

THE IST-3 TIMES

April 2007



EDITORIAL

Professor Richard Lindley, Co-Chief Investigator

As recruitment edges ever closer to 800 patients we are all speculating which centre will win our “801” prize, celebrating the occasion when IST-3 becomes the largest thrombolysis trial ever. This topic was part of the Australian National Collaborators’ meeting, held in Sydney on 27 April. Over 20 collaborators spent the day discussing the progress of the trial and plans for the future. The day was kicked off by Professor Graeme Hankey, who summarised the current state of play of stroke thrombolysis and reminded the collaborative group that IST-3 will be the only reliable way of answering many of the remaining questions about stroke thrombolysis. After a rather quiet period for Australian centres, recruitment has picked up with 4 patients recruited in the past month (thanks mainly to the John Hunter Hospital team!). Professor Christian Lueck and his team (The Canberra Hospital) were awarded the prize for the best recruitment in the past year. Strategies to improve recruitment were discussed during the day, and recruiting new Australian sites was considered a priority. IST-3 Australia was supported by the Heart Foundation (2005-6) and is now funded by the National Health and Medical Research Council of Australia.



Prof Graeme Hankey



Dr Christian Lueck

Thrombolysis rates remain low in the USA

One of the presentations at the International Stroke Conference in San Francisco held in February this year described the rates and determinants of use of rt-PA from Medicare Claim files.¹ Using data from over 125,000 stroke episodes per annum, the rate of thrombolysis was only 1.8% in 2002 with only a small increase to 2.0% in 2004. The major determinant of rt-PA use was if the hospital was a designated stroke centre. Weaker predictors of use were hospitals with a teaching role, in an urban area or a larger hospital. This work clearly illustrates the need for more convincing data to persuade more sites to become stroke centres and offer thrombolysis treatment. IST-3 is evaluating a stroke thrombolysis method that is potentially widely generalisable, with treatment being based on: a reasonable clinical assessment; a CT scan guided imaging strategy; and an intravenous route of treatment. These aspects of care should be available in most medium to large hospitals around the world.

¹Matchar DB, Samsa GP, Kinght T, Ball J, Marotta CA, Goss TF. International Stroke Conference 2007, San Francisco, USA Stroke 2007; 38: 459

**RECRUITMENT AT 1st
May 2007**

**NUMBER OF PATIENTS
IN PAST 30 DAYS**

UK	6
Norway	1
Poland	3
Italy	2
Canada	1
Belgium	0
Austria	1
Australia	4
Sweden	3

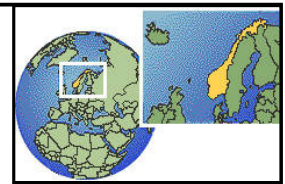
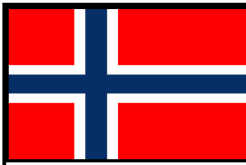
Total 21

**TOTAL NUMBER
OF PATIENTS
RECRUITED
TO DATE:**

790

**NUMBER OF CENTRES
PER COUNTRY**

UK:	21
Italy:	12
Australia:	10
Norway:	9
Sweden:	9
Norway:	9
Poland:	5
Belgium:	2
Austria:	1
Canada:	1
India :	1
Mexico:	1



IST-3 in Norway

Norwegian centres have been participating in IST-3 since 2002. Currently, there are nine active centres in Norway. So far, a little over one hundred patients have been included by these centres.

IST-3 in Norway is funded by the Norwegian Research Council. The national co-ordinators are Eivind Berge and Karsten Bruins Slot, both working at Ullevaal University Hospital in Oslo. Our research nurse, Anne Marie Dahl, is doing a great job in following up all patients recruited in Norway.

At the end of last March we had our yearly national IST-3 meeting in Oslo. The meeting was attended by both active and interested centres. Various presentations were given, both on the trial and on thrombolytic stroke treatment in general.

