

2013 FORUM ON INTERNATIONAL COLLABORATIONS

◆To build on existing foundations and strengthen future collaborations in global health research between the George Institute for Global Health and international partners ◆To foster exchanges among national and international partners and build up research capacity through these exchanges ◆ To work on specific proposals in relevant areas by the working groups

AND EXCHANGES



2013 Forum on International Collaborations and Exchanges

WHEN: October 13-15, 2013

WHERE: Level 18, Horizon Tower B, No. 6 Zhichun Rd
Haidian District | Beijing, 100088 P.R. China

MORE INFORMATION: www.georgeinstitute.org.cn

The George Institute for Global Health
at Peking University Health Science Center

NCD Research at The George Institute for Global Health at Peking University Health Science Center

SUNDAY OCT 13

13:30-17:10

Venue: Seminar Room, Level 18		
Time	Topic (10 minutes Q&A after each segment for all participants)	Speaker
13:30 – 13:40	Welcome Speech	Prof. Yangfeng WU
13:40 – 13:55	Clinical Pathway for Acute Coronary Syndrome in China (CPACS Study)	Shenshen LI
14:05 – 14:20	Observational Registry of Basal Insulin Treatment (ORBIT Study)	Puhong ZHANG
14:30 – 14:45	Diabetes and Obstructive Sleep Apnea in China (DOSAS Study)	Fang ZHAO
14:55 – 15:10	The China Rural Health Initiative (CRHI)	Lijing.LYAN
15:20 – 15:40	Coffee Break and Networking	All
15:40 – 15:55	A Large-Scale Cluster Randomized Trial to Determine the Effects of Sodium Reduction on Stroke	Hui GUO
16:05 – 16:20	The Simplified Cardiovascular Management (SimCard) Study in China and India	Maoyi TIAN
16:30 – 16:45	A randomized controlled trial on rehabilitation through caregiver-delivered nurse-organized service programs for disabling stroke patients in rural China	Rong LUO
16:55 – 17:05	Open discussion	All
17:05 – 17:10	Closing Remarks	Prof. Yangfeng Wu












Simultaneous Workshops


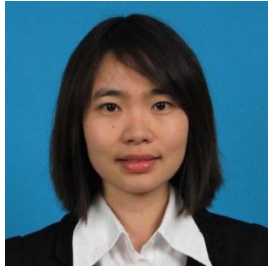
MON-WED OCT 14-16

Time	Workshop Topic and Venue	Host
Mon, Oct 14 09:00 – 12:00	First Steering Committee Meeting for CPACS -3 (closed panel) <i>Board Room</i>	Yangfeng WU
Mon, Oct 14 09:00 – 12:40	Digital Health <i>Seminar Room</i>	Maoyi TIAN
Mon, Oct 14 PM Tue, Oct 15 AM	Stroke <i>Seminar Room</i>	Lijing.LYAN
Tue, Oct 15 09:00 – 12:00	Diabetes Research <i>Board Room</i>	Puhong ZHANG
Tue, Oct 15 Wed, Oct 16	Economic Evaluation <i>Australia Room(Oct 15 am) Seminar Room(Oct 15 pm & Oct 16)</i>	Xian LI

2013 FORUM ON **INTERNATIONAL COLLABORATIONS AND EXCHANGES**-INTERNATIONAL ATTENDEES

(In Alphabetical Order of Surnames)

<p>Janet Prvu BETTGER Assistant Professor, Duke Clinical Research Institute</p> 	<p>Paul ELLIOTT Professor, Imperial College London</p> 	<p>Tazeen Hasan JAFAR Professor, Duke NUS Graduate Medical Center Singapore</p> 
<p>Mark D HUFFMAN Assistant Professor, Northwestern University Feinberg School of Medicine</p> 	<p>Stephen JAN Head of Health Economics Program, Senior Health Economist TGI</p> 	<p>Pao-Hwa LIN Associate Professor, Duke Clinical Research Institute</p> 
<p>Chang LIU Assistant Professor, Duke NUS Graduate Medical Center Singapore</p> 	<p>Bruce NEAL Senior Director, Food Policy Division, The George Institute for Global Health</p> 	<p>Anushka PATEL Chief Scientist, The George Institute for Global Health</p> 
<p>Eric PETERSON Director, Duke Clinical Research Institute</p> 	<p>Ying XIAN Assistant Professor, Duke Clinical Research Institute</p> 	

