



NEWSLETTER

2019 Edition Issue 1



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New members in 2019

Dr Dyah Kanya Wati from Sanglah Hospital Denpasar – Bali
Dr Ida Bagus Gede Suparyatha from Sanglah Hospital Denpasar – Bali
Dr Felix Liauw from Harapan Kita Children and Women Hospital
Dr Florentina Ty from The Medical City
Dr Jayashree M from Post graduate Institute of Medical Education and Research
Dr Arun Bansal from Post graduate Institute of Medical Education and Research
Dr Qalab Abbas from Aga Khan University Hospital
Dr Chunfeng Liu from Shengjing hospital of China Medical University
Dr Huang Li from Guangzhou Women and Children's Medical Center
Dr Tao Jianping from Guangzhou Women and Children's Medical Center
Dr Lee Pei Cheun from Universiti Kebangsaan Malaysia

Refer

a Friend

We do not have a fixed criteria to join as member. We welcome anyone who is keen to collaborate and share common goal of developing best practices to improve survival in critically ill children in Asia. If you have any colleagues or friends who are interested, please do refer them to us.

A note from our Vice-Chairperson ...



I would like to thank the PACCMAN team for all the hard work and contributions for the past year.

We had several ongoing projects, manuscripts pending publication and new researches in the pipeline. I do hope that we will work as a team and get meaningful high impact research & broaden the clinical activity in our Asian pediatric critical care community in the future to come.



Rujipat Samransamruajkit

Professor of Pediatrics
Chief of PICU
KCMH, Faculty of Medicine
Chulalongkorn University
Bangkok, Thailand



Study Updates 1 ...



Paediatric Traumatic Brain Injury (pTBI) Study 1: Retrospective design

Title: Variation in intensive care practices for moderate to severe traumatic brain injury: A multi-national initiative

Study lead: Dr Chong Shu Ling, Department of Emergency Medicine, KK Women's and Children's Hospital

Abstract:

Paediatric head injuries are critically important because of the high mortality risk. Among survivors, the potential for lifelong neurological devastation could result in years of compromised quality of life and dependence on others for activities of daily living. A significant proportion of severe paediatric head injuries occur in Asia, yet surveillance in this region remains inadequate.

We intend to perform a retrospective chart review performed in participating PACCMAN centres between Jan 2014 to 31 October 2017. Countries will be grouped into lower middle, upper middle and high-income economies by per capital gross national income (GNI) based on the World Bank classification. The following will be recorded: Primary mechanism of injury, results from the computed tomography (CT) brain and type of neurosurgical intervention. Management of TBI: Endotracheal intubation, use of hyperosmolar therapy, anti-epileptics, sedative and paralytic medications, and temperature control. Among those with intracranial monitoring, intracranial pressure (ICP) and cerebral perfusion pressure (CPP) values will be documented. The primary outcome measures are: Mortality, Duration of ICU and hospital stay, functional outcome after discharge.



Participating sites Retrospective pTBI study:

STATUS FOR APPROVED CENTRES (06 JUNE 2019)		
NO.	COUNTRY	RECRUITED
1	Malaysia, Sarawak	25
2	Malaysia, KL (UMMC)	28
3	Singapore, KKH	36
4	China, Chongqing	104
5	China, Shanghai	59
6	Singapore, NUH	13
7	China, Beijing	19
8	Malaysia, KL (Institute of Paediatric)	41
9	Japan, Kobe	10
10	Hong Kong, Hong Kong	Ethic approved
TOTAL		335



Dr Chong Shu-Ling
pTBI study PI

We are aiming to close the data collection on **30th June 2019**.



Paediatric Traumatic Brain Injury (pTBI) Study 2: Prospective design

Title: Does 3% hypertonic saline decrease mortality and improve long-term neurological outcomes among children with traumatic brain injury?

Study lead: Dr Chong Shu Ling, Department of Emergency Medicine, KK Women's and Children's Hospital

Abstract:

Traumatic brain injury (TBI) in children poses a high risk of death and lifelong neurological disability. The acute care of these brain-injured children include avoiding hypoxia, hypovolemia, as well as controlling the intracranial pressure (ICP). With the cranium as a fixed vault, intracranial bleeding and increased cerebral swelling post injury results in compression of blood vessels and brain ischemia. Hyperosmolar therapy reduces ICP by reducing brain volume and is recommended in the current guidelines. The two most commonly used hyperosmolar agents are mannitol and hypertonic saline (HTS). Mannitol has a long history in the treatment of TBI and has traditionally been the most commonly used hyperosmolar agent. However, the diuretic property of mannitol has resulted in concerns of hypotension and secondary brain hypoperfusion. An ideal hyperosmolar agent should be able to reduce ICP while maintaining cerebral perfusion pressure (CPP). HTS has gained popularity in recent years, with studies showing that HTS decreases ICP more effectively compared to mannitol. Moreover, use of HTS has been demonstrated to be associated with maintenance of normovolemia and CPP. However, it has not been demonstrated to show an improvement in clinically important outcomes. This has resulted in contention as to which of the two agents is more efficacious. There exists a variation in the use of hyperosmolar therapy in paediatric emergency departments and intensive care units throughout the world.

Study Aim: To compare 30-day mortality risk among children < 16 years with moderate to severe TBI treated 3% HTS, compared to mannitol.

