The impact of the COVID-19 pandemic on the provision, practice, and outcomes of vascular surgery (COVER study)

Submission date	Recruitment status No longer recruiting	Prospectively registered			
12/04/2020		[X] Protocol			
Registration date	Overall study status	Statistical analysis plan			
14/04/2020	Completed	[X] Results			
Last Edited	Condition category	[] Individual participant data			
10/03/2022	Circulatory System				

Plain English summary of protocol

Background and study aims

The COVER study is an international study aiming to assess how the COVID-19 coronavirus pandemic has changed the medical care of patients who have artery and vein problems. It consists of three separate projects or "Tiers". The 1st Tier is an internet based survey where doctors and healthcare professionals are asked some questions (every week) about how the care of these patients has changed. The 2nd Tier is a study where each hospital inputs the nature of the surgeries performed every week on an online database. The 3rd Tier is similar to the 2nd Tier; it will collect information on what happens to patients having artery or vein surgery during the pandemic. Finally, we will collect information regarding what happened to these patients for a year.

This study will help healthcare professionals understand how the COVID-19 pandemic has changed the care of patients with artery and vein problems. This is an important question, as patients with such health problems typically have many other health issues and/or are elderly. This makes them it more likely for them to develop COVID-19 related problems and life threatening complications.

Who can participate?

Any patient with a vascular condition.

What does the study involve?

Health professionals at participating centres will complete an online survey regarding vascular surgery that has been carried out.

What are the possible benefits and risks of participating? None.

Where is the study run from? University Hospital Coventry and Warwickshire (UK) When is the study starting and how long is it expected to run for? April 2020 to April 2022

Who is funding the study? National Institute for Health Research (NIHR) (UK)

Who is the main contact?

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Study website

http://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/

Contact information

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

282224

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

COVER 01, IRAS 282224

Study information

Scientific Title

The impact of the COVID-19 pandemic on the provision, practice, and outcomes of vascular surgery. An international cohort study (COVER)

Acronym

COVER

Study objectives

The COVID-19 pandemic has already had a significant impact on worldwide healthcare systems. There is an urgent need to quantify the specific impact on the provision of vascular and endovascular surgery and the adjustments made to standard vascular practice in light of the pandemic.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 02/04/2020, Liverpool Central NHS Research Ethics Committee (Barlow House, 3rd Floor, 4 Minshull Street, Manchester, M1 3DZ, UK; +44 (0)207 104 8056; liverpoolcentral.rec@hra.nhs.uk), ref: 20/NW/0196

Study design

Observational longitudinal study

Primary study design

Observational

Secondary study design

Longitudinal study

Study setting(s)

Hospital

Study type(s)

Other

Participant information sheet

Available for download (alongside all documents) at the study website.

Health condition(s) or problem(s) studied

Any vascular condition, including: aortic or other type of aneurysmal disease, peripheral arterial disease, venous disease, vascular malformations, trauma, major haemorrhage, access (for renal dialysis), carotid (and cerebrovascular) disease, any other type of pathology treated by vascular surgeons.

Interventions

This project is a three-tiered study designed to fully elucidate the impact of the COVID-19 pandemic on vascular surgery across the world.

The aim of Tier 1 is to document how the provision and availability of vascular services evolves over time per unit/region/country.

The aim of Tier 2 is to prospectively capture data on all vascular procedures performed during the pandemic and understand the impact on outcomes in the short and medium-term (up to 1 year).

The aim of Tier 3 is to document (prospectively) deviations from standards of care/practice during the pandemic in vascular patients.

The main objective of the COVER study is to understand and evaluate the impact of the COVID-19 pandemic on global vascular practice and the effect on outcomes for patients presenting /receiving treatment during the pandemic.

Population (patients) – All patients with a vascular pathology.

Outcome of interest – Tier 1: state of vascular services per centre weekly; Tier 2: procedures performed in each centre; Tier 3: assessment of longer-term outcomes.

Time – end of study 12 months after the end of the COVID19 pandemic.

The study is formally supported by the Vascular Society of Great Britain and Ireland (VSGBI), the British Society for Endovascular Therapy (BSET), the Rouleaux Club, the NIHR, SingVasc and several national vascular surgery societies in Europe, Asia, Australia, New Zealand, and the Americas.

