

Trevor Acute Ischemic Stroke registry

It remains unclear how [experience](#) influences [outcomes](#) after the advent of [stent retriever](#) technology.

Nogueira et al. studied the relationship between site experience and outcomes in the Trevor [Acute Ischemic Stroke](#) multicenter registry.

The 24 sites that enrolled patients in the [Trevor](#) Acute Ischemic Stroke registry were trichotomized into low-volume (<2 cases/month), medium-volume (2-4 cases/month), and high-volume centers (>4 cases/month). [Baseline](#) features, imaging, and clinical outcomes were compared across the 3 volume strata. A multivariable analysis was performed to assess whether outcomes were influenced by site volumes.

A total of 624 patients were included and distributed as low- (n=188 patients, 30.1%), medium- (n=175, 28.1%), and high-volume (n=261, 41.8%) centers. There were no significant differences in terms of age (mean, 66±16 versus 67±14 versus 65±15; P=0.2), baseline National Institutes of Health Stroke Scale (mean, 17.6±6.5 versus 16.8±6.5 versus 17.6±6.9; P=0.43), or occlusion site across the 3 groups. Median (interquartile range) times from stroke onset to groin puncture were 266 (181.8-442.5), 239 (175-389), and 336.5 (221.3-466.5) minutes in low-, medium-, and high-volume centers, respectively (P=0.004). Higher efficiency and better outcomes were seen in higher volume sites as demonstrated by shorter procedural times (median, 97 versus 67 versus 69 minutes; P<0.001), higher balloon guide catheter use (40% versus 36% versus 59%; P≤0.0001), and higher rates of good outcome (90-day modified Rankin Scale [mRS], ≤2; 39% versus 50% versus 53.4%; P=0.02). There were no appreciable differences in symptomatic intracranial hemorrhage or 90-day mortality. After adjustments in the multivariable analysis, there were significantly higher chances of achieving a good outcome in high- versus low-volume (odds ratio, 1.67; 95% CI, 1.03-2.7; P=0.04) and medium- versus low-volume (odds ratio, 1.75; 95% CI, 1.1-2.9; P=0.03) centers, but there were no significant differences between high- and medium-volume centers (P=0.86).

[Stroke center](#) volumes significantly influence efficiency and outcomes in [mechanical thrombectomy](#) ¹⁾.

¹⁾

Nogueira RG, Haussen DC, Castonguay A, Rebello LC, Abraham M, Puri A, Alshekhlee A, Majjhoo A, Farid H, Finch I, English J, Mokin M, Froehler MT, Kabbani M, Taqi MA, Vora N, Khoury RE, Edgell RC, Novakovic R, Nguyen T, Janardhan V, Veznedaroglu E, Prabhakaran S, Budzik R, Frankel MR, Nordhaus BL, Zaidat OO. Site Experience and Outcomes in the Trevor Acute Ischemic Stroke (TRACK) Multicenter Registry. Stroke. 2019 Jul 18;STROKEAHA118024639. doi: 10.1161/STROKEAHA.118.024639. [Epub ahead of print] PubMed PMID: 31318624.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=trevor_acute_ischemic_stroke_registry

Last update: **2024/06/07 02:57**