Project Name	Speaker	Project Summary
<p>Clinical Pathway for Acute Coronary Syndrome in China (CPACS Study)</p>	 <p>Shenshen LI</p> <p>Project Manager, Research Fellow, Hospital Care Program</p>	<p>Acute coronary syndrome covers a range of heart-related conditions following acute myocardial ischemia, or heart attack, which has been recognized as one of the major forms of heart disease - the world's biggest killer. The Clinical Pathways in Acute Coronary Syndromes in China Study (CPACS) is a three-part study that focuses on how hospitals in China manage acute coronary syndromes (ACS).</p> <p>CPACS-3 aims to develop and evaluate interventions for the quality-of-care improvement in management of patients with ACS in remote county hospitals with un-optimised resources. The CPACS-3 study is a multi-centre cluster randomised step-wedged trial that will be carried out in 96 hospitals in 15 provinces around China. All centres will be randomly divided into four groups. Each group will be randomised to QCI at one of four possible cycles. Cross-sectional surveys will be conducted in each centre in each time interval (and at baseline) for performance measurement. The total number of participating hospitals is now 101 and over 17425 patients have been enrolled.</p>
<p>Observational Registry of Basal Insulin Treatment (ORBIT Study)</p>	 <p>Associate Professor Puhong ZHANG</p> <p>Head, Diabetes Research Program</p>	<p>Observational Registry of Basal Insulin Treatment (ORBIT) Study aims to assess the effectiveness and safety of initial basal insulin among T2DM patients inadequately controlled by OADs in real world clinical practice of secondary and tertiary hospitals in China, and to describe the initiation and subsequent adjustment of basal insulin regimens, including type, dosage, concomitant OADs, injection method, among T2DM patients uncontrolled with OADs in real world clinical practice in China.</p> <p>This is a multicentre, prospective, observational registry study. The number of participating hospitals has reached 210 (the target is 200). Totally 19101 patients with T2DM who are inadequately controlled with OADs and willing to accept basal insulin treatment have been enrolled. Study information of participants will be collected at baseline, three month and end point (six month). The project will probably last for about 18 months for each center. One abstract about study design and the partial baseline result has been submitted to the 73rd ADA annual session and accept to publish on the supplement of Journal Diabetes in 2013.</p>
<p>Diabetes and Obstructive Sleep Apnea in China (DOSA Study)</p>	 <p>Fang ZHAO</p>	<p>OSA and T2DM are both continuously highly prevalent diseases with the increased population of obesity and overweight in China. Comparing with those in general population, studies have reported a much higher prevalence of OSA in patients with T2DM ranged from 53.9% to 86% in the US, Japan and Hong Kong. However, the large scale and random-selected investigation of the prevalence of OSA in subjects with T2DM in China is scarce and thus necessary.</p>

LifeSeeds-
China Rural Health
Initiative (CRHI)

Research Assistant,
Diabetes Research
Program

This was a multi-center, cross-sectional study. 12 hospitals from 6 regional representative cities in China took part in this study. Each hospital consecutively recruited at least 70 hospitalized T2DM patients in the department of endocrinology. All the participants were screened for OSA with portable machine and other information were collected via medical charts or standardized questionnaire. The project started in Sep, 2012 and ended in Feb, 2013.

In this study, 1270 hospitalized type 2 diabetes patients were consecutively registered. Among the 1016 eligible patients, 87% (884) were finally enrolled in this study. The prevalence rate of OSA (AHI \geq 5), moderate-severe OSA (AHI \geq 15) and Severe OSA (AHI \geq 30) in hospitalized type 2 diabetes patients is 61.5%, 26.2% and 11.2% respectively. The associations between OSA and established risk factors, complications or comorbidities were re-confirmed by univariate analysis in this study. The variables include male sex, age, BMI/waist circumference, hypertension, dyslipidemia and diabetic nephropathy.



