Synopsis of an NCRI Clinical Studies Groups surgeons' meeting
Harrogate International Centre, 29 April 2014

Surgeons attended a working meeting to discuss topics in surgery research that span across cancer types. This report gives an overview of the day, and highlights areas where NCRI could help surgeons in their next steps to further surgery research in cancer.

- *Bringing surgeons together*

Surgeons from across the Clinical Studies Groups (CSGs) attended a working meeting in April 2014. The meeting was the first of its kind run by NCRI, designed to provide the opportunity to discuss topics in cancer surgery research that cut across the disease types that typically segregate surgeons. Each CSG surgeon was asked to bring a research-interested surgical colleague, with the aim of widening the pool of surgeons engaged with NCRI. Many of these were surgical trainees or young consultants. Overall, 60 surgeons attended the meeting, with 11 CSGs represented.

- *Surgery research in cancer*

Morning sessions focussed on surgery research taking place in the CSGs. Professor Matt Seymour gave an overview of surgery research in the National Institute of Health Research Clinical Research Network (NIHR CRN): Cancer portfolio. Analysis by NCRI in March 2014 classed 87 of 950 cancer trials as having a surgical component, with around a third of these asking a question directly related to surgery. The trials are well distributed across 13 CSGs where surgery is a key treatment modality. Around 60% are funded by NIHR and Cancer Research UK, although several different organisations fund the remainder.

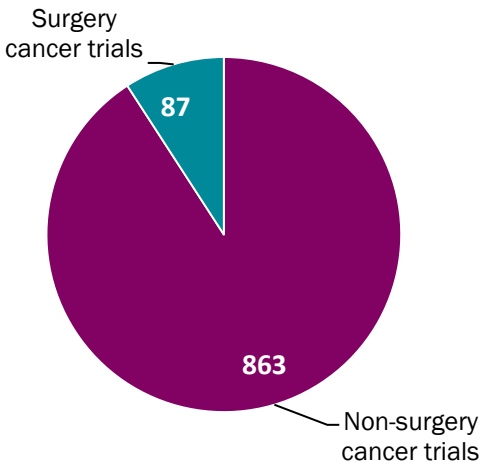

Fig. 1: Surgery trials on the NIHR CRN: Cancer portfolio in March 2014

- *How CSGs are approaching surgery research*

Surgeons from the Breast, Head and Neck, and Colorectal CSGs then gave perspectives on surgery research in their groups. The nature of surgical trials in each differed, and it was agreed that there was much for groups to learn from each other. Each group also gave an overview of CSG-linked activities that promote surgery research, which included surgical subgroups, surgery trial publications, and surgical trainee fellowships in the Head and Neck CSG. Challenges common to the three CSGs included recruitment to surgical trials and lack of robust clinical trials of new devices and techniques.

Surgical PIs of three surgery trials in the Bladder, Head and Neck, and Brain CSGs gave personal accounts of their experiences. All three spoke positively about CSG involvement in their trial design, with non-surgical clinical input and statistical knowledge cited as particularly helpful. Experience of trial funding and set-up seemed variable. PETNeck from the Head and Neck CSG was funded without issue,

but challenges were experienced in trial delivery. Although there was good community buy-in for the neurosurgical trial GALA-5, with several international delivery sites identified, obtaining funding has been challenging, highlighting the difficulty of running neurosurgical trials in rare cancers.

- *Infrastructure to support surgery research*

Afternoon sessions explored surgical research in a wider context, opening with an update from Royal College of Surgeons of England (RCS Eng) on their recent activities to promote research. The Clinical Trials Initiative supports five specialist surgical trials units (embedded within existing Clinical Trials Units) and named surgical specialty leads who act in an advisory role to develop surgical trials. Additionally, the national network of surgical trainee collaboratives is now up and running, and aims to encourage trainees to become involved with and ultimately design surgical research. The effect is far-reaching, with consultants joining trials designed and set-up by trainees.

A consumer talk on creating active patient-researcher partnerships was well received. As information on interventions is commonly available, it can influence patients' decision making when choosing to partake in a surgical trial. The value of patient surveys was emphasised, as these can gauge preference for a treatment type and give a clear indication of trial feasibility in situations where recruitment is challenging. Patients place considerable weight on quality of life outcome measures when deciding to participate in trials; as such their universal inclusion in patient information data was advocated.

- *Where next for cancer surgery research?*

The meeting concluded with a group strategy session on the future direction of surgery research, and how best the CSGs can support this. Richard Shaw introduced this, in his new role as Associate Director for surgery in the NIHR CRN: Cancer, and several key points were apparent from the discussion that followed:

- Individual CSGs have used a number of approaches to support the development of surgery research including publishing surgery research and discussion pieces, establishing surgical sub-groups and setting up trainee fellowships.
- The infrastructure to support surgery research has also grown in recent years, with schemes such as the Clinical Trials Initiative from RCS Eng and the surgical research collboratives providing a better environment for surgeons to undertake research.
- CSG surgeons felt strongly that collective work across specialty areas would accelerate progress, and want to pursue this through NCRI. An identity would help to give surgery an increased share of voice across CSGs and hopefully stimulate wider work through the CSGs and beyond. The cross cutting topics of interest included:
    - Optimisation of pre- and peri-operative interventions
    - Surgeon accreditation and QA in phase III
    - Early phase trials
    - Standardisation of robotics and devices use
    - Trials and sentinel node biopsy

CSG surgeons agreed that closer working across surgery was essential, so that CSGs could learn from each other and develop new cross-cutting research and initiatives. CSG surgeons will be approaching NCRI to explore ways to take this forward.