

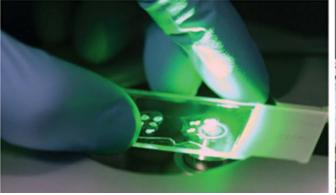
### **Division of Clinical** Research (DCR) -Networks 2019





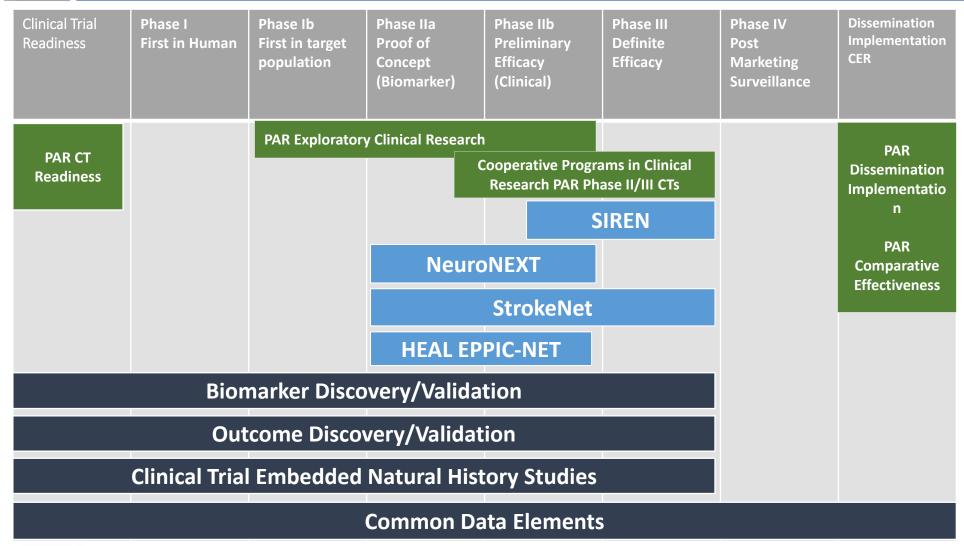








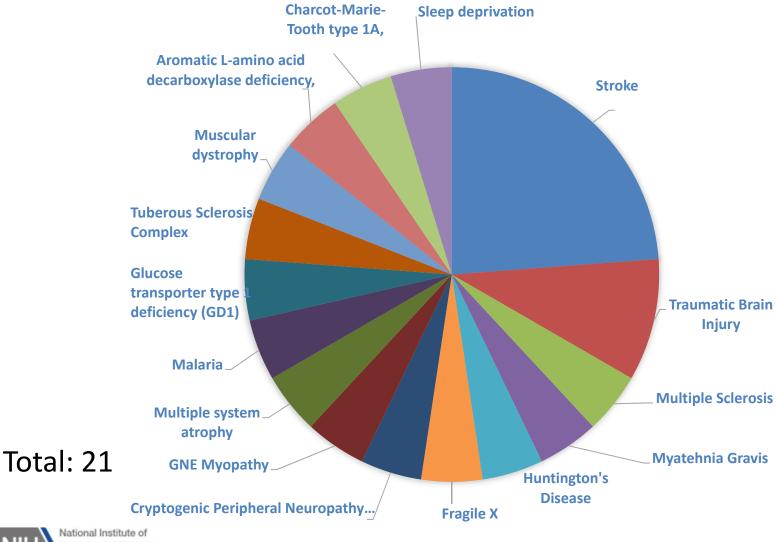
#### **Division of Clinical Research Programs**





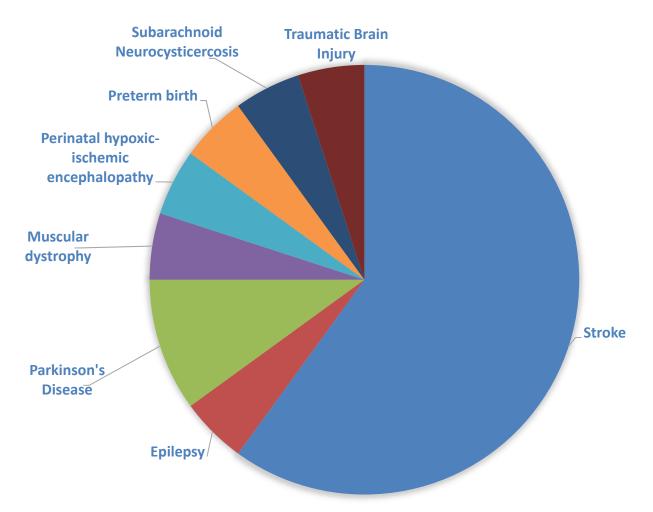
#### Early Phase Clinical Trials: Current Portfolio

