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ISRCTN97695350

TRANEXAMIC ACID FOR INTRACEREBRAL HAEMORRHAGE: TICH-3 TRIAL

INVESTIGATOR MEETING

Professor Nikola Sprigg

On behalf TICH-3 Trial Team

13th September 2022

Agenda

1. Recruitment update
2. Recruiting experience – University Hospital of North Durham and Charing Cross Hospital
3. Uploading documents to TICH-3 website
4. Co-enrolment
5. Haematoma volume estimation
6. Thank you
7. Questions?

Recruitment Update

Site Status	Number
Sites open to recruitment	27
Recruited *(27 participants in total)*	12
Not – recruited	15
In set up	30
Initial feasibility assessments	9
Declined for now (capacity issues)	11
Withdrawn	7

Recruiting Experience

Colleagues from University Hospital of North Durham and Charing Cross Hospital are going to share their experience of recruiting into the TICH-3 trial

Is there anyone else on the call who would like to share?

Recruiting Experience - Feedback

North Durham (Ami Wilkinson):

Lovely trial that has a pragmatic randomisation process. The consent is simple. They are working on their on-call Consultant availability process. They enjoy being part of the trial.

Charing Cross/Imperial College (Sheila Mashate):

Recruited 2 patients from out of hours. Staff availability who are on the delegation log during these times can be challenging. They had a couple of patients who had a history of seizures which they were cautious of and therefore were excluded based on that.

Regarding Cannula checks, calculating the volume was not always straight forward and they had to discuss with Neurologists to calculate.

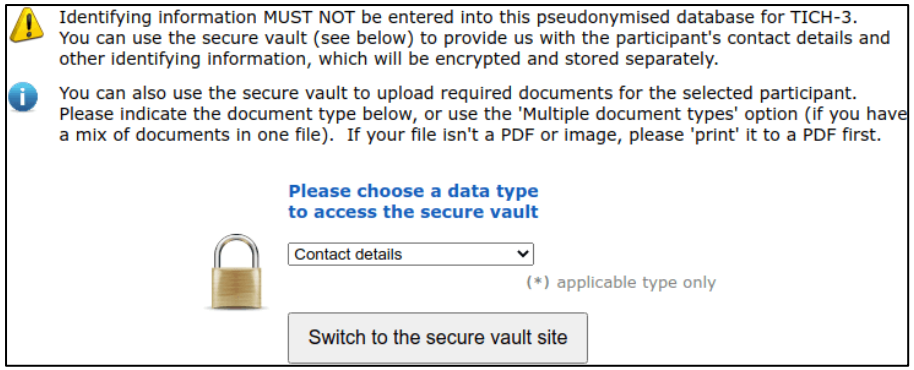
The verbal consent helps a lot and the QR code is simple and useful.

Uploading Documents to TICH-3 Website

Document uploads

Please upload the following documents to the secure vault site via the TICH-3 website as soon as possible after enrolment:

- Baseline CT/MRI Scan reports to confirm eligibly (MUST be anonymised)
- Drug charts to confirm correct pack number used (MUST be anonymised)
- Consent forms to confirm consent obtained (DO NOT anonymise consent forms)



CT scan images

To be uploaded (MUST be anonymised) to the TICH-3 website, not the secure vault.

- The scans must include the date/time present at a minimum
- It's also preferable to retain some pseudonymised data - such as date of birth and sex - to allow the system to ensure that the correct scans are being uploaded.

If scans cannot be uploaded to the TICH-3 website please post (MUST be anonymised) to us on a CD.

To anonymise please block out the patient's name and add their participant ID number to the document

Co-enrolment with MAPS-2 Trial - Synopsis

MAPS-2: The Metoclopramide for Avoiding Pneumonia after Stroke Trial

- **Setting:** Emergency departments and stroke units of 60-90+ NHS hospitals in the United Kingdom.
- **Population:** 2100 participants with post-stroke dysphagia, ≤ 9 hours of symptom onset. Patients with either ischaemic or haemorrhagic strokes are eligible.
- **Intervention:** Metoclopramide, administered via slow IV injection or nasogastric tube, 10mg/2ml three times per day for 14 days (or discharge).
- **Comparison:** Sodium chloride 0.9% solution, administered via slow IV injection or nasogastric tube, 2ml three times a day for 14 days (or discharge).
- **Outcome:** Mortality by 6 months *(primary).* Pneumonia diagnosis and neurological recover at day 14; long-term disability outcome at 6 months; cost effectiveness of metoclopramide *(secondary).*
- **Design:** A large multicentre phase III participant-blinded parallel two-arm randomized placebo-controlled trial (with an internal pilot running for the initial nine months).
- **Funder:** UK NIHR HTA
- **Email:** MAPS-2@nottingham.ac.uk

Website: https:/stroke.nottingham.ac.uk/maps-2/

Co-enrolment with MAPS-2 Trial

- Co-enrolment between TICH-3 and MAPS-2 has been agreed, as both are sponsored by University of Nottingham there does not need to be a contract in place at site for co-enrolment to occur

- Metoclopramide is considered safe

- Enrolment within 9 hours of symptom onset

Any questions?

Co-enrolment with Trident and ENRICH-AF

- Co-enrolment between TICH-3 and TRDIENT has now been agreed
- As both trials are with different sponsors there is an agreement in place confirming both sponsors approval of co-enrolment
- If you are taking part in TRIDENT please let us know so your site (PI and R&I) can document they agree to co-enrolment at your site.

