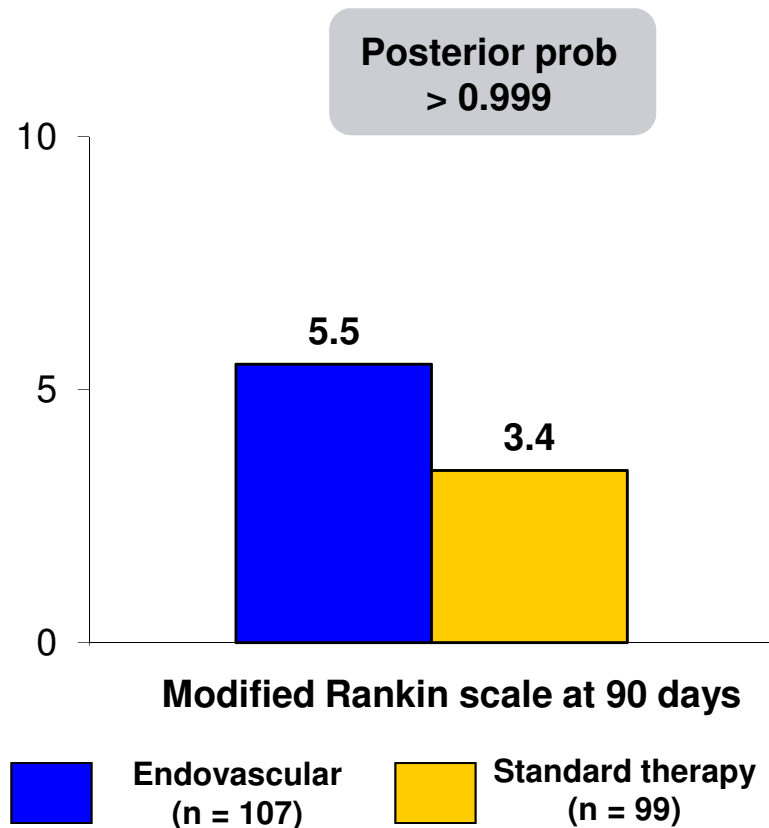


# DAWN

**Trial design:** Patients with acute ischemic stroke (6-24 hours since symptom onset) and with evidence of mismatch between clinical deficit and infarct volume were randomized to endovascular thrombectomy or standard care. They were followed for 90 days.



## Results

- Primary outcome, score on utility-weighted modified Rankin scale at 90 days for thrombectomy vs. control: 5.5 vs. 3.4, posterior probability of superiority > 0.999
- 24 hours for thrombectomy vs. control: recanalization: 77% vs. 39%,  $p < 0.001$ ; median infarct volume: 8 vs. 22 ml,  $p < 0.001$
- Stroke-related death at 90 days for thrombectomy vs. control: 16% vs. 18%,  $p > 0.05$

## Conclusions

- Important trial; endovascular treatment may be beneficial if salvageable/ischemic brain tissue (i.e., noninfarcted) can be demonstrated even outside the typical 6-hour window
- This resulted in improved clinical and functional outcomes at 90 days