



Pharyngeal electrical stimulation for Acute Stroke Trial (PhEAST)

Philip Bath, Chief Investigator
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NIHR | National Institute for
Health and Care Research

PhEAST: Trial Team

Chief Investigator: Prof Philip M Bath (Stroke Physician – Nottingham UK)

Co-applicants:

- Prof Shaheen Hamdy (Neuro-gastroenterologist – Manchester UK)
- Assoc Prof Tim England (Stroke Physician – Derby UK)
- Prof Alan Montgomery (Medical Statistician – Nottingham Clinical Trials Unit UK)
- Professor Marilyn James (Health Economist – Nottingham UK)
- Prof Niki Sprigg (Stroke Physician – Nottingham UK)
- Prof Craig Smith (Stroke Physician – Manchester UK)
- Dr Lisa Everton (Speech & Language Therapist – Nottingham UK)
- Mrs Angela Shone (Sponsor – Nottingham UK)
- Assoc Prof Helle Iversen (Stroke Neurologist – Copenhagen DK)
- Assoc Prof Karl Matz (Neurologist – Krems AT)
- Prof Rainer Dziewas (Neurologist, Osnabrück DE)
- Mr Martin Coult (Lay, UK)

Trial Statistician: Dr Lisa Woodhouse (Medical Statistician – Nottingham)

Trial Coordinating Centre: Stroke Trials Unit (Nottingham)

Trial Management Team (all STU Nottingham):

- Dr Tiff Hamilton (Senior Trials Manager)
- Ms Gemma Squires (Trial Manager)
- Ms Olivia Matthews (Trial Coordinator)
- Ms Carrie Chalmers (Administrator)
- TBA (Speech & Language Therapist)

Dr Lisa Woodhouse (Statistician, blinded)
Iris Mhlanga (Statistician, unblinded – DMC)
Corinne Latulipe (Programmer)

PhEAST: TSC and DMC

TSC Chair: Prof Gary Ford (Stroke Physician, CEO Oxford AHSN).

TSC Members:

- Prof Hugh Markus (Neurologist, Cambridge UK)
- Prof Thorsten Steiner (Neurologist, Heidelberg DE)
- Prof Laura Gray (Statistician, Leicester UK)
- Assoc Prof Nathalie Rommel (SLT, Leuven BE)
- Mr Stephen Hill (Lay, UK)
- Prof Philip Bath (Stroke Physician/CI, Nottingham UK) – non-voting

DMC Chair: Prof Kennedy Lees (Stroke Physician Ret, Glasgow UK)

DMC members:

- Prof Chris Weir (Statistician, Edinburgh UK)
- Prof Marian Brady (SLT, Glasgow UK)
- Ms Iris Mhlanga (supporting Statistician, Stroke Trials Unit, Nottingham) – non-voting

1. PhEAST: Background

Interventions for stroke

Hyperacute:

- ▲ Diagnosis
 - ▲ Brain scan CT/MRI
- ▲ Stroke Unit
- ▲ IS: Reperfusion
 - ▲ Thrombolysis
 - ▲ Thrombectomy
- ▲ ICH: BP lowering

Acute:

- ▲ Aspirin
- ▲ Hemicraniectomy
- ▲ VTE prevention
 - ▲ Heparin
 - ▲ Intermittent pneumatic compression

Sub-acute/chronic:

- ▲ Rehabilitation
 - ▲ Physiotherapy
 - ▲ Occupational therapy
 - ▲ Speech & language therapy
 - ▲ Dietetics
 - ▲ Social care
- ▲ Secondary prevention:
 - ▲ Life-style
 - ▲ Blood pressure lowering
 - ▲ Lipid lowering
 - ▲ Antithrombotics
 - ▲ Carotid endarterectomy

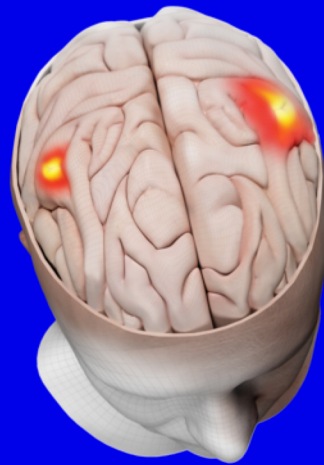
> **But zero for dysphagia**

Post-stroke dysphagia: Background

- ▲ 15 million strokes worldwide per year: 5M die, 5M left disabled
- ▲ Dysphagia (swallowing problem) common: 60% of patients on admission
- ▲ Natural history: Resolves in many patients but some need long-term enteral feed
- ▲ Associations: Age, severe stroke, recurrent stroke
- ▲ Prognostic marker for: Dependency, disability, death, malnutrition, weight loss, aspiration pneumonia
- ▲ Screening/diagnosis: Bed-side water tests, speech & language therapist, videofluoroscopy, FEES, ...
- ▲ Patients often need feeding through a nasogastric tube (NGT) or percutaneous endoscopically-introduced gastrostomy tube (PEG) thereby prolonging hospital stays or causing long-term institutional care
- ▲ Used treatments: Behavioural therapy by Speech & Language Therapists (SLTs)
- ▲ Proven treatments: None
- ▲ Increased costs: length of stay, investigations, staff (nurses, SLTs)

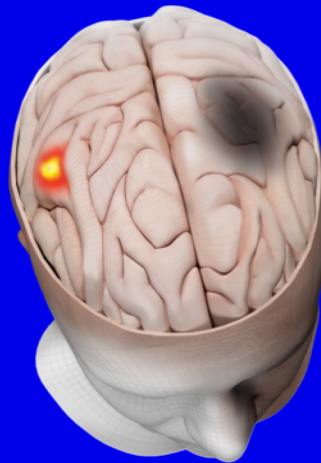
Restoration of swallow control after stroke

- ▲ Human swallowing has bilateral representation in the brain with a 'dominant' cortex (unrelated to handedness)
- ▲ Natural recovery process post stroke involves compensatory reorganisation in the motor cortex of the non-dominant hemisphere



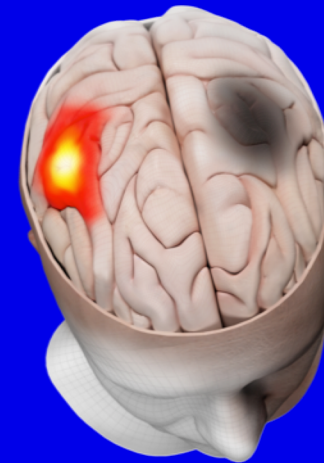
Healthy brain

Both hemispheres active during swallowing but left hemisphere (could be right) dominates



Post Stroke

Lesion in left hemisphere (dysphagia dominant side) → patient presents with dysphagia



Recovery

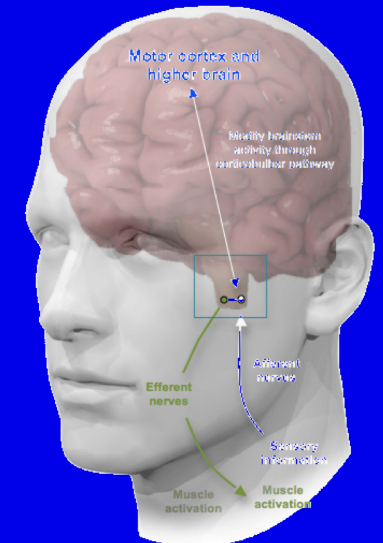
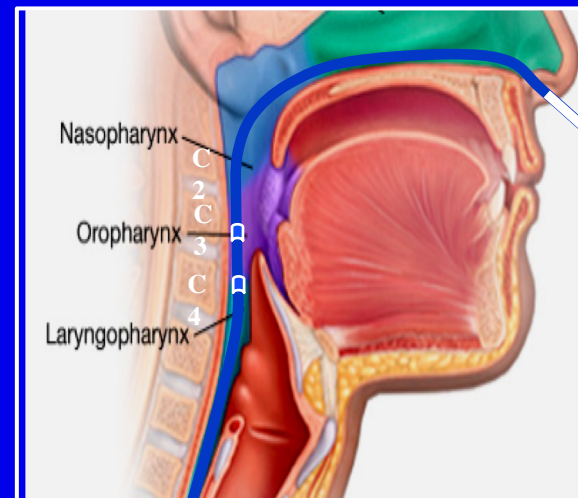
Functional reorganisation of control to unaffected hemisphere

Pharyngeal Electrical Stimulation (PES)

- ▲ Swallowing is dependent on afferent feedback via bulbar cranial nerves innervating the pharynx.
- ▲ Increased sensory input from the pharynx, delivered as PES, has been shown to drive long-term beneficial changes in the cortical control of swallowing with reorganisation of the swallowing cortex.
- ▲ PES has been developed academically by Prof Shaheen Hamdy and then commercially by a University of Manchester spin-out company, Phagenesis Ltd

PhEAST: Pharyngeal electrical stimulation

- ▲ PES System is indicated for the treatment of neurogenic oropharyngeal dysphagia, which includes post-stroke dysphagia, and comprises a re-usable base-station and a single-use sterile disposable stimulation catheter
- ▲ The Base Station provides the user interface and generates, optimises and monitors the delivery of electrical stimulation.
- ▲ The catheter design is based on a NGT but incorporates electrodes with appropriate wiring and insulation for delivery of electrical stimulation to the pharyngeal mucosa.
- ▲ The Phagenyx system received CE Mark in 2012



PES for PSD – Previous Trials

	Pilot trials x3	STEPS	PHAST-TRAC	PHADER	PhEED	PhEAST
Design	PROBE	Sham BE	Adaptive PROBE	Single arm BE	Adaptive PROBE	PROBE
Stroke N	73	162	69	85 of 245	3	800
Inclusion	PAS ≥ 4	PAS ≥ 3	Tracheotomy	DSRS ≥ 6	PAS ≥ 4	FOIS ≤ 2
VFS/FEES	VFS	VFS	FEES	No	VFS	No
OTR days	≤ 32	≤ 42	Subacute	Subacute	7-28	4-31
PES dose	x3	x3	x3/6	x3	x3	x6
Stimulation	/	14.8 \pm 7.9	33.6 \pm 8.3 mA	28.5 \pm 10.1 mA	27.6 \pm 6.6 mA	≥ 20 mA?
1ry @ day	PAS/DSRS	PAS @14	Decannulation @2	DSRS @90	PAS @02	DSRS @14
2ry @ day	/	DSRS @14	/	PAS @90	DSRS @07	FOIS @14
Effect, Aspiration	Improved	Neutral	/	Improved	N/A	(?)
Effect, Swallowing	Improved	Neutral	Improved	Improved	N/A	?

