

Taking Stock of What We've Accomplished in First 10 Years

Recruitment (Jordan Elm)
NDMC Infrastructure (Catherine Dillon)
NCC Infrastructure (Pooja Khatri)
Patient Engagement (Joe Broderick)
Training Core (Randy Marshall, Devin Brown)

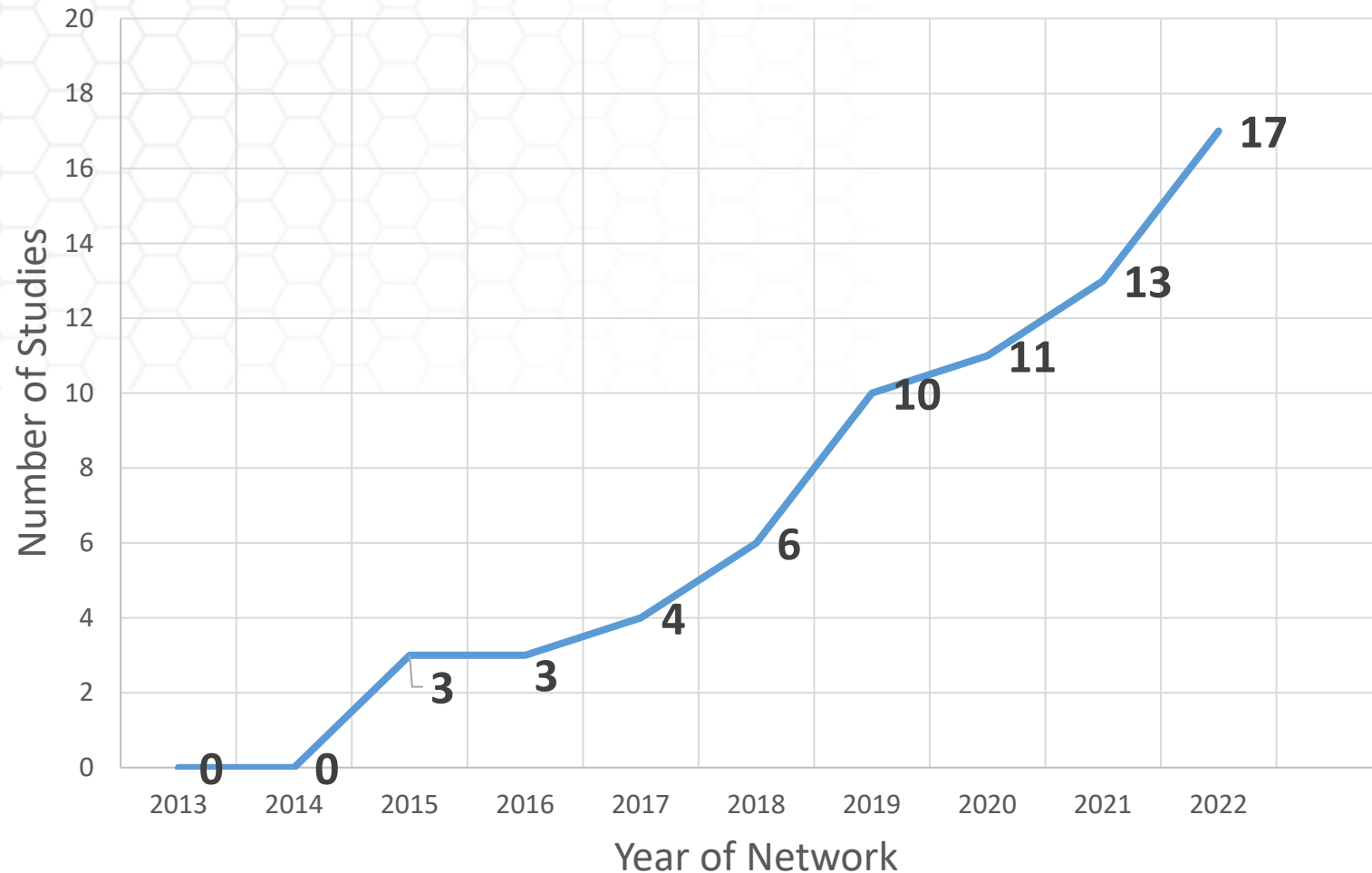
Taking Stock of What We've Accomplished in First 10 Years

NCC Infrastructure

Key Activities/Developments in NCC Infrastructure

- Number of clinical trials
- Trial development process
- Budgeting
- Contracting
- Regulatory
- Imaging
- Pharmacy

