Cognition and Neocortical Volume After Stroke (CANVAS) Study

Principal Investigator

Amy Brodtmann
Behavioural Neuroscience,
Florey Institute for Neuroscience and Mental Health,
Melbourne Brain Centre,
245 Burgundy Street
Heidelberg 3084, Australia.
agbrod@unimelb.edu.au

Summary

Country	Australia
Principal Investigator	Amy Brodtmann
Contact person (email)	agbrod@unimelb.edu.au
Key publication/reference	Brodtmann et al. Int J Stroke 2014;9:824-828
Years in which study conducted	2014-2017
Sample	
Size	135 (intended)
Population: Hospital/community	Hospital
Selection: consecutive/random	?
Admit with previous stroke?	?
Admit with TIA?	?
Age range	18+
Number of centres	3 (Melbourne hospital stroke units)
Control group: number, population, selection	N=40, from prior MRI studies and appropriate family members
Assessment	

Initial: Time and data collected/tests administered	Within 1m after stroke: MedHx, VRF, function, brief NΨ, IQCODE
Detailed	3m: function, IQCODE, brief NΨ, extended NΨ
Subsequent (follow-ups)	12m, 36m: same as 3m plus CDR, SASNOS
Stroke-related data	NIHSS
Functional tests/data	Modified Rankin scale, SASNOS
Other medical tests/data	APO genotyping, general health, blood pressure, cholesterol
Neuropsychological tests	Brief: test battery including NART and MoCA Extended: test battery covering 5 domains
MRI scans, when and how many	0, 3, 12, 36m
PET scans	Amyloid in subgroup at 36m
Psychiatric exams/diagnoses	Anxiety (GAD-7), CDR
Intervention trialled?	No

CT=computed tomography scan, MedHx=medical history, VRF=vascular risk factors (hypertension, diabetes, atrial fibrillation, obesity, smoking etc.), NΨ=neuropsychological, TIA=transient ischemic attack, m=month, y=year