GlobalSurg 3 National Leads online Meeting Minutes
March 27th 2019

GlobalSurg 3 General update:

Congratulations to all our National Leads for GlobalSurg 3 – the project is running more smoothly than GlobalSurg 1 or 2 and this is thanks to the hard work of all our leads.

For live study updates please visit:
data.globalsurg.org

1. National Leads GoogleGroup

We were experiencing an increasing problem with our email communications to leads being filtered to spam or bouncing due to the size of the national leads mailing list. Therefore we have created a GoogleGroup of all leads to ease with communications. Please feel free to post to the group.

Any National Leads that did not receive the invite to the group, please first check your spam folder and then contact enquiry@globalsurg.org

2. National leads app updates

The national leads app is being updated constantly and now has a data overlap feature.

Each mini-team in each hospital should be collecting data for a month that does not overlap with the data collection month of any other team. As part of the data checking prior to validation, we have been checking that in hospitals with multiple teams participating, those teams have been collecting non-overlapping data collection periods.

This is not so critical for teams that have been collecting separate cancers but for teams collecting the same cancers, we need to ensure there is no duplication of patients in the dataset.

The national leads app will now highlight if there is an overlap in the dates the teams have entered for their patients. We have been contacting teams to check for duplicate patients and the national leads may be cc'ed into these emails.

Please help teams to ensure there is no duplication of patients between teams

3. Validation

We have recorded a new podcast on validation available either via the website or from the GlobalSurg SoundCloud
https://globalsurg.org/who-is-enquiryglobalsurg-org/
https://soundcloud.com/user-418654925/globalsurg-data-validation
Please listen and distribute the podcast to your collaborators. If any leads would like to join a podcast discussion please let us know – we can dial in leads via GoToMeeting to record the podcast provided the internet connection is good enough.

Data Confirmation
All teams need to tick the box on the '***Data Collection Completion'*** form in their **'Authorship'** project to confirm their data collection is complete and finalised. This is really important as it represents the formal handover of the data from the team to GlobalSurg. We issued a deadline of last Sunday for teams to complete this task or there is a risk their data will not be included in the study and they will therefore not be included on the final publication list if they do not confirm their data entry is complete.

There are currently 46 teams with data entry that have not yet completed this. We are doing everything we can to support and assist teams to get this completed and leads may be cc'ed into these communications

Validations Accounts update:

Validation is already going much better than the processes we had in place for GlobalSurg 2

We now have 323 validators registered. We need a further 107 if we are to meet our target of an independent validator in every participating hospital. We have written to all leads listing the hospitals in their country still requiring a validator – please continue to assist with recruitment of validators at these hospitals. Hospitals requiring a validator can also be seen in the national leads app

For the 323 registered validators, we have issued accounts for 280. The reason for the delay with the other accounts will be an issue with the primary data – either operation dates out with their stated data collection period, or some other variables missing. We are contacting primary data collection teams regarding these issues and we will cc leads into these emails. Please support teams to amend their data as necessary, explain where the issues are and help them ensure their data is as high quality as it can be.
All of the information about which teams need to amend items in their primary data can be found in the national leads app

Validation stages:
Validators must complete stages 1 **and** 2 in their REDCap accounts.
Stage 1 is about checking the patients points entered by the primary data collection team.
Stage 2 is about the methods of identifying patients and checking case ascertainment – have all the patients that should have been included been entered into REDCap and identifying if there are any missing patients.

Deadline extension
The deadline for validators has been extended to 10pm on Tuesday April 23rd – this reflects the delays that have occurred with having to go back and clarify some data with primary data teams. The extension should give validators sufficient time to complete the task.

Overall validation is progressing well, it's a lot of work but we're hoping journal editors are going to be very impressed with the efforts everyone is going to in order to ensure the data is of high quality.
We are not aware of anyone else internationally undertaking validation so we are really setting the standard with this aspect of the study.

4. Hospital Level Survey

This is the separate project within GlobalSurg 3 that collects data at the level of the hospital, rather than the level of the patient.
We've now had some extremely positive feedback from 15 national leads over the last month. Thank you to everyone who has shared their thoughts and suggestions on this.

The questionnaire is nearly in its final form with approximately 16 questions in total covering some simple variables at the hospital level

This will be tested across a sample of 5 or so pre-determined hospitals to ensure it is clear and concise. It will then be sent to GS3 validators in the first instance.

5. Hospital leads

This position can be nominated by the national leads at hospitals where there are multiple teams participating.
The position is not necessary at every hospital
Hospital leads must have been a member of a data collection team (national leads do not need to take part in primary data entry) and should assist with recruitment of a validator at their hospital
We are not expecting leads to retrospectively appoint hospital leads at this stage but if any were appointed during the data collection and entry period, please make sure you have communicated this to us via the 'Hospital Leads' tab in the national leads app otherwise these individuals will not be named as hospital leads on the authorship list

6. Authorship list – advance warning!

The authorship list will include a full list of everyone who has contributed in any way to the project and will be generated from entries on ORCID.

A PDF will be distributed at some point in the future. We will not be accepting any corrections by email, except if a collaborator has been omitted. Any changes to spellings or how collaborator's names appear on the list must be made on their ORCID profiles.

Questions arising during the meeting

Q: *Can you supply a list of all the teams that have not confirmed their data entry so we can follow up with them?*
A: All of this information is available in the national leads app, including the email addresses of the teams.

Q.   *Can I have a dummy validators account so I can see what is required of the validators?*
A.   Potentially, yes. We will look into whether this is possible. In the meantime, please review the validation protocol and the REDCap userguide for validators which contains full instructions on the process, including screenshots of the data entry forms on REDcap. https://globalsurg.org/wp-content/uploads/2018/11/Validation-Guide_final-1.pdf

Q.   *A data validator has reported they've made an error in entering patients in their REDCap account – is it possible to delete the date entered in error?*
A.   Please email enquiry@globalsurg.org with the details of the errors. There is not an automated way to remove data from a validation account and we're not planning on adding this. We can remove data manually but for data governance reasons we require an email confirming the removal before we remove patients from the study.