

# Add-on benefit of cerebrolysin to acute stroke patients given recombinant tissue plasminogen activator

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 03/07/2025	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 03/07/2025	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Stroke is the third leading cause of death and disability in the Philippines. This study aims to determine if cerebrolysin has an add-on benefit to patients receiving thrombolysis, which involves the use of drugs to break down and dissolve blood clots.

### Who can participate?

Patients 18 years old and above diagnosed with moderate to severe stroke who would receive thrombolysis therapy, admitted at Baguio General Hospital and Medical Center

### What does the study involve?

Participants are randomly allocated to be treated with either cerebrolysin or a placebo.

### What are the possible benefits and risks of participating?

Benefits include improved motor and cognitive deficits of stroke patients and decreased brain bleeding. Risks include fever and allergic reactions.

### Where is the study run from?

Baguio General Hospital and Medical Center and East Avenue Medical Center (Philippines)

### When is the study starting and how long is it expected to run for?

May 2024 to August 2025

### Who is funding the study?

Investigator initiated and funded

### Who is the main contact?

Peter Allan A. Quitasol, peterallanquitasol@gmail.com

## Contact information

**Type(s)**

Public, Scientific, Principal investigator

**Contact name**

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**Additional identifiers****Clinical Trials Information System (CTIS)**

Nil known

**Protocol serial number**

BGHMC-REC-2023-22

**Study information****Scientific Title**

Multi-center trial on the efficacy of cerebrolysin in acute ischemic stroke after intravenous thrombolysis

**Acronym**

CERECAP

**Study objectives**

Among thrombolized patients with moderate to severe acute ischemic stroke (NIHSS >10) does cerebrolysin improve neurologic outcomes?

**Ethics approval required**

Ethics approval required

**Ethics approval(s)**

approved 24/05/2024, BGHMC Research Ethics Committee (BGH compound Gov Pack Road, Baguio City, 2600, Philippines; +63 (0)74 661 7910; [rec@bghmc.doh.gov.ph](mailto:rec@bghmc.doh.gov.ph)), ref: BGHMC REC 2023-22

**Study design**

Randomized open-label multi-center prospective cohort study

**Primary study design**

Interventional

## Study type(s)

Efficacy

## Health condition(s) or problem(s) studied

Acute ischemic stroke after intravenous thrombolysis

## Interventions

Patients will be randomized using the research randomizer to either the treatment group or the control group. The research randomizer (randomizer.org) is a free online software used to generate random numbers or assign participants to different groups. Patients randomized to the treatment group will be given Cerebrolysin at a dose of 30 cc IV infusion for 15 minutes for 21 days by the stroke nurse in charge. The initial dose will be given within 1 hour after thrombolysis in a separate IV line. The drug should be immediately given once opened. The infusion set will be changed daily to prevent infection. The venous line must be rinsed before and after the application with plain normal saline solution (NSS). If, however, the patient can already be discharged, Cerebrolysin infusion will be continued at home and will be given by a nurse trained to give the drug. The control group will receive a placebo (plain NSS).

## Intervention Type

Drug

## Phase

Phase IV

## Drug/device/biological/vaccine name(s)

Cerebrolysin

## Primary outcome(s)

Degree of independence or disability measured using the Modified Rankin Scale (MRS) at discharge and 3 months

## Key secondary outcome(s)

1. Symptomatic ICH assessed using CT scan at baseline (admission), 24 hours and 5 days
2. Degree of cognitive dysfunction measured using the Montreal Cognitive Assessment (MoCA) test at 3 months
3. Degree of stroke severity measured using the National Institutes of Health Stroke Scale, or NIH Stroke Scale (NIHSS) at baseline (admission), 24 hours, discharge and 3 months

## Completion date

22/08/2025

## Eligibility

### Key inclusion criteria

1. >18 years old
2. Having an acute ischemic stroke within 4.5 hours post-ictus, moderate to severe stroke with NIHSS 10-25 on admission
3. Meets criteria for intravenous thrombolysis

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

100 years

**Sex**

All

**Key exclusion criteria**

1. Hemorrhagic strokes on baseline CT scan
2. History of hepatic failure
3. History of chronic kidney disease (creatinine clearance <30)
4. Stroke mimickers

**Date of first enrolment**

24/05/2024

**Date of final enrolment**

22/05/2025

**Locations****Countries of recruitment**

Philippines

**Study participating centre**

**Baguio General Hospital and Medical Center**

Gov Pack Road

Baguio City

Philippines

2600

**Study participating centre**

**East Avenue Medical Center**

East Avenue

Quezon City

Philippines  
1100

## Sponsor information

### Organisation

Baguio General Hospital and Medical Center

## Funder(s)

### Funder type

Other

### Funder Name

Investigator initiated and funded

## Results and Publications

### Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date

### IPD sharing plan summary

Data sharing statement to be made available at a later date