



**IMMERSE minutes 6/10/22
Steering Committee**

PRESENT

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| 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 Anita Schick | Matthias Schwannauer Anty Heretik |
| WP8 | Inez Germeys | |

1. General Management

All quarterly reports are in, Martine and Inez are working on the periodic report. Also for the next period, please all stay on top of your quarterlies as it makes it much easier to have enough detail on your progress. You don't have to send a new report every quarter, just build on the last report (Martine will send templates with content form last report).

Evaluation is coming up. Martine has asked the PO for a mental health specialist as evaluator (we now have machine learning and health economics), he said he can't arrange that this time but will do that for the next evaluation. Martine has sent around a template for the WP presentations and agenda. All WP leads present at the evaluation session for practice, and then the same presentation for real on December 1st.

18/11 live Steering Committee meeting. If you haven't done so please let Martine know whether you will join live and if you'll join for dinner.

There have been significant issues with medX, with the database system, and the actual monitoring (number of sites). We'll change the database system so that we order this directly from their subcontractor MaganaMed. And we're negotiating with medX about the clinical sites.

We used to have a bit leftover budget in KUL, but this is now completely gone. So all please be aware that if we have extra costs that we need to figure out how to pay for this.

For your financial reports: try to put as much as possible on there. You won't get extra budget, but sometimes claims are denied, which you can then amend with other invoices. So this is mainly a way to make sure you use all your budget. It is also possible that in case not all partners use all their budget to shift some budget around.

2. WP2

Simon bought a new bed.

They have worked on the dashboard and the configuration so that it is available in all languages, and clinicians training can start, and new screenshots can be made. See recording to see the dashboard (around 17:00). Simon will meet with WP7 people to check all translations (Lotte, Adam, Islay, Jessica).

It's going to be tight to have the system ready by first week of November, might be delay of 1 or 2 weeks. The whole team will be asked to fully test the system, Simon and Johannes will set up a plan for this.

The app developer is currently preparing the upload for the app stores. After this is sent in we have to wait 2 weeks for them to decide whether they will carry the app. Google will be fine, the other one not so sure.

3. WP3

Thomas talked with Anita about ID management, this will now be paper-based. We decided on where we store the process information. He received an export from medXTeam that he can use to extract the raw data into an interoperable format.

When medX is between us and MaganaMed we have the problem that we have no influence on when they deliver everything. When we change to directly MaganaMed this will be more work for us (and this will cost more) but at least we have some control over when the data system is ready. Part of the configuration is already done, but it's still all in 1 language, and we would take over what there already is.

Although MaganaMed is a GCP validated system, now it is unclear whether we will have the validated processes to configure and run the system. There could be training necessary but then that could mean more delays. Not sure whether medX is actually doing this in a validated way, Thomas and Uli will contact Daniela to clarify. After we move to MaganaMed, WP3 will take care of running the system, but they can't change the forms after they have been configured in a validated way. We can probably do the translations ourselves, as they follow the same structure. Thomas and Anita will have admin rights, but as soon as recruitment starts Anita can't have admin rights anymore.

4. WP4

Still working on different types of models, integrating data. They have hired someone to help with the sensor data. In most of the countries the ethics committees didn't comment on acquiring mobile sensing data, only Germany had a comment, they needed more explanation on why we need this data. Still waiting on their response.

Georgia will present on all their work on algorithms etc at the live steering committee, we'll have more time then, we'll decide then what will be relevant for the evaluation. Here we will also decide who will exactly present what models / simple statistics.

5. WP5

Working on D5.1, Maria needs some data from Martien Wampers to continue. Theresa is working on the qualitative piece, Maria will take that over soon. Main site investigators are now co-authors on deliverable report. We'll be inclusive, but in the end it's not a paper but a deliverable, so it's less important who are co-authors.

6. WP6

JCA (is a further requirement for the DPA) has been sent around to all legal departments. Please all chase. Final version of DPA phase 2 should also be sent around soon, or has already been sent. Luca will follow up with BE CTC. Movisens and Mannheim are working on a separate DPA. Unclear if whether this will be enough for also the rest of the consortium, so if Mannheim says this is the case other legal departments will also have to sign. We're waiting on response from Mannheim legal. DPA with medX was signed. They will no longer be operating the database, but should still have access to the data for monitoring purposes. We need to keep an eye on probably changing the DPA (extra DPA with MaganaMed?), but we won't stop now while clearing that up. Martine has contact with Katrijn about this.

7. WP7

Ethics is going well, all have resubmitted when needed, Bratislava has approval, not sure what situation in Kosice is.

Still working on clinical contracts, now waiting on Bratislava. Change in clinical lead in Bratislava (not Jan anymore).

Everyone has started planning the clinicians workshops (with Bratislava on hold), new screenshots are available.

We need to think about how we deal with blinding – if a tester is deblinded and they know in what team the patient is, the whole team is deblinded. In Leuven we're setting up a system so the tester doesn't know where the patient is being treated. This works for example if we have multiple clinical teams within the same hospital – tester meets patient not on the ward but somewhere else in the hospital. This will be situation specific per site. We can involve more PhD students and they will then also have access to the data. We also need to carefully look at which assessments need to be blind (e.g., ESM doesn't need to be).

We'll ask all PhD students to submit their abstracts (for now via email to Martine) before the live meeting on November 18th so we can discuss there.

We need to make sure PhD students have and make time to also work on papers, not just on practicalities of project.

We draft a joint SOP, and base local ones on that.

The upcoming clinician's meetings will be cancelled, we'll plan new ones after recruitment starts and open up for clinical teams (so not just leads). It won't be obligatory, just an opportunity for whoever is interested.

Maria and WP7 will coordinate their deliverable reports to make sure they are stream lined.

8. WP8

Evelyne is still ill. Inez talked with Jörg about next steps for exploitation. We'll connect with a business school, they can develop a business plan as part of their education. We're still looking for a student to run Twitter and the newsletter.

9. AOB

10. Papers

Actions

| Who | What |
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