Duration: July 2018 – June 2020 (Still OPEN to recruiting sites)

Inclusion and Exclusion criteria: We will include all children < 16 years with moderate to severe TBI (Glasgow Coma Scale [GCS] \leq 13) admitted to the paediatric intensive care unit (PICU). We will exclude centres without a pediatric neurosurgical service and children 16 years and older, as well as children with neurological deficits at baseline.



Study Sites:

No.	Lead PIs	Sites
1	Dr Jacqueline ONG	National University Hospital
2	Dr Liu Jun	Beijing Children's Hospital, Capital Medical University
3	Dr Olive Lee Pei Ee	Department of Pediatrics, Sarawak General Hospital
4	A/Prof Gan Chin Seng	University Malaya Medical Centre
5	Prof Nattachai Anantasit	Ramathibodi Hospital
6	Dr Montida Veeravigrom,MD	Chulalongkorn University
7	Dr Hiroshi Kurosawa	Pediatric Critical Care Medicine Kobe Children's Hospital
8	Dr Ming Mei Xiu	Children's Hospital of Fudan University
9	Dr Dang Hongxing	Children's Hospital of Chongqing Medical University
10	Dr Phan Huu Phuc	The National Children's Hospital
11	Dr Au Cheuk Chung	Queen Mary Hospital
12	Prof Naoki Shimizu	Tokyo Metropolitan Children's Medical Centre
13	Dr Audrey Anne Najarro	Vicente Sotto Memorial Medical Center
14	Dr Qalab Abbas	Aga Khan University
15	Dr Maznisah	Institute of Paediatric



Interested members please contact
Dr Chong Shu Ling, Chong.Shu-Ling@kkh.com.sg or Tan Si Li,
Tan.SiLi@kkh.com.sg for more study
details.

Study Updates 2 ...



PEDSAC- A Retrospective Epidemiologic study in Paediatric Sepsis in Asia



Dr Rujipat Samransamruajkit
Study PI

PEDSAC preliminary data was presented as oral presentation at ESPNIC 2019, Salzburg.

Congratulations to our top 3 recruiters, KK Women & children hospital, King Chulalongkorn University Hospital and Hat Yai Medical Center

Study update through 25 June 2019

No.	Site name	n	Percent
1	KK Women & children hospital, Singapore	50	19.5
2	King Chulalongkorn University Hospital, Thailand	44	17.18
3	Hat Yai Medical Center, Thailand	39	14.6
4	Maharat Chiang Mai, Thailand	30	11.7
5	Ramathibodi Hospital, Thailand	30	11.7
6	Sarawak General Hospital, Malaysia	24	9.3
7	Siriraj Hospital, Thailand	20	7.6
8	Universiti Kebangsaan Malaysia Medical	16	6.25
9	National University Hospital, Singapore	3	1.17
Total enrolled		256	100

Study in Pipeline 1 ...



Pediatric Acute Respiratory Distress Syndrome; A Prospective Asian Multicenter Study (PARDS Pro-Asia Study)

Study lead: Dr Judith Wong

Abstract:

Mortality rates in children with pediatric acute respiratory distress syndrome (PARDS) are higher in Asia compared to other regions. In adults with acute respiratory distress syndrome, the only therapy that improves mortality rates is a lung protective ventilation strategy. The pediatric ventilation recommendations by the Pediatric Acute Lung Injury Consensus Conference (PALICC) are extrapolated from evidence in adults, including ventilation with low tidal volume, low peak/plateau pressures and high-end expiratory pressure. A recent retrospective study of ventilation practices in Asia showed varying practices with regards to pulmonary and non-pulmonary therapies, including ventilation.

We aim to determine the prevalence and outcomes of PARDS in the Pediatric Acute and Critical Care Medicine Asian Network (PACCMAN). We will also determine the use of pulmonary (mechanical ventilation, steroids, neuromuscular blockade, surfactant, pulmonary vasodilators, prone positioning) and non-pulmonary (nutrition, sedation, fluid management, transfusion) PARDS therapies.

To achieve this aim, we conduct a prospective observational study which involves systematic screening of all pediatric intensive care unit (PICU) admissions and collection of pertinent clinical data. Recruitment will be based on the PALICC criteria and follow up will continue to 28days or until PICU discharge.



No.	Lead PIs	Sites
1	Judith Ju Ming Wong	KK Women's and Children's Hospital
2	Phuc Huu Phan	National Hospital of Pediatrics
3	Suwannee Phumeetham	Siriraj Hospital
4	Nattachai Anantasit	Ramathibodi hospital
5	Rujipat Samransamruajkit	King Chulalongkorn Memorial Hospital
6	Lu Guoping Zhu Xuemei	Children's Hospital of Fudan University
7	Feng Xu Dang Hongxing	Chongqing Hospital
8	Huang Li	Guangzhou Women and Children's Medical Center
9	Liu Chunfeng	Shengjing hospital of China Medical University
10	Ellis Hon Karen Ka Yan Leung	Hong Kong Children's Hospital
11	Yek Kee Chor	Sarawak General Hospital
12	Chin Seng Gan Lucy Lum Chai See	University Malaya Medical Centre
13	Tang Swee Fong	Universiti Kebangsaan Malaysia Medical Centre
14	Muralidharan Jayashree	Advanced Pediatrics Centre Post Graduate Institute of Medical Education and Research (PGIMER)
15	Dyah Kanya Wati Ida Bagus Gede Suparyatha	Sanglah Hospital Denpasar
16	Felix Liauw	Harapan Kita Children and Women hospital
17	Hiroshi Kurosawa Kazunori Aoki	Hyogo Prefectural Kobe Children's Hospital
18	Qalab Abbas	Aga Khan University Hospital

Sites recruitment are still open. Interested members please contact Dr Judith Wong, Judith.wong.jm@singhealth.com.sg or Patricia Tay, patricia.tay@scri.edu.sg for more study details.

