

Medical Journal of Australia Manuscript submission template

Type of article See Types of articles published by the MJA	Response to Letter to the Editor
Title	Clot retrieval in acute stroke

Abstract	
Articles requiring a descriptive 15-word introductory line are: Perspectives, Ethics and law, Reflection and History articles, and Editorials.	
For these article types, please also supply a 100-word (maximum) abstract. Note this is not for publication but may be used in correspondence with reviewers for the a selection of articles see MJA Instructions for authors to identify these types of articles	
Articles requiring 250-word structured abstracts are:	
Research (original) (use the headings: Objectives, Design, Setting, Participants, Main outcome measures, Results, Conclusions and Trial registration [if applicable]);	
Systematic reviews and Meta-analyses (use the headings: Objective, Study design, Data sources, , Data synthesis, Conclusions);	
Guidelines etc: (use the headings: Introduction, Main recommendations and Changes in management as result of the guideline)	
Articles requiring 250-word unstructured dot-point summary are: Narrative reviews	
Abstract word count	Not Applicable

Text	
Research reports should be written in IMRAD format (Introduction, Methods, Results and Discussion).	
Lessons from practice should be written using headings “Clinical record” and “Discussion”.	
Text word count	[227]

We would like to thank our colleagues for their comments, and providing further background information about the Victorian Stroke Telemedicine (VST) programme and how this 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 – over the last 2 years, an average of less than 1 patient per week required transport for ECR. In comparison, more patients, at an average 2 per week, have benefited from an accurate diagnosis of ‘not stroke’ since the beginning of VST.

In a huge 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 Australia. However, the tyranny of distance will always exist for medical interventions that require patients to be transported in 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 our colleagues’ analysis of VST’s cost effectiveness and its role in improving stroke care for every patient.