



ANZICS Clinical Trials Group

ANNUAL  
REPORT  
2024-2025

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We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging.

We recognise that their sovereignty was never ceded. We acknowledge Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

ANZICS is committed to cultivating inclusive environments for staff and members to celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

## AT A GLANCE

### Since the Establishment of the ANZICS Clinical Trials Group in 1994:



#### Endorsed and supported studies:

Randomised over **169,000** patients into clinical trials Included more than 113,000 patients in observational studies.



#### Published Papers:

Published **314** peer-reviewed papers, including 30 in The New England Journal of Medicine 15 in JAMA.



#### Funding Secured:

Secured over **\$358 million** in total research funding.

### In 2024-2025, ANZICS CTG included:



**91** member intensive care units and institutions (adult and paediatric) cross Australia and New Zealand.

Over **1,125** clinicians and researchers subscribed to our mailing list 33 active studies underway.

# CHAIR'S REPORT



This year has been marked by both loss and renewal. The passing of Professor Rinaldo Bellomo, our inaugural Chair, has left a profound gap in our community. Rinaldo's spirit of relentless curiosity, collaboration, and optimism has shaped the ANZICS Clinical Trials Group since its inception. As we mourn, we must also transform our pain into energy - keeping his philosophy alive as we continue to build the future of intensive care research together.

## **Driving impact through trials, synthesis, and translation**

The ANZICS CTG's central mission remains clear: large-scale clinical trials, evidence synthesis, and knowledge translation. These activities are where we deliver the greatest impact. Large-scale trials provide definitive answers, but they also enable multiple types of sub-studies, and mechanistic projects that broaden knowledge. Evidence synthesis connects our work to the global research enterprise. Knowledge translation ensures patients feel the benefit. Together, these pillars define excellence in design, delivery, and impact.

## **Protecting our research coordinator network**

The Research Coordinator network is the backbone of the ANZICS CTG. Reports from IRCIG and PIRCIG underscore both its fragility and resilience. Sustaining this workforce is non-negotiable if we are to maintain the integrity of our collaborative model. Continued investment of our time, attention and resources to the sustainability of the research coordinator development is essential for the mission and values of the ANZICS CTG.

## **Harnessing technology for efficiency**

The scale and complexity of contemporary trials demands technological innovation, as articulated by Matt Semler at our Noosa Meeting this year; at additional meetings, Matt Churpek and Paul Young also illustrated this concept to the ANZICS CTG community. Digital platforms, artificial intelligence, and new approaches to monitoring and follow-up all offer opportunities to deliver research faster, leaner, and at higher quality. Our community must not only adopt these tools but also shape how they are used in intensive care research.

## **Exemplars of innovation and growth**

The Point Prevalence Program continues to demonstrate extraordinary value from restricted funding. With more than 60 studies completed, 39 manuscripts published, and 18 successful grants supported, it remains a vital training ground for early career investigators and a driver of translational research.

Equally, the Paediatric Study Group and Paediatric Research Coordinator network have achieved remarkable growth. Their delivery of landmark trials, leadership of international collaborations, and commitment to consumer engagement exemplify how innovative approaches can create exponential impact. Their trajectory offers a blueprint for other ANZICS CTG initiatives.

## A collaborative ecosystem

Reports from Allied Health and Pharmacist Research, People with Lived Experience, EMERGE, and our national meetings highlight the diversity and depth of our collaborative ecosystem. Each group adds unique strength, broadening participation, diversifying perspectives, and ensuring that our work is relevant and inclusive.



## Looking ahead

Our path forward is clear:

We must honour Rinaldo's legacy through continued collaboration and curiosity.

- Our focus continues to be large-scale trials, evidence synthesis, and translation; integrating opportunities for adding additional value through sub studies.
- We must do the work to sustain the Research Coordinator network.
- We must embrace technology for efficiency and quality.

The ANZICS Clinical Trials Group is more than a network; it is a community defined by resilience, imagination, and integrity. Together, we will continue to generate the evidence that defines practice in intensive care, not just in Australia and New Zealand, but worldwide.



**Dr Manoj Saxena**  
ANZICS CTG Chair

# ABOUT THE ANZICS CLINICAL TRIALS GROUP



## Vision:

The ANZICS CTG vision is to improve outcomes of intensive care patients and their families by fostering an exceptional, collaborative research community.



## Mission:

To provide a skills-based structure which:

- Represents, connects, and advocates for its multidisciplinary members; including medical, nursing, allied health and consumer representatives.
- Promotes and facilitates future collaborative, diverse, and sustainable research teams, that generate, disseminate, and translate new knowledge.
- Advances the education and understanding of research methodology and critical analysis.



## Values:

**Integrity**, responsibility and accountability to ourselves, our patients and the community.

**Innovation**, creativity and intellectual development of scientific thought.

**Respectful** and collegiate relationships within our group, the intensive care community and with collaborators.

## The ANZICS Clinical Trials Group is:

A standing committee of the Australian and New Zealand Intensive Care Society (ANZICS), which is committed to upholding the values of the organisation.

A collective of Intensive Care Units (ICUs) and dedicated professionals, who collaborate to conduct world-class intensive care research in Australia and New Zealand.

Committed to establishing networks of investigators, supporting the ICU research workforce, and strengthening partnerships with external research bodies both locally and internationally.

# GOVERNANCE



The Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group (CTG) Committee is a standing committee appointed by and accountable to the Board of ANZICS. This Committee administers the ANZICS CTG.

In addition to a Chair, Vice-Chair, Secretary and Treasurer, this Committee consists of a representative from each ANZICS Region (nominated and elected by the ANZICS Regional Members), and representatives from the ANZICS Paediatric Study Group (PSG), the EMERGE Group, ANZICS Centre for Outcomes and Resource Evaluation (CORE), the Intensive Care Research Coordinators Interest Group (IRCIG) and the

Allied Health Group (AHRIG). Other members include the Immediate Past Chair, the ANZICS CTG Executive Officer, the ANZICS CTG Administration Assistant and co-opted research strategy leaders as required.

The ANZICS CTG Committee meets face-to-face two times a year in person and at least a further two times per year virtually, the involvement of committee members throughout the year is substantial. Representatives volunteer their time to facilitate the strategic development of the trials group, lead and contribute to special interest working groups, review study protocols and manuscripts for endorsement, plan scientific meetings and represent the ANZICS CTG on external boards and committees. All members of the ANZICS CTG Committee are gratefully acknowledged for their time, expertise and dedication to the ANZICS CTG.

## Office Beareres



**Manoj Saxena**  
Chair



**Andrew Udy**  
Vice Chair



**Adam Deane**  
Secretary



**Samantha Bates**  
Treasurer

Immediate Past Chair - **Sandra Peake**

CORE Representative - **David Pilcher**

IRCIG Representative - **Heidi Buhr**

PSG Representative - **Warwick Butt**

EMERGE Representative - **Kimberley Haines**

AHRIG Representative - **Emma Ridley**

Co-Opted Representative - **Shailesh Bihari**

Co-Opted Representative - **Rick McAllister**

SA/NT Representative - **Mark Plummer**

NZ Representative - **Toby Bettridge**

NSW/ACT Representative - **Sumeet Rai**

QLD Representative - **Mahesh Ramanam**

VIC Representative - **Yasmine Ali Abdelhamid**

WA Representative - **Alexander Wood**

TAS Representative - **Vacant**

# MEMBERSHIP



The operational activities of the ANZICS Clinical Trials Group are supported by membership subscriptions received from intensive care units. Membership is open to all ICUs, public and private, throughout Australia and New Zealand.

The ANZICS CTG also offers affiliate membership to international ICUs providing at least one clinician working in the unit is a financial member of ANZICS.

Annual membership fees for ICUs for July 2024 – June 2025 were AU\$2,575 ex GST. There were 88 adult and paediatric intensive care units and four institutions who were members of the ANZICS Clinical Trials Group. The support received from these members was vital, both in terms of voluntary subscriptions and active participation in ANZICS CTG research.

Income from ANZICS CTG memberships is used to support the ANZICS CTG Office which in turn coordinates ANZICS CTG activities. Without this financial support it would be difficult to continue to maintain ANZICS CTG activities such as the regular meetings for study presentation and critique, the scientific review of new projects and manuscripts for ANZICS CTG endorsement, governance and policy implementation, research training and mentoring, and activities to preserve and build ICU research capacity.

