

## Summary of trials discussed during episode

Trial	Number of patients enrolled	Last known well to treatment (hours)		Stroke severity (NIHSS)	Imagining selection	Patients achieving functional independence (Modified Rankin Score ≤2)
		t-PA	MT			
IMS III (2013) <sup>1</sup>	656	<3	<3	≥10	Evidence of vessel occlusion not required for enrolment; CT-A performed at centres in which this investigation was part of routine work up	No difference
MR CLEAN (2015) <sup>2</sup>	500	≤ 4.5	≤ 6	>1	Evidence of vessel occlusion	32.6% in MT arm v 19.1% control (p<0.01)
EXTEND-IA (2015) <sup>3</sup>	70	≤ 4.5	≤ 6	No lower limit	Evidence of vessel occlusion and perfusion imagining demonstrating core <70ml and salvageable penumbra	71% in MT arm v 40% in control (p=0.01)
SWIFT-PRIME (2015) <sup>4</sup>	196	≤3.5	≤6	≥6	Evidence of vessel occlusion	60% in MT arm v 35% in control (p<0.001)
ESCAPE (2015)5	316	≤4.5	≤12	>5	Evidence of vessel occlusion	53% v 29.3%
REVASCAT (2015) <sup>6</sup>	206	≤4.5	≤8	>5	Evidence of vessel	43.7% v 28.2% [adjusted OR 2.1 (95%Cl 1.1 - 4.0)]
DAWN (2018) <sup>6</sup>	206	6 – 24 hours from last known well	<ul> <li>≥10 in subgroup A (&gt;80 years old) and B (&lt;80 years old)</li> <li>≥20 in subgroup C (&lt;80 years old)</li> </ul>		Evidence of vessel occlusion and a mismatch between clinical deficit (NIHSS) and infarct volume using advanced stroke imaging. Group A volume <21ml, Group B <31ml, Group C 31-51ml	49% in MT group v 13% in control (pp of superiority >0.999)
DEFUSE III (2018) <sup>7</sup>	182	6 – 16 hours from last known well	>5		Evidence of vessel occlusion, infarct size <70ml, penumbra >15ml and ratio of penumbra:core >1.8using RAPID software	45% in MT arm v 17% in control (p<0.001)

All clinical cases in these podcast episodes have been created based on past interactions with real patients but are not intended to represent any specific person. No specific individual patient information will ever be provided in the podcast. The information in this episode is intended for the purposes of medical student education and should not be used as medical advice for your own medical treatment or the treatment of your patients.



## **References**

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- 5. Goyal M, et al. Randomized assessment of rapid endovascular treatment of ischemic stroke. N Engl J Med 2015; 372:1019-1030
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