



## Biweekly Update 24-April 2020

### StrokeNet Enrollment Update

ARCADIA	440/1100	CREST 2	1653/2480
Sleep SMART	253/3062	CREST H	139/500
TRANSPORT2	11/129	MOST	33/1200
I-ACQUIRE	22/240	ARCADIA-CSI	52/500
ASPIRE	0/700	SATURN	0/1480

## StrokeNet Trial Updates



The ARCADIA-CSI Study Team is wishing all of our sites the best during this challenging time. We are thinking of you all and hoping you and your families are staying safe and healthy.

**ARCADIA•CSI**  
Cognition & Silent Infarcts

At this time, enrollment continues to be suspended. However, the study team is working diligently with the cIRB to re-open enrollment.

The continuing review has been submitted and now is assigned to the cIRB board for review. Approval documents will be sent to sites following cIRB approval.

For already-enrolled CSI patients, who have not had their neurocognitive assessment, the SRU will resume follow-up telephone exams to patient homes using the existing protocol for reservations and calls beginning next week. SRU testers who conduct the neurocognitive assessment will be administering exams remotely from private rooms at home, using an encrypted system to access firewalled-protected UAB servers where all reservation information, PHI and test data are stored. No data of any kind will be stored remotely.

Please contact Tashia Harris, [herndotl@ucmail.uc.edu](mailto:herndotl@ucmail.uc.edu) or Stephanie Kemp, [skemp@stanford.edu](mailto:skemp@stanford.edu) with any questions.



## Thank you for all you do – stay safe and healthy!

As you all know, enrollment and randomizations are suspended until further notice due to COVID-19. However, we hope to be able to have better news in the next few weeks.

We continue working on adding other qualified sites to the ARCADIA roster. Please let us know of any excellent stroke sites that are interested in participating in this important trial.

During the pause, we're also working on various protocol amendments and additional financial support to address the research challenges caused by this pandemic. More information to come once these changes are CIRB/funding approved. In the meantime, we are asking that you not close out subjects that surpass the 120-day randomization window in the expectation that we will be able to re-consent and randomize them once the amendment is approved and the enrollment/randomization pause is lifted for the trial. Also, please continue screening and making lists of potential participants that we can contact after the consent/randomization pause is lifted.

We still need to continue to follow our already randomized subjects and send those still taking study drug their medication. IF you are shipping study drug and not handing it directly to the participants, then please remember to add the date they received the study drug to the corresponding CRF (F513) and not the date it was dispensed by your institution, while noting in the comments the date the study drug was dispensed by the pharmacy and shipped.

We will continue to send site-wide emails to make sure your sites are kept informed. As personnel change and new staff comes onboard often, we ask that you distribute these emails to all of your team members and let us know if anyone has been missed.

Our thoughts and prayers are with all of you on the frontlines and our participants. Please keep safe!

**Webinar:** Our next PI and coordinator webinar will be April 28<sup>th</sup> at 2 PM Eastern--save the date! We're asking that at least 1 person from each site attend the monthly webinar and pass the information along to their team. Also, please send suggestions for topics you'd like discussed.

If you miss out on a webinar, you will soon be able to find the slides on the StrokeNet website (<https://nihstrokenet.org/intranet/minutes/trial-webinars>).



- Enrollment and randomization activities were suspended on March 20, 2020
- Screening activities are continuing as permitted by local institutional policies
- Our protocol allows consent via telephone/telehealth contact. Methods to implement remote consent and randomization are being developed for consideration by the cIRB.
- We would like to encourage all sites that have not been released to enroll to continue to work on startup activities:
  - cIRB submission
  - Finalizing clinical trial agreement
  - Uploading startup documents to WebDCU
  - Receiving study drug and lab kits
  - Completing readiness calls
    - Sites with CTA & cIRB can schedule a readiness call <https://doodle.com/poll/rnnu37hfvnca36z9>
- 89 executed CTAs and 84 sites with cIRB approval
- 41 sites released to enroll
- ASPIRE next Webinar is May 27, 2020 3:00p-4:00p EDT <https://nihstrokenet.adobeconnect.com/trials/>  
To take part in the conversation dial 1 (877) 621-0220 Pass Code: 745694



