

PIRN

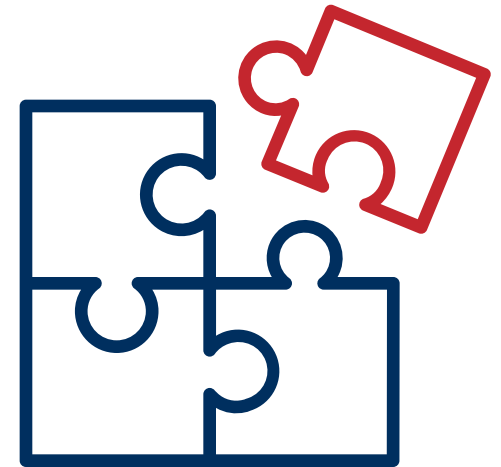
Canadian Paediatric Inpatient Research Network

*Dr. Peter J Gill
Dr. Sanjay Mahant*



Network Need

- 1 in 5 hospitalized children are managed in general pediatric inpatient units (GPIU)
- Wide variation in care
 - Lack of research infrastructure
 - Few RCTs
 - Major knowledge gaps
- PIRN will build research capacity to conduct high-quality RCTs



Membership

Dr. Peter Gill



- ON
- Chair

Dr. Peter Gill



- ON
- Vice-chair

Dr. Gita wahi



- ON
- Research lead

Dr. Matt Carwana



- BC
- Member

Keenjal Mistry



- ON
- Network manager

Dr. Francine Buchanan



- ON
- Patient engagement

Dr. Patricia LI



- QC
- Membership lead

Dr. Karen Forbes



- AB
- Education lead

Dr. Geert 't Jong



- MB
- Member

Dr. Olivier Drouin



- QC
- Research Lead

Dr. Evelyn Constantin



- QC
- Mentorship lead

Dr. Mahmoud Sakran

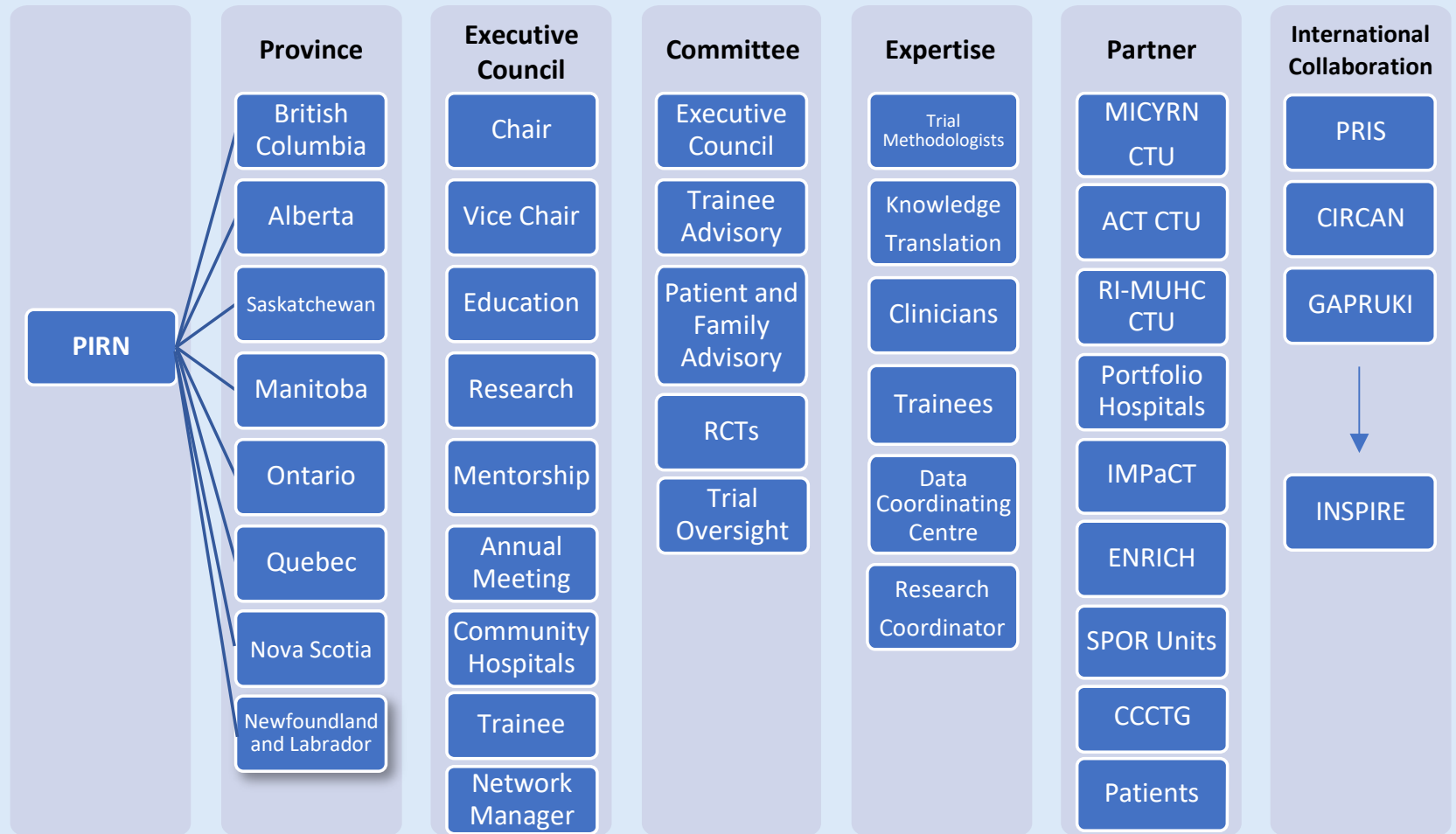


- ON
- Community lead

Membership

