

Survey Report

Perception mapping of Indian Physicians on Real-World Applications of Tenecteplase: Physician Insights and Clinical Practices

Version No.: 1.1

The study was conducted according to the approved protocol and in compliance with the protocol, Good Clinical Practice (GCP), and other applicable local regulatory requirements.

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1 INTRODUCTION

Thrombolytic therapy remains a cornerstone in the management of acute cardiovascular and cerebrovascular conditions, with continuous evolution in therapeutic options and protocols. Tenecteplase, a genetically modified variant of alteplase, has emerged as a significant advancement in thrombolytic therapy, particularly in the treatment of ST-elevation myocardial infarction (STEMI) and acute ischemic stroke [1]. The molecule's enhanced fibrin specificity and longer half-life, coupled with its single-bolus administration protocol, have garnered increasing attention in clinical practice [2].

In the context of STEMI management, Tenecteplase has demonstrated non-inferior efficacy compared to alteplase, with some studies suggesting potential advantages in terms of ease of administration and reduced bleeding complications [3]. The STREAM trial notably established that pre-hospital fibrinolysis with Tenecteplase, followed by timely coronary angiography, resulted in effective reperfusion in STEMI patients presenting early after symptom onset [4].

Recent years have witnessed an expanding role of Tenecteplase in acute ischemic stroke management. The EXTEND-IA TNK trial demonstrated superior reperfusion rates with Tenecteplase compared to alteplase before thrombectomy, marking a significant advancement in stroke care protocols [5]. Furthermore, the NOR-TEST trial provided valuable insights into the safety profile of Tenecteplase in stroke patients, though emphasizing the need for careful patient selection [6].

Despite these advancements, real-world clinical decision-making regarding Tenecteplase use often involves complex considerations beyond efficacy data. Factors such as cost-effectiveness, institutional protocols, and local healthcare system capabilities significantly influence therapeutic choices [7]. The pre-hospital administration of Tenecteplase, particularly in remote settings, has shown promise in reducing time to treatment, though implementation varies considerably across healthcare systems [8].

The safety profile of Tenecteplase, while generally favorable, requires careful consideration in clinical practice. The ASSENT-2 trial established comparable safety outcomes between Tenecteplase and alteplase in acute myocardial infarction, with specific advantages in certain patient subgroups [1]. However, real-world experience

and physician perceptions regarding safety and efficacy may vary from clinical trial findings, particularly in diverse patient populations and clinical settings. This survey study aims to explore Indian physicians' perceptions, experiences, and clinical practices regarding Tenecteplase use across various therapeutic indications.

2 RATIONALE OF THE STUDY

Although Tenecteplase has demonstrated clinical efficacy in treating acute myocardial infarction and ischemic stroke, its real-world application in India remains underexplored. Variability in clinical decision-making, influenced by factors such as healthcare infrastructure, patient demographics, cost, and regional protocols, can affect its use among physicians.

This study aims to address this knowledge gap by examining the perceptions and practices of Indian physicians regarding Tenecteplase. Understanding their experiences can reveal barriers to optimal drug utilization and highlight differences between clinical guidelines and actual treatment choices in practice.

The insights gained will help inform more practical and context-specific clinical protocols, guide educational efforts, and support policy decisions related to drug availability and distribution. Ultimately, this research will contribute to bridging the gap between clinical trial evidence and real-world use, improving patient outcomes in the Indian healthcare setting.

3 STUDY OBJECTIVE

To assess the perception, practice patterns, and clinical experiences of Indian physicians regarding the use of Tenecteplase in managing acute myocardial infarction and ischemic stroke.

4 METHODS

This study employs a cross-sectional, questionnaire-based survey to assess the perceptions, practices, and clinical experiences of Indian physicians regarding the use of Tenecteplase in managing acute myocardial infarction and ischemic stroke. A structured questionnaire will be electronically distributed to a representative sample of physicians across India, including cardiologists, neurologists, and emergency medicine specialists who routinely handle acute thrombotic events. The survey consists of 15 questions designed to collect data on the onset of action of Tenecteplase, its selection rationale over other thrombolytics, perceived efficacy, safety profile, and observed complications.

The study population includes physicians experienced with Tenecteplase and actively managing myocardial infarction or ischemic stroke cases. Participants will be recruited through professional networks and medical associations, and participation will be voluntary, with informed consent obtained prior to survey completion. Data collection will prioritize anonymity and confidentiality, ensuring all responses are securely stored.

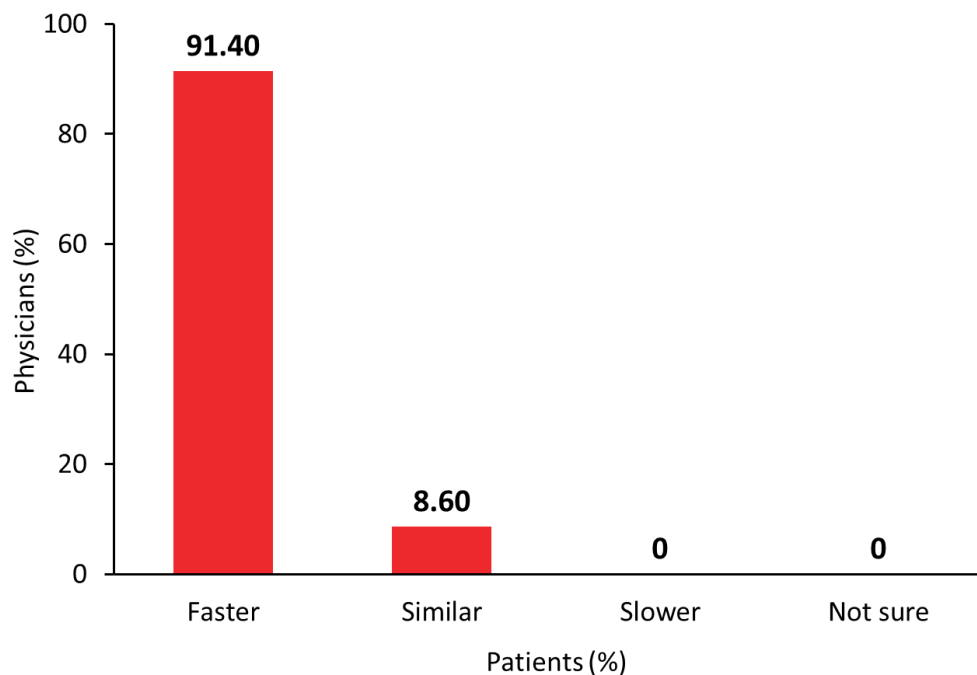
The study design does not involve interventions or direct patient care. Instead, it gathers retrospective insights into clinical experiences and practices. Statistical analysis will include descriptive statistics to summarize demographic and response data, with inferential methods like chi-square tests or logistic regression used to explore associations between physician characteristics and their perceptions or prescribing behaviors. The findings will be compiled into a comprehensive report, informing clinical guidelines and future research. Ethical approval will be obtained, adhering to the Declaration of Helsinki.

5 RESULTS

A total of 93 HCPs participated in the survey. Below is the summary of the responses.

