| Trial | BEST (N=131) | BASICS (N=300) | BAOCHE (N=217) | ATTENTION (N=340) |
|---|---|---|---|---|
| **Population** | Basilar or V4 vert artery (9%) occlusion, LNW ≤ 8h, China | Basilar occlusion, LNW ≤ 6h, 7 countries | Basilar occlusion, LNW 6-24 h, age ≤80 y, NIHSS ≥6, PC-ASPECTS ≥6, China | Basilar occlusion, LNW ≤ 12h, NIHSS ≥10, PC-ASPECTS ≥6, China |
| **Median NIHSS (intervention / control)** | 32/26 | 21/22 | 20/19 | 24/24 |
| **IV-tPA (intervention / control)** | 27%/32% | 78.6%/79.5% | 14%/21% | 31%/34% *urokinase in minority |
| **Intervention / Control** | *1:1 EVT + medical tx vs. medical tx alone (ATTENTION → 2:1 randomization) *IV-tPA if eligible* | | | |
| **Co-intervention(s) in EVT arm** | 5% IA-tPA alone, 4% angioplasty alone, 26% stent placement | | 55% intracranial angioplasty/stenting after failed thrombectomy | 40% intracranial angioplasty/stenting (8% extracranial angioplasty/stenting) |
| **1° Outcome** | % mRS 0-3 @ 3m | | | |
| **Tx Effect (ITT)** | EVT: 42%, Medical: 32%; **adjusted odds ratio 1.74 (0.81-3.74)** *as-treated → aOR 3.02(1.31-7.00) | EVT: 44.2%, Medical: 37.7%; **risk ratio 1.18 (0.92-1.50)** *as-treated → similar results | EVT: 46%, Medical: 24%; **rate ratio 1.81 (1.26-2.60)** * original 1° outcome → mRS 0-4 @ 3m: aRR 1.21 (0.95-1.54) | EVT: 46%, Medical: 23%; **rate ratio 2.06 (1.46-2.91)** |
| **2° Outcomes** | No diff in mortality @ 3m | No diff in mRS 0-2 or 0-4 @ 3m, 24h NIHSS, or mortality @ 3m | EVT → mRS 0-2 @ 3m: RR 2.75 (39% vs 14%), Dramatic neurologic improvement @ 24h: RR 2.50 (25% vs 10%), basilar artery patency @ 24h: RR 4.53 (92% vs 19%), mortality @ 3m non-significantly lower (RR 0.75) | EVT → mRS 0-2 @ 3m: 3.17 (33% vs 11%), NIHSS lower post-EVT, basilar artery patency @ 24-72h: RR 2.58 (91% vs 38%), mortality @ 3m significantly lower (RR 0.66) |
| **Sx ICH (EVT arm)** | 8% | 4.5% | 9% | 5% |
| **Procedural complications (EVT)** | | 3.2% | 11% | 14% |
| **Limitations** | Terminated early (target N=344), small sample size, high crossover rate, poor recruitment | Powered for 16% diff in % mRS 0-3 @ 3m b/w trial arms, high crossover rate (29%), poor recruitment | Terminated early (prespecified interim analysis → superiority, target N=318), 27% women, predominantly atherosclerotic stroke | 44% atherosclerotic stroke |

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| Subgroup Analyses | Interaction b/w tx and occlusion site → vert occlusion (small N) better w/ medical tx and basilar occlusion better w/ intervention tx (type 1 error?) | Benefit of EVT suggested in subgroup w/ NIHSS 10-19 and more proximal basilar occlusion | More robust EVT tx effect in stratified analyses for younger and lower NIHSS subgroups | More robust EVT tx effect in stratified analyses for younger, higher NIHSS, more proximal basilar occlusion, non-ICAD, and cryptogenic stroke etiology subgroups<br><br>Tx effect similar in <6h treated and ≥6h treated subgroups |