 23.4% of patients experienced ≥1 any grade (G2-5) infections (total of 31 episodes) and 18.7% of patients experienced ≥1 high grade (≥G3) infections (total of 22 episodes). Median time (IQR) from start of therapy to first episode was 29 days (16-75). Six patients experienced COVID-19 infection, of whom 5 were not vaccinated and 1 was fully vaccinated. The cumulative duration of infection-related hospitalizations was 159 days. The multivariate (MVA) Poisson Regression analysis demonstrated that a higher co-morbidity burden with Charlson Co-morbidity Index (CCI) score ≥4 (incidence rate ratio (IRR) = 3, p = 0.012) and sub-optimal myeloma response less than a partial response (

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35666686&custid=ns010877

150. **A clinical observational analysis of aerosol emissions from dental procedures.**

Item Type: Journal Article

Authors: Dudding, T.;Sheikh, S.;Gregson, F.;Haworth, J.;Haworth, S.;Main, B. G.;Shrimpton, A. J.;Hamilton, F. W.;Ireland, A. J.;Maskell, N. A.;Reid, J. P.;Bzdek, B. R. and

Gormley, M.

Publication Date: 2022a

Journal: PLoS ONE 17(3 March) (pagination), pp. Arte Number: e0265076. ate of Pubaton: Marh 2022

Abstract: Aerosol generating procedures (AGPs) are defined as any procedure releasing airborne particles P,C)). The aerosol size distribution provided a robust fingerprint of aerosol emission from a source. 41 patients underwent fifteen different dental procedures. For nine procedures, no aerosol was detected above background. Where aerosol was detected, the percentage of procedure time that aerosol was observed above background ranged from 12.7% for ultrasonic scaling, to 42.9% for 3-in-1 air + water syringe. For ultrasonic scaling, 3-in-1 syringe use and surgical drilling, the aerosol size distribution matched the non-salivary contaminated instrument source, with no unexplained aerosol. High and slow speed drilling produced aerosol from patient procedures with different size distributions to those measured from the phantom head controls (mode widths log(sigma)) and peaks (DP,C, p< 0.002) and, therefore, may pose a greater risk of salivary contamination. This study provides evidence for sources of aerosol generation during common dental procedures, enabling more informed evaluation of risk and appropriate mitigation strategies.

DOI: 10.1371/journal.pone.0265076

151. **A clinical observational analysis of aerosol emissions from dental procedures.**

Item Type: Journal Article

Authors: Dudding, T.;Sheikh, S.;Gregson, F.;Haworth, J.;Haworth, S.;Main, B. G.;Shrimpton, A. J.;Hamilton, F. W.;Ireland, A. J.;Maskell, N. A.;Reid, J. P.;Bzdek, B. R. and Gormley, M.

Publication Date: 2022b

Journal: PLoS ONE 17(3 March) (pagination)
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152. **A clinical observational analysis of aerosol emissions from dental procedures.**

Item Type: Journal Article

Authors: Dudding, T.;Sheikh, S.;Gregson, F.;Haworth, J.;Haworth, S.;Main, B. G.;Shrimpton, A. J.;Hamilton, F. W.;Ireland, A. J.;Maskell, N. A.;Reid, J. P.;Bzdek, B. R. and Gormley, M.

Publication Date: 2022c

Journal: PLoS ONE 17(3 March) (pagination)
Abstract: Aerosol generating procedures (AGPs) are defined as any procedure releasing airborne particles P,C)). The aerosol size distribution provided a robust fingerprint of aerosol emission from a source. 41 patients underwent fifteen different dental procedures. For nine procedures, no aerosol was detected above background. Where aerosol was detected, the percentage of procedure time that aerosol was observed above background ranged from 12.7% for ultrasonic scaling, to 42.9% for 3-in-1 air + water syringe. For ultrasonic scaling, 3-in-1 syringe use and surgical drilling, the aerosol size distribution matched the non-salivary contaminated instrument source, with no unexplained aerosol. High and slow speed drilling produced aerosol from patient procedures with different size distributions to those measured from the phantom head controls (mode widths log(sigma)) and peaks (DP,C, p< 0.002) and, therefore, may pose a greater risk of salivary contamination. This study provides evidence for sources of aerosol generation during common dental procedures, enabling more informed evaluation of risk and appropriate mitigation strategies.

153. **A clinical observational analysis of aerosol emissions from dental procedures.**

Item Type: Journal Article

Authors: Dudding, T.;Sheikh, S.;Gregson, F.;Haworth, J.;Haworth, S.;Main, B. G.;Shrimpton, A. J.;Hamilton, F. W.;Ireland, A. J.;Maskell, N. A.;Reid, J. P.;Bzdek, B. R. and Gormley, M.

Publication Date: 2022d

Journal: PLoS ONE 17(3 March) (pagination)
Abstract: Aerosol generating procedures (AGPs) are defined as any procedure releasing airborne particles P,C)). The aerosol size distribution provided a robust fingerprint of aerosol emission from a source. 41 patients underwent fifteen different dental procedures. For nine procedures, no aerosol was detected above background. Where aerosol was detected, the percentage of procedure time that aerosol was observed above background ranged from 12.7% for ultrasonic scaling, to 42.9% for 3-in-1 air + water syringe. For ultrasonic scaling, 3-in-1 syringe use and surgical drilling, the aerosol size distribution matched the non-salivary contaminated instrument source, with no unexplained aerosol. High and slow speed drilling produced aerosol from patient procedures with different size distributions to those measured from the phantom head controls (mode widths log(sigma)) and peaks (DP,C, p< 0.002) and, therefore, may pose a greater risk of salivary contamination. This study provides evidence for sources of aerosol generation during common dental procedures, enabling more informed evaluation of risk and appropriate mitigation strategies.

154. **A clinical observational analysis of aerosol emissions from dental procedures**

Item Type: Journal Article

Authors: Dudding, Tom;Sheikh, Sadiyah;Gregson, Florence;Haworth, Jennifer;Haworth, Simon;Main, Barry G.;Shrimpton, Andrew J.;Hamilton, Fergus W.;Ireland, Anthony J.;Maskell, Nick A.;Reid, Jonathan P.;Bzdek, Bryan R. and Gormley, Mark

Publication Date: 2022

Journal: PloS One 17(3), pp. e0265076

Abstract: Aerosol generating procedures (AGPs) are defined as any procedure releasing airborne particles <5 μm in size from the respiratory tract. There remains uncertainty about which dental procedures constitute AGPs. We quantified the aerosol number concentration generated during a range of periodontal, oral surgery and orthodontic procedures using an aerodynamic particle sizer, which measures aerosol number concentrations and size distribution across the 0.5-20 μm diameter size range. Measurements were conducted in an

environment with a sufficiently low background to detect a patient's cough, enabling confident identification of aerosol. Phantom head control experiments for each procedure were performed under the same conditions as a comparison. Where aerosol was detected during a patient procedure, we assessed whether the size distribution could be explained by the non-salivary contaminated instrument source in the respective phantom head control procedure using a two-sided unpaired t-test (comparing the mode widths (log(σ)) and peak positions (DP,C)). The aerosol size distribution provided a robust fingerprint of aerosol emission from a source. 41 patients underwent fifteen different dental procedures. For nine procedures, no aerosol was detected above background. Where aerosol was detected, the percentage of procedure time that aerosol was observed above background ranged from 12.7% for ultrasonic scaling, to 42.9% for 3-in-1 air + water syringe. For ultrasonic scaling, 3-in-1 syringe use and surgical drilling, the aerosol size distribution matched the non-salivary contaminated instrument source, with no unexplained aerosol. High and slow speed drilling produced aerosol from patient procedures with different size distributions to those measured from the phantom head controls (mode widths log(σ)) and peaks (DP,C, $p < 0.002$) and, therefore, may pose a greater risk of salivary contamination. This study provides evidence for sources of aerosol generation during common dental procedures, enabling more informed evaluation of risk and appropriate mitigation strategies.; Competing Interests: The authors have declared that no competing interests exist.

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155. **Impact of an ultra-low dose unenhanced planning scan on CT coronary angiography scan length and effective radiation dose**

Item Type: Journal Article

Authors: Duerden, Laura;O'Brien, Helen;Doshi, Susan;Charters, Pia;King, Laurence;Hudson, Benjamin J. and Rodrigues, Jonathan Carl Luis

Publication Date: 2022

Journal: BJR Open 4(1), pp. 20210056

Abstract: Objective: Imaged scan length (z-axis coverage) is a simple parameter that can reduce CT dose without compromising image quality. In CT coronary angiography (CTCA), z-axis coverage may be planned using non-contrast calcium score scan (CaCS) to identify the relevant coronary anatomy. However, standardised Agatston CaCS is acquired at 120 kV which adds a relatively high contribution to total study dose and CaCS is no longer routinely recommended in UK guidelines. We evaluate an ultra-low dose unenhanced planning scan on CTCA scan length and effective radiation dose.; Methods: An ultra-low dose tin filter (Sn-filter) planning scan (100 kVp, maximum iterative reconstruction) was performed and used to plan the z-axis coverage on 48 consecutive CTCAs (62% men, 62 ± 13 years) compared with 47 CTCA planned using a localiser alone (46% men, 59 ± 12 years) between May and June 2019. Excess scanning beyond the ideal scan length was calculated for both groups. Estimations of radiation dose were also compared between the two groups.; Results: Addition of an ultra-low dose unenhanced planning scan to CTCA protocol was associated with reduction in overscanning with no impact on image quality. There was no significant difference in total study effective dose with the addition of the planning scan, which had an average dose-length product of 3 mGy.cm. (total study dose: Protocol A 2.1 mSv vs Protocol B 2.2 mSv, $p = 0.92$).; Conclusion: An ultra-low dose unenhanced planning scan facilitates optimal scan length for the diagnostic CTCA, reducing overscanning and preventing incomplete cardiac imaging with no significant dose penalty or impact on image quality.; Advances in Knowledge: An ultra-low dose CTCA planning is

feasible and effective at optimising scan length.; Competing Interests: Competing interests: JCLR reports consultancy fees from NHSX outside the scope of this work. JCLR declares speakers fees from Sanofi outside the scope of this work. JCLR is a share holder in Heart & Lung Health unrelated to this work. (© 2022 The Authors. Published by the British Institute of Radiology.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36105418&custid=ns010877

156. **Team Immediate Meet tool to help intensive care staff: Staff perception of an updated version and preliminary feedback following implementation.**

Item Type: Journal Article

Authors: Edmondson, M.;Guscoth, L.;Highfield, J. and Kelly, F. E.

Publication Date: 2022a

Journal: Journal of the Intensive Care Society (pagination), pp. ate of Pubaton: 2022

Abstract: Intensive Care Unit staff deal with potentially traumatic cases throughout their careers. We designed and implemented a 'Team Immediate Meet' (TIM) tool, a communication aid designed to facilitate a two-minute 'hot debrief' after a critical event, provide the team with information about the normal reaction to such an event and signpost staff to strategies to help support their colleagues (and themselves). We describe our TIM tool awareness campaign, quality improvement project and subsequent feedback from staff who reported that the tool would be useful for navigating the aftermath of potentially traumatic events and could be transferable to other ICUs.

157. **Team Immediate Meet tool to help intensive care staff: Staff perception of an updated version and preliminary feedback following implementation.**

Item Type: Journal Article

Authors: Edmondson, M.;Guscoth, L.;Highfield, J. and Kelly, F. E.

Publication Date: 2022b

Journal: Journal of the Intensive Care Society (pagination), pp. ate of Pubaton: 2022

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Publication Date: 2022c

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159. **Impact of the COVID-19 pandemic on in-hospital cardiac arrests in the UK**

Item Type: Journal Article

Authors: Edwards, Julia M.;Nolan, Jerry P.;Soar, Jasmeet;Smith, Gary B.;Reynolds, Emily;Carnall, Jane;Rowan, Kathryn M.;Harrison, David A. and Doidge, James C.

Publication Date: 2022a

Journal: Resuscitation 173, pp. 4-11

Abstract: Aims: To compare in-hospital cardiac arrest (IHCA) rates and patient outcomes during the first COVID-19 wave in the United Kingdom (UK) in 2020 with the same period in previous years.Methods: A retrospective, multicentre cohort study of 154 UK hospitals that participate in the National Cardiac Arrest Audit and have intensive care units participating in the Case Mix Programme national audit of intensive care. Hospital burden of COVID-19 was defined by the number of patients with confirmed SARS-CoV2 infection admitted to critical care per 10,000 hospital admissions.Results: 16,474 patients with IHCA where a resuscitation team attended were included. Patients admitted to hospital during 2020 were younger, more often male, and of non-white ethnicity compared with 2016-2019. A decreasing trend in IHCA rates between 2016 and 2019 was reversed in 2020. Hospitals with higher burden of COVID-19 had the greatest difference in IHCA rates (21.8 per 10,000 admissions in April 2020 vs 14.9 per 10,000 in April 2019). The proportions of patients achieving ROSC ≥ 20 min and surviving to hospital discharge were lower in 2020 compared with 2016-19 (46.2% vs 51.2%; and 21.9% vs 22.9%, respectively). Among patients with IHCA, higher hospital burden of COVID-19 was associated with reduced survival to hospital discharge (OR = 0.95; 95% CI 0.93 to 0.98; $p < 0.001$).Conclusions: In comparison with 2016-2019, the first COVID-19 wave in 2020 was associated with a higher rate of IHCA and decreased survival among patients attended by resuscitation teams. These changes were greatest in hospitals with the highest COVID-19 burden.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156050129&custid=ns010877

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Publication Date: 2022b

Journal: Resuscitation 173, pp. 4-11

Abstract: Aims: To compare in-hospital cardiac arrest (IHCA) rates and patient outcomes during the first COVID-19 wave in the United Kingdom (UK) in 2020 with the same period in previous years.; Methods: A retrospective, multicentre cohort study of 154 UK hospitals that participate in the National Cardiac Arrest Audit and have intensive care units participating in the Case Mix Programme national audit of intensive care. Hospital burden of COVID-19 was defined by the number of patients with confirmed SARS-CoV2 infection admitted to critical care per 10,000 hospital admissions.; Results: 16,474 patients with IHCA where a resuscitation team attended were included. Patients admitted to hospital during 2020 were younger, more often male, and of non-white ethnicity compared with 2016-2019. A decreasing trend in IHCA rates between 2016 and 2019 was reversed in 2020. Hospitals with higher burden of COVID-19 had the greatest difference in IHCA rates (21.8 per 10,000 admissions in April 2020 vs 14.9 per 10,000 in April 2019). The proportions of patients achieving ROSC ≥ 20 min and surviving to hospital discharge were lower in 2020 compared with 2016-19 (46.2% vs 51.2%; and 21.9% vs 22.9%, respectively). Among patients with IHCA, higher hospital burden of COVID-19 was associated with reduced survival to hospital discharge (OR = 0.95; 95% CI 0.93 to 0.98; p < 0.001).; Conclusions: In comparison with 2016-2019, the first COVID-19 wave in 2020 was associated with a higher rate of IHCA and decreased survival among patients attended by resuscitation teams. These changes were greatest in hospitals with the highest COVID-19 burden.; Competing Interests: Declaration of Competing Interest JN is an executive committee member of Resuscitation Council UK, an editor of Resuscitation and receives payment from Elsevier. JS is an executive committee member of Resuscitation Council UK, an editor of Resuscitation and receives payment from Elsevier. No other authors declare any conflicts of interest.

DOI: 10.1016/j.resuscitation.2022.02.007

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35151777&custid=ns010877

161. **Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update.**

Item Type: Journal Article

Authors: ElBoghdadly, K.;Cook, T. M.;Goodacre, T.;Kua, J.;Denmark, S.;McNally, S.;Mercer, N.;Moonesinghe, S. R. and Summerton, D. J.

Publication Date: 2022a

Journal: Anaesthesia 77(5), pp. 580-587

Abstract: The impact of vaccination and new SARS-CoV-2 variants on peri-operative outcomes is unclear. We aimed to update previously published consensus recommendations on timing of elective surgery after SARS-CoV-2 infection to assist policymakers, administrative staff, clinicians and patients. The guidance remains that patients should avoid elective surgery within 7 weeks of infection, unless the benefits of doing so exceed the risk of waiting. We recommend individualised multidisciplinary risk assessment for patients requiring elective surgery within 7 weeks of SARS-CoV-2 infection. This should include baseline mortality risk calculation and assessment of risk modifiers (patient factors; SARS-CoV-2 infection; surgical factors). Asymptomatic SARS-CoV-2 infection with previous variants increased peri-operative mortality risk three-fold throughout the 6 weeks after infection, and assumptions that asymptomatic or mildly symptomatic

omicron SARS-CoV-2 infection does not add risk are currently unfounded. Patients with persistent symptoms and those with moderate-to-severe COVID-19 may require a longer delay than 7 weeks. Elective surgery should not take place within 10 days of diagnosis of SARS-CoV-2 infection, predominantly because the patient may be infectious, which is a risk to surgical pathways, staff and other patients. We now emphasise that timing of surgery should include the assessment of baseline and increased risk, optimising vaccination and functional status, and shared decision-making. While these recommendations focus on the omicron variant and current evidence, the principles may also be of relevance to future variants. As further data emerge, these recommendations may be revised.

DOI: 10.1111/anae.15699

162. **Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update.**

Item Type: Journal Article

Authors: ElBoghdadly, K.;Cook, T. M.;Goodacre, T.;Kua, J.;Denmark, S.;McNally, S.;Mercer, N.;Moonesinghe, S. R. and Summerton, D. J.

Publication Date: 2022b

Journal: Anaesthesia 77(5), pp. 580-587

Abstract: The impact of vaccination and new SARS-CoV-2 variants on peri-operative outcomes is unclear. We aimed to update previously published consensus recommendations on timing of elective surgery after SARS-CoV-2 infection to assist policymakers, administrative staff, clinicians and patients. The guidance remains that patients should avoid elective surgery within 7 weeks of infection, unless the benefits of doing so exceed the risk of waiting. We recommend individualised multidisciplinary risk assessment for patients requiring elective surgery within 7 weeks of SARS-CoV-2 infection. This should include baseline mortality risk calculation and assessment of risk modifiers (patient factors; SARS-CoV-2 infection; surgical factors). Asymptomatic SARS-CoV-2 infection with previous variants increased peri-operative mortality risk three-fold throughout the 6 weeks after infection, and assumptions that asymptomatic or mildly symptomatic omicron SARS-CoV-2 infection does not add risk are currently unfounded. Patients with persistent symptoms and those with moderate-to-severe COVID-19 may require a longer delay than 7 weeks. Elective surgery should not take place within 10 days of diagnosis of SARS-CoV-2 infection, predominantly because the patient may be infectious, which is a risk to surgical pathways, staff and other patients. We now emphasise that timing of surgery should include the assessment of baseline and increased risk, optimising vaccination and functional status, and shared decision-making. While these recommendations focus on the omicron variant and current evidence, the principles may also be of relevance to future variants. As further data emerge, these recommendations may be revised.

163. **Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update.**

Item Type: Journal Article

Authors: ElBoghdadly, K.;Cook, T. M.;Goodacre, T.;Kua, J.;Denmark, S.;McNally, S.;Mercer, N.;Moonesinghe, S. R. and Summerton, D. J.

Publication Date: 2022c

Journal: Anaesthesia 77(5), pp. 580-587

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outcomes is unclear. We aimed to update previously published consensus recommendations on timing of elective surgery after SARS-CoV-2 infection to assist policymakers, administrative staff, clinicians and patients. The guidance remains that patients should avoid elective surgery within 7 weeks of infection, unless the benefits of doing so exceed the risk of waiting. We recommend individualised multidisciplinary risk assessment for patients requiring elective surgery within 7 weeks of SARS-CoV-2 infection. This should include baseline mortality risk calculation and assessment of risk modifiers (patient factors; SARS-CoV-2 infection; surgical factors). Asymptomatic SARS-CoV-2 infection with previous variants increased peri-operative mortality risk three-fold throughout the 6 weeks after infection, and assumptions that asymptomatic or mildly symptomatic omicron SARS-CoV-2 infection does not add risk are currently unfounded. Patients with persistent symptoms and those with moderate-to-severe COVID-19 may require a longer delay than 7 weeks. Elective surgery should not take place within 10 days of diagnosis of SARS-CoV-2 infection, predominantly because the patient may be infectious, which is a risk to surgical pathways, staff and other patients. We now emphasise that timing of surgery should include the assessment of baseline and increased risk, optimising vaccination and functional status, and shared decision-making. While these recommendations focus on the omicron variant and current evidence, the principles may also be of relevance to future variants. As further data emerge, these recommendations may be revised.

164. **Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update.**

    Item Type: Journal Article

    Authors: ElBoghdadly, K.;Cook, T. M.;Goodacre, T.;Kua, J.;Denmark, S.;McNally, S.;Mercer, N.;Moonesinghe, S. R. and Summerton, D. J.

    Publication Date: 2022d

    Journal: Anaesthesia 77(5), pp. 580-587

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165. **Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update: A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Centre for Perioperative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England**

Item Type: Journal Article

Authors: El-Boghdadly, K.;Cook, T. M.;Goodacre, T.;Kua, J.;Denmark, S.;McNally, S.;Mercer, N.;Moonesinghe, S. R. and Summerton, D. J.

Publication Date: 2022

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35194788&custid=ns010877

166. **Reframing How Physical Activity Reduces The Incidence of Clinically-Diagnosed Cancers: Appraising Exercise-Induced Immuno-Modulation As An Integral Mechanism.**

Item Type: Journal Article

Authors: Emery, A.;Moore, S.;Turner, J. E. and Campbell, J. P.

Publication Date: 2022a

Journal: Frontiers in Oncology 12(pagination), pp. Arte Number: 788113. ate of Pubaton: 14 Mar 2022

Abstract: Undertaking a high volume of physical activity is associated with reduced risk of a broad range of clinically diagnosed cancers. These findings, which imply that physical activity induces physiological changes that avert or suppress neoplastic activity, are supported by preclinical intervention studies in rodents demonstrating that structured regular exercise commonly represses tumour growth. In Part 1 of this review, we summarise epidemiology and preclinical evidence linking physical activity or regular structured exercise with reduced cancer risk or tumour growth. Despite abundant evidence that physical activity

commonly exerts anti-cancer effects, the mechanism(s)-of-action responsible for these beneficial outcomes is undefined and remains subject to ongoing speculation. In Part 2, we outline why altered immune regulation from physical activity - specifically to T cells - is likely an integral mechanism. We do this by first explaining how physical activity appears to modulate the cancer immunoediting process. In doing so, we highlight that augmented elimination of immunogenic cancer cells predominantly leads to the containment of cancers in a 'precancerous' or 'covert' equilibrium state, thus reducing the incidence of clinically diagnosed cancers among physically active individuals. In seeking to understand how physical activity might augment T cell function to avert cancer outgrowth, in Part 3 we appraise how physical activity affects the determinants of a successful T cell response against immunogenic cancer cells. Using the cancer immunogram as a basis for this evaluation, we assess the effects of physical activity on: (i) general T cell status in blood, (ii) T cell infiltration to tissues, (iii) presence of immune checkpoints associated with T cell exhaustion and anergy, (iv) presence of inflammatory inhibitors of T cells and (v) presence of metabolic inhibitors of T cells. The extent to which physical activity alters these determinants to reduce the risk of clinically diagnosed cancers - and whether physical activity changes these determinants in an interconnected or unrelated manner - is unresolved. Accordingly, we analyse how physical activity might alter each determinant, and we show how these changes may interconnect to explain how physical activity alters T cell regulation to prevent cancer outgrowth.

DOI: 10.3389/fonc.2022.788113

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Publication Date: 2022b

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    Authors: Emery, A.;Moore, S.;Turner, J. E. and Campbell, J. P.

    Publication Date: 2022c

    Journal: Frontiers in Oncology 12(pagination), pp. Arte Number: 788113. ate of Pubaton: 14 Mar 2022

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    Publication Date: 2022d

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Authors: Emery, Annabelle;Moore, Sally;Turner, James E. and Campbell, John P.

Publication Date: 2022

Journal: Frontiers in Oncology 12, pp. 788113

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DOI: 10.3389/fonc.2022.788113

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35359426&custid=ns010877

171. **Common, low-frequency, rare, and ultra-rare coding variants contribute to COVID-19 severity.**

Item Type: Journal Article

Authors: Fallerini, C.;Picchiotti, N.;Baldassarri, M.;Zguro, K.;Daga, S.;Fava, F.;Benetti, E.;Amitrano, S.;Bruttini, M.;Palmieri, M.;Croci, S.;Lista, M.;Beligni, G.;Valentino, F.;Meloni, I.;Tanfoni, M.;Minnai, F.;Colombo, F.;Cabri, E.;Fratelli, M., et al

Publication Date: 2022a

Journal: Human Genetics 141(1), pp. 147-173

Abstract: The combined impact of common and rare exonic variants in COVID-19 host genetics is currently insufficiently understood. Here, common and rare variants from whole-exome sequencing data of about 4000 SARS-CoV-2-positive individuals were used to define an interpretable machine-learning model for predicting COVID-19 severity. First, variants were converted into separate sets of Boolean features, depending on the absence or the presence of variants in each gene. An ensemble of LASSO logistic regression models was used to identify the most informative Boolean features with respect to the genetic bases of severity. The Boolean features selected by these logistic models were combined into an Integrated PolyGenic Score that offers a synthetic and interpretable index for describing the contribution of host genetics in COVID-19 severity, as demonstrated through testing in several independent cohorts. Selected features belong to ultra-rare, rare, low-frequency, and common variants, including those in linkage disequilibrium with known GWAS loci. Noteworthily, around one quarter of the selected genes are sex-specific. Pathway analysis of the selected genes associated with COVID-19 severity reflected the multi-organ nature of the disease. The proposed model might provide useful information for developing diagnostics and therapeutics, while also being able to guide bedside disease management.

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174. **Remote and rural surgery training and recruitment: A national attitudinal survey of Scottish surgical trainees.**

Item Type: Journal Article

Authors: Fergusson, S. J. and Teasdale, E.

Publication Date: 2022a

Journal: Rural and Remote Health 22(2) (pagination), pp. Arte Number: 7090. ate of Pubaton: 2022

Abstract: Introduction: Scotland's healthcare system includes six rural general hospitals (RGHs) which provide a full surgical service to the most remote and rural populations. Constraints of geography and finance, and population need, mean that local delivery of surgical services will be required for the foreseeable future. These RGHs face difficulties in recruiting suitably trained general surgeons. This study aimed to describe Scottish surgical trainees' attitudes towards training and working in remote and rural surgery, perceived barriers to recruitment and potential solutions.

DOI: 10.22605/RRH7090

175. **Remote and rural surgery training and recruitment: a national attitudinal survey of Scottish surgical trainees.**

Item Type: Journal Article

Authors: Fergusson, S. J. and Teasdale, E.

Publication Date: 2022b

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Publication Date: 2022d

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178. **Remote and rural surgery training and recruitment: a national attitudinal survey of Scottish surgical trainees**

Item Type: Journal Article

Authors: Fergusson, Stuart J. and Teasdale, Ella

Publication Date: 2022a

Journal: Rural and Remote Health 22(2), pp. 7090

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DOI: 10.22605/RRH7090

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35764599&custid=ns010877

179. **Remote and rural surgery training and recruitment: a national attitudinal survey of Scottish surgical trainees**

Item Type: Journal Article

Authors: Fergusson, Stuart J. and Teasdale, Ella

Publication Date: 2022b

Journal: Rural & Remote Health 22(2), pp. 1-14

DOI: 10.22605/RRH7090

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158025309&custid=ns010877

180. **Improving risk prediction model quality in the critically ill: data linkage study**

Item Type: Journal Article

Authors: Ferrando-Vivas, Paloma;Shankar-Hari, Manu;Thomas, Karen;Doidge, James C.;Caskey, Fergus J.;Forni, Lui;Harris, Steve;Ostermann, Marlies;Gornik, Ivan;Holman, Naomi;Lone, Nazir;Young, Bob;Jenkins, David;Webb, Stephen;Nolan, Jerry P.;Soar, Jasmeet;Rowan, Kathryn M. and Harrison, David A.

Publication Date: 2022

Journal: Health & Social Care Delivery Research (HSDR) 10(39), pp. VII-192

DOI: 10.3310/EQAB4594

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161022182&custid=ns010877

181. **"I turned in my man card": A qualitative study of the experiences, coping styles and support needs of men with systemic sclerosis**

Item Type: Journal Article

Authors: Flurey, Caroline A.;Pauling, John D.;Saketkoo, Lesley Ann;Denton, Christopher P.;Galdas, Paul;Khanna, Dinesh;Williams, Adrian and Hughes, Michael

Publication Date: 2022

Journal: Rheumatology (Oxford, England)
Abstract: Objectives: Men with Systemic Sclerosis (SSc) have a more severe clinical phenotype and reduced survival compared to women. No previous psychosocial studies have focused solely on men with SSc. This study aimed to explore experiences, coping strategies, and support preferences of men with SSc.; Methods: An international qualitative research study comprising seven focus groups (3 USA, 4 UK) of 25 men with SSc. Transcripts were analysed using reflexive thematic analysis.; Results: Three overarching

themes and one underpinning theme were identified. In "impact of SSc on masculinity," the men described an "impact on roles and activities," reported "sex, intimacy, and erectile dysfunction" as a salient issue that may be overlooked by clinicians, and experienced challenges to "masculine self-image". "Dealing with SSc" meant "always being prepared", "becoming an expert", and "balancing priorities" in responsibilities, activities, and symptom management. In "support for living with SSc" men were selective in "(Not) talking about SSc", would "(reluctantly) accept help", and described "preferences for support". Underpinning these experiences was "facing an uncertain future" with some participants preferring not to focus on an unpredictable future, and others worrying about disease progression.; Conclusion: These novel data suggest SSc impacts male patients' masculine identity and roles, and although they will accept practical help, they may mask the full emotional impact. Sex and intimacy are important overlooked issues with erectile dysfunction often not discussed at diagnosis. Further research should develop a self-management intervention for men with rheumatic diseases with a combination of disease specific and common core components. (© The Author(s) 2022. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

DOI: 10.1093/rheumatology/keac585

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36205545&custid=ns010877

182. **A PHASE 3, RANDOMIZED, DOUBLE-BLIND, PLACEBO/PACLITAXEL-CONTROLLED STUDY OF BATIRAXCEPT IN COMBINATION WITH WEEKLY PACLITAXEL IN PATIENTS WITH PLATINUMRESISTANT RECURRENT OVARIAN CANCER (GOG-3059/ENGOT OV-66).**

Item Type: Journal Article

Authors: Fuh, K.;Moore, K.;Baert, T.;Herzog, T.;Cibula, D.;Liu, J.;Eberst, L.;Lewin, S.;Secord, A. A.;Sehouli, J.;Myers, T.;Bamias, A.;Rimel, B.;Colombo, N.;Franke, A.;Shoop, D.;De Giorgi, U.;Pikiel, J.;Bowen, R. and GonzalezMartin, A.

Publication Date: 2022a

Journal: International Journal of Gynecological Cancer Conference, pp. nternatona

Abstract: Objectives Introduction: The AXL receptor and its sole activating ligand, GAS6, are important drivers of metastasis and therapeutic resistance in human cancers. This signaling axis represents an attractive target for therapeutic intervention. The strong picomolar binding affinity between endogenous GAS6 and AXL and the promiscuity of small molecule AXL inhibitors have presented a barrier to specific and potent inhibition of AXL. Batiraxcept (AVB-S6-500) is a recombinant fusion protein with ~200-fold higher affinity for GAS6 than wildtype (WT) AXL. Batiraxcept binds GAS6, inhibiting its interaction with AXL thereby dramatically reducing AXL signaled invasion and migration of highly metastatic cells in vitro and inhibiting metastatic disease in nonclinical models of aggressive human cancers. The Phase 1b study showed no DLTs and established a RP2D of 15 mg/kg IV every 2 weeks with PAC/ PLD. Longer PFS and OS times were observed in patients who had not been previously treated with bevacizumab (bevnaive). Methods High-grade serous PROC, who received 1-4 prior lines randomized (1:1) batiraxcept/PAC or placebo/PAC; stratified by last platinum regimen, prior lines, and prior bevacizumab. The primary endpoint is PFS by RECIST v1.1 assessed by the investigator with OS a secondary endpoint. The primary PFS analysis will be triggered when 130 PFS events occur in the bev-naive; with an interim analysis of OS. Recruitment began April 2021; 252 of ~350 patients have been randomized globally (132 sites) (NCT04729608). Results Trial in progress: there are no available results at the time of submission Conclusions Trial in progress: there are no available conclusions at the time of submission.

183. **A PHASE 3, RANDOMIZED, DOUBLE-BLIND, PLACEBO/PACLITAXEL-CONTROLLED STUDY OF BATIRAXCEPT IN COMBINATION WITH WEEKLY PACLITAXEL IN PATIENTS WITH PLATINUMRESISTANT RECURRENT OVARIAN CANCER (GOG-3059/ENGOT OV-66).**

Item Type: Journal Article

Authors: Fuh, K.;Moore, K.;Baert, T.;Herzog, T.;Cibula, D.;Liu, J.;Eberst, L.;Lewin, S.;Secord, A. A.;Sehouli, J.;Myers, T.;Bamias, A.;Rimel, B.;Colombo, N.;Franke, A.;Shoop, D.;De Giorgi, U.;Pikiel, J.;Bowen, R. and GonzalezMartin, A.

Publication Date: 2022b

Journal: International Journal of Gynecological Cancer Conference, pp. nternatona

Abstract: Objectives Introduction: The AXL receptor and its sole activating ligand, GAS6, are important drivers of metastasis and therapeutic resistance in human cancers. This signaling axis represents an attractive target for therapeutic intervention. The strong picomolar binding affinity between endogenous GAS6 and AXL and the promiscuity of small molecule AXL inhibitors have presented a barrier to specific and potent inhibition of AXL. Batiraxcept (AVB-S6-500) is a recombinant fusion protein with ~200-fold higher affinity for GAS6 than wildtype (WT) AXL. Batiraxcept binds GAS6, inhibiting its interaction with AXL thereby dramatically reducing AXL signaled invasion and migration of highly metastatic cells in vitro and inhibiting metastatic disease in nonclinical models of aggressive human cancers. The Phase 1b study showed no DLTs and established a RP2D of 15 mg/kg IV every 2 weeks with PAC/ PLD. Longer PFS and OS times were observed in patients who had not been previously treated with bevacizumab (bevnaive). Methods High-grade serous PROC, who received 1-4 prior lines randomized (1:1) batiraxcept/PAC or placebo/PAC; stratified by last platinum regimen, prior lines, and prior bevacizumab. The primary endpoint is PFS by RECIST v1.1 assessed by the investigator with OS a secondary endpoint. The primary PFS analysis will be triggered when 130 PFS events occur in the bev-naive; with an interim analysis of OS. Recruitment began April 2021; 252 of ~350 patients have been randomized globally (132 sites) (NCT04729608). Results Trial in progress: there are no available results at the time of submission Conclusions Trial in progress: there are no available conclusions at the time of submission.

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Publication Date: 2022c

Journal: International Journal of Gynecological Cancer Conference, pp. nternatona

Abstract: Objectives Introduction: The AXL receptor and its sole activating ligand, GAS6, are important drivers of metastasis and therapeutic resistance in human cancers. This signaling axis represents an attractive target for therapeutic intervention. The strong picomolar binding affinity between endogenous GAS6 and AXL and the promiscuity of small molecule AXL inhibitors have presented a barrier to specific and potent inhibition of AXL. Batiraxcept (AVB-S6-500) is a recombinant fusion protein with ~200-fold higher affinity for GAS6 than wildtype (WT) AXL. Batiraxcept binds GAS6, inhibiting its interaction with AXL

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185. **Chronic Primary Pain in Children and Young People: Evidence Review with Reference to Safeguarding.**

Item Type: Journal Article

Authors: GauntlettGilbert, J.;Rogers, V.;Menzies, M. and Connell, H.

Publication Date: 2022

Journal: British Journal of Social Work 52(5), pp. 2558-2575

Abstract: Many children and young people experience recurrent pain, and a minority of these experience substantial disability and distress. Some have pain that is intrusive and that does not come from an obvious medical cause, such as chronic abdominal pain, headache or widespread musculoskeletal pain. Historically, such persisting pain has been a contested category, with labels such as 'psychosomatic' or 'medically unexplained' pain being used. Social Workers are not always able to access unequivocal medical advice about treatment and prognosis in these conditions and will benefit from being aware of the current literature. Happily, contemporary research helps to explain the physiological origin of such chronic pain states, and the personal and systemic contributors to pain-related distress and disability. This paper reviews epidemiology, cause, presenting features and treatment of these conditions, as well as issues of stigma. Successful investigation of child safeguarding concerns in this context, and of suspected fabricated and induced illness, will benefit from an understanding of the typical presentation of these conditions, as they are not well understood in mainstream medical practice. We explore how parental attitudes and actions may sometimes come from legitimate concerns, yet may also in some situations come to constitute cause for safeguarding concern.

DOI: 10.1093/bjsw/bcab218

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Item Type: Journal Article

Authors: Gauntlett-Gilbert, Jeremy;Rogers, Valerie;Menzies, Mike and Connell, Hannah

Publication Date: 2022

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DOI: 10.1093/bjsw/bcab218

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158178021&custid=ns010877

187. **The impact of frailty on death, discharge destination and modelling accuracy in patients receiving organ support on the intensive care unit.**

Item Type: Journal Article

Authors: Georgiou, A.;Turner, N.;Serrano Ruiz, A.;Wadman, H.;Saunsbury, E.;Laver, S. and Maybin, R.

Publication Date: 2022a

Journal: Journal of the Intensive Care Society (pagination), pp. ate of Pubaton: 2022

Abstract: Background: This study aims to identify any effect of frailty in altering the risk of death or poor outcome already associated with receipt of organ support on ICU. It also aims to assess the performance of mortality prediction models in frail patients.

188. **The impact of frailty on death, discharge destination and modelling accuracy in patients receiving organ support on the intensive care unit.**

Item Type: Journal Article

Authors: Georgiou, A.;Turner, N.;Serrano Ruiz, A.;Wadman, H.;Saunsbury, E.;Laver, S. and Maybin, R.

Publication Date: 2022b

Journal: Journal of the Intensive Care Society (pagination), pp. ate of Pubaton: 2022

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Item Type: Journal Article

Authors: Georgiou, A.;Turner, N.;Serrano Ruiz, A.;Wadman, H.;Saunsbury, E.;Laver, S.

and Maybin, R.

Publication Date: 2022c

Journal: Journal of the Intensive Care Society (pagination), pp. ate of Pubaton: 2022

Abstract: Background: This study aims to identify any effect of frailty in altering the risk of death or poor outcome already associated with receipt of organ support on ICU. It also aims to assess the performance of mortality prediction models in frail patients.

190. **Mallet Finger: Two Different Injuries.**

Item Type: Journal Article

Authors: Giddins, G.

Publication Date: 2022a

Journal: Hand Clinics 38(3), pp. 281-288

DOI: 10.1016/j.hcl.2022.02.005

191. **Mallet Finger: Two Different Injuries.**

Item Type: Journal Article

Authors: Giddins, G.

Publication Date: 2022b

Journal: Hand Clinics 38(3), pp. 281-288

192. **Mallet Finger: Two Different Injuries.**

Item Type: Journal Article

Authors: Giddins, G.

Publication Date: 2022c

Journal: Hand Clinics 38(3), pp. 281-288

193. **Mallet Finger: Two Different Injuries.**

Item Type: Journal Article

Authors: Giddins, G.

Publication Date: 2022d

Journal: Hand Clinics 38(3), pp. 281-288

194. **Radiographic comparison of bony and tendinous mallet injuries.**

Item Type: Journal Article

Authors: Giddins, G. E.

Publication Date: 2022a

Journal: The Journal of Hand Surgery, European Volume 47(3), pp. 321-322

195. **Radiographic comparison of bony and tendinous mallet injuries.**

Item Type: Journal Article

Authors: Giddins, G. E.

Publication Date: 2022b

Journal: The Journal of Hand Surgery, European Volume 47(3), pp. 321-322

196. **Radiographic comparison of bony and tendinous mallet injuries.**

Item Type: Journal Article

Authors: Giddins, G. E.

Publication Date: 2022c

Journal: The Journal of Hand Surgery, European Volume 47(3), pp. 321-322

197. **Discussions About Obstetric Brachial Plexus Injuries**

Item Type: Journal Article

Authors: Giddins, Grey

Publication Date: 2022a

Journal: Hand Clinics 38(3), pp. 329-335

Abstract: Although patients with obstetric brachial plexus injuries (OBPI) have been recognized and treated for greater than 100 years there is much that is not understood or is mis-understood. I address 6 areas for discussion: the cause of OBPI and whether it matters to nerve surgeons; the value of the Narakas grading; whether surgeons should perform primary nerve surgery, especially in patients with incomplete OBPI; the cause and treatment of shoulder tightness; the cause and treatment of elbow contracture; and whether patients with OBPI need surgery in adulthood.

DOI: 10.1016/j.hcl.2022.02.006

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35985757&custid=ns010877

198. **Mallet Finger: Two Different Injuries**

Item Type: Journal Article

Authors: Giddins, Grey

Publication Date: 2022b

Journal: Hand Clinics 38(3), pp. 281-288

Abstract: Mallet injuries, either tendinous or bony, are common. They are often studied

together and typically treated in the same way with extension splintage for 6 to 8 weeks. Yet the evidence clearly shows there are different injuries that present in the same way. Tendinous mallet injuries present in older patients usually following a low energy injury; they are often painless. The commonly injured fingers are the middle and ring. The injuries are almost always single digit without concomitant injuries. There is an extensor lag of a mean of 31 0 (range 3°-59 0) in the patients treated in my unit. In contrast, bony mallet injuries occur at a younger age (mean 40 years) and are always due to high energy injuries. The injuries are always painful. The commonly injured fingers are the ring and little fingers. There are multiple injuries in 3% (range 2%-5%) and in 4% to 8% of cases, there are concomitant (nondigital) injuries according to data in my unit. Radiologically there is an appreciably smaller extensor lag; mean 13 0 (range 0°-40 0). In particular, bony mallet injuries are extension compression, not avulsion, fractures which should not logically be treated with an extension splint which will reproduce the direction of injury.

DOI: 10.1016/j.hcl.2022.02.005

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35985751&custid=ns010877

199. **Radiographic comparison of bony and tendinous mallet injuries**

Item Type: Journal Article

Authors: Giddins, Grey E.

Publication Date: 2022

Journal: The Journal of Hand Surgery, European Volume 47(3), pp. 321-322

DOI: 10.1177/17531934211028133

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34250867&custid=ns010877

200. **In vivo measurement of distal radioulnar translation following distal radius fracture**

Item Type: Journal Article

Authors: Giddins, Grey E. B. and Pickering, Greg T.

Publication Date: 2022

Journal: The Journal of Hand Surgery, European Volume 47(2), pp. 137-141

Abstract: The incidence of distal radioulnar joint instability following a distal radius fracture is estimated around one in three based upon clinical examination. Using a validated rig, we objectively measured distal radioulnar joint translation in vivo following distal radius fracture. Dorsopalmar translation of the distal radioulnar joint was measured in 50 adults with previous distal radius fractures. Measurements were compared with the uninjured wrist and against a database of previous measurements within healthy and clinically lax populations. Translation at the distal radioulnar joint was greater in injured wrists at 12.2 mm (range 10-15, SD 1.2) than the uninjured wrists at 6.4 (range 4-9, SD 0.8) ($p < 0.001$) and was always outside the established normal range. There was no statistically significant link between translation and the severity of the injury. Instability appears almost inevitable following a distal radius (wrist) fracture, albeit subclinical in the vast majority.

DOI: 10.1177/17531934211016668

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34013791&custid=ns010877

201. **Edward Daniel Gilby**

Item Type: Journal Article

Authors: Gilby, Sue

Publication Date: 2022

Journal: BMJ : British Medical Journal (Online) 378, pp. o1800

Abstract: After his house officer roles, spurred by his interest in oncology, he took an MSc in biochemistry at London University to improve his understanding of cancer chemotherapy. Ed led a research project that produced groundbreaking improvements in the treatment of one type of small cell lung cancer, in some cases achieving long term cures in patients who would have previously all died from the disease. Along with his busy life as a consultant oncologist, Ed had a strong research interest in advancing cancer treatments and improving the quality of life for cancer patients.

DOI: 10.1136/bmj.o1800

URL: https://www.proquest.com/scholarly-journals/edward-daniel-gilby/docview/2704373698/se-2?accountid=48301 https://libkey.io/libraries/2835/openurl?genre=unknown&au=Gilby%252C+Sue&aulast=Gilby&issn=&isbn=&title=Edward+Daniel+Gilby&jtitle=BMJ+%253A+British+Medical+Journal+%2528Online%2529&pubname=BMJ+%253A+British+Medical+Journal+%2528Online%2529&btitle=&atitle=Edward+Daniel+Gilby&volume=378&issue=&spage=o1800&date=2022&doi=10.1136%252Fbmj.o1800&sid=ProQuest https://doi.org/10.1136/bmj.o1800

202. **A Case Report of Hypophosphatemia Leading to the Diagnosis of Mesothelioma**

Item Type: Journal Article

Authors: Goh, Zi W. and Hasan, Faisal

Publication Date: 2022

Journal: Cureus 14(5), pp. e25285

Abstract: Hypophosphatemia can be commonly encountered as an electrolyte imbalance and is defined as a value less than 0.8 mmol/l (2.5 mg/dl). It can be an incidental finding, but it is not uncommon to see it presenting with varied symptoms. It is good to have a clear diagnostic approach to this so adequate treatment can be instated. We present a 66-year-old gentleman who presented with hypophosphatemia. Investigations confirmed renal phosphate wasting secondary to fibroblast growth factor-23 (FGF-23). Imaging showed right pleural effusion, and pleural biopsy confirmed malignant mesothelioma. This may just be an association rather than the cause of his hypophosphatemia. It does however highlight the importance of further investigations for patients with tumor-induced osteomalacia.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2022, Goh et al.)

DOI: 10.7759/cureus.25285

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35755540&custid=ns010877

203. **High Flow Nasal Cannula Oxygen in COVID-19; still an important role to play.**

Item Type: Journal Article

Authors: Goodchild, K.;Spencer, S. A.;Brain, L.;Loh, B.;Laver, S.;Swinburne, H.;Rossdale, J.;Leadbetter, A.;McKerr, C.;Suntharalingam, J. and Georgiou, A.

Publication Date: 2022a

Journal: Journal of the Intensive Care Society Conference, pp. ntense

Abstract: Introduction: High flow nasal cannula oxygen (HFNC) has a firm evidence base in the management of hypoxaemic respiratory failure. It has been shown to reduce mortality and increase ventilator free days when compared with use of standard oxygen or continuous positive airway pressure (CPAP), and it has been shown to reduce intubation rates in patients with a P: F ratio of <200mmHg.1 However, provisional data from the use of HFNC in COVID-19 suggest no significant reduction in intubation rates and no mortality benefit over conventional oxygen therapy or CPAP.2 These contradictory findings complicate our understanding of any potential role for HFNC in COVID-19. In our organisation, all patients with COVID-19 who remained hypoxic despite standard oxygen therapy were initially managed with HFNC and only if they failed this modality were then trialled on CPAP or intubated for invasive mechanical ventilation. HFNC was provided on our physician led Respiratory Support Unit (RSU) with daily critical care input. Our approach differs to that employed in the most recent multicentre randomised controlled trial of respiratory support in COVID-19 and therefore offers the opportunity to understand how HFNC may be of benefit in patients with COVID-19.

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Item Type: Journal Article

Authors: Goodchild, K.;Spencer, S. A.;Brain, L.;Loh, B.;Laver, S.;Swinburne, H.;Rossdale, J.;Leadbetter, A.;McKerr, C.;Suntharalingam, J. and Georgiou, A.

Publication Date: 2022b

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Publication Date: 2022c

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206. **CT CORONARY ANGIOGRAPHY SIGNIFICANTLY CHANGES TREATMENT TARGETS VERSUS CORONARY ARTERY CALCIUM SCORING IN HIGH-RISK DYSLIPIDAEMIA PATIENTS.**

Item Type: Journal Article

Authors: Graby, J.;Sellek, J.;Bayly, G.;Avades, T.;Capps, N.;Shipman, K.;Mbagaya, W.;Luvai, A.;Khavandi, A.;Loughborough, W.;Hudson, B.;Downie, P. and Rodrigues, J.

Publication Date: 2022a

Journal: Heart Conference, pp. Brtsh

Abstract: Introduction Dyslipidaemia accelerates atherosclerosis. Patients with genetic dyslipidaemias, Familial Hypercholesterolaemia (FH) being the most common, are at heightened risk of premature cardiovascular events. However, this risk is heterogeneous within identical genotype diseases, and modifiable with treatment. Coronary imaging identifies subclinical atherosclerosis, personalises risk stratification and treatment targets. Coronary artery calcium scoring (CACS) is first-line for primary prevention. However, calcification is a late-stage process in CAD pathogenesis and the CACS has low specificity in young patients with severe FH. CT coronary angiography (CTCA) may identify non-calcific CAD and high risk plaque (HRP) features unseen with CACS. This study aimed to quantify the impact of CTCA vs traditional CACS on clinical management in real-world asymptomatic Lipid Clinic patients. Methods A retrospective single-centre review of asymptomatic Lipid Clinic electronic patient records with both CACS and CTCA from May 2019 to December 2020. A vignette was compiled for each patient providing all relevant clinical data. CACS was recorded as Agastston score and CTCA as the Coronary Artery Disease - Reporting and Data System (CAD RADS) grading of anatomical stenosis with a

modifier for HRP features.Findings were compiled into an anonymised online survey which Consultant Biochemists from across the UK were invited to complete. Data was revealed in a stepwise fashion to the participating clinician: (i) vignette only, (ii) CACS, and (iii) CAD RADS. Clinicians were asked their lipid target and management after each data-point was unblinded. Background information on CACS and CTCA result interpretation was provided prior to participation. Statistical analysis was performed using SPSS v.21 and significance was defined as two-tailed p<0.05. Results 45 asymptomatic patients (55+/-9 years, 49% female) were included. 7 Consultant Biochemists from 6 institutions (4 [67%] tertiary/teaching Hospitals and 2 [33%] district general Hospitals) participated.CACS and CAD RADS assessment of disease burden is presented in Figure 1, with CTCA re-classifying CAD severity vs CACS in 28/45 (62%) patientsLipid targets were altered significantly more frequently with CTCA vs CACS (19% vs 12%; chi2 57.0, p<0.005), even after CACS result available (Figure 2). The LDL target selected was altered by CACS in 12%, and in a further 19% when CAD RADS result was unblinded, which was statistically significant (c2 57.0, p<0.005). This finding was consistent across FH and non-FH patients. Increasing CACS and CAD RADS severity were significantly associated with change in lipid target (c2 54.2, p<0.001; chi2 27, p<0.001), the latter even after a high CACS result was available, as did presence of HRP (chi2 9.3, p=0.002). Conclusion In high-risk asymptomatic dyslipidaemia, CTCA alters treatment targets beyond CACS by demonstrating higher CAD severity burden and HRP. This may differentiate high risk and very high risk patients in an important population.

207. **CT CORONARY ANGIOGRAPHY SIGNIFICANTLY CHANGES TREATMENT TARGETS VERSUS CORONARY ARTERY CALCIUM SCORING IN HIGH-RISK DYSLIPIDAEMIA PATIENTS.**

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Authors: Graby, J.;Sellek, J.;Bayly, G.;Avades, T.;Capps, N.;Shipman, K.;Mbagaya, W.;Luvai, A.;Khavandi, A.;Loughborough, W.;Hudson, B.;Downie, P. and Rodrigues, J.

Publication Date: 2022

Journal: Heart Conference, pp. Brtsh

Abstract: Introduction Dyslipidaemia accelerates atherosclerosis. Patients with genetic dyslipidaemias, Familial Hypercholesterolaemia (FH) being the most common, are at heightened risk of premature cardiovascular events. However, this risk is heterogeneous within identical genotype diseases, and modifiable with treatment. Coronary imaging identifies subclinical atherosclerosis, personalises risk stratification and treatment targets. Coronary artery calcium scoring (CACS) is first-line for primary prevention. However, calcification is a late-stage process in CAD pathogenesis and the CACS has low specificity in young patients with severe FH. CT coronary angiography (CTCA) may identify non-calcific CAD and high risk plaque (HRP) features unseen with CACS. This study aimed to quantify the impact of CTCA vs traditional CACS on clinical management in real-world asymptomatic Lipid Clinic patients. Methods A retrospective single-centre review of asymptomatic Lipid Clinic electronic patient records with both CACS and CTCA from May 2019 to December 2020. A vignette was compiled for each patient providing all relevant clinical data. CACS was recorded as Agastston score and CTCA as the Coronary Artery Disease - Reporting and Data System (CAD RADS) grading of anatomical stenosis with a modifier for HRP features.Findings were compiled into an anonymised online survey which Consultant Biochemists from across the UK were invited to complete. Data was revealed in a stepwise fashion to the participating clinician: (i) vignette only, (ii) CACS, and (iii) CAD RADS. Clinicians were asked their lipid target and management after each data-point was unblinded. Background information on CACS and CTCA result interpretation was provided prior to participation. Statistical analysis was performed using SPSS v.21 and significance was defined as two-tailed p<0.05. Results 45 asymptomatic patients (55+/-9 years, 49% female) were included. 7 Consultant Biochemists from 6 institutions (4 [67%] tertiary/teaching Hospitals and 2 [33%] district general Hospitals) participated.CACS and CAD RADS assessment of disease burden is presented in Figure 1, with CTCA re-classifying CAD severity vs CACS in 28/45 (62%) patientsLipid targets were altered significantly more frequently with CTCA vs CACS (19% vs 12%; chi2 57.0, p<0.005), even after CACS result available (Figure 2). The LDL target selected was altered by CACS in 12%, and in a further 19% when CAD RADS result was unblinded, which was statistically significant (c2 57.0, p<0.005). This finding was consistent across FH and non-FH patients. Increasing CACS and CAD RADS severity were significantly associated with change in lipid

target (c2 54.2, p<0.001; chi2 27, p<0.001), the latter even after a high CACS result was available, as did presence of HRP (chi2 9.3, p=0.002). Conclusion In high-risk asymptomatic dyslipidaemia, CTCA alters treatment targets beyond CACS by demonstrating higher CAD severity burden and HRP. This may differentiate high risk and very high risk patients in an important population.

209. **CORONARY ARTERY CALCIFICATION ON NON-GATED, NON-CARDIAC CT HAS PROGNOSTIC AND TREATMENT IMPLICATIONS REGARDLESS OF AGE.**

Item Type: Journal Article

Authors: Graby, J.;SotoHernaez, J.;Murphy, D.;Oldman, J.;Burnett, T.;Charters, P.;Barrishi, A.;Thanaraaj, T.;Masterman, B.;Khavandi, A. and Rodrigues, J.

Publication Date: 2022a

Journal: Heart Conference, pp. Brtsh

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210. **CORONARY ARTERY CALCIFICATION ON NON-GATED, NON-CARDIAC CT HAS PROGNOSTIC AND TREATMENT IMPLICATIONS REGARDLESS OF AGE.**

Item Type: Journal Article

Authors: Graby, J.;SotoHernaez, J.;Murphy, D.;Oldman, J.;Burnett, T.;Charters, P.;Barrishi, A.;Thanaraaj, T.;Masterman, B.;Khavandi, A. and Rodrigues, J.

Publication Date: 2022b

Journal: Heart Conference, pp. Brtsh

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Authors: Graby, J.;SotoHernaez, J.;Murphy, D.;Oldman, J.;Burnett, T.;Charters, P.;Barrishi, A.;Thanaraaj, T.;Masterman, B.;Khavandi, A. and Rodrigues, J.

Publication Date: 2022c

Journal: Heart Conference, pp. Brtsh

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212. **[^{18}F]FDG PET/CT in rheumatoid arthritis.**

Item Type: Journal Article

Authors: Graham, R. N. and Panagiotidis, E.

Publication Date: 2022a

Journal: Quarterly Journal of Nuclear Medicine and Molecular Imaging 66(3), pp. 234-244

Abstract: [^{18}F]fluorodeoxyglucose (FDG) PET/CT can be used to image the inflammation in rheumatoid arthritis. Specifically, the synovial metabolic activity can be evaluated visually and measured using standard uptake values. Fluorine-18-labeled Sodium fluoride (NaF) PET/CT can be used to determine synovial osteoblastic activity. Response assessment using FDG PET/CT is routine in many cancers and this is now an emerging technique for rheumatoid arthritis. Vasculitis in rheumatoid arthritis (RA) can be also studied with FDG PET/CT and aortic calcification with NaF PET/CT. These techniques could be useful in determining RA disease severity. FDG PET/CT is a useful technique to exclude underlying malignancy when RA does not follow the expected course. A number of novel tracers are being studied with regard to their applicability in rheumatoid arthritis and some of these could even be used in a theranostic manner in the future.

DOI: 10.23736/S1824-4785.22.03461-6

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Item Type: Journal Article

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Publication Date: 2022d

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216. **British Nuclear Medicine Society Clinical Guideline for bone scintigraphy.**

    Item Type: Journal Article

    Authors: Graham, R.;Little, D.;Cade, S. and Redman, S.

    Publication Date: 2022a

    Journal: Nuclear Medicine Communications 43(11), pp. 1109-1112

    Abstract: This guideline must be read in conjunction with the British Nuclear Medicine Society (BNMS) Generic guidelines. The purpose of this guideline is to assist specialists in Nuclear Medicine and Radionuclide Radiology in recommending, performing, interpreting and reporting the results of bone scintigraphy studies. This guideline could also be used to help individual departments formulate their own local protocols. This does not aim to be prescriptive regarding technical aspects of individual camera acquisitions, which should be developed in conjunction with the local medical physics expert.

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    Journal: Nuclear Medicine Communications 43(11), pp. 1109-1112

    Abstract: This guideline must be read in conjunction with the British Nuclear Medicine Society (BNMS) Generic guidelines. The purpose of this guideline is to assist specialists in Nuclear Medicine and Radionuclide Radiology in recommending, performing, interpreting and reporting the results of bone scintigraphy studies. This guideline could also be used to

help individual departments formulate their own local protocols. This does not aim to be prescriptive regarding technical aspects of individual camera acquisitions, which should be developed in conjunction with the local medical physics expert.

219. **2022 follow-up: impact of the COVID-19 pandemic on nuclear medicine departments in Europe.**

    Item Type: Journal Article

    Authors: Graham, R.;Moreira, A. P.;Glaudemans, A. W. J. M.;Jensen, L. T.;Mihailovic, J.;Nazarenko, S.;Ozcan, Z.;Piciu, D.;Wadsak, W.;Kunikowska, J. and Jamar, F.

    Publication Date: 2022a

    Journal: European Journal of Nuclear Medicine and Molecular Imaging 49(10), pp. 3309-3315

    DOI: 10.1007/s00259-022-05881-y

220. **2022 follow-up: impact of the COVID-19 pandemic on nuclear medicine departments in Europe.**

    Item Type: Journal Article

    Authors: Graham, R.;Moreira, A. P.;Glaudemans, A. W. J. M.;Jensen, L. T.;Mihailovic, J.;Nazarenko, S.;Ozcan, Z.;Piciu, D.;Wadsak, W.;Kunikowska, J. and Jamar, F.

    Publication Date: 2022b

    Journal: European Journal of Nuclear Medicine and Molecular Imaging 49(10), pp. 3309-3315

221. **2022 follow-up: impact of the COVID-19 pandemic on nuclear medicine departments in Europe.**

    Item Type: Journal Article

    Authors: Graham, R.;Moreira, A. P.;Glaudemans, A. W. J. M.;Jensen, L. T.;Mihailovic, J.;Nazarenko, S.;Ozcan, Z.;Piciu, D.;Wadsak, W.;Kunikowska, J. and Jamar, F.

    Publication Date: 2022c

    Journal: European Journal of Nuclear Medicine and Molecular Imaging 49(10), pp. 3309-3315

222. **2022 follow-up: impact of the COVID-19 pandemic on nuclear medicine departments in Europe.**

    Item Type: Journal Article

    Authors: Graham, R.;Moreira, A. P.;Glaudemans, A. W. J. M.;Jensen, L. T.;Mihailovic, J.;Nazarenko, S.;Ozcan, Z.;Piciu, D.;Wadsak, W.;Kunikowska, J. and Jamar, F.

    Publication Date: 2022d

    Journal: European Journal of Nuclear Medicine and Molecular Imaging 49(10), pp. 3309-3315

223. **[18F]FDG PET/CT in rheumatoid arthritis**

Item Type: Journal Article

Authors: Graham, Richard N. and Panagiotidis, Emmanouil

Publication Date: 2022

Journal: The Quarterly Journal of Nuclear Medicine and Molecular Imaging : Official Publication of the Italian Association of Nuclear Medicine (AIMN) [and] the International Association of Radiopharmacology (IAR), [and] Section of the Society of.. 66(3), pp. 234-244

Abstract: 18 F]fluorodeoxyglucose (FDG) PET/CT can be used to image the inflammation in rheumatoid arthritis. Specifically, the synovial metabolic activity can be evaluated visually and measured using standard uptake values. Fluorine-18-labeled Sodium fluoride (NaF) PET/CT can be used to determine synovial osteoblastic activity. Response assessment using FDG PET/CT is routine in many cancers and this is now an emerging technique for rheumatoid arthritis. Vasculitis in rheumatoid arthritis (RA) can be also studied with FDG PET/CT and aortic calcification with NaF PET/CT. These techniques could be useful in determining RA disease severity. FDG PET/CT is a useful technique to exclude underlying malignancy when RA does not follow the expected course. A number of novel tracers are being studied with regard to their applicability in rheumatoid arthritis and some of these could even be used in a theranostic manner in the future.

DOI: 10.23736/S1824-4785.22.03461-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36066112&custid=ns010877

224. **British Nuclear Medicine Society Clinical Guideline for bone scintigraphy**

Item Type: Journal Article

Authors: Graham, Richard;Little, David;Cade, Sarah and Redman, Stewart

Publication Date: 2022

Journal: Nuclear Medicine Communications 43(11), pp. 1109-1112

Abstract: This guideline must be read in conjunction with the British Nuclear Medicine Society (BNMS) Generic guidelines. The purpose of this guideline is to assist specialists in Nuclear Medicine and Radionuclide Radiology in recommending, performing, interpreting and reporting the results of bone scintigraphy studies. This guideline could also be used to help individual departments formulate their own local protocols. This does not aim to be prescriptive regarding technical aspects of individual camera acquisitions, which should be developed in conjunction with the local medical physics expert. (Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.)

DOI: 10.1097/MNM.0000000000001615

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36164705&custid=ns010877

225. **2022 follow-up: impact of the COVID-19 pandemic on nuclear medicine departments in Europe**

Item Type: Journal Article

Authors: Graham, Richard;Moreira, Ana P.;Glaudemans, Andor W. J. M.;Jensen, Lars Thorbjørn;Mihaïlovic, Jasna;Nazarenko, Sergei;Ozcan, Zehra;Piciu, Doina;Wadsak, Wolfgang;Kunikowska, Jolanta and Jamar, François

Publication Date: 2022a

Journal: European Journal of Nuclear Medicine and Molecular Imaging 49(10), pp. 3309-3315

DOI: 10.1007/s00259-022-05881-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35737024&custid=ns010877

226. **2022 follow-up: impact of the COVID-19 pandemic on nuclear medicine departments in Europe**

Item Type: Journal Article

Authors: Graham, Richard;Moreira, Ana P.;Glaudemans, Andor W. J. M.;Jensen, Lars Thorbjørn;Mihaïlovic, Jasna;Nazarenko, Sergei;Ozcan, Zehra;Piciu, Doina;Wadsak, Wolfgang;Kunikowska, Jolanta and Jamar, François

Publication Date: 2022b

Journal: European Journal of Nuclear Medicine & Molecular Imaging 49(10), pp. 3309-3315

DOI: 10.1007/s00259-022-05881-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158139907&custid=ns010877

227. **The importance of ventilator settings and respiratory mechanics in patients resuscitated from cardiac arrest.**

Item Type: Journal Article

Authors: Grieco, D. L.;Costa, E. L. V. and Nolan, J. P.

Publication Date: 2022a

Journal: Intensive Care Medicine 48(8), pp. 1056-1058

DOI: 10.1007/s00134-022-06779-x

228. **The importance of ventilator settings and respiratory mechanics in patients resuscitated from cardiac arrest.**

Item Type: Journal Article

Authors: Grieco, D. L.;Costa, E. L. V. and Nolan, J. P.

Publication Date: 2022b

Journal: Intensive Care Medicine 48(8), pp. 1056-1058

229. **The importance of ventilator settings and respiratory mechanics in patients resuscitated from cardiac arrest.**

    Item Type: Journal Article

    Authors: Grieco, D. L.;Costa, E. L. V. and Nolan, J. P.

    Publication Date: 2022c

    Journal: Intensive Care Medicine 48(8), pp. 1056-1058

230. **The importance of ventilator settings and respiratory mechanics in patients resuscitated from cardiac arrest.**

    Item Type: Journal Article

    Authors: Grieco, D. L.;Costa, E. L. V. and Nolan, J. P.

    Publication Date: 2022d

    Journal: Intensive Care Medicine 48(8), pp. 1056-1058

231. **The importance of ventilator settings and respiratory mechanics in patients resuscitated from cardiac arrest**

    Item Type: Journal Article

    Authors: Grieco, Domenico L.;Costa, Eduardo L. V. and Nolan, Jerry P.

    Publication Date: 2022a

    Journal: Intensive Care Medicine 48(8), pp. 1056-1058

    DOI: 10.1007/s00134-022-06779-x

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158111962&custid=ns010877

232. **The importance of ventilator settings and respiratory mechanics in patients resuscitated from cardiac arrest**

    Item Type: Journal Article

    Authors: Grieco, Domenico L.;Costa, Eduardo L. V. and Nolan, Jerry P.

    Publication Date: 2022b

    Journal: Intensive Care Medicine 48(8), pp. 1056-1058

    DOI: 10.1007/s00134-022-06779-x

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35776161&custid=ns010877

233. **A PHASE II RANDOMISED CONTROLLED TRIAL of ORAL PREDNISOLONE in EARLY DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS (PREDSS).**

Item Type: Journal Article

Authors: GriffithsJones, D.;Sylvestre Garcia, Y.;Ryder, D.;Pauling, J.;Hall, F.;Lanyon, P.;Mason, J.;Denton, C. P. and Herrick, A.

Publication Date: 2022a

Journal: Annals of the Rheumatic Diseases Conference, pp. Euroean

Abstract: Background: A highly controversial question is whether or not corticosteroids should be prescribed for patients with early diffuse cutaneous systemic sclerosis (dcSSc). Although the painful and disabling features of early dcSSc (including tight itchy skin, contractures, fatigue) have an infammatory basis and are likely to respond to corticosteroids, corticosteroids are a risk factor for potentially life-threatening scleroderma renal crisis.

234. **A PHASE II RANDOMISED CONTROLLED TRIAL of ORAL PREDNISOLONE in EARLY DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS (PREDSS).**

Item Type: Journal Article

Authors: GriffithsJones, D.;Sylvestre Garcia, Y.;Ryder, D.;Pauling, J.;Hall, F.;Lanyon, P.;Mason, J.;Denton, C. P. and Herrick, A.

Publication Date: 2022b

Journal: Annals of the Rheumatic Diseases Conference, pp. Euroean

Abstract: Background: A highly controversial question is whether or not corticosteroids should be prescribed for patients with early diffuse cutaneous systemic sclerosis (dcSSc). Although the painful and disabling features of early dcSSc (including tight itchy skin, contractures, fatigue) have an infammatory basis and are likely to respond to corticosteroids, corticosteroids are a risk factor for potentially life-threatening scleroderma renal crisis.

235. **A PHASE II RANDOMISED CONTROLLED TRIAL of ORAL PREDNISOLONE in EARLY DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS (PREDSS).**

Item Type: Journal Article

Authors: GriffithsJones, D.;Sylvestre Garcia, Y.;Ryder, D.;Pauling, J.;Hall, F.;Lanyon, P.;Mason, J.;Denton, C. P. and Herrick, A.

