

CORRESPONDENCE



Global paediatric critical care research: mind the gaps

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Original correspondence from Drs. Schlapbach, Gelbart, and Festa on behalf of the Australian & New Zealand Intensive Care Society Paediatric Study Group (ANZICS PSG)

Dear Editor,

In their recent editorial [1], Kanthimathinathan and Peters summarize progress made in paediatric intensive care research during 2018 and report on the number of active paediatric critical care trials around the world. A key observation is the apparent disconnect between the global distribution of childhood mortality and the concentration of clinical trials in high-income settings. We would like to highlight important gaps towards a more inclusive global perspective on paediatric critical care trials.

First, <http://www.clinicaltrials.gov> does not capture all trials, as many national registries co-exist such as the Australian and New Zealand Clinical Trial Registry (ANZCTR, <http://www.anzctr.org.au>), the Clinical Trials Registry India (<http://ctri.nic.in/Clinicaltrials/login.php>), or the Brazilian Trials Registry (<http://www.ensaiosclinicos.gov.br/>). For example, a search of ANZCTR for interventional trials in critically ill children revealed 12 randomized-controlled studies that are actively recruiting or open, not registered at <http://www.clinicaltrials.gov>. Second, ICU and adjacent services such as emergency department, operating theatre, or retrieval services

de facto provide a continuum of critical care which should be reflected in research design strategy and planning since pre-ICU interventions impact substantially on outcomes that manifest only during or after ICU stay [2]. Third, many healthcare settings in low-income countries are not resourced for “critical care” support such as invasive ventilation or monitoring—yet deal with similar patients and disease severity as very advanced ICU settings.

Enhanced co-operation during trial design and conduct, creation of international databases, and exploration of novel trial design [3] will all be required to increase efficiency and impact of interventional research in critically ill children.

Reply from Drs. Kanthimathinathan and Peters

We would like to thank Schlapbach et al. for their insightful observations relating to the gaps in paediatric critical care research mentioned in Focus on Paediatrics 2018 [1]. It is indeed true that trials from various parts of the world are not registered on <http://www.clinicaltrials.gov>. That said, the intention was to highlight gaps and to promote more paediatric critical care research in low- and middle-income countries (LMICs). Issues relating to challenges faced by paediatric critical care researchers in LMICs such as lack of funding, high clinical workload, and limited research support staff have been highlighted in other recent publications also [4]. Better access to mentors, collaborators, and research networks from high-income countries have been suggested as possible solutions to address the disparity. Nevertheless, readers should bear in mind the gaps Schlapbach et al. have highlighted. As they point out, more international

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collaboration in paediatric critical care research is warranted, and this may include creation of a global clinical trials database.

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