GlobalSurg 3 National Leads online Meeting June 14th 2018

Welcome
Welcome to everyone on the call and thank you to everyone for all your efforts establishing GlobalSurg 3. Registrations and data entry have been surpassing all expectations, especially given the more complex nature of the GlobalSurg 3 protocol and longer data collection periods compared to previous GlobalSurg studies – please keep up the good work!

The New GlobalSurg Data Centre
Today we are launching the new GlobalSurg Data Centre!
Data.globalsurg.org
The Data Centre will be the home of all things data-related – part of our data strategy for GlobalSurg is to improve access to GlobalSurg datasets and improve data literacy amongst all our collaborators.

On the new site you can follow live updates from GS3 (click the GS3 in numbers tab). This shows the countries registered to take part, number of patient records entered and completed, and the number of registered collaborators. The page updates regularly and automatically

Current registrations numbers:
1400 researchers in 609 data collection teams
365 hospitals in 77 countries
1072 patient records started with 226 records fully completed

There is also access to the GS2 Data Explorer app via the data centre

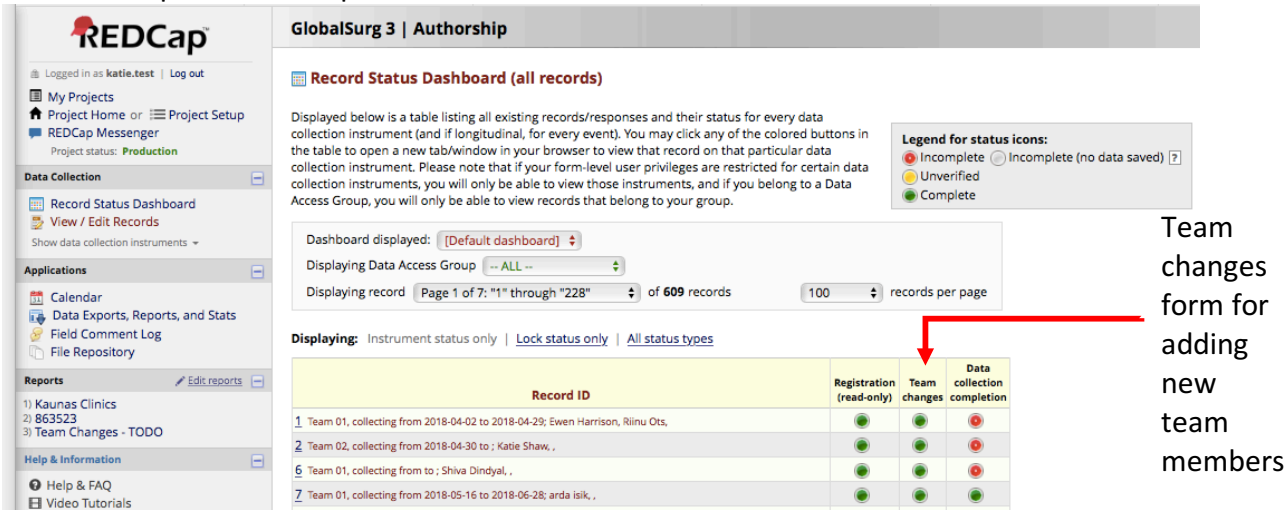
Dr Riinu Ots will be regularly blogging from the data centre on data analysis & presentation techniques so we hope it will become a useful educational resource

More information:
http://globalsurg.org/globalsurg-3-data-centre-launched-today/
And latest GlobalSurg 3 in numbers update:
http://globalsurg.org/globalsurg-3-in-numbers-june-update/

Registration Update
Please remember that every individual wishing to take part in GS3 **must** be registered via our website https://is.gd/gs3_registration
Teams can be a maximum of 3
If less than 3 individuals have initially registered and they wish to add new team members, they can now do so directly in REDCap using the new 'Team Changes' form available in the 'Authorship' project – see below screenshot of where to find the form.

This form is **only** for the addition of new team members – any other changes such as removing a team member, changing a hospital name etc should be emailed to enquiry@globalsurg.org

Please remind collaborators to only complete the registration form only once – duplicate registrations generate a considerable amount of admin and can delay the issue of REDCap accounts. Any confusion or changes needed it is better to email enquiry@globalsurg.org than to complete a subsequent form.



