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# NEWSLETTER

## June 2016



## In This Issue

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Our network is trying to develop and improve its data management and IT structure. Find out when on page 2 and expect the report in our future edition.

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The screening and enrollment for our AFIRE study will end on 30 June 2016. Find out how the AFIRE is progressing as well as some updates from our SEPSIS study in the Study Updates section.

## ON OUR WAY TO BECOME FAMOUS AND PROSPEROUS RESEARCHERS

American Thoracic Society (ATS) is an organization initially engaged in tuberculosis. However, the organization's mission has developed in the last decade to improving health worldwide by advancing research, clinical care, and public health in respiratory diseases, critical illnesses, and sleep disorders as the needs of health research and care increase.

To accomplish the organisation's mission, ATS International Conference is held every year, and nearly 14,000 professionals attend the conference. This year, the conference was held from May 13 to 18 at Moscone Center in San Francisco, California, USA.

The INA-RESPOND network sent 2 of its young researchers to participate in the conference. We believe that by participating in many international events, such as this one, our researchers will gain valuable experience, knowledge, and wisdom that can be useful for the network. Find out more about this event, and how it changed our researchers' point of view.

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## THE POWER OF SYSTEMATIC SEARCH

The sentence "experimental data are not available to the best of my knowledge" can sometimes be found in research paper. The question is... when and how are we allowed to use this sentence? Find out here on

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# SAVE THE DATE

## IMPORTANT EVENTS & MEETINGS

23 June

INA-RESPOND/ TB Alliance  
Operational Kick-Off Meeting  
@JS Luwansa, Rapha 5 Room, 2<sup>nd</sup> floor

6 – 28 June

Data Management & IT Structure  
Transition and Development  
@INA-RESPOND Secretariat



## JUNE BIRTHDAY

10 June	dr. Dely Chipta Lestari	Co-PI INA101 Site 530
13 June	dr. Dewi Lokida	INA-RESPOND Secretariat
13 June	dr. Sudirman Katu	Site PI SEA050 Site 42
17 June	Dr. Anggraini Alam	Co-PI INA101 Site 510
21 June	dr. I Made Susila Utama	Site PI INA101 Site 520
27 June	Dr. Ni Made Tyas Dwi Arsanti	Co-PI TRIPOD Site 580
30 June	Prof. Dr. Usman Hadi	Co-PI INA101 Site 550

## Ramadan Greetings

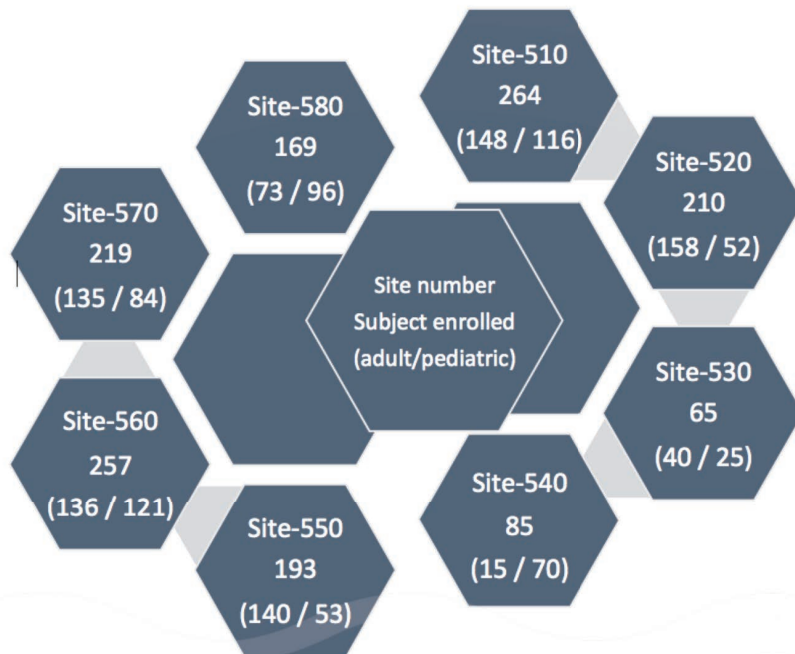
Ramadan greetings to you  
and your family, and as Allah  
showers His blessings upon all  
of us this Eid ul-Fitr, we hope  
you'll be blessed with unlimited  
joy, prosperity, and good  
tidings to last forever!



