WEBVTT

NOTE duration:"00:18:27" NOTE recognizability:0.908

NOTE language:en-us

NOTE Confidence: 0.803823993548387

 $00:00:00.000 \longrightarrow 00:00:01.836$ To introduce sleep smart,

NOTE Confidence: 0.803823993548387

00:00:01.836 --> 00:00:04.131 Smart is a randomized clinical

NOTE Confidence: 0.803823993548387

 $00{:}00{:}04.131 \dashrightarrow 00{:}06.247$ trial assessing whether treatment

NOTE Confidence: 0.803823993548387

 $00:00:06.247 \longrightarrow 00:00:08.877$ of obstructive sleep apnea shortly

NOTE Confidence: 0.803823993548387

00:00:08.877 --> 00:00:11.605 after an acute ischemic stroke or

NOTE Confidence: 0.803823993548387

 $00{:}00{:}11.605 \dashrightarrow 00{:}00{:}14.230$ high risk TE reduces the risk of

NOTE Confidence: 0.803823993548387

 $00:00:14.230 \longrightarrow 00:00:16.262$ cardiovascular events and improves

NOTE Confidence: 0.803823993548387

 $00:00:16.262 \longrightarrow 00:00:18.294$ functional outcomes representing sleep.

NOTE Confidence: 0.803823993548387

00:00:18.300 --> 00:00:20.455 Smart today are Doctor Devin

NOTE Confidence: 0.803823993548387

00:00:20.455 --> 00:00:21.874 Brown and Doctor Sherman.

NOTE Confidence: 0.803823993548387

00:00:21.874 --> 00:00:23.842 Dr Brown is a professor of

NOTE Confidence: 0.803823993548387

 $00:00:23.842 \longrightarrow 00:00:25.874$ neurology at University of Michigan

NOTE Confidence: 0.803823993548387

00:00:25.874 --> 00:00:27.514 Medical School Doctor Sherman,

 $00:00:27.520 \longrightarrow 00:00:29.296$ who is also a professor for

NOTE Confidence: 0.803823993548387

 $00{:}00{:}29.296 \to 00{:}00{:}30.480$ Alaji and a director.

NOTE Confidence: 0.803823993548387

00:00:30.480 --> 00:00:32.112 Sleep Medicine at University

NOTE Confidence: 0.803823993548387

 $00:00:32.112 \longrightarrow 00:00:33.744$ of Michigan Medical school.

NOTE Confidence: 0.803823993548387

00:00:33.750 --> 00:00:35.318 Thank you very much for joining us today.

NOTE Confidence: 0.893322629642857

00:00:36.830 --> 00:00:39.098 Thank you so much for the invitation

NOTE Confidence: 0.893322629642857

 $00:00:39.098 \longrightarrow 00:00:40.946$ and it's really wonderful to be

NOTE Confidence: 0.893322629642857

 $00{:}00{:}40.946 \dashrightarrow 00{:}00{:}43.577$ able to stop by for a visit and talk

NOTE Confidence: 0.893322629642857

 $00:00:43.577 \longrightarrow 00:00:45.635$ with you briefly about sleep smart.

NOTE Confidence: 0.893322629642857

 $00:00:45.640 \longrightarrow 00:00:47.112$ As we already said,

NOTE Confidence: 0.893322629642857

 $00{:}00{:}47.112 --> 00{:}00{:}49.810$ Ron Sherman is also on the line,

NOTE Confidence: 0.893322629642857

 $00:00:49.810 \longrightarrow 00:00:52.426$ and so I'm sure he's happy to answer

NOTE Confidence: 0.893322629642857

 $00:00:52.426 \longrightarrow 00:00:54.891$ any of your most difficult questions

NOTE Confidence: 0.893322629642857

 $00:00:54.891 \longrightarrow 00:00:58.410$ will save those for him for at the end,

NOTE Confidence: 0.893322629642857

00:00:58.410 --> 00:01:00.250 Sharon's presentation was was very

NOTE Confidence: 0.893322629642857

 $00:01:00.250 \longrightarrow 00:01:02.464$ heartwarming at and her house is

 $00:01:02.464 \longrightarrow 00:01:04.336$ also quite lovely compared to mine,

NOTE Confidence: 0.893322629642857

 $00{:}01{:}04.340 \dashrightarrow 00{:}01{:}06.580$ so a pologies for the background.

NOTE Confidence: 0.893322629642857

 $00:01:06.580 \longrightarrow 00:01:11.005$ And perhaps for the less

NOTE Confidence: 0.893322629642857

00:01:11.005 --> 00:01:12.775 heartwarming presentation.

NOTE Confidence: 0.893322629642857

 $00:01:12.780 \longrightarrow 00:01:15.292$ And so let's start just by talking a

NOTE Confidence: 0.893322629642857

 $00:01:15.292 \longrightarrow 00:01:17.562$ little bit about why in the context

NOTE Confidence: 0.893322629642857

00:01:17.562 --> 00:01:19.740 of caring for a stroke patient,

NOTE Confidence: 0.893322629642857

 $00:01:19.740 \longrightarrow 00:01:21.288$ you would want to even care

NOTE Confidence: 0.893322629642857

 $00:01:21.288 \longrightarrow 00:01:22.320$ about obstructive sleep apnea.

NOTE Confidence: 0.893322629642857

 $00:01:22.320 \longrightarrow 00:01:24.441$ There are so many other things to

NOTE Confidence: 0.893322629642857

 $00:01:24.441 \longrightarrow 00:01:26.478$ consider to worry about to focus on.

NOTE Confidence: 0.893322629642857

 $00:01:26.480 \longrightarrow 00:01:28.720$ Why are we obsessed with

NOTE Confidence: 0.893322629642857

00:01:28.720 --> 00:01:30.064 obstructive sleep apnea,

NOTE Confidence: 0.893322629642857

 $00:01:30.070 \longrightarrow 00:01:31.658$ well, obstructive sleep apnea

NOTE Confidence: 0.893322629642857

00:01:31.658 --> 00:01:33.643 is very common post stroke.

 $00:01:33.650 \longrightarrow 00:01:36.176$ It is approaching the prevalence of

NOTE Confidence: 0.893322629642857

00:01:36.176 --> 00:01:38.778 hypertension, so it's up in the 70s.

NOTE Confidence: 0.893322629642857

 $00:01:38.780 \longrightarrow 00:01:41.146$ So when you see a stroke patient,

NOTE Confidence: 0.893322629642857

 $00:01:41.150 \longrightarrow 00:01:42.480$ the chances of that person.

NOTE Confidence: 0.893322629642857

 $00:01:42.480 \longrightarrow 00:01:45.636$ Obstructive sleep apnea are extremely common.

NOTE Confidence: 0.893322629642857

00:01:45.640 --> 00:01:47.944 We know that obstructive sleep apnea

NOTE Confidence: 0.893322629642857

 $00:01:47.944 \longrightarrow 00:01:50.841$ is an independent risk factor for both

NOTE Confidence: 0.893322629642857

 $00:01:50.841 \longrightarrow 00:01:52.996$ incident stroke and recurrent stroke,

NOTE Confidence: 0.893322629642857

 $00:01:53.000 \longrightarrow 00:01:55.436$ and it's also an independent risk factor

NOTE Confidence: 0.893322629642857

00:01:55.436 --> 00:01:58.100 for poor outcomes following ischemic stroke,

NOTE Confidence: 0.893322629642857

 $00:01:58.100 \longrightarrow 00:02:00.488$ including both functional

NOTE Confidence: 0.893322629642857

 $00:02:00.488 \longrightarrow 00:02:02.876$ and cognitive outcomes.

NOTE Confidence: 0.893322629642857

 $00:02:02.880 \longrightarrow 00:02:04.596$ So what are the links there?

NOTE Confidence: 0.893322629642857

 $00{:}02{:}04.600 \dashrightarrow 00{:}02{:}06.460$ How does obstructive sleep

NOTE Confidence: 0.893322629642857

00:02:06.460 --> 00:02:08.320 apnea potentially cause stroke?

NOTE Confidence: 0.893322629642857

 $00{:}02{:}08.320 \dashrightarrow 00{:}02{:}10.260$ How does it potentially cause

 $00:02:10.260 \longrightarrow 00:02:11.812$ poor outcomes after stroke?

NOTE Confidence: 0.893322629642857

 $00:02:11.820 \longrightarrow 00:02:13.470$ Well, there are lots of different.

NOTE Confidence: 0.893322629642857

00:02:13.470 --> 00:02:14.902 Possibilities first.

