

**What should be the optimal imaging to select patients for thrombectomy beyond 3 hours: Is CTA enough or should CTP be added?**

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Acute stroke care has improved significantly during the last decade. Advances in brain imaging allow for better patient selection for thrombolysis and thrombectomy and increasing number of patients are being successfully treated. In addition, imaging is helpful in detection of abnormalities that may increase the risk of complications, especially intracranial hemorrhage (ICH). Imaging is also very helpful in allowing for patient selection beyond the traditional 4.5 hours' time-window, especially where thrombectomy is being considered. Whereas there are several modalities of imaging available in the acute stroke settings, CT and CTA are sufficient for proper patient selection in decision making for thrombectomy. A plain scan with an ASPECTS score of 6 and good collaterals on CTA are allows to proceed to thrombectomy in patients with MCA or T-occlusions. Most recent trials (with the exception of DAWN) where thrombectomy was compared to the standard of care (in treatment time windows of up to 12 hours) utilized CT and CTA as sufficient. My presentation will argue that CT and CTA are sufficient to make decisions regarding patient selection for thrombectomy beyond 3 hours from time of onset.