



Meta-analysis of randomized trials

The latest analysis of the HERMES study

Anna Podlasek

Southend University Hospital, UK



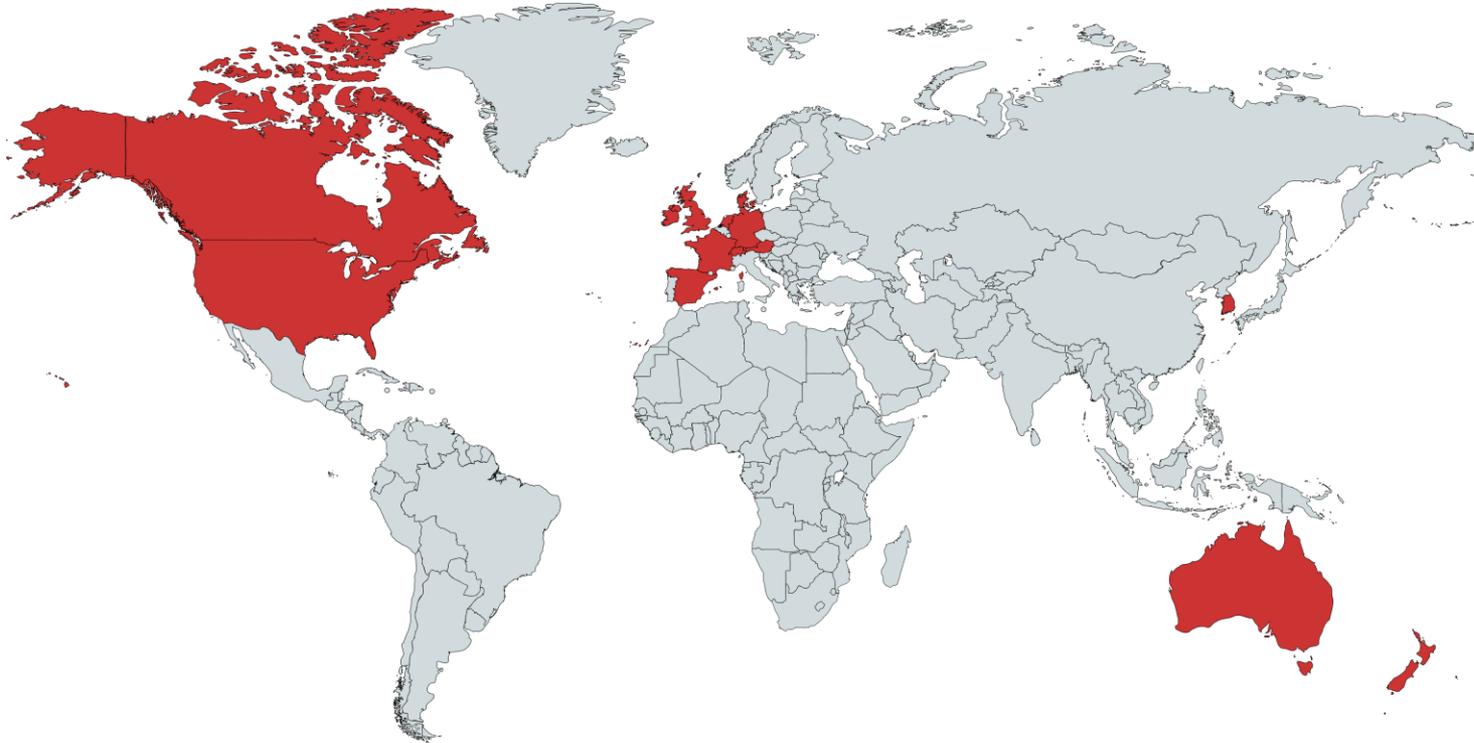
DISCLOSURE STATEMENT OF FINANCIAL INTEREST

I, Anna Podlasek, *DO NOT* have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

1764 patients

871 EVT || 893 non-EVT

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EXTEND-IA

[SWIFT PRIME]