## Thank you to all our members

### Australia Capital Territory

Canberra Hospital

### New South Wales

Albury Wodonga Health

Bankstown Hospital

Blacktown Hospital

Calvary Mater Newcastle Hospital

Concord Repatriation General Hospital

Dubbo Health Services

Gosford Hospital

John Hunter Hospital

Liverpool Hospital

Nepean Hospital

Royal North Shore Hospital

Royal Prince Alfred Hospital

St George Hospital

St Vincent's Hospital

Sydney Sutherland Hospital

Sydney Children's Hospital

Westmead Hospital

Westmead Children's Hospital

Wollongong Hospital

### South Australia

Flinders Medical Centre

Lyell McEwin Hospital

Queen Elizabeth Hospital

Royal Adelaide Hospital

Women and Children's Hospital - Adelaide

## Queensland

Caboolture Hospital  
Cairns Hospital  
Gold Coast University Hospital  
Hervey Bay Hospital  
Ipswich Hospital  
Logan Hospital  
Mater Health Services Brisbane  
Prince Charles Hospital  
Princess Alexandra Hospital  
Queen Elizabeth II Jubilee Hospital  
Queensland Children's Hospital  
Rockhampton Hospital  
Royal Brisbane and Women's Hospital  
Sunshine Coast University Hospital  
Toowoomba Hospital  
Townsville Hospital and Health Service  
Wesley Hospital

## Northern Territory

Alice Springs Hospital  
Royal Darwin Hospital

## Western Australia

Bunbury Hospital  
Fiona Stanley Hospital  
Perth Children's Hospital  
Rockingham General Hospital  
Royal Perth Hospital  
Sir Charles Gairdner Hospital  
St John of God - Subiaco  
St John of God - Murdoch

## Victoria

Alfred Hospital  
Austin Health  
Ballarat Health Services  
Bendigo Health Care Group  
Cabrine Hospital  
Casey Hospital- Monash Health  
Dandenong Hospital - Monash Health  
Eastern Health  
Epworth Richmond  
Monash Children's Hospital - Monash Health  
Monash Medical Centre - Monash Health  
Northeast Health Wangaratta  
Northern Hospital  
Peninsula Health  
Royal Children's Hospital  
Royal Melbourne Hospital  
St Vincent's Hospital  
University Hospital Geelong  
Victorian Heart Hospital - Monash Health  
Werribee Mercy Hospital  
Western Health

## Tasmania

Launceston General Hospital  
Royal Hobart Hospital

## New Zealand

Auckland City Hospital - CVICU  
Auckland City Hospital - DCCM  
Christchurch Hospital  
Dunedin Hospital  
Hawkes Bay Fallen Soldiers Memorial Hospital  
Middlemore Hospital  
Nelson Hospital  
North Shore Hospital - Waitemata  
Starship Children's Hospital  
Tauranga Hospital Haurora a Toi Bay of Plenty  
Waikato Hospital  
Wellington Regional Hospital  
Whangarei Hospital

## Other Member Institutions

The Australian and New Zealand, Intensive Care Research Centre (ANZIC-RC)  
Children's Intensive Care Research Program (ChIRP)  
The Medical Research Institute of New Zealand (MRINZ)  
The George Institute Division Of Critical Care And Trauma (TGI)

# GRANTS

ANZICS CTG endorsed study grants awarded in FY2024- 2025.

\*All amounts in Australian dollars, unless otherwise specified.\*



## BEST-DKA

Balanced multi-electrolyte solution versus 0.9% sodium chloride as fluid therapy for patients presenting with moderate to severe diabetic ketoacidosis.

**MRFF \$743,065.45, BAXTER \$110,720.19**

## DRIVE RCT Australia

Driving Pressure Limited Ventilation in Hypoxemic Respiratory Failure–Randomised Control Trial.

**NHMRC \$2,699,086.30**

## DRIVE RT NZ

Platform of Randomized Adaptive Clinical Trials in Critical Illness (PRACTICAL)

**Canadian Institute of Health Research \$3000**

## EXCEL Registry

A comprehensive bi-national registry on the treatment and outcomes of patients requiring ECMO.

**The Dicker Family \$100,000**

## FLASH

A prospective, blinded, randomised clinical trial of fludrocortisone compared with placebo in critically ill patients presenting with aneurysmal subarachnoid haemorrhage. FLudrocortisone administration in Aneurysmal Subarachnoid Haemorrhage.

**MRFF \$828,796.57**

## Mega-ROX

The Mega Randomised Registry Trial Comparing Conservative vs. Liberal OXYgenation Targets.

**Philanthropic donation \$350,000 NZD**

## PREVENT-NEURO

PRophylaxis against Early VENTilator-associated infections to reduce mortality in mechanically ventilated Intensive Care Unit (ICU) patients with acute brain injuries: a phase 3 randomised, double blind, parallel group, placebo-controlled two-side superiority trial.

**NHMRC \$561,000**

## SODa-BIC

SODium BICarbonate for Metabolic Acidosis in the Intensive Care Unit (SODa-BIC): A multicentre, randomised, double-blind clinical trial.

**NHMRC MRFF CTA \$682,715.77**

## SPICE-IV

Early Sedation with Dexmedetomidine vs. Placebo in Older Ventilated Critically Ill Patients: A Prospective, Multi-centre, Double-Blind, Randomized Controlled Trial.

**Deutsche Forschungsgemeinschaft (German Research Foundation, DFG) EUR 1,100,000**

Short Period Incidence Study of Severe Acute Respiratory Infection.

**Australian Government, Department of Health \$5,325,797**

Sedation, Temperature and Pressure after Cardiac Arrest and Resuscitation.

**Health Research Council of New Zealand \$279,982.15**

## TARGET Protein

The effect of augmented administration of enteral protein to critically ill adults on clinical outcomes: A cluster randomised, cross-sectional double cross-over, registry-embedded, pragmatic clinical trial.

**MRFF \$519,857**

# ENDORSEMENT



The ANZICS Clinical Trials Group itself does not conduct studies; rather it provides endorsement or support for studies proposed to be conducted in its name. As such, the process by which studies are endorsed or supported is critical for the group's success.

The requirements for endorsement and support are set out in the ANZICS CTG Terms of Reference and include that studies must: accord with the ANZICS CTG's mission, vision and values; attain the highest standards of scientific validity and feasibility; be presented at least one ANZICS CTG meeting to provide an opportunity for input from the intensive care research community; and be managed by a group with appropriate skills and representation from investigators and research coordinators.

Manuscripts arising from ANZICS CTG studies must also undergo a process of rigorous peer review that is overseen by the ANZICS CTG Committee prior to submission for publication.

The ANZICS CTG endorsement process is conducted by the ANZICS CTG Committee. Peer review of study proposals and manuscripts arising from ANZICS CTG studies is undertaken by members of the ANZICS CTG Committee and invited reviewers and ICU Research Coordinators.

We thank all who contributed significant amounts of time and expertise to ensuring the highest scientific standards were maintained by the ANZICS CTG for all of the 8 manuscript reviews and 3 study applications for endorsement in the past year.

## Acknowledgements

Non ANZICS CTG Committee Member reviewers who performed an endorsement review in the past 12 months:

**Asim Shah**  
**Darryl Jones**  
**David Tuxen**  
**Jason Myers**  
**Matthew Maiden**

**Miranda Hardie**  
**Naomi Hammond**  
**Rima Song**  
**Sumeet Rai**  
**Trish Williams**

# NEW STUDIES & STUDIES IN SET UP PHASE

FY2024 - 2025



## New Studies

### FLASH

#### ANZICS CTG Endorsed Study

FLudrocortisone administration in Aneurysmal Subarachnoid Haemorrhage The FLASH Trial.

A prospective, blinded, randomised clinical trial of fludrocortisone compared with placebo in critically ill patients presenting with aneurysmal subarachnoid haemorrhage. To determine whether administration of enteral fludrocortisone in aneurysmal subarachnoid haemorrhage will reduce death and dependency at six months

**CTG2425-01**

### PREVENT-NEURO

#### ANZICS CTG Endorsed Study

PRophylaxis against Early VENTilator-associated infections to reduce mortality in mechanically ventilated Intensive Care Unit (ICU) patients with acute brain injuries: a phase 3 randomised, double blind, parallel group, placebo-controlled two-side superiority trial.

**CTG2425-02**

### Pilot-RESTORE

#### ANZICS CTG Endorsed Study

A pilot randomised controlled trial of plasma compared to no plasma in the RESuscitation of severe burns TO Restore Endothelial integrity.

To assess the feasibility, and inform the design, of a large, multi-centre, international, definitive randomised controlled clinical trial to evaluate whether plasma based resuscitation strategy improves outcomes in patients with severe burns.

**CTG2425-03**

## Studies in Set Up Phase

### PREVENT-NEURO

#### ANZICS CTG Endorsed Study

PRophylaxis against Early VENTilator-associated infections to reduce mortality in mechanically ventilated Intensive Care Unit (ICU) patients with acute brain injuries: a phase 3 randomised, double blind, parallel group, placebo-controlled two-side superiority trial.

**CTG2425-02**

### Pilot-RESTORE

#### ANZICS CTG Endorsed Study

A pilot randomised controlled trial of plasma compared to no plasma in the RESuscitation of severe burns TO Restore Endothelial integrity.

To assess the feasibility, and inform the design, of a large, multi-centre, international, definitive randomised controlled clinical trial to evaluate whether plasma based resuscitation strategy improves outcomes in patients with severe burns.

**CTG2425-03**

### PAIN ICU

#### ANZICS Endorsed Study

Pain in Survivors of Intensive Care Unit Admission (The PAIN-ICU Study): An Observational Cohort Study.

**CTG1920-02**



# RECRUITING

FY2024 - 2025



## ARISE FLUIDS

### ANZICS CTG Endorsed Study

Australasian Resuscitation in Sepsis Evaluation: Fluids.  
CTG 1718-04

## BEST-DKA

### ANZICS CTG Endorsed Study

Balanced multi-electrolyte solution versus 0.9% sodium chloride as fluid therapy for patients presenting with moderate to severe diabetic ketoacidosis.

CTG 2324-03

## BONANZA

### ANZICS CTG Endorsed Study

Brain Oxygen Neuromonitoring in Australia and New Zealand – Global Trial.

CTG 1718-05

## BONE ZONE

### ANZICS CTG Endorsed Study

Bone Loss Prevention with Zoledronic Acid or Denosumab in Critically Ill Adults – A Randomised Controlled Trial.

