Major Ongoing Stroke Trials

The following is a list of major ongoing studies about stroke. Information about other multicenter studies that might be included in this list should be submitted to the Stroke Editorial Office by the Principal Investigator. The list will appear in the February, June, and October issues of Stroke.

Acute Candesartan Cilexetil Evaluation in Stroke Survivors (ACCESS Study)

The ACCESS Study was designed to evaluate the influence of an early, moderate BP reduction in patients with acute cerebral ischemia in comparison to restrictive antihypertensive therapy. Outcome parameters are mortality and morbidity, measured by the neurological status. In total, 500 patients with acute cerebral ischemia and neurological deficit (motor paresis) are treated. Inclusion criteria are initial BP values of >200/110 mm Hg (systolic and/or diastolic) in occasional BP measuring or >180/105 mm Hg as median value of two measurements in 30 minutes. Furthermore, a motor paresis (monoparesis, hemiparesis, Bell’s palsy) has to be present. Patients are randomized and treated double-blind for 7 days with placebo or the AT1 receptor antagonist candesartan cilexetil. This substance was chosen due to its slow onset of action (maximum 6 hours after intake), and the low rate of side effects. Further, animal experiments have shown a neuroprotective effect. The study design is double-blind, randomized, and multicenter. The follow-up phase lasts 1 year. The placebo group is treated with candesartan if they are hypertensive after 7 days. Normotensive patients are followed up but not treated. The verum group is also continued on candesartan. If hypertension remains, a combination therapy with other substance classes is possible. Primary end points are patient morbidity (functional status measured with Rankin Scale and Barthel Index, degree of motor deficit by NIH scale) and mortality rates after 3 months. Follow-up will be continued for 12 months.

Principal Investigators: Prof Dr J. Schrader, Prof Dr P. Dominika
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Location: Germany
Number of Centers: 60–70
Sponsor: ASTRA GmbH Germany
Dates of Study: 1998–1999

Anticoagulants Versus Aspirin and the Combination of Aspirin and Dipyridamole Versus Aspirin Only in Patients With Transient Ischemic Attacks or Nondisabling Ischemic Stroke: ESPRIT (European and Australian Stroke Prevention in Reversible Ischemia Trial)

The Dutch TIA Trial and a literature review indicate that low-dose aspirin in any daily dose of at least 30 mg up to 325 mg is effective in the prevention of threatened stroke, but 87% of subsequent strokes in patients with TIAs or nondisabling ischemic strokes are not prevented. Anticoagulants have been proven highly efficacious in recently completed trials after myocardial infarction and after cerebral ischemia and atrial fibrillation. In patients after cerebral ischemia of presumed atherosclerotic origin, high-intensity anticoagulation (INR 3.0 to 4.5) is not safe. Data from SPIRIT (Stroke Prevention in Reversible Ischemia Trial) indicate that anticoagulant therapy with an intensity of INR 2.0 to 3.0 is both safe and efficacious in stroke prevention. In the 2nd European Stroke Prevention Trial (ESPS-2) a 22% risk reduction of the combination of aspirin and dipyridamole above that of aspirin only is reported; the results of this trial, however, are controversial. ESPRIT is designed to randomize 4500 patients between oral anticoagulation (INR 2.0 to 3.0), the combination of dipyridamole (400 mg daily) plus aspirin (in any dose between 30 and 325 mg) and aspirin only (in any dose between 30 and 325 mg). Primary outcome event is the composite event of vascular death, stroke, myocardial infarction, or major bleeding complication; the outcome assessment will be blinded. ESPRIT is an international, multicenter study in (at least) the following countries: Australia, Austria, Germany, France, Israel, Italy, the Netherlands, Portugal, Singapore, Spain, Switzerland, and the United Kingdom. Recruitment for this trial started in July 1997; as of November 1998, 377 patients from 46 hospitals had been included.

