

THE IST-3 TIMES



August 2006

RECRUITMENT AT 11th JULY 2006

NUMBER OF PATIENTS RECRUITED IN THE LAST 30 DAYS

UK	10
Norway	0
Poland	3
Italy	3
Belgium	1
Australia	1
Sweden	0
Austria	0
Canada	2

Total 20

TOTAL NUMBER OF PATIENTS RECRUITED TO DATE:-

567

Only 337 more needed to make IST-3 the largest ever trial of thrombolysis for stroke!

NUMBER OF CENTRES PER COUNTRY

UK:	19
Sweden:	9
Poland:	4
Norway:	10
Italy :	11
India :	1
Canada:	1
Belgium:	2
Austria:	1
Australia:	9

EDITORIAL

Professor Richard Lindley, Co-Chief Investigator



IST-3 will soon be bigger than NINDS study

IST-3 is now well on its way to becoming one of the largest trials of thrombolysis. It is currently the fifth largest rt-PA trial and will become the 2nd largest (after ECASS-II) when we surpass the NINDS trial (624 patients); at the present rate of recruitment, we'll be bigger than NINDS was by the end of the year.

Increased recruitment needed: please set your own recruitment targets!

We hope all collaborators will renew their efforts in identifying appropriate patients. We are particularly keen on encouraging recruitment of people over 80 years of age, as there are extremely limited data on the effectiveness of thrombolysis in this age group, especially within 3 hours of stroke onset. We are also keen to encourage recruitment of patients with lacunar stroke, mild to moderate strokes, and strokes in the 3-6 hour time period. To stimulate recruitment, we'll be asking centres to set themselves recruitment targets...more news on that overleaf.

Exclude pregnancy before randomisation

IST-3 excludes pregnant women from randomization. A report from Murugappan and colleagues (Neurology 2006; 66: 768-770) confirms that this is wise. Eight pregnant women were treated; three were given intravenous rt-PA, one intra-arterial rt-PA, one intra-arterial urokinase and 3 local urokinase. One woman died from arterial dissection following angioplasty, 2 had asymptomatic intracranial haemorrhage, 2 had extracranial bleeding. Three women had medical terminations, there were an additional 3 fetal deaths and only two healthy deliveries, both of these women had been given intra-arterial thrombolysis. So please remember, if a potential IST-3 patient is a woman of childbearing age, a menstrual history should be sought and an urgent pregnancy test should be done to exclude pregnancy prior to recruitment.

Exciting new data on imaging already emerging from IST-3

It was exciting to see some early results of the imaging data from IST-3 which Adam Kobayashi presented on behalf of the group at ESC Brussels. The analyses showed that in 16% of IST-3 patients, a hyperdense artery sign had disappeared by the time of the second scan (Cerebrovasc Dis 2006; 21[supple 4] 33-34). These early observational studies provide a hint at the wealth of data that will be generated by IST-3.

**THE IST-3
CO-ORDINATING CENTRE**

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BOURNEMOUTH SITE VISIT A SUCCESS

A routine start-up site visit to the Royal Bournemouth Hospital took an interesting twist when the thrombolysis team were called away during the visit to assess a potential thrombolysis patient. The IST-3 team, from Edinburgh, were privileged to be allowed to follow the patients progress from the time of admission through the assessment and CT scanning.

The emphasis in Bournemouth is very much on a team approach to the management of a potential thrombolysis patient. Using the FAST test, the paramedics are able to quickly assess the patient and establish an accurate time of symptom onset. The stroke team are alerted about all suspected stroke patients who have symptoms of less than 3 hours and given an estimated arrival time. On arrival at the hospital the thrombolysis team (on the day Dr Toby Black and Research Nurse Anna Orpen) and the ARU staff worked closely together to assess the patient and ensure that the radiology department were informed of the need for an emergency scan and that a bed was made available, if required, in the acute stroke ward. Excellent communication between all of these disciplines ensured that the patient was dealt with quickly and professionally throughout this process. The results of the CT scan showed that the patient was not eligible to be thrombolysed but ensured that the best options for management of the

INSURANCE

We are presently negotiating with the Edinburgh University Insurance company to provide cover for the countries where insurance cover is not provided by the usual hospital indemnity cover. We will keep you up to date with our progress.

CENTRE AGREEMENTS & RECRUITMENT TARGETS

The final version of the Principal Investigator Agreement will be sent out soon to all recruiting Principal Investigators involved in IST-3. The agreement sets out the roles and responsibilities of the Principal Investigator, to provide for the proper management and governance of the trial. We would also like each Centre to set itself a 'target' number of patients to recruit in the next year. Please complete and return the form along with the Principal Investigators agreement to the trial co-ordinating centre as soon as possible.

NEW CENTRES & FIRST RANDOMISATIONS

Our thanks and congratulations to the following new centres:

Norway: Sykehuset Buskerud HF, Drs Karl-Friedrich Amthur & Dr Merete Underland

Poland: Medical University of Gdansk, Professor Walenty Michal Nyka & Dr Dariusz Gasecki

First Randomisations

UK: Hammersmith Hospital, London, Dr Pankaj Sharma and all the team

UK: John Radcliffe Hospital, Oxford, Professor Alistair Buchan and all the team.

