NIH StrokeNet
PREVENTION | TREATMENT | RECOVERY

NEWSLETTER

APRIL 2025 | VOLUME 4 | ISSUE 1

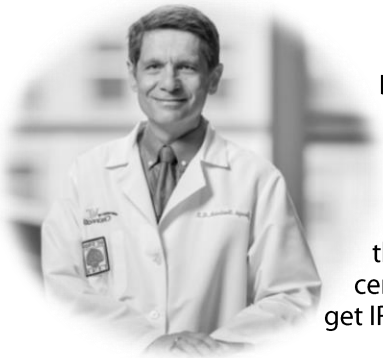
FASTEST

FVIIa for Acute hemorrhagic Stroke

Administered at Earliest Time

Issue Contents:

Message from Dr. Broderick



Dear FASTEST family,

We are very excited that FASTEST Part 2 is open to enroll at several US sites! We greatly appreciate the very hard work that site investigators have done to get certified on the spot sign and for sites to get IRB approval for the new protocol.

Recruitment of participants will be at a slower pace in FASTEST Part 2 because of the requirement of the positive spot sign, but we are very excited about the long-term direction of the trial.

As noted in this newsletter, please check on the status of temperature monitoring of study drug. Contact Syed and Emily for any questions. Also, please make sure to complete all the 90 day and 180 follow-ups for Part 1 since these endpoints are critical for our analyses which occur this summer and the last follow-up is completed.

Don't hesitate to contact us with any questions.

Joseph Broderick, MD
Professor, Neurology
University of Cincinnati
FASTEST PI

Please join us for the *FASTEST* Monthly Webinar

Wednesday April 16th, 2:00-3:00 pm EST

- Dr. Broderick will be discussing spot sign training.
- Study drug monitoring before release.
- Pocket card updates to facilitate enrollment.

Join Zoom Meeting

https://ucincinnati.zoom.us/j/99236910048

Meeting ID: 992 3691 0048

Recoding of the Webinar can be accessed here

https://www.nihstrokenet.org/trials/fastest/webinar
Password **Faster**

Prior presentations and slides are available at,
https://www.nihstrokenet.org/fastest/webinars

STUDY MILESTONES – FASTEST Part 1

Total Sites Released to Enroll: **91** (**52** USA, **39** OUS: **6** Germany, **14** Japan, **6** Spain, **9** Canadian, **4** UK)

Total MSUs Released to Enroll: **12** (**10** US and **2** OUS)

Total Randomization = **626**

- US Randomizations: **173**
- International randomizations: **453**
  - Japan = **276**
  - Canada = **81**
  - Spain =**46**
  - Germany = **32**
  - UK = **18**

Total Screen Failures = **2085**

Subjects Randomized by MSU = **17**

Subjects Terminated Early = **4**

eConsent Used = **27**

Remote Consent Used = **23**

CALENDAR OF EVENTS

Upcoming *FASTEST* Monthly Webinars: **Wednesday, April 16th, @ 2:00-3:00 pm EST**

FASTEST study team office hours: **Monday, April 14th, @ 1:00-2:00 pm.**

IMPORTANT NOTES

FASTEST Part 2 – U.S. Sites Reopened for Enrollment:

We are pleased to share that U.S. sites are now being reactivated to enroll participants in **FASTEST Part 2**. the enrollment pause has been lifted for US sites, and you are able to see the following message in WebDCU.

> **United States sites that have been approved to re-open by the NCC may enroll. Enrollment is currently paused outside the United States. International Sites should not give study drug until further notice.**

Once all required documentation is complete—including **CDAs**, **CTAs**, and **Spot Sign training** uploaded to WebDCU—please reach out to **Emily Stinson (**stinsoey@ucmail.uc.edu**)** to initiate the final review and release of your site for screening and enrollment. Please make sure that the **contact information** for the **PI and PSC** is updated and **correct in WebDCU.** This contact information is what we use when distributing mass emails with important study information.

You can use the FASTEST drug in your inventory, ensuring it has been stored within the required temperature range since the trial pause. For any questions or concerns about the IP at your site, please reach out fastest Central Pharmacy @ FASTESTtrialRX@ucmail.uc.edu

For OUS sites, enrollment will begin once all regulatory approvals and investigator trainings are complete in each respective country.

Regarding IP before Site release:

IP storage and temperature monitoring **should have continued** while the trial was on enrollment pause. As you prepare your site to restart enrolling, we need to ensure that the IP was properly stored and managed during the pause. As part of re-releasing US sites, the Site Pharmacy will need to confirm the location of the IP and if the temperature monitoring was continued throughout the pause. If the IP was moved during the pause, sites should have updated the chain of custody logs documenting where the IP was located and the monitoring responsibility. For sites storing IP on the MSU's or in the ED, our central pharmacy will need to confirm that IP temperature was properly maintained and monitored during the pause.