Study lead: Dr Lee Jan Hau

Severe pneumonia is a leading cause of mortality and morbidity in children worldwide. Mortality rates from pediatric severe pneumonia are three times higher in South East Asia compared to the Western hemisphere. The lack of description of epidemiology, current management strategies and outcomes of children with severe pneumonia admitted to pediatric intensive care units (PICUs) in Asia is a barrier to improving pediatric critical care in the region. The lack of a sustainable pediatric critical care network in Asia makes multinational PICU studies challenging.

To achieve these aims, we propose a prospective multicenter cohort study over 18 months to recruit 1800 children with severe pneumonia. Pertinent demographic, clinical, microbiological, critical care support and management data will be collected to enable an investigation of the association between risk factors and clinical outcomes in these children. Upon completion of this large observational study, we will have a rich database with detailed information on epidemiology, management strategies and clinical outcomes for severe pneumonia in Asian children.



No.	Lead PIs	Sites
1	Lee Jan Hau	KK Women's and Children's Hospital
2	Phuc Huu Phan	National Hospital of Pediatrics
3	Rujipat Samransamruajkit	King Chulalongkorn Memorial Hospital
4	Lu Guoping Zhu Xuemei	Children's Hospital of Fudan University
5	Feng Xu Dang Hongxing	Chongqing Hospital
6	Huang Li	Guangzhou Women and Children's Medical Center
7	Liu Chunfeng	Shengjing hospital of China Medical University
8	Ellis Hon Jeff Wong Chin Pang	Hong Kong Children's Hospital
9	Cheung Hon Ming	Prince of Wales Hospital
10	Yek Kee Chor	Sarawak General Hospital
11	Chin Seng Gan	University Malaya Medical Centre
12	Anis Siham Zainal Abidin	Women and Children Hospital
13	Tang Swee Fong	Universiti Kebangsaan Malaysia Medical Centre
14	Florentina Ty	The Medical City
15	Muralidharan Jayashree	Advanced Pediatrics Centre Post Graduate Institute of Medical Education and Research (PGIMER)
16	Felix Liauw	Harapan Kita Children and Women hospital
17	Hiroshi Kurosawa Kazunori Aoki	Hyogo Prefectural Kobe Children's Hospital
18	Qalab Abbas	Aga Khan University Hospital



Sites recruitment are still open. Interested members please contact Dr Lee Jan Hau, lee.jan.hau@singhealth.com.sg or Patricia Tay, patricia.tay@scri.edu.sg for more study details.

Study in Pipeline 3 ...



Withholding and Withdrawal of Life-Sustaining Treatments in Paediatric Intensive Care Unit in Asia

Study lead: Prof Naoki Shimizu

Abstract:

There is a lack of studies looking at pediatric end-of-life (including brain death/arrest) in Asian countries. In literature, end-of-life studies are mainly from adult ICUs. End-of-life in PICU only received 423 hits and dominated by the European and Americans populations. Data on End-of-life in PICU in Asian countries are comparatively sparse and available for only a few countries. Being culturally very different from the West, these studies are not representative of Asia. Thus we need to have an Asia study. With the data collected, guidelines relating to end-of-life decision making and practice in Asian countries can be developed.

A working group has been formed to help with the drafting of the survey. The members of the working group below:

No.	Lead PIs	Sites
1	A/Prof Tang Swee Fong	Department of Paediatrics, Universiti Kebangsaan Malaysia Medical Centre
2	A/Prof Gan Chin Seng	Universiti Malaysia Medical Centre
3	Dr Felix Iauw	Pediatric Emergency and Intensive Care Unit, Harapan Kita Children and Women Hospital
4	Dr Dang Hongxing	Children's Hospital of Chongqing Medical University PICU
5	Dr Hiroshi Kurosawa	Pediatric Critical Care Medicine
6	Dr Yusuke Seino	Hyogo Prefectural Kobe Children's Hospital
7	Dr Mioko Kasagi	Tokyo MCMC
8	Dr Qalab Abbas	Pediatrics and Child Health, Aga Khan University Hospital
9	Dr Phan Huu Phuc	Vietnam National Children's Hospital
10	Prof Jayashree Muralidharan	Advanced Pediatrics Centre, Post graduate Institute of Medical Education and Research (PGIMER)
11	Dr Jacqueline Ong Soo May	National University Hospital
12	Dr Mary(Zhu Xuemei)	Children's Hospital of Fudan University
13	Dr Au Cheuk Chung	Paediatric Intensive Care Unit, Hong Kong Children's Hospital

Past Event ...



3rd Paediatric Acute and Critical Care Medicine Asian Network (PACCMAN) Meeting 24 March 2019 The Sunan Hotel, Surakarta, Indonesia

With the help of Asian Paediatric Mechanical Ventilation Forum (APMVF) organising committee, and the SCRI's Clinical Research Networks and Management team, the Paediatric Acute and Critical Care Medicine Asian Network (PACCMAN) members were able to successfully hold their 3rd annual group meeting on 24 March 2019 in Surakarta, Indonesia. This was in conjunction with the 2nd *APMVF 2019*.