NOTE Confidence: 0.893322629642857

00:02:14.902 --> 00:02:18.482 Sleep apnea causes elaboration of

NOTE Confidence: 0.893322629642857

 $00:02:18.482 \longrightarrow 00:02:22.649$ free radicals of khyle 6 E selected.

NOTE Confidence: 0.893322629642857

 $00:02:22.650 \longrightarrow 00:02:25.050$ These things can promote Atheros sclerosis.

NOTE Confidence: 0.893322629642857

 $00:02:25.050 \longrightarrow 00:02:26.978$ It promotes deleterious cerebral

NOTE Confidence: 0.893322629642857

 $00:02:26.978 \longrightarrow 00:02:28.424$ hemodynamics and through

NOTE Confidence: 0.893322629642857

00:02:28.424 --> 00:02:29.870 multiple different mechanisms,

NOTE Confidence: 0.893322629642857

 $00:02:29.870 \longrightarrow 00:02:31.778$ including platelet activation

NOTE Confidence: 0.893322629642857

00:02:31.778 --> 00:02:33.686 and increased EPO,

NOTE Confidence: 0.893322629642857

 $00:02:33.690 \longrightarrow 00:02:35.634$ and decreased fibringen increases

NOTE Confidence: 0.893322629642857

 $00{:}02{:}35.634 \dashrightarrow 00{:}02{:}38.064$ hypercoagulability and any of these

NOTE Confidence: 0.893322629642857

00:02:38.064 --> 00:02:40.666 three factors alone or in combination,

NOTE Confidence: 0.893322629642857

 $00:02:40.670 \longrightarrow 00:02:42.310$ can increase the risk of

 $00:02:42.310 \longrightarrow 00:02:43.622$ both incident and recurrent.

NOTE Confidence: 0.893322629642857

 $00:02:43.630 \longrightarrow 00:02:45.380$ Stroke and then following a

NOTE Confidence: 0.893322629642857

 $00:02:45.380 \longrightarrow 00:02:47.730$ little bit of a different pathway.

NOTE Confidence: 0.893322629642857

00:02:47.730 --> 00:02:49.705 Sleep apnea again through all

NOTE Confidence: 0.893322629642857

00:02:49.705 --> 00:02:51.285 of the different physiologic

NOTE Confidence: 0.893322629642857

 $00:02:51.285 \longrightarrow 00:02:52.818$ changes that it can cause.

NOTE Confidence: 0.893322629642857

 $00:02:52.820 \longrightarrow 00:02:55.490$ May end up producing angiogenesis,

NOTE Confidence: 0.893322629642857

 $00:02:55.490 \longrightarrow 00:02:57.308$ dendritic and axonal

NOTE Confidence: 0.893322629642857

 $00{:}02{:}57.308 \mathrel{--}{>} 00{:}02{:}59.126$ sprouting and synaptogenesis,

NOTE Confidence: 0.893322629642857

 $00:02:59.130 \longrightarrow 00:03:02.220$ and these factors can result

NOTE Confidence: 0.893322629642857

 $00:03:02.220 \longrightarrow 00:03:04.692$ in poorer stroke recovery.

NOTE Confidence: 0.893322629642857

 $00:03:04.700 \longrightarrow 00:03:04.989 \text{ So}$

NOTE Confidence: 0.893322629642857

 $00:03:04.989 \longrightarrow 00:03:07.301$ given that we have both of these two

NOTE Confidence: 0.893322629642857

 $00{:}03{:}07.301 \dashrightarrow 00{:}03{:}09.519$ very important potential outcomes,

NOTE Confidence: 0.893322629642857

 $00:03:09.520 \longrightarrow 00:03:12.180$ recurrent stroke and stroke recovery,

NOTE Confidence: 0.893322629642857

 $00:03:12.180 \longrightarrow 00:03:14.982$ which should we target in a

 $00:03:14.982 \longrightarrow 00:03:17.374$ trial looking at treatment of

NOTE Confidence: 0.893322629642857

00:03:17.374 --> 00:03:19.298 obstructive sleep apnea poststroke?

NOTE Confidence: 0.893322629642857 00:03:19.300 --> 00:03:19.592 Well, NOTE Confidence: 0.893322629642857

 $00:03:19.592 \longrightarrow 00:03:21.636$ our approach was really that we wanted

NOTE Confidence: 0.893322629642857

 $00:03:21.636 \longrightarrow 00:03:23.630$ to have our cake and eat it too,

NOTE Confidence: 0.893322629642857

 $00:03:23.630 \longrightarrow 00:03:25.232$ and so this says you can't

NOTE Confidence: 0.893322629642857

 $00:03:25.232 \longrightarrow 00:03:27.020$ have your cake and eat it too.

NOTE Confidence: 0.893322629642857

 $00:03:27.020 \longrightarrow 00:03:28.580$ That's obviously being stated by

NOTE Confidence: 0.893322629642857

00:03:28.580 --> 00:03:30.140 somebody who doesn't understand what

NOTE Confidence: 0.893322629642857

00:03:30.191 --> 00:03:31.637 you're supposed to do with cake,

NOTE Confidence: 0.893322629642857

 $00:03:31.640 \longrightarrow 00:03:35.528$ so we took this approach that we wanted to.

NOTE Confidence: 0.893322629642857

 $00:03:35.530 \longrightarrow 00:03:38.379$ Test both of our hypotheses that CPAP

NOTE Confidence: 0.893322629642857

 $00{:}03{:}38.379 \dashrightarrow 00{:}03{:}40.816$ could improve prevention and it could

NOTE Confidence: 0.893322629642857

 $00{:}03{:}40.816 \dashrightarrow 00{:}03{:}42.522$ improve recovery and within sleep.

NOTE Confidence: 0.893322629642857

 $00:03:42.522 \longrightarrow 00:03:44.720$ Smart participants are enrolled as if it

 $00:03:44.774 \longrightarrow 00:03:46.937$ is a single trial they've taken through.

NOTE Confidence: 0.893322629642857

 $00:03:46.940 \longrightarrow 00:03:48.916$ The protocol is if it's a single trial,

NOTE Confidence: 0.893322629642857

 $00:03:48.920 \longrightarrow 00:03:51.090$ but then at the time of analysis,

NOTE Confidence: 0.893322629642857

 $00:03:51.090 \longrightarrow 00:03:52.720$ which hopefully will come at

NOTE Confidence: 0.893322629642857

 $00:03:52.720 \longrightarrow 00:03:54.790$ some point in in several years.

NOTE Confidence: 0.938253303333333

 $00{:}03{:}54.790 --> 00{:}03{:}56.645$ It then breaks down into

NOTE Confidence: 0.938253303333333

00:03:56.645 --> 00:03:58.129 really two separate trials,

NOTE Confidence: 0.938253303333333

 $00:03:58.130 \longrightarrow 00:04:00.758$ one where all participants are contributing

NOTE Confidence: 0.938253303333333

 $00{:}04{:}00.758 \to 00{:}04{:}03.180$ their data to the prevention outcome,

NOTE Confidence: 0.938253303333333

 $00:04:03.180 \longrightarrow 00:04:06.160$ and those include both the high risk Tia.

NOTE Confidence: 0.938253303333333

 $00{:}04{:}06.160 \dashrightarrow 00{:}04{:}07.678$ Of which there are very few,

NOTE Confidence: 0.938253303333333

00:04:07.680 --> 00:04:09.920 and the ischemic stroke patients,

NOTE Confidence: 0.938253303333333

 $00:04:09.920 \longrightarrow 00:04:11.558$ and they have to be enrolled

NOTE Confidence: 0.938253303333333

 $00:04:11.558 \longrightarrow 00:04:13.549$ within 14 days of symptom onset.

NOTE Confidence: 0.938253303333333

 $00:04:13.550 \longrightarrow 00:04:15.944$ But then to answer the recovery aim,

NOTE Confidence: 0.938253303333333

 $00:04:15.950 \longrightarrow 00:04:18.170$ we use only a subset of

 $00:04:18.170 \longrightarrow 00:04:19.280$ the enrolled participants.

