



Bristol Study Centre

NEWSLETTER

www.dutystudy.org.uk

Issue 22: The last one!

April 2012

Our Fantabulous

Progress:

Overall:

7,013 children, with 87% urines

Bristol centre:

2,910 children, 90% urines

THANK YOU

You have made the DUTY statisticians very happy!

DON'T FORGET...



THE LAST DAY OF RECRUITMENT WILL BE

APRIL 2012

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

PLEASE ENTER ALL DATA WITHIN 3 DAYS (i.e. by the end of 3 May)



THANK YOU!

Feedback from the DUTY Chief Investigators

Professor Chris Butler and Dr Alastair Hay share their perspectives of the DUTY study and the success of recruitment and data capture, which is all down to YOU!

Q. Looking back, in which ways have the progress and challenges of the DUTY study differed from your expectations?

Chris: "Looking back, the DUTY study has been a wonderful surprise in terms of implementation (and its not over yet!). I have never before been part of a study which got off to such a good start and so quickly began to recruit ahead of the curve to consistently exceeded recruitment targets. Urine retrieval rates were as high as hoped, and all of the sites pulled together in a fantastic way to make this a model study. Usually in multi-site research, there are always one or two sites that one eventually agrees are unlikely to deliver, no matter what is done. DUTY was precisely the opposite experience, where every site more than pulled its weight. Some sites faced greater challenges than others in set up, but worked in an extraordinarily creative ways to overcome many tough challenges to all make stellar contributions."



Chris

Q. What have you personally learned from DUTY that will help you to carry out future primary care research studies?

Alastair: "DUTY has demonstrated the impressive - and rather humbling - capacity of primary care to deliver increasingly complex studies. Researchers, networks and primary care clinicians together have a huge and very exciting opportunity to carry out increasingly powerful research into the management of infectious diseases within primary care."



Alastair

Q. From your perspective, what have been the 3 key factors enabling the success of this study?

Chris: "The first key enabling factor was the bringing together of the Principle Investigators who were able to marshal enthusiasm and resources in four major recruiting sites in the UK. The PIs knew each other well, had an exemplary track record of collaborative research, and all believed in the importance of this study."

"Secondly, the infrastructure provided by the NIHR in England and NISCHR in Wales played a massive role in implementing the study to such a high standard. Having a research professionals network already up and running and ready to help was invaluable. And the study was properly resourced. Research costs and service support costs provided adequate resources to properly support recruitment."

"Thirdly, the research question resonated in the world of clinical reality. Clinicians were generally ready to sign up to this project because they could see that study would help their clinical practice through improving the evidence base for managing an important and common condition. The research was therefore congruent with their professional values. The research tasks were also do-able within the confines of the hurley-burley of everyday practice. But the most important thing was that the clinicians could see the study results would improve clinical care."



CONTACT US:

Kim Harman, DUTY Study Manager

O117 331 3811 / 928 7294

Kim.harman@bristol.ac.uk

Catherine Derrick, Study Administrator

O117 331 3814

catherine.derrick@bristol.ac.uk

Steven Beech, Study Assistant

O117 928 7205

steven.beech@bristol.ac.uk

Liz Thomas, Senior Research Nurse (Thursdays only)

O117 928 7290

Mob 07531 892232

liz.thomas@bristol.ac.uk

Lyn Liddiard, Research Nurse

O117 928 7297

Mob 07772 291600

lyn.liddiard@bristol.ac.uk

Susan George, Research Nurse

O117 928 7290

Mob 07896 137945

se.george@bristol.ac.uk

or duty-nurses@bristol.ac.uk

SECURE OFFICE FAX

O117 331 3838

Feedback from the DUTY Chief Investigators, continued...

Q. What are the key research questions for improving treatment and diagnosis of childhood UTI in primary care, following on from the DUTY study?

Alastair: "I'd like to do two things. Firstly, to test the effectiveness of the DUTY diagnostic algorithm within UK primary care through a randomised controlled trial. Secondly, to establish a more profound understanding of the long-term sequelae of childhood UTI, for example through a natural history study, so that we can improve the specificity of diagnosis and treatment options."



Q. Do you have any specific messages for the community of recruiters and laboratory staff who have made this study happen?



Chris: "All involved in the DUTY study have gone the extra mile to ensure that this has become a major flagship, applied clinical research project. Recruiters, laboratory staff, data managers, study managers and administrators have all been enthused by the great collaborative spirit and the importance of the research question. Our study is rightly already being held up as an example of what can be achieved in multi-site applied research in primary care. This is probably one of the largest prospective studies ever undertaken in primary care involving taking clinical samples from children. We have done this within the agreed time and within budget. Before a single paper has been published from the study, we have therefore achieved 'landmark status' and become an exemplar study worldwide. As co-CI, I feel tremendously proud to have been a part of this process and hugely grateful to everybody who has played their part in this achievement. The data that the study will produce will be informing clinical care in consultations many times every single day around the world for decades to come. The teams' extra effort and creative hard work is a gift to the current generation of children, their families and their clinicians, and it will be a gift to future generations as well. I think we can all be proud."

Alastair: "I am truly impressed by, and appreciative of, the vast amount of expertise, collaboration and dedication behind the scenes that have made DUTY such a successful study. I really look forward to working with you on future studies. And if you have any ideas for future infection-related research within primary care, please share them with the DUTY team."

SPRING CLEANING

The DUTY data cleaning team are in full swing, working to tidy up the immense amount of data you have collected and to resolve any outstanding queries (there are a few). It would help us immensely if you could please respond quickly to any queries that come your way! **Thank you.**



Quick quiz



The winner of our quick quiz in March was Alison Barratt, who correctly identified this statue as the famous Mannekin Pis (literally *Little Man Pee* in Marols, a Dutch dialect) in Brussels. The 61 cm tall bronze statue was made in 1619 by the sculptor Hieronimus Duquesnoy. Although it has been repeatedly stolen (the current statue is a copy from 1965) it remains on the corner of Rue de l'Étuve and Rue des Grands Carmes as a lasting testament to the urinary potential of small children. In a different sort of way, we hope that the DUTY study will also

bear witness.

This brings the DUTY quiz to a timely close. However, we wish to offer one more prize. The person who recruits the first child on the last day of DUTY recruitment (30 April 2012) will receive a £25 Marks and Spencers voucher.

The future is yellow...

Researchers at Ohio University are finding success in extracting energy from human urine. The power of this clean energy is enormous, said Dr.

Gerardine Botte, Director of the Electrochemical Engineering Research Library (EERL) at Ohio University. For example, if the urine from Ohio University's 24,000 students could be captured, the extracted hydrogen could power 60 campus buildings.

Dr Botte's team has developed a cost-effective nickel-based electrode device that produces cheap hydrogen from the urea found in human urine. The device uses electrolysis to break down the urea molecule, and uses only 0.37 volts compared to the 1.23V needed to extract hydrogen from water. The hydrogen is then captured in battery-like fuel cells or returned as energy to the existing structure in a process they dubbed "pee power."

Using urine for power is not new. In 2007, a Japanese company developed a unique line of rechargeable Non Pollution Power (or NoPoPo) batteries powered by water, beer, saliva or urine. These batteries, which do not contain harmful mercury or lead, can power a flashlight for about 20 hours and can be stored for up to 10 years.

For more information, see <http://pubs.rsc.org/en/Content/ArticleLanding/2009/CC/b905974a>.