

The Royal College of Surgeons of England



## **Orthopaedic Surgical Trials**

Amar Rangan Professor of Orthopaedic Surgery Chair, BOA Research Committee Orthopaedic Research Lead, RCSEng





## The problem with T&O research

- Most published papers in T&O have methodological flaws
  - Small sample size
  - Large treatment effect
  - Small number of outcome events
- Single centre studies may not recruit to target, with smaller sample size
- Poor impact on clinical practice

*Pibouleau L et al BMJ 2009; 339: 4538* 





BMJ 2014;350:g7835 doi: 10.1136/bmj.g7835 (Published 2 January 2015)

Page 1 of 2



# The evidence base for orthopaedics and sports medicine

Scandalously poor in parts

L Stefan Lohmander professor<sup>1</sup>, Ewa M Roos professor<sup>2</sup>

#### T&O paradigm shift - UK strategy

- New BOA research strategy
- Focus on muti-centre clinical trials
  - Generate high quality primary evidence
  - Answer key research questions in T&O
- Commission support for study development
- Collaboration rather than competition
- Link with RCSE Clinical Trials Initiative



Co-ordinated and compiled by Joe Dias & David Marsh BOA, Lincoln Inn's Fields London, 2012

#### BOA Research Strategy Improving Mobility



Address four main areas:

- Culture
- Infrastructure
- Research Priorities
- Engagement with stakeholders

## Infrastructure

- Clinical research networks
  - Specialist Societies
  - Trainee research networks
  - Link with NIHR CRN



Clinical Research Network North East and North Cumbria

• BOSRC at York



#### Levels of research competence

- Level 1 Understanding of regulatory framework and conduct of clinical research
- Level 2 Formal certification of competence in clinical research methods
- Level 3 Higher degrees, training of future CIs and research leaders



<b>Research</b> - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees should undertake research during training and provide evidence recorded on the ISCP of a minimum of: Either
	<ul> <li>Author of two peer reviewed publications from research (or instructional notes or literature review) performed during training (ST3 onwards) in print or accepted for publication at the time of</li> </ul>
	award of CCT**. Or
	<ul> <li>Evidence of the screening/recruitment of 5 patients to an REC approved study.</li> </ul>
	<ul> <li>And:</li> <li>Completion of a Good Clinical Practice course in Research Governance within 3 years of award of CCT.</li> </ul>
	<ul> <li>Evidence of critical analysis of publications (i.e. journal club activity).</li> </ul>
	<ul> <li>Author of two presentations (podium or poster) at national meetings from research performed during the period of training (ST3 onwards)**.</li> </ul>
	** Authorship should be according to "Guidelines on authorship: International Committee of Medical Journal Editors" BMJ p722 Vol 291 Sept 1985.

#### **Result - Increasing number of portfolio trials**





















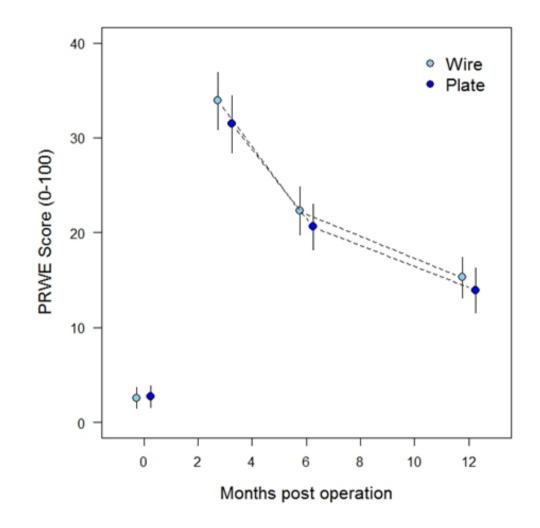
### The trial....





