

Invaluable benefits of 10 Years of the International Collaboration of Aphasia Trialists (CATs)

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1 **The invaluable benefits of 10 years of the international**
2 **Collaboration of Aphasia Trialists (CATs)**

3
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24
25 Cover title:

26 Top 10 achievements of CATs

27
28 Key message (98 characters):

29 Overcoming decades-long research quality & career-building challenges through global
30 collaboration

31
32 Twitter handle: @CATs_Aphasia

33 CATs Facebook: CATs.aphasia
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35
36

37 Abstract

38 Aphasia research has traditionally been considered a (uni-disciplinary) niche topic in medical
39 science. The international Collaboration of Aphasia Trialists (CATs) is a global collaboration of
40 multidisciplinary aphasia researchers. Over the past 10 years, CATs has collectively taken a rigorous
41 approach to systematically address persistent challenges to aphasia research quality. This paper
42 summarises the achievements over the past decade. CATs' achievements include: Standardising
43 terminology, advancing aphasia research design by aphasia expert consensus recommendations,
44 developing a core dataset and intervention descriptors, facilitating the involvement of people with
45 the language impairment aphasia in the research process, translating and adapting assessment
46 tools into global languages, encouraging data sharing, developing innovative secondary data
47 analysis methodologies and promoting the transparency and accessibility of high quality aphasia
48 research reports. CATs' educational and scientific achievements over the past 10 years far exceed
49 what individual researchers in the field could have ever achieved.

50

51 Non-standard Abbreviations and Acronyms

52 CATs = Collaboration of Aphasia Trialists

53 ESRs = early stage researchers

54 JSRs = junior stage researchers

55 TAP = Trials for Aphasia Panel

56

57 The notable benefits of international collaboration in the workplace are commonly known for
58 businesses and industries, but less well documented for international research collaborations.
59 Successful examples are emerging, including observations of a positive relationship between
60 scientific impact of a publication and number of involved countries, but intra-national research
61 collaboration remains the most prevalent form of collaborative science across disciplines ¹. In the
62 stroke research domain, the most prominent international collaborative achievements include the
63 research consensus statements of the International Stroke Recovery and Rehabilitation Alliance
64 (ISRRRA, previously known as SRRR) ², the data sharing and harmonisation efforts of the Virtual
65 International Stroke Trials Archive (VISTA) ³ and the Enhancing Neuroimaging Genetics through
66 Meta-Analysis (ENIGMA) Stroke Recovery working group ⁴ — one of 26 disease working groups
67 included in this worldwide consortium.

68 Aphasia research has traditionally been considered a niche topic in medical science, facing a variety
69 of challenges, including:

- 70 (a) **uni-disciplinary** neurology, linguistics, psychology, speech and language therapy, or social
71 science research perspectives on aphasia with limited knowledge exchange and career
72 opportunities between disciplines, particularly for early/junior stage researchers
73 (ESRs/JSRs);
- 74 (b) **disciplinary and geographical differences in research terminology, participant descriptors,**
75 **outcome measurement selection, intervention reporting and research paradigms** that
76 have restricted outcome comparisons, secondary data analysis and data meta-syntheses;
- 77 (c) **barriers faced by people with aphasia** in participating in the research process (particularly
78 to inform research priorities and to co-design meaningful aphasia intervention and outcome
79 measures), due to researchers' lack of knowledge or resources to appropriately create
80 communication access for people with aphasia through 'supported communication'
81 strategies, and
- 82 (d) **a lack of methodologically sound, culturally appropriate clinical and research assessment**
83 **and intervention** tools for the multitude of languages impacted by aphasia globally, which in
84 turn has hindered collaborative, international aphasia research and clinical implementation
85 of milestone research findings.

86 Addressing these decades-long challenges to aphasia research quality has been the major mission
87 of the Collaboration of Aphasia Trialists (CATs) over the past 10 years. CATs' strategies involved
88 identifying disciplinary differences and methodological gaps, harmonising terminology and
89 intervention reporting, outcome measurement development, selection and cross-cultural
90 adaptation based on relevant research guidelines ⁵, and developing sound evidence-based
91 knowledge and innovative solutions to research barriers, including during the COVID-19 pandemic.

92 CATs brings together an international network of >300 multidisciplinary aphasia researchers from
93 41 countries and 43 languages and across all career stages (63 PhD students, 105 members within 8
94 years of PhD award, >140 senior researchers). The multidisciplinary membership includes
95 professionals in neurology, neurorehabilitation, neuropsychology, (cognitive) neuroscience, speech
96 and language therapy, linguistics, implementation research and related disciplines.

