

Magnitude of Benefit of Endovascular Thrombectomy 6-24 Hours After Onset in Acute Ischemic Stroke Patients with Clinical-Core Mismatch

Purpose: to evaluate the magnitude of benefit for endovascular thrombectomy in clinical-core mismatch late-presenting acute ischemic stroke (AIS) patients with large vessel occlusion.

Trial Design: core-adjusted 90 day modified Rankins Scale (mRS, global disability) outcome distributions *from the DAWN thrombectomy and medical control groups* were used to determine the number needed to treat (NNT) and benefit per hundred (BPH), which served as indicators of magnitude of effect of endovascular thrombectomy for late-presenting (6-24h after last known well) AIS patients. Randomized 1:1 to of mechanical thrombectomy with TREVO + medical management vs. medical management alone. N=500.

Primary Endpoints: 90-day magnitude of benefit for endovascular thrombectomy in clinical-core mismatch late-presenting (6-24h after last known well) acute ischemic stroke (AIS) patients.

| BPH per 100 patients treated | 50 patients - improvement in disability-related QOL | 36 patients - Functional independence |
|------------------------------|---|---------------------------------------|
| Time window comparison | 6-12 hours = 56/100 | 12-24 hours = 45/100 |

The trial was stopped at the first interim efficacy analysis because of overwhelming efficacy in the first 200 patients. For AIS patients with clinical-core mismatch, use of endovascular thrombectomy in the 6-24 hour time window improved 90-day disability in 50% of study patients, showed functional independence in over a third, and showed benefit in the later part of the time window.