New Hanover Regional Medical Center

Comprehensive Stroke Center

TNK Initial Experience

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Background

- Advantages

a. Quick bolus, ease of use

b. Longer half life

c. Fibrin selective

- Interest in TNK developed after recent studies showed benefit or at least noninferiority to alteplase.
- Planning sessions began Fall 2019.
- AHA/ASA guidelines revised.
- After ISC, protocols and order sets went live March 2020. Specifically targeting potential endovascular patients

Process

Simplified process:

- 2 groups identified: mild stroke and suspected/confirmed LVO (0-4.5hr window)
- Pitstop- Neuro to pharmacy --> possible TNK
- No contraindications--> Lytics given after CTH

Data

- **52 patients treated with TNK (50% of lytics given)**
- **60% go to IR**

	Pre-TNK	Post-TNK
DTN (median)	30 min	22 min
% treated < 30 min	50%	61%
DTG (median)	58 min	53 min
DTR (median)	78 min	68 min
% Door to first pass < 90min	70%	84%

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Data (cont)

- 1 pt treated in 4.5-9hr window
- 3 stroke mimics
- 10% have complete or partial recanalization
- All EVT had TICI 2b or 3
- 6 patients with tandem occlusions necessitating EVT+CAS (Acute CAS protocol)
- No ENT
- 1 thrombus migration
- 1 sICH
- 3 deaths (83,86,93 all opted for hospice care)
- mRS 0-2: 88% (most recent)

Conclusion and Future Direction

- **Anecdotally very well received by staff**
- **Reduced treatment times**
- **So far shown to be safe and efficacious**

- **Continue current protocols 2020. Review internal/external data.**
- **Transition to TNK for all 2021**
- **Phase out “Drip n Ship” → Promote “Push n Pass”**

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