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REMAP-CAP

UMC Utrecht

ecraid

IN THIS ISSUE

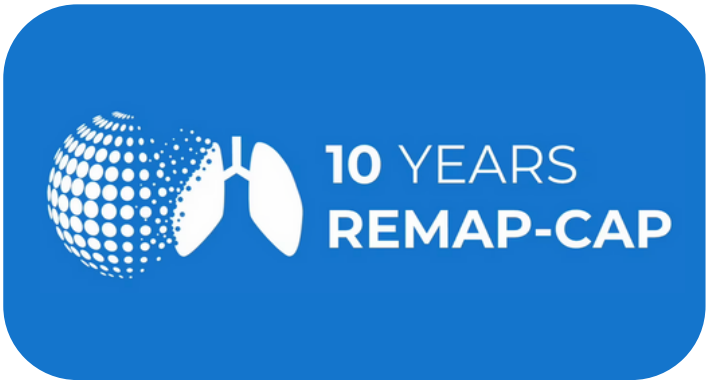
Dear REMAP-CAP family,

As I am looking out of my window, I can see that spring is coming. It is time for change, and that also accounts for REMAP-CAP. The pandemic is over, and we have entered – again – the inter-pandemic stage, with over 90% of recruitment in non-COVID19 infections since more than a year. This also implies that pandemic-related funding fades out. Yet, because of our success during the pandemic, REMAP-CAP has grown (almost exponentially) and the resources needed to execute REMAP-CAP are now much higher than we anticipated several years ago. As a result, we are currently getting to the end of our ECRAID-Base funding faster than expected. Though the grant lasts until February 2026, the actual funds will be spent sooner. This is because we continued our activities after the pandemic, with 9 domains investigating 28 interventions. However, we now need to prioritize countries and sites with high recruitment rates and/or with additional national funding, to better match costs and available resources. Activities at other sites and countries need to be reduced, but we want to keep affected sites in the #remapcapfamily as sleeping sites, so they can be activated quickly when new funding is available, or during a new pandemic. With the choices made, we expect to retain over 95% of current recruitment. You will be informed by the project management team about what this means for you as investigators. Any initiatives that could help fund existing networks in Europe to remain active in REMAP-CAP are welcome, of course we are continuously searching for new funds, through traditional competitive grants, charities, and pandemic preparedness initiatives.

In the meantime, we continue to work on the transition of REMAP-CAP to eCTR/CTIS. Until now, this has been a smooth process, thanks to the amazing work of the project management team.

Also, we have built the first version of the PowerBI tool that tracks recruitment of each REMAP-CAP patient in almost real-time, that will be live on the Ecraid website in April. And, last but not least, the European Regional Management Committee will gather mid-April to discuss how we can further build our collaboration and network, so we can keep doing the research that is needed to improve outcomes for patients. Enjoy reading this newsletter, and enjoy Spring!

On behalf of the REMAP-CAP team,
Lennie Derde



10-Year Anniversary

In 2024, we celebrate 10 years of exceptional science, people and impact. To mark REMAP-CAP's anniversary, we are happy to share with you a brief celebratory video. Watch it here.

Recruitment Update

Worldwide

- 298 sites
- 13.584 unique patients
- 10.414 COVID-19 patients
- 23.580 randomisations

European Region

- 167 sites
- 7.856 unique patients
- 6.852 COVID-19 patients
- 14.650 randomisations

Since our last issue in December 2023 we added the following new sites to the REMAP-CAP family:

- ES: Hospital Universitario de Ourense
- BE: CHU UCL Namur - Site Godinne
- RO: Spitalul Victor Babes in Bucharest
- UK: Evelina London Children's Hospital
- UK: Basingstoke and North Hampshire Hospital
- UK: Chelsea and Westminster Hospital
- UK: Leighton Hospital
- UK: Bristol Royal Hospital for Children

Publication Policy

We have recently published the first version of our authorship policy. It aims to be inclusive and equitable with regard to authorship, and will ensure authorship will be fairly and consistently assigned.

REMAP-CAP uses the JAMA guide to Authorship and Team Science, endorses the ICMJE guidance for definitions of authorship, and employs the CRediT taxonomy for role assignment. Authors should satisfy all ICMJE criteria. Collaborators are those who have made a significant contribution but do not satisfy ICMJE criteria. Collaborators are indexed on PubMed.

All primary manuscripts will have a Group Authorship as the byline, named "The REMAP-CAP investigators" or "The REMAP-CAP Writing Committee" depending on the journal options. If specific journals do not allow Group Authorship as the byline, then the same principles of authorship order will be applied if individual names appear in the byline. Group Authorship should always be requested and hopefully will be acceptable by all journals with time.

Site investigators may be invited to be authors for primary manuscripts if it is deemed that they have contributed substantially to recruitment of participants contributing to the dataset that was the basis of the manuscript (e.g., more than 5-10% of participants in a given dataset were enrolled at a site, depending on size of the domain). Decisions about inclusion of site investigators as authors on a primary manuscript is at the discretion of the Domain-Specific Working Groups (DSWG), R&A, & ITSC Chairs. The REMAP-CAP trial continuously includes new domains, which gives new investigators the chance to contribute. New domain/intervention proposals can be made via the EU-RMC country representative, who will ensure the proposal is discussed and enters the prioritization process. The initiators of these ideas often (co-) chair the domain and are usually first/last authors.
We try to be inclusive in the memberships of the DSWGs and provide acknowledgment for contributing members. If you have specific requests or suggestions, we are always open to receiving them.

ECCMID: Young Investigators Workshop

Ecraid is co-organising the third consecutive Young Investigator Workshop during ECCMID on the 28th of April 2024. The previous two workshops in 2022 and 2023 were great successes.

During the 2024 session, they will introduce Ecraid's perpetual observational studies as an innovative solution to the ineffectiveness of traditional randomised trials during outbreaks and pandemics. Learn more **here.**

CTR Transition

We are excited to share the latest developments in our ongoing transition from the Clinical Trial Directive (CTD) to the Clinical Trial Regulation (CTR). We have successfully submitted the first phase of this transition. Moving forward, investigators are expected to operate in compliance with the CTR. Once the initial phase receives approval, our next crucial step is to ensure that our CTIS dossier is complete and compliant with the requirements of the CTR. We understand that this transition may raise questions and concerns, and we want to assure you that our team is dedicated to providing the necessary support and guidance throughout this period. Additional resources will be made available to address any queries or uncertainties that may arise. We appreciate your ongoing commitment and we are confident that this transition will position us for even greater success in the future.