VS

#### Patient-rated wrist evaluation



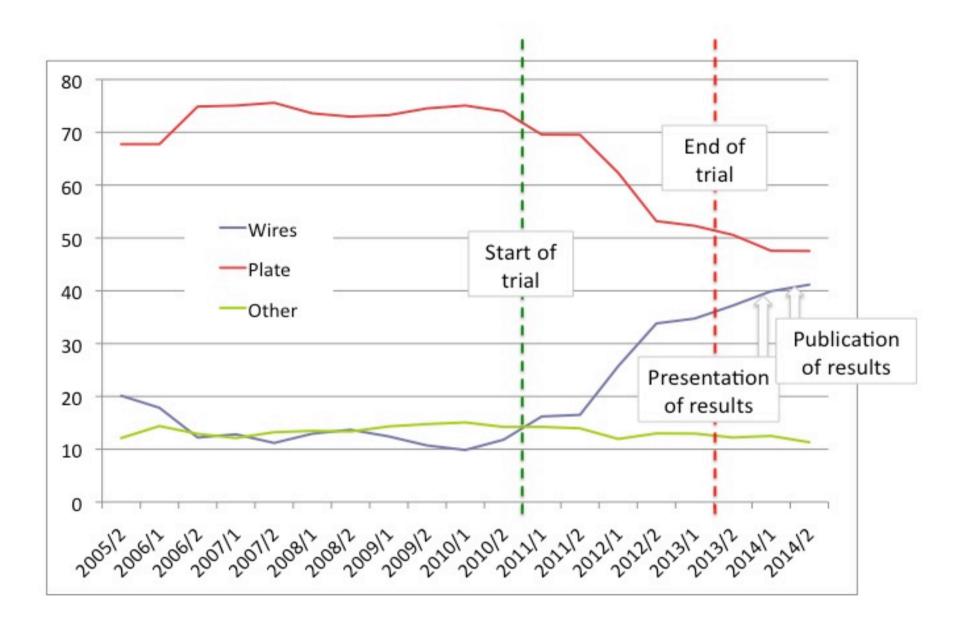


DRAFFT: "Percutaneous fixation with Kirschner wires versus volar locking plate fixation in adults with dorsally displaced fracture of distal radius: randomised controlled trial"

