ATACH-II
Antihypertensive Treatment of Cerebral Hemorrhage

Volume 1, Issue 11 | December 2014

Greetings from Dr. Qureshi, Principal Investigator

Dear Colleagues:

As we have concluded another year during which we made significant progress, I want to extend my deepest appreciation for the team effort which made this success possible. I thank each and every one of you for your strong work ethic, creativity, and diligence throughout the year. Together we accomplished many of the ambitious goals we had set for ourselves.

In December 2014, we had the highest subject enrollment (40 subjects) since the initiation of this study. And in June 2014, we had the highest number (9 sites) of new sites released to enroll subjects. As of December 31st, we have enrolled 748 of the required 1280 subjects.

We look forward to seeing many of you at the next Investigators' Meeting in January 2015. We will review the study progress, provide training and discuss the emerging topics when we meet in Orlando, Florida. Additionally, in the next few months, we will be scheduling calls to individually answer any questions that you may have, hear your comments, and suggestions to enhance the continuing progress of the trial and provide any needed support.

Thank you again for your hard work and continued commitment to the ATACH-II study.

I wish you all a happy and prosperous new year!

Warmest regards,

Adnan I. Qureshi

Adnan I. Qureshi, M.D.

Inside this Issue...

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UNIVERSITY OF MINNESOTA

ATACH-II Site Leaderboard as of December 31, 2014

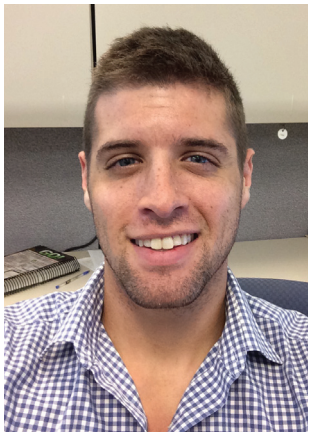
Rank	Site Name	Country	No.	Principal Investigator(s)	Primary Study Coordinator
1	National Cerebral and Cardiovascular Center	Japan	60	Toyoda, Kazunori	Hirase, Kanae
2	Beijing Tiantan Hospital	China	57	Wang, Yongjun	Ding, Zeyu
3	Kobe City Medical Center General Hospital	Japan	39	Sakai, Nobuyuki	Okitsu, Miyuki
4	Toranomon Hospital	Japan	29	Hara, Takayuki	Matsukami, Mihoko
5	The First People's Hospital of Taizhou	China	28	Wang, Zhimin	Ying, Jiangxian
6	Columbia University	USA	25	Agarwal, Sachin & Lee, Kiwon	Falo, Cristina
7	National Taiwan University Hospital	Taiwan	24	Jeng, Jiann-Shing	Wang, Yu-Ting
8	Abington Memorial Hospital	USA	22	Shah, Qaisar	Jonczak, Karin
9	St. Cloud Hospital	USA	21	Suri, M. Fareed K	Freese, Melissa
10	New Jersey Neuroscience Institute, JFK Medical Center	USA	18	Kirmani, Jawad	Porbeni, Charles
	Total Enrolled = 748				

Country Leaderboard as of December 31, 2014

Rank	Country	Enrollments	Sites Released to Enroll
1	United States	321	61
2	Japan	214	12
3	China	112	5
4	Taiwan	71	6
5	Germany	17	8
6	South Korea	13	2

Getting to Know the ATACH-II Team - Meet Adam Henry

Adam Henry is the Program Coordinator II at the Medical University of South Carolina



Where did you grow up?
I grew up in Hightstown, New Jersey, just outside Princeton. I have lived in upstate New York, New Orleans and now Charleston since leaving home.

What is the best advice you've ever received?
The best advice I've ever received was my father encouraging me to base my selection of major in college on something that interests me, something that I enjoy learning about. As cliché as it can be, if you enjoy what you do, it won't feel like work!

If you could travel anywhere, where would you like to go?
I'll give you two because I can't decide. I have always wanted to visit Japan and Argentina; two places I imagine are very different from where I have grown up.

How did you become interested in clinical research?
While working on my MPH at Tulane, I was introduced to many kinds of studies. While the other kinds of studies were interesting, clinical research just felt like it was demonstrating real benefits to society and science in general. The idea of contributing to this in some way was very appealing!

