

More stroke patients receiving mechanical clot removal, yet racial disparities persist

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Mechanical removal of blood clots causing a stroke is increasing, yet racial differences in treatment persist, according to late-breaking science

presented today at the American Stroke Association's International Stroke Conference 2021. The virtual meeting is March 17-19, 2021 and is a world premier meeting for researchers and clinicians dedicated to the science of stroke and brain health.

Mechanical clot-removal or [endovascular therapy](#) is a non-surgical treatment that uses tiny tubes, or catheters, to remove a blood clot. In 2015, several major clinical trials confirmed that endovascular therapy effectively treated stroke caused by a blockage in a large blood vessel (ischemic stroke). In 2018, the American Heart Association's stroke treatment guidelines were updated to recommend endovascular therapy to improve the odds that certain [stroke patients](#) could have functional recovery. However, previous research has indicated members of some under-represented racial/ethnic groups are less likely to receive recommended treatments such as endovascular therapy.

This study compared the use of endovascular therapy and post-stroke recovery among patients of different races/ethnicities before and after 2015. Between April 2012 and June 2019, investigators also reviewed data in the American Heart Association's Get With The Guidelines-Stroke program, which includes a large, database of information about stroke treatment at hospitals across the U.S. Since 2003, over 2,000 hospitals have entered more than 5 million patient records into the program's database.

Researchers found:

- Overall, 14% of 302,965 potentially eligible patients received endovascular therapy and, in all groups, endovascular therapy increased over the course of the study.
- However, Black patients were 32% less likely to receive endovascular therapy before 2015 and still 17% less likely to receive it after 2015 when compared to non-Hispanic white

patients.

- Differences also emerged related to [stroke](#) recovery. In terms of short-term outcomes, patients from under-represented racial and [ethnic groups](#) fared better than non-Hispanic white patients. In addition, Black, Hispanic and Asian patients were more likely to return home and less likely to die while hospitalized or to be discharged to hospice care.
- Three months later, however, Black patients were 16% less likely and Asian patients were 30% less likely to be able to function independently, compared to non-Hispanic white patients.

"It is reassuring that the treatment gap for Black patients has narrowed since 2015, yet it remains significant and is concerning. The most surprising finding was the discrepancy between short- and long-term outcomes in non-Hispanic white patients versus the patients in other race and ethnicity groups," said study lead author Faheem G. Sheriff, M.D., assistant professor of neurology at Texas Tech University Health Science Center of El Paso, Texas. "There is a lot of work that remains in terms of figuring out the root causes for these differences and how best to improve equitable access and care for all patients."

Sheriff continued, "Once these root causes are identified, we can focus on formulating an action plan to reduce these differences, for both access to endovascular therapy and recovery afterwards, particularly post-discharge care."

Provided by American Heart Association

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