– Matt Costa, Juul Achten,

....Amar Rangan.. et al





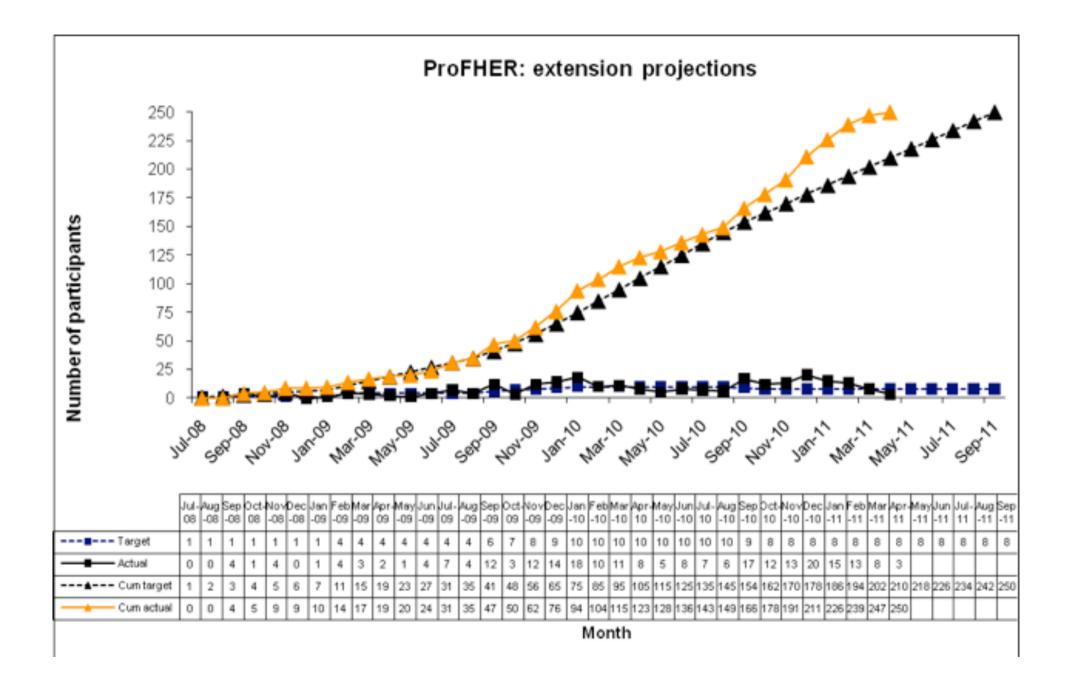


#### Surgical vs Nonsurgical Treatment of Adults with Displaced Fractures of the Proximal Humerus

The PROFHER Randomized Clinical Trial

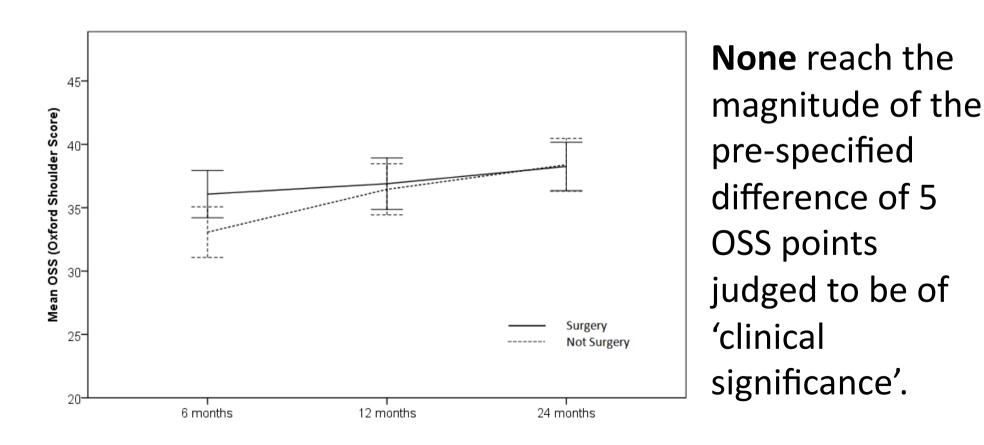
Amar Rangan, Helen Handoll, Stephen Brealey, Laura Jefferson, Ada Keding, Belen Corbacho Martin, Lorna Goodchild, Ling-Hsiang Chuang, Catherine Hewitt, David Torgerson, for the PROFHER Trial Collaborators

JAMA March 10, 2015 Volume 313, Number 10: pages 1037-1047

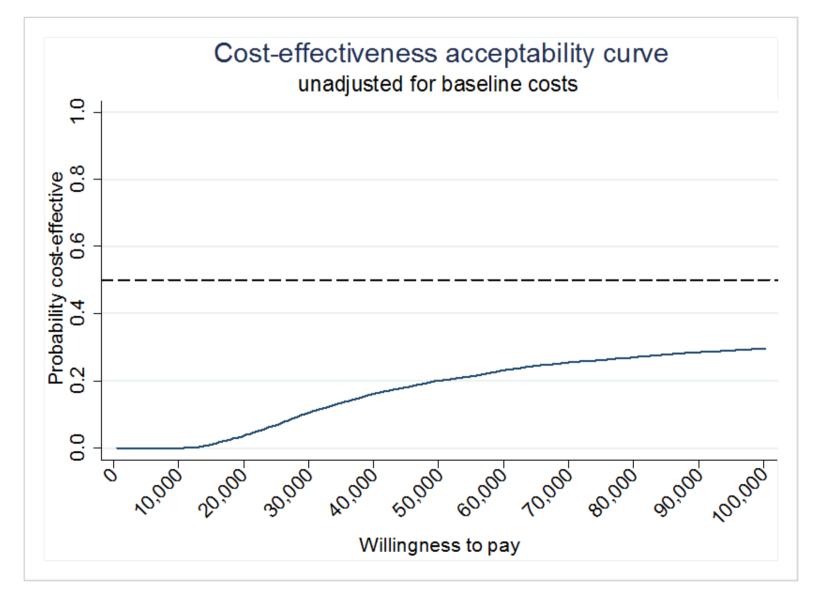


### **Primary outcome**

There was no significant difference in the OSS over the two-year period: 0.75 points in favour of surgery, 95% Cl -1.33 to 2.84; p = 0.479.