The PACCMAN group meeting was held in two sessions; the first session being a sharing session by Associate Professor Luregn Schlapbach from Lady Cilento Queensland Children's Hospital's Paediatric Intensive Care Unit (PICU) in Brisbane, Australia. He shared his experiences and challenges in running paediatric trials in Australia, and also discussed collaboration opportunities between PACCMAN and the Pediatric Study Group within the Australia-New Zealand Intensive Care Society (ANZICS).

In the 2nd part of the meeting, Dr Lee Jan Hau, PACCMAN Chairman, gave an update on the status of the current PACCMAN studies and those in the pipeline. The session concluded with Professor Naoki Shimizu from Japan presenting his End-of-Life study proposal to the team

Highlights...



The Paediatric Acute and Critical Care Medicine Asian Network meeting



Dr Lee Jan Hau, Chairman of the Paediatric Acute and Critical Care Medicine Asian Network, opening the meeting at The Sunan Hotel.



Sharing session by A/Prof Luregn Schlapbach from Brisbane's Lady Cilento Queensland Children's Hospital, Australia.



Prof Naoki Shimizu from Japan, sharing his End-of-Life study proposal to the Paediatric Acute and Critical Care Medicine Asian Network team.

~ Save the Date ~

Our 4th PACCMAN meeting will be held in conjunction with the 3rd APMV 2020 in Shanghai.

Tentative dates:

3rd APMV on 26-28 March 2020

PACCMAN Meeting on 29 March 2020

Follow Us ...

Follow us on Twitter!

@paccman_asia



5 Reasons to join Twitter as a Healthcare Professional

Dr. Jackie Ong (@ongsoomay), Singapore

Social media has profoundly shaped all human communication over the last decade and its growth in all aspects of modern life has been exponential. The majority of us are comfortable using social media in a personal capacity but it wasn't until I joined Twitter in 2014 that I realized how effective it could be in a professional capacity.

Twitter is a micro-blogging social network that allows users to create and share content in a format limited to 280 characters. The vocabulary of Twitter takes some getting used to (see the glossary in Table 1) but it is fairly straightforward. Since I joined in 2014, I have gone from being a Twitter novice to being an active participant in the community – so much so that I am currently one of the Social Media Ambassadors for the Pediatric Critical Care Medicine Editorial Board.

There are several great reasons to join Twitter but I've tried to condense it down to 5.



1. Knowledge Acquisition:

When you join Twitter, you will easily find several common interest groups in the healthcare domain. These are often identified by a keyword prefaced by a hashtag (#) such as #medtwitter, #PedsICU. Knowledge sharing is part and parcel of the Twitter community and there are plenty willing to share. One particularly well-known hashtag is the #FridayQuiz from Dr C Kanaris (@DrKanaris). This weekly review of a difficult PICU or emergency case often generates plenty of good-natured discussion and sharing of different approaches from a wide variety of international opinions.

In addition, being on Twitter has helped me keep up to date with the latest developments and articles from leading journals. All the major journals e.g. Pediatric Critical Care Medicine (@PedCritCareMed), JAMA (@JAMA_current, @JAMAPediatrics), the Lancet (@theLancet), NEJM (@NEJM) all have active Twitter accounts. By following them, I have been able to keep relatively abreast of important papers. One particularly helpful account is @PICjournalwatch, run by Dr. Hari Krishnan (@harrykchris). Dr. Krishnan ably evaluates many key PICU papers and provides invaluable insight into their strengths and weaknesses.

2. Dissemination of information:

Apart from gaining knowledge, Twitter is a useful way of sharing your own insight and experience. Often, the first experience of this is “live-tweeting” a conference – where you listen to a speaker and distil a key point into 280-characters. There is a learning curve to this, of course, (as with anything in PICU!) but there is great satisfaction in crafting a succinct



note that encapsulates an insight that you feel is worth sharing. Most medical conferences now have a conference specific hashtag (e.g. #WFPICCS20, #SMACC) and this also allows colleagues who can't attend to follow along some of the tracks.

In addition to the conference tweets, clinical pearls that you have gained from your own experience can be described in a series of tweets which are usually called a “tweetorial”. These are often practical, bedside tips, which may not be found easily elsewhere and can help with our day-to-day work.

Finally, your own personal research can be disseminated easily to a wide international audience. Pediatric Critical Care Medicine already requires a tweet to be submitted along with your article to enable them to showcase your work. With increased visibility in the community, subsequent authors may cite your work, which improves your professional standing.

3. Professional Networking:

As a result of interacting with so many like-minded individuals, international professional networking opportunities are excellent. Sharing practice often results in us feeling like we know each other though we might not have met face to face. Many leaders of the PICU field such as Patrick Kochanek (@Pat_Kochanek), Jerry Zimmerman (@jerjohzimm), Martha Curley (@curleymaq) and Sapna Kuchadkar (@sapnakmd) all have Twitter accounts and are active in disseminating knowledge and opinion. Organisations such as the American Academy of Pediatrics, the European Society of Pediatric Intensive Care (@ESPNIC) and the World Federation of Pediatric Intensive and Critical Care Society



(@WFPICCS) also have Twitter presence and actively interact with the community.

The networking also provides for increased research collaborative opportunities with several research groups e.g. PALISI (@PALISInet) and PACCMAN (@paccman_asia) having accounts. We hope that all of our PACCMAN members will join us in having a Twitter presence!

