

Here, and elsewhere in this newsletter, are some of the teams who made it all possible



Hospital Interzonal General de Agudos 'Dr Oscar Alende', Argentina



Hospital Universitario San Jose de Popayan, Colombia



Medical Trust Hospital Kochi, India



National Hospital Abuja, Nigeria



Hospital Gustavo Rovirosa, Mexico



Hospital Nacional Rosales, El Salvador



Suratthani Hospital, Thailand



Christian Medical College Ludhiana, India

WHAT NEXT...



Tranexamic Acid for the Treatment of Postpartum Haemorrhage (PPH)

Each year, worldwide about 530,000 women die from causes related to pregnancy and childbirth. Almost all of the deaths are in low and middle income countries. About 14 million mothers develop postpartum haemorrhage (PPH) each year and about 2% of them will die, with an average interval from onset to death of about 2 to 4 hours.

The **WOMAN** trial aims to examine the effect of Tranexamic acid (TXA) on mortality and hysterectomy and other morbidities in 15,000 women with clinically diagnosed PPH. A pilot phase of this trial has started and 400 women have been randomised in Nigeria, Cameroon and Albania.

New hospitals are needed all over the world. Please urge your hospital Obstetric and Gynaecology department to take part. More information on the trial website

www.thewomantrial.lshtm.ac.uk

HALT-IT TRIAL

(Haemorrhage Alleviation with Tranexamic acid – Intestinal System)

A large trial among patients with acute gastro-intestinal haemorrhage, of the effects of TXA on death and need for surgical intervention. Acute upper GI haemorrhage is one of the most common gastrointestinal emergencies. It is an important cause of mortality and morbidity in high, middle and low income countries. Lower GI haemorrhage has an incidence of 20-30 cases per 100,000 people per year and a case fatality of 10-20%.

The HALT-IT trial will determine reliably the effect of TXA on mortality, morbidity (re-bleeding, surgical intervention, blood transfusion, risk of non-fatal vascular events) and health status in patients with acute upper gastrointestinal haemorrhage.

The trial aims to randomise 10,000 adult patients with clinical diagnosis of GI bleeding.

More information will be available in the near future, but do let us know now if you might be interested in taking part.

CRASH-3 Efficacy Trial

(Clinical Randomisation of an Antifibrinolytic in Significant Head Injury)

An efficacy study of tranexamic acid in traumatic intracranial bleeding.

Traumatic brain injury (TBI) is a leading cause of death and disability. Intracranial bleeding is common in TBI and is associated with increased mortality and disability. Because progression of intracranial bleeding is common and worsens outcome, early intervention to reduce the progression has considerable therapeutic potential.

The trial aims to recruit 600 adult TBI patients with CT scan evidence of intracranial bleeding and no other evidence of significant traumatic bleeding. Two CT scans will be taken for each participant, a baseline (pre-randomisation) scan and a follow-up scan 24–48 hours later. Scans will be sent to the TCC and compared by radiologists at Edinburgh University.

More information will be available in the near future, but do let us know now if you might be interested in taking part.

NEWSLETTER

Issue 16 – May 2010

THE TIMES OF INDIA

Bangkok Post

YOU DID IT!

LA NACION
Ciencia y salud
Martes 15.06.2010

BBC
NEWS

“Cheap drug could save 100,000 lives” – the five words and one number that sum up the efforts of the hundreds of CRASH-2 collaborators from hospitals around the world. This was the headline that hit the world’s news in June 2010, following the publication of the CRASH-2 trial results in the Lancet medical journal.

And the most important thing about this particular headline is that it is completely true. Thanks to the superb efforts of the CRASH-2 collaborators we now have reliable scientific evidence that a simple, inexpensive and widely practicable treatment saves lives in trauma patients. Trauma doctors everywhere are now discussing how tranexamic acid can be incorporated into trauma treatment guidelines.

