



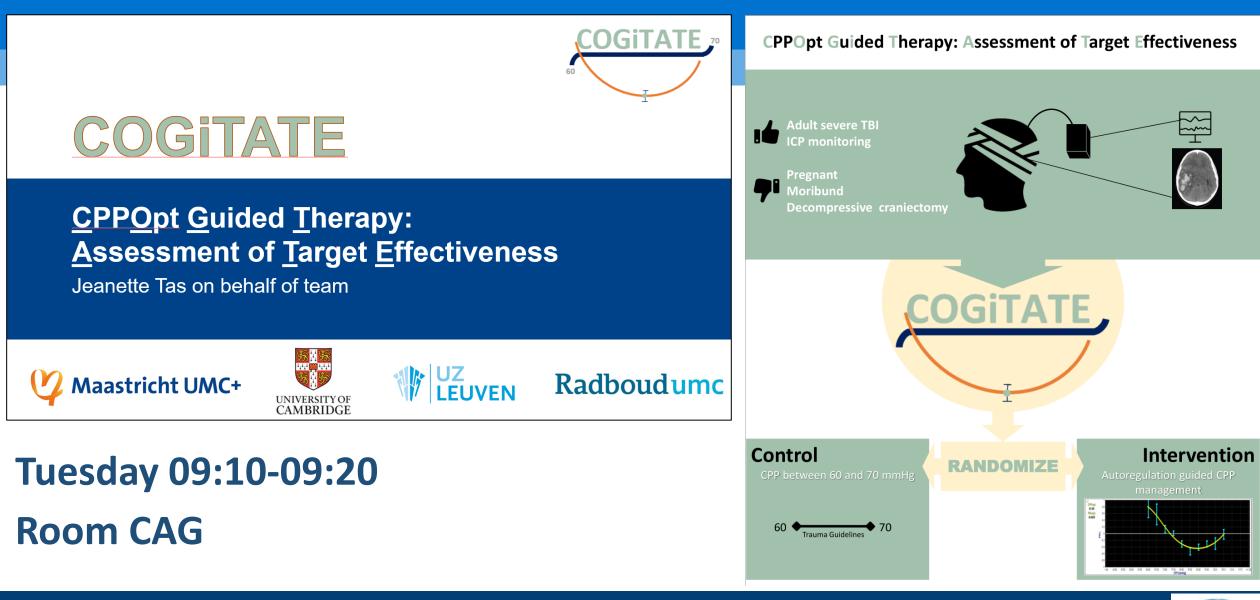
Use of ICM+ for running clinical trials Experiences from the CPPopt trial COGiTATE

Dr. Erta Beqiri erta.beqiri@gmail.com 08/09/2019

Division of Neurosurgery, Department of Clinical Neurosciences













Use of ICM+ for running clinical trials

- interventional multicenter randomized controlled trial
- based on a parameter that requires real time data collection and processing
- that requires a feedback from the clinical team.

All of the things I will show taking COGiTATE as an example, can be adapted to other trials with different protocols