National Leads App

Please remember you can follow registrations in your own country using the National Leads online app

Please visit

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

Username: countrylead

If there any additional features that we could make available, such as a 'download to excel button' or number of records entered at each hospital, please let us know and we will try to develop these

Validation Study

The GlobalSurg 3 validation study was briefly discussed. The protocol for this aspect of the study is currently under development. As per the validation study in GS2, this will aim to determine if the data entered into the study, particularly case ascertainment, is accurate. We recognise that this adds an additional burden to everyone, but it is vital to ensuring we have a robust dataset in order to publish the study in a high impact journal

The reminder of the meeting was used to discuss particular questions from individual leads; a summary of these discussions is below

Question: several centres in my country have a very low case volume for gastric cancers and are therefore reluctant to join the whole study as they are concerned their gastric cancer data will not be representative due to the relatively short data collection period of 4 weeks.
Answer/discussion: we are keen to encourage all hospitals to submit their data, even if the case volume is low. Centres can be reassured we will not publish any hospital or country level data or analyses. We would also encourage all teams at all hospitals, regardless of

volume, to collect data for more than one 4-week data collection period. This will increase the number of cases included
All limitations, such as selection bias will be considered in the data analyses.
The study has been powered based on HDI grouping so we are optimistic the study will be sufficiently powered. Although it *may* be possible to extend the data collection period by a month or so at the end of the study if absolutely necessary, there are no plans at this stage to significantly extend the data collection period in order to increase the size of the dataset.
If a hospital was keen to join the study but was really reluctant to collect their gastric cancer data they can elect to only submit breast and colon cancer data.

Question: I would like to follow up my patients for longer than 30 days – is this possible within the GlobalSurg 3 framework?
Answer/discussion: Although it was not possible to build in follow-up for longer than 30 days into the main protocol (on account of the increase in burden for data collection), we hope to carry out a feasibility study in a few centres where we can trial collecting longer term oncological outcomes such as 3 and 5 year survival rates.
If any National Leads would be interested in forming a working group to develop this further, please do let us know – we can easily add additional data collection instruments to the GS3 data project for distribution to selected hospitals.

Question: What if our patients suffer complications related to their treatment after 30 days, for example, as a result of adjuvant chemotherapy?
Answer/discussion: For GlobalSurg 3 we are specifically interested in capturing complications related to surgical procedures occurring within 30 days of the procedure.

Question: I am having difficulty persuading centres to take part – senior clinicians are concerned about overloading junior colleagues with data entry at the expense of clinical commitments.
To ease the burden of data collection & entry, can I collect all teams paper data collection forms and entry the data myself into REDCap as their National Lead?
Answer/discussion: In order to convince collaborators it is a worthwhile endeavour, you could highlight the added value to their experience and CV. For example, for juniors, particularly medical students, the experience they will acquire by being part of an international research project. And for all collaborators, the potential to be named as a PubMed citable author on a high impact publication should be highlighted – use the example of the GS2 paper in *Lancet Infectious Diseases*.
Collaborating with your local Medical Students Association was also suggested as a possibility to increase medical student involvement – although there was general agreement amongst the National Leads on the call that larger, university teaching hospitals can be the more challenging to engage with and more success has been found in smaller hospitals.
With regards to data entry, it may be possible to for a single person to enter other teams data into REDCap but please be careful with local data governance rules – for example, in the UK it would not be acceptable to scan and email paper forms containing sensitive patient data. This would all need to be encrypted and sent by a secure email server. However, we have used a system in some African countries whereby the paper forms are

transferred to a central hospital and all the data from the country has been inputted at single hospital.
Please let us know if you wish to put such a system in place as there are implications for the final authorship list and we need to ensure that everyone who is involved in data collection is appropriately credited on the final authorship list.

Question: How can I involve a senior clinician at my hospital who supports the study and genuinely wishes to help us but does not wish to be involved in data collection – can they be a data validator?
Answer/discussion: It's great that senior colleagues wish to support and assist your hospital in joining GlobalSurg 3. To be named on the GS3 authorship list everyone **must** be registered to take part in the study
The most straightforward thing to do, is register your senior colleague as the senior member of a team. They could also act as Hospital Lead, although they must still be registered as part of a data collection team to be hospital lead.
They could be registered as a data validator but this will require them to take part in the data validation section of the study which will require validators to collect and enter data into that part of the study