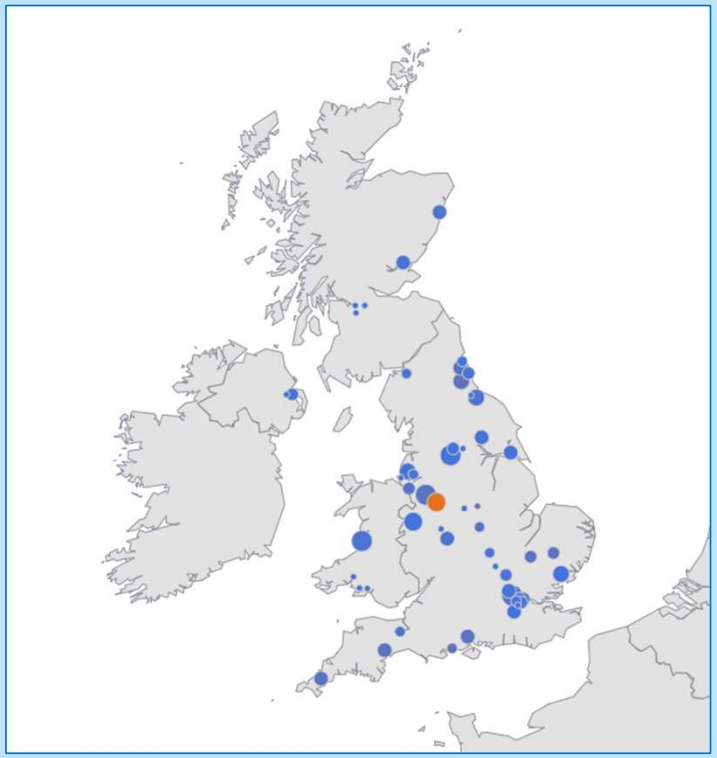
The Metoclopramide for Avoiding Pneumonia after Stroke (MAPS-2) Trial:

Investigator meeting (14)
26th July 2024

University of Nottingham
UK | CHINA | MALAYSIA

MAPS-2

Recruitment targets and status



Target participant number	= 2100
Current enrolment number	= 905
Completed follow up at 6 months	= 596
No. of recruiting sites open	= 68
No. of repatriation sites open	= 7

Still looking for new sites both recruiting and repat!

June 2024 Recruitment

Top 5 Recruiters this month

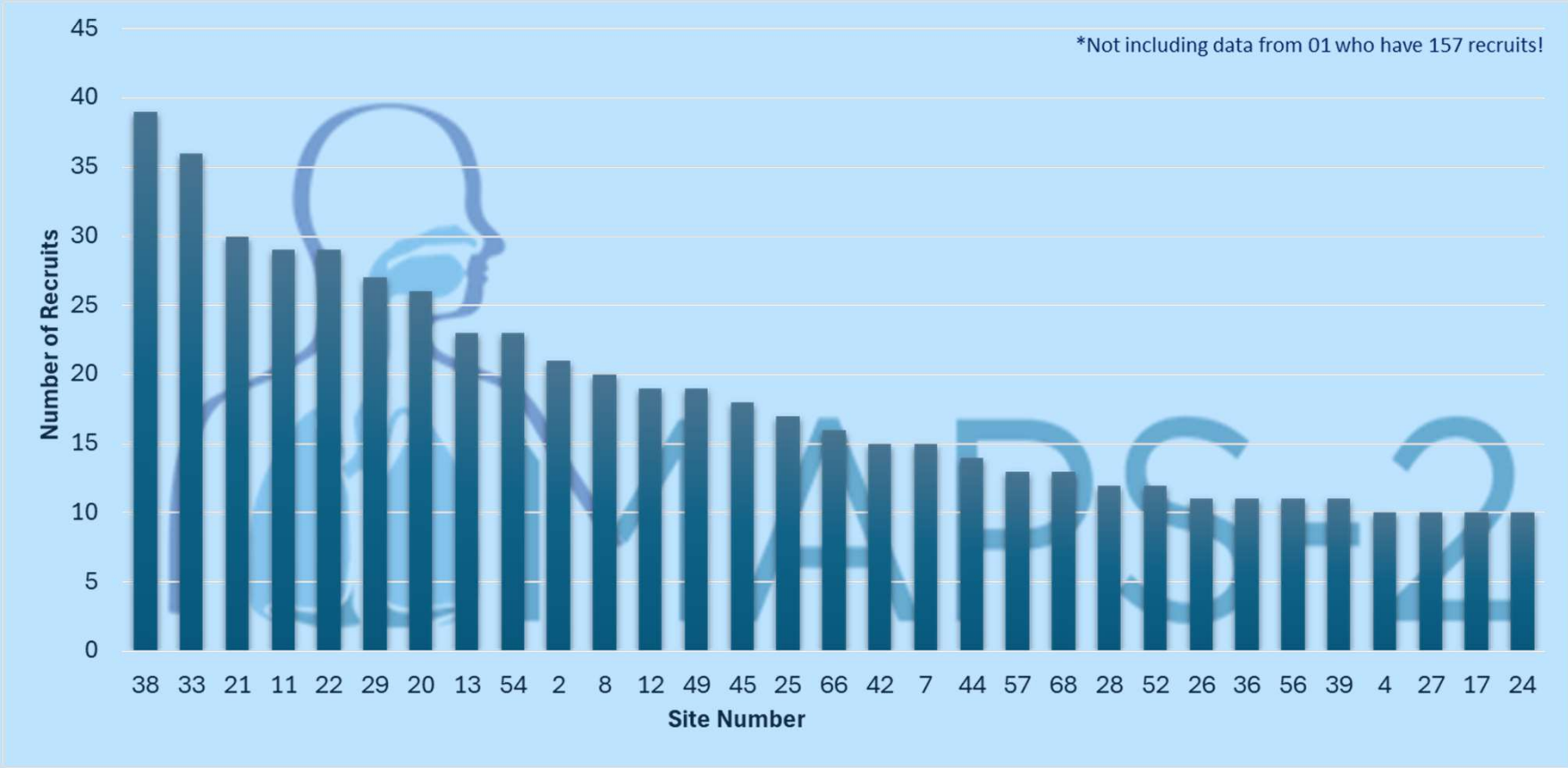
6	Royal Stoke University Hospital
5	Leighton Hospital, Crewe
4	Addenbrooke's Hospital, Cambridge
3	Shrewsbury