We hope and expect that more Norwegian centres will join IST-3 in the near future

Stockholm 2007 – The Collaborative Meeting extended to physicians from all Swedish thrombolysis centres for a whole-day on “Diagnosis for thrombolysis in acute ischaemic stroke”

This year the Stockholm Collaborative Meeting took the shape of an educational day; quality-certified by IPULS, a body under the National Board of Health and Welfare assessing post-graduate education for specialists/specialists to be in Sweden. Invitations were sent out to all hospitals administering thrombolysis in stroke; to clinicians as well as to radiologists/neuroradiologists. The primary goal for the IST-3 group was to meet a rather widely expressed wish for an increase in diagnostic insights. The hopeful second spin-off goal was to speed up the recruitment of new centres joining the trial. In most hospitals more thrombolysis patients are longed for! In citing the Uppsala expressions for thrombolysis within the NHS: “Save the brain!” and in IST-3: “Save the brain plus!” the message was given that joining the trial mainly adds to having more patients.

The Diagnostic day-idea was highly appreciated also since it is rather rare that specialists are assembled across specialist-borders, and with the agenda and the lecturers, this was seen as a very special occasion and opportunity! Almost 150 physicians wanted to participate, approximately equal amount clinicians and radiologists from all over the country. Finally not all could make it but the expressed interest was seen as very high for this kind of specialist training.

Obviously by combining clinicians and radiologists/neuroradiologists bilateral awareness of the other’s tough assessment situation was enhanced as was the already high collaborative feeling in the diagnostic process. The aim of the joint work, to secure clinical-imaging match and to identify anything of a clinical-imaging mismatch was specifically pointed to. For the main part of the participants this was naturally a repetition of well-known facts, but nevertheless it was obviously highly appreciated!

Stockholm 2007 – The Collaborative Meeting (continued)

An update on IST-3 was of course included, as well as one session on the rationale for the trial; and also, since intra-arterial diagnosis and intervention were interestingly presented from Sahlgrenska in Gothenburg by Gunnar Wikholm, so were the reasons to continue to develop intravenous thrombolysis.

A parallel session for IST-3 research nurses was held by Eva Isakson our responsible research nurse in IST-3, Sweden and this was much appreciated! The day ended with a very interesting case story-session, with Anders von Heijne, IST-3 neuroradiology advisor in IST-3, Sweden; and a general discussion, where apart from the panel Nils Wahlgren was able to participate and also present some new data from the SITS-MOST quality register.

Some IST-3 centres were specifically apostrophized; best recruiters: Uppsala; best new-comer: Capio S:t Göran; and best runner-up: Kärnsjukhuset Skövde. It was also very nice that all participating hospitals could be praised for their efforts even if some has had a bit of tough luck as far as randomising goes – many patients have been investigated for eligibility at all centres.

It is our hope that the present trend in Sweden with increasing numbers of randomised patients will continue, and further increase! Also, several of the participating hospitals asked about joining the trial. Thanks to Peter Sandercock coming to Sweden for the third time now and please, welcome back to an already asked for next meeting! Great thanks to Joanna Wardlaw first time here also please most hopefully, do come back! And thanks to Alison Clark who contributed in the IST-3 research nurses meeting as well as generally –very nice for Sweden to have your face to associate to the kind and helpful emails having been received by all centres in the start-up phase!

For the management group of IST-3, Sweden: Bo Norrving Lund, Andreas Terént Uppsala, Per Wester Umeå and Veronica Murray National Co-ordinator

Veronica Murray (IST-3 National Co-ordinator – Sweden)



Part of the IST-3 group, from centre and clock-wise: Pete Sandercock, Bo Norrving, Alison Clark, Per Wester, Joanna Wardlaw, Veronica Murray, Andreas Terént is missing (had had to leave just before photo) and Eva Isakson.

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David Buchanan

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Dr Steff Lewis

Trial Support Team:

Sheila Grant

Janie Hunter

Anne Fraser

Anne Williamson

NEW CENTRES

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

- Dr Antonio Arauz and the team at Instituto Nacional de Neurologia, Mexico City, Mexico
- Dr James Paterson and the team at Scarborough Hospital, Scarborough, UK



FIRST RANDOMISATION

Our thanks and congratulations to Professor Martin Brown and all the team from The National Hospital for Neurology & Neurosurgery, London, UK for randomising their first patient.

Well Done!

Just a reminder ...Just a reminder... Just a reminder...

Consent Forms

Please could all randomising Centres make sure that when they consent a patient for IST-3, that they;

Keep the original signed form in the patient's medical notes;

AND ALSO

Keep a copy of the same consent form in their IST-3 site file.

Thank you for your co-operation