REVASCAT

THRACE

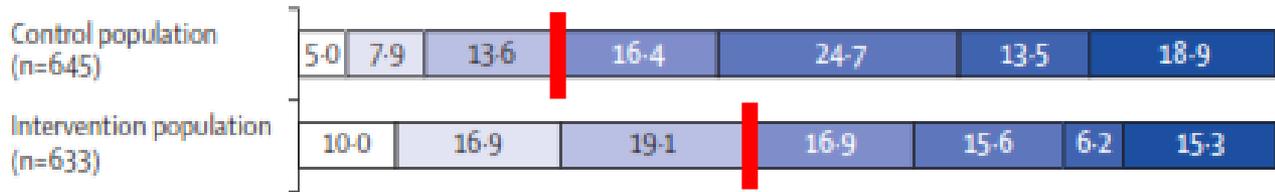


YEAR AUTHOR	TITLE	YEAR AUTHOR	TITLE
2016 Goyal	<i>Endovascular thrombectomy after large-vessel ischaemic stroke: a meta-analysis of individual patient data from five randomised trials</i>	2018 Bourcier	<i>Association of Time From Stroke Onset to Groin Puncture With Quality of Reperfusion After Mechanical Thrombectomy: A Meta-analysis of Individual Patient Data From 7 Randomized Clinical Trials</i>
2016 Saver	<i>Time to Treatment With Endovascular Thrombectomy and Outcomes From Ischemic Stroke: A Meta-analysis</i>	2018 Román	<i>Imaging features and safety and efficacy of endovascular stroke treatment: a meta-analysis of individual patient-level data</i>
2016 Saposnik	<i>Visual aid tool to improve decision making in acute stroke care</i>	2019 Campbell	<i>Penumbra imaging and functional outcome in patients with anterior circulation ischaemic stroke treated with endovascular thrombectomy versus medical therapy: a meta-analysis of individual patient-level data</i>
2018 Campbell	<i>Effect of general anaesthesia on functional outcome in patients with anterior circulation ischaemic stroke having endovascular thrombectomy versus standard care: a meta-analysis of individual patient data</i>	2019 Chamorro	<i>Glucose Modifies the Effect of Endovascular Thrombectomy in Patients With Acute Stroke</i>
2018 Liebeskind	<i>eTICI reperfusion: defining success in endovascular stroke therapy</i>	2019 Goyal	<i>Rapid Alteplase Administration Improves Functional Outcomes in Patients With Stroke due to Large Vessel Occlusions</i>

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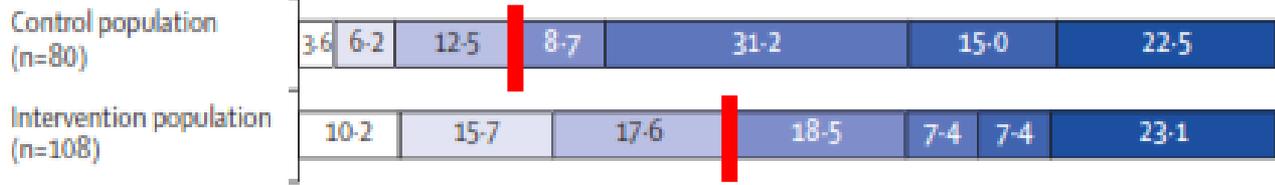
A Overall