97 Originally established as European Cooperation in Science and Technology (COST) Action (funded by
98 the European Union) focused on stroke-related aphasia (2013-2017), CATs has since expanded its
99 scope to unite aphasia researchers globally and to include aphasias of non-stroke
100 (neurodegenerative) aetiologies. This expansion was made possible by additional funding for
101 administrative support from the non-profit Tavistock Trust for Aphasia (TTA; 2017-2026). As early

102 (pre-pandemic) adopters of virtual meetings, we recognised the greater accessibility of such
 103 meeting formats to the global research community and the minimal financial and scheduling
 104 barriers to participation, particularly in early career stages and for aphasia clinicians and
 105 researchers in low- to middle-income countries. Through digital formats and free membership, we
 106 promote equitable access to meetings, training and mentoring opportunities, and research
 107 resources, minimising financial, political, and geographical barriers to international collaboration.
 108 Over the past 10 years, CATs has additionally established active partnerships with the European
 109 Federation of the Neuropsychological Societies (EFNS; joint research activities), the International
 110 Association of Communication Sciences and Disorders (IALP; joint mentoring programme to support
 111 aphasia researchers and clinicians in low income countries), and the US-based international patient
 112 organisation Aphasia Recovery Connection (ARC; patient advisory groups to inform CATs-initiated
 113 aphasia research projects as well as international recruitment of research participants).

114 CATs' actionable plans (Figure 1) are to compile multidisciplinary, multilingual international aphasia
 115 rehabilitation research expertise through consensus research agendas, statements and
 116 recommendations (all non-competitive activities in mainstream funding rounds) in order to:

- 117 1) standardise **terminology** and harmonise **outcome assessments** internationally to facilitate
 118 design and outcome comparisons and to ease meta-synthesis of aphasia research data;
- 119 2) **enhance** the methodological **quality, replicability, clinical relevance** and **reporting** of
 120 aphasia research;
- 121 3) provide a freely-accessible **repository** of sound and multilingual research **tools** and (aphasia-
 122 friendly) **resources** to support researchers worldwide;
- 123 4) foster the future **research capacity and mentoring skills of ESRs/JSRs**, by providing training
 124 in current best practice **research methodology**, education in evidence-based **clinical care**,
 125 and offering international **mentoring, networking and leadership opportunities** (including
 126 visits to international centres of research excellence, where funding allows) for those
 127 seeking a research career in an aphasia-related discipline and thus qualifying as a future
 128 mentor for others ⁶;
- 129 5) strive towards linguistic, cultural, and geographic **diversity** in aphasia research and highlight
 130 the aphasia clinical and research needs of low- and middle-income countries, facilitated by
 131 CATs' Global Engagement Officers currently from South America, Africa, and Ireland; and
- 132 6) advance the **inclusion** of people with communication barriers in stroke research design,
 133 conduct, participation and dissemination.

134

135 CATs' educational and scientific gains achieved over the past 10 years in these actionable plans
 136 (summarised in Table 1) reflect the significant collective effort from:

- 137 ● seven research working groups (listed in Appendix),
- 138 ● three aphasia research dissemination teams for different stakeholder groups
 139 (Twitter/X, Facebook, e-newsletter),
- 140 ● the Trials for Aphasia Panel (TAP) aiming to advance aphasia research methodology,
- 141 ● four Officers (ESR/JSR, Global Engagement, Dissemination, Research).

142

143 Together with the CATs Chair and Deputy Chair, the 14 working group (Deputy) Leads and six
 144 Officers form the Executive Committee, which has been meeting quarterly over the past 10 years,
 145 bearing testament to members' commitment for enhancing aphasia research quality and the

146 careers of ESRs/JSRs in aphasia rehabilitation. Projects developed collaboratively, with participation
147 of ESRs/JSRs, secured external funding of the equivalent of >10 million US\$ to date and CATs
148 collaborations have inspired ~50 peer-reviewed publications, including in general medicine/stroke
149 journals (see references ⁷⁻⁵⁵). The latest testimony to the success of the collaboration is that CATs is
150 the recipient of The Robin Tavistock Award 2023.

