

RUH Staff Publications Database

Publications during 2023

1. Lack of regional pathways impact on surgical delay: Analysis of the Orthopaedic Trauma Hospital Outcomes-Patient Operative Delays (ORTHOPOD) study.

Item Type: Journal Article

Authors: Ahmed, H. E.;Baldock, T.;Wei, N.;Walshaw, T.;Walker, R.;Trompeter, A.;Scott, S.;Eardley, W. G. P.;Stevenson, I.;Yoong, A.;Rankin, I.;Dixon, J.;Lim, J. W.;Sattar, M.;McDonald, S.;Davies, H.;Jones, L.;Nolan, M.;McGinty, R.;Stevenson, H., et al

Publication Date: 2023

Journal: Injury 54(12) (pagination), pp. Arte Number: 111007. ate of Pubaton: eember 2023

Abstract: Introduction: Current practice following injury within the United Kingdom is to receive surgery, at the institution of first contact regardless of ability to provide timely intervention and inconsiderate of neighbouring hospital resource and capacity. This can lead to a mismatch of demand and capacity, delayed surgery and stress within hospital systems, particularly with regards to elective services. We demonstrate through a multicentre, multinational study, the impact of this at scale. Methodology: ORTHOPOD data collection period was between 22/08/2022 and 16/10/2022 and consisted of two arms. Arm 1 captured orthopaedic trauma caseload and capacity in terms of sessions available per centre and patients awaiting surgery per centre per given week. Arm 2 recorded patient and injury demographics, time of decision making, outpatient and inpatient timeframes as well as time to surgery. Hand and spine cases were excluded. For this regional comparison, regional trauma networks with a minimum of four centres enroled onto the ORTHOPOD study were exclusively analysed.

2. Pre-operative information, shared decision-making and consent for anaesthesia: time for a rethink

Item Type: Journal Article

Authors: Ainsworth, M. J. G. and Cook, T. M.

Publication Date: 2023

Journal: Anaesthesia 78(10), pp. 1187-1190

DOI: 10.1111/anae.16053

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37203398&custid=ns010877>

3. Haematology ambulatory transplant In a district general hospital setting-Results of pilot study.

Item Type: Journal Article

Authors: Almeida, D.;Peters, T.;Crowe, J. and Murray, J.

Publication Date: 2023

Journal: British Journal of Haematology Conference: 63rd Annual Scientific Meeting of the British Society for Haematology. Birmingham United Kingdom, pp. ate of Pubaton: Ar 2023

Abstract: Background: High dose melphalan autologous stem cell stem transplant (ASCT) is the standard of care for patients with newly diagnosed multiple myeloma. It has been observed that the physical and emotional condition of ASCT patients on the ward deteriorates during prolonged hospital admission. Coupled with reduced inpatient capacity many tertiary, BSH Level 3 hospitals have started to offer such treatment in the ambulatory setting. As far as the authors are aware, no level 2B or District General Hospital (DGH) has provided ambulatory ASCT.

4. 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 Yin Ling, Clarissa;Kotecha, Shreeya;Lawler, Michael;Daga, Garima and Zafar, Noman

Publication Date: 2023

Journal: Journal of Perioperative Practice 33(5), pp. 153-157

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>

5. Risk Stratified Follow-Up for Endometrial Cancer: The Clinicians' Perspective

Item Type: Journal Article

Authors: Amirthanayagam, Anumithra;Boulter, Louise;Millet, Nessa;McDermott, Hilary

J.;Morrison, Jo;Taylor, Alexandra;Miles, Tracie;Coton, Lorna and Moss, Esther L.

Publication Date: 2023

Journal: Current Oncology 30(2), pp. 2237-2248

Abstract: Risk-stratified follow-up for endometrial cancer (EC) is being introduced in many cancer centres; however, there appears to be diversity in the structure and availability of schemes across the UK. This study aimed to investigate clinicians' and clinical specialist nurses' (CNS) experiences of follow-up schemes for EC, including patient-initiated follow-up (PIFU), telephone follow-up (TFU) and clinician-led hospital follow-up (HFU). A mixed-methods study was conducted, consisting of an online questionnaire to CNSs, an audience survey of participants attending a national "Personalising Endometrial Cancer Follow-up" educational meeting, and qualitative semi-structured telephone interviews with clinicians involved in the follow-up of EC. Thematic analysis identified three main themes to describe clinicians' views: appropriate patient selection; changing from HFU to PIFU schemes; and the future of EC follow-up schemes. Many participants reported that the COVID-19 pandemic impacted EC follow-up by accelerating the transition to PIFU/TFU. Overall, there was increasing support for non-HFU schemes for patients who have completed primary treatment of EC; however, barriers were identified for non-English-speaking patients and those who had communication challenges. Given the good long-term outcome associated with EC, greater focus is needed to develop resources to support patients post-treatment and individualise follow-up according to patients' personal needs and preferences.

DOI: 10.3390/currenol30020173

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=162118327&custid=ns010877>

6. A second update on mapping the human genetic architecture of COVID-19.

Item Type: Journal Article

Authors: Andrews, S. J.;Stevens, C.;Daly, M.;Pathak, G. A.;Iwasaki, A.;Karjalainen, J.;Mehtonen, J.;Pirinen, M.;Trankiem, A.;Balaconis, M. K.;Veerapen, K.;Wolford, B. N.;Ahmad, H. F.;Andrews, S.;von Hohenstaufen Puoti, K. A.;Boer, C.;Boua, P. R.;Cadilla, C. L.;Chwialkowska, K.;Colombo, F., et al

Publication Date: 2023

Journal: Nature 621(7977), pp. E7-E26

7. Cognitive targeted local anaesthetic transperineal biopsy alone in men with PIRADS/LIKERT 5 on multiparametric magnetic resonance imaging of the prostate as an initial diagnostic investigation is safe in men with a PSA density over 0.15.

Item Type: Journal Article

Authors: Aning, J.;Andreou, A.;Blaney, L.;Burn, P.;Oxley, J.;Mahoney, S.;Davies, S. J.;Simmons, L.;Trent, N.;Kopcke, D.;Persad, R. and BurnsCox, N.

Publication Date: 2023

Journal: European Urology Conference: EAU23 - 38th Annual EAU Congress. Milan Italy,

pp. ate of Pubaton: February 2023

Abstract: Introduction & Objectives: MRI-targeted biopsy has been demonstrated to be superior to systematic prostate biopsies in randomised studies. However there are few real-life multi-centre prospective data evaluating cognitive targeted local anaesthetic transperineal prostate biopsy (CTLATPB) outcomes and whether additional value is added by performing systematic biopsies. We investigated the outcomes of men with PIRADS/ LIKERT 5 (MRI Score 5) lesions on mpMRI who underwent CT-LATPB and systematic biopsies in the South West of the United Kingdom.

8. Providing quality benchmarks for the management of PIRADS / LIKERT 3 lesions identified on multiparametric magnetic resonance imaging - the South West Prostate Dashboard regionwide multicentre experience.

Item Type: Journal Article

Authors: Aning, J.;Burn, P.;Oxley, J.;Andreou, A.;Blaney, L.;Mahoney, S.;Davies, S. J.;Simmons, L.;Bolomytis, S.;Kopcke, D.;Persad, R. and BurnsCox, N.

Publication Date: 2023

Journal: European Urology Conference: EAU23 - 38th Annual EAU Congress. Milan Italy, pp. ate of Pubaton: February 2023

Abstract: Introduction & Objectives: PIRADS/LIKERT 3 (MRI Score 3) lesions on multiparametric magnetic resonance imaging (mpMRI) of the prostate present a significant management challenge. The South West Prostate Dashboard (SWPD) was established to improve the prostate cancer diagnostic pathways and reduce variation in the South West of England. We report the outcome of a multicentre data-driven approach to provide information to guide patients and clinicians how to manage MRI Score 3 lesions.

9. Immune cell status, cardiorespiratory fitness and body composition among breast cancer survivors and healthy women: a cross sectional study

Item Type: Journal Article

Authors: Arana Echarri, Ainhoa;Struszczyk, Lauren;Beresford, Mark;Campbell, John P.;Jones, Robert H.;Thompson, Dylan and Turner, James E.

Publication Date: 2023a

Journal: Frontiers in Physiology 14, pp. 1107070

Abstract: Methods: We examined whether immune cell profiles differ between healthy women (n = 38) and breast cancer survivors (n = 27) within 2 years of treatment, and whether any group-differences were influenced by age, cytomegalovirus infection, cardiorespiratory fitness and body composition. Using flow cytometry, CD4+ and CD8+ T cell subsets, including naïve (NA), central memory (CM) and effector cells (EM and EMRA) were identified using CD27/CD45RA. Activation was measured by HLA-DR expression. Stem cell-like memory T cells (TSCMs) were identified using CD95/CD127. B cells, including plasmablasts, memory, immature and naïve cells were identified using CD19/CD27/CD38/CD10. Effector and regulatory Natural Killer cells were identified using CD56/CD16. Results: Compared to healthy women, CD4+ CM were + Δ 21% higher among survivors (p = 0.028) and CD8+ NA were - Δ 25% lower (p = 0.034). Across CD4+ and CD8+ subsets, the proportion of activated (HLA-DR+) cells was + Δ 31% higher among

survivors: CD4+ CM (+ Δ 25%), CD4+ EM (+ Δ 32%) and CD4+ EMRA (+ Δ 43%), total CD8 + (+ Δ 30%), CD8+ EM (+ Δ 30%) and CD8+ EMRA (+ Δ 25%) (p 0.305, p < 0.019). The association between fat mass index and HLA-DR+ CD8+ EMRA T cells withstood statistical adjustment for all variables, including age, CMV serostatus, lean mass and cardiorespiratory fitness, potentially implicating these cells as contributors to inflammatory/immune-dysfunction in overweight/obesity.; 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 © 2023 Arana Echarri, Struszczak, Beresford, Campbell, Jones, Thompson and Turner.)

DOI: 10.3389/fphys.2023.1107070

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37324393&custid=ns010877>

10. The effects of exercise training for eight weeks on immune cell characteristics among breast cancer survivors

Item Type: Journal Article

Authors: Arana Echarri, Ainhoa;Struszczak, Lauren;Beresford, Mark;Campbell, John P.;Thompson, Dylan and Turner, James E.

Publication Date: 2023b

Journal: Frontiers in Sports and Active Living 5, pp. 1163182

Abstract: Methods: This study examined the effects of exercise training for 8 weeks on blood immune cell characteristics among 20 breast cancer survivors (age 56 ± 6 years, Body Mass Index 25.4 ± 3.0 kg m²) within two years of treatment. Participants were randomly allocated to a partly-supervised or a remotely-supported exercise group ($n = 10$ each). The partly supervised group undertook 2 supervised (laboratory-based treadmill walking and cycling) and 1 unsupervised session per week (outdoor walking) progressing from 35 to 50 min and 55% to 70% $\dot{V}O_2$ max. The remotely-supported group received weekly exercise/outdoor walking targets (progressing from 105 to 150 min per week 55% to 70% $\dot{V}O_2$ max) via weekly telephone calls discussing data from a fitness tracker. Immune cell counts were assessed using flow cytometry: CD4+ and CD8+ T cells (Naïve, NA; Central memory, CM; and Effector cells, EM and EMRA; using CD27/CD45RA), Stem cell-like memory T cells (TSCMs; using CD95/CD127), B cells (plasmablasts, memory, immature and naïve cells using CD19/CD27/CD38/CD10) and Natural Killer cells (effector and regulatory cells, using CD56/CD16). T cell function was assessed by unstimulated HLA-DR expression or interferon gamma (IFN- γ) production with Enzyme-linked ImmunoSpot assays following stimulation with virus or tumour-associated antigens.; Results: Total leukocyte counts, lymphocytes, monocytes and neutrophils did not change with training ($p > 0.425$). Most CD4+ and CD8+ T cell subtypes, including TSCMs, and B cell and NK cell subtypes did not change ($p > 0.127$). However, across groups combined, the CD4+ EMRA T cell count was lower after training (cells/ μ l: 18 ± 33 vs. 12 ± 22 , $p = 0.028$) and these cells were less activated on a per cell basis (HLA-DR median fluorescence intensity: 463 ± 138 vs. 420 ± 77 , $p = 0.018$). Furthermore, the partly-supervised group showed a significant decrease in the CD4+/CD8+ ratio (3.90 ± 2.98 vs. 2.54 ± 1.29 , $p = 0.006$) and a significant increase of regulatory NK cells (cells/ μ l: 16 ± 8 vs. 21 ± 10 , $p = 0.011$). T cell IFN- γ production did not change with exercise training ($p > 0.515$).; Discussion: In summary, most immune cell characteristics are relatively stable with 8 weeks of exercise training among breast cancer survivors. The lower counts and activation of CD4+ EMRA T cells, might reflect an anti-immunosenescence effect of exercise.; 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. (© 2023 Arana

Echarri, Struszcak, Beresford, Campbell, Thompson and Turner.)

DOI: 10.3389/fspor.2023.1163182

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37252426&custid=ns010877>

11. Management of Stromal Corneal Dystrophies; Review of the Literature with a Focus on Phototherapeutic Keratectomy and Keratoplasty

Item Type: Journal Article

Authors: Ashena, Zahra;Niestrata, Magdalena and Tavassoli, Shokufeh

Publication Date: 2023

Journal: Vision (Basel, Switzerland) 7(1)

Abstract: Corneal dystrophies are a group of non-inflammatory inherited disorders of the cornea. This review considers treatment options for epithelial-stromal and stromal corneal dystrophies: namely Reis-Bücklers, Thiel-Behnke, lattice, Avellino, granular, macular and Schnyder corneal dystrophies. Where there is visual reduction, treatment options may include either phototherapeutic keratectomy (PTK) or corneal transplantation. Due to the anterior location of the deposits in Reis-Bücklers and Thiel-Behnke dystrophies, PTK is considered the treatment of choice. For lattice, Avellino, granular and macular corneal dystrophies, PTK provides temporary visual improvement; however, with recurrences, repeat PTK or a corneal transplant would be needed. For Schnyder dystrophy, should treatment be required, PTK may be the preferred option due to the potential for recurrence of the disease in corneal transplantation. This review discusses the literature and evidence base for the treatment of corneal dystrophies in terms of visual outcomes and recurrence rate.

DOI: 10.3390/vision7010022

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36977302&custid=ns010877>

12. Pressurized intraperitoneal aerosol chemotherapy (PIPAC): updated systematic review using the IDEAL framework.

Item Type: Journal Article

Authors: Baggaley, A. E.;Lafaurie, G. B. R. C.;Tate, S. J.;Boshier, P. R.;Prosser, S.;Jones, S. E. F.;Gwynne, S. H.;Peters, C. J.;Case, A.;Casbard, A.;Peters, C.;Chuter, D.;Hudson, E.;Brown, G.;Hall, H.;Murphy, J.;Torkington, J.;Parker, J.;Frost, J.;Garfitt, J., et al

Publication Date: 2023

Journal: British Journal of Surgery 110(1), pp. 10-18

13. Severe acute drug-induced dystonia in the post-operative period requiring tracheal re-intubation

Item Type: Journal Article

Authors: Baigent, A. V. and Morris, E. A. J.

Publication Date: Jul ,2023

Journal: Anaesthesia Reports 11(2), pp. 1-5

Abstract: Summary: Ondansetron is a highly selective 5-hydroxytryptamine receptor antagonist and the most commonly used anti-emetic for the prevention of postoperative nausea and vomiting. Ondansetron has a low affinity for dopamine receptors and so extrapyramidal side effects are rare. Here, we present the case of a 14-year-old girl who developed a severe post-operative acute dystonic reaction which included oculogyric crisis. We believe that ondansetron was the most likely cause, although propofol may have been a synergistic or alternative causative agent. The patient had no significant past medical history and had previously undergone two uneventful general anaesthetics which included both ondansetron and propofol. The prolonged duration and severity of the reaction and failure to fully respond to specific treatments resulted in the need for tracheal intubation and transfer to a paediatric intensive care unit. She subsequently recovered uneventfully with no ongoing neurological sequelae. Ondansetron-induced dystonic reactions are rare and unpredictable and can occur in patients who have previously received the drug without complication. They are thought to be caused by an imbalance between inhibitory and excitatory neurotransmitters in the extrapyramidal system. Specific treatments include anticholinergics, antihistamines and benzodiazepines.

DOI: 10.1002/anr3.12258

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=174474996&custid=ns010877>

14. **340 ATR inhibitor alone (ceralasertib) or in combination with olaparib in gynaecological cancers with ARID1A loss or no loss: Results from the ENGOT/GYN1/NCRI ATARI trial.**

Item Type: Journal Article

Authors: Banerjee, S.;Leary, A.;Stewart, J. R.;Dewan, M.;Lheureux, S.;Clamp, A. R.;RayCoquard, I. L.;Selle, F.;Gourley, C.;Glasspool, R. M.;Bowen, R.;Attygalle, A.;Vroobel, K.;Tunariu, N.;Wilkinson, K.;Toms, C.;Natrajan, R.;Bliss, J.;Lord, C. and Porta, N.

Publication Date: 2023

Journal: ESMO Open Conference, pp. The

Abstract: Background: Clinical outcomes for rare subtypes of relapsed gynaecological cancers (GC) including ovarian clear cell carcinomas (CCC) and carcinosarcomas (CS) are poor with limited treatment options. Preclinical data demonstrate GC with deleterious ARID1A mutations (and thus ARID1A-protein loss) display increased sensitivity to ATR inhibition. In the absence of ARID1A mutations, ATR inhibitor sensitivity can be enhanced by combination with PARP inhibitors. ATARI is an academic, international, parallel cohort platform phase II trial assessing ceralasertib (CERA) in ARID1A stratified GC.

15. **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: 2023

Journal: Foot and Ankle Surgery : Official Journal of the European Society of Foot and Ankle Surgeons 29(1), pp. 63-66

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>

16. **Protocol for a systematic literature review of smartphone apps to support the self-management of rheumatic and musculoskeletal diseases: development strategies, theoretical underpinnings and barriers to engagement**

Item Type: Journal Article

Authors: Barnett, Rosemarie;Clarke, Christopher;Sengupta, Raj and Rouse, Peter C.

Publication Date: 2023

Journal: Systematic Reviews 12(1), pp. 129

Abstract: Background: Rheumatic and musculoskeletal diseases (RMDs) cause significant burden to the individual and society, requiring lifelong management and specialist healthcare resource use. Costing over 200 billion euros per year in Europe, RMDs are the most expensive of all diseases for European healthcare systems. The incidence and burden of RMDs are projected to rise with the ageing global population and increase in sedentary, obesogenic lifestyles. In parallel, there is a global crisis in the rheumatology workforce, whereby capacity to deliver specialist care is being exceeded by demand. Pervasive, scalable mobile health technologies, such as apps, are being developed to support the self-management of RMDs and reduce pressure on healthcare services. However, it is unknown whether these apps are informed by theory or their use supported by an appropriate evidence base. The purpose of this review is therefore to provide a comprehensive overview of the development strategies, interventional components and theoretical underpinnings of existing smartphone apps, designed to support the self-management of RMDs.; Methods: Searches will be conducted within PubMed, Scopus, Web of Science, Embase, MEDLINE and PsycINFO. Reference lists and citing articles of the included studies will be searched.

Identified publications will be screened for eligibility by two independent reviewers. Any discrepancies between reviewers will be resolved by consensus, with input from a third reviewer if required. Data will be extracted on study designs, methods, populations, setting, utilised theoretical frameworks, intervention components, behaviour change techniques, methods to evaluate effectiveness and barriers/facilitators to intervention engagement. Exploratory outcomes include reported effectiveness, acceptability and usability. A systematic, narrative synthesis of evidence will be presented. If appropriate (depending on quality and pool of evidence identified), qualitative meta-summary techniques will be used to combine and summarise qualitative findings regarding barriers/facilitators to intervention engagement.; Discussion: The results of this systematic literature review will provide insights for healthcare professionals, researchers, app designers and policy makers, to inform future development and implementation of smartphone apps to support self-management of RMDs. Evidence gaps for future research will be identified. Findings will be disseminated through a final manuscript/publication of results and via a conference abstract, patient organisations and social media.; Systematic Review Registration: PROSPERO CRD42022359704. (© 2023. The Author(s).)

DOI: 10.1186/s13643-023-02276-4

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37516896&custid=ns010877>

17. Diagnostic delay in axial spondylarthritis: A lost battle?

Item Type: Journal Article

Authors: Barnett, Rosemarie;Gaffney, Karl and Sengupta, Raj

Publication Date: 2023

Journal: Best Practice & Research.Clinical Rheumatology , pp. 101870

Abstract: Diagnostic delay in axial spondylarthritis (axSpA) remains an unacceptable worldwide problem; with evidence suggesting significant detrimental impact both clinically on the individual, and economically on society. There is therefore, a need for global action across various healthcare professions that come into contact with patients living, and suffering, with undiagnosed axSpA. Recent estimates of the median diagnostic delay suggest that globally, individuals with axSpA wait between 2 and 6 years for a diagnosis - revealing a clear benchmark for improvement. This timespan presents a window of opportunity for earlier diagnosis and intervention, which will likely improve patient outcomes. This review describes the current diagnostic delay as estimated across countries and over time, before presenting evidence from published strategies that may be implemented to improve this delay across primary and secondary care, including for specialties treating extra-musculoskeletal manifestations of axSpA (ophthalmology, gastroenterology, dermatology). Ongoing campaigns tackling delayed diagnosis in axSpA are also highlighted.; Competing Interests: Declaration of competing interest R.B. declares no competing interests. R.S. reports having received research and/or educational grants from Abbvie, Celgene, Novartis, Lilly, and Consulting/Speaker fees from Abbvie, Biogen, Celltrion, MSD, Novartis, UCB, and Lilly. K.G. reports having received grants and personal fees from AbbVie, Eli Lilly, Novartis, UCB, and grants from Gilead. (Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.)

DOI: 10.1016/j.berh.2023.101870

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37658016&custid=ns010877>

18. Participatory design of an infographic to help support the care of people living with complex regional pain syndrome

Item Type: Journal Article

Authors: Beales, Darren;Ho, Yi Ki;Lewin, James;Loh, Bianca Wen-Qi;Yusof, Amirah Binte;Grieve, Sharon;Ranelli, Sonia;Holthouse, David;Mitchell, Tim and Slater, Helen

Publication Date: 2023

Journal: British Journal of Pain 17(6), pp. 519-531

Abstract: Background: Complex regional pain syndrome (CRPS) can be a debilitating pain condition with enduring physical, psychological and social impacts. CRPS is often poorly understood by healthcare professionals and management needs to be tailored to each individual's presentation. People with lived experience express difficulty in accessing reliable and meaningful information about the condition. This study aimed to co-create a trustworthy infographic to share information about the lived experience of CRPS.; Methods: We adopted a seven-phase, iterative, participatory methodology to co-create the infographic. Potential infographic content was obtained from qualitative work investigating the lived experience of CRPS. Online consumer engagement (people with doctor diagnosed CRPS/their family, n =20) was used to prioritise content to be included in the infographic and then potential designs were sourced. The research team narrowed the selections down to two designs which were presented to consumers online for final selection (n =25) and refinement (n =34).; Results: An infographic for understanding the lived experience of CRPS was completed using participatory design, providing a resource aligned to the needs of people with this condition. Using the Patient Education Materials Assessment Tool, the final infographic rated highly for understandability (92%) and participants indicated significant willingness to share this infographic with others (93%).; Conclusion: A process of participatory design was an effective and efficient process for translation of evidence gathered from qualitative research into a trustworthy resource for people with CRPS and their support people.; Competing Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. (© The Author(s) 2023.)

DOI: 10.1177/20494637231190587

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37969133&custid=ns010877>

19. Optimising staff wellbeing and recovery from potentially traumatic events in the obstetric multidisciplinary team.

Item Type: Journal Article

Authors: Beer, R.;Jordan, L.;Kelly, F. and Highfield, J.

Publication Date: 2023

Journal: International Journal of Obstetric Anesthesia Conference, pp. Obstetr

Abstract: Introduction: Obstetrics is a high-risk specialty for potentially traumatic events (PTEs) [1]. Trauma Risk Incident Management (TRIM) is an evidence-based peer support system designed to help staff recover from PTEs. The Bath Team Immediate Meet (TIM) tool is a communication aid designed to facilitate a two minute 'hot debrief' after a PTE (Figure), raise awareness of a normal reaction to a PTE, prompt an immediate list of staff involved and streamline referral to the TRIM team [2]. We aimed to establish the impact of

PTEs on our obstetric multidisciplinary team (MDT), the perceived benefits of a debrief tool and introduce the TIM tool to our delivery suite.

20. Segmental microbleeds: a radiological sign for cranial dural arteriovenous fistula

Item Type: Journal Article

Authors: Bengeri, Sanvitti;Safiya Mark, Lauren;Ayomide Osomo, Oluwaseemo;Kuker, Wilhelm and Yiin, Gabriel S. C.

Publication Date: 2023

Journal: Clinical Medicine 23(5), pp. 512-514

Abstract: A 57-year-old man presented to the emergency department following a road traffic accident, having experienced a sudden ascending 'wave of emotion'. After the event, he developed an intense right-sided temporal headache and was thought to have a complex grief reaction resulting from a recent bereavement. Given persistent symptoms, a computed tomography (CT) scan of head was conducted at an outpatient transient ischaemic attack (TIA) clinic, which showed a possible right occipital infarct. Further magnetic resonance imaging (MRI) scanning revealed instead a segmental area of microbleeds in the posterior right temporal lobe, with occipital extension. Upon discussion at the neuroradiology multidisciplinary team meeting and subsequent digital subtraction angiography (DSA), a cranial dural arteriovenous fistula (DAVF) was confirmed. He underwent a successful embolisation, with his symptoms fully resolving 16 months later.

DOI: 10.7861/clinmed.2023-0313

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=172447937&custid=ns010877>

21. Correction: Clinical indications and triaging for adult transthoracic echocardiography: a statement by the British Society of Echocardiography (Echo Research & Practice, (2022), 9, 1, (5), 10.1186/s44156-022-00003-8).

Item Type: Journal Article

Authors: Bennett, S.;Stout, M.;Ingram, T. E.;Pearce, K.;Griffiths, T.;Duckett, S.;Heatlie, G.;Thompson, P.;Tweedie, J.;Sopala, J.;Ritzmann, S.;Victor, K.;Skipper, J.;Robinson, S.;Potter, A.;Augustine, D. X. and Colebourn, C. L.

Publication Date: 2023

Journal: Echo Research and Practice 10(1) (pagination), pp. Arte Number: 5. ate of Pubaton: eember 2023

Abstract: The authors wish to clarify that the original title of this article [1] was incorrect, and the revised title (above) does not include reference to collaboration with the British Heart Valve Society. Any mention of British Heart Valve Society involvement within the article is also incorrect and should be ignored. In addition, Dr Benoy Shah has withdrawn from the list of authors. The authorship list is therefore: Sadie Bennett, Martin Stout, Thomas E. Ingram, Keith Pearce, Timothy Griffiths, Simon Duckett, Grant Heatlie, Patrick Thompson, Judith Tweedie, Jo Sopala, Sarah Ritzmann, Kelly Victor, Judith Skipper, Shaun Robinson, Andrew Potter, Daniel X. Augustine and Claire L. Colebourn. Any citation of this

article should include these changes. The article authors are also making following amendments:.

22. LET'S GET MOVING: REDUCING SEDENTARY BEHAVIOUR IN PRIMARY CARE WAITING ROOMS.

Item Type: Journal Article

Authors: Boalch, A.

Publication Date: 2023

Journal: BMJ Open Sport and Exercise Medicine Conference: 2022 British Association of Sport and Exercise Medicine Conference. Brighton United Kingdom, pp. ate of Pubaton: 2023

Abstract: Background Physical inactivity affects a third of the population and is the fourth leading risk factor for mortality globally.¹ Increasing activity by just thirty minutes a week can extend life expectancy by four years.² The number needed to treat for physical activity is 12,³ thus the role of clinicians in promoting physical activity is immensely valuable. The 'Let's Get Moving' project was implemented in a large Wiltshire health centre to try and address physical inactivity amongst patients and staff. The aim was to reduce sedentary behaviour in patient waiting rooms; increase physical activity levels amongst both staff and patients; and improve awareness of physical activity guidelines amongst both staff and patients. Methods A poster displaying four chair-based exercises with a QR-link to additional resources was created. A summary of physical activity recommendations was also included. The poster was displayed in all patient waiting rooms and a PDF format was sent via text to patients before face-to-face appointments. A visual display board of physical activity guidelines and recommendations for different population groups was created in the main waiting room and the poster was additionally featured on the practice website. QQ Educational sessions were provided to clinical staff as well as practice receptionists with content focussed on physical activity guidelines and the benefits of both increasing physical activity and reducing sedentary behaviour. A survey was distributed to all staff, as well as randomly selected patients, pre-intervention and four months postintervention. Results Pre-intervention only 31.0% of staff and 39.5% of patients met the recommended 150 minutes of aerobic activity in the previous week. The aerobic and strength components of the physical activity guidelines were correctly identified by 27.6% and 33.3% of staff respectively. Only 20.5% of patients correctly identified the guidance for 150 minutes of aerobic activity a week. 65.5% of staff and 71.8% of patients believed regular exercise could extend life expectancy by over five years. Importantly, 65% of patients reported they would be 'likely' or 'very likely' to engage in more physical activity if recommended by a clinician. Post-intervention, activity levels amongst staff increased with 36.0% meeting recommended levels. Activity amongst the patient group dropped with only 32.1% achieving 150 minutes of aerobic activity in the preceding week. There was no improvement in staff or patient recognition of physical activity guidelines in either the aerobic or strength components. Conclusion Despite the strong belief in the benefits of physical activity to health and longevity, there is a lack of understanding of the guidelines by both clinicians and the public. Educational sessions for staff did not result in improved and sustained knowledge of physical activity guidelines but did marginally improve activity levels within this group. Visual displays promoting physical activity across the practice did not result in increased activity levels or improved guideline knowledge in the patient group. Patients did, however, report they would respond positively to exercise recommendations from healthcare professionals. Efforts should therefore perhaps focus on promoting movement at a practice-wide level and providing brief personalised interventions during patient consults, with visual displays acting as an adjunct..

23. Daylight and dementia: don't stop going outside.

Item Type: Journal Article

Authors: Bromby, C. and Welsh, T.

Publication Date: 2023

Journal: Evidence-Based Nursing 26(3), pp. 95

24. WCN23-0175 IMPROVING SGLT-2 PRESCRIBING IN CKD PATIENTS AT A REGIONAL ENGLISH HOSPITAL: A QUALITY IMPROVEMENT PROJECT.

Item Type: Journal Article

Authors: BROWN A.;Macinnes, P.;Wales, E. and Ffrench, R.

Publication Date: 2023

Journal: Kidney International Reports.Conference: ISN World Congress of Nephrology (WCN) 2023. Bangkok Thailand. 8(3 Supplement) (pp S188), pp. ate of Pubaton: Marh 2023

Abstract: Introduction: A recent trial in the New England Journal of Medicine reported significantly improved cardiovascular mortality, eGFR decline rate and progression to end stage renal failure in patients with chronic kidney disease (CKD) and albuminuria taking dapagliflozin versus placebo. The improvement was reported in both diabetic and non-diabetic patients. Subsequently, the National Institute for Health and Care Excellence (NICE) updated its guidelines in March 2022 recommending SGLT-2 inhibitors for patients with CKD and either diabetes or significant albuminuria (albumin-to-creatinine ratio [ACR] of 22.6 mg/mmol or more). The aim of this quality improvement project was to identify and improve the compliance rate of SGLT-2 prescribing in appropriate patients in our hospital.

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

Item Type: Journal Article

Authors: Brown, Frankie;Sanders, Isabella;Watkins, Ross;Grey, Elisabeth;Smith, Paula;Springett, Daniella;Welsh, Tomas and Gillison, Fiona

Publication Date: 2023

Journal: BMC Geriatrics 23(1), pp. 270

Abstract: Objectives: This study explored the experience of delivering care remotely among practitioners in a UK geriatric medicine clinic.; Methods: Nine semi-structured interviews were conducted with consultants (n = 5), nurses (n = 2), a speech and language and an occupational therapist, and thematically analysed.; Results: Four themes developed; Challenges of remote consultations; Perceived advantages of remote consultations; Disruption of involvement of family members; Impact on care staff. Participants felt that rapport and trust had been more feasible to develop remotely than they had anticipated, although this was more challenging for new patients and those with cognitive or sensory impairments. While practitioners identified advantages of remote consultations, including involving relatives, saving time, and reducing anxiety, they also experienced disadvantages

such as consultations feeling like a 'production line', missing visual cues and reduced privacy. Some participants 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.; Discussion: Staff perceived barriers to remote consultations that went beyond practical concerns, and suggest support for building rapport, involving families, and protecting clinician identity and job satisfaction may be warranted. (© 2023. The Author(s).)

DOI: 10.1186/s12877-023-03909-y

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37142989&custid=ns010877>

26. Pathophysiological basis, clinical assessment, investigation and management of patients with obstruction defecation syndrome

Item Type: Journal Article

Authors: Bunni, John and Laugharne, Matthew J.

Publication Date: 2023

Journal: Langenbeck's Archives of Surgery 408(1), pp. 75

Abstract: Obstructed defecation syndrome (ODS) is a clinical syndrome manifest as difficulty in faecal evacuation despite no mechanical obstruction. It is the final clinical pathway of a number of anatomical and physiological pathologies they can result in considerable misery to the lives of the patients it afflicts. Herein, the authors seek to breakdown the syndrome into its component parts, looking first at normal pelvic floor anatomy and physiology; followed by each pathological element; clinical features and investigation; individual management and management of the patient as a whole. It must be stated that correction of anatomy is not the sine qua non, as this does not always correlate to improvement of symptoms. There is a complex interplay of all elements, and a holistic approach appreciating the gestalt principle of "the whole is greater than the sum of its parts" is paramount. Causes of pelvic pain (levator ani syndrome, coccygodynia, proctalgia fugax and pudendal neuralgia) do not fall into ODS and are beyond the scope of this paper. (© 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.)

DOI: 10.1007/s00423-023-02755-1

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36729157&custid=ns010877>

27. Suitability of memory aids and strategies for people with posterior cortical atrophy: protocol for a scoping review

Item Type: Journal Article

Authors: Burbaite, A.;Leeworthy, S.;Hirst, L.;Mioshi, E.;Clare, L. and Ahmed, S.

Publication Date: 2023

Journal: Systematic Reviews 12(1), pp. 58

Abstract: Background: Posterior cortical atrophy (PCA) is a neurodegenerative syndrome

characterised by progressive visuospatial and visuoperceptual impairment. Recent research shows that memory impairment can also occur as an early symptom of the condition and that the impairment can be ameliorated by providing support in the memory recall phase, for example, by presenting a related cue. In Alzheimer's disease (AD), which is defined by an amnesic syndrome, memory aids and strategies have been used to help support everyday memory, which in turn can have a positive impact on patient and carer outcomes. Similar support for PCA could be achieved by using memory aids and strategies which help to encode and/or retrieve information, yet there are currently no guidelines for memory strategies that may be suitable in PCA. Due to the central visual disorder that defines PCA, careful consideration is needed when making recommendations.;

Methods: A scoping review will be conducted of published studies that have assessed memory aids and strategies in people with AD and related dementias where memory is considered a core or supplementary feature, with the aim of distinguishing those that may be suitable or adaptable for PCA. The systematic search will include the electronic databases MEDLINE, PsycINFO and CINAHL, using search terms for dementia and memory aids and strategies identified in pilot searches. Findings will be mapped and described based on methods used, population, clinical data and memory aids and strategies identified.;

Discussion: The scoping review will give an overview of the memory aids and strategies used in people with AD and related dementias and identify characteristics, modality and pragmatics to evaluate their suitability and adaptability for a PCA population. Tailored memory support strategies for people living with PCA could improve memory performance, with knock-on positive effects on patient and carer outcomes. (© 2023. Crown.)

DOI: 10.1186/s13643-023-02187-4

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36998057&custid=ns010877>

28. NITROUS OXIDE RECREATIONAL ABUSE AMONGST YOUNG PEOPLE -NOT SO FUNNY!.

Item Type: Journal Article

Authors: Burnage, K.

Publication Date: 2023

Journal: Archives of Disease in Childhood Conference, pp. Roya

Abstract: Introduction An increasing number of neurological symptoms have been reported in young people following nitrous oxide use to induce hallucinations at parties and nightclubs. As medical students we learned mainly about its properties as an anaesthetic gas. Objectives To learn more about nitrous oxide use over time. Method Literature review. Results Nitrous oxide was first synthesised in 1772 by chemist Joseph Priestley, publishing his discovery in 'Experiments and Observations on Different Kinds of Air'. Thomas Beddoes and James Watt then created breathing apparatus to allow inhalation of nitrous oxide and reported that 'factitious airs' could treat various lung conditions including tuberculosis. Using the machine Humphry Davy noted its analgesic effects, although it wasn't used clinically until 1844 when it was used by Horace Wells during dental extractions. Today it is still used for its analgesic, anxiolytic and anaesthetic effects and it is on the WHO list of essential medications. Nitrous oxide has also been used as a recreational drug through the centuries. In 1799 it was used amongst the British upper classes - it was inhaled from a silken bag, and known as 'laughing gas'. Today it is still used for its euphoric and hallucinogenic properties. 'Whippits' are bought in small silver canisters and the contents dispensed into a balloon and inhaled. Empty canisters often litter public places upsetting local communities and causing a hazard to wildlife. Crime Survey figures for England and Wales show it is widely used by those age 16-24. Although it is illegal to supply nitrous oxide for recreational

use, possession is not illegal, however UK government is considering classification under the Misuse of Drugs Act 1971, which would make possession an offence. Other uses include as an oxidiser in rocket motors, increasing engine power in motor racing and as an aerosol propellant in whipped cream. If whipped cream canisters are used for inhalation, this may lead to hypoxia as canisters do not contain oxygen, resulting in hypotension, loss of consciousness and death. Other long term affects myeloneuropathy or peripheral neuropathy caused by functional Vitamin B12 deficiency. Conclusion Although nitrous oxide has been used for several hundred years in medical practice for its analgesic and anaesthetic properties, recreational use may have adverse neurological effects. As paediatricians we need to raise awareness of complications amongst professionals, the public and young people. The results of inhaling 'laughing gas' may N2O be funny!.

29. Effective Long-term Pediatric Pegvisomant Monotherapy to Final Height in X-linked Acrogigantism

Item Type: Journal Article

Authors: Burren, Christine P.;Williams, Georgina;Coxson, Edward and Korbonits, Márta

Publication Date: 2023

Journal: JCEM Case Reports 1(3), pp. luad028

Abstract: X-linked acrogigantism (X-LAG) is characterized by extreme tall stature from early childhood resulting from duplication of the GPR101 gene, in turn resulting in GH excess. Most cases present with pituitary tumors secreting GH and prolactin. Diffuse pituitary hyperplasia is uncommon and normal prolactin is rare. We present a girl with tall stature from 3 years of age; her height was +4.25 SD score at 5 years, with no signs of syndromic disease. She had significant GH excess, serum IGF-1 4 times the upper limit of normal and normal circulating GHRH, with normal pituitary magnetic resonance imaging over 13 years. No abnormalities were found in either the AIP or MEN1 genes. Treatment with somatostatin analogues and dopamine agonists showed minimal therapeutic benefit, but significant side effects. She tested positive for duplication of GPR101 6 years after the initial diagnosis. She was then initiated on pegvisomant aged 12 years, achieving prompt IGF-1 normalization and growth cessation. Aged 16.5 years, she showed escape from IGF-1 control, and height velocity increased, but this responded well to a dose increase in pegvisomant, with reassuring long-term pediatric safety over 7 years. Her final height is +2.9 SD score. Currently, life-long pegvisomant treatment is planned with genetic counselling regarding future offspring. (© The Author(s) 2023. Published by Oxford University Press on behalf of the Endocrine Society.)

DOI: 10.1210/jcemcr/luad028

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37908565&custid=ns010877>

30. Technical concepts on blood pool phase SPECT (acquisition, reconstruction)

Item Type: Journal Article

Authors: Cade, Sarah C. and Graham, Richard N.

Publication Date: 2023

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.. 67(3), pp. 183-190

Abstract: Guidelines for bone scintigraphy are well established and recommend the use of planar early phase images to investigate a number of clinical indications. With recent advances in gamma camera technology the use of SPECT/CT imaging in the early phases is now possible, offering the potential of improved diagnostic confidence and prognostic value. To date little work has been carried out to optimize the acquisition of early phase bone images using SPECT/CT with most of the available studies acquiring SPECT images after the traditional planar images to allow comparison of the two techniques. Imaging durations of 7 to 10 minutes have been commonly used. However, the use of iterative reconstruction algorithms has been investigated with rapid SPECT imaging to allow imaging durations as low as 4 minutes. The use of CZT based systems with increased sensitivity and improved energy and spatial resolution also offers the potential to reduce imaging times. The optimization of projection measurement order has been investigated as a method of reducing image artefacts as a result of changing tracer distribution during the SPECT acquisition. In this article we consider the current state of early phase SPECT imaging and possible areas for future investigation as well as recommendations for departments looking to adopt blood pool SPECT imaging as part of their routine clinical practice.

DOI: 10.23736/S1824-4785.23.03506-9

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37646239&custid=ns010877>

31. **Collaboration between the military and a charity: delivering care to patients, training to defence medical staff and defence engagement overseas**

Item Type: Journal Article

Authors: Cameron, Claire Louise;Duncan, P.;Chatterjee, J. and O'Carroll, J. E.

Publication Date: 2023

Journal: BMJ Military Health 169(4), pp. 359-363

Abstract: The Royal College of Anaesthetists Military Anaesthesia higher training module was approved in 2008. The opportunities for trainee deployments to operational environments are limited, and while the need to ensure training and demonstrate the unique military skill set remains, these may not be consistently attainable within NHS posts. This paper proposes a template for the successful integration of military training with a charity mission by describing experiences in Addis Ababa over the two weeks of Project Harar's 2020 Complex Surgery Mission. This model not only benefits patients and military trainees by providing opportunities to gain the skills and attributes required by the Armed Services Consultant Appointment Board, but also by projecting the Defence Medical Services on the global stage.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/bmjmilitary-2020-001476

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=33789975&custid=ns010877>

32. POST-OGD UPPER GI CANCER (POUGIC) FREQUENCY IN A LARGE DGH.

Item Type: Journal Article

Authors: Carter, J.;Colleypries, B. and Adamson, R.

Publication Date: 2023

Journal: Gut Conference, pp. Annua

Abstract: Introduction Studies estimate a POUGIC rate of 6.7-11.3%, but define POUGIC as upper GI endoscopy (OGD) which did not diagnose cancer from 3 or 6-36 months prior to the Upper Gastrointestinal Cancer (UGIC) diagnosis. We identify the 3 year POUGIC rate for all OGDs at a large DGH if these OGDs did not identify a lesion or cancer and follow-up (f/u) appropriately. Methods The local UGIC database was examined for diagnoses 01/09/2019-31/08/2022. Information was collected on OGD and cancer characteristics. Those without OGD within 3 years, stromal or neuro-endocrine tumours or with insufficient available information were excluded. The POUGIC-3yr rate was calculated as the proportion of false negative (FN) out of the sum of true positive and FN OGDs. (POUGIC rate 1) A separate calculation included OGD within 6 months of the diagnosis of UGIC, but which did not diagnose UGIC due to: non-recognition of a premalignant lesion, inadequate biopsy (6 week delay in f/u for 1 patient. 4 additional patients qualified for the POUGIC rate 2 calculation giving a rate of 6.79%. Conclusions These rates are within the range found in other studies and are below the BSG target of 10%. Nonetheless this analysis shows it is important to include OGD within 6 months of UGIC in POUGIC calculations, identifying an additional 40% of cases where UGIC was missed within 6 months due to inadequacies in OGD or decision making. Other studies have likely underestimated preventable delays in UGIC diagnosis. The RCA uses a procedural definition for adequate OGD which overlooks experience. Overwhelmingly the OGDs in this sample were rated inadequate. This is largely due to a lack of photo-documentation; but it should be noted that the 4 cases of avoidable delayed diagnosis within the 6 months were all performed by endoscopists with <5 years' experience, and less experienced endoscopists had more reliable photodocumentation.

33. Trastuzumab deruxtecan for the treatment of metastatic breast cancer in the UK: Real-world data.

Item Type: Journal Article

Authors: Cheng, A. K.;Frank, S.;Iyer, P.;Baines, K.;Acharige, S. M. M.;Gullick, G.;Rana, S. M. F.;Taher, A. S. M.;Thomson, A.;Ali, A. S.;Barthakur, U.;Mahil, J.;Ross, F.;Konstantis, A. A.;Fraser, J.;Ryan, A. and King, J. W. L.

Publication Date: 2023

Journal: ESMO Open Conference, pp. Book

Abstract: Background: The treatment of human epidermal growth factor receptor 2 positive (HER2+) metastatic breast cancer (mBC) has changed dramatically with the introduction of several new anti-HER2 agents. In 2021, Trastuzumab Deruxtecan (TDXd) was approved in the UK for treating HER2+ mBC in the third line setting. Our objective was to examine the efficacy and tolerability of TDXd in a real-world UK patient population.

34. 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: 2023a

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

DOI: 10.1111/anae.15887

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160650157&custid=ns010877>

35. Carbon dioxide detection always trumps clinical examination when excluding oesophageal intubation

Item Type: Journal Article

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

Publication Date: 2023b

Journal: Anaesthesia 78(9), pp. 1178-1179

DOI: 10.1111/anae.16074

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=169773323&custid=ns010877>

36. 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

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=160650161&custid=ns010877>

37. 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.

38. Pathophysiology of urinary incontinence.

Item Type: Journal Article

Authors: Cobley, J.;Wyndaele, M. and Hashim, H.

Publication Date: 2023

Journal: Surgery (United Kingdom) 41(5), pp. 265-271

Abstract: Urinary incontinence, or the complaint of involuntary loss of urine, is a debilitating condition of the lower urinary tract with a potentially significant impact on a patient's physical and mental wellbeing and on their functioning and place in society. Due to the high prevalence of this disorder, the economic burden on healthcare systems worldwide is enormous. Urinary incontinence has a high prevalence in women, but men can be affected as well after a radical prostatectomy or when suffering from chronic urinary retention. Stress, urgency and mixed urinary in-continence are the most common types of urinary incontinence, but other types exist as well. The pathophysiological mechanisms behind these different types of urinary incontinence have been studied extensively. New insights allow for the development of improved diagnostic and therapeutic strategies and ultimately in the reduction of the potentially devastating impact of urinary incontinence on an individual patient's quality of life. In this review, we explore the current theories on the mechanisms behind urinary incontinence.

39. Sensory training system for use at home by people with complex regional pain syndrome in England: Protocol for a proof-of-concept study.

Item Type: Journal Article

Authors: Coggins, J.;Grieve, S.;Hart, D.;Llewellyn, A.;Palmer, M.;Boichat, C. and McCabe, C.

Publication Date: 2023

Journal: BMJ Open 13(5) (pagination), pp. Arte Number: e070920. ate of Pubaton: 30 May 2023

Abstract: Introduction Complex regional pain syndrome (CRPS) is a disabling and distressing chronic pain condition characterised by a range of sensory, motor, autonomic and trophic symptoms. UK guidelines recommend therapy interventions to help normalise

touch perception through self-administered tactile and thermal desensitisation activities. Interventions have been developed, aiming to help individuals broaden their sensory experience, thereby relieving chronic pain. However, therapy-led interventions often experience practical constraints and poor adherence. In response, a sensory training system (STS) device has been designed for unsupervised independent home-use. Methods This proof-of-concept study aims to explore whether people with CRPS use the device at home for 30 minutes a day for 30 days. Secondary aims are to determine whether the STS device will change tactile acuity and perceived levels of pain intensity, pain interference, sensitivity or feelings towards the affected limb. We will seek to recruit 20 eligible participants. Participants will be asked to measure tactile acuity using a two-point discrimination assessment, complete an online questionnaire before and after use of the device and complete a daily diary. On completion of the 30-day use, participants will be invited to take part in a semi-structured interview to explore their experiences of using the device. Analysis Pain intensity and pain interference will be scored using the online Assessment Center Scoring Service or using the look-up table in the PROMIS scoring manual. The remaining questionnaire data, including tactile acuity results, and device-use data, including frequency and duration of use, will be analysed using descriptive statistics. Qualitative data will be thematically analysed. Ethics and dissemination London-Stanmore Research Ethics Committee provided a favourable opinion on 19 April 2021 (ref 21/LO/0200). The NHS Health Research Authority, UK, approved this study on 7 June 2021. Dissemination will include peer-reviewed publications, presentations at conferences, social media and reports to the funder and patient charities. Trial registration number ISRCTN89099843.

