
AUSTRALASIAN SLEEP TRIALS NETWORK WEBSITE – BOOKMARK NOW!

The Australasian Sleep Trials Network website is now online at www.sleeptrials.net. The site is updated regularly and managed by Stuart Baulk. The site provides information about all current and future Network projects, the committees and personnel involved, and is a central resource for ASTN policy documents, application forms and downloadable versions of these newsletters.

The website is also home to the Web Forum, an interactive discussion board where members can discuss current projects or ideas. To register for the Web Forum, send an email to Stuart (stuart.baulk@rgh.sa.gov.au) with the words ASTN WEB FORUM in the subject box.

NEXT OPEN FORUM (Auckland, New Zealand, March 2007)

The second Open Forum will be held on Sunday 25 March at the SkyCity Convention Centre in Auckland in conjunction with the TSANZ Annual Meeting (25–29 March 2007). The Open Forum will include expert speakers on study design and discussion of proposed multicentre trials. To register or to get more information, contact Melanie Harris (melanie.harris@rgh.sa.gov.au, tel +61 8 8275 1952) or Stuart Baulk (stuart.baulk@rgh.sa.gov.au, tel +61 8 8275 1098). All interested researchers are welcome, and there is no charge for attendance. More information on the TSANZ meeting is available at www.thoracic.org.au/asm2007.html. Detailed information about the Open Forum meeting will soon be available on the ASTN website.

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FIRST ASTN OPEN FORUM (Perth)

The first ASTN Open Forum meeting was held in Perth on Wednesday 4 October 2006, as part of the Annual Australasian Sleep Association and Australasian Sleep Technologists Association Scientific meeting. The aim of this first meeting was to let people know how the Network came into being, what progress has been made to date, how processes and meetings would work in the future, and to allow clinicians and researchers from a variety of areas within sleep health to talk briefly about the key ideas and issues within those areas. Below is a brief summary of the speakers and discussions. Individual speakers' presentations are available in PDF format on the website.

Session 1: The ASTN so far

Ron Grunstein explained the background to the Network, including NHMRC funding and the roles of the Chief Investigators. He outlined the Mission Statement as well as the Aims and Objectives of the Network. Specifically, the ASTN aims to enhance collaboration in clinical sleep research, improve design, planning, biostatistics and health economics, establish large-scale investigator driven trials, and improve Australian and New Zealand marketability for industry-sponsored research.



Ron Grunstein addresses the first ASTN Open Forum meeting - outlining the background to the network

Doug McEvoy explained the progress made so far in 2006. Since the commencement of funding, we have appointed Melanie Harris as National Project Officer, and held several planning meetings, mainly to evolve ideas using the ANZICS model. We have developed the website and are distributing regular newsletters. We are currently finalising ASTN policy, processes and committees for assessing and approving studies, as well as developing an appeals process. We are currently seeking a consultant biostatistician and health economist. Doug also outlined the Sleep Apnea cardioVascular Endpoints (SAVE) study, which will be run in China.



Kurt Lushington and **Philippa Gander**

Rob Pierce gave a brief overview of the PSG concordance project, which currently involves sleep laboratories at the Austin (VIC) and Royal Adelaide (SA) hospitals. The aim of the project is to work towards consistent training, scoring and reporting for sleep studies, and to develop a rule-based scoring manual which will be used by multicentre clinical sleep trials.



Leon Lack, Philippa Gander, Kurt Lushington and **Sally Ferguson** discuss key issues in sleep research at the first ASTN Open Forum

Melanie Harris, the ASTN National Project Officer, outlined the current organisation of meetings and processes for the network. This was then open for discussion from the floor, as we are aiming to develop the network with input from the sleep health community in general. We aim to hold regular, open meetings alongside the annual TSANZ / ASA scientific meetings which are held in March and October.

Session 2: Ideas for the ASTN

Sutapa Mukherjee talked briefly about the importance of *Genetics* in modern sleep research, and the potential for use in large-scale clinical trials.

Leon Lack outlined the key issues for *Insomnia* research. Insomnia is the most common sleep disorder, affecting 5–10% of individuals, rising to 15–20% in old age.

Sally Ferguson and **Philippa Gander** talked about the key questions in *Sleep Deprivation, Circadian Rhythms and Health*.

Kurt Lushington discussed *Sleep and Young People*, including educational issues about sleep for children and their development.

Mary Carskadon also commented on this, highlighting the importance of *Mood and Depression*, and the need for research into *Childhood Obesity*.

David Hillman outlined the main issues in *Obstructive Sleep Apnea Diagnostics*, and working towards simplifying them.

Craig Hukins talked about *OSA Treatment Strategies*, highlighting a need for research into reliability of CPAP titration.

John Sweica discussed *Movement Disorders* and the need for research in this area, in particular with a genetic component.

Main discussion points

How does funding/sponsorship work?

Projects must attract their own funding, although small amounts of seed funding may be available. We aim to start with a high impact study – our current focus is to lay down tools and infrastructure and to assist researchers to attract funding by improving applications and increasing subject numbers.

Is the ASTN for large/experienced labs only? Is the ASTN solely for clinical trials?

