Endovascular Workshop

Workshop Facilitators/Co-chairs

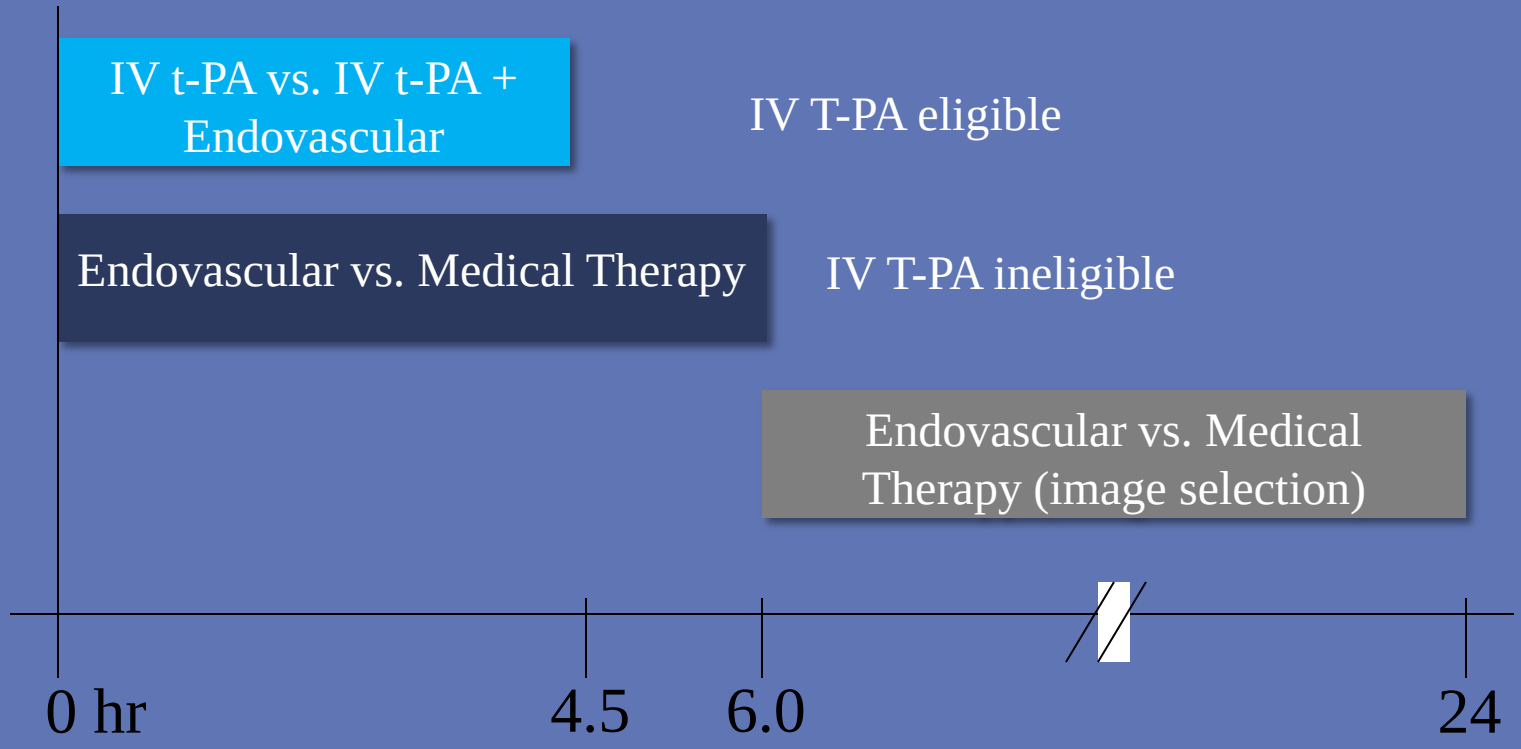
Jeffrey Saver

Tudor Jovin

Endovascular Workgroup Conclusions (1)

- *General Principals:*
  - *What is best for patients*
  - *Define the exact clinical question*
  - *What gives endovascular therapy its best chance of proof (positive or negative)*
- Suggest 3 non-overlapping trial designs

Endovascular Class Studies Proposal



All Studies:
CTA/MRA/DSA Carotid T/L and M1 +/- M2 occlusions

Endovascular Workgroup Conclusions (2)

- Design 1: IV t-PA Eligible
  - IMS-III like design
  - Adaptive: Carotid T/L, M1, M2
  - Clot imaging required (CTA/MRA/DSA)
  - Parenchymal Imaging (MRP or CTP)
    - Wide opinions on requirement
      - No- takes too much time, need to focus on time to treatment
      - Yes- good evidence that perfusion imaging may help

Endovascular Workgroup Conclusions (3)

- Design 2: IV t-PA ineligible patients
  - Consensus:
    - Ethical to randomize < 6hr
      - Trend of efficacy (PROACT-II, MELT, but IMS-III)
      - Reimbursement should continue to help complete this trial
      - Joint letter from Trial Leaders following STAIR recommendation expressing support for this

Endovascular Workgroup Conclusions (4)

- Design 3: 6-12/24 hours
  - Consensus trial is needed
    - CTA/MRA/DSA
    - parenchymal imaging is required
  - Would allow drip and ship patients
  - Imaging and clinical criteria need to be defined carefully
  - Design to minimize time to treatment

Endovascular Workgroup Conclusions (5)

Priority:

- Design 1
  - Design 3
    - Design 2

Endovascular Workgroup Conclusions (6)

Class Concept

- Create a class of endovascular devices
- Trials use devices of the class with consortium contribution from industry
- Proof that the class works would produce proof of concept