

## Recruitment to 30 Apr

**International 540**

**Australia 8**  
Box Hill, Melbourne 8  
Canberra 0

**Canada 32**  
Halifax (NC) 31  
Cape Breton 1

**China 103**  
Tian Tan (NC) 16  
Wenzhou 87

**Egypt 4**  
Ain Shams Uni (NC) 4

**Hong Kong 4**

**India 38**  
AIIMS (NC) 16  
Armed For Med Coll 1  
Ludhiana, CMC 18  
Lilavati, LKMM 3

**Italy 0**

**Malaysia 8**  
Univer Sains Mlya (NC) 8

**New Zealand 39**  
Hawkes Bay (NC) 3  
Dunedin 32  
Hutt Hospital 3  
Auckland 1

**Philippines 16**

**Poland 94**  
Inst Psyc & Neur (NC) 85  
Military Med Acad 9

**Romania 5**  
Mures County (NC) 5

**Singapore 153**  
Singapore General 153

**Sri Lanka 35**  
Univ of Kelaniya (NC) 31  
South Colombo 4

**Spain 1**  
Hospital La Paz (NC) 1

## The Newsletter for the Efficacy in Nitric Oxide Stroke Trial

Web: [www.enos.ac.uk](http://www.enos.ac.uk) Email: [enos@nottingham.ac.uk](mailto:enos@nottingham.ac.uk)



## SITS-ISTR BP Data, by Ken Lees

The SITS register of thrombolysis use and outcomes has been

invaluable in demonstrating that alteplase for ischaemic stroke is as safe in routine practice as in trials, and that outcomes are comparable to those in specialist research centres (Lancet 2007). Recently, the SITS register showed that alteplase treatment in the 3-4.5 hour window was also safe (Lancet 2008) and suggested that extension of treatment to this later limit may be justified when patients present after the window for approved treatment, a result confirmed by the ECASS-3 randomised trial in the same month (NEJM 2008). These publications, and subsequent European Stroke Organisation guidelines, have strongly supported wider use of thrombolysis.

The SITS investigators have been examining other aspects of care amongst eleven thousand stroke patients treated with thrombolysis. They have shown that there is a strong association of high systolic blood pressure during the first 24 hours after thrombolysis with poor outcome. They found that patients known to be hypertensive, but in whom antihypertensive therapy was withheld for the first week after stroke, encountered worse outcome. Conversely, when antihypertensive therapy was initiated in newly recognized moderate hypertension there was a more favourable outcome. This was not a randomised comparison of treatments, and we do not have information on the timing or type of treatments used. Nevertheless, the report raises the intriguing possibility that reasonably early treatment of blood pressure is desirable amongst patients receiving thrombolysis. This underlines the importance of trials such as ENOS.

We need reliable, randomised evidence to inform management guidelines. Clearly, it has become doubly important for us to enrol patients who have received thrombolysis in ENOS, and to ensure that randomisation takes place within the early hours after admission, when a powerful influence of blood pressure may be present in these patients.

Citation: MS no: STROKE/2009/548602 Title: Relationship of blood pressure, antihypertensive therapy and outcome in ischemic stroke treated with intravenous thrombolysis: Retrospective analysis from SITS-ISTR.

## Congratulations to....



- Armed Forces Medical College, Pune University, India; Ninewells Hospital, Dundee, UK; Macclesfield District General Hospital UK; Hospital La Paz, Madrid, Spain; Fairfield General Hospital, Bury UK for recruiting their first ENOS patients.
- Christian Medical College, Ludhiana and University of Kelaniya, Sri Lanka, for consistently being at the top of the Highest Recruiting Centre Table in the last 90 days.
- Singapore General Hospital for recruiting patient number 1200.
- Fairfield Hospital, Bury for recruiting 6 patients in April; £100 bonus for first 5 patients.
- Torbay Hospital, UK, South Teaching Hospital, Colombo, Sri Lanka and Mures County Emergency Hospital, Targu-Mures, Romania for recruiting two patients in under 12 hours in one month. Hampers are on the way to you.

