RECAST-3

SITE INVESTIGATOR MEETING

Remote Ischaemic Conditioning After Stroke 3 (RECAST-3)

A multicentre randomised controlled trial

02/07/2024

recast-3@nottingham.ac.uk

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REMOTE ISCHAEMIC CONDITIONING AFTER STROKE TRIAL 3

AGENDA

1. Trial PICO
2. Sites and recruitment
3. Trial updates/FAQs
4. Questions

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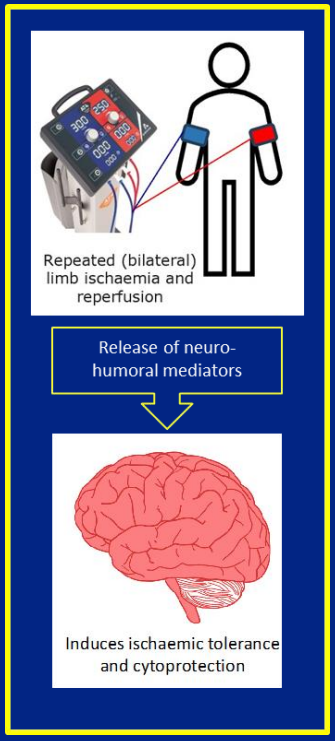
TRIAL PICO

- **Setting:** 60 UK NHS Trusts
- **Population:** 1,300 patients with acute (≤24 hours) ischaemic stroke
- **Intervention:** 4 cycles of intermittent bilateral limb ischaemia - alternating 5 minutes inflation (+20 mmHg above systolic BP) followed by 5 minutes deflation of bilateral upper arm blood pressure cuffs. Twice daily (am/pm) for 14 days/28 doses
- **Control:** Bilateral upper arm blood pressure cuffs inflated to 50 mmHg for 4 cycles. Twice daily (am/pm) for 14 days/28 doses
- **Primary Outcome:** Death or dependency at day 90 (mRS ordinal shift analysis)



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SITE & RECRUITMENT UPDATE

Sites open (n=10)
Participants (n=7)

Recruitment target: 1-2 per site per month

Open sites:

	Site	Participants
1	Royal Derby Hospital	4
2	Queen's Medical Centre, Nottingham	1
3	Fairfield General Hospital, Bury	0
4	Aberdeen Royal Infirmary	0
5	UCLH	2
6	Morriston Hospital, Swansea	0
7	Bronglais General Hospital, Aberystwyth	0
8	Bradford Royal Infirmary	0
9	Southampton General Hospital	0
10	James Cook University Hospital, Middlesbrough	0

Sites in set up having received the LIP

1	St. George's Hospital, London
2	King's College Hospital, London
3	Princess Royal University Hospital, London
4	Salford Royal Hospital
5	Leighton Hospital, Crewe
6	Charing Cross, London
7	Royal Hallamshire Hospital, Sheffield
8	Royal Stoke University Hospital
9	Leicester Royal Infirmary
10	Sunderland Royal Hospital

Please send monthly screening logs to RECAST-3@nottingham.ac.uk

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TRIAL UPDATES

- Removing the cuffs after the final inflation is acceptable but please remain close by to the participant until the end of the final 5 minutes deflation time. You could for example use this time to clean the equipment and ensure the treatment log form is completed.

- If an AE interferes with the treatment regimen, then it can be considered important, and therefore meeting SAE criteria. E.g. if bruising on upper arm means that you change to unilateral delivery, this would be reported on the SAE CRF.

- Anetic Aid will assist with device faults. If your device is temporarily unavailable, a manual BP cuff can be used. Please don't randomise new participants until the device is in use again.

- Please remember that something is better than nothing. The intention is to deliver the intervention twice daily, bilateral, for up to 28 doses, you can amend to once daily and/or unilateral if this enables a participant to continue in the trial. You may find it helps to distract the participant during the intervention for example by talking to them or showing them something on an iPad.

- We are aware of an issue at the moment with the treatment log CRF which the programmer is working to resolve - BP/HR values on the left arm must be entered for the form to submit. Please get in touch with us if you encounter this issue.

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End slide

Questions?

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