

A new Canadian national network for collaborative research in pediatric anesthesia

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To the Editor,

We read with great interest the recently published article announcing the new Canadian Perioperative Anesthesiology Clinical Trials Group,¹ and we congratulate the founding members for forging this important initiative. We write to inform readers of the *Journal* about a similar collaborative network for multicentre trials in pediatric anesthesia. A new Canadian national collaboration of investigators for research in pediatric anesthesia was formed in Toronto on November 5, 2009. A Maternal, Infant, Child, and Youth Research Network grant-funded feasibility meeting was organized and attended by 13 anesthesiologists from academic health science centres across Canada. The outcome of this meeting was the creation of the Pediatric Anesthesia Investigators Network of Canada (PINC). The mission of PINC is to provide evidence for the highest quality pediatric anesthesia practice through excellence in research. The group identified four compelling reasons to form an ongoing growing network, namely: (1) to establish a collective effort to develop knowledge on important research questions that are difficult to pursue by solo investigators; (2) to foster collaboration in a regionally dispersed subspecialty; (3) to improve success in grant procurement; and (4) to mentor new investigators.

The vision of PINC is to:

1. Promote multicentre interdisciplinary collaboration in research;
2. Identify priorities in pediatric anesthesia research;
3. Promote excellence in research methodology;
4. Promote knowledge translation to improve practice through affiliation with the Canadian Pediatric Anesthesia Society and related organizations;
5. Advocate for evidence-based improvement in the provision of healthcare for children; and
6. Establish research links with community practitioners providing anesthesia care for children.

The terms of reference for PINC follow the excellent model of the Canadian Critical Care Trials Group. Proposals are discussed at the working meetings, and a moderator provides structure and direction to the discussion. Participants have the opportunity to examine the scientific rigor and feasibility of the proposals, to suggest modifications, and to indicate whether they are interested in collaborating. The progress of the studies is followed by electronic communication to the membership and at regular meetings. Our group is interested in reviewing protocols of all types. Current research themes that have been identified as priorities include safety in prescribing opioids to infants and children, evaluating neurological outcomes after scoliosis surgery, improving safety during blood component therapy, and finally, evaluation of safety and efficacy of new medications and techniques. Studies do not have to be multicentred to warrant discussion within PINC. The group was established not only to promote multicentre research but also to provide input into single-centre protocols by experts across Canada.

The first working meeting occurred in June 2010 at the Annual Meeting of the Canadian Anesthesiologists'

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Society (CAS) in Montreal. At that time, there was broad national representation and focused discussion of three clinical trials, one of which has begun at the time of this writing. PINC plans further meetings for peer review and planning of new research projects around the time of the forthcoming 2011 CAS Annual Meeting. There is no cost to join PINC, and meetings have been subsidized to date. Most of the pediatric health sciences centres across Canada have members affiliated with PINC. Researchers and individuals with an interest in pediatric anesthesia and perioperative medicine are encouraged to contact us for further information, to submit research proposals, and to inquire about potential collaboration in this new national initiative.

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Competing interests None declared.

Reference

1. Hall R, Beattie S, Cheng D, et al. Can we develop a Canadian Perioperative Anesthesiology Clinical Trials Group? *Can J Anesth* 2010; 57: 1051-7.