40. Optimising management of complex regional pain syndrome to improve clinical outcomes throughout the therapy care pathway in England: Protocol for a qualitative interview and observational study with patients and clinicians.

Item Type: Journal Article

Authors: Coggins, J.;McCabe, C.;Walsh, N.;Pearson, J.;Rolls, C.;Collins, C. and Llewellyn, A.

Publication Date: 2023

Journal: Musculoskeletal Care 21(3), pp. 871-877

Abstract: INTRODUCTION: Complex Regional Pain Syndrome (CRPS) is a disabling and distressing chronic pain condition characterised by a range of sensory, motor, autonomic and trophic symptoms. Guidelines recommend early referral for therapies that promote movement of the painful limb. However, evidence suggests a lack of defined therapy pathways for CRPS. AIMS: The current study aims to explore CRPS therapy management in centres of excellence in England, and outside of these settings, to understand what facilitates and hinders best practice. The overall aim is to develop a draft stratified package of care to expedite patient access to optimal CRPS therapy across the management pathway. METHODS AND ANALYSIS: Semi-structured interviews will be conducted with therapists working in CRPS centres of excellence and with therapists in other settings. Observations of therapy interventions in CRPS centres of excellence and interviews with patients who have received this care, will also help to identify potential key care package components. Interview data will be analysed using thematic analysis, mapped to the Theoretical Domains Framework (TDF), and Intervention Mapping Adapt (IMA) framework. Observations will be described and documented using the TDF headings.

41. A consensus viewpoint on the role of direct factor Xa inhibitors in the management of cancer-associated venous thromboembolism in the UK

Item Type: Journal Article

Authors: Cohen, Alexander T.;Benson, Gary;Bradbury, Charlotte A.;Choudhuri, Satarupa;Hutchinson Jones, Nathan;Maraveyas, Anthony;Venugopal, Balaji;Young, Annie M.;Chapman, Chris;McIntyre, Shauna;Burney, Danny;Pollock, Kevin G.;Morgan, Angharad R.;Gabb, Peter D. and Alikhan, Raza

Publication Date: 2023

Journal: Current Medical Research & Opinion 39(3), pp. 483-495

DOI: 10.1080/03007995.2023.2167441

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=162512209&custid=ns010877>

42. Harnessing the immunomodulatory effects of exercise to enhance the efficacy of monoclonal antibody therapies against B-cell haematological cancers: a narrative review.

Item Type: Journal Article

Authors: CollierBain, H. D.;Brown, F. F.;Causer, A. J.;Emery, A.;Oliver, R.;Moore, S.;Murray, J.;Turner, J. E. and Campbell, J. P.

Publication Date: 2023

Journal: Frontiers in Oncology 13(pagination), pp. Arte Number: 1244090. ate of Pubaton: 2023

Abstract: Therapeutic monoclonal antibodies (mAbs) are standard care for many B-cell haematological cancers. The modes of action for these mAbs include: induction of cancer cell lysis by activating Fcγ-receptors on innate immune cells; opsonising target cells for antibody-dependent cellular cytotoxicity or phagocytosis, and/or triggering the classical complement pathway; the simultaneous binding of cancer cells with T-cells to create an immune synapse and activate perforin-mediated T-cell cytotoxicity against cancer cells; blockade of immune checkpoints to facilitate T-cell cytotoxicity against immunogenic cancer cell clones; and direct delivery of cytotoxic agents via internalisation of mAbs by target cells. While treatment regimens comprising mAb therapy can lead to durable anti-cancer responses, disease relapse is common due to failure of mAb therapy to eradicate minimal residual disease. Factors that limit mAb efficacy include: suboptimal effector cell frequencies, overt immune exhaustion and/or immune anergy, and survival of diffusely spread tumour cells in different stromal niches. In this review, we discuss how immunomodulatory changes arising from exposure to structured bouts of acute exercise might improve mAb treatment efficacy by augmenting (i) antibody-dependent cellular cytotoxicity, (ii) antibody-dependent cellular phagocytosis, (iii) complement-dependent cytotoxicity, (iv) T-cell cytotoxicity, and (v) direct delivery of cytotoxic agents.

43. Operative and Pathological Factors in Right-Sided Colon Cancers: How Can We Improve the Outcomes?

Item Type: Journal Article

Authors: Conroy, Soraya F.;Biddlestone, Leigh R. and Courtney, Edward

Publication Date: 2023

Journal: Cureus 15(1), pp. e33832

Abstract: Introduction: Though the tumour-node-metastasis staging classification is the standard approach to risk stratification in patients with colorectal cancer, several other important variables including the presence of extramural venous invasion (EMVI), the tumour mismatch repair status, as well as surgical technique and its influence on lymph node yield all have an impact on long-term survival. This study aims to review both the impact of the type of operation on lymph node yield: complete mesocolic excision (CME) versus right hemicolectomy, and the impact of EMVI and microsatellite instability in predicting overall survival in patients undergoing a right hemicolectomy for colon cancer.; Methods: Data of all patients who underwent an elective or emergency right hemicolectomy with curative intent for colon cancer between January 2013 and June 2022 (inclusive) was collected for this single-centre retrospective study. Kaplan-Meier survival curves were calculated using the Statistical Package for the Social Sciences (SPSS version 28, IBM Corp., Armonk, NY) software, and the log-rank (Mantel-Cox) test was used to compare survival distribution between different groups.; Results: A total of 421 patients underwent a right hemicolectomy for colon cancer with curative intent during the study period. EMVI was present in 173 (41%) tumours. Survival analysis showed significantly reduced cancer-related survival in patients with EMVI-positive tumours ($p < 0.001$), with five-year survival rates of 70% in EMVI-positive groups versus 96% in EMVI-negative groups. Subgroup analysis showed a significant difference in survival between node-positive and node-negative tumours in cancers found to have EMVI ($p < 0.001$). Mean lymph node yield was significantly higher in the CME group versus the standard right hemicolectomy group ($p < 0.001$). We found no significant difference in survival between patients with microsatellite instability-high (MSI-H) tumours and microsatellite stable (MSS) tumours ($p = 0.432$).; Conclusion: Consideration of tumour biology and adopting the optimum surgical technique are factors that may influence long-term survival in patients with colorectal cancer. Extramural venous invasion is an important prognostic indicator of adverse outcomes in patients with right-sided colon cancer. Our study demonstrates a reduction in survival in patients with EMVI-positive tumours when undertaking subgroup analysis by the presence or absence of nodal disease. Further research needs to be undertaken to compare the relative efficacy of neoadjuvant versus adjuvant chemotherapy in right-sided cancers known to be EMVI-positive as some patients will fail to have adjuvant chemotherapy due to postoperative complications, thereby delaying recovery and missing the optimum window for treatment.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2023, Conroy et al.)

DOI: 10.7759/cureus.33832

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36819408&custid=ns010877>

44. **Evidence, default videolaryngoscopy and which mode of laryngoscopy would your patient choose?**

Item Type: Journal Article

Authors: Cook, T. M.

Publication Date: 2023

Journal: Anaesthesia 78(6), pp. 791-792

DOI: 10.1111/anae.16004

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36977493&custid=ns010877>

45. Surgery soon after COVID-19: transparent big data have value but careful interpretation is still required

Item Type: Journal Article

Authors: Cook, T. M. and Lawton, T.

Publication Date: 2023

Journal: Anaesthesia 78(6), pp. 671-676

DOI: 10.1111/anae.16031

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37094781&custid=ns010877>

46. Airway and respiratory complications during anaesthesia and associated with peri-operative cardiac arrest as reported to the 7th National Audit Project of the Royal College of Anaesthetists

Item Type: Journal Article

Authors: Cook, T. M.;Oglesby, F.;Kane, A. D.;Armstrong, R. A.;Kursumovic, E. and Soar, J.

Publication Date: 2023

Journal: Anaesthesia

Abstract: The 7th National Audit Project (NAP7) of the Royal College of Anaesthetists studied complications of the airway and respiratory system during anaesthesia care including peri-operative cardiac arrest. Among 24,721 surveyed cases, airway and respiratory complications occurred commonly (n = 421 and n = 264, respectively). The most common airway complications were: laryngospasm (157, 37%); airway failure (125, 30%); and aspiration (27, 6%). Emergency front of neck airway was rare (1 in 8370, 95%CI 1 in 2296-30,519). The most common respiratory complications were: severe ventilation difficulty (97, 37%); hyper/hypocapnia (63, 24%); and hypoxaemia (62, 23%). Among 881 reports to NAP7 and 358 deaths, airway and respiratory complications accounted for 113 (13%) peri-operative cardiac arrests and 32 (9%) deaths, with hypoxaemia as the most common primary cause. Airway and respiratory cases had higher and lower survival rates than other causes of cardiac arrest, respectively. Patients with obesity, young children (particularly infants) and out-of-hours care were overrepresented in reports. There were six cases of unrecognised oesophageal intubation with three resulting in cardiac arrest. Of these cases, failure to correctly interpret capnography was a recurrent theme. Cases of emergency front of neck airway (6, approximately 1 in 450,000) and pulmonary aspiration (11, approximately 1 in 25,000) leading to cardiac arrest were rare. Overall, these data, while distinct from the 4th National Audit Project, suggest that airway management is likely to have become safer in the last decade, despite the surgical population having become more challenging for anaesthetists. (© 2023 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.16187

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38031494&custid=ns010877>

47. More on deaths from unrecognised oesophageal intubation

Item Type: Journal Article

Authors: Cook, T. M.;Hansel, J. and Chrimes, N.

Publication Date: 2023

Journal: Anaesthesia 78(12), pp. 1519-1520

DOI: 10.1111/anae.16128

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=173469447&custid=ns010877>

48. CHALLENGES OF MEETING NICE GUIDANCE FOR RHEUMATOID ARTHRITIS IN THE MODERN ERA: A SERVICE AUDIT.

Item Type: Journal Article

Authors: Cooney, H.;Ellis, J.;Mulhearn, B. and Allard, A.

Publication Date: 2023a

Journal: Rheumatology (United Kingdom) Conference, pp. Brtsh

Abstract: Background/Aims NICE guidance for patients with rheumatoid arthritis (RA) (NG100) states all patients should receive an annual review appointment. This should encompass assessment of disease activity metrics, comorbidity review and appropriate onward referral to other healthcare professionals. A preliminary snapshot service review in 2020 had suggested that our department's adherence to NICE RA guidance was inconsistent. This assessed small patient numbers, so a larger audit was devised enabling us to better understand current practice and inform areas for future development. Methods NG100 was fully reviewed, and relevant audit standards devised. JE and BM created metrics demonstrating compliance with guidance; areas requiring clarification were discussed with AA. 3400 adult RA patients were identified under the care of the department. The records of 340 patients were selected for review using convenience sampling. All clinic encounters were reviewed for 12 months prior to an identified appointment in January 2019. Data was collected by HC, reviewed by JE, and analysis completed by HC, JE and AA. Results Female to male ratio was 2.33:1, mean age was 65.9 (SD=12.3), median DAS28 score was 2.94 (IQR=2.01), median VAS score was 40.0 (IQR=63.5). 74% (n=251/340) of patients were reviewed more than once in 12 months. 41% (n=141/340) of appointments were with nurses, 35% (n=118/340) with consultants, 10% (n=34/340) with SHOs, 14% (n=47/340) with registrars. DAS28 was documented for 74.4% (n=253/340) of patients. Presence or absence of erosions was documented for 42% (n=144/340) of patients. Blood pressure was documented in 33% (n=113/340) of patients, 18% (n=60/340) patients were known to have hypertension, 6% (n=20/340) of patients had ischemic heart disease. Assessment for metrics relating to audit standards: mental health screen 7.9% (n=27/340), neck pain 14% (n=46/340), respiratory symptoms 21% (n=72/340), eye symptoms 21% (n=70/340), bone health 27.9% (n=95/340). There was documented consideration of referral

to allied health professionals in 38% (n=128/340) and to surgical teams in 18% (n=61/340). Quantitative assessment of patient-reported outcome measures (PROMs) included: VAS 73% (n=248/340), HAQ 22% (n=76/340). Conclusion There is variation amongst clinicians in documenting NICE guidance annual review targets for RA; this may reflect time pressure in clinics, incomplete documentation, and unclear delineation of primary and secondary care roles. Secondary care should be aware of the quality framework targets for primary care relating to RA monitoring to encourage collaboration and optimise use of resources. Developing virtual assessments and PROM tools provides new opportunities for shared responsibility of care between clinicians and patients; this could improve patient outcomes. We are developing a digital RA annual review tool incorporating PROMs to simplify documentation and reduce pressures on clinic times; this may improve patient and clinician experience.

49. HOW WELL IS THE MENTAL HEALTH OF RHEUMATOID ARTHRITIS PATIENTS ASSESSED IN THE ROUTINE RHEUMATOLOGY CLINIC?.

Item Type: Journal Article

Authors: Cooney, H.;Ellis, J.;Mulhearn, B. and Allard, A.

Publication Date: 2023b

Journal: Rheumatology (United Kingdom) Conference, pp. Brtsh

Abstract: Background/Aims All patients with rheumatoid arthritis (RA) should have an annual review appointment (NG100). This should involve monitoring for the development of co-morbidities including depression and offer psychological interventions where appropriate. The current literature suggests that the prevalence of depression in RA patients is as high as 38.8% and is associated with poorer disease outcomes. We undertook a retrospective record review of our RA cohort to assess adherence to the NICE RA guidance, including mental health monitoring specifically. Methods 340 patients were selected using convenience sampling from the total population of 3400. The letters 12 months prior to an identified appointment in January 2019 were reviewed looking at: age, gender, DAS28 score, other long-term conditions, whether mental health was discussed that year, and who initiated the conversation. Data was collected, reviewed, and analysed by HC, JE and AA. Results The mean age was 65.9 (SD=12.3), the female to male ratio was 2.3:1 (70% female), the median DAS28 score was 2.94 (IQR=2.01), and the median VAS score was 40.0 (IQR=63.5). 73.2% (n=249/340) had at least one other documented co-morbidity, 12.1% (n=41/340) had a documented chronic pain syndrome, 3.5% (n=12/340) had a documented mental health diagnosis. 7.9% (n=27/340) of patients discussed mental health at their appointment; this increased to 58.3% (n=7/12) of the patients with a known mental health diagnosis. Mental health discussions were initiated by the clinician 18.5% (n=5/27) of the time, and by the patient 81.5% (n=22/27) of the time. Of the 5 patients who were asked directly about their mental health: 100% (n=5/5) were female, the mean age was 63.8, the median DAS28 and VAS scores were lower than the overall cohort at 2.56 (IQR=0.93) and 28.5 (IQR=15.3) respectively. Of the 22 patients who initiated a discussion about their mental health: 72.7% (n=16/22) were female, the mean age was 62.3, the median DAS28 and VAS scores were higher than the overall cohort at 3.55 (IQR=2.45) and 60.0 (IQR=51.3) respectively. Of the 27 patients who had a mental health discussion: 76.0% (n=19/27) had another documented co-morbidity, 22.2% (n=6/27) had a documented chronic pain syndrome, and 25.9% (n=7/27) had a mental health diagnosis. Conclusion Mental health problems may be under-recognised amongst our patients; this may reflect lack of documentation or limited routine screening. The majority of conversations about mental health appear to be initiated by patients. Patients with lower disease activity appear to be more likely to have mental health discussions. The study is limited by small numbers,

and further research in this area would be beneficial.

50. One chance to get it right - A framework for the multidisciplinary team to improve individualised withdrawal of life-sustaining treatment for ICU patients.

Item Type: Journal Article

Authors: Craven, G.;Meehan, H.;Presswood, E.;Hardy, R.;Hommers, C.;Kelly, F. and Henderson, S.

Publication Date: 2023

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

Abstract: Introduction: The Faculty of Intensive Care Medicine recommends that care at the end of life should allow natural death with minimal interference from medical technology.¹ The achievement of this goal can be complicated by the myriad of life-sustaining treatments which need to be considerably withdrawn to allow a dignified, peaceful death. Through collaboration between the critical care multidisciplinary team (MDT), palliative care clinicians, and review of national and international recommendations,^{2,3} we present here a framework to guide best practice in withdrawing life-sustaining treatment in critical care. Main Body: The guidance has been written collaboratively with stakeholders across the MDT. It is hoped that this empowers all members of staff to use it, whilst recognising the value of their involvement in the process of withdrawal of life-sustaining treatment (WLST). Anecdotal evidence suggests that when the goal of treatment changes from life-sustaining to palliative, patients on intensive care receive lower staffing ratios, and less involvement from the wider MDT. Therefore, a key theme of the guideline is that excellent end-of-life care requires similar levels of attention to detail as is routine in the treatment of the most critically unwell, 'Level 3', patient. The framework promotes a holistic approach to managing end-of-life care, and delineates the different stages involved in WLST. At the outset it recommends assessing the individual patient's dependence on life-sustaining treatments, thereby promoting a patient-centred plan for subsequent withdrawal. It recognises areas of uncertainty occurring at the end-of-life which are important to consider, as well as opportunities to involve the expertise of other specialists and offer additional support to family and loved ones. Palliative care is not about doing less; it is about doing more of what matters most when the prognosis is short. Therefore, to promote this amongst the complexity of critical care treatment, the guidance concludes with a checklist to ensure that the most important actions are considered and communicated throughout the team. Experienced practitioners will provide many aspects of end-of-life care intuitively, built upon years of practice. A strength of the guidance and quick-reference checklist is its value as a training and educational resource. It offers a comprehensive structure for all healthcare professionals to develop their skills and confidence in managing withdrawal of life-sustaining treatment. Whilst there is consensus across many areas outlined in the guideline, there are some aspects which remain debated. In particular, pharmacological management of end-of-life care can become complicated on ICU, where patients may be receiving anaesthetic medicines which are not established in the palliative care setting. Assessing the value of the guideline requires use in clinical practice. Qualitative, rather than quantitative, assessment is a more applicable measure of whether the framework helps. We intend to interview clinicians using the guideline to accrue valuable qualitative feedback to further develop the framework.

51. Transthoracic Echocardiographic Assessment of the Heart in Pregnancy-a position statement on behalf of the British Society of Echocardiography and the United Kingdom Maternal Cardiology Society

Item Type: Journal Article

Authors: Curtis, Stephanie L.;Belham, Mark;Bennett, Sadie;James, Rachael;Harkness, Allan;Gamlin, Wendy;Thilaganathan, Baskaran;Giorgione, Veronica;Douglas, Hannah;Carroll, Aisling;Kitt, Jamie;Colebourn, Claire;Ribeiro, Isabel;Fairbairn, Sarah;Augustine, Daniel X.;Robinson, Shaun and Thorne, Sara A.

Publication Date: 2023

Journal: Echo Research and Practice 10(1), pp. 7

Abstract: Pregnancy is a dynamic process associated with profound hormonally mediated haemodynamic changes which result in structural and functional adaptations in the cardiovascular system. An understanding of the myocardial adaptations is important for echocardiographers and clinicians undertaking or interpreting echocardiograms on pregnant and post-partum women. This guideline, on behalf of the British Society of Echocardiography and United Kingdom Maternal Cardiology Society, reviews the expected echocardiographic findings in normal pregnancy and in different cardiac disease states, as well as echocardiographic signs of decompensation. It aims to lay out a structure for echocardiographic scanning and surveillance during and after pregnancy as well as suggesting practical advice on scanning pregnant women. (© 2023. The Author(s).)

DOI: 10.1186/s44156-023-00019-8

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37076874&custid=ns010877>

52. Ten minutes with Professor Jerry Nolan.

Item Type: Journal Article

Authors: Dalton, J. and Nolan, J. P.

Publication Date: 2023

Journal: BMJ Leader 7(3), pp. 233-235

53. 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: 2023

Journal: Parkinson's Disease (20420080) 2023, pp. 1-11

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.

DOI: 10.1155/2022/1800567

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161758488&custid=ns010877>

54. Clinical outcome and safety profile of metastatic pancreatic cancer patients treated with more than six cycles of nab-paclitaxel plus gemcitabine.

Item Type: Journal Article

Authors: D'Angelo, A.; Catalano, M.; Conca, R.; Petrioli, R.; Siminonato, F.; Cappetta, A.; Roviello, G. and Ramello, M.

Publication Date: 2023

Journal: Journal of Chemotherapy 35(8), pp. 753-759

Abstract: The phase III MPACT trial demonstrated the superiority of gemcitabine plus nab-paclitaxel (NABGEM) versus gemcitabine alone in previously untreated patients with metastatic pancreatic cancer (mPC). The aim of this study was to evaluate the responses in terms of efficacy and safety in patients treated with more than 6 cycles of chemotherapy. From January 2015 to December 2018, patients with mPC receiving first-line treatment with NABGEM were included in a multicentre retrospective observational study. Exploratory analyses of efficacy and safety were performed. The cohort included 153 patients with performance status of 1. The median overall survival and progression-free survival were 20 months (hazard ratio [HR] 0.28, 95% confidence interval [CI]: 0.17-0.44) and 10 months (HR 0.24 95% CI: 0.16-0.38) respectively, in patients who received >6 cycles compared to 9 and 5 months in those treated with 6 and 6 cycles. Grade 1 neuropathy and grade 3 neutropenia were more frequent in patients treated with >6 cycles compared to patients receiving 6 or 6 cycles of chemotherapy compared to those who received ≤6 cycles, with manageable toxicity profile. © 2023 Crown Copyright. Reproduced with the permission of the Controller of His Majesty's Stationery Office and the Department of Preclinical and Clinical Pharmacology. Published by Informa UK Limited, trading as Taylor & Francis Group.

55. Immune-related pan-cancer gene expression signatures of patient survival

revealed by NanoString-based analyses.

Item Type: Journal Article

Authors: D'Angelo, A.;Kilili, H.;Chapman, R.;Generali, D.;Tinhofer, I.;Luminari, S.;Donati, B.;Ciarrocchi, A.;Giannini, R.;Moretto, R.;Cremolini, C.;Pietrantonio, F.;Sobhani, N.;Bonazza, D.;Prins, R.;Song, S. G.;Jeon, Y. K.;Pisignano, G.;Cinelli, M.;Bagby, S., et al

Publication Date: 2023

Journal: PLoS ONE 18(1 January) (pagination), pp. Arte Number: e0280364. ate of Pubaton: January 2023

Abstract: The immune system plays a central role in the onset and progression of cancer. A better understanding of transcriptional changes in immune cell-related genes associated with cancer progression, and their significance in disease prognosis, is therefore needed. NanoString-based targeted gene expression profiling has advantages for deployment in a clinical setting over RNA-seq technologies. We analysed NanoString PanCancer Immune Profiling panel gene expression data encompassing 770 genes, and overall survival data, from multiple previous studies covering 10 different cancer types, including solid and blood malignancies, across 515 patients. This analysis revealed an immune gene signature comprising 39 genes that were upregulated in those patients with shorter overall survival; of these 39 genes, three (MAGEC2, SSX1 and ULBP2) were common to both solid and blood malignancies. Most of the genes identified have previously been reported as relevant in one or more cancer types. Using Cibersort, we investigated immune cell levels within individual cancer types and across groups of cancers, as well as in shorter and longer overall survival groups. Patients with shorter survival had a higher proportion of M2 macrophages and gammadelta T cells. Patients with longer overall survival had a higher proportion of CD8+ T cells, CD4+ T memory cells, NK cells and, unexpectedly, T regulatory cells. Using a transcriptomics platform with certain advantages for deployment in a clinical setting, our multi-cancer meta-analysis of immune gene expression and overall survival data has identified a specific transcriptional profile associated with poor overall survival.

56. **Clinical outcome and safety profile of metastatic pancreatic cancer patients treated with more than six cycles of nab-paclitaxel plus gemcitabine**

Item Type: Journal Article

Authors: D'Angelo, Alberto;Catalano, Martina;Conca, Raffaele;Petrioli, Roberto;Siminonato, Francesca;Cappetta, Alessandro;Roviello, Giandomenico and Ramello, Monica

Publication Date: 2023

Journal: Journal of Chemotherapy (Florence, Italy) 35(8), pp. 753-759

Abstract: The phase III MPACT trial demonstrated the superiority of gemcitabine plus nab-paclitaxel (NABGEM) versus gemcitabine alone in previously untreated patients with metastatic pancreatic cancer (mPC). The aim of this study was to evaluate the responses in terms of efficacy and safety in patients treated with more than 6 cycles of chemotherapy. From January 2015 to December 2018, patients with mPC receiving first-line treatment with NABGEM were included in a multicentre retrospective observational study. Exploratory analyses of efficacy and safety were performed. The cohort included 153 patients with performance status of 1. The median overall survival and progression-free survival were 20 months (hazard ratio HR] 0.28, 95% confidence interval CI]: 0.17-0.44) and 10 months (HR 0.24 95% CI: 0.16-0.38) respectively, in patients who received >6 cycles compared to 9 and 5 months in those treated with ≤6 cycles (p 6 and ≤6 cycles, respectively. No

progression of disease was recorded in patients who received >6 cycles. Grade 1 neuropathy and grade 3 neutropenia were more frequent in patients treated with >6 cycles compared to patients receiving ≤6 cycles ($p = 0.01$; $p = 0.03$, respectively). Dose reduction was necessary for 70.1% and 53.4% of patients treated with >6 or ≤6 cycles, whereas treatment interruption occurred in 37.1% and 21.6%, respectively. Our results confirmed the efficacy and safety of NABGEM in untreated mPC. In particular, we highlighted significant clinical efficacy in patients who received >6 cycles of chemotherapy compared to those who received ≤6 cycles, with manageable toxicity profile.

DOI: 10.1080/1120009X.2023.2190712

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37167100&custid=ns010877>

57. Immune-related pan-cancer gene expression signatures of patient survival revealed by NanoString-based analyses

Item Type: Journal Article

Authors: D'Angelo, Alberto;Kilili, Huseyin;Chapman, Robert;Generali, Daniele;Tinhofer, Ingeborg;Luminari, Stefano;Donati, Benedetta;Ciarrocchi, Alessia;Giannini, Riccardo;Moretto, Roberto;Cremolini, Chiara;Pietrantonio, Filippo;Sobhani, Navid;Bonazza, Debora;Prins, Robert;Song, Seung Geun;Jeon, Yoon Kyung;Pisignano, Giuseppina;Cinelli, Mattia;Bagby, Stefan, et al

Publication Date: 2023

Journal: PloS One 18(1), pp. e0280364

Abstract: The immune system plays a central role in the onset and progression of cancer. A better understanding of transcriptional changes in immune cell-related genes associated with cancer progression, and their significance in disease prognosis, is therefore needed. NanoString-based targeted gene expression profiling has advantages for deployment in a clinical setting over RNA-seq technologies. We analysed NanoString PanCancer Immune Profiling panel gene expression data encompassing 770 genes, and overall survival data, from multiple previous studies covering 10 different cancer types, including solid and blood malignancies, across 515 patients. This analysis revealed an immune gene signature comprising 39 genes that were upregulated in those patients with shorter overall survival; of these 39 genes, three (MAGEC2, SSX1 and ULBP2) were common to both solid and blood malignancies. Most of the genes identified have previously been reported as relevant in one or more cancer types. Using Cibersort, we investigated immune cell levels within individual cancer types and across groups of cancers, as well as in shorter and longer overall survival groups. Patients with shorter survival had a higher proportion of M2 macrophages and $\gamma\delta$ T cells. Patients with longer overall survival had a higher proportion of CD8+ T cells, CD4+ T memory cells, NK cells and, unexpectedly, T regulatory cells. Using a transcriptomics platform with certain advantages for deployment in a clinical setting, our multi-cancer meta-analysis of immune gene expression and overall survival data has identified a specific transcriptional profile associated with poor overall survival.; Competing Interests: The authors have declared that no competing interests exist. (Copyright: This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.)

DOI: 10.1371/journal.pone.0280364

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

58. UK cancer healthcare professionals collaborating with colleagues in low- and middleincome counties: Mapping the extent and nature of partnerships.

Item Type: Journal Article

Authors: Diprose, K.;Lewis, P.;Young, A.;Sirohi, B.;Ranasinghe, N.;Mutebi, M. C.;Gyawali, B.;Lodge, M.;Sullivan, R.;Cowan, R. and Stanway, S. J.

Publication Date: 2023

Journal: Journal of Clinical Oncology Conference: 2023 American Society of Clinical Oncology Annual Meeting, ASCO. Chicago, IL United States, pp. ate of Pubaton: June 2023

Abstract: Background: Most cancer deaths occur in low- & middle-income countries (LMICs). In 2020, the UK Global Cancer Network (UKGCN) formed to unite those interested in Global Oncology & to strengthen collaborative work with colleagues in LMICs to reduce morbidity & mortality from cancer. For the first time in the UK, the UKGCN undertook a mapping exercise, to document the number & type of collaborations between the UK & LMIC partners.

59. A district general hospital experience of targeted lung health check pilot.

Item Type: Journal Article

Authors: Dixon, G.;Rash, N.;Bibby, A.;Edey, A. and Masani, V.

Publication Date: 2023

Journal: Lung Cancer Conference, pp. 21st

Abstract: Introduction: The Somerset, Wiltshire, Avon and Gloucester (SWAG) Cancer Alliance are undertaking a Phase 3 Pilot in the National TLHC programme. SWAG covers a population of 2.6 million with an estimated 366,500 eligible participants. The Pilot study adopted a roving, community-based model that targeted 5 sites with the highest lung cancer incidence. We report participant outcomes from the first of these 5 sites.

60. THE ROLE OF THE HISTORICAL CLINICAL AND IMAGING DATA IN TARGETED LUNG HEALTH CHECK SCREENING REVIEW MEETINGS.

Item Type: Journal Article

Authors: Dixon, G.;Rash, N.;Buckley, E.;Edey, A.;Masani, V. and Bibby, A.

Publication Date: 2023

Journal: Thorax Conference, pp. Brtsh

Abstract: Introduction The Somerset, Wiltshire, Avon and Gloucester (SWAG) Cancer Alliance are undertaking a Phase 3 Pilot in the National TLHC programme. SWAG covers a population of 2.6 million with an estimated 366,500 eligible participants. Weekly Screening

Review Meetings (SRM) are undertaken to review actionable cases. The SWAG SRM has established access to local PACS imaging databases to enable review of relevant historical imaging. Methods TLHC participant data were captured for participants in the West Bath and Bridgewater regions between August 2022 and June 2023. SRM outcomes were scrutinised and pathway changes were categorised. Actionable incidental findings were downgraded according to additional available clinical information and historical imaging. Pulmonary nodule follow up recommendations were downgraded on the basis of historical imaging. Results 3133 screening participants underwent a baseline low dose CT scan. 874/3133 (27.9%) participants were discussed in an SRM with 95/874 (10.9%) undergoing pathway change following review with local historical clinical and imaging information. 56 pulmonary nodule findings and 29 incidental findings were downgraded with the use of historical imaging. Table 1 highlights the range of incidental findings which were downgraded and the rationale for downgrade. Historic clinical information enabled pathway change in 10 participants. Reasons included known conditions (bronchiectasis, chronic lymphocytic leukaemia) and the participant already being under outpatient surveillance (e.g. ascending aortic dilatation). In total the use of historical imaging in the SRM prevented 47/874 (5.4%) of the participants discussed undergoing unnecessary interval imaging for a known pulmonary nodule. Discussion Screening review meetings with access to local historic imaging and secondary care health records can result in a significant reduction in the need for pulmonary nodule surveillance. Access to local historic imaging databases is crucial to reduce unnecessary patient and healthcare burden. Local clinical information can enable SRMs to review findings in the context of known clinical history enabling accurate and personalised decision making. These data would suggest all SRMs should aim to have access to local historical clinical and imaging records regarding their participants. (Table Presented).

61. Frailty subgroup analysis of isatuximab with pomalidomide and dexamethasone in a UK-wide real-world cohort of relapsed myeloma patients.

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: 2023

Journal: British Journal of Haematology 201(1), pp. 162-167

62. Artificial Intelligence as a Diagnostic Tool in Non-Invasive Imaging in the Assessment of Coronary Artery Disease.

Item Type: Journal Article

Authors: Doolub, G.;Mamalakis, M.;Alabed, S.;Van der Geest, R. J.;Swift, A. J.;Rodrigues, J. C. L.;Garg, P.;Joshi, N. V. and Dastidar, A.

Publication Date: 2023

Journal: Medical Sciences (Basel, Switzerland) 11(1) (pagination), pp. ate of Pubaton: 24 Feb 2023

Abstract: Coronary artery disease (CAD) remains a leading cause of mortality and morbidity worldwide, and it is associated with considerable economic burden. In an ageing,

multimorbid population, it has become increasingly important to develop reliable, consistent, low-risk, non-invasive means of diagnosing CAD. The evolution of multiple cardiac modalities in this field has addressed this dilemma to a large extent, not only in providing information regarding anatomical disease, as is the case with coronary computed tomography angiography (CCTA), but also in contributing critical details about functional assessment, for instance, using stress cardiac magnetic resonance (S-CMR). The field of artificial intelligence (AI) is developing at an astounding pace, especially in healthcare. In healthcare, key milestones have been achieved using AI and machine learning (ML) in various clinical settings, from smartwatches detecting arrhythmias to retinal image analysis and skin cancer prediction. In recent times, we have seen an emerging interest in developing AI-based technology in the field of cardiovascular imaging, as it is felt that ML methods have potential to overcome some limitations of current risk models by applying computer algorithms to large databases with multidimensional variables, thus enabling the inclusion of complex relationships to predict outcomes. In this paper, we review the current literature on the various applications of AI in the assessment of CAD, with a focus on multimodality imaging, followed by a discussion on future perspectives and critical challenges that this field is likely to encounter as it continues to evolve in cardiology.

63. Emerging disease modifying therapies for older adults with Alzheimer disease: perspectives from the EuGMS special interest group in dementia.

Item Type: Journal Article

Authors: Dyer, A. H.;Dolphin, H.;Shenkin, S. D.;Welsh, T.;Soysal, P.;Roitto, H. M.;Religa, D.;Kennelly, S. P.;Soylemez, B. A.;Alves, M.;Atbas, C.;Balci, C.;Bellelli, G.;Blanc, F.;Cavusoglu, C.;Chen, Y.;Cherdak, M.;Coin, A.;Cozza, M. G.;Dangiolo, M., et al

Publication Date: 2023

Journal: European Geriatric Medicine 14(5), pp. 919-923

64. 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: 2023

Journal: Journal of the Intensive Care Society 24(1), pp. 117-120

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.

65. Dying to be better: Outlining the growing benefits of palliative care training in intensive care medicine.

Item Type: Journal Article

Authors: Edwardson, S.;Henderson, S.;Corr, C.;Clark, C. and Beatty, M.

Publication Date: 2023

Journal: Journal of the Intensive Care Society (pagination), pp. ate of Pubaton: 2023

Abstract: A core part of an intensivist's work involves navigating the challenges of End of Life Care. While rates of survival from critical illness have gradually improved, 15%-20% of our patients die during their hospital admission, and a further 20% die within a year. 80% of our patients lack capacity to express their wishes with regard to treatment escalation planning. The critical care unit can be an excellent place to provide a good death, however the very nature of critical illness provides some obstacles to this. Prognostic uncertainty, time-pressured critical decision making, and lack of meaningful contact with a patient and their loved ones are but a few. In this article, we compare the ethos of critical care and palliative care medicine and explore how training in both of these specialities could be brought closer together and more formalised such that the intensivists of the future are more strongly equipped with the skills to shape a critical care unit to overcome these challenges and provide the best care to these patients, many of whom may be in the final phase of their life.

66. Timing of elective surgery and risk assessment after SARS-CoV-2 infection: 2023 update.

Item Type: Journal Article

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

Publication Date: 2023

Journal: Anaesthesia 78(9), pp. 1147-1152

Abstract: Guidance for the timing of surgery following SARS-CoV-2 infection needed reassessment given widespread vaccination, less virulent variants, contemporary evidence and a need to increase access to safe surgery. We, therefore, updated previous recommendations to assist policymakers, administrative staff, clinicians and, most importantly, patients. Patients who develop symptoms of SARS-CoV-2 infection within 7 weeks of planned surgery, including on the day of surgery, should be screened for SARS-CoV-2. Elective surgery should not usually be undertaken within 2 weeks of diagnosis of SARS-CoV-2 infection. For patients who have recovered from SARS-CoV-2 infection and who are low risk or having low-risk surgery, most elective surgery can proceed 2 weeks following a SARS-CoV-2 positive test. For patients who are not low risk or having anything other than low-risk surgery between 2 and 7 weeks following infection, an individual risk assessment must be performed. This should consider: patient factors (age; comorbid and functional status); infection factors (severity; ongoing symptoms; vaccination); and surgical factors (clinical priority; risk of disease progression; grade of surgery). This assessment should include the use of an objective and validated risk prediction tool and shared decision-making, taking into account the patient's own attitude to risk. In most circumstances, surgery should proceed unless risk assessment indicates that the risk of proceeding exceeds the risk of delay. There is currently no evidence to support delaying surgery beyond 7 weeks for patients who have fully recovered from or have had mild SARS-CoV-2 infection.

67. Reducing the time for staff to activate emergency call bells in operating theatres in the Royal United Hospital, Bath, by installing vertical red lines to indicate their location.

Item Type: Journal Article

Authors: Elliott, L.;Wadman, H.;Hastie, M.;Norbury, A. and Kelly, F.

Publication Date: 2023

Journal: Anaesthesia Conference, pp. Wnter

Abstract: The use of emergency call bells in operating theatre suites is a national standard [1]. It is essential that all members of the theatre team are able to call for help in an emergency to ensure patient safety [2]. Although such a system was installed in theatres at the Royal United Hospital, Bath, many staff were unsure where the call bells were located. The aims of this project were: (1) audit the time taken to locate a call bell in theatres before and after specific interventions in a simulated emergency; (2) introduce signs and vertical red lines to indicate the location of the emergency call bells and assess their impact. Methods All theatre team members (anaesthetists, anaesthetic assistants, theatre staff and surgeons) were included. For each plan-do-study-act (PDSA) cycle, the time was recorded for a staff member to locate the call bell physically in a theatre in a simulated emergency over a consecutive 5-day period across all theatres. PDSA cycle 1 (September 2021) resulted in signs being placed above each emergency call bell to help staff locate them. PDSA cycle 2 (November 2021 and March 2022) showed minimal improvement. Following presentation at the anaesthetic audit meeting, the department voted in support of installation of red lines in theatres. PDSA cycle 3 (April/May 2022) involved installation of pilot vertical red lines in two theatres, display of posters and presentation at the theatre clinical governance meeting, followed by timings recorded in both theatres. Results There were 33 participants. Time taken for staff to locate the emergency bell as follows: Sept 2021 (baseline): mean 21 s (range 2-120 s); November 2021 (after sign installation): mean 13 s (range 2-60 s); March 2022 (no change): mean 11 s (range 2-28 s); May 2022 (following installation of pilot red lines): mean time 5 s (range 3-13 s) in these two theatres. A twosample t-test showed a significant difference comparing the times at baseline and after red line installation, $t = -2.79$, $p = 0.008$. Ninety-seven per cent of staff (32/33) reported that they believed placing vertical red lines on the walls above/below call bells would help locate them in an emergency and feedback was extremely positive. Discussion The installation of vertical red lines in pilot theatres significantly reduced the time taken to activate emergency call bells in a simulated emergency. This is an easy, cheap and effective strategy to improve the visibility of the emergency call bell system.

68. Mortality Outcomes in Systemic Lupus Erythematosus: a Study of the Bath Lupus Cohort

Item Type: Journal Article

Authors: Ellis, J.;Korendowych, E. and Skeoch, S.

Publication Date: 2023

Journal: Annals of the Rheumatic Diseases 82, pp. 1094-1095

DOI: 10.1136/annrheumdis-2023-eular.2246

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164385910&custid=ns010877>

69. Interesting cases of the three-dimensional (3D) uterus/endometrium in patients with suspected infertility.

Item Type: Journal Article

Authors: Elsaghir, F. and Norbury, P.

Publication Date: 2023

Journal: Ultrasound.Conference: 53rd Annual Scientific Meeting of the British Medical Ultrasound Society.Cardiff United Kingdom 31(2), pp. NP24

Abstract: NICE (2017) identifies 1 in 7 heterosexual couples are affected by infertility;1 furthermore, WHO (2020) estimates that globally, 48 million couples and 186 million individuals live with infertility.2 It is imperative that infertility is addressed, as individuals and couples have the right to a family. Although sometimes unexplained, multiple factors can affect fertility including uterine disorders and endometrial pathology. Two-dimensional (2D) ultrasound is one of the first diagnostic tests to be requested in suspected infertility. Assessing the uterus/endometrium with the addition of 3D ultrasound gives further detail and accuracy, aiding the ultrasound practitioner to make a diagnosis. Our pictorial review identifies multiple pathologies including an endometrial polyp, submucosal fibroid, septate uterus, arcuate uterus and adhesions. All patients included in the review attended the ultrasound department for a pelvic ultrasound examination (transabdominal and transvaginal) due to primary/secondary infertility. After initially suspecting pathology by 2D ultrasound, the uterus and endometrium were further assessed using 3D ultrasound. The review makes a comparison of the 2D and 3D images. Technique for obtaining the optimal image including settings and knobology is also discussed. Ultrasound is one of the first tests requested in patients with suspected primary/ secondary infertility. Its role in assessing the uterus and endometrium is crucial. The addition of 3D ultrasound provides further detail and accuracy when an initial anomaly or pathology is suspected by 2D ultrasound. An ultrasound practitioner must recognise the appearances of pathology/anomalies on 3D assessment to give further information to the referring clinician. Appropriate training should be given by application specialists or from senior staff who are proficient in this technique.

70. COVID RT - a national study of radiotherapy decisions and their impact on patient outcomes.

Item Type: Journal Article

Authors: Evans, M.;Shelton, J.;Hinchliffe, R.;Wills, L.;Spencer, K.;Lewis, P.;Johnson, S.;Huddart, R.;Chan, C.;Burnett, A.;Morris, E. and SebagMontefiore, D.

Publication Date: 2023

Journal: Radiotherapy and Oncology Conference, pp. ESTRO

Abstract: Purpose or Objective The COVID-19 pandemic forced radiotherapy (RT) services to implement changes based on local rates of COVID-19, scale of service disruption and rapidly drawn-up guidelines. Whilst a fall in RT activity has been documented (1), the decisions underpinning this change have not been reported. COVID-RT is a National Cancer Research Institute (NCRI) initiative to understand why changes in treatment

schedules were implemented during the pandemic, and to explore their impact on patient outcomes. Materials and Methods All UK RT centres were invited to participate; sites completed a spreadsheet capturing information on adult cancer patients considered for radical RT from 1/03/2020 to 30/09/2020; data collection continued for some cancers until 28/02/2021. Following ethical approval, local data was de-identified and collated centrally in Cancer Research UK's Trusted Research Environment. Results Data for 17,283 adult patients from 26 centres in England (15,996) and 1 in Northern Ireland (NI) (1,287) are presented. Treatment intent was reported as unchanged in 97% of patients; only 0.3% of patients received palliative instead of radical RT. Treatment was altered in 38% of patients. The most frequent changes were: * Altered RT fractionation, primarily hypofractionation, occurred in 23% of patients in England and 31% in NI. In England 79% of hypofractionated treatments were for breast cancer. * Altered RT timing occurred in 8.7% of patients in England and 33% in NI, most commonly RT deferral by clinical decision. In England 72% of deferred patients had prostate cancer. RT was omitted in 0.8% of patients in England and 2.8% in NI, as a result of either clinical decision (England 0.5%; NI 1.5%) or patient choice (England 0.3%; NI 1.3%). * Altered concurrent chemotherapy occurred in 24% of patients in England and 32% in NI. It was most commonly omitted in rectal cancer (26% of patients with omitted concurrent chemotherapy in England; 62% in NI) and head & neck cancer (22%). * Altered RT indication occurred in 2.3% of patients in England, with RT given as a replacement for, or a bridge to, surgery. RT mainly replaced surgery in oesophago-gastric (46% of those with RT replacing surgery) and bladder cancer (16%), while 64% of those receiving RT as a bridge to surgery had rectal cancer. In NI, 1.8% of RT courses bridged to, or replaced, surgery, most commonly for oesophago-gastric, soft tissue & bone cancer. Figure 1 shows treatment changes over time; Figure 2 shows variation between cancer types. Conclusion Whilst significant alterations in radiotherapy timing, fractionation and concurrent chemotherapy regimens occurred during the pandemic, the majority of patients still received radical treatment, with just 0.3% of patients switched to palliative treatment as a direct consequence of COVID. Data from Scotland and Wales are awaited, and planned linkage to survival data will determine the impact of these changes on patient outcomes. (1) K Spencer et al, Lancet Oncol 2021;22:309-20 [Figure presented]

71. Further advances in epilepsy

Item Type: Journal Article

Authors: Fawcett, Joanna; Davis, Sarah and Manford, Mark

Publication Date: 2023

Journal: Journal of Neurology 270(11), pp. 5655-5670

Abstract: In 2017, one of us reviewed advances in epilepsy (Manford in J Neurol 264:1811-1824, 2017). The current paper brings that review up to date and gives a slight change in emphasis. Once again, the story is of evolution rather than revolution. In recognition that most of our current medications act on neurotransmitters or ion channels, and not on the underlying changes in connectivity and pathways, they have been renamed as antiseizure (ASM) medications rather than antiepileptic drugs. Cenobamate is the one newly licensed medication for broader use in focal epilepsy but there have been a number of developments for specific disorders. We review new players and look forward to new developments in the light of evolving underlying science. We look at teratogenicity; old villains and new concerns in which clinicians play a vital role in explaining and balancing the risks. Medical treatment of status epilepticus, long without evidence, has benefitted from high-quality trials to inform practice; like buses, several arriving at once. Surgical treatment continues to be refined with improvements in the pre-surgical evaluation of patients, especially with new imaging techniques. Alternatives including stereotactic radiotherapy have received further focus and targets for palliative stimulation techniques have grown in number. Individuals' autonomy

and quality of life continue to be the subject of research with refinement of what clinicians can do to help persons with epilepsy (PWE) achieve control. This includes seizure management but extends to broader considerations of human empowerment, needs and desires, which may be aided by emerging technologies such as seizure detection devices. The role of specialist nurses in improving that quality has been reinforced by specific endorsement from the International League against Epilepsy (ILAE). (© 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.)

DOI: 10.1007/s00415-023-11860-6

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37458794&custid=ns010877>

72. **Reproducibility of an Advanced Keratography Unit to measure Dry Eye Disease in a Rabbit Model - Facilitating Translational Medicine.**

Item Type: Journal Article

Authors: Fazio, N.;White, E. R.;Tourmouzis, K.;Wollocko, B.;Wolek, M.;Tsirukis, D.;Tsirukis, V.;Huang, L.;Rigas, B. and Honkanen, R. A.

Publication Date: 2023

Journal: Investigative Ophthalmology and Visual Science.Conference: Annual Meeting Association for Research in Vision and Ophthalmology, ARVO 2023.New Orleans, LA United States 64(8), pp. 4690

Abstract: Purpose : Translational ophthalmic research and novel drug discovery are dependent on valid animal models and accurate, objective means to assess disease status. Rabbit models, commonly used in studies of drug development, have also been useful for advancing the understanding of Dry Eye Disease (DED). Advanced keratographic units (AKU) have shown prior validity and reproducibility in human patients, but reproducibility has not been validated in animal models. Here we validate the reliability of an AKU (Oculus Keratograph 5M, Wetzlar, Germany) commonly used in clinical practice to measure DED parameters in rabbits. Methods : 12 New Zealand White (NZW) were measured using an AKU. Minor modifications to the device (tilt of 20 degrees; headrest for animals) were required to allow for successful measurements in rabbits. Standard AKU measures of DED including first and average non-invasive keratographic break-up time (NIK BUT); nasal, temporal, and central tear meniscus height (TMH); and limbal and bulbar conjunctival redness grading (RG) were taken. Also, measurements of palpebral fissure height (PFH), temporal angle size (TAS), and corneal irregularity (CI) were made. All measurements were taken 3 separate times at baseline. The coefficient of variation was calculated for each measurement using Excel and compared to prior data for changes in these variables seen with DED induction. Results : The CV was under 15% for most measures, including TMH nasal (10.2), TMH central (9.0), TMH temporal (8.9), PFH (3.9), TAS (3.8), NIK BUT length (1.8), NIK BUT average (12.9), and RG bulbar (10.2). NIK BUT first (38.9), RG limbal (22.9), and CI (19.7) had higher CV values at baseline (Table 1). With the exception of NIK BUT length, the CV for all variables was much less than previously reported change in these values observed with the induction of acute DED. Conclusions : The AKU used in this study, and commonly used in clinical practice, can be successfully modified to objectively measure DED in rabbits. Measurements of DED taken with this device can be done with good reproducibility with most measures having CV less than 15%. With the exception of NIK BUT length, the CV for all measures studied was much less than previously reported changes in these variables after induction of DED. These methods can enhance translational research and aid in the development of ophthalmic therapeutics for DED.

