



Tranexamic acid for IntraCerebral Haemorrhage 3 (TICH-3)



Inclusion

Adults (≥ 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 (e.g. active seizures).
- 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

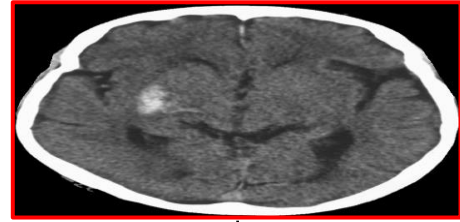
Tranexamic 1g IV bolus then 1g infusion 8hrs

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