

A message from the CI:

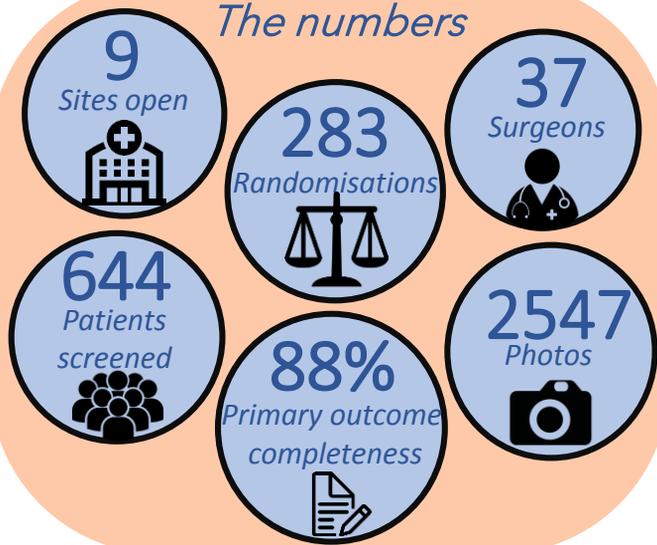


Greetings and Happy New Year to all the ROMIO teams. We made great progress last year with 177 patients recruited, so congratulations to everyone for all your hard work.

2019 will be a key year for the study as we anticipate finishing the recruitment phase and start looking at the follow-up data. We hope you can join us for the Investigators Meeting on Tuesday 26th March in Bristol and for dinner the evening before. Keep up the great work and we look forward to seeing you in March.

Paul Barham, Chief Investigator

The numbers



ROMIO Recruitment

as of 29/01/2019



Top recruiters of 2018

Nottingham

Plymouth (32)

2

1

Bristol (26)

3

Recruitment Target: 406 (+40 TMIO*)



*Bristol, Bath and Southampton only

What's it like for a ROMIO patient?

Janet had a lap-assisted oesophagectomy as part of ROMIO in 2018. Janet found the decision to take part in ROMIO relatively easy as she felt happy to have an opportunity to help others. Janet's main concern about participating was that the surgeons would "have to continue as they started" once in theatre. However, Janet was reassured during the pre-operative consultation, when her surgeon explained that her safety was paramount and that they would convert to a different approach if they considered this necessary.

A highlight of ROMIO for Janet was meeting the "very helpful ROMIO research nurse". She also found the follow-up consultations to be very thorough, with all her symptoms fully investigated and plenty of help on offer.

The downsides? "I found the follow-up questionnaires a bit funny at times... a bit repetitive.. but that's okay". Overall, Janet found being a ROMIO participant "simple", and says she would definitely consider taking part in another study in the future. Janet is currently recovering well at home.

Thank you for talking to us about your experiences, Janet!

Discussing ROMIO with patients

We know you have to respond to each patient's specific concerns and questions. However, the audio recordings suggest that structuring ROMIO consultations can make recruitment more efficient. Below are the key points to cover, and phrases that successful recruiters have used.

Establish the **need** for surgery

"You've had chemo (state outcome)... the next step is to have an operation"

Describe operation **purpose**

"The objective of the operation is to remove the primary tumour and the surrounding lymph nodes"

Describe operation **process & uncertainty**

"We do the tummy part of your operation either by keyhole, or we do the cut up and down"
"It's exactly the same operation on the inside and we really don't know if one is better than the other"

Describe **complications**

You might state operative survival rates, e.g. "in our units it is xx%..."

Describe other complications (joint leak/ dumping, lung complications, DVT clots)

Talk about **life after oesophagectomy**

Visit ICU; 'Tubes and drains'; average stay in hospital 10-14 days; 'you'll be eating/ walking about before you go home'; side effects and changes (smaller meals, weight loss, a 'new normal')

Elicit and answer **questions about surgery**

What would you like to ask me? Do you have some questions?

Talk about **ROMIO**

Describe the reason for **randomisation**

"To ensure a fair comparison, everyone who takes part will be allocated to one of the two groups. This is called randomisation..."

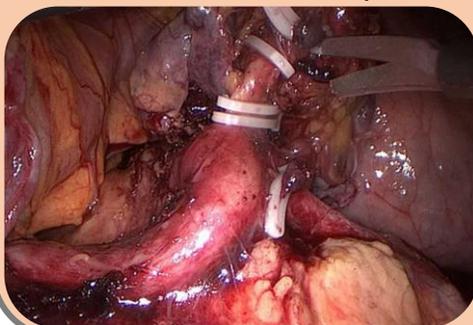
"Because we don't know which operation is better, we are taking part in a national study (ROMIO) to find out which is best"

ROMIO surgeons needed for quality assurance!

We are looking for surgeons to join the ROMIO QA trial process. This will involve anonymously reviewing intra-operative photos and scoring them online. All collaborators will be invited to co-author this part of the paper and we are keen to hear from you.

If you're interested in helping, please email romio-study@bristol.ac.uk

EXAMPLE QUESTION: *Coeliac axis lymphadenectomy*



Please select the structures you can see in the photos and then grade the dissection between 1 and 4:

Left gastric artery Hepatic artery Proximal splenic artery

1 = Not performed (e.g. all nodal tissue visible, pericardial fat pad still present)

2 = Performed and incomplete (e.g. some nodal tissue visible)

3 = Performed and complete (e.g. artery/airway fully visible)

4 = Unable to assess from the picture