DSRS: dysphagia severity rating scale

A measure of swallowing impairment

DSRS total score = sum of 3 sub-scales

Score	Fluids	Score	Diet	Score	Supervision
4	No oral fluids	4	Non oral feeding	4	No oral feeding
3	IDDSI level 4	3	IDDSI level 4 and 5	3	Therapeutic feeding (SALT/trained staff)
2	IDDSI level 3	2	IDDSI level 6	2	Feeding by third party (untrained)
1	IDDSI level 1 and level 2	1	IDDSI level 7 easy to chew	1	Eating with supervision
0	IDDSI level 0	0	IDDSI level 7 regular	0	Eating independently

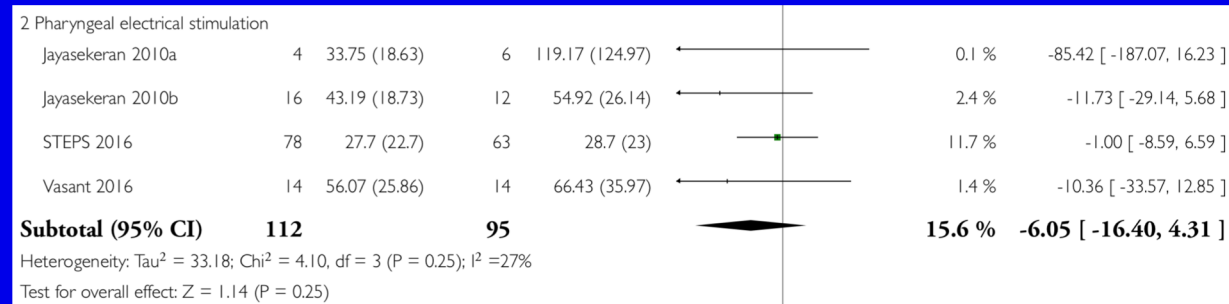
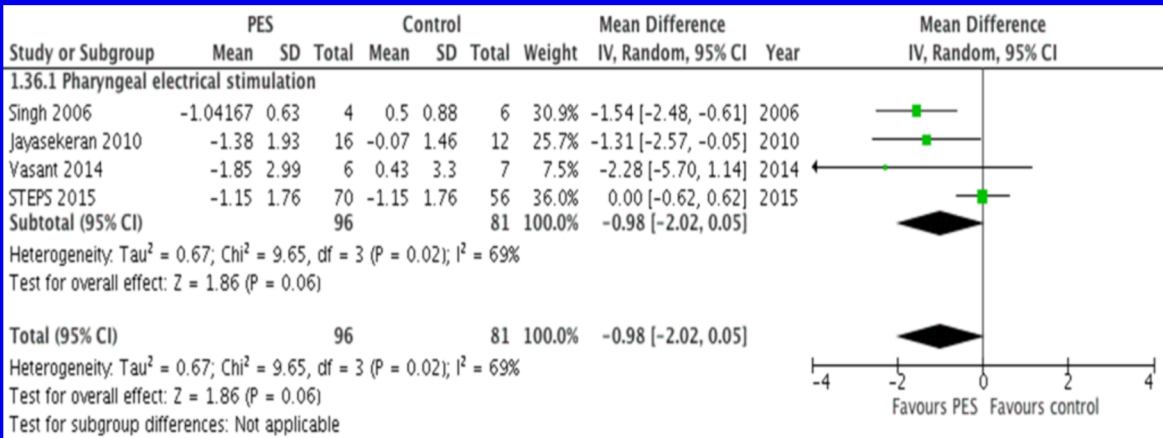
DSRS supervision score 3 is always chosen when a patient is on limited or consistent oral trials and still requires NG/PEG tube.

Small vol. trials 443 = 11
 Large vol. trials 343 = 10
 Large vol. trials 434 = 10

PES for PSD – Previous Trials

- ▲ **STEPS**: Study feasible (recruitment, compliance and retention), PES was safe but did not reduce aspiration (PAS) or dysphagia (DSRS) relative to sham. Meta-analysis of STEPS and earlier pilot trials showed a reduction in DSRS with PES
- ▲ **PHAST-TRAC**: PES was superior to sham at 69 patients and stopped early
- ▲ **PHADER**: PES was associated with improved DSRS and PAS, both overall and in each diagnostic group including in both non-ventilated and ventilated stroke.
- ▲ **PhEED**: The trial was stopped early due to low US recruitment, explained by the:
 - ▲ Need for VFS at baseline and outcome (primary outcome)
 - ▲ Presence of clinical dysphagia but only mild radiological aspiration in many screenees; of a target of 120 participants, 50 were consented for screening with VFS but only 17 treated open-label and 3 randomised
- ▲ **PhINEST**: Ongoing randomised post-extubation trial in intensive care units in patients with neurogenic dysphagia

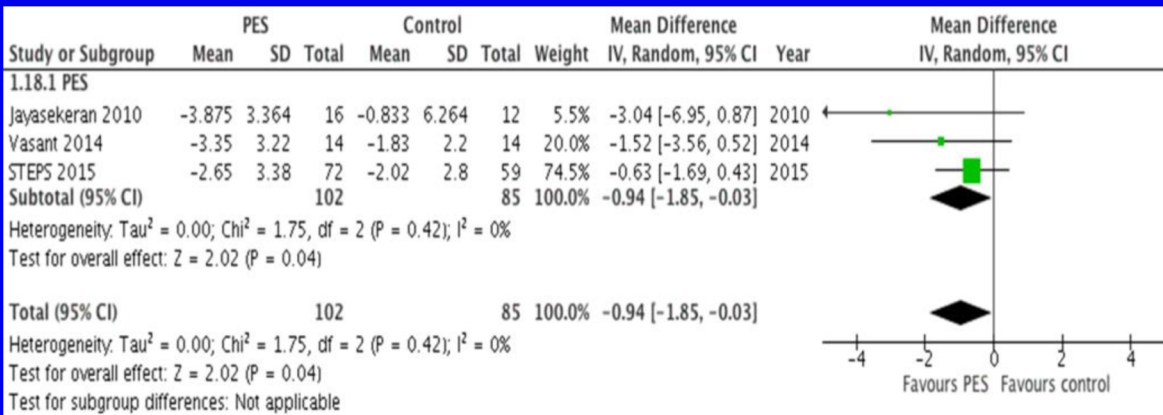
PES on PAS, DSRS & LoS: 3 pilot trials + STEPS



> Tendency to shorter length of stay (LoS)

> Tendency to less aspiration/penetration, PAS

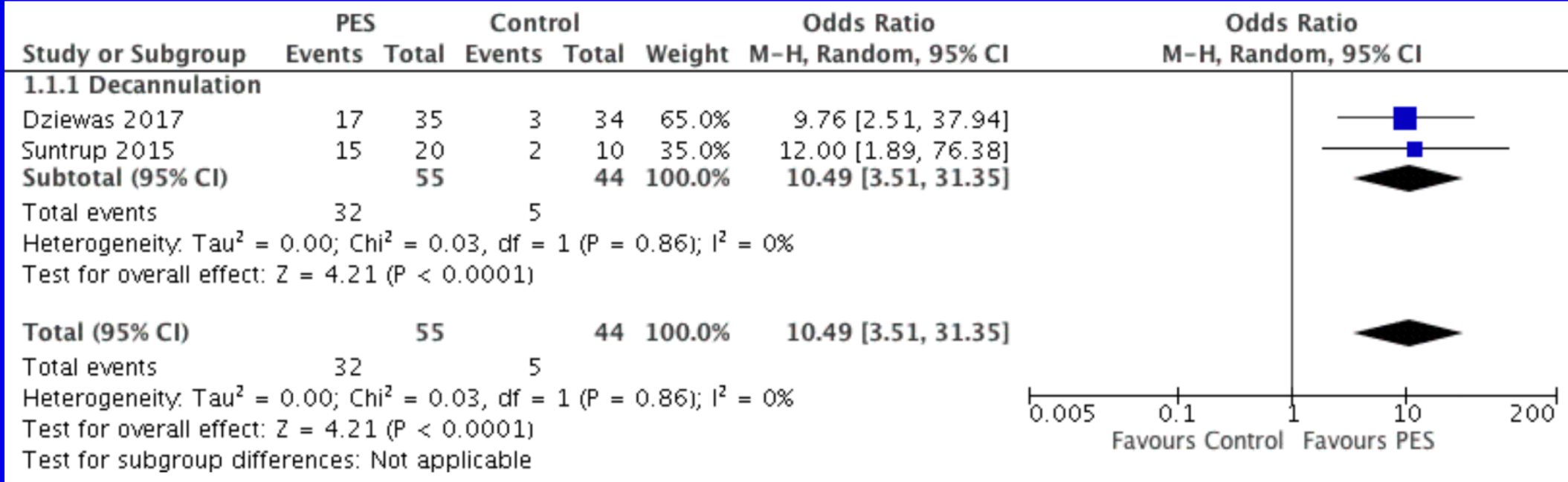
> More research needed



> Significant improvement in swallowing, DSRS

Decannulation: Suntrup & PHAST-TRAC

Meta-analysis of trials of decannulation after ventilation in stroke patient



- > PES increased readiness for decannulation in randomised (and subsequent open-label) phases
- > No re-cannulations recorded