## ENOS in Romania, Egypt and Spain

Welcome to the ENOS Team at Mures County Emergency Hospital, Targu-Mures, Romania who recruited their first ENOS patient on 23 March 2009. Dr Szabolcs Szatmari, National Coordinator for Romania leads the team, who have already recruited 5 patients, two in under 12 hours.



L to R: Viorelia Constantin, Kinga Delia Derzsi, Adina Stoian, Zoltan Bajko, Andreea Barsan, **Dr Szabolcs Szatmari**, Ildiko Szocs, Jozsef Szasz, Luminita Toma

Congratulations to Professor Anwar Etribi and his team at Ain Shams University, Cairo, for randomising the first patient in Egypt on 20 March 2009, only 4 months after the Investigator Meeting, held in Cairo in November. They have already recruited 4 patients to date.

Dr Exuperio De Tejedor and Blanca Fuentes at Hospital La Paz in Madrid, recruited the first ENOS patient in Spain on 2 April 2009. They have shown long-standing commitment to the trial and we look forward to many more patients in Spain.

## European Stroke Conference

ENOS and IST-3 are hosting stand 103 at the European Stroke Conference in Stockholm, 26-29 May. Please come & visit us on the stand: <http://www.eurostroke.org/>.

## International Coordinating Centre Staff Change



Tanya Payne, UK Centre Coordinator, commenced maternity leave on 2 April. We would like to thank her for all her hard work and enthusiasm on the trial to date and wish her all the very best for the future. Lynn Stokes is covering Tanya's role in the short term, so please address any UK queries to her.



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## ENOS Blood Samples

We are organising courier collections for ENOS blood samples. We will request a copy of your blood sample freezer log to confirm how many/what samples are at each centre. Before we collect, can all centres please ensure that samples are labelled with the **date of collection, patient initials, trial number and centre number**. Please ensure all samples are labelled clearly and otherwise **anonymised**.

## Tip of the month

Please continue to randomise patients early within the 48 hour time window, especially within the first 12 hours. We have extended our offer of a hamper to any centre that recruits two patients in one month in under 12 hours, to April and May 2009.

### \*\*\*\*\*Recently Updated Forms\*\*\*\*\*

- ENOS Trial Office Contacts v1.6, FAQ v1.8, File Note v1.1
- MREC Letter, 19 March 2009 to approve substantial amendment to add new centres and endorse radiation load of second CT scan.

**ENOS now has 90 centres in 16 countries. More centres are welcome.**

### UK 708

Aberdeen	67
Antrim Area Hospital, NI	1
Barnsley	6
Bishop Auckland	55
Blackpool Victoria	29
Borders Melrose	3
Chesterfield Royal	3
Countess of Chester	7
Cumberland Infirm, Carlisle	1
Derby Hospitals	28
Doncaster	9
Edinburgh Royal	7
Edinburgh Western	14
Fairfield General, Bury	6
Glasgow Royal Infirmary	6
Harrogate District	5
James Cook, Middlesbrough	2
John Radcliffe, Oxford	3
Kings College London	1
Leicester General	3
Lincoln County	50
Macclesfield DGH	2
Monklands Glasgow	16
New Cross Wolverhampton	4
Newham General	26
Ninewells, Dundee	1
Northampton General	2
Nottingham City	179
Pilgrim Boston	30
QMC Nottingham	23
Royal Devon & Exeter	12
Royal Hallams Sheffield	1
Royal Preston	5
Scarborough	5
Scunthorpe	2
Sherwood Forest Hospitals	8
Southport & Ormskirk	1
St Marys Isle of Wight	2
Staffordshire General	1
Stockport Stepping Hill	20
Stobhill Glasgow	3
Stoke-on-Trent	14
Torbay	5
University Hosp, Aintree	7
University Hosp, Coventry	3
Victoria Hosp Kirkcaldy Fife	15
Watford General	1
Western Infirmary, Glasgow	2
Yeovil District Hospital	11

### Grand Total:

**1,247**

### ENOS Trial Office

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