**IMMERSE minutes 16/2/23**
**Steering Committee**

**PRESENT**

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|---|---|---|
| **WP1** | **Martine van Nierop**<br>**Silke Apers** | |
| **WP2** | **Simon Krause** | |
| **WP3** | **Thomas Ganslandt** | |
| **WP4** | **Georgia Koppe** | |
| **WP5** | **Theresa Ikegwuonu** | |
| **WP6** | **Luca Marelli** | |
| **WP7** | **Anita Schick**<br>**Zuzana Katreniakova**<br>**Glenn Kiekens**<br>**Michal Hajduk** | **Matthias Schwannauer**<br>**Michel Wensing**<br>**Anty Heretik** |
| **WP8** | **Jeroen Weermeijer** | |

## 1. General Management

After the EC evaluation in December, we have now submitted the adapted Periodic Technical Report (and financial report), some small changes in deliverable reports (D2.1, D4.1, D5.1, D6.1) have been done and resubmitted, and have been approved. More work is needed for D1.2 (making the public website more attractive), D3.1 (updated DMP), and D3.2 (implementation guide). New deadlines are:
D1.2 - June 30th 2023
D3.1 - March 31st 2023
D3.2 - April 30th 2023

The next clinician's zoom will include more clinicians (so also team members who directly recruit and use the tool). Since not everyone is recruiting this we will postpone until this has started.

Luca will coordinate and keep track of all ethics amendments coming up. He will share the ethics tracker where all the relevant info can be uploaded. And he will ask for updates in the SC meetings to keep it on everyone's radar. Next amendment will probably be Spring/Summer, across all sites.

Any recruitment numbers mentioned in the SC meetings can only be higher level numbers, to avoid deblinding.

Update DPA Heidelberg - signatory version has been sent out on March 8th (same day these minutes were written).

No lingering tasks today.

**2. WP2**

Have provided the first usage data for clinicians (login data) to Anita, and are now logging the access to visualizations and configurations for clinicians, will be available at the next data export. They're working on the data export for the service users, and bug reports.

Pen testing is finished, now waiting on the results, but so far no critical issues were found (only medium/low). Matthias has submitted with R&D that the Pen testing was done (they didn't ask for the actual report, just that we would do the testing), he expects green light from them soon (and then submit the actual report later).

Updated version of the app is now available everywhere, problem with scaling is fixed.

Service desk via RedCap has been set up (participants can use a RedCap form for reporting bugs).

**3. WP3**

Is working on updating D3.1 and 3.2 after the EC evaluation. The evaluators asked for a more detailed description of the variables, which could be a copyright issue (childhood trauma questionnaire). But CTQ is already publicly available, so this should not be a problem (since we have also bought the license).

**4. WP4**

Manuel is now paid via different funding to try to keep him on IMMERSE for longer in a later stage, that way he can still work on our data.

**5. WP5**

Updates sent via mail by Maria (discussed by Theresa):

Current work:
- getting transcription and coding completed

--> only ones left are Kosice but progress is being made.
- free text data for Germany, Slovakia, and Uk has been extracted. Coding with psychiatric categories for the information that patients provide about their diagnosis is ongoing. It has been completed for Slovakia, Belgian free text data is about to be exported
- Meta data annotation is ongoing, led by Theresa
- Meeting about paper writing from Phase I data that Theresa attended

Open issues:
• extending meta data definition to make it easier to choose interviews for study
--> was not clear what Maria meant, she clarified via email:
we will need to expand the interview metadata to include information that is relevant for the papers. For example, patient diagnosis, clinicians seen, clinician caseload ... We'll leave this for the next SC meeting.

• should the coding of the information patients provide about their psychiatric diagnoses be done by a clinical psychologist or is a regular psychologist sufficiently qualified?
--> if a diagnostic judgement is made based on information provided, it needs to be someone qualified to make diagnostic judgement. If we're only validating a diganosis that they report, then anyone can do it. But given the low level of detail that is available not even a clinical psychologist could make a diagnosis. So a psychology student is enough.

**6. WP6**

Martine will send all deliverable reports to Luca so he can share them with the EAB. (N.B. everyone can login to the internal website and download the latest versions of the deliverable reports there https://immerse-project-members.eu/deliverables if needed). The EAB will then prepare an ethics report that we will submit.

A new member (postdoc) Elisa is joining the consortium from KUL for WP6. She will be mapping the difficulties of bringing an app to market. She will be contacting the consortium members to get input.

**7. WP7**

Study approval package: Kosice and Bratislava still need agreements between their clinical sites and universities, should be done soon.

The R&D approval in Edinburgh is also the investigator site contract (this is not separate).

Numbers at February 16th - Belgium: 28, no drop out so far; Germany: 27, 4 dropouts.

Contingency plans will be delayed by a month, to see how recruitment goes in other countries.

**8. WP8**

Is working on deliverable 8.3, market analysis and strategy report. If anyone knows of any competitors working on a similar product please let Jeroen know.

(Abstracts)
There were still 3 abstracts in limbo.

Glenn was in charge of the abstract of Julia. He will forward his feedback (some clarifications are needed), abstract is approved pending clarifications. Glenn will check if update by Julia is ok (so no need to go back through SC first).

**In general people need to be very specific in their abstracts on what variables are used and what the analysis plan is.**

Matthias reviewed Rafaël's 3 abstracts.
Abstracts 1 and 2: more detail is needed, and there was no clear rationale on why these variables were selected. Approved, pending response to feedback (details will be provided by Matthias). (Michel) These seem secondary analyses to primary analyses - main should be published first. We need a timeline for these main papers (keep this for when Uli/Inez will be back in the SC meeting). Roughly, if only T1 data is used (but still to be discussed) analyses for primary outcomes could be this Summer.
Rafaël can already do preregistration (Matthias will also suggest he only includes T1 data, as T3 might be a risk, and combine these 2 in 1 paper).
Abstract 3: too many secondary outcomes and baseline predictors, sample, analysis plan, and rationale is unclear. No approval yet, he will receive detailed feedback to adapt.

Michal reviewed Matej's abstract.
Same issues: not enough detail on analyses, approved pending response to feedback (which Michal will check). Pre-registration can happen after final approval by Michal.

Luca's paper (no data used) will be submitted soon.

Jeroen will work out a way to get conference abstracts approved quicker. If no data is used these don't have to go through DROPS.

**In general: if an abstract is approved in principal by SC, but more detail is needed all abstracts have to be checked by main reviewer before preregistration can happen.**

**9. AOB**

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**Actions**

| Who | What |
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