



CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

Acute Stroke Management Seventh Edition, Update 2022

Box 4B: Imaging Criteria for Consideration of Endovascular Thrombectomy in Patients Arriving Within 6 Hours of Stroke Onset

*Heran M, Shamy M (Writing Group Chairs)
on behalf of the Canadian Stroke Best Practice Recommendations
Acute Stroke Management Writing Group and in collaboration with the
Canadian Stroke Consortium*

© 2022 Heart and Stroke Foundation of Canada

Box 4B Imaging Criteria for Consideration of Endovascular Thrombectomy in Patients Arriving Within 6 Hours of Stroke Onset

4B.1. For anterior circulation: Imaging Criteria for Endovascular Thrombectomy in Patients Arriving Within 6 Hours of Stroke Onset

1. Presence of an intracranial artery occlusion in the anterior circulation on CTA or MRA, including occlusion of the terminal internal carotid artery or proximal MCA.

AND

2. Presence of a small to moderate ischemic core on non-contrast CT or MRI, usually consistent with an ASPECTS score of ≥ 6 for the anterior circulation.
 - a. Patients presenting with an intracranial artery occlusion and large core, such as those with an ASPECT score < 6 , may be considered for EVT based on expected risks and benefits, after consultation with a physician with stroke expertise and with the treating neurointerventionalist, along with the patient and/or family and/or substitute decision-makers.

4B.2 For posterior circulation: Imaging Criteria for Consideration of Endovascular Thrombectomy for Patients Arriving Within 6 Hours of Stroke Onset

1. Patients presenting with an intracranial occlusion of the posterior circulation (e.g., the basilar artery) may be considered for EVT based on expected risks and benefits, after consultation with a physician with stroke expertise and with the treating neurointerventionalist, along with the patient and family or substitute decision-maker. *Note: Randomized trials are ongoing, and this recommendation will be reviewed once the results become available.*