



## **IV tPA: To treat or Not to Treat?**

**Gregory W. Albers, MD**  
**Professor of Neurology and Neurological Sciences**  
**Director, Stanford Stroke Center**



## **Today's Final Jeopardy Question:**

**What is 77 mg?**



## Key Points

tPA for ischemic stroke is:

- Safe and effective up to 4.5 hrs
- Most patients treated do not benefit
- Better reperfusion strategies needed
- Better patient selection critical; especially in later time windows

## Clinical Trial Analysis

- Primary vs. secondary endpoints
- Positive subgroups in negative trials
- Negative subgroups in positive trials
- Imbalances in baseline characteristics

*New England Journal, 1995*

## **NINDS tPA Stroke Trial Primary Endpoints**

**Part 1 (N=290):**

**Early Improvement > 4 or  
full recovery on NIHSS at  
24 hrs (%)**

**Part 2 (N=333):**

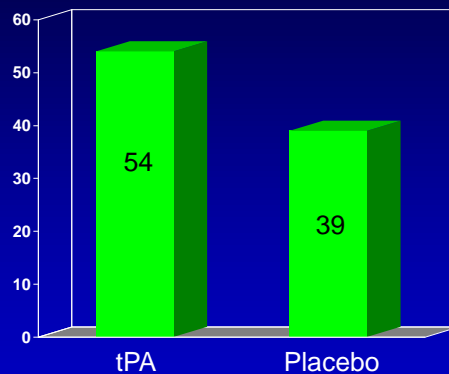
**Recover with minimal  
or no deficit at 90 days**

**Global test**

			OR	RR	
No. of patients	168	165			
Global test	—	—	1.7 (1.2–2.6)	—	0.008
Barthel index	50	38	1.6 (1.1–2.5)	1.3 (1.0–1.7)	0.026
Modified Rankin scale	39	26	1.7 (1.1–2.6)	1.5 (1.1–2.0)	0.019
Glasgow outcome scale	44	32	1.6 (1.1–2.5)	1.4 (1.0–1.8)	0.025
NIHSS	31	20	1.7 (1.0–2.8)	1.5 (1.0–2.2)	0.033

*New England Journal, 1995*

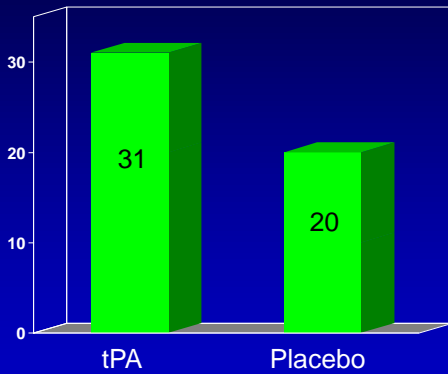
## **NINDS tPA Stroke Trial: Spin Doctors**



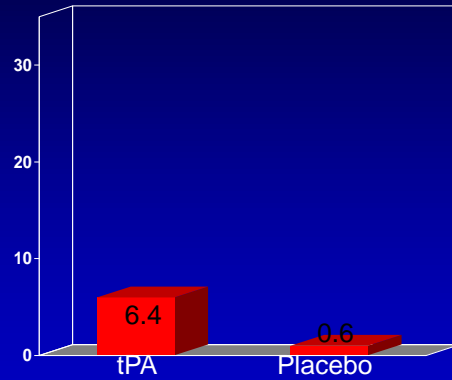
**Barthel Index: Excellent  
Recovery (95-10) (%)**

*New England Journal, 1995*

## NINDS tPA Stroke Trial: Spin Doctors



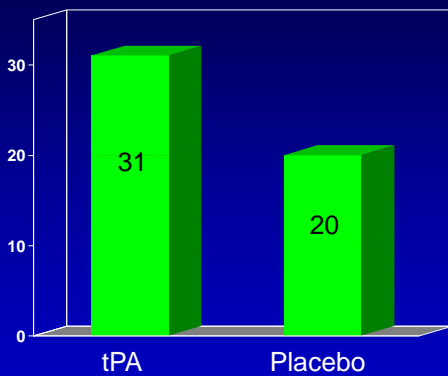
**NIHSS Excellent Recovery (0-1)  
(%)**



