

Evaluation of Direct Transfer to Angiography (DTAS) Suite vs- Computed Tomography Suite (DTCT) in Endovascular Treatment or Stroke: ANGIO-CAT A Randomized Clinical Trial

Purpose:

This study was designed to study the impact of Direct to Angiography Suite (DTAS) on clinical outcomes as compared to conventional imaging (DTCT) workflow.

Trial Design: Prospective, randomized-controlled (1:1), open, treatment-blinded trial of acute stroke patients with suspected large vessel occlusion (LVO) within 6 hours from symptoms onset in which two strategies will be compared: DTAS vs- DTCT with prehospital suspected LVO, RACE score > 4 and NIHSS >10. Follow-Up for 90 days. Blinded Endpoint evaluation via telephone. Modified ITT analysis (whether received EVT or not).

Primary Endpoints: Shift Analysis of Modified Rankin Score at 90 days (mRS),
Other Endpoints: Safety; and Secondary Efficacy Outcomes.

Results	Direct Transfer Angio Suite DTAS	Direct to CT Suite DTCT	P-value
Door to puncture time (minutes median IQR)	18 (15-24)	42 (35-51)	< 0.001
Onset to reperfusion times (minutes mean, SD)	290.5 (141.7))	326.9 (122.2)	0.32
Door to reperfusion time (minutes median IQR)	57 (43-77)	84 (63-117)	<0.001
mRS	DTAS reduced the severity of disability (functional outcome), aOR for improvement of 1 point on the mRS score of 2.2, 95% CI		
Symptomatic ICH	1 (1.4%)	3 (4.1%)	0.28
90 Day Mortality	18 (20.2%)	28 (32.9%)	0.07
Conclusion: Among patients with LVO admitted within 6 hours after symptom onset, direct transfer to angiography suite(DTAS) reduced both in-hospital onset to reperfusion time, increased odds of undergoing EVT and improved the post-stroke disability at 90 days.			

Results reflect the data available at the time of presentation.