Publication Date: 2022c

Journal: Annals of the Rheumatic Diseases Conference, pp. Euroean

Abstract: Background: A highly controversial question is whether or not corticosteroids should be prescribed for patients with early diffuse cutaneous systemic sclerosis (dcSSc). Although the painful and disabling features of early dcSSc (including tight itchy skin, contractures, fatigue) have an infammatory basis and are likely to respond to corticosteroids, corticosteroids are a risk factor for potentially life-threatening scleroderma renal crisis.

236. **A proposed methodology for uncertainty extraction and verification in priority setting partnerships with the James Lind Alliance: an example from the Common Conditions Affecting the Hand and Wrist Priority Setting Partnership**

Item Type: Journal Article

Authors: Grindlay, D. J. C.;Davis, T. R. C.;Kennedy, D.;Larson, D.;Furniss, D.;Cowan, K.;Giddins, G.;Jain, A.;Trickett, R. W. and Karantana, A.

Publication Date: 2022

Journal: BMC Medical Research Methodology 22(1), pp. 292

Abstract: Background: To report our recommended methodology for extracting and then confirming research uncertainties - areas where research has failed to answer a research question - derived from previously published literature during a broad scope Priority Setting Partnership (PSP) with the James Lind Alliance (JLA).; Methods: This process was completed in the UK as part of the PSP for "Common Conditions Affecting the Hand and Wrist", comprising of health professionals, patients and carers and reports the data (uncertainty) extraction phase of this. The PSP followed the robust methodology dictated by the JLA and sought to identify knowledge gaps, termed "uncertainties" by the JLA. Published Cochrane Systematic Reviews, Guidelines and Protocols, NICE (National Institute for Health and Care Excellence) Guidelines, and SIGN (Scottish Intercollegiate Guidelines Network) Guidelines were screened for documented "uncertainties". A robust method of screening, internally verifying and then checking uncertainties was adopted. This included independent screening and data extraction by multiple researchers and use of a PRISMA flowchart, alongside steering group consensus processes. Selection of research uncertainties was guided by the scope of the Common Conditions Affecting the Hand and Wrist PSP which focused on "common" hand conditions routinely treated by hand specialists, including hand surgeons and hand therapists limited to identifying questions concerning the results of intervention, and not the basic science or epidemiology behind disease.; Results: Of the 2358 records identified (after removal of duplicates) which entered the screening process, 186 records were presented to the PSP steering group for eligibility assessment; 79 were deemed within scope and included for the purpose of research uncertainty extraction (45 full Cochrane Reviews, 18 Cochrane Review protocols, 16 Guidelines). These yielded 89 research uncertainties, which were compared to the stakeholder survey, and added to the longlist where necessary; before derived uncertainties were checked against non-Cochrane published systematic reviews.; Conclusions: In carrying out this work, beyond reporting on output of the Common Conditions Affecting the Hand and Wrist PSP, we detail the methodology and processes we hope can inform and facilitate the work of future PSPs and other evidence reviews, especially those with a broader scope beyond a single disease or condition. (© 2022. The Author(s).)

DOI: 10.1186/s12874-022-01777-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36357847&custid=ns010877

237. **A proposed methodology for uncertainty extraction and verification in priority setting partnerships with the James Lind Alliance: an example from the Common Conditions Affecting the Hand and Wrist Priority Setting Partnership.**

Item Type: Journal Article

Authors: Grindlay, D. J. C.;Davis, T. R. C.;Kennedy, D.;Larson, D.;Furniss, D.;Cowan, K.;Giddins, G.;Jain, A.;Trickett, R. W. and Karantana, A.

Publication Date: 2022a

Journal: BMC Medical Research Methodology 22(1), pp. 292

Abstract: BACKGROUND: To report our recommended methodology for extracting and then confirming research uncertainties - areas where research has failed to answer a research question - derived from previously published literature during a broad scope Priority Setting Partnership (PSP) with the James Lind Alliance (JLA).

238. **A proposed methodology for uncertainty extraction and verification in priority setting partnerships with the James Lind Alliance: an example from the Common Conditions Affecting the Hand and Wrist Priority Setting Partnership.**

Item Type: Journal Article

Authors: Grindlay, D. J. C.;Davis, T. R. C.;Kennedy, D.;Larson, D.;Furniss, D.;Cowan, K.;Giddins, G.;Jain, A.;Trickett, R. W. and Karantana, A.

Publication Date: 2022b

Journal: BMC Medical Research Methodology 22(1), pp. 292

Abstract: BACKGROUND: To report our recommended methodology for extracting and then confirming research uncertainties - areas where research has failed to answer a research question - derived from previously published literature during a broad scope Priority Setting Partnership (PSP) with the James Lind Alliance (JLA).

239. **A proposed methodology for uncertainty extraction and verification in priority setting partnerships with the James Lind Alliance: an example from the Common Conditions Affecting the Hand and Wrist Priority Setting Partnership.**

Item Type: Journal Article

Authors: Grindlay, D. J. C.;Davis, T. R. C.;Kennedy, D.;Larson, D.;Furniss, D.;Cowan, K.;Giddins, G.;Jain, A.;Trickett, R. W. and Karantana, A.

Publication Date: 2022c

Journal: BMC Medical Research Methodology 22(1), pp. 292

Abstract: BACKGROUND: To report our recommended methodology for extracting and then confirming research uncertainties - areas where research has failed to answer a research question - derived from previously published literature during a broad scope Priority Setting Partnership (PSP) with the James Lind Alliance (JLA).

240. **Nocebo language in anaesthetic patient written information**

Item Type: Journal Article

Authors: Guscoth, L. B. and Cyna, A. M.

Publication Date: 2022a

Journal: Anaesthesia 77(10), pp. 1113-1119

Abstract: Recent evidence suggests that how anaesthesia information is presented may influence patient treatment outcomes. We conducted an observational study of anaesthetic-based patient information leaflets across NHS Trusts in England for their nocebo terms vs.

therapeutic terms, and how adverse effects were presented. In this study, 'nocebo' is wording that may predispose the patient to expect adverse events such as pain or nausea. Data were extracted and analysed for word frequency, weighted proportion and thematic analysis. In total, 42 patient information leaflets from 61 NHS Trusts were analysed. 'Pain' was the second most common word across the leaflets, median (IQR range]) 0.82 (0.50-1.0 0.12-1.47]) per 100 words, second only to 'anaesthesia'. In comparison, 'safe' was the most common positively valanced word which featured eight times less frequently than 'pain' 0.10 (0.07-0.18 0.0-0.84]) and 'comfort' featured 16.5 times less than 'pain' 0.02 (0.0-0.05 0.0-0.13]). Multiple examples of phrasing that could have potential nocebo effects included, 'you will need strong painkillers' suggesting 'strong pain' and the need for 'painkillers' rather than using therapeutic terms focusing on 'comfort', 'healing' and 'recovery'. Our results suggest a dominance of phrases with negative content in the presentation of anaesthesia information provided to patients. Clinicians need to be aware of inadvertent generation of nocebo-weighted vs. comfort-weighted communication with patients. Our study findings suggest an opportunity for more emphasis to be placed on therapeutic outcomes and effective mitigation strategies of anaesthesia risks to avoid potential unintended nocebo effects of anaesthesia information leaflets or websites. (© 2022 Association of Anaesthetists.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35918796&custid=ns010877

241. **Nocebo language in anaesthetic patient written information**

Item Type: Journal Article

Authors: Guscoth, L. B. and Cyna, A. M.

Publication Date: 2022b

Journal: Anaesthesia 77(10), pp. 1113-1119

Abstract: Recent evidence suggests that how anaesthesia information is presented may influence patient treatment outcomes. We conducted an observational study of anaesthetic-based patient information leaflets across NHS Trusts in England for their nocebo terms vs. therapeutic terms, and how adverse effects were presented. In this study, 'nocebo' is wording that may predispose the patient to expect adverse events such as pain or nausea. Data were extracted and analysed for word frequency, weighted proportion and thematic analysis. In total, 42 patient information leaflets from 61 NHS Trusts were analysed. 'Pain' was the second most common word across the leaflets, median (IQR range]) 0.82 (0.50-1.0 0.12-1.47]) per 100 words, second only to 'anaesthesia'. In comparison, 'safe' was the most common positively valanced word which featured eight times less frequently than 'pain' 0.10 (0.07-0.18 0.0-0.84]) and 'comfort' featured 16.5 times less than 'pain' 0.02 (0.0-0.05 0.0-0.13]). Multiple examples of phrasing that could have potential nocebo effects included, 'you will need strong painkillers' suggesting 'strong pain' and the need for 'painkillers' rather than using therapeutic terms focusing on 'comfort', 'healing' and 'recovery'. Our results suggest a dominance of phrases with negative content in the presentation of anaesthesia information provided to patients. Clinicians need to be aware of inadvertent generation of nocebo-weighted vs. comfort-weighted communication with patients. Our study findings suggest an opportunity for more emphasis to be placed on therapeutic outcomes and effective mitigation strategies of anaesthesia risks to avoid potential unintended nocebo effects of anaesthesia information leaflets or websites.

DOI: 10.1111/anae.15824

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=1

59084427&custid=ns010877

242. **Nocebo language in anaesthetic patient written information.**

Item Type: Journal Article

Authors: Guscoth, L. B. and Cyna, A. M.

Publication Date: 2022c

Journal: Anaesthesia 77(10), pp. 1113-1119

Abstract: Recent evidence suggests that how anaesthesia information is presented may influence patient treatment outcomes. We conducted an observational study of anaesthetic-based patient information leaflets across NHS Trusts in England for their nocebo terms vs. therapeutic terms, and how adverse effects were presented. In this study, 'nocebo' is wording that may predispose the patient to expect adverse events such as pain or nausea. Data were extracted and analysed for word frequency, weighted proportion and thematic analysis. In total, 42 patient information leaflets from 61 NHS Trusts were analysed. 'Pain' was the second most common word across the leaflets, median (IQR [range]) 0.82 (0.50-1.0 [0.12-1.47]) per 100 words, second only to 'anaesthesia'. In comparison, 'safe' was the most common positively valanced word which featured eight times less frequently than 'pain' 0.10 (0.07-0.18 [0.0-0.84]) and 'comfort' featured 16.5 times less than 'pain' 0.02 (0.0-0.05 [0.0-0.13]). Multiple examples of phrasing that could have potential nocebo effects included, 'you will need strong painkillers' suggesting 'strong pain' and the need for 'painkillers' rather than using therapeutic terms focusing on 'comfort', 'healing' and 'recovery'. Our results suggest a dominance of phrases with negative content in the presentation of anaesthesia information provided to patients. Clinicians need to be aware of inadvertent generation of nocebo-weighted vs. comfort-weighted communication with patients. Our study findings suggest an opportunity for more emphasis to be placed on therapeutic outcomes and effective mitigation strategies of anaesthesia risks to avoid potential unintended nocebo effects of anaesthesia information leaflets or websites.

DOI: 10.1111/anae.15824

243. **Nocebo language in anaesthetic patient written information.**

Item Type: Journal Article

Authors: Guscoth, L. B. and Cyna, A. M.

Publication Date: 2022d

Journal: Anaesthesia 77(10), pp. 1113-1119

Abstract: Recent evidence suggests that how anaesthesia information is presented may influence patient treatment outcomes. We conducted an observational study of anaesthetic-based patient information leaflets across NHS Trusts in England for their nocebo terms vs. therapeutic terms, and how adverse effects were presented. In this study, 'nocebo' is wording that may predispose the patient to expect adverse events such as pain or nausea. Data were extracted and analysed for word frequency, weighted proportion and thematic analysis. In total, 42 patient information leaflets from 61 NHS Trusts were analysed. 'Pain' was the second most common word across the leaflets, median (IQR [range]) 0.82 (0.50-1.0 [0.12-1.47]) per 100 words, second only to 'anaesthesia'. In comparison, 'safe' was the most common positively valanced word which featured eight times less frequently than 'pain' 0.10 (0.07-0.18 [0.0-0.84]) and 'comfort' featured 16.5 times less than 'pain' 0.02 (0.0-0.05 [0.0-0.13]). Multiple examples of phrasing that could have potential nocebo effects included, 'you

will need strong painkillers' suggesting 'strong pain' and the need for 'painkillers' rather than using therapeutic terms focusing on 'comfort', 'healing' and 'recovery'. Our results suggest a dominance of phrases with negative content in the presentation of anaesthesia information provided to patients. Clinicians need to be aware of inadvertent generation of nocebo-weighted vs. comfort-weighted communication with patients. Our study findings suggest an opportunity for more emphasis to be placed on therapeutic outcomes and effective mitigation strategies of anaesthesia risks to avoid potential unintended nocebo effects of anaesthesia information leaflets or websites.

244. **Nocebo language in anaesthetic patient written information.**

Item Type: Journal Article

Authors: Guscoth, L. B. and Cyna, A. M.

Publication Date: 2022e

Journal: Anaesthesia 77(10), pp. 1113-1119

Abstract: Recent evidence suggests that how anaesthesia information is presented may influence patient treatment outcomes. We conducted an observational study of anaesthetic-based patient information leaflets across NHS Trusts in England for their nocebo terms vs. therapeutic terms, and how adverse effects were presented. In this study, 'nocebo' is wording that may predispose the patient to expect adverse events such as pain or nausea. Data were extracted and analysed for word frequency, weighted proportion and thematic analysis. In total, 42 patient information leaflets from 61 NHS Trusts were analysed. 'Pain' was the second most common word across the leaflets, median (IQR [range]) 0.82 (0.50-1.0 [0.12-1.47]) per 100 words, second only to 'anaesthesia'. In comparison, 'safe' was the most common positively valanced word which featured eight times less frequently than 'pain' 0.10 (0.07-0.18 [0.0-0.84]) and 'comfort' featured 16.5 times less than 'pain' 0.02 (0.0-0.05 [0.0-0.13]). Multiple examples of phrasing that could have potential nocebo effects included, 'you will need strong painkillers' suggesting 'strong pain' and the need for 'painkillers' rather than using therapeutic terms focusing on 'comfort', 'healing' and 'recovery'. Our results suggest a dominance of phrases with negative content in the presentation of anaesthesia information provided to patients. Clinicians need to be aware of inadvertent generation of nocebo-weighted vs. comfort-weighted communication with patients. Our study findings suggest an opportunity for more emphasis to be placed on therapeutic outcomes and effective mitigation strategies of anaesthesia risks to avoid potential unintended nocebo effects of anaesthesia information leaflets or websites.

245. **Nocebo language in anaesthetic patient written information.**

Item Type: Journal Article

Authors: Guscoth, L. B. and Cyna, A. M.

Publication Date: 2022f

Journal: Anaesthesia 77(10), pp. 1113-1119

Abstract: Recent evidence suggests that how anaesthesia information is presented may influence patient treatment outcomes. We conducted an observational study of anaesthetic-based patient information leaflets across NHS Trusts in England for their nocebo terms vs. therapeutic terms, and how adverse effects were presented. In this study, 'nocebo' is wording that may predispose the patient to expect adverse events such as pain or nausea. Data were extracted and analysed for word frequency, weighted proportion and thematic analysis. In total, 42 patient information leaflets from 61 NHS Trusts were analysed. 'Pain' was the second most common word across the leaflets, median (IQR [range]) 0.82 (0.50-1.0

[0.12-1.47]) per 100 words, second only to 'anaesthesia'. In comparison, 'safe' was the most common positively valanced word which featured eight times less frequently than 'pain' 0.10 (0.07-0.18 [0.0-0.84]) and 'comfort' featured 16.5 times less than 'pain' 0.02 (0.0-0.05 [0.0-0.13]). Multiple examples of phrasing that could have potential nocebo effects included, 'you will need strong painkillers' suggesting 'strong pain' and the need for 'painkillers' rather than using therapeutic terms focusing on 'comfort', 'healing' and 'recovery'. Our results suggest a dominance of phrases with negative content in the presentation of anaesthesia information provided to patients. Clinicians need to be aware of inadvertent generation of nocebo-weighted vs. comfort-weighted communication with patients. Our study findings suggest an opportunity for more emphasis to be placed on therapeutic outcomes and effective mitigation strategies of anaesthesia risks to avoid potential unintended nocebo effects of anaesthesia information leaflets or websites.

246. **The introduction of an emergency algorithm folder to reduce cognitive overload and improve teamwork and non-technical skills in an Intensive Care Unit.**

    Item Type: Journal Article

    Authors: Guscoth, L.;Goodchild, K. and Kelly, F.

    Publication Date: 2022a

    Journal: Journal of the Intensive Care Society Conference, pp. ntense

    Abstract: Introduction: The management of emergency scenarios requires prompt action, leadership and effective teamwork with clear and concise communication. Decision making in emergency scenarios can be hampered by environmental and organisational factors and cognitive overload.1 Emergency scenario communication has been further challenged by the physical and mental strain of the COVID-19 pandemic.2 Cognitive aids have been shown to improve clinician performanc3 and improve non-technical skills4. Reducing the mental workload of recalling an emergency algorithm sequence may ensure that all critical steps are followed, enabling more focus on team function.4 We proposed that a folder of emergency algorithms, readily available in our Intensive Care Unit (ICU), may enhance the running of emergency scenarios.

247. **The introduction of an emergency algorithm folder to reduce cognitive overload and improve teamwork and non-technical skills in an Intensive Care Unit.**

    Item Type: Journal Article

    Authors: Guscoth, L.;Goodchild, K. and Kelly, F.

    Publication Date: 2022b

    Journal: Journal of the Intensive Care Society Conference, pp. ntense

    Abstract: Introduction: The management of emergency scenarios requires prompt action, leadership and effective teamwork with clear and concise communication. Decision making in emergency scenarios can be hampered by environmental and organisational factors and cognitive overload.1 Emergency scenario communication has been further challenged by the physical and mental strain of the COVID-19 pandemic.2 Cognitive aids have been shown to improve clinician performanc3 and improve non-technical skills4. Reducing the mental workload of recalling an emergency algorithm sequence may ensure that all critical steps are followed, enabling more focus on team function.4 We proposed that a folder of emergency algorithms, readily available in our Intensive Care Unit (ICU), may enhance the running of emergency scenarios.

248. **The introduction of an emergency algorithm folder to reduce cognitive overload and improve teamwork and non-technical skills in an Intensive Care Unit.**

Item Type: Journal Article

Authors: Guscoth, L.;Goodchild, K. and Kelly, F.

Publication Date: 2022c

Journal: Journal of the Intensive Care Society Conference, pp. ntense

Abstract: Introduction: The management of emergency scenarios requires prompt action, leadership and effective teamwork with clear and concise communication. Decision making in emergency scenarios can be hampered by environmental and organisational factors and cognitive overload.1 Emergency scenario communication has been further challenged by the physical and mental strain of the COVID-19 pandemic.2 Cognitive aids have been shown to improve clinician performanc3 and improve non-technical skills4. Reducing the mental workload of recalling an emergency algorithm sequence may ensure that all critical steps are followed, enabling more focus on team function.4 We proposed that a folder of emergency algorithms, readily available in our Intensive Care Unit (ICU), may enhance the running of emergency scenarios.

249. **Persistent renal replacement requirement following fulminant psittacosis infection in pregnancy**

Item Type: Journal Article

Authors: Guscoth, Layla B.;Taylor, Dominic M. and Coad, Felicity

Publication Date: 2022

Journal: BMJ Case Reports 15(12), pp. 1-3

Abstract: Chlamydia psittaci is a zoonotic bacterial infection that most commonly causes mild flu-like symptoms in humans. However, in pregnancy, it can present as fulminant psittacosis associated with systemic illness, disseminated intravascular coagulation, renal and hepatic failure. We describe a case of a veterinary nurse in her 30s who presented at 32 weeks' gestation with rapidly progressive multiorgan failure, with positive, C. psittaci serology. Further history revealed that she had delivered a number of dead lambs in the preceding weeks to her illness, highlighting the importance of a thorough social history. C. psittaci should be suspected in the differential as a causative organism for severe pneumonia with multiorgan failure particularly in pregnant women with animal or bird contacts.

DOI: 10.1136/bcr-2022-250221

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161193810&custid=ns010877

250. **DEVELOPING A CENTRAL DATABASE AND VIRTUAL BIOBANK FOR RARE GYNAECOLOGICAL CANCERS IN THE UK: RANGO (RARE NEOPLASMS OF GYNAECOLOGICAL ORIGIN).**

Item Type: Journal Article

Authors: Hall, M.;Mcgrane, J.;Glasspool, R.;Jeyneethi, J.;Herbertson, R.;Bowen, R.;Saravi, S.;Rolland, P.;Millar, J.;Mcdonald, T. and Karteris, E.

Publication Date: 2022a

Journal: International Journal of Gynecological Cancer Conference, pp. nternatona

Abstract: Objectives To create a platform for further exploration of the diagnosis and current management of patients with RaNGO. To build a tissue bank for future translational work. Methods A clinical trial was devised to collect patient data about a specific set of RaNGO, particularly those where there is unmet clinical need. The trial began recruitment in 2017 and has gradually been opening more gynaecological cancer centre sites across the UK. Patients are requested to consent to disclosure of anonymised details of their diagnosis and treatment as well as follow up information, internationally. They also agree to donate any tissue for future ethically approved laboratory work, nationally or internationally. Some patients also agreed to donate regular blood samples for the identification of circulating factors. Results 354 patients have been recruited from 30 sites. Table 1 shows the set of RaNGO eligible for inclusion and the numbers of patients collected to May 2022. For those who had sequential blood sampling before, during and after treatment, the numbers of cytokeratin + (CK+) cells identified in blood samples reduced following successful treatment and rose with relapsed disease. Conclusions There is considerable enthusiasm for collaboration amongst patients and clinicians to improve the understanding and management of patients with RaNGO. It is hoped that in due course this data can be encompassed in larger international datasets which are likely to be required for meaningful interpretation for the rarest malignancies. Interrogation of blood from patients at more advanced stages continues and will be compared with available tissue.

251. **DEVELOPING A CENTRAL DATABASE AND VIRTUAL BIOBANK FOR RARE GYNAECOLOGICAL CANCERS IN THE UK: RANGO (RARE NEOPLASMS OF GYNAECOLOGICAL ORIGIN).**

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Publication Date: 2022b

Journal: International Journal of Gynecological Cancer Conference, pp. nternatona

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252. **DEVELOPING A CENTRAL DATABASE AND VIRTUAL BIOBANK FOR RARE GYNAECOLOGICAL CANCERS IN THE UK: RANGO (RARE NEOPLASMS OF GYNAECOLOGICAL ORIGIN).**

Item Type: Journal Article

Authors: Hall, M.;Mcgrane, J.;Glasspool, R.;Jeyneethi, J.;Herbertson, R.;Bowen, R.;Saravi, S.;Rolland, P.;Millar, J.;Mcdonald, T. and Karteris, E.

Publication Date: 2022c

Journal: International Journal of Gynecological Cancer Conference, pp. nternatona

Abstract: Objectives To create a platform for further exploration of the diagnosis and current management of patients with RaNGO. To build a tissue bank for future translational work. Methods A clinical trial was devised to collect patient data about a specific set of RaNGO, particularly those where there is unmet clinical need. The trial began recruitment in 2017 and has gradually been opening more gynaecological cancer centre sites across the UK. Patients are requested to consent to disclosure of anonymised details of their diagnosis and treatment as well as follow up information, internationally. They also agree to donate any tissue for future ethically approved laboratory work, nationally or internationally. Some patients also agreed to donate regular blood samples for the identification of circulating factors. Results 354 patients have been recruited from 30 sites. Table 1 shows the set of RaNGO eligible for inclusion and the numbers of patients collected to May 2022. For those who had sequential blood sampling before, during and after treatment, the numbers of cytokeratin + (CK+) cells identified in blood samples reduced following successful treatment and rose with relapsed disease. Conclusions There is considerable enthusiasm for collaboration amongst patients and clinicians to improve the understanding and management of patients with RaNGO. It is hoped that in due course this data can be encompassed in larger international datasets which are likely to be required for meaningful interpretation for the rarest malignancies. Interrogation of blood from patients at more advanced stages continues and will be compared with available tissue.

253. **Mirror, mirror, on the wall, which is the best videolaryngoscope of them all?**

Item Type: Journal Article

Authors: Hansel, J. and Rogers, A. M.

Publication Date: 2022a

Journal: Anaesthesia 77(4), pp. 493

DOI: 10.1111/anae.15654

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34957546&custid=ns010877

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Item Type: Journal Article

Authors: Hansel, J. and Rogers, A. M.

Publication Date: 2022b

Journal: Anaesthesia 77(4), pp. 493

DOI: 10.1111/anae.15654

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155835470&custid=ns010877

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Item Type: Journal Article

Authors: Hansel, J. and Rogers, A. M.

Publication Date: 2022c

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256. **Mirror, mirror, on the wall, which is the best videolaryngoscope of them all?.**

Item Type: Journal Article

Authors: Hansel, J. and Rogers, A. M.

Publication Date: 2022d

Journal: Anaesthesia 77(4), pp. 493

257. **Mirror, mirror, on the wall, which is the best videolaryngoscope of them all?.**

Item Type: Journal Article

Authors: Hansel, J. and Rogers, A. M.

Publication Date: 2022e

Journal: Anaesthesia 77(4), pp. 493

258. **Mirror, mirror, on the wall, which is the best videolaryngoscope of them all?.**

Item Type: Journal Article

Authors: Hansel, J. and Rogers, A. M.

Publication Date: 2022f

Journal: Anaesthesia 77(4), pp. 493

259. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane systematic review and meta-analysis update.**

Item Type: Journal Article

Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

Publication Date: 2022a

Journal: British Journal of Anaesthesia 129(4), pp. 612-623

Abstract: Background: Tracheal intubation is a commonly performed procedure that can be associated with complications and result in patient harm. Videolaryngoscopy (VL) may decrease this risk as compared with Macintosh direct laryngoscopy (DL). This review evaluates the risk and benefit profile of VL compared with DL in adults.

DOI: 10.1016/j.bja.2022.05.027

260. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation.**

Item Type: Journal Article

Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

Publication Date: 2022b

Journal: Cochrane Database of Systematic Reviews 2022(4) (pagination), pp. Arte Number: 011136. ate of Pubaton: 04 Ar 2022

Abstract: Background: Tracheal intubation is a common procedure performed to secure the airway in adults undergoing surgery or those who are critically ill. Intubation is sometimes associated with difficulties and complications that may result in patient harm. While it is traditionally achieved by performing direct laryngoscopy, the past three decades have seen the advent of rigid indirect videolaryngoscopes (VLs). A mounting body of evidence comparing the two approaches to tracheal intubation has been acquired over this period of time. This is an update of a Cochrane Review first published in 2016.

DOI: 10.1002/14651858.CD011136.pub3

261. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane systematic review and meta-analysis update.**

Item Type: Journal Article

Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

Publication Date: 2022c

Journal: British Journal of Anaesthesia 129(4), pp. 612-623

Abstract: Background: Tracheal intubation is a commonly performed procedure that can be associated with complications and result in patient harm. Videolaryngoscopy (VL) may decrease this risk as compared with Macintosh direct laryngoscopy (DL). This review evaluates the risk and benefit profile of VL compared with DL in adults.

262. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation.**

Item Type: Journal Article

Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

Publication Date: 2022d

Journal: Cochrane Database of Systematic Reviews 2022(4) (pagination), pp. Arte Number: 011136. ate of Pubaton: 04 Ar 2022

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263. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane systematic review and meta-analysis update.**

    Item Type: Journal Article

    Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

    Publication Date: 2022e

    Journal: British Journal of Anaesthesia 129(4), pp. 612-623

    Abstract: Background: Tracheal intubation is a commonly performed procedure that can be associated with complications and result in patient harm. Videolaryngoscopy (VL) may decrease this risk as compared with Macintosh direct laryngoscopy (DL). This review evaluates the risk and benefit profile of VL compared with DL in adults.

264. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation.**

    Item Type: Journal Article

    Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

    Publication Date: 2022f

    Journal: Cochrane Database of Systematic Reviews 2022(4) (pagination), pp. Arte Number: 011136. ate of Pubaton: 04 Ar 2022

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265. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane systematic review and meta-analysis update.**

    Item Type: Journal Article

    Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

    Publication Date: 2022g

    Journal: British Journal of Anaesthesia 129(4), pp. 612-623

    Abstract: Background: Tracheal intubation is a commonly performed procedure that can be associated with complications and result in patient harm. Videolaryngoscopy (VL) may

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266. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation.**

Item Type: Journal Article

Authors: Hansel, J.;Rogers, A. M.;Lewis, S. R.;Cook, T. M. and Smith, A. F.

Publication Date: 2022h

Journal: Cochrane Database of Systematic Reviews 2022(4) (pagination), pp. Arte Number: 011136. ate of Pubaton: 04 Ar 2022

Abstract: Background: Tracheal intubation is a common procedure performed to secure the airway in adults undergoing surgery or those who are critically ill. Intubation is sometimes associated with difficulties and complications that may result in patient harm. While it is traditionally achieved by performing direct laryngoscopy, the past three decades have seen the advent of rigid indirect videolaryngoscopes (VLs). A mounting body of evidence comparing the two approaches to tracheal intubation has been acquired over this period of time. This is an update of a Cochrane Review first published in 2016.

267. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation**

Item Type: Journal Article

Authors: Hansel, Jan;Rogers, Andrew M.;Lewis, Sharon R.;Cook, Tim M. and Smith, Andrew F.

Publication Date: 2022a

Journal: The Cochrane Database of Systematic Reviews 4, pp. CD011136

Abstract: Background: Tracheal intubation is a common procedure performed to secure the airway in adults undergoing surgery or those who are critically ill. Intubation is sometimes associated with difficulties and complications that may result in patient harm. While it is traditionally achieved by performing direct laryngoscopy, the past three decades have seen the advent of rigid indirect videolaryngoscopes (VLs). A mounting body of evidence comparing the two approaches to tracheal intubation has been acquired over this period of time. This is an update of a Cochrane Review first published in 2016.; Objectives: To assess whether use of different designs of VLs in adults requiring tracheal intubation reduces the failure rate compared with direct laryngoscopy, and assess the benefits and risks of these devices in selected population groups, users and settings.; Search Methods: We searched MEDLINE, Embase, CENTRAL and Web of Science on 27 February 2021. We also searched clinical trials databases, conference proceedings and conducted forward and backward citation searches.; Selection Criteria: We included randomized controlled trials (RCTs) and quasi-RCTs with adults undergoing laryngoscopy performed with either a VL or a Macintosh direct laryngoscope (DL) in any clinical setting. We included parallel and cross-over study designs.; Data Collection and Analysis: We used standard methodological procedures expected by Cochrane. We collected data for the following outcomes: failed intubation, hypoxaemia, successful first attempt at tracheal intubation, oesophageal intubation, dental trauma, Cormack-Lehane grade, and time for tracheal intubation.; Main Results: We included 222 studies (219 RCTs, three quasi-RCTs) with 26,149 participants undergoing tracheal intubation. Most studies recruited adults undergoing elective surgery requiring tracheal intubation. Twenty-one studies recruited participants with a known or predicted difficult airway, and an additional 25 studies simulated a difficult airway. Twenty-

one studies were conducted outside the operating theatre environment; of these, six were in the prehospital setting, seven in the emergency department and eight in the intensive care unit. We report here the findings of the three main comparisons according to videolaryngoscopy device type. We downgraded the certainty of the outcomes for imprecision, study limitations (e.g. high or unclear risks of bias), inconsistency when we noted substantial levels of statistical heterogeneity and publication bias. Macintosh-style videolaryngoscopy versus direct laryngoscopy (61 studies, 9883 participants) We found moderate-certainty evidence that a Macintosh-style VL probably reduces rates of failed intubation (risk ratio (RR) 0.41, 95% confidence interval (CI) 0.26 to 0.65; 41 studies, 4615 participants) and hypoxaemia (RR 0.72, 95% CI 0.52 to 0.99; 16 studies, 2127 participants). These devices may also increase rates of success on the first intubation attempt (RR 1.05, 95% CI 1.02 to 1.09; 42 studies, 7311 participants; low-certainty evidence) and probably improve glottic view when assessed as Cormack-Lehane grade 3 and 4 (RR 0.38, 95% CI 0.29 to 0.48; 38 studies, 4368 participants; moderate-certainty evidence). We found little or no clear difference in rates of oesophageal intubation (RR 0.51, 95% CI 0.22 to 1.21; 14 studies, 2404 participants) but this finding was supported by low-certainty evidence. We were unsure of the findings for dental trauma because the certainty of this evidence was very low (RR 0.68, 95% CI 0.16 to 2.89; 18 studies, 2297 participants). We were not able to pool data for time required for tracheal intubation owing to considerable heterogeneity (I 2 = 96%). Hyperangulated videolaryngoscopy versus direct laryngoscopy (96 studies, 11,438 participants) We found moderate-certainty evidence that hyperangulated VLs probably reduce rates of failed intubation (RR 0.51, 95% CI 0.34 to 0.76; 63 studies, 7146 participants) and oesophageal intubation (RR 0.39, 95% CI 0.18 to 0.81; 14 studies, 1968 participants). In subgroup analysis, we noted that hyperangulated VLs were more likely to reduce failed intubation when used on known or predicted difficult airways (RR 0.29, 95% CI 0.17 to 0.48; P = 0.03 for subgroup differences; 15 studies, 1520 participants). We also found that these devices may increase rates of success on the first intubation attempt (RR 1.03, 95% CI 1.00 to 1.05; 66 studies, 8086 participants; low-certainty evidence) and the glottic view is probably also improved (RR 0.15, 95% CI 0.10 to 0.24; 54 studies, 6058 participants; data for Cormack-Lehane grade 3/4 views; moderate-certainty evidence). However, we found low-certainty evidence of little or no clear difference in rates of hypoxaemia (RR 0.49, 95% CI 0.22 to 1.11; 15 studies, 1691 participants), and the findings for dental trauma were unclear because the certainty of this evidence was very low (RR 0.51, 95% CI 0.16 to 1.59; 30 studies, 3497 participants). We were not able to pool data for time required for tracheal intubation owing to considerable heterogeneity (I 2 = 99%). Channelled videolaryngoscopy versus direct laryngoscopy (73 studies, 7165 participants) We found moderate-certainty evidence that channelled VLs probably reduce rates of failed intubation (RR 0.43, 95% CI 0.30 to 0.61; 53 studies, 5367 participants) and hypoxaemia (RR 0.25, 95% CI 0.12 to 0.50; 15 studies, 1966 participants). They may also increase rates of success on the first intubation attempt (RR 1.10, 95% CI 1.05 to 1.15; 47 studies, 5210 participants; very low-certainty evidence) and probably improve glottic view (RR 0.14, 95% CI 0.09 to 0.21; 40 studies, 3955 participants; data for Cormack-Lehane grade 3/4 views; moderate-certainty evidence). We found little or no clear difference in rates of oesophageal intubation (RR 0.54, 95% CI 0.17 to 1.75; 16 studies, 1756 participants) but this was supported by low-certainty evidence. We were unsure of the findings for dental trauma because the certainty of the evidence was very low (RR 0.52, 95% CI 0.13 to 2.12; 29 studies, 2375 participants). We were not able to pool data for time required for tracheal intubation owing to considerable heterogeneity (I 2 = 98%).; Authors' Conclusions: VLs of all designs likely reduce rates of failed intubation and result in higher rates of successful intubation on the first attempt with improved glottic views. Macintosh-style and channelled VLs likely reduce rates of hypoxaemic events, while hyperangulated VLs probably reduce rates of oesophageal intubation. We conclude that videolaryngoscopy likely provides a safer risk profile compared to direct laryngoscopy for all adults undergoing tracheal intubation.

DOI: 10.1002/14651858.CD011136.pub3

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35373840&custid=ns010877

268. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane systematic review and meta-analysis update**

Item Type: Journal Article

Authors: Hansel, Jan;Rogers, Andrew M.;Lewis, Sharon R.;Cook, Tim M. and Smith, Andrew F.

Publication Date: 2022b

Journal: British Journal of Anaesthesia 129(4), pp. 612-623

Abstract: Background: Tracheal intubation is a commonly performed procedure that can be associated with complications and result in patient harm. Videolaryngoscopy (VL) may decrease this risk as compared with Macintosh direct laryngoscopy (DL). This review evaluates the risk and benefit profile of VL compared with DL in adults.; Methods: We searched MEDLINE, Embase, CENTRAL, and Web of Science on February 27, 2021. We included RCTs comparing VL with DL in patients undergoing tracheal intubation in any setting. We separately compared outcomes according to VL design: Macintosh-style, hyperangulated, and channelled.; Results: A total of 222 RCTs (with 26 149 participants) were included. Most studies had unclear risk of bias in at least one domain, and all were at high risk of performance and detection bias. We found that videolaryngoscopes of any design likely reduce rates of failed intubation (Macintosh-style: risk ratio RR]=0.41; 95% confidence interval CI], 0.26-0.65; hyperangulated: RR=0.51; 95% CI, 0.34-0.76; channelled: RR=0.43, 95% CI, 0.30-0.61; moderate-certainty evidence) with increased rates of successful intubation on first attempt and better glottic views across patient groups and settings. Hyperangulated designs are likely favourable in terms of reducing the rate of oesophageal intubation, and result in improved rates of successful intubation in individuals presenting with difficult airway features (P=0.03). We also present other patient-oriented outcomes.; Conclusions: In this systematic review and meta-analysis of trials of adults undergoing tracheal intubation, VL was associated with fewer failed attempts and complications such as hypoxaemia, whereas glottic views were improved.; Systematic Review Registration: This article is based on a Cochrane Review published in the Cochrane Database of Systematic Reviews (CDSR) 2022, Issue 4, DOI: 10.1002/14651858.CD011136.pub3 (see www.cochranelibrary.com for information). Cochrane Reviews are regularly updated as new evidence emerges and in response to feedback, and the CDSR should be consulted for the most recent version of the review.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35820934&custid=ns010877

269. **Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane systematic review and meta-analysis update**

Item Type: Journal Article

Authors: Hansel, Jan;Rogers, Andrew M.;Lewis, Sharon R.;Cook, Tim M. and Smith, Andrew F.

Publication Date: 2022c

Journal: BJA: The British Journal of Anaesthesia 129(4), pp. 612-623

Abstract: Background: Tracheal intubation is a commonly performed procedure that can be associated with complications and result in patient harm. Videolaryngoscopy (VL) may decrease this risk as compared with Macintosh direct laryngoscopy (DL). This review evaluates the risk and benefit profile of VL compared with DL in adults.Methods: We searched MEDLINE, Embase, CENTRAL, and Web of Science on February 27, 2021. We included RCTs comparing VL with DL in patients undergoing tracheal intubation in any setting. We separately compared outcomes according to VL design: Macintosh-style, hyperangulated, and channelled.Results: A total of 222 RCTs (with 26 149 participants) were included. Most studies had unclear risk of bias in at least one domain, and all were at high risk of performance and detection bias. We found that videolaryngoscopes of any design likely reduce rates of failed intubation (Macintosh-style: risk ratio RR]=0.41; 95% confidence interval CI], 0.26-0.65; hyperangulated: RR=0.51; 95% CI, 0.34-0.76; channelled: RR=0.43, 95% CI, 0.30-0.61; moderate-certainty evidence) with increased rates of successful intubation on first attempt and better glottic views across patient groups and settings. Hyperangulated designs are likely favourable in terms of reducing the rate of oesophageal intubation, and result in improved rates of successful intubation in individuals presenting with difficult airway features (P=0.03). We also present other patient-oriented outcomes.Conclusions: In this systematic review and meta-analysis of trials of adults undergoing tracheal intubation, VL was associated with fewer failed attempts and complications such as hypoxaemia, whereas glottic views were improved.Systematic Review Registration: This article is based on a Cochrane Review published in the Cochrane Database of Systematic Reviews (CDSR) 2022, Issue 4, DOI: 10.1002/14651858.CD011136.pub3 (see www.cochranelibrary.com for information). Cochrane Reviews are regularly updated as new evidence emerges and in response to feedback, and the CDSR should be consulted for the most recent version of the review.

DOI: 10.1016/j.bja.2022.05.027

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=159435130&custid=ns010877

270. **Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 5th Edition**

Item Type: Journal Article

Authors: Harden, R. N.;McCabe, Candida S.;Goebel, Andreas;Massey, Michael;Suvar, Tolga;Grieve, Sharon and Bruehl, Stephen

Publication Date: 2022

Journal: Pain Medicine (Malden, Mass.) 23, pp. S1-S53

Abstract: There have been some modest recent advancements in the research of Complex Regional Pain Syndrome, yet the amount and quality of the work in this complicated multifactorial disease remains low (with some notable exceptions; e.g., the recent work on the dorsal root ganglion stimulation). The semi-systematic (though in some cases narrative) approach to review is necessary so that we might treat our patients while waiting for "better research." This semi-systematic review was conducted by experts in the field, (deliberately) some of whom are promising young researchers supplemented by the experience of "elder statesman" researchers, who all mention the system they have used to examine the literature. What we found is generally low- to medium-quality research with small numbers of subjects; however, there are some recent exceptions to this. The primary reason for this

paucity of research is the fact that this is a rare disease, and it is very difficult to acquire a sufficient sample size for statistical significance using traditional statistical approaches. Several larger trials have failed, probably due to using the broad general diagnostic criteria (the "Budapest" criteria) in a multifactorial/multi-mechanism disease. Responsive subsets can often be identified in these larger trials, but not sufficient to achieve statistically significant results in the general diagnostic grouping. This being the case the authors have necessarily included data from less compelling protocols, including trials such as case series and even in some instances case reports/empirical information. In the humanitarian spirit of treating our often desperate patients with this rare syndrome, without great evidence, we must take what data we can find (as in this work) and tailor a treatment regime for each patient. (© The Author(s) 2022. Published by Oxford University Press on behalf of the American Academy of Pain Medicine.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35687369&custid=ns010877

271. **Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 5th Edition.**

Item Type: Journal Article

Authors: Harden, R. N.;McCabe, C. S.;Goebel, A.;Suvar, T.;Grieve, S. and Bruehl, S.

Publication Date: 2022a

Journal: Pain Medicine (United States) 23(Supplement 1) (pp S1-S53), pp. ate of Pubaton: 01 May 2022

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Item Type: Journal Article

Authors: Harden, R. N.;McCabe, C. S.;Goebel, A.;Suvar, T.;Grieve, S. and Bruehl, S.

Publication Date: 2022b

Journal: Pain Medicine (United States) 23(Supplement 1) (pp S1-S53), pp. ate of Pubaton: 01 May 2022

Abstract: There have been some modest recent advancements in the research of Complex Regional Pain Syndrome, yet the amount and quality of the work in this complicated multifactorial disease remains low (with some notable exceptions; e.g., the recent work on the dorsal root ganglion stimulation). The semi-systematic (though in some cases narrative) approach to review is necessary so that we might treat our patients while waiting for "better research."This semi-systematic review was conducted by experts in the field, (deliberately) some of whom are promising young researchers supplemented by the experience of "elder statesman"researchers, who all mention the system they have used to examine the literature. What we found is generally low- to medium-quality research with small numbers of subjects; however, there are some recent exceptions to this. The primary reason for this paucity of research is the fact that this is a rare disease, and it is very difficult to acquire a sufficient sample size for statistical significance using traditional statistical approaches. Several larger trials have failed, probably due to using the broad general diagnostic criteria (the "Budapest"criteria) in a multifactorial/multi-mechanism disease. Responsive subsets can often be identified in these larger trials, but not sufficient to achieve statistically significant results in the general diagnostic grouping. This being the case the authors have necessarily included data from less compelling protocols, including trials such as case series and even in some instances case reports/empirical information. In the humanitarian spirit of treating our often desperate patients with this rare syndrome, without great evidence, we must take what data we can find (as in this work) and tailor a treatment regime for each patient.

273. **Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 5th Edition.**

Item Type: Journal Article

Authors: Harden, R. N.;McCabe, C. S.;Goebel, A.;Suvar, T.;Grieve, S. and Bruehl, S.

Publication Date: 2022c

Journal: Pain Medicine (United States) 23(Supplement 1) (pp S1-S53), pp. ate of Pubaton: 01 May 2022

Abstract: There have been some modest recent advancements in the research of Complex Regional Pain Syndrome, yet the amount and quality of the work in this complicated multifactorial disease remains low (with some notable exceptions; e.g., the recent work on the dorsal root ganglion stimulation). The semi-systematic (though in some cases narrative) approach to review is necessary so that we might treat our patients while waiting for "better research."This semi-systematic review was conducted by experts in the field, (deliberately) some of whom are promising young researchers supplemented by the experience of "elder statesman"researchers, who all mention the system they have used to examine the literature. What we found is generally low- to medium-quality research with small numbers of subjects; however, there are some recent exceptions to this. The primary reason for this paucity of research is the fact that this is a rare disease, and it is very difficult to acquire a sufficient sample size for statistical significance using traditional statistical approaches. Several larger trials have failed, probably due to using the broad general diagnostic criteria (the "Budapest"criteria) in a multifactorial/multi-mechanism disease. Responsive subsets can often be identified in these larger trials, but not sufficient to achieve statistically significant results in the general diagnostic grouping. This being the case the authors have necessarily included data from less compelling protocols, including trials such as case

series and even in some instances case reports/empirical information. In the humanitarian spirit of treating our often desperate patients with this rare syndrome, without great evidence, we must take what data we can find (as in this work) and tailor a treatment regime for each patient.

274. **Incisional hernia following colorectal cancer surgery according to suture technique: Hughes Abdominal Repair Randomized Trial (HART).**

    Item Type: Journal Article

    Authors: Harries, R.;O'Connell, S.;Knight, L.;Islam, S.;Bashir, N.;Watkins, A.;Fegan, G.;Cornish, J.;Rutter, C.;Rees, B.;Cole, H.;Jarvis, H.;Jones, S.;Russell, I.;Bosanquet, D.;Cleves, A.;Sewell, B.;Farr, A.;Zbrzyzna, N.;Fiera, N., et al

    Publication Date: 2022a

    Journal: British Journal of Surgery 109(10), pp. 943-950

    Abstract: Background: Incisional hernias cause morbidity and may require further surgery. HART (Hughes Abdominal Repair Trial) assessed the effect of an alternative suture method on the incidence of incisional hernia following colorectal cancer surgery.

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    Authors: Harries, R.;O'Connell, S.;Knight, L.;Islam, S.;Bashir, N.;Watkins, A.;Fegan, G.;Cornish, J.;Rutter, C.;Rees, B.;Cole, H.;Jarvis, H.;Jones, S.;Russell, I.;Bosanquet, D.;Cleves, A.;Sewell, B.;Farr, A.;Zbrzyzna, N.;Fiera, N., et al

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    Publication Date: 2022c

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    Abstract: Background: Incisional hernias cause morbidity and may require further surgery. HART (Hughes Abdominal Repair Trial) assessed the effect of an alternative suture method on the incidence of incisional hernia following colorectal cancer surgery.

277. **Investigating the utility of saliva immunoglobulins for the detection of myeloma and using myeloma proteins to clarify partition between oral and systemic immunity**

Item Type: Journal Article

Authors: Heaney, Jennifer L. J.;Faustini, Sian;Evans, Lili;Rapson, Alec;Collman, Emily;Emery, Annabelle;Campbell, John P.;Moore, Sally;Goodall, Margaret;Afzal, Zaheer;Chapple, Iain L.;Pratt, Guy and Drayson, Mark T.

Publication Date: 2022

Journal: European Journal of Haematology 108(6), pp. 493-502

Abstract: Objectives: Myeloma is characterised by the presence of monoclonal immunoglobulin (M-protein) and the free light chain (FLC) in blood. We investigated whether these M-proteins and FLC are detectable in myeloma patients' saliva to evaluate its utility for non-invasive screening and monitoring of haematological malignancies.; Methods: A total of 57 patients with monoclonal gammopathy and 26 age-matched healthy participants provided paired serum and saliva samples for immunoglobulin characterisation and quantification.; Results: Myeloma patients had IgG or IgA M-protein levels ranging up to five times and FLC levels up to a thousand times normal levels of polyclonal immunoglobulins. Despite these highly elevated levels, only two IgG and no IgA M-proteins or FLC could be detected in paired saliva samples. Most patients had reduced levels of serum polyclonal immunoglobulins, but all had normal levels of salivary IgA.; Conclusions: Immunoglobulin transfer from blood is not determined by levels in the systemic circulation and more likely dictated by periodontal inflammation and the integrity of the oral epithelium. Immunoglobulins secreted by bone marrow plasma cells do not substantially enter saliva, which represents a poor medium for myeloma diagnosis. These findings, along with normal salivary IgA levels despite systemic immunoparesis, support a strong partitioning of oral from systemic humoral immunity. (© 2022 The Authors. European Journal of Haematology published by John Wiley & Sons Ltd.)

DOI: 10.1111/ejh.13758

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35184331&custid=ns010877

278. **Pilot Clinical Trial to test the function of a Diagnostic Sensor in predicting Impending Urinary Catheter Blockage in Long-term Catheterized Patients.**

Item Type: Journal Article

Authors: Heylen, R. A.;MercerChalmers, J.;Morton, A.;Urie, J.;Jefferies, E.;Patenall, B. L.;Laabei, M. and Jenkins, A. A. T.

Publication Date: 2022a

Journal: medRxiv (pagination), pp. ate of Pubaton: 26 Ot 2022

Abstract: Methods: Participants: adults attending the Outpatient Urology Clinic, having a long-term indwelling urinary catheter and have the mental capacity to consent. Consent for the donation of the urinary catheter and drainage bag were gained at the Urology Clinic, Royal United Hospital (RUH) Bath, alongside a quality-of-life questionnaire.

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Publication Date: 2022c

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281. **The prevention of medical-device related pressure ulcers in a Critical Care Unit.**

Item Type: Journal Article

Authors: Heywood, N.;Worthington, S.;Arrowsmith, M.;Jenkins, M. and Herring, L.

Publication Date: 2022a

Journal: Wounds UK 18(2), pp. 38-47

Abstract: This article explores medical-device related pressure ulcers (MDRPU) in an intensive care unit (ICU) at the Royal United Hospitals Bath NHS Foundation Trust (RUH). The data presented outlines a reduction in PU of 66% over a 6-year period and a reduction in MDRPU of 50% over the same period. MDRPU were particularly challenging to prevent in ICU during the COVID-19 pandemic, where there were additional numbers of patients in the ICU with medical devices in place. Additionally, during the COVID-19 pandemic, an increased number of patients in the ICU were nursed prone (face down), adding additional pressure on the facial structure, a range of measures were put in place to avoid those avoidable MDRPU in the ICU at the RUH. Measures focused on skin checking, offloading and rotation of devices, including endotracheal tubes, non-invasive ventilation, nasogastric (NG) and nasojejunal (NJ) tubes and catheters. A specific comfort and pressure care record was developed for ICU to record the assessments of these at risk areas.

282. **The prevention of medical-device related pressure ulcers in a Critical Care Unit.**

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Authors: Heywood, N.;Worthington, S.;Arrowsmith, M.;Jenkins, M. and Herring, L.

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Item Type: Journal Article

Authors: Heywood, N.;Worthington, S.;Arrowsmith, M.;Jenkins, M. and Herring, L.

Publication Date: 2022d

Journal: Wounds UK 18(2), pp. 38-47

Abstract: This article explores medical-device related pressure ulcers (MDRPU) in an intensive care unit (ICU) at the Royal United Hospitals Bath NHS Foundation Trust (RUH). The data presented outlines a reduction in PU of 66% over a 6-year period and a reduction in MDRPU of 50% over the same period. MDRPU were particularly challenging to prevent in ICU during the COVID-19 pandemic, where there were additional numbers of patients in the ICU with medical devices in place. Additionally, during the COVID-19 pandemic, an increased number of patients in the ICU were nursed prone (face down), adding additional pressure on the facial structure, a range of measures were put in place to avoid those

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285. **The prevention of medical-device related pressure ulcers in a Critical Care Unit**

Item Type: Journal Article

Authors: HEYWOOD, NICOLA;WORTHINGTON, STEPHANIE;ARROWSMITH, MICHAELA;JENKINS, MARGI and HERRING, LAURA

Publication Date: 2022

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157722656&custid=ns010877

286. **Patient perceptions on sustainability in healthcare.**

Item Type: Journal Article

Authors: Hickman, J. and Marsh, C.

Publication Date: 2022a

Journal: Anaesthesia Conference, pp. Tranee

Abstract: Anaesthetic gases account for 2% of the carbon footprint of an acute Trust [1]. Of these gases, nitrous oxide and Entonox account for over two-thirds of the carbon footprint, with Entonox use in maternity accounting for one-third [2]. Significant amounts are also used in the day-case endoscopy setting. Despite this, no published work has looked to assess the perceptions of this patient cohort regrading sustainability in healthcare. This pilot aimed to explore these topics and identified an area we believe needs further investigation. Methods A patient questionnaire was created to assess perceptions of sustainability in healthcare. This was distributed to two antenatal clinics (ANCs) and one endoscopy unit. Responses were collected in a paper format and online. Results There were 206 responses, 153 from the ANCs and 53 from the endoscopy unit. Ninety-one per cent (n = 188) of responses considered the impact of their actions on the environment in their day-to-day life. Specifically, 97% (n = 200) considered it in their domestic activities, 48% (n = 98) in their use of consumables and 43% (n = 88) in their transport choices. Fourteen per cent (n = 29) of respondents did not know that their healthcare choices have an impact on the environment. Thirty-three per cent (n = 68) of respondents would like to know more about

how their healthcare choices affect the environment. Discussion This study has shown that the majority of parturients and those undergoing endoscopy in this cohort, do indeed consider the environment in their day-today life. It also demonstrates that a proportion of these would also like to know more about how their healthcare choices affect the environment. There is a paucity of work exploring sustainability perceptions in these areas. The reasons behind this are likely to be multifactorial. In the maternity setting, there is currently no comparable alternative for labour analgesia (compared to Entonox) in terms of ease of access and non-invasive nature. Despite its relatively weak analgesic effect, it is a mainstay of labour analgesia services. As such, discussions regarding the environmental impact of these mothers' choices may well prove challenging, sensitive and inevitably involve multiple stakeholders. We must empower parturients to enable them to make informed decisions. To do this, information on sustainability regarding their healthcare choices, needs to be readily accessible.

287. **Patient perceptions on sustainability in healthcare.**

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Authors: Hickman, J. and Marsh, C.

Publication Date: 2022b

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289. **Surveillance and Management of Bladder Diverticulum in the Setting of Bladder Outlet Obstruction.**

Item Type: Journal Article

Authors: Ho, M. C. and Hashim, H.

Publication Date: 2022a

Journal: Current Bladder Dysfunction Reports 17(4), pp. 234-240

Abstract: Purpose of Review: Bladder diverticula are common in clinical practice and in adults most commonly occur in the setting of bladder outlet obstruction. They most commonly present with lower urinary tract symptoms and patients should be thoroughly investigated with a history, examination, radiological and endoscopic examination and video-urodynamic studies if contemplating surgery. We aim to review the current literature regarding the surveillance and management of bladder diverticulum. Recent Findings: With the advance in robotic-assisted laparoscopic surgery in recent years, several techniques have been reviewed and described.

DOI: 10.1007/s11884-022-00664-5

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292. **Surveillance and Management of Bladder Diverticulum in the Setting of Bladder Outlet Obstruction.**

Item Type: Journal Article

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Publication Date: 2022d

Journal: Current Bladder Dysfunction Reports 17(4), pp. 234-240

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293. **Comment on: An unusual cause of a halo sign: reply.**

Item Type: Journal Article

Authors: Ho, M.;Ellis, J.;Cross, G. and Hardcastle, S.

Publication Date: 2022a

Journal: Rheumatology (Oxford, England) 61(9), pp. e288-e289

294. **An unusual cause of a halo sign.**

Item Type: Journal Article

Authors: Ho, M.;Ellis, J.;Cross, G. and Hardcastle, S.

Publication Date: 2022b

Journal: Rheumatology (Oxford, England) 61(9), pp. e293

295. **Comment on: An unusual cause of a halo sign: reply.**

Item Type: Journal Article

Authors: Ho, M.;Ellis, J.;Cross, G. and Hardcastle, S.

Publication Date: 2022c

Journal: Rheumatology (Oxford, England) 61(9), pp. e288-e289

296. **An unusual cause of a halo sign.**

Item Type: Journal Article

Authors: Ho, M.;Ellis, J.;Cross, G. and Hardcastle, S.

Publication Date: 2022d

Journal: Rheumatology (Oxford, England) 61(9), pp. e293

297. **Comment on: An unusual cause of a halo sign: reply.**

Item Type: Journal Article

Authors: Ho, M.;Ellis, J.;Cross, G. and Hardcastle, S.

Publication Date: 2022e

Journal: Rheumatology (Oxford, England) 61(9), pp. e288-e289

298. **An unusual cause of a halo sign.**

Item Type: Journal Article

Authors: Ho, M.;Ellis, J.;Cross, G. and Hardcastle, S.

Publication Date: 2022f

Journal: Rheumatology (Oxford, England) 61(9), pp. e293

299. **An unusual cause of a halo sign**

Item Type: Journal Article

Authors: Ho, May;Ellis, Jessica;Cross, Gary and Hardcastle, Sarah

Publication Date: 2022a

Journal: Rheumatology (Oxford, England) 61(9), pp. e293

DOI: 10.1093/rheumatology/keac058

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35104335&custid=ns010877

300. **Comment on: An unusual cause of a halo sign: reply**

Item Type: Journal Article

Authors: Ho, May;Ellis, Jessica;Cross, Gary and Hardcastle, Sarah

Publication Date: 2022b

Journal: Rheumatology (Oxford, England) 61(9), pp. e288-e289

DOI: 10.1093/rheumatology/keac160

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35266515&custid=ns010877

301. **Comment on: An unusual cause of a halo sign: reply...Mukhtyar C, Diamantopoulos A, Schmidt W. Comment on: an unusual cause of a halo sign. Rheumatology (Oxford) 2022,61**

Item Type: Journal Article

Authors: Ho, May;Ellis, Jessica;Cross, Gary and Hardcastle, Sarah

Publication Date: 2022c

Journal: Rheumatology 61(9), pp. e288-e289

DOI: 10.1093/rheumatology/keac160

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158846410&custid=ns010877

302. **Unusual Cause of a Halo Sign**

Item Type: Generic

Author: Ho, May, Ellis, Jessica, Cross, Gary and Hardcastle, Sarah

Publication Date: 2022d

Publication Details: Rheumatology, 61, (9) pp.e293. Oxford University Press / USA.

Abstract: The article presents a case study of an 86-year-old male patient with suspected giant cell arteritis (GCA). Topics discussed include the medical history and symptoms presented by the patient, results of the laboratory examinations performed particularly magnetic resonance imaging (MRI) of the petrous bones, and the improvement in the patient's symptoms following prolonged antibiotic treatment.

ISSN/ISBN: 1462-0324

DOI: 10.1093/rheumatology/keac058

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158846394&custid=ns010877

303. **Mortality outcomes based on ASA grade in avian patients undergoing general anesthesia.**

Item Type: Journal Article

Authors: Hollwarth, A. J.;Pestell, S. T.;ByronChance, D. H. and Dutton, T. A. G.

Publication Date: 2022a

Journal: Journal of Exotic Pet Medicine 41, pp. 14-19

Abstract: Background: The American Society of Anesthesiologists physical status classification system is commonly used in all fields of veterinary medicine, with higher grades correlated with increased mortality in non-avian companion animals, but little evidence is available for avian species. This study aims to investigate whether prospective ASA grade is a reliable predictor of mortality in avian species undergoing general anesthesia.

304. **Mortality outcomes based on ASA grade in avian patients undergoing general anesthesia.**

Item Type: Journal Article

Authors: Hollwarth, A. J.;Pestell, S. T.;ByronChance, D. H. and Dutton, T. A. G.

Publication Date: 2022b

Journal: Journal of Exotic Pet Medicine 41, pp. 14-19

Abstract: Background: The American Society of Anesthesiologists physical status classification system is commonly used in all fields of veterinary medicine, with higher grades correlated with increased mortality in non-avian companion animals, but little evidence is available for avian species. This study aims to investigate whether prospective ASA grade is a reliable predictor of mortality in avian species undergoing general anesthesia.

305. **Mortality outcomes based on ASA grade in avian patients undergoing general anesthesia.**

Item Type: Journal Article

Authors: Hollwarth, A. J.;Pestell, S. T.;ByronChance, D. H. and Dutton, T. A. G.

Publication Date: 2022c

Journal: Journal of Exotic Pet Medicine 41, pp. 14-19

Abstract: Background: The American Society of Anesthesiologists physical status classification system is commonly used in all fields of veterinary medicine, with higher grades correlated with increased mortality in non-avian companion animals, but little evidence is available for avian species. This study aims to investigate whether prospective ASA grade is a reliable predictor of mortality in avian species undergoing general anesthesia.

306. **Drug routes in out-of-hospital cardiac arrest: A summary of current evidence**

Item Type: Journal Article

Authors: Hooper, Amy;Nolan, Jerry P.;Rees, Nigel;Walker, Alison;Perkins, Gavin D. and Couper, Keith

Publication Date: 2022

Journal: Resuscitation 181, pp. 70-78

Abstract: Recent evidence showing the clinical effectiveness of drug therapy in cardiac arrest has led to renewed interest in the optimal route for drug administration in adult out-of-hospital cardiac arrest. Current resuscitation guidelines support use of the intravenous route for intra-arrest drug delivery, with the intraosseous route reserved for patients in whom intravenous access cannot be established. We sought to evaluate current evidence on drug route for administration of cardiac arrest drugs, with a specific focus on the intravenous and intraosseous route. We identified relevant animal, manikin, and human studies through targeted searches of MEDLINE in June 2022. Across pre-hospital systems, there is wide variation in use of the intraosseous route. Early administration of cardiac arrest drugs is associated with improved patient outcomes. Challenges in obtaining intravenous access mean that the intraosseous access may facilitate earlier drug administration. However, time from administration to the central circulation is unclear with pharmacokinetic data limited mainly to animal studies. Observational studies comparing the effect of intravenous and intraosseous drug administration on patient outcomes are challenging to interpret because of resuscitation time bias and other confounders. To date, no randomised controlled trial has directly compared the effect on patient outcomes of intraosseous compared with intravenous drug administration in cardiac arrest. The International Liaison Committee on Resuscitation has described the urgent need for randomised controlled trials comparing the intravenous and intraosseous route in adult out-of-hospital cardiac arrest. Ongoing clinical trials will directly address this knowledge gap.

DOI: 10.1016/j.resuscitation.2022.10.015

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160732689&custid=ns010877

307. **Report of the 2020 British Nuclear Medicine Society survey of nuclear medicine equipment, workforce and workload.**

Item Type: Journal Article

Authors: Irwin, A. G.;Turner, C. L. and Redman, S.

Publication Date: 2022a

Journal: Nuclear Medicine Communications 43(6), pp. 731-741

Abstract: The British Nuclear Medicine Society (BNMS) survey represents the only resource that brings together detailed information on equipment, workforce and workload from the practice of nuclear medicine in the UK. This article is a report of the most recent BNMS survey which was collected during 2019 and 2020. The survey used two methods to collect data: for equipment and workforce, participants created or updated existing online records; for workload information, respondees were asked to submit 12months of data from local radiology information systems. Following the survey, the BNMS database contained a total of 191 sites (63% of known sites) having either equipment or workforce data or both. In total 39 centres provided workload data which included over 175000 examinations. A combination of automated tools and visual inspection were used to clean, sort and validate submitted data into formats that allowed further analysis and extraction of useful parameters. Results are presented that the authors believe may be useful for nuclear medicine professionals and other stakeholders. Potential applications include benchmarking for service review and equipment replacement/updating. The survey represents a valuable resource that might be used by the BNMS secretariat to respond to specific queries from BNMS members.

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Publication Date: 2022b

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Item Type: Journal Article

Authors: Irwin, Andy G.;Turner, Christine L. and Redman, Stewart

Publication Date: 2022

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311. **Modelling falls in Parkinson's disease and normal ageing in mice using a complex motor task.**

Item Type: Journal Article

Authors: Jackson, M. G.;Brennan, L. J.;Henderson, E. J. and Robinson, E. S. J.

Publication Date: 2022a

Journal: Brain and Neuroscience Advances 6(pagination), pp. ate of Pubaton: Marh 2022

Abstract: Falls resulting from multifactorial deficits are common in both normal ageing and Parkinson's disease. Resultant injuries can lead to increased hospitalisation and excess mortality. As the disease progresses, gait and balance deficits are relatively refractory to dopaminergic treatments suggesting another system is involved. Attentional impairment is a significant risk factor for falls, and disruption to both the cortical cholinergic system and striatal dopaminergic system increases falls in rats undergoing a complex motor task with high attentional load. However, it is unclear whether this translates to mice and whether normal ageing induces similar deficits. In this study, we use a complex motor task to test the effects of acute dopaminergic and cholinergic antagonism using alpha-flupentixol and scopolamine, respectively, in mice. We also test the effects of normal ageing on complex motor performance and whether these changes are sensitive to a clinical dose of the non-steroidal anti-inflammatory Rimadyl. Consistent with previous work, we show that cholinergic but not dopaminergic antagonism impaired task performance. However, a combined approach did not potentiate the deficit beyond observed with cholinergic antagonism alone. We also show that task performance is impaired in aged mice relative to younger controls, and that Rimadyl reduces number of foot slips in an age-specific manner. Overall, these data support prior work showing the importance of the cholinergic system in falls. The studies in aged mice found age-related impairments and a role for inflammation but did not find evidence of an interaction with attentional load, although only one manipulation was tested.

312. **Modelling falls in Parkinson's disease and normal ageing in mice using a complex motor task.**

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Authors: Jackson, M. G.;Brennan, L. J.;Henderson, E. J. and Robinson, E. S. J.

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314. **Modelling falls in Parkinson's disease and normal ageing in mice using a complex motor task**

Item Type: Journal Article

Authors: Jackson, Megan G.;Brennan, Laura J.;Henderson, Emily J. and Robinson, Emma S. J.

Publication Date: 2022

Journal: Brain and Neuroscience Advances 6, pp. 23982128221088794

Abstract: Falls resulting from multifactorial deficits are common in both normal ageing and Parkinson's disease. Resultant injuries can lead to increased hospitalisation and excess mortality. As the disease progresses, gait and balance deficits are relatively refractory to dopaminergic treatments suggesting another system is involved. Attentional impairment is a significant risk factor for falls, and disruption to both the cortical cholinergic system and striatal dopaminergic system increases falls in rats undergoing a complex motor task with high attentional load. However, it is unclear whether this translates to mice and whether normal ageing induces similar deficits. In this study, we use a complex motor task to test the effects of acute dopaminergic and cholinergic antagonism using alpha-flupentixol and scopolamine, respectively, in mice. We also test the effects of normal ageing on complex motor performance and whether these changes are sensitive to a clinical dose of the non-steroidal anti-inflammatory Rimadyl. Consistent with previous work, we show that cholinergic but not dopaminergic antagonism impaired task performance. However, a combined approach did not potentiate the deficit beyond observed with cholinergic

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315. **Update on imaging of Inflammatory Arthritis and Related Disorders.**

Item Type: Journal Article

Authors: Jamar, F.;van der Laken, C. J.;Panagiotidis, E.;Steinz, M. M.;van der Geest, K. S. M.;Graham, R. N. J. and Gheysens, O.

