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CTP2

## Aortic Arch Related Cerebral Hazard (ARCH)

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**Background:** Aortic arch atheroma has emerged as a significant risk factor for ischaemic stroke (relative risk 3-4). Currently, there is no evidence as to what form of therapy is likely to minimise the chance of recurrent stroke. For aortic arch atheroma of thickness greater than or equal to 4mm or mobile, the risk of stroke or death per year is about 14%. Given this high stroke or death risk, the study will test whether the most logical forms of therapy would be either anti-coagulation (warfarin) or combination antiplatelet therapy (aspirin plus clopidogrel).

**Methods:** *Sample Size:* 1500 patients for a power of 90%, and alpha .05. *Therapy:* Warfarin INR 2.0-3.0 vs aspirin 75mg to 325mg daily plus clopidogrel 75mg daily. *Study Design:* Open randomised controlled trial. The primary outcome events are a blinded composite of recurrent stroke, AMI, peripheral embolism or vascular death. The study duration will be 5 years within which there will be a 3 year recruitment period.

**Results:** Recruitment is commencing across 15 sites within Australia and centres in Europe and North America are planned.

**Conclusions:** This is the first trial of therapy for this important ischaemic stroke sub-set.