



NACSA Research Group Meeting

8th January 2013 13:30– 15:30

Minutes

Present:

Ben Bridgewater (Chair)	BB	Consultant Cardiothoracic Surgeon	Uni. Hosp S. Manc
Rebecca Cosgriff (Minutes)	RC	NACSA Project Manager	NICOR
Joel Dunning	JD	Consultant Cardiothoracic Surgeon	James Cook Uni. Hosp.
Mike Fisher	MF	Patient Representative	SCTS
Stuart Grant	SG	Core Surgical Trainee & Honorary Research Fellow in cardiovascular surgery	Uni. Hosp S. Manc
Graeme Hickey	GH	Biostatistician	NIBHI

1. Welcome and Introductions

2. Apologies

Apologies were received from Simon Kendall and Lynne Walker.

3. Minutes of the last meeting

The minutes were agreed to be an accurate record of the meeting.

Matters arising

4. Current research and recent applications

Action: Data sharing applications are to be submitted by the Manchester team for all projects, on-going and future, to ensure an adequate paper trail for all uses of NACSA data. RC explained that applications need not be lengthy documents, especially as the team are on hand to elaborate in meetings if required.

BB reports that the application from Alistair Graham to compare outcomes for complete and incomplete revascularisation can be incorporated into the Manchester team's programme of work and done in-house on his behalf, as Belfast do not have the analytical capacity to carry out the research independently.

JD voiced support for the research idea.

Action: BB to circulate research application from Alistair Graham from Belfast.

5. NICOR attribution

It has been agreed in the NICOR research group that NICOR should be attributed in the abstract of papers submitted to journals. BB reports that this is being adhered to for NACSA.

Action

GH/SG

BB

4. Terms of reference

RC explained the requirement for TOR for the research group, and that the document had been disseminated to members prior to the meeting.

The group approved the TOR, on the understanding that the document may evolve in the future in consultation with the project board.

5. For approval: data sharing appendix

As per instruction at the last meeting, RC has updated the NACSA appendix to the NICOR data sharing policy to reflect the decisions of the group.

The group approved the appendix, on the understanding that the document may evolve in the future in consultation with the project board.

6. Update: Research activity

Title	Group/PI	Status
Aortic valve surgery: Marked increases in volume and significant decreases in mechanical valve use	Joel Dunning	Published J. Thorac. Cardiovasc. Surg., October 2011; 142: 776 – 783.e3.
How does EuroSCORE II perform in UK cardiac surgery?	UHSM (BB, GH, SG)	Published Heart 21/08/2012
Dynamic Trends in cardiac surgery; why the logistic EuroSCORE is no longer suitable for contemporary cardiac surgery and implications for future risk models	UHSM (BB, GH, SG)	Published European Journal of Cardio-Thoracic Surgery (EJCTS); In press.
Predictability of EuroSCORE for Emergency and Salvage cases	UHSM (BB, GH, SG)	Accepted circulation cardiovascular quality and outcomes
Dynamic modelling	UHSM (BB, GH, SG)	Submitted to Circulation: Cardiovascular Quality and Outcomes
Dynamic outliers	UHSM (BB, GH, SG)	In preparation
Why have outcomes improved over time?	UHSM (BB, GH, SG)	In preparation
Bilateral and Singular Mammaries	UHSM (BB, GH, SG)	In preparation
Off pump surgery	Birmingham (D. Pagano)	NICOR awaiting data sharing agreement
Mitral valve replacement prosthesis type outcomes	UHSM (I. Dimarakis, BB, GH, SG)	In preparation
Mitral Valves in octogenarians	UHSM (BB, GH, SG)	In preparation
Volume outcomes analysis in degenerative MV disease surgery	UHSM (BB, GH, SG)	In preparation
Principles of registry ethics, data ownership, & database management & analysis	UHSM (BB, GH, SG, RC)	Accepted by EJCTS
Minimally invasive AVR	UHSM (BB, GH, SG)	In preparation (BB to send to RC)

7. Research applications for discussion:

12-ACS-04: Towards full use of available data to improve clinical outcomes prediction
Matthew Sperrin

RC has fed back to MS the group's thoughts on the original application. As a result a revised version was submitted for consideration.

GH stated that MS is moving from Manchester university to Lancaster in three/four months. This should be reflected in the application.

BB stated that the application is still rather vague, with overlap with the Manchester team. However, a different approach to the same problem could be beneficial for all concerned.

JD queried which clinical prediction model will be considered, as it is not specified in the proposal.

SG explained that MS will be looking at the methodology for designing clinical prediction models, rather than analysing the effectiveness of a specific pre-existing model. GH added that this paper is intended to be exploratory.

