Supplementary Material 1: Overview of datasets in the RELEASE study database

\*=unpublished material

Overview 1: Abel 2003

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| Dataset ID | Abel 2003 |
| **Relevant publication(s)** | Abel S, Schultz A, Radermacher I, Willmes K, Huber W. Increasing versus vanishing cues in naming therapy. *Brain and Language* 2003;**87**(1):143-144.Abel S, Schultz A, Radermacher I, Willmes K, Huber W. Decreasing and increasing cues in naming therapy for aphasia. *Aphasiology* 2005;**19**(9):831-848. https://doi.org/ 10.1080/02687030500268902 |
| **Country** | DE |
| **Funder(s)** | Helmut–Bauer Prize for Rehabilitation (German Society of Neurology) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (at least 4 months; severe to moderate naming deficit (in most recent testing, percentile rank under 60 AAT confrontation naming; percentile rank more than 10 AAT auditory comprehension) Exclusion: severe dysarthria; severe apraxia of speech; percentile rank over 60 and/or cannot be cued by first syllable at baseline AAT confrontation namingIn RELEASE: n= 10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic and Phonological SLTProvided by: SLT MSc students, with close supervision of experienced speech and language therapists / neurolinguists. Delivery: face-to-face; 1-to-1; Location: hospital ward. Regimen: each patient who passed the pre-test received intensive treatment from the second week on. The therapy sessions were provided 5 days a week and lasted for 4 weeks (overall 20 sessions). Training altogether consisted of 10 sessions with increasing cues and 10 sessions with vanishing cues. Frequency: 5 days per week. Duration: 4 weeks. Intensity: 5 hours. Dosage: 20 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TT-AAT; AAT; Snodgrass and Vanderwart (100/260) |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: partly (scoring by an SLT student who did not deliver therapy to that patient, with double-checking by another) |
| **Notes** |  |

Overview 2: Abel 2014

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| Dataset ID | Abel 2014 |
| **Relevant publication(s)** | Abel S, Weiller C, Huber W, Willmes K. Neural underpinnings for model-oriented therapy of aphasic word production. *Neuropsychologia* 2014;**57**:154-165. https://doi.org/10.1016/j.neuropsychologia.2014.03.010https://doi.org/10.1016/j.neuropsychologia.2014.03.010Abel S, Weiller C, Huber W, Willmes K, Specht K. Therapy-induced brain reorganisation patterns in aphasia. *Brain* 2015;**138**:1097-1112. https://doi.org/10.1093/brain/awv022 |
| **Country** | DE |
| **Funder(s)** | Bundesministerium für Bildung und Forschung (Research collaboration, BMBF grant 01GW 0661 for “Mechanisms of Brain Reorganisation in the Language Network”) and the German Research Foundation (DFG research grants HU 292/10-1 and AB 282/2-1 for “Model-oriented Treatment of Word Production Disorders in Aphasia”). |
| **Design** | Cohort / case series / registry  |
| **Participants** | Inclusion: stroke (first; at least 44 months); aphasia (at least moderate naming deficit on AAT unless urgent demand for treatment of milder naming deficit); in-patient of specialised aphasia wardExclusion: severe apraxia of speech or dysarthria; contraindications for fMRI; mastery level naming at pre-testingIn RELEASE: 15  |
| **Intervention** | **Group 1:** n=15Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic and Phonological SLTProvided by: SLT MSc students, with close supervision of experienced speech and language therapists / neurolinguists. Delivery: face-to-face; 1-to-1; Location: aphasia ward. Regimen: semantic and phonological therapy methods given in weekly blocks which altered within and among patients. Half of the patients were pseudo-randomly attributed to phonology first (ABBA), the other half to semantics first (BAAB). Each training set (PHO and SEM) was carefully split in half to practise 15 items each week. In each session, six picture names were treated in six trials, and again presented in a later session, resulting in 12 repetitions per item. Frequency: 5 days per week. Duration: 4 weeks. Intensity: 5 hours. Dosage: 20 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: partly (scoring by an SLT student who did not deliver therapy to that patient, with double-checking by another) |
| **Notes** |  |

Overview 3: Abo 2017

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| Dataset ID | Abo 2017 |
| **Relevant publication(s)** | Hara T, Abo M, Kakita K, Mori Y, Yoshida M, Sasaki N. The effect of selective transcranial magnetic stimulation with functional near-infrared spectroscopy and intensive speech therapy on individuals with post-stroke aphasia. *European Neurology* 2017;**77**(3-4):186-194. https://doi.org/10.1159/000457901Abo M, Kakuda W, Watanabe M, Morooka A, Kawakami K, Senoo A. Effectiveness of low-frequency rTMS and intensive speech therapy in poststroke patients with aphasia: a pilot study based on evaluation by fMRI in relation to type of aphasia. *European Neurology* 2012;**68**(4):199-208. https://doi.org/10.1159/000338773 |
| **Country** | Japan |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke; aphasia (more than 1 year); right-handed; consecutive patientsExclusion: global or severe aphasia; other neuropsychological symptoms; disturbance of consciousness; contraindications for rLF-TMS; documented epileptic dischargesIn RELEASE: n=24 |
| **Intervention** | **Group 1:** n=3Intervention type(s): SLT intervention with Co-intervention (repetitive transcranial magnetic stimulation to right inferior frontal gyrus)SLT Impairment Target: Spoken LanguageSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: clinic room in hospital. Regimen: 10 treatment sessions (1 session per day) consisting of 40 minute 1-Hz LF- repetitive transcranial magnetic stimulation and 60 minute intensive SLT, excluding Sundays. Frequency: 6 days per week. Duration: 11 days. Intensity: 4-6 hours. Dosage: 10 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=5Intervention type(s): SLT intervention with Co-intervention (repetitive transcranial magnetic stimulation to right superior temporal gyrus)SLT Impairment Target: Spoken LanguageSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: clinic room in hospital. Regimen: 10 treatment sessions (1 session per day) consisting of 40 minute 1-Hz LF-rTMS and 60 minute intensive SLT, excluding Sundays. Frequency: 6 days per week. Duration: 11 days. Intensity: 4-6 hours. Dosage: 10 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 3:** n=11Intervention type(s): SLT intervention with Co-intervention (repetitive transcranial magnetic stimulation to left inferior frontal gyrus)SLT Impairment Target: Spoken LanguageSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: clinic room in hospital. Regimen: 10 treatment sessions (1 session per day) consisting of 40 minute 1-Hz LF-rTMS and 60 minute intensive SLT, excluding Sundays. Frequency: 6 days per week. Duration: 11 days. Intensity: 4-6 hours. Dosage: 10 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 4:** n=5Intervention type(s): SLT intervention with Co-intervention (repetitive transcranial magnetic stimulation to left superior temporal gyrus)SLT Impairment Target: Spoken LanguageSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: clinic room in hospital. Regimen: 10 treatment sessions (1 session per day) consisting of 40 minute 1-Hz LF-rTMS and 60 minute intensive SLT, excluding Sundays. Frequency: 6 days per week. Duration: 11 days. Intensity: 4-6 hours. Dosage: 10 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | SLTA; WAB-J |
| **IPD collection time-points contributing to RELEASE** | Baseline; 5 weeks |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 4: ACT NoW 2012

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| Dataset ID | ACT Now 2012 |
| **Relevant publication(s)\*** | Bowen A, Hesketh A, Patchick E, Young A, Davies L, Vail A, *et al*. Clinical effectiveness, cost effectiveness and service users’ perceptions of early, well-resourced communication therapy following a stroke: a randomised controlled trial (the ACT NoW Study). *Health Technology Assessment* 2012;**16**(26):1-160. https://doi.org/10.3310/hta16260 Bowen A, Hesketh A, Patchick E, Young A, Davies L, Vail A, *et al*. Effectiveness of enhanced communication therapy in the first four months after stroke for aphasia and dysarthria: a randomised controlled trial. *BMJ* 2012;**345**(7868). Young A, Gomersall T, Bowen A. 2013. Trial participants’ experiences of early enhanced speech and language therapy after stroke compared with employed visitor support: a qualitative study nested within a randomised controlled trial. *Clinical Rehabilitation* 2013; **2**(27):174-182. https://doi.org/ 10.1177/0269215512450042Hesketh A, Long A, Bowen A. on behalf of the ACTNoW Research Study. Agreement on outcome: Speaker, carer, and therapist perspectives on functional communication after stroke, *Aphasiology*, 2011; **25**(3):291-308 https://doi.org/ 10.1080/02687038.2010.507818 |
| **Country** | UK |
| **Funder(s)** | NIHR HTA  |
| **Design** | RCT |
| **Participants** | Inclusion: adult; hospital admission for stroke; aphasia or dysarthria; considered by a speech and language therapist as likely to benefit from intervention; informed or carer proxy consentExclusion: practical resource limitations (e.g. outside area; language spoken); intervention deemed unsuitable by therapists (e.g. end of life care; pre-existing learning disability, dementia, subarachnoid haemorrhage, serious medical condition, unable to complete eligibility screening, communication problems resolved or likely to resolve)Not in RELEASE: 17 participants with dysarthria not aphasiaIn RELEASE: n=153 |
| **Intervention** | **Group 1:** n=77 Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLT SLT Theoretical Approach: Functional or Pragmatic SLTProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital and community settings. Regimen: protocol up to 16 weeks of up to 3 times per week (up to 48 contacts) starting as soon as clinically indicated. Frequency: up to 3 days per week. Duration: up to 16 weeks (13 weeks on average). Intensity: 1.4 hours per week on average (IPD unavailable). Dosage: 18 hours on average (IPD unavailable). Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=76 Intervention type(s): Social Support (attention control offered at same intensity as Group 1 SLT intervention by employed visitors who did not provide therapy or any communication strategies)SLT Impairment Target: noneSLT Theoretical Approach: noneProvided by: employed visitor. Delivery: face-to-face; 1-to-1; Location: hospital and community settings. Regimen: protocol up to 16 weeks of up to 3 times per week, starting about the same time (day 17) as the therapists’ first contacts with group 1. Frequency: up to 3 days per week. Duration: up to 16 weeks. Intensity: 1.3 hours per week on average (IPD unavailable). Dosage: 15 hours on average (19 contacts, IPD unavailable: range 1-45 contacts, varied length up to 60 minutes, maximum 41 hours). Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TOMs |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: 7 during intervention period (4 died, 3 declined follow-up in intervention group; 8 died and 12 declined follow-up in control group) Blinding: yesRandom sequence generation: 1:1 allocation ratio and randomly permuted blocks; stratified by severity of communication impairment and by recruiting site; requested stratification by diagnosis (aphasia only, dysarthria only, or both) did not happenConcealment of allocation: randomisation by external, independent, web-based randomisation service from a trials unit activated by research staff |
| **Notes** |  |

Overview 5: Adrián 2011

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| Dataset ID | Adrián 2011 |
| **Relevant publication(s)** | Adrián JA, González M, Buiza JJ, Sage K. Extending the use of Spanish computer-assisted anomia rehabilitation program (CARP-2) in people with aphasia. *Journal of Communication Disorders* 2011;**44**(6):666-677. https://doi.org/10.1016/j.jcomdis.2011.06.002Adrian J, Gonzales M, Buiza J. The use of computer-assisted therapy in anomia rehabilitation: a single case report. *Aphasiology* 2003;**17**(10):981-1002. https://doi.org/10.1080/02687030344000256 |
| **Country** | ES |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 12 months); aphasia (anomia); no concurrent neurological, medical or psychiatric disorders; no medication known to act on cognitive function within month before study; no visual agnosia Exclusion: neurological disease (e.g. Alzheimer’s disease); medical conditions (e.g. chronic obstructive pulmonary disorder, sleep apnoea, alcoholism) or psychiatric disorders (e.g. schizophrenia, bipolar disorder); receiving dopa-GABA-mimetic or antidepressant drugs in the month before enrolmentNot in RELEASE: 15 matched controlsIn RELEASE: n=15  |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word finding SLTSLT Theoretical Approach: Semantic and PhonologicalProvided by: speech and language therapist. Delivery: face-to-face; self-managed; computer-supported Location: participants’ home. Regimen: 30 sessions. SLT twice a week for 30 sessions over 4 months. Frequency: 2 times a week. Duration: 15 weeks. Intensity: 2 hours. Dosage: 30 hours Modification: unreported. Tailoring: none. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | BNT-S |
| **IPD collection time-points contributing to RELEASE** | Baseline; 4 months |
| **Risk of bias** | Dropouts: unreportedBlinding: no |
| **Notes** |  |

Overview 6: AFATIKA 2001

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| Dataset ID | AFATIKA 2001 |
| **Relevant publication(s)** | Laska AC, Hellblom A, Murray V, Kahan T, Von Arbin M. Aphasia in acute stroke and relation to outcome. *J Intern Med* 2001;**249**(5): 413–422. https://doi.org/10.1046/j.1365-2796.2001.00812.x |
| **Country** | SE |
| **Funder(s)** | Swedish Stroke Association Foundation and Funds; Karolinska Institutet; Danderyd Hospital Development Funds; the Sera®mer Hospital Foundation; the Lundbeck Foundation; the Foundations of Eirs, SoÈderstroÈm-KoÈnigska Sjukhemmet and AÊ ke Wiberg |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasiaExclusion: patient or relative declined In RELEASE: n=119 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | ANELT; NGA; TT-36 |
| **IPD collection time-points contributing to RELEASE** | Baseline (acute - median 5 days, range 0-30 days); 3 months; 6 months; 18 months  |
| **Risk of bias** | Dropouts: reported 9 at 3 months; 16 at 6 months; 4 at 18 months (due to death, missing data, dementia)Blinding: none reported |
| **Notes** |  |

Overview 7: Almaghyuli 2012

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| Dataset ID | Almaghyuli 2012 |
| **Relevant publication** | Almaghyuli A, Thompson H, Lambon Ralph MA, Jefferies E. Deficits of semantic control produce absent or reverse frequency effects in comprehension: evidence from neuropsychology and dual task methodology. *Neuropsychologia* 2012;**50**(8):1968-1979. https://doi.org/10.1016/j.neuropsychologia.2012.04.022 |
| **Country** | UK |
| **Funder** | Scholarship from King Fahad Medical City to A. Almaghyuli and an MRC programme grant (G0501632) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 1 year); word and picture comprehension impairment (chronic)Exclusion: unreportedIn RELEASE: n=16 |
| **Intervention** | n/a  |
| **Outcome measures** | BDAE |
| **IPD collection timepoints contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 8: Antonucci 2014

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| Dataset ID | Antonucci 2014 |
| **Relevant publication(s)** | Antonucci SM. What matters in semantic feature processing for persons with stroke-aphasia: evidence from an auditory concept-feature verification task. *Aphasiology* 2014;**28**(7):823-839. https://doi.org/10.1080/02687038.2014.913769 |
| **Country** | US |
| **Funder(s)** | National Institute on Deafness and other Communication Disorders of the National Institutes of Health under [grant number R03DC010262] |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 6 months); aphasia; monolingual (English); no progressive neurological impairmentExclusion: unreportedIn RELEASE: n=15 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-R |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 9: AphasiaBank

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| Dataset ID | AphasiaBank  |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (apraxia and dysarthria if co-existing)Exclusion: dementia; comorbidities associated with serious cognitive consequencesIn RELEASE: n=301 |
| **Intervention** | n/a (some participants received interventions, but no specific intervention provided consistently across dataset) |
| **Language outcome measures (in whole or part)** | BNT; BNT-S; VNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 10: Arévalo 2011

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| Dataset ID | Arévalo 2011 |
| **Relevant publication(s)** | Arévalo AL, Lu C-C, Huang LBY, Bates EA, Dronkers NF. Action and object processing in brain-injured speakers of Chinese. *Neuropsychology* 2011;**25**(6):792-805. https://doi.org/10.1037/a0024272 |
| **Country** | US and TW |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); complete at least 25% of task to be included in final analysis; right-handed; screened hearing; normal or corrected vision; no dementiaExclusion: not meeting inclusion criteriaNot in RELEASE: 10 language-, age- and education-matched healthy control participantsIn RELEASE: n=23 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | M-WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (4 not included in analysis)Blinding: yes |
| **Notes** |  |

Overview 11: Baker 2010

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| Dataset ID | Baker 2010 |
| **Relevant publication(s)** | Baker JM, Rorden C, Fridriksson J. Using transcranial direct-current stimulation to treat stroke patients with aphasia. *Stroke* 2010;**41**(6):1229-1236. https://doi.org/10.1161/STROKEAHA.109.576785 |
| **Country** | USA |
| **Funder(s)** | National Institute on Deafness and Other Communication Disorders grants DC008355 (principal investigator, J.F.) and DC009571 (principal investigators, J.F. and C.R.), and National Institute of Neurological Disorders and Stroke grant NS054266 (principal investigator, C.R.) |
| **Design** | RCT |
| **Participants** | Inclusion: adult (up to 85 years); stroke (single; at least 6 months); native speaker (English); right-handed; participant in previous study that included fMRI examinationExclusion: seizures during previous 36 months; sensitive scalp; previous brain surgery; medications that raise seizure thresholdIn RELEASE: n= 10 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | WAB-R; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: yes Randomisation: random number generatorConcealment of allocation: unreported |
| **Notes** |  |

Overview 12: Barthel 2008

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| Dataset ID | Barthel 2008 |
| **Relevant publication(s)** | Barthel G, Meinzer M, Djundja D, Rockstroh B. Intensive language therapy in chronic aphasia: which aspects contribute most? *Aphasiology* 2008;**22**(4):4080421. https://doi.org/10.1080/02687030701415880 |
| **Country** | DE |
| **Funder(s)** | Deutsche Forschungsgemeinschaft (DFG, Grant RO 805/11-4) and the Kuratorium Zentrales Nervensystem (Kuratorium ZNS, Grant 2001013). The study was carried out in cooperation with the Kliniken Schmieder (Konstanz and Allensbach) and the Hegau Jugendwerk (Gailingen) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (chronic)Exclusion: severe global aphasia; severe apraxia of speech or dysarthria; depression; severe perceptual (e.g. hemianopsia) or cognitive deficits; uncorrected vision and hearingIn RELEASE: n=12 |
| **Intervention** | **Group 1:** n=12Intervention type(s): SLT intervention SLT Impairment Target: Word finding SLT Theoretical Approach: Semantic & phonological; Conversation partner trainingProvided by: unreported. Delivery: unreported; 1-to-1; Location: university. Regimen: 30 hours of therapy within 2 weeks (3 hours per day). Frequency: 5 days per week. Duration: 2 weeks. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | AAT; TT-AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 10 days; 2 weeks; 6 months  |
| **Risk of bias** | Dropouts: none Blinding: unreported |
| **Notes** |  |

Overview 13: Barwood 2011

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| Dataset ID | Barwood 2011 |
| **Relevant publication(s)** | Barwood CH, Murdoch BE, Whelan BM, Lloyd D, Riek S, O’Sullivan K, *et al.* The effects of low frequency Repetitive Transcranial Magnetic Stimulation (rTMS) and sham condition rTMS on behavioural language in chronic non-fluent aphasia: short term outcomes. *NeuroRehabilitation* 2011;**28**(2):113-128. https://doi.org/10.3233/NRE20110640 |
| **Country** | AU |
| **Funder(s)** | Unreported |
| **Design** | RCT  |
| **Participants** | Inclusion: stroke (2-10 years); aphasia; right-handedExclusion: contraindications for rTMS (e.g. personal or family history epilepsy or seizures; metal in the head; cardiac pacemaker; implanted medication pumps; serious heart disease; antidepressant or neuroleptic medication); multiple strokes; severe visual or hearing impairmentsIn RELEASE: n= 12 |
| **Intervention** | n/a (no participants were receiving SLT during participation in study) |
| **Language outcome measures (in whole or part)** | BNT; Snodgrass and Vanderwaart  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 1 week; 4 weeks |
| **Risk of bias** | Dropouts: unreportedBlinding: yes |
| **Notes** |  |

Overview 14: Basso 2011

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| Dataset ID | Basso 2011 |
| **Relevant publication(s)** | Basso A, Macis M. Therapy efficacy in chronic aphasia. *Behavioural Neurology* 2011;**24**(4):317–325. https://doi.org/10.3233/BEN-2011-0342 |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; aphasia for at least 6 months; previous SLT; agreed to intensive regimen Exclusion: over 75 years; less than 6 months since stroke; no or mild aphasia; incomplete evaluation; in rehabilitation elsewhere In RELEASE: n=23 |
| **Intervention** | **Group 1:** n=23Intervention type(s): SLT intervention SLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreportedProvided by: trained family member (for home practice) and speech and language therapist. Delivery: face-to-face; 1-to-1; Location: home and aphasia unit. Regimen:Participants asked to work regularly 2–3 hours per day (partly on their own, partly with family member); visits to aphasia unit (from once a week to once a month, each for 2–3 hours) depended on distance and complexity. Frequency: 5 days per week; Duration:IPD (range 6-60 months). Intensity: 12.5 hours. Dosage: IPD. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: 2-3 hours per day. |
| **Language outcome measures (in whole or part)** | TT-36  |
| **IPD collection time-points contributing to RELEASE** | Baseline; and a range of follow up times between 6-60 months  |
| **Risk of bias** | Dropouts: 9 abandoned treatmentBlinding: unreported |
| **Notes** |  |

Overview 15: Becker 2007

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| Dataset ID | Becker 2007 |
| **Relevant publication(s)\*** | Becker F, Reinvang I. 2007. Mismatch negativity elicited by tones and speech sounds: changed topographical distribution in aphasia. *Brain and Language* 2007;**100**(1):69–78. https://doi.org/10.1016/j.bandl.2006.09.004 |
| **Country** | NO |
| **Funder(s)** | EXTRA funds from the Norwegian Foundation for Healthand Rehabilitation |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia; native speaker (Norwegian); right-handed; admitted to hospital for rehabilitationExclusion: history supramedullar central nerve damage, psychiatric disease or language dysfunctionNot in RELEASE: non-stroke participants (n=4); healthy control comparisonIn RELEASE: n=16 (14 in study report, with additional 2 in submitted dataset) |
| **Intervention** | n/a (not reported as part of this study) |
| **Language outcome measures (in whole or part)** | NGA; TT-36 |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (2)Blinding: none reported |
| **Notes** |  |

Overview 16: Becker 2013

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| Dataset ID | Becker 2013 |
| **Relevant publication(s)\*** | Becker F, Reinvang I. Identification of target tones and speech sounds studied with event-related potentials: language-related changes in aphasia. *Aphasiology* 2013;**27**(1):20–40. https://doi.org/10.1080/02687038.2012.676163 |
| **Country** | NO |
| **Funder(s)** | Norwegian Extra Foundation for Health and Rehabilitation through EXTRA funds and by the Sunnaas Rehabilitation Hospital |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: acquired left hemisphere brain damage; aphasia (including auditory comprehension deficit); native speaker (Norwegian); right-handedExclusion: history supramedullar central nerve damage, psychiatric disease or language dysfunctionNot in RELEASE: non-stroke aphasia (n=1); non-aphasic right hemisphere damage group (n=10); healthy control group (n=18)In RELEASE: n=14 (of which 9 are reported in paper above) |
| **Intervention** | n/a  |
| **Language outcome measures (in whole or part)** | TT-36; NGA; BNT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 17: Becker unpublished

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| Dataset ID | Becker unpublished |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | NO |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke (2007/8/9; hospital stay more than 10 days); aphasia (first assessed within 4 months of stroke); admitted for rehabilitationExclusion: geographically remote from research baseIn RELEASE: n=39 |
| **Intervention** | n/a  |
| **Language outcome measures (in whole or part)** | TT-36; NGA |
| **IPD collection time-points contributing to RELEASE** | Baseline (mean 91 days); T2 (mean 153 days); T3 (mean 16 months); T4 (mean 67 months) |
| **Risk of bias** | Dropouts: only those assessed at time-point 4 are includedBlinding: none reported |
| **Notes** |  |

Overview 18: Berthier 2009

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| Dataset ID | Berthier 2009 |
| **Relevant publication(s)** | Berthier ML, Green C, Lara JP, Higueras C, Barbancho MA, Dávila G, et al. Mematine and constraint-induced aphasia therapy in chronic poststroke aphasia. *Annals of Neurology* 2009;**65**(5):577-585. https://doi.org/10.1002/ana.21597Berthier ML, Green C, Lara JP, Higueras C, Barbancho MA, Davila G*,* et al. Awakening the language cortex with memantine and constraint-induced speech-language therapy: a randomised placebo-controlled trial in chronic post-stroke aphasia. *European Journal of Neurology* 2008;**15**:28.Lara JP, Barbancho MA, Berthier ML, Green C, Navas P, wid-Milner MS*,* et al. ERP evidence of therapy-related reorganization of language of patients with post stroke chronic aphasia. *Clinical Neurophysiology* 2011;**122**:S172 |
| **Country** | ES  |
| **Funder(s)** | Lundbeck and the Ministerio de Educacion y Ciencia, Spain (SEJ2007-67793) |
| **Design** | RCT |
| **Participants** | Inclusion: adult (18-70 years); stroke (single); aphasia (at least year)Exclusion: severe language deficit; neurological or psychiatric disease impairing communication, e.g. dementia; severe visual agnosia; severe speech and / or limb apraxia; severe depression; pregnancy; recent myocardial infarction; uncompensated congestive heart failure; uncontrolled hypertension; hypersensitivity to or medication that interferes with MematineIn RELEASE: n=28 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT intervention with Co-intervention (Mematine)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; group; Location: unreported. Regimen: 30 hours of SLT within 2 weeks (3 hours a day). Frequency: 5 days each week. Duration: 2 weeks. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported for SLT; yes to pharmalogical component by tablet count. Home practice prescribed: unreported.**Group 2:** n=14Intervention type(s): SLT intervention with Co-intervention (placebo)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; group; Location: unreported. Regimen: 30 hours of SLT within 2 weeks (3 hours a day). Frequency: 5 days each week. Duration: 2 weeks. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported for SLT; yes to pharmalogical component by tablet count. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: yes (1 in placebo group at last data collection week 18)Blinding: yes (identical film-coated tablets dispensed to patient-coded containers by non-blinded pharmacist; researchers, participants and caregivers were blinded) Randomisation sequence generation: computer-generated randomisation codeConcealment of allocation: adequate |
| **Notes** |  |

Overview 19: Blanchard 1980

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| Dataset ID | Blanchard 1980 |
| **Relevant publication(s)** | Blanchard SL, Prescott TE. The effects of temporal expansion upon auditory comprehension in aphasic adults. *British Journal of Disorders of Communication* 1980;**15**(2):115-127. https://doi.org/10.3109/13682828009011377 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT |
| **Participants** | Inclusion: left hemisphere cerebral damage; aphasia; at least 20dB speech reception threshold in both ears; passed visual screening test for hemianopia and other visual field disorders Exclusion:unreportedNot in RELEASE: non-stroke aphasia (n=3); non-aphasia controlsIn RELEASE: n=20 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 20: Bragoni 2000

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| Dataset ID | Bragoni 2000 |
| **Relevant publication(s)** | Bragoni M, Altieri M, Di Piero V, Padovani A, Mostardini C, Lenzi GL. Bromocriptine and speech therapy in non-fluent chronic aphasia after stroke. *Neurological Sciences* 2000;**21**(1):19-22. Bragoni M, Piero V, Capocci MM. Bromocriptine and speech therapy: a possible treatment of stroke patients with non-fluent chronic aphasia. *Journal of Neural Transmission* 1996;**103**:23. |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: adult (up to 80 years); aphasia (non-fluent; chronic); informed consent; at least 5 years of education; no severe systemic or cardiac disease; no other neuropsychiatric disordersExclusion: over 80 years; low educational level; epilepsy; recent myocardial infarction; unstable atrial fibrillation; severe depressionIn RELEASE: n=11 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: 6 (2 during phase 1, 2 during phase 2, 2 during phase 3) due respectively to epileptic seizures, improved language, withdrawal, atrial flutter, atrial fibrillation, visual hallucinations Blinding: yes, double-blind (participants and speech therapist were blinded) |
| **Notes** |  |

