

Emergency Interventional Stroke Therapy

A Statement from the American Society of Interventional and Therapeutic Neuroradiology and the Society of Interventional Radiology

Cooperative statement between the ASITN and SIR

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PRIOR to PROACT II trial results, it had been the consensus opinion of the American Society of Interventional and Therapeutic Neuroradiology (ASITN) and the Society of Interventional Radiology (SIR) that intraarterial thrombolytic therapy for acute stroke was investigational (1). Although the results of the trial did not lead to FDA approval of a specific drug, the results of this trial are convincing evidence that intraarterial thrombolytic therapy can now be considered an acceptable and appropriate therapy for acute stroke.

The ASITN and SIR believe that use

of the technique of intraarterial thrombolysis in selected patients is appropriate, while ongoing research will better define the parameters of such intervention. The magnitude of neurologic deficit, nature of the arterial occlusive lesion, and time to treatment are among the factors that should be taken into account in counseling patients and their families regarding the benefits and risks of intraarterial thrombolytic therapy.

The ASITN and SIR believe individuals performing emergency cerebral thrombolysis should be well trained and experienced in cerebral angiography, and appropriately credentialed in their hospital for doing such (1). These individuals should maintain records of their indications, successes, complications, and outcomes for cerebral angiography according to the published guidelines (2).

Whereas experience and training in interventional stroke therapy ideally are achieved in a recommended pro-

gram (3), other individuals with formal training and experience might appropriately perform thrombolysis. We believe minimum standards for credentialing for cerebral angiography and thrombolytic intervention should reflect the principles espoused therein.

References

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