

Welcome to ACTA 2019

Building a self-improving healthcare system

John Zalcberg

ACTA Chair; Professor of Cancer Research, Monash School of Public Health and Preventive Medicine

ACTA Summit 2018 Sydney





Welcome to this and future ACTA Summits!

- Great gains and challenging opportunities on the horizon
- Sharing progress, surveying the landscape, relishing transformational challenges ahead



Photo licensed under **CC BY-SA**

Surveying the clinical trials sector landscape





Informed by ACTA's ten-year sector review

-) more than 1,000 studies
- more than one-million participants
- more than \$1 billion research funding
-) 25% of overall NHMRC funds clinical trials
- > 50% of NHMRC budget for trials > \$1 million
- 40,000 citations, including NEJM, Lancet, JAMA, BMJ, PLOS Med
- > > 100+ high-impact trials with reported impact on policy/practice

... and \$5.80 for every \$1 invested!

Economic evaluation of investigator-initiated clinical trials conducted by networks. ACTA 2017

What can we do to transform healthcare?



Better health through best evidence

We are here to ...

GROW STRENGTHEN SUPPORT

Australia's clinical trials sector and capacity

Australian Clinical Trials Alliance

Australian clinical trials, CT networks and registries: are they optimally ...

- ... efficient and effective?
- ... sized, extensive and scalable?
- ... delivering implementable results?
- ... embedded throughout the healthcare system?
-) ... involving consumers?
- ... prioritised?
- ... equipped with the best tools to extract and exploit the best data?
-) ... innovative in design and how they identify, use and share outcome data?



Australian clinical trials, CT networks and registries: are they optimally ... ?

embed... it's a work in progress.

... there's an ACTA Reference Group for that!



- Efficient and Effective CTNs
- CTN Sector Expansion
- Impact and Implementation of CTN Trials
-) Embedding Clinical Trials in Healthcare
- Strengthening Consumer Engagement in Developing, Conducting and Reporting Clinical Trials
- Research Prioritisation: Tools and Criteria
- Innovative Trial Design
- Innovative Outcome Data



Why is clinical research so important?

- Certainly not for its own sake
- It's about better patient care and outcomes
- That's Better health though best evidence

The research / engagement / prognosis relationship





RESEARCH ARTICLE

Research Activity and the Association with Mortality

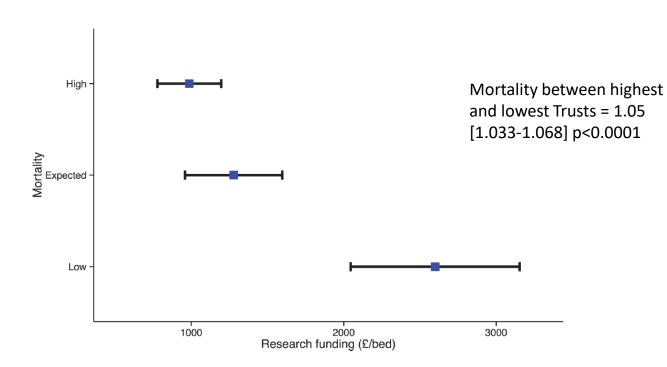
Baris A. Ozdemir¹*, Alan Karthikesalingam¹, Sidhartha Sinha¹, Jan D. Poloniecki¹, Robert J. Hinchliffe¹, Matt M. Thompson¹, Jonathan D. Gower², Annette Boaz³, Peter J. E. Holt¹

1 Department of Outcomes Research, St George's Vascular Institute, London, United Kingdom, 2 NIHR Comprehensive Clinical Research Network Coordinating Centre, Leeds, United Kingdom, 3 Centre for Health and Social Care Research, St George's University of London, Cranmer Terrace, London, United Kingdom

PLOS ONE | DOI:10.1371/journal.pone.0118253 February 26, 2015

NIHR CCRN funding (£/bed)





The research / engagement / prognosis relationship



ORIGINAL INVESTIGATION

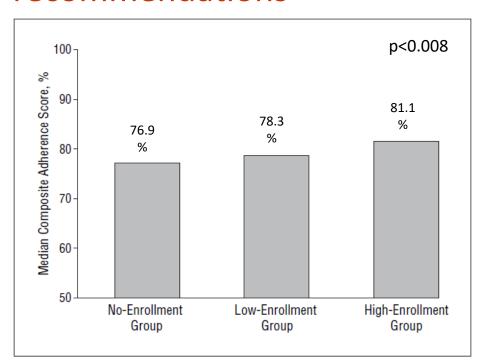
Better Outcomes for Patients Treated at Hospitals That Participate in Clinical Trials

Sumit R. Majumdar, MD, MPH; Matthew T. Roe, MD, MHS; Eric D. Peterson, MD, MPH; Anita Y. Chen, MS; W. Brian Gibler, MD; Paul W. Armstrong, MD

Total inpatient pool – 174,062 Total trial accrual – 4,590 (3%) in 494 hospitals

Adherence to evidence-based guideline recommendations



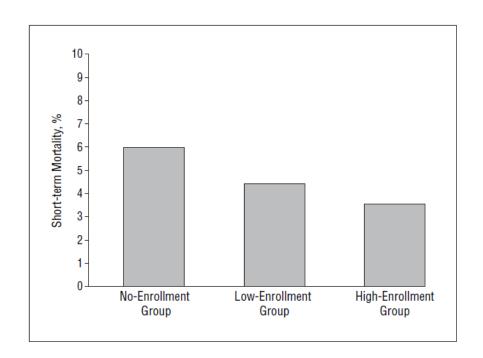


At 494 CRUSADE (Can Rapid Risk Stratification of Unstable Angina Patients Suppress Adverse Outcomes With Early Implementation of the American College of Cardiology/American Heart Association Guidelines) hospitals.

Arch Intern Med. 2008;168(6):657-662

Short-term mortality





In 174,062 patients with acute coronary syndrome treated at 494 CRUSADE hospitals.

Arch Intern Med. 2008;168(6):657-662

On with the transformation







Thank you

John Zalcberg

ACTA Chair; Professor of Cancer Research, Monash School of Public Health and Preventive Medicine