Steering Committee: Australia, G.J. Hankey, MD; Austria, F. Aichner, MD; France, D. Leys, MD; Germany, E.B. Ringelstein, MD; Israel, N.M. Bornstein, MD; Italy, S. Ricci, MD; the Netherlands, A. Algra, MD, J. van Gijn, MD, J.W. Gorter, MD, P.J. Koudstaal, MD and E.L.L.M. De Schryver, MD; Portugal, J. Ferro, MD; Singapore, C. Chen, MD; Spain, A. Chamorro, MD; Switzerland, J. Bogousslavsky, MD; United Kingdom, G.S. Venables, MD; for the ESPRIT group
Location: University Dept of Neurology, PO Box 85500, 3508 GA Utrecht, Netherlands. Phone 31-30-2508350. Fax 31-30-2522782. E-mail espri@neuro.azu.nl
Number of Centers: 60–80
Sponsor: The Netherlands Heart Foundation and the UK Stroke Association
Dates of Study: July 1997 through July 2003

*Asymptomatic Carotid Surgery Trial (ACST)

This is a multicenter European trial to assess the place of carotid endarterectomy in the management of patients with severe carotid stenosis that are currently asymptomatic. Patients will be randomized to best medical treatment versus best medical treatment plus carotid endarterectomy. Recruitment is still open.

Principal Investigators: A.W. Halliday, FRCS; A.O. Mansfield, FRCS; and D.J. Thomas, MD, FRCP
Contact: Marie Emson, Trial Coordinator. Phone 44(0)171-886-1528. Fax 44(0)171-262-1906. E-mail m.emson@ic.ac.uk
Location: The ACST Office, Academic Surgical Unit, St Mary’s Hospital, Praed St, London, W2 1NY, England
Number of Centers: 100+
Sponsor: Stroke Association and Medical Research Council (UK)
Dates of Study: April 1993 (continuing)

*Australian Urokinase Stroke Trial (AUST)

This study is designed to test the hypothesis that the administration of intra-arterial urokinase plus antiocoagulants in patients with acute posterior circulation ischemic stroke and a lyseable lesion seen angiographically will reduce morbidity and mortality assessed at 6 months compared with the administration of antiocoagulants alone. Two hundred eligible patients will be randomized in a blinded fashion to receive either urokinase plus antiocoagulants or antiocoagulants alone. Patients will be accrued over a 2-year period and the results analyzed on an intention-to-treat basis. An initial pilot study of 15 patients has been undertaken.


*Indicates centers that are currently recruiting.
Contacts: Prof Geoffrey Donnan, Co-ordination Centre, Dept of Neurology, Austin & Repatriation Medical Centre, Heidelberg 3084, Australia. Phone 61-3-9496-5455. Fax 61-3-9457-4605. Asso. Prof Stephen Davis, Dept of Neurology, Royal Melbourne Hospital, Parkville Vic 3050, Australia. Phone 61-3-9342-8848. Fax 61-3-9342-8427.

Location: Co-ordination Centre, Dept of Neurology, Austin & Repatriation Medical Centre, Heidelberg 3084, Australia.

Number of Centers: 8

Sponsor: The Serono Company has withdrawn its sponsorship. Centers are in the process of obtaining local indemnity while alternative sponsorship is being sought.

Dates of Study: February 1996 through 2000

*Blood Pressure in Acute Stroke Collaboration (BASC)*

Hypertension and hypotension in the acute phase of stroke are associated with a poor outcome; paradoxically, lowering blood pressure may also worsen outcome. BASC is performing a systematic review of blood pressure changes versus outcome in acute stroke trials that involve vasoactive agents. Both group and individual patient data will be analyzed to assess whether therapeutic alteration of blood pressure is safe and effective in improving outcome, and if so, with which agent. Authors of such trials are invited to contact the investigators.

**Principal Investigator:** P.M.W. Bath, MD, FRCP

**Contact:** F.J. Bath, PhD, Division of Stroke Medicine University of Nottingham, City Hospital Campus, Nottingham NG5 1PB, UK. Phone +44 115 840 4795. Fax +44 115 840 4790. E-mail fiona.bath@nottingham.ac.uk

**Location:** University of Nottingham, Nottingham, UK

**Number of Centers:** Those centers that have organized a randomized controlled trial in acute stroke involving a vasoactive drug.

**Sponsor:** Trent Regional Health Authority National Health Service Research and Development Executive. The study is being performed under the auspices of the Cochrane Collaboration Stroke Review Group and is published in the Cochrane Library.

**Dates of Study:** November 1995 (continuing)

**Carotid and Vertebral Artery Transluminal Angioplasty Study (CAVATAS)**

CAVATAS is a randomized, multicenter trial to determine the benefits and risks of percutaneous transluminal angioplasty of the carotid and/or vertebral arteries in patients with symptomatic and asymptomatic cerebrovascular disease. The study includes a randomized comparison between carotid angioplasty and carotid endarterectomy.

