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**QResearch Science Committee**  
**Minutes of the full team meeting**

**03/02/2020, RPC Building**

**Attending:** Julia Hippisley-Cox, James Sheppard, Clare Bankhead, Sarah Lay-Flurrie, Stavros Petrou, Mike Walton, Claire Meadows (minutes)

**Apologies:** N/A

**Chair:** Rafael Perera

1 Welcome & apologies	ACTION
<p><b>2 Minutes and action points</b></p> <ul style="list-style-type: none"> <li>• RP keen to avoid replicating work on new emails coming in to the QResearch inbox. JHC confirmed that it will be the responsibility of one of her new members of staff to review QResearch applications.</li> <li>• With regards to the website updates referenced in the last meeting’s minutes, JHC confirmed that work on the QResearch application form has been a priority over website updates, though these will be taken forward.</li> <li>• The group sought clarity on how much guidance should be given from this committee to applications that may be going in to funding bodies. JS stated that there should be a lot support given by the applicant’s supervisor, minimum scientific criteria should be met and attention should be paid to conflicts of interest (see section below). Applications should come in two weeks ahead of deadline if a letter of support is needed.</li> <li>• CB confirmed that there have been 17 CPRD feasibility counts requested over the last two years, and that not everyone asks for feasibility counts. SLF confirmed that each of these counts on average takes half a day. JHC confirmed that her statistician colleague is working on a project to generate a reference guide showing cancer rates over the past 20 years, which can be drawn on from the QResearch website. SLF said that complex accounts are often needed.</li> <li>• The group agreed that having more board members is important in the initial phase of work to extend the reach of QResearch to make it more visible and accessible. Oncology and Population Health should have a member on the board, and that the membership should be reviewed regularly to keep the board ‘fresh’. CB to ask Richard how currently ISAC (CPRD) deal with membership (e.g. duration of membership and skillset required) <b>ACTION POINT</b>. RP to work on suggesting members of Oncology and Population Health to be invited to the board.</li> </ul>	<p>CB</p> <p>RP</p>

<ul style="list-style-type: none"> <li>• CM confirmed that QResearch newsletter final version will soon be circulated. Group agreed that the newsletter should go out termly.</li> <li>• JHC will send the recently submitted ethics report to the team, and put this and the letter of approval on the QResearch website. <b>ACTION POINT</b></li> </ul>	JHC
<p><b>3 Declaration of interest and conflicts of interest policy</b></p> <ul style="list-style-type: none"> <li>• The group had agreed a conflicts of interest policy in 2019 which was reviewed at the meeting. Group agreed that there needs to be a declaration at the outset on every application going forward. Conflict of interest could be based on funding, could possibly be in connection with CPRD or if a board member has a connection with the applicant's department. To help assist transparency, there could be a biography of each board member as there is for the QResearch advisory board.</li> <li>• <b>ACTION POINT</b> CM to liaise with board to implement this for each team member.</li> <li>• JHC is involved with applications OX24 and OX66 but not OX54. She stepped out of the room accordingly when these projects were being discussed.</li> </ul>	CM
<p><b>4 New applications</b></p> <p><b>i.OX24</b></p> <p>This project comprises 18 cohort studies on women, HRT and cancers. One applicant was missing from application so needs to be added. The purpose of the study is clear, and the application has had six peer review comments, with other analyses being proposed. Case selection was appropriate. There is one outcome – cancer specific – and three secondary outcomes. There are inconsistencies between what is on the application and what is proposed as answers to the peer reviews. This needs to be clarified before approval by the board. Group suggested that a wider time frame could be used. JS stated that a clear hypothesis needs to be maintained so the project is not just 'data-dredging'.</p> <p><b>RECOMMENDATION</b></p> <ul style="list-style-type: none"> <li>• <b>Outcome Approved with conditions.</b></li> <li>• <b>Conditions</b> The application should be updated to be an accurate reflection of what analyses will be undertaken taking into account the response to the funders peer review, and the research team membership should be expanded to include CC.</li> <li>• New version of application to be reviewed by designated member of the board for final approval.</li> <li>• <b>Comments:</b> None</li> </ul> <p><b>ii.OX66</b></p> <p>No major issues on this application. Methods are appropriate. No limitations named, and it's clear that the applicant knows what they are doing. Applicant needs to clarify which CPRD database they want to work with, but this does not affect the board's approval of the project, and it doesn't need to be referred for a feasibility check.</p> <p>There's some concern about definitions of data within a primary care setting. Historical read codes in SNOMED have sports-related head injuries classed as dementia. JS suggested that list of codes be used for reference and this should be discussed in time for next meeting. <b>ACTION POINT</b></p>	All