Publication Date: 2022a

Journal: Seminars in Nuclear Medicine (pagination), pp. ate of Pubaton: 2022

Abstract: Arthritis and other rheumatic disorders are very frequent in the general population and responsible for a huge physical and disability burden to affected patients as well as a major cost to the society. Precise evaluation often relies on clinical data only but additional imaging may be required i) for a more objective assessment of the disease status, such as in rheumatoid arthritis (RA) or ankylosing spondyloarthritis (AS), ii) for providing prognostic information and evaluating response to treatment or iii) for establishing diagnosis, in patients with unclear clinical picture, such as polymyalgia rheumatica (PMR) and large-vessel vasculitis (LVV). Besides radiological techniques (x-rays, ultrasound, and MRI), functional and molecular imaging has emerged as a valid tool for this purpose in several disorders. Bone scanning has long been a method of choice but is now more used as a triage tool in patients with unclear complaints, including degenerative disorders (eg osteoarthritis). ^{18}F-FDG-PET/CT (FDG) proved efficient in assessing the extent of the disease and response to treatment in RA and related disorders, and to provide accurate diagnosis in some systemic disorders, including PMR and LVV. Based on glucose metabolism, FDG-PET/CT is able to show increased metabolism in peripheral cells involved in inflammation (eg neutrophils, lymphocytes or monocytes/macrophages) but also in fibroblasts that proliferate in the pannus. The lack of specificity of FDG is a limitation and many alternative tracers were developed at the preclinical stage or applied in the clinics, especially within clinical trials. They include imaging of macrophages using translocator protein (TSPO), folate-receptors or other targets on activated cells. These new tools will undoubtedly become more and more available in the everyday clinical workup of patients with rheumatisms. Finally, it should be kept in mind that a very simple tracer, ^{18}F-fluoride is widely more performant in AS than FDG.

316. **Update on imaging of Inflammatory Arthritis and Related Disorders.**

Item Type: Journal Article

Authors: Jamar, F.;van der Laken, C. J.;Panagiotidis, E.;Steinz, M. M.;van der Geest, K. S. M.;Graham, R. N. J. and Gheysens, O.

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Item Type: Journal Article

Authors: Jamar, François;van der Laken, Conny,J.;Panagiotidis, Emmanouil;Steinz, Maarten M.;van der Geest, Kornelis,S.M.;Graham, Richard N. J. and Gheysens, Olivier

Publication Date: 2022

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319. **Comment on: Benchmarking tocilizumab use for giant cell arteritis.**

Item Type: Journal Article

Authors: Janagan, S.;Guly, C.;Skeoch, S. and Robson, J. C.

Publication Date: 2022a

Journal: Rheumatology Advances in Practice 6(3) (pagination), pp. Arte Number: rka069. ate of Pubaton: 2022

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321. **Comment on: Benchmarking tocilizumab use for giant cell arteritis.**

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Publication Date: 2022c

Journal: Rheumatology Advances in Practice 6(3) (pagination), pp. Arte Number: rka069. ate of Pubaton: 2022

322. **Comment on: Benchmarking tocilizumab use for giant cell arteritis**

Item Type: Journal Article

Authors: Janagan, Shalini;Guly, Catherine;Skeoch, Sarah and Robson, Joanna C.

Publication Date: 2022

Journal: Rheumatology Advances in Practice 6(3), pp. rkac069

DOI: 10.1093/rap/rkac069

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36133959&custid=ns010877

323. **TOCILIZUMAB FOR REFRACTORY OR RELAPSING GIANT CELL ARTERITIS: AUDIT DATA FROM THE BRISTOL AND BATH REGIONAL MULTIDISCIPLINARY MEETINGS 2018-2021.**

Item Type: Journal Article

Authors: Jayatilleke, C.;Janagan, S.;Marshall, R.;Skeoch, S.;Guly, C. M.;Sin, F. E.;Sweedan, L. A. L.;Anilkumar, A.;Austin, K.;Bourn, A.;Clarke, L.;Gunawardena, H.;Johnson, A.;Knights, S.;Pauling, J. D.;Reilly, E.;Reynolds, T. D.;Villar, S. and Robson, J. C.

Publication Date: 2022a

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 160

Abstract: Background/Aims Giant cell arteritis (GCA) is a systemic vasculitis involving large and medium-sized blood vessels. Patients can present with cranial, ocular or large vessel (LVV-GCA) involvement. Treatment is with high dose glucocorticoids. Steroid-sparing agents and tocilizumab (TCZ) are used for refractory or relapsing cases. NHS England requires all GCA patients to be discussed in a regional multidisciplinary team meeting (MDT) prior to commencing TCZ. We reviewed the case mixture of patients referred to the Bristol and Bath regional MDT. Methods The Bristol and Bath regional MDT started in November 2018 and runs monthly. A referral proforma was designed, adapted from the NHS England Blueteq approval form for TCZ in GCA (definitions of refractory and relapsing disease), with tick boxes for clinical features, investigations, treatment, glucocorticoid adverse events and a free text clinical vignette. All referral proformas were reviewed. Results Audit data from all cases referred, between November 2018 and September 2021, were analysed. 38 cases of GCA were discussed with 31 cases approved for TCZ usage. Of the approved, 100% fulfilled the criteria for either refractory (n=11) or relapsing (n=20) disease. Mean age of approved cases was 74 years with three quarters being female (74.2%). Average disease duration was 161.5 days for the refractory group and 827.3 days for the relapsing group. Over three quarters of cases (77.4%) had cranial GCA, 48.4% had LVV-GCA, 45.2% had visual symptoms (reduction in visual acuity, blurring or diplopia) and 25.8% had ischaemic visual loss. The positive investigations were PET-CT (48.4%), temporal artery ultrasound (41.9%) and temporal artery biopsy (32.3%). Almost two-thirds (64.5%) had previously had a steroid-sparing agent (61.3 % methotrexate, 9.7% azathioprine, 6.5% leflunomide), one third (35.5%) had received intravenous methylprednisolone and more than half (58%) were receiving greater than 40mg prednisolone at the time of referral. Common glucocorticoid adverse effects (each seen in 19.4% of cases) included osteoporosis, weight gain, cataracts or hypertension, whilst diabetes, neuropsychiatric symptoms or sleep disturbance were each reported in 16.1% of cases. The majority of patients with ocular involvement had cranial symptoms (71%). Patients with ocular involvement tended to be referred earlier than those with no ocular involvement (478.2 days vs 648.1 days), were on a higher dose of glucocorticoids at time of referral (71.4% vs 47.1% on more than 40mg) and had fewer steroid-sparing agents prior to referral. Conclusion All patients approved for TCZ in the GCA MDT fulfilled NHS England criteria for either relapsing or refractory disease. The majority of cases had cranial disease, but almost half had either ocular or large vessel vasculitis involvement, reflecting a severe spectrum of disease. Cases showed a high burden of glucocorticoid toxicity. Patients with ocular involvement were referred slightly earlier with less use of other steroid sparing treatments prior to TCZ in our cohort.

324. **TOCILIZUMAB FOR REFRACTORY OR RELAPSING GIANT CELL ARTERITIS: AUDIT DATA FROM THE BRISTOL AND BATH REGIONAL MULTIDISCIPLINARY MEETINGS 2018-2021.**

Item Type: Journal Article

Authors: Jayatilleke, C.;Janagan, S.;Marshall, R.;Skeoch, S.;Guly, C. M.;Sin, F. E.;Sweedan, L. A. L.;Anilkumar, A.;Austin, K.;Bourn, A.;Clarke, L.;Gunawardena, H.;Johnson, A.;Knights, S.;Pauling, J. D.;Reilly, E.;Reynolds, T. D.;Villar, S. and Robson, J. C.

Publication Date: 2022b

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 160

Abstract: Background/Aims Giant cell arteritis (GCA) is a systemic vasculitis involving large and medium-sized blood vessels. Patients can present with cranial, ocular or large vessel (LVV-GCA) involvement. Treatment is with high dose glucocorticoids. Steroid-sparing agents and tocilizumab (TCZ) are used for refractory or relapsing cases. NHS England

requires all GCA patients to be discussed in a regional multidisciplinary team meeting (MDT) prior to commencing TCZ. We reviewed the case mixture of patients referred to the Bristol and Bath regional MDT. Methods The Bristol and Bath regional MDT started in November 2018 and runs monthly. A referral proforma was designed, adapted from the NHS England Blueteq approval form for TCZ in GCA (definitions of refractory and relapsing disease), with tick boxes for clinical features, investigations, treatment, glucocorticoid adverse events and a free text clinical vignette. All referral proformas were reviewed. Results Audit data from all cases referred, between November 2018 and September 2021, were analysed. 38 cases of GCA were discussed with 31 cases approved for TCZ usage. Of the approved, 100% fulfilled the criteria for either refractory (n=11) or relapsing (n=20) disease. Mean age of approved cases was 74 years with three quarters being female (74.2%). Average disease duration was 161.5 days for the refractory group and 827.3 days for the relapsing group. Over three quarters of cases (77.4%) had cranial GCA, 48.4% had LVV-GCA, 45.2% had visual symptoms (reduction in visual acuity, blurring or diplopia) and 25.8% had ischaemic visual loss. The positive investigations were PET-CT (48.4%), temporal artery ultrasound (41.9%) and temporal artery biopsy (32.3%). Almost two-thirds (64.5%) had previously had a steroid-sparing agent (61.3 % methotrexate, 9.7% azathioprine, 6.5% leflunomide), one third (35.5%) had received intravenous methylprednisolone and more than half (58%) were receiving greater than 40mg prednisolone at the time of referral. Common glucocorticoid adverse effects (each seen in 19.4% of cases) included osteoporosis, weight gain, cataracts or hypertension, whilst diabetes, neuropsychiatric symptoms or sleep disturbance were each reported in 16.1% of cases. The majority of patients with ocular involvement had cranial symptoms (71%). Patients with ocular involvement tended to be referred earlier than those with no ocular involvement (478.2 days vs 648.1 days), were on a higher dose of glucocorticoids at time of referral (71.4% vs 47.1% on more than 40mg) and had fewer steroid-sparing agents prior to referral. Conclusion All patients approved for TCZ in the GCA MDT fulfilled NHS England criteria for either relapsing or refractory disease. The majority of cases had cranial disease, but almost half had either ocular or large vessel vasculitis involvement, reflecting a severe spectrum of disease. Cases showed a high burden of glucocorticoid toxicity. Patients with ocular involvement were referred slightly earlier with less use of other steroid sparing treatments prior to TCZ in our cohort.

325. **TOCILIZUMAB FOR REFRACTORY OR RELAPSING GIANT CELL ARTERITIS: AUDIT DATA FROM THE BRISTOL AND BATH REGIONAL MULTIDISCIPLINARY MEETINGS 2018-2021.**

Item Type: Journal Article

Authors: Jayatilleke, C.;Janagan, S.;Marshall, R.;Skeoch, S.;Guly, C. M.;Sin, F. E.;Sweedan, L. A. L.;Anilkumar, A.;Austin, K.;Bourn, A.;Clarke, L.;Gunawardena, H.;Johnson, A.;Knights, S.;Pauling, J. D.;Reilly, E.;Reynolds, T. D.;Villar, S. and Robson, J. C.

Publication Date: 2022c

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 160

Abstract: Background/Aims Giant cell arteritis (GCA) is a systemic vasculitis involving large and medium-sized blood vessels. Patients can present with cranial, ocular or large vessel (LVV-GCA) involvement. Treatment is with high dose glucocorticoids. Steroid-sparing agents and tocilizumab (TCZ) are used for refractory or relapsing cases. NHS England requires all GCA patients to be discussed in a regional multidisciplinary team meeting (MDT) prior to commencing TCZ. We reviewed the case mixture of patients referred to the Bristol and Bath regional MDT. Methods The Bristol and Bath regional MDT started in November 2018 and runs monthly. A referral proforma was designed, adapted from the NHS England Blueteq approval form for TCZ in GCA (definitions of refractory and relapsing

disease), with tick boxes for clinical features, investigations, treatment, glucocorticoid adverse events and a free text clinical vignette. All referral proformas were reviewed. Results Audit data from all cases referred, between November 2018 and September 2021, were analysed. 38 cases of GCA were discussed with 31 cases approved for TCZ usage. Of the approved, 100% fulfilled the criteria for either refractory (n=11) or relapsing (n=20) disease. Mean age of approved cases was 74 years with three quarters being female (74.2%). Average disease duration was 161.5 days for the refractory group and 827.3 days for the relapsing group. Over three quarters of cases (77.4%) had cranial GCA, 48.4% had LVV-GCA, 45.2% had visual symptoms (reduction in visual acuity, blurring or diplopia) and 25.8% had ischaemic visual loss. The positive investigations were PET-CT (48.4%), temporal artery ultrasound (41.9%) and temporal artery biopsy (32.3%). Almost two-thirds (64.5%) had previously had a steroid-sparing agent (61.3 % methotrexate, 9.7% azathioprine, 6.5% leflunomide), one third (35.5%) had received intravenous methylprednisolone and more than half (58%) were receiving greater than 40mg prednisolone at the time of referral. Common glucocorticoid adverse effects (each seen in 19.4% of cases) included osteoporosis, weight gain, cataracts or hypertension, whilst diabetes, neuropsychiatric symptoms or sleep disturbance were each reported in 16.1% of cases. The majority of patients with ocular involvement had cranial symptoms (71%). Patients with ocular involvement tended to be referred earlier than those with no ocular involvement (478.2 days vs 648.1 days), were on a higher dose of glucocorticoids at time of referral (71.4% vs 47.1% on more than 40mg) and had fewer steroid-sparing agents prior to referral. Conclusion All patients approved for TCZ in the GCA MDT fulfilled NHS England criteria for either relapsing or refractory disease. The majority of cases had cranial disease, but almost half had either ocular or large vessel vasculitis involvement, reflecting a severe spectrum of disease. Cases showed a high burden of glucocorticoid toxicity. Patients with ocular involvement were referred slightly earlier with less use of other steroid sparing treatments prior to TCZ in our cohort.

326. **The sands of time: Adolescents' temporal perceptions of peer relationships and autonomy in the context of living with chronic pain.**

Item Type: Journal Article

Authors: Jones, A.;Caes, L.;Eccleston, C.;Noel, M.;GauntlettGilbert, J. and Jordan, A.

Publication Date: 2022a

Journal: Paediatric and Neonatal Pain 4(3), pp. 110-124

Abstract: The incidence of chronic and recurrent pain increases in adolescence. Prevalence of adolescent chronic pain is estimated to be 11%-44%, with approximately 5% adolescents experiencing moderate-to-severe chronic pain. Adolescents with chronic pain also report unwanted changes in emotional, social, and developmental functioning. Very little is known about how adolescents with chronic pain make sense of their development, the role of pain in that development, and how such developmental trajectories progress over time. A multi-methods qualitative study was designed to explore how adolescents make sense of their experience of chronic pain in the context of development. Nine adolescents (8 girls) aged 12-22 years old (Mean = 15.7, SD = 2.8) were recruited from a UK national pain service. Adolescents completed an interview on entering the service, and a follow-up interview 12 months later. They also completed monthly diaries in this 12-month period. Data comprised 18 interviews and 60 diary entries, which were analyzed using inductive reflexive thematic analysis. Analyses generated one overarching theme entitled "tug of war: push and pull," demonstrating developmental tension related to pain, and the cumulative impact these had over time. This overarching theme comprised two subthemes which capture these tensions across the developmental domains of peer relationships and autonomy. The first subtheme, "the shifting sands of peer relationships," explores the ever-changing closeness between self and peers. The second subtheme referred to "restricted choices" and how pain limited the participants' autonomy but that this, over time could push

development forward. These results extend previous cross-sectional research on the developmental consequences of chronic pain, showing the dynamic fluctuations and alterations to developmental trajectories over time.

327. **The sands of time: Adolescents' temporal perceptions of peer relationships and autonomy in the context of living with chronic pain.**

    Item Type: Journal Article

    Authors: Jones, A.;Caes, L.;Eccleston, C.;Noel, M.;GauntlettGilbert, J. and Jordan, A.

    Publication Date: 2022b

    Journal: Paediatric and Neonatal Pain 4(3), pp. 110-124

    Abstract: The incidence of chronic and recurrent pain increases in adolescence. Prevalence of adolescent chronic pain is estimated to be 11%-44%, with approximately 5% adolescents experiencing moderate-to-severe chronic pain. Adolescents with chronic pain also report unwanted changes in emotional, social, and developmental functioning. Very little is known about how adolescents with chronic pain make sense of their development, the role of pain in that development, and how such developmental trajectories progress over time. A multi-methods qualitative study was designed to explore how adolescents make sense of their experience of chronic pain in the context of development. Nine adolescents (8 girls) aged 12-22 years old (Mean = 15.7, SD = 2.8) were recruited from a UK national pain service. Adolescents completed an interview on entering the service, and a follow-up interview 12 months later. They also completed monthly diaries in this 12-month period. Data comprised 18 interviews and 60 diary entries, which were analyzed using inductive reflexive thematic analysis. Analyses generated one overarching theme entitled "tug of war: push and pull," demonstrating developmental tension related to pain, and the cumulative impact these had over time. This overarching theme comprised two subthemes which capture these tensions across the developmental domains of peer relationships and autonomy. The first subtheme, "the shifting sands of peer relationships," explores the ever-changing closeness between self and peers. The second subtheme referred to "restricted choices" and how pain limited the participants' autonomy but that this, over time could push development forward. These results extend previous cross-sectional research on the developmental consequences of chronic pain, showing the dynamic fluctuations and alterations to developmental trajectories over time.

328. **The sands of time: Adolescents' temporal perceptions of peer relationships and autonomy in the context of living with chronic pain.**

    Item Type: Journal Article

    Authors: Jones, A.;Caes, L.;Eccleston, C.;Noel, M.;GauntlettGilbert, J. and Jordan, A.

    Publication Date: 2022c

    Journal: Paediatric and Neonatal Pain 4(3), pp. 110-124

    Abstract: The incidence of chronic and recurrent pain increases in adolescence. Prevalence of adolescent chronic pain is estimated to be 11%-44%, with approximately 5% adolescents experiencing moderate-to-severe chronic pain. Adolescents with chronic pain also report unwanted changes in emotional, social, and developmental functioning. Very little is known about how adolescents with chronic pain make sense of their development, the role of pain in that development, and how such developmental trajectories progress over time. A multi-methods qualitative study was designed to explore how adolescents make sense of their experience of chronic pain in the context of development. Nine adolescents (8 girls) aged 12-22 years old (Mean = 15.7, SD = 2.8) were recruited from a UK national pain

service. Adolescents completed an interview on entering the service, and a follow-up interview 12 months later. They also completed monthly diaries in this 12-month period. Data comprised 18 interviews and 60 diary entries, which were analyzed using inductive reflexive thematic analysis. Analyses generated one overarching theme entitled "tug of war: push and pull," demonstrating developmental tension related to pain, and the cumulative impact these had over time. This overarching theme comprised two subthemes which capture these tensions across the developmental domains of peer relationships and autonomy. The first subtheme, "the shifting sands of peer relationships," explores the ever-changing closeness between self and peers. The second subtheme referred to "restricted choices" and how pain limited the participants' autonomy but that this, over time could push development forward. These results extend previous cross-sectional research on the developmental consequences of chronic pain, showing the dynamic fluctuations and alterations to developmental trajectories over time.

329. **The sands of time: Adolescents' temporal perceptions of peer relationships and autonomy in the context of living with chronic pain**

Item Type: Journal Article

Authors: Jones, Abigail;Caes, Line;Eccleston, Christopher;Noel, Melanie;Gauntlett-Gilbert, Jeremy and Jordan, Abbie

Publication Date: 2022

Journal: Paediatric & Neonatal Pain 4(3), pp. 110-124

Abstract: The incidence of chronic and recurrent pain increases in adolescence. Prevalence of adolescent chronic pain is estimated to be 11%-44%, with approximately 5% adolescents experiencing moderate-to-severe chronic pain. Adolescents with chronic pain also report unwanted changes in emotional, social, and developmental functioning. Very little is known about how adolescents with chronic pain make sense of their development, the role of pain in that development, and how such developmental trajectories progress over time. A multi-methods qualitative study was designed to explore how adolescents make sense of their experience of chronic pain in the context of development. Nine adolescents (8 girls) aged 12-22 years old (Mean = 15.7, SD = 2.8) were recruited from a UK national pain service. Adolescents completed an interview on entering the service, and a follow-up interview 12 months later. They also completed monthly diaries in this 12-month period. Data comprised 18 interviews and 60 diary entries, which were analyzed using inductive reflexive thematic analysis. Analyses generated one overarching theme entitled "tug of war: push and pull," demonstrating developmental tension related to pain, and the cumulative impact these had over time. This overarching theme comprised two subthemes which capture these tensions across the developmental domains of peer relationships and autonomy. The first subtheme, "the shifting sands of peer relationships," explores the ever-changing closeness between self and peers. The second subtheme referred to "restricted choices" and how pain limited the participants' autonomy but that this, over time could push development forward. These results extend previous cross-sectional research on the developmental consequences of chronic pain, showing the dynamic fluctuations and alterations to developmental trajectories over time.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=159218889&custid=ns010877

330. **The sands of time: Adolescents' temporal perceptions of peer relationships and autonomy in the context of living with chronic pain**

Item Type: Journal Article

Authors: Jones, Abigail;Caes, Line;Eccleston, Christopher;Noel, Melanie;Gauntlett-Gilbert, Jeremy and Jordan, Abbie

Publication Date: 2022

Journal: Paediatric & Neonatal Pain 4(3), pp. 110-124

Abstract: The incidence of chronic and recurrent pain increases in adolescence. Prevalence of adolescent chronic pain is estimated to be 11%-44%, with approximately 5% adolescents experiencing moderate-to-severe chronic pain. Adolescents with chronic pain also report unwanted changes in emotional, social, and developmental functioning. Very little is known about how adolescents with chronic pain make sense of their development, the role of pain in that development, and how such developmental trajectories progress over time. A multi-methods qualitative study was designed to explore how adolescents make sense of their experience of chronic pain in the context of development. Nine adolescents (8 girls) aged 12-22 years old (Mean = 15.7, SD = 2.8) were recruited from a UK national pain service. Adolescents completed an interview on entering the service, and a follow-up interview 12 months later. They also completed monthly diaries in this 12-month period. Data comprised 18 interviews and 60 diary entries, which were analyzed using inductive reflexive thematic analysis. Analyses generated one overarching theme entitled "tug of war: push and pull," demonstrating developmental tension related to pain, and the cumulative impact these had over time. This overarching theme comprised two subthemes which capture these tensions across the developmental domains of peer relationships and autonomy. The first subtheme, "the shifting sands of peer relationships," explores the ever-changing closeness between self and peers. The second subtheme referred to "restricted choices" and how pain limited the participants' autonomy but that this, over time could push development forward. These results extend previous cross-sectional research on the developmental consequences of chronic pain, showing the dynamic fluctuations and alterations to developmental trajectories over time.; Competing Interests: The authors report no conflicts of interest. (© 2022 The Authors. Paediatric and Neonatal Pain published by John Wiley & Sons Ltd.)

DOI: 10.1002/pne2.12071

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36188159&custid=ns010877

331. **Autoimmunity Is a Significant Feature of Idiopathic Pulmonary Arterial Hypertension.**

Item Type: Journal Article

Authors: Jones, R. J.;De Bie, E. M. D. D.;Groves, E.;Zalewska, K. I.;Swietlik, E. M.;Li, W.;Guo, J.;Baxendale, H. E.;Coleman, S.;Savinykh, N.;Coghlan, J. G.;Corris, P. A.;Howard, L. S.;Johnson, M. K.;Church, C.;Kiely, D. G.;Lawrie, A.;Lordan, J. L.;Zaba, J. P.;Wilkins, M. R., et al

Publication Date: 2022a

Journal: American Journal of Respiratory and Critical Care Medicine 206(1), pp. 81-93

Abstract: Rationale: Autoimmunity is believed to play a role in idiopathic pulmonary arterial hypertension (IPAH). It is not clear whether this is causative or a bystander of disease and if it carries any prognostic or treatment significance.

DOI: 10.1164/rccm.202108-1919OC

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Authors: Jones, R. J.;De Bie, E. M. D. D.;Groves, E.;Zalewska, K. I.;Swietlik, E. M.;Li, W.;Guo, J.;Baxendale, H. E.;Coleman, S.;Savinykh, N.;Coghlan, J. G.;Corris, P. A.;Howard, L. S.;Johnson, M. K.;Church, C.;Kiely, D. G.;Lawrie, A.;Lordan, J. L.;Zaba, J. P.;Wilkins, M. R., et al

Publication Date: 2022b

Journal: American Journal of Respiratory and Critical Care Medicine 206(1), pp. 81-93

Abstract: Rationale: Autoimmunity is believed to play a role in idiopathic pulmonary arterial hypertension (IPAH). It is not clear whether this is causative or a bystander of disease and if it carries any prognostic or treatment significance.

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Publication Date: 2022c

Journal: American Journal of Respiratory and Critical Care Medicine 206(1), pp. 81-93

Abstract: Rationale: Autoimmunity is believed to play a role in idiopathic pulmonary arterial hypertension (IPAH). It is not clear whether this is causative or a bystander of disease and if it carries any prognostic or treatment significance.

334. **Autoimmunity Is a Significant Feature of Idiopathic Pulmonary Arterial Hypertension.**

Item Type: Journal Article

Authors: Jones, R. J.;De Bie, E. M. D. D.;Groves, E.;Zalewska, K. I.;Swietlik, E. M.;Li, W.;Guo, J.;Baxendale, H. E.;Coleman, S.;Savinykh, N.;Coghlan, J. G.;Corris, P. A.;Howard, L. S.;Johnson, M. K.;Church, C.;Kiely, D. G.;Lawrie, A.;Lordan, J. L.;Zaba, J. P.;Wilkins, M. R., et al

Publication Date: 2022d

Journal: American Journal of Respiratory and Critical Care Medicine 206(1), pp. 81-93

Abstract: Rationale: Autoimmunity is believed to play a role in idiopathic pulmonary arterial hypertension (IPAH). It is not clear whether this is causative or a bystander of disease and if it carries any prognostic or treatment significance.

335. **Autoimmunity Is a Significant Feature of Idiopathic Pulmonary Arterial Hypertension**

Item Type: Journal Article

Authors: Jones, Rowena J.;De Bie, Eckart,M.D.D.;Groves, Emily;Zalewska, Kasia I.;Swietlik, Emilia M.;Treacy, Carmen M.;Martin, Jennifer M.;Polwarth, Gary;Li, Wei;Guo, Jingxu;Baxendale, Helen E.;Coleman, Stephen;Savinykh, Natalia;Coghlan, J. G.;Corris,

Paul A.;Howard, Luke S.;Johnson, Martin K.;Church, Colin;Kiely, David G.;Lawrie, Allan, et al

Publication Date: 2022

Journal: American Journal of Respiratory and Critical Care Medicine 206(1), pp. 81-93

Abstract: Rationale: Autoimmunity is believed to play a role in idiopathic pulmonary arterial hypertension (IPAH). It is not clear whether this is causative or a bystander of disease and if it carries any prognostic or treatment significance. Objectives: To study autoimmunity in IPAH using a large cross-sectional cohort. Methods: Assessment of the circulating immune cell phenotype was undertaken using flow cytometry, and the profile of serum immunoglobulins was generated using a standardized multiplex array of 19 clinically validated autoantibodies in 473 cases and 946 control subjects. Additional glutathione S-transferase fusion array and ELISA data were used to identify a serum autoantibody to BMPR2 (bone morphogenetic protein receptor type 2). Clustering analyses and clinical correlations were used to determine associations between immunogenicity and clinical outcomes. Measurements and Main Results: Flow cytometric immune profiling demonstrates that IPAH is associated with an altered humoral immune response in addition to raised IgG3. Multiplexed autoantibodies were significantly raised in IPAH, and clustering demonstrated three distinct clusters: "high autoantibody," "low autoantibody," and a small "intermediate" cluster exhibiting high concentrations of ribonucleic protein complex. The high-autoantibody cluster had worse hemodynamics but improved survival. A small subset of patients demonstrated immunoglobulin reactivity to BMPR2. Conclusions: This study establishes aberrant immune regulation and presence of autoantibodies as key features in the profile of a significant proportion of patients with IPAH and is associated with clinical outcomes.

DOI: 10.1164/rccm.202108-1919OC

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35316153&custid=ns010877

336. **Patient reported experiences and treatment outcomes of orthodontic patients treated within secondary care settings in the South West of England during the COVID-19 pandemic.**

Item Type: Journal Article

Authors: Jopson, J. L.;Ellis, P. E.;Jerreat, A. S.;Kneafsey, L. C.;Moore, M. B.;Day, C.;Scott, J. K.;Griffiths, H.;Lee, T. V.;Oliver, G. R.;Fowler, P. V.;Sherriff, M. and Ireland, A. J.

Publication Date: 2022a

Journal: Journal of Orthodontics 49(1), pp. 39-47

Abstract: OBJECTIVE: To assess the impact of the temporary cessation of orthodontic services on patients undergoing treatment during the COVID-19 pandemic. DESIGN: Two-phase multicentre service evaluation. SETTING: Secondary care orthodontic departments in the South West of England. MATERIALS AND METHODS: Phase 1 - Patient-Reported Experience Measure questionnaire (PREM). The questionnaire was distributed to patients who had undergone orthodontic treatment during the COVID-19 pandemic once services had resumed. Phase 2 - assessment of treatment outcomes, specifically with the Peer Assessment Rating (PAR) Index. A total of 280 PAR scores were obtained from a cohort of patients treated before and during the pandemic.

337. **Patient reported experiences and treatment outcomes of orthodontic patients treated within secondary care settings in the South West of England during the COVID-19 pandemic.**

Item Type: Journal Article

Authors: Jopson, J. L.;Ellis, P. E.;Jerreat, A. S.;Kneafsey, L. C.;Moore, M. B.;Day, C.;Scott, J. K.;Griffiths, H.;Lee, T. V.;Oliver, G. R.;Fowler, P. V.;Sherriff, M. and Ireland, A. J.

Publication Date: 2022b

Journal: Journal of Orthodontics 49(1), pp. 39-47

Abstract: OBJECTIVE: To assess the impact of the temporary cessation of orthodontic services on patients undergoing treatment during the COVID-19 pandemic. DESIGN: Two-phase multicentre service evaluation. SETTING: Secondary care orthodontic departments in the South West of England. MATERIALS AND METHODS: Phase 1 - Patient-Reported Experience Measure questionnaire (PREM). The questionnaire was distributed to patients who had undergone orthodontic treatment during the COVID-19 pandemic once services had resumed. Phase 2 - assessment of treatment outcomes, specifically with the Peer Assessment Rating (PAR) Index. A total of 280 PAR scores were obtained from a cohort of patients treated before and during the pandemic.

338. **Patient reported experiences and treatment outcomes of orthodontic patients treated within secondary care settings in the South West of England during the COVID-19 pandemic.**

Item Type: Journal Article

Authors: Jopson, J. L.;Ellis, P. E.;Jerreat, A. S.;Kneafsey, L. C.;Moore, M. B.;Day, C.;Scott, J. K.;Griffiths, H.;Lee, T. V.;Oliver, G. R.;Fowler, P. V.;Sherriff, M. and Ireland, A. J.

Publication Date: 2022c

Journal: Journal of Orthodontics 49(1), pp. 39-47

Abstract: OBJECTIVE: To assess the impact of the temporary cessation of orthodontic services on patients undergoing treatment during the COVID-19 pandemic. DESIGN: Two-phase multicentre service evaluation. SETTING: Secondary care orthodontic departments in the South West of England. MATERIALS AND METHODS: Phase 1 - Patient-Reported Experience Measure questionnaire (PREM). The questionnaire was distributed to patients who had undergone orthodontic treatment during the COVID-19 pandemic once services had resumed. Phase 2 - assessment of treatment outcomes, specifically with the Peer Assessment Rating (PAR) Index. A total of 280 PAR scores were obtained from a cohort of patients treated before and during the pandemic.

339. **Patient reported experiences and treatment outcomes of orthodontic patients treated within secondary care settings in the South West of England during the COVID-19 pandemic**

Item Type: Journal Article

Authors: Jopson, Jenifer L.;Ellis, Pamela E.;Jerreat, Amelia S.;Kneafsey, Louise C.;Moore, Matthew B.;Day, Christian;Scott, Julia K.;Griffiths, Helen;Lee, Tara Vn;Oliver, Graham R.;Fowler, Peter V.;Sherriff, Martyn and Ireland, Anthony J.

Publication Date: 2022

Journal: Journal of Orthodontics 49(1), pp. 39-47

Abstract: Objective: To assess the impact of the temporary cessation of orthodontic services on patients undergoing treatment during the COVID-19 pandemic.; Design: Two-phase multicentre service evaluation.; Setting: Secondary care orthodontic departments in the South West of England.; Materials and Methods: Phase 1 - Patient-Reported Experience Measure questionnaire (PREM). The questionnaire was distributed to patients who had undergone orthodontic treatment during the COVID-19 pandemic once services had resumed. Phase 2 - assessment of treatment outcomes, specifically with the Peer Assessment Rating (PAR) Index. A total of 280 PAR scores were obtained from a cohort of patients treated before and during the pandemic.; Results: A total of 711 PREM questionnaires were completed. Participants generally felt relaxed when visiting secondary care settings, orthodontic departments and whilst wearing orthodontic appliances during the pandemic. Nearly 40% of participants were concerned that the pandemic would impact on their treatment, particularly treatment length. Treatment outcomes revealed that patients treated before and during the pandemic experienced percentage PAR score reductions of 83.9% and 80.6%, respectively. Patients receiving treatment during the pandemic experienced longer treatment durations of 126 days.; Conclusion: During the pandemic, low levels of anxiety were reported with respect to receiving orthodontic treatment in secondary care settings. Irrespective of the pandemic, a high standard of orthodontic treatment was provided. However, patient concerns regarding treatment length were justified.

DOI: 10.1177/14653125211029959

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34240639&custid=ns010877

340. **Changes to the European Resuscitation Council guidelines for adult resuscitation**

Item Type: Journal Article

Authors: Kane, A. D. and Nolan, J. P.

Publication Date: 2022

Journal: BJA Education 22(7), pp. 265-272

Abstract: Competing Interests: JPN is editor-in-chief of the journal Resuscitation. AK declares no conflicts of interest.

DOI: 10.1016/j.bjae.2022.02.004

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35754855&custid=ns010877

341. **Innovations in hip surgery: over the last 30 years.**

Item Type: Journal Article

Authors: Karachalios, T. and Berstock, J. R.

Publication Date: 2022a

Journal: HIP International 32(6), pp. 708-710

DOI: 10.1177/11207000221135386

342. **Innovations in hip surgery: over the last 30 years.**

Item Type: Journal Article

Authors: Karachalios, T. and Berstock, J. R.

Publication Date: 2022b

Journal: HIP International 32(6), pp. 708-710

343. **Innovations in hip surgery: over the last 30 years.**

Item Type: Journal Article

Authors: Karachalios, T. and Berstock, J. R.

Publication Date: 2022c

Journal: HIP International 32(6), pp. 708-710

344. **Innovations in hip surgery: over the last 30 years.**

Item Type: Journal Article

Authors: Karachalios, T. and Berstock, J. R.

Publication Date: 2022d

Journal: HIP International 32(6), pp. 708-710

345. **Innovations in hip surgery: over the last 30 years**

Item Type: Journal Article

Authors: Karachalios, Theofilos and Berstock, James R.

Publication Date: 2022a

Journal: Hip International : The Journal of Clinical and Experimental Research on Hip Pathology and Therapy 32(6), pp. 708-710

DOI: 10.1177/11207000221135386

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36464863&custid=ns010877

346. **Innovations in hip surgery: over the last 30 years**

Item Type: Journal Article

Authors: Karachalios, Theofilos and Berstock, James R.

Publication Date: 2022b

Journal: Hip International 32(6), pp. 708-710

Abstract: The article highlights innovations in hip surgery over the last 30 years. It

considers total hip arthroplasty (THA) as the most important innovation in hip surgery and cites the adaption of highly cross-liked ultra-high-molecular-weight polyethylene (UHMWPE) and highly cross-linked polyethylene (HXLPE) for routine use to reduce revision rates. Othe developments include hip joint preservation surgery, hip arthroscopy and improvements in peri-acetabular osteotomy and pelvic tumour surgery.

DOI: 10.1177/11207000221135386

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160622637&custid=ns010877

347. **Primary Jejunal Enterolith Causing Small Bowel Obstruction Without Any Underlying Bowel Abnormality**

Item Type: Journal Article

Authors: Karveli, Evgenia;Barlow, Ciaran;Grant, Charlotte;Conroy, Soraya and Papamichail, Michail

Publication Date: 2022

Journal: Cureus 14(9), pp. e28743

Abstract: Enterolith formation is a rare condition precipitated by decreased bowel motility. It may cause obstruction or other complications and the diagnosis usually is confirmed after surgery and analysis of the stones or fragments. It is often seen in association with intestinal abnormalities such as diverticula and inflammation or in biliary tract fistulas where stones migrate to the duodenum and small bowel. We report an unusual case of a primary true enterolith formation in a patient without any underlying bowel condition or any previous surgery.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2022, Karveli et al.)

DOI: 10.7759/cureus.28743

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36211098&custid=ns010877

348. **A Randomized Double-Blind Placebo-Controlled Trial of Dipeptidyl Peptidase-1 Inhibition in Hospitalized Patients with COVID-19: The STOP-COVID19 Trial.**

Item Type: Journal Article

Authors: Keir, H. R.;Long, M. B.;Abo Leyah, H.;Giam, Y.;Vadiveloo, T.;Pembridge, T.;Hull, R.;Delgado, L.;Band, M.;McLarenNeill, F.;Adamson, S.;Lahnsteiner, E.;Gilmour, A.;Hughes, C.;New, B. J. M.;Connell, D.;Dowey, R.;Turton, H.;Richardson, H.;Cassidy, D., et al

Publication Date: 2022a

Journal: American Journal of Respiratory and Critical Care Medicine Conference, pp. nternatona

Abstract: Rationale: Markers of neutrophilic inflammation, including neutrophil serine proteases, are increased in severe and fatal COVID-19 infection. We investigated whether treatment with Brensocatib, an oral inhibitor of Dipeptidyl Peptidase-1 (DPP1) which reduces neutrophilic inflammation, would improve clinical outcomes in hospitalized patients with COVID-19.

349. **A Randomized Double-Blind Placebo-Controlled Trial of Dipeptidyl Peptidase-1 Inhibition in Hospitalized Patients with COVID-19: The STOP-COVID19 Trial.**

Item Type: Journal Article

Authors: Keir, H. R.;Long, M. B.;Abo Leyah, H.;Giam, Y.;Vadiveloo, T.;Pembridge, T.;Hull, R.;Delgado, L.;Band, M.;McLarenNeill, F.;Adamson, S.;Lahnsteiner, E.;Gilmour, A.;Hughes, C.;New, B. J. M.;Connell, D.;Dowey, R.;Turton, H.;Richardson, H.;Cassidy, D., et al

Publication Date: 2022b

Journal: American Journal of Respiratory and Critical Care Medicine Conference, pp. nternatona

Abstract: Rationale: Markers of neutrophilic inflammation, including neutrophil serine proteases, are increased in severe and fatal COVID-19 infection. We investigated whether treatment with Brensocatib, an oral inhibitor of Dipeptidyl Peptidase-1 (DPP1) which reduces neutrophilic inflammation, would improve clinical outcomes in hospitalized patients with COVID-19.

350. **A Randomized Double-Blind Placebo-Controlled Trial of Dipeptidyl Peptidase-1 Inhibition in Hospitalized Patients with COVID-19: The STOP-COVID19 Trial.**

Item Type: Journal Article

Authors: Keir, H. R.;Long, M. B.;Abo Leyah, H.;Giam, Y.;Vadiveloo, T.;Pembridge, T.;Hull, R.;Delgado, L.;Band, M.;McLarenNeill, F.;Adamson, S.;Lahnsteiner, E.;Gilmour, A.;Hughes, C.;New, B. J. M.;Connell, D.;Dowey, R.;Turton, H.;Richardson, H.;Cassidy, D., et al

Publication Date: 2022

Journal: American Journal of Respiratory and Critical Care Medicine Conference, pp. nternatona

Abstract: Rationale: Markers of neutrophilic inflammation, including neutrophil serine proteases, are increased in severe and fatal COVID-19 infection. We investigated whether treatment with Brensocatib, an oral inhibitor of Dipeptidyl Peptidase-1 (DPP1) which reduces neutrophilic inflammation, would improve clinical outcomes in hospitalized patients with COVID-19.

351. **Dipeptidyl peptidase-1 inhibition in patients hospitalised with COVID-19: a multicentre, double-blind, randomised, parallel-group, placebo-controlled trial.**

Item Type: Journal Article

Authors: Keir, H. R.;Long, M. B.;AboLeyah, H.;Giam, Y. H.;Vadiveloo, T.;Pembridge, T.;Hull, R. C.;Delgado, L.;Band, M.;McLarenNeil, F.;Adamson, S.;Lahnsteiner, E.;Gilmour, A.;Hughes, C.;New, B. J.;Connell, D.;Dowey, R.;Turton, H.;Richardson, H.;Cassidy, D., et al

Publication Date: 2022a

Journal: The Lancet Respiratory Medicine 10(12), pp. 1119-1128

Abstract: Background: Neutrophil serine proteases are involved in the pathogenesis of COVID-19 and increased serine protease activity has been reported in severe and fatal infection. We investigated whether brensocatib, an inhibitor of dipeptidyl peptidase-1 (DPP-1; an enzyme responsible for the activation of neutrophil serine proteases), would improve outcomes in patients hospitalised with COVID-19.

352. **Dipeptidyl peptidase-1 inhibition in patients hospitalised with COVID-19: a multicentre, double-blind, randomised, parallel-group, placebo-controlled trial.**

Item Type: Journal Article

Authors: Keir, H. R.;Long, M. B.;AboLeyah, H.;Giam, Y. H.;Vadiveloo, T.;Pembridge, T.;Hull, R. C.;Delgado, L.;Band, M.;McLarenNeil, F.;Adamson, S.;Lahnsteiner, E.;Gilmour, A.;Hughes, C.;New, B. J.;Connell, D.;Dowey, R.;Turton, H.;Richardson, H.;Cassidy, D., et al

Publication Date: 2022b

Journal: The Lancet Respiratory Medicine 10(12), pp. 1119-1128

Abstract: Background: Neutrophil serine proteases are involved in the pathogenesis of COVID-19 and increased serine protease activity has been reported in severe and fatal infection. We investigated whether brensocatib, an inhibitor of dipeptidyl peptidase-1 (DPP-1; an enzyme responsible for the activation of neutrophil serine proteases), would improve outcomes in patients hospitalised with COVID-19.

353. **Dipeptidyl peptidase-1 inhibition in patients hospitalised with COVID-19: a multicentre, double-blind, randomised, parallel-group, placebo-controlled trial.**

Item Type: Journal Article

Authors: Keir, H. R.;Long, M. B.;AboLeyah, H.;Giam, Y. H.;Vadiveloo, T.;Pembridge, T.;Hull, R. C.;Delgado, L.;Band, M.;McLarenNeil, F.;Adamson, S.;Lahnsteiner, E.;Gilmour, A.;Hughes, C.;New, B. J.;Connell, D.;Dowey, R.;Turton, H.;Richardson, H.;Cassidy, D., et al

Publication Date: 2022c

Journal: The Lancet Respiratory Medicine 10(12), pp. 1119-1128

Abstract: Background: Neutrophil serine proteases are involved in the pathogenesis of COVID-19 and increased serine protease activity has been reported in severe and fatal infection. We investigated whether brensocatib, an inhibitor of dipeptidyl peptidase-1 (DPP-1; an enzyme responsible for the activation of neutrophil serine proteases), would improve outcomes in patients hospitalised with COVID-19.

354. **Dipeptidyl peptidase-1 inhibition in patients hospitalised with COVID-19: a multicentre, double-blind, randomised, parallel-group, placebo-controlled trial**

Item Type: Journal Article

Authors: Keir, Holly R.;Long, Merete B.;Abo-Leyah, Hani;Giam, Yan Hui;Vadiveloo, Thenmalar;Pembridge, Thomas;Hull, Rebecca C.;Delgado, Lilia;Band, Margaret;McLaren-Neil, Fiona;Adamson, Simon;Lahnsteiner, Eva;Gilmour, Amy;Hughes, Chloe;New, Benjamin Jm;Connell, David;Dowey, Rebecca;Turton, Helena;Richardson, Hollian;Cassidy, Diane, et al

Publication Date: 2022

Journal: The Lancet.Respiratory Medicine 10(12), pp. 1119-1128

Abstract: Background: Neutrophil serine proteases are involved in the pathogenesis of COVID-19 and increased serine protease activity has been reported in severe and fatal infection. We investigated whether brensocatib, an inhibitor of dipeptidyl peptidase-1 (DPP-1; an enzyme responsible for the activation of neutrophil serine proteases), would improve outcomes in patients hospitalised with COVID-19.; Methods: In a multicentre, double-blind,

randomised, parallel-group, placebo-controlled trial, across 14 hospitals in the UK, patients aged 16 years and older who were hospitalised with COVID-19 and had at least one risk factor for severe disease were randomly assigned 1:1, within 96 h of hospital admission, to once-daily brensocatib 25 mg or placebo orally for 28 days. Patients were randomly assigned via a central web-based randomisation system (TruST). Randomisation was stratified by site and age (65 years or ≥65 years), and within each stratum, blocks were of random sizes of two, four, or six patients. Participants in both groups continued to receive other therapies required to manage their condition. Participants, study staff, and investigators were masked to the study assignment. The primary outcome was the 7-point WHO ordinal scale for clinical status at day 29 after random assignment. The intention-to-treat population included all patients who were randomly assigned and met the enrolment criteria. The safety population included all participants who received at least one dose of study medication. This study was registered with the ISRCTN registry, ISRCTN30564012.; Findings: Between June 5, 2020, and Jan 25, 2021, 406 patients were randomly assigned to brensocatib or placebo; 192 (47·3%) to the brensocatib group and 214 (52·7%) to the placebo group. Two participants were excluded after being randomly assigned in the brensocatib group (214 patients included in the placebo group and 190 included in the brensocatib group in the intention-to-treat population). Primary outcome data was unavailable for six patients (three in the brensocatib group and three in the placebo group). Patients in the brensocatib group had worse clinical status at day 29 after being randomly assigned than those in the placebo group (adjusted odds ratio 0·72 95% CI 0·57-0·92]). Prespecified subgroup analyses of the primary outcome supported the primary results. 185 participants reported at least one adverse event; 99 (46%) in the placebo group and 86 (45%) in the brensocatib group. The most common adverse events were gastrointestinal disorders and infections. One death in the placebo group was judged as possibly related to study drug.; Interpretation: Brensocatib treatment did not improve clinical status at day 29 in patients hospitalised with COVID-19.; Funding: Sponsored by the University of Dundee and supported through an Investigator Initiated Research award from Insmed, Bridgewater, NJ; STOP-COVID19 trial.; Competing Interests: Declaration of interests JDC reports grants and personal fees from AstraZeneca, Boehringer-Ingelheim, Chiesi, GSK, Gilead Sciences, Grifols, Insmed, Janssen, Novartis, and Zambon. CB reports grants from the UK National Institute for Health and Care Research Biomedical Research Centre during the conduct of the study; grants and personal fees from GSK, AstraZeneca, Chiesi, Boehringer-Ingelheim, Genentech, Roche, Sanofi, Regeneron, Merck, TEVA, Mologic, 4DPharma, and Novartis. AART reports grants and personal fees from British Heart Foundation and Actelion Pharmaceuticals. JU reports personal fees from Gilead Sciences and ViiV Healthcare and from Celltrion; and is supported by the UK Medical Research Council (MR/T023791/1). DPSD reports grants and personal fees from GSK, Vir Biotechnology, AstraZeneca, and Boehringer-Ingelheim. ASm has received non-financial support for clinical trial work from AstraZeneca, GSK, Chiesi, and Oncimmune; and has done consultancy work with AstraZeneca and GSK. MP reports non-financial support for clinical trial work from AstraZeneca, GSK, Chiesi, and Oncimmune and consultancy work with AstraZeneca and GSK. All other authors report no competing interests.

DOI: 10.1016/S2213-2600(22)00261-2

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36075243&custid=ns010877

355. **Unrecognised oesophageal intubation: additional human factors and ergonomics solutions**

Item Type: Journal Article

Authors: Kelly, F. E. and Cook, T. M.

Publication Date: 2022

Journal: Anaesthesia 77(6), pp. 718-719

DOI: 10.1111/anae.15686

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35174483&custid=ns010877

356. **Eribulin for the treatment of advanced breast cancer: A prospective observational registry study**

Item Type: Journal Article

Authors: Kenny, Laura;Beresford, Mark;Brown, Ian;Misra, Vivek and Kristeleit, Hartmut

Publication Date: 2022

Journal: European Journal of Cancer Care 31(6), pp. 1-7

Abstract: Objective: Eribulin treatment improved overall survival with predictable toxicities in phase 3 trials of patients with previously treated, locally advanced/metastatic breast cancer. This study (NCT02443428) prospectively observed eribulin-treated patients in real-world clinical practice. Methods: This observational multicentre registry study enrolled 76 patients with locally advanced/metastatic breast cancer who had ≤2 prior chemotherapeutic regimens for advanced disease. Eribulin was administered at a 1.23 mg/m2 dose (days 1 and 8 of every 21-day cycle). Adverse events (AEs) were monitored and effectiveness was assessed per local practice. Results: AEs occurred in 98.7% of patients; 88.2% had eribulin-related AEs. The most common AEs were fatigue (64.5%), alopecia (36.8%), nausea (35.5%) and constipation (30.3%). Serious AEs occurred in 42.1% of patients. The most common grade 3/4 AEs were neutropenia (9.2%), febrile neutropenia (9.2%), dyspnoea (5.3%) and pleural effusion (5.3%). No fatal AEs occurred. Dose reductions occurred in 31.6% of patients, 42.1% experienced dose delays and 9.2% discontinued due to worsening condition. There were complete responses in 2.6% and partial responses in 15.8% of patients. Median time to progression and overall survival were 4.0 and 8.3 months, respectively. Conclusion: Eribulin was well tolerated in real-world clinical practice, comparable to safety and effectiveness reported in other clinical trials.

DOI: 10.1111/ecc.13747

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160426799&custid=ns010877

357. **Risk of tendon failure with repeated passage of Kirschner wires or hypodermic needles: an experimental study.**

Item Type: Journal Article

Authors: Kiszely, A. and Giddins, G.

Publication Date: 2022a

Journal: Journal of Hand Surgery: European Volume (pagination), pp. ate of Pubaton: 2022

Abstract: During hand surgery, tendons may be at risk of damage. This biomechanical study aims to assess the risk of tendon rupture due to passage of Kirschner wires or

hypodermic needles. Porcine extensor tendons were divided into four groups. Group 1: a control group was tested to ensure that repeated stress alone did not cause failure. Group 2a: 1.1-mm Kirschner wires were hand pushed through tendons 50 times and then stressed to 40 N, repeated until tendon failure. In Group 2b, K-wires were passed while rotating using a drill. Group 3: the experiment was repeated using a 20 G hypodermic needle. Group 2a tendons required a median of 2450 passes (1150-3500) to propagate failure, Group 2b a median of 2250 (1200-3850) and Group 3a median of 200 passes (150-450). The risk of tendon rupture from wires or hypodermic needles in procedures appears very low.

DOI: 10.1177/17531934211067667

358. **Risk of tendon failure with repeated passage of Kirschner wires or hypodermic needles: an experimental study.**

Item Type: Journal Article

Authors: Kiszely, A. and Giddins, G.

Publication Date: 2022b

Journal: The Journal of Hand Surgery, European Volume 47(5), pp. 507-512

Abstract: During hand surgery, tendons may be at risk of damage. This biomechanical study aims to assess the risk of tendon rupture due to passage of Kirschner wires or hypodermic needles. Porcine extensor tendons were divided into four groups. Group 1: a control group was tested to ensure that repeated stress alone did not cause failure. Group 2a: 1.1-mm Kirschner wires were hand pushed through tendons 50 times and then stressed to 40N, repeated until tendon failure. In Group 2b, K-wires were passed while rotating using a drill. Group 3: the experiment was repeated using a 20G hypodermic needle. Group 2a tendons required a median of 2450 passes (1150-3500) to propagate failure, Group 2b a median of 2250 (1200-3850) and Group 3a median of 200 passes (150-450). The risk of tendon rupture from wires or hypodermic needles in procedures appears very low.

359. **Risk of tendon failure with repeated passage of Kirschner wires or hypodermic needles: an experimental study.**

Item Type: Journal Article

Authors: Kiszely, A. and Giddins, G.

Publication Date: 2022c

Journal: The Journal of Hand Surgery, European Volume 47(5), pp. 507-512

Abstract: During hand surgery, tendons may be at risk of damage. This biomechanical study aims to assess the risk of tendon rupture due to passage of Kirschner wires or hypodermic needles. Porcine extensor tendons were divided into four groups. Group 1: a control group was tested to ensure that repeated stress alone did not cause failure. Group 2a: 1.1-mm Kirschner wires were hand pushed through tendons 50 times and then stressed to 40N, repeated until tendon failure. In Group 2b, K-wires were passed while rotating using a drill. Group 3: the experiment was repeated using a 20G hypodermic needle. Group 2a tendons required a median of 2450 passes (1150-3500) to propagate failure, Group 2b a median of 2250 (1200-3850) and Group 3a median of 200 passes (150-450). The risk of tendon rupture from wires or hypodermic needles in procedures appears very low.

360. **Risk of tendon failure with repeated passage of Kirschner wires or hypodermic needles: an experimental study.**

Item Type: Journal Article

Authors: Kiszely, A. and Giddins, G.

Publication Date: 2022d

Journal: The Journal of Hand Surgery, European Volume 47(5), pp. 507-512

Abstract: During hand surgery, tendons may be at risk of damage. This biomechanical study aims to assess the risk of tendon rupture due to passage of Kirschner wires or hypodermic needles. Porcine extensor tendons were divided into four groups. Group 1: a control group was tested to ensure that repeated stress alone did not cause failure. Group 2a: 1.1-mm Kirschner wires were hand pushed through tendons 50 times and then stressed to 40N, repeated until tendon failure. In Group 2b, K-wires were passed while rotating using a drill. Group 3: the experiment was repeated using a 20G hypodermic needle. Group 2a tendons required a median of 2450 passes (1150-3500) to propagate failure, Group 2b a median of 2250 (1200-3850) and Group 3a median of 200 passes (150-450). The risk of tendon rupture from wires or hypodermic needles in procedures appears very low.

361. **Risk of tendon failure with repeated passage of Kirschner wires or hypodermic needles: an experimental study**

Item Type: Journal Article

Authors: Kiszely, Alastair and Giddins, Grey

Publication Date: 2022

Journal: The Journal of Hand Surgery, European Volume 47(5), pp. 507-512

Abstract: During hand surgery, tendons may be at risk of damage. This biomechanical study aims to assess the risk of tendon rupture due to passage of Kirschner wires or hypodermic needles. Porcine extensor tendons were divided into four groups. Group 1: a control group was tested to ensure that repeated stress alone did not cause failure. Group 2a: 1.1-mm Kirschner wires were hand pushed through tendons 50 times and then stressed to 40 N, repeated until tendon failure. In Group 2b, K-wires were passed while rotating using a drill. Group 3: the experiment was repeated using a 20 G hypodermic needle. Group 2a tendons required a median of 2450 passes (1150-3500) to propagate failure, Group 2b a median of 2250 (1200-3850) and Group 3a median of 200 passes (150-450). The risk of tendon rupture from wires or hypodermic needles in procedures appears very low.

DOI: 10.1177/17531934211067667

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35001718&custid=ns010877

362. **Whole body SPECT-CT in oncology - how often are findings equivocal?.**

Item Type: Journal Article

Authors: Komber, H.;Graham, R.;Little, D. and Redman, S.

Publication Date: 2022a

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592

Abstract: Background: Novel 360degree CZT scanners can perform a whole body (vertex to toes) oncological bone single photon emission computed tomography/computed tomography (SPECT-CT) in under 20 minutes. The aim was to explore the rate of equivocal skeletal findings and assess the level of certainty in the radiological report.

363. **Whole body SPECT-CT in oncology - how often are findings equivocal?.**

Item Type: Journal Article

Authors: Komber, H.;Graham, R.;Little, D. and Redman, S.

Publication Date: 2022b

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592

Abstract: Background: Novel 360degree CZT scanners can perform a whole body (vertex to toes) oncological bone single photon emission computed tomography/computed tomography (SPECT-CT) in under 20 minutes. The aim was to explore the rate of equivocal skeletal findings and assess the level of certainty in the radiological report.

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365. **Oncological bone whole body SPECT-CT: a review of additional findings above the clavicles and below the lesser trochanters.**

Item Type: Journal Article

Authors: Komber, H.;Little, D.;Redman, S. and Graham, R.

Publication Date: 2022a

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592

Abstract: Background: There is a move towards using whole body single photon emission computed tomography/computed tomography (SPECT-CT) imaging for diagnosing bone metastases. When performed on a dual-headed gamma camera, this may cover from clavicles to proximal femurs due to time constraints. In contrast, the novel 360degree CZT scanner can perform a whole body (vertex to toes) SPECT-CT in under 20 minutes. The aim was to explore the rate of additional findings above the clavicles and below the lesser trochanters and assess whether this extended field of view is of clinical benefit.

366. **Oncological bone whole body SPECT-CT: a review of additional findings above the clavicles and below the lesser trochanters.**

Item Type: Journal Article

Authors: Komber, H.;Little, D.;Redman, S. and Graham, R.

Publication Date: 2022b

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592

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367. **Oncological bone whole body SPECT-CT: a review of additional findings above the clavicles and below the lesser trochanters.**

Item Type: Journal Article

Authors: Komber, H.;Little, D.;Redman, S. and Graham, R.

Publication Date: 2022

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368. **Oncological bone whole body SPECT-CT: a review of incidental findings.**

Item Type: Journal Article

Authors: Komber, H.;Redman, S.;Graham, R. and Little, D.

Publication Date: 2022a

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592-593

Abstract: Background: Novel 360degree CZT scanners can perform a whole body (vertex to toes) oncological bone single photon emission computed tomography/computed tomography (SPECT-CT) in under 20 minutes. The aim was to explore the rate of incidental findings reported and assess the likely clinical significance.

369. **Oncological bone whole body SPECT-CT: a review of incidental findings.**

Item Type: Journal Article

Authors: Komber, H.;Redman, S.;Graham, R. and Little, D.

Publication Date: 2022b

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592-593

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370. **Oncological bone whole body SPECT-CT: a review of incidental findings.**

Item Type: Journal Article

Authors: Komber, H.;Redman, S.;Graham, R. and Little, D.

Publication Date: 2022c

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 592-593

Abstract: Background: Novel 360degree CZT scanners can perform a whole body (vertex to toes) oncological bone single photon emission computed tomography/computed tomography (SPECT-CT) in under 20 minutes. The aim was to explore the rate of incidental findings reported and assess the likely clinical significance.

371. **Constructing custom-made radiotranscriptomic signatures of vascular inflammation from routine CT angiograms: a prospective outcomes validation study in COVID-19.**

Item Type: Journal Article

Authors: Kotanidis, C. P.;Xie, C.;Alexander, D.;Rodrigues, J. C. L.;Burnham, K.;Mentzer, A.;O'Connor, D.;Knight, J.;Siddique, M.;Lockstone, H.;Thomas, S.;Kotronias, R.;Oikonomou, E. K.;Badi, I.;Lyasheva, M.;Shirodaria, C.;Lumley, S. F.;Constantinides, B.;Sanderson, N.;Rodger, G., et al

Publication Date: 2022a

Journal: The Lancet.Digital Health 4(10), pp. e705-e716

Abstract: BACKGROUND: Direct evaluation of vascular inflammation in patients with COVID-19 would facilitate more efficient trials of new treatments and identify patients at risk of long-term complications who might respond to treatment. We aimed to develop a novel artificial intelligence (AI)-assisted image analysis platform that quantifies cytokine-driven vascular inflammation from routine CT angiograms, and sought to validate its prognostic value in COVID-19.

372. **Constructing custom-made radiotranscriptomic signatures of vascular inflammation from routine CT angiograms: a prospective outcomes validation study in COVID-19.**

Item Type: Journal Article

Authors: Kotanidis, C. P.;Xie, C.;Alexander, D.;Rodrigues, J. C. L.;Burnham, K.;Mentzer, A.;O'Connor, D.;Knight, J.;Siddique, M.;Lockstone, H.;Thomas, S.;Kotronias, R.;Oikonomou,

E. K.;Badi, I.;Lyasheva, M.;Shirodaria, C.;Lumley, S. F.;Constantinides, B.;Sanderson, N.;Rodger, G., et al

Publication Date: 2022b

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373. **Constructing custom-made radiotranscriptomic signatures of vascular inflammation from routine CT angiograms: a prospective outcomes validation study in COVID-19.**

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Authors: Kotanidis, C. P.;Xie, C.;Alexander, D.;Rodrigues, J. C. L.;Burnham, K.;Mentzer, A.;O'Connor, D.;Knight, J.;Siddique, M.;Lockstone, H.;Thomas, S.;Kotronias, R.;Oikonomou, E. K.;Badi, I.;Lyasheva, M.;Shirodaria, C.;Lumley, S. F.;Constantinides, B.;Sanderson, N.;Rodger, G., et al

Publication Date: 2022c

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Item Type: Journal Article

Authors: Kotanidis, Christos P.;Xie, Cheng;Alexander, Donna;Rodrigues, Jonathan C. L.;Burnham, Katie;Mentzer, Alexander;O'Connor, Daniel;Knight, Julian;Siddique, Muhammad;Lockstone, Helen;Thomas, Sheena;Kotronias, Rafail;Oikonomou, Evangelos K.;Badi, Ileana;Lyasheva, Maria;Shirodaria, Cheerag;Lumley, Sheila F.;Constantinides, Bede;Sanderson, Nicholas;Rodger, Gillian, et al

Publication Date: 2022

Journal: The Lancet.Digital Health 4(10), pp. e705-e716

Abstract: Background: Direct evaluation of vascular inflammation in patients with COVID-19 would facilitate more efficient trials of new treatments and identify patients at risk of long-term complications who might respond to treatment. We aimed to develop a novel artificial intelligence (AI)-assisted image analysis platform that quantifies cytokine-driven vascular inflammation from routine CT angiograms, and sought to validate its prognostic value in COVID-19.; Methods: For this prospective outcomes validation study, we developed a radiotranscriptomic platform that uses RNA sequencing data from human internal mammary artery biopsies to develop novel radiomic signatures of vascular inflammation from CT

angiography images. We then used this platform to train a radiotranscriptomic signature (C19-RS), derived from the perivascular space around the aorta and the internal mammary artery, to best describe cytokine-driven vascular inflammation. The prognostic value of C19-RS was validated externally in 435 patients (331 from study arm 3 and 104 from study arm 4) admitted to hospital with or without COVID-19, undergoing clinically indicated pulmonary CT angiography, in three UK National Health Service (NHS) trusts (Oxford, Leicester, and Bath). We evaluated the diagnostic and prognostic value of C19-RS for death in hospital due to COVID-19, did sensitivity analyses based on dexamethasone treatment, and investigated the correlation of C19-RS with systemic transcriptomic changes.; Findings: Patients with COVID-19 had higher C19-RS than those without (adjusted odds ratio OR] 2·97 95% CI 1·43-6·27], p=0·0038), and those infected with the B.1.1.7 (alpha) SARS-CoV-2 variant had higher C19-RS values than those infected with the wild-type SARS-CoV-2 variant (adjusted OR 1·89 95% CI 1·17-3·20] per SD, p=0·012). C19-RS had prognostic value for in-hospital mortality in COVID-19 in two testing cohorts (high ≥6·99] vs low <6·99] C19-RS; hazard ratio HR] 3·31 95% CI 1·49-7·33], p=0·0033; and 2·58 1·10-6·05], p=0·028), adjusted for clinical factors, biochemical biomarkers of inflammation and myocardial injury, and technical parameters. The adjusted HR for in-hospital mortality was 8·24 (95% CI 2·16-31·36, p=0·0019) in patients who received no dexamethasone treatment, but 2·27 (0·69-7·55, p=0·18) in those who received dexamethasone after the scan, suggesting that vascular inflammation might have been a therapeutic target of dexamethasone in COVID-19. Finally, C19-RS was strongly associated (r=0·61, p=0·00031) with a whole blood transcriptional module representing dysregulation of coagulation and platelet aggregation pathways.; Interpretation: Radiotranscriptomic analysis of CT angiography scans introduces a potentially powerful new platform for the development of non-invasive imaging biomarkers. Application of this platform in routine CT pulmonary angiography scans done in patients with COVID-19 produced the radiotranscriptomic signature C19-RS, a marker of cytokine-driven inflammation driving systemic activation of coagulation and responsible for adverse clinical outcomes, which predicts in-hospital mortality and might allow targeted therapy.; Funding: Engineering and Physical Sciences Research Council, British Heart Foundation, Oxford BHF Centre of Research Excellence, Innovate UK, NIHR Oxford Biomedical Research Centre, Wellcome Trust, Onassis Foundation.; Competing Interests: Declaration of Interests CA, KC, CS, and SN are founders, shareholders, and directors of Caristo Diagnostics, a CT image analysis company. CS is a full-time employee and MS is a part-time employee of Caristo diagnostics. JD is shareholder and chair of the advisory board of Caristo Diagnostics. EKO is a consultant and minor shareholder of Caristo Diagnostics. The technology described in this work is subject to patent US10,695,023B2 and patent applications PCT/GB2017/053262, GB2018/1818049.7, GR20180100490, and GR20180100510, licensed through exclusive license to Caristo Diagnostics. Caristo Diagnostics and the authors linked to it have no further conflicts of interest, beyond the above. JD is CMO of Our Future Health; Senior Advisor for Cardiovascular Disease Prevention, NHS Healthcheck Expert Scientific and Clinical Advisory Panel; and Chair of the Review of the National Health Check Programme for Public Health England. JCLR received a Research for Patient Benefit Grant from NIHR, and consulting fees from HeartFlow for physician services. DAd received support from Leicester NIHR Biomedical Research Unit and Innovate UK; grants and contracts from the Medical Research Council; and has two patents issued (Cardiac assist device: EP3277337A1; and angioplasty of calcified arteries: PCT/GB2017/050877) outside the scope of the current study. All other authors declare no competing interests.

DOI: 10.1016/S2589-7500(22)00132-7

375. **Whole-genome sequencing reveals host factors underlying critical COVID-19.**

Item Type: Journal Article

Authors: Kousathanas, A.;PairoCastineira, E.;Rawlik, K.;Stuckey, A.;Odhams, C. A.;Russell, C. D.;Malinauskas, T.;Wu, Y.;Shen, X.;Elliott, K. S.;Griffiths, F.;Oosthuyzen, W.;Morrice, K.;Keating, S.;Wang, B.;Rhodes, D.;Klaric, L.;Zechner, M.;Parkinson, N.;Siddiq, A., et al

Publication Date: 2022

Journal: Nature 607(7917), pp. 97-103

Abstract: Critical COVID-19 is caused by immune-mediated inflammatory lung injury. Host genetic variation influences the development of illness requiring critical care[1] or hospitalization[2-4] after infection with SARS-CoV-2. The GenOMICC (Genetics of Mortality in Critical Care) study enables the comparison of genomes from individuals who are critically ill with those of population controls to find underlying disease mechanisms. Here we use whole-genome sequencing in 7,491 critically ill individuals compared with 48,400 controls to discover and replicate 23 independent variants that significantly predispose to critical COVID-19. We identify 16 new independent associations, including variants within genes that are involved in interferon signalling (IL10RB and PLSCR1), leucocyte differentiation (BCL11A) and blood-type antigen secretor status (FUT2). Using transcriptome-wide association and colocalization to infer the effect of gene expression on disease severity, we find evidence that implicates multiple genes-including reduced expression of a membrane flippase (ATP11A), and increased expression of a mucin (MUC1)-in critical disease. Mendelian randomization provides evidence in support of causal roles for myeloid cell adhesion molecules (SELE, ICAM5 and CD209) and the coagulation factor F8, all of which are potentially druggable targets. Our results are broadly consistent with a multi-component model of COVID-19 pathophysiology, in which at least two distinct mechanisms can predispose to life-threatening disease: failure to control viral replication; or an enhanced tendency towards pulmonary inflammation and intravascular coagulation. We show that comparison between cases of critical illness and population controls is highly efficient for the detection of therapeutically relevant mechanisms of disease.

DOI: 10.1038/s41586-022-04576-6

376. **Access to chronic pain services for adults from Minority Ethnic groups in the United Kingdom: A scoping review protocol.**

Item Type: Journal Article

Authors: Leach, E.;Ndosi, M.;Ambler, H.;Park, S. and Lewis, J.