**Principal Investigator:** M.M. Brown, MD

**Contact:** Martin M. Brown, MD, FRCP, Professor of Stroke Medicine, Institute of Neurology, The National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG, UK. Phone 44-171-837-3611. Fax 44-181-725-2950. E-mail mbrown@sghms.ac.uk

**Location:** Europe, North America, and Australia

**Number of Centers:** 24. Recruitment stopped on July 31, 1997. Follow-up continues.

**Sponsor:** British Heart Foundation, National Health Service Research and Development Programme

**Dates of Study:** April 1992 (continuing)

**Clomethiazole Acute Stroke Study in Ischemic, Hemorrhagic and tPA-Treated Patients (CLASS-IHT)**

Clomethiazole is a neuroprotective drug effective in laboratory studies of brain ischemia. A large European multicenter trial of clomethiazole in acute stroke patients (CLASS) showed no benefit overall, but subgroup analysis indicated that patients with large infarctions may have benefited from treatment. CLASS also included 7% hemorrhagic stroke patients who appeared to tolerate clomethiazole well. To confirm these preliminary findings, we have designed CLASS-IHT, to be conducted in North America. Patients who present within 12 hours of symptom onset are eligible. CLASS I will include patients with clinical symptoms of large cerebral infarctions (n = 1200). CLASS H will include patients with intracerebral hemorrhage (n = 200). Patients with ischemic stroke who will receive tPA are eligible for CLASS T (n = 100–200). Patients will be randomized to receive clomethiazole 68 mg/kg over 24 hours or vehicle, using a dosing scheme based on the pharmacokinetics measured in the first trial. Assessments include the Barthel Index, stroke scales lesion volume, and safety measures. An extension study of health economic outcomes is planned. The primary end point for CLASS-I will be the Barthel Index 90 days after stroke. CLASS-H and CLASS-T will primarily assess safety.

**Steering Committee:** Tim Ashwood, PhD, Clinical Research Advisor, Astra Arcus AB, Södertälje, Sweden; Patrick D. Lyden, MD, Director, UCSD Stroke Center, San Diego, Calif; Sarah Martin-Munley, PhD, Senior Director of Clinical Research, Astra USA Inc, Westborough, Mass.

**Location:** Clinical Coordinating Center, UCSD Medical Center, OPC Third Floor, Suite 3, 200 W Arbor Dr, San Diego, CA 92122-8466.

**Number of Centers:** At least 140

**Sponsor:** Astra Arcus AB

**Dates of Study:** December 1997 to August 1999

**FOOD Trial (Feed Or Ordinary Diet): A Multicenter Trial to Evaluate Various Feeding Policies in Patients Admitted to Hospital With a Recent Stroke**

This “family” of trials aim to answer three important questions about feeding of patients after a stroke: (1) Does nutritional supplementation increase the proportion of patients with stroke who survive without disability? (2) Does early initiation of tube feeding (nasogastric [NG] or percutaneous endoscopic gastrostomy [PEG]) in patients who are unable to take an adequate diet orally increase the proportion of patients with stroke who survive without severe disability? (3) Is feeding via a PEG tube instead of the traditional NG tube associated with improved outcomes after stroke? These 3 simple pragmatic trials aim to randomize a total of 9000 patients by 2002.

**Principal Investigator:** Dr Martin Dennis

**Contact:** Dr Martin Dennis, FOOD Trial Clinical Coordinator, FOOD Trial Coordinating Center, Neurosciences Trials Unit, Western General Hospital, Crewe Road, Edinburgh, UK EH4 2XU. Phone 44-131-537-3126. Fax 44-131-332-5150. E-mail FOOD@skull.dcn.ed.ac.uk

**Location:** Currently, international collaborating centers in Europe, Australasia, North and South America, and Southeast Asia

**Number of Centers:** 78 at present, but actively seeking centers to increase this number to over 100 worldwide.

**Sponsors:** NHS R&D HTA Program; The Stroke Association, Scotland; Chest Heart & Stroke Scotland

**Dates of Study:** 1996 through 2003

**Hemorrhagic Stroke Project (HSP)**

The HSP is a case-control study of the causes of nontraumatic hemorrhagic stroke in young people (aged 18–49 years). It uses an active, hospital-based sampling strategy in four regions of the country to assemble cases of hemorrhagic stroke for investigation. Two controls (without hemorrhage) are identified for each case by a random-digits
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**dialing (telephone) scheme and matched for age, gender, race, and telephone exchange. The 700 cases and their 1400 matched controls receive in-person interviews within 30 days of the stroke.**