73. REACHING OUT - MULTI-DISCIPLINARY WORKING WITH MIDWIVES TO REACH VULNERABLE WOMEN.

Item Type: Journal Article

Authors: Fernandes, A.;Elton, J.;Gwyther, R. and Winter, A.

Publication Date: 2023

Journal: Sexually Transmitted Infections Conference, pp. Annua

Abstract: Introduction Ensuring that vulnerable pregnant women have access to timely contraception immediately post-partum can prove difficult. This group of women often do not always engage with health care professionals and often fail to attend appointments. This can often result in another unplanned pregnancy Methods The 'Integrated Sexual Health and Contraceptive Service (ISHCS) worked collaboratively with the 'Lotus Midwives,' who cater to the needs of vulnerable pregnant women. The Midwives were encouraged to refer these pregnant women to the ISHCS during pregnancy or immediately postpartum for a discussion on or initiation of contraception. The Midwives were also educated on post-partum contraception and some trained in fitting implants. This enabled them to initiate conversations on post-partum contraception with these vulnerable women who they had good links with during antenatal visits. They were also able to provide advice or initiate contraception post-partum opportunistically. Results Review of the referrals made to the ISHCS indicate a range of vulnerabilities, with mental illness (25.6%), teenage pregnancy (16.3%), non-English speakers (18.6%) and social service involvement (14.0%) being the top four. Of 45 women referred to the ICSH, 50% had a successful outcome i.e. commenced on contraception in a timely manner. Long-acting reversible contraception (LARC) was the preferred option for the majority. This was delivered either through Sexual Health (62.5%), via Midwives (4.3%) on the post-partum ward (13%) or Primary care (17.4%). Discussion This pilot project highlights the benefits of working with partners in ensuring that vulnerable pregnant women have easy access to advice on contraception during pregnancy and have timely access to post-partum contraception to avoid unplanned pregnancies. Educating Midwives in the field of contraception so that they can initiate the conversation during pregnancy and initiate timely post-partum contraception is another huge bonus.

74. INVESTIGATING URINARY SYMPTOMS IN YOUNG MEN IN PRIMARY CARE- ARE WE GETTING IN RIGHT?.

Item Type: Journal Article

Authors: Fernandes, A.;Griffiths, O. and Starr, L.

Publication Date: 2023

Journal: Sexually Transmitted Infections Conference, pp. Annua

Abstract: Introduction Common etiology of dysuria in men varies in relation to age, with sexually transmitted infections (STIs) commoner in younger men and urinary tract infections (UTIs) commoner in older individuals. Experience from work in primary care identified a varied approach to investigations of young men presenting with urinary symptoms, occasionally resulting in un-necessary consultations, inappropriate investigations, repeated inappropriate courses of antibiotics and multiple attendances. Methods Retrospective data analysis of Primary records with inclusion criteria being men aged 15-45 years presenting with dysuria over a 9-month period. Results The sample size (n=14) was limited due to

issues with identifying patients due to coding complexity. However review of the records showed a variability in how selected patients are assessed and investigated for dysuria. A sexual etiology was considered in the majority with some questioning of sexual history (57%) queries on symptoms like urethral discharge (57.1%), testicular pain (35.7%) and previous STIs (14.3%). However, a high proportion (85.7%) had a urine dip of a mid-stream urine specimen (MSU), whereas Nucleic-acid amplification testing (NAATS) was only performed in 42.9%. Some of these men attended multiple times over the time period prior to investigation for an STI was initiated. This may have contributed to undue morbidity, proved resource and time-intensive for clinicians and increased risk of onward transmission of an STI. Discussion This pilot although limited in size, demonstrated the varied approach to investigating young men with dysuria in primary care. This may be linked to a Multiplicity of factors: Clinical- (time constraints, unclear referral process, lack of up-to-date knowledge, sub-optimal communication links between primary and secondary care), Patient factors (Embarrassment, lack of health awareness), External factors (Access to sexual health, rural setting, poor transport links) Education of health professionals, effective communication path-ways and better health promotion, may prove key-factors in changing practice and better outcomes for patients.

75. MAKING A DIFFERENCE WHERE IT MATTERS- WORKING WITH PARTNERS TO REACH VULNERABLE GROUPS.

Item Type: Journal Article

Authors: Fernandes, A.; Gwyther, R. and Elton, J.

Publication Date: 2023

Journal: Sexually Transmitted Infections Conference, pp. Annua

Abstract: Introduction Ensuring that the sexual health and contraceptive needs of vulnerable groups are met is challenging. Many in these groups may not access traditional sexual health services. We reviewed our existing outreach services and developed links and multi-disciplinary working patterns with partners who work with these groups. This was to ensure that that we were better meeting the sexual health and contraceptive needs of vulnerable groups. Methods Through the Covid pandemic a drop in the numbers of service-users from vulnerable groups and young people was noted in sexual health services (SHS) across the country. We hence reviewed our existing outreach services to identify if we could better meet the needs of vulnerable groups by multi-disciplinary and closer working with partners who have contact with these individuals. We developed links with the following partners: (1) Lotus group of Midwives who manage vulnerable pregnant women, so that they could refer to sexual health services during pregnancy or immediate post-partum, for timely contraception initiation. (2) Local abortion service, so that vulnerable women had the option of accessing post-abortion contraception via sexual health (3) Project 28 (Voluntary group supporting young people in a community setting). A Skilled Nurse now provides outreach sexual health and contraception at the venue. (4) Link with Primary care service providing health care to the homeless. Health professionals were trained to provide opportunistic sexual health and contraception, with pathways for quick and easy referral to SHS when needed. (5) Links with the local 'Drug and Alcohol service,' to ensure staff could opportunistically test for sexual and bloodborne virus infections with quick and easy referral to SHS when needed. Results Ability to provide sexual health services to vulnerable groups who did not previously attend Sexual Health services. Discussion Innovative models for providing sexual health to vulnerable groups by working in partnership can yield useful results..

76. **'WHAT WOMEN WANT' - PRE-COIL FIT CONSULTATIONS -TELEPHONE VERSUS FACE-TO-FACE.**

Item Type: Journal Article

Authors: Fernandes, A.;Rayne, S.;Elton, J. and Winter, A.

Publication Date: 2023

Journal: Sexually Transmitted Infections Conference, pp. Annua

Abstract: Introduction Pre-coil fit telephone consultations were introduced as a pilot alongside traditional Face-to-face (F2F) precoil fit consultations. We aimed to assess patient reported outcome measures (PROMs) with these two modalities of pre-coil fit consultations at the time of attendance for the coil fit. Method A short questionnaire was drawn up with input from service-users. This was completed by women when they attended for the coil fit. The aim was to assess patient reported outcome (PROMs), comparing telephone versus faceto-face consultations. All consultations were conducted by trained coil-fitters. The women were asked to rate theirsatisfaction with their pre-coil fit telephone or face-to-face consultation. Results 26 service-users completed the questionnaire. There was a high degree of of satisfaction with all pre-coil fit consultations, irrespective of whether this was by telephone or face-to-face. All clients (100%) agreed or strongly agreed that they felt prepared for their coil fit after their consultation and that all their questions were answered. 64% of clients agreed that a telephone consultation was easier than coming in for a face-to-face consultation. Most service-users had a neutral response to choice of a telephone or face-to-face consultation. Only one client who had a face-to-face consultation said that they would feel uncomfortable answering questions of a personal nature over the phone. Obviously the limitation of this study was that the serviceuser could only highlight her experience of the modality her consultation was conducted in and could not make a direct comparison with the other option. Discussion This pilot demonstrated that telephone consultations compare favourably with face-to-face pre-coil fit consultations, if conducted using trained personnel who can disseminate information sensitively and comprehensively.

77. **Epinephrine in Out-of-Hospital Cardiac Arrest: A Network Meta-analysis and Subgroup Analyses of Shockable and Nonshockable Rhythms**

Item Type: Journal Article

Authors: Fernando, Shannon M.;Mathew, Rebecca;Sadeghirad, Behnam;Rochweg, Bram;Hibbert, Benjamin;Munshi, Laveena;Fan, Eddy;Brodie, Daniel;Di Santo, Pietro;Tran, Alexandre;McLeod, Shelley L.;Vaillancourt, Christian;Cheskes, Sheldon;Ferguson, Niall D.;Scales, Damon C.;Lin, Steve;Sandroni, Claudio;Soar, Jasmeet;Dorian, Paul;Perkins, Gavin D., et al

Publication Date: 2023

Journal: Chest 164(2), pp. 381-393

Abstract: Background: Epinephrine is the most commonly used drug in out-of-hospital cardiac arrest (OHCA) resuscitation, but evidence supporting its efficacy is mixed.; Research Question: What are the comparative efficacy and safety of standard dose epinephrine, high-dose epinephrine, epinephrine plus vasopressin, and placebo or no treatment in improving outcomes after OHCA?; Study Design and Methods: In this systematic review and network meta-analysis of randomized controlled trials, we searched six databases from inception through June 2022 for randomized controlled trials evaluating epinephrine use during OHCA resuscitation. We performed frequentist random-effects

network meta-analysis and present ORs and 95% CIs. We used the the Grading of Recommendations, Assessment, Development, and Evaluation approach to rate the certainty of evidence. Outcomes included return of spontaneous circulation (ROSC), survival to hospital admission, survival to discharge, and survival with good functional outcome.; Results: We included 18 trials (21,594 patients). Compared with placebo or no treatment, high-dose epinephrine (OR, 4.27; 95% CI, 3.68-4.97), standard-dose epinephrine (OR, 3.69; 95% CI, 3.32-4.10), and epinephrine plus vasopressin (OR, 3.54; 95% CI, 2.94-4.26) all increased ROSC. High-dose epinephrine (OR, 3.53; 95% CI, 2.97-4.20), standard-dose epinephrine (OR, 3.00; 95% CI, 2.66-3.38), and epinephrine plus vasopressin (OR, 2.79; 95% CI, 2.27-3.44) all increased survival to hospital admission as compared with placebo or no treatment. However, none of these agents may increase survival to discharge or survival with good functional outcome as compared with placebo or no treatment. Compared with placebo or no treatment, standard-dose epinephrine improved survival to discharge among patients with nonshockable rhythm (OR, 2.10; 95% CI, 1.21-3.63), but not in those with shockable rhythm (OR, 0.85; 95% CI, 0.39-1.85).; Interpretation: Use of standard-dose epinephrine, high-dose epinephrine, and epinephrine plus vasopressin increases ROSC and survival to hospital admission, but may not improve survival to discharge or functional outcome. Standard-dose epinephrine improved survival to discharge among patients with nonshockable rhythm, but not those with shockable rhythm.; Trial Registry: Center for Open Science: <https://osf.io/axwqj>; Competing Interests: Financial/Nonfinancial Disclosures The authors have reported to CHEST the following: B. S. reports receiving funding from PIPRA AG, outside of the submitted work. B. H. reports receiving research support from Abbott, Edwards Lifesciences, Boston Scientific, and Bayer, outside of the submitted work. L. M. is associate editor of Intensive Care Medicine. E. F. reports receiving personal fees from ALung Technologies, Baxter, Boehringer-Ingelheim, Fresenius Medical Care, MC3 Cardiopulmonary, and Vasomune, outside of the submitted work. D. B. receives research support from ALung Technologies, outside of the submitted work, and has been on the medical advisory boards for Abiomed, Xenios, Medtronic, LivaNova, Inspira, and Cellenkos. S. C. reports receiving research support from Zoll Medical Inc., outside of the submitted work. N. D. F. reports consulting for Baxter and Xenios, outside of the submitted work. C. S. is associate editor of Intensive Care Medicine. G. D. P. receives support from Elsevier for roles as an editor for Resuscitation and editor-in-chief of Resuscitation Plus. J. P. N. receives support from Elsevier for his role as editor-in-chief of Resuscitation. None declared (S. M. F., R. M., B. R., P. D. S., A. T., S. L. M., C. V., D. C. S., S. L., J. S., P. D.). (Copyright © 2023 American College of Chest Physicians. Published by Elsevier Inc. All rights reserved.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36736487&custid=ns010877>

78. **Electronic collection of cancer patient-reported outcomes using a novel digital oncology platform: A multi-site randomized controlled trial**

Item Type: Journal Article

Authors: Fidyk, Chris;Popat, Serena;Tay, Nicole;Smith, Luke;Bowen, Rebecca;Khawaja, Saira;Leonard, Pauline;Montazeri, Amir;Peck, Rahul;Raslan, Ahmad;Ridley, Paul;Thandar, Hasina;Skene, Simon;Kirby, Georgina;Patel, Rayna and Michael, Agnieszka

Publication Date: 2023

Journal: Journal of Clinical Oncology 41, pp. TPS1614

DOI: 10.1200/JCO.2023.41.16_suppl.TPS1614

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164018153&custid=ns010877>

79. Are you OK?

Item Type: Journal Article

Authors: Finlay, Fiona;Baverstock, Anna and Cotton, Helen

Publication Date: 2023

Journal: Archives of Disease in Childhood.Education and Practice Edition 108(2), pp. 124

DOI: 10.1136/archdischild-2021-321707

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=33658294&custid=ns010877>

80. The athlete's heart: insights from echocardiography

Item Type: Journal Article

Authors: Flanagan, Harry;Cooper, Robert;George, Keith P.;Augustine, Daniel X.;Malhotra, Aneil;Paton, Maria F.;Robinson, Shaun and Oxborough, David

Publication Date: 2023

Journal: Echo Research and Practice 10(1), pp. 15

Abstract: The manifestations of the athlete's heart can create diagnostic challenges during an echocardiographic assessment. The classifications of the morphological and functional changes induced by sport participation are often beyond 'normal limits' making it imperative to identify any overlap between pathology and normal physiology. The phenotype of the athlete's heart is not exclusive to one chamber or function. Therefore, in this narrative review, we consider the effects of sporting discipline and training volume on the holistic athlete's heart, as well as demographic factors including ethnicity, body size, sex, and age. (© 2023. British Society of Echocardiography.)

DOI: 10.1186/s44156-023-00027-8

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37848973&custid=ns010877>

81. '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, C. A.;Pauling, J. D.;Saketkoo, L. A.;Denton, C. P.;Galdas, P.;Khanna, D.;Williams, A. and Hughes, M.

Publication Date: 2023

Journal: Rheumatology (United Kingdom) 62(6), pp. 2160-2167

Abstract: Objectives: Men with SSc have a more severe clinical phenotype and reduced survival compared with 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.

82. Comparison of standardised uptake values in malignant and degenerative bone lesions on bone scintigraphy.

Item Type: Journal Article

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

Publication Date: 2023

Journal: Nuclear Medicine Communications.Conference: 50th Annual British Nuclear Medicine Society Spring Meeting, BNMS 2023.Harrogate United Kingdom 44(6), pp. 535-536

Abstract: Introduction: Bone scintigraphy is a commonly utilised imaging modality in the investigation of patients with potential bone metastasis. Bone metastasis may demonstrate increased radiotracer uptake, however other non-malignant conditions may also lead to increased uptake. The purpose of this study was to assess and compare maximum standardised uptake values (SUVmax) in malignancy, degenerative joints and normal bone.

83. Increasing the diagnostic yield from PET-CT in Giant Cell Arteritis by reporting Cardiovascular Parameters.

Item Type: Journal Article

Authors: Foley, R.;Mulhearn, B.;Ellis, J.;Gunawardana, S.;Wickramarachchi, R.;Rodrigues, J.;Watkinson, O.;Tansley, S.;Skeoch, S. and Graham, R.

Publication Date: 2023

Journal: Nuclear Medicine Communications.Conference: 50th Annual British Nuclear Medicine Society Spring Meeting, BNMS 2023.Harrogate United Kingdom 44(6), pp. 550

Abstract: Introduction: Cardiovascular disease (CVD) is well-recognised in giant cell arteritis (GCA) and thoracic aortic aneurysms are a late complication. Positron Emission Tomography-Computed Tomography (PET-CT) is commonly used for evaluation of large vessel vasculitis in GCA. Although not routinely reported, additional measurements including aortic calibre and presence of coronary and aortic calcification can be assessed. The purpose of this study was to estimate the prevalence of these cardiovascular abnormalities on PET-CT scans in GCA patients.

84. Supraglottic Airway Versus Tracheal Intubation for Airway Management in Out-of-Hospital Cardiac Arrest: A Systematic Review, Meta-Analysis, and Trial Sequential Analysis of Randomized Controlled Trials

Item Type: Journal Article

Authors: Forestell, Ben;Ramsden, Sophie;Sharif, Sameer;Centofanti, John;Al Lawati,

Kumait;Fernando, Shannon M.;Welsford, Michelle;Nichol, Graham;Nolan, Jerry P. and
Rochweg, Bram

Publication Date: 2023

Journal: Critical Care Medicine

Abstract: Objectives: Given the uncertainty regarding the optimal approach for airway management for adult patients with out-of-hospital cardiac arrest (OHCA), we conducted a systematic review and meta-analysis to compare the use of supraglottic airways (SGAs) with tracheal intubation for initial airway management in OHCA.; Data Sources: We searched MEDLINE, PubMed, Embase, Cochrane Library, as well as unpublished sources, from inception to February 7, 2023.; Study Selection: We included randomized controlled trials (RCTs) of adult OHCA patients randomized to SGA compared with tracheal intubation for initial prehospital airway management.; Data Extraction: Reviewers screened abstracts, full texts, and extracted data independently and in duplicate. We pooled data using a random-effects model. We used the modified Cochrane risk of bias 2 tool and assessed certainty of evidence using the Grading Recommendations Assessment, Development, and Evaluation approach. We preregistered the protocol on PROSPERO (CRD42022342935).; Data Synthesis: We included four RCTs (n = 13,412 patients). Compared with tracheal intubation, SGA use probably increases return of spontaneous circulation (ROSC) (relative risk RR] 1.09; 95% CI, 1.02-1.15; moderate certainty) and leads to a faster time to airway placement (mean difference 2.5 min less; 95% CI, 1.6-3.4 min less; high certainty). SGA use may have no effect on survival at longest follow-up (RR 1.06; 95% CI, 0.84-1.34; low certainty), has an uncertain effect on survival with good functional outcome (RR 1.11; 95% CI, 0.82-1.50; very low certainty), and may have no effect on risk of aspiration (RR 1.04; 95% CI, 0.94 to 1.16; low certainty).; Conclusions: In adult patients with OHCA, compared with tracheal intubation, the use of SGA for initial airway management probably leads to more ROSC, and faster time to airway placement, but may have no effect on longer-term survival outcomes or aspiration events.; Competing Interests: Dr. Sharif holds a McMaster University Department of Medicine Internal Career Research Award. Dr. Nichol's institution received funding from the National Institutes of Health, the Centers for Disease Control and Prevention, and Abiomed Inc.; they received funding from OLL Medical Corp., Vapotherm Inc., ZOLL Circulation Inc., CPR Therapeutics Inc., Heartbeam Inc., Invero Health LLC, Kestra Medical Technologies Inc., and Orixha Inc. Dr. Nolan disclosed he is Editor-in-Chief Resuscitation of Elsevier Journal. The remaining authors have disclosed that they do not have any potential conflicts of interest. (Copyright © 2023 by the Society of Critical Care Medicine and Wolters Kluwer Health, Inc. All Rights Reserved.)

DOI: 10.1097/CCM.00000000000006112

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37962112&custid=ns010877>

85. Oncological outcomes after transanal total mesorectal excision for rectal cancer.

Item Type: Journal Article

Authors: Francis, N. K.;Penna, M.;Dritsas, S.;Kinsey, H.;Moran, B.;Nicol, D.;Courtney, E.;Carter, F.;Roodbeen, S.;Arnold, S.;Mortensen, N.;White, P.;Hompes, R. and Wynn, G.

Publication Date: 2023

Journal: British Journal of Surgery 110(12), pp. 1614-1617

86. RECLASSIFYING CARDIOVASCULAR RISK USING FAT ATTENUATION INDEX (FAI) BY CARI-HEART MEDICAL DEVICE IN PATIENTS ASSESSED WITH QRISK3 AND CAD-RADS 2.0.

Item Type: Journal Article

Authors: Fulukwe, C.;Murphy, D.;Graby, J.;Khavandi, A.;Shirodaria, C.;Antoniades, C. and Rodrigues, J. C. L.

Publication Date: 2023

Journal: Heart.Conference: British Society of Cardiovascular Imaging Annual Meeting.Liverpool United Kingdom 109(Supplement 4) (pp A2-A3), pp. ate of Pubaton: October 2023

Abstract: Introduction Fat attenuation index (FAI) is a novel biomarker assessing coronary inflammation. In a non-UK population this inflammatory burden increased the relative risk of a fatal cardiac event. We describe risk reclassification by FAI versus QRISK3 (NICE recommended risk prediction tool) and the coronary artery disease reporting and data systems (CADRADS- 2.0), the UK CTCA reporting standard. Methods Consenting patients (ORFAN study) undergoing CTCA (Jan-2022 to April-2023) were included. QRISK3 =20% high-risk. A weighted FAI-score =20% high-risk. A weighted FAI-score =95th for Lcx defined high-risk; and >=90th percentile for the LAD or RCA defined very high-risk. Results 128 patients were included, mean age 61+/-8, 92 (72%) male. FAI re-classified 81% (36/44) of high-risk and 25% (5/20) of low-risk QRISK3 cases to low-risk and very high-risk respectively. Net reclassification -1.08. 20% (3/15) of CAD-RADS1 were very high-risk by FAI. A diagnostic odds ratio (DOR) for very high-risk (FAI) following CTCA was 1.8 (0.4-7.1;P=.4), 0.95 (0.3-2.7;P=.9), 0.5 (0.1-2;P=.3) and 1.3 (0.4-4;P=.7) for CAD-RADS 1-4 respectively and 0.6 (0.2-2.2; P=.4), 1.4 (0.4-4;P=.5), 1.2 (0.4-4;P=.8) and 0.7 (0.08-6; P=.8) for plaque grades 1-4 respectively. High-risk plaque had a DOR of 3.7 (1.2-10.8;P=.02). Conclusions 25% of low-risk QRISK3 and 20% of CADRADS1 cases were reclassified as very high-risk following FAI analysis. High-risk plaque features were associated with very high-risk FAI, however CAD-RADS-2.0 severity grade was not.

87. Real-world evidence for secukinumab in UK patients with psoriatic arthritis or radiographic axial spondyloarthritis: interim 2-year analysis from SERENA

Item Type: Journal Article

Authors: Gaffney, Karl;Gullick, Nicola;MacKay, Kirsten;Patel, Yusuf;Sengupta, Raj;Sheeran, Tom;Hemmings, Louise and Pamies, Paula

Publication Date: 2023

Journal: Rheumatology Advances in Practice 7(3), pp. rkad055

Abstract: Objectives: The aim was to evaluate retention rates for secukinumab in patients with active PsA or radiographic axial spondyloarthritis (r-axSpA) treated in routine UK clinical practice.; Methods: SERENA (CAIN457A3403) is an ongoing, non-interventional, international study of patients with moderate-to-severe chronic plaque psoriasis, active PsA or active r-axSpA, who had received secukinumab for ≥16 weeks before enrolment. The primary objective of this interim analysis was to assess treatment retention rates in patients with PsA or r-axSpA who were enrolled and followed for ≥2 years at centres in the UK. The safety analysis set includes all patients who received at least one dose of secukinumab. The target population set includes all patients who fulfilled the patient selection criteria.; Results: The safety set comprised 189 patients (PsA, n = 81; r-axSpA, n = 108), and the target

population set comprised 183 patients (PsA, n = 78; r-axSpA, n = 105). In the safety set, 107 patients (45 of 81 with PsA and 62 of 108 with r-axSpA) had previously received a biologic agent. Retention rates were similar between patients with PsA and r-axSpA after 1 year (PsA 91.0%, 95% CI: 84.0, 98.0; r-axSpA 89.2%, 95% CI: 82.7, 95.7) and 2 years (PsA 77.6%, 95% CI: 67.6, 87.7; r-axSpA 76.2%, 95% CI: 67.4, 85.0) of observation. Overall, 17.5% of patients (33 of 189) experienced at least one treatment-related adverse event, and 12.7% of patients (24 of 189) discontinued secukinumab because of adverse events.; Conclusion: This analysis of real-world data from the UK demonstrates high retention rates for secukinumab over 2 years in patients with PsA or r-axSpA, with a favourable safety profile. (© The Author(s) 2023. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

DOI: 10.1093/rap/rkad055

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37663578&custid=ns010877>

88. IS IT SAFE TO DIAGNOSE COELIAC DISEASE USING THE NO-BIOPSY PATHWAY FOR THOSE WITH TGA-IGA $\geq 5\times$ UPPER LIMIT OF NORMAL: A REGIONAL STUDY FROM SOUTHWEST ENGLAND?.

Item Type: Journal Article

Authors: Gangalam, V.;Basude, D.;Khattak, H.;Knight, C.;Tashtoush, L.;Broad, S.;Zurick, N. and Paul, S.

Publication Date: 2023

Journal: Frontline Gastroenterology Conference, pp. Brtsh

Abstract: Introduction The ESPGHAN 2020 guidelines have streamlined the diagnostic pathways for paediatric coeliac disease [CD] and have recommended that all children with TGA-IgA $\geq 10\times$ ULN can be safely diagnosed via the no-biopsy pathway [NBP].¹ During the COVID-19 pandemic there has been greater emphasis on the use of the NBP for lower TGA-IgA titres than that recommended by the ESPGHAN for diagnosing CD across the world including the UK.² This practice has been supported by papers published from tertiary gastroenterology centres in Italy, India and England where a cut-off value of TGA $\geq 5\times$ ULN have been deemed to be safe for NBP.³⁻⁵ An English study published in 2017 have highlighted the variation in the TGA-IgA titres used across the centres in the UK including southwest England where the titre varied from 4 IU/ ml to 30 IU/ml.⁶ Aims To establish whether the lower TGA-IgA $\geq 5\times$ ULN can be safely used for diagnosing CD via NBP across various TGA-IgA titres used in the non-specialist regional centres in the Southwest England [SWE]. Methods Anonymous data between 2013 and 2020 were obtained from 5 regional centres across the SWE for the patients with TGA-IgA between $\geq 5\times$ ULN and $\pm 10\times$ ULN at the time of referral and as to whether they were finally diagnosed with CD following upper GI endoscopy and histology. Data was also collected on the age of the patients at first TGA-IgA titres, sex, symptoms and other high risk factors e.g. Type-1 diabetes mellitus, first degree relatives. Results Five centres participated in the study. A total of 8 TGA-IgA titres have been used with values varying between 4 IU/ml to 30 CU/ml. 67 patients were identified and 48 underwent UGIE and biopsies, 45/48 (93.75%) got confirmation for CD on histology. The 3 who did not have confirmatory histology had repeat TGA-IgA $\pm 5\times$ ULN at the time of endoscopy. Out of rest 19, 13 were diagnosed via NBP and rest 6 did not undergo a formal diagnostic process to confirm or rule out CD. There were 44 females and 23 males; mean age was 10.1 years [range 2 - 17 years]. Out of 67 children, 5 had family history, 4 had type 1 diabetes, 1 each had autoimmune condition and Down's syndrome, rest 8 had no documented indication for undergoing a screening for CD. Figure 1 shows the breakdown for the 5 centres and their conversion for diagnosed CD. Conclusions This 5 centre study

shows 93.75% correlation of TGA-IgA 5-10xULN at referral to final diagnosis of CD despite 8 variations in assay methods. This appears to improve to 100% when repeated at time of endoscopy. 19.4% of this group were given a diagnosis of CD via NBP based on clinician's decision. There is need for similar collaborative studies through the BSPGHAN PeGHAN network to firmly establish similar findings for various TGA-IgA titres used across the UK.

89. Rapid dental deterioration after radiotherapy for oral cancer: a case report

Item Type: Journal Article

Authors: Garner, Sarah Jane;Gormley, Alexander;Felstead, Andrew and McNally, Lisa

Publication Date: 2023

Journal: Cancer Nursing Practice 22(4), pp. 23-28

Abstract: Why you should read this article: • To increase your knowledge of the oral side effects of radiotherapy to the head and neck region • To understand the rationale for pre-radiotherapy dental screens and post-treatment dental reviews • To enhance your awareness that patients require support to adhere to advice on oral hygiene and diet Radiotherapy to the head and neck region has oral side effects and can lead to catastrophic dental deterioration, but this is largely preventable. This article describes the case of a patient whose dentition was irreparably compromised after radical radiotherapy for a soft palate cancer. The patient had a fairly well maintained dentition at the pre-radiotherapy dental screen, but the side effects of radiotherapy – notably dry mouth and reduced access to the mouth for cleaning – coupled with a high-sugar diet intended to aid recovery, led to the rapid progression of dental caries and tooth wear. Additionally, service restrictions due to the coronavirus disease 2019 pandemic meant that his dental care was delayed. Eight months after completion of radiotherapy, all his teeth were deemed unrestorable. The authors discuss the importance of frequent and regular dental reviews to prevent rapid dental deterioration in patients undergoing radiotherapy for head and neck cancer.

DOI: 10.7748/cnp.2022.e1819

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164655290&custid=ns010877>

90. 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, Andy;Turner, Nicholas;Serrano Ruiz, Alfredo;Wadman, Harry;Saunbury, Emma;Laver, Stephen and Maybin, Rob

Publication Date: 2023

Journal: Journal of the Intensive Care Society 24(1), pp. 16-23

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.; Methods: All admissions to a single ICU over 1-year were prospectively allocated a Clinical Frailty Score (CFS). Logistic regression analysis was used to investigate the effect of frailty on death or poor outcome (death/discharge to a medical facility). Logistic regression analysis, area

under the Receiver Operator Curve (AUROC) and Brier scores were used to investigate the ability of two mortality prediction models, ICNARC and APACHE II, to predict mortality in frail patients.; Results: Of 849 patients, 700 (82%) patients were not frail, and 149 (18%) were frail. Frailty was associated with a stepwise increase in the odds of death or poor outcome (OR for each point rise of CFS = 1.23 (1.03-1.47]; p = .024) and 1.32 (1.17-1.48]; p = <.001) respectively). Renal support conferred the greatest odds of death and poor outcome, followed by respiratory support, then cardiovascular support (which increased the odds of death but not poor outcome). Frailty did not modify the odds already associated with organ support. The mortality prediction models were not modified by frailty (AUROC p = .220 and .437 respectively). Inclusion of frailty into both models improved their accuracy.; Conclusions: Frailty was associated with increased odds of death and poor outcome, but did not modify the risk already associated with organ support. Inclusion of frailty improved mortality prediction models.; Competing Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. (© The Intensive Care Society 2022.)

DOI: 10.1177/17511437221096287

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36874294&custid=ns010877>

91. The distal radioulnar joint after distal radial fractures: when and how do we need to treat pain, stiffness or instability?

Item Type: Journal Article

Authors: Giddins, Grey

Publication Date: 2023

Journal: The Journal of Hand Surgery, European Volume 48(3), pp. 230-245

Abstract: The importance of distal radioulnar joint problems associated with distal radial fractures is recognized increasingly. But there remains considerable disagreement about how to treat these problems both acutely and chronically. This review outlines the knowledge about the natural history of ulnar-sided wrist problems with distal radials fractures. In particular, the recent increased understanding of the almost inevitable joint instability associated with distal radial fractures is highlighted, including the unreliability of clinical assessment and hence why there has been so much misunderstanding. Provided there is reasonable bony alignment, most ulnar-sided wrist problems can be treated non-operatively initially (typically for over a year) in anticipation of substantial improvement with time. The exception is early marked subluxation of the distal radioulnar joint (DRUJ) blocking forearm rotation, which needs urgent (typically closed) reduction.

DOI: 10.1177/17531934221140238

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36638098&custid=ns010877>

92. Calcitonin gene-related peptide (CGRP) monoclonal antibodies for migraine

Item Type: Journal Article

Authors: Giffin, Nicola J.

Publication Date: 2023

Journal: Practical Neurology 23(3), pp. 200-207

Abstract: The introduction of calcitonin gene-related peptide monoclonal antibodies represents a step forward in preventive migraine treatment as the first agents to target the underlying pathogenesis of migraine. In trials they act more quickly, have better long-term adherence and appear to be better tolerated than other treatments. Major disadvantages are their high cost and unknown safety in pregnancy and in cardiovascular disease. To mitigate these concerns, they should be used according to guidance produced by professional bodies, with defined starting and stopping criteria. We do not yet know whether they are more effective than standard care; many patients may still be better treated by other means, in particular addressing lifestyle factors and medication-overuse headache.

DOI: 10.1136/pn-2022-003592

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=170385927&custid=ns010877>

93. The P323L substitution in the SARS-CoV-2 polymerase (NSP12) confers a selective advantage during infection.

Item Type: Journal Article

Authors: Goldswain, H.; Dong, X.; Penrice Randal, R.; Alruwaili, M.; Shawli, G. T.; Prince, T.; Williamson, M. K.; Raghwani, J.; Randle, N.; Jones, B.; Donovan Banfield, I.; Salguero, F. J.; Tree, J. A.; Hall, Y.; Hartley, C.; Erdmann, M.; Bazire, J.; Jearanaiwitayakul, T.; Baillie, J. K.; Semple, M. G., et al

Publication Date: 2023

Journal: Genome Biology 24(1) (pagination), pp. Arte Number: 47. Date of Publication: February 2023

Abstract: Background: The mutational landscape of SARS-CoV-2 varies at the dominant viral genome sequence and minor genomic variant population. During the COVID-19 pandemic, an early substitution in the genome was the D614G change in the spike protein, associated with an increase in transmissibility. Genomes with D614G are accompanied by a P323L substitution in the viral polymerase (NSP12). However, P323L is not thought to be under strong selective pressure.

94. Validation of a new measure of patient global assessment in psoriasis

Item Type: Journal Article

Authors: Gollins, Charlotte E. and Coates, Laura C.

Publication Date: 2023

Journal: The British Journal of Dermatology 189(4), pp. 364-365

Abstract: Competing Interests: Conflicts of interest: L.C.C. has received grants/research support from AbbVie, Amgen, Celgene, Eli Lilly, Janssen, Novartis, Pfizer and UCB; worked as a paid consultant for AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly,

Galapagos, Gilead, Janssen, Moonlake, Novartis, Pfizer and UCB; and has been paid as a speaker for AbbVie, Amgen, Biogen, Celgene, Eli Lilly, Galapagos, Gilead, GSK, Janssen, Medac, Novartis, Pfizer and UCB.

DOI: 10.1093/bjd/ljad228

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37410548&custid=ns010877>

95. Assessing the role of an artificial intelligence assessment tool for thoracic aorta diameter on routine chest CT.

Item Type: Journal Article

Authors: Graby, J.;Harris, M.;Jones, C.;Waring, H.;Lyen, S.;Hudson, B. J. and Rodrigues, J. C. L.

Publication Date: 2023

Journal: British Journal of Radiology 96(1151) (pagination), pp. Arte Number: 20220853. ate of Pubaton: 2023

Abstract: Objective: To assess the diagnostic accuracy and clinical impact of automated artificial intelligence (AI) measurement of thoracic aorta diameter on routine chest CT.

96. AN ARTIFICIAL INTELLIGENCE TOOL IMPROVES CORONARY ARTERY CALCIFICATION REPORTING ON NON-GATED, NON-CARDIAC CHEST CT.

Item Type: Journal Article

Authors: Graby, J.;Mody, Y.;Murphy, D.;Metters, R.;Shear, B.;Burnett, T. A.;Rodrigues, J. C. L.;Khavandi, A. and Charters, P. F. P.

Publication Date: 2023

Journal: Heart Conference, pp. Brtsh

Abstract: Introduction Guidelines now recommend reporting coronary artery calcification (CAC) on all thoracic CT scans regardless of indication. CAC presence is a well-validated marker of risk for future major adverse cardiovascular events (MACE). Reporting CAC on non-cardiac CT provides an opportunity to identify patients who may benefit from preventative measures. However, real-world reporting of CAC presence varies. This study tests the performance of an AI tool (Imbio CAC) in assessing CAC presence and severity grading on routine thoracic CTs. We hypothesise that its use would be non-inferior to dedicated radiologist re-review and outperform routine CAC reporting. Methods A single-centre retrospective analysis of 321 nongated, non-contrast thoracic CT scans across all age groups aged ≥ 18 years-old (January-December 2015). Scans were excluded if incomplete cardiac imaging (5), slice thickness prevented AI analysis (4) or evidence of prior coronary intervention (13). The ground-truth against which AI was compared was defined as a Radiologist re-review of all scans for CAC presence and grading. AI processing performance and quality assurance (QA) evaluation by a Radiologist were recorded. Inter-observer variability between AI and Radiologist was measured against pre-defined levels of agreement with Cohen's kappa. Clinical records were reviewed to record myocardial infarction (MI), stroke and all-cause mortality. Results 299 scans were included (mean age 64 ± 19 years, 51% female). An AI report was produced in 97% (290/299). Of these, 78%

(233/299) passed Radiologist QA assessment. Reasons for failure included scoring a non-vessel (23, e.g. bone, foreign body), a non-coronary vessel (12, e.g. pulmonary vein, aorta) or artefact (22). CAC prevalence (any degree) was 7% (17/233) on initial clinical report, versus 58% (134/233) on Radiologist re-review and 57% (133/233) by AI analysis. When compared to the gold standard of an experienced radiologist, the AI tool had a sensitivity of 96% (CI 90, 99), a specificity of 96% (CI 92, 99), a positive predictive value of 95% (CI 89, 98) and a negative predictive value of 97% (CI 93, 99). Inter-observer agreement for CAC presence on QA-passed imaging was excellent ($\kappa=0.92$, $p<0.001$), and for severity grading was moderate ($\kappa=0.60$, $p<0.001$). 36% (85/233) of included patients died (median follow-up 82-months). AI-detected CAC presence predicted risk of stroke, MI and all-cause mortality ($p<0.001$), as was AI graded CAC severity (see Kaplan-Meier curves in Figure 1). Conclusion This study demonstrates that after manual QA assessment, this AI tool can provide feasible analysis of noncontrast, non-gated thoracic CTs, identifying patients at risk of future MACE. The AI tool may report CAC more reliably than current standard practice, however manual QA assessment remains necessary. This tool may improve the opportunistic detection of patients at heightened risk who may benefit from optimisation of cardiovascular prevention measures. Conflict of Interest Access to the AI tool assessed was provided to investigators by Imbio free of charge for the purposes of this study, however Imbio had no input into study design, analysis or reporting.

97. Coronary artery calcification on routine CT has prognostic and treatment implications for all ages

Item Type: Journal Article

Authors: Graby, J.;Soto-Hernaez, J.;Murphy, D.;Oldman, J. L. A. F.;Burnett, T. A.;Charters, P. F. P.;Barrishi, A.;Thanaraaj, T.;Masterman, B. J.;Khavandi, A. and Rodrigues, J. C. L.

Publication Date: 2023

Journal: Clinical Radiology 78(6), pp. 412-420

DOI: 10.1016/j.crad.2023.02.007

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=163422537&custid=ns010877>

98. Assessing the role of an artificial intelligence assessment tool for thoracic aorta diameter on routine chest CT

Item Type: Journal Article

Authors: Graby, John;Harris, Maredudd;Jones, Calum;Waring, Harry;Lyen, Stephen;Hudson, Benjamin J. and Rodrigues, Jonathan Carl Luis

Publication Date: 2023

Journal: The British Journal of Radiology 96(1151), pp. 20220853

Abstract: Objective: To assess the diagnostic accuracy and clinical impact of automated artificial intelligence (AI) measurement of thoracic aorta diameter on routine chest CT.; Methods: A single-centre retrospective study involving three cohorts. 210 consecutive ECG-gated CT aorta scans (mean age 75 ± 13) underwent automated analysis (AI-Rad Companion Chest CT, Siemens) and were compared to a reference standard of specialist cardiothoracic radiologists for accuracy measuring aortic diameter. A repeated measures

analysis tested reporting consistency in a second cohort (29 patients, mean age 61 ± 17) of immediate sequential pre-contrast and contrast CT aorta acquisitions. Potential clinical impact was assessed in a third cohort of 197 routine CT chests (mean age 66 ± 15) to document potential clinical impact.; Results: AI analysis produced a full report in 387/436 (89%) and a partial report in 421/436 (97%). Manual vs AI agreement was good to excellent (ICC 0.76-0.92). Repeated measures analysis of expert and AI reports for the ascending aorta were moderate to good (ICC 0.57-0.88). AI diagnostic performance crossed the threshold for maximally accepted limits of agreement (>5 mm) at the aortic root on ECG-gated CTs. AI newly identified aortic dilatation in 27% of patients on routine thoracic imaging with a specificity of 99% and sensitivity of 77%.; Conclusion: AI has good agreement with expert readers at the mid-ascending aorta and has high specificity, but low sensitivity, at detecting dilated aortas on non-dedicated chest CTs.; Advances in Knowledge: An AI tool may improve the detection of previously unknown thoracic aorta dilatation on chest CTs vs current routine reporting.; Competing Interests: Competing interestsAll other authors report no conflict of interest.

DOI: 10.1259/bjr.20220853

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37335231&custid=ns010877>

99. **'Super Rehab': can we achieve coronary artery disease regression? A feasibility study protocol**

Item Type: Journal Article

Authors: Graby, John;Khavandi, Ali;Gillison, Fiona;Smith, Theresa;Murphy, David;Peacock, Oliver;McLeod, Hugh;Dastidar, Amardeep;Antoniades, Charalambos;Thompson, Dylan and Rodrigues, Jonathan Carl Luis

Publication Date: 2023

Journal: BMJ Open 13(12), pp. e080735

Abstract: Introduction: Patients diagnosed with coronary artery disease (CAD) are currently treated with medications and lifestyle advice to reduce the likelihood of disease progression and risk of future major adverse cardiovascular events (MACE). Where obstructive disease is diagnosed, revascularisation may be considered to treat refractory symptoms. However, many patients with coexistent cardiovascular risk factors, particularly those with metabolic syndrome (MetS), remain at heightened risk of future MACE despite current management. Cardiac rehabilitation is offered to patients post-revascularisation, however, there is no definitive evidence demonstrating its benefit in a primary prevention setting. We propose that an intensive lifestyle intervention (Super Rehab, SR) incorporating high-intensity exercise, diet and behavioural change techniques may improve symptoms, outcomes, and enable CAD regression. This study aims to examine the feasibility of delivering a multicentre randomised controlled trial (RCT) testing SR for patients with CAD, in a primary prevention setting.; Methods and Analysis: This is a multicentre randomised controlled feasibility study of SR versus usual care in patients with CAD. The study aims to recruit 50 participants aged 18-75 across two centres. Feasibility will be assessed against rates of recruitment, retention and, in the intervention arm, attendance and adherence to SR. Qualitative interviews will explore trial experiences of study participants and practitioners. Variance of change in CAD across both arms of the study (assessed with serial CT coronary angiography) will inform the design and power of a future, multi-centre RCT.; Ethics and Dissemination: Ethics approval was granted by South West-Frenchay Research Ethics Committee (reference: 21/SW/0153, 18 January 2022). Study findings will be disseminated via presentations to relevant stakeholders, national and international conferences and open-access peer-reviewed research publications.; Trial Registration

Number: ISRCTN14603929.; Competing Interests: Competing interests: JCLR reports consulting fees from NHSX, speakers fees from Sanofi, physician services from HeartFlow and is cofounder and share-holder of Heart & Lung Imaging LTD, all outside the submitted work. JG reports speaker fees from Sanofi outside the submitted work. CA is a founder, shareholder, and director of Caristo Diagnostics, a CT image analysis company that provides the perivascular fat attenuation index (FAI) analysis used in the study. FAI 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. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY. Published by BMJ.)

DOI: 10.1136/bmjopen-2023-080735

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38086597&custid=ns010877>

100. **Quality indicators for post-resuscitation care after out-of-hospital cardiac arrest: a joint statement from the Association for Acute Cardiovascular Care of the European Society of Cardiology, the European Resuscitation Council, the European Society of Intensive Care Medicine, and the European Society for Emergency Medicine.**

Item Type: Journal Article

Authors: Grand, J.;Schiele, F.;Hassager, C.;Nolan, J. P.;Khoury, A.;Sionis, A.;Nikolaou, N.;Donadello, K.;Behringer, W.;Bottiger, B. W.;Combes, A.;Quinn, T.;Price, S. and JorgePerez, P.

Publication Date: 2023

Journal: European Heart Journal: Acute Cardiovascular Care 12(3), pp. 197-210

Abstract: Aims Quality of care (QoC) is a fundamental tenet of modern healthcare and has become an important assessment tool for healthcare authorities, stakeholders and the public. However, QoC is difficult to measure and quantify because it is a multifactorial and multidimensional concept. Comparison of clinical institutions can be challenging when QoC is estimated solely based on clinical outcomes. Thus, measuring quality through quality indicators (QIs) can provide a foundation for quality assessment and has become widely used in this context. QIs for the evaluation of QoC in acute myocardial infarction are now well-established, but no such indicators exist for the process from resuscitation of cardiac arrest and post-resuscitation care in Europe. Methods and results The Association of Acute Cardiovascular Care of the European Society Cardiology, the European Resuscitation Council, European Society of Intensive Care Medicine and the European Society for Emergency Medicine, have reflected on the measurement of QoC in cardiac arrest. A set of QIs have been proposed, with the scope to unify and evolve QoC for the management of cardiac arrest across Europe. Conclusion We present here the list of QIs (6 primary QIs and 12 secondary QIs), with descriptions of the methodology used, scientific justification and motives for the choice for each measure with the aim that this set of QIs will enable assessment of the quality of postout-of-hospital cardiac arrest management across Europe.

101. **Temperature control after adult cardiac arrest: An updated systematic review and meta-analysis**

Item Type: Journal Article

Authors: Granfeldt, Asger;Holmberg, Mathias J.;Nolan, Jerry P.;Soar, Jasmeet and

Andersen, Lars W.

Publication Date: 2023a

Journal: Resuscitation 191, pp. 109928

Abstract: Aim: To perform an updated systematic review and meta-analysis on temperature control in adult patients with cardiac arrest.; Methods: The review is an update of a previous systematic review published in 2021. An updated search including PubMed, Embase, and the Cochrane Central Register of Controlled Trials was performed on May 31, 2023. Controlled trials in humans were included. The population included adult patients with cardiac arrest. The review included all aspects of temperature control including timing, temperature, duration, method of induction and maintenance, and rewarming. Two investigators reviewed trials for relevance, extracted data, and assessed risk of bias. Data were pooled using random-effects models. Certainty of evidence was evaluated using GRADE.; Results: The updated systematic search identified six new trials. Risk of bias in the trials was assessed as intermediate for most of the outcomes. For temperature control with a target of 32-34 °C vs. normothermia or 36 °C, two new trials were identified, with seven trials included in an updated meta-analysis. Temperature control with a target of 32-34 °C did not result in an improvement in survival (risk ratio: 1.06 95%CI: 0.91, 1.23]) or favorable neurological outcome (risk ratio: 1.27 95%CI: 0.89, 1.81]) at 90-180 days after the cardiac arrest (low certainty evidence). Subgroup analysis according to location of cardiac arrest (in-hospital vs. out-of-hospital) found similar results. A sensitivity analysis of nine trials comparing temperature control at 32-34 °C to normothermia or 36 °C for favorable neurological outcome at any time point also did not show an improvement in outcomes (risk ratio: 1.14 95%CI 0.98, 1.34]). New individual trials comparing a target of 31-34 °C, temperature control for 12-24 hours to 36 hours, a rewarming rate of 0.25-0.5 °C/hour, and the effect of temperature control with fever prevention found no differences in outcomes.; Conclusions: This updated systematic review showed no benefit of temperature control at 32-34 °C compared to normothermia or 36 °C, although the 95% confidence intervals cannot rule out a potential beneficial effect. Important knowledge gaps exist for topics such as hypothermic temperature targets, rewarming rate, and fever control.; Competing Interests: Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: AG: DSMB member Noorik Biopharmaceuticals and consultant NMD pharma, outside the submitted work. Jerry Nolan is the editor-in-chief of Resuscitation. Jasmeet Soar is an editor at Resuscitation. The remaining authors report no conflicts of interest. (Copyright © 2023 The Author(s). Published by Elsevier B.V. All rights reserved.)

DOI: 10.1016/j.resuscitation.2023.109928

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37558083&custid=ns010877>

102. **Corrigendum to "Temperature control after adult cardiac arrest: An updated systematic review and meta-analysis" [Resuscitation 191 (2023)109928]**

Item Type: Journal Article

Authors: Granfeldt, Asger;Holmberg, Mathias J.;Nolan, Jerry P.;Soar, Jasmeet and Andersen, Lars W.