All temperature logs where IP is stored should be reviewed by the Site Pharmacy and stored on site for future monitoring visits.

If temperature monitoring of study IP wasn't done at all, there are gaps in data, or the temperatures are outside of the allowable storage requirements, a TERF with logs will need to be submitted to the StrokeNet Central Pharmacy at FASTESTtrialRX@ucmail.uc.edu.

ARTICLE OF THE MONTH

Predictors Of Severe Intracerebral Hemorrhage Expansion

Andrea Morotti Qi Li, Jawed Nawabi, Giorgio Busto, Federico Mazzacane, Anna Cavallini, Ashkan Shoamanesh, Mauro Morassi, Frieder Schlunk, Laura Piccolo, Giacomo Urbinati, Debora Pezzini, Maurizio Paciaroni , Enrico Fainardi, Ilaria Casetta , Alessandro Padovani, Andrea Zini

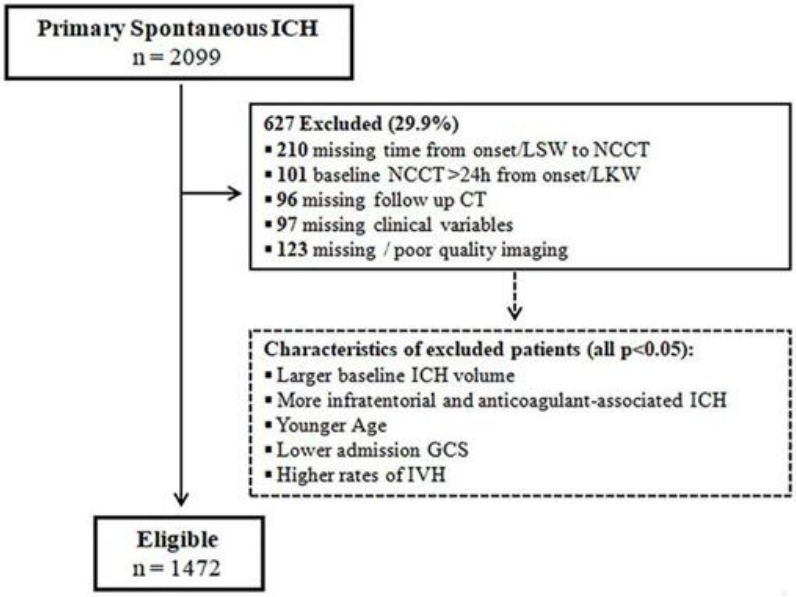
Eur Stroke J. 2024 Sep;9(3):623-629. doi: 10.1177/23969873241247436. Epub 2024 Apr 16.

Background

Severe hematoma expansion (sHE) has the strongest impact on intracerebral hemorrhage (ICH) outcome. We investigated the predictors of sHE.

Methods

Retrospective analysis of ICH patients admitted at nine sites in Italy, Germany, China, and Canada. The following imaging features were analyzed: non-contrast CT (NCCT) hypodensities, heterogeneous density, blend sign, irregular shape, and CT angiography (CTA) spot sign. The outcome of interest was sHE, defined as volume increase >66% and/or >12.5 from baseline to follow-up NCCT. Predictors of sHE were explored with logistic regression.



Results

A total of 1472 patients were included (median age 73, 56.6% males) of whom 223 (15.2%) had sHE. Age (odds ratio (OR) per year, 95% confidence interval (CI), 1.02 (1.01–1.04)), Anticoagulant treatment (OR 3.00, 95% CI 2.09–4.31), Glasgow Coma Scale (OR 0.93, 95% CI 0.89–0.98), time from onset/last known well to imaging, (OR per h 0.96, 95% CI 0.93–0.99), and baseline ICH volume, (OR per mL 1.02, 95% CI 1.02–1.03) were independently associated with sHE. Ultra-early hematoma growth (baseline volume/baseline imaging time) was also a predictor of sHE (OR per mL/h 1.01, 95% CI 1.00–1.02). All NCCT and CTA imaging markers were also predictors of sHE. Amongst imaging features NCCT hypodensities had the highest sensitivity (0.79) whereas the CTA spot sign had the highest positive predictive value (0.51).