Brain Physics Lab

Daily life of a COGiTATE researcher









Daily life of a COGiTATE researcher



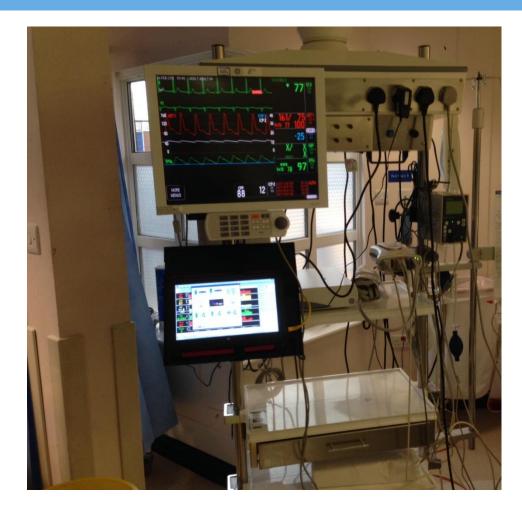


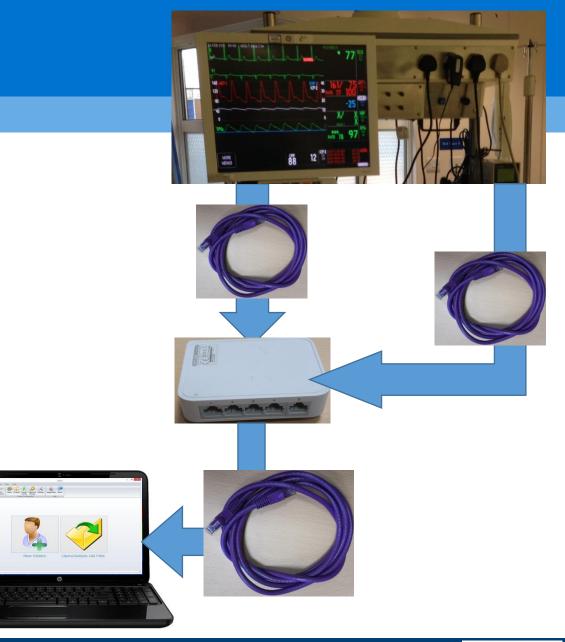






Local data collection



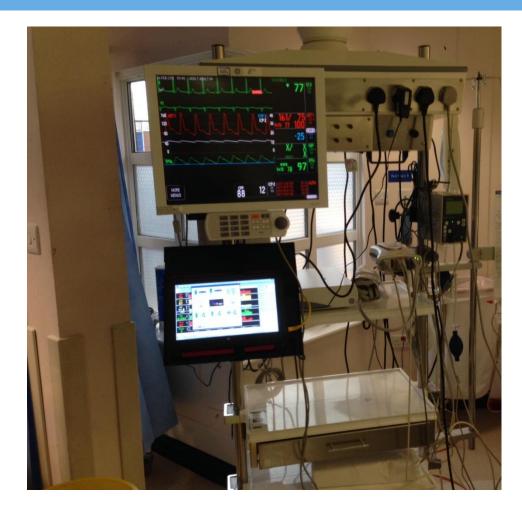


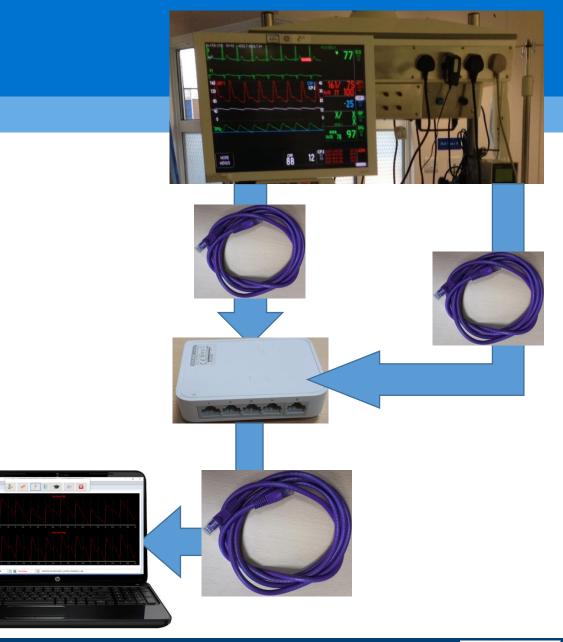


Brain Physics Lab



Local data collection



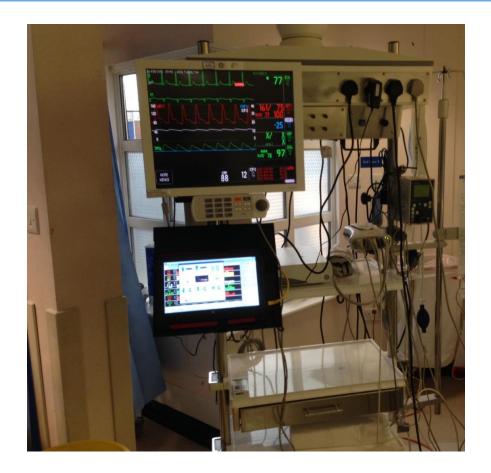


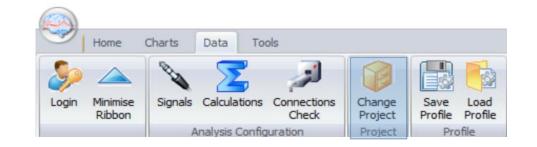


Brain Physics Lab



Start COGiTATE in ICM+ - change project





Select new project	\times
Generic	
COGITATE	
CENTER-TBI	
Traumatic Brain Injury	
✓ OK X Cancel	







COGITATE module in ICM+

Project Configuration	;	
General Data Fields Eve	nts Data Archiving	
Project Definition		Welcome to the COGiTATE study!
Name	COGITATE Abbreviation: COGITATE	
Description:	Optimal CPP feasibility and effectiveness study .	The COGiTATE study is a prospective intervention study that will assess the feasibility and effectiveness of autoregulation guided therapy (CPPopt) in severe traumatic brain injury patients. The patient needs to be randomised into the CPPopt group or the standard of care group (CPP) by the local researchers using an external web based tool.
Custom Module:	COGITATE.dll	Please select the correct randomisation group below to continue.
Data Folder:	C:\Users\Jeanette\Documents\ICM+\Data\	
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CPPopt arm

