## Acute stroke trials invite patients to participate within a short time period- including up to 12hrs, 72hrs, 96hrs and 120 hours from onset of stroke symptoms

| Trial Summary | Recruitment Criteria | What it involves | Further information |
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| **Phase 3 Study to Evaluate the Efficacy and Safety of Intravenous BIIB093 (Glibenclamide) for Severe Cerebral Edema Following Large Hemispheric Infarction (CHARM)** (open to recruitment)<br>CHARM<br>CHARM is investigating the use of BIIB093 (intravenous (IV) glibenclamide) for the prevention and treatment of severe cerebral edema in large hemispheric infarction (LHI). | Patients with a clinical diagnosis of acute ischemic stroke in the middle cerebral artery (MCA) territory with a large hemispheric infarction within 10 hours after time of symptom onset. | Participants randomised to either BIIB093 administered as a bolus followed by continuous intravenous (IV) infusion over 72 hours or placebo administered in the same manner. Participants are followed up throughout this period and up to 90 days post randomisation. | |
| **A Randomized Controlled Trial of TNK-tPA Versus Standard of Care for Minor Ischemic Stroke with Proven Occlusion (TEMPO-2)** (open to recruitment)<br>TEMPO2<br>TEMPO2 is a trial of thrombolysis with low dose Tenecteplase (TNK-tPA) versus standard of care. TEMPO2 is a trial for minor strokes, as typically anyone diagnosed with a minor stroke faces the possibility of long-term disability and even death, regardless of treatment. Stroke symptoms such as weakness, difficulty speaking and paralysis may improve or worsen over the hours or days immediately following a stroke. | Patients that have been diagnosed with a transient ischemic attack (TIA) or minor stroke that has occurred within the past 12 hours. | Participants randomised to TNK-tPA or standard of care. The control group will receive antiplatelet agent(s) as decided by the treating physician. Patients will be assessed at 24 hours and at Days 5 and 90. | https://cumming.ucalgary.ca/departments/dcns/research/tempo-2 |
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| **Desmopressin for Reversal of Antiplatelet Drugs in Stroke Due to Haemorrhage (DASH)** (open to recruitment)<br><br>DASH is aimed at investigating the effects of desmopressin on the number of people who die or are disabled after Haemorrhagic stroke. A quarter of these patients are taking blood-thinning drugs (antiplatelet drugs, such as aspirin) because they are at risk of a heart attack or ischaemic stroke. At present, there is no effective treatment for reversing their effects. Desmopressin is a drug which may reverse the effects of antiplatelet drugs and stop bleeding. | Patients with confirmed intracerebral haemorrhage, less than 24 hours from onset of symptoms, Prescribed and thought to be taking a daily oral antiplatelet drug in the preceding seven days. | Participants randomised to desmopressin injection vs normal saline. | https://www.nottingham.ac.uk/research/groups/stroke/clinical-stroke-trials/index.aspx |
| **OPTIMAS: OPtimal TIMing of Anticoagulation After Acute Ischaemic Stroke: a Randomised Controlled Trial (OPTIMAS)** (open to recruitment)<br><br>OPTIMAS is a randomised controlled trial of early vs standard, guideline-based timing of anticoagulation with a DOAC in patients with atrial fibrillation and acute ischaemic stroke.<br>The OPTIMAS trial aims to establish the best time to start blood-thinning medication after stroke, an important unanswered question in neurology and stroke medicine.<br>Findings suggest that early DOAC use may be safe and effective; however, a large randomised controlled trial comparing early to later DOAC administration in patients with ischaemic stroke and | Adult patients with nvAF and clinical diagnosis of acute ischaemic stroke, eligible for DOAC treatment. | Participants randomised to Anticoagulation with any DOAC within 4 days of acute ischaemic stroke or Anticoagulation with any DOAC at 7—14 days of acute ischaemic stroke. | https://optimas.org.uk/ |