Overview 21: Brandenburg 2016

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| Dataset ID | Brandenburg 2016 |
| **Relevant publication(s)** | Brandenburg C, Worrall L, Copland D, Rodriguez A. 2017. An exploratory investigation of the daily talk time of people with non-fluent aphasia and non-aphasic peers. *International Journal of Speech-Language Pathology* 2017;**19**(4):418–429. https://doi.org/10.1080/17549507.2016.1209558 |
| **Country** | AU |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia; ability to use CommFit app at home (independently or with assistance)Exclusion: fluent aphasia; bilateral hearing aids; major sensory, motor or cognitive impairmentNot in RELEASE: 8 people without aphasiaIn RELEASE: n=18 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-R |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (6 with aphasia (1 non-aphasic) (health issues, time constraints, difficulty using app))Blinding: none reported |
| **Notes** |  |

Overview 22: Breitenstein 2015

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| Dataset ID | Breitenstein 2015 |
| **Relevant publication(s)** | Breitenstein C, Korsukewitz C, Baumgärtner A, Flöel A, Zwitserlood P, Dobel C, *et al.*. L-dopa does not add to the success of high-intensity language training in aphasia. *Restorative Neurology and Neuroscience* 2015;**33**(2):115–120. https://doi.org/10.3233/RNN-140435Menke R, Meinzer M, Kugel H, Deppe M, Baumgärtner A, Schiffbauer H, *et al*. Imaging short- and long-term training success in chronic aphasia. *BMC Neuroscience* 2009;**10**(1):118. https://doi.org/10.1186/1471-2202-10-118Meinzer M, Mohammadi S, Kugel H, Schiffbauer H, Flöel A, Albers J, *et al*. Integrity of the hippocampus and surrounding white matter is correlated with language training success in aphasia. *NeuroImage* 2010;**53**(1):283–290. https://doi.org/10.1016/j.neuroimage.2010.06.004 |
| **Country** | DE |
| **Funder(s)** | German Federal Ministry of Education and Research [Reference number 01GY1144] |
| **Design** | RCT cross-over |
| **Participants** | Inclusion: adult; stroke (at least 1 year); aphasia (with anomia); native speaker (German); right-handedExclusion: allergy to L-dopa; severe dysarthria or speech apraxia; hearing deficits; psychotropic medication; other neuropsychiatric, cardiovascular or respiratory diseases; diabetes mellitus; glaucoma; recreational drug use during the four weeks prior to enrolment.In RELEASE: n= 10  |
| **Intervention** | **Group 1:** n=10 Intervention type(s): SLT intervention and Co-intervention (L-dopa)SLT Impairment Target: Word-finding SLTSLT Theoretical Approach: Semantic and Phonological SLT Provided by: speech and language therapist. Delivery: computer assisted face-to-face; 1-to-1; Location: clinic. Regimen: Each phase lasted for 10 days, with three daily hours of naming exercises and one hour of conversational training. Sequence of conditions counterbalanced across the randomly assigned participants, with a 4-week wash-out period between phases. Frequency: daily. Duration: 10 days. Intensity: 20 hours per week (naming: 5 x 3 hours =15 hours per week plus script training role plays: 5 x 1 hour = 5 hours per week). Dosage: 40 hours. Tailoring: by functional relevance and difficulty. Modification: none. Adherence: yes. Home practice prescribed: none.**Group 2:** n=10Intervention type(s): SLT intervention and Co-intervention (placebo)SLT Impairment Target: Word-finding SLTSLT Theoretical Approach: Semantic and Phonological SLT Provided by: speech and language therapist. Delivery: computer assisted face-to-face; 1-to-1; Location: clinic. Regimen: Each phase lasted for 10 days, with three daily hours of naming exercises and one hour of conversational training. Sequence of conditions counterbalanced across the randomly assigned participants, with a 4-week wash-out period between phases. Frequency: daily. Duration: 10 days. Intensity: 20 hours per week (naming: 5 x 3 hours =15 hours per week plus script training role plays: 5 x 1 hour = 5 hours per week). Dosage: 40 hours. Tailoring: by functional relevance and difficulty. Modification: none Adherence: yes. Home practice prescribed: none. |
| **Language outcome measures (in whole or part)** | ANELT; CAL |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks; 6 months  |
| **Risk of bias** | Dropouts: none reportedBlinding: yesRandom sequence generation: dice-generated random sequence Concealment of allocation: randomisation carried out by university hospital pharmacy using sealed opaque envelopes  |
| **Notes** |  |

Overview 23: Broida 1977

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| Dataset ID | Broida 1977 |
| **Relevant publication(s)** | Broida H. Language therapy effects in long term aphasia. *Archives of Physical Medicine and Rehabilitation* 1977;**58**(6):248-253. |
| **Country** | US |
| **Funder(s)** | Veterans Administration Hospital, US |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: unreportedExclusion: unreportedIn RELEASE: n=14 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLTSLT Theoretical Approach: Melodic Intonation Therapy (and other uncategorised approaches)Provided by: SLT students. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: each session 50 minutes and administered from 3 to 5 times weekly. Frequency: 4 times a week. Duration: IPD. Intensity: 2.5 to 4 hours. Dosage: IPD. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | PICA |
| **IPD collection time-points contributing to RELEASE** | Baseline; 3-11 months  |
| **Risk of bias** | Dropouts: noneBlinding: unreported  |
| **Notes** |  |

Overview 24: Bruce 2012

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| Dataset ID | Bruce 2012 |
| **Relevant publication(s)** | Bruce C, To C-T, Newton C. Accent on communication: the impact of regional and foreign accent on comprehension in adults with aphasia. *Disability and Rehabilitation* 2012;**34**(12):1024-1029. https://doi.org/10.3109/09638288.2011.631680 |
| **Country** | UK |
| **Funder(s)** | None reported |
| **Design** | Non-RCT |
| **Participants** | Inclusion: stroke (at least 6 months); aphasia; good levels of English before stroke; minimum level of hearing at least 1 ear on screening; at least 85% on a speech discrimination screening task (Arizona Battery for Communication Disorders of Dementia); attend specified community clinic; Exclusion: unreportedNot in RELEASE: 17 people without aphasiaIn RELEASE: n=17  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 25: Butler 2014

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| Dataset ID | Butler 2014 |
| **Relevant publication(s)** | Butler RA, Lambon Ralph MA, Woollams AM. Capturing multidimensionality in stroke aphasia: mapping principal behavioural components to neural structures. *Brain* 2014;**137**(12):3248-3266. https://doi.org/10.1093/brain/awu286Halai AD, Woollams AM, Lambon Ralph MA. Using principal component analysis to capture individual differences within a unified neuropsychological model of chronic post-stroke aphasia: revealing the unique neural correlates of speech fluency, phonology and semantics. *Cortex* 2017;**86**:275-289. https://doi.org/10.1016/j/cortex.2016.04.016  |
| **Country** | UK |
| **Funder(s)** | Medical Research Council Capacity-Building PhD studentship. The research was also supported by a Medical Research Council programme grant to MALR (MR/J004146/1) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); aphasia (at least 12 months; any type or severity); English as first languageExclusion: more than one stroke; other significant neurological conditions; contraindications for scanning; left-handedIn RELEASE: 70 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | ASRS; CAT; DA; BNT; CNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: no |
| **Notes** |  |

Overview 26: CACTUS

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| Dataset ID | CACTUS  |
| **Relevant publication(s)\*** | Latimer NR, Dixon S, Palmer R. Cost-utility of self-managed computer therapy for people with aphasia. *International Journal of Technology Assessment in Health Care* 2013;**29**(4):402–409. https://doi.org/10.1017/S0266462313000421Palmer R, Enderby P, Cooper C, Latimer N, Julious S, Paterson G, *et al.* Computer therapy compared with usual care for people with long-standing aphasia poststroke: a pilot randomised controlled trial. *Stroke* 2012;**43**(7):1904-1911. https://doi.org/10.1161/STROKEAHA.112.650671Palmer R, Enderby P, Paterson G. Using computers to enable self-management of aphasia therapy exercises for word finding: the patient and carer perspective. *International Journal of Language & Communication disorders.* **48**(5) 508-521*.* https://doi.org/10.1111/1460-6984.12024 |
| **Country** | UK |
| **Funder(s)** | NIHR Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-1207-14097)  |
| **Design** | RCT |
| **Participants** | Inclusion: stroke; aphasia (predominant word-finding difficulties; able to repeat spoken words); ceased impairment-focused SLT; motor deficits if co-existing; upper limb impairment if computer access addressed by assistive devicesExclusion: severe visual or cognitive difficultiesIn RELEASE: n= 34 |
| **Intervention** | **Group 1:** n=16 Intervention type(s): SLT SLT Impairment Target: Word-finding SLT and Mixed SLT SLT Theoretical Approach: unreportedProvided by: self-managed, computer software, supported by speech and language therapist, volunteer. Delivery: home visit plus computer or phone call plus computer; 1-to-1; Location: home Regimen:20 minutes 3 days a week for 5 months (approximately 1500 minutes of practice time in total). Volunteers contacted the participants once a week in the first month and at least once a month thereafter by telephone or home visit. Frequency: IPD. Duration**:** 5 months. Intensity: IPD. Dosage: IPD. Modification:unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=17 Intervention type(s): No SLT  |
| **Language outcome measures (in whole or part)** | TOMs |
| **IPD collection time-points contributing to RELEASE** | Baseline; 5 months; 8 months  |
| **Risk of bias** | Dropouts: 6 by 5 months (2 SLT intervention, including 1 at baseline, and 4 No SLT) and a further 4 by 8 months (2 in each arm)Blinding: yesRandom sequence generation: randomisation stratified by aphasia severity based on CAT subtests and time since stroke (2 years)Concealment of allocation: web-based randomising system; baseline assessments conducted before randomisation; assessment of outcomes by SLTs not involved in recruitment and intervention blind to baseline performance and allocation  |
| **Notes** |  |

Overview 27: CALM 2013

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| Dataset ID | CALM 2013 |
| **Relevant publication(s)\*** | Thomas SA, Walker MF, Macniven JA, Haworth H, Lincoln NB. Communication and Low Mood (CALM): a randomized controlled trial of behavioural therapy for stroke patients with aphasia. *Clinical Rehabilitation* 2013;**27**(5):398–408. https://doi.org/10.1177/0269215512462227Thomas SA, Russell C, Seed R, Worthington E, Walker MF, Macniven JA, Lincoln NB. An evaluation of treatment integrity in a randomized trial of behavioural therapy for low mood in stroke patients with aphasia. *Clinical Rehabilitation* 2013;**27**(12):1097–1106. https://doi.org/10.1177/0269215513489579Humphreys I, Thomas S, Phillips C, Lincoln N. Cost analysis of the Communication and Low Mood (CALM) randomised trial of behavioural therapy for stroke patients with aphasia. *Clinical Rehabilitation* 2015;**29**(1):30–41. https://doi.org/10.1177/0269215514537656Thomas SA, Haworth H, Lincoln NB, Macniven JA, Seed R, Walker M. Description of a behaviour therapy intervention aimed at improving mood in stroke patients with aphasia. *International Journal of Stroke.* 2010;**5***(Suppl 3):12* |
| **Country** | UK |
| **Funder(s)** | The Stroke Association, UK (TSA 2007/03) |
| **Design** | RCT |
| **Participants** | Inclusion: stroke; aphasia; low mood (score at least 6 on SADQH-10 or 50 on VAMS sad subscale)Exclusion: not English speaker; blind; deaf; dementia; depressionIn RELEASE: n= 105  |
| **Intervention** | n/a (psychological not SLT intervention)  |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: 8 (1 too ill to be assessed; 7 declined)Blinding: yesRandom sequence generation: randomisation by clinical trials unit using computer-generated pseudo-random list (1:1) ratio with permuted blocks of varying size; stratified by centre and by whether participants were recruited in hospital or communityConcealment of allocation: yes (assistant psychologist providing treatment accessed allocation by logging into a secure computer server); single blind study (assistant psychologist and participant were aware of allocated group) |
| **Notes** |  |

Overview 28: Cannito 1996

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| Dataset ID | Cannito 1996 |
| **Relevant publication(s)** | Cannito MP, Hough M, Vogel D, Pierce RS. Contextual influences on auditory comprehension of reversible passive sentences in aphasia. *Aphasiology* 1996;**10**(3):235-251. https://doi.org/10.1080/02687039608248410 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke (single); aphasia (combined score less than 22 on BDAE complex materials and oral commands subtests); could read and write before stroke; right-handed; hearing no worse than 40dB in better ear Exclusion: unreportedIn RELEASE: n=28 |
| **Intervention** | n/a (participants were receiving SLT but not for this study) |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none reportedBlinding: partial (concurrent scoring on first 5 participants) |
| **Notes** |  |

Overview 29: Cantonese Aphasia Bank

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| Dataset ID | Cantonese Aphasia Bank |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | HK |
| **Funder(s)** | [NIH: 1-R01-DC010398]. National Institutes of Health, PAR-08-212: Methodology and Measurement in the Behavioral and Social Sciences (R01)   |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 9 months); aphasia (anomic); first or most used language (Cantonese); right-handedExclusion: second stroke; severe problems with articulation, oro-motor control, voice production, swallowing; dementia, brain trauma or brain tumour; history drug abuse / alcoholism or mental diseaseIn RELEASE: n=105 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-C |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 30: Caplan 2007

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| Dataset ID | Caplan 2007425 |
| **Relevant publication(s)** | Caplan D, Waters G, DeDe G, Michaud J, Reddy A. A study of syntactic processing in aphasia I: behavioural (psycholinguistic) aspects. *Brain and Language* 2007;**101**(2):103-150. https://doi.org/10.1016/j.bandl.2006.06.225Caplan D, Waters G, Kennedy D, Alpert N, Makris N, Dede G, Michaud J, Reddy A. A study of syntactic processing in aphasia II: Neurological aspects. *Brain and Language* 2007; **101**(2):151-177. https://doi.org/10.1016/j.bandl.2006.06.226 |
| **Country** | US |
| **Funder(s)** | NIDCD Grant (DC 00942) |
| **Design** | Non-RCT |
| **Participants** | Inclusion: stroke; aphasia; native speaker (English); right-handedExclusion:unreportedNot in RELEASE: non-brain damaged controls (n=25)In RELEASE: n=42 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | PAL  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 31: CRAISI (Rosso) 2014

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| Dataset ID | CRAISI (Rosso) 2014 |
| **Relevant publication(s)\*** | Rosso C, Perlbarg V, Valabregue R, Arbizu C, Ferrieux S, Alshawan B et al. Broca’s area damage is necessary but not sufficient to induce after-effects of cathodal tDCS on the unaffected hemisphere in post-stroke aphasia. *Brain Stimulation* 2014;**7**(5):627-635. |
| **Country** | FR |
| **Funder(s)** | IFR 49 institute (Institut Federatif de Recherche n\_49, Gif sur Yvette, France). The research leading to these results was funded by the program “Investissements d’avenir” ANR-10-IAIHU-06. |
| **Design** | RCT cross-over |
| **Participants** | Inclusion: adult; stroke (first); aphasia; native speaker (French); no contraindications for MRI or tDCS; can walk; no severe white matter lesionsExclusion: dementia; previous stroke; uncorrected hearing or visionIn RELEASE: n=35 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | AHS; ASRS |
| **IPD collection time-points contributing to RELEASE** | Baseline; 3 months; around 100 days after stroke  |
| **Risk of bias** | Dropouts: 4 at the second sessionBlinding: partial concurrent scoring by a blinded rater and consensus was reachedRandom sequence generation: unreportedConcealment of allocation: unreported |
| **Notes** |  |

Overview 32: Cranfill 2010

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| Dataset ID | Cranfill 2010 |
| **Relevant publication(s)** | Cranfill TB, Wright HH. Importance of health-related quality of life for persons with aphasia, their significant others, and SLPs: who do we ask? *Aphasiology* 2010;**24**(6-8): 957-968. https://doi.org/10.1080/02687030903452624   |
| **Country** | US |
| **Funder(s)** | None |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke(s) (left hemisphere only; at least 1 month); aphasia; no co-existing communication problems; receiving SLT at least once a week; living in own home or rehabilitation / assisted living facility; can use at least one upper limb to indicate choice; at least moderate aided or unaided hearing; (corrected) vision in better eye no worse than 20/100 (Snellen chart) Exclusion: discharged from SLT; below 70% on yes/no section of WAB; live alone without continuous family support; history of cognitive decline or progressive disorder; family or speech-language pathologists did not enroll; below 50th percentile on RCPM; substance abuse (within 12 months)In RELEASE: n=24 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: noneBlinding: none |
| **Notes** |  |

Overview 33: Crinion 2005

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| Dataset ID | Crinion 2005 |
| **Relevant publication(s)** | Crinion J, Price CJ. Right anterior superior temporal activation predicts auditory sentence comprehension following aphasic stroke. *Brain* 2005;**128**(12):2858-2871. https://doi.org/10.1093/brain/awh659 |
| **Country** | UK |
| **Funder(s)** | Wellcome Trust |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasiaExclusion: unreportedNot in RELEASE: 18 neurologically normal controlsIn RELEASE: n=17  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | CAT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 34: Cruice 2010

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| Dataset ID | Cruice 2010 |
| **Relevant publication(s)** | Cruice M, Hill R, Worrall L, Hickson L. Conceptualising quality of life for older people with aphasia. *Aphasiology* 2010;**24**(3):327-347. https://doi.org/10.1080/02687030802565849 |
| **Country** | AU |
| **Funder(s)** | City University Research Development Fund and the Department’s Disability & Society Research Group |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (more than 10 months); aphasia (reliable yes/no and moderate comprehension ability); English as first language; living independently in community; normal to moderate mobility; no concomitant neurological diseaseExclusion: require wheelchairIn RELEASE: n=30 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 35: David 1982

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| Dataset ID | David 1982 |
| **Relevant publication(s)** | David RM. *A comparison of speech therapists and volunteers in the treatment of acquired aphasia*. PhD thesis. London: University of London; 1982.David R, Enderby P, Bainton D. Treatment of acquired aphasia: speech therapists and volunteers compared. *Journal of Neurology, Neurosurgery and Psychiatry* 1982;**45**(11):957-61.David RM, Enderby P, Bainton D. Progress report on an evaluation of speech therapy for aphasia. *British Journal of Disorders of Communication* 1979;**14**(2):85-8.Enderby P. Proposed evaluation of speech therapy for acquired aphasia. *British Journal of Disorders of Communication* 1976;**11**(2):144-8.David RM, Skilbeck CE. Raven IQ and language recovery following stroke. *Journal of Clinical Neuropsychology* 1984;**6**:302-8. |
| **Country** | UK |
| **Funder(s)** | Avon Neurological Unit; DHSS |
| **Design** | RCT |
| **Participants** | Inclusion: stroke; aphasia (FCP baselines below 85%); co-existing dysarthria if mild; no previous SLT; fit for intervention; no severe physical or sensory impairment Exclusion: factors which preclude assessment (such as blindness) or contraindicate treatment (such as dementia); native language not English; need interpreter; permission refused by referring doctor, relatives, patient In RELEASE: n=155 |
| **Intervention** | **Group 1:** n=71Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: SLT clinic. Regimen: 2 hours each week (divided into two or more sessions according to participant tolerance and administrative convenience) for 15-20 weeks for 30 hours of treatment. Frequency: 2 days per week. Duration: 5 months. Intensity: 2 hours. Dosage: 30 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=84Intervention type(s): Social SupportSLT Impairment Target: noneSLT Theoretical Approach: noneProvided by: trained volunteers. Delivery: face-to-face; 1-to-1; Location: SLT clinic. Regimen: 2 hours each week (divided into two or more sessions according to participant tolerance and administrative convenience) for 15-20 weeks for 30 hours of treatment. Frequency: 2 days per week. Duration: 5 months. Intensity: 2 hours. Dosage: 30 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | FCP  |
| **IPD collection time-points contributing to RELEASE** | Baseline 1 (and, if required, baseline 2); within treatment (2 weeks; 4 weeks; 8 weeks; 12 weeks); after treatment (16-20 weeks; 28-32 weeks; 30-34 weeks) |
| **Risk of bias** | Dropouts: 82 (34 from Conventional SLT and 48 from Social Support) Blinding: unreportedRandom sequence generation: randomised at centre level; random number table (odd numbers SLT, even numbers volunteers) used by epidemiologist to create lists Concealment of allocation: randomisation lists held centrally in numbered, sealed envelopes; assessing therapist telephoned for the treatment allocation for that participant  |
| **Notes** |  |

Overview 36: Davidson 2003

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| Dataset ID | Davidson 2003 |
| **Relevant publication(s)** | Davidson B, Worrall L, Hickson L. Identifying the communication activities of older people with aphasia: evidence from naturalistic observation. *Aphasiology* 2003;**17**(3):243-264. https://doi.org/10.1080/729255457 |
| **Country** | AU |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; chronic aphasia (at least 6 months); no other significant communication or cognitive disability; Australian Exclusion: history neurological disorder or serious illnessNot in RELEASE: controls (matched healthy control group)In RELEASE: n=15 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 37: DeDe 2006

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| Dataset ID | DeDe 2006 |
| **Relevant publication(s)** | DeDe G, Caplan D. Factor analysis of aphasic syntactic comprehension disorders. *Aphasiology* 2006;**20**(2-4):123-135. https://doi.org/10.1080/02687030500472413 |
| **Country** | US |
| **Funder(s)** | NIDCD (DC00942 to David Caplan and DC007564 toGayle DeDe) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); aphasia (adequate single word processing); native speaker (English); sufficient hearingExclusion: unreportedNot in RELEASE: 40 non-brain damaged controlsIn RELEASE: n=42  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | PAL |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unclear (screening assessment only for 39 IPD available)Blinding: unreported |
| **Notes** |  |

Overview 38: del Toro 2008

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| Dataset ID | Del Toro 2008 |
| **Relevant publication(s)** | del Toro CM, Altmann LJP, Raymer AM, Leon S, Blonder LX, Gonzalez Rothi LJ. Changes in aphasic discourse after contrasting treatments for anomia. *Aphasiology* 2008;22(7-8):881-892. https://doi.org/10.1080/02687030701844204Raymer AM, Ciampitti M, Holliway B, Singletary G, Blonder LX, Ketterson T, et al. Semantic-phonologic treatment for noun and verb retrieval impairments in aphasia. *Neuropsychological Rehabilitation* 2007;**17**(2):244-270. https://doi.org/10.1080/09602010600814661del Toro C, Altmann L, Raymer A, Leon S, Blonder L, Gonzalez RL. Changes in aphasic discourse after contrasting treatments for anomia. *Aphasiology* 2008;**22**:881-92. https://doi.org/10.1080/02687030701844204Raymer AM, Singletary F, Rodriguez AMY, Ciampitti M, Heilman KM, Rothi LJG. Effects of gesture + verbal treatment for noun and verb retrieval in aphasia. *Journal of the International Neuropsychological Society* 2006;**12**(6):867-882. https://doi.org/10.1017/S1355617706061042 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | non-RCT  |
| **Participants** | Inclusion: stroke (single); aphasia (more than 4 months; word retrieval less than 75% on BNT and ANT); English as first languageExclusion: motor speech impairment greater than moderate severityIn RELEASE: n=14 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic and Phonological SLTProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: three to four times a week for a total of 10 sessions. Frequency: 3 or 4 days a week. Duration: 3 weeks. Intensity: unreported. Dosage: unreported. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=14Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: three to four times a week for a total of 10 sessions. Frequency: 3 or 4 days a week. Duration: 3 weeks. Intensity: unreported. Dosage: unreported. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB, BNT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reported; three additional participants enrolled are not included in these analysesBlinding: unreported |
| **Notes** |  |

Overview 39: Dell 1997

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| Dataset ID | Dell 1997 |
| **Relevant publication(s)** | Dell GS, Schwartz MF, Martin N, Saffran EM, Gagnon DA. Lexical access in aphasic and nonaphasic speakers. *Psychological Review* 1997;**104**(4):801-838. https://doi.org/10.1037/0033-295X.104.4.801 |
| **Country** | US |
| **Funder(s)** | National Institutes of Health Grants DC-00191 and DC-01924 and the National Science Foundation Grant SBR 93-19368 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; fluent aphasia; discharged from acute hospitalisationExclusion: not left hemisphere stroke; motor speech impairment (verbal apraxia or dysarthria); phonemic jargon with no comprehensible speech; non-fluent aphasiaNot in RELEASE: 60 control participantsIn RELEASE: n= 23  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BDAE; BNT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 40: di Pietro unpublished

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| Dataset ID | di Pietro unpublished |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | CH |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: anomia for verbs; naming performance range 5% to 85%Exclusion: unreportedNot in RELEASE: 1 (traumatic brain injury followed by stroke)In RELEASE: 17 |
| **Intervention** | **Group 1:** n=17Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLT (Phonological and other (gestural))Provided by: unreported. Delivery: computer-based; self-managed; Location: unreported. Regimen: 2 periods (each during 2 weeks, 5 sessions a week) for List A, followed by 2 weeks’ treatment of List B. List C used as untreated control. Frequency: 5 days a week. Duration: 4 weeks. Intensity: IPD. Dosage: IPD. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | AHS |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 41: Dignam Copland 2015

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| Dataset ID | Dignam Copland 2015 |
| **Relevant publication(s)** | Dignam J, Copland D, McKinnon E, Burfein P, O’Brien K, Farrell A, *et al.* Intensive versus distributed aphasia therapy: a nonrandomized, parallel-group, dosage-controlled study. *Stroke* 2015;**46**(8):2206–2211. https://doi.org/10.1161/STROKEAHA.115.009522 |
| **Country** | AU |
| **Funder(s)** | National Health and Medical Research Council Centre of Clinical Research Excellence in Aphasia Rehabilitation under grant number 569935, a Royal Brisbane & Women’s Hospital Foundation grant, and a Speech Pathology Australia postgraduate research grant. D. Copland was supported by an Australian Research Council Future Fellowship. |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke; chronic aphasia (more than 4 months; residual word finding difficulties BNT); previously fluent speaker (English)Exclusion: comorbid neurological conditions; severe apraxia of speech; severe dysarthriaIn RELEASE: n=34 |
| **Intervention** | **Group 1:** n=16Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLT and Functional SLTSLT Theoretical Approach: Semantic/phonological SLTProvided by: speech and language therapist with some computer therapy facilitated by SLT students or a trained allied health assistant under supervision of speech and language therapist). Delivery: face-to-face and computer; 1-to-1 and groups; Location: university and hospital rehabilitation centres. Regimen: 48 hours of aphasia therapy (14 hours of impairment therapy, 14 hours of functional therapy, 14 hours of computer-based therapy and 6 hours of group therapy) for 3 weeks (3 to 5 hours per day, 5 days per week, 16 hours per week, total 48 hours). Frequency: 5 days per week. Duration: 3 weeks. Intensity: 16 hours. Dosage: 48 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=18Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLT and Functional SLTSLT Theoretical Approach: Semantic/phonological SLT Provided by: speech and language therapist (with some computer therapy facilitated by SLT students or a trained allied health assistant under supervision of speech and language therapist). Delivery: face-to-face; 1-to-1; Location: university and hospital rehabilitation centres. Regimen: 48 hours of aphasia therapy (14 hours of impairment therapy, 14 hours of functional therapy, 14 hours of computer-based therapy and 6 hours of group therapy) for 8 weeks (1 to 2 hours per day, 3 to 4 days per week, 6 hours per week, total 48 hours). Frequency: 3.5 days per week. Duration: 8 weeks. Intensity: 6 hours. Dosage: 48 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | CAT; BNT; CCRSA; ALA; CETI |
| **IPD collection time-points contributing to RELEASE** | Baseline; 3 weeks; 7 weeks; 8 weeks; 3 months  |
| **Risk of bias** | Dropouts: none reportedBlinding: none |
| **Notes** |  |

Overview 42: Dunton 2011

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| Dataset ID | Dunton 2011 |
| **Relevant publication(s)** | Dunton J, Bruce C, Newton C. Investigating the impact of unfamiliar speaker accent on auditory comprehension in adults with aphasia. *International Journal of Language & Communication Disorders* 2011;**46**(1):63-73. https://doi.org/10.3109/13682820903560294 |
| **Country** | UK |
| **Funder(s)** | None reported |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke (at least 6 months); aphasia; no direct contact with the unfamiliar accent (Nigerian); no immediate family members from Nigeria; no extended periods in Nigeria; living at home; attend specific community clinic; passed hearing screenExclusion: none reportedNot in RELEASE: 16 healthy controlsIn RELEASE: n=16  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreported Blinding: unreported |
| **Notes** | Outliers excluded from primary research analysis  |