Progression from Zero to 17 Ongoing Studies



1 → 2 NCC Administrative Co-Directors

- Jamey Frasure, added Laura Benken

1 → 2 NCC PIs

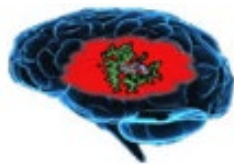
- Joe Broderick, added Pooja Khatri

Continued one NCC PM (0.5-1.0 FTE) for each StrokeNet trial/study

Other capacity increases

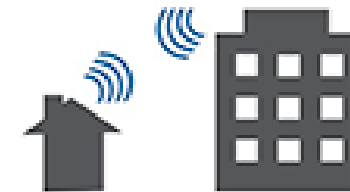
4 Completed Trials

- **MISTIE-3** Minimally Invasive Surgery for ICH evacuation (**N=500**)
- **i-DEF** Deferoxamine mesylate treatment for ICH (**N=293**)
- **DEFUSE-3** Delayed endovascular therapy for select patients (**N=182**)
- **TeleRehab** Home-based telerehabilitation stroke recovery (**N=124**)



iDEF

Intracerebral Hemorrhage Deferoxamine Trial



Telerehab Trial

17 Ongoing Trials

PREVENTION OF STROKE (9)

CREST-2 Treatment of asymptomatic carotid stenosis (N=2480)

CREST-H Hemodynamic impairment ancillary study in CREST-2 (N=500)

ARCADIA Apixaban vs. aspirin for cryptogenic stroke (N=1100)

ARCADIA-CSI Apixaban for cognition and silent infarcts (N=500)

SATURN Statin use in ICH survivors (N=1456)

SATURN-MRI Statins for silent stroke (N=912)

ASPIRE Anticoagulation of atrial fibrillation in ICH survivors (N=700)

CAPTIVA Anticoagulation vs antiplatelets for intracranial stenosis (N=1683)

Sleep-SMART Treatment of obstructive sleep apnea (N=3062)

ACUTE STROKE TREATMENT (3)

MOST Adjunctive antithrombotics (epifibatide, argatroban) to thrombolysis (N=1200)

FASTEST FVIIa for acute hemorrhagic stroke (N=860)

RHAPSODY-2 3K3A-APC with thrombectomy and thrombolysis (N=1400)

STROKE RECOVERY & REHABILITATION (3)

TRANSPORT-2 Transcranial direct stimulation to aid recovery (N=129)

I-ACQUIRE Intensive infant rehabilitation for pediatric stroke (N=240)

VERIFY Acute prediction of motor recovery (N=657)

PRIMARY STROKE PREVENTION IN COVID (2)

ACTIV 4A Antithrombotic approach for inpatient COVID-19 patients

ACTIV 4C Antithrombotic approach for post-discharge COVID-19 patients



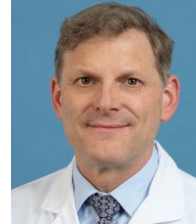
4 Upcoming Trials

- **FOCAS** Corticosteroids for pediatric stroke due to focal cerebral arteriopathy (n= 80)
- **CAPTIVA-MRI** MRI biomarkers of recurrent stroke in intracranial atherosclerotic stenosis (n=300)
- **SISTER** Dose-finding novel clot-dissolving Ab, TS23, in extended time window ischemic stroke patients (n=300)
- **STEP Platform** Adaptive, registry-supported trial platform to optimize outcomes after LVO

Trial Development Process

1. Working groups

- Acute
- Prevention
- Recovery/rehab



2. Feasibility assessments

- Trial-specific and annual surveys
- Population-level epidemiology assessment
 - DEFUSE-3 example



3. StrokeNet leadership grant review prior to submission

Success Rate:

Aug/2018 to now:

- *16 StrokeNET trial concepts were submitted to NIH*
- *7 (44%) of these grants approved funded*

Future Directions:

- *GWTG data*
- *More utilization of advisory groups*
 - *DEI core*

Working Groups

Acute Stroke	Primary and Secondary Prevention	Recovery and Rehabilitation
<ul style="list-style-type: none"> • Chair: Karen Johnston, University of Virginia • Co-chair: Jeff Saver, UCLA • Renee' Martin, NDMC • Greg Albers, Stanford Imaging Core • David Liebeskind, UCLA Imaging Core • Adrienne Haggins, U Michigan, Minority Recruitment and Retention • Kate Amlie-Lefond, U Washington, Pediatric Advisory Committee • Osama Zaidat, Mercy Toledo/CWRU • Aneesh Singhal, Massachusetts General • Robert Dempsey, U Wisconsin • Enrique Leira, U Iowa • Toby Gropen, UAB • Raul Nogueira, UPMC • Maarten Lansberg, Stanford University • Thomas Hemmen, UCSD • Stacie Demel, U Cincinnati • Alejandro Rabinstein, Minnesota • Pete Panagos, Washington University • Cemal Sozener, U Michigan • Coordinator: Kinga Aitken, U Utah 	<ul style="list-style-type: none"> • Chair: Marc Chimowitz, Medical University of South Carolina • Co-chair: Ralph Sacco, University of Miami School of Medicine • Christy Cassarly, NDMC • Colin Derdeyn, U Iowa Imaging Core • Steve Warach, UT Austin Imaging Core • Bernadette Boden-Albala, UCLA/UCI Minority Recruitment and Retention • Heather Fullerton, UCSF, Pediatric Advisory Committee • Dawn Meyer, UCSD • Tanya Turan, MUSC • Jose Romano, U Miami • Walter Kernan, Yale University • Brad Worrall, UVA/Medstar • Sepideh Amin-Hanjani, U Chicago • Latisha Sharma, UCLA • Brett Cucchiara, U Penn • Rizwan Kalani, U of Washington • Tracy Madsen, Brown Rhode Island Hospital/Yale • Anthony Kim, UCSF • Chris Streib, Minnesota, Telemedicine Advisory Committee • Coordinator: Sara Jasek, Yale 	<ul style="list-style-type: none"> • Chair: Steve Cramer, UCLA • Co-chair: Steve Wolf, Emory • NINDS representative: Daofen Chen • Caitlyn Meinzer, NDMC • Max Wintermark, Stanford Imaging Core • Dorothy Edwards, Medstar Minority Recruitment and Retention Group • Warren Lo, U Cincinnati/OSU, Pediatric Advisory Committee • Oluwale Awosika, U Cincinnati • Wayne Feng, Duke/Wake Forest • Carolee Winstein, USC/UCLA • Randy Marshall, Columbia University • Sean Savitz, UT Houston • Jin Moo Lee, Washington University • Cheryl Bushnell, Wake Forest University • Jayme Knutson, MetroHealth/VA/CWRU • Tomoko Kitago, Burke Neurological /Columbia • Cassandra List, Brooks Rehab/U Miami • George Wittenberg, UPMC • Jennifer Majersik, U Utah • Coordinator: Aimee Reiss, Emory University

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Recent Developments

- Added research coordinators
- Added patient representatives
- Improved diversity

Other committees, same principles

Budget Developments

Trial-driven added payments for enhanced recruitment efforts

Examples:

- MOST + RHAPSODY-2
 - \$5000.00 for randomization <60 days of preceding randomization
 - Trials are additive for this. Ex: MOST followed by RHAPSODY2 in <60 days
 - \$1500.00 for randomization 5:00 pm to 7:00 am, or on the weekend
- ASPIRE
 - \$500 for consent <14 days of index event.
 - \$3000 for randomization <90 days of preceding randomization.
 - \$70 for each screen failure submitted since prior consent, up to 4 max
- FASTEST
 - \$1500 for enrollment on weekend or after 6pm on weekdays.
 - \$40 per screened failure logged (ie, non-traumatic ICH patient <3h)

NCC Recommendations to Prime Trial Pls:

- *Increase per patient budgets*
- *Provide some screening payments when possible*
- *Add patient time compensation increasingly*

Contracting

- Recent staffing challenges at NCC level and site levels
 - Full complement as of this month at NCC



Sasha Simms
simmssc@ucmail.uc.edu



Aimee Nance
nanceae@ucmail.uc.edu

Regulatory Team

- Single IRB @ UC → Advarra
 - Advarra: FASTEST, CAPTIVA, VERIFY, and upcoming trials
- First EFIC trial (FASTEST)
- Electronic consent, centrally managed
 - For all trials moving forward
- Single IRB compliance issues



Jennifer Golan, MS



Jordyn Schultz, BS



Kimberly Lever, MA

New Development:



Informational webinar for

- *IRB leadership/staff*
- *RCC PMs/Coordinators*
- *RCC PIs*
- *Others welcome*

Wed Nov 30th

3p ET

Central Imaging Collection

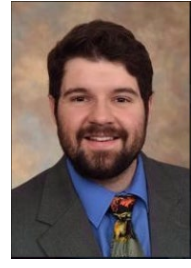
- Transitioned from ASPERA housed at MUSC→
 1. AMBRA at UC for more imaging-heavy studies