NOTE Confidence: 0.938253303333333

 $00{:}04{:}19.280 \dashrightarrow 00{:}04{:}21.398$ Those who had an ischemic stroke

NOTE Confidence: 0.938253303333333

00:04:21.398 --> 00:04:23.410 within seven days of consent,

NOTE Confidence: 0.938253303333333

 $00:04:23.410 \longrightarrow 00:04:25.522$ and those who also have to have had

NOTE Confidence: 0.938253303333333

 $00{:}04{:}25.522 \dashrightarrow 00{:}04{:}27.467$ an NIH stroke scale of at least

NOTE Confidence: 0.938253303333333

 $00:04:27.467 \longrightarrow 00:04:29.580$ one at the time of enrollment,

NOTE Confidence: 0.938253303333333

 $00:04:29.580 \longrightarrow 00:04:30.150$ because, otherwise,

NOTE Confidence: 0.938253303333333

 $00:04:30.150 \longrightarrow 00:04:32.145$ how are you going to be able

NOTE Confidence: 0.938253303333333

 $00:04:32.145 \longrightarrow 00:04:34.355$ to note that there has been an

NOTE Confidence: 0.938253303333333

 $00:04:34.355 \longrightarrow 00:04:37.150$ improvement in in their recovery?

NOTE Confidence: 0.938253303333333

 $00:04:37.150 \longrightarrow 00:04:39.486$ So the design of sleep smart is that

NOTE Confidence: 0.938253303333333

 $00:04:39.486 \longrightarrow 00:04:42.298$ it is a late phase multicenter trial.

NOTE Confidence: 0.938253303333333

 $00{:}04{:}42.300 \dashrightarrow 00{:}04{:}45.348$ The control group is usual care,

NOTE Confidence: 0.938253303333333

 $00:04:45.350 \longrightarrow 00:04:47.094$ so it's usual care.

NOTE Confidence: 0.938253303333333

 $00:04:47.094 \longrightarrow 00:04:48.402$ Plus automatically adjusting

 $00:04:48.402 \longrightarrow 00:04:50.510$ CPAP versus usual care alone.

NOTE Confidence: 0.938253303333333

 $00:04:50.510 \longrightarrow 00:04:53.134$ We could have designed this to have an

NOTE Confidence: 0.938253303333333

 $00:04:53.134 \longrightarrow 00:04:55.349$ active control will not active control,

NOTE Confidence: 0.938253303333333

00:04:55.350 --> 00:04:57.102 but a placebo control using sham

NOTE Confidence: 0.938253303333333

 $00:04:57.102 \longrightarrow 00:04:58.646$ CPAP and it's something with

NOTE Confidence: 0.938253303333333

 $00:04:58.646 \longrightarrow 00:04:59.938$ which we have experienced.

NOTE Confidence: 0.938253303333333

 $00{:}04{:}59.940 \dashrightarrow 00{:}05{:}02.622$ But it really would have complicated

NOTE Confidence: 0.938253303333333

 $00:05:02.622 \longrightarrow 00:05:04.525$ our design substantially and

NOTE Confidence: 0.938253303333333

 $00:05:04.525 \longrightarrow 00:05:07.300$ it would have advocated the.

NOTE Confidence: 0.938253303333333

00:05:07.300 --> 00:05:09.316 Possibility of are using a run at night,

NOTE Confidence: 0.9382533033333333

 $00:05:09.320 \longrightarrow 00:05:12.254$ which is a key part of our protocol design,

NOTE Confidence: 0.938253303333333

 $00:05:12.260 \longrightarrow 00:05:14.156$ and so in the face of knowing that

NOTE Confidence: 0.938253303333333

00:05:14.156 --> 00:05:16.259 we are using open label treatment,

NOTE Confidence: 0.938253303333333

 $00:05:16.260 \longrightarrow 00:05:19.109$ we used a probe design where the

NOTE Confidence: 0.938253303333333

 $00:05:19.109 \longrightarrow 00:05:21.687$ outcome assessors are masked to

NOTE Confidence: 0.938253303333333

 $00{:}05{:}21.687 \dashrightarrow 00{:}05{:}23.164$ randomization assignment and

 $00:05:23.164 \longrightarrow 00:05:24.328$ then again as I said before,

NOTE Confidence: 0.938253303333333

 $00:05:24.330 \longrightarrow 00:05:26.670$ this is really a secondary prevention

NOTE Confidence: 0.938253303333333

 $00{:}05{:}26.670 \dashrightarrow 00{:}05{:}29.269$ trial with an embedded recovery trial.

NOTE Confidence: 0.910098293333333

 $00:05:32.410 \longrightarrow 00:05:34.025$ This shows how a participant

NOTE Confidence: 0.910098293333333

 $00:05:34.025 \longrightarrow 00:05:35.317$ goes through the protocol.

NOTE Confidence: 0.910098293333333

 $00:05:35.320 \longrightarrow 00:05:36.860$ So after consent and

NOTE Confidence: 0.910098293333333

 $00:05:36.860 \longrightarrow 00:05:38.015$ baseline data collection,

NOTE Confidence: 0.910098293333333

 $00{:}05{:}38.020 \dashrightarrow 00{:}05{:}40.714$ the first night is allocated to

NOTE Confidence: 0.910098293333333

 $00{:}05{:}40.714 \dashrightarrow 00{:}05{:}43.677$ sleep apnea testing with an ox T3

NOTE Confidence: 0.910098293333333

 $00:05:43.677 \longrightarrow 00:05:46.248$ sleep apnea device and then to have

NOTE Confidence: 0.910098293333333

00:05:46.248 --> 00:05:47.736 qualifying obstructive sleep apnea.

NOTE Confidence: 0.910098293333333

 $00:05:47.740 \longrightarrow 00:05:49.720$ The Respiratory Event index has to

NOTE Confidence: 0.910098293333333

 $00:05:49.720 \longrightarrow 00:05:52.463$ be at least 10 and half of those

NOTE Confidence: 0.910098293333333

 $00{:}05{:}52.463 \dashrightarrow 00{:}05{:}54.485$ events cannot be no greater than

NOTE Confidence: 0.910098293333333

 $00:05:54.557 \longrightarrow 00:05:56.916$ half of them can be central events,

 $00:05:56.920 \longrightarrow 00:05:58.733$ and then the person moves on to

NOTE Confidence: 0.910098293333333

 $00:05:58.733 \longrightarrow 00:06:00.430$ the second night where he or she.

NOTE Confidence: 0.910098293333333

 $00:06:00.430 \longrightarrow 00:06:01.810$ Essentially gets a taste of C.

NOTE Confidence: 0.910098293333333

00:06:01.810 --> 00:06:04.700 Pap gets to try it out in the run and night,

NOTE Confidence: 0.910098293333333

 $00:06:04.700 \longrightarrow 00:06:07.367$ and if that subject uses C PAP

NOTE Confidence: 0.910098293333333

 $00:06:07.367 \longrightarrow 00:06:09.281$ for release cumulatively 4 hours

NOTE Confidence: 0.910098293333333

 $00:06:09.281 \longrightarrow 00:06:11.363$ during that night and also does

NOTE Confidence: 0.910098293333333

 $00:06:11.363 \longrightarrow 00:06:13.403$ not exceed 10 for the central

NOTE Confidence: 0.9100982933333333

 $00:06:13.403 \longrightarrow 00:06:15.693$ apnea index read off of the device.

NOTE Confidence: 0.910098293333333

 $00:06:15.693 \longrightarrow 00:06:17.931$ So meaning therefore the person did

NOTE Confidence: 0.910098293333333

 $00{:}06{:}17.931 \dashrightarrow 00{:}06{:}20.168$ not have treatment induced central

NOTE Confidence: 0.910098293333333

00:06:20.168 --> 00:06:22.512 sleep apnea and the participant is

NOTE Confidence: 0.910098293333333

 $00:06:22.512 \longrightarrow 00:06:24.540$ willing after that one night of

NOTE Confidence: 0.910098293333333

 $00:06:24.604 \longrightarrow 00:06:26.804$ exposure to see PAP to have a 5050

NOTE Confidence: 0.910098293333333

00:06:26.804 --> 00:06:29.549 chance of intervention versus control group,

NOTE Confidence: 0.910098293333333

 $00:06:29.550 \longrightarrow 00:06:30.831$ then that person.

 $00{:}06{:}30.831 \dashrightarrow 00{:}06{:}32.966$ Is eligible for randomization and

NOTE Confidence: 0.910098293333333

 $00:06:32.966 \longrightarrow 00:06:34.831$ receives again either automatically

NOTE Confidence: 0.910098293333333

 $00:06:34.831 \longrightarrow 00:06:37.191$ adjusting CPAP plus best medical

NOTE Confidence: 0.910098293333333

00:06:37.191 --> 00:06:39.517 therapy versus just best medical

NOTE Confidence: 0.910098293333333

00:06:39.517 --> 00:06:41.712 therapy alone and then we follow

NOTE Confidence: 0.910098293333333

 $00:06:41.712 \longrightarrow 00:06:43.740$ the subjects for three months for

NOTE Confidence: 0.910098293333333

00:06:43.811 --> 00:06:46.151 the recovery outcomes and then six

NOTE Confidence: 0.910098293333333

 $00:06:46.151 \longrightarrow 00:06:48.370$ months for the prevention outcomes.