Overview 43: Elman 1999

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| Dataset ID | Elman 1999 |
| **Relevant publication(s)** | Elman RJ, Bernstein-Ellis E. The efficacy of group communication treatment in adults with chronic aphasia. *Journal of Speech, Language and Hearing Research* 1999;**42**(2):411-419. https://doi.org/10.1044/jslhr.4202.411Elman RJ, Bernstein-Ellis E. Psychosocial aspects of group communication treatment – preliminary findings. *Seminars in Speech and Language* 1999;**20**(1):65-72. https://doi.org/10.1055/s-2008-1064009 |
| **Country** | US |
| **Funder(s)** | National Easter Seal Society Research Program Grant  |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (single; more than 6 months); aphasia; completed SLT available via insurance; previously literate in English; no medical complications; no history of alcoholism; attend more than 80% of therapyExclusion: multiple brain lesions; alcoholismNot in RELEASE: 4 dropoutsIn RELEASE: n=24  |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (7: conventional SLT n=3; social support and stimulation n=4)Blinding: no |
| **Notes** |  |

Overview 44: Faroqi-Shah 2009

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| Dataset ID | Faroqi-Shah 2009 |
| **Relevant publication(s)** | Faroqi-Shah Y, Dickey MW. On-line processing of tense and temporality in agrammatic aphasia. *Brain and Language* 2009;**108**(2):97-111. https://doi.org/10.1016/j.bandl.2008.10.003 |
| **Country** | US |
| **Funder(s)** | General Research Board award from the University of Maryland |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (Broca’s; functional reading; difficulty with verb morphology); no significant apraxia or dysarthia; native speaker (North American English); at least high school education; right-handed; no reported hearing loss, prior speech and language difficulties, history of substance abuse, neurological disorders or psychiatric conditionsExclusion: unreportedNot in RELEASE: matched normal volunteersIn RELEASE: n=10  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | DA; WAB-AQ  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 45: Faroqi-Shah 2014

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| Dataset ID | Faroqi-Shah 2014 |
| **Relevant publication(s)** | Faroqi-Shah Y, Kling T, Solomon J, Liu S, Park G, Braun A. Lesion analysis of language production deficits in aphasia. *Aphasiology* **28**(3):258-277. https://doi.org/10.1080/02687038.2013.853023 |
| **Country** | US |
| **Funder(s)** | None  |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia; normal or mildly impaired articulationExclusion: apraxia; dysarthriaIn RELEASE: n=31 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 46: FCET2EC 2017

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| Dataset ID | FCET2EC 2017 |
| **Relevant publication(s)\*** | Breitenstein C, Grewe T, Floel A, Ziegler W, Springer L, Martus P, *et al*. Intensive speech and language therapy in patients with chronic aphasia after stroke: a randomised, open-label, blinded-endpoint, controlled trial in a health-care setting. *The Lancet* 2017;**389**(17):1528-1538. https://doi.org/10.1016/S0140-6736(17)30067-3Breitenstein C, Martus P, Willmes K, Ziegler W, Baumgaertner A. Intensive speech and language therapy after stroke – Authors’ reply. *The Lancet* 2017;**390**(10091):228-229. https://doi.org/10.1016/S0140-6736(17)31801-9Baumgaertner A, Grewe T, Ziegler W, Floel A, Springer L, Martus P, *et al*. FCET2EC (From controlled experimental trial to = 2 everyday communication): How effective is intensive integrative therapy for stroke-induced chronic aphasia under routine clinical conditions? A study protocol for a randomized controlled trial. *Trials*, 2013;**14**(1):308. https://doi.org/10.1186/1745-6215-14-308Breitenstein C, and Baumgärtner A, mit der FCET2EC Autorengruppe: Grewe T, Flöel A, Ziegler W, Springer L, Martus P, Huber W, Willmes K, Ringelstein EB, Haeusler K G, Abel S, Glindemann R, Domahs F, Regenbrecht F, Schlenck K-J, Thomas M, Obrig H, de Langen E, Rocker R, Wigbers F, Rühmkorf C, Hempen I, List J. (2017). Wie wirksam ist intensive integrative Sprachtherapie nach einem Schlaganfall? [How effective is intensive integrative post-stroke speech and language therapy?] Sprachtherapie aktuell: Forschung - Wissen -Transfer: Schwerpunktthema: Intensive Sprachtherapie (4)1: e2017-06.http://sprachtherapie-aktuell.de/files/e2017-06\_Breitenstein\_Baumgaertner.pdf |
| **Country** | DE |
| **Funder(s)** | German Federal Ministry of Education and Research (BMBF); German Society for Aphasia Research and Treatment (GAB) |
| **Design** | RCT  |
| **Participants** | Inclusion: adult; stroke; aphasia for at least 6 months; native speaker (German); at least basic level of communication and language comprehensionExclusion: severe untreated medical conditions; severe uncorrected vision or hearing impairments; aphasia from traumatic brain injury or neurodegenerative disease; participation in any intensive stroke intervention in previous 4 weeksNot in RELEASE: 14In RELEASE: n=142 |
| **Intervention** | **Group 1:** n=78Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLT SLT Theoretical Approach: Functional or Pragmatic SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1 and group; Location: inpatient and outpatient rehabilitation. Regimen: 5 times a week for a minimum of 10 hours per week and a minimum of 3 weeks duration. Frequency: IPD. Duration: IPD. Intensity: IPD; Dosage: IPD. Modification: yes. Tailoring: by difficulty. Adherence: yes. Home practice prescribed: yes.**Group 2:** n=78Intervention type(s): Conventional SLT (deferred SLT intervention)SLT Impairment Target: unreportedSLT Theoretical Approach: unreported Provided by: speech and language therapist. Delivery: unreported; Location: outpatient. Regimen: unreported. Frequency: IPD. Duration: IPD. Intensity: IPD; Dosage: IPD. Tailoring: unreported. Modification: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TT-AAT; ANELT; SAPS; CETI; KOPS |
| **IPD collection time-points contributing to RELEASE** | Screening; baseline; 3 weeks; 6 weeks (subgroup only); 6 months  |
| **Risk of bias** | Dropouts: 4 (2 before start of intervention ‘early dropouts’; one from each arm before 6 month follow-up)Blinding: yes (assessors were independent of treatment centres and blinded with respect to assessment and group. Primary outcome was administered by unblinded assessors) Random sequence generation: computer-generated permuted block randomisation; stratified by treatment centre; administered by external biostatistician Concealment of allocation: consecutive inclusion codes in sealed opaque envelopes; group allocation faxed to study coordination centre; schedulers aware of group allocation but not involved in assessment or intervention  |
| **Notes** |  |

Overview 47: Fillingham 2006

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| Dataset ID | Fillingham 2006 |
| **Relevant publication(s)** | Fillingham JK, Sage K, Lambon Ralph MA. The treatment of anomia using errorless learning. *Neuropsychological Rehabilitation* 2006;**16**(2):129-154. https://doi.org/10.1080/09602010443000254 |
| **Country** | UK |
| **Funder(s)** | The Health Foundation (Award Ref No: 1727/1000) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: acquired neurological deficit (at least 6 months); primarily word-finding difficulties (below 70% on 100 item naming test); able to repeat and / or read with degree of accuracyExclusion: significant dyspraxia or speech-motor programming deficit; perceptual deficit (agnosia)In RELEASE: n=11 |
| **Intervention** | **Group 1:** n=11Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unclassified (errorless SLT)Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: 10 sessions, given twice weekly for 5 weeks (with breaks for unavoidable events e.g. illness / holiday). Initial assessment and baseline measures in first 5 weeks. Errorless learning therapy for 5 weeks, followed by a week break for post-therapy assessment. (Pattern then repeated for errorful learning SLT, see Group 2.) Frequency: 2 days each week. Duration: 5 weeks. Intensity: 50 minutes to 80 minutes. Dosage: 4.2 to 6.6 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=11Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unclassified (errorful SLT)Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: errorless SLT pattern (see Group 1) followed by 10 sessions, given twice weekly for 5 weeks (with breaks for unavoidable events e.g. illness / holiday). Initial assessment and baseline measures in first 5 weeks. Errorful learning therapy for 5 weeks, followed by a week break for post-therapy assessment. Frequency: 2 days each week. Duration: 5 weeks. Intensity: 50 minutes to 80 minutes. Dosage: 4.2 to 6.6 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | BNT; GNT; picture oral naming (PALPA 53); word reading (PALPA 31)  |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 48: Flöel 2011

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| Dataset ID | Floel 2011 |
| **Relevant publication(s)** | Flöel A, Meinzer M, Kirstein R, Nijhof S, Deppe M, Knecht S, *et al*. Short-term anomia training and electrical brain stimulation. *Stroke* 2011;**42**(7):2065-2067. https://doi.org/10.1161/STROKEAHA.110.609032Floel A. Agnes Floel, Berlin, Germany, described how 3 days of intensive anomia training in chronic aphasia patients let to improvements. *Cerebrovascular diseases (Basel, Switzerland)* 2012;**34**:104. |
| **Country** | DE |
| **Funder(s)** | German Science Foundation (Fl-379-4/2 379-8/1; Exc-257; SFB-TR3 A08/A10); the Federal Ministry for Education and Science (FKZ 0315673A; 01EO0801); Interdisciplinary Center for Clinical Research Münster (Floe-3– 004-008); European Commission (MRTN-CT-2004-512141); Neuromedical Foundation Münster |
| **Design** | RCT cross-over  |
| **Participants** | Inclusion:stroke (first); aphasia (chronic)Exclusion:severe apraxia of speechIn RELEASE: n=12 |
| **Intervention** | n/a (IPD only available at baseline)  |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none reported; 1excluded from analyses involving lesion sizeBlinding: yes (therapist supervised sessions was unaware of the trial allocation) |
| **Notes** |  |

Overview 49: Fridriksson 2009

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| Dataset ID | Fridriksson 2009 |
| **Relevant publication(s)** | Fridriksson J, Baker JM, Whiteside J, Eoute D, Moser D, Vesselinov R, *et al.* Treating visual speech perception to improve speech production in nonfluent aphasia. *Stroke* 2009;**40**(3):853-858. https://doi.org/10.1161/STROKEAHA.108.532499 |
| **Country** | USA |
| **Funder(s)** | Grants to Julius Fridriksson from the NIDCD (DC005915 & DC008355) and a grant to Chris Rorden from the NINDS (NS054266) |
| **Design** | Cohort / case series / registry  |
| **Participants** | Inclusion: stroke (single; at least 1 year); aphasia (non-fluent); native speaker (English); right-handedExclusion: unreportedIn RELEASE: n=10 |
| **Intervention** | n/a (within-subject design with no treatment group allocation)  |
| **Language outcome measures (in whole or part)** | WAB-AQ; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: yes |
| **Notes** |  |

Overview 50: Fridriksson 2012a

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| Dataset ID | Fridriksson 2012a |
| **Relevant publication(s)** | Fridriksson J, Richardson JD, Fillmore P, Cai B. Left hemisphere plasticity and aphasia recovery. *Neuroimage* 2012;**60**(2):854-863. https://doi.org/10.1016/j.neuroimage.2011.12.057Fridriksson J. Preservation and modulation of specific left hemisphere regions is vital for treated recovery from anomia in stroke. *Journal of Neuroscience* 2010;**30**(35):11558–11564. https://doi.org/10.1523/JNEUROSCI.2227-10.2010Fridriksson J, Guo D, Fillmore P, Holland A, Rorden C. Damage to the anterior arcuate fasciculus predicts non-fluent speech production in aphasia. *Brain* 2013;**136**:3451-60. https://doi.org/10.1093/brain/awt267 |
| **Country** | US |
| **Funder(s)** | NIH/NIDCD: DC008355 and DC009571 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 6 months)Exclusion: unreportedIn RELEASE: n=30 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 51: Fridriksson 2012b

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| Dataset ID | Fridriksson 2012b |
| **Relevant publication(s)** | Fridriksson J, Hubbard HI, Hudspeth SG, Holland AL, Bonilha L, Fromm D, et al. Speech entrainment enables patients with Broca’s aphasia to produce fluent speech. *Brain* **135**(12):3815-3829. https://doi.org/10.1093/brain/aws301 |
| **Country** | US |
| **Funder(s)** | NIDCD (DC008355 and DC009571) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 6 months); aphasia (Broca’s)Exclusion: metal implant precluding MRI scanningIn RELEASE: n=13 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | WAB-R; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 52: Galli unpublished

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| Dataset ID | Galli unpublished |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: clinical populationExclusion: noneIn RELEASE: n=14 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: IPD. Frequency: IPD. Duration: IPD. Intensity: IPD. Dosage: IPD. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes, approximately 10 hours |
| **Language outcome measures (in whole or part)** | BADA  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: none |
| **Notes** |  |

Overview 53: Gandolfi unpublished

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| Dataset ID | Gandolfi unpublished |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke; aphasia; all required data availableExclusion: no symptoms of aphasia; pre-existing language disturbances; incomplete clinical data and / or incomplete protocol deliveryIn RELEASE: n=50 |
| **Intervention** | **Group 1:** n=50Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: unreported. Delivery: unreported. Regimen:unreported.Frequency: unreported. Duration**:** IPD (duration of rehabilitation in months). Intensity: unreported. Dosage: unreported. Modification:unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | AAT; TT-AAT  |
| **IPD collection time-points contributing to RELEASE** | 1 month; 6 months; 12 months |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 54: Glize 2016

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| Dataset ID | Glize 2016 |
| **Relevant publication(s)** | Glize B, Villain M, Richert L, Vellay M, de Gabory I, Mazaux JM, *et al.* Language features in the acute phase of poststroke severe aphasia could predict the outcome. *European Journal of Physical and Rehabilitation Medicine* 2017;**53**(2):249-255. https://doi.org/10.23736/S1973-9087.16.04255-6 |
| **Country** | FR |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (first); French-speaking; right-handedExclusion: severe dysarthria; illiteracy; impairment of consciousness or coma (over 14 days); dementia; psychiatric history (hospitalised for more than 2 months); major visual or hearing disorder; pregnancyIn RELEASE: n=86 |
| **Intervention** | **Group 1:** n=86Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: 3 to 5 conventional rehabilitation sessions a week depending on severity and clinical tolerability until the 2nd assessment 3 months after the stroke. Frequency: 3 to 5 days per week. Duration: 3 months. Intensity: 4 hours. Dosage: 39 to 65 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | ASRS  |
| **IPD collection time-points contributing to RELEASE** | Baseline (within 14 days of stroke); 3 months  |
| **Risk of bias** | Dropouts: 11 participants unavailable at 3-month follow-up (7 died, 4 declined assessment)Blinding: unreported |
| **Notes** |  |

Overview 55: Goodglass 1997

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| Dataset ID | Goodglass 1997 |
| **Relevant publication(s)** | Goodglass H, Wingfield A, Ward SE. Judgements of concept similarity by normal and aphasic subjects: relation to naming and comprehension. *Brain and Language* 1997;**56**(1):138-158. https://doi.org/10.1006/brin.1997.1733. |
| **Country** | US |
| **Funder(s)** | NIH Grant DC00081. The authors also gratefully acknowledge support from the W. M. Keck Foundation |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: inpatient / outpatientExclusion: unreportedNot in RELEASE: IPD on one person with aphasia following tumour; 11 additional people with aphasia but no IPD available; 28 age-matched non-aphasic controls; 33 younger controls In RELEASE: n=11 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | ASRS; BDAE; BNT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 56: Haley 2004

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| Dataset ID | Haley 2004 |
| **Relevant publication(s)** | Haley K. Vowel duration as a cue to postvocalic stop voicing in aphasia and apraxia of speech. *Aphasiology* 2004;**18**(5-7):443-456. https://doi.org/10.1080/02687030444000200 |
| **Country** | US |
| **Funder(s)** | None reported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 3 months); aphasia; native speaker (American English); no previous speech or language difficulties (self-report)Exclusion: suspected or confirmed dementia; moderate dysarthriaNot in RELEASE: 8 controlIn RELEASE: n=16 (8 with and 8 without apraxia of speech)  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 57: Haley 2011

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| Dataset ID | Haley 2011 |
| **Relevant publication(s)** | Haley KL, Roth H, Grindstaff E, Jacks A. Computer-mediated assessment of intelligibility in aphasia and apraxia of speech. *Aphasiology* 2011;**25**(12):1600-1620. https://doi.org/10.1080/02687038.2011.628379 |
| **Country** | US |
| **Funder(s)** | Grant R03DC006163 from the National Institute on Deafness and Other Communication Disorders |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 4 weeks); aphasia; can repeat single words; no progressive neurologic disorder; passed hearing screen in better ear Exclusion: unreportedNot in RELEASE: 20 neurologically healthy participantsIn RELEASE: n=23  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 58: Hilari 2003

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| Dataset ID | Hilari 2003 |
| **Relevant publication(s)** | Hilari K, Byng S, Lamping DL, Smith SC. Stroke and Aphasia Quality of Life Scale-39 (SAQOL-39): evaluation of acceptability, reliability, and validity. *Stroke* 2003;**34**(8):1944-1950. https://doi.org/doi:10.1161/01.STR.0000081987.46660.EDHilari K., Wiggins R. D., Roy P., Byng S., & Smith S.C. (2003) Predictors of health-related quality of life (HRQL) in people with chronic aphasia. *Aphasiology*, **17**(4), 365-381 * https://doi.org/10.1080/02687030244000725
 |
| **Country** | UK |
| **Funder(s)** | Stroke Association and the Dunhill Medical Trust, London, UK |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 1 year); aphasia; previously living at home; no history severe cognitive decline or mental health problemsExclusion: unable to self-report on questionnairesIn RELEASE: n= 83 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | FACS |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none Blinding: na |
| **Notes** |  |

Overview 59: Hilari 2007

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| --- | --- |
| Dataset ID | Hilari 2007 |
| **Relevant publication(s)** | Hilari K, Owen S, Farrelly SJ. Proxy and self-report agreement on the Stroke and Aphasia Quality of Life Scale-39. *Journal of Neurology, Neurosurgery & Psychiatry* 2007;**78**(10):1072-1075. https://doi.org/10.1136/jnnp.2006.111476 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 6 months); aphasia (score more 7/15 on FAST receptive subtests); medically stable; able to nominate significant other as proxy respondent (adult; contact at least twice a week; no severe mental health problems or cognitive decline)Exclusion: unreportedIn RELEASE: n= 50 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none Blinding: na |
| **Notes** |  |

Overview 60: Hilari 2009

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| --- | --- |
| Dataset ID | Hilari 2009 |
| **Relevant publication(s)\*** | Hilari K., Lamping D. L., Smith S. C., Northcott S., Lamb A. & Marshall J. (2009) Psychometric properties of the Stroke and Aphasia Quality of Life scale (SAQOL-39) in a generic stroke population. Clinical Rehabilitation, **23**(6), 544-557 https://doi.org/10.1177/0269215508101729Hilari K., Northcott S., Roy P., Marshall J., Wiggins R.D., Chataway J. & Ames D. (2010) Psychological distress after stroke and aphasia: the first six months. *Clinical Rehabilitation*, **24**(2), 181-90. https://doi.org/10.1177/0269215509346090Hilari K. (2011) The impact of stroke: Are people with aphasia different to those without? *Disability and Rehabilitation*, **33**(3), 211-218 https://doi.org/10.3109/09638288.2010.508829Northcott S, Hilari K. Stroke Social Network Scale: development and psychometric evaluation of a new patient-reported measure. *Clinical Rehabilitation* 2013;**27**(9):823-833. https://doi.org/10.1177/0269215513479388 |
| **Country** | UK |
| **Funder(s)** | Consortium for Healthcare Research of the Health Foundation; a PhD studentship funded by City University London |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; first stroke; an associated hospital stay of at least three days; aphasia at least 1 year.Exclusion: did not live at home before stroke; known history of mental health problems or cognitive decline; other severe or potentially terminal comorbidity; unable to give informed consent; did not speak English Not in RELEASE: non-aphasic participants (n=55)In RELEASE: n=32 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: noBlinding: na |
| **Notes** |  |

Overview 61: Hinckley 2001

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| Dataset ID | Hinckley 2001 |
| **Relevant publication(s)** | Hinckley JJ, Patterson JP, Carr TH. Differential effects of context- and skill-based treatment approaches: preliminary findings. *Aphasiology* 2001;**15**(5):463-476. https://doi.org/10.1080/02687040042000340 |
| **Country** | USA |
| **Funder(s)** | Supported in part by a grant from the James S. McDonnell Foundation, JSMF 97-44, Pilot Studies in Cognitive Rehabilitation Research |
| **Design** | RCT  |
| **Participants** | Inclusion: stroke (single; at least 3 months); non-fluent aphasia (chronic); native speaker (English); educational level of at least high school; corrected-to-normal vision and hearingExclusion: unreportedIn RELEASE: n=17 |
| **Intervention** | **Group 1:** n=6Intervention type(s): SLT interventionSLT Impairment Target: unreportedSLT Theoretical Approach: Functional or Pragmatic SLTProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: 20 hours weekly for 5 weeks. Total dose = 100 hours of therapy. Frequency: 5 days a week. Duration: 5 weeks. Intensity: 20 hours. Dosage: 100 hours. Modification: materials individualised. Tailoring: by functional relevance. Adherence: reviewed for adherence to allocated intervention. Home practice prescribed: unreported.**Group 2:** n=6Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: 20 hours weekly for 5 weeks. Total dose = 100 hours of therapy. Frequency: 5 days a week. Duration: 5 weeks. Intensity: 20 hours. Dosage: 100 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 3:** n=5Intervention type(s): No SLT (non-randomly assigned to baseline group)SLT Impairment Target: noneSLT Theoretical Approach: none |
| **Language outcome measures (in whole or part)** | ASRS |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unclear |
| **Notes** |  |

Overview 62: Hoffman 2009

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| Dataset ID | Hoffman 2009 |
| **Relevant publication(s)** | Hoffman P, Jefferies E, Ehsan S, Hopper S, Lambon Ralph MA. Selective short-term memory deficits arise from impaired domain-general semantic control mechanisms. *Journal of Experimental Psychology* 2009;**35**(1):137-156. https://doi.org/10.1037/a0013985 |
| **Country** | UK |
| **Funder(s)** | Medical Research Council Grant G0501632 and National Institute of Mental Health Grant MH64445 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 1 year); aphasia (chronic); recruited from stroke clubs / speech and language therapy services in Manchester, UKExclusion: unreportedIn RELEASE: n=13 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 63: Horton 2016

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| Dataset ID | Horton 2016 |
| **Relevant publication(s)** | Horton S, Clark A, Barton G, Lane K, Pomeroy VM. Methodological issues in the design and evaluation of supported communication for aphasia training: a cluster controlled feasibility study. *BMJ Open* 2016;**6**(4):e011207. https:/doi.org/10.1136/bmjopen-2016-011207Horton S, Lane K, Shiggins C. Supporting communication for people with aphasia in stroke rehabilitation: transfer of training in a multidisciplinary stroke team. *Aphasiology* 2015;**30**(5):629-656. https://doi.org/10.1080/02687038.2014.1000819 |
| **Country** | UK |
| **Funder(s)** | NIHR, Research for Patient Benefit (RfPB) Programme [grant reference number PB-PG-0609-17264] |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: adult; stroke; aphasia (any type, moderate to severe using TOMS); able to give informed consentExclusion: under 18 years; no stroke; mild or no aphasia; Not in RELEASE: 70 healthcare professionals (37 receiving staff training intervention, 33 control)In RELEASE: n=20  |
| **Intervention** | **Group 1:** n=7 Intervention type(s): SLT intervention SLT Impairment Target: unreportedSLT Theoretical Approach: Conversational Partner TrainingProvided by: speech and language therapist and Conversation Partner Trainer, a person with aphasia ‘trained to train’ and give feedback to staff on their skills and use of resources. Delivery: face-to-face; group and 1-to-1; Location: hospital. Regimen: Four hours of training (three hours theoretical aspects, two half-hour 1-to-1 experiential training sessions with a conversational partner). Frequency: once. Duration: 4 hours. Intensity: 4 hours. Dosage: 4 hours. Modification: unreported. Tailoring: individualised training component. Adherence: unreported. Home practice prescribed: n/a**Group 2:** n=13 Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: stroke staff education for patients’ communication needs as recommended in clinical guidelines. Frequency: unreported. Duration: unreported. Intensity: unreported. Dosage: unreported. Modification: unreported. Tailoring: to specific staff and patient communication needs. Adherence: unreported. Home practice prescribed: n/a |
| **Language outcome measures (in whole or part)** | TOMs |
| **IPD collection time-points contributing to RELEASE** | Baseline; a range of time points between baseline and 134 days |
| **Risk of bias** | Dropouts: 6 (Group 1; 2 at baseline, 2 at discharge, 1 at 6 month follow-up; Group 2; 1 at 6 month follow-up) due to distress or fatigue as in-patient and ill-health at follow-upBlinding: yes |
| **Notes** |  |

Overview 64: Hough 1997

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| Study ID | Hough 1997 |
| **Relevant publication(s)** | Hough MS, Vogel D, Cannito MP, Pierce RS. Influence of prior pictorial context on sentence comprehension in older versus young aphasic subjects. *Aphasiology* 1997;**11**(3):235-247. https://doi.org/10.1080/02687039708248467 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; previously literate; right-handed; speech reception threshold at least 40dB in better ear Exclusion: unreportedIn RELEASE: n=22 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported  |
| **Notes** |  |

Overview 65: Howard 2002

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| Dataset ID | Howard 2002 |
| **Relevant publication(s)** | Howard D, Smith K. The effects of lexical stress in aphasic word production. *Aphasiology* 2002;**16**(1-2):198-237. https://doi.org/10.1080/02687040143000546 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (functional comprehension; phonological errors in repetition); willing to participate; adequate hearing Exclusion: unreportedIn RELEASE: n=12 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 66: Hunting-Pompon 2011

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| Dataset ID | Hunting-Pompon 2011 |
| **Relevant publication(s)** | Hunting-Pompon R, Kendall D, Bacon Moore A. Examining attention and cognitive processing in participants with self-reported mild anomia. *Aphasiology* 2011;**25**(6-7):800-812. https://doi.org/10.1080/02687038.2010.542562  |
| **Country** | US |
| **Funder(s)** | Veterans Administration RR&D Advanced Career Development Grant and by a NIH Research Training Grant |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke (6 months); aphasia (minimum level on WAB and BNT; mild anomia); native speaker (English); right-handed; within normal limits on a range of non-language assessmentsExclusion: diffuse brain injury or disease; history of psychiatric disturbance, learning disability, developmental language delay or attention deficit disorder; currently uncontrolled mood disorder; hemianopia; stroke-related motor impairmentNot in RELEASE: 9 controlsIn RELEASE: n=14  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB, BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 67: IMITATE 2010

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| Dataset ID | IMITATE 2010 |
| **Relevant publication(s)** | Lee J, Fowler R, Rodney D, Cherney L, Small SL. IMITATE: an intensive computer-based treatment for aphasia based on action observation and imitation. *Aphasiology* 2010;**24**(4):449-465. https://doi.org/10.1080/02687030802714157Duncan ES, Schmah T, Small SL. Performance variability as a predictor of response to aphasia treatment. *Neurorehabilitation and Neural Repair* 2016;**30**(9):876-882. https://doi.org/10.1177/1545968316642522Duncan ES, Small SL. Increased modularity of resting state networks supports improved narrative production in aphasia recovery. *Brain Connectivity* 2016;**6**(7):524-529. https://doi/org/10.1089/brain.2016.0437 |
| **Country** | US |
| **Funder(s)** | National Institute of Deafness and Other Communication Disorders of the National Institutes of Health under Grant R01-DC007488 |
| **Design** | Cohort / case series / registry data available only |
| **Participants** | Inclusion: adult; stroke (single); aphasia; native speaker (English); right-handedExclusion: cardiac pacemaker; claustrophobia; neurosurgical clips; significant cognitive impairmentIn RELEASE: n=19 |
| **Intervention** | **Group 1:** n=19Intervention type(s): SLT interventionSLT Impairment Target: Spoken Language SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist for first session, then self-managed. Delivery: computer based; 1-to-1 support; Location: home. Regimen: 3 times 30 minutes per day, 6 days per week (9 hours per week) for 6 weeks. Frequency: 6 days a week (3 times each day). Duration: 6 weeks. Intensity: 9 hours. Dosage: 54 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: no augmentation to intervention dosage described above in this home-based intervention. |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB-R; BNT; CETI |
| **IPD collection time-points contributing to RELEASE** | Baseline; 6 weeks; 12 weeks |
| **Risk of bias** | Dropouts: yes (3 sequentially numbered participant IDs absent). Blinding: unreportedRandom sequence generation: unclearConcealment of allocation: unclear  |
| **Notes** |  |

