

## 1. Longitudinal dynamics and clinically available predictors of poor response to COVID-19 vaccination in multiple myeloma

**Item Type:** Journal Article

**Authors:** Agarwal, Gaurav;Moore, Sally;Sadler, Ross;Varghese, Sherin;Turner, Alison;Chen, Lucia Y.;Larham, Jemma;Gray, Nathanael;Carty, Oluremi;Barrett, Joe;Koshiairis, Constantinos;Kothari, Jaimal;Bowcock, Stella;Oppermann, Udo;Gamble, Vicky;Cook, Gordon;Kyriakou, Chara;Drayson, Mark;Basu, Supratik;McDonald, Sarah, et al

**Publication Date:** 2024

**Journal:** Haematologica 109(6), pp. 1960–1965

**DOI:** 10.3324/haematol.2023.284286

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38268439&profid=ehost>

## 2. Cardiac arrest in adult cardiology patients receiving anaesthetic care: analysis from the 7th National Audit Project (NAP7) of the Royal College of Anaesthetists

**Item Type:** Journal Article

**Authors:** Agarwal, Seema;Armstrong, Richard A.;Kursumovic, Emira;Kane, Andrew D.;Cook, Tim M.;Soar, Jasmeet;Finney, Simon J. and Kunst, Gudrun

**Publication Date:** 2024

**Journal:** Anaesthesia 79(11), pp. 1212–1219

**Abstract:** Background: The 7th National Audit Project of the Royal College of Anaesthetists studied peri-operative cardiac arrest because of existing knowledge gaps in this important topic. This applies in particular to cardiology patients receiving anaesthetic care, because numbers, types and complexity of minimally invasive interventional procedures requiring planned and unplanned anaesthesia in the cardiac intervention suite is increasing.; Methods: We analysed collected data to determine the epidemiology, clinical features, management and outcomes of peri-operative cardiac arrest in adult patients receiving anaesthetic care for cardiology procedures.; Results: There were 54 reports of peri-operative cardiac arrest in adult patients receiving anaesthetic care for cardiology procedures, accounting for 54/881 (6.1%) of all reports to NAP7. The estimated incidence (95%CI) of cardiac arrests in this group was 1/450 or 0.22 (0.17-0.29)%. These patients were older than other adult patients in the NAP7 population, with a notably high proportion of patients of Asian ethnicity when compared with the remaining NAP7 cohort (9/54, 17% vs. 35/709, 5%). Rates of extracorporeal membrane oxygenation cardiopulmonary resuscitation were low (3/53, 6%). A common theme was that of logistical issues and teamworking, with reporters commenting on the difficulties of remote and/or unfamiliar locations and communication issues between specialties, on occasion

resulting in poor teamworking and a lack of focus. The NAP7 panel review identified several other common themes which included: cardiogenic shock; late involvement of anaesthesia in the case; and transcatheter aortic valve implantation.; Conclusion: Cardiology procedures requiring anaesthesia care account for < 1% of anaesthesia activity but generate 6% of all peri-operative cardiac arrests. The incidence of cardiac arrest was disproportionately high in cardiological procedures requiring anaesthetic care. The nature of the cardiac arrest reports to NAP7 indicate that logistical and human factors in multidisciplinary teams in the cardiac intervention suite merit addressing to improve care. (© 2024 Association of Anaesthetists.)

**DOI:** 10.1111/anae.16413

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39172713&provid=ehost>

### **3. Management of paediatric elbow injuries, where is the equipoise? A UK and Ireland wide international survey of practice.**

**Item Type:** Journal Article

**Authors:** Aldridge P.;Rout R.;Parish R.;Roland D.;Perry D.C.;Lyttle M.D.;Deakin S.;Shute R.;Challen K.;Hoyle A.;Mulligan J.;Thakker M.;Davies N.;Gardner S.;Cafadaru C.;Jamall E.;Callender O.;Gomes S.;Harries L.;Peacock P., et al

**Publication Date:** 2024

**Journal:** Archives of Disease in Childhood (pagination)

### **4. Effectiveness of interventions on occupational stress, health and well-being, performance, and job satisfaction for midwives: A systematic mixed methods review**

**Item Type:** Journal Article

**Authors:** Anchors, Zoe G.;Arnold, Rachel;D Burnard, Sara;Bressington, Catherine A.;Moreton, Annette E. and Moore, Lee J.

**Publication Date:** 2024

**Journal:** Women and Birth : Journal of the Australian College of Midwives 37(5), pp. 101589

**Abstract:** Background: Work-related stress is high in midwifery with negative implications for midwives' health and performance. This systematic review therefore examined which stress management interventions (SMIs) are most effective at reducing occupational stress and improving midwives' health and well-being, performance, and job satisfaction.; Methods: A systematic review included studies if they were: investigating midwives or student midwives; examining an individual- or organisation-level intervention; reporting the intervention effects on at least one outcome (e.g., job performance); peer-reviewed; and published in English. Methodological quality was assessed using the Mixed Methods Appraisal Tool. A narrative synthesis was conducted and data were presented by SMI level (i.e., individual vs. organisation)

and modality type (e.g., mindfulness, care model). Sum codes were used to compare the effects of individual- and organisation-level SMIs on outcomes.; Findings: From 2605 studies identified, 30 were eligible (18 individual- and 12 organisation-level SMIs). Eight studies were deemed low quality. While individual- and organisation-level SMIs were equally effective in improving job satisfaction and performance, there was a trend for organisation-level SMIs more effectively reducing work stress and improving health and well-being. Specific individual- (i.e., mindfulness, simulation training) and organisation-level (i.e., reflective groups, midwifery care models) SMIs were most beneficial.; Conclusion: It is recommended that health practitioners and policy makers implement interventions that target both individual- and organisation-levels to optimally support midwives' work stress, health, well-being, and performance. Notwithstanding these findings and implications, some studies had poor methodological quality; thus, future research should better follow intervention reporting guidelines.; Competing Interests: Conflict of 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 © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

**DOI:** 10.1016/j.wombi.2024.02.005

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38580584&profid=ehost>

## **5. A mixed-methods stress audit with midwives in the United Kingdom**

**Item Type:** Journal Article

**Authors:** Anchors, Zoe G.; Moore, Lee J.; Burnard, Sara D.; Bressington, Catherine A.; Moreton, Annette E. and Arnold, Rachel

**Publication Date:** 2024

**Journal:** Women and Birth : Journal of the Australian College of Midwives 37(5), pp. 101639

**Abstract:** Problem: UK midwives report high work-related stress, which can negatively impact their health and wellbeing, with many considering leaving the profession.; Background: An occupational stress audit guides the implementation of stress management intervention, by identifying which stressors have the most negative impact and why, and highlighting "at risk" groups.; Aim: To conduct a concurrent mixed-methods stress audit with UK midwives in an NHS Trust.; Methods: Seventy-one midwives (M age = 39 years, SD = 11) completed a survey assessing stressors (e.g., relationships), stress appraisals (i.e., challenge vs. threat), coping strategies (e.g., avoidance-focused), and outcomes (i.e., mental health, performance, and intention to leave). Ten midwives (M age = 42 years, SD = 10) participated in semi-structured interviews.; Findings: Quantitative data revealed that more work-related demands, poorer peer support and relationships, and threat appraisals predicted worse mental health. Moreover, less control and more work-related demands predicted poorer performance, while less control, poorer manager support, more change-related demands, and threat appraisals predicted greater intention to leave. Qualitative data generated three themes: organisational pressures exacerbated by unexpected changes; individualised responses but largely debilitating

emotions; and personal coping and power of social support.; Discussion and Conclusion: This study offered a comprehensive and novel insight into the stress experiences of UK midwives, highlighting targets for future stress management interventions, including key stressors (e.g., manager support), underlying mechanisms (e.g., stress appraisals), and "at-risk" groups (e.g., night shift workers). Practical recommendations are provided for stakeholders operating at multiple levels (e.g., midwife, trust, policy) to better support midwives with work-related stress.; 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 © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

**DOI:** 10.1016/j.wombi.2024.101639

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38968701&profid=ehost>

## **6. Conflicting guidelines: a commentary on the recent European Society for Emergency Medicine and European Society of Anaesthesiology and Intensive Care guidelines on temperature control after cardiac arrest**

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** European Journal of Anaesthesiology 41(7), pp. 468–472

**DOI:** 10.1097/EJA.0000000000002006

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38845576&profid=ehost>

## **7. Cardiac arrest in vascular surgical patients receiving anaesthetic care: an analysis from the 7th National Audit Project (NAP7) of the Royal College of Anaesthetists**

**Item Type:** Journal Article

**Authors:** Armstrong, R. A.;Cook, T. M.;Kunst, G.;Kane, A. D.;Kursumovic, E.;Lucas, D. N.;Nickols, G.;Soar, J. and Mouton, R.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(5), pp. 506–513

**Abstract:** The 7th National Audit Project of the Royal College of Anaesthetists studied peri-

operative cardiac arrest in the UK. We report the results of the vascular surgery cohort from the 12-month case registry, from 16 June 2021 to 15 June 2022. Anaesthesia for vascular surgery accounted for 2% of UK anaesthetic caseload and included 69 (8%) reported peri-operative cardiac arrests, giving an estimated incidence of 1 in 670 vascular anaesthetics (95%CI 1 in 520-830). The high-risk nature of the vascular population is reflected by the proportion of patients who were ASA physical status 4 (30, 43%) or 5 (19, 28%); the age of patients (80% aged > 65 y); and that most cardiac arrests (57, 83%) occurred during non-elective surgery. The most common vascular surgical procedures among patients who had a cardiac arrest were: aortic surgery (38, 55%); lower-limb revascularisation (13, 19%); and lower-limb amputation (8, 12%). Among patients having vascular surgery and who had a cardiac arrest, 28 (41%) presented with a ruptured abdominal aortic aneurysm. There were 48 (70%) patients who had died at the time of reporting to NAP7 and 11 (16%) were still in hospital, signifying poorer outcomes compared with the non-vascular surgical cohort. The most common cause of cardiac arrest was major haemorrhage (39, 57%), but multiple other causes reflected the critical illness of the patients and the complexity of surgery. This is the first analysis of the incidence, management and outcomes of peri-operative cardiac arrest during vascular anaesthesia in the UK. (© 2024 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

**DOI:** 10.1111/anae.16208

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38173364&profid=ehost>

## 8. Right ventricular assessment of the adolescent footballer's heart

**Item Type:** Journal Article

**Authors:** Augustine, D. X.;Willis, J.;Sivalokanathan, S.;Wild, C.;Sharma, A.;Zaidi, A.;Pearce, K.;Stuart, G.;Papadakis, M.;Sharma, S. and Malhotra, A.

**Publication Date:** 2024

**Journal:** Echo Research and Practice 11(1), pp. 7

**Abstract:** Introduction: Athletic training can result in electrical and structural changes of the right ventricle that may mimic phenotypical features of arrhythmogenic right ventricular cardiomyopathy (ARVC), such as T-wave inversion and right heart dilatation. An erroneous interpretation may have consequences ranging from false reassurance in an athlete vulnerable to cardiac arrhythmias, to unnecessary sports restriction in a healthy individual. The primary aim of this study was to define normal RV dimension reference ranges for academy adolescent footballers of different ethnicities. Secondary aims include analysis of potential overlap between this adolescent group with ARVC criteria and comparison with normal adult ranges.; Results: Electrocardiographic (ECG) and echocardiographic data of 1087 academy male footballers aged between 13 and 18 years old (mean age  $16.0 \pm 0.5$  years), attending mandatory cardiac screening were analysed. Ethnicity was categorised as white (n = 826), black (African/Caribbean; n = 166) and mixed-race (one parent white and one parent black; n = 95).

Arrhythmogenic right ventricular cardiomyopathy major criteria for T-wave inversion was seen in 3.3% of the cohort. This was more prevalent in black footballers (12%) when compared to mixed race footballers (6.3%) or white footballers (1%),  $P < 0.05$ . Up to 59% of the cohort exceeded adult reference ranges for some of the right ventricular parameters, although values were similar to those seen in adult footballers. There were no differences in right ventricular dimensions between ethnicities. In particular, the right ventricular outflow tract diameter would fulfil major criteria for ARVC dimension in 12% of footballers. Overall, 0.2% of the cohort would fulfil diagnosis for 'definite' arrhythmogenic right ventricular cardiomyopathy and 2.2% would fulfil diagnosis for 'borderline' arrhythmogenic right ventricular cardiomyopathy for RV dimensions and ECG changes. This was seen more frequently in black footballers (9.9%) than mixed race footballers (3.9%) or white footballer (0.6%),  $P < 0.05$ . Among athletes meeting definite or borderline arrhythmogenic right ventricular cardiomyopathy criteria, no cardiomyopathy was identified after comprehensive clinical assessment, including with cardiac magnetic resonance imaging, exercise testing, ambulatory electrocardiograms and familial evaluation.; Conclusion: Right heart sizes in excess of accepted adult ranges occurred in as many as one in two adolescent footballers. Structural adaptations in conjunction with anterior T-wave inversion may raise concern for ARVC, highlighting the need for evaluation in expert settings. (© 2024. The Author(s).)

**DOI:** 10.1186/s44156-023-00039-4

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38424646&profid=ehost>

## 9. A Resistant Case of Centro-Facial Erythema

**Item Type:** Journal Article

**Authors:** Banner, Alexandra;Dixon, Richard and Woodrow, Sarah

**Publication Date:** 2024

**Journal:** Clinical and Experimental Dermatology

**DOI:** 10.1093/ced/llae440

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39410882&profid=ehost>

## 10. DEVELOPMENT STRATEGIES AND THEORETICAL UNDERPINNINGS OF SMARTPHONE APPS TO SUPPORT SELF-MANAGEMENT OF RHEUMATIC AND MUSCULOSKELETAL DISEASES: A SYSTEMATIC LITERATURE REVIEW.

**Item Type:** Journal Article

**Authors:** Barnett R.;Clarke C.;Sengupta R. and Rouse, P. C.

**Publication Date:** 2024

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

**Abstract:** Background: Smartphone apps are being developed to support and empower people living with rheumatic and musculoskeletal diseases (RMDs) in their self-management. Motivational behaviour change theory and principles from human-computer interaction can inform the design of effective smartphone self-management interventions to ensure that interventions are engaging, effective and motivate positive health behaviours. However, it is not yet known whether these theoretical frameworks are being effectively harnessed in rheumatology.

### **11. Rehabilitation interventions delivered via telehealth to support self-management of rheumatic and musculoskeletal diseases: A scoping review protocol**

**Item Type:** Journal Article

**Authors:** Barnett, Rosemarie;Shakaib, Nuzhat;Ingram, Thomas A.;Jones, Simon;Sengupta, Raj and Rouse, Peter C.

**Publication Date:** 2024

**Journal:** PloS One 19(4), pp. e0301668

**Abstract:** Background: Telerehabilitation is a term to describe rehabilitation services delivered via information and communication technology. Such services are an increasingly important component for the management of rheumatic and musculoskeletal diseases (RMDs). Telerehabilitation has the potential to expand the long-term self-management options for individuals with RMDs, improve symptoms, and relieve pressures on health care services. Yet, little is known about the variety of interventions implemented, and how they are being evaluated. Thus, this scoping review aims to identify and describe existing rehabilitation interventions delivered via telehealth for RMDs. Specifically, we aim to identify and summarize the key components of rehabilitation, the technology used, the level of health care professional interaction, and how the effectiveness of interventions is evaluated.; Methods: We will conduct this review following the latest JBI scoping review methodology and the PRISMA guidelines for Scoping Reviews (PRISMA-ScR). The 'Population-Concept-Context (PCC)' framework will be used, whereby the 'Population' is RMDs ( $\geq 18$  years); the 'Concept' is rehabilitation; and the 'Context' is telehealth. Developed in collaboration with a subject Librarian, refined PCC key terms will be utilized to search (from 2011-2021) three electronic databases (i.e., Embase, Scopus, Web of Science) for articles published in English. Search results will be exported to the citation management software (EndNote), duplicates removed, and eligibility criteria applied to title/abstract and full-text review. Relevant information pertaining to the PCC framework will be extracted. Data will be summarized qualitatively, and if appropriate, quantitatively via frequency counts of the components comprising the 'Concept' and 'Context' categories of the PCC framework.; Discussion: Findings from the proposed scoping review will identify how telehealth is currently used in the delivery of rehabilitation interventions for RMDs. The findings will develop our understanding of such interventions and provide a platform from which to inform future research directions.; Competing Interests: I have read the journal's policy and the authors of this manuscript have the following competing interests: RS has received speaker

fees, consultancy and/or grants from Abbvie, Biogen, Celgene, Lilly, MSD, Novartis, Roche and UCB. RS has represented Abbvie and Novartis at NICE technology appraisals. RB, NS, TI, SJ and PR have declared no competing interests. This does not alter our adherence to PLOS ONE policies on sharing data and materials. (Copyright: © 2024 Barnett 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.0301668

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38625966&profid=ehost>

## **12. Cognitive Multisensory Rehabilitation, a novel approach for Complex Regional Pain Syndrome: case series**

**Item Type:** Journal Article

**Authors:** Batalla, Marc A. Pique and Lewis, Jennifer S.

**Publication Date:** 2024

**Journal:** Physiotherapy Theory and Practice , pp. 1–15

**Abstract:** Introduction: Effective treatment for Complex Regional Pain Syndrome (CRPS), a chronic pain condition, is challenging. Cognitive Multisensory Rehabilitation (CMR) is a cognitive and sensorimotor treatment approach aimed at restoring function that targets cognitive, somatosensory, and multisensory functions through sensory discrimination tasks.; Purpose: We aimed to apply CMR to treat CRPS within our clinical practice. Clinically, we have found promising results in reducing pain and other common features of CRPS, such as Body Perception Disturbances (BPD).; Methods: In this clinical case series, four CRPS patients who participated in a two-week interdisciplinary CRPS rehabilitation program at the National Complex Regional Pain Syndrome Service in Bath, UK received CMR as part of their treatment. A combination of self-reported measures and clinical outcomes were collected pre and post-rehabilitation program.; Results: Functional improvements and a reduction on BPD were observed in all clinical cases.; Discussion: We demonstrate how CMR may improve several CRPS-related features that often hinder rehabilitation in people living with CRPS.; Conclusion: Research involving larger cohorts are necessary to provide empirical evidence of the application of CMR in treating CRPS.

**DOI:** 10.1080/09593985.2024.2393213

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39267348&profid=ehost>

## **13. THE CONCORDANCE BETWEEN DVLA GUIDANCE AND DIAGNOSTIC OUTCOMES OF A FIRST SEIZURE CLINIC.**



**Item Type:** Journal Article

**Authors:** Beatrix B.;Peter D.;Sarah D. and Mark, M.

**Publication Date:** 2024

**Journal:** Journal of Neurology, Neurosurgery and Psychiatry Conference, pp. Association

**Abstract:** Purpose Patients experiencing a single unprovoked seizure must inform the DVLA and a six-month driving ban is generally imposed. We aimed to identify patients referred to our first seizure clinic (FSC) who were told to inform the DVLA of events subsequently diagnosed as seizure mimics. Methods Correspondence of patients referred to FSC between January and July 2023 was reviewed to ascertain driving status and whether concordant DVLA guidance was initially given for the FSC diagnostic outcome provided. Where driving status was undocumented, patients were assumed to drive. Results Of the 157 patients referred, 118 were drivers. Twenty-five (21%) were told to inform the DVLA they had experienced an epileptic seizure which was concordant with the FSC diagnosis. Twenty-seven (23%) had received discordant DVLA advice given their FSC diagnosis was of a seizure mimic. Forty-four (37%) had no documentation detailing the provision of DVLA advice. Sixteen (14%) were told not to tell the DVLA but asked not to drive until review in FSC. Conclusions DVLA advice is not always provided on referral. However, when discussed the diagnosis is frequently overturned. We advocate referrers inform patients not to drive until reviewed in FSC, where further instruction regarding the DVLA can be provided.

#### 14. Clinical guideline for static renal cortical scintigraphy in paediatrics

**Item Type:** Journal Article

**Authors:** Biassoni, Lorenzo;Walker, Matthew;Redman, Stewart and Graham, Richard

**Publication Date:** 2024

**Journal:** Nuclear Medicine Communications 45(12), pp. 993–997

**DOI:** 10.1097/MNM.0000000000001905

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39361868&provid=ehost>

#### 15. Against the odds: unlikely COVID-19 recovery.

**Item Type:** Journal Article

**Authors:** Bisson E.;Presswood E.;Kenyon J.;Shelton F. and Hall, T.

**Publication Date:** 2024

**Journal:** BMJ Supportive and Palliative Care 14(E1) (pp E568-E570), pp. Date of Publication: 01 May 2024

**Abstract:** Background We present a 67-year-old male, with palliative hypopharyngeal squamous cell carcinoma, who contracted COVID-19 infection while in hospital. Cancer diagnosis, among other clinical features, increases the risk of poor outcome of COVID-19 infection. A recently validated risk calculator (COVID-GRAM) can help to guide prognosis. Events COVID-19 infection caused significant clinical deterioration in this patient. A Treatment Escalation Plan of ward-based care was put in place and the palliative care team involved. The goal of care was comfort. Results The patient improved clinically and retested negative for COVID-19. He was discharged to a nursing home for ongoing supportive care of his malignancy. Discussion The validated COVID-GRAM calculator predicted a greater than 99% risk that this patient would require intensive therapy unit admission or die. This patient overcame significant physiological challenges to survive COVID-19, highlighting the challenges of prognostication and suggesting that palliation of COVID-19 is not detrimental to survival.

#### 16. Reducing waiting lists, generating funds, improving lives: establishing a surgical hub

**Item Type:** Journal Article

**Authors:** Blackwell-Frost, Chris;Holland, Carl;Lee, Cherry;Allam, Chris;Longster, Chris;Coleman, Dan;Woollcombe-Gosson, David;Burley, Glen;Heran, Harkamal;Nethercliffe, Janine;Briggs, Jenny;Hakin, Robert;Stacey, Shaun;Milner, Simon and Clough, Isobel

**Publication Date:** 2024

**Journal:** British Journal of Healthcare Management 30(6), pp. 1–10

**Abstract:** Shortening waiting lists for elective care is a key priority for the NHS. Surgical hubs are being established around the UK to provide access to timely care and protect elective resources. A roundtable discussion was held with representatives from 10 NHS organisations, considering the elements of a successful surgical hub and the systemic changes needed to optimise these facilities as part of the care system.

**DOI:** 10.12968/bjhc.2024.0066

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177744846&provid=ehost>

#### 17. Impact of co-resident health and living alone on risk of hospital admission for people with Parkinson's disease

**Item Type:** Journal Article

**Authors:** Brack, Carmen;Tenison, Emma;Henderson, Emily;Makin, Stephen and Ben-Shlomo, Yoav

**Publication Date:** 2024

**Abstract:** Background: People with Parkinson's Disease (PwP) have a higher rate of hospitalisation compared to the general population. Little is known about the impact of having a co-resident and their health on hospitalisation rates of PwP.; Methods: We utilised Clinical Practice Research Datalink (CPRD) GOLD data (2010-2015) to identify PwP and co-residents. We classed either the fittest or youngest adult as the primary caregiver in each household. Caregiver health was classified by the Cambridge Multimorbidity Score (CMS), primary care utilisation and prescriptions. We calculated the hospitalisation (elective, emergency) incidence rate ratios (IRRs) for PwP who lived alone compared to those with a caregiver using negative binomial regression, and whether worse caregiver health predicted higher risk of admissions.; Results: We identified 3254 PwP and 4007 family members. PwP who lived alone were less likely to have an elective admission (0.79; 95 % CI 0.69-0.91) and more likely to have an emergency admission (1.40; 95 % CI 1.17-1.54). Worse caregiver health, as measured by the CMS, was associated with an increased risk of emergency admission (IRR 1.35; 95 % CI 1.17-1.57), but this attenuated and was consistent with chance in the fully adjusted model (1.04; 95 % CI 0.95-1.13). No strong associations were seen between caregiver health and elective admissions.; Conclusion: PwP who live alone are at increased risk of emergency and less likely to have elective hospital admissions. It is important that health care providers support such people and ensure they receive equitable access to the potential benefits of elective procedures.; Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Emily Henderson reports financial support was provided by Gatsby Charitable Foundation. Yoav Ben-Shlomo reports financial support was provided by Parkinson's UK. Yoav Ben-Shlomo reports financial support was provided by Royal Osteoporosis Society. Yoav Ben-Shlomo reports financial support was provided by UKRI Medical Research Council. Yoav Ben-Shlomo reports financial support was provided by Healthcare Quality Improvement Partnership. Yoav Ben-Shlomo reports financial support was provided by John Templeton Foundation. Yoav Ben-Shlomo reports financial support was provided by Wellcome Trust. YBS has received consultancy payment from Human Centric DD LTD and Parkinson's UK both of which are unrelated to this piece of research. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. Emma Tenison reports financial support was provided by Gatsby Charitable Foundation. Emma Tenison reports a relationship with Royal United Hospitals Bath NHS Foundation Trust that includes: employment. Emma Tenison reports a relationship with The Neurology Academy that includes: speaking and lecture fees. Emma Tenison reports a relationship with University of Bristol that includes: employment. If there are other authors, they 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 © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

**DOI:** 10.1016/j.parkreldis.2024.107084

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39121562&provid=ehost>

**18. General Practice chest x-ray rate is associated with earlier lung cancer diagnosis and reduced all-cause mortality: a retrospective observational study**

**Item Type:** Journal Article

**Authors:** Bradley, Stephen H.;Neal, Richard;Callister, Matthew;Cornwell, Benjamin;Hamilton, William;Abel, Gary A.;Shinkins, Bethany;Hubbard, Richard and Barclay, Matthew

**Publication Date:** 2024

**Journal:** The British Journal of General Practice : The Journal of the Royal College of General Practitioners

**Abstract:** Background: Evidence on whether general practice rates of investigation in symptomatic patients using chest x-ray (CXR) affects outcomes is equivocal.; Aim: Determine if there is an association between rates of general practice (GP) requested CXR and lung cancer outcomes.; Design and Setting: Retrospective observational study (England) Methods: Cancer registry data for patients diagnosed with lung cancer 2014-2018 was linked to data on GP CXRs 2013-2017. Stage at diagnosis (I/II vs III/IV) and one and five year survival (conditional on survival to one year) following diagnosis was reported by quintile of CXR rate of patients' GP with adjustment for population differences (age, smoking, prevalence of COPD and heart failure, ethnicity and deprivation) and by unadjusted category (low, medium, high).; Results: 192,631 patient records and CXR rates for 7,409 practices were obtained. Practices with highest quintile CXR rate had fewer cancers diagnosed at stage III/IV compared to lowest quintile (OR=0.87, 95% CI 0.83-0.92, p<0.001). The association was weaker for high unadjusted CXR category (OR=0.94, 95% CI 0.91-0.97). For the highest adjusted quintile HRs for death within one year and five years were 0.92 (0.90-0.95), p<0.001) and 0.95 (95% CI 0.91-0.99, p=0.023) respectively. For the high unadjusted CXR category the HR for one year survival was 0.98 (95% CI 0.96-0.99, p=0.004) with no association demonstrated for five year survival.; Conclusions: Patients registered at GPs with higher CXR use have a favourable stage distribution and slightly better survival. This supports use of CXR in promoting earlier diagnosis of symptomatic lung cancer in general practice. (Copyright © 2024, The Authors.)

**DOI:** 10.3399/BJGP.2024.0466

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39740925&provid=ehost>

**19. A pragmatic cluster randomised controlled trial of air filtration to prevent symptomatic winter respiratory infections (including COVID-19) in care homes (AFRI-c) in England: Trial protocol**

**Item Type:** Journal Article

**Authors:** Brierley, Rachel C. M.;Taylor, Jodi;Turner, Nicholas;Rees, Sophie;Thorn, Joanna;Metcalfe, Chris;Henderson, Emily J.;Clement, Clare;Welsh, Tomas J.;Sargent, Karen;Morgan, Gemma;Ready, Derren;Mellon, Dominic;Wen, Liping;Kipping, Ruth and Hay, Alastair D.

**Publication Date:** 2024

**Journal:** PloS One 19(7), pp. e0304488

**Abstract:** Background: Respiratory tract infections are readily transmitted in care homes. Airborne transmission of pathogens causing respiratory tract illness is largely unmitigated. Portable high-efficiency-particulate-air (HEPA) filtration units capture microbial particles from the air, but it is unclear whether this is sufficient to reduce infections in care home residents. The Air Filtration to prevent symptomatic winter Respiratory Infections (including COVID-19) in care homes (AFRI-c) randomized controlled trial will determine whether using HEPA filtration units reduces respiratory infection episodes in care home residents.; Methods: AFRI-c is a cluster randomized controlled trial that will be delivered in residential care homes for older people in England. Ninety-one care homes will be randomised to take part for one winter period. The intervention care homes will receive HEPA filtration units for use in communal areas and private bedrooms. Normal infection control measures will continue in all care homes. Anonymised daily data on symptoms will be collected for up to 30 residents. Ten to 12 of these residents will be invited to consent to a primary care medical notes review and (in intervention homes) to having an air filter switched on in their private room. The primary outcome will be number of symptomatic winter respiratory infection episodes. Secondary outcomes include specific clinical measures of infection, number of falls / near falls, number of laboratory confirmed infections, hospitalisations, staff sickness and cost-effectiveness. A mixed methods process evaluation will assess intervention acceptability and implementation.; Discussion: The results of AFRI-c will provide vital information about whether portable HEPA filtration units reduce symptomatic winter respiratory infections in older care home residents. Findings about effectiveness, fidelity, acceptability and cost-effectiveness will support stakeholders to determine the use of HEPA filtration units as part of infection control policies.; Competing Interests: The authors have declared that no competing interests exist. (Copyright: © 2024 Brierley 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.0304488

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39042618&provid=ehost>

**20. A 16-week progressive exercise training intervention in treatment-naïve chronic lymphocytic leukaemia: a randomised-controlled pilot study.**

**Item Type:** Journal Article

**Authors:** Brown F.F.;Oliver R.;Eddy R.;Causer A.J.;Emery A.;CollierBain H.D.;Dutton D.;Crowe J.;Augustine D.;Graby J.;Rees D.;RothschildRodriguez D.;Peacock O.J.;Moore S.;Murray J.;Turner J.E. and Campbell, J. P.

**Publication Date:** 2024

**Journal:** Frontiers in Oncology 14(pagination), pp. Article Number: 1472551. Date of Publication: 2024

**Abstract:** Background: Chronic lymphocytic leukaemia (CLL) typically presents with asymptomatic, early-stage disease that is monitored until disease progression ('treatment-naïve' CLL). The objective of this pilot study was to assess the feasibility and preliminary safety of an exercise program in treatment-naïve CLL. We also sought to preliminarily assess the impact of the exercise program on disease activity, as it has been proposed that exercise training may reduce disease outgrowth in treatment-naïve CLL.

## **21. A 16-week progressive exercise training intervention in treatment-naïve chronic lymphocytic leukaemia: a randomised-controlled pilot study**

**Item Type:** Journal Article

**Authors:** Brown, Frankie F.;Oliver, Rebecca;Eddy, Rachel;Causer, Adam J.;Emery, Annabelle;Collier-Bain, Harrison;Dutton, David;Crowe, Josephine;Augustine, Daniel;Graby, John;Rees, Daniel;Rothschild-Rodriguez, Daniela;Peacock, Oliver J.;Moore, Sally;Murray, James;Turner, James E. and Campbell, John P.

**Publication Date:** 2024

**Journal:** Frontiers in Oncology 14, pp. 1472551

**Abstract:** Background: Chronic lymphocytic leukaemia (CLL) typically presents with asymptomatic, early-stage disease that is monitored until disease progression ('treatment-naïve' CLL). The objective of this pilot study was to assess the feasibility and preliminary safety of an exercise program in treatment-naïve CLL. We also sought to preliminarily assess the impact of the exercise program on disease activity, as it has been proposed that exercise training may reduce disease outgrowth in treatment-naïve CLL.; Methods: A total of 40 treatment-naïve CLL patients were recruited into this randomised-controlled pilot study, and after screening, n = 28 were randomised into a 16-week, home-based, partially supervised, personalised, progressive exercise intervention ( n = 14: mean  $\pm$  SD: age = 62  $\pm$  12 years) or 16 weeks of usual care, control group ( n = 14: mean  $\pm$  SD: age = 61  $\pm$  10 years). The primary outcome measures were safety (number and severity of adverse events) and feasibility (uptake, retention, and adherence to the trial). Disease activity (CD5 + /CD19 + CLL cells clonally restricted to kappa or lambda) and other immune cell phenotypes, with a principal focus on T cells, were measured by flow cytometry. Other secondary outcomes included DEXA-derived body composition, cardiorespiratory and functional fitness, resting cardiovascular measures.; Results: Trial uptake was 40%, and the overall retention rate was 86%, with 79% of the exercise group and 93% of the control group completing the trial. Adherence to the exercise intervention was 92  $\pm$  8%. One serious adverse event was reported unrelated to the trial, and one adverse event related to the trial was reported. The exercise intervention elicited a 2% increase in DEXA-derived lean mass in the exercise group compared with a 0.4% decrease in the control group ( p = 0.01). No between-group differences were observed over time for whole-body mass, BMI, bone mineral density, body fat, blood pressure resting heart rate, or measures of cardiorespiratory or functional fitness (all p > 0.05). No between-group differences were

observed over time for clonal CLL cells and CD4 + or CD8 + T-cell subsets (all  $p > 0.05$ ).; Conclusion: The exercise training program used in this study was feasible in people with treatment-naïve CLL who passed pre-trial screening, and we preliminarily conclude that the exercise training program was safe and also resulted in an increase in lean mass.; Clinical Trial Registration: <https://doi.org/10.1186/ISRCTN55166064>, identifier ISRCTN 55166064.; 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. The author(s) declared that they were an editorial board member of Frontiers, at the time of submission. This had no impact on the peer review process and the final decision. (Copyright © 2024 Brown, Oliver, Eddy, Causer, Emery, Collier-Bain, Dutton, Crowe, Augustine, Graby, Rees, Rothschild-Rodriguez, Peacock, Moore, Murray, Turner and Campbell.)

**DOI:** 10.3389/fonc.2024.1472551

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39703835&provid=ehost>

## **22. Fostering International Surgical Trainee Collaboration: The UK-Iceland Trainee Collaborative.**

**Item Type:** Journal Article

**Authors:** Cairns G.;Shekleton F.;Mihailidis T.;Lewis H.;Schrire T.;Conroy S.;Pringle H.;Barlow C. and Mutimer, J.

**Publication Date:** 2024

**Journal:** British Journal of Surgery Conference, pp. ASiT

**Abstract:** The Foundation: In 2019, the UK Iceland Trainee Collaborative emerged in response to Iceland's adoption of the Intercollegiate Surgical Curriculum Programme (ISCP), aligning training portfolios with the UK's practices. A collaboration between core surgical trainees, this new initiative aimed to champion the transition of Icelandic trainees to a new portfolio system, as well as foster a new relationship to encourage combined research and projects between the two nations. The Progression: Beyond portfolio alignment, the collaboration expanded into a multifaceted educational platform. Monthly seminars and an annual conference, initially delivered online, provided a forum for knowledge exchange, featuring research showcases, consultant talks, and insights into portfolio optimization and program developments. The Impact: The collaborative facilitated seamless integration of ISCP into Icelandic trainees' competency progression, mirroring UK practices. The annual conference, delivered in person in its 3rd edition in Reykjavik, Iceland, in October 2023, received overwhelmingly positive feedback, with high delegate satisfaction rates, highlighting the leadership skills honed by core surgical trainees leading this initiative. The Future: The collaborative now aims to intensify research partnerships between UK and Icelandic trainees, deepening knowledge exchange and advancing collective understanding. The trajectory for 2024 involves strengthening bonds and knowledge sharing among trainees from both nations through collaborative research initiatives.



We hope the annual conference will continue to grow and will alternate between the two nations, strengthening the relationship.

### 23. Knee pain and function in retired male intercounty GAA players: an exploratory study

**Item Type:** Journal Article

**Authors:** Carmody, Sean; Kearney, Ronan; Doran, Chantelle; Brar, Gurneet and Goutteborge, Vincent

**Publication Date:** 2024

**Journal:** Irish Journal of Medical Science

**Abstract:** Background: Knee injuries are common among elite intercounty Gaelic games players (collectively GAA players).; Aims: The primary aim was to examine knee pain, function, and quality of life in retired elite male GAA players. Secondary objectives were to (i) report the incidence of previous knee surgery and total knee replacement, (ii) assess medication usage, and (iii) investigate any associations between a history of knee injury and/or knee surgery and knee pain, function, and quality of life among retired elite male GAA players.; Methods: One hundred retired male senior intercounty GAA players were surveyed on their history of severe knee injury and previous knee surgery (68 completed survey; 47 Gaelic football, 20 hurling, 1 dual player). The Knee Injury and Osteoarthritis Outcome Score Physical Function Short Form (KOOS-PS) and the Patient-Reported Outcomes Measurement Information System Global Health (PROMIS-GH) were used to assess level of function and pain.; Results: Forty-seven (69%) of the retired players described experiencing at least one severe knee injury during their intercounty career. Fourteen (21%) participants retired due to a significant knee injury. Mean KOOS-SP score was 75.5 (SD 17). The Global Physical Health and Global Mental Health mean scores were 44 and 51. There was a low negative correlation between KOOS-SP scores and a history of severe knee injury ( $r = -0.35$ ,  $p = 0.001$ ). Moderate negative correlation between Global Mental Health scores and a history of severe knee injuries ( $r = -0.36$ ,  $p = 0.386$ ) and a very weak negative correlation between the number of surgeries during a participant's intercounty career and Global Mental Health score ( $r = -0.089$ ,  $p = 0.234$ ).; Discussion: Severe knee injuries and knee surgery are common among male intercounty GAA players. These injuries lead to self-reported reduced performance and retirement and are potentially associated with worse health-related outcomes post-intercounty career. Further well-designed studies, including among retired women GAA players, are required to assess the relationship between knee injuries and long-term athlete outcomes. Improved injury prevention efforts, enhanced rehabilitation of knee injuries, and post-retirement care may mitigate the adverse effects associated with severe knee injuries among male GAA players.; Competing Interests: Declarations. Conflict of interest: The authors declare no competing interests. (© 2024. The Author(s), under exclusive licence to Royal Academy of Medicine in Ireland.)

**DOI:** 10.1007/s11845-024-03853-9

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39729129&profid=ehost>



## 24. Addressing Comorbidities in People with Parkinson's Disease: Considerations From An Expert Panel

**Item Type:** Journal Article

**Authors:** Carroll, Camille;Clarke, Carl E.;Grosset, Donald;Rather, Arshad;Mohamed, Biju;Parry, Miriam;Reddy, Prashanth;Fackrell, Robin and Chaudhuri, Kallol Ray

**Publication Date:** 2024

**Journal:** Journal of Parkinson's Disease 14(1), pp. 53–63

**Abstract:** In the UK, guidance exists to aid clinicians and patients deciding when treatment for Parkinson's disease (PD) should be initiated and which therapies to consider. National Institute for Health and Care Excellence (NICE) guidance recommends that before starting PD treatment clinicians should discuss the following: the patient's individual clinical circumstances; lifestyle; preferences; needs and goals; as well as the potential benefits and harms of the different drug classes. Individualization of medicines and management in PD significantly improves patients' outcomes and quality of life. This article aims to provide simple and practical guidance to help clinicians address common, but often overlooked, co-morbidities. A multi-disciplinary group of PD experts discussed areas where clinical care can be improved by addressing commonly found co-morbidities in people with Parkinson's (PwP) based on clinical experience and existing literature, in a roundtable meeting organized and funded by Bial Pharma UK Ltd. The experts identified four core areas (bone health, cardiovascular risk, anticholinergic burden, and sleep quality) that, if further standardized may improve treatment outcomes for PwP patients. Focusing on anticholinergic burden, cardiac risk, sleep, and bone health could offer a significant contribution to personalizing regimes for PwP and improving overall patient outcomes. Within this opinion-based paper, the experts offer a list of guiding factors to help practitioners in the management of PwP.

**DOI:** 10.3233/JPD-230168

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38217610&profid=ehost>

## 25. USE OF DUMMIES PAST AND PRESENT.

**Item Type:** Journal Article

**Authors:** Carter D. and Finlay, F.

**Publication Date:** 2024a

**Journal:** Archives of Disease in Childhood Conference, pp. Royal

**Abstract:** Objectives The guidance surrounding Sudden Infant Death Syndrome (SIDS) supports the use of a dummy to reduce the chance of SIDS. A literature review was carried out to examine

the history and use of a dummy throughout history. Methods A literature review was performed using the terms 'dummy', 'dummies', 'pacifier', 'history', 'origins', 'Sudden Infant Death Syndrome', 'benefits', 'risks'. Results The first type of 'dummy' that a baby uses is their own hand. For thousands of years babies have been offered objects they can put in their mouths to satisfy their suck reflex and soothe them. An English farmer in the 1680's gave his baby a corn on the cob as a replacement for the mother's sore nipples. Over the centuries dummies have been made from a variety of different materials, including wood, bone and metals. Softer rags soaked in or wrapped around food items, such as meats or sugar have also been utilised. Dummies were first mentioned in the medical literature in 1473 by a German doctor in his book 'Kinderbuchlein' and a Madonna and child painted by Drurer in 1506 shows a tiedcloth 'dummy' in the baby's hand. Rubber became a popular option in the turn of the 19th century and the iteration of the dummy we know today was created in America (the pacifier) and had a nipple made of natural rubber attached to a disk-shaped shield to prevent it from being swallowed. In the 1940's these pacifiers were made by Binky Baby products of New York and became so ubiquitous that their company's name became an informal term for the product. The use of a dummy has previously had negative associations with concerns of 'pleasure sucking' and 'infantile sexuality' and more recently increased ear infections, dental problems, and 'nipple confusion' whilst learning to breastfeed. Benefits have been seen for premature infants to help establish good sucking, for pain relief during painful procedures and for a reduction in the risk of SIDS, which is supported by guidance in the United States of America and the United Kingdom. Conclusion The use of an object to suck on to satisfy and soothe a baby has been used throughout human history and has at times been a controversial subject. More contemporary research supports the use dummies, especially to decrease the risk of SIDS.

## 26. REVIEWING THE EVIDENCE OF THE SAFETY OF BABY SLINGS.

**Item Type:** Journal Article

**Authors:** Carter D. and Finlay, F.

**Publication Date:** 2024b

**Journal:** Archives of Disease in Childhood Conference, pp. Royal

**Abstract:** Objectives Following a Child Death Overview Panel (CDOP) meeting where the death of a baby in a sling was reviewed, a literature review was carried out looking at the safety of baby slings and carriers. Methods Literature review using 'PubMed' and 'Embase' searching for terms 'baby sling', 'baby carrier' 'injuries' 'deaths' 'safety'. Results Babywearing has been practiced for many centuries around the world. In industrialised societies the use of a baby sling or carrier has become increasingly popular in recent decades with growing evidence of the benefits, including maternal- infant bonding and attachment, optimal breastfeeding outcomes, positive neck and muscle development, soothing and calming for the baby and convenient for the parent. However, there is a body of case reports/evidence that the use of baby slings and carriers can lead to adverse outcomes when not used properly, including hip dysplasia, falls, head injuries and death due to suffocation. Babies that appear more at risk include those that are less than 4 months of age, those born prematurely or with a low birth weight and those with breathing difficulties. Data collected in Canada in the 1990's and in the United States of America in 2011-2020 showed around half of injuries are in babies less than 6 months old, with

causes including the carer tripping or falling whilst carrying the baby, the baby falling from the carrier and other injuries happening whilst the carrier is being taken on and off. The majority of the injuries were to the face or head and included skull fractures. Conclusion Due to the risk of injury/death the consortium of UK Sling Manufacturers and Retailers provides the TICKS acronym for advice; (Tight, In view at all times, Close enough to kiss, Keep chin off the chest, Supported back). This is to ensure the airway is kept clear, the baby can be checked on regularly, is able to breathe easily and is not overheating. It also supports the following of safety advice and manufacturers guides when choosing a baby carrier.

## 27. DYSPHAGIA REFERRALS: ARE WE DOING IT RIGHT?.

**Item Type:** Journal Article

**Authors:** Carter J.;Colleypriest B.;Thresher T. and Marden, P.

**Publication Date:** 2024

**Journal:** Gut Conference, pp. British

**Abstract:** Introduction Dysphagia accounts for a large proportion of 2ww referrals for direct-to-test gastroscopy, but patients often receive no medical input or explanation for their symptoms. Additionally, gastroscopy is often performed in patients with high dysphagia where it is unlikely to meaningfully contribute to their care. We aimed to avoid unnecessary endoscopy without impacting detection of relevant pathology by instituting a one-stop clinic with targeted discussion incorporating the Cancer Dysphagia Score (CDS). Methods Having been referred with dysphagia, patients attend the clinic after a 6 hour fast. The clinician conducts a targeted discussion and completes the CDS. Overall impression & CDS inform the decision to offer either same appointment nasal-OGD (N-OGD) (Group 1) or alternative investigation/no investigation (Group 2). Outcomes & diagnoses are compared. Results From 11/11/22-17/11/23 250 patients were booked into the clinic, 13 did not attend. 19% avoided OGD, and 73% had same appointment un-sedated N-OGD. In group 2 (n=55, average CDS 6.0) 6 opted to have OGD with sedation at a later date. 30 had a subsequent barium swallow with no mucosal abnormality identified, though oropharyngeal and oesophageal minor motility disorders were identified. No patient in group 2 has been diagnosed with upper GI cancer (UGIC). In group 1 (n=182, average CDS 9.1) 14 UGIC & 1 ENT cancer were identified. 50 were diagnosed with non-erosive gastro-oesophageal reflux (GORD), 25 with erosive GORD, 7 with symptomatic hiatus hernias (HH), 13 with oesophageal dysmotility & 2 with eosinophilic oesophagitis (EOE). 73 patients had CDS <5.5 (sensitivity of 97.8 (92.3- 99.7)% & NPV of 99.5 (98.1-99.9)% for UGIC). 47 had NOGD and the only relevant findings were EOE x1, erosive GORD x4, HH x5. 44 patients had CDS <5.5 and identified dysphagia as at the neck. 23 had N-OGD and except 1x EOE, no relevant endoscopic findings were identified. Conclusions Around 20% of upper GI endoscopies for dysphagia can be safely avoided without missing cancer diagnoses or relevant endoscopic findings. Using CDS as the only tool to decide may lead to missed relevant endoscopic findings, but patients with CDS <5.5 and siting dysphagia at the neck had the lowest detection rate of abnormalities at OGD. Incorporating the CDS into referrals could help facilitate referral triage thereby unburdening stretched endoscopy services. Alternatively a one-stop clinic can be used to target endoscopy appropriately. 95% attendance at the clinic is higher than for direct to test gastroscopy suggesting this model is acceptable to patients. (Table Presented).

**28. Improved Cardiac Risk Prediction By Integrating Coronary Inflammation And Plaque Burden Into An AI-enhanced Prognostic Model: The Oxford Risk Factors And Non-invasive Imaging (ORFAN) Study.**

**Item Type:** Journal Article

**Authors:** Chan K.;Wahome E.;Antonopoulos A.;Nicol E.;Mittal T.;Rodrigues J.;Kardos A.;Desai M.;West H.;Patel P.;Tomlins P.;Siddique M.;Neubauer S.;Channon K.;Blankstein R.;Deanfield J. and Antoniades, C.

**Publication Date:** 2024

**Journal:** Journal of Cardiovascular Computed Tomography Conference: 19th Annual Scientific Meeting of the Society of Cardiovascular Computed Tomography. Washington United States, pp. Date of Publication: 01 Jul 2024

**Abstract:** Introduction: Coronary CT angiography (CCTA) is a first line investigation for chest pain and guide revascularization. However, acute cardiac events do occur in the absence of obstructive coronary artery disease (CAD). We hypothesize that by integrating coronary inflammation measured by the Fat Attenuation Index (FAI) Score, plaque burden and the patient's clinical characteristics into an artificial intelligence (AI)-assisted model could improve the prediction of cardiac mortality.

**29. Coronary inflammation stratifies risk in patients undergoing coronary CT angiography: the Oxford Risk Factors and Non-Invasive Imaging (ORFAN) study.**

**Item Type:** Journal Article

**Authors:** Chan K.;Wahome E.;Antonopoulos A.;Nicol E.;Mittal T.K.;Rodrigues J.;Kardos A.;Desai M.;West H.;Patel P.;Tomlins P.;Neubauer S.;Channon K.M.;Deanfield J. and Antoniades, C.