1. Based on your clinical experience, how does the onset of action of tenecteplase compare to other thrombolytics?

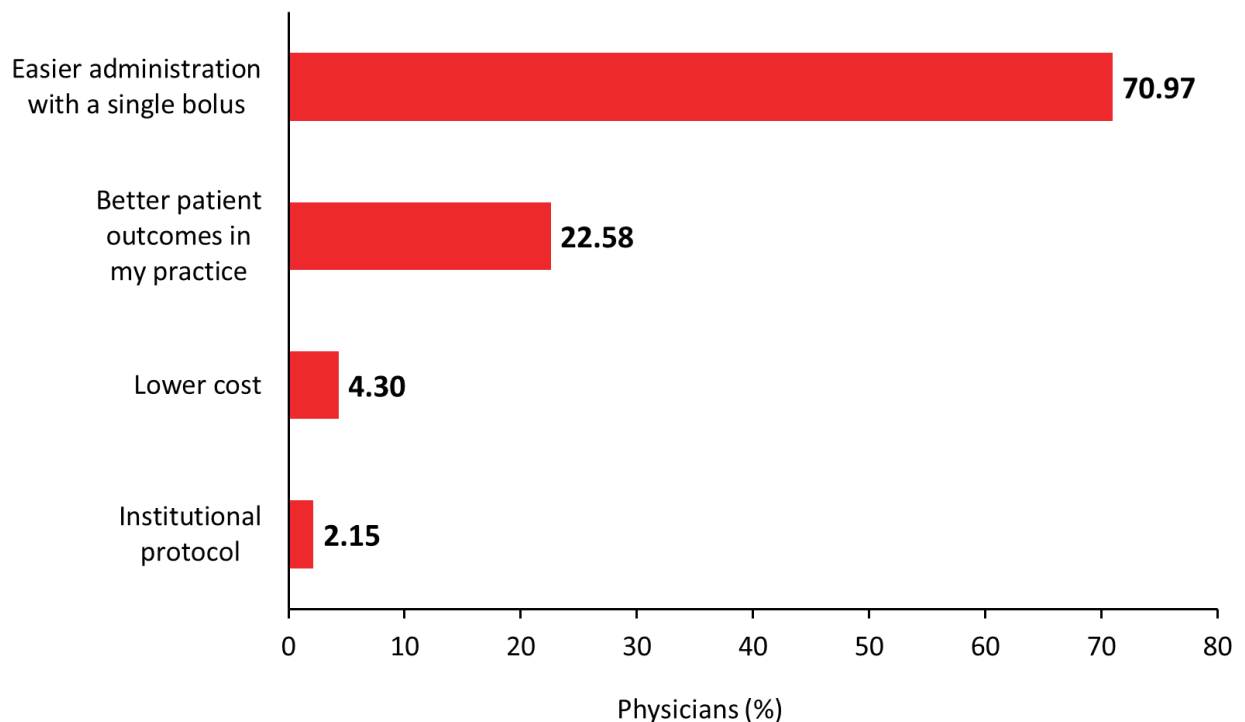
- a) Faster
- b) Similar
- c) Slower
- d) Not sure



- The majority (91.40%) of physicians observed faster onset of action of tenecteplase compare to other thrombolytics.
- About 8.60% of physicians noted slower onset of action of tenecteplase compare to other thrombolytics.
- No physicians believed slower onset of action of tenecteplase compare to other thrombolytics and no one choose for not sure.

2. In your experience, what is the primary reason for choosing tenecteplase over alteplase in myocardial infarction?

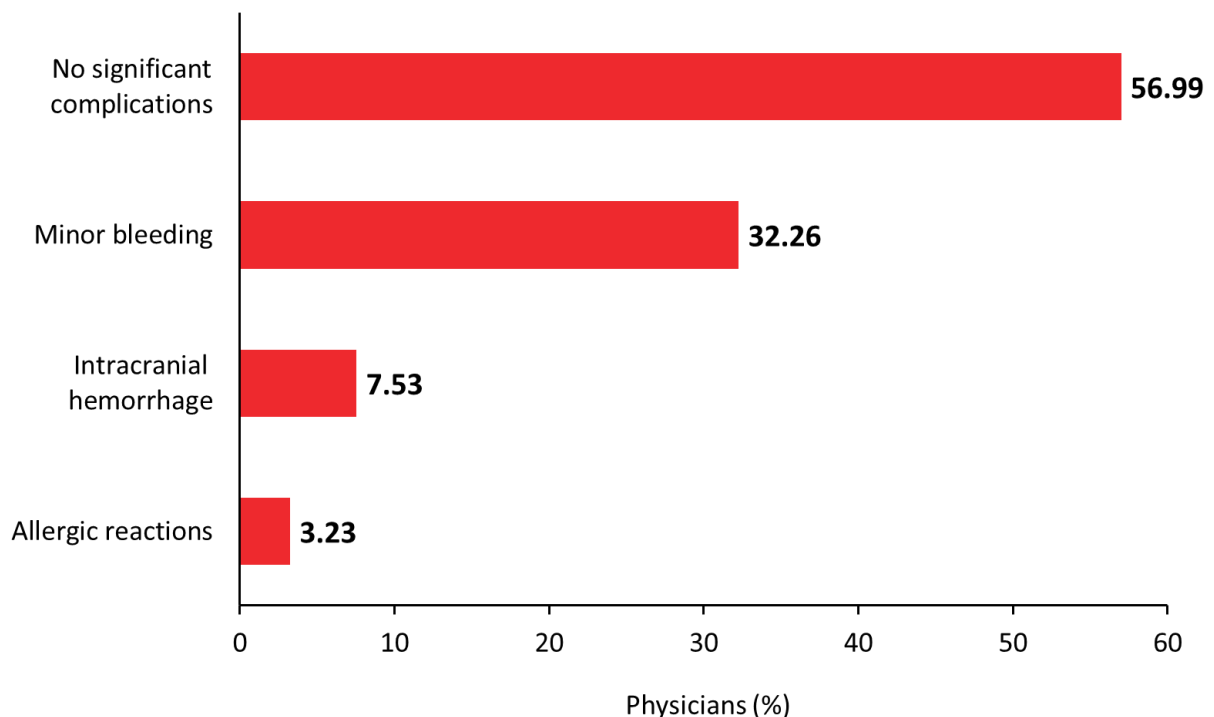
- a) Easier administration with a single bolus
- b) Better patient outcomes in my practice
- c) Lower cost
- d) Institutional protocol



- The majority (70.97%) of physicians observed easier administration with a single bolus as the primary reason for choosing tenecteplase over alteplase in myocardial infarction.
- Approximately 22.58% of physicians noted better patient outcomes in my practice as the primary reason for choosing tenecteplase over alteplase in myocardial infarction.
- While, 4.30% of physicians estimated lower cost as the primary reason for choosing tenecteplase over alteplase in myocardial infarction.
- A small proportion (2.15%) of physicians has seen institutional protocol as the primary reason for choosing tenecteplase over alteplase in myocardial infarction.

3. What is the most common complication you encounter when using tenecteplase for thrombolysis?

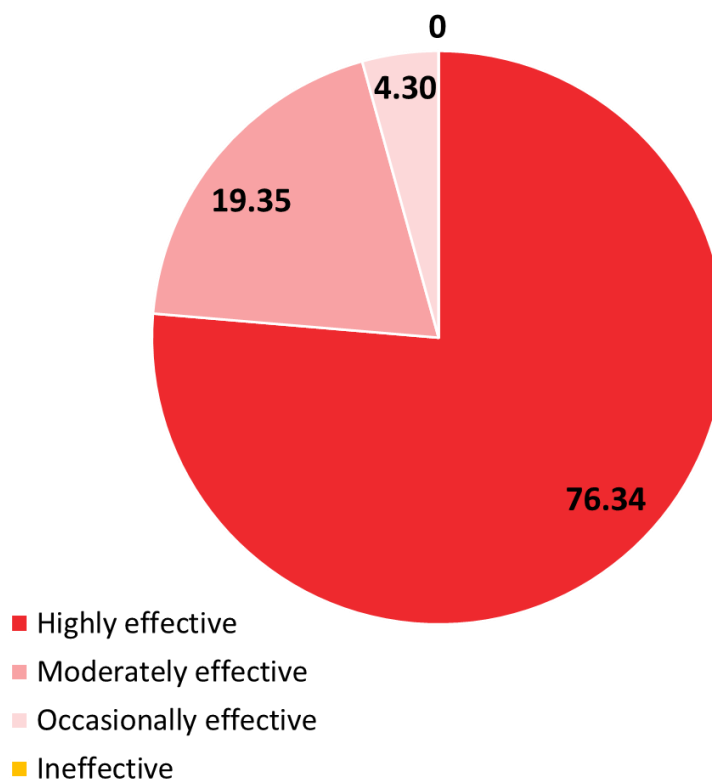
- a) Minor bleeding
- b) Intracranial hemorrhage
- c) Allergic reactions
- d) No significant complications



- The majority of physicians (56.99%) observed no significant complication encountered when using tenecteplase for thrombolysis.
- Approximately, 32.26% of physicians noted minor bleeding as the most common complication encountered when using tenecteplase for thrombolysis.
- Around 7.53% of physicians reported intracranial hemorrhage as the most common complication encountered when using tenecteplase for thrombolysis.
- A small proportion (3.23%) of physicians has seen allergic reactions as the most common complication encountered when using tenecteplase for thrombolysis.