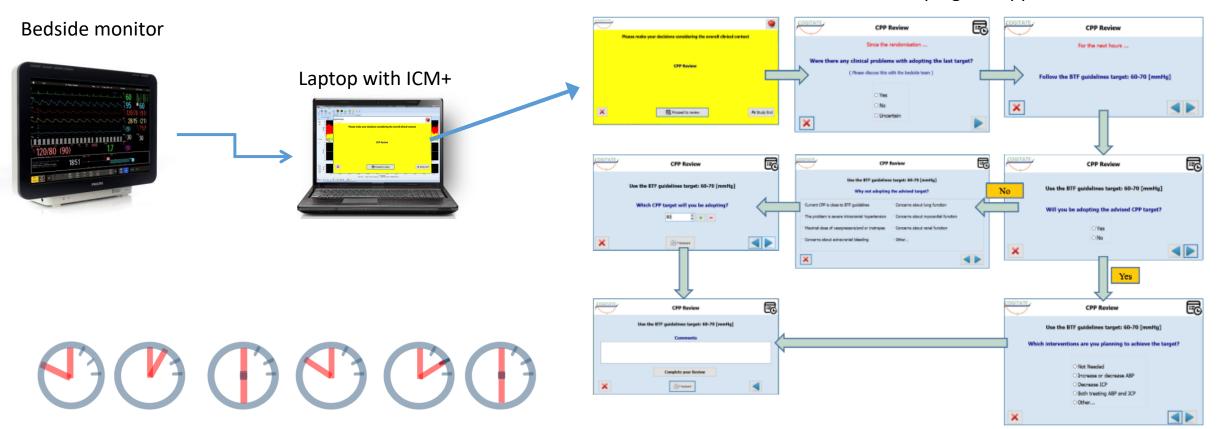








CPP review



Clinical trial wizard plugins support







What information at the review?

Function: OptimalValueFle	×	
Missing Data Limit [%]	50	
Number of bins	16	
Minimum bin value	40	
Maximum bin value	120	
Minimum bin data count [%]	3	
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Minimum Y span	0.2	
Minimum fit R2 value	0.00	
Min all data fit R2 value	0.2	
Concave		
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Use error weighting		
Enforce Y range	✓	
Enforce Y region - Min	-0.3	•
Enforce Y region - Max	0.6	
Optimal range threshold	0.25	
Min value of lower breakpoint	0.00	
Max value of upper breakpoint	0.00	
Output value type	Optimal X	~
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Step	600	
Multiwindow Treatment	Weighted Average	~
Window Weight Exp	0	
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Use R2 for fit quality	✓	
Use full fit error	✓	
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VOK X Cancel	🛞 Keyboard	

Constitution of

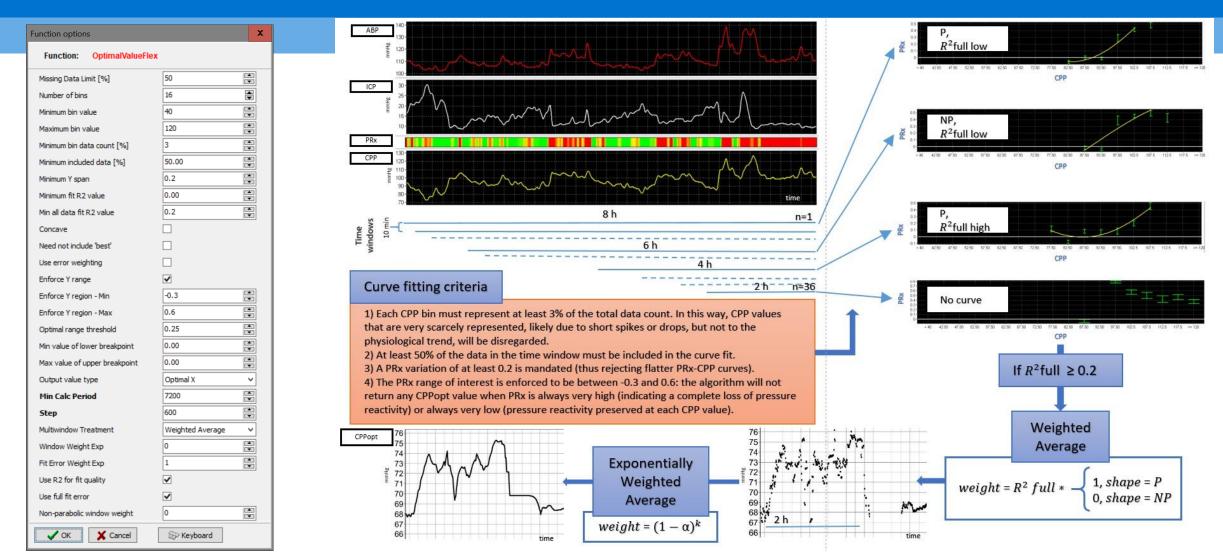
tual Signals F	Primary Analysis Secondary Analysis 1	Secondary Analysis 2	Secondary Analysis	3 Secondar	y Analysis 4	FinalAr	alysis	
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Name	Formula	Units	Calc. Windo	Updated [s]	Min	Max	En.	
sABP	Mean(sABP)		60	60	0	0	Y	^
dABP	Mean(dABP)		60	60	0	0	Y	
ICPmax	Mean(ICPmax)	mmHg	60	60	0	0	Y	
ICPmin	Mean(ICPmin)	mmHg	60	60	0	0	Y	
ppABP	Mean(ppABP)		60	60	0	0	Y	
CPPmed	Mean(CPPmed)	mmHg	60	60	0	0	Y	
CPPopt	MeanEW(CPPopt, 'ALPHA=0.1')	mmHg	7200	60	0	0	Y	
PRxopt	MeanEW(PRxopt, 'ALPHA=0.1')	mmHg	7200	60	0	0	Y	
LLA	MeanEW(LLA, 'ALPHA=0.1')	mmHg	7200	60	0	0	Y	
ULA	MeanEW(ULA, 'ALPHA=0.1')	mmHg	7200	60	0	0	Y	
CPP5min	Mean(CPP5min)	mmHg	60	60	0	0	Y	
PAx	Mean(PAx)		60	60	0	0	Y	
DeltaCPP	Mean(CPPmed)-Mean(CPPopt)	mmHg	60	60	0	0	Y	~
PAx	Mean(PAx) Mean(CPPmed)-Mean(CPPopt)	mmHg	60	60	0	0	Y	







