TRIAL: AURORA (Thrombectomy for Anterior Circulation Stroke Beyond 6 hours From Last Known Well (Analysis of Pooled Data From Randomized StUdies of ThROmbectomy MoRe than 6 Hours After Last Known Well) Collaboration

Purpose/Methods: To estimate the benefit of thrombectomy overall and in pre-specified subgroups through individual patient data meta-analysis in those patients randomized > 6 hours and up to 24 hours from last known well in 6 randomized trials (DAWN,DEFUSE3, ESCAPE, REVASCAT, RESILIENT and POSITIVE) .

Primary Endpoints: Reduced disability on the modified Rankin Scale (mRS) at 90 days

Interpretation: 2.5-fold improvement in outcomes over best medical therapy alone. Findings from this study strengthen the evidence for benefit of endovascular thrombectomy across the 6-24-hour time window. EVT treatment initiated beyond 6 hours from last seen well is effective (NNT=3). Stronger treatment effect seen in patients treated in the 12-24 hour window compared to the 6-12 hour window.

Total n - 505	Intervention group (n-266)	Control group (n-239)	P value
Primary Endpoint: Benefit of thrombectomy mRS at 90 days	Unadjusted common odds ratio: (cOR 2.42 95% CI (1.76-3.33) Adjusted cOR 2.54 95% CI (1.83-3.54)		P<0.0001 P<0.0001
Safety: 90-day Mortality	16.5% (44/266)	19.3% (46/238)	No difference
Safety: Symptomatic ICH (sICH)	5.3% (14/266)	3.3% (8/239)	No difference
Treatment Effect by time windows	Randomized 12-24 hours cOR 5.86, 95% CI (3.14-10.94)	Randomized 6-12 hours cOR 1.76, 95% CI (1.18-2.62)	$P_{interaction}$ =0.008
More Results: No heterogeneity of treatment effect noted within subgroups: age, sex, Baseline stroke severity, vessel occlusion site, baseline ASPECTS, and mode of presentation.			

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Results reflect the data available at the time of presentation.