Compared to most lifesaving drugs tranexamic acid is very cheap. The results of the trial are currently being studied by health economists to work out cost effectiveness – but already it is clear that tranexamic acid ranks as one of the most inexpensive ways to save a life in the history of healthcare.

And it could save 100,000 lives. Each year an estimated 600,000 trauma patients bleed to death in hospitals around the world. The CRASH-2 trial has shown that tranexamic acid reduces the risk of death from bleeding by about one sixth. This means that the widespread use of this drug by emergency physicians could cut the death toll by 100,000 every year.

The most worrying word in the headline is the word “could.” The headline does not say “will.” There is a huge gap between clinical research and clinical practice. It can take a decade for an effective treatment to be taken up in routine medical care. CRASH-2 collaborators can help reduce this lethal time lag by making sure that tranexamic acid is incorporated into their own trauma protocols, by presenting the results at local and national trauma meetings, by writing editorials in medical journals and newspapers, and a whole host of other ways.

The co-ordinating centre has applied to the World Health Organization to include tranexamic acid on the list of essential medicines. Please write to your own regional WHO offices in support of this application. There is much to celebrate, but much remains to be done.

And just in case you felt that you had made your contribution to medical research and can now put your feet up and relax – CRASH-3 is coming...

Watch this space!

TheLancet.com

CRASH-2: tranexamic acid and trauma patients



In an [Article](#), the CRASH-2 Trial Collaborators assess the effects of early administration of a short course of tranexamic acid on death, vascular occlusive events, and the receipt of blood transfusion in trauma patients with or at risk of significant haemorrhage. Jerrold H Levy offers an analysis of the study in a [Comment](#). Translated abstracts available in: [Chinese](#), [Hindi](#), and [Spanish](#).

www.thelancet.com/crash-2

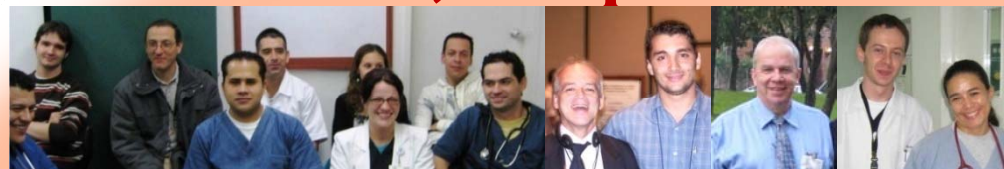


Trials Coordinating Centre

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WWW.CRASH2.LSHTM.AC.UK

Listed here are all the hospitals who randomised patients into the trial, in ranking order. **Congratulations and huge thanks** to all the teams for your tremendous work!

More than 1,000 patients



Hospital Universitario San Vicente de Paul, Colombia



Mataria Teaching Hospital, Egypt

1-10 patients

Hospital Regional Rio Grande, Argentina
Centre Hospitalier Regional de Namur, Belgium
Hospital Alcivar, Ecuador
Nazareth Hospital, India
Fukuoka Univ Hospital, Japan
NsP Poprad, Slovakia
Roi-Et Hospital, Thailand
Bali District Hospital, Cameroon
Hospital Univ Departamental Narino, Colombia
Hospital Provincial docente VI Lenin, Cuba
Ganga Hospital, India
Muhammadiyah Lamongan Hospital, Indonesia
Imam Hosain Hospital, Iran
Hospital Univ del Valle, Colombia
Vadamalayan Hospitals, India
Hospital General Ecatepec Las Americas, Mexico
Hospital Ramon y Cajal de Madrid, Spain
Phrae Hospital, Thailand
Frenchay Hospital, UK
Hull Royal Infirmary, UK
Hospital General la Perla, Mexico
Hospital de Apoyo de Sullana, Peru
Hospital IV ESSALUD Huancayo, Peru
Hospital Nacional Arzobispo Loayza, Peru
Countess of Chester Hospital, UK
Royal Sussex County Hospital, UK
Hospital 4 de Junio Dr Ramon Carrillo, Argentina
Hospital Dr RR Zambrano, Ecuador
Hospital Municipal Los Olivos, Peru
NsP JA Reiman, Slovakia
Derby Hospitals NHS Trust, UK
Nchanga North General Hospital, Zambia
Hospital Castro Rendon, Argentina
Hospital San Martin de La Plata, Argentina
Sir Charles Gairdner Hospital, Australia
Hospital Univ de Neiva, Colombia
Devadoss Multispeciality Hospital, India
KIOT Hospital, India
Hospital Jose Cayetano Heredia, Peru
Hospital Nacional CA Seguin Escobedo, Peru
Bedford Hospital NHS Trust, UK
Royal Liverpool Univ Hospital, UK
Hospital Municipal Dr L Lucero, Argentina
John Hunter Hospital, Australia
Hospital Manuel Uribe Angel, Colombia
Effia Nkwanta Regional Hospital, Ghana

