



British Rhinological Society Newsletter

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Showkat Mirza and Carl Philpott (Editors)

Welcome to the Society's fourth annual Newsletter to keep members up to date with our news, particularly if you were unable to join the European Rhinological Society Meeting in London. There is a considerable amount of innovation, research and service development occurring around the UK and we would be pleased to highlight this in forthcoming newsletters. Please email us at showkat.mirza@sth.nhs.uk to contribute.



CLAIRE HOPKINS – PRESIDENT OF THE BRITISH RHINOLOGICAL SOCIETY



It is a great honour to be writing as the President of the BRS, and I would like to take the opportunity to thank members for their support. It will be a tough job to fill the shoes of Sean Carrie, my predecessor, who has done an excellent job leading the BRS. There is much 'behind the scenes' activity to the post, and Sean played an instrumental role in defining and preserving our ongoing relationship with ENTUK. He is now the President of the European Rhinological Society, and along with Hesham Saleh, President-Elect of the European Academy of Facial Plastic Surgery, demonstrates that at least in some spheres of our currently turbulent world, Britain are still leading the way in the Europe. If only the same could be said elsewhere...

In April this year, the BRS hosted the ERS Bi-annual Congress in London, and in all respects I think the meeting was a huge success. With more than 1800 participants from 86 countries across the globe, the UK had by far the largest group of delegates, presentations and faculty. We showcased the strength of British rhinology, starting from the opening Masterclass, through a large number of instructional sessions, plenary sessions, round table discussions and symposia. Our trainees highlighted the breadth of clinical and basic science research being undertaken across the UK and suggest the future of rhinology will be in very safe hands. Scotland won perhaps what will be their only football world cup, although I'm sure that they will aim to defend their title in Greece. The ERS has a very successful ERS Juniors Group, currently lead by Pavol Surda, from Guy's Hospital in London, and the photos suggest that the BRS juniors were as happy to contribute to the social programme as they were the scientific programme! The ERS Juniors have an age restriction, which does not reflect the prolonged surgical training programme in the UK, but the BRS were able to offer a number of grants to ensure that our own trainees were not unfairly penalised by missing out on the discounted rate. The meeting was the largest ERS Congress to date, and benefited both from the strong attendance, but also excellent industry support and sponsorship. As a result we were able to reduce the registration rates for juniors and low income countries. Despite this it looks likely that we will be left with a modest surplus, of which 50% will come to the BRS. We want this to ensure that this will benefit our members.

Our first outcome from this is to create a BRS juniors group, and we have also made membership of the BRS free of charge to all trainees and those undertaking post CCT fellowships. Stephen Ball from Newcastle has kindly agreed to take the lead this year, with more formal elections to follow next year. There will be a training day preceding the annual meeting, along with a social event. I am sure that this will be a great success – but ask you all to encourage your trainees to attend and join the BRS.

I'm also delighted to be able to introduce our guest Keynote Lecturer for the next Annual meeting, Prof Martin Desrosiers, from Montreal, Canada. Martin did both medical school and his otolaryngology residency at the University of Montreal. Post-graduate training in nasal diseases at the Johns Hopkins Allergy and Asthma Institute followed his ENT training. He is currently a Clinical Professor at the Université de

Montréal and an Associate Clinical Professor at McGill University in Montréal, Canada. He specialises in rhinology, with special interests in medical management of difficult to treat sinus disease and endoscopic surgery of the paranasal sinuses and skull base. Current research focuses are interactions of the microbiome and immunoregulation of the sinus mucosa, host genetics and biomarkers in sinusitis. His work is leading to the development of novel approaches for difficult to treat patients, which he will share with us at the meeting, in his keynote lecture 'The Future has Already Arrived: "Big data" Approaches Identify Epithelial Barrier Dysfunction as a Therapeutic Target in CRS'.

On other fronts, my term started with an interesting challenge posed by the Clinical Commissioning Group in Bristol, who decided that they would not routinely commission any investigation or treatment for patients with nasal symptoms, including those with chronic rhinosinusitis. We have written a robust and evidence based response, supported by the American Rhinological Society, and hopefully patients in the area are still able to access care. Please do let us know if any other regions make similar attempts to restrict access. We will post my letter on the BRS website and we are happy to support colleagues in responding to any similar measures. With increasing demands on limited financial resource ENT surgery seems like an easy target for commissioners – we need to advocate for our work and patients to ensure that they can continue to benefit from high quality NHS care. However, at the same time, we as a group must also ensure that we use resources wisely.

