



## **British Rhinological Society Newsletter** **December 2015, No 1**

**Showkat Mirza and Carl Philpott (Editors)**

Welcome to the Society's first Newsletter. We hope this keeps members up to date with our news, particularly if you were unable to join us at the last meeting in Manchester. There is a considerable amount of innovative clinical and research activity on-going around the UK and we would be pleased to highlight this in forthcoming newsletters. Please email us at [showkatmirza@hotmail.com](mailto:showkatmirza@hotmail.com) if you would like to contribute.



## SEAN CARRIE – PRESIDENT OF THE BRITISH RHINOLOGICAL SOCIETY



Dear Colleagues

I am indebted to Showkat Mirza's and Carl Philpott's enthusiasm for putting together the first of our new BRS newsletters. The BRS is now 14 years old and grows from strength to strength with a current membership of 277.

After a successful meeting in Manchester this year with Piero Nicolai as our Karl Storz guest speaker we are looking forward to Leeds in 2016 and welcoming Paolo Castelnovo from Varese, Italy as our guest.

We owe a debt of gratitude to Paul White and Raj Bhalla, the demitting President and Treasurer respectively, for their commitment and wisdom during their tenure and welcome Anshul Sama as our new Treasurer. After a competitive election our new additions to Council include, Hesham Saleh, Phil Harries, Showkat Mirza, Carl Philpott, Ian Hathorn and Sarah Farmer.

The BRS is set to enter a busy period on a number of fronts. In conjunction with ENT UK & CAPAG, we are planning a national audit of epistaxis management. Russell Cathcart, our Hon Secretary is developing a web based outcome tool and we are fostering links with European Societies in the spirit of education, collaboration and friendship.

Finally, a reminder to all trainees to consider applying for either the BRS Travelling Fellowship or Medtronic Prize, both awarded annually. In recent years we have had limited application for these and we are keen to ensure they are used! Please see the BRS website:

<http://www.britishrhinologicalsociety.org.uk>

## RUSSELL CATHCART: RHINODATABASE



With the national rhinology audit topic having now been agreed, there remains the need for an ongoing, open-ended data collection tool through which rhinologists (and ENT generalists performing rhinology procedures) can collate their surgical outcomes and compare these outcomes with those of their peers nationally, for personal interest and for the purposes of appraisal/revalidation. This is what the now-deprecated Rhinodataset aimed, but ultimately failed, to provide. Through no lack of ambition or effort on the part of its developers, it proved too time-consuming to enter data, was too encompassing and, at the back end, didn't yield the output that surgeons hoped for.

Looking to address each of these points is a new, independently developed, online database - the Rhinodatabase - which has been designed from the ground up. The overarching aim of the Rhinodatabase is that it be simple and quick to use, bearing in mind the limited time clinicians have available to be doing data collection tasks. Its other grounding principles are that it should be free for users and that all data entered remain the property of the clinician entering them. It is because it has been built in a clinician's basement that these principles can be upheld.

The Rhinodatabase is, in fact, 3 databases within one, covering septoplasty, septorhinoplasty and FESS. Both subjective and objective outcomes can be recorded, depending on your level of outcome collection - you can choose to enter as little or as much as you wish, depending on what you wish to get out of it at the end. At present, the subjective outcomes used are the NOSE questionnaire (septoplasty), the new ERS-endorsed FROI-17 (septorhinoplasty) and the SNOT-22 (FESS) and objective outcomes are PNIF/NAR (septoplasty & septorhinoplasty) and Lund-Mackay score (FESS).

The database can be accessed at [www.rhinodatabase.com](http://www.rhinodatabase.com) and is now live for data entry. If you wish to trial it before hand to assess whether or not it meets your needs, please use the trial version at [trial.rhinodatabase.com](http://trial.rhinodatabase.com) where dummy patient data can be entered without affecting national results. Feel free to feedback any comments, criticisms or observations to [russellcathcart@me.com](mailto:russellcathcart@me.com).

## CARL PHILPOTT: BRS RESEARCH GROUP REPORT



### ANNUAL MEETING

Stephen Hayes gave the winning presentation for his talk on "A novel finding of S Aureus within mast cells in nasal polyps". Congratulations to Stephen, who was subsequently invited to give his presentation at BACO courtesy of Clinical Otolaryngology. During the lunch interval Carl Philpott hosted the BRS Research Group meeting covering a number of items including some of the news below and an update from 2014 BRS Grant Winner, Neeraj Sethi, Leeds who hopes to have data ready for abstract submission to the 2016 BRS annual meeting. The group also heard a talk from Stephen Ball on setting up

basic science projects in Rhinology.

