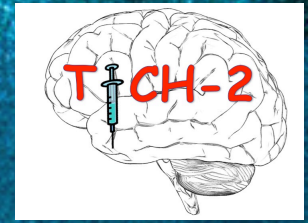




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Tranexamic acid for intracerebral haemorrhage: Results of TICH-2 day 365 follow up sub-study

Prof. Nikola Sprigg
On behalf of the
TICH-2 investigators

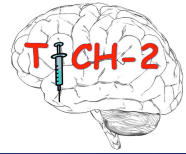
May 23rd
ESOC 2019

Speaker Disclosure

	No, nothing to disclose
X	Yes, please specify:

- TICH-2 was funded by the National Institute of Health Research in the UK
- The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

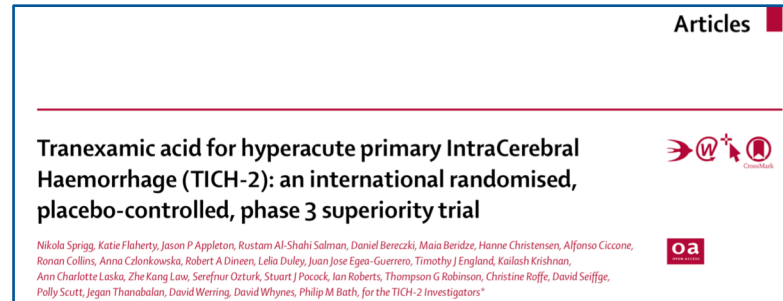




- ICH Significant early mortality and morbidity
- Haematoma expansion occurs early and is associated with bad outcome¹ so preventing haematoma expansion may improve outcome
- Tranexamic acid - anti-fibrinolytic – reduces death due to bleeding in trauma and post partum haemorrhage³ is affordable and available

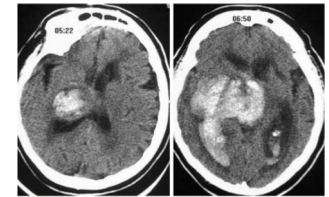
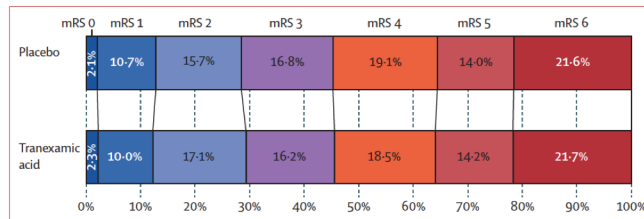
Optimal timing for outcome assessment after ICH unclear:

- Recovery can sometimes take longer after the acute event
- Recent trials in ICH have shown continued improvement in outcome beyond 90 days
- iDEF suggested no benefit at day 90 but benefit at day 180⁴
- **Aim of day 365 sub-study was assess outcome one year after ICH in the TICH-2 population**

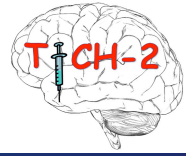


- Primary outcome: shift analysis modified Rankin Scale at day 90 OLR with adjustment for minimization criteria

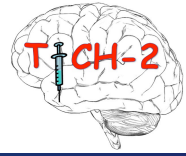
No benefit on functional outcome aOR 0.88 (95% CI 0.76-1.03)



- Pre-specified secondary outcomes
 - Significant reductions in early death and haematoma expansion**
 - Early death (day 7) aOR 0.73 (95% CI 0.53 - 0.99)
 - Haematoma expansion aOR 0.80 (95% CI 0.66 - 0.98)
 - TXA appeared safe, reduced SAEs in TXA groups



- Tranexamic acid had no significant effect on functional outcome one year after ICH
- Possible that survival benefit at one year may be due to chance
- Reduction in haematoma expansion was modest but in keeping with a biological haemostatic effect
- Further research is needed to determine if tranexamic acid (or other haemostatic agents) are effective at improving outcome after ICH
- Future studies could consider early death as a primary outcome measure **but** essential to ensure survival is not at the cost of severe disability
- Haemostatic therapy if effective only one component in the treatment of ICH – likely a ‘bundle of care’ including BP lowering is going to be necessary to improve outcomes



With thanks to all TICH-2 participants and families

**All the TICH-2 Investigators, Collaborators, Steering Committee
Members, Trial Team in Nottingham**

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TICH-2: NIHR HTA, Swiss Heart Foundation

DASH: NIHR RfPB



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