



TARDIS UK TELECONFERENCE WORKSHOP MINUTES

24 May 2013, 12.30pm

UoN attendees: Philip Bath (PB), Sally Utton (SU), Kailash Krishnan (KK), Hayley Foster (HF), Jack Roffe (JR), Amanda Hedstrom (AH), Amanda Ferguson (AF), Judith Clarke (JC)

UK attendees: 26 - *Representatives from* - Frimley Park Hospital, Royal Surrey County Hospital, Yeovil District Hospital, West Cumberland Hospital, Scarborough Hospital, St Georges Hospital, King's Mill Hospital, James Paget University Hospital, Plymouth Hospitals, Aberdeen Royal Infirmary, West Midlands SRN, The Calderdale Royal Hospital, RVI Newcastle, King's College Hospital, Doncaster&Bassetlaw Hospitals, Barnsley District Gen. Hospital, High Wycombe, Leeds General Infirmary, Ipswich Hospital.

- **Welcome and Introductions**

- **Minutes of the last meeting**

The minutes of the last meeting were approved and there were no matters arising.

- **Recruitment Update**

We need to recruit 1-2 patients per month, so that we are able to meet HTA targets. Currently there are 88 centres open, with 22 patients recruited in the last month. Barriers to recruitment were discussed. It was highlighted that if a patient is recruited later in the day, getting the details to pharmacy before they close can be a problem. One site was unable to recruit from TIA clinic within 48 hours. Suggestions were made regarding TIA clinics; that these could be pre screened, to help with time and access to patients. A stamp could be put on the patients notes to act as a study reminder, or a poster could be used (for staff only). Some sites mentioned attendance at TIA clinics, and checking referral letters so that they can sit in on TIA clinics, as a way of approaching TIA patients.

- **Protocol Changes**

KK discussed the latest protocol amendment and the changes from v1.3 to the current v1.4. Patients can be randomised into TARDIS following thrombolysis, but this must be 24 hours or more post-thrombolysis but still within 48hrs of stroke onset.

Patients thrombolysed for stroke with full recovery in less than 24 hours from the onset of symptoms are eligible for inclusion as a TIA, providing neuroimaging post thrombolysis excludes Intracerebral Haemorrhage.

It was made clear that local PIs can change their guideline treatment choice either by informing the trial office, or going online, but this change will take 48 hours to come into effect.

Either a PPI or H2 antagonist may be used for gastro-protection at the Investigator's discretion. It is a local centre decision if they wish to change PPIs.

Patients should be given a maximum daily dosage of 450mg.

Questions from Investigators

- **After the month of randomised treatment is finished, should patients be moved back onto routine therapy?**

Yes, please do not allow patients to stay on triple antiplatelet therapy after 1 month. There will be programming changes on the database at Day 35 and Day 90, to address this.

- **Labelling of blood samples is important, however, it is difficult to fit all information onto the serum and plasma transfer tubes – is there anything to help with this?**

Post meeting note: Please ensure that suitable transfer tubes are used to collect blood samples. Please do not use aliquots.

- **When should we consent patients for the genetics sub study?**

Please consent patients for this at baseline.

- **Is it ok to store samples in a -20 freezer overnight and then to transfer to a -70 or -80, or leave in the -20 if no further freezer is available?**

Yes.

Date of Next Telecon Workshop: tbc