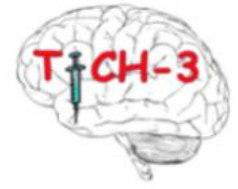


# Tranexamic acid for IntraCerebral Haemorrhage 3 (TICH-3)



## Inclusion

Adults ( $\geq 18$  years) within 4.5 h of onset of acute spontaneous ICH (confirmed on brain imaging)

## Exclusion

- Known indication for TXA treatment (e.g. traumatic brain injury).
- Known contra-indication for TXA treatment.
- Patient known to be taking therapeutic anticoagulation with warfarin or low molecular weight heparin at time of enrolment. Patients taking direct oral anticoagulants can be included and are not excluded.
- Massive ICH (usually when haematoma volume  $>60$ ml)
- Severe coma, Glasgow Coma Scale  $<5$
- Decision for palliative (end of life) care

## Aims

To assess the clinical effectiveness of TXA after ICH and determine whether TXA should be used in clinical practice.

## Design

RCT double blind study streamlined design

## Intervention

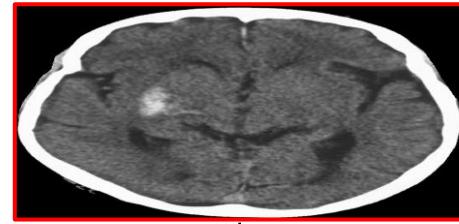
Tranexamic 1g IV bolus then 1g infusion 8hrs

## Comparator

Saline identical regime

## Primary Outcome

Early death day 7



Verbal permission

Randomise - open lowest numbered treatment pack



Recruitment Alert



<https://stroke.nottingham.ac.uk/>

Written consent

**Primary outcome:**  
Mortality day 7

**Secondary:**  
mRS day 180



## Secondary outcome

Shift analysis of mRS at day 180

## Cost/funder

UK NIHR plus others internationally

## Duration

7.25 years

## Consent

Rapid emergency consent