Brian Bingham will talk about standard setting at the next annual meeting, and I would also like the BRS to take the lead in defining best practice in sinus surgery and other areas. We need to work on understanding who should have sinus surgery, where and how it is done, and where new but expensive technologies should sit in treatment pathways. I would also like the BRS to produce consensus guidelines on topics that are unlikely to benefit from high quality trial evidence. I will be calling on our Council members to act as a consensus panel, and hope that we can produce a guideline every year. We will call for teams to submit proposals and help them to deliver these projects – more info to follow at the next meeting!

As I write, I am still stunned and deeply saddened by the news of the loss of Heinz Stammberger. He has been a core figure in rhinology from my very first days in ENT. Without his contribution to rhinology I am quite sure that we would not have the thriving specialty that we have today.

As an SHO I was captivated by endoscopic sinus surgery, still in its relative infancy. I learnt of the Stammberger technique, bought the textbook, and sat in awe at his lectures. Heinz lived in the realms of the rhinology giants; I eagerly joined the audience as we hung on his every word and once even joined a queue of juniors at a meeting to take a selfie with his cardboard cut-out (he refused all requests for photos with the 'real deal', so the cut-out had to do). His allure never faded, as rhinologists young and old were drawn by his passion, charm, experience and never ending patience for the endless questions that came from the audience. His passion for teaching continued to take him round the world long after retirement, and I hope that all of those reading this will have had the opportunity to learn from him. His legacy will continue through us all as we apply his teachings in our cases. Some of his most recent anatomical work may

still challenge the way we think of sinus anatomy in years to come. As I operated today, I smiled and had a moment of quiet reflection as I asked for the Stammberger punch. Heinz will continue to inspire generations of rhinologists for many years to come, and will certainly never be forgotten.

Wishing all of you a healthy and happy 2019

Claire Hopkins



RUSSELL CATHCART: BRS SECRETARY UPDATE



New council members

There were a few Council members who came to the end of their tenure on Council last year. We'd like to thank Hesham Saleh, Tim Woolford, Showkat Mirza and Sarah Farmer for the commitment they gave to the Society during their time on Council. That's a lot of experienced councillors to lose in one year but we're thankful that Tim continues on as a Trustee of the Society. Carl Philpott, Phil Harries and Iain Hathorn also came to the end of their 3 year tenure but were successfully re-elected into their positions for a second term, as Council members are entitled to do. There were also three new appointments onto Council; Shahram Anari and Yujay Ramakrishnan as England reps and Ben Stew as Wales rep. Welcome to you three - I have no doubt you will have a lot to offer the Society over the next 3 years.

GDPR (stay awake now)

With the introduction of General Data Protection Regulations in May 2018, the BRS have taken the necessary steps to ensure we are compliant with what is now European Legislation. We now have a formal data privacy policy in place, we are registered with the British Information Commissioner and we have a formal contract in place with ENTUK, who act as our data processors, which makes explicit what can and cannot be done with your data. The full privacy policy is available to read on the BRS website (www.britishrhinologicalsociety.org.uk/privacypolicy.php). The honorary secretary of the society will automatically assume the role of Data Protection Officer (i.e. me for now).

GDPR states that you, as a data subject, must be aware of what data of yours are held on our database. In short, it's not very much and it's low level sensitivity. Essentially, we hold your name, address, contact number, date of birth, job title and GMC number. We do not hold any banking details on you as your subscription is paid by direct debit and meeting registration is done by one-off online payments. It should hopefully go without saying that we have no interest, requirement or gain in sharing your data with any third party, other than the ERS to whom we send a list of members names and date of births once a year, in order that they can issue your individual ERS membership and access to Rhinology journal online. We will never share members' details with commercial, pharmaceutical or marketing companies.

As part of GDPR, you have certain rights as a data subject. These are explained in the data privacy policy but, in summary, you have the right to:

- view all the data that we hold on you and to have a copy of that data
- determine to whom that data is released
- request correction of any of that information, upon receipt of proof, where necessary
- opt out of some or all communications from the BRS
- to request the deletion of all data held on you ("the right to be forgotten")

You can exercise any of those rights at any time by contacting the honorary secretary at mail@britishrhinologicalsociety.org.uk.

That's all. You can wake up again.