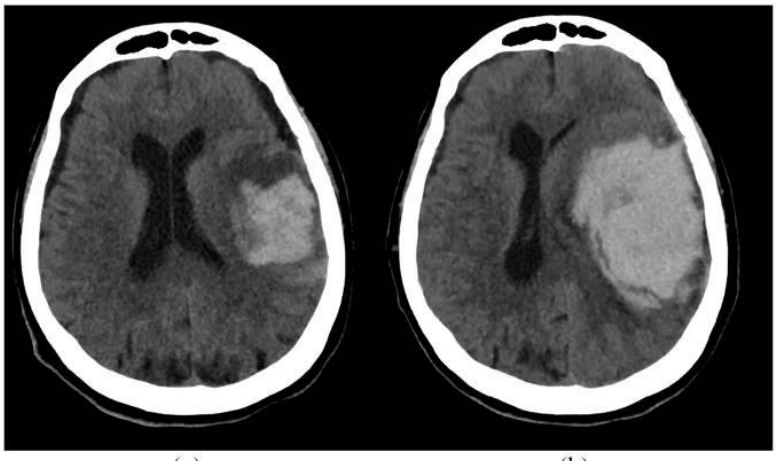


Figure: Severe hematoma expansion. Baseline volume 38 mL (a), follow-up volume 119 mL (b).

Conclusion

sHE is common in the natural history of ICH and can be predicted with few clinical and imaging variables. These findings might inform clinical practice and future trials targeting active bleeding in ICH.

SHOUT OUTS!!

- **Congratulations** to **UCSD** for being the first site to complete all requirements and re-open for enrollment in FASTEST Part 2!
- **Congratulations** also to **Grady** at Emory (Frist MSU site), **Massachusetts General and Prisma Health all re-released to enroll**

The Top Enrolling Site
FASTEST PART1

Congratulations to **National Cerebral and Cardiovascular Center, Osaka, Japan** for being the highest enrolling site in FASTEST PART1.

Subjects enrolled = 70!!

Top 5 enrolling sites in FASTEST Part 1

1. National Cerebral and Cardiovascular Center, Osaka, Japan – **70 subjects**
2. Kobe City Medical Center General Hospital, Kobe, Japan – **53 subjects**
3. Memorial Hermann Texas Medical Center, Houston, TX– **33 subjects**
4. Iwate Prefectural Central Hospital, Morioka, Japan – **29 subjects**
5. University of Calgary - Foothills Medical Centre, Calgary, AB, Canada – **27 subjects**

Top 5 enrolling sites in FASTEST Part 1 by Country

1. **JAPAN** - National Cerebral and Cardiovascular Center, Osaka, Japan – **70 subjects**
2. **USA** - Memorial Hermann Texas Medical Center, Houston, TX– **33 subjects**
3. **CANADA** - University of Calgary - Foothills Medical Centre, Calgary, AB, Canada – **27 subjects**
4. **SPAIN** - Girona University Hospital, Girona, GI, Spain – 1**2 subjects**
5. **UK** - Royal Victoria Infirmary, Newcastle upon Tyne, United Kingdom – 1**2 subjects**
6. **GERMANY** - Tubingen University Hospital, Tubingen, Germany – 1**1 subjects**

HELPFUL REMINDERS & TIPS

For Study Coordinators, Study Pharmacists & Study Teams

- **Updated Protocol version 9:** The FASTEST protocol version 9 (FASTEST Part2) is now available in the WebDCU Toolbox.

- **Quarterly Site Performance Metrics:** Site Quarterly Site Performance Metrics for Q1-2025 will be distributed in earl April.

- **Regarding Investigational Product (IP) Before Site Release:** Please note that study **IP storage and temperature monitoring should have continued uninterrupted** during the enrollment pause. As your site prepares to resume enrollment, it is essential that we verify the IP was properly stored and monitored throughout the pause.

  As part of the re-release process for U.S. sites, **Central Pharmacy must confirm**:

  - The **current location** of the IP.
  - That **temperature monitoring** was maintained consistently during the pause.

  If the IP was moved at any point during the pause, sites must have **updated the chain of custody logs** to reflect its location and who was responsible for monitoring.

  For sites storing IP on Mobile Stroke Units (MSUs) or in Emergency Departments, Central Pharmacy will specifically need to verify that temperature control and monitoring were properly maintained throughout the pause.

  Please note: If temperature monitoring was not conducted during the pause, the IP **cannot be used**.

  If you have any **incomplete temperature logs** or there was a **lapse in monitoring**, please contact us **as soon as possible**. Don't hesitate to reach out with any questions or concerns.

STUDY CONTACTS & USEFUL INFO

For any study related queries or help please reach out to ***FASTEST*** Project managers

International Sites: **Syed Quadri** (quadrisd@ucmail.uc.edu)

United States Sites: **Emily Stinson** (stinsoey@ucmail.uc.edu)

FASTEST Clinical Hotline: 1-855-429-7050

For more information regarding the ***FASTEST*** study please visit: https://www.nihstrokenet.org/fastest/home

For prior ***FASTEST*** Presentations and Webinars slides and recordings visit: https://www.nihstrokenet.org/fastest/webinars

For more information regarding the StrokeNet Trials please visit: https://www.nihstrokenet.org/