IMMERSE minutes 21/09/2023
Steering Committee

PRESENT

WP1	**Inez Germeys** **Martine van Nierop** **Silke Apers**	
WP2	**Simon Krause**	
WP3	**Wolfgang Krebs**	
WP4	**Georgia Koppe**	
WP5	**Maria Wolters**	
WP6	**Elisa Lievevrouw** **Luca Marelli**	
WP7	**Ulrich Reininghaus** **Anita Schick** **Iveta Nagyova**	**Matthias Schwannauer** **Glenn Kiekens** **Joanne Beames**
WP8	**Jeroen Weermeijer**	

1. **General Management**
    a. **Live Steering Committee**: we have to keep in mind our ecological footprint → Do we need two live meetings per year? Can we relocate so that the meeting is more easily accessible by train for more people?
        i. An annual 'live' meeting makes sense because it's easier to discuss certain topics and make decisions in person. **Next meeting will be in Edinburgh** because it's too last minute to change the location. It is possible to come by train (Eurostar + extra train from London to Edinburgh - this only adds on a few hours of travel time as compared to traveling by plane). Next year we can consider moving the meeting to Leuven or Germany for accessibility.
    b. Next **General Assembly meeting** will be in Germany. The German partners will decide on the exact location and suggest some possible dates to the SC first.
    c. **Patient Advisory Board**: some of the participants of the PAB in Leuven are actually involved in product design. Would it make sense to bring them in direct **contact with Movisens**?
        i. → It would be worthwhile to further include them, but it is important to manage expectations (not all suggestions will be feasible) and inform them that they can't reveal their pseudonyms or show the app on their phone during this process.
        ii. Matthias has been liaising with some people that look at health care systems from a digital user perspective that could also contribute

iii. Lena will take the lead on organizing this and will act as liaison. She will contact Simon and Matthias. If anyone else from the advisory boards takes interest in this, please let Lena know.

d. **How to proceed with MedX**? We have created our own monitoring plan and manual. We will provide this manual to MedX and ask them to monitor according to this plan and its quality standards, as well as their own regulations. Thus the contract with MedX will not be terminated, since it unsure whether it would be possible to recover future funds and then we would have to do all monitoring ourselves, which is not feasible.
   i. This will be further discussed in WP7-meetings, because we may still need to use local monitors. The monitoring manual will be shared.
   ii. Investigator site file needs to be monitored → bring it to the live meeting in May and perform the monitoring there.

2. **WP2**
   a. **API-export of therapy designer data**: currently preparing the test deploy. This will be available for testing next week.
      i. Deployed two fixes since last SC meeting + currently working on the maintenance update so WP3 can test
3. **WP3**
   a. Anita started a new list in REDCap for randomization, because we needed to add entries but this was not possible in the original project. So we copied the project and added the additional entries there.
   b. Currently still working on the dashboard updates
   c. **Data transfer, sharing & management**: Wolfgang needs to know how much GB storage is needed so he can set up an Uker(?)Cloud (where we can then upload and share the data). On that Cloud you can create separate data folders which can be accessed by anyone with the link and password. You can also assign people read-only or adjustment rights. There is however no back-up function on the Cloud, so this is not a solution for long term storage.
      i. *How will researchers be given access to the data* (e.g. pre-registration)? This needs to be streamlined. People should only be given access to the specific variables they need and not the whole dataset. We have to think about how we want to provide the dataset (e.g. already cleaned?). → Set up meeting to draft a list of requirements
   d. **Data storage/archive** (long-term): also possible but at a different location that has a more difficult way of accessing.
4. **WP4**
   a. Still currently working on trying out different approaches to the algorithms and testing it on benchmark data. Budget is running tight, we are paying from the funds of a different project until the data is available.
   b. Georgia will not be able to attend the live SC meeting, but will join online when possible.
5. **WP5**
   a. Maria will not be able to attend the live SC meeting, but will try to join the afternoon sessions online.

b. We are about to restart the regular WP-meetings. The current main goal is to get all the **interview coding** done, so that they can move on to the survey/free text coding.
    i. Reporting spread sheet needs to be updated
    ii. Not yet clear where/how to upload the coded interviews (WP3)
c. Are the **patient advisory boards** running in every site? → Not sure on some sites. The meetings should start up again (first meeting in October, Maria will set this up).
d. Please share the pre-registrations on the work that you are doing, so that we can align who's working on what.

6. WP6

a. Got ethical approval for the planned interviews on the regulatory issues. We will provide more details on how the interviews will be organized during the meeting in November.
b. Preparations on the white papers are ongoing. WP6 will work together with WP8 on this, since both have to set up white papers concerning the deliverables. → There should be two separate white papers (one on each deliverable/outcome). But it is good to collaborate and align what each paper will focus on. Publication could however be combined in one paper (to be continued).

7. WP7

a. Joanne Beames will join WP7 from Leuven.
b. **Recruitment**: average recruitment per month differs across sites. Anita is discussing this with sites individually. How can we speed up recruitment so we don't run out of time and resources?
    i. Recruitment rates might simply reflect implementation issues. Do we want to 'boost' recruitment rates? → We have to collect data on this. The information on the barriers of recruitment can still be taken into account, even if you try to boost recruitment. We need more recruitment to have more quantitative data on implementation measures.
    ii. What are the implications of extending and/or not meeting recruitment rates for each PhD student? → *Ask all PhD-students to provide scenario planning so that this can be discussed in detail during the meeting in October. This will be the only topic during the October meeting.*
    iii. Check in with sites that are meeting their target → are they open to continuing and 'over recruiting'?
    iv. Further discuss in WP7-meeting: high drop-out rates at T1? There is some discussion on the timing of T1 when meetings get postponed.
c. Report on deliverable is due at the end of October

8. WP8

- **Digital Health Uptake** (Radar Repository – EU Website). Can the term – 'clinical decision support service' be included? → Should be fine since we have MDR certification for research.

- Difficult to assign IP to everyone → It would be good to create a table demonstrating how much budget everyone has invested in the project (Jeroen will send out an email about this)
- **DROPS**: Lena has decided to split up the paper on Phase 1 qualitative and quantitative data into two papers. Does this then need two pre-registrations? → If everything is covered it is fine to do it in one pre-registration (most pragmatic). Does need separate abstracts though.
- Paper needs to be reviewed – Jeroen will send reminder to Uli and Inez

9. AOB