What information at the review?









What information at the review?





UNIVERSITÀ DEGLI STUDI DI MILANO

Optimal cerebral perfusion pressure assessed with a multi-window weighted approach adapted for prospective use: a validation study

E.Beqiri¹⁻², A.Ercole³, M.Aries⁴, M.Cabeleira¹, A.Czigler^{1,5}, A.Liberti^{4,2}, J.Tas⁴, J.Donnelly¹, L. Xiuyun^{1,6}, M.Fedriga^{1,7}, K.H.Chu¹, FA.Zeiler^{3,8}, M.Czosnyka¹, P. Smielewski¹

¹Brain Physics Laboratory, Division of Neurosurgery, Department of Clinical Neurosciences, University of Cambridge, UK ; ²Department of Physiology and Transplantation, Milan University, Italy; ³Division of Anaesthesia, University of Cambridge, UK; ⁴Department of Intensive Care, Maastricht UMC, The Netherlands; ⁵Department of Neurosurgery and Szentagothai Research Center, University of Pecs, Medical School, Pecs, Hungary; ⁶Department of physiological nursing, university of California, San Francisco, CA,94122, USA; ⁷Department of Anesthesia, Critical care and Emergency. Spedali Civili University Hospital, Piazzale Spedali civili 1, Brescia 25123, Italy; ⁸Department of Surgery, Rady Faculty of Health Sciences, University of Manitoba, Canada