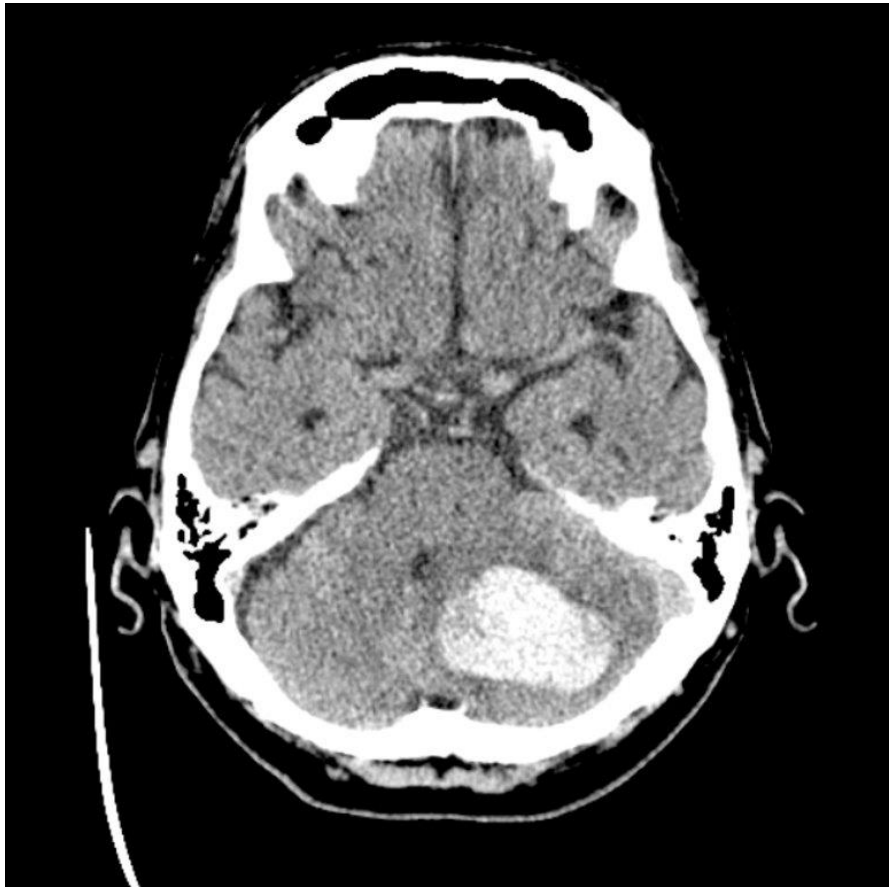
TRIDENT
Triple therapy prevention of Recurrent Intracerebral Disease EveNts Trial

- Co-enrolment between TICH-3 and ENRICH-AF is in the process of being formalised….

ENRICH-AF

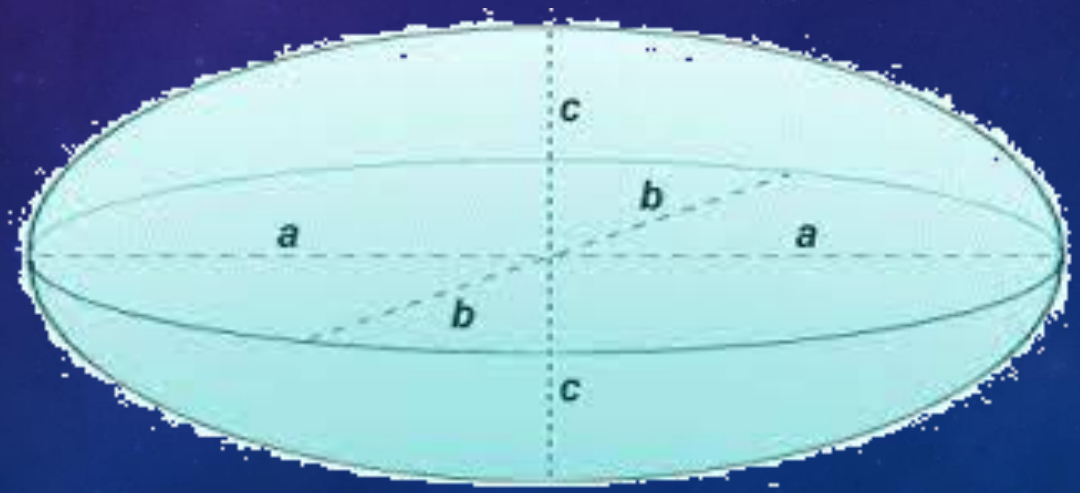
Any questions?

Haematoma Volume Estimation



ABC/2 – ABBREVIATIONS EXPLAINED

- A: the maximal length of the largest slice of hematoma (cm);
- B: the maximum width perpendicular to A determined on the slice of maximal area;
- C: the height of hematoma (number of slices with haemorrhage multiplied by slice thickness (cm)



TICH-3 trial
Tranexamic acid for IntraCerebral Haemorrhage 3

Room S/D2123, Stroke Trials Unit
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Haematoma volume calculator

Investigator: **Chaamanti Sivakumar** Log out

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Estimated volume of largest haematoma

View guide

Maximum haematoma length 'A' *(up to 4 decimal places)*		cm
Maximum haematoma width 'B' *(up to 4 decimal places)*		cm
Number of slices where haematoma visible		slices
Scan slice thickness *(up to 3 decimal places)*		mm

Please enter the individual components and then the calculated volume will be shown.

Switch to mobile site

MD+CALC Search "QT interval" or "QT" or "EKG"

ABC/2 Formula for Intracerebral Hemorrhage Volume

Predicts volume of intracranial hemorrhage from CT measurements.

INSTRUCTIONS
Measure length and width on the CT slice with the largest area of hemorrhage.
NOTE: CT slices are typically measured in mm, not cm.