4. Patient and community advocacy

While professional advancement is a key advantage of Twitter, the ability to engage patients and the larger PICU community has allowed me to share in advocating for important causes. Occasions such as #WorldSepsisDay allows me to tweet to raise awareness for this issue that is still important in every part of the world. For the medical community, topics such as burnout , resilience, mental health issues and dealing with dying patients are difficult to share in the public sphere. On Twitter, many professionals gather to share their experiences in a safe space, anonymously, knowing that there are others who understand.

5. The final reason – it's just FUN!

There is plenty of humour to be found on Twitter – the short, pithy nature of each tweet lends itself well to a comedic feel. Our experiences as healthcare professionals can sometimes be comically frustrating and it helps to know that we are not alone.

I hope this convinces many of you to take the leap and join me on Twitter! Come find me @ongsoomay and find all the other @paccman_asia members too!



Glossary of Twitter Terms

Table reproduced from Barnes et al, Journal of Intensive Care Medicine, 2019, Vol. 34 (3) 175-182

Twitter Terminology	
Twitter Terminology	Definition
Handle	User's name (@username)—conveys an identity
Follower(s)	Users who follow one's account
Hashtag	Hashtags (#) create searchable content on Twitter that is searchable beyond one's own followers
Favorite	Users can "like" a tweet—this is represented by a small heart on the tweet
Tweet	An original post shared on Twitter, restricted to 280 characters
Retweet	Retweet (RT) allows one to share another user's tweet
Modified tweet	Modified tweet (MT) is used with one modifies another user's tweet
Mention	Another user can be mentioned in a tweet by including their handle (@username)
Reply	This creates a conversation with another user's tweet
Direct message	Direct message (DM) are private messages to other users

I'd also strongly recommend you read this excellent primer on how to join Twitter and creating a good professional profile by Dr. Gracie Leo:

Leo, G. Don't Forget The Twitter, Don't Forget the Bubbles, 2019. Available at: <http://doi.org/10.31440/DFTB.18310>

Join Us ...



To become one of us, please go to:

<https://www.scri.edu.sg/crn/pediatric-acute-critical-care-medicine-asian-network/members/> to download the registration form. Kindly submit the completed form to patricia.tay@scri.edu.sg.

If you have any feedback or would like to feature updates from your country in the PACCMAN newsletter, kindly write to Ms Patricia Tay, PACCMAN secretariat, at patricia.tay@scri.edu.sg.

About PACCMAN (in Chinese) ...

- For your reading pleasures, article contributed by Dr Fu Sheng, Dr Qian Suyun and Dr Xu Feng



儿童急症和重症医学亚洲网络的成立与展望

PACCMAN (Pediatric Acute & Critical Care Medicine Asian Network) establish and prospect

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背景

最初，新加坡儿童重症监护专科的医生在2014年有了成立儿童急症和重症医学网络的想法。最初的设想是在亚细安(Association of Southeast Asian Nations—ASEAN, 东盟国家) 成立一个能够为儿科急诊、重症医学临床科学研究提供相互合作的网络平台。以期把亚细安国家的儿童急诊与重症医学方面相关医务人员联系在一起。对一些共同感兴趣的临床课题展开多中心合作研究。虽然东盟成员国有一些相关的政策、条约等对这种想法有一定的支持。但是这一网络平台的起步阶段并没有任何科研课题被提出及交流。2015年，随着新加坡竹脚妇幼医院与新加坡临床研究所合作搭建在线数据库及新加坡国立大学医学院、马来西亚的砂拉越综合医院及中国的首都医科大学附属北京儿童医院的加入，才可以成立 Pediatric Acute & Critical Care Medicine Asian Network (PACCMAN)，即儿童急症和重症医学亚洲网络。原因是中国的代表加入了进来，才能算是亚洲的称号。2016年，泰国的King Chulalongkorn Memorial Hospital 朱拉隆功国王纪念医院及Ramathibodi Hospital、马来西亚的University Malaya Medical center 马来亚大学医学中心、缅甸的Yangon Children Hospital 仰光儿童医院、中国的重庆医科大学附属儿童医院、菲律宾的Vicente Sotto Memorial Medical Center、香港的Prince of Wales Hospital 威尔斯亲王医院相继加入进来。同年这一研究网络荣获新加坡国立杜克大学 (DUKE-NUS) 颁发的Khoo Pilot Award (KPA) 旨在为临床和转化研究项目而提供的试点奖励资金。 这笔奖金主要用来搭建和维护在线数据库。



PACCMAN第一次组委会

在2017年四月22日下午，PACCMAN在新加坡竹脚妇幼医院召开了第一次会议。会议由新加坡竹脚妇幼医院儿童重症病房（PICU）的 Lee Jan Hau 医生主持。由于是第一次会议，发邀请来参加会议的人员共有二十人左右，实到人数十八位。分别来至新加坡、越南、泰国、中国和中国香港、马来西亚、缅甸和印度尼西亚。Lee 医生首先做了自我介绍，并请参会人员分别自我介绍。Lee 医生同与会者分享了PACCMAN成立的需求背景和展望。他在会上着重列举了自2016年中国的代表加入以来获得的成绩。在夏威夷国际重症医学大会上，PACCMAN的两项研究报告：“亚洲PARDS的流行病学：多中心研究(Epidemiology of PARDS in Asia: a Multicenter Study)”和“PARDS中的风险分级：多中心研究(Risk Stratification in PARDS: a Multicenter Study)”分别获得了明星研究成果奖(Star Research Achievement Award)和金快照奖(Gold Snapshot Awards)。

