



Metoclopramide for Avoiding Pneumonia after Stroke: MAPS-2

Recruitment update: to date we have a total of:



Thank you all for your efforts!

Congratulations to the team at Musgrove Park Hospital (Taunton) for recruiting our 800th participant!

Site update: We currently have a total of 68 sites open to recruitment (2 repatriation).



A big welcome to the team at recently activated site:

- Coventry
- Kings Lynn
- Craigavon

A full list of sites currently open to recruitment can be found at:
<http://www.stroke-in-stroke.info/maps-2-study>



Introducing: West Suffolk

Although we are a very small Stroke Research Team here at WSH, a small DGH compared to other sites, we can certainly hold our own when it comes to recruitment activity in MAPS-2, currently sitting at joint 4th nationally! Not that we are competitive at all! 😊

Our small team comprises of Dr Abul Azim - Lead Stroke Consultant and PI for MAPS-2, and the majority of our stroke studies. Dr Tariq Soliman - our Stroke Specialty Doctor who plays a significant role in identifying and approaching patients in ED alongside Lisa Wood - Lead Clinical Research Nurse, and Katie Durrant - Clinical Research Nurse and independent nurse prescriber.

We also have fantastic support from Dr Tahir Ismail - another Stroke Specialty Doctor as well as ESOT (Emergency Stroke Outreach Team) nurses who also assist with identifying potential patients and alerting us via the 'Alertive' app on our mobile phones. Lisa and Katie carry the thrombolysis/stroke alert bleep and are notified when presenting in ED. They can therefore screen all new admissions once they reach the emergency dept and attend straight away if necessary. This then captures patients that are potentially referred for thrombectomy so that they are consented, randomised and receive their first treatment dose prior to transfer for MT. Our average recruitment time from onset to randomisation is <4.5hrs. In essence, despite being a small team, the commitment to research, team working and communication ensures early identification and recruitment.



The MAPS-2 trials team are a pleasure to work with and we thank them for their support as well.

Bio by:
Dr Abul Azim Lead Consultant – Stroke Medicine
Lisa Wood Lead Clinical Research Nurse

Pictured: Lisa Wood , Dr Azim (PI), Katie Durrant, and Dr Tariq Soliman

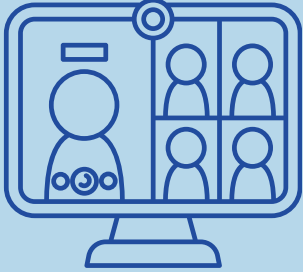
The MAPS-2 team would like to express their gratitude to the team at West Suffolk for all the work they put into the trial and for sharing such an inspiring bio and for speaking at our investigator meeting - A joy to work with such a dedicated team!

THANK YOU!

Does your site want to be featured next? Got some top-tips to share? Let us know!



Thank you to everyone that attended our Investigator meeting on Tues 21st May 2024



For those unable to attend all key updates given have also been included in this newsletter.

Updates to **REDCap** e-CRF

- **Day 14 last doses**
 - Please use this CRF to capture any doses that fall on the 15th day of treatment in order to complete the “14 day” course
- **Day 14 or Discharge Day assessment (V2.3)- Additional questions**
 - Did the participant receive any other antiemetics during the trial period?
 - If yes, how many times did the participant receive any other antiemetics during the trial period?
 - If yes, which antiemetic did the participant receive during the trial period
- **Protocol violation (V1.2) – Additional options**
 - Patient randomised whilst co-enrolled in CTIMP without sponsor agreement
 - Incorrect route of trial treatment administration (i.e. no oral syrup or tablets)

Substantial Amendment Submitted - SAE Reporting

Any events listed in protocol appendix 3 or any known side effects listed in the SmPC for metoclopramide do not have to be reported as SAEs .

Therefore, expected events following from presenting stroke do not need to be reported as an SAE. Pneumonia is reported in a separate CRF in REDcap as are all deaths notifications. Adverse events should be reported on the day 14 FU assessment CRF. A WPD will be circulated as part of this amendment. Please wait for confirmation of approval before implenting.

Eligibility Criteria Cards

We are in the process of sending sites cards with our contact details and the study eligibility criteria on. These can fit easily inside a lanyard holder so we hope these prove helpful. **Thank you to the team at Craigavon who suggested these cards - if anyone has an ideas for useful resources please let us know!** Please note these are for staff use only and are not meant to be given out to patients or their family members.

0115 823 1665
MAPS-2@nottingham.ac.uk
<http://www.stroke-in-stoke.info/maps-2-study>

Any questions? Please get in touch

Inclusion criteria:	Exclusion criteria:
1. Adults ≥ 18 years old with a clinical diagnosis of acute stroke	1. Definite or probable pneumonia at screening
2. Within 24 hours of symptom onset	2. Contraindications to metoclopramide
3. One of the two below criteria:	3. Clinical indication for regular antiemetic treatment
a. Moderate to severe neurological impairment (NIHSS Score ≥ 10), or	4. Known cirrhosis of the liver
b. Dysphagia and NIHSS ≥6, unable to take normal unmodified oral diet or fluids because:	5. Known severe renal dysfunction (eGFR< 30 ml/min)
i. Too drowsy to be assessed formally or	6. Pregnant or breast feeding
ii. Failed bedside assessment of swallowing	7. Moribund (expected to die within the next 48 hours)
	8. Co-morbid conditions with life expectancy <3 months
	9. Inability to gain consent (patient or legal representative) or consent declined

Any Questions? 0115 823 1665 MAPS-2@nottingham.ac.uk