modified Rankin scale at 90 days

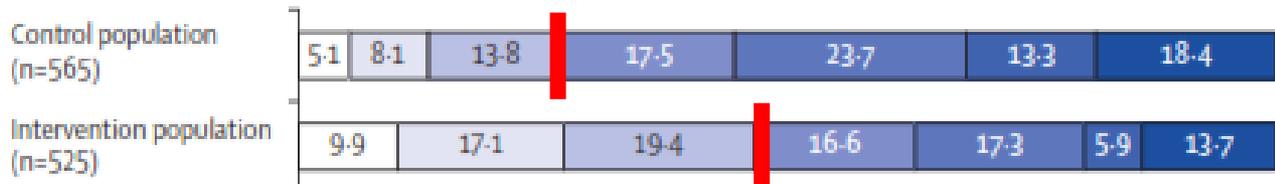


B

Ineligible for alteplase



Received alteplase

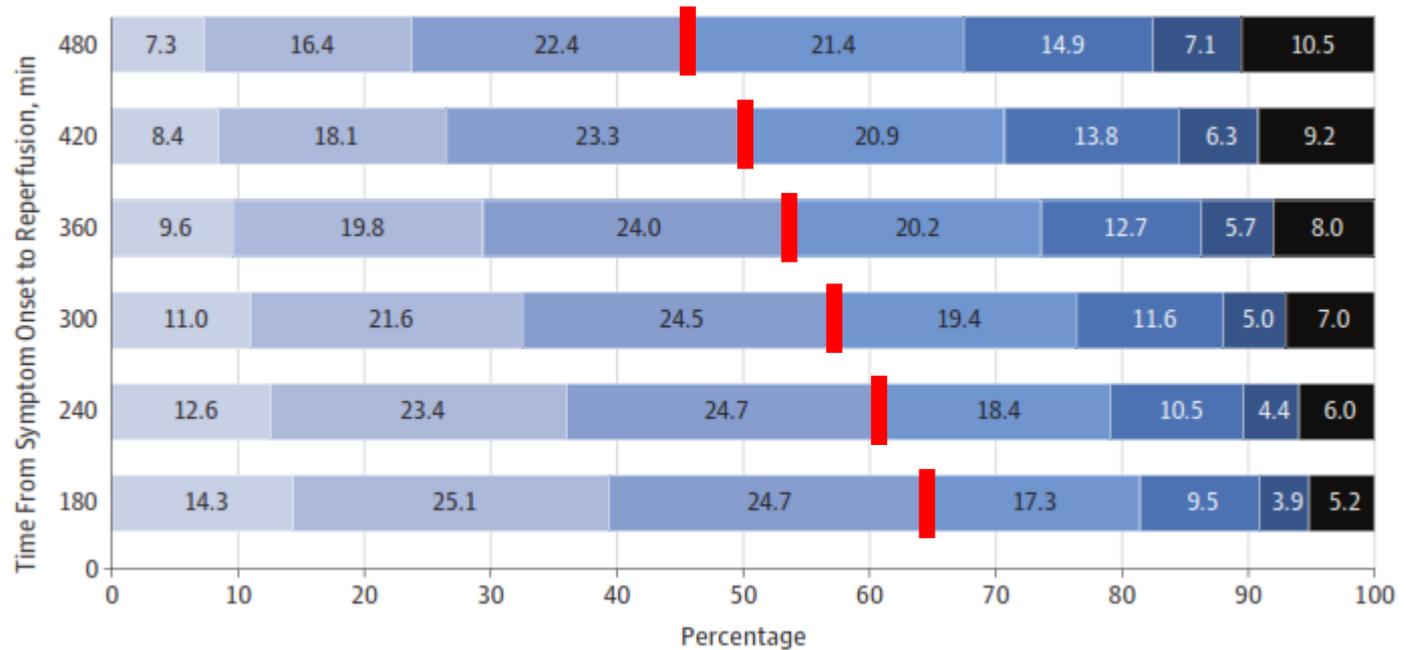


0 10 20 30 40 50 60 70 80 90 100
Patients (%)

