

Correction: Intra-arterial alteplase for acute ischaemic stroke after mechanical thrombectomy (PEARL): rationale and design of a multicentre, prospective, open-label, blinded-endpoint, randomised controlled trial

Yang X, He X, Pan D, *et al.* Intra-arterial alteplase for acute ischaemic stroke after mechanical thrombectomy (PEARL): rationale and design of a multicentre, prospective, open-label, blinded-endpoint, randomised controlled trial. *BMJ Open* 2024;14:e091059. doi: 10.1136/bmjopen-2024091059

This article was previously published with an error.

The follow-up visit at '48±12 hours' was inadvertently omitted from 'Follow-up Procedures' under the Methods section. To accurately reflect all key assessment points, the text has been updated to:

Study visits will occur at 24±12 hours, 48±12 hours, day 7±1 or at discharge (whichever occurs first), and day 90±7. The follow-up schedule is displayed in table 1.

Accordingly, [table 1](#) has been updated to include the missing '48±12 hours after randomisation' visit, during which NIHSS scores, adverse event monitoring, and concomitant medication use are documented.

Table 1 Study visits

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
	Baseline	24±12 hours after randomisation	48±12 hours after randomisation	Day 7±1 or at discharge*	Day 90±7
Signed informed consent form	×				
Screen for eligibility	×				
Randomisation	×				
Medical history	×				
Concomitant drugs	×	×	×	×	×
mRS	×			×	×
NIHSS	×	×	×	×	
Neuroimaging† (CT+CTA+CTP or MRI+MRA+PWI)	×	×		×	
ASPECTS	×				
Laboratory tests	×	×			
Electrocardiograph	×				
TOAST classification				×	
EQ-5D-5L					×
Adverse events		×	×	×	×

*Visit 4 will take place on day 7±1 or the day of discharge, whichever comes first.

†The neuroimaging sequences should be consistent throughout the study and CT+CTA+CTP is recommended. Non-contrast CT at visit 4 is sufficient.

ASPECTS, Alberta Stroke Program Early CT Score; CTA, CT angiography; CTP, CT perfusion; EQ-5D-5L, EuroQoL 5-Dimensions 5-Level Questionnaire; MRA, magnetic resonance angiography; mRS, modified Rankin Scale; NIHSS, National Institute of Health Stroke Scale; PWI, perfusion-weighted imaging; TOAST, Trial of ORG 10172 in Acute Stroke Treatment.

The missing '48±12 hours' follow-up visit has also been added to the timeline in figure 2, to align with the follow-up schedule.

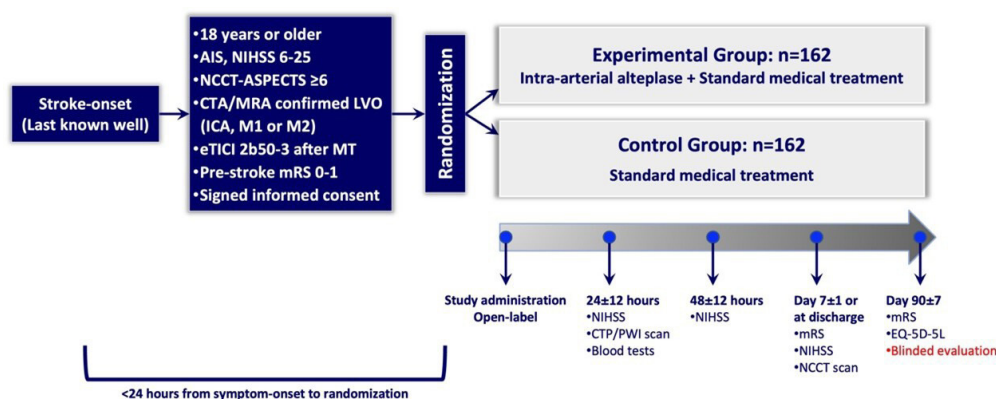


Figure 2 Study design of PEARL trial. AIS, acute ischaemic stroke; ASPECTS, Alberta Stroke Program Early CT Score; CTA, CT angiography; CTP, CT perfusion imaging; EQ-5D-5L, EuroQoL 5-Dimensions 5-Level Questionnaire; eTICI, expanded Thrombolysis in Cerebral Infarction; ICA, internal carotid artery; LVO, large-vessel occlusion; MRA, magnetic resonance angiography; mRS, modified Rankin Scale; MT, mechanical thrombectomy; NCCT, non-contrast CT; NIHSS, National Institute of Health Stroke Scale; PWI, perfusion-weighted imaging.

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