ALSAVA® 30

Edaravone 30 mg/ 20 mL

FASTER RESPONSE, BETTER RECOVERY

ZISTDARU

"Safety of Edaravone in acute ischemic stroke: A systematic review and meta-analysis" [1]

This systematic review and meta-analysis encompassed randomized controlled trials and observational studies, exploring the use of Edaravone with standard stroke treatment versus standard stroke treatment alone among patients with AIS.

Primary outcome: Mortality

Secondary outcomes: Neurologic safety outcomes (intracerebral hemorrhage, hemorrhagic transformation) and systemic safety outcomes (renal and hepatic impairment, other adverse drug reactions).

- ***Fifteen studies,*** including a total of ***15,654 participants*** were analyzed. Of these, 81.5% received Edaravone.
- Edaravone was administered ***intravenously***, typically at a dose of ***30 mg twice a day for 3 to 14 days.***
- The administration window for Edaravone ranged from within ***24 to 72 hours after stroke onset.***
- Some investigators opted to administer it ***immediately after alteplase infusion.***

Results:

- Edaravone treatment was associated with a significantly reduced risk of mortality compared to control (RR 0.63, p<0.00001).
- Among ischemic stroke patients given reperfusion therapy, Edaravone treatment was associated with lower risk of intracerebral hemorrhage, symptomatic intracerebral hemorrhage and hemorrhagic transformation, however results were not statistically significant.

Clinical Effects of Early Edaravone Use in Acute Ischemic Stroke Patients Treated by Endovascular Reperfusion Therapy [2]

In this retrospective observational study in Japan, patients with acute ischemic stroke treated by emergent endovascular reperfusion therapy were identified and dichotomized by whether ***Edaravone was used within 2 days of admission.***
Primary outcome: Functional independence (defined as a score of 0, I, or 2 on the mRS) at hospital discharge.
Secondary outcomes: In-hospital mortality and ICH occurring after admission.
Results:
Of ***II508 patients*** eligible for analysis, ***I028I (89.3%) received edaravone therapy.***

Outcomes		Control Group (n=I227)	Edaravone Group (n=I0 28I)	Adjusted Odds Ratio (95% CI)	*P* Value
Primary outcome	Functional independence at hospital discharge	3I8 (25.9%)	3320 (32.3%)	I.2I (I.03 – I.4I)	0.0I9
Secondary outcomes	In- hospital mortality	2I3 (I7.4%)	I0I3 (9.9%)	0.52 (0.43– 0.62)	<0.00I
	ICH after admission	33 (2.7%)	I47 (I.4%)	0.55 (0.37 – 0.82)	0.003

This retrospective suggested **combination therapy with edaravone** and endovascular reperfusion therapy could be a **promising therapeutic strategy** in acute ischemic stroke.

1: Badillo, S. P. J. and J. C. Navarro (2023). "Safety of edaravone in acute ischemic stroke: A systematic review and meta-analysis." Neurology Asia 28(I).

2: Enomoto, M., et al. (2019). "Clinical effects of early edaravone use in acute ischemic stroke patients treated by endovascular reperfusion therapy." Stroke 50(3): 652-658.

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