NOTE Confidence: 0.899225460714286

 $00:06:50.700 \longrightarrow 00:06:53.300$ We were asked to cover a couple of

NOTE Confidence: 0.899225460714286

 $00:06:53.300 \longrightarrow 00:06:55.489$ different topics during this brief talk,

NOTE Confidence: 0.899225460714286

 $00{:}06{:}55.490 \dashrightarrow 00{:}06{:}58.577$ and so I'm going to move on to enrollment

NOTE Confidence: 0.899225460714286

 $00:06:58.577 \longrightarrow 00:07:01.328$ criteria and how we we conceptualize those.

NOTE Confidence: 0.899225460714286

 $00{:}07{:}01.330 \dashrightarrow 00{:}07{:}03.386$ And we're going to try to highlight some

NOTE Confidence: 0.899225460714286

 $00{:}07{:}03.386 \dashrightarrow 00{:}07{:}05.710$ of the questions that were asked of us.

NOTE Confidence: 0.899225460714286

 $00:07:05.710 \longrightarrow 00:07:07.520$ So the enrollment criteria really

 $00:07:07.520 \longrightarrow 00:07:09.330$ quite broad in sleep smart.

NOTE Confidence: 0.899225460714286

 $00:07:09.330 \longrightarrow 00:07:11.486$ We're trying to have a generalizable trial.

NOTE Confidence: 0.899225460714286

 $00:07:11.490 \longrightarrow 00:07:13.416$ We're trying to have a treatment

NOTE Confidence: 0.899225460714286

 $00:07:13.416 \longrightarrow 00:07:15.112$ that potentially can help the

NOTE Confidence: 0.899225460714286

00:07:15.112 --> 00:07:16.528 most number of participants.

NOTE Confidence: 0.899225460714286

 $00:07:16.530 \longrightarrow 00:07:19.484$ So there the inclusion criteria are really.

NOTE Confidence: 0.899225460714286

 $00{:}07{:}19.490 \dashrightarrow 00{:}07{:}20.040$ Very broad.

NOTE Confidence: 0.899225460714286

 $00:07:20.040 \longrightarrow 00:07:22.240$ If you've had an ischemic stroke or high

NOTE Confidence: 0.899225460714286

 $00{:}07{:}22.298 \dashrightarrow 00{:}07{:}24.358$ risk TA in the prior 14 days in year,

NOTE Confidence: 0.899225460714286

00:07:24.360 --> 00:07:26.984 at least 18, and you're asleep smart site,

NOTE Confidence: 0.899225460714286

 $00:07:26.990 \longrightarrow 00:07:30.240$ you're essentially eligible from the

NOTE Confidence: 0.899225460714286

 $00:07:30.240 \longrightarrow 00:07:32.660$ inclusion side of things we have.

NOTE Confidence: 0.899225460714286

 $00:07:32.660 \longrightarrow 00:07:35.236$ For what I'm going to describe is 4

NOTE Confidence: 0.899225460714286

 $00:07:35.236 \longrightarrow 00:07:37.200$ categories of exclusion criteria.

NOTE Confidence: 0.899225460714286

 $00:07:37.200 \longrightarrow 00:07:39.104$ The first are really the general ones,

NOTE Confidence: 0.899225460714286

 $00{:}07{:}39.110 \dashrightarrow 00{:}07{:}41.504$ so if you have somebody who's a

 $00:07:41.504 \longrightarrow 00:07:42.890$ pregnant woman incarcerated and

NOTE Confidence: 0.899225460714286

 $00:07:42.890 \longrightarrow 00:07:44.385$ can't sign our own consent,

NOTE Confidence: 0.899225460714286

 $00:07:44.390 \longrightarrow 00:07:45.562$ that somebody who you're

NOTE Confidence: 0.899225460714286

 $00:07:45.562 \longrightarrow 00:07:47.027$ going to want to exclude,

NOTE Confidence: 0.899225460714286

00:07:47.030 --> 00:07:48.566 and if it's somebody who could

NOTE Confidence: 0.899225460714286

 $00:07:48.566 \longrightarrow 00:07:50.218$ not perform all of his or her.

NOTE Confidence: 0.899225460714286

00:07:50.220 --> 00:07:51.864 Activities of daily living

NOTE Confidence: 0.899225460714286

 $00:07:51.864 \longrightarrow 00:07:53.508$ prior to the stroke.

NOTE Confidence: 0.899225460714286

 $00:07:53.510 \longrightarrow 00:07:55.374$ Then that's also someone

NOTE Confidence: 0.899225460714286

 $00:07:55.374 \longrightarrow 00:07:57.238$ who would be excluded.

NOTE Confidence: 0.899225460714286

 $00:07:57.240 \longrightarrow 00:07:59.060$ The next category are the

NOTE Confidence: 0.899225460714286

 $00{:}07{:}59.060 \dashrightarrow 00{:}08{:}00.516$ CPAP specific related issues.

NOTE Confidence: 0.899225460714286

 $00{:}08{:}00.520 \dashrightarrow 00{:}08{:}03.336$ So if you are on currently on mechanical

NOTE Confidence: 0.899225460714286

 $00{:}08{:}03.336 \dashrightarrow 00{:}08{:}05.839$ ventilation or if you have a tracheostomy,

NOTE Confidence: 0.899225460714286

 $00:08:05.840 \longrightarrow 00:08:07.376$ you're not going to benefit from

 $00:08:07.376 \longrightarrow 00:08:09.380$ C PAP and so you're excluded.

NOTE Confidence: 0.899225460714286

 $00{:}08{:}09.380 \dashrightarrow 00{:}08{:}11.361$ And then if you've used C PAP

NOTE Confidence: 0.899225460714286

 $00:08:11.361 \longrightarrow 00:08:12.700$ in the last month,

NOTE Confidence: 0.899225460714286

 $00:08:12.700 \longrightarrow 00:08:14.072$ we have a concern that if your

NOTE Confidence: 0.899225460714286

 $00:08:14.072 \longrightarrow 00:08:15.109$ randomized so the control group

NOTE Confidence: 0.899225460714286

00:08:15.109 --> 00:08:16.741 you're going to go home and use your

NOTE Confidence: 0.899225460714286

00:08:16.783 --> 00:08:18.088 see PAP and therefore crossover,

NOTE Confidence: 0.899225460714286

 $00:08:18.090 \longrightarrow 00:08:20.645$ so you're excluded for that as well.

NOTE Confidence: 0.899225460714286

 $00:08:20.650 \longrightarrow 00:08:23.702$ The third category are things that we

NOTE Confidence: 0.899225460714286

 $00:08:23.702 \longrightarrow 00:08:26.370$ think potentially could make CPAP riskier.

NOTE Confidence: 0.899225460714286

 $00{:}08{:}26.370 \dashrightarrow 00{:}08{:}27.726$ It's very low.

NOTE Confidence: 0.899225460714286

00:08:27.726 --> 00:08:28.630 Risk treatment,

NOTE Confidence: 0.899225460714286

 $00{:}08{:}28.630 \dashrightarrow 00{:}08{:}31.402$ but there there are some factors that

NOTE Confidence: 0.899225460714286

 $00:08:31.402 \longrightarrow 00:08:34.277$ may increase risks and so those include

NOTE Confidence: 0.899225460714286

00:08:34.277 --> 00:08:36.695 things such as bullous lung disease,

NOTE Confidence: 0.899225460714286

 $00:08:36.700 \longrightarrow 00:08:38.532$ pneumothorax having hypo tension

 $00{:}08{:}38.532 \dashrightarrow 00{:}08{:}40.822$ that's so significant that you're

NOTE Confidence: 0.899225460714286

 $00{:}08{:}40.822 \dashrightarrow 00{:}08{:}42.667$ requiring pressers at that time.

NOTE Confidence: 0.899225460714286

00:08:42.670 --> 00:08:45.540 If you've had massive epistaxis.

NOTE Confidence: 0.899225460714286

 $00:08:45.540 \longrightarrow 00:08:47.676$ If you have a possible CSF

NOTE Confidence: 0.899225460714286

00:08:47.676 --> 00:08:49.100 leak or Numa cephalus,

NOTE Confidence: 0.899225460714286

00:08:49.100 --> 00:08:51.316 or if you've had any kind of bone

NOTE Confidence: 0.899225460714286

 $00:08:51.316 \longrightarrow 00:08:53.091$ off procedure where the bone has

NOTE Confidence: 0.899225460714286

 $00:08:53.091 \longrightarrow 00:08:54.825$ not been replaced on the head,

NOTE Confidence: 0.899225460714286

 $00:08:54.830 \longrightarrow 00:08:57.629$ then C Pap maybe a little bit more risky.