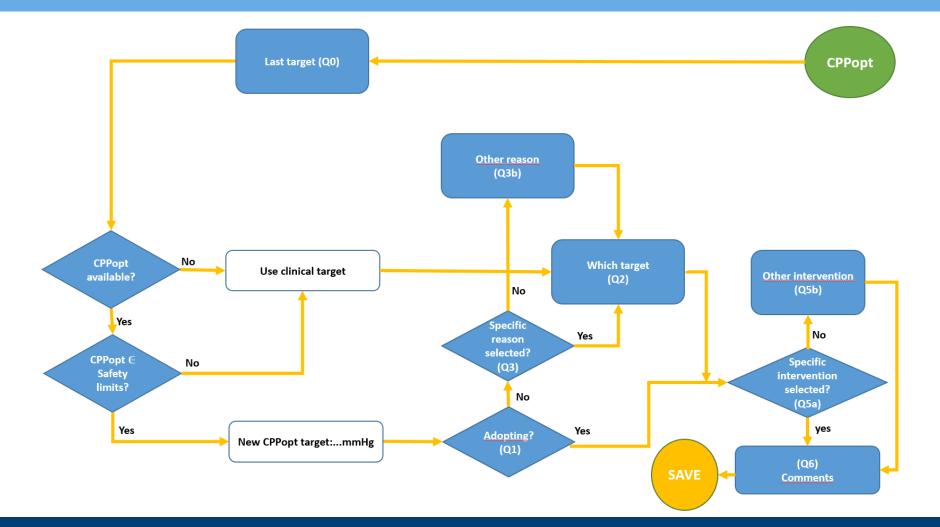
Poster n **305**







Logic for trial assistance

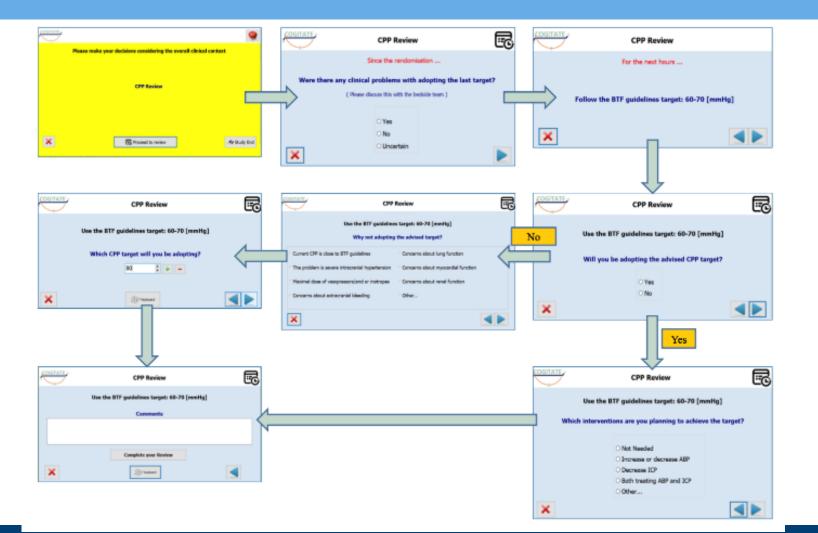




Brain Physics Lab



Forms for trial assistance



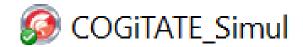


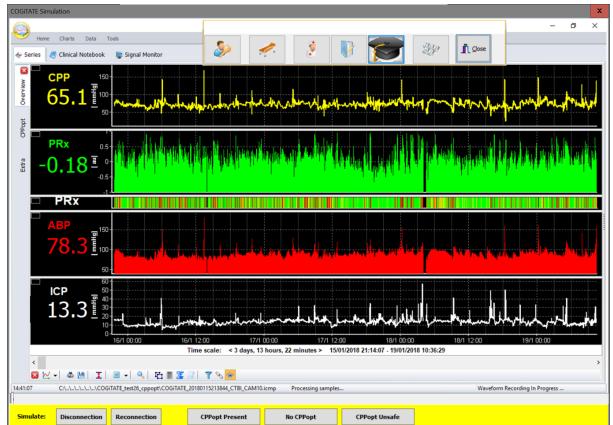
Brain Physics Lab



Simulator







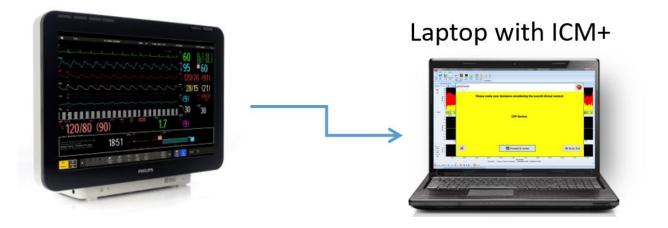






Time settings

Bedside monitor





Brain Physics Lab







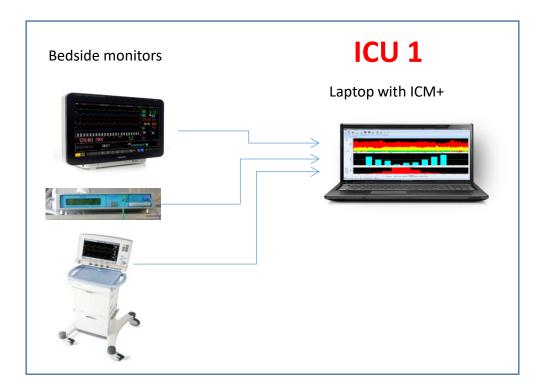
Marcel Aries

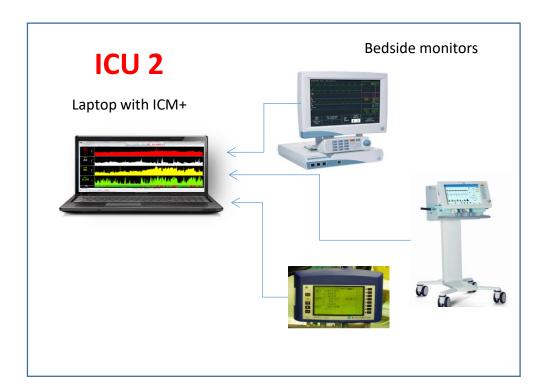
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We need to set up a ne	ew centre for Cogitate	10:34 pm
Could you please do t	hat today ? 10:34 p	m
They want to start tom	norrow 10:34 pm	







