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# Comment on: Collaborative research: population-based data and validation are necessary

Vascular and Endovascular Research Network (VERN) Executive Committee

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Members of the Vascular and Endovascular Research Network (VERN) Executive Committee are co-authors of this study and are listed under the heading Collaborators.

Dear Editor

We read with interest the Gloves Off opinion piece by Martin Björck on research collaboratives<sup>1</sup>. Research collaboratives have become a pivotal part of delivering high-quality patient-centred research. Professor Björck highlights several points that we would like to respond to.

The author begins by focusing on fraudulent publications, highlighting that co-authors of Paolo Machiarini may regret adding their names to manuscripts which subsequently turned out to be fabricated. We would argue that the committee-based leadership model of research collaboratives, where decisions and tasks are attributed to a collective body of researchers rather than to a specific individual, actually protects against such issues. In a study in which research data originate from tens or hundreds of institutions and are processed by a core research group that assumes overall responsibility, it is difficult to see how any one rogue individual could significantly corrupt the meaning or interpretation of the collaborative effort.

Professor Björck then discusses the COVER (COvid-19 Vascular sERvice) study, stating that the authors of the European acute limb ischaemia (ALI) guidelines failed to find mention of ALI in one of the publications originating from that study<sup>2</sup>. It is unfortunate that the authors of the guideline did not contact the Vascular and Endovascular Research Network (VERN). If they had, we would have directed them to the publication that discusses patient presentations and outcomes (tier 2 of the COVER study)<sup>3</sup>, rather than the publication that Professor Björck cites, which discusses service reconfiguration during the pandemic (tier 1 of the COVER study). The tier 2 publication presents data regarding patients presenting with ALI, with those undergoing revascularization having an in-hospital mortality rate of approximately 20 per cent. We would also have been able to share significant as-yet unpublished raw anonymized data, including longer-term outcomes of patients in tier 2 of the study (paper in preparation). VERN has shared such data with other guideline committees in Europe when approached (for example, for the European Society for Vascular Surgery carotid guideline). As Professor Björck points out, research takes time,

and we feel it unrealistic to expect data on 1-year outcomes of patients treated during the first pandemic wave to be in the public domain only 18 months after the start of the pandemic.

Trainee collaboratives exist in a plethora of fields now, delivering high-quality studies such as the large-scale BLUEBELLE and ROSSINI RCTs. The international COVER study was set up and delivered by VERN within the space of a few months. It would not have been possible to deliver this time-sensitive global effort without the help of a research collaborative of this magnitude, and once again we would like to formally thank our colleagues from over 50 countries around the world who contributed to COVER.

Before COVER, VERN had already demonstrated its utility by delivering several successful high-quality prospective projects, which have been multiply cited, including within national and international guideline documents, thus directly influencing patient care. These include the GIVE (Groin wound Infection after Vascular Exposure) study, which has resulted in the publication of several important pieces of work highlighting the persistently high incidence of groin wound infection in vascular surgery, identifying key risk factors affecting incidence, and developing a risk calculator that demonstrates significantly better performance in predicting this outcome compared with previous efforts. VERN is currently involved in five prospective studies being delivered across the National Health Service and internationally (4 open to recruitment, 1 in follow-up) on topics as diverse as diabetic foot attack, trauma with vascular injury, acute aortic syndrome, frailty, and major lower limb amputation. We look forward to sharing the results of these exciting studies in due course.

## Collaborators

Vascular and Endovascular Research Network (VERN) Executive Committee: Graeme K Ambler (University of Bristol, Bristol, UK), Louise Hitchman (University of Hull, Hull, UK), Ruth A Benson (University of Otago, Dunedin, New Zealand), Panagiota Birmpili (Royal College of Surgeons of England, London, UK), Robert H J

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Disclosure. The authors declare no conflict of interest.

## References

1. Björck M. Collaborative research: population-based data and validation are necessary. *Br J Surg* 2022; DOI: 10.1093/bjs/znac100 [Epub ahead of print]
2. Vascular and Endovascular Research Network Cover study collaborative. Global impact of the first coronavirus disease 2019. (COVID-19) pandemic wave on vascular services. *Br J Surg* 2020;**107**:1396–1400
3. Benson RA, Nandhra S; Vascular and Endovascular Research Network (VERN) COVID-19 Vascular Service (COVER) Tier 2 Study. Outcomes of vascular and endovascular interventions performed during the coronavirus disease 2019 (COVID-19) pandemic. *Ann Surg* 2021;**273**:630–635



