



THE IST-3 TIMES

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EDITORIAL

Professor Peter Sandercock, Co-Chief Investigator

Recruitment: total no. = 3035 and no. ≥ 80 years = 1756 are the magic numbers!

Congratulations to the whole IST-3 group! We are definitely the world's largest ever trial of intravenous thrombolysis, almost 4 times larger than the previous largest. With 1756 patients aged 80 years or more, this age group alone is 2 x the size of ECASS-3!, so IST-3 will provide unique information on the balance of risk and benefit. The table below gives, for each country, the number of centres that recruited at least one patient and the total number of patients.

	No. of centres	No. of patients	%
UK	75	1447	48%
Poland	9	347	11%
Italy	21	326	11%
Sweden	18	297	10%
Norway	11	204	7%
Australia	10	179	6%
Portugal	4	82	3%
Belgium	1	73	2%
Austria	3	46	2%
Switzerland	2	23	1%
Canada	1	8	0%
Mexico	1	3	0%
Total	156	3035	100%

The table overleaf gives the names of the top 20 recruiting centres

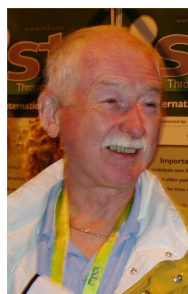
Quiz question: What do these 4 people have in common? (answer overleaf)



Adam Kobayashi



Anna Czlonkowska



Graham Venables



Erik Lundström

Quiz answer: their centres have each recruited 100 or more patients!

Forthcoming publication

You may recall we published the trial protocol in the open-access on-line journal *Trials* (<http://trialsjournal.com/content/9/1/37>) and the article rapidly became 'highly accessed'. We have been invited to submit paper, giving an update on the trial. The paper will include:

- a brief history of the trial,
- the total number of patients recruited (and their baseline characteristics),
- details of our plans to present the results at ESC Lisbon (and publish simultaneously in the Lancet),
- most importantly, the names of the people at each of the centres that have recruited,
- The statistical analysis plan.

We will need your details for this paper!

We will be sending out an email soon to the principal investigator of each centre to ask them to make sure that we list the correct names of all the people at their centre who made a significant contribution to the trial. This list will be included both in this paper and in the Lancet publication. **Request to all principal investigators** – please respond promptly to this request when you receive it, as we wish to publish this paper soon!

TOP 20 RECRUITING CENTRES

ID	Hospital	No.	Country
182	2nd Department of Neurology, Institute of Psychiatry & Neurology	190	POLAND
127	Royal Hallamshire Hospital	118	UK
236	Uppsala University Hospital	100	SWEDEN
172	University Hospital of North Staffordshire	97	UK
001	Western General Hospital	95	UK
264	The National Hospital for Neurology & Neurosurgery	84	UK
132	Arrowe Park Hospital	83	UK
298	Southend University Hospital	77	UK
158	Cliniques Universitaires St. Luc	73	BELGIUM
155	University Hospital Trondheim	69	NORWAY
196	Norfolk and Norwich University Hospital	67	UK
157	Ullevål University Hospital	66	NORWAY
005	Nottingham City Hospital	63	UK
176	Ospedale Citta di Castello	62	ITALY
226	Guy's & St.Thomas' Hospital	60	UK
80	Darlington Memorial & Bishop Auckland General Hospital	56	UK
210	Nambour General Hospital	51	AUSTRALIA
173	Danderyd Hospital	46	SWEDEN
069	University Hospital of Aintree	46	UK
140	University Hospital of Wales	46	UK



WELL DONE!

Perfusion – Angiography Report for IST3 Newsletter:

