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*The Newsletter of the POINT Trial*

Volume I, Issue III 2nd Quarter 2011

## 2011 2nd Quarter Recap

### *Looking Forward to More Site Expansion*

Dear Colleagues,

Thanks to everyone for continuing to keep us on schedule in the POINT Trial; many new sites are just coming on and experienced sites are maintaining high rates of recruitment.

Some of you have expressed concerns about hemorrhage that are affecting your decisions about who to enroll, and are major factors when consenting patients, as they should be. We've also heard that some of you and your patients are concerned that randomization to aspirin is not appropriate. We want to address both of these concerns and show that we really do think we have clinical equipoise.

**First**, we always assumed that in spite of our "pounding platelets," we wouldn't have too much trouble with major hemorrhage, primarily because brain injury was minimal or absent and the trial duration is short. In fact, this is addressed in current safety data that many of you are submitting to your IRBs.

Among the 337 patients randomized as of the end of June, we've had only one major hemorrhage: a GI hemorrhage requiring transfusion. We haven't had a single intracranial hemorrhage and we've only had six minor hemorrhages, mostly bruising. So, while major hemorrhage is an appropriate concern, it doesn't seem to be a major problem in our population so far.

**Second**, we want to remind everyone that there isn't any data to support use of clopidogrel over aspirin in this acute period. We have pretty darn weak data outside the acute period and the relative benefit is quite modest. In the first high-risk 90 days, we probably need to "hit" the platelet harder.

A combination of aspirin and clopidogrel may be particularly effective then, but this is what we need to test!

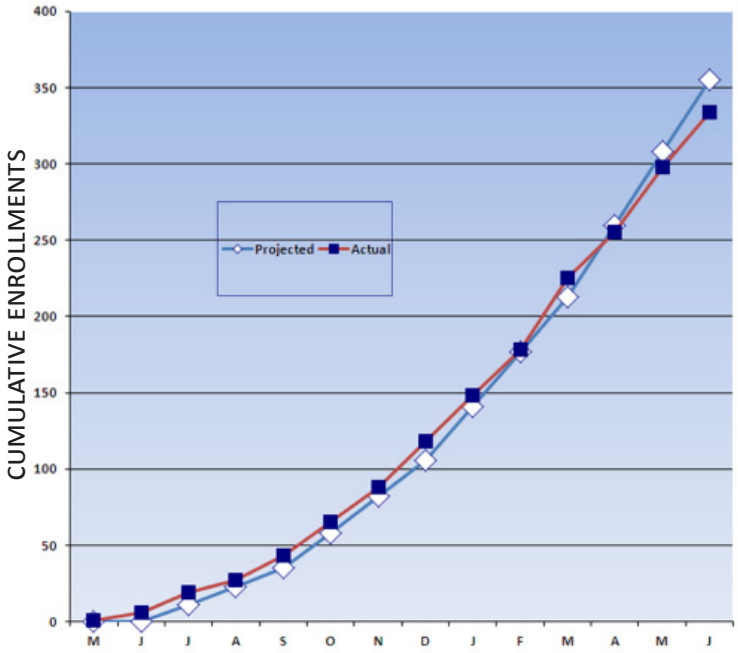
Sincerely,

Clay Johnston MD, PhD, POINT Trial Principal Investigator
Don Easton MD, POINT Trial co-Principal Investigator

### *In This Issue*



## POINT Cumulative Enrollment May 2010 through June 2011




## POINT Enrollment Update: Total = 337

### *Top Enrollers† (as of June 30, 2011)*

| Site - Hub | City | State | # |
|---|---|---|---|
| Guilford Neurologic - CRC | Greensboro | NC | 36 |
| Hospital of UPenn - UPenn | Philadelphia | PA | 17 |
| Henry Ford - HFHS | Detroit | MI | 15 |
| Detroit Receiving - Wayne | Detroit | MI | 12 |
| University of Kentucky - Kentucky | Lexington | KY | 12 |
| Mayo Arizona - CRC | Phoenix | AZ | 11 |
| Hennepin County Med. Center - MN | Minneapolis | MN | 10 |
| Bon Secours - CRC | Midlothian | VA | 8 |
| Colorado Neuro Institute - CRC | Englewood | CO | 8 |
| Froedtert Mem. Hospital - Wisconsin | Milwaukee | WI | 8 |
| OHSU- Oregon | Portland | OR | 8 |
| El Camino- Stanford | Mountain View | CA | 7 |
| Northwestern University -CRC | Chicago | IL | 7 |
| Abington - UPenn | Abington | PA | 6 |
| Advanced Neurology Specia - CRC | Great Falls | MT | 6 |
| Intercoastal Medical - CRC | Sarasota | FL | 6 |
| Memorial Hermann - Texas | Houston | TX | 6 |
| Temple Univ Hospital - Temple | Philadelphia | PA | 6 |
| University Hospital - Cincinnati | Cincinnati | OH | 6 |
| York - UPenn | York | PA | 6 |
| Beaumont Royal Oak - Wayne | Royal Oak | MI | 5 |
| Emory -Emory | Atlanta | GA | 5 |
| GA Health Sciences (MCG) - CRC | Augusta | GA | 5 |
| Palmetto Health Richland - CRC | Columbia | SC | 5 |

