



Tips and Guidance: Screening for CARE

Who is eligible for CARE?

1. People of any age
2. At **least one brain cavernoma** diagnosed by brain MRI that included a gradient echo or susceptibility-weighted sequence, according to standard diagnostic criteria
3. Clinical history attributable to a brain cavernoma of:
 - a. Symptomatic stroke **due to intracranial haemorrhage**, or
 - b. Symptomatic stroke due to a persistent or progressive non-haemorrhagic, or not otherwise specified, **focal neurological deficit**, or
 - c. **Epileptic seizure(s)** meeting the definition of definite or probable cavernoma-related epilepsy
4. Patient and doctor are uncertain about medical management or medical and surgical management of the symptomatic brain cavernoma, following consultation with a neurosurgeon
5. Patient has mental capacity to consent for themselves (adult participants or paediatric participants with capacity) or parent/legal guardian provides consent (paediatric participants).

Patients must be considered equally suitable for EITHER medical management OR medical and surgical management (with neurosurgical excision or stereotactic radiosurgery, chosen by the participant and their doctor) and willing to have either type of management.

If patients are suitable for both types of management and equally suitable and accepting of neurosurgery or stereotactic radiosurgery, the type of surgical management that would be allocated can be decided by randomisation.

Importance of the wider team for CARE

The CARE study is very much a team effort and sites with 'buy-in' from lots of different clinical professionals are likely to recruit more participants and find the recruitment process easier. It can be helpful to understand what your colleagues think about the prospect of their patients being approached for CARE, given the wider team involvement needed for CARE.

"There will also be involvement from the neurologists and one of the specialist nurses. Every day we have a lot of interaction **with the whole team**"

"[Colleague] has been helpful, in trying to refer some patients to me that are coming in now."

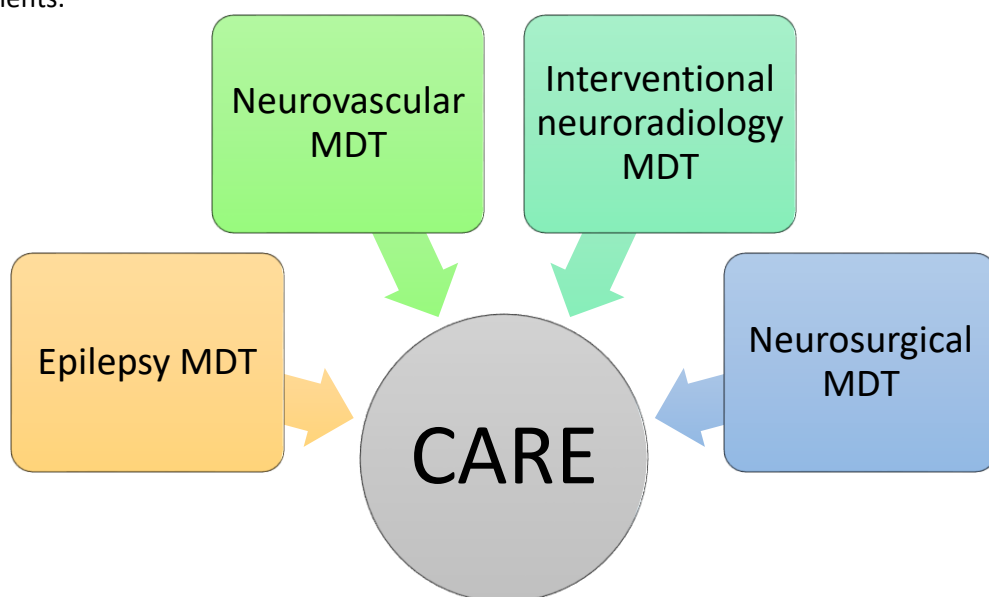
Points to consider:

- Who will be referring patients for discussions about CARE?
- Who at your site will be approaching patients about CARE?
- How can we work best together to screen and refer all suitable patients?



Engaging your MDTs with CARE

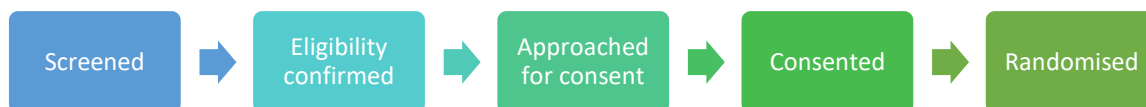
Different sites will have different referral pathways into CARE, with different MDTs identifying patients.



It is helpful for a research or specialist nurse, or Associate PI (API) to attend the relevant MDTs to flag potentially eligible patients for a discussion about CARE

Tips for screening

Due to the complexities of cavernomas, screening is usually performed by the site PI or the associate PI, with support from research nurses/coordinators. The online CRF should reflect where patients are up to in their CARE journey



Following their experiences of screening, the CARE team in Edinburgh developed an Excel spreadsheet to aid the screening process, which can be downloaded [here](#).

Where confirmation of diagnosis or eligibility is outstanding, you can save time by logging these patients on the Excel spreadsheet initially and transferring them to the CARE study database once details are confirmed.

Use the Excel spreadsheet

- The spreadsheet is designed to make it easier to track potential CARE patients in real time
- All the details you'll need for the eCRF can be recorded on the spreadsheet
- This spreadsheet allows you to record patient identifiable details for ease – but this does mean the spreadsheet **must not be sent to the trial office**
- Using the spreadsheet will make it easier to include all patients with at least one symptomatic cavernoma on the eCRF

Screen at MDTs

- Using the Excel spreadsheet, screening can be started or updated 'live' during an MDT
- MDTs can be a opportunity to confirm a patient's eligibility or recognise what steps need to be taken to confirm their eligibility - for example interpreting imaging or making judgements on the suitability of surgery
- Potentially eligible patients can then be flagged or referred to CARE clinicians for an approach about the study