	<b>CREST-2</b>	<b>CREST-2 StrokeNet</b>
CEA	870	378 (44% of total)
CAS	783	133 (17% of total)
<b>Total</b>	<b>1653</b>	<b>511 (31% of total)</b>

### **COVID-19 Updates & CREST-2**

**CIRB Approvals:** We have received CIRB approval for telephone visits, video visits, and for suspending new enrollments into CREST-2. While the COVID-19 pandemic is occurring, we have also received approval for the following adjusted site payments:

- Telephone Visits: \$300
- In-person/Virtual Visits: \$700
- Patient Remuneration: \$95

If you have any questions, please contact your CREST-2 site manager.

**SDCC Data Freeze:** The SDCC is currently preparing for the Data and Safety Monitoring Board (DSMB) report and your urgent assistance is needed in complying with the guidelines required. On **April 27th**, there will be a data freeze on ALL data submitted via eDES. You will be required to have ALL data (outstanding/unlocked) entered and locked by **12am CST on April 26th**. Meanwhile, please provide your best efforts towards accomplishing this task.



**CREST-H**

**Site Startup and Enrollment Updates:**

sites: **54;**

enrollments: **139**

We are at **139** patients, **40%** of our target. We have 6 additional sites in the onboarding pipeline!

With COVID-19, as with other StrokeNet clinical trials, recruitment for CREST-H is on hold for now, but CREST-2 follow ups can be done by telephone. Because the 1-year cognitive test is the primary outcome in CREST-H, it is critical to obtain the **1-year telephone cognitive test** for CREST-H patients. The Survey Research Unit at University of Alabama Birmingham has reopened with remote connections. PI's and coordinators, please make sure the cognitive exams – as part of the CREST-2 protocol -- are done for the 1-year time point.

Also, due to restrictions on research imaging at most medical centers at the moment, **1-year CREST-H perfusion scans** may be delayed. We have gotten approval to delay the 1-year scans until after your site reopens its scanners to research. You will have up to 3 months from that point to complete the scan.

We are still recruiting additional sites. Contact Randy Marshall [rsm2@columbia.edu](mailto:rsm2@columbia.edu), Ron Lazar [rlazar@uabmc.edu](mailto:rlazar@uabmc.edu), Jaya Vijayan [vijayan.jaya@mayo.edu](mailto:vijayan.jaya@mayo.edu), or Kevin Slane [KJS4@columbia.edu](mailto:KJS4@columbia.edu) with any questions.



- The MOST team hopes that everyone is well.
- As of 10-Apr-2020, there are **33 subjects** randomized and **54 sites** released to enroll, **17** of which have enrolled at least one subject.
- During the trial-wide enrollment suspension due to the COVID-19 pandemic, one of our goals is to process a protocol amendment. Changes include allowing 90-day visits for enrolled subjects to occur remotely (phone, telemedicine, video call) and allowing study drug administration to occur up to 75 minutes after tPA administration. The StrokeNet CIRB reviewed the amendment on April 22 and we are awaiting their comments.
- Once CIRB approval is granted, the amendment will be disseminated to all sites for processing. **Please review the remote work capability of your regulatory team and your local IRB to manage the protocol amendment.**
- For sites released to enroll please continue to complete screening logs in WebDCU™.
- **For sites not yet activated, please note we will continue the site activation process including completion of regulatory documents, delivery of study drug and releasing sites to enroll. Our goal is to have as many sites ready as possible once we are able to return to usual procedures.**
- Please email [MOST@uc.edu](mailto:MOST@uc.edu) to describe the status of research activity and the feasibility of reopening MOST at your institution if you have not already provided this information.
- Thank you all for your efforts!

**The PI hotline is available 24/7 for any questions: 1-833-229-MOST**



We hope that everyone is safe and well!

During this time please continue to complete trial start-up activities and paperwork to continue to work to complete the following items to be ready for activation once enrollment resumes:

- cIRB Submission – reminder to please send your documents to Emily or Jen at the NCC who will submit to the cIRB on your behalf
- Clinical Trial Agreement Execution – please follow-up with your institution to move this process along
- Protocol Training is available in WebDCU toolbox and on WebDCU Training Campus <https://webdcu.musc.edu/campus/>
- Study documents are available in WebDCU toolbox – including regulatory documents, regulatory parameters document, training materials, DRAFT CRFs, protocol appendices, Provider Information Sheets, Participant Information Sheets and MOP
- Reminder to **enter site address** into WebDCU for supplies – under Site Management>Clinical Site>click on your site to edit and enter address
- Reminder to acknowledge receipt of lab kits in WebDCU once received at your site
- Reminder to complete and submit site DOA in WebDCU
- Reminder to upload approved Regulatory documents into WebDCU
- Reminder to participate in the Doodle Poll once you receive the Readiness Call Scheduling email with the link

If you have any questions regarding start-up please reach out to these contacts at the NCC:

Kimberlee Bernstein Project Manager [gammk@ucmail.uc.edu](mailto:gammk@ucmail.uc.edu)

Wren Hanson Contracts [hansonwm@ucmail.uc.edu](mailto:hansonwm@ucmail.uc.edu)

Emily Stinson Regulatory [stinsoey@ucmail.uc.edu](mailto:stinsoey@ucmail.uc.edu)

Jen Golan Regulatory [golanjl@ucmail.uc.edu](mailto:golanjl@ucmail.uc.edu)



Thank you for your participation in Sleep SMART. We hope you are doing well, especially during this difficult time.

As of March 24, 2020, when Sleep SMART was suspended, 752 subjects were enrolled and 253 subjects were randomized.

#### Sites not yet released to enroll:

We want to encourage all sites that have not yet been released to enroll to continue to work toward site activation.

If your institutional guidelines allow, please proceed with start-up activities:

- CIRB submission
- Finalize the Clinical Trial Agreement and FusionHealth DUA and Consignment agreement
- Upload site and people documents to WebDCU
- Complete online trainings (<https://webdcu.musc.edu/campus/>)
- Complete readiness call
- Please review the site to-do checklist found in the WebDCU toolbox

#### Sites that have already enrolled:

In follow-up to our 3/30/20 email to sites about use of CPAP during the COVID-19 pandemic: please be sure you have spoken with each Sleep SMART subject who is randomized to use CPAP. The alternative, if it is hard to reach the subject, is to send the letter that was circulated.

#### **Don't forget these important reminders:**

1. Please perform the 3- and 6-month follow-up visits by telephone within the assessment window(!), by a blinded study team member: 90 days (-14 days, +30 days), 180 days (-14 days, +60 days).
  - If a blinded study team member is not available, but the assessment can still be done within window by an unblinded study team member, please take advantage of that opportunity and report performance by the unblinded investigator.
2. If the window for the 3-month visit ends and you have not been able to reach a subject, please continue to reach out to him/her until the 6-month window begins. Please pursue 6-month assessments out to 3 months past the 6 month assessment time point before considering the subject lost to follow-up.
3. If you can't get in touch with the subject by phone to schedule the outcome assessment, please check the consent form to see if you have permission to contact him/her by text or email. Alternative contacts may also be found in the back of the consent. Sleep SMART also has a letter template available on our website (<https://www.nihstrokenet.org/sleep-smart-trial/research-team> "unable to reach letter template") and for those on the verge of being lost to follow-up, a lost to follow-up letter.
4. Please review the changes to the revised MOP, recently released.
5. Please check "Alerts" in WebDCU™ to find unresolved queries.
6. Visit our website: [www.nihstrokenet.org/sleep-smart-trial/research-team](https://www.nihstrokenet.org/sleep-smart-trial/research-team) to review helpful materials.
7. Please remember to report AEs. If you need guidance, please refer to the Sleep SMART MOP. Please recall that the only AEs that should be reported between consent and randomization are:
  - All SAEs (fatal and non-fatal) that are definitely related or stand a reasonable possibility to be related to the Nox T3 sleep apnea test or the aCPAP run-in night procedures (within 5 days of awareness of event for non-fatal; within 24 hours of awareness for fatal)