CTG 2021-05

## CALIPSO

### ANZICS CTG Endorsed Study

The Duration of Cardiac Antimicrobial Prophylaxis Outcomes Study: multicentre, adaptive, double-blind, threearm, placebo- controlled, noninferiority trial examining antimicrobial prophylaxis duration in cardiac surgery.

CTG 2223-01

## CLIP II NZ

### ANZICS CTG Endorsed Study

Cryopreserved vs Liquid Platelets Trial.  
CTG 2021-07

## DRIVE-RCT Australia

### ANZICS CTG Supported Study

DRIVING PrEssure Limited Ventilation in Hypoxemic Respiratory Failure–Randomised Control Trial.

CTG 2223-04

## DRIVE-RT NZ

### ANZICS CTG Supported Study

DRIVING PrEssure Limited Ventilation in Hypoxemic Respiratory Failure–Randomised Control Trial.

CTG 2324-01

## EPO-TRAUMA

### ANZICS CTG Endorsed Study

A prospective, multicentre, randomised, double-blind placebo-controlled, stratified phase III trial of epoetin alfa vs. placebo in critically ill trauma patients.

CTG 1617-05

## EXCEL STUDY

### ANZICS CTG Endorsed Study

A comprehensive national registry on the treatment and outcomes of patients requiring ECMO.

CTG 1819-03

## FEISTY II

### ANZICS CTG Endorsed Study

Fibrinogen Early In Severe Trauma study II.

CTG 2021-04

## FLASH

### **ANZICS CTG Endorsed Study FLudrocortisone administration in Aneurysmal Subarachnoid Haemorrhage**

A prospective, blinded, randomised clinical trial of fludrocortisone compared with placebo in critically ill patients presenting with aneurysmal subarachnoid haemorrhage. To determine whether administration of enteral fludrocortisone in aneurysmal subarachnoid haemorrhage will reduce death and dependency at six months.

**CTG2425-01**

## ICU RESOLVE-D

### **ANZICS CTG Endorsed Study**

Digital Peer Support for ICU Survivors: icuRESOLVE-d Randomised Controlled Trial.

**CTG 2324-04**

## LOGICAL

### **ANZICS CTG Endorsed Study**

Low OxyGen Intervention for Cardiac Arrest injury Limitation.

**CTG 2021-08**

## MEGA-ROX

### **ANZICS CTG Endorsed Study**

The Mega Randomised Registry Trial Comparing Conservative vs. Liberal OXYgenation Targets.

**CTG 1920-01**

## NEPTUNE

ANZICS CTG Endorsed Study NEt ultrafiltration Prescription and Targeting versus Usual NEt ultrafiltration during continuous renal replacement therapy.

**CTG 2122-02**

## PREVENTS-AKI

### **ANZICS CTG Endorsed Study**

PREVENTion with SGLT-2 inhibition of Acute Kidney Injury in intensive care.

**CTG 2223-02**

## PROBEFLUID KRT

### **ANZICS CTG Supported Study**

ProBeFluid-Pilot open-label trial of protocol-based fluid removal vs usual care in critically ill patients on kidney replacement therapy.

**CTG 2122-04**

## REMAP-CAP

### **ANZICS CTG Supported Study**

Randomized, Embedded, Multifactorial Adaptive Platform trial for Community- Acquired Pneumonia.

**CTG 1415-02**

## SODa-BIC RCT

### **ANZICS CTG Endorsed Study**

SODium BICarbonate for Metabolic Acidosis in the Intensive Care Unit (SODa-BIC): A multicentre, randomised, double-blind clinical trial.

**CTG 2223-03**

## SPICE IV

### **ANZICS CTG Endorsed Study**

Early Sedation with Dexmedetomidine vs. Placebo in Older Ventilated Critically Ill Patients: A Prospective, Multicentre, Double-Blind, Randomized Controlled Trial.

**CTG 2021-02**

## SPRINT-SARI

### **ANZICS CTG Supported Study**

Short Period Incidence Study of Severe Acute Respiratory Infection.

**CTG 1516-01**

## STEPCARE

### **ANZICS CTG Supported Study**

Sedation, Temperature and Pressure after Cardiac Arrest and Resuscitation - the STEPCARE trial.

**CTG 2324-02**

## T4P

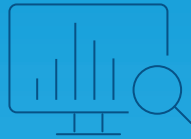
### **ANZICS CTG Supported Study**

The Threshold for Platelets study: a prospective randomised trial to define the platelet count below which critically ill patients should receive a platelet transfusion prior to an invasive procedure.

**CTG 2324-05**

# ANALYSIS & REPORTING

FY2024 - 2025



## ADRENAL CONSENT STUDY

### ANZICS CTG Endorsed Study

A multi-centre, prospective, observational study of the process of obtaining consent from potential participants or their substitute decisionmakers in the Adjunctive corticosteroid treatment in critically ill patients with septic shock (ADRENAL) Study.

**CTG 1213-003**

## CLIP II

### ANZICS CTG Endorsed Study

A phase III multicentre blinded randomised controlled clinical non-inferiority trial of cryopreserved platelets vs. conventional liquid-stored platelets for the management of post-surgical bleeding. The cryopreserved vs. liquid platelets trial.

**CTG 1718-06**

## ECMOCARD

### ANZICS CTG Supported Study

Covid-19 Critical Care Consortium Observational Study Incorporating the Extra Corporeal Membrane Oxygenation for 2019 novel Coronavirus Acute Respiratory Disease.

**CTG 2021-01**

## INTENT

### ANZICS CTG Endorsed Study

Intensive nutrition therapy compared to usual care in critically ill adults: A randomised pilot trial.

**CTG 1718-10**

## NUTRIENT

### ANZICS CTG Endorsed Study

Nutrition practice in critically ill adults – an observational study.

**CTG 2021-06**



# COMPLETED STUDIES

FY2024 - 2025



## **BLENDER**

### **ANZICS CTG Endorsed Study**

Blend to Limit oxygen in ECMO: A randomised controlled Registry trial.

**CTG 1819-05**

## **COMPASS**

### **ANZICS CTG Endorsed Study**

The clinical outcomes measurement in perioperative medicine, anaesthesia & surgery study.

**CTG 1819-09**

## **TARGET PPP**

### **ANZICS CTG Endorsed Study**

TARGET Point Prevalence Study - New Zealand.

**CTG 1718-09**

## **TARGET PROTEIN**

### **ANZICS CTG Endorsed Study**

The effect of augmented administration of enteral protein to critically ill adults on clinical outcomes: A cluster randomised, cross-sectional double cross-over, registry embedded, pragmatic clinical trial.

**CTG 2122-03**



# PUBLICATIONS

FY2024 - 2025



## BEST-DKA

Buffered salt solution versus 0.9% sodium chloride as fluid therapy for patients presenting with moderate to severe diabetic ketoacidosis: Study protocol for a Phase-3 cluster-crossover, blinded, randomised, controlled trial

[sciencedirect.com/science/article/pii/S1441277225000080?via%3Dihub](https://www.sciencedirect.com/science/article/pii/S1441277225000080?via%3Dihub)

## BLENDER

Conservative or liberal oxygen targets in patients on venoarterial extracorporeal membrane oxygenation. Intensive Care Med. 2024 Sep;50(9):1470-1483.

doi: 10.1007/s00134-024-07564-8. Epub 2024 Aug 20. Erratum in: Intensive Care Med. 2024 Dec;50(12):2241-2242. doi: 10.1007/s00134-024-07677-0. PMID: 39162827; PMCID: PMC11377512.

[pubmed.ncbi.nlm.nih.gov/39162827/](https://pubmed.ncbi.nlm.nih.gov/39162827/)

## DRIVE-RCT NZ

Statistical Power and Performance of Strategies to Analyze Composites of Survival and Duration of Ventilation in Clinical Trials. Crit Care Explor. 2024 Sep

[pubmed.ncbi.nlm.nih.gov/39302988/](https://pubmed.ncbi.nlm.nih.gov/39302988/)

## EXCEL Registry

Hospital-level volume in extracorporeal membrane oxygenation cases and death or disability at 6 months. Critical care and resuscitation : journal of the Australasian Academy of Critical Care Medicine, 26(4), 262- 270.

<https://doi.org/10.1016/j.ccrj.2024.08.006>

## EXCEL Registry

Long-term outcomes of patients who received extracorporeal cardiopulmonary resuscitation (ECPR) following in-hospital cardiac arrest: Analysis of EXCEL registry data. Critical care and resuscitation : journal of the Australasian Academy of Critical Care Medicine, 26(4), 279-285.

[doi.org/10.1016/j.ccrj.2024.08.008](https://doi.org/10.1016/j.ccrj.2024.08.008)

Long-Term Functional Outcomes in the First 12 Months After VA-ECMO in Adult Patients: A Prospective, Multicenter Study. Circulation. Heart failure, 18(6), e012476.

[doi.org/10.1161/circheartfailure.124.012476](https://doi.org/10.1161/circheartfailure.124.012476)

Long-term health-related quality of life in survivors of extracorporeal cardiopulmonary resuscitation compared to conventional cardiopulmonary resuscitation- A cohort study using Australian and New Zealand extracorporeal membrane oxygenation registry and the Victorian Ambulance Cardiac Arrest Registry. Resuscitation, 210, 110601.