**Publication Date:** 2024

**Journal:** European Heart Journal Conference, pp. Euroean

**Abstract:** Background: Patients with chest pain symptoms often undergo coronary CT angiography (CCTA) for the diagnosis of obstructive coronary artery disease (CAD) to guide revascularisation. However, acute cardiac events could occur in the absence of obstructive CAD. Further risk stratification of patients could potentially be useful by quantifying coronary inflammation using the Fat Attenuation Index (FAI) Score, and an artificial intelligence (AI)-assisted prognostic model that captures the inflammatory risk by integrating CCTA-derived metrics (including FAI Score and plaque burden) and the patient's clinical risk factors.

**30. Number of inflamed coronary vessels in prediction of cardiac death and MACE among patients undergoing routine CCTA: the Oxford Risk Factors And Non-Invasive Imaging (ORFAN) Study.**

**Item Type:** Journal Article

**Authors:** Chan K.;Wahome E.;Nicol E.;Mittal T.K.;Adlam D.;Rodrigues J.;Greenwood J.;Desai M.;Patel P.;Tomlins P.;Neubauer S.;Channon K.M.;Blankstein R.;Deanfield J. and Antoniadou, C.

**Publication Date:** 2024

**Journal:** European Heart Journal Conference, pp. European

**Abstract:** Background: Coronary inflammation can be assessed by the changes in perivascular adipose tissue on routine coronary CT angiograms (CCTA). Fat attenuation index score (FAI Score) quantifies the degree of inflammation in each epicardial coronary artery, and adjusts for age, sex, scan technical parameters, biological and anatomical factors. Coronary inflammation assessment in a single coronary artery was previously shown to be predictive of cardiac events in the CRISP-CT study. However, the impact of inflammation in multiple coronary arteries on clinical outcome remains unclear.

**31. Inflammatory risk and cardiovascular events in patients without obstructive coronary artery disease: the ORFAN multicentre, longitudinal cohort study**

**Item Type:** Journal Article

**Authors:** Chan, Kenneth;Wahome, Elizabeth;Tsiachristas, Apostolos;Antonopoulos, Alexios S.;Patel, Parijat;Lyasheva, Maria;Kingham, Lucy;West, Henry;Oikonomou, Evangelos K.;Volpe, Lucrezia;Mavrogiannis, Michail C.;Nicol, Edward;Mittal, Tarun K.;Halborg, Thomas;Kotronias, Rafail A.;Adlam, David;Modi, Bhavik;Rodrigues, Jonathan;Screaton, Nicholas and Kardos, Attila

**Publication Date:** 2024

**Journal:** Lancet 403(10444), pp. 2606–2618

**DOI:** 10.1016/S0140-6736(24)00596-8

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177871465&provid=ehost>

**32. Patients' perspectives on systemic sclerosis-related Raynaud's phenomenon in the feet: A qualitative study from the OMERACT Foot and Ankle Working Group**

**Item Type:** Journal Article

**Authors:** Chapman, Lara S.;Alcacer-Pitarch, Begonya;Pauling, John D.;Flurey, Caroline A.;Redmond, Anthony C.;Richards, Pamela;Herrick, Ariane L.;Merkel, Peter A.;Proudman, Susanna;Menz, Hylton B.;Helliwell, Philip S.;Hannan, Marian T.;Domsic, Robyn T.;Saketkoo, Lesley A.;Shea, Beverley and Siddle, Heidi J.

**Publication Date:** 2024

**Journal:** Seminars in Arthritis and Rheumatism 65, pp. 152372

**Abstract:** Objective: To explore, from patients' perspectives, the symptoms and impact of Raynaud's phenomenon (RP) on the feet of patients with systemic sclerosis (SSc-RP), and to identify which foot-related domains are important to patients.; Methods: Forty participants (34 women) with SSc-RP took part in one of six focus groups held in the United Kingdom or United States. Participants were purposively sampled to ensure diversity in disease type, duration, and ethnicity. The topic guide included questions on RP impact, self-management, and treatment expectations. Qualitative content analysis was employed to identify key concepts in the data relating to foot-specific symptoms and their impact. Themes were organized by corresponding domains of potential importance.; Results: Twenty-eight participants (70 %) reported experiencing RP in their feet. Five themes were identified corresponding to domains of potential importance: temperature changes, pain, cramping and stiffness, numbness, and color changes. These issues negatively affected participants' lives, impairing walking, driving, and socializing, and causing issues with footwear and hosiery.; Conclusions: This large qualitative study exploring the experiences of patients with SSc-RP in the feet identified several key domains of high importance to patients. SSc-RP is common in the feet, presents in several patterns, and impacts multiple aspects of patients' lives. These findings indicate where future foot-specific interventions for RP could be targeted. Findings from this study improve understanding of what domains are important to patients with SSc-RP affecting the feet and will contribute to the development of a core outcome set for foot and ankle disorders in rheumatic and musculoskeletal diseases.; Competing Interests: Declaration of competing interest The authors have no competing interests to declare. (Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

**DOI:** 10.1016/j.semarthrit.2024.152372

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38325052&profid=ehost>

### **33. Respiratory Physiotherapy: Evaluation of a breathlessness management intervention within a new Long Covid Service.**

**Item Type:** Journal Article

**Authors:** Clarke J.;Bullock L.;Dack C.;LangleyJohnson C. and Pearson, J.

**Publication Date:** 2024

**Journal:** Physiotherapy (United Kingdom).Conference: Chartered Society of Physiotherapy (CSP) 2023. Cardiff Marriott Hotel, Cardiff United Kingdom. 123(Supplement 1) (pp e222-e223), pp. Date of Publication: 01 Jun 2024

**Abstract:** Purpose: Following the Covid-19 pandemic, community respiratory providers across BSW ICS collaborated to develop a breathlessness intervention for people with Long Covid. The Office for National Statistics estimated that 1.3 million people living in private households in the UK (2.1% of the population) were experiencing self-reported Long Covid (symptoms persisting for more than four weeks) as of 2 January 2022 (1). Fatigue is the most common symptom reported (50%), followed by shortness of breath (37%). A breathlessness management

intervention was developed, including nose and diaphragmatic breathing training, developing self-awareness, education on the impact of thoughts and mood on breath control and whole-body reconditioning exercises. This project aimed to evaluate whether the intervention reduced perceived breathlessness and improved quality of life.

**34. CSP2023: 423 - Respiratory Physiotherapy: Evaluation of a breathlessness management intervention within a new Long Covid Service...Chartered Society of Physiotherapy (CSP) Annual Conference, October 24-November 10, 2023, Cardiff, Wales**

**Item Type:** Journal Article

**Authors:** Clarke, J.;Bullock, L.;Dack, C.;Langley-Johnson, C. and Pearson, J.

**Publication Date:** 2024

**Journal:** Physiotherapy 123, pp. e222–e223

**DOI:** 10.1016/j.physio.2024.04.278

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177944452&provid=ehost>

**35. The management of adult and paediatric uveitis for rheumatologists**

**Item Type:** Journal Article

**Authors:** Clarke, Sarah L. N.;Maghsoudlou, Panagiotis;Guly, Catherine M.;Dick, Andrew D. and Ramanan, Athimalaipet V.

**Publication Date:** 2024

**Journal:** Nature Reviews.Rheumatology 20(12), pp. 795–808

**Abstract:** Uveitis encompasses multiple different conditions that are all characterized by intra-ocular inflammation. Uveitis occurs in the context of many different rheumatological conditions and carries a substantial risk to vision. Uveitis can develop both at the early stages of rheumatic diseases, sometimes even preceding other clinical features, and at later stages of disease. Uveitis can also occur as either a direct or an indirect complication of therapies used to treat patients with rheumatic disease. Conversely, patients with uveitis of non-rheumatic aetiology sometimes require immunosuppression, a treatment option that is not readily accessible to ophthalmologists. Thus, collaborative working between rheumatologists and ophthalmologists is critical for optimal management of patients with uveitis. This Review is written with rheumatologists in mind, to assist in the care of patients with uveitis. We collate and summarize the latest evidence and best practice in the diagnosis, management and prognostication of uveitis, including future trends and research priorities.; Competing Interests: Competing interests: S.L.N.C. declares that they are a full-time employee of AstraZeneca. (© 2024. Springer Nature Limited.)

**DOI:** 10.1038/s41584-024-01181-x

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39506056&provid=ehost>

**36. What Factors Are Associated With Patients Being Active Partners in the Management Fibromyalgia? A Mixed Methods Systematic Review Protocol**

**Item Type:** Journal Article

**Authors:** Coggins, Jessica;Ndosi, Mwidimi and Pearson, Jennifer

**Publication Date:** 2024

**Journal:** Musculoskeletal Care 22(4), pp. 1–5

**Abstract:** Background: Fibromyalgia Syndrome (FMS) is characterised by widespread and persistent pain, intrusive fatigue and cognitive issues, affecting approximately 5.4% of the UK population. Non-pharmacological therapies and education are current management recommendations, but these approaches rely on patients having an active role in their healthcare management. It is therefore important to identify the factors associated with FMS patients being active partners, as this could influence person-centred care provision. Aim: The aim of this study is to explore the factors associated with patients being an active partner in the management of FMS. Methods: This is a protocol for mixed methods systematic literature review with convergent integrated approach in accordance with JBI methodology. The databases AMED, MEDLINE, PsychINFO and CINAHL will be searched via EBSCOhost. Screening and selection will be conducted by two reviewers. Primary qualitative, observational and experimental studies from July 2005 to July 2024 will be included. Critical appraisal of eligible studies will be conducted using appropriate JBI tools. Data will be extracted, transformed where necessary and synthesised without meta-analysis. Discussion: This mixed methods systematic review will provide a comprehensive understanding of the factors associated with patients being active partners, offering not only the 'what' but also the 'why' behind patients taking an active role in their healthcare. This will help guide future research and practice in supporting patients to be active partners in FMS management. Trial Registration: This systematic review has been registered with PROSPERO (registration number: CRD42024575159)

**DOI:** 10.1002/msc.70033

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=181890812&provid=ehost>

**37. A single bout of vigorous intensity exercise enhances the efficacy of rituximab against human chronic lymphocytic leukaemia B-cellsexvivo**

**Item Type:** Journal Article



**Authors:** Collier-Bain, Harrison D.;Emery, Annabelle;Causer, Adam J.;Brown, Frankie F.;Oliver, Rebecca;Dutton, David;Crowe, Josephine;Augustine, Daniel;Graby, John;Leach, Shoji;Eddy, Rachel;Rothschild-Rodriguez, Daniela;Gray, Juliet C.;Cragg, Mark S.;Cleary, Kirstie L.;Moore, Sally;Murray, James;Turner, James E. and Campbell, John P.

**Publication Date:** 2024

**Journal:** Brain, Behavior, and Immunity 118

**Abstract:** Chronic lymphocytic leukaemia (CLL) is characterised by the clonal proliferation and accumulation of mature B-cells and is often treated with rituximab, an anti-CD20 monoclonal antibody immunotherapy. Rituximab often fails to induce stringent disease eradication, due in part to failure of antibody-dependent cellular cytotoxicity (ADCC) which relies on natural killer (NK)-cells binding to rituximab-bound CD20 on B-cells. CLL cells are diffusely spread across lymphoid and other bodily tissues, and ADCC resistance in survival niches may be due to several factors including low NK-cell frequency and a suppressive stromal environment that promotes CLL cell survival. It is well established that exercise bouts induce a transient relocation of NK-cells and B-cells into peripheral blood, which could be harnessed to enhance the efficacy of rituximab in CLL by relocating both target and effector cells together with rituximab in blood. In this pilot study, n = 20 patients with treatment-naïve CLL completed a bout of cycling 15 % above anaerobic threshold for ~ 30-minutes, with blood samples collected pre-, immediately post-, and 1-hour post-exercise. Flow cytometry revealed that exercise evoked a 254 % increase in effector (CD3 +CD56 +CD16 +) NK-cells in blood, and a 67 % increase in CD5 +CD19 +CD20 + CLL cells in blood (all p < 0.005). NK-cells were isolated from blood samples pre-, and immediately post-exercise and incubated with primary isolated CLL cells with or without the presence of rituximab to determine specific lysis using a calcein-release assay. Rituximab-mediated cell lysis increased by 129 % following exercise (p < 0.001). Direct NK-cell lysis of CLL cells – independent of rituximab – was unchanged following exercise (p = 0.25). We conclude that exercise improved the efficacy of rituximab-mediated ADCC against autologous CLL cells ex vivo and propose that exercise should be explored as a means of enhancing clinical responses in patients receiving anti-CD20 immunotherapy. (PsycInfo Database Record (c) 2024 APA, all rights reserved) (Source: journal abstract)

**DOI:** 10.1016/j.bbi.2024.03.023

**URL:** <https://www.proquest.com/scholarly-journals/single-bout-vigorous-intensity-exercise-enhances/docview/3132656150/se-2?accountid=48301> <https://libkey.io/libraries/2835/openurl?genre=article&au=Collier-Bain%252C+Harrison+D.%253BEmery%252C+Annabelle%253BCauser%252C+Adam+J.%253BBrown%252C+Frankie+F.%253B%253BOliver%252C+Rebecca%253BDutton%252C+David%253BCrowe%252C+Josephine%253BAugustine%252C+Daniel%253BGraby%252C+John%253BLeach%252C+Shoji%253BEddy%252C+Rachel%253BRothschild-Rodriguez%252C+Daniela%253BGray%252C+Juliet+C.%253BCragg%252C+Mark+S.%253BCleary%252C+Kirstie+L.%253BMoore%252C+Sally%253BMurray%252C+James%253BTurner%252C+James+E.%253BCampbell%252C+John+P.&aulast=Collier-Bain&issn=08891591&isbn=&title=A+single+bout+of+vigorous+intensity+exercise+enhances+the+efficacy+of+rituximab+against+human+chronic+lymphocytic+leukaemia+B-cellsexvivo&jtitle=Brain%252C+Behavior%252C+and+Immunity&pubname=Brain%252C+Behavior%252C+and+Immunity&bttitle=&title=A+single+bout+of+vigorous+intensity+exercise+enhances+the+efficacy+of+rituximab+against+human+chronic+lymphocytic+leukaemia+B-cellsexvivo>

[nces+the+efficacy+of+rituximab+against+human+chronic+lymphocytic+leukaemia+B-cellsexvivo&volume=118&issue=&spage=468&date=2024&doi=10.1016%252Fj.bbi.2024.03.023&sid=ProQuest](https://doi.org/10.1016/j.bbi.2024.03.023) <https://doi.org/10.1016/j.bbi.2024.03.023>

### **38. Downhill running does not alter blood C1q availability or complement-dependent cytotoxicity of therapeutic monoclonal antibodies against haematological cancer cell lines in vitro**

**Item Type:** Journal Article

**Authors:** Collier-Bain, Harrison;Brown, Frankie F.;Causer, Adam J.;Ross, Lois;Rothschild-Rodriguez, Daniela;Browne, Noah;Eddy, Rachel;Cleary, Kirstie L.;Gray, Juliet C.;Cragg, Mark S.;Moore, Sally;Murray, James;Turner, James E. and Campbell, John P.

**Publication Date:** 2024

**Journal:** Scientific Reports 14(1), pp. 28239

**Abstract:** Complement-dependent cytotoxicity (CDC) is a primary mechanism-of-action of monoclonal antibody (mAb) immunotherapies used to treat haematological cancers, including rituximab and daratumumab. However, mAb efficacy may be limited by reduced bioavailability of complement C1q - which activates the complement classical pathway following interactions with mAb-opsonised target cells. C1q is secreted by phagocytes upon recruitment to sites of muscle damage to facilitate muscular repair, hence we hypothesised that muscle damaging exercise may increase C1q 'spill-over' into blood. Additionally, other complement proteins (e.g., C1s) have been reported to increase following ultra-endurance and resistance exercise. Taken together, we hypothesised that muscle damaging exercise could be harnessed to enhance mAb-mediated CDC. In this study, n = 8 healthy males (28 ± 5-years) completed two 45-minute treadmill running protocols: (1) a flat running protocol at a speed 15% above anaerobic threshold, and (2) a downhill running protocol (- 10% slope) at the same speed. Blood samples were collected before, immediately after, and 1-hour, 24-hours, 2-days, and 4-days after exercise. Isolated serum was assessed for C1q by ELISA, and used to measure mAb (rituximab, daratumumab) mediated CDC against two haematological cancer cell lines (Raji, RPMI-8226) in vitro. Isolated plasma was assessed for markers of inflammation (C-reactive protein CRP), and muscle damage (creatine kinase CK) by turbidimetry. C1q and CDC activity were not different between running protocols and did not change over time (p > 0.05). Significantly greater perceived muscle soreness (p < 0.001) and fluctuations observed from baseline to 24-hours post-exercise in the downhill running trial in CK (+ 171%) and CRP (+ 66%) suggests some degree of muscle damage was present. It is possible that any increase in C1q post-exercise may have been masked by the increase and subsequent interaction with CRP, which utilises C1q to facilitate muscular repair. This is the first study to investigate whether exercise can increase circulating C1q and improve mAb-mediated CDC and our findings show that downhill running exercise does not increase circulating C1q nor improve CDC in vitro.; Competing Interests: Declarations Competing interests The authors declare no competing interests. (© 2024. The Author(s).)

**DOI:** 10.1038/s41598-024-79690-8

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39548231&profid=ehost>

**39. Characterising how a single bout of exercise in people with myeloma affects clonal plasma cell and immune effector cell frequency in blood, and daratumumab efficacy in vitro**

**Item Type:** Journal Article

**Authors:** Collier-Bain, Harrison;Emery, Annabelle;Brown, Frankie F.;Causer, Adam J.;Oliver, Rebecca;Eddy, Rachel;Leach, Shoji;Graby, John;Augustine, Daniel;Moore, Sally;Crowe, Josephine;Murray, James;Turner, James E. and Campbell, John P.

**Publication Date:** 2024

**Journal:** Brain, Behavior, & Immunity - Health 42, pp. 100865

**Abstract:** Multiple myeloma is a haematological cancer characterised by the accumulation of clonal plasma cells in the bone marrow and is commonly treated with daratumumab, an anti-CD38 monoclonal antibody immunotherapy. Daratumumab often fails to induce stringent complete responses, due in part to resistance to antibody-dependent cellular cytotoxicity (ADCC) exerted by natural killer (NK)-cells and monocytes. Exercise bouts undertaken by healthy people induce lymphocytosis in blood, including to NK-cells and B-cells, but the effects of exercise are unknown in myeloma patients. In addition, whether exercise mobilises plasma cells has not been adequately investigated, and as such the potential impact of exercise on daratumumab treatment is unclear. In this exploratory pilot study, n = 16 smouldering multiple myeloma participants enrolled and n = 9 completed the study which comprised a bout of cycling 15% above anaerobic threshold for ~30-min, with blood samples collected pre-, immediately post-, and 30-min post-exercise. Peripheral blood mononuclear cells were isolated from blood samples and incubated with the RPMI-8226 plasmacytoma cell line, with or without the presence of daratumumab to determine specific lysis using a calcein-release assay. Daratumumab-mediated cell lysis increased from 18.8% to 23.2% pre- to post-exercise, respectively (p 0.05). Notably, we observed a 305% increase in NK-cells expressing CD38, the daratumumab target antigen, which might render NK-cells more susceptible to daratumumab-mediated fratricide - whereby NK-cells initiate ADCC against daratumumab-bound NK-cells. In conclusion, exercise modestly improved the efficacy of daratumumab-mediated ADCC in vitro. However, plasma cells were largely unchanged, and NK-cells expressing CD38 - the daratumumab target antigen - increased in blood. Future research should consider the optimal timings of exercise during daratumumab treatment in myeloma to avert exacerbation of daratumumab-mediated NK-cell lysis.; 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. (© 2024 The Authors.)

**DOI:** 10.1016/j.bbih.2024.100865

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39548231&profid=ehost>

**40. A single bout of vigorous intensity exercise enhances the efficacy of rituximab against human chronic lymphocytic leukaemia B-cells ex vivo**

**Item Type:** Journal Article

**Authors:** Collier-Bain, Harrison; Emery, Annabelle; Causer, Adam J.; Brown, Frankie F.; Oliver, Rebecca; Dutton, David; Crowe, Josephine; Augustine, Daniel; Graby, John; Leach, Shoji; Eddy, Rachel; Rothschild-Rodriguez, Daniela; Gray, Juliet C.; Cragg, Mark S.; Cleary, Kirstie L.; Moore, Sally; Murray, James; Turner, James E. and Campbell, John P.

**Publication Date:** 2024

**Journal:** Brain, Behavior, and Immunity 118, pp. 468–479

**Abstract:** Chronic lymphocytic leukaemia (CLL) is characterised by the clonal proliferation and accumulation of mature B-cells and is often treated with rituximab, an anti-CD20 monoclonal antibody immunotherapy. Rituximab often fails to induce stringent disease eradication, due in part to failure of antibody-dependent cellular cytotoxicity (ADCC) which relies on natural killer (NK)-cells binding to rituximab-bound CD20 on B-cells. CLL cells are diffusely spread across lymphoid and other bodily tissues, and ADCC resistance in survival niches may be due to several factors including low NK-cell frequency and a suppressive stromal environment that promotes CLL cell survival. It is well established that exercise bouts induce a transient relocation of NK-cells and B-cells into peripheral blood, which could be harnessed to enhance the efficacy of rituximab in CLL by relocating both target and effector cells together with rituximab in blood. In this pilot study,  $n = 20$  patients with treatment-naïve CLL completed a bout of cycling 15 % above anaerobic threshold for ~ 30-minutes, with blood samples collected pre-, immediately post-, and 1-hour post-exercise. Flow cytometry revealed that exercise evoked a 254 % increase in effector (CD3 - CD56 + CD16 + ) NK-cells in blood, and a 67 % increase in CD5 + CD19 + CD20 + CLL cells in blood (all  $p < 0.005$ ). NK-cells were isolated from blood samples pre-, and immediately post-exercise and incubated with primary isolated CLL cells with or without the presence of rituximab to determine specific lysis using a calcein-release assay. Rituximab-mediated cell lysis increased by 129 % following exercise ( $p < 0.001$ ). Direct NK-cell lysis of CLL cells - independent of rituximab - was unchanged following exercise ( $p = 0.25$ ). We conclude that exercise improved the efficacy of rituximab-mediated ADCC against autologous CLL cells ex vivo and propose that exercise should be explored as a means of enhancing clinical responses in patients receiving anti-CD20 immunotherapy.; 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 © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

**DOI:** 10.1016/j.bbi.2024.03.023

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=3>

[8503395&profid=ehost](#)

**41. Uncertainty and advance care planning in older adults living with frailty. A collection and commentary on theme of advanced care planning**

**Item Type:** Journal Article

**Authors:** Collins, Pippa;Hopkins, Sarah;Milbourn, Helen and Etkind, Simon N.

**Publication Date:** 2024

**Journal:** Age & Ageing 53(9), pp. 1–4

**DOI:** 10.1093/ageing/afae146

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=180016543&profid=ehost>

**42. Patients' Preferences for Cytoreductive Treatments in Newly Diagnosed Metastatic Prostate Cancer: The IP5-MATTER Study**

**Item Type:** Journal Article

**Authors:** Connor, Martin J.;Genie, Mesfin;Dudderidge, Tim;Wu, Hangjian;Sukumar, Johanna;Beresford, Mark;Bianchini, Diletta;Goh, Chee;Horan, Gail;Innominato, Pasquale;Khoo, Vincent;Klimowska-Nassar, Natalia;Madaan, Sanjeev;Mangar, Stephen;McCracken, Stuart;Ostler, Peter;Paisey, Sangeeta;Robinson, Angus;Rai, Bhavan;Sarwar, Naveed, et al

**Publication Date:** 2024

**Journal:** European Urology Oncology

**Abstract:** Background and Objective: Cytoreductive treatments for patients diagnosed with de novo synchronous metastatic hormone-sensitive prostate cancer (mHSPC) confer incremental survival benefits over systemic therapy, but these may lead to added toxicity and morbidity. Our objective was to determine patients' preferences for, and trade-offs between, additional cytoreductive prostate and metastasis-directed interventions.; Methods: A prospective multicentre discrete choice experiment trial was conducted at 30 hospitals in the UK between December 3, 2020 and January 25, 2023 (NCT04590976). The individuals were eligible for inclusion if they were diagnosed with de novo synchronous mHSPC within 4 mo of commencing androgen deprivation therapy and had performance status 0-2. A discrete choice experiment instrument was developed to elicit patients' preferences for cytoreductive prostate radiotherapy, prostatectomy, prostate ablation, and stereotactic ablative body radiotherapy to metastasis. Patients chose their preferred treatment based on seven attributes. An error-component conditional logit model was used to estimate the preferences for and trade-offs between treatment attributes.; Key Findings and Limitations: A total of 352 patients were enrolled, of whom 303 completed the study. The median age was 70 yr (interquartile range IQR] 64-76) and prostate-specific antigen was 94 ng/ml (IQR 28-370). Metastatic stages were M1a

10.9% (33/303), M1b 79.9% (242/303), and M1c 7.6% (23/303). Patients preferred treatments with longer survival and progression-free periods. Patients were less likely to favour cytoreductive prostatectomy with systemic therapy (Coef. -0.448; 95% confidence interval {CI} -0.60 to -0.29;  $p < 0.001$ ), unless combined with metastasis-directed therapy. Cytoreductive prostate radiotherapy or ablation with systemic therapy, number of hospital visits, use of a "day-case" procedure, or addition of stereotactic ablative body radiotherapy did not impact treatment choice. Patients were willing to accept an additional cytoreductive treatment with 10 percentage point increases in the risk of urinary incontinence and fatigue to gain 3.4 mo (95% CI 2.8-4.3) and 2.7 mo (95% CI 2.3-3.1) of overall survival, respectively.; Conclusions and Clinical Implications: Patients are accepting of additional cytoreductive treatments for survival benefit in mHSPC, prioritising preservation of urinary function and avoidance of fatigue.; Patient Summary: We performed a large study to ascertain how patients diagnosed with advanced (metastatic) prostate cancer at their first diagnosis made decisions regarding additional available treatments for their prostate and cancer deposits (metastases). Treatments would not provide cure but may reduce cancer burden (cytoreduction), prolong life, and extend time without cancer progression. We reported that most patients were willing to accept additional treatments for survival benefits, in particular treatments that preserved urinary function and reduced fatigue. (Copyright © 2024 The Authors. Published by Elsevier B.V. All rights reserved.)

**DOI:** 10.1016/j.euo.2024.06.010

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38972831&provid=ehost>

#### **43. CUPCOMP: A multi-site UK trial in carcinoma of unknown primary: A comparison across tissue and liquid biomarkers.**

**Item Type:** Journal Article

**Authors:** Conway A.M.;Robinson M.;Concannon M.;Clive S.;Tillett T.;Shiu K.K.;Medley L.C.;Dasgupta S.;Ahmed E.;Warrington K.;Zair Z.;Gillham T.;Davis A.;Scott J.A.;Taylor A.;Stares M.;Mitchell C.;Oliveria P.;Burghel G. and Cook, N.

**Publication Date:** 2024

**Journal:** Journal of Clinical Oncology Conference, pp. Annual

**Abstract:** Background: Cancer of Unknown Primary (CUP) is a difficult to treat cancer entity for which the tumour origins remain elusive. There is emerging evidence to support a precision medicine approach to aid treatment decisions, however scarcity of tumour tissue for molecular profiling remains a challenge. CUPCOMP sought to compare the feasibility of molecular profiling from both tissue and blood in patients (pts) diagnosed with CUP.

#### **44. Peri-operative cardiac arrest due to suspected anaphylaxis as reported to the 7th National Audit Project of the Royal College of Anaesthetists**

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** Anaesthesia 79(5), pp. 498–505

**Abstract:** The 7th National Audit Project (NAP7) of the Royal College of Anaesthetists studied peri-operative cardiac arrest. Among 59 cases reported as possible anaphylaxis, 33 (56%) were judged to be so by the review panel with high or moderate confidence. Causes in excluded cases included: isolated severe hypotension; bronchospasm; and oesophageal intubation. Severe bronchospasm leading to cardiac arrest was uncommon, but notably in one case led to a reported flat capnograph. In the baseline survey, anaesthetists estimated anaphylaxis as the cause of 10% of cases of peri-operative cardiac arrests and to be among the four most common causes. In a year-long registry of peri-operative cardiac arrest, suspected anaphylaxis was the seventh most common cause accounting for 4% of reports. Initial management was most often with low-dose intravenous adrenaline, and this was without complications. Both the NAP7 baseline survey and case registry provided evidence of reluctance to starting chest compressions when systolic blood pressure had fallen to below 50 mmHg and occasionally even when it was unrecordable. All 33 patients were resuscitated successfully but one patient later died. The one death occurred in a relatively young patient in whom chest compressions were delayed. Overall, peri-operative anaphylaxis leading to cardiac arrest occurred with a similar frequency and patterns of presentation, location, initial rhythm and suspected triggers in NAP7 as in the 6th National Audit Project (NAP6). Outcomes in NAP7 were generally better than for equivalent cases in NAP6. (© 2024 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

**DOI:** 10.1111/anae.16229

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38205586&provid=ehost>

#### **45. Independent sector and 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.;Kane, A. D.;Bouch, C.;Armstrong, R. A.;Kursumovic, E. and Soar, J.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(4), pp. 380–388

**Abstract:** The 7th National Audit Project (NAP7) of the Royal College of Anaesthetists studied peri-operative cardiac arrest including those that occurred in the independent healthcare sector, which provides around 1 in 6 NHS-funded care episodes. In total, 174 (39%) of 442 independent hospitals contacted agreed to participate. A survey examining provider preparedness for cardiac arrest had a response rate of 23 (13%), preventing useful analysis. An



activity survey with 1912 responses (from a maximum of 45% of participating hospitals) showed that, compared with the NHS caseload, the independent sector caseload was less comorbid, with fewer patients at the extremes of age or who were severely obese, and with a large proportion of elective orthopaedic surgery undertaken during weekday working hours. The survey suggested suboptimal compliance rates with monitoring recommendations. Seventeen reports of independent sector peri-operative cardiac arrest comprised 2% of NAP7 reports and underreporting is likely. These patients were lower risk than NHS cases, reflecting the sector's case mix, but included cases of haemorrhage, anaphylaxis, cardiac arrhythmia and pulmonary embolus. Good and poor quality care were seen, the latter including delayed recognition and treatment of patient deterioration, and poor care delivery. Independent sector outcomes were similar to those in the NHS, though due to the case mix, improved outcomes might be anticipated. Assessment of quality of care was less often favourable for independent sector reports than NHS reports, though assessments were often uncertain, reflecting poor quality reports. Overall, NAP7 is unable to determine whether peri-operative care relating to cardiac arrest is more, equally or less safe than in the NHS. (© 2024 Association of Anaesthetists.)

**DOI:** 10.1111/anae.16175

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38173350&profid=ehost>

#### **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:** 2024

**Journal:** Anaesthesia 79(4), pp. 368–379

**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&profid=ehost>

#### **47. NAP7 and airway management: as important as life and death**

**Item Type:** Journal Article

**Authors:** Cook, T.;Oglesby, F. and Soar, J.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(5), pp. 548–549

**DOI:** 10.1111/anae.16246

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38319863&profid=ehost>

#### **48. Stylets, bougies and hyperangulated videolaryngoscopy**

**Item Type:** Journal Article

**Authors:** Cook, Tim M.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(9), pp. 999–1000

**DOI:** 10.1111/anae.16355

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38822573&profid=ehost>

#### **49. NAP7: high mortality risk in neonates and very low risk in children**

**Item Type:** Journal Article

**Authors:** Cook, Tim M.;Armstrong, Richard A.;Oglesby, Fiona;Kane, Andrew D.;Kursumovic, Emira and Soar, Jasmeet

**Publication Date:** 2024

**Journal:** British Journal of Anaesthesia

**Abstract:** Editor-We congratulate Lyne and colleagues 1 on their initiative to explore and improve consent around perioperative mortality in children. Providing such data for families and clinicians is a key purpose of the Royal College of Anaesthetists' National Audit Projects (NAPs), and to this end, NAP7 studied perioperative cardiac arrest. 2-4 .; Competing Interests: Declaration of interest The authors declare no conflict of interest. (Copyright © 2024 British Journal of Anaesthesia. Published by Elsevier Ltd. All rights reserved.)

**DOI:** 10.1016/j.bja.2024.10.034

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39645515&profid=ehost>

50. **'Flextension': a new term to describe optimal head and neck positioning for airway management**

**Item Type:** Journal Article

**Authors:** Cook, Tim M. and Chrimes, Nicholas

**Publication Date:** 2024

**Journal:** Anaesthesia

**DOI:** 10.1111/anae.16484

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39577879&profid=ehost>

51. **Anaesthesia associates' clinical activity, case mix, supervision and involvement in peri-operative cardiac arrest: analysis from the 7th National Audit Project**

**Item Type:** Journal Article

**Authors:** Cook, Tim M.;Kane, Andrew D.;Armstrong, Richard A.;Kursumovic, Emira;Varney, Lee;Moppett, Iain K. and Soar, Jasmeet

**Publication Date:** 2024

**Journal:** Anaesthesia 79(10), pp. 1030–1041

**Abstract:** Background: We analysed the clinical practice of anaesthesia associates in the UK, as reported to the 7th National Audit Project of the Royal College of Anaesthetists, and

compared these with medically qualified anaesthetists.; Methods: We included data from our baseline survey, activity survey and case registry as with other reports from the project.; Results: Among 197 departments of anaesthesia, 52 (26%) employed anaesthesia associates. Of 10,009 responding anaesthesia care providers, 71 ( 90% of consultants). Anaesthesia associates reported less training and confidence in managing peri-operative cardiac arrest and its aftermath compared with medically qualified anaesthetists. Anaesthesia associates were less directly involved in the management and the aftermath of peri-operative cardiac arrest than medically qualified anaesthetists, and the psychological impacts on professional and personal life appeared to be less. Among 24,172 cases, anaesthesia associates attended 432 (2%) and were the senior anaesthesia care provider in 63 (< 1%), with indirect supervision in 27 (43%). Anaesthesia associates worked predominantly in a small number of surgical specialties during weekdays and working daytime hours. Complication rates were low in cases managed by anaesthesia associates, likely reflecting case mix. However, activity and registry case mix data show anaesthesia associates do manage high-risk cases (patients who are older, comorbid, obese and frail) with the potential for serious complications. Registry cases included higher risk cases with respect to the clinical setting and patient factors.; Conclusion: Anaesthesia associates work in enhanced roles, relative to the scope of practice at qualification agreed by organisations. Recent changes mean the Royal College of Anaesthetists and Association of Anaesthetists do not currently support an enhanced scope of practice. (© 2024 The Author(s). Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

**DOI:** 10.1111/anae.16360

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38989567&profid=ehost>

## **52. Judgements of quality of care in NAP7: a clarification from the authors**

**Item Type:** Journal Article

**Authors:** Cook, Tim M.;Lucas, D. N. and Soar, Jasmeet

**Publication Date:** 2024a

**Journal:** Anaesthesia 79(6), pp. 668

**DOI:** 10.1111/anae.16286

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38516759&profid=ehost>

## **53. Opioid use in the bleeding obstetric patient: a clarification regarding NAP7**

**Item Type:** Journal Article

**Authors:** Cook, Tim M.;Lucas, D. N. and Soar, Jasmeet

**Publication Date:** 2024b

**Journal:** Anaesthesia

**DOI:** 10.1111/anae.16459

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39436001&profid=ehost>

**54. Real-world use of thrombopoietin receptor agonists for the management of immune thrombocytopenia in adult patients in the United Kingdom: Results from the TRAIT study**

**Item Type:** Journal Article

**Authors:** Cooper, Nichola;Scully, Marie;Percy, Charles;Nicolson, Phillip L. R.;Lowe, Gillian;Bagot, Catherine N.;Thachil, Jecko;Grech, Henri;Nokes, Tim;Hill, Quentin A.;Bradbury, Charlotte;Talks, Kate;Dutt, Tina;Evans, Gillian;Pavord, Sue;Wexler, Sarah;Charania, Asad;Collington, Sarah J.;Ervin, Andrew;Ramscar, Nicholas, et al

**Publication Date:** 2024

**Journal:** British Journal of Haematology 204(6), pp. 2442–2452

**Abstract:** Few studies have reported the real-world use of both romiplostim and eltrombopag in immune thrombocytopenia (ITP). TRAIT was a retrospective observational study aimed to evaluate the platelet responses and adverse effects associated with the use of these thrombopoietin receptor agonists (TPO-RAs) in adult patients with ITP in the United Kingdom. Of 267 patients (median age at diagnosis, 48 years) with ITP (primary ITP n = 218], secondary ITP n = 49]) included in the study, 112 (42%) received eltrombopag and 155 (58%) received romiplostim as the first prescribed TPO-RA. A platelet count  $\geq 30 \times 10^9 /L$  was achieved in 89% of patients with the first TPO-RA treatments, while 68% achieved a platelet count  $\geq 100 \times 10^9 /L$ . Treatment-free response (TFR; platelet count  $\geq 30 \times 10^9 /L$ , 3 months after discontinuing treatment) was achieved by 18% of the total patients. Overall, 61 patients (23%) switched TPO-RAs, most of whom achieved platelet counts  $\geq 30 \times 10^9 /L$  with the second TPO-RA (23/25 who switched from eltrombopag to romiplostim 92%]; 28/36 who switched from romiplostim to eltrombopag 78%]). TFR was associated with secondary ITP, early TPO-RA initiation after diagnosis, the presence of comorbidity and no prior splenectomy or treatment with steroids or mycophenolate mofetil. Both TPO-RAs had similar efficacy and safety profiles to those reported in clinical studies. (© 2024 The Authors. British Journal of Haematology published by British Society for Haematology and John Wiley & Sons Ltd.)

**DOI:** 10.1111/bjh.19345

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38429869&profid=ehost>

**55. Development and maintenance of direct laryngoscopy skills using a videolaryngoscope with a Macintosh-shaped blade**

**Item Type:** Journal Article

**Authors:** Corbett, Lucy;Kelly, Fiona E. and Cook, Tim M.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(11), pp. 1255–1256

**DOI:** 10.1111/anae.16372

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38973720&provid=ehost>

## 56. A Novel cause of abdominal pain presenting with anuria and renal failure

**Item Type:** Journal Article

**Authors:** Corkill, Joel;Rupret, Simon;Scrivens, Emma and Ali, Ayman

**Publication Date:** 2024

**Journal:** BMJ Case Reports 17(1), pp. 1–4

**Abstract:** A girl in early adolescence with autism presented with 3 months of abdominal pain and 36 hours of anuria. She had recently received treatment for urinary tract infections, anxiety and menorrhagia (she had undergone menarche a few months earlier). Due to the pain, she had pulled out an incisor. Bladder scan showed 923 mL, creatinine was 829mmol/L but urethral catheter insertion did not drain urine. An unenhanced CT scan revealed an absent left kidney, didelphys uterus and right-sided hydroureteronephrosis caused by haematocolpos in keeping with a diagnosis of OHVIRA syndrome and ureteric obstruction of a single kidney causing acute renal failure. She underwent vaginal septoplasty, drainage of the haematocolpos and right ureteric stent.

**DOI:** 10.1136/bcr-2023-257922

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175309725&provid=ehost>

## 57. Is traditional stone clinic the optimal use of NHS resources?

**Item Type:** Journal Article

**Authors:** Corkill, Joel;Sale, Adrian;Gallegos, Christopher and Jefferies, Edward

**Publication Date:** 2024

**Journal:** Urolithiasis 52(1), pp. 29

**Abstract:** There is no clear guidance on the efficacy of stone follow-up. NICE have been unable to make recommendations with current published evidence. The aim of this study was to understand the patient journey resulting in surgical intervention, and whether traditional stone follow-up is effective. A retrospective review of patients undergoing ureteroscopy (URS) or percutaneous nephrolithotomy (PCNL) over a 3 year period identified 471 patients who underwent these procedures to treat stone disease. Records were interrogated for the following: symptoms, mechanism of booking, reason for intervention, stone size, stone location, risk factors and previous follow-up. Of 471 patients who underwent intervention, 168 were booked from stone clinic follow-up (36%). Of these, 96% were symptomatic and 4% were asymptomatic. When risk factors were removed, this figure was reduced to 1%. Sepsis rate for emergency admissions differs between those followed up (13%) versus new presentations (19%). There was no statistically significant difference in the outpatient imaging frequency between patients booked from an emergency admission (80% having imaging every 6 months) and those from the clinic (82%). Our Hospital provides on average 650 stone clinic appointments a year with a cost of £93,000. Given the low rate of intervention in patients with asymptomatic renal stones, a symptomatic, direct-access emergency stone clinic could be a better model of care and use of NHS resources. Urgent research is required in this area to further assess if this is the case. (© 2024. Crown.)

**DOI:** 10.1007/s00240-023-01523-6

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38300331&provid=ehost>

## 58. A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest

**Item Type:** Journal Article

**Authors:** Couper, Keith;Ji, Chen;Deakin, Charles D.;Fothergill, Rachael T.;Nolan, Jerry P.;Long, John B.;Mason, James M.;Michelet, Felix;Norman, Chloe;Nwankwo, Henry;Quinn, Tom;Slowther, Anne-Marie;Smyth, Michael A.;Starr, Kath R.;Walker, Alison;Wood, Sara;Bell, Steve;Bradley, Gemma;Brown, Martina;Brown, Shona, et al

**Publication Date:** 2024

**Journal:** The New England Journal of Medicine

**Abstract:** Background: In patients with out-of-hospital cardiac arrest, the effectiveness of drugs such as epinephrine is highly time-dependent. An intraosseous route of drug administration may enable more rapid drug administration than an intravenous route; however, its effect on clinical outcomes is uncertain.; Methods: We conducted a multicenter, open-label, randomized trial across 11 emergency medical systems in the United Kingdom that involved adults in cardiac arrest for whom vascular access for drug administration was needed. Patients were randomly assigned to receive treatment from paramedics by means of an intraosseous-first or intravenous-first vascular access strategy. The primary outcome was survival at 30 days. Key secondary outcomes included any return of spontaneous circulation and favorable neurologic

function at hospital discharge (defined by a score of 3 or less on the modified Rankin scale, on which scores range from 0 to 6, with higher scores indicating greater disability). No adjustment for multiplicity was made.; Results: A total of 6082 patients were assigned to a trial group: 3040 to the intraosseous group and 3042 to the intravenous group. At 30 days, 137 of 3030 patients (4.5%) in the intraosseous group and 155 of 3034 (5.1%) in the intravenous group were alive (adjusted odds ratio, 0.94; 95% confidence interval CI], 0.68 to 1.32; P = 0.74). At the time of hospital discharge, a favorable neurologic outcome was observed in 80 of 2994 patients (2.7%) in the intraosseous group and in 85 of 2986 (2.8%) in the intravenous group (adjusted odds ratio, 0.91; 95% CI, 0.57 to 1.47); a return of spontaneous circulation at any time occurred in 1092 of 3031 patients (36.0%) and in 1186 of 3035 patients (39.1%), respectively (adjusted odds ratio, 0.86; 95% CI, 0.76 to 0.97). During the trial, one adverse event, which occurred in the intraosseous group, was reported.; Conclusions: Among adults with out-of-hospital cardiac arrest requiring drug therapy, the use of an intraosseous-first vascular access strategy did not result in higher 30-day survival than an intravenous-first strategy. (Funded by the National Institute for Health and Care Research; PARAMEDIC-3 ISRCTN Registry number, ISRCTN14223494.). (Copyright © 2024 Massachusetts Medical Society.)

**DOI:** 10.1056/NEJMoa2407780

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39480216&profid=ehost>

## **59. Non-operative management of proximal phalanx spiral fractures: the use of elastic strapping to treat malrotation**

**Item Type:** Journal Article

**Authors:** Davies, Angharad;Haines, Samuel and Giddins, Grey

**Publication Date:** 2024

**Journal:** The Journal of Hand Surgery, European Volume , pp. 17531934241265678

**Abstract:** This study assessed rotation control elastic strapping as a treatment for proximal phalanx spiral fractures in adults, with good clinical outcomes. This is a cheap, simple and reliable management technique that avoids potential operative complications.; Competing Interests: Declaration of conflicting interestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**DOI:** 10.1177/17531934241265678

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39169765&profid=ehost>

## **60. Improvements with burosumab treatment in an early access programme for adults with X-linked hypophosphataemia: A case series of three patients**

**Item Type:** Journal Article

**Authors:** Day, Julia;Jayatilleke, Chandrin and Roy, Matthew

**Publication Date:** 2024

**Journal:** Bone Reports 23, pp. 101814

**Abstract:** X-linked hypophosphataemia (XLH) is a life-long phosphate-wasting disorder that causes skeletal deformities, pain, stiffness, and fatigue and impairs quality of life. Burosumab was approved for use in adults in 2020. We describe three adults with persistent XLH symptoms who received burosumab treatment in a real-world setting. Patients report improvements in pain, mobility, physical function, energy, fatigue, and mental wellbeing through patient-reported outcome measures, enriched with further detail from written testimonials.; Competing Interests: CJ and MR have received support for attending meetings and travel from Kyowa Kirin International (KKI); MR has received consulting fees from KKI. (© 2024 The Authors.)

**DOI:** 10.1016/j.bonr.2024.101814

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39624115&profid=ehost>

**61. OC04.06: A comparison of the homologous recombination deficiency test success rate using samples from ultrasound-guided biopsies and those obtained during laparotomies in advanced ovarian cancer**

**Item Type:** Journal Article

**Authors:** Ditri, D.;Hunt, A.;Chadha, A.;Keogh, G.;Thompson, J.;Loughborough, W.;McNeish, I.;Krell, J.;McDermott, J.;Ghaem-Maghami, S. and Tookman, L.

**Publication Date:** 2024

**Journal:** Ultrasound in Obstetrics & Gynecology 64, pp. 11–12

**DOI:** 10.1002/uog.27747

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=179531970&profid=ehost>

**62. THE ROLE OF THE ENDOTHELIAL GLYCOCALYX IN FIBROTIC INTERSTITIAL LUNG DISEASE.**

**Item Type:** Journal Article

**Authors:** Dixon G.;Rodrigues J.C.L.;TsanevaAtanasova K.;Scotton C.J.;Gibbons M.A. and Barratt, S. L.



**Publication Date:** 2024

**Journal:** Thorax Conference, pp. British

**Abstract:** Background and Aims The interstitial lung diseases are a heterogeneous group of conditions with varying degrees of inflammation and fibrosis of the lungs. Disruption of the endothelial glycocalyx (EG) and subsequent vascular remodelling has been implicated in the pathogenesis of organ fibrosis but its role in the pathogenesis of pulmonary fibrosis is unknown. We aimed to assess the acceptability of EG assessment using sublingual video-microscopy and compare EG health between patients with fibrotic-ILD and healthy controls. Methods Patients with fibrotic-ILD and age and sex matched healthy controls were recruited to a prospective observational study (PREDICT-ILD NCT05609201). Participants with diabetes, renal disease (eGFR<60) or connective tissue disease were excluded. EG assessment was performed using sublingual sidestream darkfield video-microscopy (GlycoCheck™). Glyco-Check™ measures perfused boundary region (PBR) in vessels 5-25µm in width, a surrogate for EG width. Acceptability was measured using a modified theoretical framework of acceptability questionnaire. Participants in the fibrotic-ILD arms underwent pulmonary function testing on the same day as EG assessment. Results 18 patients with IPF, 18 patients with non-IPF fibrotic-ILD (11 fibrotic hypersensitivity pneumonitis, 3 unclassifiable-ILD, 3 fibrotic non-specific interstitial pneumonia and 1 asbestosis) and 16 healthy controls were recruited. There was no significant difference in age or gender between groups. There was no significant difference in % predicted FVC or % predicted DLCO between IPF and non-IPF fibrotic-ILD arms (76.5% vs 68.7%,  $p=0.197$  and 50.9% vs 47.5%,  $p=0.534$  respectively). EG measurement was not possible in 2 participants in the non-IPF fibrotic-ILD arm due to breathing pattern and tongue movement. There was no statistically significant difference between groups in intervention comfort, burden, self-efficacy and overall acceptability ( $p=0.169-0.987$ ). Mean PBR 5-25µm was higher in the IPF group vs controls 2.12mm vs 1.99mm ( $p=0.019$ ) (figure 1). There was no difference between the non-IPF fibrotic-ILD group and IPF patients ( $p=0.492$ ) or controls ( $p=0.216$ ). The IPF group demonstrated significant correlation between % predicted FVC and PBR (5-25)  $r=-0.478$   $p=0.045$ . Conclusions Sublingual video-microscopy is an acceptable test in patients with fibrotic-ILD. Baseline results suggest there may be a decrease in sublingual endothelial glycocalyx thickness in patients with IPF compared to healthy controls. (Figure Presented).

