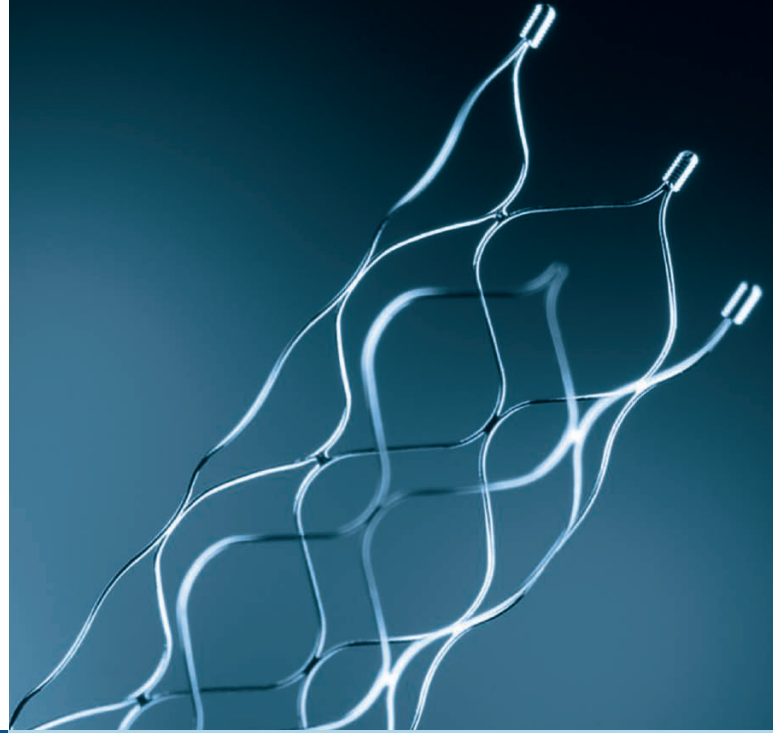


ESCAPE

KEY FINDINGS

Recent studies have demonstrated the superiority of retrievable stents over previous generation thrombectomy devices. The recently reported MR CLEAN study was the first randomized trial to widely use this technology and reported clinical benefit of endovascular treatment in patients with proximal intracranial occlusion. The ESCAPE Trial sought to prove that selected patients using CT and CTA with rapid endovascular treatment using modern endovascular techniques is an efficacious treatment for patients with acute ischemic stroke.



GUIDELINE-BASED CARE



LESS THAN 5% LOSS TO FOLLOW UP

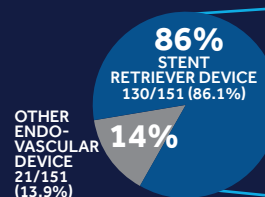


INDEPENDENT DATA REVIEW

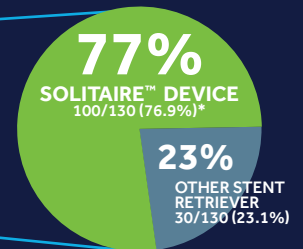


An investigator-initiated, multi-center, prospective, randomized, open-label, blinded-endpoint (PROBE) study in ischemic stroke patients. Patients were allocated 1:1 to endovascular treatment plus guideline-based care (intervention) vs. guideline-based care alone (control).

THOSE WHO UNDERWENT ENDOVASCULAR THERAPY (n=151)



THOSE WHO RECEIVED RETRIEVABLE STENTS (n=130)



