



STICH II NEWSLETTER



Surgical Trial in Lobar Intracerebral Haemorrhage Winter 2006 Issue 1

STICH II OBJECTIVES

To establish whether a policy of earlier surgical evacuation of haematomas in selected patients with spontaneous LOBAR ICH will improve outcome compared to a policy of initial conservative treatment. The trial will also help to define the indications for early surgery.

Centres That Have Registered Interest

(As of mid-Nov 06)

UK:

Cambridge
Dundee
Haywards Heath
Newcastle
Oxford
Southampton

Non-UK:

Athens
Bilbao
Graz
Kaunas
Kassel
Munster
Novosibirsk
Philadelphia
Prague
Riga
Santander
Shatin
Singapore
Skopje
Trivandrum
Vilnius
Wisconsin

Sponsor:

Newcastle upon Tyne Hospitals NHS Trust

Funding source:

This work is funded by the U.K. MEDICAL RESEARCH COUNCIL

WE NEED YOUR HELP

The projected target for recruitment is 600 patients by the year 2009. We need more centres to achieve this goal. Please consider joining the trial. Contact the STICH II office today for a Trial Information Pack
Email: stich@ncl.ac.uk

PRINCIPAL INVESTIGATORS

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STICH II Team (Left to Right)

Chief Investigator:
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Trial Director:
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Data Manager:
Dr Lucy Chilton
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Miss Laura Bailey
Research Nurse:
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STICH II is an international multicentre randomised parallel group trial in patients following spontaneous superficial intracerebral haemorrhage affecting the lobar region only. It compares early craniotomy to evacuate the haematoma with initial conservative treatment.

Outcome is measured at six months via a postal questionnaire including the Glasgow Outcome Scale, Modified Rankin Scale, EuroQol and Barthel.

TO RANDOMISE:

Just phone the randomisation centre in Aberdeen (open 24 hrs):
International: +441224 551 261
UK: 01224 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.
- Intraventricular haemorrhage
- Hydrocephalus
- Brain stem/ cerebellar haemorrhage
- Severe pre-existing physical or mental disability or severe co-morbidity
- If surgery cannot be performed within 12 hrs
- Unreversed clotting or coagulation problems