

Neurological Emergencies Treatment Trials

NETT-SIREN CCC Vision - Transition

Steering Committee Meeting

Baltimore, March 2017

Multiple PI Leadership Plan

- Barsan
- Silbergleit
- Callaway

Specific Aim 1

To diligently recruit, efficiently perform, and widely disseminate the most scientifically and clinically important trials necessary to advance the emergency care of patients with neurologic, cardiac, respiratory, hematologic and trauma emergencies. We will organize and conduct at least 4 large, simple trials in the ED and prehospital setting over the 5 year grant period.

Specific Aim 2

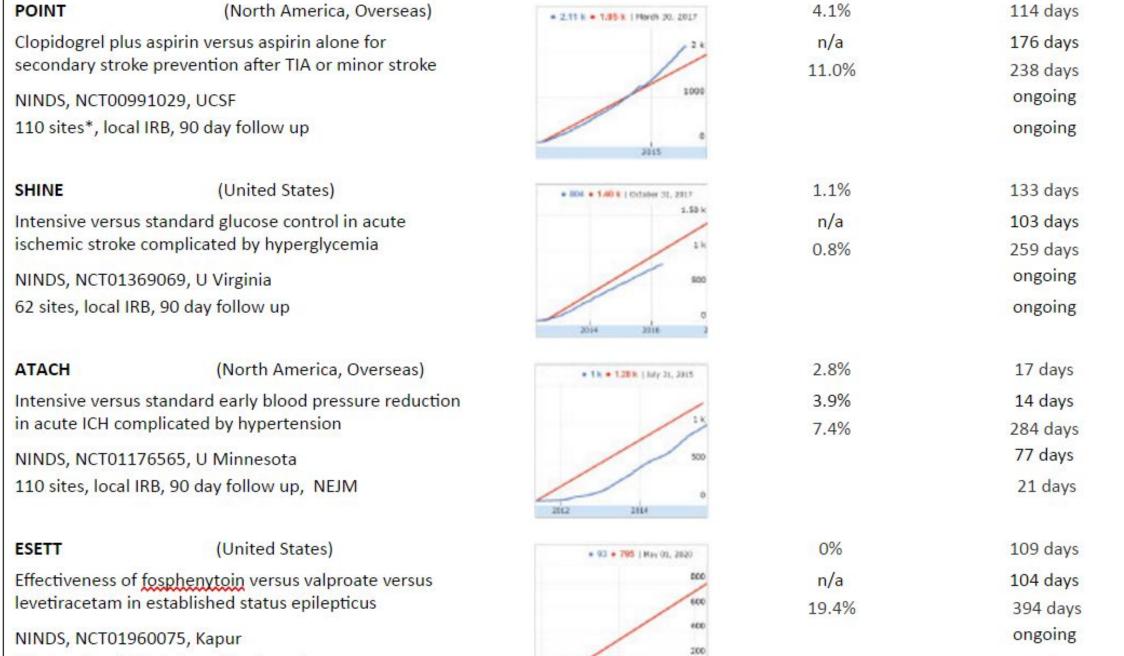
To create a coherent, collaborative, multidisciplinary emergency clinical trials community that is diverse and inclusive. Through leadership, openness, and engagement, SIREN will promote a culture of acute care investigation that ensures success within the network and provides collateral benefits to investigation, dissemination and translation beyond the network.

Specific Aim 3

To transform the emergency research enterprise, by exploring innovations in clinical trial designs (including adaptive and registry-based methods), by better and earlier engagement of patient stakeholders in trial planning, and by creative improvements in implementing and performing trials (using newer better strategies for planning, screening, collecting data, contracting, quality assurance, and compliance). Guiding design principles and organizational values essential to the success of the NETT

- Focus on early treatment.
- Focus on meaningful outcomes for patients.
- Focus on efficiency.
- Focus on **collaboration**.
- Focus on transforming the clinical trials enterprise.