Vagal MD,MS
Imaging Ctr PI



Khandwala PhD
Core lab Mgr



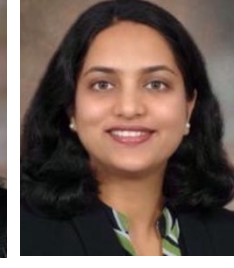
Williamson PhD
Asst Prof



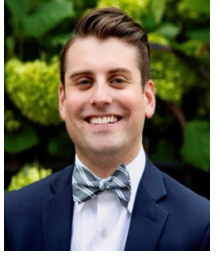
Maloney MS
Database Mgr



Carrozzella
Project Mgr



Gangatirkar MS
Sr Imaging CRP



Behymer
Sr CRP

2. Continue ASPERA at MUSC for imaging-minimal studies



Stephen Williams

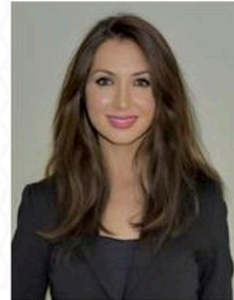
- Central readings at trial-specific centers

StrokeNet Central Pharmacy

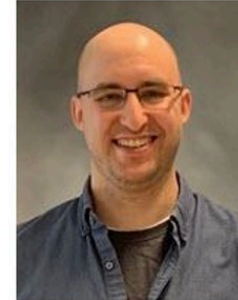
- Founded in 2017 to manage investigational product distribution for StrokeNet
- Current trials
 - ARCADIA, ASPIRE, MOST, FASTEST, RHAPSODY2, CAPTIVA
- Rapid expansion
 - Training other central pharmacy depots to all NIH StrokeNet sites nationally and globally
 - Added two new technicians and one pharmacist



Eric Mueller
Pharmacist



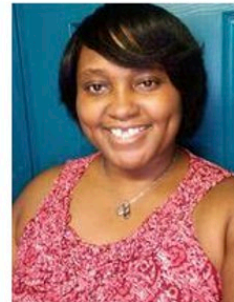
Noor Sabagha
Pharmacist



Christian Unger
Pharmacist



Brittany Dornheggen
Pharmacy Technician



Kandis Harries Rhodes
Pharmacy Technician



Carla Jones
Pharmacy Technician

Recent Developments:

Central pharmacy moved to a larger space to accommodate ongoing studies in October 2021



MY NEW HEALTH DRINK IS PACKED
WITH AMINO ACID NANOENZYMES
THAT I DESIGNED TO TRAIN YOUR
IMMUNE SYSTEM TO FIGHT INFECTIONS!

CAN YOU GIVE IT TO SOME
PEOPLE AND SEE IF THEY
GET SICK LESS OFTEN?

WHOA, THAT SOUNDS
WAY TOO COMPLICATED.



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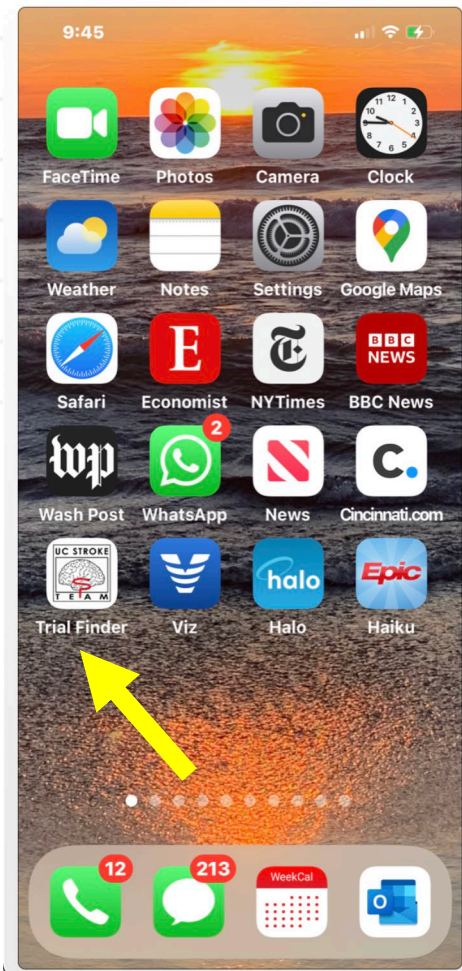
StrokeNet Trial Finder App