Publication Date: 2022

Journal: Musculoskeletal Care 20(4), pp. 731-741

Abstract: Background: Chronic pain services in the United Kingdom are required to provide services which meet the diverse needs of patients, but little is known about the access and use of these services by Minority Ethnic groups. This protocol describes a scoping review that aims to assess whether adults who access secondary and tertiary chronic pain services are representative of the UK population.

DOI: 10.1002/msc.1629

377. **Access to chronic pain services for adults from Minority Ethnic groups in the United Kingdom: A scoping review protocol**

Item Type: Journal Article

Authors: Leach, Emily;Ndosi, Mwidimi;Ambler, Helen;Park, Sophie and Lewis, Jennifer

Publication Date: 2022

Journal: Musculoskeletal Care 20(4), pp. 731-741

Abstract: Background: Chronic pain services in the United Kingdom are required to provide services which meet the diverse needs of patients, but little is known about the access and use of these services by Minority Ethnic groups. This protocol describes a scoping review that aims to assess whether adults who access secondary and tertiary chronic pain services are representative of the UK population. Methods: A scoping review will be conducted, comprising comprehensive searches of the literature using EMBASE, MEDLINE and CINAHL databases, and grey literature for records that address the study aims. Studies that meet the eligibility criteria will report on: (i) access to chronic pain services in secondary and/or tertiary care in the United Kingdom, (ii) by adults and, (iii) state the ethnicity of the involved participants within the demographics. Both qualitative and quantitative methodologies will be included to draw broad conclusions of what the cumulative evidence says on this topic. Publication dates are limited to between 2004 and 2021 as demographic data from studies published during this period best represent the UK population recorded in the 2011 UK census. The screening and selection process will be conducted by four reviewers and data will be extracted by one reviewer. A descriptive synthesis of the extracted data will be performed. Discussion: This scoping review will be among the first to explore whether the current adult population of those with chronic pain who are accessing chronic pain services in secondary and/or tertiary care across the United Kingdom are representative of the UK Minority Ethnic population.

DOI: 10.1002/msc.1629

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160719127&custid=ns010877

378. **Association of SARS-CoV-2 Spike Protein Antibody Vaccine Response With Infection Severity in Patients With Cancer: A National COVID Cancer Cross-sectional Evaluation**

Item Type: Journal Article

Authors: Lee, Lennard Y. W.;Tilby, Michael;Starkey, Thomas;Ionescu, Maria C.;Burnett, Alex;Hattersley, Rosie;Khan, Sam;Little, Martin;Liu, Justin K. H.;Platt, James R.;Tripathy, Arvind;Watts, Isabella;Williams, Sophie Therese;Appanna, Nathan;Al-Hajji, Youssra;Barnard, Matthew;Benny, Liza;Buckley, Andrew;Cattell, Emma;Cheng, Vinton, et al

Publication Date: 2022

Journal: JAMA Oncology
Abstract: Importance: Accurate identification of patient groups with the lowest level of protection following COVID-19 vaccination is important to better target resources and interventions for the most vulnerable populations. It is not known whether SARS-CoV-2 antibody testing has clinical utility for high-risk groups, such as people with cancer.; Objective: To evaluate whether spike protein antibody vaccine response (COV-S) following COVID-19 vaccination is associated with the risk of SARS-CoV-2 breakthrough infection or hospitalization among patients with cancer.; Design, Setting, and Participants: This was a population-based cross-sectional study of patients with cancer from the UK as part of the National COVID Cancer Antibody Survey. Adults with a known or reported cancer diagnosis

who had completed their primary SARS-CoV-2 vaccination schedule were included. This analysis ran from September 1, 2021, to March 4, 2022, a period covering the expansion of the UK's third-dose vaccination booster program.; Interventions: Anti-SARS-CoV-2 COV-S antibody test (Elecsys; Roche).; Main Outcomes and Measures: Odds of SARS-CoV-2 breakthrough infection and COVID-19 hospitalization.; Results: The evaluation comprised 4249 antibody test results from 3555 patients with cancer and 294 230 test results from 225 272 individuals in the noncancer population. The overall cohort of 228 827 individuals (patients with cancer and the noncancer population) comprised 298 479 antibody tests. The median age of the cohort was in the age band of 40 and 49 years and included 182 741 test results (61.22%) from women and 115 737 (38.78%) from men. There were 279 721 tests (93.72%) taken by individuals identifying as White or White British. Patients with cancer were more likely to have undetectable anti-S antibody responses than the general population (199 of 4249 test results 4.68%] vs 376 of 294 230 0.13%]; P < .001). Patients with leukemia or lymphoma had the lowest antibody titers. In the cancer cohort, following multivariable correction, patients who had an undetectable antibody response were at much greater risk for SARS-CoV-2 breakthrough infection (odds ratio OR], 3.05; 95% CI, 1.96-4.72; P < .001) and SARS-CoV-2-related hospitalization (OR, 6.48; 95% CI, 3.31-12.67; P < .001) than individuals who had a positive antibody response.; Conclusions and Relevance: The findings of this cross-sectional study suggest that COV-S antibody testing allows the identification of patients with cancer who have the lowest level of antibody-derived protection from COVID-19. This study supports larger evaluations of SARS-CoV-2 antibody testing. Prevention of SARS-CoV-2 transmission to patients with cancer should be prioritized to minimize impact on cancer treatments and maximize quality of life for individuals with cancer during the ongoing pandemic.

DOI: 10.1001/jamaoncol.2022.5974

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36547970&custid=ns010877

379. **Domains and outcome measures for the assessment of limited cutaneous systemic sclerosis: an international collaborative scoping review**

Item Type: Journal Article

Authors: Lescoat, Alain;Sandler, Robert D.;Zimmermann, François;Roofeh, David;Hughes, Michael;Pauling, John D.;Murphy, Susan L.;Chen, Yen T.;Townsend, Whitney;Buch, Maya H. and Khanna, Dinesh

Publication Date: 2022

Journal: Rheumatology (Oxford, England) 61(8), pp. 3132-3148

Abstract: Objectives: The aim of this study was to comprehensively identify instruments within relevant domains employed to assess lcSSc since the endorsement of its consensus definition in 1988. The overall objective is to inform the creation of a Combined Response Index for Scleroderma Trials Assessing lcSSc (CRISTAL).; Methods: MEDLINE and Embase were searched using terms selected to comprehensively retrieve titles and abstracts mentioning both lcSSc and dcSSc, along with those only mentioning lcSSc, SSc sine scleroderma, limited SSc and/or CREST/CRST. Because our initial assessment of the literature revealed that very few studies included only lcSSc subjects, we also assessed literature that included both cutaneous subsets. A total of 3964 titles and abstracts were screened by two reviewers, and 270 articles were selected for data extraction.; Results: We identified 27 domains encompassing 459 instruments. Instruments from 'Skin involvement', 'Pulmonary involvement' and 'Health-related quality of life and general functioning' were the most frequently retrieved. Among the 15 most represented instruments announced as primary end points in efficacy or effectiveness studies, 7 were clinician-reported outcomes

(ROs), 7 were patient ROs, and one was a performance outcome (6 min-walk test). The mean proportion of lcSSc patients in studies of lcSSc, including studies that mention both lcSSc and dcSSc, was 56.4%, demonstrating that this subset is underrepresented in the literature, given that the prevalence of lcSSc ranges from 60% to 80% in national registries and international cohorts.; Conclusion: This scoping literature review provides a comprehensive identification of domains and outcomes used to assess lcSSc. Our results also highlight that lcSSc is underrepresented in the literature. ()

DOI: 10.1093/rheumatology/keac049

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35094049&custid=ns010877

380. **Antibody decay, T cell immunity and breakthrough infections following two SARS-CoV-2 vaccine doses in inflammatory bowel disease patients treated with infliximab and vedolizumab.**

Item Type: Journal Article

Authors: Lin, S.;Kennedy, N. A.;Saifuddin, A.;Sandoval, D. M.;Reynolds, C. J.;Seoane, R. C.;Kottoor, S. H.;Pieper, F. P.;Lin, K. M.;Butler, D. K.;Chanchlani, N.;Nice, R.;Chee, D.;Bewshea, C.;Janjua, M.;McDonald, T. J.;Sebastian, S.;Alexander, J. L.;Constable, L.;Lee, J. C., et al

Publication Date: 2022a

Journal: Nature Communications 13(1) (pagination), pp. Arte Number: 1379. ate of Pubaton: eember 2022

Abstract: Anti tumour necrosis factor (anti-TNF) drugs increase the risk of serious respiratory infection and impair protective immunity following pneumococcal and influenza vaccination. Here we report SARS-CoV-2 vaccine-induced immune responses and breakthrough infections in patients with inflammatory bowel disease, who are treated either with the anti-TNF antibody, infliximab, or with vedolizumab targeting a gut-specific anti-integrin that does not impair systemic immunity. Geometric mean [SD] anti-S RBD antibody concentrations are lower and half-lives shorter in patients treated with infliximab than vedolizumab, following two doses of BNT162b2 (566.7 U/mL [6.2] vs 4555.3 U/mL [5.4], p <0.0001; 26.8 days [95% CI 26.2 - 27.5] vs 47.6 days [45.5 - 49.8], p <0.0001); similar results are also observed with ChAdOx1 nCoV-19 vaccination (184.7 U/mL [5.0] vs 784.0 U/mL [3.5], p <0.0001; 35.9 days [34.9 - 36.8] vs 58.0 days [55.0 - 61.3], p value < 0.0001). One fifth of patients fail to mount a T cell response in both treatment groups. Breakthrough SARS-CoV-2 infections are more frequent (5.8% (201/3441) vs 3.9% (66/1682), p = 0.0039) in patients treated with infliximab than vedolizumab, and the risk of breakthrough SARS-CoV-2 infection is predicted by peak anti-S RBD antibody concentration after two vaccine doses. Irrespective of the treatments, higher, more sustained antibody levels are observed in patients with a history of SARS-CoV-2 infection prior to vaccination. Our results thus suggest that adapted vaccination schedules may be required to induce immunity in at-risk, anti-TNF-treated patients.

381. **Antibody decay, T cell immunity and breakthrough infections following two SARS-CoV-2 vaccine doses in inflammatory bowel disease patients treated with infliximab and vedolizumab.**

Item Type: Journal Article

Authors: Lin, S.;Kennedy, N. A.;Saifuddin, A.;Sandoval, D. M.;Reynolds, C. J.;Seoane, R. C.;Kottoor, S. H.;Pieper, F. P.;Lin, K. M.;Butler, D. K.;Chanchlani, N.;Nice, R.;Chee, D.;Bewshea, C.;Janjua, M.;McDonald, T. J.;Sebastian, S.;Alexander, J. L.;Constable, L.;Lee, J. C., et al

Publication Date: 2022b

Journal: Nature Communications 13(1) (pagination), pp. Arte Number: 1379. ate of Pubaton: eember 2022

Abstract: Anti tumour necrosis factor (anti-TNF) drugs increase the risk of serious respiratory infection and impair protective immunity following pneumococcal and influenza vaccination. Here we report SARS-CoV-2 vaccine-induced immune responses and breakthrough infections in patients with inflammatory bowel disease, who are treated either with the anti-TNF antibody, infliximab, or with vedolizumab targeting a gut-specific anti-integrin that does not impair systemic immunity. Geometric mean [SD] anti-S RBD antibody concentrations are lower and half-lives shorter in patients treated with infliximab than vedolizumab, following two doses of BNT162b2 (566.7 U/mL [6.2] vs 4555.3 U/mL [5.4], p <0.0001; 26.8 days [95% CI 26.2 - 27.5] vs 47.6 days [45.5 - 49.8], p <0.0001); similar results are also observed with ChAdOx1 nCoV-19 vaccination (184.7 U/mL [5.0] vs 784.0 U/mL [3.5], p <0.0001; 35.9 days [34.9 - 36.8] vs 58.0 days [55.0 - 61.3], p value < 0.0001). One fifth of patients fail to mount a T cell response in both treatment groups. Breakthrough SARS-CoV-2 infections are more frequent (5.8% (201/3441) vs 3.9% (66/1682), p = 0.0039) in patients treated with infliximab than vedolizumab, and the risk of breakthrough SARS-CoV-2 infection is predicted by peak anti-S RBD antibody concentration after two vaccine doses. Irrespective of the treatments, higher, more sustained antibody levels are observed in patients with a history of SARS-CoV-2 infection prior to vaccination. Our results thus suggest that adapted vaccination schedules may be required to induce immunity in at-risk, anti-TNF-treated patients.

382. **Antibody decay, T cell immunity and breakthrough infections following two SARS-CoV-2 vaccine doses in inflammatory bowel disease patients treated with infliximab and vedolizumab.**

Item Type: Journal Article

Authors: Lin, S.;Kennedy, N. A.;Saifuddin, A.;Sandoval, D. M.;Reynolds, C. J.;Seoane, R. C.;Kottoor, S. H.;Pieper, F. P.;Lin, K. M.;Butler, D. K.;Chanchlani, N.;Nice, R.;Chee, D.;Bewshea, C.;Janjua, M.;McDonald, T. J.;Sebastian, S.;Alexander, J. L.;Constable, L.;Lee, J. C., et al

Publication Date: 2022c

Journal: Nature Communications 13(1) (pagination), pp. Arte Number: 1379. ate of Pubaton: eember 2022

Abstract: Anti tumour necrosis factor (anti-TNF) drugs increase the risk of serious respiratory infection and impair protective immunity following pneumococcal and influenza vaccination. Here we report SARS-CoV-2 vaccine-induced immune responses and breakthrough infections in patients with inflammatory bowel disease, who are treated either with the anti-TNF antibody, infliximab, or with vedolizumab targeting a gut-specific anti-integrin that does not impair systemic immunity. Geometric mean [SD] anti-S RBD antibody concentrations are lower and half-lives shorter in patients treated with infliximab than vedolizumab, following two doses of BNT162b2 (566.7 U/mL [6.2] vs 4555.3 U/mL [5.4], p <0.0001; 26.8 days [95% CI 26.2 - 27.5] vs 47.6 days [45.5 - 49.8], p <0.0001); similar results are also observed with ChAdOx1 nCoV-19 vaccination (184.7 U/mL [5.0] vs 784.0 U/mL [3.5], p <0.0001; 35.9 days [34.9 - 36.8] vs 58.0 days [55.0 - 61.3], p value < 0.0001). One fifth of patients fail to mount a T cell response in both treatment groups. Breakthrough

SARS-CoV-2 infections are more frequent (5.8% (201/3441) vs 3.9% (66/1682), p = 0.0039) in patients treated with infliximab than vedolizumab, and the risk of breakthrough SARS-CoV-2 infection is predicted by peak anti-S RBD antibody concentration after two vaccine doses. Irrespective of the treatments, higher, more sustained antibody levels are observed in patients with a history of SARS-CoV-2 infection prior to vaccination. Our results thus suggest that adapted vaccination schedules may be required to induce immunity in at-risk, anti-TNF-treated patients.

383. **VERONICA: Randomized Phase II Study of Fulvestrant and Venetoclax in ER-Positive Metastatic Breast Cancer Post-CDK4/6 Inhibitors - Efficacy, Safety, and Biomarker Results.**

    Item Type: Journal Article

    Authors: Lindeman, G. J.;Fernando, T. M.;Bowen, R.;Jerzak, K. J.;Song, X.;Decker, T.;Boyle, F.;McCune, S.;Armstrong, A.;Shannon, C.;Bertelli, G.;Chang, C. W.;Desai, R.;Gupta, K.;Wilson, T. R.;Flechais, A. and Bardia, A.

    Publication Date: 2022a

    Journal: Clinical Cancer Research 28(15), pp. 3256-3267

    Abstract: Purpose: Despite promising activity in hematopoietic malignancies, efficacy of the B-cell lymphoma 2 (BCL2) inhibitor venetoclax in solid tumors is unknown. We report the prespecified VERONICA primary results, a randomized phase II clinical trial evaluating venetoclax and fulvestrant in estrogen receptor (ER)- positive, HER2-negative metastatic breast cancer, post-cyclindependent kinase (CDK) 4/6 inhibitor progression.

384. **VERONICA: Randomized Phase II Study of Fulvestrant and Venetoclax in ER-Positive Metastatic Breast Cancer Post-CDK4/6 Inhibitors - Efficacy, Safety, and Biomarker Results.**

    Item Type: Journal Article

    Authors: Lindeman, G. J.;Fernando, T. M.;Bowen, R.;Jerzak, K. J.;Song, X.;Decker, T.;Boyle, F.;McCune, S.;Armstrong, A.;Shannon, C.;Bertelli, G.;Chang, C. W.;Desai, R.;Gupta, K.;Wilson, T. R.;Flechais, A. and Bardia, A.

    Publication Date: 2022b

    Journal: Clinical Cancer Research 28(15), pp. 3256-3267

    Abstract: Purpose: Despite promising activity in hematopoietic malignancies, efficacy of the B-cell lymphoma 2 (BCL2) inhibitor venetoclax in solid tumors is unknown. We report the prespecified VERONICA primary results, a randomized phase II clinical trial evaluating venetoclax and fulvestrant in estrogen receptor (ER)- positive, HER2-negative metastatic breast cancer, post-cyclindependent kinase (CDK) 4/6 inhibitor progression.

385. **VERONICA: Randomized Phase II Study of Fulvestrant and Venetoclax in ER-Positive Metastatic Breast Cancer Post-CDK4/6 Inhibitors - Efficacy, Safety, and Biomarker Results.**

    Item Type: Journal Article

    Authors: Lindeman, G. J.;Fernando, T. M.;Bowen, R.;Jerzak, K. J.;Song, X.;Decker, T.;Boyle, F.;McCune, S.;Armstrong, A.;Shannon, C.;Bertelli, G.;Chang, C. W.;Desai, R.;Gupta, K.;Wilson, T. R.;Flechais, A. and Bardia, A.

Publication Date: 2022c

Journal: Clinical Cancer Research 28(15), pp. 3256-3267

Abstract: Purpose: Despite promising activity in hematopoietic malignancies, efficacy of the B-cell lymphoma 2 (BCL2) inhibitor venetoclax in solid tumors is unknown. We report the prespecified VERONICA primary results, a randomized phase II clinical trial evaluating venetoclax and fulvestrant in estrogen receptor (ER)- positive, HER2-negative metastatic breast cancer, post-cyclindependent kinase (CDK) 4/6 inhibitor progression.

386. **VERONICA: Randomized Phase II Study of Fulvestrant and Venetoclax in ER-Positive Metastatic Breast Cancer Post-CDK4/6 Inhibitors - Efficacy, Safety, and Biomarker Results**

Item Type: Journal Article

Authors: Lindeman, Geoffrey J.;Fernando, Tharu M.;Bowen, Rebecca;Jerzak, Katarzyna J.;Song, Xinni;Decker, Thomas;Boyle, Frances;McCune, Steve;Armstrong, Anne;Shannon, Catherine;Bertelli, Gianfilippo;Chang, Ching-Wei;Desai, Rupal;Gupta, Kushagra;Wilson, Timothy R.;Flechais, Aulde and Bardia, Aditya

Publication Date: 2022

Journal: Clinical Cancer Research : An Official Journal of the American Association for Cancer Research 28(15), pp. 3256-3267

Abstract: Purpose: Despite promising activity in hematopoietic malignancies, efficacy of the B-cell lymphoma 2 (BCL2) inhibitor venetoclax in solid tumors is unknown. We report the prespecified VERONICA primary results, a randomized phase II clinical trial evaluating venetoclax and fulvestrant in estrogen receptor (ER)-positive, HER2-negative metastatic breast cancer, post-cyclin-dependent kinase (CDK) 4/6 inhibitor progression.; Patients and Methods: Pre-/postmenopausal females ≥18 years were randomized 1:1 to venetoclax (800 mg orally daily) plus fulvestrant (500 mg intramuscular; cycle 1: days 1 and 15; subsequent 28-day cycles: day 1) or fulvestrant alone. The primary endpoint was clinical benefit rate (CBR); secondary endpoints were progression-free survival (PFS), overall survival, and safety. Exploratory biomarker analyses included BCL2 and BCL extra-large (BCLXL) tumor expression, and PIK3CA circulating tumor DNA mutational status.; Results: At primary analysis (cutoff: August 5, 2020; n = 103), venetoclax did not significantly improve CBR venetoclax plus fulvestrant: 11.8% (n = 6/51; 95% confidence interval (CI), 4.44-23.87); fulvestrant: 13.7% (7/51; 5.70-26.26); risk difference -1.96% (95% CI, -16.86 to 12.94)]. Median PFS was 2.69 months (95% CI, 1.94-3.71) with venetoclax plus fulvestrant versus 1.94 months (1.84-3.55) with fulvestrant (stratified HR, 0.94; 95% CI, 0.61-1.45; P = 0.7853). Overall survival data were not mature. A nonsignificant improvement of CBR and PFS was observed in patients whose tumors had strong BCL2 expression (IHC 3+), a BCL2/BCLXL Histoscore ratio ≥1, or PIK3CA-wild-type status.; Conclusions: Our findings do not indicate clinical utility for venetoclax plus fulvestrant in endocrine therapy-resistant, CDK4/6 inhibitor-refractory metastatic breast tumors, but suggest possible increased dependence on BCLXL in this setting. (©2022 The Authors; Published by the American Association for Cancer Research.)

DOI: 10.1158/1078-0432.CCR-21-3811

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35583555&custid=ns010877

387. **Learning from error: A nuclear medicine events and learning meeting.**

Item Type: Journal Article

Authors: Little, D.;Hardwick, M.;Graham, R.;Cheesewright, J. and Redman, S.

Publication Date: 2022a

Journal: Nuclear Medicine Communications 43(8), pp. 855-859

388. **Learning from error: A nuclear medicine events and learning meeting.**

Item Type: Journal Article

Authors: Little, D.;Hardwick, M.;Graham, R.;Cheesewright, J. and Redman, S.

Publication Date: 2022b

Journal: Nuclear Medicine Communications 43(8), pp. 855-859

389. **Learning from error: A nuclear medicine events and learning meeting.**

Item Type: Journal Article

Authors: Little, D.;Hardwick, M.;Graham, R.;Cheesewright, J. and Redman, S.

Publication Date: 2022c

Journal: Nuclear Medicine Communications 43(8), pp. 855-859

390. **Learning from error: a nuclear medicine events and learning meeting**

Item Type: Journal Article

Authors: Little, David;Hardwick, Molly;Graham, Richard;Cheesewright, Jasmine and Redman, Stewart

Publication Date: 2022

Journal: Nuclear Medicine Communications 43(8), pp. 855-859

DOI: 10.1097/MNM.0000000000001574

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35506287&custid=ns010877

391. **Delphi study to define core clinical outcomes for inclusion in a complex regional pain syndrome international research registry and data bank**

Item Type: Journal Article

Authors: Llewellyn, Alison;Buckle, Lisa;Grieve, Sharon;Birklein, Frank;Brunner, Florian;Goebel, Andreas;Harden, R. N.;Bruehl, Stephen;Vaughan-Spickers, Nicole;Connett, Robyn and McCabe, Candida

Publication Date: 2022

Journal: Pain
Abstract: Abstract: Complex regional pain syndrome (CRPS) clinical trials have historically

captured a diverse range of outcomes. A minimum set of CRPS patient-reported outcomes has been agreed for inclusion in a future CRPS international clinical research registry and data bank. This study aimed to identify a complementary set of core clinical outcomes. Clinicians and researchers from the international CRPS community informed the content of a 2-round electronic Delphi study. Participation was invited from members of the International Association for the Study of Pain CRPS Special Interest Group and the International Research Consortium for CRPS. In round 1, participants rated the relevance of 59 clinical outcomes in relation to the question "What is the clinical presentation and course of CRPS, and what factors influence it?" (1 = not relevant and 9 = highly relevant). In round 2, participants rerated each outcome in the light of the round 1 median scores. The criterion for consensus was median score ≥7, agreed by 75% of respondents. The core study team considered the feasibility of data collection of each identified outcome in agreeing final selections. Sixty respondents completed both survey rounds, with responses broadly consistent across professions. Nine outcomes met the consensus criterion. Final outcomes recommended for inclusion in the core clinical set were record of medications, presence of posttraumatic stress disorder, extent of allodynia, and skin temperature difference between limbs. Study findings provide robust recommendations for core clinical outcome data fields in the future CPRS international clinical research registry. Alongside patient-reported outcomes, these data will enable a better understanding of CRPS. (Copyright © 2022 International Association for the Study of Pain.)

DOI: 10.1097/j.pain.0000000000002729

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392. **Antibiotic review kit for hospitals (ARK-Hospital): a stepped-wedge cluster-randomised controlled trial.**

Item Type: Journal Article

Authors: Llewelyn, M. J.;Budgell, E. P.;LaskawiecSzkonter, M.;Cross, E. L. A.;Alexander, R.;Bond, S.;Coles, P.;ConlonBingham, G.;Dymond, S.;Evans, M.;Fok, R.;Frost, K. J.;GarciaArias, V.;Glass, S.;Gormley, C.;Gray, K.;Hamson, C.;Harvey, D.;Hills, T.;Iyer, S., et al

Publication Date: 2022a

Journal: The Lancet.Infectious Diseases (pagination), pp. ate of Pubaton: 04 Ot 2022

Abstract: BACKGROUND: Strategies to reduce antibiotic overuse in hospitals depend on prescribers taking decisions to stop unnecessary antibiotic use. There is scarce evidence for how to support these decisions. We evaluated a multifaceted behaviour change intervention (ie, the antibiotic review kit) designed to reduce antibiotic use among adult acute general medical inpatients by increasing appropriate decisions to stop antibiotics at clinical review.

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Publication Date: 2022b

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394. **Antibiotic review kit for hospitals (ARK-Hospital): a stepped-wedge cluster-randomised controlled trial.**

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Publication Date: 2022c

Journal: The Lancet.Infectious Diseases (pagination), pp. ate of Pubaton: 04 Ot 2022

Abstract: BACKGROUND: Strategies to reduce antibiotic overuse in hospitals depend on prescribers taking decisions to stop unnecessary antibiotic use. There is scarce evidence for how to support these decisions. We evaluated a multifaceted behaviour change intervention (ie, the antibiotic review kit) designed to reduce antibiotic use among adult acute general medical inpatients by increasing appropriate decisions to stop antibiotics at clinical review.

395. **Antibiotic review kit for hospitals (ARK-Hospital): a stepped-wedge cluster-randomised controlled trial**

Item Type: Journal Article

Authors: Llewelyn, Martin J.;Budgell, Eric P.;Laskawiec-Szkonter, Magda;Cross, Elizabeth L. A.;Alexander, Rebecca;Bond, Stuart;Coles, Phil;Conlon-Bingham, Geraldine;Dymond, Samantha;Evans, Morgan;Fok, Rosemary;Frost, Kevin J.;Garcia-Arias, Veronica;Glass, Stephen;Gormley, Cairine;Gray, Katherine;Hamson, Clare;Harvey, David;Hills, Tim;Iyer, Shabnam, et al

Publication Date: 2022

Journal: The Lancet.Infectious Diseases
Abstract: Background: Strategies to reduce antibiotic overuse in hospitals depend on prescribers taking decisions to stop unnecessary antibiotic use. There is scarce evidence for how to support these decisions. We evaluated a multifaceted behaviour change intervention (ie, the antibiotic review kit) designed to reduce antibiotic use among adult acute general medical inpatients by increasing appropriate decisions to stop antibiotics at clinical review.; Methods: We performed a stepped-wedge, cluster (hospital)-randomised controlled trial using computer-generated sequence randomisation of eligible hospitals in seven calendar-time blocks in the UK. Hospitals were eligible for inclusion if they admitted adult non-elective general or medical inpatients, had a local representative to champion the intervention, and could provide the required study data. Hospital clusters were randomised to an implementation date occurring at 1-2 week intervals, and the date was concealed until 12 weeks before implementation, when local preparations were designed to start. The intervention effect was assessed using data from pseudonymised routine electronic health records, ward-level antibiotic dispensing, Clostridioides difficile tests, prescription audits, and an implementation process evaluation. Co-primary outcomes were monthly antibiotic

defined daily doses per adult acute general medical admission (hospital-level, superiority) and all-cause mortality within 30 days of admission (patient level, non-inferiority margin of 5%). Outcomes were assessed in the modified intention-to-treat population (ie, excluding sites that withdrew before implementation). Intervention effects were assessed by use of interrupted time series analyses within each site, estimating overall effects through random-effects meta-analysis, with heterogeneity across prespecified potential modifiers assessed by use of meta-regression. This trial is completed and is registered with ISRCTN, ISRCTN12674243.; Findings: 58 hospital organisations expressed an interest in participating. Three pilot sites implemented the intervention between Sept 25 and Nov 20, 2017. 43 further sites were randomised to implement the intervention between Feb 12, 2018, and July 1, 2019, and seven sites withdrew before implementation. 39 sites were followed up for at least 14 months. Adjusted estimates showed reductions in total antibiotic defined daily doses per acute general medical admission (-4·8% per year, 95% CI -9·1 to -0·2) following the intervention. Among 7 160 421 acute general medical admissions, the ARK intervention was associated with an immediate change of -2·7% (95% CI -5·7 to 0·3) and sustained change of 3·0% (-0·1 to 6·2) in adjusted 30-day mortality.; Interpretation: The antibiotic review kit intervention resulted in sustained reductions in antibiotic use among adult acute general medical inpatients. The weak, inconsistent intervention effects on mortality are probably explained by the onset of the COVID-19 pandemic. Hospitals should use the antibiotic review kit to reduce antibiotic overuse.; Funding: UK National Institute for Health and Care Research.; Competing Interests: Declaration of interests MJL, DWC, LY, TEAP, and ASW declare funding from the National Institute for Health Research (NIHR) for the ARK-Hospital programme. ASW is an NIHR Senior Investigator. All other authors declare no competing interests. (Copyright © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license. Published by Elsevier Ltd.. All rights reserved.)

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396. **Mental health screening in adolescents with CFS/ME.**

Item Type: Journal Article

Authors: Loades, M. E.;Stallard, P.;Kessler, D. and Crawley, E.

Publication Date: 2022a

Journal: European Child and Adolescent Psychiatry 31(6), pp. 1003-1005

DOI: 10.1007/s00787-021-01734-5

397. **Mental health screening in adolescents with CFS/ME.**

Item Type: Journal Article

Authors: Loades, M. E.;Stallard, P.;Kessler, D. and Crawley, E.

Publication Date: 2022b

Journal: European Child and Adolescent Psychiatry 31(6), pp. 1003-1005

398. **Mental health screening in adolescents with CFS/ME.**

Item Type: Journal Article

Authors: Loades, M. E.;Stallard, P.;Kessler, D. and Crawley, E.

Publication Date: 2022c

Journal: European Child and Adolescent Psychiatry 31(6), pp. 1003-1005

399. **Mental health screening in adolescents with CFS/ME.**

Item Type: Journal Article

Authors: Loades, M. E.;Stallard, P.;Kessler, D. and Crawley, E.

Publication Date: 2022d

Journal: European Child and Adolescent Psychiatry 31(6), pp. 1003-1005

400. **Mental health screening in adolescents with CFS/ME**

Item Type: Journal Article

Authors: Loades, Maria E.;Stallard, Paul;Kessler, David and Crawley, Esther

Publication Date: 2022a

Journal: European Child & Adolescent Psychiatry 31(6), pp. 1003-1005

DOI: 10.1007/s00787-021-01734-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=33555428&custid=ns010877

401. **Mental health screening in adolescents with CFS/ME**

Item Type: Journal Article

Authors: Loades, Maria E.;Stallard, Paul;Kessler, David and Crawley, Esther

Publication Date: 2022b

Journal: European Child & Adolescent Psychiatry 31(6), pp. 1003-1005

Abstract: In the article, the authors present their study to determine the threshold score for mental health issues in adolescents with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) on the screening questionnaires Revised Children's Anxiety and Depression Scale-total (RCADS-total) and Hospital Anxiety and Depression Scale-total (HADS-total). The questionnaires were used to identify patients with co-morbid mental health issues for further evaluation.

DOI: 10.1007/s00787-021-01734-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157543402&custid=ns010877

402. **What is new in migraine management in children and young people?.**

Item Type: Journal Article

Authors: Loh, N. R.;Whitehouse, W. P. and Howells, R.

Publication Date: 2022a

Journal: Archives of Disease in Childhood (pagination)
Abstract: For this narrative review, we found recent publications on the use and effectiveness of old therapies including nutraceuticals, such as riboflavin, vitamin D, magnesium, melatonin and talking therapies.Recent large trials of established conventional pharmaceuticals such as propranolol, pizotifen, topiramate and amitriptyline for childhood migraine have failed, but the use of a quasi-placebo in future trials could help.We reviewed the evidence for angiotensin antagonists including candesartan in adults, but found a lack of evidence for their use in children.There have been new developments in pharmaceuticals recently, including a more selective 5-HT1F agonist, lasmiditan, an effective acute treatment with no vasoconstrictor activity in adults, currently being tested in children.Also, a number of new calcitonin gene-related peptide (CGRP) antibodies and antagonists, with proven efficacy in acute treatment and/or prevention of migraine in adults, are undergoing trials in children.Peripheral nerve blocks and botulinum toxin are gaining popularity in adult practice, but we really need more good quality evidence for their effectiveness in children.Finally, electroceuticals, that is, therapeutic electric devices, are now marketed for acute and or preventative treatment, including an external trigeminal nerve stimulator (e-TNS), a non-invasive vagal nerve stimulator (nVNS), a single-pulse transcranial magnetic stimulator (sTMS) and a remote electrical neuromodulation device (REN).At the moment, evidence for their effectiveness in children is still lacking.So, there has been much progress, but mostly for adults.We are in urgent need of more migraine trials in children.

403. **What is new in migraine management in children and young people?.**

Item Type: Journal Article

Authors: Loh, N. R.;Whitehouse, W. P. and Howells, R.

Publication Date: 2022b

Journal: Archives of Disease in Childhood (pagination)
Abstract: For this narrative review, we found recent publications on the use and effectiveness of old therapies including nutraceuticals, such as riboflavin, vitamin D, magnesium, melatonin and talking therapies.Recent large trials of established conventional pharmaceuticals such as propranolol, pizotifen, topiramate and amitriptyline for childhood migraine have failed, but the use of a quasi-placebo in future trials could help.We reviewed the evidence for angiotensin antagonists including candesartan in adults, but found a lack of evidence for their use in children.There have been new developments in pharmaceuticals recently, including a more selective 5-HT1F agonist, lasmiditan, an effective acute treatment with no vasoconstrictor activity in adults, currently being tested in children.Also, a number of new calcitonin gene-related peptide (CGRP) antibodies and antagonists, with proven efficacy in acute treatment and/or prevention of migraine in adults, are undergoing trials in children.Peripheral nerve blocks and botulinum toxin are gaining popularity in adult practice, but we really need more good quality evidence for their effectiveness in children.Finally, electroceuticals, that is, therapeutic electric devices, are now marketed for acute and or preventative treatment, including an external trigeminal nerve stimulator (e-TNS), a non-invasive vagal nerve stimulator (nVNS), a single-pulse transcranial magnetic stimulator (sTMS) and a remote electrical neuromodulation device (REN).At the moment, evidence for their effectiveness in children is still lacking.So, there has been much progress, but mostly for adults.We are in urgent need of more migraine trials in children.

404. **What is new in migraine management in children and young people?.**

Item Type: Journal Article

Authors: Loh, N. R.;Whitehouse, W. P. and Howells, R.

Publication Date: 2022c

Journal: Archives of Disease in Childhood (pagination)
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405. **What is new in migraine management in children and young people?**

Item Type: Journal Article

Authors: Loh, Ne Ron;Whitehouse, William P. and Howells, Rachel

Publication Date: 2022

Journal: Archives of Disease in Childhood 107(12), pp. 1067-1072

Abstract: For this narrative review, we found recent publications on the use and effectiveness of old therapies including nutraceuticals, such as riboflavin, vitamin D, magnesium, melatonin and talking therapies. Recent large trials of established conventional pharmaceuticals such as propranolol, pizotifen, topiramate and amitriptyline for childhood migraine have failed, but the use of a quasi-placebo in future trials could help. We reviewed the evidence for angiotensin antagonists including candesartan in adults, but found a lack of evidence for their use in children. There have been new developments in pharmaceuticals recently, including a more selective 5-HT1F agonist, lasmiditan, an effective acute treatment with no vasoconstrictor activity in adults, currently being tested in children. Also, a number of new calcitonin gene-related peptide (CGRP) antibodies and antagonists, with proven efficacy in acute treatment and/or prevention of migraine in adults, are undergoing trials in children. Peripheral nerve blocks and botulinum toxin are gaining popularity in adult practice, but we really need more good quality evidence for their effectiveness in children. Finally, electroceuticals, that is, therapeutic electric devices, are now marketed for acute and or preventative treatment, including an external trigeminal nerve stimulator (e-TNS), a non-invasive vagal nerve stimulator (nVNS), a single-pulse transcranial magnetic stimulator (sTMS) and a remote electrical neuromodulation device (REN). At the moment, evidence for their effectiveness in children is still lacking. So, there has been much progress, but mostly for adults. We are in urgent need of more migraine trials in children.; Competing Interests: Competing interests: Dr NRL has no competing interests other than having been given 'Cefaly' devices for pilot use (ICMEJ section 12). Dr WPW has no competing interests other

than holding the position of chair of the Children's Headache Network which is a Special Interest Group of the British Paediatric Neurology Association, a registered charity (ICMEJ section 10). Dr RH has no competing interests. (© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35190383&custid=ns010877

406. **Reusable surgical drapes in Plastic surgery: What is the sticking point?.**

Item Type: Journal Article

Authors: MacInnes, P.;Sinha, V. and Vijayan, R.

Publication Date: 2022a

Journal: Journal of Plastic, Reconstructive and Aesthetic Surgery 75(1), pp. 439-488

407. **Reusable surgical drapes in Plastic surgery: What is the sticking point?.**

Item Type: Journal Article

Authors: MacInnes, P.;Sinha, V. and Vijayan, R.

Publication Date: 2022b

Journal: Journal of Plastic, Reconstructive and Aesthetic Surgery 75(1), pp. 439-488

408. **Reusable surgical drapes in Plastic surgery: What is the sticking point?.**

Item Type: Journal Article

Authors: MacInnes, P.;Sinha, V. and Vijayan, R.

Publication Date: 2022c

Journal: Journal of Plastic, Reconstructive and Aesthetic Surgery 75(1), pp. 439-488

409. **Reusable surgical drapes in Plastic surgery: What is the sticking point?**

Item Type: Journal Article

Authors: MacInnes, Poppy;Sinha, Vikram and Vijayan, Roshan

Publication Date: 2022

Journal: Journal of Plastic, Reconstructive & Aesthetic Surgery : JPRAS 75(1), pp. 439-488

Abstract: Competing Interests: Declaration of Competing Interest None.

DOI: 10.1016/j.bjps.2021.09.027

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34688592&custid=ns010877

410. **Left ventricular active strain energy density is a promising new measure of systolic function**

Item Type: Journal Article

Authors: MacIver, David H.;Agger, Peter;Rodrigues, Jonathan C. L. and Zhang, Henggui

Publication Date: 2022

Journal: Scientific Reports 12(1), pp. 12717

Abstract: The left ventricular ejection fraction does not accurately predict exercise capacity or symptom severity and has a limited role in predicting prognosis in heart failure. A better method of assessing ventricular performance is needed to aid understanding of the pathophysiological mechanisms and guide management in conditions such as heart failure. In this study, we propose two novel measures to quantify myocardial performance, the global longitudinal active strain energy (GLASE) and its density (GLASED) and compare them to existing measures in normal and diseased left ventricles. GLASED calculates the work done per unit volume of muscle (energy density) by combining information from myocardial strain and wall stress (contractile force per unit cross sectional area). Magnetic resonance images were obtained from 183 individuals forming four cohorts (normal, hypertension, dilated cardiomyopathy, and cardiac amyloidosis). GLASE and GLASED were compared with the standard ejection fraction, the corrected ejection fraction, myocardial strains, stroke work and myocardial forces. Myocardial shortening was decreased in all disease cohorts. Longitudinal stress was normal in hypertension, increased in dilated cardiomyopathy and severely decreased in amyloid heart disease. GLASE was increased in hypertension. GLASED was mildly reduced in hypertension (1.39 ± 0.65 kJ/m 3), moderately reduced in dilated cardiomyopathy (0.86 ± 0.45 kJ/m 3) and severely reduced in amyloid heart disease (0.42 ± 0.28 kJ/m 3) compared to the control cohort (1.94 ± 0.49 kJ/m 3). GLASED progressively decreased in the hypertension, dilated cardiomyopathy and cardiac amyloid cohorts indicating that mechanical work done and systolic performance is severely reduced in cardiac amyloid despite the relatively preserved ejection fraction. GLASED provides a new technique for assessing left ventricular myocardial health and contractile function. (© 2022. The Author(s).)

DOI: 10.1038/s41598-022-15509-8

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35882913&custid=ns010877

411. **A smartphone lens attachment improves the quality of referrals to eye casualty.**

Item Type: Journal Article

Authors: Mamtora, S.;Riley, O.;Chervenkoff, J.;Maghsoudlou, P.;Kiani, A.;Chiu, A.;Boulton, J. and Luck, J.

Publication Date: 2022a

Journal: Eye (Basingstoke) (pagination), pp. ate of Pubaton: 2022

Abstract: Background/objectives: In recent years, eye casualty clinics have seen significant increases in patient numbers with reduced capacity. COVID-19 has exacerbated this issue and demonstrated the potential of telemedicine as a solution. Our study evaluated the potential benefit of a smartphone-based lens attachment to improve the referral pathway for anterior segment related complaints in eye casualty. Subjects/methods: Fifty-four consecutive patients with anterior segment complaints were recruited. A questionnaire was

completed with each patient to simulate the history from the point of referral. White light and cobalt blue photos were captured using a smartphone lens. The clinician reviewing the patient was asked to document the actual diagnosis and the appropriate time-frame within which they felt the patient could safely have been seen within; both with and without the option of management advice at the time of triage. The subsequent images and questionnaires were reviewed by a single consultant Ophthalmologist who was independent to the data collection process. The assessor was asked to make a diagnosis and management plan based upon the questionnaire ('History'), and the questionnaire with the photo ('History with Image'), as well as rate their clinical confidence on a 1-5 scale.

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Publication Date: 2022b

Journal: Eye (Basingstoke) (pagination), pp. ate of Pubaton: 2022

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Abstract: Background/objectives: In recent years, eye casualty clinics have seen significant increases in patient numbers with reduced capacity. COVID-19 has exacerbated this issue and demonstrated the potential of telemedicine as a solution. Our study evaluated the potential benefit of a smartphone-based lens attachment to improve the referral pathway for anterior segment related complaints in eye casualty. Subjects/methods: Fifty-four consecutive patients with anterior segment complaints were recruited. A questionnaire was completed with each patient to simulate the history from the point of referral. White light and cobalt blue photos were captured using a smartphone lens. The clinician reviewing the patient was asked to document the actual diagnosis and the appropriate time-frame within which they felt the patient could safely have been seen within; both with and without the

option of management advice at the time of triage. The subsequent images and questionnaires were reviewed by a single consultant Ophthalmologist who was independent to the data collection process. The assessor was asked to make a diagnosis and management plan based upon the questionnaire ('History'), and the questionnaire with the photo ('History with Image'), as well as rate their clinical confidence on a 1-5 scale.

414. **Identification and management of glaucoma**

Item Type: Journal Article

Authors: Mamtora, Sunil;Leadbetter, Duncan and Atan, Denize

Publication Date: 2022

Journal: Prescriber 33(5), pp. 17-22

Abstract: Glaucoma is the leading cause of irreversible blindness and the aim of all glaucoma treatments is to lower intraocular pressure (IOP), the only modifiable risk factor. This article summarises the identification and management of open-angle and closed-angle glaucoma, including medical, laser and surgical treatment options.

DOI: 10.1002/psb.1985

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156939107&custid=ns010877

415. **A smartphone lens attachment improves the quality of referrals to eye casualty**

Item Type: Journal Article

Authors: Mamtora, Sunil;Riley, Oliver;Chervenkoff, Jordan;Maghsoudlou, Panayiotis;Kiani, Asif;Chiu, Alexander;Boulton, Jonathan and Luck, Jonathan

Publication Date: 2022

Journal: Eye (London, England)
Abstract: Background/objectives: In recent years, eye casualty clinics have seen significant increases in patient numbers with reduced capacity. COVID-19 has exacerbated this issue and demonstrated the potential of telemedicine as a solution. Our study evaluated the potential benefit of a smartphone-based lens attachment to improve the referral pathway for anterior segment related complaints in eye casualty.; Subjects/methods: Fifty-four consecutive patients with anterior segment complaints were recruited. A questionnaire was completed with each patient to simulate the history from the point of referral. White light and cobalt blue photos were captured using a smartphone lens. The clinician reviewing the patient was asked to document the actual diagnosis and the appropriate time-frame within which they felt the patient could safely have been seen within; both with and without the option of management advice at the time of triage. The subsequent images and questionnaires were reviewed by a single consultant Ophthalmologist who was independent to the data collection process. The assessor was asked to make a diagnosis and management plan based upon the questionnaire ('History'), and the questionnaire with the photo ('History with Image'), as well as rate their clinical confidence on a 1-5 scale.; Results: Diagnostic accuracy was significantly higher in "History with Image" (98.2%), when compared to "History" only (48.2%). "History with Image" prevented significantly more appointments when compared to "History" alone, at similar levels to retrospective clinic review. Preventable appointments were increased if clinical advice was possible. Timeframe of appointments between 'History with Image' and 'Clinic' appointments was similar. Clinical'Confidence was significantly higher at 4.5 with 'History with Image' when compared

to 2.37 with 'History Only'.; Conclusion: A low-cost smartphone lens attachment, alongside a standardised clinical questionnaire, can improve the referral pathway to the hospital eye service by reducing unnecessary appointments, while improving clinical confidence and diagnostic accuracy during triage. Further work to evaluate referral pathways, including the development of systems that allow for secure image transmission are needed to understand the feasibility for the widespread adoption of this technology. (© 2022. The Author(s), under exclusive licence to The Royal College of Ophthalmologists.)

DOI: 10.1038/s41433-022-02233-w

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36167983&custid=ns010877

416. **Cerebrovascular Variants and the Role of the Selfish Brain in Young-Onset Hypertension.**

Item Type: Journal Article

Authors: Manghat, N. E.;Robinson, E.;Mitrousi, K.;Rodrigues, J. C. L.;Hinton, T.;Paton, J. F. R.;Wise, R. G.;Nightingale, A. K. and Hart, E. C.

Publication Date: 2022a

Journal: Hypertension 79(6), pp. 1265-1274

Abstract: Background: Variants in the posterior anatomy of the cerebral circulation are associated with hypertension and lower cerebral blood flow in midlife (age =55 years); however, whether these variants are a result of aging or long-term exposure to high blood pressure is unclear. Additionally, the role these variants play in early onset of hypertension (<40 years) and poor cerebral perfusion in this population is unknown.

417. **Cerebrovascular Variants and the Role of the Selfish Brain in Young-Onset Hypertension.**

Item Type: Journal Article

Authors: Manghat, N. E.;Robinson, E.;Mitrousi, K.;Rodrigues, J. C. L.;Hinton, T.;Paton, J. F. R.;Wise, R. G.;Nightingale, A. K. and Hart, E. C.

Publication Date: 2022b

Journal: Hypertension 79(6), pp. 1265-1274

Abstract: Background: Variants in the posterior anatomy of the cerebral circulation are associated with hypertension and lower cerebral blood flow in midlife (age =55 years); however, whether these variants are a result of aging or long-term exposure to high blood pressure is unclear. Additionally, the role these variants play in early onset of hypertension (<40 years) and poor cerebral perfusion in this population is unknown.

418. **Cerebrovascular Variants and the Role of the Selfish Brain in Young-Onset Hypertension.**

Item Type: Journal Article

Authors: Manghat, N. E.;Robinson, E.;Mitrousi, K.;Rodrigues, J. C. L.;Hinton, T.;Paton, J. F. R.;Wise, R. G.;Nightingale, A. K. and Hart, E. C.

Publication Date: 2022c

Journal: Hypertension 79(6), pp. 1265-1274

Abstract: Background: Variants in the posterior anatomy of the cerebral circulation are associated with hypertension and lower cerebral blood flow in midlife (age =55 years); however, whether these variants are a result of aging or long-term exposure to high blood pressure is unclear. Additionally, the role these variants play in early onset of hypertension (<40 years) and poor cerebral perfusion in this population is unknown.

419. **Cerebrovascular Variants and the Role of the Selfish Brain in Young-Onset Hypertension**

Item Type: Journal Article

Authors: Manghat, Nathan E.;Robinson, Elizabeth;Mitrousi, Konstantina;Rodrigues, Jonathan C. L.;Hinton, Thomas;Paton, Julian F. R.;Wise, Richard G.;Nightingale, Angus K. and Hart, Emma C.

Publication Date: 2022a

Journal: Hypertension (Dallas, Tex.: 1979) 79(6), pp. 1265-1274

Abstract: Background: Variants in the posterior anatomy of the cerebral circulation are associated with hypertension and lower cerebral blood flow in midlife (age ≈55 years); however, whether these variants are a result of aging or long-term exposure to high blood pressure is unclear. Additionally, the role these variants play in early onset of hypertension (<40 years) and poor cerebral perfusion in this population is unknown.; Methods: We retrospectively examined whether specific cerebrovascular variants (vertebral artery hypoplasia and absent/hypoplastic posterior communicating arteries (an incomplete posterior circle of Willis) measured via magnetic resonance angiography) were associated with a diagnosis of hypertension in 220 young adults (<40 years; n=164 primary hypertensive mean age±SD, 32±6 years] and n=56 30±6 years] normotensive adults). Whether cerebrovascular variants were associated with lower cerebral blood flow (phase-contrast angiography) was measured in the hypertensive group only (n=146).; Results: Binary logistic regression (adjusted for age, sex, and body mass index) showed that vertebral artery hypoplasia with an incomplete posterior circle of Willis was associated with hypertension diagnosis (P <0.001, odds ratio; 11.79 95% CI, 3.34-41.58]). Vertebral artery hypoplasia plus an incomplete circle of Willis was associated with lower cerebral blood flow in young adults with hypertension (P =0.0172).; Conclusions: Vertebral artery hypoplasia plus an incomplete posterior circle of Willis independently predicts hypertension in young adults suggesting that this variant is not acquired with aging into midlife. Importantly this variant combination was associated with lower cerebral perfusion, which may have long-term consequences on cerebrovascular health in young adults with hypertension.

DOI: 10.1161/HYPERTENSIONAHA.121.18612

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35291807&custid=ns010877

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Publication Date: 2022b

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DOI: 10.1161/HYPERTENSIONAHA.121.18612

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156782081&custid=ns010877

421. **The use of biomarkers and HPV genotyping to improve diagnostic accuracy in women with a transformation zone type 3.**

Item Type: Journal Article

Authors: Manley, K.;Patel, A.;Pawade, J.;Glew, S.;Hunt, K.;Villeneuve, N.;Mukonoweshuro, P.;Thompson, S.;Hoskins, H.;LopezBernal, A. and Wills, A.

Publication Date: 2022a

Journal: British Journal of Cancer 126(1), pp. 91-99

Abstract: Background: Twenty percent of women referred to colposcopy have a type 3 transformation zone-where colposcopic assessment for high-grade dysplasia (CIN2+) is not possible. This study examines the effectiveness of HPV biomarkers and genotyping in combination with techniques that sample an endocervical TZ.

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Publication Date: 2022b

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Publication Date: 2022c

Journal: British Journal of Cancer 126(1), pp. 91-99

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424. **The use of biomarkers and HPV genotyping to improve diagnostic accuracy in women with a transformation zone type 3**

Item Type: Journal Article

Authors: Manley, Kristyn;Patel, Amit;Pawade, Joya;Glew, Susan;Hunt, Katherine;Villeneuve, Nichole;Mukonoweshuro, Pinias;Thompson, Samantha;Hoskins, Helen;López-Bernal, Andres and Wills, Andrew

Publication Date: 2022a

Journal: British Journal of Cancer 126(1), pp. 91-99

Abstract: Background: Twenty percent of women referred to colposcopy have a type 3 transformation zone-where colposcopic assessment for high-grade dysplasia (CIN2+) is not possible. This study examines the effectiveness of HPV biomarkers and genotyping in combination with techniques that sample an endocervical TZ.; Methods: A prospective diagnostic accuracy study. Women booked for large-loop excision (LLETZ) with squamous dyskaryosis, high-risk HPV and a TZ3 were recruited. Immediately prior to LLETZ samples were collected for p16/Ki-67 dual-stained cytology, HPV genotyping and H&E, p16- and Ki-67-stained endocervical curettings.; Results: In women with low-grade screening (n = 64), 35.9% had CIN2+; dual-stained cytology had the greatest effect on the PPV of routine screening (76.1% vs 35.9%) and perfectly predicted the absence of CIN2+. In women with a high-grade screening result (n = 37); 75.6% had CIN2+ and dual-stained curettings improved the PPV (96.5 vs 75.6%).; Conclusions: With high-grade screening and a TZ3, LLETZ appears safest as three quarters have CIN2+ . Women with low-grade screening and a TZ3 have a twofold increased risk of CIN2+ when compared to women where the TZ is visible. The use of dual-stained cytology may help identify those women who can be safely offered surveillance and those who require treatment. (© 2021. Crown.)

DOI: 10.1038/s41416-021-01539-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34716397&custid=ns010877

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Publication Date: 2022b

Journal: British Journal of Cancer 126(1), pp. 91-99

DOI: 10.1038/s41416-021-01539-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154480228&custid=ns010877

426. **HOW DO INPATIENTS COMPARE WITH OUTPATIENTS WHEN INVESTIGATING IRON DEFICIENCY ANAEMIA?.**

Item Type: Journal Article

Authors: Masterman, B.;Saunsbury, E. and Perry, R.

Publication Date: 2022a

Journal: Gut Conference, pp. Annua

Abstract: Introduction Iron deficiency anaemia (IDA) has many potential causes which become more prevalent with age and comorbidity. The current study asks whether inpatients, with their high level of age and comorbidity, are less likely to find a bleeding point or malignancy at endoscopy than their outpatient counterparts. Methods Inpatient referrals to a single gastroenterology department were retrospectively reviewed, with those relating to IDA analysed further. Electronic health records were used to obtain data on comorbidities, biochemistry and results from endoscopic and radiological investigations. An outpatient cohort was developed from the same hospital in a similar fashion. Statistic tests were primarily chi^2, t-test and logistic regression, all using Stata V16 (StataCorp). Results 196 outpatient and 178 inpatient referrals were included. Inpatients were shown to have higher average age and level of comorbidity and lower average haemoglobin and eGFR. Inpatients were less frequently investigated with CT colonography and colonoscopy ($p<0.001$, Figure 1), adjusting for this in regression analysis had no impact on the primary outcomes. Inpatients had OR 2.51 (95%CI 1.44, 4.37; $p=0.001$) for significant bleeding point and OR 0.55 (95%CI 0.23, 1.31; $p=0.178$) for GI malignancy. Splitting findings into UGI and LGI, inpatients had OR 5.75 (95%CI 2.52, 13.11; $p<0.001$) UGI bleeding and OR 0.33 (95%CI 0.12, 0.91; $p<0.001$) LGI bleeding. Mortality rate ratio was significantly higher in inpatients at 4.73 (95%CI 2.70, 8.28; $p<0.001$). Conclusions Demographic differences between cohorts are highlighted, likely influencing choice of investigation modality away from colonoscopy. This behaviour is vindicated by the finding that LGI bleeding is less likely for inpatients with IDA. Conversely clinicians may be encouraged to undertake UGI endoscopy for inpatients following these results. Inpatients with IDA may represent a subset of inpatients more likely to benefit from acid suppression therapy, which could be a focus for future research.

427. **HOW DOES COMORBIDITY INFLUENCE THE LIKELIHOOD OF SIGNIFICANT FINDINGS WHEN INVESTIGATING IRON DEFICIENCY ANAEMIA?.**

Item Type: Journal Article

Authors: Masterman, B.;Saunsbury, E. and Perry, R.

Publication Date: 2022b

Journal: Gut Conference, pp. Annua

Abstract: Introduction Iron deficiency anaemia (IDA) has many potential non-gastroenterological causes, including functional IDA, primarily caused by chronic disease. The current study asks whether increasing comorbidity reduces the likelihood of significant findings at endoscopy when investigating IDA. Methods Inpatient and outpatient referrals to a single gastroenterology department were retrospectively reviewed. Electronic health records were used to obtain past medical history, date of death/follow-up time, biochemistry, radiology and endoscopy results. Comorbidity was measured using the modified Charlson Comorbidity Index (mCCI), a validated marker of morbidity and mortality in gastroenterological (GI) illnesses. Statistical analyses were primarily chi^2, t-test and logistic regression, all using Stata V16 (StataCorp). Results 374 referrals were analysed with average age 72.4 years (range 17, 96) and average haemoglobin (Hb) 91.3g/L (40, 155). Inpatient referrals (n=178) had a higher mCCI than outpatients (n=196) with OR 1.58 (95%CI 1.41, 1.78; p<0.001). Increasing mCCI was also associated with increasing age, normo/macrocytosis, normal/raised ferritin and use of antiplatelet, anticoagulant or both. Higher mCCI level also made invasive investigation modalities less likely, with OR for OGD and colonoscopy 0.27 (95%CI 0.13, 0.55 p<0.001) for each unit increase in mCCI. Increasing mCCI gave a mortality rate ratio of 1.32 (95% CI 1.21, 1.44; p<0.001). There was no association between mCCI and GI bleeding after adjusting for age, sex and inpatient status (Table 1; OR 1.06; 95%CI 0.94, 1.19; p=0.362). GI malignancy was less likely with increasing mCCI both before and after adjustment for confounders (Table 1; OR 0.70; 95%CI 0.54, 0.90; p=0.006). Conclusions Comorbidity is highlighted as an important factor when investigating IDA, independent of age and setting, as it indicates a lower life expectancy and lower likelihood of GI malignancy as the underlying cause of IDA. This may encourage clinicians to avoid endoscopy in selected cases where risks of endoscopy are high and comorbidity itself provides a plausible explanation for IDA.

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Item Type: Journal Article

Authors: Masterman, B.;Saunsbury, E. and Perry, R.

Publication Date: 2022c

Journal: Gut Conference, pp. Annua

Abstract: Introduction Iron deficiency anaemia (IDA) has many potential causes which become more prevalent with age and comorbidity. The current study asks whether inpatients, with their high level of age and comorbidity, are less likely to find a bleeding point or malignancy at endoscopy than their outpatient counterparts. Methods Inpatient referrals to a single gastroenterology department were retrospectively reviewed, with those relating to IDA analysed further. Electronic health records were used to obtain data on comorbidities, biochemistry and results from endoscopic and radiological investigations. An outpatient cohort was developed from the same hospital in a similar fashion. Statistic tests were primarily chi^2, t-test and logistic regression, all using Stata V16 (StataCorp). Results 196 outpatient and 178 inpatient referrals were included. Inpatients were shown to have higher

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Item Type: Journal Article

Authors: Masterman, B.;Saunsbury, E. and Perry, R.

Publication Date: 2022d

Journal: Gut Conference, pp. Annua

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Publication Date: 2022e

Journal: Gut Conference, pp. Annua

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Publication Date: 2022f

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432. **Determining the normal standardised uptake value (SUV) in bone and the optimal SUV scale for reporting using [^{99}mTc] Tc-HMDP with a 360degree CZT SPECT-CT scanner.**

Item Type: Journal Article

Authors: Mathew, J.;Redman, S.;Little, D.;Cade, S. and Graham, R.

Publication Date: 2022a

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2022.Glasgow United Kingdom 43(5), pp. 595

Abstract: Background and aims: The aim of this study was to determine normal Standardised Uptake Values (SUV) in bone when using a novel 360degreeCZT SPECT-CT gamma camera and to determine the optimal default SUV scale to use when reporting.

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435. **A national retrospective multicentre audit of long-term trastuzumab use in metastatic breast cancer: Breast Cancer Trainees Collaborative Group.**

Item Type: Journal Article

Authors: McCartney, T.;Closier, P.;Chopra, N. R.;Gallagher, P.;Jenner, A.;Mark, F.;Robinson, T. and Copson, E.

Publication Date: 2022a

Journal: Annals of Oncology Conference, pp. ESMO

Abstract: Background: Approximately 25% of breast cancers overexpress HER2 which was previously associated with a poor prognosis [Eiermann 2001]. The addition of anti-HER2 targeted agents has improved prognosis for metastatic HER2-positive patients [Slamon 2001]. UK guidance is to continue trastuzumab until evidence of extra-cranial disease progression [NICE TA34 2002]. Complete radiological responses are not uncommon, ranging from 15-20% [Beda 2007]. Long term trastuzumab is not without impact on quality of life, risk of cardiotoxicity and cost. The ALTRA study aimed to investigate use of long term trastuzumab in breast cancer units in the UK.

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Authors: McCartney, T.;Closier, P.;Chopra, N. R.;Gallagher, P.;Jenner, A.;Mark, F.;Robinson, T. and Copson, E.

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438. **Pneumomediastinum in COVID-19: a phenotype of severe COVID-19 pneumonitis? The results of the United Kingdom (POETIC) survey**

Item Type: Journal Article

Authors: Melhorn, James;Achaiah, Andrew;Conway, Francesca M.;Thompson, Elizabeth M. F.;Skyllberg, Erik W.;Durrant, Joseph;Hasan, Neda A.;Madani, Yasser;Naran, Prasheena;Vijayakumar, Bavithra;Tate, Matthew J.;Trevelyan, Gareth E.;Zaki, Irfan;Doig, Catherine A.;Lynch, Geraldine;Warwick, Gill;Aujayeb, Avinash;Jackson, Karl A.;Iftikhar, Hina;Noble, Jonathan H., et al

Publication Date: 2022

Journal: The European Respiratory Journal
Abstract: Background: There is an emerging understanding that coronavirus disease 2019 (COVID-19) is associated with increased incidence of pneumomediastinum. We aimed to determine its incidence among patients hospitalised with COVID-19 in the United Kingdom and describe factors associated with outcome.; Methods: A structured survey of pneumomediastinum and its incidence was conducted from September 2020 to February 2021. United Kingdom-wide participation was solicited via respiratory research networks. Identified patients had SARS-CoV-2 infection and radiologically proven pneumomediastinum. The primary outcomes were to determine incidence of pneumomediastinum in COVID-19 and to investigate risk factors associated with patient mortality.; Results: 377 cases of pneumomediastinum in COVID-19 were identified from 58484 inpatients with COVID-19 at 53 hospitals during the study period, giving an incidence of 0.64%. Overall 120-day mortality in COVID-19 pneumomediastinum was 195/377 (51.7%). Pneumomediastinum in COVID-19 was associated with high rates of mechanical ventilation. 172/377 patients (45.6%) were mechanically ventilated at the point of diagnosis. Mechanical ventilation was the most important predictor of mortality in COVID-19 pneumomediastinum at the time of diagnosis and thereafter ($p<0.001$) along with increasing age ($p<0.01$) and diabetes mellitus ($p=0.08$). Switching patients from continuous positive airways pressure support to oxygen or high flow nasal oxygen after the diagnosis of pneumomediastinum was not associated with difference in mortality.; Conclusions: Pneumomediastinum appears to be a marker of severe COVID-19 pneumonitis. The majority of patients in whom pneumomediastinum was identified had not been mechanically ventilated at the point of diagnosis.; Competing Interests: Conflict of interest: James Melhorn has nothing to disclose. Conflict of interest: Andrew Achaiah has nothing to disclose. Conflict of interest: Francesca M. Conway has nothing to disclose. Conflict of interest: Elizabeth M. F. Thompson has nothing to disclose. Conflict of interest: Erik W. Skyllberg has nothing to disclose. Conflict of interest: Joseph Durrant has nothing to disclose. Conflict of interest: Neda A. Hasan has nothing to disclose. Conflict of interest: Yasser Madani has nothing to disclose. Conflict of interest: Prasheena Naran has nothing to disclose. Conflict of interest: Bavithra Vijayakumar has nothing to disclose. Conflict of interest: Matthew J. Tate has nothing to disclose. Conflict of interest: Gareth E. Trevelyan has nothing to disclose. Conflict of interest: Irfan Zaki has nothing to disclose. Conflict of interest: Catherine A. Doig has nothing to disclose. Conflict of interest: Geraldine Lynch has nothing to disclose. Conflict of interest: Gill Warwick has nothing to disclose. Conflict of interest: Avinash Aujayeb has nothing to disclose. Conflict of interest: Karl A. Jackson has nothing to disclose. Conflict of interest: Hina Iftikhar has nothing to disclose. Conflict of interest: Jonathan H. Noble has nothing to disclose. Conflict of interest: Anthony Y. K. C. Ng has nothing to disclose. Conflict of interest: Mark Nugent has nothing to disclose. Conflict of interest: Philip J. Evans has nothing to disclose. Conflict of interest: A. Hastings has nothing to disclose. Conflict of interest: Harry R. Bellenberg has nothing to disclose. Conflict of

interest: Hannah Lawrence has nothing to disclose. Conflict of interest: Rachel L. Saville has nothing to disclose. Conflict of interest: Nikolas T. Johl has nothing to disclose. Conflict of interest: Adam N. Grey has nothing to disclose. Conflict of interest: Huw C. Ellis has nothing to disclose. Conflict of interest: Cheng Chen has nothing to disclose. Conflict of interest: Thomas L. Jones has nothing to disclose. Conflict of interest: Nadeem Maddekar has nothing to disclose. Conflict of interest: Shahul Leyakathali Khan has nothing to disclose. Conflict of interest: Ambreen Iqbal Muhammad has nothing to disclose. Conflict of interest: Hakim Ghani has nothing to disclose. Conflict of interest: Yadee Maung Maung Myint has nothing to disclose. Conflict of interest: Cecillia Rafique has nothing to disclose. Conflict of interest: Benjamin J. Pippard has nothing to disclose. Conflict of interest: Benjamin R. H. Irving has nothing to disclose. Conflict of interest: Fawad Ali has nothing to disclose. Conflict of interest: Viola H. Asimba has nothing to disclose. Conflict of interest: Aqeem Azam has nothing to disclose. Conflict of interest: Eleanor C. Barton has nothing to disclose. Conflict of interest: Malvika Bhatnagar has nothing to disclose. Conflict of interest: Matthew P. Blackburn has nothing to disclose. Conflict of interest: Kate J. Millington has nothing to disclose. Conflict of interest: Nicholas J. Budhram has nothing to disclose. Conflict of interest: Katherine L. Bunclark has nothing to disclose. Conflict of interest: Toshit P. Sapkal has nothing to disclose. Conflict of interest: Giles Dixon has nothing to disclose. Conflict of interest: Andrew J. E. Harries has nothing to disclose. Conflict of interest: Mohammad Ijaz has nothing to disclose. Conflict of interest: Vijayalakshmi Karunanithi has nothing to disclose. Conflict of interest: Samir Naik has nothing to disclose. Conflict of interest: Malik Aamaz Khan has nothing to disclose. Conflict of interest: Karishma Savlani has nothing to disclose. Conflict of interest: Vimal Kumar has nothing to disclose. Conflict of interest: Beatriz Lara Gallego has nothing to disclose. Conflict of interest: Noor A. Mahdi has nothing to disclose. Conflict of interest: Caitlin Morgan has nothing to disclose. Conflict of interest: Neena Patel has nothing to disclose. Conflict of interest: Elen W. Rowlands has nothing to disclose. Conflict of interest: Matthew S. Steward has nothing to disclose. Conflict of interest: Richard S. Thorley has nothing to disclose. Conflict of interest: Rebecca L. Wollerton has nothing to disclose. Conflict of interest: Sana Ullah has nothing to disclose. Conflict of interest: David M. Smith has nothing to disclose. Conflict of interest: Wojciech Lason has nothing to disclose. Conflict of interest: Anthony J Rostron has nothing to disclose. Conflict of interest: Najib M Rahman has nothing to disclose. Conflict of interest: Rob J Hallifax has nothing to disclose. (Copyright ©The authors 2022.)