Baby Memorial Hospital, India
Bethany Hospital, India
Suretech Hospital, India
Surya Hospital, India
Maiduguri UTH, Nigeria
Hospital Nacional Dos de Mayo, Peru
Colchester General Hospital, UK
Royal Lancaster Infirmary, UK
Worthing Hospital, UK
Hamilton General Hospital, Canada
Clinica De Espec Medicas San Gregorio, Ecuador
Apollo Clinic Varanasi, India
Fortis Escorts Hospital, India
Gokul Hospital & Trauma Centre, India
International Hospital Assam, India
Lireine Multispeciality Hospital, India
Meenakshi Mission Hospital, India
MOSC Medical College Hospital, India
MS Ramaiah Memorial Hospital, India
Saykhedkar Hospital, India
Shanti Mukand Hospital, India
Ampang Hospital, Malaysia
Hospital Gen de Ecatepec Dr JM Rodriguez, Mexico
National Orthopaedic Hospital Igbobi, Nigeria
Hospital Nacional Cayetano Heredia, Peru
National Neuroscience Institute, Singapore
George Provincial Hospital, South Africa
Hospital Univ Germans Trias i Pujol, Spain
Parent Valley Hospital, UK
Hope Hospital, UK
Northern General Hospital, UK
Hospital Interzonal Gen de Agudos Dr O Alende, Argentina
Bafut District Hospital, Cameroon
Fundong District Hospital, Cameroon
St John of God Medical Centre, Cameroon
Saint Theresa's Hospital, Ghana
Shri KM Memorial Jain Hospital, India
Usha Hospital, India
Kapenguria District Hospital, Kenya
Univ of Nigeria Teaching Hospital Enugu, Nigeria
Klinicki Centar Srbije, Serbia
Faculty Hospital FD Roosevelt, Slovakia
Hospital Torrecardenas, Spain
Hospital Univ Virgen de la Victoria, Spain



Hospital Luis Vernaza, Ecuador

10-19 patients

Apex Hospital Bhopal, India
Rayong Hospital, Thailand
Res Inst for Special Surgery & Trauma, Czech Rep
Dr Jeyasekharan Medical Trust, India
Himalayan Institute of Medical Sciences, India
Sogakope District Hospital, Ghana
Apollo Gleneagles Hospitals, India
Civil Hospital Gandhinagar, India
Sukhdev Raj Soin Hospital, India
Hospital Nacional Sergio E Bernales, Peru
Sancheti Inst for Orthop & Rehab, India
St James Hospital, India
King Khalid National Guard Hospital, Saudi Arabia
Leicester Royal Infirmary, UK
Nottingham Univ Hospitals NHS Trust, UK
Spitali Civil Durrës, Albania
Methodist Hospital Wenchui, Ghana
Al Shifa Hospital, India
Anant Institute of Medical Sciences, India
FMC Birnin-Kebbi, Nigeria
United Hospital Limited, Bangladesh
Hospital General Calixto Garcia, Cuba
Vinayaka Mission Hospital, India
Hospital Univ Virgen del Rocio, Spain
Hospital Antonio Luaces Iraola, Cuba
Hospital Naval Guayaquil, Ecuador
Gauhati Hospital, India
Univ Hospital of the West Indies, Jamaica
Abia State UTH, Nigeria
Wesley Guild Hospital, Nigeria
Nepean Hospital, Australia
Bamenda Provincial Hospital, Cameroon
Hospital Civil de Ipiales, Colombia
Krishna Hospital Karad, India
Ruby Hall Clinic, India
Shreejee Hospital, India
Loqman Medical Center, Iran
FMC Umuahia, Nigeria