What is one of your favorite habits?
I love to be active and I love being outside. I am an avid snowboarder, and I play a lot of soccer and roller hockey. It also doesn't hurt having the beautiful Charleston beaches just a short drive away.

Do you like to plan things out in detail or be spontaneous?
I like to have a general plan (or idea), but I am always willing to deviate from it and be more spontaneous!

Key Enrollment Information for ATACH-II

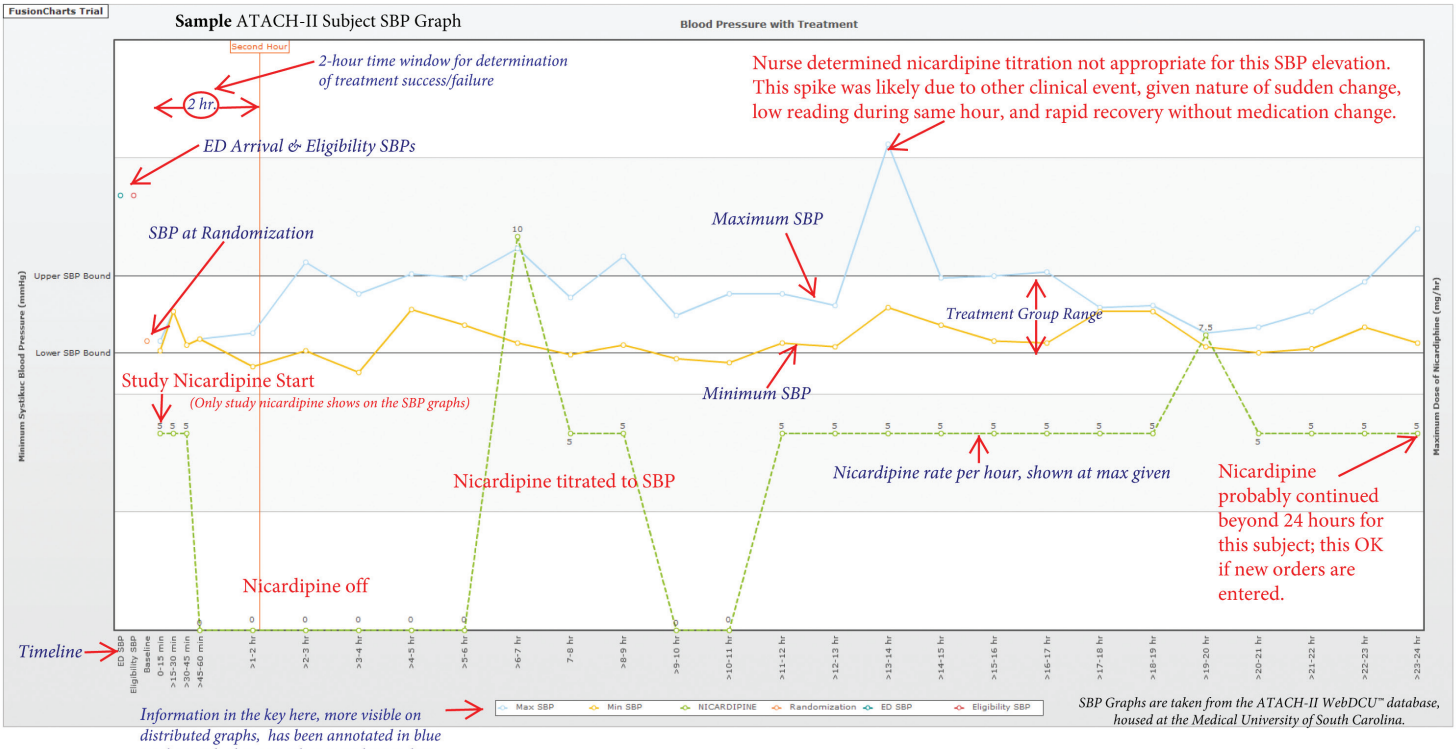
www.atach2.com

24-Hour Toll Free Hotline: 1-855-870-7205 *or* 952-225-0779
Tell the operator: I have a question regarding the ATACH-II Clinical Study

To randomize: http://dcu.musc.edu/ctms/

Sample ATACH-II Subject SBP Graph

By Kathryn France, BA, RN, PHN, CCRC, CCRA



Reading SBP Graphs for ATACH-II Subjects

Following the Nicardipine titration protocol and maintaining the assigned SBP range for each subject through the 24 hour study period is extremely important toward finding a meaningful outcome from the ATACH-II trial.

