

# The Sunflower Study

A vibrant field of sunflowers in full bloom, with bright yellow petals and dark brown centers. The flowers are densely packed, and the background is a soft-focus field of more sunflowers under a clear, light blue sky.

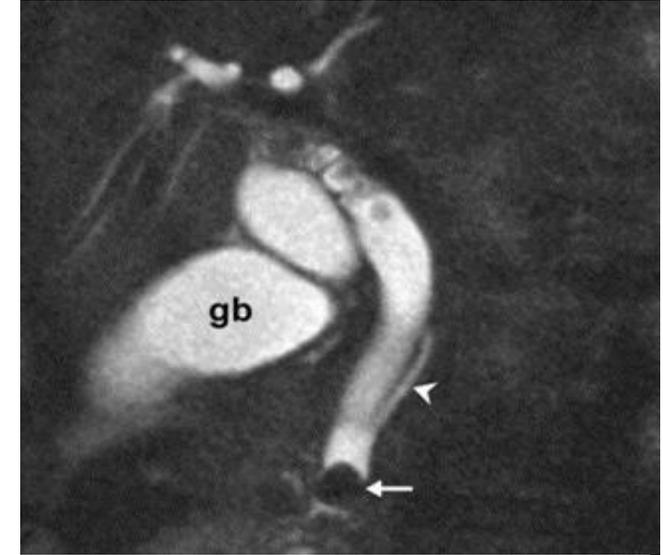
**Presenter: (ADD NAME)**

**Associate Principal Investigator: (ADD NAME)**

**Principal Investigator: (ADD NAME)**

# Background

- Approximately 70,000 cholecystectomies performed annually in the UK.
- Occasionally (2-5% of patients), gallbladder stones may move in to the common bile duct, where they may remain without symptoms, cause problems or move spontaneously in to the stomach.
- There is uncertainty amongst surgeons as to **whether or not**, in **low/medium risk** patients, **further tests to look for common bile duct stones are necessary**.
- As a result, some surgeons choose to perform the test and others don't.
- A **robust study is required** to establish which approach leads to the **best outcomes for patients and is most cost effective**.
- The results from the **Sunflower Study will shape the future care of patients** at low/medium risk of common bile duct stones who are undergoing gallbladder removal surgery.



# Aim of study

**A randomised controlled trial to establish the clinical and cost effectiveness of expectant management versus pre-operative imaging with MRCP in patients with symptomatic gallbladder disease undergoing laparoscopic cholecystectomy at low or moderate risk of common bile duct stones**

## Primary outcomes to review:

- Any hospital admission within 18 months of randomisation for treatment of complications of gallstones, whether in the CBD or gallbladder.
- Complications during the admission for lap cholecystectomy for the treatment of gallstones or any readmission for post-operative complications.
- Complications during any ERCP for the treatment of gallstones.



# Benefits for trainee involvement

Learn about  
trial design

Learn how to  
recruit patients

GCP Certificate  
valid for 3yrs

Bolt-on  
projects

Presentations/  
publications

National  
collaborative  
authorship

CCT tick boxes:  
Team working/ leadership/  
communication skills/GCP

If you want to be involved in the Sunflower project at **(INSERT YOUR SITE HERE)** please speak to:

- **Principal Investigator: (ADD NAME)**
- **Associate Principal Investigator: (ADD NAME)**
  - **Research Nurse: (ADD NAME)**

# Inclusion criteria

## **Inclusion criteria (ALL must apply)**

- 18 years of age or older
- Symptomatic gallbladder disease confirmed by USS or CT scan
- Scheduled and fit for lap chole (elective or urgent)
- Low or moderate risk of CBD stones, i.e.
  - a) CBD diameter  $\leq 8$ mm on USS, and

**If the patient does not meet the definition of low or moderate risk of CBD stones solely based on their blood results, if repeat blood tests are carried out and at least one of the subsequent test results is within range, the patient may be recruited.**

N.B. If CBD cannot be seen on USS or CT scan, the patient may be recruited as long as no intrahepatic duct dilatation is reported.

# Exclusion criteria

## Exclusion criteria (**NONE** may apply)

- Unable to undergo MRCP
- Evidence of empyema or perforated gallbladder requiring urgent intervention
- High risk of CBD stones
- Previous gastric bypass
- Previous MRCP or endoscopic ultrasound within last 3 months
- Any previous ERCP
- Haemolytic disease
- Pregnancy
- Prisoner
- Unwilling to participate in follow up
- Unable to provide informed consent



# Elective patient recruitment

PATIENT PATHWAY ELECTIVE

**Ambulatory  
Care?**

Discuss

Could USS reports be flagged to highlight potentially suitable patients?

The patients are sent the Patient Information Leaflet (with their clinic appointment letter if possible)

**CLINIC?**

CLINIC APPOINTMENT

The study is discussed with the patients and they consented – no minimum time to consider the study



# Emergency patient recruitment

## PATIENT PATHWAY - URGENT

PRE-SCREENING

Who will  
patients

Enter all patients  
the  
screening forms

HOSPITAL

Who will

**Post-take  
ward rounds?**

The study is discussed with the patients and they are consented – no minimum time to consider the study



The  
Sunflower  
Study

# Paperwork

**ADD INFORMATION HERE ABOUT WHERE SCREENING LOGS, PILS CAN BE FOUND AT YOUR SITE..**

**TOP TIP:**

- 1. PLACE A 'SUNFLOWER FOLDER' CONTAINING ALL THE RELEVANT PAPERWORK IN A&E / AMBULATORY CARE / CLINICS / WARDS, SO THEY ARE EASILY ACCESSIBLE**
- 2. ADD POSTERS IN CLINIC ROOMS / A&E / AMBULATORY CARE / WARDS TO REMIND TEAMS ABOUT THE STUDY AND RECRUITMENT**





# Recruiting patients

**YOU CANNOT CONSENT A PATIENT FOR THE STUDY UNLESS YOU HAVE COMPLETED THE ONLINE TRAINING AND ARE LISTED ON THE VALIDATION LOG....**

- All eligible patients should be given a patient information leaflet (PIL) to read over.
- All patients should be consented by a member of team on the validation log and given an opportunity to ask any questions they may have.
- If you don't have time/experience to consent an eligible patient you can:
  - Give the patient a PIL
  - Take their contact details and forward them onto to your Sunflower team (with patient permission)
  - The Sunflower team can contact them and take consent via post or in-person at a clinic
- A copy of the consent should be filed in the patient's notes.

**....BUT YOU CAN MAKE YOUR SUNFLOWER TEAM AWARE OF AN ELIGIBLE PATIENT THAT YOU HAVE SEEN ON-CALL OR ON WARDS!**

# **(ADD your site name) Progress**

From site initiation **(ADD DATE SITE RECRUITMENT STARTED)** to date **(ADD YOUR SITE NAME)** have screened:

- Patients screened: **(ADD NO.)**
- Patients randomised: **(ADD NO.)**

**How can we improve recruitment  
at our site?**

# Social Media

**Follow The Sunflower Study's progress  
and any updates at:**



**@SunflowerStudy**

**Could your site be this month's Top Recruiters?**

**Monthly certificates for:**

**Top Recruitment Site  
Most Improved Recruitment Site**



SUPPORTED BY

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**The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.**

**Thank you for listening,  
any questions?**

