



IMMERSE minutes
16/12/21
Steering Committee

Present

WP1	Inez Germeys Martine van Nierop
WP2	Simon Krause Johannes Schneider
WP3	Thomas Ganslandt
WP4	Georgia Koppe
WP5	Maria Wolters
WP6	Luca Marelli
WP7	Ulrich Reininghaus Matthias Schwannauer Matjez Hrabovskym Anita Schick Simge Celik Glenn Kiekens
WP8	Inez Germeys

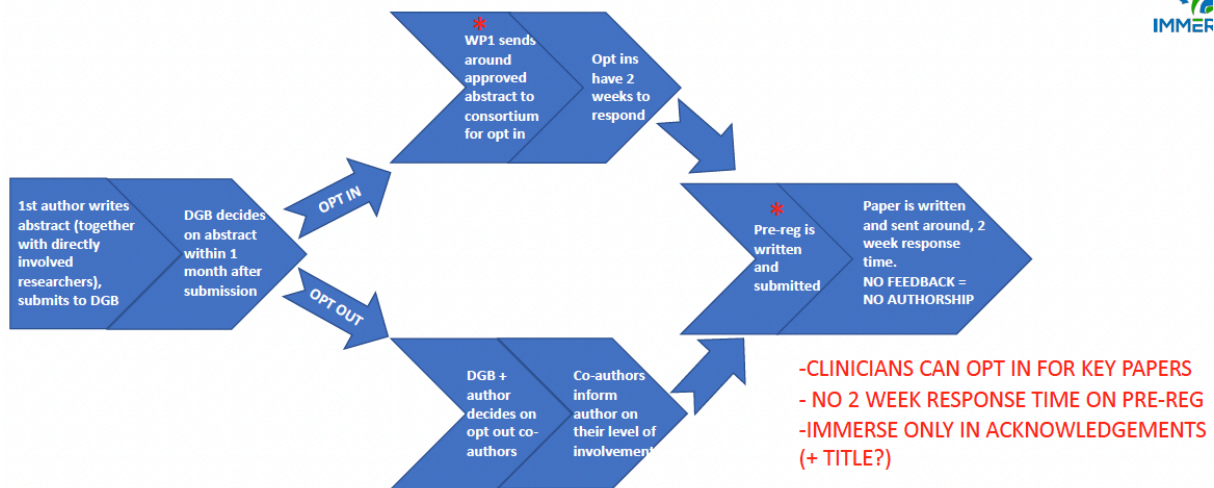
1. General Management

EC requires us to register all dissemination. Martine will update this file, based on the quarterly reports:

<https://docs.google.com/spreadsheets/d/1I8O3VEmojow0oPs8o7Ag3XHHOW1qALcuBYE4r8C4YRI/edit?usp=sharing>

(also on Basecamp in folder 'Dissemination / publication'). In that same folder all google doc links for all submitted abstracts can be found. When someone submits an abstract, they will in principle have to start that paper within a year, or have a good reason to extend that period.

The flow for authorships (also on Basecamp and internal website):



-Conference abstracts go through the opt-out path only. If a conference submission is a full paper, it follows the same rules as other full papers.

-Before researchers do an official data check-out and pre-registration they can ask the datamanager (Thomas?) to do a quick quality check to see if paper is feasible.

-The Data Governance Board (DGB) in principle requires all papers to be pre-registered, but can make exceptions if needed.

-Martine will prepare the acknowledgement text that has to be on all IMMERSE papers, for which she needs the names of all clinical sites. Included in this text will be the funding information, all IMMERSE partners, and names of clinical sites (so not names of people).

-All SC meetings will have an additional half hour at the end to discuss submitted abstracts (if there are any). If there are no abstracts submitted the SC meeting will only be 1 hour.

-Abstracts submitted by non-IMMERSE members will follow the same flow throughout the duration of the project, we will re-assess when the project ends.

-If a PhD student has supervisors who are not part of IMMERSE, in principle we will still have an IMMERSE member as a senior author, but this could be changed based on specific situations.

2. WP3

Interoperability and interface part is now in requirements document, Thomas would like some feedback. He will update the CIP. See slide provided by Thomas (on internal website). Is based on original application schematic, with some minor changes:

- Interface between consent management and backend is removed, as the DMMH platform now works in a pseudonymized way
- The RedCap eCRF is replaced by the medX eCRF, which is suitable for GCP compliant documentation
- Interface labels (A-E) have been added.

- Solid arrows are technical interfaces, dotted arrows are user interactions.

In the requirements doc descriptions of all interfaces are described, section 5.1.

Thomas will organize separate meetings with clinical sites to check specific situation and what is feasible or helpful there, and then discuss in a later SC meeting the outcomes (or in joint order with all partners included). For example: do local sites have additional data available that they would like to analyze together with the DMHH data? And to what extent can clinical sites integrate our data / reports into their systems? The latter may have consequences for the ICF, and probably can't be fully automated, however some sort of standardized PDF export may be possible. This is required for UK NHS, as it will be used for clinical decision making. Thomas will add to section 5.2 (exports for clinical purposes).

Implementation activities need to be documented through the RedCap questionnaire: <https://redcap.umm.uni-heidelberg.de/redcap/surveys/?s=J4NWN44NPH>

3. WP6

Luca needs to submit D6.1: send him today the copies of ICF in original language, and if they're available the approval.

Information needed for the DTA is now available, will be sent to LRD just after the holidays.

Actions

Who	What
WP7 clinical site leads	Send Martine names of clinical sites that participate on IMMERSE
All	Provide feedback to Thomas on added parts in requirements doc
Thomas	Add requirement info on CIP
Thomas	Add clinical export info on requirements doc 5.2
All	Send relevant contact details to Thomas for separate meetings on specific needs of clinical sites
All	Send ICFs and approvals to Luca