# Minutes CRIC board meeting, autumn 2022

Date: September 29, 2022

Place: Rigshospitalet in Copenhagen and online on Teams

**Invited members:** Anders Perner, Bodil Steen Rasmussen, Morten Hylander Møller, Maj-Brit Nørregaard Kjær, Gitte Kingo Vesterlund, Olav Lilleholt 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 Siegemund, Marlies Ostermann, Kathy Rowan, Matthew Morgan, Wojtek Szczeklik, Erik Keus, Martin Ingi Sigurdsson, Jacob Hollenberg, Rebecka Rubenson Wahlin

**Physical show up:** Anders Perner, Bodil Steen Rasmussen, Morten Hylander Møller, Maj-Brit Nørregaard Kjær, Gitte Kingo Vesterlund, Robert Winding, Lone Musaeus Poulsen, Anne Craveiro Brøchner, Mette Krag Vogelius, Morten Bestle, Christian Gluud, Olav Lilleholt Schjørring, Maria Cronhjort, Erik Keus, Jon Henrik Laake, Rebecka Rubenson Wahlin, Johanna Hästbacka

**Online participants:** Matthew Morgan, Carmen Pfortmüller, Jacob Hollenberg, Martin Siegemund,

# Agenda and minutes

# **Welcome** (Bodil and Maj-Brit)

The meeting started with a short presentation of the participants.

**1. Update on CRIC activities** (Anders)

Anders presented CRIC activities since last meeting: CLASSIC results were presented in Belfast and published in June, we are awaiting 1 year follow-up. Long-HOT-ICU 1-year results have been published. AID-ICU finished enrollment, the results are planned to be presented at ESICM LIVES in Paris next month, they have been submitted and awaits publication.

Ongoing trials are GODIF and HOT-COVID. Recruitment is picking up in GODIF. HOT-COVID has been slow during summer, and the remaining 76 patients are expected to be included by the end of this year. The HOT-ICU and AID-ICU systematic reviews are in the process of being updated.

The grant from Innovation foundation Denmark has ended, but accounting is still ongoing. As long as Rigshospitalet has economy for it, they are happy to use resources for the management of CRIC. Others may join.

**2. Scandinavian Intensivist Meeting (SIM) -2023 meeting**

Copenhagen will host the next three SIM-meetings. The planning of the 2023 conference is ongoing. It will be held on 10-12 of May 2023. There will be submission of abstracts/posters (deadline om March 1st 2023), and a social program with dinner in the evenings. The webpage is currently being developed. The ACTA foundation has donated a grand for the next three meetings, so they will be independent of the industry.

It was suggested to invite other clinicians than physicians (nurses and physiotherapists). This may be discussed in the steering committee at a later point. For now, no one will be rejected if they register, but invites will primarily go out to physicians.

**2. How can we make the CRIC collaboration more dynamic?** *(rotating planning and place of the meetings, quarterly newsletters-who should write them, dynamic use of CRIC.nu webpage – new papers, PhD defense, funding, etc.)*

It was suggested to have a short 1-hour virtual meeting each quarter. We will set a date for this.

The rotation of the CRIC board and stakeholder meetings were discussed. Other hospitals who would like to host the CRIC meetings need to cover expenses and manage organisation in accordance with the existing arrangement. The somewhat longer travelling distance was not considered an issue, and all agreed that it would be interesting to visit different ICUs. It was decided to organise CRIC the CRIC board meeting in Copenhagen in parallel to the SIM meetings on May 10-12, 2023 and in the spring of 2025 and 2027. The other meetings will rotate among the CRIC Board ICUs. The ICU of Aalborg will host the CRIC Board and stakeholder meeting in the autumn of 2023. Aalborg airport is 15 minutes from the city center and have several convenient flight connections.

It was mentioned that we should remember the climate (CO2 by plane versus train) before we schedule the meetings too far away from everybody.

The webpage was discussed. It was suggested to make links to published papers more visible, and to mark Ph.D. defenses and funding. But the resources for maintaining and updating the website may be a challenge. It was decided to try to use the CRIC website more dynamically. Matt will propose some ideas on how we can use and include knowledge and information for and by patient and public more dynamically.

**3. How can we optimize involvement of clinicians?** *(important in recruiting patients, etc.)*

**And discussion on how to disseminate trial results into clinical practice**

How prepared are we to engage more with our clinical colleges? If we invite for fully engagement, others should have a saying. In the INCEPT setup, several departments are now recruiting patients, relatives, and physicians outside the research groups in panels, where all issues in the research process can be discussed. For now, with the purpose of developing a core outcome set. Feedback from all stakeholders have been very rewarding, but it takes time.

It was mentioned that other relevant stakeholders include hospitals, ICUs, universities, and funders. In the ICU, no magic bullets in new treatments are expected, but authorities and funders may not know that. This makes funding harder to archive for our research. Stakeholder involvement also includes teaching the funders. Govern funding sometimes demand industry funding, which can be hard to achieve when we are not inventing new treatments. More involvement of additional stakeholders will give us the opportunity to educate broader about what the ICU is and does. Also, we need to engage younger colleges, including in the CROC Board. In the future, should we do platform trials only in CRIC, or both conventional and platform trials? It was mentioned that it is harder for those outside of Copenhagen to run CRIC trials, and it was discussed if doing platform trials would make this even harder. But the limitation is often the lack of funding, and the platform may make this easier. The stakeholder group should make sure the best suggestions may be carried onwards.

It was brought up, whether we should opt for new conventional trials while waiting for the platform and hereby use the momentum we have now with the strong set-up for research in the ICUs.

Good news: Sweden is now allowed to include unconscious (incompetent) patients in drug trials, using consent from a guardian.

Date for next CRIC board meeting will be Tuesday 9, May 2023