Publication Date: 2023b

Journal: Resuscitation 194, pp. 110052

DOI: 10.1016/j.resuscitation.2023.110052

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38029469&custid=ns010877>

103. Patient-clinician dynamics in remote consultations: a qualitative study of cardiology and rheumatology outpatient clinics in the UK

Item Type: Journal Article

Authors: Grey, Elisabeth;Brown, Frankie;Smith, Paula;Springett, Daniella;Augustine, Dan;Sengupta, Raj;Peacock, Oliver and Gillison, Fiona

Publication Date: 2023

Journal: BMJ Open 13(5), pp. e070923

Abstract: Objective: Explore the experiences of patients and clinicians in rheumatology and cardiology outpatient clinics during the first year of the COVID-19 pandemic, focusing on the impact of remote consultations on interpersonal dynamics.; Design: Qualitative study using semistructured interviews, conducted between February and June 2021.; Setting: The rheumatology and cardiology departments of a general hospital in England, UK.; Participants: All clinicians and a convenience sample of 100 patients in each department who had taken part in a remote consultation in the past month were invited to take part. Twenty-five interviews were conducted (13 with patients, 12 with clinicians).; Results: Three themes were developed through the analysis: adapting to the dynamics of remote consultations, impact on the patient's experience and impact on the clinician's experience. The majority of remote consultations experienced by both patients and clinicians had been via telephone. Both clinicians and patients found remote consultations to be more business-like and focused, with the absence of pauses restricting time for reflection. For patients with stable, well-managed conditions, remote consultations were felt to be appropriate and could be more convenient than in-person consultations. However, the loss of visual cues meant some patients felt they could not give a holistic view of their condition and limited clinicians' ability to gather and convey information. Clinicians adjusted their approach by asking more questions, checking understanding more frequently and expressing empathy verbally, but felt patients still shared fewer concerns remotely than in person; a perception with which patients concurred.; Conclusions: These findings highlight the importance of ensuring, for each patient, that remote care is appropriate. Future research should focus on developing ways to support both clinicians and patients to gather and provide all information necessary during remote consultations, to enhance communication and trust.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY. Published by BMJ.)

DOI: 10.1136/bmjopen-2022-070923

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37253488&custid=ns010877>

104. An international study to explore the feasibility of collecting standardised outcome data for Complex Regional Pain Syndrome: recommendations for an international clinical research registry.

Item Type: Journal Article

Authors: Grieve, S.;Brunner, F.;Cabral, D. F.;Connett, R.;Hirata, H.;Iwasaki, N.;Nakagawa, Y.;Sagir, A.;Sousa, G.;Vatine, J. J.;VaughanSpickers, N.;Xu, J.;Buckle, L. and McCabe, C.

Publication Date: 2023

Journal: British Journal of Pain 17(5), pp. 468-478

Abstract: Introduction: Complex Regional Pain Syndrome (CRPS) is a persistent pain condition with low prevalence. Multi-centre collaborative research is needed to attain sufficient sample sizes for meaningful studies. This international observational study: (1) tested the feasibility and acceptability of collecting outcome data using an agreed core measurement set (2) tested and refined an electronic data management system to collect and manage the data.

105. A Phase II randomized controlled trial of oral prednisolone in early diffuse cutaneous systemic sclerosis (PRedSS).

Item Type: Journal Article

Authors: GriffithsJones, D. J.;Garcia, Y. S.;David Ryder, W.;Pauling, J. D.;Hall, F.;Lanyon, P.;Bhat, S.;Douglas, K.;Gunawardena, H.;Akil, M.;Anderson, M.;Griffiths, B.;Del Galdo, F.;Youssef, H.;Madhok, R.;Arthurs, B.;Buch, M.;Fligelstone, K.;Zubair, M.;Mason, J. C., et al

Publication Date: 2023

Journal: Rheumatology (United Kingdom) 62(9), pp. 3133-3138

Abstract: Objectives: Although the painful and disabling features of early diffuse cutaneous SSc (dcSSc) have an inflammatory basis and could respond to corticosteroids, corticosteroids are a risk factor for scleroderma renal crisis. Whether or not they should be prescribed is therefore highly contentious. Our aim was to examine safety and efficacy of moderate-dose prednisolone in early dcSSc.

106. Ectopic expression of HNF4 α in Het1A cells induces an invasive phenotype

Item Type: Journal Article

Authors: Grimaldos Rodriguez, Carmen;Rimmer, Ella F.;Collepriest, Benjamin;Tosh, David;Slack, Jonathan M. W. and Jungwirth, Ute

Publication Date: 2023

Journal: Differentiation; Research in Biological Diversity 134, pp. 1-10

Abstract: Barrett's oesophagus (BO) is a pathological condition in which the squamous epithelium of the distal oesophagus is replaced by an intestinal-like columnar epithelium originating from the gastric cardia. Several somatic mutations contribute to the intestinal-like metaplasia. Once these have occurred in a single cell, it will be unable to expand further unless the altered cell can colonise the surrounding squamous epithelium of the oesophagus. The mechanisms by which this happens are still unknown. Here we have established an in vitro system for examining the competitive behaviour of two epithelia. We find that when an oesophageal epithelium model (Het1A cells) is confronted by an intestinal epithelium model (Caco-2 cells), the intestinal cells expand into the oesophageal domain. In this case the boundary involves overgrowth by the Caco-2 cells and the formation of isolated colonies. Two key transcription factors, normally involved in intestinal development, HNF4 α and CDX2, are both expressed in BO. We examined the competitive ability of Het1A

cells stably expressing HNF4 α or CDX2 and placed in confrontation with unmodified Het1A cells. The key result is that stable expression of HNF4 α , but not CDX2, increased the ability of the cells to migrate and push into the unmodified Het1A domain. In this situation the boundary between the cell types is a sharp one, as is normally seen in BO. The experiments were conducted using a variety of extracellular substrates, which all tended to increase the cell migration compared to uncoated plastic. These data provide evidence that HNF4 α expression could have a potential role in the competitive spread of BO into the oesophagus as HNF4 α increases the ability of cells to invade into the adjacent stratified squamous epithelium, thus enabling a single mutant cell eventually to generate a macroscopic patch of metaplasia.; Competing Interests: Declarations of competing interest None. (Copyright © 2023 The Authors. Published by Elsevier B.V. All rights reserved.)

DOI: 10.1016/j.diff.2023.08.003

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37690144&custid=ns010877>

107. UK real-world data (RWD) of cyclin-dependent kinase 4/6 inhibitor (CDK4/6i) use in metastatic breast cancer (MBC).

Item Type: Journal Article

Authors: Gullick, G.;Owen, C.;Cook, S.;Helbrow, J.;Squires, R.;Reed, H. M.;Park, S.;Weir, E.;Aquilina, F.;Webber, N.;Nye, E.;Atkinson, C.;Blair, C.;Halstead, A.;Daniels, E.;Alves, A.;Chew, S.;Thomas, W.;Spensley, S. and Robinson, T.

Publication Date: 2023

Journal: Annals of Oncology Conference, pp. ESMO

Abstract: Background: Many studies support the use of CDK4/6i in MBC with aromatase inhibitors or fulvestrant. We assessed the efficacy and tolerability of CDK4/6i using RWD.

108. DIAGNOSTIC ACCURACY AND PROGNOSTIC VALUE OF AORTIC VALVE CALCIFICATION ON ROUTINE NONGATED CT THORAX.

Item Type: Journal Article

Authors: Gunning, S.;Murphy, D.;FP Charters P.;Graby, J.;Burnett, T. A.;Mody, Y.;CL Rodrigues J. and Khavandi, A.

Publication Date: 2023

Journal: Heart Conference, pp. Brtsh

Abstract: Objectives BSCI/BSTI guidelines recommend reporting aortic valve calcification (AVC) on all chest CT regardless of scan indication. Formal aortic valve calcium scoring can identify aortic stenosis but the clinical impact of routine reporting is unclear. This study assessed AVC prevalence, prognosis and the association between AVC on chest CT and aortic stenosis (AS) on echocardiography. Methods Retrospective, single-centre analysis of consecutive chest CTs (January-December 2015) for 200 patients per age group (=90). CTs were re-reviewed for presence and severity of AVC and coronary artery calcification (CAC). Corresponding echocardiography reports were reviewed for presence of AVC/sclerosis and AS. Comorbidities and clinical outcomes (myocardial infarction, stroke and all-cause mortality) were recorded for all included patients. Results 1377 patients were included

(mean age 64±20 years, 55% female) following exclusion of patients with incomplete imaging data or prior aortic valve replacement. 42% (587/ 1377) had a corresponding echocardiography report within 5 years of their CT (median time between tests 3.9 months, [IQR 0.3 - 14.7]). On re-review, AVC was observed in 508/1377 (37%), with no significant difference between males and females (p=0.876). Prevalence and severity increased with age (p<0.001). 67% (924/1377) of patients died (median follow-up 41 months). AVC predicted major adverse cardiovascular events (p<0.001; MACE) on univariate analysis, but this was not independent of age/CAC in multivariate analysis for all-cause mortality (HR 1.03 [1.0-1.05], p=0.04 [Figure 1]). 13% (31/242) of patients with any degree of AVC on chest CT had AS on echocardiography (mild AS 8% [19/242]; moderate AS 5% [11/242]; severe AS <1% [1/242]). Sensitivity and specificity for any degree of AVC predicting AS was 0.56 and 0.60 respectively, but specificity rose with increasing AVC severity category (Table 1). Extrapolating these findings to our cohort without an echocardiogram, 34 patients may have undiagnosed AS. Conclusion AVC on non-gated CT is common and specificity of AVC predicting AS increased with grade of AVC. AVC is a strong univariate predictor of all-cause mortality, but this effect is not independent of age or coronary artery calcification. Routine reporting of AVC on CT may identify more than 1 in 10 patients with unknown AS.

109. **Natural history of non-functioning pituitary microadenomas: Results from the UK non-functioning pituitary adenoma consortium.**

Item Type: Journal Article

Authors: Hamblin, R.;Fountas, A.;Lithgow, K.;Loughrey, P. B.;Bonanos, E.;Shinwari, S. K.;Mitchell, K.;Shah, S.;Grixti, L.;Matheou, M.;Isand, K.;McLaren, D. S.;Surya, A.;Ullah, H. Z.;Klaucane, K.;Jayasuriya, A.;Bhatti, S.;Mavilakandy, A.;Ahsan, M.;Mathew, S., et al

Publication Date: 2023

Journal: European Journal of Endocrinology 189(1), pp. 87-95

Abstract: Objective: The optimal approach to the surveillance of non-functioning pituitary microadenomas (micro-NFPAs) is not clearly established. Our aim was to generate evidence on the natural history of micro-NFPAs to support patient care.

110. **Contrast echocardiography: a practical guideline from the British Society of Echocardiography**

Item Type: Journal Article

Authors: Hampson, Reinet;Senior, Roxy;Ring, Liam;Robinson, Shaun;Augustine, Daniel X.;Becher, Harald;Anderson, Natasha;Willis, James;Chandrasekaran, Badrinathan;Kardos, Attila;Siva, Anjana;Leeson, Paul;Rana, Bushra S.;Chahal, Navtej and Oxborough, David

Publication Date: 2023

Journal: Echo Research and Practice 10(1), pp. 23

Abstract: Ultrasound contrast agents (UCAs) have a well-established role in clinical cardiology. Contrast echocardiography has evolved into a routine technique through the establishment of contrast protocols, an excellent safety profile, and clinical guidelines which highlight the incremental prognostic utility of contrast enhanced echocardiography. This document aims to provide practical guidance on the safe and effective use of contrast;

reviews the role of individual staff groups; and training requirements to facilitate its routine use in the echocardiography laboratory. (© 2023. Crown.)

DOI: 10.1186/s44156-023-00034-9

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37964335&custid=ns010877>

111. Unrecognised oesophageal intubation: a sequential Bayesian exploration of clinical signs

Item Type: Journal Article

Authors: Hansel, J.;Higgs, A. and Cook, T. M.

Publication Date: 2023

Journal: Anaesthesia

DOI: 10.1111/anae.16134

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37736685&custid=ns010877>

112. Clinical tests for confirming tracheal intubation or excluding oesophageal intubation: a diagnostic test accuracy systematic review and meta-analysis

Item Type: Journal Article

Authors: Hansel, J.;Law, J. A.;Chrimes, N.;Higgs, A. and Cook, T. M.

Publication Date: 2023

Journal: Anaesthesia 78(8), pp. 1020-1030

Abstract: Unrecognised oesophageal intubation causes preventable serious harm to patients undergoing tracheal intubation. When capnography is unavailable or doubted, clinicians still use clinical findings to confirm tracheal intubation, or exclude oesophageal intubation, and false reassurance from clinical examination is a recurring theme in fatal cases of unrecognised oesophageal intubation. We conducted a systematic review and meta-analysis of the diagnostic accuracy of five clinical examination tests and the oesophageal detector device when used to confirm tracheal intubation. We searched four databases for studies reporting index clinical tests against a reference standard, from inception to 28 February 2023. We included 49 studies involving 10,654 participants. Methodological quality was overall moderate to high. We looked at misting (three studies, 115 participants); lung auscultation (three studies, 217 participants); combined lung and epigastric auscultation (four studies, 506 participants); the oesophageal detector device (25 studies, 3024 participants); 'hang-up' (two non-human studies); and chest rise (one non-human study). The reference standards used were capnography (22 studies); direct vision (10 studies); and bronchoscopy (three studies). When used to confirm tracheal intubation, misting has a false positive rate (95%CI) of 0.69 (0.43-0.87); lung auscultation 0.14 (0.08-0.23); five-point auscultation 0.18 (0.08-0.36); and the oesophageal detector device 0.05 (0.02-0.09). Tests to exclude events that invariably lead to severe damage or death must have a negligible false positive rate. Misting or auscultation have too high a false positive rate to reliably exclude oesophageal intubation and there is insufficient evidence to support the use of 'hang-up' or chest rise. The oesophageal detector device may be considered where other more reliable means are not available, though waveform capnography remains

the reference standard for confirmation of tracheal intubation. (© 2023 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.16059

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37325847&custid=ns010877>

113. Ruxolitinib Versus Best Available Therapy for Polycythemia Vera Intolerant or Resistant to Hydroxycarbamide in a Randomized Trial.

Item Type: Journal Article

Authors: Harrison, C. N.;Nangalia, J.;Boucher, R.;Jackson, A.;Yap, C.;O'Sullivan, J.;Fox, S.;Ailts, I.;Dueck, A. C.;Geyer, H. L.;Mesa, R. A.;Dunn, W. G.;Nadezhdin, E.;CurtoGarcia, N.;Green, A.;Wilkins, B.;Coppell, J.;Laurie, J.;Garg, M.;Ewing, J., et al

Publication Date: 2023

Journal: Journal of Clinical Oncology 41(19), pp. 3534-3544

Abstract: PURPOSE Polycythemia vera (PV) is characterized by JAK/STAT activation, thrombotic/hemorrhagic events, systemic symptoms, and disease transformation. In high-risk PV, ruxolitinib controls blood counts and improves symptoms. PATIENTS AND METHODS MAJIC-PV is a randomized phase II trial of ruxolitinib versus best available therapy (BAT) in patients resistant/intolerant to hydroxycarbamide (HC-INT/RES). Primary outcome was complete response (CR) within 1 year. Secondary outcomes included duration of response, event-free survival (EFS), symptom, and molecular response. RESULTS One hundred eighty patients were randomly assigned. CR was achieved in 40 (43%) patients on ruxolitinib versus 23 (26%) on BAT (odds ratio, 2.12; 90% CI, 1.25 to 3.60; P =.02). Duration of CR was superior for ruxolitinib (hazard ratio [HR], 0.38; 95% CI, 0.24 to 0.61; P <.001). Symptom responses were better with ruxolitinib and durable. EFS (major thrombosis, hemorrhage, transformation, and death) was superior for patients attaining CR within 1 year (HR, 0.41; 95% CI, 0.21 to 0.78; P =.01); and those on ruxolitinib (HR, 0.58; 95% CI, 0.35 to 0.94; P =.03). Serial analysis of JAK2V617F variant allele fraction revealed molecular response was more frequent with ruxolitinib and was associated with improved outcomes (progression-free survival [PFS] P =.001, EFS P =.001, overall survival P =.01) and clearance of JAK2V617F stem/progenitor cells. ASXL1 mutations predicted for adverse EFS (HR, 3.02; 95% CI, 1.47 to 6.17; P =.003). The safety profile of ruxolitinib was as previously reported. CONCLUSION The MAJIC-PV study demonstrates ruxolitinib treatment benefits HC-INT/RES PV patients with superior CR, and EFS as well as molecular response; importantly also demonstrating for the first time, to our knowledge, that molecular response is linked to EFS, PFS, and OS.

114. Facilitators and barriers to community pharmacy PrEP delivery: A scoping review.

Item Type: Journal Article

Authors: Harrison, C.;Family, H.;Kesten, J.;Denford, S.;Scott, A.;Dawson, S.;Scott, J.;Sabin, C.;Copping, J.;Harryman, L.;Cochrane, S. and Horwood, J.

Publication Date: 2023

Journal: medRxiv (pagination), pp. ate of Pubaton: 06 Ot 2023

Abstract: Introduction: Pre-exposure prophylaxis (PrEP) is an effective medication to reduce the risk of acquiring HIV. PrEP is available free of charge in the United Kingdom from sexual health clinics. Expanding PrEP delivery to community pharmacies holds promise and aligns with UK government goals to eliminate new cases of HIV by 2030. The aim of this scoping review was to describe the existing evidence about the barriers to and facilitators of community pharmacy PrEP delivery, for pharmacists and pharmacy clients, as aligned with the Capacity Opportunity, Motivation Behaviour (COM-B) Model.

115. Ruxolitinib Versus Best Available Therapy for Polycythemia Vera Intolerant or Resistant to Hydroxycarbamide in a Randomized Trial

Item Type: Journal Article

Authors: Harrison, Claire N.;Nangalia, Jyoti;Boucher, Rebecca;Jackson, Aimee;Yap, Christina;O'Sullivan, Jennifer;Fox, Sonia;Ailts, Isaak;Dueck, Amylou C.;Geyer, Holly L.;Mesa, Ruben A.;Dunn, William G.;Nadezhdin, Eugene;Curto-Garcia, Natalia;Green, Anna;Wilkins, Bridget;Coppell, Jason;Laurie, John;Garg, Mamta;Ewing, Joanne, et al

Publication Date: 2023

Journal: Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology 41(19), pp. 3534-3544

Abstract: Purpose: Polycythemia vera (PV) is characterized by JAK/STAT activation, thrombotic/hemorrhagic events, systemic symptoms, and disease transformation. In high-risk PV, ruxolitinib controls blood counts and improves symptoms.; Patients and Methods: MAJIC-PV is a randomized phase II trial of ruxolitinib versus best available therapy (BAT) in patients resistant/intolerant to hydroxycarbamide (HC-INT/RES). Primary outcome was complete response (CR) within 1 year. Secondary outcomes included duration of response, event-free survival (EFS), symptom, and molecular response.; Results: One hundred eighty patients were randomly assigned. CR was achieved in 40 (43%) patients on ruxolitinib versus 23 (26%) on BAT (odds ratio, 2.12; 90% CI, 1.25 to 3.60; P = .02). Duration of CR was superior for ruxolitinib (hazard ratio HR], 0.38; 95% CI, 0.24 to 0.61; P < .001). Symptom responses were better with ruxolitinib and durable. EFS (major thrombosis, hemorrhage, transformation, and death) was superior for patients attaining CR within 1 year (HR, 0.41; 95% CI, 0.21 to 0.78; P = .01); and those on ruxolitinib (HR, 0.58; 95% CI, 0.35 to 0.94; P = .03). Serial analysis of JAK2 V617F variant allele fraction revealed molecular response was more frequent with ruxolitinib and was associated with improved outcomes (progression-free survival PFS] P = .001, EFS P = .001, overall survival P = .01) and clearance of JAK2 V617F stem/progenitor cells. ASXL 1 mutations predicted for adverse EFS (HR, 3.02; 95% CI, 1.47 to 6.17; P = .003). The safety profile of ruxolitinib was as previously reported.; Conclusion: The MAJIC-PV study demonstrates ruxolitinib treatment benefits HC-INT/RES PV patients with superior CR, and EFS as well as molecular response; importantly also demonstrating for the first time, to our knowledge, that molecular response is linked to EFS, PFS, and OS.

DOI: 10.1200/JCO.22.01935

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37126762&custid=ns010877>

116. Need for standardized vancomycin dosing for coagulase-negative staphylococci in hospitalized infants.

Item Type: Journal Article

Authors: Harvey, E. J.;AshiruOredope, D.;Hill, L. F.;Demirjian, A.;Paranthaman, K.;Jauneikaite, E.;Wan, Y.;Hope, R.;Robb, A.;Thorn, L.;Fleming, P.;Pichon, B.;Ready, D.;Elsayed, M.;Felgate, H.;Moore, G.;Pattnayak, S.;Ali, S.;Gasiowski, T.;Watts, T., et al

Publication Date: 2023

Journal: Clinical Microbiology and Infection 29(1), pp. 10-12

117. Promoting Activity, Independence, and Stability in Early Dementia and mild cognitive impairment (PrAISED): randomised controlled trial

Item Type: Journal Article

Authors: Harwood, Rowan H.;Goldberg, Sarah E.;Brand, Andrew;van Der Wardt, Veronika;Booth, Vicky;Di Lorito, Claudio;Hoare, Zoe;Hancox, Jennie;Bajwa, Rupinder;Burgon, Clare;Howe, Louise;Cowley, Alison;Bramley, Trevor;Long, Annabelle;Lock, Juliette;Tucker, Rachael;Adams, Emma J.;O'Brien, Rebecca;Kearney, Fiona;Kowalewska, Katarzyna, et al

Publication Date: 2023

Journal: BMJ (Clinical Research Ed.) 382, pp. e074787

Abstract: Objective: To determine the effectiveness of an exercise and functional activity therapy intervention in adults with early dementia or mild cognitive impairment compared with usual care.; Design: Randomised controlled trial.; Setting: Participants' homes and communities at five sites in the United Kingdom.; Participants: 365 adults with early dementia or mild cognitive impairment who were living at home, and family members or carers.; Intervention: The intervention, Promoting activity, Independence, and Stability in Early Dementia and mild cognitive impairment (PrAISED), was a specially designed, dementia specific, rehabilitation programme focusing on strength, balance, physical activity, and performance of activities of daily living, which was tailored and progressive and addressed risk and the psychological needs of people with dementia. Up to 50 therapy sessions were provided over 12 months. The control group received usual care plus a falls risk assessment. Procedures were adapted during the covid-19 pandemic.; Main Outcome Measures: The primary outcome was score on the carer (informant) reported disability assessment for dementia scale 12 months after randomisation. Secondary outcomes were self-reported activities of daily living, physical activity, quality of life, balance, functional mobility, fear of falling, frailty, cognition, mood, carer strain, service use at 12 months, and falls between months 4 and 15.; Results: 365 patient participants were randomised, 183 to intervention and 182 to control. The median age of participants was 80 years (range 65-95), median Montreal cognitive assessment score was 20 out of 30 (range 13-26), and 58% (n=210) were men. Intervention participants received a median of 31 therapy sessions (interquartile range 22-40) and reported completing a mean 121 minutes of PrAISED exercise each week. Primary outcome data were available for 149 intervention and 141 control participants. Scores on the disability assessment for dementia scale did not differ between groups: adjusted mean difference -1.3, 95% confidence interval -5.2 to 2.6; Cohen's d effect size -0.06, 95% confidence interval -0.26 to 0.15; P=0.51). Upper 95% confidence intervals excluded small to moderate effects on any of the range of outcome measures. Between months 4 and 15 the intervention group experienced 79 falls and the control group 200 falls (adjusted incidence rate ratio 0.78, 95% confidence interval 0.5 to 1.3; P=0.3).; Conclusion: The intensive PrAISED programme of exercise and functional activity training did not improve activities of daily living, physical activity, or quality of life;

reduce falls; or improve any other secondary health status outcomes, despite good uptake. Future research should consider alternative approaches to maintaining ability and wellbeing in people with dementia.; Trial Registration: ISRCTN Registry ISRCTN15320670.; Competing Interests: Competing interests: All authors have completed the ICMJE uniform disclosure form at www.icmje.org/disclosure-of-interest/ and declare: support from the National Institute for Health and Care Research for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work. (© Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/bmj-2023-074787

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37643788&custid=ns010877>

118. Deep learning based planning for clinical use following the CHHiP trial.

Item Type: Journal Article

Authors: Helander, R.;Lofman, F.;Atkins, T. and Whittle, S.

Publication Date: 2023

Journal: Radiotherapy and Oncology Conference, pp. ESTRO

Abstract: Purpose or Objective Machine learning (ML) based treatment planning is a technique for automating the generation of deliverable treatment plans. This work investigates the process of developing and evaluating a deep learning (DL) based approach to plan generation following the hypofractionated arm of the CHHiP trial for prostate treatments [1]. The work highlights the importance of involving clinical experts during model development to achieve treatment plan quality that equals or supersedes clinical benchmark plans. Materials and Methods DL Pipeline: The method consists of a UNet CNN for predicting dose distributions, followed by post-processing of the UNet output dose based on DVH metrics and dose mimicking optimization to generate deliverable plans. Model development: Using a set of 100 patients (90 for training, 10 for validation) previously treated at RUH Bath, a UNet model was trained to predict dose distributions based on 3D binary representations of the bladder, rectum and target volumes. The resulting CNN was included in the prediction-postprocessing-mimicking pipeline, and settings for postprocessing and mimicking were manually configured using an independent set of 10 patients. The aim of the configuration was to achieve deliverable plans fulfilling the CHHiP dose constraints and having preferable or equal properties compared to the clinically used benchmark plans. The configuration of the settings was iterated two times based on clinical input from RUH Bath, where the DL plan generation was tested on a set of independent patients. Finally, the model was evaluated on a held-out test set of 10 patients. A Wilcoxon signed-rank test was used for comparison with the clinical plans Results [Figure presented] For the first version of the settings, all dose constraints defined in the CHHiP trial for the bladder, rectum and PTVs were satisfied for all test patients. Upon clinical evaluation performed by RUH Bath, however, two issues were found with the spatial properties of the dose. These two issues were remedied in a second and third iteration of the configuration, see Figure 1. For the third version, statistically significant ($p < 0.05$) improvements compared to the clinical plan was observed for most of the dose constraints considered, see Table 1. [Table presented] Conclusion This work has outlined the process of developing and testing a DL model intended for implementation in the clinical workflow. In terms of OAR sparing the model outperforms the benchmark data while achieving clinically acceptable target coverage. The development of the model stresses the importance of configuring settings for a specific clinical use case, while highlighting that retraining of a neural network

is not mandatory to improve results. References [1] Dearnaley et al. [https://doi.org/10.1016/S1470-2045\(16\)30102-4](https://doi.org/10.1016/S1470-2045(16)30102-4)

119. Time to TAVI: streamlining the pathway to treatment

Item Type: Journal Article

Authors: Hewitson, Lynsey Jane; Cadiz, Suzane; Al-Sayed, Sameeha; Fellows, Sarah; Amin, Alaaeldin; Asimakopoulos, George; Barnes, Edward; Beale, Andrew; Browne, Suzy; Chandrasekaran, Badrinathan; Dalby, Miles; Foley, Paul; Hawkins, Mark; Haynes, Douglas; Heng, Ee Ling; Hyde, Tom; Kabir, Tito; Khavandi, Ali; Mirsadraee, Saeed; McCrea, William, et al

Publication Date: 2023

Journal: Open Heart 10(2)

Abstract: Introduction: Severe aortic stenosis is a major cause of morbidity and mortality. The existing treatment pathway for transcatheter aortic valve implantation (TAVI) traditionally relies on tertiary Heart Valve Centre workup. However, this has been associated with delays to treatment, in breach of British Cardiovascular Intervention Society targets. A novel pathway with emphasis on comprehensive patient workup at a local centre, alongside close collaboration with a Heart Valve Centre, may help reduce the time to TAVI.; Methods: The centre performing local workup implemented a novel TAVI referral pathway. Data were collected retrospectively for all outpatients referred for consideration of TAVI to a Heart Valve Centre from November 2020 to November 2021. The main outcome of time to TAVI was calculated as the time from Heart Valve Centre referral to TAVI, or alternative intervention, expressed in days. For the centre performing local workup, referral was defined as the date of multidisciplinary team discussion. For this centre, a total pathway time from echocardiographic diagnosis to TAVI was also evaluated. A secondary outcome of the proportion of referrals proceeding to TAVI at the Heart Valve Centre was analysed.; Results: Mean±SD time from referral to TAVI was significantly lower at the centre performing local workup, when compared with centres with traditional referral pathways (32.4±64 to 126±257 days, $p<0.00001$). The total pathway time from echocardiographic diagnosis to TAVI for the centre performing local workup was 89.9±67.6 days, which was also significantly shorter than referral to TAVI time from all other centres ($p<0.003$). Centres without local workup had a significantly lower percentage of patients accepted for TAVI (49.5% vs 97.8%, $p<0.00001$).; Discussion: A novel TAVI pathway with emphasis on local workup within a non-surgical centre significantly reduced both the time to TAVI and rejection rates from a Heart Valve Centre. If adopted across the other centres, this approach may help improve access to TAVI.; Competing Interests: Competing interests: HR received an educational grant from Edwards Lifesciences and VP is a proctor for Medtronic Plc. (© Author(s) (or their employer(s)) 2023. 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=37666643&custid=ns010877>

120. It is more important to be safe than correct when excluding oesophageal intubation

Item Type: Journal Article

Authors: Higgs, A.;Chrimes, N.;Nolan, J. P. and Cook, T. M.

Publication Date: 2023

Journal: Anaesthesia 78(12), pp. 1513-1514

DOI: 10.1111/anae.16092

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37401515&custid=ns010877>

121. **Critical Care Management of Patients After Cardiac Arrest: A Scientific Statement from the American Heart Association and Neurocritical Care Society.**

Item Type: Journal Article

Authors: Hirsch, K. G.;Abella, B. S.;Amorim, E.;Bader, M. K.;Barletta, J. F.;Berg, K.;Callaway, C. W.;Friberg, H.;Gilmore, E. J.;Greer, D. M.;Kern, K. B.;Livesay, S.;May, T. L.;Neumar, R. W.;Nolan, J. P.;Odo, M.;Peberdy, M. A.;Poloyac, S. M.;Seder, D.;Taccone, F. S., et al

Publication Date: 2023

Journal: Neurocritical Care (pagination), pp. ate of Pubaton: 01 e 2023

Abstract: The critical care management of patients after cardiac arrest is burdened by a lack of high-quality clinical studies and the resultant lack of high-certainty evidence. This results in limited practice guideline recommendations, which may lead to uncertainty and variability in management. Critical care management is crucial in patients after cardiac arrest and affects outcome. Although guidelines address some relevant topics (including temperature control and neurological prognostication of comatose survivors, 2 topics for which there are more robust clinical studies), many important subject areas have limited or nonexistent clinical studies, leading to the absence of guidelines or low-certainty evidence. The American Heart Association Emergency Cardiovascular Care Committee and the Neurocritical Care Society collaborated to address this gap by organizing an expert consensus panel and conference. Twenty-four experienced practitioners (including physicians, nurses, pharmacists, and a respiratory therapist) from multiple medical specialties, levels, institutions, and countries made up the panel. Topics were identified and prioritized by the panel and arranged by organ system to facilitate discussion, debate, and consensus building. Statements related to postarrest management were generated, and 80% agreement was required to approve a statement. Voting was anonymous and web based. Topics addressed include neurological, cardiac, pulmonary, hematological, infectious, gastrointestinal, endocrine, and general critical care management. Areas of uncertainty, areas for which no consensus was reached, and future research directions are also included. Until high-quality studies that inform practice guidelines in these areas are available, the expert panel consensus statements that are provided can advise clinicians on the critical care management of patients after cardiac arrest.

122. **Comparing Research Priority-Setting Partnerships for Older Adults Across International Health Care Systems: A Systematic Review**

Item Type: Journal Article

Authors: Ho, Leonard;Lloyd, Katherine;Taylor-Rowan, Martin;Dawson, Shoba;Logan, Monica;Leitch, Stephanie;Quinn, Terence J.;Shenkin, Susan D.;Parry, Steve W.;Jarman, Heather and Henderson, Emily J.

Publication Date: 2023

Journal: Journal of the American Medical Directors Association 24(11), pp. 1726-1745

Abstract: Priority setting partnerships (PSPs) attempt to shape the research agenda to address the needs of local populations of interest. We reviewed the PSPs for older adults, with a focus on exemplar health care systems: United Kingdom (UK; publicly funded), United States (private health insurance-based), South Korea (national health insurance-based), and Africa (out-of-pocket). Systematic review. We searched databases and sources (January 2011–October 2021; updated in February 2023) for PSPs of older adults' health care. Based on the British geriatric medicine curriculum, we extracted and categorized the PSP topics by areas and the research priorities by themes, and generated evidence maps depicting and comparing the research gaps across the systems. We evaluated PSP quality using the Nine Common Themes of Good Clinical Practice. We included 32 PSPs (United Kingdom: n = 25; United States: n = 7; South Korea and Africa: n = 0) and identified priorities regarding 27 conditions or service arrangements in the United Kingdom and 9 in the United States (predominantly in neurology/psychiatry). The UK priorities focused on treatments and interventions whereas the US on prognostic/predictive factors. There were notable research gaps within the existing PSPs, including common geriatric conditions like continence and frailty. The PSP quality evaluation revealed issues around lacking inclusion of ethnic minorities. Research priorities for older adult health care vary internationally, but certain health care systems/countries have no available PSPs. Where PSPs are available, fundamental aspects of geriatric medicine have not been included. Future researchers should conduct prioritizations in different countries, focus on core geriatric syndromes, and ensure the inclusion of all relevant stakeholder groups.

DOI: 10.1016/j.jamda.2023.09.003

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=173372528&custid=ns010877>

123. **Response to chemotherapy following PARP inhibition in UK ovarian cancer (OC) patients.**

Item Type: Journal Article

Authors: Howlett, S.;Berner, A. M.;Connolly, K.;Orosco Ttamina, A.;D'Angelo, A.;Gullick, G.;Abdallah, H.;Wood, J.;Mukherjee, U.;Azhar, M.;Lee, D.;Mahalingam, P.;Tookman, L.;Cossar, L. H.;Miller, R.;Hall, M. and Khalique, S.

Publication Date: 2023

Journal: Annals of Oncology Conference, pp. ESMO

Abstract: Background: BRCA mutated recurrent platinum sensitive OC patients (pts) who received a maintenance poly-adenosine ribose phosphatase inhibitor (PARPi) show a lower-than-expected response to subsequent chemotherapy in retrospective trial analysis. What are real world outcomes for UK pts, including BRCA wild-type (WT)?.

124. **Radiomics-based decision support tool assists radiologists in small lung nodule classification and improves lung cancer early diagnosis.**

Item Type: Journal Article

Authors: Hunter, B.;Argyros, C.;Inglese, M.;LintonReid, K.;Pulzato, I.;Nicholson, A. G.;Kemp, S. V.;L. Shah P.;Molyneaux, P. L.;McNamara, C.;Burn, T.;Guilhem, E.;Mestas Nunez, M.;Hine, J.;Choraria, A.;Ratnakumar, P.;Bloch, S.;Jordan, S.;Padley, S.;Ridge, C. A., et al

Publication Date: 2023

Journal: British Journal of Cancer 129(12), pp. 1949-1955

Abstract: Background: Methods to improve stratification of small (≤ 15 mm) lung nodules are needed. We aimed to develop a radiomics model to assist lung cancer diagnosis.

125. **Trends in serotype distribution and disease severity in adults hospitalised with Streptococcus pneumoniae infection in Bristol and Bath: a retrospective cohort study, 2006-2022.**

Item Type: Journal Article

Authors: Hyams, C.;Challen, R.;Hettle, D.;AminChowdhury, Z.;Grimes, C.;Ruffino, G.;Conway, R.;Heath, R.;North, P.;Malin, A.;Maskell, N. A.;Williams, P.;Williams, O. M.;Ladhani, S. N.;Danon, L. and Finn, A.

Publication Date: 2023

Journal: medRxiv (pagination), pp. ate of Pubaton: 31 Mar 2023

Abstract: Ongoing surveillance is essential to inform policy decisions and monitor serotype replacement following pneumococcal conjugate vaccination (PCV) deployment. We report serotype and disease severity trends in this retrospective cohort of hospitalised adults in Bristol-Bath, 2006-22. Of 1686 invasive pneumococcal disease (IPD) cases, 1501 (89.0%) had known serotype. We also identified 2033/3719 cases of non-IPD. IPD declined sharply during the early COVID-19 pandemic. Over 2022 it gradually returned to pre-pandemic levels. Disease severity also changed throughout this period: CURB65 severity and inpatient mortality decreased whilst ICU admissions increased. PCV7 and PCV13-serotype IPD decreased from 2006-09 to 2021-22. However, significant residual PCV13-serotype IPD remains, representing 21.7% [15.5-29.6] of 2021-22 cases, highlighting that significant adult PCV-serotype disease still occurs despite 17-years of paediatric PCV usage in the UK. We found increased proportions of serotype 3 and 8 IPD, whilst 19F and 19A re-emerged. In 2020-22, 68.2% IPD cases were potentially covered by PCV20.

126. **Serotype Distribution and Disease Severity in Adults Hospitalized with Streptococcus pneumoniae Infection, Bristol and Bath, UK, 2006–2022**

Item Type: Journal Article

Authors: Hyams, Catherine;Challen, Robert;Hettle, David;Amin-Chowdhury, Zahin;Grimes, Charli;Ruffino, Gabriella;Conway, Rauri;Heath, Robyn;North, Paul;Malin, Adam;Maskell, Nick A.;Williams, Philip;Williams, O. M.;Ladhani, Shamez N.;Danon, Leon and Finn, Adam

Publication Date: 2023

Journal: Emerging Infectious Diseases 29(10), pp. 1953-1964

DOI: 10.3201/eid2910.230519

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=172336518&custid=ns010877>

127. Resuscitation great Kazuo Okada-Sensei - Pioneer of Resuscitation in Asia.

Item Type: Journal Article

Authors: Iwami, T.;Nonogi, H.;Han Lim, S.;Nolan, J. P. and Sakamoto, T.

Publication Date: 2023

Journal: Resuscitation , pp. 110036

128. 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: 2023

Journal: Seminars in Nuclear Medicine 53(2), pp. 287-300

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). ¹⁸F-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 rheumatism. Finally, it should be kept in mind that a very simple tracer, ¹⁸F-fluoride is widely more performant in AS than FDG.

129. Emphysematous gastritis in a patient with neutropenic sepsis: A case report and literature review with comment on management.

Item Type: Journal Article

Authors: Jenkins, J. K.;Georgiou, A.;Laugharne, M.;Meisner, S. and Cook, T.

Publication Date: 2023

Journal: Journal of the Intensive Care Society 24(3), pp. 328-331

Abstract: Emphysematous gastritis is a severe form of gastritis caused by gas-forming infectious organisms and is most frequently encountered in critically unwell patients. Diagnosis rests on the radiographic appearances of air within the gastric wall, which may extend into the portal venous system. Not previously described in the context of neutropenic sepsis, our case involves a 77-year-old patient with emphysematous gastritis who was admitted to the intensive care unit with a neutrophil count of $0.1 \times 10^9/L$ and managed successfully with conservative treatment. Presenting complaints usually include abdominal pain, nausea, vomiting and occasionally haematemesis, in the context of systemic upset. Predisposing factors may include diabetes and immunosuppression, ingestion of corrosive substances, alcohol abuse, and abdominal surgery. The historical approach to management which previously involved urgent exploratory laparotomy with gastrectomy, has largely been replaced with conservative therapy, including broad-spectrum antimicrobials, gut rest and parenteral nutrition, with improved outcomes. Previously considered a commonly terminal diagnosis with mortality rates as high as 60%, this recent shift in approach to management has contributed to mortality rates being halved. The role of oesophago-gastro-duodenoscopy has not been established and is unlikely to be indicated in every case. Longterm complications may be of concern and include fibrosis and gastric contractures.

130. Real world hospital costs following stress echocardiography in the UK: a costing study from the EVAREST/BSE-NSTEP multi-entre study.

Item Type: Journal Article

Authors: Johnson, C. L.;Woodward, W.;McCourt, A.;Dockerill, C.;Krasner, S.;Monaghan, M.;Senior, R.;Paton, M.;O'Driscoll, J.;Oxborough, D.;Pearce, K.;Robinson, S.;Willis, J.;Sharma, R.;Tsiachristas, A.;Leeson, P.;Easaw, J.;Augustine, D. X.;Abraheem, A.;Banyersad, S., et al

Publication Date: 2023

Journal: Echo Research and Practice 10(1) (pagination), pp. Arte Number: 8. ate of Pubaton: eember 2023

Abstract: Background: Stress echocardiography is widely used to detect coronary artery disease, but little evidence on downstream hospital costs in real-world practice is available. We examined how stress echocardiography accuracy and downstream hospital costs vary across NHS hospitals and identified key factors that affect costs to help inform future clinical planning and guidelines.

131. Can the Heald Anal Stent Help to Reduce Anastomotic or Rectal Stump Leak in Elective and Emergency Colorectal Surgery? a Case Series.

Item Type: Journal Article

Authors: Jones, M.;Bunni, J.;Moran, B. and Heald, B.

Publication Date: 2023

Journal: British Journal of Surgery Conference, pp. AST

Abstract: Aim: Anastomotic and rectal stump leaks are feared complications of colorectal surgery. Diverting stomas are commonly used to protect low rectal anastomoses but can have adverse effects. Studies report favourable outcomes for trans-anal drainage devices instead of a diverting stoma. Our aim was to analyse the outcome of a "Heald anal stent" in reducing anastomotic or rectal stump leak after elective or emergency colorectal surgery.

132. PIPAC IN CANCERS OF THE COLON, OVARY AND STOMACH (THE PICCOS TRIAL).

Item Type: Journal Article

Authors: Jones, S.;Murphy, J.;Gwynne, S.;Adams, R.;Peters, C.;Hudson, E.;Frost, J.;Blazeby, J.;Nixon, L.;Batten, L.;Casbard, A. and Torkington, J.

Publication Date: 2023

Journal: Pleura and Peritoneum.Conference: 3rd Congress of the International Society for the Study of Pleura and Peritoneum, ISSPP 2022.Huntington Beach, CA United States 8(1), pp. A36-A37

Abstract: Introduction: In 2021 the National Institute for Clinical Excellence (NICE) published interventional procedures guidance that stipulated that in the UK, Pressurised IntraPeritoneal Aerosolised Chemotherapy (PIPAC) should only be used within the context of a randomised control trial to demonstrate efficacy against standard of care. The UK PIPAC collaborative would like to present its first randomised controlled trial assessing the efficacy of PIPAC in the management of peritoneal metastases (PM) in patients with cancer of the colon, ovary and stomach. The PICCOS trial aims to not only assess efficacy compared to standard of care in terms of progression free survival (PFS), but also quality of life.

133. Pediatrician Explanations of Pediatric Pain in Clinical Settings: A Delicate Craft.

Item Type: Journal Article

Authors: Jordan, A.;Williams, M.;Jones, A.;Noel, M.;Neville, A.;Clinch, J.;Pincus, T.;GauntlettGilbert, J. and Leake, H.

Publication Date: 2023

Journal: Journal of Pain 24(8), pp. 1396-1405

Abstract: Explaining chronic pain to children and families can be challenging, particularly in the absence of an obvious physiologically identifiable cause for the child's pain. In addition to medical intervention, children and families may expect clinicians to provide clarity around

the cause of pain. Such explanations are often provided by clinicians who have not received formal pain training. This qualitative study sought to explore the following question: What do pediatricians consider to be important when providing pain explanations to children and their parents? Using semistructured interview methods, 16 UK pediatricians were interviewed regarding their perceptions of explaining chronic pain to children and families in clinical settings. Data were analyzed using inductive reflexive thematic analysis. Analyses generated 3 themes: 1) timing of the explanation, 2) casting a wider net, and 3) tailoring of the narrative. Study findings demonstrated the need for pediatricians to skilfully interpret where children and families are in their pain journey and deliver an appropriate and adaptable explanation relating to individual needs. Analyses identified the importance of providing a pain explanation that could be repeated and understood by others outside the consultation room, to enable children and families to accept the explanation.

134. Management of comatose survivors of out-of-hospital cardiac arrest in Europe: current treatment practice and adherence to guidelines. A joint survey by the Association for Acute CardioVascular Care (ACVC) of the ESC, the European Resuscitation Council (ERC), the European Society for Emergency Medicine (EUSEM), and the European Society of Intensive Care Medicine (ESICM).

Item Type: Journal Article

Authors: JorgePerez, P.;Nikolaou, N.;Donadello, K.;Khoury, A.;Behringer, W.;Hassager, C.;Boettiger, B.;Sionis, A.;Nolan, J.;Combes, A.;Quinn, T.;Price, S. and Grand, J.

Publication Date: 2023

Journal: European Heart Journal: Acute Cardiovascular Care 12(2), pp. 96-105

Abstract: Aims International guidelines give recommendations for the management of comatose out-of-hospital cardiac arrest (OHCA) survivors. We aimed to investigate adherence to guidelines and disparities in the treatment of OHCA in hospitals in Europe. Methods and results A web-based, multi-institutional, multinational survey in Europe was conducted using an electronic platform with a predefined questionnaire developed by experts in post-resuscitation care. The survey was disseminated to all members of the societies via email, social media, websites, and newsletters in June 2021. Of 252 answers received, 237 responses from different units were included and 166 (70%) were from cardiac arrest centres. First-line vasopressor used was noradrenaline in 195 (83%) and the first-line inotrope was dobutamine in 148 (64%) of the responses. Echocardiography is available 24/7 in 204 (87%) institutions. Targeted temperature management was used in 160 (75%) institutions for adult comatose survivors of OHCA with an initial shockable rhythm. Invasive or external cooling methods with feedback were used in 72 cardiac arrest centres (44%) and 17 (24%) non-cardiac arrest centres ($P < 0.0003$). A target temperature between 32 and 34degreeC was preferred by 46 centres (21%); a target between 34 and 36degreeC by 103 centres (52%); and <37.5 degreeC by 35 (16%). Multimodal neuroprognostication was poorly implemented and a follow-up at 3 months after discharge was done in 71 (30%) institutions. Conclusion Post-resuscitation care is not well established and varies among centres in European hospitals. Cardiac arrest centres have a higher coherence with guidelines compared with respondents from non-cardiac arrest centres. The overall inconsistency in approaches and deviation from recommendations could be a focus for improvement.

135. Patient characteristics, anaesthetic workload and techniques in the UK: an analysis from the 7th National Audit Project (NAP7) activity survey

Item Type: Journal Article

Authors: Kane, A. D.; Soar, J.; Armstrong, R. A.; Kursumovic, E.; Davies, M. T.; Oglesby, F. C.; Cortes, L.; Taylor, C.; Moppett, I. K.; Agarwal, S.; Cordingley, J.; Dorey, J.; Finney, S. J.; Kunst, G.; Lucas, D. N.; Nickols, G.; Mouton, R.; Nolan, J. P.; Patel, B.; Pappachan, V. J., et al

Publication Date: 2023a

Journal: Anaesthesia 78(6), pp. 701-711

Abstract: Detailed contemporary knowledge of the characteristics of the surgical population, national anaesthetic workload, anaesthetic techniques and behaviours are essential to monitor productivity, inform policy and direct research themes. Every 3-4 years, the Royal College of Anaesthetists, as part of its National Audit Projects (NAP), performs a snapshot activity survey in all UK hospitals delivering anaesthesia, collecting patient-level encounter data from all cases under the care of an anaesthetist. During November 2021, as part of NAP7, anaesthetists recorded details of all cases undertaken over 4 days at their site through an online survey capturing anonymous patient characteristics and anaesthetic details. Of 416 hospital sites invited to participate, 352 (85%) completed the activity survey. From these, 24,177 reports were returned, of which 24,172 (99%) were included in the final dataset. The work patterns by day of the week, time of day and surgical specialty were similar to previous NAP activity surveys. However, in non-obstetric patients, between NAP5 (2013) and NAP7 (2021) activity surveys, the estimated median age of patients increased by 2.3 years from median (IQR) of 50.5 (28.4-69.1) to 52.8 (32.1-69.2) years. The median (IQR) BMI increased from 24.9 (21.5-29.5) to 26.7 (22.3-31.7) kg.m⁻². The proportion of patients who scored as ASA physical status 1 decreased from 37% in NAP5 to 24% in NAP7. The use of total intravenous anaesthesia increased from 8% of general anaesthesia cases to 26% between NAP5 and NAP7. Some changes may reflect the impact of the COVID-19 pandemic on the anaesthetic population, though patients with confirmed COVID-19 accounted for only 149 (1%) cases. These data show a rising burden of age, obesity and comorbidity in patients requiring anaesthesia care, likely to impact UK peri-operative services significantly. (© 2023 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.15989

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36857758&custid=ns010877>

136. NAP7 and obstetric activity: important and measured

Item Type: Journal Article

Authors: Kane, A. D.; Lucas, D. N.; Soar, J.; Plaat, F. and Cook, T. M.