NNT
2.6

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0
 1
 2
 3
 4
 5
 6

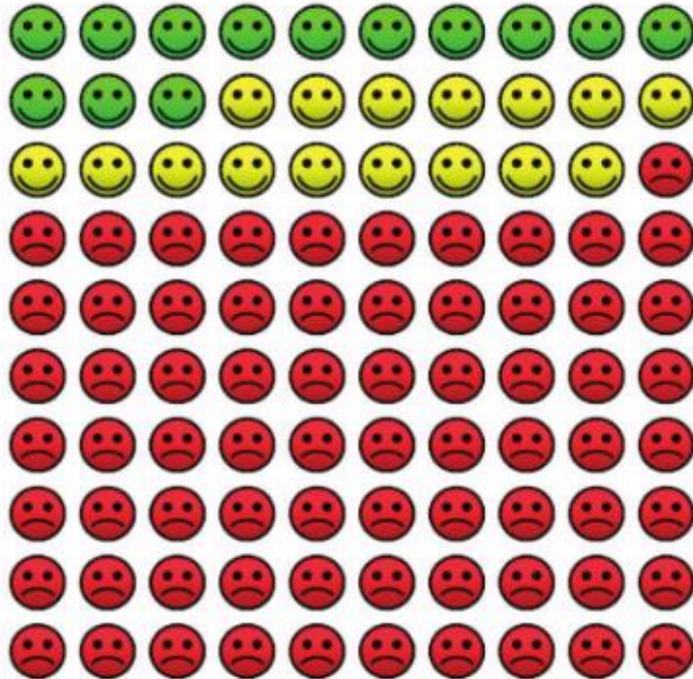
modified Rankin scale at 90 days

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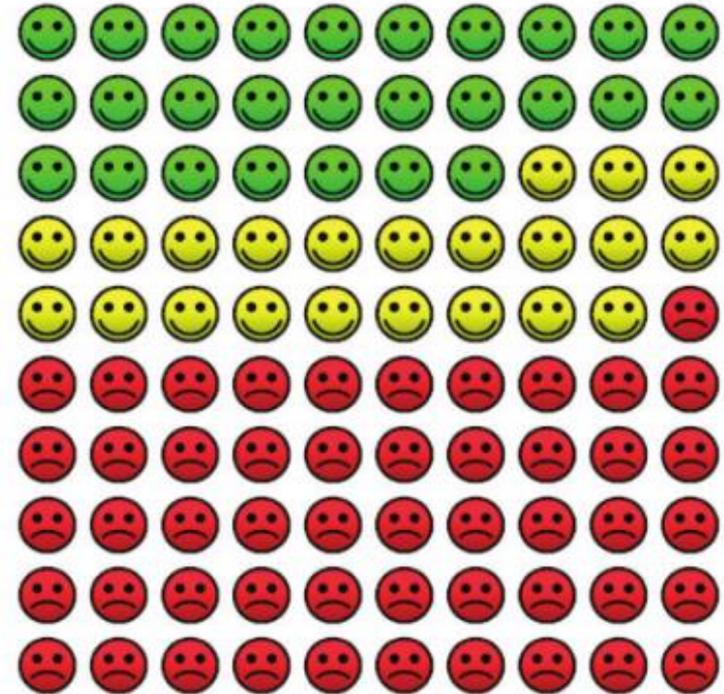
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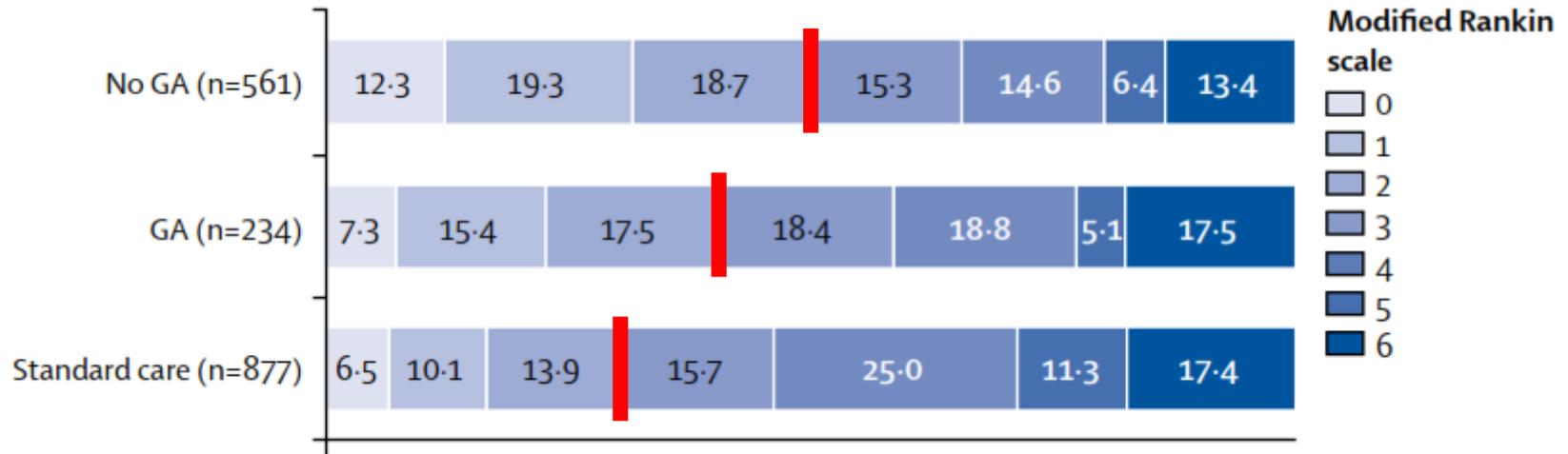
Excellent recovery (mRS 0-1 at 90 days)



Functional independence (mRS 0-2 at 90 days)



