



ASPIRE Monthly Webinar Wednesday April 27 3-4pm ET TOPIC: Cognitive and Functional Outcomes in ICH with Alessandro Biffi, MD

Director, Aging and Brain Health Research (ABHR) Group,
Mass General Brigham
Zoom: 951 0504 2660 Passcode: aspire

**ASPIRE
Participants:
73**

Recruitment Update

Since Our Last Newsletter...

Consents	8
Baystate Medical Center	1
Memorial Hermann Texas	1
Prisma Health Greenville	1
Rhode Island Hospital	1
Rush University	1
St. John Medical Center	1
University of Cincinnati	1
Yale	1

Randomizations	7
Beth Israel Deaconess*	1
MedStar Georgetown	1
NYU Langone - Brooklyn	1
The Queen's Medical Center*	1
The University of Vermont	1
University of Chicago	1
University of Cincinnati	1

**Congratulations for 1st Randomizations!*

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center



Elizabeth Heistand (SSC), David Lin (SSC), Filipa Carvalho (SSC), Sarah Marchina (PSC), Magdy Selim (PI)



Kazuma Nakagawa (PI), Janet Jones (SSC), Tracy Stern (PSC), Kim Nguyen (SSC)

Question Corner

What are clear indications for antiplatelet or anticoagulant medications that make a patient ineligible for ASPIRE?

This is an important question because many patients have been excluded for having a clear indication for open-label antiplatelet (APT) or anticoagulant (AC) medications, especially patients with a history of coronary artery disease.

Please see below for advice on some common scenarios you might encounter.

Patient Scenario	Eligible for ASPIRE?	Explanation
Stable CAD	ELIGIBLE	For patients with stable CAD, there is no clear benefit of APT vs AC (https://doi.org/10.1056/NEJMoa1709118) So, randomization in ASPIRE should be pursued if patient and their physicians are willing to forego open-label APT.
Recent coronary stenting	MAYBE	For patients at high bleeding risk (e.g., recent ICH), discontinuing dual antiplatelet therapy (DAPT) after 1 month and randomizing to apixaban or aspirin can be considered if cardiologist agrees (especially in patients with elective stenting and newer drug eluting stents). (https://doi.org/10.1038/nrcardio.2015.87)
ASA for primary stroke/MI prevention	ELIGIBLE	ASA for primary prevention is <i>not</i> indicated.
Post pacemaker	ELIGIBLE	Pacemakers are not an indication or contraindication for any specific antithrombotic therapy. These patients should be enrolled in ASPIRE if otherwise eligible.
DVT/PE	MAYBE	Patients with DVT/PE are eligible once a clinical decision is made to stop their anticoagulation.
Mechanical heart valve	INELIGIBLE	Clear indication for AC.

Please reach out to us (aspire@yale.edu) for any of these issues as they arise. We would be happy to run your questions/concerns by our study cardiologist, Deepak Bhatt, as needed.

And be sure to watch the 3/9/22 ASPIRE Webinar to hear Dr. Bhatt discuss use of antiplatelets and anticoagulants in patients with CAD.

<https://www.nihstrokenet.org/aspire-trial/webinars> (password=Aspiring).

Randomizations by Site and Year

SITE	2020	2021	2022
Augusta University		1	
Beth Israel Deaconess			1
Cedars-Sinai Medical Center		1	
Central DuPage Hospital		1	
Cleveland Clinic		1	
Harborview Medical Center	1		1
Hospital of U of Pennsylvania		1	
Jackson Memorial Hospital		1	
Kaiser Permanente LA		2	
Kaiser Permanente Sacramento		1	
Mayo Clinic	1		
MedStar Georgetown		1	1
MUSC		2	
MetroHealth Medical Center		1	
Moses H. Cone			1
NYU Langone - Brooklyn		2	2
North Shore		1	
OSF St. Francis	1		
OSU Wexner		1	
OU Medical Center		1	
Ochsner - Main Campus		1	
Oregon Health & Science	1	1	1
Prisma Health Greenville		2	
Stanford University		1	
Tampa General		1	
The Queen's Medical Center			1
The University of Vermont			2
UC Davis			1
UC Irvine		3	
UH Cleveland			1
UPMC Presbyterian Hospital	1	2	
UVA Medical Center		1	1
University of Alabama		2	
University of Chicago			2
University of Cincinnati		2	1
University of Iowa	3	1	
University of Nebraska			1
University of New Mexico		3	
University of Tx HSC San Antonio		1	
University of Utah	1		
Wake Forest Baptist	1	2	1
Yale	1	3	
	11	44	18

ASPIRE CONTACT INFORMATION

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