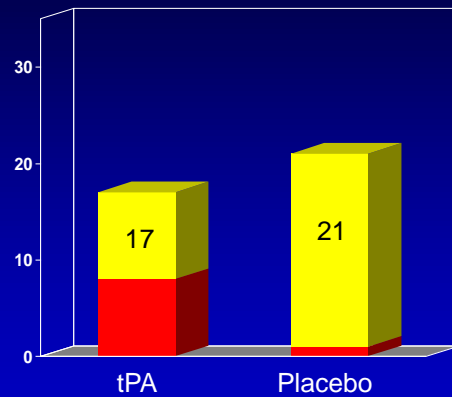
**ICH Rate (%)**

*New England Journal, 1995*

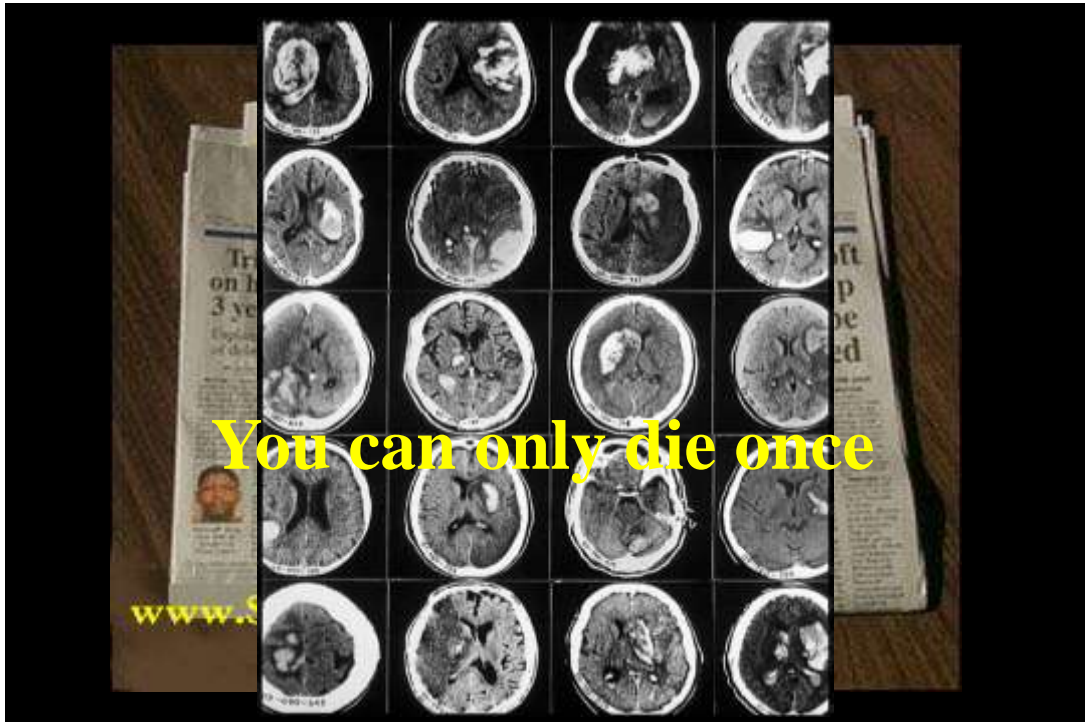
## NINDS tPA Stroke Trial



**NIHSS Excellent Recovery (0-1)  
(%)**



**Total Death  
Rate (%)**



*New England Journal, 1995*

## **NINDS tPA Stroke Trial: Bottom Line**

**Increases in Good Outcomes Reductions in Bad Outcomes**

		Modified Rankin Scale			
		0-1	2-3	4-5	Death
Placebo		26	25	27	21
t-PA		39	21	23	17
		Percentage of Patients			

