

FAST INDICATE NEWS



May 2015

WELCOME

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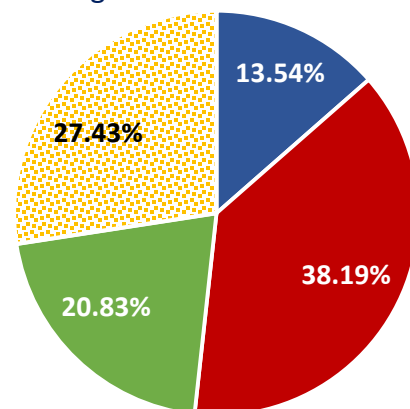
Welcome to the fourth edition of the FAST INDICATE News.

Recruitment Update- 79 to go!

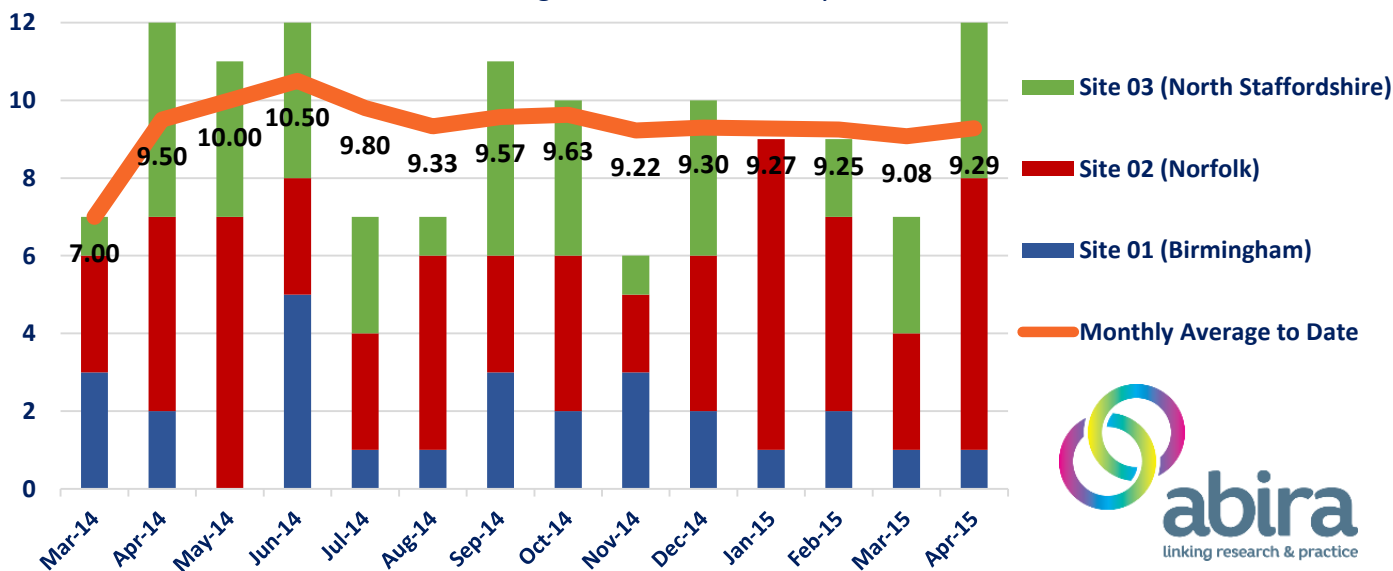
After a difficult start to 2015, April saw a fantastic turn in recruitment with all three sites randomising a total of 12 patients.

This meant that as of the 01st of May 2015, we have randomised a total of **209 patients**- which is **73% of our overall 288 patient target** and leaves us with just 79 more patients to go.

- Site 01 (Birmingham)
- Site 02 (Norfolk)
- Site 03 (North Staffordshire)
- Percentage Remaining



Furthermore, after such a fantastic high-recruiting April, our monthly recruitment average has now risen to **9.29 patients/month**- which is the highest it has been this year.