151

Table 1: The top 10 scientific and educational achievements of CATs from 2013 to 2023	
<p>1. Global networking and mentorship: Building links between aphasia researchers internationally</p>	<ul style="list-style-type: none"> ➤ <u>Activities</u> in 7 working groups ➤ Methodological advances (<u>TAP</u>, <u>MAMA-Q</u>) ➤ International consensus activities, such as developing a core outcome set for aphasia rehabilitation (ROMA COS)⁷⁻¹⁴ ➤ Annual CATs virtual event weeks (2022 programme in Suppl. Material, Figure S1) ➤ Annual <u>CATs in-person events</u> alongside international aphasia conferences such as CAC, IARC, NAC, AcA (not during the COVID-19 pandemic)
<p>2. Research collaboration: Developing joint international research collaborations on grants and publications</p>	<ul style="list-style-type: none"> ➤ Cross-national systematic reviews¹⁵⁻¹⁸, observational¹⁹ and clinical²⁰⁻²² trials ➤ Cross-national special journal <u>issues</u>, paper series^{23,24} or <u>projects</u>²⁵⁻²⁷ on aphasia-related topics ➤ Cross-national research funding (list in Suppl. Material)
<p>3. Knowledge: Sharing the latest aphasia research</p>	<ul style="list-style-type: none"> ➤ Quarterly <u>e-newsletter</u> ➤ <u>CATs Twitter</u> ('@CATs_Aphasia'; aphasia news for researchers; > 2600 followers) ➤ <u>CATs Facebook</u> ('CATs.aphasia'; accessible aphasia research news for PWA, care partners, clinicians; ~ 500 followers) ➤ (CATs-commissioned) Video research abstracts on YouTube ('<u>Aphasia Answers/X from CATs and ARC</u>'; accessible, for PWA, carers, clinicians; 160 subscribers) ➤ <u>Monthly webinar series</u> with CATs Leads/Officers (for researchers, started in 2023), archived in <u>CATs YouTube channel for researchers</u> (@catsaphasia9864) ➤ CATs-organized symposia at international (stroke & aphasia) conferences (see Suppl. Material, Table S1 for the year 2023)
<p>4. Research quality: Promoting aphasia research quality and integrity and reducing research waste</p>	<ul style="list-style-type: none"> ➤ Standardising terminology^{28,29} and assessments³⁰⁻³² and intervention reporting^{33,34} ➤ International consensus tutorials aiming to advance aphasia study designs^{23,24,35,36} ➤ International consensus on aphasia research agenda³⁷ ➤ International consensus on cross-linguistic adaptations of outcome measurement instruments³² ➤ Special task forces (such as: <u>ROMA COS</u>, <u>MAMA-Q</u> to improve the psychometric quality of aphasia diagnosis and

	outcome assessment or the <u>MAP project</u> to develop best practice guidelines to work with multilingual PWAs)
<p>5. Resources and Recruitment: Providing freely available research resources on the CATs website and enabling global recruitment of research participants</p>	<ul style="list-style-type: none"> ➤ <u>Online resources</u> for planning & conducting & reporting randomised clinical trials (compiled by TAP) ➤ Online open access resource of 425 standardised <u>aphasia measurement instruments</u> across 48 languages ➤ Online application: <u>The Aphasia Therapy Finder</u> ➤ Free '<u>Aphasia-research during COVID-19</u>' resources ➤ International participant recruitment by CATs email, Twitter, Facebook, personal communication by members ➤ Two 2021 aphasia surveys shared with CATs members (& Twitter followers), with >400 responses, 27 countries (manuscript in development)
<p>6. Career advancement: Advancing careers of current and future aphasia researchers</p>	<ul style="list-style-type: none"> ➤ Regular 'Lightning talks' webinar series for ESRs/JSRs ➤ Mentorship programme for ESRs/JSRs ➤ Cross-national publications, involving ESRs/JSRs ^{15,24} ➤ Regular online tutorials by senior aphasia researchers, since May 2023 archived in <u>CATs Youtube channel for researchers</u> ➤ Online <u>resources for ESRs/JSRs</u> (registration required), including online forum
<p>7. New trials culture and data sharing: Establishing a new culture of sufficiently powered randomised controlled trials and 'big data' meta-synthesis</p>	<ul style="list-style-type: none"> ➤ RCTs recently published in top-ranked general medicine/stroke journals by senior CATs members ³⁸⁻⁴¹ ➤ Initiating large-scale international aphasia studies ¹⁹ ➤ <u>RELEASE database</u> ^{42,43}: Archive of 5928 IPD across 170 aphasia RCTs and registry datasets from 28 countries; to date 6 peer-reviewed publications in general stroke/language pathology journals ^{19,35,44-47} ➤ Continuous expansion: <u>CATs database</u>
<p>8. Consumer Involvement: Advancing the research involvement of people living with aphasia</p>	<ul style="list-style-type: none"> ➤ Free-to-access <u>aphasia-accessible information sheets and consent form templates</u> ➤ Development of 'Top 10 research priorities for people with aphasia, their families and healthcare professionals' ⁴⁸ ➤ Publication series on best practice of PPI in aphasia research (4 peer-reviewed publications) ⁴⁹⁻⁵² ➤ Free <u>manual and templates to produce aphasia-accessible research summary videos</u> ➤ Qualitative research to identify preferences of PWA for aphasia research video abstracts, in cooperation with our partner patient organisation ARC ⁵³