#### **2018 Active Grants**



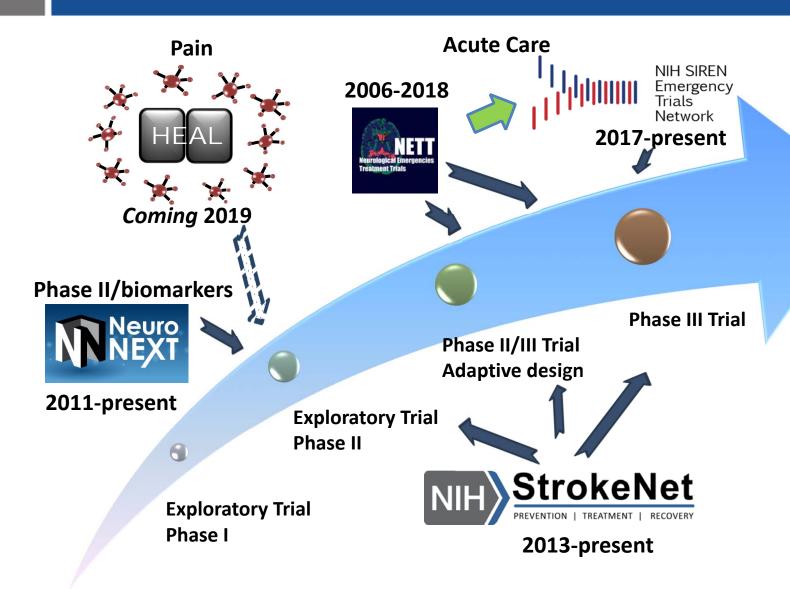
#### **Efficacy Clinical Trials: Current Portfolio**

#### **2018 Active Grants**





Total: 20

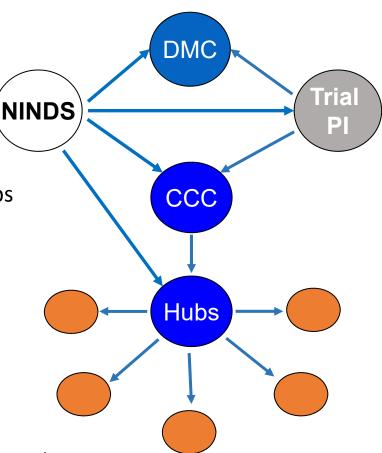




## NINDS Networks Organizational and Funding Structure

- Increased trial quality
- Balanced portfolio
  - Allows logical ordering of incoming trials
  - Creates a pipeline for future trials
- Stable infrastructure and research capacity
  - Improved subspecialty input via working groups
  - Stable funding for research and training
- Improved data sharing
  - Single data center with uniform governance
  - Fosters the use of CDEs
- Manages trials competing for similar patients
  - Commitment to consider ALL eligible patients
- Coordinates with non-profits, industry, and international partners
- Trains the next generation of clinical trialists





### NINDS Networks NETT Clinical Trial Activities

- 2006-2018
- 22 Hub centers (17 funded) each with 3-5 satellite spoke hospitals, a coordinating center, and a data coordinating center



Emergency neurology network that conducted large, simple, phase III trials for acute injuries commonly treated in the emergency room

#### **Completed:**

- RAMPART- Rapid Anticonvulsant Medication Prior To Arrival Trial (N=1024)
- ALIAS —Albumin Therapy for Neuroprotection in Acute Ischemic Stroke (N=841)
- ProTECT III Progesterone for Traumatic Brain Injury (N=882)
- SHINE Stroke Hyperglycemia Insulin Network Effort Trial (N=1151)
- **POINT** Platelet-Oriented Inhibition in New TIA Trial (N=4892) ◎
- ATACH II Antihypertensive Treatment of Cerebral Hemorrhage (N=1000)
- **ESETT** Established Status Epilepticus Treatment Trial (N=478)

















