

#### Prediction Scores for Patient Selection-The Houston Intra-Arterial Therapy 2 "HIAT2" score

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#### **Disclosure**



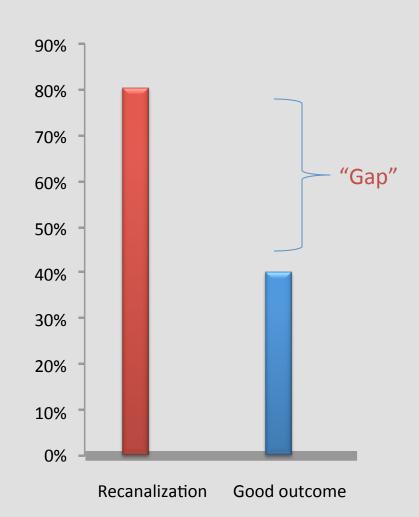
No financial disclosures

 I'm a vascular Neurologist who believes that endovascular treatment for acute ischemic stroke works in selected patients

# Intra-Arterial Therapy (IAT) The "Gap"



- The published rates of recanalization with IAT
- The rate of favorable outcome
- Need: Identify criteria that enable prediction of poor outcome BEFORE the decision to proceed to IAT is made



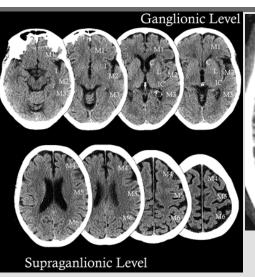
### **Background**

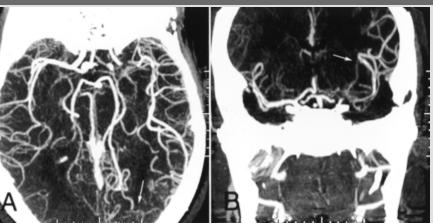


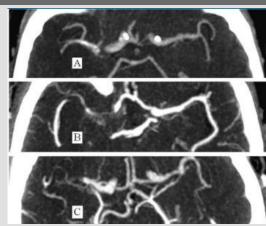
- Clinical assessment
- Non-contrast CT→ ASPECTS
- CT-Angiogram (CTA)
- Neuroimaging evidence of mismatch and reversibility
  - CT-Perfusion
  - MRI → DEFUSE/DEFUSE2/EPITHET

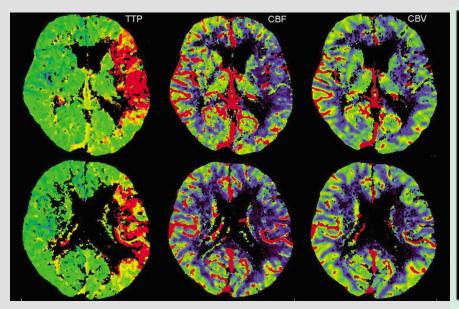
# Imaging selection methods

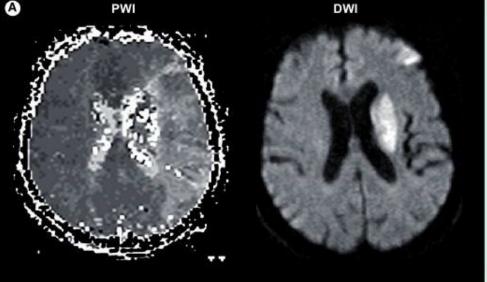












#### **HIAT** score



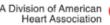
Modality	Value	Score		
Age (years)				
	≤ 75	0		
	> 75	1		
NIHSS score				
	≤ 18	0		
	> 18	1		
Glucose (mg/dL)				
	≤ 150	0		
	> 150	1		

# Stroke

#### American Stroke Association ...







Identifying Patients at High Risk for Poor Outcome After Intra-Arterial Therapy for Acute Ischemic Stroke

Hen Hallevi, Andrew D. Barreto, David S. Liebeskind, Miriam M. Morales, Shervl B. Martin-Schild, Anitha T. Abraham, Jignesh Gadia, Jeffrey L. Saver, the UCLA Intra-Arterial Therapy Investigators, James C. Grotta and Sean I. Savitz

Stroke 2009, 40:1780-1785: originally published online April 9, 2009

#### **HIAT2 Score**



MODALITY	VALUE	SCORE		
Age (years)				
	≤ 59	0		
	60 - 79	2		
	≥ 80	4		
NIHSS score				
	≤ 10	0		
	11 - 20	1		
	≥ 21	2		
Glucose (mg/dL)				
	< 150	0		
	≥ 150	1		
ASPECTS				
	8 – 10	0		
	≤ 7	3		

