STICH II NEWSLETTER

Surgical Trial in Lobar Intracerebral Haemorrhage | **Spring 2009** | **Issue 6**

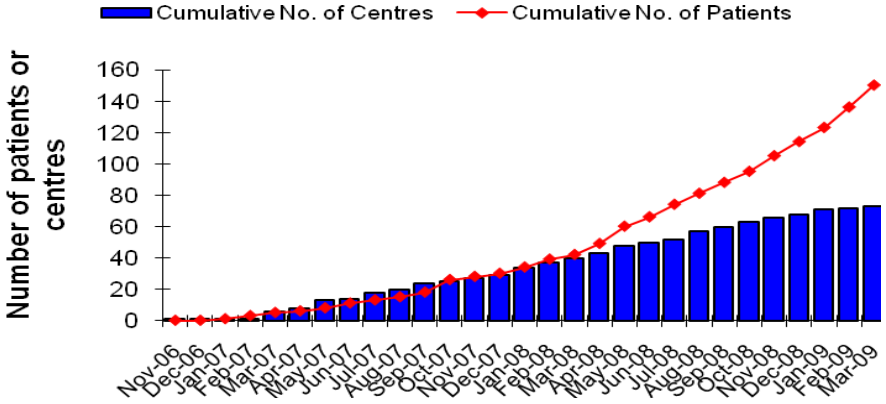
Centres registered and patients recruited

Australia
Melbourne **(1)**
Austria
Vienna
Canada
Alberta
China
Beijing (Tiantan)
Czech Republic
Brno **(6)**
Olomouc
Prague **(4)**
Liberec **(1)**
Egypt
Mansoura **(9)**
Georgia
Tbilisi
Germany
Amberg **(3)**
Berlin
Dessau **(4)**
Düsseldorf
Erlangen **(2)**
Greifswald **(2)**
Heidelberg
Kassel
Lübeck **(2)**
Munster University **(4)**
Munster Clemens
Saarlandes **(4)**
Greece
Athens **(3)**
AHEPA, Thessaloniki
Ippokratio,Thessaloniki **(2)**
Hungary
Pecs **(2)**
Borsod **(5)**
India
Calcutta
Hyderabad
Ludhiana **(1)**
New Delhi **(5)**
Trivandrum **(3)**
Visakhapatnam**(2)**
Israel
Haifa
Italy
Sapienza'**(3)**
Latvia
Gailezers **(1)**
Riga **(6)**
Lithuania
Klaipeda **(5)**
Macedonia
Skopje **(8)**
Mexico
Guadalajara
Norway
Trondheim
Pakistan
Lahore **(10)**
Poland
Bialystok **(7)**
Poznan
Romania
Cluj
Russia
Novosibirsk **(3)**
Saudia Arabia
Riyadh
Spain
Granada
Santander **(6)**
Valladolid
Bilbao
Turkey
Istanbul **(1)**
UK
Cambridge **(1)**
Dundee **(5)**
Edinburgh
Haywards Heath
Leeds
Liverpool
Middlesbrough **(1)**
Morriston
National Hospital
Newcastle **(20)**
Oxford
Preston
Salford
Southampton **(1)**
St. George's **(1)**
USA
Albany
Bloomington IL
Macon **(1)**
Mayo Jacksonville **(1)**
Penn State PA **(1)**
Temple PA **(3)**

The STICH II Investigators Meeting in Newcastle on 6th March was a great success and we were delighted to see so many of our collaborators (see picture above). The meeting provided an opportunity to discuss the progress of the study and explain the methodology. There was a useful discussion about the need to keep early crossovers (i.e. those occurring within 12 hours of randomisation) from the conservative treatment group to the surgery group to a minimum. Some crossovers are always inevitable and ethically necessary however we may all be able to reduce crossover rates by double checking whether we are truly in equipoise. Some tips that may help you to do this are as follows:

- If you are in doubt about the cause or location of the source of bleeding and plan to do an angiogram, then do this before randomising the patient.
- If you have a suitable patient and are well within the 48 hours from ictus randomisation window but have slight doubts about whether you are in equipoise or if the patient is in a stable condition, then please reconsider randomising the patient after a little further time for reflection.

For those who were unable to attend the meeting, please feel free to contribute your knowledge to this discussion and add any tips about how you assess equipoise by e-mailing: STICH@ncl.ac.uk. We hope to be able to collect these tips and put guidance about assessing equipoise on the FAQ section of the website.



Other Trials:

STITCH(Trauma)

trauma.stitch@ncl.ac.uk

Start date: 01/09/2009

Up to date trial information is always available on our website: **www.ncl.ac.uk/stich**

INCLUSION CRITERIA:

- Spontaneous lobar ICH on CT scan (1cm or less from cortex surface of the brain) within 48 hours of ictus
- Best MOTOR score on GCS of 5 or 6 and best EYE score on the GCS of 2 or more.
- Volume of haematoma between 10 and 100ml [using Broderick Method (axbxc)/2]

EXCLUSION CRITERIA:

- Aneurysm, tumour, trauma, angiographically proven AVM.
- If surgery cannot be performed within 12 hrs
- Intraventricular haemorrhage
- Hydrocephalus
- Brain stem/ cerebellar/ basal ganglia/ thalamic haemorrhage
- Pre-existing physical or mental disability or severe co-morbidity
- Unreversed clotting or coagulation problems

TO RANDOMISE:
Telephone the 24 hour randomisation service
on**: +441224 551 261**

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