Welcome to the Society's third annual Newsletter. We hope this keeps members up to date with our news, particularly if you were unable to join us at the last meeting in Jersey. There is a considerable amount of innovation, research and service development occurring around the UK and we would be pleased to highlight this in forthcoming newsletters. Please email us at showkat.mirza@sth.nhs.uk to contribute.
Dear Colleagues,

2017 has indeed been a busy year for BRS. Russell Cathcart hosted an outstanding annual meeting in Jersey, with Prof Philippe Herman as our Karl Storz speaker. It was excellent to see so many of you there, making the journey across the Channel to enjoy the day and, of course, the evening’s entertainment which carried on well into the night.

On the horizon and approaching fast is the ERS meeting in London (22-26 April). BRS owes our recently appointed President-elect, Prof Claire Hopkins, and the scientific committee she is chairing, a debt of gratitude for the considerable amount of work that has gone into organizing a truly global event ‘where science and art meet’. Please see Claire’s article below and, in particular, reduced registration rates available for junior colleagues.

The outcomes of the Integrate/BRS epistaxis audit are now in print in the JLO. This was the first national audit of emergency practice in ENT in the UK, and the steering committee are to be warmly congratulated on producing such a superb piece of evidence base guidance – it makes for essential reading.

Academia in UK Rhinology goes from strength to strength as witnessed by increasing appointments to Professorial Chairs and NIHR supported multicentre RCTs. The BRS “Best of British” session at ERS will showcase some of the recent BRS/ORS successes from junior colleagues around the country as well as a keynote lecture from Prof Janet Wilson.

Congratulations to Council member Mr Hesham Saleh, recently elected to Presidency of both the UK and European FPS societies. Below, Hesham writes of the intertwined nature of our subspecialties. Perhaps an opportunity for a collaborative meeting......?

Finally, as my own Presidency draws to a close after the ERS meeting, I reflect upon Rhinology as a vibrant and exciting subspecialty at a time when the BRS continues to act as an ‘umbrella’ for research, audit and innovation. At a time of so much NHS uncertainty, let’s spread the good news to our trainees and medical students!
Firstly, can I extend my thanks and appreciation to all those who made the trip across to Jersey for what turned out to be a very successful annual meeting in May - speakers, sponsors and delegates alike. The storms in the week leading up to the meeting thankfully settled so there were no major travel disruptions and we were even treated to some spring sunshine. The inaugural BRS social event also seemed to be enjoyed by those who stayed on for the Friday night, once we managed to get the volume on the ceilidh music sorted out. For those of you who had time to pass on the Saturday, I hope you managed to fit in a spot of sight-seeing or a history trip and perhaps it gave you an incentive to come back for a family trip one summer, when Jersey really comes into its own light.

Next year the AGM will be integrated with ERS London 2108, so remember to seek it out on the programme at the time. As there will be no dedicated open paper session next year, there will be no prize awards. Instead, we will be awarding a number of small grants for members who are planning to attend ERS London, particularly those who are presenting a paper or poster – watch out for an announcement soon about how to apply.

Plans are already afoot for our meeting in 2019 which will be held at the Science Centre in sunny Glasgow hosted by Nick Calder, David Crampsey and Alasdair Robertson.

Following a recent call for nominations to replace Prof Lund and Quentin Gardiner on the Board of Trustees, we are glad to announce that Paul White (Dundee) and Paul Nix (Leeds) have been appointed with immediate effect and will each serve a 3 year term, alongside the executive council members. Many thanks Paul and Paul – your past experience on Council will serve well on the Board. On the subject of Council, we would like to thank both Prof Tim Woolford and Mr Peter Andrews for their not-insignificant contributions to Council and the Society during the past 3 years. Their tenures have now come to an end and their replacements will be sought in the very near future.

