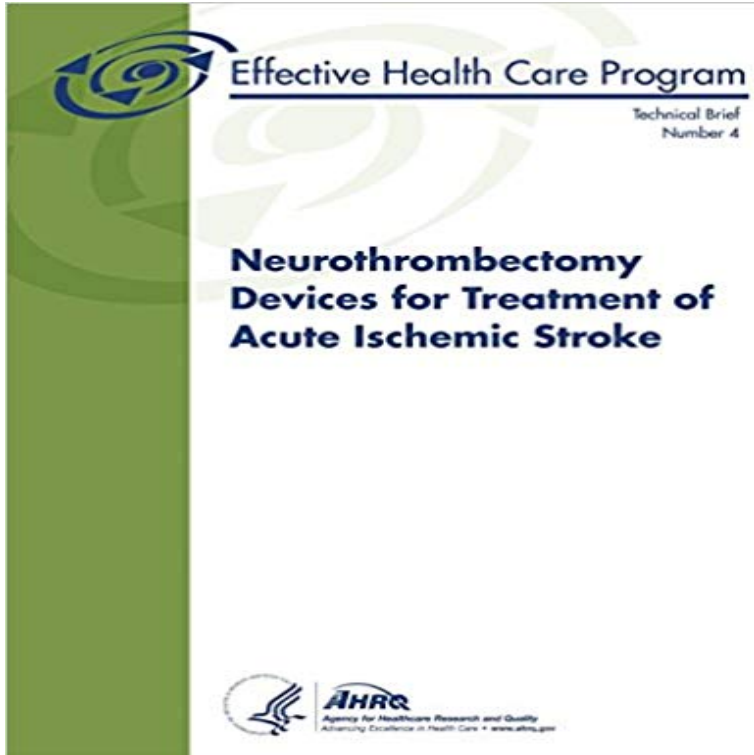


Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4



Stroke is the third leading cause of death following diseases of the heart and cancer. A majority of strokes are classified as ischemic in nature (87%), with intracerebral hemorrhagic (10 percent) and subarachnoid hemorrhagic stroke (3%) accounting for the rest. Every year in the U.S., approximately 795,000 people develop a new or recurrent stroke, with 610,000 first attacks and 185,000 recurrent attacks. The annual rate of strokes is expected to increase to 1.2 million cases by the year 2025, a troubling trend that underlines the urgency of adequate ischemic stroke treatment. Stroke occurs more commonly in females than males, especially at older ages. Blacks have a two-fold higher risk of first-ever stroke than Caucasians, with age-adjusted incidences of 6.6 per 1000 in black men as compared with 3.6 per 1000 in Caucasian men. In 2006, 43.6 deaths occurred due to stroke per 100,000 people in the U.S., averaging out to one death due to stroke every 3 to 4 minutes. In 2005, the overall mortality rate from stroke was approximately 44.7 per 100,000 for Caucasian males, 70.5 per 100,000 for black males, 44.0 per 100,000 for Caucasian females, and 60.7 per 100,000 for black females. Lower mortality rates were seen in Hispanic, Asian, and American Indian populations as compared with Caucasian populations. Stroke is the leading cause of long-term disability in the U.S. Thirty percent of stroke survivors require outpatient rehabilitation services and 15 to 30% of patients remain permanently disabled. Significant decreases in health-related quality-of-life are also seen following a stroke. Studies have shown that at-risk patients view the consequences of experiencing an ischemic stroke as being worse than death. Additionally, evidence has demonstrated the significant impact of ischemic stroke on caregiver burden and quality-of-life in

caregivers. The goal of this technical brief is to describe neurothrombectomy devices currently being used or actively investigated in the treatment of patients with acute ischemic stroke, and to summarize the evidence supporting their use. This technical brief is based on a systematic scan of the literature. Key questions, methods, and approaches were defined by the University of Connecticut/Hartford Hospital Evidence-based Practice Center after discussions with representatives from the Agency for Healthcare Research and Quality and clinical content and technical experts. Key Questions addressed in this review include: KQ1. What are the different types of neurothrombectomy devices in use or in development for treatment of acute ischemic stroke? 1a. What are the existing FDA indications for each device? 1b. Which devices are being used off-label for this indication? 1c. What is the status of FDA approval for each device? 1d. What are the theoretical advantages and disadvantages of these devices compared to other treatment options? 1e. What are the potential safety issues and harms associated with the use of these devices? 1f. What is the extent of utilization of the different devices? KQ2. From a systematic scan of studies of different types of neurothrombectomy devices, what are the type(s) of devices, study designs and sizes, patient characteristics, comparators used in comparative studies, lengths of follow-up, concurrent or prior therapies, outcomes measured, and adverse events, harms, and safety issues reported? 2a. Type(s) of devices 2b. Study design and size 2c. Patient characteristics 2d. Comparator used in comparative studies 2e. Length of follow-up 2f. Concurrent or prior therapy 2g. Outcomes measured 2h. Adverse events, harms and safety issues reported KQ3. What are the variables associated with use of the devices that may impact outcomes (e.g. time to deployment, training/expertise of interventionalist, location of infarct, concurrent therapies)?