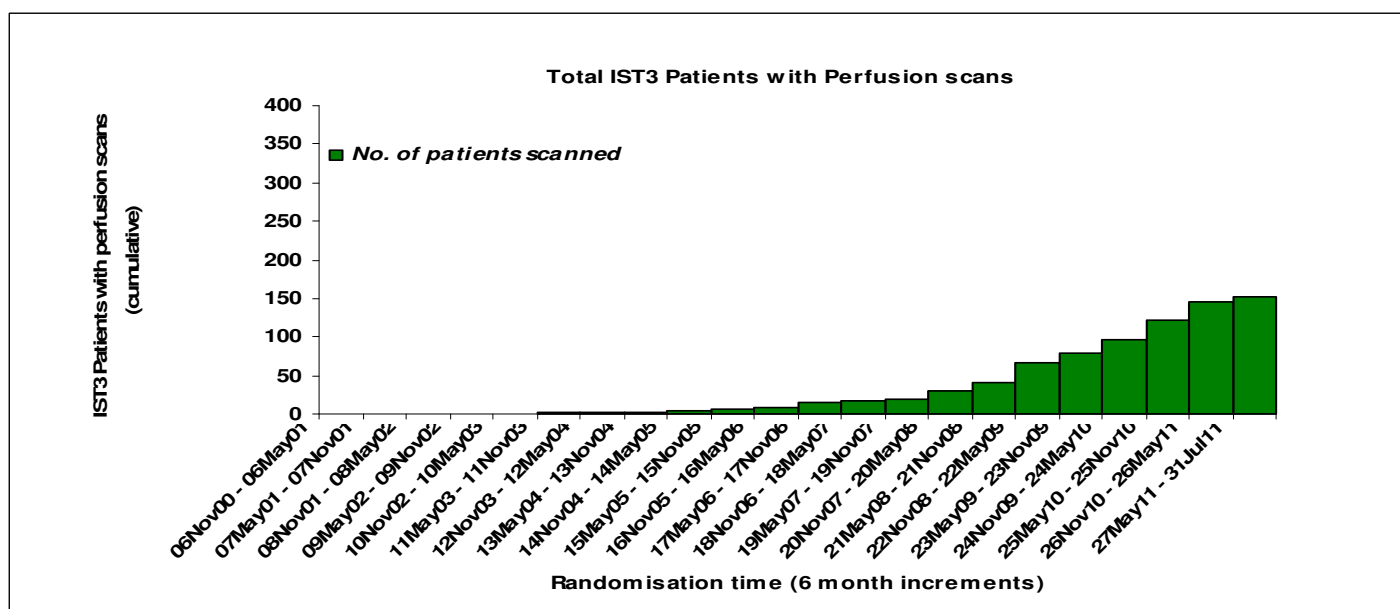
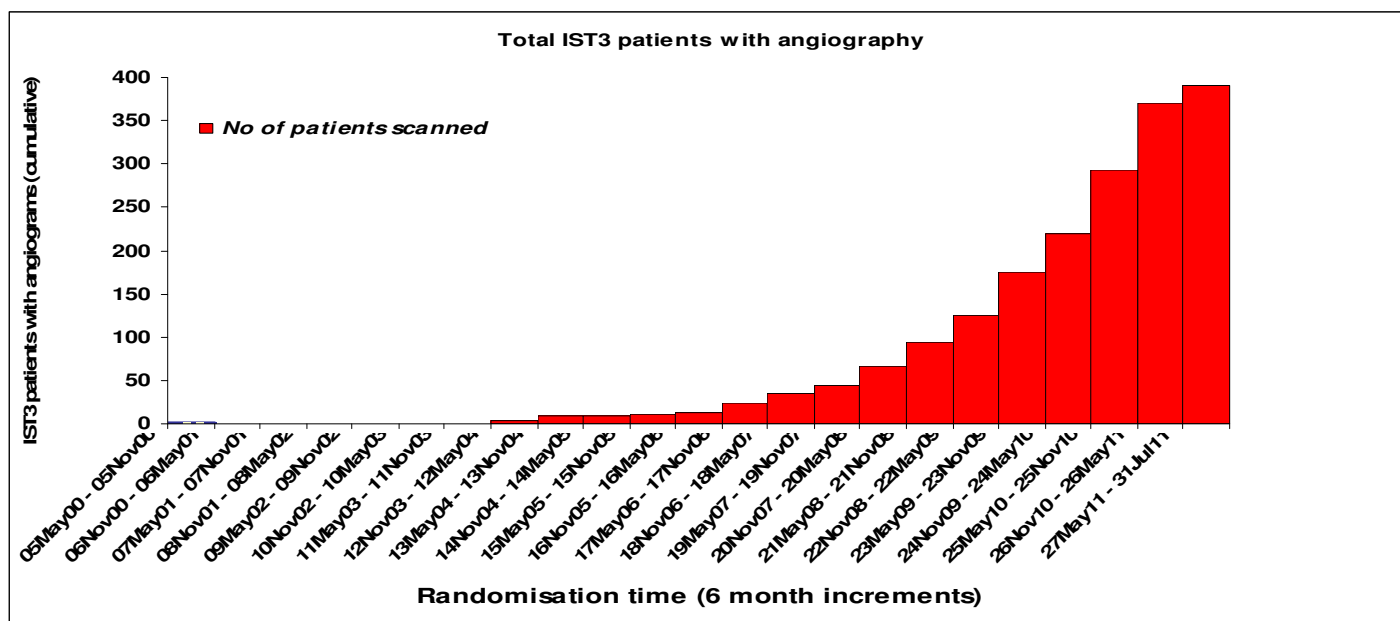
With the official ending of recruitment for the IST3, a final update of the IST3 Perfusion and Angiography sub studies is also in order.

