

Confidence in Trevo™ Retriever for your approach



ASSIST Registry results¹

Over 7 in 10 cases
successful in 1 pass²



ASSIST Study

- Prospective, consecutive enrollment registry
- All-comer patient population with anterior LVO
- Core lab adjudicated—100% procedure data fully verified
- 71 sites in 11 countries
- Stryker’s Total Stroke products used on the 1st pass
- Three technique arms: SR+BGC (N=250), combination (N=697), aspiration (N=353)

First-pass TICI 2c+



Mean # of passes



90-day mRS 0-2



Clinical trial data among different studies are not directly comparable and presented for educational / observational purposes only.

1. Data shown here is preliminary late-breaking data presented by Dr. David Liebeskind at the 2022 International Stroke Conference (ISC 2022; 9–11 February, New Orleans, USA).
 2. “Successful” defined here as achieving at least TICI 2b+
 3. Data shown is for SR classic and combination arms only (N=56 subjects excluded due to inadequate imaging or due to order & sequence of treatment being impacted by angioplasty)
 4. EXCELLENT: Prospective, All-comer patient with LVO. 36 sites, 1,000 patients, sponsored by Cerenovus. Preliminary late-breaking data was presented by Dr. Raul Nogueira and team at ISC 2022.
 5. STRATIS: Prospective, Patient with pre-stroke mRS≤1, 55 sites, 984 patients, sponsored by Medtronic. Source: Mueller-Kronast, Nils H., et al. “Systematic Evaluation of Patients Treated with Neurothrombectomy Devices for Acute Ischemic Stroke.” Stroke, vol. 48, no. 10, 22 Aug. 2017, pp. 2760–2768, doi:10.1161/strokeaha.117.016456.
 6. Inclusion criteria of Pre-stroke mRS score ≤1 (immediately) prior to stroke onset

Performance of techniques using Trevo Retrievers

72%

eTICI 2b+ on first pass

58%

Early response⁷

	SR + BGC	Combination
90-Day mRS	47%	39%
0-1	58%	52%
0-2		
sICH	2.4%	1.9%
Embolization to new territory	0.4%	0.9%
Stroke related mortality	8.0%	8.9%

7. NIHSS drop of 10 pts or more from pre-procedure assessment, or NIHSS-0 or 1, assessed at day 5-7 post procedure or at discharge, whichever comes first

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