Overview 68: Jaecks 2012

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| Dataset ID | Jaecks 2012 |
| **Relevant publication(s)** | Jaecks P, Hielscher-Fastabend M, Stenneken P. Diagnosing residual aphasia using spontaneous speech analysis. *Aphasiology* 2012;**26**(7):953-970. https://doi.org/ 10.1080/02687038.2012.663075 |
| **Country** | DE |
| **Funder(s)** | “Weidmüller Stiftung” (Detmold, Germany) and by the Deutsche Forschungsgemeinschaft (DFG) in the Collaborative Research Center 673 “Alignment in Communication”. |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (left cerebral hemisphere only)Exclusion: bilateral, cerebellar or brainstem lesions; deteriorating conditions such as Alzheimer’s or Parkinson’s disease; chronic depression; substance abuseIn RELEASE: n=41 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | AAT; TT-AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 69: Jodzio 2005

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| Dataset ID | Jodzio 2005 |
| **Relevant publication(s)** | Jodzio K, Drumm DA, Nyka WM, Lass P, Gąsecki D. The contribution of the left and right hemispheres to early recovery from aphasia: A SPECT prospective study. *Neuropsychological Rehabilitation* 2005;**15**(5):588-604. https://doi.org/10.1080/09602010443000137 |
| **Country** | PL |
| **Funder(s)** | University of Gdansk, BW 7400-5-0277-3 to Krzysztof Jodzio |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (no more than 30 days); aphasia; no other history of cerebral disease; adequate hearing; no history significant medical disease, substance abuse or additional neurological eventsExclusion: unreportedIn RELEASE: n=24 |
| **Intervention** | **Group 1:** n=24Intervention type(s): SLT intervention (Conventional SLT)SLT Impairment Target: mixed auditory comprehension and spoken language SLT Theoretical Approach: unclearProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: varied and unreported. Frequency: unreported. Duration: unreported. Intensity: unreported. Dosage: unreported. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 70: Jones 2007

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| Dataset ID | Jones 2007 |
| **Relevant publication(s)** | Jones DK, Pierce RS, Mahoney M, Smeach K. Effect of familiar content on paragraph comprehension in aphasia. *Aphasiology* 2007;**21**(12):1218-1229. https://doi.org/10.1080/02687030600790193 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (at least 4/6 on sentence-level auditory comprehension screening); native speaker (English); no history alcoholism, psychiatric condition or dementia; adequate hearingExclusion: unreportedNot in RELEASE: 11 matched non-aphasia participantsIn RELEASE: n=11 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BDAE; BNT-S |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 71: Kambanaros 2006

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| Dataset ID | Kambanaros 2006 |
| **Relevant publication(s)\*** | Kambanaros M, van Steenbrugge W. Noun and verb processing in Greek-English bilingual individuals with anomic aphasia and the effect of instrumentality and verb-noun name relation. *Brain and Language* 2006;**97**(2):162-177. https://doi.org/10.1016/j.bandl.2005.10.001Kambanaros M. Action and object naming versus verb and noun retrieval in connected speech: comparisons in late bilingual greek-english anomic speakers. *Aphasiology* 2010;**24**(2):210-230. https://doi.org/10.1080/02687030902958332Kambanaros M. Group effects of instrumentality and name relation on action naming in bilingual anomic aphasia. *Brain and Language* 2009;**110**(1):29-37. https://doi.org/10.1016/j.bandl.2009.01.004Kambanaros M, Grohmann KK. Grammatical class effects across impaired child and adult populations. *Frontiers in Psychology* 2015;**6**(Nov):1-17. https://doi.org/ 10.3389/fpsyg.2015.01670Kambanaros M, van Steenbrugge W. Lexical retrieval deficits in anomic aphasia and specific language impairment (SLI): more similar than different? Grammatical class and context effects. *Linguistic Variation* 2013;**13**(2):237-256. https://doi.org/10.3389/fpsyg.2015.01670 |
| **Country** | CY |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke; aphasia for at least 3 months; premorbid bilingualism (Greek and English); born in Greece; right-handed; adequate hearing and visionExclusion: history of: neurological disease or brain injury; mental illness including depression; alcohol/substance abuse; hearing/visual impairmentsIn RELEASE: n=12 |
| **Intervention** | **Group 1:** Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: unreported. Delivery: face-to-face; 1-to-1; Location: participant’s home. Regimen: unreported. Frequency: unreported. Duration: unreported. Intensity: unreported. Dosage: unreported. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | BDAE-G |
| **IPD collection time-points contributing to RELEASE** | 3 sessions per individual  |
| **Risk of bias** | Dropouts: none reportedBlinding: no |
| **Notes** |  |

Overview 72: Kang 2011

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| Dataset ID | Kang 2011 |
| **Relevant publication** | Kang EK, Kim YK, Sohn HM, Cohen LG, Paik N-J. Improved picture naming in aphasia patients treated with cathodal tDCS to inhibit the right Broca’s homologue area. *Restorative Neurology and Neuroscience* 2011;**29**(3):141-152. https://doi.org/10.3233/RNN-2011-0587 |
| **Country** | KR |
| **Funder** | Seoul National University College of Medicine (Grant No. 800-20060236) and the Seoul National University Bundang Hospital (Grant No. 03-2008-004) |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (single); aphasia; attending outpatient clinicExclusion: multiple brain lesions; unstable medical or neurologic conditions; metallic foreign body within brain; pacemaker; artificial cochlear implant; severe depression; history of seizure; unable to perform protocol-related tasksIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT intervention and Co-intervention (cathodal transcranial DC stimulation)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: simultaneous daily sessions of conventional word-retrieval training PLUS ctDCS (2 mA for 20 minutes) daily for 5 consecutive days in a crossover manner separated by at least one rest week (maximum 10 days). Intervention orders were balanced across patients. Word-retrieval training for 30 minutes per day of training while ctDCS. During training sessions, patient first received 10 minutes of word-retrieval training, and then 20 minutes of word-retrieval training+ctDCS. Frequency: 5 days a week. Duration: 1 week. Intensity: 2.5 hours. Dosage: 2.5 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=10Intervention type(s): SLT intervention and Co-intervention (sham transcranial DC stimulation)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: simultaneous daily sessions of conventional word-retrieval training PLUS sham tDCS (2 mA for 20 minutes) daily for 5 consecutive days in a crossover manner separated by at least one rest week (maximum 10 days). Intervention orders were balanced across patients. Word-retrieval training for 30 minutes per day. During training sessions, patient first received 10 minutes of word-retrieval training, and then 20 minutes of word-retrieval training+sham stimulation. Frequency: 5 days a week. Duration: 1 week. Intensity: 2.5 hours. Dosage: 2.5 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Outcome measures** | WAB-K; BNT-K |
| **IPD collection timepoints contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: noneBlinding: yesRandom sequence generation unreportedConcealment of allocation unreported |
| **Notes** |  |

Overview 73: Kendall 2008

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| Dataset ID | Kendall 2008 |
| **Relevant publication(s)** | Kendall DL, Rosenbek JC, Heilman KM, Conway T, Klenberg K, Gonzalez Rothi LJ, *et al*. Phoneme-based rehabilitation of anomia in aphasia. *Brain and Language* 2008;**105**(1):1-17. https://doi.org/10.1016/j.bandl.2007.11.007 |
| **Country** | US |
| **Funder(s)** | VA RR&D Brain Rehabilitation and Research Center; VA RR&D Career Research Development Award (C2743V) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 6 months); monolingual (English); right-handed Exclusion: apraxia of speech; depression; untreated psychiatric illness; degenerative neurological illnesses; chronic medical illness; severe impairment vision or hearingIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word finding SLTSLT Theoretical Approach: Phonological SLTProvided by: speech and language therapists and student. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: 2 hours daily, 4 days weekly for 12 weeks for a total of 96 hours. Frequency: 4 days weekly. Duration: 12 weeks. Intensity: 8 hours. Dosage: 96 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB; BNT  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 1 week; 3 months  |
| **Risk of bias** | Dropouts: none reportedBlinding: yes (secondary rater blinded to time-point) |
| **Notes** |  |

Overview 74: Kendall 2013

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| Dataset ID | Kendall 2013 |
| **Relevant publication(s)** | Kendall DL, Pompon RH, Brookshire CE, Minkina I, Bislick L. An analysis of aphasic naming errors as an indicator of improved linguistic processing following phonomotor treatment. *American Journal of Speech-Language Pathology* 2013;**22**(2):S240-S249. https://doi.org/10.1044/1058-0360(2012/12-0078) |
| **Country** | US |
| **Funder(s)** | Veterans Administration RR&D Merit Review Grant C6572R; by National Institutes of Health Research Training Grant T32 DC000033 (Hunting Pompon) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (chronic) Exclusion: severe apraxia of speech In RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT InterventionSLT Impairment Target: Word finding SLTSLT Theoretical Approach: Phonological SLTProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: 60 hours of phonomotor treatment (1 hour treatment sessions, 2 sessions daily, 5 days weekly for 6 weeks). Frequency: 5 days each week Duration: 6 weeks. Intensity: 10 hours. Dosage: 60 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | WAB-AQ; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 6 weeks; 3 months |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 75: Kendall 2015

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| Dataset ID | Kendall 2015 |
| **Relevant publication** | Kendall DL, Oelke M, Brookshire CE, Nadeau SE. The influence of phonomotor treatment on word retrieval abilities in 26 individuals with chronic aphasia: an open trial. *Journal of Speech Language and Hearing Research* 2015;**58**(3):798-812. https://doi.org/10.1044/2015\_JSLHR-L-14-0131 |
| **Country** | US |
| **Funder** | Unreported |
| **Design** | RCT but reported as cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 6 months); aphasia (chronic; with anomia and impairment of phonology)Exclusion: severe apraxia of speech; degenerative neurologic disease; chronic medical illness; severe and / or uncorrected impairment vision or hearing; major depressive disorderNot in RELEASE: 2 (excluded during trial: 1 for dysarthria that precluded reliable scoring of outcomes; 1 for ongoing and previously undetected seizure activity)In RELEASE: n=26 |
| **Intervention** | **Group 1:** n=26 (treated as a single group for RELEASE as no between-group differences observed by primary research study, and no group allocation provided)Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLTProvided by: speech and language therapists. Delivery: face-to-face; 1-to-1; Location: clinic. Regimen: 6 weeks (2 hours per day for 5 days per week) = 60 hours. Frequency: 5 days a week. Duration: 6 weeks. Intensity: 10 hours. Dosage: 60 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Outcome measures** | WAB-AQ; BNT  |
| **IPD collection timepoints contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (n=1 at outcome measurement; n=1 at end of treatment)Blinding: yes |
| **Notes** |  |

Overview 76: Khedr 2014

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| Dataset ID | Khedr 2014 |
| **Relevant publication(s)** | Khedr EM, Abo El-Fetoh N, Ali AM, El-Hammady DH, Khalifa H, Atta H, *et al.* Dual-hemisphere repetitive transcranial magnetic stimulation for rehabilitation of poststroke aphasia: a randomized, double-blind clinical trial. *Neurorehabilitation and Neural Repair* 2014;**28**(8):740–750. https://doi.org/10.1177/1545968314521009 |
| **Country** | EG |
| **Funder(s)** | Unreported |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (single); aphasia (non-fluent); subacute hemiplegiaExclusion: head injury or neurological disease other than stroke; unstable cardiac dysrhythmia; fever; infection; hyperglycemia; prior administration of tranquiliser; safety contraindications for rTMSIn RELEASE: n=29 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT intervention and Co-intervention (rTMS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: speech and language training for 30 minutes, 5 days per week. Frequency: 5 days per week. Duration: 2 weeks. Intensity: 2.5 hours. Dosage: 5 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. **Group 2:** n=19Intervention type(s): SLT intervention and Co-intervention (sham rTMS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: speech and language training for 30 minutes, 5 days per week. Frequency: 5 days per week. Duration: 2 weeks. Intensity: 2.5 hours. Dosage: 5 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.  |
| **Language outcome measures (in whole or part)** | ASRS |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks; 6 weeks; 10 weeks  |
| **Risk of bias** | Dropouts: yes (1 at 2 months from Group 1 (lived at a distance)) Blinding: yesRandom sequence generation: group allocations (real or sham ratio 2:1)Concealment of allocation: allocations in serially numbered opaque closed envelopes  |
| **Notes** |  |

Overview 77: Kimelman 1989

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| Dataset ID | Kimelman 1989 |
| **Relevant publication(s)** | Kimelman MDZ, McNeil MR. Contextual influences on the auditory comprehension of normally stressed targets by aphasic listeners. *Clinical Aphasiology* 1989;**18**:407-420.  |
| **Country** | US |
| **Funder(s)** | University of Wisconsin, Madison Waisman Centre on Mental Retardation and Human Development Core Grant NINCDS Grant No 5 P30HD03352 and the university of Wisconsin – Madison Department of Communicative Disorders |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: left hemisphere lesion; aphasia; right-handed; minimum level of hearing on testingExclusion: unreportedIn RELEASE: n=16 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BDAE; PICA; TT-5 |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 78: Kimelman 1999

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| Dataset ID | Kimelman 1999 |
| **Relevant publication(s)** | Kimelman MDZ. Prosody, linguistic demands, and auditory comprehension in aphasia. *Brain and Language* 1999;**69**(2):212-221. https://doi.org/10.1006/brin.1999.2142 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (specified minimum ability); native speaker (English); right-handed; pass hearing screen at least one earExclusion: unreportedNot in RELEASE: 10 controlsIn RELEASE: n=26  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BDAE; PICA; TT-15 |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 79: Kirk 1994

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| Dataset ID | Kirk 1994 |
| **Relevant publication(s)** | Kirk A, Kertesz A. Cortical and subcortical aphasias compared. *Aphasiology* 1994;**8**(1):65-82. https://doi.org/10.1080/02687039408248641 |
| **Country** | CA |
| **Funder(s)** | Research Fellowship from Heart and Stroke Foundation, Canada |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); aphasia (tested within 7-40 days); no neurological history; right-handed; alert enough to take part Exclusion: patients with any visible involvement of cortex, including insular cortex were excluded from the subcortical groupNot in RELEASE: participants with cortical lesions (n=36)In RELEASE: n=36  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; DA; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline; 90 days; 4 months; 6 months; 9 months; 1 year; 1.5 years; 2 years; 3 years; 4 years post-stroke  |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 80: Kukkonen unpublished

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| Dataset ID | Kukkonen unpublished |
| **Relevant publication(s)\*** | Unpublished datasetKukkonen T, Korpijaakko-Huuhka AM. How much is enough and when is the right time? What do we know about the good practice and timing of aphasia rehabilitation? In: Proceedings of the British Aphasiology Society Biennial International Conference Sept 10-12 2007; Edinburgh. UK: British Aphasiology Society, 2007:67-8.  |
| **Country** | FI |
| **Funder(s)** | None |
| **Design** | RCT |
| **Participants** | Inclusion: older adult (50-64; 65-80); stroke (first); aphasia; right-handed; living in Tampere with someone; no dementia; normal hearing and visionExclusion: age under 50; two or more, right hemisphere, or haemorrhagic stroke; dementia or other neurological disease; left-handed; living alone; living outside Tampere; problems with hearing or visionIn RELEASE: n=36 |
| **Intervention** | **Group 1:** n=9SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Language Enrichment Therapy Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: SLT clinic. Regimen: Acute phase: 4 weeks rest for spontaneous recovery; 6 weeks intensive SLT for comprehension; 4 weeks rest; 6 weeks SLT for comprehension; 3 months stability period. Frequency: 5 days per week. Duration: 6 weeks + 6 weeks. Intensity: 10 hours. Dosage: 120 hours. Modification: unreported. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=8SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Language Enrichment Therapy Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: SLT clinic. Regimen: Acute phase: 4 weeks rest for spontaneous recovery; 6 weeks intensive SLT for comprehension; 4 weeks rest; 6 weeks SLT for comprehension; 3 months stability period. Frequency: 2 days per week. Duration: 6 weeks + 6 weeks. Intensity: 2 hours. Dosage: 48 hours. Modification: unreported. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: unreported.**Group 3:** n=10SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Language Enrichment Therapy Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: SLT clinic. Regimen: Acute phase: 4 weeks rest for spontaneous recovery; 6 weeks intensive SLT for comprehension; 4 weeks rest; 6 weeks SLT for comprehension; 3 months stability period. Frequency: 1 day per week. Duration: 6 weeks + 6 weeks. Intensity: 1 hour. Dosage: 24 hours. Modification: unreported. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: unreported.**Group 4:** n=9Intervention type(s): No SLT (spouses or caregiver(s) received support and information from the speech and language therapists twice, 1 hour per meeting) |
| **Language outcome measures (in whole or part)** | ASRS; PPVT; TT-36; CETI; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline (acute phase within one week); 4 weeks (after spontaneous recovery); 10 weeks (after period of language comprehension); 14 weeks (after a rehabilitation pause); 20 weeks (after period of language expression); 32 weeks (after first stability period); 56 weeks (at the end after the second stability period) |
| **Risk of bias** | Dropouts: yes (4 within first 4 weeks) Blinding: none reportedRandom sequence generation: each participant randomised by the researcher Concealment of allocation: each participant took a lot from 1-4 (indicating the group) |
| **Notes** |  |

Overview 81: Laganaro 2003

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| Dataset ID | Laganaro 2003 |
| **Relevant publication(s)** | Laganaro M, Di Pietro M, Schnider A. Computerised treatment of anomia in chronic and acute aphasia: An exploratory study. *Aphasiology* 2003:**17**(8):709-721. https://doi.org/10.1080/02687030344000193 |
| **Country** | CH |
| **Funder(s)** | Swiss National Science Foundation Grant No. 32-50882.97 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (severe to moderate anomia; no severe comprehension; insight into language difficulties); independent in using computer (keyboard; mouse); able to maintain attention on computer task for at least 30 minutesExclusion: unreportedNot in RELEASE: 1 (traumatic brain injury)In RELEASE: n= 10  |
| **Intervention** | **Group 1:** n=4Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLT (Phonological and other (gestural))Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital (out-patients). Regimen: out-patient group: 2 or 3 computer assisted therapy sessions a week (each lasting 30 to 60 minutes depending on participant’s speed, motivation or fatigue) for 2 weeks (then post-test 1); then clinical SLT 2 to 3 sessions a week for 2 weeks (then post-test 2); then therapy break for 2 weeks (then post-test 3). Frequency: 2 to 3 days per week. Duration: 4 weeks. Intensity: 2 to 3 hours. Dosage: 8 to 12 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=6Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLT (Phonological and other (gestural))Provided by: speech and language therapist but computer self-managed in one phase. Delivery: face-to-face; 1-to-1 and self-managed; Location: hospital (in-patients). Regimen: one computer assisted therapy session and one SLT session. Frequency: 5 days per week. Duration: 4 weeks. Intensity: 10 hours (5 hours computer assisted plus 5 hours clinical SLT). Dosage: 40 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | MT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: yes |
| **Notes** |  |

Overview 82: Laska 2005

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| Dataset ID | Laska 2005 |
| **Relevant publication(s)** | Laska AC, von Arbin M, Kahan T, Hellblom A, Murray V. Long-term antidepressant treatment with moclobemide for aphasia in acute stroke patients: a randomised, double-blind, placebo-controlled study. *Cerebrovascular Diseases* 2005;**19**(2):125-132. |
| **Country** | SE |
| **Funder(s)** | Swedish Stroke Association Foundation and Funds; Serafimer Hospital Foundation; Karolinska Institutet; AFA Insurances; Marcus and Marianne Wallenberg Foundation; Roche AB Stockholm (supply of the study drugs and an unconditional grant) |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (admitted to stroke unit within week of onset); aphasia (ANELT score 1.0 to 4.0)Exclusion: terminal stage of disease; drug abuse, ongoing antidepressant or psychiatric disease treatment; history of or current profile suggesting dementia; previous stroke; acute myocardial infarction; risk of suicide; pregnancyIn RELEASE: n=119 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | ANELT; TT-36; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 1 month; 3 months; 6 months  |
| **Risk of bias** | Dropouts: yesBlinding: yesRandom sequence generation: centralised randomisation procedureConcealment of allocation: adequate (hospital pharmacy dispensed pre-sealed and blinded treatment packages to participants)  |
| **Notes** |  |

Overview 83: Laska 2011

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| Dataset ID | Laska 2011 |
| **Relevant publication(s)** | Laska AC, Kahan T, Hellblom A, Murray V, von Arbin M. A randomized controlled trial on very early speech and language therapy in acute stroke patients with aphasia. *Cerebrovascular Diseases Extra* 2011;**1**(1): 66–74. https://doi.org/10.1159/000329835Laska AC, Kahan T, Hellblom A, Murray V, Von Arbin M. Design and methods of a randomised controlled trial on early speech and language therapy in patients with acute stroke and aphasia. *Topics in Stroke Rehabilitation* 2008;**15**(3):256-61.Laska AC, Kahan T, Hellblom A, Murray V, von Arbin M. A randomized controlled trial on very early speech and language therapy in acute stroke patients with aphasia. *Cerebrovascular Diseases* 2010;**29** (Suppl. 2): Abst. 1. |
| **Country** | SE |
| **Funder(s)** | Stockholm County Council Foundation (Expo-95); AFA Insurances; Marianne and Marcus Wallenberg Foundation; Karolinska Institute |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (first); aphasia (NGA 0 to 59); able to start SLT within 2 days of onsetExclusion: rapid regression; dementia; drug abuse; severe illness; unable to participate in treatment (as judged by investigator)In RELEASE: n=125 (2 without group allocation) |
| **Intervention** | **Group 1:** n=62Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: stroke unit, or where discharged to (home, rehabilitation clinic, geriatric clinic, nursing home). Regimen:3 sessions of 15 minutes per day for 15 weekdays (3 weeks); after discharge from stroke unit, one daily session of 45 minutes. Frequency: 3 sessions each day 5 days per week. Duration:3 weeks. Intensity:3 hours 45 minutes. Dosage: 11 hours 15 minutes. Modification:unreported. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=61 Intervention type(s): No SLT |
| **Language outcome measures (in whole or part)** | NGA; ANELT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 3 weeks (16 days); 6 months |
| **Risk of bias** | Dropouts: 12Blinding: yesRandom sequence generation: reportedConcealment of allocation: draw of consecutive sealed envelopes |
| **Notes** |  |

Overview 84: Laures 2003

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| Dataset ID | Laures 2003 |
| **Relevant publication(s)** | Laures J, Odell K, Coe C. Arousal and auditory vigilance in individuals with aphasia during a linguistic and nonlinguistic task. *Aphasiology* 2003;**17**(12):1133-1152. https://doi.org/10.1080/02687030344000436 |
| **Country** | USA |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia; male; premorbid normal speech and languageExclusion: “age and gender restrictions were applied because it is known that both variables affects the physiologic measures presently used”Not in RELEASE: 10 controls without aphasiaIn RELEASE: n=10  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 85: Leff 2017

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| Dataset ID | Leff 2017 |
| **Relevant publication(s)** | Woodhead ZVJ, Crinion J, Teki S, Penny W, Price CJ, Leff AP. Auditory training changes temporal lobe connectivity in ‘Wernicke’s aphasia’: a randomised trial. *Journal of Neurology, Neurosurgery & Psychiatry* 2017;**88**(7):586-594. |
| **Country** | UK |
| **Funder(s)** | Wellcome Trust and the James S McDonnell Foundation (conducted as part of the Brain Network Recovery Group initiative). APL and ST were supported by personal fellowships from the Wellcome Trust (ME033459MES and 106084/Z/14/Z, respectively). |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (3 or more months); aphasia (Wernicke’s); competent to consentExclusion: under 18; significant medical or psychiatric co-morbidity; unable to comply with treatment regime or scanning; significant multifocal cerebral disease; contraindications to cholinesterase inhibitors (sick sinus syndrome; pregnancy; lactation); contraindications to fMRI and MEG (pacemaker; noncompatible metallic implant); severe hearing impairment; unable to provide informed consentIn RELEASE: n=20 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT interventionSLT Impairment Target: Auditory Comprehension SLTSLT Theoretical Approach: Phonological SLT plus Co-intervention (Donepezil)Provided by: experimental psychologist. Delivery: computer-based (Earobics); self-managed; Location: at home. Regimen: 10 hours of training per week over each 5 week training block. Frequency: 7 days a week. Duration: 25 weeks in study, but intervention is over two 5-week blocks. Intensity: 7.3 hours (according to diaries) on average. Dosage: 73 hours (according to diaries). Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes, 100 hours.**Group 2:** n=13Intervention type(s): SLT interventionSLT Impairment Target: Auditory Comprehension SLTSLT Theoretical Approach: Phonological SLT plus Co-intervention (placebo)Provided by: experimental psychologist. Delivery: computer-based (Earobics); self-managed; Location: at home. Regimen: 10 hours of training per week over each 5 week training block. Frequency: 7 days a week. Duration: 25 weeks in study, but intervention is over two 5-week blocks. Intensity: 7.3 hours (according to diaries) on average. Dosage: 73 hours (according to diaries). Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes, 100 hours. |
| **Language outcome measures (in whole or part)** | CAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 5 weeks; 10 weeks |
| **Risk of bias** | Dropouts: yes (27 enrolled; 3 withdrew after the baseline time-point due to the trial’s time demands; a further 4 were excluded from the analysis as extensive left auditory cortex damage made them unsuitable) Blinding: yes (blind to drug/placebo manipulation but not blind to Earobics/non-Earobics blocks (only middle (wash-out) and last block (post therapy) was non-Earobics) |
| **Notes** |  |

Overview 86: Levy 2012

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| Dataset ID | Levy 2012 |
| **Relevant publication(s)** | Levy J, Hoover E, Waters G, Kiran S, Caplan D, Beradino A, et al. Effects of syntactic complexity, semantic reversibility, and explicitness on discourse comprehension in persons with aphasia and in healthy controls. *American Journal of Speech-Language Pathology* 2012;**21**(2):S154-S165. https://doi.org/10.1044/1058-0360(2012/11-0104) |
| **Country** | US |
| **Funder(s)** | National Institute on Deafness and Other Communication Disorders Grant DC010461 |
| **Design** | Non-RCT |
| **Participants** | Inclusion: aphasiaExclusion: unreportedNot in RELEASE: 30 non-brain damaged controls; 20 people with aphasia as lacked data on severity of language impairment In RELEASE: n=18  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** | Severity data only available for 18/38 IPD included in RELEASE |

Overview 87: LIFT 1 and 2

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| Dataset ID | LIFT 1 and 2 |
| **Relevant publication(s)** | Rodriguez AD, Worrall L, Brown K, Grohn B, McKinnon E, Pearson C, *et al.* Aphasia LIFT: exploratory investigation of an intensive comprehensive aphasia programme. *Aphasiology* 2013;**27**(11):1339-1361. https://doi.org/10.1080/02687038.2013.825759 |
| **Country** | AU |
| **Funder(s)** | National Health and Medical Rehabilitation Council (NHMRC) Centre for Clinical Research Excellence in Aphasia Rehabilitation (Grant # 569935); DC was funded by an Australia Research Council Future Fellowship and NHMRC Career Development Fellowship |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (at least 6 months); aphasia; no other neurological disorders; sufficient vision and hearing to take partExclusion: concomitant neurological illnessIn RELEASE: n= 11 (4 in LIFT 1; 7 in LIFT 2) |
| **Intervention** | **Group 1:** n=4Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLT and Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLT; Semantic and Phonological SLTProvided by: speech and language therapists and students. Delivery: face-to-face; 1-to-1 and group; Location: aphasia clinic and other rehabilitation centres. Regimen: 40 hours over 2 weeks. Frequency: 5 days per week. Duration: 2 weeks. Intensity: 20 hours. Dosage: 40 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=7Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLT and Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLT; Semantic and Phonological SLTProvided by: speech and language therapists and students. Delivery: face-to-face and computer-based treatment; 2-to-1 and group; Location: aphasia clinic and other rehabilitation centres. Regimen: 100 hours over 4 weeks. Frequency: 5 days each week. Duration: 4 weeks. Intensity: 25 hours. Dosage: 100 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | CAT; BNT; CETI |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks; 4 weeks; 9 weeks;11 weeks |
| **Risk of bias** | Dropouts: 1 participated but no data available due to uptake of intervening treatment from Group 1; 1 unable to complete programme due to prolonged cough/flu from Group 2.Blinding: yes (partial) |
| **Notes** |  |

