Clot retrieval and acute stroke care

In reply: We thank Bagot and colleagues for their comments on our article,[1] and for providing further background information about the Victorian Stroke Telemedicine (VST) program and how it enables not just endovascular clot retrieval (ECR), but intravenous thrombolysis and neurological input for patients in regional Victoria.

Their experience and the numbers they provide emphasise the need to focus on basic, high quality stroke care for all patients — over the past 2 years, an average of less than one patient per week required transport for ECR. In comparison, more patients (an average of two per week) have benefited from an accurate diagnosis of "not stroke" since the beginning of VST.

In a big country like Australia, telestroke and, more generally, telemedicine could assist in providing more equitable access to the latest evidence-based care in regional and rural areas. However, the tyranny of distance will always exist for medical interventions that require patients to be transported in a very limited time window, such as ECR. The disparate physical size of each hospital jurisdiction in Australia provides challenges that may be difficult to overcome even with national coordination.

The key test to justify systematic adoption of any new innovation is its potential benefit in relation to the overall cost. We look forward to seeing the result of Bagot and colleagues' analysis of VST's cost effectiveness and its role in improving stroke care for every patient.

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1 Hwang YT, Gawarikar Y. Clot retrieval and acute stroke care. *Med J Aust* 2017; 206: 333-334. https://www.mja.com.au/journal/2017/206/8/clot-retrieval-and-acute-stroke-care ■