| Trial Acronym | (location of sites) | Enrollment Rate | Proportion | Award to CCC IRB |
|--|-------------------------------|--------------------------------|------------------|---|
| Intervention studied | | red is expected | Lost to f/u | Award to 1st site IRB |
| Funder, clinicaltrials.gov #, sponsor # sites, local v. CIRB, follow up period, Journal pub | | blue is actual | Missing data | Award to 1st subject |
| # sites, local v. CIRB, | Tollow up period, Journal pub | | Eligibility dev. | Last subj to DB lock DB lock to prim pub |
| ALIAS | (North America) | + 161 + 1.120 (Hard: 31, 2014 | 2.8% | n/a |
| High dose albumin versus placebo in acute ischemic | | Jur. | 5.0% | n/a |
| stroke | | 1 | 3.1% | n/a |
| NINDS, NCT00235495, U of Miami | | 500 | | 119 days |
| 25 sites, local IRB, 12 mo follow up, Lancet Neurol | | ante atra atra | | 58 days |
| RAMPART | (United States) | + 1.02 k + 902 June 18, 3012 | 0% | n/a |
| IV lorazepam versus IM midazolam in prehospital statu 👻 | | / 18 | 0% | n/a |
| epilepticus | | 800 | 8.1% | n/a |
| NINDS, NCT00809146, Silbergleit | | 400 | | 12 days |
| 17 hubs, local IRB, followed to hosp dc, NEJM | | 200 2010 2012 | | 65 days |
| ProTECT | (United States) | + 882 + 1.56 8 (Jane 20, 2016 | 2.0% | 61 days |
| Very early progesterone versus placebo infusion in moderate to severe traumatic brain injury | | 100 | 5.9% | 208 days |
| | | | 22.3% | 304 days |
| NINDS, NCT00822900, Wright | | 500 | | 82 days |
| 36 sites, local IRB, 12 | mo follow up, NEJM | | | 39 days |



2018

56 sites, local IRB, followed to hosp dc

ongoing

Ψ

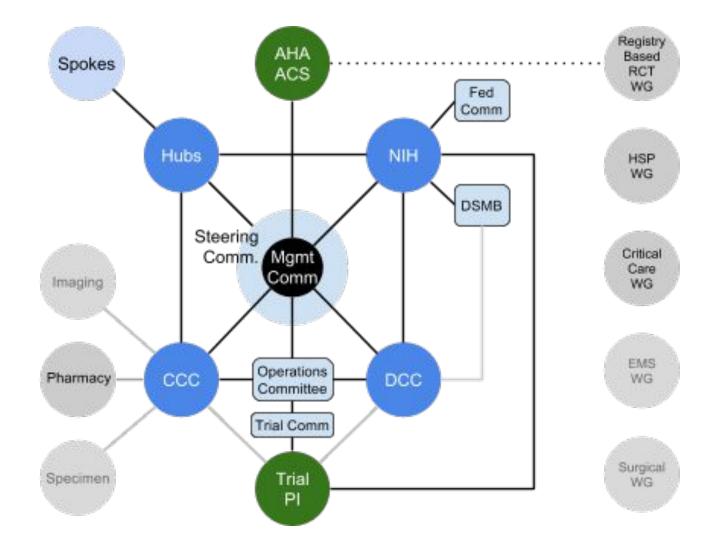
Innovations in trial design

- The most important questions utilizing the most appropriate trial design
 - Adaptive Designs
 - Registry Based RCT's (AHA and ACS/COT)
- Good Trial Design Affects Subject Accrual

Innovations in trial operations

- Study Teams Affect Trial Success
- Creating a Culture of Service
- Engaging Community Stakeholders