[doi.org/10.1016/j.resuscitation.2025.110601](https://doi.org/10.1016/j.resuscitation.2025.110601)

## FLASH

Fludrocortisone to treat patients with aneurysmal subarachnoid haemorrhage: Protocol for an international, phase 3, randomised, placebo-controlled, multicentre trial

[doi.org/10.1016/j.ccrj.2025.10011](https://doi.org/10.1016/j.ccrj.2025.10011)

## ICU Resolve-d

Virtual Peer Support for ICU Survivors Is Feasible and May Improve Outcomes for ICU Survivors: Results from the icuRESOLVE-D (icu Recovery Solutions Codesigned through Survivor Engagement-Digital) Pilot Randomized Controlled Trial. American Journal of Respiratory and Critical Care Medicine. 2024 Nov15;210(10):1273-

[atsjournals.org/doi/full/10.1164/rccm.202404-0780RL](https://atsjournals.org/doi/full/10.1164/rccm.202404-0780RL)

## INTENT

The impact of a tailored nutrition intervention delivered for the duration of hospitalisation on daily energy delivery for patients with critical illness (INTENT): a phase II randomised controlled trial. *Crit Care* 29, 8 (2025).

[doi.org/10.1186/s13054-024-05189-3](https://doi.org/10.1186/s13054-024-05189-3)

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[thorax.bmj.com/content/80/8/530.full](https://thorax.bmj.com/content/80/8/530.full)

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doi: 10.1016/j.aucc.2025.101228. Epub 2025 Apr 23. PMID: 40273709.

<https://pubmed.ncbi.nlm.nih.gov/40273709/>

## SPRINT-SARI

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doi: 10.1016/j.ccrj.2024.11.003. PMID: 40109285; PMCID: PMC11919585.

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[doi.org/10.1111/aas.70040](https://doi.org/10.1111/aas.70040)

## TARGET PPP

Nutrition practices in Australia and New Zealand in response to evolving evidence: Results of three point-prevalence audits.

*Aust Crit Care*. 2025 Jan;38(1):101098.

doi: 10.1016/j.aucc.2024.07.079. Epub 2024 Aug 23. PMID: 39179491.

[pubmed.ncbi.nlm.nih.gov/39179491/](https://pubmed.ncbi.nlm.nih.gov/39179491/)

## TARGET Protein

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doi: 10.1186/s13063-025-08759-0. PMID: 39915843; PMCID: PMC11800547.

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Augmented Enteral Protein During Critical Illness: The TARGET Protein Randomized Clinical Trial. *JAMA*. 2025 Jun 11:e259110.

doi: 10.1001/jama.2025.9110. Epub ahead of print. PMID: 40495743; PMCID:PMC12159859.

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# POINT PREVALENCE PROGRAM

The Point prevalence Program (PPP) is a collaboration between the Australian and New Zealand Intensive Care Society (ANZICS) and the Critical Care Program at the George Institute for Global Health. The PPP was established in 2009 to provide research infrastructure in response to the increasing success of ANZICS; there was a need for the capacity to efficiently conduct an increasing number of NHMRC funded large-scale phase III clinical trials, as well as simultaneously conduct feasibility and observational studies to allow the planning of the next generation of phase III clinical trials.

The program was established with the view that a collaborative point prevalence research program would enable multiple researchers to simultaneously collect feasibility data using repeatable research and operational processes.

The PPP ran for 8 consecutive years (2009-2016) with 10 study days. After a pause in 2017-2018, the program has run consecutive successful study days since 2019 culminating in a total of 60 separate studies conducted in intensive care units across Australia and New Zealand. The reinstating of PPP in 2019, was supported in part by funding from the Intensive Care Foundation. Since 2019, Investigators interested in using the program are encouraged to provide funding. The Convenor's and Program Manager continue to investigate ongoing sources of funding to ensure the longevity of the program. Outputs from the PPP have included 39 scientific manuscripts in peer reviewed journals and 18 successful grant applications that included data derived from the PPP.

## The PPP serves several purposes including:

1. Improving the efficiency of gathering multicentre feasibility data to inform future funding application, trial design and new research programs.
2. Facilitating novice researchers in obtaining prevalence data for the initial stages of a research program.
3. Facilitating translational research by providing a platform for sequential observational studies.
4. Enhancing research capacity by providing a simple pathway for hospitals to join the ANZICS CTG collaborative and for new research staff to learn their roles.

## Day 16 (2024) progress:

- 5 proposals accepted + 4 translational projects (steroid use, ulcer prophylaxis, fluids, oral hygiene).
- Funding from 5 investigators (totalling \$15,000) Study day conducted in June 2024.
- 52 Sites participated, and 786 patients.
- Total patient payments made to sites \$20,430 (\$30 per patient) Datasets released to Day 16 Investigators (October 2024).

## Day 17 (2025)

- 9 proposals accepted (1 at paediatric level) + 3 translational projects (steroid use, ulcer prophylaxis, beta lactam administration).
- Study day conducted in June/July 2025.
- Data entry is currently being finalised by sites.
- Data cleaning to be conducted in September/October 2025.

## Day 18 (2026)

- Call for new proposal submission will open in the fourth quarter, 2025. Study days to be conducted in June 2026.

## New publications:

### Three new publications since the previous report:

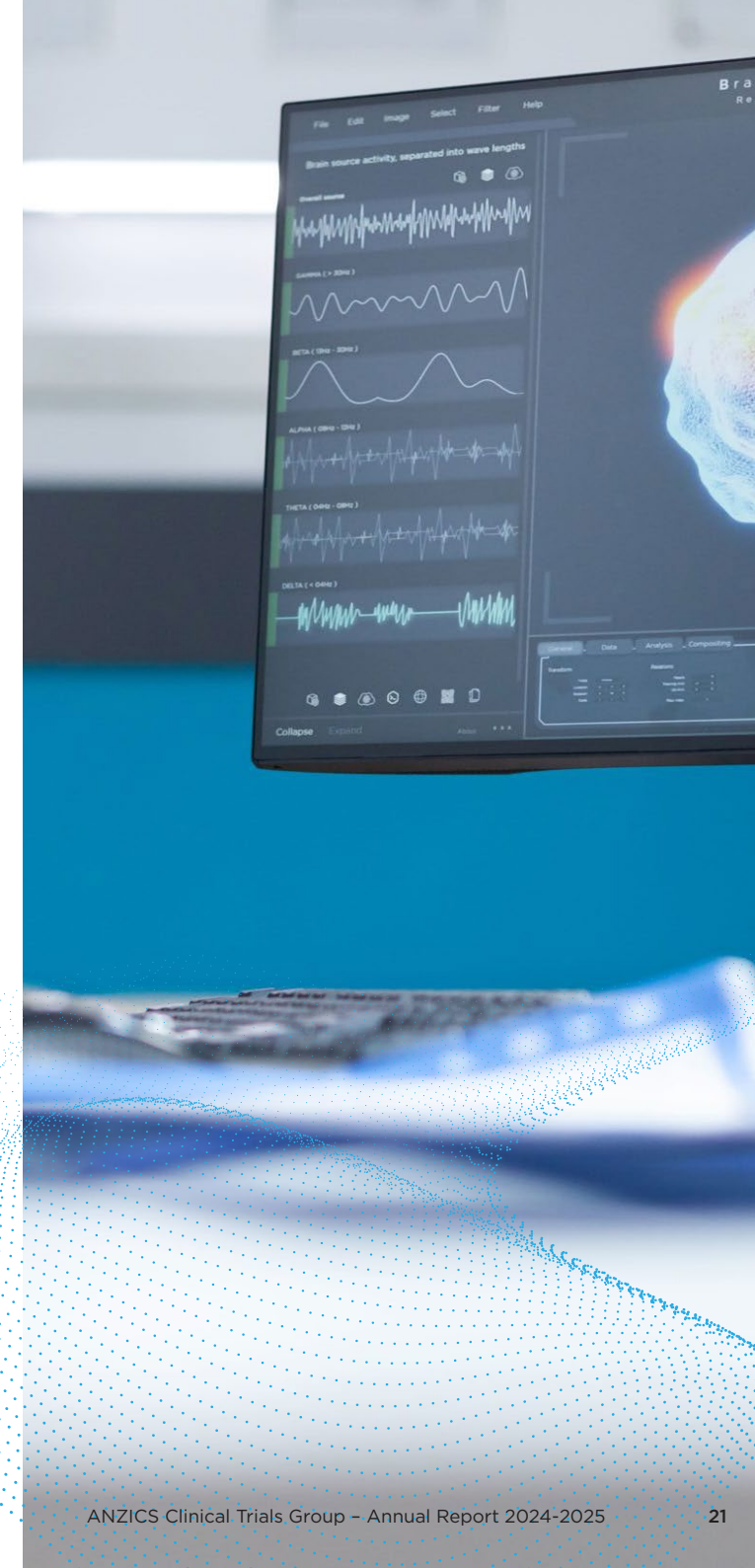
Regli, A., Litton, E., Palermo, A., Hammond, N., Knowles, S., von Ungern-Sternberg, B. S., Committee, P. P. P. M., Australian & Group, N. Z. I. C. S. C. T. 2025. Airborne personal protective equipment availability and preparedness in Australian and New Zealand intensive care units: A point prevalence survey. *Australian Critical Care*, 38(3), pp 101163.

