GlobalSurg 3 National Leads online Meeting April 12th 2018

Emails from the website to National Leads
Collaborators are able to contact you directly via the National Leads contact form on the website
http://globalsurg.org/local-leads-contact/

We'd be very grateful if you could reply to the enquires you receive. We have had some reports of interested collaborators not getting a response from their National Lead when contacting them via this means.

Enquiry@globalsurg.org is cc'ed to every message sent from the contact form to a National Lead (so we aware of the enquiry) but don't automatically see the response from you. If there is something specific you would like us to comment on or be aware of, please cc enquiry@globalsurg.org into your response.
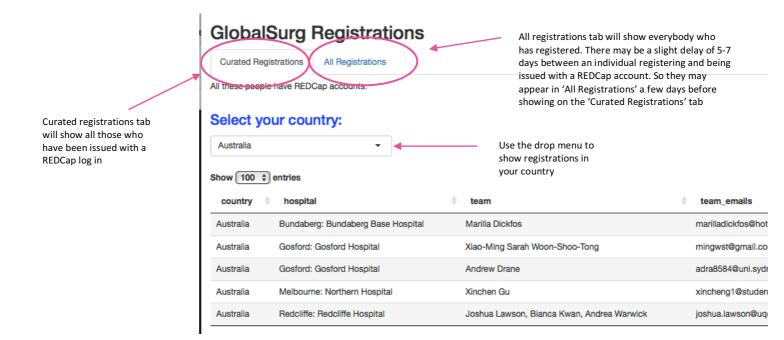
New National Leads App
We now have a new online tool to allow National Leads to track registrations in your country. Please visit the following link and enter the username and password as given below

https://argonaut.is.ed.ac.uk/shiny/private/gs3reg/
user: countrylead

The password will be emailed to all National Leads separately

Screenshot from the online tool

One page summary
A new one-page summary of GlobalSurg 3 is now available (circulated prior to the meeting and available at www.globalsurg.org/gs3)
This can be used to help explain the project to new collaborators and interested hospitals

www.GlobalSurg.org Blog posts
Please remember to follow our blog. There are several helpful and interesting posts about setting up GS3
http://globalsurg.org/blog/

We are also introducing a new, regular blog called GlobalSurg 3 in numbers. This will feature updates on the number of registrations and help with trouble shooting, such as discouraging duplicate registrations. Post from the blog are automatically Tweeted via our Twitter account (@globalSurg) – please follow us if you don't already and retweet these (or any) tweets to encourage collaborators to join the project
The first post can be found here
http://globalsurg.org/globalsurg-3-in-numbers-april-598-mini-team-registrations/

If anyone would like to write a brief blog post about their experience of setting up GS3 in your own country, successes with collaborator engagement, any difficulties etc, please let us know at enquiry@globalsurg.org - we can give you log in to blog directly, or post on your behalf

ORCID ID
Please remind collaborators they must have an ORCID ID to register for GlobalSurg 3. This can be acquired quickly and easily here:
https://orcid.org/
Please remind collaborators that individuals must register themselves at ORCID - the GlobalSurg team can not do this on their behalf and the ORCID ID number must be entered on the Registration form, not emailed to the GlobalSurg inbox

Letters of support
Please contact enquiry@globalsurg.org if you require a letter of support to assist with your ethics/IRB applications

Hospital Lead Role
A Hospital Lead **is not** required in every hospital. Only in large hospitals where there are multiple teams wishing to take part will this role be appropriate. The National Lead will make the decision as to which hospitals locally require a Hospital Lead and appoint the individual who is to be the Hospital Lead. ***The Hospital Lead must be part of a data collection team and must register as such***
An additional registration form will be made available to National Leads shortly for distribution to those individual you wish to have recognised as Hospital Lead. They will receive credit in brackets following their name in the main collaborator section of the

authorship list. NB: Hospital Leads will not be listed in a separate section of the authorship list

Training Site
We have now removed the required to 'log in as guest' from the training site. Collaborators should be able to freely access the GlobalSurg 3 training without having to log in at all

There are some new videos on the training site about logging into REDCap, entering data and amending registration forms
Please encourage all collaborators to watch these
https://training.globalsurg.org/course/view.php?id=9