Organizational Structure



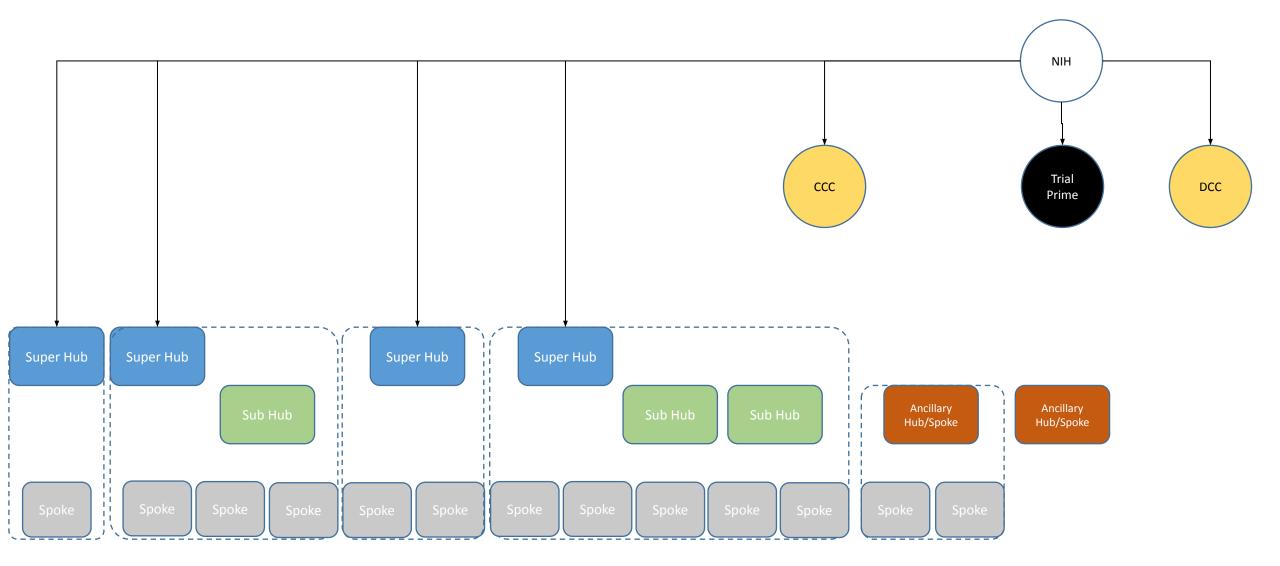
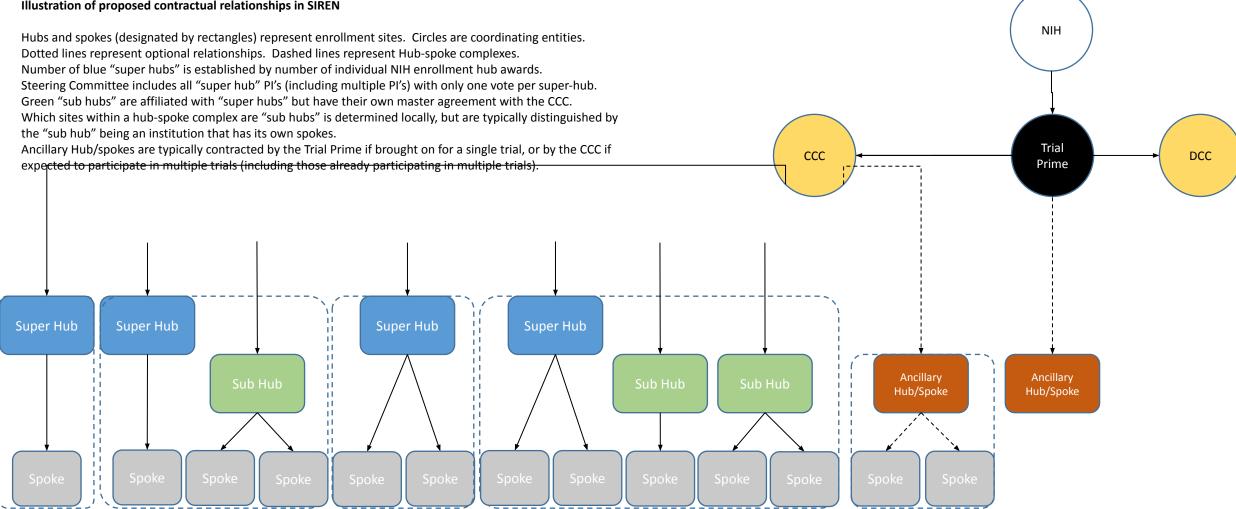


Illustration of grant relationships in SIREN

Hubs and spokes (designated by rectangles) represent enrollment sites. Circles are coordinating entities.

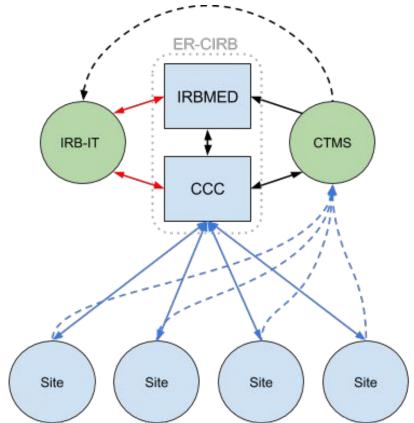
Illustration of proposed contractual relationships in SIREN



Key elements

- People
- Streamlined Financial Management
- Quality Assurance
- Trial Recruitment and Pipeline
- Patient Recruitment and Enrollment

Emergency Research Central IRB (ER-CIRB)



ER-CIRB = Emergency Research Central IRB IRBMED = University of Michigan Medical IRB CCC = SIREN Clinical Coordinating Center CTMS = Clinical Trial Management System IRB-IT = IRB Information Technology System Site = SIREN Clinical Enrollment Sites Master & Reliance Agreements Master IRB Application & Protocol Site Application / ICD Submission Data Transfer Other Close Coordination/Read/Write

→

Core resources

- Planning and Design
- Education and Training
- Human Subjects Protection
- Outcomes Assessment
- Communications

Outreach

- Network Collaboration
- Stakeholder Engagement

Grant application available for viewing.....

https://goo.gl/zUfgAK