Chapple, L. S., Neuts, A., O'Connor, S. N., Williams, P., Hurford, S., Young, P. J., Hammond, N. E., Knowles, S., Chapman, M. J., Peake, S., Target Investigators, T. G. I. f. G. H., the, A. & New Zealand Intensive Care Society Clinical Trials, G. 2024. Nutrition practices in Australia and New Zealand in response to evolving evidence: Results of three point-prevalence audits. *Aust Crit Care*.

Maiden, M. J., Horton, M., Power, P., Knowles, S., Hammond, N. E. & George Institute for Global Health, t. A. N. Z. I. C. S. C. T. G. 2024. Critically ill patients having time outdoors: prevalence and resources in Australia and New Zealand. *Intensive Care Med*.

The PPP Steering Committee have endorsed six manuscripts in the last 12 months.

Naomi Hammond (Co-convenor) & Serena Knowles (Co-convenor) Miranda Hardie (Project Manager) Sharon Micallef (Senior Project Manager)



# INTENSIVE CARE RESEARCH COORDINATOR INTEREST GROUP (IRCIG)

The 2024-2025 period has been one of ongoing change and evolution for research coordinators.

In March we gathered at the 27th Annual Meeting on Clinical Trials in Intensive Care in Noosa, QLD, Australia where we were able to reconnect and share the first steps taken toward addressing the fragility of our RC workforce. The annual research coordinator (RC) workshop was well attended, with 119 delegates registering for the day.

The RC Workshop program encompassed a broad range of topics this year, including operational aspects of research coordination, as well as several RCs presenting their own research proposals, results, and learnings from conducting their own research. Our international speaker, A/Prof Matthew Semler, presented on the evolving role of RCs in pragmatic clinical trials, a highly relevant topic considering the resource constraints many ICU research teams are currently faced with. The afternoon session was dedicated to various aspects of consumer engagement in clinical research, culminating in a lively panel discussion on where the line between perseverance and harassment lies when conducting participant follow-up.

## Research Coordinator Workforce

As a first step in addressing the fragility of the RC workforce, a working party was established by the IRCIG Executive Committee to design and conduct a survey to capture metrics on the current RC workforce. The initial results of this survey were presented at the RC Workshop by Immediate Past Chair Samantha Bates. Out of 210 current members, 177 responded and 22 responses were excluded, leaving 155 responses equivalent to a 74% response

rate. The data provide a rich but concerning overview of the RC workforce. Our next steps include a formal analysis and report of our findings, to inform the ICU Research Coordinator Workforce Strategic Plan.

## IRCIG Membership

IRCIG membership is stable at 210 members; however, a decline in membership had been noted in New Zealand over the past four years (57 in 2021 vs. 40 in 2025). Our membership may have increased somewhat to appear stable following efforts made by the RC Workforce Metrics Working Party to contact non-member RCs and invite them to join IRCIG and complete the RC Workforce Metrics Survey.

## Governance

The IRCIG Terms of Reference were revised in late 2024 to allow for dual appointments within the IRCIG Executive Committee. (Current Version 8, dated 29 November 2024). The IRCIG Mentor Program Reference Document (Version 3) was also finalised in early 2025.

## Education

Besides the annual RC Workshop in March, IRCIG and PIRCIG have continued to support RC peer education by presenting our collaborative quarterly virtual education sessions for all our members. These sessions are always well attended. Further RC education sessions are being incorporated in the regional ANZICS CTG Roadshow Meetings as well, providing further peer support and education to our members.

The IRCIG community remain grateful for the ongoing support from our peers and colleagues in the larger ANZICS CTG community.

## Office Bearers

Chair: **Ms Heidi Buhr**, Royal Prince Alfred Hospital, NSW, Australia Vice Chair: **Mr Rick McAllister**, Royal Hobart Hospital, TAS, Australia

Immediate Past Chair: **Ms Samantha Bates**, Western Health, VIC, Australia Secretary: **Ms Lynette Morrison**, Logan Hospital, QLD, Australia

IRCIG Email List Moderator: **Ms Stephanie Menadue**, Western Health, VIC, Australia

PSG Representative: **Ms Kerry Johnson**, QLD Children's Hospital, Brisbane, QLD, Australia

## Regional Representatives – Australia:

NSW & ACT: **Ms Rebecca Gresham**, Nepean Hospital, NSW

QLD: **Ms Lauren Murray**, Sunshine Coast University Hospital, QLD SA & Tas: **Ms JoAnne McIntyre**, Flinders Medical Centre, SA Victoria: **Ms Simone Said**, Northern Health, VIC

NT & WA: **Ms Sharon Waterson**, Royal Perth Hospital, WA

## Regional Representative – New Zealand:

Till Oct 2024: **Ms Stacey Morgan**, Christchurch Hospital, NZ; From Dec 2024 Dual appointment: **Ms Caroline O'Connor** (Auckland City Hospital) & **Ms Nina Roberts** (Wellington Hospital)

## Regional Mentors – Australia:

NSW/ACT: **Anne O'Connor**, Royal North Shore Hospital

NT: (From May 2025) **Mary Tiras**, Royal Darwin Hospital

QLD: **Meg Harward**, Princess Alexandra Hospital

SA: (From April 2025) **Sarah Doherty**, Royal Adelaide Hospital Tasmania: **Rick McAllister**, Royal Hobart Hospital

WA: (Till Jan 2025) **Janet Ferrier**, St John of God Subiaco Hospital; (From Feb 2025) **Annamaria Palermo**, Fiona Stanley Hospital, WA

VIC: (Till February 2025) **Deborah Barge**, Royal Melbourne Hospital; then VACANT

## Regional Mentor – New Zealand:

**Ms Keri-Anne Cowdrey**, Auckland City Hospital

## ICU Research Coordinator Workshop 2025 Program

- Welcome & housekeeping; **Heidi Buhr**
- How to develop a pilot trial – a project manager's perspective; **Belinda Howe**
- Trial Master File vs Investigator Site File; **Rick McAllister**
- Accuracy of Intra-Arterial line (IAL) transducer leveling practice in a general ICU; **Kylie Jacobs**
- Sexual Health in Critical Illness (SEXCI); **Sarah Doherty**
- Update on RC workforce metrics project; **Samantha Bates**
- Regional breakout: meet & greet; **Regional Representatives**
- The evolving role of the Research Coordinator in pragmatic trials embedded in clinical care; **A/Prof Matthew Semler**
- Critical care nurses' experiences and attitudes of clinical research; **Joanne McIntyre**
- Understanding baRriers and Enablers to Delirium scREening and diagnoSiS in the adult intensive care unit: The REDRESS Study; **Amber-Louise Poulter**
- An observational audit of blood glucose management of critically ill patients admitted to a single tertiary ICU; **Kathleen Byrne**

- 2025 IRCIG Business Meeting: **Heidi Buhr & IRCIG members**
- Exploring the experiences of the consent process for Aboriginal and Torres Strait Islander people having cardiac surgery and participating in medical research; **Alea McLean**
- Enhancing communication in the intensive care unit: exploring the use of bedside information boards for patient and family engagement (ISEEU); **Dr Stephanie Hunter**
- People Power: Partnering with Consumers – Pitfalls and Possibilities; **Arielle Jolly**
- People Power: Partnering with Consumers: Exploring Theory, Practice, and the Family Voice: **Alyssa Serratore**
- When does follow-up become harassment? Panel discussion; Panel (**Natalie Soar, Cindy Liang, Anne Turner, Kerry Johnson, Dr Julieann Coombes**) Meeting conclusion; **Rick McAllister**

**Heidi Buhr**  
IRCIG Chair

# EMERGING RESEARCHERS (EMERGE)

In 2025, we maintained a strong focus on interdisciplinary education, at a range of fora:

- The ANZICS CTG Noosa 2025 meeting – following the change to the program due to local weather events, we hosted the EMERGE session online with 58 attending. This session included a presentation from keynote speaker Associate Professor Matthew Semler, and emerging researchers George Walker, Simone Dafoe, Sam Bates, and Tess Evans.
- The ANZICS CTG Virtual Education Session on Entrepreneurship and Commercialisation was organised as a co-branded event between EMERGE, the Allied Health & Pharmacist's Research Interest Group (AHRIG), and the Paediatrics Study Group (PSG), Intensive Care Research Coordinator Interest Group (IRCIG). This online session had a range of interdisciplinary speakers discussing a range of topics on research commercialisation, entrepreneurial thinking, and taking a device to market, with 29 attending.
- The Allied Health and Pharmacist Research Interest Group (AHRIG), EMERGE, and Paediatric Study Group (PSG) organised an online event to assist with grant preparation for the NHMRC Investigator Grant scheme. A range of successful EL1/EL2 applicants discussed key strategies for grant writing. Thirty-three 33 people attended, and the recording has been accessed 75 times.
- Several EMERGE members were key contributors at the highly successful Asia Pacific Intensive Care Symposium (SICM X ANZICS). Associate Professor Neil Glassford was the scientific convenor, Associate Professors Kimberley Haines, Emma Ridley, Amy Freeman-Sanderson, and Melissa Ankravs were invited speakers and moderators.

This year our group launched a ANZICS CTG ECR/MCR competitive travel grant to support a member from Australia or New Zealand, to travel to an international critical care clinical trials group meeting (in progress).

Finally, my term as chair has ended, and I am excited to see the direction EMERGE takes under the new chair Associate Professor Neil Glassford. I have immensely enjoyed my time as chair and thank the EMERGE committee for their dedication and contribution and wish the incoming committee all the very best. I also extend my thanks to the ANZICS-CTG committee and the Australia and New Zealand critical care community for their support and engagement with EMERGE.