# of subjects enrolled at sites with 1-4 enrollments = 116

† *Sites with at least 5 subjects enrolled as of June 30, 2011*

***Send your feedback and suggestions for future newsletters to Mary.Farrant@ucsfmedctr.org***

## POINT Frequently Asked Questions (FAQs)

The current FAQ 19 is being modified as follows:

***Q. The POINT Manual of Procedures (MoP) states the initial (loading) dose of study drug must be taken in the presence of the PI or study team member. If it's not possible for ANY member of the team to actually witness the subject take the initial dose, may a non-study nurse witness the taking of the study drug and note this in the patient's hospital record?***

A. No. As the time to treatment, rather than time to randomization, is the crucial element of POINT, the subject must take the first eight pills of the study drug (loading dose) while the study investigator or other study team member is present. The investigator must facilitate dispensing the medication and ensure it is taken as soon after randomization as possible, recording the date and time of the loading dose in WebDCU™ (CRF 7: Index TIA/Stroke Symptoms).

There is confusion in the protocol's description of the Patient Population and the Inclusion Criteria as to whether subjects are required to be *enrolled*, or to be *treated* with study drug, within 12 hours of time last known free of new ischemic symptoms. To clarify, subjects must be *randomized* within 12 hours and should receive their loading dose of study drug as soon thereafter as possible, ideally within the 12 hours of time last known free of new ischemic symptoms. The time between randomization and treatment should be minimized: drug treatment should be considered STAT.

***Q. Must a patient with a past history of aneurysmal SAH whose aneurysm was clipped and considered secure be excluded by the exclusion criterion, "history of non-traumatic intracranial hemorrhage?"***

A. No. The purpose of this exclusion criterion is to avoid treating patients still at increased risk for recurrent bleeding.

Additional FAQs have been added to the NETT website, including answers to the question ***"Post-Stroke Discontinuation of Study Drug: Why continue a treatment that has failed?"***

To review all the POINT FAQs, please visit the NETT website: https://sitemaker.umich.edu/nett/point_faqs

