Meeting Minutes

Meeting:	**CNN-CPTBN Annual General Meeting 2020**
Meeting Date/Time:	Tuesday February 11, 2020 1400 – 1640 hr Mountain Time
Location:	Room 201-203-205, Kinnear Centre, Banff Centre, Alberta
Present:	Refer to registration file
Chair:	Prakesh Shah (CNN Director)
Recording:	Priscilla Chan (CNN Coordinator)

Agenda Item	Key Discussion Point Summary	Action(s) Required / Responsible Party
Welcome & 2019 AGM Minutes	Minutes from 2019 Annual General Meeting were approved.	
CNN Update	CNN Organizational Structure New as of July 2019, two Associate Directors positions were created – Dr. Marc Beltempo as CNN Associate Director and Dr. Joseph Ting as EPIQ Associate Director. The Canadian Neonatal Foundation (CNF) was also launched and incorporated in June 2019. Governing Board The Board was established in 2017; members were introduced. Canadian Neonatal Foundation (CNF) Currently seeking charitable status, the CNF's objective is to support activities that improve the health and life of babies and their families. CNF is planning to expand membership to include additional CNN and non-CNN members. Executive Committee Members of the Executive Committee were introduced. Dr. Joseph Ting and Ms. Martine Claveau were re-elected in the fall 2019 election. Site Investigator Changes 1. Foothills Medical Centre, AB – Dr. Candace O'Quinn has replaced Dr. Doug Wilson as the MFM/OB Site Investigator. 2. Royal University Hospital, SK - Dr. Lannae Strueby has replaced Dr. Sibasis Daspal as CNN Site Investigator. 3. Winnipeg Health Sciences Centre, MB - Dr. Deepak Louis is CNN Co-Investigator with Dr. Molly Seshia. 4. Windsor Regional Hospital, ON – Dr. Mohammed Adie has replaced Dr. Chuks Nwaesei as CNN Site Investigator. 5. Windsor Regional Hospital, ON – Dr. Fatima Taboun has replaced Dr. William Mundle as MFM/OB Site Investigator. 6. Sunnybrook Health Sciences Centre, ON – Dr. Eugene Ng has replaced	

	Dr. Michael Dunn as CNN Site Investigator. 7. The Moncton Hospital – Dr. Ariadna Grigoriu has replaced Dr. Lynn Murphy-Kaulbeck as the MFM/OB Site Investigator. As of February 2020, there are 31 participating hospitals in CNN. Sites are reminded to contact the coordinating Centre for any administrative changes. Update on CNN membership, publications and data requests over the last year were presented and summarized in the meeting booklet. Sunset clause for CNN data requests – investigators have one year from the time results are received to produce a first draft of manuscript, then a reminder from coordinating centre, after another year, you will lose rights.	
Canadian Preterm Birth Network (CPTBN)	CIHR funding was granted in 2016. CPTBN Steering Committee members were introduced. The intent was to expand CNN to include researchers and caregivers who are involved in the management of women in preterm labour, preterm infants and their families. CPTBN is moving in the right direction with more involvement of MFM/OBs. We now have obtained annual data on all preterm births <37 weeks in Canada between 2010 and 2015, including data from Quebec. The data is linked to the first two years of hospitalizations. A preliminary review of the available data from CIHI was reviewed. We have IVF rates, modes of delivery, all ICD-10 codes linked and hospital resource use indicators. We don't have link to maternal chart, process indicators and hospital linked data. KT and QI implementations have been happening at all sites, as seen in presentations of posters and pitches at the EPIQ conference. There are working groups focusing on umbilical cords and neurodevelopmental outcomes. There has been some preliminary work on environmental exposure data. The educational portion of the grant proposal have not been worked on to-date. Anyone who is interested in or know of possible linkages to any provincial or regional dataset is encouraged to contact Dr. Prakesh Shah or the Steering Committee. There's also a need to expand to include level 2 NICUs. With reference to the grant timeline, - Deferred cord clamping and outcomes – published and ongoing evaluations - Optimal prenatal steroids and outcomes – manuscript under review - Maternal antibiotics and outcomes – ongoing evaluations, data being collected - Preterm phenotypes and outcomes – ongoing evaluations, data being collected - Severity of illness and impact on outcomes – published - Probiotics administration and outcomes – published - Levels of respiratory – received another CIHR grant for CER - Family-Integrated care: implementation and dose – survey is done - Case costing algorithm – one project completed - Economic burden of PTB and cost effectiveness of interventions – ongoing - National trends of PTB rates – received 5 years data, additional data requested - Database linkage to assess resource utilization of late PTB – ongoing - Evaluation of parent experience post-discharge – ongoing Subgrant agreements were executed at 14 sites; agreements under negotiations at 10	

