Author’s response to reviews

Title: REPERFUSION THERAPY IN ACUTE ISCHEMIC STROKE: DAWN OF A NEW ERA?

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REPLY TO THE REVIEWERS

As a first note, we would like to express our sincere gratitude for the efforts and work done by the editor and both the reviewers. The comments we received helped us revise the manuscript and improve it significantly. We have made our best efforts to address all the issues raised by the reviewers.

Our answers to the comments will be presented point by point (specific comments marked by C#: and answer by A#):

EDITOR

C#1: If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations should be provided in the Declarations.

A#1: Thank you for your feedback. As per the suggestion, we have included a list of abbreviations in the “Declarations” section and they have been defined in the text at the first use.

C#2: Please remove the Figures from the main manuscript, as the Figures have already been uploaded as separate files.
Please provide figure titles/legends under a separate heading of 'Figure Legends' after the References. If Figure titles/legends are within the main text of the manuscript, please move them.

Figure files should contain only the image/graphic, as well as any associated keys/annotations. If titles/legends are present within the figure files, please remove them.

A#2: Figures have now been removed from the main manuscript. Figure Legends have been moved after the References.

C#3: At this stage, please upload your manuscript as a single, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

A#3: We have uploaded the manuscript as a single, clean version after including the comments/suggestions made by the editor and the reviewers. Thank you for your time and valuable feedback.

REVIEWER 1

C#4: This is an excellent, well written and extremely thorough review of the current situation.

A#4: We would like to thank the Reviewer 1 for the positive feedback.

REVIEWER #2

C#5: The authors present a comprehensive review and discussion of reperfusion therapy in acute ischemic stroke.

My only comment as follows:

1. As landmark DAWN trial had just been released (Nogueira RG, Jadhav A, Haussen DC, Bonafe A, Budzik RF, ... Jovin TG et al. Thrombectomy 6 to 24 hours after Stroke with Mismatch between Deficit and Infarct. NEJM November 11, 2017.), the authors should discuss this in more detail in their manuscript instead of the current preliminary results.

A#5: We appreciate the time and effort of Reviewer 2 in critical review of our manuscript. We are grateful for the feedback.
As per the suggestions, we have updated the manuscript with the text/references citing the DAWN study as given below:

“Recently published DAWN trial has shown benefit of MT for an extended time window of 6-24 hours [1].”

Page 12; Section “Mechanical Thrombectomy”

“MT extends the therapeutic time-window for acute intervention up to 24 hours from stroke onset, beyond the 4.5 hour restricted time window for IVT, which is applicable to only a small number of AIS patients [1-5]”

Page 18; Section: “Phase 3 clinical trials with second-generation devices”

“DAWN study has confirmed that advanced imaging based patient selection outweighs time-based decision making in acute ischemic stroke [1]. This has major implications for treatment in acute ischemic stroke given that DAWN showed efficacy over an extended time window from 6 to 24 hours [6].”

Page 23: Section: “Extending the time window of MT beyond 6 hours”

“The workflow algorithm detailing the standard of care for IV-tPA and mechanical thrombectomy in AIS patients is shown in Figure 2 (algorithm has been updated keeping in consideration recently published DAWN study [1, 6]).”

Page 25; Section: “Conclusions, Discussions, and Future Recommendations”

“In light of recent studies in favour of imaging based selection of AIS patients for reperfusion therapy, the time window of MT may extend to 24 hours (or beyond) since symptom onset [1, 6].”

Page 26; Section: “Conclusions, Discussions, and Future Recommendations”

References


