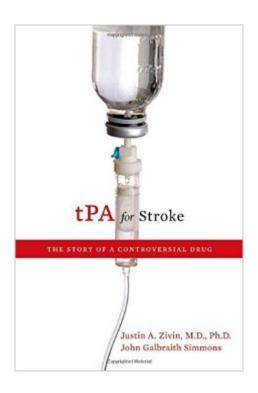
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TPA For Stroke: The Story Of A Controversial Drug





Synopsis

Without warning stroke can paralyze, blind, or kill. Some victims recover, but many do not and may even suffer another disabling or fatal attack. The drug known as tPA can drastically reduce the long-term disability associated with stroke, but despite its near-miraculous capabilities and the growing support of most neurologists, it has been slow to win acceptance as the standard of care in emergency departments nationwide. tPA for Stroke chronicles how this remarkable drug came to be tested in stroke victims, its early years in development by the pharmaceutical giant Genentech, and its eventual marginalization due to a convergence of unfavorable political, fiscal, and medical circumstances. For instance, initially many stroke specialists were unconvinced that the drug's benefits outweigh its risks (tPA was originally developed and is still used for cardiac patients). Moreover, neurologists called upon to assess stroke patients have not typically been trained to make decisions in emergency settings--and tPA must be given within a scant few hours after stroke. These and other factors have continued to delay the drug's universal acceptance as the most effective treatment available, and to hamper the general public's awareness that such a treatment exists--a troubling state of affairs that Zivin and Simmons argue must be rectified. Instilling the knowledge that anyone, at any time, is susceptible to stroke, from the old and infirm to the young and healthy, tPA for Stroke is a clarion call to awareness in a rapidly changing healthcare environment in which stroke, long a disease in thrall to resignation and pessimism, must be neglected no longer.

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Customer Reviews

While I enjoyed reading this book, I was hoping for an explanation as to why tPA in stroke was and is such a controversial issue. For any reader hoping this this would be made clear by reading this book, you may well be disappointed. That is not to say that the reasons can't be divined. Firstly, Dr Zivin's clear enthusiasm for a search for a stroke treatment that might work, seeps out of every page. You get the distinct impression that his Nobel Prize acceptance speech has already been prepared. It is this enthusiasm, on my reading, that largely explains why tPA is still under-utilized. Rather than adopt the scientific frame of mind that sets out to disprove a thesis (thus steering clear of potential cognitive biases that can infect research methodology) researches in this field seem to have abandoned this safe methodology in their enthusiasm for positive results. Consequently, when critics of tPA are mentioned in this book, there is very little intelligent analysis of why they disagree with what the authors desperately hope becomes the standard of care. For example, in discussing Dr Hoffman's influence on the debate in chapter 6, the authors cite his skepticism and distrust of pharmaceutical industry as though this is a vice rather than a virtue of the scientific methodology. The analysis of Hoffman, for what it's worth, is simply an ad hominem attack, rather than what one might have hoped for in a book purporting to be the story of tPA, some engagement with his arguments. There is none of this. The truth, whatever it is in relation to tPA in stroke, apparently cannot handle dissenting views. The authors appear to be genuinely mystified at the way science is safely advanced.

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