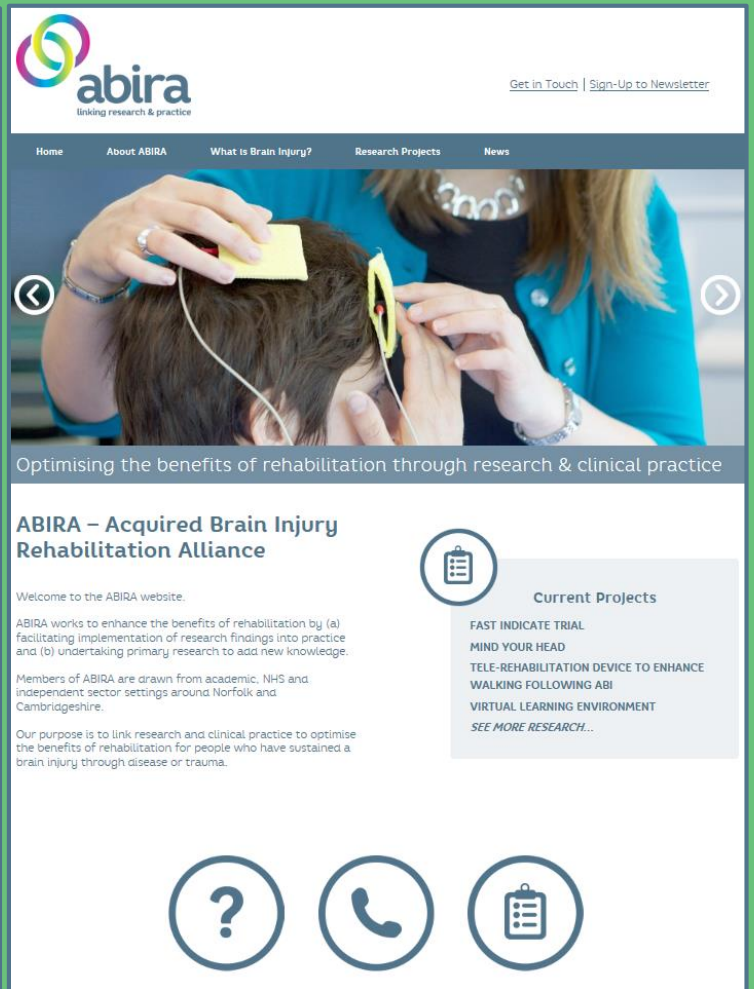
ABIRA Website Launched

We are delighted to announce that the ABIRA (Acquired Brain Injury Rehabilitation Alliance) website was launched on the 28th of April 2015. The Website will provide information on all of the past and current research activities that are a result of the collaboration between Norfolk and Cambridgeshire.

The ABIRA team works to enhance the benefits of rehabilitation for people who have sustained brain injury through disease or trauma. By linking research with clinical practice, ABIRA aims to further improve interventions for people with an Acquired Brain Injury.

The ABIRA website includes information on members of the ABIRA team, current projects, papers and publications and the latest news.

The website can be found at www.abira.ac.uk



Protocol Deviation Reporting

We are conscious of the fact that protocol deviations can occur during the course of a trial. These can happen as result of human error when the deviation is trial management related, or they could be patient related and therefore unavoidable.

However, it is essential that when a protocol deviation does occur, it is sufficiently documented and any required follow-up action is completed accordingly.

We would therefore be grateful if the trial management team could be made aware of any protocol deviations as soon as possible after you first become aware of them, so that they can be recorded at the time of the incident. Such deviations may include:

- A therapist conducting an assessment due to a lack of a blinded assessor.
- Therapy being delivered by a therapist who is assigned to the opposing treatment intervention.
- Conducting an outcome assessment outside of the allocated visit window

Please contact Nick Leavey if you are unsure about whether or not a protocol deviation has occurred.

Towards Personalised Stroke Rehabilitation

Professor Valerie Pomeroy

The Current Situation

A stroke occurs approximately 152,000 times a year in the UK. As a result, there are currently 1.2 million living stroke survivors, half of whom are left with a significant complex disability and unable to complete previously simple and routine everyday tasks.

The good news is that stroke rehabilitation and other rehabilitation therapy improve a stroke survivor's recovery. Disability-adjusted living years lost because of stroke have decreased by 49% from 1990 to 2010 in the UK.

However, within current clinical practice there is still an uncertainty as to which of the different therapy interventions are best suited to each stroke patient. Whilst these decisions are currently being made on invaluable clinical experience, there is a lack of research evidence the therapists can use to help them.



Gathering Evidence and the Role of Clinical Trials

FAST INDICATE addresses the clinical uncertainty surrounding the personalisation of stroke rehabilitation, so that different therapy interventions can be targeted precisely at those people who are the most likely to respond to them.

To achieve this, in addition to standard clinical measures, FAST INDICATE participants also undertake several mechanistic assessments. By completing these assessments before and after participating in a 6-week therapy intervention, we are able to measure how well each patient's brain is connected to the muscles in their upper arm and hands and any changes observed as a result of their therapy.

These mechanistic measures are what really separate FAST INDICATE from the vast majority of published and on-going stroke rehabilitation trials.

Through using these mechanistic assessments, FAST INDICATE is expected to increase knowledge about which people respond better to Functional Strength Training (FST) and which to Movement Performance Therapy (MPT). This is of direct clinical relevance, as FST and MPT are key components of stroke rehabilitation.

We will also increase knowledge of how the nervous system recovers after stroke. This will provide better targets for therapy and allow more precise monitoring of individuals response.

In summary, FAST INDICATE will enhance the ability to give people the therapy most likely to work for them and monitor their response precisely. Stroke survivors will therefore spend more time participating in a rehabilitation programme personalised to their individual needs.

Staff Changes: Please Welcome Our New Research Therapists to the Trial!

Site 01: Birmingham



Zoe Carmichael



Francine Cox

Site 03: North Staffordshire



Laurence Wood



Laura Mason

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