8TH August 2018

ONGOING TRIALS: PELVIC FLOOR SOCIETY

The PFS has a healthy portfolio of RCTs and observational studies that are being led in the UK and beyond by its members. Many were presented at the recent ACPGBI meeting in Birmingham. Here is a brief summary.

NIHR CapaCiTY trials.

Three RCTs have been funded by the NIHR as part of a programme grant for applied research: full title **C**hronic **C**onstipation **T**reatment pathwa**Y**. All relate to the management of chronic constipation in adults and are coherent in terms of phenotyping, standardised investigations and outcomes. These have now been running since 2015/16.

CapaCiTY 1 is a randomised trial of basic nurse-led bowel retraining (habit training) vs. this combined with direct visual biofeedback. The study addresses two primary hypotheses: first, that the more expensive and invasive approach (direct visual biofeedback) is superior to habit training alone, and secondly that specialist radio-physiological investigations are beneficial in directing (stratifying) patients to one treatment or the other. The study has a 6 month primary endpoint and closed in July 2018 after recruiting 182 patients. This figure is well below that required to meet the primary objective (n = 394) having suffered from barriers to innumerable to bother the readership with. Nevertheless the study when analysed will provide a rich data source on process, phenotype etc. as well as still being the largest RCT performed internationally on behavioural management of chronic constipation. Read out including qualitative and health economic aspects should be in mid-2019.

CapaCiTY 2 is a randomised trial of low vs. high volume initiated trans-anal irrigation for patients with chronic constipation failing nurse-led retraining techniques (within or without CapaCiTY 1). The study is pragmatic in design with a 3 month endpoint and patient decisive cross over from one mode of therapy to the other after this time point depending on benefit. The study closed in July 2018 after recruiting only 65 patients of 300 required for many reasons including (ironically) the failure of CCGs to fund the device due to lack of RCT data! Despite the small number of recruits, the study is still the largest RCT in adults without neurological disease and will be a rich body of data especially in regard to patients perceptions of, and compliance with therapy. . Read out including qualitative and health economic aspects should be in mid-2019.

CapaCiTY 3 is a randomised trial evaluating the efficacy of laparoscopic ventral mesh rectopexy (LapVMR) in patients with symptomatic high grade, obstructing intussusception +/- significant rectocele. The study employs a stepped wedge design in which patients are randomised to 3 groups based on delay to surgery (this design allows multiple, evenly-stepped baseline and post-operative observations with relative proportions of both varying with allocation – clever statistics enable an analysis that uses all observations to improve statistical efficiency). The study was slow starting and has recruited 25 patients to date. There is now a big push on this study with new sites opening across the UK to kick-start recruitment. NIHR have extended recruitment to June 2019 acknowledging the critical importance of this study in relation to the media backlash against pelvic mesh. We STRONGLY RECOMMEND all UK surgeons to consider putting all such patients in this study in accord with our

societies national position statement and the 'vigilance' outlined by NHS England [please contact c.h.knowles@qmul.ac.uk or s.taheri@qmul.ac.uk if you are interested]. The study ties in with the very successful PFS (with ESCP / ACP involvement) contribution to the international evidence base of 7 systematic reviews on surgery for chronic constipation. These 7 articles are free to access internationally due to the kind contribution of TPFS and convey a wealth of information on the subject.

NIHR SUBSoNIC study

SUBSONiC (**SUB**sensory **S**acral [**o**ptimised] **N**euromodulation for **I**n**C**ontinence) is an NIHR/MRC EME study evaluating the experimental efficacy and mechanism of chronic electrical stimulation of the sacral root for adults with incontinence. The overall design will recruit a cohort of 90 patients undergoing SNS who will be followed up to one year. Within the first 32 weeks of this year patients will be randomly allocated to ON/OFF or OFF/ON sequence within a crossover design (16 weeks in each phase with outcomes in the last 4 weeks only hence 12 weeks washout). The primary outcome is FI episodes per week over this 4 week period. The intervention is maximal subsensory stimulation (habituated sensory threshold) and all electrode leads will be placed using the new standardised approach (training and proctorship provided). Within the crossover, a subset of patients will undergo either anocortical (using magneticoencephalography [MEG] at Aston Brain Centre, Birmingham) or anorectal sensorimotor studies (using prolonged high resolution anorectal manometry and rapid barostat testing) in London. The endpoints are thus an estimate of experimental efficacy of subsensory stimulation vs. OFF, effectiveness to one year and mechanism of action. The study also introduces new digital event recorder and innovative outcome measures to the field. We are still looking for further sites for this study [please contact c.h.knowles@qmul.ac.uk or e.mcalees@qmul.ac.uk].