

WA Health Translation Network

COVID-19 Research Collaboration

Minutes

Monday 20 April 2020, 3.00pm – 4.00pm

Via Zoom

<https://www.wahtn.org/wa-covid-19-research-coordination/>

1. Welcome and update

Gary Geelhoed commented that with the flattening of the curve and the relatively low number of cases the approach to both research and the attitude of potential donors were changing.

Minutes

The Minutes from this meeting and all previous meetings are circulated as quickly as possible and uploaded to the WAHTN COVID-19 website. Please provide feedback to GG

Guiding document

The current document was provided to members and is on the WAHTN COVID-19 website.

Members were reminded to provide feedback. The document is draft and includes an indicative budget, which is all subject to change.

2. Funding

WA Department of Health

\$3M received with the current breakdown as follows: \$1M to infrastructure and \$2M to Clinical Trials. \$1M is expected from Lotterywest for infrastructure.

Over 80 proposals were received for the Research Grants. The panel reviewed the application on 16 April. The WA Minister for Health will announce the outcomes shortly.

Foundations

Currently exploring options related to hospital foundations and philanthropic avenues.

WAHTN have made contact with HBF with regards to possible funding.

3. Updates from Key Areas

COVID-19 Research Response (CRR) (Toby Richards)

The CRR Core clinical trials group have set up sites at NMHS, SMHS and EMHS.

Currently have just over 100 patients recruited to date who have attended through the COVID-19 clinic, through the ward/s or intensive care.

Paperless pathways confirmed. Patient data can be downloaded directly (auto-population).

The protocol is set up with the ability to collect data and samples and ensuring the governance behind this is set up correctly.

A Scientific Advisory Board will be established, including a simple protocol with regards to ethics.

Data will be inputted into OpenSpecimen, allowing all researchers to access.

CIVIC (Chris Reid)

REDCAP developed to align with everything captured within the acute care sector.

The testing has been finalised and expecting the trial to be live by CoB 20 April.

Is in current conversations with the main cohorts across WA regarding how CIVIC activities could align, dovetail or support these various cohorts.

The mental health module is progressing with working groups established with regards to growth areas ie education teachers.

The question regarding whether the consent process is broad enough is still being investigated. Hoping the screening process has this capacity.

South Metro Health Service (SMHS) (Merrilee Needham)

Currently awaiting for various governance documentation to be finalised.

750 staff recruited into the BRACE study to date.

East Metro Health Service (EMHS) (Daniel Fatovich)

Governance approval still progressing.

The need to expedite samples is still unclear. PathWest confirmed that respiratory samples are being processed as a priority and the governance structure with regards to blood and urine samples still requires Principal Investigator approval.

Pathwest (Jim Flexman)

With regards to sample processing, PathWest held various meetings with clinical trials groups at hospital sites and have identified areas in each location that can be used for specimen processing.

Governance structure to be in place where Principal Investigators of various trials have approved data to be submitted into a biobank.

Require a mechanism to transport samples across sites once governance is finalised.

North Metro Health Service (NMHS) (Aron Chakera)

All area health services are keeping aligned.

450 staff members have been recruited into the BRACE trial to date with a dedicated Principle Investigator on site to answer specific questions.

Biobanking (Aron Chakera)

Biobanking hoping to develop a service that will support as many researchers as possible. Working on the existing structure which includes 6 core pillars; funding and sustainability; governance; ethics; quality assurance; data management plans; and infrastructure and locations.

Phased one in Biobanking is focused around COVID-19 with phase two looking into sustainability and future development. Continuing with consumer and community structure, moving forward to a 5-10 year plan.

Child and Adolescent Health Service (CAHS) (Peter Richmond)

Peter Richmond requested Aboriginal Health as part of the COVID-19 response.

WA Department of Health (Darren Gibson)

The outcome of the Research Grants will be announced shortly.

With regards to the amendments of the Guardianship Act, the WA Department of Health are developing processes for implementation.

There are some opportunities at the Commonwealth level with regards to a centralised system. Darren Gibson will provide further information on this as it progresses.

Telethon Kids Institute (Stephen Stick and Catherine Elliott)

The success of the BRACE trial to date has been remarkable and a great achievement across the 3 sites (Fiona Stanley Hospital, Sir Charles Gairdner Hospital and Perth Children's Hospital). The hub processing the samples at the Telethon Kids Institute have done a fantastic job working additional hours and linking courier services to ensure processing is completed as quickly as possible.

Interferon study is progressing through ethics at the moment. Will start identifying index cases that test positive. This will need to occur in real time to ensure that patients can enter into a trial as quickly as possible. Toby Richards highlighted that the creation of the Scientific Advisory Board would be in a position to assist with coordination. Gary Geelhoed advised members of the group to contact him if they wish to be included.

University of Western Australia (Tim Colmer and Jon Watson)

The REDCAP server capabilities at UWA are continuing to be developed and built behind the scenes.

Jon Watson noted that he was grateful to the WA Department of Health for supporting the researchers of the future in Clinical placements.

Australian National Phenome Centre (ANPC) (Jeremy Nicholson)

ANPC methodology is ready, tested and validated.

ANPC is linked to a number of laboratories across the world with similar equipment and samples and will have the opportunity to create international cross-validation.

Edith Cowan University (ECU) (Rob Newton)

The respiratory project is ECU's priority at the moment to look at the impact of respiratory function and long term damage to lung capacity.

Following up with patients and clients that have been through projects and should be able to use that data in future studies. This will require ethics approval.

Project with MSWA on how people with chronic conditions are coping with COVID-19 issues and how that is affecting them.

It was noted that ECU ethics have been very corporative in processing amendments and applications.

Emergency Medicine (Daniel Fatovich and Glenn Arendts)

Currently working closely with various sites to harmonise protocols.

Governance issues still need to be sorted out.

The Emergency Medicine Research and Innovation Alliance (EMRIA) submitted an application for funding through the MRFF Clinical Trials grant.

Consumer and Community – Ben Horgan

Community Representative Pool established. If you require these services, please contact the CCHR team.

New online training for community representatives and researchers. Further information will be distributed.

4. Trials

ASCOT (Owen Robinson)

ASCOT patient recruitment has commenced in Victoria.

In Western Australia, governance is being finalised and awaiting the medication to arrive and then recruitment can commence. Anticipating within the next two weeks.

5. Website

WAHTN's website dedicated to the COVID-19 response is evolving and is continuing to be updated. Gary Geelhoed asked members to provide him with information they wish to have included.

6. Other business

Pip Brennan asked the question of how COVID-19 is impacting patient care. Summarised as follows:
There is significant anxiety in dealing with patients at the specimen collection stage, staff are being reassured of the process with regards to safety and are being supported.
New tests are in development which are non-invasive.

The question of priority with regard to patient access for different trails was raised by Stephen Stick. Gary Geelhoed stated he and Stepehn would investigate and asked for anyone else who wished to be involved to contact him.

It was also noted that a future strategy should be formalised with regards to the WA response as a State for future planning. Stephen Stick advised that it might be worthwhile adding Peter Gething to these meetings as he is very skilled in the geospatial modelling area.

Darren Gibson reported that there are a lot of data projects occurring in the WA Department of Health and he will disseminate information to this group once it becomes available.

7. Next Meeting

The next meeting will be scheduled on Tuesday 28 April, 3pm