



Appendix

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Appendix to: Lindley RI, Levi CR. The spectacular recent trials of urgent neurointervention for acute stroke: fuel for a revolution. *Med J Aust* 2015; 203: online first 13 Jul 2015. doi: 10.5694/mja15.00395.

Summary of the main neurointervention trials for ischaemic stroke

Trial acronym and reference	Number of participants	Key eligibility criteria	Summary of intervention	Primary outcome	Absolute benefit numbers per 1,000 treated (statistical significance)
IMS III ¹	656	Alteplase treated patients <3 hours from stroke onset	Alteplase versus alteplase and Endovascular approach (mixture of devices and treatments)	Independent survival (mRS 0-2)	15 (non-significant)
SYNTHESIS ²	362	< 4.5 hours from stroke	Alteplase versus endovascular approach	Survival free of disability (mRS 0-1)	-44 (non-significant)
MR RESCUE ³	118	< 8 hours from stroke onset, large vessel stroke	Standard care (including alteplase) versus mechanical embolectomy	Independent survival (mRS 0-2)	No difference (non-significant)
MR CLEAN ⁴	500	Proven arterial occlusion < 6 hours	Standard care (alteplase in 89%) versus neurointervention (thrombectomy and carotid stenting)	Independent survival (mRS 0-2)	135 (statistically significant)
EXTEND IA ⁵	70	Alteplase treated patients < 4.5 hours from stroke onset, proven large vessel occlusion and evidence of salvageable brain	Standard care (alteplase) versus Solitaire FR stent retriever	Independent survival (mRS 0-2)	310 (statistically significant)
ESCAPE ⁶	316	Proven large artery occlusion and evidence of salvageable brain	Standard care (alteplase) versus thrombectomy	Independent survival (mRS 0-2)	237 (statistically significant)
SWIFT-PRIME ⁷	196	< 6 hours from stroke onset, large vessel occlusion and pre-treatment with alteplase	Alteplase versus alteplase plus Solitaire thrombectomy device	Independent survival (mRS 0-2)	247 (statistically significant)
REVASCAT ⁸	206	< 8 hours from stroke onset, proven large vessel occlusion and imaging evidence of an ischaemic penumbra	Standard care (including alteplase in the majority) versus standard care plus thrombectomy with Solitaire stent retriever (also including alteplase in the majority)	Global disability as measured on the mRS	Equivalent to 155 (independent survival mRS0-2)

A summary of the main neurointervention trials for acute ischaemic stroke comparing the absolute benefits seen in the trials. mRS is the Modified Rankin Scale: 0 is scored for no symptoms and fully independent; 6 for dead.