

Adopted by the UK SRN
8th CADISS Newsletter – April 2009

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Recruitment Data:

Randomised Patients

Total: 42
Airedale (Yorkshire) 1
Guy's & St Thomas' (London) 2
Kings College (London) 1
Ninewells Hospital (Dundee) 1
Royal Hallamshire (Sheffield) 6
St George's (London) 28
Western General (Edinburgh) 3

Non-Randomised Patients

Total: 47
Aberdeen Royal Infirmary 3
Derriford Hospital (Plymouth) 4
Frenchay Hospital (Bristol) 2
Kings College (London) 3
Ipswich Hospital 1
Musgrove Park (Taunton) 1
Nevil Hall (Abergaveney) 1
Royal Cornwall (Truro) 2
Royal Devon & Exeter (Exeter) 2
Royal Hallamshire (Sheffield) 3
Royal London Hospital 1
St George's (London) 17
North Staffordshire (Staffs) 1
Walton Centre (Liverpool) 6

20 Centres Now Activated

We now have 20 centres activated which is really good news. Thanks to all those centres for their hard work. We have also got 12 centres which are nearing activation. This is beginning to have an effect on recruitment with 12 patients recruited to both the randomised and non-randomised arms over the last month. Hopefully things will continue to pick up and we are really grateful to everybody for their help in recruiting patients. If at all possible please do recruit patients with the randomised arm as this will give us much more information than recruiting patients to the non-randomised arm.

We would like to welcome the following centres which have joined CADISS since the last newsletter:

1. Aberdeen Royal Infirmary
2. Charing Cross Hospital
3. Ninewells Hospital
4. Pinderfields General Hospital
5. Salford Royal Hospitals
6. Southend University Hospital
7. The Walton Centre for Neurology and Neurosurgery
8. Torbay Hospital

Thanks to Debbie

Rolfe. We would particularly like to thank Debbie Rolfe, the Clinical Trials Pharmacy Manager at St George's, for her support and help with organising the pharmacy aspects of the study. This has been a great help in reactivating centres following the MHRA advice.



NICE Guidelines Recommend Randomisation

The recent NICE guidelines have concluded that there is no evidence for either anticoagulants or antiplatelet agents in patients with cervical dissection and have recommended that all patients are randomised into a clinical trial. Please do use this information locally if it helps increase recruitment. We include an extract from the NICE guidelines below:

CG68 – July 2008 People with stroke associated with arterial dissection
1.4.2.6 People with stroke secondary to acute arterial dissection should be treated with either anticoagulants or antiplatelet agents, preferably as part of a randomised controlled trial to compare the effects of the two treatments.