

## Collaboration of Clinical Center Units towards Research Hospital

by Dona Arlinda

Even though the number of clinical trials conducted in Indonesia has risen steadily in the last decade, we are still lagging behind other South East Asian Countries. An analysis of all types of clinical research registered in *ClinicalTrials.gov* from 2001-2012 revealed that most of the studies were conducted in Thailand (1,240 study) and Singapore (1,078 study). The Philippines and Malaysia conducted 568 and 545 study, respectively, whereas Indonesia had only 186 studies. Despite having much to offer, Indonesia faces challenges particularly regarding clinical research infrastructure and human competence. The latest seminar held by the Indonesian National Institute of Health Research and Development (NIHRD) on 30 April 2015 highlighted the importance of clinical research network to support the growth of clinical research in Indonesia.

A clinical research, in a simplified manner, is essentially any study involving human subjects and informed consent processes. A clinical center is a hospital, as a whole or in part/unit, dedicated to clinical research in hospital setting. The center is required to provide the proper environment for hospital care and the conduct of clinical research. This includes well-trained professionals, emergency care, intensive or specialized care, laboratories and other diagnostic facilities, as well as supporting facilities for patients and families.

One of the most obvious examples of a specialized hospital for clinical research is the US-NIH Clinical Center located in Bethesda, Maryland. The center already reached its 60<sup>th</sup> anniversary in July 2013 and claimed to be the world's largest research hospital. Currently, there are about 1,500 ongoing clinical research, about half are studies of natural history of disease, especially rare diseases. The clinical trials at the NIH Clinical Center are predominantly Phase I and Phase II trials. There are 1,200 credentialed physicians, dentists, and PhD researchers, 620 nurses, and 450 allied health-care personnel. In addition, the NIH Clinical Center has recently defined a specialty in nursing, a clinical research nurse, to support assurance of participant's safety, ongoing maintenance of informed consent, integrity of protocol implementation, accuracy of data collection, data recording, and follow up. In 2014, the NIH Clinical Center saw more than 10,000 new research participants. As a research facility, the NIH Clinical Center only admitted patients with certain kind or stage of illness under investigation for treatment. There are no labor and delivery services and no other services common to community hospitals.

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### IN THIS ISSUE



Ever wonder why tobacco consumption is so hard to eradicate? Did you know that one in every 10 cigarettes, and many other tobacco products, consumed worldwide are illegal? Ratification by governments is definitely necessary to respond to the financial, legal and health impacts of the illicit trade of tobacco products. WHO has set up World No Tobacco Day to draw attention to the fact that five million die from using tobacco every year. And if that's not bad enough, another 600,000 die from second-hand smoking. Read more about tobacco and its impact to our health in this newsletter.

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## insight

In our last month's edition, you got to know more about Prof. Pratiwi (SC member at site 530) and Prof. Soeharto (SC member at site 570). This month we will learn more about Dr. Gasem and Dr. Bachtu, another two of our dedicated SC members. Let's find out what their views and wishes for the network are from the interview that our research assistants did last month. ☺

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# Studies' Progress and Updates

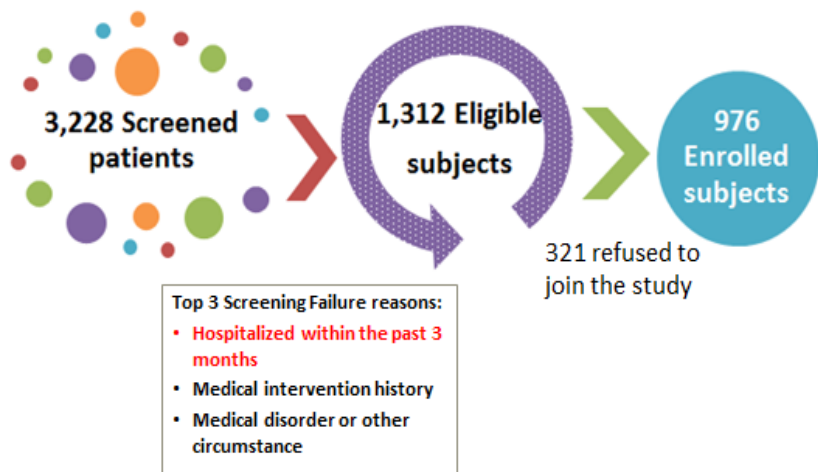
by dr. Anandika Pawitri,  
dr. Nurhayati.

INA-RESPOND's  
One-Day Seminar  
@ JS Luwansa,  
Jakarta



## AFIRE STUDY

Up to May 03, 2015, 3,228 patients had been screened. 976 subjects had been enrolled (554 adults and 422 children).



