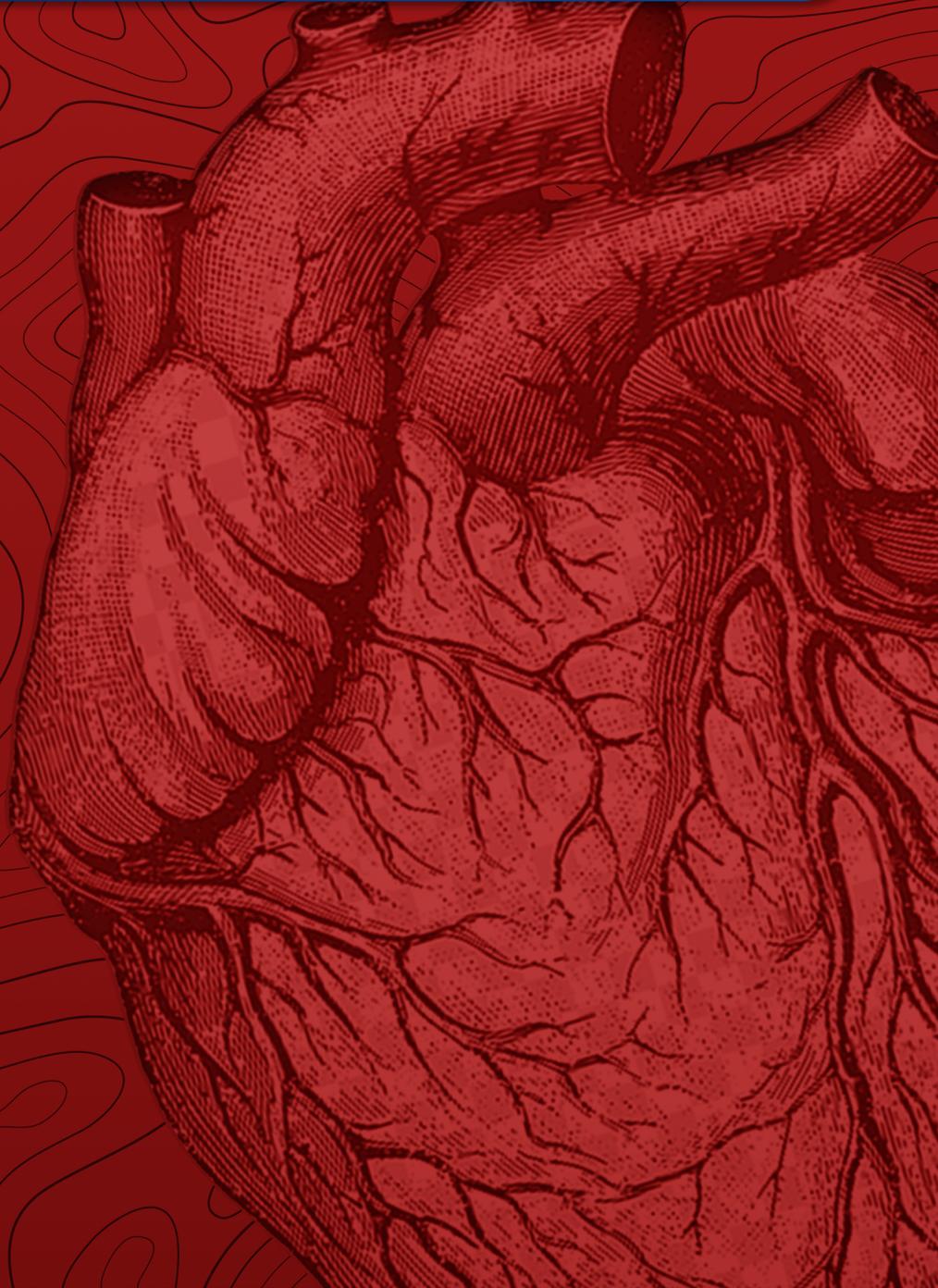


CASCADE

CArdiovaSCular outcomes after major abDominal surgEry

COLLABORATOR INFORMATION PACK



Partners



Sponsors



About this pack

In this booklet, we present a **summary of useful information for collaborators to keep in mind before, during, and after the study.**

