IMPROVING OUTCOME IN SUBARACHNOID HEMORRHAGE WITH NADROPARINE

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This study has been transitioned to CTIS with ID 2024-511679-14-00 check the CTIS register for the current data. Our primary objective is to evaluate whether aSAH patients treated with therapeutic dose nadroparine have a lower 30-days mortality rate...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Central nervous system vascular disorders
Study type	Interventional

Summary

ID

NL-OMON54629

Source
ToetsingOnline

Brief title
ISCHEMIA

Condition

- Central nervous system vascular disorders
- Vascular haemorrhagic disorders

Synonym
Stroke, subarachnoïd hemorrhage

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Delayed ischemia, Intracranial aneurysm, Nadroparine, Subarachnoidal hemorrhage

Outcome measures

Primary outcome

30-days mortality

Secondary outcome

To evaluate whether there is a difference in:

• patients with a favourable outcome (score 0-3 on the mRS) after six months

• quality of life after three and six months

• cognitive functioning at three and six months after hemorrhage

• the presence and severity of delayed cerebral is-chemia

• the presence of cerebral (micro)infarctions on MR-imaging six months after hemorrhage

• the rate of a major and non-major bleeding

• the presence of major or clinically relevant non-major hemorrhagic complications after EVD/ELD placement or LP

• the occurrence of venous thrombo-embolic events

• the hemostatic balance and markers of activation of coagulation

• markers of inflammation and coagulation

• discharge destination

• shunt-dependent hydrocephalus

• other SAH-related complications (such as severe hyponatriaemia, delayed cerebral ischemia, postprocedural aneurysm rupture, rebleed, delirium,

epilepsy, diffuse parenchymal swelling or nosocomial infections) during

admission

Study description

Background summary

Mortality and morbidity after aSAH is high and are, for a large part, caused by delayed cerebral ischemia (DCI). For long, DCI after aneurysmal subarachnoid hemorrhage (aSAH) was thought to be caused by vasospasm, induced by blood in the subarachnoïd space. Growing experimental and clinical evidence now suggest activation of several (intravascular) pathophysiological pathways, affecting the cerebral microcirculation. Recently, in a retrospective analysis of our Academic Medical Center (AMC) aSAH patient registry, we observed lower in-hospital mortality and less non-home discharge in patients treated with therapeutic low-molecular weight heparin (LMWH), compared to patients treated with standard, prophylactic LMWH. This points towards a potential benefit of higher doses of LMWH in the acute course after an aSAH. We therefore hypothesize that treatment with therapeutic LMWH will improve clinical outcome in endovascularly treated aSAH patients.

Study objective

This study has been transitioned to CTIS with ID 2024-511679-14-00 check the CTIS register for the current data.

Our primary objective is to evaluate whether aSAH patients treated with therapeutic dose nadroparine have a lower 30-days mortality rate compared to aSAH patients treated with prophylactic dose nadroparine.

Study design

A single-center, prospective, phase II randomized clinical trial.

Intervention

Therapeutic dose of nadroparine (5700IE twice daily), continued until 21 days after initial SAH or untill discharge, compared to a standard profylactic dose (2850IE once daily).

Study burden and risks

An aneurysmal subarachnoid hemorrhage is a life-threatening form of stroke. Mortality in aSAH amounts to 32%-39% and 50% of the survivors experience a permanent disability, in which DCI is a leading cause. In a recent retrospective analysis of the same cohort of patients, a benefit has been shown for treatment with therapeutic dosages of LMWH compared to standard prophylactic dosages. The biggest risk related to LMWH is the theoretically higher chance of hemorrhages; spontaneous and after surgery. In contrast, there was no increase in (hemorrhagic) complications in patients treated with a therapeutic dose of LMWH, investigated in a retrospectively cohort in our own centre. The expected benefit is large, as half of the patients is younger than 55-years-old. Reduction in death or disability, leading to improved clinical outcome, could significantly decrease the loss of productive life years, with enormous economic and social impact.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Adult patients suffering from an aneurysmal subarachnoid hemorrhage treated with coiling.

Exclusion criteria

Stent-assisted coiling
Contra-indications low-molecular weight heparin
Proven and active COVID-19

Study design

Design

Study phase:	2
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	03-02-2022
Enrollment:	100
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Fraxiparine/Fraxodi
Generic name:	Nadroparin

Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	04-06-2021
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	09-08-2021
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	28-10-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	02-11-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	05-04-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	07-04-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	09-09-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	22-09-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Approved WMO Date:	02-08-2023
Application type:	Amendment
Review commission:	MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214 Postbus 22660 1100 DD Amsterdam 020 566 7389 mecamc@amsterdamumc.nl
Approved WMO Date:	03-08-2023
Application type:	Amendment
Review commission:	MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214 Postbus 22660 1100 DD Amsterdam 020 566 7389 mecamc@amsterdamumc.nl

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
EU-CTR	CTIS2024-511679-14-00
EudraCT	EUCTR2018-000790-79-NL
CCMO	NL65235.018.18