- From time to time, SBP graphs are E-mailed to each site as a helpful, visual overview of how well SBP has been maintained to the assigned treatment range during the 24-hour study period.
- When individual subject SBP graphs show an unexpected pattern, they are flagged in ATACH-II WebDCU™ by central reader Christy Cassarly for further review. In these cases, queries may be generated to clarify events, or follow-up from the site for explanation and further discussion about the subject's medical course and clinical management within the study protocol may be requested. The graphs can also serve as a useful tool for sites to use during ongoing team training and review sessions. **The important thing to see on individual SBP graphs is adequate compliance to the study protocol.**
- Aggregate SBP graphs are also generated for each site, and for the study as a whole, each time the ATACH-II WebDCU™ database is frozen for DSMB review. Whenever possible, feedback to sites will include aggregate graphs as well. When looking at aggregate graphs, it is only the minimum SBP for each time period that is displayed and the combined subject graphs for standard and intensive group subjects are displayed in different colors. **The important thing to see on aggregate graphs is an adequate separation between the two treatment groups.** *(It is helpful to target the center of the assigned SBP range for each treatment group, i.e., approximately 160 mmHg in the standard group and approximately 125 mmHg in the intensive group.)*
- Sites may request a file of their subject graphs at any time for team presentations, and/or set up a teleconference with the CCC for an in-person review. For an individually annotated review file to use in ongoing training sessions, please allow adequate time (approximately 1 week) when making the request and your graphs, or samples as needed, will be sent with notes from the CCC added to aid in your presentation.

Friendly Reminder: Ancillary Study – SCORE-IT

By Joshua N Goldstein, M.D., Ph.D. and Jonathan Rosand, M.D.

The Spot Sign Score in Restricting ICH Growth (SCORE-IT) ancillary study to ATACH-II

ATACH-II will evaluate whether intensive blood pressure reduction can reduce hematoma growth and improve outcome. However, it is difficult to determine, at presentation, which patients are at highest risk of ongoing bleeding, and will receive the most clinical benefit from blood pressure therapy. It may be that improved predictive markers will lead to efficient, personalized selection of optimal therapy. SCORE-IT will determine whether specific imaging findings on non-contrast head CT, CT angiography (CTA) and MRI will mark those patients who receive the most benefit from intensive blood pressure reduction.

While all patients enrolled in ATACH-II will undergo a baseline and follow-up head CT, many patients will also receive CTA and/or MRI as part of routine clinical care. SCORE-IT will perform a blinded analysis of all such images. For CTA, we will determine the presence of contrast pooling (also termed contrast extravasation or the "Spot Sign"). In addition, we will calculate a Spot Sign Score, a score that includes number of Spot Signs, diameter, and contrast density. For MRI, we will focus on the presence, number, and location of cerebral microbleeds (CMBs) on sensitive T2*-weighted MRI sequences, as well as DWI abnormalities.

SCORE-IT is open to all ATACH-II sites and use of any imaging collected during hospitalization for approved ancillary studies such as SCORE-IT is included under the current protocol and consent as they are reviewed by site IRBs when the study is activated. All baseline and 24 hour CTs collected as part of ATACH-II will be used in SCORE-IT also.

Any site can participate if they:

1. Obtain CTAs on ICH patients as part of clinical care, prior to enrollment in ATACH-II

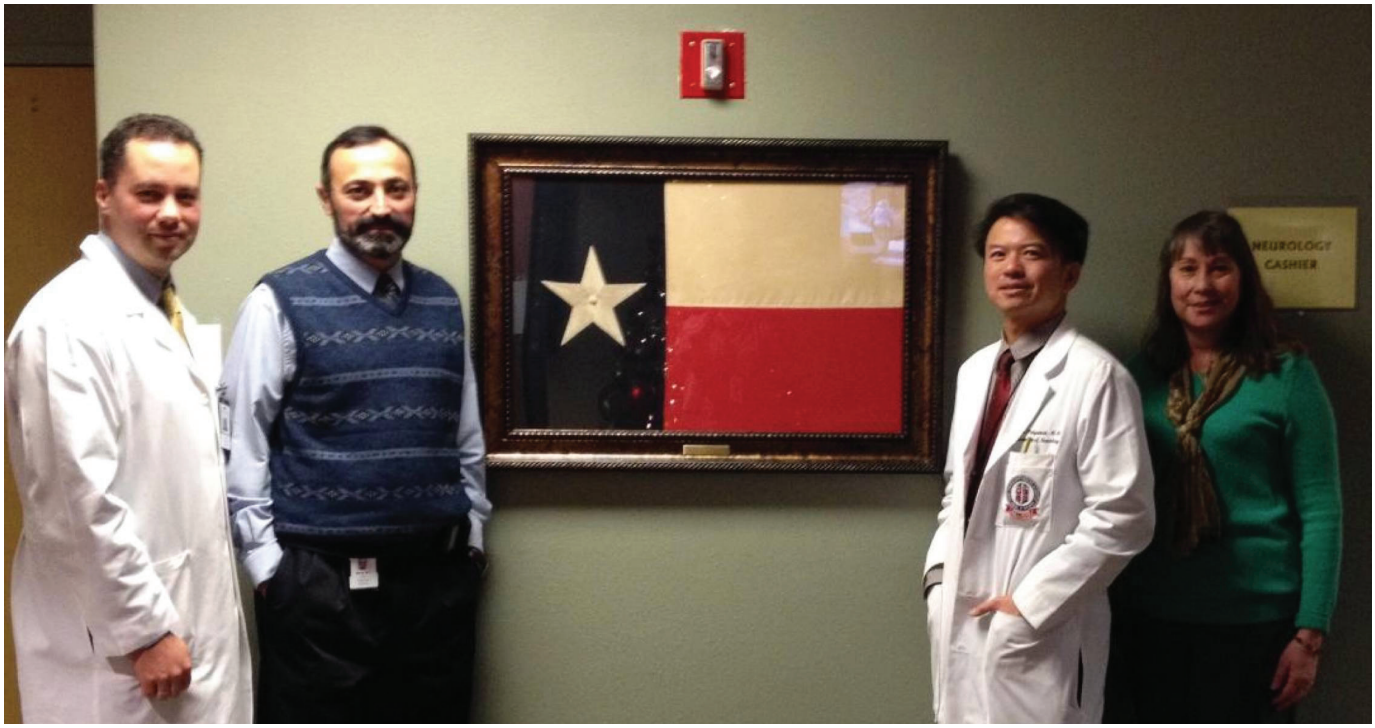
And/or

2. Obtain MRIs of the brain as part of clinical care, at any time during the hospital course for patients enrolled in ATACH-II

To participate in SCORE-IT simply retain CTAs and MRIs performed on ATACH-II subjects. Submit them to the University of Minnesota coordinating center along with the CT scans obtained as part of ATACH-II.

For questions, please contact Dr. Joshua Goldstein (jgoldstein@partners.org) or Dr. Jonathan Rosand (jrosand@partners.org) at Massachusetts General Hospital/Harvard Medical School.

Thank you for your time and participation!



Texas Tech University Health Sciences Center Team

WellSpan York Hospital Team

Neurocritical Care Society (NCS) Meeting - September 2014

Dr. Qureshi with the Chairman of Program Committee NCS September 2014 meeting

Recent Data & Safety Monitoring Board (DSMB) Meetings

May 6, 2014
DSMB had no safety concerns and recommended that the study continue as planned.

November 1, 2013
The DSMB recommended to NINDS that Clevidipine not be allowed as an alternative to Nicardipine for the ATACH-II trial.

October 6, 2013
DSMB had no safety concerns and recommended the study continue.

