AuSCR Research Task Group approved projects

Title	**An investigator-initiated and conducted, prospective, multicentre, randomised outcome-blinded study of antiplatelet monotherapy in patients with a history of stroke due to intracerebral haemorrhage (ASPIRING)**
Principle investigators	Professor Graeme J. Hankey, Professor Craig S. Anderson, Professor Rustam Al-Shahi Salman
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Submission date	20 July 2021
AuSCR role	Recruitment
Approved	25 August 2021
Status	In progress
Summary	**Background/Rationale** · Spontaneous (non-traumatic) intracerebral haemorrhage (ICH) accounts for about one quarter of all strokes. · ICH is most commonly caused by cerebral small vessel disease, which predisposes survivors to a risk of major ischaemic vascular events as high as, or higher than, the risk of recurrent ICH. · The RESTART reported in 2019 that, among 537 ICH survivors, starting oral antiplatelet therapy was associated with less recurrent ICH (adjusted hazard ratio [HR] 0.51, 95%CI 0.25-1.03) and similar numbers of major occlusive vascular events (HT 1·02 ; 0·65–1·60),compared to avoiding antiplatelet therapy over two years follow-up. **Aims/Hypothesis** · To determine if antiplatelet monotherapy is of overall net benefit in reducing the incidence of serious vascular events compared to avoiding antiplatelet therapy for adults with a history of spontaneous ICH. **Methods** · Design: Randomised, open-label, blinded outcome (PROBE), parallel-group clinical trial · Participants: History of symptomatic "primary" intracerebral haemorrhage (ICH) – at any time in the past, no structural cause – just presumed cerebral small vessel disease (e.g. hypertensive, or cerebral amyloid angiopathy) · Intervention: Start open-label antiplatelet monotherapy (aspirin or clopidogrel – clinician choice) OR Avoid antiplatelet therapy (no placebo is involved). · Follow-up: At time of discharge (or 1 month, whichever is earliest) by randomising or hospital doctor/study nurse. At 3, 6, 12, 18, 24, 30, 36, 42 months (±14 days) after randomisation by trial coordinating centre (Perth, WA), by phone/face time/skype (or post or face-to-face visit). · Primary Outcome: Any serious vascular event (stroke, myocardial infarction, or vascular death). · Timeline: June 2021-Dec 2025 We seek access to the AuSCR dataset to determine the feasibility of remote recruitment and participation of patients who were registered with ICH.