**Principal Investigators:** Ralph I. Horwitz, MD; Lawrence M. Brass, MD

**Contact:** Lawrence M. Brass, MD, Hemorrhagic Stroke Project, c/o Women’s Estrogen for Stroke Trial, Yale University School of Medicine, 123 York St, New Haven, CT 06511. Phone 203-764-9765 or 800-551-5559, Fax 203-764-9767. E-mail lawrence.brass@yale.edu

**Location:** Yale University School of Medicine, New Haven, Conn (Coordinating Center) Number of Centers: Four regional centers: New Haven, Conn; Cincinnati, Ohio; Houston, Tex; and Providence, RI.

**Sponsor:** Nonprescription Drug Manufacturers Association, Washington, DC

**Dates of Study:** January 1995 through June 1999

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**Intravenous Magnesium Efficacy in Stroke Trial (IMAGES)**

Intravenous magnesium salts are neuroprotective in preclinical models of stroke, and preliminary clinical data indicate that magnesium sulfate is safe and well-tolerated in stroke patients. IMAGES is a randomized, double-blind, placebo-controlled, multicenter collaborative trial designed to test the efficacy of magnesium sulfate given within 12 hours of onset of clinically diagnosed acute stroke. Randomization of approximately 2700 patients is planned. The primary end points are combined death and disability (Barthel score of $\leq 60/100$) at 30 and 90 days. Separate analysis of patients treated 1 to 6 hours after onset is planned. Telephone randomization and simplified data collection are intended to permit recruitment by centers with minimum effort and delay.

**Principal Investigators:** Kennedy R. Lees, MD, FRCP, and Keith W. Muir, MD, FRCP

**Contacts:** K.R. Lees, International Coordinating Center, Acute Stroke Unit, University Department of Medicine and Therapeutics, Western Infirmary, Glasgow G11 6NT, Scotland. Phone 44-141-211-2780. Fax 44-141-211-2780. E-mail k.r.lees@clinmed.gla.ac.uk. Internet: http://www.medther.gla.ac.uk/studies/images/index.htm K.W. Muir, Department of Neurology, Institute of Neurological Sciences, Southern General Hospital, Glasgow G51 4TF, Scotland. Phone 44-141-211-2474. Fax 44-141-211-6312. E-mail k.muir@clinmed.gla.ac.uk

**Location:** Acute Stroke Unit, University Department of Medicine and Therapeutics, Western Infirmary, 44 Church St, Glasgow, Scotland, UK

**Number of Centers:** 63 (center recruitment continues; up to 100 centers required)

**Sponsor:** UK Medical Research Council.

**Dates of Study:** Pilot study commenced May 1996. Full study commenced October 1997, with anticipated duration of 4 years.

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**MRC/BHF Heart Protection Study**

This is a randomized 2×2 factorial trial of cholesterol reduction with simvastatin and/or antioxidant vitamin therapy in 20,000 risk subjects, including over 3000 with TIA and nearly 7000 with minor ischemic stroke, or other peripheral vascular disease.

**Principal Investigator:** Dr R. Collins and Prof R. Peto

**Location:** United Kingdom

**Number of Centers:** Approximately 70

**Sponsor:** UK Medical Research Council, British Heart Foundation, Merck Sharp & Dohme, and Hoffman-LaRoche

**Dates of Study:** 1994 through 2000–2001

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**PFO in Cryptogenic Stroke Study (PICSS)**

PICSS is a multicenter study to assess the efficacy of medical therapy (warfarin or aspirin) on stroke recurrence in patients with transesophageal echocardiographically (TE) defined PFO. This study uses the same study population as that in Warfarin Aspirin Recurrent Stroke Study (WARSS). Efficacy of medical therapy on other TE-defined abnormalities such as aortic atheroma and mitral valve strands is also sought.

**Principal Investigator:** S. Homma, MD

**Contact:** Lynnette Mendoza, Study Coordinator, College of Physicians & Surgeons of Columbia University, The Presbyterian Hospital in the City of New York, 630 W 168th St, New York, NY 10032. Phone 212-305-3233. Fax 212-305-9049.

