

# Not a moment to lose in therapy for acute stroke

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In an editorial response to a report in the September 25 issue of the *New England Journal of Medicine* on the efficacy of intravenous thrombolysis treatment in the hours after acute ischemic stroke, Patrick Lyden, M.D., professor of neurosciences and director of the UC San Diego Stroke Center, cautions that the study should not be interpreted to mean that such therapy can be withheld for hours or even minutes.

"The risk of withholding such treatment from patients with acute stroke greatly exceeds the risk of giving it," said Lyden. "The potential for reversing the disabling side effects of stroke declines with every passing minute."

The study, ("Thrombolysis with Alteplase 3 to 4.5 Hours after Acute Ischemic Stroke") by Werner Hacke, M.D. et al, reports the findings from the European Cooperative Acute Stroke Study III (ECASS III).

The design of this study closely mirrored that of the original National Institute of Neurological Disorders and Stroke (NINDS) trial of recombinant tissue plasminogen activator (rt-PA) for acute stroke, a pivotal trial that Lyden helped lead that showed the first proven therapy for stroke. The important exception in the ECASS III trial is that the window of therapy was expanded to a period of three to four and a half hours, compared to under three hours in the NINDS trial.

According to Lyden, the very real peril of the ECASS III data is that some may take a slower approach to treating acute stroke.

"Nothing could be more wrong," Lyden states in the editorial. "As we look back on the past decade of thrombolytic therapy for stroke, it is very clear that our focus must remain on the door-to-needle time. Every minute matters during a stroke."

Source: University of California - San Diego

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