#### CEACs



## Impact



- NICE guidance on fracture management published Feb 2016:
  - Recommendations based on PROFHER Trial for proximal humeral fracture management
  - Recommendations based on DRAFFT for distal radial fracture fixation

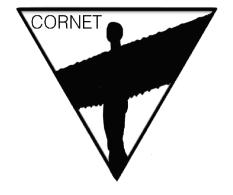
#### **Trainee Research Collaborative**

- Regional CORNET
- National BONE
- Vehicle to achieve CCT research requirements
  - Audit loops
  - Practical clinical research training
  - GCP
- Develop future PIs and CIs

# How can a Trainee Research Network become effective?

- Structure for managing activities
- Full trainee engagement
- Recruit effectively to on going trials
- Engage with RDS & CTU
- Get involved in study development early

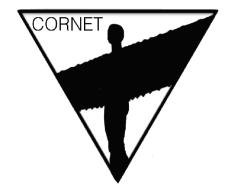
\*RCS Orthopaedic Trials Day\*



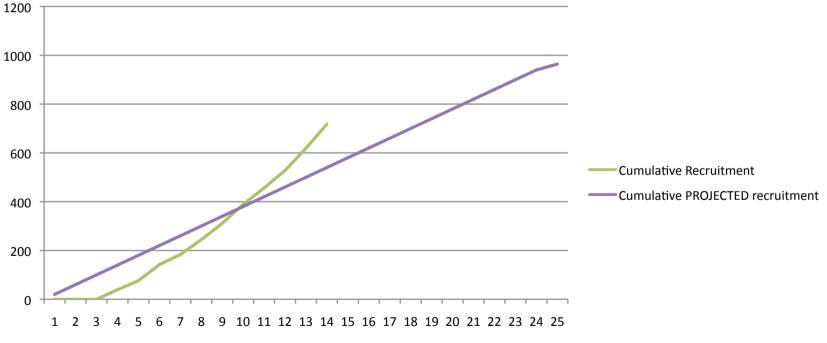
## CORNET – The Collaborative Orthopaedic Research Network



#### WHITE 3: HEMI (NIHR funded RCT with industry backing)



WHITE 3: HEMI Cumulative Vs Projected Recruitment 718/964 (75%)

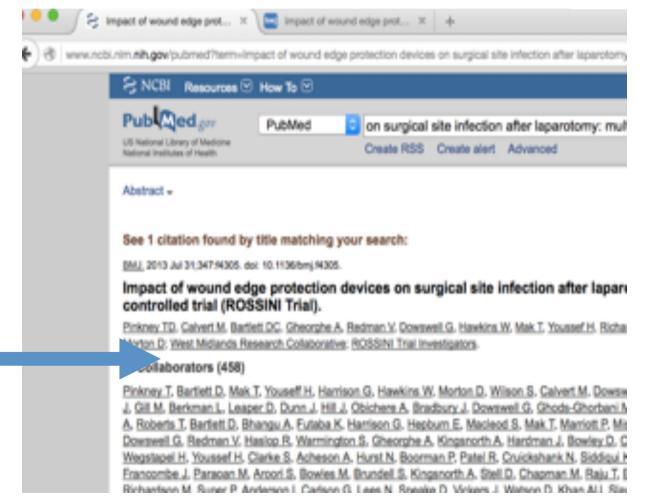


Month

## **Publication Details**

CORNET

• Share the credit



**Identify research priorities** 

Hip & Knee OAShoulder surgeryFragility fractures



**Priority Setting Partnerships** 

#### BMJ Open Research priorities for shoulder surgery: results of the 2015 James Lind Alliance patient and clinician priority setting partnership

Amar Rangan,<sup>1</sup> Sheela Upadhaya,<sup>2</sup> Sandra Regan,<sup>3</sup> Francine Toye,<sup>4</sup> Jonathan L Rees<sup>5</sup>

#### Summary – T&O Research

- Growing number of multi-centre clinical trials
- Collaborate Principal Investigators
- Lead Chief Investigators

- BOSRC
- RCS STCs
- Collaboration NOT competition

