

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Protocol for a multicentre, prospective, observational cohort study of variation in practice in peri-operative analgesic strategies in elective laparoscopic colorectal surgery: The LapCoGestic Study
AUTHORS	Northern Surgical Trainees Research Association, NoSTRA; Burnell, Philippa; Coates, Rachael; Dixon, Steven; Grant, Lucy; Gray, Matthew; Griffiths, Ben; Jones, Michael; Madhavan, Anantha; McCallum, Iain; McLean, Ross; Naru, Karen; Newton, Lydia; O'Loughlin, Paul; Shaban, Fadlo; Sukha, Anisha; Somnath, Sameer; Shumon, Syed; Harji, Deena

VERSION 1 - REVIEW

REVIEWER	Seamus Kelly Department of Surgery North Tyneside General Hospital Rake Lane North Shields Tyne & Wear NE29 8NH
REVIEW RETURNED	26-Nov-2015

GENERAL COMMENTS	<p>This is a good study led by the Northern Surgical Trainees Research Association. The benefit of research performed by trainee collaboratives is that data can be captured simultaneously in all hospitals in the region by enthusiastic trainees and can be delivered on time. This has already been shown as an excellent way to do clinical research. The trainees should be able to recruit enough patients in two months due to the high volume of laparoscopic colorectal surgery performed in the Northern Region of England.</p> <p>Table 1 In the right hand column, seven rows from the bottom it should read "hospital stay" and at the bottom of the left hand column it should read "30-day re-admission rates".</p> <p>Table 2 Could the authors please justify the reason for including the post-operative lowest respiratory rate and sedation scores on day 1?</p> <p>If approval has been obtained from the National Research Ethics Committee, local ethical approval should not be necessary but local Caldicott and R&D approval will be needed.</p> <p>This is essentially a pilot study which will inform a larger clinical trial.</p>
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REVIEWER	Andrew Day Surrey and Sussex Healthcare NHS Trust
REVIEW RETURNED	08-Jan-2016

GENERAL COMMENTS	This is an interesting approach, and I look forward to the data generated by this observational study. My only concern is that the study period is too short. With 13 centres and an estimated 150 resections over 2 months, this would give approx just over 11 patients in each centre. Due to the considerable variability that there will be in the analgesic regimes used I envisage some difficulty in drawing any meaningful conclusions from the study. Nevertheless it is a reasonable starting point.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

The outcome measures have been appropriately amended in Table 1.

Day 1 post-operative respiratory rate and sedation scores are surrogate markers for opiate induced respiratory depression.

The local R&D and Caldicott approvals have been sought for each participating unit. This has been incorporated into the main body of the manuscript.

Reviewer 2:

We acknowledge the relatively short duration of the study and accept the potential for considerable variation in practice across the North East. However, despite this we feel this will provide us with a starting point to identify any commonalities in practice and their potential impact on clinical outcome. It is hoped this study will help us inform the design of a larger-scale, definitive study.

Correction: Protocol for a multicentre, prospective, observational cohort study of variation in practice in perioperative analgesic strategies in elective laparoscopic colorectal surgery: the LapCoGestic Study

Northern Surgical Trainees Research Association (NoSTRA), Burnell P, Coates R, *et al.* Protocol for a multicentre, prospective, observational cohort study of variation in practice in perioperative analgesic strategies in elective laparoscopic colorectal surgery: the LapCoGestic Study. *BMJ Open* 2016;**6**:e008810. doi: 10.1136/bmjopen-2015-008810

The author name ‘Matthew Grey’ is misspelled and should be ‘Matthew Gray’.

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