



THE IST-3 TIMES



January 2010



RECRUITMENT AT 14th January 2010

NUMBER OF PATIENTS RECRUITED

UK	851
Poland	276
Italy	203
Sweden	201
Norway	171
Australia	152
Belgium	68
Portugal	44
Austria	33
Switzerland	10
Canada	8
Mexico	3

TOTAL NUMBER OF PATIENTS RECRUITED

2020

NUMBER OF CENTRES PER COUNTRY

UK:	57
Italy:	20
Sweden:	15
Norway:	13
Australia:	11
Poland:	9
Portugal:	7
Belgium:	3
Austria:	3
Switzerland:	3
Canada:	1
India :	1
Mexico:	1

EDITORIAL

Professor Richard Lindley, Co-Chief Investigator



WE DID IT!! WELL DONE!

Over 2000 patients

Well, we did it! On the very last day of 2009, our 2000th patient was randomised from Uppsala – id number 2003. In fact patient id number 2000 was also randomised in Sweden (Lidkoping) so we can definitely say it was a Swedish success. Both centres will receive a certificate of randomisation achievement. This is great news for the trial and confirms we are on target for our 3,000th patient by the end of recruitment in some 18 months time. We hope that despite the cold and snowy northern European winter, you can continue to maintain your recruitment activity – perhaps this is not the time to tell you that it was 40°C in Sydney yesterday!

A Recent Personal View

Dr Hyon Choi has recently published a Personal View in the BMJ discussing the apparent inequity of access to acute stroke thrombolysis in England. As our recent recruitment has also demonstrated, thrombolysis is certainly increasing in the UK. Part of this, of course, is due to the reorganisation of acute stroke services and the current pressure to improve services. However, there is no doubt that the relative lack of data for stroke thrombolysis limits current treatment. With 3,000 patients in IST-3, we will be able to address many of the remaining uncertainties, and this will enable many more specialists to treat patients with stroke with much greater confidence.

(http://www.bmj.com/cgi/content/full/340/jan06_2/c45)

Pink Tutu

Whilst most of us have looked forward to the 2,000 target, one person in the trials office was getting slightly worried. Two years ago, as we approached 1,000 patients, Sheila Grant, who has been punching trial data for some 20 years for IST, declared that if we ever got to 2,000 patients she would dance around the office in a pink tutu! The moral of the story is never under-estimate the IST-3 collaborative group!

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Editorial (cont.)

Sheila & Tutu!



Waiting for Coagulation Tests

One frequently asked question in thrombolysis training is the need to see the results of coagulation tests prior to starting rt-PA. Recent work from the Massachusetts General Hospital, Boston support the current guidelines in recommending that it is safe to start treatment if a coagulopathy is unsuspected. Rost and colleagues performed an analysis of their stroke data from a 6-year period and identified 470 patients who had presented within the three hour time window. Of the 30 patients who had a coagulopathy (INR > 1.7 or platelets < 100,000), 28 had been identified from their medical or medication history of being at risk. Thus only 2/470 (0.4%) of their cohort had an unsuspected coagulopathy. It is therefore reasonable to start rt-PA, prior to obtaining the INR result, if a coagulopathy is unsuspected, provided you have asked the right questions during the assessment. If the subsequent result demonstrates an abnormal coagulopathy, then treatment can be promptly stopped. These data suggest that this will be a rare event. Interestingly, their thrombolysis rate over the period 2003-8 works out at little over 6% (147/2335). *Neurology* 2009; 73: 1957-62

The UK Stroke Forum IST-3 Meeting – A Short Report

We had a very lively joint meeting of the UK collaborators in IST-3 and the ENOS Trial. Over 150 people attended; it was so popular, there was ‘standing room only’!



IST-3 had three speakers – Prof Peter Sandercock (Co- chief Investigator, Prof Graham Venables (UK National Co-ordinator) and last but not least Dr Paul Guyler (Principle Investigator at Southend University Hospital,UK).

Peter presented an update on progress with recruitment, the small change in the 7 Day Form and the plans to roll out our most recent substantial amendment to the IST-3 protocol, Consent forms, and Patient & Relative Information Forms.

Graham gave a quick resume of the statutory and trial specific requirements that UK centres require to have in place to join IST-3. He went onto discuss the IST-3 monitoring/audit processes, specific to UK sites.

Paul outlined his ‘recipe for success’ at Southend University Hospital in maintaining a high rate of recruitment to the Trial. As ever, the enthusiasm and support for the Trial from Paul and the team at Southend was very evident in his talk.

So a, **‘BIG THANK YOU’** to Graham and Paul for their informative and supportive contributions to the IST-3 meeting.



Graham Venables



Peter Sandercock



IST-3 & ENOS Stand, Glasgow

FIRST RANDOMISATION

Our thanks and congratulations go to the following centres on randomising their first patient to the Trial:

Professor Mohan Datta-chaudhuri and the Team at Stepping Hill Hospital, Stockport, UK

Dr David Eveson and the Team at Leicester General Hospital, Leicester, UK

Our centres were very busy randomising over the Festive period, indeed we had a randomisation on Christmas Day and on Hogmanay (New Year's Eve).

Dr H Ellekjer's and the Team who randomised a patient on the 25th December 2009 at Sykehuset Levanger, Levanger, Norway

And

Dr Erik Lundstrom and the Team who randomised a patient on 31st January 2009, at Uppsala University Hospital, Uppsala, Sweden

Planned Presentations & Meetings for IST-3 for 2010

6th February, Euroneuro meeting, Porto

* Presentation on thrombolysis and IST-3

24th February, AHA International Stroke Conference, San Antonio, USA:

* Ongoing Trials Poster presentation

17th March, IST-3 Sweden web meeting

* On-line meeting for IST-3 Sweden Collaborators

19th-22nd May, Italian Neurological Meeting, Parma

* IST-3 Italy Collaborators meeting (to be confirmed)

25th- 28th May, European Stroke Conference, Barcelona:

* Ongoing Trials Poster presentation,
* Age and time to randomisation in the 2017 patients recruited to date in IST-3 (abstract submitted)
* Collaborator's meeting

13th-16th October, World Stroke Conference, Seoul, Korea

* Ongoing trials poster
* Other abstracts will be submitted

A HAPPY
NEW YEAR