### BRS RESEARCH GRANT

This year's BRS Grant was awarded to Archana Soni-Jaiswal for her project entitled "Chronic Rhinosinusitis Outcome Measures – developing a core outcome set for trials of interventions in chronic rhinosinusitis". From next year the BRS Research Grant will be determined in a different way. Applicants for the grant will be invited to attend a "Dragon's Den" as part of the annual meeting. They will need to pitch their idea to the panel who will then decide between them who to award the grant to after questioning the candidates. Submissions for this will be due at the same time as the abstracts for the meeting itself. – please watch the BRS website for further notification.

### NATIONAL RESEARCH NEWS

#### **1. Outcomes Important to Public, Patients and Practitioners Project**

This was a recent pilot project supported by the National Institute for Health Research, UK Cochrane Centre, Cochrane ENT Disorders Group and evidENT. The online survey included responses from 155 healthcare professionals and 80 people with rhinosinusitis. The majority of the suggested outcomes (70%) concerned how well the symptoms of CRS were improved and managed. The Cochrane Ear Nose and Throat Disorders group now recommend the use of symptom-based outcomes as the main outcome for future reviews.

<http://ent.cochrane.org/chronic-rhinosinusities-prioritising-outcomes>

#### **2. Feasibility Study for Macrolide RCT Leads to CRN Research Nurse Training Day**

This event was held in June 2015 at Madingley Hall near Cambridge, hosted by the Eastern CRN. This arose from the findings of a recent feasibility study that recruitment and retention rates were variable across the 6 sites. Research nurses came from around the UK and activities included learning the use of rhinological outcome measures such as the SNOT-22 and peak nasal inspiratory flow rates. This will help foster better engagement in ENT studies across the CRN.

#### **3. Rhinology in the GENERATE Project**

Through the GENERATE project ENT UK is raising awareness of the importance of continuing research in ENT, hearing and balance conditions. The GENERATE team has been working closely with

patients and their carers, healthcare professionals, researchers, charities and people who design and deliver healthcare services to decide on the most important areas for research in ENT, Hearing and Balance care, via the GENERATE survey and focus groups. On 25<sup>th</sup> September 2015, the GENERATE consensus conference was held at the Farr Institute in London and 4 priorities for rhinology were chosen. The GENERATE launch event was held at the Royal Institute of British Architects on 3<sup>rd</sup> December 2015.

#### **4. NIHR HTA Commissioned Call for Septoplasty Trial**

One year ago NIHR announced the decision to commission a clinical trial to address the question: “What is the clinical and cost-effectiveness of a septoplasty for adults with a deviated nasal septum?” Shortlisted teams will now be finalising their submissions prior to January deadline and the trial is likely to commence in 2016.

#### **5. Actively Recruiting NIHR CRN Portfolio Studies:**

- Predict PD the 1000/100/100 pilot study
- Studying the Nasal & Sinus Cells in Rhinosinusitis

## CLAIRE HOPKINS: EUROPEAN RHINOLOGICAL SOCIETY MEETING UPDATE



Preparations for the ERS 2016 Stockholm meeting are in full swing - the sun will virtually never set, and the congress Chair, Prof Par Stjarne from the Karolinska has promised a great party on top of an outstanding academic programme. For those who have not been, Stockholm is a beautiful city with plenty to see, the weather will be perfect, and the meeting promises to live up to the success of Amsterdam. The closing date for abstracts is approaching fast, on Feb 9th 2016, so get all your projects submitted, and the dates written in your diary - 3- 7 July 2016. Full details are available at <http://www.ers-isian2016.com>

Perhaps even more exciting the ERS will be coming to the BRS in 2018! We have successfully bid to host the 2018 Congress, and are really looking forward to the opportunity of showcasing all the British Rhinology talent. UK attendees were the second largest group (after the Dutch) in Amsterdam, so I hope we can match the enthusiasm when we come to London. Due to coinciding with a BACO year, we have brought the ERS meeting forward in the year, to the 22nd - 26th April 2018. We will be holding the meeting at the QE2 Conference Centre in the heart of London. More details with regard to the programme and social events will follow shortly.

## NATIONAL EPISTAXIS AUDIT

The BRS have been working hard with the ENT UK Audit Group to support and develop national audits. Participation in audits is a requirement of revalidation. We have been developing a proposal for a time limited epistaxis audit, and have enlisted the enthusiasm of the Trainee Research Collaboratives to help deliver this. We will be piloting data collection tools and undertaking some preparatory work to define what the gold-standards should be, before rolling the audit out on a wider scale. The aim will be to support units in delivery good quality care for one of our most common emergencies. With lots of novel agents coming on the market, we hope that this will generate some exciting results. More details will follow early next year.