More than 500 patients



Aswan Teaching Hospital, Egypt

20-49 patients

Sanjeevani Hospital, India
Kamineni Hospital, India
Sri Sakthi Hospital, India
Bhattacharya Orthopaedic Res Centre, India
Sushrut Hospital, India
LAUTECH Teaching Hospital, Nigeria
Sint-Vincentius Hospital, Belgium
Erfan Hospital, Iran
Univ of Malaya Medical Centre, Malaysia
FMC Makurdi, Nigeria
St Theresa's Catholic Medical Centre, Cameroon
All India Institute of Medical Sciences, India
GM Hospital Ltd, India
GMC Nagpur, India
Nnamdi Azikiwe Univ Teaching Hospital, Nigeria
GMC New Civil Hospital Surat, India
Lagos State UTH, Nigeria
Usmanu Danfodiyo UTH, Nigeria
Chikitsa Hospital, India
National Orthopaedic Hospital Enugu, Nigeria
Hospital Habib Thameur, Tunisia
Hospital San Rafael Tunja, Colombia
Apollo Health City, India
Spedali Civili di Brescia, Italy
Nyinahin Government Hospital, Ghana
Apex Neurotrauma & Superspec Hospital, India
Neuro Center Gola Ghat, India
NSCB Medical College, India
Calabar UTH, Nigeria
Abuja UTH, Nigeria
Uyo UTH, Nigeria
BGS Global Hospital, India
Chettinad Hospital, India
Dr Soetomo General Hospital, Indonesia
Kenyatta National Hospital, Kenya
Hospital Tengku Ampuan Rahimah, Malaysia
FMC Yenagoa, Nigeria
Cipto Mangunkusumo Hospital, Indonesia
Clinica La Estancia, Colombia
Clinica Santa Ana, Peru
Univ Hospital of North Staffordshire, UK
Hospital de Ninos Dr RG Elizalde, Ecuador
Royal London Hospital, UK
Hospital Angel Cruz Padilla, Argentina
Fundacion Hospital San Jose de Buga, Colombia
Sir Sayajirao General Hospital, India
Goyal Hospital Jodhpur, India
FNsP Ruzinov, Slovakia
Lampang Hospital, Thailand
Krishna Surgical Hospital & Trauma Centre, India
Nizam's Institute of Medical Sciences, India
Azienda Ospedaliera di Parma, Italy
Seventh Day Adventist Hospital, Nigeria
Hospital La Caleta, Peru
Hospital Miguel Enriquez, Cuba
Institute of Critical Care Medicine, Georgia
Niramay Hospital, India