**Location:** Columbia University, New York, NY

**Number of Centers:** 47

**Sponsor:** National Institutes of Health, National Institute of Neurological Disorders and Stroke


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**Stroke Hypertension and Recurrence in Kyushu (SHARK)**

The impact of antihypertensive treatments on the secondary prevention of stroke remains controversial whereas that on primary prevention is well established. SHARK is a prospective, multicenter, randomized, unblinded trial designed to examine whether antihypertensive treatments reduce the risk of stroke recurrence. Hypertensive patients $\geq 50$ years of age who suffered from ischemic stroke $\geq 1$ month before the visit to participating hospitals are to be included. Those who have serious cardiac, renal, or hepatic diseases, aneurysms, or malignancies are excluded. Patients are randomized into the following three groups: (1) those treated with a calcium antagonist (eg, nilvadipine), (2) those treated with an angiotensin-converting enzyme inhibitor (eg, cilazapril), and (3) untreated patients. The primary end points are stroke, other
cardiovascular diseases, sudden death, and renal failure. A total of 800 patients will be recruited and followed for at least 3 years.

**Principal Investigators:** M. Fujishima, MD  
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**Location:** The SHARK Study Center  
**Number of Centers:** 54 (recruitment will continue until December 31, 1999)  
**Dates of Study:** September 1995 through December 2002

### Surgical Trial in Intracerebral Haemorrhage (STICH)

This is a multicenter trial to determine whether a policy of “early surgical evacuation” of the hematoma in patients with spontaneous supratentorial intracerebral hemorrhage will improve outcome compared with a policy of “initial conservative treatment.” Primary outcome is mortality and morbidity at 6 months as measured by the Glasgow Outcome Scale dichotomized (dead, vegetative, severe disability vs moderate disability, good recovery). Secondary outcome measures include the modified Rankin Scale and the Barthel Index. The trial will also help to better define the indications for surgery. In total 1000 patients, for whom the surgeon is uncertain about the need for surgical evacuation, will be randomized to receive “early surgery” (within 24 hours of randomization), using the method preferred by the treating neurosurgeon, or “initial conservative treatment.” Patient status is recorded 2 weeks after randomization and then outcome is assessed at 6 months using a structured postal questionnaire to the subject or subject’s relative to ensure assessor blindness. Funding for this trial was activated in March 1998, and as of October 1998, 74 patients and 35 centers had been recruited.

**Principal Investigators:** Prof A.D. Mendelow, Prof D.H. Barer, Prof G.M. Teasdale, Miss H.M. Fernandes, and Prof G.D. Murray  
**Contact:** Dr Barbara Gregson, Trial Director. Phone 44(0)191-219-5000. Fax 44(0)191-256-3268. E-mail stich@ncl.ac.uk  
**Location:** STICH Office, Ward 31, North Wing, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne, NE4 6BE, UK.  
**Number of Centers:** 35+  
**Sponsor:** Medical Research Council (UK) and Stroke Association  
**Dates of Study:** 1998–2001

### Triflusal Versus Acetylsalicylic Acid in Secondary Prevention of Cerebral Infarction: TACIP Study (Triflusal, Aspirin, Cerebral Infarction Prevention)

TACIP is a prospective, randomized, parallel, double-blind, multicenter clinical trial designed to compare the efficacy of triflusal and aspirin in the secondary prevention of cerebral infarction in two treatment groups (triflusal 600 mg OD; aspirin 325 mg OD), administered up to 3 years. Patients suffering from a recent transient ischemic attack or stroke are enrolled. The primary end point for evaluation is the combined incidence of cardiovascular death and recurrence of nonfatal cardiovascular events (cerebral infarction and acute myocardial infarction). Secondary analyses of end points will include rate of overall mortality, nonfatal brain hemorrhage or other nonfatal bleeding phenomena, systemic thromboembolism, and comparison of triflusal and aspirin safety profiles. Assuming an incidence of primary events in 18% in the aspirin group and an absolute 5% reduction for this rate in the triflusal group (α=0.05; β=0.2), with a 20% estimated percentage of losses, a total of 2062 cases is needed. The recruitment period finished in March 1997, with 2113 patients included.