Although we still keep receiving scans, the good news is that the total patient recruitment so far is at 449 patients from 45 centres in 8 countries performing CT perfusion and/or angiography and 34 centres in 10 countries performing MR perfusion and/or angiography.

From those, 52 patients had only perfusion imaging, 297 patients had only angiography imaging and 100 patients had both.

At randomisation, 129 patients had perfusion and 243 patients had angiography imaging. Also, most of the imaging at randomisation was with CT whilst most imaging at follow-up was with MR – thus making the CT angiography imaging the one method mostly used by the centres at randomisation of patients with acute ischaemic stroke. Of course the exciting part is still in front of us with the analysis of all those perfusion and angiography scans.

We all want to say a big thank you to the teams of centres who sent us those CT and MR perfusions and angios. With your great help, we are happy to say that the numbers of the IST3 patients with angiographies and/or perfusions surpassed our expectations, thus giving hope for some interesting results in the role of perfusion/angiography as imaging methods in the early treatment of acute ischaemic stroke. So watch this space!



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**Trial Programmers:
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David Buchanan**

**Trial Support Team:
Sheila Grant**

**Senior Research
Administrator:
Pauli Hanley**

**Please Complete The IST-3 Dataset Pie By Sending Us Your
Remaining Overdue Data Now!**

Let me introduce you to the IST-3 dataset pie. It is almost complete and ready for baking but there are still some slices missing. The pie chart shown below helps visualise all these missing slices of the IST-3 pie that we need. We've portioned our pie into 3 categories.

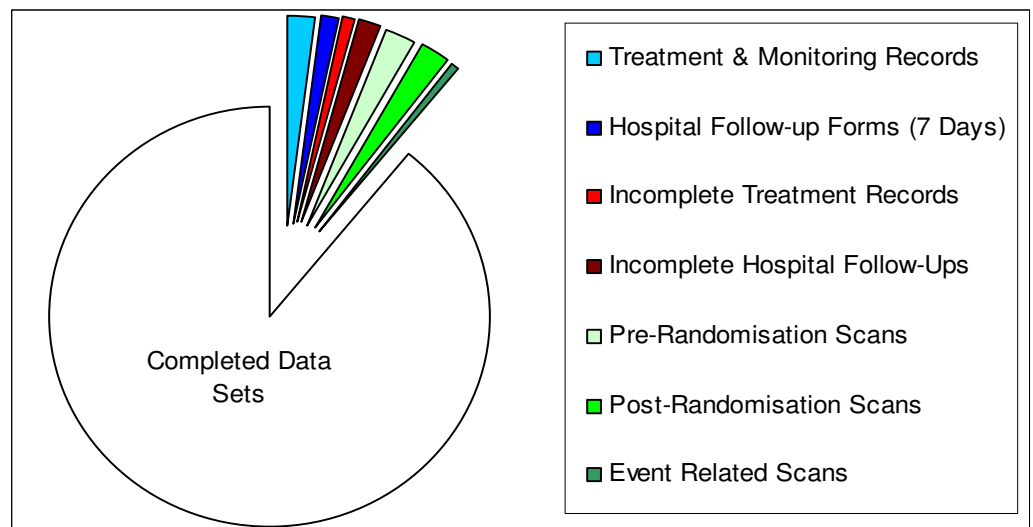
- Forms that have not been received (Blues)
- Forms that have been received but have unanswered questions (Reds)
- Missing Scans (Greens)

For those centres with outstanding data (you know who you are!), we need you to complete this pie as soon as possible. Please send us your data, scans and query responses now. To help focus on what is missing Vera has created new Listings. These listings only show outstanding data, scans and/or queries. Please read these carefully and respond quickly. The new listings now include an additional category for missing 'Event' Related Scans. This is where you have recorded that the patient had a neurological event but have not sent us the scan on which the event was confirmed. Sometimes this may also be the Post-Randomisation Scan but we need you to confirm this if you have been asked.

We'd like to say a big thank you to our centres in Austria, Belgium and Canada, who are the first countries to provide complete datasets. Well done!

Thank you all for your continuing support.

Data We Have Received & What We Still Need



FIRST RANDOMISATION

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

Dr Samuel Sanmuganathan and the Team at Medway Maritime Hospital, Medway NHS Foundation Trust, Gillingham, UK

Professor Andreas Luft and the Team at Universitätsspital Zürich, Zürich, Switzerland