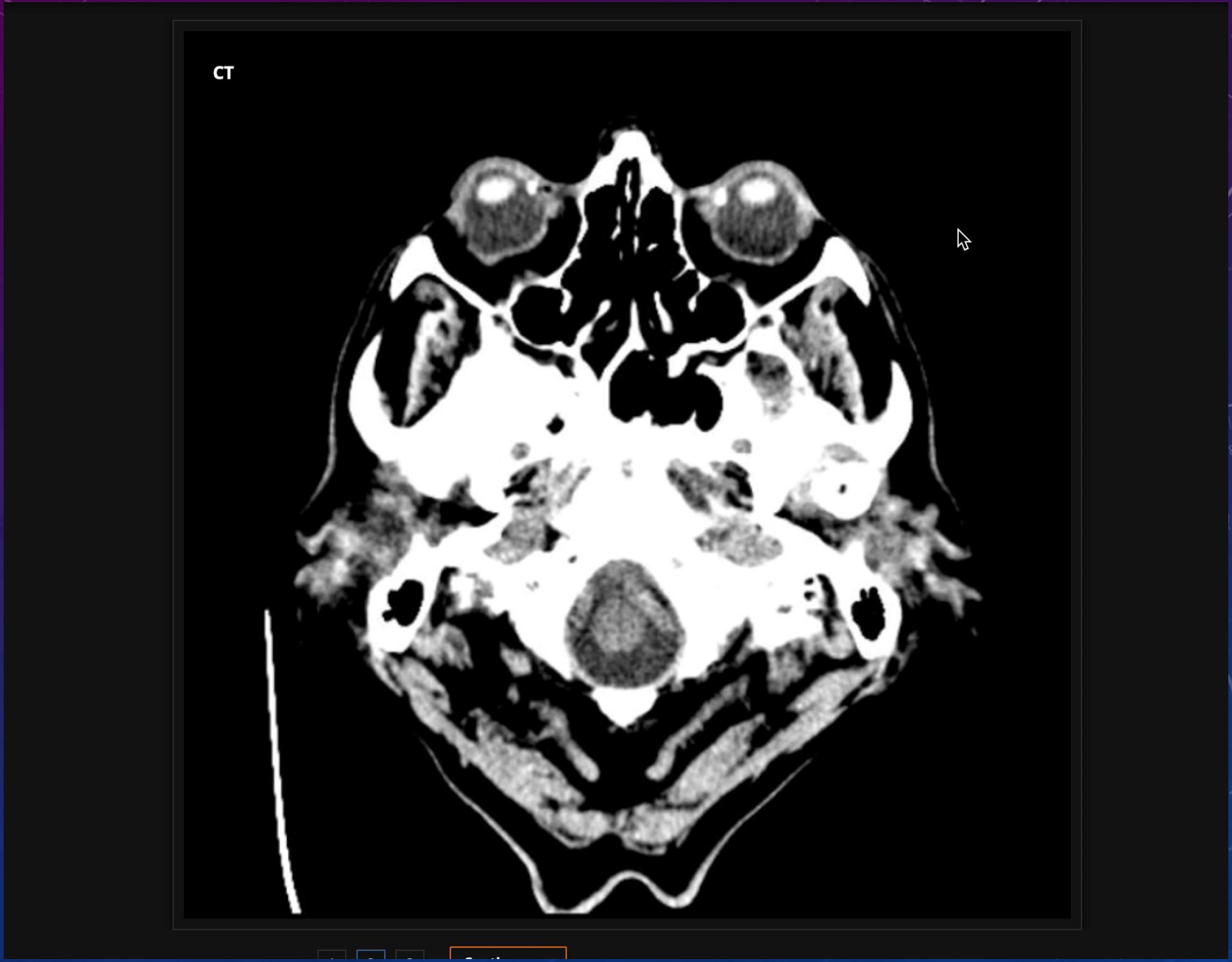
When to Use | Pearls/Pitfalls | Why Use

Hemorrhage Shape	Round or Ellipsoid / Irregular, Separated, or Multinodular	
Hemorrhage Length		cm
Hemorrhage Width		cm
Number of CT Slices Slice with ≥75% Area of Hemorrhage: Counts as 1 slice; Slice with 25-75% Area of Hemorrhage: Counts as 0.5 slices; Slice with <25% Area of Hemorrhage: Counts as 0 slices		slices
CT Slice Thickness		mm

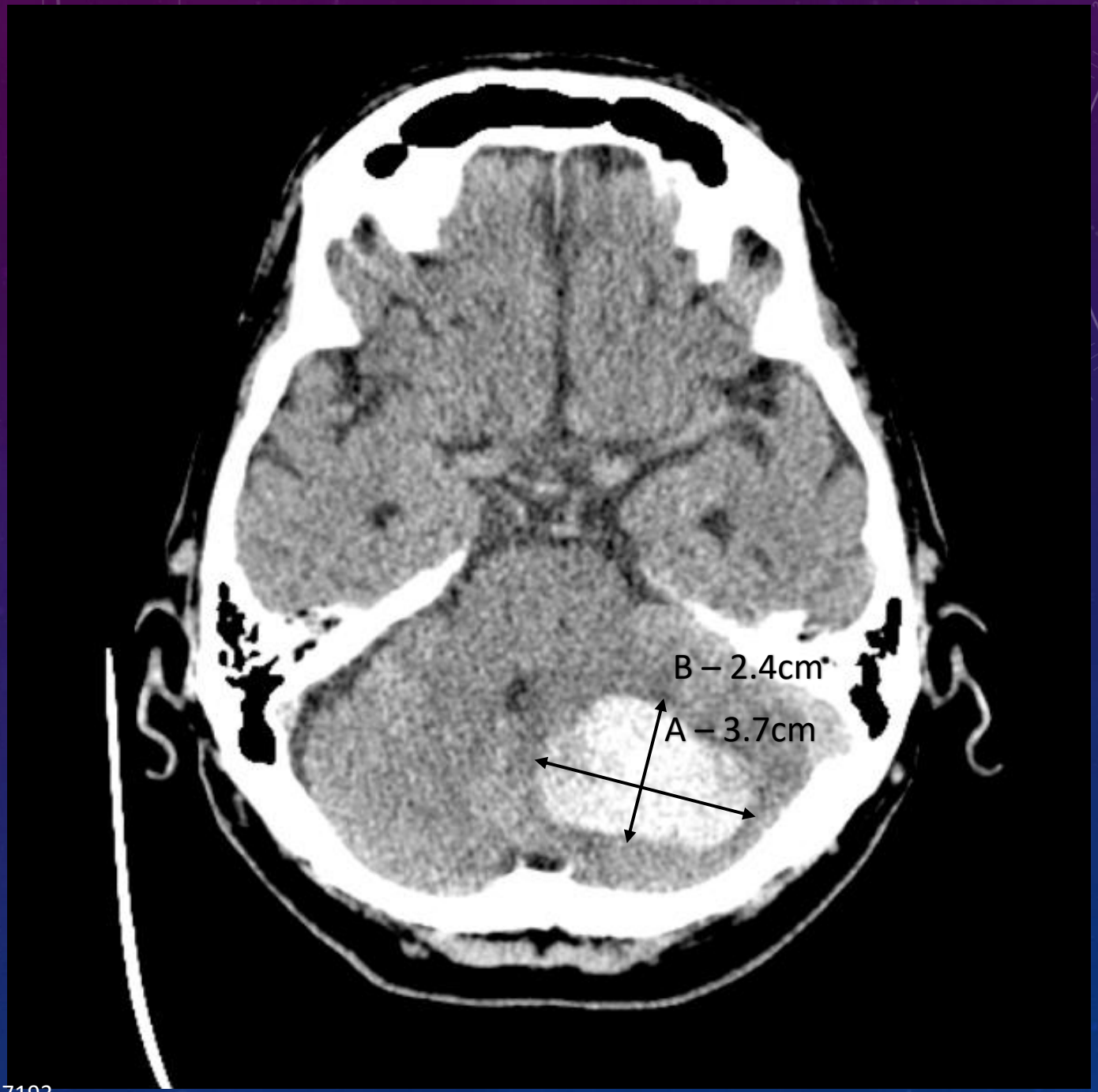
Result:

Please fill out required fields.