4. Based on your clinical practice, how effective do you find tenecteplase in achieving reperfusion in STEMI patients?

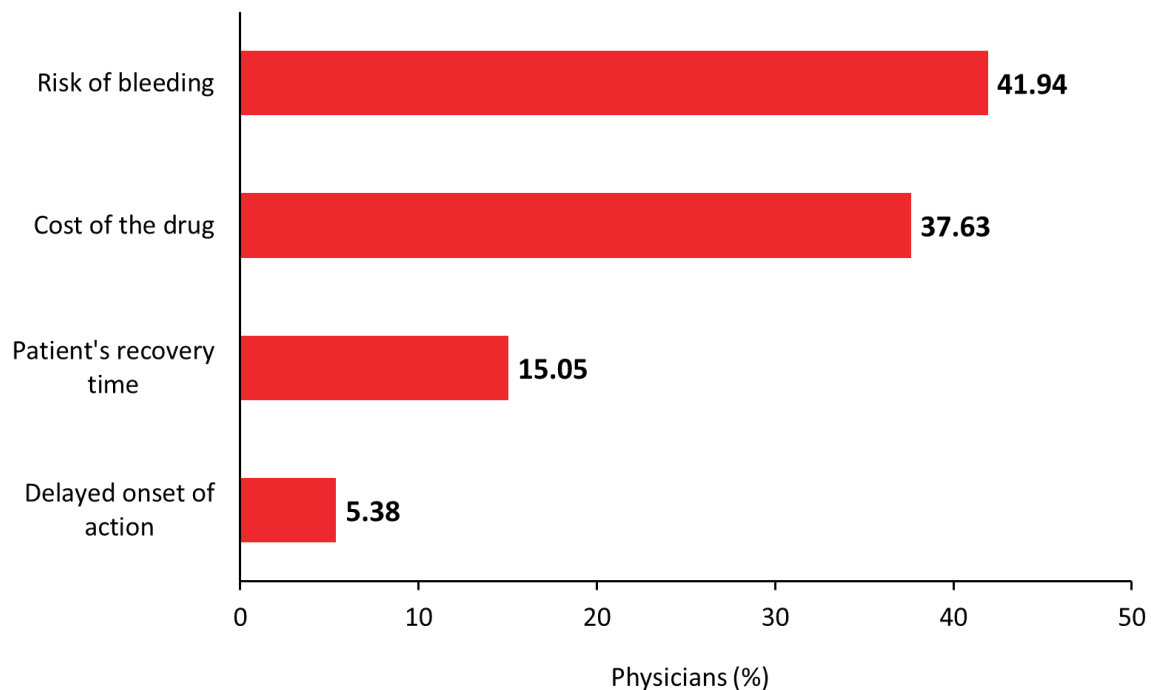
- a) Highly effective
- b) Moderately effective
- c) Occasionally effective
- d) Ineffective



- The majority (76.34%) of physicians observed tenecteplase as highly effective in achieving reperfusion in STEMI patients.
- Approximately, 19.35% of physicians considered tenecteplase as moderately effective in achieving reperfusion in STEMI patients.
- Around 4.30% of physicians noted tenecteplase as occasionally effective in achieving reperfusion in STEMI patients.
- No physicians agreed to ineffective tenecteplase in achieving reperfusion in STEMI patients.

5. When using tenecteplase for stroke management, what is your most common concern?

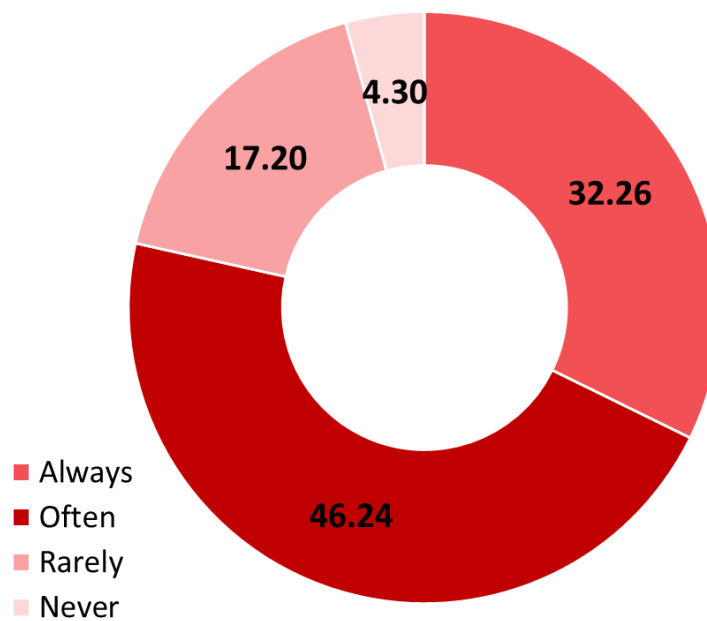
- a) Risk of bleeding
- b) Delayed onset of action
- c) Patient's recovery time
- d) Cost of the drug



- Approximately 41.94% of physicians use tenecteplase for stroke management with risk of bleeding as the most common concern.
- About 37.63% of physicians use tenecteplase for stroke management with costing of the drug as the most common concern.
- Meanwhile, 15.05% of physicians use tenecteplase for stroke management with recovery time for patient as the most common concern.
- Around 5.38% of physicians use tenecteplase for stroke management with delayed onset of action as the most common concern.