PHADER: DSRS

Real world phase IV single-arm (uncontrolled) study of PES in Austria, Germany, UK

	All	Stroke, not ventilated	Stroke, ventilated	Ventilator-related ^a	TBI	p
N		79	98	35	24	
DSRS (/12) ^b						
Baseline	236, 11.4 (1.7)	79, 10.9 (2.4)	98, 11.7 (1.2)	35, 11.9 (0.5)	24, 11.3 (1.8)	0.003
Day 5	229, 10.5 (2.6)	74, 9.9 (2.9)	97, 10.8 (2.4)	35, 10.8 (2.5)	23, 11.0 (2.5)	
Day 9	224, 8.6 (3.9)	70, 7.7 (4.1)	97, 8.9 (3.8)	35, 8.5 (4.1)	22, 10.4 (3.1)	
Day 92	174, 5.1 (4.9)	46, 4.2 (4.2)	78, 5.2 (5.0)	30, 5.3 (5.4)	20, 6.8 (4.8)	0.26
DIM (unpaired)	-6.3 (-7.0, -5.6) ^c	-6.7 (-7.8, -5.5) ^c	-6.5 (-7.6, -5.5) ^c	-6.6 (-8.4, -4.8) ^c	-4.5 (-6.6, -2.4) ^c	0.31
MD (paired)	174, -6.3 (-7.0, -5.6)	46, -6.5 (-7.9, -5.2) ^c	78, -6.5 (-7.6, -5.3) ^c	30, -6.6 (-8.5, -4.6) ^c	20, -4.7 (-6.8, -2.5) ^c	0.033

> Swallowing impairment improved more than expected from natural history in all 4 neurogenic dysphagia groups

> DSRS improved by 6.5 units over 90 days in unventilated stroke patients

2. PhEAST: Design



Objectives –

Purpose

- ▲ To assess whether PES is safe and effective at improving post-stroke dysphagia

Primary objective

- ▲ To assess whether 6 days of PES accelerates return to oral intake of food and drink as assessed using the dysphagia severity rating scale and blinded to treatment

Secondary objectives

To assess whether:

- ▲ PES improves swallowing and reduces pneumonia, antibiotic exposure, hospital length of stay, and disability
- ▲ PES increases quality-of-life and return to work
- ▲ PES is cost effective as compared to usual care
- ▲ Participant subgroups predict response to PES

Cognition Sub-Study

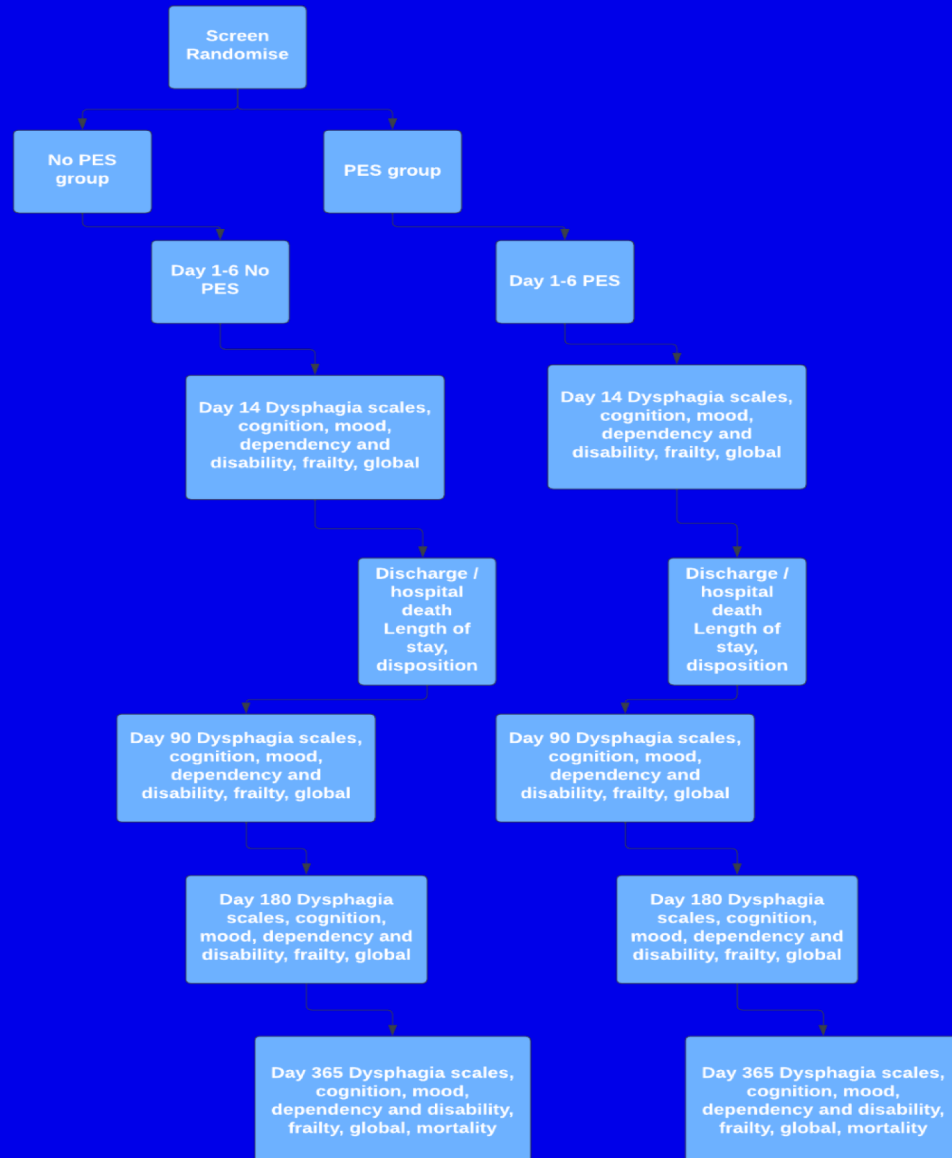
- ▲ Post-stroke cognitive impairment (PSCI) and post-stroke dementia (PSD) are common with rates up to 35% at 5 years.
- ▲ Adequate assessment of cognition and its temporal trajectory in patients with severe ischaemic stroke (IS) or intracerebral haemorrhage (ICH) is often not performed.
- ▲ The PhEAST cognition sub-study will assess cognition at baseline, day 14, day 90, day 180 and day 365 after randomisation
- ▲ Overall, the sub-study will provide information on cognition and its trajectory over the first year after severe stroke, a neglected research area and of considerable importance to this population and their family and carers. Additionally, the sub-study will enhance the main trial itself through providing extended follow-up information.

Design

- ▲ Investigator-initiated trial (not commercial)
 - ▲ International
 - ▲ Prospective randomised open-label blinded-endpoint (PROBE)
 - ▲ Parallel group: PES vs control 1:1
 - ▲ Superiority, i.e. test whether PES is superior to control
 - ▲ Funded by NIHR HTA
-
- ▲ Participants: 800
 - ▲ Consent: Written informed consent from participant, personal consultee (England & Wales) or a legal representative (Scotland)
 - ▲ Intervention: PES on top of guideline-based standard-of-care. PES will be administered on days 1-6 using a commercial catheter with integral feeding tube
 - ▲ Comparator: Guideline-based standard-of-care



Flowchart



Site: Randomise

Site: Randomised groups

Site: Treatment for 6 days

Site: Primary outcome at 14 days

Site: Discharge/death information

Central: Follow-up at 90 days

Central: Follow-up at 180 days

Central: Follow up at 365 days

Eligibility – Inclusion criteria

- ▲ 800 adults
- ▲ Age ≥ 18
- ▲ Recent stroke 4-31 days
 - ▲ *I.e. not too early/not too late*
- ▲ IS or ICH
- ▲ Anterior or posterior circulation
- ▲ 'NIHSS item 1a score of 0, 1 or 2 (where the patient requires repeated stimulation to arouse).'
- ▲ Severe dysphagia: Tube fed
 - ▲ Functional oral intake scale (FOIS)
 - ▲ FOIS=1: nothing by mouth, feeding by NGT/PEG
 - ▲ FOIS=2: NGT/PEG-dependent with minimal attempts of food or liquids
 - ▲ *Deliberately broad inclusion criteria*

Sites, 50 acute hospitals in


- ▲ Austria ~ 8
- ▲ Denmark ~ 6
- ▲ Germany ~ 6
- ▲ UK ~24
- ▲ We define a FOIS score of 2 (minimal attempts of food or liquid) as a person receiving no more than 15 teaspoons of any consistency within one day
- ▲ e.g. up to 3 teaspoons of level 0 thin water only 3 times a day
- ▲ OR up to 5 teaspoons of level 4 puree diet 3 times a day

Eligibility – Exclusion criteria

- ▲ Non-stroke dysphagia: TBI, SAH, tumour, MS, head & neck cancer, PD, severe dementia
- ▲ Premorbid dysphagia
- ▲ Premorbid dependency mRS 4/5
- ▲ Ongoing/expected intubation/ventilation and/or tracheostomy
- ▲ Ongoing/expected electrical/magnetic stimulation, e.g., NMES, rTMS, TCDS
- ▲ Malignant middle cerebral artery syndrome
- ▲ Pacemaker
- ▲ >35% oxygen
- ▲ ≥ 2 NGT pulled out unless nasal bridle in place
- ▲ NIHSS item 1a score of 2 (where the patient only responds to pain) or NIHSS item 1a score of 3.
- ▲ Investigator feels participant will not tolerate PES catheter
- ▲ Expected to be discharged or transferred to a site not running the trial during the PES treatment period.
- ▲ Participating in another randomised controlled treatment trial for post-stroke dysphagia
- ▲ **Pregnancy if known at time of enrolment**
- ▲ **Participant on palliative pathway**