Worked Example 1



Case courtesy of Dr David Cuete, Radiopaedia.org, rID: 27193



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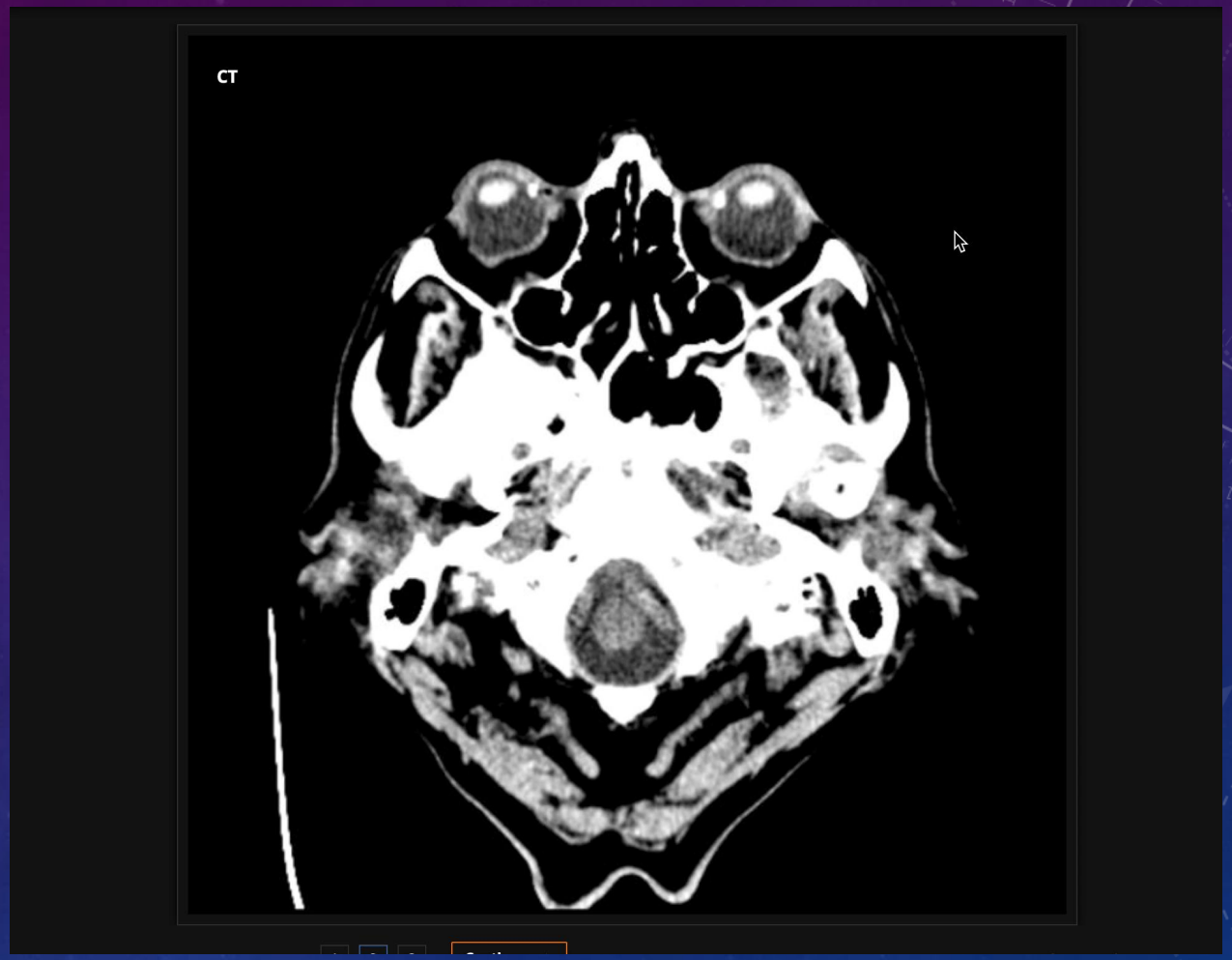
C = 16 slices

