UTOPIAN Primary Care Trials Group – Session 4 *Minutes*

Thursday, April 30th, 2020 from 4:00 p.m. to 5:00 p.m., Zoom teleconference

Attendance:

Andrew Pinto (AP) – Chair
Aashka Bhatt (AB)
Noah Crampton (NC)
Giles Pereira (GP)
Marjan Moeinedin (MM)
Rahim Moineddin (RM)
Braden Gregory O'Neill (BGO)
Michelle Greiver (MG)
Eva Grunfeld (EG)
Ross Upshur (RU)
Donatus Mutasingwa (DM)
Carolyn Steele Gray (CSG)
Sumeet Kalia (SK)
Ann Burchell (AB)
Sheila Dunn (SD)
Rosemarie Lall (RL)
Sumeet Kalia (SK)
Noah Ivers (NI)
Tony D'Urzo (DU)

Regrets:

Payal Agarwal (PA)
Chris Meaney
Joanna King (JK)
Aisha Lofters (AL)
Abhimanyu Sud (AS)
Jennifer Rayner (JR)
Peter Selby (PS)

Item	Topic	Minutes	Action	Responsible
1	Introductions (Andrew Pinto)	• Andrew Pinto introduced those present on the phone.		
2	Review and approval of April 30, 2020 draft meeting minutes (All)	• Minutes of the previous meeting were approved by those present.		

3	Learning topic: Adaptive Trial Design (Rahim Moineddin)	• The strategy for data analysis depends on the study design:
		  ○ Method of randomization (completely randomized; paired-matched; stratified)
		  ○ Unit of randomization (individually randomized; cluster randomized)
		  ○ Multi-Centre
		• Intention-to-Treat (ITT) Analysis:
		  ○ Based on the initial treatment assignment and not on the treatment eventually received		

		○ Randomized controlled trials data analyzed by the ITT approach provide unbiased comparisons among the treatment groups ○ Done to avoid the effects of crossover and dropout, which may break the random assignment to the treatment groups • Per-protocol analysis (Modified ITT) ○ A comparison of treatment groups that includes only those patients who completed the treatment originally assigned. ○ Both ITT and per-protocol analysis are recommended to reduce any biases • Non-adjusted Analysis: ○ Estimate the effect size, 95% confidence interval, and p-value for the primary outcome measure ▪ Binary (proportion difference); continuous (mean difference) ▪ The type of outcome measure determines the statistical methods used conduct analysis • Adjusted Analysis: ○ Identify possible confounders (i.e. variables with imbalance between groups; variables related to outcome) and adjust for confounders • Secondary Analysis ○ May or may not be pre-specified ○ Supplemental ○ Analysis that is of secondary importance in a study ○ Results can range from being quite conclusive to being hypothesis generating • Sensitivity Analysis (SA): ○ Method used to determine the robustness of an assessment by examining the extent to which results are affected by changes in methods, models, values of unmeasured variables, or assumptions • Why is SA important? ○ Design and analysis of clinical trials relies on assumptions that may have some effect, influence or impact on the conclusions if not met ▪ Can assess these effects through sensitivity analyses ○ Consistency between the results of primary analysis and the results of sensitivity analysis may strengthen the conclusions or credibility of the findings. ○ Note: consistency may depend in part on the area of investigation, the outcome of interest or even the implications of the findings or results • Sub-Group Analysis:		

		○ Analysis of the results of a study just in certain subgroups ▪ Specified in advance; included in protocol; lack of power; multiple testing ▪ Reduces the risk of missing important differences in treatment effect, which could result in failure to detect important differences in heterogeneous populations		
5	Discussion of trial proposals and ongoing work (All)	• Aashka will maintain a list of all the COVID-related studies happening in the DFCM and across UTOPIAN sites. In addition, we are also maintaining a list of investigators who are connected to different sites and the different trials they are connected to. ○ The advantage of keeping track of this information, is that when trial ideas emerge from our work, we can quickly link these ideas with sites and investigators. • Some COVID-related studies currently ongoing at DFCM and UTOPIAN sites are: ○ DISTANSE (PI: Dr. Nav Persaud): Studies the impact of providing income supports to people to see if this has an impact on their ability to maintain physical distancing and stay well. ○ ANTICIPATE (PI: Dr. Andrew Pinto): Using UTOPIAN data to identify patients at high risk of getting COVID and trying to keep them healthy through a combination of biological, social and psychological supports. ○ SWITCH COVID (PI: Dr. Peter Juni): Focuses on switching patients off ACE inhibitors (as there is some thought that it puts patients at higher risk for COVID) ○ COVID Care at Home: (PI: Dr. Payal Agarwal): Further details to come. ○ CanPRINCIPLE (PI: Dr. Michelle Greiver): Large trial led out of Oxford University that involves different countries and hundreds of practices. It will enable researchers to rapidly evaluate different treatments that could stem the progression of COVID-19 symptoms in older people and help ease the burden on hospitals. • We will continue to update this list, and share it with this group in a frequent communication	• Andrew Pinto and Aashka Bhatt	• Maintaining list and sending out weekly communication
Meeting adjourned at 5:00 p.m.				
Next meeting: Thursday, May 27, 2020; 4:00 p.m.-5:00 p.m. (virtual)				