NOTE Confidence: 0.899225460714286

 $00:08:57.630 \longrightarrow 00:08:58.500$ In those participants,

NOTE Confidence: 0.899225460714286

 $00:08:58.500 \longrightarrow 00:08:59.950$ and therefore they are excluded.

NOTE Confidence: 0.899225460714286

 $00:08:59.950 \longrightarrow 00:09:02.110$ We also have a category for the site P.

NOTE Confidence: 0.899225460714286

 $00{:}09{:}02.110 \dashrightarrow 00{:}09{:}04.288$ I feeling like there's some other

NOTE Confidence: 0.899225460714286

 $00{:}09{:}04.288 \dashrightarrow 00{:}09{:}06.027$ entity that increases the risk

NOTE Confidence: 0.899225460714286

00:09:06.027 --> 00:09:08.016 of C PAP and so we allow for of

 $00:09:08.085 \longrightarrow 00:09:10.041$ course the judgment of the local

NOTE Confidence: 0.899225460714286

 $00:09:10.041 \longrightarrow 00:09:12.798$ teams to decide this is not a good

NOTE Confidence: 0.899225460714286

 $00:09:12.798 \longrightarrow 00:09:14.970$ idea for our for our patient.

NOTE Confidence: 0.899225460714286

 $00:09:14.970 \longrightarrow 00:09:17.287$ And then the 4th category really is

NOTE Confidence: 0.899225460714286

 $00:09:17.287 \longrightarrow 00:09:19.588$ something that makes it really unfeasible.

NOTE Confidence: 0.899225460714286

00:09:19.590 --> 00:09:20.418 So for instance,

NOTE Confidence: 0.899225460714286

00:09:20.418 --> 00:09:23.130 if the participant or if the sort of the

NOTE Confidence: 0.899225460714286

 $00:09:23.130 \longrightarrow 00:09:24.925$ patient is using oxygen supplementations

NOTE Confidence: 0.899225460714286

00:09:24.925 --> 00:09:27.060 greater than four liters per minute,

NOTE Confidence: 0.899225460714286

 $00:09:27.060 \longrightarrow 00:09:27.876$ you can't believe.

NOTE Confidence: 0.899225460714286

 $00:09:27.876 \longrightarrow 00:09:29.236$ That into our CPAP machines,

NOTE Confidence: 0.899225460714286

 $00:09:29.240 \longrightarrow 00:09:30.950$ and therefore it's really unfeasible

NOTE Confidence: 0.899225460714286

 $00:09:30.950 \longrightarrow 00:09:33.897$ and then if that person is on some type

NOTE Confidence: 0.899225460714286

00:09:33.897 --> 00:09:35.506 of precautions, contact precaution,

NOTE Confidence: 0.899225460714286

 $00:09:35.506 \longrightarrow 00:09:36.522$ respiratory precautions,

NOTE Confidence: 0.899225460714286

 $00:09:36.522 \longrightarrow 00:09:39.570$ we don't want to cross contaminate

 $00:09:39.641 \longrightarrow 00:09:41.636$ with our equipment and infect

NOTE Confidence: 0.899225460714286

 $00:09:41.636 \longrightarrow 00:09:43.631$ another participant so it really

NOTE Confidence: 0.907452343636363

00:09:43.697 --> 00:09:44.919 becomes unfeasible.

NOTE Confidence: 0.907452343636363

00:09:44.920 --> 00:09:46.820 Switching gears a little bit,

NOTE Confidence: 0.907452343636363

 $00:09:46.820 \longrightarrow 00:09:49.158$ we were asked to talk a little

NOTE Confidence: 0.907452343636363

00:09:49.158 --> 00:09:51.033 bit about the stroke physicians

NOTE Confidence: 0.907452343636363

 $00:09:51.033 \longrightarrow 00:09:53.038$ versus the sleep positions and

NOTE Confidence: 0.907452343636363

 $00{:}09{:}53.038 \dashrightarrow 00{:}09{:}55.140$ how those interactions occur.

NOTE Confidence: 0.907452343636363

00:09:55.140 --> 00:09:58.857 We've had some comments from potential

NOTE Confidence: 0.907452343636363

 $00:09:58.857 \longrightarrow 00:10:01.496$ sites where they have said is CPAP

NOTE Confidence: 0.907452343636363

00:10:01.496 --> 00:10:03.669 really safe for stroke patients?

NOTE Confidence: 0.907452343636363

 $00:10:03.670 \longrightarrow 00:10:05.252$ So I'm concerned that if my person

NOTE Confidence: 0.907452343636363

 $00{:}10{:}05.252 \dashrightarrow 00{:}10{:}07.245$ if my patient is enrolled and then

NOTE Confidence: 0.907452343636363

00:10:07.245 --> 00:10:08.513 randomize the intervention group,

NOTE Confidence: 0.907452343636363

 $00:10:08.520 \longrightarrow 00:10:11.034$ that CPAP could potentially cause harm

 $00:10:11.034 \longrightarrow 00:10:13.898$ that is most commonly said by a sleep.

NOTE Confidence: 0.907452343636363

 $00:10:13.900 \longrightarrow 00:10:14.868$ I started a stroke.

NOTE Confidence: 0.907452343636363

00:10:14.868 --> 00:10:15.836 Position if it is,

NOTE Confidence: 0.907452343636363

00:10:15.840 --> 00:10:18.200 if it said and on the flip side,

NOTE Confidence: 0.907452343636363

 $00:10:18.200 \longrightarrow 00:10:19.550$ there are some sites where they'll

NOTE Confidence: 0.907452343636363

 $00:10:19.550 \longrightarrow 00:10:21.149$ come back to us and say how

NOTE Confidence: 0.907452343636363

 $00{:}10{:}21.149 \dashrightarrow 00{:}10{:}22.445$ can you with hold CPAP after you

NOTE Confidence: 0.907452343636363

 $00{:}10{:}22.445 \dashrightarrow 00{:}10{:}24.152$ know that the patient has been

NOTE Confidence: 0.907452343636363

 $00{:}10{:}24.152 \dashrightarrow 00{:}10{:}25.304$ diagnosed with obstructive sleep

NOTE Confidence: 0.907452343636363

 $00:10:25.304 \longrightarrow 00:10:27.244$ apnea by randomizing that person

NOTE Confidence: 0.907452343636363

 $00:10:27.244 \longrightarrow 00:10:30.215$ to the control group that is more

NOTE Confidence: 0.907452343636363

00:10:30.215 --> 00:10:32.777 commonly said by a sleep physician.

NOTE Confidence: 0.907452343636363

 $00:10:32.780 \longrightarrow 00:10:33.581$ And so overall,

NOTE Confidence: 0.907452343636363

 $00:10:33.581 \longrightarrow 00:10:35.836$ we really feel that we are in a

NOTE Confidence: 0.907452343636363

 $00:10:35.836 \longrightarrow 00:10:37.466$ position of clinical equipoised with

NOTE Confidence: 0.907452343636363

 $00{:}10{:}37.466 \dashrightarrow 00{:}10{:}40.018$ respect to C PAP for stroke patients.

00:10:40.020 --> 00:10:42.642 We don't know whether CPAP will

NOTE Confidence: 0.907452343636363

 $00:10:42.642 \longrightarrow 00:10:44.923$ help harm or essentially do

NOTE Confidence: 0.907452343636363

00:10:44.923 --> 00:10:47.198 neither for our stroke patients.

NOTE Confidence: 0.907452343636363

 $00:10:47.200 \longrightarrow 00:10:49.230$ There have been no definitive

NOTE Confidence: 0.907452343636363

 $00:10:49.230 \longrightarrow 00:10:51.260$ randomized controlled trials for stroke

NOTE Confidence: 0.907452343636363

 $00:10:51.322 \longrightarrow 00:10:53.614$ patients for stroke outcomes that have

NOTE Confidence: 0.907452343636363

00:10:53.614 --> 00:10:55.679 shown anything is improved by CPAP.

NOTE Confidence: 0.907452343636363

 $00:10:55.680 \longrightarrow 00:10:57.150$ So we feel comfortable with

NOTE Confidence: 0.907452343636363

 $00{:}10{:}57.150 \dashrightarrow 00{:}10{:}59.000$ holding it from the control group,

NOTE Confidence: 0.907452343636363

 $00:10:59.000 \longrightarrow 00:11:00.878$ and there there's precedence for this.