The BRS has been approached by a not-for-profit company, Euforia, about endorsing and promoting their innovative mobile phone app, MySinusitisCoach, which enables patients to record and track their CRS symptoms on a daily or weekly basis, allowing them, and their clinician, to observe the impact of any medications they have been given and, ultimately, any surgery they undergo. This will break new ground in patient-reported outcomes, as we have never had such real-time, comprehensive data on patient symptoms. It is also intended to serve as a patient educational tool, as it includes information about CRS and its management and there are plans to have short educational videos embedded. We are currently testing the usability and investigating the validity of the data protection before deciding whether the BRS will put its name to it, but it certainly appears to be an exciting prospect. Watch this space.
ERS 2018 LONDON 22 - 26 APRIL

As you will know, the BRS are hosting the ERS Congress in London next year. There will be very strong representation on the faculty and plenty of opportunity for BRS members to submit their research for presentation. The closing date for abstract submission has been extended to January 10\textsuperscript{th} 2018. Early bird registration is open until 19\textsuperscript{th} February, and as we have met our sponsorship targets we have been able to further reduce the registration rate for ERS junior members. In addition, there are a large number of prizes available. The ERS junior membership and prizes are limited to those under the age of 36, which can be a problem for our most senior trainees, but please note that the ISIAN prizes do not have any age limit.

RESEARCH PRIZES 2018 OF THE EUROPEAN RHINOLOGIC SOCIETY

The European Rhinologic Society biennially awards two Research Prizes; one prize is awarded for original basic research, and the second for an original clinical research in the field of Rhinology. In 2018 again, these prizes will be awarded, and therefore ENT Residents and Fellows are kindly requested to apply. Entries will have to meet the following conditions:

- Entries are to be submitted in the form of a scientific paper. \textit{Papers that have been accepted for publication by an international scientific journal will also be considered.} Scientific papers – as well as supplements and Ph.D.-theses – that have already been published are excluded from competition.

- The research paper submitted is either the result of individual research activities or resulting from a team effort. In the latter case the first author will be considered as the nominee.

- Each applicant is allowed one entry. The author indicates whether the paper is a basic research or a clinical study. (We define clinical research as studies that deal with
patients or normal subjects in a clinical set-up, whereas basic research refers to studies performed with either animals or tissues taken from patients or normal subjects).

- **Only candidates below the age of 36 years can apply.**

- The executive Committee of the European Rhinologic Society, supported by a number of invited expert referees, will act as the jury and will select both prizewinners.

- The prizes, each of which amounts to €2500 will be awarded during the Opening Ceremony of the next ERS Congress in Amsterdam (the Netherlands), April 22-26, 2018. The prizewinners will be invited to attend the congress, free of charge. The prize-winning entries will be given priority when submitted to the Journal Rhinology.

Applications of the submitted papers should be directed **before Feb 1, 2018** to the secretary of ERS: Mrs Judith Kosman by E-mail (j.kosman@amc.uva)

### JUNIOR TRAVEL GRANTS FOR THE EUROPEAN RHINOLOGIC SOCIETY CONGRESS

30 Fellowships of €750 are offered to support attendance of junior members to the ERS-ISIAN meeting. There are 10 awards being made by the ERS Congress and 20 awards are being offered by the Rhinology Journal. Candidates need only make one application.

- **Only candidates below the age of 36 years can apply.**

- **All applicants must be members of the ERS** – Membership is free of charge for Junior ERS members; if you have not yet joined, please visit [www.europeanrhinologicsociety.org](http://www.europeanrhinologicsociety.org)

- All applicants must submit their abstract to the Congress via the website before the closing deadline of January 10th; late applications will not be considered

- Applications will be judged based on the scientific merit of the abstract submitted to the Congress and the applicant should be the presenting author

- Applicants must submit a copy of their passport or other photographic proof of age

To submit your Junior Member Grant application, please go to the ERS2018 website abstract submission and tick the box for consideration for a travel fellowship, and submit proof of age through the link

### INTERNATIONAL SOCIETY OF INFLAMMATION AND ALLERGY RESEARCH AWARDS 2018

The ISIAN is offering two awards ($1000 and $750) for the best original research (basic science or clinical) to be presented at the meeting. Participation in this award competition requires that a complete manuscript in publication format be submitted for peer review to
the International Forum of Allergy and Rhinology website (https://mc.manuscriptcentral.com/alr) before midnight EST February 15th 2018. Following peer review, the winners will be announced at the meeting.