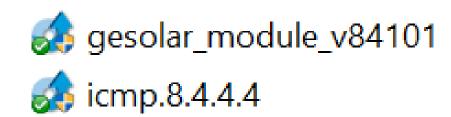


















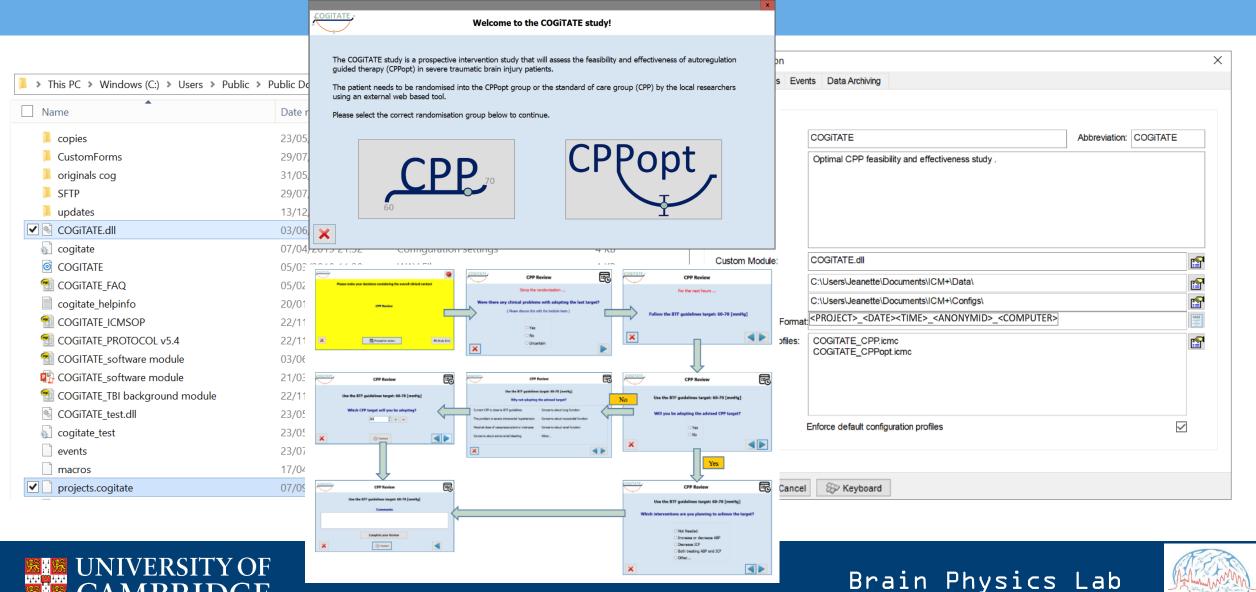
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Name	Date modified	Туре	Size
copies	23/05/2019 00:12	File folder	
📜 CustomForms	29/07/2016 09:05	File folder	
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COGitate.dll	03/06/2018 11:15	Application extension	990 KB
🔊 cogitate	07/04/2019 21:52	Configuration settings	4 KB
COGITATE	05/03/2018 11:28	WAV File	4 KE
1 Cogitate_faq	05/02/2018 00:54	Documento PDF	570 KB
cogitate_helpinfo	20/01/2018 19:36	Text Document	1 KE
COGITATE_ICMSOP	22/11/2017 23:12	Documento PDF	2,865 KE
COGITATE_PROTOCOL v5.4	22/11/2017 23:11	Documento PDF	1,165 KE
COGITATE_software module	03/06/2018 15:20	Documento PDF	3,923 KE
🕵 COGiTATE_software module	21/03/2018 12:53	Microsoft PowerPoint Macro	18,356 KE
1 COGiTATE_TBI background module	22/11/2017 23:11	Documento PDF	3,570 KE
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macros	17/04/2019 00:49	XML Document	7 KB
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Project	Configuration				×	,
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Proj	ject Definition					
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ICM+