DOI: 10.1183/13993003.02522-2021

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35144988&custid=ns010877

439. **The new breast training curriculum; Can it be successfully delivered?.**

Item Type: Journal Article

Authors: Merker, L.;Mitchell, B.;Chambers, A.;Donigiewicz, U.;LlewynBennett, R. and Cook, N.

Publication Date: 2022

Journal: European Journal of Surgical Oncology.Conference: The Association of Breast Surgery Conference 2022.Liverpool United Kingdom 48(5), pp. e238-e239

Abstract: Introduction: The new general surgery training curriculum was implemented in August 2021 with much anticipation. The changes were particularly relevant to breast surgery, with a reduction in the general surgery training required and ability to reduce on-call commitments to aid breast surgery skill consolidation. This was paired with an increase in the number and type of breast surgery index procedures required for CCT. The oncoplastic

breast procedures offered regionally has a wide national variation and trainees will need to find ways to circumvent this, especially now that fellowships have become post CCT only.

440. **British Gynaecological Cancer Society (BGCS) uterine cancer guidelines: Recommendations for practice.**

Item Type: Journal Article

Authors: Morrison, J.;Balega, J.;Buckley, L.;Clamp, A.;Crosbie, E.;Drew, Y.;Durrant, L.;Forrest, J.;Fotopoulou, C.;Gajjar, K.;Ganesan, R.;Gupta, J.;Hughes, J.;Miles, T.;Moss, E.;Nanthakumar, M.;Newton, C.;Ryan, N.;Walther, A. and Taylor, A.

Publication Date: 2022a

Journal: European Journal of Obstetrics and Gynecology and Reproductive Biology 270, pp. 50-89

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Publication Date: 2022b

Journal: European Journal of Obstetrics and Gynecology and Reproductive Biology 270, pp. 50-89

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Item Type: Journal Article

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Publication Date: 2022c

Journal: European Journal of Obstetrics and Gynecology and Reproductive Biology 270, pp. 50-89

443. **British Gynaecological Cancer Society (BGCS) uterine cancer guidelines: Recommendations for practice**

Item Type: Journal Article

Authors: Morrison, Jo;Balega, Janos;Buckley, Lynn;Clamp, Andrew;Crosbie, Emma;Drew, Yvette;Durrant, Lisa;Forrest, Jenny;Fotopoulou, Christina;Gajjar, Ketan;Ganesan, Raji;Gupta, Janesh;Hughes, John;Miles, Tracie;Moss, Esther;Nanthakumar, Meenu;Newton, Claire;Ryan, Neil;Walther, Axel and Taylor, Alexandra

Publication Date: 2022a

Journal: European Journal of Obstetrics, Gynecology, and Reproductive Biology 270, pp.

50-89

DOI: 10.1016/j.ejogrb.2021.11.423

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35065448&custid=ns010877

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Item Type: Journal Article

Authors: Morrison, Jo;Balega, Janos;Buckley, Lynn;Clamp, Andrew;Crosbie, Emma;Drew, Yvette;Durrant, Lisa;Forrest, Jenny;Fotopoulou, Christina;Gajjar, Ketan;Ganesan, Raji;Gupta, Janesh;Hughes, John;Miles, Tracie;Moss, Esther;Nanthakumar, Meenu;Newton, Claire;Ryan, Neil;Walther, Axel and Taylor, Alexandra

Publication Date: 2022b

Journal: European Journal of Obstetrics & Gynecology & Reproductive Biology 270, pp. 50-89

DOI: 10.1016/j.ejogrb.2021.11.423

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155722226&custid=ns010877

445. **A Commercial Anti-TIF1gamma ELISA Is Superior to Line and Dot Blot and Should Be Considered as Part of Routine Myositis-Specific Antibody Testing.**

Item Type: Journal Article

Authors: Mulhearn, B.;Li, D.;McMorrow, F.;Lu, H.;McHugh, N. J. and Tansley, S. L.

Publication Date: 2022a

Journal: Frontiers in Immunology 13(pagination), pp. Arte Number: 804037. ate of Pubaton: 28 Jan 2022

Abstract: Objectives: Anti-TIF1gamma is an important autoantibody in the diagnosis of cancer-associated dermatomyositis and the most common autoantibody in juvenile onset dermatomyositis. Its reliable detection is important to instigate further investigations into underlying malignancy in adults. We previously showed that commercial assays using line and dot blots do not reliably detect anti-TIF1gamma. We aimed to test a new commercial ELISA and compare with previously obtained protein immunoprecipitation.

DOI: 10.3389/fimmu.2022.804037

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Item Type: Journal Article

Authors: Mulhearn, B.;Li, D.;McMorrow, F.;Lu, H.;McHugh, N. J. and Tansley, S. L.

Publication Date: 2022c

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Item Type: Journal Article

Authors: Mulhearn, B.;Li, D.;McMorrow, F.;Lu, H.;McHugh, N. J. and Tansley, S. L.

Publication Date: 2022d

Journal: Frontiers in Immunology 13(pagination), pp. Arte Number: 804037. ate of Pubaton: 28 Jan 2022

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449. **A Commercial Anti-TIF1γ ELISA Is Superior to Line and Dot Blot and Should Be Considered as Part of Routine Myositis-Specific Antibody Testing**

Item Type: Journal Article

Authors: Mulhearn, Ben;Li, Danyang;McMorrow, Fionnuala;Lu, Hui;McHugh, Neil J. and Tansley, Sarah L.

Publication Date: 2022

Journal: Frontiers in Immunology 13, pp. 804037

Abstract: Objectives: Anti-TIF1γ is an important autoantibody in the diagnosis of cancer-associated dermatomyositis and the most common autoantibody in juvenile onset dermatomyositis. Its reliable detection is important to instigate further investigations into underlying malignancy in adults. We previously showed that commercial assays using line and dot blots do not reliably detect anti-TIF1γ. We aimed to test a new commercial ELISA and compare with previously obtained protein immunoprecipitation.; Methods: Radio-labelled immunoprecipitation had previously been used to determine the autoantibody status of patients with immune-mediated inflammatory myopathies and several healthy controls. ELISA was undertaken on healthy control and anti-TIF1γ sera and compared to previous immunoprecipitation data.; Results: A total of 110 serum samples were analysed: 42 myositis patients with anti- TIF1γ and 68 autoantibody negative healthy control sera. Anti-TIF1γ was detected by ELISA in 41 out of 42 of the anti-TIF1γ-positive samples by immunoprecipitation, and in none of the healthy controls, giving a sensitivity of 97.6% and specificity of 100%. The false negative rate was 2%.; Conclusion: ELISA is an affordable and time-efficient method which is accurate in detecting anti-TIF1γ.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2022 Mulhearn, Li, McMorrow, Lu, McHugh and Tansley.)

DOI: 10.3389/fimmu.2022.804037

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35154119&custid=ns010877

450. **The need for a robust system to stop breast cancer surveillance mammograms for patients who are diagnosed with metastatic disease.**

Item Type: Journal Article

Authors: Murray, H. and Laurence, N.

Publication Date: 2022

Journal: European Journal of Surgical Oncology.Conference: The Association of Breast Surgery Conference 2022.Liverpool United Kingdom 48(5), pp. e205

Abstract: Introduction: Most breast cancer patients on a curative pathway for breast cancer are offered mammography on an annual basis for at least 5 years, or until 50. In many units, once ordered, there is an ongoing automatic process that continues for the appropriate timeframe, which is determined at the end of presumed curative treatment. For the majority of patients who are unfortunately diagnosed with metastatic disease, continuation with mammograms is not appropriate. They cause harm to patients and put pressure on radiology resources. We surveyed local hospitals and discuss a robust system to ensure these tests are cancelled.

451. **What determines satisfaction with labour analgesia? A patient-centred survey.**

Item Type: Journal Article

Authors: Nava, S. and Jordan, L.

Publication Date: 2022a

Journal: Anaesthesia Conference, pp. Tranee

Abstract: Anaesthetists have an essential role providing analgesia for women in labour. There is little published literature exploring the positive contributors to satisfaction with labour analgesia. Previous studies have identified determinants of dissatisfaction with labour analgesia; however, the focus is on negative experiences with obstetric anaesthetic care [1]. In this survey, we invited women to reflect on the positive experiences of labour and share the factors they considered when choosing analgesic options. Methods We conducted a survey of women who had experienced labour over a 12-month period at a consultant-led maternity unit with 24-h obstetric anaesthetic cover. The survey was constructed with input from multiple stakeholders: anaesthetists, midwives, patient experience team and the Maternity Voices Partnership. The survey was published on social media and asked a range of questions exploring experiences of labour analgesia. Trust Quality Improvement Department approval was obtained as well as individual consent for publication from each responder. Results We received 265 responses to the survey. Seventy-three per cent reported that their analgesia was good or very good at managing contractions in labour and only 6% reported it to be very poor. Thematic analysis, using the Pareto principle, demonstrated the two commonest positive aspects of labour experience were effective epidurals and use of the birthing pools. The most frequently used analgesics used were Entonox (91%), relaxation techniques such as massage or breathing (51%) and epidurals (34%). Respondents were asked to rank a range factors contributing to choice on analgesia. Overall, the three highest ranked were effectiveness, risk of complications and chance of nausea/vomiting. For the majority of responders, sustainability and carbon footprint was the least significant contributor; however, 10 ranked this in their top 3. Discussion Patient experience is paramount to the care we deliver to women in labour [2]. This survey is a novel approach to exploring positive experiences. We have applied the results to form a driver diagram using areas identified as important to women, resulting in three quality-improvement projects: review of epidural regimens, increasing information of alternative analgesia such as remifentanil patient-controlled analgesia (PCA) and heightening awareness of sustainability. We aim to repeat the survey in 12 months.

452. **What determines satisfaction with labour analgesia? A patient-centred survey.**

Item Type: Journal Article

Authors: Nava, S. and Jordan, L.

Publication Date: 2022b

Journal: Anaesthesia Conference, pp. Tranee

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453. **What determines satisfaction with labour analgesia? A patient-centred survey.**

Item Type: Journal Article

Authors: Nava, S. and Jordan, L.

Publication Date: 2022c

Journal: Anaesthesia Conference, pp. Tranee

Abstract: Anaesthetists have an essential role providing analgesia for women in labour. There is little published literature exploring the positive contributors to satisfaction with labour analgesia. Previous studies have identified determinants of dissatisfaction with labour analgesia; however, the focus is on negative experiences with obstetric anaesthetic care [1]. In this survey, we invited women to reflect on the positive experiences of labour and share the factors they considered when choosing analgesic options. Methods We conducted a survey of women who had experienced labour over a 12-month period at a consultant-led maternity unit with 24-h obstetric anaesthetic cover. The survey was constructed with input from multiple stakeholders: anaesthetists, midwives, patient experience team and the Maternity Voices Partnership. The survey was published on social media and asked a range of questions exploring experiences of labour analgesia. Trust Quality Improvement Department approval was obtained as well as individual consent for publication from each responder. Results We received 265 responses to the survey. Seventy-three per cent reported that their analgesia was good or very good at managing contractions in labour and only 6% reported it to be very poor. Thematic analysis, using the Pareto principle, demonstrated the two commonest positive aspects of labour experience were effective epidurals and use of the birthing pools. The most frequently used analgesics used were Entonox (91%), relaxation techniques such as massage or breathing (51%) and epidurals (34%). Respondents were asked to rank a range factors contributing to choice on analgesia. Overall, the three highest ranked were effectiveness, risk of complications and chance of nausea/vomiting. For the majority of responders, sustainability and carbon footprint was the least significant contributor; however, 10 ranked this in their top 3. Discussion Patient experience is paramount to the care we deliver to women in labour [2]. This survey is a novel approach to exploring positive experiences. We have applied the results to form a driver diagram using areas identified as important to women, resulting in three quality-improvement projects: review of epidural regimens, increasing information of alternative analgesia such as remifentanil patient-controlled analgesia (PCA) and heightening awareness of sustainability. We aim to repeat the survey in 12 months.

454. **TIF1-GAMMA and NXP2 autoantibodies in children with JDM are underrepresented when assessed by immunoblot compared to immunoprecipitation.**

Item Type: Journal Article

Authors: Nguyen, H. D.;Papadopoulou, C.;Cancemi, D.;Wedderburn, L. R. and Tansley, S. L.

Publication Date: 2022a

Journal: Pediatric Rheumatology Conference, pp. 28th

Abstract: Introduction: Juvenile Dermatomyositis (JDM) is a rare chronic autoimmune disease that causes proximal muscle weakness and skin rash in children and adolescents. Myositis specific and associated autoantibodies (MSA and MAA) are important prognostic biomarkers for JDM, yet the screening process of MSA and MAA is not standardised across healthcare centres, raising concerns about reliability or inter assay validity for this important prognostic tool. Although immunoprecipitation is considered the reference standard method to detect relevant autoantibodies, most autoantibodytesting laboratories use blotting-based immunoassays, for reasons of practicality and cost. A recent study suggested that immunoblot can be limited at detecting certain clinically important MSA subtypes 1.

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457. **Blood, sweat and tears-Reducing delays in transfusion with a new major haemorrhage protocol, algorithm and virtual reality simulation.**

Item Type: Journal Article

Authors: Nigriello, R.;Waters, C. and Mears, W.

Publication Date: 2022a

Journal: Vox Sanguinis.Conference: 37th International Congress of the ISBT 2022.Virtual 117(SUPPL 1), pp. 40-41

Abstract: Background: On average, there are three major haemorrhage (MH) calls a week at the Royal United Hospital (RUH), Bath, UK. As junior doctors working in different departments, we observed varied practice and confusion about how to utilize the MH call. After several serious incidents at the RUH which involved significant delays in transfusion following a major haemorrhage call, we formed a multidisciplinary team (MDT) to address this issue.

458. **Blood, sweat and tears-Reducing delays in transfusion with a new major haemorrhage protocol, algorithm and virtual reality simulation.**

Item Type: Journal Article

Authors: Nigriello, R.;Waters, C. and Mears, W.

Publication Date: 2022b

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460. **Resuscitation highlights in 2021**

Item Type: Journal Article

Authors: Nolan, J. P.;Ornato, J. P.;Parr, M. J. A.;Perkins, G. D. and Soar, J.

Publication Date: 2022a

Journal: Resuscitation 172, pp. 64-73

Abstract: Background: This review is the latest in a series of regular annual reviews undertaken by the editors and aims to highlight some of the key papers published in Resuscitation during 2021.; Methods: Hand-searching by the editors of all papers published in Resuscitation during 2021. Papers were selected based on then general interest and novelty and were categorised into themes.; Results: 98 papers were selected for brief mention.; Conclusions: Resuscitation science continues to evolve and incorporates all links in the chain of survival.; Competing Interests: Declaration of Competing Interest JPN is Editor-in-Chief of Resuscitation. He is a co-investigator for two National Institute of Health Research (NIHR) funded studies: AIRWAYS-3 and PARAMEDIC-3. JPO, MJAP, GDP and JS are Editors of Resuscitation JPO serves as Cardiac Co-Chair for the National Institutes of Health-sponsored Resuscitation Outcomes Consortium (ROC). He serves as the Virginia Commonwealth University Principal Investigator for the National Institutes of Health-sponsored Neurological Emergency Treatment Trials Network (NETT). GDP is Co-Chair of the International Liaison Committee on Resuscitation. He is Chief Investigator for the NIHR funded PARAMEDIC-3 trial. JS is Science Co-Chair of the Advanced Life Support Science and Education Committee of the European Resuscitation Council. (Copyright © 2022 Elsevier B.V. All rights reserved.)

DOI: 10.1016/j.resuscitation.2022.01.015

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35077856&custid=ns010877

461. **Resuscitation highlights in 2021**

Item Type: Journal Article

Authors: Nolan, J. P.;Ornato, J. P.;Parr, M. J. A.;Perkins, G. D. and Soar, J.

Publication Date: 2022b

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DOI: 10.1016/j.resuscitation.2022.01.015

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155654818&custid=ns010877

462. **Temperature control after cardiac arrest: friend or foe**

Item Type: Journal Article

Authors: Nolan, Jerry P. and Soar, Jasmeet

Publication Date: 2022a

Journal: Current Opinion in Critical Care 28(3), pp. 244-249

Abstract: Purpose Of Review: Most patients who are successfully resuscitated after cardiac arrest are initially comatose and require mechanical ventilation and other organ support in an ICU. Best practice has been to cool these patients and control their temperature at a constant value in the range of 32-36oC for at least 24h. But the certainty of the evidence for this practice is increasingly being challenged. This review will summarize the evidence on key aspects of temperature control in comatose postcardiac arrest patients.Recent Findings: The Targeted Temperature Management 2 (TTM-2) trial documented no difference in 6-month mortality among comatose postcardiac arrest patients managed at 33oC vs. targeted normothermia. A systematic review and meta-analysis completed by the Advanced Life Support (ALS) Task Force of the International Liaison Committee on Resuscitation (ILCOR) concluded that temperature control with a target of 32-34°C did not improve survival or favourable functional outcome after cardiac arrest. Two observational studies have documented an association between predicted moderate hypoxic-ischaemic brain injury and better outcome with temperature control at 33-34oC compared with 35-36oC.Summary: We suggest actively preventing fever by targeting a temperature 37.5oC or less for those patients who remain comatose following return of spontaneous circulation (ROSC) after cardiac arrest.

DOI: 10.1097/MCC.0000000000000943

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157230213&custid=ns010877

463. **Temperature control after cardiac arrest: friend or foe**

Item Type: Journal Article

Authors: Nolan, Jerry P. and Soar, Jasmeet

Publication Date: 2022b

Journal: Current Opinion in Critical Care 28(3), pp. 244-249

Abstract: Purpose of Review: Most patients who are successfully resuscitated after cardiac arrest are initially comatose and require mechanical ventilation and other organ support in an ICU. Best practice has been to cool these patients and control their temperature at a constant value in the range of 32-36oC for at least 24h. But the certainty of the evidence for this practice is increasingly being challenged. This review will summarize the evidence on key aspects of temperature control in comatose postcardiac arrest patients.; Recent Findings: The Targeted Temperature Management 2 (TTM-2) trial documented no difference in 6-month mortality among comatose postcardiac arrest patients managed at 33oC vs. targeted normothermia. A systematic review and meta-analysis completed by the Advanced Life Support (ALS) Task Force of the International Liaison Committee on Resuscitation (ILCOR) concluded that temperature control with a target of 32-34°C did not improve survival or favourable functional outcome after cardiac arrest. Two observational studies have documented an association between predicted moderate hypoxic-ischaemic brain injury and better outcome with temperature control at 33-34oC compared with 35-

36oC.; Summary: We suggest actively preventing fever by targeting a temperature 37.5oC or less for those patients who remain comatose following return of spontaneous circulation (ROSC) after cardiac arrest. (Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.)

DOI: 10.1097/MCC.0000000000000943

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35653243&custid=ns010877

464. **Acetic acid dressings used to treat pseudomonas colonised burn wounds: A UK national survey.**

Item Type: Journal Article

Authors: Nour, S.;Reid, G.;Sathanantham, K. and Mackie, I.

Publication Date: 2022a

Journal: Burns 48(6), pp. 1364-1367

Abstract: Introduction: Wound infection following burn injury can be clinically challenging to manage. Its presence in a thermally compromised patient can detrimentally affect the ability of the wound to heal leading not only to wound progression but ultimately contribute to a large part of the economic health burden expenditure in the National Health Service. Despite meticulous wound care and infection control measures the colonisation of burn wounds by bacterial pathogens has and continues to be the case. There has been a growing interest in the use of antimicrobial applications when managing localised burn wound infections due to a constantly increasing number of antibiotic-resistant organisms.

DOI: 10.1016/j.burns.2021.07.011

465. **Acetic acid dressings used to treat pseudomonas colonised burn wounds: A UK national survey.**

Item Type: Journal Article

Authors: Nour, S.;Reid, G.;Sathanantham, K. and Mackie, I.

Publication Date: 2022b

Journal: Burns 48(6), pp. 1364-1367

Abstract: Introduction: Wound infection following burn injury can be clinically challenging to manage. Its presence in a thermally compromised patient can detrimentally affect the ability of the wound to heal leading not only to wound progression but ultimately contribute to a large part of the economic health burden expenditure in the National Health Service. Despite meticulous wound care and infection control measures the colonisation of burn wounds by bacterial pathogens has and continues to be the case. There has been a growing interest in the use of antimicrobial applications when managing localised burn wound infections due to a constantly increasing number of antibiotic-resistant organisms.

466. **Acetic acid dressings used to treat pseudomonas colonised burn wounds: A UK national survey.**

Item Type: Journal Article

Authors: Nour, S.;Reid, G.;Sathanantham, K. and Mackie, I.

Publication Date: 2022c

Journal: Burns 48(6), pp. 1364-1367

Abstract: Introduction: Wound infection following burn injury can be clinically challenging to manage. Its presence in a thermally compromised patient can detrimentally affect the ability of the wound to heal leading not only to wound progression but ultimately contribute to a large part of the economic health burden expenditure in the National Health Service. Despite meticulous wound care and infection control measures the colonisation of burn wounds by bacterial pathogens has and continues to be the case. There has been a growing interest in the use of antimicrobial applications when managing localised burn wound infections due to a constantly increasing number of antibiotic-resistant organisms.

467. **Acetic acid dressings used to treat pseudomonas colonised burn wounds: A UK national survey.**

Item Type: Journal Article

Authors: Nour, S.;Reid, G.;Sathanantham, K. and Mackie, I.

Publication Date: 2022d

Journal: Burns 48(6), pp. 1364-1367

Abstract: Introduction: Wound infection following burn injury can be clinically challenging to manage. Its presence in a thermally compromised patient can detrimentally affect the ability of the wound to heal leading not only to wound progression but ultimately contribute to a large part of the economic health burden expenditure in the National Health Service. Despite meticulous wound care and infection control measures the colonisation of burn wounds by bacterial pathogens has and continues to be the case. There has been a growing interest in the use of antimicrobial applications when managing localised burn wound infections due to a constantly increasing number of antibiotic-resistant organisms.

468. **Acetic acid dressings used to treat pseudomonas colonised burn wounds: A UK national survey**

Item Type: Journal Article

Authors: Nour, Shahd;Reid, Gavin;Sathanantham, Kugili and Mackie, Ian

Publication Date: 2022a

Journal: Burns (03054179) 48(6), pp. 1364-1367

Abstract: Introduction: Wound infection following burn injury can be clinically challenging to manage. Its presence in a thermally compromised patient can detrimentally affect the ability of the wound to heal leading not only to wound progression but ultimately contribute to a large part of the economic health burden expenditure in the National Health Service. Despite meticulous wound care and infection control measures the colonisation of burn wounds by bacterial pathogens has and continues to be the case. There has been a growing interest in the use of antimicrobial applications when managing localised burn wound infections due to a constantly increasing number of antibiotic-resistant organisms.Aim: To survey which antimicrobial dressings are currently being used across UK burns services when managing localised pseudomonas wound infections.Methods: We conducted a nationwide telephone survey of UK burns services during October 2019 to determine which topical antimicrobial agent was used to treat local pseudomonas burn

wound infections.Results: Six burns services (31.6%) used acetic acid-soaked dressings, one of which alternates acetic acid with sodium hypochlorite solution. Silver-based dressings were also used by six burns services (31.6%) - again, one department alternates silver-based dressings with sodium hypochlorite solution. Betadine-soaked, gauze-based dressings were used across five burns services (26.3%) and the remaining two burns services (10.5%) used sodium hypochlorite solution and non-medicated dressings respectively.Conclusion: We identified a significant difference in the UK burns services' approach to pseudomonas burn wound infections. Our literature review demonstrates that a daily dressing regime of 2.5-3% acetic acid is a well-tolerated treatment regime in burn patients and that it is in use in UK burns services. There are no current randomised controlled trials that evaluate the usage of acetic acid. The variation in usage suggests that there is scope for further study in order to develop evidence to generate a UK wide approach based on national standardised guidelines.

DOI: 10.1016/j.burns.2021.07.011

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158889851&custid=ns010877

469. **Acetic acid dressings used to treat pseudomonas colonised burn wounds: A UK national survey**

Item Type: Journal Article

Authors: Nour, Shahd;Reid, Gavin;Sathanantham, Kugili and Mackie, Ian

Publication Date: 2022b

Journal: Burns : Journal of the International Society for Burn Injuries 48(6), pp. 1364-1367

Abstract: Introduction: Wound infection following burn injury can be clinically challenging to manage. Its presence in a thermally compromised patient can detrimentally affect the ability of the wound to heal leading not only to wound progression but ultimately contribute to a large part of the economic health burden expenditure in the National Health Service. Despite meticulous wound care and infection control measures the colonisation of burn wounds by bacterial pathogens has and continues to be the case. There has been a growing interest in the use of antimicrobial applications when managing localised burn wound infections due to a constantly increasing number of antibiotic-resistant organisms.; Aim: To survey which antimicrobial dressings are currently being used across UK burns services when managing localised pseudomonas wound infections.; Methods: We conducted a nationwide telephone survey of UK burns services during October 2019 to determine which topical antimicrobial agent was used to treat local pseudomonas burn wound infections.; Results: Six burns services (31.6%) used acetic acid-soaked dressings, one of which alternates acetic acid with sodium hypochlorite solution. Silver-based dressings were also used by six burns services (31.6%) - again, one department alternates silver-based dressings with sodium hypochlorite solution. Betadine-soaked, gauze-based dressings were used across five burns services (26.3%) and the remaining two burns services (10.5%) used sodium hypochlorite solution and non-medicated dressings respectively.; Conclusion: We identified a significant difference in the UK burns services' approach to pseudomonas burn wound infections. Our literature review demonstrates that a daily dressing regime of 2.5-3% acetic acid is a well-tolerated treatment regime in burn patients and that it is in use in UK burns services. There are no current randomised controlled trials that evaluate the usage of acetic acid. The variation in usage suggests that there is scope for further study in order to develop evidence to generate a UK wide approach based on national standardised guidelines.

DOI: 10.1016/j.burns.2021.07.011

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34862089&custid=ns010877

470. **Quality of life and two-year results of a randomized phase III study of dysphagiaoptimized intensity modulated radiotherapy (DO-IMRT) versus standard IMRT (SIMRT) in.**

Item Type: Journal Article

Authors: Nutting, C.;Rooney, K.;Foran, B.;Pettit, L.;Beasley, M.;Finneran, L.;Roe, J.;Tyler, J.;Roques, T.;Cook, A.;Petkar, I.;Bhide, S.;Srinivasan, D.;Boon, C.;De Winton, E.;Frogley, R.;Sydenham, M. A.;Emson, M. and Hall, E.

Publication Date: 2022a

Journal: Journal of Clinical Oncology Conference, pp. Annua

Abstract: Background: Most newly diagnosed oro- & hypopharngeal cancers (OPC, HPC) are treated with (chemo) RT with curative intent but at the consequence of adverse effects on quality of life. We investigated if using DO-IMRT to reduce RT dose to the dysphagia/aspiration related structures (DARS) improved swallowing function compared to S-IMRT.

471. **Quality of life and two-year results of a randomized phase III study of dysphagiaoptimized intensity modulated radiotherapy (DO-IMRT) versus standard IMRT (SIMRT) in.**

Item Type: Journal Article

Authors: Nutting, C.;Rooney, K.;Foran, B.;Pettit, L.;Beasley, M.;Finneran, L.;Roe, J.;Tyler, J.;Roques, T.;Cook, A.;Petkar, I.;Bhide, S.;Srinivasan, D.;Boon, C.;De Winton, E.;Frogley, R.;Sydenham, M. A.;Emson, M. and Hall, E.

Publication Date: 2022b

Journal: Journal of Clinical Oncology Conference, pp. Annua

Abstract: Background: Most newly diagnosed oro- & hypopharngeal cancers (OPC, HPC) are treated with (chemo) RT with curative intent but at the consequence of adverse effects on quality of life. We investigated if using DO-IMRT to reduce RT dose to the dysphagia/aspiration related structures (DARS) improved swallowing function compared to S-IMRT.

472. **Quality of life and two-year results of a randomized phase III study of dysphagiaoptimized intensity modulated radiotherapy (DO-IMRT) versus standard IMRT (SIMRT) in.**

Item Type: Journal Article

Authors: Nutting, C.;Rooney, K.;Foran, B.;Pettit, L.;Beasley, M.;Finneran, L.;Roe, J.;Tyler, J.;Roques, T.;Cook, A.;Petkar, I.;Bhide, S.;Srinivasan, D.;Boon, C.;De Winton, E.;Frogley, R.;Sydenham, M. A.;Emson, M. and Hall, E.

Publication Date: 2022c

Journal: Journal of Clinical Oncology Conference, pp. Annua

Abstract: Background: Most newly diagnosed oro- & hypopharngeal cancers (OPC, HPC) are treated with (chemo) RT with curative intent but at the consequence of adverse effects on quality of life. We investigated if using DO-IMRT to reduce RT dose to the dysphagia/aspiration related structures (DARS) improved swallowing function compared to S-IMRT.

473. **Erratum: Parkinson's disease: The nutrition perspective (Proceedings of the Nutrition Society (2021) (1-15) DOI: 10.1017/S0029665121003645).**

Item Type: Journal Article

Authors: O Breasail M.;Smith, M. D.;Tenison, E.;Henderson, E. J. and Lithander, F. E.

Publication Date: 2022a

Journal: Proceedings of the Nutrition Society (pagination), pp. ate of Pubaton: 2022

Abstract: The original version of this article was published with incorrect formatting of an author's name. The first author is Micheal O Breasail and the correct and full last name is O Breasail. The original version has now been updated to reflect this.

474. **Erratum: Parkinson's disease: The nutrition perspective (Proceedings of the Nutrition Society (2021) (1-15) DOI: 10.1017/S0029665121003645).**

Item Type: Journal Article

Authors: O Breasail M.;Smith, M. D.;Tenison, E.;Henderson, E. J. and Lithander, F. E.

Publication Date: 2022b

Journal: Proceedings of the Nutrition Society (pagination), pp. ate of Pubaton: 2022

Abstract: The original version of this article was published with incorrect formatting of an author's name. The first author is Micheal O Breasail and the correct and full last name is O Breasail. The original version has now been updated to reflect this.

475. **Erratum: Parkinson's disease: The nutrition perspective (Proceedings of the Nutrition Society (2021) (1-15) DOI: 10.1017/S0029665121003645).**

Item Type: Journal Article

Authors: O Breasail M.;Smith, M. D.;Tenison, E.;Henderson, E. J. and Lithander, F. E.

Publication Date: 2022c

Journal: Proceedings of the Nutrition Society (pagination), pp. ate of Pubaton: 2022

Abstract: The original version of this article was published with incorrect formatting of an author's name. The first author is Micheal O Breasail and the correct and full last name is O Breasail. The original version has now been updated to reflect this.

476. **Parkinson's disease: the nutrition perspective - CORRIGENDUM**

Item Type: Journal Article

Authors: Ó Breasail, Mícheál;Smith, Matthew D.;Tenison, Emma;Henderson, Emily J. and

Lithander, Fiona E.

Publication Date: 2022a

Journal: The Proceedings of the Nutrition Society , pp. 1

DOI: 10.1017/S0029665122000787

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35115062&custid=ns010877

477. **Parkinson's disease: the nutrition perspective**

Item Type: Journal Article

Authors: Ó Breasail, Mícheál;Smith, Matthew D.;Tenison, Emma;Henderson, Emily J. and Lithander, Fiona E.

Publication Date: 2022b

Journal: The Proceedings of the Nutrition Society 81(1), pp. 12-26

Abstract: Parkinson's disease (PD) is the second most common neurodegenerative disease after Alzheimer's disease and affects about 1% of the population over the age of 60 years in industrialised countries. The aim of this review is to examine nutrition in PD across three domains: dietary intake and the development of PD; whole body metabolism in PD and the effects of PD symptoms and treatment on nutritional status. In most cases, PD is believed to be caused by a combination of genetic and environmental factors and although there has been much research in the area, evidence suggests that poor dietary intake is not a risk factor for the development of PD. The evidence about body weight changes in both the prodromal and symptomatic phases of PD is inconclusive and is confounded by many factors. Malnutrition in PD has been documented as has sarcopaenia, although the prevalence of the latter remains uncertain due to a lack of consensus in the definition of sarcopaenia. PD symptoms, including those which are gastrointestinal and non-gastrointestinal, are known to adversely affect nutritional status. Similarly, PD treatments can cause nausea, vomiting and constipation, all of which can adversely affect nutritional status. Given that the prevalence of PD will increase as the population ages, it is important to understand the interplay between PD, comorbidities and nutritional status. Further research may contribute to the development of interventional strategies to improve symptoms, augment care and importantly, enhance the quality of life for patients living with this complex neurodegenerative disease.

DOI: 10.1017/S0029665121003645

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35105409&custid=ns010877

478. **Parkinson's disease: the nutrition perspective**

Item Type: Journal Article

Authors: Ó Breasail, Mícheál;Smith, Matthew D.;Tenison, Emma;Henderson, Emily J. and Lithander, Fiona E.

Publication Date: 2022c

Journal: Proceedings of the Nutrition Society 81(1), pp. 12-26

Abstract: Parkinson's disease (PD) is the second most common neurodegenerative disease after Alzheimer's disease and affects about 1% of the population over the age of 60 years in industrialised countries. The aim of this review is to examine nutrition in PD across three domains: dietary intake and the development of PD; whole body metabolism in PD and the effects of PD symptoms and treatment on nutritional status. In most cases, PD is believed to be caused by a combination of genetic and environmental factors and although there has been much research in the area, evidence suggests that poor dietary intake is not a risk factor for the development of PD. The evidence about body weight changes in both the prodromal and symptomatic phases of PD is inconclusive and is confounded by many factors. Malnutrition in PD has been documented as has sarcopaenia, although the prevalence of the latter remains uncertain due to a lack of consensus in the definition of sarcopaenia. PD symptoms, including those which are gastrointestinal and non-gastrointestinal, are known to adversely affect nutritional status. Similarly, PD treatments can cause nausea, vomiting and constipation, all of which can adversely affect nutritional status. Given that the prevalence of PD will increase as the population ages, it is important to understand the interplay between PD, comorbidities and nutritional status. Further research may contribute to the development of interventional strategies to improve symptoms, augment care and importantly, enhance the quality of life for patients living with this complex neurodegenerative disease.

DOI: 10.1017/S0029665121003645

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157660290&custid=ns010877

479. **Litigation related to anaesthesia: analysis of claims against the NHS in England 2008-2018 and comparison against previous claim patterns**

Item Type: Journal Article

Authors: Oglesby, F. C.;Ray, A. G.;Shurlock, T.;Mitra, T. and Cook, T. M.

Publication Date: 2022

Journal: Anaesthesia 77(5), pp. 527-537

Abstract: We reviewed all 1230 claims against anaesthesia notified to NHS Resolution (formerly the NHS Litigation Authority, 1995-2017) in England between 2008 and 2018. Claims were categorised by incident type, severity (whether physical or psychological), and cost, and comparisons were made against a similar published analysis of data from 1995 to 2007. While the annual number of claims against anaesthesia increased by 62% from the earlier period, anaesthesia now accounts for smaller proportions of all claims submitted to NHS Resolution (1.5% vs. 2.5%) and of the total cost of all claims (0.7% vs. 2.4%). The absolute costs related to anaesthesia claims rose over 300%, totalling £145 million between 2008 and 2018, but the mean cost per closed claim (retail price index adjusted) fell by 6% to £74,883. The most common clinical categories were regional anaesthesia (24%), inadequate anaesthesia (20%) and drug administration (20%). Claims related to airway management, central venous catheterisation and cardiac arrest remained infrequent but severe and costly. The proportion of claims relating to regional anaesthesia and obstetric anaesthesia fell significantly, but claims relating to peripheral nerve blockade doubled. Our analysis includes categories relating to organisational and human factors which are present in a substantial proportion of claims; categories with the highest mean cost per claim included delayed care, planning, monitoring and consent. Overall, the specialty of anaesthesia is at low risk of litigation. Our analysis provides important insights into current and changing patterns in claim distributions that may help improve the quality of patient care

and reduce future litigation. We recommend the establishment of a structure for national review and learning from all cases of litigation. (© 2022 Association of Anaesthetists.)

DOI: 10.1111/anae.15685

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35247933&custid=ns010877

480. **Litigation related to anaesthesia: analysis of claims against the NHS in England 2008–2018 and comparison against previous claim patterns**

Item Type: Journal Article

Authors: Oglesby, F. C.;Ray, A. G.;Shurlock, T.;Mitra, T. and Cook, T. M.

Publication Date: 2022a

Journal: Anaesthesia 77(5), pp. 527-537

DOI: 10.1111/anae.15685

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156130742&custid=ns010877

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Item Type: Journal Article

Authors: Oglesby, F. C.;Ray, A. G.;Shurlock, T.;Mitra, T. and Cook, T. M.

Publication Date: 2022b

Journal: Anaesthesia 77(5), pp. 527-537

Abstract: We reviewed all 1230 claims against anaesthesia notified to NHS Resolution (formerly the NHS Litigation Authority, 1995-2017) in England between 2008 and 2018. Claims were categorised by incident type, severity (whether physical or psychological), and cost, and comparisons were made against a similar published analysis of data from 1995 to 2007. While the annual number of claims against anaesthesia increased by 62% from the earlier period, anaesthesia now accounts for smaller proportions of all claims submitted to NHS Resolution (1.5% vs. 2.5%) and of the total cost of all claims (0.7% vs. 2.4%). The absolute costs related to anaesthesia claims rose over 300%, totalling 145 million between 2008 and 2018, but the mean cost per closed claim (retail price index adjusted) fell by 6% to 74,883. The most common clinical categories were regional anaesthesia (24%), inadequate anaesthesia (20%) and drug administration (20%). Claims related to airway management, central venous catheterisation and cardiac arrest remained infrequent but severe and costly. The proportion of claims relating to regional anaesthesia and obstetric anaesthesia fell significantly, but claims relating to peripheral nerve blockade doubled. Our analysis includes categories relating to organisational and human factors which are present in a substantial proportion of claims; categories with the highest mean cost per claim included delayed care, planning, monitoring and consent. Overall, the specialty of anaesthesia is at low risk of litigation. Our analysis provides important insights into current and changing patterns in claim distributions that may help improve the quality of patient care and reduce future litigation. We recommend the establishment of a structure for national review and learning from all cases of litigation.

DOI: 10.1111/anae.15685

482. **Litigation related to anaesthesia: analysis of claims against the NHS in England 2008-2018 and comparison against previous claim patterns.**

Item Type: Journal Article

Authors: Oglesby, F. C.;Ray, A. G.;Shurlock, T.;Mitra, T. and Cook, T. M.

Publication Date: 2022c

Journal: Anaesthesia 77(5), pp. 527-537

Abstract: We reviewed all 1230 claims against anaesthesia notified to NHS Resolution (formerly the NHS Litigation Authority, 1995-2017) in England between 2008 and 2018. Claims were categorised by incident type, severity (whether physical or psychological), and cost, and comparisons were made against a similar published analysis of data from 1995 to 2007. While the annual number of claims against anaesthesia increased by 62% from the earlier period, anaesthesia now accounts for smaller proportions of all claims submitted to NHS Resolution (1.5% vs. 2.5%) and of the total cost of all claims (0.7% vs. 2.4%). The absolute costs related to anaesthesia claims rose over 300%, totalling 145 million between 2008 and 2018, but the mean cost per closed claim (retail price index adjusted) fell by 6% to 74,883. The most common clinical categories were regional anaesthesia (24%), inadequate anaesthesia (20%) and drug administration (20%). Claims related to airway management, central venous catheterisation and cardiac arrest remained infrequent but severe and costly. The proportion of claims relating to regional anaesthesia and obstetric anaesthesia fell significantly, but claims relating to peripheral nerve blockade doubled. Our analysis includes categories relating to organisational and human factors which are present in a substantial proportion of claims; categories with the highest mean cost per claim included delayed care, planning, monitoring and consent. Overall, the specialty of anaesthesia is at low risk of litigation. Our analysis provides important insights into current and changing patterns in claim distributions that may help improve the quality of patient care and reduce future litigation. We recommend the establishment of a structure for national review and learning from all cases of litigation.

483. **Litigation related to anaesthesia: analysis of claims against the NHS in England 2008-2018 and comparison against previous claim patterns.**

Item Type: Journal Article

Authors: Oglesby, F. C.;Ray, A. G.;Shurlock, T.;Mitra, T. and Cook, T. M.

Publication Date: 2022d

Journal: Anaesthesia 77(5), pp. 527-537

Abstract: We reviewed all 1230 claims against anaesthesia notified to NHS Resolution (formerly the NHS Litigation Authority, 1995-2017) in England between 2008 and 2018. Claims were categorised by incident type, severity (whether physical or psychological), and cost, and comparisons were made against a similar published analysis of data from 1995 to 2007. While the annual number of claims against anaesthesia increased by 62% from the earlier period, anaesthesia now accounts for smaller proportions of all claims submitted to NHS Resolution (1.5% vs. 2.5%) and of the total cost of all claims (0.7% vs. 2.4%). The absolute costs related to anaesthesia claims rose over 300%, totalling 145 million between 2008 and 2018, but the mean cost per closed claim (retail price index adjusted) fell by 6% to 74,883. The most common clinical categories were regional anaesthesia (24%), inadequate anaesthesia (20%) and drug administration (20%). Claims related to airway management,

central venous catheterisation and cardiac arrest remained infrequent but severe and costly. The proportion of claims relating to regional anaesthesia and obstetric anaesthesia fell significantly, but claims relating to peripheral nerve blockade doubled. Our analysis includes categories relating to organisational and human factors which are present in a substantial proportion of claims; categories with the highest mean cost per claim included delayed care, planning, monitoring and consent. Overall, the specialty of anaesthesia is at low risk of litigation. Our analysis provides important insights into current and changing patterns in claim distributions that may help improve the quality of patient care and reduce future litigation. We recommend the establishment of a structure for national review and learning from all cases of litigation.

484. **Litigation related to anaesthesia: analysis of claims against the NHS in England 2008-2018 and comparison against previous claim patterns.**

Item Type: Journal Article

Authors: Oglesby, F. C.;Ray, A. G.;Shurlock, T.;Mitra, T. and Cook, T. M.

Publication Date: 2022e

Journal: Anaesthesia 77(5), pp. 527-537

Abstract: We reviewed all 1230 claims against anaesthesia notified to NHS Resolution (formerly the NHS Litigation Authority, 1995-2017) in England between 2008 and 2018. Claims were categorised by incident type, severity (whether physical or psychological), and cost, and comparisons were made against a similar published analysis of data from 1995 to 2007. While the annual number of claims against anaesthesia increased by 62% from the earlier period, anaesthesia now accounts for smaller proportions of all claims submitted to NHS Resolution (1.5% vs. 2.5%) and of the total cost of all claims (0.7% vs. 2.4%). The absolute costs related to anaesthesia claims rose over 300%, totalling 145 million between 2008 and 2018, but the mean cost per closed claim (retail price index adjusted) fell by 6% to 74,883. The most common clinical categories were regional anaesthesia (24%), inadequate anaesthesia (20%) and drug administration (20%). Claims related to airway management, central venous catheterisation and cardiac arrest remained infrequent but severe and costly. The proportion of claims relating to regional anaesthesia and obstetric anaesthesia fell significantly, but claims relating to peripheral nerve blockade doubled. Our analysis includes categories relating to organisational and human factors which are present in a substantial proportion of claims; categories with the highest mean cost per claim included delayed care, planning, monitoring and consent. Overall, the specialty of anaesthesia is at low risk of litigation. Our analysis provides important insights into current and changing patterns in claim distributions that may help improve the quality of patient care and reduce future litigation. We recommend the establishment of a structure for national review and learning from all cases of litigation.

485. **TARGETED USE OF RIGHT HEART CATHETERISATION IN THE MANAGEMENT OF SHOCK: A CASE SERIES.**

Item Type: Journal Article

Authors: Oldman, J.;Graby, J.;Mears, W.;McKee, B.;Kandan, R.;Augustine, D. and Carson, K.

Publication Date: 2022a

Journal: Heart Conference, pp. Brtsh

Abstract: Introduction Circulatory shock is a life-threatening condition associated with in-Hospital mortality rates as high as 45%. In some cases, there is a clear cause, when

mechanical intervention such as revascularisation is often indicated. However, there is often a mixed picture with more than one underlying pathological mechanism. Right heart catheterisation (RHC) permits detailed evaluation of haemodynamics to enable better patient tailored therapy. ESC guidance suggests consideration of RHC in patients who, despite pharmacological treatment, have refractory shock or shock of unclear aetiology. Evidence from large registries is accumulating that RHC assessment in suspected cardiogenic shock is associated with favourable outcomes. To demonstrate the value of RHC assessment, ten patients with shock and a sub-optimal response to therapy or with suspected mixed pathology are reported. Methods Retrospective analysis of ten patients who had RHC for shock of uncertain aetiology or not responsive to conventional therapy between June 2015 and 2020. Clinical course, therapy adjustment, survival to discharge, one month and one year were evaluated. Results Eight patients were male and median age was 69 (IQR 8.5). Each patient had a mean of five comorbidities - most commonly - type 2 diabetes, ischaemic heart disease and left ventricular systolic dysfunction. Prior to RHC, five patients were in Society for Cardiovascular Angiography and Intervention (SCAI) stage C shock and five in stage D. Nine had ongoing infusions of vasopressors or inotropes, with five on two agents. RHC studies significantly changed management in 8/10 patients. Five patients had therapy changes in the catheter lab allowing real time monitoring of invasive haemodynamics. RHC evaluation led to a change in diagnosis in 4/10 patients and confirmed cardiogenic shock in 6/10 patients (with adjustment in ongoing therapy in 4 of these patients). Six patients survived to discharge and 4/10 to one year post RHC. The mean procedure duration was 47 minutes, and one patient had a retroperitoneal haematoma, which was successfully managed conservatively before being discharged, with no other complications recorded.SCAI shock stage, higher heart rate, lower mean aortic pressure and higher mean right atrial pressure were associated with mortality prior to discharge, one month and one year post RHC. Conclusions In patients with shock of uncertain aetiology, or suboptimal response to standard therapy, RHC can provide important haemodynamic information to help optimise management. This observational data suggests that RHC assessment in these circumstances is an important tool to help assess and adjust medical therapy. It appears to be associated with favourable outcomes to discharge in a cohort of critically ill, comorbid patients at high-risk.

486. **TARGETED USE OF RIGHT HEART CATHETERISATION IN THE MANAGEMENT OF SHOCK: A CASE SERIES.**

Item Type: Journal Article

Authors: Oldman, J.;Graby, J.;Mears, W.;McKee, B.;Kandan, R.;Augustine, D. and Carson, K.

Publication Date: 2022b

Journal: Heart Conference, pp. Brtsh

Abstract: Introduction Circulatory shock is a life-threatening condition associated with in-Hospital mortality rates as high as 45%. In some cases, there is a clear cause, when mechanical intervention such as revascularisation is often indicated. However, there is often a mixed picture with more than one underlying pathological mechanism. Right heart catheterisation (RHC) permits detailed evaluation of haemodynamics to enable better patient tailored therapy. ESC guidance suggests consideration of RHC in patients who, despite pharmacological treatment, have refractory shock or shock of unclear aetiology. Evidence from large registries is accumulating that RHC assessment in suspected cardiogenic shock is associated with favourable outcomes. To demonstrate the value of RHC assessment, ten patients with shock and a sub-optimal response to therapy or with suspected mixed pathology are reported. Methods Retrospective analysis of ten patients who had RHC for shock of uncertain aetiology or not responsive to conventional therapy between June 2015 and 2020. Clinical course, therapy adjustment, survival to discharge, one month and one year were evaluated. Results Eight patients were male and median age

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Publication Date: 2022c

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488. **British Society for Rheumatology guideline on management of paediatric, adolescent and adult patients with idiopathic inflammatory myopathy.**

    Item Type: Journal Article

    Authors: Oldroyd, A. G. S.;Lilleker, J. B.;Amin, T.;Aragon, O.;Bechman, K.;Cuthbert, V.;Galloway, J.;Gordon, P.;Gregory, W. J.;Gunawardena, H.;Hanna, M. G.;Isenberg, D.;Jackman, J.;Kiely, P. D. W.;Livermore, P.;Machado, P. M.;Maillard, S.;Mchugh, N.;Murphy, R.;Pilkington, C., et al

    Publication Date: 2022a

    Journal: Rheumatology (United Kingdom) 61(5), pp. 1760-1768

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    Authors: Oldroyd, A. G. S.;Lilleker, J. B.;Amin, T.;Aragon, O.;Bechman, K.;Cuthbert, V.;Galloway, J.;Gordon, P.;Gregory, W. J.;Gunawardena, H.;Hanna, M. G.;Isenberg, D.;Jackman, J.;Kiely, P. D. W.;Livermore, P.;Machado, P. M.;Maillard, S.;Mchugh, N.;Murphy, R.;Pilkington, C., et al

    Publication Date: 2022b

    Journal: Rheumatology (United Kingdom) 61(5), pp. 1760-1768

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    Publication Date: 2022c

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    Item Type: Journal Article

    Authors: Oldroyd, Alexander G. S.;Lilleker, James B.;Amin, Tania;Aragon, Octavio;Bechman, Katie;Cuthbert, Verna;Galloway, James;Gordon, Patrick;Gregory, William J.;Gunawardena, Harsha;Hanna, Michael G.;Isenberg, David;Jackman, John;Kiely,

Patrick D. W.;Livermore, Polly;Machado, Pedro M.;Maillard, Sue;McHugh, Neil;Murphy, Ruth;Pilkington, Clarissa, et al

Publication Date: 2022

Journal: Rheumatology (Oxford, England) 61(5), pp. 1760-1768

DOI: 10.1093/rheumatology/keac115

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35355064&custid=ns010877

492. **Prednisolone or tetracosactide depot for infantile epileptic spasms syndrome? A prospective analysis of data embedded within two randomised controlled trials**

Item Type: Journal Article

Authors: Osborne, John P.;Edwards, Stuart W.;Alber, Fabienne Dietrich;Hancock, Eleanor;Johnson, Anthony L.;Kennedy, Colin R.;Likeman, Marcus;Lux, Andrew L.;Mackay, Mark;Mallick, Andrew;Newton, Richard W.;Nolan, Melinda;Pressler, Ronit;Rating, Dietz;Schmitt, Bernhard;Verity, Christopher M. and O'Callaghan, FinbarJ,K.

Publication Date: 2022

Journal: European Journal of Paediatric Neurology : EJPN : Official Journal of the European Paediatric Neurology Society 42, pp. 110-116

Abstract: Objective: To report a prospectively planned analysis of two randomised controlled trials with embedded comparisons of prednisolone versus tetracosactide depot for the treatment of infantile epileptic spasms syndrome (IESS).; Methods: Individual patient data from patients randomly allocated to prednisolone or tetracosactide depot were analysed from two trials (UKISS, ICISS). The comparison was embedded within trials in which some patients also received vigabatrin but only patients receiving monotherapy with randomly allocated hormonal treatments are included in this analysis. The main outcome was cessation of spasms (Days 13-14 after randomisation). Lead time to treatment and underlying aetiology were taken into account. Cessation of spasms on Days 14-42 inclusive, electroclinical response (EEG Day 14), plus developmental and epilepsy outcomes (at 14 months in UKISS and 18 months in ICISS) are also reported. Minimum treatment was prednisolone 40 mg per day for two weeks or tetracosactide depot 0·5 mg IM on alternate days for two weeks, all followed by a reducing dose of prednisolone over two weeks.; Results: 126 infants were included in this study. On tetracosactide depot, 47 of 62 (76%) were free of spasms on Days 13-14 compared to 43 of 64 (67%) on prednisolone (difference 9%, 95% CI -7·2% to +25·2%, chi square 1·15, p = 0·28). For Day 14-42 cessation of spasms, on tetracosactide depot, 41 of 61 (67%) were free of spasms compared to 35 of 62 (56%) on prednisolone (difference 11%, 95% CI -6·4% to +28·4%, chi square 1·51, p = 0·22). There was no significant difference in mean VABS score between infants who received prednisolone compared with those who received tetracosactide depot (74·8 (SD 18·3) versus 78·0 (SD 20·2) t = -0·91 p = 0·36). The proportion with ongoing epilepsy at the time of developmental assessment was 20 of 61 (33%) in the tetracosactide group compared with 26 out of 63 (41%) in the prednisolone group (difference 8%, 95% CI -9·2% to +25·2%, Chi 2] 0·95, p = 0·33).; Significance: With hormone monotherapy, either prednisolone or tetracosactide depot may be recommended for infantile epileptic spasms syndrome.; Competing Interests: Declaration of competing interest JPO unsuccessfully approached Aventis for funding of a follow up study to look at visual field defects: he appeared in a promotional video for Aventis: he received income from UCB Pharma. The study sponsor for UKISS and ICISS received funding from Marathon and from UCB Pharma which was used in part to fund the research reported including salaries to JPO and SE.

JPO, SE, FJKOC, EH and AL all received IP payments from the sponsor relating to funding from Marathon. AL received funding from Hoechst-Marion-Roussel to attend a conference. No other authors declared a conflict of interest. (© 2022 Published by Elsevier Ltd on behalf of European Paediatric Neurology Society.)

DOI: 10.1016/j.ejpn.2022.12.007

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36621063&custid=ns010877

493. **Tracking the clinical progression of posterior cortical atrophy: Implications for post-diagnostic and therapeutic interventions.**

Item Type: Journal Article

Authors: Overman, M. J.;Drummond, N.;Butler, C. R. and Ahmed, S.

Publication Date: 2022a

Journal: Journal of Neurology, Neurosurgery and Psychiatry (pagination)

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Publication Date: 2022b

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Item Type: Journal Article

Authors: Overman, M. J.;Drummond, N.;Butler, C. R. and Ahmed, S.

Publication Date: 2022c

Journal: Journal of Neurology, Neurosurgery and Psychiatry (pagination)

496. **Estimating premorbid intelligence in people living with dementia: A systematic review.**

Item Type: Journal Article

Authors: Overman, M.;Leeworthy, S. and Welsh, T.

Publication Date: 2022a

Journal: European Geriatric Medicine Conference: 18th Congress of the European Geriatric Medicine Society. Online, pp. ate of Pubaton: eember 2022

Abstract: Introduction: Accurate estimates of premorbid intelligence are critical for evaluating the presence and severity of cognitive decline in dementia. Despite the

widespread use of premorbid intelligence measures in clinical practice, however, the psychometric properties of available instruments have not been systematically evaluated. This review set out to evaluate the validity of instruments for measuring premorbid intelligence in people with dementia.

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499. **Tracking the clinical progression of posterior cortical atrophy: implications for post-diagnostic and therapeutic interventions**

Item Type: Journal Article

Authors: Overman, Margot J.;Drummond, Nikolas;Butler, Christopher R. and Ahmed, Samrah

Publication Date: 2022

Journal: Journal of Neurology, Neurosurgery, and Psychiatry 93(6), pp. 683-684

Abstract: Competing Interests: Competing interests: None declared.

DOI: 10.1136/jnnp-2021-327501

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35105728&custid=ns010877

500. **Incidence and predictive factors of problems after fixation of trochanteric hip fractures with sliding hip screw or intramedullary devices**

Item Type: Journal Article

Authors: Page, Piers R. J.;Field, Michael H.;Vetharajan, Niraj;Smith, Adam;Duggleby, Luke;Cazzola, Dario;Whitehouse, Michael R. and Gill, Richie

Publication Date: 2022

Journal: Hip International : The Journal of Clinical and Experimental Research on Hip Pathology and Therapy 32(4), pp. 543-549

Abstract: Introduction: Hip fractures are common and disabling injuries, usually managed surgically. The most common type outside the joint capsule are trochanteric fractures, usually fixed with either sliding hip screw or intramedullary nail. Data are available in the National Hip Fracture Database (NHFD) on early failure and other major complications, but late or subtler complications may escape recording. This study sought to quantify such problems after fixation performed at 3different sites and identify their predictors.; Methods: Patients with a trochanteric fracture treated at 1 of 3 sites were identified from the NHFD over a 3-year period. Any with further, related episodes of care were identified, and reasons recorded, then age- and sex-matched with those with no such episodes. Data was collected on Arbeitsgemeinschaft für Osteosynthesefragen classification, tip-apex distance, American Society of Anesthesiologists (ASA) grade, Abbreviated Mental Test Score and pre-injury mobility. The cohorts were compared, and a binomial logistic regression model used to identify predictors of problems.; Results: A total of 4010 patients were entered in the NHFD across 3 sites between January 2013 and December 2015. Of these, 1260 sustained trochanteric fractures and 57 (4.5%) subsequently experienced problems leading to re-presentation. The most common was failure of fixation, occurring in 22 patients (1.7%). The binomial logistic regression model explained 47.6% of the variance in incidence of postoperative problems with ASA grade and tip-apex distance being predictive.; Discussion: The incidence of re-presentation with problems was around of 5%. A failure rate of less than 2% was seen, in keeping with existing data. This study has quantified the incidence of subtler postoperative problems and identified their predictors. The type of implant used was not amongst them and patients with both implants experienced problems. Fixation continues to yield imperfect results, but patient health and robust surgical technique remain important factors in a good outcome.

DOI: 10.1177/1120700020959339

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=32927967&custid=ns010877

501. **Inhaled anaesthesia compared with conventional sedation in post cardiac arrest patients undergoing temperature control: A systematic review and meta-analysis**

Item Type: Journal Article

Authors: Parlow, Simon;Lepage-Ratte, Melissa;Jung, Richard G.;Fernando, Shannon M.;Visintini, Sarah;Sterling, Lee H.;Di Santo, Pietro;Simard, Trevor;Russo, Juan J.;Labinaz, Marino;Hibbert, Benjamin;Nolan, Jerry P.;Rochwerg, Bram and Mathew, Rebecca

Publication Date: 2022

Journal: Resuscitation 176, pp. 74-79

Abstract: Introduction: Patients admitted with return of spontaneous circulation (ROSC) following out of hospital cardiac arrest (OHCA) are often sedated to facilitate care. Volatile anaesthetics have been proposed as alternative sedatives because of their rapid offset. We performed a systematic review and meta-analysis comparing the use of volatile anaesthetics to conventional sedation in this population.; Materials: We searched four databases (MEDLINE, Embase, CENTRAL, and Scopus) from inception to January 6, 2022. We included randomized trials and observational studies evaluating patients admitted following ROSC. We pooled data and reported summary estimates using odds ratio (OR) for dichotomous outcomes and mean difference (MD) for continuous outcomes, both with 95% confidence intervals (CIs). We assessed risk of bias using the Newcastle Ottawa Scale and certainty of evidence using GRADE methodology.; Results: Of 1,973 citations, we included three observational studies (n = 604 patients). Compared to conventional sedation, volatile agents had an uncertain effect on delirium (OR 0.96, 95% CI 0.68-1.37), survival to discharge (OR 0.66, 95% CI 0.17-2.61), and ICU length of stay (MD 1.59 days fewer, 95% CI 1.17-4.36, all very low certainty). Patients who received volatile anaesthetic underwent a shorter duration of mechanical ventilation (MD 37.32 hours shorter, 95% CI 7.74-66.90), however this was based on low-certainty evidence. No harms were described with use of volatile anesthetics.; Conclusion: Volatile anaesthetics may be associated with a decreased duration of mechanical ventilation in patients admitted with ROSC however this is based on low-certainty evidence. Further data are needed to assess their role in this population.

DOI: 10.1016/j.resuscitation.2022.05.015

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35636623&custid=ns010877

502. **Patient Satisfaction with Face-to-Face Follow-Up versus Telephone Follow-Up after Elective Day Case Hand Surgery.**

Item Type: Journal Article

Authors: Parwaiz, H.;Trew, C.;Sheriff, M. and Langdon, I.

Publication Date: 2022a

Journal: Journal of Hand Surgery Asian-Pacific Volume 27(1), pp. 105-109

Abstract: Background: There has been increasing amounts of work on the use of telephone follow-up (TFU) in trauma and orthopaedics, but little direct work on its use in the follow-up of elective day case hand surgery. The aim of this study is to compare patient satisfaction with face-to-face follow-up (FFU) and TFU after elective day case hand surgery.

503. **Patient Satisfaction with Face-to-Face Follow-Up versus Telephone Follow-Up after Elective Day Case Hand Surgery.**

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Publication Date: 2022b

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Item Type: Journal Article

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Publication Date: 2022c

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505. **Improving the weekend spinal ward round at a major trauma centre**

Item Type: Journal Article

Authors: Parwaiz, Hammad;Trew, Christopher A. J.;Whitham, Robert;Aliaga-Crespo, Boris;Mitra, Aveek and Harding, Ian

Publication Date: 2022

Journal: British Journal of Hospital Medicine (17508460) 83(6), pp. 1-5

Abstract: Background/aims Documentation is key for communicating between members of the multidisciplinary team, allowing for better care, but documentation for spinal patients in the authors' centre was poor. methods Every ward round encounter was analysed for six weekends. Data were analysed and presented to the department. A weekend ward round proforma was designed to help improve ward-round documentation. Ward round entries were then re-audited over four weekends to assess the usefulness of the new proforma. results A total of 69 patient encounters were analysed in cycle 1, 58 in cycle 2 and 92 in cycle 3. In cycle 1, 80% of encounters had inadequate documentation. Following introduction of the ward round proforma there was a significant improvement in documentation in six out of fields, which was maintained in four out of seven fields 2 years later. Conclusions The authors believe that this improvement may avoid adverse effects on patient care, streamline doctors' time and reduce medicolegal consequences.

DOI: 10.12968/hmed.2021.0209

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157852560&custid=ns010877

506. **Patient Satisfaction with Face-to-Face Follow-Up versus Telephone Follow-Up after Elective Day Case Hand Surgery**

Item Type: Journal Article

Authors: Parwaiz, Hammad;Trew, Christopher;Sheriff, Mark and Langdon, Ilana

Publication Date: 2022

Journal: The Journal of Hand Surgery Asian-Pacific Volume 27(1), pp. 105-109

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DOI: 10.1142/S2424835522500072

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35037582&custid=ns010877

507. **743 THE THIRD NATIONAL SURVEY OF UNDERGRADUATE TEACHING IN AGEING AND GERIATRIC MEDICINE AND ITS IMPACT ON STUDENTS' ATTITUDES...British Geriatrics Society Abstracts from the Autumn Meeting (Virtual), November 24-26, 2021**

Item Type: Journal Article

Authors: Pearson, G. M. E.;Blundell, A. G.;Gordon, A. L.;Masud, T.;Ben-Shlomo, Y. and Henderson, E. J.

Publication Date: 2022a

Journal: Age & Ageing 51, pp. 1

Abstract: Introduction The British Geriatrics Society's (BGS) recommended undergraduate curriculum was conceived in 2008 and mapped to the General Medical Council's (GMC) standards 1]. Subsequently, two national surveys have described how geriatric medicine is taught in the UK and both identified areas for improvement 2,3]. In 2018, the GMC updated their statutory learning outcomes, therefore it is timely that the BGS remap their curriculum to this new guidance, with repeat surveys of UK institutions and students. Methods We will undertake a three-stage study of undergraduate education in geriatrics. Firstly, we will map the BGS recommended curriculum to the GMC's 'Outcomes for Graduates'. Secondly, we will survey UK medical schools on the content, methodology, timing and duration of teaching in geriatrics. Thirdly, we will assess medical students' attitudes towards older people and a potential career in geriatric medicine. Results Descriptive analysis will be used for quantitative data. 'White space' questions will be analysed qualitatively using a framework approach. Medical school data will be compared to the BGS recommended curriculum to identify gaps in the current provision of education in geriatrics. We will test whether teaching exposure to geriatrics is associated with students' attitudes and career intentions, conditional on student characteristics. Conclusion In order to meet the demands of the ageing population, it is essential that medical schools nurture doctors furnished with the

knowledge, skills and values required to look after older adults with complex care needs. This study is an opportune evaluation of current UK teaching provision and student attitudes that will inform future iterations of the BGS recommended undergraduate curriculum and innovations in geriatric medicine education. References 1. Forrester-Paton C, Forrester-Paton J, Gordon AL et al. Undergraduate teaching in geriatric medicine: mapping the British geriatrics society undergraduate curriculum to Tomorrow's doctors 2009. Age Ageing 2014; 43: 436–9. 2. Gordon AL, Blundell AG, Gladman JRF, Masud T. Research letter. Age Ageing 2010; 39: 385–8. 3. Gordon AL, Blundell AG, Dhesi JK et al. UK medical teaching about ageing is improving but there is still work to be done: the second National Survey of undergraduate teaching in ageing and geriatric medicine. Age Ageing 2014; 43: 293–7.

DOI: 10.1093/ageing/afac035.743

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156110096&custid=ns010877

508. **THE THIRD NATIONAL SURVEY OF UNDERGRADUATE TEACHING IN AGEING AND GERIATRIC MEDICINE AND ITS IMPACT ON STUDENTS' ATTITUDES.**

Item Type: Journal Article

Authors: Pearson, G. M. E.;Blundell, A. G.;Gordon, A. L.;Masud, T.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022a

Journal: Age and Ageing.Conference: British Geriatrics Society Autumn Meeting.Online 51(SUPPL 1), pp. 3

Abstract: Introduction: The British Geriatrics Society's (BGS) recommended undergraduate curriculum was conceived in 2008 and mapped to the General Medical Council's (GMC) standards [1]. Subsequently, two national surveys have described how geriatric medicine is taught in the UK and both identified areas for improvement [2, 3]. In 2018, the GMC updated their statutory learning outcomes, therefore it is timely that the BGS remap their curriculum to this new guidance, with repeat surveys of UK institutions and students.

509. **THE THIRD NATIONAL SURVEY OF UNDERGRADUATE TEACHING IN AGEING AND GERIATRIC MEDICINE AND ITS IMPACT ON STUDENTS' ATTITUDES.**

Item Type: Journal Article

Authors: Pearson, G. M. E.;Blundell, A. G.;Gordon, A. L.;Masud, T.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022b

Journal: Age and Ageing.Conference: British Geriatrics Society Autumn Meeting.Online 51(SUPPL 1), pp. 3

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511. **Using a checklist within simulation improves trainees' confidence on ward rounds.**

Item Type: Journal Article

Authors: Pearson, G. M. E.;Wege, S. E.;Rosen, S. A.;Gaunt, D. M. and Henderson, E. J.

Publication Date: 2022a

Journal: Future Healthcare Journal 9(2), pp. 171-173

Abstract: Ward rounds are integral to maintaining patient safety in everyday clinical care. Junior doctors are often expected to conduct independent rounds on graduation, but many feel ill-equipped to do so. We developed a safety checklist and simulation sessions to improve junior-led ward round practice at one district general hospital. We found that embedding a checklist within simulation is an effective way to teach ward round skills and increase confidence among undergraduate and postgraduate medical trainees.

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514. **The impact of the COVID-19 pandemic on medical students' attitudes towards older adults: implications for the future of geriatric medicine.**

Item Type: Journal Article

Authors: Pearson, G. M.;Cullen, A. J.;Redwood, S. M.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022a

Journal: Epidemiology.Conference: Annual Scientific Meeting of the American Geriatrics Society, AGS 2022.Orlando, FL United States 70(SUPPL 1), pp. S71-S72

Abstract: Background: COVID-19 has caused significant upheaval in medical education. Ageism has profound adverse effects on the healthcare of older people and on the recruitment of geriatricians. It is unclear what effect the pandemic, with its focus on older vulnerable adults, may have had on students' attitudes to this population. We have used mixed methods to explore whether the COVID-19 pandemic has had a positive, negative or no change on medical students' attitudes towards older people.

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517. **Transforming undergraduate education in geriatric medicine: Curriculum design, innovation, and evaluation at Bristol Medical School.**

Item Type: Journal Article

Authors: Pearson, G. M.;Welsh, T.;Pocock, L. V.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022a

Journal: Epidemiology.Conference: Annual Scientific Meeting of the American Geriatrics Society, AGS 2022.Orlando, FL United States 70(SUPPL 1), pp. S72

Abstract: Background: Global population aging is one of the defining challenges of our time. The World Health Organization (WHO) advocates investment in high-quality undergraduate education in geriatric medicine as a means of meeting the future needs of healthcare systems, by equipping 'tomorrow's doctors' with the skills and knowledge to care for older adults with complex health and social care needs.

