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S T R O K E

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# **NRS Stroke Research Network**

## **NEWSLETTER**

SUMMER 2023



**Message from the Clinical Lead Scottish Stroke Research Network / NRS  
Stroke Research Champion, Dr William Whiteley**



Dear team,

I'm delighted to take on the role of Clinical Lead of the Scottish Stroke Research Network in the 50<sup>th</sup> anniversary year of the Chief Scientist's Office.

I am very lucky to play a part in such a healthy network of research teams across the country. We are delivering a fantastic diversity of studies led by academics based in Scotland, UK and internationally. We hope to grow our portfolio of industry led studies and buck the worrying falling trend in such studies coming to the UK. Last year, 836 people with stroke took part in portfolio studies in Scotland, which is truly remarkable as we come out of the throes of the COVID pandemic.

I'm a clinical academic in Edinburgh, where I work as a neurologist specialising in stroke. I am particularly interested in how we can use national datasets to make research more efficient and inclusive. There are many opportunities for researchers in Scotland to use our data resources to answer important questions about the causes, consequences, and care of people with stroke. I hope to be meeting with many research teams over the next few years to see where we can work together to make our research as efficient as possible to get answers to the questions people with stroke have about their care.

Congratulations to all the people across Scotland who took part in the first five nations [stroke guideline](#) - there were contributions from clinicians and academics from Edinburgh, Glasgow, Aberdeen, Fife, Forth Valley, Lanarkshire and from SIGN. The guideline is a great resource for practice, but also signposts some important uncertainties that we could help to solve as a community of researchers. Over to you to solve them!

Lastly, many thanks to the sterling work put in by my predecessor, Professor Jesse Dawson from the University of Glasgow. Without him, the network would not be in its strong position after a very tough few years.

Best wishes

Will



S T R O K E

# NRS Stroke Research Network current active study list

To view details about any of the studies listed study visit the Open Data Platform.

<https://public-odp.nihr.ac.uk/qlikview/>

STUDY NAME	PORTFOLIO ID	STUDY NAME	PORTFOLIO ID
ATTEST 2 A trial comparing the new “clot busting” drug treatment tenecteplase with standard clot-busting treatment	33335	PhEAST Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial	50913
CADASIL Characterising vascular pathophysiology in CADASIL with gluteal biopsy	15418	PRECISE Preventing Recurrent Cardioembolic Stroke – Right Approach, Right Patient	50238
COVID 19 CARE pilot trial	49352	PREPARE imPROving End of life care Practice in stroke cARE	49615
COMMERCIAL CHARM 252LH301: Efficacy and safety of IV BilB093 (The CHARM study)	NA	PUFFINS 2 Potential Utility of Fast Field Cycling MRI in Stroke2	NA
COMMERCIAL Andexanet ICH A phase 4 RCT clinical trial of Andexanet Alfa for injection in acute intracranial hemorrhage in patients receiving an oral factor xa inhibitor	NA	R4VAD Rates, risks and routes to reduce vascular dementia, (R4VaD)	40097
COMMERCIAL Efficacy and safety study of glenzocimab as add on therapy in AIS	NK	SEARCH A RCT of Scanning Eye trAining as a Rehabilitation Choice for Hemianopia after stroke	48238
COMMERCIAL OCEANIC AF A multicenter, international, randomized, active comparator-controlled, double-blind, double-dummy, parallel-group, 2-arm, Phase 3 study to compare the efficacy and safety of the oral FXIa inhibitor asundexian (BAY 2433334) with apixa	NK	SETICOS: Study Exploring The Impact of COVID-19 On Stroke	50467
COMMERCIAL OCEANIC STROKE A multicenter, international, randomized, placebo controlled, double-blind, parallel group and event driven Phase 3 study of the oral FXIa inhibitor asundexian (BAY 2433334) for the prevention of ischemic stroke in male and female	NK	TEMPO-2 A randomized controlled trial of TNK-tPA versus standard of care for minor ischemic stroke	38360
ENRICH AF EdoxabaN foR IntraCranial Haemorrhage survivors with atrial fibrillation	48029	TICH 3 Tranexamic acid improves survival after ICH by reducing haematoma expansion	50395
MAPS2 Metoclopramide for Avoiding Pneumonia after Stroke	50725	TRIDENT Use of "Triple Pill" (telmisartan 20mg, amlodipine 2.5mg and Indapamide 1.25mg) in ICH Rustam Al Shahi Salman	38495
MSS-3 Studies of small vessel Diseases: The Mild Stroke Study 3	39665	TRUSTED Development and validation of a patient reported measure of treatment burden in stroke	47735
OPTIMAS OPTimal TIMing of Anticoagulation after acute ischaemic Stroke: a randomised controlled trial.	40836		

# Potential Utility of Fast Field Cycling MRI in Stroke2 (PUFFINS 2)

Following on from the first whole-body MRI scanner developed in Aberdeen over 40 years ago, the medical physics team in Aberdeen have developed a field-cycling low-field MRI scanner which can acquire images at fields as low as 0.2 mT (less than a fridge magnet).



