

UK Respiratory Research Collaborative

Newsletter No. 5 November 2007

From small acorns ...

Angela Hurlstone, Professional Relations Manager BTS

The UKRRC has had a busy Summer/Autumn period. We made great strides in prioritising research questions, with Philippa Major and Aziz Sheikh project managing this process. Philippa summarises work to date on prioritisation in a separate article. Other significant developments include NCRI becoming an active member of the Collaborative. Aoife Regan has worked closely with Mick Peake, Stephen Holgate and Rachel Garrod to take forward the lung cancer agenda. Aoife's article (below) gives an overview.

During September the Collaborative hosted a workshop for industry colleagues, facilitated by Richard Tiner of the ABPI, to explore possibilities of how we might actively engage with industry. We were delighted that so many of our industry partners attended the workshop, with representation from AstraZeneca, BAREMA, Glaxo-SmithKline, Keymed, Merk Sharp & Dohme, Micromed, Nycomed and Trinity Chiesi.

There were some useful discussions on the challenges we all face in the respiratory research arena. Discussion topics ranged from the difficulties in recruiting academics, the training/retraining of researchers, the education of nursing and allied professionals, as well as issues that face industry in particular, such as the poor uptake of new products. The concern of identifying where and how respiratory research capacity might be enhanced and improved was mirrored by our industry colleagues, but the positive feedback received on the work of the UKRRC to date was encouraging. The general consensus at the meeting was that there were possibilities for industry colleagues to engage with the Collaborative, and colleagues agreed to take these thoughts back to their respective organisations for further discussion and comment. Feedback to date has been positive and a more detailed report will be circulated in the New

Year, once we have heard from all our participating industry colleagues.

During 2007, under the chairmanship of Stephen Holgate and Rachel Garrod, the Collaborative has made excellent progress. In 2008 and beyond, we will undoubtedly meet new challenges, but the opportunities to make real progress that are now presenting themselves offer exciting times for the respiratory research community.

UKRRC Working with NCRI Dr Aoife Regan (NCRI)

Since the publication of the NCRI report on 'Lung Cancer Research in the UK' last year, progress has been made on a number of the recommendations.

Having put lung cancer on the agenda with our report, we have been working with a number of NCRI partners and the UKRRC to keep it there. Professionals in many disciplines are becoming more willing to talk about lung cancer and how more research can be facilitated. NCRI will also be one of the sponsors of the International Lung Cancer Conference to be held in Liverpool in July 2008.

Two areas were highlighted as being in particular need;

- supportive and palliative care;
- early detection and diagnosis.

In supportive and palliative care a group of NCRI partners have come together to provide a fund of £2.25m to be dedicated to funding research in this area. The call for proposals is currently open and further details can be found in the news items on our website (<http://www.ncri.org.uk/>).

Along with tobacco control, delivering improvements in early detection and diagnosis is critical if lung cancer mortality is to further decrease. At present



there are several trials around the world trying to determine if screening a high-risk population with spiral computed tomography can reduce lung cancer mortality. After detailed consideration the NCRI partners decided that the UK could make an important contribution to the international effort on screening research.

The National Institute for Health Research Health Technology Assessment (NIHR HTA) programme has agreed to take this forward. To deliver a trial that will provide the information necessary to enable policy makers to design and implement a screening programme, the HTA has recommended a staged process. The first stage will invite applications for a funded feasibility study which will help develop the most appropriate trial protocol. Later stages will involve a pilot and full scale trial. Further details on the call for proposals will be released shortly.

Earlier diagnosis could also be achieved by encouraging patients with symptoms to visit their doctor sooner, providing GPs with better tools to help identify patients for referral, and

... continued over

through the development of new diagnostic technologies. The NCRI has joined forces with UKRRC to help identify priority studies in these areas. This research will involve professionals with interests beyond oncology, such as respiratory physicians and nurses, physiotherapists, GPs and surgeons. A meeting, followed by a publication is planned for December.

