**Global Rheumatology Alliance (GRA) Clinical And Scientific Committee (CASC) meeting with Steering Committee (SC) liasons**

**May 8, 2020 – 12:00pm PST**

*Attending: Rebecca Grainger (RG), Zach Wallace (ZW), Jean Liew (JL) (from SC); Bimba Hoyer (BH), Laura Cappelli (LC), Jeff Sparks (JS), Evelyn Hsieh (EH), Elizabeth (Liz) Graef (EG), Al Kim (AHK), Adam Killian (AK), Richard Conway (RC), Sebastian Sattui (SS), Max Konig (MK), Manuel Ugarte (MU), Mike Putman (MP), Namrata Singh (NS)*

**Terms of reference (ToR)** draft: Discussed by RG. This is a document to aid in the organization of a large group of 18 individuals. Anticipate the formation of smaller teams in order to do projects that are meaningful to those on the teams. ToR will be revised following feedback from this meeting.

Another goal of the CASC will be leveraging global contacts to expand the GRA registry and mission.

**ACR Task Force (TF):** The GRA is currently supported by the ACR. We will work together with the Task Force to divide up tasks to synthesize information, but without duplication of work. To do this, the CASC and the ACR TF will independently rank clinical and research questions in terms of priority and urgency, thinking both long term and short term. [See grid below]. The ACR TF will review all questions and will decide upon division of labor in a meeting with representatives from the GRA. The first task of the CASC is to come up with questions and priorities. Questions can be aspirational (ie, do not need to be immediately answerable).

**GRA internal projects**: MK asked if the GRA SC has decided on specific priorities. The internal projects proposals documents was shared. These are disease and medication specific projects related to the provider registry suggested by the SC that members of the CASC could take on and lead. However, this has been proposed but not set in stone.

An overview of the GRA organization was provided.

RG returned the discussion to organizing the CASC as a large group with enough flexibility for all to take on projects of interest, but also enough organization to ensure all are on the same page. It was proposed that teams (organized based on projects) could set their own meetings but that large meetings with the full CASC and SC liaisons could occur on a regular basis (~every 3 week).

Additional questions were brought up and addressed:

 -MK: What data are available from the registry, specifically labs collected? This is available on the latest version of the CRF [though sample size will require inquiry to the UCSF data team].

 -ZW addressed the team 6 lit review on COVID19 in rheumatic disease patients. Will review the topic with the ACR TF and determine whether this will fall within the GRA’s purview. [If it does, would be good for CASC members to lead it]

 -SS: Plans to add people without rheumatic disease as comparators to the provider registry data? No plans yet but possible project

 -EH: One year terms set? No – trying to balance changes in capacity and availability with long enough terms to be useful.

 -LC: Is the ACR TF planning to survey rheumatologists on their experiences during COVID? Unknown if they are, but a good idea that can go on the priority grid.

**Meeting adjourned with the following action items:**

[ ] everyone has received an invitation to the private CASC channel on Slack

[ ] please put down ideas for projects in the **priority grid**; this will be reviewed with the ACR Task Force in order to determine which projects the GRA CASC will take on. Once projects determined, groups witin the CASC may form.

[ ] we will send a separate Doodle poll for the next big CASC meeting with all members in about 3-4 weeks