

## Swiss SOS Meeting Bern 08.06.2017



Bern EXPO, Congress 6 - 13.00-14.00h

### Present

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## 1. Past, present and future

- a. Swiss SOS = successful project
- b. Critical size arrived at → need for clear rules, roles
- c. Efforts should be rewarded by gain for all contributors
- d. Clear future perspective needs to be defined
- e. As growth seems very likely, these mentioned requirements are essential to grow in a well-organized and safe fashion. Danger of collapse of the whole project if further growth is happening without these requirements.

## 2. Luzern as additional Swiss SOS center

- a. PD Dr. Kothbauer mentions that in Lucerne, aSAH is treated. For aneurysm occlusion, patients are usually transferred to one of the neighboring cerebrovascular units. Some patients in very bad conditions are not transferred, because no “curative treatment” is aimed for. In others, in particular those patients that are likely not to survive the transfer, emergency treatment is performed in Lucerne. Expertise for aneurysm treatment is growing at present.
- b. The Swiss SOS group does not want to get involved in the political discussion whether or not aneurysm occlusion treatment should be performed in Lucerne. But, as the group intends to record all aSAH cases in Switzerland, the Swiss SOS want to add Lucerne as additional center. The decision to include Lucerne is taken by affirmative vote with vast majority.
- c. A task force will be built to set the ground for the new partner (amendment for ethics approval; SecuTrial login; costs for this are not high but should be covered by the joining center)

## 3. Inviting Neuroradiology to the Swiss SOS

- a. Prof. Fandino explains that there is an urgent need to invite our colleagues from neuroradiology to join the Swiss SOS group for obvious reasons:
  - i. They occlude the aneurysms in a considerable amount of aSAH patients
  - ii. They are equal parts of the neurovascular team that are involved in the clinical patient management in a growing amount of centers
  - iii. They could provide high-quality data, from which the Swiss SOS project

would benefit

There is consensus that Neuroradiology should be included to the Swiss SOS. The decision to include Neuroradiology is taken by affirmative vote with vast majority (no vote against).

- b. There is a long debate on the “how”, and the following strategy emerges from the discussion and is confirmed by vote (affirmative by 2/3s of the Swiss SOS participants)
  - i. The structure, rules and roles of the Swiss SOS (steering committee, multiple “task forces” as needed) will be defined in a further meeting intended to take place within 1.5 months. For this meeting all PIs and members of the present steering committee (as outlined on the Swiss SOS website) will be invited. The heads of department are also invited to join. Every center (PI) and members of the steering committee will have permission to vote in case decisions need to be taken.
    1. This “structure squad” will already consider the future participation of Neuroradiology (and Neuropsychology) and propose “task forces” within the Swiss SOS to promote the fusion.
    2. Other possible task forces may include:
      - a. Scientific review panel (data integrity/quality, control of abstracts and submissions)
      - b. Budget and development panel (future direction, funding)
    3. The proposed new structure of the Swiss SOS will be discussed with all neurosurgical clinic directors of participating centers, before it is officially accepted.
    4. The proposed new structure should be published in large parts in order to be transparent (what content is published is decided by the “structure squad”).
  - ii. The “conditions” of the fusion should be clearly laid out – the tasks force neuroradiology will contact colleagues from neuroradiology to define the variables, e.g.
    1. Aneurysm morphology (blebs, daughter aneurysms, etc...)
    2. Treatment details (balloon-assisted coiling, jailing, etc...)
    3. Recanalization, retreatment, rerupture (etc...)
    4. Further... (sophisticated parameters to be defined)

- iii. Costs of the fusion (e.g. Ethics amendments, SecuTrial enlargement and access) as well as organizational issues (identification of a patient using the Swiss SOS ID) need to be clearly defined by the task force.
- iv. As time is concerned, the aim is that the fusion has been successful until the next annual meeting in Lugano (also joint meeting with neuroradiology).
- v. All PIs can and should already contact their neuroradiology department to initiate the fusion.

#### 4. General points (all) – 20 min

- a. Election of boards and committees:

Will be postponed until the “structure squad” of the Swiss SOS has defined the clear future structure. It is pointed out that the steering committee should be rather small, but positions should vary over time (replacement of members every 2 or 3 years) to ensure broad participation of all clinics involved in the Swiss SOS.