### 63. Real-world experience of nintedanib for progressive fibrosing interstitial lung disease in the UK

**Item Type:** Journal Article

**Authors:** Dixon, Giles; Hague, Samuel; Mulholland, Sarah; Adamali, Huzaifa; Khin, Aye Myat Noe; Thould, Hannah; Connon, Roisin; Minnis, Paul; Murtagh, Eoin; Khan, Fasihul; Toor, Sameen; Lawrence, Alexandra; Naqvi, Mariam; West, Alex; Coker, Robina K.; Ward, Katie; Yazbeck, Leda; Hart, Simon; Garfoot, Theresa; Newman, Kate, et al

**Publication Date:** 2024

**Journal:** ERJ Open Research 10(1)

**Abstract:** Background: Nintedanib slows progression of lung function decline in patients with

progressive fibrosing (PF) interstitial lung disease (ILD) and was recommended for this indication within the United Kingdom (UK) National Health Service in Scotland in June 2021 and in England, Wales and Northern Ireland in November 2021. To date, there has been no national evaluation of the use of nintedanib for PF-ILD in a real-world setting.; Methods: 26 UK centres were invited to take part in a national service evaluation between 17 November 2021 and 30 September 2022. Summary data regarding underlying diagnosis, pulmonary function tests, diagnostic criteria, radiological appearance, concurrent immunosuppressive therapy and drug tolerability were collected via electronic survey.; Results: 24 UK prescribing centres responded to the service evaluation invitation. Between 17 November 2021 and 30 September 2022, 1120 patients received a multidisciplinary team recommendation to commence nintedanib for PF-ILD. The most common underlying diagnoses were hypersensitivity pneumonitis (298 out of 1120, 26.6%), connective tissue disease associated ILD (197 out of 1120, 17.6%), rheumatoid arthritis associated ILD (180 out of 1120, 16.0%), idiopathic nonspecific interstitial pneumonia (125 out of 1120, 11.1%) and unclassifiable ILD (100 out of 1120, 8.9%). Of these, 54.4% (609 out of 1120) were receiving concomitant corticosteroids, 355 (31.7%) out of 1120 were receiving concomitant mycophenolate mofetil and 340 (30.3%) out of 1120 were receiving another immunosuppressive/modulatory therapy. Radiological progression of ILD combined with worsening respiratory symptoms was the most common reason for the diagnosis of PF-ILD.; Conclusion: We have demonstrated the use of nintedanib for the treatment of PF-ILD across a broad range of underlying conditions. Nintedanib is frequently co-prescribed alongside immunosuppressive and immunomodulatory therapy. The use of nintedanib for the treatment of PF-ILD has demonstrated acceptable tolerability in a real-world setting.; Competing Interests: Conflict of interest: A.J. Simpson has received funding to his institution from Boehringer Ingelheim (BI) to undertake an educational meeting. A. West has received support from BI for speaking at or chairing educational events, and attendance and travel to educational meetings; and is part of an advisory board for BI and Avalyn Pharmaceuticals. A. John has received funding from BI to attend an educational event. A.M. Wilson has received grants from Aseptika, Brainomix and BASF, has received speakers' fees from BI, has received support for attending meetings by Chiesi, and has institutional interests with Celgene Corporation, GSK and Insmed Inc. A. Crawshaw has received speakers' fees from BI and AstraZeneca (AZ). A.U. Wells has undertaken advisory board activity and consultant work for BI, Roche and Veracyte. C.C. Huntley has received an honorarium for educational content from BI and sponsorship for conference attendance. D. Dosanjh has received a speaker's fee from BI, meeting attendance costs from AZ and is part of the advisory board for AZ, Gilead, BI and Synairgen. E. Renzoni has received institutional funding, honoraria for educational events and funding for conference attendance from BI, and is member of the advisory board for BI and Roche. F. Chua has received consulting fees, honoraria, support for conference attendance and is an advisory board member for BI. G. Saini has received institutional payment for educational presentation from BI. G. Dixon, H. Stone, L.M. Nicol and I.A. Forrest have received support for educational event attendance from BI. J.C.L. Rodrigues has received grant funding from NIHR, consulting fees from NHSx and HeartFlow, honoraria from Sanofi, Aidence and 4-C Research market research, meeting attendance support from Aidence and HeartFlow, leadership role in Heart and Lung Imaging LTD (HLH), stock in Radnet and shares in HLH. K. Tsaneva-Atanasova has financial support from EPSRC grant. M. Naqvi has received a grant from NHS Digital, honoraria from BI, AZ and Roche, support for meeting attendance from BI and advisory board membership for BI, and is ILD Pharmacist Network Chair and ILD-IN Co-chair. M.G. Jones has received grants from Royal Society, BI, NC3Rs, MRC, AAIR Charity and the British Lung Foundation. P.M. George has received an institutional grant from BI, honoraria from BI, Roche, Teva, Cipla and Brainomix,

meeting attendance support from BI and Roche and has stock in Brainomix. P. Molyneaux has grant funding from AZ, consulting fees from Roche, BI, AZ, Trevi and Qureight, and honoraria from BI and Roche; and is an associate editor of this journal. P. Rivera-Ortega has received grant funding from MRC, institutional grant funding from BI, Roche, CSL Behring, Fibrogen, Vicore Pharma AB, Gilead Sciences and Galecto, consulting fees from BI and Roche, honoraria from BI, Roche and Respiratory Effectiveness Group (REG), support for meeting attendance from BI and REG, is a chair of the REG and member of the Global Writing Group Committee for REMAP-ILD. R.K. Coker has received honoraria from BI. S. Agnew has received honoraria from BI, support for meeting attendance from BI and is member of the BTS ILD registry advisory board. S.L. Barratt has received consulting fees and honoraria from BI. S. Hart has received research grant from BI, consulting fees from Trevi Therapeutics, honoraria and support for meeting attendance from BI and Chiesi, was Chair of the BTS Standard of Care Committee 2019–2022, and is a Trustee of Action for Pulmonary Fibrosis and an associate editor of this journal. S. Barth received honoraria from BI for educational meeting facilitating. T. Garfoot received support to attend the ILD IN annual conference. T. Gatheral has received speakers' fees from BI. Conflict of interest: The remaining authors have no competing interests. (Copyright ©The authors 2024.)

**DOI:** 10.1183/23120541.00529-2023

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38226064&profid=ehost>

#### **64. New horizons in the diagnosis and management of Alzheimer's Disease in older adults**

**Item Type:** Journal Article

**Authors:** Dolphin, Helena;Dyer, Adam H.;Morrison, Laura;Shenkin, Susan D.;Welsh, Tomas and Kennelly, Sean P.

**Publication Date:** 2024

**Journal:** Age & Ageing 53(2), pp. 1–11

**Abstract:** Alzheimer's Disease (ad) is the most common cause of dementia, and in addition to cognitive decline, it directly contributes to physical frailty, falls, incontinence, institutionalisation and polypharmacy in older adults. Increasing availability of clinically validated biomarkers including cerebrospinal fluid and positron emission tomography to assess both amyloid and tau pathology has led to a reconceptualisation of ad as a clinical–biological diagnosis, rather than one based purely on clinical phenotype. However, co-pathology is frequent in older adults which influence the accuracy of biomarker interpretation. Importantly, some older adults with positive amyloid or tau pathological biomarkers may never experience cognitive impairment or dementia. These strides towards achieving an accurate clinical–biological diagnosis are occurring alongside recent positive phase 3 trial results reporting statistically significant effects of anti-amyloid Disease-Modifying Therapies (DMTs) on disease severity in early ad. However, the real-world clinical benefit of these DMTs is not clear and concerns remain regarding how trial results will translate to real-world clinical populations, potential adverse effects (including amyloid-related imaging abnormalities), which can be

severe and healthcare systems readiness to afford and deliver potential DMTs to appropriate populations. Here, we review recent advances in both clinical–biological diagnostic classification and future treatment in older adults living with ad. Advocating for access to both more accurate clinical–biological diagnosis and potential DMTs must be done so in a holistic and gerontologically attuned fashion, with geriatricians advocating for enhanced multi-component and multi-disciplinary care for all older adults with ad. This includes those across the ad severity spectrum including older adults potentially ineligible for emerging DMTs.

**DOI:** 10.1093/ageing/afae005

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175800452&provid=ehost>

**65. GENDER DISPARITY in AXIAL SPONDYLOARTHRITIS DIAGNOSIS: WHERE IS the UNCONSCIOUS BIAS? RESULTS from the NATIONAL AXIAL SPONDYLOAR-THRITIS SOCIETY (NASS) PATIENT SURVEY.**

**Item Type:** Journal Article

**Authors:** Eddison J.;Bamford S.;Chan A.;Chan M.;Das D.;Freestone J.;Gregory W.J.;Gudu T.;Hutton K.;Moorthy A.;Sengupta R.;Tahir H. and Webb, D.

**Publication Date:** 2024

**Journal:** Clinical and Experimental Rheumatology.Conference: 14th International Congress on Spondyloarthritis.Ghent Belgium 42(9), pp. 46

**Abstract:** Introduction. UK mean average time to diagnosis (TTD) for axial SpA is currently 8.29 years.<sup>1</sup> However, it should be possible to ensure diagnosis within 12 months of symptom onset to optimise clinical outcomes.<sup>2</sup> Current evidence suggests a gender gap in TTD, with women waiting between one and four years longer on average (mean) internationally for a diagnosis.<sup>3</sup> An audit tool was created by NASS and UK rheumatology teams to evaluate the national performance in TTD and the factors impacting diagnosis. Methods. We developed a patient self-administered post-diagnosis Axial SpA survey, and analysed data submitted according to patient gender. Results. Data were collected from 523 patients diagnosed since January 2021, with 46% women and 54% men (Fig. 1). While the overall mean TTD was similar for both genders at 8.20 years (women) and 8.08 years (men), the median average showed a discrepancy, with 5.03 years (women) compared to 4.39 years (men). Women sought help quicker after symptom onset (2.21 vs. 2.73 men) and had a slightly faster referral following the first assessment by a GP (4.30 vs. 4.43 men). However, women experienced 33% longer waiting times (0.44 vs. 0.33 men) once in Rheumatology. The mean time from first assessment to diagnosis was 113% longer for women (1.25) than for men (0.59). Additionally, women spent a higher proportion of their diagnostic journey in Rheumatology (21% or 1.70) compared to men (11% or 0.92), with 73% of their journey occurring after seeking help, compared to 66% for men. Conclusion. Our findings highlight a gender gap in TTD, particularly for women when they reach Rheumatology. Despite seeking help earlier, women face greater barriers, beginning in primary care and exacerbated in

secondary care. Solutions may involve awareness, education, referral improvements, and addressing clinical complexities.

#### **66. How to get started in medical leadership**

**Item Type:** Journal Article

**Authors:** Eddy, Danielle;Daniels, Jo;Gamble, Jonathan;Cowan, Matthew and Suntharalingam, Jay

**Publication Date:** 2024

**Journal:** BMJ (Clinical Research Ed.) 387, pp. e080576

**DOI:** 10.1136/bmj-2024-080576

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39419527&provid=ehost>

#### **67. 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:** 2024

**Journal:** Journal of the Intensive Care Society 25(2), pp. 231–236

**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.

#### **68. Changes in the incidence and prevalence of systemic lupus erythematosus between 1990 and 2020: an observational study using the Clinical Practice Research Datalink (CPRD)**

**Item Type:** Journal Article

**Authors:** Ellis, Jessica;McHugh, Neil;Pauling, John D.;Bruce, Ian N.;Charlton, Rachel;McGrogan, Anita and Skeoch, Sarah

**Publication Date:** 2024

**Journal:** Lupus Science & Medicine 11(2)

**Abstract:** Objective: To obtain updated estimates on the incidence and prevalence of systemic lupus erythematosus (SLE) in the UK, over the period 1990-2020, using the Clinical Practice Research Datalink (CPRD).; Methods: This was a retrospective cohort study using the CPRD covering the period 1990-2020. A case ascertainment algorithm was developed in line with best practice recommendations for observational research. Incidence was calculated per 100 000 person-years and point prevalence (at the mid-year point) calculated per 100 000. Results were stratified by sex.; Results: 9443 SLE cases were identified. 5278 incident cases were identified (4538 women, 740 men). The overall incidence rate was 5.47 (95% CI 5.33 to 5.62) cases per 100 000 person-years. Incidence rates decreased slightly across the study period, which was more pronounced for women than men. Point prevalence increased over time, from 21.4 (95% CI 17.68 to 25.67) per 100 000 in 1990 to 107.14 (95% CI 103.26 to 111.12) per 100 000 in 2020.; Conclusions: The observed fivefold increase in prevalence of SLE over the last 30 years, in the context of a modest decline in incidence rate, may suggest improved outcomes in SLE and has important implications for healthcare service delivery and planning in the UK.; Competing Interests: Competing interests: JDP has undertaken consultancy work and/or received speaker honoraria from Janssen, Astra Zeneca, Boehringer Ingelheim, IsoMab, Sojournix Pharma and Permeatus Inc. INB has received grant support from GSK, Janssen and Astra Zeneca; consulting fees from AstraZeneca, Eli Lilly, GSK, Takeda, UCB and Dragonfly Therapeutics; and was a speaker for AstraZeneca, Janssen, GSK and UCB. The remaining authors declare no conflicts of interest. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

**DOI:** 10.1136/lupus-2024-001213

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39067871&profid=ehost>

**69. The effects of short-term, progressive exercise training on disease activity in smouldering multiple myeloma and monoclonal gammopathy of undetermined significance: a single-arm pilot study**

**Item Type:** Journal Article

**Authors:** Emery, A.;Moore, S.;Crowe, J.;Murray, J.;Peacock, O.;Thompson, D.;Betts, F.;Rapps, S.;Ross, L.;Rothschild-Rodriguez, D.;Arana Echarri, A.;Davies, R.;Lewis, R.;Augustine, D. X.;Whiteway, A.;Afzal, Z.;Heaney, Ilj;Drayson, M. T.;Turner, J. E. and Campbell, J. P.

**Publication Date:** 2024

**Journal:** BMC Cancer 24(1), pp. 174

**Abstract:** Background: High levels of physical activity are associated with reduced risk of the blood cancer multiple myeloma (MM). MM is preceded by the asymptomatic stages of monoclonal gammopathy of undetermined significance (MGUS) and smouldering multiple myeloma (SMM) which are clinically managed by watchful waiting. A case study (N = 1) of a former elite athlete aged 44 years previously indicated that a multi-modal exercise programme reversed SMM disease activity. To build from this prior case study, the present pilot study firstly examined if short-term exercise training was feasible and safe for a group of MGUS and SMM patients, and secondly investigated the effects on MGUS/SMM disease activity.; Methods: In this single-arm pilot study, N = 20 participants diagnosed with MGUS or SMM were allocated to receive a 16-week progressive exercise programme. Primary outcome measures were feasibility and safety. Secondary outcomes were pre- to post-exercise training changes to blood biomarkers of MGUS and SMM disease activity- monoclonal (M)-protein and free light chains (FLC)- plus cardiorespiratory and functional fitness, body composition, quality of life, blood immunophenotype, and blood biomarkers of inflammation.; Results: Fifteen (3 MGUS and 12 SMM) participants completed the exercise programme. Adherence was  $91 \pm 11\%$ . Compliance was  $75 \pm 25\%$  overall, with a notable decline in compliance at intensities  $> 70\% \dot{V}O_{2PEAK}$ . There were no serious adverse events. There were no changes to M-protein ( $0.0 \pm 1.0$  g/L,  $P = .903$ ), involved FLC ( $+ 1.8 \pm 16.8$  mg/L,  $P = .839$ ), or FLC difference ( $+ 0.2 \pm 15.6$  mg/L,  $P = .946$ ) from pre- to post-exercise training. There were pre- to post-exercise training improvements to diastolic blood pressure ( $- 3 \pm 5$  mmHg,  $P = .033$ ), sit-to-stand test performance ( $+ 5 \pm 5$  repetitions,  $P = .002$ ), and energy/fatigue scores ( $+ 10 \pm 15\%$ ,  $P = .026$ ). Other secondary outcomes were unchanged.; Conclusions: A 16-week progressive exercise programme was feasible and safe, but did not reverse MGUS/SMM disease activity, contrasting a prior case study showing that five years of exercise training reversed SMM in a 44-year-old former athlete. Longer exercise interventions should be explored in a group of MGUS/SMM patients, with measurements of disease biomarkers, along with rates of disease progression (i.e., MGUS/SMM to MM).; Registration: <https://www.isrctn.com/ISRCTN65527208> (14/05/2018). (© 2024. The Author(s).)

**DOI:** 10.1186/s12885-024-11817-6

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38317104&profd=ehost>

## **70. Plasma cell disorders suppress mucosal anti-bacterial immunity: another dimension of immunoparesis in plasma cell neoplasms**

**Item Type:** Journal Article

**Authors:** Faustini, Sian; Chan, Y. L. T.; Evans, Lilli; Collman, Emily; Rapson, Alec; Backhouse, Claire; Emery, Annabelle; Campbell, John P.; Moore, Sally; Richter, Alex; Pratt, Guy; Drayson, Mark T. and Heaney, Jennifer L. J.

**Publication Date:** 2024

**Journal:** Leukemia 38(11), pp. 2501–2504

**DOI:** 10.1038/s41375-024-02398-1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39244631&profid=ehost>

## **71. Anaesthetic records: an evaluation of variation across England**

**Item Type:** Journal Article

**Authors:** Fenton, R.;Thompson, C.;Drake, S.;Foley, L. and Cook, T. M.

**Publication Date:** Jan ,2024

**Journal:** Anaesthesia Reports 12(1), pp. 1–8

**Abstract:** Summary: We collected blank non-specialist anaesthetic records from 71 National Health Service Trusts in England. A data set was established by collating all data items found in an initial tranche of 28 records. All 71 records were subsequently analysed for each data item in this data set. We found significant variation: the most populated record included 216 data items and the least included 38 data items: a greater than five-fold variation. There was significant variation in the inclusion of data items commonly considered important to patient safety; 42% of records omitted documentation of fasting status, 72% omitted documentation of a discussion around the risk of accidental awareness during general anaesthesia, 92% omitted documentation of quantitative neuromuscular blockade monitoring and 63% omitted documentation for 'Stop Before You Block' when performing regional anaesthesia. The study highlights significant variability in the composition of anaesthetic records across England which may impact on its value as a data repository, an action trigger, a medicolegal account, and a tool to facilitate safe handover. Standardisation of the anaesthetic record or the establishment of standards of recording would help to allay potential risks to patient safety and assist in guiding future procurement of electronic solutions for anaesthetic records.

**DOI:** 10.1002/anr3.12287

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=178097917&profid=ehost>

## **72. Sex differences in treatments and outcomes of patients with cardiogenic shock: a systematic review and epidemiological meta-analysis**

**Item Type:** Journal Article

**Authors:** Fisher, Thomas;Hill, Nicole;Kalakoutas, Antonis;Lahlou, Assad;Rathod, Krishnaraj;Proudfoot, Alastair and Warren, Alex

**Publication Date:** 2024



**Journal:** Critical Care (London, England) 28(1), pp. 192

**Abstract:** Background: Women are at higher risk of mortality from many acute cardiovascular conditions, but studies have demonstrated differing findings regarding the mortality of cardiogenic shock in women and men. To examine differences in 30-day mortality and mechanical circulatory support use by sex in patients with cardiogenic shock.; Main Body: Cochrane Central, PubMed, MEDLINE and EMBASE were searched in April 2024. Studies were included if they were randomised controlled trials or observational studies, included adult patients with cardiogenic shock, and reported at least one of the following outcomes by sex: raw mortality, adjusted mortality (odds ratio) or use of mechanical circulatory support. Out of 4448 studies identified, 81 met inclusion criteria, pooling a total of 656,754 women and 1,018,036 men. In the unadjusted analysis for female sex and combined in-hospital and 30-day mortality, women had higher odds of mortality (Odds Ratio (OR) 1.35, 95% confidence interval (CI) 1.26-1.44,  $p < 0.001$ ). Pooled unadjusted mortality was 35.9% in men and 40.8% in women ( $p < 0.001$ ). When only studies reporting adjusted ORs were included, combined in-hospital/30-day mortality remained higher in women (OR 1.10, 95% CI 1.06-1.15,  $p < 0.001$ ). These effects remained consistent across subgroups of acute myocardial infarction- and heart failure- related cardiogenic shock. Overall, women were less likely to receive mechanical support than men (OR = 0.67, 95% CI 0.57-0.79,  $p < 0.001$ ); specifically, they were less likely to be treated with intra-aortic balloon pump (OR = 0.79, 95% CI 0.71-0.89,  $p < 0.001$ ) or extracorporeal membrane oxygenation (OR = 0.84, 95% 0.71-0.99,  $p = 0.045$ ). No significant difference was seen with use of percutaneous ventricular assist devices (OR = 0.82, 95% CI 0.51-1.33,  $p = 0.42$ ).; Conclusion: Even when adjusted for confounders, mortality for cardiogenic shock in women is approximately 10% higher than men. This effect is seen in both acute myocardial infarction and heart failure cardiogenic shock. Women with cardiogenic shock are less likely to be treated with mechanical circulatory support than men. Clinicians should make immediate efforts to ensure the prompt diagnosis and aggressive treatment of cardiogenic shock in women. (© 2024. The Author(s).)

**DOI:** 10.1186/s13054-024-04973-5

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38845019&profid=ehost>

### 73. UTILITY OF THE NATIONAL ECHOCARDIOGRAPHY DATABASE OF THE UNITED KINGDOM (NED-UK) PILOT IN PREDICTING TIME TO CARDIAC SURGERY.

**Item Type:** Journal Article

**Authors:** Fletcher A.;Krasner S.;Fairbairn T.;Paton M.F.;Robinson S.;Lip G.;Augustine D.;Leeson P. and Oxborough, D.

**Publication Date:** 2024

**Journal:** Heart Conference, pp. British

**Abstract:** Background The National Echocardiography Database of the United Kingdom (NED-

UK) pilot study demonstrates the feasibility of extracting echocardiographic (echo) 'big data' from NHS databases in a standardised way. Our aim was to demonstrate utility of NED-UK pilot data by showing associations of echo reported variables with patient outcomes, specifically the time from echo to cardiac surgery (bypass grafting and/or valve replacement or repair). Methods Data were collected under the 'EchoVision' project (UK HRA approval 251473). Data from consecutive echos, undertaken at an NHS Trust from 2017-2023 were extracted using Philips Advanced Analytics software. The data were preprocessed in RStudio (v2023.09.1) using R (v4.2.1) to remove scans with age 30% data incompleteness were removed. Residual missing values were imputed using the modal class (categorical variables) or trimmed scores regression in Matlab (numerical variables). Echo variables had normality determined using the Shapiro-Wilk test. Categorical variables were binary coded as 0/1. A multiple linear regression model was built using R in RStudio to predict TTS. The echo variables that significantly correlated with TTS were entered with forward-stepwise selection. Alpha was set at  $p = \text{moderate MR} + (460.08 \text{ if comment of hyperdynamic LV}) + (178.78 \text{ if } \geq \text{moderate AS}) - 1373$ . The predicted-TTS correlated with the actual-TTS (Spearman  $r = 0.395$ ,  $p < 0.0001$ ) with a near-linear locally weighted scatterplot smoothed trendline (figure 1). Conclusions This study demonstrates proof of concept that echo report data can be linked to patient outcomes. Routine echo variables are associated with, and could be used to predict, the time from echo to cardiac surgery. Multi-site application of NED-UK methods could be valuable in predicting cardiovascular outcomes in a diverse UK patient population.

#### **74. 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:** 2024

**Journal:** Critical Care Medicine 52(2), pp. e89–e99

**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.; he 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&profid=ehost>

## **75. Current practices for the management of advanced high-grade epithelial ovarian cancer in the UK: OC-NOW survey (2023)**

**Item Type:** Journal Article

**Authors:** Fotopoulou, Christina;Bowen, Rebecca;Manchanda, Ranjit;Michael, Agnieszka;McCormack, Stephen;Ullmann, Allan;Wesselbaum, Anthony;Levick, Bethany and Miller, Rowan

**Publication Date:** 2024

**Journal:** Future Oncology (London, England) , pp. 1–10

**Abstract:** Aim: To investigate current management of advanced epithelial ovarian cancer (OC) in the UK. Materials & methods: A cross-sectional survey with 55 healthcare professionals involved in the care of OC patients was conducted via telephone/videoconference in March/May 2023. Results: Respondents reported that homologous recombination deficiency (HRD) status and brca mutations were routinely tested before planning maintenance treatment. All respondents agreed that cytoreductive surgery should be considered at first recurrence, and 65% recommended using the Descriptive Evaluation of Preoperative Selection Criteria for Operability in Recurrent Ovarian Cancer (DESKTOP) III criteria to guide secondary cytoreduction. Platinum responders typically receive poly (ADP-ribose) polymerase inhibitor maintenance therapy, regardless of HRD status. Conclusion: Respondents reinforce that most primary OC patients in the UK have known HRD and BRCA mutation status, and the role of

secondary cytoreduction is increasingly recognized.

**DOI:** 10.1080/14796694.2024.2424153

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39582319&provid=ehost>

**76. AXLerate-OC/GOG-3059/ENGOT OV-66: Results of a phase 3, randomized, double-blind, placebo/paclitaxel-controlled study of batiraxcept (AVB-S6-500) in combination with paclitaxel in patients with platinum-resistant recurrent ovarian cancer**

**Item Type:** Journal Article

**Authors:** Fuh, Katherine Cynthia;Tsitsishvili, Zaza;Reid, Thomas J.;De Giorgi, Ugo;Hand, Lauren;Bowen, Rebecca;Miller, Devin;Vulsteke, Christof;Sharma, Sudarshan K.;Chudecka-Głaz, Anita M.;Liu, Joyce F.;Eberst, Lauriane;Neff, Robert;Lim, Peter C.;Iglesias, David A.;Jenkins Vogel, Tilley;Myers, Tashanna K. N.;González-Martín, Antonio and Gonzalez Martin, Antonio

**Publication Date:** 2024

**Journal:** Journal of Clinical Oncology 42, pp. LBA5515

**DOI:** 10.1200/JCO.2024.42.17\_suppl.LBA5515

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177675906&provid=ehost>

**77. The Burden of Managing Medicines for Older People With Sensory Impairment: An Ethnographic-Informed Study**

**Item Type:** Journal Article

**Authors:** Fuzesi, Peter;Broadfoot, Kirsten;Lennon, Marilyn;Jacob, Sabrina Anne;Macaden, Leah;Smith, Annetta;Welsh, Tomas and Watson, Margaret C.

**Publication Date:** 2024

**Journal:** Gerontology & Geriatric Medicine 10, pp. 23337214241253410

**Abstract:** Background: Older age is associated with increased prevalence of sensory impairment and use of medicines. Objectives: To explore the daily "medicine journey" of older people with sensory impairment. Methods: The study used ethnographic-informed methods (using audio-, photo- and video-recordings, diary notes and semi-structured interviews with researchers) and involved community-dwelling adults (aged > 65) in Scotland, with visual and/or hearing impairment and using >4 medicines. Data analysis used the constant comparative method. Results: Fourteen older people with sensory impairment participated and used a mean of 11.0 (SD 5.0) medicines (range 5-22). Participants reported difficulties with medicine

ordering, obtaining, storage, administration and disposal. They used elaborate strategies to manage their medicines including bespoke storage systems, fixed routines, simple aids, communication, and assistive technologies. Conclusion: Older people with sensory impairment experience substantial burden, challenges and risk with medicines management. Tailored medicine regimens and assistive technologies could provide greater support to older people with sensory impairment.; Competing Interests: The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: All named authors to confirm no conflict or to add any conflict of interest here. TW is Research and Medical Director of The Research Institute for the Care of Older People (RICE), which runs a mixture of commercial and non-commercial research activity. Commercial research projects run in the Institute have been funded by: Roche, Biogen, Janssen, AC Immune, Novo Nordisk, and Julius Clinical. (© The Author(s) 2024.)

**DOI:** 10.1177/23337214241253410

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38765919&prolid=ehost>

## **78. Clinical consensus recommendations for the non-surgical treatment of children with Perthes' disease in the UK**

**Item Type:** Journal Article

**Authors:** Galloway, Adam M.;Keene, David J.;Anderson, Anna;Holton, Colin;Redmond, Anthony C.;Siddle, Heidi J.;Richards, Suzanne and Perry, Daniel C.

**Publication Date:** 2024

**Journal:** The Bone & Joint Journal 106-B(5), pp. 501–507

**Abstract:** Aims: The aim of this study was to produce clinical consensus recommendations about the non-surgical treatment of children with Perthes' disease. The recommendations are intended to support clinical practice in a condition for which there is no robust evidence to guide optimal care.; Methods: A two-round, modified Delphi study was conducted online. An advisory group of children's orthopaedic specialists consisting of physiotherapists, surgeons, and clinical nurse specialists designed a survey. In the first round, participants also had the opportunity to suggest new statements. The survey included statements related to 'Exercises', 'Physical activity', 'Education/information sharing', 'Input from other services', and 'Monitoring assessments'. The survey was shared with clinicians who regularly treat children with Perthes' disease in the UK using clinically relevant specialist groups and social media. A predetermined threshold of  $\geq 75\%$  for consensus was used for recommendation, with a threshold of between 70% and 75% being considered as 'points to consider'.; Results: A total of 40 participants took part in the first round, of whom 31 completed the second round. A total of 87 statements were generated by the advisory group and included in the first round, at the end of which 31 achieved consensus and were removed from the survey, and an additional four statements were generated. A total of 60 statements were included in the second round and 45 achieved the threshold for consensus from both rounds, with three achieving the threshold for 'points to

consider'. The recommendations predominantly included self-management, particularly relating to advice about exercise and education for children with Perthes' disease and their families.; Conclusion: Children's orthopaedic specialists have reached consensus on recommendations for non-surgical treatment in Perthes' disease. These statements will support decisions made in clinical practice and act as a foundation to support clinicians in the absence of robust evidence. The dissemination of these findings and the best way of delivering this care needs careful consideration, which we will continue to explore.; Competing Interests: A. M. Galloway reports that this work was completed as part of his National Institute for Health and Care Research (NIHR)/HEE Clinical Doctoral Research Fellowship (ID: NIHR301582). A. C. Redmond, D. J. Keene, H. J. Siddle, and D. C. Perry report that they are named supervisors on A. M. Galloway's Clinical Doctoral Research Fellowship, which has supported the empirical work described in this paper. (© 2024 Galloway et al.)

**DOI:** 10.1302/0301-620X.106B5.BJJ-2023-1283.R1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38688522&profid=ehost>

## **79. From joint pains to hair gains: baricitinib's double duty for rheumatoid arthritis and alopecia areata**

**Item Type:** Journal Article

**Authors:** Gates, Emer;Takwale, Anita and Jamal, Muhammad Safwan

**Publication Date:** 2024

**Journal:** BMJ Case Reports 17(10), pp. 1–3

**Abstract:** Personalised medicine is a key goal across medical specialties today: using biomarkers and knowledge of pathophysiology to ensure the right patients get the right treatment. This becomes more challenging when patients have more than one disease requiring a targeted treatment. Autoimmune diseases commonly co-occur, and thus, multidisciplinary working is important in rheumatology. We present a case where a patient with a new diagnosis of alopecia areata on a background of rheumatoid arthritis was successfully treated with baricitinib monotherapy, with improvement in both conditions.

**DOI:** 10.1136/bcr-2024-260021

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=180662930&profid=ehost>

## **80. More work to do: ICD-11 pain diagnoses in children**

**Item Type:** Journal Article

**Authors:** Gauntlett-Gilbert, Jeremy and Greco, Christine

**Publication Date:** 2024

**Journal:** Pain

**DOI:** 10.1097/j.pain.0000000000003387

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39258736&profid=ehost>

## 81. The Diagnostic Complexities of Reactive Angioendotheliomatosis

**Item Type:** Journal Article

**Authors:** Gelson-Thomas, Amelia; Bridgewater, Kalina; Vilenchik, Victoria; Wright, Beth; Oxley, Jon; Garty, Florence; Singh, Kiran; Woodrow, Sarah and Keith, Daniel

**Publication Date:** 2024

**Journal:** Clinical and Experimental Dermatology

**DOI:** 10.1093/ced/llae431

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39403963&profid=ehost>

## 82. Catatonia in Intellectual Disability: A Case Discussion Exploring Confounding Factors and Challenges in Diagnosis

**Item Type:** Journal Article

**Authors:** Gibbard, Harriet; Cole, Jenny; Varnish, Ella and Muthukrishnan, Sabarigirivasan

**Publication Date:** 2024

**Journal:** Progress in Neurology & Psychiatry 28(4), pp. 1–5

**Abstract:** The rare psychiatric phenomenon of catatonia has recently been decoupled from schizophrenia in the ICD-11 and DSM-V and is now a stand-alone syndrome. This article explores a complex case of catatonia in intellectual disability, considering a broad array of differential diagnoses for the underlying pathology. The authors also explore evolutionary theories of catatonia and consider the compounding factors resulting in delayed diagnosis and treatment.

**DOI:** 10.1002/pnp.12009

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=180425855&profid=ehost>

### **83. Distinct patterns of fracture propagation in distal radial fractures and the relationship to the ulnar head**

**Item Type:** Journal Article

**Authors:** Giddins, G. E. and Sassi, S.

**Publication Date:** 2024

**Journal:** Clinical Biomechanics (Bristol, Avon) 115, pp. 106260

**Abstract:** Background: The aim was to assess the direction of distal radius fractures and their relationship to the ulnar head.; Methods: We reviewed the 160 wrist radiographs. The fracture line was measured on the postero-anterior and lateral radiographs relative to the long axis of the forearm and the relationship to the ulnar head.; Findings: PA radiographs: the fracture line ran distal ulnar to proximal radial (ulnar to radial) in 11%, transverse in 74% and distal radial to proximal ulnar (radial to ulnar) in 16%. Lateral radiographs: the fracture line ran distal volar to proximal dorsal in 88%, transverse in two 1% and dorsal to volar in 11%. Radial shift (7.5%) only occurred with ulnar to radial or transverse fractures. The ulnar to radial fracture line started at the proximal end of the ulnar head/distal radio-ulnar joint in 88%. The radial to ulnar fracture line started ended a mean of 2.5 mm proximal to the distal radio-ulnar joint ( $p < 0.01$ ). The transverse fracture line started at the base of the distal radio-ulnar joint in 53% and proximally in 47%.; Interpretation: There are two distinct coronal patterns: radial to ulnar ending c. 2 mm proximal to the distal radio-ulnar joint; ulnar to radial starting at the proximal distal radio-ulnar joint. There may be third pattern - transverse fractures; these may be variants of the above. Sagittally the main direction is volar to dorsal but 11% are obverse. This is the first description of distinct fracture patterns in extra-articular distal radius fractures. In addition the fracture patterns appear to correlate with different directions of force transmission which fit with our understanding of falling and the relatively uncontrolled impact of the wrist/hand with the ground. These patterns of fracture propagation help understand how the biomechanics of wrist fractures and may enable prediction of collapse.; Competing Interests: Declaration of competing interest There are no interests to declare. (Crown Copyright © 2024. Published by Elsevier Ltd. All rights reserved.)

**DOI:** 10.1016/j.clinbiomech.2024.106260

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38714109&profid=ehost>

### **84. The reliability of clinical assessment of distal radioulnar joint instability among non-United Kingdom European surgeons**

**Item Type:** Journal Article

**Authors:** Giddins, Grey;Knapper, Thomas;Fine, Nicola and Pickering, Greg

**Publication Date:** 2024



**Journal:** The Journal of Hand Surgery, European Volume , pp. 17531934241275456

**Abstract:** Clinical assessment of distal radioulnar joint (DRUJ) instability has been shown to be unreliable among experienced hand surgeons in the United Kingdom (UK). The aim of this study was to test the reliability of assessing DRUJ stability in European surgeons outside the UK. Four participants (eight wrists) with four unstable and four stable DRUJs as measured with a proven jig were assessed by 34 surgeons (22 men and 12 women) with a mean age of 43 years (range 29-61). Clinical assessment of DRUJ instability had a sensitivity of 32%, specificity of 88%, a positive predictive value of 72% and a negative predictive value of 56%. Surgeons who had attended a 1-hour workshop on clinical assessment of DRUJ stability the day before the testing were no more reliable at assessing DRUJ instability when compared with those who did not. This further highlights the need for better training with feedback when assessing the DRUJ and the need for objective assessment of DRUJ instability when reported in scientific studies. Level of evidence: V.; Competing Interests: Declaration of conflicting interestsThe authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: We thank the organizers of the FESSH conference in 2023 and the FESSH executive for allowing us undertake this study at the FESSH conference in Rimini.

**DOI:** 10.1177/17531934241275456

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39275977&profid=ehost>

## **85. British Cardiovascular Intervention Society Training Culture Focus Group Position Statement: Bringing Trainees and Trainers Together**

**Item Type:** Journal Article

**Authors:** Gilpin, Thomas R.;Morgan, Holly;Camm, Christian Fielder;Moss, Alexandra;Cotton, James;Bhatia, Raghav T.;McKenzie, Dan;Al-Lamee, Rasha;Ray, Simon and Curzen, Nick

**Publication Date:** 2024

**Journal:** Interventional Cardiology (London, England) 19, pp. e22

**Abstract:** Unprofessional behaviour within cardiology has been well documented and commonly occurs within the cardiac catheterisation laboratory, with higher rates in interventional subspecialties. While most trainees have positive experiences and encounters within the catheterisation laboratory, around one in five report experiencing bullying. This not only has a significant negative impact on the individuals directly involved, but also on the wider multidisciplinary team; importantly, it will have a deleterious effect on patient safety. The British Cardiovascular Intervention Society established the Training Culture Focus Group in 2022 to analyse and offer potential solutions to this pressing issue. We recommend that a cohesive approach between trainers and trainees is the most effective way to reduce unprofessional behaviour incidents, thus improving departmental workplace culture and a subsequent reduction in adverse patient safety events.; Competing Interests: Disclosure: TRG has received

a research grant from Caviar Biotech and Wessex Heartbeat, speaker honoraria from Novartis, Astra Zeneca and Cordis, and travel support for attending meetings from Cordis, Abbott, British Cardiovascular Society and British Cardiovascular Intervention Society. HM was on a Boehringer medical advisory board. RTB has received a research grant from the charitable organization Cardiac Risk in the Young and is a British Junior Cardiology Association council representee for the North and East Yorkshire. RAL has participated in a trial steering committee for Janssen Pharmaceuticals and has received speakers' honoraria from Abbott Vascular, Fondazione Internazionale Menarini, Medtronic, Philips and Servier Pharmaceuticals. NC has received grants from Boston Scientific, Beckmann Coulter, Haemonetics and Heartflow and speaker honoraria from Heartflow and CAD International; and is on the editorial board of Interventional Cardiology; this did not influence peer review. All other authors have no conflicts of interest to declare. (Copyright © The Author(s), 2024. Published by Radcliffe Group Ltd.)

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**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39569384&profid=ehost>

## **86. Time From Colorectal Cancer Surgery to Adjuvant Chemotherapy: Post Hoc Analysis of the SCOT Randomized Clinical Trial**

**Item Type:** Journal Article

**Authors:** Gögenur, Mikail;Rosen, Andreas Weinberger;Iveson, Timothy;Kerr, Rachel S.;Saunders, Mark P.;Cassidy, Jim;Tabernero, Josep;Haydon, Andrew;Glimelius, Bengt;Harkin, Andrea;Allan, Karen;Pearson, Sarah;Boyd, Kathleen A.;Briggs, Andrew H.;Waterston, Ashita;Medley, Louise;Ellis, Richard;Dhadda, Amandeep S.;Harrison, Mark and Falk, Stephen

**Publication Date:** 2024

**Journal:** JAMA Surgery 159(8), pp. 865–871

**DOI:** 10.1001/jamasurg.2024.1555

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=179064430&profid=ehost>

## **87. SEQUENCE: EFFECTIVENESS OF SEQUENTIAL BIOLOGIC AND TARGETED SMALL MOLECULE DMARDs IN PSORIATIC ARTHRITIS IN THE UNITED KINGDOM.**

**Item Type:** Journal Article

**Authors:** Gollins C.;Smith T.;Vivekanantham A.;Brooke M.;Coates L.C.;Gullick N.;Mchugh N.;Fahy C.;Chan A.;Chauhan C.;Das D.;Sin J.;Gudu T.;Johnsson H.;MirjafariTemple H.;Mittal G.;Packham J.;Pande I.;RoseParfitt E.;Williams E., et al

**Publication Date:** 2024

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

**Abstract:** Background: Biologic and targeted small molecule DMARDs (b/tsDMARDs) have significantly improved outcomes for people with psoriatic arthritis (PsA). There remains a proportion of people with PsA who require multiple switches in b/tsDMARD over time, for reasons including inefficacy and adverse effects. There is good data indicating best response to first line b/tsDMARDs, but there is very limited evidence available on the effectiveness of b/tsDMARDs when used beyond third line in PsA[1]. In rationed healthcare systems, the number of lines of b/tsDMARDs permitted per patient can be limited, in part due to this lack of evidence.

#### **88. Effectiveness of sequential lines of biologic and targeted small-molecule drugs in psoriatic arthritis: a systematic review**

**Item Type:** Journal Article

**Authors:** Gollins, Charlotte E.;Vincent, Rosie;Fahy, Caoimhe;McHugh, Neil;Brooke, Mel and Tillett, William

**Publication Date:** 2024a

**Journal:** Rheumatology 63(7), pp. 1790–1802

**Abstract:** Objective To assess current evidence for effectiveness of sequential lines of biologic and targeted small-molecule disease-modifying anti-rheumatic drugs (b/tsDMARDs) when used beyond first-line for psoriatic arthritis (PsA). Methods A systematic search of the literature (Medline, Embase, bibliographic searches) was undertaken (October and December 2022) to find studies meeting the criteria of assessing effectiveness of b/tsDMARDs beyond first-line in adults with PsA (PROSPERO CRD42022365298). Risk of bias assessment was undertaken (ROBINS-I/Cochrane RoB2). Results Of 2666 abstracts identified and following a full text review of 177 psoriatic disease studies, 12 manuscripts and two abstracts were eligible. Of the 12 manuscripts, 11 were observational and one was a sub-analysis of a RCT (n = 16 081: average age 49.5 years, female 53.3%). Two abstracts (n = 7186) were included. All studies comparing first- and second-line (three studies) found a reduced response in second-line. On average, DAPSA remission (most reported outcome, eight studies) was achieved in 26%, 19% and 10% first-, second- and third-line TNFi, and 22%, 13% and 11% first-, second- and third-line other bDMARDs, respectively. Responses varied to third-line bDMARDs; four studies found comparable second- and third-line responses, five studies found diminishing responses in sequential lines. Conclusion Predominantly observational studies, inherently at high risk of bias, indicate bDMARDs can be effective to third-line in PsA, but that response is reduced after first line. There is very limited data for more advanced lines of b/tsDMARD. Prospective studies are required to better understand clinical response to advanced lines of treatment in PsA.

**DOI:** 10.1093/rheumatology/keae006

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=178184687&provid=ehost>

## 89. Effectiveness of sequential lines of biologic and targeted small molecule drugs in psoriasis: A systematic review and meta-analysis

**Item Type:** Journal Article

**Authors:** Gollins, Charlotte E.; Vincent, Rosie; Fahy, Caoimhe; McHugh, Neil and Tillet, William

**Publication Date:** 2024b

**Journal:** Skin Health and Disease 4(2), pp. e350

**Abstract:** To assess current evidence of effectiveness of sequential lines of biologic and targeted small molecule drugs for psoriasis beyond first line. A systematic search of the literature (Medline, Embase and bibliographic) was undertaken in October and December 2022 to find all studies assessing effectiveness of biologics and targeted small molecules when used beyond first-line in adults with psoriasis (PROSPERO CRD42022365298). Data extraction and a bias assessment (Risk Of Bias In Non-randomized Studies-of Interventions/Cochrane RoB2) were undertaken for all included studies. A random effects proportional meta-analysis was undertaken for PASI75/90/100 at 12-16 weeks for each line of treatment (1st to 4th). Of 2666 abstracts identified, a full text review was undertaken of 177 studies; 20 manuscripts met eligibility criteria. Twenty studies were included in the analysis: 19 observational studies and one sub analysis of a RCT; n = 6495 (average age 49.7 years, female 35.1%). Eleven studies assessed second line biologic, nine assessed third + line. A meta-analysis of PASI75 at 12-16 weeks found pooled effect percentage achieving PASI75 of 61%, 56%, 79% and 61% in 1st, 2nd, 3rd and 4th line biologics respectively. Meta-analyses of PASI90/100 also found no evidence of diminished effectiveness with sequential lines (PASI90 46.1%, 39.9%, 55.8% and 33.7% and PASI100 36.7%, 30.3%, 46.7% and 30.4% in 1st to 4th line respectively). Available evidence for effectiveness of biologics beyond first line in psoriasis is predominantly observational, at high risk of bias and of low quality. There is very limited data for effectiveness beyond second line. Evidence indicates that biologics can be effective to fourth-line.; Competing Interests: WRT has received research funding, speaker fees or honoraria from Abbvie, Amgen, Eli-Lilly, GSK, Janssen, MSD, Novartis, Ono-Pharma, Pfizer and UCB. CF has received honoraria (speaker fees) from Pfizer and Eli Lilly. NJM has received a grant for unrelated work from UCB, honoraria (speaker fee) from Janssen and participated in data monitoring and safety in the NIHR HTA Astute trial. RV has received payment to her institution (speaker fees) from Leo Pharma and funding from Dermal to attend an educational event. CG has no conflicts of interest to declare. (© 2024 The Authors. Skin Health and Disease published by John Wiley & Sons Ltd on behalf of British Association of Dermatologists.)

**DOI:** 10.1002/ski2.350

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38577060&provid=ehost>

90. Corrigendum to "Temperature control after adult cardiac arrest: An updated systematic review and meta-analysis" [Resuscitation 191 (2023)109928] (Resuscitation (2023) 191, (S0300957223002411), (10.1016/j.resuscitation.2023.109928)).

**Item Type:** Journal Article

**Authors:** Granfeldt A.;Holmberg M.J.;Nolan J.P.;Soar J. and Andersen, L. W.

**Publication Date:** 2024

**Journal:** Resuscitation 194(pagination), pp. Article Number: 110052. Date of Publication: 01 Jan 2024

**Abstract:** The authors regret, that during their work creating Consensus on Science with Treatment Recommendations (CoSTRs) for ILCOR they discovered three data errors. This corrigendum addresses these data errors in the article.<sup>1</sup> 1) In eTable 4 and in the abstract, we have reported the odds ratio from the meta-analysis instead of the risk ratio for favorable neurological outcome at 90 or 180 days. The correction of this error changes the estimate from an odds ratio of 1.27 (95% CI: 0.89 to 1.81) to a risk ratio of 1.16 (95% CI: 0.92 to 1.47). The overall conclusion of the manuscript was not affected by the error. 2) In eTable 5, the pooled risk ratio for a favorable neurological outcome at 180 days was based on a random effects analysis instead of an intended fixed effect analysis, as reported in the corresponding eFigure 9. The correction of this error changes the estimate from a risk ratio of 1.22 (95% CI: 0.61 to 2.45) to 1.01 (95% CI: 0.88 to 1.15). The updated estimate changes the certainty in the evidence for this outcome from very low to low due to less serious imprecision. 3) In eFigure 8 of the supplemental content, instead of 130 total events in the study by Wolfrum it should have been 120 total events<sup>2</sup>. The correction of the number of total events changes the estimate from a risk ratio of 1.14 [95% CI: 0.75 to 1.72] (Fig. 1) to 1.21 [95% CI: 0.80 to 1.83] (Fig. 2). The effect estimate was further from the null but did not change the significance of the result. This was an isolated error to the mentioned figure and does not affect the original manuscript. [Table presented] [Table presented]

**91. 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:** 2024

**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&profid=ehost>

**92. The National Joint Registry Data Quality Audit of elbow arthroplasty**

**Item Type:** Journal Article

**Authors:** Hamoodi, Zaid;Shapiro, Joanne;Sayers, Adrian;Whitehouse, Michael R.;Watts, Adam C.;Abbott, Jennifer;Abbott, Sarah;Adebayo, Oliver;Ahmad, Kashif;Ahrens, Philip;Akinfala, Michael;Al-Hadithy, Nawfal;Al-Najjar, Majed;Amirfeyz, Rouin;Ankarath, Sudhi;Ashton, Fiona;Aulton, Kelly;Auplish, Sunil;Austin, Jane;Ayeko, Segun, et al

**Publication Date:** 2024

**Journal:** The Bone & Joint Journal 106-B(12), pp. 1461–1468

**Abstract:** Aims: The aim of this audit was to assess and improve the completeness and accuracy of the National Joint Registry (NJR) dataset for arthroplasty of the elbow.; Methods: It was performed in two phases. In Phase 1, the completeness was assessed by comparing the NJR elbow dataset with the NHS England Hospital Episode Statistics (HES) data between April 2012 and April 2020. In order to assess the accuracy of the data, the components of each arthroplasty recorded in the NJR were compared to the type of arthroplasty which was recorded. In Phase 2, a national collaborative audit was undertaken to evaluate the reasons for unmatched data, add missing arthroplasties, and evaluate the reasons for the recording of inaccurate arthroplasties and correct them.; Results: Phase 1 identified 5,539 arthroplasties in HES which did not match an arthroplasty on the NJR, and 448 inaccurate arthroplasties from 254 hospitals. Most mismatched procedures (3,960 procedures; 71%) were radial head arthroplasties (RHAs). In Phase 2, 142 NHS hospitals with 3,640 (66%) mismatched and 314 (69%) inaccurate arthroplasties volunteered to assess their records. A large proportion of the unmatched data (3,000 arthroplasties; 82%) were confirmed as being missing from the NJR. The overall rate of completeness of the NJR elbow dataset improved from 63% to 83% following phase 2, and the completeness of total elbow arthroplasty data improved to 93%. Missing RHAs had the biggest impact on the overall completeness, but through the audit the number of RHAs in the NJR nearly doubled and completeness increased from 35% to 70%. The accuracy of data was 94% and improved to 98% after correcting 212 of the 448 inaccurately recorded arthroplasties.; Conclusion: The rate of completeness of the NJR total elbow arthroplasty dataset is currently 93% and the accuracy is 98%. This audit identified challenges of data capture with regard to RHAs. Collaboration with a trauma and orthopaedic trainees through the British Orthopaedic Trainee Association improved the completeness and accuracy of the NJR elbow dataset, which will improve the validity of the reports and of the associated research.; Competing Interests: Z. Hamoodi reports research fellowship funding from Royal College of Surgeons, National Joint Registry, and The John Charnley Trust, related to this study. A. Sayers is senior statistician on the HQIP/NJR Lot 2 contract. M. R. Whitehouse is the principal investigator for the HQIP/NJR Lot 2 contract to provide statistical support, analysis and associated services to the NJR, related to this study, and reports multiple grants or contracts from the NIHR and Ceramtec, royalties or licenses from Taylor & Frances, payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Heraeus, all of which are unrelated to this study. A. C. Watts reports royalties or licenses and patents planned, issued or pending from Adler, consulting fees from Medartis, payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Medartis, Stryker, and Arthrex, all of which are unrelated to this study, and is also a member of the editorial boards of the National Joint Registry and The Bone & Joint Journal. (© 2024 The British Editorial Society of Bone & Joint Surgery.)