Possible Pilot Project

Overview

- Integrates eligibility criteria with simple questions for non-investigators (and investigators) to find relevant trials for particular patients and contact appropriate coordinators and site PIs
- Implemented in University of Cincinnati Medical Center in July
 - Being utilized by residents, fellows, and faculty when on call or on wards
- Programmed to scale up if sites are interested

Demo < 3 Hours



9:45

[Restart](#)

Type

- ☐ Ischemic Stroke
 - ☐ Intracerebral
 - ☐ hemorrhage (ICH)
- ☐ TIA
- ☐ Intraventricular hemorrhage (IVH)
- ☐ Extracranial ICA
- ☐ Stenosis >70% without Clinical Stroke
- ☐ SAH

9:45

[Restart](#)

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LKW?

- ☐ 0 to <3 hours
- ☐ 3 to <4.5 hours
- ☐ 4.5 to <8 hours
- ☐ 8 to <10 hours
- ☐ 10 to <24 hours
- ☐ 24 hours or more

9:46

LKW?

- ☒ 0 to <3 hours
- ☐ 3 to <4.5 hours
- ☐ 4.5 to <8 hours
- ☐ 8 to <10 hours
- ☐ 10 to <24 hours
- ☐ 24 hours or more

NIHSS

- ☐ 0-4
- ☐ 5
- ☐ 6-9
- ☒ 10+

Large hemispheric infarction?

Definition: 80 to 300 cc³ on DWI or CTP core, or ASPECTS ≤5 with at least 2 cortical regions.

- ☐ Yes
- ☒ No

9:47

1 Possible Study

1. **MOST**
(clinicaltrials.gov)
Contact: CRC ON CALL,
+1-513-688-5405
For additional questions,
contact:

- Local coordinator
Abby Volmer, +1-513-368-6120
- Local PI Stacie
Demel, +1-570-220-5528

Demo >24 Hours (In-Hospital Screening Trials)

9:47

Restart

Type

- ☐ Ischemic Stroke
- ☒ Intracerebral hemorrhage (ICH)
- ☐ TIA
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- ☐ SAH

LKW?

- ☐ 0 to <2 hours
- ☐ 2 to <24 hours
- ☒ More than 24 hours

9:49

Is there either atrial fibrillation or atrial flutter?

- ☒ Yes
- ☐ No

Was patient taking a statin drug at the onset of the ICH?

- ☒ Yes
- ☐ No

Any level of arm weakness?

- ☒ Yes
- ☐ No

Able to consent themselves?

- ☒ Yes
- ☐ No

9:49

5 Possible Studies

(Please call/text the coordinator for study #1, who will pass on the patient to other studies if needed.)

- ASPIRE**
(clinicaltrials.gov)
Contact: Ranjaka Gunawardena, +1-513-884-3260 ☎ 💬
- SATURN**
(clinicaltrials.gov)
Contact: Ranjaka Gunawardena, +1-513-884-3260 ☎ 💬
- VERIFY**
(clinicaltrials.gov)
Contact: Erin Wagner, +1-513-827-4344 ☎ 💬

- DISCOVERY**
(clinicaltrials.gov)
Contact: Jennifer Powers, +1-513-482-0617 ☎ 💬
- GERFHS/ROSE**
Contact: Tyler Behymer, +1-513-310-7472 ☎ 💬

Customizable

Cincinnati (cincinnati)

Name:

Studies

Include Study?

- ☒ MIN-EVAC IVH Study
- ☒ ASPIRE
- ☒ SATURN
- ☒ ARCADIA
- ☒ CREST II
- ☒ SleepSMART
- ☒ DISCOVERY
- ☒ GERFHS/ROSE

Contact Name

Contact Phone Number

- Site-specific web address
- Each site would maintain their trial list and contact names
- NIH StrokeNet trials only for first phase

Take Home Point

- Implemented in UCMC (single site)
- Considering pilot testing phase now for other StrokeNet sites if there is interest
- If you are interested in participating as a pilot site, please email Rose Beckmann beckmare@uc.edu



Questions?

Patient Engagement

- I-ACQUIRE as trailblazers – patient engagement during design and ongoing engagement during trial.
- Stroke patients from RCCs and AHA.
 - Interview and selection of candidates
 - Excellent participation in working groups consideration of new proposals
 - Next steps to consider patient input on ongoing basis – part of advisory committee like in I-ACQUIRE
 - What are the practical questions most pressing to patients?