

## GlobalSurg 3 National Leads online Meeting Minutes November 8<sup>th</sup> 2018

Welcome to everyone on the call and thank you joining

GlobalSurg 3 is a phenomenal success! Thank you to everyone taking part

### GlobalSurg 3 General update:

**11,800 patients**

**600 Hospitals**

**3000 researchers**

Not all of these teams have started data entry yet; we currently have data from 78 countries, at 374 hospitals entered by 688 teams

Live updates are always available at [data.globalsurg.org](http://data.globalsurg.org)

A lot more data for GlobalSurg 3 than GlobalSurg 1 & 2.

GlobalSurg 3 will be a fantastic, rich, opportunity to examine surgical cancer care  
Please pass on thanks and congratulations to everyone who has been taking part

Data collection for new patients finished October 31<sup>st</sup>

30-day follow-up data for patients collected in October will be collected in November, but no new patients should be collected after 31<sup>st</sup> October.

Generally, new patients should not be collected in November, apart from in a few very specific cases where this has been pre-arranged with the central GlobalSurg team.

Team registration link is now closed. However, if there are teams with data on paper that have not registered they can still do so. Please ask them to email [enquiry@globalsurg.org](mailto:enquiry@globalsurg.org) including the country, hospital name and team members names, email addresses and ORCID IDs

Please remind all collaborators that to be included, that they must have >90% completion for their patients and **5 green dots for every patient**. Teams may not be included if they do not meet these criteria

Please encourage collaborators to complete the Data Collection Completion form in the authorship project of REDCap – this provides information essential to the analyses and prepares data periods for validation by confirming the data entry for the team's period is complete

Further instructions on doing this can be found at these links

<http://globalsurg.org/additional-guides-to-using-redcap-in-globalsurg-3/>

REDCap user guide 4: data collection & entry completion

<http://globalsurg.org/globalsurg-3-protocol-project-documentation/>

If any collaborators needs to remove a record, for example a patient entered in error or one that fails to meet the inclusion criteria, collaborators can not physically delete a record but please advise them to use the 'remove record' field on the pathology form. A reason must be given in the text field. Marking patients for removal in this way will not effect collaborators % completeness.

## GlobalSurg 3 Validation Exercise

Validation exercise now underway. National Leads have been extremely helpful in identifying a single validator at each hospital to validate a single data collection period.

Validators **can not** have taken part in primary data collection.

In hospitals where data collection has been split by cancer, the validation will only take place in a single cancer to simplify the validation process.

Validation can only take place once primary data collection by the team selected at random is complete. If validators have registered, they will not receive their REDCap validators log in or further instructions until the primary data collection and entry is complete. Please reassure validators that there is nothing further they need to do in this situation but await their REDCap validators account.

Validator registrations can be viewed on the National Leads App (National Leads only) or the validator dashboard (public link viewable by all). We will add the names of registered validators shortly to the National Leads app

National Leads app:

<https://argonaut.is.ed.ac.uk/shiny/private/g3reg/>

Validation dashboard:

<https://argoshare.is.ed.ac.uk/validation/>

Please ask all validators to register at

<https://is.gd/g3validation>

We currently have approx 110 validators registered. 375 hospitals have entered data so we are about 1/3 of the way to the target of a validator per hospital.

To aid validation registration we will make the validator registration link publicly available via our newsletter from Nov 19th.

### **National Leads Interviews**

We are beginning a process of interviews with National Leads to help us understand how the study has progressed in individual countries and what barriers to participation may occur. The interviews with Stephen Knight will cover aspects of data collection and the validation exercise

To date we have conducted 9 interviews and are aiming for 20 in total

If any National Leads would like to volunteer to take part in a short (20-25 minute) interview please email us ([enquiry@globalsurg.org](mailto:enquiry@globalsurg.org)) and we will arrange to conduct the interview online

### **Hospital level survey**

As part of the study protocol, there is a hospital level survey to be completed at each participating hospital. We are currently designing this – the intention is to capture information about facilities and resources available in each hospital around cancer care. This is in addition to the patient level data and will be collected on a per hospital basis.

This will be launched early next year (Jan/Feb); it is not yet fully decided who will complete this – asking the validators to complete this is one possibility, or the hospital leads (where appointed). The burden will be low (short survey) but we're very keen to have the survey completed at each participating hospital

We would welcome feedback on how best to manage this in your countries.

### **Questions arising during the meeting**

Q: *Some pathology results in our hospital are not available until after the 30 day follow-up period. Is this ok?*

A: Yes, this is no problem. The general data entry deadline is 10pm Dec 17<sup>th</sup>. However, if there is still some pathology data to be entered this can continue into January. There will be a date in January whereupon no further data entry can take place. However, if there are teams with pathology results outstanding despite the best efforts of the data collection team, the team will not be penalized for this – they will still be included in the authorship list at the end of the study