**DOI:** 10.1302/0301-620X.106B12.BJJ-2023-1372.R1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39618239&profid=ehost>

### **93. Paediatric Septic Arthritis of the Hip and the Efficacy of Kocher's Criteria: A Literature Review**

**Item Type:** Journal Article

**Authors:** Hanna, Joseph; Rashid, Rahel; Hanna, Mark; Elkomos, Beshoy Effat; Bahadoor, Vikesh and Ebeidallah, Guirgis

**Publication Date:** 2024a

**Journal:** Cureus 16(8), pp. e66184

**Abstract:** Pediatric septic arthritis (SA), an intra-articular infection in children, is considered a surgical emergency. The most commonly affected joints are the lower limb joints. It is more common in children below five years old and in males. Several scoring systems aid in the prediction of the disease and help differentiate it from similar differential diagnoses (such as transient synovitis (TS)). The first and most famous scoring system is Kocher's Criteria (KC), which utilizes a mixture of clinical signs, symptoms, and laboratory markers to predict the likelihood of the diagnosis. This review aims to assess the current literature to look at primary papers comparing the predicted probability of KC to the original probability described therefore evaluating its efficacy and usefulness in today's pediatric population. PubMed was searched using the terms "septic arthritis AND hip AND (Kocher OR Kocher's criteria)," 27 studies resulted, and each study was screened by reading the abstracts. Six studies were included in this review. Inclusion criteria were any study that looked at SA of the hip in the pediatric population prospectively or retrospectively, using KC to help make a diagnosis and looking at the predicted probability of KC. Exclusion criteria included studies looking at adults, joints other than the hip, and papers not assessing the predicted probability. The efficacy of KC for diagnosing SA is not well-supported by current literature. Studies indicate that KC have low specificity for SA, suggesting it should not replace arthrocentesis as the diagnostic gold standard. Clinicians should use this model cautiously, and more extensive, prospective studies are needed to validate its effectiveness.; **Competing Interests:** Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work. (Copyright © 2024, Hanna et al.)

**DOI:** 10.7759/cureus.66184

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39233979&profid=ehost>

#### **94. Aspirin Compared to Other Thromboprophylactic Agents in Patients Following Total Hip Arthroplasty: A Literature Review**

**Item Type:** Journal Article

**Authors:** Hanna, Joseph; Rashid, Rahel; Hanna, Mark; Elkomos, Beshoy Effat and Ebeidallah, Guirgis

**Publication Date:** 2024b

**Journal:** Cureus 16(7), pp. e65645

**Abstract:** Total hip arthroplasty (THA) is a common but major surgery performed in the United Kingdom and around the globe. THA is associated with several postoperative complications, with one of the most common being venous thromboembolism (VTE) in the form of deep venous thrombosis (DVT) or pulmonary embolism (PE). VTE following orthopaedic surgery can have major consequences in terms of patient morbidity and may even cause mortality. It carries a significant cost to the health service, and thromboprophylactic agents are used to decrease the risk. Several different options are available for chemical thromboprophylaxis, including aspirin, low-molecular-weight heparin (LMWH), direct oral anticoagulants (DOACs), and warfarin. This study aims to review the literature to determine if aspirin is less superior to the other available chemical thromboprophylaxis in postoperative patients following THA. The primary outcome assessed in this review is rates of symptomatic 90-day VTE in the form of PE or DVT. A literature review was conducted using PubMed, Scopus, and Google Scholar using the following terms: 'Aspirin AND (low molecular weight heparin OR LMWH OR Enoxaparin OR Apixaban OR DOAC OR direct oral anticoagulant OR warfarin) AND (orthopaedic OR orthopedic) AND (Total hip replacement OR THR OR THA OR total hip arthroplasty) AND ('venous thromboembolism' OR VTE).' Aspirin appears to have promising results as thromboprophylaxis in cases of THA. However, it is still up for debate as to whether it is non-inferior to other forms of thromboprophylaxis.; Competing Interests: Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: Payment/services info: All authors have declared that no financial support was received from any organization for the submitted work. Financial relationships: All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. Other relationships: All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work. (Copyright © 2024, Hanna et al.)

**DOI:** 10.7759/cureus.65645

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39205760&profid=ehost>



**95. Videolaryngoscopy vs direct laryngoscopy for adults undergoing tracheal intubation: a Cochrane review.**

**Item Type:** Journal Article

**Authors:** Hansel N.;Rogers A.M.;Lewis S.R.;Cook T.M. and Smith, A. F.

**Publication Date:** 2024

**Journal:** Emergencias 36(3), pp. 222–224

**96. Harm during airway management by anaesthetists: its absence in randomised controlled trials does not mean it does not exist**

**Item Type:** Journal Article

**Authors:** Hansel, J. and Cook, T. M.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(4), pp. 444–445

**DOI:** 10.1111/anae.16245

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38306494&profid=ehost>

**97. 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:** 2024

**Journal:** Anaesthesia 79(3), pp. 325–326

**DOI:** 10.1111/anae.16134

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

**98. Videolaringoscopia versus laringoscopia directa en adultos sometidos a intubación traqueal: una revisión Cochrane**

**Item Type:** Journal Article

**Authors:** Hansel, N. Jan;Rogers, Andrew M.;Lewis, Sharon R.;Cook, Tim M. and Smith, Andrew F.

**Publication Date:** 2024

**Journal:** Emergencias 36(3), pp. 222–224

**DOI:** 10.55633/s3me/026.2024

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177825834&profid=ehost>

#### 99. Research delivery secondments: A scoping review

**Item Type:** Journal Article

**Authors:** Hare, Naomi;Grieve, Sharon;Valentine, Janine and Menzies, Julie

**Publication Date:** 2024

**Journal:** Nursing Open 11(1), pp. 1–13

**DOI:** 10.1002/nop2.2089

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175056575&profid=ehost>

#### 100. Facilitators and barriers to community pharmacy PrEP delivery: a scoping review

**Item Type:** Journal Article

**Authors:** Harrison, China;Family, Hannah;Kesten, Joanna;Denford, Sarah;Scott, Anne;Dawson, Sarah;Scott, Jenny;Sabin, Caroline;Copping, Joanna;Harryman, Lindsey;Cochrane, Sarah and Horwood, Jeremy

**Publication Date:** 2024a

**Journal:** Journal of the International AIDS Society 27(3), pp. e26232

**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 UK 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 oral PrEP delivery, for pharmacists and pharmacy clients, as aligned with the Capacity Opportunity, Motivation Behaviour (COM-B) Model.; Methods: Five bibliographic and five review

databases were searched from inception to August 2023. Literature of any study design was included if it discussed barriers and facilitators of community pharmacy PrEP delivery. Trial registrations, protocols and news articles were excluded.; Results: A total of 649 records were identified, 73 full texts were reviewed and 56 met the inclusion criteria, predominantly from high-income/westernized settings. Most of the included literature was original research (55%), from the United States (77%) conducted during or after the year 2020 (63%). Barriers to PrEP delivery for pharmacists included lack of knowledge, training and skills (capability), not having the necessary facilities (opportunity), concern about the costs of PrEP and believing that PrEP use could lead to risk behaviours and sexually transmitted infections (motivation). Facilitators included staff training (capability), time, the right facilities (opportunity), believing PrEP could be a source of profit and could reduce new HIV acquisitions (motivation). For clients, barriers included a lack of PrEP awareness (capability), pharmacy facilities (opportunity) and not considering pharmacists as healthcare providers (motivation). Facilitators included awareness of PrEP and pharmacist's training to deliver it (capability), the accessibility of pharmacies (opportunity) and having an interest in PrEP (motivation).; Discussion: To effectively enhance oral PrEP delivery in UK community pharmacies, the identified barriers and facilitators should be explored for UK relevance, addressed and leveraged at the pharmacy team, client and care pathway level.; Conclusions: By comprehensively considering all aspects of the COM-B framework, community pharmacies could become crucial providers in expanding PrEP accessibility, contributing significantly to HIV prevention efforts. (© 2024 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.)

**DOI:** 10.1002/jia2.26232

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38494652&profid=ehost>

### **101. Qualitative exploration of the barriers and facilitators to community pharmacy PrEP delivery for UK pharmacists and underserved community members using the COM-B model of behaviour change**

**Item Type:** Journal Article

**Authors:** Harrison, China;Family, Hannah;Kesten, Joanna;Denford, Sarah;Scott, Jennifer;Sabin, Caroline;Copping, Joanna;Harryman, Lindsey;Cochrane, Sarah;Saunders, John;Hamilton-Shaw, Ross and Horwood, Jeremy

**Publication Date:** 2024b

**Journal:** Sexually Transmitted Infections

**Abstract:** Objectives: Expanding delivery of oral pre-exposure prophylaxis (PrEP) to community pharmacies could improve access, aligning well with the UK government's goals to eliminate new HIV acquisitions by 2030. Using the Capability, Opportunity, Motivation, Behaviour (COM-B) model for behaviour change, the aim of this research was to explore the barriers and facilitators of community pharmacy PrEP delivery, for pharmacists and community members.; Methods: Community members at elevated risk of acquiring HIV and community pharmacists

were recruited to participate in semi-structured interviews. Interviews were recorded, transcribed, and thematically analysed within the framework of the COM-B model.; Results: 17 interviews with pharmacists (pharmacy owners n=7; employed pharmacists n=6; locums n=4) and 24 with community members (black African women n=6; other women n=2; young adults aged 18-25 years n=6; transgender people n=6; female sex workers n=4) were carried out. Capability barriers included suboptimal awareness and knowledge of PrEP, pharmacy facilities and pharmacist roles in delivering public health services. Opportunity barriers included a lack of staff capacity, privacy and pharmacy screening and monitoring facilities. Motivational barriers included a concern that increased access could increase sexually transmitted infections and involve a financial cost. Capability facilitators included awareness raising, HIV and PrEP training and education. Opportunity facilitators included PrEP appointments and the accessibility of pharmacies. Motivational facilitators included a preference for pharmacy delivery over other models (eg, sexual health, General Practitioner (GP)), and a belief that it would be discrete and less stigmatising.; Conclusion: Pharmacy PrEP delivery is acceptable but for it to be feasible, results point to the need for the development of a behaviour change intervention focusing on education, training and awareness raising, targeting pharmacists and community members to stimulate patient activation and de-stigmatise HIV. This intervention would need to be facilitated by system and environmental changes (eg, commissioning service).; Competing Interests: Competing interests: RH-S is an employee of Gilead Sciences. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

**DOI:** 10.1136/sextrans-2024-056308

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39542715&provid=ehost>

## 102. Newer Autoantibodies and Laboratory Assessments in Myositis

**Item Type:** Journal Article

**Authors:** Harvey, Georgina R.;MacFadyen, Christine and Tansley, Sarah L.

**Publication Date:** 2024

**Journal:** Current Rheumatology Reports 27(1), pp. 5

**Abstract:** Purpose of Review: We aim to describe the immunoassays that have been used for myositis autoantibody discovery with a focus on newer methods. We describe recently identified myositis autoantibodies that do not yet form part of routine clinical testing, highlighting what is known about their associated clinical phenotype and potential clues as to their presence.; Recent Findings: Novel approaches to autoantibody detection have been employed in recent years including chemiluminescent immunoassay, phage immunoprecipitation-sequencing and modifications to the more traditional immunoprecipitation technique. This has led to the discovery of novel autoantibodies, including novel anti-aminoacyl-tRNA synthetase autoantibodies and autoantibodies which modify cancer risk for patients with anti-TIF1γ associated dermatomyositis. New approaches to novel

autoantibody detection have facilitated autoantibody discovery and will enable the identification of autoantibodies to a broader range of autoantigens. Challenges remain in translating this knowledge into accessible testing particularly given the rarity of most recently discovered autoantibodies.; Competing Interests: Declarations. Human and Animal Rights and Informed Consent: This article does not contain any studies with human or animal subjects performed by any of the authors. Competing Interests: The authors declare no competing interests. (© 2024. The Author(s).)

**DOI:** 10.1007/s11926-024-01171-8

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39636383&profid=ehost>

**103. 52P MONITOR-UK: An initial analysis of a multi-centre, observational study of maintenance niraparib in ovarian cancer.**

**Item Type:** Journal Article

**Authors:** Hasson S.P.;Bowen R.;Ang J.E.;McGrane J.;Vazquez I.;George A.;Millar J.;Walther A.;Hudson E.;King E.;Miller R.;Green C.;Williams S.;Agarwal R.;Jackson D.P.;Patel N.;Brooks R.;Connolly S.;Tran A. and Banerjee, S.

**Publication Date:** 2024

**Journal:** ESMO Open.Conference: ESMO Gynaecological Cancers Congress.Florence Italy 9(Supplement 5) (pagination), pp. Article Number: 103559. Date of Publication: 01 Jun 2024

**Abstract:** Background: Niraparib (PARP inhibitor) is approved in advanced ovarian cancer (OC) as maintenance therapy in the first line and recurrent platinum-sensitive settings. The MONITOR-UK study was designed to report real-world niraparib experience in UK clinical practice.

**104. Drug treatment of Parkinson's disease in older adults.**

**Item Type:** Journal Article

**Authors:** Haworth S. and Henderson, E. J.

**Publication Date:** 2024

**Journal:** Medicine (United Kingdom) 52(11), pp. 701–705

**Abstract:** Parkinson's disease (PD) is a progressive neurological condition that affects 10 million people worldwide. Here we present an overview of the medications commonly used to treat motor symptoms of PD, and their advantages and specific considerations in older people. We highlight the diversity and spectrum of non-motor symptoms and their treatment options. Finally, we present some of the complexities that arise in the later stages, and how to approach the palliative stages of this progressive and incurable condition.

**105. Hospital clinician knowledge, opportunity and motivation to prescribe short course antibiotic therapy for common infections.**

**Item Type:** Journal Article

**Authors:** Hearsey D.;Wilcock M.;Slatter M. and Powell, N.

**Publication Date:** 2024

**Journal:** JAC-Antimicrobial Resistance Conference, pp. BSAC

**Abstract:** Background: Antibiotic use drives antimicrobial resistance (AMR), with longer durations increasing the risk of AMR and patient harm through side effects.1,2 Objectives: We aimed to assess clinicians' knowledge of the course length recommendations for the management of community-acquired pneumonia (CAP), hospital-acquired pneumonia (HAP), infective exacerbation of chronic obstructive pulmonary disease (IECOPD), cellulitis and pyelonephritis.3 In addition, we explore clinician opportunity and motivation for prescribing short course therapy.

**106. EE461 The Preventable Cost of Diabetes in the United Kingdom.**

**Item Type:** Journal Article

**Authors:** Hex N.;MacDonald R.;Pocock J.;Uzdzińska B.;Atkin M.;Taylor M.;Wild S.H. and Beba, H.

**Publication Date:** 2024

**Journal:** Value in Health Conference, pp. ISPOR

**Abstract:** Objectives: Diabetes is a chronic condition that incurs substantial costs on health systems. The increasing prevalence of diabetes means that costs will likely increase exponentially over the next few decades, with devastating effects on healthcare funding. This study reports on the increased costs, as well as the potential savings should there be a slowing down in the number of new cases.

**107. Estimation of the direct health and indirect societal costs of diabetes in the UK using a cost of illness model**

**Item Type:** Journal Article

**Authors:** Hex, Nick;MacDonald, Rachael;Pocock, Jessica;Uzdzińska, Barbara;Taylor, Matthew;Atkin, Marc;Wild, Sarah H.;Beba, Hannah and Jones, Ross

**Publication Date:** 2024

**Journal:** Diabetic Medicine 41(9), pp. 1–8

**Abstract:** Aims: The direct cost of diabetes to the UK health system was estimated at around

£10 billion in 2012. This analysis updates that estimate using more recent and accurate data sources. Methods: A pragmatic review of relevant data sources for UK nations was conducted, including population-level data sets and published literature, to generate estimates of costs separately for Type 1, Type 2 and gestational diabetes. A comprehensive cost framework, developed in collaboration with experts, was used to create a population-based cost of illness model. The key driver of the analysis was prevalence of diabetes and its complications. Estimates were made of the excess costs of diagnosis, treatment and diabetes-related complications compared with the general UK population. Estimates of the indirect costs of diabetes focused on productivity losses due to absenteeism and premature mortality. Results: The direct costs of diabetes in 2021/22 for the UK were estimated at £10.7 billion, of which just over 40% related to diagnosis and treatment, with the rest relating to the excess costs of complications. Indirect costs were estimated at £3.3 billion. Conclusions: Diabetes remains a considerable cost burden in the UK, and the majority of those costs are still spent on potentially preventable complications. Although rates of some complications are reducing, prevalence continues to increase and effective approaches to primary and secondary prevention continue to be needed. Improvements in data capture, data quality and reporting, and further research on the human and financial implications of increasing incidence of Type 2 diabetes in younger people are recommended.

**DOI:** 10.1111/dme.15326

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=178945567&provid=ehost>

**108. PUMA guidelines: a fail-safe when sustained exhaled carbon dioxide is absent following attempted tracheal intubation**

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** Anaesthesia 79(1), pp. 102–103

**DOI:** 10.1111/anae.16129

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37690078&provid=ehost>

**109. Laryngoscopy may identify but cannot exclude oesophageal intubation**

**Item Type:** Journal Article

**Authors:** Higgs, Andy;Chrimes, Nicholas C. and Cook, Tim M.

**Publication Date:** 2024

**Journal:** Anaesthesia

**DOI:** 10.1111/anae.16520

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39658844&provid=ehost>

**110. Sex differences in outcomes of patients with cardiogenic shock due to acute myocardial infarction: a systematic review and epidemiological meta-analysis.**

**Item Type:** Journal Article

**Authors:** Hill N.;Fisher T.;Kalakoutas A.;Warren A.;Proudfoot A.G.;Rathod K.S. and Lahlou, A.

**Publication Date:** 2024

**Journal:** European Heart Journal Conference, pp. Euroean

**Abstract:** Background: Women are at higher risk of mortality from ST-elevation myocardial infarction (1) when compared to men. There is a lack of consensus among studies examining the effect of sex on outcomes from cardiogenic shock due to acute myocardial infarction (AMI-CS) (2-5). In this systematic review and meta-analysis, we sought to assess the relationship between outcomes of AMI-CS and sex.

**111. 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, Karen G.;Abella, Benjamin S.;Amorim, Edilberto;Bader, Mary Kay;Barletta, Jeffrey F.;Berg, Katherine;Callaway, Clifton W.;Friberg, Hans;Gilmore, Emily J.;Greer, David M.;Kern, Karl B.;Livesay, Sarah;May, Teresa L.;Neumar, Robert W.;Nolan, Jerry P.;Oddo, Mauro;Peberdy, Mary Ann;Poloyac, Samuel M.;Seder, David and Taccone, Fabio Silvio

**Publication Date:** 2024

**Journal:** Neurocritical Care 40(1), pp. 1–37

**DOI:** 10.1007/s12028-023-01871-6

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175389448&provid=ehost>

**112. Trends of Dry Eye Disease Parameters in a Controlled Environment.**

**Item Type:** Journal Article



**Authors:** Honkanen R.A.;Zhao H.;GalenchikChan A.;Langman L.;White E.R.;Fazio N.;Rigas B.;Huang L.;Tourmouzis K. and Yang, J.

**Publication Date:** 2024

**Journal:** Investigative Ophthalmology and Visual Science.Conference: Association for Research in Vision and Ophthalmology Annual Meeting, ARVO 2024.Seattle, WA United States 65(7), pp. 2937

**Abstract:** Purpose : Dry Eye Disease (DED) results from dysfunction of the tear film (TF). We hypothesize the TF reacts to environmental changes and that changes may be measured using advanced technologies that measure the TF. Here we study trends of several objective TF parameters as subjects move from the external environment to a temperature- and humidity-controlled facility (THCF). Methods : This study was approved by Stony Brook's Institutional Review Board; participants signed informed consent. Subjects were measured immediately upon moving from the external environment to a THCF (68-72degreeF, 40-45%) at baseline (0), and at 10, 20, 30, 60, and 120 minutes (min). Measures included Tear osmolality (Tosm), tear meniscus height (TMH), Non-invasive Keratographic Break Up Time (NIKBUT), and Lipid layer thickness (LLT) taken with the Tearlab, Oculus Keratograph 5M, and Lipiview 2 devices. Subjects were stratified according to baseline Tosm and TMH scores into Low (20th %- tile), High (upper 20th %- tile) and Middle (middle 60%). Outcomes were compared between groups (between-subjects) over time (within-subjects) using linear mixed models. To account for correlation between eyes within each subject, random subject effects were included in the model. All analyses were conducted using SAS, version 9.4. Results : 28 volunteers participated (60% male, mean age 40.2 years). Segregating the initial group by High (n = 6), Middle (n = 16) and Low (n = 6) Tosm, significant increases (all  $p < 0.05$ ) from baseline in Tosm were observed in the Low group at most time points. Conversely, the High group showed significant decreases steadily across all time points ( $p$  range: 0.0002 - 0.02) (Figure 1). Segregating the initial group by TMH (High (n = 6), Middle (n = 16) and Low (n = 6)), increases in LLT emerged in the High group at 20 min (20.6%), that continued across time to a maximum 28% at 120 min ( $p$  range: 0.0007 - 0.01). Both Low and Middle groups showed small initial increases which declined after 30 min, reaching significance in the Middle group by 120 min ( $p = 0.02$ ) (Figure 2). Conclusions : TF parameters change with time when entering a THCF. Observed changes are more apparent looking at subgroups. The power of this study is limited by the small number of subjects in each subgroup and inherent variability in each of the DED measures. The results suggest a complex response occurs in the TF and ocular surface to environmental changes.

### 113. Self-management interventions for chronic widespread pain including fibromyalgia: a systematic review and qualitative evidence synthesis

**Item Type:** Journal Article

**Authors:** Hu, Xiao-Yang;Young, Ben;Santer, Miriam;Everitt, Hazel;Pearson, Jen;Bowers, Hannah;Moore, Michael;Little, Paul;Pincus, Tamar;Price, Cathy;Robson, Tom;de Barros, Clara;Loewy, Jane;Magee, Jenny and Geraghty, Adam W. A.

**Publication Date:** 2024

**Journal:** Pain

**Abstract:** Abstract: Supporting behavioural self-management is increasingly important in the care for chronic widespread pain (CWP), including fibromyalgia. Understanding peoples' experiences of these interventions may elucidate processes and mechanisms that lead to or hinder their intended impact. We conducted a systematic review and thematic synthesis of qualitative studies exploring peoples' experiences of self-management interventions for CWP, including fibromyalgia. MEDLINE, Embase, PsycINFO, CINAHL, and Web of Science were searched. Primary qualitative or mixed-methods studies were included if they explored people's self-management intervention experiences for their CWP, including fibromyalgia. Screening, data extraction, and critical appraisal were conducted by 2 reviewers. Data analysis was conducted through thematic synthesis. Twenty-three studies were included, mostly were rated as high or moderate quality. We developed 4 analytic themes: A multifaceted experience of the intervention, potential for transformative experience of group cohesion, a new outlook, and striving for change after the loss of support. Broadly, personalisation was perceived as beneficial and people experienced a range of emotional experiences. These appeared to support positive behavioural and cognitive changes. For most, group activities promoted acceptance and support, fostering new perspectives and improved self-management, although some found aspects of group contexts challenging. Lack of on-going support after interventions led to challenges in applying behavioural strategies, and some struggled without social support from the group. The experiences of self-management interventions for CWP reflect a complex, multifaceted process. Although many reported positive experiences, addressing issues with integration of physical activity, group dynamics and postintervention support may improve effectiveness for a broader range of people. (Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the International Association for the Study of Pain.)

**DOI:** 10.1097/j.pain.0000000000003379

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39287095&profid=ehost>

#### 114. 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:** 2024

**Journal:** Emerging Infectious Diseases 30(6), pp. 1953–1964

**DOI:** 10.3201/eid2910.230519

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177>

[525201&profid=ehost](#)

**115. Resuscitation great Kazuo Okada-sensei - Pioneer of resuscitation in Asia**

**Item Type:** Journal Article

**Authors:** Iwami, Taku;Nonogi, Hiroshi;Han Lim, Swee;Nolan, Jerry P. and Sakamoto, Tetsuya

**Publication Date:** 2024

**Journal:** Resuscitation 195, pp. 110036

**Abstract:** Competing Interests: Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**DOI:** 10.1016/j.resuscitation.2023.110036

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37935277&profid=ehost>

**116. The Lancet Commission on prostate cancer: planning for the surge in cases**

**Item Type:** Journal Article

**Authors:** James, Nicholas D.;Tannock, Ian;N'Dow, James;Feng, Felix;Gillesen, Silke;Ali, Syed Adnan;Trujillo, Blanca;Al-Lazikani, Bissan;Attard, Gerhard;Bray, Freddie;Comp  rat, Eva;Eeles, Ros;Fatiregun, Omolara;Grist, Emily;Halabi, Susan;Haran,   ine;Herchenhorn, Daniel;Hofman, Michael S.;Jalloh, Mohamed and Loeb, Stacy

**Publication Date:** 2024

**Journal:** Lancet 403(10437), pp. 1683–1722

**DOI:** 10.1016/S0140-6736(24)00651-2

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=176925453&profid=ehost>

**117. Progress in the Treatment of Alzheimer's Disease Is Needed - Position Statement of European Alzheimer's Disease Consortium (EADC) Investigators.**

**Item Type:** Journal Article

**Authors:** Jessen F.;Kramberger M.G.;Angioni D.;Aarsland D.;Balasa M.;Bennys K.;Boada M.;Boban M.;Chincarini A.;Exalto L.;Felbecker A.;Fliessbach K.;Frisoni G.B.;GarzaMartinez

A.J.;Grimmer T.;Hanseeuw B.;Hort J.;Ivanioiu A.;Kloppel S.;Krajcovicova L., et al

**Publication Date:** 2024

**Journal:** Journal of Prevention of Alzheimer's Disease (pagination), pp. Date of Publication: 2024

**Abstract:** beta-amyloid-targeting antibodies represent the first generation of effective causal treatment of Alzheimer's disease (AD) and can be considered historical research milestones. Their effect sizes, side effects, implementation challenges and costs, however, have stimulated debates about their overall value. In this position statement academic clinicians of the European Alzheimer's Disease Consortium (EADC) discuss the critical relevance of introducing these new treatments in clinical care now. Given the complexity of AD it is unlikely that molecular single-target treatments will achieve substantially larger effects than those seen with current beta-amyloid-targeting antibodies. Larger effects will most likely only be achieved incrementally by continuous optimization of molecular approaches, patient selection and combinations therapies. To be successful in this regard, drug development must be informed by the use of innovative treatments in real world practice, because full understanding of all facets of novel treatments requires experience and data of real-world care beyond those of clinical trials. Regarding the antibodies under discussion we consider their effects meaningful and potential side effects manageable. We assume that the number of eventually treated patient will only be a fraction of all early AD patients due to narrow eligibility criteria and barriers of access. We strongly endorse the use of these new compound in clinical practice in selected patients with treatment documentation in registries. We understand this as a critical step in advancing the field of AD treatment, and in shaping the health care systems for the new area of molecular-targeted treatment of neurodegenerative diseases.

#### **118. Supporting patients undergoing genomic testing for Lynch syndrome as part of their diagnostic cancer pathway**

**Item Type:** Journal Article

**Authors:** John, Siobhan

**Publication Date:** 2024

**Journal:** Cancer Nursing Practice 23(4), pp. 34–41

**Abstract:** Why you should read this article: • To increase your awareness of the growing importance of personalised medicine in cancer services • To enhance your understanding of the support needs of patients who undergo genomic testing • To contribute towards revalidation as part of your 35 hours of CPD (UK readers) • To contribute towards your professional development and local registration renewal requirements (non-UK readers). Knowledge of genomics and genetic testing is increasingly being used to inform cancer diagnosis, prognosis and effective treatment, known as personalised or precision medicine. The NHS aims to embed genomics into diagnostic pathways, meaning that it is becoming a routine aspect of cancer care. Therefore, it is important that cancer nurses have an understanding of genomics and personalised medicine so that they can provide appropriate information and support to patients and families. This article is designed to equip nurses with the skills to start essential genomic

conversations with patients to support them through their cancer pathways. It focuses on Lynch syndrome, an inherited condition that increases the risk of developing certain cancers, and explains the genetics, testing, surveillance and psychological aspects of care for patients and families affected by this syndrome.

**DOI:** 10.7748/cnp.2024.e1859

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=178184236&profid=ehost>

**119. Can the Heald anal stent help to reduce anastomotic or rectal stump leak in elective and emergency colorectal surgery? A single-center experience**

**Item Type:** Journal Article

**Authors:** Jones, Michael;Moran, Brendan;Heald, Richard John and Bunni, John

**Publication Date:** 2024

**Journal:** Annals of Coloproctology 40(1), pp. 82–85

**Abstract:** 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 have reported favorable outcomes for transanal drainage devices instead of diverting stomas. We describe our use of the Heald anal stent and its potential impact in reducing anastomotic or rectal stump leak after elective or emergency colorectal surgery. We performed a single-center retrospective analysis of patients in whom a Heald anal stent had been used to "protect" a colorectal anastomosis or a rectal stump, in an elective or emergency context, for benign and malignant pathology. Intraoperative and postoperative outcomes were reviewed using clinical and radiological records. The Heald anal stent was used in 93 patients over 4 years. Forty-six cases (49%) had a colorectal anastomosis, and 47 (51%) had an end stoma with a rectal stump. No anastomotic or rectal stump leaks were recorded. We recommend the Heald anal stent as a simple and affordable adjunct that may decrease anastomotic and rectal stump leak by reducing intraluminal pressure through drainage of fluid and gas.

**DOI:** 10.3393/ac.2023.00038.0005

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38414124&profid=ehost>

**120. Understanding the impacts of chronic pain on autistic adolescents and effective pain management: a reflexive thematic analysis adolescent-maternal dyadic study**

**Item Type:** Journal Article

**Authors:** Jordan, Abbie;Parchment, Amelia;Gauntlett-Gilbert, Jeremy;Jones, Abigail;Donaghy,

Bethany;Wainwright, Elaine;Connell, Hannah;Walden, Joseline and Moore, David J.

**Publication Date:** 2024

**Journal:** Journal of Pediatric Psychology 49(3), pp. 185–194

**Abstract:** Objective: Sensory elements are core features in chronic pain and autism, yet knowledge of the pain experience in autistic adolescents is limited. Little is known regarding how autistic adolescents experience chronic pain, manage their pain and perceive psychological treatment for their chronic pain.; Methods: Ten autistic adolescents (6 female, 3 male, and 1 self-identified as agender) with chronic pain and their mothers (n = 10) participated in semistructured interviews concerning their perceptions of living with chronic pain. Participants were recruited from U.K. pain management services. According to preference, interviews were conducted individually (n = 10) or dyadically (n = 10 participants across 5 dyads). Data were analyzed using inductive reflexive thematic analysis.; Results: Two themes were generated. Theme 1, "overstimulated and striving for control" described how adolescents' experience of heightened sensitivity enhanced adolescents' levels of anxiety and subsequent pain, illustrating a reciprocal relationship between anxiety, pain, and sensory elements. Theme 2, "not everyone fits the mold" captured how autistic adolescents positioned themselves as distinct from others due to the unique nature of being autistic and living with pain. This sense of difference negatively impacted adolescents' ability to engage with and benefit from the standard treatment for chronic pain.; Conclusions: Findings suggest that autistic adolescents living with pain experience pain and face barriers to effective pain treatment. Our results identify the need for educational resources to facilitate clinicians to better understand the experience of autistic adolescents living with pain. In turn, such understanding may improve treatment and outcomes in this population. (© The Author(s) 2024. Published by Oxford University Press on behalf of the Society of Pediatric Psychology.)

**DOI:** 10.1093/jpepsy/jsae004

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38324735&provid=ehost>

## 121. Observed gaps in UK anaesthetic monitoring practice

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** Anaesthesia 79(1), pp. 93–95

**DOI:** 10.1111/anae.16147

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38324735&provid=ehost>

[7855065&profid=ehost](#)

**122. Tracheal intubation in critically ill adults with a physiologically difficult airway. An international Delphi study**

**Item Type:** Journal Article

**Authors:** Karamchandani, Kunal;Nasa, Prashant;Jarzebowski, Mary;Brewster, David J.;De Jong, Audrey;Bauer, Philippe R.;Berkow, Lauren;Brown III, Calvin A.;Cabrini, Luca;Casey, Jonathan;Cook, Tim;Divatia, Jigeeshu Vasishta;Duggan, Laura V.;Ellard, Louise;Ergan, Begum;Jonsson Fagerlund, Malin;Gatward, Jonathan;Greif, Robert;Higgs, Andy and Jaber, Samir

**Publication Date:** 2024

**Journal:** Intensive Care Medicine 50(10), pp. 1563–1579

**DOI:** 10.1007/s00134-024-07578-2

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=180037556&profid=ehost>

**123. The noninvasive ventilation outcomes score in patients requiring NIV for COPD exacerbation without prior evidence of airflow obstruction**

**Item Type:** Journal Article

**Authors:** Lane, Nicholas D.;Hartley, Tom M.;Steer, John and Bourke, Stephen C.

**Publication Date:** 2024

**Journal:** ERJ Open Research 10(6)

**Abstract:** Introduction: Exacerbation of COPD complicated by respiratory acidemia is the commonest indication for noninvasive ventilation (NIV). The NIV outcomes (NIVO) score offers the best estimate of survival for those ventilated. Unfortunately, two-thirds of cases of COPD are unrecognised, and patients may present without COPD having been confirmed by spirometry.; Methods: In the 10-centre NIVO validation study there was no pre-admission spirometry in 111 of 844 consecutive patients (termed "clinical diagnosis" patients). We compared the performance of the NIVO, DECAF and CURB-65 scores for in-hospital mortality in the clinical diagnosis cohort. Usual clinical practice was not influenced, but confirmation of COPD in the year following discharge was captured.; Results: In the clinical diagnosis cohort, in-hospital mortality was 19.8% and rose incrementally across the NIVO risk categories, consistent with the NIVO validation cohort. NIVO showed good discrimination in the clinical diagnosis cohort: area under the receiver operating curve 0.724, versus 0.79 in the NIVO validation cohort. At 1 year after discharge, 41 of 89 clinical diagnosis patients had undertaken diagnostic spirometry; 33 of 41 had confirmation of airflow obstruction (forced expiratory volume in 1 s/(forced) vital capacity <0.7), meaning the diagnosis of COPD was incorrect in 19.5% of cases.; Discussion: These data support the use of the NIVO score in patients with a

"clinical diagnosis" of COPD. NIVO can help guide shared decision-making, assess risk-adjusted outcomes by centre and challenge prognostic pessimism. Accurate diagnosis is critical to ensure that acute and long-term treatment is optimised; this study highlights failings in the follow-up of such patients.; Competing Interests: Conflict of interest: N.D. Lane reports support for attending meetings and/or travel from Chiesi, and nonfinancial support from BREAS. Conflict of interest: T.M. Hartley has nothing to disclose. Conflict of interest: J. Steer reports grants from Chiesi outside of the current study; honoraria from AstraZeneca; support for attending meetings and/or travel from AstraZeneca; and personal fees for committee work in the UK Cardiopulmonary Taskforce. Conflict of interest: S.C. Bourke reports research grants from GSK, Chiesi and Radiometer, outside the current study; consulting fees from AstraZeneca; support for attending meetings and/or travel from AstraZeneca; and advisory board fees from GSK. (Copyright ©The authors 2024.)

**DOI:** 10.1183/23120541.00193-2024

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39534768&provid=ehost>

#### **124. Stopping anticoagulation for isolated or incidental pulmonary embolism: the STOPAPE RCT protocol**

**Item Type:** Journal Article

**Authors:** Lasserson, Daniel;Gaddu, Pooja;Mehta, Samir;Ignatowicz, Agnieszka;Greenfield, Sheila;Prince, Clare;Cummins, Carole;Robinson, Graham;Rodrigues, Jonathan;Noble, Simon;Jowett, Sue;Toshner, Mark;Newnham, Michael and Turner, Alice

**Publication Date:** 2024

**Journal:** Health Technology Assessment (Winchester, England) , pp. 1–17

**Abstract:** Research Question: Is withholding anticoagulation for patients with isolated or incidental subsegmental pulmonary embolism clinically and cost-effective compared with full anticoagulation for 3 months?; Background: There has been an increase in the diagnosis of subsegmental pulmonary embolism since the advent of computed tomography pulmonary angiogram to investigate patients with suspected pulmonary embolism. Subsegmental pulmonary embolism is not often detectable with older nuclear medicine-based diagnostic imaging for ventilation/perfusion mismatch. The case fatality of pulmonary embolism has reduced as subsegmental pulmonary embolism diagnoses from computed tomography pulmonary angiogram have increased. There is growing equipoise about the optimal treatment for patients with subsegmental pulmonary embolism, given that full anticoagulation has significant risks of bleeding and subsegmental pulmonary embolism was not often diagnosed previously with ventilation/perfusion scanning and therefore most likely left predominantly untreated prior to the introduction of computed tomography pulmonary angiogram scanning.; Objectives: Determine whether withholding anticoagulation for isolated or incidental subsegmental pulmonary embolism (i.e. subsegmental pulmonary embolism with no coexisting deep-vein thrombosis) reduces the harms of recurrent thromboembolism and major bleeding



compared with 3 months of full anticoagulation at 3, 6 and 12 months. Determine the rate of complications of anticoagulation therapy (predominantly bleeding) in patients with isolated subsegmental pulmonary embolism. Determine whether not treating isolated subsegmental pulmonary embolism is acceptable to clinicians and patients. Determine the reclassification rate of subsegmental pulmonary embolism diagnoses made by general reporting radiologists when reviewed by specialist respiratory radiologists and develop a set of rules to improve general radiologists' diagnoses of subsegmental pulmonary embolism. Assess cost-effectiveness of not treating patients with isolated subsegmental pulmonary embolism with anticoagulation, taking a health service perspective.; Methods: Prospective individually randomised open controlled trial with blinded end-point committee assessment for outcomes, powered for non-inferiority for recurrent venous thromboembolism and for superiority for bleeding events. An internal pilot phase is included for feasibility and acceptability of no anticoagulation. We planned to recruit 1466 patients from at least 50 acute hospital sites. Allowing for a dropout rate of 15%, this would have given us 90% power to detect a reduction in major and clinically relevant non-major bleeding from 7.3% in the anticoagulation arm to 3% in the intervention arm. We were powered to determine that a strategy of no anticoagulation was non-inferior to anticoagulation with an upper margin of a 2.3% increase in recurrent venous thromboembolism from an expected rate of 2% in those who receive full anticoagulation. We also planned to undertake a study comparing acute reporting radiologists' diagnoses of subsegmental pulmonary embolism from all computed tomography pulmonary angiograms with specialist respiratory radiologists. This would have allowed us to determine safety in the pilot study (i.e. patients with pulmonary embolism that was in fact larger than subsegmental would have been identified) and develop guidance for subsegmental pulmonary embolism diagnosis for general radiologists. Patients with lived experience of thrombosis contributed to all aspects of the trial design and were part of the Trial Management Group.; Progress of Study: The STOPAPE trial was stopped prematurely due to a low recruitment rate in the wake of the COVID pandemic and prioritisation of recovery of the National Institute for Health and Care Research research portfolio. There are no outcome data available for this trial. Separate NIHR Library publications will detail the linked qualitative study examining the views of patients and clinicians around withholding anticoagulation for isolated subsegmental pulmonary embolism as well as presenting all collected data of recruited patients.; Funding: This article presents independent research funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme as award number NIHR128073. A plain language summary of this research article is available on the NIHR Journals Library Website <https://doi.org/10.3310/HRCW7937>.

**DOI:** 10.3310/HRCW7937

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38970429&provid=ehost>

## **125. The Conundrum of Cancer-Associated Thrombosis: Lesson Learned from Two Intriguing Cases and Literature Review**

**Item Type:** Journal Article

**Authors:** Laurino, Simona; Russi, Sabino; Omer, Ludmila Carmen; D'Angelo, Alberto; Bozza,

Giovanni;Gallucci, Giuseppina;Falco, Geppino;Roviello, Giandomenico and Bochicchio, Anna Maria

**Publication Date:** 2024

**Journal:** Diseases (Basel, Switzerland) 12(3)

**Abstract:** The correlation between cancer and venous thromboembolism (VTE) is solid, whereas the knowledge about cancer-related arterial thromboembolism (ATE) still needs a deeper investigation to clarify its pathogenesis. We describe two cases that represent useful hints for a comprehensive review of the thrombotic issue. A 75-year-old man with advanced rectal cancer treated with fluoropyrimidines suffered two catheter-related VTE events managed according to current guidelines. There was no indication for "extended" anticoagulant therapy for him, but during antithrombotic wash-out and fluoropyrimidines plus panitumumab regimen, he suffered a massive right coronary artery (RCA) thrombosis. Another patient with no cardiovascular (CV) risk factors and affected by advanced bladder cancer was treated with a platinum-containing regimen and suffered an acute inferior myocardial infarction 2 days after chemotherapy administration. He was successfully treated with primary Percutaneous Transluminal Coronary Angioplasty of RCA, discontinuing platinum-based therapy. Our observations raise the issue of cancer-associated thrombosis (CAT) complexity and the potential correlation between arterial and venous thrombotic events. Moreover, physicians should be aware of the thrombotic risk associated with anticancer therapies, suggesting that an appropriate prophylaxis should be considered.

**DOI:** 10.3390/diseases12030047

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38534971&profid=ehost>

## 126. 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:** 2024

**Journal:** Journal of Racial and Ethnic Health Disparities 11(6), pp. 3498–3508

**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.; Competing Interests: Declarations Ethics approval Ethical approval is not required for this scoping review as only data already published and available in scientific databases was included. Consent to participate Not applicable as this was a scoping review. Consent for publication Not applicable as this was a scoping review. Competing interests The authors declare no competing interests. (© 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&profid=ehost>

## **127. British Gynaecological Cancer Society/British Association of Gynaecological Pathology consensus for genetic testing in epithelial ovarian cancer in the United Kingdom**

**Item Type:** Journal Article

**Authors:** Leung, Elaine Yl;Nicum, Shibani;Morrison, Jo;Brenton, James D.;Funingana, Ionut-Gabriel;Morgan, Robert D.;Ghaem-Maghamsi, Sadaf;Miles, Tracie;Manchanda, Ranjit;Bowen, Rebecca;Andreou, Adrian;Loughborough, Will;Freeman, Susan;Gajjar, Ketan;Coleridge, Sarah;Jimenez-Linan, Mercedes;Balega, Janos;Frost, Jonathan;Keightley, Amy;Wallis, Yvonne, et al

**Publication Date:** 2024

**Journal:** International Journal of Gynecological Cancer : Official Journal of the International Gynecological Cancer Society 34(9), pp. 1334–1343

**Abstract:** Standard of care genetic testing has undergone significant changes in recent years. The British Gynecological Cancer Society and the British Association of Gynecological Pathologists (BGCS/BAGP) has re-assembled a multidisciplinary expert consensus group to update the previous guidance with the latest standard of care for germline and tumor testing in patients with ovarian cancer. For the first time, the BGCS/BAGP guideline group has incorporated a patient advisor at the initial consensus group meeting. We have used patient focused groups to inform discussions related to reflex tumor testing - a key change in this updated guidance. This report summarizes recommendations from our consensus group deliberations and audit standards to support continual quality improvement in routine clinical

settings.; Competing Interests: Competing interests: None declared. (© IGCS and ESGO 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

**DOI:** 10.1136/ijgc-2024-005756

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39222974&profid=ehost>

**128. Large-scale phenotyping of patients with long COVID post-hospitalization reveals mechanistic subtypes of disease.**

**Item Type:** Journal Article

**Authors:** Liew F.;Efstathiou C.;Fontanella S.;Swieboda D.;Sidhu J.K.;Ascough S.;Mohamed N.;Nunag J.;Leavy O.C.;Elneima O.;McAuley H.J.C.;Shikotra A.;Serenio M.;Harris V.C.;HouchenWolloff L.;Greening N.J.;de Silva T.I.;Ho A.;Chiu C.;Turtle L.C.W., et al

**Publication Date:** 2024

**Journal:** Nature Immunology 25(4), pp. 607–621

**Abstract:** One in ten severe acute respiratory syndrome coronavirus 2 infections result in prolonged symptoms termed long coronavirus disease (COVID), yet disease phenotypes and mechanisms are poorly understood<sup>1</sup>. Here we profiled 368 plasma proteins in 657 participants  $\geq 3$  months following hospitalization. Of these, 426 had at least one long COVID symptom and 233 had fully recovered. Elevated markers of myeloid inflammation and complement activation were associated with long COVID. IL-1R2, MATN2 and COLEC12 were associated with cardiorespiratory symptoms, fatigue and anxiety/depression; MATN2, CSF3 and C1QA were elevated in gastrointestinal symptoms and C1QA was elevated in cognitive impairment. Additional markers of alterations in nerve tissue repair (SPON-1 and NFASC) were elevated in those with cognitive impairment and SCG3, suggestive of brain-gut axis disturbance, was elevated in gastrointestinal symptoms. Severe acute respiratory syndrome coronavirus 2-specific immunoglobulin G (IgG) was persistently elevated in some individuals with long COVID, but virus was not detected in sputum. Analysis of inflammatory markers in nasal fluids showed no association with symptoms. Our study aimed to understand inflammatory processes that underlie long COVID and was not designed for biomarker discovery. Our findings suggest that specific inflammatory pathways related to tissue damage are implicated in subtypes of long COVID, which might be targeted in future therapeutic trials.

**129. Acute large bowel obstruction**

**Item Type:** Journal Article

**Authors:** Lingham, Gita;Okocha, Michael and Griffiths, Ben

**Publication Date:** 2024

**Journal:** The British Journal of Surgery 111(8)

**DOI:** 10.1093/bjs/znae202

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39136267&provid=ehost>

**130. 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:** 2024

**Journal:** Health Expectations 27(1), pp. 1–14

**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.

**DOI:** 10.1111/hex.13914

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175641756&provid=ehost>

**131. BNMS guidelines for Nuclear Medicine Events and Learning Meetings: principles for departmental learning from unforeseen events.**

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** Nuclear Medicine Communications 45(10), pp. 819–822

**Abstract:** All nuclear medicine departments are encouraged to develop their own NM EALM process (or similar) where errors, near-misses or examples of good practice can become valuable learning opportunities. By engaging the entire multidisciplinary team, including technologists, physicians, radiologists, physicists, nurses and administrative staff, NM EALM ensures diverse perspectives in the analysis of incidents throughout the patient pathway. This approach cultivates a positive learning environment that not only aims to reduce errors but also celebrates successes, promotes continuous quality improvement and boosts team morale.

