



STICH II NEWSLETTER



Surgical Trial in Lobar Intracerebral Haemorrhage

Autumn 2007

Issue 3

Centres registered and patients recruited

UK:

Cambridge
Haywards Heath
Newcastle (8)
Oxford
Dundee (1)
Edinburgh

Non-UK:

Bialystok (1)
Brno (2)
Kaunas
Münster (3)
Lübeck
Kassel
Novosibirsk (1)
Prague
Vienna
Riga
Gallezers
Santander
Granada
Athens
Istanbul
Skopje (1)
Trivandrum (1)
Lahore (1)
Riyadh
Visakhapatnam

Centres Interested

UK:
Aberdeen
London (Atkinson Morley's)
London (Charing Cross)
London (National Hospital)
Southampton

Romford

Liverpool

EUROPE:

St Gallen

Graz

Vilnius

Pisa

Bilbao

Heidelberg

Leuven

Warsaw (Bielanski Hospital)

Warsaw (Medical University)

Debrecen

Rome (Sapienza)

Rome (Catholic University)

Turin

Uzhgorod

Pecs

Cologne

Moscow

Prague

Frankfurt

Griefswald

Homburg

Lublin

Brugge

Dresden

San Sebastian

Düsseldorf

Amberg

Bologna

Wuerzburg

Valladolid

Paris

Taranto

Ferrara

Geneva

Athens

Katowice

Magdeburg

OUTSIDE EUROPE:

Philadelphia PA

Allentown PA

Milwaukee WI

Hong Kong

Guadalajara

Singapore

Assam

New Delhi

Rio de Janeiro (PróCardiaco)

Rio de Janeiro (Quinta D'OR)

Des Moines IA

Bloomington IL

Melbourne

Medford OR

Tamilnadu

Haryana

Chandigarh

Hershey PA

Haifa

Calcutta

Alberta

Beijing

Pietermaritzburg

Ann Arbor MI

Jaipur

Chicago IL

Mansoura

Recife

WE NEED YOUR HELP

We were pleased to see the 33 colleagues who attended the Investigators Meeting in Glasgow. If only we knew whether or not to remove these haematomas there would be no need for the family of trials that have evolved out of the initial STICH trial. The STICH II trial sets out to evaluate the role of craniotomy in superficial lobar haematomas. We are pleased that STICH II has begun and that 20 patients have now been randomised with 25 fully registered centres. We need to increase the number of centres. We would be very happy to assist any centres with regulatory matters. Equipoise exists in the minds of most neurosurgeons dealing with these lesions although the precise boundaries of that equipoise will vary from surgeon to surgeon. We hope that, as we move into the second year of STICH II, recruitment will increase and move us towards our target of 600 patients before the end of 2009.

Delegates at the STICH II meeting in Glasgow



Changes in the STICH office

We were very sorry to lose Laura Bailey as STICH II secretary in July when she followed her partner to Ipswich. She did a wonderful job in setting up the project and we wish her every success in her future career. Gillian Kenyon has joined the STICH team as her replacement. Many of you met Gillian at the STICH II stand at the EANS in Glasgow.

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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