

# Cardiff Study Centre

# NEWSLETTER

www.dutystudy.org.uk

Issue 1

November 2010

Welcome to all  
recruiters!

### Option 1:

- Ty Bryn Surgery
- St Luke's Surgery
- ISCA Medical Centre
- Gelligaer Surgery
- Clarence House Surgery
- Meddygfa, Bala
- Rhuddlan Surgery
- Hope Medical Centre
- Llys Meddyg, Conwy
- Longford House Surgery
- Newcastle Surgery
- Argyle Medical Group
- Meddygfa Teilo
- King's Surgery

### Option 2:

- Ely Bridge Surgery
- Waterfront Medical Centre
- Bellevue Surgery
- Station Road Surgery
- Cardiff Road Surgery
- Rumney Medical Practice
- Gwalchmai Surgery
- Rashmi Surgery
- The Laurels Surgery
- Lakeside Medical Centre
- Afan Valley Practice
- Woodland's Surgery

Welcome to the first edition of the Cardiff DUTY Study Newsletter!

In this newsletter we will update you on developments within the wider study and share information specifically about the Cardiff study team. We have been busy throughout September and October and are thrilled to announce that the database is now up and running! Three cheers for the tech guys!

### Introducing Caryl Jones, Research Officer, NISCHR-CRC

Members of the wider study team tell us about their experience of DUTY - and other things!



#### Q. What role do you play in the study?

I'm a Research Officer for NISCHR, so my main role in DUTY is to recruit participants.

#### Q. How will the DUTY study help you in the future?

I think working on DUTY will expand my research experience. Also, I've never worked with children before, so I can add that to the CV.

#### Q. What impact do you anticipate DUTY will have on UTI diagnosis in the future?

Hopefully a positive one! It should make diagnosis simpler and more accurate.

#### Q. What have you found to be your biggest challenge so far?

I've found getting hold of practice managers quite challenging. Another interesting challenge has been trying to wring out nappy pads!

#### Q. What is your top tip for successful recruitment?

To be patient and not get disheartened when you have quiet times. Recruiting involves a lot of waiting around.

#### Q. What is the most exciting place you've been too?

Visiting New York City was very exciting, Times Square especially.

### How are we doing?

So far **144** children had been recruited in our centres by the end of October, with **130** urines, we're achieving a **90%** successful sample return rate! All thanks to you!



### Why is it so important to get a urine sample in DUTY?

- If we don't get a urine sample for a child, precious time spent on recruitment by practitioners and parents has negligible value for developing the decision rule that is the primary goal of this study.
- If you don't get a urine sample please don't reverse recruitment - the child is still enrolled into the study.
- Missing urine samples could threaten the validity of the study results.

### Recruiting sites update

DUTY is now recruiting in practices across Wales. Option 1 recruiters in the South East are Lewis Darmanin and Caryl Jones, in North Wales we have Melissa van der Bijl and Karen Jones and in the South West we have Carol Thomas, Michelle Grey and Yvette Ellis.

Option 1 recruitment with the support of NISCHR research staff is reimbursed at £60 per patient and Option 2 recruitment is reimbursed at £100 per patient.

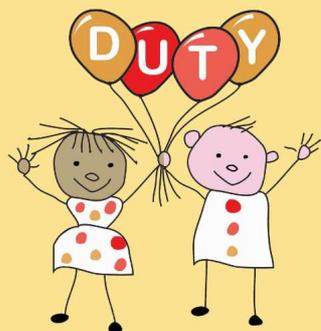


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Uned Ymchwil  
De-ddwyrain Cymru





**The database is working!**

If you are recruiting or ready to start recruiting and haven't had your database login details yet, please contact Emma Thomas-Jones (details below).



**Where's the lolly?**



During this month, we will be drawing up invoices to reimburse you for patients recruited to date. We will need to cross-check the number of patients you have recruited so far.

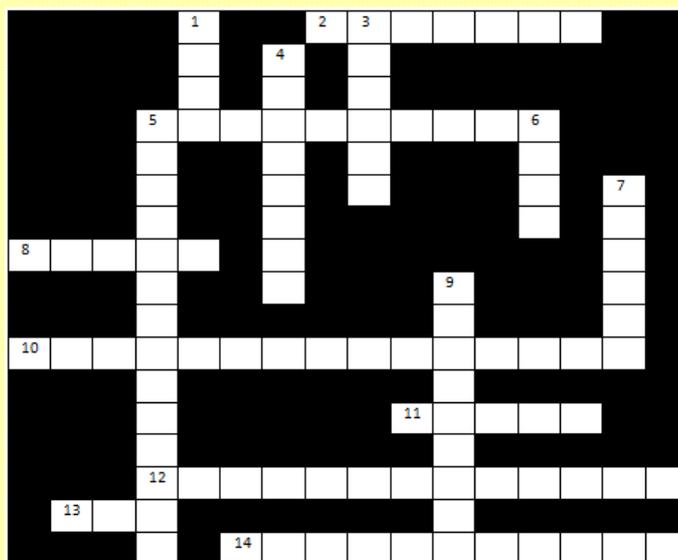


**WHY SCREEN?**

The DUTY Screening Log is simply that, a log of all those patients that you have screened during your quest for eligible children for DUTY! It asks you to record simple information like DOB, Gender, whether the patient was recruited and if not, why? This data allows us to build a picture of children being approached by the study and **most importantly** reasons why they aren't being recruited. These logs are analysed by the team and can help to tell us whether we need to change our study processes to enhance recruitment. The data also allows us to more accurately project levels of recruitment in coming months and focus our support on those areas that we anticipate will need it most. So...if you could complete this log as you go we would really appreciate it. You'll find a blank form in your manual or on the website. Simply complete it as you go and fax it to us on 02920 687 612. To those of you who have already been sending us your completed Screening Logs – **Thank You!**

**QUICK QUIZ AND COFFEE-TIME CROSSWORD**

This month, test your knowledge of infectious diseases and other medical matters with our crossword. Send us your answer with your next completed consent form, and you could win a prize.



**DOWN**

1. Eruption of the skin (4)
3. Atopic dermatitis (5)
4. Nasty little arthropod is into you (4,4)
5. Can be caused by an eye-watering number of agents (14)
6. High-energy radiation with wavelength shorter than visible light (1-3)
7. Hydrophobia, aerophobia, convulsions and paralysis? Blame the dog! (6)
9. Violent cough caused by Bordetella bacteria (9)

**ACROSS**

2. Of or relating to or characterized by fever (7)
5. What happens after Varicella Zoster virus enters upper respiratory tract (10)
8. Infection of the larynx resulting in harsh coughing (5)
10. Infection or irritation of the digestive tract (15)
11. An acute, inflammatory, contagious disease caused by a paramyxovirus (5)
12. Generalized lymphadenopathy? Blame the cat! (13)
13. Pyelonephritis, cystitis or asymptomatic bacteriuria (1,1,1)
14. Inflammation of the middle ear (6,5)

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*We would love this newsletter to be relevant to you! Please send us any suggestions for articles or information you'd like us to include.*



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