- Dr. Tammie Dewan (AB)
- Dr. Gemma Vomiero (AB)
- Dr. Jessica Foulds (AB)
- Dr. Elise Lu (ON)
- Dr. Sean Murray (ON)
- Dr. Kim Zhou (ON)
- Dr. Melanie Buba (ON)
- Dr. Ann Bayliss (ON)
- Dr. Anupam Sehgal (ON)
- Dr. Alastair Fung (ON)
- Dr. Karolyn Hardy-Brown (ON)
- Dr. Joanna Holland (NS)
- Dr. Marc-Andre Dugas (QC)
- Dr. Julie Quet (ON)
- Dr. Joan Abohweyere (ON)
- Dr. Patricia Parkin (ON)
- Dr. Lucy Giglia (ON)
- Dr. Sepi Taheri (ON)
- Dr. Kyle Millar (MB)
- Dr. Krista Baerg (SK)
- Dr. Kristopher Kang (BC)
- Dr. Justin Jagger (ON)
- Dr. Krystel Toulouse (QC)

Structure



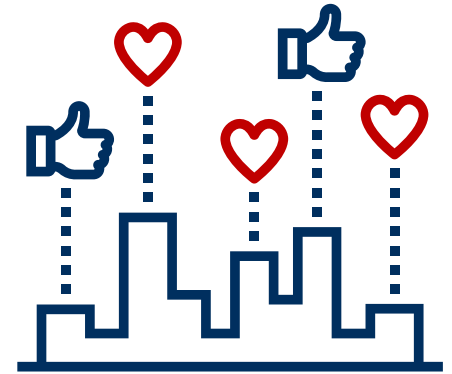
Network Engagement

Mentorship:

- Connect trainees/ECRs with mentors within and outside PIRN
- Trainee Advisory Committee
- Partnerships with IMPaCT and ENRICH

Internal Peer Review:

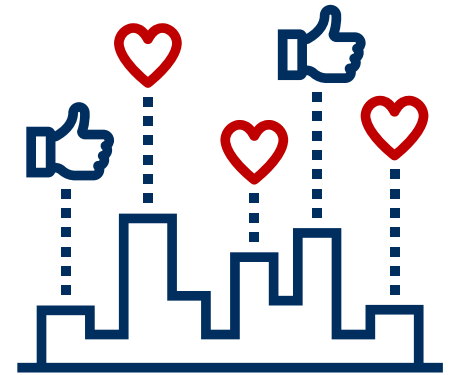
- Concept Capsule intake process
 - Reviewed by Research Leads and members
 - Presented at monthly meetings
 - Formal feedback letter