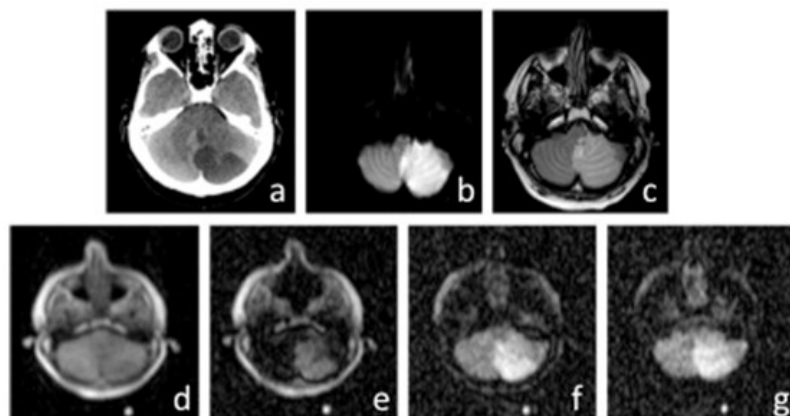
The research team have been able to demonstrate that ischaemic stroke and intracranial haemorrhage can be identified at these ultra-low fields. The study has a CSO funded grant to recruit cohorts of ischaemic stroke, haemorrhage and small vessel disease. NRS SRN Research Nurses Janice and

Sandra help recruit the patients. Each participant has a 3T MRI scan and then a low field scan and the images are compared. Dr Vasiliki Malikourti and Dr Nick Senn have developed methods to co-register the images, and they are working with a team of mathematicians to devise ways of analysing the data. As a result of the pilot data, there is also interest in field-cycling imaging in cancer, heart and liver disease.

The ultimate aim is to be able to develop a scanner that would be useful in the community, in an ambulance or at the front door of the hospital. Currently a commercial-grade scanner is being built in the main hospital, which will make recruitment much easier.

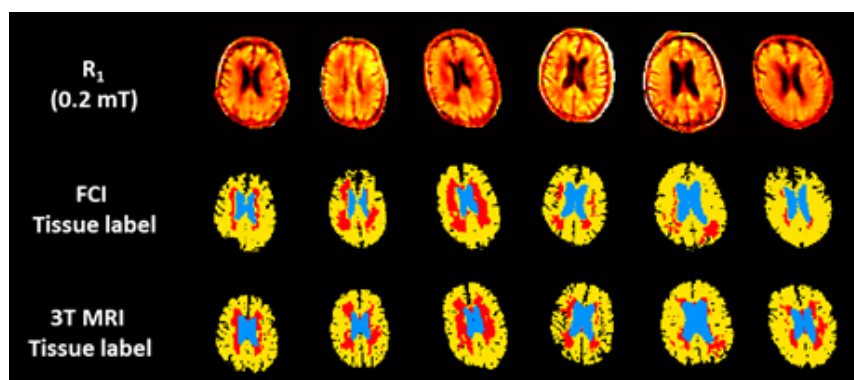
*Continued on next page*

*Here are some of the images we have obtained:*



**Figure 1.** CT, 3T MRI and FFC-MRI images from a 50-year old male admitted with a posterior inferior cerebral artery territory infarct. a) CT at 54 hours after onset, b,c) 3T DWI image and T2 weighted image 7 days after onset, d-g) FFC-MRI inversion recovery images at the level of the lesion at 200mT, 2.2mT, 2mT and 200 mT respectively, 6 days after onset.

**Fig. 2.** Comparison of generated tissue labels for each small vessel disease participant. Row 1)  $R_1$  maps generated at 0.2 mT. Row 2) Tissue label generated from FCI data with brain matter (yellow), blue (ventricle), and SVD (red). Row 3) tissue label generated from 3T MRI data.



The study will recruit until August 2023.

Chief Investigator Dr Mary Joan MacLeod, Aberdeen Royal Infirmary.