Participant Screening

- ▲ All patients should be screened using the inclusion and exclusion criteria
- ▲ Both recruited participants **and** screen failures should be recorded and signed off on the Participant Screening and Enrolment Log (RF1 TA011)

	The University of Nottingham	Record Form RF1 TA011 Version 1.0				
Title:		PARTICIPANT SCREENING AND ENROLMENT LOG				
Reference SOP:		TA011				
STRICTLY CONFIDENTIAL						
Trial Name:			Trial Reference:			
Site: Page Number: <input type="text"/>			Date Trial Opened at Site:			
Participant name, DOB, hospital number or other unique identifier	Date of consultation*	Entered into trial Y/N	If N give reason**	If Y date consent obtained	Allocated trial number	Investigator Signature and Date #

3. PhEAST: CONSENT

Consent



- ▲ Written informed (signature, mark, witnessed oral)

If lacks capacity, adapt to local consent rules:

- ▲ Austria: Consent from personal legal representative or professional legal representative
- ▲ Denmark: Proxy consent (assent) from consultee (relative)
- ▲ England & Wales: Proxy consent (assent) from consultee (relative)
- ▲ Germany: Proxy consent (assent) from consultee (relative)
- ▲ Scotland: Consent from personal legal representative

- ▲ May be obtained remotely by tele/video if necessary, e.g., COVID lockdown

Local header



Participant Consent Form
(Final version, 3.0: 13/05/2022)

Study Title: Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PHEAST)

IRAS Project ID: 304658

Name of Researcher:

Name of Participant:

Please initial box

- I, the above-named participant, confirm that I have read and understand the participant information sheet version number xx dated xxx for the above study and have had the opportunity to ask questions.
- I understand that I can withdraw from the study at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that should I withdraw from the study then the information collected so far cannot be erased and that this information may still be used in the project analysis.
- I understand that relevant sections of my medical records and data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to me taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
- I understand that the information held and maintained by NHS Digital, EDRIS and other central UK NHS bodies may be used to help contact me or my named contact to provide information about my health status.
- I agree to the information collected about me in this study may be used to support other research in the future and may be shared anonymously with other researchers.
- I agree to my GP being informed of my participation in this study and to be asked to provide information on my status before I am contacted for the 3 month, 6 months and 12 months follow up.
- I agree to you sending me a letter/email with a summary of the results and possible follow-up studies. Yes/No
- I consent to take part in the above study.

PHEAST Participant consent FormFinal version3.0: 20220513



Consent: Participant regains capacity

Participant to be approached for continued participation in the trial with the:

England, Northern Ireland, Wales

▲ Participant information sheet, and the participant re-consent form

Scotland

▲ Regained capacity information sheet, and the participant re-consent form

Denmark

▲ Participant information sheet, and the participant re-consent form

Germany

▲ Participant information sheet, and the participant re-consent form

Austria

▲ Participant information sheet, and the participant re-consent form

ALL CONSENT PROCESSES NEED TO BE RECORDED IN THE PARTICIPANT'S MEDICAL NOTES



Consent: Informant consent

As part of the cognition sub-study, we want to collect some information on the participants' cognition from their relative / next of kin.

- ▲ Please use the informant information sheet and consent form to receive consent for this.
- ▲ This could be the same person completing consultee / legal representative consent, or another family member

Consented informants will not count as an accrual for your site, but this information is vital to the cognition sub study

4. PhEAST: RANDOMISATION



Randomisation Overview

- ▲ Patients who consent (individually, or by personal/professional legal representative) to participate in the trial will be randomised by a member of their local research team within **4 to 31 days** of stroke onset
- ▲ 1:1 treatment allocation (PES VS Standard Of Care)
- ▲ Done via bespoke, secure web-based system. Maintained by the central Stroke Trials Unit in Nottingham

Baseline data & randomisation

Baseline

- ▲ Demographics: Age, sex, ...
- ▲ Stroke: NIHSS, , type, mRS, ...
- ▲ Dysphagia: DSRS, FOIS, EAT-10, FSS, ...
- ▲ Hospital-based treatment: Alteplase, thrombectomy, ICU, ventilation, hemicraniectomy, carotid endarterectomy, ...
- ▲ Infection at baseline
- ▲ mRS, BI, TICS, ZDS, home-time
- ▲ Global (Stroke Impact Scale)
- ▲ Cognition: MoCA, MMSE, semantic verbal fluency, phonemic verbal fluency, dementia diagnosis, IQCODE
- ▲ Frailty (CFI)

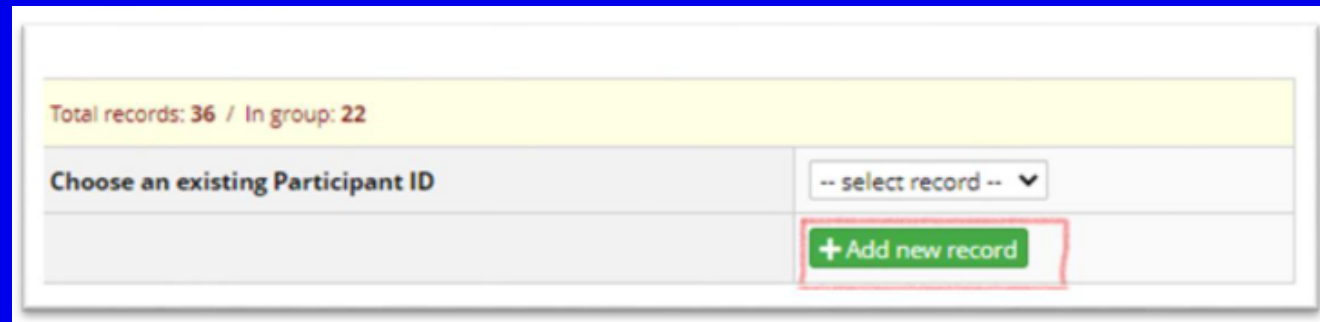
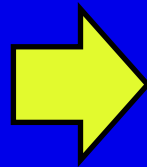
Randomisation

- ▲ On-line, secure internet, real time
- ▲ Stratification on:
 - ▲ Country
- ▲ Minimisation on:
 - ▲ Age (<75/75+)
 - ▲ Sex
 - ▲ DSRS (<12/12)
 - ▲ Impairment (NIHSS <15/15+)
 - ▲ Stroke type (ischaemic/haemorrhagic)
 - ▲ Time to randomisation (<15/15+ days)
 - ▲ 5% simple randomisation

Randomisation instructions, 1

1. In REDCAP, select 'Add / Edit records'

2. Add a new record

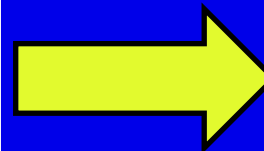


Randomisation instructions, 2

3. In the new data entry, select 'Eligibility'

NEW Record ID C001-0015

Data Collection Instrument	Status
Eligibility	<input checked="" type="radio"/>
Day 000	<input type="radio"/>
Day 000 Clinical	<input type="radio"/>
Day 000 EQ-5D-5L	<input type="radio"/>
Day 000 Cognitive ()	<input type="radio"/>



4. Complete the Eligibility form

Eligibility

Adding new Record ID C001-0015

Record ID C001-0015

Eligibility form

Trial Identifiers:
Name: Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PHeAST)
UK ISRCTN98886991
UK IRAS306761
UK CPMS 50913
AT national data registry *
WHO UTN U1111-1273-9942

Participant initials (e.g. ABC or A-C)
* must provide value
3 uppercase letters, or 2 separated by a hyphen (-)

Age >=18 years? (Must be Yes to be eligible) Yes No
* must provide value reset
Choose one answer

Recent stroke between 4 and 31 days previously? (Must be Yes to be eligible) Yes No
* must provide value reset
Choose one answer

Clinical dysphagia defined as a functional oral intake scale (FOIS) score of 1 (nothing by mouth, feeding by NGT/PEG) or 2 (tube dependent with minimal attempts of food or liquids)? (Must be Yes to be eligible) Yes No
* must provide value reset
Choose one answer