<p>9. Impact: Impacting on clinical practice and policy</p>	<ul style="list-style-type: none"> ➤ International consensus on core outcome set for aphasia research ^{8,9} endorsed for clinical practice in several countries ➤ Treatment priority work ^{37,48} and systematic reviews on therapy efficacy ^{15,54} by CATs members directly impacting on national aphasia rehabilitation guidelines ➤ Free access to <u>general stroke and aphasia-specific clinical guidelines</u> on CATs website ➤ Establishment of a <u>Clinical Advisory Committee</u> in 2023 to identify facilitators and barriers of the clinical implementation of aphasia research results
<p>10. Inclusion: Promoting diversity and inclusion of countries and languages underrepresented in aphasia research</p>	<ul style="list-style-type: none"> ➤ Global engagement team involves officers from 3 continents (Africa, South America, Europe) ➤ 5 language adaptations (Austria, Egypt, Greece, India, Serbia) of the Danish communication partner training program KomTil including training of local providers ⁵⁵

152 ARC = Aphasia Recovery Connection; COS = Core Outcome Set; ESR = early stage researcher; IPD =
153 Individual Participant Data; JSR = junior stage researcher; MAMA-Q = Multilingual Aphasia
154 MeAsures and Quality; MAP = Multilingual Aphasia Praxis; PPI = Patient-Public Involvement; PWA =
155 people with aphasia; RCT = Randomised Controlled Trial; RELEASE = REhabilitation and recovery of
156 peopLE with Aphasia after StrokeE; ROMA = Research Outcome Measurement in Aphasia; TAP = Trials
157 for Aphasia Panel; TiDIER = template for intervention description and replication;
158 (all weblinks last accessed on January 30, 2024)

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162 In summary, CATs works to educate the next generation of aphasia researchers and mentors,
163 connect international aphasia researchers of all career levels, reduce research waste across the
164 research cycle, maximise the methodological rigor and clinical relevance of aphasia research
165 outputs and fast-track research findings to benefit the lives of people with aphasia, their families
166 and the healthcare professionals working with them.

167 CATs activities have achieved major new insights about aphasia rehabilitation during the past 10
168 years. Outstanding insights include (a) championing the use of patient public involvement and
169 accessible materials in aphasia research, (b) the requirement of a consumer-informed international
170 “core outcome set”^{8,9,11} for aphasia research and routine clinical care and (b) based on the findings
171 of our recent individual participant data network meta-analyses⁴²⁻⁴⁷ that the best treatment
172 outcomes are observed for intensive, functionally tailored, mixed receptive-expressive aphasia
173 therapy with prescribed home-practice.

174 The benefits have far outweighed the hindrances, but collaborating across continents has also
175 posed notable challenges, such as insufficient funding for in-person meetings (particularly for
176 ESR/JSR members), administrative and IT support (e.g., for the CATs website, development of
177 research data repositories), for kicking off novel research activities and few opportunities for
178 funding of cross-continental research grants. Working across multiple time zones has been an
179 additional challenge. The more globally inclusive the network, the more challenging it was to find
180 suitable meeting times with various methods adopted to support participation including people
181 participating very early/late in their own time zone, dual offerings of training seminars to support
182 participation from different global regions, or sharing network roles with others in a different time
183 zone to ensure representation during discussions despite the time chosen. Nevertheless, we hope
184 that researchers and clinicians in other (niche) fields of stroke will follow CATs’ path of fostering
185 international collaboration to accomplish much more than the sum of individual researchers in a
186 field could ever achieve, and in this way contribute to advancing their field in (what truly feels like)
187 a quantum leap after 10 years. Any aphasia researcher or clinician, from any disciplinary
188 background, at any stage of their career, may join CATs at <https://www.aphasiatrials.org/join-cats/>
189 – membership is free.