# PLatform randomised controlled trial for INTracerebral Haemorrhage (PLINTH): community-based feasibility study.

Clinical trials have not found a treatment that works specifically for stroke caused by bleeding in the brain (known as 'brain haemorrhage'). Clinical trials have typically studied one treatment at a time and included only 1 in 10 people with brain haemorrhage. That's why each clinical trial recruited only 77 participants on average.

Researchers in NHS Lothian led by Professor Rustan Al-Shahi Salman plan a much larger, inclusive, efficient 'platform trial' for brain haemorrhage, called PLINTH, like the RECOVERY trial for COVID-19. PLINTH could improve health by including every brain haemorrhage survivor and investigating many different treatments that are available in standard practice in NHS Scotland. First, they must confirm whether and how PLINTH will succeed and will do this using their existing study in Lothian, and set up a new feasibility study in Lothian and Lanarkshire.

Patients are involved in the design and conduct of PLINTH.

NHS Lothian will spread findings to professionals and the public.

The study is funded by Chief Scientist Office, and will commence this year.

Chief Investigator Professor Rustam Al-Shahi Salman

Rustam Al-Shahi Salman, professor of clinical neurology & clinical director of Edinburgh Clinical Trials Unit (University of Edinburgh) and honorary consultant neurologist (NHS Lothian).

[Rustam.Al-Shahi@ed.ac.uk](mailto:Rustam.Al-Shahi@ed.ac.uk)

Co-applicants(s) and Institution(s): Gwynneth Clay (patient and public involvement and engagement [PPIE] lead); Tom Moullaali (SCREDS lecturer in neurology, NHS Lothian); Neshika Samarasekera (NRS fellow & consultant neurologist, NHS Lothian); Chris Weir (professor of medical statistics, University of Edinburgh); Allan MacRaid (senior stroke research nurse, NHS Lothian); Mark Barber (consultant geriatrician and stroke lead clinician, NHS Lanarkshire); and Niki Sprigg (professor of stroke medicine, University of Nottingham).



## **The EASE (Evaluating Antidepressants for Emotionalism After Stroke) Study**

One in every five people with stroke will have some degree of emotionalism by 6 months. Having emotionalism means you cry, or laugh, without warning, when it is inappropriate, and impossible to stop or control. Emotionalism negatively affects the quality of people's day-to-day lives. People with post-stroke emotionalism say finding a treatment that is effective and safe is a priority.

Antidepressant medicines have been tested to see if they help post-stroke emotionalism, in five trials. These trials only included 213 people in total and there is low confidence that the studies were conducted to a sufficiently high standard to clearly establish that the treatment is safe and effective. This means we do not know yet whether antidepressants can help treat emotionalism, or whether they cause more problems.

EASE is a UK based study hosted by Norwich Clinical Trials Unit which will test if the antidepressant drug, sertraline, taken daily for 6 months, reduces emotionalism after a recent stroke, or whether it causes more problems.

We are a team of researchers with experience of working with people with stroke who design and run studies and trials to improve outcomes for people with stroke. We have talked with UK healthcare professionals and stroke survivors and we think the antidepressant sertraline is the best antidepressant to test.

Recruitment for EASE will start on December 1<sup>st</sup> 2023. We plan a dual recruitment strategy involving opportunistic sampling in secondary and community care (stroke pathway) settings and screening of GP databases to identify people with PSE. We will recruit individuals between 2 days and one year after stroke. The trial will also be widely publicised through national third sector charitable organisations and social media to support recruitment.

We will invite 310 adults who have emotionalism at any time in the first 12 months after their stroke to take part. Half of those who say yes will be randomly allocated to take 50mg of sertraline once a day for 6 months; the other half will take a placebo. Participants will not know if they are taking sertraline or placebo.

We will measure the presence or absence of emotionalism at 6 months when people are finishing their medication using a questionnaire called Centre for Neurologic Studies- La-bility Scale (CNS-LS). We will ask everyone about their emotionalism again after 12 months using the same questionnaire, to see if any treatment effects last. We will ask about mood, quality of life, thinking skills, social functioning and any health problems during the trial. We will work out whether taking sertraline costs the NHS more or less than not taking sertraline.