Joint 5th – 2 Recruits
West Suffolk, Swansea, Wolverhampton,

July Special Mentions

C046: Birkenhead, Arrowe Park Hospital	**Great to see you back recruiting this month**
C053: Coventry	**First recruit secured this month!**
C021: Crewe, Leighton Hospital	**30 Participants Recruited**
C038: Cambridge, Addenbrooke's Hospital, **C033:** Harrow, Northwick Park, and **C001:** Stoke	**Thank you for recruiting consistently every month this year!**

Sites with >10 Recruits



Guidance for Non-research Staff

Why am I giving saline?

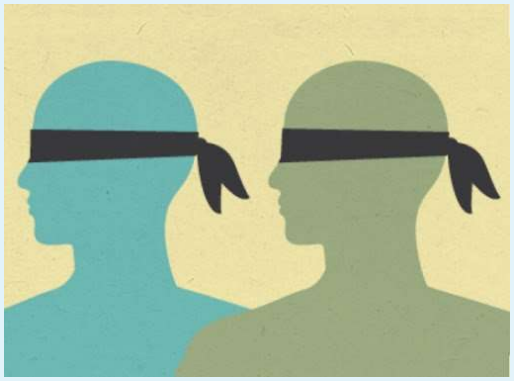
- It is important to have a control arm in a research study to be sure that any results from our study drug are due to the drug itself and not a result of the placebo effect.

- The placebo effect occurs where a patient experiences a perceived or actual improvement in their condition after receiving a treatment with no therapeutic value, due to their belief in the treatment.

- Participant's / family members are fully aware of the possibility that they could be randomised to receive the saline placebo and have consented to this.