- All non-serious AEs of special interest (see protocol 8.3.8) that are definitely related or stand a reasonable possibility to be related to the Nox T3 sleep apnea test or the aCPAP run-in night procedures (within 5 days of awareness of event)
  - Primary outcome events (ischemic stroke, ACS, and deaths) (within 5 days of awareness of event)
8. All responses to Data Clarification Requests (DCRs) must be submitted within 5 days of query generation, except those associated with Serious Adverse Events, which must be answered within 24 hours of query generation. Site payments are contingent upon the subject's data being entered, submitted, and all DCRs addressed.
  9. For stroke outcome events, please be sure to upload documentation in the outcome packets that provides information about new stroke symptoms, including focal neurological symptoms and signs on exam, and associated dates.

**Save the date**-Our next PI and coordinator webinar will be Wednesday, April 29, 2020 from 1-2 EST. We will focus on the critical topic of CPAP adherence.



Our next PI and Coordinator call will be on **Monday, April 27<sup>th</sup> at 11am**. If anyone has topics they would like to discuss during the call, please send them to Julia Gonzalez, ([Julia.jackson@duke.edu](mailto:Julia.jackson@duke.edu)).

Please make sure you have completed your BlueCloud recertification training by logging into the website: <http://duke-transport2.trainingcampus.net>. Individuals who have expired or about to expire training have been sent reminder emails. **Note this is for the scoring of the Fugl Meyer, not the video training.** Annual renewal is now being tracked in WebDCU, which will notify coordinators directly when any of their staff have outdated training.

NINDS has asked that we track the impact of COVID-19 on our enrolling sites. In response, a new module has been added to WebDCU called **COVID-19 Impact Assessment** under the **Project Management** tab. Each site will need to complete this assessment for their site. The site will indicate on this form what restrictions are in place that come from their local site and when each of those restrictions went into effect. Each site should complete this form, regardless of the fact that enrollment is halted for all StrokeNet studies. The purpose of this tool is for us to know the individual restrictions at each site in response to COVID-19.

**Please note: this assessment only needs to be completed for sites that were previously released to enroll. If you already completed this assessment, please edit your initial entry to answer the new questions that have been added. For questions or concerns, please reach out to Patty Hutto** [huttoja@musc.edu](mailto:huttoja@musc.edu)

As a reminder, subject randomization is currently on hold, but please continue to pre-screen patients in a remote setting. Subjects who are scheduled for any future follow-up assessments will have to be held and noted as a deviation.

To date, Moss Rehab, University of Kentucky, University Southern California, Medstar, Emory University, and University of Cincinnati have randomized subjects. MUSC, Barnes Jewish, Burke, University of Texas, University Alabama, and Baystate are all open to enrollment. Cleveland VA has a fully executed CTA and is working through their IRB submission. Duke has received IRB approval, and is finalizing study start-up activities. UPMC is working through their IRB submission and once that is completed will get a signed CTA. There are eleven subjects randomized in the trial. Five have completed the study, and six have completed the intervention phase and are in the follow-up period.

Thank you for your continued effort and flexibility during this time of uncertainty.





We hope that everyone is staying well and safe! Thank you for your continued effort and flexibility during this uncertain time.

As of March 17, 2020 all enrollment and randomization have been suspended. At that time we had **8** sites released to enroll and a total of **22** randomized subjects:

- Ann Arbor, MI - C.S. Mott Children's Hospital - **1** participant randomized
- Boston, MA - Boston Children's Hospital - **7** participants randomized
- Cincinnati, OH - Cincinnati Children's Hospital Medical Center - **3** participants randomized
- Columbus, OH - OSU Martha Morehouse Medical Plaza- **1** participant randomized
- La Jolla, CA – USCD Health La Jolla – **4** participants randomized
- New Haven, CT - Yale New Haven Children's Hospital - **2** participants randomized
- Philadelphia, PA - Children's Hospital Of Philadelphia (CHOP)
- Roanoke, VA - Fralin Biomedical Research Institute - **4** participants randomized

**Save the date** – Our next PI/Co-I/Coordinator Webinar will be Thursday 14 May (12-1pm ET).

**Special Note:** Please be sure you check your e-mail from Max Mays (sent 3/10/2020) as he sent out, on behalf of The I-ACQUIRE Operations Committee, a document to all site PIs and Primary Study Coordinators to provide guidance regarding the COVID-19 situation. If you need a copy please let Max Mays ([maysmw@ucmail.uc.edu](mailto:maysmw@ucmail.uc.edu)) know.