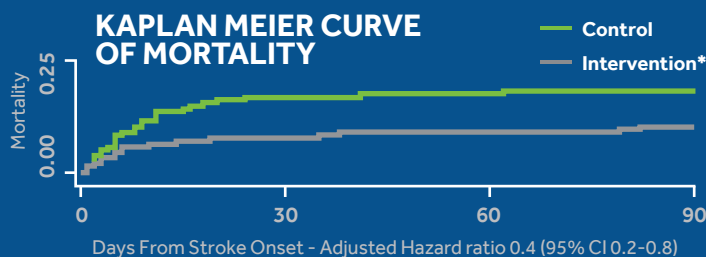
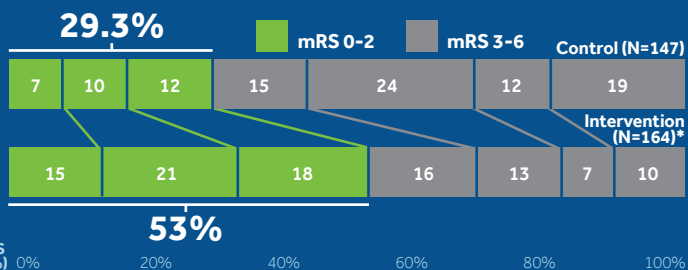
BASELINE CHARACTERISTICS WERE SIMILAR IN THE TWO TREATMENT GROUPS:

CHARACTERISTIC	CONTROL	INTERVENTION*
Number of randomized subjects	150	165
Age (year) - Median (IQR)	70 (60-81)	71 (60-81)
Female sex - no. (%)	79 (52.7)	86 (52.1)
Baseline NIHSS score - Median (IQR)	17 (12-20)	16 (13-20)
History of hypertension - no. (%)	108 (72.0)	105 (63.6)
History of diabetes mellitus - no. (%)	39 (26.0)	33 (20.0)
Onset to randomization (min) - Median (IQR)	172 (119-284)	169 (117-285)
Treatment with IV alteplase - no. (%)	118 (78.7)	120 (72.7)
Location of occlusion on CTA - no./total no. (%)		
▪ ICA with involvement of the M1-MCA segments	39/147 (26.5)	45/163 (27.6)
▪ M1-MCA or all M2-MCA segments	105/147 (71.4)	111/163 (68.1)
▪ Single M2-MCA segment	3/147 (2.0)	6/163 (3.7)

STUDY RESULTS:

OUTCOME	CONTROL (N = 150)	INTERVENTION (N = 165)	DIFFERENCE (95% CI)	UNADJUSTED VALUE (95% CI)
Primary outcome: mRS score at 90 days (n=311)				Common odds ratio: 2.6 (1.7-3.8)
mRS 0-2 at 90 days - no./total no. (%)	43/147 (29.3)	87/164 (53.0)	23.8 (13.2-34.4)	Rate Ratio: 1.8 (1.4-2.4)
NIHSS 0-2 at 90 days - no./total no. (%)	31/134 (23.1)	79/153 (51.6)	28.4 (17.8-39.2)	Rate Ratio: 2.2 (1.6-3.2)
TICI score 2b-3 at final angiogram - no./total no. (%)	N/A	113/156 (72.4)	N/A	N/A
Death - no./total no. (%)	28/147 (19.0)	17/164 (10.4)	8.6 (0.8-16.6)	Rate Ratio: 0.5 (0.3-1.0)
Symptomatic intracerebral hemorrhage - no. (%)	4 (2.7)	6 (3.6)	1.0 (-2.9-4.8)	Rate Ratio: 1.4 (0.4-4.7)

STATISTICALLY SIGNIFICANT IMPROVEMENT IN RATE OF GOOD OUTCOMES AND MORTALITY RATE AT 90 DAYS WITH INTERVENTION.



STUDY CONCLUSION:

Among acute ischemic stroke patients with proximal vessel occlusion, small infarct core and moderate-to-good collaterals, rapid endovascular treatment improved functional outcomes and reduced mortality.

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* Solitaire™ FR Revascularization Device used in Intervention arm

SOURCE: Goyal M, Demchuk AM, Menon BK, et al. Randomized assessment of rapid endovascular treatment of ischemic stroke. N. Engl. J. Med. Mar 12 2015;372(11):1019-1030.

CAUTION: Federal (USA) law restricts these devices to sale distribution and use by or on order of a physician. Indications, contraindications, warnings and instructions for use for Solitaire™ X Revascularization Device can be viewed at www.medtronic.com/manuals

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