June 3rd, 2019

STATICH newsletter, week 23

Dear STATICH collaborators,

Trial status

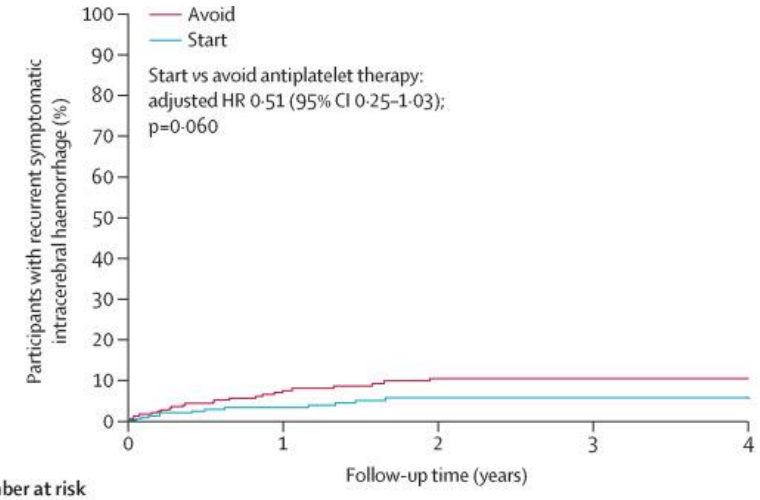
We would like to thank **Herlev Gentofte Hospital** in Denmark for including their first participant into STATICH! **18 patients** are now enrolled: **7 in STATICH-Antiplatelets** (patients with vascular disease) and **11 in STATICH-Anticoagulants** (patients with atrial fibrillation). We hope to see a steep increase in the inclusion rate during the next weeks!

Update after the World ICH and the ESO conferences

It was very good to meet our collaborators both at the World ICH Conference in Granada and at ESOC in Milan. One of the highlights at ESOC was professor Rustam Salman's presentation of results from **RESTART** (see below) of antiplatelet treatment after intracerebral haemorrhage. Based on the results from RESTART, professor Salman strongly encouraged us to continue randomising patients into **STATICH-Antiplatelets**, both to replicate the findings from RESTART, and also to contribute to the planned subgroup analyses, using data from several trials. The question of *anticoagulants* after ICH was also a major topic of discussion throughout the week. We therefore believe that both STATICH-Antiplatelets and STATICH-Anticoagulants are as relevant as ever.

RESTART main results

In RESTART, 537 patients with ICH were randomised to starting vs. avoiding antiplatelet treatment, and they were followed up for a median of two years (URL: https://doi.org/10.1016/S0140-6736(19)30840-2). Surprisingly, among the patients who were randomised to start antiplatelets, 12 (4%) had recurrent ICH, while 23 (9%) had recurrent ICH among patients randomised to avoid antiplatelets. The adjusted hazard ratio for recurrent ICH with antiplatelet treatment was 0.51 (95% CI 0.25-1.03, p=0.060):



Number at risk (number of cumulative events)					
Avoid	268 (0)	184 (18)	121 (23)	73 (23)	22 (23)
Start	268 (0)	190 (8)	122 (12)	72 (12)	25 (12)

RESTART Collaboration, The Lancet, 22 May 2019, https://doi.org/10.1016/S0140-6736(19)30840-2

The difference was not statistically significant, which means that one cannot completely exclude the possibility that antiplatelet treatment increases the risk of recurrent ICH. However, if antiplatelet agents increase the risk of recurrent ICH (contrary to the findings in RESTART), the risk is probably very small, and probably not large enough to outweigh the known reduction in ischaemic events. This is a reassuring finding, which needs to be replicated by other randomised-controlled trials, like STATICH.

The RESTART subgroup analyses did not identify any harmful effects of antiplatelet treatment in either of the subgroups: those with cerebral microbleeds, those with high microbleed numbers, or those with lobar microbleeds (URL: http://dx.doi.org/10.1016/S1474-4422(19)30184-X). We believe these results permit inclusion of ICH patients with a variety of imaging findings into STATICH-Antiplatelets.

Reminder: STATICH collaborators' meeting at Nordic Stroke 2019
We hope to see many of you at our collaborators' meeting during the Nordic Stroke Congress in Tromsø on Thursday August 22nd during the lunch break. Please save the date and reply to k.t.larsen@medisin.uio.no if you have a chance to attend.

Thank you for your participation and keep looking for eligible patients!

Best wishes,

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