Network Engagement

Engagement with Indigenous communities:

- Ongoing development of partnerships with programs and services for Indigenous families and children in pediatric hospitals
- Development of a proposed community partnership framework for engagement with Indigenous communities



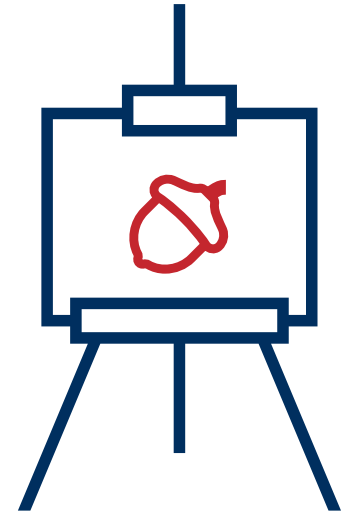
RCT Proposals

Submitted two pilot RCT grants Sept 2024:

1. Second dose of Dexamethasone in Children Hospitalized for Croup (DEX2): A Pilot Study
2. Dexamethasone vs. Placebo in Children and Youth Hospitalized for Orbital Cellulitis (DOC): a Pilot Randomized Clinical Trial

Plans for funding: CIHR Project Grant Fall 2024, CIHR ECRs Human Development, Child and Youth Health grant Sept 2024

- Additional planning underway for new RCT submission for CIHR Project Grant Spring 2025



Thank you!

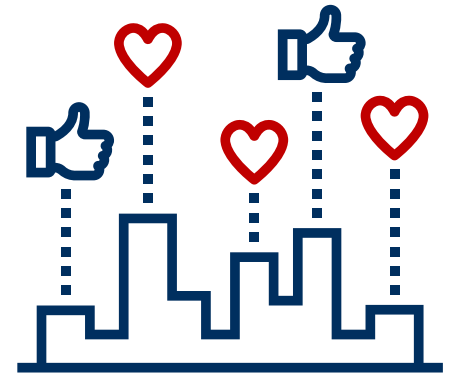
Contact us:

✉ contact.pirncanada@sickkids.ca

🌐 <https://www.pirncanada.com>

✕ @CanadaPirn

in PIRNCanada Paediatric Inpatient
Research Network



Question Period

PIRN: Canadian Paediatric Inpatient Research Network

Dr. Peter Gill

02:00

EXTRA SLIDES

DEX2 Pilot Study

Research Question: Is it **feasible** to conduct a definitive RCT to determine whether oral dexamethasone 0.6 mg/kg given once is *superior* to placebo for children hospitalized with croup following ED corticosteroid treatment?

Intervention: Randomized to oral dexamethasone 0.6 mg/kg once **or** placebo 12 hours after corticosteroid treatment in the ED.

Primary feasibility outcome: Recruitment rate

Secondary feasibility outcomes: Intervention fidelity & Completeness of clinical outcomes

Design: Multi-centre, double-blinded, placebo controlled, internal randomized controlled pragmatic pilot trial, with two parallel groups with a 1:1 allocation ratio, with recruitment occurring over one year, n=54

DOC Pilot Study

Research Question: Is it **feasible** to conduct a definitive randomized controlled trial to determine whether IV dexamethasone is *superior* to placebo for children and youth hospitalized with orbital cellulitis?

Intervention: Randomized to IV dexamethasone or 0.3 mg/kg or placebo given immediately after hospital admission (within 24 hour) and then 24 hours after the first dose.

Primary feasibility outcome: Recruitment rate

Secondary feasibility outcomes: Intervention fidelity & Completeness of clinical outcomes

Design: Multi-centre, double-blinded, placebo controlled, internal pilot randomized trial, with two parallel groups with a 1:1 allocation ratio, recruitment occurring over one year, n=30