We will be holding a **launch event** scheduled for the **8th January 2022, for collaborators to learn more about CASCADE study** and how to best get involved. We will also have keynote speakers throughout the afternoon discussing more about academic surgery and research. **Sign up now at: <http://tinyurl.com/cascade-launch>**



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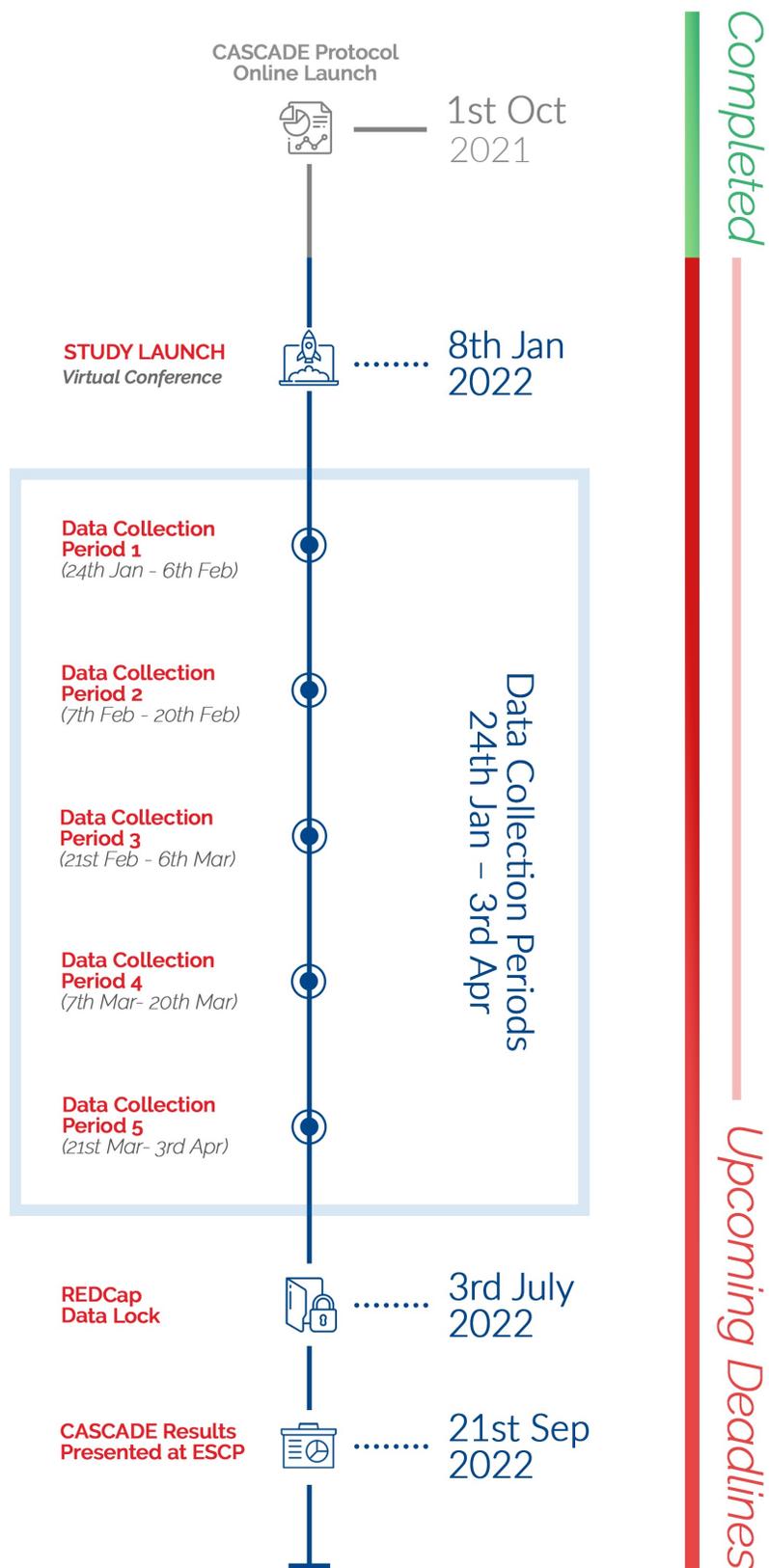


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Project Timeline



Before Study



1. Confirm registration details and ORCID iD



For collaborators in UK and ROI, your regional lead will contact you in due course to confirm your allocated hospital, speciality and dates for you to collect data. If you have not received these and you believe you are **due to start data collection in the following week**, then please reach out to your regional lead or contact us at cascade.audit@gmail.com.