Suez Canal University, Egypt



50-99 patients

Clinica las Americas, Colombia
Saiful Anwar General Hospital, Indonesia
Hospital Univ Science, Malaysia
Mansarovar Hospital, India
Hospital Prov Docente MA Domenech, Cuba
Hospital General de Medellin, Colombia
Hospital San Felix, Colombia
Hospital Nacional Rosales, El Salvador
PGIMS Rohtak, India
Goyal Hospital Jalna, India
Nemazi Hospital, Iran
Baptist Medical Centre, Nigeria
Dr George Mukhari Hospital, South Africa
Hospital Univ "Arnaldo Milian Castro", Cuba
Korle Bu Teaching Hospital, Ghana
GMC Chandigarh, India
Oberai Hospital, India
Bajeev Gandhi Memorial Hospital, India
Hospital Univ Dr GA Lima, Cuba
Tombel District Hospital, Cameroon
Hospital Univ Del Caribe, Colombia
Muhimbili Orthopaedic Institute, Tanzania
Calicut Medical College Hospital, India
Krishnamai Foundation's NIKOP Hospital, India
Hospital Gen de Uruapan Dr PD Martinez, Mexico
Hospital Univ San Jorge, Colombia
St Stephen's Hospital, India
Lusaka UTH, Zambia
King Khalid Univ Hospital, Saudi Arabia
Ilorin UTH, Nigeria
Renji Hospital, China
Hospital Abel Santamaria Cuadrado, Cuba
Government Rajaji Hospital, India
Medical College Trivandrum, India
Enugu State UTH, Nigeria
Sungai Buloh Hospital, Malaysia