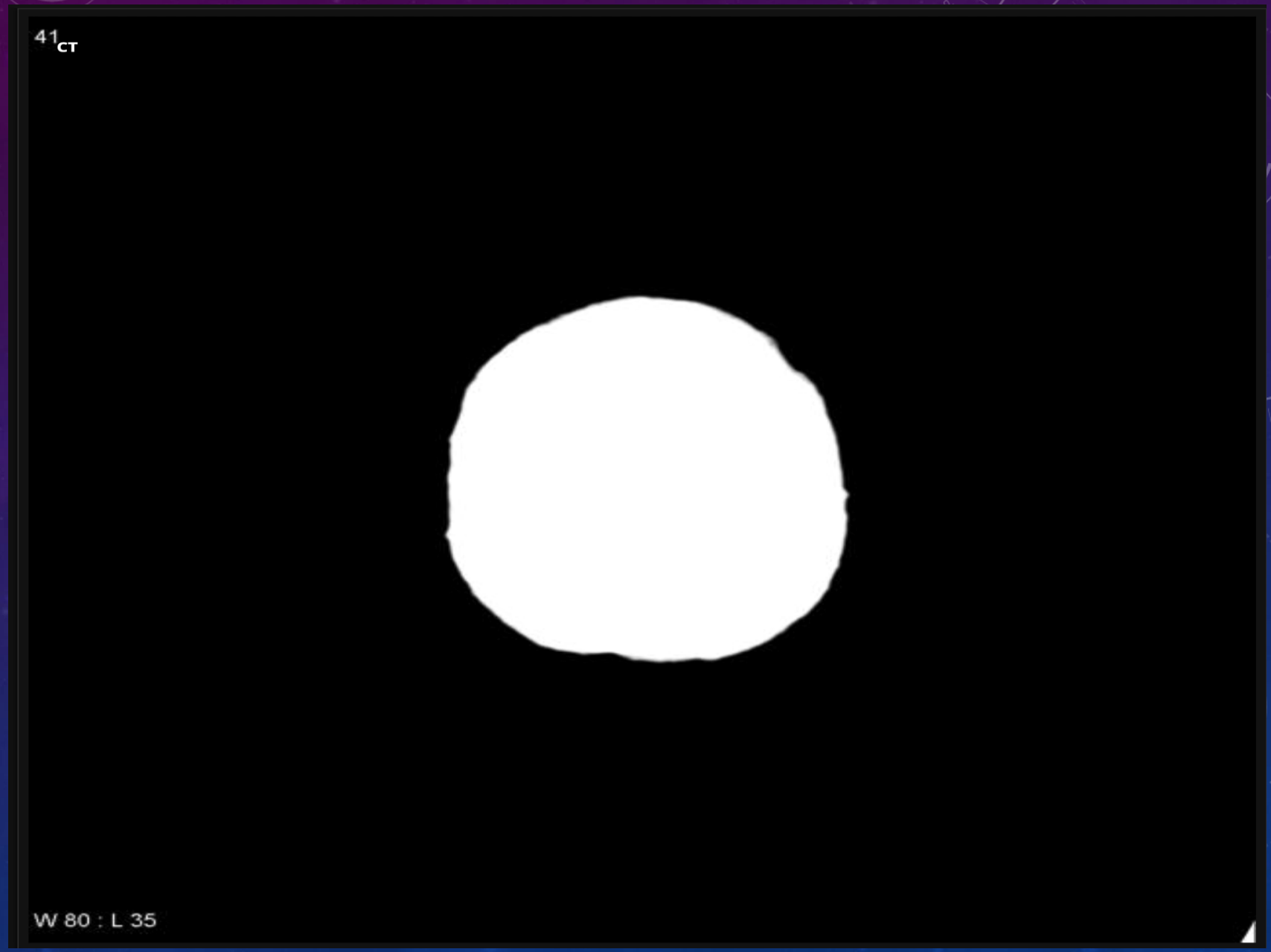


ABC/2

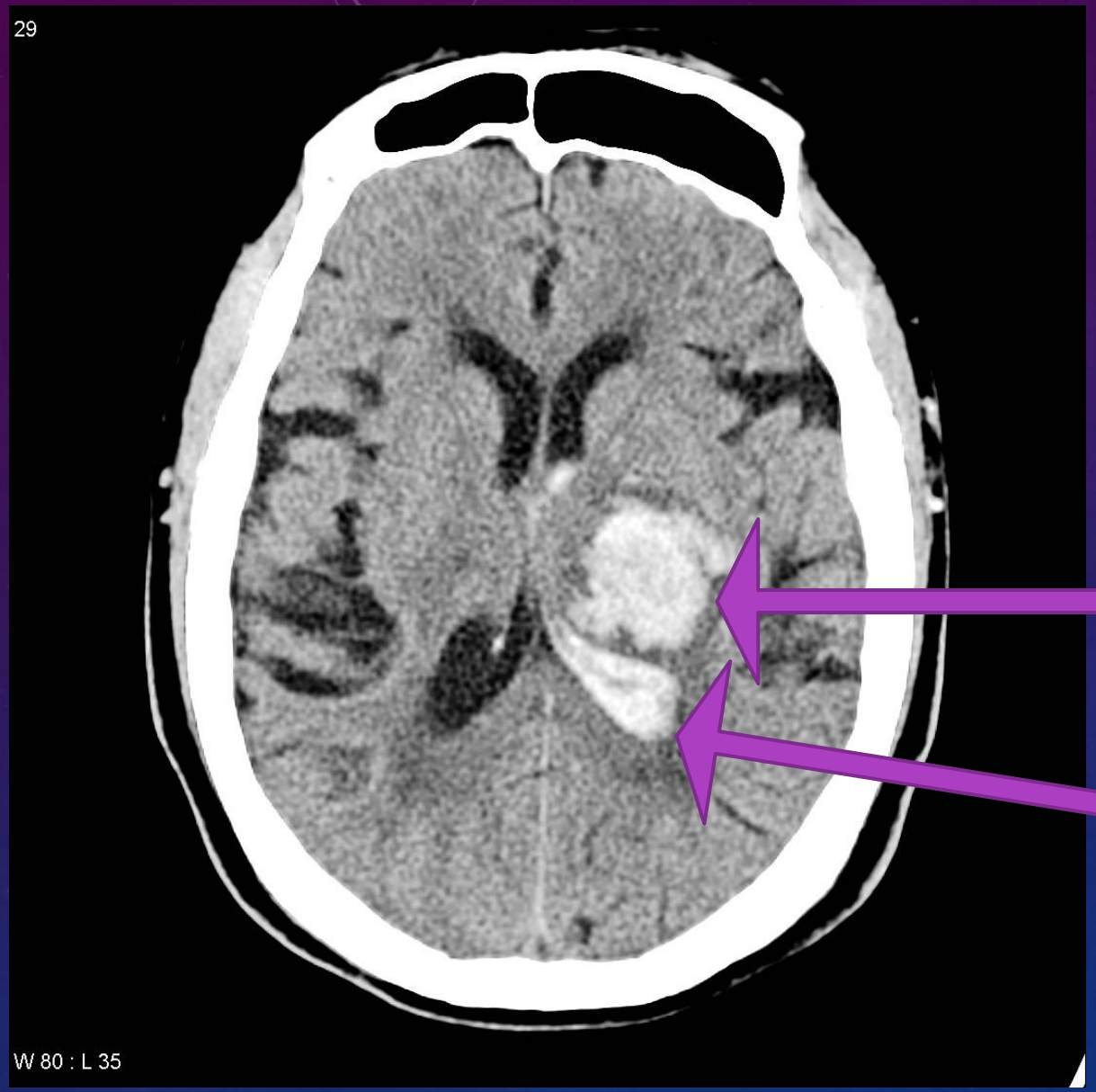
$$\frac{3.7\ x\ 2.4\ x\ (16 x 0.5)}{2}$$