	sites; and 5 sites require Site Investigators to intervene/follow-up as they haven't been any movement for a long time.	
Annual Trend Analyses	Demographic and Practice Trends The latest CNN report shows total CNN population has been similar to the past few years. The total number of eligible admissions was over 16,000 per year with nearly 15,000 eligible neonates. Trends to note: - An increase in maternal age, maternal hypertension and maternal diabetes. - For <32 weeks, antenatal MgSO4 has been slowly improving, there has been an increase in DCC. - Rate of outborn for <33 weeks is - For neonates <29 weeks, ~ 60% received a complete course of steroids, ~20-25% received partial course, and 88-90% had any steroid use. - Outborn rate for infants <33 weeks has gone down slightly to 14%. The outborn rate for all neonates has went from 19% in 2010 to about 22% in 2018. - As observed in previous years, multiple birth rates are impacted by provincial regulation/deregulation. Questions can be asked regarding public policies and decisions-making with the available data. - Antenatal MgSO4 for neuroprotection, rate is improving and now at 70% for GA <32 weeks; delayed cord clamping rate is now at over 60% for GA <32 weeks. - Prenatal steroids trend has been stable over past few years. - Apgar score trend has been stable over past few years. Survival Rate by Gestational Age - It was highlighted that, excluding delivery room deaths, about 50% of the infants with GA <23 weeks survived in 2018, an increasing trend since 2010. No mechanical ventilation in first 3 days among inborn infant with GA <29 - Rate is going down between 2014 and 2018, which warrants review of ventilation practices at individual sites. It was pointed out that the Golden Hour EPIQ group was dissolved in 2014. PDA treatment <33 weeks GA - In 2018, <50 infants in the network had PDA surgical ligations. Use of Acetaminophen as primary PDA treatment has been increasing over last few years, while other treatment methods have been decreasing. PDA closure by device data is being collected in the database starting 2020. Postnatal systematic steroids use for BPD - Rate has been increasing between 2014 and 2018 for GA between 23 and 26 weeks. The trend warrants review of practices as well as further studies. Late onset sepsis - Eight years trend showed improvement in LOS for 25-26 weeks babies, also small improvements for higher gestational ages. NEC - Rate of exclusive breast milk at discharge for inborn with GA <29 weeks	

	- has been increasing over last few years. - Network NEC rate has been stable; rate is higher for lower gestational age. - Death among infants with NEC is concerning. Brain Injury - Moderate to Severe VE rate has been stable since 2012 for lower GA groups; trend for higher GA groups seems to be increasing. Database definitions are being refined. ROP - ROP and ROP treatment rates have been stable over the years, except for GA 27 weeks. - Majority of infants with lower GA groups received anti-VEGF as form of ROP treatment. - Data showed babies at 32 weeks did not receive ROP treatment for the last 8 years. Site comparisons by funnel plots Mortality and Morbidity ratio: - >1 observed rate indicates higher than expected. - <1 observed rate indicates lower than expected. - In 2018, the majority of sites fell within the 95% limit, four sites with worse than expected outcomes; and two sites with better than expected outcomes; and one site with worse than expected outcomes.	
Online Reporting Portal Update	Real-time site reports, in comparison with network data, are accessible through the local site investigator. - Data is available since 2010 - Data cleaned yearly, at the same time as annual report data cleaning - It is important to note that more recent data (i.e. currently 2019 and 2020 data) have not yet been verified in the report portal - New BPD definition since 2016 - New filters are available to generate trends in outcomes and care practices reports - Report portal is now updated once every two months by the coordinating centre - Portal data does not include delivery room deaths Members discussed the possibility of site identification in network reporting, as supposed to the current practice of site de-identification. Many in attendance felt that transparency is needed for the network and revealing site identity would yield better outcomes for QI purposes. In 2011, the coordinating centre in fact proposed to participating sites to report anonymously. About half of the sites agreed. If the network wishes to re-engage in the process, Site Investigators must be prepared to seek approval from their local administrators. The network needs to have consensus among ALL participating sites and amend ethics files.	
Update on Collaborative Projects	CNN supported eight projects last year with linkages to the database. Seven of these projects successfully received funding from various sources. 1. The Canadian Urban Environmental Health Research Consortium (CANUE) is available for public use. Postal code data is available in CNN	