## NIH/NINDS Updates

### Temporary, Emergency Situations Due to COVID-19 and Application Scores Received During Peer Review

As we continue to address the effects of the COVID-19 public health emergency on NIH-supported research, we are aware of applicant concerns about the potential impact of this temporary emergency situation on the outcome of peer review. We want to reassure applicants that we released [guidance for reviewers](#) that makes it clear that, when reviewing applications during the coronavirus pandemic national emergency, reviewers should assume that issues resulting from the coronavirus pandemic, such as the following, should not affect scores.

- Some key personnel on grant applications may be called up to serve in patient testing or patient care roles, diverting effort from the proposed research
- Feasibility of the proposed approach may be affected, for example if direct patient contact is required
- The environment may not be functional or accessible
- Additional human subjects protections may be in order, for example if the application was submitted prior to the viral outbreak
- Animal welfare may be affected, if institutions are closed temporarily
- Biohazards may include insufficient protections for research personnel
- Recruitment plans and inclusion plans may be delayed, if certain patient populations are affected by the viral outbreak

- Travel for key personnel or trainees to attend scientific conferences, meetings of consortium leadership, etc., may be postponed temporarily
- Curricula proposed in training grant applications may have to be converted to online formats temporarily
- Conferences proposed in R13/U13 applications may be cancelled or postponed.

NIH will work with the applicant to resolve issues related to temporary, emergency conditions prior to award.

We have also had many questions from applicants asking what they should do if they don't have enough preliminary data for the application they had planned to submit. While it may not be the most popular answer, *we always recommend that applicants submit the best application possible. If preliminary data is lacking, consider waiting to submit a stronger application for a later due date.*

The [COVID-19 reviewer guidance](#), along with [FAQs](#) for applicants and awardees can be found in our central repository of resources, [Coronavirus Disease 2019 \(COVID-19\): Information for NIH Applicants and Recipients of NIH Funding](#).

## Clinical Research Training Opportunities

### Research Coordinator Training Opportunities

Below are links below to several recorded clinical research lectures from the University of Cincinnati. It is suggested that they be viewed in the order posted below, as the material builds in these first 3 webinars. Future lectures will be recorded and posted in the Biweekly Update.

1. Research Coordinator Neuroanatomy Lecture-20200331 1404-1  
<https://ucincinnati.webex.com/recording/service/sites/ucincinnati/recording/playback/8a08ba4ddc14462097f664a597a09b38>
2. Research Coordinator Vascular Imaging - CTA Review!-20200402 1400-1  
<https://ucincinnati.webex.com/recording/service/sites/ucincinnati/recording/playback/4e557ae36b084568ad1bcbf3c3c614f>
3. Research Coordinator Stroke Localization Lecture-20200403 1408-1  
<https://ucincinnati.webex.com/recording/service/sites/ucincinnati/recording/playback/1eb5c7d8c9e847409f2db9bd6c23f630>

### NINDS Training Opportunities

In addition, here are a few (free) self-directed training opportunities for NIH StrokeNet Program Managers, Coordinators & Trainees:

1. The Introduction to the Principles and Practice of Clinical Research (IPPCR) course focuses on the spectrum of clinical research and the research process by highlighting biostatistical and epidemiologic methods, study design, protocol preparation, patient monitoring, quality assurance, ethical and legal issues, and much more. Individuals internal and external to NIH are able to register for the course.  
<https://ocr.od.nih.gov/courses/ippcr.html>



- Ethical & Regulatory Aspects of Clinical Research course is offered to anyone interested or involved in the ethics of clinical research with human subjects. Participants represent multiple disciplines including research teams, IRB members, physicians, psychologists, nurses, social workers, administrative staff, students, and others.

