“Minutes CRIC Scientific Steering Committee Meeting”
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Dear Scientific Steering Committee Member,
**Date:** October 26, 2018

**Meeting time:** 11.30am-1.00pm **Lunch:** Sandwich is served at 11.30-12.00 am (short meeting due to the Strategy meeting to be held after the SSC meeting).

**Place:** Forskningsenheden, 2rd floor, Tagensvej 22, 2100 Copenhagen N (same building as usual on the second floor)

**Invited members:** Bodil Steen Rasmussen (BSR), John A. Myburgh (JAM), Ville Pettilä (VP), Thorbjørn Grøfte (TG), Ingrid Egerod (IE), Jakob Kjellberg (JK), Jan Bonde (JB), Christian Gluud (CG), Morten H Bestle (MHB), Hans-Henrik Bülow (HHB), Robert Winding (RW), Theis Lange (TL), Helle L. Nibro (HN), Morten H. Møller (MHM), Jens Winther (WIN), Lone Musaeus Poulsen (LMP), Jørn Wetterslev (WET), Anders Perner (AP).

**Invited non-members:** Lars Winther, Innovationsfonden (LW), Birgit Agerholm Larsen, CRIC project manager (BAL)

Show up: BSR, IE, JK. MHB, HHB, MHM, WIN, LMP, WET, AP and Maj-Brit Nørregaard Kjær (MNK) who will take over until the vacant position as CRIC project manager is no longer vacant.

Agenda

1. Welcome (BSR) and presentation (all)
2. Trial information to patients/relatives at CRIC’s homepage (BSR/BAL)
	1. Language: Danish, English?
	2. Content – what information would/should the patients and relatives have: publications, resumé, informed consent templates, SAR, SUSAR, SAE?
		1. Bodil presented how the information could be available to patients and relatives at the homepage.
		2. E-box should be used
		3. Sponsor will be responsible for the providing the information – not the site
		4. At tick box suggestion in the e-CRF to let sponsor know about who to contact (now only situated in informed consent on site).
	3. Other issues
3. Final results - SUP-ICU (MHM)
	1. MHM reported from the presentation at ESCIM in Paris on Wednesday. The trial was in general very well accepted, although the interpretations were somewhat different among some of the readers/audience concerning whether to use or not to use the drug.
4. Ongoing trials - HOT (BSR) and AID (LMP)
	1. HOT is steady going and there are still sites in pipeline to start inclusion
	2. AID is still in the initial face with four sites recruiting and sites in pipeline to start within 2018.
5. Upcoming new research programs - CLASSIC (AP)………..
	1. CLASSIC expect to start at Rigshospitalet 1. November 2018
6. CRIC Conference held May 9th 2018 (AP)
	1. Most people at the conference agreed on the need of more clinical trials, but more diffuse statements about where the money should come from
	2. AP has been invited by the Novo Nordisk Foundation to contribute with suggestions for potential upcoming grants within clinical trial/clinical research – an invitation thay may have been an indirect result of the conference
7. CRIC Office - budgets and accounts (BAL)
	1. Everything is on track, all have in general spent less at this time point due to delays in the clinical trials.
	2. Within the next year or two the partners will no longer get yearly funding and will then have to close their accounts one by one.
8. Next meeting is to be held Friday 26. April together with All Stakeholder meeting.

Maj-Brit Nørregaard Kjær (MNK) will take over as CRIC project manager until further noticed.

Post meeting note: MNK has been employed full time in a permanent position as CRIC project manager at the Dept. of Intensive Care, Rigshospitalet.

**Strategic meeting on the future of CRIC**

After the formal SC meeting, the SC discussed the future structure of CRIC because the grant ends by 2019 (the funds may be spent until 2021). Colleagues were invited from the University hospital ICUs of Odense and Aarhus to participate in the discussion; some were interested, but could not attend, others did not respond.

All agreed that CRIC should continue in some form doing collaborative clinical trials in the ICU setting.

A working group (JW, BSR, AP and BAL) had discussed different model for the continued work of CRIC. Three models were discussed in some detail

1. Continue as we are. Realistically, this can only occur if another grant call for research centers is launched. With the current granting structures, this appears unlikely.
2. Continue as a looser network of ICUs doing RCTs together on an ad-hoc basis
3. Form a ‘forening’ of ICUs, initially Danish, with bylaws decided by the general assembly (GA).

The working group recommended working towards the latter model; no one in the SC disagreed.

It was a common understanding that the CRIC secretariat needs a host hospital and that Rigshospitalet, for the time being, is the host. If we form a ‘forening’, the GA may vote for another host hospital.

Different models for funding of core infrastructure were discussed including (i) a membership fee for ICUs (LMP and JB will ask around among DK ICUs); (ii) support from the Danish Regions (AP will talk with the medical director); (iii) the ACTA foundation may support Scandinavia academic activities done by CRIC (MHM will talk to the director); and (iv) that the trials planned to run using CRIC infrastructure have to include in their budget, a sum for using the CRIC infrastructure and the methodological services provided by the present partners.

The outcome of the above follow-up tasks will be send around before the next SC meeting, at which further discussions will be done to move towards decisions on the strategies for CRICs future.