

There are **NO ARCHIVED IMAGE** files available through  
the linked NINDS repository.

Available archived trial data includes a PDF case report form file and the collected data, and an excel data dictionary. Scan times, type, and related **text** variables are included in the data collection files by participant.

The CTA spot sign score in acute cerebral hemorrhage (**Score-It**)

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**Detailed Description:**

<b>Grant Number</b>	R01NS073344
<b>Study Type</b>	This is an ancillary study of ATACH-2.
<b>Actual Enrollment</b>	<p>The sample size for the ancillary SCORE-IT study will be determined by the number of subjects enrolled in ATACH-2 and the proportion who undergo the relevant neuroimaging procedures.</p> <p>As of May 12, 2015, 100 sites have enrolled 892 participants into the parent trial. SCORE-IT non-contrast CT arm accrual: 816 SCORE-IT CTA arm accrual: 106 SCORE-IT MRI arm accrual: 208</p>
<b>Allocation</b>	(Randomized in ATCH-2 to intervention or control arm)
<b>Intervention Model</b>	Observational
<b>Primary Purpose</b>	Analyze routinely obtained brain imaging data across the ATCH-2 sites for predictive markers of hematoma expansion and investigate whether these markers can help select the patients most likely to benefit from this intervention.
<b>Goal</b>	To apply CTA and MRI to identify patients at the highest risk for hematoma expansion to determine whether CTA and MRI can identify patients at high

	risk for hematoma growth and whether these imaging techniques can select patients more likely to benefit from early, intensive antihypertensive treatment.
<b>Official Title</b>	SCORE-IT: The CTA Spot Sign Score in Acute Cerebral Hemorrhage
<b>Actual Study Start Date</b>	12/01/2010
<b>Actual Study Completion Date</b>	12/30/2015

## Hypothesis and Aim

**Hypothesis 1.** Specific radiographic features obtained from CTA on presentation can identify patients at highest risk for hematoma expansion.  
**Specific Aim 1.** To evaluate the Spot Sign Score as a predictor of hematoma expansion across a wide range of centers.  
**Hypothesis 2.** The presence of a spot sign identifies individuals who benefit from aggressive blood pressure reduction.  
**Specific Aim 2.** To determine whether Spot Sign Score predicts clinical benefit (modified Rankin Score 0-3) received from aggressive blood pressure reduction in the ongoing ATACH-2 clinical trial  
**Hypothesis 3.** The underlying vasculopathy responsible for the ICH predicts hematoma expansion.  
**Specific Aim 3.** To determine whether the absence of MRI-detectable microbleeds is associated with hematoma expansion and clinical benefit (modified Rankin Score 0-3) received from aggressive blood pressure reduction in the ongoing ATACH-2 clinical trial.

## Eligibility Criteria

Enrollment into ATCH-2

## Collaborators and Sponsor

Massachusetts General Hospital  
Medical University of South Carolina  
University of Minnesota  
Funding NINDS

As of May 12, 2015, 100 sites have enrolled 892 participants into the parent trial.

## Citations

Brouwers HB, Goldstein JN, Romero JM, Rosand J. Clinical applications of the computed tomography angiography spot sign in acute intracerebral hemorrhage: a review. *Stroke*. 2012 Dec;43(12):3427-32. PubMed PMID: 23132779; PMCID: PMC3508322.

Brouwers HB, Raffeld MR, van Nieuwenhuizen KM, Falcone GJ, Ayres AM, McNamara, KA, Schwab K, Romero JM, Velthuis BK, Viswanathan A, Greenberg SM, Ogilvy CS, van der Zwan A, Rinkel GJ, Goldstein JN, Klijn CJ, Rosand J. CT angiography spot sign in intracerebral hemorrhage predicts active bleeding during surgery. *Neurology*. 2014 Sep 2;83(10):883-9. PubMed PMID: 25098540; PubMed Central PMCID: PMC4153853.

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