## **A/Prof Kimberley Haines**

EMERGE Chair



# ALLIED HEALTH & PHARMACISTS RESEARCH INTEREST GROUP (AHRIG)

Over the past 12 months, the ANZICS CTG AHRIG has demonstrated substantial progress in advancing the visibility, capacity, and coordination of Allied Health (AH) and pharmacist-led research within intensive care.

Regular committee and membership meetings were held, strategically aligned with national meetings to facilitate face to face discussion (e.g., ANZICS CTG Noosa and ASM). Our membership expanded to 107 individuals across dietetics, physiotherapy, pharmacy, speech pathology, occupational therapy, social work, and psychology.

Key initiatives included refinement of the Terms of Reference (TOR) to ensure alignment with the clinical-academic interface and inclusion of basic scientists, alongside clearer delineation of committee roles and responsibilities. A member survey was completed to determine skill level in research, expertise within the group and the perceived barriers for allied health researchers. The top three listed barriers were “time to conduct research”; “lack of positions that support research and clinical work”; and “finding funding”. Advocacy efforts have focused on benchmarking research supports for AH and Pharmacy professionals within Enterprise Bargaining Agreements (EBAs), including professional development funding, study leave, and embedded research positions. We aim to target upcoming EBA negotiations and advocate for the inclusion of such conditions with preliminary data from VIC and SA used to inform strategy.

Research capacity building remains a core focus. Discussions have been started to identify barriers and enablers to AH and pharmacy research in ICU, alongside a proposed point prevalence study assessing site-level AH research activity, funding sources, and infrastructure. Opportunities for national and international agenda-setting have also been discussed with a plan for a collaborative commentary on the future direction of AH research. Additionally, the committee committed to delivering joint education workshops with EMERGE, IRCIG and the PSG, with an NHMRC Investigator Grant Information Session held recently, with tips from our 5 speakers including how to frame your impact, structuring of sections, and shaping your application for any assessor. It was attended by 33 people live and has been re-watched by 87 people. A joint research strategy, innovation, and commercialisation session is scheduled for mid-2025.

Notably, the AH and Pharmacy presence at ANZICS ASM was prominent, with Allied Health professionals comprising ~15% of registrants and >20 new members recruited to our group. Several of our committee are attending APICS 2025 as invited speakers; a recognition of the standing of AH and Pharmacy led research within ANZ critical care.

In summary, AHRIG has made significant strides in consolidating its structure, fostering interdisciplinary collaboration, advocating for change, and strengthening AH and pharmacist representation within ANZICS CTG. Future priorities include implementation of research capacity surveys, expanded education initiatives, and advocacy for funded research positions.

We look forward to a productive next year!

**A/Prof Emma Ridley**  
AHRIG Chair

# PAEDIATRIC STUDY GROUP (PSG)

Celebrating 20 years of the ANZICS Paediatric Study Group (PSG), the PSG continues to be an advocate and driving force to establish and support paediatric intensive care research in Australia and New Zealand.

Professor Warwick Butt (Chair) and Professor Kristen Gibbons (Vice-Chair) came to the end of their leadership terms in June 2025, with a new multi-disciplinary leadership Office Bearer Group commencing from July 2025:

- Co-Chairs:  
**Professor Kristen Gibbons**  
(The University of Queensland) and  
**Dr Ben Gelbart**  
(Royal Children's Hospital)
- Vice-Co-Chairs:  
**Professor Debbie Long**  
(Queensland University of Technology) and  
**A/Prof Marino Festa**  
(The Children's Hospital at Westmead)

The PSG has completed and published a number of endorsed projects in the past year. Published studies include:

- The results of the Kids THRIVE randomised controlled trial, funded by the National Health and Medical Research Council, recruiting 969 children across intensive care units and emergency departments (George et al, Lancet Respir Med, 2025).
- Utilising the Australian and New Zealand Paediatric Intensive Care Registry (ANZPICR) data, coupled with a survey of practice, the current use, clinical practice, and outcomes of children on continuous renal replacement therapy were described (Killick et al, Crit Care Resusc, 2024).
- The 12-month neurodevelopment outcomes for children enrolled in the NITRIC randomised controlled trial (Long et al, JAMA Netw Open, 2025). A description of the long-term survival of children discharged from PICUs including investigation of factors contributing to death after discharge, linking ANZPICR data with the Australian National Death Index (Slater et al, Pediatr Crit Care Med, 2025).

In recognition of the significant contribution to global PICU research made by the PSG, and in recognition of our international standing, Pediatric Critical Care Medicine commissioned an article outlining the history, achievements, and future plans of the PSG (published in January 2025; Gibbons et al). Additionally, the PSG was a key society involved in the development of an international action plan and global PICU research network: PICU-CONNECT (Schlapbach et al, Lancet Child Adolesc Health, 2025). We congratulate Professor Kristen Gibbons in being elected inaugural Co-Chair of this important international initiative.

The PSG has commenced numerous important initiatives to elevate the quality and quantity of research undertaken by our members, as well as celebrating new trial funding. These activities include:

- A scoping review examining consumer engagement in all ANZ PICU research in the past 10 years, both published and ongoing. This environmental scan incorporates both a scoping review as well as interviews with researchers, clinicians, and consumers. The protocol has been published (Serratore et al, Res Involv Engagem, 2025) and we look forward to reading the results shortly.
- Funding for a new multi-centre, multi-national type 1 hybrid effectiveness- implementation trial has been secured from the Medical Research Future Fund, investigating if prolonged (continuous and/or extended) beta-lactam antibiotic infusion affects PICU-free survival compared to intermittent infusion in critically ill children with sepsis.
- The Consumer Engagement Working Group is launching a mentoring program that will be aligned with our upcoming PSG Scientific Meetings. Researchers experienced in consumer engagement have volunteered to mentor researchers who are new to incorporating consumer engagement in research, incorporating the learnings from the environmental scan. Mentees will be able to access a limited number of sessions per project. This is an exciting new program for the PSG!
- Funding has also been secured through the Medical Research Future Fund for a new trial comparing the effectiveness of an early targeted psychological intervention (PICU-CARE) vs standard care, to reduce post-traumatic stress symptom severity in PICU survivors.

- The develop of the first ANZ PICU platform trial – PLATINUM (Paediatric Platform Adaptive Trial for Intensive Care Management) – is underway, once again funded through the Medical Research Future Fund. Multi-stakeholder engagement to design this landmark trial will ensure the trial meets the needs of families, clinicians, and researchers.
- A James Lind Alliance Priority Setting Partnership is underway to identify the top 10 research priorities for ANZ PICU research in partnership between clinicians and consumers. We welcome the results of this study to guide the PSG’s future research agenda.

**Warwick Butt** & **Kristen Gibbons**  
PSG Chair                      PSG Vice Chair



# PAEDIATRIC INTENSIVE CARE RESEARCH COORDINATOR INTEREST GROUP (PIRCIG)

The ANZICS Paediatric Intensive Care Research Coordinator Interest Group (PIRCIG) continues to grow as a dynamic and supportive community, advancing the professional development of Research Coordinators (RCs) and strengthening collaborative research networks that drive improved outcomes for critically ill children and their families.

To support these goals, the Committee revised the PIRCIG Terms of Reference (TOR) this year to align with the evolving needs of the group, incorporating updated office bearer roles and clarifications to support operational clarity.

PIRCIG continues to strengthen its partnership with the Intensive Care Research Coordinator Interest Group (IRCIG). Through shared educational events, joint initiatives, and mentorship pathways, the collaboration between paediatric and adult research coordinators has flourished. Key achievements include:

- Joint educational sessions addressing universal challenges in research governance, ethics, coordination, and professional development.
- Enhanced knowledge exchange between paediatric and adult intensive care research settings, reinforcing a unified national research culture.
- Development, implementation, and evaluation of the 2024 workforce survey of adult and paediatric ICU Research Coordinators across Australia and New Zealand, providing vital insights into workforce capacity, challenges, and sustainability.

This partnership remains central to ensuring both groups benefit from a strong support network that fosters innovation and best practice in intensive care clinical research.

A highlight of 2025 was PIRCIG's strong presence at the Noosa Research Coordinator Meeting, where paediatric RCs played leading roles in presentations, panel discussions, and session facilitation. Feedback from members reflected the value of having both paediatric and adult perspectives represented. In addition, the PIRCIG/IRCIG education series continued to grow in popularity, remaining an important platform for knowledge building and professional development for coordinators across Australia and New Zealand.

The expansion of the PIRCIG Mentorship Program also remains a key focus. This initiative provides one-to-one support for coordinators seeking to build confidence, refine skills, and progress toward professional goals. Structured mentoring continues to strengthen career development and succession planning for the next generation of RC leaders.

PIRCIG members also play an active role in the PSG project endorsement review process, ensuring the perspectives of research coordinators are embedded in the evaluation of new studies. In addition, members contribute to manuscript reviews for the PSG, with dedicated education sessions planned to further enhance training in these areas. PIRCIG members continue to contribute significantly to the leadership, coordination, and delivery of high-quality clinical research across ANZ. Coordinators are actively engaged in study management teams, and many also serve as investigators. These contributions highlight the critical role of research coordinators in advancing paediatric intensive care trials that shape future clinical practice.

In 2026, PIRCIG will focus on:

- Strengthening the mentorship program to increase access and uptake.
- Continuing collaboration with IRCIG to provide joint education and training opportunities. Enhancing coordinator involvement in protocol review and endorsement processes.
- Promoting the visibility of RC-led contributions at national and international forums.