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Authors: Pearson, G. M.;Welsh, T.;Pocock, L. V.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022c

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520. **Using a checklist within simulation improves trainees' confidence on ward rounds**

Item Type: Journal Article

Authors: Pearson, Grace Me;Wege, Sally E.;Rosen, Sarah A.;Gaunt, Daisy M. and Henderson, Emily J.

Publication Date: 2022

Journal: Future Healthcare Journal 9(2), pp. 171-173

Abstract: Ward rounds are integral to maintaining patient safety in everyday clinical care. Junior doctors are often expected to conduct independent rounds on graduation, but many feel ill-equipped to do so. We developed a safety checklist and simulation sessions to improve junior-led ward round practice at one district general hospital. We found that embedding a checklist within simulation is an effective way to teach ward round skills and increase confidence among undergraduate and postgraduate medical trainees. (© Royal College of Physicians 2022 All rights reserved.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35928185&custid=ns010877

521. **A feasibility randomised controlled trial of a Fibromyalgia Self-management Programme for adults in a community setting with a nested qualitative study (FALCON).**

Item Type: Journal Article

Authors: Pearson, J.;Coggins, J.;Derham, S.;Russell, J.;Walsh, N. E.;Lenguerrand, E.;Palmer, S. and Cramp, F.

Publication Date: 2022a

Journal: BMC Musculoskeletal Disorders 23(1) (pagination), pp. Arte Number: 656. ate of Pubaton: eember 2022

Abstract: Background: Fibromyalgia is a condition associated with widespread musculoskeletal pain, fatigue and sleep problems. Fibromyalgia treatment guidelines recommend non-pharmacological interventions and the development of self-management skills. An example of a programme that fits these guidelines is the Fibromyalgia Self-management Programme (FSMP) which consists of one 2.5-hour weekly session over six successive weeks and includes education about fibromyalgia, goal setting, pacing, sleep hygiene and nutritional advice. The FSMP is currently provided in a secondary care hospital setting and co-delivered by a multidisciplinary team. Delivery in a primary care setting has

the potential to improve the accessibility of the programme to people with fibromyalgia. Therefore, this feasibility study aimed to determine the practicality and acceptability of conducting a future definitive randomised controlled trial of the FSMP in a community setting.

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Item Type: Journal Article

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524. **A FEASIBILITY RANDOMISED CONTROLLED TRIAL OF A FIBROMYALGIA SELF-MANAGEMENT PROGRAMME IN A COMMUNITY SETTING WITH A NESTED QUALITATIVE STUDY.**

Item Type: Journal Article

Authors: Pearson, J.;Coggins, J.;Derham, S.;Russell, J.;Walsh, N.;Lenguerrand, E.;Palmer, S. and Cramp, F.

Publication Date: 2022c

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 103

Abstract: Background/Aims Fibromyalgia (FM) is a complex long-term condition affecting over 5% of the UK population. FM symptoms include widespread pain, fatigue, sleep problems, stiffness, cognitive dysfunction and psychological distress. The condition is associated with high levels of disability, frequent use of healthcare resources and loss of workdays. Current guidelines for the treatment of FM recommend non-pharmacological interventions, including cognitive behaviour therapy, aerobic exercise, warm water therapy, relaxation, and patient education. A typical patient goal is to develop the knowledge and skills needed to selfmanage their condition independently. Our Fibromyalgia Self-Management Programme (FSMP) comprises six 2.5-hour sessions over six consecutive weeks and includes education about fibromyalgia, sleep hygiene, goal setting, pacing, and dietary advice. To date, the FSMP has been co-delivered by a multidisciplinary team within a secondary care service. However, delivery in the community may help improve the accessibility of the programme to people with FM. Therefore, this feasibility study aimed to determine the practicality and acceptability of conducting a future definitive randomised controlled trial (RCT) of the FSMP in a community setting. Methods An exploratory, parallel-arm, one-to-one, RCT design was used. Participants were recruited from general practices across South West England, and the FSMP was co-delivered by physiotherapists and occupational therapists across two community sites. To determine the outcome measures for a future definitive trial, several outcomes were tested. All clinical outcome measures were patientreported and collected at baseline, six weeks and six months. Semistructured interviews were conducted with patient participants, occupational therapists and physiotherapists to explore the acceptability and feasibility of delivering the FSMP in a community setting. Results Between April and August 2019, 20 General Practices across two sites in SW England invited 1414 patients with an FM diagnosis to participate in the study. A total of 74 participants were randomised to the FSMP intervention (n=38) or control arm (n=36). Attrition from the trial was 42% (31/74) at six months. A large proportion of those randomised to the intervention arm (34%, 13/38) failed to attend any sessions, with six of the 13 formally withdrawing before the intervention commenced. The proportion of missing values was small for each of the outcome measures. For the nested qualitative study, 13 patient participants and four therapists were interviewed. Three overarching themes emerged: (1) barriers and facilitators to attending the FSMP; (2) FSMP content, delivery and supporting documentation; and (3) trial processes. Conclusion It is feasible to recruit people with FM from primary care to participate in an RCT testing the clinical and cost-effectiveness of the FSMP delivered in a community setting. However, improvement in attrition and engagement with the intervention is needed.

525. **A FEASIBILITY RANDOMISED CONTROLLED TRIAL OF A FIBROMYALGIA SELF-MANAGEMENT PROGRAMME IN A COMMUNITY SETTING WITH A NESTED QUALITATIVE STUDY.**

Item Type: Journal Article

Authors: Pearson, J.;Coggins, J.;Derham, S.;Russell, J.;Walsh, N.;Lenguerrand, E.;Palmer, S. and Cramp, F.

Publication Date: 2022d

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526. **A FEASIBILITY RANDOMISED CONTROLLED TRIAL OF A FIBROMYALGIA SELF-MANAGEMENT PROGRAMME IN A COMMUNITY SETTING WITH A NESTED QUALITATIVE STUDY.**

Item Type: Journal Article

Authors: Pearson, J.;Coggins, J.;Derham, S.;Russell, J.;Walsh, N.;Lenguerrand, E.;Palmer, S. and Cramp, F.

Publication Date: 2022e

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 103

Abstract: Background/Aims Fibromyalgia (FM) is a complex long-term condition affecting over 5% of the UK population. FM symptoms include widespread pain, fatigue, sleep

problems, stiffness, cognitive dysfunction and psychological distress. The condition is associated with high levels of disability, frequent use of healthcare resources and loss of workdays. Current guidelines for the treatment of FM recommend non-pharmacological interventions, including cognitive behaviour therapy, aerobic exercise, warm water therapy, relaxation, and patient education. A typical patient goal is to develop the knowledge and skills needed to selfmanage their condition independently. Our Fibromyalgia Self-Management Programme (FSMP) comprises six 2.5-hour sessions over six consecutive weeks and includes education about fibromyalgia, sleep hygiene, goal setting, pacing, and dietary advice. To date, the FSMP has been co-delivered by a multidisciplinary team within a secondary care service. However, delivery in the community may help improve the accessibility of the programme to people with FM. Therefore, this feasibility study aimed to determine the practicality and acceptability of conducting a future definitive randomised controlled trial (RCT) of the FSMP in a community setting. Methods An exploratory, parallel-arm, one-to-one, RCT design was used. Participants were recruited from general practices across South West England, and the FSMP was co-delivered by physiotherapists and occupational therapists across two community sites. To determine the outcome measures for a future definitive trial, several outcomes were tested. All clinical outcome measures were patientreported and collected at baseline, six weeks and six months. Semistructured interviews were conducted with patient participants, occupational therapists and physiotherapists to explore the acceptability and feasibility of delivering the FSMP in a community setting. Results Between April and August 2019, 20 General Practices across two sites in SW England invited 1414 patients with an FM diagnosis to participate in the study. A total of 74 participants were randomised to the FSMP intervention (n=38) or control arm (n=36). Attrition from the trial was 42% (31/74) at six months. A large proportion of those randomised to the intervention arm (34%, 13/38) failed to attend any sessions, with six of the 13 formally withdrawing before the intervention commenced. The proportion of missing values was small for each of the outcome measures. For the nested qualitative study, 13 patient participants and four therapists were interviewed. Three overarching themes emerged: (1) barriers and facilitators to attending the FSMP; (2) FSMP content, delivery and supporting documentation; and (3) trial processes. Conclusion It is feasible to recruit people with FM from primary care to participate in an RCT testing the clinical and cost-effectiveness of the FSMP delivered in a community setting. However, improvement in attrition and engagement with the intervention is needed.

527. **A feasibility randomised controlled trial of a Fibromyalgia Self-management Programme for adults in a community setting with a nested qualitative study (FALCON)**

Item Type: Journal Article

Authors: Pearson, Jennifer;Coggins, Jessica;Derham, Sandi;Russell, Julie;Walsh, Nicola E.;Lenguerrand, Erik;Palmer, Shea and Cramp, Fiona

Publication Date: 2022a

Journal: BMC Musculoskeletal Disorders 23(1), pp. 656

Abstract: Background: Fibromyalgia is a condition associated with widespread musculoskeletal pain, fatigue and sleep problems. Fibromyalgia treatment guidelines recommend non-pharmacological interventions and the development of self-management skills. An example of a programme that fits these guidelines is the Fibromyalgia Self-management Programme (FSMP) which consists of one 2.5-hour weekly session over six successive weeks and includes education about fibromyalgia, goal setting, pacing, sleep hygiene and nutritional advice. The FSMP is currently provided in a secondary care hospital setting and co-delivered by a multidisciplinary team. Delivery in a primary care setting has the potential to improve the accessibility of the programme to people with fibromyalgia. Therefore, this feasibility study aimed to determine the practicality and acceptability of conducting a future definitive randomised controlled trial of the FSMP in a community

setting.; Method: An exploratory, parallel-arm, one-to-one, randomised controlled trial. Participants were recruited from general practices across South West England, and the FSMP was co-delivered by physiotherapists and occupational therapists across two community sites. To determine the outcome measures for a future definitive trial several were tested. The Revised Fibromyalgia Impact Questionnaire, Arthritis Self-Efficacy Scale-8, Chalder Fatigue Scale, Short form 36, 5-Level EQ-5D version and Jenkins Sleep Scale were collected at baseline, 6 weeks and 6 months. Semi-structured interviews were conducted with patient participants, occupational therapists and physiotherapists to explore the acceptability and feasibility of delivering the FSMP in a community setting.; Results: A total of 74 participants were randomised to the FSMP intervention (n = 38) or control arm (n = 36). Attrition from the trial was 42% (31/74) at 6 months. A large proportion of those randomised to the intervention arm (34%, 13/38) failed to attend any sessions with six of the 13 withdrawing before the intervention commenced. The proportion of missing values was small for each of the outcome measures. Three overarching themes were derived from the interview data; (1) barriers and facilitators to attending the FSMP; (2) FSMP content, delivery and supporting documentation; and (3) trial processes.; Conclusion: It is feasible to recruit people with fibromyalgia from Primary Care to participate in a randomised controlled trial testing the FSMP in a community setting. However, improvement in trial attrition and engagement with the intervention is needed.; Trial Registration: The trial is registered with ISRCTN registry and was assigned on 29/04/2019. The registration number is ISRCTN10824225. (© 2022. The Author(s).)

DOI: 10.1186/s12891-022-05529-w

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35820832&custid=ns010877

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Item Type: Journal Article

Authors: Pearson, Jennifer;Coggins, Jessica;Derham, Sandi;Russell, Julie;Walsh, Nicola E.;Lenguerrand, Erik;Palmer, Shea and Cramp, Fiona

Publication Date: 2022b

Journal: BMC Musculoskeletal Disorders 23(1), pp. 1-14

Abstract: Background: Fibromyalgia is a condition associated with widespread musculoskeletal pain, fatigue and sleep problems. Fibromyalgia treatment guidelines recommend non-pharmacological interventions and the development of self-management skills. An example of a programme that fits these guidelines is the Fibromyalgia Self-management Programme (FSMP) which consists of one 2.5-hour weekly session over six successive weeks and includes education about fibromyalgia, goal setting, pacing, sleep hygiene and nutritional advice. The FSMP is currently provided in a secondary care hospital setting and co-delivered by a multidisciplinary team. Delivery in a primary care setting has the potential to improve the accessibility of the programme to people with fibromyalgia. Therefore, this feasibility study aimed to determine the practicality and acceptability of conducting a future definitive randomised controlled trial of the FSMP in a community setting.Method: An exploratory, parallel-arm, one-to-one, randomised controlled trial. Participants were recruited from general practices across South West England, and the FSMP was co-delivered by physiotherapists and occupational therapists across two community sites. To determine the outcome measures for a future definitive trial several were tested. The Revised Fibromyalgia Impact Questionnaire, Arthritis Self-Efficacy Scale-8, Chalder Fatigue Scale, Short form 36, 5-Level EQ-5D version and Jenkins Sleep Scale

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DOI: 10.1186/s12891-022-05529-w

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157928666&custid=ns010877

529. **China joins the family of in-hospital cardiac arrest registries.**

Item Type: Journal Article

Authors: Penketh, J. A. and Nolan, J. P.

Publication Date: 2022

Journal: Resuscitation Plus 11(pagination), pp. Arte Number: 100281. ate of Pubaton: Setember 2022

DOI: 10.1016/j.resplu.2022.100281

530. **In-hospital cardiac arrest: the state of the art**

Item Type: Journal Article

Authors: Penketh, James and Nolan, Jerry P.

Publication Date: 2022

Journal: Critical Care (London, England) 26(1), pp. 376

Abstract: In-hospital cardiac arrest (IHCA) is associated with a high risk of death, but mortality rates are decreasing. The latest epidemiological and outcome data from several cardiac arrest registries are helping to shape our understanding of IHCA. The introduction of rapid response teams has been associated with a downward trend in hospital mortality. Technology and access to defibrillators continues to progress. The optimal method of airway management during IHCA remains uncertain, but there is a trend for decreasing use of tracheal intubation and increased use of supraglottic airway devices. The first randomised clinical trial of airway management during IHCA is ongoing in the UK. Retrospective and observational studies have shown that several pre-arrest factors are strongly associated with outcome after IHCA, but the risk of bias in such studies makes prognostication of individual cases potentially unreliable. Shared decision making and advanced care planning will increase application of appropriate DNACPR decisions and decrease rates of resuscitation attempts following IHCA. (© 2022. The Author(s).)

DOI: 10.1186/s13054-022-04247-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36474215&custid=ns010877

531. **China joins the family of in-hospital cardiac arrest registries**

Item Type: Journal Article

Authors: Penketh, Jamie A. and Nolan, Jerry P.

Publication Date: 2022

Journal: Resuscitation Plus 11, pp. 100281

DOI: 10.1016/j.resplu.2022.100281

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35924181&custid=ns010877

532. **Advanced Life Support Update.**

Item Type: Journal Article

Authors: Perkins, G. D. and Nolan, J. P.

Publication Date: 2022a

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 73. ate of Pubaton: eember 2022

Abstract: This article is one of ten reviews selected from the Annual Update in Intensive Care and Emergency Medicine 2022. Other selected articles can be found online at https://www.biomedcentral.com/collections/annualupdate2022. Further information about the Annual Update in Intensive Care and Emergency Medicine is available from https://link.springer.com/bookseries/8901.

DOI: 10.1186/s13054-022-03912-6

533. **Advanced Life Support Update.**

Item Type: Journal Article

Authors: Perkins, G. D. and Nolan, J. P.

Publication Date: 2022b

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 73. ate of Pubaton: eember 2022

Abstract: This article is one of ten reviews selected from the Annual Update in Intensive Care and Emergency Medicine 2022. Other selected articles can be found online at https://www.biomedcentral.com/collections/annualupdate2022. Further information about the Annual Update in Intensive Care and Emergency Medicine is available from https://link.springer.com/bookseries/8901.

534. **Advanced Life Support Update.**

Item Type: Journal Article

Authors: Perkins, G. D. and Nolan, J. P.

Publication Date: 2022c

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 73. ate of Pubaton: eember 2022

Abstract: This article is one of ten reviews selected from the Annual Update in Intensive Care and Emergency Medicine 2022. Other selected articles can be found online at https://www.biomedcentral.com/collections/annualupdate2022. Further information about the Annual Update in Intensive Care and Emergency Medicine is available from https://link.springer.com/bookseries/8901.

535. **Advanced Life Support Update.**

Item Type: Journal Article

Authors: Perkins, G. D. and Nolan, J. P.

Publication Date: 2022d

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 73. ate of Pubaton: eember 2022

Abstract: This article is one of ten reviews selected from the Annual Update in Intensive Care and Emergency Medicine 2022. Other selected articles can be found online at https://www.biomedcentral.com/collections/annualupdate2022. Further information about the Annual Update in Intensive Care and Emergency Medicine is available from https://link.springer.com/bookseries/8901.

536. **Advanced Life Support Update**

Item Type: Journal Article

Authors: Perkins, Gavin D. and Nolan, Jerry P.

Publication Date: 2022a

Journal: Critical Care (London, England) 26(1), pp. 73

Abstract: This article is one of ten reviews selected from the Annual Update in Intensive Care and Emergency Medicine 2022. Other selected articles can be found online at https://www.biomedcentral.com/collections/annualupdate2022 . Further information about the Annual Update in Intensive Care and Emergency Medicine is available from https://link.springer.com/bookseries/8901 . (© 2022. Perkins and Nolan.)

DOI: 10.1186/s13054-022-03912-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35337353&custid=ns010877

537. **Advanced Life Support Update**

Item Type: Journal Article

Authors: Perkins, Gavin D. and Nolan, Jerry P.

Publication Date: 2022b

Journal: Critical Care 26(1), pp. 1-9

DOI: 10.1186/s13054-022-03912-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160178924&custid=ns010877

538. **Advanced Life Support Update**

Item Type: Journal Article

Authors: Perkins, Gavin D. and Nolan, Jerry P.

Publication Date: 2022c

Journal: Critical Care 26(1), pp. 1-9

DOI: 10.1186/s13054-022-03912-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155954273&custid=ns010877

539. **Advanced Life Support Update**

Item Type: Journal Article

Authors: Perkins, Gavin D. and Nolan, Jerry P.

Publication Date: 2022d

Journal: Critical Care 26(1), pp. 1-9

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DOI: 10.1186/s13054-022-03912-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156023219&custid=ns010877

540. **Advanced Life Support Update**

Item Type: Journal Article

Authors: Perkins, Gavin D. and Nolan, Jerry P.

Publication Date: 2022e

Journal: Critical Care 26(1), pp. 1-9

DOI: 10.1186/s13054-022-03912-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156274400&custid=ns010877

541. **The reliability of clinical assessment of distal radioulnar joint instability.**

Item Type: Journal Article

Authors: Pickering, G. T.;Fine, N. F.;Knapper, T. D. and Giddins, G. E. B.

Publication Date: 2022a

Journal: The Journal of Hand Surgery, European Volume 47(4), pp. 375-378

Abstract: Accurate assessment of distal radioulnar joint (DRUJ) stability is increasingly recognized as an important part of clinical examination of the wrist. The ability of 30 specialist UK hand surgeons to clinically determine the stability of four volunteers' wrists was assessed. Volunteers' wrist stability had previously been confirmed with a validated measurement rig. Use of the wrist ballottement test as the primary examination technique yielded a positive predictive value of 81%, a negative predictive value of 55%, a specificity of 94% and a sensitivity of only 24%, for the detection of DRUJ instability. No correlation between background speciality (orthopaedic versus plastic surgery), nor years of clinical experience was found. Clinical assessment of DRUJ instability among experienced clinicians appears unreliable and instability is typically under recognized. Previous research to date using this clinical assessment method as a parameter of success is therefore brought into question.

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Item Type: Journal Article

Authors: Pickering, G. T.;Fine, N. F.;Knapper, T. D. and Giddins, G. E. B.

Publication Date: 2022b

Journal: The Journal of Hand Surgery, European Volume 47(4), pp. 375-378

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Item Type: Journal Article

Authors: Pickering, G. T.;Fine, N. F.;Knapper, T. D. and Giddins, G. E. B.

Publication Date: 2022c

Journal: The Journal of Hand Surgery, European Volume 47(4), pp. 375-378

Abstract: Accurate assessment of distal radioulnar joint (DRUJ) stability is increasingly recognized as an important part of clinical examination of the wrist. The ability of 30 specialist UK hand surgeons to clinically determine the stability of four volunteers' wrists was assessed. Volunteers' wrist stability had previously been confirmed with a validated measurement rig. Use of the wrist ballottement test as the primary examination technique yielded a positive predictive value of 81%, a negative predictive value of 55%, a specificity of 94% and a sensitivity of only 24%, for the detection of DRUJ instability. No correlation between background speciality (orthopaedic versus plastic surgery), nor years of clinical experience was found. Clinical assessment of DRUJ instability among experienced clinicians appears unreliable and instability is typically under recognized. Previous research to date using this clinical assessment method as a parameter of success is therefore brought into question.

544. **The reliability of clinical assessment of distal radioulnar joint instability**

Item Type: Journal Article

Authors: Pickering, Greg Thomas;Fine, Nicola Francesca;Knapper, Thomas David and Giddins, Grey Edward Bence

Publication Date: 2022

Journal: The Journal of Hand Surgery, European Volume 47(4), pp. 375-378

Abstract: Accurate assessment of distal radioulnar joint (DRUJ) stability is increasingly recognized as an important part of clinical examination of the wrist. The ability of 30 specialist UK hand surgeons to clinically determine the stability of four volunteers' wrists was assessed. Volunteers' wrist stability had previously been confirmed with a validated measurement rig. Use of the wrist ballottement test as the primary examination technique yielded a positive predictive value of 81%, a negative predictive value of 55%, a specificity of 94% and a sensitivity of only 24%, for the detection of DRUJ instability. No correlation between background speciality (orthopaedic versus plastic surgery), nor years of clinical experience was found. Clinical assessment of DRUJ instability among experienced clinicians appears unreliable and instability is typically under recognized. Previous research to date using this clinical assessment method as a parameter of success is therefore brought into question. Level of evidence: IV.

DOI: 10.1177/17531934211054282

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34727760&custid=ns010877

545. **Audit of the 20-min decision-to-delivery interval for general anaesthesia for category 1 caesarean section.**

Item Type: Journal Article

Authors: Powell, R.;Aldridge, M.;Jordan, L. and Kinsella, S.

Publication Date: 2022a

Journal: Anaesthesia Conference, pp. Assoaton

Abstract: A 20-min decision-to-delivery interval (DDI) has been proposed for general anaesthesia (GA) used for category 1 caesarean section (CS) in order to ensure prompt team performance for the most urgent cases [1]. We performed a retrospective audit to establish a baseline for compliance with this standard at St Michael's Hospital Bristol (SMH) and Royal United Hospital Bath (RUH). Methods We analysed data from the 3-year period of 2019-2021 inclusive. Of the 812 category 1 CS performed at SMH and RUH in this time period, 135 were performed under GA. We excluded cases in which the urgency was changed after the initial decision or where GA was secondary to unsuccessful or inadequate regional anaesthesia. We carried out a review of anaesthetic charts, maternity notes and operation notes of the remaining 99 women. Of these, 32 were excluded as regional anaesthesia was contraindicated (significant antepartum haemorrhage (APH)/abruption, recent anticoagulant, clotting abnormalities and patient refusal). Results Sixty-seven primary GA category 1 CS were performed across SMH and RUH from 2019-2021 (Table 1). The rate of non-compliance with a DDI of >= 20 min was 14.9% (10 of 67). The maximum DDI was 32 min, and all but one case complied with the 30-min recommended DDI for category 1 CS using any mode of anaesthesia. The reasons for non-compliance included heavy workload with additional theatre or anaesthetic staff needing to be called from other sites or home; delay due to COVID-19 precautions and no documented cause for delay. [Table presented] Discussion Compliance with the 20-min DDI standard seemed better during the pre-COVID-19 period of 2019, but the numbers are too small to draw definitive conclusions. These results provide us with a baseline for consideration of quality-improvement measures in the management of the most urgent category 1 CS. These might include provision of improved facilities and staffing to perform simultaneous operations, better team communication and better record-keeping. Continuous quality-improvement methodology would ensure lessons can be learned without delay.

546. **Audit of the 20-min decision-to-delivery interval for general anaesthesia for category 1 caesarean section.**

Item Type: Journal Article

Authors: Powell, R.;Aldridge, M.;Jordan, L. and Kinsella, S.

Publication Date: 2022b

Journal: Anaesthesia Conference, pp. Assoaton

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Item Type: Journal Article

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Publication Date: 2022c

Journal: Anaesthesia Conference, pp. Assoaton

Abstract: A 20-min decision-to-delivery interval (DDI) has been proposed for general anaesthesia (GA) used for category 1 caesarean section (CS) in order to ensure prompt team performance for the most urgent cases [1]. We performed a retrospective audit to establish a baseline for compliance with this standard at St Michael's Hospital Bristol (SMH) and Royal United Hospital Bath (RUH). Methods We analysed data from the 3-year period of 2019-2021 inclusive. Of the 812 category 1 CS performed at SMH and RUH in this time period, 135 were performed under GA. We excluded cases in which the urgency was changed after the initial decision or where GA was secondary to unsuccessful or inadequate regional anaesthesia. We carried out a review of anaesthetic charts, maternity notes and operation notes of the remaining 99 women. Of these, 32 were excluded as regional anaesthesia was contraindicated (significant antepartum haemorrhage (APH)/abruption, recent anticoagulant, clotting abnormalities and patient refusal). Results Sixty-seven primary GA category 1 CS were performed across SMH and RUH from 2019-2021 (Table 1). The rate of non-compliance with a DDI of >= 20 min was 14.9% (10 of 67). The maximum DDI was 32 min, and all but one case complied with the 30-min recommended DDI for category 1 CS using any mode of anaesthesia. The reasons for non-compliance included heavy workload with additional theatre or anaesthetic staff needing to be called from other sites or home; delay due to COVID-19 precautions and no documented cause for delay. [Table presented] Discussion Compliance with the 20-min DDI standard seemed better during the pre-COVID-19 period of 2019, but the numbers are too small to draw definitive conclusions. These results provide us with a baseline for consideration of quality-improvement measures in the management of the most urgent category 1 CS. These might include provision of improved facilities and staffing to perform simultaneous operations, better team communication and better record-keeping. Continuous quality-improvement methodology would ensure lessons can be learned without delay.

548. **A regional project ethically challenged: The development of a junior doctors' medical ethics forum.**

Item Type: Journal Article

Authors: Rajadurai, R. and Nigrello, R.

Publication Date: 2022a

Journal: Future Healthcare Journal 9(Supplement 2) (pp S39-S40), pp. ate of Pubaton: 01 Ju 2022

549. **A regional project ethically challenged: The development of a junior doctors' medical ethics forum.**

Item Type: Journal Article

Authors: Rajadurai, R. and Nigrello, R.

Publication Date: 2022b

Journal: Future Healthcare Journal 9(Supplement 2) (pp S39-S40), pp. ate of Pubaton: 01 Ju 2022

550. **A regional project ethically challenged: The development of a junior doctors' medical ethics forum.**

Item Type: Journal Article

Authors: Rajadurai, R. and Nigrello, R.

Publication Date: 2022c

Journal: Future Healthcare Journal 9(Supplement 2) (pp S39-S40), pp. ate of Pubaton: 01 Ju 2022

551. **A regional project ethically challenged: the development of a junior doctors' medical ethics forum**

Item Type: Journal Article

Authors: Rajadurai, Rachel and Nigrello, Rachel

Publication Date: 2022

Journal: Future Healthcare Journal 9, pp. 39-40

DOI: 10.7861/fhj.9-2-s39

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36310924&custid=ns010877

552. **COVID symptoms, testing, shielding impact on patient-reported outcomes and early vaccine responses in individuals with multiple myeloma.**

Item Type: Journal Article

Authors: Ramasamy, K.;Sadler, R.;Jeans, S.;Varghese, S.;Turner, A.;Larham, J.;Gray, N.;Barrett, J.;Bowcock, S.;Cook, G.;Kyriakou, C.;Smith, D.;Drayson, M.;Basu, S.;Moore, S.;McDonald, S.;Gooding, S. and Javaid, M. K.

Publication Date: 2022a

Journal: British Journal of Haematology 196(1), pp. 95-98

553. **COVID symptoms, testing, shielding impact on patient-reported outcomes and early vaccine responses in individuals with multiple myeloma.**

Item Type: Journal Article

Authors: Ramasamy, K.;Sadler, R.;Jeans, S.;Varghese, S.;Turner, A.;Larham, J.;Gray, N.;Barrett, J.;Bowcock, S.;Cook, G.;Kyriakou, C.;Smith, D.;Drayson, M.;Basu, S.;Moore, S.;McDonald, S.;Gooding, S. and Javaid, M. K.

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Publication Date: 2022c

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555. **COVID symptoms, testing, shielding impact on patient-reported outcomes and early vaccine responses in individuals with multiple myeloma**

Item Type: Journal Article

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Publication Date: 2022

Journal: British Journal of Haematology 196(1), pp. 95-98

DOI: 10.1111/bjh.17764

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34341984&custid=ns010877

556. **Immune response to COVID-19 vaccination is attenuated by poor disease control and antimyeloma therapy with vaccine driven divergent T-cell response**

Item Type: Journal Article

Authors: Ramasamy, Karthik;Sadler, Ross;Jeans, Sally;Weeden, Paul;Varghese, Sherin;Turner, Alison;Larham, Jemma;Gray, Nathanael;Carty, Oluremi;Barrett, Joe;Bowcock, Stella;Oppermann, Udo;Cook, Gordon;Kyriakou, Chara;Drayson, Mark;Basu, Supratik;Moore, Sally;McDonald, Sarah;Gooding, Sarah and Javaid, Muhammad K.

Publication Date: 2022

Journal: British Journal of Haematology 197(3), pp. 293-301

Abstract: Myeloma patients frequently respond poorly to bacterial and viral vaccination. A few studies have reported poor humoral immune responses in myeloma patients to COVID-

19 vaccination. Using a prospective study of myeloma patients in the UK Rudy study cohort, we assessed humoral and interferon gamma release assay (IGRA) cellular immune responses to COVID-19 vaccination post second COVID-19 vaccine administration. We report data from 214 adults with myeloma (n = 204) or smouldering myeloma (n = 10) who provided blood samples at least three weeks after second vaccine dose. Positive Anti-spike antibody levels (> 50 iu/ml) were detected in 189/203 (92.7%), positive IGRA responses were seen in 97/158 (61.4%) myeloma patients. Only 10/158 (6.3%) patients were identified to have both a negative IGRA and negative anti-spike protein antibody response. In all, 95/158 (60.1%) patients produced positive results for both anti-spike protein serology and IGRA. After adjusting for disease severity and myeloma therapy, poor humoral immune response was predicted by male gender. Predictors of poor IGRA included anti-CD38/anti-BCMA (B-cell maturation antigen) therapy and Pfizer-BioNTech vaccination. Further work is required to understand the clinical significance of divergent cellular response to vaccination. (© 2022 The Authors. British Journal of Haematology published by British Society for Haematology and John Wiley & Sons Ltd.)

DOI: 10.1111/bjh.18066

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35064676&custid=ns010877

557. **In the Spotlight 2 Newborn Weight Loss and Supplementation of the Breastfed Infant: Exploring the Evidence**

Item Type: Journal Article

Authors: Rich, Mel

Publication Date: 2022

Journal: Practising Midwife 25(6), pp. 40-43

DOI: 10.55975/fyna9822

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157241458&custid=ns010877

558. **Ovarian cancer service evaluation at a UK gynaecological cancer centre.**

Item Type: Journal Article

Authors: Roberts, L.;Frost, J. and Atherton, L.

Publication Date: 2022a

Journal: BJOG: An International Journal of Obstetrics and Gynaecology Conference, pp. Roya

Abstract: Objective: Evaluating ovarian cancer treatment at a UK gynaecological cancer centre against proposed quality performance indicators set out by the British Gynaecological Cancer Society (BGCS).

559. **Ovarian cancer service evaluation at a UK gynaecological cancer centre.**

Item Type: Journal Article

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Item Type: Journal Article

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Abstract: Objective: Evaluating ovarian cancer treatment at a UK gynaecological cancer centre against proposed quality performance indicators set out by the British Gynaecological Cancer Society (BGCS).

561. **The prognostic ability of cardiac output determined by inert gas rebreathing technique in pulmonary hypertension.**

Item Type: Journal Article

Authors: Robertson, L.;Bunclark, K.;Ross, R. M.;Cannon, J.;Sheares, K.;Taboada, D.;PepkeZaba, J. and Toshner, M.

Publication Date: 2022a

Journal: Chronic Respiratory Disease 19(pagination), pp. ate of Pubaton: 04 Feb 2022

Abstract: This investigation validated the inert gas rebreathing (IGR) technique and determined IGR prognostic ability compared to invasive cardiac output measurements in patients with pulmonary hypertension. IGR compared with thermodilution cardiac output demonstrated a moderate bias. IGR technique demonstrated long-term prognostic value comparable to invasive cardiac output in pulmonary hypertension patients

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564. **A practical guide to undergraduate radiology education**

Item Type: Journal Article

Authors: Robinson, E. and Little, D.

Publication Date: 2022a

Journal: Clinical Radiology 77(12), pp. e826-e834

Abstract: The new Royal College of Radiologists (RCR) undergraduate curriculum and the impending introduction of a universal General Medical Council (GMC) medical licensing assessment (MLA) for all undergraduates in the UK heralds a new era of undergraduate radiology education. This is a practical guide to both implementing and delivering undergraduate radiology education using our experience and the available literature. It aims to provide ideas so that more universities and radiologists can integrate radiology into everyday learning and are ready to embrace the new RCR curriculum and GMC MLA. Allied to this, strategies are provided to show how to encourage early undergraduate interest in a career in radiology.

DOI: 10.1016/j.crad.2022.09.115

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160166138&custid=ns010877

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Item Type: Journal Article

Authors: Robinson, E. and Little, D.

Publication Date: 2022b

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DOI: 10.1016/j.crad.2022.09.115

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36270867&custid=ns010877

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Publication Date: 2022c

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DOI: 10.1016/j.crad.2022.09.115

567. **A practical guide to undergraduate radiology education.**

Item Type: Journal Article

Authors: Robinson, E. and Little, D.

Publication Date: 2022d

Journal: Clinical Radiology 77(12), pp. e826-e834

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Item Type: Journal Article

Authors: Robinson, E. and Little, D.

Publication Date: 2022e

Journal: Clinical Radiology 77(12), pp. e826-e834

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569. **A practical guide to undergraduate radiology education.**

Item Type: Journal Article

Authors: Robinson, E. and Little, D.

Publication Date: 2022f

Journal: Clinical Radiology 77(12), pp. e826-e834

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570. **Re: Indiscriminate use of CT chest imaging during the COVID-19 pandemic. A reply**

Item Type: Journal Article

Authors: Robinson, G. R. E.;Edey, A.;Hare, S.;Holloway, B.;Jacob, J.;Johnstone, A.;McStay, R.;Nair, A. and Rodrigues, J.

Publication Date: 2022

Journal: Clinical Radiology 77(4), pp. 317-318

DOI: 10.1016/j.crad.2022.01.042

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35177226&custid=ns010877

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Publication Date: 2022a

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Publication Date: 2022b

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Publication Date: 2022c

Journal: Clinical Radiology 77(4), pp. 317-318

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Publication Date: 2022d

Journal: Clinical Radiology 77(4), pp. 317-318

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Item Type: Journal Article

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Publication Date: 2022e

Journal: Clinical Radiology 77(4), pp. 317-318

576. **The association of neurodevelopmental abnormalities, congenital heart and renal defects in a tuberous sclerosis complex patient cohort.**

Item Type: Journal Article

Authors: Robinson, J.;Uzun, O.;Loh, N. R.;Harris, I. R.;Woolley, T. E.;Harwood, A. J.;Gardner, J. F. and Syed, Y. A.

Publication Date: 2022a

Journal: BMC Medicine 20(1) (pagination), pp. Arte Number: 123. ate of Pubaton: eember 2022

Abstract: Background: Tuberous sclerosis complex (TSC) is a rare multi-system genetic disorder characterised by the presence of benign tumours throughout multiple organs including the brain, kidneys, heart, liver, eyes, lungs and skin, in addition to neurological and neuropsychiatric complications. Intracardiac tumour (rhabdomyoma), neurodevelopmental disorders (NDDs) and kidney disorders (KD) are common manifestations of TSC and have been linked with TSC1 and TSC2 loss-of-function mutations independently, but the dynamic relationship between these organ manifestations remains unexplored. Therefore, this study aims to characterise the nature of the relationship specifically between these three organs' manifestations in TSC1 and TSC2 mutation patients.

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579. **The association of neurodevelopmental abnormalities, congenital heart and renal defects in a tuberous sclerosis complex patient cohort**

Item Type: Journal Article

Authors: Robinson, Jessica;Uzun, Orhan;Loh, Ne Ron;Harris, Isabelle Rose;Woolley, Thomas E.;Harwood, Adrian J.;Gardner, Jennifer Frances and Syed, Yasir Ahmed

Publication Date: 2022a

Journal: BMC Medicine 20(1), pp. 123

Abstract: Background: Tuberous sclerosis complex (TSC) is a rare multi-system genetic disorder characterised by the presence of benign tumours throughout multiple organs including the brain, kidneys, heart, liver, eyes, lungs and skin, in addition to neurological and neuropsychiatric complications. Intracardiac tumour (rhabdomyoma), neurodevelopmental disorders (NDDs) and kidney disorders (KD) are common manifestations of TSC and have been linked with TSC1 and TSC2 loss-of-function mutations independently, but the dynamic relationship between these organ manifestations remains unexplored. Therefore, this study aims to characterise the nature of the relationship specifically between these three organs' manifestations in TSC1 and TSC2 mutation patients.; Methods: Clinical data gathered from TSC patients across South Wales registered with Cardiff and Vale University Health Board (CAV UHB) between 1990 and 2020 were analysed retrospectively to evaluate abnormalities in the heart, brain and kidney development. TSC-related abnormalities such as tumour prevalence, location and size were analysed for each organ in addition to neuropsychiatric involvement and were compared between TSC1 and TSC2 mutant genotypes. Lastly, statistical co-occurrence between organ manifestations co-morbidity was quantified, and trajectories of disease progression throughout organs were modelled.; Results: This study found a significantly greater mutational frequency at the TSC2 locus in the cohort in comparison to TSC1. An equal proportion of male and female patients were observed in this group and by meta-analysis of previous studies. No significant difference in characterisation of heart involvement was observed between TSC1 and TSC2 patients. Brain involvement was seen with increased severity in TSC2 patients, characterised by a greater prevalence of cortical tubers and communication disorders. Renal pathology was further enhanced in TSC2 patients, marked by increased bilateral angiomyolipoma prevalence. Furthermore, co-occurrence of NDDs and KDs was the most positively correlated out of investigated manifestations, regardless of genotype. Analysis of disease trajectories revealed a more diverse clinical outcome for TSC2 patients: however, a chronological association of rhabdomyoma, NDD and KD was most frequently observed for TSC1 patients.; Conclusions: This study marks the first empirical investigation of the co-morbidity between congenital heart defects (CHD), NDDs, and KDs in TSC1 and TSC2 patients. This remains a unique first step towards the characterisation of the dynamic role

between genetics, heart function, brain function and kidney function during the early development in the context of TSC. (© 2022. The Author(s).)

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Item Type: Journal Article

Authors: Robinson, Jessica;Uzun, Orhan;Loh, Ne Ron;Harris, Isabelle Rose;Woolley, Thomas E.;Harwood, Adrian J.;Gardner, Jennifer Frances and Syed, Yasir Ahmed

Publication Date: 2022b

Journal: BMC Medicine 20(1), pp. 1-19

Abstract: Background: Tuberous sclerosis complex (TSC) is a rare multi-system genetic disorder characterised by the presence of benign tumours throughout multiple organs including the brain, kidneys, heart, liver, eyes, lungs and skin, in addition to neurological and neuropsychiatric complications. Intracardiac tumour (rhabdomyoma), neurodevelopmental disorders (NDDs) and kidney disorders (KD) are common manifestations of TSC and have been linked with TSC1 and TSC2 loss-of-function mutations independently, but the dynamic relationship between these organ manifestations remains unexplored. Therefore, this study aims to characterise the nature of the relationship specifically between these three organs' manifestations in TSC1 and TSC2 mutation patients.Methods: Clinical data gathered from TSC patients across South Wales registered with Cardiff and Vale University Health Board (CAV UHB) between 1990 and 2020 were analysed retrospectively to evaluate abnormalities in the heart, brain and kidney development. TSC-related abnormalities such as tumour prevalence, location and size were analysed for each organ in addition to neuropsychiatric involvement and were compared between TSC1 and TSC2 mutant genotypes. Lastly, statistical co-occurrence between organ manifestations co-morbidity was quantified, and trajectories of disease progression throughout organs were modelled.Results: This study found a significantly greater mutational frequency at the TSC2 locus in the cohort in comparison to TSC1. An equal proportion of male and female patients were observed in this group and by meta-analysis of previous studies. No significant difference in characterisation of heart involvement was observed between TSC1 and TSC2 patients. Brain involvement was seen with increased severity in TSC2 patients, characterised by a greater prevalence of cortical tubers and communication disorders. Renal pathology was further enhanced in TSC2 patients, marked by increased bilateral angiomyolipoma prevalence. Furthermore, co-occurrence of NDDs and KDs was the most positively correlated out of investigated manifestations, regardless of genotype. Analysis of disease trajectories revealed a more diverse clinical outcome for TSC2 patients: however, a chronological association of rhabdomyoma, NDD and KD was most frequently observed for TSC1 patients.Conclusions: This study marks the first empirical investigation of the co-morbidity between congenital heart defects (CHD), NDDs, and KDs in TSC1 and TSC2 patients. This remains a unique first step towards the characterisation of the dynamic role between genetics, heart function, brain function and kidney function during the early development in the context of TSC.

DOI: 10.1186/s12916-022-02325-0

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=1

56525802&custid=ns010877

581. **Current pressure on the UK imaging workforce deters imaging research in the NHS and requires urgent attention**

Item Type: Journal Article

Authors: Rodrigues, J. C. L.;O'Regan, T.;Darekar, A.;Taylor, S. and Goh, V.

Publication Date: 2022

Journal: Clinical Radiology 77(12), pp. 913-919

Abstract: Medical imaging is a multidisciplinary specialty, combining clinical expertise from medical physics, radiography, and radiology, and plays a key role in patient care. Research is vital to ensure the care delivered to patients is evidence-based, and is a core component of clinical governance; however, there are pressures on the imaging workforce, which are significantly impeding imaging research. This commentary presents a research gap analysis pertaining to the multidisciplinary imaging workforce on behalf of the National Institute for Health Research (NIHR) Imaging Workforce Group. Data were summarised from membership surveys of the Royal College of Radiologists, Society and College of Radiographers, and Institute of Physics and Engineering in Medicine; national reports; and feedback from NIHR Clinical Research Network Imaging Champions meeting in 2020/2021. Common barriers to delivering research were found across the multidisciplinary workforce. The key issues were lack of staff, lack of time, and lack of funding to backfill clinical services. Given the ongoing workforce shortages and increasing clinical demands on radiologists, diagnostic radiographers, and medical physicists, these issues must be tackled with a high priority to ensure the future of clinical research within the NHS. (Crown Copyright © 2022. Published by Elsevier Ltd. All rights reserved.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36167569&custid=ns010877

582. **Current pressure on the UK imaging workforce deters imaging research in the NHS and requires urgent attention**

Item Type: Journal Article

Authors: Rodrigues, J. C. L.;O'Regan, T.;Darekar, A.;Taylor, S. and Goh, V.

Publication Date: 2022a

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DOI: 10.1016/j.crad.2022.07.015

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160166132&custid=ns010877

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Item Type: Journal Article

Authors: Rodrigues, J. C. L.;O'Regan, T.;Darekar, A.;Taylor, S. and Goh, V.

Publication Date: 2022b

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DOI: 10.1016/j.crad.2022.07.015

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Item Type: Journal Article

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Publication Date: 2022c

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Item Type: Journal Article

Authors: Rodrigues, J. C. L.;O'Regan, T.;Darekar, A.;Taylor, S. and Goh, V.

Publication Date: 2022d

Journal: Clinical Radiology 77(12), pp. 913-919

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Item Type: Journal Article

Authors: Rodrigues, J. C. L.;O'Regan, T.;Darekar, A.;Taylor, S. and Goh, V.

Publication Date: 2022e

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587. **Videolaryngoscopy, oesophageal intubation and uncertainty: lessons from Cochrane**

Item Type: Journal Article

Authors: Rogers, A. M.;Hansel, J. and Cook, T. M.

Publication Date: 2022a

Journal: Anaesthesia 77(12), pp. 1448-1450

DOI: 10.1111/anae.15818

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35897123&custid=ns010877

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Publication Date: 2022b

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589. **Videolaryngoscopy, oesophageal intubation and uncertainty: lessons from Cochrane.**

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Publication Date: 2022c

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Publication Date: 2022d

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Publication Date: 2022e

Journal: Anaesthesia 77(12), pp. 1448-1450

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Item Type: Journal Article

Authors: Rogers, A. M.;Hansel, J. and Cook, T. M.

Publication Date: 2022f

Journal: Anaesthesia 77(12), pp. 1448-1450

593. **Screening for contact allergy to 2-hydroxyethyl methacrylate (in the United Kingdom).**

Item Type: Journal Article

Authors: Rolls, S.;Bourke, J. F.;Chowdhury, M. M.;Cooper, S.;Cousen, P.;Flynn, A. M.;Ghaffar, S. A.;Green, C. M.;Haworth, A.;Holden, C.;Johnston, G. A.;Naido, K.;Orton, D. I.;Reckling, C.;Sabroe, R.;Scorer, M.;Stone, N. M.;Thompson, D.;Wakelin, S.;Wilkinson, M., et al

Publication Date: 2022a

Journal: Contact Dermatitis.Conference: 15th Congress of the European Society of Contact Dermatitis, ESCD 2022.Amsterdam Netherlands 86(SUPPL 1), pp. 18-19

Abstract: Background: (Meth)acrylates are potent sensitisers and an increasing cause of allergic contact dermatitis (ACD). A 2008-2015 United Kingdom (UK) multicentre audit, testing (meth)acrylates in patients with exposure, had suggested a significant rate of sensitization, with 2-HEMA positive in 9.6% (0.7% consecutive patients) (Rolls S, et al. Br J Dermatol 2018;178:980-1). (Meth)acrylates were not tested in the UK baseline patch test series until July 2018 (in Europe January 2019), so the rate of sensitisation in consecutive patients was unknown. ObjectiveS: To determine whether inclusion of 2-hydroxyethyl methacrylate (2-HEMA) 2% pet. in an extended baseline series detected cases of (meth)acrylate ACD.

594. **Screening for contact allergy to 2-hydroxyethyl methacrylate (in the United Kingdom).**

Item Type: Journal Article

Authors: Rolls, S.;Bourke, J. F.;Chowdhury, M. M.;Cooper, S.;Cousen, P.;Flynn, A. M.;Ghaffar, S. A.;Green, C. M.;Haworth, A.;Holden, C.;Johnston, G. A.;Naido, K.;Orton, D. I.;Reckling, C.;Sabroe, R.;Scorer, M.;Stone, N. M.;Thompson, D.;Wakelin, S.;Wilkinson, M., et al

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596. **The effects of exercise on complement system proteins in humans: a systematic scoping review.**

Item Type: Journal Article

Authors: RothschildRodriguez, D.;Causer, A. J.;Brown, F. F.;CollierBain, H. D.;Moore, S.;Murray, J.;Turner, J. E. and Campbell, J. P.

Publication Date: 2022a

Journal: Exercise Immunology Review 28, pp. 1-35

Abstract: BACKGROUND: The complement system is comprised of the classical, lectin and alternative pathways that result in the formation of: pro-inflammatory anaphylatoxins; opsonins that label cells for phagocytic removal; and, a membrane attack complex that directly lyses target cells. Complement-dependent cytotoxicity (CDC) - cell lysis triggered by complement protein C1q binding to the Fc region of antibodies bound to target cells - is another effector function of complement and a key mechanism-of-action of several monoclonal antibody therapies. At present, it is not well established how exercise affects complement system proteins in humans.

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Item Type: Journal Article

Authors: Rothschild-Rodriguez, Daniela;Causer, Adam J.;Brown, Frankie F.;Collier-Bain, Harrison;Moore, Sally;Murray, James;Turner, James E. and Campbell, John P.

Publication Date: 2022

Journal: Exercise Immunology Review 28, pp. 1-35

Abstract: Background: The complement system is comprised of the classical, lectin and alternative pathways that result in the formation of: pro-inflammatory anaphylatoxins; opsonins that label cells for phagocytic removal; and, a membrane attack complex that directly lyses target cells. Complement-dependent cytotoxicity (CDC) - cell lysis triggered by

complement protein C1q binding to the Fc region of antibodies bound to target cells - is another effector function of complement and a key mechanism-of-action of several monoclonal antibody therapies. At present, it is not well established how exercise affects complement system proteins in humans.; Methods: A systematic search was conducted to identify studies that included original data and investigated the association between soluble complement proteins in the blood of healthy humans, and: 1) an acute bout of exercise; 2) exercise training interventions; or, 3) measurements of habitual physical activity and fitness.; Results: 77 studies were eligible for inclusion in this review, which included a total of 10,236 participants, and 40 complement proteins and constituent fragments. Higher levels of exercise training and cardiorespiratory fitness were commonly associated with reduced C3 in blood. Additionally, muscle strength was negatively associated with C1q. Elevated C3a-des-Arg, C4a-des-Arg and C5a, lower C1-inhibitor, and unchanged C3 and C4 were reported immediately post-laboratory based exercise, compared to baseline. Whereas, ultra-endurance running and resistance training increased markers of the alternative (factor B and H), classical (C1s), and leptin (mannose binding lectin) pathways, as well as C3 and C6 family proteins, up to 72-h following exercise. Heterogeneity among studies may be due to discrepancies in blood sampling/handling procedures, analytical techniques, exercise interventions/measurements and fitness of included populations.; Conclusions: Increased anaphylatoxins were observed immediately following an acute bout of exercise in a laboratory setting, whereas field-based exercise interventions of a longer duration (e.g. ultra-endurance running) or designed to elicit muscle damage (e.g. resistance training) increased complement proteins for up to 72-h. C3 in blood was mostly reduced by exercise training and associated with increased cardiorespiratory fitness, whereas C1q appeared to be negatively associated to muscle strength. Thus, both acute bouts of exercise and exercise training appear to modulate complement system proteins. Future research is needed to assess the clinical implications of these changes, for example on the efficacy of monoclonal antibody therapies dependent on CDC.

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35452398&custid=ns010877

600. **Severe myalgic encephalomyelitis/chronic fatigue syndrome in children and young people: a British Paediatric Surveillance Unit study.**

Item Type: Journal Article

Authors: Royston, A. P.;Rai, M.;Brigden, A.;Burge, S.;Segal, T. Y. and Crawley, E. M.

Publication Date: 2022

Journal: Archives of Disease in Childhood (pagination)
Abstract: Objectives:

601. **Severe myalgic encephalomyelitis/chronic fatigue syndrome in children and young people: a British Paediatric Surveillance Unit study**

Item Type: Journal Article

Authors: Royston, Alexander Peter;Rai, Manmita;Brigden, Amberly;Burge, Sarah;Segal, Terry Y. and Crawley, Esther M.

Publication Date: 2022

Journal: Archives of Disease in Childhood
Abstract: Objectives: Primary objective: to determine the point prevalence and incidence rate of severe myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) in children

aged 5-16 years over 13 months.; Secondary Objectives: to describe the demographic features, symptoms, impact on activities of daily living, school attendance and time to diagnosis.; Design: Prospective surveillance study conducted by the British Paediatric Surveillance Unit. Paediatricians was asked if they had assessed a child with severe ME/CFS (screening definition for prevalence and incidence: children (5-16 years) diagnosed with ME/CFS so severe that they are unable to attend school for more than 1 hour a week during the last 6 weeks of the school term).; Participants: Patients 5-16 years of age, seen by paediatricians and two large ME/CFS specialist services across the UK and Ireland.; Outcome Measures: Paediatrician-completed questionnaires describing demographics, symptoms, function and treatment, (applying National Institute for Health and Care Excellence (NICE)-recommended criteria to assess severity of ME/CFS). Diagnosis of severe, probable severe or possible severe ME/CFS was made only with evidence of NICE-recommended screening blood tests.; Results: 285 cases were reported, of which of which 33 were severe, 4 probable severe and 55 possible severe. Estimated prevalence was 3.2 per million children (95% CI 2.2 to 4.5). Including possible/probable severe ME/CFS gave 8.9 per million children (95% CI 7.2 to 11). The incidence rate was 0.90 per million children-years (95% CI 0.43 to 1.65) (1.97 per million children-years (95% CI 1.24 to 2.99)). Median age was 13 years and 58% of cases were female. Median time to diagnosis was 0.47 years.; Conclusions: Although the incidence of children presenting with severe ME/CFS is low, all were very disabled. In addition, the majority receive little or no education. Paediatricians need to consider how to provide rehabilitation and education for these disabled young people.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/archdischild-2022-324319

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36456114&custid=ns010877

602. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids.**

Item Type: Journal Article

Authors: Russell, M. D.;Dey, M.;Flint, J.;Davie, P.;Allen, A.;Crossley, A.;Frishman, M.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Schreiber, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L., et al

Publication Date: 2022a

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

603. **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids.**

Item Type: Journal Article

Authors: Russell, M. D.;Dey, M.;Flint, J.;Davie, P.;Allen, A.;Crossley, A.;Frishman, M.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Schreiber, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L., et al

Publication Date: 2022b

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

604. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids.**

Item Type: Journal Article

Authors: Russell, M. D.;Dey, M.;Flint, J.;Davie, P.;Allen, A.;Crossley, A.;Frishman, M.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Schreiber, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L., et al

Publication Date: 2022c

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

605. **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids.**

Item Type: Journal Article

Authors: Russell, M. D.;Dey, M.;Flint, J.;Davie, P.;Allen, A.;Crossley, A.;Frishman, M.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Schreiber, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L., et al

Publication Date: 2022d

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

606. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids.**

Item Type: Journal Article

Authors: Russell, M. D.;Dey, M.;Flint, J.;Davie, P.;Allen, A.;Crossley, A.;Frishman, M.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Schreiber, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L., et al

Publication Date: 2022e

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

607. **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids.**

Item Type: Journal Article

Authors: Russell, M. D.;Dey, M.;Flint, J.;Davie, P.;Allen, A.;Crossley, A.;Frishman, M.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Schreiber, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L., et al

Publication Date: 2022f

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

608. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids**

Item Type: Journal Article

Authors: Russell, Mark D.;Dey, Mrinalini;Flint, Julia;Davie, Philippa;Allen, Alexander;Crossley, Amy;Frishman, Margreta;Gayed, Mary;Hodson, Kenneth;Khamashta, Munther;Moore, Louise;Panchal, Sonia;Piper, Madeleine;Reid, Clare;Saxby, Katherine;Schreiber, Karen;Senvar, Naz;Tosounidou, Sofia;van de Venne, Maud;Warburton, Louise, et al

Publication Date: 2022a

Journal: Rheumatology (Oxford, England)
DOI: 10.1093/rheumatology/keac551

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36318966&custid=ns010877

609. **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids**

Item Type: Journal Article

Authors: Russell, Mark D.;Dey, Mrinalini;Flint, Julia;Davie, Philippa;Allen, Alexander;Crossley, Amy;Frishman, Margreta;Gayed, Mary;Hodson, Kenneth;Khamashta, Munther;Moore, Louise;Panchal, Sonia;Piper, Madeleine;Reid, Clare;Saxby, Katherine;Schreiber, Karen;Senvar, Naz;Tosounidou, Sofia;van de Venne, Maud;Warburton, Louise, et al

Publication Date: 2022b

Journal: Rheumatology (Oxford, England)
DOI: 10.1093/rheumatology/keac558

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36318965&custid=ns010877

610. **Impact of Systemic Disease on Non-surgical Endodontic Treatment Outcomes.**

Item Type: Journal Article

Authors: Salem, B.;McKenna, G. and Quilligan, G.

Publication Date: 2022

Journal: Dental Update 49(1), pp. 69-73

Abstract: Interactions between systemic and oral diseases have been investigated in many contexts. This is a narrative review discussing the impact of several systemic diseases, including cardiovascular disease and diabetes mellitus, on non-surgical endodontic treatment outcomes. There is currently a lack of conclusive evidence to support links between systemic disease and endodontic outcomes. Further high-quality research is needed for systemic disease to be reliably considered a prognostic factor. CPD/Clinical Relevance: If systemic disease is found to impact upon non-surgical endodontic treatment outcomes, dentists could learn essential information regarding the prognosis of endodontic treatment by looking at a patient's medical history.

DOI: 10.12968/DENU.2022.49.1.69

611. **Impact of Systemic Disease on Non-surgical Endodontic Treatment Outcomes**

Item Type: Journal Article

Authors: Salem, Basma;McKenna, Gerry and Quilligan, Graham

Publication Date: 2022

Journal: Dental Update 49(1), pp. 69-73

DOI: 10.12968/denu.2022.49.1.69

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154754630&custid=ns010877

612. **Temperature control after cardiac arrest.**

Item Type: Journal Article

Authors: Sandroni, C.;Natalini, D. and Nolan, J. P.

Publication Date: 2022a

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 361. ate of Pubaton: eember 2022

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 degreeC improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 degreeC compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 degreeC compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 degreeC) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

613. **Temperature control after cardiac arrest.**

Item Type: Journal Article

Authors: Sandroni, C.;Natalini, D. and Nolan, J. P.

Publication Date: 2022b

Journal: Critical Care (London, England) 26(1), pp. 361

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 degreeC improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 degreeC compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 degreeC compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 degreeC) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

614. **Temperature control after cardiac arrest.**

Item Type: Journal Article

Authors: Sandroni, C.;Natalini, D. and Nolan, J. P.

Publication Date: 2022c

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 361. ate of Pubaton: eember 2022

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 degreeC improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 degreeC compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 degreeC compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 degreeC) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

615. **Temperature control after cardiac arrest.**

Item Type: Journal Article

Authors: Sandroni, C.;Natalini, D. and Nolan, J. P.

Publication Date: 2022d

Journal: Critical Care (London, England) 26(1), pp. 361

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 degreeC improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 degreeC compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 degreeC compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 degreeC) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

616. **Temperature control after cardiac arrest.**

Item Type: Journal Article

Authors: Sandroni, C.;Natalini, D. and Nolan, J. P.

Publication Date: 2022e

Journal: Critical Care 26(1) (pagination), pp. Arte Number: 361. ate of Pubaton: eember 2022

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 degreeC improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 degreeC compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 degreeC compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 degreeC) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

617. **Temperature control after cardiac arrest.**

Item Type: Journal Article

Authors: Sandroni, C.;Natalini, D. and Nolan, J. P.

Publication Date: 2022f

Journal: Critical Care (London, England) 26(1), pp. 361

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 degreeC improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 degreeC compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 degreeC compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 degreeC) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

618. **Prediction of good neurological outcome in comatose survivors of cardiac arrest: a systematic review**

Item Type: Journal Article

Authors: Sandroni, Claudio;D'Arrigo, Sonia;Cacciola, Sofia;Hoedemaekers, Cornelia W. E.;Westhall, Erik;Kamps, Marlijn J. A.;Taccone, Fabio S.;Poole, Daniele;Meijer, Frederick J. A.;Antonelli, Massimo;Hirsch, Karen G.;Soar, Jasmeet;Nolan, Jerry P. and Cronberg, Tobias

Publication Date: 2022

Journal: Intensive Care Medicine 48(4), pp. 389-413

Abstract: Purpose: To assess the ability of clinical examination, blood biomarkers, electrophysiology or neuroimaging assessed within 7 days from return of spontaneous circulation (ROSC) to predict good neurological outcome, defined as no, mild, or moderate disability (CPC 1-2 or mRS 0-3) at discharge from intensive care unit or later, in comatose adult survivors from cardiac arrest (CA).; Methods: PubMed, EMBASE, Web of Science and the Cochrane Database of Systematic Reviews were searched. Sensitivity and specificity for good outcome were calculated for each predictor. The risk of bias was assessed using the QUIPS tool.; Results: A total of 37 studies were included. Due to heterogeneities in recording times, predictor thresholds, and definition of some predictors, meta-analysis was not performed. A withdrawal or localisation motor response to pain immediately or at 72-96 h after ROSC, normal blood values of neuron-specific enolase (NSE) at 24 h-72 h after ROSC, a short-latency somatosensory evoked potentials (SSEPs) N20 wave amplitude > 4 µV or a continuous background without discharges on electroencephalogram (EEG) within

72 h from ROSC, and absent diffusion restriction in the cortex or deep grey matter on MRI on days 2-7 after ROSC predicted good neurological outcome with more than 80% specificity and a sensitivity above 40% in most studies. Most studies had moderate or high risk of bias.; Conclusions: In comatose cardiac arrest survivors, clinical, biomarker, electrophysiology, and imaging studies identified patients destined to a good neurological outcome with high specificity within the first week after cardiac arrest (CA). (© 2022. The Author(s).)

DOI: 10.1007/s00134-022-06618-z

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35244745&custid=ns010877

619. **Temperature control after cardiac arrest**

Item Type: Journal Article

Authors: Sandroni, Claudio;Natalini, Daniele and Nolan, Jerry P.

Publication Date: 2022a

Journal: Critical Care (London, England) 26(1), pp. 361

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 °C improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 °C compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 °C compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 °C) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest. (© 2022. The Author(s).)

DOI: 10.1186/s13054-022-04238-z

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36434649&custid=ns010877

620. **Temperature control after cardiac arrest**

Item Type: Journal Article

Authors: Sandroni, Claudio;Natalini, Daniele and Nolan, Jerry P.

Publication Date: 2022b

Journal: Critical Care 26(1), pp. 361

Abstract: Most of the patients who die after cardiac arrest do so because of hypoxic-ischemic brain injury (HIBI). Experimental evidence shows that temperature control targeted at hypothermia mitigates HIBI. In 2002, one randomized trial and one quasi-randomized trial showed that temperature control targeted at 32-34 °C improved neurological outcome and mortality in patients who are comatose after cardiac arrest. However, following the publication of these trials, other studies have questioned the neuroprotective effects of hypothermia. In 2021, the largest study conducted so far on temperature control (the TTM-2 trial) including 1900 adults comatose after resuscitation showed no effect of temperature control targeted at 33 °C compared with normothermia or fever control. A systematic review of 32 trials published between 2001 and 2021 concluded that temperature control with a target of 32-34 °C compared with fever prevention did not result in an improvement in survival (RR 1.08; 95% CI 0.89-1.30) or favorable functional outcome (RR 1.21; 95% CI 0.91-1.61) at 90-180 days after resuscitation. There was substantial heterogeneity across the trials, and the certainty of the evidence was low. Based on these results, the International Liaison Committee on Resuscitation currently recommends monitoring core temperature and actively preventing fever (37.7 °C) for at least 72 h in patients who are comatose after resuscitation from cardiac arrest. Future studies are needed to identify potential patient subgroups who may benefit from temperature control aimed at hypothermia. There are no trials comparing normothermia or fever control with no temperature control after cardiac arrest.

DOI: 10.1186/s13054-022-04238-z

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160488258&custid=ns010877

621. **ERC-ESICM guidelines on temperature control after cardiac arrest in adults**

Item Type: Journal Article

Authors: Sandroni, Claudio;Nolan, Jerry P.;Andersen, Lars W.;Böttiger, Bernd,W.;Cariou, Alain;Cronberg, Tobias;Friberg, Hans;Genbrugge, Cornelia;Lilja, Gisela;Morley, Peter T.;Nikolaou, Nikolaos;Olasveengen, Theresa M.;Skrifvars, Markus B.;Taccone, Fabio S. and Soar, Jasmeet

Publication Date: 2022

Journal: Intensive Care Medicine 48(3), pp. 261-269

Abstract: The aim of these guidelines is to provide evidence-based guidance for temperature control in adults who are comatose after resuscitation from either in-hospital or out-of-hospital cardiac arrest, regardless of the underlying cardiac rhythm. These guidelines replace the recommendations on temperature management after cardiac arrest included in the 2021 post-resuscitation care guidelines co-issued by the European Resuscitation Council (ERC) and the European Society of Intensive Care Medicine (ESICM). The guideline panel included thirteen international clinical experts who authored the 2021 ERC-ESICM guidelines and two methodologists who participated in the evidence review completed on behalf of the International Liaison Committee on Resuscitation (ILCOR) of whom ERC is a member society. We followed the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach to assess the certainty of evidence and grade recommendations. The panel provided suggestions on guideline implementation and identified priorities for future research. The certainty of evidence ranged from moderate to low. In patients who remain comatose after cardiac arrest, we recommend continuous monitoring of core temperature and actively preventing fever (defined as a

temperature > 37.7 °C) for at least 72 h. There was insufficient evidence to recommend for or against temperature control at 32-36 °C or early cooling after cardiac arrest. We recommend not actively rewarming comatose patients with mild hypothermia after return of spontaneous circulation (ROSC) to achieve normothermia. We recommend not using prehospital cooling with rapid infusion of large volumes of cold intravenous fluids immediately after ROSC. (© 2022. Springer-Verlag GmbH Germany, part of Springer Nature.)

DOI: 10.1007/s00134-022-06620-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35089409&custid=ns010877

622. **Recommendations for the execution and reporting of skin ultrasound in systemic sclerosis: an international collaboration under the WSF skin ultrasound group.**

Item Type: Journal Article

Authors: Santiago, T.;Santos, E. J. F.;Ruaro, B.;Lepri, G.;Green, L.;Wildt, M.;Watanabe, S.;Lescoat, A.;Hesselstrand, R.;Del Galdo, F.;Pauling, J. D.;Reeve, L. J.;D'Agostino, M. A.;MatucciCerinic, M.;Iagnocco, A. and Da Silva, J. A. P.

Publication Date: 2022a

Journal: RMD Open 8(2) (pagination), pp. Arte Number: e002371. ate of Pubaton: 18 Ju 2022

Abstract: Objective Ultrasound is a promising tool to foster much-needed improvement of skin assessment in systemic sclerosis (SSc). Our aim was to develop evidence and expert opinion-based recommendations to promote the standardisation and harmonisation of technical execution and reporting of skin ultrasound studies in SSc. Methods A multidisciplinary task force of 16 members from five European countries and Japan was convened under the auspices of World Scleroderma Foundation. First, a systematic literature review (SLR) was performed. Then, each member proposed and formulated items to the overarching principles, recommendations and research agenda. Two rounds of mails exchange for consensus as well as an on-line meeting were performed to debate and refine the proposals. Two Delphi rounds of voting resulted in the final recommendations. Levels of evidence and strengths of recommendations were assigned, and task force members voted anonymously on the level of agreement with each of the items. Results Five overarching principles and seven recommendations were developed, based on an SLR and expert opinion, through consensus procedures. The overarching principles highlight the promising role of skin ultrasound in SSc assessment, the need for standardisation of technical aspects, sufficient training and adequate equipment. The recommendations provide standards for the execution and reporting of skin ultrasound in SSc. The research agenda includes the need for more research into unmet needs according to Outcome Measures in Rheumatology Algorithm requirements. Conclusion These are the first recommendations providing guidance on the execution and reporting of skin ultrasound in SSc patients, aiming at improving the interpretability, reliability and generalisability of skin ultrasound, thus consolidating its role in research and practice.

623. **Recommendations for the execution and reporting of skin ultrasound in systemic sclerosis: an international collaboration under the WSF skin ultrasound group.**

Item Type: Journal Article

Authors: Santiago, T.;Santos, E. J. F.;Ruaro, B.;Lepri, G.;Green, L.;Wildt, M.;Watanabe, S.;Lescoat, A.;Hesselstrand, R.;Del Galdo, F.;Pauling, J. D.;Reeve, L. J.;D'Agostino, M.

