

# Current Updates in Neurology and Neuroscience

Author Response

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**Article Title:** Lower Door to Needle Times – Is it the Pace that Kills?

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## Author Response

Dear Editor,

Firstly, I would like to thank the reviewer for taking the time to review the submission and for his comments.

The statistics for onset to needle time (OTN) are shown in Figure 4. There is a trend toward decreasing OTN time from 135 minutes in 2009 to 110 minutes in 2015. However, these changes are not significant ( $p = 0.2$ ) and show little variation.

This is again discussed later in the article – we have a low mean OTN time (around 120 minutes) and this of course leads to better outcomes, but there aren't any significant changes over the years of our study.

The reviewer asks for better coverage the interventions at our treatment centre. These changes are well documented in other publications from our centre and we have referenced the appropriate articles. To cover all of the interventions in detail would make the article significantly lengthier and more cumbersome. In the discussion segment we have highlighted the value of departmental discussions for physicians and the 'stroke school' for nurses and other healthcare personnel as key interventions in reducing in-hospital mortality.

The reviewer has astutely pointed out that the statistics for endovascular therapies aren't included in this paper. The patients included in this study were treated using endovascular techniques if a large vessel occlusion (LVO) was seen on CT Angiography. The majority of the patients didn't have an LVO. 102 from our cohort were treated using endovascular techniques for an LVO. This has been added to the results segment of the submission.

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The length of hospital stay for each patient is a crucial quality indicator as the reviewer points out. This dataset is something we hadn't focused on in the earlier years of the study period and is missing from our analyses. The retrospective nature of the data collection is a weakness of our study as we have pointed out in the discussion segment of the submission.

The number of Stroke Alerts would be a valuable dataset, as the review has astutely pointed out, however this information isn't available for the entirety of the study period. During parts of the study period, in particular 2013 and 2014, we had IVT treatment percentages as high as 42% at our treatment centre. These data aren't shown in this paper, but are published in other works from our centre.

All IVT treated patients were included, even those presenting with symptoms during their hospital stay in other departments.

I hope that this response adequately addresses the reviewer's comments and concerns.

Yours Sincerely,  
Rajiv Advani