Overview 88: Lima 2014

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| Dataset ID | Lima 2014 |
| **Relevant publication(s)** | Lima RR, Massi GA, Guarinello AC, da Silva APBV, Moro CHC, Lima HN. Factors related to the quality of life in the context of communication in people with aphasia in southern Brazil. *Aphasiology* 2014;**28**(1):116–27. https://doi.org/10.1080/02687038.2013.832140 |
| **Country** | BR |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; abnormalities in language (NIHSS on arrival); lived in Joinville cityExclusion: severe aphasia (unable to understand questionnaire); lived elsewhereIn RELEASE: n=50 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 89: Lincoln 1980a

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| Dataset ID | Lincoln 1980a |
| **Relevant publication(s)** | Lincoln NB. *An investigation of the effectiveness of language retraining methods with aphasic stroke patients*. PhD Thesis. London: University of London; 1980.Lincoln NB, Pickersgill MJ, Hankey AI, Hilton CR. An evaluation of operant training and speech therapy in the language rehabilitation of moderate aphasics. *Behavioural Psychotherapy* 1982;**10**:162-178.  https://doi.org/10.1017/S0141347300007023Lendrem W, Lincoln NB. Spontaneous recovery of language in patients with aphasia between 4 and 34 weeks after stroke. *Journal of Neurology, Neurosurgery and Psychiatry* 1985;**48**:743-8. https://doi.org/10.1136/jnnp.48.8.743Lendrem W, McGuirk E, Lincoln NB. Factors affecting language recovery in aphasic stroke patients receiving speech therapy. *Journal of Neurology Neurosurgery & Psychiatry* 1988;**51**:1103. https://doi.org/10.1136/jnnp.51.8.1103 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | RCT cross-over |
| **Participants** | Inclusion: adult; stroke; no other brain damage; aphasia; referred for SLT by medical staff; able to attend daily (4 days per week) for 8 weeks as in- or out-patient Exclusion: severely or mildly aphasicIn RELEASE: n=24 |
| **Intervention** | **Group 1:** 6Intervention type(s): Conventional SLT then No SLT (operant training)SLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital and home. Regimen: 30 minute session 4 times weekly for 3.5 weeks followed by another 4 weeks with cross-over intervention. Frequency: 4 days per week. Duration: 3.5 weeks. Intensity: 2 hours. Dosage: 7 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** 7Intervention type(s): No SLT (operant training) then Conventional SLTSLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital and home. Regimen: 30 minute session 4 times weekly for 3.5 weeks followed by another 4 weeks with cross-over intervention. Frequency: 4 days per week. Duration: 3.5 weeks. Intensity: 2 hours. Dosage: 7 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 3**: n=5Intervention type(s): Social Support then Conventional SLTSLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital and home. Regimen: 30 minute session 4 times weekly for 3.5 weeks followed by another 4 weeks with cross-over intervention. Frequency: 4 days per week. Duration: 3.5 weeks. Intensity: 2 hours. Dosage: 7 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. **Group 4:** n=6Intervention type(s): Conventional SLT then Social SupportSLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital and home. Regimen: 30 minute session 4 times weekly for 3.5 weeks followed by another 4 weeks with cross-over intervention. Frequency: 4 days per week. Duration: 3.5 weeks. Intensity: 2 hours. Dosage: 7 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.  |
| **Language outcome measures (in whole or part)** | PICA; TT (modified Di Renzi 1978); ONT |
| **IPD collection time-points contributing to RELEASE** | Baseline; week 4; week 8 |
| **Risk of bias** | Dropouts: yes (of 37 suitable for treatment, 13 failed to complete the treatment period) Blinding: yesRandom sequence generation: random number tableConcealment of allocation: partially adequate (recruited by speech and language therapists and assigned to intervention by trialist) |
| **Notes** |  |

Overview 90: Lincoln 1980b

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| Dataset ID | Lincoln 1980b |
| **Relevant publication(s)** | Lincoln NB. *An investigation of the effectiveness of language retraining methods with aphasic stroke patients*. PhD Thesis. London: University of London; 1980. |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke; no other brain damage; severe aphasia; referred for SLT by medical staff; able to attend daily (4 days per week) for 8 weeks as in- or out-patient Exclusion: unreportedIn RELEASE: n=18 |
| **Intervention** | **Group 1:** n=18Intervention type(s): SLT interventionSLT Impairment Target: Word-finding SLTSLT Theoretical Approach: Phonological SLT (Phonological and other (gestural))Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: No restrictions on number or duration of sessions (record kept - most sessions 30 minutes). Frequency: IPD. Duration: 4 weeks. Intensity: IPD. Dosage: IPD between 24 and 6 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | PICA; TT (modified Di Renzi 1978); ONT |
| **IPD collection time-points contributing to RELEASE** | Baseline; week 4 |
| **Risk of bias** | Dropouts: none reportedBlinding: yes (but not for PICA) |
| **Notes** |  |

Overview 91: Lincoln 1980c

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| Dataset ID | Lincoln 1980c |
| **Relevant publication(s)** | Lincoln NB. *An investigation of the effectiveness of language retraining methods with aphasic stroke patients*. PhD Thesis. London: University of London; 1980.Lincoln NB, Pickersgill MJ. The effectiveness of programmed instruction with operant training in the language rehabilitation of severely aphasic patients. *Behavioural Psychotherapy* 1984;**12**(3):237–248. https://doi.org/10.1017/S0141347300010806 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | RCT cross-over |
| **Participants** | Inclusion: adult; stroke; no other brain damage; severe aphasia; referred for SLT by medical staff; able to attend daily (4 days per week) for 8 weeks as in- or out-patient Exclusion: unreportedIn RELEASE: n=24 |
| **Intervention** | **Group 1:** n=12Intervention type(s): Operant training with SLT then Social Support with SLTSLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist and psychologist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: IPD provided. 30 minute session 4 times weekly for 4 weeks followed by another 4 weeks with cross-over intervention. Between 5 and 14 sessions of SLT per 4 week interval and 7 or 8 sessions of other treatment per 4 week interval. Frequency: IPD between 1.25 and 3.5 days per week. Duration: 8 weeks. Intensity: 2 hours per week. Dosage: IPD. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=12Intervention type(s): SLT with Social Support, then operant training with SLTSLT Impairment Target:Mixed SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist and psychologist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: IPD provided. 30 minute session 4 times weekly for 4 weeks followed by another 4 weeks with cross-over intervention. Between 5 and 14 sessions of SLT per 4 week interval and 7 or 8 sessions of other treatment per 4 week interval. Frequency: IPD between 1.25 and 3.5 days per week. Duration: 8 weeks. Intensity: 2 hours per week. Dosage: IPD. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TT (modified Di Renzi 1978); PPVT; PICA; ONT |
| **IPD collection time-points contributing to RELEASE** | Baseline; week 4; week 8 |
| **Risk of bias** | Dropouts: none reportedBlinding: yesRandom sequence generation: random number tableConcealment of allocation: partially adequate (recruited by speech and language therapists and assigned to intervention by trialist) |
| **Notes** |  |

Overview 92: Lorenz 2009

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| Dataset ID | Lorenz 2009 |
| **Relevant publication(s)** | Lorenz A, Ziegler W. Semantic vs word-form specific techniques in anomia treatment: a multiple single-case study. *Journal of Neurolinguistics* 2009;**22**(6):515-537. https://doi.org/10.1016/j.jneuroling.2009.05.003 |
| **Country** | DE |
| **Funder(s)** | German Science Foundation (Deutsche Forschungsgemeinschaft, DFG) (Zi 469/3-1, 3-2) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (word-finding difficulties major symptom).Exclusion: substantial apraxia of speech or dysarthria; severe attentional deficits; problems of orientation in time and spaceIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT intervention SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic SLTProvided by: speech and language therapist. Delivery: self-managed computer and face-to-face; 1-to-1; Location: neuropsychological clinic (and home if discharged during study). Regimen: 3 blocks. Within each block, eight 50 minute treatment sessions conducted over 2 to 3 week period. Frequency: 3 or 4 days a week. Duration: 2 to 3 weeks. Intensity: 3 to 4 hours. Dosage: 20 hours. Modification: unreported. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: none.**Group 2:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLTProvided by: speech and language therapist. Delivery: self-managed computer and face-to-face; 1-to-1; Location: neuropsychological clinic (and home if discharged during study). Regimen: 3 blocks. Within each block, eight 50 minute treatment sessions conducted over 2 to 3 week period. Frequency: 3 or 4 days a week. Duration: 2 to 3 weeks. Intensity: 3 to 4 hours. Dosage: 20 hours. Modification: unreported. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: none. |
| **Language outcome measures (in whole or part)** | AAT; TT-AAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 93: Lyon 1997

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| --- | --- |
| Dataset ID | Lyon 1997 |
| **Relevant publication(s)** | Lyon JG, Cariski D, Keisler L, Rosenbek J, Levine R, Kumpula J, *et al.* Communication partners: enhancing participation in life and communication for adults with aphasia in natural settings. *Aphasiology* 1997;**11**(7):693-708. https:// doi.org/10.1080/02687039708249416 |
| **Country** | US |
| **Funder(s)** | Veterans Administration Rehabilitation Research and Development Service |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (at least 1 year); reliable simple communication exchange with a speech-language pathologist; primary language English; normal range cognition, hearing, vision on screening; can walk short distances; independent in daily living; weekly contact with prime caregiver; no bilateral brain damage; no history of psychosisExclusion: unreportedIn RELEASE: n=10 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: noneBlinding: high riskRandom sequence generation: unreportedConcealment of allocation: unreported  |
| **Notes** |  |

Overview 94: McNeil 2006

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| Dataset ID | McNeil 2006 |
| **Relevant publication(s)** | McNeil MR, Matthews CT, Hula WD, Doyle PJ, Fossett TRD. Effects of visual-manual tracking under dual-task conditions on auditory language comprehension and story retelling in persons with aphasia. *Aphasiology* 2006;**20**(2-4):167-174. https://doi.org/10.1080/02687030500472660 |
| **Country** | US |
| **Funder(s)** | Veterans Administration Rehabilitation Research and Development Service, project *#*C3159R |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: minimum 12 years old; left hemisphere lesion (single); aphasia; right-handed; passed hearing screen and word recognition test in at least one ear; at least 20/80 vision (reduced Snellen chart); reached a specified level on cognitive / communication assessmentsExclusion: unreportedNot in RELEASE: 2 with aphasia of unknown causeIn RELEASE: n=14  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 95: Marangolo 2013

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| --- | --- |
| Dataset ID | Marangolo 2013 |
| **Relevant publication(s)** | Marangolo P, Fiori V, Calpagnano MA, Campana S, Razzana C, Caltagirone C, *et al.*  tDCS over the left inferior frontal cortex improves speech production in aphasia. *Frontiers in Human Neuroscience* 2013;**7**:539. https://doi.org/10.3389/fnhum.2013.00539 |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | RCT  |
| **Participants** | Inclusion: stroke (single; at least 6 months); native proficient (Italian); right-handedExclusion: severe articulatory impairment; acute or chronic neurological symptoms requiring medication; attention and memory deficits biasing performanceNot in RELEASE: 20 matched healthy peersIn RELEASE: n= 12  |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | BADA; TT-62 |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: yes to electrical stimulation |
| **Notes** |  |

Overview 96: Marshall 1973

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| --- | --- |
| Dataset ID | Marshall 1973 |
| **Relevant publication(s)** | Marshall RC, King PS. Effects of fatigue produced by isokinetic exercise on the communication ability of aphasic adults. *Journal of Speech Language and Hearing Research* 1973;**16**(2):222-230. |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (first); aphasia; currently receiving SLTExclusion: previous stroke; aphasia for other reasonsIn RELEASE: n=16 |
| **Intervention** | n/a (therapy intervention was knee movement) |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: yesRandom sequence generation: unreportedConcealment of allocation: unreported |
| **Notes** |  |

Overview 97: Marshall 1992

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| --- | --- |
| Dataset ID | Marshall 1992 |
| **Relevant publication(s)** | Marshall RC, Neuburger SL, Phillips DS. Effects of facilitation and cueing on labelling of novel stimuli by aphasic subjects. *Aphasiology* 1992;**6**(6):567-583. https://doi.org/10.1080/02687039208249492 |
| **Country** | US |
| **Funder(s)** | Medical research services of the Department of Veterans Affairs |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: aphasia (chronic); English speaking; right-handedExclusion: apraxia; dysarthria; visual or hearing problemsNot in RELEASE: 3 traumatic brain injuryIn RELEASE: n=19 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | TT-62 |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (1 IPD missing; reported 23 participants but IPD only available for 22 of which 3 were excluded from RELEASE)Blinding: unreported |
| **Notes** |  |

Overview 98: Marshall 2012

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| --- | --- |
| Dataset ID | Marshall 2012 |
| **Relevant publication(s)** | Marshall J, Best W, Cocks N, Cruice M, Pring T, Bulock, et al. Gesture and naming therapy for people with severe aphasia: a group study. *Journal of Speech Language and Hearing Research* 2012;**55**(3):726-738. https://doi.org/ 10.1044/1092-4388(2011/11-0219)Caute A, Pring T, Cocks N, Cruice M, Best W, Marshall J. Enhancing communication through gesture and naming therapy. *Journal of Speech Language and Hearing Research* 2013;**56**(1):337-351. https://doi.org/10.1044/1092-4388(2012/11-0232) |
| **Country** | UK |
| **Funder(s)** | Stroke Association Grant TSA 2006/4 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 6 months); aphasia (severe); not currently receiving other SLT; previously fluent (English); no diagnosed cognitive impairment; at least 60% matching objects to pictures on screeningExclusion: diagnosed cognitive impairment, e.g. dementiaIn RELEASE: n=14 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: yes (10 due to ill health; timing unreported)Blinding: unreported |
| **Notes** |  |

Overview 99: Marshall 2013

|  |  |
| --- | --- |
| Dataset ID | Marshall 2013 |
| **Relevant publication\*** | Marshall RS, Basilakos A, Love-Myers K. Further evidence of auditory extinction in aphasia. *Journal of Speech Language and Hearing Research* 2013;**56**(1):236-249. https://doi.org/10.1044/1092-4388(2012/11-0191) |
| **Country** | US |
| **Funder** | National Institute on Deafness and Other Communication DisordersGrant 5R03DC5128-2 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult male veteran (maximum 75 years); stroke (2-24 weeks); aphasia (10th to 80th PICA); previously literate (English); non-institutionalised living; no previous or co-existing neurological, serious medical or psychological disorder; no worse than 20/100 corrected vision better eye; no worse than 40dB unaided in better ear; sensory / motor ability in 1 upper limb to gesture or write; outside assistant volunteer availableExclusion: did not pass hearing screen at 45dB in each ear; could not follow the instructionsNot in RELEASE: healthy control groupIn RELEASE: n=26 |
| **Intervention** | n/a  |
| **Outcome measures** | ASRS |
| **IPD collection timepoints contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: 9 (unreported in the primary report)Blinding: unreported |
| **Notes** |  |

Overview 100: Martin 2004

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| Dataset ID | Martin 2004 |
| **Relevant publication(s)** | Martin M, Fink R, Laine M, Ayala J. Immediate and short-term effects of contextual priming on word retrieval in aphasia. *Aphasiology* 2004;**18**(10):867-898. https://doi.org/10.1080/02687030444000390 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: chronic aphasia; native speaker (English); sufficient hearingExclusion: unreportedNot in RELEASE: 1 non-strokeIn RELEASE: n=10 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 101: Martin 2012

|  |  |
| --- | --- |
| Dataset ID | Martin 2012 |
| **Relevant publication(s)** | Martin N, Kohen F, Kalinyak-Fliszar M, Soveri A, Laine M. Effects of working memory load on processing of sounds and meanings of words in aphasia. *Aphasiology* 2012;**26**(3-4):462-493. https://doi.org/10.1080/02687038.2011.619516 |
| **Country** | US |
| **Funder(s)** | NIDCD grants R01 DC01924-15 and R21 DC008782 awarded to Temple University (PI: N. Martin). Matti Laine was financially supported by the Academy of Finland. Anna Soveri was funded by the Finnish National Doctoral Programme of Psychology |
| **Design** | Non-RCT |
| **Participants** | Inclusion: aphasia (chronic); pass hearing screen at least one ear; self-reported good visionExclusion: unreportedNot in RELEASE: 1 non-stroke; 11 non-brain damaged controls matched in age and educationIn RELEASE: n=30 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 102: Mason-Baughman 2013

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| --- | --- |
| Dataset ID | Mason-Baughman 2013 |
| **Relevant publication(s)** | Mason-Baughman MB, Wallace SE. The role of commonality, distinctiveness and importance of semantic features in persons with aphasia. *Brain Injury* 2013;**27**(4):399-307. https://doi.org/10.3109/02699052.2012.750748 |
| **Country** | US |
| **Funder(s)** | None reported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; native speakers (American-English); right-handed; no medical history of cognitive deterioration (e.g. dementia, right hemisphere syndrome); reached a minimum performance of 12/16 on a written single word and short phrase identification task Exclusion: less than 12/16 on written single word and short phrase identification taskIn RELEASE: n=10 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BNT-S |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 103: Mattioli 2014

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| Dataset ID | Mattioli 2014 |
| **Relevant publication(s)\*** | Mattioli F, Ambrosi C, Mascaro L, Scarpazza C, Pasquali P, Frugoni M, *et al*. Early aphasia rehabilitation is associated with functional reactivation of the left inferior frontal gyrus a pilot study. *Stroke*, 2014;**45**(2):545-552. https://doi.org/10.1161/STROKEAHA.113.003192Ambrosi C, Mattioli F, Mascaro L, Biagi L, Tosetti M, Gasparotti R. Functional MR imaging of patients with mild aphasia after stroke: activation of language network from acute to chronic phase and preliminary results of early rehabilitation effect. *Neuroradiology Journal* 2010;**23**:340. |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (first, acute); aphasia with mildly impaired comprehension; native speaker (Italian); suitable for MRI; right-handed; no other neurological or psychiatric disease; no hearing deficit Exclusion: over 80 years; stroke not in middle cerebral artery; aphasia with severely impaired comprehension; not native Italian speaker; unsuitable for MRI (pacemaker; claustrophobia; severe obesity); dementia; psychiatric disorders; deafness In RELEASE: n=12 |
| **Intervention** | **Group 1:** n=6Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLT and Word Finding SLT SLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital, then outpatient. Regimen:1 hour session per day, for 5 days per week for 2 weeks. Frequency: 5 days per week. Duration:2 months. Intensity: 5 hours. Dosage: 10 hours. Modification:unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=6Intervention type(s): No SLT |
| **Language outcome measures (in whole or part)** | AAT; TT-AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 16 days; 190 days |
| **Risk of bias** | Dropouts: 1 died at follow-upBlinding: yesRandom sequence generation: random number generator Concealment of allocation: unreported  |
| **Notes** |  |

Overview 104: Mauszycki 2012

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| Dataset ID | Mauszycki 2012 |
| **Relevant publication(s)** | Mauszycki SC, Wambaugh JL, Cameron RM. Apraxia of speech: perceptual analysis of trisyllabic word productions across repeated sampling occasions. *American Journal of Speech-Language Pathology* 2012;**21**(2):S28-S37. https://doi.org/10.1044/1058-0360(2011/11-0094)* Mauszycki SC, Wambaugh JL, Cameron RM. Variability in apraxia of speech: perceptual analysis of monosyllabic word productions across repeated sampling times. *Aphasiology* 2010;**24**:838-55. https://doi.org/10.1080/02687030903438516
 |
| **Country** | USA |
| **Funder(s)** | Department of Veterans Affairs’ Rehabilitation Research and Development Service |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: apraxia of speech and aphasia; not in hospital; native speaker (English); passed hearing screening (35dB at 500 Hz, 1000 Hz and 2000 Hz) in at least one earExclusion: other neurological problems; mental illness; alcohol / substance abuseNot in RELEASE: 1 (traumatic brain injury)In RELEASE: n= 10  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 105: Maviş 2016

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| Dataset ID | Maviş 2016 |
| **Relevant publication** | Sirci B and Mavis I. Sonucuna göre lezyon yeri belirlenmiş olan afazili hastalarin test puanlarinin (ADD) çeşitli değişkenlerle ilişkisinin incelenmesi [An investigation of lesion location and associated aphasic patients’ test scores and the relationship with various variables]. Undergraduate thesis. City: Anadolu University, Eskişehir; 2016. |
| **Country** | TR |
| **Funder** | n/a |
| **Design** | Cohort / case series / registry (retrospective) |
| **Participants** | Inclusion: unreported Exclusion: unreportedNot in RELEASE: 2/55 participants had insufficient data In RELEASE: n=53 |
| **Intervention** | Unreported |
| **Outcome measures** | ADD  |
| **IPD collection timepoints contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (2 participants, time-point unreported)Blinding: unreported |
| **Notes** |  |

Overview 106: Mazzoni 1995

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| Dataset ID | Mazzoni 1995 |
| **Relevant publication(s)** | Mazzoni M, Vista M, Geri E, Avila L, Bianchi F, Moretti P. Comparison of language recovery in rehabilitated and matched, non-rehabilitated aphasic patients. *Aphasiology* 1995;**9**(6):553-563. https://doi.org/10.1080/02687039508248714 |
| **Country** | IT |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT |
| **Participants** | Inclusion: stroke (single); right-handed; no family history of left-handednessExclusion: unreportedIn RELEASE: n=26 |
| **Intervention** | **Group 1:** n=13Intervention type(s): SLT interventionSLT Impairment Target: Spoken Language SLTSLT Theoretical Approach: unreportedProvided by: unreported. Delivery: face-to-face; 1-to-1; Location: clinical setting. Regimen: 6 sessions a week for the first 3 months, then (if scored 3 on oral expression 4/13 or 31%) then reduced to 3 or 4 sessions a week. All sessions lasted 45 minutes. Frequency: 6 days a week (for some dropping to 3 or 4 after 3 months). Duration: 6 months. Intensity: 4.5 hours for all for first 3 months. Then range from 2.25 hours to 4.5 hours from 3 months to 6 months Dosage: 58 hours for first 3 months; over the whole 6 months, range from 87 hours to 116 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=13 Intervention type(s): No SLT |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: yes |
| **Notes** |  |

Overview 107: Medina 2012

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| --- | --- |
| Dataset ID | Medina 2012 |
| **Relevant publication(s)** | Medina J, Norise C, Faseyitan O, Coslett HB, Turkeltaub PE, Hamilton RH. Finding the right words: transcranial magnetic stimulation improves discourse productivity in non-fluent aphasia after stroke. *Aphasiology* 2012;**26**(9):1153-1168. https://doi.org/10.1080/02687038.2012.710316 |
| **Country** | USA |
| **Funder(s)** | HBC: NIH 2R01 DC05672-04A2RHH: NIH/NINDS 1K01NS060995-01A1RHH: Robert Wood Johnson Foundation/Harold Amos Medical Faculty Development ProgramPET: American Academy of Neurology Foundation |
| **Design** | RCT Cross-over |
| **Participants** | Inclusion: stroke (single; at least 6 months); aphasia (mild to moderate non-fluent using BDAE; able to produce words and 2-4 word phrases; at least some picture naming ability; relatively intact comprehension); no concurrent neurological or psychiatric disease or unstable medical condition; no contraindications to MRI or TMSExclusion: concurrent neurological or psychiatric disease; unstable medical condition; MRI or TMS contraindicatedIn RELEASE: n=10 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BNT  |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: noneBlinding: yes |
| **Notes** |  |

Overview 108: Meikle 1979

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| Dataset ID | Meikle 1979 |
| **Relevant publication(s)** | Meikle M, Wechsler E, Tupper A, Benenson M, Butler J, Mulhall D, *et al*. Comparative trial of volunteer and professional treatments of dysphasia after stroke. *British medical journal*, 1979;**2**(6182):87–89. https://doi.org/10.1136/bmj.2.6182.87 |
| **Country** | UK |
| **Funder(s)** | Chest, Heart, and Stroke Association |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (at least 3 weeks); aphasia (less than 4th percentile on PICA); previously proficient in English; well enough to attendExclusion: dementia; lives too far from hospitalIn RELEASE: n= 31 |
| **Intervention** | **Group 1:** n=16Intervention type(s): Conventional SLTSLT Impairment Target: unreported SLT Theoretical Approach: unreported Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1 and group; Location: home and groups at rehabilitation centre. Regimen: Minimum 3 and maximum 5 sessions per week each lasting about 45 minutes, including when possible a group session. Frequency: 3-5 days per week. Duration: IPD. Intensity: between 2 hours 15 minutes and 3 hours 45 minutes. Dosage: IPD. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=15Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLT SLT Theoretical Approach: unreported Provided by: recruited volunteers. Delivery: face-to-face; 1-to-1 and group; Location: home and rehabilitation centre. Regimen: 4 home visits per week plus group sessions for a mean of 20.8 (SD 13.5; range 2-46) weeks. Frequency: 4 home visits per week and a separate group session at rehabilitation centre. Duration: IPD. Intensity: between 2 hours 15 minutes and 3 hours 45 minutes. Dosage: IPD. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | PICA |
| **IPD collection time-points contributing to RELEASE** | Baseline; 4, 15, 24, 35, 42, 66, 84 weeks |
| **Risk of bias** | Dropouts: yes (2 from the volunteer group, timing unclear (1 moved from area, 1 withdrew))Blinding: none reported |
| **Notes** |  |

Overview 109: Meinzer 2004

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| --- | --- |
| Dataset ID | Meinzer 2004 |
| **Relevant publication(s)** | Meinzer M, Elbert T, Wienbruch C, Djundja D, Barthel G, Rockstroh B. Intensive language training enhances brain plasticity in chronic aphasia. *BMC Biology* 2004;**2**(1):20. https://doi.org/10.1186/1741-7007-2-20 |
| **Country** | DE |
| **Funder(s)** | Deutsche Forschungsgemeinschaft (For 348) and the Kuratorium ZNS (Schmieder Kliniken Allensbach) |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: aphasia (chronic)Exclusion: severe global aphasia; severe apraxia of speech or dysarthria; depression; severe perceptual or cognitive deficitsIn RELEASE: n=18  |
| **Intervention** | Intervention data excluded from RELEASE due to potential duplication with a related dataset Barthel 2008. |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 110: Meinzer 2007