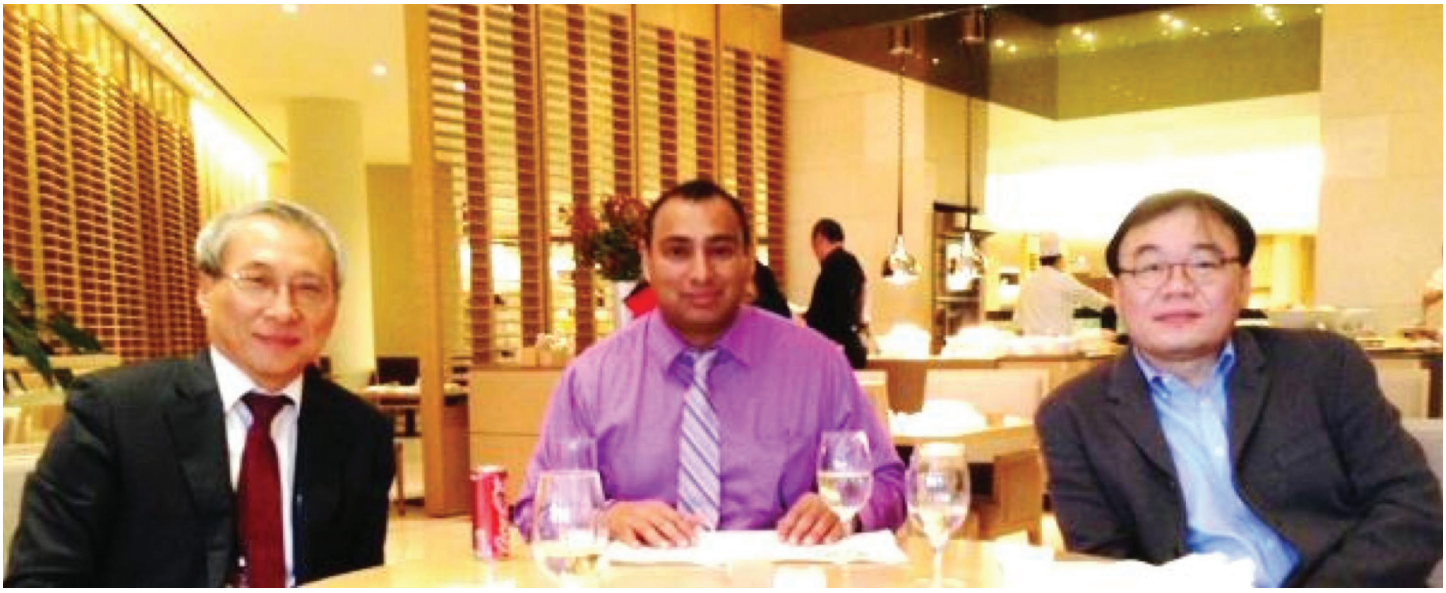
June 3, 2013
The DSMB met in a special session to review results of the INTERACT-2 trial in relation to ATACH-II. The DSMB recommended that ATACH-II should proceed as planned.

April 22, 2013
DSMB reviewed the safety and overall progress of the trial: found everything to be satisfactory and recommended the study proceed as planned.

The next DSMB meeting will be on February 23, 2015.