**EASE will therefore answer three key questions:**

***Does** 50mg of the antidepressant medicine sertraline taken once per day for six months in the first year after stroke reduce symptoms of post-stroke emotionalism in adults?*

***Does** this treatment regimen in the first year after stroke in adults offer a safe treatment for post-stroke emotionalism in adults, and a cost-effective treatment?*

***Does** this treatment regimen in the first year after stroke in adults improve mood, thinking skills, ability to manage basic physical needs, social functioning, quality of relationships, or quality of life?*

To make the trial as inclusive as possible and generalisable to the UK population, we will include people with language, vision, thinking or swallowing difficulties. We will include people from diverse ethnic groups and diverse socioeconomic backgrounds. We will not include people with immediately life-threatening illnesses. We will convene a Lived Experience Advisory Forum (LEAF) so that others with lived experience of stroke and emotionalism can become involved in running and over-seeing the trial. The LEAF will develop strong links with the stroke community including high risk groups.

We will host talks with stroke survivors, carers & families and share results via social media and a website. We will publish findings in scientific journals and at scientific meetings. We will inform government, stroke charities, research funders & healthcare organisations about whether sertraline treats emotionalism after stroke to influence future clinical guidelines.

**If you are interested in any aspect of EASE including supporting EASE as an NHS secondary care recruitment site, please contact: [easetrial@uea.ac.uk](mailto:easetrial@uea.ac.uk)**

***EASE is an NIHR Health Technology Assessment funded project***



## ESOC Conference 2023

SRN funded two places at the **European Stroke Organisation Conference** this year in Munich. Janice Irvine and Sandra Williams, what stroke research nurses from Aberdeen Royal Infirmary, had this to tell us:

*Janice and I had the excellent opportunity to attend ESOC 2023 in Munich. After a few years away from face to face conferences and meetings, it was really exciting being back to “real life”, and hearing about trial results we had been involved in, what’s new on the horizon, viewing poster presentations, attending the industry exhibitions, and of course networking and socialising!*



*Stroke Research Nurse  
Sandra Williams*

*The Conference was well attended with representation from all over the world. Sessions included: presentations of results; panel discussions on hot topics or new therapies; workshops and teaching sessions: and industry sessions showcasing the latest technologies and therapies for treating and caring for our stroke patients.*

*Of particular interest to us was the Industry Symposium on Factor Xia and the upcoming Librexia-Stroke study. Hearing the participant’s discussions and presentations to how we have arrived at this point with a potential new drug for secondary prevention, helped us as Research Nurses to understand more clearly the background for when we start with recruitment.*

*Attending ESOC 2023 was a great experience and helped us as Research Nurses to understand some of the science behind our studies, which then helps us better interpret this to our patients and healthcare colleagues when discussing them back in our real world.*

*Sandra Williams & Janice Irvine, Stroke Research Nurses, Aberdeen Royal Infirmary.*

## GCU health researchers behind new stroke guideline

Researchers at Glasgow Caledonian University have made a huge contribution to the new [\*National Clinical Guideline for Stroke for the UK and Ireland\*](#), published 19 April.

The guideline provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the UK and Ireland, regardless of age, gender, type of stroke or location.

It is intended as a guideline for nurses, doctors, therapists and care staff who provide care to stroke patients and for those patients receiving care, their families and carers, and anyone else seeking to improve stroke care. The guideline is an initiative of the Intercollegiate Stroke Working Party.

NRS Stroke Research Network have previously worked closely with and supported research projects from some of the group members who made important contributions to the development of these guidelines.

*Read the full article here:*

**[GCU health researchers behind new stroke guideline | Glasgow Caledonian University | Scotland, UK](#)**



2022 was another exciting year for WSO, working with the global community across our key areas of focus. You are invited to take a look back at 2022 and previous years to discover what WSO, together with its members and partners, have achieved.

[Annual reports | World Stroke Organization \(world-stroke.org\)](https://www.world-stroke.org/annual-reports)

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### ***Save the Date***

## **Scotland's Health Research and Innovation Conference**

Tuesday 31 October at the Teaching and Learning Centre on the Queen Elizabeth University Hospital campus, Glasgow.

To stay up to date with latest news, speakers and registration launch dates, please join our [mailing list](#) or follow on social media via **#CSOat50**.

[Scotland's Health Research and Innovation Conference | NHS Research Scotland | NHS Research Scotland](#)

# Patient, Carer & Public Involvement

## Glasgow Stroke Research User Group update

In the NHS Research Scotland (NRS) Glasgow Stroke Research User Group, we have been advocating for greater involvement of stroke survivors in research for many years. We believe that research is enhanced by engaging with the people who are experts in stroke through their direct experience of stroke – either as a stroke survivor, or as someone whose life has been affected by stroke.

