ASPIRE Monthly Webinar Wednesday January 26th 3-4pm ET

TOPIC: Consenting for ASPIRE

Zoom: 204 114 0507 Passcode: aspire



ASPIRE Participants 59

Recruitment Update

Yale New Haven Hospital

Since Last Newsletter...

Consents	6	Randomizations	4	_
Beth Israel Deaconess	1	Harborview Medical Center	1	Congratulations
Harborview Medical Center	1	Moses H. Cone Memorial Hospital	1	for 1st
Hospital of the University of Pennsylvania	1	University of Chicago Medical Center	1	☐ Randomizations!
Moses H. Cone Memorial Hospital	1	Wake Forest Baptist Medical Center	1	
UH Cleveland Medical Center	1	•		

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Pramod Sethi (PI), Jamil Ahmed (SC), Rizwan Sabir (PSC), Glynda Reaves (SC), Zule Huma (SC) (left to right)





Scott Mendelson (PI)





Emma Hall (SC)



Elisheva Coleman (SUB-I)



James Brorson (SUB-I)



Shyam Prabhakaran (SUB-I)

New Sites Released to Enroll

Cox Medical Center South, Springfield, MO	Benjamin Lisle (PI), Jessica Ratcliff (PSC)
Danbury Hospital, Danbury, CT	Charles Guardia (PI), Michael Camussi (PSC)

---ANNOUNCING ---

ASPIRE GWTG-Stroke Super User Project



Goal: To enhance quality improvement activities at sites to optimize patient screening.

Methods: Sites are asked to grant the ASPIRE PIs access to their hospital's GWTG-Stroke data following established AHA procedures for allowing such access to outside entities (so-called 'super users'). Once designated as superusers, the ASPIRE PIs will be able to query the GWTG-Stroke registry to review deidentified data on patients admitted with ICH. This review will be performed solely for the purpose of supporting recruitment for ASPIRE and the results will be shared only with the investigators at the participating site. No site-identifying performance or quality measure data will be made public or published.

Pilot Experience: In November '21, 22 sites were sent invitations to join the project. To date, 3 have joined, 13 are in the process of joining, 3 have not yet responded, and 3 declined to participate.

Main Phase: In February, AHA will send invitations to all other enrolling sites in our network.

We hope you will be able to help us with this project - both to enhance and validate your screening efforts, and to provide StrokeNet with important information on the utility of this type of collaboration for other trials.

Update: ASPIRE Participants (n=59)

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Male	37	63%		
Age, yrs, mean (±sd)	72 (±8)			
White	47	80%		
Black/African American	6	10%		
Asian	2	3%		
Other/multiple	4	7%		
Hispanic ethnicity	4	7%		
Lobar ICH	17	29%		
ICH volume, median (IQR)	5.0 (2.5, 13.1)			
mRS 0-2	21	37%		
3-4	31	61%		
5	1	3%		
Missing: Ethnicity (1); mRS (2);	ICH volur	ne (6)		

In comparison, a GWTG report of all patients admitted with ICH and Afib in 2020 at 125 ASPIRE sites found that 12% were Black/AA, 5% were Asian, and 6% were Hispanic.

We are pleased to see that the demographics of our enrolled subjects are similar to those of admitted patients as we work to meet one goal of health equity which is to "... ensure that recruited populations reflect the diversity of the populations affected by the studied condition." [Boulware et al, NEJM, 2022].

Question Corner

What are some best practices for maintaining communication with enrolled subjects?

The ASPIRE informed consent includes language stating that researchers may contact people designated by the subject in case they are not available for a follow-up contact. These contacts can be useful in reaching subjects or getting new contact information for them.

- Ask for contact information (name/relationship/phone/email) for at least 3 alternate contacts, such as relatives, friends, or caregivers.
- Approvals to contact the subject's HCPs should also be requested.
- Be sure the subject/family has your contact information.
- Remind them to let you know of any phone number, address, or health changes.

In addition, the subject/LAR should be asked to sign your site's institutional release of information or ASPIRE Medical Record Release form at consent and periodically during participation. This permission to obtain records may be needed if a subject is admitted to a non-study center for a potential outcome event.

Study News

We are excited to announce an important collaboration with the cardiology community.

Dr. Deepak Bhatt, an international leader in interventional cardiology, has joined the ASPIRE Steering Committee.



Please plan to attend the ASPIRE Monthly Webinar on March 9th when Dr. Bhatt will discuss the role of LAA closure in patients with ICH.

Deepak L. Bhatt, MD, MPH
Professor, Harvard Medical School
Director, Interventional Cardiovascular Programs

ASPIRE Delegation of Authority Log



Reminder

If there are any changes in ASPIRE personnel, roles, responsibilities, or email addresses, please update your DOA in WebDCU.

NCC and StrokeNet Pharmacy use the current DOA to send sites important notifications.

Thank You!

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