**132. Assessing the sensitivity and specificity of myositis-specific and associated autoantibodies: a sub-study from the MyoCite cohort**

**Item Type:** Journal Article

**Authors:** Loganathan, Aravinthan;Gupta, Latika;Rudge, Alex;Lu, Hui;Bowler, Elizabeth;McMorrow, Fionnuala;Naveen, R.;Anuja, Anamika K.;Agarwal, Vikas;McHugh, Neil and Tansley, Sarah

**Publication Date:** 2024

**Journal:** Rheumatology (Oxford, England) 63(9), pp. 2363–2371

**Abstract:** Objectives: Myositis-specific and associated autoantibodies are important biomarkers in routine clinical use. We assessed local testing performance for myositis autoantibodies by comparing line immunoassay (LIA) to protein radio-immunoprecipitation and identifying clinical characteristics associated with each myositis autoantibody in the MyoCite cohort.; Methods: Serum samples from patients within the MyoCite cohort, a well-characterized retro-prospective dataset of adult and juvenile idiopathic inflammatory myopathy (IIM) patients in Lucknow, India (2017-2020), underwent LIA at Sanjay Gandhi Postgraduate Institute of Medical Science (SGPGIMS), Lucknow. Immunoprecipitation of 147 IIM patients' serum samples (125 adult-onset, 22 juvenile-onset) was conducted at the University of Bath, with researchers blind to LIA results. LIA performance was assessed against immunoprecipitation as the reference standard, measuring sensitivity, specificity and inter-rater

agreement. Univariate and multivariate logistic regression determined clinical associations for specific myositis-specific autoantibodies.; Results: Immunoprecipitation identified myositis autoantibodies in 56.5% (n = 83) of patient samples, with anti-Jo1 (n = 16; 10.9%) as the most common, followed by anti-MDA5 (n = 14, 9.5%). While LIA showed good agreement for anti-Jo1, anti-PL7 and anti-PL12 (Cohen's  $\kappa$  0.79, 0.83 and 1, respectively), poor agreement was observed in other subgroups, notably anti-TIF1 $\gamma$  (Cohen's  $\kappa$  0.21). Strongly positive samples, especially in myositis-specific autoantibodies, correlated more with immunoprecipitation results. Overall, 59 (40.1%) samples exhibited non-congruence on LIA and immunoprecipitation, and  $\kappa$  values for LIAs for anti-TIF1 $\gamma$ , anti-Ku, anti-PmScl, anti-Mi2 and anti-SAE ranged between 0.21 and 0.60.; Conclusion: While LIA reliably detected anti-Jo1, anti-PL7, anti-PL12, anti-MDA5 and anti-NXP-2, it also displayed false positives and negatives. Its effectiveness in detecting other autoantibodies, such as anti-TIF1 $\gamma$ , was poor. (© Crown copyright 2024.)

**DOI:** 10.1093/rheumatology/keae167

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38479813&profid=ehost>

### 133. Cardiac arrest in obstetric patients receiving anaesthetic care: results from the 7th National Audit Project of the Royal College of Anaesthetists

**Item Type:** Journal Article

**Authors:** Lucas, D. N.;Kursumovic, E.;Cook, T. M.;Kane, A. D.;Armstrong, R. A.;Plaat, F. and Soar, J.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(5), pp. 514–523

**Abstract:** The 7th National Audit Project (NAP7) of the Royal College of Anaesthetists studied peri-operative cardiac arrest. Additional inclusion criteria for obstetric anaesthesia were: cardiac arrest associated with neuraxial block performed by an anaesthetist outside the operating theatre (labour epidural analgesia); and cardiac arrest associated with remifentanyl patient-controlled analgesia. There were 28 cases of cardiac arrest in obstetric patients, representing 3% of all cardiac arrests reported to NAP7, giving an incidence of 7.9 per 100,000 (95%CI 5.4-11.4 per 100,000). Obstetric patients were approximately four times less likely to have a cardiac arrest during anaesthesia care than patients having non-obstetric surgery. The single leading cause of peri-operative cardiac arrest in obstetric patients was haemorrhage, with underestimated severity and inadequate early resuscitation being contributory factors. When taken together, anaesthetic causes, high neuraxial block and bradyarrhythmia associated with spinal anaesthesia were the leading causes overall. Two patients had a cardiac arrest related to labour neuraxial analgesia. There were no cardiac arrests related to failed airway management or remifentanyl patient-controlled analgesia. (© 2024 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

**DOI:** 10.1111/anae.16204



**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38214067&provid=ehost>

**134. The influence of deprivation in the outcomes of psoriatic arthritis within the UK-utilizing Outcomes of Treatment in Psoriatic Arthritis Study Syndicate (OUTPASS) data.**

**Item Type:** Journal Article

**Authors:** Lyon M.;Zhao S.S.;Jani M.;Bluett J.;Chelliah E.G.;Chattopadhyay C.;Ho P.;Barton A.;Bruce I.;Gorodkin R.;Hyrich K.;Parker B.;Chinoy H.;O'Neil T.;Herrick A.;Jones A.;Cooper R.;Dixon W.;Harrison B.;Korendowych E., et al

**Publication Date:** 2024

**Journal:** Rheumatology Advances in Practice 8(2) (pagination), pp. Article Number: rkae051.  
Date of Publication: 2024

**135. Cardiovascular risk assessment before prescribing Romosozumab: An evaluation of the European Society of Cardiology (ESC) Systematic Coronary Risk Evaluation 2 (SCORE2) versus QRISK3.**

**Item Type:** Journal Article

**Authors:** MacRae F.;Clarke E.M.;Roy M.;Cockill C.;Walsh K.;Bailey S.J.;Hardcastle S.;Tobias J. and Faber, B.

**Publication Date:** 2024

**Journal:** JBMR Plus Conference, pp. Bone

**Abstract:** Objective: Romosozumab is a promising new drug for women with severe osteoporosis. Concern exists that Romosozumab increases the risk of cerebrovascular and cardiovascular events. It is possible to assess cardiovascular risk using both the QRISK3 score and ESC SCORE2. Both scores give clinicians a 10-year risk (%) of developing a cardiovascular event. In addition, QRISK3 gives a relative risk whereas the ESC SCORE2 gives a colour grading (Green = low risk, Amber = moderate risk, or Red = high risk) based on the 10-year risk compared to a healthy age matched group. To improve clinician confidence in prescribing this drug, the Southwest Bone Group have developed a guideline for prescribing Romosozumab. Due to uncertainty around which cardiovascular risk scoring tool to use, we aimed to analyse how both scores compared in a clinical population.

**136. Drop attacks: a practical guide**

**Item Type:** Journal Article

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



**Publication Date:** 2024

**Journal:** Practical Neurology 24(2), pp. 106–113

**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)) 2024. 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&provid=ehost>

### 137. UK Foot and Ankle Thromboembolism (UK-FATE)

**Item Type:** Journal Article

**Authors:** Mangwani, Jitendra;Houchen-Wolloff, Linzy;Malhotra, Karan;Booth, Sarah;Smith, Aiden;Teece, Lucy;Mason, Lyndon W.;Shaikh, Rabia;Alfred, Wilam;Okhifun, Imobhio;Cinar, Ece;Bua, Nelson;Vemulapalli, Krishna;Acharya, Ashok;Gadd, Richard;Money-Taylor, John;Kantharaju, Rohit;Bhosale, Abhijit;Bahri, Suchita;Broadbent, Rosie, et al

**Publication Date:** 2024

**Journal:** The Bone & Joint Journal 106-B(11), pp. 1249–1256

**Abstract:** **Aims:** Venous thromboembolism (VTE) is a potential complication of foot and ankle surgery. There is a lack of agreement on contributing risk factors and chemical prophylaxis requirements. The primary outcome of this study was to analyze the 90-day incidence of symptomatic VTE and VTE-related mortality in patients undergoing foot and ankle surgery and Achilles tendon (TA) rupture. Secondary aims were to assess the variation in the provision of chemical prophylaxis and risk factors for VTE.; **Methods:** This was a multicentre, prospective national collaborative audit with data collection over nine months for all patients undergoing foot and ankle surgery in an operating theatre or TA rupture treatment, within participating UK hospitals. The association between VTE and thromboprophylaxis was assessed with a univariable logistic regression model. A multivariable logistic regression model was used to

identify key predictors for the risk of VTE.; Results: A total of 13,569 patients were included from 68 sites. Overall, 11,363 patients were available for analysis: 44.79% were elective (n = 5,090), 42.16% were trauma excluding TA ruptures (n = 4,791), 3.50% were acute diabetic procedures (n = 398), 2.44% were TA ruptures undergoing surgery (n = 277), and 7.10% were TA ruptures treated nonoperatively (n = 807). In total, 11 chemical anticoagulants were recorded, with the most common agent being low-molecular-weight heparin (n = 6,303; 56.79%). A total of 32.71% received no chemical prophylaxis. There were 99 cases of VTE (incidence 0.87% (95% CI 0.71 to 1.06)). VTE-related mortality was 0.03% (95% CI 0.005 to 0.080). Univariable analysis showed that increased age and American Society of Anesthesiologists (ASA) grade had higher odds of VTE, as did having previous cancer, stroke, or history of VTE. On multivariable analysis, the strongest predictors for VTE were the type of foot and ankle procedure and ASA grade.; Conclusion: The 90-day incidence of symptomatic VTE and mortality related to VTE is low in foot and ankle surgery and TA management. There was notable variability in the chemical prophylaxis used. The significant risk factors associated with 90-day symptomatic VTE were TA rupture and high ASA grade.; Competing Interests: J. Mangwani reports support from the Leicester Hospitals Charity, related to this study. J. Mangwani reports payment or honoraria for lectures, presentations, educational events from Orthosolutions, and royalties from Meshworks, unrelated to this study. K. Malhotra reports payment or honoraria for lectures, presentations, speaker bureaus, manuscript writing or educational events from NewClip Technics, unrelated to this study. L. W. Mason reports royalties or licenses, consulting fees, and patents planned, issued or pending from Orthosolutions, unrelated to this study. (© 2024 The British Editorial Society of Bone & Joint Surgery.)

**DOI:** 10.1302/0301-620X.106B11.BJJ-2024-0128.R1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39481430&provid=ehost>

### **138. Reducing the time to activation of the emergency call system in operating theatres: effect of installing vertical red line indicators**

**Item Type:** Journal Article

**Authors:** Marshall, Stuart D.;Rush, Cameron;Elliott, Lucy;Wadman, Harry;Dang, Jane;St John, Ashley and Kelly, Fiona E.

**Publication Date:** 2024

**Journal:** British Journal of Anaesthesia 133(1), pp. 118–124

**Abstract:** Background: The 7th National Audit Project of the Royal College of Anaesthetists (NAP7) recommended that an emergency call system be immediately accessible in all anaesthesia locations. It is essential that all theatre team members can rapidly call for help to reduce the risk of patient harm. However, the ability of staff to activate this system in a timely manner can be affected by cluttered or unfamiliar environments and cognitive overload. One proposed strategy to enable rapid identification and activation of emergency call systems is to install a red vertical painted stripe on the wall from the ceiling to the activation button. We

investigated the effect of introducing this vertical red line on activation times in operating theatres in the UK and Australia.; Methods: Operating theatre team members, including anaesthetists, surgeons, anaesthetic nurses, surgical and theatre nurses, operating theatre practitioners, and technicians, were approached without prior warning and asked to simulate activation of an emergency call. Vertical red lines were installed, and data collection repeated in the same operating theatres 4-12 months later.; Results: After installation of vertical red lines, the proportion of activations taking >10 s decreased from 31.9% (30/94) to 13.6% (17/125,  $P=0.001$ ), and >20 s decreased from 19.1% (18/94) to 4.8% (6/125,  $P<0.001$ ). The longest duration pre-installation was 120 s, and post-installation 35 s.; Conclusions: This simple, safe, and inexpensive design intervention should be considered as a design standard in all operating theatres to minimise delays in calling for help. (Crown Copyright © 2024. Published by Elsevier Ltd. All rights reserved.)

**DOI:** 10.1016/j.bja.2024.03.030

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38724325&prolid=ehost>

### 139. Comparing human vs. machine-assisted analysis to develop a new approach for Big Qualitative Data Analysis.

**Item Type:** Journal Article

**Authors:** Martin S.;Beecham E.;Kursumovic E.;Armstrong R.A.;Cook T.M.;Deom N.;Kane A.D.;Moniz S.;Soar J. and VindrolaPadros, C.

**Publication Date:** 2024

**Journal:** medRxiv (pagination), pp. Date of Publication: 17 Jul 2024

**Abstract:** Background: Analysing large qualitative datasets can present significant challenges, including the time and resources required for manual analysis and the potential for missing nuanced insights. This paper aims to address these challenges by exploring the application of Big Qualitative (Big Qual) and artificial intelligence (AI) methods to efficiently analyse Big Qual data while retaining the depth and complexity of human understanding. The free-text responses from the Royal College of Anaesthetists' 7th National Audit Project (NAP7) baseline survey on peri-operative cardiac arrest experiences serve as a case study to test and validate this approach. Methodology/Principal Findings: Quantitative analysis segmented the data and identified keywords using AI methods. In-depth sentiment and thematic analysis combined natural language processing (NLP) and machine learning (ML) with human input - researchers assigned topic/theme labels and sentiments to responses, while discourse analysis explored sub-topics and thematic diversity. Human annotation refined the machine-generated sentiments, leading to an additional "ambiguous" category to capture nuanced, mixed responses. Comparative analysis was used to evaluate the concordance between human and machine-assisted sentiment labelling. While ML reduced analysis time significantly, human input was crucial for refining sentiment categories and capturing nuances. Conclusions/Significance: The application of AI-assisted data analysis tools, combined with

human expertise, offers a powerful approach to efficiently analyse large-scale qualitative datasets while preserving the nuance and complexity of the data. This study demonstrates the potential of this novel methodology to streamline the analysis process, reduce resource requirements, and generate meaningful insights from Big Qual data. The integration of NLP, ML, and human input allows for a more comprehensive understanding of the themes, sentiments, and experiences captured in free-text responses. This study underscores the importance of continued interdisciplinary collaboration among domain experts, data scientists, and AI specialists to optimise these methods, ensuring their reliability, validity, and ethical application in real-world contexts.

**Author Summary** The use of Artificial intelligence (AI) in health research has grown over recent years. However, analysis of large qualitative datasets known as Big Qualitative Data, in public health using AI, is a relatively new area of research. Here, we use novel techniques of machine learning and natural language processing where computers learn how to handle and interpret human language, to analyse a large national survey. The Royal College of Anaesthetists' 7th National Audit Project is a large UK-wide initiative examining perioperative cardiac arrest. We use the free-text data from this survey to test and validate our novel methods and compare analysing the data by hand (human) vs. human-machine learning also known as 'machine-assisted' analysis. Using two AI tools to conduct the analysis we found that the machine-assisted analysis significantly reduced the time to analyse the dataset. Extra human input, however, was required to provide topic expertise and nuance to the analysis. The AI tools reduced the sentiment analysis to positive, negative or neutral, but the human input introduced a fourth 'ambiguous' category. The insights gained from this approach present ways that AI can help inform targeted interventions and quality improvement initiatives to enhance patient safety, in this case, in peri-operative cardiac arrest management.

#### **140. A survey-based study to explore the experiences and integration of displaced doctors from Myanmar/Burma into the NHS.**

**Item Type:** Journal Article

**Authors:** Maung P.B.;Oo Y.M. and Mitchell, E.

**Publication Date:** 2024

**Journal:** Future Healthcare Journal.Conference: The Future of Medicine.RCP Annual Conference.Regent's Park, London United Kingdom 11(Supplement) (pagination), pp. Article Number: 100048. Date of Publication: 01 Ar 2024

**Abstract:** Background: International medical graduates (IMGs) make up approximately one fifth of all licensed doctors in the UK. [1]NHS experience has been desirable for doctors from Myanmar/Burma for many years. Since the military coup took place in February 2021, there has been significant violence against healthcare professionals resulting in doctors moving to the UK to be able to continue and enhance their careers. [2] The aim of this study was to outline the Myanmar/Burma Doctors' Journey after arriving in the UK until accomplishing GMC registration and securing NHS positions. We also aimed to explore the integration and experiences of doctors from Myanmar/Burma joining the NHS between February 2021 and December 2023.

#### **141. Enhanced surveillance for the detection of psoriatic arthritis in a UK primary care psoriasis population: results from the TUDOR trial**

**Item Type:** Journal Article

**Authors:** McHugh, Neil;Tillett, William;Helliwell, Philip;Packham, Jonathan;Collier, Howard;Davies, Claire;Ransom, Myka;Coates, Laura and Brown, Sarah T.

**Publication Date:** 2024

**Journal:** Rheumatology (Oxford, England)

**Abstract:** Background: Our objective was to determine whether early detection of undiagnosed psoriatic arthritis (PsA) in a primary care psoriasis population improves outcome in physical function at 24 months post-registration.; Methods: A multicentre, prospective, parallel group cluster randomised controlled trial in patients with psoriasis was conducted. Participants with suspected inflammatory arthritis on screening were referred for an assessment of PsA (enhanced surveillance (ES) arm: at baseline, 12 and 24 months; standard care (SC) arm: at 24 months). The primary outcome measure was the Health Assessment Questionnaire Disability Index (HAQ-DI) at 24 months post registration in participants diagnosed with PsA.; Results: A total of 2225 participants across 135 GP practices registered: 1123 allocated to ES and 1102 to SC. The primary analysis population consisted of 87 participants with a positive diagnosis of PsA: 64 in ES, 23 in SC. The adjusted odds ratio (OR) for achieving a HAQ-DI score of 0 at 24 months post registration in ES compared with SC was 0.64 (95% CI (0.17, 2.38)), and the adjusted OR of achieving a higher (non-zero) HAQ-DI score at 24 months post registration in ES relative to SC arm was 1.12 (95% CI: 0.67, 1.86), indicating no evidence of a difference between the two treatment groups (p= 0.66).; Conclusion: The trial was underpowered for demonstrating the prespecified treatment effect; in patients with psoriasis there was no evidence that early diagnosis of PsA by ES in primary care changes physical function at 24 months compared with SC.; Clinical Trial Registration: The TUDOR trial is registered as ISRCTN38877516. (© The Author(s) 2024. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

**DOI:** 10.1093/rheumatology/keae374

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39037920&prolid=ehost>

**142. Development and external validation of the 'Global Surgical-Site Infection' (GloSSI) predictive model in adult patients undergoing gastrointestinal surgery.**

**Item Type:** Journal Article

**Authors:** McLean K.A.;Knight S.R.;Clark N.;Adisa A.;Ghosh D.;Haque P.D.;Ntirenganya F.;Samuel S.;Simoes J.F.;Shaw C.A.;Picciochi M.;Pius R.;Pinkney T.;Li E.;Morton D.;Harrison E.M.;Adisa A.O.;Altamini A.;AlSaqqah S.W.;BordaLuque G., et al

**Publication Date:** 2024

**Journal:** British Journal of Surgery 111(6) (pagination), pp. Article Number: znae129. Date of Publication: 01 Jun 2024

**Abstract:** Background: Identification of patients at high risk of surgical-site infections may allow surgeons to minimize associated morbidity. However, there are significant concerns regarding the methodological quality and transportability of models previously developed. The aim of this study was to develop a novel score to predict 30-day surgical-site infection risk after gastrointestinal surgery across a global context and externally validate against existing models.

**143. Human Factors Analysis of CORESS cases using the NOTSS Framework.**

**Item Type:** Journal Article

**Authors:** McLennan E.; Wohlgemut J.; Okocha M. and Corbett, H.

**Publication Date:** 2024

**Journal:** British Journal of Surgery. Conference: Annual Congress of the Association of Surgeons of Great Britain and Ireland. Belfast United Kingdom 111(Supplement 8) (pp viii55-viii56), pp.  
**Date of Publication:** 01 Se 2024

**Abstract:** Aims: Determine human factors implicated in cases submitted to the Confidential Reporting System in Surgery (CORESS), using the non-technical skills for surgeons (NOTSS) framework.

**144. Autoantibody testing in myositis: an update**

**Item Type:** Journal Article

**Authors:** McMorow, Fionnuala K.; Anwyll, Natalie and Tansley, Sarah L.

**Publication Date:** 2024

**Journal:** Current Opinion in Rheumatology 36(6), pp. 481–487

**DOI:** 10.1097/BOR.0000000000001039

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=181056528&provid=ehost>

**145. Streptococcus pneumoniae: Nasal influenza vaccination, carriage density and transmission in families.**

**Item Type:** Journal Article

**Authors:** Metz J.; Qian G.; MoralesAza B.; Oliver J.; Oliver E.; Duale K.; Heath P.; Faust S.N.; Snape M.D.; Hughes S.; Hole L.; Mann R.; Shackley F.; Rudd P.; Ludman S.; Gessner B.D.; Danon L. and Finn, A.

**Publication Date:** 2024

**Journal:** medRxiv (pagination), pp. Date of Publication: 29 Ar 2024

**Abstract:** The live attenuated influenza vaccine (LAIV) is offered in the United Kingdom to young children, protecting against influenza for those vaccinated and indirect protection for the wider community. It has also been shown to increase carriage density of *Streptococcus pneumoniae*, to an extent, in children. This study therefore investigates whether the vaccine leads to an increase in density in children and, if so, whether this augments transmission to household contacts. We implemented a randomised control study involving 405 two-year-old children and 958 household contacts. Nasopharyngeal swabs from all participants were taken over 5 visits, each two weeks apart, and tested for pneumococcal carriage. LAIV was given to 205 children at visit 1 and to 200 children at visit 2. We developed regression models to analyse the association between vaccination and whether an increase in pneumococcal density 14 and 28 days later was observed, as well as an increase in the odds of transmission to household members after administering LAIV. From regression analyses, there was a 2-fold (95%CI:1.0-3.1,  $p=0.01$ ) increase in the odds of vaccinated children to have increased pneumococcal density 2 weeks later, compared with unvaccinated children, and a 1.8-fold (95%CI:1.0-3.1,  $p=0.01$ ) increase in the odds of presumed transmission from children to their household contacts. Our results provide evidence that an attenuated influenza virus infection transiently increases the likelihood of pneumococcal transmission from children who are colonised with the bacterium to their contacts and that this increase is driven by an increase in bacterial abundance triggered by the vaccine.

**146. 1835P Multi-centre, randomised controlled trial of digital health cancer solution for cancer patients receiving chemotherapy.**

**Item Type:** Journal Article

**Authors:** Michael A.;Thandar H.;Leonard P.C.;Popat S.;Patel R.;Kirby G.;Kelly M.;Ridley P.;Peck R.A.;Barthakur U.;Montazeri A.H.;Shah R.;Bowen R.;Smith L.;Bennett Eastely K. and Skene, S.

**Publication Date:** 2024

**Journal:** Annals of Oncology Conference, pp. ESMO

**Abstract:** Background: Digital chemotherapy app (Vinehealth) is an innovative digital platform that combines behavioural science and artificial Intelligence to improve cancer patient experience and care delivery. It is a patient-facing mobile app that collates information from partners across the cancer treatment centres and Machine Learning driven personalised support to enable better self-management of medications, side-effects, symptoms and lifestyles.

**147. The management of acute complete ruptures of the ulnar collateral ligament of the thumb**

**Item Type:** Journal Article

**Authors:** Mikhail, Mark;Riley, Nicholas;Rodrigues, Jeremy;Carr, Elaine;Horton, Robin;Beale, Nicholas;Beard, David J.;Dean, Benjamin J. F.;Clubb, Lucy;Johnstone, Alan;Lawrie, David;Imam,

Mohamed;Joyce, Sarah;Ankarth, Sudhi;Capp, Rachel;Dayananda, Kathryn;Gape, Nick;Trickett, Ryan;Bremner-Smith, Alice;Chan, Carol, et al

**Publication Date:** 2024

**Journal:** Bone & Joint Open 5(8), pp. 708–714

**Abstract:** Aims: Complete ruptures of the ulnar collateral ligament (UCL) of the thumb are a common injury, yet little is known about their current management in the UK. The objective of this study was to assess the way complete UCL ruptures are managed in the UK.; Methods: We carried out a multicentre, survey-based cross-sectional study in 37 UK centres over a 16-month period from June 2022 to September 2023. The survey results were analyzed descriptively.; Results: A total of 37 centres participated, of which nine were tertiary referral hand centres and 28 were district general hospitals. There was a total of 112 respondents (69 surgeons and 43 hand therapists). The strongest influence on the decision to offer surgery was the lack of a firm 'endpoint' to stressing the metacarpophalangeal joint (MCPJ) in either full extension or with the MCPJ in 30° of flexion. There was variability in whether additional imaging was used in managing acute UCL injuries, with 46% routinely using additional imaging while 54% did not. The use of a bone anchor was by far the most common surgical option for reconstructing an acute ligament avulsion (97%, n = 67) with a transosseous suture used by 3% (n = 2). The most common duration of immobilization for those managed conservatively was six weeks (58%, n = 65) and four weeks (30%, n = 34). Most surgeons (87%, n = 60) and hand therapists (95%, n = 41) would consider randomizing patients with complete UCL ruptures in a future clinical trial.; Conclusion: The management of complete UCL ruptures in the UK is highly variable in certain areas, and there is a willingness for clinical trials on this subject.; Competing Interests: B. J. F. Dean and M. Mikhail report a British Society for Surgery of the Hand (BSSH) pump priming grant for this study. B. J. F. Dean also reports a British Medical Association Doris Hillier grant which was unrelated to this study. B. J. F. Dean is also a member of the BSSH research committee. D. J. Beard holds a Senior Investigator grant from the National Institute for Health and Care Research, unrelated to this study. M. Mikhail reports a BSSH grant to the ULCTEAR steering group for this study, allocated under his name. N. Riley reports consulting fees from Acumend, Arthrex, and Meshworks, unrelated to this study. (© 2024 Mikhail et al.)

**DOI:** 10.1302/2633-1462.58.BJO-2024-0062.R1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39168472&provid=ehost>

**148. 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:** 2024



**Journal:** BMJ Supportive and Palliative Care 14(e3) (pp e2996-e3001), pp. Date of Publication: 19 Dec 2024

**Abstract:** Objectives To explore the experiences of palliative care doctors regarding the clinical impact of ultrasound in specialist palliative care units (SPCUs). Methods The study adopted a qualitative research design using semistructured interviews and a reflexivity journal. Six participants were recruited through purposive and snowball sampling. Findings were analysed using framework analysis. Results Analysis used four predetermined themes: (1) practicalities, (2) clinical indications, (3) impact on patient care and service provision and (4) governance and training. Analysis identified a relationship between procedural confidence and use of ultrasound. Conclusions Our study provides information for understanding the current use and limitations of ultrasound in SPCUs. Ultrasound leads to safer practice, especially when performing invasive procedures such as paracentesis. Development of standards around the use of, and training of staff undertaking ultrasound in specialist palliative care, are recommended.

#### **149. The effects of autistic traits in adolescents on the efficacy of paediatric Intensive Interdisciplinary Pain Treatment (IIPT)**

**Item Type:** Journal Article

**Authors:** Moore, David J.;Jordan, Abbie;Wainwright, Elaine;Failla, Michelle D.;Connell, Hannah and Gauntlett-Gilbert, Jeremy

**Publication Date:** 2024

**Journal:** The Journal of Pain , pp. 104757

**Abstract:** Autistic adolescents are at greater risk of chronic pain, but it is unclear how autistic features may relate to individual aspects of chronic pain. As autism traits exist in the general population as well, it is important to know if autistic traits could impact how effective chronic pain management is for adolescents. Here we examined autistic traits in 112 patients (12-18yrs) recruited from a UK national specialist adolescent pain rehabilitation programme. Participants completed screening questionnaires for autistic traits upon entry to the programme, as well as clinically recognised pain measures before and after the 3-week treatment program. Autistic traits predicted greater psychological challenges at treatment onset. Critically, autistic traits were not related to the magnitude of improvement in pain measures during the pain management program. Our study suggests that adolescents with greater autistic traits may benefit from existing pain rehabilitation programs at similar rates to their peers. Additionally, these data suggest no reason for therapeutic pessimism for autistic pain patients. We do however acknowledge that these data may differ in populations with an autistic diagnosis, and that barriers may still exist for autistic people in treatment for pain. PERSPECTIVE: Autistic traits were explored in patients undergoing an Intensive Interdisciplinary Pain Treatment (IIPT). Higher autistic traits correlated with more pain related psychological difficulties at intake. Autistic traits were not related to the magnitude of improvement following IIPT. Our data therefore suggests that autism should not be a barrier to IIPT. DATA AVAILABILITY: Data is held in the PAIRED Pain Rehabilitation Database: Bath and Bristol, individual data used in the current analyses are therefore not available. (Copyright © 2024. Published by Elsevier Inc.)

**DOI:** 10.1016/j.jpain.2024.104757

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39675689&profid=ehost>

**150. Peri-operative cardiac arrest in the older frail patient as reported to the 7th National Audit Project of the Royal College of Anaesthetists**

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** Anaesthesia 79(8), pp. 810–820

**Abstract:** Frailty increases peri-operative risk, but details of its burden, clinical features and the risk of, and outcomes following, peri-operative cardiac arrest are lacking. As a preplanned analysis of the 7th National Audit Project of the Royal College of Anaesthetists, we described the characteristics of older patients living with frailty undergoing anaesthesia and surgery, and those reported to the peri-operative cardiac arrest case registry. In the activity survey, 1676 (26%) of 6466 patients aged > 65 y were reported as frail (Clinical Frailty Scale score  $\geq 5$ ). Increasing age and frailty were both associated with increasing comorbidities and the proportion of surgery undertaken as an emergency. Except in patients who were terminally ill (Clinical Frailty Scale score 9), increasing frailty was associated with an increased proportion of complex or major surgery. The rate of use of invasive arterial blood pressure monitoring was associated with frailty only until Clinical Frailty Scale score 5, and then plateaued or fell. Of 881 cardiac arrests reported to the 7th National Audit Project, 156 (18%) were in patients aged > 65 y and living with frailty, with an estimated incidence of 1 in 1204 (95%CI 1 in 1027-1412) and a mortality rate of 1 in 2020 (95%CI 1 in 1642-2488), approximately 2.6-fold higher than in adults who were not frail. Hip fracture, emergency laparotomy, emergency vascular surgery and urological surgery were the most common surgical procedures in older patients living with frailty who had a cardiac arrest. We report a high burden of frailty within the surgical population, requiring complex, urgent surgery, and the extent of poorer outcomes of peri-operative cardiac arrest compared with patients of the same age not living with frailty. (© 2024 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

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**151. A new approach to data integration with AI to enhance the specificity of prostate cancer diagnosis.**

**Item Type:** Journal Article

**Authors:** Moreira Da Silva N.S.;Vasdev N.;Budd J.;Yeung M.;Giganti F.;Davies L.;Burn P.R.;Hindley R.G.;Ibrahim M.;Bradley A.J.;Maskell G.;Andreou A.;Liyanage S.;Persad R.;Aning J.;Barrett T.J.;Hinton M.D.B.;Padhani A.R.;Sala E.;Rix A.W., et al

**Publication Date:** 2024

**Journal:** European Urology Conference: EAU24 - 39th Annual EAU Congress. Paris France, pp.  
Date of Publication: 01 Mar 2024

**Abstract:** Introduction & Objectives: Many patients receive a negative biopsy after MRI for suspected prostate cancer. Could numbers of unnecessary biopsies be reduced by combining clinical data with PI-RADS and AI?

**152. 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:** 2024

**Journal:** European Journal of Obstetrics & Gynecology & Reproductive Biology 292, pp. 210–238

**DOI:** 10.1016/j.ejogrb.2023.11.013

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=174323208&provid=ehost>

**153. British Gynaecological Cancer Society (BGCS) ovarian, tubal and primary peritoneal cancer guidelines: Recommendations for practice update 2024**

**Item Type:** Journal Article

**Authors:** Moss, Esther;Taylor, Alexandra;Andreou, Adrian;Ang, Christine;Arora, Rupali;Attygalle, Ayoma;Banerjee, Susana;Bowen, Rebecca;Buckley, Lynn;Burbos, Nikos;Coleridge, Sarah;Edmondson, Richard;El-Bahrawy, Mona;Fotopoulou, Christina;Frost, Jonathan;Ganesan, Raji;George, Angela;Hanna, Louise;Kaur, Baljeet;Manchanda, Ranjit, et al

**Publication Date:** 2024

**Journal:** European Journal of Obstetrics, Gynecology, and Reproductive Biology 300, pp. 69–123

**Abstract:** Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential

competing interests: EM – has received grant funding from BGCS, Orion Corporation, Leicester, Leicestershire and Rutland Integrated Care Board, East Genomic Medicine Service Alliance, North East London Cancer Alliance, Intuitive Surgical Ltd, East Midlands Clinical Research Network and Medical Research Council (MRC). AT – Has received financial support to attend meetings from Merck & Co., Inc (MSD). AA – None to declare. CA – None to declare. RA – None to declare. SB – Has received grants to her institution from Astrazeneca and Glaxo Smith Kline (GSK), and consulting fees from Astrazeneca, Epsilon, GSK, Immunogen MSD, Mersana, Myriad, Novartis, Oncerna, Seagen, Shattuck Labs, Regeneron and Verastem. She has received honoraria payments for lectures from Abbvie, Astrazeneca, GSK, Immunogen, MSD, Mersana, Pfizer, Roche, Takeda and Novacure, and financial support for attending meetings from Astrazeneca, GSK and Verastem. She is on the Ovacom advisory board (unpaid). RB – Has received honoraria for lectures and presentations from GSK, Astra Zeneca and Eisai; support to attend meetings from GSK and PharmaAnd. She is an advisory board member for MSD, Clovis, Astra Zeneca, and GSK. She has unpaid board roles for NCRI Gynae Deputy Lead (GTGUK), UKGOM (co-chair) and is the BGCS Medical Oncology Representative. LB – is a director of Buckley Consultants Ltd. NB – Has received financial support from Rand for travel to meetings. SC – None to declare. RE – Has received consulting fees from GSK; honoraria for lectures from GSK and Astra Zeneca and sits on the for Advisory Board for International Rainbo Study. ME-B – None to declare. CF – Has received payments for participation on a Data Safety Monitoring Board or Advisory Board for GSK, Roche, Ethicon, Astra Zeneca, MSD. JF – Has received consulting fees from ASTELLAS ASP5354 Advisory Board and is a BGCS Council member (unpaid). RG – Has received honoraria payments for lectures from Astra Zeneca, on topics unrelated to this document. AG – has received honoraria for lectures/presentation from GSK. LH – Has received royalties from Cambridge University Press, support from Mims and Roche and Tata Medical Center to attend meetings, and is an unpaid board member to the Royal College of Radiologists. BK – Has received funding from NIHR Imperial BRC. RM – has received research grant funding from Rosetrees Trust, Barts Charity, NHS England, NHS Innovative Accelerator, Yorkshire Cancer Research and GSK. He has received honoraria from GSK and Astrazeneca for lectures and presentations. He is Chair Trial of the Steering Committee BRCA DIRECT trial, a member NICE National Standards Quality Assurance Board for Ovarian Cancer and Topic Advisor NICE Guideline – NG241] -- Ovarian cancer: identifying and managing familial and genetic risk. He is a scientific advisor to GO Girls, BRCA Umbrella and acted on an Expert Advisory Group NHS Jewish BRCA Programme. HM – In a trustee of GO Girls Gynaecological Cancer Charity. AM – has received National Institute for Cancer Research (NCRI) and MERCK received research funding from MSD. She has received payment from EUSA Pharma and Clovis Oncology for advisory board roles and consulting. She has received payment from GSK for invited lectures and manuscript writing. She has received educational support and support for meeting attendance from MSD and IPSEN. TM – Project lead for NHS transformation project to embed mainstream BRCA testing into practice for breast, ovarian cancers. Nurse advisor to The EVE APPEAL gynae cancer charity. CN – None to declare. SN – has received research grants from GSK, AstraZeneca, North Central London Cancer Alliance and BGCS via her institution. She has received consulting fees from GSK, AstraZeneca and Biontech, and honoraria payments from lectures from GSK and AstraZeneca. She has received financial support for attending meetings from MSD. She is an data safety monitoring/advisory board member to AstraZeneca, GSK and Biontech. She has stock options with GSK and AstraZeneca, and she is chair of the GynaeOncology Trials Group UK (previously NCRI) (unpaid). NR – None to declare. NRY – has received grants from the Chief Scientist Office Scotland (NES/CSO Postdoctoral Clinical Lectureship Scheme) and Academy of Medical Sciences to his institution. He has received

honorariao payments from GSK for lectures. He is an European Hereditary Tumour Group (EHTG) Board member (unpaid). SS – has received a research grant to University of Birmingham from AoA diagnostics. She has received consultancy fees from GSK and Immunogen, and honoraria for lecturers from Astra Zeneca, Merck and GSK. She is Surgery Lead for the National Ovarian Cancer Audit, England and Wales and Co-Chair Scientific Program, International Gynaecological Cancer Society conference 2024. KV – Councillor for British Association of Gynaecological Pathology (unpaid). AW – has received honoraria for lecturers and presentaions from GSK, Astra Zeneca and Clovis. JW – is President, British Association of Gynaecological Pathologists (unpaid). JM – has received grants to her institution from the National Institute for Health and Care Research (NIHR) and MRC. She is BGCS guidelines subgroup co-chair (unpaid), sitting on BGCS Council in this role, and a NHS Cervical Screening Research Innovation and Development Advisory Committee Member (unpaid). She was an unpaid council member to Cochrane Collaboration (2019–2023) and received financial support to attend a meeting from Cochrane.

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#### **154. Breast cancer in pregnancy: a comprehensive review of diagnosis, management, and outcomes**

**Item Type:** Journal Article

**Authors:** Mumtaz, Anam;Otey, Noor;Afridi, Bushra and Khout, Hazem

**Publication Date:** 2024

**Journal:** Translational Breast Cancer Research : A Journal Focusing on Translational Research in Breast Cancer 5, pp. 21

**Abstract:** Competing Interests: Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <https://tbcr.amegroups.org/article/view/10.21037/tbcr-24-26/coif>). The authors have no conflicts of interest to declare.

**DOI:** 10.21037/tbcr-24-26

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39184929&profid=ehost>

#### **155. PREDICTING THE NEED FOR CALCIUM MODIFICATION TECHNIQUES USING CT CORONARY ANGIOGRAPHY.**

**Item Type:** Journal Article

**Authors:** Murphy D.;Graby J.;Hudson B.;Lyen S.;Lowe R.;Carson K.;Kandan S.R.;McKenzie

D.;Burchell T.;Khavandi A. and Rodrigues, J.

**Publication Date:** 2024

**Journal:** Heart Conference, pp. British

**Abstract:** Introduction Calcified coronary arteries pose a challenge to percutaneous coronary intervention (PCI). Calcium modification techniques (CMTs) increase procedural length, complexity and risk. Computed tomography coronary angiography (CTCA) is well suited to calcium identification and quantification and may offer valuable pre-procedural information. We hypothesised that CTCA could predict cases where CMT would be required during PCI. Methods A retrospective review (2021/2022) of consecutive patients who underwent CTCA and subsequent PCI to a calcified lesion. Blinded to the PCI strategy CTCA images were re-reviewed by expert CT readers and calcium thickness, length, density and circumferential arc quantified. Receiver operating characteristic (ROC) curves and optimum cut-off values were calculated. Calcium density ( $>1000$  HU) and calcific arc ( $>180$ degree) were proposed as a calcium planning score (CPS CTCA), with 1 point assigned per criteria met. Results 76 PCI procedures were included (72 patients). CMT was used in 53% at the discretion of the operator. On CTCA calcific arc, density, length and thickness had an area under the curve (AUC) of 0.74, 0.7, 0.67 and 0.63 respectively. There was a step-wise increase in the proportion of cases requiring CMT with increasing CPS CTCA. 0 vs 1 point; OR 9 (1.1-82,  $p=.04$ ), RR 5 (0.8-36,  $p=.09$ ), 1 vs 2 points; OR 3.2 (1.1-9.3,  $p=.03$ ), RR 1.6 (1-2.3,  $p=.04$ ), 0 vs 2 points; OR 30 (3.3-272,  $p=.003$ ), RR of 8 (1.3-54,  $p=.03$ ). Conclusions The incorporation of CTCA measured calcium density  $>1000$  HU and calcium arc  $>180$ degree into a calcium planning score may help with predicting the need for CMT at the time of PCI, enhancing both procedural planning and the consent process.

#### 156. THE USE OF VIRTUAL STENT PLANNER IN PATIENT SELECTION FOR INVASIVE CORONARY ANGIOGRAPHY.

**Item Type:** Journal Article

**Authors:** Murphy D.;Gurung A.;Graby J.;Hudson B.;Lyen S.;Lowe R.;Carson K.;Burchell T.;Kandan S.R.;McKenzie D.;Khavandi A. and Rodrigues, J.

**Publication Date:** 2024

**Journal:** Heart Conference, pp. British

**Abstract:** Introduction Appropriate patient selection for percutaneous coronary intervention (PCI) is of utmost importance. Computed tomography coronary angiography (CTCA) with fractional flow reserve (FFRCT) has been shown to alter patient management. However post PCI FFR is a crucial determinant of outcomes with higher target vessel failure, myocardial infarction and revascularisation rates associated with a post PCI FFR  $<0.8$ . CTCA based virtual stent planner (HeartFlow planner) allows users to undertake virtual PCI and model FFRCT outcomes prior to invasive angiography. Given most PCI is undertaken for morbidity benefit a modelled PCI that does not achieve an adequate post procedural FFRCT may influence patient selection for PCI. Methods Prospective patients (30/01/23-30/2/24) listed for a clinically indicated invasive coronary angiogram (ICA) with a preceding CTCA and stent planner were included. Three

interventional cardiologists, blinded to stent planner, were asked to review CTCA(FFRCT) data and select a treatment strategy of guideline directed medical therapy (GDMT), PCI or multi-disciplinary meeting including possible coronary artery bypass grafting (MDT+/-CABG) on a per-patient and per-vessel basis. Stent planner was then unblinded and theoretical management decisions re-recorded. A real world comparison of the theoretical stent number, length and predicted duration of procedure was made in a sub-set that underwent PCI within the study period. Results 25 cases, 100 vessels were included. 64% male, 63+/- 12 years. Initial strategy was PCI in 92% (23/25) and MDT +/-CABG in 8% (2/25) of cases, [Fleiss' free-marginal kappa 0.72 (0.54-0.9)]. On a per-patient basis stent planner reclassified strategy to 76% (19/25) PCI, 16% (4/25) MDT+/-CABG and 8% (2/25) GDMT, [Fleiss' free-marginal kappa 0.6 (0.4- 0.8)]. On a per-vessel basis PCI cases were reduced by 12%, 4% and 8% in the left anterior descending, left circumflex and right coronary arteries respectively. A subset (n=12) underwent PCI. Predicted procedure duration (minutes), stent number and length (mm) was 67+/-17 vs 71.4+/-23 (p=.2), 1.3+/-0.2 vs 1.3+/-0.5 (p=.4) and 30.8+/-5.9 vs 42.2+/-18.6 (p=.04) respectively for stent planner prediction versus real world findings. Conclusions The integration of a virtual stent planner may alter management decisions, decreasing the frequency with which PCI is chosen. Stent planner may facilitate prediction of a PCI strategy and subsequent procedural length but more work in these areas is required.

## 157. THE INTRODUCTION OF A CORONARY MICROVASCULAR TESTING SERVICE, A DGH EXPERIENCE.

**Item Type:** Journal Article

**Authors:** Murphy D.;Wong H.T.;Graby J.;Burchell T.;Khavandi A.;Rodrigues J. and Carson, K.

**Publication Date:** 2024

**Journal:** Heart Conference, pp. British

**Abstract:** Introduction Coronary microvascular dysfunction (CMD) is associated with an increase in both morbidity and mortality. It is an under recognised and under treated cause of ischaemic heart disease. Invasive coronary angiography provides a means of definitively testing both the macro and micro circulation for flow limiting coronary artery disease, CMD and vasospasm. A CMD testing service was introduced in our centre in 2023. Methods A 1 year retrospective review of consecutively tested patients. Following diagnostic angiography with fractional flow reserve (FFR) both endothelial independent (adenosine) and dependent (acetylcholine) function was tested. Bolus or continuous infusion thermodilution techniques were used. Bolus coronary flow reserve (CFR) or absolute CFR, index of microcirculatory resistance (IMR) and acetylcholine flow reserve (AChFR) were reported. Epicardial vasospasm provocation testing was undertaken with bolus intracoronary acetylcholine. Results 26 procedures, 62% female, aged 62+/-12. Median number of diagnostic tests prior to CMD testing was 2 IQR2, health care encounters 4 IQR6 with a time to diagnosis of 14 IQR41 months. 35% of cases were diagnosed with epicardial vasospasm, 31% mixed vasospasm and CMD, 19% normal and 15% had CMD only. 81% of cases had management altered following testing. Testing results are presented in table 1. Conclusions A large proportion of symptomatic patients tested had a diagnosis made with subsequent changes to their management. To reduce delay to diagnosis our Rapid Access Chest Pain Clinic (RACPC) pathway has been altered to facilitate

earlier CMD referral. In patients presenting with angina additional CMD testing should be considered when unobstructed coronary arteries are found at angiography.

#### 158. Calcific versus non-calcific plaque: a CAD-RADS and FFRCT study

**Item Type:** Journal Article

**Authors:** Murphy, David;Graby, John;Hudson, Benjamin;Lowe, Robert;Carson, Kevin;Kandan, Sri Raveen;McKenzie, Daniel;Khavandi, Ali and Rodrigues, Jonathan Carl Luis

**Publication Date:** 2024

**Journal:** The International Journal of Cardiovascular Imaging

**Abstract:** Coronary Artery Disease-Reporting and Data System (CAD-RADS) standardises Computed Tomography Coronary Angiography (CTCA) reporting. Coronary calcification can overestimate stenosis. We hypothesized where CADRADS 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. Consecutive patients undergoing routine clinical CTCA (September 2018 to May 2020) with  $\geq 1$  stenosis  $\geq 25\%$  with FFRCT correlation were included. CTCA's 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  $\text{FFRCT} \leq 0.8$ . A subset had Invasive Coronary Angiography (ICA). 561 patients screened, 320 included (60% men,  $69 \pm 10$  years). Ca+ in 51%, 69% and 50% of CAD-RADS 2, 3 and 4 respectively. There was no difference in the prevalence of  $\text{FFRCT} \leq 0.8$  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. 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.; Competing Interests: Declarations. Conflict of interest: The authors declare that no funds, grants, or other support were received during the preparation of this manuscript. J.C.L Rodrigues reports a relationship with: Aidence and Sanofi that includes speaking and lecture fees, NHSx which includes consulting, Heart & Lung Health that includes employment and HeartFlow that includes physicians' services. Other contributors have no conflict of interests to declare in relation to this work. The authors declare no competing interests. (© 2024. Crown.)

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**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39572503&profid=ehost>

#### 159. The characteristics and predictors of mortality in periprosthetic fractures around the knee

**Item Type:** Journal Article



**Authors:** Nasser, Ahmed A. H. H.; Sidhu, Manpreet; Prakash, Rohan; Mahmood, Ansar; Osman, Khabab; Chauhan, Govind S.; Nandra, Rajpal; Dewan, Varun; Davidson, Jerome; Al-Azzawi, Mohammed; Smith, Christian; Gawad, Mothana; Palaiologos, Ioannis; Cuthbert, Rory; Wignadasan, Warran; Banks, Daniel; Archer, James; Odeh, Abdulrahman; Moores, Thomas; Tahir, Muaaz, et al

**Publication Date:** 2024

**Journal:** The Bone & Joint Journal 106-B(2), pp. 158–165

**Abstract:** Aims: Periprosthetic fractures (PPFs) around the knee are challenging injuries. This study aims to describe the characteristics of knee PPFs and the impact of patient demographics, fracture types, and management modalities on in-hospital mortality.; Methods: Using a multicentre study design, independent of registry data, we included adult patients sustaining a PPF around a knee arthroplasty between 1 January 2010 and 31 December 2019. Univariate, then multivariable, logistic regression analyses were performed to study the impact of patient, fracture, and treatment on mortality.; Results: Out of a total of 1,667 patients in the PPF study database, 420 patients were included. The in-hospital mortality rate was 6.4%. Multivariable analyses suggested that American Society of Anesthesiologists (ASA) grade, history of peripheral vascular disease (PVD), history of rheumatic disease, fracture around a loose implant, and cerebrovascular accident (CVA) during hospital stay were each independently associated with mortality. Each point increase in ASA grade independently correlated with a four-fold greater mortality risk (odds ratio (OR) 4.1 (95% confidence interval (CI) 1.19 to 14.06);  $p = 0.026$ ). Patients with PVD have a nine-fold increase in mortality risk (OR 9.1 (95% CI 1.25 to 66.47);  $p = 0.030$ ) and patients with rheumatic disease have a 6.8-fold increase in mortality risk (OR 6.8 (95% CI 1.32 to 34.68);  $p = 0.022$ ). Patients with a fracture around a loose implant (Unified Classification System (UCS) B2) have a 20-fold increase in mortality, compared to UCS A1 (OR 20.9 (95% CI 1.61 to 271.38);  $p = 0.020$ ). Mode of management was not a significant predictor of mortality. Patients managed with revision arthroplasty had a significantly longer length of stay (median 16 days;  $p = 0.029$ ) and higher rates of return to theatre, compared to patients treated nonoperatively or with fixation.; Conclusion: The mortality rate in PPFs around the knee is similar to that for native distal femur and neck of femur fragility fractures. Patients with certain modifiable risk factors should be optimized. A national PPF database and standardized management guidelines are currently required to understand these complex injuries and to improve patient outcomes.; Competing Interests: A. A. H. H. Nasser and A. Mahmood report funding from Queen Elizabeth Hospital Birmingham Charity Trauma Research and Education Fund, related to this study. (© 2024 The British Editorial Society of Bone & Joint Surgery.)

