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Recruitment begins! Congratulations to the Edinburgh site on randomising the first participant in the study!

Site status	
Active sites	1
SIV complete	14
SIV pending	10
Not ready for site initiation	14

Who should you get on board in your local CARE study team?

We strongly advise PIs to engage your colleagues in paediatric / vascular / epilepsy neurology and neurosurgery with: **(a) completing the online training, (b) attending the site initiation visit, (c) joining the delegation log, and then (d) audio-recording conversations, and (e) randomising participants!**

Top Tip!

QuinteT Corner

Add a screening record for a patient to the study database to obtain their study ID before audio-recording a recruitment conversation.

State the patient ID, your staff ID (provided after site activation), the date, the location of the recording and who is with the patient (e.g. carer, parent, etc) at the start of recording.

British NeuroVascular Group news

Thank you to BNVG attendees for their feedback about the CARE study. Case-based discussions raised 3 questions:

When can we be confident to diagnose a cavernoma on MRI after an intracerebral haemorrhage?

Answer: The Angioma Alliance guidance advises at least 2 months (Stroke 2008;39:3222-30); in the chief investigators' practice, we usually opt for 3 months.

Which patients should investigators record in the screening logs?

Answer: Please record all patients who are eligible because of a newly diagnosed symptomatic brain cavernoma during the study period, and any prevalent eligible patients who you also consider for inclusion.

Is neurosurgeon experience taken into account?

Answer: We are not credentialing surgeons, or restricting surgery to surgeons with extensive experience. However, we are recording information about the experience of surgeons who perform resection when CARE participants are randomised to resection and treated.

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