

LUNS

Evaluation of a new stroke monitoring tool
LUNS (Longer-term Unmet Needs after Stroke)

LUNS Update

☀ Well done to **Sheffield & Hull** for their recruitment to the "cognitively impaired" group in June and July! Thanks also to **Bishop Auckland** for recruiting an enormous total of 12 patients in July!

☀ Certificates are on offer for the sites recruiting the **most patients** per calendar month!

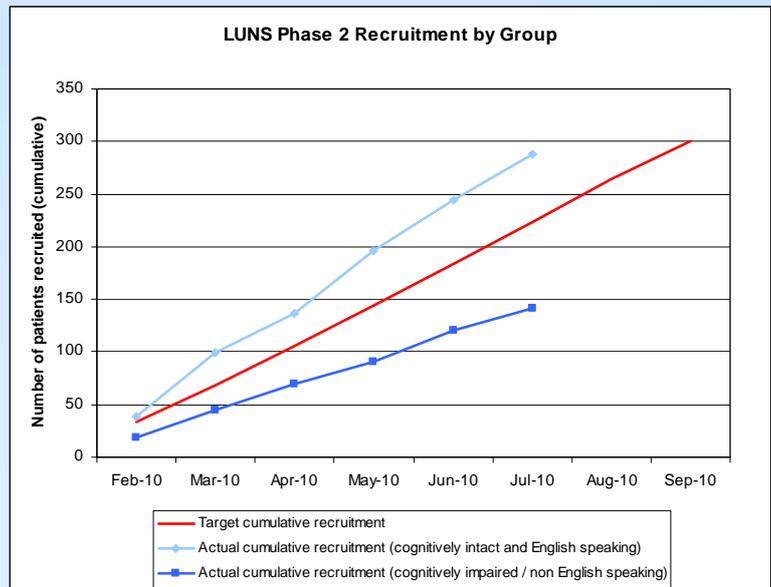
☀ Thank you all for your wonderful efforts so far!

☀ Total recruitment at end of 13/08/2010 is **444** (target 486).

! **The "cognitively intact" group is officially full**, having reached the target of recruiting 300 patients (with a 6CIT score of 7 or less, OR a FAST score of 7 or above for comprehension AND 4 or above for reading). Therefore no more of these patients should be recruited.

☀ Therefore, when recruiting, researchers should now pause after completing the 6CIT/FAST, consider whether the patient is still eligible (to be "cognitively impaired" they must have a 6CIT score of 8 or more, OR FAST score of 6 or less for comprehension OR 3 or less for reading) and only proceed with recruitment if the answer is yes.

If the answer is no, do not get written consent/assent, do not ring to register the patient, do not complete any other CRFs and do not return a copy of the 6CIT/FAST to the LUNS team. Patients who do not speak English (where the FAST/6CIT cannot be performed) can still be recruited.



☀ We appreciate efforts to recruit patients as close to discharge as possible, even though this may be awkward in practice. It will help us to analyse data knowing that everyone's baseline information (including cognitive tests) reflects the patient around the time of discharge.

☀ A high proportion of patients have become ineligible because they went on to live in a nursing/residential home. This reflects reality, but please ensure your best guess is that patients you register will be at home/living independently in 6 months time.

☀ Remember, LUNS may be a valuable step forward in improving longer term outcomes, and remember that co-recruitment is often possible. Non-RCT activity is monitored by the CRN who annually count patients recruited per Trust, using this to generate money for Trusts and patients.

**Wishing everyone
a happy Summer!**

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