



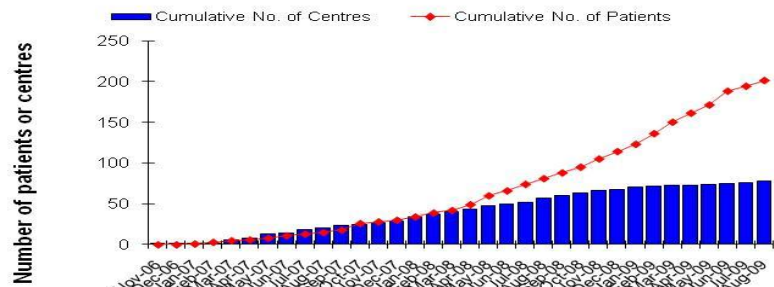
Centres registered and patients recruited

- Australia** Melbourne (2)
- Austria** Vienna
- Canada** Alberta
- China** Beijing (Tiantan)
- Czech Republic** Brno (6), Olomouc, Prague (5), Liberec (1)
- Egypt** Mansoura (20)
- Georgia** Tbilisi
- Germany** Amberg (3), Berlin (4), Dessau (4), Düsseldorf (1), Erlangen (3), Greifswald (2), Heidelberg (2), Jena, Kassel, Lübeck (3), Munster University (5), Munster Clemens, Saarlandes (4)
- Greece** Athens (4), AHEPA, Thessaloniki, Ippokratii, Thessaloniki (2)
- Hungary** Pecs (2), Borsod (7)
- India** Bangalore, Calcutta, Hyderabad, Ludhiana (2), New Delhi (7), Maharashtra, Trivandrum (4), Visakhapatnam(2)
- Israel** Haifa
- Italy** Sapienza(3)
- Latvia** Gailezers (1), Riga (6)
- Lithuania** Klaipeda (8)
- Macedonia** Skopje (9)
- Mexico** Guadalajara
- Nepal** Dharan (1)
- Norway** Trondheim
- Pakistan** Lahore (10)
- Poland** Bialystok (8), Poznan
- Romania** Cluj (1)
- Russia** Novosibirsk (3)
- Saudia Arabia** Riyadh
- Spain** Granada, Santander (7), Valladolid (1), Bilbao
- Turkey** Istanbul (2)
- UK** Cambridge (3), Dundee (5), Edinburgh (2), Haywards Heath, Leeds, Liverpool, Middlesbrough (1), Morriston, National Hospital Newcastle (23), Oxford, Preston, Salford, Southampton (1), St. George's (2)
- USA** Albany, Bloomington IL, Hartford, Macon (3), Mayo Jacksonville (1), Penn State PA (1), Temple PA (4)

CONGRATULATIONS TO TEMPLE UNIVERSITY HOSPITAL FOR RECRUITING PARTICIPANT 201!

This centre will receive extra financial help to attend the next STICH II Investigators Meeting. This prize was originally for the centre who recruited patient 200 however by chance this was Newcastle so the STICH Office felt that it would be fairer if the prize was awarded for patient 201. We are well on our way to obtaining our December target of 250-290 patients. However, we still need to attain a regular recruitment rate of 15 patients per month in order to achieve this. If there is anything we can do to help your centre increase recruitment, please contact the STICH Office.

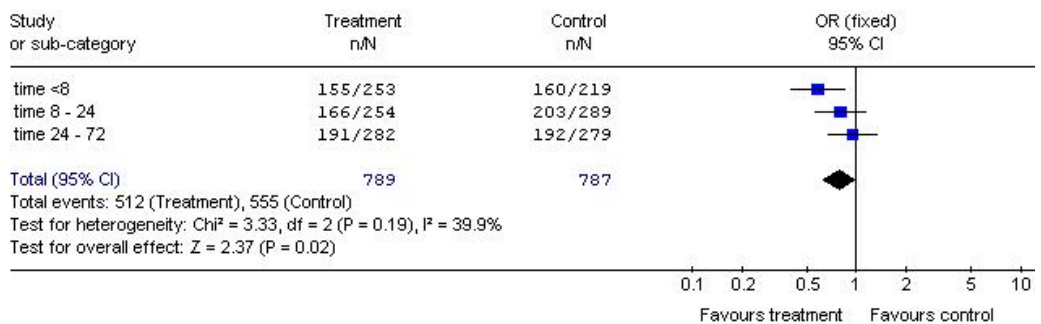
Patient chart recruitment on 13/08/2009 when patient 201 was recruited:



EARLIER SURGERY MAY RESULT IN BETTER OUTCOMES

There is a growing body of evidence to suggest that the earlier we operate on a spontaneous ICH, the better the outcome. Professor Mendelow presented the diagram below at the SBNS Meeting earlier this year. The diagram is using data taken from meta-analysis. This data suggests that operating during the first 24 hours after ictus could be more advantageous than operating later. Hopefully STICH II will help us discover if this really is the case. In STICH II, patients must be randomised within 48 hours of ictus and operated within 12 hours of randomisation (i.e. they receive surgery within 60 hours). We hope that there will be a sufficient number of very early surgery patients within the STICH II trial who receive surgery within 8 hours of ictus to test this interesting hypothesis.

Review: Time in meta-analysis
 Comparison: 01 surgery v conservative
 Outcome: 03 unfavourable outcome all trials



STITCH(Trauma)

<http://research.ncl.ac.uk/trauma.stitch>

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 TO STICH II:

Telephone the 24 hour randomisation service on: +44 1224 551 261