Publication Date: 2023b

Journal: Anaesthesia 78(8), pp. 1040

DOI: 10.1111/anae.16022

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164701212&custid=ns010877>

137. Prefilled syringes have significant human factors benefits and would improve anaesthetic medication safety

Item Type: Journal Article

Authors: Kelly, F. E. and Frerk, C.

Publication Date: 2023a

Journal: Anaesthesia 78(7), pp. 921

DOI: 10.1111/anae.16023

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37020326&custid=ns010877>

138. Potential hazards of empty red-barrelled syringes: a reply

Item Type: Journal Article

Authors: Kelly, F. E. and Frerk, C.

Publication Date: 2023b

Journal: Anaesthesia 78(7), pp. 922-923

DOI: 10.1111/anae.16032

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37106427&custid=ns010877>

139. Guidelines are only as effective as their uptake and implementation

Item Type: Journal Article

Authors: Kelly, F. E. and Frerk, C.

Publication Date: 2023c

Journal: Anaesthesia 78(7), pp. 918-919

DOI: 10.1111/anae.16020

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37040929&custid=ns010877>

140. Implementing human factors in anaesthesia: guidance for clinicians, departments and hospitals: Guidelines from the Difficult Airway Society and the Association of Anaesthetists: Guidelines from the Difficult Airway Society and the Association of Anaesthetists

Item Type: Journal Article

Authors: Kelly, F. E.;Frerk, C.;Bailey, C. R.;Cook, T. M.;Ferguson, K.;Flin, R.;Fong, K.;Groom, P.;John, C.;Lang, A. R.;Meek, T.;Miller, K. L.;Richmond, L.;Sevdalis, N. and

Stacey, M. R.

Publication Date: 2023a

Journal: Anaesthesia 78(4), pp. 458-478

Abstract: Human factors is an evidence-based scientific discipline used in safety critical industries to improve safety and worker well-being. The implementation of human factors strategies in anaesthesia has the potential to reduce the reliance on exceptional personal and team performance to provide safe and high-quality patient care. To encourage the adoption of human factors science in anaesthesia, the Difficult Airway Society and the Association of Anaesthetists established a Working Party, including anaesthetists and operating theatre team members with human factors expertise and/or interest, plus a human factors scientist, an industrial psychologist and an experimental psychologist/implementation scientist. A three-stage Delphi process was used to formulate a set of 12 recommendations: these are described using a 'hierarchy of controls' model and classified into design, barriers, mitigations and education and training strategies. Although most anaesthetic knowledge of human factors concerns non-technical skills, such as teamwork and communication, human factors is a broad-based scientific discipline with many other additional aspects that are just as important. Indeed, the human factors strategies most likely to have the greatest impact are those related to the design of safe working environments, equipment and systems. While our recommendations are primarily provided for anaesthetists and the teams they work with, there are likely to be lessons for others working in healthcare beyond the speciality of anaesthesia. (© 2023 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.15941

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36630725&custid=ns010877>

141. Human factors and teaching benefits of videolaryngoscopes are based on evidence

Item Type: Journal Article

Authors: Kelly, F. E.;Martinoni Hoogenboom, E. and Groom, P.

Publication Date: 2023

Journal: Anaesthesia 78(6), pp. 792-793

DOI: 10.1111/anae.16021

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37043281&custid=ns010877>

142. Implementing human factors in anaesthesia: guidance for clinicians, departments and hospitals: Guidelines from the Difficult Airway Society and the Association of Anaesthetists

Item Type: Journal Article

Authors: Kelly, F. E.;Frerk, C.;Bailey, C. R.;Cook, T. M.;Ferguson, K.;Flin, R.;Fong, K.;Groom, P.;John, C.;Lang, A. R.;Meek, T.;Miller, K. L.;Richmond, L.;Sevdalis, N. and Stacey, M. R.

Publication Date: 2023b

Journal: Anaesthesia 78(4), pp. 458-478

DOI: 10.1111/anae.15941

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=162380336&custid=ns010877>

143. Human factors in anaesthesia: a narrative review

Item Type: Journal Article

Authors: Kelly, F. E.;Frerk, C.;Bailey, C. R.;Cook, T. M.;Ferguson, K.;Flin, R.;Fong, K.;Groom, P.;John, C.;Lang, A. R.;Meek, T.;Miller, K. L.;Richmond, L.;Sevdalis, N. and Stacey, M. R.

Publication Date: 2023c

Journal: Anaesthesia 78(4), pp. 479-490

DOI: 10.1111/anae.15920

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=162380327&custid=ns010877>

144. Health outcomes of penicillin allergy testing in children: a systematic review.

Item Type: Journal Article

Authors: Kwok, M.;Heard, K. L.;May, A.;Pilgrim, R.;Sandoe, J.;Tansley, S. and Scott, J.

Publication Date: 2023

Journal: Journal of Antimicrobial Chemotherapy 78(4), pp. 913-922

Abstract: Background: Penicillin allergy labels are commonly acquired in childhood and lead to avoidance of first-line penicillin antibiotics. Understanding the health outcomes of penicillin allergy testing (PAT) can strengthen its place in antimicrobial stewardship efforts.

145. Access to Chronic Pain Services for Adults from Minority Ethnic Groups in the United Kingdom (UK): a Scoping Review

Item Type: Journal Article

Authors: Leach, Emily;Ndosi, Mwidimi;Jones, Gareth T.;Ambler, Helen;Park, Sophie and Lewis, Jennifer S.

Publication Date: 2023

Journal: Journal of Racial and Ethnic Health Disparities

Abstract: Background: Chronic pain services in the UK 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.; Objective: To assess the available evidence regarding the ethnic profile of adults who access secondary and tertiary chronic pain services in the UK.; Methods: A scoping review was conducted (August 2021-October 2021), comprising comprehensive literature searches using Embase, Medline and CINAHL databases and the grey literature. Studies were included if they reported on (i) access to chronic pain services in secondary and/or tertiary care in the UK, (ii) adults and (iii) stated the ethnicity of the involved participants. Studies were included if published between 2004 and 2021, as demographic data during this period would be broadly representative of the UK population, as per the 2021 UK census. A descriptive synthesis of the extracted data was performed.; Results: The search yielded 124 records after duplicates were removed. Following title and abstract screening, 44 full texts were screened, ten of which were included in the review.; Conclusions: This is the first review to explore access to chronic pain services for adults from minority ethnic groups in the UK. Given the limited number of studies that met the inclusion criteria, the review highlights the need for routine collection of ethnicity data using consistent ethnic categories within UK chronic pain services and increased involvement of minority ethnic groups within chronic pain research. Findings should inform future research that aims to improve access to UK chronic pain services for adults from minority ethnic groups. (© 2023. The Author(s).)

DOI: 10.1007/s40615-023-01803-2

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37843777&custid=ns010877>

146. **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, L. Y. W.; Tilby, M.; Starkey, T.; Ionescu, M. C.; Burnett, A.; Hattersley, R.; Khan, S.; Little, M.; Liu, J. K. H.; Platt, J. R.; Tripathy, A.; Watts, I.; Williams, S. T.; Appanna, N.; AlHajji, Y.; Barnard, M.; Benny, L.; Buckley, A.; Cattell, E.; Cheng, V., et al

Publication Date: 2023

Journal: JAMA Oncology 9(2), pp. 188-196

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.

147. **Working with public contributors in Parkinson's research: What were the changes, benefits and learnings? A critical reflection from the researcher and public contributor perspective**

Item Type: Journal Article

Authors: Lithander, Fiona E.; Tenison, Emma; Jones, David Ashford; Stocker, Sue; Hopewell-Kelly, Noreen; Gibson, Andy and McGrath, Carmel

Publication Date: 2023

Journal: Health Expectations : An International Journal of Public Participation in Health Care and Health Policy

Abstract: Introduction: This paper provides a critical reflection from both the researcher and public contributor (PC) perspective on the benefits and the learnings taken from involving PCs in research related to Parkinson's. APPROACH TO PATIENT AND PUBLIC INVOLVEMENT (PPI): This paper reports on how PCs shaped the design and development of the PRIME-UK research programme study materials through input into information leaflets, consent forms and other patient-facing documents used across three studies within the PRIME-UK research programme. The PRIME-UK research programme is designed to improve the quality of life of people with Parkinson's and this project included three studies: a cross-sectional study, a randomised control trial and a qualitative study. We captured these impacts using Public Involvement Impact Logs, which provide a framework allowing researchers and PCs to report on the learnings, immediate outcomes and impacts from PPI. For this project, the impact logs enabled us to provide reflections from PCs and researchers on the process of involving 'the public' in Parkinson's research.; Findings: This paper builds on existing evidence of the range of benefits and challenges that emerge from working with patients and the public in Parkinson's research; this includes reflecting on the changes made to the study materials and benefits for the people involved. Four themes emerged from the reflections that were common to the researchers and PCs; these were the importance of providing a supportive environment; recognition of the benefit of the evaluation of the impact of PPI; acknowledgement that engagement of PPI can make a positive difference to the research process and that timely communication and the use of face-to-face communication, where available, is key. Furthermore, we demonstrate how impact logs provide a useful and straightforward tool for evaluating public involvement practices and supporting the feedback process.; Conclusion: We offer key recommendations for involving patients and the public in Parkinson's research and suggest approaches that could be implemented to capture the impacts of public involvement.; Public Contribution: Public contributors (PCs) were involved in the design and development of the participant information leaflets, consent forms and other patient-facing documents used for studies within the PRIME-UK research programme. In addition, PCs evaluated their involvement using impact logs and co-authored this paper. (© 2023 The Authors. Health Expectations published by John Wiley & Sons Ltd.)

DOI: 10.1111/hex.13914

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37990485&custid=ns010877>

148. **Proactive and Integrated Management and Empowerment in Parkinson's Disease protocol for a randomised controlled trial (PRIME-UK) to evaluate a new model of care**

Item Type: Journal Article

Authors: Lithander, Fiona E.;Tenison, Emma;Ypinga, Jan;Halteren, Angelika;Smith, Matthew D.;Lloyd, Katherine;Richfield, Edward W.;Brazier, Danielle E.;Ó Breasail, Mícheál;Smink, Agnes J.;Metcalf, Chris;Hollingworth, William;Bloem, Bas;Munneke, Marten;Ben-Shlomo, Yoav;Darweesh, Sirwan K. L. and Henderson, Emily J.

Publication Date: 2023

Journal: Trials 24(1), pp. 147

Abstract: Background: People living with Parkinson's disease experience progressive motor and non-motor symptoms, which negatively impact on health-related quality of life

and can lead to an increased risk of hospitalisation. It is increasingly recognised that the current care models are not suitable for the needs of people with parkinsonism whose care needs evolve and change as the disease progresses. This trial aims to evaluate whether a complex and innovative model of integrated care will increase an individual's ability to achieve their personal goals, have a positive impact on health and symptom burden and be more cost-effective when compared with usual care.; Methods: This is a single-centre, randomised controlled trial where people with parkinsonism and their informal caregivers are randomised into one of two groups: either PRIME Parkinson multi-component model of care or usual care. Adults ≥ 18 years with a diagnosis of parkinsonism, able to provide informed consent or the availability of a close friend or relative to act as a personal consultee if capacity to do so is absent and living in the trial geographical area are eligible. Up to three caregivers per patient can also take part, must be ≥ 18 years, provide informal, unpaid care and able to give informed consent. The primary outcome measure is goal attainment, as measured using the Bangor Goal Setting Interview. The duration of enrolment is 24 months. The total recruitment target is $n=214$, and the main analyses will be intention to treat.; Discussion: This trial tests whether a novel model of care improves health and disease-related metrics including goal attainment and decreases hospitalisations whilst being more cost-effective than the current usual care. Subject to successful implementation of this intervention within one centre, the PRIME Parkinson model of care could then be evaluated within a cluster-randomised trial at multiple centres. (© 2023. The Author(s).)

DOI: 10.1186/s13063-023-07084-8

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36849987&custid=ns010877>

149. 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: 2023

Journal: Pain 164(3), pp. 543-554

DOI: 10.1097/j.pain.0000000000002729

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161859634&custid=ns010877>

150 Antibiotic review kit for hospitals (ARK-Hospital): a stepped-wedge cluster-randomised controlled trial.

Item Type: Journal Article

Authors: Llewellyn, 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: 2023

Journal: The Lancet Infectious Diseases 23(2), pp. 207-221

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.

151. **Redesigning Parkinson's disease care: rationale, methods and baseline data from the PRIME-UK Parkinson's randomised controlled trial.**

Item Type: Journal Article

Authors: Lloyd, K.;Tenison, E.;Smith, M.;Heath, R.;McDonald, C.;Giles, N.;Stan, A.;Thomas, C.;Breasail, M. O.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2023

Journal: Journal of Parkinson's Disease Conference, pp. 6th

Abstract: Background: Current models of Parkinson's disease (PD) care may not account for the complexity and significant heterogeneity in symptoms of PD, which emerge and fluctuate over time, coupled with multi-morbidity and frailty. Individuals' unique phenotype, needs and experience may be overlooked in a system that often lacks continuity, patient-involvement and proactivity. PRIME-Parkinson has been designed to deliver innovative, cohesive, proactive and personalised care, which is responsive to arising problems. The ongoing PRIME randomised controlled trial (RCT) will determine whether PRIME care is able to improve outcomes in people with PD, including those often excluded from RCTs, to enhance their experience of living with parkinsonism.

152. **REAL-WORLD AUDIT OF PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOSITIS-RELATED INTERSTITIAL LUNG DISEASE IN A EUROPEAN POPULATION.**

Item Type: Journal Article

Authors: Loganathan, A.;Sturney, S.;Foley, N.;Hartley, T. and Tansley, S.

Publication Date: 2023

Journal: Rheumatology (United Kingdom) Conference, pp. Brtsh

Abstract: Background/Aims The British Society for Rheumatology (BSR) has released guidelines for managing idiopathic inflammatory myositis (IIM). Our centre operates specialist clinics for scleroderma and lupus, but to date, IIM patients are seen in a general CTD clinic. As part of work to establish a dedicated myositis clinic, we collated data on 71 patients under active follow-up with myositis spectrum disease deemed appropriate for follow-up within a specialist clinic. We aimed to review patients diagnosed with IIM-ILD and review serological immune profile, screening practices for pulmonary involvement, findings on CT/ pulmonary function tests (PFTs) and pharmacological management. Methods We performed a detailed retrospective review of the notes of suitable patients, identified using diagnostic codes attached to clinic letters. Results 71 patients were identified: 14 with anti-synthetase syndrome (ARS), 21 with dermatomyositis (DM), 13 with polymyositis (PM), 3 with immune-mediated necrotising myopathy (IMNM) and 17 with overlap syndrome. 65% (46/70) of adult IIM patients were screened for pulmonary involvement. Screening practices

of patients based on antibody profile and myositis subtype are further described in the table. 31% of patients (22/70) had IIM-ILD, of which 12 had ARS, 4 had PM, 1 had DM and 5 had overlap disease (2 PM/scleroderma, 1 DM/ARS, 1 DM/scleroderma and 1 scleroderma/ARS). 21/22 underwent PFTs; 53% of patients had active ILD over an average of 51.8 months. On imaging, 76.2% (16/22) had changes consistent with ILD. Ground glass change and reticulation were demonstrated in 50% of scans. In comparison, honeycombing and traction bronchiectasis was found in 22% and 44% of scans, respectively. A non-specific interstitial pneumonia (NSIP) pattern was described in 44% of scans, organising pneumonia (OP) pattern in 22%, and 17% had a mixed OP and NSIP pattern. 20/22 patients were prescribed high-dose steroids, csDMARD therapy or aggressive immunosuppression (cyclophosphamide or rituximab). Conclusion Our review demonstrates that 65% of patients with adult IIM were screened for ILD. NSIP and OP were the most common radiological appearances. Half of our cohort required aggressive immunosuppression, cyclophosphamide being the most commonly prescribed agent and mycophenolate being preferred for maintenance therapy. No patients were prescribed tacrolimus or ciclosporin. Despite treatment, 52% of patients had evidence of progressive disease on serial PFTs.

153. Defective T-cell response to COVID-19 vaccination in acute myeloid leukaemia and myelodysplastic syndromes.

Item Type: Journal Article

Authors: Loke, J.;Upasani, V.;Gaskell, C.;Fox, S.;Fletcher, R.;Thomas, C.;Hopkins, L.;Kumari, A.;Tang, T.;Yafai, E.;Boucher, R.;Homer, V.;Toth, A.;Chan, Y. L. T.;Randall, K.;Rider, T.;O'Nions, J.;Drew, V.;Pillai, A.;Dungarwalla, M., et al

Publication Date: 2023

Journal: British Journal of Haematology 202(3), pp. 498-503

Abstract: Limited data exist on COVID-19 vaccination efficacy in patients with acute myeloid leukemia and myelodysplasia with excess blasts (AML/MDS-EB2). We report results from a prospective study, PACE (Patients with AML and COVID-19 Epidemiology). 93 patients provided samples post-vaccine 2 or 3 (PV2, PV3). Antibodies against SARS-COV-2 spike antigen were detectable in all samples. Neutralization of the omicron variant was poorer than ancestral variants but improved PV3. In contrast, adequate T-cell reactivity to SARS-COV-2 spike protein was seen in only 16/47 (34%) patients PV2 and 23/52 (44%) PV3. Using regression models, disease response (not in CR/Cri), and increasing age predicted poor T cell response.

154. A smartphone lens attachment improves the quality of referrals to eye casualty.

Item Type: Journal Article

Authors: Mamtora, S.;Riley, O.;Chervenkov, J.;Maghsoudlou, P.;Kiani, A.;Chiu, A.;Boulton, J. and Luck, J.

Publication Date: 2023

Journal: Eye (Basingstoke) 37(9), pp. 1885-1889

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.

155. Drop attacks: a practical guide

Item Type: Journal Article

Authors: Manford, Evelyn;Garg, Anupam and Manford, Mark

Publication Date: 2023

Journal: Practical Neurology

Abstract: 'Drop attacks' encompass both falls and transient loss of consciousness, but the term is not clearly defined. We offer our definition and explore the differential diagnoses. The most common causes are cardiovascular. We discuss clinical and electrographic criteria that suggest underlying arrhythmia or other serious cardiac disorders that require further investigation, and the potential diagnoses that may underlie these 'worrying syncopes'. Vestibular dysfunction also commonly causes collapses, sometimes without typical vertigo. These two common conditions may coexist especially in the elderly. Falls in elderly people often require assessment through a lens of frailty and multifactorial risk factors, rather than seeking a unitary diagnosis. Some drop attacks may be due to longstanding epilepsy and we discuss how to approach these cases. Functional neurological disorder is a common cause in younger people, for which there may also be clinical clues. We review the rarer causes of collapse that may be described as drop attacks, including cataplexy and hydrocephalic attacks.; **Competing Interests:** Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/pn-2023-003791

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37891001&custid=ns010877>

156. Counselling of path_BRCA carriers who are considering risk-reducing oophorectomy.

Item Type: Journal Article

Authors: Manley, K.;Ryan, N.;Jenner, A.;Newton, C. and Hillard, T.

Publication Date: 2023

Journal: Post Reproductive Health 29(1), pp. 42-52

Abstract: path_BRCA 1/2 increases a woman's lifetime risk of breast and ovarian cancer. Interventions can be offered which manage cancer risk; annual breast screening from age 30, chemoprevention and, once a woman's family is complete, risk-reducing surgery. The latter is the most effective method of reducing cancer in path_BRCA carriers; salpingo-oophorectomy reduces breast and ovarian cancer, respectively, by up to 50% and 95%. Factors affecting a woman's decision to undergo risk-reducing surgery are complex; dominant factors include risks of surgery, effect on cancer outcomes and menopausal sequelae. Specific information relating to hormone replacement and non-hormonal alternatives are an important consideration for women but, are often overlooked. Informative counselling is required to enable satisfaction with the chosen intervention whilst improving survival outcomes. This review paper outlines the current data pertaining to these decision-making factors and provides a proforma to enable effective counselling.

157. Preventing unrecognised oesophageal intubation

Item Type: Journal Article

Authors: Mann, Abigail;Higgs, Andrew and Cook, Tim M.

Publication Date: 2023

Journal: British Journal of Hospital Medicine (17508460) 84(3), pp. 1-9

Abstract: Major harm from unrecognised oesophageal intubation continues, despite the 2018 Royal College of Anaesthetists' 'no trace, wrong place' campaign. It is likely that publicly reported cases represent a fraction of real occurrences. This article summarises a 2022 consensus guideline on the prevention of unrecognised oesophageal intubation from the Project for Universal Management of Airway and international airway societies. The guideline is written for all airway operators and assistants, in any clinical setting, and readers are advised to deepen their understanding by studying the original guideline. The recommendations include how to avoid and recognise oesophageal intubation as well as a set of logical actions to take when it is a plausible possibility, even if it is not suspected. The guideline emphasises the importance of videolaryngoscopy, capnography and oxygen saturation monitoring for all tracheal intubations, wherever performed. It introduces the concept of sustained exhaled carbon dioxide, which is central to identifying oesophageal intubation, and acting to prevent progression to unrecognised oesophageal intubation. In the absence of sustained exhaled carbon dioxide, the default action is to remove the tube. This will mean some tracheal placed tubes are removed but based on a risk–benefit analysis, this is desirable. The tube should only be left in place if there is clear danger in removing it and in this event, its position should be confirmed, using repeat videolaryngoscopy plus one other of bronchoscopy, skilled ultrasound or use of an oesophageal detector device. The importance of human factors is underlined; for instance, the value of a shared and vocalised report of videolaryngoscopy view and trained assistants working with the operator to confirm whether the criteria for sustained exhaled carbon dioxide are met, to minimise error and improve team working.

DOI: 10.12968/hmed.2023.0007

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=162749199&custid=ns010877>

158. MRI-based strain measurements reflect morphological changes following myocardial infarction: A study on the UK Biobank cohort

Item Type: Journal Article

Authors: Mansell, Doyin S.; Sammut, Eva; Bruno, Vito D.; Ascione, Raimondo; Rodrigues, Jonathan C. L.; Gill, Harinderjit S.; Fraser, Katharine H. and Cookson, Andrew N.

Publication Date: 2023

Journal: Journal of Anatomy 242(1), pp. 102-111

Abstract: In a porcine experimental model of myocardial infarction, a localised, layer-specific, circumferential left ventricular strain metric has been shown to indicate chronic changes in ventricular function post-infarction more strongly than ejection fraction. This novel strain metric might therefore provide useful prognostic information clinically. In this study, existing clinical volume indices, global strains, and the novel, layer-specific strain were calculated for a large human cohort to assess variations in ventricular function and morphology with age, sex, and health status. Imaging and health data from the UK Biobank were obtained, including healthy volunteers and those with a history of cardiovascular illness. In total, 710 individuals were analysed and stratified by age, sex and health. Significant differences in all strain metrics were found between healthy and unhealthy populations, as well as between males and females. Significant differences in basal circumferential strain and global circumferential strain were found between healthy males and females, with males having smaller absolute values for both (all $p \leq 0.001$). There were significant differences in the functional variables left ventricular ejection fraction, end-systolic volume, end-systolic volume index and mid-ventricular circumferential strain between healthy and unhealthy male cohorts aged 65-74 (all $p \leq 0.001$). These results suggest that whilst regional circumferential strains may be useful clinically for assessing cardiovascular health, care must be taken to ensure critical values are indexed correctly to age and sex, due to the differences in these values observed here. (© 2022 The Authors. Journal of Anatomy published by John Wiley & Sons Ltd on behalf of Anatomical Society.)

DOI: 10.1111/joa.13787

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36484568&custid=ns010877>

159. **EBUS TBNA FOR MOLECULAR TESTING IN LUNG CANCER - HOW MUCH IS ENOUGH?.**

Item Type: Journal Article

Authors: McKerr, C. N.; Wong, H.; Marchand, C. L. and Masani, V. D.

Publication Date: 2023

Journal: Thorax Conference, pp. Brtsh

Abstract: Background With the advent of immunotherapy and tyrosine kinase inhibitors, molecular testing has become routine and essential to guide oncological treatments. Endobronchial ultrasound and transbronchial needle aspirate (EBUS-TBNA) is a safe and accurate method for sampling mediastinal malignancies to diagnose and stage lung cancers. Sufficient tissue sampling for drug sensitivity testing (DST) is essential to ensure timely diagnosis and treatment. However, there is no clear guidance on the recommended number of passes per lymph node needed to facilitate this. One study concluded that a median of 4 passes was needed to obtain sufficient tissue in adenocarcinomas.¹ However, this required rapid on-site cytopathology evaluation (ROSE) and didn't include DST for squamous carcinomas. Standard practice at Royal United Hospital Bath is to perform 3

lymph node passes. Samples are deemed sufficient based on macroscopic appearances determined by the endoscopist. The objective of our audit was to determine if our practice provided adequate tissue for successful DST in line with national standards, which should be greater than 90% of samples.² Method A total of 251 cases were audited between 2018-2023. Of these, 107 were diagnostic of lung adenocarcinoma, squamous cell carcinoma and non-small cell lung cancer NOS and sent for DST. Exclusion criteria included other diagnoses, samples not sent for DST, and cases with more than 3 lymph node passes recorded on the EBUS report. Samples in which some drug sensitivity testing could take place but there was not enough tissue for all the required tests were categorised as insufficient. Results Of the 107 cases, 98 (91.6%) were adequate samplings for DST and 9 (8.4%) were insufficient. All insufficient cases had a diagnosis of adenocarcinoma. Conclusion Performing 3 lymph node passes were sufficient for DST without the support of ROSE and matched national standards in providing enough tissue sample for DST. This potentially can reduce the procedure duration for patients whilst maintaining diagnostic standards.

160. Management and treatment of children, young people and adults with systemic lupus erythematosus: British Society for Rheumatology guideline scope

Item Type: Journal Article

Authors: Md Yusof, Md Yuzaiful;Smith, Eve M. D.;Ainsworth, Sammy;Armon, Kate;Beresford, Michael W.;Brown, Morgan;Cherry, Lindsey;Edwards, Christopher J.;Flora, Kalveer;Gilman, Rebecca;Griffiths, Bridget;Gordon, Caroline;Howard, Paul;Isenberg, David;Jordan, Natasha;Kaul, Arvind;Lanyon, Peter;Laws, Philip M.;Lightstone, Liz;Lythgoe, Hanna, et al

Publication Date: 2023

Journal: Rheumatology Advances in Practice 7(3), pp. rkad093

Abstract: The objective of this guideline is to provide up-to-date, evidence-based recommendations for the management of SLE that builds upon the existing treatment guideline for adults living with SLE published in 2017. This will incorporate advances in the assessment, diagnosis, monitoring, non-pharmacological and pharmacological management of SLE. General approaches to management as well as organ-specific treatment, including lupus nephritis and cutaneous lupus, will be covered. This will be the first guideline in SLE using a whole life course approach from childhood through adolescence and adulthood. The guideline will be developed with people with SLE as an important target audience in addition to healthcare professionals. It will include guidance related to emerging approved therapies and account for National Institute for Health and Care Excellence Technology Appraisals, National Health Service England clinical commissioning policies and national guidance relevant to SLE. The guideline will be developed using the methods and rigorous processes outlined in 'Creating Clinical Guidelines: Our Protocol' by the British Society for Rheumatology. (© The Author(s) 2023. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

DOI: 10.1093/rap/rkad093

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38058676&custid=ns010877>

161. The visibility of research within mandatory National Health Service Trust Induction programmes in England: an exploratory survey study

Item Type: Journal Article

Authors: Menzies, Julie;Grieve, Sharon;Ainsworth, Lucy;Sharman, Victoria;Smith, Vikki and Henshall, Catherine

Publication Date: 2023

Journal: Journal of Research in Nursing 28(6), pp. 545-557

Abstract: Background: Mandatory NHS Trust induction programmes are an integral part of staff orientation processes. Although research is recognised as fundamental to high-quality care, little data exist regarding whether research information is included within hospital induction. Methods: Two online national surveys were developed, with the aim of identifying Trusts which included research within their mandatory induction programme. Survey 1 was distributed to Research and Development managers across England (n = 201). Survey 2 collated information on the research content and delivery methods of induction material. The work was classified as a service evaluation and reported in accordance with CHERRIES reporting standards. Results: Survey 1 generated 124 unique responses (61% response rate). Thirty-nine percent of Trusts (n = 48) featured information about research delivery and 24% (n = 30) about training or support to develop clinical academic careers. There was wide variation in how materials were delivered, by whom and for how long. Conclusions: Currently research has a limited profile within English NHS Trust mandatory induction programmes. This needs to be addressed if research is truly to be considered part of the core National Health Service business. Guidance or a modifiable template could help Trusts communicate about research delivery and clinical academic development and training to all new employees.

DOI: 10.1177/17449871231205816

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=174385924&custid=ns010877>

162. **Streamlining the Multi-Disciplinary Team Meeting: The Introduction of Robust Pre-Preparation Methods and Its Effect on the Length of Case Discussions**

Item Type: Journal Article

Authors: Merker, Louise;Conroy, Soraya;El-Wakeel, Hassan and Laurence, Nicola

Publication Date: 2023

Journal: Journal of Multidisciplinary Healthcare 16, pp. 613-622

Abstract: Introduction: The multidisciplinary team (MDT) approach has long been considered the optimal way in which to deliver a high standard of care to patients with breast cancer. With a growing number of patients and ever-increasing complexity of cases, the strain on time and resource of the MDT is becoming increasingly evident. It is therefore essential that local hospital departments adapt their MDT processes to better streamline discussions and optimise efficiency. The Royal United Hospital in Bath is a district general hospital in the UK. Approximately 500 patients with cancers are treated annually, and the MDT discusses approximately 60 patients per week.; Methods: To improve our MDT meeting processes and increase productivity, we created a concise MDT template using Microsoft Access™: giving all clinicians the ability to add patients and information in real time. We also allocated weekly preparation time whereby a senior clinician ensured all patients were prepared prior to the meeting with results and potential outcomes prepopulated where possible.; Results: We recorded the time spent discussing patients during 6 MDT meetings before and after implementation of changes. Cases were classified

by pathology category to determine if there were differences following the preparation changes. Overall, we significantly reduced our average MDT discussion time ($p=0.02$). We significantly reduced average discussion time in postoperative malignant cases ($p<0.0006$) and expected benign core biopsy cases ($p<0.0047$), allowing appropriate redistribution of time towards discussion of more complex cases, reflected by the significant increase in time spent discussing complex radiology cases ($p<0.025$).; Conclusion: We offer an effective method for improving the MDT meeting preparation and presentation by ensuring each patient is appropriately prepared prior to the meeting, and outcomes for those simple cases are already prepopulated. This creates additional time within the meeting to discuss more complex clinical cases while allowing all members of the team an opportunity to discuss all patients if needed.; Competing Interests: Louise Merker and Soraya Conroy are co-first authors for this study. Mr Hassan El-Wakeel is a Director of Collaboration Digital Ltd, a software company. The authors report no other conflicts of interest in this work. (© 2023 Merker et al.)

DOI: 10.2147/JMDH.S387174

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36910017&custid=ns010877>

163. Anticoagulant use in older persons at risk for falls: therapeutic dilemmas-a clinical review

Item Type: Journal Article

Authors: Mitchell, Anneka;Elmasry, Yasmin;van Poelgeest, Eveline and Welsh, Tomas J.

Publication Date: 2023

Journal: European Geriatric Medicine 14(4), pp. 683-696

Abstract: Purpose: The aim of this clinical narrative review was to summarise the existing knowledge on the use of anticoagulants and potential adverse events in older people at risk of falls with a history of atrial fibrillation or venous thromboembolism. The review also offers practical steps prescribers can take when (de-)prescribing anticoagulants to maximise safety.; Methods: Literature searches were conducted using PubMed, Embase and Scopus. Additional articles were identified by searching reference lists.; Results: Anticoagulants are often underused in older people due to concerns about the risk of falls and intracranial haemorrhage. However, evidence suggests that the absolute risk is low and outweighed by the reduction in stroke risk. DOACs are now recommended first line for most patients due to their favourable safety profile. Off-label dose reduction of DOACs is not recommended due to reduced efficacy with limited reduction in bleeding risk. Medication review and falls prevention strategies should be implemented before prescribing anticoagulation. Deprescribing should be considered in severe frailty, limited life expectancy and increased bleeding risk (e.g., cerebral microbleeds).; Conclusion: When considering whether to (de-)prescribe anticoagulants, it is important to consider the risks associated with stopping therapy in addition to potential adverse events. Shared decision-making with the patient and their carers is crucial as patient and prescriber views often differ. (© 2023. The Author(s).)

DOI: 10.1007/s41999-023-00811-z

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37392359&custid=ns010877>

164. British Society of Echocardiography guideline for the transthoracic echocardiographic assessment of cardiac amyloidosis

Item Type: Journal Article

Authors: Moody, William E.;Turvey-Haigh, Lauren;Knight, Daniel;Coats, Caroline J.;Cooper, Robert M.;Schofield, Rebecca;Robinson, Shaun;Harkness, Allan;Oxborough, David L.;Gillmore, Julian D.;Whelan, Carol;Augustine, Daniel X.;Fontana, Marianna and Steeds, Richard P.

Publication Date: 2023

Journal: Echo Research and Practice 10(1), pp. 13

Abstract: These guidelines form an update of the BSE guideline protocol for the assessment of restrictive cardiomyopathy (Knight et al. in Echo Res Prac, 2013). Since the original recommendations were conceived in 2013, there has been an exponential rise in the diagnosis of cardiac amyloidosis fuelled by increased clinician awareness, improvements in cardiovascular imaging as well as the availability of new and effective disease modifying therapies. The initial diagnosis of cardiac amyloidosis can be challenging and is often not clear-cut on the basis of echocardiography, which for most patients presenting with heart failure symptoms remains the first-line imaging test. The role of a specialist echocardiographer will be to raise the suspicion of cardiac amyloidosis when appropriate, but the formal diagnosis of amyloid sub-type invariably requires further downstream testing. This document seeks to provide a focused review of the literature on echocardiography in cardiac amyloidosis highlighting its important role in the diagnosis, prognosis and screening of at risk individuals, before concluding with a suggested minimum data set, for use as an aide memoire when reporting. (© 2023. British Society of Echocardiography.)

DOI: 10.1186/s44156-023-00028-7

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37653443&custid=ns010877>

165. **Turning heads on the ICU: Design and implementation of a novel manikin ('Head Turn Harvey') and multidisciplinary checklist for head turns in prone patients.**

Item Type: Journal Article

Authors: Mooney, E.;Hanratty, R.;Ficke, C.;Hommers, C. and Kelly, F.

Publication Date: 2023

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

Abstract: Introduction: Prone positioning has been proven to improve outcomes for patients with severe ARDS¹ and was widespread during the Covid-19 pandemic. When nursed in the prone position, the patient's head must be turned regularly to avoid pressure sores and other complications. ² This procedure is physically challenging and risks kinking or displacement of the tracheal tube, invasive lines or catheters. Head-turn procedures often occur at night when there are fewer and more junior staff on duty and immediate help less readily available. In our intensive care unit (ICU), a number of 'near miss' incidents were reported, resulting in the ICU multidisciplinary team (MDT) expressing low confidence and high anxiety regarding head turn procedures. Checklists are proven to help improve adherence to protocols, reduce missed steps and can improve patient safety.^{3,4} Objectives: We aimed to reduce complications occurring during head turn procedures and to improve the confidence of ICU MDT staff in undertaking them.

166. **Detection, survival, and persistence of Staphylococcus capitis NRCS-A in neonatal units in England**

Item Type: Journal Article

Authors: Moore, G.;Barry, A.;Carter, J.;Ready, J.;Wan, Y.;Elsayed, M.;Haill, C.;Khashu, M.;Williams, O. M.;Brown, C. S.;Demirjian, A. and Ready, D.

Publication Date: 2023

Journal: Journal of Hospital Infection 140, pp. 8-14

DOI: 10.1016/j.jhin.2023.06.030

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=172809921&custid=ns010877>

167. **Impact of bedside ultrasound on care in specialist palliative care units: a qualitative study.**

Item Type: Journal Article

Authors: Moore, S.;Stoneham, B.;Taylor, V. and Perkins, P.

Publication Date: 2023

Journal: BMJ Supportive and Palliative Care (pagination)

Abstract: Objectives: To explore the experiences of palliative care doctors regarding the clinical impact of ultrasound in specialist palliative care units (SPCUs).

168. **British Gynaecological Cancer Society (BGCS) vulval cancer guidelines: An update on recommendations for practice 2023**

Item Type: Journal Article

Authors: Morrison, Jo;Baldwin, Peter;Hanna, Louise;Andreou, Adrian;Buckley, Lynn;Durrant, Lisa;Edey, Katharine;Faruqi, Asma;Fotopoulou, Christina;Ganesan, Raji;Hillaby, Kathryn and Taylor, Alexandra

Publication Date: 2023

Journal: European Journal of Obstetrics, Gynecology, and Reproductive Biology 292, pp. 210-238

Abstract: Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: JM - None to declare. PB - None to declare. LH - None to declare. AA- None to declare. LB- Works for Perci Health Ltd, 1 Vincent Square, London, SW1P 2PN and director of Buckley Consultants Ltd. KE- Royal College of Obstetricians and Gynaecologists Workforce Fellow Jan 2022-Dec 2022. Paid for 8 h/week via her organisation. CF – Has received payments for participation on a Data Safety Monitoring Board or Advisory Board for Glaxo Smith Klein, Roche, Ethicon, Astra Zeneca MSD (Merck & Co., Inc). RG – Has

received payments for lectures from Astra Zeneca, Oncoinvent and MSD. AT - Has received financial support to attend meetings and for participation on a Data Safety Monitoring Board or Advisory Board from MSD.

DOI: 10.1016/j.ejogrb.2023.11.013

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38043220&custid=ns010877>

169. **Correspondence on 'Factors associated with COVID- 19- related death in people with rheumatic diseases: results from the COVID- 19 Global Rheumatology Alliance physicianreported registry'**

Item Type: Journal Article

Authors: Mulhearn, Ben

Publication Date: 2023

Journal: Annals of the Rheumatic Diseases 82(5), pp. 1

DOI: 10.1136/annrheumdis-2021-220099

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=163734223&custid=ns010877>

170. **Incidence of giant cell arteritis is associated with COVID-19 prevalence: A population-level retrospective study**

Item Type: Journal Article

Authors: Mulhearn, Ben;Ellis, Jessica;Skeoch, Sarah;Pauling, John and Tansley, Sarah

Publication Date: 2023

Journal: Heliyon 9(7), pp. e17899

Abstract: Background: Following the first wave of the COVID-19 pandemic, it was observed that giant cell arteritis (GCA) diagnoses increased at the Royal National Hospital for Rheumatic Diseases (RNHRD) in Bath, UK. This finding may support the viral aetiology hypothesis of GCA. Better understanding of the causes of GCA may help improve diagnostic and treatment strategies leading to better outcomes for patients.; Objectives: The study aims to estimate the local incidence of GCA during the early COVID-19 pandemic (2020-2021) and compare it to pre-pandemic (2015-2019) data. This study will also evaluate the temporal relationship between COVID-19 infections and GCA diagnoses.; Methods: Annual incidence rates of GCA were calculated between 2015 and 2021. Local COVID-19 prevalence was estimated by measuring the number of hospital beds taken up by COVID-19 positive patients. Poisson statistics were used to compare the annual mean incidence of GCA between 2019 and 2020, and Granger causality tested the temporal relationship between COVID-19 prevalence and GCA incidence.; Results: There were 60 (95% confidence interval CI] 46-77) GCA diagnoses made in 2020 compared to 28 (CI 19-41) in 2019 (P = 0.016). Peaks in the number of COVID-19 inpatients correlated with peaks in GCA diagnoses. Granger causality testing found a statistically significant association between these peaks with a lag period of 40-45 days.; Conclusion: The incidence of GCA in Bath was significantly increased in 2020 and 2021 compared to 2015-2019. The lag period between peaks was 40-45 days, suggesting that the COVID-19 virus may be a precipitating

factor for GCA. More work is currently underway to interrogate the causal relationship between these two diseases.; Competing Interests: 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 (© 2023 The Authors.)

DOI: 10.1016/j.heliyon.2023.e17899

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37483752&custid=ns010877>

171. **CALCIFIC VERSUS NON-CALCIFIC PLAQUE: A CAD-RADS AND FFRCT STUDY.**

Item Type: Journal Article

Authors: Murphy, D.;Khavandi, A.;Hudson, B. and Rodrigues, J. C. L.

Publication Date: 2023

Journal: Heart Conference, pp. Brtsh

Abstract: Background Coronary Artery Disease-Reporting and Data System (CAD-RADS) standardises Computed Tomography Coronary Angiography (CTCA) reporting. Coronary calcification can overestimate stenosis. We hypothesized where CAD-RADS category is assigned due to predominantly calcified maximal stenosis (Ca+), the CTCA-derived Fractional Flow Reserve (FFRCT) would be lower compared to predominantly non-calcified maximal stenoses (Ca-) of the same CAD-RADS category. Methods Consecutive patients undergoing routine clinical CTCA (September 2018 to May 2020) with ≥ 1 stenosis $\geq 25\%$ with FFRCT correlation were included. CTCAs were subdivided into Ca+ and Ca-. FFRCT was measured in the left anterior descending (LAD), left circumflex (LCx) and right coronary artery (RCA). Potentially flow-limiting classified as $FFRCT \leq 0.8$. A subset had Invasive Coronary Angiography (ICA). Results 561 patients screened, 320 included (60% men, 69 +/- 10 years). Ca+ in 51%, 69% and 50% of CAD-RADS 2, 3 and 4 respectively. There was no difference in the prevalence of $FFRCT \leq 0.8$ between Ca+ and Ca- stenoses for each CAD-RADS categories. No difference was demonstrated in the median maximal stenoses FFRCT or end-vessel FFRCT within CAD-RADS 2 and 4. CAD-RADS 3 Ca+ had a lower FFRCT (maximal stenosis $p = .02$, end-vessel $p = .005$) vs Ca-. No difference in the prevalence of obstructive disease at ICA between predominantly Ca+ and Ca- for any CAD-RADS category. Conclusion There was no difference in median FFRCT values or rate of obstructive disease at ICA between Ca+ and Castenosis in both CAD-RADS 2 and 4. Ca+ CAD-RADS 3 was suggestive of an underestimation based on FFRCT but not corroborated at ICA.

172. **NON-GATED CT PRIOR TO CTCA, AVOIDING LAYERED TESTING.**

Item Type: Journal Article

Authors: Murphy, D.;Rodrigues, J. C. L.;Stephenson, J.;Hudson, B.;Khavandi, A.;Bouhbib, Y. and Stephen, L.

Publication Date: 2023

Journal: Heart Conference, pp. Brtsh

Abstract: Introduction Coronary artery calcification (CAC) is indicative of atherosclerosis and is readily apparent on non-gated CT images with the chest in the field of view. Semi-

quantitative reporting of this CAC on non-gated CT is national guidance. CAC can negatively impact computed tomography coronary angiography (CTCA) quality, sometimes precluding luminal assessment. We sought to determine what proportion of referrals for CTCA had previous CAC on non-gated CT and how this impacted CTCA diagnostic yield and the need for layered testing. Methods Retrospective review of CTCAs carried out between 01/05/2018 and 31/05/2020 was cross referenced for previous non-gated CT at our institution, the Royal United Hospitals Bath. CAC of the major epicardial vessels of non-gated CT was evaluated by published semi-quantitative methods (0=none, 1=mild, 2=moderate, 3=severe), in addition to a cumulative CAC score (mild=1-3, moderate=4-6, severe>6). Subsequent complete diagnostic yield of the CTCA and any further testing was examined. Results 2150 CTCAs were identified, 250 with a preceding non-gated CT. 56% female, age 62+/-12 years. Of the 250 cases, 132 had no CAC, 78 mild, 25 moderate and 15 severe. In the 132 cases with no CAC on previous non-gated CTs the complete diagnostic rate at CTCA was 95% with 0% layered testing. For mild it was 81% and 25%, moderate 48% and 50% and for severe 40% and 29% respectively (p<0.001). Such testing was in the absence of obstructive CAD elsewhere. Conclusions Previous non-gated CT imaging may be useful to determine the likelihood of achieving a complete CTCA evaluation. It may offer a serendipitous opportunity to redirect diagnostic pathways to avoid costly layered testing, multiple appointments and delay to diagnosis.

173. Investigating the impact of non-gated thoracic CT prior to CTCA to reduce layered testing

Item Type: Journal Article

Authors: Murphy, D.;Stephenson, J.;Bouhbib, Y.;Graby, J.;Khavandi, A.;Lyen, S.;Hudson, B. and Rodrigues, J. C. L.

Publication Date: 2023

Journal: Clinical Radiology 78(12), pp. 947-954

Abstract: Aim: To determine the proportion of computed tomography (CT) coronary angiography (CTCA) referrals with coronary artery calcification (CAC) evident on previous non-cardiac CT imaging and how this impacted the diagnostic yield for CTCA, the requirement for additional diagnostic testing, and the associated costs to confirm or refute obstructive coronary artery disease (CAD).; Materials and Methods: A retrospective review of CTCA examinations was undertaken between 01/05/2018 and 31/05/2020 in which the examinations were cross referenced for previous non-gated thoracic CT at Royal United Hospitals Bath. Major epicardial vessel CAC on baseline CT was re-evaluated by published semi-quantitative methods, giving a per-patient CAC score (mild = 1-3, moderate = 4-6, severe >6). Subsequent incomplete CTCA diagnostic yield, further testing, and cost implications were examined.; Results: Of the 2140 CTCA examinations identified, 13% (280/2140) had a preceding non-gated thoracic CT (53% female, age 63 ± 11 years). The incomplete diagnostic rate increased with CAC grade, mild 32%, (RR 12; 95% CI 4-40), moderate 64% (RR 25; 95% CI 8-80), severe 75%, (RR 29; 95% CI 9-94). Additional diagnostic testing occurred in 4% for the mild CAC category, and 14% and 42% for moderate and severe, respectively. When severe CAC was identified on a non-gated thoracic CT a cost saving of £171/patient (dobutamine stress echo DSE]) and £61/patient (myocardial perfusion scintigraphy MPS]) was established with a direct to functional testing pathway.; Conclusions: In patients referred for CTCA where severe CAC was identified on a preceding non-gated thoracic CT a direct to functional testing altered management in 42% of cases and was cost-effective. (Copyright © 2023. Published by Elsevier Ltd.)

DOI: 10.1016/j.crad.2023.08.016

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37718182&custid=ns010877>

174. Predictors of mortality in periprosthetic fractures of the hip: Results from the national PPF study.

Item Type: Journal Article

Authors: Nasser, A. A. H. H.;Prakash, R.;Handford, C.;Osman, K.;Chauhan, G. S.;Nandra, R.;Mahmood, A.;Dewan, V.;Davidson, J.;AlAzzawi, M.;Smith, C.;Gawad, M.;Palaiologos, I.;Cuthbert, R.;Wignadasan, W.;Banks, D.;Archer, J.;Odeh, A.;Moore, T.;Tahir, M., et al

Publication Date: 2023

Journal: Injury 54(12) (pagination), pp. Arte Number: 111152. Date of Publication: December 2023

Abstract: Introduction: Periprosthetic fractures (PPFs) around the hip joint are increasing in prevalence. In this collaborative study, we aimed to investigate the impact of patient demographics, fracture characteristics, and modes of management on in-hospital mortality of PPFs involving the hip.

175. Inpatient resources used in organic versus functional neurological disorders.

Item Type: Journal Article

Authors: Newman, H.;Greig, T. and O'Gara, M.

Publication Date: 2023

Journal: Progress in Neurology and Psychiatry 27(1), pp. 19-23

Abstract: Patients with functional neurological symptoms (FNS) such as functional weakness and non-epileptic attacks may present to acute hospital services. However, there are few good data on the proportion of neurological admissions they account for, or the utilisation of inpatient resources associated with them.

176. Three-year trends in out-of-hospital cardiac arrest across the world: Second report from the International Liaison Committee on Resuscitation (ILCOR).