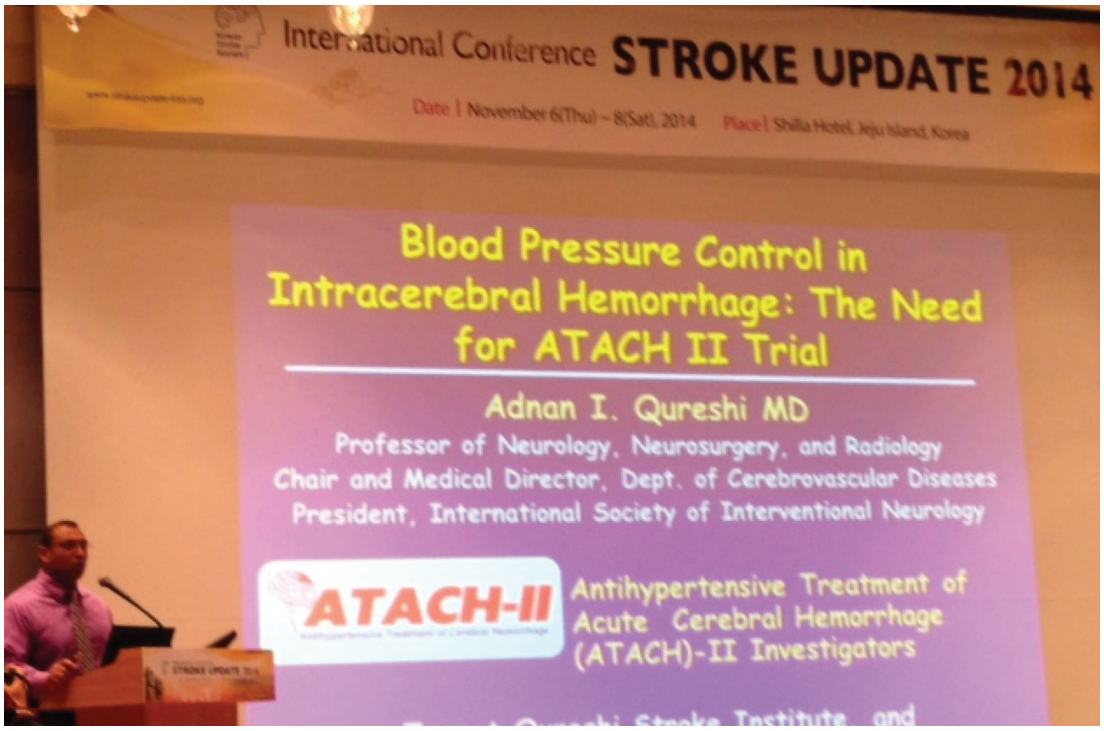
Recent ATACH-II Investigators' Meetings

Dr. Qureshi with ATACH-I and ATACH-II Investigators in El Paso, Texas - September 2014



Dr. Qureshi with ATACH-II Investigators at Jeju Island - November 2014

ATACH-II Investigator Dr.Yilong Wang Presenting at ICSU November 2014 in South Korea



Dr. Qureshi Presenting at the ICSU November 2014 in South Korea

Dear Logan -
Letters about Imaging Procedure

Dear Logan,

I enjoy reading your column and until now I have been too nervous to write in. However, the other day I had a question come up and I knew you would have the answer. I am wondering, does the 24 hour image have to be taken at exactly 24 hours after randomization or is there a window? Thank you for taking the time to answer my question!

-Amy

Dear Amy,

Thank you for writing in, it is always nice to hear from fans of the column! As for your question, the 24 hour image needs to be taken 24 hours (+/- 6 hours) from randomization. This means you have a 12 hour window around the 24 hour mark. However, if the scan is taken outside of the allowable window, it should still be sent to us for central reading. Based on the statistical analysis plan, the data may or may not be included in the final analysis. Hope that answers your question!

-Logan

Dear Logan,

Before I write my question, I just wanted to say that I am a big fan of the column! I am also a fan of the X-men series. My favorite character is Magneto because I enjoyed studying magnetics in physics class. Because of this, I have grown to favor MRIs over CT scans when taking medical images. Would it be okay to use and MRI in place of a CT as the baseline or 24 hour image?

-Sarah

Dear Sarah,

Thank you for reading the column! I too like the X-men series, my favorite character is Wolverine (whose real name is also Logan). As for your question about MRIs vs. CTs, unfortunately we cannot use MRIs as a baseline or 24 hour image so please make sure that these are CTs. Also, hurry and send all images by January 12th before the data freeze to:

Attention: **Logan Brau**
Dinnaken Office Building
925 Delaware Street SE, Suite 300
Minneapolis, MN 55414

- Logan

ATACH-II 2015 Investigators' Meeting

VENUE: DoubleTree by Hilton Orlando Airport
5555 Hazeltine National Drive, Orlando, FL.

ICIN

International Congress of Interventional Neurology:

Jan 22, 23 & 24th until noon.

ATACH-II
Antihypertensive Treatment of Cerebral Hemorrhage

Investigators' Meeting:

Jan 24 - Jan 25
1:00 PM until noon

NETT

Steering Committee Meeting:

Jan 25 – 26

All three of these meetings are scheduled one after the other in the same hotel. If you are attending more than one meeting and need help coordinating accommodations, please let us know.

Contact Information for ATACH-II

Don't hesitate to reach out to us - we are here to help you!

Need help with an enrollment or other ATACH-II emergency?

Call the Toll Free Hotline at: 1-855-870-7205 *or* 952-225-0779

The hotline service will ensure that you are connected with a core team member who is available to help you immediately.

General Questions? Contact Kathy France at 612-625-6974 or kafrance@umn.edu

Contract or Reimbursement Questions? Contact Emily Abbott at 612-625-0551 or eiabbott@umn.edu

WebDCU Questions? Contact Cassidy Conner at 843-876-1105 or connerc@musc.edu

NETT CCC Questions? Contact 734-232-2142 **or** ATACHII-TRIAL@UMICH.EDU

Study Drug Questions? Please email your questions or requests for additional study drug to atachstudydrug@gmail.com

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