UK Respiratory Research Collaborative e-Delphi exercise to establish research priorities

Introduction

At the UKRRC meeting on 22 June 2007 it was agreed that a prioritisation exercise would be conducted, gaining consensus on a list of clinical questions for which a trial can be designed in the short term. The intended method had been outlined by Aziz Sheikh in April 2007 (Appendix 1).

The aim was to agree an initial priority list for the meeting of the UKRRC on September 21 2007.

The longer term aim is that this priority list will be refreshed regularly. Questions for which it is not yet timely to design an appropriate study should be listed, but have a lower ranking in the short term. The process of prioritising research studies should be achieved collaboratively across the respiratory community, with input from clinicians, academics, health professionals and people with the relevant conditions.

It is intended that the current prioritisation will deliver clinical questions / studies which may be funded in a short time-frame (within 12 months from identification to funding) and run with the support of the UK comprehensive research networks.

Once priority study areas are identified, "champions" within the respiratory research community will take forward the planning and design of the studies, liaising with Clinical Trials Units etc. so that high quality studies are ready to be funded.

The priority disease areas initially agreed by the UKRRC are: COPD, asthma, lung fibrosis and lung cancer, although it was agreed that this initial prioritisation should focus on COPD,

asthma and lung fibrosis as lung cancer questions are being addressed separately through another route.

Methods

The "Expert Panel" comprised 22 members of the UKRRC. These members represent 16 organisations, plus the UKRRC Chair and 5 additional respiratory research experts who have been co-opted onto the UKRRC.

Round 1: This was a brainstorming round where all of the UKRRC members were contacted by email and invited to contribute their suggestions, anonymously, for priority research questions providing the following information:

- Disease area
- What is the clinical question / uncertainty that needs to be answered?
- Is there sufficient background research for this question to be developed fully now?
- Possible research approaches (please try to suggest a clinical study title with brief methodology summary).

As the UKRRC agreed priority areas had already been defined, not all of the members were expected to respond at this stage.

Round 2: A table of the research questions contributed at Round 1 was circulated by email around the full panel, asking all members to score the importance of each research question, using a 5-point Likert-scale (where 1 = irrelevant and 5 = very important), with the option of commenting on each question. There was one reminder to non-respondents.

Round 3: The research questions table was ranked according to the proportion of round 2 scores of 4 or 5 for each question, and the median score were also presented. The Expert Panel were asked to return a final score after considering the comments and the round 2 ranking for each question. There was one reminder to non-respondents.

The final ranking of the research questions, according to the proportion of round 3 scores of 4 or 5 for each question were summarised by calculating median scores and the proportion of respondents grading each priority as either important or very important (i.e.

score of 4 or 5), together with any additional comments made.

Consensus was defined as agreement of 80% or greater in Round 3.

Results

Round 1: This round generated 22 research questions.

Round 2: There were 16 replies from a maximum possible 22 panel members (73% response rate), plus one extra response from someone who was not a member of the Expert Panel. At this stage there were 2 questions for which over 80% of the responders considered the questions to be "important" or "very important".

Round 3: There were 15/22 replies from maximum possible panel members (68% response rate). The overall outcomes are presented in Appendix 2-outcomes table, and this reveals that there are three questions that at least 80% of responders consider to be important/very important to take forward as national studies.

Conclusions

This exercise produced a high response rate to each of the two prioritisation rounds from individuals representing a very broad range of organisations. Individual respondents' anonymity was preserved and given equal weight throughout. The one uninvited contributor to Round 2 was unfortunate, but did not contribute to Phase 3 and is therefore unlikely to have made a significant impact on findings. The priorities reached are therefore very likely to represent a reliable summary of the consensus views of this Expert Panel.

On basis of this prioritisation exercise there are three questions that need to be considered by the UKRRC as priorities to be further worked up and taken forward as national studies. There are however a number of other questions/areas of considerable interest and importance which should be fed into next cycle of prioritisation.

Acknowledgements

We are very grateful to the UKRRC members for their prompt responses and assistance in facilitating this exercise. *Philippa Major, Aziz Sheikh, Stephen Holgate and Rachel Garrod on behalf of the UKRRC 20/09/2007.*