Item Type: Journal Article

Authors: Nishiyama, C.;Kiguchi, T.;Okubo, M.;Alihodzic, H.;AlArabi, R.;Baldi, E.;Beganton, F.;Booth, S.;Bray, J.;Christensen, E.;Cresta, R.;Finn, J.;Grasner, J. T.;Jouven, X.;Kern, K. B.;Maconochie, I.;Masterson, S.;McNally, B.;Nolan, J. P.;Eng Hock Ong, M., et al

Publication Date: 2023

Journal: Resuscitation 186(pagination), pp. Arte Number: 109757. Date of Publication: May 2023

Abstract: Background: The International Liaison Committee on Resuscitation (ILCOR) Research and Registries Working Group previously reported data on systems of care and

outcomes of out-of-hospital cardiac arrest (OHCA) in 2015 from 16 national and regional registries. To describe the temporal trends with updated data on OHCA, we report the characteristics of OHCA from 2015 through 2017.

177. Peri-operative decisions about cardiopulmonary resuscitation among adults as reported to the 7th National Audit Project of the Royal College of Anaesthetists

Item Type: Journal Article

Authors: Nolan, J. P.; Soar, J.; Kane, A. D.; Moppett, I. K.; Armstrong, R. A.; Kursumovic, E. and Cook, T. M.

Publication Date: 2023

Journal: Anaesthesia

Abstract: Current guidance recommends that, in most circumstances, cardiopulmonary resuscitation should be attempted when cardiac arrest occurs during anaesthesia, and when a patient has a pre-existing 'do not attempt cardiopulmonary resuscitation' recommendation, this should be suspended. How this guidance is translated into everyday clinical practice in the UK is currently unknown. Here, as part of the 7th National Audit Project of the Royal College of Anaesthetists, we have: assessed the rates of pre-operative 'do not attempt cardiopulmonary resuscitation' recommendations via an activity survey of all cases undertaken by anaesthetists over four days in each participating site; and analysed our one-year case registry of peri-operative cardiac arrests to understand the rates of cardiac arrest in patients who had 'do not attempt cardiopulmonary resuscitation' decisions pre-operatively. In the activity survey, among 20,717 adults (aged > 18 y) undergoing surgery, 595 (3%) had a 'do not attempt cardiopulmonary resuscitation' recommendation pre-operatively, of which less than a third (175, 29%) were suspended. Of the 881 peri-operative cardiac arrest reports, 54 (6%) patients had a 'do not attempt cardiopulmonary resuscitation' recommendation made pre-operatively and of these 38 (70%) had a clinical frailty scale score ≥ 5 . Just under half (25, 46%) of these 'do not attempt cardiopulmonary resuscitation' recommendations were formally suspended at the time of anaesthesia and surgery. One in five of these patients with a 'do not attempt cardiopulmonary resuscitation' recommendation who had a cardiac arrest survived to leave hospital and of the seven patients with documented modified Rankin Scale scores before and after cardiac arrest, four remained the same and three had worse scores. Very few patients who had a pre-existing 'do not attempt cardiopulmonary resuscitation' recommendation had a peri-operative cardiac arrest, and when cardiac arrest did occur, return of spontaneous circulation was achieved in 57%, although > 50% of these patients subsequently died before discharge from hospital. (© 2023 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.16179

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37991058&custid=ns010877>

178. Editorial: cardiopulmonary resuscitation.

Item Type: Journal Article

Authors: Nolan, J. P.

Publication Date: 2023

Journal: Current Opinion in Critical Care 29(3), pp. 153-154

179. **Out-of-hospital cardiac arrest.**

Item Type: Journal Article

Authors: Nolan, J. P.;Berg, K. M. and Bray, J. E.

Publication Date: 2023

Journal: Intensive Care Medicine 49(4), pp. 447-450

180. **Advances in screening and diagnostic lab-on-chip tools for gynaecological cancers-a review.**

Item Type: Journal Article

Authors: Nujhat, S.;Leese, H. S.;Di Lorenzo, M.;Bowen, R. and Moise, S.

Publication Date: 2023

Journal: Artificial Cells, Nanomedicine and Biotechnology 51(1), pp. 618-629

Abstract: Gynaecological cancers are a major global health concern due to the lack of effective screening programmes for ovarian and endometrial cancer, for example, and variable access to vaccination and screening tests for cervical cancer in many countries. Recent research on portable and cost-effective lab-on-a-chip (LoC) technologies show promise for mass screening and diagnostic procedures for gynaecological cancers. However, most LoCs for gynaecological cancer are still in development, with a need to establish and clinically validate factors such as the type of biomarker, sample and method of detection, before patient use. Multiplex approaches, detecting a panel of gynaecological biomarkers in a single LoC, offer potential for more reliable diagnosis. This review highlights the current research on LoCs for gynaecological cancer screening and diagnosis, emphasizing the need for further research and validation prior to their widespread adoption in clinical practice.

181. **Dysphagia-optimised intensity-modulated radiotherapy versus standard intensity-modulated radiotherapy in patients with head and neck cancer (DARS): a phase 3, multicentre, randomised, controlled trial.**

Item Type: Journal Article

Authors: Nutting, C.;Finneran, L.;Roe, J.;Sydenham, M. A.;Beasley, M.;Bhide, S.;Boon, C.;Cook, A.;De Winton, E.;Emson, M.;Foran, B.;Frogley, R.;Petkar, I.;Pettit, L.;Rooney, K.;Roques, T.;Srinivasan, D.;Tyler, J.;Hall, E.;Oliveros, S., et al

Publication Date: 2023

Journal: The Lancet Oncology 24(8), pp. 868-880

Abstract: Background: Most newly diagnosed oropharyngeal and hypopharyngeal cancers are treated with chemoradiotherapy with curative intent but at the consequence of adverse effects on quality of life. We aimed to investigate if dysphagia-optimised intensity-modulated radiotherapy (DO-IMRT) reduced radiation dose to the dysphagia and aspiration related structures and improved swallowing function compared with standard IMRT.

182. 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: 2023

Journal: Proceedings of the Nutrition Society 82(4), pp. 487

DOI: 10.1017/S0029665122000787

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=174324256&custid=ns010877>

183. Impact of Adjuvant Abemaciclib on Service Provision within a District General Hospital Cancer Centre.

Item Type: Journal Article

Authors: Odding, Y. and Barnes, P.

Publication Date: 2023a

Journal: Clinical Oncology.Conference: UK Breast Cancer Group (UKBCG) 10th Annual Meeting.London United Kingdom 35(6), pp. e418-e419

Abstract: Purpose: Two years of adjuvant abemaciclib with endocrine therapy was approved by NICE [1] in July 2022 for hormone receptor-positive (HR+) HER2-negative (HER2-) node-positive early breast cancer (EBC) at high-risk of recurrence. There is concern around additional oncology service provision needs of this cohort who would previously have been discharged to surveillance. We have therefore reviewed our service to estimate the impact of this additional treatment on projected service provision needs.

184. Myocardial oedema in the setting of immersion pulmonary oedema - Cause or effect?.

Item Type: Journal Article

Authors: Oldman, J.;Morwood, S.;Willis, J. and Augustine, D. X.

Publication Date: 2023

Journal: BMJ Case Reports 16(1) (pagination), pp. Arte Number: e251274. ate of Pubaton: 09 Jan 2023

Abstract: Immersion pulmonary oedema (IPE) is an under-reported and poorly understood phenomenon thought to be related to exercise-induced haemodynamic changes while submerged in water. Previous work has demonstrated reversible myocardial dysfunction during acute episodes. We present a case of IPE with concomitant, transient, left ventricular myocardial oedema characterised via MRI. This is a novel finding and may be evidence of left ventricular strain due to pressure overload or secondary to a subclinical myocarditis.

185. Acute flaccid myelitis: not uncommon in rural Uganda?

Item Type: Journal Article

Authors: Olum, Sam;Scolding, Charlotte;Omona, Venice;Jackson, Kansiime and Scolding, Neil

Publication Date: 2023

Journal: Brain Communications 5(5), pp. fcad246

Abstract: Acute Flaccid Myelitis is a paralytic illness with significant similarities to poliomyelitis, and which affects predominantly children. It was first fully delineated only in 2014 in the USA, occurring in epidemic clusters with a likely overall increasing incidence. It has subsequently rapidly been identified in Europe, the UK, and Australasia and the Far East, confirming it to be an emerging, global, infectious neurological disease. It has, however, been very little studied in low- and middle-income countries-reflecting partly of the global imbalance in science and medical research, and partly the extremely low provision of neurological care in most low- and middle-income countries: Uganda currently has no specialized neurology services outside the capital Kampala. During extended visits over a 2-year period with involvement in acute adult and paediatric internal medicine, one of us (NS) encountered at least six new patients with acute flaccid myelitis, suggesting that both the geographical reach and the frequency of the disorder may be significantly greater than previously thought. Here, these cases are described together with their clinical features and, where available, course and (limited) investigation results. These observations have significant implications concerning the current, and potentially the future geographical spread of the disease, and its clinical phenomenology. In addition, they highlight serious problems concerning the global applicability of the current Acute Flaccid Myelitis diagnostic criteria.; Competing Interests: None of the authors has any competing interests to declare. (© The Author(s) 2023. Published by Oxford University Press on behalf of the Guarantors of Brain.)

DOI: 10.1093/braincomms/fcad246

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37860825&custid=ns010877>

186. 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, J. P.;Edwards, S. W.;Alber, F. D.;Hancock, E.;Johnson, A. L.;Kennedy, C. R.;Likeman, M.;Lux, A. L.;Mackay, M.;Mallick, A.;Newton, R. W.;Nolan, M.;Pressler, R.;Rating, D.;Schmitt, B.;Verity, C. M. and O'Callaghan, F. K.

Publication Date: 2023

Journal: European Journal of Paediatric Neurology 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).

187. **Journal club.**

Item Type: Journal Article

Authors: Page, J. W.

Publication Date: 2023

Journal: Thorax 78(9), pp. 948

188. **Author Correction: GWAS and meta-analysis identifies 49 genetic variants underlying critical COVID-19 (Nature, (2023), 617, 7962, (764-768), 10.1038/s41586-023-06034-3).**

Item Type: Journal Article

Authors: PairoCastineira, E.;Rawlik, K.;Bretherick, A. D.;Qi, T.;Wu, Y.;Nassiri, I.;McConkey, G. A.;Klaric, L.;Kousathanas, A.;Richmond, A.;Malinauskas, T.;Thwaites, R.;Morrice, K.;Maslove, D.;Semple, M. G.;Knight, J.;Hinds, C.;Horby, P.;Ling, L.;McAuley, D., et al

Publication Date: 2023a

Journal: Nature 619(7971), pp. E61

Abstract: Correction to: Nature Published online 17 May 2023 In the version of this article initially published, the name of Ana Margarita Baldion-Elorza, of the SCOURGE Consortium, appeared incorrectly (as Ana Maria Baldion) and has now been amended in the HTML and PDF versions of the article.

189. **GWAS and meta-analysis identifies 49 genetic variants underlying critical COVID-19.**

Item Type: Journal Article

Authors: PairoCastineira, E.;Rawlik, K.;Bretherick, A. D.;Qi, T.;Wu, Y.;Nassiri, I.;McConkey, G. A.;Klaric, L.;Kousathanas, A.;Richmond, A.;Malinauskas, T.;Thwaites, R.;Morrice, K.;Maslove, D.;Semple, M. G.;Knight, J.;Hinds, C.;Horby, P.;Ling, L.;McAuley, D., et al

Publication Date: 2023b

Journal: Nature 617(7962), pp. 764-768

Abstract: Critical illness in COVID-19 is an extreme and clinically homogeneous disease phenotype that we have previously shown¹ to be highly efficient for discovery of genetic associations². Despite the advanced stage of illness at presentation, we have shown that

host genetics in patients who are critically ill with COVID-19 can identify immunomodulatory therapies with strong beneficial effects in this group³. Here we analyse 24,202 cases of COVID-19 with critical illness comprising a combination of microarray genotype and whole-genome sequencing data from cases of critical illness in the international GenOMICC (11,440 cases) study, combined with other studies recruiting hospitalized patients with a strong focus on severe and critical disease: ISARIC4C (676 cases) and the SCOURGE consortium (5,934 cases). To put these results in the context of existing work, we conduct a meta-analysis of the new GenOMICC genome-wide association study (GWAS) results with previously published data. We find 49 genome-wide significant associations, of which 16 have not been reported previously. To investigate the therapeutic implications of these findings, we infer the structural consequences of protein-coding variants, and combine our GWAS results with gene expression data using a monocyte transcriptome-wide association study (TWAS) model, as well as gene and protein expression using Mendelian randomization. We identify potentially druggable targets in multiple systems, including inflammatory signalling (JAK1), monocyte-macrophage activation and endothelial permeability (PDE4A), immunometabolism (SLC2A5 and AK5), and host factors required for viral entry and replication (TMPRSS2 and RAB2A).

190. Neurological presentation of profound hypothyroidism

Item Type: Journal Article

Authors: Paisey, Christopher and Chohan, Gurjit

Publication Date: 2023

Journal: Practical Neurology

Abstract: Competing Interests: Competing interests: None declared.

DOI: 10.1136/pn-2023-003859

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37714702&custid=ns010877>

191. Is the level of varicella-zoster virus IgG associated with symptomatic status of genital herpes simplex virus infection? A case-control study

Item Type: Journal Article

Authors: Palmer, Bret S.;Tang, Alan;Winchester, Stephen;Atkins, Mark;Barton, Simon and Kelleher, Peter

Publication Date: 2023

Journal: International Journal of STD & AIDS , pp. 9564624231221172

Abstract: Background: Herpes simplex virus (HSV) is a common infection, affecting the majority of the population by age of 50. Recurrent symptomatic outbreaks, experienced by a minority, have significant psychological and psychosexual effects. The varicella zoster virus (VZV), resembling HSV, shows potential for a functional cure via vaccination. This study seeks to investigate if there is an association between low VZV antibody levels and recurrent HSV outbreaks.; Methods: A total of 110 patients with symptomatic and asymptomatic HSV were recruited during their sexual health screen. Serum samples were collected between Aug 2019 - July 2022; breaks in the study occurred due to COVID. The primary outcome measure was the serological status of HSV and VZV IgG titre level.;

Results: The average age was 37.3 years (range 21-65 years). For people with asymptomatic genital HSV2 the average VZV IgG titre was 2373.9 IU/mL (n = 17); and 1219.0 IU/mL for the symptomatic group (n = 67); $p \leq 0.00001$), with similar results for HSV1.; Conclusion: There is a strong association between average higher varicella-zoster virus (VZV) IgG level and being an asymptomatic carrier of herpes simplex virus (HSV)1&2. A feasibility study to assess the use of the VZV vaccine as a treatment of HSV is planned.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DOI: 10.1177/09564624231221172

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38093464&custid=ns010877>

192. Expedited transfer to a cardiac arrest centre for non-ST-elevation out-of-hospital cardiac arrest (ARREST): a UK prospective, multicentre, parallel, randomised clinical trial.

Item Type: Journal Article

Authors: Patterson, T.;Perkins, G. D.;Perkins, A.;Clayton, T.;Evans, R.;Dodd, M.;Robertson, S.;Wilson, K.;MellettSmith, A.;Fothergill, R. T.;McCrone, P.;Dalby, M.;MacCarthy, P.;Firoozi, S.;Malik, I.;Rakhit, R.;Jain, A.;Nolan, J. P.;Redwood, S. R.;Perera, D., et al

Publication Date: 2023

Journal: The Lancet 402(10410), pp. 1329-1337

Abstract: Background: The International Liaison Committee on Resuscitation has called for a randomised trial of delivery to a cardiac arrest centre. We aimed to assess whether expedited delivery to a cardiac arrest centre compared with current standard of care following resuscitated cardiac arrest reduces deaths.

193. Changes in background characteristics and risk factors among SIDS infants in England: Cohort comparisons from 1993 to 2020.

Item Type: Journal Article

Authors: Pease, A.;Turner, N.;Ingram, J.;Fleming, P.;Patrick, K.;Williams, T.;Sleep, V.;Pitts, K.;Luyt, K.;Ali, B. and Blair, P.

Publication Date: 2023

Journal: BMJ Open 13(10) (pagination), pp. Arte Number: e076751. ate of Pubaton: 13 Ot 2023

Abstract: Objectives Using the National Child Mortality Database, this work aims to investigate background characteristics and risk factors in the sleeping environment associated with sudden infant death syndrome (SIDS) and compare the prevalence with previous English SIDS case-control studies. Design Cohort of SIDS in 2020 compared with a combined analysis of two case-control studies conducted in 1993-1996 and 2003-2006. Setting England, UK Participants 138 SIDS deaths in 2020 compared with 402 SIDS deaths and 1387 age-equivalent surviving controls, combined from previous studies. Results The increased vulnerability of SIDS infants identified in previous studies has become more

marked. The infants who died in 2020 were younger (median=66 days (IQR: 34-118) vs 86 days (IQR: 52-148), $p=0.003$) with an increased prevalence of low birth weight (30.5% vs 21.6%, $p=0.04$) and preterm births (29.6% vs 19.3%, $p=0.012$). The excess of socioeconomically deprived families, male infants and high levels of maternal smoking during pregnancy were still evident. Among recent deaths, fewer infants were put down or found on their side; however, there was no significant change in the proportion of infants who were put down (15.6% vs 14.6%, $p=0.81$) and found prone (40.4% vs 35.3%, $p=0.37$), despite population wide risk reduction advice over three decades. The proportional increase observed in 2003-2006 of half the deaths occurring while sleeping next to an adult was maintained in 2020, and for the vast majority (90%), this was in hazardous circumstances (adult had consumed alcohol, smoked, slept on a sofa, or the infant was premature or low birth weight and less than 3 months old). More deaths also occurred when there was a disruption in infant care routine compared with previous observations (52.6% vs 20.7%, $p<0.001$). Conclusions A more targeted approach is needed with vulnerable families emphasising the importance of sleeping infants on their back and proactive planning infant sleep when there are disruptions to the normal routine, in particular to avoid hazardous co-sleeping.

194. Use of videolaryngoscopy as the first option for all tracheal intubations: technical benefits and a simplified algorithm for airway management.

Item Type: Journal Article

Authors: Penketh, J.; Kelly, F. E. and Cook, T. M.

Publication Date: 2023

Journal: British Journal of Anaesthesia 130(4), pp. e425-e426

195. Response to: In-hospital cardiac arrest: evidence and specificities of perioperative cardiac arrest.

Item Type: Journal Article

Authors: Penketh, J. and Nolan, J. P.

Publication Date: 2023a

Journal: Critical Care 27(1) (pagination), pp. Arte Number: 22. ate of Pubaton: eember 2023

196. Airway management during cardiac arrest.

Item Type: Journal Article

Authors: Penketh, J. and Nolan, J. P.

Publication Date: 2023b

Journal: Current Opinion in Critical Care 29(3), pp. 175-180

Abstract: Purpose of review: Despite improvements over time, cardiac arrest continues to be associated with high rates of mortality and morbidity. Several methods can be used to achieve airway patency during cardiac arrest, and the optimal strategy continues to be debated. This review will explore and summarize the latest published evidence for airway management during cardiac arrest. Recent findings: A large meta-analysis of out-of-hospital cardiac arrest (OHCA) patients found no difference in survival between those receiving tracheal intubation and those treated with a supraglottic airway (SGA). Observational studies of registry data have reported higher survival to hospital discharge in patients receiving tracheal intubation or an SGA but another showed no difference. Rates of intubation during in-hospital cardiac arrest have decreased in the United States, and different airway strategies appear to be used in different centres.

197. **Post-Cardiac Arrest Syndrome.**

Item Type: Journal Article

Authors: Penketh, J. and Nolan, J. P.

Publication Date: 2023c

Journal: Journal of Neurosurgical Anesthesiology 35(3), pp. 260-264

Abstract: Post-cardiac arrest syndrome (PCAS) is a multicomponent entity affecting many who survive an initial period of resuscitation following cardiac arrest. This focussed review explores some of the strategies for mitigating the effects of PCAS following the return of spontaneous circulation. We consider the current evidence for controlled oxygenation, strategies for blood-pressure targets, the timing of coronary reperfusion, and the evidence for temperature control and treatment of seizures. Despite several large trials investigating specific strategies to improve outcomes after cardiac arrest, many questions remain unanswered. Results of some studies suggest that interventions may benefit specific subgroups of cardiac arrest patients, but the optimal timing and duration of many interventions remain unknown. The role of intracranial pressure monitoring has been the subject of only a few studies, and its benefits remain unclear. Research aimed at improving the management of PCAS is ongoing.

198. **Use of videolaryngoscopy as the first option for all tracheal intubations: technical benefits and a simplified algorithm for airway management**

Item Type: Journal Article

Authors: Penketh, James; Kelly, Fiona E. and Cook, Timothy M.

Publication Date: 2023

Journal: British Journal of Anaesthesia 130(4), pp. e425-e426

DOI: 10.1016/j.bja.2022.12.023

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36740531&custid=ns010877>

199. **Response to: In-hospital cardiac arrest: evidence and specificities of perioperative cardiac arrest**

Item Type: Journal Article

Authors: Penketh, James and Nolan, Jerry P.

Publication Date: 2023a

Journal: Critical Care 27(1), pp. 1-2

DOI: 10.1186/s13054-023-04314-y

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161348129&custid=ns010877>

200. **Post-Cardiac Arrest Syndrome**

Item Type: Journal Article

Authors: Penketh, James and Nolan, Jerry P.

Publication Date: 2023b

Journal: Journal of Neurosurgical Anesthesiology 35(3), pp. 260-264

Abstract: Post-cardiac arrest syndrome (PCAS) is a multicomponent entity affecting many who survive an initial period of resuscitation following cardiac arrest. This focussed review explores some of the strategies for mitigating the effects of PCAS following the return of spontaneous circulation. We consider the current evidence for controlled oxygenation, strategies for blood-pressure targets, the timing of coronary reperfusion, and the evidence for temperature control and treatment of seizures. Despite several large trials investigating specific strategies to improve outcomes after cardiac arrest, many questions remain unanswered. Results of some studies suggest that interventions may benefit specific subgroups of cardiac arrest patients, but the optimal timing and duration of many interventions remain unknown. The role of intracranial pressure monitoring has been the subject of only a few studies, and its benefits remain unclear. Research aimed at improving the management of PCAS is ongoing.; Competing Interests: J.P.N. is the Editor-in-Chief of Resuscitation for which he receives an honorarium from Elsevier. J.P. has no conflicts of interest to declare. (Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.)

DOI: 10.1097/ANA.0000000000000921

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37192474&custid=ns010877>

201. **Airway management during cardiac arrest**

Item Type: Journal Article

Authors: Penketh, James and Nolan, Jerry P.

Publication Date: 2023c

Journal: Current Opinion in Critical Care 29(3), pp. 175-180

DOI: 10.1097/MCC.0000000000001033

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=163487077&custid=ns010877>

202. Complications of local anaesthetic transperineal ultrasound-guided prostate biopsy: A systematic literature review

Item Type: Journal Article

Authors: Perneta, Nelson;Tims, Rachel and Simmons, Lucy A. M.

Publication Date: 2023

Journal: International Journal of Urological Nursing 17(3), pp. 246-257

Abstract: The prostate cancer pathway has evolved rapidly over the last decade responding to evidence-based recommendations. These changes were accelerated further over the last 5 years due to the Covid-19 pandemic and the antibiotic stewardship policies regarding nosocomial/iatrogenic infections. Local anaesthetic transperineal ultrasound-guided biopsy is a relatively new technique that became gold-standard practice for prostate cancer diagnosis due to decreased sepsis rates. However, data that justified its implementation was more focused on its efficacy and clinically significant cancer detection rates, lacking robust methodological complications data, including in some cases the utilization of validated tools to assess complications. In patients subjected to local anaesthetic transperineal ultrasound-guided prostate biopsies, what are the most recent reported complications? This systematic literature review followed Bettany-Saltikov and McSherry's Manual guidance for systematic literature reviews. Patient/target, Intervention, Comparison, Outcome (PICO) research method, and Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) were used to structure the search strategy and report results. This review was conducted using PubMed/Medline, Excerpta Medica database (EMBASE), and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases. Inclusion criteria focused on recent studies which matched current national and international prostate cancer pathway guidelines (National Institute for Health and Care Excellence and European Association of Urology). Quality assessments were performed using Critical Appraisal Skills Programme checklists. Four cohort studies were included in this review. A total of 946 men were submitted to local anaesthetic transperineal prostate biopsy. Patient experience showed procedure was tolerated with the most painful part of the procedure being local anaesthetic infiltration with Visual Analogue Score variation 2–5]. Few complications were reported. Haematuria had broad definitions across studies, being difficult to interpret the results of this complication. Only one case reported gross haematuria leading to acute urinary retention. Historically, acute urinary retention was mentioned as one of the main adverse effects of transperineal biopsies. However, in this systematic literature review it had similar incidence as transrectal biopsies, particularly when local anaesthesia was utilized. Lower urinary tract symptoms and erectile dysfunction seemed to not be affected by prostate biopsy procedures, however, more data is required as only two studies addressed these issues. Six urinary tract infection patients were reported (0.63%), and one urosepsis case (0.10%). This seems to demonstrate few urinary infections occur and fewer sepsis cases, particularly when compared with transrectal biopsies data, concurring with previous research. Marginal difference was noted between infection rates with or without antibiotic prophylaxis. Local anaesthetic transperineal ultrasound-guided prostate biopsies seem to remain a safe procedure from a complications rate point of view. It has been proven before to have fewer urinary tract infections and sepsis episodes. Low-risk patients can have LATPUS biopsies without antibiotic prophylaxis. High-risk patients need clinician assessment and judicious utilization of antibiotics. Other complications require further studies with standardized biopsy techniques,

clear complication definitions, and use of validated tools to measure complications.

DOI: 10.1111/ijun.12374

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=173014001&custid=ns010877>

203. Are Britain's rivers safe for family recreational activities in 2023?.

Item Type: Journal Article

Authors: Philip, E.;Finlay, F. and Talbot, J.

Publication Date: 2023

Journal: Archives of Disease in Childhood 108(8), pp. 686-687

204. Therapeutic dilemmas: cognitive enhancers and risk of falling in older adults-a clinical review

Item Type: Journal Article

Authors: Portlock, Gabbie E.;Smith, Matthew D.;van Poelgeest, Eveline,P. and Welsh, Tomas James

Publication Date: 2023

Journal: European Geriatric Medicine 14(4), pp. 721-732

Abstract: Purpose: Cognitive enhancers are the primary pharmacological therapy prescribed to those with dementia, comprising of memantine and the acetylcholinesterase inhibitors (AChEIs). The long-term cognitive and behavioural benefits of these medications, as well as their potential contribution to falls is currently debated, with recent Delphi studies being unable to reach consensus on whether these medications should be deprescribed. In this narrative clinical review, as part of a series on deprescribing in people at risk of falls, we explore the potential falls-related side effects experienced in people taking cognitive enhancers, alongside situations where deprescribing may be appropriate.; Methods: We undertook a literature search of PubMed and Google Scholar, using terms capturing falls and cognitive enhancers, as well as consulting the British National Formulary and published Summary of Medicinal Product Characteristics. These searches informed the subsequent clinical review.; Results: Cognitive enhancers should be subject to regular review, including confirmation of appropriate treatment indication, and occurrence of side effects in the context of falls. AChEIs, in particular, are associated with a broad range of side effects that can contribute to increased falls risk. These include bradycardia, syncope and neuromuscular effects. Where these have been identified, deprescribing should be considered, as well as alternative treatment options. Deprescribing studies have shown mixed results, likely due to considerable methodological heterogeneity. Several suggested guidelines exist to aid deprescribing decisions, many of which are highlighted in this review.; Conclusions: The use of cognitive enhancers should be regularly reviewed and decisions to deprescribe made on a case-by-case basis, considering both the risks and benefits of stopping these medications. (© 2023. The Author(s).)

DOI: 10.1007/s41999-023-00821-x

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

=37418063&custid=ns010877

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

Item Type: Journal Article

Authors: Potter, T.;Cronin, J. N.;Kua, J.;Nurmi, E.;Wong, D. J. N.;Ahmad, I.;Cook, T. M. and El-Boghdadly, K.

Publication Date: 2023a

Journal: Anaesthesia 78(1), pp. 23-35

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. (© 2022 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.15851

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36070622&custid=ns010877>

206. P-63 Real-world UK retrospective multi-centre review of the use of G-CSF in the prevention of chemotherapy-induced neutropenia in patients with CRC receiving trifluridine/tipiracil.

Item Type: Journal Article

Authors: Purcell, I.;Brooks, H.;Gangadhara, S.;Kunene, V.;Teo, P.;Malik, M.;Bell, L. and Potter, V.

Publication Date: 2023

Journal: Annals of Oncology.Conference: ESMO Virtual Plenary.Virtual 34(Supplement 1) (pp S36), pp. ate of Pubaton: June 2023

Abstract: Background: Trifluridine/tipiracil is usually well tolerated, but neutropenia affects nearly 40% of patients, causing dose delays and reductions. This leads to patient anxiety, repeated blood testing, and increased strain on outpatient capacity. There is no published guidance on the use of G-CSF for these patients, and practice has varied significantly. During 2020-2021, NICE relaxed guidance relating to the use of prophylactic G-CSF alongside chemotherapy to reduce rates of neutropenia, due to the COVID pandemic. We elected to review the use of prophylactic G-CSF in patients receiving trifluridine/tipiracil
Methods: Data were collected across 5 UK sites. Patients having initiated trifluridine/tipiracil and received at least 2 cycles of treatment between 31 August 2019 and 1 September 2021 were included. Data cut off for follow-up was 1 April 2022. Data were collected using Servier's CRC Audit tool, an adapted Excel sheet.

207. Anaphylactic Responses to Neuromuscular Blockade Drugs and Reversal Drugs.

Item Type: Journal Article

Authors: Quayle, A. C. and Cook, T. M.

Publication Date: 2023

Journal: Current Anesthesiology Reports 13(4), pp. 219-228

Abstract: Purpose of Review: This review discusses the incidence of anaphylaxis to neuromuscular blockade drugs (NMBDs), the mechanism and clinical features, as well as theories around sensitisation (including the pholcodine hypothesis), the developing area of anaphylaxis to reversal agents, and testing practices. Recent Findings: The incidence and characteristics of anaphylaxis to NMBDs have recently been better established by large observational studies. In addition to the well-established IgE-mediated mechanism, new research has highlighted other mechanisms, including the mast cell receptor "MRGPRX2." Sensitisation through other pharmacological, environmental, or occupational exposure appears to exist, with a body of evidence implicating pholcodine resulting in its recent withdrawal from the European market. The impact of this is awaited. Sugammadex has become an increasing area of focus. Whilst initially proposed as a potential treatment for anaphylaxis, the weight of evidence does not support this and importantly sugammadex has emerged as a cause of anaphylaxis.

208. Relapse after cessation of weekly tocilizumab for giant cell arteritis: a multicentre service evaluation in England.

Item Type: Journal Article

Authors: Quick, V.;Abusalameh, M.;Ahmed, S.;Alkoky, H.;Bukhari, M.;Carter, S.;Coath, F. L.;Davidson, B.;Doddamani, P.;Dubey, S.;Ducker, G.;Griffiths, B.;Gullick, N.;Heaney, J.;Holloway, A.;Htut, E. E. P.;Hughes, M.;Irvine, H.;Kinder, A.;Kurshid, A., et al

Publication Date: 2023

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 11 No 2023

Abstract: OBJECTIVES: The National Health Service in England funds 12months of weekly subcutaneous tocilizumab (qwTCZ) for patients with relapsing or refractory giant cell arteritis (GCA). During the COVID-19 pandemic, some patients were allowed longer treatment. We sought to describe what happened to patients after cessation of qwTCZ.

209. Breastfeeding is a public health priority. Why are we so bad at it?

Item Type: Journal Article

Authors: Rich, Melody

Publication Date: 2023

Journal: MIDIRS Midwifery Digest 33(2), pp. 183-186

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=171906221&custid=ns010877>

210. Maternal intrapartum fluids and neonatal weight loss in the breastfed infant

Item Type: Journal Article

Authors: Rich, Melody;Dowling, Sally and Bray, Isabelle

Publication Date: 2023

Journal: British Journal of Midwifery 31(6), pp. 344-351

Abstract: Background/Aims: Significant weight loss during early life can be of serious concern and assessing weight is key in decisions regarding supplementation. However, supplementation is a significant risk factor for early breastfeeding cessation. Recognising differential causes of weight loss supports identification of genuinely unwell infants and targets practices that support exclusive breastfeeding appropriately. This study's aim was to identify whether maternal fluid balance/load is associated with neonatal weight loss. Methods: The databases CINAHL, MEDLINE, EMBASE, EMCARE were searched for relevant literature. Data were extracted using a structured form based on the Cochrane handbook. Meta-analysis was not possible because of the heterogeneity of all aspects of study design and outcome definitions. Results: Eight studies presented original data. Four reported an association between maternal intravenous fluid intake and neonatal weight loss, and four did not. No two studies collected the same outcome data at the same time, using the same comparator or intervention. Conclusions: Further research is required to clarify the relationship between maternal fluid intake and neonatal weight loss in a clinically useful way.

DOI: 10.12968/bjom.2023.31.6.344

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164009388&custid=ns010877>

211. Dyadic perspectives on loneliness and social isolation among people with dementia and spousal carers: findings from the IDEAL programme

Item Type: Journal Article

Authors: Rippon, Isla;Victor, Christina R.;Martyr, Anthony;Matthews, Fiona E.;Quinn, Catherine;Rusted, Jennifer M.;Jones, Roy W.;Collins, Rachel;van Horik, Jayden;Pentecost, Claire;Allan, Louise and Clare, Linda

Publication Date: 2023

Journal: Aging & Mental Health , pp. 1-9

Abstract: Objectives: This study aims to investigate the impact of self and partner experiences of loneliness and social isolation on life satisfaction in people with dementia and their spousal carers.; Methods: We used data from 1042 dementia caregiving dyads in the Improving the experience of Dementia and Enhancing Active Life (IDEAL) programme cohort. Loneliness was measured using the six-item De Jong Gierveld loneliness scale and social isolation using the six-item Lubben Social Network Scale. Data were analysed using the Actor-Partner Interdependence Model framework.; Results: Self-rated loneliness was associated with poorer life satisfaction for both people with dementia and carers. The initial partner effects observed between the loneliness of the carer and the life satisfaction of the person with dementia and between social isolation reported by the person with dementia and life satisfaction of the carer were reduced to nonsignificance once the quality of the relationship between them was considered.; Discussion: Experiencing greater loneliness and social isolation is linked with reduced life satisfaction for people with dementia and carers. However, having a positive view of the quality of the relationship between them reduced the impact of loneliness and social isolation on life satisfaction. Findings suggest the need to consider the experiences of both the person with dementia and the carer when investigating the impact of loneliness and social isolation. Individual interventions to mitigate loneliness or isolation may enhance life satisfaction for both partners and not simply the intervention recipient.

DOI: 10.1080/13607863.2023.2286618

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38079334&custid=ns010877>

212. Integrating clinical data with AI to optimise decision-making in prostate MRI.

Item Type: Journal Article

Authors: Rix, A.;Da Silva, N. M.;Budd, J.;Yeung, M.;Giganti, F.;Davies, L.;Burn, P.;Hindley, R.;Vasdev, N.;Bradley, A.;Maskell, G.;Andreou, A.;Liyanage, S.;Persad, R.;Aning, J.;Barrett, T.;Hinton, M.;Padhani, A. and Sala, E.

Publication Date: 2023

Journal: Cancer Imaging Conference: 22nd International Cancer Imaging Society Meeting and Annual Teaching Course. London United Kingdom, pp. ate of Pubaton: October 2023

Abstract: Aim Evaluate accuracy of multi-modal decision support models for prostate cancer combining imaging AI, clinical data and PI-RADS scores. Methods MRI, clinical history, histopathology and PI-RADS data were obtained retrospectively from a five-site, multi-vendor, multi-scanner study. 352 patients were used for training, and 235 patients (Gleason grade group (GGG) \geq 2, prevalence 34%) for held-out test. GGG \geq 2 was used as ground truth with MRI-negative patients assumed negative. Multimodal models combining scores from separately-developed multistage MRI analysis AI software, clinical data, and original PI-RADS scores were trained. Sensitivity, specificity and AUC were evaluated at patient level on held-out data, and compared to AI-score and PI-RADS assessment alone. Results PI-RADS scores identified patients with GGG \geq 2 with sensitivity 1.00 (95% CI 1.00-1.00), specificity 0.67 (0.61-0.75) and AUC 0.94 (0.91-0.97). AI detected patients with GGG \geq 2 with sensitivity 0.97 (0.93-1.00), specificity 0.55 (0.47-0.62) and AUC 0.88 (0.84-0.92), using bpMRI data. Combining AI score and TZ-PSA density (PSAD) gave sensitivity 0.95 (0.90-0.99, $p < 0.001$), specificity 0.70 (0.63-0.77, $p < 0.001$) and AUC 0.90 (0.85-0.93,

p = 0.25). Combining AI, PSAD and PI-RADS gave sensitivity 0.99 (0.96-1.00, p < 0.001), specificity 0.83 (0.77-0.89, p < 0.001) and AUC to 0.96 (0.93-0.98, p = 0.003). TZ volume based PSAD had modest additional benefit compared to whole-prostate PSAD. Other variables offered <5% specificity improvements or non-significant benefits. Findings with bpMRI and mpMRI AI models were similar. Conclusion Combining PI-RADS, PSAD and AI scores offers considerable specificity improvement, at similar sensitivity, compared to AI or PI-RADS assessments alone. This could substantially benefit selection of patients for biopsy using MRI.

213. **Psychological therapies delivered remotely for the management of chronic pain (excluding headache) in adults**

Item Type: Journal Article

Authors: Rosser, Benjamin A.;Fisher, Emma;Janjua, Sadia;Eccleston, Christopher;Keogh, Edmund and Duggan, Geoffrey

Publication Date: 2023

Journal: The Cochrane Database of Systematic Reviews 8, pp. CD013863

Abstract: Background: Chronic pain (pain lasting three months or more) is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Common types (excluding headache) include back pain, fibromyalgia, and neuropathic pain. Access to traditional face-to-face therapies can be restricted by healthcare resources, geography, and cost. Remote technology-based delivery of psychological therapies has the potential to overcome treatment barriers. However, their therapeutic effectiveness compared to traditional delivery methods requires further investigation.; Objectives: To determine the benefits and harms of remotely-delivered psychological therapies compared to active control, waiting list, or treatment as usual for the management of chronic pain in adults.; Search Methods: We searched for randomised controlled trials (RCTs) in CENTRAL, MEDLINE, Embase, and PsycINFO to 29 June 2022. We also searched clinical trials registers and reference lists. We conducted a citation search of included trials to identify any further eligible trials.; Selection Criteria: We included RCTs in adults (≥ 18 years old) with chronic pain. Interventions included psychological therapies with recognisable psychotherapeutic content or based on psychological theory. Trials had to have delivered therapy remote from the therapist (e.g. Internet, smartphone application) and involve no more than 30% contact time with a clinician. Comparators included treatment as usual (including waiting-list controls) and active controls (e.g. education).; Data Collection and Analysis: We used standard Cochrane methodological procedures.; Main Results: We included 32 trials (4924 participants) in the analyses. Twenty-five studies delivered cognitive behavioural therapy (CBT) to participants, and seven delivered acceptance and commitment therapy (ACT). Participants had back pain, musculoskeletal pain, opioid-treated chronic pain, mixed chronic pain, hip or knee osteoarthritis, spinal cord injury, fibromyalgia, provoked vestibulodynia, or rheumatoid arthritis. We assessed 25 studies as having an unclear or high risk of bias for selective reporting. However, across studies overall, risk of bias was generally low. We downgraded evidence certainty for primary outcomes for inconsistency, imprecision, and study limitations. Certainty of evidence ranged from moderate to very low. Adverse events were inadequately reported or recorded across studies. We report results only for studies in CBT here. Cognitive behavioural therapy (CBT) versus treatment as usual (TAU) Pain intensity Immediately after treatment, CBT likely demonstrates a small beneficial effect compared to TAU (standardised mean difference (SMD) -0.28, 95% confidence interval (CI) -0.39 to -0.16; 20 studies, 3206 participants; moderate-certainty evidence). Participants receiving CBT are probably more likely to achieve a 30% improvement in pain intensity compared to TAU (23% versus 11%; risk ratio (RR) 2.15, 95% CI 1.62 to 2.85; 5 studies, 1347 participants; moderate-certainty evidence).

They may also be more likely to achieve a 50% improvement in pain intensity (6% versus 2%; RR 2.31, 95% CI 1.14 to 4.66; 4 studies, 1229 participants), but the evidence is of low certainty. At follow-up, there is likely little to no difference in pain intensity between CBT and TAU (SMD -0.04, 95% CI -0.17 to 0.09; 8 studies, 959 participants; moderate-certainty evidence). The evidence comparing CBT to TAU on achieving a 30% improvement in pain is very uncertain (40% versus 24%; RR 1.70, 95% CI 0.82 to 3.53; 1 study, 69 participants). No evidence was available regarding a 50% improvement in pain. Functional disability Immediately after treatment, CBT may demonstrate a small beneficial improvement compared to TAU (SMD -0.38, 95% CI -0.53 to -0.22; 14 studies, 2672 participants; low-certainty evidence). At follow-up, there is likely little to no difference between treatments (SMD -0.05, 95% CI -0.23 to 0.14; 3 studies, 461 participants; moderate-certainty evidence). Quality of life Immediately after treatment, CBT may not have resulted in a beneficial effect on quality of life compared to TAU, but the evidence is very uncertain (SMD -0.16, 95% CI -0.43 to 0.11; 7 studies, 1423 participants). There is likely little to no difference between CBT and TAU on quality of life at follow-up (SMD -0.16, 95% CI -0.37 to 0.05; 3 studies, 352 participants; moderate-certainty evidence). Adverse events Immediately after treatment, evidence about the number of people experiencing adverse events is very uncertain (34% in TAU versus 6% in CBT; RR 6.00, 95% CI 2.2 to 16.40; 1 study, 140 participants). No evidence was available at follow-up. Cognitive behavioural therapy (CBT) versus active control Pain intensity Immediately after treatment, CBT likely demonstrates a small beneficial effect compared to active control (SMD -0.28, 95% CI -0.52 to -0.04; 3 studies, 261 participants; moderate-certainty evidence). The evidence at follow-up is very uncertain (mean difference (MD) 0.50, 95% CI -0.30 to 1.30; 1 study, 127 participants). No evidence was available for a 30% or 50% pain intensity improvement. Functional disability Immediately after treatment, there may be little to no difference between CBT and active control on functional disability (SMD -0.26, 95% CI -0.55 to 0.02; 2 studies, 189 participants; low-certainty evidence). The evidence at follow-up is very uncertain (MD 3.40, 95% CI -1.15 to 7.95; 1 study, 127 participants). Quality of life Immediately after treatment, there is likely little to no difference in CBT and active control (SMD -0.22, 95% CI -1.11 to 0.66; 3 studies, 261 participants; moderate-certainty evidence). The evidence at follow-up is very uncertain (MD 0.00, 95% CI -0.06 to 0.06; 1 study, 127 participants). Adverse events Immediately after treatment, the evidence comparing CBT to active control is very uncertain (2% versus 0%; RR 3.23, 95% CI 0.13 to 77.84; 1 study, 135 participants). No evidence was available at follow-up.; Authors' Conclusions: Currently, evidence about remotely-delivered psychological therapies is largely limited to Internet-based delivery of CBT. We found evidence that remotely-delivered CBT has small benefits for pain intensity (moderate certainty) and functional disability (moderate to low certainty) in adults experiencing chronic pain. Benefits were not maintained at follow-up. Our appraisal of quality of life and adverse events outcomes post-treatment were limited by study numbers, evidence certainty, or both. We found limited research (mostly low to very low certainty) exploring other psychological therapies (i.e. ACT). More high-quality studies are needed to assess the broad translatability of psychological therapies to remote delivery, the different delivery technologies, treatment longevity, comparison with active control, and adverse events. (Copyright © 2023 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37643992&custid=ns010877>

214. **CONFIRMATORY FACTOR ANALYSES OF THE TAMPA SCALE OF KINESIOPHOBIA 11-ITEM VERSION AND PAIN CATASTROPHISING SCALE: A CROSS-SECTIONAL STUDY IN PEOPLE LIVING WITH AXIAL SPONDYLOARTHRITIS.**

Item Type: Journal Article

Authors: Rouse, P. C.;Ingram, T. A.;Standage, M. and Sengupta, R.

Publication Date: 2023

Journal: Rheumatology (United Kingdom) Conference, pp. Brtsh

Abstract: Background/Aims The Fear Avoidance Model (FAM) proposes pain-related fear of movement and pain catastrophising to be prominent psychological experiences that compromise physical function and activity behaviour in people living with chronic pain. Yet, little research has tested the FAM in people living with axial spondyloarthritis (axSpA) despite the evidenced benefits of physical activity and exercise. This study examines the structural aspect of construct validity of the 11-item Tampa Scale of Kinesiophobia (TSK-11) and Pain Catastrophising Sale (PCS) as an important first step, to establish valid measurement tools to effectively test the relevance of the FAM for people with axSpA. Methods An online survey was distributed via the National Axial Spondyloarthritis Society including the TSK-11 and PCS. Ninetyeight people with axSpA (M Age = 45.62 SD= 12.16, M BASFI = 3.7 SD = 2.60, Female = 70%, NSAID use = 58.76%, bDMARDS use = 62.24%) completed the survey (December 2020- April 2021). Internal consistency was examined via Cronbach alpha values and confirmatory factor analysis tested the TSK-11's two-factor structure and PCS's three-factor structure. A model has excellent fit to the data with values < 3 for the CMIN/DF, and around .95 for CFI, .06 for RMSEA, .08 for SRMR. Factor loadings < .40 support deletion. Results Alpha values supported the internal consistency of participant responses to the somatic (.78), avoidance behaviour (.80) and overall fear of movement (.89) TSK-11 items. Fit indices also showed a good fit to the data for the TSK-11's two-factor structure once two error terms were correlated (CMIN/DF = 1.77/42, CFI = .93, RMSEA = .09 (.05 - .12), SRMR= .06). Standardised factors loadings for the somatic and avoidance factors ranged from .43 - .80 and .60 - .72, respectively. Internal consistency for the responses to the PCS-Helplessness (.92), PCS-Magnification (.82), PCS-Rumination (.94) and overall pain catastrophising (.95) scales were also supported. A good fit to the data was shown for the three-factor structure of the PCS (CMIN/DF = 2.15/61, CFI = .94, RMSEA= .11 (.08-.14), SRMR = .04) when two errors were correlated. Standardised factors loadings ranged from .67- .90, (Helplessness), .89 - .92 (Rumination) and .73 - .85 (Magnification). Conclusion The TSK-11 and PCS can be used to measure axSpA patient's pain related fear of movement and pain catastrophising, but data support continued examination of their construct validity in larger samples of axSpA patients. One TSK-11 item revealed a border line factor loading (.43) for the somatic factor ("pain lets me know when to stop exercising so that I don't injure myself"). Psychometrically valid instruments will help examine the role of pain related fear of movement and pain catastrophising on important health related outcomes for axSpA patients including physical function and physical activity behaviour.

215. **Fear of Movement Mediates the Relationship between Pain Catastrophising and Physical Function in People Living with Axial Spondyloarthritis: a Cross-Sectional Mediation Analysis**

Item Type: Journal Article

Authors: Rouse, P.;Ingram, T.;Standage, M. and Sengupta, R.

Publication Date: 2023

Journal: Annals of the Rheumatic Diseases 82, pp. 329-330

DOI: 10.1136/annrheumdis-2023-eular.662

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

216. **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: 2023

Journal: Archives of Disease in Childhood 108(3), pp. 230-235

Abstract: Objectives:

217. **BSR pregnancy GL WG response to EMA HCQ response.**

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: 2023a

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 31 Ju 2023

218. **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: 2023b

Journal: Rheumatology (United Kingdom) 62(4), pp. E48-E88

219. **Emotional labour in oncology and haematology nursing: exploring effects and coping strategies**

Item Type: Journal Article

Authors: Ryan, Alice; Cross, Debbie and Worthington, Judith

Publication Date: 2023

Journal: Cancer Nursing Practice 22(1), pp. 21-27

Abstract: Why you should read this article: • To find out how oncology and haematology nurses describe the emotional demands of their role • To read about formal and informal methods of mitigating the negative effects of emotional labour • To reflect on your own positive and negative experiences of emotional labour Background: Emotional labour can lead to emotional exhaustion and burnout, which contributes to a high turnover in the nursing workforce. Aim: The study had three aims: to investigate how nurses working on an oncology and haematology ward managed the emotional labour involved in patient care; to determine whether there were differences in resilience and coping strategies between less experienced and more experienced participants; and to explore strategies that could assist less experienced nurses in managing the emotional labour of patient care. Method: A preparatory literature review was undertaken, following which six registered nurses participated in individual semi-structured interviews. Thematic analysis was used to identify themes in the interview transcripts. Findings: The themes that emerged were divided into two broad categories: factors that contributed to the challenging nature of nursing shifts and factors that reduced the challenging nature of nursing shifts. The second category had two subcategories: personal resources and institutional resources. Personal resources included experience, resilience, coping mechanisms, support networks and compassion satisfaction. Institutional resources included training and team support. Conclusion: There was no clear differences in coping strategies between less experienced and more experienced nurses. To mitigate the negative effects of emotional labour, oncology and haematology nurses could benefit from stress management training and ongoing clinical supervision with a focus on the restorative aspect.

