Welcome to the 1st BADBIR Newsletter of 2013. BADBIR continues to recruit successfully with centres from all 25 networks registering new patients during 2013.

**BADBIR Recruitment Period Extended**

We are pleased to announce that the recruitment phase for BADBIR has now been extended to 31/07/2017. This amendment has been approved by ethics and final contractual arrangements will be circulated directly to all our participating centres shortly.

The recruitment target for BADBIR is still some way from being met meaning there is plenty of opportunity for new registrations in both the biologic therapy and the conventional systemic cohorts. If you are interested in finding out more about BADBIR please email badbir@manchester.ac.uk or phone 0161 306 1896.

**Landmark Recruitment Total Passed**

During the opening months of 2013 BADBIR has achieved the milestone of 6000 recruits to the Register. Congratulations to the team at Western Infirmary Glasgow for registering patient number 6000 on the database.

Thanks to all the CLRNs that have provided support to help reach this landmark. Participant number 7000 is on course to be registered during June 2013.

**BADBIR Training Days**

In 2012 the BADBIR team worked with Western CLRN to provide a training event from their offices. This was a success with 20 delegates attending from 9 NHS Trusts.

The training day agenda included project specific training on best practice data capture and also focused on strategies to identify more potentially eligible patients and help boost recruitment.

If you would be interested in hosting a training event within your network please contact Ian Evans (ian.evans@manchester.ac.uk).
The University Hospital of North Staffordshire (UHNS) is a teaching hospital in partnership with Keele University. The dermatology team at this centre consists of a clinical team of three consultants, five staff nurses and a clinical support worker. There are also two research nurses helping with dermatology studies.

One of the consultants Dr Sanda Popescu runs a Drug Monitoring Clinic twice a week, where 130 patients on systemic treatments (80-90% psoriasis) are reviewed. She sees approximately 20 biologic patients and 60 conventional patients per month alongside her colleague that sees 100 conventional patients per month. There is also a nurse-led Methotrexate Clinic which runs in parallel with the Drug Monitoring Clinic.

**Identifying Eligible Patients...**
Recruitment of patients onto the BADBIR at this centre is an integral part of practice, particularly in the Drug Monitoring Clinic from which 90% of BADBIR participants are identified. Pre-screening takes place one week before each clinic to identify any potentially eligible patients. This includes looking at past GP letters and sometimes through patient notes. Potentially eligible patients are highlighted and a list is also made of those who are failing current therapies in case they change treatment.

Patients are approached before or after clinic appointments and invited to participate in the study. Eligibility is checked and confirmed once assessments have been performed and consent is taken either there and then or at the next follow up visit.

**Routine Collection of PASI & DLQI...**
Another key factor contributing to the success of UHNS in recruiting patients to the Conventional Cohort is the team’s commitment to collecting PASI & DLQI. The doctors undertake a PASI assessment on all new patients with psoriasis. In addition, PASI forms part of the regular assessment of those patients managed on either conventional or biologic therapy. This practice is at the heart of the success at this centre in recruitment to the conventional cohort as the lack of a recorded PASI in the hospital case notes makes it impossible to identify patients who met this criteria pre treatment and is one of the main reasons given at other centres why patients are not eligible for inclusion.

**Managing BADBIR Follow-ups...**
All follow ups are booked into the Drug Monitoring Clinic to ensure the BADBIR data is collected. Drug monitoring Clinic lists are screened in advance to identify any patients due BADBIR follow up. Questionnaires are given to patients on their arrival and the rest of the follow up is completed during the clinic visit. UHNS aim to ensure one of the research nurses is available for these patients.

**The Importance of Communication...**
Communication has been key to UHNS’s success with efforts made to involve all clinical staff in the study where possible. The research nurses have built effective relationships to help promote BADBIR. Close communication between Dr Popescu and the research team is paramount and good working relationships have been formed as a result. UHNS has streamlined the study procedures to minimise intrusion into clinical time which has also aided promotion of BADBIR internally.