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**EARLY TREATMENT OF STROKE WITH MONOSIALOGANGLIOSIDE GM-1 -
EFFICACY AND SAFETY RESULTS OF THE EARLY STROKE TRIAL**

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ARGENTINO C; TONI D; RASURA M; SACCHETTI ML; MUNTONI S; DESSI G; SANNA M;
BOTTA MB; SERRI M; CANNAS P; LOI PP; CASULA MT; SENIN U; AISA G; VALIGI G;
MENCULINI G; GALLAI V; GAGGIOLI AA; BRUSTENGHI PL; DELGATTO FX;
DELLOMASTRO A; CARDAIOLI G; MAMOLI A; CAMERLINGO M; CASTO L; CAZZANIGA
GC; FERRARO B; GALAVOTTI G; GAMBI D; AQUILONE L; VIOLA S; DANNUNZIO S;
FARICELLI A; CENSONI MG; BONOMO L; DEPASCALE A; DELLIPIZZI C; STORTO ML;
BOTTACCHI E; DALESSANDRO G; CARENINI L; BLANC S; DIGIOVANNI M; HOROWITZ
S; ZITO J; DONNARUMMA R; KWIATKOWSKI T; PATEL M; CHEHEBAR V;
GERSTENBRAND F; WILLEIT J; SCHMIDAUER C; STOCKHAMMER G; SAILER U;
MAROSI M; BOGOUSSLAWSKY J; GHIKA J; VINGERHOETS F; SANCHEZ AP;
CALANDRE L; FRANCH O; HOPF HC; KRAEMER G; ROTHACHER G; TETTENBORN B;
SIEVERS C; INZITARI D; GINANNESCHI A; MACUCCI M; MARINONI M; BES A; GERAUD
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Abstract

Background and Purpose The Early Stroke Trial (EST) is a randomized, double-blind, placebo-controlled trial to assess the effect of monosialoganglioside GM-1 in improving recovery in patients who experienced an ischemic supratentorial stroke. **Methods** Sixteen clinical centers recruited 805 patients, of whom 792 were confirmed to be eligible. Treatment, consisting of a first dose of either 200 mg GM-1 or placebo, was initiated within 5 hours of the onset of stroke; a second dose of either 100 mg GM-1 or placebo was administered 12 hours later. Thereafter, patients received a daily injection of 100 mg GM-1 or placebo intravenously from day 2 through 10 and intramuscularly from day 11 through 21. Patients were followed up for a total of 4 months. **Results** Survival was similar in the two treatment groups. Improvement in neurological status, as measured by the change in Canadian Neurological Scale score between baseline and 4-month assessments, was greater in the group receiving GM-1; the observed difference between treatment groups was 0.22 ($P=.06$). A post hoc analysis in the subgroup of patients treated within 4 hours showed a statistically significant difference, with Canadian Neurological Scale mean improvement of 0.41 ($P=.016$). GM-1 use was not associated with differences in frequency, nature, or severity of adverse experiences. **Conclusions** These findings suggest that GM-1 is safe in the dose and treatment schedule used and that its efficacy in ischemic stroke is greater when given soon after onset of stroke.

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