**Meeting Agenda**

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| Meeting: | SPAN Steering Committee Meeting |
| Date and Time: | 7/30/20 11am-12pm PST |
| Meeting Link | <https://cedars.webex.com/cedars/j.php?MTID=me58a77df28a9e995e4ea6fa5449e675b> |
| Meeting Number: | 925 004 793 |
| Present: | Patrick Lyden, Jessica Lamb, Lauren Sansing, Ligia Boisserand, Ray Koehler, Jiadi Xu, Cenk Ayata, Jarek Aronowski, Anjali Chauhan, Andrew Goh, Enrique Leira, David Hess, MB Khan, Kris Dhandapani, Pradip Kamat, Francesca Bosetti, Jim Koenig, Dan Thedens, Andre Rogatko, Monica Estrada, Karen Crawford, Ryan Cabeen, Shuning Huang, Nirav Dhanesha, Senthil Karuppagounder, Anil Chauhan, Ali Herman, Andreia Morais, Louise McCullough, Lidiya Obertas, Steve Lannon, Fahmeed Hyder, Tom Qin, Basav Sanganahalli, Marcio Diniz, Karisma Nagarkatti |

**Agenda Items**

* 1. **Pilot Study- review feedback from/to sites**
     1. REDCap forms
        1. Dr. Lyden emphasized the importance of data throughput. SPAN is optimized to rapidly find effective stroke treatment. This is possible only if data enters the database in a timely manner. So far, during the pilot study, data entry has lagged. Dr. Lyden requests each site PI to address the following with their study teams:
        2. Sites to **complete ITT form at least 48 hours (business hours) prior to surgery** start to allow for randomization
        3. Sites to **complete all REDCap forms even if animal dies**
        4. Sites to **complete REDCap forms within 72 hours of assessment**
     2. Surgery
        1. The CC has been monitoring surgeries via REDCap and the CC is available for any questions regarding protocol
        2. One site noted stroke sizes are quite small. Another site notes very large strokes. Dr. Lyden emphasized the **critical need** for all sites to read and follow the surgical SOP; enter data in a timely manner; so that we can assess heterogeneity in the networks.
     3. Animal Deaths
        1. If animal dies early, look for **cause of death** (includes looking at subarachnoid space at base of brain to assess for subarachnoid hemorrhage)
        2. **Data up until death still needs to be uploaded** and entered
     4. Behavior
        1. Due to COVID19, our plans for training and certification on the behavior endpoints has been amended.
        2. Dr. Lyden reminded the sites that the pilot study will be used to certify Corner and Grid walk scorers
        3. UT Houston has attempted to prepare a training video but final production has been stalled by COVID19 related barriers. Instead, the CC will arrange for a live WebEx demo to train scorers on proper performance of the behavior tests.
        4. Please remember that sites recording and uploading theCorner and Grid walk assessments should not score animals enrolled at their site.
        5. The CC will distribute a csv file to site group emails which will serve as a score sheet and will contain URLs to the assigned videos. This csv file for Corner Test and Grid Walk scores will be completed by authorized raters (certified in Hanging Wire) and emailed back to the CC. The Corner Test Scoring SOP 11 and Grid Walk Scoring SOP 13 are posted on the SPAN website.
        6. [Turning Preferences](../Behavioral%20Telecon/SPAN%20pilot%20Corner%20test_UIOWA.xlsx)

U. of Iowa kindly provided results from baseline (pre-stroke) corner testing. They noted considerable heterogeneity, although median turning preference was normal. This heterogeneity recapitulated that seen in data previously provided by MGH.

Dr. Lyden reminded the sites of our previous, extensive discussion of the MGH data and the potential impact on outcomes due to a pre-stroke turning preference. It is well known that some animals do exhibit a turning preference. Dr. Lyden reminded the sites that we do not know if this turning preference is reproducible: he therefore asked sites to please REPEAT pre-stroke baseline corner testing and upload the videos. We will arrange to assign readers and test for intra-subject reproducibility as well as inter-rater reliability.