For collaborators in Europe, your data collection periods will be organised by your respective hospital lead.

In the interim, it is important that you provide your **regional / hospital lead** with your ORCID iD if you have not done so already. Your ORCID iD is a unique, open digital identifier that distinguishes you from every other researcher with the same or a similar name to you. Please register your ORCID iD (<https://orcid.org/register>).

The ID is structured as a 16-digit number (e.g. 1234-1234-1234-1234). **Please register for this and send your 16-digit number to your regional lead as soon as possible.**



2. Organise data collection



You will be in mini-teams of 3 people for your data collection period at your hospital. Arrange to meet other members of your mini-team and your hospital lead (**for centres in the UK, contact your regional lead if you do not know who this is**):

- Discuss a strategy on how you will carry out your data collection. **Identification of consecutive patients is key for the successful running of CASCADE.** Junior doctors and consultants can be of great help in identifying patients day-to-day. Strategies to identify consecutive eligible patients are:
 - Daily review of elective theatre lists.
 - Daily review of handover sheets/ emergency admission and ward lists.
 - Daily review of theatre logbooks (both elective and emergency).
- Maintain communication over your 2-week period over WhatsApp
- In your mini-team, agree in advance who will be responsible for each stage of the project (e.g. identifying patients, collecting baseline data, completing follow-up, data entry to REDCap).
- Get in touch with your regional lead or hospital lead in case of any problems

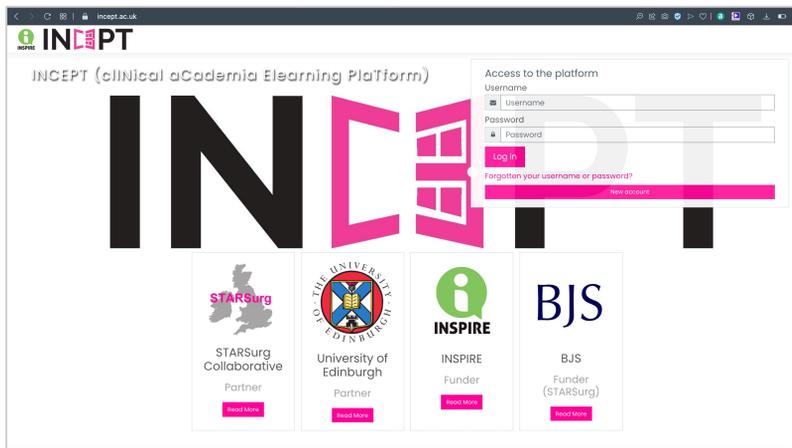
Before Study



3. Complete E-learning modules



- Prior to starting data collection, please complete the online e-learning modules.
- This will help you understand key information required during data collection (eg. Clavien-Dindo complications and cardiac complications).
- **Completion of these modules is key for the successful running of CASCADE** as it will help ensure that the right data is being collected by you.
- The e-learning modules **will soon be available at** <https://incept.ac.uk>.



4. Read study protocol and case report form



- Please read the study protocol and data collection to help guide you during the day-to-day data collection.
- The data dictionary (within the appendix of the protocol) contains the suggested source for each data point which could be a great starting point for your data collection.
- A Case Report Form (CRF) that contains all the points from the data dictionary on a single page can be found [here](#). This can be printed out and utilised to help when you are collecting data on the wards. The data can then be later uploaded to REDCap.
- If you are unsure about any of the data collection points or where to find them in the patient notes, then the doctors on the wards will be a good source of information. They will know where certain data points are stored and can be accessed from as this will be trust dependent.