DOI: 10.7748/cnp.2022.e1815

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161099860&custid=ns010877>

220. **SCOT: Tumor Sidedness and the Influence of Adjuvant Chemotherapy Duration on Disease Free Survival (DFS).**

Item Type: Journal Article

Authors: Saunders, M. P.;lype, R.;Kelly, C.;Crosby, J.;Kerr, R.;Harkin, A.;Allan, K.;McQueen, J.;Pearson, S. R.;Cassidy, J.;Medley, L. C.;Raouf, S.;Harrison, M.;Brewster, A.;Rees, C.;Ellis, R.;Thomas, A. L.;Churn, M.;Iveson, T. and Maka, N.

Publication Date: 2023

Journal: Clinical Colorectal Cancer 22(2), pp. 231-237

Abstract: Aim: Patients with loco-regional right-sided colorectal tumors have a worse overall survival (OS). Here we investigate the difference in disease free survival (DFS) between colorectal patients with right and left sided tumors in the SCOT study.

221. **Monocular Vision Loss in a Patient With Earache and Night Sweats**

Item Type: Journal Article

Authors: Schimansky, Sarah;Cross, Gary and Mulhearn, Ben

Publication Date: 2023

Journal: JAMA Ophthalmology 141(4), pp. 396-397

DOI: 10.1001/jamaophthalmol.2023.0174

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36892845&custid=ns010877>

222. 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: 2023

Journal: Rheumatology (United Kingdom) 62(4), pp. E89-E104

223. AI for prostate MRI: Results from a large multi-centre, multi-vendor external validation study.

Item Type: Journal Article

Authors: Shah, A.;Da Silva, N. M.;Yeung, M.;Giganti, F.;Davies, L.;Burn, P.;Hindley, R.;Vasdev, N.;Hayes, J.;Squire, S.;Bradley, A.;Maskell, G.;Andreou, A.;Liyanage, S.;De Bono, M.;Persad, R.;Aning, J.;Sanmugalingam, N.;Barrett, T.;Hinton, M., et al

Publication Date: 2023

Journal: Cancer Imaging Conference: 22nd International Cancer Imaging Society Meeting and Annual Teaching Course. London United Kingdom, pp. ate of Pubaton: Otober 2023

Abstract: Aim Evaluate how an AI decision support system for MRI in prostate cancer generalises to multi-centre datasets including multiple scanner models, vendors, field strengths and imaging protocols. Methods AI-based software for analysis of prostate MRI was developed using data from PROSTATEx and five sites in a diagnostic study (794 patients, 34% csPCa). It was subsequently evaluated on blinded external validation data (mpMRI, 252 patients, 31% csPCa) from six sites, including one unseen site/scanner. Exclusions included prior treatment and image quality issues. The software automatically outputs scores intended to identify Gleason score (GS) \geq 3+4 csPCa. csPCa was confirmed by biopsy (GS \geq 3+4/PI-RADS \geq 3), with PI-RADS 1/2 patients with no biopsy assumed negative. Performance was evaluated using ROC analysis, with 95% confidence intervals estimated by bootstrapping. Results At the pre-determined threshold, AI identified patients with csPCa with sensitivity 94% (95% CI 88-99%), specificity 57% (49-64%), and NPV 95% (90-99%) on the blinded external validation dataset. AUC was 0.85 (0.80-0.90). Per-site AUC ranged from 0.70-0.98, with pooled AUC 0.86 \pm 0.11. Reporting radiologists had per-patient sensitivity 99% (95% CI 96-100%) due to the assumed ground truth, specificity 73% (67-80%), NPV 99% (98-100%), and AUC 0.95 (0.92-0.97) on this dataset. In a 2019 Cochrane meta-analysis of 12 major studies (37% csPCa), radiologists identified patients with GS \geq 3+4 csPCa with sensitivity 86% and specificity 42%. Conclusion In a large external validation, this AI system shows comparable performance to radiologists in major expert studies, indicating promising potential for AI to support PCa detection in clinical practice.

224. Our early experiences in using renal volume to estimate split renal function in comparison with [99mTc] Tc-DMSA scans.

Item Type: Journal Article

Authors: Shaw, C.;Ross, J.;Collin, N. and Laurence, I.

Publication Date: 2023

Journal: Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Autumn Meeting, BNMS 2023.London United Kingdom 44(12), pp. 1201-1202

Abstract: Purpose: We set out to explore how renal volume, calculated from CT imaging and presented as ratios of left kidney volume: right kidney volume, compares to [99mTc] Tc-DMSA split function. This is an account of our findings and areas identified for further investigation.

225. 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, F.;Courtney, E.;Bunni, J. and Andreou, A.

Publication Date: 2023

Journal: British Journal of Surgery Conference, pp. AST

Abstract: Aim: 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 presence of nodal by CT is often used to select patients for neo-adjuvant chemotherapy and those that may benefit from metastases 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.

226. 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.;Anjum, T.;Salman;Tsivgoulis, G.;Molina, C.;Rodriguez Luna, D.;Ameriso, S.;Rodriguez Perez, M. S.;Nambiar, V.;Castellanos, M.;Balian, N.;Seiffge, D.;Dahal, A.;Hughes, T.;Vanacker, P.;Myint, M.;Marti Fabregas, J.;Endres, M.;Nolte, C.;Muir, K., et al

Publication Date: 2023

Journal: International Journal of Stroke Conference: 15th World Stroke Congress. Toronto, ON Canada, pp. ate of Pubaton: Otober 2023

Abstract: Background and Aims: Optimal stroke prevention in intracranial hemorrhage (ICrH) survivors with atrial fibrillation (AF) is uncertain. 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.

227. A quantitative evaluation of aerosol generation during cardiopulmonary resuscitation

Item Type: Journal Article

Authors: Shrimpton, A. J.;Brown, V.;Vassallo, J.;Nolan, J. P.;Soar, J.;Hamilton, F.;Cook, T. M.;Bzdek, B. R.;Reid, J. P.;Makepeace, C. H.;Deutsch, J.;Ascione, R.;Brown, J. M.;Benger, J. R. and Pickering, A. E.

Publication Date: 2023

Journal: Anaesthesia

Abstract: It is unclear if cardiopulmonary resuscitation is an aerosol-generating procedure and whether this poses a risk of airborne disease transmission to healthcare workers and bystanders. Use of airborne transmission precautions during cardiopulmonary resuscitation may confer rescuer protection but risks patient harm due to delays in commencing treatment. To quantify the risk of respiratory aerosol generation during cardiopulmonary resuscitation in humans, we conducted an aerosol monitoring study during out-of-hospital cardiac arrests. Exhaled aerosol was recorded using an optical particle sizer spectrometer connected to the breathing system. Aerosol produced during resuscitation was compared with that produced by control participants under general anaesthesia ventilated with an equivalent respiratory pattern to cardiopulmonary resuscitation. A porcine cardiac arrest model was used to determine the independent contributions of ventilatory breaths, chest compressions and external cardiac defibrillation to aerosol generation. Time-series analysis of participants with cardiac arrest ($n = 18$) demonstrated a repeating waveform of respiratory aerosol that mapped to specific components of resuscitation. Very high peak aerosol concentrations were generated during ventilation of participants with cardiac arrest with median (IQR range) 17,926 (5546-59,209 1523-242,648) particles. $\cdot\text{L}^{-1}$, which were 24-fold greater than in control participants under general anaesthesia (744 (309-2106 23-9099) particles. $\cdot\text{L}^{-1}$, $p < 0.001$, $n = 16$). A substantial rise in aerosol also occurred with cardiac defibrillation and chest compressions. In a complimentary porcine model of cardiac arrest, aerosol recordings showed a strikingly similar profile to the human data. Time-averaged aerosol concentrations during ventilation were approximately 270-fold higher than before cardiac arrest (19,410 (2307-41,017 104-136,025) vs. 72 (41-136 23-268) particles. $\cdot\text{L}^{-1}$, $p = 0.008$). The porcine model also confirmed that both defibrillation and chest compressions generate high concentrations of aerosol independent of, but synergistic with, ventilation. In conclusion, multiple components of cardiopulmonary resuscitation generate high concentrations of respiratory aerosol. We recommend that airborne transmission precautions are warranted in the setting of high-risk pathogens, until the airway is secured with an airway device and breathing system with a filter. (© 2023 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

DOI: 10.1111/anae.16162

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37921438&custid=ns010877>

228. Antimicrobials and antimicrobial resistance genes in a one-year city metabolism longitudinal study using wastewater-based epidemiology

Item Type: Journal Article

Authors: Sims, Natalie;Kannan, Andrew;Holton, Elizabeth;Jagadeesan, Kishore;Mageiros, Leonardos;Standerwick, Richard;Craft, Tim;Barden, Ruth;Feil, Edward J. and Kasprzyk-Hordern, Barbara

Publication Date: 2023

Journal: Environmental Pollution (Barking, Essex : 1987) 333, pp. 122020

Abstract: This longitudinal study tests correlations between antimicrobial agents (AA) and corresponding antimicrobial resistance genes (ARGs) generated by a community of >100 k people inhabiting one city (Bath) over a 13 month randomised monitoring programme of community wastewater. Several AAs experienced seasonal fluctuations, such as the macrolides erythromycin and clarithromycin that were found in higher loads in winter, whilst other AA levels, including sulfamethoxazole and sulfapyridine, stayed consistent over the study period. Interestingly, and as opposed to AAs, ARGs prevalence was found to be less variable, which indicates that fluctuations in AA usage might either not directly affect ARG levels or this process spans beyond the 13-month monitoring period. However, it is important to note that weekly positive correlations between individual associated AAs and ARGs were observed where seasonal variability in AA use was reported: ermB and macrolides CLR-clarithromycin and dmCLR-N-desmethyl clarithromycin, aSPY- N-acetyl sulfapyridine and sul1, and OFX-ofloxacin and qnrS. Furthermore, ARG loads normalised to 16S rRNA (gene load per microorganism) were positively correlated to the ARG loads normalised to the human population (gene load per capita), which indicates that the abundance of microorganisms is proportional to the size of human population and that the community size, and not AA levels, is a major driver of ARG levels in wastewater. Comparison of hospital and community wastewater showed higher number of AAs and their metabolites, their frequency of occurrence and concentrations in hospital wastewater. Examples include: LZD-linezolid (used only in severe bacterial infections) and AMX-amoxicillin (widely used, also in community but with very low wastewater stability) that were found only in hospital wastewater. CIP-ciprofloxacin, SMX-sulfamethoxazole, TMP-trimethoprim, MTZ-metronidazole and macrolides were found at much higher concentrations in hospital wastewater while TET-tetracycline and OTC-oxytetracycline, as well as antiretrovirals, had an opposite trend. In contrast, comparable concentrations of resistant genes were observed in both community and hospital wastewater. This supports the hypothesis that AMR levels are more of an endemic nature, developing over time in individual communities. Both hospital and community wastewater had AAs that exceeded PNEC values (e.g. CLR-clarithromycin, CIP-ciprofloxacin). In general, though, hospital effluents had a greater number of quantifiable AAs exceeding PNECs (e.g. SMX-sulfamethoxazole, ERY-erythromycin, TMP-trimethoprim). Hospitals are therefore an important consideration in AMR surveillance as could be high risk areas for AMR.;

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. (Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.)

DOI: 10.1016/j.envpol.2023.122020

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37336345&custid=ns010877>

229. Current State and Future Challenges for PI3K Inhibitors in Cancer Therapy

Item Type: Journal Article

Authors: Sirico, Marianna;D'Angelo, Alberto;Gianni, Caterina;Casadei, Chiara;Merloni, Filippo and De Giorgi, Ugo

Publication Date: 2023

Journal: Cancers 15(3), pp. 703

Abstract: Simple Summary: Phosphatidylinositol 3-kinase (PI3K) is a key regulator of many cellular processes and its hyperactivation promotes tumor cell growth and survival. A broad evaluation of the upstream and downstream nodes of its pathway allowed the discovery of several PI3K inhibitors (PI3Ki) with anti-tumor activity. However, the highly intrinsic toxicity and the onset of therapeutic resistance can limit their clinical application. To increase the antitumor effect and the therapeutic index, combination strategies and new dosing schedules have been investigated. However, further efforts are necessary to discover potentially actionable genetic alterations towards the goal of precision medicine. The phosphoinositide 3 kinase (PI3K)-protein kinase B (PKB/AKT)-mammalian target of the rapamycin (mTOR) axis is a key signal transduction system that links oncogenes and multiple receptor classes which are involved in many essential cellular functions. Aberrant PI3K signalling is one of the most commonly mutated pathways in cancer. Consequently, more than 40 compounds targeting key components of this signalling network have been tested in clinical trials among various types of cancer. As the oncogenic activation of the PI3K/AKT/mTOR pathway often occurs alongside mutations in other signalling networks, combination therapy should be considered. In this review, we highlight recent advances in the knowledge of the PI3K pathway and discuss the current state and future challenges of targeting this pathway in clinical practice.

DOI: 10.3390/cancers15030703

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161822475&custid=ns010877>

230. My new career as a nurse talent spotter: The role exists to maximise development opportunities, but for seasoned nurses seeking change, it is a great move in its own right

Item Type: Journal Article

Authors: Slocombe, Helen

Publication Date: 2023

Journal: Nursing Standard 38(5), pp. 30-31

Abstract: A talent manager for nursing and midwifery is a senior nurse position designed to attract, retain and develop staff and support them to thrive.

DOI: 10.7748/ns.38.5.30.s16

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=163464073&custid=ns010877>

231. Unravelling the Clinical Co-Morbidity and Risk Factors Associated with Agenesis of the Corpus Callosum

Item Type: Journal Article

Authors: Smith, Callum J.;Smith, Zoey G.;Rasool, Hania;Cullen, Katie;Ghosh, Meghana;Woolley, Thomas E.;Uzun, Orhan;Loh, Ne Ron;Tucker, David and Syed, Yasir Ahmed

Publication Date: 2023

Journal: Journal of Clinical Medicine 12(11)

Abstract: Agenesis of the Corpus Callosum (ACC) can result in multiple neurological deficits including social and behavioural issues. However, the underlying aetiology, clinical co-morbidity and the contributing risk factors remain elusive, resulting in inaccurate prognosis and delayed therapy. The main objective of this study was to comprehensively describe the epidemiology and clinical co-morbidity associated with patients diagnosed with ACC. The secondary objective was to identify the factors that contribute towards increased risk for ACC. For this, we analysed 22 years (1998-2020) of clinical data across the whole of Wales, UK collected through the Congenital Anomaly Register & Information Service (CARIS) and Public Health Wales (PHW). Our results demonstrate that complete ACC (84.1%) was the prevalent subtype, in comparison to partial ACC. Further, ventriculomegaly/hydrocephalus (26.37%) and ventricular septal defect (21.92%) were identified to be the most prevalent neural malformation (NM) and congenital heart disorder (CHD) in our cohort. Although 12.7% of subjects with ACC had both an NM and CHD, we found no significant association between them ($\chi^2(1, n = 220) = 3.84, p = 0.33$). We found socioeconomic deprivation and increased maternal age contributed towards an increased risk for ACC. To the best of our knowledge, this study for the first time defines the clinical phenotypes and the factors that contribute to ACC within the Welsh population. These findings will be of value to both patients and healthcare professionals, who may take preventative or remedial measures.

DOI: 10.3390/jcm12113623

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37297816&custid=ns010877>

232. 'Who are you and what do you do?' Using name and role stickers to improve communication and teamwork in intensive care during the COVID-19 pandemic

Item Type: Journal Article

Authors: Smith, N.;Hughes, R.;Cushley, C.;Brain, L.;Galbreath, J.;Russell, R.;Jenkins, M. and Kelly, F. E.

Publication Date: 2023

Journal: Journal of the Intensive Care Society 24(3), pp. 30-31

DOI: 10.1177/1751143720959620

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37928095&custid=ns010877>

233. UK trainees' perceptions of leadership and leadership development

Item Type: Journal Article

Authors: Snelling, Iain;Brown, Hilary;Hardy, Louise;Somerset, Lara;Bosence, Samantha and Thurlow, Jane

Publication Date: 2023

Journal: BMJ Leader

Abstract: Purpose: This paper reports on trainees' perceptions of leadership and leadership development, to inform the support that may be provided to them. It draws on a formative evaluation of the new role of clinical leadership mentor (CLM), introduced by Health Education England South-West in 2018. CLMs are responsible for 'overseeing the process and progress of leadership development among the trainees within their Trust/Local Education Provider'.; Methods: The evaluation was a formative evaluation, based on interviews with CLMs, trainees and trainers and a survey of trainees and trainers. Recruitment was through 8 of the 19 CLMs in the South West. A report for each participating CLM was available to support the development of their individual role. In exploring trainees' perceptions of leadership and leadership development, this paper draws on data from trainees: 112 survey returns which included over 7000 words of free text data and 13 interviews.; Findings: Our findings suggest a more nuanced understanding of leadership in medical trainees than was previously reported in the literature, and a wider acceptance of their leadership role. We highlight the problem of considering postgraduate doctors as a homogeneous group, particularly with reference to specialty. We also highlight that the organisational context for leadership development can be supportive or non-supportive. Leadership learning through genuine leadership experience with appropriate support from trainers and the wider Trust offers opportunities for both trainees and Trusts.; Practical Implications: Trainees are accepting of their roles as leaders. The value of leadership learning through genuine leadership experience was highlighted. Improving the environment for leadership development offers Trusts and trainees opportunities for genuine service improvement.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/leader-2023-000771

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37833052&custid=ns010877>

234. A population-scale temporal case-control evaluation of COVID-19 disease phenotype and related outcome rates in patients with cancer in England (UKCCP).

Item Type: Journal Article

Authors: Starkey, T.;Ionescu, M. C.;Tilby, M.;Little, M.;Burke, E.;Fittall, M. W.;Khan, S.;Liu, J. K. H.;Platt, J. R.;Mew, R.;Tripathy, A. R.;Watts, I.;Williams, S. T.;Appanna, N.;AlHajji, Y.;Barnard, M.;Benny, L.;Burnett, A.;Bytyci, J.;Cattell, E. L., et al

Publication Date: 2023

Journal: Scientific Reports 13(1), pp. 11327

Abstract: Patients with cancer are at increased risk of hospitalisation and mortality following severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. However, the SARS-CoV-2 phenotype evolution in patients with cancer since 2020 has not previously been described. We therefore evaluated SARS-CoV-2 on a UK populationscale from

01/11/2020-31/08/2022, assessing case-outcome rates of hospital assessment(s), intensive care admission and mortality. We observed that the SARS-CoV-2 disease phenotype has become less severe in patients with cancer and the non-cancer population. Case-hospitalisation rates for patients with cancer dropped from 30.58% in early 2021 to 7.45% in 2022 while case-mortality rates decreased from 20.53% to 3.25%. However, the risk of hospitalisation and mortality remains 2.10x and 2.54x higher in patients with cancer, respectively. Overall, the SARS-CoV-2 disease phenotype is less severe in 2022 compared to 2020 but patients with cancer remain at higher risk than the non-cancer population. Patients with cancer must therefore be empowered to live more normal lives, to see loved ones and families, while also being safeguarded with expanded measures to reduce the risk of transmission.

235. British Gynaecological Cancer Society Recommendations for Evidence Based, Population Data Derived Quality Performance Indicators for Ovarian Cancer.

Item Type: Journal Article

Authors: Sundar, S.;Nordin, A.;Morrison, J.;Wood, N.;GhaemMaghami, S.;Nieto, J.;Phillips, A.;Butler, J.;Burton, K.;Gornall, R.;Dobbs, S.;Glasspool, R.;Peevor, R.;Ledermann, J.;McNeish, I.;Ratnavelu, N.;Duncan, T.;Frost, J.;Lim, K.;Michael, A., et al

Publication Date: 2023

Journal: Cancers 15(2) (pagination), pp. Arte Number: 337. ate of Pubaton: January 2023

Abstract: Ovarian cancer survival in the UK lags behind comparable countries. Results from the ongoing National Ovarian Cancer Audit feasibility pilot (OCAFP) show that approximately 1 in 4 women with advanced ovarian cancer (Stage 2, 3, 4 and unstaged cancer) do not receive any anticancer treatment and only 51% in England receive international standard of care treatment, i.e., the combination of surgery and chemotherapy. The audit has also demonstrated wide variation in the percentage of women receiving anticancer treatment for advanced ovarian cancer, be it surgery or chemotherapy across the 19 geographical regions for organisation of cancer delivery (Cancer Alliances). Receipt of treatment also correlates with survival: 5 year Cancer survival varies from 28.6% to 49.6% across England. Here, we take a systems wide approach encompassing both diagnostic pathways and cancer treatment, derived from the whole cohort of women with ovarian cancer to set out recommendations and quality performance indicators (QPI). A multidisciplinary panel established by the British Gynaecological Cancer Society carefully identified QPI against criteria: metrics selected were those easily evaluable nationally using routinely available data and where there was a clear evidence base to support interventions. These QPI will be valuable to other taxpayer funded systems with national data collection mechanisms and are to our knowledge the only population level data derived standards in ovarian cancer. We also identify interventions for Best practice and Research recommendations.

236. Long-term prospective data on correlation between overall mortality and HADS (Hospital Anxiety and Depression Scale) assessed psychological distress in prostate cancer patients (11 year follow-up data)

Item Type: Journal Article

Authors: Sundar, Santhanam;Shawcroft, Ewan;Jones, Lauren;O'Cathail, Micheal;Hosni, Shaymaa Usama;Little, Jessica;Walker, Georgina;Cox, Ashley and Fergusson, Eamonn

Publication Date: 2023a

Journal: Journal of Clinical Oncology 41, pp. 12091

DOI: 10.1200/JCO.2023.41.16_suppl.12091

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164013267&custid=ns010877>

237. Baseline endogenous serum testosterone levels and all-cause mortality in men with prostate cancer treated by radical radiotherapy: 11-year follow-up data

Item Type: Journal Article

Authors: Sundar, Santhanam;Shawcroft, Ewan;Jones, Lauren;O'Cathail, Micheal;Hosni, Shaymaa Usama;Little, Jessica;Walker, Georgina;Cox, Ashley and Fergusson, Eamonn

Publication Date: 2023b

Journal: Journal of Clinical Oncology 41, pp. e17003

DOI: 10.1200/JCO.2023.41.16_suppl.e17003

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164016532&custid=ns010877>

238. British Gynaecological Cancer Society Recommendations for Evidence Based, Population Data Derived Quality Performance Indicators for Ovarian Cancer

Item Type: Journal Article

Authors: Sundar, Sudha;Nordin, Andy;Morrison, Jo;Wood, Nick;Ghaem-Maghami, Sadaf;Nieto, Jo;Phillips, Andrew;Butler, John;Burton, Kevin;Gornall, Rob;Dobbs, Stephen;Glasspool, Rosalind;Peevor, Richard;Ledermann, Jonathan;McNeish, Iain;Ratnavelu, Nithya;Duncan, Tim;Frost, Jonathan;Lim, Kenneth and Michael, Agnieszka

Publication Date: 2023

Journal: Cancers 15(2), pp. 337

Abstract: Simple Summary: Ovarian cancer survival in the UK is poorer than other similar countries. Results from the National Ovarian Cancer Audit Feasibility Pilot (OCAFP) showed that approximately 1 in 4 women with advanced stage ovarian cancer (greater than Stage 2) do not receive any anti-cancer treatment and that only 51% will receive both surgery and chemotherapy in England. The audit also showed that the proportions of women receiving treatment varies a lot across different areas in England. In response, a multidisciplinary team from the British Gynaecological cancer society has established Quality performance indicators that can be evaluated regularly using routinely collected data and will help improve cancer outcomes. Ovarian cancer survival in the UK lags behind comparable countries. Results from the ongoing National Ovarian Cancer Audit feasibility pilot (OCAFP) show that approximately 1 in 4 women with advanced ovarian cancer (Stage 2, 3, 4 and unstaged cancer) do not receive any anticancer treatment and only 51% in England receive international standard of care treatment, i.e., the combination of surgery and chemotherapy. The audit has also demonstrated wide variation in the percentage of women receiving anticancer treatment for advanced ovarian cancer, be it surgery or chemotherapy across the 19 geographical regions for organisation of cancer delivery (Cancer Alliances). Receipt of

treatment also correlates with survival: 5 year Cancer survival varies from 28.6% to 49.6% across England. Here, we take a systems wide approach encompassing both diagnostic pathways and cancer treatment, derived from the whole cohort of women with ovarian cancer to set out recommendations and quality performance indicators (QPI). A multidisciplinary panel established by the British Gynaecological Cancer Society carefully identified QPI against criteria: metrics selected were those easily evaluable nationally using routinely available data and where there was a clear evidence base to support interventions. These QPI will be valuable to other taxpayer funded systems with national data collection mechanisms and are to our knowledge the only population level data derived standards in ovarian cancer. We also identify interventions for Best practice and Research recommendations.

DOI: 10.3390/cancers15020337

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161438709&custid=ns010877>

239. Adoption in England: Past and present challenges.

Item Type: Journal Article

Authors: Talbot, J.;Bell, J.;Mandal, A. and Finlay, F.

Publication Date: 2023

Journal: Archives of Disease in Childhood (pagination), pp. ate of Pubaton: 2023

Abstract: Over the last century, changes in legislation, social constructs and the perceptions of what family life a "should" look like have significantly transformed the process of adoption in England. The role of adoption has shifted from providing orphaned children a stable new home to today's regulated process mainly supporting children who have suffered early physical or social adversity. This provides significant challenges to adopters, paediatricians, child psychiatrists and teachers who can only support adopted children by understanding their needs.

240. Conversion therapy: change the law not the person.

Item Type: Journal Article

Authors: Talbot, J. and Finlay, F.

Publication Date: 2023b

Journal: Archives of Disease in Childhood 108(8), pp. 595-596

241. Empowering healthcare professionals with health promotion information for transgender adolescents

Item Type: Journal Article

Authors: Talbot, Jonathan and Finlay, Fiona

Publication Date: 2023a

Journal: Archives of Disease in Childhood.Education and Practice Edition 108(3), pp. 158-162

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. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/archdischild-2022-324744

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36347600&custid=ns010877>

242. **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, Paramanathan;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: 2023

Journal: European Urology 83(6), pp. 497-504

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. (Copyright © 2022 The Author(s). Published by Elsevier B.V. All rights reserved.)

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>

243. RELIABILITY OF IMMUNOASSAYS FOR MYOSITIS AUTOANTIBODIES.

Item Type: Journal Article

Authors: Tansley, S.

Publication Date: 2023

Journal: Clinical and Experimental Rheumatology.Conference: 4th Global Conference on Myositis, GCOM 2022.Prague Czechia 41(2), pp. 408

Abstract: Myositis autoantibody testing has become a routine investigation for investigation of patients with myositis spectrum disease. Identification of a relevant autoantibody can provide additional diagnostic certainty and important prognostic information. Over 20 relevant autoantibodies have now been described and cohort studies have demonstrated that a myositis autoantibody can be identified in 60-70% of cases. Immunoprecipitation is the laboratory method used to detect novel myositis autoantibodies and is still widely considered the gold standard. Low through-put, expense and limited availability make immunoprecipitation highly impractical for autoantibody identification in the clinical setting. Several different commercial assays have now been developed to detect myositis relevant autoantibodies. Many have been developed with the practicalities of clinical practice in mind, offering rapid, affordable, and often multiplex testing. Despite this progress, the perfect system has yet to be realised. Commercial testing systems do not detect all known myositis relevant autoantibodies and concerns have been raised about the sensitivity and specificity of some assays, including to their ability detect some autoantibodies strongly associated with malignancy and ILD; important causes of mortality and morbidity. The advantages and disadvantages of different myositis autoantibody testing systems will be discussed. Evidence for the reliability of different types of assays will be reviewed along with testing strategies that make the most of existing technology.

244. Regional variations in inpatient decompensated cirrhosis mortality may be associated with access to specialist care: results from a multicentre retrospective

study.

Item Type: Journal Article

Authors: Tavabie, O. D.;Abbott, J.;Abeysekera, K. W. M.;Bennett, K.;Brennan, P.;Buchanan, R.;Dhaliwal, A.;Galanakis, V.;Hardy, T.;Harris, R.;Kronsten, V. T.;Leighton, J.;Li, W.;Yin, J. L.;MacKen, L.;Marjot, T.;Maurice, J. B.;McDowell, H.;Navaratnam, J.;Pohl, K., et al

Publication Date: 2023

Journal: Frontline Gastroenterology (pagination)

Abstract: Introduction: Specialist centres have been developed to deliver high-quality Hepatology care. However, there is geographical inequity in accessing these centres in the United Kingdom (UK). We aimed to assess the impact of these centres on decompensated cirrhosis patient outcomes and understand which patients transfer to specialist centres.

245. **Comment on: 'The use of fluorinated gases and quantification of carbon emission for common vitreoretinal procedures'**

Item Type: Journal Article

Authors: Tavassoli, Shokufeh

Publication Date: 2023

Journal: Eye (London, England)

DOI: 10.1038/s41433-023-02651-4

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37355757&custid=ns010877>

246. **INFORMAL CAREGIVERS OF PEOPLE WITH PARKINSONISM IN THE PRIME-UK CROSS-SECTIONAL STUDY.**

Item Type: Journal Article

Authors: Tenison, E.;Cullen, A.;PendryBrazier, D.;Smith, M. D.;BenShlomo, Y. and Henderson, E. J.

Publication Date: 2023

Journal: Age and Ageing.Conference: British Geriatrics Society Autumn Meeting.Online 52(Supplement 1) (pp i15), pp. ate of Pubaton: January 2023

Abstract: Introduction Many people with parkinsonism require care as the disease progresses with much provided unpaid by family and friends. Caring for someone can have a negative impact on physical and psychosocial wellbeing. Caregiver burden can impact ability to continue this role, which can precipitate hospitalisation or institutionalisation of the recipient. Methods In this single-site study, primary, informal caregivers, defined as those providing any care or support, were enrolled alongside the person with parkinsonism or individually. Self-reported questionnaires included the 22-item Zarit Burden Interview (ZBI), which can range from 0-88, with higher scores representing greater burden. Linear regression was used to explore the association between recipient characteristics/need and caregiver burden. Results Of 1,032 eligible patients approached, 813 participants indicated

whether they had an informal caregiver (708) or not (105). 376 caregivers consented (53.1%), of whom 321 have returned questionnaires, with patient data available for 296. The median age of caregivers was 73.0 (range 27.0- 91.1 years), 237 (73.8%) female. 274 (85.4%) were the spouse/partner of the patient. 215 (67.0%) were the sole caregiver. The median time per week spent caring was 21 hours (interquartile range 7, 41 hours). 18 (5.6%) of caregivers provided 24-hour care daily and 113 (35.2%) had provided support for over 5 years. Median ZBI score was 17, (interquartile range 7-29). The care recipient's duration of parkinsonism was associated with higher burden score (0.38 increase per year of parkinsonism; 95% CI 0.07, 0.69; p value 0.015), as was the time per week spent caring (0.16 increase for each additional hour; 95% CI 0.11, 0.20; p value <0.0001). Conclusions Many informal caregivers in this study were the sole caregiver and many were themselves older adults. Burden increased with increasing duration of parkinsonism and as time spent caring increased. This highlights the ongoing need to improve support for this group.

247. Imaging biomarkers of lung ventilation in interstitial lung disease from ^{129}Xe and oxygen enhanced ^1H MRI

Item Type: Journal Article

Authors: Tibiletti, Marta;Eaden, James A.;Naish, Josephine H.;Hughes, Paul J. C.;Waterton, John C.;Heaton, Matthew J.;Chaudhuri, Nazia;Skeoch, Sarah;Bruce, Ian N.;Bianchi, Stephen;Wild, Jim M. and Parker, Geoff J. M.

Publication Date: 2023

Journal: Magnetic Resonance Imaging 95, pp. 39-49

Abstract: Purpose: To compare imaging biomarkers from hyperpolarised ^{129}Xe ventilation MRI and dynamic oxygen-enhanced MRI (OE-MRI) with standard pulmonary function tests (PFT) in interstitial lung disease (ILD) patients. To evaluate if biomarkers can separate ILD subtypes and detect early signs of disease resolution or progression.; Study Type: Prospective longitudinal.; Population: Forty-one ILD (fourteen idiopathic pulmonary fibrosis (IPF), eleven hypersensitivity pneumonitis (HP), eleven drug-induced ILD (DI-ILD), five connective tissue disease related-ILD (CTD-ILD)) patients and ten healthy volunteers imaged at visit 1. Thirty-four ILD patients completed visit 2 (eleven IPF, eight HP, ten DIILD, five CTD-ILD) after 6 or 26 weeks.; Field Strength/sequence: MRI was performed at 1.5 T, including inversion recovery T1 mapping, dynamic MRI acquisition with varying oxygen levels, and hyperpolarised ^{129}Xe ventilation MRI. Subjects underwent standard spirometry and gas transfer testing.; Assessment: Five ^1H MRI and two ^{129}Xe MRI ventilation metrics were compared with spirometry and gas transfer measurements.; Statistical Test: To evaluate differences at visit 1 among subgroups: ANOVA or Kruskal-Wallis rank tests with correction for multiple comparisons. To assess the relationships between imaging biomarkers, PFT, age and gender, at visit 1 and for the change between visit 1 and 2: Pearson correlations and multilinear regression models.; Results: The global PFT tests could not distinguish ILD subtypes. Percentage ventilated volumes were lower in ILD patients than in HVs when measured with ^{129}Xe MRI (HV 97.4 ± 2.6 , CTD-ILD: 91.0 ± 4.8 $p = 0.017$, DI-ILD 90.1 ± 7.4 $p = 0.003$, HP 92.6 ± 4.0 $p = 0.013$, IPF 88.1 ± 6.5 $p < 0.001$), but not with OE-MRI. ^{129}Xe reported more heterogeneous ventilation in DI-ILD and IPF than in HV, and OE-MRI reported more heterogeneous ventilation in DI-ILD and IPF than in HP or CTD-ILD. The longitudinal changes reported by the imaging biomarkers did not correlate with the PFT changes between visits.; Data Conclusion: Neither ^{129}Xe ventilation nor OE-MRI biomarkers investigated in this study were able to differentiate between ILD subtypes, suggesting that ventilation-only biomarkers are not indicated for this task. Limited but progressive loss of ventilated volume as measured by ^{129}Xe -MRI may be present as the biomarker of focal disease progresses. OE-MRI biomarkers are feasible in ILD patients and do not correlate strongly with PFT. Both OE-MRI and ^{129}Xe MRI revealed more

spatially heterogeneous ventilation in DI-ILD and IPF. (Copyright © 2022 The Authors. Published by Elsevier Inc. All rights reserved.)

DOI: 10.1016/j.mri.2022.10.005

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36252693&custid=ns010877>

248. Electronics and biological signal processing

Item Type: Journal Article

Authors: Tooley, M. A.

Publication Date: 2023a

Journal: BJA Education 23(4), pp. 122-127

Abstract: Competing Interests: The author declare that they have no conflict of interest.

DOI: 10.1016/j.bjae.2022.12.004

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36960437&custid=ns010877>

249. Electricity, magnetism and circuits

Item Type: Journal Article

Authors: Tooley, M. A.

Publication Date: 2023b

Journal: BJA Education 23(2), pp. 61-65

Abstract: Competing Interests: The author declares that he has no conflicts of interest.

DOI: 10.1016/j.bjae.2022.11.007

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36686889&custid=ns010877>

250. Electrical safety, defibrillation and diathermy

Item Type: Journal Article

Authors: Tooley, M. A.

Publication Date: 2023c

Journal: BJA Education 23(3), pp. 84-91

Abstract: Competing Interests: The author declares that he has no conflicts of interest.

DOI: 10.1016/j.bjae.2022.11.006

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36844445&custid=ns010877>

251. **Prognostic factors associated with favourable functional outcome among adult patients requiring extracorporeal cardiopulmonary resuscitation for out-of-hospital cardiac arrest: A systematic review and meta-analysis**

Item Type: Journal Article

Authors: Tran, Alexandre;Rochweg, Bram;Fan, Eddy;Belohlavek, Jan;Suverein, Martje M.;Poll, Marcel C. G. van de;Lorusso, Roberto;Price, Susanna;Yannopoulos, Demetris;MacLaren, Graeme;Ramanathan, Kollengode;Ling, Ryan Ruiyang;Thiara, Sonny;Tonna, Joseph E.;Shekar, Kiran;Hodgson, Carol L.;Scales, Damon C.;Sandroni, Claudio;Nolan, Jerry P.;Slutsky, Arthur S., et al

Publication Date: 2023

Journal: Resuscitation 193, pp. 110004

Abstract: Background: Extracorporeal cardiopulmonary resuscitation (ECPR), has demonstrated promise in the management of refractory out-of-hospital cardiac arrest (OHCA). However, evidence from observational studies and clinical trials are conflicting and the factors influencing outcome have not been well established.; Methods: We conducted a systematic review and meta-analysis summarizing the association between pre-ECPR prognostic factors and likelihood of good functional outcome among adult patients requiring ECPR for OHCA. We searched Medline and Embase databases from inception to February 28, 2023 and screened studies with two independent reviewers. We performed meta-analyses of unadjusted and adjusted odds ratios, adjusted hazard ratios and mean differences separately. We assessed risk of bias using the QUIPS tool and certainty of evidence using the GRADE approach.; Findings: We included 29 observational and randomized studies involving 7,397 patients. Factors with moderate or high certainty of association with increased survival with favourable functional outcome include pre-arrest patient factors, such as younger age (odds ratio (OR) 2.13, 95% CI 1.52 to 2.99) and female sex (OR 1.37, 95% CI 1.11 to 1.70), as well as intra-arrest factors, such as shockable rhythm (OR 2.79, 95% CI 2.04 to 3.80), witnessed arrest (OR 1.68 (95% CI 1.16 to 2.42), bystander CPR (OR 1.55, 95% CI 1.19 to 2.01), return of spontaneous circulation (OR 2.81, 95% CI 2.19 to 3.61) and shorter time to cannulation (OR 1.14, 95% CI 1.17 to 1.69 per 10 minutes).; Interpretation: The findings of this review confirm several clinical concepts well established in the cardiac arrest literature and their applicability to the patient for whom ECPR is considered - that is, the impact of pre-existing patient factors, the benefit of timely and effective CPR, as well as the prognostic importance of minimizing low-flow time. We advocate for the thoughtful consideration of these prognostic factors as part of a risk stratification framework when evaluating a patient's potential candidacy for ECPR.; Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Dr. Alexandre Tran has no conflicts to report. Dr. Bram Rochweg has no conflicts to report. Dr. Eddy Fan reports receiving personal fees from ALung Technologies, Baxter, Inspira, Vasomune, and Zoll Medical outside of the submitted work. He serves on the Executive Committee and is Chair of the Data Committee for the International ECMO Network (ECMONet). Dr. Jan Belohlavek reports receiving lecture and consultancy honoraria outside of the submitted work from Getinge, Abiomed, Xenios, Resuscitec, Novartis, Bayer, Boehringer-Ingelheim and AstraZeneca Companies. Dr. Martje M. Suverein has no conflicts to report. Dr. Marcel C. G. van de Poll has no conflicts to report. Dr. Roberto Lorusso reports consulting activities for Medtronic, Livanova, Getinge and receiving lecture

fees from Abiomed. He serves on the Medical Advisory Board of Xenios and Eurosets. Dr. Susanna Price has no conflicts to report. Dr. Demetris Yannopoulos has no conflicts to report. Dr. Graeme MacLaren serves on the Executive Committee of the Extracorporeal Life Support Organization (ELSO). Dr. Kollengode Ramanathan is the co-Chair of the Scientific Oversight Committee at ELSO and has received honoraria for educational talks outside the submitted work from Fresenius and Baxter. Ryan Ruiyang Ling receives research support from the Clinician Scientist Development Unit, National University of Singapore. Dr. Sonny Thiara has no conflicts to report. Dr. Joseph E. Tonna is the Chair of the Registry of the Extracorporeal Life Support Organization (ELSO). Dr. Kiran Shekar serves on the Scientific Committee and Network Committee of ECMONet. He reports receiving lecture honoraria outside of the submitted work from Getinge and Abiomed. Dr. Carol L. Hodgson serves on the Executive Committee, Scientific Committee, and Data Committee of ECMONet. Dr. Damon C. Scales has no conflicts to report. Dr. Claudio Sandroni has no conflicts to report. Dr. Jerry P. Nolan receives support from Elsevier for his role as Editor-in-Chief for Resuscitation. Dr. Arthur S. Slutsky reports consulting for Baxter International Inc. and Xenios. He serves on the Executive Committee and is Chair of the Scientific Committee of ECMONet. Dr. Alain Combes reports receiving personal fees from Getinge, Xenios, and Baxter International Inc. He serves on the Executive Committee and Scientific Committee of ECMONet, and is Past-President of the European Extracorporeal Life Support Organization (EuroELSO). Dr. Daniel Brodie receives research support from and consults for LivaNova. He has been on the medical advisory boards for Abiomed, Xenios, Medtronic, Inspira and Cellenkos. He is the President-elect of the Extracorporeal Life Support Organization (ELSO) and the Chair of the Executive Committee of the International ECMO Network (ECMONet), and he writes for UpToDate. Dr. Shannon M. Fernando has no conflicts to report. (Copyright © 2023 Elsevier B.V. All rights reserved.)

DOI: 10.1016/j.resuscitation.2023.110004

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37863420&custid=ns010877>

252. **Mainstreaming of genomics in oncology: a nationwide survey of the genomics training needs of UK oncologists**

Item Type: Journal Article

Authors: Tutika, Rippie K.;Bennett, James A.;Abraham, Jean;Snape, Katie;Tatton-Brown, Katrina;Kemp, Zoe;Copson, Ellen and Openshaw, Mark R.

Publication Date: 2023

Journal: Clinical Medicine 23(1), pp. 9-15

Abstract: Objective Genomics is rapidly changing treatment paradigms for cancers, obligating oncologists to have good genomics knowledge. Through this survey, we aimed to assess the current understanding of cancer genomics among UK oncologists. Methods We conducted a web-based nation-wide self-assessment survey of the cancer genomics knowledge of UK clinical and medical oncology trainees and consultants. Results In total, 150 oncologists (81 consultants and 69 trainees) responded, representing 10% of UK oncologists. Formal training in genomics had not been received by 38.7% of oncologists and 92.7% identified a need for additional genomics training. In total, 71.3% self-reported to have good knowledge of defining somatic and germline mutations, falling to 35.3% for understanding principles of gene expression and regulation. Knowledge of cancer-predisposing syndromes was highest for Lynch syndrome (40.7% good knowledge) and lowest for multiple endocrine neoplasia (14.0% good knowledge). Overall, 49.0% of respondents had consented patients for germline testing, but 80.7% reported a lack of training in genetic counselling. Conclusion Large knowledge gaps have been identified

through this survey, highlighting the need for incorporation of improved formal training in cancer genomics for consultants and trainees, with an aim to equip oncologists for advances in clinical practice and to take up genetic mainstreaming confidently.

DOI: 10.7861/clinmed.2022-0372

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161638098&custid=ns010877>

253. Trends in use of intraosseous and intravenous access in out-of-hospital cardiac arrest across English ambulance services: A registry-based, cohort study

Item Type: Journal Article

Authors: Vadeyar, Sharvari;Buckle, Alexandra;Hooper, Amy;Booth, Scott;Deakin, Charles D.;Fothergill, Rachael;Ji, Chen;Nolan, Jerry P.;Brown, Martina;Cowley, Alan;Harris, Emma;Ince, Maureen;Marriott, Robert;Pike, John;Spaight, Robert;Perkins, Gavin D. and Couper, Keith

Publication Date: 2023

Journal: Resuscitation 191, pp. 109951

Abstract: Introduction: The optimum route for drug administration in cardiac arrest is unclear. Recent data suggest that use of the intraosseous route may be increasing. This study aimed to explore changes over time in use of the intraosseous and intravenous drug routes in out-of-hospital cardiac arrest in England.; Methods: We extracted data from the UK Out-of-Hospital Cardiac Arrest Outcomes registry. We included adult out-of-hospital cardiac arrest patients between 2015-2020 who were treated by an English Emergency Medical Service that submitted vascular access route data to the registry. The primary outcome was any use of the intraosseous route during cardiac arrest. We used logistic regression models to describe the association between time (calendar month) and intraosseous use.; Results: We identified 75,343 adults in cardiac arrest treated by seven Emergency Medical Service systems between January 2015 and December 2020. The median age was 72 years, 64% were male and 23% presented in a shockable rhythm. Over the study period, the percentage of patients receiving intraosseous access increased from 22.8% in 2015 to 42.5% in 2020. For each study-month, the odds of receiving any intraosseous access increased by 1.019 (95% confidence interval 1.019 to 1.020, $p < 0.001$). This observed effect was consistent across sensitivity analyses. We observed a corresponding decrease in use of intravenous access.; Conclusion: In England, the use of intraosseous access in out-of-hospital cardiac arrest has progressively increased over time. There is an urgent need for randomised controlled trials to evaluate the clinical effectiveness of the different vascular access routes in cardiac arrest.; Competing Interests: Declaration of Competing Interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: CDD, RF, CJ, JPN, GDP and KC are co-investigators of the PARAMEDIC-3 trial (a randomised controlled trial of the IV versus IO route for vascular access in out-of-hospital cardiac arrest). JPN is Editor in Chief and GDP is an editor of Resuscitation. CDD and KC are editorial board members of Resuscitation. (Copyright © 2023 The Author(s). Published by Elsevier B.V. All rights reserved.)

DOI: 10.1016/j.resuscitation.2023.109951

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37648146&custid=ns010877>

254. **Thalidomide upper limb embryopathy - pathogenesis, past and present management and future considerations**

Item Type: Journal Article

Authors: Vargesson, Neil;Hooper, Geoffrey;Giddins, Grey;Hunter, Alastair;Stirling, Paul and Lam, Wee

Publication Date: 2023

Journal: The Journal of Hand Surgery, European Volume 48(8), pp. 699-709

Abstract: This review article provides a comprehensive overview of thalidomide upper limb embryopathy including updates about its pathogenesis, a historical account of the management of the paediatric thalidomide patient, experience with management of the adult patient, as well as creating awareness about early onset age-related changes associated with limb differences. Despite its withdrawal from the market in November 1961, novel discoveries have meant thalidomide is licensed again and currently still in use to treat a variety of conditions, including inflammatory disorders and some cancers. Yet, if not used safely, thalidomide still has the potential to cause damage to the embryo. Recent work identifying thalidomide analogues that retain clinical benefits yet without the harmful effects are showing great promise. Understanding the problems thalidomide survivors face as they age can allow surgeons to support their unique healthcare issues and translate these principles of care to other congenital upper limb differences.

