Stroke trials Trial Bottom Line Benefit of IV tPA in the 3 hour time window NINDS IV TPA ECASIII Benefit of IV tPA in the 3-4.5 hour time window SPARCL Benefit of statins in secondary stroke prevention IST/CAST Benefit of aspirin in secondary stroke prevention **ESPIRIT/ESPS2** Marginal benefit of Aggrenox over aspirin after mild non-AF stroke in secondary stroke prevention CAPRIE No benefit of Plavix over aspirin after mild non-AF stroke in secondary stroke prevention CHANCE/ Benefit of short term dual anti-platelets after mild non-AF stroke or TIA in sec-POINT ondary stroke prevention MATCH No benefit of long term dual anti-platelets in 2nd non-AF stroke prevention TOAST No benefit of heparin drip over aspirin for acute strokes (< 24 hours) No benefit of ticagrelor over aspirin for secondary prevention of stroke SOCRATES SPAF Benefit of Warfarin over aspirin in stroke prevention in AF **ROCKET-AF** Comparable benefit of NOACs versus warfarin for secondary stroke preven-ARISTOTLE tion in setting of non-valvular AF RF-I Y **RE-ALIGN** No benefit of dabigatran versus warfarin for secondary stroke prevention in setting of valvular AF WARSS No benefit of Warfarin over anti-platelets for secondary stroke prevention after non-AF stroke WASID No benefit of Warfarin over anti-platelets for secondary stroke prevention after ICAD-related stroke CADISS No benefit of Warfarin over anti-platelets in secondary stroke prevention after dissection WARCEF No benefit of Warfarin over anti-platelets in secondary non-AF stroke prevention after low EF-related stroke SAMMPRIS Benefit of max medical management over stent for secondary stroke prevention in intracranial atherosclerosis DECIMAL, Benefit of hemi-craniectomy over medical therapy after malignant cerebral edema in reducing mortality and severe disability (age < 60) HAMLET, DES-TINY **DESTINY II** Benefit of hemi-craniectomy over medical therapy after malignant cerebral edema in reducing mortality and severe disability (age > 60) Benefit of CEA over medical therapy for secondary stroke prevention after ca-NASCET rotid stenosis related stroke CREST No difference in stenting versus CEA for standard risk patients with carotid stenosis No benefit of EC-IC bypass versus medical therapy for secondary stroke pre-EC-IC BY-PASS STUDY, vention after carotid occlusion related stroke COSS HERMES Meta-analysis of five thrombectomy trials showing improved stroke outcome DAWN/ Thrombectomy 6-24 (DAWN) or 6-16 (DEFUSE3) hours after onset of symp-DEFUSE3 toms improves stroke outcome in selected patients FLAME Benefit of fluoxetine in motor recovery after stroke **REDUCE PFO/** PFO closure reduces risk of subsequent stroke in patients with cryptogenic **RESPECT PFO** stroke