



THE IST-3 TIMES

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EDITORIAL

Professor Richard Lindley, Co-Chief Investigator



September Recruitment Best Ever!

Congratulations to all of you who randomised a patient in September, it was our best ever month with 63 patients recruited. If we keep up this level of recruitment, we will achieve our target of 3,100 patients by mid-2011. If we can accelerate recruitment even further, we will achieve greater precision for the main result, which would be even better.

Our Data and Safety Monitoring Committee continue to monitor our accumulating results and the Steering Committee will be advised if recruitment should be ceased or entry criteria amended in the light of the data.

Another Article by Hoffman – the ‘Emergency Medicine’ vs ‘Neurology’ debate!

Whilst the IST-3 Collaborative Group have been working hard to gather new important stroke thrombolysis data, the US debate over thrombolysis continues with yet another article by Jerome Hoffman (published in the *Annals of Emergency Medicine* 2009; 54: 329-336). In this article, co-authored by David L Schriger (both from the Department of Emergency Medicine, University of California School of Medicine) they have used a graphical method to reanalyse the NINDS trial data, mainly focused on the NIHSS scores for each individual patient. Sadly, this post-hoc analysis of an outcome that is not particularly patient-focused, does not advance our understanding of the effects of stroke thrombolysis.

Support for further randomised trials

In an accompanying Editorial in the same edition, Robert Silbergleit, another Emergency Medicine Physician, this time from the University of Michigan, makes the excellent point that: "...maybe it is time to stop analysing this trial and discuss new data as they arrive." In an additional Editorial, another Emergency Medicine physician, Robert M McNamara from Philadelphia recommends a moratorium on implementing this treatment in US Community Hospitals, the equivalent of the District General Hospital in the British National Health Service. Like Silbergleit, he also is awaiting new data and ends with a clarion call of: "...let's generate those data, ending this debate." Unfortunately, a turf war has been going on in the States for some time, exacerbated by equal and opposite legal expert opinion from Emergency Medicine physicians and Neurologists. This has left Emergency Medicine physicians feeling very threatened as they are "damned if they treat" (when they inadvertently treat the wrong type of patient) and they are "damned if they don't" (if they avoid thrombolysis for a patient for whom treatment is thought indicated).

IST-3 will generate results relevant to the ‘real world’

The other worry raised by these physicians is that thrombolysis treatment may not highly generalisable. What is the solution? Well, IST-3 is generating a large amount of data and will help address the questions raised in these articles. For example, IST-3 has now recruited over 800 older people (those over 80 years of age), an entire NINDS or ECASS-3 sized trial of older people that will provide unique data for this subgroup of stroke – representing a third of all stroke in most developed countries. Another solution to their worries about generalisability is to ensure that all thrombolysis services prospectively register their routinely treated (i.e. non-trial) patients in one of the ongoing audits such as the SITS register. Finally, work is still needed to improve neurological assessment of those with suspected stroke in the Emergency Room. Many practicing neurologists have opted out of acute neurological medicine and concentrate on purely outpatient work, but it must be noted that the best thrombolysis centres in the world are usually supported or run by hospital Departments of Neurology, with rapid in-reach assessment to potential candidates in the Emergency Room. Other models of service in Germany, have a completely separate neurological assessment system uniquely designed for the acute stroke patient that depends on accurate pre-hospital triage by ambulance staff.

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(Editorial cont ;)

Brain imaging in IST-3 – send your perfusion and angiography data

The wide variety of different hospitals within the IST-3 Collaborative Group will certainly contribute to a wider generalisability of our eventual results, and the program of clinical assessment and brain imaging studies supporting the trial will contribute to streamlining acute assessment in less specialised centres. Centres are now sending us their pre-randomisation perfusion and angiography scans for patients in the trial, **so please keep sending us these data**, so that we can also help determine the role of these more advanced imaging techniques.

Richard I Lindley
Sydney, Australia

RECRUITMENT & NUMBER OF ACTIVE CENTRES ON 7th OCT 09

COUNTRY	NO. OF CENTRES	NUMBER OF PATIENTS RECRUITED
UK	53	753
Poland	8	267
Sweden	15	185
Italy	20	183
Norway	13	166
Australia	11	138
Belgium	3	68
Portugal	6	39
Austria	3	23
Canada	1	8
Switzerland	3	7
Mexico	1	3
TOTALS	137	1842

NEW CENTRES

Our thanks and congratulations go to the following centre for all their hard work and patience in getting through the start-up procedures and who are now ready to start randomising:

- ❖ Professor Urszula Fiszer and the Team at SPSK im. Prof. W. Orłowskiego CMKP, Warszawa, Poland
- ❖ Dr Ricardo Rego and the Team at Hospital Pedro Hispano, Matosinhos, Portugal

FIRST RANDOMISATION

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

- ❖ Dr Geoffrey Cloud and the Team at St George's Healthcare NHS Trust, Tooting, London, UK
- ❖ Dr Maurizio Silvestri and the Team at Mater Salutis Hospital, Legnago, VR, Italy
- ❖ Dr Patrick Gompertz and the Team at The Royal London Hospital, Barts and The London NHS Trust, London, UK