International Journal of Surgery Protocols 15 (2019) 12–17

Contents lists available at ScienceDirect

International Journal of Surgery Protocols

journal homepage: www.elsevier.com/locate/isjp

NCRM 2017 Abstract Presentations

THE RICOCHET STUDY: RECEIPT OF CURATIVE RESECTION OR PALLIATIVE CARE FOR HEPATO-BILIARY TUMOURS

RICOCHET Study Group on behalf of the West Midlands Research Collaborative

Presenting author: Georgia Layton

Introduction: Pancreatic adenocarcinoma is the 5th leading cause of cancer death in the UK. Surgical resection remains the only curative option, however more than 80% of patients with pancreatic cancer present with unresectable disease. There is wide variation in the diagnostic and management pathway for these patients, including the pathway to surgery and management of biliary obstruction. Furthermore, there is no standard framework for the palliation of unresectable disease. There is a lack of evidence in this area and the purpose of this study is to assess whether this perceived variability in treatment pathways is affecting patient outcomes and experience.

Aim: The overall aim of this study is to deliver a snapshot of investigative and management practice for patients with newly identified pancreatic cancer or suspicious periampullary tumour.

Study Design: RICOCHET is a multicentre, national, prospective study of resectable and unresectable pancreatic and periampullary cancers from point of presentation to treatment. It is an ambitious cross speciality study that will be delivered through collaboration between surgical and gastroenterology trainees with involvement from oncology, palliative care and nutritional teams. All patients presenting with suspected pancreatic or periampullary cancer during a 90 day collection period will be included, with a 90 day follow up. Patients will be identified though the HPB/UGI MDT, and the clinical nurse specialists. Individual patient pathways will be mapped across different hospitals they attend. All diagnostic investigations, interventions and associated complications, nutritional and palliative input and receipt of chemotherapy will be recorded.

Conclusion: We believe that knowledge of the factors that influence management decisions and outcomes will effect a positive change in patient outcome, utility of hospital resources and allow optimal service delivery planning. Understanding the patient pathway and the variation in this across the country will also provide detail for trial design.

doi:10.1016/j.isjp.2019.03.003

MIMIC: A PILOT STUDY FOR A RANDOMISED CONTROLLED TRIAL OF A RISK CALCULATOR PREDICTING STONE CLEARANCE IN ACUTE URETERIC COLIC

BURST: British Urology Researchers in Surgical Training

Presenting author: Kevin Gallagher

Aim: The BURST MIMIC study showed that 25% of patients discharged with conservative management of a ureteric stone were re admitted for surgery. We aim to determine the feasibility of a randomised controlled trial for the use of a risk calculator predicting stone passage in acute ureteric colic patients with a view to a full trial to determine if use of the calculator improves outcomes and patient satisfaction.

Population inclusion: Patients (age>18) with a new hospital presentation of acute ureteric colic due to radiologically confirmed urolithiasis. Patient suitable and willing to undergo conservative management of ureteric stone.

Exclusion: Uncontrolled Pain Stone>10 mm Pyrexia/sepsis Adverse radiological findings Bilateral ureteric stones Single functioning kidney

Intervention: A risk calculator developed from the 4181 patient MIMIC study cohort (online ± smart device), predicting stone passage and complication rate. The calculator will be used to inform the clinicians decision regarding intervention or conservative management and to aid in the counselling of patients. We propose a cluster randomised controlled trial to prevent learning bias.

Comparator: Standard of care (no calculator) Feasibility Outcomes Estimate on time to stone and tube free Ease calculator use Lost to followup rate Determine predicted value of spontaneous stone passage at which point clinicians would recommend and/or patients would chose immediate intervention.

Full Study Outcomes:

Primary: Time to confirmation of stone clearance (stone free either clinical or imaging based) and free of all stents and nephrostomies.

Secondary:

1. The 90day rate of hospital readmission for intervention after conservative management for ureteric colic.
2. The 90day rate of stone related complications
3. QoL and patient satisfaction as measured by validated PROMS questionnaires.

doi:10.1016/j.isjp.2019.03.004