	and CNFUN which can be linked to the exposure data from CANUE, to determine if maternal or early childhood exposure of certain environmental factors are associated with any adverse outcomes. 2. Dr. Joseph Ting received a CIHR award on antimicrobials stewardship – presentation to follow at Research Meeting. 3. Dr. Souvik Mitra received a CIHR award for the CER study of pharmacotherapeutic agents for PDA treatment – presentation to follow at Research Meeting. 4. Dr. Marc Beltempo received CIHR funding for studying NICU team composition at time of birth and first 7 days of life. 5. Dr. Amit Mukerji received a local award for his research on optimal non-invasive respiratory support. 6. Dr. Faiza Khurshid received the one-year AHSC AFP innovation fund to develop clinical prediction models for BPD. The project is extended with a recent application to CIHR. 7. Dr. Amish Jain was awarded the Mallinckrodt Investigator Initiated Research Grant for his study on Preterm Neonates Following Treatment with Inhaled Nitric Oxide in Canadian NICUs. 8. The comparative effectiveness project regarding Respiratory management of extremely preterm neonates was awarded $452,000 from CIHR. Data collection has begun at some sites. Grants to be resubmitted 1. Dr. Sarah McDonald's study on mode of birth 2. Dr. Faiza Khurshid's study on machine learning algorithm 3. Dr. Georg Schmölzer's HiLo Trial was recently funded and will start soon	
International Collaborative Activities	iNeo - Data between 2007 and 2017 are available from 11 countries - 17 manuscripts published; 2 submitted; 4 under preparation - Grant application to be submitted in two weeks - Face-to-face meeting planned for Nov 2020 - The trend for composite outcome rate in GA 24-32 weeks and BW <1500g babies was reviewed for all iNeo countries; CNN has shown significant improvement in the rate between 2007 and 2014. International Neonatal Collaborations - Utah University Hospital has joined CNN in 2018 and included in the annual report - Maricopa Medical Centre continues to participate since 2010 - EPIC-Latino group has started collecting EPIQ data. International Neonatal Consortium (INC) The Critical Path Institute is a public-private partnership with the FDA, Health Canada, European Medical Agencies, and Japanese Health Agency. The institute launched the International Neonatal Consortium (INC) to evaluate the safety and effectiveness of drug therapies for neonates. Neonatal SAE for use in trials is published. HKU-Shenzhen Hospital Project Collaborations to improve knowledge and skills, and to assist development of translational research of the HKU-Shenzhen Hospital.	

	Canada-India Neonatal Centre of Excellence for Research & Education Activities include development of SGPGIMS DM Neonatology Curriculum and Nursing Program, Canadian faculty visits to Lucknow, EPIQ Training Workshop. More details at International Programs Meeting. Chinese Neonatal Network (CHNN) - Will start collecting data in 2019 from over 60 sites. - This data will not be shared with the CNN and will be managed entirely by CHNN. - The goal was to support the new network and to help them develop their own infrastructure. Egypt REIN-EPIQ Project - Project aim: Reduction of Infection in NICUs using EPIQ - 6 Egyptian hospitals participating with a modified version of the CNN database; baseline data collection to start in Feb 2020 - EPIQ Training Workshop being planned; interventions will follow	
EPIQ 4 Update	Over 270 individuals attended the 2020 EPIQ Conference with national and international representations; 35 poster presentations and pitches by sites. A recent CMAJ publication of the results of EPIQ showed improvements over the last 14 years in Canada. However, a review of the 5-year trend of BPD rate raised concerns as it has been increasing especially for GA 26-28 weeks.	
Positioning CNN for Future & Future Annual Meeting	The total annual budget for the MiCare Research Centre is $1.2 - 1.5 million. The Centre is currently supported by two CIHR grants (Lee's MiCare team grant and Shah's CPTBN grant), both of which will end in 2022. A financial threat is anticipated and members discussed various options to sustain the current operations. 1. If the use of CNN resources is being proposed in any grant applications, investigators are asked to dedicate 30-50% of the budget to the Centre. This will not be the main source of funding. 2. Members discussed the possibility to seek federal funding. Since Canada's health care services are administered and delivered by the provincial governments, and the CNN database is clinical (not administrative) in nature, the federal government is unlikely to fund CNN. 3. Other similar international networks charge membership fee. E.g. Vermont Oxford data collection costs USD 10,000 per year. US Children's Hospital Network charges USD 50,000. The Japanese Neonatal Network is supported by pharmaceutical companies. The Swedish and Finnish Registries are supported by their government. Australian and New Zealand Neonatal Network charges user fee and also receives funding from pharmaceutical industry. CNN is considering implementation of a membership fee from participating sites starting 2022. A business case will be created for sites to seek support from local administrators. It was noted that site contributions will not provide full support to the Centre; a multi-prong approach is needed. 4. Cost analyses results will be available in 6 months. 5. Dr. Shoo Lee pointed out funding will likely be a combination of different sources. The majority of funding over the last 25 years came from CIHR	A standard package will be created to include cost benefits of CNN participation.

	grants, and some from the ministry and the hospital where the Centre was hosted. CNN needs to develop a strategy to reach out to potential funding sources which may include philanthropy. 6. A business plan with marketing strategies for CNN is suggested (e.g. 6-8 slides as a marketing tool for CNN).	
Canadian Neonatal Foundation (CNF)	CNF was established since CNN is not a legal entity and cannot sign any contracts. The Foundation was incorporated in 2019 and is currently seeking charitable status. CNF is committed to raise funds to support CNN activities. $400,000 has been raised to-date.	
	Meeting was adjourned at 1640 hr Mountain Time	