

CVD Working Group Meeting
11 April (8h00 to 10h00)

H3Africa Consortium Meeting
Tunis

NIH Rapporteurs:
Paul Kimmel and Pankaj Qasba

Facilitator: Michele Ramsay

Present: Dwomoa Adu, **Michelle Skelton has the full list**

Michele welcomed everyone and presented apologies on behalf of the Chair (Dr Ojo), co-chair (Dr Adebamowo) and NIH lead (Dr Wiley). Attendance at the meeting was low and in terms of representation of the various member groups, only the Kidney and AWI-Gen groups were represented, together with the Eyes of Africa (represented by Michael Hauser and briefly by Adeyinka Ashaye) and for a brief period the Sickle Cell Group (represented by Julie Makani).

Michele provided a brief update on current activities and then the Agenda points were discussed and a way forward suggested.

1. Update on publication efforts

The CHAIR paper in the IJE was considered a significant achievement of the CVD WG. The proof of principle paper demonstrating data sharing across the CVD WG (obesity and hypertension) was discussed and the main challenges with the data in terms of the different study designs and case and control groups were discussed. Mayowa and Onoja were commended for their hard work and encouraged to finalise the paper in line with the reviewer comments. Some expressed a willingness to read the next draft.

Action: Resubmission of the paper by Onoja and Mayowa

2. Harmonization of phenotype and lifestyle data

There was an update on the harmonization process, noting that progress was slow and that not all the groups were actively participating in the harmonization process. The REDCap data template developed by Katherine Johnson (H3ABioNet), based on the harmonization approach developed by Onoja and Felix using the CRFs of the six groups, was mentioned. All agreed that this would be an excellent way forward with regard to joint analysis of the data from the CHAIR resource.

There was discussion about supporting a workshop for the data managers to meet face-to-face with Onoja and Katherine to advance the data transformation process for each of the studies. There were two suggestions: Either, one of the groups that had submitted application for the support funding could host the workshop under their funding request or the CVD WG could apply to the Coordinating Centre (Michelle Skelton) for funding to hold such a workshop.

Action: The CVD WG to deliberate on the merits and advise on a way forward.

There is a need to develop a policy for access to the data once consolidated. It was discussed that the H3A Manuscript Concept Document could be used for this purpose to provide intention of developing publication and analyses across H3A studies.

Action: CVD WG to look back at previous discussions on the process and to reach consensus on the mechanisms of submission and approval to use the joint CHAIR resource.

3. New H3Africa members for the CVD WG

The Eyes of Africa and Sickle cell groups were invited to introduce their projects and indicate their views on joining the CVD WG and sharing data. Mike Houseman spoke on behalf of Eyes of Africa and indicated that they were collecting limited data for harmonization with the CHAIR resource and would be genotyping using the H3Africa array. In addition to DNA, they were storing plasma but had no plans (or funding) at present to collect blood for serum (e.g. for CVD biomarkers) nor for urine. Dr Adu made a plea for urine collection to enable studies on kidney function and Dr Kimmel indicated that storing urine was inexpensive. Julie Makani briefly outlined the sickle cell project either under H3A or aligned to the H3A work and indicated that she believed there was merit in working together. She suggested the CVD WG also approach Dr Solomon Ofori-Acquah reporting PI for the H3A Sickle Cell project.

Action: Both groups to be asked to provide information on their projects and complete the table to indicate which data they were collecting (Note after the meeting: Eyes of Africa submitted their project information)

4. Suggested joint project

Tinahse Chikowore (Young Wellcome Trust Investigator and member of the AWI-Gen group at Wits University in Johannesburg) was invited to present the project he proposes for consideration by the CVD WG on using the CHAIR resource.

Briefly: The proposed research seeks to understand the genetic and lifestyle factors (diet, physical activity, alcohol, smoking and sleep), as well as sex-specific differences, that interact to increase the prevalence of obesity in African populations. The transferability of the identified gene-lifestyle interactions for obesity will be evaluated among Asians, Europeans and Africans. We anticipate that our findings will yield insights that will guide the prevention and treatment of obesity. (We could request his PowerPoint presentation)

The approach was discussed with some questions around the methodology and approach, and once explained, there was agreement that this would be an excellent project to develop under the CVD WG. Tinashe is willing to work with other group members on the project.

Action: Tinashe to complete a MCD to be submitted to the CVD WG

5. Affiliate membership

Briefly, the CD WG had developed a document for affiliate membership and this document was amended and made appropriate for the consortium as a whole. There was a question about whether this had actually been submitted to the SC for comment and Dr Adu confirmed that it had not yet been sent to them for consideration. Since there was interest from groups outside H3Africa, this was considered priority.

Action: On inclusion of the comments from the previous CVD WG teleconference, the draft document should be sent to the SC for comment and debate.

6. Sustainability of the CVD WG

There was discussion about what sustainability means to the CVD WG. Dr Kimmel raised the point the Kidney and AWI-Gen groups had used the mechanisms of ancillary and supplemental NIH funding to expand their projects and that these mechanisms could be explored further in the context of CHAIR. The projects should reach a level of maturity by 2022 when the second round of H3A funding concludes, to be ready to successfully apply for competitive funding outside the H3A umbrella.

Dr Jennifer Troyer updated the group on the funding proposals that had been submitted to the IEC for consideration, indicating that they were positively viewed for funding. Jennifer and Michelle Skelton explained the funding model through the H3A Coordinating Centre. There has not yet been any formal communication with the individual groups who submitted proposals.

Closing:

When the two hours were up, the meeting was brought to a close and all agreed that it was an informative and helpful session. Michele prepared a brief update to present to the Consortium later in the day, summarising the main discussion points and the proposed way forward.

Notes from Michele Ramsay
15 April 2019