





Adding years of healthy life



DSRB Management & Operations

Comprehensive ethics review of research protocols ♦9 peer-review boards based on scientific domains

Domain A	Domain B 2 Boards	
 Ophthalmology Psychiatry Neurology/Neurosurgery Genetics Geriatric Medicine Palliative Medicine 	 Oncology Hematology Pathology Paediatrics Respiratory Medicine 	
Domain D	Domain E 2 Boards	
 Obs/Gynaecology Anaesthesia Surgery# ENT Dentistry Sports and Rehab Medicine Allied Health 	 Infectious Disease Gastroenterology Renal Medicine Rheumatology/Immur Dermatology 	

*Non organ/disease specific Family Medicine studies only. # Includes General Surgery, Orthopaedic Surgery, Plastic Surgery and Urology.

The NHG Office of Human Research Protection Programme (OHRPP) ensures safety and well-being of human research participants, and advocates their rights through collective efforts of its 5 functional units – (1) DSRB, (2) Research Quality Management, (3) Research Education, (4) Research Compliance & (5) Partnerships & Outreach.





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Research Compliance

(A) Compliance with Human **Biomedical Research** Act & other applicable regulations

(B) Responsible Conduct of Research

> **Partnerships & Outreach**

(A) Public Outreach

(B) Partnerships & **Cooperative Reviews**





The number of Covid-19 research submissions first peaked in June 2020 with 76 new studies. Due to the urgent need to initiate such studies to cater to emerging healthcare needs, DSRB implemented a series of initiatives to expedite Covid-19 related reviews, whilst continuing to provide ethics review for other research studies submissions.

DSRB Processes to Support Covid-19 Reviews

- **1. Fast-Track for Covid-19 Clinical Trials**
- 2. Ad Hoc Full Board reviews
- **3. Issuing In Principal Approvals**
- 4. Pre-consultations with PI & Sponsors
- 5. Triage to SingHealth Centralised Institutional Review Board (CIRB)
- 6. New DSRB Domain (E2) set up
- 7. Allowing non physical face-to-face informed consent taking

Initiatives to Expedite Ethics Approval of Covid-19 Study Submissions



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¹Essential documents for review are redacted (do not contain subject identifiers). Examples: Study specific training records, Study delegation log, Subject screening/enrollment log.

Remote Research Audits During Covid-19 Pandemic

To ensure continued oversight of research conduct during the pandemic, the remote audit process was piloted. The audit scope was refined considering site limitations to accessing documents for reviews. Despite that, the use of remote audits have served well as an alternative to ensure quality of research conduct.

Pilot Remote Audit Process

Auditor & site confirms date for remote interview. Site given list of documents to prepare.



4 weeks

3 weeks

Auditor reviews the essential documents & conducts the remote interview

Take Away from Pilot

- review of redacted documents.

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1. Need to cater for more time for site to obtain documents.

2. Interviews are crucial to identify potential audit issues that cannot be noted from

3.For For-Cause Audits to investigate more serious noncompliances, onsite visits remains the preferred tool.



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The OHRPP extends its services & ethics oversight to external parties. This allows for streamlined reviews in cross institutional collaborations. Also, it promotes and establishes high standards of human research protection across NHG and the external partners.

9 Conditions Used to Assess the Feasibility of **Collaboration with External Partners**

1. Compliance to NHG Governance Guidelines

2. Reporting of Non-Compliance issues to OHRPP

4. Sufficient Compensation Coverage

5. Training for Investigators in human research subject protection

7. Education of Research Participants

Provision of NHG OHRPP Services to External Institutions

3. Reporting of Data and Safety Monitoring

6. Sufficient & Qualified Resources

9. Audit by **Research Quality** Management

8. Institution Commitment

External Institutions With NHG DSRB Review Arrangements

The following institutions met the collaboration criteria & have established partnerships with NHG:

- Agency for Integrated Care
- Agency for Science, Technology and Research (A*STAR), comprising of:

 - Singapore Institute for Food and **Biotechnology Innovation** - Skin Research Institute of Singapore
- Dover Park Hospice
- Health Promotion Board
- Health Sciences Authority
- Lilly Centre for Clinical Pharmacology
- National University Health System

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- Singapore Institute for Clinical Sciences

NHG Research Studies National Skin Centre Yishun Health Institute of Mental Health National Healthcare Group Polyclinics







Intraepidermal Sweat duct

3D-reconstruction of an in vivo Optical Coherence Tomography image

We identified obstruction of the sweat orifices at the stratum corneum being the cause of hypohidrosis and instituted a novel treatment approach using systemic retinoids.. Overall, 89% of NSC patients were treated well without recurrence of disease.