# INA-RESPOND STUDY

## AFIRE STUDY (INA101) UPDATES

By dr. Anandika Pawitri,  
dr. Nurhayati,  
Ms. Novitasari



By 5 June 2016, 5,115 patients had been screened, and currently there are 1,462 subjects enrolled in the study (845 adults and 617 pediatric). Entering the fasting month, the screening and enrollment at all sites have decreased. Most sites only successfully recruited one subject per week. The enrollment for the AFIRE study is coming to an end in a few days. Hopefully, the study team can reach the targeted 1,500 subjects by 30 June 2016.

A – Site 510 – RSUP dr Hasan Sadikin, Bandung  
B – Site 520 – RSUP Sanglah, Denpasar  
C – Site 530 – RSUPN dr Cipto Mangunkusumo, Jakarta  
D – Site 540 – RSPI Prof Dr Sulianti Saroso, Jakarta

E – Site 550 – RSUP dr Wahidin Sudirohusodo, Makassar  
F – Site 560 – RSUP dr Kariadi, Semarang  
G – Site 570 – RSUD dr Soetomo, Surabaya  
H – Site 580 – RSUP dr Sardjito, Yogyakarta

Detailed screening and enrollment progress is available in portal folder: Studies\INA101\Screening progress.pdf or go to the following link: <https://ina-respond.net/EdmFile/getfile/797233>

## SEPSIS STUDY (SEA050)

The South East Asia Infectious Disease Clinical Research Network (SEAICRN) Protocol Committee Meeting, which was held on April 20–21, 2016 in Bangkok, discussed about the future of SEAICRN, sepsis spin-off studies, and sepsis study analysis and manuscripts, among other things. The report of this meeting can be read on page 7 of this newsletter.

For further information on this study, please go to: <https://ina-respond.net/our-studies/#sepsis-study>

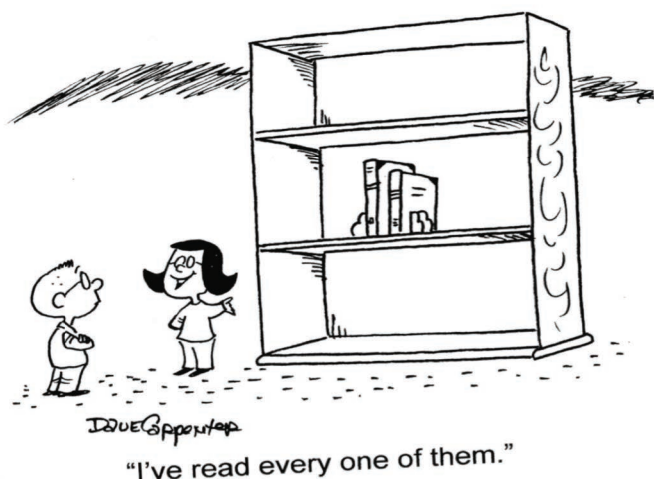




# NOT AVAILABLE TO THE BEST OF MY KNOWLEDGE: THE POWER OF SYSTEMATIC

By:

dr. Aly Diana



Does the phrase used in the title sound familiar for you? Have you read the same or similar phrase in a published journal? For you who have never seen it, this is the quote from an article published in a peer-reviewed journal (with an impact factor of 7.356):

"...although experimental data or plaque data are not available to the best of my knowledge."

It seems that the phrase is totally legal to be used in the academic world; and it usually means a good thing for researchers to find something that should be useful, but apparently not available. Therefore, we can state that there is a real gap in our knowledge and then we can highlight the importance of our study, which provides novel information to fill in the gap.

However, we have to remind ourselves that there is a big expectation from the readers with that bold statement. The readers expect that we have tried our best to dig for evidence for that particular topic in all possible places; and at that time the

evidence is not available. Although it is really obvious, I have to emphasize that we cannot say something is not available simply because we have not spent enough efforts to find it.

A systematic literature search is a good way to spend our efforts. These are some steps to do it effectively. First, have a background reading and discussion with some experts (whenever possible) to obtain a general idea that the evidence we are looking for is somehow lacking.

Second, identify search terms/ key words, which can include: our research question, basic theory, important authors in the area of interest, and specific place/ ethnicity/ population. Please do not forget to include alternative terms (synonyms); and please write down all of search terms that we want to use.

