Research in the 'hyper-acute' time period following a stroke (within 9 hours) provides time-dependent, effective stroke treatments.

Trial Summary	Recruitment criteria	What it involves	Further information
Alteplase-Tenecteplase Trial Evaluation for Stroke Thrombolysis (ATTEST2) (open to recruitment) ATTEST 2 ATTEST2 addresses the principle research question: in patients with acute ischaemic stroke eligible for intravenous (IV) thrombolysis, is tenecteplase superior in efficacy to alteplase, based on functional outcome as assessed by modified Rankin Scale distribution at day 90?	Patients who come to hospital within 4.5hrs of stroke onset of symptoms and suitable for thrombolysis intervention.	Participants randomised to alteplase (standard care) vs tenecteplase and are followed up to day 90.	https://www.gla.ac.uk/researchinstitutes/neurosciencepsychology/research/csbi/attest2/
Tenecteplase in Wake-up Ischaemic Stroke Trial (TWIST) (open to recruitment) TWIST TWIST is a trial of tenecteplase for acute ischaemic 'wake-up' stroke. Patients are selected based on plain CT and CT angiography (if possible). Tenecteplase has several potential advantages over alteplase, including very rapid action and that it can be given as a single injection.	Patients who come to hospital within 4.5hrs of waking up with stroke symptoms.	Participants randomised to thrombolysis with tenecteplase and best standard treatment or to best standard treatment without thrombolysis. Participants are followed up to 3 months.	https://twist.uit.no/portal/

BLOC-ICH: Interleukin-1 Receptor Antagonist in Intracerebral Haemorrhage (BLOC-ICH) (open to recruitment) BLOC-ICH phase II Trial of Interleukin-1 Receptor Antagonist in Intracerebral Haemorrhage: Blocking the Cytokine IL-1 in ICH. This trial will help inform the development of a new treatment for intracerebral haemorrhage. ICH is a type of stroke caused by spontaneous bleeding into the brain. The level of inflammation in the blood is high after ICH. The aim is to investigate whether blocking this inflammation can improve overall recovery by the use of a well-established anti-inflammatory drug, Kineret®. Kineret® is already licensed to treat patients with rheumatoid arthritis.	Patients with spontaneous non-traumatic, supratentorial ICH with no underlying macrovascular or neoplastic cause admitted to a participating centre within 8 hours of symptom onset.	Participants randomised to either IL-1Ra Kineret® administered subcutaneously (SC) twice daily starting within 8 hours of symptoms onset for a maximum of 3 days from symptoms onset or IL-1Ra Placebo for the same duration. Participants are followed up throughout this period and up to 3 months' post randomization.	https://sites.manchester.ac.uk/bloc-ich/