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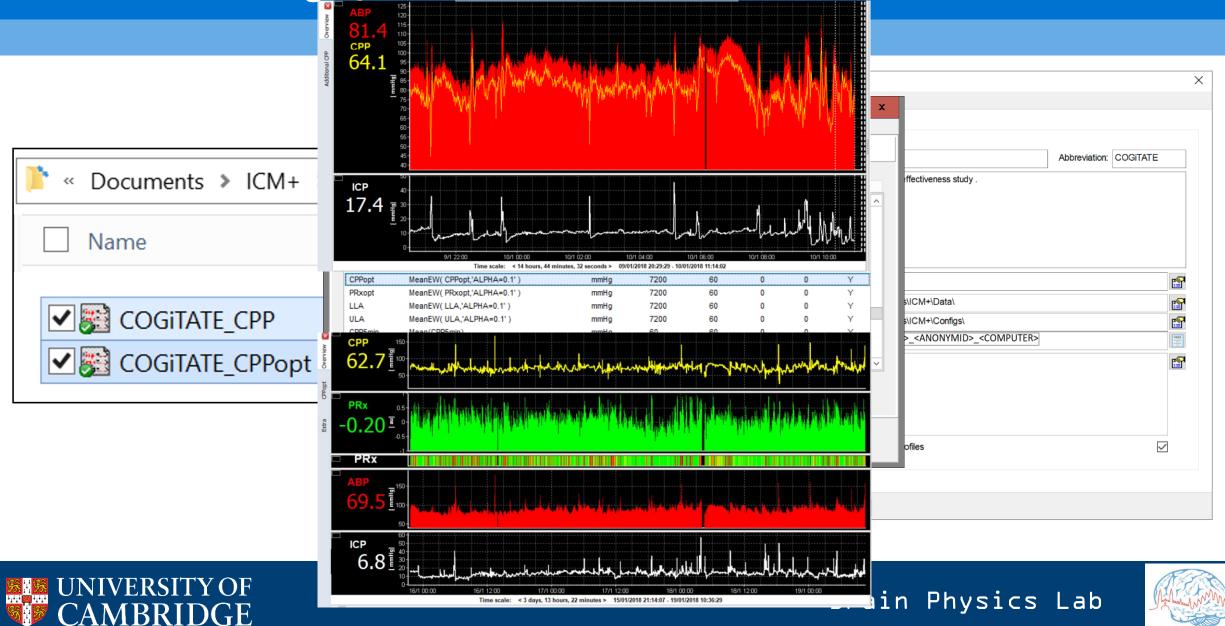


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Documents / ICIVI+ /	Name	Formula	Units	Calc. Windo	Updated [s]	Min	Max	En.				
	sABP	Mean(sABP)		60	60	0	0		^			
	dABP	Mean(dABP)		60	60	0	0	Y				
NI	ICPmax	Mean(ICPmax)	mmHg	60	60	0	0	Y				
Name	ICPmin ppABP	Mean(ICPmin) Mean(ppABP)	mmHg	60 60	60 60	0	0	Y				
	CPPmed	Mean(CPPmed)	mmHg	60	60	0	0	Y				
	CPPopt	MeanEW(CPPopt, 'ALPHA=0.1')	mmHg	7200	60	0	0	Y				
	PRxopt	MeanEW(PRxopt, ALPHA=0.1')	mmHg	7200	60	0	0	Y				P
	LLA	MeanEW(LLA, ALPHA=0.1')	mmHq	7200	60	0	0	Y		s\ICM+\Data\		≧
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	PAx	Mean(PAx)		60	60	0	0	Y		>_ <anonymid>_<computer></computer></anonymid>		0461
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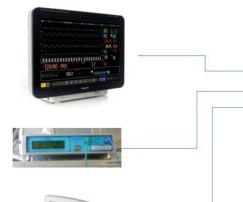




ICM+

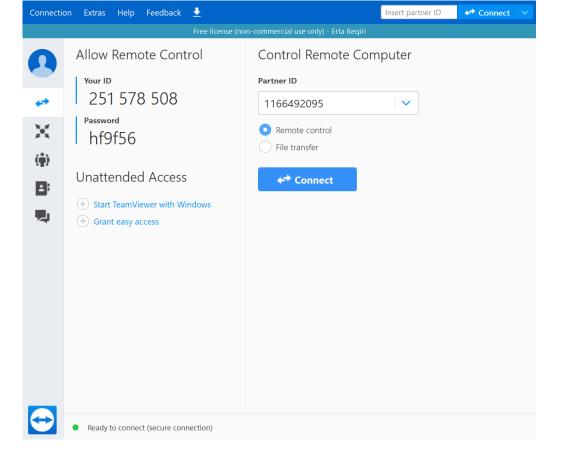
## Remote setting up and troubleshooting