**DOI:** 10.1302/0301-620X.106B2.BJJ-2023-0700.R1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38425310&profid=ehost>

160. TIF1-gamma IgG2 isotype is not associated with malignancy in juvenile dermatomyositis patients

**Item Type:** Journal Article

**Authors:** Nguyen, Huong D.;Jouen, Fabienne;Déchelotte, Benoit;Cordel, Nadège;Gitiaux, Cyril;Bodemer, Christine;Quartier, Pierre;Belot, Alexandre;O'Brien, Kathryn;Cancemi, Dario;Melki, Isabelle;Fabien, Nicole;Tansley, Sarah;Boyer, Olivier;Wedderburn, Lucy R. and Bader-Meunier, Brigitte

**Publication Date:** 2024

**Journal:** Rheumatology (Oxford, England) 63(10), pp. e281–e284

**DOI:** 10.1093/rheumatology/keae182

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38498839&provid=ehost>

**161. 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:** 2024

**Journal:** Anaesthesia 79(2), pp. 186–192

**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  $\geq 5$ . 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&profid=ehost>

**162. Advanced life support interventions during intra-operative cardiac arrest among adults as reported to the 7th National Audit Project of the Royal College of Anaesthetists**

**Item Type:** Journal Article

**Authors:** Nolan, Jerry P.;Armstrong, Richard A.;Kane, Andrew D.;Kursumovic, Emira;Davies, Matthew T.;Moppett, Iain K.;Cook, Tim M. and Soar, Jasmeet

**Publication Date:** 2024

**Journal:** Anaesthesia 79(9), pp. 914–923

**Abstract:** Background: Few existing resuscitation guidelines include specific reference to intra-operative cardiac arrest, but its optimal treatment is likely to require some adaptation of standard protocols.; Methods: We analysed data from the 7th National Audit Project of the Royal College of Anaesthetists to determine the incidence and outcome from intra-operative cardiac arrest and to summarise the advanced life support interventions reported as being used by anaesthetists.; Results: In the baseline survey, > 50% of anaesthetists responded that they would start chest compressions when the non-invasive systolic pressure was 18 years) having non-obstetric procedures under the care of an anaesthetist, and who had arrested during anaesthesia (from induction to emergence). Sustained return of spontaneous circulation was achieved in 425 (78%) patients and 338 (62%) were alive at the time of reporting. In the 365 patients with pulseless electrical activity or bradycardia, adrenaline was given as a 1 mg bolus in 237 (65%). A precordial thump was used in 14 (3%) patients, and although this was associated with return of spontaneous circulation at the next rhythm check in almost three-quarters of patients, in only one of these was the initial rhythm shockable. Calcium (gluconate or chloride) and 8.4% sodium bicarbonate were given to 51 (9%) and 25 (5%) patients, but there were specific indications for these treatments in less than half of the patients. A thrombolytic drug was given to 5 (1%) patients, and extracorporeal cardiopulmonary resuscitation was used in 9 (2%) of which eight occurred during cardiac procedures.; Conclusions: The specific characteristics of intra-operative cardiac arrest imply that its optimal treatment requires modifications to standard advanced life support guidelines. (© 2024 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

**DOI:** 10.1111/anae.16310

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38733063&profid=ehost>

**163. Peri-operative cardiac arrest in children as reported to the 7th National Audit Project of the Royal College of Anaesthetists**

**Item Type:** Journal Article

**Authors:** Oglesby, F. C.;Scholefield, B. R.;Cook, T. M.;Smith, J. H.;Pappachan, V. J.;Kane, A. D.;Armstrong, R. A.;Kursumovic, E. and Soar, J.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(6), pp. 583–592

**Abstract:** The 7th National Audit Project of the Royal College of Anaesthetists studied peri-operative cardiac arrest. An activity survey estimated UK paediatric anaesthesia annual caseload as 390,000 cases, 14% of the UK total. Paediatric peri-operative cardiac arrests accounted for 104 (12%) reports giving an incidence of 3 in 10,000 anaesthetics (95%CI 2.2-3.3 per 10,000). The incidence of peri-operative cardiac arrest was highest in neonates (27, 26%), infants (36, 35%) and children with congenital heart disease (44, 42%) and most reports were from tertiary centres (88, 85%). Frequent precipitants of cardiac arrest in non-cardiac surgery included: severe hypoxaemia (20, 22%); bradycardia (10, 11%); and major haemorrhage (9, 8%). Cardiac tamponade and isolated severe hypotension featured prominently as causes of cardiac arrest in children undergoing cardiac surgery or cardiological procedures. Themes identified at review included: inappropriate choices and doses of anaesthetic drugs for intravenous induction; bradycardias associated with high concentrations of volatile anaesthetic agent or airway manipulation; use of atropine in the place of adrenaline; and inadequate monitoring. Overall quality of care was judged by the panel to be good in 64 (62%) cases, which compares favourably with adults (371, 52%). The study provides insight into paediatric anaesthetic practice, complications and peri-operative cardiac arrest. (© 2024 The Authors. Anaesthesia published by John Wiley & Sons Ltd on behalf of Association of Anaesthetists.)

**DOI:** 10.1111/anae.16251

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38369586&profid=ehost>

**164. Response to: 'Acute flaccid myelitis in low to middle income countries: diagnosis and surveillance'**

**Item Type:** Journal Article

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

**Publication Date:** 2024

**Journal:** Brain Communications 6(4), pp. fcae168

**Abstract:** Competing Interests: The authors report no competing interests.

**DOI:** 10.1093/braincomms/fcae168

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39027411&profid=ehost>

# **165. LOW-PROBABILITY TRANSTHORACIC ECHOCARDIOGRAPHY IN CTEPH - A MISSED DIAGNOSTIC OPPORTUNITY?.**

**Item Type:** Journal Article

**Authors:** Page J.;Wong H.;Charters P.;Wild C.;MackenzieRoss R.;Coghlan J.G.;Augustine D.;Rodrigues J. and Suntharalingam, J.

**Publication Date:** 2024

**Journal:** Thorax Conference, pp. British

**Abstract:** Background Undiagnosed chronic thromboembolic pulmonary hypertension (CTEPH) is a fatal complication in survivors of acute pulmonary embolism (PE). Significant efforts have been made to improve earlier CTEPH diagnosis in this cohort. Current ESC/ERS guidelines recommend transthoracic echocardiogram (TTE) as the initial investigation for persistent symptoms. However, TTE lacks sensitivity in detecting milder forms of PH.<sup>1</sup> Although CT Pulmonary Angiogram (CTPA) is not recommended in the follow-up for acute PE, it is frequently performed to investigate breathlessness. CTPA allows identification of both persistent thrombus and right heart strain. A main pulmonary artery (mPA) CTPA diameter >29mm is considered predictive of PH.<sup>2</sup> This study evaluates the added benefit of CTPA alongside TTE in the assessment of CTEPH. Methods Retrospective analysis of all patients referred to the regional PH service for CTEPH assessment between 2018- 2023. Patients were included if right heart catheterisation (RHC) was performed within 1-year of TTE. Patients with insufficient quality TTE were excluded. Diagnosis was classified using latest ESC/ERS haemodynamic PH criteria. Results 187 patients were included. 32% (n=60) had lowprobability TTE. Of these, 60% (n=36/60) had RHC-confirmed PH. TTE alone had an overall sensitivity and specificity of 77.2% (95% CI, 70.7-83.8%) and 82.8% (95% CI, 69.0-96.5%) respectively. All low-probability TTE patients had residual thrombus on follow-up CTPA at expert review. Using theoretical analysis, inclusion of mPA diameter alongside low-probability TTE patient's initial assessment for PH would have identified an additional 13 cases of CTEPH. Conclusion Our data suggests that relying on TTE alone may lead to missed diagnostic opportunity in patients with suspected CTEPH. Combining TTE with CTPA not only helps identify residual thrombus, which may have implications for long-term anticoagulation strategy, but may also identify the presence of PH by incorporating mPA diameter measurements. This is particularly important in patients with a falsely negative low probability TTE.

**166. Neurological presentation of profound hypothyroidism**

**Item Type:** Journal Article

**Authors:** Paisey, Christopher and Chohan, Gurjit

**Publication Date:** 2024

**Journal:** Practical Neurology 24(1), pp. 74–75

**DOI:** 10.1136/pn-2023-003859

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=176416090&prolid=ehost>

**167. 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:** 2024

**Journal:** International Journal of STD & AIDS 35(4), pp. 314–318

**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&provid=ehost>

**168. Herbal remedies as a potential cause of hypoadrenalism**

**Item Type:** Journal Article

**Authors:** Patel, Mihir;Newell, Rebecca;Hillier, Matthew and Ramalingam, Ramanan

**Publication Date:** 2024

**Journal:** British Journal of Hospital Medicine (17508460) 85(6), pp. 1–4

**Abstract:** A 37-year-old woman presented with nausea, vomiting and headache. She was found to be profoundly hyponatraemic with a sodium of 121 mmol/L, which deteriorated following a fluid challenge. An initial hyponatraemia screen identified adrenal insufficiency, with cortisol of 48 nmol/L. History confirmed she had been taking the herbal plant, ashwagandha. After 3 days of fluid restriction and steroid replacement, her sodium returned to normal (139 mmol/L). This article reviews the possible harmful effects of over-the-counter herbal remedies and highlights the importance of considering a wide differential diagnosis in patients presenting with non-specific symptoms.

**DOI:** 10.12968/hmed.2024.0038

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=178163802&provid=ehost>

**169. A Risk Assessment and Planning Tool to Prevent Sudden Unexpected Death in Infancy: Development and Evaluation of The Baby Sleep Planner**

**Item Type:** Journal Article

**Authors:** Pease, Anna;Ingram, Jenny;Lambert, Becky;Patrick, Karen;Pitts, Kieren;Fleming, Peter J. and Blair, Peter S.

**Publication Date:** 2024

**Journal:** JMIR Pediatrics and Parenting 7, pp. e49952

**Abstract:** Background: Successful national safer sleep campaigns in the United Kingdom have lowered the death rates from sudden unexpected death in infancy (SUDI) over the past 3 decades, but deaths persist in socioeconomically deprived families. The circumstances of current deaths suggest that improvements in support for some families to follow safer sleep advice more consistently could save lives.; Objective: This study aimed to develop and evaluate a risk assessment and planning tool designed to improve the uptake of safer sleep advice in families with infants at increased risk of SUDI.; Methods: A co-design approach was used to develop the prototype interface of a web-based tool with 2 parts: an individual SUDI risk



assessment at birth and a downloadable plan for safety during times of disruption. The advice contained within the tool is concordant with national guidance from the Lullaby Trust, the United Nations International Children's Emergency Fund (UNICEF), and the National Institute for Health and Care Excellence. User testing of the prototype tool was conducted by inviting health visitors, midwives, and family nurses to use it with families eligible for additional support. Qualitative interviews with health professionals and families allowed for iterative changes to the tool and for insights into its function and influence on parental behavior.; Results: A total of 22 health professionals were enrolled in the study, of whom 20 (91%) were interviewed. They reported appreciating the functionality of the tool, which allowed them to identify at-risk families for further support. They felt that the tool improved how they communicated about risks with families. They suggested expanding its use to include relevance in the antenatal period and having versions available in languages other than English. They reported using the tool with 58 families; 20 parents gave consent to be interviewed by the research team about their experiences with the tool. Families were positive about the tool, appreciated the trustworthy information, and felt that it was useful and appropriate and that the plans for specific infant sleeps would be of benefit to them and other family members.; Conclusions: Our tool combines risk assessment and safety planning, both of which have the potential to improve the uptake of lifesaving advice. Refinements to the tool based on these findings have ensured that the tool is ready for further evaluation in a larger study before being rolled out to families with infants at increased risk. (©Anna Pease, Jenny Ingram, Becky Lambert, Karen Patrick, Kieren Pitts, Peter J Fleming, Peter S Blair, The Baby Sleep Project Family Advisory Group. Originally published in JMIR Pediatrics and Parenting (<https://pediatrics.jmir.org>), 22.02.2024.)

**DOI:** 10.2196/49952

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38386377&profid=ehost>

## 170. **Universal C-MAC® videolaryngoscope use in adult patients: a single-centre experience**

**Item Type:** Journal Article

**Authors:** Penders, R.; Kelly, F. E. and Cook, T. M.

**Publication Date:** Jul ,2024

**Journal:** Anaesthesia Reports 12(2), pp. 1–8

**Abstract:** Summary: Universal use of Storz C-MAC® videolaryngoscopes was implemented for adult tracheal intubations in the operating theatres, intensive care unit and emergency department at Royal United Hospitals Bath NHS Foundation Trust in 2017. We report data from 1099 intubations from March 2020 to March 2022, collected contemporaneously and anonymously using a smartphone app, representing an estimated 18% of intubations in operating theatres and 30% of intubations in other locations during this period. Intubation success was 100%. The first-pass success rate was 87.3% overall: 87% with a Macintosh videolaryngoscope, 92% with a hyperangulated videolaryngoscope and 81% for users with ≤ 20 previous uses. First-pass success without complications was 87% overall: 87% in operating



theatres (836/962), 93% in the emergency department (38/41) and 83% in the intensive care unit (73/88). Complications occurred during 0.6% of intubations: 0/962 in operating theatres and 7/137 in non-theatre locations. The rate of complications was unaltered by blade type (Macintosh 5/994 vs. hyperangulated 2/105,  $p = 0.14$ ); intubator experience with the device ( $\leq 20$  previous clinical uses 2/260 vs.  $> 20$  previous uses 5/832,  $p = 0.67$ ) and use of airborne personal protective equipment (PPE 6/683 vs. no-PPE 1/410,  $p = 0.27$ ). Complication rates increased outside theatres (theatres 0/963 vs. non-theatre 7/136,  $p < 0.001$ ) and during rapid sequence induction (RSI 6/379 (1.6%) vs. non-RSI 1/720 (0.1%),  $p = 0.008$ ).

**DOI:** 10.1002/anr3.12314

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=181848630&provid=ehost>

**171. Separation anxiety or a Kaftrio side effect? Implementation of cognitive behavioural therapy strategies with a young child with cystic fibrosis (CF): A clinical case study.**

**Item Type:** Journal Article

**Authors:** Peters C. and Brown, L.

**Publication Date:** 2024

**Journal:** Journal of Cystic Fibrosis Conference: 47th European Cystic Fibrosis Conference. Glasgow United Kingdom, pp. Date of Publication: 01 Jun 2024

**Abstract:** In 2022, triple combination therapies (e.g. Kaftrio) were approved for use in eligible children aged six to 11, in the UK. Understanding the subjective patient experiences of Kaftrio remains in its infancy; some patients with CF have reported sudden changes in their psychological well-being upon commencement. This clinical case study considers the effectiveness of cognitive behavioural psychological intervention for emotional and behavioural changes in a seven-year-old child with CF upon starting Kaftrio, alongside a comprehensive formulation. The child was referred to psychology following reports of increased separation anxiety, behavioural challenges, and non-concordance with treatment. Parents were concerned this was a side-effect of Kaftrio and stopped treatment. This however, correlated with an increase in anxiety symptoms. Intervention comprised 14 sessions; seven with the child using cognitive behavioural strategies, paired with seven parent training sessions. The Revised Child Anxiety and Depression Scale - Parent Version was administered pre-, mid-, and post-therapy; results indicate a reduction on all subscales, maintained at one year follow-up. Idiographic measures were also collected; post-therapy, the child was reliably adhering to her CF treatment regime, attending school with minimal distress, and due to restart Kaftrio treatment due to resolution of anxiety symptomology. In sum, psychological intervention was found to be effective in supporting a young child with separation anxiety in the context of CF and recent introduction of Kaftrio. It is noteworthy that these interventions were efficacious within a complex medical picture. Given the idiosyncratic nature of psychological changes in the context of triple combination therapies and existing vulnerabilities to anxiety in the CF population, the

role of Kaftrio in presenting anxiety symptomatology is unclear; additional clinical case studies will be useful in providing further insight and clarity.

## **172. Rehabilitation Interventions for Adults With Complex Regional Pain Syndrome: A Scoping Review Protocol**

**Item Type:** Journal Article

**Authors:** Pique Batalla, Marc A.;Van de Winckel, Ann;Walsh, Nicola E. and Lewis, Jennifer S.

**Publication Date:** 2024

**Journal:** Musculoskeletal Care 22(4), pp. 1–7

**Abstract:** Objectives: This scoping review will explore the literature related to rehabilitation interventions for the treatment of adults living with complex regional pain syndrome (CRPS), describe the domains and outcome measures used to assess their effectiveness, and examine the neurophysiological bases of these interventions. Introduction: The unremitting symptoms of CRPS, a chronic pain condition, are associated with long-term disability, poor psychological health, decreased emotional and social well-being, and reduced quality of life. Effective treatment for persistent symptoms is notoriously difficult. Therapeutic approaches such as graded motor imagery or pain exposure therapy are recommended for CRPS but show mixed results, insufficient effectiveness, variability in outcome measures, and unclear neurophysiological bases. Inclusion Criteria: This review will consider studies that include any form of non-invasive rehabilitation intervention delivered by a healthcare professional in any setting for adults with a CRPS diagnosis. Quantitative, qualitative and observational studies, text and opinion papers will be considered. Methods: The Joanna Briggs Institute (JBI) methodology will be used to conduct this scoping review. MEDLINE, Embase, Scopus, APA PsycINFO, CINAHL, Cochrane, OpenGrey Google and ProQuest Dissertations and Theses Global (ProQuest) will be searched for studies in English published between 2007 and 2024. Two independent reviewers will screen the titles, abstracts, and full texts of the selected studies. Data collection will be performed using a tool developed by the researchers based on the standardised JBI tool. Data will be presented in a comprehensive narrative summary. Trail Registration:<https://doi.org/10.17605/OSF.IO/P967T>

**DOI:** 10.1002/msc.1956

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=181890777&provid=ehost>

## **173. Improved Risk Prediction in Human Papillomavirus-Associated Endocervical Adenocarcinoma Through Assessment of Binary Silva Pattern-based Classification: An International Multicenter Retrospective Observational Study Led by the International Society of Gynecological Pathologists (ISGyP).**

**Item Type:** Journal Article

**Authors:** Powell A.;Hodgson A.;Cohen P.A.;Rabban T.J.;Park K.J.;McCluggage W.G.;Gilks

C.B.;Singh N.;Oliva E.;Cardinal L.H.;Diaz L.B.;Falcon F.;Garcia Kamermann F.A.;Sciaccaluga M.D.;Bittinger S.;Bulsara M.;Codde J.;Newman M.R.;Spinderjeet S.;Talia K.L., et al

**Publication Date:** 2024

**Journal:** International Journal of Gynecological Pathology 43(5), pp. 436–446

**Abstract:** Endocervical adenocarcinomas (EACs) are a group of malignant neoplasms associated with diverse pathogenesis, morphology, and clinical behavior. As a component of the International Society of Gynecological Pathologists International Endocervical Adenocarcinoma Project, a large international retrospective cohort of EACs was generated in an effort to study potential clinicopathological features with prognostic significance that may guide treatment in these patients. In this study, we endeavored to develop a robust human papillomavirus (HPV)-associated EAC prognostic model for surgically treated International Federation of Gynecology and Obstetrics (FIGO) stage IA2 to IB3 adenocarcinomas incorporating patient age, lymphovascular space invasion (LVSI) status, FIGO stage, and pattern of invasion according to the Silva system (traditionally a 3-tier system). Recently, a 2-tier/binary Silva pattern of invasion system has been proposed whereby adenocarcinomas are classified into low-risk (pattern A/pattern B without LVSI) and high-risk (pattern B with LVSI/pattern C) categories. Our cohort comprised 792 patients with HPV-associated EAC. Multivariate analysis showed that a binary Silva pattern of invasion classification was associated with recurrence-free and disease-specific survival ( $P < 0.05$ ) whereas FIGO 2018 stage I substages were not. Evaluation of the current 3-tiered system showed that disease-specific survival for those patients with pattern B tumors did not significantly differ from that for those patients with pattern C tumors, in contrast to that for those patients with pattern A tumors. These findings underscore the need for prospective studies to further investigate the prognostic significance of stage I HPV-associated EAC substaging and the inclusion of the binary Silva pattern of invasion classification (which includes LVSI status) as a component of treatment recommendations.

174. 'You learn by doing, and by falling over': a simulation-based approach to frailty, falls and fractures.

**Item Type:** Journal Article

**Authors:** Price A.;Robbins B.;Hettle D. and Pearson, G. M. E.

**Publication Date:** 2024

**Journal:** Age and Ageing Conference: 2024 British Geriatrics Society Spring Meeting. Birmingham United Kingdom, pp. Date of Publication: 01 Aug 2024

**Abstract:** Background: Studies show that newly qualified doctors feel unprepared for clinical practice in several key areas in the care of older people, despite older people occupying two thirds of inpatient beds [1,2]. Grounded in experiential learning theory, simulation has been hugely effective in undergraduate education in geriatric medicine [3]. We aimed to evaluate a novel simulation series exploring practically challenging aspects of geriatric medicine, such as 'silver trauma' and using de-escalation strategies in the management of delirium.

**175. Fifteen-minute consultation: Management of raised intracranial pressure in children.**

**Item Type:** Journal Article

**Authors:** Rafferty C. and Cross, D.

**Publication Date:** 2024

**Journal:** Archives of Disease in Childhood: Education and Practice Edition (pagination)

**Abstract:** Raised intracranial pressure (ICP) in children can be very challenging to recognise and manage. In order to minimise secondary brain injury, measures to reduce intracranial pressure must be initiated as soon as possible. Initial management is often commenced in District General Hospitals prior to transfer for definitive treatment. This article is aimed at general paediatricians and provides a framework for the initial stabilisation and management of a child with raised ICP, with discussion of the underlying physiological principles.

**176. Fifteen-minute consultation: Management of raised intracranial pressure in children**

**Item Type:** Journal Article

**Authors:** Rafferty, Claire and Cross, Deborah

**Publication Date:** 2024

**Journal:** Archives of Disease in Childhood: Education and Practice Edition

**Abstract:** Raised intracranial pressure (ICP) in children can be very challenging to recognise and manage. In order to minimise secondary brain injury, measures to reduce intracranial pressure must be initiated as soon as possible. Initial management is often commenced in District General Hospitals prior to transfer for definitive treatment. This article is aimed at general paediatricians and provides a framework for the initial stabilisation and management of a child with raised ICP, with discussion of the underlying physiological principles.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

**DOI:** 10.1136/archdischild-2024-327443

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39424343&provid=ehost>

**177. Uncertainty quantification in computed tomography pulmonary angiography**

**Item Type:** Journal Article

**Authors:** Rambojun, Adwaye M.;Komber, Hend;Rossdale, Jennifer;Suntharalingam, Jay;Rodrigues, Jonathan C. L.;Ehrhardt, Matthias J. and Repetti, Audrey

**Publication Date:** 2024

**Journal:** PNAS Nexus 3(1), pp. 404

**Abstract:** Computed tomography (CT) imaging of the thorax is widely used for the detection and monitoring of pulmonary embolism (PE). However, CT images can contain artifacts due to the acquisition or the processes involved in image reconstruction. Radiologists often have to distinguish between such artifacts and actual PEs. We provide a proof of concept in the form of a scalable hypothesis testing method for CT, to enable quantifying uncertainty of possible PEs. In particular, we introduce a Bayesian Framework to quantify the uncertainty of an observed compact structure that can be identified as a PE. We assess the ability of the method to operate under high-noise environments and with insufficient data. (© The Author(s) 2024. Published by Oxford University Press on behalf of National Academy of Sciences.)

**DOI:** 10.1093/pnasnexus/pgad404

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38737009&provid=ehost>

#### 178. Exploring the dichotomy of the mesenchymal stem cell secretome: Implications for tumor modulation via cell-signaling pathways

**Item Type:** Journal Article

**Authors:** Rasouli, Mohammad;Alavi, Mana;D'Angelo, Alberto;Sobhani, Navid;Roudi, Raheleh and Safari, Fatemeh

**Publication Date:** 2024

**Journal:** International Immunopharmacology 143, pp. 113265

**Abstract:** Current cancer therapeutic strategies for the treatment of cancer are often unsuccessful due to unwanted side effects and drug resistance. Therefore, the design and development of potent, new anticancer platforms, such as stem-cell treatments, have attracted much attention. Distinctive biological properties of stem cells include their capacity to secrete bioactive factors, their limited immunogenicity, and their capacity for renewing themselves. Mesenchymal stem cells (MSCs) are one of several kinds of stem cells that are conveniently extracted and are able to be cultivated in vitro utilizing various sources. The secretome of stem cells contains many trophic factors, including cytokines, chemokines, growth factors, and microRNA molecules that can either promote or inhibit the formation of tumors, based on the cell environment. In the current review, we focused on the secretome of mesenchymal stem cells. These stem cells act as a double-edged sword in the regulation of cell signal transduction pathways in that they can either suppress or promote tumors.; 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 © 2024 Elsevier B.V. All rights reserved.)

**DOI:** 10.1016/j.intimp.2024.113265

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39353385&provid=ehost>

**179. COVID-19 Stroke Apical Lung Examination Study 2: a national prospective CTA biomarker study of the lung apices, in patients presenting with suspected acute stroke (COVID SALES 2)**

**Item Type:** Journal Article

**Authors:** Ratneswaren, T.;Chan, N.;Aeron-Thomas, J.;Sait, S.;Adesalu, O.;Alhawamdeh, M.;Benger, M.;Garnham, J.;Dixon, L.;Tona, F.;McNamara, C.;Taylor, E.;Lobotesis, K.;Lim, E.;Goldberg, O.;Asmar, N.;Evbuomwan, O.;Banerjee, S.;Holm-Mercer, L.;Senor, J., et al

**Publication Date:** 2024

**Journal:** NeurolImage.Clinical 42, pp. 103590

**Abstract:** Background: Apical ground-glass opacification (GGO) identified on CT angiography (CTA) performed for suspected acute stroke was developed in 2020 as a coronavirus-disease-2019 (COVID-19) diagnostic and prognostic biomarker in a retrospective study during the first wave of COVID-19.; Objective: To prospectively validate whether GGO on CTA performed for suspected acute stroke is a reliable COVID-19 diagnostic and prognostic biomarker and whether it is reliable for COVID-19 vaccinated patients.; Methods: In this prospective, pragmatic, national, multi-center validation study performed at 13 sites, we captured study data consecutively in patients undergoing CTA for suspected acute stroke from January-March 2021. Demographic and clinical features associated with stroke and COVID-19 were incorporated. The primary outcome was the likelihood of reverse-transcriptase-polymerase-chain-reaction swab-test-confirmed COVID-19 using the GGO biomarker. Secondary outcomes investigated were functional status at discharge and survival analyses at 30 and 90 days. Univariate and multivariable statistical analyses were employed.; Results: CTAs from 1,111 patients were analyzed, with apical GGO identified in 8.5 % during a period of high COVID-19 prevalence. GGO showed good inter-rater reliability (Fleiss  $\kappa$  = 0.77); and high COVID-19 specificity (93.7 %, 91.8-95.2) and negative predictive value (NPV; 97.8 %, 96.5-98.6). In subgroup analysis of vaccinated patients, GGO remained a good diagnostic biomarker (specificity 93.1 %, 89.8-95.5; NPV 99.7 %, 98.3-100.0). Patients with COVID-19 were more likely to have higher stroke score (NIHSS (mean +/- SD) 6.9 +/- 6.9, COVID-19 negative, 9.7 +/- 9.0, COVID-19 positive;  $p$  = 0.01), carotid occlusions (6.2 % negative, 14.9 % positive;  $p$  = 0.02), and larger infarcts on presentation CT (ASPECTS 9.4 +/- 1.5, COVID-19 negative, 8.6 +/- 2.4, COVID-19 positive;  $p$  = 0.00). After multivariable logistic regression, GGO (odds ratio 15.7, 6.2-40.1), myalgia (8.9, 2.1-38.2) and higher core body temperature (1.9, 1.1-3.2) were independent COVID-19 predictors. GGO was associated with worse functional outcome on discharge and worse survival after univariate analysis. However, after adjustment for factors including stroke severity, GGO was not independently predictive of functional outcome or mortality.; Conclusion: Apical GGO on CTA performed for patients with suspected acute stroke is a reliable diagnostic biomarker for COVID-19, which in combination with clinical features may be useful in COVID-19 triage.; 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 © 2024 The Author(s). Published by Elsevier Inc. All rights reserved.)

**DOI:** 10.1016/j.nicl.2024.103590

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38513535&provid=ehost>

**180. Baseline Expression of Immune Gene Modules in Blood is Associated With Primary Response to Anti-TNF Therapy in Crohn's Disease Patients.**

**Item Type:** Journal Article

**Authors:** Reppell M.;Smaoui N.;Waring J.F.;Pivorunas V.;Guay H.;Lin S.;Chanchlani N.;Bewshea C.;Goodhand J.R.;Kennedy N.A.;Anderson C.A.;Patel V.;Mazhar Z.;Saich R.;Colleypriest B.;Tham T.C.;Iqbal T.H.;Kaushik V.;Murugesan S.;Singhi S., et al

**Publication Date:** 2024

**Journal:** Journal of Crohn's and Colitis 18(3), pp. 431–445

**Abstract:** Background and Aims: Anti-tumour necrosis factor [anti-TNF] therapy is widely used for the treatment of inflammatory bowel disease, yet many patients are primary non-responders, failing to respond to induction therapy. We aimed to identify blood gene expression differences between primary responders and primary non-responders to anti-TNF monoclonal antibodies [infliximab and adalimumab], and to predict response status from blood gene expression and clinical data.

**181. 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:** 2024

**Journal:** Aging & Mental Health 28(6), pp. 891–899

**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&provid=ehost>

**182. 89 Pembrolizumab in Metastatic Non-Small Cell Lung Cancer (NSCLC): Real World Data of Patient Outcomes from a District General Hospital.**

**Item Type:** Journal Article

**Authors:** Roberts C.;Hesford J.;Lewis P.;Tillett T. and Cox, R. A.

**Publication Date:** 2024

**Journal:** Lung Cancer Conference, pp. 22nd

**Abstract:** Background First line treatment options for metastatic NSCLC, with no targetable mutation, include pembrolizumab monotherapy (PD-L1  $\geq 50\%$ ) or in combination with platinum-based chemotherapy. This study evaluated the use of pembrolizumab in our centre. Methods Patients treated for EGFR and ALK wildtype metastatic NSCLC with either first line pembrolizumab monotherapy or in combination with carboplatin and pemetrexed (CPP) between 2018 and 2022 were included. Data on tumour stage, treatment schedule, toxicities, reason for cessation and overall survival were collected from electronic patient management systems. Results were analysed using SPSS. Results 44 patients were treated with pembrolizumab monotherapy (22% squamous histology), with a median overall survival (mOS) of 27 months. Of 51 cases treated with CPP (all adenocarcinoma), 71% had a PD-L1 score of 1-49%. The mOS was 11, 14 and 10 months for the overall group, PD-L1 1-49% and PD-L1 <1% respectively. [Formula presented] Conclusion/Discussion In this retrospective study, outcomes for pembrolizumab monotherapy compare favourably with the KEYNOTE-024 study (mOS 27 vs 26.3 months). However, the outcomes for CPP demonstrate an inferior mOS compared to the KEYNOTE-189 study but not dissimilar to published real world data<sup>1</sup> (mOS of 11.8 vs 10 months in our group). Our cohort were older with a worse performance status compared to the KEYNOTE studies. There was an unexpected high proportion of PD-L1 <1%, reducing the overall survival for the whole cohort treated with CPP. These findings demonstrate outcomes for



patients treated with first line pembrolizumab for metastatic NSCLC treated at a district general hospital with comparable data to published trial and realworld data. Disclosure No significant relationships.

### **183. Sex discrimination, sexual harassment, and sexual assault in UK radiology training: a national survey**

**Item Type:** Journal Article

**Authors:** Robinson, E.;Singhal, P.;Loughborough, W. and Little, D.

**Publication Date:** 2024

**Journal:** Clinical Radiology 80, pp. 106717

**Abstract:** Aim: Sex discrimination and sexual misconduct are endemic issues within the National Health Service (NHS). The extent of the problem amongst radiology registrars across the UK is unknown. This national survey explores the experiences of radiology registrars in relation to sex discrimination, sexual harassment, and sexual assault during radiology training, in addition to the impact on wellbeing and barriers to reporting behaviours.; Materials and Methods: This observational study using qualitative data from distribution of a national survey with ethical approval.; Results: 122 responses were received. A significantly increased proportion of females have witnessed or experienced sex discrimination and sexual harassment compared to males ( $p < 0.05$ ). A greater proportion of females also experienced sexual assault however the numbers are low and not statistically significant. The majority of perpetrators (58%) were senior colleagues both from within and outside of the radiology team (including radiology supervisors). 21% of perpetrators were patients. 72% of radiology registrars who experienced sex discrimination, harassment and/or assault were not happy with the way in which their situation was dealt with. 68% were not aware of a pathway in place for reporting such behaviours.; Conclusion: Sex discrimination and sexual harassment and assault have been experienced widely by radiology registrars, disproportionately affecting women. There are significant barriers to reporting these issues especially given most perpetrators are senior colleagues. We call upon responsible organisations to create a safe working environment for all, including implementing new pathways for reporting, developing training, and considering safety measures such as enhanced use of chaperones. (Copyright © 2024 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.)

**DOI:** 10.1016/j.crad.2024.09.023

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39504891&provid=ehost>

### **184. The assessment of left ventricular diastolic function: guidance and recommendations from the British Society of Echocardiography**

**Item Type:** Journal Article

**Authors:** Robinson, Shaun;Ring, Liam;Oxborough, David;Harkness, Allan;Bennett, Sadie;Rana,

Bushra;Sutaria, Nilesh;Lo Giudice, Francesco;Shun-Shin, Matthew;Paton, Maria;Duncan, Rae;Willis, James;Colebourn, Claire;Bassindale, Gemma;Gatenby, Kate;Belham, Mark;Cole, Graham;Augustine, Daniel and Smiseth, Otto A.

**Publication Date:** 2024

**Journal:** Echo Research and Practice 11(1), pp. 16

**Abstract:** Impairment of left ventricular (LV) diastolic function is common amongst those with left heart disease and is associated with significant morbidity. Given that, in simple terms, the ventricle can only eject the volume with which it fills and that approximately one half of hospitalisations for heart failure (HF) are in those with normal/'preserved' left ventricular ejection fraction (HFpEF) (Bianco et al. in JACC Cardiovasc Imaging. 13:258-271, 2020. 10.1016/j.jcmg.2018.12.035), where abnormalities of ventricular filling are the cause of symptoms, it is clear that the assessment of left ventricular diastolic function (LVDF) is crucial for understanding global cardiac function and for identifying the wider effects of disease processes. Invasive methods of measuring LV relaxation and filling pressures are considered the gold-standard for investigating diastolic function. However, the high temporal resolution of trans-thoracic echocardiography (TTE) with widely validated and reproducible measures available at the patient's bedside and without the need for invasive procedures involving ionising radiation have established echocardiography as the primary imaging modality. The comprehensive assessment of LVDF is therefore a fundamental element of the standard TTE (Robinson et al. in Echo Res Pract7:G59-G93, 2020. 10.1530/ERP-20-0026). However, the echocardiographic assessment of diastolic function is complex. In the broadest and most basic terms, ventricular diastole comprises an early filling phase when blood is drawn, by suction, into the ventricle as it rapidly recoils and lengthens following the preceding systolic contraction and shortening. This is followed in late diastole by distension of the compliant LV when atrial contraction actively contributes to ventricular filling. When LVDF is normal, ventricular filling is achieved at low pressure both at rest and during exertion. However, this basic description merely summarises the complex physiology that enables the diastolic process and defines it according to the mechanical method by which the ventricles fill, overlooking the myocardial function, properties of chamber compliance and pressure differentials that determine the capacity for LV filling. Unlike ventricular systolic function where single parameters are utilised to define myocardial performance (LV ejection fraction (LVEF) and Global Longitudinal Strain (GLS)), the assessment of diastolic function relies on the interpretation of multiple myocardial and blood-flow velocity parameters, along with left atrial (LA) size and function, in order to diagnose the presence and degree of impairment. The echocardiographic assessment of diastolic function is therefore multifaceted and complex, requiring an algorithmic approach that incorporates parameters of myocardial relaxation/recoil, chamber compliance and function under variable loading conditions and the intra-cavity pressures under which these processes occur. This guideline outlines a structured approach to the assessment of diastolic function and includes recommendations for the assessment of LV relaxation and filling pressures. Non-routine echocardiographic measures are described alongside guidance for application in specific circumstances. Provocative methods for revealing increased filling pressure on exertion are described and novel and emerging modalities considered. For rapid access to the core recommendations of the diastolic guideline, a quick-reference guide (additional file 1) accompanies the main guideline document. This describes in very brief detail the diastolic investigation in each patient group and includes all algorithms and core reference tables. (©

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**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38825710&profid=ehost>

**185. Coronary artery calcification is prevalent in systemic sclerosis and is associated with adverse prognosis**

**Item Type:** Journal Article

**Authors:** Rossdale, Jennifer;Graby, John;Harris, Maredudd;Jones, Calum;Greenish, Davyd;Bartlett, Jessica;Gilroy, Andrew;Sanghera, Jamie;Pauling, John D.;Skeoch, Sarah;Flower, Victoria;Mackenzie Ross, Rob;Suntharalingam, Jay and Rodrigues, Jonathan Cl

**Publication Date:** 2024

**Journal:** Journal of Scleroderma and Related Disorders 9(3), pp. 192–202

**Abstract:** Objective: Coronary artery calcification assessed on thoracic computed tomography represents the calcific component of established coronary artery disease, is a biomarker of total atheromatous plaque burden and predicts mortality. Systemic sclerosis is a pro-inflammatory condition, and inflammation is also a driver of coronary artery disease. We assessed coronary artery calcification prevalence, mortality risk and potential clinical impact on primary prevention in a cohort of patients with systemic sclerosis, differentiated by clinical phenotype including the presence of interstitial lung disease and pulmonary arterial hypertension.; Methods: Retrospective analysis of 258 computed tomographies in systemic sclerosis patients from three prospectively maintained clinical and research databases at a single tertiary rheumatology/pulmonary hypertension (PH) service between March 2007 and September 2020 (mean age = 65 ± 12, 14% male). Co-morbidities, statin prescription and all-cause mortality were recorded. Patients were subtyped according to underlying systemic sclerosis complications. Computed tomographies were re-reviewed for coronary artery calcification; severity was graded using a 4-point scale per vessel and summed for total coronary artery calcification score. The impact of reporting coronary artery calcification was assessed against pre-existing statin prescriptions.; Results: Coronary artery calcification was present in 58% (149/258). Coronary artery calcification was more prevalent in systemic sclerosis-pulmonary arterial hypertension than in systemic sclerosis subgroups with interstitial lung disease or without pulmonary arterial hypertension, controlling for age, sex, co-morbidities and smoking status (71%;  $\chi^2(13) = 81.4$ ;  $p < 0.001$ ). The presence and severity of coronary artery calcification were associated with increased risk of mortality independently of age and co-morbidities (hazard ratio = 2.8; 95% confidence interval = 1.2-6.6;  $p = 0.018$ ). The 'number needed to report' coronary artery calcification presence to potentially impact management was 3.; Conclusions: Coronary artery calcification is common in systemic sclerosis. Coronary artery calcification predicts mortality independently of age and confounding co-morbidities which suggests this finding has clinical relevance and is a potential target for screening and therapeutic intervention.; Competing Interests: The author(s) declared the following potential

conflicts of interest with respect to the research, authorship and/or publication of this article: Dr J.C.L.R. discloses: Co-founder, Chief Medical Officer and share holder, Heart & Lung Imaging Ltd.; Stock options, Radnet, Inc.; Speakers fees, Sanofi; Speakers fees, Aidence; Consultation fees, NHSX; Physician services, HeartFlow and Professor J.S. discloses: Stock options, Ingenium; Speaker fees, Janssen Pharmaceuticals, Chiesi and AstraZaneca; Consultancy fees, MSD, Apollo therapeutics and Janssen Pharmaceuticals. All other authors have declared no conflicts of interest. (© The Author(s) 2024.)

**DOI:** 10.1177/23971983241264090

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39386266&provid=ehost>

## 186. SEVERE ME/CFS IN CHILDREN: A BRITISH PAEDIATRIC SURVEILLANCE UNIT STUDY.

**Item Type:** Journal Article

**Authors:** Royston A.; Rai M.; Brigden A.; Burge S.; Segal T.; Idini I.; Pike K. and Crawley, E.

**Publication Date:** 2024

**Journal:** BMJ Paediatrics Open Conference: 11th Europaediatrics Congress. Antalya Turkey, pp.  
**Date of Publication:** 2024

**Abstract:** Aim Severe myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS) is a poorly understood condition which significantly impacts education, development and quality of life in children and young people. We conducted a populationwide surveillance study to determine the prevalence and incidence rate of severe ME/CFS in children aged 5-16 years over 13 months. We aimed to describe the demographic features, symptoms, impact on activities of daily living, school attendance and time to diagnosis, along with exploring the screening investigations, referral pathways and management of cases of paediatric severe ME/CFS. Material and Method Prospective surveillance study conducted by the British Paediatric Surveillance Unit. Paediatricians across UK and Ireland were asked if they had assessed a child with severe ME/CFS (screening definition was given, applying National Institute for Health and Care Excellence (NICE)-recommended criteria to assess severity of ME/CFS). Questionnaires describing demographics, symptoms, function and treatment were completed. Results 285 cases were reported, of which 33 were confirmed severe, 4 probable severe and 55 possible severe (figure 1). Prevalence was 3.2 per million children (95% CI 2.2 to 4.5). Including possible/probable severe ME/CFS gave 8.9 per million children (95% CI 7.2 to 11). For 16 possible cases incomplete investigation to exclude alternative diagnoses prevented confirmation of a severe diagnosis. Only 64% of confirmed severe ME/CFS cases had been referred to specialist services. The management provided varied considerably between patients and four received nothing at all. The commonest management approaches were medication (67%), activity management and physiotherapy (61%). Conclusions Although the prevalence of children with severe ME/CFS was low, all were very disabled. In addition, the majority receive little or no education. Full investigation is frequently incomplete and recommendations for referral and management are poorly implemented. The needs of housebound children are very

likely be poorly met. Paediatricians need to consider how to provide rehabilitation and education for these disabled young people. (Figure Presented).

### **187. Management of severe ME/CFS in children and young people in the UK: a British Paediatric Surveillance Unit study**

**Item Type:** Journal Article

**Authors:** Royston, Alexander Peter;Burge, Sarah;Idini, Ilaria;Brigden, Amberly and Pike, Katharine Claire

**Publication Date:** 2024

**Journal:** BMJ Paediatrics Open 8(1)

**Abstract:** Objective: Severe myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS) in children and young people (CYP) is a little-understood condition which significantly impacts education, development and quality of life. We used data from a population-wide surveillance study to explore the screening investigation, referral and management of suspected cases of paediatric severe ME/CFS.; Methods: A British Paediatric Surveillance Unit (BPSU) study reported cases of CYP with suspected severe ME/CFS between February 2018 and February 2019. Paediatricians reporting cases to BPSU and allied healthcare professionals in two large specialist paediatric ME/CFS centres were invited to complete questionnaires for CYP meeting the surveillance case definition. The study focused primarily on CYP with confirmed severe ME/CFS and the extent to which their care met NICE (The National Institute for Health and Care Excellence) recommendations but also considered separately those with probable or possible severe ME/CFS.; Results: This study includes a total of 92 CYP with suspected severe ME/CFS; 33 meeting criteria for severe ME/CFS and an additional 59 classified as probable or possible severe ME/CFS. For 16 possible cases, incomplete investigation to exclude alternative diagnoses prevented confirmation of a severe ME/CFS diagnosis. Only 21 of 33 (64%) confirmed severe ME/CFS cases had been referred to specialist services. The management provided varied considerably between patients and four received nothing at all. Of the management provided, the most frequent approaches were medication (67%), activity management (61%) and physiotherapy (61%). Domiciliary assessments and support, and social services referrals were received by 12% and 6% of confirmed severe cases. Similar proportions of management approaches were seen in probable/possible severe ME/CFS.; Conclusion: Full investigation is frequently incomplete in CYP with suspected severe ME/CFS and recommendations for referral and management are poorly implemented, in particular the needs of CYP who are unable to leave their home might be poorly met.; Competing Interests: Competing interests: No, there are no competing interests. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.)

**DOI:** 10.1136/bmjpo-2023-002436

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38453418&provid=ehost>

### **188. Fludarabine, Cytarabine, Granulocyte Colony-Stimulating Factor, and Idarubicin With Gemtuzumab Ozogamicin Improves Event-Free Survival in Younger Patients With Newly**

## **Diagnosed AML and Overall Survival in Patients With NPM1 and FLT3 Mutations.**

**Item Type:** Journal Article

**Authors:** Russell N.H.;WilhelmBenartzi C.;Othman J.;Dillon R.;Batten L.M.;Canham J.;Hinson E.L.;Betteridge S.;Overgaard U.M.;Gilkes A.;Potter N.;Mehta P.;Kottaridis P.;Cavenagh J.;Hemmaway C.;Arnold C.;Freeman S.D.;Dennis M.;Kallenbach M.;Severinsen M., et al

**Publication Date:** 2024

**Journal:** Journal of Clinical Oncology 42(10), pp. 1158–1168

**Abstract:** PURPOSE To determine the optimal induction chemotherapy regimen for younger adults with newly diagnosed AML without known adverse risk cytogenetics. PATIENTS AND METHODS One thousand thirty-three patients were randomly assigned to intensified METHODS (fludarabine, cytarabine, granulocyte colony-stimulating factor, and idarubicin [FLAG-Ida]) or standard (daunorubicin and Ara-C [DA]) induction chemotherapy, with one or two doses of gemtuzumab ozogamicin (GO). The primary end point was overall survival (OS). RESULTS There was no difference in remission rate after two courses between FLAG-Ida 1 GO and DA 1 GO (complete remission [CR] 1 CR with incomplete hematologic recovery 93% v 91%) or in day 60 mortality (4.3% v 4.6%). There was no difference in OS (66% v 63%; P 5 .41); however, the risk of relapse was lower with FLAG-Ida 1 GO (24% v 41%; P < .001) and 3-year event-free survival was higher (57% v 45%; P < .001). In patients with an NPM1 mutation (30%), 3-year OS was significantly higher with FLAG-Ida 1 GO (82% v 64%; P 5 .005). NPM1 measurable residual disease (MRD) clearance was also greater, with 88% versus 77% becoming MRD-negative in peripheral blood after cycle 2 (P 5 .02). Three-year OS was also higher in patients with a FLT3 mutation (64% v 54%; P 5 .047). Fewer transplants were performed in patients receiving FLAG-Ida 1 GO (238 v 278; P 5 .02). There was no difference in outcome according to the number of GO doses, although NPM1 MRD clearance was higher with two doses in the DA arm. Patients with core binding factor AML treated with DA and one dose of GO had a 3-year OS of 96% with no survival benefit from FLAG-Ida 1 GO. CONCLUSION Overall, FLAG-Ida 1 GO significantly reduced relapse without improving OS. However, exploratory analyses show that patients with NPM1 and FLT3 mutations had substantial improvements in OS. By contrast, in patients with core binding factor AML, outcomes were excellent with DA 1 GO with no FLAG-Ida benefit.

