

Disputes & Debates: Editors' Choice

Steven Galetta, MD, FAAN, Editor
Aravind Ganesh, MD, DPhil, FRCPC, Deputy Editor
Ariane Lewis, MD, Deputy Editor
James E. Siegler III, MD, Deputy Editor

Editors' Note: Clinical Outcome After Endovascular Treatment in Patients With Active Cancer and Ischemic Stroke: A MR CLEAN Registry Substudy

In "Clinical Outcome After Endovascular Treatment in Patients With Active Cancer and Ischemic Stroke: A MR CLEAN Registry Substudy," Verschoof et al. reported that despite similar technical success, patients with active cancer who underwent endovascular thrombectomy (EVT) experienced worse functional outcomes and a higher risk of mortality 90 days poststroke than patients without active cancer. Moores and Ganesh noted that these findings are consistent with results from the ESCAPE and ESCAPE-NA1 trials and it remains unclear how to identify patients who meet existing selection criteria for EVT but have no potential for benefit from EVT because they experience active cancer. They emphasized the importance of shared decision-making in these challenging situations, particularly when workup for acute stroke uncovers a new diagnosis of cancer. Verschoof et al. responded that the ESCAPE and ESCAPE-NA1 trials included 4 patients with cancer but did not comment on whether it was active. Because of the difficulty forming conclusions about the use of EVT in patients with active cancer through observational studies, they recommended the need for a controlled trial to study EVT in patients with active cancer.

Ariane Lewis, MD, and Steven Galetta, MD
Neurology® 2022;99:174. doi:10.1212/WNL.0000000000200963

Reader Response: Clinical Outcome After Endovascular Treatment in Patients With Active Cancer and Ischemic Stroke: A MR CLEAN Registry Substudy

Margaret E. Moores (Calgary, Alberta) and Aravind Ganesh (Calgary, Alberta)
Neurology® 2022;99:174–175. doi:10.1212/WNL.0000000000200964

We thank the authors for their contribution to an improved understanding of efficacy and complications of endovascular treatment (EVT) in patients with active malignancy.¹ The findings of the study that patients with active cancer experienced worse outcomes after EVT, even with favorable prestroke function and technical success, is in agreement with data from the ESCAPE and ESCAPE-NA1 trials of EVT. In both these trials, we found that experiencing comorbid cancer was strongly associated with poor functional outcomes according to the modified Rankin scale score in patients at 90 days, despite achieving small final infarct volumes after EVT.^{2,3} While these data can help us adjust our expectations regarding post-EVT outcomes in patients with cancer, it remains challenging to identify a subset of these patients for whom EVT would be definitively futile, or even harmful, to justify withholding acute therapy—assuming they are otherwise eligible. In our clinical experience, we have found that treatment decisions become especially complex when the acute stroke evaluation unexpectedly uncovers a potential malignancy, such as an intracranial metastasis. Shared decision-making strategies have proven helpful in such settings, making the uncertain variables clear to the patient or their proxies.⁴

Author disclosures are available upon request (journal@neurology.org).

1. Verschoof MA, Groot AE, de Bruijn SFTM, et al. Clinical outcome after endovascular treatment in patients with active cancer and ischemic stroke: a MR CLEAN registry substudy. *Neurology*. 2022;98(10):e993-e1001. doi:10.1212/WNL.0000000000013316.
2. Ganesh A, Menon BK, Assis ZA, et al. Discrepancy between post-treatment infarct volume and 90-day outcome in the ESCAPE randomized controlled trial. *Int J Stroke*. 2021;16(5):593-601. doi:10.1177/1747493020929943.
3. Ganesh A, Ospel JM, Menon BK, et al. Assessment of discrepancies between follow-up infarct volume and 90-day outcomes among patients with ischemic stroke who received endovascular therapy. *JAMA Netw Open*. 2021;4(11):e2132376. doi:10.1001/jamanetworkopen.2021.32376.
4. Lazaridis C. End-of-life considerations and shared decision making in neurocritical care. *Continuum (Minneapolis)*. 2018;24(6):1794-1799. doi:10.1212/CON.0000000000000673.

Copyright © 2022 American Academy of Neurology

Author Response: Clinical Outcome After Endovascular Treatment in Patients With Active Cancer and Ischemic Stroke: A MR CLEAN Registry Substudy

Merelijne A. Verschoof (The Hague), Adrien E. Groot (Amsterdam), Sebastiaan F.T.M. de Bruijn (The Hague), Bob Roozenbeek (Rotterdam, the Netherlands), H. Bart van der Worp (Utrecht, the Netherlands), Diederik W.J. Dippel (Rotterdam, the Netherlands), Bart J. Emmer (Amsterdam), Stefan D. Roosendaal (Amsterdam), Charles B.L.M. Majoie (Amsterdam), Yvo B.W.M. Roos (Amsterdam), and Jonathan M. Coutinho (Amsterdam)
Neurology® 2022;99:175. doi:10.1212/WNL.0000000000200965

We thank Moores and Ganesh for their comments on our research¹ and for drawing our attention to their 2 studies.^{2,3} Both these studies report on 4 patients with cancer, but do not state whether the cancer was active. It is difficult to obtain conclusive evidence from observational studies. We actually need an estimate of the interaction of cancer with treatment effect in a controlled trial. We also agree that when uncertainties remain, shared decision-making is essential. Hopefully, our studies will provide some needed insight into the treatment responses and outcomes of this challenging group of patients with active cancer.

1. Verschoof MA, Groot AE, de Bruijn SFTM, et al. Clinical outcome after endovascular treatment in patients with active cancer and ischemic stroke: a MR CLEAN registry substudy. *Neurology*. 2022;98(10):e993-e1001. doi:10.1212/WNL.0000000000013316.
2. Ganesh A, Menon BK, Assis ZA, et al. Discrepancy between post-treatment infarct volume and 90-day outcome in the ESCAPE randomized controlled trial. *Int J Stroke*. 2021;16(5):593-601. doi:10.1177/1747493020929943.
3. Ganesh A, Ospel JM, Menon BK, et al. Assessment of discrepancies between follow-up infarct volume and 90-day outcomes among patients with ischemic stroke who received endovascular therapy. *JAMA Netw Open*. 2021;4(11):e2132376. doi:10.1001/jamanetworkopen.2021.32376.

Copyright © 2022 American Academy of Neurology

CORRECTION

Funding the Educational Mission in Neurology

Neurology® 2021;99:175. doi:10.1212/WNL.0000000000013013

In the Views & Reviews article “Funding the Educational Mission in Neurology” by Greer et al.,¹ the third author’s name should have been listed as “Diego Torres-Russotto.” The authors regret the error.

Reference

1. Greer DM, Moeller J, Torres DR, et al. Funding the educational mission in Neurology. *Neurology*. 2021;96(12):574-582.

Author disclosures are available upon request (journal@neurology.org).

Neurology®

Funding the Educational Mission in Neurology
Neurology 2022;99;175 Published Online before print October 29, 2021
DOI 10.1212/WNL.00000000000013013

This information is current as of October 29, 2021

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/99/4/175.2.full
References	This article cites 1 articles, 1 of which you can access for free at: http://n.neurology.org/content/99/4/175.2.full#ref-list-1
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2021 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