Intervention Type

Other

Primary outcome measure

- 1. Structure and processes within the vascular service measured using a novel online questionnaire weekly until the end of data collection
- 2. Document all vascular surgery and interventional procedures performed using an online purpose-built data collection tool (per centre/patient) at baseline, time/date of surgery, date of discharge from hospital, three, six, and twelve months:
- 2.1. Type of procedure performed
- 2.2. Time taken from presentation to the surgical team to intervention
- 2.3. Mode of referral (primary vs. secondary care)
- 2.4. Site of surgery hub or spoke hospital
- 2.5. Imaging modalities used and timings
- 2.6. Emergency classification i.e. urgent/emergency/elective
- 2.7. Operative technique(s) and device(s) used
- 2.8. Mode(s) of anaesthesia (local, regional, general, locoregional, other)
- 2.9. Whether suspected or confirmed COVID-19 positive (+ve) at time of surgery, COVID-19 +ve after surgery, or COVID-19 negative (-ve)
- 2.10. Documentation of changes to usual practice for this specific procedure as per surgeon's standard protocol (type of procedure, type of anaesthetic, post-procedural destination)
- 3. Management of all referred urgent vascular cases using the online survey, focusing on:
- 3.1. Chronic Limb Threatening Ischaemia (CLTI):
- 3.1.1. Decision to discharge/admit/refer to a "hot"/emergency clinic
- 3.1.2. Decision for endovascular or open surgery first
- 3.1.3. Decision for best medical therapy or palliation or primary amputation
- 3.2. Carotid disease:
- 3.2.1. Number of patients managed with best medical therapy (BMT)
- 3.2.2. Modifications to the indication and decision for carotid endarterectomy (CEA)
- 3.2.3. Delays to treatment due to lack of theatre/bed availability
- 3.3. Abdominal Aortic Aneurysm (AAA)
- 3.3.1. Increasing use of Endovascular repair (if applicable)
- 3.3.2. Changes to criteria for intervention
- 3.3.3. Decisions for palliation, i.e. 'turn down'
- 3.4. Acute Aortic syndrome (AAS)
- 3.4.1. Decision to manage in non-critical care beds
- 3.4.2. Changes to imaging protocol at unit level
- 3.4.3. Decision to defer surgery

Secondary outcome measures

- 1. Collected after surgery has been performed at three, six, and twelve months using patient records:
- 1.1. Re-admission
- 1.2. Re-intervention
- 1.3. All-cause mortality
- 1.4. Operation-specific morbidity

- 1.5. Morbidity
- 1.6. [If COVID-19 +ve] respiratory outcome, admission to intensive care unit
- 2. Condition-specific outcomes at 3, 6 months and 1 year:
- 2.1. CLTI limb salvage, amputation free survival, all-cause mortality
- 2.2. Carotid disease ipsilateral stroke rate, any stroke rate, all-cause mortality
- 2.3. AAA aneurysm-related mortality, all-cause mortality
- 2.4. AAS complication rate including ruptures, all-cause mortality

Overall study start date

23/03/2020

Completion date

01/04/2022

Eligibility

Key inclusion criteria

Any patient with a vascular condition

Participant type(s)

All

Age group

All

Sex

Both

Target number of participants

20 centres, 10 patients from each centre

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

09/04/2020

Date of final enrolment

01/04/2022

Locations

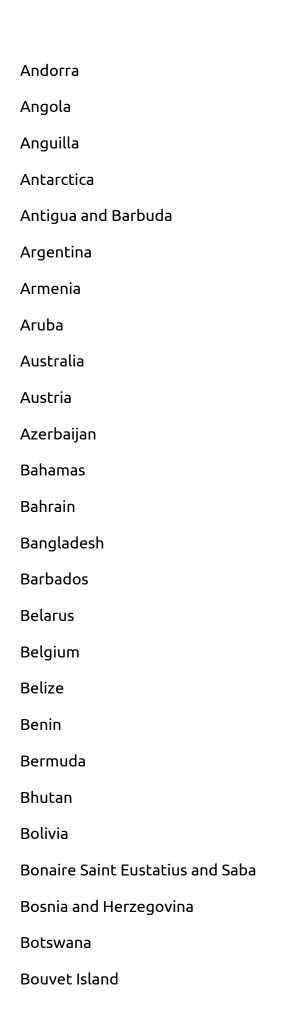
Countries of recruitment

Afghanistan

Albania

Algeria

American Samoa



Brazil
British Indian Ocean Territory
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Canada
Cayman Islands
Central African Republic
Chad
Chile
China
Christmas Island
Cocos (Keeling) Islands
Colombia
Comoros
Congo
Congo, Democratic Republic
Cook Islands
Costa Rica
Croatia
Cuba
Сигаçао

