The ON TRACK Network

July 2017

Newsletter Edition 12

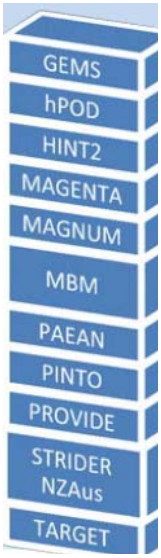



What's in this issue?

Welcome to the July edition of the ON TRACK Network newsletter

ON TRACK News

- The MAGENTA trial is close to reaching the recruitment target with over 90% on-board. Keep recruiting!!
- APTS completed recruitment at the end of 2016; results will be revealed to investigators in September – watch out for the published results – these may well change your practice!
- The last STRIDER NZAus baby has been born. We expect to hear results at the end of this year or early in 2018.
- Our administrator is moving to a full time clinical role, good luck, Pete! Don't forget if you need to contact us please use: ontracknetwork@auckland.ac.nz



Introducing... Dr Nathalie de Vries FRACP, paediatrician in Palmerston North and ON TRACK Network National Executive Committee member

How important do you feel research is to your clinical practice and why? Research is really important to me. My professional motto is that **My work is not only to "do the job", but also to "improve the job"**. Doing research, and participating in research, improves your own critical thinking, and gives the opportunity to contribute to the wider knowledge and improved quality of care.

What is your clinical and research background? I trained as a paediatrician-neonatologist in the Netherlands, and have been working in Palmerston North as a general paediatrician for 3 years. I have always loved doing research alongside my clinical work, which in 2013 resulted in my PhD. The topic of my thesis was 'General movement assessment in infants at risk'. The general movement assessment is a great observational tool we can use in our everyday clinical practice to assess the neurological function of infants, and to predict neurological outcome.

What are some of the barriers you have faced as a clinician undertaking research? There are several challenges when you want to do/participate in research when working in a non-academic hospital: **time, resources and culture.** Although I have been very lucky to have had some dedicated research time in my previous job, most of the research in a non-academic hospital needs to be done in your own time. You then have to be really passionate about research, in order to do it. Also, resources might not be available to the full extent since it is often not seen as a priority for hospital management. The reason I joined the ON TRACK National Executive Committee is to be an advocate for the non-academic hospitals/neonatal units. A Neonatal Unit like in Palmerston North can be great in delivering data and implementing the outcomes of research. **However, they can also deliver good quality research themselves, but need the support, expertise and encouragement of academic hospitals and now the ON TRACK Network.**

What would you say to a clinician who is considering participating in/undertaking research? Find buddies for support and encouragement! Ask other people who are doing research or somebody involved with the ON TRACK Network.

The ON TRACK Network

ON TRACK Network website coming soon……

We are delighted to announce that within the next week or two the ON TRACK Network website will be live and ready to use! The website will be hosted by the Perinatal Society of New Zealand. We plan to provide you with access to information about: ON TRACK, all the current and planned multicentre trials in New Zealand, how to get involved in research, participant pages, links to important guidelines and other useful resources, newsletters and more…….

PSNZ PERINATAL SOCIETY NEW ZEALAND.

www.perinatal.org.nz/ontrack

Maternal & Perinatal Research Coordinating Hub
Research Hub

And don't forget **the Research Hub** at the University of Auckland is there to help all clinical trial researchers across the country and specifically to support the activity of the ON TRACK Network. They have a range of data management services including web randomisation, database & CRF design, data entry & validation, and archiving. Check out the Hub Wiki based at the University of Auckland to access a wealth of information and resources. **https://wiki.auckland.ac.nz/researchhub**

Upcoming Events

PERINATAL SOCIETY of Australia & New Zealand PSANZ | IMPACT Interdisciplinary Maternal Perinatal Australasian Collaborative Trials Network

It's not too late to register for the **PSANZ IMPACT Network Concept Development Workshop** in Sydney 2-3 August. This is a great opportunity to observe multicentre trial development or you may be interested in joining one of the investigator teams.

Concepts that will be considered include; creatine supplementation to reduce fetal compromise caused by hypoxia ; neonatal pre-transfusion red cell washing; early restoration of circadian rhythms for the preterm neonate; integrating risk assessment to reduce adverse outcomes in preeclampsia; oral vs IV iron for the treatment of iron-deficiency anaemia in pregnancy & a sleep in pregnancy pillow. https://impact.psanz.com.au/meetings-and-events/impact-network-workshops/ for more

Dates for your Diary: The ON TRACK Network will be co-hosting a two day meeting with the IMPACT Network in Auckland 24-25th March 2018. **'Embedding Research into Clinical Practice'.** This meeting is followed by the PSANZ 2018 Congress – another great meeting to attend! http://www.psanz2018.com.au/

Update Your Practice

ASPRE project

Aspirin versus Placebo in Pregnancies at High Risk for Preterm Preeclampsia

Preeclampsia is a common pregnancy complication associated with increased maternal and perinatal morbidity and mortality. There are a number of known risk factors for developing preeclampsia. This trial utilises some of these to identify women most likely to benefit from preventative therapy and then explores the potential of aspirin therapy.

Daniel Rolnik et al
New England Journal of Medicine, 2017
doi: 10.1056/NEJMoa1704559

The ASPRE multicenter, double-blind, placebo-controlled trial recruited 1776 women who were at high risk for preterm pre-eclampsia. Women were identified to be a high risk by the use of an algorithm combining maternal factors, mean arterial blood pressure, uterine-artery pulsatility index & maternal serum PAPP-A and PlGF at the end of the first trimester. Women were randomised to receive aspirin (150mg/day) or placebo, commencing at 11-14 weeks gestation.

Results: Women who received aspirin had a significantly lower rate of *preterm preeclampsia* than those receiving placebo (1.6% vs 4.3%, OR 0.38; 95%CI, 0.2 to 0.7). This trial did not show a reduction in the incidence of term preeclampsia for those treated with aspirin.

What does this mean? In New Zealand we already have a clinical practice guideline published jointly by RANZCOG and NZCOM recommending the use of low dose aspirin from 12 weeks gestation for women at high risk of preeclampsia. This trial reinforces the evidence to support this practice, although the use of such an algorithm to identify other high risk women may be more difficult to instigate in the NZ maternity care setting.

https://www.midwife.org

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