$$= 35.52 \mathrm{cm}^3$$

WORKED EXAMPLE 2



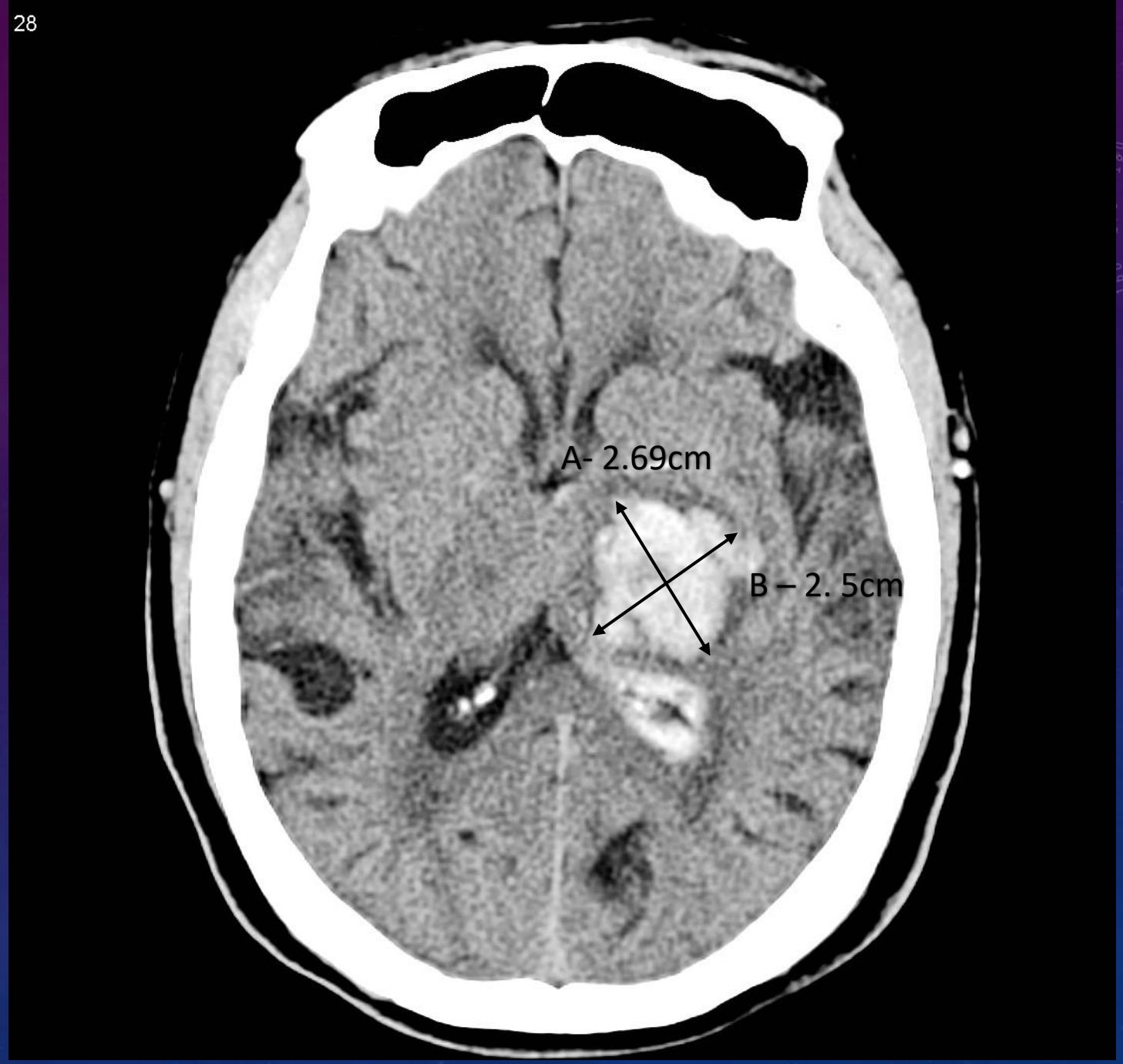
Case courtesy of Assoc Prof Frank Gaillard, Radiopaedia.org, rID: 10598



Basal Ganglia ICH

Concomitant IVH

Case courtesy of Assoc Prof Frank Gaillard, Radiopaedia.org, rID: 10598



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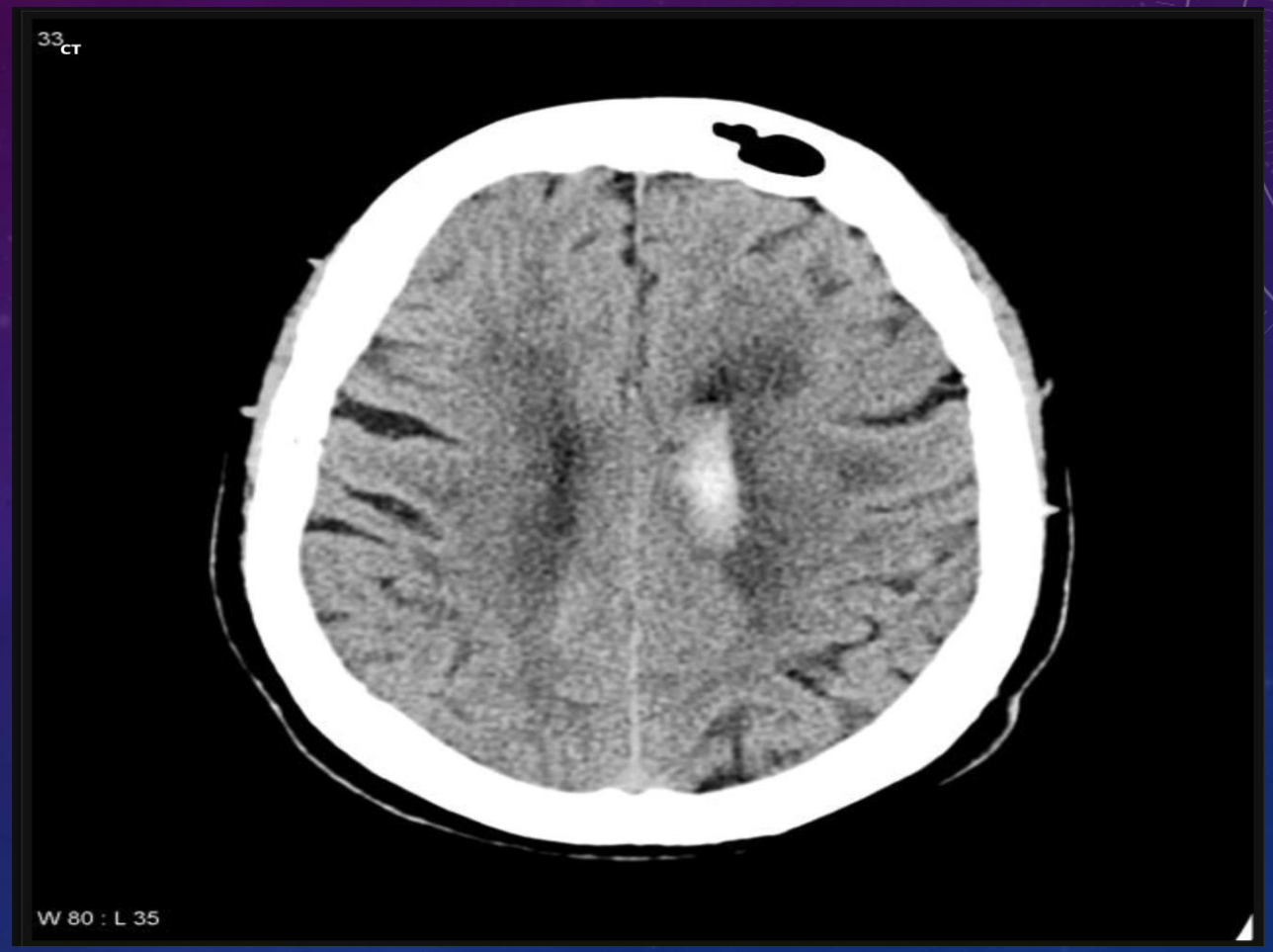
C – Slices 7