#### Bedside monitors



#### Laptop with ICM+



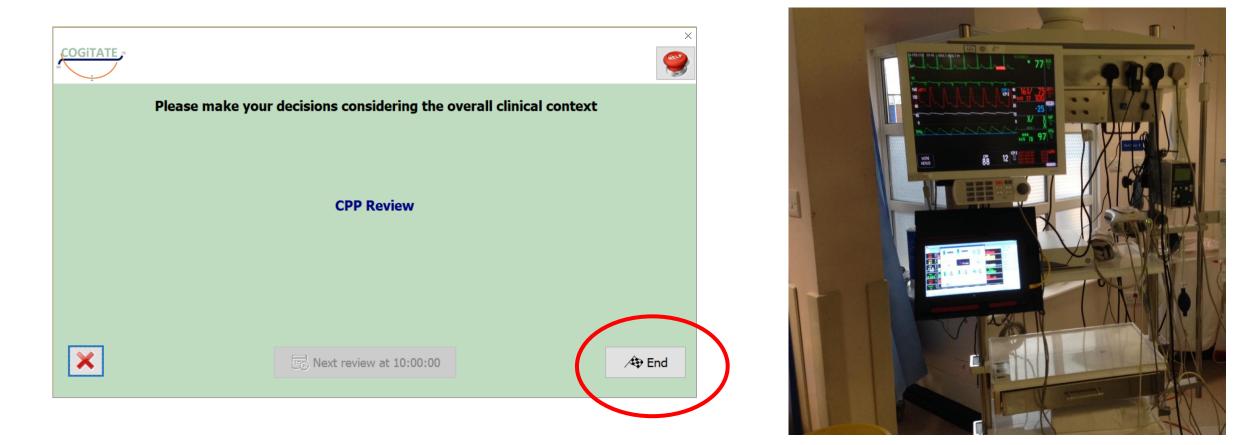








#### End the study







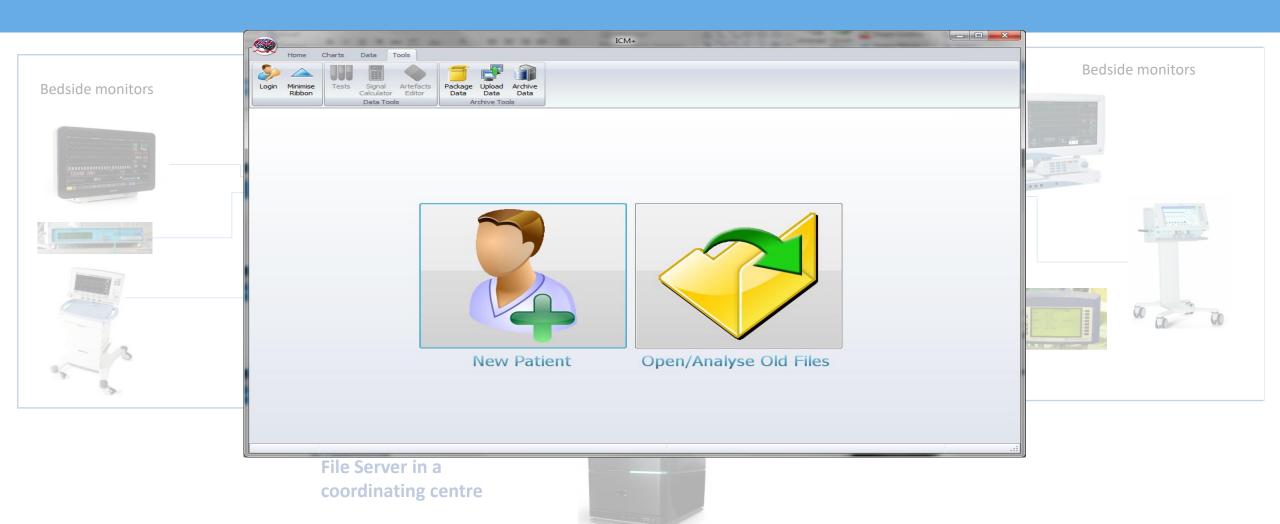


Bedside monitors	ICU 1	Data Upload Form	ICU 2	Bedside monitors
<image/>	Laptop with ICM+		Laptop with ICM+	
	File Server in a coordinating centre			















	ICM+	
Bedside monitors	Home Charts Data Tools Login Minimise Ribbon Data Tools Tests Signal Artefacts Data Tools Package Upload Arthive Data Tools	Bedside monitors
00 Fill 199 Fill 198 Fill 199 Fil	Cambridge SFTP File Uploader	
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	ICM+	
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#### Conclusions

- I showed you how we ran a prospective interventional
   RCT with ICM+: you can do the same for any other trial.
- ICM+ is not a black box: it does what you ask it to do! You need to know exactly how it works for your specific project, details are important! In particular if you make interventions based on its functioning
- Please test everything!
- The software in this case works as **integrated in a clinical setting:** don't forget it, make things work together.
- Keep the main actors involved and trained (clinical team) and they will love the study as much as you do ^(C)







