

Surgical Trial In Traumatic intraCerebral Haemorrhage

Submission date 19/03/2009	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input checked="" type="checkbox"/> Protocol
Registration date 27/03/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 09/09/2015	Condition category Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Barbara A Gregson

Contact details
Neurosurgical Trials Unit
Newcastle University
3-4 Claremont Terrace
Newcastle upon Tyne
United Kingdom
NE2 4AE
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trauma.stitch@ncl.ac.uk

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
HTA 07/37/16; 1.0

Study information

Scientific Title

Surgical Trial In Traumatic intraCerebral Haemorrhage: an international multi-centre pragmatic randomised parallel group trial

Acronym

STITCH (Trauma)

Study objectives

A policy of early surgery in patients with traumatic intracerebral haemorrhage will improve outcome at six months compared to a policy of initial conservative treatment.

More details can be found at: <http://www.nets.nihr.ac.uk/projects/hta/073716>

As of 27/03/2009, the list of countries is not yet finalised. Other countries from Africa, Asia, Australasia, Europe, and North and South America are planned to be included.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Submission pending as of 19/03/2009

Study design

International multi-centre pragmatic randomised parallel-group trial

Primary study design

Interventional

Secondary study design

Randomised parallel trial

Study setting(s)

Hospital

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

Traumatic intracerebral haemorrhage and contusion

Interventions

Early surgery vs initial conservative treatment

Intervention Type

Procedure/Surgery

Primary outcome measure

Unfavourable outcome will be death or severe disability which will be defined using a prognosis based 8 point Glasgow Outcome Scale.

Total duration of follow-up: 6 months

Secondary outcome measures

The following will be assessed at 6 and 12 months:

1. Rankin scale
2. Euroqol EQ-5D
3. Mortality
4. Survival
5. Major Adverse Events (death, pulmonary embolism or deep vein thrombosis, infection, rehaemorrhage)
6. Quality-adjusted life-years (QALYs)
7. Total health care costs
8. Social costs

Overall study start date

01/09/2009

Completion date

28/02/2014

Eligibility

Key inclusion criteria

1. Both males and females, adults aged 14 or over
2. Evidence of a traumatic intracerebral haemorrhage (TICH) on computed tomography (CT) with a single volume of attenuation significantly raised above that of the background white and grey matter that is in total greater than 10 ml calculated by width times height times length in cm divided by 2
3. Within 24 hours of head injury
4. Clinical equipoise: only patients for whom the responsible neurosurgeon is uncertain about the benefits of either treatment are eligible

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

840

Key exclusion criteria

1. A significant surface haematoma (epidural haematoma [EDH] or subdural haematoma [SDH]) requiring surgery (The indications for intervention for these patients are already very well defined)
2. More than two separate haematomas fulfilling inclusion criteria
3. If surgery can not be performed within 36 hours of injury or 12 hours of randomisation (whichever is the shorter)
4. Severe pre-existing physical or mental disability or severe co-morbidity which might lead to a poor outcome even if the patient made a full recovery from the head injury (Examples would be a high level of dependence before the injury or severe irreversible associated injury such as complete spinal cord injury)
5. Permanent residence outside a study country preventing follow up
6. Patient and/or relative has a strong preference for one treatment modality

Date of first enrolment

01/09/2009

Date of final enrolment

28/02/2014

Locations

Countries of recruitment

Czech Republic

Egypt

England

Germany

Greece

India

Italy

Latvia

Lithuania

North Macedonia

Poland

Russian Federation

Spain

United Kingdom

United States of America

Study participating centre

Newcastle University

Newcastle upon Tyne

United Kingdom

NE2 4AE

Sponsor information

Organisation

Newcastle upon Tyne Hospitals NHS Foundation Trust (UK)

Sponsor details

Joint Research Office

R&D Department

4th Floor, Leazes Wing

Royal Victoria Infirmary

Queen Victoria Road

Newcastle upon Tyne

England

United Kingdom

NE1 4LP

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amanda.tortice@nuth.nhs.uk

Sponsor type

Hospital/treatment centre

Website

<http://www.newcastle-hospitals.org.uk/>

ROR

<https://ror.org/05p40t847>

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	16/10/2012		Yes	No
Results article	results	01/09/2015		Yes	No
Results article	results	01/09/2015		Yes	No