ProMOTE
The Prognostic Markers of TIA Evolution
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Background
ProMOTE aims to determine the predictive power of microalbuminuria after a Transient Ischemic Attack (TIA) or minor stroke. In a pilot study of 150 patients it was demonstrated that in some patients this protein was higher in those who went on to have a full stroke after a TIA.

Further to the success of the pilot study, ProMOTE will recruit 2,400 participants over two years to determine whether the urinary Albumin Creatinine Ratio (ACR) represents a significant prognostic indicator independent of conventional risk factors at a much lower value than is currently deemed “abnormal”. The pilot study data suggests microcirculatory dysfunction, as assessed by ACR, is not only a marker of unmeasured risk, but may also represent an untreated therapeutic target after stroke. ProMOTE will determine the predictive utility of ACR as a currently un-established therapeutic target post stroke or TIA.

The success of ProMOTE could influence stroke care by helping doctors decide which patients would benefit from more intensive hospital treatment and those who could be discharged; reducing rates of completed stroke and preventing unnecessary admissions.

Procedure
ProMOTE is a multi-centre observational study of patients with minor stroke or TIA.

Inclusion Criteria:
• TIA or Minor Stroke diagnosis
• (which does not result in a hospital admission)
• Age ≥ 18
• Can provide a urine sample
• Patients have the capacity for provide informed consent

Exclusion Criteria:
• Patients cannot provide informed consent
• Patients presented with an onset date of symptoms ≥ 1 month
• Patient has no means to follow up via telephone
• Patients with a urinary tract infection (UTI)

Recruitment is generally carried out by Research Practitioners and Research Nurses.
• Participants are asked to:
  • Provide informed written consent,
  • Provide a single mid-stream urine specimen,
  • Answer life style related questions,
  • Have 6 blood pressure readings taken,
  • Provide permission to be contacted for 3 follow-up telephone calls.

The urine specimens are analysed using an Afinion AS100 Analyzer which measures the ACR and levels of Creatinine and Albumin in the specimen. This process takes 15 minutes.

Follow up calls take place at days 7, 30 and 90. These ensure the participant remains in good health, check for the occurrence of serious adverse events and allow the reporting of outcome measures. The day 7 follow up call is carried out by staff at the recruitment site. The days 30 and 90 follow up calls are conducted by the Coordinating Centre based at the RD & E Hospital.

Recruitment
ProMOTE is currently active across nine NHS trusts.

ProMOTE recruits from:
• Royal Devon and Exeter NHS Foundation Trust
• Royal Cornwall Hospital NHS Trust
• Plymouth Hospital NHS Trust
• Gloucester Hospitals NHS Trust
• Yeovil District Hospital NHS Foundation Trust
• Taunton and Somerset NHS Foundation Trust
• Royal Berkshire NHS Foundation Trust
• Royal United Hospitals Bath NHS Foundation Trust
• Buckinghamshire Healthcare NHS Trust

We will be opening in Portsmouth and Poole in the Autumn 2015.

For more information please contact the ProMOTE team:
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This graphs shows site recruitment per month.

All sites have a monthly target to recruit 13 participants into ProMOTE. Sites recruitment is constantly monitored to try and reach targets. Sites which do not meet targets are contacted to discuss their performance and sites are closed if necessary. All sites are expected to recruit 50 participants within their first 4 months and 300 participants per year.

Our top 3 recruiting sites are Cornwall, Exeter and Plymouth. Cornwall is ProMOTE’s top recruiting site. On average Cornwall recruits 21 participants into ProMOTE per month.

Of those screened only a small number of participants are eligible for ProMOTE. This does differ between sites as some screen all patients in the stroke clinics/ward whereas other just screen TIA clinics.

The most common reason a participant is not recruited is that their diagnosis is not TIA. Of those screened 13% of participants decline to participate and 12% of participants consent to take part but have a UTI and therefore cannot be recruited into ProMOTE.