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Issue 26

ENOS NEWS

The Newsletter for the 'Efficacy of Nitric Oxide in Stroke' Trial

Headlines:

Current Recruitment 400

Congratulations to Prof. Czlonkowska and team in Poland for recruiting our 400th patient

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Medical Research Council Bid

An application for funding the main phase of the trial has been submitted to the Medical Research Council (MRC), as the trial goes from 500 to 5000 patients over the next 5 years.

BUPA foundation grant extension

We are pleased to announce that the BUPA Foundation have granted an extension to the ENOS start up grant. There will be a time delay between the end of the original start up phase and the MRC grant award decision, so this funding is vital in ensuring the transition from the start up phase to the main phase of the trial.

400 patients recruited !

We have now recruited our 400th patient !!!!! This is fantastic and continues to keep ENOS as the largest blood pressure in acute stroke trial. The number of active centres is also on the increase, with currently 27 centres in 7 countries and many prospective centres set to join us shortly. It is vital that all centres keep recruiting regularly. Any centre needing new passwords for new staff, or any help should contact the trial office on enos@nottingham.ac.uk or + 44 115 8404799.

Baseline information

The baseline information required before randomisation has been slightly amended. Investigators are now asked to enter data on whether a CT scan has already been performed, and if so the initial report. Investigators are also asked whether the patient has received thrombolysis. This new data is requested to assist us in the randomisation process to avoid any imbalance in patient mix across the treatment groups.

Contact details

Could investigators please ensure they complete the home/relative contact details section on the case report form as fully as possible. Ideally all randomised patients should have at least 2 contact addresses, for example the patients own and that of a relative at a different address. This is vital so that we do not lose any patients to follow-up at day 90.