ESCP CRAFT Study

CRyptoglandular Anal Fistula Treatment

The new international, prospective combined Audit & Cohort Study







UNIVERSITY OF BIRMINGHAM



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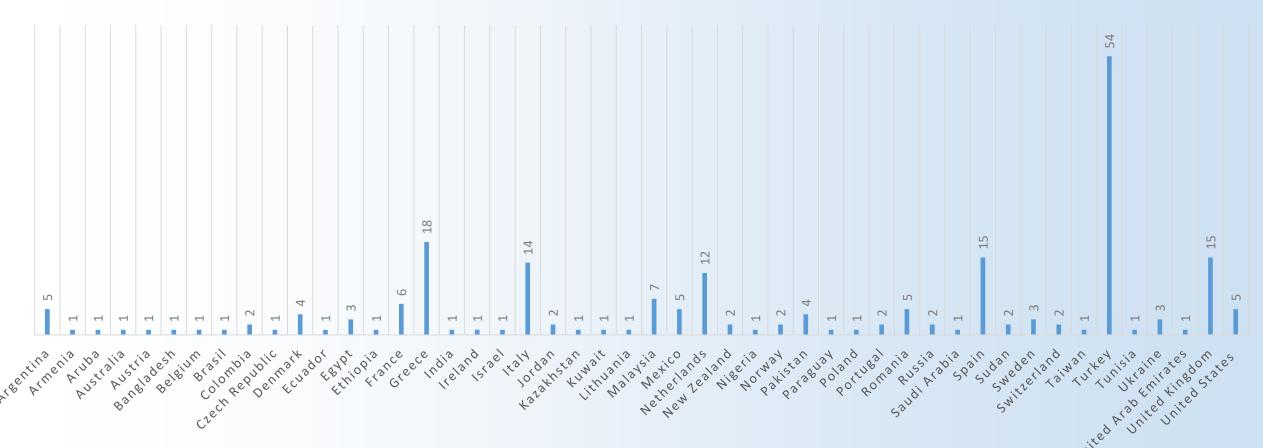
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Cryptoglandular Anal Fistula

Meta-Analysis > Colorectal Dis. 2024 Jan;26(1):145-196. doi: 10.1111/codi.16741. Epub 2023 Dec 5.

European Society of Coloproctology: Guidelines for diagnosis and treatment of cryptoglandular anal fistula

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Affiliations + expand

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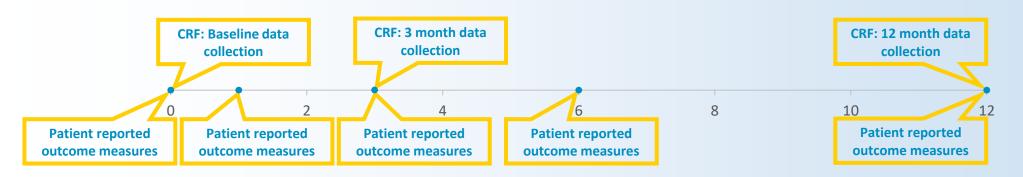


Objectives

CRAFT Audit: Practice variation, Short-term outcomes, FU 3 months



CRAFT Cohort: PROMs, Long-term outcomes, FU 12 months





Anal Fistula Core Outcome Set Clinician reported outcomes

Clinical fistula healing

- Defined as: absence of any discharge symptoms, absence of abscess, infection or inflammation, and no recurrence or persistence of the fistula
- Healing is achieved after a 6 month discharge symptom free period

Recurrence

Radiological healing: NOT MANDATORY

- Modality: MRI
- Defined as: the complete resolution of any visible fistula tract and inflammatory mass +/formation of fibrosis within the tract

Development of additional fistula

Complications and reinterventions

- Complications: Clavien Dindo Classification
- Reinterventions only refer to surgical and radiological reinterventions



Anal Fistula Core Outcome Set

Patient reported outcomes

Quality of life/ symptoms/ psychological impact

- Anal Fistula Quality of Life Questionnaire (AF-QOL)
- EQ-5D

<u>Incontinence</u>

St. Marks (Vaizey) Incontinence Score

Financial impact on healthcare systems

- Work Productivity Activity Index (WPAI)
- EQ-5D

Patient satisfaction

Numerical Rating Score (NRS)

AF-QoL: The Anal Fistula Quality of Life Scale The aim of this questionnaire is to understand the impact that your fistula is having on your daily life, and the adjustments you are having to make because of it. The following questions ask about your fistula, the symptoms it gives you and how they have affected your life over the last 4-6 weeks. Please answer all the questions. If you are unsure about how to answer any question, just give the best answer you can.

Do not spend too much time thinking about your answer, as your first thoughts are likely to be the most accurate. If you do not wish to answer any of these questions, please leave it blank, or leave details of the reason(s) why it was not answered.

On average, over the last 4-6 weeks: 1) How often have you experienced pain or discomfort from your fistula? a) Never b) Occasionally c) A few times a week d) Daily e) Several times a day

2) How severe has the pain from your fistula been?