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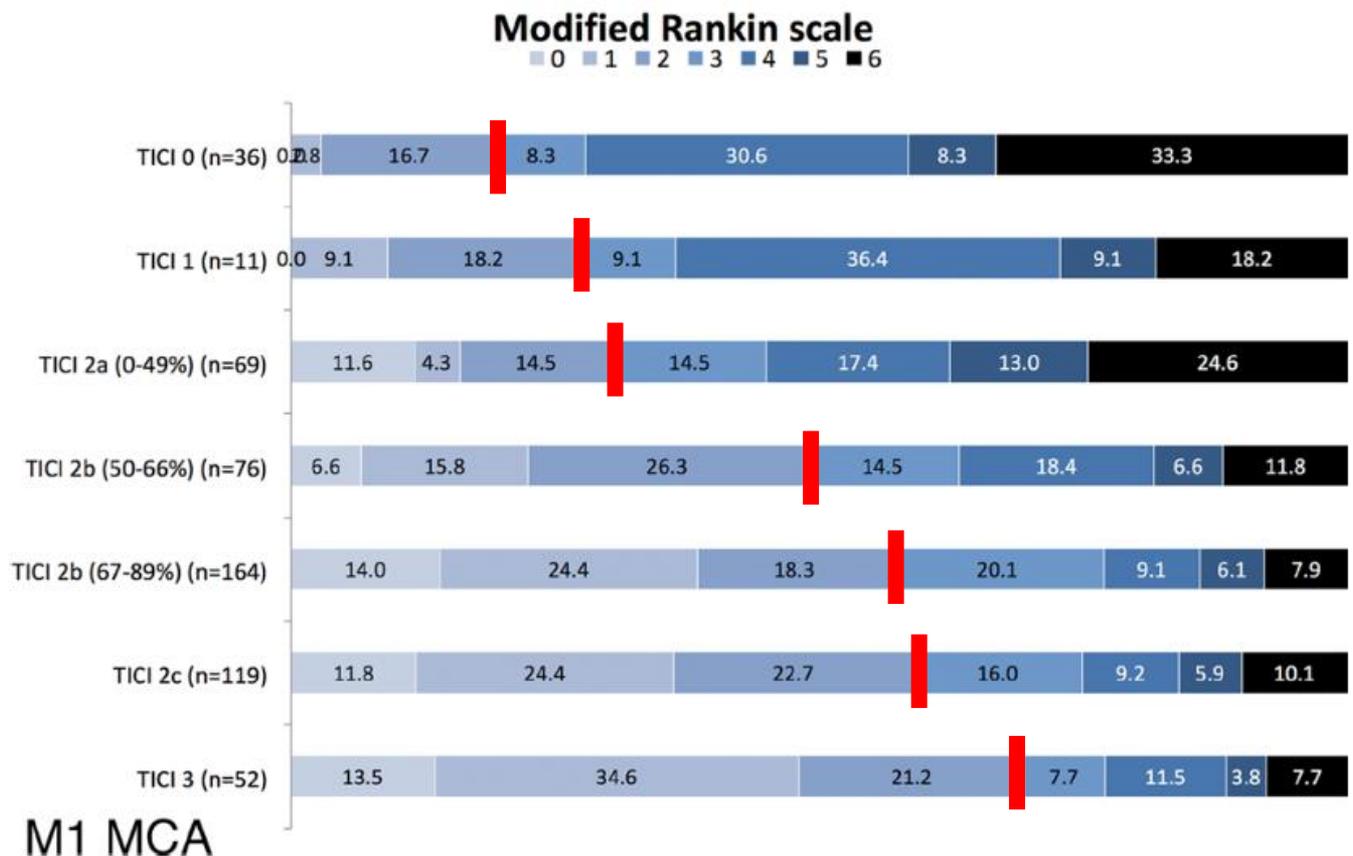


GA vs non-GA:

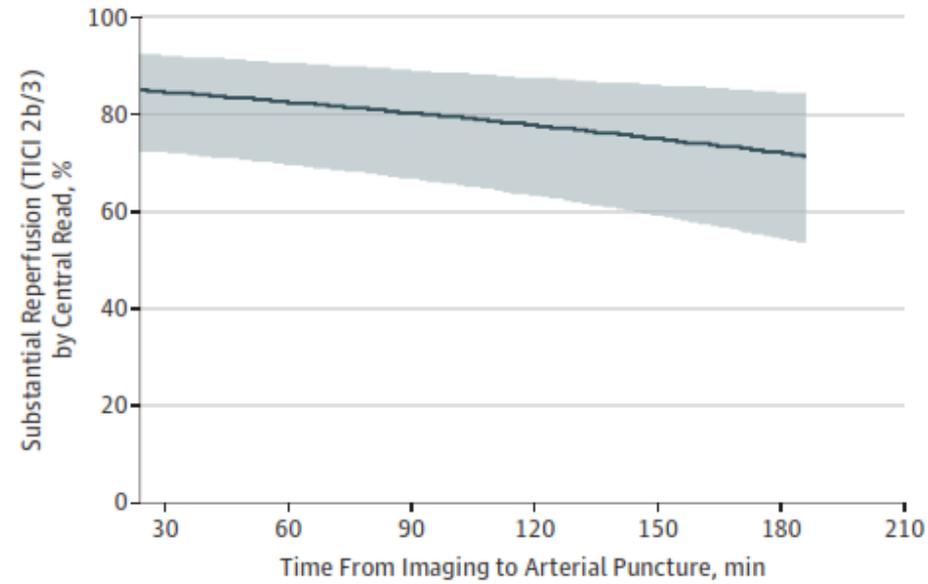
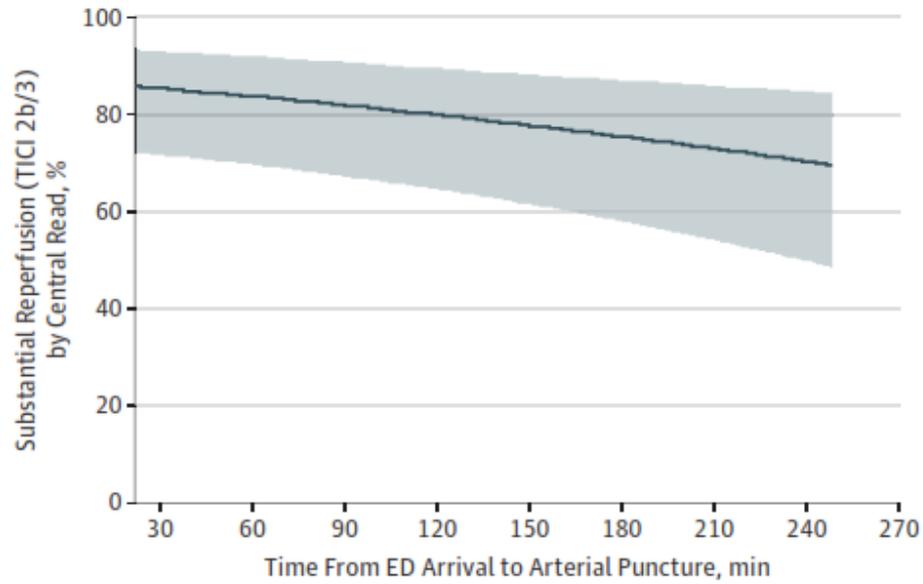
clinical outcome: ↓ 18/100

independence: ↓ 10/100

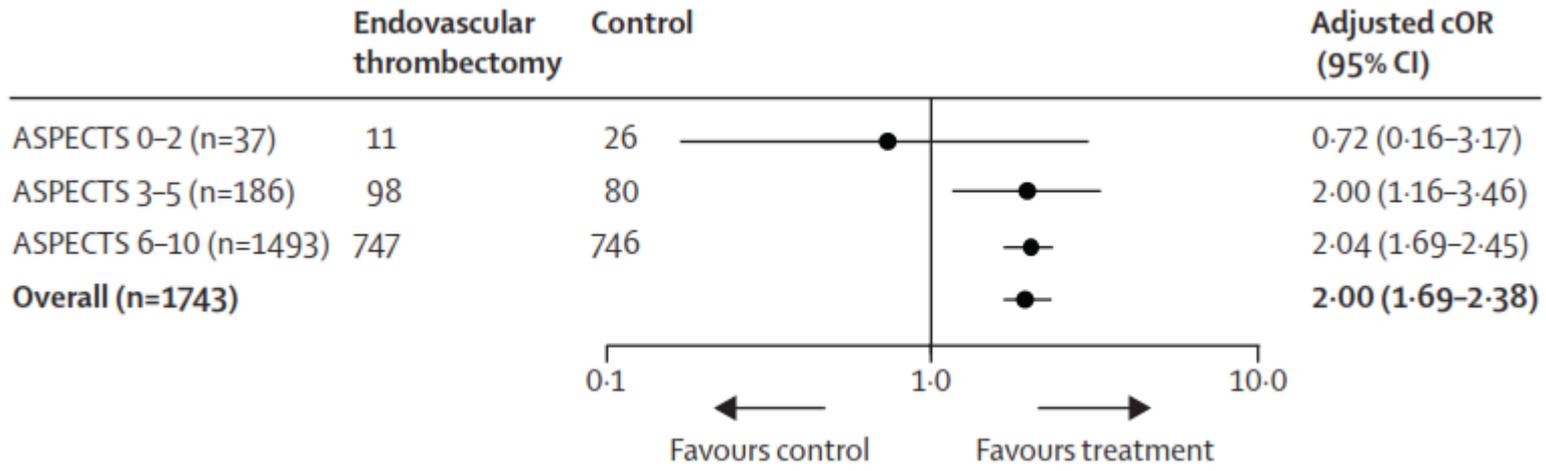
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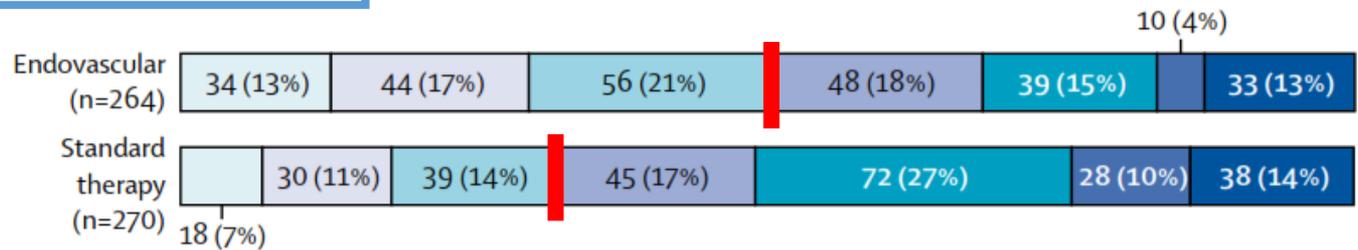
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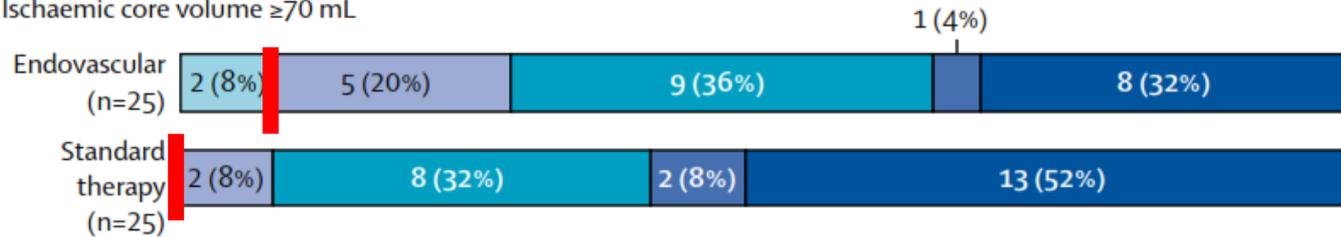


