## NETT-Workings
### Neurological Emergencies Treatment Trials (NETT) Network
**July 2010**

### Participating Hubs and Investigators

- Emory University
- David Wright, MD
- Henry Ford Health System
- Christopher Lewandowski, MD
- Medical College of Wisconsin
- Tom Aufferheide, MD
- New York Presbyterian Hospital
- Stephan Mayer, MD
- Oregon Health & Science University
- Robert Lowe, MD, MPH
- Stanford University
- James V. Quinn, MD
- Temple University
- Nina Gentile, MD
- University of Arizona
- Kurt Denninghoff, MD
- University of California, SF
- J. Claude Hemphill, III, MD
- University of Kentucky
- Roger Humphries, MD
- University of Cincinnati
- Arthur Pancioli, MD
- University of Maryland
- Barney J. Stern, MD
- University of Minnesota
- Michelle Biros, MD, MS
- University of Pennsylvania
- Jill Baren, MD, MBE
- University of Texas
- Elizabeth Jones, MD
- Virginia Commonwealth University
- Joseph P. Ornato, MD
- Wayne State University
- Robert Welch, MD

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### Clinical Coordinating Center (CCC)
- University of Michigan
- William Barsan, MD

### National Institute of Neurological Disorders and Stroke (NINDS)
- Clinical Trial Group
- Robin Conwit, MD and Scott Janis, PhD

### Statistical & Data Management Center (SDMC)
- Medical University of South Carolina
- Yuko Palesh, PhD

### Enrollment Update:

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<th>ProTECT</th>
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**TOTAL**

|                        | 150 | 716 | 42 | 7  |
S. Claiborne Johnston, MD, PhD
POINT Principal Investigator
University of California, San Francisco

Dr. Johnston is Associate Vice Chancellor of Research, Director of the Clinical and Translational Science Institute, Professor of Neurology and Epidemiology, and Director of the Stroke Service at UCSF. He completed medical school at Harvard University and received a PhD in epidemiology from the University of California, Berkeley. He completed his residency in Neurology at UCSF, where he later trained in Vascular Neurology. Dr. Johnston has won several national awards for his research and teaching. He has led three multicenter randomized trials and several large cohort studies of cerebrovascular disease. He studies stroke treatment and prevention using the tools of computer science and epidemiology. He is the Executive Vice Editor of the *Annals of Neurology* and has served on the editorial boards of several other journals. Dr. Johnston lives in an old Victorian in San Francisco with his wife Clarissa (a hospitalist at Kaiser) and his two boys, Teo (7) and Nico (5).

Tess Bonham
POINT Project Monitor
University of Michigan

Tess is the Site Manager for POINT. She has worked at the University of Michigan for over 10 years, first researching small proteins, then as a Data Manager for hematology-oncology trials. For the past 3 years she was the lead Study Coordinator on several Hepatitis B and C trials. She has a BS in Biology and is now completing her Master’s Degree in Clinical Research Administration. Tess lived with her family in Germany for eight years in the 1990s, where she learned German and discovered a passion for foreign travel. Her other hobbies include metal working and jewelry design, biking, crossword puzzles, gardening, and keeping up with her three grown children.

J. Donald Easton, MD
POINT Co-Principal Investigator
University of California, San Francisco

Dr. Easton is from Saskatoon, Saskatchewan, Canada. He assumed his first academic appointment at the University of California, San Diego. He was Professor and Chair of the Department of Clinical Neurosciences at the Rhode Island Hospital and Alpert Medical School of Brown University from 1986 to 2009, when he became Chair Emeritus and Professor of Neurology. He has been Clinical Professor of Neurology at the University of California, San Francisco since 2009. He has published more than 300 journal articles, books, chapters and other publications. Dr. Easton received the Milton W. Hamolsky, MD Outstanding Physician Award in 2008 and gave the 1st David G. Sherman Lecture in 2010. He’s traveled with his wife, Karen, to many exciting places throughout the world, including Australia as shown above on the Sydney Bridge.
Thank you to all of our sites for your diligence in data entry! To assist you in continuing to meet data submission time lines, several reports are available to you in WebDCU.