# European Colorectal Congress

28 November – 1 December 2022, St.Gallen, Switzerland

## Monday, 28 November 2022

09.50  
**Opening and welcome**  
Jochen Lange, St.Gallen, CH

10.00  
**It is leaking! Approaches to salvaging an anastomosis**  
Willem Bemelman, Amsterdam, NL

10.30  
**Predictive and diagnostic markers of anastomotic leak**  
Andre D'Hoore, Leuven, BE

11.00  
**SATELLITE SYMPOSIUM**  
**ETHICON**  
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

11.45  
**Of microbes and men – the unspoken story of anastomotic leakage**  
James Kinross, London, UK

12.15  
**LUNCH**

13.45  
**Operative techniques to reduce anastomotic recurrence in Crohn's disease**  
Laura Hancock, Manchester, UK

14.15  
**Innovative approaches in the treatment of complex Crohn Diseases perianal fistula**  
Christianne Buskens, Amsterdam, NL

14.45  
**To divert or not to divert in Crohn surgery – technical aspects and patient factors**  
Pär Myrelid, Linköping, SE

15.15  
**COFFEE BREAK**

15.45  
**Appendiceal neoplasia – when to opt for a minimal approach, when and how to go for a maximal treatment**  
Tom Cecil, Basingstoke, Hampshire, UK

16.15  
**SATELLITE SYMPOSIUM**  
**Medtronic**  
Further.Together

17.00  
**Outcomes of modern induction therapies and Wait and Watch strategies, Hope or Hype**  
Antonino Spinelli, Milano, IT

17.30  
**EAES Presidential Lecture - Use of ICG in colorectal surgery: beyond bowel perfusion**  
Salvador Morales-Conde, Sevilla, ES



18.00  
**Get-Together with your colleagues**  
Industrial Exhibition

## Tuesday, 29 November 2022

9.00  
**CONSULTANT'S CORNER**  
Michel Adamina, Winterthur, CH

10.30  
**COFFEE BREAK**

11.00  
**SATELLITE SYMPOSIUM**  
**INTUITIVE**

11.45  
**Trends in colorectal oncology and clinical insights for the near future**  
Rob Glynn-Jones, London, UK

12.15  
**LUNCH**

13.45  
**VIDEO SESSION**

14.15  
**SATELLITE SYMPOSIUM**  
**BD**

15.00  
**COFFEE BREAK**

15.30  
**The unsolved issue of TME: open, robotic, transanal, or laparoscopic – shining light on evidence and practice**  
Des Winter, Dublin, IE  
Jim Khan, London, UK  
Brendan Moran, Basingstoke, UK

16.30  
**SATELLITE SYMPOSIUM**  
**Takeda**



17.15  
**Lars Pahlman lecture**  
Søren Laurberg, Aarhus, DK

**Thursday, 1 December 2022**  
**Masterclass in Colorectal Surgery**  
**Proctology Day**

## Wednesday, 30 November 2022

9.00  
**Advanced risk stratification in colorectal cancer – choosing wisely surgery and adjuvant therapy**  
Philip Quirke, Leeds, UK

09.30  
**Predictors for Postoperative Complications and Mortality**  
Ronan O'Connell, Dublin, IE

10.00  
**Segmental colectomy versus extended colectomy for complex cancer**  
Quentin Denost, Bordeaux, FR

10.30  
**COFFEE BREAK**

11.00  
**Incidental cancer in polyp - completion surgery or endoscopy treatment alone?**  
Laura Beyer-Berjot, Marseille, FR

11.30  
**SATELLITE SYMPOSIUM**  
**EVOLUZIONE**  
DISPOSITIVI MEDICI

12.00  
**Less is more – pushing the boundaries of full-thickness rectal resection**  
Xavier Serra-Aracil, Barcelona, ES

12.30  
**LUNCH**

14.00  
**Management of intestinal neuroendocrine neoplasia**  
Frédéric Ris, Geneva, CH

14.30  
**Poster Presentation & Best Poster Award**  
Michel Adamina, Winterthur, CH

15.00  
**SATELLITE SYMPOSIUM**  
**OLYMPUS**

15.45  
**COFFEE BREAK**

16.15  
**Reoperative pelvic floor surgery – dealing with perineal hernia, reoperations, and complex reconstructions**  
Guillaume Meurette, Nantes, FR

16.45  
**Salvage strategies for rectal neoplasia**  
Roel Hompes, Amsterdam, NL

17.15  
**Beyond TME – technique and results of pelvic exenteration and sacrectomy**  
Paris Tekkis, London, UK

19.30  
**FESTIVE EVENING**

Information & Registration [www.colorectalsurgery.eu](http://www.colorectalsurgery.eu)