Please note that these awards are open to applicants of any age who are submitting an abstract for presentation at the meeting.

Applicants will not be awarded both the ERS and ISIAN awards.

Manuscripts submitted to IFAR for the award, should clearly indicate on the Face Page, that the work is being presented at the ERS/ISIAN meeting in London, and that the manuscript should be considered for the ISIAN award. Manuscripts must be previously unpublished. If the authors intend to submit the work for publication to a journal other than IFAR, the authors must also indicate this on the Face Page, and the copyright transfer agreement will be voided. If this is not clearly indicated on the Face Page it will be assumed that the author wishes to submit for consideration for publication into IFAR – if this paper as already been submitted elsewhere this would lead to breach of copyright.
I am delighted to be able to inform you that the dedicated JLO edition, publishing many of the articles related to the recent epistaxis audit, is now in print (https://jlo.co.uk/the-journal/archives/152). This includes a number of systematic reviews, new national treatment guidelines and the explorative findings of the audit. A huge number of trainees and senior clinicians were involved and are to be congratulated for their efforts. For everyone else, there should be some useful information that may influence your practice in the future. The systematic reviews explore the current evidence base across 5 treatment domains. The national guidelines include consensus recommendations on first aid measures, initial assessment, the use of topical cautery and nasal packing, management of haematological elements and the indications for surgery and interventional radiology. The national audit examines 1826 cases, assessing current practice against the new guidelines as well as conducting explorative analysis of the dataset. In the future we now look to conduct and publish multivariable analysis whilst developing prospective trials to answer key evidence gaps currently in our understanding of this common condition prior to closing the audit cycle.

Best wishes and Happy New Year.

The Steering Committee - From left to right: Rich Williams (Chair), Andy Hall, Neil Sharma, John Hardman, Paul Nankivell, Nish Mehta, Matt Smith, Matt Ellis
Facial Plastic Surgery-UK (FPS-UK) was inaugurated in 2015 under the auspices of ENT-UK. It was only a natural development as facial plastic & reconstructive surgery has always been integral to ENT and is now an important part in the curriculum of higher surgical training in our specialty. For many years, rhinologists have been adept in septal surgery and rhinoplasty was always in their reach. It followed that most of the septorhinoplasty surgery in the UK is being performed by ENT surgeons. Other facial procedures are closely related to surgery routinely done in our specialty such as parotid surgery and facelifts. The European Academy of Facial Plastic Surgery, now a 40-year-old society, was formed by ENT surgeons and continues to be dominated by our specialty.

The BRS and FPS-UK are closely related in clinical workload and we encourage our members to be involved in FPS-UK. The membership is open for all ENT-UK members and is currently free of charge. FPS-UK holds an annual meeting and a separate cadaver dissection course. Topics covered include, septal surgery, rhinoplasty, nasal reconstruction, facial flaps, cleft lip/palate, facelift, eye lid surgery, Botox & fillers and more. In April 2018, the ERS meeting in London will have a large facial plastic and reconstructive component in its programme. Details are in the ENT-UK [https://www.entuk.org] and ERS [https://www.erslondon2018.com] websites.

Hesham Saleh FRCS (ORL-HNS)

President Elect of the European Academy of Facial Plastic Surgery
President Elect of Facial Plastic Surgery-UK
Past President of the Royal Society of Medicine Laryngology & Rhinology Section
PROFESSOR CARL PHILPOTT: RESEARCH UPDATE

This year (2018) will be an exciting time for rhinological research as both the MACRO and NAIROS trials, both funded by NIHR, will get underway. Representing over £4 million of funding into rhinology, these two trials demonstrate a significant commitment to long overdue randomised controlled trials for areas where level 1 evidence is lacking and also where grant funding has previously been sparse. Both trials have some way to go with pilot phases and large recruitment targets, but supportive CTUs and principal investigators will hope to meet these challenges. Trainee opportunities for research are also fertile in rhinology and the success of Integrate to date is fantastic to see.

