ASP Participant Survey

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Thank you for providing feedback on your experiences with the NINDS Anticonvulsant Screening Program (ASP).

The ASP was established to encourage and facilitate the discovery of new therapeutic agents for epilepsy. NINDS is conducting this survey of participants who have submitted compounds for screening in the ASP over the past five years to assess satisfaction with services and consultation received, to determine the extent to which participants feel the program has benefitted their epilepsy drug development efforts, and to obtain feedback relevant to program improvement.

Your participation in this survey is voluntary, and you may stop the survey at any time without penalty or skip questions you do not wish to answer. Please note that your responses will not be identified with you personally or with your organization; survey results will be reported only in aggregate or de-identified form. NINDS does not plan to publish results of this survey but will use the responses received to inform future program directions to address current needs and opportunities in epilepsy drug development research.

If you have questions about the survey, or if you have any technical difficulty accessing or responding to the survey, please contact Dr. Cara Long (cara.long@nih.gov).

ASP Participant Survey

Awareness of the program

1. How did you learn about the ASP and the types of services it provides?

- [ ] NINDS website
- [ ] University of Utah website
- [ ] At an epilepsy meeting or conference
- [ ] At a non-epilepsy meeting or conference
- [ ] Word of mouth
- [ ] Other (please specify)

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Participant affiliation

2. Please select the option below that best describes your affiliation at the time of your most recent participation with the ASP:

- ◯ U.S. academic research institution
- ◯ Non-U.S. academic research institution
- ◯ U.S.-based business
- ◯ Non-U.S.-based business
- ◯ U.S. Government institution
- ◯ Non-U.S. Government institution

ASP Participant Survey

Participant affiliation, continued

3. For business affiliations, please indicate the approximate size of your business:

- ◯ <10 employees
- ◯ 10-100 employees
- ◯ 101-500 employees
- ◯ >500 employees

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Extent of compound submission and screening

4. What is the total number of compounds you have ever submitted to the ASP for screening?

- ◯ <10
- ◯ 10-50
- ◯ >50

5. Approximately how many compounds have you submitted for screening in the last two years?

6. What level of screening or other services have been provided to you over the course of your participation in the ASP? (Please check all that apply, for any compounds you have submitted to the program.)

- ☐ Initial screening in models of acute seizures for in vivo anticonvulsant activity (maximal electroshock seizures, 6-Hz test 32mA, subcutaneous metrazol) and behavioral toxicity
- ☐ Initial models of chronic seizures (corneal kindled mouse, hippocampal-kindled rat)
- ☐ Initial models of pharmacoresistance (6-Hz 44mA, in vitro spontaneous bursting slice model)
- ☐ Advanced models of pharmacoresistance (lamotrigine-resistant amygdala kindled rat, mesial temporal lobe epilepsy (mTLE) model)
- ☐ Tests of cognition (Morris Water Maze, in vitro long term potentiation (LTP) in hippocampal slice)
- ☐ Mechanistic or genetic models (bicuculine/picrotoxin, intravenous metrazol, Frings audiogenic seizure model)
- ☐ ASP/CounterACT Track II studies (pilocarpine or DFP-induced convulsive and/or electrographic status epilepticus)
- ☐ Consultation regarding future development of submitted compounds
- ☐ Other

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Quality and benefit of services received

7. How satisfied are you with the services and consultation you have received as a participant in the ASP?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	N/A
Quality of screening performed	◯	◯	◯	◯	◯	◯
Extent of screening performed	◯	◯	◯	◯	◯	◯
Communication of screening results	◯	◯	◯	◯	◯	◯
Other communication with NINDS staff	◯	◯	◯	◯	◯	◯
Consultation received	◯	◯	◯	◯	◯	◯
Timeliness of services/screening	◯	◯	◯	◯	◯	◯

8. Rate the extent to which you agree with the following statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My participation in the ASP and the data and consultation I received played a major role in my efforts to develop a new medication for epilepsy.	◯	◯	◯	◯	◯

9. What was the most beneficial service, consultation, or other type of support you received as part of your participation in the ASP, and why?

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Plans following ASP participation

10. Following your participation in the ASP, what were your subsequent actions related to the development of one or more compounds submitted for screening? (Please check all that apply for any compounds you have had screened.)

- [ ] Advanced compound(s) into pre-IND development phase for an epilepsy indication
- [ ] Submitted an IND application (or equivalent outside the U.S.) for testing an epilepsy drug
- [ ] Began clinical testing of an epilepsy drug
- [ ] Contacted parties interested in licensing compound as a potential epilepsy drug
- [ ] Pursued development of compound(s) for an indication other than epilepsy
- [ ] Sought funds from NIH for continued development as a potential epilepsy drug
- [ ] Sought funds from a non-NIH source for continued development as a potential epilepsy drug
- [ ] Abandoned the development of submitted compound(s)
- [ ] Other (please specify)

11. Do you plan to submit additional compounds to the ASP in the future?

- ◯ Yes
- ◯ No

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Public database

12. Are you aware of the PANAChE database? (Public Access to Neuroactive & Anticonvulsant Chemical Evaluations; http://panache.ninds.nih.gov/)

- ◯ Yes
- ◯ No

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Public database, continued

13. If you have reviewed or used PANAChE, to what extent do you agree that it will be a valuable resource for epilepsy research and drug development?

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
◯	◯	◯	◯	◯

14. If you have used the database, please share any comments you may have about its utility, ease of use, or content.

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Program improvement and general feedback

15. What (if anything) would you hope to see done differently related to any aspect of the drug screening and consultation services provided by the ASP?

16. Please share any other comments you may have about the program.