CT perfusion
Ischaemic core volume <70 mL

Modified Rankin Scale at 90 days



CT perfusion
Ischaemic core volume ≥70 mL

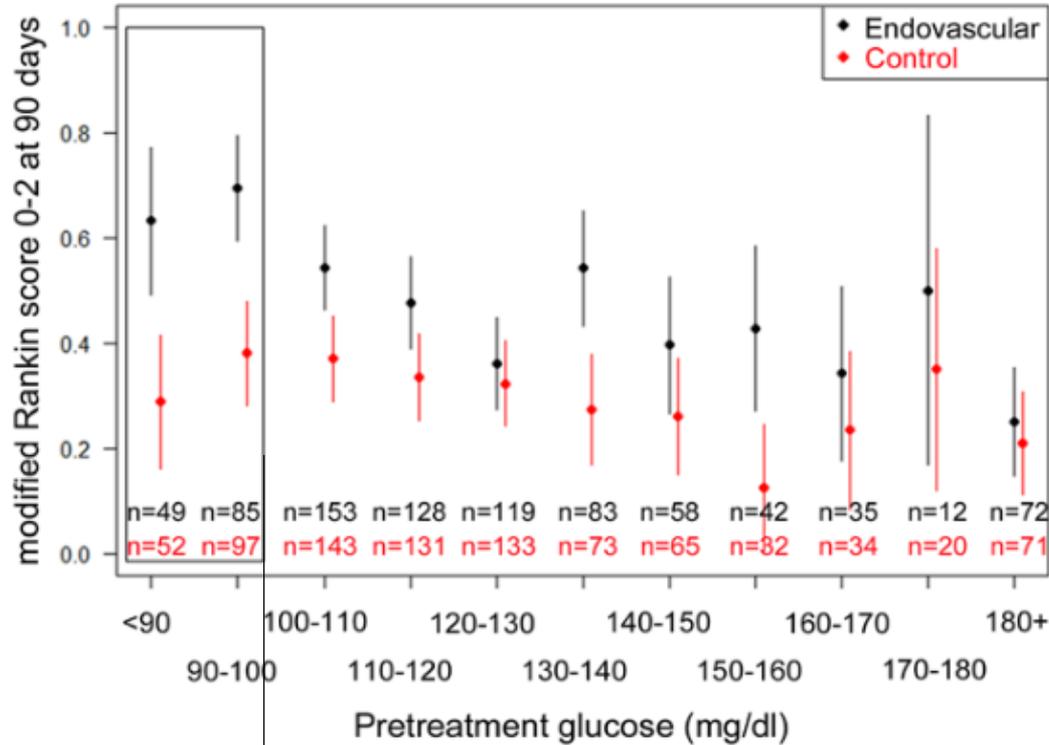


↑ 10 ml ischaemic core = ↑ 30 min imaging-reperfusion time = ↑ 5 years age

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mRS 0-2 at 90 days by glucose

