ASPIRE

Anticoagulation in ICH Survivors for Stroke Prevention and Recovery

NIH StrokeNet

Randomized, double-blinded, phase III clinical trial of anticoagulation with apixaban (Eliquis®) versus aspirin for patients with ICH and high-risk, non-valvular atrial fibrillation.

Study participants will take apixaban 5 mg by mouth twice daily (2.5 mg for subjects meeting standard criteria for an adjusted dose) or aspirin 81 mg by mouth once daily.

Qualifying ICH for ASPIRE

- Focal collection of blood within brain parenchyma or ventricular system documented on CT or MRI
- Not due to hemorrhagic transformation of brain infarction, tumor, or AVM that has not been secured
- SDH and non-cortical SAH are *not eligible*

24/7 Hotline: (800) 618-0643

To reach an ASPIRE PI (Kevin Sheth or Hooman Kamel)

Informational video for patients

ASPIRE Inclusion-Exclusion Card v2

ASPIRE Inclusion Criteria

- Age ≥18 years
- ICH confirmed by brain CT or MRI
- Can be randomized 14-180 days after ICH onset
- Non-valvular atrial fibrillation or atrial flutter
- CHA2DS2-VASc score ≥ 2
- Provision of informed consent by patient or LAR
- *For females of reproductive potential*: use of highly effective contraception

ASPIRE Exclusion Criteria

- Index event is hemorrhagic transformation of brain infarction or hemorrhage into tumor
- Earlier ICH in 12 months preceding index event
- Active infective endocarditis
- Clear indication for anticoagulants or antiplatelets
- Previous or planned LAA closure
- Clinically significant bleeding diathesis
- Serum creatinine ≥2.5 mg/dL
- Active hepatitis or hepatic insufficiency with Child-Pugh score B or C
- Chronic anemia *(hgb <8 g/dL)* or thrombocytopenia *(<100 x 10^9/L)*
- Pregnant or breastfeeding
- Known allergy to aspirin or apixaban
- Concomitant participation in a competing trial
- Condition precludes safe or active participation
- Persistent, uncontrolled systolic BP (≥180 mmHg)
- ICH caused by AVM that has not been secured

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