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ABC/2

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Haematoma volume calculator

Estimated volume of largest haematoma

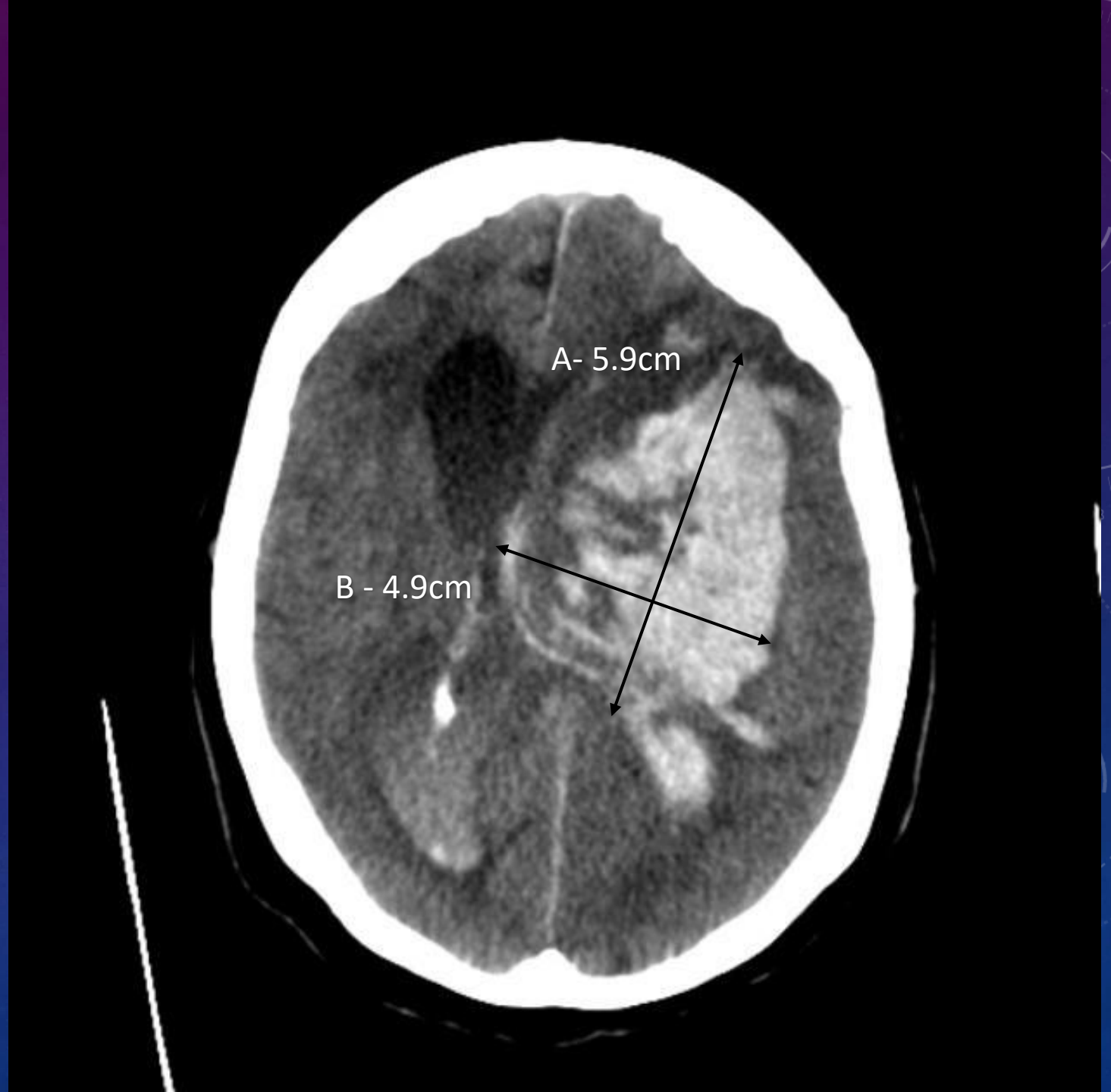
View guide

Maximum haematoma length 'A' *(up to 4 decimal places)*	2.69	cm
Maximum haematoma width 'B' *(up to 4 decimal places)*	2.5	cm
Number of slices where haematoma visible	7	slices
Scan slice thickness *(up to 3 decimal places)*	5	mm

