

12<sup>th</sup> November 2019

Welcome to the second issue of the INTEGRATE Bulletin. We are pleased to update you on the progress of the studies of the INTEGRATE Subcommittees, introduce the [SeaSheL national prospective cohort study supported amongst others by INTEGRATE](#) and feature an [interview with prof Nirmal Kumar, president of ENT UK](#). [Please do get in touch if you would like to send us updates on regional research work, contribute any information or an article.](#)

### Editors

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### Inside This Issue

1. **Chair's welcome**
2. **Rhinology Update**
3. **Head and Neck Update**
4. **Otology Update**
5. **Research Updates**
6. **INTERVIEW: 5 Questions With...Prof Nirmal Kumar**
7. **Useful Contacts**

Mr. Matthew Smith

ST7 ENT  
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*Integrate Chair*



Welcome to the INTEGRATE Newsletter. After a major change to committee structure late last year, in 2019 the new Otology, Head and Neck and Rhinology subcommittees have got to work developing new subspecialty projects. The year started with the Research Competencies and Development course in Birmingham, a two-day event to provide ENT trainees with GCP training and an overview of critical appraisal and research skills. The course covers basic skills for participation in systematic reviews and research studies, and also helps trainees to meet CCT research requirements.

INTEGRATE currently has two major papers under peer review. The first is the results from the BAHNO head and neck cancer follow up audit, which includes data from 5,700 patients, with some interesting findings. The second paper provides a further analysis of the epistaxis audit data, supplemented with some new patient involvement work, providing new evidence for the optimal duration of intranasal packing. As with all past INTEGRATE papers, both will include as authors all trainees submitting data to our national projects. This practice is now part of our formalised authorship policy, which is in line with National Research Collaborative and Association of Surgeons in Training guidance, ensuring trainees gain appropriate credit for their work.

One of our aims has been to develop a varied portfolio of projects that are supported by INTEGRATE but remain externally run and funded. Trainees can then pick and choose which they become involved with according to their interests. Our first portfolio project, SeaSheL study investigating sudden onset sensorineural hearing loss currently recruiting site leads across the UK. We are pleased to have had further approaches from teams with studies at various stages of development, and hope to add to the INTEGRATE portfolio soon. If you have a project you think may benefit from more widespread trainee involvement, please get in touch to discuss how INTEGRATE might be able to help.

Collaborative trainee research is increasingly acknowledged as an effective method for delivering large scale research by organisations such as the Royal College of Surgeons and the National Institute for Health Research, and it will be interesting to see if ENT follows the example of some other specialties in highlighting the value of collaborative research in the academic requirements for CCT. It is an exciting time for trainees interested in research, and I hope INTEGRATE can help to build the research capacity of ENT as a specialty in the UK.

For trainees who wish to get involved at a higher level, we have a positions in the otology and head and neck subcommittees opening up at the end of the year. If you are interested do get in touch.

## Rhinology Update

We have submitted our paper: 'Nasal Packs for Epistaxis: Predictors of Success' to Clinical Otolaryngology for consideration of publication. Nasal packs form the cornerstone of the current management of epistaxis, however few studies have investigated the optimal timing of nasal pack removal and factors associated with rebleeding. In a further analysis of the Epistaxis Audit data, we have explored the factors associated with successful haemostasis following nasal pack removal in patients with epistaxis and provided evidence on the bleeding rate at different packing durations.

In addition, newer work by our group has clarified the patients' perspective on these new findings. This work provides new evidence in support of the current British Rhinological Society guidelines and highlights the importance of considering patient perspective when making decisions about the timing of nasal pack removal.

We continue to work towards an RfPB NIHR grant application to assess the feasibility of application of an intranasal thrombin haemostatic agent by A&E staff in the treatment of epistaxis. We aim to develop and refine the application of an intranasal thrombin haemostatic agent for patients with both anterior and posterior epistaxis and to explore the potential for improving patient quality of life, through reducing the need for admission and painful intranasal non dissolvable packs. We are working on patient and public involvement at present and will soon be commencing some preliminary work in Cambridge.

**Ms. Anna Slovik**  
ST6 ENT  
North Thames Deanery  
*Rhinology Chair*



## Head and Neck Update

We have recently submitted for publication the national head and neck cancer post-treatment surveillance audit conducted in collaboration with BAHNO.

The INTEGRATE Head & Neck sub-committee is currently working on developing the protocol for its upcoming study that will be evaluating the value of tonsillectomy in terms of both quality of life (QoL) and cost-effectiveness for both adult and paediatric patients. This represents a topical and important subject in the era of Procedures of Limited Clinical Value (PLCV) where the role of tonsillectomy for benign disease offered on the NHS has come into question.

We are always open to new ideas and would strongly encourage fellow trainees from across the UK to contact us if they need assistance with the development and delivery of trainee-led audit or research collaborative projects on a national scale.

To discuss ideas specifically related to Head & Neck Surgical Oncology and/or Endocrine Surgery, please contact me.

**Mr. George Garas**  
ST8 ENT  
East Midlands Deanery  
*Head and Neck Chair*



## Otology Update

The Otology Committee is excited to launch the DECODE project this September, with the aim of **DE**veloping a **CO**re **O**utcome set and **D**iagnostic criteria for acute otitis **E**xterna. This is an INTEGRATE designed project that aims to pave the way for future studies into acute otitis externa by developing a core set of outcomes that should be reported in all trials relating to otitis externa.

In addition we aim to set out a new consensus definition for otitis externa to be used in the recruitment of patients.