It is further unknow whether pre-stroke turning preference impacts final outcome. The MGH data set seemed to suggest it may not, but the sample size was too small. Therefore, Dr. Lyden encouraged all sites to read and follow the surgical, behavioral, and MRI protocols, and upload data. The pilot study is designed to determine whether baseline, pre-stroke turning preference does or does not impact final outcome.

CC to organize a WebEx call to review and train on corner protocol

CC will prepare a demonstration with webcam, animal, and corner board to display how to conduct the Corner Test

Dr. Sanssing suggested it might be more effective if sites prepare for the call with their own webcam, animal, and corner testing device.

Dr. Lyden agreed that would be optimal, but sites should set up the webcam and computer in the animal testing area IN ADVANCE to test WiFi connectivity. We would like to avoid trouble shooting individual sites during the demonstration.

After WebEx call, UTH will finalize production of a behavior training video for the corner test to distribute to sites

* + 1. Video Upload
       1. CC Manager and Coordinator met with each site individually to walk through the upload process. All sites appeared to master the upload protocol.
       2. Video conversion software may need to be purchased by each site
       3. CC to investigate camera that will record video into correct mp4 format
    2. MRI
       1. b values/echo times from MRI scans uploaded into IDA should be sent to Karisma

CC received b values/echo times from JH, Yale, Iowa, and UTH

MGH and Augusta have not uploaded scans into IDA

* + - 1. Sites to email text files/description listing what is acquired for each MRI scan to Karisma
         1. Karisma to email sites the template which will be filled out for every MRI uploaded into IDA. This will be a manual process restricted to the pilot study.
      2. Ryan Cabeen gave a short presentation on pipeline results from MRI scans uploaded in the pilot study (slides attached).
      3. Karisma to set up standing meeting time for MRI/Imaging leadership
  1. Sites are asked to consider potential back up plans for MRI/Behavior assessments
     1. One site mentioned they are dealing with a broke surface coil.
     2. Another obvious barrier to follow up are building closures related to COVID19
     3. While many work stoppages cannot be predicted, given the high throughput nature of SPAN, and the expens of perfomring surgery and giving treatments, sites are encouraged to have contingency plans for completing 30 day assessments on all animals, even in the event of external catastrophes.
  2. **Target date for Stage 1: September 15th, 2020**
     1. Animal Enrollment and ITT submitted by September 8th,2020
     2. NINDS stated that because SPAN is a network it would be optimal to wait until everyone or at least the vast majority of sites can start stage 1 in a synchronized way
     3. Site Response to possible change in start date to Oct 1st,2020
        1. JHU: concern about higher mortality rates, would like to start earlier than proposed time to achieve needed sample size
        2. UTH: will complete 48 hr. results of pilot study by next week. Will be ready two weeks after 9/15
        3. MGH: MRI coil has been fixed, waiting to have it shipped back. 50/50 chance of being ready for stage 1 on 9/15
        4. U Iowa: they would be ready to start two weeks after 9/15
        5. Yale: facing MRI upload issues to be resolved and video conversion problems. Would be ready to start 9/15
        6. Augusta: preference for October 1st start date
     4. RIC Site Rotation for Stage 1- Karisma to query site PI’s
     5. Sites to send IACUC protocols (full text) to the CC prior to Stage 1 start
        1. MGH sent full text IACUC protocol on 7/29
  3. **SPAN Website** 
     1. <https://dkode.technology/netscintific/>
     2. Website will go live in the next week
     3. Site PI’s and surgeons to test out Support Forum on private interface of website
        1. The purpose of the support forum is to foster discussions to troubleshoot and problem solve as site’s move through each stage
  4. **Miscellaneous**

**Work Items**

1. Each site PI to discuss feasibility of acquiring a room to reset the light-dark cycle with their COMPMED
2. Each site PI to submit finalized IACUC protocols to the CC prior to stage 1 start
3. Each site PI to review the SPAN website and test out the Support Forum
4. Sites to complete Yale template and send to Karisma for every MRI scan uploaded into IDA
5. Karisma to send out Yale template for MRI descriptions
6. Karisma to schedule WebEx call for Corner Test, each site to show how they conduct corner test
7. UTH to send CC the Corner Test and Grid Walk Training Video
8. CC to investigate camera that can record in mp4 format

Next Meeting date: 8/27/20 11am PST