Tbilisi State University Clinical Hospital 'I Javakhishvili', Georgia

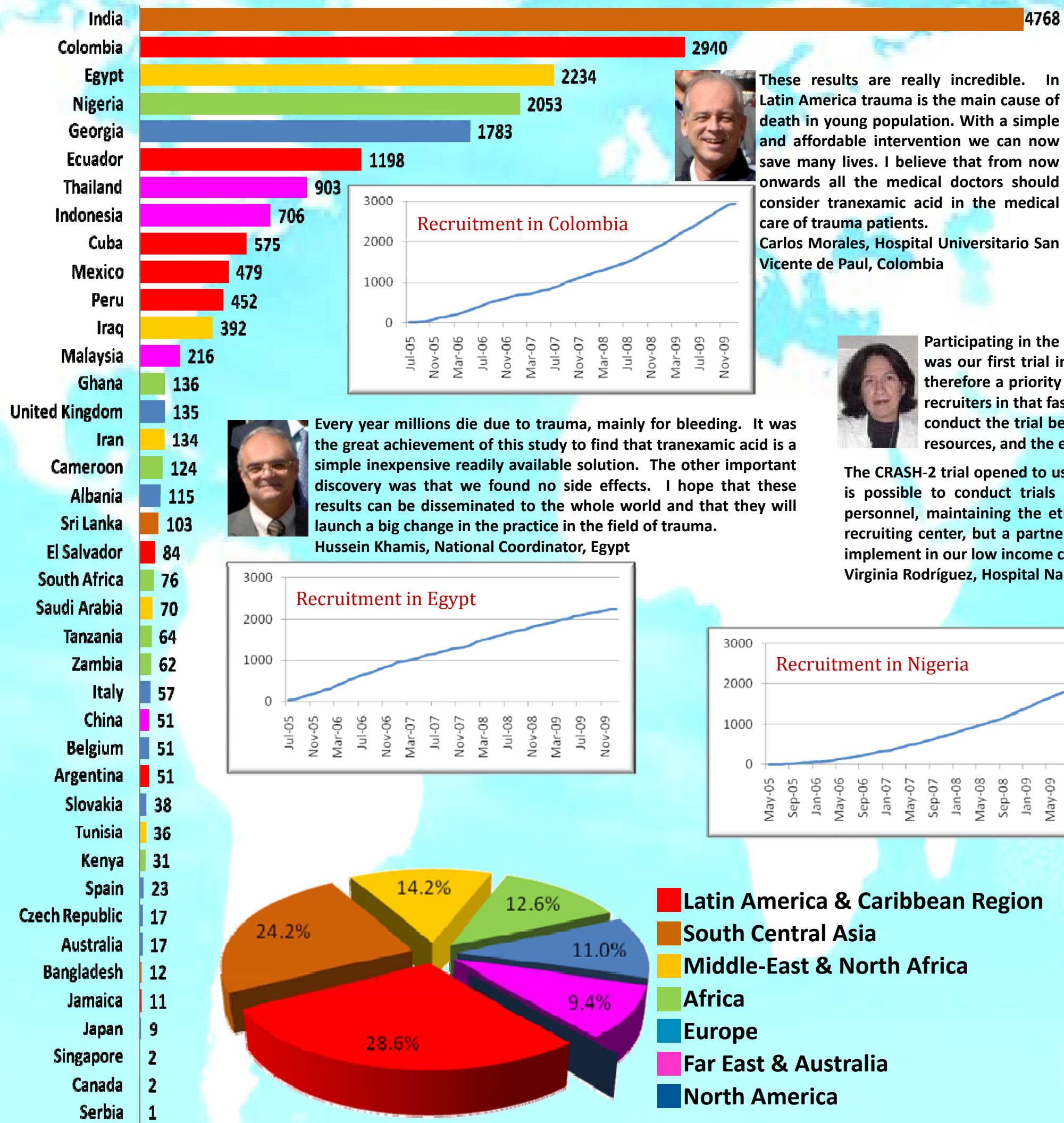


Tbilisi First Hospital University Clinic, Neurosurgery Center, Georgia

Masters!

100-499 patients

National Hospital Abuja, Nigeria
Khon Kaen Regional Hospital, Thailand
Medical Trust Hospital Kochi, India
Hospital Univ San Jose de Popayan, Colombia
Diwanayah College of Medicine, Iraq
Tbilisi City Hospital #1, Georgia
Christian Med Coll Ludhiana, India
Soebandi Hospital Jember, Indonesia
Aditya Neuroscience Centre, India
Benin UTH, Nigeria
Sri Sai Hospital, India
Sanglah General Hospital, Indonesia
Hospital Pablo Tobon Uribe, Colombia
Care Hospital, India
Hospital San Andres de Tumaco, Colombia
Hospital General Regional 25, Mexico
Tbilisi State Medical Univ ER Dept, Georgia
Fundacion Clinica Valle del Lili, Colombia
Hospital Gustavo Rovirosa, Mexico
Hospital Regional Docente de Trujillo, Peru
North Bengal Neuro Research Centre, India
Sheth VS General Hospital, India
LTM General Hospital, India
Obafemi Awolowo UTH, Nigeria
Hospital Nacional Hipolito Unanue, Peru
Irrua Specialist Teaching Hospital, Nigeria
GMC Jammu, India
MKCG Medical College, India
Olabisi Onabanjo UTH, Nigeria
Pattani Hospital, Thailand
Hospital Clin-Quirurgico Doc Saturnino Lora, Cuba
Hospital Jose Carrasco Arteaga, Ecuador
Christian Medical College Vellore, India
UCH Ibadan, Nigeria
KLE Hospital, India
Suratthani Hospital, Thailand
NKP Salve Inst Lata Mangeshkar Hospital, India
Hospital General Univ CM de Cespedes, Cuba
Sanjivani Hospital, India
Bhumibol Adulyadej Hospital, Thailand
Parkar Hospital, India
Ahmadu Bello UTH, Nigeria
Jeevan Jyoti Hospital Centre, India
National Hospital, Sri Lanka
National Trauma Centre Hospital, Albania



These results are really incredible. In Latin America trauma is the main cause of death in young population. With a simple and affordable intervention we can now save many lives. I believe that from now onwards all the medical doctors should consider tranexamic acid in the medical care of trauma patients.
 Carlos Morales, Hospital Universitario San Vicente de Paul, Colombia



Participating in the CRASH-2 trial was an exciting and challenging experience. Exciting, as it was our first trial in trauma although we have an overload of trauma patients. Trauma is therefore a priority area for research and the challenge was to engage trauma surgeons as recruiters in that fast moving setting where life and death depend on time. We were able to conduct the trial because the protocol was designed to adjust to any setting, regardless of resources, and the endpoints were objective and measurable without high technology.