Third, identify the resources to search, for example: universities' online library, subject specific databases (MEDLINE, EBSCO, ProQuest), publishers' databases

(Science Direct, Sage Journals...), textbooks, government regulations, etc.

Fourth, search using search techniques. As we usually look at a specific topic in a specific population, it is better to link our search terms together with the connecting word AND/OR. When we are required to be very specific, we can insert our search terms in quotation marks "...".

Last, collate the results and most importantly keep accurate records of all searches and sources.

After we have done these steps, we can confidently say "not available to the best of my knowledge". Last words, as you may notice, the systematic literature search is a tool used to look for things that are not available as well as for things that are available. However, with the available evidence you found, please add another step, which is a critical appraisal, to define whether the evidence comes from a high quality study or not.



# ON OUR WAY TO BECOME FAMOUS AND PROSPEROUS RESEARCHERS

By

Dona Arlinda, MD

American Thoracic Society (ATS), which was founded in 1905, is a prestigious organization initially engaged in tuberculosis. However, as the needs of health research and care increase, the organization's mission has developed to improving health worldwide by advancing research, clinical care, and public health in respiratory diseases, critical illnesses, and sleep disorders.

ATS International Conference is held every year and attended by nearly 14,000 professionals. This year, the conference was held from May 13 to 18 at Moscone Center in San Fransisco, California, USA. To get an idea of the massiveness of this event, roughly take the Indonesia Convention Exhibition (ICE) at BSD City as an example and multiply it by four.

My colleague and I are junior researchers from National Institute of Health Research and Development (NIHRD), Ministry of Health of Indonesia. We have been working on Tuberculosis (TB) Registry with seven hospitals in Java and Bali since 2014. We have specific interest in the interaction between TB and diabetes mellitus (DM), as well as the coinfection of TB and HIV. One of our goals in this TB Registry is also to acquire data on TB drug resistance. From 2014 to 2015, we collected data from 2,051 TB patients. Two hundred and sixteen patients were HIV positive (10.5%) and two hundred and ninety six patients had DM (14.4%). Two hundred and forty eight patients (12.1%) were confirmed resistant to at least one anti-TB drug by either X-pert or drug susceptibility test.

With this data, we are eager to communicate our work and introduce ourselves to the international community. Our vision is to expand this TB registry to other hospitals throughout Indonesia and to connect the data electronically, so we can have real-time and

(continued)



reliable TB data that can support and provide evidence for TB Control Program in Indonesia. Therefore, the ATS International Conference 2016 is a wonderful opportunity for us. We hope to look forward for opportunities to collaborate with other institutions to improve our research quality, as well as our capacity as researchers.

We submitted 2 abstracts, and they were accepted for poster discussion session; one at the Tuberculosis: Issues during treatment session, and another at the Tuberculosis infection and disease: Epidemiology and diagnosis session. Overall, the conference consisted of over 601 sessions and was divided by post-graduate courses, workshops, scientific symposia, mini symposia, medical education seminars, meeting the seminars' professors, thematic seminars, poster discussion sessions, thematic poster sessions, etc. It was quite confusing, actually. For our poster session, we were under the impression that we only need to be by our posters at the required time and take Q&A along the way. Apparently, that was not the case. There was a difference between poster discussion sessions and thematic poster sessions, mainly on how to present. Our impressions would work for the thematic, but not for poster discussion sessions. It was like having an oral

presentation on a smaller scale, which was quite shocking and scary at first because we were obviously not (yet) an expert on TB, and English was not our first language.

About twenty posters with similar theme were gathered in a room, and there were three people from the ATS chairing the session. Individually, we were asked to stand in front of the podium and gave our elevated speech to explain the work. Afterwards, there was a several-minute time slot for discussion. There were a lot of questions asked, but surprisingly, they were quite inspiring. I could vividly remember ideas flowing from my head for our next target, the Union World Conference on Lung Health in Liverpool, UK, which is a must-go meeting if you are in TB business. It is the perfect opportunity to mingle with fellow

physicians and researchers, as well as collaborators and probably investors. We are really excited with this; to quote from Paulo Coelho, "When you want something, the entire universe conspires in helping you achieve it".

Our trip was made possible due to the help and contribution of many people. We would like to give our thanks to dr. M. Karyana from NIHRD for his kindness, patience, and support; TB Registry team from NIHRD and 7 hospitals for their hard work; MECOR Indonesia especially dr. Erlina Burhan, Ms. Baby Djojonegoro, and Ms. Fran Du Melle for their help; and the INA-RESPOND Secretariat for their support. Thank you!

