# Minutes CRIC board meeting, spring 2022

Date: April 7, 2022

Place: Rigshospitalet in Copenhagen and online on Teams

**Invited members:** Anders Perner, Morten Hylander Møller, Maj-Brit Nørregaard Kjær, Gitte Kingo Vesterlund, Bodil Steen Rasmussen, Olav Schjørring, Morten Bestle, Robert Winding, Lone Musaeus Poulsen, Theis Lange, Christian Gluud, Anne Craveiro Brøchner, Mette Krag Vogelius, Johanna Hästbacka, Maria Cronhjort, Jon Henrik Laake, Carmen Pfortmüller, Joerg Christian Schefold, Martin Siegmund, Marlies Ostermann, Kathy Rowan, Matthew Morgan, Wojtek Szczeklik, Erik Keus

**Physical show up:** Anders Perner, Morten Hylander Møller, Maj-Brit Nørregaard Kjær, Gitte Kingo Vesterlund, Bodil Steen Rasmussen, Robert Winding, Lone Musaeus Poulsen, Theis Lange, Anne Craveiro Brøchner, Mette Krag Vogelius

**Online participants:** Christian Gluud, Maria Cronhjort, Jon Henrik Laake, Carmen Pfortmüller, Joerg Christian Schefold, Kathy Rowan, Eric Keus, Marlies Ostermann

# Agenda and minutes

**Welcome**

We started with a short introduction of all participants.

**1. Update on CRIC activities**

Update by Anders: Presentation of some CRIC history, informing that the funding of the original CRIC by the innovation foundation ended 31 December 2021. SUP-ICU and HOT-ICU are closed, AID-ICU only needs one patient to finish, and the follow-up at 90 days and 1 year and analyses will follow. We have done what we were set out to do, with some delay. COVID STEROID and COVID STEROID 2 trial have been conducted. CLASSIC results will be submitted tomorrow and presented in Belfast in June. We are conducting 1-year follow-up. Active trials running now are GODIF and HOT-COVID. We are consolidated as a trial network. Suggestions of new trials will be presented today.

Update by Maj-Brit: Maj-Brit listed the expenses from the previous CRIC trials (attached with the minutes). The per patient costs are low in the CRIC trials. A comment points out that costs could be presented related to findings and consequences in the dissemination of the trial results.

**2. Update on INCEPT – the platform trial program**

Morten informed about INCEPT and platform trials (and road bikes😊). Platform trials is a new concept. He presented limitations e.g. fixed sample sizes in ordinary trials, which can be reduced in an adaptive trial as the platform trial. They are more adaptive and flexible. During the trial, superior arms will have more patients randomized, and inferior arms are dropped. Strengths and challenges of platform trials were presented. The Incept platform trial are in progress with several working groups and will hopefully be ready for a feasibility trial on pip/tazo and meropenem in a year.

There was some discussion about the challenge of making this method understandable, and about funding challenges for these longer trials. Kathy told about her experiences with doing platform trials in England and emphasized the importance of doing it as a pilot study with few interventions at first. The choice between Bayesian analysis, traditional frequentist statistics with p-values or even a combination for the INCEPT platform was discussed. The decision is still in process.

**3. Suggestions for new trial programs**

* 1. Thromboprophylaxis program (Eric Keus)

Evidence for the optimal dose of prophylaxis of VTE are lacking. Some patients may profit from higher doses, some may do with non-drug alternatives.

Intervention, and screening for the outcome was briefly discussed.

* 1. Svalbard (Jon Henrik Laake)

Spontaneous versus controlled mechanical breathing in patients with ARDS. The ARDS guidelines on mechanical ventilation are often not followed.

Adhering to the protocol and the possibility of shifting from spontaneous to controlled ventilation as escape during a trial, was briefly discussed. So were the outcomes and whether a survey on routine practice is needed.

**4. Any other business**

a. Suggestion of new members (Bodil and Maria Cronhjort)

Marie has two suggestions of new members from Södersjukhuset, Sweden; Rebecca R Wahlin (worked on the COVID STEROID trial in Sweden) and Professor Jacob Hollenberg (worked on CLASSIC and COVID STEROID trials).

Bodil suggests Olav Schjørring from Aalborg, Denmark (investigator on HOT-ICU).

They were warmly welcomed!!

The board meets twice per year. In August/September it will be a two-days event with all CRIC network stakeholder meeting on the second day.