## **189. British Society of Rheumatology guideline working group response to European Medicines Agency safety update on Hydroxychloroquine**

**Item Type:** Journal Article

**Authors:** Russell, Mark D.;Dey, Mrinalini;Flint, Julia;Davie, Philippa;Allen, Alexander;Crossley, Amy;Frishman, Margreta;Gayed, Mary;Hodson, Kenneth;Khamashta, Munther;Moore, Louise;Panchal, Sonia;Piper, Madeleine;Reid, Clare;Saxby, Katherine;Schreiber, Karen;Senvar, Naz;Tosounidou, Sofia;van de Venne, Maud;Warburton, Louise, et al

**Publication Date:** 2024

**Journal:** Rheumatology (Oxford, England) 63(2), pp. e37–e38

**DOI:** 10.1093/rheumatology/kead384

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37522866&profid=ehost>

**190. Novel therapies in juvenile idiopathic arthritis**

**Item Type:** Journal Article

**Authors:** Sage, Anne M.;Ciarke, Sarah L. N. and Ramanan, Athimalaipet V.

**Publication Date:** 2024

**Journal:** Current Opinion in Rheumatology 36(5), pp. 328–335

**DOI:** 10.1097/BOR.0000000000001028

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=179254982&profid=ehost>

**191. PHYSIOTHERAPY in AXIAL SPONDYLOARTHRITIS (PAXSPA STUDY) - EFFECTIVENESS of MANUAL SPINAL MOBILISATION, A PARTIALLY BLINDED RCT WITHIN the TWICS DESIGN.**

**Item Type:** Journal Article

**Authors:** Schwabe R.;Cazzola D. and Sengupta, R.

**Publication Date:** 2024

**Journal:** Clinical and Experimental Rheumatology.Conference: 14th International Congress on Spondyloarthritis.Ghent Belgium 42(9), pp. 104

**Abstract:** Introduction/Objective. Individuals with axial spondyloarthritis (axSpA) are at an increased risk of developing restrictions in spinal mobility through structural damage of joints. Despite emerging evidence of the effects of manual spinal mobilisation therapy (MSM) in patients having already progressed to the advanced form of axSpA, the efficacy of this form of treatment has yet to be comprehensively studied in individuals on the wider spectrum of axSpA. The first trial of the PaxSpA study (Physiotherapy in axial Spondy-loarthritis) at the Royal National Hospital for Rheumatic Diseases, Bath aims to further existing knowledge of the effectiveness of MSM on spinal mobility, disease activity, sleep, function, quality of life and work productivity. The objective is to investigate the short-term effects (<11 weeks) of MSM on clinical and functional outcomes amongst patients with axSpA. Materials and methods. We recruited 101 participants into the PaxSpA cohort, of which 59 were eligible for the MSM trial, and 38 participants took part in the physiotherapy trial. The intervention group participants (n=20) received nine MSM sessions each over ten weeks between June to December 2021. Data was collected at baseline, 2 hours and 10 weeks. The 'Trials within Cohort' (TwICs) design is best

suited for examining long term conditions, was used to address our aims. Results. Significant improvements were observed in the intervention group for spinal mobility, disease activity and sleep compared to the control group (Table 1). Significance was also observed for spinal mobility after the first intervention session compared to the control group. No significant correlations were found between functional data, work productivity and quality of life for both groups. Conclusion. The results of this pragmatic study suggest that manual spinal mobilisation is effective and may be beneficial to patients with axSpA to help improve spinal mobility, sleep and disease activity in the short term.

## **192. Is chronic kidney disease predictive of coronary artery bypass grafting after acute coronary syndrome? A systematic review and meta-analysis.**

**Item Type:** Journal Article

**Authors:** Scott J.;Letts M.;HajeeAdam W.;Chau C.;Bailey P.;Johnson T.;Caskey F.J.;Selman L.E. and BenShlomo, Y.

**Publication Date:** 2024

**Journal:** European Heart Journal Conference, pp. Euroean

**Abstract:** Background: Coronary artery bypass grafting (CABG) provides superior long-term outcomes to percutaneous coronary intervention (PCI) for multi-vessel coronary artery disease. People with chronic kidney disease (CKD) are at increased risk of multi-vessel coronary artery disease, and experience greater morbidity and mortality following acute coronary syndrome (ACS).

## **193. Does Chronic Kidney Disease Influence Revascularization Strategy After Acute Coronary Syndrome? A Systematic Review and Meta-Analysis**

**Item Type:** Journal Article

**Authors:** Scott, Jemima K.;Letts, Matthew;Hajee-Adam, Wafaa;Chau, Hoi Man;Selman, Lucy E.;Caskey, Fergus J.;Bailey, Pippa K.;Ascione, Raimondo;Johnson, Tom and Ben-Shlomo, Yoav

**Publication Date:** 2024

**Journal:** Cardiology Research 15(6), pp. 425–438

**Abstract:** Background: Coronary artery bypass grafting (CABG) provides superior long-term outcomes to percutaneous coronary intervention (PCI) for complex multivessel coronary artery disease (CAD). People with chronic kidney disease (CKD) have increased prevalence of multivessel CAD, but also increased surgical risk. We investigated whether CKD predicted real-world use of CABG, versus PCI, in patients revascularized for acute coronary syndrome (ACS).; Methods: Embase, MEDLINE, Scopus and CENTRAL were searched to identify articles referring to ACS and invasive coronary intervention in high-income countries (2012 - 2023). Articles were included if CABG rates were reported in ACS patients with and without CKD receiving revascularization. CKD was defined as an estimated glomerular filtration rate < 60 mL/min/1.73 m<sup>2</sup>; proxy definitions were accepted. Random effect meta-analyses were used to determine



the average effect of CKD on odds of CABG, stratified by ACS type and dialysis use.; Results: Searches generated 15,138 articles, of which 13 observational studies were included (n = 1,682,207). Amongst revascularized ACS patients, those with CKD were more likely to receive CABG than those without (pooled odds ratio (OR) = 1.50 (95% confidence interval (CI) = 1.30 - 1.72). This association was stronger following ST-elevation myocardial infarction (STEMI) than non-ST-elevation ACS (NSTEMI-ACS) (OR: 1.54 (95% CI: 1.23 - 1.93)) versus 1.16 (1.10 - 1.23), respectively).; Conclusions: In high-income countries, revascularized ACS patients with CKD receive CABG (versus PCI) more frequently than those without kidney disease. However, accounting for lower use of coronary angiography in the CKD population removed this association following NSTEMI-ACS. Greater use of invasive angiography in those with NSTEMI-ACS and CKD might therefore increase access to revascularization, and thereby improve outcomes.; Competing Interests: The authors declare that there is no conflict of interest. (Copyright 2024, Scott et al.)

**DOI:** 10.14740/cr1731

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39698011&profid=ehost>

#### 194. **Top cardiac arrest randomised trials of 2023**

**Item Type:** Journal Article

**Authors:** Scquizzato, Tommaso;Sandroni, Claudio;Soar, Jasmeet and Nolan, Jerry P.

**Publication Date:** 2024

**Journal:** Resuscitation 196, pp. 110133

**Abstract:** Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: TS is the Social Media Editor of Resuscitation, CS is a member of the Editorial Board of Resuscitation, JS is an Editor of Resuscitation, and JPN is the Editor-In-Chief of Resuscitation.

**DOI:** 10.1016/j.resuscitation.2024.110133

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38311283&profid=ehost>

#### 195. **Patient Initiated Follow-Up (PIFU): how can rheumatology departments start to reap the benefits? A consensus document**

**Item Type:** Journal Article

**Authors:** Sengupta, Raj;Bukhari, Marwan;Cole, Zoe;Kyle, Stuart;MacDonald, Gordon;McKay, Kirsten;Irani, Anushka and Perry, Mark

**Publication Date:** 2024

**Journal:** Rheumatology Advances in Practice 8(4), pp. rkae091

**Abstract:** Patient Initiated Follow-Up (PIFU) is gaining momentum in the NHS, aiming to optimize outpatient care amidst rising service demands. PIFU is valuable in rheumatology, where the increasing demand for ongoing management exacerbates the patient backlog. Importantly, PIFU has demonstrated comparable safety and outcomes to traditional care in numerous studies. PIFU empowers patients, drives personalized care, increases efficiency, and has the potential to reduce waiting lists by allowing services to focus on new and acute cases. Effective PIFU implementation includes careful selection of patients, educating patients and healthcare staff, well defined operational guidelines, and robust remote monitoring. Digital solutions can enhance PIFU through patient education, active remote monitoring and streamlined escalation. Electronic Patient Reported Outcome Measures (ePROMs) provide a suitable and safe metric to monitor patients remotely. Given the potential benefits, outpatient departments should consider investing in PIFU as a solution to current healthcare delivery challenges and as a means for future proofing clinical systems against increasing service demands. (© The Author(s) 2024. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

**DOI:** 10.1093/rap/rkae091

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39411286&provid=ehost>

## 196. An anatomical study of thenar and hypothenar soft tissue thickness in men and women

**Item Type:** Journal Article

**Authors:** Sgardelis, Panagiotis and Giddins, Grey

**Publication Date:** 2024

**Journal:** The Journal of Hand Surgery, European Volume , pp. 17531934241286388

**Abstract:** We hypothesized that reduced thenar soft tissue thickness may be a risk factor for distal radial fractures. We assessed MRI scans of the wrist in 78 adults. The 51 men had significantly higher palmar soft tissue thickness compared to the 27 women, even after adjusting for hand size. Level of evidence: IV.; Competing Interests: Declaration of conflicting interestsThe authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: GG has previously (more than 5 years ago) been involved with the design and production of the Giddins Guard, a glove with volar padding/guard to reduce the risk of osteoporotic wrist fractures after a fall. The product is currently discontinued.

**DOI:** 10.1177/17531934241286388

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39364658&provid=ehost>

**197. Changing Medication-Related Beliefs: A Systematic Review and Meta-Analysis of Randomized Controlled Trials**

**Item Type:** Journal Article

**Authors:** Sheils, Elizabeth;Tillett, William;James, Delyth;Brown, Sarah;Dack, Charlotte;Family, Hannah and Chapman, Sarah C. E.

**Publication Date:** 2024

**Journal:** Health Psychology 43(3), pp. 155–170

**Abstract:** Objective: Medication-related beliefs, for example, beliefs that medicines are unnecessary or that side effects are likely, can influence medication behaviors and experiences, potentially impacting quality of life and mortality. At times, it may be useful to change medication-related beliefs, for example, to reduce patients' concerns about side effects when extensive evidence suggests side effects are rare. Currently we do not know the most effective methods to address medication beliefs. Method: Systematic review and meta-analysis of randomized controlled trials that measured medication-related beliefs in people prescribed medication for longterm condition(s). We extracted data on behavior change techniques (BCTs), belief measure, study and patient characteristics, risk of bias, and quality of description. Results: We identified 56 trials randomizing 8,714 participants. In meta-analysis, interventions led to small-to-medium effects ( $n = 36$ , Hedges'  $g = .362$ , 95% confidence interval  $CI [.20, .52]$ ,  $p = .001$ ) in increasing beliefs about medication need/benefit and reducing concerns about medication ( $n = 21$ , Hedges'  $g = -.435$ , 95%  $CI [-0.72, -0.15]$ ,  $p = .01$ ). Effect sizes were higher for interventions that reported a significant effect on adherence. Problem solving, information about health consequences, and social support (unspecified) were the most prevalent BCTs. Fourteen BCTs were associated with significant effects on need/benefit beliefs and four BCTs were associated with significant effects on concern beliefs. Conclusion: It is possible to modify medication-related beliefs using a range of interventions and techniques. Future research should explore the best ways to operationalize these BCTs for specific health conditions to support medication beliefs and improve adherence. Public Significance Statement This review advances the field through highlighting techniques that can lead to a change in medication beliefs and as a consequence improved adherence. The meta-analysis indicated that beliefs regarding the necessity of medication and concerns about medication are modifiable. Importantly, it showed that these beliefs are strongly associated with medication adherence. Specific behavior change techniques that led to a significant change in medication belief were identified. These findings advance the field of medication adherence highlighting which techniques are most likely to be effective.; Objetivo: Las creencias relacionadas con los medicamentos, por ejemplo, las creencias de que los medicamentos son innecesarios o que es probable que se produzcan efectos secundarios, pueden influir en las conductas y experiencias con los medicamentos, lo que podría afectar la calidad de vida y la mortalidad. En

ocasiones, puede resultar útil cambiar las creencias relacionadas con los medicamentos, por ejemplo, para reducir las preocupaciones de los pacientes sobre los efectos secundarios cuando la evidencia extensa sugiere que los efectos secundarios son raros. Actualmente no conocemos los métodos más eficaces para abordar las creencias sobre la medicación. Métodos: Revisión sistemática y metaanálisis de pruebas controladas aleatorizadas que midieron las creencias relacionadas con la medicación en personas a las que se les recetaron medicamentos para afecciones a largo plazo. Extrajimos datos sobre Técnicas de Cambio de Comportamiento (BCT, por sus siglas en inglés), medidas de creencias, características del estudio y del paciente, riesgo de sesgo y calidad de la descripción. Resultados: Identificamos 56 pruebas que asignaron al azar a 8,714 participantes. En el metaanálisis, las intervenciones produjeron efectos de pequeños a medianos ( $n = 36$ ,  $g$  de Hedges = .362, IC Intervalo de Confianza] del 95% 0.20, 0.52],  $p < .001$ ) en el aumento de las creencias sobre la necesidad/beneficio de la medicación y reducir las preocupaciones sobre la medicación ( $n = 21$ ,  $g$  de Hedges = -.435, IC del 95% -0.72, -0.15],  $p < .01$ ). Los tamaños del efecto fueron mayores para las intervenciones que informaron un efecto significativo sobre la adherencia. La resolución de problemas, la información sobre las consecuencias para la salud y el apoyo social (sin especificar) fueron los BCTs más prevalentes. Catorce BCTs se asociaron con efectos significativos sobre las creencias de necesidad/beneficio y cuatro BCTs se asociaron con efectos significativos sobre las creencias de preocupación. Conclusión: Es posible modificar las creencias relacionadas con la medicación utilizando una variedad de intervenciones y técnicas. Las investigaciones futuras deberían explorar las mejores formas de poner en práctica estos BCTs para condiciones de salud específicas para respaldar las creencias sobre la medicación y mejorar la adherencia.

**DOI:** 10.1037/hea0001316

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175476913&provid=ehost>

**198. Post-operative surveillance following curative resection of colorectal cancer in an elderly population.**

**Item Type:** Journal Article

**Authors:** Shekleton F.; Baker W. and Courtney, E.

**Publication Date:** 2024

**Journal:** British Journal of Surgery. Conference: Annual Scientific Meeting of the Surgical Research Society. Cambridge United Kingdom 111(Supplement 2) (pp ii6), pp. Date of Publication: 01 Mar 2024

**Abstract:** Introduction: There are over 42,000 new cases of colorectal cancer in the UK each year with the highest incidence rates in those aged 85-89. Post-colorectal cancer surveillance aims to reduce cancer incidence and mortality, but its necessity and effectiveness remain debated especially in an elderly population. This study explores the relevance of computer

tomography (CT) and colonoscopy surveillance in patients aged 75 and over who have undergone curative resection for colorectal cancer.

### 199. 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:** 2024

**Journal:** Anaesthesia 79(2), pp. 156–167

**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=3>

[7921438&profid=ehost](#)

**200. Quantification of aerosol generation during positive pressure ventilation via a supraglottic airway with an intentional leak**

**Item Type:** Journal Article

**Authors:** Shrimpton, A. J.;Quayle, A. C.;Sleep, D. L.;Brown, J. M. and Cook, T. M.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(3), pp. 318–320

**DOI:** 10.1111/anae.16197

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38217363&profid=ehost>

**201. Proficiency-based progression training in robot-assisted laparoscopy for endometrial cancer: peri-operative and survival outcomes from an observational cohort study**

**Item Type:** Journal Article

**Authors:** Sickinghe, Ariane;Nobbenhuis, Marielle;Nelissen, Ellen;Heath, Owen and Ind, Thomas

**Publication Date:** 2024

**Journal:** Frontiers in Medicine 11, pp. 1370836

**Abstract:** Introduction: Over the last decade there has been a transition from traditional laparoscopy to robotic surgery for the treatment of endometrial cancer. A number of gynecological oncology surgical fellowship programmes have adopted robot-assisted laparoscopy, but the effect of training on complications and survival has not been evaluated. Our aim was to assess the impact of a proficiency-based progression training curriculum in robot-assisted laparoscopy on peri-operative and survival outcomes for endometrial cancer.; Methods: This is an observational cohort study performed in a tertiary referral and subspecialty training center. Women with primary endometrial cancer treated with robot-assisted laparoscopic surgery between 2015 and 2022 were included. Surgery would normally include a hysterectomy and salpingo-oophorectomy with some form of pelvic lymph node dissection (sentinel lymph nodes or lymphadenectomy). Training was provided according to a training curriculum which involves step-wise progression of the trainee based on proficiency to perform a certain surgical technique. Training cases were identified pre-operatively by consultant surgeons based on clinical factors. Case complexity matched the experience of the trainee. Main outcome measures were intra- and post-operative complications, blood transfusions, readmissions < 30 days, return to theater rates and 5-year disease-free and disease-specific survival for training versus non-training cases. Mann-Witney U, Pearson's chi-squared, multivariable regression, Kaplan-Meier and Cox proportional hazard analyses were performed

to assess the effect of proficiency-based progression training on peri-operative and survival outcomes.; Results: Training cases had a lower BMI than non-training cases (30 versus 32 kg/m<sup>2</sup>,  $p = 0.013$ ), but were comparable in age, performance status and comorbidities. Training had no influence on intra- and post-operative complications, blood transfusions, readmissions < 30 days, return to theater rates and median 5-year disease-free and disease-specific survival. Operating time was longer in training cases (161 versus 137 min,  $p = < 0.001$ ). The range of estimated blood loss was smaller in training cases. Conversion rates, critical care unit-admissions and lymphoedema rates were comparable.; Discussion: Proficiency-based progression training can be used safely to teach robot-assisted laparoscopic surgery for women with endometrial cancer. Prospective trials are needed to further investigate the influence of distinct parts of robot-assisted laparoscopic surgery performed by a trainee on endometrial cancer outcomes.; Competing Interests: MN was a proctor for robot-assisted surgery in gynecological oncology for Intuitive Surgical. The hospital receives funding from Intuitive for case observations. The remaining 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 © 2024 Sickinghe, Nobbenhuis, Nelissen, Heath and Ind.)

**DOI:** 10.3389/fmed.2024.1370836

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38903811&provid=ehost>

## **202. Qualitative interview study of rheumatology patients' experiences of COVID-19 shielding to explore the physical and psychological impact and identify associated support needs**

**Item Type:** Journal Article

**Authors:** Silverthorne, Christine A.; Jones, Bethan; Brooke, Mel; Coates, Laura C.; Orme, Jen; Robson, Joanna C.; Tillett, William and Dures, Emma

**Publication Date:** 2024

**Journal:** BMJ Open 14(4), pp. e075871

**Abstract:** Objective: Many clinically extremely vulnerable rheumatology patients have only recently ceased shielding from COVID-19, while some continue to minimise in-person contact. The objective of this study was to understand the impact of shielding and associated support needs in patients with rheumatic conditions and to understand how rheumatology teams can meet these needs both currently and in future pandemics.; Design, Participants and Setting: The study was conducted in the Southwest of England using a case-study design. The participants were 15 patients with rheumatic conditions who were advised to shield and/or chose to shield at any time during the COVID-19 pandemic.; Methods: Qualitative data collected via telephone and online semi-structured interviews and analysed using reflexive thematic analysis.; Results: Fifteen interviews were conducted. Three main themes represent the data: 'Just shove them over there in the corner' captures changes in patients' self-perception. They felt different to most other people, vulnerable and left behind. The initial sense



of shock was followed by a sense of loss as changes became long term.'A long and lonely road' captures patients' psychological isolation due to a perceived lack of understanding and support. This included having to prove their health status and justify their shielding behaviours, which impacted their relationships. At times, they felt abandoned by their healthcare providers.'You can't just flip a switch' captures the difficulty of getting back to pre-pandemic normal after shielding. Patients did not recognise themselves physically and mentally. They wanted to collaborate with health professionals and identified the need for specific guidance to support their recovery.; Conclusion: Patients are dealing with lasting physical and mental effects from shielding and consequences of delayed healthcare. Health professionals need time and resources to ask about patients' well-being, identify their health needs and refer/signpost to appropriate sources of support.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

**DOI:** 10.1136/bmjopen-2023-075871

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38653512&profid=ehost>

### **203. SAVING LIVES IN SCHOOLS: THE HISTORY OF THE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) AND ITS IMPLEMENTATION IN UK SCHOOLS.**

**Item Type:** Journal Article

**Authors:** Slater S. and Finlay, F.

**Publication Date:** 2024

**Journal:** Archives of Disease in Childhood Conference, pp. Royal

**Abstract:** Objectives Since the introduction of new legislation by the Department for Education, all state-funded schools are required to have an Automated External Defibrillator (AED) in place by the end of the 2023 academic year.<sup>1</sup> External defibrillators have been in evolution since 1899 and now their value in reversing preventable paediatric cardiac arrest in schools is being recognised. The term to 'defibrillate' means to 'reverse the action' of the Latin 'fibra', relating to the cardiac fibres beating in an abnormal way.<sup>2</sup> Objective to review the history of the AED and the impact of school AED implementation. Methods Method Literature Review Results Results The first demonstration that electrical shocks could alter electrical activity of the heart was shown by Pr vost and Batelli in 1899, with the induction and reversal of ventricular fibrillation (VF) in dogs. Following this, Electrical Engineer Kouwenhoven in 1930 experimented on the human heart but it was not until 1947 during thoracic surgery in a 14-year-old boy that Claude Beck performed the first defibrillation.<sup>3</sup> Professor Frank Pantridge is heralded as the creator of the portable external debrillator in 1965, which initially weighed over 70kg and was powered by a car battery.<sup>4</sup> Survival rates for cardiac arrest reduce by 7-10% for every minute delay in receiving treatment.<sup>1</sup> The value of early intervention was recognised by Pantridge, who installed his device into a first responder ambulance. Portable defibrillators were born! More recently, studies into the value of AEDs in public places, including schools, has evolved. Japanese



SPIRITS trial evaluated that 71% of out-of-hospital paediatric arrests were cardiac in origin; 65% occurred during exercise.<sup>5</sup> New legislation recommends schools consider locating AEDs in sports facilities, particularly if publicly accessible, with a recognised 100-fold potential benefit.<sup>1</sup> In the UK, it is expected that around 20,000 defibrillators will be supplied to schools, as the result of legislation and campaigning by the Oliver King Foundation.<sup>6</sup> Studies evaluating AED use in school children highlight the need for school education programmes - in one study 20% of school age children were able to follow AED prompts effectively, although only one fifth used the device satisfactorily.<sup>7</sup> Conclusion AEDs have evolved to become accessible and life saving devices demonstrating clear benefit in the case of arrest in the school setting. To optimise effectiveness, emphasis should be placed on education programmes to enhance confidence in bystander use.

#### **204. 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:** 2024

**Journal:** BMJ Leader 8(3), pp. 215–221

**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)) 2024. 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&profid=ehost>

**205. NAP7 - what's the point?**

**Item Type:** Journal Article

**Authors:** Soar, Jasmeet;Cook, Tim M.;Armstrong, Richard A.;Kursumovic, Emira;Oglesby, Fiona C. and Kane, Andrew D.

**Publication Date:** 2024

**Journal:** Anaesthesia 79(11), pp. 1262–1263

**DOI:** 10.1111/anae.16422

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39188246&profid=ehost>

**206. Causes, outcomes and diagnosis of acute breathlessness hospital admissions in Malawi: protocol for a multicentre prospective cohort study**

**Item Type:** Journal Article

**Authors:** Spencer, Stephen A.;Malowa, Florence;McCarty, David;Joeke, Elizabeth;Phulusa, Jacob;Chinoko, Beatrice;Kaimba, Sylvester;Keyala, Lucy;Mandala, Peter;Mkandawire, Mercy;Mlongoti, Matthew;Mnesa, Bright;Mukatipa, Albert;Mijumbi, Rhona;Nyirenda, Mulinda;Sawe, Hendry R.;Henrion, Marc;Augustine, Daniel X.;Oxborough, David;Worrall, Eve, et al

**Publication Date:** 2024

**Journal:** Wellcome Open Research 9, pp. 205

**Abstract:** Background: Hospital admission due to breathlessness carries a significant burden to patients and healthcare systems, particularly impacting people in low-income countries. Prompt appropriate treatment is vital to improve outcomes, but this relies on accurate diagnostic tests which are of limited availability in resource-constrained settings. We will provide an accurate description of acute breathlessness presentations in a multicentre prospective cohort study in Malawi, a low resource setting in Southern Africa, and explore approaches to strengthen diagnostic capacity.; Objectives: Primary objective: Delineate between causes of breathlessness among adults admitted to hospital in Malawi and report disease prevalence. Secondary objectives : Determine patient outcomes, including mortality and hospital readmission 90 days after admission; determine the diagnostic accuracy of biomarkers to differentiate between heart failure and respiratory infections (such as pneumonia) including brain natriuretic peptides, procalcitonin and C-reactive protein.; Methods: This is a prospective longitudinal cohort study of adults ( $\geq 18$  years) admitted to

hospital with breathlessness across two hospitals: 1) Queen Elizabeth Central Hospital, Blantyre, Malawi; 2) Chiradzulu District Hospital, Chiradzulu, Malawi. Patients will be consecutively recruited within 24 hours of emergency presentation and followed-up until 90 days from hospital admission. We will conduct enhanced diagnostic tests with robust quality assurance and quality control to determine estimates of disease pathology. Diagnostic case definitions were selected following a systematic literature search.; Discussion: This study will provide detailed epidemiological description of adult hospital admissions due to breathlessness in low-income settings, which is currently poorly understood. We will delineate between causes using established case definitions and conduct nested diagnostic evaluation. The results have the potential to facilitate development of interventions targeted to strengthen diagnostic capacity, enable prompt and appropriate treatment, and ultimately improve both patient care and outcomes.; Competing Interests: No competing interests were disclosed. (Copyright: © 2024 Spencer SA et al.)

**DOI:** 10.12688/wellcomeopenres.21041.1

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39157428&profid=ehost>

## **207. Lessons learned for pandemic preparedness in the neurodegenerative research and clinical fields: an advice report based on Parkinson's disease as an example**

**Item Type:** Journal Article

**Authors:** Splinter, Marije J.;Henderson, Emily J.;Ben-Shlomo, Yoav;Darweesh, Sirwan K. L.;Sowa, Pawel;Wolters, Frank J.;Velek, Premysl;Meijerink, Hannie J. E. M.;Bakx, Paulus;Ikram, M. A.;de Schepper, Evelien,I.T.;Ikram, M. K. and Licher, Silvan

**Publication Date:** 2024

**Journal:** BMC Neurology 24(1), pp. 473

**Abstract:** Background: A sustainable pandemic preparedness strategy is essential to ensure equitable access to healthcare for individuals with neurodegenerative diseases. Moreover, it is vital to provide clinicians and researchers in the neurodegenerative disease fields with resources and infrastructure to ensure continuity of their work during a (health) crisis.; Methods: We established an international collaboration between researchers, clinicians, and patient representatives from the Netherlands, Poland, and the United Kingdom. We co-created a pandemic preparedness plan primarily informed by examples from those affected by or working in the field of Parkinson's disease, with potential application to other neurodegenerative diseases or the general population. This plan builds upon insights and experiences from four population-based studies during the COVID-19 pandemic. Between March and November 2023, we organised two hybrid meetings in Bristol (United Kingdom) and Rotterdam (the Netherlands), and two online meetings.; Results: Research recommendations included three core factors in questionnaire design during health crises: 1) using existing, validated questions, 2) questionnaire adaptability and flexibility, and 3) testing within and outside the research group. Additionally, we addressed burden of participation, and we advocated for robust data sharing

practices, underlining the importance of regulatory measures extending beyond the COVID-19 pandemic. We also shared clinical perspectives, including strategies to mitigate social isolation; challenges in virtual versus in-person consultations; and systemic changes to recognise and prevent moral injury in healthcare professionals.; Conclusion: In this pandemic preparedness plan, we provide research and clinical recommendations tailored to the field of Parkinson's disease, with broader relevance to other neurodegenerative diseases and the general population. This establishes an essential framework for setting up new studies and safeguarding research and clinical practices when a new pandemic or other (health) crisis emerges.; Competing Interests: Declarations. Ethics approval and consent to participate: The Rotterdam Study has been approved by the Medical Ethics Committee of the Erasmus MC (registration number MEC 02.1015) and by the Dutch Ministry of Health, Welfare, and Sport (Population Screening Act WBO, license number 1071272–159521-PG). PRIME-XS was approved by the London—Brighton & Sussex Research Ethics Committee (REC reference 20/LO/0890). PRIME-NL has been reviewed by the ethics committee of the Radboud University Nijmegen Medical Centre on the basis of the Dutch Code of conduct for health research, the Dutch Code of conduct for responsible use, the Dutch Personal Data Protection Act and the Medical Treatment Agreement Act. The ethics committee has passed a positive judgment on the study. The Bialystok PLUS Study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the Bioethical Committee of Medical University of Bialystok, protocol code: APK.002.346.2020. Consent for publication: Not applicable. Competing interests: The authors declare no competing interests. (© 2024. The Author(s).)

**DOI:** 10.1186/s12883-024-03975-8

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39639221&provid=ehost>

## **208. The acceptability of technology-enabled physical activity feedback in cardiac patients and health care professionals.**

**Item Type:** Journal Article

**Authors:** Springett D.;Lauber K.;Gillison F.;Wort G.;Augustine D.;Thompson D. and Peacock, O.

**Publication Date:** 2024

**Journal:** Health and Technology (pagination), pp. Date of Publication: 2024

**Abstract:** Purpose: Physical activity is a key component of cardiac rehabilitation (CR). Despite the widely reported benefits of CR, uptake in the United Kingdom is still low. Alternative home-based and technology-facilitated delivery models are needed to improve CR uptake and physical activity. This study set out to explore patient and clinician views of personalised, multidimensional physical activity feedback and its potential use within CR.

## **209. 273rd ENMC International workshop: Clinico-Sero-morphological classification of the Antisynthetase syndrome. Amsterdam, The Netherlands, 27-29 October 2023.**

**Item Type:** Journal Article

**Authors:** Stenzel W.;Gallay L.;Holzer M.T.;Kleefeld F.;Benveniste O.;Allenbach Y.;Damoiseaux J.;Danoff S.K.;Diederichsen L.;Fiorentino D.;Giannini M.;Kolsters L.;Lundberg I.;Mammen A.L.;Meyer A.;Minopulou I.;Preusse C.;Ruck T.;Tanboon J.;Tansley S.L., et al

**Publication Date:** 2024

**Journal:** Neuromuscular Disorders 45(pagination), pp. Article Number: 104453. Date of Publication: 01 Dec 2024

**Abstract:** Among the idiopathic inflammatory myopathies, patients harbouring an Antisynthetase syndrome exhibit a unique clinical picture, with characteristic signs such as myositis, interstitial lung disease, arthritis, rash, and/or fever. Characteristic morphological features on skeletal muscle biopsies differentiate Antisynthetase syndrome from other forms of myositis. Autoantibodies typically recognizing one of the members of the aminoacyl-tRNA synthetase family of proteins can be detected in the serum of such patients, with anti-Jo1 being most frequent. Until now, an international consensus definition of the Antisynthetase syndrome is lacking, hence this workshop has undertaken the task to inform about the clinical, morphological and autoantibody profiles of Antisynthetase syndrome. The authors also expand their aims by giving management and therapeutic strategies, and finally provide precise classification criteria for Antisynthetase syndrome.

#### **210. Breakout Session and Report Back: Collaboration of Rheumatologists and Dermatologists for the Care of Patients With Psoriatic Disease**

**Item Type:** Journal Article

**Authors:** Stolnicki, Daniela Kampel;Coates, Laura C.;Gollins, Charlotte E.;Koppikar, Sahil;Perez-Chada, Lourdes;Puig, Luís;Ogdie, Alexis;Deodhar, Atul;Ritchlin, Christopher;Hwang, Samuel T. and Goldenstein-Schainberg, Claudia

**Publication Date:** 2024

**Journal:** The Journal of Rheumatology 51, pp. 54–57

**Abstract:** Multidisciplinary care is essential for the management of patients with psoriatic disease (PsD), considering the great range of cutaneous and musculoskeletal symptoms and the potential for associated comorbidities and extraarticular manifestations. Consequently, combined rheumatology/dermatology clinics represent a gold standard model of care for patients with PsD. Many challenges are associated with the establishment of these clinics in routine clinical practice. In this report, we describe the thoughts and debates within a collaborative care breakout session during the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) 2023 annual meeting. The breakout discussion focused around 3 main topics: (1) challenges of dermatologist-rheumatologist collaboration; (2) innovative approaches to encourage collaboration; and (3) how to identify patients with psoriasis at high risk of developing PsA. (Copyright © 2024 by The Journal of Rheumatology.)

**DOI:** 10.3899/jrheum.2024-0621

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39089830&profid=ehost>

**211. Adoption in England: past and present challenges**

**Item Type:** Journal Article

**Authors:** Talbot, Jonathan;Bell, Jacquelyn;Mandal, Abhijit and Finlay, Fiona

**Publication Date:** 2024

**Journal:** Archives of Disease in Childhood 109(7), pp. 528–532

**Abstract:** Over the last century, changes in legislation, social constructs and the perceptions of what family life '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.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

**DOI:** 10.1136/archdischild-2023-325655

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37770117&profid=ehost>

**212. 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:** 2024

**Journal:** Eye (London, England) 38(1), pp. 225

**DOI:** 10.1038/s41433-023-02651-4

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37355757&profid=ehost>

**213. Trifocal versus extended depth of focus (EDOF) intraocular lenses after cataract extraction**

**Item Type:** Journal Article

**Authors:** Tavassoli, Shokufeh;Ziaei, Hadi;Yadegarfar, Mohammad E.;Gokul, Akilesh;Kernohan, Ashleigh;Evans, Jennifer R. and Ziaei, Mohammed

**Publication Date:** 2024

**Journal:** The Cochrane Database of Systematic Reviews 7, pp. CD014891

**Abstract:** Background: Cataract, defined as an opacity of the lens in one or both eyes, is the leading cause of blindness worldwide. Cataract may initially be treated with new spectacles, but often surgery is required, which involves removing the cataract and placing a new artificial lens, usually made from hydrophobic acrylic. Recent advancements in intraocular lens (IOL) technology have led to the emergence of a diverse array of implantable lenses that aim to minimise spectacle dependence at all distances (near, intermediate, and distance). To assess the relative merits of these lenses, measurements of visual acuity are needed. Visual acuity is a measurement of the sharpness of vision at a distance of 6 metres (or 20 feet). Normal vision is 6/6 (or 20/20). The Jaeger eye card is used to measure near visual acuity. J1 is the smallest text and J2 is considered equivalent to 6/6 (or 20/20) for near vision.; Objectives: To compare visual outcomes after implantation of trifocal intraocular lenses (IOLs) to those of extended depth of focus (EDOF) IOLs. To produce a brief economic commentary summarising recent economic evaluations that compare trifocal IOLs with EDOF IOLs.; Search Methods: We searched CENTRAL (which contains the Cochrane Eyes and Vision Trials Register), MEDLINE, Embase, and three trial registries on 15 June 2022. For our economic evaluation, we also searched MEDLINE and Embase using economic search filters to 15 June 2022, and the NHS Economic Evaluation Database (EED) from 1968 up to and including 31 December 2014. We did not use any date or language restrictions in the electronic searches.; Selection Criteria: We included studies comparing trifocal and EDOF IOLs in adults undergoing cataract surgery. We did not include studies involving people receiving IOLs for correction of refractive error alone (or refractive lens exchange in the absence of cataract).; Data Collection and Analysis: We used standard Cochrane methods. Two review authors working independently selected studies for inclusion and extracted data from the reports. We assessed the risk of bias in the studies, and we assessed the certainty of the evidence using the GRADE approach.; Main Results: We included five studies that compared trifocal and EDOF lenses in people undergoing cataract surgery. Three trifocal lenses (AcrySof IQ PanOptix, ATLISA Tri 839MP, FineVision Micro F) and one EDOF lens (TECNIS Symphony ZXR00) were evaluated. The studies took place in Europe and North America. Follow-up ranged from three to six months. Of the 239 enrolled participants, 233 (466 eyes) completed follow-up and were included in the analyses. The mean age of participants was 68.2 years, and 64% of participants were female. In general, the risk of bias in the studies was unclear as methods for random sequence generation and allocation concealment were poorly reported, and we judged one study to be at high risk of performance and detection bias. We assessed the certainty of the evidence for all outcomes as low, downgrading for the risk of bias and for imprecision. In two studies involving a total of 254 people, there was little or no difference between trifocal and EDOF lenses for uncorrected and corrected distance visual acuity worse than 6/6. Sixty per cent of participants in both groups had uncorrected distance visual acuity worse than 6/6 (risk ratio (RR) 1.06, 95% confidence intervals (CI) 0.88 to 1.27). Thirty-one per cent of the trifocal group and 38% of the EDOF group

had corrected distance visual acuity worse than 6/6 (RR 1.04, 95% CI 0.78 to 1.39). In one study of 60 people, there were fewer cases of uncorrected near visual acuity worse than J2 in the trifocal group (3%) compared with the EDOF group (30%) (RR 0.08, 95% CI 0.01 to 0.65). In two studies, participants were asked about spectacle independence using subjective questionnaires. There was no evidence of either lens type being superior. One further study of 60 participants reported, "overall, 90% of patients achieved spectacle independence", but did not categorise this by lens type. All studies included postoperative patient-reported visual function, which was measured using different questionnaires. Irrespective of the questionnaire used, both types of lenses scored well, and there was little evidence of any important differences between them. Two studies included patient-reported ocular aberrations (glare and halos). The outcomes were reported in different ways and could not be pooled; individually, these studies were too small to detect meaningful differences in glare and halos between groups. One study reported no surgical complications. Three studies did not mention surgical complications. One study reported YAG capsulotomy for posterior capsular opacification (PCO) in one participant (one eye) in each group. One study reported no PCO. Two studies did not report PCO. One study reported that three participants (one trifocal and two EDOF) underwent laser-assisted subepithelial keratectomy (LASEK) to correct residual myopic refractive error or astigmatism. One study reported a subset of participants who were considering laser enhancement at the end of the study period (nine trifocal and two EDOF). Two studies did not report laser enhancement rates. No economic evaluation studies were identified for inclusion in this review.; Authors' Conclusions: Distance visual acuity after cataract surgery may be similar whether the lenses implanted are trifocal IOLs or EDOF (TECNIS Symphony) IOLs. People receiving trifocal IOLs may achieve better near vision and may be less dependent on spectacles for near vision. Both lenses were reported to have adverse subjective visual phenomena, such as glare and halos, with no meaningful difference detected between lenses. (Copyright © 2024 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.)

**DOI:** 10.1002/14651858.CD014891.pub2

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38984608&provid=ehost>

**214. British Gynaecological Cancer Society and British Menopause Society guidelines: Management of menopausal symptoms following treatment of gynaecological cancer**

**Item Type:** Journal Article

**Authors:** Taylor, Alexandra;Clement, Kathryn;Hillard, Timothy;Sassarini, Jenifer;Ratnavelu, Nithya;Baker-Rand, Holly;Bowen, Rebecca;Davies, Melanie C.;Edey, Katherine;Fernandes, Andreia;Ghaem-Maghami, Sadaf;Gomes, Nana;Gray, Sarah;Hughes, Eluned;Hudson, Anna;Manchanda, Ranjit;Manley, Kristyn;Nicum, Shibani;Phillips, Andrew and Richardson, Alison

**Publication Date:** 2024

**Journal:** Post Reproductive Health 30(4), pp. 256–279



**DOI:** 10.1177/20533691241286666

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=181566167&provid=ehost>

**215. Operationalizing goal setting as an outcome measure in trials involving patients with frailty, multimorbidity or complexity**

**Item Type:** Journal Article

**Authors:** Tenison, Emma; Lloyd, Katherine; Ben-Shlomo, Yoav and Henderson, Emily J.

**Publication Date:** 2024

**Journal:** Contemporary Clinical Trials Communications 43, pp. 101411

**Abstract:** Background/aims: In the absence of disease-modifying therapies for Parkinson's disease, much research focuses on improving quality of life, health and wellbeing. It is important to evaluate potential treatments and innovative care models in a robust and standardised way. Disease-specific outcomes have limitations in older people, those with cognitive impairment, multimorbidity, disability or short life expectancy. We aimed to select, and adapt as needed, a primary outcome to evaluate a multicomponent intervention for people with parkinsonism.; Methods: The multicomponent Proactive and Integrated Management and Empowerment (PRIME) model of care is being evaluated in the UK within a randomized controlled trial (RCT). We needed a meaningful outcome measure which could capture effects across multiple symptoms and domains; be suitable across the spectrum of disease stage/phenotype, including for participants with multimorbidity and/or cognitive impairment.; Results: We have chosen the Bangor Goal-setting Interview and adapted it for use within the PRIME-UK RCT. This includes 4 steps: participants 1) identify an area to work on; 2) describe a specific goal; 3) rate current attainment, readiness to change and goal importance; and 4) attainment is followed up 3-monthly. Change in ratings across three to five individualised goals on a standardised scale can be compared between trial arms.; Conclusion: We demonstrate how a goal-orientated outcome can be operationalized within a complex intervention trial for parkinsonism. Parkinsonism is an exemplar multisystem, heterogeneous condition, predominantly affecting older people. There is scope to use goal-orientated outcome measures more widely in trials involving patients living with frailty, multimorbidity and/or clinical complexity.; Competing Interests: The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: ET is funded by a 10.13039/501100000272 National Institute for Health and Care Research Academic Clinical Lectureship and has received a speaker honorarium from the Neurology Academy. KL is in receipt of PhD fellowship funding from The Gatsby Foundation. EH is HEFCE funded by University of Bristol for her academic work and has received honoraria from the Neurology Academy and travel support from Bial. YBS is partly funded by National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West) and University of Bristol and has received funding from Parkinson's UK, Royal Osteoporosis Society, MRC, HQIP, Templeton Foundation, Versus Arthritis, Wellcome Trust, National Institute of Health Research, Gatsby Foundation. (© 2024 The Authors.)

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**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39759567&profid=ehost>

## **216. Identifying and Predicting Risk for Hospital Admission among Patients with Parkinsonism**

**Item Type:** Journal Article

**Authors:** Tenison, Emma;McGrogan, Anita;Ben-Shlomo, Yoav and Henderson, Emily J.

**Publication Date:** 2024

**Journal:** Movement Disorders Clinical Practice

**Abstract:** Background: Patients with parkinsonism are more likely than age-matched controls to be admitted to hospital. It may be possible to reduce the cost and negative impact by identifying patients at highest risk and intervening to reduce hospital-related costs. Predictive models have been developed in nonparkinsonism populations.; Objectives: The aims were to (1) describe the reasons for admission, (2) describe the rates of hospital admission/emergency department attendance over time, and (3) use routine data to risk stratify unplanned hospital attendance in people with parkinsonism.; Methods: This retrospective cohort study used Clinical Practice Research Datalink GOLD, a large UK primary care database, linked to hospital admission and emergency department attendance data. The primary diagnoses for nonelective admissions were categorized, and the frequencies were compared between parkinsonism cases and matched controls. Multilevel logistic and negative binomial regression models were used to estimate the risk of any and multiple admissions, respectively, for patients with parkinsonism.; Results: There were 9189 patients with parkinsonism and 45,390 controls. The odds of emergency admission more than doubled from 2010 to 2019 (odds ratio OR] 2.33; 95% confidence interval CI] 1.96, 2.76; P-value for trend <0.001). Pneumonia was the most common reason for admission among cases, followed by urinary tract infection. Increasing age, multimorbidity, parkinsonism duration, deprivation, and care home residence increased the odds of admission. Rural location was associated with reduced OR for admission (OR 0.79; 95% CI 0.70, 0.89).; Conclusions: Our risk stratification tool may enable empirical targeting of interventions to reduce admission risk for parkinsonism patients. (© 2024 The Author(s). Movement Disorders Clinical Practice published by Wiley Periodicals LLC on behalf of International Parkinson and Movement Disorder Society.)

**DOI:** 10.1002/mdc3.14257

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39503271&profid=ehost>

## **217. Enhancing recruitment of individuals living with frailty, multimorbidity and cognitive impairment to Parkinson's research: experiences from the PRIME-UK cross-sectional study**

**Item Type:** Journal Article

**Authors:** Tenison, Emma;Smith, Matthew D.;Pendry-Brazier, Danielle;Cullen, Anisha;Lithander, Fiona E.;Ben-Shlomo, Yoav and Henderson, Emily J.

**Publication Date:** 2024

**Journal:** Age & Ageing 53(5), pp. 1–9

**Abstract:** Background and objectives People with parkinsonism who are older, living in a care home, with frailty, multimorbidity or impaired capacity to consent are under-represented in research, limiting its generalisability. We aimed to evaluate more inclusive recruitment strategies. Methods From one UK centre, we invited people with parkinsonism to participate in a cross-sectional study. Postal invitations were followed by telephone reminders and additional support to facilitate participation. Personal consultees provided information on the views regarding research participation of adults with impaired capacity. These approaches were evaluated: (i) using external data from the Parkinson's Real World Impact assesSMent (PRISM) study and Clinical Practice Research Datalink (CPRD), a sample of all cases in UK primary care, and (ii) comparing those recruited with or without intensive engagement. Results We approached 1,032 eligible patients, of whom 542 (53%) consented and 477 (46%) returned questionnaires. The gender ratio in PRIME-UK (65% male) closely matched CPRD (61% male), unlike in the PRISM sample (46%). Mean age of PRIME participants was 75.9 (SD 8.5) years, compared to 75.3 (9.5) and 65.4 (8.9) years for CPRD and PRISM, respectively. More intensive engagement enhanced recruitment of women (13.3%; 95% CI 3.8, 22.9%;  $P = 0.005$ ), care home residents (6.2%; 1.1, 11.2%;  $P = 0.004$ ), patients diagnosed with atypical parkinsonism (13.7%; 5.4, 19.9%;  $P < 0.001$ ), and those with a higher frailty score (mean score 0.2, 0.1, 0.2;  $P < 0.001$ ). Conclusions These recruitment strategies resulted in a less biased and more representative sample, with greater inclusion of older people with more complex parkinsonism.

**DOI:** 10.1093/ageing/afae108

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=177611527&provid=ehost>

## 218. Not too big, not too small: blood pressure cuff size matters

**Item Type:** Journal Article

**Authors:** Thatcher, Alexandra Louise and Welsh, Tomas James

**Publication Date:** 2024

**Journal:** Evidence-Based Nursing

**Abstract:** Competing Interests: Competing interests: None declared.

**DOI:** 10.1136/ebnurs-2023-103893

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38448205&profid=ehost>

**219. Orthopedic Applications of Single-photon Emission Computed Tomography/Computed Tomography in Identifying Pain Generators in the Pre- and Post-operative Patient.**

**Item Type:** Journal Article

**Authors:** Theobald G.O.;Foley R.;Scattergood S.;Redman S.;Graham R.;Little D. and Kulshrestha, R.

**Publication Date:** 2024

**Journal:** Journal of Arthroscopy and Joint Surgery 11(4), pp. 183–191

**Abstract:** Postoperative and benign bone pathologies can sometimes be difficult to elicit on purely anatomical-based imaging. Single-photon emission computed tomography-computed tomography (SPECT-CT) is an established modality with emerging applications in the musculoskeletal field that combines cross-sectional structural imaging with the metabolic data. It is thought to offer certain clinical advantages to conventional imaging modalities as it can be sensitive to conditions before they appear as a structural abnormality. The aim of this pictorial review is to demonstrate the musculoskeletal applications of SPECT/CT in the pre- and post-operative orthopedic patient. The evidence for the musculoskeletal application of SPECT/CT is reviewed in various pre- and post-operative patients focusing on the advantages and disadvantages of this imaging modality alongside conventional imaging. Alongside this we present a series of musculoskeletal SPECT/CT cases in postoperative spinal and extremity joints identifying such pathologies as loosening, pseudoarthroses and prosthetic joint infection. We also include cases on the nonoperative joint identifying pain generators for targeted therapy. This review has shown that SPECT/CT can be a useful adjunct alongside other conventional imaging modalities in identifying musculoskeletal pain generators in the postoperative patient. It is especially useful in situations where anatomical imaging modalities alone provide insufficient diagnostic information or lack of symptomatic improvement. SPECT/CT is therefore likely to remain an complimentary investigative tool for unidentified musculoskeletal pain or for postoperative patients with metalwork in situ.