In the future we are looking to develop an interventional trial for otitis externa and would be happy to hear from anyone with an interest in this field who would like to develop a national trial.

The Otology committee is also proud to support the SeaSHeL study as one of our portfolio studies. Information about both of these studies can be found on our homepage.

**Mr. Nish Mehta**  
ST8 ENT  
North Thames Deanery  
*Otology Chair*



## Research Updates

### **'Prognostic factors for outcomes of idiopathic Sudden onset Sensorineural Hearing Loss: The SeaSheL national prospective cohort study'.**

This Autumn sees the launch of the SeaSheL national collaborative study, supported by INTEGRATE, SFO UK, NIHR Audiology champions and sponsored by University College London. Currently there is insufficient evidence about the patient pathway and hearing outcomes of patients presenting with idiopathic sudden onset sensorineural hearing loss (SSNHL) in the NHS. Based on recent discoveries in the molecular mechanisms that lead to SSNHL, new therapeutics are being developed that are ready for trialing. For these trials to be run effectively, it is crucial to have information on where and when patients with idiopathic SSNHL present and how they fare.

The SeaSheL study aims to map the patient pathway and identify the characteristics of adult patients with idiopathic SSNHL presenting to NHS ENT and hearing care services. We also plan to assess the impact on quality of life due to idiopathic SSNHL and develop a prognostic model to predict recovery for patients with idiopathic SSNHL.

This national multicentre prospective observational cohort study is planned across 97 trusts with site recruitment currently underway. Data will be collected on adult patients with idiopathic SSNHL presenting to the NHS, and a selection of these sites will also collect patient quality of life data.

Collaborators have been invited via the INTEGRATE, SFO-UK and Audiology Champion networks, and will be included in the final authorship of all presentations and papers.

If you are interested in joining our team, or finding out further about the study please email [seashelstudy@gmail.com](mailto:seashelstudy@gmail.com) with your name, occupation and region.

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RCS Research Fellow ENT Surgery  
Academic Lead for SeaSheL



Mrs Maha Khan  
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SeaSheL study Academic Team



## 5 Questions Interview



Prof Nirmal Kumar  
 ENT Consultant  
 Wrightington Wigan & Leith NHS foundation Trust  
 President of ENT UK

### 1. Thanks very much for agreeing to an interview with us. What are your thoughts on trainee led research?

I believe strongly that trainees should participate in research. It may not be that you initiate the whole project or gain ethical approval for big trials. It could start with, at various levels, just engaging with research that is already taking place. You could help recruit as a sub-investigator with established or ongoing NIHR trials, or participate in collaborative audits and multicentre trials. I think it is horses for courses, if I can use that expression, in the sense that we cannot expect all trainees to conduct an ethically approved multi-centre project but there is opportunity for everyone from Core Trainees to Higher Surgical Trainees to participate at some level.

### 2. What do you think ENT-UK's role is in helping that process, in developing trainees research interest and encouraging participation in collaborative projects?

I think ENT UK has got a big role. We have, on behalf of our speciality, placed an important role in encouraging the research ethos from the grass roots level. It is not possible for trainees to suddenly acquire these research skills when they become consultants so it is a matter of encouraging participation at all stages of training.

ENT-UK is very keen to support and encourage trainees, including abstract submission to our meetings, promoting participation in BOARS, aiding appointment of trainee leads or audiology champions in the various CRNs, and to ultimately support consultants as sub-project investigators and occasionally project investigators themselves. So there is a range of possibilities. We subsidise the annual BOARS meeting to help trainees attend and engage with research.

### 3. Included as part of ENT UK membership there are online resources for trainees to use, is that correct?

Yes, first of all through e-learning. We also have a subsidised subscription to Clinical Otolaryngology, our flagship journal, through our website. It is useful to have such access through our platform and to use our resources to develop research skills. We also host webinars perhaps not directly related to research but the clinicians who present will usually cover the evidence base behind their chosen topic.

**4. What opportunities exist for trainees who want to develop their skills and interests? Who do trainees need to contact should they want to be involved in different types of research?**

That is a good question because trainees who are research active always want to take the next step. We have hosted and supported research days both regionally and nationally, sometimes aligned with the BOARS meeting. There are also regional research resources which the CRNs offer which are not speciality specific and you should be able to look at your regional CRN website to find these. ENT trainee leads and CRN leads, in each region, can signpost the relevant study upcoming dates to those that would be interested. As this is not speciality specific trainees can learn from other specialities, we recently invited one of our General Surgical colleagues to help at one of our regional research development days. Keep a look out on the CRN websites for such information.

**5. What about trainees who want to get specifically involved in collaborative research? Is that something that you would encourage? How would a trainee go about getting involved in collaborative projects specifically?**

The best advice is to work with your trainee lead in your region. They will be able to identify potential meetings to attend. For example, in our region we have the North West Regional Meeting that runs every 3 months and those meetings can be good sources of such information. You can also ask the CRN and research delivery managers in each network to identify any potential opportunities in collaborative work.

Our national trainee collaborative, the INTEGRATE network, is also a source of information. They run and can help to identify multi-centre projects that are looking for local leads which you can participate in. These networks can also provide mentoring through participation. It is one thing that we need to engender in our speciality to have that research interest and encourage it.

One thing that we have coming very soon which Newcastle is leading on is a national tonsil audit that will be looking for site leads. So participating in a collaborative fashion can be straightforward, there are opportunities for all levels of trainees.

**Mr. John Rocke**  
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## Useful Contacts

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