# Are we really going to do mechanical thrombectomy for ASPECTS <6?

(Okay, but I have concerns.)

Ram Gowda, MD

Division of Stroke and Neurocritical Care

Department of Neurology

Rutgers Robert Wood Johnson Medical School

#### WHAT ABOUT VERY LOW ASPECTS?

## Very low numbers of patients with ASPECTS 0-2

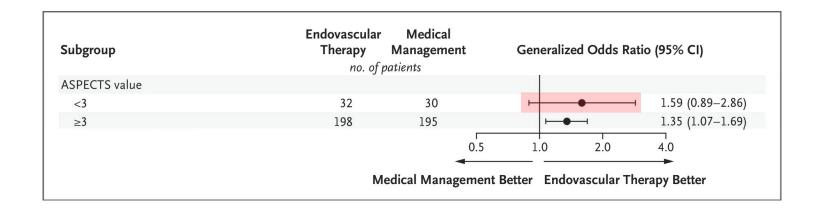
Only 8 patients in RESCUE-Japan LIMIT, only 20 patients in SELECT2

ANGEL-ASPECT had more substantial numbers:
62 patients with ASPECTS 0-2
...but these patients required core infarct 70-100mL

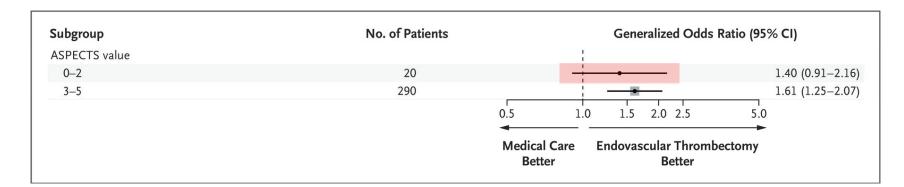


## ASPECTS 0-2 subgroup did not have robust benefit

#### **ANGEL-ASPECT**



#### SELECT2





## Even ASPECTS 3 didn't perform well?

ASPECTS 0-3 in RESCUE-Japan LIMIT (8 patients 0-2, 98 patients 3) did not show significant improvement in rate of independence, ambulation, or ordinal shift in mRS at 90d

|   | No. (%)   | No. (%)      |                     |         | P value for |
|---|-----------|--------------|---------------------|---------|-------------|
| Outcome   | EVT group | No-EVT group | OR (95% CI)         | P value | interaction |
| ASPECTS ≤3 (n = 106), No.                                     | 56        | 50           | NA                  | NA      | NA          |
| Primary outcome   |           |              |                     |         |             |
| mRS score of 0-3 at 90 d                                      | 12 (21.4) | 9 (18.0)     | 1.24<br>(0.47-3.26) | .66     | .01         |
| Secondary outcomes  |           |              |                     |         |             |
| mRS score of 0-2 at 90 d                                      | 3 (5.4)   | 6 (12.0)     | 0.42<br>(0.10-1.77) | .23     | .003        |
| mRS score of 0-1 at 90 d                                      | 0         | 2 (4.0)      | NA                  | NA      | NA          |
| Ordinal shift across the range of mRS toward a better outcome | NA        | NA           | 1.56<br>(0.79-3.10) | .20     | .046        |



## Consistent increased intracranial hemorrhage risk

### **RESCUE-Japan LIMIT**

symptomatic hemorrhage within 48h: MT 9% vs med 4.9%, RR 1.84 (0.64-5.29) any hemorrhage within 48h: 58% vs 31.4%, RR 1.85 (1.33-2.58)

#### **ANGEL-ASPECT**

symptomatic hemorrhage within 48h: MT 6.1% vs 2.7%, RR 2.07 (0.79-5.41) any hemorrhage within 48h: 49.1% vs 17.3%, RR 2.71 (1.91-3.84)

#### SELECT2

symptomatic hemorrhage within 24h: MT 0.6% vs 1.1%, RR 0.49 (0.04-5.36)

Meta-analysis symptomatic hemorrhage MT 4.72% vs 2.59%, RR 1.83 (0.95-3.55)



## Early neuro deterioration

SELECT2 reported early neuro decline (nihss incr by at least 4 in 24h) MT 24.7% vs med 15.5%, RR 1.59 (1.03-2.45)

Early neurologic worsening associated with worse functional outcomes Associated with larger ischemic core (median 107mL vs 77mL)



## Early neuro deterioration

Not clearly driven by symptomatic hemorrhage

SELECT2: cerebral edema w/ midline shift: MT 34.8% vs med 28.7% ANGEL-ASPECT: malignant brain edema: MT 17.4% vs med 12.4%

Did not translate into higher hemicraniectomy rates Combined trial data: MT 8% vs med 7%, RR 1.22 (0.43-3.41)



## **Procedural complications**

RESCUE-Japan LIMIT: 9% procedural complication rate

ANGEL-ASPECT: only 1% vessel injury rate

SELECT2: 18.5% procedural complication rate

combination of patient and operator factors



#### **ICU BURDEN**

## Robust evidence of benefit...but high rate of poor outcome

combined data: 90d mRS 5-6: MT 39% vs med 52%

NNT for mRS 0-2: 7

NNT for mRS 0-3: 6

## **Medical complications**

10-25% rate of pneumonia across 3 trials

