

## Stroke trials

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