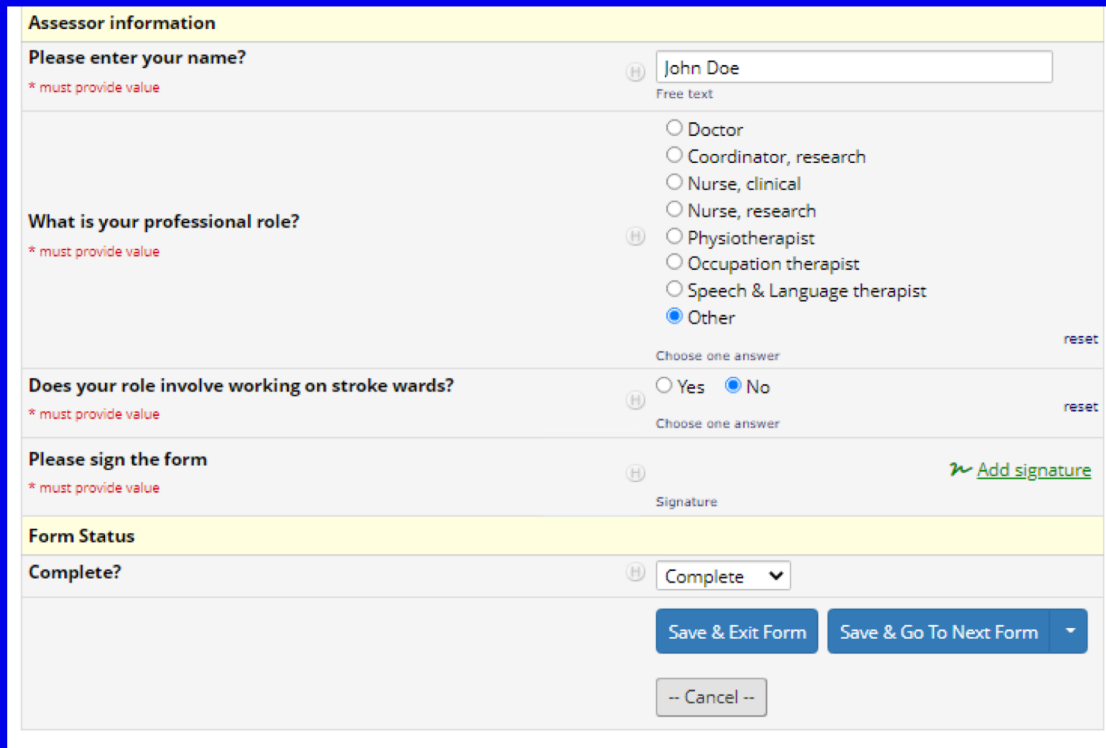
Non-stroke dysphagia, e.g. due to traumatic brain haemorrhage, subarachnoid haemorrhage, brain tumour, Parkinson's disease, multiple sclerosis, severe dementia, head or neck cancer? (Must be No to be eligible) Yes No
* must provide value reset
Choose one answer

Pre-stroke dysphagia? (Must be No to be eligible) Yes No
* must provide value reset
Choose one answer

Randomisation instructions, 3

5. Once complete, click 'save and exit form'

6. Open and complete the 'Day 000', 'Day 000 Clinical', and 'Day 000 EQ-5D-5L' form.



Assessor information

Please enter your name? * must provide value

What is your professional role? * must provide value

- Doctor
- Coordinator, research
- Nurse, clinical
- Nurse, research
- Physiotherapist
- Occupation therapist
- Speech & Language therapist
- Other

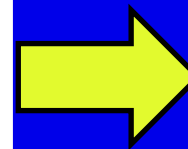
Does your role involve working on stroke wards? * must provide value

Yes No

Please sign the form * must provide value [Add signature](#)


Form Status

Complete?



Record ID **C001-0015** LKI
001 TEST Royal London Hospital

Data Collection Instrument	Status
Eligibility	<input checked="" type="radio"/>
Day 000	<input type="radio"/>
Day 000 Clinical	<input type="radio"/>
Day 000 EQ-5D-5L	<input type="radio"/>
Day 000 EQ-5D-5L	<input type="radio"/>







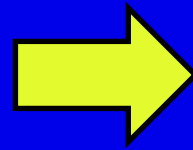
Randomisation instructions, 4

5. Once 'Eligibility', 'Day 000', 'Day 000 Clinical', and 'Day 000 EQ-5D-5L' forms are complete

6. Click the 'Randomisation' link under Project Bookmarks





001 TEST Royal London Hospital

<input type="checkbox"/> Data Collection Instrument	Status
Eligibility	
Day 000	
Day 000 Clinical	
Day 000 EQ-5D-5L	



CDSS Study Tools

Project Bookmarks Edit

-  Randomisation 
-  Supporting site
-  Randomisation (dev)

Randomisation instructions, 5

7. Check the information in the randomisation summary and then click 'Randomise this participant'.

PhEAST trial — DEVELOPMENT SITE
Pharyngeal Electrical Stimulation for Acute Stroke dysphagia Trial

ISRCTN 98886991

Room S/D2108, Stroke Trials Unit
School of Medicine, University of Nottingham
Queen's Medical Centre, Derby Road
Nottingham NG7 2UH, United Kingdom
PhEAST trial office <mszlh@nottingham.ac.uk>

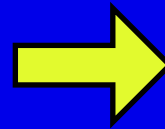
TEST Royal London Hospital, London Investigator: Athfi Mufied [Log out](#)

[Back to participant list](#)
[Return to REDCap site](#)

PhEAST randomisation

— Participant details —	
Participant ID:	C001-0015
Centre name:	London, TEST Royal London Hospital, UK
Initials:	LKI
Age:	32 years old
Sex:	Female
DSRS:	5
NIHSS:	22
Stroke type:	Ischaemic stroke (IS)
Circulation:	Anterior
Date stroke:	14 Mar 2022 (23 days ago)
Date/time randomised:	-
Randomising investigator:	-
Days to randomisation:	-
Treatment group:	Not randomised

[Randomise this participant](#)



8. Once complete, the following page should appear:

PhEAST trial — DEVELOPMENT SITE
Pharyngeal Electrical Stimulation for Acute Stroke dysphagia Trial

ISRCTN 98886991

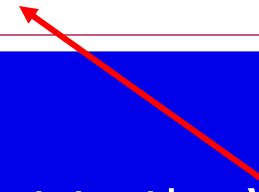
Room S/D2108, Stroke Trials Unit
School of Medicine, University of Nottingham
Queen's Medical Centre, Derby Road
Nottingham NG7 2UH, United Kingdom
PhEAST trial office <mszlh@nottingham.ac.uk>

TEST Royal London Hospital, London Investigator: Athfi Mufied [Log out](#)

[Back to start page](#)

Please click the following link to continue.

- [Success page](#)



9. Click the link to get to the 'success page'.

Randomisation Instructions

PhEAST trial — DEVELOPMENT SITE
Pharyngeal Electrical Stimulation for Acute Stroke dysphagia Trial

ISRCTN 98866991

Room 5/02108, Stroke Trials Unit
School of Medicine, University of Nottingham
Queen's Medical Centre, Derby Road
Nottingham NG7 2UH, United Kingdom
PHEAST trial office <mszth@nottingham.ac.uk>

Participant submission

TEST Royal London Hospital, London Investigator: Athfi Mufied Participant ID: C001-0015 Initials: LKI Sex: Female [Log out](#)

Assigned treatment

[Back to participant list](#)

[Return to REDCap site](#)


Thank you for your submission – your randomisation record has been successfully submitted to the database.

This participant was randomised to the **Pharyngeal electrical stimulation** treatment group.

PES on top of guideline-based standard-of-care. PES will be administered on days 1-6 using a commercial catheter with integral feeding tube. PES involves six daily 10 minute treatments at 5 Hz; threshold and tolerability currents will be assessed and the treatment current set at threshold + 0.75 x (tolerability - threshold) with current generated by a base-station.

Please **do not** write down the treatment group.
You may wish to print this page. [Print](#)

- To view the data you have entered, please [click here](#).
- Please enter the participant's contact details into the [secure vault](#). These will be encrypted and stored separately, **not** in the pseudonymised database that you are currently logged into for PhEAST.

 [Switch to the secure vault site](#)

Please don't forget to provide us with copies of the following.

- Consent form(s)
- Drug chart (showing treatment prescribed and time given)
- Chest X-ray report
- Daily log (once complete)

Participant details	
Participant ID:	C001-0015
Initials:	LKI
Sex:	Female
Date of birth:	24 Mar 1990
Age at randomisation:	32 years old
Centre name:	TEST Royal London Hospital
DSRS:	5
NIHSS:	22

10. The left page should be displayed, which shows a summary of all of the participant's randomisation information.

This shows:

- ▲ Participant's trial ID number
- ▲ The name of the randomising investigator
- ▲ Participant's their allocated treatment arm.

11. Click into the secure vault site to enter the participant's contact details, which will be required for follow-up.

12. Identifiable data will be kept separately in the secure vault, whereas all other data will be kept in the REDCap database.



Manual Randomisation

If the randomisation database is not working, please see the manual randomisation details found:

- ▲ On the trial website
- ▲ In WPD 003

Blinding

- ▲ Whilst investigators, participants and their family will be unblinded, outcome assessors will be blinded to treatment
- ▲ Please ensure that outcome assessors are not inadvertently unblinded
- ▲ They should not be members of the the stroke delivery team

- ▲ Research staff should complete the treatment

- ▲ A blinded SLT should then complete a day 14 bedside assessment

- ▲ A blinded day 14 follow up should then be completed, with the participant and using the information from the day 14 bedside assessment, by either a blinded SLT or blinded researcher
- ▲ Please refer to WPD 008 for more advice on blinding in the PhEAST trial



5. PHEAST: PHAGENESIS



Phagenesis device: Base station and catheter

DETAILS OF DEVICE

Manufacture

- ▲ Phagenyx® system manufactured by Phagenesis Ltd (Manchester UK).
- ▲ Has an EU CE Mark and FDA breakthrough device designation.
- ▲ Phagenesis will provide catheters and loan a base stations to each site, and training in their use without charge.
- ▲ If a site has an existing base station, this can be used.

