THE REALITY

• Stroke is a **leading cause of death** and long-term disability in the U.S.
• More than **795,000** people in the U.S. have a stroke every year.
• Stroke kills nearly **130,000** people each year.
• The vast majority of strokes (**87 percent**) are ischemic strokes, caused by a blood clot in the brain.
• Neuroendovascular surgery is a **minimally invasive** procedure that uses a catheter to remove the clot.
• There are neurointerventional **care teams across the country** who specialize in this procedure.

THE ANSWER

• Recent studies have shown that neuroendovascular surgery is highly effective at treating severe stroke patients who have an emergent large vessel occlusion (ELVO) — a clot that blocks a large vessel and cuts off significant blood flow to the brain. But less than 10 percent of patients who could benefit from this lifesaving treatment receive it.

With neuroendovascular surgery, ELVO patients are at least twice as likely as those who do not receive the treatment to be independent 90 days after a stroke.

Help us help them #SurviveStroke. www.getaheadofstroke.org
THE CHALLENGE

• Policies and regulations that guide stroke treatment vary widely by state. Currently, no clear protocol exists to ensure a stroke patient goes directly to a neuroendovascular-ready facility for this type of treatment.

• This means that while a patient might live near a neuroendovascular-ready facility, they may go to a hospital that doesn’t have these specialized care teams.

THE SOLUTION

For trauma patients, the emergency response protocol requires immediate transport to the proper kind of care. Just like with trauma, stroke is time-sensitive and requires a field severity assessment.

Stroke patients need to be transported to the facility that can provide them with the lifesaving care they need.

The Get Ahead of Stroke campaign is working on the ground in states to enact protocols that would make it possible for EMS personnel to diagnose stroke severity in the field and take patients directly to a neuroendovascular-ready facility when the patient requires specialized treatment. The campaign aims to bring about policy changes in all 50 states so more patients can survive stroke.

Q: Why is it important for severe stroke patients with suspected ELVO to be taken directly to a neuroendovascular-ready facility?

A: Stroke is a trauma of the brain, and just like with trauma cases, getting the proper care quickly can mean the difference between life and death. Nearly two million brain cells die every minute a stroke goes untreated; if there are delays due to transfer, it could be too late to save valuable brain tissue. Severe stroke patients gain a week of healthy life for every minute saved in getting them to the proper care.

Q: Why is neuroendovascular surgery the answer?

A: Patients who receive neuroendovascular surgery increase their life expectancy by 5 years more than patients who do not receive it.

Q: Will there be training sessions for diagnosing ELVO strokes in the field?

A: Wherever protocols are updated, we intend to provide resources for first responders not only on how to recognize stroke symptoms, but also on how to assess stroke severity. Your region’s EMS protocol should have guidance on which stroke scale to use.