**220. LGI1 LIMBIC ENCEPHALITIS IN A NONAGENARIAN: SUCCESSFUL TREATMENT AND IMPLICATIONS FOR AGE-INCLUSIVE MEDICINE.**

**Item Type:** Journal Article

**Authors:** Tomasz J.;Joanna F.;Helen M. and Nicola, G.

**Publication Date:** 2024

**Journal:** Journal of Neurology, Neurosurgery and Psychiatry Conference, pp. Association

**Abstract:** Background LGI1 limbic encephalitis is an autoimmune encephalopathy

characterised by distinctive facio-brachial dystonic seizures and cognitive change. Previously reported age range at presentation is 31 to 84 years. We present a case in a 90 year old who underwent prompt treatment with plasma exchange (PLEX) and steroids with an excellent outcome. Case Presentation A 90 year old male presented with subacute confusion, reduced mobility and facio-brachial dystonic seizures. A lumbar puncture was not possible due to spinal osteophytes. Routine blood screen was normal, MRI brain scan was normal for his age, electroencephalogram showed an excess of slow activity but no periodic or epileptiform features. Screening radiology for a paraneoplastic cause was unrevealing. A clinical diagnosis of LGI1 encephalitis was made and he was treated with high dose steroids and PLEX. His symptoms rapidly improved and he returned home. Serum anti-LGI 1 antibodies were subsequently found to be positive. At the age of 91yr, facio-brachial dystonic seizures recurred with a further excellent response to PLEX. Steroids were weaned and he remains living an independent life, relapse free, at the age of 93. Conclusion The successful outcome highlights the importance of adopting a non-ageist approach, recognizing treatable neurological conditions in elderly individuals.

## **221. Things are not always as they seem - A case of unilateral pulmonary oedema.**

**Item Type:** Journal Article

**Authors:** Tomlinson J. and Elgaaly, M.

**Publication Date:** 2024a

**Journal:** Clinical Medicine, Journal of the Royal College of Physicians of London.Conference: The Future of Medicine.RCP Annual Conference.Regent's Park, London United Kingdom 24(Supplement) (pagination), pp. Article Number: 100106. Date of Publication: 01 Ar 2024

**Abstract:** Case presentation: A male in his 70s with a 33 mm Carbomedics mechanical mitral valve, presented with increasing breathlessness, despite being treated with antibiotics for a community acquired pneumonia. He was afebrile and tachypnoeic at rest, requiring 60% humidified oxygen. Inflammatory markers were modestly elevated with a CRP of 34 mg/L and NT-proBNP 9,031 pg/ml. Chest x-ray (CXR) demonstrated a right perihilar airspace density projected in the basal portion of the right upper lobe and a new, small right sided pleural effusion. Overall CXR findings were felt more likely to represent consolidation than heart failure. Despite treatment with IV antibiotics, he deteriorated and repeat CXR showed bilateral pulmonary infiltrates consistent with features of pulmonary oedema. Trans-thoracic echocardiogram (TTE) revealed dehiscence of the mechanical mitral valve extending along the anterior and antero-lateral aspect of the valve annulus. This gave rise to a severe, anteriorly directed, paravalvular regurgitation. Transoesophageal echocardiogram (TOE) confirmed TTE findings of mechanical mitral valve dehiscence with no clear vegetation or evidence of infective endocarditis. He improved with high flow oxygen and IV diuretics. Repeat CXR showed resolution of peri-hilar airspace shadowing suggestive of heart failure. He was declined for re-do mitral valve intervention due to frailty and high surgical risk.

## **222. Left atrial mass - A diagnostic challenge.**

**Item Type:** Journal Article

**Authors:** Tomlinson J. and Elgaaly, M.

**Publication Date:** 2024b

**Journal:** Clinical Medicine, Journal of the Royal College of Physicians of London.Conference: The Future of Medicine.RCP Annual Conference.Regent's Park, London United Kingdom 24(Supplement) (pagination), pp. Article Number: 100105. Date of Publication: 01 Ar 2024

**Abstract:** Case presentation: A male in his 70s with a background of atrial fibrillation on Rivaroxaban and benign oesophageal stricture, was admitted with progressive dysphagia. He underwent CT chest, abdomen and pelvis (CTCAP) due to concerns of malignant transformation, demonstrating a left atrial (LA) soft tissue mass. Transthoracic echocardiography (TTE) showed mildly impaired LV systolic function, confirming a mobile mass measuring 2 x 3.3 cm adjacent to the intra-atrial septum. Cardiac magnetic resonance was not tolerated due to claustrophobia. Oesophageal stricture location precluded the use of transoesophageal echocardiography (TOE). Cardiac CT (CCT) demonstrated a lesion abutting the anterior wall of the LA, reduced in size from 24 mm to 12 mm when compared to the admission CTCAP 2 months prior. Minimal enhancement on delayed phase enhancement suggested thrombus rather than a vascularised tumour. Invasive coronary angiography showed significant coronary artery disease and he was accepted for CABG and mass excision. Repeat CTCAP showed resolution of the LA low attenuation mass suggestive of thrombus, following a readmission 4 months later for recurrence of dysphagia symptoms.

**223. Pulmonary Hypertension: Intensification and Personalization of Combination Rx (PHoenix): A phase IV randomized trial for the evaluation of dose-response and clinical efficacy of riociguat and selexipag using implanted technologies**

**Item Type:** Journal Article

**Authors:** Varian, Frances;Dick, Jennifer;Battersby, Christian;Roman, Stefan;Ablott, Jenna;Watson, Lisa;Binmahfooz, Sarah;Zafar, Hamza;Colgan, Gerry;Cannon, John;Suntharalingam, Jay;Lordan, Jim;Howard, Luke;McCabe, Colm;Wort, John;Price, Laura;Church, Colin;Hamilton, Neil;Armstrong, Iain;Hameed, Abdul, et al

**Publication Date:** 2024

**Journal:** Pulmonary Circulation 14(1), pp. e12337

**Abstract:** Approved therapies for the treatment of patients with pulmonary arterial hypertension (PAH) mediate pulmonary vascular vasodilatation by targeting distinct biological pathways. International guidelines recommend that patients 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 the opportunity for evaluation of individualized therapeutic effects. Traditionally, invasive/hospital-based investigations are required to comprehensively assess disease severity and demonstrate treatment benefits. Regulatory-approved, minimally invasive monitors enable equivalent

measurements to be obtained while patients are at home. In this 2 × 2 randomized crossover trial, patients with PAH established on guideline-recommended dual therapy and implanted with CardioMEMS™ (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 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 hemodynamics, 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.; Competing Interests: Dr Frances Varian: MRC clinical fellow, travel and conference funding from Janssen Ltd. Dr Jennifer Dick, Mr Christian Battersby, Mr Stefan Roman, Miss Jenna Ablott, Dr Lisa Watson, Mrs Sarah Bizmahfooz, and Dr Hamza Zafar: none declared. Dr Gerry Colgan: no direct conflicts, has undertaken consultancy work & honoraria for Janssen Ltd, Bayer Ltd, MSD. Received research funding from Janssen Ltd. Dr John Cannon: support to attend conferences from Janssen and been paid for advisory boards by Janssen and Ferrer. Jay Suntharalingam and Dr Jim Lordan: none declared. Professor Luke Howard: I have received honoraria for advisory boards, steering committees, and speaking from Janssen. My department has received research funding support from Janssen. I have received personal support for travel, accommodation, and registration at international meetings. I have received honoraria for advisory boards and speaking from MSD. I have received honoraria for advisory boards from Endotronix. Colm McCabe: none declared. Dr John Wort: I have received honoraria from Janssen, MSD, Ferrer, and Acceleron, research grants from Janssen and Ferrer and travel and accommodation grants from Janssen. Laura Price and Dr Colin Church: none declared. Dr Neil Hamilton: Honoraria from MSD and Janssen, travel and accommodation grants from Janssen, participation on advisory boards for Bayer, MSD, Janssen, and Vifor, and is a board member on the NHS Specialist respiratory clinical reference group. Dr Abdul Hameed: none declared. Dr Judith Hurdman, Dr Iain Armstrong and Dr Charlie Elliot: none declared. Prof Robin Condliffe: No COI. Received honoraria for speaking and advisory boards from Janssen and MS. Prof Martin Wilkins: support from NIHR for clinical research facility and biomedical research center infrastructure support BHF center support (RE/18/4/34215), consulting fees for MorphogenIX, Janssen and Janssen, Kinaset, Chiesi, Aerami, BenevolentAI, Novartis, and VIVS, participation on data safety monitoring board for Acceleron and GSK. Associate Professor Alastair Webb: none declared. Dr David Adlam: none declared. Professor Ray L Benza: steering and adjudication committees ABBOTT. Professor Kazem Rahimi: receives grants from the Oxford Martin School and the British Heart Foundation. He is an associate editor of Heart and a specialty editor of PLOS Medicine. And he is a cofounder of Zeesta and sits on the advisory board of Medtronic. Dr Moha Shojaei, Dr Nan Lin, Prof James Wason, Dr Alasdair McIntosh, Prof Alex McConnachie, and Dr Jennifer Middleton: none declared. Dr Roger Thompson: I have received honoraria, travel support, and grant funding from Janssen. Prof David Kiely: Support and grants received from NIHR Sheffield Biomedical Research Centre, Janssen Pharmaceuticals; additional grants from Ferrer; consulting fees, honoraria payments, and supports for attending meetings received from Janssen Pharmaceuticals, Ferrer, Altavant, MSD, and united Therapeutics, participants on advisory boards with Janssen and MSD; members of clinical reference group for specialist respiratory medicine (NHS England) and lead of UK national audit of pulmonary hypertension. Dr Mark Toshner: funding from NIHR Cambridge BRC, NIHR HTA; consulting fees from MorphogenIX and Jansen; participation on data safety

monitoring board/advisory board with ComCov and FluCov. Dr Alex Rothman: research funding: Wellcome Trust Clinical Research Career Development Fellowship (206632/Z/17/Z), Medical Research Council (UK) Experimental Medicine Award (MR/W026279/1), NIHR Biomedical Research Center Sheffield, Contribution in kind: Medtronic, Abbott, Endotronix, Novartis, Janssen. Research support and consulting: NXT Biomedical, Endotronix, SoniVie, Neptune, Gradient. (© 2024 The Authors. Pulmonary Circulation published by John Wiley & Sons Ltd on behalf of Pulmonary Vascular Research Institute.)

**DOI:** 10.1002/pul2.12337

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38500737&profid=ehost>

## 224. The use of pembrolizumab monotherapy for the management of head and neck squamous cell carcinoma (HNSCC) in the UK

**Item Type:** Journal Article

**Authors:** Vasiliadou, Ifigenia;Grose, Derek;Wilson, Christina;Thapa, Alekh;Donnelly, Olly;Lee, Elsa;Leslie, Isla;Karim, Mahwish;Hartley, Andrew;Partridge, Sarah;Medlow, Katharine;De Boisanger, James;Metcalf, Robert;Williamson, Andrew;Haridass, Anoop;Noble, David;Mactier, Karen;Walter, Harriet;Ma, Ning;De Winton, Emma, et al

**Publication Date:** 2024

**Journal:** International Journal of Cancer 155(5), pp. 883–893

**Abstract:** Pembrolizumab has received approval in the UK as first-line monotherapy for recurrent and/or metastatic HNSCC (R/M HNSCC) following the results of the KEYNOTE-048 trial, which demonstrated a longer overall survival (OS) in comparison to the EXTREME chemotherapy regimen in patients with a combined positive score (CPS)  $\geq 1$ . In this article, we provide retrospective real-world data on the role of pembrolizumab monotherapy as first-line systemic therapy for HNSCC across 18 centers in the UK from March 20, 2020 to May 31, 2021. 211 patients were included, and in the efficacy analysis, the objective response rate (ORR) was 24.7%, the median progression-free survival (PFS) was 4.8 months (95% confidence interval [CI]: 3.6–6.1), and the median OS was 10.8 months (95% CI 9.0–12.5). Pembrolizumab monotherapy was well tolerated, with 18 patients having to stop treatment owing to immune-related adverse events (irAEs). 53 patients proceeded to second-line treatment with a median PFS2 of 10.2 months (95% CI: 8.8–11.5). Moreover, patients with documented irAEs had a statistically significant longer median PFS (11.3 vs. 3.3 months; log-rank p value =  $<.001$ ) and median OS (18.8 vs. 8.9 months; log-rank p value  $<.001$ ). The efficacy and safety of pembrolizumab first-line monotherapy for HNSCC has been validated using real-world data. (© 2024 The Authors. International Journal of Cancer published by John Wiley & Sons Ltd on behalf of UICC.)

**DOI:** 10.1002/ijc.34963

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38500737&profid=ehost>



[8685816&profiid=ehost](#)

**225. Caecal malakoplakia: a rare mimic of malignancy**

**Item Type:** Journal Article

**Authors:** Voon Chong, Jeffrey Li and Ali, Noor

**Publication Date:** 2024

**Journal:** BMJ Case Reports 17(1), pp. 1–4

**Abstract:** Malakoplakia is a rare granulomatous disease. Its aetiology is unclear but possible theories include infection with microorganisms (especially *Escherichia coli*), immunosuppression and impaired lysosomal function. It has been commonly documented to affect the genitourinary tract but can affect any organ, with the gastrointestinal system being the next most affected. We present a woman in her 70s, with a 2-week history of right-sided abdominal pain, 13 years following her renal transplant. She was admitted for treatment of an *E. coli* bacteraemia. CT scan had shown a caecal pole mass, highly suspicious for malignancy. It was surgically resected, and histology revealed findings of malakoplakia within the colon. Surgical intervention was combined with a prolonged course of antibiotics for successful treatment. We highlight the ability of malakoplakia to mimic malignancy and should be considered in the differentials in the context of an immunosuppressed patient with radiological findings of a colonic mass.

**DOI:** 10.1136/bcr-2023-257130

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=175309698&profiid=ehost>

**226. Predictors of trigeminal neuropathy in patients receiving Gamma Knife stereotactic radiosurgery for vestibular schwannoma**

**Item Type:** Journal Article

**Authors:** Wade, Louise;Boyce, Hazel;Brown, William J. H.;Clamp, Philip J. and Cameron, Alison L.

**Publication Date:** 2024

**Journal:** Journal of Neurosurgery , pp. 1–7

**Abstract:** Objective: The authors' objective was to validate dosimetric and clinical predictors of the development of trigeminal neuropathy (Tn) in patients treated with stereotactic radiosurgery (SRS) for a diagnosis of vestibular schwannoma (VS).; Methods: In total, 301 patients were treated with SRS for VS at the authors' center between April 2013 and June 2020, with a median prescription dose of 12.5 Gy. Ninety-seven patients were excluded: 78 had pre-existing

symptoms of Tn, and 19 had < 2 years of follow-up. At follow-up consultations, trigeminal nerve function was prospectively documented in an institutional database. The median follow-up was 4 years. Data from treatment plans were extracted for factors previously reported as predictors of Tn: volume of cranial nerve (CN) V that received at least 11 Gy, maximum dose to CN V, volume of the cisternal portion of CN V, maximum dose to the brainstem, volume of the brainstem that received at least 12 Gy, and tumor volume. Tumor compression of CN V at baseline was also evaluated. Univariate and multivariate analyses of results were performed to identify significant factors.; Results: In total, 23 (11.3%) patients developed symptoms of Tn after SRS; these symptoms were transitory in 7 (30%) cases. Of the 16 patients with permanent Tn, 13 had objective paresthesia (9 had grade II and 4 grade III) and 5 had pain (2 grade II and 3 grade III); included in this are 2 patients who had both paresthesia and pain. In addition, 44% developed symptoms by 1 year after SRS and 100% by 3 years after SRS. On univariate analysis of patients with permanent symptoms, maximum dose to CN V ( $p = 0.016$ ) was a significant factor. This was not maintained on multivariate analysis when the volume of CN V that received  $\geq 11$  Gy became the only significant factor ( $p = 0.029$ ).; Conclusions: The only significant factor in the risk of development of Tn after SRS for VS was the volume of CN V that received  $\geq 11$  Gy. This should be routinely incorporated into dosimetric planning constraints and patients should be counseled about the risk of adverse effects if it cannot be met. For those with growing VS and a gap to the trigeminal nerve, it may be prudent to provide earlier treatment with SRS to enable application of this dosimetric constraint and reduced risk of Tn.

**DOI:** 10.3171/2024.7.JNS24538

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39504546&provid=ehost>

**227. Effects of physical form of beta-lactoglobulin and calcium ingestion on GLP-1 secretion, gastric emptying and energy intake in humans: A randomised crossover trial.**

**Item Type:** Journal Article

**Authors:** Watkins J.D.;Smith H.A.;Hengist A.;Nielsen S.B.;Mikkelsen U.R.;Saunders J.;Koumanov F.;Betts J.A. and Gonzalez, J. T.

**Publication Date:** 2024

**Journal:** British Journal of Nutrition 131(10), pp. 1730–1739

**Abstract:** The aim of this study was to assess whether adding  $\text{Ca}^{2+}$  to aggregate or native forms of beta-lactoglobulin alters gut hormone secretion, gastric emptying rates and energy intake in healthy men and women. Fifteen healthy adults (mean  $\pm$  s.d.: 9M/6F, age: 24  $\pm$  5 years) completed four trials in a randomised, double-blind, crossover design. Participants consumed test drinks consisting of 30 g of beta-lactoglobulin in a native form with (NATIVE + MINERALS) and without (NATIVE) a  $\text{Ca}^{2+}$ -rich mineral supplement and in an aggregated form both with (AGGREG + MINERALS) and without the mineral supplement (AGGREG). Arterialised blood was sampled for 120 min postprandially to determine gut hormone concentrations. Gastric emptying was determined using  $^{13}\text{C}$ -acetate and  $^{13}\text{C}$ -octanoate, and energy intake was

assessed with an ad libitum meal at 120 min. A protein x mineral interaction effect was observed for total glucagon-like peptide-1 (GLP-1TOTAL) incremental AUC (iAUC;  $P < 0.01$ ), whereby MINERALS + AGGREG increased GLP-1TOTAL iAUC to a greater extent than AGGREG ( $1882 \pm 603$  v.  $1550 \pm 456$  pmol.l<sup>-1</sup>.120 min,  $P < 0.01$ ), but MINERALS + NATIVE did not meaningfully alter the GLP-1 iAUC compared with NATIVE ( $1669 \pm 547$  v.  $1844 \pm 550$  pmol.l<sup>-1</sup>.120 min,  $P = 0.09$ ). A protein x minerals interaction effect was also observed for gastric emptying half-life ( $P < 0.01$ ) whereby MINERALS + NATIVE increased gastric emptying half-life compared with NATIVE ( $83 \pm 14$  v.  $71 \pm 8$  min,  $P < 0.01$ ), whereas no meaningful differences were observed between MINERALS + AGGREG v. AGGREG ( $P = 0.70$ ). These did not result in any meaningful changes in energy intake (protein x minerals interaction,  $P = 0.06$ ). These data suggest that the potential for Ca<sup>2+</sup> to stimulate GLP-1 secretion at moderate protein doses may depend on protein form. This study was registered at clinicaltrials.gov (NCT04659902).

## **228. Effects of physical form of $\beta$ -lactoglobulin and calcium ingestion on GLP-1 secretion, gastric emptying and energy intake in humans: a randomised crossover trial**

**Item Type:** Journal Article

**Authors:** Watkins, Jonathan D.;Smith, Harry A.;Hengist, Aaron;Nielsen, Søren B.;Mikkelsen, Ulla Ramer;Saunders, John;Koumanov, Francoise;Betts, James A. and Gonzalez, Javier T.

**Publication Date:** 2024

**Journal:** British Journal of Nutrition 131(10), pp. 1730–1739

**Abstract:** The aim of this study was to assess whether adding Ca<sup>2+</sup> to aggregate or native forms of  $\beta$ -lactoglobulin alters gut hormone secretion, gastric emptying rates and energy intake in healthy men and women. Fifteen healthy adults (mean  $\pm$  sd: 9M/6F, age:  $24 \pm 5$  years) completed four trials in a randomised, double-blind, crossover design. Participants consumed test drinks consisting of 30 g of  $\beta$ -lactoglobulin in a native form with (NATIVE + MINERALS) and without (NATIVE) a Ca<sup>2+</sup>-rich mineral supplement and in an aggregated form both with (AGGREG + MINERALS) and without the mineral supplement (AGGREG). Arterialised blood was sampled for 120 min postprandially to determine gut hormone concentrations. Gastric emptying was determined using <sup>13</sup>C-acetate and <sup>13</sup>C-octanoate, and energy intake was assessed with an ad libitum meal at 120 min. A protein  $\times$  mineral interaction effect was observed for total glucagon-like peptide-1 (GLP-1TOTAL) incremental AUC (iAUC;  $P < 0.01$ ), whereby MINERALS + AGGREG increased GLP-1TOTAL iAUC to a greater extent than AGGREG ( $1882 \pm 603$  v.  $1550 \pm 456$  pmol.l<sup>-1</sup>.120 min,  $P < 0.01$ ), but MINERALS + NATIVE did not meaningfully alter the GLP-1 iAUC compared with NATIVE ( $1669 \pm 547$  v.  $1844 \pm 550$  pmol.l<sup>-1</sup>.120 min,  $P = 0.09$ ). A protein  $\times$  minerals interaction effect was also observed for gastric emptying half-life ( $P < 0.01$ ) whereby MINERALS + NATIVE increased gastric emptying half-life compared with NATIVE ( $83 \pm 14$  v.  $71 \pm 8$  min,  $P < 0.01$ ), whereas no meaningful differences were observed between MINERALS + AGGREG v. AGGREG ( $P = 0.70$ ). These did not result in any meaningful changes in energy intake (protein  $\times$  minerals interaction,  $P = 0.06$ ). These data suggest that the potential for Ca<sup>2+</sup> to stimulate GLP-1 secretion at moderate protein doses may depend on protein form. This study was registered at clinicaltrials.gov (NCT04659902).

**DOI:** 10.1017/S0007114524000321

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=176989597&provid=ehost>

**229. What are we teaching UK medical students about ageing? Results of the third BGS national curriculum survey.**

**Item Type:** Journal Article

**Authors:** Watson A.;Pearson G.M.E.;Fisher G.;Redgrave M.;Khoshnaghsh A.;Winter R.;Masud T.;Blundell A.;Gordon A.L. and Henderson, E. J.

**Publication Date:** 2024

**Journal:** Age and Ageing Conference: 2024 British Geriatrics Society Spring Meeting. Birmingham United Kingdom, pp. Date of Publication: 01 Aug 2024

**Abstract:** Introduction: The ageing population means all doctors, regardless of specialty, will need knowledge, skills, and attitudes to care for older people with complex health conditions. An essential component of preparing the medical workforce to best care for older people is by including teaching on ageing and geriatric medicine in undergraduate medical curricula. Here we present results of the British Geriatrics Society (BGS) national curriculum survey 2021-22, highlighting progress made in undergraduate teaching in geriatric medicine.

**230. An international multicentre analysis of current prescribing practices and shared decision-making in psoriatic arthritis**

**Item Type:** Journal Article

**Authors:** Watson, Lily;Coyle, Conor;Whately-Smith, Caroline;Brooke, Melanie;Kiltz, Uta;Lubrano, Ennio;Queiro, Rubén;Trigos, David;Brandt-Juergens, Jan;Choy, Ernest;D'Angelo, Salvatore;Sedie, Andrea Delle;Dernis, Emmanuelle;Guis, Sandrine;Helliwell, Philip;Ho, Pauline;Hueber, Axel J.;Joven, Beatriz;Koehm, Michaela and Montilla, Carlos

**Publication Date:** 2024

**Journal:** Rheumatology 63(12), pp. 3449–3456

**Abstract:** Objectives Shared decision-making (SDM) is advocated to improve patient outcomes in PsA. We analysed current prescribing practices and the extent of SDM in PsA across Europe. Methods The ASSIST study was a cross-sectional observational study of PsA patients ≥18 years of age attending face-to-face appointments between July 2021 and March 2022. Patient demographics, current treatment and treatment decisions were recorded. SDM was measured by the clinician's effort to collaborate (CollaboRATE questionnaire) and patient communication confidence (PEPPI-5 tool). Results A total of 503 patients were included from 24 centres across the UK, France, Germany, Italy and Spain. Physician- and patient-reported measures of disease activity were highest in the UK. Conventional synthetic DMARDs constituted a higher

percentage of current PsA treatment in the UK than continental Europe (66.4% vs 44.9%), which differed from biologic DMARDs (36.4% vs 64.4%). Implementing treatment escalation was most common in the UK. CollaboRATE and PEPPI-5 scores were high across centres. Of 31 patients with low CollaboRATE scores (<4.5), no patients with low PsAID-12 scores (<5) had treatment escalation. However, of 465 patients with CollaboRATE scores  $\geq 4.5$ , 59 patients with low PsAID-12 scores received treatment escalation. Conclusions Higher rates of treatment escalation seen in the UK may be explained by higher disease activity and a younger cohort. High levels of collaboration in face-to-face PsA consultations suggests effective implementation of the SDM approach. Our data indicate that in patients with mild disease activity, only those with higher perceived collaboration underwent treatment escalation. Prospective studies should examine the impact of SDM on PsA patient outcomes. Trial registration [clinicaltrials.gov](https://clinicaltrials.gov) , NCT05171270.

**DOI:** 10.1093/rheumatology/kead621

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=181249397&provid=ehost>

## 231. Complications of fibrotic interstitial lung disease for the general radiologist

**Item Type:** Journal Article

**Authors:** Watson, S.;Dixon, G.;Savill, A.;Gibbons, M. A.;Barratt, S. L. and Rodrigues, J. C. L.

**Publication Date:** 2024

**Journal:** Clinical Radiology 79(5), pp. 323–329

**Abstract:** Interstitial lung diseases (ILDs) are a heterogeneous group of conditions characterised by non-infective inflammation and scarring of the lung parenchyma. They are not infrequently encountered by the general radiologist in both acute and outpatient reporting settings who may even be the first to make the diagnosis. In the acute setting, patients with ILD can present with respiratory deterioration due to a number of causes and in addition to the common causes of dyspnoea, an acute exacerbation of ILD needs to be considered. An exacerbation can be initiated by common triggers such as infection, pulmonary embolism (PE), and heart failure, and it can also be initiated by an insult to the lung or occur due to an unknown cause. Particular care needs to be taken when interpreting computed tomography (CT) examinations in these patients as the findings of an acute exacerbation are non-specific and patient and technical factors can cause spurious appearances including dependent changes, breathing artefact and contrast medium opacification. In the non-acute setting, patients with ILD are at increased risk of lung cancer and pulmonary hypertension (PH), with lung cancer being a particularly important consideration as treatments carry the risk of triggering an acute exacerbation or deterioration in lung function. Overall, this review aims to provide an overview for the general radiologist of additional factors to consider when interpreting scans in patients with ILD and how the presence of ILD impacts the differential diagnoses and complications that can occur in these patients in both acute and non-acute settings. (Crown Copyright © 2024. Published by Elsevier Ltd. All rights reserved.)

**DOI:** 10.1016/j.crad.2024.01.015

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38429136&profid=ehost>

**232. British Axial Spondyloarthritis Inception Cohort (BAXSIC): a protocol for a multicentre real-world observational cohort study of early axial spondyloarthritis**

**Item Type:** Journal Article

**Authors:** Weddell, Jake; Harrison, Stephanie R.; Bennett, Alexander N.; Gaffney, Karl; Jones, Gareth T.; Machado, Pedro M.; Packham, Jonathan; Sengupta, Raj; Zhao, Sizheng Steven; Siebert, Stefan and Marzo-Ortega, Helena

**Publication Date:** 2024

**Journal:** Rheumatology Advances in Practice 8(3), pp. rkae087

**Abstract:** Objectives: Timely diagnosis remains a challenge in axial SpA (axSpA). In addition, data are scarce on the impact of diagnostic delay and disease progression in affected individuals. The British Axial Spondyloarthritis Inception Cohort (BAXSIC) study aims to investigate the impact of newly diagnosed axSpA, the natural history of the disease and the effect of diagnostic delay on disease outcomes.; Methods: BAXSIC is a prospective, multicentre, observational study. Eligible participants are adults ( $\geq 16$  years of age), with a physician-confirmed diagnosis of axSpA in the 6 months prior to study entry, recruited from secondary and tertiary rheumatology centres in the UK. Participants will be followed up for 3 years, with in-person visits at baseline and 24 months. In addition, patient self-reported assessments will be recorded remotely via the online electronic case report form (eCRF) at 6, 12, 18, 30 and 36 months.; Results: The first patient was enrolled in BAXSIC in June 2023. Recruitment is currently ongoing and is planned to end in June 2026. Initial results will be available in 2027. Since opening, the trial has undergone two protocol amendments.; Conclusion: The BAXSIC study is the first inception cohort designed to investigate the impact of diagnostic delay on clinical presentation and long-term functional outcomes in patients with axSpA in the UK. With an innovative, patient-led virtual longitudinal data collection model, data generated from this study will help inform and improve the care of people newly diagnosed with axSpA.; Trial Registration: ClinicalTrials.gov (<http://clinicaltrials.gov>), NCT05676775. (© The Author(s) 2024. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

**DOI:** 10.1093/rap/rkae087

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39165398&profid=ehost>

**233. New AI Technology Predicts Future Atrial Fibrillation and Ischaemic Stroke From Routine CCTA**

**Item Type:** Journal Article

**Authors:** West, H.;Siddique, M.;Volpe, L.;Wahome, E.;Chan, K.;Patel, P.;Tomlins, P.;Adlam, D.;Screaton, N.;Rodrigues, J.;Nicol, E.;Neubauer, S.;Casadei, B.;Channon, K. and Antoniadou, C.

**Publication Date:** 2024

**Journal:** Heart, Lung & Circulation 33, pp. S208

**DOI:** 10.1016/j.hlc.2024.06.170

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=178643747&provid=ehost>

**234. Virtual wards for people with frailty: what works, for whom, how and why - a rapid realist review.**

**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:** 2024

**Journal:** Age and Ageing 53(3) (pagination), pp. Article Number: afae039. Date of Publication: 01 Mar 2024

**Abstract:** Background: Virtual wards (VWs) deliver multidisciplinary care at home to people with frailty who are at high risk of a crisis or in crisis, aiming to mitigate the risk of acute hospital admission. Different VW models exist, and evidence of effectiveness is inconsistent.

**235. Virtual wards for people with frailty: what works, for whom, how and why—a rapid realist review**

**Item Type:** Journal Article

**Authors:** Westby, Maggie;Ijaz, Sharee;Savović, Jelena;McLeod, Hugh;Dawson, Sarah;Welsh, Tomas;Roux, Hein Le;Walsh, Nicola and Bradley, Natasha

**Publication Date:** 2024

**Journal:** Age & Ageing 53(3), pp. 1–14

**Abstract:** Background Virtual wards (VWs) deliver multidisciplinary care at home to people with frailty who are at high risk of a crisis or in crisis, aiming to mitigate the risk of acute hospital admission. Different VW models exist, and evidence of effectiveness is inconsistent. Aim We conducted a rapid realist review to identify different VW models 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 multidisciplinary VWs. Information on how and why VWs might 'work' was extracted and synthesised into context-mechanism-outcome configurations with input from clinicians and patient/public contributors. Results We included 17 peer-reviewed and 11 grey literature documents. VWs could be short-term and acute (1–21 days), or longer-term and preventative (typically 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 good communication with the VW, their experience of care at home, and feeling involved, 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. Proactive care is recommended to avoid frailty-related crises.

**DOI:** 10.1093/ageing/afae039

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=176275791&provid=ehost>

**236. A new era for cystic fibrosis nurse specialists: rebuilding the Cystic Fibrosis Nursing Association (CFNA) post COVID-19 pandemic.**

**Item Type:** Journal Article

**Authors:** Whitton C.;Basford S.;McGrath A.;Fagan C.;O'Neill D.;Marwick J.;Hodgson R.;Daniels J.;Wooldridge L.;Rogers R.;Geoghegan S. and Walls, A.

**Publication Date:** 2024

**Journal:** Journal of Cystic Fibrosis Conference: 47th European Cystic Fibrosis Conference. Glasgow United Kingdom, pp. Date of Publication: 01 Jun 2024

**Abstract:** Objectives The Cystic Fibrosis Nursing Association was established in 1988 to reflect the needs of the community in supporting learning and networking for the benefit of people with CF in the UK. Current membership is approximately 300 nurses across England, Wales, Scotland and Ireland. Clinical commitments and role changes during the COVID-19 pandemic led to the UK CFNA committee losing capacity to maintain their committee roles. Clinical workloads, social distancing restrictions and a lack of capacity for members to attend online meetings led to a disengagement in the group. The CFNA committee set out to gain insight into the opinions of the CFNA members in order to guide the future direction of the group. Methods Online survey sent to all members of the CFNA. Results We received 45 responses. 34% of respondents said CFNA membership is specified in their job description. 57.8% were aware of the CFNA educational grants and 75.6% were aware of the Fiona Lomas award (innovative practice award). 64.5% used the CFNA website. The forum within the website was accessed weekly by 2%, 1-2 times monthly by 4.4%, 4-6 times yearly by 26.7%, 1-4 times yearly by 48.8% and never by 20%, with comments including it is not user friendly and requires updating. 65.8%



would like to see content on a social media platform, with reference made to Twitter, Instagram, Facebook and Slack. 86% would be interested in taking part in collaborative research led by the CFNA. Free text identified members would like improved communication, opportunity for sharing knowledge, study days and an updated website with a responsive forum. Conclusions Not all members were aware of services already offered by the CFNA. The most common theme was providing an opportunity for communication and shared learning across CFNA members. Collaborative research led by the CFNA is of interest to the majority of members.

### **237. Echocardiographic assessment of pulmonary hypertension: improving the probability.**

**Item Type:** Journal Article

**Authors:** Wild C.;Gurung A.;Willis J.;Slegg O.;Rossdale J.;Suntharalingham J.;Mackenzie Ross R.;Page J.;Charalampopoulos T.;Johnson M.;Oxborough D.;Thompson D.;Peacock O.;Coghlan G. and Augustine, D. X.

**Publication Date:** 2024

**Journal:** European Heart Journal Conference, pp. Euroean

**Abstract:** Introduction: Pulmonary hypertension (PH) is a cardio-pulmonary disorder characterised by raised pulmonary artery pressure (mPAP >20mmHg) leading to right ventricular failure, and death if left untreated. Transthoracic echocardiography (TTE) assessment of PH uses a probability-based approach, combining peak tricuspid regurgitant velocity with other supporting signs. We evaluated the latest ESC TTE PH guidelines in a real-world UK dataset and identified markers that may improve the sensitivity of the existing algorithm.

### **238. The Emergency General Surgeon: what should their future operative role be, and how can an EGS post be more attractive?.**

**Item Type:** Journal Article

**Authors:** Wohlgemut J.;Okocha M.;Bateman K.;Adiamah A.;Marsden M. and Lee, M.

**Publication Date:** 2024

**Journal:** British Journal of Surgery.Conference: Annual Congress of the Association of Surgeons of Great Britain and Ireland.Belfast United Kingdom 111(Supplement 8) (pp viii1), pp. Date of Publication: 01 Se 2024

**Abstract:** Aims: Determine the desired future operative role of dedicated Emergency General Surgery (EGS) surgeons in the United Kingdom (UK) and the Republic of Ireland (ROI), and how to improve the attractiveness of an EGS post.

### **239. Appropriate management of heart failure in older people with frailty**

**Item Type:** Journal Article

**Authors:** Woodford, Henry John;McKenzie, Dan and Pollock, Lucy Mary

**Publication Date:** 2024

**Journal:** BMJ (Clinical Research Ed.) 387, pp. e078188

**Abstract:** Competing Interests: Competing interests: We have read and understood BMJ policy on declaration of interests and have no interests to declare.

**DOI:** 10.1136/bmj-2023-078188

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39592163&profid=ehost>

**240. Long-Term outcomes after stress echocardiography in real world practice: five-year follow-up of the UK Evarest study**

**Item Type:** Journal Article

**Authors:** Woodward, William;Johnson, Casey L.;Krasner, Samuel;O'Driscoll, Jamie;McCourt, Annabelle;Dockerill, Cameron;Balkhausen, Katrin;Chandrasekaran, Badrinathan;Firoozan, Soroosh;Kardos, Attila;Sabharwal, Nikant;Sarwar, Rizwan;Senior, Roxy;Sharma, Rajan;Wong, Kenneth;Augustine, Daniel X. and Leeson, Paul

**Publication Date:** 2024

**Journal:** European Heart Journal.Cardiovascular Imaging

**Abstract:** Aims: Stress echocardiography is widely used to assess patients with chest pain. The clinical value of a positive or negative test result to inform on likely longer-term outcomes when applied in real world practice across a healthcare system has not been previously reported.; Methods and Results: 5503 patients recruited across 32 UK NHS hospitals between 2018 and 2022, participating in the EVAREST/BSE-NSTEP prospective cohort study, with data on medical outcomes up to 2023 available from NHS England were included in analysis. Stress echocardiography results were related to outcomes, including death, procedures, hospital admissions and relevant cardiovascular diagnoses, based on Kaplan-Meier analysis and Cox proportional hazard ratios. Median follow-up was 829 days (IQR 224-1434). A positive stress echocardiogram was associated with a greater risk of myocardial infarction (HR 2.71, 95% CI 1.73-4.24,  $P<0.001$ ), and a composite endpoint of cardiac-related mortality and myocardial infarction (HR 2.03, 95% CI 1.41-2.93,  $P<0.001$ ). Hazard ratios increased with ischaemic burden. A negative stress echocardiogram identified an event-free 'warranty period' of at least five years in patients with no prior history of coronary artery disease, and four years for those with disease.; Conclusions: In real-world practice, the degree of myocardial ischaemia recorded by clinicians at stress echocardiography correctly categorises risk of future events over the next five years. Reporting a stress echocardiogram as negative correctly identifies patients with no greater than a background risk of cardiovascular events over a similar time period. (© The Author(s) 2024. Published by Oxford University Press on behalf of the European Society of Cardiology.)

**DOI:** 10.1093/ehjci/jeae291

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39531637&provid=ehost>

**241. Granulocyte-macrophage colony-stimulating factor neutralisation in patients with axial spondyloarthritis in the UK (NAMASTE): a randomised, double-blind, placebo-controlled, phase 2 trial**

**Item Type:** Journal Article

**Authors:** Worth, Claudia;Al-Mossawi, M.;Macdonald, Joanne;Fisher, Benjamin A.;Chan, Antoni;Sengupta, Raj;Packham, Jonathan;Gaffney, Karl;Gullick, Nicola;Cook, Jonathan A.;Corn, Tim H.;Teh, James;Machado, Pedro M.;Taylor, Peter C. and Bowness, Paul

**Publication Date:** 2024

**Journal:** The Lancet.Rheumatology 6(8), pp. e537–e545

**Abstract:** Background: Granulocyte-macrophage colony-stimulating factor (GM-CSF) is a proinflammatory cytokine overproduced in several inflammatory and autoimmune diseases, including axial spondyloarthritis. Namilumab is a human IgG1 monoclonal anti-GM-CSF antibody that potently neutralises human GM-CSF. We aimed to assess the efficacy of namilumab in participants with moderate-to-severe active axial spondyloarthritis.; Methods: This proof-of-concept, randomised, double-blind, placebo-controlled, phase 2, Bayesian (NAMASTE) trial was done at nine hospitals in the UK. Participants aged 18-75 years with axial spondyloarthritis, meeting the Assessment in SpondyloArthritis international Society (ASAS) criteria and the ASAS-defined MRI criteria, with active disease as defined by a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), were eligible. Those who had inadequately responded or had intolerance to previous treatment with an anti-TNF agent were included. Participants were randomly assigned (6:1) to receive subcutaneous namilumab 150 mg or placebo at weeks 0, 2, 6, and 10. Participants, site staff (except pharmacy staff), and central study staff were masked to treatment assignment. The primary endpoint was the proportion of participants who had an ASAS  $\geq 20\%$  improvement (ASAS20) clinical response at week 12 in the full analysis set (all randomly assigned participants). This trial is registered with ClinicalTrials.gov (NCT03622658).; Findings: From Sept 6, 2018, to July 25, 2019, 60 patients with moderate-to-severe active axial spondyloarthritis were assessed for eligibility and 42 were randomly assigned to receive namilumab (n=36) or placebo (n=six). The mean age of participants was 39.5 years (SD 13.3), 17 were women, 25 were men, 39 were White, and seven had previously received anti-TNF therapy. The primary endpoint was not met. At week 12, the proportion of patients who had an ASAS20 clinical response was lower in the namilumab group (14 of 36) than in the placebo group (three of six; estimated between-group difference 6.8%). The Bayesian posterior probability  $\eta$  was 0.72 ( $>0.927$  suggests high clinical significance). The rates of any treatment-emergent adverse events in the namilumab group were similar to those in the placebo group (31 vs five).; Interpretation: Namilumab did not show efficacy compared with placebo in patients with active axial spondyloarthritis, but the treatment was generally well tolerated.; Funding: Izana Bioscience, NIHR Oxford Biomedical Research Centre (BRC), NIHR

Birmingham BRC, and Clinical Research Facility.; Competing Interests: Declaration of interests CW received funding from the Arthritis Therapy Acceleration Program (grant KENN161704) and Izana Bioscience. MHA-M holds stocks in GSK, UCB, and AstraZeneca; is an employee of AstraZeneca; and was an employee of UCB. BAF has received research funding from Janssen, Galapagos, and Celgene; and consultation fees from Novartis, Galapagos, Servier, Janssen, Roche, Sanofi, Bristol Myers Squibb, and UCB. AC has received payment or honoraria from Novartis, UCB, Amgen, AbbVie, and Janssen; and support for attending meetings or travel (or both) from Eli Lilly, UCB, and Novartis. RS has received research funding from Celgene and Novartis; payment or honoraria from AbbVie, Biogen, Eli Lilly, MSD, Novartis, Roche, and UCB; support for attending meetings or travel (or both) from AbbVie, Novartis, Eli Lilly, and UCB; participated on a data safety monitoring board or advisory board for AbbVie, Novartis, Eli Lilly, and UCB; is part of a chairmanship of trustees for the British Society for Spondyloarthritis and a trustee of the Bath Institute for Rheumatic Diseases. JP is a member of the executive committee of the British Society for Spondyloarthritis. KG has received research funding from Biogen, AbbVie, Pfizer, Novartis, Eli Lilly, Celltrion, Janssen, and Gilead; consulting fees from AbbVie, Novartis, UCB, and Eli Lilly; honoraria from AbbVie, Novartis, UCB, and Eli Lilly; and support for attending meetings or travel (or both) from Novartis, UCB, and Eli Lilly. NG has received research funding from Izana Bioscience, AbbVie, AstraZeneca, Eli Lilly, and Novartis; consulting fees from AbbVie, Novartis, and UCB; and payment or honoraria from AbbVie, Eli Lilly, Janssen, Novartis, and UCB; support for attending meetings or travel (or both) from AbbVie, Eli Lilly, UCB, and Novartis; receipt of equipment, materials, drugs, medical writing gifts, or other services from Eli Lilly and Novartis. THC was a chief medical officer at Izana Bioscience, received salary and stock options from Izana Bioscience, and participated in data safety monitoring board meetings. PMM has received consulting or speakers fees from AbbVie, BMS, Celgene, Eli Lilly, Galapagos, Janssen, MSD, Novartis, Orphazyme, Pfizer, Roche, and UCB; and is supported by the National Institute for Health Research (NIHR), University College London Hospitals, and Biomedical Research Centre (BRC). PCT has received research funding from Galapagos and Izana Bioscience; consulting fees from AbbVie, Biogen, Galapagos, Gilead, GSK, Janssen, Eli Lilly, Pfizer, Sanofi, Nordic Pharma, Fresenius, UCB, and Izana Bioscience; payment or honoraria from AbbVie; support for attending meetings or travel (or both) from Eli Lilly; and participated on data safety monitoring boards for Kymab and Immunovant. PB has received research funding from Regeneron, BenevolentAI, GSK, and Novartis. JM, JAC, and JT declare no competing interests. (Copyright © 2024 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license. Published by Elsevier Ltd.. All rights reserved.)

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## **242. District General Hospital Management of Chest Trauma in Frail Adults: A Need for National Guidelines for Frailty in General Surgery.**

**Item Type:** Journal Article

**Authors:** Yao S.;Coombes Z.;Okocha M. and Gaskell, N.

**Publication Date:** 2024

**Journal:** British Journal of Surgery.Conference: Annual Congress of the Association of Surgeons of Great Britain and Ireland.Belfast United Kingdom 111(Supplement 8) (pp viii80-viii81), pp.  
**Date of Publication:** 01 Se 2024

**Abstract:** Annually, 16,000 adults face chest trauma, with blunt injuries in the elderly leading to high mortality rates. In TARN Chest trauma ranks as the second deadliest trauma in older adults, following head injuries. There's significant inconsistency, nationally, in the General Surgical management of these patients.

**243. National Institute for Health and Care Research (NIHR) Molecular Radiotherapy (MRT) National Research Access Network Meeting 30th October 2023.**

**Item Type:** Journal Article

**Authors:** Young J.;Cain K.;Flux G.;Williams H.A.;Mohamed W.;Wong W.L.;Dizdarevic S.;Graham R.;Semmens S.;Tindale W. and Wadsley, J.

**Publication Date:** 2024

**Journal:** Nuclear Medicine Communications.Conference: British Nuclear Medicine Society Spring Meeting, BNMS 2024.Belfast United Kingdom 45(5), pp. 434–435

**Abstract:** Molecular radiotherapy (MRT) is a rapidly expanding treatment modality. The National Institute for Health and Care Research (NIHR) MRT National Research Access Network Steering Committee recognises challenges facing MRT research, particularly related to funding, facilities and workforce. The steering committee convened a meeting on 30th October 2023 to discuss these issues. This meeting brought together over 75 key stakeholders to consider a road map to facilitate MRT research in the UK and to improve equitable access to MRT trials. The programme included speakers from: NHS England, NIHR, Braintrust, and the National Proton Beam Therapy Programme. An industry panel discussed the potential to increase UK access to commercial MRT research with representatives from Blue Earth, Novartis, Curium, Sirtex, Bayer and Siemens. Updates were provided from ten MRT focused UK initiatives: UK MRT Consortium, Radionuclides for Health UK, NCRI CTRad, Research champions of the BNMS, All Wales MRT Group, UKRG, Medical Radionuclide Innovation Programme (MRIP), RTTQA, Radiobiology in MRT and IDUG. The day culminated in a series of workshops focused on: 1) Barriers and Facilitators to Change 2) Research Ideas 3) Collaboration. Each group then pooled discussion points into five key points for development or change. Themes included: developing a common vision, strengthening the evidence base for MRT, optimising use of existing therapies and interdisciplinary collaboration. The full recommendations will be presented at the BNMS Spring meeting and have been summarised into a report of the event, which will be made available on the NIHR website.

**244. 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:** 2024

**Journal:** The European Respiratory Journal 63(4)

**Abstract:** Background: Idiopathic pulmonary fibrosis (IPF) with coexistent 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 n=317/n=183, replication cohort n=358/n=152), who were subgrouped using 10% or 15% visual emphysema thresholds, and an unsupervised machine-learning model considering emphysema and interstitial lung disease extents. Baseline characteristics, 1-year relative FVC and diffusing capacity of the lung for carbon monoxide ( D LCO ) 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 D LCO compared to CPFE patients with  $< 10\%$  emphysema. Using multivariable Cox regression analyses in patients with  $\geq 10\%$  emphysema, 1-year D LCO 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, D LCO 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.; Competing Interests: Conflict of interest: J. Jacob reports fees from Boehringer Ingelheim, Roche, NHSX, Takeda and GlaxoSmithKline, unrelated to the submitted work, and was supported by Wellcome Trust Clinical Research Career Development Fellowship 209553/Z/17/Z and the NIHR Biomedical Research Centre at University College London. N. Mogulkoc reports grant TUBITAK (EJP Rare Disease project "COCOS-IPF"), fees from Boehringer Ingelheim, Roche, and Nobel Turkey unrelated to the submitted work, and received support for travel to meetings from Roche and Actelion. T.J. Corte reports unrestricted educational grants from Boehringer Ingelheim, Roche, Biogen and Galapagos, fees from Roche, BMS, Boehringer Ingelheim, Vicore and DevPro, assistance for travel to meetings from Boehringer Ingelheim, and participation on a data safety monitoring board or advisory board for Roche, BMS, Boehringer Ingelheim, Vicore, Ad Alta, Bridge Biotherapeutics and DevPro. P. Vasudev reports financial interests from Blackford Analysis. T. Goos is supported by Research Foundation Flanders (1S73921N). L.J. De Sadeleer is supported by Marie Skłodowska-Curie actions postdoctoral fellowship within the European Union's Horizon Europe research and innovation programme. H. Jo reports fees from Boehringer Ingelheim and Roche, and received assistance for travel to meetings from Boehringer Ingelheim and Roche. S. Verleden reports consultancy fees from Boehringer Ingelheim and Sanofi. M. Vermant is supported by an FWO (Research Flanders Foundation) fellowship. S.M. Janes reports fees from AstraZeneca, Bard1 Bioscience, Achilles Therapeutics and Jansen unrelated to the submitted work, received assistance for travel to meetings from AstraZeneca and Takeda, and is

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