The CRASH-2 trial opened to us a door of possibilities for research in trauma and the conviction that it is possible to conduct trials in the emergency setting without big efforts from the health care personnel, maintaining the ethics and the data quality. The central team made us feel not only a recruiting center, but a partner in this big effort from which the evidence will be useful and easy to implement in our low income countries.
 Virginia Rodríguez, Hospital Nacional Rosales, El Salvador

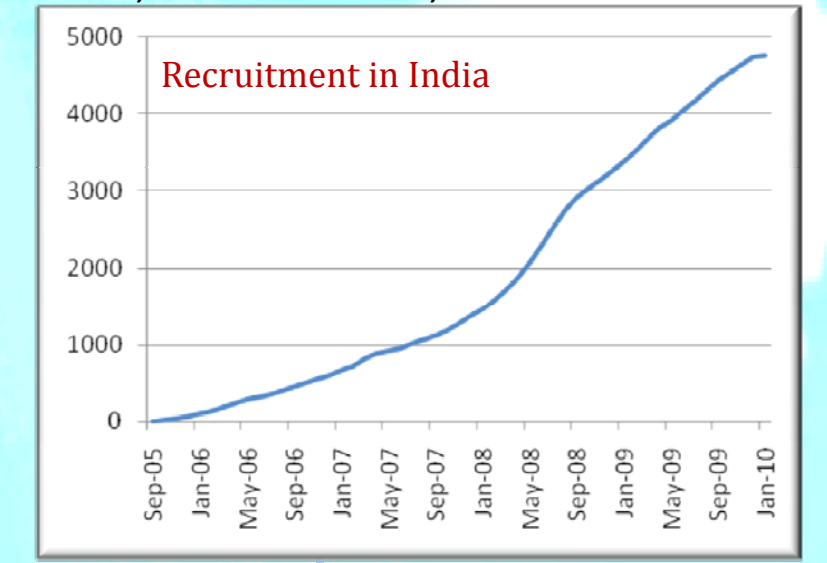


Hello everyone who made possible this magnificent result. A new therapeutic arm will be added to the treatment protocols of the initial management of trauma. Since the success of the mega trial the medical community of the world will start to talk about the pre-CRASH2 age and this new post-CRASH2 age. We, in the Southernmost hospital in the world, are very proud and pleased to have participated through me who was only one more link in this study. We send our congratulations to the whole hospital community, to the Coordinating Centre and all the collaborators in the world. A fraternal embrace to all – until the next study.
 Dr Jorge Omar Balbi, Hospital Rio Grande, Argentina



Every year millions die due to trauma, mainly for bleeding. It was the great achievement of this study to find that tranexamic acid is a simple inexpensive readily available solution. The other important discovery was that we found no side effects. I hope that these results can be disseminated to the whole world and that they will launch a big change in the practice in the field of trauma.
 Hussein Khamis, National Coordinator, Egypt

CRASH-2 is a properly conceived, carefully planned and wonderfully executed massive trial by the CRASH Trials Co-ordinating Centre, which gave a very valuable verdict to humanity. The National co-ordinators around the world responded extremely well with their participation and made it a reality. As a national co-ordinator of India, the top recruiting country for this trial, I feel proud to be part of the CRASH-2 family.
 R R Ravi, National Coordinator, India



I am very proud to be associated with the CRASH2 trial and particularly because the hospitals in India recruited the largest number of patients. The results are particularly important in India where thousands die of road traffic crashes and polytrauma.

Yashbir Dewan, Christian Medical College
Ludhiana, India



Hospital Pablo Tobon Uribe,
Colombia



We decided to participate in this trial because there is an epidemic of trauma worldwide; we see this in our hospital every day. We are very happy that the CRASH-2 trial has provided an effective treatment that we will start to use immediately for our patients.

