

ESCP 2019 SNAPSHOT AUDIT - SUMMARY

Management of Acute Severe Ulcerative Colitis (MASC)

The European Society of Coloproctology (ESPC)

The ESCP has recognised the strengths of the snapshot audit. Previous studies have brought together surgeons and units across multiple countries, and regions, for a common research goal. In doing so this has also strengthened an already active network of research participation across Europe. For the MASC audit we are also excited to be working with our colleagues in gastroenterology.

Aim

- To explore variability in the medical and surgical management of ASUC and the apparent impact on patient-level outcomes.
- To determine parameters that predict which patients may benefit from medical salvage therapy and who are likely to need colectomy, thereby avoiding unnecessary delay to surgery.

Study Objective

To explore differences in patients, diagnostic procedures, medical treatment, surgical techniques and outcomes across non-operated and operated patients with ASUC to identify areas of practice variability resulting in apparent differences in outcome warranting further study.

Study Teams

All hospitals medically or surgically treating patients with ASUC.

Teams can include up to 8 people and must include a Consultant-level surgeon and a Consultant-level gastroenterologist. One of the Consultant-level investigators will be the official local 'lead' of the study. In each team, at least one team member will need to be a member of the [ESCP](#).

Teams will be required to let us know that they have local approval to participate in the audit.

Participating sites will need to sign the MASC data sharing agreement (DSA). Contact escp@contacts.bham.ac.uk to get a copy.

You can sign up your team to take part in MASC [here](#).

Project Timelines

Teams should collect data prospectively on patients hospitalized for ASUC consecutively for a minimum of six months.

1st February 2019 – 1st July 2019	Patient inclusion window. Sites should <u>start</u> collecting patient data within this window, and continue for a minimum of 6 months. Patients are then followed up for 90 days.
1st January 2020	Last day to include new patients hospitalized for ASUC
31st March 2020	Last day of patient follow up
1st May 2020	Deadline for data submission (database locked)

Follow-Up

90 day follow up. There is no change to normal patient management.

Data collection

Patient details at admission
Medical treatment
Surgical and postoperative details
Discharge and follow-up

Patient Selection**Inclusion Criteria**

Hospitalized for acute ulcerative colitis classified as “severe” according to the Truelove & Witt’s criteria, either at admission or during hospitalization as the result of a worsening flare previously classified as “mild” or “moderate”; UC could have been previously diagnosed or, in the case of first presentation, other causes (infectious, ischemic) should be excluded.

All management strategies (medical or surgical, including any operative approach) are eligible for inclusion.

Patients admitted under the acute medical service or acute surgical service are eligible.

Exclusion Criteria

<16 years

Infectious or ischemic colitis in patients without previous diagnosis of UC.

Online data collection

Data will be collected using the secure web application REDCap.

Data analysis

Data will not be published at identifiable hospital or surgeon/gastroenterologist level.

Authorship

Authorship will be under a corporate authorship policy. All names will be eligible for PubMed.

To take part in the MASC study please register your team [here](#)

Or copy the following link into your browser to access the enrolment form –
<https://is.gd/mascteams>

If you have any questions please get in touch – escp@contacts.bham.ac.uk