

CRASH-3 TRIAL: We are off!

We are delighted to report that the international CRASH-3 trial has made an excellent start and is already recruiting patients in seven countries, with over 350 patients randomised.

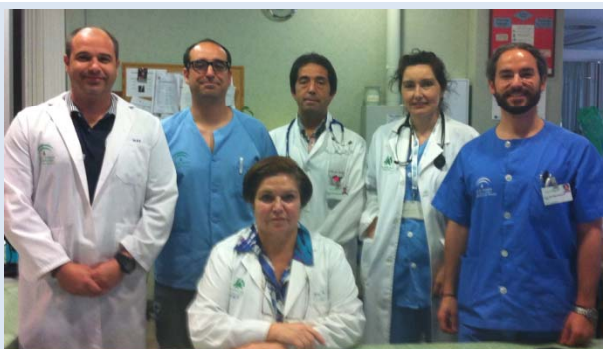
Georgia was the first country to start recruiting, under the superb leadership of National Coordinator Tamar Gogichaishvili from the High Technology Medical Center, University Clinic in Tbilisi. About 250 patients have been recruited in Georgia alone and recruitment is brisk.

The UK was next to take the plunge with eight hospitals recruiting patients. A further 55 hospitals have applied to take part and ten of these should start in the next few weeks. In Spain, two sites have started; meanwhile, on the other side of the Atlantic, sites in El Salvador and Colombia are already recruiting and more are expected soon. The first of a group of Malaysian hospitals to join the trial has started and the first site in Jamaica is now also recruiting. More team photos on the reverse side.



The super team at **High Technology Medical Center, University Clinic, Georgia**, led by Tamar Gogichaishvili (left) who is also the Georgian National Coordinator. Others from left: David Kazaishvili, Besik Melikidze, Asmat Erukidze, Nino Grubelashvili, Ioseb Maisuradze, Natia Iashvili

The event rate is almost exactly what was expected in the sample size calculations and the quality of the trial data is excellent. Taken together, the CRASH-3 trial is on target to make as important a contribution to trauma care as its big sister CRASH-2 has done. **Congratulations to all!**



The trial team at **Hospital Universitario Virgen del Rocío, Spain**, from left doctors Olloqui and Bellido, María Angeles Muñoz (PI and Spain National Coordinator), and doctors Alcaide, Garrido and Edea

How might tranexamic acid help patients with TBI?

Knowing that TXA reduces mortality in traumatic extracranial bleeding, raises the possibility that it might also reduce traumatic intracranial bleeding. Intracranial bleeding is common after TBI and is associated with increased mortality and disability.

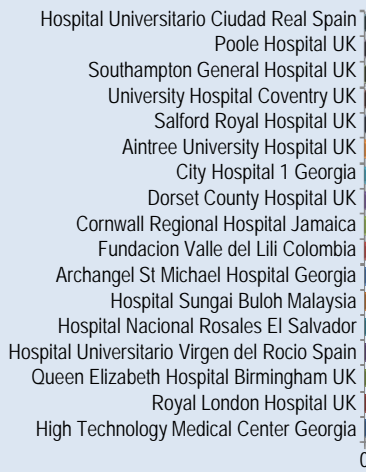
In most TBI cases, intracranial bleeding continues after admission. Increased fibrinolysis, as indicated by high levels of fibrinogen degradation products, is common after TBI and strongly predicts intracranial haemorrhage. Studies in knockout mice also show that plasmin mediated extracellular proteolysis plays a role in excitotoxic neuronal cell death which suggests that TXA could be neuroprotective.

Two proof-of-concept studies provide support for the CRASH-3 trial. The CRASH-2 intracranial bleeding study examined the effect of TXA on radiological progression of intracranial bleeding in 270 trauma patients with TBI on CT. A further CT scan was conducted 24–48 hours after randomisation. There was a reduction in intracranial haemorrhage growth with fewer ischaemic lesions with TXA. A second trial in 240 patients with isolated TBI also showed a reduction in haemorrhage growth with TXA. Combining these trials shows a significant reduction in haemorrhage growth with TXA.

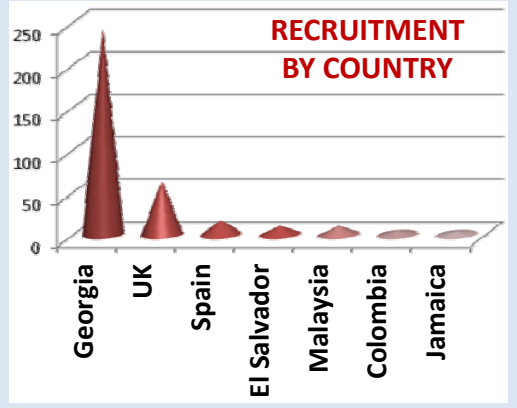
If CRASH-3 shows that TXA reduces mortality and disability in TBI, it would be the first effective treatment and one that could easily be adopted in hospitals around the world. There is every reason to hope for benefit!



Royal London Hospital are leading the way in the **UK** and were also involved in the making of the training DVD. PI Tim Harris on the right with Ben Bloom and Research Nurse Jason Pott.



RECRUITMENT BY SITE

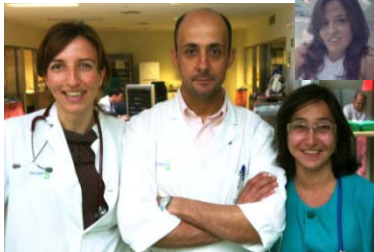


RECRUITMENT BY COUNTRY

Below the **Southampton General Hospital team UK** with PI Diederik Bulters (back middle)



The team at **Queen Elizabeth Hospital, Birmingham UK** – PI Tony Belli in the inset



Hospital General Universitario de Ciudad Real, Spain, PI Ainhoa Serrano Lazaro (inset), from left Ana Bueno Gonzalez, Alfonso Ambros Checa and Carmen Cordobado Márquez

Other recruiting sites are listed below. Do please send us your team photos and they will be included in the next newsletter.

- Archangel St Michael Multiprofile Clinical Hospital Georgia, PI Buba Shalamberidge
- City Hospital 1 Georgia, PI Gia Tomadze
- Dorset County Hospital UK, PI Ian Mew
- Poole Hospital UK, PI Henrick Reschreiter
- Aintree University Hospital UK, PI Abdo Sattout
- Salford Royal Hospital UK, PI Fiona Lecky



The **Malaysian team at Hospital Sungai Buloh** – from left Nurul Haslinda, Sister Asmalida, doctors Uma, Sabariah, Julina and Izzat



Hospital Nacional Rosales, El Salvador – on the left the Emergency Unit team: Martin Adrian, Juan Antonio Tobar (PI), Virginia Rodriguez and Jorge Alverenga. On the right the neurosurgeons; doctors Kessels, Alvarez, Fernandez, Minervini, Mora and Amaya



The team from **Cornwall Regional Hospital, Jamaica** – left to right Celeste Maycock, Jeffrey East (PI), Dena Kirnon and Chapman Longmore.
Missing from the photo but very much team members are David Hunter, Dwayne Hall, Omar Munroe, Carol Thompson-Forbes, Dwaine Cooke, Renn Holness, Lois Dowe-Young, Gillian Ledgister and Chief Pharmacist Sherna Williams-Bell.



University Hospital Coventry UK; PI Caroline Leech with research nurses Geraldine Ward and Marie McCauley



The **Colombian team from Fundación Valle del Lili** – from left: Liliana Vallecilla, Juan Sanjuan, Anabolena Polanco, Jorge Mejía Mantilla (PI and Colombia National Coordinator), Virginia Zarama, José Luis Castillo, Alexander Sinning, Caterine Cañas, Marlen Ruiz, Giovani Naranjo, Víctor Perez, Olga Tascón, Jorge Luis Torres, Jhonatan Peña and Javier Lobato