## Large Randomized Trials of IV t-PA for Treatment of Acute Stroke

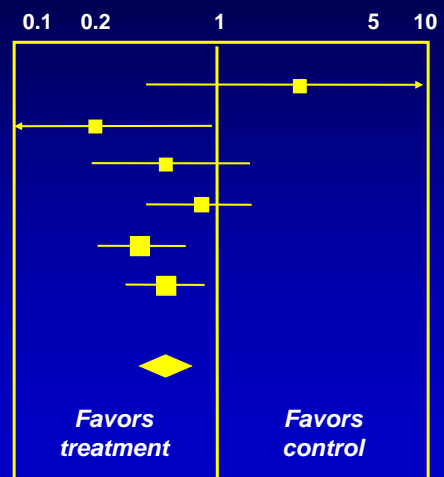
Study	N	Dose	Time Window
ECASS I	650	1.1	0 – 6
NINDS	624	0.9	0 – 3
ECASS II	800	0.9	0 – 6
ATLANTIS A	142	0.9	0 – 6
ATLANTIS B	619	0.9	3 – 5

## Trials of IV t-PA: 0-3 Hr Time Window

Number showing poor outcome (mRS 3-6)  
/ total number of patients

Odds ratio

Study	t-PA	Control
Atlantis A	8/10	7/12
Atlantis B	4/13	17/26
ECASS 1	30/49	26/36
ECASS 2	47/81	48/77
NINDS Trial 1	76/144	107/147
NINDS Trial 2	103/168	122/165
Total	266/465	329/465
Odds Ratio 0.56 (0.42-0.73)		
P=0.0002		



Saver J, et al *BMJ* 2002;324:727-729

***Better Outcome With Early  
Stroke Treatment:  
A Pooled Analysis of the  
ATLANTIS, ECASS,  
and NINDS rtPA Stroke Trials***

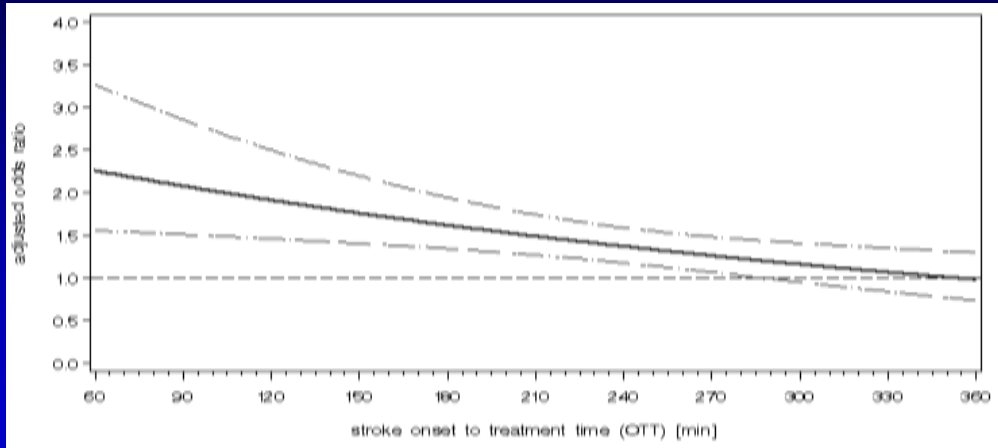
**The ATLANTIS, ECASS, and NINDS  
Study Group Investigators  
Lancet 2004**

**Results**

- 2776 patients
- Over 300 hospitals
- 18 countries
- Median age 68 years
- Median baseline NIHSS 12

## Modified Rankin 0-1 at Day 90

Adjusted\* odds ratio (95% CI)  
by stroke onset to treatment time, (N=2776)



\*Adjusted for baseline imbalances in age, baseline glucose concentration, baseline NIHSS measurement, baseline diastolic blood pressure, previous hypertension and interaction between age and baseline NIHSS measurement.

## Results

Adjusted Odds Ratios for Favorable Outcome\*

Time	Odds Ratio	95% (CI)
<b>0-90</b>	<b>2.8</b>	<b>1.8 - 4.5</b>
91-180	1.5	1.1 - 2.1
181-270	1.4	1.1 - 1.9
271-360	1.2	0.9 - 1.5

\*Rankin (0-1), Barthel (95-100), and NIHSS (0-1). Odds ratios calculated from global statistic



## ECASS 3

### The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

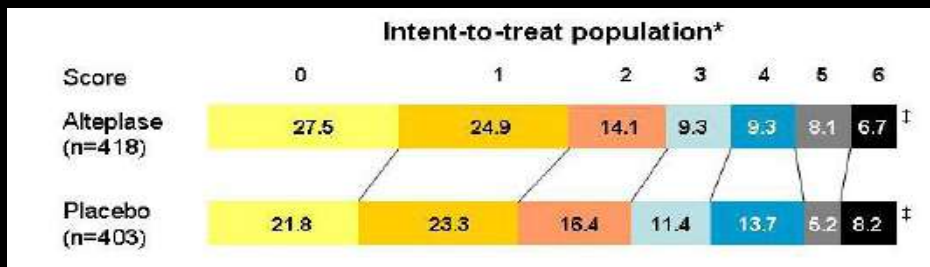
SEPTEMBER 25, 2008

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#### Thrombolysis with Alteplase 3 to 4.5 Hours after Acute Ischemic Stroke

Werner Hacke, M.D., Markku Kaste, M.D., Erich Bluhmki, Ph.D., Miroslav Brozman, M.D., Antoni Dávalos, M.D., Donata Guidetti, M.D., Vincent Larrue, M.D., Kennedy R. Lees, M.D., Zakaria Medeghri, M.D., Thomas Machnig, M.D., Dietmar Schneider, M.D., Rüdiger von Kummer, M.D., Nils Wahlgren, M.D., and Danilo Toni, M.D., for the ECASS Investigators\*

## ECASS 3 Results (3-4.5 hr window)



Good outcome (mRS 0-1): 52% with tPA vs 45% with placebo;  $p=0.04$

SICH: ECASS definition ( $\geq 4$  pts NIHSS): tPA 2.4%, placebo 0.2%

SICH: NINDS definition (any neuro decline): tPA 7.9%, placebo 3.5%

# Time dependent response to treatment with i.v. alteplase for stroke: An updated pooled analysis of ECASS, ATLANTIS, NINDS and EPITHET rt-PA stroke trials

KR Lees, E Bluhmki, R von Kummer, T Brott, D Toni, J Grotta, G Albers, M Kaste, J Marler, S Hamilton, B Tilley, SM Davis, GA Donnan, W Hacke for the *ECASS, ATLANTIS, NINDS and EPITHET rt-PA Study Group Investigators*  
*Lancet 2010, 375: 1695–1703*

## Methods

- Individual data from eight trials with all necessary variables (mRS, NIHSS, Barthel Index, PH2) :
  - NINDS (part 1, part 2); ATLANTIS (A, B); ECASS (-1, -2, -3); EPITHET
- Primary endpoints - interaction with onset to treatment time (OTT) for :
  - favorable outcome at 90 days - modified Rankin 0,1
  - global test at 90 days - mRS 0-1; Barthel 95-100; NIHSS 0-1
  - mortality at 90 days
  - parenchymal hemorrhage type 2 (PH2) - adjudicated by common rule
- Secondary analyses - effect within each time epoch (0-90, 91-180, 181-270, 271-360 minutes)
  - odds ratio and 95% CI for each primary outcome measure
  - distribution of mRS

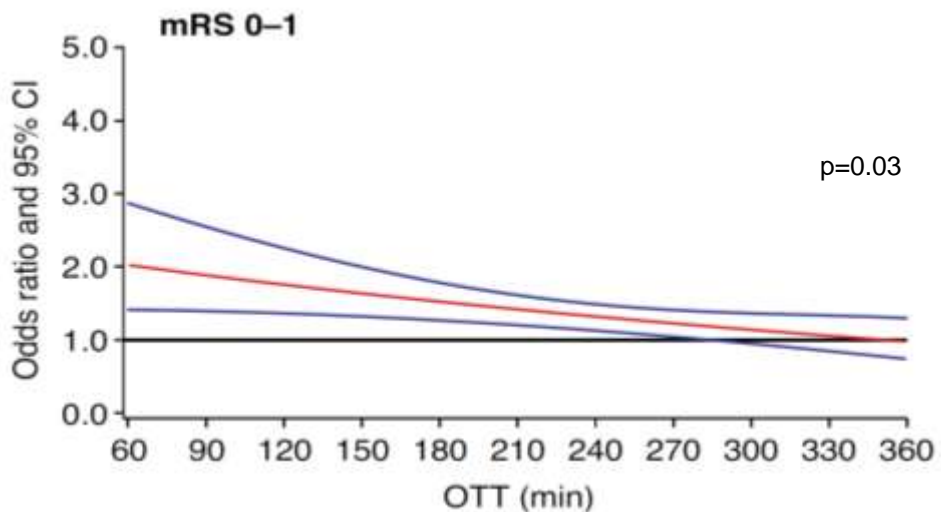
## Demography of patients in the pooled analysis

