

Physician experience and practice area affects decision-making for endovascular treatment

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A new study presented today at the Society of NeuroInterventional Surgery's (SNIS) 16th Annual Meeting found significant differences in decision-making for endovascular treatment (EVT) when the physician's experience with EVT use and practice area were taken into consideration.

The web-based, global study of 607 clinicians and interventionalists had participants respond to randomly selected acute [stroke](#) case scenarios and state how they would treat the patient. Participants also indicated how they would treat patients both within the constraints of their practice and in ideal settings. The study was conducted through an unrestricted research grant from Stryker to University of Calgary.

Factors Associated with the Decision-making on Endovascular Thrombectomy for the Management of Acute Ischemic Stroke found that EVT decisions differed significantly between regions and specialties under current local resources, but not under assumed ideal conditions. It also found that the NIH Stroke Scale score (34.9%), level of evidence (30.2%), ASPECTS or ischemic core volume (22.4%), patient's age (21.6%), and clinicians' experience in EVT use (19.3%) are the most [important factors](#) for EVT decisions.

"Physicians of different specialties and practicing in different geographic regions make decisions based on different external

variables," said Mayank Goyal, MD, lead author of the study, a professor of radiology and clinical neurosciences, and the director of imaging and endovascular treatment at the University of Calgary. "While it is promising to see acceptance of EVT as the standard of care for patients with [acute ischemic stroke](#), it is clear that more work needs to be done to standardize decision-making for the benefit of all patients."

Provided by Society of NeuroInterventional Surgery

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