Detailed screening and enrollment progress is available in portal folder:

Studies\INA101\Screening progress.pdf or go to the following link: <https://ina-respond-3.com/EdmFile/getfile/797233>

- \*510– RSUP dr Hasan Sadikin, Bandung
- 550 – RSUP dr Wahidin, Makassar
- 520 – RSUP Sanglah, Denpasar
- 560 – RSUP dr Kariadi, Semarang
- 530 – RSUPN dr Cipto Mangunkusumo, Jakarta
- 570 – RSUD dr Soetomo, Surabaya
- 540 – RSPI Prof Dr Sulianti Saroso, Jakarta
- 580 – RSUP dr Sardjito, Yogyakarta

For further information on this study, go to <http://www.ina-respond.net/afire-study/>

	Site Number*							
	Site 510	Site 520	Site 530	Site 540	Site 550	Site 560	Site 570	Site 580
<b>Screened patients :</b>	310	925	92	80	276	480	449	616
<b>Enrolled subjects :</b>	198	149	19	30	121	197	148	114
<b>Adult subject</b>	106	105	13	8	90	104	80	49
<b>Child subject</b>	92	44	6	22	31	93	68	65

## SEPSIS

It is day 70 since RS Wahidin Sudirohusodo Makassar was activated for Sepsis study. The site has enrolled 5 subjects and screened 30 patients. Since March, the hospital has implemented some regulations that relatively delay screening and enrollment progress. Site Makassar plans to add a satellite hospital to increase the number of screened patients. This plan is being discussed with related personnel.

RS Sardjito, Yogyakarta, has screened 20 patients and enrolled 2 subjects on day 14. There are no significant obstacles in the screening and enrollment progress at this site.

Screening failures are mostly because patients have been hospitalized in other hospital for more than 72 hours and have a history of hospitalization within 30 days before enrollment. Of course, obtaining consent also becomes an issue as most of the patients are in terminal condition. Satisfyingly, Research Assistants keep learning how to face and overcome this challenge.

## ReDEFINE

Under this study, INA-RESPOND is involved in the study initiation visit, study monitoring, and DSMB. The site started screening in December 2014, and as of 12 April 2015 a total of 44 patients were screened, from which 17 subjects were enrolled. As for SAEs, up to now we have had 5 reported cases. The DSMB members had a closed-session meeting on 26 March, and they are planning for another meeting after 30 subjects have been enrolled.

The 2nd Site Monitoring Visit (SMV) was conducted on 15-17 April.

## Birthdays and Celebrations!

### MaY

- ✚ 2 May – **dr. Dewi Muniarti**, Sp.A (INA101 Site PI at site 540)
- ✚ 5 May – **Ni Wayan Nilawati** (INA101 Lab Technician at site 520)
- ✚ 13 May – **dr. Titik Nuryastuti**, Sp.MK. PhD (INA102 Co-PI at site 580)
- ✚ 17 May – **dr. Risna Halim Mubin**, Sp.PD (INA101 Co-PI at site 550)
- ✚ 21 May – **dr. M. Helmi Aziz** (INA101 Research Assistant at site 570)
- ✚ 27 May – **dr. Siswanto**, MHP, DTM (INA-RESPOND Governing Board)

Last month on April 29 and 30, we had our NSC and One-Day Seminar, and they were both a success. The INA-RESPOND Secretariat would like to express its sincerest gratitude for all parties who have worked hard towards the events' success.

*“One man may hit the mark, another blunder; but heed not these distinctions. Only from the alliance of the one, working with and through the other, are great things born.”* – Antoine de Sainte-Exupery

On this occasion, we would like to express our sincere gratitude for **dr. M. Rosyid Ridho** (INA101 Research Assistant at site 560) who is leaving his post. Thank you for your time and dedication to the INA-RESPOND network.



[Collaboration of Clinical Center Units towards Research Hospital]

Some institutions may take the concept of a specialized hospital for clinical research to a smaller degree, thus creating a clinical research unit within their hospital to go alongside with the common hospital services. They dedicated some part of the hospital i.e. certain floor, ward, wing, or maybe a building especially for the clinical research activities. An example of which is the Clinical Trials & Research Unit (CTRU) of Changi General Hospital in Singapore. The CTRU holds an entire ward with a floor area of 835 square-meters. It has the appropriate infrastructure and capabilities to support the conduct of phase I, II, III and IV clinical trials in accordance with ICH GCP guidelines.

