**Notes from SAMPA zoom meeting November 10, 2022**

1. Final logistics regarding travel to Mwanza
   1. Flights for all those coming from Europe have been disrupted one way or another but we, mainly Kati, has managed to sort out different flights. Juan still needs to sort out a new internal Tanzania flight and let George know when he has so that he can be met at the airport.
   2. George has confirmed that posters can be printed locally if they are sent to him in advance in electronic form. **Action: George to get back to us on the size of poster boards and whether these are suitable for landscape or portrait format**.
   3. The Indian radiologists are unavailable Nov 21 or 22 for a zoom. Suzanne has emailed all radiologists to see if they can meet Nov 23 or 24 on zoom. Patrick Ngoya and Jane Shawa will be at the Mwanza meeting in person.
2. Initial results from analyses for presenting in Mwanza and any problems or issues arising
   1. Suzanne presented a figure showing recruitment to date. We have recruited for a year but have so far recruited only about a third of the expected for each cohort. There are lots of good reasons for delays but we now must figure out how to move on. SAMPA officially ends the end of December 2023. We may be able to get a no-cost extension but we should wait to ask for one until we have shown that the project is moving well overall and that we have specific plans for what we will accomplish in any extension period. **Action: in preparation for the Mwanza meeting, all sites need to prepare and present a plan for how they will complete recruitment by the end of June 2023**. There are both time and funding issues to consider in preparing these plans. We still, for sample size and analysis reasons, want to recruit as many participants as possible. However, we know that the total budget from MRC has decreased and that some costs, e.g. shipping and travel, have increased. A bit more money is available for each site, over and above the increases in recently revised contracts. **Kati will let all know soon how much extra money they will have s**o this can be added to total costs when calculating how many participants it will be possible to recruit. The actual revised contracts will take longer to come but the money can already be considered as available.
   2. People seem to be getting along fine with preliminary analyses (George for diabetes/prediabetes by prior nutritional status for each cohort, Mizinga and Paul for elastase, Juan for radiology forms and any protocol violations or serious adverse events, Sana and Dixi for DIVIDS insulin and C-peptide) so we can discuss results in Mwanza. **When people have done these, please upload do files and draft figures and tables to the appropriate folders on dropbox** so we can access these during the meeting for discussions. Feel free to also bring them on your (encrypted) laptop to ensure no problems with accessing them.
   3. There are a couple of things which still need to be added to folders on dropbox: elastase data from CICADA and prior cohort nutritional status from CLHNS. **Action: George and Nanette to arrange for these to be added.**
   4. An additional suggestion for data to pull together for showing at the meeting is the anthro and body composition data for each cohort. **Dixi and Mayebe (who wasn’t on the zoom) have done much of this already so please can they pull the data for all cohorts together for presenting just to the SAMPA team.**
   5. Dixi and Suzanne have different ideas for SES PCRs. An email about this has been sent to several people who may be able to provide input; this, plus diet pattern PCAs, is something we can finalise in Mwanza. Both SES and diet pattern (and anthro and body comp as in point d) are key covariables for many SAMPA analyses.
   6. Jim had some suggestions for further basic analyses which could be done before or during the meeting. It would be good if someone had time to prepare some of these so we could discuss the results at the meeting. **Action: any volunteers to do this?** Some of the analyses are:
      1. In order to understand the early insulin response, look at 1-hour glucose data by prior malnutrition group. **Action: Jim to provide a link to the WHO calculations and cut-offs for normal for measures at 1 hour in an OGTT.**
      2. Check whether anyone developed hypoglycaemia during the OGTT. **Action: Jim to provide cut-off for concern for hypoglycemia**.
      3. Correlate pancreas size (semi-quantitative, e.g. small or not?) and abnormalities with OGTT and HbA1c diabetes outcomes and elastase (already being done by Paul and Mizinga?).
   7. **Action: Jim to add to or modify this list**.
3. AOB
   1. Jim wondered whether it would be worth trying to recruit a clinical fellow in Newcastle who could lead on detailed analyses of radiology and other clinical results. He suggested that it might be possible to find fellowship funding for such a person. We felt such a person might be more useful to SAMPA than a senior radiologist.
   2. Related to the above, we felt that we did need some input from a radiologist external to SAMPA, if only to say that the QC methods across sites were acceptable. This can be discussed further on a zoom after at least Patrick and Jane had met with each other and the SAMPA team in Mwanza.