- b. Submission of any kind of Swiss SOS data (abstracts and papers)

It is pointed out that an effective task force needs to be established; being the first contact for any kind of scientific submission. It will review the in-coming files first within a reasonable amount of time (e.g. 2 weeks). This will prevent from sending pre-final submissions to a large group of the Swiss SOS (including bosses). Once the scientific review board approves to the final document, the final submissions will be sent out to all other co-authors of the Swiss SOS group.

The scientific review board will be proposed by the structure squad (meeting mentioned above; members of the Swiss SOS can contact their local PI if interested to help in this task force).

- c. Data ownership, authorship and contributor ship of Swiss SOS collaborators

Rules are to be defined (meeting mentioned above).

- d. Adding / modifying current data collection?

- i. NIH/NINDS SAH common data elements (CDE) project

Once the CDE recommendations are final and published, the decision whether to change our Swiss SOS definitions of variables will be tackled.

- ii. Long-term aneurysm occlusion (recanalization/retreatment/rerupture)

See above.

- iii. Neuropsychology (MoCA as recommended outcome measure by the CDE project)

See above.

- iv. Return to work (CDE CRF on return to work)

See above.

- v. Angio-negative SAH patients

Concerning the collection of data on angio-negative SAH, the Aarau group is interested in this project. Dr. Fung pointed out that prospective data collection would be stronger than retrospective data collection.

The Aarau group will develop a plan and there was no general objection to the study idea mentioned at the meeting.

- vi. Sophisticated radiological data (collaboration with neuroradiologists to the Swiss SOS?)

See above.

## **5. Current / future project update – 25 min**

- a. Schatlo/Fung/Stienen: Incidence, therapy and outcome paper (3 min)

There was no time to give updates. The paper is ready to be submitted and submission will be done within days.

- b. Fung: hWFNS study (3 min)

There was no time to give updates. The study is running. Regular inclusion of patients is required!

- c. Stienen: MoCA – DCI study (3 min)

There was no time to give updates. The 2<sup>nd</sup> Ethics Committee Review is final and submitted. It is hoped that positive Ethics appraisal will be received by the end of June 2017.

- d. Zumofen/Röthlisberger: Multiple intracranial aneurysms (3 min)

There was no time to give updates. The paper was sent to the group recently. Response has been received with some suggestions on improvements. The data was presented at the SSNS 2017 meeting.

- e. Zumofen: Recurrence, rebleeding and retreatment (3 min)

There was no time to give updates.

- f. D'Alonzo: Incidence, prognostic factors, diagnostic yield and outcome of angio-negative SAH (3 min)

There was no time to give updates.

- g. Marbacher: Comorbidities affecting admission status of aneurysmal SAH (3 min)

There was no time to give updates.

- h. Stienen: „Home time“ – a meaningful and robust outcome measure for SAH trials? (3 min)

There was no time to give updates. Martin Stienen and the Zurich group would like to ask permission to use the variable time spent home at three months and correlate it with the mRS outcome. This study will be performed similar to the study done by Quinn et al. for ischemic stroke. Quinn TC et al., Stroke. 2008 Jan;39(1):231-3

## **6. SAHIT issues**

There was no time to give updates. Following the agreement to join the SAHIT collaborators some years ago, the Berne group noticed by accident that Swiss SOS data was used exclusively for publications of the SAHIT group. This had not been done in agreement with the Swiss SOS. The SAHIT group has been asked to not use the Swiss SOS data for the time being and to withdraw the publication prepared with the Swiss SOS data. The SAHIT group has accepted this request from our side.

## **7. British Neurosurgical Trainees Research Committee (BNTRC) – call for participation in international research**

There was no time to give updates. Angelos Kalias from Hutchinson's team in Cambridge seek young motivated collaborators for international trials. He asked Martin Stienen to tell this to the Swiss SOS group.

The BNTRC is organizing a meeting in Liverpool on September 20-22<sup>nd</sup> and invite any young researcher from Switzerland interested in collaboration.

For contacts: via Martin Stienen or directly to Ellie Edlmann (BNTRC Chair): [Eedlmann@gmail.com](mailto:Eedlmann@gmail.com)

## **8. Next meeting**

- a. The structure squad (PIs + executive committee) will meet within 1.5 months (Doodle will follow)
- b. Next annual meeting: Joint meeting SSNS/SSNR, 24./25.5.2018 in Lugano