Cyprus
Czech Republic
Côte d'Ivoire
Denmark
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt
El Salvador
England
Equatorial Guinea
Eritrea
Estonia
Eswatini
Ethiopia
Falkland Islands
Faroe Islands
Fiji
Finland
France
French Guiana
French Polynesia
French Southern Territories
Gabon
Gambia

Georgia
Germany
Ghana
Gibraltar
Greece
Greenland
Grenada
Guadeloupe
Guam
Guatemala
Guernsey
Guinea
Guinea-Bissau
Guyana
Haiti
Heard Island and McDonald Islands
Holy See (Vatican City State)
Honduras
Hong Kong
Hungary
Iceland
India
Indonesia
Iran
Iraq
Ireland

Isle of Man
Israel
Italy
Jamaica
Japan
Jersey
Jordan
Kazakhstan
Kenya
Kiribati
Korea, North
Korea, South
Kosovo
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Macao
Madagascar

Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Martinique
Mauritania
Mauritius
Mayotte
Mexico
Micronesia, Federated States of
Moldova
Monaco
Mongolia
Montenegro
Montserrat
Могоссо
Mozambique
Myanmar
Namibia
Nauru
Nepal
Netherlands
Netherlands Antilles
New Caledonia

New Zealand
Nicaragua
Niger
Nigeria
Niue
Norfolk Island
North Macedonia
Northern Mariana Islands
Norway
Oman
Pakistan
Palau
Palestine, State of
Panama
Papua New Guinea
Paraguay
Реги
Philippines
Pitcairn
Poland
Portugal
Puerto Rico
Qatar
Romania
Russian Federation
Rwanda

Réunion
Saint Barthélemy
Saint Helena, Ascension and Tristan da Cunha
Saint Kitts and Nevis
Saint Lucia
Saint Martin (French part)
Saint Pierre and Miquelon
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Sint Maarten (Dutch part)
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Georgia and the South Sandwich Islands
South Georgia and the South Sandwich Islands South Sudan



Uruguay
Uzbekistan
Vanuatu
Venezuela
Viet Nam
Virgin Islands, British
Virgin Islands, U.S.
Wallis and Futuna
Western Sahara
Yemen
Zambia
Zimbabwe
Study participating centre University Hospital Coventry and Warwickshire (lead Research and Development centre) University Hospital Coventry and Warwickshire, RD&I (FAO Professor Imray) Coventry United Kingdom CV2 2DX

Sponsor information

United States of America

Organisation

University Hospitals Coventry and Warwickshire NHS Trust

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Sponsor type

Hospital/treatment centre

Website

http://www.uhcw.nhs.uk/

ROR

https://ror.org/025n38288

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal.

This is an international effort led by the Vascular and Endovascular Research Network (VERN). The COVER study follows a collaborative authorship policy. All collaborators, including nurses, students, trainees, doctors, and other healthcare professionals, can be eligible for authorship. You can access the authorship policy here: http://vascular-research.net/authorship-policy/

Intention to publish date

30/06/2022

Individual participant data (IPD) sharing plan

Not provided at registration

IPD sharing plan summary Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient- facing?
Abstract results	Presented at National Research Collaborative Meeting Conference 2020	08/04 /2021	06/12 /2021	No	No
<u>Protocol article</u>		30/12 /2020	06/12 /2021	Yes	No
Results article		01/04 /2021	06/12 /2021	Yes	No
Results article		01/10 /2020	06/12 /2021	Yes	No
Results article	Qualitative results of clinician survey	03/12 /2021	06/12 /2021	Yes	No
HRA research summary			28/06 /2023	No	No