**RECOMMENDATION**

- **Outcome: Approved**
- **Conditions: None**
- **Comments:** Overall, the proposed methods and use of linked data sources are appropriate and the team is well equipped to undertake the study. The application mentions the concurrent use of the CPRD database but does not specify whether the CPRD GOLD or CPRD Aurum database will be used. Applicants should be aware of the risk of double counting of patients registered at EMIS practices which may contribute to both CPRD Aurum and QResearch. No formal sample size calculation was provided, and hence the use of QResearch in addition to CPRD, and the plan to use five controls, could have been more clearly justified. The committee felt this study was unlikely to be underpowered given the research question, but applicants would be advised to include this detail in any future applications for other research. Possible limitations of the study design and analytical plan were not considered explicitly; for example only those registered at practices for at least 10 years will be included, which will limit findings to women with stable living arrangements/ lifestyles. It is clear from the proposed sensitivity analyses that the team are aware of key limitations, but again, they would be advised to address them explicitly in any future applications.

iii.OX54

This project examines the link between HBV and the development of liver cancer, and also the association between antiviral drugs and liver cancer. JHC noted that the application is confused in parts with lots of outcomes. The applicant is methodical but shows no indication of working with electronic data. The application is feasible but protocol is vague. It also has not been for external peer review. CB said JHC should be involved as this is the first project from this group. JHC explained she will support her new staff member who will be working on this project to support the applicants. JS proposed and the group agreed that prior to giving approval, the project needed to more clearly define the primary, secondary and exploratory outcomes of the project, and provide some justification about how well the conditions are likely to be coded in electronic health records. We also felt they should give some mitigations to each of the limitations they highlighted about their project. Committee to review use of peer review in projects going forward. **ACTION POINT.** 28/2/20 Q54 application has been revised and the revisions were reviewed by JS. The application is now approved.

All

**RECOMMENDATION**

- **Outcome:** Approved with conditions
- **Conditions:** Clarification of primary outcome; justification of clinical coding; details on mitigations to limitations need to be included.
- New version of application to be reviewed by designated member of the board for final approval.
- **Comments:** none

5 AOB

SP to deputy chair meetings going forward. SP also raised a point about protocols and at what stage they are prepared for studies. Group agreed that amendments should be allowed and considered by the committee.	
<b>6 Date of next meeting</b>  9 <sup>th</sup> March 2020 2.30 – 3.30pm	

<b>ACTION</b>	<b>OWNER</b>	<b>NOTES</b>
Ask RS how ISAC manage terms for being appointed to board	CB	Deadline 14/2/2020 Completed 11/02/2020
Consider which members of oncology and population health should be elected to the board	RP	Deadline 14/2/2020
Send the recently submitted ethics report to the team and put this and the letter of approval on the QResearch website.	JHC	Deadline 14/2/2020 Completed 04/02/2020
Liaise with team to get bio for the QResearch committee page on the website	CM	Deadline 14/2/2020 Completed 11/02/2020
Look into list of codes for reference to be discussed before next meeting	All	Deadline 14/2/2020
Review the use of peer-review on OX54	All	Deadline 14/2/2020