

## New Contact Details

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## Recruitment Data

### Randomised Patients

**Total: 51**

Aberdeen Royal Infirmary 1  
Airedale (Yorkshire) 2  
Guy's & St Thomas' (London) 2  
Kings College (London) 1  
Ninewells Hospital (Dundee) 1  
Royal Cornwall (Truro) 1  
Royal Devon & Exeter 1  
Royal Hallamshire (Sheffield) 6  
Southend University Hospital 2  
St George's (London) 30  
The Royal London 1  
Western General (Edinburgh) 3

### Non-Randomised Patients

**Total: 70**

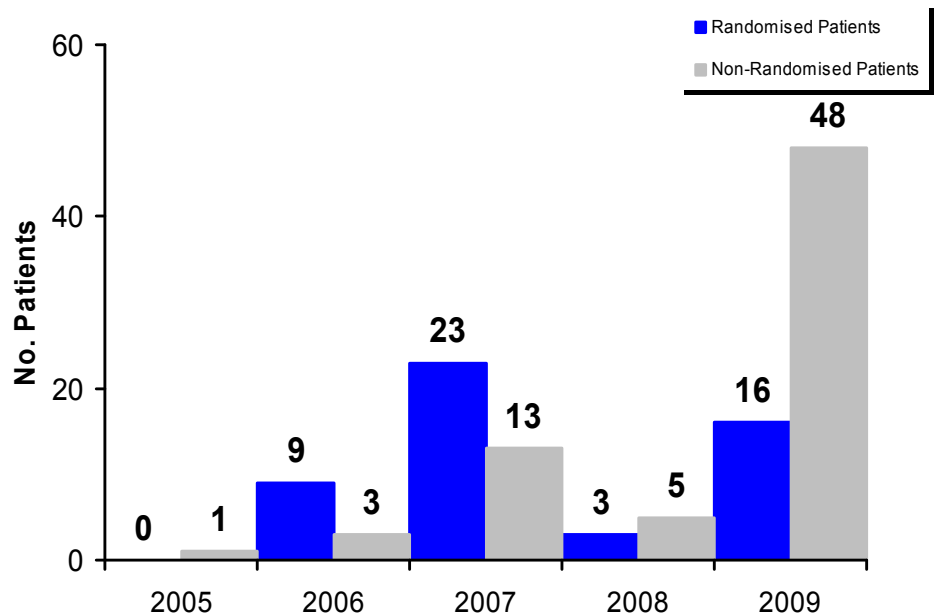
Aberdeen Royal Infirmary 6  
Aintree University Hospital 3  
Charing Cross Hospital 5  
Derriford Hospital (Plymouth) 7  
Frenchay Hospital (Bristol) 2  
Ipswich Hospital 1  
Musgrove Park (Taunton) 3  
Newcastle 1  
QEQM (Margate) 1  
Royal Cornwall (Truro) 3  
Royal Devon & Exeter (Exeter) 2  
Royal Hallamshire (Sheffield) 3  
Royal London Hospital 7  
Southend University Hospital 1  
St George's (London) 16  
St Mary's (London) 1  
North Staffordshire (Staffs) 1  
Walton Centre (Liverpool) 7

## 50 Randomised Patients Reached

We have now passed fifty patients entered into the randomised arm.

Recruitment is picking up and we now have thirty centres reactivated into the study. Thanks to everyone for their hard work and particularly to Patrick Gompertz and Tina Sachs at the Royal London for their recent burst of recruitment. If at all possible please do enter patients into the randomised arm as this will give us much more information on which treatment is better.

### Recruitment Figures (as of 26 November)



We would like to welcome five new hospitals which have joined CADISS recently:

Watford General Hospital (PI David Collas)  
Southampton General Hospital (PI Dr Joanna Lovett)  
St Mary's Hospital London (PI Dr Pankaj Sharma)  
John Radcliffe Hospital Oxford (PI Professor Peter Rothwell)  
University Hospitals Leicester (PI Dr Amit Mistri).

If any other centres are keen to join please do get in touch with the CADISS office.

## First DMC Report

The data and safety monitoring committee recently met, chaired by Professor Gary Ford. No concerns were raised about outcomes in either treatment arm which was reassuring. They will continue to meet after every fifty patients recruited.