Packaging and labelling

- ▲ The catheter is supplied by Phagenesis Ltd as a single-use sterile product.
- ▲ The catheter and accessories are supplied in a formed tray.
- ▲ The tray and contents are terminally sterilized using ethylene oxide.
- ▲ There are two accessory parts supplied with the catheter:
 - ▲ A Garment Clip to secure the external parts of the catheter to alleviate weight
 - ▲ A Transition Adaptor to enable standard connections for feeding delivery

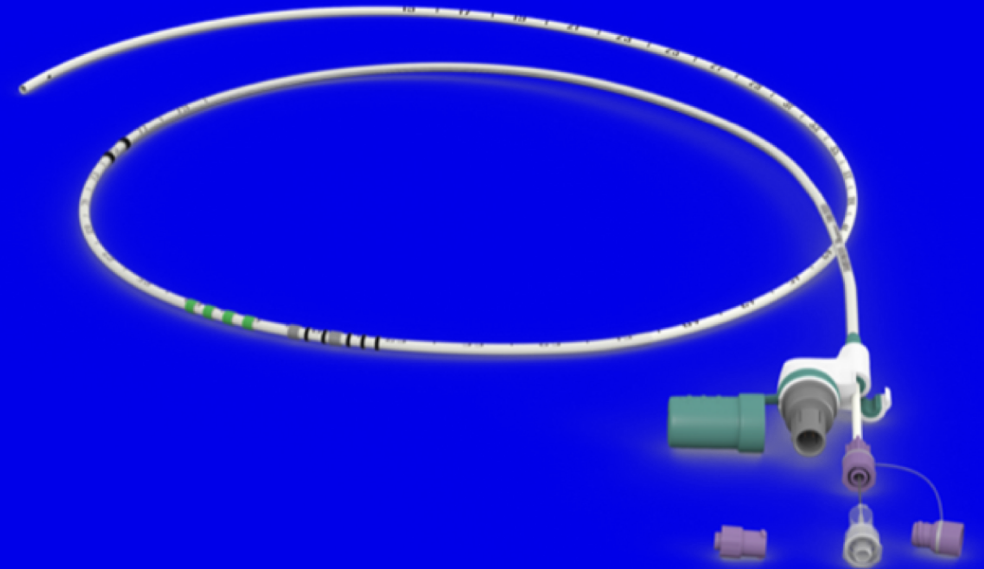
Base Station

- ▲ The Base Station is used to generate, optimise and monitor the delivery of electrical stimulation.
- ▲ All devices are mains operated only.
- ▲ Please refer to your Phagenesis face-to-face training & handouts for further instructions.



Catheters

- ▲ Catheter combines a nasogastric feeding Tube (NGT) with electrodes with appropriate wiring and insulation for delivery of electrical stimulation to the lining of the pharynx.
- ▲ The catheter can be used as an NGT alongside its use for stimulation, delivering enteral nutrition to the patient as needed.
- ▲ Only one replacement catheter will be inserted, if pulled out before 3 treatments have been administered. If a second catheter is removed prior to completion of the treatment, no further catheters will be provided and treatment will stop.
- ▲ Please follow local policies and procedures for confirmation of NG/ catheter placement



How To Determine Treatment Level

1. THRESHOLD

The lowest stimulation level at which the participant can feel the PES in their throat.

Increment stimulation levels mA by mA until the participant feels the stimulation

2. TOLERABILITY

The highest level of stimulation that the participant can tolerate.

This is not the treatment stimulation level

3. STIMULATION

Base station calculates treatment stimulation level = $\text{threshold} + 0.75 \times (\text{tolerability} - \text{threshold})$.

Avoid using a lower stimulation level unless participant conveys that they cannot tolerate treatment for 10 minutes. NB. The lower levels will reduce the effectiveness of PES.

Look for visual cues that the participant is uncomfortable

Intervention

Active

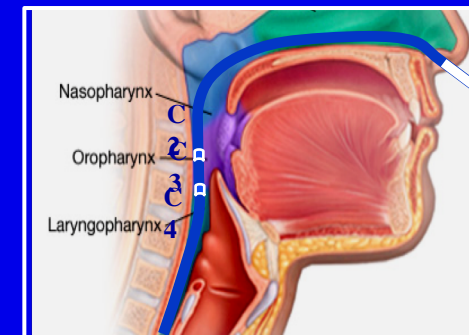
- ▲ Randomised group starts with NGT
- ▲ PES on top of guideline-care
- ▲ Independent treater
- ▲ Commercial “Phagenyx” system
- ▲ Days 1-6 10 mins, 5 Hz
- ▲ Threshold, tolerance, calculated stimulation, actual stimulation all recorded(mA)
 - ▲ Calculated = threshold + (0.75 x (tolerance - threshold))
- ▲ Stop treatment early if participant ready for discharge
- ▲ If tube pulled out, replace x1
 - ▲ Use mittens, nasal bridle as necessary; assess/record deprivation of liberties

Comparator

- ▲ Randomised group starts with NGT
- ▲ No PES tube on top of guideline care
- ▲ Normal NGT left in place as necessary

Training at start and twice yearly

- ▲ By trial SLT, e.g., sufficient current
- ▲ By Phagenesis representative...
- ▲ Monitor TTS currents





Intervention

- ▲ The treatment cycle should be 6 consecutive days.
- ▲ If this is not possible, a treatment cycle should not be less than 3 consecutive days.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed
Day 1	2	3	4	5			6		
	Day 1	2	3	4			5	6	
		Day 1	2	3			4	5	6



Phagenesis Training

- ▲ All potential 'treaters' will have face-to-face training on the base station and catheters.
- ▲ This includes a competency assessment and a handout for future reference.
- ▲ Trial staff who will only be involved in the blinded outcomes do not need to attend this training.

Study within a trial (SWAT)

- ▲ To ensure maximal stimulation on active PES group
- ▲ Sites will be randomised to enhanced support or normal support

Enhanced support

- ▲ If actual < calculated stimulation, 2 catheters pulled out, or <9 min 50 sec
- ▲ Trial SLT will contact site to retrain on treatment delivery

- ▲ Interim analysis
- ▲ If SWAT shows enhanced support group have higher PES stimulation, then all sites will receive it.

6. PHEAST: DATA COLLECTION








Data Collection Flow

	Screen	Baseline	Day 1-9	Day 14	Discharge or death	Day 90 †	Day 180 †	Day 365 †
Location	Hospital	Hospital	Hospital	Hosp. or outside	Hospital	Centrally	Centrally	Centrally
Eligibility	+							
Consent/proxy consent	+							
DSRS FOIS EAT-10 FSS		+		+		+	+	+
NIHSS, GCS		+		+				
Randomisation		+						
PES vs no PES			<>6 days					
Targeted outcomes: pneumonia			<	>				
All SAEs			<>					
Device-related (S)AEs			<	>				
Fatal SAEs			<	=	=	>		
All-cause mortality						+	+	+
Disposition					+	+	+	+
QoL: EQ-5D, EQ-VAS		+		+	+	+	+	+
mRS, BI, TICS, ZDS, home-time		+(mRS, BI)		+(mRS, BI)		+	+	+
Resource use					+	+		
Global (Stroke Impact Scale)		+		+		+	+	+
Cognition: MoCA, MMSE, semantic verbal fluency, phonemic verbal fluency, dementia diagnosis, IQCODE,		+		+		+	+	+
Frailty (CFI)		+		+		+	+	+

DSRS: The Dysphagia Severity Rating Scale
FOIS: The Functional Oral Intake Scale
EAT-10: Eating Assessment Tool
FSS: Feeding Status Scale
NIHSS: NIH Stroke Scale
mRS: Modified Rankin Scale
BI: Barthel Index
EQ-5D: EuroQoL Five Dimensional
EQ-VAS: EuroQoL Visual Analogue Scale
TICS: Telephone Interview for Cognitive Status
ZDS: Zung Depression Scale
MoCA: Montreal Cognition Assessment
MMSE: Mini mental state examination
IQCODE: Informant Questionnaire on Cognitive Decline in the Elderly

Eligibility and Day 000 CRFs

- ▲ Trial staff will receive login details for the PhEAST RedCap database
- ▲ The eligibility, and baseline (day 000) forms must be complete and signed to proceed to randomisation
- ▲ The IQCODE and cognition should be completed before randomisation ideally, but if you are struggling for time please complete it as soon as possible after randomisation

 Data Collection Instrument	Status
Eligibility	
Day 000	
Day 000 Clinical	
Day 000 EQ-5D-5L	
Day 000 IQCODE	
Day 000 Cognition	

Treatment eCRFs

- ▲ A treatment eCRF form is filled out for each day of treatment, as soon as possible after PES finishes
- ▲ By treater

Data entered

- ▲ PES threshold
- ▲ PES tolerability
- ▲ Calculated PES stimulation
- ▲ Actual PES stimulation
- ▲ Catheters used
- ▲ Catheter LOT number; base station serial number

SWOT: The site may be contacted if:

- ▲ Actual PES stimulation < calculated, or
- ▲ Actual PES stimulation < 20 mA

First PES treatment	
Was first PES treatment given? <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>Choose one answer</small>
Please provide more information if Other or otherwise relevant <small>* must provide value</small>	<input type="text"/> <small>Free text</small>
Date of first PES treatment? <small>* must provide value</small>	<input type="text"/> <input type="button" value="Today"/> <small>D-M-Y</small> <small>Date DD-MM-YYYY</small>
First PES threshold mA? <small>* must provide value</small>	<input type="text"/> <small>Integer 1-50</small>
First PES tolerance mA? <small>* must provide value</small>	<input type="text"/> <small>Integer 1-50</small>
First PES calculated stimulation level mA?	<input type="text"/> <input type="button" value="View equation"/> <small>Calculated integer</small>
First PES stimulation level mA? Should be ~ ____ mA <small>* must provide value</small>	<input type="text"/> <small>Integer 1-50</small>
First PES duration? <small>* must provide value</small>	<input type="text"/> <small>Time (minutes:seconds)</small>
Were there any equipment/device problems during treatment 1?	<input type="radio"/> Yes <input type="radio"/> No <small>Choose one answer</small>
If so, please complete the Device deficiency form as soon as possible; we have a legal duty to report these to the manufacturer immediately.	<small>reset</small>