I have been fortunate to be involved in a study that provides a good example of how stroke survivors can assist research teams even at the very early stages of a project. Through a study funded by the EU, University of Glasgow are working with a software development team to create a stroke ‘virtual assistant’. The virtual assistant would function in a similar way to applications like Alexa, Cortana or Siri, users can ask a question and it will give an answer based on information it has been programmed with. In this case, rather than be designed for general use, the virtual assistant would be programmed with information specific to stroke. The hope is that stroke survivors with questions about stroke could ask the virtual assistant rather than having to wait to see a healthcare professional or potentially access unhelpful information on the internet.

The software development team wanted me to give examples of the questions most commonly asked by people with stroke, and I told them, don’t ask me – ask the real experts, people who have had a stroke. So, through the NRS Stroke group, we advertised for stroke survivors to help with the project and we have been really encouraged by the response. Lots of people were keen to help and have provided really useful insights that will help improve the virtual assistant. Many of the people who have helped at this stage are also keen to try out the technology when it is more developed, a nice example of research teams and stroke survivors working together throughout the project.

Of course, we are always keen for more input! So, a massive thank you to everyone that has helped so far, and if you have not already helped but think the project sounds interesting, then please get in touch and we can send you more information.

Dr Terry Quinn

**If you would like to hear more contact:  
Karen.mcburnie@ggc.scot.nhs.uk  
Telephone 07999 535085**

# *Dates for your Diary*



## **NHS Scotland Event 2023**

The NHS Scotland Event 2023 will take place on Monday 19 June at the SEC in Glasgow. More information on this year's event will follow soon.

### **Register to receive updates**

## **Annual Scottish Stroke Care Audit National Meeting 2023**

The next SSCA National Meeting will take place on  
**Thursday 17 August 2023,**  
in person, in Edinburgh!

This meeting will run from 09:30 p.m. to 4:30 p.m.

Please register by emailing  
[phs.strokeaudit@phs.scot](mailto:phs.strokeaudit@phs.scot)

# Dates for your Diary



## **UK Stroke Forum Conference 2023** ***Birmingham ICC***

The 18th UK Stroke Forum will take place at the ICC Birmingham Monday 4th to Wednesday 6th December 2023.

For information and details about  
Registration visit:

[UK Stroke Forum | Stroke Association](#)



**15th World Stroke Congress**  
**10—12 October 2023**  
**Toronto, Canada**

***Registration is now open!***

**Visit: [WSO website](#) for more information**





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of EDINBURGH

## National Stroke Sessions

The Lothian Wednesday lunchtime National Stroke Sessions are a forum for discussing research that cover various topics around stroke.

The meetings are held via MS Teams and are recorded.

Please contact [elaine.lord@ed.ac.uk](mailto:elaine.lord@ed.ac.uk) to join the mailing list and receive news and updates.

University of Strathclyde Stroke Group organise meetings, seminars and invite speakers to present to the group.

The meetings are an excellent opportunity to keep up to date with and share the latest stroke research, encourage collaborations between researchers across disciplines.

For more information:

[Lesleyanne.rollins@strath.ac.uk](mailto:Lesleyanne.rollins@strath.ac.uk)

Website [University of Strathclyde](http://University of Strathclyde)



### **WELCOME TRUST CLINICAL RESEARCH FACILITY Education Programme**

The WTCRF run varied courses to help you with your research and host seminars covering a variety of research and healthcare topics.

For more information, or to book a place please visit the [WTCRF education programme](http://WTCRF education programme)

**Web address; [www.crts.org.uk](http://www.crts.org.uk)**

### **Stroke Training and Awareness Resources (STARs)**

STARs is a free online stroke training resource. All the information is reliable, researched, best practice or evidence based.

For all information visit:

[Home - CHSS eLearning](http://Home - CHSS eLearning)



### **GLASGOW CLINICAL RESEARCH FACILITY Education Unit**

The GCRF offer a wide range of courses that are designed to meet the needs of researchers and associated staff.

For more information, or to book a place please visit the [website](http://website)



S T R O K E

## **NRS SRN Coordinating Centre**

Cuthbertson Building  
Glasgow Royal Infirmary  
G4 0SF  
Tel: 0141 414 6595

SRN Manager: Claire McFarlane  
SRN Administrator: Karen McBurnie

<mailto:karen.mcburnie@ggc.scot.nhs.uk>

[www.nrs.org.uk/stroke](http://www.nrs.org.uk/stroke)