本次会议也为PACCMAN定下了总体目标。即PACCMAN要通过提升对儿童重症医学各方面的高质量临床研究来改善重症患儿及其家庭的愈后状况。

会议还阐述了PACCMAN存在的意义。它致力于回答重要的临床问题，并为临床实践制定建议和指南。这些指南将根据亚洲的实践和资源量身定制。PACCMAN的研究课题具有重要的社会价值，因为它旨在改善临床上显着的结果，如生存和功能恢复。它还将为新加坡作为网络中心和感兴趣的研究合作伙伴的联络点发挥作用。

会上也对PACCMAN的组织结构进行了讨论。选举了执行委员会人员 Executive Committee (EXCO)。新加坡的Lee Jan Hau 医生为执行委员会主席；越南国立儿童医院的 Phan Huu Phuc 医生和泰国King Chulalongkorn Memorial Hospital 朱拉隆功国王纪念医院的Rujipat Samransamruajkit 医生为执行委员会副主席。设一个儿童急症和重症医学科学委员会。由新加坡的Judith Wong Ju-Ming医生担任学会主委。还需要多两名委员来协助工作。以志愿或指定的形式来决定。（目前还没有人选）将来的组织结构是要设立急诊医学和重症医学两个分支。



本次会议还就组织结构的相关一下内容进行了讨论：

- 一 引入投票选举机制：每一个加入的机构会有两位代表有选举权；执行委员会人员有一票选举权。
- 二 申请程序：采取会员制。会员可以其他会员提供的数据。即数据共享；统一研究计划
- 三 退出条款：会员如若想退出，需要写信给执行委员会EXCO，同时抄送给PACCMAN秘书处；推出后的数据所有权，在退出之前存入PACCMAN注册表的数据仍然可供PACCMAN使用。任何希望使用这些数据的成员都应征得数据提供者的许可，并将数据提供者包含在发表论文的作者身份中。
- 四 会员的责任和义务：会员如果不符合要求，其会员资格将会被取消。这将由执行委员会EXCO做决定。PACCMAN会员资格并非限制在只能是单一身份。会员仍然可以加入其他网络，条件是会员要知会执委会EXCO，同时抄送PACCMAN秘书处。
- 五 论文发表及作者署名：发表科学论文时，作者身份应优先考虑那些为该论文做出贡献（知识或数据）的人；所有使用PACCMAN项目中的数据所发表的论文，作者要承认是PACCMAN会员身份。
- 六 PACCMAN会员的会议频率：会员至少在多数人参与的每年的主要国际会议时进行见面会。其余的季度或半年会议可以利用互联网进行网络会议。
- 七 会员费：每个参与的中心都是名誉会费（实质是免会员费）。目前如果要收取会员费，PACCMAN的后勤缺乏，而且也必须注册为具有财务结构的法人实体。PACCMAN也将接受财务审计。所以在现阶段的发展时期还是保留会员费选项，直到PACCMAN成熟之后再说。

组织结构：目前设立一个科学委员会，即急诊和重症医学科学委员会。等到PACCMAN成熟了之后，会扩展为儿童急诊科学委员会和儿童重症医学科学委员会两个分支。



本次会议还就目前进行的一些研究课题进展做了汇报。这些课题有：急性呼吸窘迫综合征数据库(ARDS Database)的更新和如何更有效地运用这些宝贵数据来开展新的研究课题。这一数据库的数据主要来源是：中国的北京、重庆；泰国的三个中心；马来西亚的两个中心；新加坡的两个中心和越南的一个中心。

泰国的Rujipat 医生在会上提出了题为“对亚洲脓毒症和感染性休克的流行病学：风险因素、管理和愈后结果(Epidemiology of Sepsis and Septic Shock in Asia: Risk Factor, Management, and Outcome)”的研究计划。马来西亚的Gan Chin Seng 医生提出了题为“对儿童急性呼吸窘迫综合征 (PARDS) 愈后结果的长期观察(Long-Term Outcome for PARDS)”的研究计划。日本的Naoki Shimizu医生提出了题为“建立亚洲儿童复苏数据库(Pediatric Resuscitation Data in Asia)”的研究计划。

值得一提的是新加坡竹脚妇幼医院儿童重症监护科 (PICU) 的罗志峰(Loh Tsee Foong)教授为PACCMAN的筹备、组织和本次第一届会议的召开都做了极大的贡献。

第一次会议之后，PACCMAN通过电子邮件的方式向所有的会员发布了组织章程。

PACCMAN第二次组委会

2018年六月9日上午，PACCMAN利用第九届世界儿童重症监护联盟大会(WFPICCS 2018) 的时间和地点，在新加坡的新达城举行了第二届主委会年会。本次会议由于中华医学会儿科重症分会的主席钱素云教授和副主席许峰教授在中国的艰辛工作和富有成效的组织和推广，中国是WFPICCS 2018参会的最大代表团，同时也就是PACCMAN年会的最多参会者了。参会人数三十多位。