***February-June Completed Readiness Calls*** *(listed alphabetically)*

| Site - Hub | City | State |
|---|---|---|
| Allegheny General Hospital - CRC ‡ | Pittsburgh | PA |
| Banner Good Samaritan - Arizona | Phoenix | AZ |
| Bethesda North - Cincinnati ‡ | Cincinnati | OH |
| Bradenton Research Center - CRC ‡ | Bradenton | FL |
| Ellis Hospital - CRC ‡ | Schenectady | NY |
| Forsyth Medical Center - CRC ‡ | Winston-Salem | NC |
| Ft. Wayne Neuro-Parkview - CRC ‡ | Ft Wayne | IN |
| Geo. Wash. Med. Fac. Assoc. - Maryland | Washington | DC |
| Good Samaritan Hospital - Cincinnati ‡ | Cincinnati | OH |
| Grady Memorial - Emory | Atlanta | GA |
| Hahnemann University Hospital - Temple ‡ | Philadelphia | PA |
| Hartford Hospital - CRC ‡ | Hartford | CT |
| High Country Neurology - CRC ‡ | Boone | NC |
| Ingalls - CRC | Harvey | IL |
| Kaleida - CRC ‡ | Buffalo | NY |
| Lehigh Valley Hospital - CRC ‡ | Allentown | PA |
| Maryland Sinai - Maryland | Baltimore | MD |
| MIMA - CRC | Melbourne | FL |
| Mission Hospital - CRC ‡ | Asheville | NC |
| Mount Sinai - CRC | New York | NY |
| Neuro Associates Inc - CRC | Richmond | VA |
| NYP Winthrop - NYP ‡ | Mineola | NY |
| Park Nicollet - CRC ‡ | Minneapolis | MN |
| Pennsylvania Hospital (PAH) - UPenn | Philadelphia | PA |
| Providence Portland - OHSU | Portland | OR |
| Providence St. Vincent - OHSU | Portland | OR |
| Rhode Island Hospital - UPenn ‡ | Providence | RI |
| RW Johnson - UPenn ‡ | New Brunswick | NJ |
| Saint Elizabeth Florence - Cincinnati ‡ | Florence | KY |
| Saint Elizabeth Fort Thomas - Cincinnati | Fort Thomas | KY |
| Saint Elizabeth South - Cincinnati | Edgewood | KY |
| Saint Louis University - CRC | St. Louis | MO |
| Salvus, LLC - CRC | Miami | FL |
| Sentara Medical Group - CRC | Norfolk | VA |
| Shanti Pomoma - CRC | Colton | CA |
| SIU-Memorial - CRC ‡ | Springfield | IL |
| SIU-St. John's - CRC | Springfield | IL |
| St. Luke's (St. Luke's) - CRC | New York | NY |
| St. Luke's HHN - CRC | Bethlehem | PA |
| St. Luke's Roosevelt - CRC | New York | NY |
| St. Thomas NRI - CRC ‡ | Nashville | TN |
| Summa - CRC | Miami | FL |
| UMass Memorial Med. Ctr. - CRC ‡ | Worcester | MA |
| UNC Chapel Hill - CRC ‡ | Chapel Hill | NC |
| University of Florida-Jacksonville - CRC | Jacksonville | FL |
| University of Virginia - CRC | Charlottesville | VA |
| UPH Kino Hospital - Arizona ‡ | Tucson | AZ |
| UW Medicine Stroke Center - CRC ‡ | Seattle | WA |
| Vanderbilt U. Med. - CRC ‡ | Nashville | TN |
| Wake Forest - CRC | Winston-Salem | NC |

‡ Has 1 or more enrollment as of June 30, 2011

## COORDINATOR'S CORNER

### Enrollment Tips from Guilford Neurologic

*by Dr. Pramod Sethi, PI at Guilford; Wes Harbison, Guilford Study Coordinator; and Lloyd Henry, Site Manager at the CRC*

Guilford Neurologic in Greensboro, NC has an ideal setting and culture for identifying, urgently assessing and treating patients with acute brain ischemia. Also, the Guilford team is highly motivated to care for stroke patients and enroll patients into POINT. The EMS Paramedics transport all probable TIA and stroke patients in their region to the Stroke Center at Moses Cone Hospital in Greensboro. The Paramedics are trained to identify probable TIA/stroke patients and then to activate the Stroke Code Team by a group text page with the patient's name, age, symptoms and time last seen normal. The Stroke Code Team consists of the ED charge person, the Stroke Code Neurologist on call, the Stroke Code Nurse who is part of the Rapid Response Team in the hospital, the Stroke Research Coordinator on call, Radiology (CT) and the hospital laboratory. All members of the Stroke Code Team consider TIAs and strokes as emergencies, 24/7. All subjects enrolled in POINT come from the ED of this one hospital. The Stroke Code Neurologist immediately contacts the ED and the POINT Research Coordinator begins an assessment to determine if the patient is a potential POINT subject, starting with a review of the pager text message.

The Coordinator has approved access to the hospital computers while onsite to review the patient's history, orders, labs, CT scan, and other relevant testing, to determine if the patient has a bleed, will receive tPA, etc. In this way, the Coordinator can identify potential subjects unobtrusively, without depending on the ED staff, interrupting care or burdening others. The Coordinator can respond promptly when a potential subject is identified, no matter what day or time. Enrollment is a team effort. If the Stroke Code Neurologist confirms the patient is an eligible POINT subject, the Coordinator goes to the ED, completes the assessment and enrolls the patient if the patient signs the consent.

**POINT Comment**: For low enrolling sites, one or more key components of the Guilford Neurologic system do not exist. Also, hospital EDs at some study sites do not view TIAs as emergencies, like they view major stroke patients, where urgent tPA treatment is a possibility, i.e., "Time is Brain." It may be difficult for individual POINT sites to create an ideal setting, but much can be done to create an ideal culture for identifying, assessing and treating patients with acute brain ischemia, and to motivate sites to enroll patients in POINT. Discussion at each site of these issues is encouraged.