Response to Letter by Toni et al

Response:

We thank Dr Toni and colleagues for their insightful comments. We acknowledge that no clinical stroke syndrome is pathophysiologically pure, that the TOAST classification of stroke mechanism is imperfect, and that a better system is needed, yet this should not be a barrier to the development and testing of putative therapies.

The main purpose of our article was to quantify the accuracy of a syndromic diagnosis of lacunar stroke within the first 6 hours of symptom onset, given the difficulties associated with establishing a causative mechanism early on when treatment is most likely to be effective. We concluded that an OCSP LACS diagnosis made within 6 hours of stroke onset is reasonably predictive of a final diagnosis of “small vessel (lacunar)” disease made using TOAST criteria and has a similar relationship to outcome at 3 months. We believe that this information is of value in the design of clinical trials of acute-phase interventions because it can be used to help balance the different treatment arms of a trial with strokes that have a distinctly better natural history than other subtypes.

Disclosures

None.

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(Stroke. 2008;39:e153.)
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Stroke is available at http://stroke.ahajournals.org

DOI: 10.1161/STROKEAHA.107.510743
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Stroke. 2008;39:e153; originally published online August 7, 2008; doi: 10.1161/STROKEAHA.107.510743

Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/39/10/e153