6. How often do you use tenecteplase as a bridging therapy before mechanical thrombectomy?

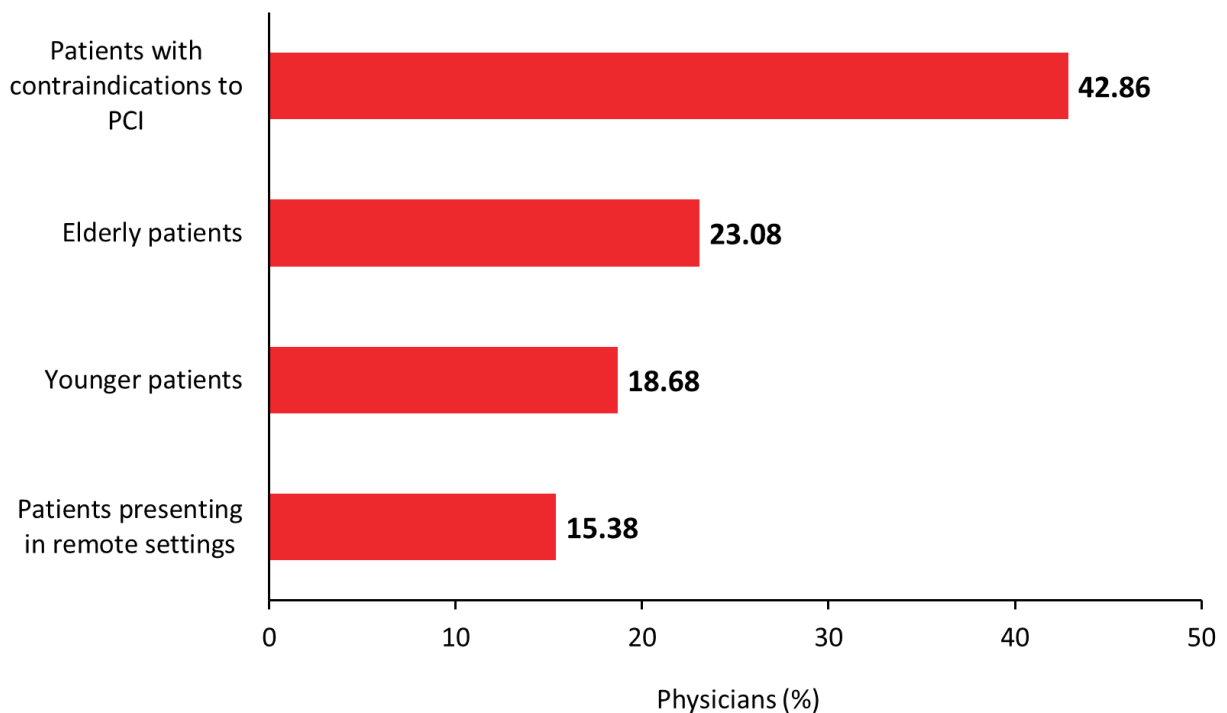
- a) Always
- b) Often
- c) Rarely
- d) Never



- Approximately, 46.24% of physicians often use tenecteplase as a bridging therapy before mechanical thrombectomy.
- About 32.26% of physicians always use tenecteplase as a bridging therapy before mechanical thrombectomy.
- Meanwhile, 17.20% of physicians rarely use tenecteplase as a bridging therapy before mechanical thrombectomy.
- Contrastly, 4.30% of physicians never use tenecteplase as a bridging therapy before mechanical thrombectomy.

7. In your practice, which patient population do you most frequently administer tenecteplase to for acute myocardial infarction?

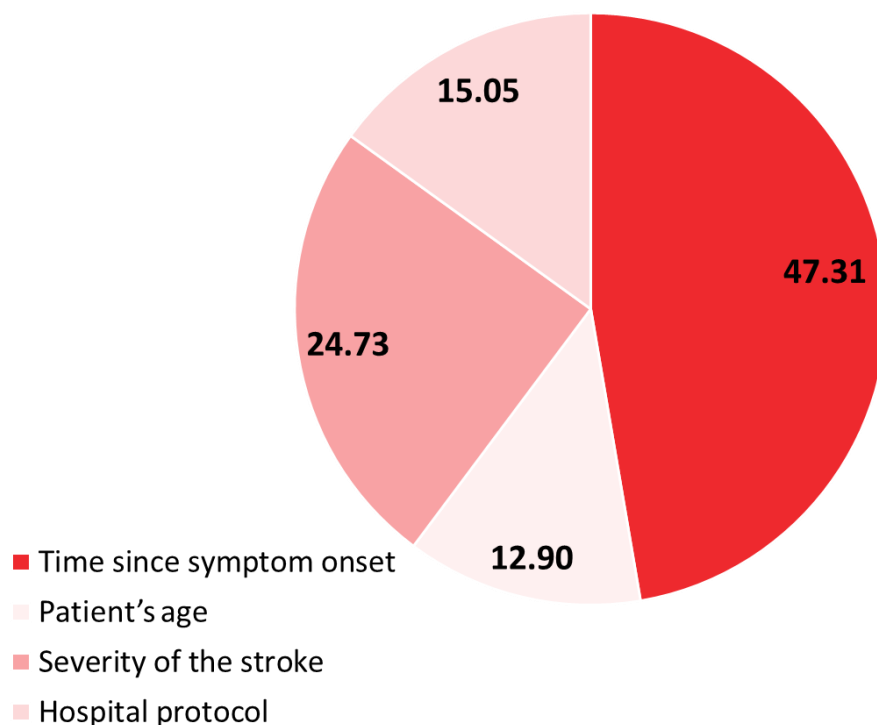
- a) Elderly patients
- b) Patients with contraindications to PCI
- c) Patients presenting in remote settings
- d) Younger patients



- Approximately, 42.86% of physicians frequently administer tenecteplase to patients with contraindications to PCI for acute myocardial infarction.
- Around 23.08% of physicians frequently administer tenecteplase to elderly patients for acute myocardial infarction.
- Contrastly, 18.68% of physicians frequently administer tenecteplase to younger patients for acute myocardial infarction.
- About 15.38% of physicians frequently administer tenecteplase to patients in remote settings for acute myocardial infarction.

8. What factor most influences your decision to use tenecteplase in stroke patients?

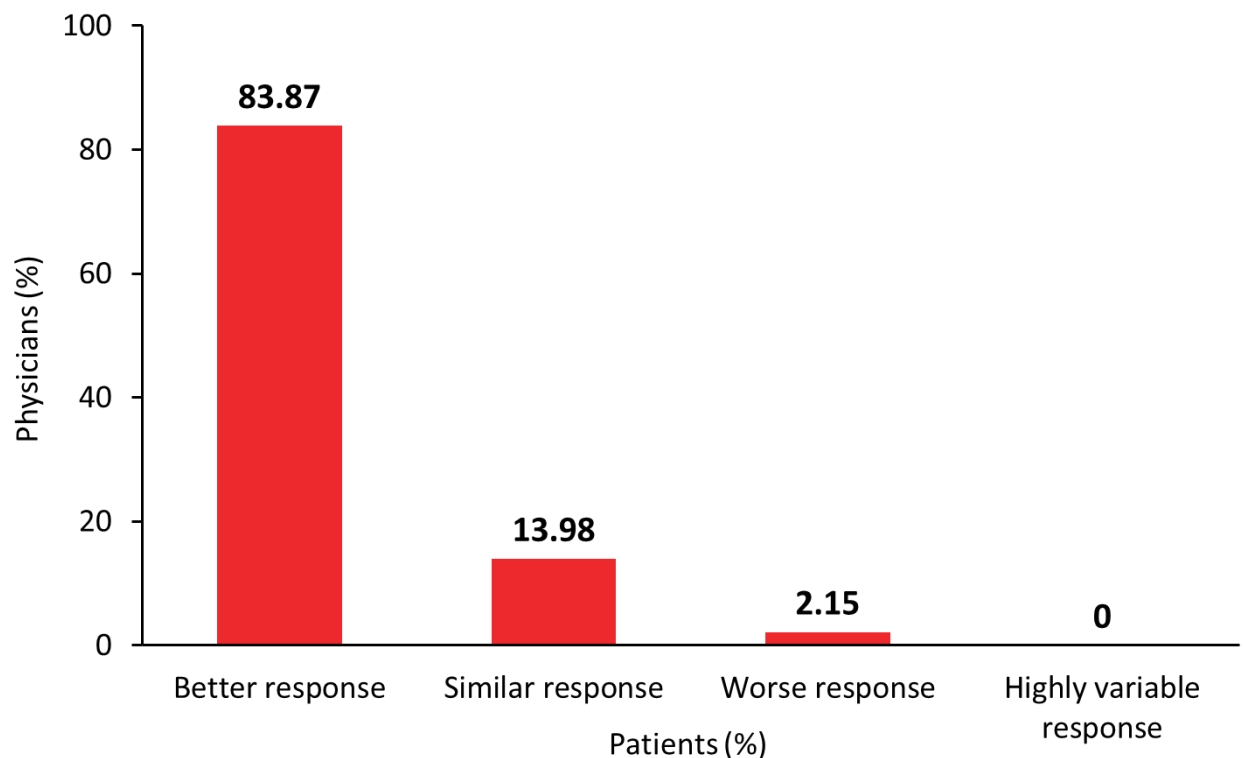
- a) Time since symptom onset
- b) Patient's age
- c) Severity of the stroke
- d) Hospital protocol



- Approximately, 47.31% of physicians see time since symptom onset as the influencing factor to use tenecteplase in stroke patients.
- Around 24.73% of physicians observed severity of the stroke as the influencing factor to use tenecteplase in stroke patients.
- About 15.05% of physicians noted hospital protocol as the influencing factor to use tenecteplase in stroke patients.
- A small proportion (12.90%) of physicians believed patients age as the influencing factor to use tenecteplase in stroke patients.

