

Study shows reteplase superior to alteplase within 4.5 hours of ischemic stroke

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Reteplase is noninferior to alteplase for patients with ischemic stroke within 4.5 hours after symptom onset, according to a study [published](#) online June 14 in the *New England Journal of Medicine* to coincide with

the 10th Annual Conference of the Chinese Stroke Association & Tiantan International Stroke Conference 2024, held from June 14 to 16 in Beijing.

Shuya Li, M.D., from Beijing Tiantan Hospital, and colleagues randomly assigned patients with [ischemic stroke](#) within 4.5 hours after [symptom onset](#) to receive intravenous reteplase (bolus of 18 mg followed by a second bolus of 18 g 30 minutes later) or intravenous alteplase (0.9 mg/kg body weight up to a maximum of 90 mg; 707 and 705 patients, respectively).

The researchers found that 79.5 and 70.4% of patients in the reteplase and alteplase groups, respectively, had an excellent functional outcome (risk ratio, 1.13; 95% confidence interval, 1.05 to 1.21; P

The incidence of any intracranial hemorrhage at 90 days was 7.7 versus 4.4% with reteplase versus alteplase (risk ratio, 1.59; 95% confidence interval, 1.00 to 2.51), and the incidence of adverse events was 91.6 versus 82.4% (risk ratio, 1.11; 95% confidence interval, 1.03 to 1.20).

"The RAISE trial showed that intravenous reteplase was noninferior to intravenous alteplase in achieving an excellent functional outcome," the authors write.

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More information: Shuya Li et al, Reteplase versus Alteplase for Acute Ischemic Stroke, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2400314](https://doi.org/10.1056/NEJMoa2400314)
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