

Blackpool
Teaching
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Foundation Trust

Staff Publications

MARCH

2020

INSIDE THIS ISSUE:

Articles published
by members of
staff from
Blackpool
Teaching
Hospitals NHS
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and indexed
between
December 2019
and March 2020

Prevalence and prognostic significance of device-detected subclinical atrial fibrillation in patients with heart failure and reduced ejection fraction

Zakeri R, Morgan JM, Phillips P, Kitt S, Ng GA, McComb JM, Williams S, Wright DJ, **Gill JS**, Seed A, Witte KK, Cowie MR; REM-HF Investigators.

Int J Cardiol. 2020 Mar 3.

CONCLUSIONS: In patients with HF and a CIED, subclinical AF was infrequent but, as a new finding, was associated with an increased risk of stroke. Anticoagulation remains an important consideration in this population, particularly when the clinical profile indicates a high stroke risk.

Diagnostic thoracic ultrasound imaging - An exploration of respiratory physiotherapists' interest and use in clinical practice: A national survey

Hayward S, Smith M, Innes S.

Ultrasound. 2020 Feb;28(1):14-22.

RESULTS: A total of 133 questionnaires were returned with 31 reported that they used thoracic ultrasound imaging and 101 reporting they did not. The most common roles of thoracic ultrasound in practice were to: enhance the ability to differentially diagnose respiratory pathologies, aid respiratory assessment and support clinical reasoning. Of the 133 respondents, 58 reported that they had undertaken training in thoracic ultrasound imaging and 75 had not. The most common factors identified regarding thoracic ultrasound implementation were team support, ultrasound machine availability/cost, time pressures and mentor availability.

DISCUSSION: This survey has provided an understanding of thoracic ultrasound practice amongst respiratory physiotherapists in the UK. The survey results demonstrated the barriers that inhibit current practice and highlighted the importance of mentor support. There was a good understanding by all respondents regarding the clinical application of thoracic ultrasound. These findings are being used to develop professional guidance and ensure safe practice of thoracic ultrasound.

Fulvestrant plus capivasertib versus placebo after relapse or progression on an aromatase inhibitor in metastatic, oestrogen receptor-positive breast cancer (FAKTION): a multi-centre, randomised, controlled, phase 2 trial

Jones RH, Casbard A, Carucci M, Cox C, Butler R, Alchami F, Madden TA, Bale C, **Bezecny P**, Joffe J, Moon S, Twelves C, Venkitaraman R, Waters S, Foxley A, Howell SJ.

Lancet Oncol. 2020 Feb 5.

FINDINGS: Between March 16, 2015, and March 6, 2018, 183 patients were screened for eligibility, of whom 140 (76%) were eligible and were randomly assigned to receive fulvestrant plus capivasertib (n=69) or fulvestrant plus placebo (n=71). Median follow-up for progression-free survival was 4.9 months (IQR 1.6-11.6). At the time of primary analysis for



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progression-free survival (Jan 30, 2019), 112 progression-free survival events had occurred, 49 (71%) in 69 patients in the capivasertib group compared with 63 (89%) of 71 in the placebo group. Median progression-free survival was 10.3 months (95% CI 5.0-13.2) in the capivasertib group versus 4.8 months (3.1-7.7) in the placebo group, giving an unadjusted hazard ratio (HR) of 0.58 (95% CI 0.39-0.84) in favour of the capivasertib group (two-sided $p=0.0044$; one-sided log rank test $p=0.0018$). The most common grade 3-4 adverse events were hypertension (22 [32%] of 69 patients in the capivasertib group vs 17 [24%] of 71 in the placebo group), diarrhoea (ten [14%] vs three [4%]), rash (14 [20%] vs 0), infection (four [6%] vs two [3%]), and fatigue (one [1%] vs three [4%]). Serious adverse reactions occurred only in the capivasertib group, and were acute kidney injury (two), diarrhoea (three), rash (two), hyperglycaemia (one), loss of consciousness (one), sepsis (one), and vomiting (one). One death, due to atypical pulmonary infection, was assessed as possibly related to capivasertib treatment. One further death in the capivasertib group had an unknown cause; all remaining deaths in both groups (19 in the capivasertib group and 31 in the placebo group) were disease related.

INTERPRETATION: Progression-free survival was significantly longer in participants who received capivasertib than in those who received placebo. The combination of capivasertib and fulvestrant warrants further investigation in phase 3 trials.

Clinical and cost effectiveness of a parent mediated intervention to reduce challenging behaviour in pre-schoolers with moderate to severe intellectual disability (EPICC-ID) study protocol: a multi-centre, parallel-group random-

ised controlled trial

Farris O, Royston R, Absoud M, Ambler G, Barnes J, Hunter R, Kyriakopoulos M, Oulton K, Paliokosta E, Panca M, Paulauskaite L, Poppe M, Ricciardi F, Sharma A, Slonims V, Summerson U, Sutcliffe A, **Thomas M**, Hassiotis A.

BMC Psychiatry. 2020 Jan 30;20(1):35.