## Participating Centres

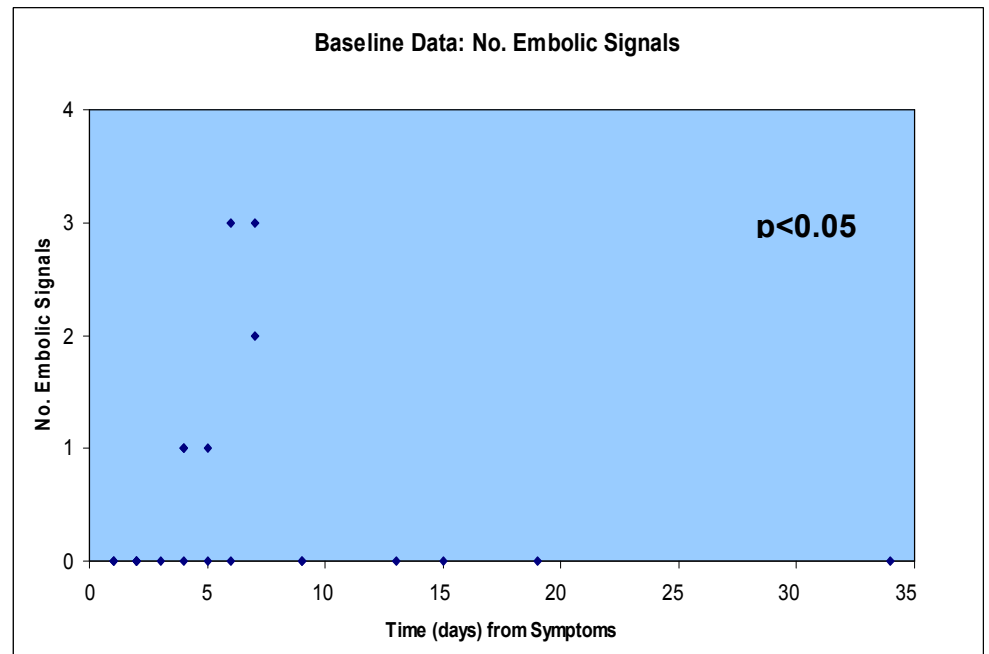
Airedale (Yorkshire)  
Aberdeen Royal Infirmary  
Aintree University Hospital  
Brighton & Sussex University Hospitals  
Charing Cross Hospital  
Derriford Hospital (Plymouth)  
Doncaster Royal Infirmary  
Freeman Hospital (Newcastle)  
Guy's & St Thomas' (London)  
John Radcliffe Hospital (Oxford)  
Musgrove Park (Taunton)  
Ninewells Hospital (Dundee)  
Pinderfields General Hospital  
Queen Elizabeth the Queen Mother (Margate)  
Royal Cornwall (Truro)  
Royal Devon & Exeter (Exeter)  
Royal Hallamshire (Sheffield)  
Royal London Hospital  
Salford Royal Hospitals  
Southend University Hospital  
Southampton General Hospital  
St George's Hospital  
St Mary's Hospital  
The Royal London Hospital  
Torbay Hospital  
University Hospital Leicester  
Watford General Hospital  
William Harvey Hospital  
Worthing & Southlands Hospital  
Yeovil District Hospital

## CADISS Data Presented at UK Stroke Forum

Alice King is presenting baseline data from the Transcranial Doppler sub study of CADISS at the UK Stroke Forum on Wednesday 2<sup>nd</sup> December (Parallel session 2 at 2.15 PM) in Glasgow.

The TCD sub study is using Doppler embolic signals as a surrogate marker to assess differences between the two treatments. The data Alice is presenting shows that embolisation can be detected in about a quarter of patients with carotid and vertebral dissection. It is only seen in patients during the acute phase of the disease (i.e. in the first week). As we are blinded to treatment we do not yet know whether there are any treatment differences, but in patients followed up these emboli have usually disappeared by the end of the first week when we do another TCD recording.

This data is consistent with the natural history data which suggests an early risk of recurrent stroke which rapidly reduces over a couple of weeks. The fact the emboli can only be detected in the first week emphasis why we do need to recruit patients into the study within this period.



We also have an ongoing clinical trials poster at the Stroke Forum which Melina Willson will be standing by on Thursday 3<sup>rd</sup> December.

## Study Inclusion Verification

A couple of points have recently been raised which we thought it would be helpful to clarify.

(1) Patients can still be randomised even if they have been prescribed anti platelet or anti coagulation therapy prior to randomisation.

(2) If a patient has had a dissection with onset at a definite time point (e.g. with pain) and then has a subsequent TIA or stroke at a later date, the seven day time interval allows them to be entered into the randomised arm from the time of TIA or stroke i.e. the time window is a little longer. Also if they present with a stroke/TIA and had a previous stroke/TIA in the recent past due to the dissection, the clock starts from the recent event. We have clarified these points in the new protocol which you should receive soon.