

Propositions

1. Endovascular thrombectomy for anterior circulation acute ischemic stroke due to large vessel occlusion is now established to be an effective, efficient and safe treatment (this thesis).
2. In the setting of acute ischemic stroke due to large vessel occlusion, earlier reperfusion leads to better outcomes (this thesis).
3. Perfusion imaging does not improve patient selection for endovascular thrombectomy in the early time window (this thesis).
4. The effect of endovascular thrombectomy is not dependent on patients' age, sex, site of occlusion, early versus late treatment, and left versus right hemisphere stroke (this thesis).
5. Assuming average workflow at both primary and comprehensive stroke centre (CSC), patients with suspected large vessel occlusion, that are within 60 minutes of a CSC, should be directly taken there bypassing the primary stroke centre (this thesis).
6. There is clear benefit of endovascular thrombectomy up to 24 hours from onset of symptoms in carefully selected patients (Nogueira et al., *N Engl J Med.* 2018;378:11-21).
7. While the process of patient consent remains paramount in medical research following the principles of autonomy, for research involving time sensitive conditions affecting cognition such as acute stroke, we need to work together to build trust among all stakeholders to facilitate greater acceptance of deferral/waiver of consent.
8. Tenecteplase before thrombectomy is associated with a higher incidence of reperfusion and better functional outcome than alteplase among patients with ischemic stroke treated within 4.5 hours after symptom onset (Campbell et al; *N Engl J Med.* 2018;378:1573-1582).
9. To realize the full benefit of endovascular therapy on a population level, delivery of the treatment should be regionally centralized.
10. The benefit of endovascular therapy is strongly associated with increasing degrees of reperfusion.
11. Without data you are just another person with an opinion (Edward Denning).