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## #OpenSourceResearch

*A novel medical research technique/style in terms of accessibility and way of work*

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# European Colorectal Congress

29 November – 2 December 2020, St.Gallen, Switzerland

Sunday, 29 November 2020

## MASTERCLASS

**Introduction & course objectives**

Michel Adamina, Winterthur, CH

**Myths and facts about oral antibiotics, bowel preparation, and timing of iv antibiotics to reduce surgical site infection**

Frédéric Ris, Geneva, CH

**Management of colorectal GIST – all you should know from diagnosis to handling recurrences**

Paris Tekkis, London, UK

**Do and don't in taTME surgery – a decade of experience explained**

Roel Hompes, Amsterdam, NL

**What your pathologist can do for you: from standard margins recommendations to molecular pathology, liquid biopsies, and the microbiome**

Phil Quirke, Leeds, UK

**Prehabilitation, patient blood management, frailty index – welcome addition or resource wasting**

Des Winter, Dublin, IE

**Selective use of neoadjuvant and adjuvant radiotherapy for rectal cancer**

Chris Cunningham, Oxford, UK

**Handling large rectal adenoma and malignant polyps**

Willem Bemelman, Amsterdam, NL

**All techniques to avoid staple line intersections in colorectal surgery**

Antonino Spinelli, Milano, IT

**Management of pelvic sepsis after colorectal / coloanal anastomosis and oncological outcomes of the GRECCAR 5 trial**

Quentin Denost, Bordeaux, FR

**Best practices in colostomy construction and repair of parastomal hernia**

Eva Angenete, Göteborg, SE

**The EBSQ Coloproctology Examination**

Michel Adamina, Winterthur, CH

**Wrap-up**

Michel Adamina, Winterthur, CH

Sunday, 29 November 2020

## COURSE OF PROCTOLOGY

**Introduction & course objectives**

Bruno Roche, Geneva, CH

**Complex pelvic fistula revisited: established wisdom and innovative approaches**

Alexander Herold, Mannheim, DE

**Obstretical trauma: assessment, timing and options to repair**

Patrick Hohfeld, Lausanne, FR

**The painful bottom – Proctalgia beyond the classical abscess, fissures, and hemorrhoids**

Bruno Roche, Geneva, CH

**Sexually transmitted diseases in proctology**

Karel Skala, Geneva, CH

**Anorectal trauma and foreign bodies**

Richard Cohen, London, UK

**Pilonidal sinus – strategies and outcomes**

Frédéric Ris, Geneva, CH

**Fecal incontinence: investigations and conservative treatment**

Beatrice Salvioli, Milano, IT

**Fecal incontinence: neuromodulation and interventional options**

Joan Robert-Yap, Geneva, CH

**The pelvic floor revealed: transperineal / transvaginal / transanal repairs explained**

Bruno Roche, Geneva, CH

**The pelvic floor revealed: investigations and pelvic floor therapy**

Jacqueline de Jong, Bern, CH

**Obstructed defecation and IBS: investigations, differential diagnosis, and treatment strategies**

Daniel Pohl, Zurich, CH

**Obstructed defecation: surgical options**

André d'Hoore, Leuven, BE

**Wrap-up**

Alexander Herold, Mannheim, DE

Monday, 30 November 2020

## SCIENTIFIC PROGRAMME

**Opening and welcome**

Jochen Lange, St. Gallen, CH

**Is cancer an infectious disease: role of the microbiome**

Philip Quirke, Leeds, UK

**Ethical considerations in crisis – lessons from Covid-19**

Omar Faiz, London, UK

**SATELLITE SYMPOSIUM Medtronic**

**Prophylactic mesh in colorectal surgery**

René H. Fortelny, Wien, AT

**Lars Pahlman lecture: Extending the limits of liver surgery**

Markus Büchler, Heidelberg, DE

**Multimodal approaches to colorectal liver metastases**

Mohammed Abu Hilal  
Brescia, IT

**SATELLITE SYMPOSIUM Ethicon**

**Urogenital dysfunction in patients treated for rectal cancer – what do we know and what can we do?**

Eva Angenete, Göteborg, SE

**Hemorrhoids – new options and time-tested solutions**

Alexander Herold,  
Mannheim, DE

**Anal pain and emergency proctology: what every surgeon should know & do**

Richard Cohen, London, UK

**All you need to know about anorectal fistula**

Bruno Roche, Genève, CH

**Strategies and outcomes for obstructive cancers of the colon and rectum**

Willem Bemelman,  
Amsterdam, NL

Tuesday, 1 December 2020

## BREAKFAST SYMPOSIUM

**Karl Storz**

**Lessons learned along the robotic learning curve: a video guide for colorectal surgeons**

Jim Khan, Portsmouth, UK



**EAES presidential lecture: Strategies for lifelong learning and implementation of new technologies**

Andrea Pietrabissa, Pavia, IT

**SATELLITE SYMPOSIUM Intuitive**

**Intuitive**

**A journey in global surgery – why getting out of the comfort zone**

Raffaele Rosso, Lugano, CH

**Enhanced recovery pathways reloaded – a practical guide to success**

Roberto Persiani, Roma, IT

**Cancer at the extremes of age: are there any differences in handling youngsters and seniors**

Des Winter, Dublin, IE

**Management pearls for early rectal cancer**

Roel Hompes, Amsterdam, NL

**Ventral rectopexy: indications, tricks of the trade, and long-term results**

Chris Cunningham, Oxford, UK

**SATELLITE SYMPOSIUM BBraun**

**BBraun**

**Total neoadjuvant therapy for colon and rectum cancers**

Ronan O'Connell, Dublin, IE

**Randomized trial evaluating chemotherapy followed by pelvic reirradiation vs chemotherapy alone as preoperative treatment for locally recurrent rectal cancer (GRECCAR 15)**