Dona Arlinda, MD

From left to right:  
dr. Retna,  
dr. Diah, dr. Erlina,  
dr. Nida, dr. Dona







# **SOUTHEAST ASIA INFECTIOUS DISEASE CLINICAL RESEARCH NETWORK (SEAICRN) PROTOCOL COMMITTEE MEETING**

Held on April 20–21, 2016 in Bangkok, the South East Asia Infectious Disease Clinical Research Network (SEAICRN) Protocol Committee Meeting discussed various topics. The agenda included discussions about the future of SEAICRN, sepsis spin-off studies, sepsis study data sharing plan, sepsis study sample repository plan, adjudication of some cases from Thailand and Vietnam sites, and sepsis study analysis and manuscripts.

Each country represented by its delegation expressed its views about the future of SEAICRN. Collectively, the delegations agreed that SEAICRN should continue to exist. They were also optimistic that the support for this network will keep on coming in. The Director of SEAICRN invited all the participants to write research proposals for future studies. Meanwhile, the closest and most realistic thing to do is doing spin-off studies.

There were four planned spin-off studies discussed in the meeting, and it was revealed that the samples are sufficient for all of the studies. The first planned spin-off study is metagenomics analysis of undiagnosed sepsis patients enrolled in the sepsis study. It was explained that only the positive PCR and MAT samples would be used for this study. Everybody agreed that this study is feasible. The second study is about leptospirosis molecular epidemiology. Several comments regarding this study plan were put forward, and everybody agreed that this idea is worth executing. The third study is about rickettsial illnesses. This study needed some change in the title wording. Aside from that, everybody was interested to see how this study benefits our knowledge about the rickettsia in Southeast Asia. The last planned spin-off study is about the possibility of zika virus as a cause of Sepsis in Southeast Asia. There

were significant comments regarding the awareness of zika virus in the meeting, considering that it reemerged a few months ago. Moreover, the epidemiology of the virus is not well known in Southeast Asia. Surely, this study is considered good to go.

Data sharing plan especially the data from Indonesia was discussed extensively. The delegation from Indonesia carefully went over this issue with the others. Indonesia is eager to be part of the publication involving the data from all sites. Moreover, one of the co-investigators of sepsis study from Indonesia is the leading author for one of the SEAICRN manuscripts. The manuscript will be about the management of sepsis in Southeast Asia. The other manuscripts are about the cause of sepsis study, and the use of antibiotics in sepsis study. Those manuscripts are led by authors from Thailand and Vietnam.

Sepsis sample repository plan was described by all delegations. Each country has different scheme to preserve the sample in terms of the place and the collaborators involved. However, these countries found common ground regarding the informed consent and standard international rules that should be followed.

Last batch cases adjudication was also done in the meeting. The cases adjudicated came from several sites in Thailand and Vietnam. Specialists from all sites were involved in this occasion. They were divided according to their credentials, and the delegation from Indonesia gave opinions as needed. The adjudication went well and all cases were adjudicated successfully.

Manuscripts writing plan was

discussed briefly assuming all authors can still communicate via email intensively. The manuscript writing face-to-face meeting might be held; the place and time of the meeting are to be decided. It was agreed that all of the manuscripts should be published as soon as possible because the new definition of sepsis had already been published. This new definition is somewhat different from the definition used when we started the sepsis study two years ago.

In order to adapt to the latest sepsis definition, it was also agreed that the analysis of the manuscripts would be consistent with the definition of sepsis used in the beginning of the study. However, the discussion part of the manuscripts will explain the use of older definition and its relation to the analysis. The authors were

optimistic that this way of writing will be acceptable.

Overall, the meeting went very well. All meeting agenda items were discussed properly. Participants were also optimistic about the future of the network. All sepsis spin-off studies were feasible and encouraged to be conducted by all participants. Data sharing plan was agreed by all delegations. Sample repository plan was established. Adjudication was done successfully, and the manuscripts will be published soon.

dr. Armaji Komaludi

## INA-RESPOND Newsletter

Advisors  
Art & Language  
Columnists

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: Dedy Hidayat S, S.Kom, Dona Arlinda, MD  
: dr. Anandika Pawitri, dr. Nurhayati, Ms. Novitasari,  
dr. Aly Diana, dr. Armaji, Dona Arlinda, MD

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