9. In your clinical experience, how do patients typically respond to tenecteplase compared to other thrombolytics?

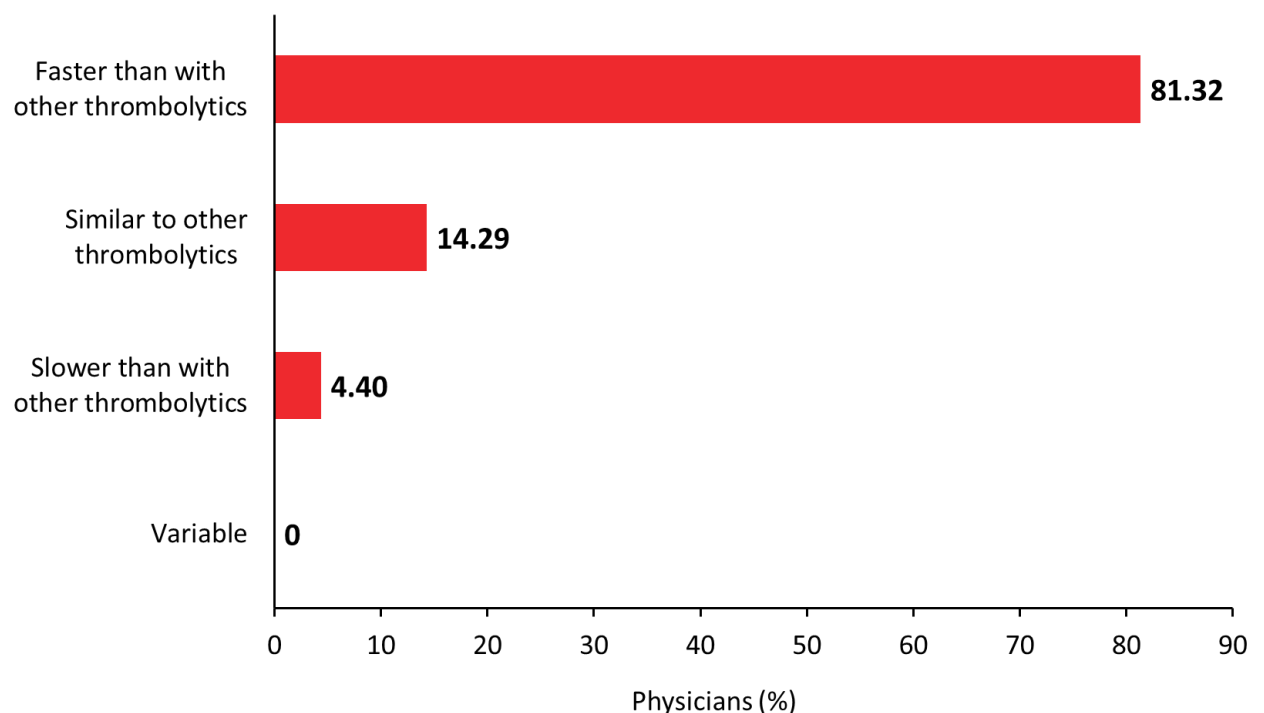
- a) Better response
- b) Similar response
- c) Worse response
- d) Highly variable response



- The majority of the physicians (83.87%) observed better response of patients to tenecteplase compared to other thrombolytics.
- About 13.98% of the physicians noted similar response of patients to tenecteplase compared to other thrombolytics.
- However, 2.15% of the physicians reported worse response of patients to tenecteplase compared to other thrombolytics.
- No physicians has seen highly variable response of patients to tenecteplase compared to other thrombolytics.

10. What is your experience with patient recovery times following tenecteplase administration for myocardial infarction?

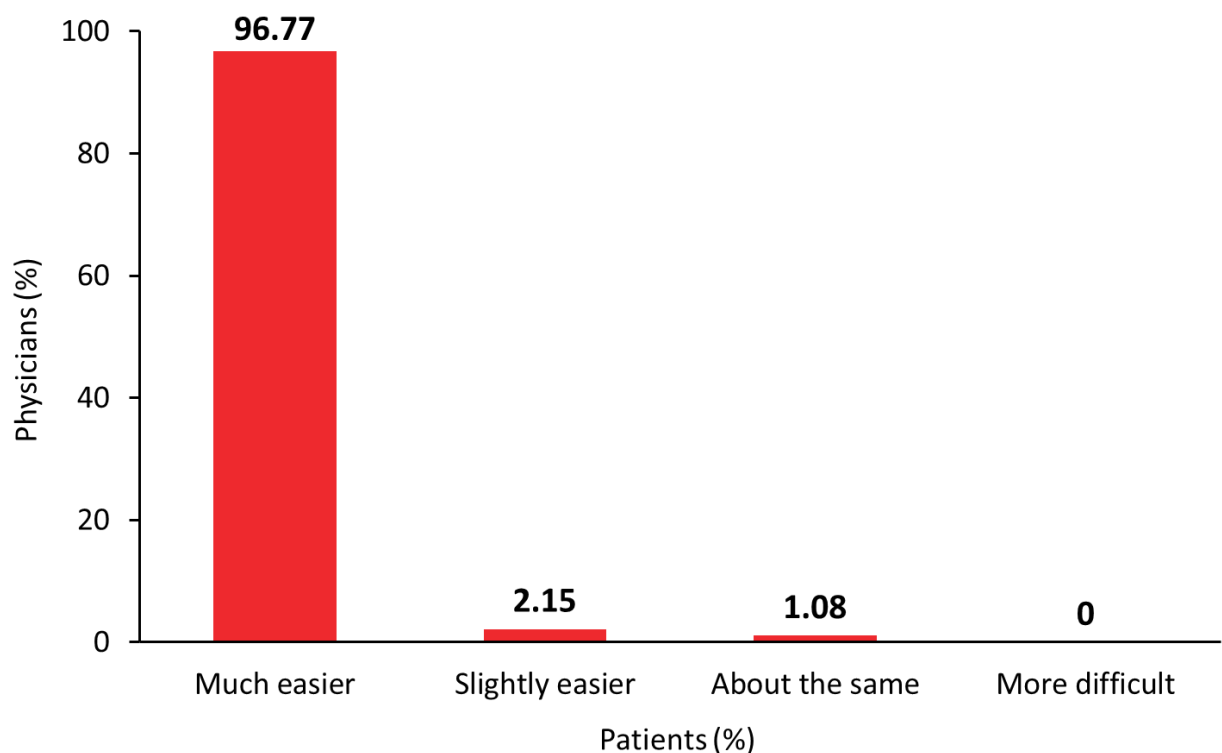
- a) Faster than with other thrombolytics
- b) Similar to other thrombolytics
- c) Slower than with other thrombolytics
- d) Variable



- The majority (81.32%) of physicians experienced faster patient recovery with tenecteplase compared to other thrombolytics for myocardial infarction.
- About 14.29% of physicians observed similar patient recovery with tenecteplase compared to other thrombolytics for myocardial infarction.
- Around 4.40% of physicians noted less patient recovery with tenecteplase compared to other thrombolytics for myocardial infarction.
- No physician agree to variable patient recovery with tenecteplase compared to other thrombolytics for myocardial infarction.

