



## ASPIRE

### Annual Investigator Webinar

### Wednesday May 25 3-5 pm ET

- 2022 AHA/ASA Guideline for Management of ICH
  - o *with* Wendy Ziai and Magdy Selim
- How to Overcome Obstacles and Get to Randomization
  - o Insights from Leading Coordinators and Investigators

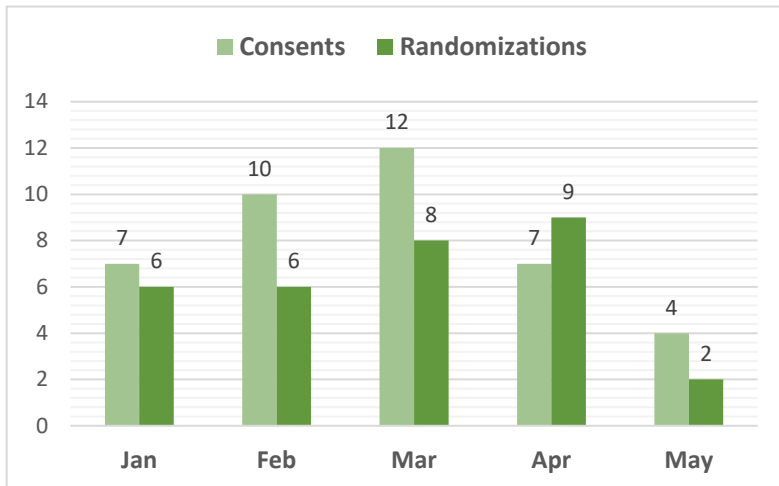
Zoom: 951 0504 2660 Passcode: aspire

## Recruitment Update

### 4 Randomizations Since Our Last Newsletter

Randomizing Sites
Baystate Medical Center
Oregon Health & Science
St. John Medical Center, Tulsa
Yale

**ASPIRE  
Participants:  
86**



**Welcome to Our  
Newly Released Sites!**

Doctors Medical Center Modesto
Geisinger Medical Center
Morton Plant Hospital
Vanderbilt

# 2022 AHA/ASA Guideline for Management of Patients with ICH

[Published May 17, 2022](#)

Here are some Important Points as they relate to ASPIRE:

1. **Regarding use of antiplatelet therapy after ICH**, the Guideline states that this may be reasonable for the prevention of thromboembolic events and likely does not increase the risk of recurrent ICH. These findings continue to support the use of aspirin as comparator arm in ASPIRE.
2. **Regarding use of anticoagulation after ICH**, the Guidelines states that the “published literature suggests a potential reduction in recurrent ischemic events and all-cause mortality with the use of anticoagulation” and cites the observational studies that were used to support ASPIRE. Guideline also points out limitations of these data, including use of variable inclusion criteria, predominance of warfarin use, and high likelihood of confounding, making the recommendation to “consider resumption of anticoagulation” 2b (weak), B-NR (based on nonrandomized studies) and state: **Enrollment in ongoing prospective RCTs should be prioritized to address this clinical dilemma.**
3. **Regarding timing of anticoagulation**, the quality of evidence is even lower (C-LD for limited data). Again, “confounding by indication” likely obscures identification of the optimal window and the suggested 2 month wait to start anticoagulation after ICH falls perfectly within the ASPIRE randomization window.
4. **Regarding LAAO**, the guideline suggests - at a similar ‘weak’, limited data level of evidence - that the procedure can be considered in patients for whom anticoagulation is not an option. The efficacy and safety of LAAO remains uncertain and several large RCTs of LAAO are ongoing. The benefit of LAAO is unknown in patients with ICH as these patients have not been studied in any LAAO trial.

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***In sum, this most recent guideline clearly states that the available data are of limited quality, that equipoise persists on this clinical question, and that enrollment in randomized trials is urgently needed in this patient population.***

***Together, we have a unique opportunity to deliver the high-quality data that can inform the next ICH guidelines.***

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## ASPIRE CONTACT INFORMATION

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## Randomizations by Site and Year

SITE	2020	2021	2022	
Augusta University Medical Center		1		
Baystate Medical Center			1	
Beth Israel Deaconess Medical Center			1	
Cedars-Sinai Medical Center		1		
Central DuPage Hospital		1		
Cleveland Clinic		1		
Harborview Medical Center	1		1	
Hospital of the University of Pennsylvania		1		
Jackson Memorial Hospital		1		
Kaiser Permanente Los Angeles Medical Center		2		
Kaiser Permanente Sacramento Medical Center		1		
Kings County Hospital Center			1	
Mayo Clinic	1			
MedStar Georgetown University Hospital		1	1	
Medical University of South Carolina University Hospital		2		
Memorial Hermann Texas Medical Center			1	
MetroHealth Medical Center		1		
Moses H. Cone Memorial Hospital			1	
NYU Langone Hospital - Brooklyn		2	2	
North Shore University Hospital		1		
OSF St. Francis Medical Center	1			
OSU Wexner Medical Center		1		
OU Medical Center		1	1	
Ochsner Medical Center - Main Campus		1		
Oregon Health & Science University Hospital	1	1	2	
Prisma Health Greenville Memorial Hospital		2	1	
Rhode Island Hospital			1	
Rush University Medical Center			1	
St. John Medical Center			2	
Stanford University Medical Center		1		
Tampa General Hospital		1		
The Queen's Medical Center			1	
The University of Vermont Medical Center			2	
UC Davis Medical Center			1	
UC Irvine Medical Center		3		
UH Cleveland Medical Center			2	
UPMC Presbyterian Hospital	1	2		
UVA Medical Center		1	1	
University of Alabama Hospital		2		
University of Chicago Medical Center			2	
University of Cincinnati Medical Center		2	1	
University of Iowa Hospitals & Clinics	3	1		
University of Nebraska Medical Center			1	
University of New Mexico Hospital		3		
University of Texas Health Science Center San Antonio		1		
University of Utah Healthcare	1			
Wake Forest Baptist Medical Center	1	2	1	
Yale New Haven Hospital	1	3	2	
	11	44	31	86