



# Canadian Critical Care Society

THE VOICE OF CRITICAL CARE

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Karen E. A. Burns

February 9, 2023

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***RE: CIHR - Project Grant – BRAINapt application*****Past President**

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Dear Committee Members,

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I am writing this letter in my capacity as President of the Canadian Critical Care Society (CCCS) in very strong support of Drs. Turgeon, Zarychanski, Lauzier, English, Moore, Park, and colleagues' application, BRAINapt, for this CIHR Operating Grant in the Clinical Trials Projects funding opportunity.

Drs. Turgeon, Zarychanski, Lauzier, and English along with several other members of their team are valuable members of the Canadian Critical Care Society. Independently yet collaboratively, they lead innovative and ambitious research programs in traumatic brain injury, subarachnoid hemorrhage, and organ donation respectively, that will not only contribute to the generation of new knowledge but will change practice at the bedside. The three of them are career clinician scientists and together have assembled a team with extensive experience in neurocritical care and the research field of acute brain injury. They have strong track records of successful research funded through the CIHR that is widely disseminated.

The CCCS is the national organization that represents critical care physicians of both adult and pediatric specialties in Canada. The field of critical care medicine in Canada is multidisciplinary, and CCCS members are certified in base specialties such as anesthesiology, medicine, pediatrics, emergency medicine, surgery, and surgical subspecialties like cardiac surgery and neurosurgery. The CCCS provides a forum for members to share knowledge and expertise, and to advocate for the needs of critically ill patients. It also works to promote the development of critical care medicine as a specialty in Canada.

The team propose developing an international Adaptive Platform Trial in acutely ill patients with Traumatic Brain Injury (BRAINapt) and study two pragmatic interventions in this vulnerable population where limited interventions have been showed beneficial. It addresses the important need to better understand the role of two simple drug interventions at the bedside and



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develop an international infrastructure to study future interventions. Their proposal is unique and innovative and the example of practice-changing research globally.

Generally, we see the role of the CCCS to attest to the importance of the work and contribute to the integrated and end-of-grant knowledge translation. Specifically, for this grant, we will help the team identify and liaise with relevant experts and knowledge users in the Canadian Critical Care community, and work with the team to develop dissemination materials through our Knowledge Translation Committee and Clinical Committee. Indeed, several CCCS members are already engaged in the application.

The proposed program of research underscores the mission of the CCCS. The CCCS is dedicated to promoting research, education, and patient care in Critical Care Medicine. We believe that advocacy is an important role for the Society, and we speak *vigorously* for Critical Care in Canada. The CCCS actively promotes adoption of evidence into practice. We are affiliated with the largest national meeting (Critical Care Canada Forum), and we have an active web and social media presence. From a knowledge mobilization perspective, the CCCS will give access to its network of members.

Ultimately, we will also incorporate key principles into various national education initiatives, including training objectives for the Royal College, continuing medical education activities, and review courses for our trainees. We will use these resources with the research team to provide input, feedback and support as the research evolves. We value the in-kind funding of this knowledge mobilization activities at \$15,000. In addition, my role on the steering committee of BRAINapt as a representative of the Canadian critical care community represents \$7500/year or \$22,500 for the duration of the funding period. In total, the in-kind funding provided by the CCCS represents \$37,500.

We are also especially keen that the project will involve a collaboration between patient partners and researchers. As mentioned, we strongly believe in advocating for the needs of our patients and would be interested in learning about the research topic selected by patient partners. We are therefore pleased to act as a knowledge user.

In summary, we believe that this program of research is of the highest possible impact for our patients, their families and Canadian Critical Care community, and that Drs. Turgeon and his team a proven research record and are unequivocally capable of success.

With Kind Regards,

**Karen E. A. Burns**  
President, CCCS