Russell Cathcart
Hon Secretary



The BRS annual meeting will be in Glasgow on Friday 17th May 2019 at the Glasgow Science Centre. This will be the first meeting since Jersey in 2017, after a gap last year for ERS London. We are very pleased to welcome Prof Martin Desrosiers from Montreal, Canada to give the keynote lecture. Prof Desrosiers trained at The University of Montreal and Johns Hopkins Allergy and Asthma Institute and is currently Clinical Professor Universite de Montreal and Associate Clinical Professor at McGill University in Montreal. The title of the Keynote lecture is “The Future has Already Arrived: “Big Data” Approaches Identify Epithelial Barrier Dysfunction as a Therapeutic Target in CRS”. We are also delighted there will be a local flavour with Brian Bingham, ENT UK President, talking on “Standards in Otolaryngology – Rhinology”, emphasising the important role the BRS has to play in this. There will also be the usual opportunities for the trainees to present research and audit and the (in)famous quiz! This year we are delighted that there will be a junior BRS, organised by Stephen Ball on Thursday 16th May at the Crowne Plaza Hotel immediately across the river from the Glasgow Science Centre.

The Glasgow Science Centre is situated on the river Clyde in Govan on the site of a former shipyard and next to the current BBC Scotland Headquarters. The area is well connected to the city centre and is well served by hotels and restaurants, as well as being the site of some of the most iconic buildings in modern Glasgow. Glasgow is well served with rail, road and air links to the rest of the UK. We look forward to seeing you all in the spring sunshine in Glasgow.

Nick Calder

STEPHEN BALL: BRITISH RHINOLOGICAL SOCIETY JUNIORS UPDATE



With the support of the BRS council we are delighted to have established a BRS juniors section of the society, similar to the European & American rhinological societies. The inaugural event for BRS juniors will be a free to attend rhinology educational update on the 16th May for trainees and junior doctors i.e. anyone below consultant grade. The aim of the day will be to cover a range of practical surgical talks, case discussions & short lectures all geared at the ISCP curriculum and aligned to common FRCS exam topics.

An excellent faculty - Mr Raj Bhalla, Prof Martin Desrosiers, Prof Claire Hopkins, Mr Iain Hathorn, Prof Valerie Lund, Mr Paul White, Prof Tim Woolford - have all very kindly confirmed to talk on subjects and cases including surgery for epistaxis, septoplasty, rhinoplasty assessment, open & endonasal surgery for sinonasal tumours, management of CRS, organizing fellowships & career talks.

If you're interested in a career in rhinology, general ENT surgery or simply preparing for exams this should be an excellent half-day teaching event. Sponsorship has been arranged to make the event free of charge, including a social event afterwards. Full details & registration information will be released shortly, though it will take place in the Glasgow Crowne Plaza on the 16th May starting at 1pm (the afternoon before the annual conference in Glasgow). Hopefully see you there. Best wishes.

Stephen Ball, Richard Green, Abi Walker.

PROFESSOR CARL PHILPOTT: RESEARCH UPDATE



With two major NIHR funded trials underway, these would appear to be buoyant times for rhinological research and it is encouraging that rhinological diseases are getting the recognition they deserve. With the ENT community relatively new to hosting major multi-centre trials, they are also big challenges and the delivery of such a trial to time and target requires the dedicated input of trials units working with an engaged group of local site teams. We hope to provide some feedback on the experiences to date at the research group meeting in Glasgow. Here's a summary of progress to date:

NAIROS: MR SEAN CARRIE



Nasal Airway Obstruction Study or NAIROS is the NIHR commissioned and funded RCT examining the clinical and cost effectiveness of septoplasty. Patients are randomised to either medical management (nasal steroid + Sterimar) or septoplasty with or without turbinate reduction. At the end of the trial we aim to identify which patient groups, if any, stand to gain most from a septoplasty operation. Patients we consulted told us they would prefer to be randomised to “deferred” rather than “never” surgery so patients will be seen at 6 months to measure the primary outcome (22 item nasal symptom score) and give face to face feedback about their care, and enable a repeated measurements of nasal patency. Although behind our proposed target we are working hard to reach our proposed target of 378 patients and have currently recruited >170 across the 17 UK sites.

MACRO: PROFS CARL PHILPOTT & CLAIRE HOPKINS



The aim of the second workstream in the MACRO Programme is to run a large randomised controlled trial (RCT) to produce evidence about the effectiveness and role of medical treatment (long-term antibiotics) and sinus surgery in adults with Chronic Rhinosinusitis (CRS) both with and without polyps.

The MACRO trial aims to recruit 600 patients from 16 sites in the UK and has now opened for recruitment in London and Great Yarmouth with other pilot sites opening in January in Newcastle, Nottingham and Guildford. The trial team have a target of 72 patients during the 6 month pilot phase (January to June) and have recruited 6 to date. If recruitment stays on track, 10 additional sites around the UK will open in July. The trial is expected to run until 2022.