We extend our gratitude to all PIRCIG members for their ongoing commitment, to IRCIG for their collaboration, and to the ANZICS Paediatric Study Group (PSG), ANZICS Clinical Trials Group (CTG), and ANZICS for their enduring support of PIRCIG.

**Tara Williams**  
PIRCIG Chair

## PIRCIG Executive Committee

Chair:

**Tara Williams**, Queensland Children's Hospital & Gold Coast University Hospital, Queensland

Vice Chair:

**Claire Sherring**, Starship Children's Hospital, Auckland, NZ

Secretary:

**Arielle Jolly**, Research Co-ordinator, Perth Children's Hospital, Perth

IRCIG Paediatric Representative:

**Kerry Johnson**, Queensland Children's Hospital, Brisbane

Professional Development Representative:

**Andrea Veysey**, Royal Children's Hospital & Murdoch Children's Research Institute, Melbourne

Past Chair:

**Carmel Delzoppo**, Royal Children's Hospital & Murdoch Children's Research Institute, Melbourne

# PEOPLE WITH LIVED EXPERIENCE GROUP (PWLE)

In 2024, the ANZICS People with Lived Experience Working Group was convened and included health professionals (representing adult and paediatric critical care), lived experts, and ANZICS staff. This group was formed following a successful proposal to the ANZICS CTG committee and ANZICS Board in 2023 regarding the need to build supporting infrastructure to support patient and family engagement in critical care research.

## Since this group was formed, the following activities and achievements have been completed:

1. Environmental scan to assess the extent of patient and family engagement in adult critical care research studies endorsed by the Australia and New Zealand Intensive Care Society Clinical Trials Group (ANZICS CTG). This research was presented at the American Thoracic Society Conference May 2025 and published as follows: Patient and Family Engagement in Australian and New Zealand Adult Critical Care Trials. Ann Am Thorac Soc. 2025 Jul 16. PMID: 40668898. Evertsz N, Baker AM, Bates S, Betteridge T, Bihari S, Buhr H, Burns KEA, Comitini M, Deane A, Goldsmith D, McAllister RE, Peake S, Phillips L, Pilcher D, Plummer M, Rai S, Ramanan M, Ridley EJ, Saxena M, Trevor D, Udy A, \*Ali Abdelhamid Y, \*Haines KJ (\*co-senior authors).
2. Convened educational sessions at ANZICS CTG meetings:
  - Queenstown Winter Meeting 2023 titled - Consumer Engagement in Research in Aotearoa NZ with local speaker Emma Wylie and international speaker Karen Burns from the Canadian Critical Care Clinical Trials Group.
  - Noosa Summer Meeting 2024 titled - Working with People with Lived Experience to Simplify the Burden of Consent with local speakers (Parker Michaels, Mahesh Ramanan, Kristen Gibbons, Steven Tong, and representatives from methods centres) and international guest speaker (Ruth Endacott, Director of Nursing and Midwifery at NIHR).

3. ANZICS Board funding sought to support establishing necessary infrastructure to support engagement activities with lived experts (successful).
4. Lived experts from the ANZICS People with Lived Experience Working Group were a part of a grant application led by ANZICS CORE (successful).
5. Development of the ANZICS Guidelines on Patient and Family Engagement in Critical Care Research. This project commenced in October 2024 when key contributors were sought from the ANZICS community. A diverse group of health professionals and lived experts have worked together to co-produce these practical guidelines, which will be published toward the end of 2025. This has been an incredible collaborative project, and we are grateful to the writing groups and chairs for their efforts in helping to produce these robust guidelines.

Paediatrics-specific activity has included:

1. Completion of an environmental scan to assess the extent of engagement in published and ongoing PICU studies across Australia and New Zealand. Protocol published PMID: 40665450 and main publication in progress.
2. The Paediatrics Consumer Working Group has developed a mentorship program for clinicians/researchers undertaking consumer and community involvement in research, which is now live on ANZICS website. This program continues to be developed and promoted to the community.

We look forward to continuing this work in 2026.

On behalf of the ANZICS PWLE Working Group  
Co-Chairs

**Associate Professor Kimberley Haines**  
**Dr Yasmine Ali Abdelhamid**  
**Alyssa Serratore**

# WINTER RESEARCH FORUM

QUEENSTOWN

The 14th annual ANZICS CTG-winter research forum took place over 3 days at the height of the NZ ski season in beautiful Queenstown in August 2024. The winter research forum this year covered a broad range of areas, with sessions devoted to new trials seeking endorsement, updates in those currently running as well as new sections looking at machine learning, platform trials and the landscape of trial funding across New Zealand specifically.

There were 39 delegates present and the meeting was kindly supported by Baxter and Spiral software.

An evening session on day 1 was opened with a traditional karakia from Jana Davis (Ngai tahu). This session focused on the broader effects of ICU care on the environment. We welcomed Smanatha Bates to discuss LEANER (enteral rather than iNtravenous Electrolyte Replacement) for endorsement, as well as Eileen Gilder to talk about the interaction between ICU care and Planetary Health, Louise Trent discussing her PPE project and Adrienne Speedy providing an update on the progress of Nutrient 2.

Day 2 comprised three sessions, with updates from Melissa Ankravs on allied health research, Alex Poole on the EMERGE (formerly NovIG) group. There was a proposal from Aidan Burrell on a new phase 2 platform trial in ARDS together with discussions on the DRIVE, PReVENT-NEURO and STEPCARE studies as well as a program update from Biancha Crichton on cold sepsis and Paul Young on the chloride substudy from PLUS. The final session of the day (after an afternoon spent enjoying Coronet Peak) saw the presentation of the REVISE trial results by Adam Deane as well as a look at the use of machine learning in ICU research and updates on SODaBIC, FLASH and the National Critical Care Platform.

The final day of the forum saw an initial session with a proposal seeking endorsement from Paul Young (Mega-MAP) together with discussions on the “behind the scenes” aspects of platform trials from Audrey Shearer and delirium from Melissa Ankravs. The last session was focussed on the funding and endorsement of ICU research, with the current challenges being faced in NZ highlighted by Paul Young and Colin McArthur.

A fantastic and wide ranging winter research forum was formally closed by Manoj Saxena.

Many thanks to all who attended, we look forward to welcoming you back to Queenstown in the future.

## **Dr Toby Betteridge**

ANZICS CTG NZ Representative

# ARTIFICIAL INTELLIGENCE IN THE ICU WEBINAR

On the 25th of October 2024, the Emerging Researchers and Allied Health Research Committees, and the Intensive Care Research Coordinator Interest Group co-hosted a free on-line symposium entitled “Artificial Intelligence in the Intensive Care Unit” on behalf of the ANZICS CTG. The meeting aimed to provide sessions on core topics in AI for early career researchers, as well as cutting edge applications of the technology. It was convened by A/Prof Neil Glassford, and featured international experts, as well as speakers from across Australia.

The international speaker section and panel discussion was chaired by A/Prof Emma Ridley and Ms Mel Ankravs. A/Prof Leo Celi (Massachusetts Institute of Technology, Harvard Medical School, and the Beth Israel Deaconess Medical Center) defined value and return on investment for AI in healthcare from clinical, operational, patient and societal perspectives. A/Prof Matthew Churpek (University of Wisconsin-Madison University Hospital Trauma and Life Support Center) spoke on using machine learning to personalise treatment recommendations in intensive care.

In the second half of the symposium, Dr Tamishta Hensman (Austin Health and Monash Health) provided A Jobbing Clinician’s Guide to Artificial Intelligence. Dr Aida Brankovic (CSIRO and University of Queensland) discussed the need for AI to be explainable to be trusted as a clinical tool, and Dr Julia Pilowsky (University of Sydney NSW Agency for Clinical Innovation) presented on The Power of Natural Language Processing. Dr Amy Freeman-Sanderson and Ms Heidi Buhr chaired this session, and the subsequent panel discussion.

The session was enthusiastically embraced with over 300 members registering for the meeting. The feedback from attendees and participants positive. The ANZICS CTG aims to make this a yearly event, with a focus on topics of particular relevance to researchers from all disciplines, no matter the depth of their experience.

## **Dr Neil Glassford**

ANZICS CTG EMERGE Vice Chair

# ANZICS CLINICAL TRIALS GROUP ANNUAL MEETING

NOOSA

The 27th Annual Meeting on Clinical Trials in Intensive Care was held at Peppers Noosa Resort & Villas from 4-6 March 2025, preceded by the IRCIG Workshop, and including the Paediatric Study Group meeting (5th March 2025). This year's meeting unfolded under unusual circumstances, as Tropical Cyclone Alfred approached the Queensland coast, bringing high winds, heavy rain, and regional disruptions. While travel plans for some delegates were altered and sessions adapted to ensure safety, the ANZICS Clinical Trials Group community demonstrated its hallmark resilience—coming together to share knowledge, strengthen collaborations, and celebrate another year of impactful research.

The scientific program began with the first presentation of the TARGET Protein trial results. Leanne Chapple, and Matthew Summers shared the findings from this ambitious cluster randomised clinical trial evaluating augmented versus standard enteral protein delivery in critically ill adults. The session underscored the power of our collaborative research networks and the capacity to deliver definitive, practice-informing results. Alongside this, presentations such as the MEGA-FEED, and MEGA-LAX proposals, suggested key areas for future critical care research.

