NWCORR Project Proposal Guidance Notes

1. Projects are welcomed from any member of NWCORR. The collaborative's aim is to facilitate a collaborative approach to perform clinical research and high-quality audits in the Mersey and North West deaneries for the benefit of patients with respiratory disease.
2. To submit your proposal please complete the proposal form and email to nwrespiratoryresearch@hotmail.com
    a. Please keep your proposal to 2 pages maximum
    b. Proposals will undergo a review by the NWCORR committee. They will be assessed for feasibility, importance of the scientific question and the benefit of running a multi-centre study via the NWCORR
3. For any proposals which are taken forward the proposer will be able to take control of their own study and lead the trial steering group who will lead the set up and delivery of that study
4. Your idea: Keep it simple and relevant. Be as clear as possible in your proposal and ensure there is a gap in knowledge that collaborative research can answer. For any high-quality audits ensure there is no overlap with current BTS national audits.
5. We are not expecting that you have already undertaken any research or have a higher degree. We encourage proposals from all members irrespective of research experience. If you have an idea but need some support with the study design/methodology section of the proposal we can support this.

Project Proposal Form- EXAMPLE from NWCORR

CONTACT INFORMATION	
Name: NWCORR	Job Title/Grade: ST X
Region: North West	Current Hospital: Aintree hospital
Contact number: 07000 000 000	Email: NWrespiratoryresearch@hotmail.com

PROJECT DETAILS
Research Question or Hypothesis *Avoid very broad questions or very lengthy. Think about a question that would be achievable and would lend itself to collaborative research. You can add aims and objectives if you wish but this is not necessary.*
The aim of this project is to capture real-world data on outcomes of people admitted to hospital with COVID-19 and explore the prognostic utility of CURB65.
Background *Briefly explain why this is an important question to be answered, what current evidence/guidelines do we have in the area*
There is an urgent need to better prognosticate people with COVID-19 at the time of admission. CURB65 is well validated in community acquired pneumonia and in a recent Chinese study those who died from COVID-19 were found to have higher CURB65 at admission.
Study Design/Methodology *At this stage this does not need to be in detail think about general approach which you think would answer the question. Think about time frame for the project, study design, do you think it will need ethical approval (can use the HRA decision tool: http://www.hra-decisiontools.org.uk/research/). Include audit standards if applicable.*
This investigator-led, non-commercial, non-interventional collaborative project is extremely low risk. This study does not collect any patient identifiable information and data will not be analysed at hospital-level. No ethical approval should be needed due to this. **Primary objective:** Evaluate the prognostic utility of CURB65 in people admitted to hospital with COVID-19. **Inclusion criteria:** All patients admitted to respiratory ward or ITU with PCR-confirmed SARS-COV-19 virus infection within a two-week time period. Where possible consecutive patients fulfilling that criteria should be entered. **Primary Outcomes:** • 30-day mortality **Secondary Outcomes:** • ITU admission • Inpatient mortality **Statistical plan:**

- Descriptive statistics will be used to describe the cohort demographics.
- Sensitivity and specificity for each CURB65 strata will be computed.
- Receiver operator characteristics and area under curve will be computed for CURB65.
- Exploratory analyses of other recently reported prognostic variable will be undertaken.

Data variables:

Demographics

Age, Sex, Admission date

Admission obs:

Resp Rate, BP, SpO2, FiO2, Temp,Confusion? – AMTS ≤8 or disoriented to time/place/person

Admission bloods:

Urea, Leu, Neutrophils, Lymphocytes, CRP, D-Dimer, Troponin

Rockwood Frailty Score

CXR: Consolidation on CXR at presentation?

Admitted to ITU?

Dead or alive at day 30?

Discharge date (if applicable)

References

Zhou F, Yu T, Du R, *et al.* Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet* Published Online First: 2020. doi:10.1016/s0140-6736(20)30566-3