Randomised controlled trials (RCTs) are the gold standard for studying the efficacy and safety of new treatments. Participants are randomly allocated a specific intervention/treatment vs control

Trial Summary	Recruitment Criteria	What it involves	Further information
LACunar Intervention (LACI-2) Trial-2 (LACI-2) (open to recruitment) About 35,000 people each year in the UK have a type of stroke, called 'lacunar' or 'small vessel' stroke, which is different to other common types of stroke and for which there is no proven treatment. This type of stroke can also cause problems with thinking and walking. Some drugs that are commonly used in other blood vessel diseases may help improve small vessel function and prevent worsening of brain damage. In this Phase IIb trial, LACI-2 is testing two commonly used drugs (for other conditions): cilostazol and isosorbide mononitrate (ISMN). This trial is preparatory to a large, definitive, Phase III randomised controlled trial to prevent recurrent lacunar stroke and progressive small vessel disease-related physical and cognitive impairments after lacunar stroke.	Adults > 30 years old, fairly independent in daily activities of living and with a diagnosis of clinical lacunar stroke syndrome confirmed on an MRI scan.	Participants randomised to start one of four treatments; ISMN only; cilostazol only; both ISMN and cilostazol or neither ISMN nor cilostazol. This is taken for one year with continuous follow up of participants, including a 12 month MRI scan of the brain.	https://www.ed.ac.uk/usher/edinburgh-clinical-trials/our-studies/ukcrc-studies/laci

Colchicine for Prevention of Vascular Inflammation in Non-cardio Embolic Stroke (CONVINCE) (open to recruitment) The CONVINCE study evaluates the use of Colchicine in adults over 40 years of age who have suffered an ischaemic stroke or transient ischaemic attack NOT caused by cardiac embolism or other defined causes. The primary aim is to compare low-dose colchicine (0.5mg/day) plus usual care, to usual care alone, to prevent non-fatal recurrent ischaemic stroke and coronary events and vascular death after non-severe, noncardioembolic TIA/stroke.	Adults ≥ 40 years with either ischaemic stroke without major disability or high-risk TIA.	Participants randomised to 0.5 mg/day of Colchicine plus usual care, or to usual care alone.	https://www.uclan.ac.uk/research/explore/projects/convince.php
Prevention of Hypertensive Injury to the Brain by Intensive Treatment in IntraCerebral Haemorrhage (PROHIBIT-ICH) (open to recruitment) The PROHIBIT-ICH trial aims to show whether intensive lowering of blood pressure (BP) using telemetric home monitoring in survivors of intracerebral haemorrhage (ICH) is feasible, safe and effective in reducing brain injury. If successful, this study will be a precursor for a larger definitive trial. This intervention should allow survivors of ICH to know, understand, and manage their own BP to prevent strokes and cognitive impairment, and improve outcomes.	Adult survivors of hypertension-related ICH, aged ≥40 years. Recruitment is ideally at hospital discharge or within weeks of hospital discharge. Patients are followed up to 12 months.	Participants randomised to a strategy of intensive BP treatment (target <120/80 mm Hg) guided by telemetric home monitoring, versus standard primary care (current RCP guideline is 130/80 mm Hg),	https://www.ndcn.ox.ac.uk/research/prohibit-ich-project

Start or STop Anticoagulants Randomised Trial (SoSTART) (closed to recruitment) Bleeding within the skull, also known as brain haemorrhage, affects 3 million people in the world each year. One in five people who survive brain haemorrhage have an irregular heart rhythm called 'atrial fibrillation', which puts them at risk of stroke and other blood clots. Blood-thinning medicines, known as 'anticoagulant' drugs, are used in everyday clinical practice to protect people with atrial fibrillation from developing blood clots. However, these drugs also increase the risk of bleeding and are usually stopped when the brain haemorrhage occurs. But when patients recover from brain haemorrhage, they and their doctors are often uncertain about whether to start or stop these drugs to prevent further clots occurring, or whether to avoid them in case they increase the risk of brain haemorrhage happening again. SOSTART wants to find out whether starting or not starting an anticoagulant drugs is better for those patients.	Adults who survive brain haemorrhage and have atrial fibrillation, If their Doctor is uncertain about whether to start an anticoagulant drug, they may invite the patient to participate.	Participants randomised to an oral anticoagulant chosen by Doctor vs no oral anticoagulant or antithrombotic drugs prescribed. Participants are followed up for a year by the trial centre.	https://www.ed.ac.uk/usher/edinburgh-clinical-trials/our-studies/all-current-studies/sostart

XILO-FIST, the Effect of Allopurinol on the Brain Heart and Blood Pressure After Stroke (XILO-FIST) (closed to recruitment) Recurrent stroke and cognitive decline are common after ischaemic stroke. Allopurinol, a drug usually used to treat gout, has been shown to reduce heart ischaemia, heart size, and arterial stiffness and to relax brain blood vessels and may reduce the blood pressure. All of these properties may be associated with a lower risk of second stroke and cognitive decline. XILOFIST aims to explore whether allopurinol will reduce further damage to the brain (called white matter hyper-intensities) after stroke and also whether it reduces heart size and blood pressure after stroke.	Adult Ischaemic stroke survivors aged >40 years.	Participants randomised to allopurinol for 2 years vs placebo. This is within one month of stroke occurrence. Participants are followed up to 2 years.	