

Clopidogrel of loading dosage to treat acute ischaemic stroke in China (CLASS-CHINA)

Submission date 05/03/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 14/03/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 08/02/2010	Condition category Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Prof Anding Xu

Contact details
Huangpu Avenue West 601
Department of Neurology
The First Affiliated Hospital
Jinan University Guangzhou
Guangzhou
China
510630
+86 20 38688305
adx63@sohu.com

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
CLASS-CHINA-2007-10-08

Study information

Scientific Title

Clopidogrel of loading dosage to treat acute ischaemic stroke in China (CLASS-CHINA): A randomized double-blind parallel controlled clinical trial

Acronym

CLASS-CHINA

Study objectives

Early recurrence of ischemic stroke/transient ischaemic attack (TIA) within 7 days occurs at a rate of about 2-8%, and deterioration (Stroke in Progression, SIP) is known to occur at about 30% or an even higher rate. In addition to thrombolysis, aspirin is the only proved effective agent for patients with acute ischemic stroke. However, the net benefit of aspirin is small. There is therefore a medical need to ensure a better protection against the early recurrence or deterioration of ischemic stroke.

Clopidogrel is superior to aspirin for second prevention for ischemic stroke, and pharmacokinetic data showed that conventional regimen of clopidogrel administration (75 mg/d) need 7 days to reach the optimal platelet inhibition effect, while 300 mg loading dose regimen, i.e. 300 mg initiation followed by 75 mg/d can reach the maximum platelet inhibition effect within 3 hours. Our pilot trial demonstrated a clear benefit trend of loading dose clopidogrel (300 mg) better than daily 75 mg of clopidogrel in patients with acute cerebral infarction/TIA. Therefore, we hypothesized that loading dose clopidogrel is effective and safe for patients with acute cerebral infarction caused by atherothrombosis.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics Committee of the First Affiliated Hospital, Sun Yat-Sen University Guangzhou. Date of approval: 07/01/2008.

Study design

Multicenter, randomized, double-blind placebo controlled, parallel group study.

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Acute ischaemic stroke

Interventions

Two arms:

- 1 Loading dose (LD) group: patients will receive a 300 mg loading dose of clopidogrel right after randomization, followed by daily 75 mg clopidogrel for the next 27 days (total 28 days)
- 2 Routine dose group: patients will receive 75 mg clopidogrel and 3 tablets of placebo right after randomization, followed by daily 75 mg clopidogrel for the next 27 days (total 28 days)

Both arms will be given basic treatments at the discretion of the responsible doctor, including anti-hypertension drugs, statins, neuroprotetives, etc, except for aspirin or any other antiplatelet drugs. Chinese herbal products affecting platelet functions cannot not be prescribed.

During the observation period, if patients experience SIP or recurrence of ischemic stroke, clopidogrel may be stopped, and other antithrombotic therapy, i.e. anticoagulants, or others may be used at the discretion of the responsible doctor.

Please note that as of 08/02/10 the anticipated end date of this trial has been updated from 31/08/09 to 31/05/10. Due to issues with patient recruitment, enrollment in this trial has been suspended. An intermediate analysis will be carried out in May 2010, once the follow up period for all patients is completed.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Clopidogrel

Primary outcome measure

Stroke recurrence or SIP (evaluated by the National Institutes of Health Stroke Scale [NIHSS]) within 7 days.

Secondary outcome measures

1. Death or dependence (modified Rankin Scale [mRS] ≥ 3) at 28 and 90 days
2. Death or stroke recurrence within 28 days
3. Stroke recurrence, acute myocardial infarction or vascular death with 28 days
4. Bleeding: Life-threatening bleeding, major bleeding and minor bleeding

Overall study start date

28/02/2008

Completion date

31/05/2010

Eligibility

Key inclusion criteria

1. Aged 18-80 years
2. Ischemic stroke (IS) within 48 hrs with evidence of computerised tomography (CT) or magnetic resonance imaging (MRI)
3. Satisfying the criteria of partial anterior circulation infarction (PACI) of Oxfordshire Community Stroke Project (OCSP) classification, and large artery atherothrombosis (LAA) of TOAST (the Trial of Org 10172 in Acute Stroke Treatment) classification
4. Informed consent of patient

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

80 Years

Sex

Both

Target number of participants

600

Key exclusion criteria

1. Patients planned for thrombolysis
2. Any of the following:
 - 2.1. Cardiogenic cerebral embolism
 - 2.2. Lacuna cerebral infarction
 - 2.3. Total anterior circulation cerebral infarction
 - 2.4. Posterior circulation cerebral infarction
 - 2.5. Cerebral infarction of the etiology rather than atherothrombosis and unidentified etiology
3. History of allergic reaction to clopidogrel
4. Patients regularly took oral anticoagulants (OAC), heparin or molecular weight heparin (LMWH), thienopyridine (clopidogrel or ticlopidine), aspirin (acetylsalicylic acid) >50 mg/d, Aggrenox® before the onset; or patients who need long-term use of drugs that affect platelet functions
5. History of bleeding disorders; clinically significant or persistent thrombocytopenia or neutropenia.
6. Women who are pregnant or breast-feeding
7. Patients with planned surgery within the next 1 month; with a recent operation or trauma history.
8. Severe systematic disorders i.e. heart, lung, liver, kidney diseases, or malignant tumor; or severe gastrointestinal disorder affecting the absorption of drug
9. Enrolled in other clinical trials within the past 3 months

Date of first enrolment

28/02/2008

Date of final enrolment

31/05/2010

Locations

Countries of recruitment

China

Study participating centre

Huangpu Avenue West 601

Guangzhou

China

510630

Sponsor information

Organisation

Jinan University Guangzhou (China)

Sponsor details

c/o Prof Anding Xu

Huangpu Avenue West 601

Brain Research Institute,

Guangzhou

China

510630

+86 20 38688305

adx63@sohu.com

Sponsor type

University/education

Website

<http://english.jnu.edu.cn>

ROR

<https://ror.org/02xe5ns62>

Funder(s)

Funder type

University/education

Funder Name

Jinan University Guangzhou (China)

Funder Name

The First Affiliated Hospital, Sun Yat-Sen University, Guangzhou (China)

Funder Name

Sanofi-Aventis (clopidogrel and placebo are offered by Sanofi-Aventis) (France)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration