| Trial | RESCUE-Japan LIMIT (N=203) | SELECT2 (N=352) | ANGEL-ASPECT (N=456) |
|---|---|---|---|
| **Population**<br>• LNW ≤24h<br>• Prestroke mRS 0-1 | • ≥18y<br>• Cervical/Intracranial ICA or M1 segment MCA occlusion<br>• ASPECTS 3-5 (CT/MRI)<br>• LNW 6-24h → negative FLAIR MRI<br>• NIHSS ≥6<br>• Japan | • 18-85y<br>• Cervical/intracranial ICA or M1 segment<br>• ASPECTS 3-5 (CT) or CTP/MRI core ≥ 50cc<br>• North America, Europe, Australia/NZ | • 18-80y<br>• Intracranial ICA or M1 segment MCA<br>• ASPECTS 3-5 (CT) or CTP/MRI core 70-100cc (w/ ASPECTS 0-2)<br>• China |
| **Intervention / Control** | *1:1 EVT + medical tx vs. medical tx alone*<br>**IV thrombolytics, if eligible (RESCUE-Japan LIMIT: IV-tPA 0.6 mg/kg; SELECT2: alteplase/TNK; ANGEL-ASPECT: alteplase/urokinase)* | | |
| **1° Outcome (3-month)** | % mRS 0-3 | Ordinal shift mRS | Ordinal shift mRS |
| **Baseline Characteristics:**<br>• **Mean/Median Age**<br>• **Median NIHSS**<br>• **Median ASPECTS**<br>• **Time (LNW→Rand)**<br>• **IV thrombolytic**<br>• **TICI ≥2b achieved** | <br>76y<br>22<br>3<br>3.7h<br>27%<br>86% | <br>66.5y<br>19<br>4 (mean CTP core 80cc)<br>9.3h<br>19%<br>80%<br>(ASPECTS ≤5 + CTP core ≥50cc → 78%) | <br>68y<br>16<br>3<br>7.6h<br>28%<br>81% |
| **Tx Effect (ITT)**<br>*as-treated analyses → similar results | EVT: 31%, Medical: 12.7%; **relative risk 2.43 (1.35-4.37)** | EVT: 4, Medical: 5; **generalized odds ratio 1.51 (1.20-1.89)** | EVT: 4, Medical: 4; **generalized odds ratio 1.37 (1.11-1.69)** |
| **2° Efficacy Outcomes** | • mRS 0-2 / 0-1: no diff<br>• Ordinal shift mRS: cOR 2.4 (1.5-4.0)<br>• Early neurologic improvement (↓ of 48h NIHSS ≥8): RR 3.5 (1.8-7.0) | • mRS 0-2: 3.0 (1.6-5.5)<br>• mRS 0-3: 2.1 (1.4-3.0)<br>• Early neurologic improvement (↓ of 24h NIHSS ≥8): no diff | • mRS 0-2: RR 2.6 (1.6-4.1)<br>• mRS 0-3: RR 1.5 (1.2-1.9)<br>• Early neurologic improvement (↓ of 36h NIHSS ≥10 or NIHSS 0-1): 4.3 (1.3-14.5) |
| **Safety Outcomes** | • No diff in Sx ICH, early death, decompressive crani<br>• Any ICH: 1.9 (1.3-2.6) | • No diff in Sx ICH or PH2, 3m death<br>• Early neurologic worsening (↑ in 24h NIHSS ≥4): 1.6 (1.0-2.5) | • No diff in Sx ICH, 3m death, decompressive crani<br>• Any ICH: 2.7 (1.9-3.8) |
| **Limitations** | • ASPECTS mainly estimated w/ MRI<br>• Excluded + MRI-FLAIR if LNW≥6h<br>• 0.6 mg/kg IV-tPA<br>• Restricted to Japanese population | • Terminated early (interim analysis RESCUE-Japan LIMIT → target N=560) | • Terminated early (prespecified interim analysis → superiority, target N=502)<br>• IV thrombolysis w/ urokinase in minority<br>• Mainly Han Chinese population |

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|---|---|---|---|
| Subgroup Analyses | Treatment effect similar across:<br>• age (75y)<br>• time LNW→rand (6h)<br>• NIHSS (21)<br>• IV-tPA tx | Treatment effect similar across:<br>• age (70y)<br>• NIHSS (20)<br>• ICA/MCA occlusion site<br>• CTP core estimates (70/100/150cc)<br>• ASPECTS (0-2/3-5/6-10)<br>• mismatch ratio/volume (1.8/15cc, 1.2/10cc)<br>• affected hemisphere | Treatment effect similar across:<br>• age (75y)<br>• wake-up stroke<br>• time LNW→rand (6h)<br>• NIHSS (16)<br>• thrombolytic tx<br>• occlusion site (ICA/MCA)<br>• ipsilateral cervical ICA occlusion<br>• ASPECTS (<3/≥3)<br>• infarct core (70cc)<br>• ischemic stroke subtype |

* majority at least moderately disabled, <50% able to ambulate independently, and 20-40% dead @3m
* any ICH common, but sx ICH rare