Guidance for Non-research Staff

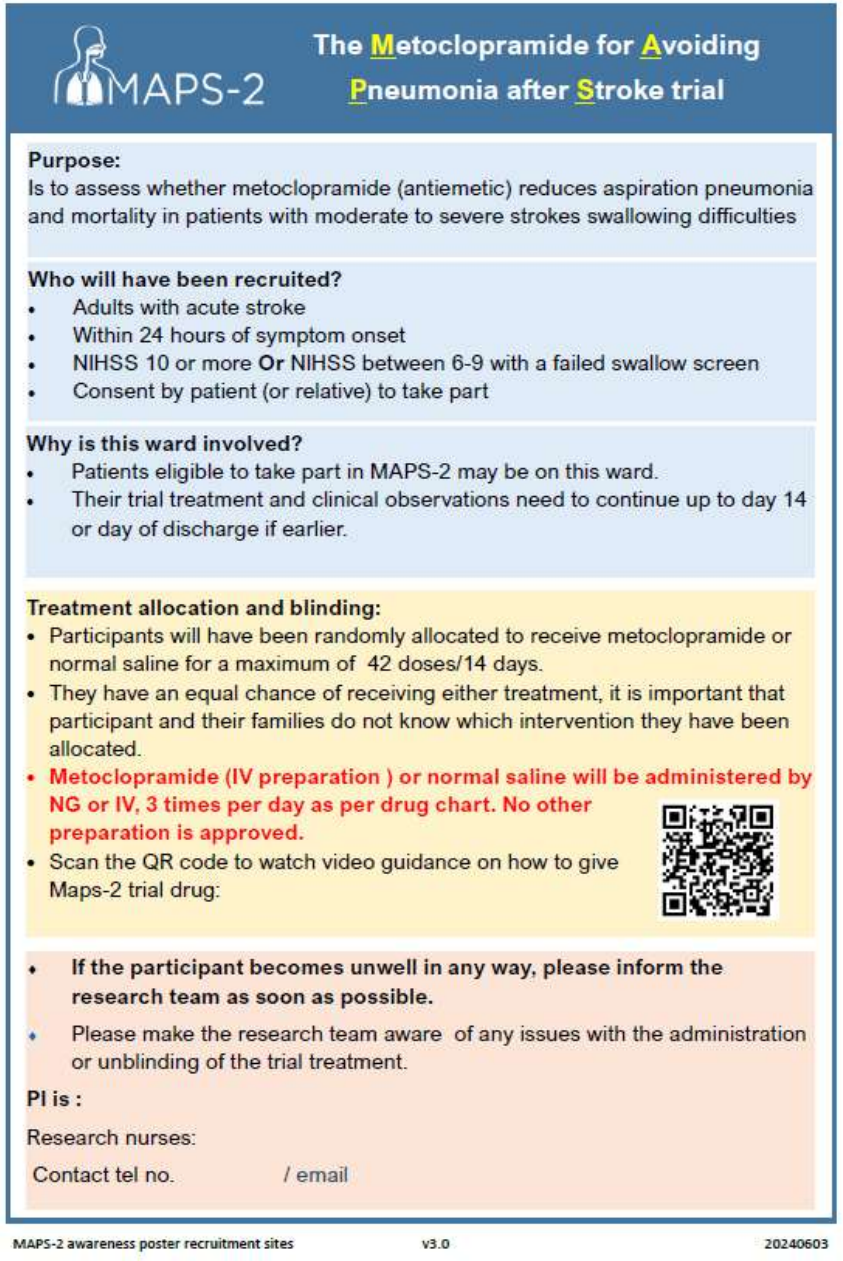
Why is it important to keep participants and their families blinded to treatment?



- Blinding ensures that we can evaluate the intervention given without results being influenced by any beliefs or bias held about the medication participants have been allocated to receive.

- The researcher who collects data at the 6-month time point is blinded to participant allocation. Ensuring participants remain blinded to their allocation means that they cannot reveal this to the researcher.

- If participants know they have been allocated to the placebo arm, they are more likely to withdraw from the trial reducing the amount of control data we have.



MAPS-2

The Metoclopramide for Avoiding Pneumonia after Stroke trial

Purpose:
Is to assess whether metoclopramide (antiemetic) reduces aspiration pneumonia and mortality in patients with moderate to severe strokes swallowing difficulties

Who will have been recruited?

- Adults with acute stroke
- Within 24 hours of symptom onset
- NIHSS 10 or more **Or** NIHSS between 6-9 with a failed swallow screen
- Consent by patient (or relative) to take part

Why is this ward involved?

- Patients eligible to take part in MAPS-2 may be on this ward.
- Their trial treatment and clinical observations need to continue up to day 14 or day of discharge if earlier.

Treatment allocation and blinding:

- Participants will have been randomly allocated to receive metoclopramide or normal saline for a maximum of 42 doses/14 days.
- They have an equal chance of receiving either treatment, it is important that participant and their families do not know which intervention they have been allocated.
- **Metoclopramide (IV preparation) or normal saline will be administered by NG or IV, 3 times per day as per drug chart. No other preparation is approved.**
- Scan the QR code to watch video guidance on how to give Maps-2 trial drug:

- **If the participant becomes unwell in any way, please inform the research team as soon as possible.**
- Please make the research team aware of any issues with the administration or unblinding of the trial treatment.

PI is :

Research nurses:

Contact tel no. / email

MAPS-2 awareness poster recruitment sites v3.0 20240603

(https://stroke.nottingham.ac.uk/maps-2/docs/public.php)

Estimating Weight

- Most of the time you will be aware of the participants weight from the existing medical records or on the guidance of their relatives.
- If you are unsure and need to estimate weight it can be helpful to compare to someone of the same height and sex as the participant rather than in relation to yourself.
- If you weigh the patient after randomisation, and a dose adjustment is required this does not need be reported as a deviation.

Website: https://stroke.nottingham.ac.uk/maps-2/

Meet the Team - Addenbrookes Cambridge

Open Discussion