11. How do you rate the ease of administration of tenecteplase compared to alteplase in your practice?

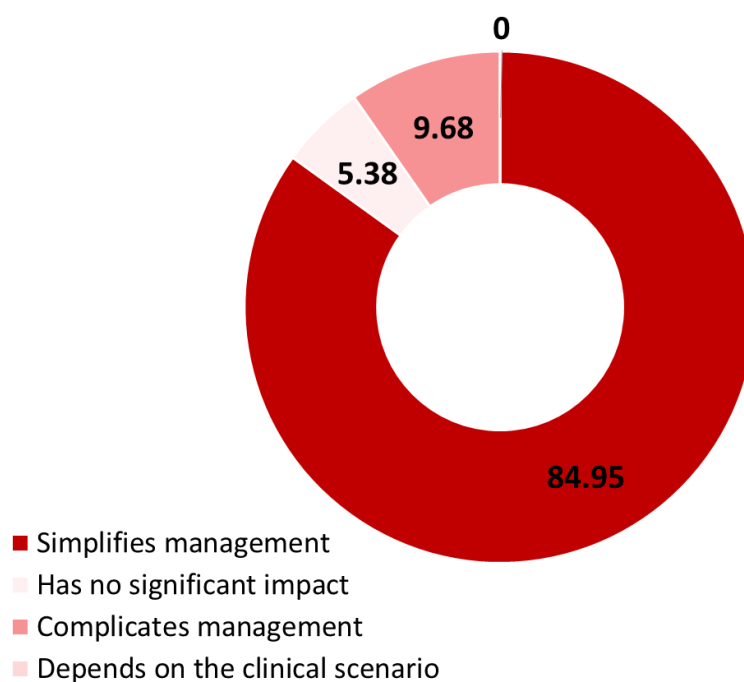
- a) Much easier
- b) Slightly easier
- c) About the same
- d) More difficult



- The majority (96.77%) of physicians experienced much easier administration of tenecteplase compared to alteplase in their practice.
- About, 2.15% of the physicians noted slightly easier administration of tenecteplase compared to alteplase in their practice.
- Approximately, 1.08% of the physicians observed the same administration of tenecteplase compared to alteplase in their practice.
- No physician found more difficulty in administration of tenecteplase compared to alteplase in their practice.

12. In your experience, how does the use of tenecteplase impact the overall patient management in acute care settings?

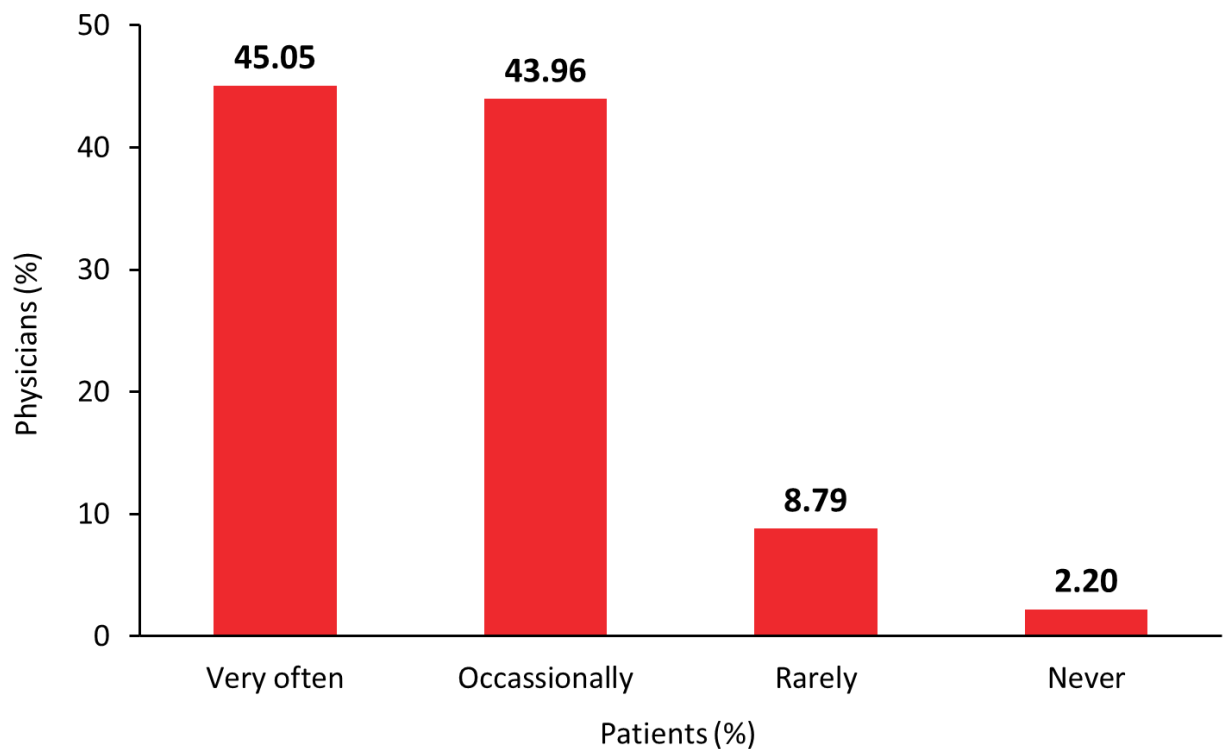
- a) Simplifies management
- b) Has no significant impact
- c) Complicates management
- d) Depends on the clinical scenario



- According to the majority (84.95%) of physicians tenecteplase simplifies the patient management in overall acute care settings.
- About 9.68% of the physicians reported that tenecteplase complicates patient management in overall acute care settings.
- Similarly, 5.38% of the physicians stated that they see no significant impact of tenecteplase in overall acute care settings patient management
- No physicians agree to the dependence on clinical scenario for tenecteplase in overall acute care settings patient management.

13. How often do you see tenecteplase being used in the pre-hospital setting for myocardial infarction?

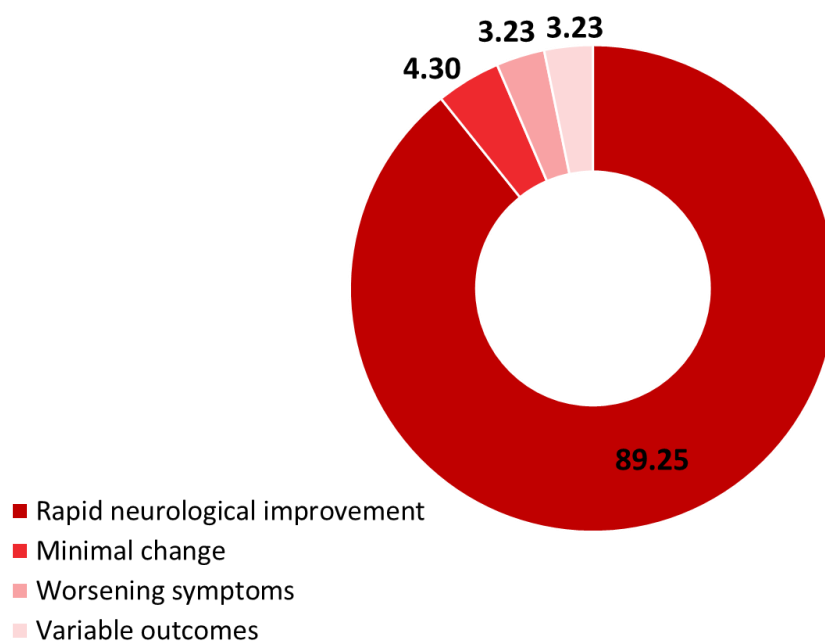
- a) Very often
- b) Occasionally
- c) Rarely
- d) Never



- About, 45.05% of the physicians used tenecteplase very often in the pre-hospital setting for myocardial infarction.
- Approximately, 43.96% of the physicians used tenecteplase occasionally in the pre-hospital setting for myocardial infarction.
- Around 8.79% of the physicians used tenecteplase rarely in the pre-hospital setting for myocardial infarction.
- A small (2.20%) portion of physicians never used tenecteplase in the pre-hospital setting for myocardial infarction.