A major highlight was the dedicated Indigenous Research session, chaired by Manoj Saxena, which brought Australian and New Zealand perspectives on Indigenous Data Sovereignty. Presenters including Andrew Sporle, Scott Winch, and Julianne Coombes led important conversations on culturally informed research, governance, and community engagement. This session marked a deepening of the ANZICS CTG's commitment to equity in research and to strengthening relationships with Aboriginal, Torres Strait Islander, and Māori peoples.

The meeting's international profile was enriched by invited guest speaker Dr Matt Semler, who brought valuable insights into clinical trial logistics and innovation, and by Leanne Hays, whose work on global public perceptions of pandemic ICU research prompted lively discussion on ethics and engagement. Despite Cyclone Alfred's disruptions, the 27th Annual Meeting captured the very essence of the ANZICS CTG—adaptable, collaborative, and future-focused—hopefully leaving attendees inspired to carry forward its vision for improving outcomes for critically ill patients across Australia, New Zealand, and beyond.

## **Prof Andrew Udy**

ANZICS CTG Vice Chair  
Noosa Convenor

# ANZICS CTG HYBRID ROADSHOW

PERTH

The inaugural ANZICS CTG WA Roadshow was held on the May 7th, 2025, at the Duxton Hotel in Perth. There were 27 in person delegates and 8 virtual attendees. The dynamic hybrid format facilitated interaction across states and time zones and encouraged feedback from a variety of perspectives. There were nine projects at various stages presented by early career and more experienced investigators, ranging from warming for afebrile sepsis to RCTs on sleep and nutrition strategies in TBI. The experience of the group was leveraged to brainstorm key challenges facing WA intensive care research and how these might be addressed.

In keeping with this theme, the conference included sessions on optimising work-life balance in ICU and consent practices for Aboriginal and Torres Strait Islander People. A loud and thoroughly enjoyable dinner in the city capped off the day. The WA ICU research community is incredibly grateful for the effort and attendance by ANZICS CTG Office Bearers and the invaluable support of administrative staff in making this day a success and reaching across this vast country to engage with us. We are also grateful for the support from our sponsors Vantive and We look forward to more Roadshow events in future!

**Dr Alexander Wood**

ANZICS CTG WA Representative

# QUEENSLAND CRITICAL CARE RESEARCH NETWORK (QCCRN)

The 8th Queensland Critical Care Research Network (QCCRN) Annual Scientific Meeting (June 12-13, 2025) was held over two crisp, clear winter days at the lush surrounds of Victoria Park in central Brisbane. Now a staple of the research calendar in Queensland, the 2025 ASM delved into the emerging analytic techniques which constitute the “Target Trial Emulation” framework. The two features that sets apart QCCRN meetings from other conferences are the relaxed schedule which allows for extensive networking opportunities between researchers from around the state (and indeed, all of Australia), and dedicated study development sessions which allow delegates to join small groups and formulate their own research plans with senior experts on hand to provide guidance.

Forty-three delegates from all corners of Queensland, and several interstate delegates, attended the meeting. The keynote session, which featured Dr Ary Serpa Neto’s (Austin Health, VIC) lecture on the target trial emulation framework, and Dr Sebastiaan Blank’s (Cairns Base Hospital, QLD) results presentation of a target trial emulation study he recently led, was attended by a further thirty-nine online delegates via ANZICS CTG Webinar. Dr Serpa Neto followed up on Day 2 with a second lecture on statistical considerations in target trial emulation.

New study presentations included Prof Sam Keogh on QCCRN research priorities, Dr Mahesh Ramanan on chloride-guided fluid prescriptions and Dr Kyle White on the flagship Q-LINK project, the QCCRN’s wide-reaching data linkage undertaking. There were opportunities for trainees in Intensive Care Medicine to present their formal research projects, with three out of six projects presented being QCCRN studies which were commenced at the 2024 QCCRN ASM.

Given the target trial emulation theme, and the presence of experts such as Drs Serpa Neto and Blank, it was unsurprising that several groups of delegates decided to start designing target trial emulation studies, while there were also a few groups who chose to develop conventional studies. The final session on Day 2 featured study plan presentations from all the groups. The groups will now go away and fine-tune their proposals, present them at one of the weekly online QCCRN Research Forums, and conduct their studies- hopefully all the results will be presented at the 2026 ASM!!

Overall, the 2025 ASM was a highly successful meeting with an engaging program in a fresh format which is sure to spur a pipeline of research we will hear about in the coming months. We thank our invited speakers, delegates and the support of the ANZICS CTG, for making it such an outstanding success, and look forward to an bigger, better meeting on June 4-5, 2026.

**Dr Mahesh Ramanan**  
ANZICS CTG QLD Representative

# EMERGING RESEARCHERS ONLINE SYMPOSIUM

On the 25th of June, 2025, EMERGE, the Emerging Researcher Committees, hosted the re-arranged “Emerging Researchers” session from the CTG as an online Symposium. Convened by A/Prof Neil Glassford, it offered a platform for EMCR members to present evolving work for review and comment, and also included presentations on the varied paths taken.

Our international speaker was Associate Professor Matthew W. Semler (Vanderbilt University), who spoke on his journey from research naïve trainee, to academic positions in the Departments of Medicine, Anesthesiology, and Medical Bioinformatics, to Directorship of the Centre for Learning Healthcare. Sam Bates (Department of Critical Care, University of Melbourne, and Western health), a key figure in the development of Clinical Research Nursing in Australia, presented on transitioning from her role as a Critical Care Research Manager to a PhD candidate and NHMRC Scholar. In “Balancing a clinical role and PhD,” Dr Tess Evans (University of Queensland, Royal Melbourne Hospital), provided insights from her time as a PhD candidate during her clinical training as an intensivist.

The “New Work” section of the session included two EMCR presentations. Dr George Walker (St. Vincent’s Hospital, Melbourne and DoCC, University of Melbourne) presented on his proposal for the “OPEN ICU Network,” a network of trainees and supervisors able to collaborate to produce multi-centre cohort studies. Simone Dafoe (Royal Adelaide Hospital, University of Adelaide) presented work from her PhD with the aim of “Improving recovery for ICU survivors through allied health-led interventions.”

While the session was well attended, the EMERGE Committee looks forward to the opportunity to host an EMCR session at the ANZICS CTG Clinical Trials meeting in 2026.

## **A/Prof Neil Glassford**

ANZICS CTG EMERGE Chair

# MAJOR COLLABORATORS

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[ambulance.vic.gov.au](http://ambulance.vic.gov.au)

## **Australian Red Cross Blood Service (ARCBS)**

[donateblood.com.au](http://donateblood.com.au)

## **Australasian College of Emergency Medicine Clinical Trials Group (ACEM CTG)**

[acem.org.au](http://acem.org.au)

## **Australasian Society for Infectious Diseases (ASID)**

[asid.net.au](http://asid.net.au)

## **Australian Clinical Trials Alliance (ACTA)**

[clinicaltrialsalliance.org.au](http://clinicaltrialsalliance.org.au)

## **Australasian Society for Parenteral and Enteral Nutrition (AuSPEN)**

[auspen.org.au](http://auspen.org.au)

## **Australian and New Zealand College of Anaesthetists Trials Group (ANZCA TG)**

[anzca.edu.au](http://anzca.edu.au)

## **Australian and New Zealand Intensive Care Research Centre (ANZIC RC)**

[anzirc.monash.org](http://anzirc.monash.org)

## **Australian and New Zealand Intensive Care Society Centre for Outcome and Resource Evaluation (ANZICS CORE)**

[anzics.org](http://anzics.org)

## **Australian and New Zealand Society of Cardiac and Thoracic Surgeons Database Program**

[anzscts.org/database](http://anzscts.org/database)

## **Canadian Critical Care Trials Group (CCCTG)**

[ccctg.ca](http://ccctg.ca)

## **Clinical Research Network (ASID CRN)**

[asid.net.au/groups/clinical-researchnetwork-2](http://asid.net.au/groups/clinical-researchnetwork-2)

## **Centre for Health Economics, Monash University**

[monash.edu/business/che](http://monash.edu/business/che)

## **Centre for Education and Research on Ageing**

[sydney.edu.au/medicine-health/ourresearch/research-entres/centre-for-educationand-research-on-ageing.html](http://sydney.edu.au/medicine-health/ourresearch/research-entres/centre-for-educationand-research-on-ageing.html)

## **Centre for Values, Ethics and the Law in Medicine, School of Public Health, Sydney Medical School, University of Sydney**

[sydney.edu.au/medicine/velim](http://sydney.edu.au/medicine/velim)

## **European Society of Intensive Care Medicine**

[esicm.org](http://esicm.org)

## **The George Institute for Global Health**

[georgeinstitute.org.au](http://georgeinstitute.org.au)

## **Intensive Care Foundation (ICF) intensivecarefoundation.org.au International Forum of Acute Care Trialists (InFACT)**

[infactglobal.org](http://infactglobal.org)

## **International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC)**

[isaric.tghn.org](http://isaric.tghn.org)

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[mrinz.ac.nz](http://mrinz.ac.nz)

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[med.monash.edu.au/epidemiology](http://med.monash.edu.au/epidemiology)

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[ntri.org.au](http://ntri.org.au)

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[blood.gov.au](http://blood.gov.au)

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## **Transfusion Outcomes Research Collaborative**

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## **University of Western Sydney**

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