Part 1: Your symptoms:

a) No pain at all	100
b) Mild pain	75 🗌
c) Moderate pain	50
d) Severe pain	25 🔲
e) The worst pain imaginable	0 🔲

3) How often have you experienced discharge of fluid, pus or blood from your fistula?

a) Never	10
b) Occasionally	7:
c) A few times a week	50
d) Daily	2:
e) Several times a day/ constantly	C

4) How often have you been worried about not being able to control the passage of wind or leaking stool from your back passage or fistula?

a) Never	100
b) Occasionally	75
c) A few times a week	50
d) Daily	25
e) Several times a day	0





Audit timeline

Phase	Start Date	End Date	Duration
Centre Accrual	September 26 th , 2024	January 1 st , 2025	3 months
Patient Recruitment	January 6 th , 2025	March 31 st , 2025	3 months per centre
Patient Follow-up	Varies per patient	July 1 st , 2025	3 months per patient



Cohort timeline

Phase	Start Date	End Date	Duration
Centre Accrual	September 26 th , 2024	March 31 st , 2025	6 months
Patient Recruitment	April 1 st , 2025	July 1 st , 2025	3 months per centre
Patient Follow-up	Varies per patient	July 1 st , 2026	12 months per patient



Collaborative authorship

- Study Management Group
- National Coordinator



Local Coordinator
 + 4 collaborators



- MINIMUM of 10 patients per center
- 95% data-completeness

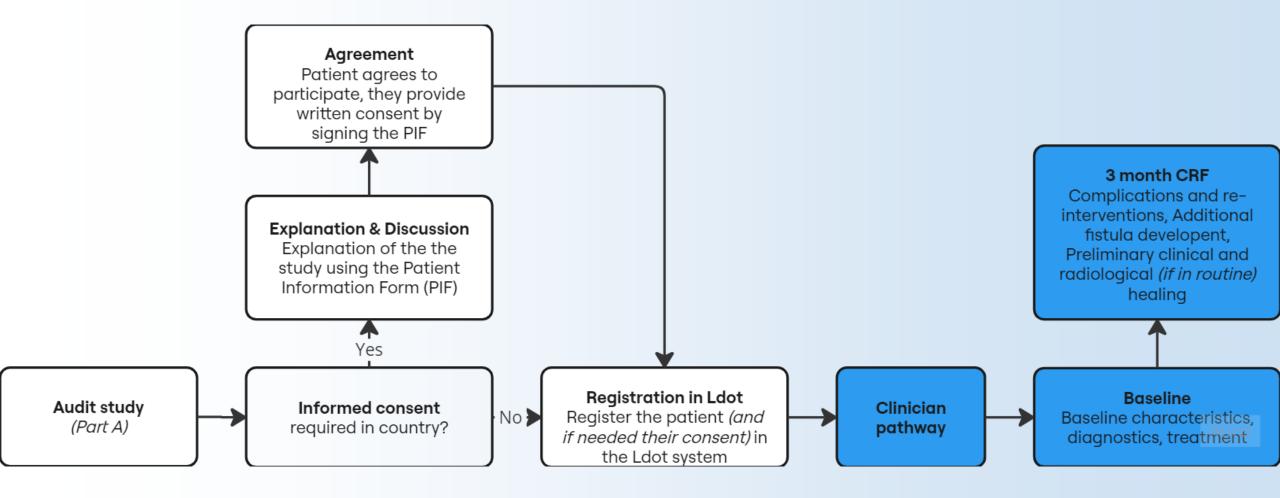


Max: up to 5 per team

Multiple teams per center possible

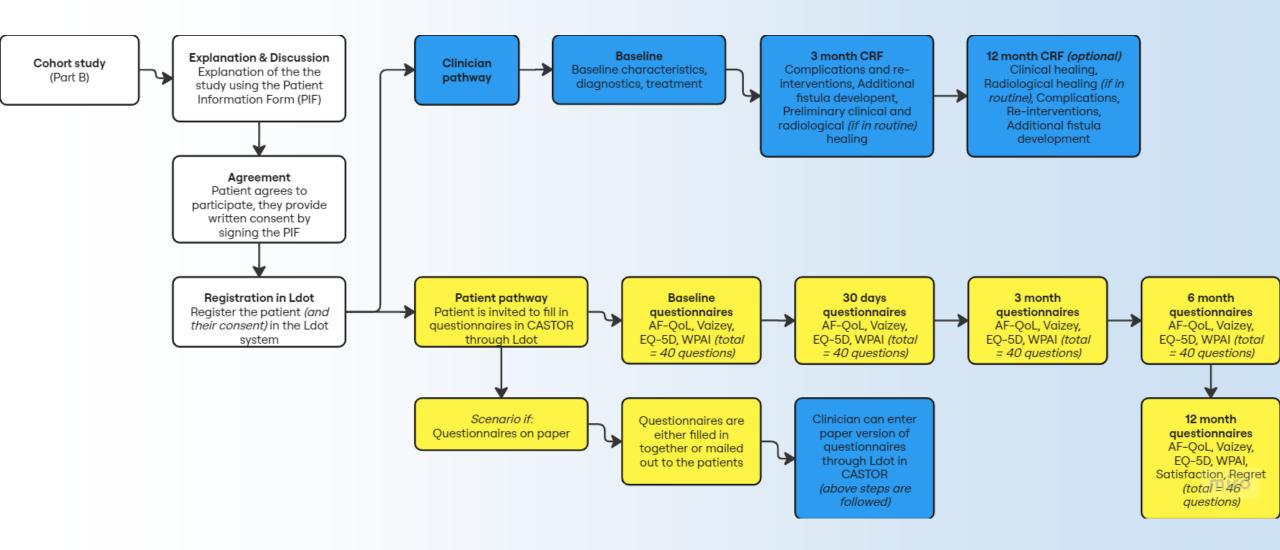


Audit overview





Cohort overview





Share the QR-code!