		Placebo 1820		Alteplase 1850	
Age (y)	mean, SD	66	11	66	12
NIHSS	median, IQR	11	7-16	11	7-16
	0-90min	15	10-19	15	10-20
	91-180min	13	9-19	11	7-18
	181-270min	11	7-16	10	7-15
	271-360min	10	7-15	10	7-16
OTT (min)	mean, SD	232	73	233	72
SBP (mmHg)	mean, SD	152	21	153	21
DBP (mmHg)	mean, SD	84	14	84	13
Weight (kg)	mean, SD	77	16	76	16
Prior diabetes	%	18		19	
Prior stroke	%	15		14	
Prior AF	%	19		19	
Prior hypertension	%	57		57	
Prior aspirin	%	26		26	

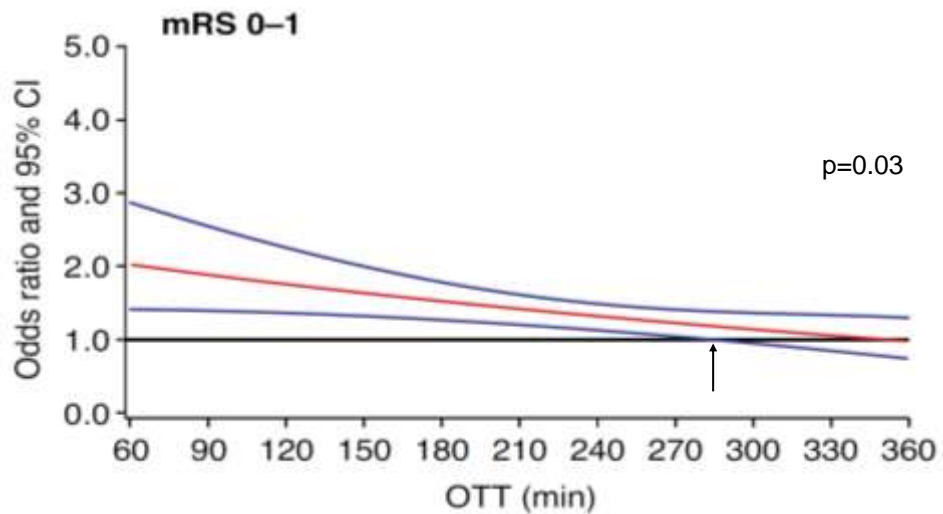
Groups are well matched on all relevant variables

Analyses adjusted for OTT, age, NIHSS, blood pressure, prior stroke, interaction of age and NIHSS