Day 14 Follow Up CRF

- ▲ Primary outcome: DSRS
 - ▲ Effect in subgroups: age, sex, NIHSS, DSRS, stroke type, anterior vs posterior circulation, time onset-randomisation
- ▲ Secondary outcomes:
 - ▲ DSRS ≤ 4 , FOIS, EAT-10, feeding status score (FSS); EQ-VAS; chest infection; antibiotic use; weight

It is vital that these are:

- ▲ Completed for each participant
- ▲ Done by a blinded observer - someone not on the stroke team

Follow-up status at day 14 <small>* must provide value</small>	<input checked="" type="radio"/> Agreed to follow-up <input type="radio"/> Refused this follow-up <input type="radio"/> Withdrawn from trial and all follow-ups <input type="radio"/> Died	reset
Dysphagia severity rating scale (DSRS) - this is the primary outcome and is vital to collect		
DSRS, fluids <small>* must provide value</small>	<input type="radio"/> Thin fluids / IDDSI level 0 <input type="radio"/> Slightly or mildly thick / IDDSI level 1 or 2 <input type="radio"/> Moderately thick / IDDSI level 3 <input type="radio"/> Extremely thick / IDDSI level 4 <input type="radio"/> No oral fluids	reset
DSRS, diet <small>* must provide value</small>	<input type="radio"/> Regular diet / IDDSI level 7 <input type="radio"/> Easy to chew diet / IDDSI level 7 <input type="radio"/> Soft & bite sized diet / IDDSI level 6 <input type="radio"/> Pureed or minced/moist diet / IDDSI level 4 or 5 <input type="radio"/> No oral feeding	reset
DSRS, supervision <small>* must provide value</small>	<input type="radio"/> Eating independently <input type="radio"/> Eating with supervision <input type="radio"/> Feeding by third party (untrained) <input type="radio"/> Therapeutic feeding (SALT/trained staff) <input type="radio"/> No oral feeding	reset
DSRS, total	<input type="text"/> View equation	
Functional oral intake scale (FOIS)		
FOIS <small>* must provide value</small>	<input type="radio"/> Nothing by mouth <input type="radio"/> Tube, minimal oral <input type="radio"/> Tube, one consistency oral <input type="radio"/> Total oral diet a single consistency <input type="radio"/> Total oral diet with multiple consistencies and preparation / compensation	

DSRS: dysphagia severity rating scale

A measure of swallowing impairment

DSRS total score = sum of 3 sub-scales

Score	Fluids	Score	Diet	Score	Supervision
4	No oral fluids	4	Non oral feeding	4	No oral feeding
3	IDDSI level 4	3	IDDSI level 4 and 5	3	Therapeutic feeding (SALT/trained staff)
2	IDDSI level 3	2	IDDSI level 6	2	Feeding by third party (untrained)
1	IDDSI level 1 and level 2	1	IDDSI level 7 easy to chew	1	Eating with supervision
0	IDDSI level 0	0	IDDSI level 7 regular	0	Eating independently

DSRS supervision score 3 is always chosen when a patient is on limited or consistent oral trials and still requires NG/PEG tube.

Oral trials are scored from the fluid and diet subscales (i.e. 3 onwards) and can be either trials of food *or* fluid *or* trials of food *and* fluids.

Small vol. trials 443 = 11
Large vol. trials 343 = 10
Large vol. trials 434 = 10

DSRS: dysphagia severity rating scale

- ▲ Oral trials of fluid and/or food are commonly recommended for patients with post-stroke dysphagia. Scoring the DSRS can feel more difficult with patients on oral trials. We suggest the following criteria:
 - ▲ **Minimal amount trials**
 - ▲ This is equivalent to a score of 2 on the FOIS with no more than 15 teaspoons of any consistency within one day.
 - ▲ Fluid and food items should be scored as 4, with a supervision score of 3 to indicate trials are taking place = DSRS 11 (4,4,3)
 - ▲ e.g. 5 teaspoons of level 3 moderately thick fluids 3 times daily
 - ▲ OR 3 teaspoons of level 4 puree yoghurt only 3 times daily
 - ▲ **Consistent amount trials**
 - ▲ This is equivalent to a score of 3 on the FOIS
 - ▲ Fluid and food should be scored as per the consistency advised with a supervision score of 3 to indicate trials are taking place
 - ▲ e.g. ½ portions of level 4 puree diet separate to 100mls of level 2 mildly thick fluids 3 times daily = DSRS 7
 - ▲ OR 10 tspns of level 4 puree diet separate to up to 10 sips of level 1 slightly thick fluids 3 times daily = DSRS 6

Discharge / Death eCRF

All participants need a discharge / death CRF completed

This collects information on

- ▲ Discharge disposition: home, care home, nursing home, another hospital, death
- ▲ Length of stay
- ▲ Final diagnosis
- ▲ Time to removal of NGT /PEG
- ▲ Whether discharged with PEG
- ▲ Time in ICU, to intubation, disposition

Editing existing Record ID C001-0001 ARM

Record ID C001-0001

Discharge and in-hospital death form

Please check correct participant: Centre: 1, Trial number: C001-0001, Initials: ARM

Trial Identifiers:
Name: Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PHEAST)
UK ISRCTN98886991
UK IRAS306761
UK CPMS 50913
AT national data registry *
WHO UTN U1111-1273-9942

Discharge disposition?
* must provide value

Death
 Nursing home
 Residential home/assisted care
 Rehabilitation institution/hospital
 Home with carer
 Home

Choose one answer

Date of discharge from hospital or death in hospital
* must provide value

D-M-Y
Date DD-MM-YYYY

Length of stay in hospital (days)
* must provide value

View equation
Calculated

Length of stay in hospital after randomisation (days)
* must provide value

View equation
Calculated

Neurosurgery - hemocraniectomy
* must provide value

Yes
 No

Choose one answer

Neurosurgery - haemorrhage (evacuation, shunt)
* must provide value

Yes
 No

Choose one answer

Vascular surgery, e.g. carotid endarterectomy/stenting
* must provide value

Yes
 No

Choose one answer

7. PHEAST: LOCAL SITE INFORMATION

Local Site File Contents

- ▲ Please see the PhEAST website where you can download an index page for the local investigator site file
- ▲ The coordinating centre will not send local (investigator) hardcopy site files in the post for reasons of sustainability and version control
- ▲ All documents will be available on the PhEAST website – if the local site want to print their own local site file then they must keep both the hardcopy and electronic site file up to date
- ▲ The coordinating centre will send any amendment notifications electronically with guidance of if any documents need superseding, we will then put the updated documentation on the PhEAST website

<https://stroke.nottingham.ac.uk/pheast/docs>

Delegation Log

- ▲ Anyone who is involved in the trial needs to be on the delegation log
- ▲ Includes nurses, doctors, speech and language therapists, administrators entering data onto online platform etc
- ▲ You can have as many people on the delegation log as required
- ▲ The training and roles delegated should be appropriate to the respective job role.

Local team members listed on the PhEAST delegation log need:

- ▲ Up to date CV
- ▲ Up to date GCP
- ▲ Completion of training

It is the local PI's responsibility to check the CV and GCP are up to date (within previous 2 years) for each team member before they can be signed off on the delegation log

Online delegation log:

- ▲ Add new team members to the delegation log before they can start working on PhEAST
- ▲ Alter the record of departing team members: sign and date 'role finished' against their name



Document Prep / Upload

▲ Document Prep:

- ▲ Please ensure you're using the current versions of all paperwork
- ▲ These can be found on the website
- ▲ There is a version control table you can download
- ▲ Please localise documents with your trust / hospital details (headers, and contact details in documents).
- ▲ Please see WPD 009 for more details

▲ Document Uploading:

- ▲ Please upload consent forms (within 24 hours), GP letters, file notes and any signed SAE forms via the supporting site
- ▲ These will be reviewed and accepted / rejected by the trial team
- ▲ Please also upload the participant contact details ASAP so the trial team can carry out the central follow ups.
- ▲ Please see WPD 010 for more details

Good Clinical Practice (GCP)



Good Clinical Practice (GCP)

- ▲ Good Clinical Practice (GCP) is an international ethical and scientific quality standard for the design, conduct and record of research involving humans.
- ▲ There are 13 principles of GCP and compliance with GCP provides public assurance that the rights, safety and well-being of research subjects are protected and respected, in line with the principles enunciated in the Declaration of Helsinki and other internationally recognized ethical guidelines. It also ensures the integrity of research data.
- ▲ Further reading:
 - ▲ <https://learn.nihr.ac.uk/>
 - ▲ <https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/ema-gcp-guidance.pdf>
 - ▲ <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/good-clinical-practice/>

Associate PI Scheme (UK only)

PhEAST (CPMS ID: 50913) is registered for the Associate PI Scheme. This scheme is a great opportunity for doctors, nurses, SLTs and other healthcare professionals to gain knowledge about delivery of an NIHR portfolio trial

See the Associate PI scheme page on the NIHR website

Applicants may register to be Associate PIs for this study, having obtained approval from their local PI, using the [NIHR Associate PI Scheme Applicant Registration Form](#)

Please consider who might be an associate PI at your site

8. PHEAST SAFETY REPORTING



SAFETY EVENTS

- ▲ The process for recording and reporting safety takes account that PES has an excellent safety record in previous trials, participants with PSD (who usually have severe stroke) are likely to have multiple adverse events and SAEs, and the trial is open-label in design. Hence, we will limit recording to:
 - ▲ All SAEs over 0-9 days
 - ▲ Procedure/device-related (serious) adverse device events, (S)ADEs, over days 0-14
 - ▲ Fatal SAEs over days 10-90 days
 - ▲ All-cause mortality to day 365



Serious Adverse Event Reporting

▲ All SAEs will be assessed for causality using the following criteria:

1. **Not related / improbable** to device = SAE
2. **Unlikely** related to device = SAE
3. **Possibly** related to device = SAE
4. **Probably** related to device = (U)SADE serious adverse device effect
5. **Definitely** related to device = (U)SADE serious adverse device effect



ADEs, SADEs, USADEs

ADE = adverse device effect

- ▲ Adverse event related to the use of an investigational medical device (cf AE)
- ▲ Includes any adverse event resulting from insufficiencies or inadequacies in the instructions for use, the deployment, the implantation, the installation, the operation, or any malfunction of the investigational medical device
- ▲ Includes any event that is a result of a use error or intentional abnormal use of the investigational medical device.