A.;MatucciCerinic, M.;Iagnocco, A. and Da Silva, J. A. P.

Publication Date: 2022b

Journal: RMD Open 8(2) (pagination), pp. Arte Number: e002371. ate of Pubaton: 18 Ju 2022

Abstract: Objective Ultrasound is a promising tool to foster much-needed improvement of skin assessment in systemic sclerosis (SSc). Our aim was to develop evidence and expert opinion-based recommendations to promote the standardisation and harmonisation of technical execution and reporting of skin ultrasound studies in SSc. Methods A multidisciplinary task force of 16 members from five European countries and Japan was convened under the auspices of World Scleroderma Foundation. First, a systematic literature review (SLR) was performed. Then, each member proposed and formulated items to the overarching principles, recommendations and research agenda. Two rounds of mails exchange for consensus as well as an on-line meeting were performed to debate and refine the proposals. Two Delphi rounds of voting resulted in the final recommendations. Levels of evidence and strengths of recommendations were assigned, and task force members voted anonymously on the level of agreement with each of the items. Results Five overarching principles and seven recommendations were developed, based on an SLR and expert opinion, through consensus procedures. The overarching principles highlight the promising role of skin ultrasound in SSc assessment, the need for standardisation of technical aspects, sufficient training and adequate equipment. The recommendations provide standards for the execution and reporting of skin ultrasound in SSc. The research agenda includes the need for more research into unmet needs according to Outcome Measures in Rheumatology Algorithm requirements. Conclusion These are the first recommendations providing guidance on the execution and reporting of skin ultrasound in SSc patients, aiming at improving the interpretability, reliability and generalisability of skin ultrasound, thus consolidating its role in research and practice.

624. **Recommendations for the execution and reporting of skin ultrasound in systemic sclerosis: an international collaboration under the WSF skin ultrasound group.**

Item Type: Journal Article

Authors: Santiago, T.;Santos, E. J. F.;Ruaro, B.;Lepri, G.;Green, L.;Wildt, M.;Watanabe, S.;Lescoat, A.;Hesselstrand, R.;Del Galdo, F.;Pauling, J. D.;Reeve, L. J.;D'Agostino, M. A.;MatucciCerinic, M.;Iagnocco, A. and Da Silva, J. A. P.

Publication Date: 2022c

Journal: RMD Open 8(2) (pagination), pp. Arte Number: e002371. ate of Pubaton: 18 Ju 2022

Abstract: Objective Ultrasound is a promising tool to foster much-needed improvement of skin assessment in systemic sclerosis (SSc). Our aim was to develop evidence and expert opinion-based recommendations to promote the standardisation and harmonisation of technical execution and reporting of skin ultrasound studies in SSc. Methods A multidisciplinary task force of 16 members from five European countries and Japan was convened under the auspices of World Scleroderma Foundation. First, a systematic literature review (SLR) was performed. Then, each member proposed and formulated items to the overarching principles, recommendations and research agenda. Two rounds of mails exchange for consensus as well as an on-line meeting were performed to debate and refine the proposals. Two Delphi rounds of voting resulted in the final recommendations. Levels of evidence and strengths of recommendations were assigned, and task force members voted anonymously on the level of agreement with each of the items. Results Five overarching principles and seven recommendations were developed, based on an SLR and expert opinion, through consensus procedures. The overarching principles highlight the promising

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625. **Recommendations for the execution and reporting of skin ultrasound in systemic sclerosis: an international collaboration under the WSF skin ultrasound group**

Item Type: Journal Article

Authors: Santiago, Tânia;Santos, Eduardo José Ferreira;Ruaro, Barbara;Lepri, Gemma;Green, Lorraine;Wildt, Marie;Watanabe, Shinji;Lescoat, Alain;Hesselstrand, Roger;Del Galdo, Francesco;Pauling, John D.;Reeve, Lucy Jean;D'Agostino, Maria Antonieta;Matucci-Cerinic, Marco;Iagnocco, Annamaria and da Silva, Jose,Antonio Pereira

Publication Date: 2022

Journal: RMD Open 8(2)
Abstract: Objective: Ultrasound is a promising tool to foster much-needed improvement of skin assessment in systemic sclerosis (SSc). Our aim was to develop evidence and expert opinion-based recommendations to promote the standardisation and harmonisation of technical execution and reporting of skin ultrasound studies in SSc.; Methods: A multidisciplinary task force of 16 members from five European countries and Japan was convened under the auspices of World Scleroderma Foundation. First, a systematic literature review (SLR) was performed. Then, each member proposed and formulated items to the overarching principles, recommendations and research agenda. Two rounds of mails exchange for consensus as well as an on-line meeting were performed to debate and refine the proposals. Two Delphi rounds of voting resulted in the final recommendations. Levels of evidence and strengths of recommendations were assigned, and task force members voted anonymously on the level of agreement with each of the items.; Results: Five overarching principles and seven recommendations were developed, based on an SLR and expert opinion, through consensus procedures. The overarching principles highlight the promising role of skin ultrasound in SSc assessment, the need for standardisation of technical aspects, sufficient training and adequate equipment. The recommendations provide standards for the execution and reporting of skin ultrasound in SSc. The research agenda includes the need for more research into unmet needs according to Outcome Measures in Rheumatology Algorithm requirements.; Conclusion: These are the first recommendations providing guidance on the execution and reporting of skin ultrasound in SSc patients, aiming at improving the interpretability, reliability and generalisability of skin ultrasound, thus consolidating its role in research and practice.; Competing Interests: Competing interests: None declared.

DOI: 10.1136/rmdopen-2022-002371

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35850975&custid=ns010877

626. **BSACI guideline for the set-up of penicillin allergy de-labelling services by non-allergists working in a hospital setting.**

Item Type: Journal Article

Authors: Savic, L.;ArdernJones, M.;Avery, A.;Cook, T.;Denman, S.;Farooque, S.;Garcez, T.;Gold, R.;Jay, N.;Krishna, M. T.;Leech, S.;McKibben, S.;Nasser, S.;Premchand, N.;Sandoe, J.;Sneddon, J. and Warner, A.

Publication Date: 2022a

Journal: Clinical and Experimental Allergy 52(10), pp. 1135-1141

Abstract: The Standards of Care Committee of the British Society for Allergy and Clinical Immunology (BSACI) and a committee of experts and key stakeholders have developed this guideline for the evaluation and testing of patients with an unsubstantiated label of penicillin allergy. The guideline is intended for UK clinicians who are not trained in allergy or immunology, but who wish to develop a penicillin allergy de-labelling service for their patients. It is intended to supplement the BSACI 2015 guideline "Management of allergy to penicillin and other beta-lactams" and therefore does not detail the epidemiology or aetiology of penicillin allergy, as this is covered extensively in the 2015 guideline (1). The guideline is intended for use only in patients with a label of penicillin allergy and does not apply to other beta-lactam allergies. The recommendations include a checklist to identify patients at low risk of allergy and a framework for the conduct of drug provocation testing by non-allergists. There are separate sections for adults and paediatrics within the guideline, in recognition of the common differences in reported allergy history and likelihood of true allergy.

627. **BSACI guideline for the set-up of penicillin allergy de-labelling services by non-allergists working in a hospital setting.**

Item Type: Journal Article

Authors: Savic, L.;ArdernJones, M.;Avery, A.;Cook, T.;Denman, S.;Farooque, S.;Garcez, T.;Gold, R.;Jay, N.;Krishna, M. T.;Leech, S.;McKibben, S.;Nasser, S.;Premchand, N.;Sandoe, J.;Sneddon, J. and Warner, A.

Publication Date: 2022b

Journal: Clinical and Experimental Allergy 52(10), pp. 1135-1141

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628. **BSACI guideline for the set-up of penicillin allergy de-labelling services by non-allergists working in a hospital setting.**

Item Type: Journal Article

Authors: Savic, L.;ArdernJones, M.;Avery, A.;Cook, T.;Denman, S.;Farooque, S.;Garcez, T.;Gold, R.;Jay, N.;Krishna, M. T.;Leech, S.;McKibben, S.;Nasser, S.;Premchand,

N.;Sandoe, J.;Sneddon, J. and Warner, A.

Publication Date: 2022c

Journal: Clinical and Experimental Allergy 52(10), pp. 1135-1141

Abstract: The Standards of Care Committee of the British Society for Allergy and Clinical Immunology (BSACI) and a committee of experts and key stakeholders have developed this guideline for the evaluation and testing of patients with an unsubstantiated label of penicillin allergy. The guideline is intended for UK clinicians who are not trained in allergy or immunology, but who wish to develop a penicillin allergy de-labelling service for their patients. It is intended to supplement the BSACI 2015 guideline "Management of allergy to penicillin and other beta-lactams" and therefore does not detail the epidemiology or aetiology of penicillin allergy, as this is covered extensively in the 2015 guideline (1). The guideline is intended for use only in patients with a label of penicillin allergy and does not apply to other beta-lactam allergies. The recommendations include a checklist to identify patients at low risk of allergy and a framework for the conduct of drug provocation testing by non-allergists. There are separate sections for adults and paediatrics within the guideline, in recognition of the common differences in reported allergy history and likelihood of true allergy.

629. **BSACI guideline for the set-up of penicillin allergy de-labelling services by non-allergists working in a hospital setting**

Item Type: Journal Article

Authors: Savic, Louise;Ardern-Jones, Michael;Avery, Anthony;Cook, Tim;Denman, Sarah;Farooque, Sophie;Garcez, Tomaz;Gold, Rochelle;Jay, Nicola;Krishna, Mamidipudi Thirumala;Leech, Sue;McKibben, Shauna;Nasser, Shuaib;Premchand, Nikhil;Sandoe, Jonathan;Sneddon, Jacqueline and Warner, Amena

Publication Date: 2022

Journal: Clinical and Experimental Allergy : Journal of the British Society for Allergy and Clinical Immunology 52(10), pp. 1135-1141

Abstract: The Standards of Care Committee of the British Society for Allergy and Clinical Immunology (BSACI) and a committee of experts and key stakeholders have developed this guideline for the evaluation and testing of patients with an unsubstantiated label of penicillin allergy. The guideline is intended for UK clinicians who are not trained in allergy or immunology, but who wish to develop a penicillin allergy de-labelling service for their patients. It is intended to supplement the BSACI 2015 guideline "Management of allergy to penicillin and other beta-lactams" and therefore does not detail the epidemiology or aetiology of penicillin allergy, as this is covered extensively in the 2015 guideline (1). The guideline is intended for use only in patients with a label of penicillin allergy and does not apply to other beta-lactam allergies. The recommendations include a checklist to identify patients at low risk of allergy and a framework for the conduct of drug provocation testing by non-allergists. There are separate sections for adults and paediatrics within the guideline, in recognition of the common differences in reported allergy history and likelihood of true allergy. (© 2022 John Wiley & Sons Ltd.)

DOI: 10.1111/cea.14217

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36128691&custid=ns010877

630. **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice.**

Item Type: Journal Article

Authors: Schreiber, K.;Frishman, M.;Russell, M. D.;Dey, M.;Flint, J.;Allen, A.;Crossley, A.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L.;Williams, D., et al

Publication Date: 2022a

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

631. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice.**

Item Type: Journal Article

Authors: Schreiber, K.;Frishman, M.;Russell, M. D.;Dey, M.;Flint, J.;Allen, A.;Crossley, A.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L.;Williams, D., et al

Publication Date: 2022b

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

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Publication Date: 2022c

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

633. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice.**

Item Type: Journal Article

Authors: Schreiber, K.;Frishman, M.;Russell, M. D.;Dey, M.;Flint, J.;Allen, A.;Crossley, A.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L.;Williams, D., et al

Publication Date: 2022d

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

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Item Type: Journal Article

Authors: Schreiber, K.;Frishman, M.;Russell, M. D.;Dey, M.;Flint, J.;Allen, A.;Crossley, A.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L.;Williams, D., et al

Publication Date: 2022e

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

635. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice.**

Item Type: Journal Article

Authors: Schreiber, K.;Frishman, M.;Russell, M. D.;Dey, M.;Flint, J.;Allen, A.;Crossley, A.;Gayed, M.;Hodson, K.;Khamashta, M.;Moore, L.;Panchal, S.;Piper, M.;Reid, C.;Saxby, K.;Senvar, N.;Tosounidou, S.;van de Venne, M.;Warburton, L.;Williams, D., et al

Publication Date: 2022f

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 02 No 2022

636. **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice**

Item Type: Journal Article

Authors: Schreiber, Karen;Frishman, Margreta;Russell, Mark D.;Dey, Mrinalini;Flint, Julia;Allen, Alexander;Crossley, Amy;Gayed, Mary;Hodson, Kenneth;Khamashta, Munther;Moore, Louise;Panchal, Sonia;Piper, Madeleine;Reid, Clare;Saxby, Katherine;Senvar, Naz;Tosounidou, Sofia;van de Venne, Maud;Warburton, Louise;Williams, David, et al

Publication Date: 2022a

Journal: Rheumatology (Oxford, England)
DOI: 10.1093/rheumatology/keac552

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36318967&custid=ns010877

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Item Type: Journal Article

Authors: Schreiber, Karen;Frishman, Margreta;Russell, Mark D.;Dey, Mrinalini;Flint, Julia;Allen, Alexander;Crossley, Amy;Gayed, Mary;Hodson, Kenneth;Khamashta, Munther;Moore, Louise;Panchal, Sonia;Piper, Madeleine;Reid, Clare;Saxby, Katherine;Senvar, Naz;Tosounidou, Sofia;van de Venne, Maud;Warburton, Louise;Williams, David, et al

Publication Date: 2022b

Journal: Rheumatology (Oxford, England)

DOI: 10.1093/rheumatology/keac559

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36318970&custid=ns010877

638. **Prognostic value of National Early Warning Scores (NEWS2) and component physiology in hospitalised patients with COVID-19: A multicentre study.**

Item Type: Journal Article

Authors: Scott, L. J.;Tavare, A.;Hill, E. M.;Jordan, L.;Juniper, M.;Srivastava, S.;Redfern, E.;Little, H. and Pullyblank, A.

Publication Date: 2022a

Journal: Emergency Medicine Journal (pagination)
Abstract: Background: National Early Warning Scores (NEWS2) are used to detect all-cause deterioration. While studies have looked at NEWS2, the use of virtual consultation and remote monitoring of patients with COVID-19 mean there is a need to know which physiological observations are important.

639. **Prognostic value of National Early Warning Scores (NEWS2) and component physiology in hospitalised patients with COVID-19: A multicentre study.**

Item Type: Journal Article

Authors: Scott, L. J.;Tavare, A.;Hill, E. M.;Jordan, L.;Juniper, M.;Srivastava, S.;Redfern, E.;Little, H. and Pullyblank, A.

Publication Date: 2022b

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Publication Date: 2022c

Journal: Emergency Medicine Journal (pagination)
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Item Type: Journal Article

Authors: Scott, Lauren J.;Tavaré, Alison;Hill, Elizabeth M.;Jordan, Lesley;Juniper, Mark;Srivastava, Seema;Redfern, Emma;Little, Hannah and Pullyblank, Anne

Publication Date: 2022a

Journal: Emergency Medicine Journal 39(8), pp. 1-6

DOI: 10.1136/emermed-2020-210624

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158545789&custid=ns010877

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Item Type: Journal Article

Authors: Scott, Lauren J.;Tavaré, Alison;Hill, Elizabeth M.;Jordan, Lesley;Juniper, Mark;Srivastava, Seema;Redfern, Emma;Little, Hannah and Pullyblank, Anne

Publication Date: 2022b

Journal: Emergency Medicine Journal : EMJ 39(8), pp. 589-594

Abstract: Background: National Early Warning Scores (NEWS2) are used to detect all-cause deterioration. While studies have looked at NEWS2, the use of virtual consultation and remote monitoring of patients with COVID-19 mean there is a need to know which physiological observations are important.; Aim: To investigate the relationship between outcome and NEWS2, change in NEWS2 and component physiology in COVID-19 inpatients.; Methods: A multi-centre retrospective study of electronically recorded, routinely collected physiological measurements between March and June 2020. First and maximum NEWS2, component scores and outcomes were recorded. Areas under the curve (AUCs) for 2-day, 7-day and 30-day mortality were calculated.; Results: Of 1263 patients, 26% died, 7% were admitted to intensive care units (ICUs) before discharge and 67% were discharged without ICU. Of 1071 patients with initial NEWS2, most values were low: 50% NEWS2=0-2, 27% NEWS2=3-4, 14% NEWS2=5-6 and 9% NEWS2=7+. Maximum scores were: 14% NEWS2=0-2, 22% NEWS2=3-4, 17% NEWS2=5-6 and 47% NEWS2=7+. Higher first and maximum scores were predictive of mortality, ICU admission and longer length of stay. AUCs based on 2-day, 7-day, 30-day and any hospital mortality were 0.77 (95% CI 0.70 to 0.84), 0.70 (0.65 to 0.74), 0.65 (0.61 to 0.68) and 0.65 (0.61 to 0.68), respectively. The AUCs for 2-day mortality were 0.71 (0.65 to 0.77) for supplemental oxygen, 0.65 (0.56 to 0.73) oxygen saturation and 0.64 (0.56 to 0.73) respiratory rate.; Conclusion: While respiratory parameters were most predictive, no individual parameter was as good as a full NEWS2, which is an acceptable predictor of short-term mortality in patients with COVID-19. This supports recommendation to use NEWS2 alongside clinical judgement to assess patients with COVID-19.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY. Published by BMJ.)

DOI: 10.1136/emermed-2020-210624

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35292484&custid=ns010877

643. **Shapes and Sizes of Common Silicone Metacarpophalangeal Arthroplasties: Clinical Implications.**

Item Type: Journal Article

Authors: Sgardelis, P. and Giddins, G.

Publication Date: 2022a

Journal: Journal of Hand Surgery Asian-Pacific Volume 27(4), pp. 678-683

Abstract: Background: Silastic metacarpophalangeal joint (MCPJ) arthroplasty is a recognised treatment for painful finger arthritis. There are two commonly used, albeit different, designs; the Swanson and the NeuFlex. Which design is optimal is unclear. The purpose of this study was to evaluate the radiological differences relative to the bones following implantation.

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Authors: Sgardelis, P. and Giddins, G.

Publication Date: 2022b

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645. **Shapes and Sizes of Common Silicone Metacarpophalangeal Arthroplasties: Clinical Implications.**

Item Type: Journal Article

Authors: Sgardelis, P. and Giddins, G.

Publication Date: 2022c

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646. **Shapes and Sizes of Common Silicone Metacarpophalangeal Arthroplasties: Clinical Implications**

Item Type: Journal Article

Authors: Sgardelis, Panagiotis and Giddins, Grey

Publication Date: 2022

Journal: The Journal of Hand Surgery Asian-Pacific Volume 27(4), pp. 678-683

Abstract: Background: Silastic metacarpophalangeal joint (MCPJ) arthroplasty is a recognised treatment for painful finger arthritis. There are two commonly used, albeit different, designs; the Swanson and the NeuFlex © . Which design is optimal is unclear. The purpose of this study was to evaluate the radiological differences relative to the bones following implantation. Methods: We examined the radiological features of these implants up to 1 year of follow-up. We reviewed the postoperative radiographs of 42 patients with 113 MCPJ arthroplasties and assessed the implant body anatomical 'fit' relative to the widths of the cut metacarpals and proximal phalanges and resection lengths of the metacarpal heads. We also looked for potential axial implant rotation. Results: The Swanson implants were consistently and statistically significantly wider than the NeuFlex © implants and almost always overhung the margins of the native MCPJ. Four of 33 (12%) of the Swanson and 1 of 80 NeuFlex © implants had rotated axially, the difference was statistically significant. One NeuFlex © implant had fractured at its hinge. Conclusions: The appreciable difference in the positions of the implant bodies relative to the bones may be important. The overhang of the Swanson implants may confer some stability to the arthroplasty helping to resist lateral deviation forces, but concomitant ligament reconstruction may increase the risk of implant rotation which is likely to reduce the postoperative ranges of motion. Axial silastic implant rotation has not previously been reported. It may influence joint biomechanics; future implant designs should consider the risks of implant rotation. Level of Evidence: Level IV (Therapeutic).

DOI: 10.1142/S2424835522500680

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35965375&custid=ns010877

647. **Can Cross-Sectional Imaging Reliably Determine Pathological Staging of Right-Sided Colon Cancers and Select Patients for More Radical Surgery or Neo-Adjuvant Treatment?**

Item Type: Journal Article

Authors: Shekleton, Florence;Courtney, Edward;Andreou, Adrian and Bunni, John

Publication Date: 2022

Journal: Cureus 14(9), pp. e28827

Abstract: Purpose and research question Cross-sectional imaging with CT scanning is the most commonly performed imaging modality to stage right-sided colon cancers. There is increasing evidence for the use of neo-adjuvant chemotherapy in selected patients and debate about the role of complete mesocolic excision (CME) and central vascular ligation (CVL) in the management of locally advanced colon cancers. Predicted tumour stage and the presence of nodal metastases by CT are often used to select patients for neo-adjuvant chemotherapy and those that may benefit from CME. This study aims to compare predicted radiological T and N staging with final pathological T and N staging in elective patients having potentially curative surgery for right-sided colon cancer. Methods A retrospective analysis was carried out of a prospectively gathered database of all patients who had undergone (true) right hemicolectomy between 02/01/13 and 21/05/20. Sensitivity, specificity, positive predictive value, and negative predictive value for CT scanning with regards to the pathological nodal metastases were calculated and analysed. Results The sensitivity and specificity of radiology staging for predicting nodal status were 76.4% and 65.5% respectively. The positive predictive value of CT staging for correctly identifying nodal metastases was 55.3%, with a negative predictive value of 77.3%. Conclusions This large series adds further evidence that CT, even when reviewed by expert GI radiologists, has

limited accuracy at identifying lymph node metastases in colon cancer.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2022, Shekleton et al.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36225504&custid=ns010877

648. **EDOXABAN FOR STROKE PREVENTION IN INTRACRANIAL HEMORRHAGE SURVIVORS WITH ATRIAL FIBRILLATION: DESIGN OF THE ONGOING ENRICH-AF GLOBAL RANDOMIZED TRIAL.**

Item Type: Journal Article

Authors: Shoamanesh, A.;Molina, C. A.;Adie, K.;Catanese, L.;Kafle, P.;Masjuan, J.;MartiFabregas, J.;Cvoro, V.;Choulerton, J.;Vanacker, P.;Dahal, A.;Seiffge, D. J.;Nolte, C. H.;Endres, M.;Zhang, Q.;Hughes, T. A.;Wang, W.;Cooper, M.;Ligot, N.;Loos, C., et al

Publication Date: 2022a

Journal: European Stroke Journal Conference: 8th European Stroke Organisation Conference. Lyon France, pp. ate of Pubaton: May 2022

Abstract: Background and aims: Non-vitamin K oral anticoagulants are a promising treatment option for intracranial hemorrhage(ICrH) survivors with atrial fibrillation(AF). We hypothesize that treatment with edoxaban will reduce the risk of stroke in ICrH survivors with high-risk AF compared with non-anticoagulant medical therapy.

649. **EDOXABAN FOR STROKE PREVENTION IN INTRACRANIAL HEMORRHAGE SURVIVORS WITH ATRIAL FIBRILLATION: DESIGN OF THE ONGOING ENRICH-AF GLOBAL RANDOMIZED TRIAL.**

Item Type: Journal Article

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Publication Date: 2022b

Journal: European Stroke Journal Conference: 8th European Stroke Organisation Conference. Lyon France, pp. ate of Pubaton: May 2022

Abstract: Background and aims: Non-vitamin K oral anticoagulants are a promising treatment option for intracranial hemorrhage(ICrH) survivors with atrial fibrillation(AF). We hypothesize that treatment with edoxaban will reduce the risk of stroke in ICrH survivors with high-risk AF compared with non-anticoagulant medical therapy.

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Item Type: Journal Article

Authors: Shoamanesh, A.;Molina, C. A.;Adie, K.;Catanese, L.;Kafle, P.;Masjuan, J.;MartiFabregas, J.;Cvoro, V.;Choulerton, J.;Vanacker, P.;Dahal, A.;Seiffge, D. J.;Nolte, C.

H.;Endres, M.;Zhang, Q.;Hughes, T. A.;Wang, W.;Cooper, M.;Ligot, N.;Loos, C., et al

Publication Date: 2022c

Journal: European Stroke Journal Conference: 8th European Stroke Organisation Conference. Lyon France, pp. ate of Pubaton: May 2022

Abstract: Background and aims: Non-vitamin K oral anticoagulants are a promising treatment option for intracranial hemorrhage(ICrH) survivors with atrial fibrillation(AF). We hypothesize that treatment with edoxaban will reduce the risk of stroke in ICrH survivors with high-risk AF compared with non-anticoagulant medical therapy.

651. **The proposed "physiological CTG interpretation"-true to its claims or "Anti"-physiological with serious safety issues?: Re: Jia YJ, Chen X, Cui HY, Whelehan V, Archer A, Chandraharan E. Physiological CTG interpretation: the significance of baseline fetal heart rate changes after the onset of decelerations and associated perinatal outcomes. J Matern Fetal Neonatal Med. 2019;Sep 18;1-6. doi: 10.1080/14767058.2019.1666819. Online ahead of print.**

    Item Type: Journal Article

    Authors: Sholapurkar, S. L.

    Publication Date: 2022a

    Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(22), pp. 4240-4242

    DOI: 10.1080/14767058.2020.1849099

652. **Proof of ineffective and unnecessary prophylactic negative-pressure wound dressing (NPWD) after caesarean: extended debate to include surgical considerations.**

    Item Type: Journal Article

    Authors: Sholapurkar, S. L.

    Publication Date: 2022b

    Journal: BJOG: An International Journal of Obstetrics and Gynaecology 129(3), pp. 509-510

    DOI: 10.1111/1471-0528.16911

653. **Intermittent auscultation (surveillance) of fetal heart rate in labor: a progressive evidence-backed approach with aim to improve methodology, reliability and safety.**

    Item Type: Journal Article

    Authors: Sholapurkar, S. L.

    Publication Date: 2022c

    Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(15), pp. 2942-2948

    Abstract: Intermittent auscultation (IA) of fetal heart has become acceptable in low risk labors even in the developed countries. However, the instances of birth asphyxia occur despite adhering to the guidelines. Such outcomes need not be the inherent limitations of IA, but improvements in the IA regime are highly desirable. The systematic analyses of

available studies have been unhelpful to ascertain an optimal regime or suggest improvements. This analytical review uses detailed modeling and reasoning to examine/propose safe and effective regime. It counters a misconception that the Doppler-device is not superior to Pinard stethoscope in usability, accuracy and thereby decision making. Importantly, the Doppler-device should not be used to actually count the fetal heart tones (like a Pinard stethoscope) as insisted by many guidelines. The review demonstrates that counting to 120-160 over a minute is arduous, superfluous and fraught with fallacies and risks. Observation of the digital read-out of the fetal heart rate (FHR) and its trend during the auscultation duration is far more informative. IA should focus on the two FHR parameters namely the baseline and late decelerations. Detection of additional FHR changes like overshoots, cycling or accelerations do not add value. Doppler-device FHR readouts over a steady pattern (commonly just before the contraction) best represent the baseline. FHR observation (IA) should commence in the later part of the contraction and continue till the beginning of next contraction and need not arbitrarily end at 1 min (a legacy of preoccupation with actual counting). Heightened awareness is required to detect late decelerations at the end of contractions. It would suffice to perform IA over a couple of contractions every 20-30 min during the first stage of labor. This improved methodology would avoid mistakes and improve the detection of FHR abnormalities to enhance patient safety in future practice guidelines.

DOI: 10.1080/14767058.2020.1811664

654. **Proof of ineffective and unnecessary prophylactic negative-pressure wound dressing (NPWD) after caesarean: extended debate to include surgical considerations.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022d

Journal: BJOG: An International Journal of Obstetrics and Gynaecology 129(3), pp. 509-510

655. **The proposed "physiological CTG interpretation"-true to its claims or "Anti"-physiological with serious safety issues?: Re: Jia YJ, Chen X, Cui HY, Whelehan V, Archer A, Chandraharan E. Physiological CTG interpretation: the significance of baseline fetal heart rate changes after the onset of decelerations and associated perinatal outcomes. J Matern Fetal Neonatal Med. 2019;Sep 18;1-6. doi: 10.1080/14767058.2019.1666819. Online ahead of print.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022e

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(22), pp. 4240-4242

656. **Intermittent auscultation (surveillance) of fetal heart rate in labor: a progressive evidence-backed approach with aim to improve methodology, reliability and safety.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022f

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(15), pp. 2942-2948

Abstract: Intermittent auscultation (IA) of fetal heart has become acceptable in low risk labors even in the developed countries. However, the instances of birth asphyxia occur despite adhering to the guidelines. Such outcomes need not be the inherent limitations of IA, but improvements in the IA regime are highly desirable. The systematic analyses of available studies have been unhelpful to ascertain an optimal regime or suggest improvements. This analytical review uses detailed modeling and reasoning to examine/propose safe and effective regime. It counters a misconception that the Doppler-device is not superior to Pinard stethoscope in usability, accuracy and thereby decision making. Importantly, the Doppler-device should not be used to actually count the fetal heart tones (like a Pinard stethoscope) as insisted by many guidelines. The review demonstrates that counting to 120-160 over a minute is arduous, superfluous and fraught with fallacies and risks. Observation of the digital read-out of the fetal heart rate (FHR) and its trend during the auscultation duration is far more informative. IA should focus on the two FHR parameters namely the baseline and late decelerations. Detection of additional FHR changes like overshoots, cycling or accelerations do not add value. Doppler-device FHR readouts over a steady pattern (commonly just before the contraction) best represent the baseline. FHR observation (IA) should commence in the later part of the contraction and continue till the beginning of next contraction and need not arbitrarily end at 1 min (a legacy of preoccupation with actual counting). Heightened awareness is required to detect late decelerations at the end of contractions. It would suffice to perform IA over a couple of contractions every 20-30 min during the first stage of labor. This improved methodology would avoid mistakes and improve the detection of FHR abnormalities to enhance patient safety in future practice guidelines.

657. **The present and future of intrapartum computerized cardiotocography: role of pattern recognition incorporating single vs. multiple parameters.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022g

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(25), pp. 7452-7458

Abstract: Computer assisted cardiotocography holds a great promise in minimizing human errors thereby improving perinatal outcome. Despite exponential growth (Moore's law) in computing power for decades, this promise remains unrealized. The systematic analyses of studies on computerized cardiotocography offer little guide to future. This analytical review presents a more qualitative discussion of available evidence as well as concepts regarding the development and acceptance of computerized cardiotocography. To begin with, a workable approach would be for computer algorithms to follow the most scientific visual cardiotocography interpretation frameworks incorporating multiple fetal heart rate parameters and uterine contractions. This ability could be studied and form the basis for regulation of computer algorithms. Addition of background risk factors would be another step. This may take form of familiar multi-tier systems or new alternative strategies like the fetal reserve index. "Machine learning" will remain challenging because of complex variability in fetal-maternal conditions, labor characteristics and clinical intervention changing the outcomes. Randomized controlled trials of adequate size may remain very rare. However, prospective and retrospective testing of computer algorithms with careful qualitative and comparative approach would help clinicians and hospital managers in their decisions. Singular parameters like the popular "deceleration area" and "deceleration capacity" have poor predictive value for fetal acidemia or hypoxic injury. Scientific pattern-recognition of important fetal heart rate parameters like decelerations seems crucial for visual as well as computerized cardiotocography. Success of

computerizedcardiotocography depends on team effort by the obstetricians with in-depth practical knowledge/experience and skilled artificial intelligence (AI) specialists.

658. **Proof of ineffective and unnecessary prophylactic negative-pressure wound dressing (NPWD) after caesarean: extended debate to include surgical considerations.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022h

Journal: BJOG: An International Journal of Obstetrics and Gynaecology 129(3), pp. 509-510

659. **The proposed "physiological CTG interpretation"-true to its claims or "Anti"-physiological with serious safety issues?: Re: Jia YJ, Chen X, Cui HY, Whelehan V, Archer A, Chandraharan E. Physiological CTG interpretation: the significance of baseline fetal heart rate changes after the onset of decelerations and associated perinatal outcomes. J Matern Fetal Neonatal Med. 2019;Sep 18;1-6. doi: 10.1080/14767058.2019.1666819. Online ahead of print.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022i

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(22), pp. 4240-4242

660. **Intermittent auscultation (surveillance) of fetal heart rate in labor: a progressive evidence-backed approach with aim to improve methodology, reliability and safety.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022j

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(15), pp. 2942-2948

Abstract: Intermittent auscultation (IA) of fetal heart has become acceptable in low risk labors even in the developed countries. However, the instances of birth asphyxia occur despite adhering to the guidelines. Such outcomes need not be the inherent limitations of IA, but improvements in the IA regime are highly desirable. The systematic analyses of available studies have been unhelpful to ascertain an optimal regime or suggest improvements. This analytical review uses detailed modeling and reasoning to examine/propose safe and effective regime. It counters a misconception that the Doppler-device is not superior to Pinard stethoscope in usability, accuracy and thereby decision making. Importantly, the Doppler-device should not be used to actually count the fetal heart tones (like a Pinard stethoscope) as insisted by many guidelines. The review demonstrates that counting to 120-160 over a minute is arduous, superfluous and fraught with fallacies and risks. Observation of the digital read-out of the fetal heart rate (FHR) and its trend during the auscultation duration is far more informative. IA should focus on the two FHR parameters namely the baseline and late decelerations. Detection of additional FHR changes like overshoots, cycling or accelerations do not add value. Doppler-device FHR readouts over a steady pattern (commonly just before the contraction) best represent the baseline. FHR observation (IA) should commence in the later part of the contraction and

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661. **The present and future of intrapartum computerized cardiotocography: role of pattern recognition incorporating single vs. multiple parameters.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022k

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(25), pp. 7452-7458

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662. **Proof of ineffective and unnecessary prophylactic negative-pressure wound dressing (NPWD) after caesarean: extended debate to include surgical considerations.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022l

Journal: BJOG: An International Journal of Obstetrics and Gynaecology 129(3), pp. 509-510

663. **The proposed "physiological CTG interpretation"-true to its claims or "Anti"-physiological with serious safety issues?: Re: Jia YJ, Chen X, Cui HY, Whelehan V, Archer A, Chandraharan E. Physiological CTG interpretation: the significance of baseline fetal heart rate changes after the onset of decelerations and associated perinatal outcomes. J Matern Fetal Neonatal Med. 2019;Sep 18;1-6. doi:**

10.1080/14767058.2019.1666819. Online ahead of print.

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022m

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(22), pp. 4240-4242

664. **Intermittent auscultation (surveillance) of fetal heart rate in labor: a progressive evidence-backed approach with aim to improve methodology, reliability and safety.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022n

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(15), pp. 2942-2948

Abstract: Intermittent auscultation (IA) of fetal heart has become acceptable in low risk labors even in the developed countries. However, the instances of birth asphyxia occur despite adhering to the guidelines. Such outcomes need not be the inherent limitations of IA, but improvements in the IA regime are highly desirable. The systematic analyses of available studies have been unhelpful to ascertain an optimal regime or suggest improvements. This analytical review uses detailed modeling and reasoning to examine/propose safe and effective regime. It counters a misconception that the Doppler-device is not superior to Pinard stethoscope in usability, accuracy and thereby decision making. Importantly, the Doppler-device should not be used to actually count the fetal heart tones (like a Pinard stethoscope) as insisted by many guidelines. The review demonstrates that counting to 120-160 over a minute is arduous, superfluous and fraught with fallacies and risks. Observation of the digital read-out of the fetal heart rate (FHR) and its trend during the auscultation duration is far more informative. IA should focus on the two FHR parameters namely the baseline and late decelerations. Detection of additional FHR changes like overshoots, cycling or accelerations do not add value. Doppler-device FHR readouts over a steady pattern (commonly just before the contraction) best represent the baseline. FHR observation (IA) should commence in the later part of the contraction and continue till the beginning of next contraction and need not arbitrarily end at 1 min (a legacy of preoccupation with actual counting). Heightened awareness is required to detect late decelerations at the end of contractions. It would suffice to perform IA over a couple of contractions every 20-30 min during the first stage of labor. This improved methodology would avoid mistakes and improve the detection of FHR abnormalities to enhance patient safety in future practice guidelines.

665. **The present and future of intrapartum computerized cardiotocography: role of pattern recognition incorporating single vs. multiple parameters.**

Item Type: Journal Article

Authors: Sholapurkar, S. L.

Publication Date: 2022o

Journal: Journal of Maternal-Fetal and Neonatal Medicine 35(25), pp. 7452-7458

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666. **Intermittent auscultation (surveillance) of fetal heart rate in labor: a progressive evidence-backed approach with aim to improve methodology, reliability and safety**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022a

Journal: Journal of Maternal-Fetal & Neonatal Medicine 35(15), pp. 2942-2948

DOI: 10.1080/14767058.2020.1811664

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158135271&custid=ns010877

667. **Intermittent auscultation (surveillance) of fetal heart rate in labor: a progressive evidence-backed approach with aim to improve methodology, reliability and safety**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022b

Journal: The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 35(15), pp. 2942-2948

Abstract: Intermittent auscultation (IA) of fetal heart has become acceptable in low risk labors even in the developed countries. However, the instances of birth asphyxia occur despite adhering to the guidelines. Such outcomes need not be the inherent limitations of IA, but improvements in the IA regime are highly desirable. The systematic analyses of available studies have been unhelpful to ascertain an optimal regime or suggest improvements. This analytical review uses detailed modeling and reasoning to examine/propose safe and effective regime. It counters a misconception that the Doppler-

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DOI: 10.1080/14767058.2020.1811664

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=32862750&custid=ns010877

668. **Proof of ineffective and unnecessary prophylactic negative-pressure wound dressing (NPWD) after caesarean: extended debate to include surgical considerations**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022c

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 129(3), pp. 509-510

DOI: 10.1111/1471-0528.16911

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34612576&custid=ns010877

669. **The present and future of intrapartum computerized cardiotocography: role of pattern recognition incorporating single vs. multiple parameters**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022d

Journal: Journal of Maternal-Fetal & Neonatal Medicine 35(25), pp. 7452-7458

DOI: 10.1080/14767058.2021.1949453

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161126732&custid=ns010877

670. **The present and future of intrapartum computerized cardiotocography: role of pattern recognition incorporating single vs. multiple parameters**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022e

Journal: The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 35(25), pp. 7452-7458

Abstract: Computer assisted cardiotocography holds a great promise in minimizing human errors thereby improving perinatal outcome. Despite exponential growth (Moore's law) in computing power for decades, this promise remains unrealized. The systematic analyses of studies on computerized cardiotocography offer little guide to future. This analytical review presents a more qualitative discussion of available evidence as well as concepts regarding the development and acceptance of computerized cardiotocography. To begin with, a workable approach would be for computer algorithms to follow the most scientific visual cardiotocography interpretation frameworks incorporating multiple fetal heart rate parameters and uterine contractions. This ability could be studied and form the basis for regulation of computer algorithms. Addition of background risk factors would be another step. This may take form of familiar multi-tier systems or new alternative strategies like the fetal reserve index. "Machine learning" will remain challenging because of complex variability in fetal-maternal conditions, labor characteristics and clinical intervention changing the outcomes. Randomized controlled trials of adequate size may remain very rare. However, prospective and retrospective testing of computer algorithms with careful qualitative and comparative approach would help clinicians and hospital managers in their decisions. Singular parameters like the popular "deceleration area" and "deceleration capacity" have poor predictive value for fetal acidemia or hypoxic injury. Scientific pattern-recognition of important fetal heart rate parameters like decelerations seems crucial for visual as well as computerized cardiotocography. Success of computerizedcardiotocography depends on team effort by the obstetricians with in-depth practical knowledge/experience and skilled artificial intelligence (AI) specialists.

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34402369&custid=ns010877

671. **The proposed "physiological CTG interpretation" - true to its claims or "Anti"-physiological with serious safety issues?**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022f

Journal: The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 35(22), pp. 4240-4242

DOI: 10.1080/14767058.2020.1849099

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN

=33487085&custid=ns010877

672. **The proposed "physiological CTG interpretation" – true to its claims or "Anti"-physiological with serious safety issues?: Re: Jia YJ, Chen X, Cui HY, Whelehan V, Archer A, Chandraharan E. Physiological CTG interpretation: the significance of baseline fetal heart rate changes after the onset of decelerations and associated perinatal outcomes. J Matern Fetal Neonatal Med. 2019;Sep 18;1–6. doi: 10.1080/14767058.2019.1666819. Online ahead of print**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022g

Journal: Journal of Maternal-Fetal & Neonatal Medicine 35(22), pp. 4240-4242

DOI: 10.1080/14767058.2020.1849099

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=158860356&custid=ns010877

673. **The round shape of a wheel and meta-analysis - rational review of training of intrapartum fetal monitoring and the importance of its content: Re: Kelly S, Redmond P, King S, Oliver-Williams C, Lame G, Liberati E et al. Training in the use of intrapartum electronic fetal monitoring with cardiotocography: systematic review and meta-analysis. BJOG 2021; 128: 1408-1419: Re: Kelly S, Redmond P, King S, Oliver-Williams C, Lame G, Liberati E et al. Training in the use of intrapartum electronic fetal monitoring with cardiotocography: systematic review and meta-analysis. BJOG 2021; 128: 1408-1419**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022h

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 129(4), pp. 671-672

DOI: 10.1111/1471-0528.16893

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34605144&custid=ns010877

674. **This study demonstrates that the "cumulative deceleration area" performs poorly and the study data calls for scientific classification of FHR decelerations**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022i

Journal: The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the

European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 35(8), pp. 1583-1584

DOI: 10.1080/14767058.2020.1759537

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=32349569&custid=ns010877

675. **This study demonstrates that the "cumulative deceleration area" performs poorly and the study data calls for scientific classification of FHR decelerations: (Re: Furukawa A, Neilson D, Hamilton E. Cumulative deceleration area: a simplified predictor of metabolic acidemia. J Matern Fetal Neonatal Med. 2019 Oct 21:1–8)**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022j

Journal: Journal of Maternal-Fetal & Neonatal Medicine 35(8), pp. 1583-1584

DOI: 10.1080/14767058.2020.1759537

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155832774&custid=ns010877

676. **The round shape of a wheel and meta-analysis – rational review of training of intrapartum fetal monitoring and the importance of its content: Re: Kelly S, Redmond P, King S, Oliver-Williams C, Lame G, Liberati E et al. Training in the use of intrapartum electronic fetal monitoring with cardiotocography: systematic review and meta-analysis. *BJOG* 2021; 128: 1408–1419**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022k

Journal: Bjog 129(4), pp. 671-672

DOI: 10.1111/1471-0528.16893

URL: https://www.proquest.com/scholarly-journals/round-shape-wheel-meta-analysis-rational-review/docview/2628922052/se-2?accountid=48301 https://libkey.io/libraries/2835/openurl?genre=unknown&au=Sholapurkar%252C+Shashikant+L&aulast=Sholapurkar&issn=14700328&isbn=&title=The+round+shape+of+a+wheel+and+meta%25E2%2580%2590analysis+%25E2%2580%2593+rational+review+of+training+of+intrapartum+fetal+monitoring+and+the+importance+of+its+content&jtitle=BJOG&pubname=BJOG&btitle=&atitle=The+round+shape+of+a+wheel+and+meta%25E2%2580%2590analysis+%2526ndash%253B+rational+review+of+training+of+intrapartum+fetal+monitoring+and+the+importance+of+its+content%253A+Re%253A+Kelly+S%252C+Redmond+P%252C+King+S%252C+Oliver%25E2%2580%2590Williams+C%252C+Lame+G%252C+Liberati+E+et%2526thinsp%253Bal.+Training+in+the+use+of+intrapartum+electronic+fetal+monitoring+with+cardiotocography%253A+systematic+review+and+meta%25E2%2580%2590analysis.+BJOG+2021%253B+128%253A+1408%2526ndash%253B1419&volume=129&issue=4&spage=671&date=2022&doi=10.1111%252F1471-

0528.16893&sid=ProQuest https://doi.org/10.1111/1471-0528.16893

677. **Proof of ineffective and unnecessary prophylactic negative-pressure wound dressing (NPWD) after caesarean: extended debate to include surgical considerations: An International Journal of Obstetrics and Gynaecology**

Item Type: Journal Article

Authors: Sholapurkar, Shashikant L.

Publication Date: 2022l

Journal: Bjog 129(3), pp. 509-510

DOI: 10.1111/1471-0528.16911

URL: https://www.proquest.com/scholarly-journals/proof-xa0-ineffective-unnecessary-prophylactic/docview/2618388273/se-2?accountid=48301 https://libkey.io/libraries/2835/openurl?genre=unknown&au=Sholapurkar%252C+Shashikant+L&aulast=Sholapurkar&issn=14700328&isbn=&title=Proof%2526%2523xa0%253Bof+ineffective+and+unnecessary+prophylactic+negative%25E2%2580%2590pressure+wound+dressing+%2528NPWD%2529+after+caesarean%253A+extended+debate+to+include+surgical+considerations&jtitle=BJOG&pubname=BJOG&btitle=&atitle=Proof%2526nbsp%253Bof+ineffective+and+unnecessary+prophylactic+negative%25E2%2580%2590pressure+wound+dressing+%2528NPWD%2529+after+caesarean%253A+extended+debate+to+include+surgical+considerations%253A+An+International+Journal+of+Obstetrics+and+Gynaecology&volume=129&issue=3&spage=509&date=2022&doi=10.1111%252F1471-0528.16911&sid=ProQuest https://doi.org/10.1111/1471-0528.16911

678. **A quantitative evaluation of aerosol generation during supraglottic airway insertion and removal**

Item Type: Journal Article

Authors: Shrimpton, A. J.;Brown, J. M.;Cook, T. M. and Pickering, A. E.

Publication Date: 2022a

Journal: Anaesthesia 77(2), pp. 230-231

DOI: 10.1111/anae.15572

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34432884&custid=ns010877

679. **A quantitative evaluation of aerosol generation during supraglottic airway insertion and removal**

Item Type: Journal Article

Authors: Shrimpton, A. J.;Brown, J. M.;Cook, T. M. and Pickering, A. E.

Publication Date: 2022b

Journal: Anaesthesia 77(2), pp. 230-231

DOI: 10.1111/anae.15572

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154564629&custid=ns010877

680. **IMproving PULmonary hypertension Screening by Echocardiography: IMPULSE**

Item Type: Journal Article

Authors: Slegg, Oliver Graham;Willis, James Alexander;Wilkinson, Fiona;Sparey, Joseph;Wild, Christopher Basil;Rossdale, Jennifer;Ross, Robert Mackenzie;Pauling, John D.;Carson, Kevin;Kandan, Sri Raveen;Oxborough, David;Knight, Daniel;Peacock, Oliver James;Suntharalingam, Jay;Coghlan, John Gerard and Augustine, Daniel Xavier

Publication Date: 2022

Journal: Echo Research and Practice 9(1), pp. 9

Abstract: Background: The world symposium on pulmonary hypertension (PH) has proposed that PH be defined as a mean pulmonary artery pressure (mPAP) > 20 mmHg as assessed by right heart catheterisation (RHC). Transthoracic echocardiography (TTE) is an established screening tool used for suspected PH. International guidelines recommend a multi-parameter assessment of the TTE PH probability although effectiveness has not been established using real world data.; Study Aims: To determine accuracy of the European Society of Cardiology (ESC) and British Society of Echocardiography (BSE) TTE probability algorithm in detecting PH in patients attending a UK PH centre. To identify echocardiographic markers and revised algorithms to improve the detection of PH in those with low/intermediate BSE/ESC TTE PH probability.; Methods: TTE followed by RHC (within 4 months after) was undertaken in patients for suspected but previously unconfirmed PH. BSE/ESC PH TTE probabilities were calculated alongside additional markers of right ventricular (RV) longitudinal and radial function, and RV diastolic function. A refined IMPULSE algorithm was devised and evaluated in patients with low and/or intermediate ESC/BSE TTE PH probability.; Results: Of 310 patients assessed, 236 (76%) had RHC-confirmed PH (average mPAP 42.8 ± 11.7). Sensitivity and specificity for detecting PH using the BSE/ESC recommendations was 89% and 68%, respectively. 36% of those with low BSE/ESC TTE probability had RHC-confirmed PH and BSE/ESC PH probability parameters did not differ amongst those with and without PH in the low probability group. Conversely, RV free wall longitudinal strain (RVFWLS) was lower in patients with vs. without PH in low BSE/ESC probability group (- 20.6 ± 4.1% vs - 23.8 ± 3.9%) (P < 0.02). Incorporating RVFWLS and TTE features of RV radial and diastolic function (RVFAC and IVRT) within the IMPULSE algorithm reduced false negatives in patients with low BSE/ESC PH probability by 29%. The IMPULSE algorithm had excellent specificity and positive predictive value in those with low (93%/80%, respectively) or intermediate (82%/86%, respectively) PH probability.; Conclusion: Existing TTE PH probability guidelines lack sensitivity to detect patients with milder haemodynamic forms of PH. Combining additional TTE makers assessing RV radial, longitudinal and diastolic function enhance identification of milder forms of PH, particularly in those who have a low BSE/ESC TTE PH probability. (© 2022. The Author(s).)

DOI: 10.1186/s44156-022-00010-9

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36258244&custid=ns010877

681. **'You're kind of left to your own devices': a qualitative focus group study of patients with breast, prostate or blood cancer at a hospital in the South West of England,**

exploring their engagement with exercise and physical activity during cancer treatment and in the months following standard care.

Item Type: Journal Article

Authors: Smith, S. K.;Wiltshire, G.;Brown, F. F.;Dhillon, H.;Osborn, M.;Wexler, S.;Beresford, M.;Tooley, M. A. and Turner, J. E.

Publication Date: 2022a

Journal: BMJ Open 12(3), pp. e056132

Abstract: OBJECTIVES: The aim of this study was to explore the experiences of patients with breast, prostate or blood cancer, regarding their (1) engagement with exercise and physical activity during treatment and in the months following standard care, and (2) the meanings attached to these lifestyle behaviours. DESIGN: A qualitative study using focus groups. The groups were audio recorded, transcribed and analysed using Framework analysis. SETTING: A hospital-based cancer treatment centre in the South-West of England. PARTICIPANTS: Eighteen people who had either completed treatment or were currently on maintenance therapy for breast, prostate or blood cancer (non-Hodgkin lymphoma or Hodgkin lymphoma).

682. **'You're kind of left to your own devices': a qualitative focus group study of patients with breast, prostate or blood cancer at a hospital in the South West of England, exploring their engagement with exercise and physical activity during cancer treatment and in the months following standard care.**

Item Type: Journal Article

Authors: Smith, S. K.;Wiltshire, G.;Brown, F. F.;Dhillon, H.;Osborn, M.;Wexler, S.;Beresford, M.;Tooley, M. A. and Turner, J. E.

Publication Date: 2022b

Journal: BMJ Open 12(3), pp. e056132

Abstract: OBJECTIVES: The aim of this study was to explore the experiences of patients with breast, prostate or blood cancer, regarding their (1) engagement with exercise and physical activity during treatment and in the months following standard care, and (2) the meanings attached to these lifestyle behaviours. DESIGN: A qualitative study using focus groups. The groups were audio recorded, transcribed and analysed using Framework analysis. SETTING: A hospital-based cancer treatment centre in the South-West of England. PARTICIPANTS: Eighteen people who had either completed treatment or were currently on maintenance therapy for breast, prostate or blood cancer (non-Hodgkin lymphoma or Hodgkin lymphoma).

683. **'You're kind of left to your own devices': a qualitative focus group study of patients with breast, prostate or blood cancer at a hospital in the South West of England, exploring their engagement with exercise and physical activity during cancer treatment and in the months following standard care.**

Item Type: Journal Article

Authors: Smith, S. K.;Wiltshire, G.;Brown, F. F.;Dhillon, H.;Osborn, M.;Wexler, S.;Beresford, M.;Tooley, M. A. and Turner, J. E.

Publication Date: 2022c

Journal: BMJ Open 12(3), pp. e056132

Abstract: OBJECTIVES: The aim of this study was to explore the experiences of patients with breast, prostate or blood cancer, regarding their (1) engagement with exercise and physical activity during treatment and in the months following standard care, and (2) the meanings attached to these lifestyle behaviours. DESIGN: A qualitative study using focus groups. The groups were audio recorded, transcribed and analysed using Framework analysis. SETTING: A hospital-based cancer treatment centre in the South-West of England. PARTICIPANTS: Eighteen people who had either completed treatment or were currently on maintenance therapy for breast, prostate or blood cancer (non-Hodgkin lymphoma or Hodgkin lymphoma).

684. **'You're kind of left to your own devices': a qualitative focus group study of patients with breast, prostate or blood cancer at a hospital in the South West of England, exploring their engagement with exercise and physical activity during cancer treatment and in the months following standard care**

Item Type: Journal Article

Authors: Smith, Sian Karen;Wiltshire, Gareth;Brown, Frankie F.;Dhillon, Haryana;Osborn, Mike;Wexler, Sarah;Beresford, Mark;Tooley, Mark A. and Turner, James E.

Publication Date: 2022

Journal: BMJ Open 12(3), pp. e056132

Abstract: Objectives: The aim of this study was to explore the experiences of patients with breast, prostate or blood cancer, regarding their (1) engagement with exercise and physical activity during treatment and in the months following standard care, and (2) the meanings attached to these lifestyle behaviours.; Design: A qualitative study using focus groups. The groups were audio recorded, transcribed and analysed using Framework analysis.; Setting: A hospital-based cancer treatment centre in the South-West of England.; Participants: Eighteen people who had either completed treatment or were currently on maintenance therapy for breast, prostate or blood cancer (non-Hodgkin lymphoma or Hodgkin lymphoma).; Results: Participants reported treatment limiting their ability to engage in exercise and physical activity. However, participants were aware of the physiological, emotional and social benefits of exercise and expressed a desire to maintain a physically active lifestyle before, during and after treatment. They noted a lack of concrete guidance and appropriate exercise classes for people with cancer and felt poorly informed about the type, intensity, duration and frequency of exercise they should be undertaking. As such, participants reported making decisions on their own, relying on their intuition and listening to their bodies to gauge whether they were doing enough exercise (or not).; Conclusions: Participants were aware of the benefits of a physically active lifestyle during and following cancer treatment, but were not familiar with exercise and physical activity guidelines for people living with and beyond cancer. There is a need for healthcare professionals, academics and policy makers to determine how exercise and physical activity can be supported in clinical settings in realistic and meaningful ways accommodating individual patient circumstances.; Competing Interests: Competing interests: Haryana Dhillon has received honoraria, paid to her institution, from pharmaceutical companies, BMS, MSD, and Janssen (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35351718&custid=ns010877

685. **Conversion therapy: Change the law not the person.**

Item Type: Journal Article

Authors: Talbot, J. and Finlay, F.

Publication Date: 2022a

Journal: Archives of Disease in Childhood (pagination)

686. **Empowering healthcare professionals with health promotion information for transgender adolescents.**

Item Type: Journal Article

Authors: Talbot, J. and Finlay, F.

Publication Date: 2022b

Journal: Archives of Disease in Childhood: Education and Practice Edition (pagination)
Abstract: While the majority of lesbian, gay, bisexual and transgender (LGBT) adolescents, much like their cis-gendered heterosexual peers, will be confident and healthy young individuals, there are well-known health disparities, particularly within the transgendered community, which may lead to inferior health outcomes. To improve these outcomes, we must empower professionals to feel confident in their interactions with transgender adolescents so they can recognise, discuss and address these disparities. For many healthcare professionals, this may be a novel experience, but following the announcement in 2022 that the Gender Identity Development Service (GIDS) will move towards a regional model, these discussions increasingly frequently be encountered in a general paediatric setting. In this article, we discuss some of the topics which may be relevant to transgender young people during a general paediatric consultation.

687. **Empowering healthcare professionals with health promotion information for transgender adolescents.**

Item Type: Journal Article

Authors: Talbot, J. and Finlay, F.

Publication Date: 2022c

Journal: Archives of Disease in Childhood: Education and Practice Edition (pagination)
Abstract: While the majority of lesbian, gay, bisexual and transgender (LGBT) adolescents, much like their cis-gendered heterosexual peers, will be confident and healthy young individuals, there are well-known health disparities, particularly within the transgendered community, which may lead to inferior health outcomes. To improve these outcomes, we must empower professionals to feel confident in their interactions with transgender adolescents so they can recognise, discuss and address these disparities. For many healthcare professionals, this may be a novel experience, but following the announcement in 2022 that the Gender Identity Development Service (GIDS) will move towards a regional model, these discussions increasingly frequently be encountered in a general paediatric setting. In this article, we discuss some of the topics which may be relevant to transgender young people during a general paediatric consultation.

688. **Empowering healthcare professionals with health promotion information for transgender adolescents.**

Item Type: Journal Article

Authors: Talbot, J. and Finlay, F.

Publication Date: 2022d

Journal: Archives of Disease in Childhood: Education and Practice Edition (pagination)
Abstract: While the majority of lesbian, gay, bisexual and transgender (LGBT) adolescents, much like their cis-gendered heterosexual peers, will be confident and healthy young individuals, there are well-known health disparities, particularly within the transgendered community, which may lead to inferior health outcomes. To improve these outcomes, we must empower professionals to feel confident in their interactions with transgender adolescents so they can recognise, discuss and address these disparities. For many healthcare professionals, this may be a novel experience, but following the announcement in 2022 that the Gender Identity Development Service (GIDS) will move towards a regional model, these discussions increasingly frequently be encountered in a general paediatric setting. In this article, we discuss some of the topics which may be relevant to transgender young people during a general paediatric consultation.

689. **Conversion therapy: change the law not the person**

Item Type: Journal Article

Authors: Talbot, Jonathan and Finlay, Fiona

Publication Date: 2022a

Journal: Archives of Disease in Childhood
Abstract: Competing Interests: Competing interests: None declared.

DOI: 10.1136/archdischild-2022-324177

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35760455&custid=ns010877

690. **Empowering healthcare professionals with health promotion information for transgender adolescents**

Item Type: Journal Article

Authors: Talbot, Jonathan and Finlay, Fiona

Publication Date: 2022b

Journal: Archives of Disease in Childhood.Education and Practice Edition
Abstract: While the majority of lesbian, gay, bisexual and transgender (LGBT) adolescents, much like their cis-gendered heterosexual peers, will be confident and healthy young individuals, there are well-known health disparities, particularly within the transgendered community, which may lead to inferior health outcomes. To improve these outcomes, we must empower professionals to feel confident in their interactions with transgender adolescents so they can recognise, discuss and address these disparities. For many healthcare professionals, this may be a novel experience, but following the announcement in 2022 that the Gender Identity Development Service (GIDS) will move towards a regional model, these discussions increasingly frequently be encountered in a general paediatric setting. In this article, we discuss some of the topics which may be relevant to transgender young people during a general paediatric consultation.; Competing Interests: Competing interests: None declared.

DOI: 10.1136/archdischild-2022-324744

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36347600&custid=ns010877

691. **Aflibercept in clinical practice; visual acuity, injection numbers and adherence to treatment, for diabetic macular oedema in 21 UK hospitals over 3 years.**

Item Type: Journal Article

Authors: Talks, S. J.;Stratton, I.;Talks, J.;Scanlon, P.;Mohamed, Q.;Lotery, A.;Kashani, S.;Georgas, N.;Jones, C.;Gashut, A.;Santiago, C.;Chhabra, R.;Antcliff, R.;Dhingra, N.;Bailey, C.;Chakravarthy, U.;Peto, T.;Ghanchi, F.;Mcinerney, L.;Natha, S., et al

Publication Date: 2022a

Journal: Eye (Basingstoke) 36(1), pp. 72-77

Abstract: Introduction: Randomised controlled trials provide evidence that a treatment works. Real world evidence is required to assess if proven treatments are effective in practice.

DOI: 10.1038/s41433-021-01625-8

692. **Aflibercept in clinical practice; visual acuity, injection numbers and adherence to treatment, for diabetic macular oedema in 21 UK hospitals over 3 years.**

Item Type: Journal Article

Authors: Talks, S. J.;Stratton, I.;Talks, J.;Scanlon, P.;Mohamed, Q.;Lotery, A.;Kashani, S.;Georgas, N.;Jones, C.;Gashut, A.;Santiago, C.;Chhabra, R.;Antcliff, R.;Dhingra, N.;Bailey, C.;Chakravarthy, U.;Peto, T.;Ghanchi, F.;Mcinerney, L.;Natha, S., et al

Publication Date: 2022b

Journal: Eye (Basingstoke) 36(1), pp. 72-77

Abstract: Introduction: Randomised controlled trials provide evidence that a treatment works. Real world evidence is required to assess if proven treatments are effective in practice.

693. **Aflibercept in clinical practice; visual acuity, injection numbers and adherence to treatment, for diabetic macular oedema in 21 UK hospitals over 3 years.**

Item Type: Journal Article

Authors: Talks, S. J.;Stratton, I.;Talks, J.;Scanlon, P.;Mohamed, Q.;Lotery, A.;Kashani, S.;Georgas, N.;Jones, C.;Gashut, A.;Santiago, C.;Chhabra, R.;Antcliff, R.;Dhingra, N.;Bailey, C.;Chakravarthy, U.;Peto, T.;Ghanchi, F.;Mcinerney, L.;Natha, S., et al

Publication Date: 2022c

Journal: Eye (Basingstoke) 36(1), pp. 72-77

Abstract: Introduction: Randomised controlled trials provide evidence that a treatment

works. Real world evidence is required to assess if proven treatments are effective in practice.

694. **Aflibercept in clinical practice; visual acuity, injection numbers and adherence to treatment, for diabetic macular oedema in 21 UK hospitals over 3 years.**

Item Type: Journal Article

Authors: Talks, S. J.;Stratton, I.;Talks, J.;Scanlon, P.;Mohamed, Q.;Lotery, A.;Kashani, S.;Georgas, N.;Jones, C.;Gashut, A.;Santiago, C.;Chhabra, R.;Antcliff, R.;Dhingra, N.;Bailey, C.;Chakravarthy, U.;Peto, T.;Ghanchi, F.;Mcinerney, L.;Natha, S., et al

Publication Date: 2022d

Journal: Eye (Basingstoke) 36(1), pp. 72-77

Abstract: Introduction: Randomised controlled trials provide evidence that a treatment works. Real world evidence is required to assess if proven treatments are effective in practice.

695. **Adjuvant Intravesical Chemohyperthermia Versus Passive Chemotherapy in Patients with Intermediate-risk Non-muscle-invasive Bladder Cancer (HIVEC-II): A Phase 2, Open-label, Randomised Controlled Trial.**

Item Type: Journal Article

Authors: Tan, W. S.;Prendergast, A.;Ackerman, C.;Yogeswaran, Y.;Cresswell, J.;Mariappan, P.;Phull, J.;HunterCampbell, P.;Lazarowicz, H.;Mishra, V.;Rane, A.;Davies, M.;Warburton, H.;Cooke, P.;Mostafid, H.;Wilby, D.;Mills, R.;Issa, R. and Kelly, J. D.

Publication Date: 2022

Journal: European Urology (pagination), pp. ate of Pubaton: 2022

Abstract: Background: Adjuvant intravesical chemotherapy following tumour resection is recommended for intermediate-risk non-muscle-invasive bladder cancer (NMIBC).

696. **Adjuvant Intravesical Chemohyperthermia Versus Passive Chemotherapy in Patients with Intermediate-risk Non-muscle-invasive Bladder Cancer (HIVEC-II): A Phase 2, Open-label, Randomised Controlled Trial**

Item Type: Journal Article

Authors: Tan, Wei Shen;Prendergast, Aaron;Ackerman, Charlotte;Yogeswaran, Yathushan;Cresswell, Joanne;Mariappan, Paramananthan;Phull, Jaspal;Hunter-Campbell, Paul;Lazarowicz, Henry;Mishra, Vibhash;Rane, Abhay;Davies, Melissa;Warburton, Hazel;Cooke, Peter;Mostafid, Hugh;Wilby, Daniel;Mills, Robert;Issa, Rami and Kelly, John D.

Publication Date: 2022

Journal: European Urology
Abstract: Background: Adjuvant intravesical chemotherapy following tumour resection is recommended for intermediate-risk non-muscle-invasive bladder cancer (NMIBC).; Objective: To assess the efficacy and safety of adjuvant intravesical chemohyperthermia (CHT) for intermediate-risk NMIBC.; Design, Setting, and Participants: HIVEC-II is an open-label, phase 2 randomised controlled trial of CHT versus chemotherapy alone in patients with intermediate-risk NMIBC recruited at 15 centres between May 2014 and December

2017 (ISRCTN 23639415). Randomisation was stratified by treating hospital.; Interventions: Patients were randomly assigned (1:1) to adjuvant CHT with mitomycin C at 43°C or to room-temperature mitomycin C (control). Both treatment arms received six weekly instillations of 40 mg of mitomycin C lasting for 60 min.; Outcome Measurements and Statistical Analysis: The primary endpoint was 24-mo disease-free survival as determined via cystoscopy and urinary cytology. Analysis was by intention to treat.; Results: A total of 259 patients (131 CHT vs 128 control) were randomised. At 24 mo, 42 patients (32%) in the CHT group and 49 (38%) in the control group had experienced recurrence. Disease-free survival at 24 mo was 61% (95% confidence interval CI] 51-69%) in the CHT arm and 60% (95% CI 50-68%) in the control arm (hazard ratio HR] 0.92, 95% CI 0.62-1.37; log-rank p = 0.8). Progression-free survival was higher in the control arm (HR 3.44, 95% CI 1.09-10.82; log-rank p = 0.02) on intention-to-treat analysis but was not significantly higher on per-protocol analysis (HR 2.87, 95% CI 0.83-9.98; log-rank p = 0.06). Overall survival was similar (HR 2.55, 95% CI 0.77-8.40; log-rank p = 0.09). Patients undergoing CHT were less likely to complete their treatment (n =75, 59% vs n = 111, 89%). Adverse events were reported by 164 patients (87 CHT vs 77 control). Major (grade III) adverse events were rare (13 CHT vs 7 control).; Conclusions: CHT cannot be recommended over chemotherapy alone for intermediate-risk NMIBC. Adverse events following CHT were of low grade and short-lived, although patients were less likely to complete their treatment.; Patient Summary: The HIVEC-II trial investigated the role of heated chemotherapy instillations in the bladder for treatment of intermediate-risk non-muscle-invasive bladder cancer. We found no cancer control benefit from heated chemotherapy instillations over room-temperature chemotherapy. Adverse events following heated chemotherapy were low grade and short-lived, although these patients were less likely to complete their treatment.

DOI: 10.1016/j.eururo.2022.08.003

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35999119&custid=ns010877

697. **British Gynaecological Cancer Society Recommendations for Women with Gynecological Cancer Who Received Non-standard Care during the COVID-19 Pandemic.**

Item Type: Journal Article

Authors: Taylor, A.;Sundar, S. S.;Bowen, R.;Clayton, R.;Coleridge, S.;Fotopoulou, C.;GhaemMaghami, S.;Ledermann, J.;Manchanda, R.;Maxwell, H.;Michael, A.;Miles, T.;Nicum, S.;Nordin, A.;Ramsay, B.;Rundle, S.;Williams, S.;Wood, N. J.;Yiannakis, D. and Morrison, J.