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191

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210 **List of the supplemental materials:**

211 Supplemental Material

212 Table S1

213 Figure S1

214

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397

398

399 **Figure legend**

400

401 Figure 1: CATs' membership and actionable plans

402 **Appendix: Members of the CATs Executive Committee (as of December 2023)**

403 Chair: Marian C. Brady,

404 Nursing, Midwifery and Allied Health Professionals Research Unit, Glasgow Caledonian University,
405 Glasgow, United Kingdom and School of Health and Rehabilitation Sciences, University of
406 Queensland, Brisbane, Australia

407

408 Deputy Chair: Caterina Breitenstein,

409 Department of Neurology with Institute of Translational Neurology, Germany

410 Trials for Aphasia Panel (TAP) Lead: Katerina Hilari,

411 Centre for Language and Communication Science Research, School of Health Sciences, City,
412 University of London, United Kingdom

413 Research Officer: Sarah J. Wallace,

414 School of Health and Rehabilitation Sciences, The University of Queensland, Australia and
415 Queensland Aphasia Research Centre, Brisbane, Australia

416 Early Stage Researchers Officers

417 Ruth McMenanim,

418 Discipline of Speech and Language Therapy, NUI Galway, Ireland

419 Hanne Gram Simonsen,

420 Center for Multilingualism in Society across the Lifespan, University of Oslo, Norway

421 Global Engagement Officers

422 Caroline Jagoe,

423 Department of Clinical Speech & Language Studies, Trinity College Dublin

424 Abena Asiedua Owusu Antwi,

425 Speech and Language Therapy Clinic, Korle-Bu Teaching Hospital, Ghana

426

427 Dissemination Officer: Natalie Gilmore,

428 Lab for NeuroImaging for Coma and Consciousness, Massachusetts General Hospital, Cambridge,
429 USA

430 Working group 'Aphasia datasets'

431 Lead: Myzoon Ali,

432 Nursing, Midwifery and Allied Health Professionals Research Unit, Glasgow Caledonian University,
433 Glasgow, United Kingdom

434 Deputy Lead: Erin Godecke,

435 Department of Speech Pathology, Edith Cowan University & Sir Charles Gairdner Hospital, Australia
436 and Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University,
437 Australia

438 Working group 'Aphasia assessments and outcomes'

439 Lead: Seçkin Arslan,

440 Laboratoire Bases, Corpus, Langage (BCL), CNRS, Université Côte d'Azur, France

- 441 Deputy Lead: Claudia Penalzoza,
442 Department of Cognition, Development and Educational Psychology, University of Barcelona, Spain
- 443 Working group 'Prognosis and markers of aphasia recovery'
444 Lead: Cathy Price,
445 Wellcome Centre for Human Neuroimaging, Institute of Neurology, University College London,
446 United Kingdom
- 447 Deputy Lead: Sasa Filipovic,
448 Institute for Medical Research, University of Belgrade, Serbia
- 449 Working group 'Effectiveness of aphasia interventions'
450 Lead: Miranda L. Rose,
451 School of Allied Health, Human Services and Sport, La Trobe University, Australia and Centre of
452 Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Australia
- 453 Deputy Lead: Lucy Dipper,
454 Division of Language and Communication Science, City, University of London, United Kingdom
- 455 Working group 'Societal impact & reintegration of people with aphasia'
456 Lead: Suzanne Beeke,
457 Language & Cognition Research Department, University College London, United Kingdom
- 458 Deputy Lead: Lisa Anemaat
459 School of Health and Rehabilitation Sciences, The University of Queensland, Australia and
460 Queensland Aphasia Research Centre, Brisbane, Australia
- 461 Working group 'Aphasia and cognition'
462 Lead: David Copland,
463 Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University
464 of Queensland, Australia and UQ Centre for Clinical Research, Faculty of Medicine, University of
465 Queensland, Australia and Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La
466 Trobe University, Australia
- 467 Deputy Lead: Carolina Mendez-Orellana,
468 School of Speech and Language Pathology, Health Sciences Department, Faculty of Medicine,
469 Pontificia Universidad Católica de Chile, Chile
- 470 Working group 'Implementation science in aphasia'
471 Lead: Natalie Douglas
472 Department of Communication Sciences and Disorders, Central Michigan University, MI, USA
- 473 Deputy Lead: Kirstine Shrubsole,
474 Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University
475 of Queensland, Australia and Centre of Research Excellence in Aphasia Recovery and Rehabilitation,
476 La Trobe University, Australia
- 477