**Principal Investigator:** J. Matias-Guiu, MD  
**Contacts:** I. Paredes and C. Navas, J. Uriach & Cia S.A., Degá Bahí, 59, 08026 Barcelona, Spain. Phone 34-3-3471511. Fax 34-3-4560639. E-mail rd@uriach.com  
**Location:** Hospital General de Alicante, Spain. Fax 34-6-5908340.  
**Number of Centers:** 43 in Spain and Portugal  
**Sponsor:** J. Uriach & Cia and Technifar S.A.  
**Dates of Study:** March 1996 through March 1999

### Vitamin Intervention for Stroke Prevention (VISP)

VISP is a double-blind, randomized, multicenter, controlled clinical trial designed to determine whether the addition of a multivitamin with high-dose folic acid, pyridoxine (vitamin B₆), and cyanocobalamin (vitamin B₁₂) to best medical/surgical management and risk factor modification reduces recurrent cerebral infarction or coronary heart disease in patients with nondisabling cerebral infarction (NDCI). The study is designed to recruit 3600 patients (1800 in each of two groups), and patients will be followed for 2 years. The primary end point is recurrent cerebral infarction, and secondary end points are myocardial infarction or fatal coronary heart disease.

To meet initial eligibility criteria, patients must be ≥35 years old, with an NDCI within 120 days prior to randomization and homocyst(e)ine >9.5 μmol/L at screening visit. Blood specimens will be shipped to a central lab for analysis. Baseline examinations of patients who pass the initial eligibility criteria will include medical history, physical and neurological examination, cranial CT or MRI, ECG, dietary assessment, stroke severity determination, and blood collection for central laboratory determination of homocyst(e)ine and folic acid and for local laboratory determination of vitamin B₁₂, creatinine, and lipid profile.

Eligible patients will be randomly assigned to receive a daily multivitamin containing, in addition to standard multivitamins, a high or low dose of folic acid, pyridoxine, and cyanocobalamin. Follow-up includes 6-month clinic visits for comprehensive evaluation, including a neurological examination, blood tests, and questionnaires for event detection and compliance. Clinical visits will be alternated with telephone interviews at 3-month intervals. Patients will receive best management for risk-factor reduction, which includes counseling and interventions for hypertension, high LDL, low HDL, tobacco use, diabetes, and other recognized factors that add excess risk for stroke and myocardial infarction.

**Principal Investigator:** J.F. Toole, MD  
**Contact:** Virginia J. Howard, Stroke Center, Department of Neurology, Wake Forest University School of Medicine, Medical Center Blvd, Winston-Salem, NC 27157-1078. Phone 336-716-1172. Fax 336-716-5477. E-mail vjhoward@wfubmc.edu  
**Location:** Operations Center: Stroke Center, Dept of Neurology, Wake Forest University School of Medicine, Winston-Salem, NC. Statistical Coordinating Center: Dept of Biostatistics, University of North Carolina at Chapel Hill, Chapel Hill, NC. Central Laboratory: Lab of Cardiovascular Disease, Oregon Regional Primate Research Center, Beaverton, Ore. Vitamin Distribution Center: HHS Supply Service Center, Perry Point, Md. Vitamin Supplier: Roche Vitamins, Inc., Parsippany, NJ. Vitamin Manufacturer: Magno-Humphries, Inc., Tigard, Ore  
**Number of Centers:** 60  
**Sponsor:** National Institute of Neurological Disorders and Stroke, National Institutes of Health  
**Dates of Study:** September 1996 through July 2001 (randomization began August 1997)
**Women’s Estrogen for Stroke Trial (WEST)**

WEST is a prospective, randomized, double-blind, placebo-controlled trial in 652 women to assess the effects of estrogen on the risk of death and stroke in postmenopausal women with a recent TIA or nondisabling stroke. The goal of WEST is to test whether estrogen can reduce a mortality-stroke rate of 25% at 3 years in the placebo group to 15% in the estrogen-treated group.

**Principal Investigators:** R.I. Horowitz, MD, and L.M. Brass, MD

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**Location:** Coordinating Center at Yale University School of Medicine, New Haven, Conn

**Number of Centers:** 20 (recruitment will continue through March 1998)

**Sponsor:** National Institutes of Health, National Institute of Neurological Disorders and Stroke

**Dates of Study:** June 1993 through May 2001
The following is a list of major ongoing studies about stroke. Information about other multicenter studies that might be included in this list should be submitted to the Stroke Editorial Office by the Principal Investigator. The list will appear in the February, June, and October issues of Stroke.

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