The first report is ‘Site data past due’ and is available for RAMPART, ProTECT and POINT. You can access this information by clicking on the Data Management tab, then CRF List, then ‘site data past due’ system query from the ‘Page Actions’ drop down box. This report lists all CRFs that are not currently submitted and are past due. As a shortcut, there is a link that will appear on the main menu page when your spoke has outstanding CRFs.

The second report is ‘CRF Data Entry Report’ and is available for ProTECT and POINT. You can access this information by clicking on the Data Management tab, then ‘CRF Data Entry Report’. This report calculates the total percentage of CRFs that were submitted within the protocol-required time frame. It is this report which will be used in determining report card scores.

-Catherine Dillon (rileycp@musc.edu)

Platelet-Oriented Inhibition in New TIA Trial
Principal Investigator: Clay Johnston, MD

Thank you to all the sites for continuing to support POINT by completing your required training and uploading the regulatory documents to WebDCU. Much progress has been made thus far and several Site Readiness calls have been scheduled for the next couple of weeks! We are getting close to initiating all the Hubs! Please keep the documents coming in! Please let me know if you have any questions.

-Tess Bonham (tbonham@umich.edu)

Congratulations to all the sites who have enrolled in ProTECT to date! Enrollment continues to exceed the projected numbers. Keep up the good work!

Just a reminder: The NOS-TBI Training and Certification is now posted on the ProTECT website (http://www.protectiii.com), under the Education link. The PI, Primary Study Coordinator, and all team members administering the assessment must complete the training and certification test. The five-question test requires a 100% score to pass. There is no expiration date for the NOS-TBI Certification.

-Harriet Howlett-Smith (hhowlet@emory.edu)
Last year NETT EMS departments were asked to participate in a non-mandatory survey about demographics, system type, number/type of providers, EMS research and EFIC experience, and to comment on the research process. There were 35 EMS departments participating in RAMPART at the time, and 16 (~45%) completed the survey.

**Responses Include:**
- Setting - 60% urban, 26.7% mixed (urban/suburban)
- Population - from 15,001 to over 2 million
- Yearly EMS Volume - less than 5000 to over 100,000
- Type of EMS System - 66.7% fire-based, 13.3% a third service
- EMS Personnel - majority are EMT Basic and Paramedic, with a few EMT-Intermediates and Critical Care Paramedics
- Medical Directors - 50% have one, 35.7% have four or more (including residents and fellows)
- Prior Research Participation - 73.3% yes, 26.7% no
- Number of Years in EMS Research - 33.3% have 1-2 years
  - 46.7% have over 5 years
  - 20% have never been involved in research
- Prior Research Training - 33.3% yes, 66.7% no

**Other Responses:**
Only two EMS departments required any type of Human Subjects Protection training for EMS providers prior to their involvement in RAMPART; however, 66.7% of departments reported having collaborated with a local university to enroll EMS patients into research projects.

86.7% of departments reported that they do not have an EMS administrator whose duties include research or coordinating with outside entities for research. Many comments included that EMS departments did not know/realize the opportunities available to participate in research. Of those that participated in prior research studies, 61.5% had participated in an EFIC trial.

Comments regarding barriers for providers and EMS administrators included concern for failing to take into consideration the increase in education and work demands on the EMS departments and individual EMS providers. EMS providers are required to learn two protocols (adult and pediatric) during a research project; therefore, refresher education is needed to remain current on the research protocol. Accomplishing this required education may be difficult in departments that are dual firefighter/EMT or firefighter/paramedic or in departments with a large run volume (or both) because of limited “down time” and/or competing educational requirements (fire vs. EMS training).

**For more information contact Kay Vonderschmidt (vondermk@ucmail.edu).**