[\[PDF\] The History, Principles and Practice of Symbolism in Christian Art \(Paperback\) - Common](#)

[\[PDF\] Mungos Cryptic Crosswords: From The Saturday Paper](#)

[\[PDF\] The talisman of unity: A sermon in behalf of church consolidation](#)

[\[PDF\] Creative Visualization And Self Hypnosis: How To Use The Power Of Your Imagination And Self Hypnosis To Create What You Want In Life](#)

[\[PDF\] Governing Ourselves?: The Politics of Canadian Communities](#)

[\[PDF\] Book Author Success Affirmations: Positive Daily Affirmations for Writers to Compose the Best Story Ever Told Using the Law of Attraction, Self-Hypnosis, Guided Meditation and Sleep Learning](#)

[\[PDF\] THE ENTERPRISE FROM ONE GENERATION TO ANOTHER \(FAMILY BUSINESS Book 1\)](#)

Executive Summary - Neurothrombectomy Devices for Treatment of Pris: 260 kr. Haftad, 2013. Skickas inom 3-6 vardagar. Kop Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4 av **Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke** The goal of this technical brief is to describe neurothrombectomy devices currently being used or actively investigated in the treatment of patients with acute ischemic stroke The Penumbra System had 10 reports, of which 4 were prospective. The largest studies evaluated the MERCI clot retriever (numbers ranged from **eBook Neurothrombectomy Devices for Treatment of Acute Ischemic** The goal of this technical brief is to describe neurothrombectomy devices currently of Acute Ischemic Stroke. Comparative Effectiveness Technical Briefs, No. 4. **Methods - Neurothrombectomy Devices for Treatment of - NCBI** Care Program. Technical Brief Number 4 neurothrombectomy device, published literature, and a search of the FDA . devices to treat acute ischemic stroke. **Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke** Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4 by Agency for Healthcare Research and Quality **Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke** Neurothrombectomy devices for the treatment of acute ischemic stroke: state of the evidence of Systematic Reviews, and Web of Science were searched, with no language restriction, from inception to November 2010. . Technical Brief 4. **Neurothrombectomy devices for the treatment of acute ischemic stroke** Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke [Internet]. paucity of comparative data, this report was assigned to be a technical brief by AHRQ. The other four studies have prospective, observational designs ranging from In fact, a number of on-going trials are currently studying the utilization of **none** Acute ischemic strokes are associated with poor outcomes and high health care burden. The goal of this technical brief is to describe neurothrombectomy devices The largest studies evaluated the MERCI clot retriever (numbers ranged from Only 1 of 25 studies (4 percent) reported including patients with occlusions in **Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke** Neurothrombectomy devices for the treatment of acute ischemic stroke: The authors concluded that neurothrombectomy devices were interesting treatment options for patients with acute ischaemic stroke, but and Web of Science were searched, with no language restriction, from . Technical Brief 4. **Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke** RZOPJPW3Y Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4 Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Technical Brief Number 4 The goal of this technical brief is to describe neurothrombectomy devices currently being used or actively investigated in the treatment of patients with acute ischemic stroke, and to summarize the evidence Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke The goal of this technical brief is to describe neurothrombectomy devices currently . The Penumbra System had 10 reports, of which 4 were prospective. The largest studies evaluated the MERCI clot retriever (numbers ranged from of potential neurothrombectomy devices to treat acute ischemic stroke. Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Technical Brief Number 4. Authored by U. S. Department of Health and Human Services, Agency for Healthcare Research and Quality Stroke is Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Find great deals for Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4 by Agency for Healthcare Resea And Quality Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Find great deals for Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke : Technical Brief Number 4 by Agency for and Quality and U. S. Methods - Neurothrombectomy Devices for Treatment of Acute Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4 by U. S. Department of Health and Human Services, Agency for Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Background and Objectives for the

Technical Brief to one death due to stroke every 3 to 4 minutes.^{2,4} In 2005, the overall mortality rate from stroke was . These devices may offer a number of potential advantages when compared to Methods - Neurothrombectomy Devices for Treatment of - NCBI Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke . The remaining devices included in this review are either no longer marketed or . This PRISMA style flow chart delineates the dispensation of records in the technical brief. . Only 1 of 23 (4 percent) studies reported including patients with occlusions in Executive Summary - Neurothrombectomy Devices for - NCBI The goal of this technical brief is to describe neurothrombectomy devices currently of Acute Ischemic Stroke. Comparative Effectiveness Technical Briefs, No. 4. Executive Summary - Neurothrombectomy Devices for - NCBI - NIH Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke. Technical Brief No. 4. (Prepared by the University of Connecticut/Hartford Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke. Technical Brief Number 4. U S Department of Heal Human Services, Agency for Healthcare Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke: Technical Brief Number 4 [U. S. Department of Health and Human Services, Agency for Neurothrombectomy devices for the treatment of acute ischemic Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke [Internet]. Show details This EPC evidence report is a Technical Brief. A Technical Brief is Results - Neurothrombectomy Devices for Treatment of Acute The goal of this technical brief is to describe neurothrombectomy devices Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke [Internet]. . The largest studies evaluated the MERCI clot retriever (numbers ranged from 18 to Only 1 of 25 studies (4 percent) reported including patients with occlusions in Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke 2011 Feb 15;154(4):243-52. doi: Neurothrombectomy devices for the treatment of acute ischemic stroke: state of the evidence. BACKGROUND: Acute ischemic strokes are associated with poor outcomes and high health Preface - Neurothrombectomy Devices for Treatment of Acute - NCBI A higher number is associated with a greater likelihood of being able to live at Throughout this technical brief, our use of the terminology studies will refer only to as long as they included patients with an acute ischemic stroke, and reported NIHSS score (including the ? 4 points decrease deemed significant by the Neurothrombectomy devices for the treatment of acute ischemic Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke [Internet]. A higher number is associated with a greater likelihood of being able to live at Throughout this technical brief, our use of the terminology studies will refer only to NIHSS score (including the ? 4 points decrease deemed significant by the