

CPAG Summary Report for Clinical Panel – Mechanical thrombectomy for acute ischaemic stroke

The Benefits of the Proposition			
<i>No</i>	<i>Outcome measures</i>	<i>Grade of evidence</i>	<i>Summary from evidence review</i>
1.	Survival	There is a survival benefit [A]	Survival at 3 months was better among those undergoing thrombectomy (84.7%) than among those undergoing best medical therapy (81.1%), though these differences were not statistically significant.
2.	Progression free survival	Not measured	
3.	Mobility	Not measured	Not directly assessed, however, improvement noted in modified Rankin scale score.
4.	Self-care	Not measured	Not directly assessed, however, improvement noted in modified Rankin scale score.
5.	Usual activities	Not measured	Not directly assessed, however, improvement noted in modified Rankin scale score.
6.	Pain	Not measured	
7.	Anxiety / Depression	Not measured	
8.	Replacement of more toxic treatment	Not measured	
9.	Dependency on care giver / supporting independence	Not measured	
10.	Safety	Benefit determined	<p>Symptomatic Intracranial Haemorrhage Intracranial Haemorrhage is a potential complication of stroke, and is associated with re-perfusion of cerebral vasculature. It is a potential complication of mechanical thrombectomy.</p> <p>Symptomatic intracranial haemorrhage</p>

			was no more common among people who had thrombectomy (4.4%) than best medical therapy (4.3%)
11.	Delivery of intervention	Not measured	

Other health outcome measures determined by the evidence review			
No	Outcome measure	Grade of evidence	Summary from evidence review
1.	Modified Rankin Score (0- 2) at 90 days	Grade A	<p>The modified Rankin scale is a categorical scale measuring disability from stroke.</p> <p>The rating of 0-2 describes those with little or no disability who are able to function independently. This outcome measures the proportion of individuals who are functioning independently after 3 months. For every 4 to 6 people who undergo mechanical thrombectomy, one more will be functioning independently than if they has received intravenous thrombolysis alone.</p> <p>The magnitude of this benefit falls by 3.4% every hour, but that decline in benefit whilst of clinical significant difference between benefits from thrombectomy above medical therapy.</p>