

WA Health Translation Network
Coordinated Research Response to COVID-19
Minutes
Monday 30 March 2020, 3.00pm – 4.00pm
Via Zoom

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

1. Funding

The WA Department of Health has made available \$3million for infrastructure and clinical trials. Gary Geelhoed spoke with Minister Roger Cook, who is supportive of WAHTN's approach.

Additional funding from Lotterywest is being sought.

More is coming from philanthropy.

2. Infrastructure and Trials Plan

The WAHTN Covid Research Response was circulated to all attendees. Given the limited time to review, Gary Geelhoed requested attendees provide feedback over the coming days. The document will continue to be refined as more information becomes available.

It was noted that this is the perfect opportunity for WAHTN to bring everyone together to support existing trials and standardise research across the board (including the immediate critical challenge as well as 6-9 months down the road).

Gary Geelhoed noted that WAHTN needs to have more input from the MRIs, CAHS and WACHS and he will follow up directly with these partner organisations.

Panel has formed to review grant applications. Peter Klinken will Chair, other participants include Peter Richmond, Fiona Wood, Pip Brennan, David Preen and Darren Gibson.

A draft budget has been included within the document. It was noted that this budget is indicative and Gary sought feedback from attendees. The current "wish list" is as follows but it was stressed this is a draft document for comment.

A: Administration Setup – appointments across the system to be coordinated by WAHTN

1 FTE Senior Trial manager coordinating oversight for WAHTN CRR. (\$117k)

1 FTE Project Manager to coordinate funding, HR, contracts MOUs and IP (\$150k)

1 FTE Trial Manager coordinating trial protocol harmonisation, ethics & governance (\$117k)

1 FTE Database Manager coordinating portals & platforms (Murdoch supplying) (\$150k)

1 FTE Biobank Manager (\$140k)

B: Clinical Infrastructure and Sample Collection: Target Timeline Thursday April 8th

Laboratory technicians to be placed into PathWest to enable sample collection for both Tier 1a & Tier 1b samples

2 FTE FSH (\$240k)

2 FTE SCGH (\$240k)

2 FTE RPH (\$240k)

1 FTE Senior Database Manager to oversee large data storage, quality, validity and version control. Interface to patient data (REDCAP), diagnostic pathology (PATHWEST) and BIOBANK data in a deidentified manner to all researchers. (\$150k).

1 FTE Project Manager to coordinate between the WA hospitals for data collection, also with ANPC and pan-WA researchers to facilitate research, remove duplication, promote collaboration and minimise research costs. (\$130k) (currently aided by WAHTN)

3 FTE Trial Managers to facilitate clinical trials conducted via the research template to explore novel therapies to treat COVID-19, one for each metropolitan healthcare region. One currently supported voluntarily @EMHS and @SMHS (\$450k)

- Consumables, to cover blood and urine sample collection, also PAXgene storage for genetic analysis (\$1453 per 100 samples). It is envisaged that of 2.5 million people in WA, we will collect data on 100,000 patients in the next six months. This will require 1000 packs (\$1.75m).
- Open label biobanking system (\$45,000)
- 2x -80c freezers @ 35k each for sample storage (\$70k)

C: Rapid Analytics and Translation: Target Timeline end April

Laboratory technician staff and Bio-informatician to be placed into ANPC

3 FTE ANPC (\$380)

Consumables and minor equipment (\$220)

Applying a discount factor allowing for the volunteer workforce and in kind contributions being made to these activities, balanced with an expected attrition rate of the workforce and need for personnel redundancy for inevitable COVID-19 incidence, the liability spend is estimated;

April \$ 300 K

May \$ 400 K

June \$ 650 k

July – Dec \$1050 K

D: Community based Research Program (CIVIC Study): Target April 6th

Senior Clinical Trials Project Manager (\$150K)

Software Development Team – integrated with WAHTN CTDMC) – 2FTE (\$240K)

Project Coordinator (\$120K)

Administration Support (\$100K)

3. Update on Trials

- ASCOT (Owen Robinson)
Australian and New Zealand study. Numerous sites.
The protocol is completed, submitted to Monash ethics last Tuesday. Feedback should be addressed shortly with approval anticipated.
Coordination with other protocols critical (particularly relating to staffing at every site).

- REMAP-CAP (Steve Webb)
This is an adaptive platform trial which already exists for severe respiratory illnesses in a pandemic. Currently expanding Western Australian sites as quickly as possible.
- ISARIC (Toby Richards)
Taken Core ISARIC protocol and aligned with Melbourne. The digital platform for digital optimisation – unanimous agreement (with Queensland group) which includes automatic data capture. Samples will be available to all researchers in Western Australia.