Data Entry
We will cover data entry in more detail in a future National Leads meeting. Briefly, there are 5 data collection forms per patient. Once all data fields are entered, collaborators must mark the forms as complete. This will show as a green dot on the records dashboard. To be included in analyses (and therefore publication authorship) every patient must show 5 green dots. This is explained in the videos on the GlobalSurg 3 training and we will be reminding collaborators of this requirement in future emails and on social media. Collaborators not entering complete datasets risk their data not being included in analyses (and therefore themselves not being included in the authorship list)

Thank you to everyone!
Finally, a huge thank you and well done to everyone. Registrations are exceeding our expectations already and GlobalSurg 3 promises to be our biggest and best study to date. This couldn't happen without the dedicated work of everyone in the GlobalSurg family and we are extremely grateful to everyone for your hard work and dedication to GlobalSurg 3!

Questions from National Leads arising during the meeting

Q. Does a National Lead need to register?
A. Anyone below the level of a National Lead must be registered as part of a data collection team. This includes Hospital Leads, data collaborators and (at some point in the future) validators.
National Leads do not need to register as part of a data collection team. We will collect your ORCID IDs in the future but have a list of all our National Leads.
Please make sure you are on contact form dropdown menu
http://globalsurg.org/local-leads-contact/

If you are not on this form please contact us as enquiry@globalsurg.org

Q. A hospital in Nigeria has requested the protocol be checked by plagiarism detection software. Is this ok?

A. It is fine to check the protocol via plagiarism detection software. We have not heard of this being a requirement in any other hospital or country so is likely to be an isolated requet in Nigeria only and probably not required in most countries

Q. Is IRB (Institutional Review Board) approval is required?
A. This depends very much on local regulations and will be required in some countries. In the UK full IRB approval is not required, but please check and adhere to local regulations in your own countries.
We will look into the possibility of putting an example application on the website

Q. Shall private and university hospitals be included in GS3?
Yes – any hospital anywhere performing surgery for gastric, breast, & colon cancer can take part

Q. Can separate teams collect each cancer?
A. In large hospitals, for example, where cancers are separated in different departments, a separate team can collect data on each cancer ie a single cancer per team. The time periods can be different, but for ease of organisation it might be better to have the 3 cancer teams collecting at the same time - but this is at the discretion of National and/or Hospital Lead. Most hospitals, for example, smaller district general hospitals, it would be a single team collecting all 3 cancers throughout the 4-week data collection period.

Q. Can teams collect multiple periods?
A. Teams can collect as many 4-week periods as they wish, providing they are not overlapping with another team.
For example, if there are 2 teams at a hospital they can collect alternate 4-week periods thorough the entire study period if they wish.   Or, one team can collect all 7 months.
At hospital where there are lots of collaborators wishing to take part, we encourage inclusivity and allowing as many teams as possible the opportunity to take part.

Q. Do collaborators need to register now or is can they do so in 2 months time?
A. Collaborators can register anytime throughout the study period provided they are ready to complete data collection by 31st Oct (plus 30 day follow up)

Q. What do we do if 3 team members have register individually and wish to form a team?
A. The authorship project in REDCap shows all information entered by collaborators on their registration form. There will soon be an extra form in this project that can be edited to allow changes such as the addition of team members. This will be available in the next week or so. If any urgent changes are required to registrations please advise collaborators to email enquiry@globalsurg.org

Q. Our country is small and may only perform 3-4 eligible cases a week - Is there a minimum sample size required?

A. No, there is no minimum required number of cases so all hospitals can take part regardless of case load. The important thing is that every consecutive patient meeting the inclusion criteria within the 4-week data collection period is included

Q. Can we see the number cases collected as the study progresses?
A. Yes, we will make a publicly available website (similar to the one used during GS2) which will show in real time the number of cases entered into the study and the top recruiting centres to encourage collaborators to take part

Q. What is the best way to follow up patients at 30 days?
A. Can be decided locally, depending on what is acceptable practice at each participating hospital. Phone call follow up can be done if acceptable local. If necessary computer records can be used. And, if no alternative is possible. This can be done at the last time the pateient is seen at clinic
The gold standard would be face-to-face follow-up in person, followed by phone call follow up