During Study



1. Conduct a 'mock' data collection day



- We advise doing a 'mock' data collection day before your period starts to get you prepared for when the study starts
- This will give your team time to find where to access all the necessary data on the first day of your collection period.
- Any issues that are encountered on this 'mock' day can then be rectified ahead of your 'real' data collection days to ensure the smooth running of the study.



2. Handover to next mini-team



- We strongly recommend meeting with the preceding mini-team at your centre prior to the start of your collection period. (This of course is not available to mini-teams in period 1, which is why we strongly advise mini-teams in period 1 to conduct a 'mock' data collection day as described above.)
- Learning from the previous mini-team before will allow your team to gain helpful advice regarding what worked well and what maybe did not
- Lastly, at the end of your 2 week period please reach out to the incoming mini-team and ensure you provide a similar level of help and guidance enabling them to hit the ground running as well.



3. REDCap ID - Hospital Patient ID key



- When patient is identified for inclusions, collaborators can collect data through several options:
 - Upload data straight into REDCap via a trust computer
 - Data collection forms (paper CRF) and upload data later
- Regardless of method of data collection, please store the Patient Identification Number (e.g NHS or CHI number) and the corresponding REDCap ID in a hospital computer
- This is important as it will allow you to return to each patient record on REDCap to complete the 30-day follow up and address any missing data.
- **No patient identifiable information is to be stored on REDCap to preserve data anonymity as per the audit and ethical guidelines.**
- This record key should be always kept in a secure and safe place within your trust until after CASCADE is completed. **Patient identifiable material should NOT leave the hospital at any point during CASCADE.**



4. Troubleshoot



Inevitably you may run into problems before or during collecting data. If your problem is regarding not being able to find patient data, we suggest you find suitable healthcare professionals nearby to politely ask for guidance. If you have other problems outside data collection, we advise contacting your regional lead as soon as possible by either phone or email. Any remaining issues that cannot be rectified should be sent to - cascade.audit@gmail.com.



5. Ensure data completeness & 30-day follow-up



- **Follow-up at 30-day of the post-operative period is important.**
- Discuss the best way to follow up patients with the consultant. Be proactive in identifying post-operative adverse events, as this will prevent underestimation of true complication rates.
- Strategies for identifying complications in the follow-up period include:
 - Regularly reviewing patient notes to identify in-hospital complications.
 - Reviewing clinic notes and clinic letters, if seen in clinic by 30 days.
 - Checking electronic systems and handover lists for re-admissions.
- Ensure all data has been uploaded to the REDCap system by the data collection deadline, avoiding missing data points.
- **Aim to have complete data for all patients.**
 - ***If more than 5% of a patient's record is missing on REDCap, that record ID will be excluded from the CASCADE dataset, and it will not count towards your authorship.***



6. Enjoy the process!



This is an excellent opportunity for you to learn and contribute to collaborative research, so please ENJOY IT!

- Make an effort to get to know the people you are working with along with networking with other mini-teams. Networking is a primary skill involved in academia and collaborating within CASCADE is a great opportunity to practice that.
- Ensure to work with others and communicate effectively throughout the study to ensure the smooth running of the project as a whole. This will also enable you and other collaborators to take as much as possible from this experience.
- Lastly, please remember to learn from this project and build on those academic skills you have learnt and try to transfer those on to future projects you partake in!

After Study



1. Presenting results locally



The regional leads or hospital leads will have the opportunity to present the local results of the study at their centres following the completion of the study. The presentation template and local data will be made available after data analysis is completed.



2. Authorship



Authorship criteria are outlined in [CASCADE protocol](#). Inclusive corporate authorship will be used for all CASCADE outputs; all collaborators who fulfil the authorship criteria will be recognised as PubMed-citable co-authors. More information about collaborative authorship can be found: <https://starsurg.org/authorship-policy/>.

Contact Details

Cascade Hub – <https://starsurg.org/cascade-hub/>

Central e-mails – cascade.audit@gmail.com

Dedicated REDCap e-mail – cascade.redcap@gmail.com

Regional leads UK – <https://starsurg.org/our-representatives/>

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