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ACTION PLAN FOR STROKE CLOT RETRIEVAL

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the Ministry of Health on the draft Action Plan for Stroke Clot Retrieval (the Action Plan).

ACEM is the peak body for emergency medicine in Australia and New Zealand, with responsibility for training and educating emergency physicians and advancing professional standards in emergency medicine. As the trusted authority for emergency medicine, ACEM has a vital interest in contributing to a sustainable emergency medicine workforce that provides high quality patient care and upholds the highest possible professional standards in emergency medicine.

As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients. Fellows of ACEM (FACEMs) are specialist emergency physicians working in emergency departments (EDs) across Australia and New Zealand.

In general, ACEM is supportive of approaches that transfer patients out of EDs and into specialist care as soon as it is clinically appropriate to do so. We believe that the Action Plan can help facilitate this patient throughput, which in turn reduces the burden on EDs and avoiding pressures that contribute to access block, defined as total ED length of stay in excess of 8 hours for an admitted patient.[1] However, we wish to note that in the case of patients presenting to an ED with stroke, it is already common practice to move patients into specialist care, where appropriate, as soon as practical.

ACEM identifies resourcing as a potential issue within the Action Plan. We note that in the Action Plan's cost analysis, the opportunity cost of not treating other patients due to resourcing stroke clot retrieval has not been determined. ACEM strongly supports evidence-based and clinically appropriate allocation of resource to ensure the system resources are responsibly allocated. To ensure that the Action Plan contributes to overall improvements it is vital that additional resource be allocated to implementing the Action Plan in order to avoid detrimental effects to other services.

Our understanding of the medical literature is that evidence for endovascular stroke treatment is still weak. We note that to date, no studies have been done to address the potential harms of significant resource diversion away from other acute patients with other conditions. Endovascular therapy has only been compared to IV thrombolysis, not no thrombolysis. We are concerned by calls to redesign the entire pre-hospital and emergency system to account for these treatments. As the Action Plan contains a very selective body of research, it does not include studies which indicate that stroke clot

[1] ACEM. (2018). Statement on Access Block.

retrieval has less overall benefit than thrombolysis alone.[2] It is important to note that such research suggests that stroke clot retrieval alone is suitable only for a minority of patients.

ACEM also identifies indication creep as a potential unexpected outcome of the Action Plan. Indication creep can be defined as the diffusion of interventions that have been proven beneficial in specific patient populations into untested broader populations who may be less likely to benefit.[3]

Given the broad scope of the Action Plan, there is a risk of all patients with suspected stroke being automatically referred to neurologists for treatment, sidestepping the specialist assessment provided by emergency doctors who would select out the significant number of patients with stroke-like conditions (called stroke-mimics) who can only be harmed by aggressive stroke treatments. This rapid diversion away from the ED is only beneficial for the small percentage of patients who actually have the disease and strict inclusion criteria.

To prevent indication creep the Action Plan must include clear indications and contraindications to guide its implementation. We recommend that patient selection for endovascular stroke therapy be based on the strict inclusion criteria described in the MR CLEAN[4], EXTEND-IA[5] and ESCAPE[6] studies.

Thank you for the opportunity to provide feedback to the Action Plan for Stroke Clot Retrieval. Should you require clarification or further information, please do not hesitate to contact Ryan Angus (ACEM Policy Officer) on (+61) 03 9320 0452 or via email at ryan.angus@acem.org.au.

Yours sincerely,

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[2] Rodrigues F., et al. (2016). Endovascular treatment vs. medical care alone for ischaemic stroke: systematic review and meta-analysis. BMJ.
[3] Riggs, K., and Ubel, P. (2015). The Role of Professional Societies in Limiting Indication Creep. JGenInternMed.
[4] Berkhemer, O., et al. (2015). A randomized trial of intra-arterial treatment for acute ischemic stroke. NEJ.
[5] Bruce, C., et al. (2015). Endovascular Therapy for Ischemic Stroke with Perfusion-Imaging Selection. NEJ.
[6] Goyal, M., et al. (2015). Randomized Assessment of Rapid Endovascular Treatment of Ischemic Stroke. NEJ.