4. Updates from Partner Organisations

- WA Department of Health (Darren Gibson)
Funding released. Working with the area health services regarding governance to ensure streamlined process is available for everyone. A governance document which reflects the processes (particularly regarding e-signature options) will be made available and circulated shortly.

Questions relating to the grant application process were queried, particularly relating to the length of time it would take researchers to apply (in such a time critical environment). Darren Gibson advised that the Department of Health will draft a memo to send to applicants to assist and support researchers through this process. I.e., proposals could be appended rather than re-written in detail. Further clarity around simplifying the process and “fast-tracking” options will be issued by the Department of Health.

- South Metro Health Service (SMHS) (Merrilee Needham / Toby Richards)
Working to ensure research protocol embedded (different ways to incorporate clinical workflows). Merrilee will share the processes with attendees as they become available. Staff who have limited work at the moment and capacity are being distributed around sites.
- North Metro Health Service (NMHS) / biobanking (Aron Chakera)
Currently aligning processes with SMHS and getting project team in place. Financial plans and need for agreements with each WAHTN organisation are to be signed and secured. Clear communication plan in place. Significant work has been actioned with regarding to biobanking. OpenSpecimen has provided a software suite to allow clear ways to collate data and samples.
- East Metro Health Service (EMHS) (Daniel Fatovich)
Liaising closing with NMHS and SMHS to ensure all are on the same page. A teleconference is scheduled to develop processes further.
- WA Country Health Service (WACHS) (Justin Manuel)
Currently investigating protocols to see how WACHS can become further involved.

Dominic Mallon noted that WAHTN should leverage off the existing research infrastructure located within regional areas as relevant cohorts are already established.

- **Telethon Kids Institute (Stephen Stick)**
Fraser Brims informed the meeting that he had recently spoken to Graham Hall and was advised the Telethon Kids Institute are currently establishing a cohesive plan.
- **Child and Adolescent Health Service (CAHS) (Peter Richmond)**
Funding secured for a project with BCG called the BRACE Study which involves up to 2000 health care workers in Western Australia. Lead identified as QEII and south metro.
- **University of Western Australia (UWA) (Jon Watson)**
Jon Watson confirmed that UWA are happy to host the database as UWA has the existing REDcap capabilities (UWA IT have confirmed the system has capacity to extend further).
- **Community (Chris Reid)**
Various groups have started to coalesce.
Currently looking at community based research initiatives. An application has been submitted to ethics around a modular base of observational service groups at a community level (regarding mental health, cardio health, and respiratory health) focusing on longer term rather than critical group.
- **Mental Health (Sean Hood)**
There has been a lot of focus on mental health in the last week, particularly around the mental health impact of patients and their families, plus societal impacts. Further meetings are scheduled to discuss this in greater detail.
- **PathWest (Jim Flexman)**
Ed Raby advised they are developing standard operating procedures in terms of blood and urine sampling to run in parallel to the ISARIC data collection. Currently receiving input from the Australian National Phenome Centre, Institute for Immunology and Infectious Diseases.

Jim Flexman noted that Dominic Mallon recently stepped down from his Chief Pathologist role at PathWest. Jim has been appointed as Acting Research Director, taking responsibility for the governance aspects for PathWest.

Jim noted that there PathWest are interacting with the research community to support research in a coordinated manner. There are diagnostic and research aspects and to some degree there needs to be a clear separation between the two.

In addition, Jim mentioned dependent on how quickly pathology services are required, PathWest may need to engage a private pathology company to assist.

- **Consumer and Community Involvement**
Ben Horgan from the WAHTN Consumer and Community Research Network (CCHRN) advised that the CCHRN has distributed a call out to community members to establish a pool of consumers available to have direct input into research proposals.

If this service will be useful for researchers, please contact Deb Langridge or Ben Horgan at CCHRN.

5. Reporting Structure / Grid

Gary Geelhoed advised that there would shortly be a reporting structure / grid contact list uploaded to the WAHTN website so that it is clear who is responsible for which themes and priorities.

6. Web page

Covid-19 dedicated website can be found here: <https://www.wahtn.org/wa-covid-19-research-coordination/>

The website will continue to be updated with resources and links. Attendees were encouraged to forward any resources that would be useful to him to be uploaded.

7. Next meeting

The next meeting will be scheduled on Monday 6 April, 3pm.