Calculated volume (ABC/2) = 11.7687 cm³

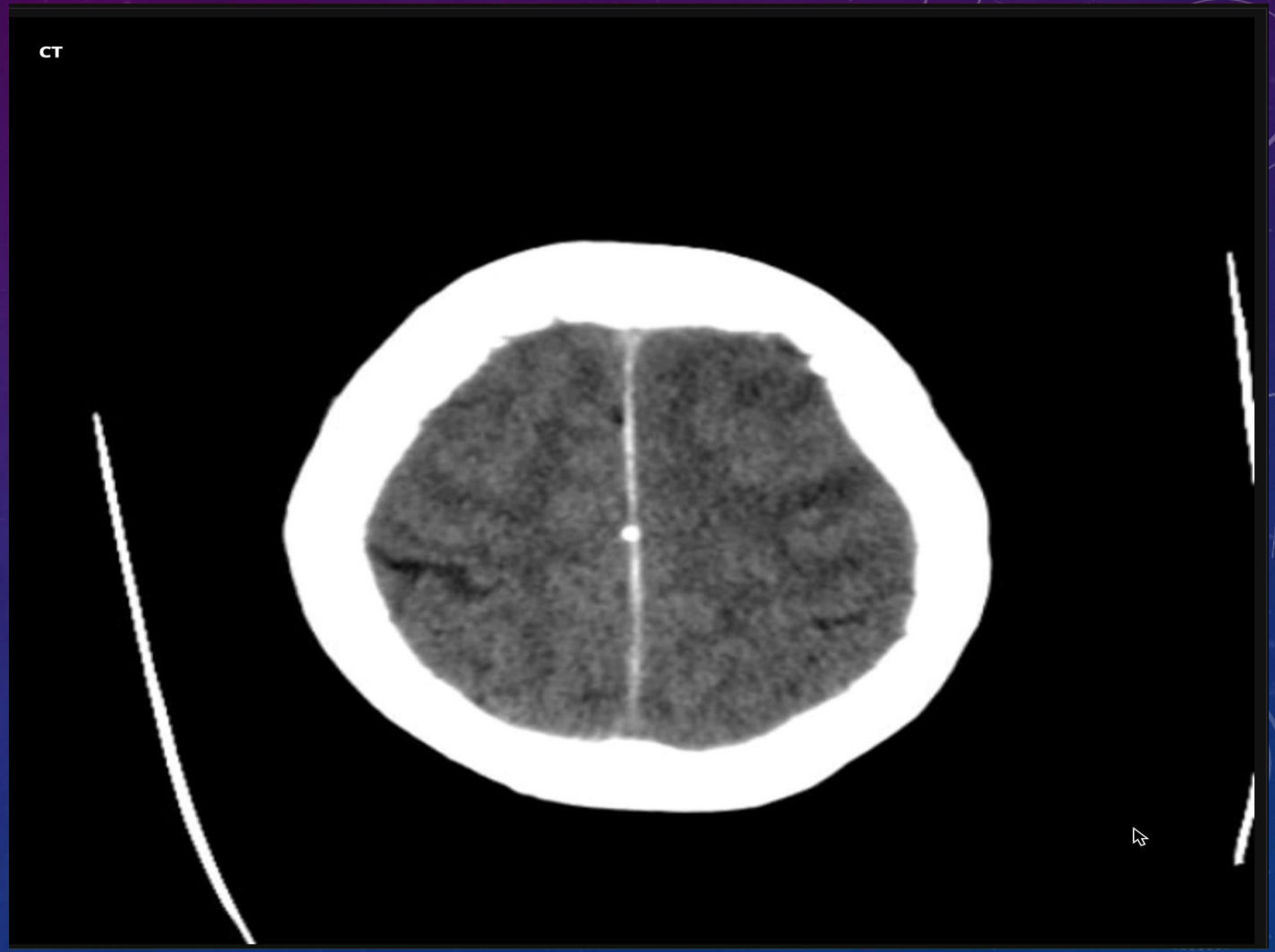
Please enter the individual components and then the calculated volume will be shown.

Worked Example 3



Case courtesy of Dr David Cuete, Radiopaedia.org, rID: 27193

C – Slices 25



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Haematoma volume calculator

Investigator: **Chaamanti Sivakumar**

Log out

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Estimated volume of largest haematoma

View guide

Maximum haematoma length 'A' *(up to 4 decimal places)*	5.9	cm
Maximum haematoma width 'B' *(up to 4 decimal places)*	4.8	cm
Number of slices where haematoma visible	25	slices
Scan slice thickness *(up to 3 decimal places)*	5	mm

Calculated volume (ABC/2) = 177 cm³

Please enter the individual components and then the calculated volume will be shown.

Q & A following Hematoma Volume slide

- (Issue with presentation: Animation of imaging did not function as desired
- Presented by Chaamanti Sivakumar

- **Q: Who can complete haematoma volume (HV) estiamtion?**
  A: Anyone can complete the HV estimation, but the treating physician has final decision on whether to enrol

- **Q: Is 60ml an absolute cut off for inclusion?**
- A: HV calculation is an estimate only, some recruits with HV>60 have been enrolled whereas as some patients with HV <60 have not been recruited, it depends on various factors including location of bleed, GCS, NIHSS etc. Should seek Physician advice if unsure.

Thank You

The TICH-3 trial would not be possible without the support of our investigators, thank you very much to everyone that has joined us thus far!

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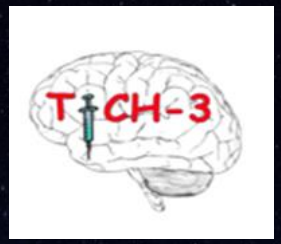

Any questions?

Q & A during the session

- **Q: Can we enroll if patient on warfarin?**
  A: To be excluded needs to be treatment dose anticoagulation
- **Q: Regarding the co-enrollment, why can't we use one consent form?**
  A: They are platform trials and unfortunately cannot share the same consent form
- **Q: Regarding PRESTIGE**
  A: PRESTIGE team decision not to co-enroll as they are closing so wouldn't get a contract executed in time.
- **Q: Process regarding CT/MRI upload**
  A: Needs to be anonymized but with date & time of scan and DOB visible. So that the system can complete a quality check that it is being uploaded for the right person.
- **Q: Can Nurses consent?**
  A: If appropriately trained in taking informed consent for drug trials – yes
- **Q: Why there is no witness box on the consent form?**
  A: This was taken off and there are currently no plans to amend the consent forms but this can be re-visited in the future.
- **Q: Can we recruit if someone has a history of seizure?**
  A: Yes, the exception being active seizures. The decision to enroll lies with the treating clinician.