Quentin Denost, Bordeaux, FR

**Timeline of surgery following neoadjuvant radiotherapy – balancing morbidity and efficacy**

Torbjörn Holm, Stockholm, SE

**Poster award**

Michel Adamina, Winterthur, CH

Wednesday, 2 December

**Place and outcome of total colectomy in the surgical armamentarium**

Neil Mortensen, Oxford, UK

**Kono S anastomosis and over the valve stricturoplasties: hope for better outcomes**

André d'Hoore, Leuven, BE

**New drugs, old fears: state of the art management of IBD patients**

Gerhard Rogler, Zurich, CH

**SATELLITE SYMPOSIUM Takeda**

**Takeda**

**Do resection of the mesentery in Crohn's & appendectomy in ulcerative colitis alter the course of disease**

Christianne Buskens,  
Amsterdam, NL

**The septic abdomen: getting out of misery and closing the case**

Marja Boermeester,  
Amsterdam, NL

**Management strategies for patients with advanced colorectal cancers**

Paris Tekkis, London, UK

**Anastomotic leak in colorectal surgery: insights, perspectives, and practical strategies**

Antonino Spinelli, Milano, IT

**Closing words**

Michel Adamina, Winterthur, CH

Information & Registration

[www.colorectalsurgery.eu](http://www.colorectalsurgery.eu)

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**#OpenSourceResearch: A novel medical research technique/style in terms of accessibility and way of work**

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Dear Editor,

In 2018, after the '#SoMe4Surgery' collaboration resulted in unexpected success, a collaborative initiative that aimed to conduct more accessible research for medical professionals and patients on Twitter started to bring together high-skilled researchers, junior doctors and medical students under the roof of '#OpenSourceResearch' [1]. Since the environment in which scientific work is produced is generally behind closed doors, aspiring medical scientists often find it difficult to become a part of research teams because they are at the very beginning of their career. Upon seeing the opportunity provided by #SoMe4Surgery, many different subspecialties met online and tried to put forward a product to prove that collaborative social media use could have great potential for future research projects. The #OpenSourceResearch collaboration has been successful in connecting enthusiastic young researchers with experienced scientists and medical professionals, especially in the field of colorectal surgery.

#OpenSourceResearch has also been instrumental in recruiting researchers from LMIC who usually do not have enough financial and/or intellectual support to take part in scientific projects; This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/codi.15392

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thereby helping them fulfill their potential. Anyone can contribute to our research projects and the only requirements are having a creative mind and internet access. It is that simple to be a part of the scientific world if you join this cutting edge initiative.

There is a continuous exponential growth of scientific studies in surgery. #OpenSourceResearch will help in examining the quality of research and increase the impact of good research on everyday surgical practice. This has been shown by the first #OpenSourceResearch collaboration project where 41 researchers examined 106 studies focused on the effects of biological treatment on postoperative outcome [2]. The subject was chosen as a case in point to show how #OpenSourceResearch can investigate redundant or problematic aspects of scientific research in surgery and suggest remedies.

In the second project, the collaborators took a more complex task to examine patient-reported outcomes (PROM's) in colorectal surgery after a survey on Twitter [3]. We reviewed the existing literature about the most frequently used PROMs in colorectal cancer and inflammatory bowel disease. Then, we developed a road map to ascertain core outcomes via opinion gathering through social media. Patient representatives worked together with academic researchers in the production of this paper. Thus, it provided us with a chance to shape new PROM's from the patients' perspectives who were active in the production of the paper. All co-authors were intellectual contributors in the resulting publication, and were listed under the 'OpenSourceResearch Collaborating Group'. We believe this to be a feature that distinguishes #OpenSourceResearch collaboration from other collaborative scientific ventures.

OpenSourceResearch Collaboration has now grown to conduct more studies and includes more researchers internationally. We invite medical students, nurses, surgeons, any healthcare providers, societies which bring national / international medical professionals together, and patient health advocates around the world to become involved in this cutting edge project by contacting us through Twitter and taking responsibility in our research projects.

#### **Disclosure of competing interests**

The authors have no competing interests to declare.

#### **References**

- 1) Grossman RC, Mackenzie DG, Keller DS, et al #SoMe4Surgery: from inception to impact BMJ

Innovations 2020;6:72-82.

- 2) Open Source Research Collaborating Group (#OpenSourceResearch), Biological Treatment and the Potential Risk of Adverse Postoperative Outcome in Patients With Inflammatory Bowel Disease: An Open-Source Expert Panel Review of the Current Literature and Future Perspectives, Crohn's & Colitis 360, Volume 1, Issue 3, October 2019, otz021, <https://doi.org/10.1093/crocol/otz021>
- 3) [https://twitter.com/AlaaEl\\_Hussuna/status/1084189177896411138](https://twitter.com/AlaaEl_Hussuna/status/1084189177896411138)