

1421

Recruitment at 4th Nov 13

Denmark	
Copenhagen	6
UK	
Aberdeen Royal Infirmary.....	33
Airdrie: Monklands.....	20
Ashford: William Harvey.....	16
Ashington: Wansbeck.....	12
Barnsley District Gen.....	20
Bath : Royal United Hosp.....	6
Bournemouth.....	14
Chertsey: St Peters.....	9
Chester: Countess.....	41
Chesterfield Royal.....	19
Colchester General.....	29
Countess of Chester.....	41
Chesterfield.....	19
Colchester.....	29
County Durham.....	6
Derby: Royal Derby Hospital	45
Dewsbury & District Hosp.....	24
Eastbourne General.....	27
Exeter: Royal Devon.....	44
Gateshead, Q.Elizabeth.....	19
Glasgow Royal Infirmary.....	12
Guildford, Royal Surrey.....	11
Halifax, Calderdale.....	30
High Wycombe	6
Inverness, Raigmore.....	19
Ipswich.....	9
Kirkcaldy, Victorial Hosp.....	8
Larbert: Forth Valley.....	7
Leeds General Infirmary.....	34
Leicester Royal Infirmary.....	10
Liverpool: Royal.....	28
Liverpool Aintree.....	45
London: Croydon.....	10
London: Kings College.....	99
London: St George's.....	118
Macclesfield.....	6
Mansfield, Kings Mill.....	27
Margate, Queen Elizabeth QM.....	36
Middlesbrough: James Cooke...	10
Newcastle, Royal Victoria.....	17
Nottingham Univ Hosp.....	125
Plymouth Hospitals.....	5
Prescot, Whiston.....	21
Preston.....	22
Rotherham.....	13
Sheffield Teach Hosps.....	29
Southend:Southend Uni Hosp....	8
Stockport, Stepping Hill.....	5
Stockton on Tees.....	11
Stoke on Trent, North Staff.....	117
Torquay, Torbay.....	31
Truro, Royal Cornwall.....	18
Watford General.....	6
Westcliff, Southend.....	8
Whitehaven, W Cumberland....	10
Winchester : Hampshire Hosp...	11
Yeovil District Hosp.....	14

Recruited at least 5 patients

Newsletter for the Triple Antiplatelets for Reducing Dependency after Ischaemic Stroke Trial

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TARDIS is now on Twitter – please follow us on @tardistrial

Implications of the CHANCE trial on TARDIS

The CHANCE trial has now been published. At present we have not received any suggestions from investigators or others to change the protocol, perhaps because there is no guideline change. Interestingly NINDS are continuing to support POINT (AC vs A) on the grounds that CHANCE (AC vs A) was only done in Chinese patients, so might detect a different effect in other race-ethnicity groups.

From a TARDIS-specific perspective, we already have two control groups (AD or mono C) so adding a third (AC) would make the trial design complicated.

I have little doubt that some people will want to change their clinical practice but they will for the present be out of step with guidelines. So my feeling is that we leave things alone and wait to see what happens over the next 6-12 months or so.

Professor Philip Bath, TARDIS Chief Investigator

TARDIS has now opened in New Zealand!

The first patient was recruited from Palmerston North Hospital on 18th October 2013.
Many thanks and congratulations to all!



*Pictured from left to right:
Rob Odlin (Registrar), Ivan Iniesta (Neuro Consultant),
Mike Funnell (House Surgeon and local Study Co-
ordinator), Rosie Taylor (Neurology Nurse), Anna Ranta
(Neuro Consultant and local PI), Pietro Cariga (Neuro
Consultant).*

We are working to set up more international centres in the near future. Watch this space for further updates!

IMPORTANT RECRUITMENT UPDATE

We urgently require all centres to recruit at least 1-2 patients a month in order for us to hit our recruitment target. Please let us know if there are any issues which are preventing this.

For patients who have been thrombolysed, if symptoms have resolved in less than 24 hours after onset, then these patients can be randomised into TARDIS as a Stroke.



UNITED KINGDOM - CHINA - MALAYSIA

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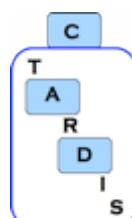
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Congratulations to ..

Airedale, Hereford, King's Lynn, Middlesbrough, Bradford, Portsmouth, Scarborough, Telford, Walsall, Winchester and Wolverhampton for all recruiting their first patients! A very warm welcome to these new sites.

- Nottingham and North Staffordshire Hospitals, UK, for both recruiting 4 or more patients over a 4 week period in March and April.
- North Staffordshire also recruited patient 1300 and had the fastest time to randomisation of 2.83 hours over the last 4 months.

Hampers are on their way to both of these sites!



(Left to right) Consultant Stroke Physician Dr Ottilia Speirs, Research Nurse Lisa Moore, Dr Brian Clarke and Clinical Researcher Stephanie Atkinson

We would like to welcome the team at Frimley Park Hospital, who have recently had a Site Initiation Visit. Dr Clarke, Consultant Stroke Physician, is the local PI.

Hints and Tips of the month :

- Nurses must not **consent** for the TARDIS trial, and they must not sign the consent form under 'person taking consent'. If they want to witness consent they can enter their details at the bottom of the form and enter 'witnessed by'. Doctors on the delegation log may only take consent for both the main consent and also DNA consent forms.
- Please submit all follow up **travel expenses** as soon as possible.
- Please do a **carotid** ultrasound on all patients
- When **weaning a patient on dipyridamole**, you do not have to reach the maximum dose of 450mg a day. If the patient cannot tolerate this dose you do not have to give it. However, please do try in the first instance if the patient agrees, rather than stopping the drug.
- Subarachnoid Haemorrhage needs to be entered as an SAE bleed outcome.

TARDIS recently attended :

- **The Nordic Stroke Conference in Lithuania, August 2013**

Pictured is Alice Durham, TARDIS International Trial Co-ordinator and Line Bentsen, Trial Co-ordinator for Bispebjerg Hospital & University of Copenhagen, Denmark.



- **The NIHR Stroke Research Network Annual Meeting, Newcastle, September 2013**

- **World Stroke Day, Wigan, October 2013**

Future TARDIS events

- TARDIS teleconference workshop- 18th November , 12.30pm. Dial in details will be circulated nearer the time.
- UKSF 3-5 December in Harrogate, Investigator Meeting on the 5th Dec, 10am in Hall D.

We hope to see you there!

Recently updated documents

Please note that printable versions of the CRFs can now be accessed directly from the database, whereas previously each form was located on the Investigator Materials webpage. Please ensure that any CRFs which are printed and held in your Site File are taken directly from the database. NEW Site to Site transfer CRF is now live – this is to be completed by the recruiting site when patients are transferred or repatriated.

- List of contacts v2.0
- Screening and enrolment log(sponsor form) now has editable boxes



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