NOTE Confidence: 0.907452343636363

 $00:11:00.880 \longrightarrow 00:11:02.560$ There have been numerous.

NOTE Confidence: 0.907452343636363

 $00:11:02.560 \longrightarrow 00:11:04.240$ Randomized controlled trials that

NOTE Confidence: 0.907452343636363

 $00{:}11{:}04.240 \dashrightarrow 00{:}11{:}06.150$ have enrolled either patients

NOTE Confidence: 0.907452343636363

 $00:11:06.150 \longrightarrow 00:11:07.668$ with cardiovascular disease,

NOTE Confidence: 0.907452343636363

00:11:07.670 --> 00:11:11.149 such as Save Rick Ads or SIRKAS,

 $00:11:11.150 \longrightarrow 00:11:13.760$ or that have enrolled lots of

NOTE Confidence: 0.907452343636363

00:11:13.760 --> 00:11:16.010 participants with severe sleep apnea,

NOTE Confidence: 0.907452343636363

 $00:11:16.010 \longrightarrow 00:11:18.290$ such as apples where patients are

NOTE Confidence: 0.907452343636363

00:11:18.290 --> 00:11:20.480 randomized to a control group or,

NOTE Confidence: 0.907452343636363

 $00:11:20.480 \longrightarrow 00:11:25.014$ in the case of apples, to a sham control.

NOTE Confidence: 0.907452343636363

 $00:11:25.014 \longrightarrow 00:11:28.278$ So other investigative teams,

NOTE Confidence: 0.907452343636363

 $00:11:28.280 \longrightarrow 00:11:29.561$ other funding agencies,

NOTE Confidence: 0.907452343636363

 $00:11:29.561 \longrightarrow 00:11:32.123$ other peer review panels have found

NOTE Confidence: 0.907452343636363

 $00:11:32.123 \longrightarrow 00:11:34.010$ this to be completely ethical

NOTE Confidence: 0.907452343636363

 $00:11:34.010 \longrightarrow 00:11:36.660$ and not have any concern.

NOTE Confidence: 0.907452343636363

 $00{:}11{:}36.660 \dashrightarrow 00{:}11{:}38.720$ There's also the 2017 U.

NOTE Confidence: 0.907452343636363

00:11:38.720 --> 00:11:41.405 S Preventive Taskforce report that

NOTE Confidence: 0.907452343636363

 $00:11:41.405 \longrightarrow 00:11:44.596$ helped inform our our decision making

NOTE Confidence: 0.907452343636363

 $00:11:44.596 \longrightarrow 00:11:47.557$ at the time that we were designing

NOTE Confidence: 0.907452343636363

00:11:47.560 --> 00:11:49.684 sleep smart and and proposing it

NOTE Confidence: 0.907452343636363

 $00{:}11{:}49.684 \dashrightarrow 00{:}11{:}51.805$ for the first time that states that

00:11:51.805 --> 00:11:52.980 there is no established benefit

NOTE Confidence: 0.907452343636363

 $00:11:52.980 \longrightarrow 00:11:54.700$ of C PAP for any health outcome.

NOTE Confidence: 0.907452343636363 00:11:54.700 --> 00:11:55.351 This is just. NOTE Confidence: 0.907452343636363

00:11:55.351 --> 00:11:56.219 In the general population,

NOTE Confidence: 0.907452343636363

 $00:11:56.220 \longrightarrow 00:11:58.608$ not even specific to stroke aside

NOTE Confidence: 0.907452343636363

00:11:58.608 --> 00:12:00.632 from the modest improvement in

NOTE Confidence: 0.907452343636363

00:12:00.632 --> 00:12:02.427 sleep related quality of life,

NOTE Confidence: 0.907452343636363

 $00:12:02.430 \longrightarrow 00:12:03.400$ and the more recent U.

NOTE Confidence: 0.907452343636363

00:12:03.400 --> 00:12:05.650 S preventive taskforce doesn't say

NOTE Confidence: 0.907452343636363

 $00:12:05.650 \longrightarrow 00:12:08.841$ anything that would compel us not to

NOTE Confidence: 0.907452343636363

00:12:08.841 --> 00:12:11.427 randomize participants to a control group.

NOTE Confidence: 0.907452343636363

 $00{:}12{:}11.430 \dashrightarrow 00{:}12{:}13.430$ We were also asked to talk a little

NOTE Confidence: 0.907452343636363

 $00{:}12{:}13.430 \dashrightarrow 00{:}12{:}14.974$ bit about crossover so crossovers

NOTE Confidence: 0.907452343636363

 $00:12:14.974 \longrightarrow 00:12:17.270$ where you have a control person who

NOTE Confidence: 0.907452343636363

 $00:12:17.330 \longrightarrow 00:12:19.334$ someone who's randomized to the control

 $00:12:19.334 \longrightarrow 00:12:21.402$ group who then wants to use CPAP.

NOTE Confidence: 0.907452343636363

 $00:12:21.402 \longrightarrow 00:12:23.110$ So when that does occur and it's

NOTE Confidence: 0.907452343636363

 $00:12:23.174 \longrightarrow 00:12:24.714$ not something that we thought

NOTE Confidence: 0.907452343636363

 $00:12:24.714 \longrightarrow 00:12:25.946$ would be very common.

NOTE Confidence: 0.907452343636363

00:12:25.950 --> 00:12:27.755 Based on our preliminary work

NOTE Confidence: 0.907452343636363

 $00{:}12{:}27.755 \dashrightarrow 00{:}12{:}30.110$ and based on prior CPAP trials,

NOTE Confidence: 0.907452343636363

00:12:30.110 --> 00:12:32.462 pilot trials among stroke

NOTE Confidence: 0.907452343636363

 $00:12:32.462 \longrightarrow 00:12:34.482$ patients if that does occur,

NOTE Confidence: 0.907452343636363

 $00{:}12{:}34.482 \to 00{:}12{:}36.630$ then the clinical team should absolutely

NOTE Confidence: 0.907452343636363

00:12:36.691 --> 00:12:38.767 feel free to refer the participant

NOTE Confidence: 0.907452343636363

 $00{:}12{:}38.767 \dashrightarrow 00{:}12{:}40.809$ for sleep apnea testing for sleep.

NOTE Confidence: 0.907452343636363

00:12:40.810 --> 00:12:43.258 Get me a treatment in the clinical realm,

NOTE Confidence: 0.907452343636363

 $00:12:43.260 \longrightarrow 00:12:45.332$ it usually takes some time for that

NOTE Confidence: 0.907452343636363

 $00:12:45.332 \longrightarrow 00:12:47.389$ to be available to the participant,

NOTE Confidence: 0.907452343636363

 $00:12:47.390 \longrightarrow 00:12:49.890$ so it may actually.

NOTE Confidence: 0.863257626

 $00:12:49.890 \longrightarrow 00:12:52.046$ Push the see PAP treatment for clinical

 $00:12:52.046 \longrightarrow 00:12:54.486$ care outside of the even six month window.

NOTE Confidence: 0.863257626

 $00{:}12{:}54.490 \to 00{:}12{:}56.436$ By the time the person is able

NOTE Confidence: 0.863257626

 $00{:}12{:}56.436 \dashrightarrow 00{:}12{:}58.055$ to get tested and treated and

NOTE Confidence: 0.863257626

00:12:58.055 --> 00:13:00.369 have a C Pap in his or her home,

NOTE Confidence: 0.863257626

 $00:13:00.370 \longrightarrow 00:13:02.904$ but the research team, we would suggest

NOTE Confidence: 0.863257626

 $00:13:02.904 \longrightarrow 00:13:04.850$ not help facilitate that process.

NOTE Confidence: 0.863257626

 $00:13:04.850 \longrightarrow 00:13:06.999$ It is a protocol violation for a

NOTE Confidence: 0.863257626

 $00{:}13{:}06.999 \dashrightarrow 00{:}13{:}08.449$ control participant to start using

NOTE Confidence: 0.863257626

 $00{:}13{:}08.449 \dashrightarrow 00{:}13{:}10.321$ C PAP so it has to be reported

NOTE Confidence: 0.863257626

 $00:13:10.385 \longrightarrow 00:13:11.945$ as such and in the analysis,

NOTE Confidence: 0.863257626

 $00:13:11.950 \longrightarrow 00:13:13.812$ at least in the intent to treat

NOTE Confidence: 0.863257626

 $00:13:13.812 \longrightarrow 00:13:15.779$ component which is our primary analysis.

NOTE Confidence: 0.863257626

 $00:13:15.780 \longrightarrow 00:13:17.760$ The control participant who starts

NOTE Confidence: 0.863257626

 $00{:}13{:}17.760 \dashrightarrow 00{:}13{:}20.480$ using C PAP will be analyzed.

NOTE Confidence: 0.863257626

 $00:13:20.480 \longrightarrow 00:13:23.288$ As a control participant.

 $00:13:23.290 \longrightarrow 00:13:24.481$ Crossovers from control.

NOTE Confidence: 0.863257626

00:13:24.481 --> 00:13:27.260 Two intervention or to to CPAP use

NOTE Confidence: 0.863257626

00:13:27.327 --> 00:13:29.588 have been very uncommon in in sleep

NOTE Confidence: 0.863257626

 $00:13:29.588 \longrightarrow 00:13:31.968$ smart so far it's been around 2%.

NOTE Confidence: 0.962847176

 $00:13:34.900 \longrightarrow 00:13:37.590$ So what about anticipated challenges?

NOTE Confidence: 0.962847176

 $00:13:37.590 \longrightarrow 00:13:38.965$ Well, we knew that recruitment

NOTE Confidence: 0.962847176

 $00:13:38.965 \longrightarrow 00:13:40.065$ would be an issue.

NOTE Confidence: 0.962847176

00:13:40.070 --> 00:13:42.662 Recruitment is an issue for every

NOTE Confidence: 0.962847176

 $00:13:42.662 \longrightarrow 00:13:43.958$ randomized controlled trial.

NOTE Confidence: 0.962847176

00:13:43.960 --> 00:13:46.400 CPAP adherence is an issue

NOTE Confidence: 0.962847176

 $00{:}13{:}46.400 \dashrightarrow 00{:}13{:}48.840$ for every CPAP related trial,

NOTE Confidence: 0.962847176

 $00:13:48.840 \longrightarrow 00:13:50.968$ but some of the things that we did

NOTE Confidence: 0.962847176

 $00:13:50.968 \longrightarrow 00:13:52.406$ not anticipate having difficulty

NOTE Confidence: 0.962847176

 $00:13:52.406 \longrightarrow 00:13:54.570$ with included a global pandemic.

NOTE Confidence: 0.962847176

 $00:13:54.570 \longrightarrow 00:13:56.994$ We did not presage that,

NOTE Confidence: 0.962847176

00:13:56.994 --> 00:13:59.202 and having difficulty achieving

00:13:59.202 --> 00:14:01.410 in window outcome assessments

NOTE Confidence: 0.962847176

 $00{:}14{:}01.487 \dashrightarrow 00{:}14{:}03.767$ has been much more challenging.

NOTE Confidence: 0.962847176

 $00:14:03.770 \longrightarrow 00:14:05.726$ Then we had anticipated we have

NOTE Confidence: 0.962847176

 $00:14:05.726 \longrightarrow 00:14:07.829$ more missing data at the three

NOTE Confidence: 0.962847176

 $00{:}14{:}07.829 \dashrightarrow 00{:}14{:}09.649$ month TIMEPOINT for the modified

NOTE Confidence: 0.962847176

 $00{:}14{:}09.649 \dashrightarrow 00{:}14{:}11.836$ Rankin which is our primary for

NOTE Confidence: 0.962847176

 $00:14:11.836 \longrightarrow 00:14:13.888$ that aim than we had anticipated.

NOTE Confidence: 0.962847176

 $00:14:13.890 \longrightarrow 00:14:16.842$ We did try in the design of sleep smart

NOTE Confidence: 0.962847176

 $00{:}14{:}16.842 \dashrightarrow 00{:}14{:}20.147$ to prepare for some of these challenges.

NOTE Confidence: 0.962847176

 $00:14:20.150 \longrightarrow 00:14:23.062$ So for instance we built in telephone

NOTE Confidence: 0.962847176

 $00:14:23.062 \longrightarrow 00:14:25.131$ outcome assessments from the onset

NOTE Confidence: 0.962847176

 $00:14:25.131 \longrightarrow 00:14:27.387$ that was always allowable and sleep

NOTE Confidence: 0.962847176

 $00{:}14{:}27.387 \dashrightarrow 00{:}14{:}30.098$ smart even pre COVID and most of our

NOTE Confidence: 0.962847176

 $00:14:30.098 \longrightarrow 00:14:32.030$ outcomes can be assessed by telephone.

NOTE Confidence: 0.962847176

 $00:14:32.030 \longrightarrow 00:14:34.130$ There are only a few secondary outcomes.

00:14:34.130 --> 00:14:35.594 Exploratory outcomes that cannot,

NOTE Confidence: 0.962847176

 $00:14:35.594 \longrightarrow 00:14:37.424$ but most of them can.

NOTE Confidence: 0.962847176

 $00:14:37.430 \longrightarrow 00:14:40.342$ We really tried to be very careful and

NOTE Confidence: 0.962847176

 $00:14:40.342 \longrightarrow 00:14:42.591$ intentional about the selection of our

NOTE Confidence: 0.962847176

00:14:42.591 --> 00:14:44.775 outcome assessments to make them as

NOTE Confidence: 0.962847176

00:14:44.840 --> 00:14:47.180 short as possible and when possible,

NOTE Confidence: 0.962847176

 $00:14:47.180 \longrightarrow 00:14:51.460$ to allow something to be conducted by phone.

NOTE Confidence: 0.962847176

 $00:14:51.460 \longrightarrow 00:14:53.652$ We also created a lot of tools for

NOTE Confidence: 0.962847176

00:14:53.652 --> 00:14:56.270 site teams to be able to reach out to

NOTE Confidence: 0.962847176

 $00:14:56.270 \longrightarrow 00:14:58.416$ participants in case there were any

NOTE Confidence: 0.962847176

 $00:14:58.416 \longrightarrow 00:15:00.852$ issues trying to achieve outcome assessments.

NOTE Confidence: 0.962847176

 $00:15:00.860 \longrightarrow 00:15:02.732$ So we built in a place in the

NOTE Confidence: 0.962847176

 $00:15:02.732 \longrightarrow 00:15:04.338$ back of the consent form.

NOTE Confidence: 0.962847176

 $00{:}15{:}04.340 \dashrightarrow 00{:}15{:}05.122$ For instance,

NOTE Confidence: 0.962847176

 $00:15:05.122 \longrightarrow 00:15:07.077$ where lots of contact information,

NOTE Confidence: 0.962847176

 $00:15:07.080 \longrightarrow 00:15:08.349$ alternative contact information

 $00:15:08.349 \longrightarrow 00:15:09.618$ for the subject,

NOTE Confidence: 0.962847176

00:15:09.620 --> 00:15:12.450 alternative contact information for partners,

NOTE Confidence: 0.962847176

00:15:12.450 --> 00:15:12.785 friends,

NOTE Confidence: 0.962847176

 $00:15:12.785 \longrightarrow 00:15:14.125$ family members could be

NOTE Confidence: 0.962847176

 $00{:}15{:}14.125 \dashrightarrow 00{:}15{:}15.800$ documented and then referred to.

NOTE Confidence: 0.962847176

 $00:15:15.800 \longrightarrow 00:15:17.595$ We created several letter templates

NOTE Confidence: 0.962847176

 $00:15:17.595 \longrightarrow 00:15:20.892$ for sites to use to reach out to

NOTE Confidence: 0.962847176

 $00:15:20.892 \longrightarrow 00:15:22.796$ subjects about scheduled appointments.

NOTE Confidence: 0.962847176

 $00{:}15{:}22.800 \dashrightarrow 00{:}15{:}25.340$ Missed appointments unable to reach

NOTE Confidence: 0.962847176

 $00{:}15{:}25.340 \dashrightarrow 00{:}15{:}27.698$ those types of things we've developed.

NOTE Confidence: 0.962847176

 $00:15:27.700 \longrightarrow 00:15:30.892$ A slide set that sites can

NOTE Confidence: 0.962847176

 $00:15:30.892 \longrightarrow 00:15:33.726$ use to help educate teams.