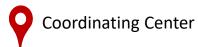
#### Network for Excellence in Neuroscience Clinical Trials (NeuroNEXT)





#### <u>Overview</u>

- 2011 present
- 25 regional sites, data and clinical coordinating centers
- Designed to advance the field by accelerating biomarker and therapy development





Site Award

https://neuronext.org/



### NINDS Networks NeuroNEXT Clinical Trial Activities





#### Completed:

- SUPER BABY Spinal Muscular Atrophy Biomarker Study (N=53)
- SPRINT MS Ibudilast in Progressive Multiple Sclerosis (N=255)
- Beat MG Rituximab in Myasthenia Gravis (N=52)
- RHAPSODY 3K3A-APC in Acute Stroke (N=110)
- STAIR SRX246 for irritability in Huntington's Disease (N=105)

#### Ongoing:

- CYTO-C Cytochome C as Biomarker in Glioblastoma Multiforme (N=200)
- FX LEARN AFQ056 (Novartis) for language learning in Fragile X (N=100)
- Top CSPN Topiramate for Cryptogenic Peripheral Neuropathy (N=125)
- MAGINE ManNAc for GNE Myopathy (N=50)



















## NINDS Networks The NINDS Stroke Clinical Trial Network (NIH StrokeNet)







Site Award

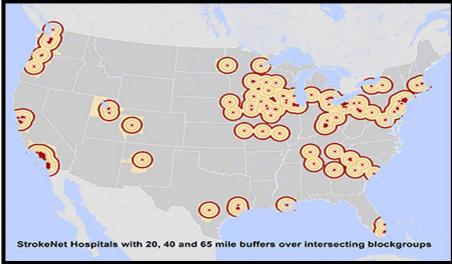
#### <u>Overview</u>

- 2013 present
- 29 regional centers (24 funded) with 432 satellite stroke hospitals, a coordinating center, and a data coordinating center
- Phase 2 and phase 3 clinical trials and biomarker studies to advance acute stroke treatment, prevention, and recovery

http://nihstrokenet.org/

# NINDS Networks Population coverage of "Hub & Spoke" model





| Characteristic          | Distance from StrokeNet Center |               |                   |               |                   |               | Total       | % of   |
|-------------------------|--------------------------------|---------------|-------------------|---------------|-------------------|---------------|-------------|--------|
|                         | 20 Mile<br>Radius              | % of<br>Total | 40 Mile<br>Radius | % of<br>Total | 65 Mile<br>Radius | % of<br>Total | (50 States) | Total  |
| <b>Total Population</b> | 120,758,537                    | 38.3%         | 157,727,442       | 50.0%         | 189,572,542       | 60.1%         | 315,219,560 | 100.0% |
| Male (adult)            | 44,518,863                     | 38.1%         | 58,121,547        | 49.8%         | 70,121,776        | 60.1%         | 116,781,403 | 100.0% |
| RACE                    |                                |               |                   |               |                   |               |             |        |
| White                   | 80,374,323                     | 34.5%         | 109,783,225       | 47.1%         | 136,388,020       | 58.5%         | 233,168,413 | 100.0% |
| Hispanic/Latino         | 24,695,940                     | 44.6%         | 29,719,245        | 53.6%         | 33,189,395        | 59.9%         | 55,429,828  | 100.0% |
| Black                   | 18,115,454                     | 45.9%         | 21,868,666        | 55.4%         | 24,323,226        | 61.7%         | 39,451,870  | 100.0% |
| Asian                   | 9,952,233                      | 65.3%         | 11,108,254        | 72.9%         | 11,888,761        | 78.0%         | 15,244,082  | 100.0% |
| Other                   | 8,048,767                      | 53.3%         | 9,567,560         | 63.3%         | 10,560,177        | 69.9%         | 15,111,418  | 100.0% |
| American Indian         | 509,505                        | 20.0%         | 675,804           | 26.5%         | 866,548           | 34.0%         | 2,550,780   | 100.0% |
| Pacific Islander        | 197,664                        | 37.6%         | 235,546           | 44.8%         | 267,158           | 50.8%         | 526,408     | 100.0% |