MACRO: DEFINING BEST MANAGEMENT IN ADULTS WITH CHRONIC RHINOSENSORITIS

We are excited to announce that the MACRO Trial (Management in Adult Chronic RhinOsinusitis Trial) will be opening for recruitment in early 2018!
The primary objective of MACRO is to establish the comparative effectiveness of a prolonged course of antibiotics (clarithromycin) or endoscopic sinus surgery (ESS) in adult patients with CRS in terms of symptomatic improvement and costs to the NHS and patients, compared with standard medical care and each other at six months. MACRO is a 3-arm parallel group trial where patients who remain symptomatic after receiving appropriate medical therapy (either in primary or secondary care) will be randomised to receive either standard medical care plus clarithromycin, standard medical care plus placebo drug or standard medical care plus sinus surgery.
We will undertake an internal recruitment pilot phase in 6 sites in the first instance, with an embedded Qualitative Recruitment Evaluation (QRE) which will allow us to identify any challenges to recruitment, and devise optimal recruitment strategies for the main recruitment phase, where we will open a further 10 sites to recruitment. In total we aim to recruit 600 participants over a period of 5 years.
If you have any questions regarding the MACRO Trial, please don’t hesitate to contact the Trial Office on macrotrial@nds.ox.ac.uk.

Steffi Le Conte, MACRO Trial Manager, Oxford SITU

NAIROS

Similarly, NAIROS (Nasal AIRway Obstruction Study) will open to recruitment shortly. This NIHR commissioned and funded RCT aims to compare septoplasty with/without turbinate surgery vs ongoing structured medical management in a projected sample size of 378 patients. The trial will compare the clinical and cost effectiveness of both interventions and aims to apply this level 1 evidence to inform NHS guidance.
An internal pilot phase of 6 months in 10 centres will roll out to a total of 17 sites. Follow up data will be obtained at 6 and 12 months with the trial predicted to last 42 months in total. For further information please see: www.nairos.co.uk

Chief Investigator: Sean Carrie, Consultant Rhinologist, Freeman Hospital

Trial Manager: Ann Marie Hynes, Newcastle CTU: nairos.trial@newcastle.ac.uk
Integrate and trainee collaboratives

Integrate, the national ENT trainee network has gone from strength to strength since its inception and has recently delivered the national epistaxis audit in conjunction with the BRS and ENT UK. The first main academic paper with the results of the National Epistaxis Audit has recently been accepted for publication in the Journal of Laryngology & Otology. This fantastic achievement represents the hard work of many people from over 130 sites across the UK. The project aims to produce a new set of guidelines for the management of epistaxis through three complementary components: a national audit of management, a series of systematic reviews and a consensus opinion of experts, are now being realised. Beyond this regional collaboratives are also developing opportunities to run projects.

The Integrate team will now look to continue their success by identifying successive national projects, aiming to move from audit into research. The opportunities that these initiatives provide will help all trainees to have the opportunity to engage in research and deliver on meaningful outputs relevant to their career development and requirements for CCT.

For those trainees located in sites that will recruit to either MACRO or NAIROS, there will be specific opportunities to assist the local principal investigators with trial recruitment and gain some insight into the reality of delivering large scale trials in ENT.

The Rosetrees and the RCS Surgical Trials Initiative

The Royal College of Surgeons and partners (including the National Institute of Health Research, Cancer Research UK and the Rosetrees Trust) have established, for the first time, a network of surgical trial units across the UK.

The Surgical Trials Centres will enable surgeons to deliver clinical studies to assess new surgical techniques and develop breakthroughs in treatment that will help to deliver improved care to thousands of patients. The surgical trial units are located in Leeds, York, Bristol, Oxford, London, Birmingham, Liverpool and Manchester.

It is clear from this initiative and with NIHR funding major national trials such as NATTINA, MACRO and NAIROS, that things have never looked better in terms of surgical research and in the next 5 years, high quality evidence will become available to underpin support for procedures such as tonsillectomy that are currently labelled as Procedures of Limited Clinical Efficacy (PoLCE).