In Indonesia, the NIHRD holds the aspiration of establishing a research hospital that resembles the NIH Clinical Center. However, considering some illnesses gave various profiles of endemic areas across Indonesia, plus the existing geographical constraints which might limit access to healthcare, it is encouraged that referral hospitals within an area develop its own clinical research unit. Subsequently, they are urged to collaborate with other institutions through the clinical research network that the NIHRD has established since 2011. The collaborations would improve clinical research capacity as trainings and oversights are done on regular basis to ensure high-quality clinical research.



## Save The Date

### SEAICRN Annual Meeting

The SEAICRN Annual Meeting will be held on **2-3 June 2015** at Hotel JS. Luwansa, Jln. HR. Rasuna Said Kav. C-22, Jakarta Pusat, 12940, Indonesia.

#### FOR MORE INFORMATION

Please contact Mr. Dedy Hidayat or Ms. Yuyu Nuzulurrahmah at +62 21 42879189 ext. 102 or 112 during office hours (08.00 – 16.00)

## PROFILE: INSIGHT TO THE NETWORK'S STEERING COMMITTEE MEMBER AT SITES

by RA from site 510 dr. Syndi Nurmawati,  
dr Fritzie Cheria,  
RA from site 560 dr. Indri Hapsari Putri,  
dr. Venty Muliana Sari



Dr. Bacht Alisjahbana  
SC Member at Site 510, RS. Hasan Sadikin, Bandung

In our last month's edition, you got to know more about Prof. Pratiwi (SC member at site 530) and Prof. Soeharto (SC member at site 570). This month we will learn more about Dr. Gasem and Dr. Bacht, another two of our dedicated SC members. Let's find out what their views and wishes for the network are from the interview that our research assistants did last month.

**Bandung** – Dr. Bacht Alisjahbana is one of the staff members and active lecturers of Internal Medicine Department in Hasan Sadikin hospital, Bandung. Born on 6 December 1963, Dr. Bacht went to Taruna Bakti School where he actively participated in many outdoor activities such as hiking, camping, and orienteering. Moreover, his father, late Prof. Iskandar Alisjahbana from ITB, introduced him to water sports like sailing and canoeing, which became his hobbies and favorite activities to fill his weekend. Besides his obvious passion for outdoor activities, passion for art also ran in the family. While his grandfather was a famous author, dr. Bacht himself was more interested in performing arts especially theater and singing/choir.

Right after high school, dr. Bacht continued his study at the Faculty of Medicine, *Universitas Indonesia*, Jakarta (1982 – 1989). While he was in the medical school, his fondness of outdoor activities never left him. He often went camping with his medical student fellows and spent time on the water: sailing, canoeing, or kayaking. Once in 1987, he took a 6-month leave from his medical school and joined an outdoor expedition, Operation Raleigh, where he worked as a medical researcher in Seram Islands, the Mollucas. This experience brought his longing to contribute more to isolated population in eastern

Indonesia. So, one year after his graduation, he chose to conduct his medical field duty in the Central Highlands of Papua (1990 – 1993) taking his wife and first daughter along with him. He dedicated his time there to help Papuan highlands tribes, the Danis and the Yalis, with their vaccination and health. He enjoyed the independency of being the only doctor in the field, challenged to make clinical decision with the limited resources available there. This experience motivated him to take Internal Medicine as his specialization and became a staff member of the department in 1999, focusing on infectious disease. He started to actively contribute to a TB research project with Dutch collaborator while obtaining his PhD degree in the University Medical Center Nijmegen (2000-2007). At the very same time, he also started collaborating with Naval Medical Research Unit II, in the study of Dengue. These two studies continue to provide opportunity for many follow-up studies that bring opportunities to many subsequent PhD students. Subsequently, he continues leading many young investigators in projects related to TB, HIV, Dengue and general infectious disease in Medical Faculty UNPAD. Practical research in TB has provided him with the opportunity to be the chairperson of the TB Operational Research Group, which promotes implementation of research for improvement of TB Program.

For Dr. Bacht, INA-RESPOND is a great network through which infectious disease research can be facilitated and advanced at a faster pace like never before. With so many inhibitions, it seemed difficult to establish such a network, at first. He sees that the main difficulties still lie in Human Resources. We can develop research projects quickly, but developing Human Resource always takes more time. However, seeing that the first study that has partially

been completed, he expects many opportunities in the future to further facilitate each network member to become more active in research.

Keeping this in mind, there are three basic roles that INA-RESPOND should do in order for it to be more successful than were any other research organizations in the past. They are 1) to lead and manage the conduct of high-quality multicenter research 2) to train institutions (and their involved personnel) to be able to conduct high quality research and 3) to build and establish a good clinical research practice in academic institutions. All three roles require different approaches. The first one INA-RESPOND should become a managing organization, the second one should be a good teacher or tutor, and the third, it should also be an advocator. This would be a big task, but very important one in Indonesia. Where educational culture have been established, but research culture are lagged behind.