Elucidation of pathogenesis and institution of curative treatments for idiopathic hypohidrosis



Hypohidrosis, or the inability to sweat, can lead to heat injuries and death.

The pathogenesis is unclear and there is no good treatment.

We found that 31% of our local cohort who suffered heat injuries had underlying hypohidrosis. Concurrently, we characterised a new clinical phenotype.



Diabetic Nephropathy Cohort



2011: Singapore Study of Macro-angiopathy and Micro vascular Reactivity in Type Diabetes Cohort



Onset and Progression RISk Factors Cohor

Study to identify genetic risk of kidney diseases

Members of the 10th Research, Innovation and Enterprise Council (RIEC), chaired by Prime Minister Lee Hsien Loong, meeting on Friday afternoon (July 21, 2017) to discuss the progress made on the RIE2020 plan launched in 2016.

STRAITS TIMES PUBLISHED JUL 22, 2017, 5:00 AM SGT \$25m research effort aimed at spotting diabetic patients at risk so they can be treated earlier

Metabolic Research at Yishun Health: longitudinal diabetes cohorts

	Setup in 2002 ~5,800 hospital patie disease
	Baseline blood and u
	Setup in 2011
	~2,000 hospital & NF
	Recall every 3 yearly
°O- 2	Monitor multiple end foot syndrome, cogn
	Setup in 2017
	~1,200 hospital amb
	Web-based dietary a
ort	Monitor DKD, NAFLE



ents with diabetes, enriched with kidney

urine collected. Follow-up by EHR.

HGP patients with type 2 diabetes points – vascular function, DKD, Diabetic nitive function.

ulatory patients with diabetes assessment, physical activity (wearable) D, 24 hour ambulatory BP

> {*From left to right*}: Prof Thomas Coffman, Prof Tai E Shyong, Prof Wong Tien Yin & A/Prof Lim Su Chi – Theme Pls of **DYNAMO**.







Diabetes stud**Y** in Nephropathy And other Microvascular **cOmplications**



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Familial Hypercholesterolemia (FH)

Monogenic subset of people with complex traits DHLO.

A non-trivial subset of individuals with complex trait (e.g. DHLO) can be attributable to a monogenic condition (e.g. FH and MODY).

Monogenic disease are individually rare but collectively abundant.

They consume healthcare disproportionally (20/80 rule).

Targeted therapy with favorable prognosis available.

It also helps in prevention of disease progression and reduction of adverse events.

They shed light on disease biology.

We welcome collaborations from both public and private healthcare as well as scientific community.



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Dr. Liu Jianlin, Research Fellow

Singapore Allied Health Award (Gold)



Latent Class Analysis to Determine High-Risk Profiles of Adverse **Childhood Experiences and their Interactions with Psychological** Resources, High-Risk Behaviours, and Physical and Mental Disorders





An evaluation study was carried out as proof of value to mainstream video consultations in NHGP for chronic disease management.

During the COVID-19 period, video consultation was implemented.

The clinical effectiveness of video consultation (VC) versus face-to-face (FTF) consultation was evaluated via a retrospective observational study on propensity scorematched cohorts.

In conclusion, VC is non-inferior to FTF consultation in the follow-up period of 6 months. Further work needs to be done to evaluate the clinical effectiveness of VC over a longer term.

For comprehensive evaluation of VC, ongoing work is being done in the areas of: Resource utilisation/costs, Clinical safety audit, Patient satisfaction & experience, Perspectives of physicians, organisational implementers/leaders and policymakers

Clinical Impact of Video Consultation in Primary Care



RESULTS