SADE = serious adverse device effect (SADE)

- ▲ Adverse device effect that has resulted in any of the consequences characteristic of a serious adverse event (cf SAE)

USADE = unanticipated serious adverse device effect (cf SUSAR)

- ▲ Serious adverse device effect which by its nature, incidence, severity or outcome has not been identified in the current version of the risk analysis report (cf SUSAR)
- ▲ Must be entered into the database within 24 hours of knowledge of the event

SADEs and USADEs

- ▲ Will trigger an email sent directly to the CI, who will review the event
- ▲ Sites should record and monitor all SAEs / SADEs until resolution, stabilisation or until the AE has been found to **not** be caused by study treatment

Serious Adverse Event Reporting

▲ Any AE occurring following study mandated procedures, having received the treatment, that results in any of the following outcomes:

1. Death

2. A life-threatening adverse event

3. Inpatient hospitalisation or prolongation of existing hospitalization

4. A disability / incapacity

5. A congenital anomaly in the offspring of a participant

6. Medically important

▲ Events that jeopardise the participant and may require medical / surgical intervention to prevent one of the above criterion

What to do in Case of Device Defect

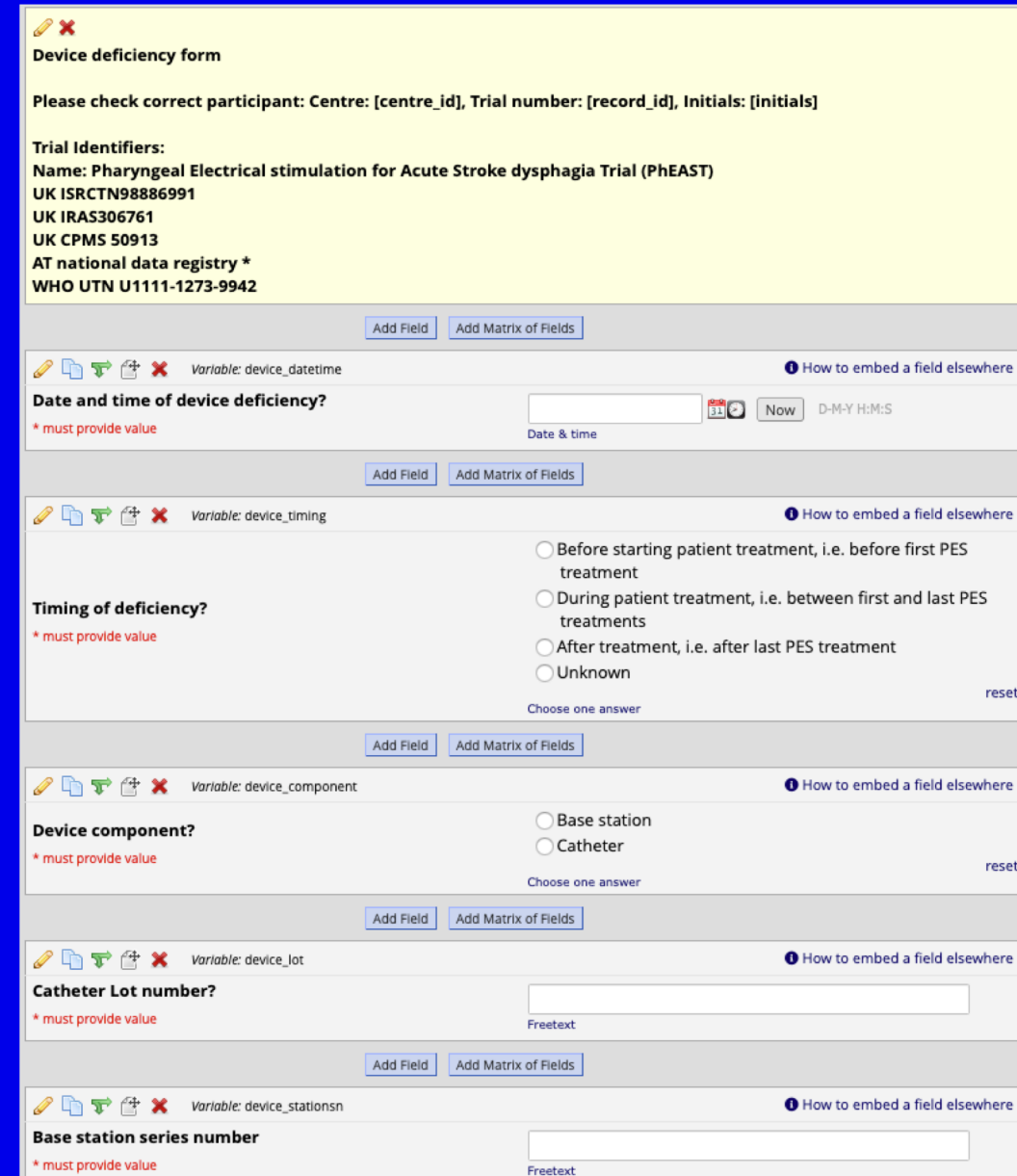
ADEs/SADEs and device defects are not the same!

Report any device defect (relating to either the base station or the catheter) on RedCap using device deficiency form

Information:

- ▲ Item: base-station, catheter
- ▲ Timing: Before PES, during PES, after PES
- ▲ Failure type: e.g., cable, break, base-station, feeding port (photo)
- ▲ Associated SAE form
- ▲ Plan to return to Phagenesis

This information will be reported automatically to the manufacture (Phagenesis)



Device deficiency form

Please check correct participant: Centre: [centre_id], Trial number: [record_id], Initials: [initials]

Trial Identifiers:
Name: Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST)
UK ISRCTN98886991
UK IRAS306761
UK CPMS 50913
AT national data registry *
WHO UTN U1111-1273-9942

Variable: device_datetime
Date and time of device deficiency?
* must provide value
Date & time

Variable: device_timing
Timing of deficiency?
* must provide value
Choose one answer
 Before starting patient treatment, i.e. before first PES treatment
 During patient treatment, i.e. between first and last PES treatments
 After treatment, i.e. after last PES treatment
 Unknown

Variable: device_component
Device component?
* must provide value
Choose one answer
 Base station
 Catheter

Variable: device_lot
Catheter Lot number?
* must provide value
Freetext

Variable: device_stationsn
Base station series number
* must provide value
Freetext

9. PHEAST: PROTOCOL VIOLATIONS

Protocol Violation

A protocol violation is a major variation in practice from the trial protocol, for example where a participant is enrolled in spite of not fulfilling all the inclusion and exclusion criteria (e.g. lack of consent, randomisation before 4 days), or where deviations from the protocol could affect participant safety, the trial delivery or interpretation significantly.

****Important to report any protocol violations to coordinating centre straight away****

All protocol violations must be reported to the Chief Investigator, via email or telephone call to the trial office.

The CI will notify the Sponsor if a violation has an impact on participant safety or integrity of the trial data. The Sponsor will advise on appropriate measures to address the occurrence, which may include reporting of a serious GCP breach, internal audit of the trial and seeking counsel of the trial committees

10. PHEAST: MONITORING

Site Monitoring Plan by Nottingham STU

Investigator Site File checklist

- ▲ This will check, but is not limited to:
 1. Delegation & training logs in the ISF
 2. Correct versions of patient-facing documents (PIS, RIS, GP letter, etc)
 3. Ethical approval letters
 4. Printed CRFs
 5. SAE forms
 6. Signed consent forms
 7. CVs / GCPs

Patient File checklist

- ▲ This will check, but is not limited to:
 1. Randomisation result and eligibility
 2. Consent form and GP letter
 3. Treatment levels
 4. Adverse event log
 5. Protocol violations affecting participant



Monitoring Plan

Entries on the eCRF will be verified by:

- ▲ Inspection against the source data
- ▲ A small random sample of data entries will be checked on a regular basis for verification of all entries made
- ▲ Central data analysis looking for outliers, digit preference, logic errors, non-normality etc
- ▲ On-site visits will only be performed if there are concerns about a site's performance.

SDV will be done via:

1. Document uploading / sharing through secure vault.
 2. Secure video conference screen sharing but not copying or recording.
 3. Pseudonymised documents uploaded onto database.
- ▲ Any discrepancies identified in the eCRF will be clarified with the site and resolved. Any changes to source data should be recorded, initialled and dated, as per GCP guidelines

Co-enrolment

Co-enrolment between certain trials is allowed

- ▲ An up-to-date list of trials that PhEAST can co-enroll with, and their respective time windows, will be given on the PhEAST website

<u>Current list of trials</u>	<u>Delay to PhEAST</u>
ENOS-2: IS/ICH	≥ 7 days
MAPS-2: IS/ICH	≥ 21 days
RECAST-3: IS	≥ 14 days
TICH-3: ICH	≥ 14 days

11. PhEAST: SUMMARY



PhEAST Key Points

Population

- ▲ Total 800 participants with recent stroke (4-31 days) with FOIS score of 1 or 2

Intervention

- ▲ PES administered over six-day period

Comparison

- ▲ Standard of care

Outcome

- ▲ DSRS (day 14) (primary)

12. PHEAST: CONTACT INFORMATION

PhEAST Trial Team

Name	Role	Contact Information email
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Thanks – Q&A?

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