



STICH II NEWSLETTER



Surgical Trial in Lobar Intracerebral Haemorrhage

Spring 2008

Issue 3

Centres registered and patients recruited

Australia	Melbourne
Austria	Vienna
Czech Republic:	Brno (4)
	Prague (4)
Germany:	Amberg
	Dessau
	Kassel
	Lübeck
	Münster (3)
	Saarlandes
Greece	Athens
Hungary	Pecs
India	Trivandrum (2)
	Visakhapatnam
Israel	Haifa
Latvia	Gailezers (1)
	Riga (1)
Lithuania	Klaipeda
Macedonia	Skopje (1)
Pakistan	Lahore (3)
Poland:	Bialystok (1)
Russia	Novosibirsk (2)
Saudia Arabia	Riyadh
Spain	Granada
	Santander (1)
Turkey	Istanbul (1)
Italy	Rome 'Sapienza'
UK:	Cambridge
	Dundee (2)
	Edinburgh
	Haywards Heath
	Newcastle (10)
	Oxford
USA	Bloomington IL
	Penn State PA

Centres Interested

Austria	Graz
Belgium	Brugge
	Leuven
Brazil	Recife
	Rio de Janeiro
	(PróCardiaco)
	(Quinta D'OR)
Canada	Alberta
China	Beijing
Czech Republic	Prague
Egypt	Mansoura
France	Paris
Germany	Cologne
	Dresden
	Düsseldorf
	Frankfurt
	Griefswald
	Heidelberg
	Magdeburg
	Wuerzburg
Greece	Athens
Hungary	Debrecen
Hong Kong	Shatin
Italy	Bologna
	Ferrara
	Pisa
	Rome
	(Catholic University)
	Taranto
	Turin
India	Assam
	Calcutta
	Chandigarh
	Haryana
	Jaipur
	New Delhi
	Tamilnadu
Lithuania	Kaunas
	Vilnius
Mexico	Guadalajara
Poland	Katowice
	Lublin
	Warsaw:
	(Bielanski Hospital)
	(Medical University)
Russia	Moscow
Singapore	Singapore
South Africa	Pietermaritzburg
Spain	Bilbao
	San Sebastian
	Valladolid
Switzerland	Geneva
	St Gallen
UK:	Aberdeen
	Liverpool
	London:
	(Atkinson Morley's)
	(Charing Cross)
	National Hospital
	Romford
	Southampton
Ukraine	Uzhgorod
USA	Allentown PA
	Ann Arbor MI
	Chicago IL
	Des Moines IA
	Medford OR
	Milwaukee WI
	Philadelphia PA

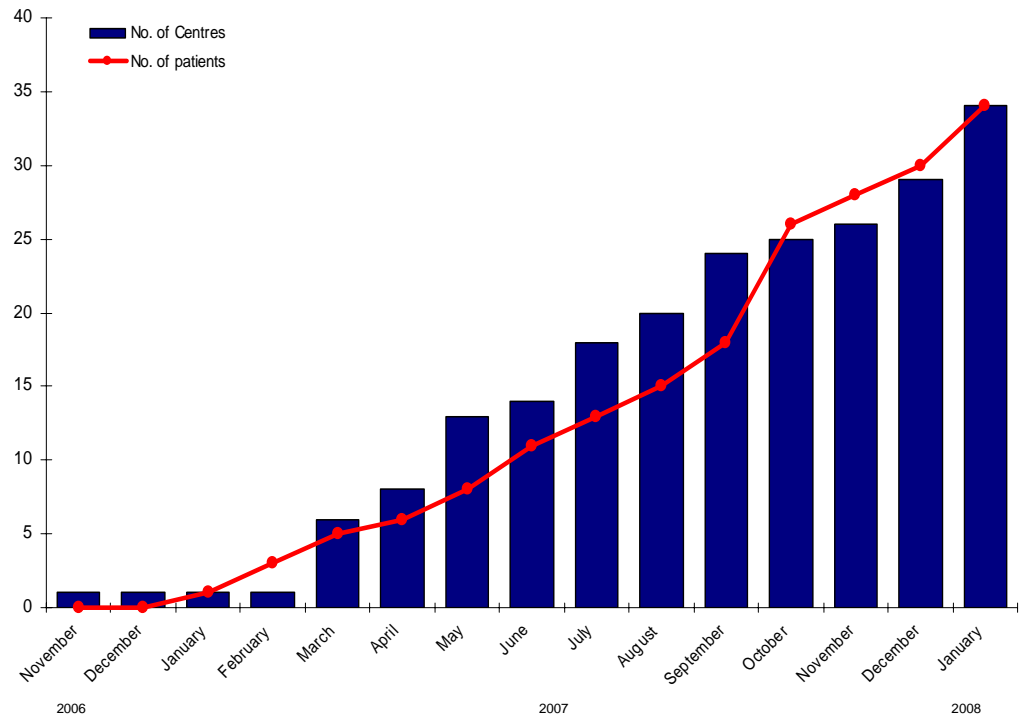
CONSENT

In counselling patients and/or relatives about the randomisation into STICH II some of you have experienced difficulties about how to present this information. It might be helpful to use the following form of words:

"STICH II is about the timing of surgery. Randomisation in the STICH II trial is therefore about whether to '**operate now**' to prevent deterioration (Early Surgery) or to '**wait and see**' and only operate later if necessary (Initial Conservative Treatment)."

This may make it easier for you to consent patients and their relatives and more adequately describe the two policies that we are comparing. In understanding the concept of clinical equipoise, it may be easier to explain things this way.

PATIENT & CENTRE RECRUITMENT



Future Meetings

SBNS – Liverpool 9-11 April

AANS – Chicago 26-30 April

European Stroke Meeting – Nice 14-16 May

EMN – Heidelberg 22-24 May

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

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

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