14. What outcome do you most frequently observe in patients after administering tenecteplase for stroke?

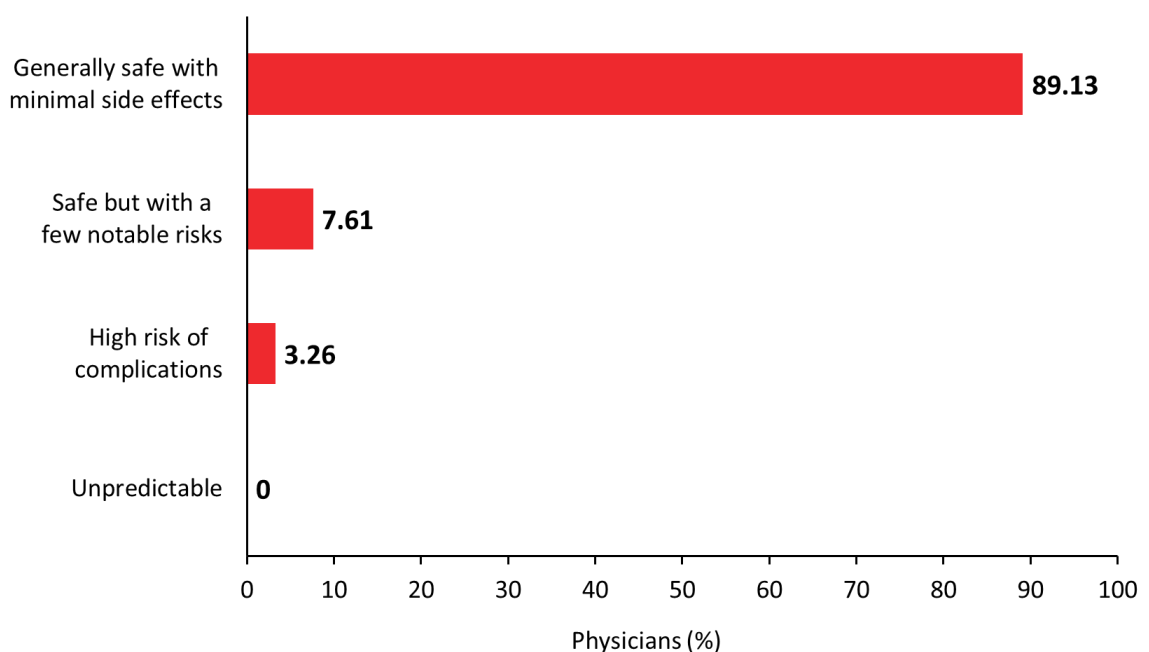
- a) Rapid neurological improvement
- b) Minimal change
- c) Worsening symptoms
- d) Variable outcomes



- The majority (89.25%) of physicians most frequently observe rapid neurological improvements in patients after administering tenecteplase for stroke.
- Around 4.30% of physicians most frequently noted minimal change in patients after administering tenecteplase for stroke.
- About two groups of 3.23% of physicians most frequently noted worsening symptoms and variable outcomes in patients after administering tenecteplase for stroke.

15. Which of the following best describes your experience with the safety profile of tenecteplase?

- a) Generally safe with minimal side effects
- b) Safe but with a few notable risks
- c) High risk of complications
- d) Unpredictable



- The majority (89.13%) of physicians experienced tenecteplase as generally safe with minimal side effects.
- Around 7.61% of physicians noted tenecteplase as safe but with a few notable risk for patients.
- About 3.26% of physicians believes tenecteplase as high risk of complications for the patients.
- No physician was unpredictable about tenecteplase with respect to its safety profile.

6 SUMMARY

The survey results highlight a strong preference for tenecteplase among physicians for various clinical settings, particularly for its faster onset of action and ease of administration. A majority (91.40%) observed a faster onset of action compared to other thrombolytics, and 70.97% cited its single-bolus administration as the primary reason for choosing tenecteplase over alteplase in myocardial infarction. Better patient outcomes were noted by 22.58%, while 4.30% and 2.15% considered lower costs and institutional protocols, respectively, as their primary motivators.

Safety and complications were also evaluated, with 56.99% of physicians reporting no significant complications when using tenecteplase. Minor bleeding was noted by 32.26%, while intracranial hemorrhage and allergic reactions were reported by 7.53% and 3.23%, respectively. Regarding efficacy, 76.34% found tenecteplase highly effective in achieving reperfusion in STEMI patients, with no respondents finding it ineffective. In stroke management, physicians expressed concerns about bleeding (41.94%), drug cost (37.63%), recovery time (15.05%), and delayed onset of action (5.38%). Many (46.24%) often used tenecteplase as a bridging therapy before mechanical thrombectomy, with 32.26% always employing it for this purpose. Additionally, 89.25% frequently observed rapid neurological improvements after its administration for stroke.

Patient response to tenecteplase was favorable, with 83.87% noting better responses compared to other thrombolytics, and 81.32% observing faster recovery in myocardial infarction cases. Physicians overwhelmingly found tenecteplase easier to administer than alteplase (96.77%), with no one reporting increased difficulty. Its utility in simplifying patient management in acute care settings was acknowledged by 84.95% of respondents. Physicians also frequently used tenecteplase in pre-hospital settings for myocardial infarction, with 45.05% using it very often and 43.96% occasionally. The drug's safety profile was deemed favorable by 89.13%, with minimal side effects, while 7.61% noted some risks, and only 3.26% considered it high risk. Overall, tenecteplase was regarded as an effective, safe, and convenient thrombolytic agent for various acute care applications.

7 DISCUSSION

Tenecteplase has been widely evaluated by physicians, with a significant majority (91.40%) reporting its faster onset of action compared to other thrombolytics. A small proportion (8.60%) noted a slower onset, while none were uncertain or found it markedly slower than alternatives. Its ease of administration, particularly as a single bolus, was cited by 70.97% of physicians as the primary reason for its preference over alteplase in managing myocardial infarction (MI). Improved patient outcomes were highlighted by 22.58% as a significant benefit, while a smaller percentage pointed to its lower cost (4.30%) or institutional protocols (2.15%) as deciding factors. Regarding safety, most physicians (56.99%) did not encounter significant complications with tenecteplase during thrombolysis. However, minor bleeding was the most common complication (32.26%), followed by intracranial hemorrhage (7.53%) and allergic reactions (3.23%). Despite these risks, its efficacy in achieving reperfusion in ST-elevation myocardial infarction (STEMI) was deemed high by 76.34% of respondents, with 19.35% considering it moderately effective and only 4.30% finding it occasionally effective. None reported it as ineffective.