NOTE Confidence: 0.962847176

 $00{:}15{:}33.726 --> 00{:}15{:}34.962 \ Clinical \ teams,$

NOTE Confidence: 0.962847176

00:15:34.962 --> 00:15:37.434 including nurses about sleep

NOTE Confidence: 0.962847176

 $00:15:37.434 \longrightarrow 00:15:40.851$ smart and we created a document

 $00:15:40.851 \longrightarrow 00:15:43.828$ that provides our sort of answers

NOTE Confidence: 0.962847176

 $00:15:43.828 \longrightarrow 00:15:45.756$ to potential difficult patient

NOTE Confidence: 0.962847176

 $00:15:45.756 \longrightarrow 00:15:48.559$ questions at the time of enrollment,

NOTE Confidence: 0.962847176

 $00:15:48.560 \longrightarrow 00:15:49.590$ and we also of course,

NOTE Confidence: 0.962847176

 $00:15:49.590 \longrightarrow 00:15:51.930$ built in Tele Med telemedicine

NOTE Confidence: 0.962847176

 $00:15:51.930 \longrightarrow 00:15:53.334$ approach to outpatient.

NOTE Confidence: 0.962847176

00:15:53.340 --> 00:15:54.963 Management of CPAP,

NOTE Confidence: 0.962847176

00:15:54.963 --> 00:15:58.750 which in COVID has been very advantageous.

NOTE Confidence: 0.938072971111111

 $00{:}16{:}00.900 \dashrightarrow 00{:}16{:}02.364$ But despite the challenges,

NOTE Confidence: 0.938072971111111

 $00:16:02.364 \longrightarrow 00:16:04.194$ there remain lots of hope.

NOTE Confidence: 0.938072971111111

00:16:04.200 --> 00:16:07.126 There's hope because the of the vaccine,

NOTE Confidence: 0.938072971111111

 $00:16:07.130 \longrightarrow 00:16:10.600$ which hopefully will assist teams and

NOTE Confidence: 0.938072971111111

 $00:16:10.600 \longrightarrow 00:16:12.700$ getting back to their usual state when

NOTE Confidence: 0.938072971111111

 $00:16:12.758 \longrightarrow 00:16:14.558$ it comes to coordinator coverage.

NOTE Confidence: 0.938072971111111

00:16:14.560 --> 00:16:15.874 Respiratory therapy support,

NOTE Confidence: 0.938072971111111

 $00{:}16{:}15.874 \dashrightarrow 00{:}16{:}18.502$ but mostly our hope comes from

00:16:18.502 --> 00:16:21.137 our sites and the sites have been

NOTE Confidence: 0.938072971111111

00:16:21.137 --> 00:16:23.356 doing a fantastic job despite the

NOTE Confidence: 0.938072971111111

 $00{:}16{:}23.356 \dashrightarrow 00{:}16{:}25.897$ pandemic in the face of a pandemic,

NOTE Confidence: 0.938072971111111

 $00:16:25.900 \longrightarrow 00:16:28.469$ we are really grateful to every site.

NOTE Confidence: 0.938072971111111

 $00:16:28.470 \longrightarrow 00:16:29.814$ There are some sites,

NOTE Confidence: 0.938072971111111

 $00:16:29.814 \longrightarrow 00:16:31.830$ as you see who are randomized.

NOTE Confidence: 0.938072971111111

 $00:16:31.830 \longrightarrow 00:16:33.666$ In the 50s and the 60s,

NOTE Confidence: 0.938072971111111

00:16:33.670 --> 00:16:35.239 number of participants,

NOTE Confidence: 0.938072971111111

 $00:16:35.239 \longrightarrow 00:16:36.808$ which is fantastic.

NOTE Confidence: 0.938072971111111

 $00{:}16{:}36.810 \dashrightarrow 00{:}16{:}38.525$ I would like to give a little

NOTE Confidence: 0.938072971111111

 $00:16:38.525 \longrightarrow 00:16:40.368$ shout out to two of your sites.

NOTE Confidence: 0.938072971111111

00:16:40.370 --> 00:16:44.012 North Shore with 16 and Yale

NOTE Confidence: 0.938072971111111

 $00{:}16{:}44.012 \dashrightarrow 00{:}16{:}45.833$ with nine Randomizations.

NOTE Confidence: 0.938072971111111

 $00{:}16{:}45.840 --> 00{:}16{:}47.235$ We're very grateful to you

NOTE Confidence: 0.938072971111111

 $00:16:47.235 \longrightarrow 00:16:48.630$ for all of your work.

00:16:48.630 --> 00:16:52.228 You also have Hartford and Staten Island,

NOTE Confidence: 0.938072971111111

 $00:16:52.230 \longrightarrow 00:16:54.498$ and we are grateful for those sites as well.

NOTE Confidence: 0.832736184615384

 $00:16:56.670 \longrightarrow 00:16:59.470$ And then just looking at by RCC

NOTE Confidence: 0.832736184615384

 $00:16:59.470 \longrightarrow 00:17:02.356$ and you see that some are CC's

NOTE Confidence: 0.832736184615384

 $00:17:02.356 \longrightarrow 00:17:03.860$ are just going gangbusters.

NOTE Confidence: 0.832736184615384

00:17:03.860 --> 00:17:06.086 Some are not participating in sleep

NOTE Confidence: 0.832736184615384

 $00:17:06.086 \longrightarrow 00:17:08.469$ smart that is very few of them.

NOTE Confidence: 0.832736184615384

00:17:08.470 --> 00:17:11.606 And then I've outlined Yale doing very

NOTE Confidence: 0.832736184615384

 $00:17:11.606 \longrightarrow 00:17:14.108$ well here somewhere in the middle.

NOTE Confidence: 0.947449361111111

00:17:16.200 --> 00:17:18.162 And so I thank you very much for again,

NOTE Confidence: 0.947449361111111

 $00:17:18.170 \longrightarrow 00:17:22.160$ the invitation and for your attention.

NOTE Confidence: 0.947449361111111

00:17:22.160 --> 00:17:24.392 And again, Ron is is available to answer

NOTE Confidence: 0.947449361111111

 $00:17:24.392 \longrightarrow 00:17:26.448$ any difficult question that that you have.

NOTE Confidence: 0.913296061428572

 $00{:}17{:}29.890 \to 00{:}17{:}31.689$ Thank you very much for that Devin.

NOTE Confidence: 0.913296061428572

 $00:17:31.690 \longrightarrow 00:17:35.044$ Uhm, I just had a question

NOTE Confidence: 0.913296061428572

 $00:17:35.044 \longrightarrow 00:17:37.280$ about a trial powering.

 $00:17:37.280 \longrightarrow 00:17:39.020$ Whether it was parked for both

NOTE Confidence: 0.913296061428572

 $00:17:39.020 \longrightarrow 00:17:40.180$ the cardiovascular events as

NOTE Confidence: 0.913296061428572

 $00{:}17{:}40.233 \dashrightarrow 00{:}17{:}41.708$ well as the recovery outcomes.

NOTE Confidence: 0.889589715

00:17:43.480 --> 00:17:44.620 Yeah, no, that's a good question.

NOTE Confidence: 0.889589715

00:17:44.620 --> 00:17:47.588 So we did look at power calculations

NOTE Confidence: 0.889589715

 $00{:}17{:}47.588 \dashrightarrow 00{:}17{:}50.924$ for both and we anticipate that a

NOTE Confidence: 0.889589715

 $00:17:50.924 \longrightarrow 00:17:53.882$ certain percentage of the total will

NOTE Confidence: 0.889589715

 $00:17:53.978 \longrightarrow 00:17:57.266$ be available for the recovery outcome.

NOTE Confidence: 0.889589715

 $00:17:57.270 \longrightarrow 00:17:59.791$ And it turns out that we are we have a

NOTE Confidence: 0.889589715

 $00:17:59.791 \longrightarrow 00:18:01.513$ higher proportion than we had anticipated,

NOTE Confidence: 0.889589715

 $00:18:01.520 \longrightarrow 00:18:03.584$ so we we think that those two are

NOTE Confidence: 0.889589715

 $00:18:03.584 \longrightarrow 00:18:05.937$ kind of going to ride along together

NOTE Confidence: 0.889589715

 $00{:}18{:}05.940 \dashrightarrow 00{:}18{:}07.836$ and that by the end we should have

NOTE Confidence: 0.889589715

 $00:18:07.836 \longrightarrow 00:18:09.469$ a sufficient number in both groups.

NOTE Confidence: 0.87751888375

00:18:10.870 --> 00:18:13.210 Fantastic in such an innovative

 $00{:}18{:}13.210 \dashrightarrow 00{:}18{:}15.160$ innovative trial design. Thank you.

NOTE Confidence: 0.742469017142857

 $00{:}18{:}23.540 \dashrightarrow 00{:}18{:}25.920$ Alright, I think those are the questions.

NOTE Confidence: 0.742469017142857

 $00{:}18{:}25.920 \dashrightarrow 00{:}18{:}26.998$ Well, thank you so much for joy.