## NINDS Networks StrokeNet Clinical Trials Activities



#### Completed:

- MISTIE-3 Minimally Invasive Surgery for ICH evacuation trial (N=500) \*
- i-DEF Deferoxamine mesylate treatment for ICH trial (N=293) \*
- DEFUSE-3 Delayed endovascular therapy for select patients (N=182)
- TeleRehab Home based telerehabilitation stroke recovery trial (N=124)

#### Ongoing:

- CREST-2 Treatment of asymptomatic carotid stenosis (N=2480) \*
  - **CREST-H** Hemodynamic impairment ancillary study in CREST-2 (N=500)
- ARCADIA Apixaban vs. aspirin for cryptogenic stroke (N=1100)
- MOST Optimization of thrombolysis ischemic stroke trial (N=1200)
- Sleep-SMART Treatment of obstructive sleep apnea (N=3062)
- TRANSPORT-2 Transcranial direct stimulation stroke recovery trial (N=129)
- I-ACQUIRE Intensive infant rehabilitation for pediatric stroke (N=240)























#### Strategies to Innovate Emergency Care Clinical Trials Network (SIREN)





**Coordinating Center** 



Site Award

#### Overview

- Established in 2017
- Co-Funded with NHLBI
- 11 regional centers with 50 satellite ER sites, coordinating and data center
- outcomes of patients with neurologic, cardiac, respiratory, hematologic and traumatic emergencies by identifying effective treatments administered in the earliest stages of critical care

https://siren.network/

### NINDS Networks SIREN Clinical Trial Activities





#### Ongoing:

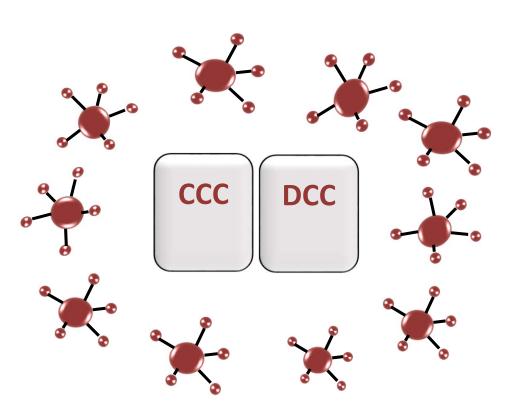
- HOBIT Hyperbaric oxygen therapy in severe TBI (N=200)
  - Signal of efficacy: to determine whether there is a > 50% probability of hyperoxia treatment
  - Dose selection: to select the combination of treatment parameters (pressure +/intervening normobaric hyperoxia)
- BOOST Brain oxygen optimization in severe TBI (N=1094)
  - Whether PbTO2 monitoring vs ICP monitoring results in improved neurological outcomes measured by the GOS-E







#### HEAL: NINDS Early Phase Pain Investigation Clinical Network (EPPIC-NETT)



#### **Overview**

- FOA in Dec 2018
- Phase II studies
- Infrastructure applications in Feb 2019
- Anticipated funding in July 2019
- A cornerstone of the NIH's Helping to End Addiction Long-term (HEAL) Partnership.
- Provides a robust and readily accessible infrastructure for the rapid implementation and performance of high-quality Phase 2 clinical trials to test promising novel pain therapeutics



### NINDS Networks Network Efficiencies

- Most trials completed enrollment ahead of schedule (N=3) or on-time (N=13), and without need for additional funding
- Able to assess feasibility before funding trials
- Efficient management of competing trials
- Reduced need for de novo monitoring site visits
- Workforce stability facilitates quicker trial activities initiation
- Able to combine large meetings (e.g. Steering Committee and Investigator meetings) providing \$100Ks in additional saving
- Innovative master agreement contracting reduced F&A costs across trials
- Successfully training fellows and junior faculty
- Effectively involving smaller non-research hospitals in clinical research