The ASTN is for EVERYONE – all can bring ideas to the Network to work on and improve. We also aim to help to identify and bring together collaborators. We are not solely focused on large trials; the Network can also help develop protocols and provide infrastructure for smaller studies. We anticipate a broad range of studies will be included – some may not be completely 'clinical' in nature.

What does the Network plan to achieve in the next 5yrs?

We believe that *sustainability* is key – the NHMRC will be interested in *progress*. Therefore, we aim to have 3 high impact projects with funding and ready to start in 5 years.

What is/will be the NHMRC view on the Network?

There is no need for all sleep-related proposals to go through the Network. Theoretically there would be no negative effect on proposals going through the NHMRC which are *not* endorsed by the ASTN. We aim to *build capacity* for major studies – *not* become a gatekeeper for all sleep research funding.

THE SAVE TRIAL

Planning is now being stepped up for the **Sleep Apnea cardioVascular Endpoints (SAVE)** trial, an international trial with Network representation which is providing valuable experience for the Network in the organisation of large-scale trials. SAVE is designed to definitively address one of the most important questions remaining in the field of sleep medicine – namely, whether OSA causes cardiovascular events, and, if so, what level of risk reduction is achieved by OSA treatment. The Principal Investigator is Network CI Doug McEvoy, who is joined by Australian co-investigators Ron Grunstein (representing the ASTN) and Craig Anderson (George Institute for International Health), and Professors Wang Jiguang and Huang Shaoguang in Shanghai, China. The first phase of SAVE will begin next year. At this early stage industry support and interest has been very positive. Resprionics Inc has made a major commitment to SAVE 1 (Platinum sponsor) with vital additional Bronze level sponsorships from Fischer Paykel, ResMed and Compumedics. Other industry and government partnerships are being sought to enlarge this important trial.

THE RESEARCH COMMITTEE

The Network's Research Committee is now being set up. This committee conducts the core business of the Network by providing expertise, if needed, for the development of study proposals and evaluating protocols for implementation as Network studies. It will be made up of two Chief Investigators, four Associate Investigators/members, the biostatistics and health economics consultants and a consumer representative. Positions will be rotated at different intervals to ensure continuity. The committee will meet at least four times a year, with extra meetings and teleconferences as needed.

JAMES DOUGLAS JOINS EXECUTIVE COMMITTEE

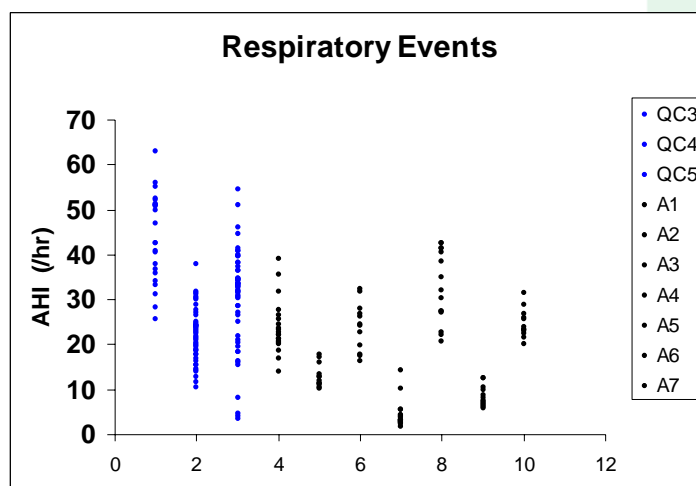
Every year an Associate Investigator will join the Chief Investigators on the Executive Committee of the Network for a 12-month period. The first AI to take up this role is Dr James Douglas, Director of the Sleep Disorders Centre at the Prince Charles Hospital, Brisbane. James's interests in sleep medicine research include: non-invasive ventilation; factors influencing adherence to CPAP; and effects of sleep deprivation in the workplace. James is keen to hear from researchers in Queensland and elsewhere who want to become involved in the Network. He can be contacted by phone on (07) 3139 5786, or by email at james_douglas@health.qld.gov.au



James Douglas
 Associate Investigator for the Network and member of the Executive Committee

PSG CONCORDANCE PROJECT

Measures of sleep and breathing from polysomnography (PSG) are used in diagnosing sleep disorders, but Australian researchers Rob Pierce and Peter Rochford in Melbourne and Andrew Thornton in Adelaide have reported large inter-scorer variation for many of these measures. The chart at right shows the ranges of apnea-hypopnea index values when a set of 10



sleep studies was scored by different technologists. For example, AHI values for the first sleep study ranged from 26 to 66 events per hour.

This level of variation would be a major problem for ASTN multicentre trials relying on PSG, so the Network has sponsored a project led by Rob, Peter and Andrew. Fifteen participating laboratories, each with two scorers, will be randomised to one of three groups. One group will receive no intervention, another group will receive feedback about their performance, and the third group will receive feedback and will participate in active sessions aimed at improving scoring agreement. This will be the first time that the effect of such a program has been tested and the results will be used in the design of future multicentre studies. The project is being conducted between October 2006 and July 2007 with results presented at Worldsleep07 in October.