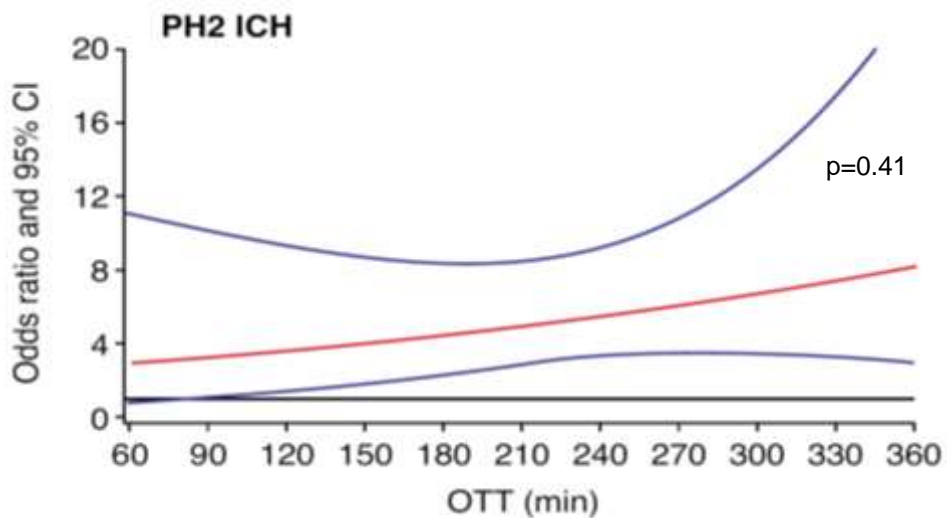
## Excellent outcome (mRS 0-1), n=3530



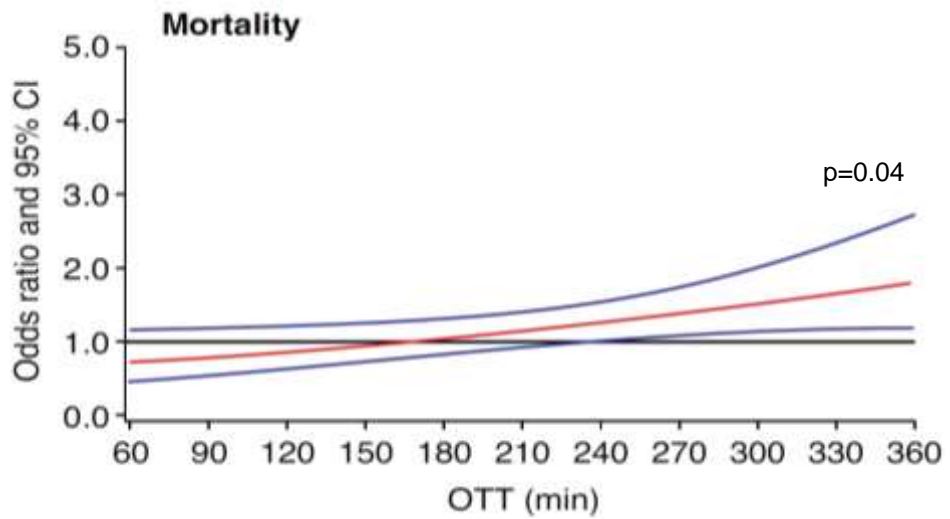
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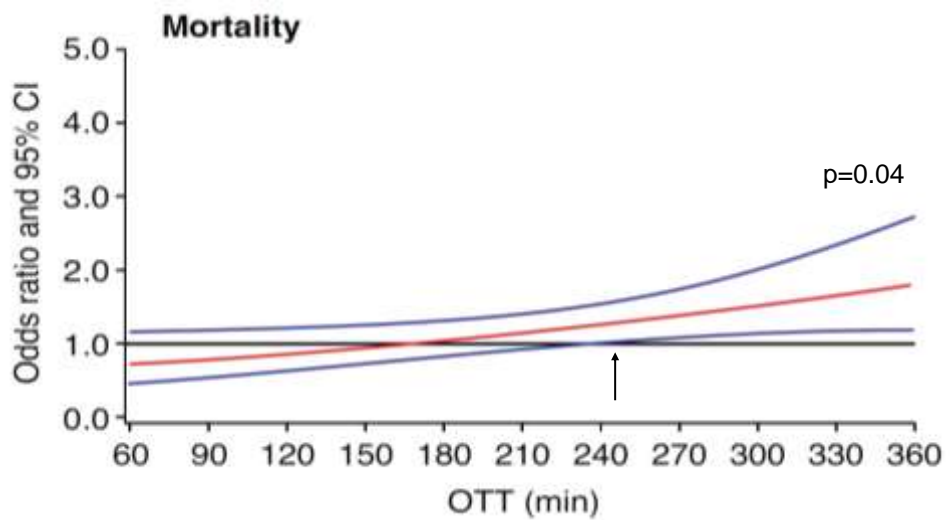
## Symptomatic hemorrhage (PH2), n=3431