Tenecteplase has also been increasingly utilized in stroke management, albeit with concerns. Risk of bleeding (41.94%) and drug costs (37.63%) were the leading concerns, followed by recovery time (15.05%) and delayed onset of action (5.38%). It is frequently used as a bridging therapy before mechanical thrombectomy, with 46.24% of physicians using it often and 32.26% using it always. Only a minority (4.30%) never utilized it for this purpose. Additionally, it is often administered to patients with contraindications to percutaneous coronary intervention (PCI) (42.86%), to elderly patients (23.08%), younger patients (18.68%), and those in remote settings (15.38%). Several factors influenced its use in stroke patients. Time since symptom onset was the most important (47.31%), followed by stroke severity (24.73%), hospital protocol (15.05%), and patient age (12.90%). In terms of response, a large majority (83.87%) observed better patient outcomes compared to other thrombolytics, while 13.98% reported similar responses, and 2.15% saw worse outcomes. Notably, most physicians (81.32%) experienced faster patient recovery with tenecteplase in MI cases compared to other thrombolytics.

The drug's administration was widely praised, with 96.77% of physicians finding it much easier to administer than alteplase. It was seen as simplifying patient management in acute care settings by 84.95%, although 9.68% noted it complicates management, and 5.38% found no significant impact. Tenecteplase was also commonly used in pre-hospital settings for MI, with 45.05% using it very often and 43.96% occasionally. In stroke patients, tenecteplase resulted in rapid neurological improvements in most cases (89.25%), with minimal change (4.30%), worsening symptoms (3.23%), or variable outcomes (3.23%) reported less frequently. Regarding safety, it was generally deemed safe with minimal side effects by 89.13%, though 7.61% observed notable risks, and 3.26% considered it high-risk.

Overall, tenecteplase is highly regarded for its efficacy, ease of use, and safety profile, making it a preferred option for thrombolytic therapy in both myocardial infarction and stroke settings.

8 CLINICAL RECOMMENDATIONS

- Tenecteplase is increasingly favored in clinical practice due to its superior ease of administration and favorable outcomes across a variety of thrombolytic scenarios.
- The majority of physicians (91.40%) report a faster onset of action compared to other thrombolytics, making it a preferred choice in time-sensitive situations like acute myocardial infarction (MI) and ischemic stroke. Its single-bolus administration, noted by 70.97% of physicians, simplifies delivery and minimizes procedural complexity, which is particularly advantageous in pre-hospital and emergency settings.
- In myocardial infarction management, tenecteplase is highly effective, achieving reperfusion in most patients. About 76.34% of physicians found it highly effective, and 19.35% deemed it moderately effective.
- This underscores its efficacy as a first-line thrombolytic. Additionally, tenecteplase demonstrates a strong safety profile, with 56.99% of physicians reporting no significant complications. While minor bleeding (32.26%) and intracranial hemorrhage (7.53%) were observed, these risks appear manageable within current protocols.
- Tenecteplase's role in stroke management is similarly promising. The majority (89.25%) of physicians report rapid neurological improvements post-administration, and 46.24% often use it as a bridging therapy before mechanical thrombectomy.
- Risk of bleeding (41.94%) and drug costs (37.63%) remain primary concerns, but its favorable recovery profile and safety make it a viable alternative to alteplase, particularly for patients where time since symptom onset is critical (47.31%).
- Its safety profile is well-regarded, with 89.13% of physicians experiencing minimal side effects. The drug's ability to simplify patient management (84.95%) and its ease of use (96.77%) also contribute to its growing adoption.
- Overall, tenecteplase is recommended as a reliable thrombolytic option for acute myocardial infarction, ischemic stroke, and related thrombotic conditions. Its rapid onset, high efficacy, and simplified administration make it a preferred choice in both hospital and pre-hospital settings.

9 CONSULTANT OPINION

Tenecteplase is widely regarded by physicians as a thrombolytic agent with numerous advantages, particularly in the management of acute myocardial infarction and ischemic stroke. A significant majority of physicians report that it has a faster onset of action compared to other thrombolytics, making it an efficient choice in time-sensitive scenarios. Its administration is considered highly convenient due to its single-bolus dosing, which simplifies acute care protocols. This ease of use is one of the primary reasons it is often preferred over alteplase, along with its ability to improve patient outcomes effectively. Clinicians frequently highlight its safety profile, noting minimal complications in most cases. While minor bleeding is the most common side effect, severe adverse events such as intracranial hemorrhage or allergic reactions are relatively rare. The drug is also recognized as highly effective in achieving reperfusion, particularly in patients with ST-elevation myocardial infarction (STEMI), with most physicians observing consistent success in clinical practice.

In stroke management, physicians have expressed some concerns, particularly around the risks of bleeding and drug costs. However, many also note its role as a bridging therapy before mechanical thrombectomy, emphasizing its utility in complex care settings. When administered in pre-hospital settings or to patients in remote locations, tenecteplase has shown reliability and effectiveness. Physicians frequently observe rapid neurological improvements after administration, underscoring its therapeutic potential in acute stroke care. Tenecteplase is seen as a safe and effective option, with a favorable risk-benefit profile for most patients. Physicians overwhelmingly agree that it simplifies patient management in acute care settings and contributes to faster recovery in myocardial infarction patients. Its consistent and predictable effects make it a preferred thrombolytic agent in a wide range of clinical scenarios.

10 MARKET OPPORTUNITIES

- Tenecteplase offers significant marketing opportunities due to its distinct advantages over other thrombolytics. Its rapid onset of action and ease of administration through a single bolus make it particularly appealing in emergency medical settings, such as myocardial infarction and stroke management.
- Physicians widely recognize its effectiveness in achieving reperfusion, especially in STEMI cases, which positions it as a preferred choice in critical care scenarios. The drug's safety profile, coupled with minimal reported complications, further enhances its desirability for routine and emergency use.
- The potential to simplify patient management in acute care settings underscores tenecteplase's utility. Its use as a bridging therapy before mechanical thrombectomy for stroke and its applicability in pre-hospital settings broaden its market appeal among emergency medical providers.
- Additionally, its suitability for patients with contraindications to PCI, the elderly, and those in remote settings demonstrates its versatility and accessibility across diverse patient populations.
- In stroke management, tenecteplase's ability to deliver rapid neurological improvements and faster recovery aligns with the need for timely and effective intervention.
- These benefits, combined with its compatibility with institutional protocols, suggest opportunities for adoption in healthcare systems prioritizing streamlined, cost-effective thrombolytic solutions.
- Given the observed lower incidence of complications like intracranial hemorrhage compared to some alternatives, tenecteplase can also appeal to institutions aiming to minimize adverse outcomes while optimizing patient recovery.
- Its established reputation as a reliable and efficient thrombolytic agent presents a strong case for increased integration into emergency care workflows.

11 MARKET POSITIONING

- Tenecteplase is widely regarded by healthcare professionals as a highly effective and reliable thrombolytic agent, praised for its fast onset of action and ease of administration.
- Its single-bolus dosing simplifies treatment protocols, particularly in acute settings such as myocardial infarction, making it a preferred choice over alternatives. Physicians often cite its ability to deliver consistent and superior patient outcomes as a key advantage, especially in critical care scenarios where time and simplicity are paramount.
- When managing complications, tenecteplase demonstrates a favorable safety profile, with most clinicians reporting minimal side effects or complications. It is seen as a breakthrough in thrombolytic therapy, offering effective reperfusion for STEMI and stroke patients while minimizing risks.
- Its role in stroke management, especially as a bridging therapy before mechanical thrombectomy, underscores its versatility and utility in diverse clinical settings.
- Additionally, tenecteplase is recognized for enabling rapid recovery and positive patient outcomes across various demographics and treatment contexts, from elderly patients to those in remote or pre-hospital environments.
- The drug's effectiveness and safety have made it a cornerstone of acute care strategies, streamlining workflows for healthcare providers and enhancing overall patient care.
- In summary, tenecteplase is positioned as a high-impact, easy-to-use thrombolytic agent that addresses the critical needs of acute care settings, combining efficacy, safety, and convenience to improve outcomes in life-threatening situations.

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