DOI: 10.1177/17531934231177425

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37226469&custid=ns010877>

255. **Pulmonary Hypertension: Intensification and Personalisation of Combination Rx (PHoenix): A phase IV randomised trial for the evaluation of dose-response and clinical efficacy of riociguat and selexipag using implanted technologies.**

Item Type: Journal Article

Authors: Varian, F.;Dick, J.;Battersby, C.;Roman, S.;Ablott, J.;Watson, L.;Binmahfooz, S.;Zafar, H.;Colgan, G.;Cannon, J.;Suntharalingam, J.;Lordan, J.;Howard, L.;McCabe, C.;Wort, J.;Price, L.;Church, C.;Hamilton, N.;Armstrong, I.;Hameed, A., et al

Publication Date: 2023

Journal: medRxiv (pagination), pp. ate of Pubaton: 24 Aug 2023

Abstract: Approved therapies for pulmonary arterial hypertension (PAH) mediate pulmonary vascular vasodilatation by targeting distinct biological pathways. Patients identified as intermediate-low risk, according to a four-strata risk assessment model, with an inadequate response to dual therapy with a phosphodiesterase type-5 inhibitor (PDE5i) and endothelin receptor antagonist (ERA), are recommended to either intensify oral therapy by adding a selective prostacyclin receptor (IP) agonist (selexipag), or switching from PDE5i to a soluble guanylate-cyclase stimulator (sGCS; riociguat). The clinical equipoise between these therapeutic choices provides opportunity for evaluation of individualised therapeutic effect. Traditionally, invasive/hospital-based investigations are required to comprehensively assess disease severity and demonstrate treatment benefit. Regulatory approved, minimally invasive monitors enable equivalent measurements to be obtained while patients are at home. In this 2x2 randomised crossover trial, patients with PAH established on guideline-recommended dual therapy and implanted with CardioMEMSTM (a wireless pulmonary

artery sensor) and ConfirmRx™ (an insertable cardiac rhythm monitor), will receive ERA + sGCS, or PDEi + ERA + IP agonist. The study will evaluate clinical efficacy via established clinical investigations and remote monitoring technologies, with remote data relayed through regulatory approved online clinical portals. The primary aim will be establishing the change in right ventricular systolic volume measured by magnetic resonance imaging (MRI) from baseline to maximal tolerated dose with each therapy. Using data from MRI and other outcomes, including haemodynamics, physical activity, physiological measurements, quality of life, and side effect reporting, we will determine whether remote technology facilitates early evaluation of clinical efficacy, and investigate intra-patient efficacy of the two treatment approaches.

256. UK national real-world outcome data of first-line pembrolizumab treatment in head and neck squamous cell cancer (HNSCC).

Item Type: Journal Article

Authors: Vasiliadou, I.;Grose, D.;Hartley, A.;Partridge, S.;Haridass, A.;Williamson, A.;Noble, D.;Walter, H.;De Winton, E.;Cohen, J.;Geropantas, K.;Donnelly, O.;Jankowska, P.;Moleron, R.;Ulahannan, D.;Michaelidou, A.;Raouf, S.;Khalique, S.;Bhide, S. and Kong, A.

Publication Date: 2023

Journal: Annals of Oncology Conference, pp. ESMO

Abstract: Background: Immunotherapy has significantly improved survival in patients with several solid tumours including head and neck squamous cell carcinoma (HNSCC). Pembrolizumab received approval in the UK in 2020 as first-line treatment for recurrent or metastatic (R/M) HNSCC based on KEYNOTE-048 trial data which demonstrated an extended overall survival (OS) when compared to the EXTREME chemotherapy regime in patients with R/M HNSCC tumours with a combined positive score (CPS) \geq 1 (Burtness, 2019). Here we, provide real-world data on the clinical outcomes of the use of pembrolizumab as first-line systemic treatment for HNSCC in the United Kingdom (UK).

257. Comparative Disease Burden in Patients with Rheumatoid Arthritis, Psoriatic Arthritis Or Ankylosing Spondylitis: Data from Covad Patient-Reported E-Survey

Item Type: Journal Article

Authors: Venerito, V.;Fornaro, M.;Iannone, F.;Cavagna, L.;Kuwana, M.;Agarwal, V.;Ravichandran, N.;Day, J.;Joshi, M.;Saha, S.;Shaharir, S. S.;Katchamart, W.;Goo, P. A.;Traboco, L.;M., Y.;Chen;Sen, P.;Lilleker, J. B.;Nune, A. and Pauling, J.

Publication Date: 2023

Journal: Annals of the Rheumatic Diseases 82, pp. 746-747

DOI: 10.1136/annrheumdis-2023-eular.4686

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=164385333&custid=ns010877>

258. Randomised trial of the clinical and cost effectiveness of a supraglottic airway device compared with tracheal intubation for in-hospital cardiac arrest (AIRWAYS-3):

Protocol, design and implementation

Item Type: Journal Article

Authors: Watkins, Scott;Chowdhury, Fatimah J.;Norman, Chloe;Brett, Stephen J.;Couper, Keith;Goodwin, Laura;Gould, Doug W.;Ae Harrison, David;Hossain, Anower;Lall, Ranjit;Mason, James;Nolan, Jerry P.;Nwankwo, Henry;Perkins, Gavin D.;Samuel, Katie;Schofield, Behnaz;Soar, Jasmeet;Starr, Kath;Thomas, Matthew;Voss, Sarah, et al

Publication Date: 2023

Journal: Resuscitation Plus 15, pp. 100430

Abstract: Survival from in-hospital cardiac arrest is approximately 18%, but for patients who require advanced airway management survival is lower. Those who do survive are often left with significant disability. Traditionally, resuscitation of cardiac arrest patients has included tracheal intubation, however insertion of a supraglottic airway has gained popularity as an alternative approach to advanced airway management. Evidence from out-of-hospital cardiac arrest suggests no significant differences in mortality or morbidity between these two approaches, but there is no randomised evidence for airway management during in-hospital cardiac arrest. The aim of the AIRWAYS-3 randomised trial, described in this protocol paper, is to determine the clinical and cost effectiveness of a supraglottic airway versus tracheal intubation during in-hospital cardiac arrest. Patients will be allocated randomly to receive either a supraglottic airway or tracheal intubation as the initial advanced airway management. We will also estimate the relative cost-effectiveness of these two approaches. The primary outcome is functional status, measured using the modified Rankin Scale at hospital discharge or 30 days post-randomisation, whichever occurs first. AIRWAYS-3 presents ethical challenges regarding patient consent and data collection. These include the enrolment of unconscious patients without prior consent in a way that avoids methodological bias. Other complexities include the requirement to randomise patients efficiently during a time-critical cardiac arrest. Many of these challenges are encountered in other emergency care research; we discuss our approaches to addressing them. Trial registration: ISRCTN 17720457. Prospectively registered on 29/07/2022.; Competing Interests: The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: GDP is Editor-in-Chief, and JPN, KC and JS are Editors of the journal Resuscitation Plus. (© 2023 The Author(s).)

DOI: 10.1016/j.resplu.2023.100430

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37519411&custid=ns010877>

259. Vacuum-assisted excision biopsy for definitive diagnosis of breast lesions of uncertain malignant potential (B3 lesions) on core biopsy - A single centre Western Australian experience

Item Type: Journal Article

Authors: Watson, Jessica Frances;Radic, Rose;Frost, Rosanna;Paton, Sarah;Kessell, Meredith Anita;Dessauvagie, Benjamin Frederik and Taylor, Donna Blanche

Publication Date: 2023

Journal: Journal of Medical Imaging and Radiation Oncology 67(4), pp. 365-376

Abstract: Introduction: In Australia, the usual approach to breast lesions where core biopsy

returns an uncertain result ("B3" breast lesion) is to perform surgical diagnostic open biopsy (DOB). This is associated with patient time off work, costs of hospital admission, risks of general anaesthesia and surgical complications. The majority of B3 lesions return benign results following surgery. Vacuum assisted excision biopsy (VAEB) is a less invasive, lower cost alternative, and is standard of care for selected B3 lesions in the United Kingdom. Similar use of VAEB in Australia, could save many women unnecessary surgery. The aim of this study was to document our experience during the introduction of VAEB as an alternative to DOB for diagnosis of selected B3 lesions.; Methods: The multidisciplinary team developed an agreed VAEB pathway for selected B3 lesions. Technically accessible papillary lesions, mucocele-like lesions and radial scars without atypia measuring $\leq 15\text{mm}$ were selected.; Results: Over a 7 month period, 18 women with 20 B3 lesions were offered VAEB. 16 women (18 lesions) chose VAEB over DOB. Papillomas were the commonest lesion type. All lesions were successfully sampled: 17/18 were benign. One lesion (6%) was upgraded to malignancy (ductal carcinoma in situ on VAEB, invasive ductal carcinoma at surgery). No major complications occurred. Patient satisfaction was high: 15/16 respondents would again choose VAEB over surgery.; Conclusion: VAEB is a patient-preferred, safe, well-tolerated, lower-cost alternative to DOB for definitive diagnosis of selected B3 breast lesions. (© 2023 Royal Australian and New Zealand College of Radiologists.)

DOI: 10.1111/1754-9485.13502

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36596982&custid=ns010877>

260. SHARED DECISION-MAKING IN PSORIATIC ARTHRITIS CONSULTATIONS.

Item Type: Journal Article

Authors: Watson, L. L.;Coyle, C.;Brooke, M.;Kiltz, U.;Lubrano, E.;Queiro, R.;Trigos, D.;BrandtJuergens, J.;D'Angelo, S.;Delle Sedie, A.;Dernis, E.;Helliwell, P.;Ho, P.;Hueber, A.;Joven, B.;Koehm, M.;Montilla, C.;Packham, J.;Tasende, J. P.;Garcia, F. J. R., et al

Publication Date: 2023

Journal: Rheumatology (United Kingdom) Conference, pp. Brtsh

Abstract: Background/Aims A personalised approach is required to optimise management of psoriatic arthritis (PsA). Shared decision-making between physician and patient is key, resulting in greater patient satisfaction and outcomes. We assessed the degree of perceived collaboration following clinic visits in the UK and Europe and whether this was associated with treatment escalation. Methods The ASSIST study was a cross-sectional observational study of PsA patients aged 18 years and older selected from 24 centres across 5 countries (UK, France, Germany, Italy and Spain) between July 2021 and March 2022 (IRAS: 287039). Patients attending a face-to-face appointment with a diagnosis of PsA made by a rheumatologist were selected by systematic sampling at each centre and treated in routine clinical practice. Patients completed the collaboRATE questionnaire (scored 0-9), where high scores indicate greater perceived collaboration. The perceived efficacy in patient-physician interactions (PEPPI) tool (scored 5-25) assessed the patients' view on their confidence in the consultation. Patient, physician, and disease characteristics were recorded, alongside treatment decisions (medications unchanged, switched, added or reduced). The analysis was descriptive, with no imputation of missing data. Results 503 patients were included, with key characteristics shown (Table 1). Generally, the level of disease severity was low (mean total PsAID score 3.6/10) and PEPPI scores were high, indicating patient confidence in the consultation. A subgroup (n=10) perceived difficulty in sharing their concerns (PEPPI 5) had treatment escalation. However, in patients with high collaboRATE scores, even patients with low PsAID scores had treatment escalation. Conclusion Patients report high levels of shared decision-making in face-to-face PsA

consultations, unrelated to treatment escalation. In patients with low PsAID scores, those with higher perceived collaboration are more likely to have treatment escalation than those without, perhaps reflecting the identification of otherwise undetected symptoms/ concerns. (Table Presented).

261. CURRENT PRESCRIBING PRACTICES IN PSORIATIC ARTHRITIS - COMPARISON BETWEEN THE UK AND EUROPE.

Item Type: Journal Article

Authors: Watson, L.;Coyle, C.;Brooke, M.;Kiltz, U.;Lubrano, E.;Queiro, R.;Trigos, D.;BrandtJuergens, J.;D'Angelo, S.;Delle Sedie, A.;Dernis, E.;Helliwell, P.;Ho, P.;Hueber, A.;Joven, B.;Koehm, M.;Montilla, C.;Packham, J.;Tasende, J. P.;Garcia, F. J. R., et al

Publication Date: 2023

Journal: Rheumatology (United Kingdom) Conference, pp. Brtsh

Abstract: Background/Aims Psoriatic arthritis (PsA) is a multi-system disease with a range of management options. Treatment may vary by geographic location. We compared disease characteristics and prescribing practices in the UK and Europe in the post-Covid era. Methods The ASSIST study was a cross-sectional observational study of PsA patients aged 18 years and older selected from 24 centres across 5 countries (UK, France, Germany, Italy and Spain) between July 2021 and March 2022 (IRAS: 287039). Patients attending a face-to-face appointment with a diagnosis of PsA made by a rheumatologist were selected by systematic sampling at each centre and treated in routine clinical practice. Patient and disease characteristics, current treatment and treatment decisions (medications unchanged, switched, added or reduced) were recorded. The analysis was descriptive, with no imputation of missing data. Results 503 patients were included, with arthritis subtype, patient age, disease activity and duration shown (Table 1). Physician- and patient-reported disease severity was highest in the UK, where median patient age was lowest. Conventional synthetic (cs) DMARDS constituted a higher percentage of current PsA treatment in UK than continental Europe (66.4% vs 44.9%), whereas biologic use was more frequent in Europe (68.1% vs 36.4%). Adalimumab was the most commonly used biologic in the UK and Spain. Adalimumab and secukinumab were equally used in Germany, and ixekizumab and adalimumab were joint-first in Italy. Implementing change to the current PsA treatment was most common in the UK, predominantly being a treatment increase. This may reflect the higher level of disease activity or younger patient age in the UK than other countries, as treatment escalation is more likely earlier in the disease course. In the UK, treatment escalation was more commonly achieved by medication addition (26.2%) than medication switch (14%) or dose increase (7.5%). In Europe, medication addition and switch were of more similar frequency (10.9% vs 9.85%). Conclusion Disease characteristics and treatment strategies varied between countries, but particularly between UK and the rest of Europe. In contrast to mainland Europe, csDMARDs predominated in the UK, perhaps reflecting current NICE guidelines. Treatment escalation was most common in the UK, in keeping with higher disease activity. (Table Presented).

262. An international multi-centre analysis of current prescribing practices and shared decision-making in psoriatic arthritis.

Item Type: Journal Article

Authors: Watson, L.;Coyle, C.;WhatelySmith, C.;Brooke, M.;Kiltz, U.;Lubrano, E.;Queiro, R.;Trigos, D.;BrandtJuergens, J.;Choy, E.;D'Angelo, S.;Delle Sedie, A.;Dernis, E.;Guis,

S.;Helliwell, P.;Ho, P.;Hueber, A. J.;Joven, B.;Koehm, M.;Montilla, C., et al

Publication Date: 2023

Journal: Rheumatology (Oxford, England) (pagination), pp. ate of Pubaton: 27 No 2023

Abstract: OBJECTIVES: Shared decision-making (SDM) is advocated to improve patient outcomes in Psoriatic arthritis (PsA). We analysed current prescribing practices and the extent of SDM in PsA across Europe.

263. **Centrally acting antihypertensives and alpha-blockers in people at risk of falls: therapeutic dilemmas-a clinical review**

Item Type: Journal Article

Authors: Welsh, T. J. and Mitchell, A.

Publication Date: 2023

Journal: European Geriatric Medicine 14(4), pp. 675-682

Abstract: Purpose: The aim of this clinical review was to summarise the existing knowledge on the adverse effects of alpha-blockers and centrally acting antihypertensives, the effect these may have on falls risk, and guide deprescribing of these medications.; Methods: Literature searches were conducted using PubMed and Embase. Additional articles were identified by searching reference lists and reference to personal libraries. We discuss the place of alpha-blockers and centrally acting antihypertensives in the treatment of hypertension and methods for deprescribing.; Results: Alpha-blockers and centrally acting antihypertensives are no longer recommended for the treatment of hypertension unless all other agents are contraindicated or not tolerated. These medications carry a significant falls risk and non-falls risk-associated side effects. Tools to aid and guide de-prescribing and monitoring of the withdrawal of these medication classes are available to assist the clinician including information on reducing the risk of withdrawal syndromes.; Conclusions: Centrally acting antihypertensives and alpha-blockers increase the risk of falls through a variety of mechanisms-principally by increasing the risk of hypotension, orthostatic hypotension, arrhythmias and sedation. These agents should be prioritised for de-prescribing in older frailer individuals. We identify a number of tools and a withdrawal protocol to aid the clinician in identifying and de-prescribing these medications. (© 2023. The Author(s).)

DOI: 10.1007/s41999-023-00813-x

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37436689&custid=ns010877>

264. **Resilience in patients with complex regional pain syndrome 1 - a cross-sectional analysis of patients participating in a cross-sectional cohort study.**

Item Type: Journal Article

Authors: Wertli, M. M.;Aegler, B.;McCabe, C. S.;Grieve, S.;Llewellyn, A.;Schneider, S.;Bachmann, L. M. and Brunner, F.

Publication Date: 2023

Journal: Pain Medicine (United States) 24(9), pp. 1066-1072

Abstract: Objective: To assess the degree of resilience in patients with complex regional pain syndrome (CRPS) 1, to explore the relationship between resilience and patient-related outcome measurements and to describe a pattern of clinical manifestations associated with low resilience.

265. **Resilience in patients with complex regional pain syndrome 1-a cross-sectional analysis of patients participating in a cross-sectional cohort study**

Item Type: Journal Article

Authors: Wertli, Maria Monika;Aegler, Barbara;McCabe, Candida S.;Grieve, Sharon;Llewellyn, Alison;Schneider, Stephanie;Bachmann, Lucas M. and Brunner, Florian

Publication Date: 2023

Journal: Pain Medicine (Malden, Mass.) 24(9), pp. 1066-1072

Abstract: Objective: To assess the degree of resilience in patients with complex regional pain syndrome (CRPS) 1, to explore the relationship between resilience and patient-related outcome measurements and to describe a pattern of clinical manifestations associated with low resilience.; Methods: This study presents a cross-sectional analysis of baseline information collected from patients enrolled in a single center study between February 2019 and June 2021. Participants were recruited from the outpatient clinic of the Department of Physical Medicine & Rheumatology of the Balgrist University Hospital, Zurich, Switzerland. We used linear regression analysis to explore association of resilience with patient reported outcomes at baseline. Furthermore, we explored the impact of significant variables on the low degree resilience using logistic regression analysis.; Results: Seventy-one patients (females 90.1%, mean age 51.2 ± 12.9 years) were enrolled. There was no association between CRPS severity and the level of resilience. Quality of Life was positively correlated with resilience, as was pain self-efficacy. Pain catastrophizing was inversely correlated with the level of resilience. We observed a significant inverse association between anxiety, depression and fatigue and the level of resilience. The proportion of patients with a low resilience increased with higher level of anxiety, depression and fatigue on the PROMIS-29, without reaching statistical significance.; Conclusion: Resilience seems to be an independent factor in CRPS 1 and is associated with relevant parameters of the condition. Therefore, caretakers may screen the current resilience status of CRPS 1 patients to offer a supplementary treatment approach. Whether specific resilience training modifies CRPS 1 course, requires further investigations. (© The Author(s) 2023. Published by Oxford University Press on behalf of the American Academy of Pain Medicine.)

DOI: 10.1093/pm/pnad055

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37154698&custid=ns010877>

266. **Deep-Learning for Epicardial Adipose Tissue Assessment With Computed Tomography: Implications for Cardiovascular Risk Prediction**

Item Type: Journal Article

Authors: West, Henry W.;Siddique, Muhammad;Williams, Michelle C.;Volpe, Lucrezia;Desai, Ria;Lyasheva, Maria;Thomas, Sheena;Dangas, Katerina;Kotandis, Christos P.;Tomlins, Pete;Mahon, Ciara;Kardos, Attila;Adlam, David;Graby, John;Rodrigues,

Jonathan C. L.;Shirodaria, Cheerag;Deanfield, John;Mehta, Nehal N.;Neubauer, Stefan;Channon, Keith M., et al

Publication Date: 2023

Journal: JACC.Cardiovascular Imaging 16(6), pp. 800-816

Abstract: Background: Epicardial adipose tissue (EAT) volume is a marker of visceral obesity that can be measured in coronary computed tomography angiograms (CCTA). The clinical value of integrating this measurement in routine CCTA interpretation has not been documented.; Objectives: This study sought to develop a deep-learning network for automated quantification of EAT volume from CCTA, test it in patients who are technically challenging, and validate its prognostic value in routine clinical care.; Methods: The deep-learning network was trained and validated to autosegment EAT volume in 3,720 CCTA scans from the ORFAN (Oxford Risk Factors and Noninvasive Imaging Study) cohort. The model was tested in patients with challenging anatomy and scan artifacts and applied to a longitudinal cohort of 253 patients post-cardiac surgery and 1,558 patients from the SCOT-HEART (Scottish Computed Tomography of the Heart) Trial, to investigate its prognostic value.; Results: External validation of the deep-learning network yielded a concordance correlation coefficient of 0.970 for machine vs human. EAT volume was associated with coronary artery disease (odds ratio [OR] per SD increase in EAT volume: 1.13 95% CI: 1.04-1.30]; P = 0.01), and atrial fibrillation (OR: 1.25 95% CI: 1.08-1.40]; P = 0.03), after correction for risk factors (including body mass index). EAT volume predicted all-cause mortality (HR per SD: 1.28 95% CI: 1.10-1.37]; P = 0.02), myocardial infarction (HR: 1.26 95% CI: 1.09-1.38]; P = 0.001), and stroke (HR: 1.20 95% CI: 1.09-1.38]; P = 0.02) independently of risk factors in SCOT-HEART (5-year follow-up). It also predicted in-hospital (HR: 2.67 95% CI: 1.26-3.73]; P ≤ 0.01) and long-term post-cardiac surgery atrial fibrillation (7-year follow-up; HR: 2.14 95% CI: 1.19-2.97]; P ≤ 0.01).; Conclusions: Automated assessment of EAT volume is possible in CCTA, including in patients who are technically challenging; it forms a powerful marker of metabolically unhealthy visceral obesity, which could be used for cardiovascular risk stratification.; Competing Interests: Funding Support and Author Disclosures This study received support from the British Heart Foundation (grant TG/19/2/34831) and the European Union Commission Horizon 2020 program via the Machine Learning Artificial Intelligence Early Detection Stroke Atrial Fibrillation (MAESTRIA) Consortium (grant 965286). Drs Siddique, Tomlins, and Shirodaria are employees of Caristo Diagnostics Ltd. Dr Williams has received support from the British Heart Foundation (grant FS/ICRF/20/26002); and has served on the Speakers Bureau for Canon Medical Systems. Dr Adlam has received support from the Leicester National Institute of Health Research Biomedical Research Centre; has received research funding and in-kind support for unrelated research from AstraZeneca Inc; has received an educational grant from Abbott Vascular Inc to support a clinical research fellow for unrelated research; and has also conducted consultancy for GE Inc to support research funds for unrelated research. Drs Shirodaria, Neubauer, Channon, and Antoniades are founders, shareholders, and directors of Caristo Diagnostics Ltd, a CT-image analysis company. Dr Antoniades has received support from the British Heart Foundation (grants CH/F/21/90009, TG/19/2/34831, and RG/F/21/110040), Innovate UK (grant 104472), and the National Consortium of Intelligent Medical Imaging through the Industry Strategy Challenge Fund (Innovate UK grant 104688); and is also the inventor of patents US10,695,023B2, PCT/GB2017/053262, GB2018/1818049.7, GR20180100490, and GR20180100510, which are licensed through exclusive license to Caristo Diagnostics. All other authors have reported that they have no relationships relevant to the contents of this paper to disclose. (Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.)

DOI: 10.1016/j.jcmg.2022.11.018

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

267. **Rapid realist review of virtual wards for people with frailty.**

Item Type: Journal Article

Authors: Westby, M.;Ijaz, S.;Savovic, J.;McLeod, H.;Dawson, S.;Welsh, T.;Le Roux, H.;Walsh, N. and Bradley, N.

Publication Date: 2023

Journal: medRxiv (pagination), pp. ate of Pubaton: 24 Ar 2023

Abstract: Background Virtual wards (VWs) deliver multidisciplinary care at home to people with frailty at high risk of a crisis or in-crisis, aiming to mitigate the risk of hospital admission. Different VWs models exist and evidence of effectiveness is inconsistent. Aim We conducted a rapid realist review to identify different types of VWs, and to develop explanations for how and why VWs could deliver effective frailty management. Methods We searched published and grey literature to identify evidence on VWs for frailty, based in Great Britain and Ireland. Information on how and why virtual wards might 'work' was extracted and synthesised in two rounds with input from clinicians and patient/public contributors, generating 12 hypothesised context-mechanism-outcome configurations. Results We included 17 published and 11 grey literature documents. VWs could be short-term and acute (1-21 days), or longer-term and preventative (3-7 months). Effective VW operation requires common standards agreements, information sharing processes, an appropriate multidisciplinary team that plans patient care remotely, and good co-ordination. VWs may enable delivery of frailty interventions through appropriate selection of patients, comprehensive assessment including medication review, integrated case management, and proactive care. Important components for patients and caregivers are their communication with the VW, their experience of care at home, and feeling included, safe and empowered to manage their condition. Conclusions Insights gained from this review could inform implementation or evaluation of VWs for frailty. A combination of acute and longer-term VWs may be needed, within a whole system approach. An emphasis on proactive care is recommended.

268. **Exercise snacking to improve physical function in pre-frail older adult memory clinic patients: a 28-day pilot study.**

Item Type: Journal Article

Authors: Western, M. J.;Welsh, T.;Keen, K.;Bishop, V. and Perkin, O. J.

Publication Date: 2023

Journal: BMC Geriatrics 23(1), pp. 471

Abstract: BACKGROUND: Finding innovative yet feasible ways of preventing physical and cognitive decline in those at risk is a critical global challenge, with exercise being championed as a key precursor to robust health in later life. Exercise snacking, here defined as short bouts of sporadic [muscle-strengthening] exercise, is one such strategy designed to overcome typical participation barriers observed in older adults. This study examined the acceptability of exercise snacking amongst pre-frail older adults and explored the efficacy of this approach in improving physical function.

269. Evaluating the Efficacy of Various Artificial Tear Formulations.

Item Type: Journal Article

Authors: White, E. R.;Fazio, N.;Tourmouzis, K.;Yang, J.;Weissbart, S.;Chou, T.;Tam, M.;Rigas, B. and Honkanen, R. A.

Publication Date: 2023

Journal: Investigative Ophthalmology and Visual Science.Conference: Annual Meeting Association for Research in Vision and Ophthalmology, ARVO 2023.New Orleans, LA United States 64(8), pp. 190

Abstract: Purpose : Artificial tear (AT) use is the most common treatment for Dry Eye Disease (DED). Numerous AT formulations are available that can be broadly differentiated as either glycol or cellulose based. AT may also be classified based on viscosity or additives targeting a specific deficiency known to contribute to DED pathology. Objective comparative data between various AT is scarce. Herein we compare the performance of 7 AT preparations to improve objective measures of tear film anatomy and function. Methods : AT formulations tested included: Systane Complete PF (SCPF), Refresh Relieva (RR), GenTeal Gel (GTG), Systane Ultra (SU), Refresh Optive Mega 3 (ROM3), Soothe XP (SXP), and GenTeal Tears (GTT). Saline (S) was used as a control. Tear Meniscus Height (TMH) and Non-Invasive Keratographic Tear Breakup Time (NIKBT) were measured using an advanced keratography unit (AKU) [Oculus Keratograph 5M]. Central Lipid Layer Thickness (LLT) was measured with an interferometer [Lipiview 2]. Measures were taken at baseline, and 5 and 15 minutes after drop installation. For each AT, the observed parameter changes at 5 and 10 minutes were compared to baseline using Students T test (Excel). Results : Table 1 shows the number of eyes tested and the observed changes in measured parameters. Most AT showed a non-significant improvement in TMH at 5 minutes. Only GTG maintained statistically significant increases in TMH at both 5 and 15 minutes. A significant improvement in NIKBT at both 5 and 15 minutes was only observed for SU. Only SXP showed statistical improvement in LLT at 5 and 15 minutes. Conclusions : No AT consistently outperformed another one at all time points for all measures. Most AT demonstrated small, nonsignificant improvements in TMH at 5 min while changes in NIKBT and LLT were more variable. Select formulations (GTG, SXP, and SU) performed significantly better for a single parameter at 5 and 15 minutes when compared to saline though the clinical relevance of these differences was not studied. Most AT performed similar to saline controls. For benefit in the parameters measured here, most AT supplements can be used interchangeably. However, select drops might have a more beneficial effect for certain tear parameters, allowing for some personalization of treatment recommendations for individual patients.

270. 'ACOPP' chemotherapy for older and less fit patients with Hodgkin lymphoma-A multicentre, retrospective study.

Item Type: Journal Article

Authors: Wilson, M. R.;Haynes, E.;Parsons, K.;Hopkins, D.;Robertson, E.;Ferguson, G.;Quinn, D.;Murray, J.;Osborne, W.;Leach, M. and McKay, P.

Publication Date: 2023

Journal: British Journal of Haematology 202(4), pp. 796-800

Abstract: Management of classical Hodgkin lymphoma in older patients is challenging due to poor tolerance of the chemotherapy regimens used in younger patients. We modified the BEACOPP regimen (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine and prednisolone), whereby bleomycin and etoposide were removed and cyclophosphamide dose was reduced, for older patients with co-morbidities. Here we present data from the first 41 patients treated with 'ACOPP' across 3 centres, demonstrating that it can be delivered, with a favourable toxicity profile (TRM 2%) and promising efficacy (2-year PFS and OS, 73% (95% CI: 52-94) and 93% (95% CI: 80-100) respectively).

271. Exploring the Challenges of Frailty in Medical Education.

Item Type: Journal Article

Authors: Winter, R. and Pearson, G. M. E.

Publication Date: 2023

Journal: Journal of Frailty and Aging 12(2), pp. 134-138

Abstract: Frailty is common, and medical students and doctors across all specialties will look after patients with frailty. The General Medical Council requires UK medical schools to teach and assess on frailty, and national geriatric societies across the globe include frailty in their recommended undergraduate curricula. However, frailty in medical education is challenging; there is uncertainty around what frailty is in medical education, including how and when to teach it; controversies in mapping teaching and assessments to recommended curricula; patients with frailty can be challenging to include in teaching and assessments due to functional, sensory, and/or cognitive impairments; an individual with frailty is likely to present atypically, with less predictable recovery, introducing complexities into clinical reasoning that can be challenging for students; the term frailty is often negatively perceived, used colloquially and avoided in educational interactions. This commentary discusses these challenges around frailty in undergraduate medical education and serves to provoke discussion about why frailty is so challenging to teach and learn about, including recommendations for how frailty education could be improved.

272. Microbial diversity and antimicrobial resistance in faecal samples from acute medical patients assessed through metagenomic sequencing

Item Type: Journal Article

Authors: Yokoyama, Maho;Peto, Leon;Budgell, Eric P.;Jones, Nicola;Sheridan, Elizabeth;Liu, Jane;Walker, A. S.;Stoesser, Nicole;Gweon, Hyun S. and Llewelyn, Martin J.

Publication Date: 2023

Journal: PloS One 18(3), pp. e0282584

Abstract: Antimicrobial resistance (AMR) is a threat to global public health. However, unsatisfactory approaches to directly measuring the AMR burden carried by individuals has hampered efforts to assess interventions aimed at reducing selection for AMR. Metagenomics can provide accurate detection and quantification of AMR genes within an individual person's faecal flora (their gut "resistome"). Using this approach, we aimed to test the hypothesis that differences in antimicrobial use across different hospitals in the United

Kingdom will result in observable differences in the resistome of individual patients. Three National Health Service acute Hospital Trusts with markedly different antibiotic use and *Clostridioides difficile* infection rates collected faecal samples from anonymous patients which were discarded after *C. difficile* testing over a period of 9 to 15 months. Metagenomic DNA was extracted from these samples and sequenced using an Illumina NovaSeq 6000 platform. The resulting sequencing reads were analysed for taxonomic composition and for the presence of AMR genes. Among 683 faecal metagenomes we found huge variation between individuals in terms of taxonomic diversity (Shannon Index range 0.10-3.99) and carriage of AMR genes (Median 1.50 genes/cell/sample overall). We found no statistically significant differences in diversity (median Shannon index 2.16 (IQR 1.71-2.56), 2.15 (IQR 1.62-2.50) and 2.26 (IQR 1.55-2.51)) or carriage of AMR genes (median 1.37 genes/cell/sample (IQR 0.70-3.24), 1.70 (IQR 0.70-4.52) and 1.43 (IQR 0.55-3.71)) at the three trusts respectively. This was also the case across the sample collection period within the trusts. While we have not demonstrated differences over place or time using metagenomic sequencing of faecal discards, other sampling frameworks may be more suitable to determine whether organisational level differences in antibiotic use are associated with individual-level differences in burden of AMR carriage.;

Competing Interests: We have edited as follows complying with your requirements: ASW is an NIHR Senior Investigator. ASW and MJL were supported by the NIHR Biomedical Research Centre, Oxford during the duration of the research. This does not alter our adherence to PLOS ONE policies on sharing data and materials. (Copyright: © 2023 Yokoyama et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.)

DOI: 10.1371/journal.pone.0282584

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36928667&custid=ns010877>

273. Dissection-related tandem occlusion may be different from atherothrombotic tandem occlusion

Item Type: Journal Article

Authors: Zhang, Liqun;Trippier, Sarah;Banerjee, Soma;Xu, Tian;Leyon, Joe;Taylor, Eleanor;Shtaya, Anan;Sim, Cai Hua;Gargalas, Sergios;Khan, Usman;Cluckie, Gillian;Holt, Peter;Lobotesis, Kyriakos;Clifton, Andrew;Markus, Hugh S.;Goyal, Mayank and Ogungbemi, Ayokunle

Publication Date: 2023

Journal: Journal of Stroke and Cerebrovascular Diseases : The Official Journal of National Stroke Association 32(2), pp. 106910

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.;

Materials and Methods: Data was obtained from prospectively collected registries from two stroke centres between April 2016 and December 2020. Tandem cases with complete cervical internal carotid artery (ICA) occlusion or near-total occlusion ($\geq 90\%$ stenosis) were included. Patients were divided into two groups based on carotid pathology: dissection versus atherothrombosis.;

Results: A total of 134 patients were included: 36 were dissection and 98 were atherothrombosis. The dissection group had better clinical outcomes compared to the atherothrombosis group, although after adjusting for age and stroke risk

factors differences were non-significant. In the non-stented cohort, the dissection patients achieved a better outcome (modified Rankin scale 0-2) than atherothrombotic patients (57% vs. 34%, $p=0.04$) at 90-days.; Conclusion: Dissection-related tandem occlusions appear to have different clinical features from atherothrombotic tandem occlusions which suggests different management strategies are needed. (Copyright © 2022 Elsevier Inc. All rights reserved.)

DOI: 10.1016/j.jstrokecerebrovasdis.2022.106910

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36473397&custid=ns010877>

274. Mortality surrogates in combined pulmonary fibrosis and emphysema

Item Type: Journal Article

Authors: Zhao, An;Gudmundsson, Eyjolfur;Mogulkoc, Nesrin;van Moorsel, Coline;Corte, Tamera J.;Vasudev, Pardeep;Romei, Chiara;Chapman, Robert;Wallis, Tim J. M.;Denneny, Emma;Goos, Tinne;Savas, Recep;Ahmed, Asia;Brereton, Christopher J.;van Es, Hendrik,W.;Jo, Helen;De Liperi, Annalisa;Duncan, Mark;Pontoppidan, Katarina;De Sadeleer, Laurens,J., et al

Publication Date: 2023

Journal: The European Respiratory Journal

Abstract: Background: Idiopathic pulmonary fibrosis (IPF) with co-existent emphysema, termed combined pulmonary fibrosis and emphysema (CPFE) may associate with reduced forced vital capacity (FVC) declines compared to non-CPFE IPF patients. We examined associations between mortality and functional measures of disease progression in two IPF cohorts.; Methods: Visual emphysema presence (>0% emphysema) scored on computed tomography identified CPFE patients (CPFE:non-CPFE: derivation cohort=317:183; replication cohort=358:152), who were subgrouped using 10%, or 15% visual emphysema thresholds, and an unsupervised machine learning model considering emphysema and ILD extents. Baseline characteristics, 1-year relative FVC and diffusing capacity of the lung for carbon monoxide (DLco) decline (linear mixed-effects models), and their associations with mortality (multivariable Cox regression models) were compared across non-CPFE and CPFE subgroups.; Results: In both IPF cohorts, CPFE patients with $\geq 10\%$ emphysema had a greater smoking history and lower baseline DLco compared to CPFE patients with <10% emphysema. Using multivariable Cox regression analyses in patients with $\geq 10\%$ emphysema, 1-year DLco decline showed stronger mortality associations than 1-year FVC decline. Results were maintained in patients suitable for therapeutic IPF trials and in subjects subgrouped by $\geq 15\%$ emphysema and using unsupervised machine learning. Importantly, the unsupervised machine learning approach identified CPFE patients in whom FVC decline did not associate strongly with mortality. In non-CPFE IPF patients, 1-year FVC declines $\geq 5\%$ and $\geq 10\%$ showed strong mortality associations.; Conclusion: When assessing disease progression in IPF, DLco decline should be considered in patients with $\geq 10\%$ emphysema and a $\geq 5\%$ 1-year relative FVC decline threshold considered in non-CPFE IPF patients. (Copyright ©The authors 2023. For reproduction rights and permissions contact permissions@ersnet.org.)

DOI: 10.1183/13993003.00127-2023

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37973176&custid=ns010877>

275. **Treatment of axial spondyloarthritis with biologic and targeted synthetic DMARDs: British Society for Rheumatology guideline scope**

Item Type: Journal Article

Authors: Zhao, Sizheng Steven; Harrison, Stephanie R.; Chan, Antoni; Clarke, Nick; Davis, Charlotte; Eddison, Joe; Gregory, William J.; Jones, Gareth T.; Marzo-Ortega, Helena; Murphy, Daniel J.; Sandhu, Virinderjit; Sengupta, Raj; Siebert, Stefan; Thompson, Ben; Webb, Dale; Yates, Max and Gaffney, Karl

Publication Date: 2023

Journal: Rheumatology Advances in Practice 7(2), pp. rkad039

Abstract: Pharmacological management has advanced considerably since the 2015 British Society for Rheumatology axial spondyloarthritis (axSpA) guideline to incorporate new classes of biologic DMARDs (bDMARDs, including biosimilars), targeted synthetic DMARDs (tsDMARDs) and treatment strategies such as drug tapering. The aim of this guideline is to provide an evidence-based update on pharmacological management of adults with axSpA (including AS and non-radiographic axSpA) using b/tsDMARDs. This guideline is aimed at health-care professionals in the UK who care directly for people with axSpA, including rheumatologists, rheumatology specialist nurses, allied health professionals, rheumatology specialty trainees and pharmacists; people living with axSpA; and other stakeholders, such as patient organizations and charities. (© The Author(s) 2023. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

DOI: 10.1093/rap/rkad039

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37197377&custid=ns010877>

276. **WHAM - THE WELLBEING AND HEALTH ACTION MOVEMENT.**

Item Type: Journal Article

Authors: Zhu, H.; Leveret, H.; Benzaken, T.; Sunderland, E. and Singh, G.

Publication Date: 2023

Journal: Archives of Disease in Childhood Conference, pp. Roya

Abstract: Objectives UK child health clinicians are increasingly confronted by adverse health and developmental outcomes as a result of rising poverty and the 'cost of living crisis'. Addressing health inequality in daily practice is rarely at the forefront of medical education. The Wellbeing and Health Action Movement (WHAM) grew to fill this gap, to inform, empower and unite clinicians who wish to fight child poverty and health inequality. Methods Aim (by January 2023): * Create a digital platform or 'social incubator' premised on improvement science to empower at least 100 clinicians with the knowledge, tools and community required to address health inequality in practice, on the frontline, in quality improvement or in advocacy. o <https://www.whamproject.co.uk/> Impact measures * Membership to the WHAM community * Attendance at WHAM events * Number of resources and projects populating the WHAM UK heatmap * Surveys of RCPCH members and medical students Change ideas included * Tools designed for ordinary clinicians to address health inequalities: e.g. '1-minute tool' with 'how-to' videos on poverty; templates for building resources that signpost to organisations offering support to struggling families. * A national quality improvement 'heatmap' to connect clinicians to local WHAM members and projects. * A series of 'WHAMinars' (interactive webinars) to facilitate two-way discussion,

learning and inspiration about action on child health inequality. Ideas were tested and iterated with PDSA cycles. Results Since its launch in September 2021, WHAM has achieved: 146 regular mailing list subscribers; 3070 unique website visits; and 77 webinar attendees across all 4 nations. Over 90% of King's College medical students in a social determinants lecture said that they would use our '1-minute tool' when taking a social history (n=50). In addition, we have delivered talks about our approach to local hospital departments, deaneries and nationally for RCPCH #Shifting the Dial, demonstrating high levels of demand. Finally, our health inequality heatmap now links to 32 local programmes supporting families across the UK, with work underway to develop the functional capabilities required for mapping QI projects. We are collaborating with RCPCH on a health inequalities app expected in 2023. Conclusions In under 18 months WHAM has become an established, crowd-sourced, digital platform providing the knowledge, tools and community to help clinicians support families suffering the effects of health inequalities. Moving forward, WHAM aims to engage with families themselves to help shift the medical profession to embed action on health inequalities and social justice throughout practice.

277. The evolving demographics of participants in psoriatic arthritis phase III randomised controlled trials of b/tsDMARDs: A systematic review.

Item Type: Journal Article

Authors: Zhu, W.;Ayoub, S.;Morand, E.;Tillett, W. and Antony, A.

Publication Date: 2023

Journal: Seminars in Arthritis and Rheumatism 60(pagination), pp. Arte Number: 152175. ate of Pubaton: June 2023

Abstract: Objectives: To characterize the evolving demographics of participants recruited to phase III randomised controlled trials (RCTs) of biologic/targeted synthetic disease-modifying anti-rheumatic drugs (b/tsDMARDs) in peripheral psoriatic arthritis (PsA).

278. Global series: Complex regional pain syndrome: abstracts from the International Association for the Study of Pain complex regional pain syndrome SIG virtual symposia 2021

Item Type: Journal Article

Authors: Lewis, Jennifer S.;Kashif, Muhammad;Maan, Aasam;Ciampi de Andrade, Daniel;Casey, Michelle;Moon, Jee Youn;Lin, Chih-Peng;Danielsson, Lena;Quek, Terence;Díez Tafur, Rodrigo;Aloweidi, Abdelkarim;Birklein, Frank;Knudsen, Lone and Goebel, Andreas

Publication Date: 2023

Journal: Pain Reports 8(1), pp. e1056

Abstract: The aim of this IASP complex regional pain syndrome (CRPS) SIG Global Series 2021 was to bring together clinicians including those from developing countries to better understand the clinical presentation of complex regional pain syndrome in countries with less well-published patient populations. The purpose was to learn from each other about the range of treatments, successful outcomes, and challenges experienced. These meeting

proceedings comprise abstracts from nine countries that span 4 continents and are summaries of online presentations delivered by speakers representing these countries over the course of 2 symposia. The symposia were attended by a global audience of approximately 360 people. Patients with CRPS were described and treated by clinicians from countries across Asia (Pakistan, Jordan, South Korea, Taiwan, and Singapore), South America (Brazil and Peru), Africa (South Africa), and Europe (Norway). This reflects that CRPS exists across borders, ethnicities, and cultures. These proceedings provide a broader perspective within the international pain community about how we can better understand and treat CRPS across the globe.; Competing Interests: Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article. (Copyright © 2023 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of The International Association for the Study of Pain.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=36699996&custid=ns010877>

279. Eccleston C, Begley E, Birkinshaw H, Choy E, Crombez G, Fisher E, Gibby A, Goberman-Hill R, Grieve S, Guest A, Jordan A, Lilywhite A, Macfarlane GJ, McCabe C, McBeth J, Pickering AE, Pincus T, Sallis HM, Stone S, Van der Windt D, Vitali D, Wainwright E, Wilkinson C, William AC de C, Zeyen A, Keogh E (2023) **The establishment, maintenance, and adaptation of high and low impact chronic pain: a framework for biopsychosocial pain research.** PAIN. In Press

280. Wertli M, Aegler B, McCabe C, Grieve S, Llewellyn A, Schneider S, Bachmann L, Brunner F (2023) **Resilience in patients suffering from Complex Regional Pain Syndrome 1 – a prospective cohort study** Pain Medicine. In press

281. Creating bespoke end-of-treatment summaries K Fairhurst, K Gilmore, R Swan and N Laurence The Bulletin of the Royal College of Surgeons of England Volume 105, Issue 2 Mar 2023 Pages 42-88

282. Xanthine oxidase inhibition and white matter hyperintensity progression following ischaemic stroke and transient ischaemic attack (XILO-FIST): a multicentre, double-blinded, randomised, placebo-controlled trial

Item Type: Journal Article

Authors: Dawson, Jesse;Robertson, Michele;Dickie, David Alexander;Bath, Phillip;Forbes, Kirsten;Quinn, Terence;Broomfield, Niall M.;Dani, Krishna;Doney, Alex;Houston, Graeme;Lees, Kennedy R.;Muir, Keith W.;Struthers, Allan;Walters, Matthew;Barber, Mark;Bhalla, Ajay;Cameron, Alan;Dyker, Alexander;Guyler, Paul;Hassan, Ahamad, et al

Publication Date: 2023

Journal: EClinicalMedicine 57, pp. 101863

Abstract: Background: People who experience an ischaemic stroke are at risk of recurrent vascular events, progression of cerebrovascular disease, and cognitive decline. We

assessed whether allopurinol, a xanthine oxidase inhibitor, reduced white matter hyperintensity (WMH) progression and blood pressure (BP) following ischaemic stroke or transient ischaemic attack (TIA).; Methods: In this multicentre, prospective, randomised, double-blinded, placebo-controlled trial conducted in 22 stroke units in the United Kingdom, we randomly assigned participants within 30-days of ischaemic stroke or TIA to receive oral allopurinol 300 mg twice daily or placebo for 104 weeks. All participants had brain MRI performed at baseline and week 104 and ambulatory blood pressure monitoring at baseline, week 4 and week 104. The primary outcome was the WMH Rotterdam Progression Score (RPS) at week 104. Analyses were by intention to treat. Participants who received at least one dose of allopurinol or placebo were included in the safety analysis. This trial is registered with ClinicalTrials.gov, NCT02122718.; Findings: Between 25th May 2015 and the 29th November 2018, 464 participants were enrolled (232 per group). A total of 372 (189 with placebo and 183 with allopurinol) attended for week 104 MRI and were included in analysis of the primary outcome. The RPS at week 104 was 1.3 (SD 1.8) with allopurinol and 1.5 (SD 1.9) with placebo (between group difference -0.17, 95% CI -0.52 to 0.17, $p = 0.33$). Serious adverse events were reported in 73 (32%) participants with allopurinol and in 64 (28%) with placebo. There was one potentially treatment related death in the allopurinol group.; Interpretation: Allopurinol use did not reduce WMH progression in people with recent ischaemic stroke or TIA and is unlikely to reduce the risk of stroke in unselected people.; Funding: The British Heart Foundation and the UK Stroke Association.; Competing Interests: JD has received honoraria from Pfizer, Daiichi Sankyo, Medtronic, Astra Zeneca, Bristol Myers Squibb, and Bayer unrelated to this trial. PMB is Stroke Association Professor of Stroke Medicine and an Emeritus NIHR Senior Investigator. He has received consulting fees from CoMind, DiaMedica, Roche and Phagenesis. He is co-chair of the World Stroke Organisation Industry Committee. He has received equipment for research studies from Phagenesis. He reports stock options in DiaMedica and CoMind and was a member of the Data Safety Monitoring Committee for the European Carotid Surgery Trial-2. All reported declarations are unrelated to this research. KWM has received consulting fees from Boehringer Ingelheim, Biogen, Abbvie and honoraria from Boehringer Ingelheim unrelated to the trial; trial support from Boehringer Ingelheim, the NIHR, the Stroke Association, Innovate UK and the British Heart Foundation unrelated to the trial. He was a member of the data monitoring committee for the ARREST trial, unrelated to this research. AC has received research grants from 10.13039/100004319Pfizer and honoraria from BMS, Pfizer, AstraZeneca and Boehringer Ingelheim unrelated to this trial. MK has received honoraria from Astra Zeneca and research funding from the 10.13039/501100000274British Heart Foundation unrelated to this research. AS holds a patent for the use of xanthine oxidase inhibition for the treatment of angina pectoris. KD has received conference support from 10.13039/100004336Novartis and honoraria from Allegan unrelated to this research. DD received payment for image analysis in this study and has received payment for image analysis from MicroTransponder Inc unrelated to this research. LS is a member of the executive committee of the British and Irish Association of Stroke Physicians. She is a member of stroke specialist advisory committee of the Joint Royal College and Training Board in the UK. DW has received consulting fees and honoraria from Bayer, Alnylam, Portola and NovoNordisk unrelated to this research. He is chair of the IDMC for the OXHARP trial. He is president-elect of British and Irish Association of Stroke Physicians. He is Chair of Association of British Neurologists Stroke Advisory Group. He serves on the Editorial Board of Practical Neurology, European Journal of Neurology and International Journal of Stroke. He is Chair of UK Stroke Forum. He is member of NICE AI in Stroke Diagnosis Guideline Committee. He is Chief Investigator for the OPTIMAS and Prohibit-ICH trials. He serves on the steering committee and co-investigator for LACI-2, TICH-3, RECAST-3. He serves on the steering committee and is co-investigator for RESTART, TICH-2. The other authors declare they have no competing interests. (© 2023 The Authors.)

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