Jose Caballero Alvarado, Hospital Regional Docente de Trujillo, Peru



Hospital General Universitario CM de Cespedes, Cuba



Trauma is a big problem in Albania so it was a great opportunity for us to participate in the CRASH2 trial. We now know that we can save many lives, and as trauma affects mostly the young active generation, the importance of these results will be even greater. I am happy to use these results in practice.

Fatos Olldashi, National Coordinator, Albania



We are a small island but we are proud to have contributed to this important international trial that will have a great external validity because of the characteristics of its design.

Maria Acelia Marrero
CENCEC (national coordinator), Cuba

We are very happy to have a new treatment for trauma patients. We believe that we will be able to save many lives. From now onwards, tranexamic acid should become standard treatment for trauma patients and bleeding.

Mario Izurieta, National Coordinator, Ecuador



It has been a great honour to participate in such an important trial that will change the care of trauma patients and will save many young lives.

Jorge Herrera
Hospital Universitario San Jose de Popayan



Trauma is a leading cause of death in Nigeria so these results will be of great value to our patients. I am happy to disseminate the results in my country in order to reduce death.

Edward Komolafe
National Coordinator, Nigeria

Unfortunately we see many trauma patients in Mexico – this trial has provided us a simple and effective tool to tackle this trauma epidemic.

Raul Bautista Cruz
Hospital Rovirosa, Mexico



It was difficult to enrol patients at the start, but with the firm commitment of my coinvestigators we have managed to recruit patients to contribute significantly to this worldwide trial. Thus, I would say my team here in HUSM has finished the trial on a jubilant note.

Baharudin Abdullah, Hospital University Science Malaysia



St Theresa's Catholic Medical Centre, Cameroon

The CRASH2 trial was an exciting investigation into whether a relatively cheap established elective drug could be used in the highly complicated situation of haemorrhage associated with major trauma. The trial pushed the barriers with regards to research in patients who lack capacity in the acute setting but has opened the way for further studies in the acutely ill population. It has been challenging but very satisfying. I hope that the results of the trial show that a simple drug can make a difference to an important patient population.

Mark Nash, University Hospital of North Staffordshire, UK



Hospital Castro Rendon, Argentina

I am privileged to be part of the CRASH2 trial which showed that tranexamic acid significantly reduces the risk of dying from bleeding. I recommend it to be put into the treatment protocol for all our patients.

Pius Iribhogbe, University of Benin Teaching Hospital, Nigeria



Injury is a major health problem globally and also in the Middle East and Egypt, creating also economical and social problems. The CRASH2 trial results will help reduce mortality, especially due to bleeding. Tranexamic acid will be effective for injury control in most countries in the world and especially in low and middle income countries.

Hesham Elsayed, Suez Canal University, Egypt



Congratulations to all the all collaborators, it is a great success to have done such a large trial in trauma. It will have a great impact in Colombia and worldwide.

Jorge Mejia Mantilla
National Coordinator, Colombia



It was very important for Georgia to participate in the CRASH2 trial. Together with the team worldwide we found these amazing results and can save hundreds of lives. Fantastic!

Tamar Gogichaishvili, National Coordinator, Georgia



I am pleased to be associated with the CRASH2 trial. This cheap and available drug reduces morbidity and mortality significantly and I recommend for it to be added to treatment protocol for all patients that are bleeding after road traffic crashes.

Oluwole Olaomi, National Hospital Abuja, Nigeria



The CRASH-2 trial is a robust and scientific response to a big problem such as trauma. The results of this trial will benefit patients worldwide world because it is affordable and as a generic drug it is available everywhere. This is a landmark study that will prevent thousands of young people dying of traumatic haemorrhage and it also shows the importance of conducting studies IN our countries FOR our countries.

Jaime Miranda, National Coordinator, Peru



Hospital Regional Docente de Trujillo,
Peru