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| --- | --- |
| Dataset ID | Meinzer 2007 |
| **Relevant publication(s)** | Meinzer M, Streiftau S, Rockstroh B. Intensive language training in the rehabilitation of chronic aphasia: efficient training by laypersons. *Journal of the International Neuropsychological Society* 2007;**13**(5):1–8. https://doi.org/ 10.1017/S1355617707071111 |
| **Country** | DE |
| **Funder(s)** | Deutsche Forschungsgemeinschaft (DFG, Grant RO 805011-4) and the Kuratorium Zentrales Nervensystem (ZNS, Grant 2001013) |
| **Design** | RCT  |
| **Participants** | Inclusion: stroke (single); aphasia (at least 6 months; global aphasia if residual expressive language); 1 or more participating relativeExclusion: well-recovered people with minimal aphasia symptomsIn RELEASE: n=20 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT intervention (psychologist group)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: trained psychologists. Delivery: face-to-face; group; Location: unreported. Regimen: 3 hours per day on 10 consecutive working days. Frequency: 5 days per week. Duration: 10 days. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=10Intervention type(s): SLT intervention (psychologist group)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: volunteer relatives (alternating each day if more than 1). Received 2 hours introduction to CIAT; supervised during first 2/10 sessions by trained psychologist; experts available for remaining sessions; further group training session at end of each daily training session. Delivery: face-to-face; group; Location: unreported. Regimen: 3 hours per day on 10 consecutive working days. Frequency: 5 days per week. Duration: 10 days. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | TT-AAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 10 days |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 111: Meinzer 2009

|  |  |
| --- | --- |
| Dataset ID | Meinzer 2009 |
| **Relevant publication(s)** | Meinzer M, Paul I, Wienbruch C, Djundja D, Rockstroh B. Electromagnetic brain activity in higher frequency bands during automatic word processing indicates recovery of function in aphasia. *European Journal of Physical and Rehabilitation Medicine* 2009;**45**(3):369-378. For inclusion and exclusion criteria see also:Pulvermüller F, Neininger B, Elbert T, Mohr B, Rockstroh B, Koebbel P, *et al.* Constraint-induced therapy of chronic aphasia after stroke. *Stroke* 2001;**32**(7):1621-1626. |
| **Country** | DE |
| **Funder(s)** | Deutsche Forschungs-gemeninschsaft (DFG, Grants RO 802/11-4 and ME 3161/2-1) and the Kuratorium Zentrales Nervensystem (ZNS, Grant 2001013) |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke (single); aphasia (chronic); monolingual competent speaker (German); right-handed; matched for age and gender with controlsExclusion: additional neurological or psychiatric disorder; severe cognitive or perceptual difficulties; left-handed; depressionNot in RELEASE: control groupIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: unclearSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: university. Regimen: 3 hours per day for 10 consecutive days. Frequency: 5 days per week. Duration: 10 days. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 112: Meinzer 2010

|  |  |
| --- | --- |
| Dataset ID | Meinzer 2010  |
| **Relevant publication(s)** | Meinzer M, Mohammadi S, Kugel H, Schiffbauer H, Flöel A, Albers J, *et al.* Integrity of the hippocampus and surrounding white matter is correlated with language training success in aphasia. *NeuroImage* 2010;**53**(1):283-290. https://doi.org/doi:10.1016/j.neuroimage.2010.06.004Menke R, Meinzer M, Kugel H, Deppe M, Baumgärtner A, Schiffbauer H, *et al.* Imaging short- and long-term training success in chronic aphasia. *BMC Neuroscience* 2009;**10:**118. https://doi.org/10.1186/1471-2202-10-118 |
| **Country** | DE |
| **Funder(s)** | Bundesministerium für Bildung und Forschung (01GW0520, 0101-31 P6427); the Volkswagen Foundation (I/80708); the European Commission (MRTN-CT-2004-512141); the Interdisciplinary Center for Clinical Research of the University of Münster (Floe 3-004-008); the Stiftung Neuromedizin Münster; and the German Foundation for Science (SFB/TR3 A08 and A10, ME 3161/2-1, Fl 379-8/1) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single, first); chronic aphasia (moderate to severe word-retrieval difficulties)Exclusion: severe apraxia of speechIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic and Phonological SLTProvided by: speech and language therapist. Delivery: face-to-face and computer; 1-to-1; Location: university. Regimen: 3 hours daily of computer-assisted naming treatment over a period of 2 weeks. Frequency: 5 days per week. Duration: 2 weeks. Intensity: 15 hours. Dosage: 30 hours. Modification: unreported. Tailoring: by functional relevance. Adherence: yes. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TT-AAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: yes |
| **Notes** |  |

Overview 113: Meinzer 2011

|  |  |
| --- | --- |
| Dataset ID | Meinzer 2011 |
| **Relevant publication(s)** | Meinzer M, Breitenstein C, Westerhoff U, Sommer J, Rösser N, Rodriguez AD, et al. Motor cortex preactivation by standing facilitates word retrieval in aphasia. *Neurorehabilitation and Neural Repair* 2011;**25**(2):178-187. https://doi.org/10.1177/1545968310376577 |
| **Country** |  DE |
| **Funder(s)** | Bundesministerium für Bildung und Forschung (to AF: FKZ 0315673A; and by 01EO0801); the Deutsche Forschungsgemeinschaft (to ME 3161/2-1; to A. F.: Fl 379-4/2 379-8/1; DFG-Exc 257); the Volkswagen Foundation to CB and SK (Az.: I/80 708); the Stiftung Neuromedizin Münster and the Interdisciplinary Center for Clinical Research to AF (Floe 3-004-008); the National Institute of Health to SH (T32DC008768). |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 12 months); non-fluent aphasia (chronic); right-handedExclusion: other aphasia types; severe apraxia of speech; unable to stand unassisted for more than 20 minutes; severe psychiatric comorbidities (e.g. depression, psychosis); dementiaIn RELEASE: n=20 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: unreportedBlinding: yes |
| **Notes** |  |

Overview 114: Meltzer 2013

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| Dataset ID | Meltzer 2013 |
| **Relevant publication(s)** | Meltzer JA, Wagage S, Ryder J, Solomon B, Braun AR. Adaptive significance of right hemisphere activation in aphasic language comprehension. *Neuropsychologia* 2013;**51**(7):1248-1259. https://doi.org/10.1016/j.neuropsychologia.2013.03.007 |
| **Country** | US |
| **Funder(s)** | Intramural Program of the National Institute on Deafness and Other Communication Disorders |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 6 months); aphasia; passed audiometric evaluation; sufficient language capacity to consent and follow task instructionsExclusion: within normal limits on WABNot in RELEASE: 1 excluded after recruitment within normal limits; 9 healthy controls; large database of young healthy controlsIn RELEASE: n=25  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none Blinding: unreported |
| **Notes** |  |

Overview 115: Mimura 1998

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| --- | --- |
| Dataset ID | Mimura 1998 |
| **Relevant publication(s)** | Mimura M, Kato Mo, Kato Ma, Sano Y, Kojima T, Naeser M, et al. Prospective and retrospective studies of recovery in aphasia: changes in cerebral blood flow and language functions. *Brain* 1998;**121**(11):2083-2094. https://doi.org/10.1093/brain/121.11.2083 |
| **Country** | JP |
| **Funder(s)** | Supported in part by funds from Edogawa Hospital |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia; right-handedExclusion: mild aphasia; history of previous stroke; pre-existing language disorders; other significant neurological or neuropsychological deficits; clinical diseases which may affect cerebral blood flowIn RELEASE: n= 20  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | SLTA |
| **IPD collection time-points contributing to RELEASE** | Baseline; 9 months |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 116: Mortensen 2005

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| --- | --- |
| Dataset ID | Mortensen 2005 |
| **Relevant publication(s)** | Mortensen L. Grammatical complexity in letters written by people with acquired brain impairment. *Australian Review of Applied Linguistics* 2005;**19**(1):87-102. https://doi.org/10.1075/aralss.19.06mor |
| **Country** | AU |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT |
| **Participants** | Inclusion: stroke; aphasia; mild to moderate writing impairment; first language (English); minimum 8 years education; pre-morbidly at least competent writing skills; medically stableExclusion: unreportedNot in RELEASE: 10 traumatic brain injury; 10 non-brain damagedIn RELEASE: n=10 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 117: MULTICUE

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| --- | --- |
| Dataset ID | MULTICUE |
| **Relevant publication(s)** | Doesborgh SJC, van de Sandt-Koenderman MWME, Dippel DWJ, van Harskamp F, Koudstaal PJ, Visch-Brink EG. Cues on request: the efficacy of multicue, a computer program for wordfinding therapy. *Aphasiology* 2004;**18**(3):213–22. https://doi.org/10.1080/02687030344000580 |
| **Country** | NL |
| **Funder(s)** | Netherlands organisation for Scientific Research |
| **Design** | RCT |
| **Participants** | Inclusion: adult (age 20 to 86); stroke (at least 11 months); aphasia (moderate to severe naming deficit BNT); completed intensive impairment-oriented (semantic or phonological) therapy; native speaker (Dutch)Exclusion: global or minimal aphasia; dysarthria; non-native Dutch speaker; illiteracy, developmental dyslexia, severe acquired dyslexia; visual perceptual deficitIn RELEASE: n= 18 |
| **Intervention** | **Group 1:** n=8Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: computer, supervised by therapist; self-managed; Location: unreported. Regimen: 10-11 hours in sessions of 30-40 minutes twice a week over 2 months. Frequency: 2 days per week. Duration: 2 months. Intensity: 1 to 1.5 hours weekly. Dosage: 10 to 11 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=10Intervention type(s): No SLT |
| **Language outcome measures (in whole or part)** | BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 months  |
| **Risk of bias** | Dropouts: yes (1 (point unreported) (illness))Blinding: none reportedRandom sequence generation: computer generated sequenceConcealment of allocation: concealed in sequentially numbered opaque sealed envelopes |
| **Notes** | Participants were also in RATS 1 – demographics only appear once within RELEASE |

Overview 118: Naeser 1989

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| Dataset ID | Naeser 1989 |
| **Relevant publication(s)** | Naeser MA, Palumbo CL, Helm-Estabrooks N, Stiassny-Eder D, Albert ML. Severe nonfluency in aphasia. Role of the medial suballosal fasciculus and other white matter pathways in recovery of spontaneous speech. *Brain* 1989;**112**:1-38.  |
| **Country** | US  |
| **Funder(s)** | Medical Research Service, Veterans Administration and the National Institute Neurological, Communicative Disorders and Stroke, NS06209 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); right-handedExclusion: unreportedIn RELEASE: n=27 |
| **Intervention** | n/a  |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 119: Naeser 1998

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| --- | --- |
| Dataset ID | Naeser 1998 |
| **Relevant publication(s)** | Naeser MA, Baker EH, Palumbo CL, Nicholas M, Alexander MP, Samaraweera R, et al. Lesion site patterns in severe, nonverbal aphasia to predict outcome with a computer-assisted treatment program. *Archives of Neurology* 1998;**55**(11):1438-1448. https://doi.org/10.1001/archneur.55.11.1438 |
| **Country** | US |
| **Funder(s)** | Supported in part by the Medical Research Department of Veterans Affairs Washington, DC and by grant DC00081 from the National Institute on Deafness and other communication disorders, Bethesda, Md. |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (severe limitation in speech output and impaired auditory comprehension); right-handedExclusion: unreportedIn RELEASE: n=17 |
| **Intervention** | **Group 1:** n=17Intervention type(s): SLT interventionSLT Impairment Target: Spoken language SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist and self-managed. Delivery: face-to-face; computer-supported; Location: outpatients’ clinic. Regimen: 1 hour treatment sessions usually twice per week for about 6 months to 1 year Frequency: 2 days a week. Duration: 6 to 12 months. Intensity: 2 hours. Dosage: 52 to 104 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | BASA |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: partial (CT readings only) |
| **Notes** |  |

Overview 120: Newton 2013

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| Dataset ID | Newton 2013 |
| **Relevant publication(s)** | Newton C, Acres K, Bruce C. A comparison of computerized and paper-based language tests with adults with aphasia. *American Journal of Speech-Language Pathology* 2013;**22**(2):185-197. https://doi.org/10.1044/1058-0360(2012/12-0027) |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 12 months); past or present SLT intervention; English as primary language; medically stable; no significant cognitive difficulties; sufficient sensory abilities (computer screen / hear in quiet room)Exclusion: unreportedIn RELEASE: n=15 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 121: Nicholas 2011

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| --- | --- |
| Dataset ID | Nicholas 2011 |
| **Relevant publication(s)** | Nicholas M, Sinotte MP, Helm-Estabrooks N. C-Speak Aphasia alternative communication program for people with severe aphasia: importance of executive functioning and semantic knowledge. *Neuropsychological Rehabilitation* 2011;**21**(3):322-366. https://doi.org/10.1080/09602011.2011.559051 |
| **Country** | US |
| **Funder(s)** | R21 grant from NIH-NIDCD (DC05371-03) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (severe non-fluent)Exclusion: unreportedIn RELEASE: n=10 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: noBlinding: unreported |
| **Notes** |  |

Overview 122: Nilipour 2014

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| Dataset ID | Nilipour 2014 |
| **Relevant publication** | Nilipour R, Pourshahbaz A, Ghoreyshi ZS. Reliability and validity of bedside version of Persian WAB (P-WAB-1). *Basic and Clinical Neuroscience* 2014;**5**(4):253-258.  |
| **Country** | IR |
| **Funder** | Iranian National Science Foundation (INSF) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; acquired neurological disorder (if aphasia, first stroke, with no previous psychiatric history); Persian-speakingExclusion: unreportedNot in RELEASE: 6 non-strokeIn RELEASE: n=47 |
| **Intervention** | n/a |
| **Outcome measures** | WAB-P |
| **IPD collection timepoints contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none Blinding: unreported |
| **Notes** |  |

Overview 123: Nilipour 2018

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| --- | --- |
| Dataset ID | Nilipour 2018 |
| **Relevant publication(s)** | Al-Thalaya Z, Nilipour R, Ghoreyshi ZS, Pourshahbaz A, Nassar Z, Younes M. Reliability and validity of bedside version of Arabic Diagnostic Aphasia Battery (A-DAB-1) for Lebanese individuals. *Aphasiology* 2018;**32**(3):323-339. https://doi.org/10.1080/02687038.2017.1338661  |
| **Country** | LB |
| **Funder(s)** | Deputy of Research, USWRS, and Cognitive Sciences andTechnology Council, Iran [568] |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke (first); no cognitive or psychiatric historyExclusion: unreportedIn RELEASE: n=30 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-P |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 124: Noé 2012

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| --- | --- |
| Dataset ID | Noé 2012 |
| **Relevant publication** | Romero M, Sánchez A, Marin C, Navarro MD, Ferri J, Noé E. Clinical usefulness of the Spanish version of the Mississippi Aphasia Screening Test (MASTsp): validation in stroke patients. *Neurologia* 2012;**27**(4):216-224. https://doi.org/10.1016/j.nrleng.2011.06.001. |
| **Country** | ES |
| **Funder** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: strokeExclusion: low level of consciousness; severe cognitive decline; previously illiterate; severe visual and / or auditory impairment; behavioural disorder and / or lack of cooperation with speech therapistNot in RELEASE: right hemisphere stroke (no aphasia) and healthy controlsIn RELEASE: n=29 |
| **Intervention** | **Group 1:** n=29Intervention type(s): SLT intervention (conventional care)SLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: speech and language therapists. Delivery: face-to-face; 1-to-1; Location: rehabilitation unit. Regimen: 3 to 5 hours per week during 6 months Frequency: 3 to 5 days per week. Duration: 6 months. Intensity: 3 to 5 hours. Dosage: 75 to 125 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Outcome measures** | BETA; TT-36 |
| **IPD collection timepoints contributing to RELEASE** | Baseline; selectively available for 6 months, 1 year, 1.5 years  |
| **Risk of bias** | Dropouts: noneBlinding: no |
| **Notes** |  |

Overview 125: Ofek 2013

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| --- | --- |
| Dataset ID | Ofek 2013 |
| **Relevant publication(s)** | Ofek E, Purdy SC, Ali, G, Webster T, Gharahdaghi N, McCann CM. Processing of emotional words after stroke: an electrophysiological study. *Clinical Neurophysiology* **124**(9):1771-1778. https://doi.org/10.1016/j.clinph.2013.03.005Ofek E, Purdy SC, Fritsch G, McCann C, Webster T, Miles A*, et al.* Neural processing of emotional words in aphasia using EEG and related therapy. *Brain Impairment* 2011;**12**:8. |
| **Country** | NZ |
| **Funder(s)** | Auckland Medical Research Foundation |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (chronic, at least 1 year); native speaker (English); right-handed; no greater than mild to moderate hearing lossExclusion: unreportedNot in RELEASE: 14 non-aphasia control groupIn RELEASE: n=14  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | CAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 126: Ogar 2006

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| --- | --- |
| Dataset ID | Ogar 2006421 |
| **Relevant publication(s)** | Ogar J, Willock S, Baldo J, Wilkins D, Ludy C, Dronkers N. Clinical and anatomical correlates of apraxia of speech. *Brain and Language* 2006;**97**(3):343-350. https://doi.org/10.1016/j.bandl.2006.01.008 |
| **Country** | US |
| **Funder(s)** | NIH/NINDS 5 P01; NS040813-2 and NIH/NIDCD 5 R01 DC00216-20 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single) for at least 1 year; native speaker (English); right-handed; no history neurological, psychiatric or substance abuse problems; normal or corrected hearing; complete data availableExclusion: lack of videotaped motor speech evaluationIn RELEASE: n=18 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB; WAB-R  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: yes  |
| **Notes** |  |

Overview 127: Paik 2010

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| --- | --- |
| Dataset ID | Paik 2010 |
| **Relevant publication(s)** | Kang EK, Sohn HM, Han MK, Kim W, Han TR, Paik N-J. Severity of post-stroke aphasia according to aphasia type and lesion location in Koreans. *Journal of Korean Medical Science* 2010;**5**(1):123-127. https://doi.org/10.3346/jkms.2010.25.1.123 |
| **Country** | KR |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (first; results obtained within 3 months); aphasiaExclusion: non-stroke conditions, e.g. TBI, brain tumour, neurodegenerative diseaseIn RELEASE: n=97 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-K |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: no |
| **Notes** |  |

Overview 128: Papathanasiou 2017

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| --- | --- |
| Dataset ID | Papathanasiou 2017  |
| **Relevant publication(s)** | Kladouchou V, Papathanasiou I, Efstratiadou EA, Christaki V, Hilari K. Treatment integrity of elaborated semantic feature analysis aphasia therapy delivered in individual and group settings. *International Journal of Language and Communication Disorders* 2017;**52**(6):733-749. https://doi.org/10.1111/1460-6984.12311Efstratiadou EA, Papathanasiou I, Holland R, Varlokosta S, Hilari K. Efficacy of elaborated semantic features analysis in aphasia: a quasi-randomised controlled trial. *Aphasiology* 2019, https://doi.org/10.1080/02687038.2019.1571558 |
| **Country** | GR |
| **Funder(s)** | Co-financed by the European Union (European Social Fund—ESF) EFSA aphasia therapyand Greek national funds through the Operational Program ‘Education and Lifelong Learning’ of the National Strategic Reference Framework (NSRF)—Research Funding Program: THALES UOA—Levels of Impairment in Greek Aphasia: Relationship with Processing Deficits, Brain Region, and Therapeutic Implications |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (at least 4 months); aphasia; native speaker (Greek); medically stable; no other neurological or psychiatric history; no considerable cognitive impairmentExclusion: in receipt of other SLT during the project; not living independently at home prior to the strokeNot in RELEASE: 20 received alternative SLTIn RELEASE: n=38 |
| **Intervention** | **Group 1:** n=18Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: most at home, some in hospital. Regimen: 36 hours of individual therapy (three 1-hour sessions a week for 12 weeks). Frequency: 3 days a week. Duration: 12 weeks. Intensity: 3 hours. Dosage: 36 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: no.**Group 2:** n=8 Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: most at home, some in hospital. Regimen: 36 hours of a combination of individual and group therapy (two 45 minute individual sessions and one 90 minute group therapy session per week). Frequency: 3 days a week. Duration: 12 weeks. Intensity: 3 hours. Dosage: 36 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: no.**Group 3:** n=12Intervention type(s): No SLT (delayed SLT control)SLT Impairment Target: noneSLT Theoretical Approach: noneNo SLT but then as per Group 1 (n=4) or Group 2 (n=6) above |
| **Language outcome measures (in whole or part)** | BDAE-G; DA; BNT-G; Snodgrass and Vanderwaart; FACS |
| **IPD collection time-points contributing to RELEASE** | Baseline; 19 weeks; 32 weeks  |
| **Risk of bias** | Dropouts: yes ; 14 were excluded prior to baseline assessment (12 did not meet inclusion criteria,1 declined; 1 lived outside area). 1 dropped out prior to group allocation; 2 dropped out of control group (1 alternative SLT; 1 dropout).Blinding: yesRandom sequence generation: in blocks by recruitment order, by an independent researcherConcealment of allocation: inadequate (randomised by recruitment order in blocks) |
| **Notes** |  |

Overview 129: Parkinson 2009

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| --- | --- |
| Dataset ID | Parkinson 2009 |
| **Relevant publication(s)** | Parkinson BR, Raymer A, Chang Y-L, Fitzgerald DB, Crosson B. Lesion characteristics related to treatment improvement in object and action naming for patients with chronic aphasia. *Brain and Language* 2009;110(2):61-70. https://doi.org/10.1016/j.bandl.2009.05.005 |
| **Country** | US |
| **Funder(s)** | Grants #P50 DC03888 and #R01DC007387 from the National Institute on Deafness and Other Communication Disorders and by Center of Excellence Grant #F2182C and Research Career Scientist Award #B3470S from the Department of Veterans Affairs Rehabilitation Research and Development Service. |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (significant naming difficulties); native speaker (English); right-handed; no history right hemisphere stroke, other neurological illness, developmental learning disabilities; Exclusion: unreportedIn RELEASE: n=16  |
| **Intervention** | n/a (no after-intervention IPD)  |
| **Language outcome measures (in whole or part)** | BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: yes (n=1, medical device interfered with scans)Blinding: unreported |
| **Notes** |  |

Overview 130: Patricio 2015

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| --- | --- |
| Dataset ID | Patricio 2015 |
| **Relevant publication(s)\*** | Patricio ABF. *The impact of communication disability on quality of life of people with aphasia and their caregivers*. Unpublished thesis. Portugal: University of Aveiro; 2014. |
| **Country** | PT |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke; aphasia (at least 3 months); Portuguese; living in Portugal; premorbid language proficient (European Portuguese); good auditory comprehension (7 or more, simple auditory comprehension test, LAAB)Exclusion: no known history cognitive / auditory disabilitiesIn RELEASE: n=25  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | European Portuguese versions: CDP; LAAB  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: n/a |
| **Notes** |  |

Overview 131: Patterson 2006

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| --- | --- |
| Dataset ID | Patterson 2006 |
| **Relevant publication(s)** | Patterson K, Graham N, Ralph MA Lambon, Hodges J. Progressive non-fluent aphasia is not a progressive form of non-fluent (post-stroke) aphasia. *Aphasiology* 2006;**20**(9):1018-1034. https://doi.org/10.1080/02687030600739463 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); aphasia (slow effortful speech containing phonological and / or phonetic errors); referred by consultant neurologists and speech and language therapists (Cambridge and Manchester, UK); right-handedExclusion: unreportedIn RELEASE: n=10 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 132: Pedersen 2001

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| --- | --- |
| Dataset ID | Pedersen 2001 |
| **Relevant publication(s)** | Pedersen PM, Vinter K, Olsen TS. The Communicative Effectiveness Index: psychometric properties of a Danish adaptation. *Aphasiology* 2001;**15**(8):787-802. https://doi.org/10.1080/02687040143000195 |
| **Country** | DK |
| **Funder(s)** | Danish Health Foundation (Sygekassernes Helsefond) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (at least 1 year); first language (Danish)Exclusion: dementiaNot in RELEASE: 15 participants who had aphasia 1 year prior to the study but no longer had symptoms at the time of data collection for this studyIn RELEASE: n=53 IPD at baseline; n=19 IPD pre and post intervention |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | PICA; WAB-AQ; WAB; CETI |
| **IPD collection time-points contributing to RELEASE** | Baseline; 4 months |
| **Risk of bias** | Dropouts: unclear (after-therapy IPD only available for 19)Blinding: unreported |
| **Notes** |  |

Overview 133: Petherham 1996

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| Dataset ID | Petheram 1996 |
| **Relevant publication(s)** | Petherham B. Exploring the home-based use of microcomputers in aphasia therapy. *Aphasiology* 1996;**10**(3):267-282. https://doi.org/10.1080/02687039608248412 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 6 months); aphasia; standard speech and language therapy continuing if applicable; referred by speech and language therapist; English as first language; premorbidly literate; at least one usable upper limb; adequate hearing; no colour-blindness or hemianopsia Exclusion: unreportedIn RELEASE: n= 10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Reading Comprehension SLTSLT Theoretical Approach: unreportedProvided by: self-managed (speech and language therapist set-up). Delivery: computer-facilitated; speech and language therapist support face-to-face; Location: home. Regimen: IPD. Frequency: IPD. Duration: 6 weeks. Intensity: IPD. Dosage: IPD. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | FCP; Schuell  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 7 weeks; 10 weeks  |
| **Risk of bias** | Dropouts: noneBlinding: no |
| **Notes** |  |

Overview 134: Piras 2009

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| Dataset ID | Piras 2009 |
| **Relevant publication(s)** | Piras F, Marangolo P. Word and number reading in the brain: evidence from a voxel-based lesion-symptom mapping study. *Neuropsychologia* 2009;**47**(8-9):1944-1953. https://doi.org/10.1016/j.neuropsychologia.2009.03.006 |
| **Country** | IT |
| **Funder(s)** | Part of this work was funded by the National Institute of Deafness and Communication Disorders (NIH/NIDCD 2 R01 DC00216), USA. |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 6 months); native proficient (Italian); right-handed; suitable for MRI scanning; no neurological, psychiatric or substance abuse historyExclusion: unreportedIn RELEASE: n=20 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 135: PLORAS 2015

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| Dataset ID | PLORAS 2015 |
| **Relevant publication(s)** | Seghier ML, Patel E, Prejawa S, Ramsden S, Selmer A, Lim L, *et al.* The PLORAS database: a data repository for predicting language outcome and recovery after stroke. *NeuroImage* 2016;**124**:1208-1212. https://doi.org/10.1016/j.neuroimage.2015.03.083Price C, Seghier ML, Leff AP. Predicting language outcome and recovery after stroke: the PLORAS system. *Nature Reviews Neurology* 2010;**6**:202. https://doi.org/10.1038/nrneurol.2010.15 |
| **Country** | Various; UK contribution to RELEASE |
| **Funder(s)** | The Wellcome Trust and the Stroke Association since 2014 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 3 months); symptoms lasted more than 7 days; English speaker (only or with other languages)Exclusion: brainstem only stroke; subdural haematoma; subarachnoid haemorrhage; transient ischaemic attack; lacunar stroke; other neurological diagnosis (e.g. dementia, Multiple Sclerosis, Parkinson’s disease, traumatic brain injury, hypoxic brain injury)In RELEASE: n= 422 |
| **Intervention** | n/a (IPD on SLT provided to PLORAS for some participants but this is categorical only, e.g. exceptional / little / lots of SLT) |
| **Language outcome measures (in whole or part)** | CAT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 600 days-2800 days |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 136: Polanowska 2013

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| --- | --- |
| Dataset ID | Polanowska 2013 |
| **Relevant publication(s)** | Polanowska KE, Leśniak MM, Seniów JB, Czepiel W, Czlonkowska A. Anodal transcranial direct current stimulation in early rehabilitation of patients with post-stroke non-fluent aphasia: a randomized, double-blind, sham-controlled pilot study. *Restorative Neurology and Neuroscience* 2013;**31**(6):761-771. https://doi.org/10.3233/RNN-130333 |
| **Country** | PL |
| **Funder(s)** | Grant (No. 1001/B/P01/2009/36) from the Polish Ministry of Science and Higher Education |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (first; 2-24 weeks); non-fluent aphasia; native speaker (Polish); right-handedExclusion: recurrent stroke; medically unstable; concomitant neurological or psychiatric illness; epilepsy; certain medication (e.g. anticonvulsants or antidepressants); contraindications to electrostimulation; dementia; substance abuse; depressionIn RELEASE: n=26 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT intervention with Co-intervention (AtDCS)SLT Impairment Target: Spoken Language SLTSLT Theoretical Approach: unreportedProvided by: “professional aphasia therapist”. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: 15 consecutive sessions (5 days a week for 3 weeks) of AtDCS (1mA, 10 minutes) followed by 45 minutes of SLT. Frequency: 5 days a week. Duration: 3 weeks. Intensity: 3.75 hours. Dosage: 11.25 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=12Intervention type(s): SLT intervention with Co-intervention (sham tDCS)SLT Impairment Target: Spoken Language SLTSLT Theoretical Approach: unreportedProvided by: “professional aphasia therapist”. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: 15 consecutive sessions (5 days a week for 3 weeks) of sham tDCS followed by 45 minutes of SLT. Frequency: 5 days a week. Duration: 3 weeks. Intensity: 3.75 hours. Dosage: 11.25 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | ASRS |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (2 from sham group before intervention)Blinding: yesRandom sequence generation: computer program Concealment of Allocation: adequate  |
| **Notes** |  |