# Mortality, n=3530



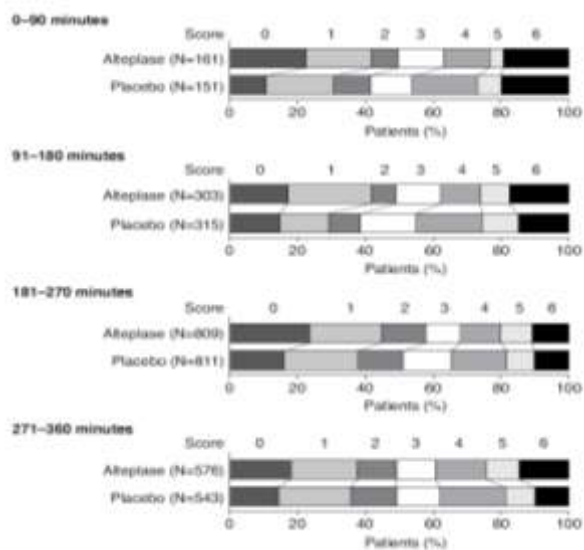
# Mortality, n=3530



## Odds ratios by Onset to Treatment

	Global	mRS	Mortality
0-90	<b>2.84</b> 1.75-4.60	<b>2.55</b> 1.44-4.52	0.78 0.41-1.45
91-180	<b>1.52</b> 1.10-2.11	<b>1.64</b> 1.12-2.40	1.13 0.70-1.82
181-270	<b>1.32</b> 1.09-1.61	<b>1.34</b> 1.06-1.68	1.22 0.87-1.71
271-360	1.22 0.96-1.54	1.22 0.92-1.61	<b>1.49</b> 1.00-2.21

## Distribution of modified Rankin Scale



# Distribution of modified Rankin Scale

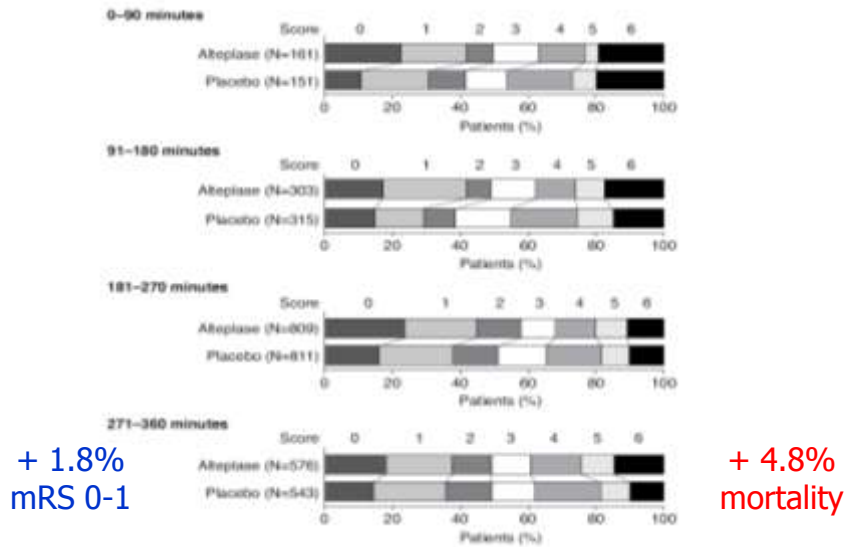


Table 2

	Modified Rankin score 0-1 at 90 days*, n/N (%)		Odds ratio (95% CI)	p value	Estimated number needed to treat† for modified Rankin score 0-1
	Alteplase, n/N (%)	Placebo, n/N (%)			
0-90 min	67/161 (41.6%)	44/151 (29.1%)	2.55 (1.44-4.52)	0.0013	4.5
91-180 min	127/303 (41.9%)	91/315 (28.9%)	1.64 (1.12-2.40)	0.0116	9.0
181-270 min	361/809 (44.6%)	306/811 (37.7%)	1.34 (1.06-1.68)	0.0135	14.1

I rest my case!