

**Scandinavian
Critical
Care
Trials
Group**



Report from the 11th meeting of the Scandinavian Critical Care Trials Group in Lund 8 – 9 February 2007

Thursday 8th February

Hans Friberg, organiser of the meeting opened it and welcomed participants. Sigurbergur Karason, acting chairman of SCCTG advisory board, expressed thanks to Hans for organising the meeting and to the sponsors for their support.

1. Incubator session

Several research papers on different stages of development were presented and discussed.

Ramin Kocheh-Zadeh, Karolinska University Hospital, Huddinge

Energy expenditure and whole body protein turn-over in ICU patients

Steffen Christensen, Aarhus University Hospital

Results from the Aarhus University Intensive Care Cohort

Anders Erson, Michel Chew, Malmö University Hospital

SIRS in the ICU

Sari Karlsson, Tampere University Hospital

The Finnsepsis trial

Ola Winsö, Umea University Hospital

Registration of sepsis

Maris Dubniks University Hospital of Lund

The effect of blood pressure on plasma fluid volume loss at a state of increased microvascular permeability

Andreas Nygren, Sahlgrenska University Hospital

Gut perfusion and vasopressors

Anders Perner, Rigshospitalet Copenhagen

Attitudes towards research among critically ill patients and their relatives

All the papers were elegantly presented and a lively and interesting discussion followed each of them which continued at the dinner.

Friday 9th February

During this day plenary lectures and research reports were mixed, however they are summarised here in the notes.

Invited lecture, *Bernd Böttiger*, Heidelberg

Bernd Böttiger, chairman elect of the European Council of Resuscitation, presented results from the TROICA-trial, regarding thrombolysis in cardiac arrest. A very interesting study which led to discussions about the results, the planning of such studies, organisation and post hoc analysis. Further results are to be published from this study.

Invited lecture, Utilization of databases for clinical research, chair *Professor Anders Ekbohm*

This session was chaired by Professor Anders Ekbohm, an epidemiologist from the Karolinska Institute. Data were presented from the Swedish and Norwegian Intensive Care Registers by Hans Flaatten (Haukeland, Bergen), Thomas Nolin (Kristianstad), Martin Engström (Halmstad) and Sten Walther (Ulleval). Various results were presented and discussed. What parameters should be registered, quality of data, how to secure quality, length of follow up, utilization of data/results, etc. was discussed. Also how to proceed from national registers to a Scandinavian register and what parameters should be included. In Norway SAPS II has been used, but in Sweden APACHE II. In the discussion it was generally assumed that SAPS III would probably be the future.

Projects

1. Fluids study, *Anders Perner*

Anders gave a report from the ongoing FLUIDS-study. The first part, registration of national albumin usage from year 1995 – 2006 in collaboration with Australian – New Zealand network is now in manuscript for BMJ. A Scandinavian Survey on the preferred fluids for resuscitation is on its way. An international point prevalence study is planned in April 18th in the regi of ANZIC. The study group has to plan for recruitment of units and secure acceptance from ethical committees for this part.

2. Glutamine study, *Jan Wernerman*

The Glutamine study has now been running for 3 years at several hospitals in Sweden and one in Norway (Bergen) and Finland (Helsinki). However, inclusion of patients to the study has been slower than expected. During the study time rules about ethical approval have changed and an application has to be made to a central European bureau for drug trials. This has halted progress in Denmark and Iceland. Of the originally 1000 patients planned, 250 have been included. Jan discussed this situation and the pros and cons for stopping here or continuing. 250 patents is a large number in the field of nutritional research and the length of time is important as treatment develops and will have effect on the results. The meeting therefore generally assumed that it would be appropriate to stop here and analyse the data from these 250 patients and aim at a publication in ACTA Anaesthesiologica Scandinavica. It is not only the results that are important but as well the experience the network has gained in performing such an interventional study.

3. NHN Niklas Nielsen, Hans Friberg

The NHN has now gathered 980 patients in their database that consist of contributions from Sweden, Denmark, Norway, Iceland, Holland, Luxemburg, Poland, Germany, Australia and recently a region from USA has wished to participate in the database. The plan is now to analyse these patients. Hans Friberg told about a European RCT regarding hypothermia treatment that is in its planning stage.

Society business, Sigurbergur Karason

In year 2006 one meeting was held in Copenhagen in August. The agreement with SIR, between years 2003-2005, had then expired but a new agreement had been reached with SIR for year 2006 including a paragraph allowing all subspecialties within SSAI to perform multicenter studies within its framework. This agreement was only for year 2006 and a grant was received from SSAI for the 2/3 costs of running the database that year but the rest of the cost was covered by income from previous SCCTG meetings. The database was shut down at the end of year 2006. However, hopes are that the SSAI will assist in creating a new database function.

Three studies were running during the year 2006, the Glutamine trial, the NHN network and the FLUIDS study.

At the meeting in Copenhagen an elective committee was set (Anders Åneman and Anne Berit Guttormsen) to identify candidates for a new advisory board. The names proposed were accepted by all votes at the meeting.

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| • Denmark | Anders Perner | Chairman |
| • Sweden | Niklas Nielsen | Secretary |
| • Finland | Jyrkhy Tenhunen | |
| • Iceland | Gudmundur Klemenzson | |
| • Norway | Elin Helset | |

In a review of what had been accomplished during the last four years of the departing advisory board (Sigurbergur Karason, Anders Åneman, Jan Wernerman, Else Tønnesen, Anne Berit Guttormsen) it was stated that 7 SCCTG meetings had been organised at various sites in Scandinavia, two papers had been published, three studies had been initiated (others had been planned or started but not lead to publications) and a integrated homepage/database had been operated with financial support from SSAI. The members of the advisory board have as well tried to market the Society within SSAI and Scandinavia in various ways.

The leaving advisory board considered in the beginning of its period that the main obstacle in performing multicenter studies was the lack of easy access of an internetlinked database and put much effort in creating this, and succeeded for a reasonable prise. However, a considerable work was necessary to receive the yearly grants from SSAI. Even though the database was kept constantly running for 4 years the use of it was never utilised as much as was expected. There are many possible explanations of this but perhaps the SCCTG has simply overestimated the interest of performing and participating in multicenter studies.

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The work of SCCTG has assisted in recognising what opportunities there are within the Scandinavian countries for performing important multicenter studies. This may be seen in the fact that the SSAI has now initiated its own Research Committee with focus on Scandinavian multicenter research within all its subspecialities.

But mainly the SCCTG has succeeded in creating a Critical Care research society that others international research groups approach for Scandinavian collaboration as is the fall with the NHN and FLUIDS study.

The leaving advisory board wishes the society and the new board the best in their future work.

Sigurbergur Karason
Acting chairman of SCCTG