

“Minutes CRIC Scientific Steering Committee Meeting”  
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Dear Scientific Steering Committee Member,  
**Date:** April 26, 2019

**Meeting time:** 1.00 – 3.00pm

**Place:** Forskningsenheden, 2nd Floor, Tagensvej 22, 2100 Copenhagen N

**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 Heiberg 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 (JW), Anders Perner (AP).

**Invited non-members:** Lars Winther, Innovationsfonden (LW), Morten Freundlich (MF), Maj-Brit Nørregaard Kjær, CRIC project manager (MNK)

Show up: BSR, JK. MHB, MHM, LMP, RW, CG, JW, AP, JB and MNK

Agenda

1. Welcome (BSR) and presentation (all)
2. Ongoing trials – HOT-ICU (BSR), AID-ICU (LMP) and CLASSIC (AP)
3. Upcoming new research programs – GoDIFF (MHB)
4. Follow-up of the outcome from the Strategic meeting about the future of CRIC (BSR, AP, MHM, LMP and JB)
5. CRIC-Office – homepage, budgets and accounts (MNK)
6. Next meeting – suggestion October 25, 2019.

Minutes

2)

BSR reports that HOT-ICU is delayed approximately 1 year. Hopefully the inclusion rate will increase now that UK (Cardiff national investigator site) is almost ready to be initiated.

The interim analysis will take part in June. DSMB was intended to review HOT-ICU previous based on the LOCO2 (n=200) trial that showed more ischemic events for patients allocated to the low target. This is not an issue any more. JW informs that in the systematic review concerning RCTs with low and high oxygen targets the mortality was higher in the high target group which was an argue that outweighs lower targets and ischemic events.

HOT-ICU follow-up is initiated and there has been conducted a supplementation to the protocol for doing RBANS and lung function at 1-year follow-up.

LMP reports that AID-ICU also is expected to be delayed due to slow inclusion rate. There are more pending sites, also foreign sites, that hopefully soon will increase the inclusion rate.

There are more stricter requirements of the use of Haloperidol from the Danish Medical Agency. The consequences are not known.

Collaborates with Aalborg/BSR to do 1-year follow-up on all trial participants on Zealand. It is considered to develop the follow-up for AID-ICU patients to be called “After AID” if granted.

AP reports that CLASSIC for now has 9 recruiting sites and 2 foreign sites. Sweden is recruiting and Norway ready. It is expected to have several more foreign sites to participate. The inclusion rate is fine.

3)

MHB reports that GoDIFF has been granted 5,1 Mill. from Novo Nordisk Foundation. The status is that the protocol will be submitted before summer so that the application for the ethical committee can be submitted hereafter. The grant needs to be redeemed before November 30, 2019. Inclusion is expected January 1st, 2020. The trial will include 600 patients.

The present steering committee approve that GoDiff is to be conducted as a part of CRIC.

4) There were distributed some tasks from last Strategic Meeting (October 26, 2018) exploring the possibilities for CRICs future and to preserve CRIC secretariat.

LMP+ JB explored if sites were interested in paying a membership fee to drive CRIC. The opinions differed from site to site, but many did not answer. A better description about charge and content was wanted. Only 2 site out of 10 could accept payment of a membership fee. The conclusion was that a fee is not the solution for now.

MHM explored whether Acta Anaesthesiologica Scandinavica would financilly support CRIC. Acta would likely support initiatives from CRIC like a course, but not to give a grant.

AP and BSR explores support from Danish Regions. Danish Regions has beforehand rejected the possibility of a grant but are interested to meet AP and BSR. They have a meeting May 6, 2019.

JK informs that there is a new initiative named “behandlingsrådet” (a treatment advisory board) whose agenda is to focus on (lack of) evidence of treatments and which treatment would be best. This agenda supports CRICs ideology.

AP has received a grant 9,7 Mill from Novo Nordic Foundation, which opens possibilities to support a future CRIC network. The money is aimed to build up infrastructure at the Research unit at the ICU, RH.

Open discussion about ICU is only a small part of anesthesiology/critical care and that the large grants is in a bigger setting like for all critically ill patients. ICU is too narrow a research field. Many suggestions for who to cooperate with and that the homepage should be informative of how to be a part of CRIC also clearer about what CRIC has to offer (which resources). To be a part of CRIC should also contain obligations beside including patients – the cooperation needs that members attend CRIC meetings.

It is agreed that CRIC part II should be a network rather than a union. A network that offers know-how and maybe with more international engagement so that stakeholders abroad should be offered equal cooperation.

**Tasks to be conducted before next meeting:**

- everyone inquires stakeholders how they see CRIC in the future and if they are a part of it.

- AP and BSR describes CRIC part II and seek advices.

5) MNK reports that the annual statement is delayed due to organizational challenges. CRIC is DKK 500.000 from the budgeted 7,4 Mill. external financing to be obtained. SUP-ICU budget/financial account is ready to be closed. There is a profit from all the case money that haven’t been charged.

About AID-ICU, MNK and LMP have had a meeting and it seems like the budget is close to be fully funded with high co-financing from Køge, Zealand. About HOT-ICU, MNK and BSR will have a meeting in May about the financial status. Though it seems like it also is close to be fully funded.

6) **Next meeting is to be held the November 1st, 2019**. A meeting for CRIC SSC from 9.00-11.00, lunch, and from 12.00 – 14.00 Strategic meeting for all investigators interested. The meeting will take place as usual at Forskningsenheden, 2nd Floor, Tagensvej 22, 2100 København N.