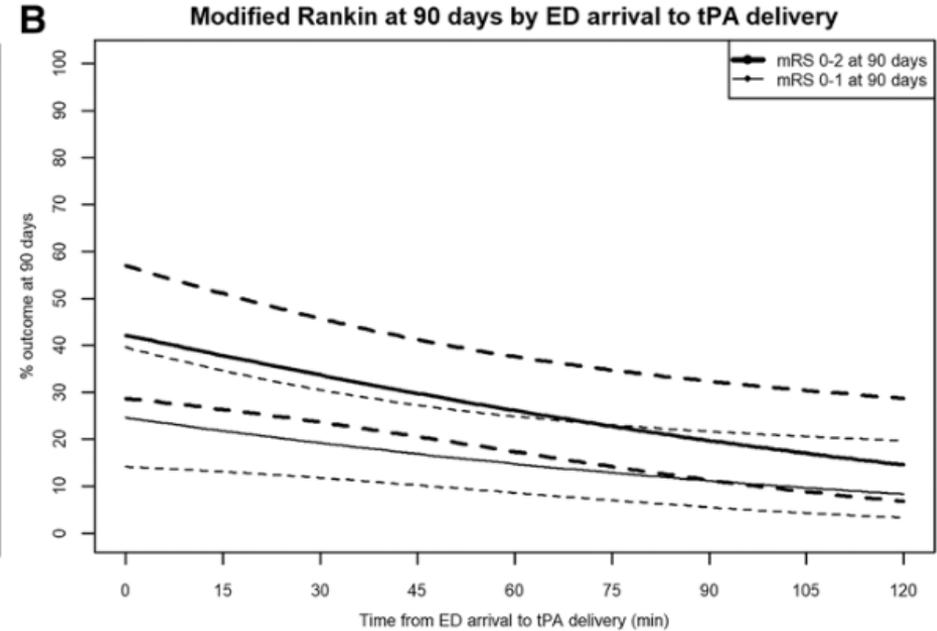
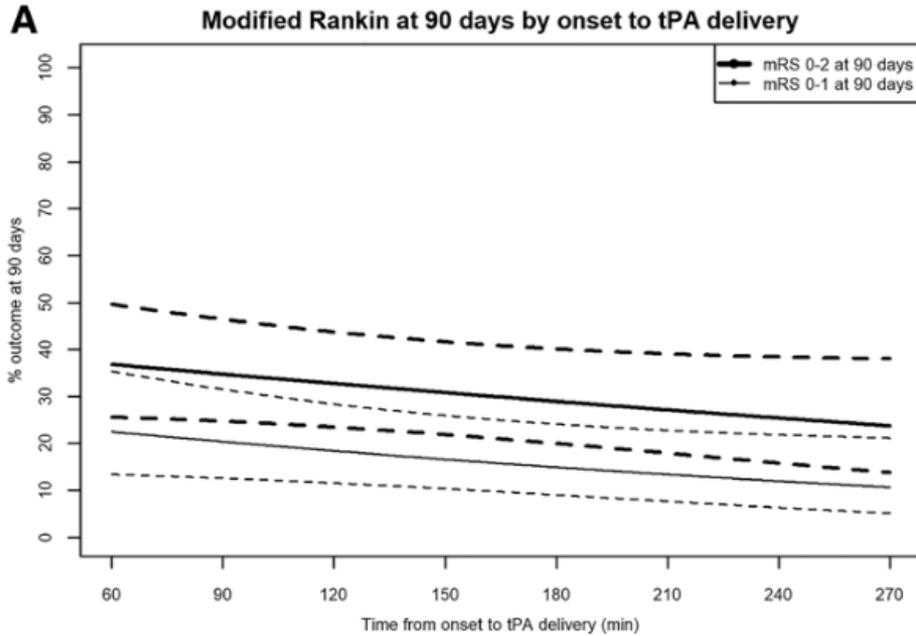


NNT
2.2

NNT
4.4

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15 minutes delay:

↓ 8/1000

↓ 20/1000



MECHANICAL THROMBECTOMY WORKS (and we can prove it)



Thank you for your attention

ध्यान देने के लिए आपका धन्यवाद

Dziękuję za uwagę

Questions?

podlasek.a@gmail.com