**Professor
Lijing.L.YAN**

Deputy Director,
The George Institute for
Global Health at Peking
University Health
Science Center

LifeSeeds is the flagship project of the China International Center for Chronic Disease Prevention. The project is taking two approaches to reduce the risk for heart attack or stroke for people living in five rural provinces in Northern China. The first approach trains local village doctors to identify and manage patients who are already at high risk for a cardiovascular event. The second approach is a community-based strategy to educate communities on sodium and how to reduce it in their diets so that they can lead a full and healthy life.

Director,
China International
Center for Chronic
Disease Prevention

This cluster-randomized controlled trial includes 120 villages from five Northern provinces of China - Hebei, Liaoning, Ningxia, Shanxi, and Shaanxi. These innovative approaches work together to reduce the burden of these chronic diseases while simultaneously building up the skills and capacity of the health system at local, provincial, and government level. Currently CRHI has accomplished its intervention and carried out the Process Evaluation.

A cluster -
randomized
controlled trial of a
low-sodium salt
substitute and
stroke in rural China
(SSaSS)



Hui GUO
Research Fellow,
Primary Care and
Population Health
Program

Stroke is the leading cause of death in China and is closely associated with high blood pressure. The WHO has identified salt reduction as a priority global intervention. While the totality of the available evidence on salt and blood pressure is compelling, there is ongoing debate about the effects of sodium reduction on serious vascular outcomes. This debate is significantly hampering implementation efforts, pointing to the need for a trial that defines the effects of salt reduction on hard outcomes. The study is to demonstrate if low-sodium salt substitute, as a proven strategy for blood pressure reduction, can reduce fatal and non-fatal stroke in rural China. The study is a large-scale cluster-randomised controlled trial on

The Simplified Cardiovascular Management (SimCard) Study in China and India

A randomized controlled trial on rehabilitation through caregiver-delivered nurse-organized service programs for disabled stroke patients in rural China (The RECOVER trial)

sodium reduction and stroke. The trial will include 35 individuals with stroke or at high risk of developing stroke from each of 600 villages in rural China, for a total of 21,000 participants. Each village will be randomly assigned to intervention or control, in a 1:1 ratio. All selected individuals in the same village will receive the same intervention. The intervention will be a sodium reduction strategy based on free supply of a reduced-sodium salt substitute.



Dr Maoyi TIAN

Research Fellow,
Primary Care and
Population Health
Program

Managing life-long conditions like heart disease is difficult in most circumstances, especially hard for both doctors and patients in areas with limited resources. This study uses a simple, low-cost but guideline-based cardiovascular management program that can be delivered by community health workers to help patients at high risk of cardiovascular disease get appropriate treatment through a custom-designed, smartphone-based application.

In China site, a total of 1035 subjects from 27 villages in 2 counties were identified and participated in this large pilot study to evaluate the effectiveness of this highly simplified, but guideline-based strategy in resource-constrained settings.



Rong LUO

Research Coordinator,
Primary Care and
Population Health
Program

Coordinator,
China International
Center for Chronic
Disease Prevention

Stroke is the second leading cause of mortality and disability among adults worldwide. Rehabilitation is an effective treatment for stroke; however rehabilitation services are far from adequate in China, especially in rural China. Here, we propose to develop, implement, and evaluate an evidence-based caregiver-delivered “Early Supported Discharge (ESD)” stroke rehabilitation program designed to improve the physical functioning of disabled stroke patients in rural China.

The pilot study will test the feasibility of the program in Zhangwu county hospital among 60 patients for 3 months. The main study will test the program in two county hospitals (one in Zhangwu County, Liaoning and one in Qingtongxia County, Ningxia) among 200 patients for one year. Patients in the intervention group will receive stroke care from a family-nominated caregiver, who will be trained in ESD by a specially trained nurse and guided by an easy-to-understand rehabilitation manual. In the main study, a nurse will monitor patient progress and care up to 6 times.

This study, if proven effective, will improve the health and functioning of stroke patients, relieve caregiver burden, build capacity and task-shift within the care-delivery system, and potentially guide future programs and policies that can improve health outcomes and reduce inequities for stroke patients in resource-scarce settings.