#### Stroke



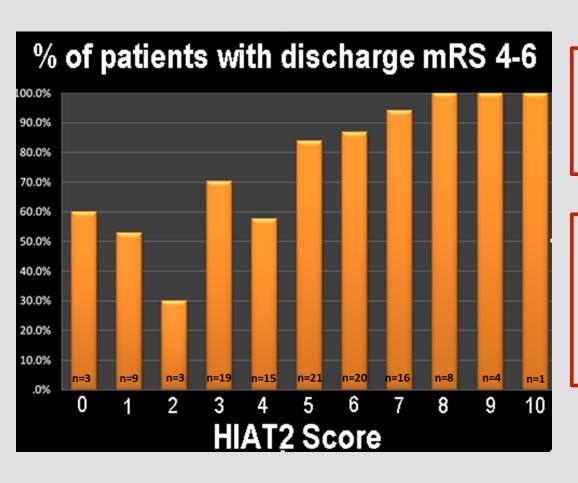
#### Optimizing Prediction Scores for Poor Outcome After Intra-Arterial Therapy in Anterior Circulation Acute Ischemic Stroke

Amrou Sarraj, Karen Albright, Andrew D. Barreto, Amelia K. Boehme, Clark W. Sitton, Jeanie Choi, Steven L. Lutzker, Chung-Huan J. Sun, Wafi Bibars, Claude B. Nguyen, Osman Mir, Tzu-Ching Wu, George A. Lopez, Nicole R. Gonzales, Randall Edgell, Sheryl Martin-Schild, Hen Hallevi, Jeffrey L. Saver, David S. Liebeskind, Raul G. Nogueira, Rishi Gupta, James C. Grotta and Sean I. Savitz

Stroke. published online August 8, 2013;

### **Poor Outcomes by HIAT2**





HIAT2 ≥ 5 **OR 6.43** 95% CI 2.8-15 p<.001

Results independent of:

1-Recanalization, p=0.7

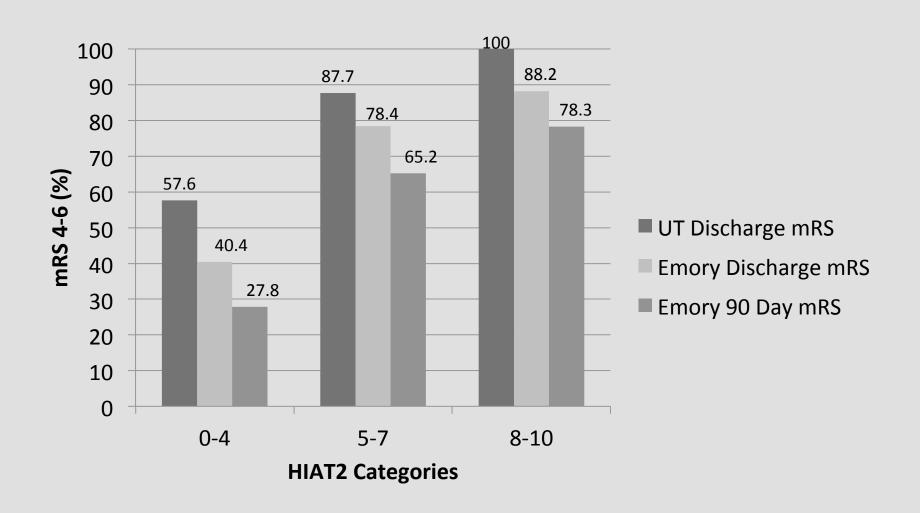
2-Time to recanalization, p=0.4

**OR 5.88** 95% CI 1.96-17.6

p = .02

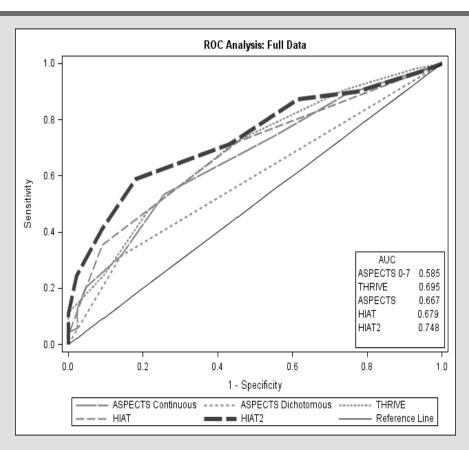
### **Poor Outcomes by HIAT2**

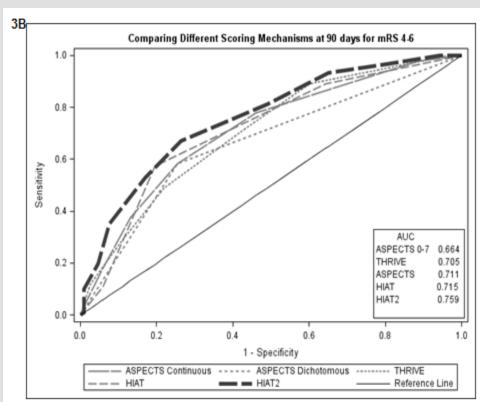




#### **Prediction Scores Predictability**



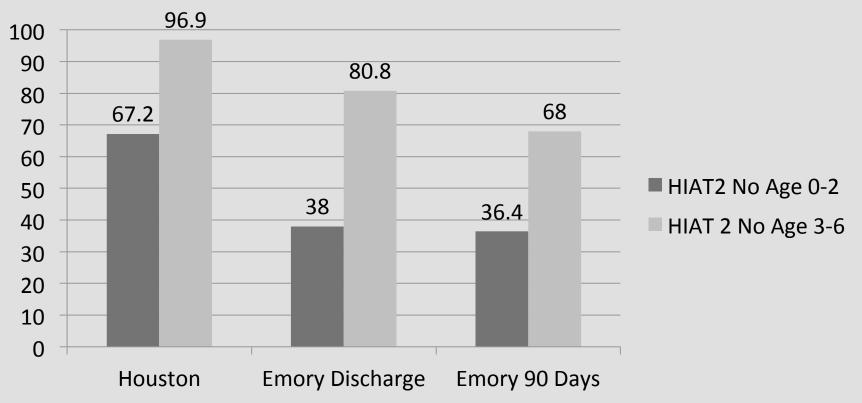




# "Ageless" HIAT2



# Percentage of Patients with mRS 4-6 based on Ageless HIAT2



#### HIAT2



Quick assessment

Combine clinical and radiographic variables

Reliable tool in patients selection for IAT

#### How to use the score



- Patients selection vs. triaging
- Family discussions in ED
- Excluding patients with HIAT2 ≥8
- Utility in excluding patients who would do poorly rather than predicting the ones who may do well

#### How about other scores



All helpful to an extent

 Depends heavily on history taking which may not be available in ED

Do not include both imaging and clinical variables

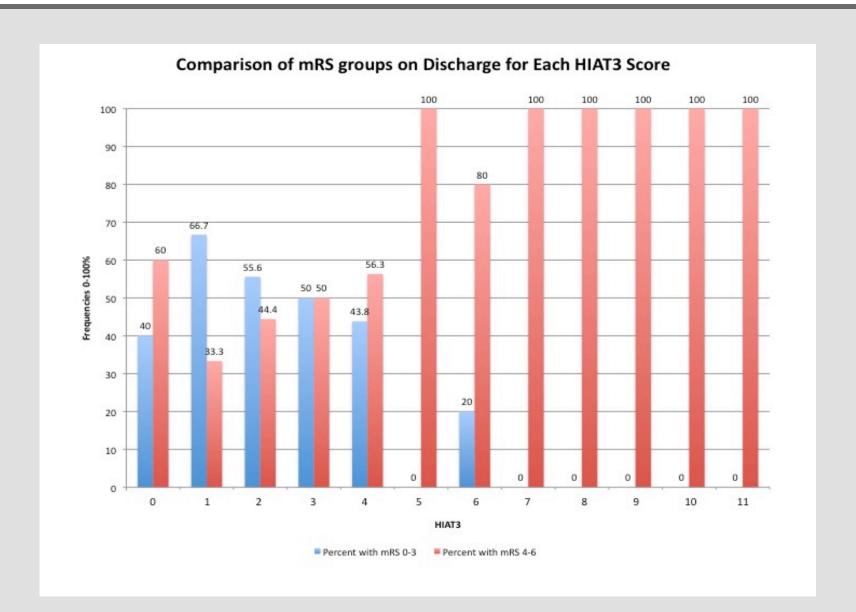
# **Future steps**



Age ≤ 59 = 0 points 60-79 = 2 pts ≥ 80 = 4 pts	NIHSS  ≤ 10 = 0  points  11-20 = 1 pt  ≥ 21 = 2 pts	CTA Collateral Score  0-1= 1 pt 2-3 = 0
Glucose < 150 = 0 points ≥ 150 = 1 pt	ASPECTS  8-10 = 0  points  ≤ 7 = 3 pts	<u>Score</u> 0-11

# **Future steps**





# **Future Steps**



Patient selection in future clinical trials

 Analyzing results from recently published RCTs based on HIAT2 (IMS III and MR-RESCUE) as well as SWIFT data