PACCMAN第二届组委会年会分两个时段。第一时段是科学论坛。开放给所有WFPICCS 2018大会与会者。PACCMAN的主席Lee Jan Hau医生主持开幕。Judith Wong Ju-Ming医生向与会者介绍了PACCMAN研究课题的进展情况、论文发表的信息等^[3]。来自澳洲的Johnny Millar 医生介绍了澳洲新西兰儿科重症监护网络(ANZIC network) 数据库和一些倡议。来自美国的Vinay Nadkarni 医生介绍了他们如何设计儿科复苏临床试验。



第二时段是闭门会议。会员参加人数23人。PACCMAN向会员介绍了新入会的会员。来自中国上海复旦大学儿童中心的重症监护科是中国的第三个会员中心。会议也进一步讨论了PACCMAN研究课题的进展方向和新开展的课题。对PACCMAN的运行和所做的研究课题提出了一些建议。重症医学方面，重点提出了“机械通气束对儿童急性呼吸窘迫综合征的运用”的研究。这是由政府批准的，以新加坡竹脚妇幼医院为试点的前期临床试验项目。急诊医学方面，“3%高渗盐水可降低创伤性脑损伤儿童的死亡率并改善其长期神经功能吗？”及“中度至重度创伤性脑损伤的重症监护实践的变化：多中心研究倡议”两个科研项目。这些项目都希望能够吸引到多一些的中心参与。

澳洲的Johnny Millar 医生建议PACCMAN可以同澳大利亚和新西兰儿科重症监护数据库（ANZPIC）合作开展一些研究课题。澳大利亚和新西兰儿科重症监护儿科研究组(The ANZICS Paediatric Study Group (PSG)) 在1997年建立了ANZPIC注册数据库。澳大利亚和新西兰的所有专科儿科重症监护病房（PICU）均已提交给ANZPICR。除PICU数据外，ANZPICR还拥有新西兰所有儿童重症监护病房（CCCU）提供的数据，其中还提供了20多个一般ICU（ICU包括成人和儿童）数据。美国的Vinay Nadkarni 医生建议PACCMAN对研究课题要有总体构思。他认为经典的临床随机试验(RCT)设计有局限性。需要考虑RCT设计中的实用方法。美国的Christoph Hornik 医生建议PACCMAN可以模仿胸外科学会先天性心脏手术数据库(Society of Thoracic Surgeons Congenital Heart Surgery Database (STS CHSD))和儿科心脏病危重护理联盟(Pediatric Cardiac Critical Care Consortium (PC4))数据库，来建立起自己的核心主题数据库。

第二次年会之后，于2018年十二月底PACCMAN向全体会员发表了2018年版通讯(NEWSLETTER 2018 Edition)



PACCMAN第三次组委会

2019年三月24日上午，PACCMAN利用第二届亚洲儿科机械通气论坛 (APMVF) 2019 的地点，印度尼西亚的爪哇岛中部城市，苏拉卡尔塔 (梭罗) 市的苏南酒店举行了第三届主委会年会。前来参加会议的人员共有十三人。PACCMAN 的主席Lee Jan Hau医生主持开幕。澳大利亚Lady Cilento Queensland儿童医院，澳大利亚和新西兰儿科重症监护儿科研究组 (The ANZICS Paediatric Study Group (PSG)) 组长Luregn Schlapbach 副教授详细介绍了他们做儿童临床试验遇到的挑战。比如，在急诊很难得到病人愿意参加研究的同意；一些人认为这样临床试验是不道德或不符合伦理的；招募的参与病患人数不足够；病患的父母不认同研究人员向他们讲解的观点；临床试验中的低死亡率也会影响到统计学的结果的可信度；不同来源的列队研究；缺乏做研究基础设施；缺乏研究经费等。他提出研究中重点：一个是决定研究组的重要课题, 是要研究普通的疾病、严重疾病；还是要研究患者/资助机构关心的疾病。另一个是建立能做进一步研究基础设施，如数据库、生物银行。设立数据和安全监督委员会等。Luregn 也进一步介绍了ANZICS Paediatric Study Group (PSG)的组织结构、国内和国际的合作伙伴、接下来三年的目标。并且希望将来可以和PACCMAN合作。

集体讨论中，新成员印度的医学教育与研究研究生院，高级儿科中心虽然未到会，通过PACCMAN主席提出了他们面临的问题。一是临床试验协议设计瓶颈。经常在提交协议后才发现有缺陷。建议的解决方案：发送协议草稿给潜在的合作者、有临床试验经验的单位或主要研究者请求帮助审阅。由PACCMAN负责协议写作指导。二是亚洲国家同意书延期签署的认可程度。对于新加坡来说，尚未批准递延同意的做法。故此主要研究者尽量避免做对时间要求紧迫的研究设计。目前的争论是延期同意的好坏。来自英国的文献显示了延期同意的益处。通常父母在其子女入住PICU时会感到情绪紧张。即使获得了知情同意，父母是否真的要清楚地处理知情同意所描述的协议并给予配哈是一个问题。目前，儿童可能接受次优治疗，我们没有机会从这些错误中吸取教训。



本次会议还通报了成员发展状况。到目前为止有九个国家和地区的23个医疗机构加入了PACCMAN。这些包括来自新加坡的2个、越南1个、泰国3个、马来西亚5个、中国3个、中国香港4个、菲律宾2个、日本2个及印度1个。PACCMAN也通报了学术发表的情况。其中的多中心合作研究分别在2017和2018年在《重症监护》和《儿童重症监护》发表了论文。目前还有一篇文章已经投稿、一篇论文在草稿阶段和三项正在进行的研究。会员可以根据所在医疗机构的相关病例数选择性参与这些正在进行的研究项目。这三项研究分别是：亚洲儿童脓毒症的回溯性流行病学研究；中度至重度创伤性脑损伤重症监护实践的变化：多国倡议（回顾性儿科创伤性脑损伤研究）和3%高渗盐水是否可降低创伤性脑损伤儿童的死亡率并改善长期神经功能预后吗（前瞻性儿科创伤性脑损伤研究）。