Overview 137: Prizl Jakovac unpublished

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| --- | --- |
| Dataset ID | Prizl Jakovac unpublished |
| **Relevant publication(s)\*** | Unpublished dataset |
| **Country** | HR |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: clinical populationExclusion: unreportedIn RELEASE: n=13 |
| **Intervention** | **Group 1:** n=13Intervention type(s): SLT interventionSLT Impairment Target: Conventional SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: university clinic. Regimen: individual therapy once or twice a week plus weekly group therapy. Frequency: 1 or 2 days per week. Duration: unreported. Intensity: unreported. Dosage: IPD. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | AAT, ASRS; BDAE; WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported  |
| **Notes** |  |

Overview 138: Pulvermüller 2001

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| Dataset ID | Pulvenmüller 2001 |
| **Relevant publication(s)** | Pulvermüller F, Neininger B, Elbert T, Mohr B, Rockstroh B, Koebbel P, et al. Constraint-induced therapy of chronic aphasia after stroke. *Stroke* 2001;**32**(7):1621-1626. https://doi.org/10.1161/01.STR.32.7.1621 |
| **Country** | Germany |
| **Funder(s)** | Deutsche Forschungsgemeinschaft (grants Pu 97/10-1 and Pu 97/5-2); the University of Konstanz (AFF grant to F.P.); the Lurija-Institute of Rehabilitation Research, Allensbach; and grants B95-975R and W98-0410 from the Rehabilitation Research and Development Service, United States Department of Veterans Affairs. |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (single); aphasia; monolingual, competent speakers (German)Exclusion: severe cognitive or perceptual difficulties affecting participation; left-handed; additional neurological diseases; depressionIn RELEASE: n=17 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLT; Mixed SLTSLT Theoretical Approach: Constraint Induced Aphasia TherapyProvided by: speech and language therapist. Delivery: face-to-face; group; Location: unreported. Regimen: 3 to 4 hours daily for 10 days. Total dose = mean 31.5 (range 23 to 33) hours therapy. Frequency: 5 days a week. Duration: 2 weeks. Intensity: 15 to 25 hours. Dosage: IPD (range of 23 to 33 hours). Modification: yes, variable levels of constraint. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=7Intervention type(s): SLT intervention (Conventional SLT)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen: 2 to 3 hours daily for 3 to 5 weeks. Total dose = mean 33.9 (range 20 to 54) hours therapy. Frequency: 5 days a week. Duration: 3 to 5 weeks. Intensity: 12.5 hours. Dosage: IPD (range 20 to 54 hours). Modification: individualised. Tailoring: by functional relevance. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: yesRandomisation sequence generation: computer-generated random numberConcealment of allocation: unreported |
| **Notes** |  |

Overview 139: RATs 1

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| Dataset ID | RATS 1 |
| **Relevant publication(s)** | Doesborgh SJC, van de Sandt-Koenderman MWE, Dippel DWJ, van Harskamp F, Koudstaal PJ, Visch-Brink EG. Effects of semantic treatment on verbal communication and linguistic processing in aphasia after stroke: a randomized controlled trial. *Stroke* 2004;**3**5(1):141-6. https://doi.org/10.1161/01.STR.0000105460.52928.A6 |
| **Country** | NL |
| **Funder(s)** | Netherlands Organization for Health Research and Development, Chronic Diseases (940-33- 008) |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke; aphasia (moderate or severe; both semantic and phonological deficit); one of 35 clinical centres; speech and language therapist considered a candidate for intensive treatment (taking into account practical, psychological, physical, cognitive factors); Exclusion: within 3 months of onset; dysarthria; global aphasia; recovered aphasia; non-native speaker; illiteracy; developmental dyslexia; severe acquired dyslexia; visual perceptual deficitIn RELEASE: n=58 |
| **Intervention** | **Group 1:** n=29Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Semantic SLTProvided by: speech and language therapist. Delivery: face-to-face and computer; 1-to-1; Location: hospital / rehabilitation clinic / home / nursing home. Regimen: 1.5 to 3 hours in 2 to 3 sessions weekly for up to 40 weeks. Total dose = 40 to 60 hours therapy. Frequency: 2.25 days a week on average. Duration: 40 weeks. Intensity: 1.5 to 3 hours. Dosage: 40 to 60 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=29Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLTProvided by: speech and language therapist. Delivery: face-to-face and computer; 1-to-1; Location: hospital / rehabilitation clinic / home / nursing home. Regimen: 1.5 to 3 hours in 2 to 3 sessions weekly for up to 40 weeks. Total dose = 40 to 60 hours therapy. Frequency: 2.25 days a week on average. Duration: 40 weeks. Intensity: 1.5 to 3 hours. Dosage: 40 to 60 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | AAT; TT-AAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 11 months |
| **Risk of bias** | Dropouts: 12 (Group 1: 4 received less than 40 hrs of therapy; 2 severe neurological illness. Group 2: 2 received less than 40 hrs of therapy; 1 severe neurological illness; 3 ANELT score missing as 2 declined and 1 missing) Blinding: yesRandomisation sequence generation: computer-generatedConcealment of allocation: sequentially numbered, opaque, sealed envelopes until randomization |
| **Notes** |  |

Overview 140: RATs 2

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| Dataset ID | RATs 2 |
| **Relevant publication(s)** | de Jon-Hagelstein M, van de Sandt-Koenderman WME, Prins ND, Dippel DWJ, Koudstaal PJ, Visch-Brink EG. Efficacy of early cognitive-linguistic treatment and communicative treatment in aphasia after stroke: a randomised controlled trial (RATS-2). *Journal of Neurology, Neurosurgery & Psychiatry* 2011;**82**(4):399-404. https://doi.org/10.1136/jnnp.2010.210559 de Jong-Hagelstein M, Kros L, Lingsma HF, Dippel DW, Koudstaal PJ, Visch-Brink EG. Expert versus proxy rating of verbal communicative ability of people with aphasia after stroke. *Journal of International Neuropsychology Socety* 2012;18:1064-70. http://dx.doi.org/10.1017/S1355617712000811 |
| **Country** | NL |
| **Funder(s)** | Stichting Nuts Ohra (T-07-71) |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (less than 3 weeks); aphasia (verbal communication, semantic or phonological disorder, tests and cut-offs defined); life expectancy more than 6 monthsExclusion: over 85 years; severe dysarthria; premorbid dementia or aphasia; developmental dyslexia; visual perceptual disorder; recent psychiatric disorderIn RELEASE: n=85 (75 completed) |
| **Intervention** | **Group 1:** n=41Intervention type(s): SLT interventionSLT Impairment Target: uncategorisedSLT Theoretical Approach: Semantic and Phonological SLTProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital, rehabilitation clinic, home, nursing home. Regimen: 2 to 5 hours weekly for 6 months (or less if fully recovered) Total dose = 52 hours therapy. Frequency: 3.25 times per week on average. Duration: 6 months (or less if fully recovered). Intensity: 2 to 5 hours. Dosage: 52 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=44Intervention type(s): SLT interventionSLT Impairment Target: uncategorisedSLT Theoretical Approach: Functional or Pragmatic SLTProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital, rehabilitation clinic, home, nursing home. Regimen: 2 to 5 hours weekly for 6 months (or less if fully recovered) Total dose = 52 hours therapy. Frequency: 3.25 times per week on average. Duration: 6 months (or less if fully recovered). Intensity: 2 to 5 hours. Dosage: 52 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | AAT; TT-36; BNT; ANELT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 3 months; 6 months |
| **Risk of bias** | Dropouts: 4 from Group 1 (3 illness; 1 refusal by therapist); 6 from Group 2 (1 illness; 5 declined) Blinding: assessment of primary outcome was rated by 2 independent therapists blinded to treatment allocation and time-point of assessment; other assessments (58/158) were carried out by treating therapistsRandom sequence generation: adequate (computer generated random allocation)Concealment of allocation: adequate (uninvolved secretary put the allocation per centre in sequentially numbered opaque envelopes that were sealed and stored in a locked drawer) |
| **Notes** |  |

Overview 141: Roberts 1998

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| Dataset ID | Roberts 1998 |
| **Relevant publication(s)** | Roberts PM, Le Dorze G. Bilingual aphasia: semantic organization, strategy use, and productivity in semantic verbal fluency. *Brain and Language* 1998;**65**(2):287-312. https://doi.org/10/1006/brln.1998.1992 |
| **Country** | CA |
| **Funder(s)** | Unreported |
| **Design** | RCT  |
| **Participants** | Inclusion: adult; stroke (single) for at least 3 months; aphasia (severity 2 or higher on BDAE; minimum verbal fluency on testing); bilingual French/English (regular use; conversation by age 10; listening and speaking equal ability; reading); no third language; from francophone family with at least one French Canadian parent; right-handed; no history learning disability, depression, diabetes, other communication disorders, other brain injuryExclusion: unreportedIn RELEASE: n=16 |
| **Intervention** | n/a (but response strategy was applied) |
| **Language outcome measures (in whole or part)** | ASRS  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: no (but second scorer) |
| **Notes** |  |

Overview 142: Rochon 2008

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| Dataset ID | Rochon 2008 |
| **Relevant publication(s)** | Leonard C, Rochon E, Laird L. Treating naming impairments in aphasia: findings from a phonological components analysis treatment. *Aphasiology* 2008;**22**(9):923-947. https://doi.org/10.1080/02687030701831474 |
| **Country** | CA |
| **Funder(s)** | Grant number 44069 from the Canadian Institutes of Health Research and by grant number NA 5379 from the Heart and Stroke Foundation of Ontario |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 1 year); aphasia (naming difficulties); right-handed; (corrected) vision and hearing within normal limits; Exclusion: apraxia; receiving active SLT; psychiatric or dementia history; history drug or alcohol abuseIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLTProvided by: trained research assistants with background in linguistics and psychology. Delivery: face-to-face; 1-to-1; Location: most at home; some community-based centres. Regimen: 3 times a week for approximately 1 hour. Frequency: 3 days a week. Duration: 2.5 weeks. Intensity: 3 hours. Dosage: IPD (12 to 45 hours). Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | PALPA 48; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 1 month |
| **Risk of bias** | Dropouts: noneBlinding: partial (i.e. for 20% of probes) |
| **Notes** |  |

Overview 143: Rodrigues 2014

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| Dataset ID | Rodrigues 2014 |
| **Relevant publication(s)** | Rodrigues IT, Castro-Caldas A. Aphasia with recurring utterances: old syndrome, new perspectives. *Aphasiology* 2014;**28**(11):1350-1363. https://doi.org/10.1080/02687038.2014.921884 |
| **Country** | PT |
| **Funder(s)** | Portuguese Science and Technology Foundation [grant number FCT SFRH/BD/61082/2009] |
| **Design** | Cohort / case series / registry  |
| **Participants** | Inclusion: stroke (single); aphasia; no psychiatric or other neurological diseases; right-handed; living at home before strokeExclusion: cognitive decline; major depression; substance abuse; severe concomitant disease; datasets with missing values for age, gender, stroke type; subarachnoid haemorrhageIn RELEASE: n=19  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: unreportedBlinding: unreported |
| **Notes** |  |

Overview 144: Rose 2013

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| Dataset ID | Rose 2013 |
| **Relevant publication(s)** | Rose M, Attard MC, Mok Z, Lanyon LE, Foster AM. Multi-modality aphasia therapy is as efficacious as a constraint-induced aphasia therapy for chronic aphasia: a phase 1 study. *Aphasiology* 2013;**27**(8):938-971. https://doi.org/10.1080/02687038.2013.810329  |
| **Country** | AU |
| **Funder(s)** | Australian Research Council Future Fellowship (FT 100100446) and all authors by a National Health and Medical Research Council, Centre for Clinical Research Excellence in Aphasia Rehabilitation grant (56935) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; at least 12 months); aphasia; not currently receiving SLT; English as first and primary language; right-handed; no other neurological disorder, substance abuse, major depression or uncorrected vision or hearing lossExclusion: severe apraxia of speech; motor speech disorder; severe limb apraxia; currently receiving SLT; no formal training in drawingIn RELEASE: n=11 |
| **Intervention** | **Group 1:** n=6Intervention type(s): SLT interventionSLT Impairment Target: Word finding SLTSLT Theoretical Approach: Multimodal therapy (then Constraint Induced Aphasia Therapy after crossover)Provided by: speech and language therapists. Delivery: face-to-face; group; Location: details. Regimen: 3.25 hours per day for 4 days per week for 2 weeks, plus 45 minutes of refreshment breaks each day (32 hours contact) then cross over to other intervention Frequency: 4 days per week. Duration: 2 weeks. Intensity: 13 hours. Dosage: 26 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=5Intervention type(s): SLT interventionSLT Impairment Target: Word finding SLTSLT Theoretical Approach: Constraint Induced Aphasia Therapy (then Multimodal Therapy after crossover)Provided by: speech and language therapists. Delivery: face-to-face; group; Location: details. Regimen: 3.25 hours per day for 4 days per week for 2 weeks, plus 45 minutes of refreshment breaks each day (32 hours contact). Duration: 2 weeks. Intensity: 13 hours. Dosage: 26 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | BNT; CETI; Scenario Test; ALA, WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks; 4 weeks; 7 weeks  |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 145: Rossiter 2013

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| Dataset ID | Rossiter 2013 |
| **Relevant publication(s)** | Rossiter C, Best W. “Penguins don’t fly”: an investigation into the effect of typicality on picture naming in people with aphasia. *Aphasiology* 2013;**27**(7):784-798. https://doi.org/ 10.1080/02687038.2012.751579 |
| **Country** | UK |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 1 year); aphasia; English as first languageExclusion: unreportedNot in RELEASE: 12 additional unreported participantsIn RELEASE: n=20  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: unclear (12 other participants unreported)Blinding: unreported |
| **Notes** |  |

Overview 146: Rubi-Fessen 2015

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| Dataset ID | Rubi-Fessen 2015 |
| **Relevant publication(s)** | Rubi-Fessen I, Hartmann A, Huber W, Fimm B, Rommel T, Thiel A, et al. Add-on effects of repetitive transcranial magnetic stimulation on subacute aphasia therapy: enhanced improvement of functional communication and basic linguistic skills. A randomized controlled study. *Archives of Physical Medicine and Rehabilitation* 2015;**96**(11):1935-1944. https://doi.org/10.1016/j.apmr.2015.06.017Hartmann A, Rubi-Fessen I, Heis WD, Kracht L, Kessler J, Rommel T. Right hemispheric inhibitory rTMS in patients with letfsided brain infarcts: Effect on cerebral blood flow using PET and speech performance. *Clinical Neurophysiology* 2013;**124**:e125. https://doi.org/10.1016/j.clinph.2013.04.204Hartmann AEL, Rubi-Fessen I, Weiduschat N, Rommel T, Kessler P, Heiss WD. Impairment of the rightsided homologous broca-area by repetitive transcranial magnet stimulation (rTMS) in patients with aphasia due to leftsided brain infarct leads to improvement of regional cerebral blood flow (rCBF) and speech performance. *Neurorehabilitation and Neural Repair* 2012;**26**:402.Heiss WD, Hartmann A, Kessler J, Weiduschat N, Rubi-Fessen I, Anglade C*, et al.* A randomized controlled trial of rTMS in treatment of post-stroke aphasia. *European Journal of Neurology* 2012;**19**:80.Heiss WD, Hartmann A, Kessler J, Weiduschat N, Rubi-Fessen I, Anglade C*, et al.* RTMS in treatment of poststroke aphasia. *Annals of Neurology* 2012;**72**:S35.Heiss WD, Hartmann A, Rubi-Fessen I, Anglade C, Kracht L, Kessler J*, et al.* Noninvasive brain stimulation for treatment of right- and left-handed poststroke aphasics. *Cerebrovascular Diseases* 2013;**36**:363-72. https://doi.org/ 10.1159/000355499Heiss WD, Weiduschat N, Thiel A, Rubi-Fessen I, Harmann A, Keeler J. Repetitive transcranial magnete stimulation in rehabilitation of post-stroke aphasia. *Annals of neurology* 2010;**68**:S50-S60. |
| **Country** | DE |
| **Funder(s)** | Walter and Marga Boll Foundation and the Wolf-Dieter Heiss-Foundation. |
| **Design** | RCT |
| **Participants** | Inclusion: 55 to 85 years; stroke (first; up to 16 weeks); aphasia; first language (German); right-handedExclusion: previous stroke, neurodegenerative or psychiatric disease; epilepsy; auditory or visual deficits that might impair testingIn RELEASE: n=30 |
| **Intervention** | **Group 1:** n=15Intervention type(s): SLT intervention with Co-intervention (Real rTMS)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: 10 sessions of REAL rTMS followed by 45 minutes SLT over a 2 week period. Frequency: 5 days a week. Duration: 2 weeks. Intensity: 3.75 hours. Dosage: 7.5 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=15Intervention type(s): SLT intervention with Co-intervention (Sham rTMS)SLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital. Regimen: 10 sessions of SHAM rTMS followed by 45 minutes SLT over a 2 week period. Frequency: 5 days a week. Duration: 2 weeks. Intensity: 3.75 hours. Dosage: 7.5 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TT-AAT; ANELT Snodgrass and Vanderwaart  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks |
| **Risk of bias** | Dropouts: yes (10 after group allocation: 8 due to claustrophobia (MRI) n=8; no reason n=2)Blinding: yesRandom sequence generation: computer generated allocation sequenceConcealment of allocation: concealed in numbered, sealed envelopes |
| **Notes** |  |

Overview 147: Ruiter 2011

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| Dataset ID | Ruiter 2011 |
| **Relevant publication(s)** | Ruiter MB, Kolk HHJ, Rietveld TCM, Dijkstra N, Lotgering E. (2011) Towards a quantitative measure of verbal effectiveness and efficiency in the Amsterdam-Nijmegen Everyday Language Test (ANELT). *Aphasiology*;**25**(8): 961-975. https://doi.org/10.1080/02687038.2011.569892 |
| **Country** | NL |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: subacute phase; predominantly expressive problems; at least 95% intelligible speech outputExclusion: unreportedNot in RELEASE: 10 controls without aphasiaIn RELEASE: n=10 |
| **Intervention** | **Group 1:** n=10Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: rehabilitation centres. Regimen: the time interval between T1 and T2 was 8 weeks. Frequency: various but unreported. Duration: 8 weeks. Intensity: unreported. Dosage: unreported. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None  |
| **Risk of bias** | Dropouts: none reportedBlinding: no |
| **Notes** |  |

Overview 148: Sandberg 2014

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| Dataset ID | Sandberg 2014473 |
| **Relevant publication(s)** | Sandberg C, Kiran S. How justice can affect jury: training abstract words promotes generalisation to concrete words in patients with aphasia. *Neuropsychological Rehabilitation* 2014;**24**(5):738-769. https://doi.org/10.1080/09602011.2014.899504 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke for at least 6 months; aphasia (minimum category-specific generative naming); native speaker (English); at least high school education; right-handed; normal corrected hearing and visionExclusion:unreportedIn RELEASE: n=12 |
| **Intervention** | **Group 1:** n=12Intervention type(s):SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: unclassifiedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: unreported. Regimen:Each participant received therapy twice per week for two hours each session, for total of 20 sessions.Frequency: twice per week for 2 hours each session. Duration:2.5 months. Intensity: 4 hours weekly. Dosage: 40 hours. Modification:unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB; BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (1 for personal reasons)Blinding: unreported |
| **Notes** |  |

Overview 149: Schwartz 2000

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| Dataset ID | Schwartz 2000 |
| **Relevant publication** | Schwartz MF, Brecher A. A model-driven analysis of severity, response characteristics, and partial recovery in aphasics’ picture naming. *Brain and Language* 2000;**73**(1):62-91. https://doi.org/10.1006/brln.2000.2310 |
| **Country** | US |
| **Funder** | National Institute for Neurological Diseases and Stroke (RO1 NS31824) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke (initially criteria stated within 1 year of index stroke but later included 2 participants met all other criteria but exceeded this time since stroke)Exclusion: non-fluent Broca’s aphasia; produced jargon in naming tests; above 90% on Philadelphia naming testIn RELEASE: n=15 |
| **Intervention** | n/a |
| **Outcome measures** | ASRS; BDAE; PNT  |
| **IPD collection timepoints contributing to RELEASE** | Baseline; 3 months; 6 months; 9 months; 12 months |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 150: Seniów 2013

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| Dataset ID | Seniów 2013 |
| **Relevant publication(s)** | Seniów J, Waldowski K, Leśniak M, Iwański S, Czepiel W, Czlonkowska A. Transcranial magnetic stimulation combined with speech and language training in early aphasia rehabilitation: a randomized double-blind controlled pilot study. *Topics in Stroke Rehabilitation* 2013;**20**(3):250-261. https://doi.org/10.1310/tsr2003-250 |
| **Country** | PL |
| **Funder(s)** | Polish Ministry of Science and Education Nr P-N/026/2006 |
| **Design** | RCT |
| **Participants** | Inclusion: adult (no more than age 80); stroke (first; 2 to 12 weeks); aphasia; native speaker (Polish); right-handed; written informed consent of participant or relativesExclusion: global aphasia; antiepileptic, neuroleptic or benzodiazepines medication; history of dementia, substance abuse or neuropsychiatric disease; rTMS contraindicationsIn RELEASE: n=40 |
| **Intervention** | **Group 1:** n=20Intervention type(s): SLT intervention with Co-intervention (rTMS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1, computer-supported; Location: neurorehabilitation hospital. Regimen: immediately after each 30 minute rTMS session, participants received 45 minutes SLT. This procedure was repeated every morning from Monday to Friday for 3 weeks, for a total of 15 sessions. Frequency: 5 days a week. Duration: 3 weeks. Intensity: 3 hours 45 minutes SLT (+ 2.5 hours rTMS). Dosage: 11 hours 15 minutes SLT (+ 7 hours 30 minutes rTMS). Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=20Intervention type(s): SLT intervention with Co-intervention (sham rTMS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; computer-supported; Location: neurorehabilitation hospital. Regimen: immediately after each 30 minute sham rTMS session, participants received 45 minutes SLT. This procedure was repeated every morning from Monday to Friday for 3 weeks, for a total of 15 sessions. Frequency: 5 days a week. Duration: 3 weeks. Intensity: 3 hours 45 minutes SLT (+ 2.5 hours sham rTMS). Dosage: 11 hours 15 minutes SLT (+ 7 hours 30 minutes sham rTMS). Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | ASRS; BDAE |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (1 from Group 1 declined to continue at follow-up; 1 withdrawal from Group 2, no reason)Blinding: yesRandom sequence generation: inadequate Concealment of allocation: partially adequate (allocations stored in sealed, numbered envelopes, opened only at the time of recruitment) |
| **Notes** |  |

Overview 151: Shah-Basak 2015

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| Dataset ID | Shah-Basak 2015 |
| **Relevant publication(s)** | Shah-Basak PP, Norise C, Garcia G, Torres J, Faseyitan O, Hamilton RH. Individualized treatment with transcranial direct current stimulation in patients with chronic non-fluent aphasia due to stroke. *Frontiers in Human Neuroscience* 2015;**9**(201). https://doi.org/10.3389/fnhum.2015.00201 |
| **Country** | US |
| **Funder(s)** | The Harold Amos Medical Faculty Development Program of the Robert Wood Johnson Foundation and the NIH/NINDS |
| **Design** | RCT cross-over |
| **Participants** | Inclusion: stroke (single; 6 months); aphasia (mild to severe non-fluent); right-handed; no current neurological, psychiatric or unstable medical conditions; no contraindication MRI or tDCSExclusion: WAB-AQ above 90In RELEASE: n=12 |
| **Intervention** | n/a (no after-intervention IPD)  |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (1 declined)Blinding: partialRandom sequence generation: unreportedConcealment of allocation: unreported |
| **Notes** |  |

Overview 152: Smania 2006

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| Dataset ID | Smania 2006 |
| **Relevant publication(s)** | Smania N, Aglioti SM, Girardi F, Tinazzi M, Fiaschi A, Casentino A, *et al*. Rehabilitation of limb apraxia improves daily life activities in patients with stroke. *Neurology* 2006;**67**(11):2050-2052. https://doi.org/10.1212/01.wnl.0000247279.63483.1fSmania N, Girardi F, Domenicali C, Lora E, Aglioti S. The rehabilitation of limb apraxia: a study in left-brain-damaged patients. *Archives of Physical Medicine and Rehabilitation* 2000;**81**(4):379-388. https://doi.org/10.1053/mr.2000.6921 |
| **Country** | IT |
| **Funder(s)** | Ministero Italiano Universita’ Ricerca and Finanziamento Italiano Ricerca di Base (FIRB) both awarded to Salvatore M. Aglioti; M.U.R.S.T. and the Consiglio Nazionale delle Ricerche, Italy |
| **Design** | RCT |
| **Participants** | Inclusion: stroke; aphasia; limb apraxia (ideational or ideomotor) for at least 2 monthsExclusion: history of stroke or other neurological disorders; over 80 years; uncooperativeness; orthopedic or other disabling disorders In RELEASE: n=32 |
| **Intervention** | **Group 1:** n=17 Intervention type(s): No SLT (limb apraxia therapy only)**Group 2:** n= 15Intervention type(s): Conventional SLTSLT Impairment Target: unreportedSLT Theoretical Approach: unreportedProvided by: speech and language therapist. Delivery: unreported; Location: therapy clinic. Regimen: 30 treatment sessions, three per week, each lasting 50 minutes. Frequency: 3 days per week. Duration:10 weeks. Intensity: 2.5 hours. Dosage: 25 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | TT-36; AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline; 10 weeks |
| **Risk of bias** | Dropouts: 3 (1 uncooperative, 2 illness), and 9 at follow-up (1 death, 2 illness, 4 refused, 2 relocations) in Group 1, and 5 (3 uncooperative, 2 illness), and 7 at follow-up (3 illness, 4 refused) in Group 2 Blinding: yesRandom sequence generation: random number table, with some planned assignment to control to correct imbalanceConcealment of allocation: unreported  |
| **Notes** | Includes duplicate participants with published Smania 2000 dataset included in this database - we have presented one summary table reflecting the larger group as reported in Smania 2006 and care was taken in choice of IPD to ensure we avoided double counting of any participants or their data.  |

Overview 153: Smith 1987

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| Dataset ID | Smith 1987  |
| **Relevant publication(s)** | Smith L. Fluency and severity of aphasia and non-verbal competency. *Aphasiology* 1987;**1**(3):291-295. https://doi.org/10.1080/02687038708248849 |
| **Country** | UK |
| **Funder(s)** | Nottingham General Hospital Stroke Appeal |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 6 months); aphasiaExclusion: history of psychiatric illness, hearing, visual or intellectual impairments which prevent participation in conversationIn RELEASE: n=15 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 154: Snell 2010

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| Dataset ID | Snell 2010 |
| **Relevant publication(s)** | Snell C, Sage K, Lambon Ralph MA. How many words should we provide in anomia therapy? A meta-analysis and a case series study. *Aphasiology* 2010;**24**(9):1064-1094. https://doi.org/10.1080/02687030903372632 |
| **Country** | UK |
| **Funder(s)** | Medical Research Council |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; native speaker (English); previously literate; corrected hearing or visionExclusion: additional medical conditions (e.g. significant cognitive impairment; Parkinson’s disease; dementia); verbal apraxia; significant visual agnosiaIn RELEASE: n=13  |
| **Intervention** | **Group 1:** n=13Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLT (high volume stimuli of 60 items)Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: home. Regimen: 10 sessions. Frequency: 1 day a week. Duration: 10 weeks. Intensity: 0.5 to 1.5 hours. Dosage: 5 to 15 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=13Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological SLT (low volume stimuli of 20 items)Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: home. Regimen: 10 sessions. Frequency: 1 day a week. Duration: 10 weeks. Intensity: 0.5 to 1.5 hours. Dosage: 5 to 15 hours. Modification: unreported. Tailoring: by difficulty. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | BNT |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: no |
| **Notes** |  |

