

GlobalSurg 3 National Leads online Meeting Minutes Thursday May 2nd 2019

GlobalSurg 3 General update:

GlobalSurg 3 is making excellent progress. We're delighted that India are now able to submit data to the project so the final numbers are likely to increase further. Validation updates can now also be seen at the GlobalSurg Data Centre.

Please visit: data.globalsurg.org

1. Validation

Validation is progressing well. Approximately 70% of registered validators have now completed their validation.

Out of 844 teams, only 12 have patient records that need updating before they can be included in the authorship. The data quality checks are ensuring the data in GS3 is much more complete and of higher quality than our previous studies.

Validation has stage 2 stages – stages 1 and 2. Validators must complete both stages. Some validators have completed stage 1 only. Please encourage all validators to complete both stages. Stage 2 is much shorter than stage 1 so in most cases validators have probably just missed the second stage.

The deadline for data entry for the validation study has not passed but we are leaving the REDCap accounts active to allow validators to continue for a few more weeks. We are not formally extending the deadline any further but will continue to accept data for a few more weeks.

Validator registration is now closed and we are not issuing further validator accounts. There are some hospitals that do not have a validator registered but please be reassured that no hospital will be removed on account of not being validated.

Validation is really important in ensuring data quality. We have the best validated dataset internationally for prospectively collected data so are leading the way in this respect. We are currently writing a methods paper which will focus on how we are ensuring the quality of data collected in this way.

2. Analysis

Analysis is now getting underway. The data cleaning is being done in parallel with the final data entry. We're aiming for an initial analysis to be performed by mid June (June 15th). We'll share these analyses with National Leads as we progress.

We are now getting in touch with teams that are missing key variables. For example, the primary outcome measures or the cancer type have been left blank on some forms. For teams that have collected fewer than 10 patients and have 1 patient that they have missed these key variables on they are at risk of failing to meet the 90% completeness threshold and will therefore be removed from the study. Some of these teams have marked their outcomes forms as complete but have left important sections within the forms blank.

We are contacting these teams again to inform them of this – they have already been contacted previously and have so far not responded. National Leads will be cc'ed into these emails.

The teams will be removed if they have not provided the cancer type or primary outcomes measure in 10% or more of their patients. This so far affects only 12 teams - there is still time to complete these omissions and we are doing everything we can to try to help teams be included. We do not wish to exclude any teams that have genuinely tried to enter as much data as possible.

The analysis is being completed in parallel to this process as the underlying data can change until we are ready to draw our first set of conclusions. There will be a data lock-down date beyond which no further changes can be made but we are trying to extend this as much as possible to allow as many people as possible the opportunity to fix any issues with their data.

The first paper will examine all 3 cancers and will try to conclude outcomes and quality of cancer services all around the world as laid down in the protocol.

We will share the data tables with National Leads, most likely via the National Leads app, and allow comment on them.

Further analyses will be performed on a per cancer basis (ie breast, gastric and colon cancer papers). There will also be an access to surgery paper and a nutrition paper to fit in with the cancer nutrition theme and the CRANE study.

There may be other papers around treatments and cancer staging. There are a lot of opportunities for analyses within the GS3 dataset; more so than for GS1 or GS2 which focussed on a single research question.

3. Country level analyses

We have had enquires regarding country-level and hospital-level analyses and local presentations of data. Teams can present their own local data, for example as part of a local

audit, but we'd prefer any formal presentation or publication of data to wait until after the main analysis is published (we're aiming for autumn/winter 2019 for the main publication).

For country-level analyses, we can not share country-level data as we do not have the authority to share individual hospital data with other hospitals. However, if a group of individuals wishes to conduct a country-level analysis we will assist as much as we can, possibly by making the data available through an online app (provided the National Lead has the necessary permissions from all contributing centres). Alternatively, we can help put all the teams within a country in touch with each other via email – National leads are best placed to co-ordinate such country-level analyses and you can find all the email address of collaborators within your country via the National Leads app.

To make this easier, we will be combining the data from each of the teams within a hospital. Currently, each team can only access the data of their own team. After the data lock-down date we will pool all of the data at each hospital allowing all teams at the hospital to access all the data of their hospital. This will allow an individual to present all of the data from their hospital, for example, for a local hospital audit.

4. Hospital Level Survey

This is the survey collecting hospital level data. We are aiming to have the survey completed by every hospital that has contributed patient-level data to the study.

The validators will be asked to complete this survey in the first instance but hospital leads and National Leads may be asked to complete the survey if the validator is unable to do so, for example for those hospitals that did not have a validator registered.

The survey has been refined further and now contains 24 questions in total. Guidance on how to complete the survey will be supplied to the validators along with the survey.

This data is going to be very valuable and will generate another paper – for example, it will allow us to examine how outcomes vary depending on the facilities available in the hospital.

We have intentionally aimed to get the validation completed before launching the survey to avoid confusion.

The hospital level survey is the final primary data we will be collecting for GS3.

Questions arising during the meeting

Q: *Can we see which validators have completed stage 1 and stage 2 in the National Leads app to assist with following up with validators?*

A: This information is not currently visible in the National Leads but we have already emailed all validators that have either not completed their validation at all, or have only completed stage 1. We will look if this can be added to the app.

Q. *Can National Leads be cc'ed into the emails when the hospital level survey is distributed to we can help with completion?*

A. Yes, we can include the National Leads in these emails.

Q. *One validator in Mexico has contacted me to indicate they have not received their account – will they still receive their account given you have indicated validator registration is now closed?*

A. There is one hospital in Mexico with a validator account not yet issued. We will check after the meeting if there is an issue with the primary data which is holding up this account. If at all possible we will issue this validator with an account and allow them to complete the validation.