<https://bioethics.nih.gov/courses/ethical-regulatory-aspects.shtml>

<https://videocast.nih.gov/PastEvents?c=22>

- Principals of Clinical Pharmacology is an online lecture series covering the fundamentals of clinical pharmacology as a translational scientific discipline focused on rational drug development and utilization in therapeutics. The course focuses on the following core principles of pharmacology: pharmacokinetics; drug metabolism and transport; drug therapy in special populations; assessment of drug effects; drug discovery and development; pharmacogenomics and pharmacotherapy. Individuals internal and external to NIH will be able to register for the course.

<https://ocr.od.nih.gov/courses/principles-clinical-pharmacology.html>

## Steering Committee Call

*Steering Committee Calls are a requirement for all NIH StrokeNet RCCs  
(one representative per RCC required)*

The next Steering Committee call is scheduled for **Wednesday, 13-May, 2020, 12 noon ET**. Dial in: 513-621-0220; 1-877-621-0220; Passcode 434578.

The 8-April Network Webinar was recorded, and it has been posted on the NIH StrokeNet website, along with the slide presentations. [http://www.nihstrokenet.org/education/strokenet\\_meetings\\_presentations](http://www.nihstrokenet.org/education/strokenet_meetings_presentations)

## Coordinator Webinar

*Coordinator Webinars are a requirement for the NIH StrokeNet RCC Coordinators/Managers*

**Wednesday, May, 22 2020 - 1:30 PM ET**

Topic: TBA

Moderator: David Haney, RT, Case Western Reserve University

To join the meeting: <https://nihstrokenet.adobeconnect.com/coordinator/>

Please enter as a guest, then your email address or your first and last name.

To take part in the conversation you MUST dial in. (877) 621-0220; Passcode: 434578

## Professional Development Webinar

*Professional Development Webinars are a requirement for the NIH StrokeNet Trainees*

**Wednesday, April 29, 2020**

Presenters: 11:00 **Mary Alice Saltão da Silva, DPT, Emory University**  
Predicting Post-Stroke Motor Recovery

11:30 **David Cunningham, PhD, Case Western University**  
Multimodal therapy to improve motor control in chronic stroke: Pairing non-invasive brain stimulation with functional electrical stimulation

Moderator: **David Liebeskind, MD**

To join the meeting: <https://nihstrokenet.adobeconnect.com/pdw/>. Please enter as a guest, then your email address or your first and last name.

To take part in the conversation you MUST dial-in. (877) 621-0220 Passcode: 190825

## Grand Rounds

*Grand Rounds are a requirement for the NIH StrokeNet Trainees, however all are welcome to participate.*

**Thursday, April 30, 2020**

Topic: Feeding the Penumbra

Presenter: **Jeff Saver, MD, UCLA**

Moderator: **Randy Marshall, MD**

To join the meeting: <https://nihstrokenet.adobeconnect.com/grandrounds/>. Please enter as a guest, then your email address or your first and last name.

To take part in the conversation you MUST dial-in. (877) 621-0220 Passcode: 190825

## NIH StrokeNet Employment Opportunities

**YALE SCHOOL OF MEDICINE - DEPARTMENT OF NEUROLOGY**

**POSTDOCTORAL JOB DESCRIPTION**

### **GENERAL SUMMARY/ OVERVIEW STATEMENT:**

This is an opportunity for a highly motivated individual with a background in biological or data sciences to perform cutting-edge research utilizing clinical, physiological, genetic and imaging data assembled from human subjects with stroke or acute brain injury. There are also opportunities to design or analyze trial data. Receiving general direction from one of the Division of Neurocritical Care & Emergency Neurology faculty members, and working in close collaboration with several investigators from across Yale and other institutions in the US, the incumbent will advance research work focused on acute stroke, brain injury, both

ischemic and hemorrhagic, with focus on clinical trial design and execution, physiological monitoring, neuroimaging analyses and population genetics.