会议还介绍了“**儿童急性肺损伤和脓毒症调查员网 (PALISI)**”2018年会议。不过加入PALSI，**每年需要交会员费**。PACCMAN主席提出了两项建议。一是PACCMAN的研究机构可以任意为PALISI缴纳任何金额的会员费。**提供最多的研究机构将优先作为PACCMAN的代表参加PALISI会议**。如果该机构无法派代表，那么参会的机会将向其他PACCMAN成员开放。二是PACCMAN可以与PALISI协商会员费豁免，也许每年可以获得2位免费会员资格，这样持续若干年，等等。这样就会有PACCMAN会员有机会参加PALISI会议（反之亦然），**分享PACCMAN的研究思路并收集PALISI会员对PACCMAN的一些意见的机会**。在PACCMAN与PALISI合作的可能性方面，也有许多值得探讨的方面。比如对长期需要呼吸机维持的儿童的护理和已经气管切开并长期依赖呼吸机的患儿再次入住重症监护病房的管理等。在2019年二月份发表的《**儿童急性呼吸窘迫综合征发病率和流行病学（PARDIE）调查 - 亚洲**》中，亚洲只有2个研究机构参与。实际上在这项调查中，亚洲和非洲的代表性不足。在拟议中的儿童急性呼吸窘迫综合征发病率和流行病学（PARDIE）亚洲调查的提议方面，PARDIE的主研人愿意分享PARDIE的协议、数据收集表和在线数据收集平台。原来的PARDIE研究数据领域将有一些变化，以满足亚洲人口情况。



会议讨论的要点有以下几方面。一，作为推广PACCMAN这一网络，应该以PACCMAN团体形式加入儿童急性肺损伤和脓毒症调查员网络(PALISI)，避免成员个别加入。二，资金问题：PACCMAN仍处于初期阶段，确保运行随机临床试验(RCT)的资金可能很困难。首先，PACCMAN应重点关注对亚洲重要疾病的基础/流行病学观察研究。因为观察性研究不需要大量资金。三，PACCMAN应该有选择地参加国际研究合作。PACCMAN应该首先关注亚洲内部的发展/巩固，并应合作参与对亚洲地区非常重要的研究。四，在扩展PACCMAN参与国际研究和PACCMAN内部关注的研究之间需要取得平衡。加入国际研究也很重要，因为PACCMAN有机会向其他网络学习。

本次会议提出了两项新的合作研究课题。一个是有新加坡竹脚妇幼医院的Lee Jan Hau医生为主研究人的“儿童重症肺炎(S-PIC)研究：亚洲重症肺炎患儿的比较效果研究”。该课题获得了150,000新元的资金用以建立数据库。目前在寻求感兴趣的PACCMAN成员的参与该课题的研究。研究的具体细则将另外介绍。另一项课题是日本的Naoki Shimizu教授提出的“在亚洲儿科重症监护室停止和退出维持生命的临终治疗”。希望能得到私人或政府的资助一百万日元来开展该项调查问卷研究。

从PACCMAN**第一次会议**到现在，短短的两年时间。我们可以看到这个小小的亚洲儿童重症医学网络在不断地成长。衷心祝福PACCMAN**能够**为中国的同仁提供**多一项**的科研合作选择。让我们携手共进，迈向新的目标。

Non-PACCMAN, FYI ...

- LongVENT study with PALISI



Prolonged Mechanical Ventilation in Paediatric Intensive Care : An International Cross-Sectional Prevalence Study

Study leads: Dr Atsushi Kawaguchi and Dr Philippe Jouvét

Abstract:

Studies assessing the duration of mechanical ventilation in the Pediatric Intensive Care Units (PICU) have shown that majority of children are mechanically ventilated only for a short period. Scientific advances, population growth, lower mortality, and increasing morbidity have boosted up the number of patients requiring prolonged mechanical ventilation (PMV) in the recent critical care practice. Evidence suggests that there is a small group of children who use a high level of resources and it may be appropriate to investigate whether their care could be provided in an adapted setting.

This two-year project aims to reveal and describe the prevalence of demographic background and care provided for patients with prolonged mechanical ventilation in PICUs. Patients ≤ 18 years old who are on mechanical ventilation, with > 14 consecutive days (after 37 weeks postmenstrual age) of ventilation for more than 6 hours/day considering invasive ventilation and NIVs, on the day of the study, will be included. We plan to conduct the study on isolated days three months apart for two years (8 data collection dates from September 2019 to June 2021).



Sites recruitment are still open. Interested members, please contact Dr Atsushi Kawaguchi, atsushi@ualberta.ca

Non-PACCMAN, FYI ...

- Upcoming Event



**Annual Scientific Meeting on Intensive Care, ASMIC 2019 in
conjunction with the 3rd Asian Pediatric Intensive Care Congress**

Dates: September 5-8, 2019

Venue: Shangri-La Hotel, Kuala Lumpur

Website: <http://www.msic.org.my/>