As a steering committee member, he thinks that these are the challenges the network is facing. There has never been an organization like this in Medical Research that can successfully bringing up research quality to academic institution. Handling project and conducting research is one thing many institution can do. But teaching researchers to be able to produce the expected result is a culture we need to learn. Moreover advocating research as priority while other "routine" jobs demand the time of our staff is always a difficult task. These are the challenge we must face. We cannot just be satisfied with the research that is currently being conducted. We are also responsible in making this activity a culture that can be accepted widely in our Indonesian Medical Institutions. He hope that INA-RESPOND will be up to the tasks, and this will depend on its steering committee member.

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**Semarang** - Dr. M. Hussein Gasem was born in Pekalongan, 23 September 1952. He is one of NSC members of INA RESPOND who also become site PI at site 560, Dr. Kariadi Hospital, Semarang. After gaining his degree in medicine from Diponegoro University in 1978, he worked as a medical doctor in

community health center for 5 years where he was awarded "Best Performance Medical" doctor" twice. In 1993 he earned his Internal Medicine Specialist title and received his Consultant of Tropical Medicine and Infectious Disease in 2000. A year later, he obtained his PhD from Radboud University Nijmegen, The Netherlands. He also did a postdoctoral research in Leiden University about Community Acquired Pneumonia. His passion in infectious disease and research is reflected by the numbers of research activities and published articles that he made and wrote. Now, besides being the Head of Internal Medicine at Dr. Kariadi Hospital, he also has several positions such as the Head of Infectious Disease & TropMed Department, Dr. Kariadi Hospital, and Director of Center for Tropical and Infectious Diseases (CENTRID). He is also a principal investigator of several studies, such as the AFIRE study and the Prevalence and Molecular Epidemiology of C. Difficile Infection in Central Java Hospital.

As a Steering Committee member, dr. Hussein realizes that there are a lot of things to do, such as coordinating all aspects of the study, working closely with all the networks member (NIHRD/SSS/INA-RESPOND Secretariat staff/investigators from sites), and of course developing recruitment strategies.

The challenges faced by site 560 at first were mostly related to difficulties in recruiting and enrolling subjects, but as time passed, site staffs learned how approach and give information to the patients better, and everything just fell into place. As for challenges in the network level, the main challenge is how to sustain the collaboration that has been built.

At Dr. Kariadi Hospital, Semarang, INA-RESPOND through its study, AFIRE, provides good model on how research should be done. INA-



Dr. M. Hussein Gasem  
SC Member at site 560,  
RS Dr. Kariadi

RESPOND study pays close attention to patients' safety, specimen repository, and data management. Due to its excellence, the AFIRE research management is partially adopted by the hospital to be implemented in other research done at Kariadi. Indirectly, INA-RESPOND has helped Kariadi hospital to achieve JCI accreditation (the "human research" aspect was full match with JCI criteria).

Dr. Kariadi hospital has had a lot of international research collaborations since 1990. That is why Dr. Hussein hopes that INA-RESPOND will build a good research niche for future research collaboration in Indonesia, which eventually will improve international research collaborations.

## Tobacco Smoking: New Leader to Tuberculosis Jeopardy

by dr. Retna Mustika Indah

Researchers have investigated the association between smoking and tuberculosis (TB) since 1918. Active smoking has been associated with TB. Recent literatures also reported that there is significant association between smoking and TB recurrence (1-3). A study, published in 2014, shows that Regular tobacco smoking doubles the risk the recurrence of tuberculosis. Recurrence is defined as a new clinical or microbiological diagnosis of TB requiring the start of a new course of treatment in a patient who has satisfactorily completed treatment for a previous TB episode. This study observed a large sample of bacteriological TB confirmed patients who went on to successfully complete TB treatment in Taiwan. Of those patients, 1.5 percent developed a recurrent case of TB, with regular tobacco smokers twice as likely to develop recurrent TB compared with former smokers and with individuals who had never smoked tobacco.(4) Until now, there is no clear sense how smoking tobacco poses risks to TB patients who have put in the hard

work of completing their treatment. This field of study has important implication in TB control program. No one should undergo the long, complex treatment for TB only to unknowingly place them at heightened risk of getting the disease again. So, from now, quitting smoking is not only to prevent a cancer or any vascular disease, but also to prevent you and your family from the jeopardy of chronic infectious disease, Tuberculosis. Love yourself, love your family - stop smoking.

### References

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