**Visa sponsorship for non-US applicants is possible**

**PRINCIPAL DUTIES AND RESPONSIBILITIES:**

The postdoc will be responsible for project management, preparation of presentation materials, writing of manuscripts and grant applications, supervision of technologists and coordinators, presentations at local, national and international conferences. With broad support from Faculty members, the post-doctoral fellow will design and implement studies on the topics mentioned above, will analyze relevant data and lead the process of manuscript and grant writing. We are committed to tailor the training experience to the trainee's goals and career stage, providing the necessary background and tools to prepare the her/him for competitive faculty or residency/fellowship positions.

**QUALIFICATIONS:**

- MD, PhD, ScD, DrPH, MPH or MSc (required)
- Proven experience in multi-tasking various assigned scientific/research projects (required)
- Training in Epidemiology and/or Biostatistics (preferred)

**SKILLS / ABILITIES / COMPETENCIES REQUIRED:**

- Time Management: Exceptional organizational skills and ability to organize time and priorities effectively, asking for direction when appropriate. Flexibility to handle multiple tasks and deadline pressures.
- Analytical Skills: Ability to conceptualize and conduct complex analysis of research data
- Capacity for independent work
- Critical Thinking/Decision Making: Ability to appropriately evaluate all aspects of a situation and to independently make appropriate and timely decisions.
- Interpersonal/communication: Excellent interpersonal/communications skills and a good command of English language, including medical and scientific terminology.
- Information Systems/Technology Skills: Exceptional computer skills (including operating systems, word processing, database, electronic mail, Internet, and spreadsheets).
- Experience with statistical and programming software (R, MatLab, SQL, Stata), preferred.

**Please send CV and 3 professional references to:**

Kevin N. Sheth, MD  
15 York Street | LLCI Room 1003C  
New Haven, CT 06520  
kevin.sheth@yale.edu

**University of Cincinnati Vascular Neurologist**

The Department of Neurology and Physical Medicine and Rehabilitation at the University of Cincinnati has new, exciting opportunities for **Vascular Neurologists** at Assistant, Associate, or Professor levels on both clinical and research career tracks.

The candidate will join an internationally renowned stroke program that includes:

- A highly collaborative, multidisciplinary team of 9 Vascular Neurologists, 7 Emergency Medicine Stroke Specialists, 9 Neurocritical Care Intensivists, 3 Interventionalists from Neurosurgery and Neurology, 2 Cerebrovascular Neurosurgeons, 6 Neuroradiologists, a large cohort of extremely experienced Research Coordinators, among others
- A JCAHO-Certified Comprehensive Stroke Center, including a 20-bed Neuroscience Intensive Care Unit and 10-bed variable acuity unit
- Multicenter, high-volume approach to acute stroke treatment and trial enrollment (550+ treated with reperfusion therapies in 2019), including a newly activated Mobile Stroke Unit
- A large, NIH-funded stroke research program, ranging from clinical trials in treatment, prevention, and rehabilitation/recovery, to epidemiology studies in health disparities and brain health, to molecular genetics
- A home to the National Coordinating Center (NCC) and a Regional Coordinating Center (RCC) of the NIH StrokeNet

The clinical practice would consist of a personally tailored combination of inpatient service, acute stroke call (including telemedicine), outpatient clinic, and teaching of residents and fellows from several different disciplines.

Exciting collaborative research opportunities are available for participation and growth, but not required.

**MINIMUM QUALIFICATIONS:** Must have an MD or DO, completed an ACGME-approved Vascular Neurology fellowship program, and be BE/BC.

**HOW TO APPLY:** Contact Pooja Khatri, MD, Director of the Vascular Neurology Division: [pooja.khatri@uc.edu](mailto:pooja.khatri@uc.edu)

*The University of Cincinnati, as a multi-national and culturally diverse university, is committed to providing an inclusive, equitable and diverse place of learning and employment.*

*For more information about StrokeNet employment opportunities, please visit*

<http://nihstrokenet.org/education/employment-opportunities>

Contact: Jamey Frasure, PhD, RN, Director · NIH StrokeNet Coordinating Center · [frasurejs@ucmail.uc.edu](mailto:frasurejs@ucmail.uc.edu) · 513-558 1742

<https://www.nihstrokenet.org>