METHODS: This trial launched in 2017 at four sites across England, with the aim of recruiting 258 participants (aged 30-59 months). The Intervention Group receive nine weeks of SSTP parenting therapy (six group sessions and three individualised face to face or telephone sessions) in addition to Treatment as Usual, whilst the Treatment as Usual only group receive other available services in each location. Both study groups undergo the study measurements at baseline and at four and twelve months. Outcome measures include parent reports and structured observations of behaviour. Service use and health related quality of life data will also be collected to carry out a cost effectiveness and utility evaluation.

DISCUSSION: Findings from this study will inform policy regarding interventions



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for challenging behaviour in young children with moderate to severe intellectual disabilities.

Association between preadmission frailty and care level at discharge in older adults undergoing emergency laparotomy

Carter B, **Law J**, Hewitt J, Parmar KL, Boyle JM, Casey P, Maitra I, Pearce L, Moug SJ; ELF Study Group.

Br J Surg. 2020 Feb;107(3):218-226.

CONCLUSION: Over 37 per cent of older adults undergoing emergency laparotomy required increased care at discharge. Frailty scoring was a significant predictor, and should be integrated into all acute surgical units to aid shared decision-making and discharge planning.

Seven Habits of Highly Effective Endoscopic Mitral Surgeons

Zacharias J, Perier P.

Innovations (Phila). 2020 Jan 7.

The idea of moving from sternotomy to an endoscopic approach for mitral surgery was first put forward in the mid-1990s by the Stanford group.¹ The adoption of this idea has been slow and presently the majority of mitral valve surgery in most countries is still undertaken via sternotomy. Over the past 2 decades there have been many individual surgeons and centers that have been successful in making the transition from sternotomy to an endoscopic approach. At the

same time, there has been a larger group that has resisted this change and specific patient-related events have disinclined them further to this approach.

We, as editors, wanted to capture the fundamental issues that lead to some programs being successful and hoped that we could try and identify some features that unify the surgeons who manage to make the paradigm shift in a safe manner.

The late Steven Covey wrote a very successful book on the “Seven habits of highly effective people.” This book is a very good read in itself and many cardiac surgeons have already benefitted from understanding the basic tenets of the book that has sold in excess of 25 million copies to date. We unashamedly borrow Covey’s title to make an effort to distil 7 specific aspects that need addressing when a surgeon is planning to make the shift away from sternotomy. We do not believe that “rules” apply in surgery, as each surgeon and their team are likely to achieve good outcomes in slightly different ways. We do, however, think these “habits” are likely to help more surgeons to achieve a safe transition to endoscopic surgery for mitral valve disease.

Impact of remote monitoring on clinical outcomes for patients with heart failure and atrial fibrillation: results from the REM-HF trial

Zakeri R, Morgan JM, Phillips P, Kitt S, Ng GA, McComb JM, Williams S, Wright DJ, Gill JS, **Seed A**, Witte KK, Cowie MR; REM-HF Investigators.



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Eur J Heart Fail. 2020 Jan 7.

CONCLUSION: In patients with HF and a cardiac implanted electronic device, RM generated greater clinical activity for patients with AF, with no associated reduction in mortality, and conversely, greater risk of cardiovascular hospitalisation amongst patients with persistent/permanent AF. RM strategies may vary in their capability to guide HF management; modified approaches may be needed to improve outcomes for HF patients with AF.

Impact of established cardiovascular disease on outcomes in the randomized global leaders trial

Garg S, Chichareon P, Kogame N, Takahashi K, Modolo R, Chang CC, Tomaniak M, Fath-Ordoubadi F, Anderson R, Oldroyd KG, Stables RH, Kukreja N, Chowdhary S, **Galasko G**, Hoole S, Zaman A, Hamm CW, Steg PG, Jüni P, Valgimigli M, Windecker S, Onuma Y, Serruys PW. Catheter Cardiovasc Interv. 2019

Dec 19.

RESULTS: Among the 15,761 patients in this cohort were 6,693 patients (42.5%) with established CVD. Compared to those without established CVD, these patients had significantly higher rates of the primary (5.1 vs. 3.3%, HR 1.59 [1.36-1.86], $p < .001$) and secondary composite endpoints with no significant differences in bleeding. There was a nonsignificant reduction in the primary endpoint in patients with established CVD receiving the experimental treatment (4.6 vs. 5.6%, HR 0.82 [0.66-1.02], $p = .07$). When comparing patients without CVD to those with one or three territories of CVD, the hazard ratio for the primary endpoint increased in unadjusted and adjusted models.

CONCLUSIONS: The poorer outcomes in patients with established CVD are not mitigated by prolonged monotherapy with a potent P2Y₁₂ inhibitor suggesting a greater need to focus on modifiable risk factors.

Clinically important associations of pleurodesis success in malig-

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nant pleural effusion: Analysis of the TIME1 data set

Mercer RM, Macready J, Jeffries H, Speck N, Kanellakis NI, Maskell NA, Pepperell J, Saba T, West A, Ali N, Corcoran JP, Hallifax RJ, Psallidas I, Asciak R, Hassan M, Miller RF, Rahman NM.

Respirology. 2019 Dec 17.

CONCLUSION: Change in CRP during pleurodesis is associated with successful pleurodesis but higher levels of pain are not associated. Patients with mesothelioma appear less likely to undergo successful pleurodesis than patients with other malignancies, but there is still a significant rise in systemic inflammatory markers. The mechanisms of these findings are unclear but warrant further investigation.

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