Publication Date: 2022a

Journal: Obstetrical and Gynecological Survey 77(3), pp. 156-157

698. **British Gynaecological Cancer Society Recommendations for Women with Gynecological Cancer Who Received Non-standard Care during the COVID-19 Pandemic.**

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Publication Date: 2022b

Journal: Obstetrical and Gynecological Survey 77(3), pp. 156-157

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Publication Date: 2022c

Journal: Obstetrical and Gynecological Survey 77(3), pp. 156-157

700. **British Gynaecological Cancer Society recommendations for women with gynecological cancer who received non-standard care during the COVID-19 pandemic**

Item Type: Journal Article

Authors: Taylor, Alexandra;Sundar, Sudha S.;Bowen, Rebecca;Clayton, Rick;Coleridge, Sarah;Fotopoulou, Christina;Ghaem-Maghami, Sadaf;Ledermann, Jonathan;Manchanda, Ranjit;Maxwell, Hilary;Michael, Agnieszka;Miles, Tracie;Nicum, Shibani;Nordin, Andrew;Ramsay, Bruce;Rundle, Stuart;Williams, Sarah;Wood, Nicholas J.;Yiannakis, Dennis and Morrison, Jo

Publication Date: 2022

Journal: International Journal of Gynecological Cancer : Official Journal of the International Gynecological Cancer Society 32(1), pp. 9-14

Abstract: During the COVID-19 pandemic, pressures on clinical services required adaptation to how care was prioritised and delivered for women with gynecological cancer. This document discusses potential 'salvage' measures when treatment has deviated from the usual standard of care. The British Gynaecological Cancer Society convened a multidisciplinary working group to develop recommendations for the onward management and follow-up of women with gynecological cancer who have been impacted by a change in treatment during the pandemic. These recommendations are presented for each tumor type and for healthcare systems, and the impact on gynecological services are discussed. It will be important that patient concerns about the impact of COVID-19 on their cancer pathway are acknowledged and addressed for their ongoing care.; Competing Interests: Competing interests: None declared. (© IGCS and ESGO 2022. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/ijgc-2021-002942

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34795019&custid=ns010877

701. **A Narrative Review of Specialist Parkinson's Nurses: Evolution, Evidence and Expectation.**

Item Type: Journal Article

Authors: Tenison, E.;James, A.;Ebenezer, L. and Henderson, E. J.

Publication Date: 2022

Journal: Geriatrics (Switzerland) 7(2) (pagination), pp. Arte Number: 46. ate of Pubaton: Ar 2022

Abstract: Extended nursing roles have existed since the 1940s. The first specialist nurse for Parkinson's disease, a complex neurodegenerative disease, was appointed in the United Kingdom (UK) in 1989. A review was undertaken using MEDLINE and Cumulative Index to the Nursing and Allied Health Literature (CINAHL), relating to the role and evidence for Parkinson's disease nurse specialists (PDNSs). PDNSs fulfil many roles. Trials of their effectiveness have failed to show a positive benefit on health outcomes, but their input appears to improve the wellbeing of people with Parkinson's. Now embedded in the UK Parkinson's multidisciplinary team, this care model has since been adopted widely, including successful dissemination of training to countries in Sub-Saharan Africa. The lack of evidence to support the benefit of PDNSs may reflect an insufficient duration and intensity of the intervention, the outcome measures selected or the need to combine PDNS input with other evidence-based interventions. Whilst the current evidence base for their effectiveness is limited, their input appears to improve subjective patient wellbeing and they are considered a vital resource in management. Better evidence in the future will support the development of these roles and may facilitate the application of specialist nurses to other disease areas.

DOI: 10.3390/geriatrics7020046

702. **697 PATIENTS WITH PARKINSONISM AND THEIR CAREGIVERS: A PROTOCOL FOR THE PRIME-UK CROSS-SECTIONAL STUDY...British Geriatrics Society Abstracts from the Autumn Meeting (Virtual), November 24-26, 2021**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Brazier, D.;Smith, M.;Ben-Shlomo, Y. and Henderson, E. J.

Publication Date: 2022

Journal: Age & Ageing 51, pp. 1

Abstract: Introduction People with parkinsonism (PwP) are a highly heterogeneous group and the condition encompasses a spectrum of motor and nonmotor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. Whilst parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe a broad range of PwP in relation to their symptomatology, disability, health needs, disease stage, comorbidities and sociodemographics. Methods In this cross-sectional study, performed at one site, PwP (excluding those with drug-induced parkinsonism) will be sent a study information pack for themselves and their primary informal caregiver, if relevant. Data are collected via questionnaire, with additional support if required to maximise participation. A specific strategy has been developed to target and proactively recruit patients lacking capacity to consent, including those in residential care settings, with input from a personal consultee prior to completion of a bespoke questionnaire by a representative. Caregivers are also recruited to look at various health outcomes. Results Our primary outcome is the frequency of various health outcomes (e.g. depression) and how they cluster together. Linear and logistic regression models will be used to test simple associations and interactions with gender, age group and socio-economic status. Conclusion It is necessary to consider the multifaceted problems that PwP experience,

together with frailty and comorbidities, in order to fully appreciate the clinical complexity as well as the impact on caregiver well-being. This information is necessary to inform the development of a person-centered, individualised multicomponent intervention to target patients and caregivers most at risk of adverse outcomes. We hope that these findings will inform future intervention trials and improve accessibility to research participation.

DOI: 10.1093/ageing/afac037.697

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156110074&custid=ns010877

703. **PATIENTS WITH PARKINSONISM AND THEIR CAREGIVERS: A PROTOCOL FOR THE PRIME-UK CROSS-SECTIONAL STUDY.**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Brazier, D.;Smith, M.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022a

Journal: Age and Ageing.Conference: British Geriatrics Society Autumn Meeting.Online 51(SUPPL 1), pp. 20

Abstract: Introduction: People with parkinsonism (PwP) are a highly heterogeneous group and the condition encompasses a spectrum of motor and nonmotor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. Whilst parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe a broad range of PwP in relation to their symptomatology, disability, health needs, disease stage, comorbidities and sociodemographics.

704. **PATIENTS WITH PARKINSONISM AND THEIR CAREGIVERS: A PROTOCOL FOR THE PRIME-UK CROSS-SECTIONAL STUDY.**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Brazier, D.;Smith, M.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022b

Journal: Age and Ageing.Conference: British Geriatrics Society Autumn Meeting.Online 51(SUPPL 1), pp. 20

Abstract: Introduction: People with parkinsonism (PwP) are a highly heterogeneous group and the condition encompasses a spectrum of motor and nonmotor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. Whilst parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe a broad range of PwP in relation to their symptomatology, disability, health needs, disease stage, comorbidities and sociodemographics.

705. **PATIENTS WITH PARKINSONISM AND THEIR CAREGIVERS: A PROTOCOL FOR THE PRIME-UK CROSS-SECTIONAL STUDY.**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Brazier, D.;Smith, M.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022

Journal: Age and Ageing.Conference: British Geriatrics Society Autumn Meeting.Online 51(SUPPL 1), pp. 20

Abstract: Introduction: People with parkinsonism (PwP) are a highly heterogeneous group and the condition encompasses a spectrum of motor and nonmotor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. Whilst parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe a broad range of PwP in relation to their symptomatology, disability, health needs, disease stage, comorbidities and sociodemographics.

706. **Needs of patients with parkinsonism and their caregivers: a protocol for the PRIME-UK cross-sectional study.**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Smith, M. D.;PendryBrazier, D.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022a

Journal: BMJ Open 12(5), pp. e057947

Abstract: INTRODUCTION: People with parkinsonism are a highly heterogeneous group and the disease encompasses a spectrum of motor and non-motor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. While parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe the broad range of health needs for people with parkinsonism and their carers in relation to their symptomatology, disability, disease stage, comorbidities and sociodemographic characteristics. METHODS AND ANALYSIS: In this single site cross-sectional study, people with parkinsonism will be sent a study information pack for themselves and their primary informal caregiver, if relevant. Data are collected via questionnaire, with additional support, if required, to maximise participation. A specific strategy has been developed to target and proactively recruit patients lacking capacity to consent, including those in residential care settings, with input from a personal consultee prior to completion of a bespoke questionnaire by a representative. Caregivers are also recruited to look at various health outcomes. Results will be displayed as descriptive statistics and regression models will be used to test simple associations and interactions. ETHICS AND DISSEMINATION: This protocol was approved by the London-Brighton & Sussex Research Ethics Committee (REC reference 20/LO/0890). The results of this protocol will be disseminated through publication in an international peer-reviewed journal; presentation at academic meetings and conferences; and a lay summary uploaded to the PRIME-Parkinson website. TRIAL REGISTRATION NUMBER: ISRCTN11452969; Pre-results.

707. **Needs of patients with parkinsonism and their caregivers: a protocol for the PRIME-UK cross-sectional study.**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Smith, M. D.;PendryBrazier, D.;BenShlomo, Y. and

Henderson, E. J.

Publication Date: 2022b

Journal: BMJ Open 12(5), pp. e057947

Abstract: INTRODUCTION: People with parkinsonism are a highly heterogeneous group and the disease encompasses a spectrum of motor and non-motor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. While parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe the broad range of health needs for people with parkinsonism and their carers in relation to their symptomatology, disability, disease stage, comorbidities and sociodemographic characteristics. METHODS AND ANALYSIS: In this single site cross-sectional study, people with parkinsonism will be sent a study information pack for themselves and their primary informal caregiver, if relevant. Data are collected via questionnaire, with additional support, if required, to maximise participation. A specific strategy has been developed to target and proactively recruit patients lacking capacity to consent, including those in residential care settings, with input from a personal consultee prior to completion of a bespoke questionnaire by a representative. Caregivers are also recruited to look at various health outcomes. Results will be displayed as descriptive statistics and regression models will be used to test simple associations and interactions. ETHICS AND DISSEMINATION: This protocol was approved by the London-Brighton & Sussex Research Ethics Committee (REC reference 20/LO/0890). The results of this protocol will be disseminated through publication in an international peer-reviewed journal; presentation at academic meetings and conferences; and a lay summary uploaded to the PRIME-Parkinson website. TRIAL REGISTRATION NUMBER: ISRCTN11452969; Pre-results.

708. **Needs of patients with parkinsonism and their caregivers: a protocol for the PRIME-UK cross-sectional study.**

Item Type: Journal Article

Authors: Tenison, E.;Lithander, F. E.;Smith, M. D.;PendryBrazier, D.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2022c

Journal: BMJ Open 12(5), pp. e057947

Abstract: INTRODUCTION: People with parkinsonism are a highly heterogeneous group and the disease encompasses a spectrum of motor and non-motor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. While parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe the broad range of health needs for people with parkinsonism and their carers in relation to their symptomatology, disability, disease stage, comorbidities and sociodemographic characteristics. METHODS AND ANALYSIS: In this single site cross-sectional study, people with parkinsonism will be sent a study information pack for themselves and their primary informal caregiver, if relevant. Data are collected via questionnaire, with additional support, if required, to maximise participation. A specific strategy has been developed to target and proactively recruit patients lacking capacity to consent, including those in residential care settings, with input from a personal consultee prior to completion of a bespoke questionnaire by a representative. Caregivers are also recruited to look at various health outcomes. Results will be displayed as descriptive statistics and regression models will be used to test simple associations and interactions. ETHICS AND DISSEMINATION: This protocol was approved by the London-Brighton &

Sussex Research Ethics Committee (REC reference 20/LO/0890). The results of this protocol will be disseminated through publication in an international peer-reviewed journal; presentation at academic meetings and conferences; and a lay summary uploaded to the PRIME-Parkinson website. TRIAL REGISTRATION NUMBER: ISRCTN11452969; Pre-results.

709. **A Narrative Review of Specialist Parkinson's Nurses: Evolution, Evidence and Expectation**

Item Type: Journal Article

Authors: Tenison, Emma;James, Alice;Ebenezer, Louise and Henderson, Emily J.

Publication Date: 2022

Journal: Geriatrics (Basel, Switzerland) 7(2)
Abstract: Extended nursing roles have existed since the 1940s. The first specialist nurse for Parkinson's disease, a complex neurodegenerative disease, was appointed in the United Kingdom (UK) in 1989. A review was undertaken using MEDLINE and Cumulative Index to the Nursing and Allied Health Literature (CINAHL), relating to the role and evidence for Parkinson's disease nurse specialists (PDNSs). PDNSs fulfil many roles. Trials of their effectiveness have failed to show a positive benefit on health outcomes, but their input appears to improve the wellbeing of people with Parkinson's. Now embedded in the UK Parkinson's multidisciplinary team, this care model has since been adopted widely, including successful dissemination of training to countries in Sub-Saharan Africa. The lack of evidence to support the benefit of PDNSs may reflect an insufficient duration and intensity of the intervention, the outcome measures selected or the need to combine PDNS input with other evidence-based interventions. Whilst the current evidence base for their effectiveness is limited, their input appears to improve subjective patient wellbeing and they are considered a vital resource in management. Better evidence in the future will support the development of these roles and may facilitate the application of specialist nurses to other disease areas.

DOI: 10.3390/geriatrics7020046

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35447849&custid=ns010877

710. **Needs of patients with parkinsonism and their caregivers: a protocol for the PRIME-UK cross-sectional study**

Item Type: Journal Article

Authors: Tenison, Emma;Lithander, Fiona E.;Smith, Matthew D.;Pendry-Brazier, Danielle;Ben-Shlomo, Yoav and Henderson, Emily J.

Publication Date: 2022

Journal: BMJ Open 12(5), pp. e057947

Abstract: Introduction: People with parkinsonism are a highly heterogeneous group and the disease encompasses a spectrum of motor and non-motor symptoms which variably emerge and manifest across the disease course, fluctuate over time and negatively impact quality of life. While parkinsonism is not directly the result of ageing, it is a condition that mostly affects older people, who may also be living with frailty and multimorbidity. This study aims to describe the broad range of health needs for people with parkinsonism and their carers in relation to their symptomatology, disability, disease stage, comorbidities and

sociodemographic characteristics.; Methods and Analysis: In this single site cross-sectional study, people with parkinsonism will be sent a study information pack for themselves and their primary informal caregiver, if relevant. Data are collected via questionnaire, with additional support, if required, to maximise participation. A specific strategy has been developed to target and proactively recruit patients lacking capacity to consent, including those in residential care settings, with input from a personal consultee prior to completion of a bespoke questionnaire by a representative. Caregivers are also recruited to look at various health outcomes. Results will be displayed as descriptive statistics and regression models will be used to test simple associations and interactions.; Ethics and Dissemination: This protocol was approved by the London-Brighton & Sussex Research Ethics Committee (REC reference 20/LO/0890). The results of this protocol will be disseminated through publication in an international peer-reviewed journal; presentation at academic meetings and conferences; and a lay summary uploaded to the PRIME-Parkinson website.; Trial Registration Number: ISRCTN11452969; Pre-results.; Competing Interests: Competing interests: EJH received funding from the National Institute of Health Technology (NIHR), the Gatsby Foundation and Parkinson's UK; received fees for speaking and consultancy from Profile pharma Medicys and Luye; and received travel support from Bial Abbvie and Ever pharma. YB-S is a recipient of a Radboud Excellence award. He has received research support from the UK Medical Research Council, Wellcome Trust, NIHR, Parkinson's UK, vs Arthritis, Gatsby Foundation, Dunhill Trust, and received a Radboud Excellence Award. ()

DOI: 10.1136/bmjopen-2021-057947

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35545401&custid=ns010877

711. **182. Novel Conservative Management For Recurrent Temporomandibular Joint Dislocation.**

Item Type: Journal Article

Authors: Torofdar, H.;Holden, A.;Cameron, A.;Baldock, E. and Colbert, S.

Publication Date: 2022a

Journal: British Journal of Oral and Maxillofacial Surgery.Conference: BAOMS Annual Scientific Meeting.London United Kingdom 60(10), pp. e74-e75

Abstract: Introduction/Aims: We present the difficulties of managing a medically compromised patient with recurrent Temporomandibular Joint Dislocation who presented to us during the COVID-19 pandemic. We describe the novel use of an anti-snore head strap, in conjunction with a soft cervical collar which was successful in preventing further TMJ dislocations. To our knowledge, this has not been previously reported in the literature. It is important that clinicians must explore all options in patients with limited scope for surgical management when treating recurrent TMJ dislocations.

712. **182. Novel Conservative Management For Recurrent Temporomandibular Joint Dislocation.**

Item Type: Journal Article

Authors: Torofdar, H.;Holden, A.;Cameron, A.;Baldock, E. and Colbert, S.

Publication Date: 2022b

Journal: British Journal of Oral and Maxillofacial Surgery.Conference: BAOMS Annual Scientific Meeting.London United Kingdom 60(10), pp. e74-e75

Abstract: Introduction/Aims: We present the difficulties of managing a medically compromised patient with recurrent Temporomandibular Joint Dislocation who presented to us during the COVID-19 pandemic. We describe the novel use of an anti-snore head strap, in conjunction with a soft cervical collar which was successful in preventing further TMJ dislocations. To our knowledge, this has not been previously reported in the literature. It is important that clinicians must explore all options in patients with limited scope for surgical management when treating recurrent TMJ dislocations.

713. **182. Novel Conservative Management For Recurrent Temporomandibular Joint Dislocation.**

Item Type: Journal Article

Authors: Torofdar, H.;Holden, A.;Cameron, A.;Baldock, E. and Colbert, S.

Publication Date: 2022c

Journal: British Journal of Oral and Maxillofacial Surgery.Conference: BAOMS Annual Scientific Meeting.London United Kingdom 60(10), pp. e74-e75

Abstract: Introduction/Aims: We present the difficulties of managing a medically compromised patient with recurrent Temporomandibular Joint Dislocation who presented to us during the COVID-19 pandemic. We describe the novel use of an anti-snore head strap, in conjunction with a soft cervical collar which was successful in preventing further TMJ dislocations. To our knowledge, this has not been previously reported in the literature. It is important that clinicians must explore all options in patients with limited scope for surgical management when treating recurrent TMJ dislocations.

714. **Mendelian randomisation and experimental medicine approaches to interleukin-6 as a drug target in pulmonary arterial hypertension.**

Item Type: Journal Article

Authors: Toshner, M.;Church, C.;Harbaum, L.;Rhodes, C.;Villar Moreschi, S. S.;Liley, J.;Jones, R.;Arora, A.;Batai, K.;Desai, A. A.;Coghlan, J. G.;Gibbs, S. J. R.;Gor, D.;Graf, S.;Harlow, L.;HernandezSanchez, J.;Howard, L. S.;Humbert, M.;Karnes, J.;Kiely, D. G., et al

Publication Date: 2022a

Journal: European Respiratory Journal 59(3) (pagination), pp. Arte Number: 2002463. ate of Pubaton: 01 Mar 2022

Abstract: Background Inflammation and dysregulated immunity are important in the development of pulmonary arterial hypertension (PAH). Compelling preclinical data supports the therapeutic blockade of interleukin-6 (IL-6) signalling. Methods We conducted a phase 2 open-label study of intravenous tocilizumab (8 $mg.kg^{-1}$) over 6 months in patients with group 1 PAH. Co-primary end-points were safety, defined by incidence and severity of adverse events, and change in pulmonary vascular resistance. Separately, a mendelian randomisation study was undertaken on 11744 individuals with European ancestry including 2085 patients with idiopathic/ heritable disease for the IL-6 receptor (IL6R) variant (rs7529229), known to associate with circulating IL-6R levels. Results We recruited 29 patients (male/female 10/19; mean+/-SD age 54.9+/-11.4 years). Of these, 19 had heritable/idiopathic PAH and 10 had connective tissue disease-associated PAH. Six were withdrawn prior to drug administration; 23 patients received at least one dose of tocilizumab. Tocilizumab was discontinued in four patients owing to serious adverse events. There were

no deaths. Despite evidence of target engagement in plasma IL-6 and C-reactive protein levels, both intention-to-treat and modified intention-to-treat analyses demonstrated no change in pulmonary vascular resistance. Inflammatory markers did not predict treatment response. Mendelian randomisation did not support an effect of the lead IL6R variant on risk of PAH (OR 0.99, p=0.88). Conclusion Adverse events were consistent with the known safety profile of tocilizumab. Tocilizumab did not show any consistent treatment effect.

715. **Mendelian randomisation and experimental medicine approaches to interleukin-6 as a drug target in pulmonary arterial hypertension.**

Item Type: Journal Article

Authors: Toshner, M.;Church, C.;Harbaum, L.;Rhodes, C.;Villar Moreschi, S. S.;Liley, J.;Jones, R.;Arora, A.;Batai, K.;Desai, A. A.;Coghlan, J. G.;Gibbs, S. J. R.;Gor, D.;Graf, S.;Harlow, L.;HernandezSanchez, J.;Howard, L. S.;Humbert, M.;Karnes, J.;Kiely, D. G., et al

Publication Date: 2022b

Journal: European Respiratory Journal 59(3) (pagination), pp. Arte Number: 2002463. ate of Pubaton: 01 Mar 2022

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Authors: Toshner, M.;Church, C.;Harbaum, L.;Rhodes, C.;Villar Moreschi, S. S.;Liley, J.;Jones, R.;Arora, A.;Batai, K.;Desai, A. A.;Coghlan, J. G.;Gibbs, S. J. R.;Gor, D.;Graf, S.;Harlow, L.;HernandezSanchez, J.;Howard, L. S.;Humbert, M.;Karnes, J.;Kiely, D. G., et al

Publication Date: 2022c

Journal: European Respiratory Journal 59(3) (pagination), pp. Arte Number: 2002463. ate of Pubaton: 01 Mar 2022

Abstract: Background Inflammation and dysregulated immunity are important in the development of pulmonary arterial hypertension (PAH). Compelling preclinical data supports the therapeutic blockade of interleukin-6 (IL-6) signalling. Methods We conducted a phase 2

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Item Type: Journal Article

Authors: Toshner, Mark;Church, Colin;Harbaum, Lars;Rhodes, Christopher;Villar Moreschi, Sofia,S.;Liley, James;Jones, Rowena;Arora, Amit;Batai, Ken;Desai, Ankit A.;Coghlan, John G.;Gibbs, J. S.;Gor, Dee;Gräf, Stefan;Harlow, Louise;Hernandez-Sanchez, Jules;Howard, Luke S.;Humbert, Marc;Karnes, Jason;Kiely, David G., et al

Publication Date: 2022

Journal: The European Respiratory Journal 59(3)
Abstract: Background: Inflammation and dysregulated immunity are important in the development of pulmonary arterial hypertension (PAH). Compelling preclinical data supports the therapeutic blockade of interleukin-6 (IL-6) signalling.; Methods: We conducted a phase 2 open-label study of intravenous tocilizumab (8 mg·kg -1) over 6 months in patients with group 1 PAH. Co-primary end-points were safety, defined by incidence and severity of adverse events, and change in pulmonary vascular resistance. Separately, a mendelian randomisation study was undertaken on 11744 individuals with European ancestry including 2085 patients with idiopathic/heritable disease for the IL-6 receptor (IL6R) variant (rs7529229), known to associate with circulating IL-6R levels.; Results: We recruited 29 patients (male/female 10/19; mean±sd age 54.9±11.4 years). Of these, 19 had heritable/idiopathic PAH and 10 had connective tissue disease-associated PAH. Six were withdrawn prior to drug administration; 23 patients received at least one dose of tocilizumab. Tocilizumab was discontinued in four patients owing to serious adverse events. There were no deaths. Despite evidence of target engagement in plasma IL-6 and C-reactive protein levels, both intention-to-treat and modified intention-to-treat analyses demonstrated no change in pulmonary vascular resistance. Inflammatory markers did not predict treatment response. Mendelian randomisation did not support an effect of the lead IL6R variant on risk of PAH (OR 0.99, p=0.88).; Conclusion: Adverse events were consistent with the known safety profile of tocilizumab. Tocilizumab did not show any consistent treatment effect.; Competing Interests: Conflict of interest: M. Toshner reports grants and personal fees from Bayer and Actelion, and personal fees from MSD and GSK, during the conduct of the study, and serves on the advisory board for MorphogenIX. Conflict of interest: C. Church has received travel grants and speaker fees from GSK, Actelion and Bayer. Conflict of interest: L. Harbaum has nothing to disclose. Conflict of interest: C. Rhodes reports personal fees for advisory board work from Actelion and United Therapeutics, outside the submitted work. Conflict of interest: S.S. Villar Moreschi has nothing to disclose. Conflict of interest: J. Liley has nothing to disclose. Conflict of interest: R. Jones has nothing to disclose. Conflict of interest: A. Arora has nothing to disclose. Conflict of interest: K. Batai has nothing to

disclose. Conflict of interest: A.A. Desai has nothing to disclose. Conflict of interest: J.G. Coghlan reports research support, consultancy fees and speaker honoraria from Actelion. Conflict of interest: J.S.R. Gibbs reports personal fees from Acceleron, Arena, Bayer, Bellepheron, Complexa, Pfizer and United Therapeutics, grants and personal fees from Actelion, and personal fees and non-financial support from GSK, outside the submitted work. Conflict of interest: D. Gor was an employee of Roche, during the conduct of the study. Conflict of interest: S. Gräf has nothing to disclose. Conflict of interest: L. Harlow has nothing to disclose. Conflict of interest: J. Hernandez-Sanchez is an employee of Roche but was not at the time of trial conduct. Conflict of interest: L.S. Howard has received personal fees and institutional grants/research support from Bayer and personal fees from MSD, Daichii Sayo and Pfizer. Conflict of interest: M. Humbert has received personal fees from Actelion, Merck and United Therapeutics, and grants and personal fees from Bayer and GSK. Conflict of interest: J. Karnes has nothing to disclose. Conflict of interest: D.G. Kiely reports grants and personal fees from Bayer and Actelion, and personal fees from GSK and MSD, during the conduct of the study. Conflict of interest: R. Kittles has nothing to disclose. Conflict of interest: E. Knightbridge has nothing to disclose. Conflict of interest: B. Lam has nothing to disclose. Conflict of interest: K.A. Lutz has nothing to disclose. Conflict of interest: W.C. Nichols has nothing to disclose. Conflict of interest: M.W. Pauciulo has nothing to disclose. Conflict of interest: J. Pepke-Zaba has served on advisory boards of and received personal fees and institutional grant/research support from Actelion, Bayer, MSD and GSK. Conflict of interest: J. Suntharalingam has nothing to disclose. Conflict of interest: F. Soubrier has nothing to disclose. Conflict of interest: R.C. Trembath has nothing to disclose. Conflict of interest: T-H.L. Schwantes-An has nothing to disclose. Conflict of interest: S.J. Wort reports grants and personal fees from Actelion and Bayer, and personal fees from GSK and MSD, outside the submitted work. Conflict of interest: M.R. Wilkins has nothing to disclose. Conflict of interest: S. Gaine has received honoraria from Actelion and United Therapeutics; has received travel grants from Actelion, Novartis and Menerini; and has performed drug safety board monitoring for United Therapeutics, GSK and Novartis. Conflict of interest: N.W. Morrell reports personal fees from MorphogenIX, during the conduct of the study. Conflict of interest: P.A. Corris has served on speakers' bureau and advisory boards of Actelion, Bayer and MSD, and received institutional grant/research support from Actelion and Bayer.

DOI: 10.1183/13993003.02463-2020

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34588193&custid=ns010877

718. **Improving delirium screening in older adults at the Royal United Hospital, Bath.**

Item Type: Journal Article

Authors: Trew, C. A. J.;Cross, R.;Howell, K. and Dyer, C.

Publication Date: 2022

Journal: British Journal of Hospital Medicine 83(4) (pagination), pp. ate of Pubaton: 02 Ar 2022

Abstract: Aims/Background Delirium affects around 20% of older inpatients, increasing mortality and length of stay. Around 30% of cases are preventable. The authors sought to determine compliance of the admissions to the Older People s Unit of the Royal University Hospital Bath with the national and internal guidelines for delirium screening and improve its use on admission. Methods A total of 60 patients notes were inspected for compliance. Subsequently, the authors implemented teaching, changed the admission proforma and re-wrote the hospital guidelines for delirium. The notes were rescreened at 6 and 18 months. Results Initially, 25% of notes met the national standards and 63% met the hospital criteria.

At 6 months this was 52% and 82% respectively, and at 18 months it was 41% and 87% respectively. The proportion of patients screened via multiple methods also increased. Conclusions There was a sustained improvement in compliance with the national and hospital standards for delirium screening. There was some degradation in the national standard but the proportion of patients meeting the National Institute for Health and Care Excellence standard was still higher than pre-intervention.

DOI: 10.12968/hmed.2022.0113

719. **Improving delirium screening in older adults at the Royal United Hospital, Bath.**

Item Type: Journal Article

Authors: Trew, C. A.;Cross, R.;Howell, K. and Dyer, C.

Publication Date: 2022a

Journal: British Journal of Hospital Medicine (London, England : 2005) 83(4), pp. 1-5

Abstract: AIMS/BACKGROUND: Delirium affects around 20% of older inpatients, increasing mortality and length of stay. Around 30% of cases are preventable. The authors sought to determine compliance of the admissions to the Older People's Unit of the Royal University Hospital Bath with the national and internal guidelines for delirium screening and improve its use on admission.

720. **Improving delirium screening in older adults at the Royal United Hospital, Bath.**

Item Type: Journal Article

Authors: Trew, C. A.;Cross, R.;Howell, K. and Dyer, C.

Publication Date: 2022b

Journal: British Journal of Hospital Medicine (London, England : 2005) 83(4), pp. 1-5

Abstract: AIMS/BACKGROUND: Delirium affects around 20% of older inpatients, increasing mortality and length of stay. Around 30% of cases are preventable. The authors sought to determine compliance of the admissions to the Older People's Unit of the Royal University Hospital Bath with the national and internal guidelines for delirium screening and improve its use on admission.

721. **Improving delirium screening in older adults at the Royal United Hospital, Bath.**

Item Type: Journal Article

Authors: Trew, C. A.;Cross, R.;Howell, K. and Dyer, C.

Publication Date: 2022c

Journal: British Journal of Hospital Medicine (London, England : 2005) 83(4), pp. 1-5

Abstract: AIMS/BACKGROUND: Delirium affects around 20% of older inpatients, increasing mortality and length of stay. Around 30% of cases are preventable. The authors sought to determine compliance of the admissions to the Older People's Unit of the Royal University Hospital Bath with the national and internal guidelines for delirium screening and improve its use on admission.

722. **Improving delirium screening in older adults at the Royal United Hospital, Bath**

Item Type: Journal Article

Authors: Trew, Christopher A. J.;Cross, Rachael;Howell, Kate and Dyer, Chris

Publication Date: 2022

Journal: British Journal of Hospital Medicine (17508460) 83(4), pp. 1-5

Abstract: Aims/Background: Delirium affects around 20% of older inpatients, increasing mortality and length of stay. Around 30% of cases are preventable. The authors sought to determine compliance of the admissions to the Older People's Unit of the Royal University Hospital Bath with the national and internal guidelines for delirium screening and improve its use on admission. Methods: A total of 60 patients' notes were inspected for compliance. Subsequently, the authors implemented teaching, changed the admission proforma and re-wrote the hospital guidelines for delirium. The notes were rescreened at 6 and 18 months. Results: Initially, 25% of notes met the national standards and 63% met the hospital criteria. At 6 months this was 52% and 82% respectively, and at 18 months it was 41% and 87% respectively. The proportion of patients screened via multiple methods also increased. Conclusions: There was a sustained improvement in compliance with the national and hospital standards for delirium screening. There was some degradation in the national standard but the proportion of patients meeting the National Institute for Health and Care Excellence standard was still higher than pre-intervention.

DOI: 10.12968/hmed.2022.0113

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156645940&custid=ns010877

723. **Predictors of Positive Outcomes and a Scoring System to Guide Management After Fasciotomy for Chronic Exertional Compartment Syndrome**

Item Type: Journal Article

Authors: Trew, Christopher A. J.;Kocialkowski, Cezary;Parsons, Tom and Barton, Tristan

Publication Date: 2022

Journal: Orthopaedic Journal of Sports Medicine 10(6), pp. 23259671221101328

Abstract: Background: Chronic exertional compartment syndrome (CECS) of the lower limb usually responds well to fasciotomy in patients with failed nonoperative treatment. Careful history taking and compartment pressure testing are both required to accurately diagnose CECS.; Purposes: To evaluate patients with CECS after fasciotomy to establish predictive criteria of positive outcomes and to develop a scoring system to aid clinicians in their management of such patients.; Study Design: Case-control study; Level of evidence, 3.; Methods: We reviewed data from 28 patients who underwent fasciotomy between 2017 and 2019. All patients had undergone preoperative dynamic intracompartmental pressure (ICP) monitoring. For each patient, subjective preoperative and postoperative pain scores were gained via a questionnaire. The point biserial and Pearson correlation coefficients were used to calculate the association between multiple diagnostic criteria and a reduction in visual analog scale (VAS) pain scores after fasciotomy.; Results: A reduction in VAS pain scores was strongly correlated with a peak ICP >40 mm Hg (r = 0.71; P = .0007) and an area under the receiver operating characteristic curve for an intraexercise ICP >22,000 mm Hg·s 2 (r = 0.76; P = .0002). A moderate correlation was found between a history of CECS pain (r = 0.61; P = .005), a duration of symptoms of 10 mm Hg (r = 0.60; P = .006). When

combined into an objective, weighted scoring system (2 points for factors with r > 0.7; 1 point for r = 0.5-0.7), a score of ≥4 points (of 7) had a strong correlation (r = 0.85; P < .00001) with postoperative improvement in the VAS pain score. Linear regression of this score demonstrated a good fit (R 2 = 0.61; P < .0001), indicating a degree of predictive power.; Conclusion: We identified diagnostic criteria in the history and examination of patients with CECS that can be used to help predict positive outcomes after fasciotomy. We propose a scoring system to aid clinicians in their management of such patients. We recommend taking these results forward in prospective trials to test the efficacy of predictive scoring.; Competing Interests: The authors declared that there are no conflicts of interest in the authorship and publication of this contribution. AOSSM checks author disclosures against the Open Payments Database (OPD). AOSSM has not conducted an independent investigation on the OPD and disclaims any liability or responsibility relating thereto. (© The Author(s) 2022.)

DOI: 10.1177/23259671221101328

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35722180&custid=ns010877

724. **Improving delirium screening in older adults at the Royal United Hospital, Bath**

Item Type: Journal Article

Authors: Trew, Christopher Aj;Cross, Rachael;Howell, Kate and Dyer, Chris

Publication Date: 2022

Journal: British Journal of Hospital Medicine (London, England : 2005) 83(4), pp. 1-5

Abstract: Aims/background: Delirium affects around 20% of older inpatients, increasing mortality and length of stay. Around 30% of cases are preventable. The authors sought to determine compliance of the admissions to the Older People's Unit of the Royal University Hospital Bath with the national and internal guidelines for delirium screening and improve its use on admission.; Methods: A total of 60 patients' notes were inspected for compliance. Subsequently, the authors implemented teaching, changed the admission proforma and re-wrote the hospital guidelines for delirium. The notes were rescreened at 6 and 18 months.; Results: Initially, 25% of notes met the national standards and 63% met the hospital criteria. At 6 months this was 52% and 82% respectively, and at 18 months it was 41% and 87% respectively. The proportion of patients screened via multiple methods also increased.; Conclusions: There was a sustained improvement in compliance with the national and hospital standards for delirium screening. There was some degradation in the national standard but the proportion of patients meeting the National Institute for Health and Care Excellence standard was still higher than pre-intervention.

DOI: 10.12968/hmed.2022.0113

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35506731&custid=ns010877

725. **Improving delirium screening in older adults at the Royal United Hospital, Bath**

Item Type: Journal Article

Authors: Trew, Christopher AJ;Cross, Rachael;Howell, Kate and Dyer, Chris

Publication Date: 2022

Journal: British Journal of Hospital Medicine 83(4), pp. 1-5

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DOI: 10.12968/hmed.2022.0113

URL: https://www.proquest.com/scholarly-journals/improving-delirium-screening-older-adults-at/docview/2663529315/se-2?accountid=48301 https://libkey.io/libraries/2835/openurl?genre=article&au=Trew%252C+Christopher+AJ%253BCross%252C+Rachael%253BHowell%252C+Kate%253BDyer%252C+Chris&aulast=Trew&issn=17508460&isbn=&title=Improving+delirium+screening+in+older+adults+at+the+Royal+United+Hospital%252C+Bath&jtitle=British+Journal+of+Hospital+Medicine&pubname=British+Journal+of+Hospital+Medicine&btitle=&atitle=Improving+delirium+screening+in+older+adults+at+the+Royal+United+Hospital%252C+Bath&volume=83&issue=4&spage=1&date=2022&doi=10.12968%252Fhmed.2022.0113&sid=ProQuest https://doi.org/10.12968/hmed.2022.0113

726. **Increasing use of intraosseous access at out-of-hospital cardiac arrest: a registry-based cohort study.**

Item Type: Journal Article

Authors: Vadeyar, S.;Buckle, A.;Hooper, A.;Booth, S.;Deakin, C.;Fothergill, R.;Ji, C.;Nolan, J.;Perkins, G. D. and Couper, K.

Publication Date: 2022a

Journal: Resuscitation Conference, pp. Resustaton

Abstract: Purpose of the study: Current cardiac arrest guidelines recommend use of the intraosseous (IO) route, only when intravenous (IV) access cannot be obtained.We sought to investigate whether the use of IO and IV access has changed over time in the UK.

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Item Type: Journal Article

Authors: Vadeyar, S.;Buckle, A.;Hooper, A.;Booth, S.;Deakin, C.;Fothergill, R.;Ji, C.;Nolan, J.;Perkins, G. D. and Couper, K.

Publication Date: 2022b

Journal: Resuscitation Conference, pp. Resustaton

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Publication Date: 2022c

Journal: Resuscitation Conference, pp. Resustaton

Abstract: Purpose of the study: Current cardiac arrest guidelines recommend use of the intraosseous (IO) route, only when intravenous (IV) access cannot be obtained.We sought to investigate whether the use of IO and IV access has changed over time in the UK.

729. **Limited receipt of support services among people with mild-to-moderate dementia: Findings from the IDEAL cohort.**

Item Type: Journal Article

Authors: van Horik, J. O.;Collins, R.;Martyr, A.;Henderson, C.;Jones, R. W.;Knapp, M.;Quinn, C.;Thom, J. M.;Victor, C. and Clare, L.

Publication Date: 2022a

Journal: International Journal of Geriatric Psychiatry 37(3) (pagination), pp. Arte Number: GPS5688. ate of Pubaton: Marh 2022

Abstract: Background: Global initiatives that promote public health responses to dementia have resulted in numerous countries developing new national policies. Current policy guidelines in England, for example, recommend that people diagnosed with mild-to-moderate dementia receive information and psychosocial interventions to improve their ability to 'live well'. However, it remains unclear to what extent these recommendations are being achieved.

DOI: 10.1002/gps.5688

730. **Limited receipt of support services among people with mild-to-moderate dementia: Findings from the IDEAL cohort.**

Item Type: Journal Article

Authors: van Horik, J. O.;Collins, R.;Martyr, A.;Henderson, C.;Jones, R. W.;Knapp, M.;Quinn, C.;Thom, J. M.;Victor, C. and Clare, L.

Publication Date: 2022b

Journal: International Journal of Geriatric Psychiatry 37(3) (pagination)
Abstract: Background: Global initiatives that promote public health responses to dementia have resulted in numerous countries developing new national policies. Current policy guidelines in England, for example, recommend that people diagnosed with mild-to-

moderate dementia receive information and psychosocial interventions to improve their ability to 'live well'. However, it remains unclear to what extent these recommendations are being achieved.

731. **Limited receipt of support services among people with mild-to-moderate dementia: Findings from the IDEAL cohort.**

Item Type: Journal Article

Authors: van Horik, J. O.;Collins, R.;Martyr, A.;Henderson, C.;Jones, R. W.;Knapp, M.;Quinn, C.;Thom, J. M.;Victor, C. and Clare, L.

Publication Date: 2022c

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Authors: van Horik, J. O.;Collins, R.;Martyr, A.;Henderson, C.;Jones, R. W.;Knapp, M.;Quinn, C.;Thom, J. M.;Victor, C. and Clare, L.

Publication Date: 2022d

Journal: International Journal of Geriatric Psychiatry 37(3) (pagination)
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733. **Limited receipt of support services among people with mild-to-moderate dementia: Findings from the IDEAL cohort**

Item Type: Journal Article

Authors: van Horik, Jayden O.;Collins, Rachel;Martyr, Anthony;Henderson, Catherine;Jones, Roy W.;Knapp, Martin;Quinn, Catherine;Thom, Jeanette M.;Victor, Christina and Clare, Linda

Publication Date: 2022

Journal: International Journal of Geriatric Psychiatry 37(3), pp. 1-8

Abstract: Background: Global initiatives that promote public health responses to dementia have resulted in numerous countries developing new national policies. Current policy guidelines in England, for example, recommend that people diagnosed with mild-to-moderate dementia receive information and psychosocial interventions to improve their ability to 'live well'. However, it remains unclear to what extent these recommendations are

being achieved.Methods: Self-reported information from 1537 people living with dementia and informant-reported information from 1277 carers of people living with dementia was used to quantify receipt of community-based dementia support services, including health and social care services provided by statutory or voluntary-sector organisations, in Britain from 2014 to 2016. Demographic factors associated with differences in receipt of support services were also investigated to identify particularly vulnerable groups of people living with dementia.Results: Both self- and informant reports suggested that approximately 50% of people living with dementia received support services for dementia. Receipt of support services was lower among people living with dementia who are older, female, and have fewer educational qualifications. Receipt of support services also differed according to diagnosis and carer status, but was unrelated to marital status.Conclusions: Limited receipt of dementia support services among people living with dementia in Britain provides a baseline to assess the efficacy of current policy guidelines regarding provision of information and support. Targeted efforts to facilitate receipt of support services among the particularly vulnerable groups identified in the current study could improve the efficacy of dementia support services both in Britain and internationally, and should inform policy development.

DOI: 10.1002/gps.5688

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155474474&custid=ns010877

734. **Chronic relapsing ascending myelopathy: a treatable progressive neurological syndrome following traumatic spinal cord injury.**

Item Type: Journal Article

Authors: Visagan, R.;Bandi, S.;Robinson, L.;Gadhok, A.;Saadoun, S. and Papadopoulos, M. C.

Publication Date: 2022a

Journal: British Journal of Neurosurgery (pagination), pp. ate of Pubaton: 2022

Abstract: Background: We describe a novel progressive neurological syndrome complicating traumatic spinal cord injury (TSCI). Based on clinical and radiological features, we propose the term 'Chronic Relapsing Ascending Myelopathy' (CRAM). We distinguish between the previously described sub-acute progressive ascending myelopathy (SPAM) and post-traumatic syringomyelia (PTS), which may lie on a spectrum with CRAM. Case report: A 60-year-old man sustained a T4 ASIA-A complete TSCI. Four months post-injury, he developed a rapidly progressive ascending sensory level to C4. Clinical and radiological evaluation revealed ascending myelopathy with progressive T2 hyper-intense cord signal change. He underwent cord detethering and expansion duroplasty. Following an initial dramatic resolution of symptoms, the patient sustained two relapses, each 1-month post-discharge characterised by recurrence of disabling ascending sensory changes, each correlating with the radiological recurrence of cord signal change. Symptoms and radiological signal change permanently resolved with more extensive detethering and expansion duroplasty. There is radiological and clinical resolution at 1-year follow-up.

735. **Chronic relapsing ascending myelopathy: a treatable progressive neurological syndrome following traumatic spinal cord injury.**

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Authors: Visagan, R.;Bandi, S.;Robinson, L.;Gadhok, A.;Saadoun, S. and Papadopoulos, M. C.

Publication Date: 2022b

Journal: British Journal of Neurosurgery (pagination), pp. ate of Pubaton: 2022

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736. **Chronic relapsing ascending myelopathy: a treatable progressive neurological syndrome following traumatic spinal cord injury.**

Item Type: Journal Article

Authors: Visagan, R.;Bandi, S.;Robinson, L.;Gadhok, A.;Saadoun, S. and Papadopoulos, M. C.

Publication Date: 2022c

Journal: British Journal of Neurosurgery (pagination), pp. ate of Pubaton: 2022

Abstract: Background: We describe a novel progressive neurological syndrome complicating traumatic spinal cord injury (TSCI). Based on clinical and radiological features, we propose the term 'Chronic Relapsing Ascending Myelopathy' (CRAM). We distinguish between the previously described sub-acute progressive ascending myelopathy (SPAM) and post-traumatic syringomyelia (PTS), which may lie on a spectrum with CRAM. Case report: A 60-year-old man sustained a T4 ASIA-A complete TSCI. Four months post-injury, he developed a rapidly progressive ascending sensory level to C4. Clinical and radiological evaluation revealed ascending myelopathy with progressive T2 hyper-intense cord signal change. He underwent cord detethering and expansion duroplasty. Following an initial dramatic resolution of symptoms, the patient sustained two relapses, each 1-month post-discharge characterised by recurrence of disabling ascending sensory changes, each correlating with the radiological recurrence of cord signal change. Symptoms and radiological signal change permanently resolved with more extensive detethering and expansion duroplasty. There is radiological and clinical resolution at 1-year follow-up.

737. **Chronic relapsing ascending myelopathy: a treatable progressive neurological syndrome following traumatic spinal cord injury**

Item Type: Journal Article

Authors: Visagan, Ravindran;Bandi, Surendra;Robinson, Louise;Gadhok, Arun;Saadoun, Samira and Papadopoulos, Marios C.

Publication Date: 2022

Journal: British Journal of Neurosurgery 36(6), pp. 792-795

Abstract: Background: We describe a novel progressive neurological syndrome complicating traumatic spinal cord injury (TSCI). Based on clinical and radiological features, we propose the term 'Chronic Relapsing Ascending Myelopathy' (CRAM). We distinguish between the previously described sub-acute progressive ascending myelopathy (SPAM) and post-traumatic syringomyelia (PTS), which may lie on a spectrum with CRAM.; Case Report: A 60-year-old man sustained a T4 ASIA-A complete TSCI. Four months post-injury, he developed a rapidly progressive ascending sensory level to C4. Clinical and radiological evaluation revealed ascending myelopathy with progressive T2 hyper-intense cord signal change. He underwent cord detethering and expansion duroplasty. Following an initial dramatic resolution of symptoms, the patient sustained two relapses, each 1-month post-discharge characterised by recurrence of disabling ascending sensory changes, each correlating with the radiological recurrence of cord signal change. Symptoms and radiological signal change permanently resolved with more extensive detethering and expansion duroplasty. There is radiological and clinical resolution at 1-year follow-up.; Conclusion: Acute neurological deterioration post-TSCI may be due to SPAM or may occur after years due to PTS. We propose CRAM as a previously unrecognised phenomenon. The radiological characteristics overlap with SPAM. However, CRAM presents later and, clinically, behaves like PTS, but without cord cystic change. Cord detethering with expansion duroplasty are an effective treatment.

DOI: 10.1080/02688697.2022.2102146

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35867035&custid=ns010877

738. **ARE THERE REGIONAL VARIATIONS IN ACCESS TO BIOLOGICAL DISEASE MODIFYING ANTI-RHEUMATIC DRUGS FOR THE TREATMENT OF PSORIATIC ARTHRITIS IN ENGLAND?.**

Item Type: Journal Article

Authors: Vivekanantham, A.;Coates, L. and Tillett, W.

Publication Date: 2022a

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 141

Abstract: Background/Aims There are regional variations in access to biologic disease modifying anti-rheumatic drugs (bDMARDs) for patients with rheumatoid arthritis in the UK, with relative under-treatment according to established best practice. Similar concerns exist for access to biologic therapies for patients with psoriatic arthritis (PsA). In this study we set out to understand regional variations in access to bDMARDS for the treatment of PsA in England. Methods Formularies are mandated to be published by the National Institute for Health and Care Excellence (NICE). ValueBase, a personalised business intelligence company specialising in healthcare, tracks every change for every drug on every published formulary every day with data from January 2017 in 184 formularies. The Availability Index (AI) is used to standardise individual formulary listing differences. It is scored from 0-100 and calculated by dividing the 'base score' for prescribing initiators by the 'prescribing position'. The 'base score' values included 0 (not recommended), 5 (unlisted/under review), 30 (restricted availability), 45 (specialist/hospital only), 65 (initiated by specialist, continued in primary care) and 100 (all prescribers). We would expect the optimal score to be>45 as these are specialist medications. The 'prescribing position' included where the drug is ranked on the formulary (e.g., first line). Results For anti-TNFa, the mean AI was 45 ([standard deviation] SD 16, minimum 0, maximum 100). For the IL-17 inhibitors, the mean AI was 48 (SD 17, the minimum 0, maximum 100). For the IL-23 inhibitors, the mean AI was 48 (SD 18, minimum 30, maximum 100). For the JAK inhibitors, the mean AI was 24 (SD

22, minimum 0, maximum AI 50). For the other monoclonal antibodies, the mean AI was 45 (SD 14, minimum 0, maximum 100). The rate of formulary adoption for new drugs approved since 2016 varied considerably (Table 1). Conclusion There are regional variations in access to bDMARDs for treatment of PsA in England. Such differences have also been demonstrated in other countries (e.g., Sweden) and call for further improvement towards delivering equitable PsA care, both nationally and internationally.

739. **ARE THERE REGIONAL VARIATIONS IN ACCESS TO BIOLOGICAL DISEASE MODIFYING ANTI-RHEUMATIC DRUGS FOR THE TREATMENT OF PSORIATIC ARTHRITIS IN ENGLAND?.**

Item Type: Journal Article

Authors: Vivekanantham, A.;Coates, L. and Tillett, W.

Publication Date: 2022b

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 141

Abstract: Background/Aims There are regional variations in access to biologic disease modifying anti-rheumatic drugs (bDMARDs) for patients with rheumatoid arthritis in the UK, with relative under-treatment according to established best practice. Similar concerns exist for access to biologic therapies for patients with psoriatic arthritis (PsA). In this study we set out to understand regional variations in access to bDMARDS for the treatment of PsA in England. Methods Formularies are mandated to be published by the National Institute for Health and Care Excellence (NICE). ValueBase, a personalised business intelligence company specialising in healthcare, tracks every change for every drug on every published formulary every day with data from January 2017 in 184 formularies. The Availability Index (AI) is used to standardise individual formulary listing differences. It is scored from 0-100 and calculated by dividing the 'base score' for prescribing initiators by the 'prescribing position'. The 'base score' values included 0 (not recommended), 5 (unlisted/under review), 30 (restricted availability), 45 (specialist/hospital only), 65 (initiated by specialist, continued in primary care) and 100 (all prescribers). We would expect the optimal score to be>45 as these are specialist medications. The 'prescribing position' included where the drug is ranked on the formulary (e.g., first line). Results For anti-TNFa, the mean AI was 45 ([standard deviation] SD 16, minimum 0, maximum 100). For the IL-17 inhibitors, the mean AI was 48 (SD 17, the minimum 0, maximum 100). For the IL-23 inhibitors, the mean AI was 48 (SD 18, minimum 30, maximum 100). For the JAK inhibitors, the mean AI was 24 (SD 22, minimum 0, maximum AI 50). For the other monoclonal antibodies, the mean AI was 45 (SD 14, minimum 0, maximum 100). The rate of formulary adoption for new drugs approved since 2016 varied considerably (Table 1). Conclusion There are regional variations in access to bDMARDs for treatment of PsA in England. Such differences have also been demonstrated in other countries (e.g., Sweden) and call for further improvement towards delivering equitable PsA care, both nationally and internationally.

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Authors: Vivekanantham, A.;Coates, L. and Tillett, W.

Publication Date: 2022c

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741. **Routine intraoperative insertion of both nasogastric and nasojejunal tubes in patients undergoing emergency laparotomy: an underutilised technique?**

    Item Type: Journal Article

    Authors: Wadman, H.;Saunsbury, E. and Georgiou, A.

    Publication Date: 2022a

    Journal: Annals of the Royal College of Surgeons of England 104(7), pp. 553

    DOI: 10.1308/rcsann.2021.0238

    URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35138952&custid=ns010877

742. **Routine intraoperative insertion of both nasogastric and nasojejunal tubes in patients undergoing emergency laparotomy: an underutilised technique?.**

    Item Type: Journal Article

    Authors: Wadman, H.;Saunsbury, E. and Georgiou, A.

    Publication Date: 2022b

    Journal: Annals of the Royal College of Surgeons of England 104(7), pp. 553

743. **Routine intraoperative insertion of both nasogastric and nasojejunal tubes in patients undergoing emergency laparotomy: an underutilised technique?.**

Item Type: Journal Article

Authors: Wadman, H.;Saunsbury, E. and Georgiou, A.

Publication Date: 2022c

Journal: Annals of the Royal College of Surgeons of England 104(7), pp. 553

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Item Type: Journal Article

Authors: Wadman, H.;Saunsbury, E. and Georgiou, A.

Publication Date: 2022d

Journal: Annals of the Royal College of Surgeons of England 104(7), pp. 553

745. **THE IMPACT OF IDENTIFYING POOR ADHERENCE TO BONE PROTECTIVE TREATMENT VIA POSTAL QUESTIONNAIRE - BATH FRACTURE LIAISON SERVICE (FLS) AUDIT.**

Item Type: Journal Article

Authors: Warren, S. M.;Webb, J. L. and Ahmed, T.

Publication Date: 2022

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 87

Abstract: Background/Aims As part of the Royal United Hospitals Bath FLS, postal questionnaires assessing adherence to treatment are sent to patients (aged 50 or above) in whom we had recommended initiation of bone protective treatment (BPT) following identification of a low-trauma fracture. Upon receipt by the FLS of a completed adherence questionnaire, correspondence is sent to the GP to report the outcome, with recommendations as appropriate. The aim of this audit was to assess how many patients started (or re-started) treatment after reporting poor adherence. Methods Patients sent an adherence questionnaire in 2019 were screened for inclusion in the audit. These patients had sustained a low-trauma fracture approximately 1 year prior. For those reporting poor adherence (defined as either BPT not prescribed, or non-adherence to treatment), our hospital electronic record system (Millennium) and primary care electronic records (SystmOne) were scrutinised to assess whether BPT was subsequently initiated. Results A total of 1164 questionnaires were sent and 684 (59%) were completed and returned to the FLS. Of the questionnaires returned, 366 (54%) reported good adherence and 257 (38%) reported poor adherence. 61 (9%) of patients reported a decision not to take treatment. 88 of the 257 patients who reported poor adherence were excluded from the audit for the following reasons: 5 patients excluded because an outcome letter was inadvertently not sent to the GP and therefore these patients were not directly comparable with the other patients. 25 subsequently deceased patients were excluded because we were unable to ascertain if they had started/re-started treatment following the poor adherence letter. 51 patients were excluded because the primary care electronic record was unavailable and therefore although there was no evidence on our hospital electronic record system that treatment had been prescribed, we could not be certain that this was the case. 7 patients reported that they had not been prescribed treatment but there was evidence that treatment had been prescribed at the time of the adherence check. This provided us with a final eligible cohort of 169 patients for further analysis. We found evidence that 65 (38%) of 169 patients were

prescribed or represcribed bone protection treatment following our poor adherence letter to the GP. Treatment was ongoing in 40 (24%) patients at the time of this analysis. Conclusion Our FLS policy of sending outcome letters to GPs following patientreported poor adherence to BPT is partially effective in prompting prescription/re-prescription of treatment where appropriate. Our FLS will need to employ additional/alternative methods to improve our performance.

746. **RESULTS FROM PIMMS, A UK MYELOMA RESEARCH ALLIANCE (UKMRA) STUDY OF OUTCOMES AND TOXICITY OF PANOBINOSTAT WITH BORTEZOMIB AND DEXAMETHASONE IN PATIENTS WITH RELAPSED MYELOMA IN A REAL WORLD SETTING.**

Item Type: Journal Article

Authors: Waters, J.;Boyd, K.;Moore, S.;Marawi, J.;Bassett, P.;Parrish, C. and Benjamin, R.

Publication Date: 2022a

Journal: HemaSphere Conference, pp. ongress

Abstract: Background: Following the PANORAMA-1 trial, Panobinostat was approved in 2016 for the treatment of relapsed/refractory multiple myeloma (RRMM) in combination with bortezomib and dexamethasone (Pan-Bor-Dex) following at least 2 prior regimens including bortezomib and an immunomodulatory imide drug (IMiD). Since then, there have been several new drug approvals for RRMM and the treatment landscape has therefore changed significantly with Pan-Bor-Dex being used at later stages of the disease. It is therefore important to evaluate the efficacy and toxicity of this regimen in a real world setting given that the patient population being treated may be quite different to that in the PANORAMA-1 trial. Furthermore dosing schedules and dose modifications vary considerably in practice and may play an important part in minimising toxicity, preventing drug discontinuation and potentially impacting on duration of response.

747. **RESULTS FROM PIMMS, A UK MYELOMA RESEARCH ALLIANCE (UKMRA) STUDY OF OUTCOMES AND TOXICITY OF PANOBINOSTAT WITH BORTEZOMIB AND DEXAMETHASONE IN PATIENTS WITH RELAPSED MYELOMA IN A REAL WORLD SETTING.**

Item Type: Journal Article

Authors: Waters, J.;Boyd, K.;Moore, S.;Marawi, J.;Bassett, P.;Parrish, C. and Benjamin, R.

Publication Date: 2022b

Journal: HemaSphere Conference, pp. ongress

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Item Type: Journal Article

Authors: Waters, J.;Boyd, K.;Moore, S.;Marawi, J.;Bassett, P.;Parrish, C. and Benjamin, R.

Publication Date: 2022c

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749. **PATIENT EXPERIENCE OF OSTEOPOROSIS TELEPHONE CONSULTATIONS.**

Item Type: Journal Article

Authors: Webb, J. L.;Hardcastle, S. A.;Warren, S. M.;Hart, D. J.;Shipley, J. A. and Ahmed, T.

Publication Date: 2022

Journal: Rheumatology (United Kingdom).Conference: British Society for Rheumatology Annual Conference, BSR 2022.Glasgow United Kingdom 61(SUPPL 1), pp. 87-88

Abstract: Background/Aims The COVID-19 pandemic resulted in a rapid change to the use of virtual consultations in both primary and secondary care. Since April 2020, our osteoporosis clinic appointments have predominantly been undertaken by telephone. We wanted to assess our patients' experience of telephone consultations. Methods A patient feedback questionnaire was developed by the osteoporosis team which was validated by the Patient Advice and Liaison Service team (PALS) at the Royal United Hospital Bath. A questionnaire consisting of 15 questions was sent to patients following their telephone consultation. Patient consent to receive the questionnaire was requested by the consulting clinician for each participant. The patients were provided with a stamped addressed envelope to return the completed anonymous questionnaire. Thematic analysis was used to identify themes in the qualitative data. Results A total of 39 questionnaires were completed. More than 86% of patients reported that their telephone consultation definitely met their needs. Over 89% answered 'yes definitely' to questions regarding understanding of the reason for their appointment, opportunities for questions, clear understandable answers, feeling listened to, and treatment plans. 59% of patients responded 'yes definitely' that they were given information prior to the appointment about what would happen in the consultation, 10% reported they hadn't, with 31% responding they had but to some extent only. 72% of respondents reported that it was clear who they should contact if they had any further questions following the consultation. Regarding preference for future appointments, 47% of patients indicated that they would prefer a mixture of telephone, face to face and video consultations; 24% preferred telephone, 16% preferred hospital face to face, and 3%

preferred video. 11% reported that they had no preference. Thematic analysis of individual comments identified positive themes such as flexibility, good communication with clinicians and convenience. Areas for development are around communication with regard to physical barriers such as hearing and telephone signal problems. There are also limitations around both physical examination and the transmission of implicit information (non-verbal communication). Conclusion Virtual consultations provide an opportunity to safely assess patients whilst meeting social distancing requirements and minimising patient flow through the hospital. Questionnaire analysis indicates an overall positive experience of telephone consultations. However, most patients would prefer a mixture of face to face, video and telephone consultations in future. There are a number of areas for improvement including: a review of the information provided to patients prior to the consultation, review of contact information for patients following the consultation, and mechanisms for identifying patients with physical/ sensory limitations. The information gained through this small review will help us improve the overall telephone consultation experience for our patients.

750. **Vascular Thrombosis in Severe COVID-19 Requiring Extracorporeal Membrane Oxygenation: A Multicenter Study.**

Item Type: Journal Article

Authors: WeirMccall, J. R.;Galea, G.;Mun Mak, S.;Joshi, K.;Agrawal, B.;Screaton, N.;Toshner, M.;Ruggiero, A.;Benedetti, G.;Brozik, J.;Machin, R.;Das, I.;Kotnik, M.;Sun, J.;Mackay, M.;Jacob, J.;Rodrigues, J. C. L.;Camporota, L. and Vuylsteke, A.

Publication Date: 2022a

Journal: Critical Care Medicine 50(4), pp. 624-632

Abstract: OBJECTIVES: Coronavirus disease 2019 has been reported to be a prothrombotic condition; however, multicenter data comparing this with other viral pneumonias in those requiring extracorporeal membrane oxygenation are lacking. We conducted a multicenter study using whole-body CT to examine the prevalence, severity, and nature of vascular complications in coronavirus disease 2019 in comparison with patients with other viral pneumonias. DESIGN: We analyzed whole-body CT scans for the presence of vascular thrombosis (defined as pulmonary artery thrombus, venous thrombus, systemic arterial thrombus, or end-organ infarct). The severity, distribution, and morphology of pulmonary artery thrombus were characterized. Competing risk cumulative incidence analysis was used to compare survival with discharge. SETTING: Three centers of the English national extracorporeal membrane oxygenation service. PATIENTS: Consecutive patients admitted with either coronavirus disease 2019 or noncoronavirus disease 2019 viral pneumonia admitted from January 2019. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: One-hundred thirty-six patients (45.2 +/- 10.6 yr old, 39/146 [27%] female) requiring extracorporeal membrane oxygenation support underwent whole-body CT scans at admission. Of these, 86 had coronavirus disease 2019 pneumonia, and 50 had noncoronavirus disease 2019 viral pneumonia. Vascular thrombosis was seen more often in patients with coronavirus disease 2019 (odds ratio, 12.9 [95% CI 4.5-36.8]). In those with coronavirus disease 2019, 57 (73%) demonstrated pulmonary artery thrombus or pulmonary perfusion defects. Eighty-two percent of thrombus exhibited emboli-like morphology. The location of pulmonary artery thrombus and parenchymal perfusion defects was only concordant in 30% of cases. The risk of mortality was higher in those with coronavirus disease 2019 compared with noncoronavirus disease 2019 pneumonia (chi^2= 3.94; p = 0.047). Mortality was no different in coronavirus disease 2019 patients with or without vascular thrombosis (chi^2= 0.44; p = 0.51).

DOI: 10.1097/CCM.0000000000005322

751. **Vascular Thrombosis in Severe COVID-19 Requiring Extracorporeal Membrane Oxygenation: A Multicenter Study.**

Item Type: Journal Article

Authors: WeirMccall, J. R.;Galea, G.;Mun Mak, S.;Joshi, K.;Agrawal, B.;Screaton, N.;Toshner, M.;Ruggiero, A.;Benedetti, G.;Brozik, J.;Machin, R.;Das, I.;Kotnik, M.;Sun, J.;Mackay, M.;Jacob, J.;Rodrigues, J. C. L.;Camporota, L. and Vuylsteke, A.

Publication Date: 2022b

Journal: Critical Care Medicine 50(4), pp. 624-632

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Publication Date: 2022c

Journal: Critical Care Medicine 50(4), pp. 624-632

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753. **Vascular Thrombosis in Severe COVID-19 Requiring Extracorporeal Membrane Oxygenation: A Multicenter Study.**

Item Type: Journal Article

Authors: WeirMccall, J. R.;Galea, G.;Mun Mak, S.;Joshi, K.;Agrawal, B.;Screaton, N.;Toshner, M.;Ruggiero, A.;Benedetti, G.;Brozik, J.;Machin, R.;Das, I.;Kotnik, M.;Sun, J.;Mackay, M.;Jacob, J.;Rodrigues, J. C. L.;Camporota, L. and Vuylsteke, A.

Publication Date: 2022d

Journal: Critical Care Medicine 50(4), pp. 624-632

Abstract: OBJECTIVES: Coronavirus disease 2019 has been reported to be a prothrombotic condition; however, multicenter data comparing this with other viral pneumonias in those requiring extracorporeal membrane oxygenation are lacking. We conducted a multicenter study using whole-body CT to examine the prevalence, severity, and nature of vascular complications in coronavirus disease 2019 in comparison with patients with other viral pneumonias. DESIGN: We analyzed whole-body CT scans for the presence of vascular thrombosis (defined as pulmonary artery thrombus, venous thrombus, systemic arterial thrombus, or end-organ infarct). The severity, distribution, and morphology of pulmonary artery thrombus were characterized. Competing risk cumulative incidence analysis was used to compare survival with discharge. SETTING: Three centers of the English national extracorporeal membrane oxygenation service. PATIENTS: Consecutive patients admitted with either coronavirus disease 2019 or noncoronavirus disease 2019 viral pneumonia admitted from January 2019. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: One-hundred thirty-six patients (45.2 +/- 10.6 yr old, 39/146 [27%] female) requiring extracorporeal membrane oxygenation support underwent whole-body CT scans at admission. Of these, 86 had coronavirus disease 2019 pneumonia, and 50 had noncoronavirus disease 2019 viral pneumonia. Vascular thrombosis was seen more often in patients with coronavirus disease 2019 (odds ratio, 12.9 [95% CI 4.5-36.8]). In those with coronavirus disease 2019, 57 (73%) demonstrated pulmonary artery thrombus or pulmonary perfusion defects. Eighty-two percent of thrombus exhibited emboli-like morphology. The location of pulmonary artery thrombus and parenchymal perfusion defects was only concordant in 30% of cases. The risk of mortality was higher in those with coronavirus disease 2019 compared with noncoronavirus disease 2019 pneumonia (chi^2= 3.94; p = 0.047). Mortality was no different in coronavirus disease 2019 patients with or without vascular thrombosis (chi^2= 0.44; p = 0.51).

754. **Vascular Thrombosis in Severe COVID-19 Requiring Extracorporeal Membrane Oxygenation: A Multicenter Study**

Item Type: Journal Article

Authors: Weir-McCall, Jonathan;Galea, Gabriel;Mun Mak, Sze;Joshi, Kushal;Agrawal, Bobby;Screaton, Nicholas;Toshner, Mark;Ruggiero, Alessandro;Benedetti, Giulia;Brozik, Jan;Machin, Ruth;Das, Indrajeet;Kotnik, Marusa;Sun, Julia;Mackay, Michael;Jacob, Joseph;Rodrigues, Jonathan C. L.;Camporota, Luigi and Vuylsteke, Alain

Publication Date: 2022

Journal: Critical Care Medicine 50(4), pp. 624-632

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DOI: 10.1097/CCM.0000000000005322

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34582412&custid=ns010877

755. **Deprescribing dilemmas: Alpha blockers and centrally acting antihypertensives in people who fall.**

Item Type: Journal Article

Authors: Welsh, T. and Camacho, R.

Publication Date: 2022a

Journal: European Geriatric Medicine Conference: 18th Congress of the European Geriatric Medicine Society. Online, pp. ate of Pubaton: eember 2022

Abstract: Introduction: Alpha-blockers are commonly prescribed for both the management of lower urinary tract symptoms in people with benign prostatic hyperplasia (BPH) and hypertension. Centrally acting antihypertensives are used less commonly but form an important part of the tool kit for managing difficult to treat hypertension or where other agents are contraindicated. However, concerns have been raised about both groups of drugs regarding the risk of postural hypotension and falls in older adults. This has been a particular concern in cognitively and physically frail groups. BPH is common and alpha-blockers are an effective treatment, in an older adult who is falling this can lead to a prescribing dilemma.

756. **Deprescribing dilemmas: Alpha blockers and centrally acting antihypertensives in people who fall.**

Item Type: Journal Article

Authors: Welsh, T. and Camacho, R.

Publication Date: 2022b

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758. **COVID-19: lessons learned the hard way**

Item Type: Journal Article

Authors: Welsh, Tomas James and Tenison, Emma

Publication Date: 2022a

Journal: Age and Ageing 51(6)
DOI: 10.1093/ageing/afac132

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35751873&custid=ns010877

759. **COVID-19: lessons learned the hard way**

Item Type: Journal Article

Authors: Welsh, Tomas James and Tenison, Emma

Publication Date: 2022b

Journal: Age & Ageing 51(6), pp. 1-2

Abstract: The authors reflect on the lessons learned by healthcare professionals during the COVID-19 pandemic. Also cited are the higher rates of hospitalisation and death among older people infected by COVID-19 in the U.S., Canada and Europe, the study on the experiences of hospitals in the Netherlands during the first and second waves of the pandemic, and the subjects' history of diabetes, myocardial infarction, and dementia.

DOI: 10.1093/ageing/afac132

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157756207&custid=ns010877

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