GH stated that risk prediction is a saturated area with the exception of the dynamical work, which is already being undertaken by GH and SG.

BB voiced support for the project provided that it is carried out with careful collaboration and co-authorship with SG and GH.

SG agreed, and that the paper should be approved by the research group before submission, in accordance with the NICOR data sharing policy.

The group approved the paper on the condition that the project is collaborative with GH and SG, with them named as co-authors on the resulting paper. The costs outlined by the NICOR research group should be written into the grant application.

Action: BB to write letter to this effect to MS et al.

BB

MF suggested that all applications for data should contain an explicit statement outlining the benefit of the research to patients and the group agreed. This will refocus researchers on the idea that their work should ultimately be of benefit to patients. It will also make it much easier for patient reps to contribute to discussion about what might otherwise be a rather baffling proposal.

Action: RC to arrange for the 'benefit to patients' section to be added to the NICOR data application form

RC

12-ACS-05 Machine learning models for risk prediction
Nevena Lazic

BB reported that this proposal was approved by the NICOR research group, and that ZF is going to inform HQIP of the project due to its involvement of all NICOR audits.

JD queried whether clinician input has been decided.

BB stated that he, SG and GH will all have input, and that the research group will need to see outputs prior to submission.

The group approved the project, with the offer of clinical and statistical support as described above. The research team should be provided with a fresh export direct from NICOR once ZF has informed HQIP of the proposal.

SG suggested that in future the authors of data applications should be invited to attend this meeting.

RC asked that, when an application is sent out to the group, she be alerted if it is felt that the authors should attend the meeting to expand upon their application and answer queries.

MF asked whether the three month time lag incurred by this process would be an issue. GH confirmed that it would not be, as it is accepted that the process of obtaining data, grants etc. can take months rather than weeks.

Action: Group to inform RC if an applicant should be invited to the research meeting

All

12-NCR-08 Chronic total coronary occlusion survival

Andrew Ladwiniec

RC explained that feedback on this application has been received from MINAP and NACSA, but that Lucia Gavalova (MINAP project manager) is awaiting feedback from the BCIS research group.

RC clarified that, if the project is approved, the data extract should come direct from NICOR rather than via GH.

12-ACS-07 Comparative outcomes between on and off-pump CABG

Domenico Pagano

This project aims to determine whether there is any difference in in-hospital or mid-term mortality in otherwise similar patients depending on the revascularisation technique chosen. The secondary aim is to examine the reasons behind any differences in mortality, such as surgeon/hospital volume, patient risk profiles/characteristics etc.

The NACSA research group has approved this application in advance of the meeting, on the condition that BB acts as project sponsor.

GH stated that the original data that was prepared for this project is out of date and needs redoing. The tables are already coded up and can be rerun.

RC reports that NICOR are still awaiting a signed data sharing agreement, which must be received before any data are released.

Action: RC is to chase the data sharing agreement.

RC

13-ACS-01 Mortality risk prediction model for aortic aneurysm surgery

Mohamad Bashir

This project aims to develop a risk prediction model for aortic aneurysm surgery. This will meet the need for increased surveillance of aortic aneurysm surgery as understanding of the condition increases and intervention becomes more complex and necessary.

GH pointed out that there are issues with the NACSA dataset relating to Aortic Aneurysm surgery that the research team is already aware of. Namely that this procedure wasn't specifically identified prior to the April 2010 dataset revision, and that problems have persisted into the new dataset, with a high incidence of poor quality or missing data. All cleaning that has been carried out to compensate for this has been documented in the data cleaning document v7.0.

JD stated as the time has been taken to clean it the data, it should be utilised, and the output would be beneficial.

The group approved the project with the proviso that GH and SG should be named as co-authors, as the research team will be provided with data that has been extensively cleaned by them.

8. Research idea sharing

JD stated that he has a research idea concerning valves that are explanted in <5 years, and the incidence of prosthesis mismatch by valve type.

Action: JD to submit a data application to RC detailing this project for approval by the research group, including a 'benefit to patients' statement.

JD

BB suggested that a wider group should be assembled for the purposes of research idea sharing, and that the next research group meeting should be used for this purpose.

Suggested attendees were:

John Bark, Mike Poulis, Gianni Angelini, Neil Howell, Chris Gale, Rizwan Attia, Domenico Pagano, and Ian Buchan.

Action: Other suggested attendees should be sent to RC asap so that the meeting can be set up.

All

Data applications should be approved remotely before the meeting where possible, and the next agenda should consist of a presentation of current work followed by discussion of new research ideas.

Action: JD suggested that he could also canvass for ideas via a mail out to CTS.net and the group agreed.

JD

9. Any other business

None.

Date of next meeting

RC to circulate dates for the next meeting, scheduled for early April 2013