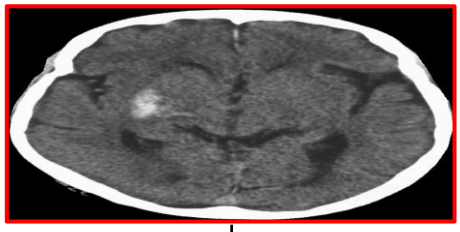
Tranexamic acid for IntraCerebral Haemorrhage 3 (TICH-3)

University of Nottingham
UK | CHINA | MALAYSIA

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 >60ml)
- Severe coma, Glasgow Coma Scale <5
- Decision for palliative (end of life) care



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

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

Secondary outcome
Shift analysis of mRS at day 180

Cost/funder
UK NIHR plus others internationally

Duration
7.25 years

Consent
Rapid emergency consent