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| atrial fibrillation is needed definitively to answer this question. | | | |
| **BIAL-2093-213 Prevention of epilepsy in stroke patients at high risk of developing unprovoked seizures: anti-epileptogenic effects of eslicarbazepine acetate (open to recruitment)**<br><br>Eslicarbazepine acetate (ESL) is a medication which was developed by Bial - Portela & Ca, S.A. for epilepsy treatment. ESL works by stopping seizures from happening.<br>In this study, researchers want to find out if early preventive ESL treatment for 30 days will reduce the risk of unprovoked seizures in stroke patients who are at high risk of having a seizure.<br>Additionally, the safety of ESL will be assessed.<br>Stroke is the most common cause of seizures in older people. Having a stroke does not necessarily mean that you will have a seizure. A seizure can occur immediately after stroke (acute seizure) or later (unprovoked seizure). It cannot be predicted which stroke patient will have a seizure, but the risk is increased in patients with a severe stroke, a stroke caused<br>by bleeding in the brain or a stroke involving the part of the brain that is called the cerebral cortex. | Recruitment criteria is based on what type of stroke a patient had had, whether ischaemic or haemorrhagic, the severity of the stroke, capacity and occurrence of a seizure. Patients can be recruited up to 120 hours from stroke onset. | Participants randomised to tablets containing 800 mg ESL each vs placebo. | |

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| **ICONS II: IDENTIFYING CONTINENCE OPTIONS AFTER STROKE RANDOMISED CONTROLLED TRIAL** (open to recruitment)<br><br>icons II<br>Identifying Continence OptioNs after Stroke<br><br>ICONS II is a randomised controlled trial to compare the effectiveness and cost-effectiveness of a systematic voiding programme with usual care in reducing the severity of urinary incontinence in patients with stroke.<br><br>ICONS II addresses the management of urinary incontinence (UI) in patients admitted to hospital with acute stroke. UI affects around half of stroke survivors in the acute phase. As many as 44% and 38% of stroke survivors remain incontinent at 3 months and 1 year respectively.<br><br>Currently, patients with UI after stroke typically receive care focused on containment using strategies that do not promote continence (e.g. absorbent pads) and are likely to be harmful (e.g. indwelling urethral catheters). | Adults with stroke and urinary incontinence (UI) or indwelling urethral catheter (IUC) within 72 hours of stroke onset | Participants will receive either the programme for assessing and treating UI (described above) as well as usual continence care provided on the stroke unit, or usual continence care only. | https://www.uclan.ac.uk/research/explore/projects/icons-two-trial.php |
| **SC-IL 1Ra**<br>**A trial of a new drug to improve recovery after aneurysmal subarachnoid haemorrhage (aSAH).**<br>**Does Interleukin-1 Receptor Antagonist Improve Outcome following aneurysmal Subarachnoid Haemorrhage (aSAH)?**<br>(open to recruitment)<br><br>The SC IL-1Ra in SAH study aims to test whether a drug called Kineret® can improve recovery following aSAH. This has the potential to make a profound | Participants must have had an SAH within the last 72 hours, be over 18 years of age, have no health problems that might interfere with their participation. | Participants randomised to Kineret® or a placebo. The Trial Drug will be given twice-daily as an injection under the skin for a maximum of 21 days from the time of your SAH or until you are discharged from the neurosurgical centre. Monitored by the research team during your | https://sites.manchester.ac.uk/scil/ |

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| difference to quality of life following haemorrhagic stroke.<br>We know that inflammation is a key factor affecting recovery following aSAH; higher inflammation is known to worsen outcomes for patients. Inflammation is a promising target for therapy following aSAH, with the potential to greatly improve recovery if it is reduced.<br>Kineret®, a synthetic form of IL-1Ra, is a drug that is in clinical use for a number of inflammatory conditions. | | stay in the neurosurgical centre and for 30 days after SAH, then followed up at 6 months after SAH. | |