Overview 155: SPEAK

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| Dataset ID | SPEAK |
| **Relevant publication** | El Hachioui H, Lingsma HF, van de Sandt-Koenderman MWME, Dippel DWJ, Koudstaal PJ, Visch-Brink EG. Long-term prognosis of aphasia after stroke. *Journal of Neurology, Neurosurgery & Psychiatry* 2013;**84**(3):310-315. https://doi.org/10.1136/jnnp-2012-302596 |
| **Country** | NL |
| **Funder** | Netherlands Organization for Scientific Research (NWO; grant number 017.002.083). |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: adult; stroke (2 to 14 days); aphasia; native / near-native speaker (Dutch)Exclusion: severe dysarthria; pre-stroke dementia; developmental dyslexia; severe impairment vision or hearing; illiteracy; psychiatric disorderIn RELEASE: n=147 |
| **Intervention** | n/a |
| **Outcome measures** | TT-36 |
| **IPD collection timepoints contributing to RELEASE** | 2-6 days; 7-14 days; 6 weeks; 3 months; 6 months; and 1 year after stroke.  |
| **Risk of bias** | Dropouts: 32 (death, n=11; serious concomitant illness, n=8; refusal to further participate, n=12; emigration, n=1. Of these n=15 (score 4 or 5 on ASRS at previous assessments were available and extrapolated to 1 year time-point)Blinding: unreported |
| **Notes** |  |

Overview 156: SP-I-R-IT 2013

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| Dataset ID | SP-I-R-IT 2013 |
| **Relevant publication(s)** | Martins IP, Leal G, Fonseca I, Farrajota L, Aguiar M, Fonseca J, *et al.* A randomized, rater-blinded, parallel trial of intensive speech therapy in sub-acute post-stroke aphasia: the SP-I-R-IT study. *International Journal of Language and Communication Disorders* 2013;**48**(4). https://doi.org/10.1111/1460-6984.12018 |
| **Country** | PT |
| **Funder(s)** | None reported |
| **Design** | RCT |
| **Participants** | Inclusion: adult (40-80); stroke (single); aphasia (LAAB mild/moderate and severe); native speaker (Portuguese); willing to participateExclusion: more than 3 months since stroke or further stroke; very severe or very mild aphasia; illiteracy; unable to attend on daily basis; evidence of dementia or other severe medical or psychiatric disorder; miss more than 5 consecutive hours of interventionIn RELEASE: 30 at baseline; 14 at completion (62 weeks) |
| **Intervention** | **Group 1:** n=15SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Multimodal Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: medical and rehabilitation centres, outpatient rehabilitation unit, acute stroke unit. Regimen: 2 hours each day over 5 days per week for 10 weeks. Frequency: 5 days per week. Duration: 10 weeks. Intensity: 10 hours. Dosage: 100 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes.**Group 2:** n=15SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Multimodal Stimulation Approach (MSA) (Duffy 2001)Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: medical and rehabilitation centres, outpatient rehabilitation unit, acute stroke unit. Regimen: 2 hours per week for 50 weeks. Frequency: 1 day per week. Duration: 50 weeks. Intensity: 2 hours. Dosage: 100 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: yes. |
| **Language outcome measures (in whole or part)** | ASRS; LAAB; TT-AAT; FCP; WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline; 10 weeks; 50 weeks; 62 weeks |
| **Risk of bias** | Dropouts: yes (12 before 10 weeks (4 missed evaluation, 3 transferred, 2 died, 2 illness, 1 severe depression); 4 at follow-up (3 declined, 1 missed evaluation))Blinding: yesRandom sequence generation: computer-generated randomisation list in blocks of 8 to keep sizes of treatment groups similar; stratified at baseline into severe (LAAB AQ 6 to 49) and moderate to mild (LAAB AQ 50 to 77)Concealment of allocation: sequentially numbered opaque sealed envelopes with allocated intervention were prepared by an independent pharmacist |
| **Notes** |  |

Overview 157: Spironelli 2013

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| Dataset ID | Spironelli 2013 |
| **Relevant publication(s)** | Spironelli C, Manfredi M, Angrilli A. Beta EEG band: a measure of functional brain damage and language reorganization in aphasic patients after recovery. *Cortex* 2013;**49**(10):2650-2660. https://doi.org/10.1016/j.cortex.2013.05.003 |
| **Country** | IT |
| **Funder(s)** | Grant (PRIN 2006110284\_001) from the MIUR (Ministero dell’Istruzione, dell’Universita` e della Ricerca) and University of Padova project no. CPDA047438 to A.A. |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); aphasia (non-fluent; chronic); recruited from Italian Aphasic Association; right-handedExclusion: unreportedNot in RELEASE: 11 participants without aphasiaIn RELEASE: n=11  |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | AAT (Italian) |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: unreported |
| **Notes** |  |

Overview 158: Springer 1993

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| Dataset ID | Springer 1993 |
| **Relevant publication(s)** | Springer L, Willmes K, Haag E. Training in the use of wh-questions and prepositions in dialogues: a comparison of two different approaches in aphasia therapy. *Aphasiology* 1993;**7**(3):251-270. https://doi.org./10.1080/02687039308249509 |
| **Country** | DE |
| **Funder(s)** | Unreported |
| **Design** | RCT cross-over |
| **Participants** | Inclusion: aphasia (chronic); right-handedExclusion: unreportedIn RELEASE: n= 12 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | AAT  |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: no Random sequence generation: unreportedConcealment of allocation: unreported |
| **Notes** |  |

Overview 159: Stahl 2011

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| Dataset ID | Stahl 2011 |
| **Relevant publication(s)** | Stahl B, Henseler I, Turner R, Kotz SA, Geyer S. Rhythm in disguise: why singing may not hold the key to recovery from aphasia. *Brain* **134**(10):3083-3093. https://doi.org/10.1093/brain/awr240 |
| **Country** | DE |
| **Funder(s)** | International Max Planck Research School on Neuroscience of Communication (to B.S.) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia (largely preserved simple comprehension, with comparably limited verbal expression); native speaker (German); right-handedExclusion: history of neurological or psychiatric impairment; dementiaIn RELEASE: n=17 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | TT-AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: none reported |
| **Notes** |  |

Overview 160: Stahl 2013

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| --- | --- |
| Dataset ID | Stahl 2013 |
| **Relevant publication(s)** | Stahl B, Henseler I, Turner R, Geyer S, Kotz S. How to engage the right brain hemisphere in aphasics without even singing: evidence for two paths of speech recovery. *Frontiers in Human Neuroscience* 2013;**7**(35). https://doi.org/10.3389/fnhum.2013.00035 |
| **Country** | DE |
| **Funder(s)** | International Max Planck Research School on Neuroscience of Communication |
| **Design** | Non-RCT |
| **Participants** | Inclusion: adult; stroke (at least 6 months); aphasia; native speaker (German); right-handedExclusion: history of psychiatric impairment or dementia; hearing impairmentIn RELEASE: n=15 |
| **Intervention** | **Group 1:** n=5Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLTSLT Theoretical Approach: Melodic Intonation TherapyProvided by: clinical neuroscientist. Delivery: face-to-face; 1-to-1; Location: 5 rehabilitation centres Regimen: three 1-hour long weekly training sessions over a period of 6 weeks. Frequency: 3 days each week. Duration: 6 weeks. Intensity: 3 hours. Dosage: 18 hours. Modification: none. Tailoring: by functional relevance and difficulty. Adherence: yes. Home practice prescribed: yes.**Group 2:** n=5Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLTSLT Theoretical Approach: Melodic Intonation TherapyProvided by: clinical neuroscientist. Delivery: face-to-face; 1-to-1; Location: 5 rehabilitation centres Regimen: three 1-hour long weekly training sessions over a period of 6 weeks. Frequency: 3 days each week. Duration: 6 weeks. Intensity: 3 hours. Dosage: 18 hours. Modification: none. Tailoring: by functional relevance and difficulty. Adherence: yes. Home practice prescribed: yes.**Group 3:** n=5Intervention type(s): SLT interventionSLT Impairment Target: Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLTProvided by: speech and language therapists. Delivery: face-to-face; 1-to-1; Location: 5 rehabilitation centres Regimen: three 1-hour long weekly training sessions over a period of 6 weeks. Frequency: 3 days each week. Duration: 6 weeks. Intensity: 3 hours. Dosage: 18 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: no. |
| **Language outcome measures (in whole or part)** | TT-AAT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: yes |
| **Notes** |  |

Overview 161: Szaflarski 2015

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| Dataset ID | Szaflarski 2015 |
| **Relevant publication(s)** | Szaflarski JP, Ball AL, Vannest J, Dietz AR, Allendorfer JB, Martin AN, *et al*. Constraint-induced aphasia therapy for treatment of chronic post-stroke aphasia: a randomized, blinded, controlled pilot trial. *Medical Science Monitor* 2015;**21**:1643–3750. https://doi.org/10.12659/MSM.894291Szaflarski J, Allendorfer J, Ball A, Banks C, Dietz A, Hart K, et al. Randomized controlled trial of constraint-induced aphasia therapy in patients with chronic stroke. *Neurology* 2014;**82**(10 Suppl):S21.001. |
| **Country** | US |
| **Funder(s)** | NINDS R01 NS 048281 and by NIH/NCRR UL1-RR026314 (REDCap Database) |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (single); aphasia (chronic)Exclusion: more than one stroke; history degenerative or metabolic disorder or supervening illness; history depression or other mental illness; pregnant In RELEASE: n=24 |
| **Intervention** | **Group 1:** n=14Intervention type(s): SLT interventionSLT Impairment Target: Word-finding SLT; Spoken Language SLTSLT Theoretical Approach: Constraint Induced Aphasia Therapy Provided by: speech and language therapist. Delivery: face-to-face; groups of 3 to 4; Location: hospital. Regimen: 10 daily sessions 4 hours per day for 10 consecutive weekdays Frequency: 5 times per week; Duration: 2 weeks; Intensity: 20 hours. Dosage: 40 hours. Modification: unreported. Tailoring: yes. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=10Intervention type(s): No SLT |
| **Language outcome measures (in whole or part)** | BNT; PPVT; CAL-mini |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks; 12 weeks  |
| **Risk of bias** | Dropouts: none from intervention group; 2 from No SLT at 3 months (1 lost; 1 hospitalised) Blinding: yesRandom sequence generation: simple scheme randomising each block of participants Concealment of allocation: randomised after consent by study statistician blinded to screening and baseline testing performance |
| **Notes** |  |

Overview 162: Teki 2013

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| Dataset ID | Teki 2013 |
| **Relevant publication(s)** | Teki S, Barnes GR, Penny WD, Iverson P, Woodhead ZVJ, Griffiths TD, et al. The right hemisphere supports but does not replace left hemisphere auditory function in patients with persisting aphasia. *Brain* 2013;**136**(6):1901-1912. https://doi.org/10.1093/brain/awt087 |
| **Country** | UK |
| **Funder(s)** | Wellcome Trust Intermediate Clinical Fellowship ref. ME033459MES titled - ‘Imaging the neural correlates of cholinergic and behaviour driven rehabilitation in patients with Wernicke’s aphasia’. The work was supported by the National Institute for Health Research University College London Hospitals Biomedical Research Centre. This work was funded by the James S McDonnell Foundation |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke; aphasia; impaired speech perception; normal hearing Exclusion: unreportedNot in RELEASE: 17 normal healthy controlsIn RELEASE: n=25 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | CAT |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** | Duplicate participants identified with contributed dataset and so additional participants (ID 8, 9, 14, 18, 24 and 25) from this dataset were included in RELEASE |

Overview 163: Tsikunov 2007

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| Dataset ID | Tsikunov 2007 |
| **Relevant publication(s)** | Tsikunov SG, Belokoskova SG. Psychophysiological analysis of the influence of vasopressin on speech in patients with post-stroke aphasia. *The Spanish Journal of Psychology* 2007;**10**(1):178-188. https://doi.org/10.1017/S1138741600006442 |
| **Country** | RU |
| **Funder(s)** | Unreported |
| **Design** | Non-RCT |
| **Participants** | Inclusion: stroke; aphasia; right-handedExclusion: unreportedIn RELEASE: n=26 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: noneBlinding: yes |
| **Notes** |  |

Overview 164: Tucker 2012

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| Dataset ID | Tucker 2012 |
| **Relevant publication(s)** | Tucker FM, Edwards DF, Mathews LK, Baum CM, Connor LT. Modifying health outcome measures for people with aphasia. *American Journal of Occupational Therapy* 2012;**66**(1):42-50. https://doi.org/10.5014/ajot.2012.001255 |
| **Country** | US |
| **Funder(s)** | Grant 220020087 from the James S. McDonnell Foundation |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (at least 3 months post index stroke); aphasia; living in the community; sufficient hearing and vision (self-report)Exclusion: unable to travel to site; unable to tolerate length of testing session (self-report); unable to complete tasks due to hearing or visual impairmentIn RELEASE: n=29 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | BDAE 3 |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: none reportedBlinding: unreported |
| **Notes** |  |

Overview 165: van der Meulen 2016

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| Dataset ID | van der Meulen 2016 |
| **Relevant publication** | van der Meulen I, van de Sandt-Koenderman MWME, Heijenbrok MH, Visch-Brink E, Ribbers GM. Melodic Intonation Therapy in chronic aphasia: evidence from a pilot randomized controlled trial. *Frontiers in Human Neuroscience* **10**(533). https://doi.org/10.3389/fnhum.2016.00533 |
| **Country** | NL |
| **Funder** | This study was supported by the Stichting Rotterdams Kinderrevalidatie Fonds Adriaanstichting (grant no. 2007/0168 JKF/07.08.31 KFA). |
| **Design** | RCT |
| **Participants** | Inclusion: adult; stroke (more than 1 year); aphasia (candidate for MIT: non-fluent; poor language repetition; poorly articulated speech; moderate to good auditory comprehension)Exclusion: prior stroke resulting in aphasia; bilateral lesion; intensive MIT prior to start of study; severe hearing deficit; relevant psychiatric historyIn RELEASE: n=17 |
| **Intervention** | **Group 1:** n=10Intervention type(s): SLT interventionSLT Impairment Target: Spoken language SLTSLT Theoretical Approach: Melodic Intonation Therapy Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: rehabilitation / aphasia centres. Regimen: between T1 and T2, participants assigned to experimental groups received intensive MIT (6 weeks, 5 hours a week) followed by no treatment between T2 and T3 (second 6 weeks). Frequency: 5 days a week. Duration: 12 weeks (6 MIT and 6 no therapy). Intensity: 5 hours a week. Dosage: 30 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: 2 to 7 hours to achieve targeted frequency.**Group 2:** n=7Intervention type(s): SLT intervention (control)SLT Impairment Target: Auditory Comprehension SLTSLT Theoretical Approach: unreported (protocol of what was and was not permitted, and manual of practice materials and references; PI helped create tailor-made tasks for a specific participant)Provided by: speech and language therapists. Delivery: face-to-face; 1-to-1; Location: rehabilitation centre / nursing home with rehabilitation facilities. Regimen: 6 weeks, 5 hours a week (minimum face-to-face time 3 hours a week). Frequency: 5 days a week. Duration: 6 weeks. Intensity: 5 hours a week. Dosage: 30 hours. Modification: unreported. Tailoring: individualised therapy. Adherence: unreported. Home practice prescribed: unreported. |
| **Outcome measures** | AAT; PALPA; TT-AAT |
| **IPD collection timepoints contributing to RELEASE** | Baseline; 42 days; 82 days |
| **Risk of bias** | Dropouts: yes (1) Blinding: yesRandom sequence generation: adequateConcealment of allocation: adequate |
| **Notes** |  |

Overview 166: VERSE 1 2012

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| Dataset ID | VERSE I 2012 |
| **Relevant publication(s)\*** | Godecke E, Hird K, Lalor EE, Rai T, Phillips MR. Very early poststroke aphasia therapy: a pilot randomized controlled efficacy trial. *International Journal of Stroke*, 2012;7(8):635-644. https://doi.org/10.1111/j.1747-4949.2011.00631.xGodecke E, Hird K, Lalor E. Aphasia therapy in the acute hospital setting: is it justified? *Internal Medicine Journal* 2008;**38**(Suppl 4):A88. Godecke E, Hird K, Lalor EE, Phillips M. Who needs early aphasia therapy? [Abstract 38]. *Cerebrovascular Diseases* 2010;**29**(Suppl 2):337.West D, Cream A, Godecke E, Cartwright J, Ciccone N, Granger AS, et al. Intensive aphasia therapy in the early poststroke recovery phase: is group intervention a viable therapy option? [Abstract B30]. *International Journal of Stroke* 2009;**4**(Suppl 1):28. |
| **Country** | AU |
| **Funder(s)** | Unfunded project and part of a PhD thesis |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (acute); aphasia (less than 5 days; score of 13 or less on FAST); admitted to teaching hospital; conscious, medically stable, able to maintain alertness for at least 30 minutesExclusion: previous history subarachnoid/subdural haemorrhage, neurosurgical intervention, aphasia, mental illness, dementia; non-English speaking; uncorrected hearing or vision impairment; already 3 participants in daily therapy groupIn RELEASE: n=59 |
| **Intervention** | **Group 1:** n=32Intervention type(s): SLT interventionSLT Impairment Target: Spoken language SLTSLT Theoretical Approach: Semantic and Phonological SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital or rehabilitation. Regimen: daily therapy provided 5 days per week for no less than 5 days (in acute hospital) to a maximum of 4 weeks or 20 sessions. Sessions were between 30–80 minutes, resulting in a minimum of 150 minutes (2.5 hours) of therapy over 5 days to a maximum of 1600 minutes (26.5 hours) of therapy for the 4 week intervention period. Amount of intervention from 4 weeks until discharge or 6 months if sooner was recorded. Frequency: 5 days per week. Duration: IPD but maximum of 1 month. Intensity: IPD between 2.5 and 7.5 hours per week. Dosage: IPD up to 26.5 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=27SLT Impairment Target: Spoken Language SLTSLT Theoretical Approach: Semantic and Phonological SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital or rehabilitation. Regimen: usual care (not more than one session per week) to a maximum of 80 minutes per session for a maximum of 4 sessions (maximum 320 minutes (5.3 hours). Frequency: 1 day per week. Duration: IPD up to 1 month. Intensity: up to 1.5 hours per week. Dosage: IPD up to 5.3 hours. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: yes. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | FCP; WAB-AQ; TOMs; DA  |
| **IPD collection time-points contributing to RELEASE** | Baseline; 4 weeks (or acute hospital discharge if sooner); 6 months  |
| **Risk of bias** | Dropouts: at 21 days (2 discharged early; 4 refused therapy; 3 deaths; 4 refused assessment at 6 months)Blinding: yesRandom sequence generation: random number generator (SPSS 101) Concealment of allocation: sealed envelopes |
| **Notes** | Study also known as SEATAS |

Overview 167: VERSE 2 2015

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| Dataset ID | VERSE 2 2015 |
| **Relevant publication(s)** | Ciccone N, West D, Cream A, Cartwright J, Rai T, Granger A, et al. Constraint-induced aphasia therapy (CIAT): a randomised controlled trial in very early stroke rehabilitation. *Aphasiology* 2015;**30**(5):566-584. https://doi.org/10.1080/02687038.2015.1071480Godecke E, Cowan E, Rai T, Ciccone NA, Granger AS, Cream A. Does the amount of aphasia therapy in the first 4-5 weeks after stroke improve outcome? Very Early Rehabilitation in SpEech-II (VERSE II). *Cerebrovascular Diseases* 2012;**33**(Suppl 2):42. |
| **Country** | AU |
| **Funder(s)** | Unreported |
| **Design** | RCT |
| **Participants** | Inclusion: stroke (less than 5 days); aphasia (score below ceiling of WAB); teaching hospital admission; conscious and medically stable; can maintain alert state for at least 30 minutesExclusion: previous history of aphasia, mental illness or dementia; non-English speaking background; history of sub-arachnoid and / or subdural haemorrhage or neurosurgical intervention; uncorrected hearing or vision impairmentIn RELEASE: n=20 |
| **Intervention** | **Group 1:** n=8Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological and Semantic SLT Provided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital, rehabilitation or home. Regimen: 45-60 minutes, 5 days a week for 20 sessions over 5 weeks. Total dose = 15-20 hours. Frequency: IPD. Duration: 5 weeks. Intensity: IPD. Dosage: IPD. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=12Intervention type(s): SLT interventionSLT Impairment Target: Word Finding SLTSLT Theoretical Approach: Phonological and Semantic SLT; Constraint Induced Aphasia Therapy. Provided by: speech and language therapist. Delivery: face-to-face; group; Location: hospital or rehabilitation. Regimen: 45-60 minutes, 5 days a week for 20 sessions over 5 weeks. Total dose = 15-20 hours. Frequency: IPD. Duration: 5 weeks. Intensity: IPD. Dosage: IPD. Modification: unreported. Tailoring: by functional relevance and difficulty. Adherence: yes. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline; 3 months; 6 months |
| **Risk of bias** | Dropouts: yes (8: Group 1 at 12 weeks 1 moved away, at 26 weeks 2 moved away, 1 refused assessment; Group 2 at therapy completion (5 weeks?) 1 medically unwell, at 12 weeks, 1 refused assessment, at 26 weeks 2 moved away, 1 refused assessment, plus an addition 2 who refused assessment as self-report within normal limits)Blinding: YesRandom sequence generation: computer generated block randomisation methodConcealment of allocation; sealed envelopes controlled by administrative staff (external to the trial |
| **Notes** |  |

Overview 168: Wan 2014

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| Dataset ID | Wan 2014 |
| **Relevant publication(s)** | Wan CY, Zheng X, Marchina S, Norton A, Schlaug G. Intensive therapy induces contralateral white matter changes in chronic stroke patients with Broca’s aphasia. *Brain and Language* 2014;**136**:1-7. https://doi.org/10.1016/j.bandl.2014.03.011 |
| **Country** | US |
| **Funder(s)** | Unreported |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single; chronic); non-fluent aphasia (moderate to severe)Exclusion: unreportedIn RELEASE: n=20 |
| **Intervention** | n/a (no after-intervention IPD) |
| **Language outcome measures (in whole or part)** | BNT-S |
| **IPD collection time-points contributing to RELEASE** | Baseline  |
| **Risk of bias** | Dropouts: noneBlinding: on measures of fluency |
| **Notes** |  |

Overview 169: Worrall 2000

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| Dataset ID | Worrall 2000 |
| **Relevant publication(s)** | Worrall L, Yiu E. Effectiveness of functional communication therapy by volunteers for people with aphasia following stroke. *Aphasiology* 2000;**14**(9):911-924. https://doi.org/10.1080/02687030050127711 |
| **Country** | AU |
| **Funder(s)** | Australian National Heart Foundation |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke; aphasia for at least 12 months; discontinued SLT for at least 1 month; willing to participate; English speaker; living at home (including retirement village or hostel); no dementia, severe hearing or visual loss or other neurological diseases; has a carer (spouse, relative, friend); reported difficulty in daily communication Exclusion: unreportedIn RELEASE: n=14 |
| **Intervention** | n/a (IPD only available at baseline) |
| **Language outcome measures (in whole or part)** | WAB-AQ; WAB; FACS |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: yes (n=6; 1 depressive illness; 1 hip fracture; 1 death; 1 another stroke; 1 loss of volunteer; 1 lack of interest in cross-over intervention) Blinding: yes |
| **Notes** |  |

Overview 170: Worrall 2011

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| Dataset ID | Worrall 2011 |
| **Relevant publication(s)** | Worrall L, Sherratt S, Rogers P, Howe T, Hersh D, Ferguson A, et al. What people with aphasia want: their goals according to the ICF. *Aphasiology*  2011;**25**(3):309-322. https://doi.org/10.1080/02687038.2010.508530 |
| **Country** | AU |
| **Funder(s)** | National Health & Medical Research Council (Project Grant #401532 |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: can participate in in-depth interview in English using speech, gesture, writing, pictures and / or drawingsExclusion: other severe communication impairments (dysarthria, cognitive impairment, hearing or visual impairment)In RELEASE: n=35 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: noneBlinding: n/a |
| **Notes** |  |

Overview 171: Wright 2012

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| Dataset ID | Wright 2012 |
| **Relevant publication(s)** | Wright HH, Capilouto GJ. Considering a multi-level approach to understanding maintenance of global coherence in adults with aphasia. *Aphasiology* 2012;**26**(5):656–672. https://doi.org/10.1080/02687038.2012.676855 |
| **Country** | US |
| **Funder(s)** | National Institute on Aging Grant R01AG029476 |
| **Design** | Non-RCT  |
| **Participants** | Inclusion: stroke (single; at least 6 months); aphasia; monolingual speaker (English); pass hearing and vision screeningsExclusion: unreportedIn RELEASE: n= 15 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | WAB-AQ |
| **IPD collection time-points contributing to RELEASE** | Baseline |
| **Risk of bias** | Dropouts: participants’ IDs missingBlinding: unreported |
| **Notes** |  |

Overview 172: Yasuda 2007

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| Dataset ID | Yasuda 2007 |
| **Relevant publication(s)** | Yasuda K, Nemoto T, Takenaka K, Mitachi M, Kuwabara K. Effectiveness of a vocabulary data file, encyclopaedia, and internet homepages in a conversation-support system for people with moderate-to-severe aphasia. *Aphasiology* 2007;**21**(9):867-882. https://doi.org/10.1080/02687030600783024 |
| **Country** | JP |
| **Funder(s)** | Supported in part by the National Institute of Information and Communications Technology (NICT) |
| **Design** | Cohort / case series / registry |
| **Participants** | Inclusion: stroke (single); aphasia (moderate to severe; could point / gesture / vocalise); right-handed; no documented hearing or visual impairmentExclusion: unreportedIn RELEASE: n=15 |
| **Intervention** | n/a |
| **Language outcome measures (in whole or part)** | None: language data did not meet consensus agreement that it captured the domains of interest for RELEASE; or data provided did not permit calculation of raw scores; or domains of interest were incompletely captured. |
| **IPD collection time-points contributing to RELEASE** | None |
| **Risk of bias** | Dropouts: noneBlinding: none |
| **Notes** |  |

Overview 173: You 2011

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| Dataset ID | You 2011 |
| **Relevant publication(s)** | You DS, Kim D-Y, Chun MH, Jung SE, Park SJ. Cathodal transcranial direct current stimulation of the right Wernicke’s area improves comprehension in subacute stroke patients. *Brain and Language* 2011;**119**(1):1-5. https://doi.org/10.1016/j.bandl.2011.05.002 |
| **Country** | KR |
| **Funder(s)** | Unreported |
| **Design** | RCT |
| **Participants** | Inclusion: stroke; not taking pharmacological drugsExclusion: history of previous stroke, seizure, multiple stroke lesions; metal implants in brain; taking certain medication; uncooperative with SLTIn RELEASE: n=21 |
| **Intervention** | **Group 1:** n=7Intervention type(s): SLT intervention and Co-intervention (anodal tDCS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLT and Co-interventionProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital rehabilitation department. Regimen: SLT for up to 5 hours (30-minute weekly therapy sessions for 2 weeks). Frequency: 5 days a week. Duration: 2 weeks. Intensity: 2.5 hours. Dosage: up to 5 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 2:** n=7Intervention type(s): SLT intervention and Co-intervention (cathodal tDCS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLT and Co-interventionProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital rehabilitation department. Regimen: SLT for up to 5 hours (30-minute weekly therapy sessions for 2 weeks). Frequency: 5 days a week. Duration: 2 weeks. Intensity: 2.5 hours. Dosage: up to 5 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported.**Group 3:** n=7Intervention type(s): SLT intervention and Co-intervention (sham tDCS)SLT Impairment Target: Mixed SLTSLT Theoretical Approach: Functional or Pragmatic SLT and Co-interventionProvided by: speech and language therapist. Delivery: face-to-face; 1-to-1; Location: hospital rehabilitation department. Regimen: SLT for up to 5 hours (30-minute weekly therapy sessions for 2 weeks). Frequency: 5 days a week. Duration: 2 weeks. Intensity: 2.5 hours. Dosage: up to 5 hours. Modification: unreported. Tailoring: unreported. Adherence: unreported. Home practice prescribed: unreported. |
| **Language outcome measures (in whole or part)** | K-WAB |
| **IPD collection time-points contributing to RELEASE** | Baseline; 2 weeks |
| **Risk of bias** | Dropouts: yes (Group 1 n=4; Group 2 n=3; Group 3 n=5); 7 discharged early, 4 refused tDCS due to uncomfortable sensations, 2 unable to received SLT due to sleep habits) Blinding: yes (1 independent speech and language pathologist, blinded to the type of intervention, measured participant outcomes; certified radiologist was blinded to the study conditions)Random sequence generation: unreportedConcealment of allocation: unreported |
| **Notes** |  |