



# AIDOC'S PROVEN CLINICAL ADVANTAGE FOR TRIAGE IN SUSPECTED VESSEL OCCLUSIONS:

## REAL-WORLD DATA DEMONSTRATES SUPERIOR PERFORMANCE

In acute stroke care, every moment matters. Using clinical AI to flag patients with suspected vessel occlusions (VOs) quickly and accurately can make the difference between providing fast, life-saving treatment and poor patient outcomes. The AI your hospital chooses plays a significant role in the clinical workflow and needs to be reliable.

Head-to-head clinical comparisons and single-vendor validation studies from various health systems show that Aidoc's AI solutions outperform conventional AI, ensuring that even the harder-to-find critical cases are flagged and appropriately triaged.

### HEAD-TO-HEAD: AIDOC VERSUS CONVENTIONAL AI

Two abstracts from real-world clinical settings, The University of Texas Medical Branch (UTMB) and Atlantic Health System, confirm Aidoc's robust performance in real-world stroke workflows compared to conventional AI.

#### STUDY 1: UTMB Reports Decisive Superiority Over Conventional AI<sup>1</sup>

Metric	Aidoc (Vendor A)	Conventional AI (Vendor B)	Significance
Overall VO Triage Sensitivity	92.4%	35.4%	Aidoc <b>flagged 57% more</b> occlusions overall, ensuring more patients are routed for proper treatment.
MeVO Triage Sensitivity (Medium Vessels)	92.3%	17.3%	Aidoc showed <b>5x greater accuracy</b> in identifying MeVOs, clinically significant occlusions that are often unflagged.

<b>LVO Triage Sensitivity</b> (Large Vessels)	<b>92.6%</b>	70.4%	Aidoc reported superior identification of major vessel occlusions when compared to conventional AI.
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N=1,557 consecutive CT angiogram cases

**STUDY 2: Atlantic Health System Proves Aidoc Outperforms Conventional AI<sup>2</sup>**

Table 1: Comparative Performance Metrics of Aidoc and Conventional AI for VO Alerts

Metric	Aidoc (Vendor A)	Conventional AI (Vendor B)
<b>Sensitivity</b>	94.0%	83.1%
<b>Specificity</b>	94.1%	84.9%
<b>Positive Predictive Value (PPV)</b>	70.9%	46.0%

N=612 cases analyzed with a prevalence of 13.4%

Table 2: Sensitivity Performance Metrics of Aidoc and Conventional AI Across VO Locations<sup>2</sup>

Vessel Type	Aidoc (Vendor A)	Conventional AI (Vendor B)
<b>Anterior LVO</b> (MCA-M1, ICA)	94%	87%
<b>MeVO</b> (MCA-M2, MCA-proximal M3, PCA-P2, PCA-proximal P3, ACA-A2, ACA-proximal A3, and Vertebral-V4)	90%	61%

Both studies demonstrate that Aidoc’s ability to help stroke teams flag expected and unexpected VOs is superior to conventional AI’s performance. The result is faster, more confident treatment decisions and improved standard of care for patients.

# SINGLE-VENDOR VALIDATION STUDY

Another study from SSM Health Saint Louis University Hospital (SLU) showcases Aidoc's VO algorithm performance in a real clinical setting.

## SLU Shows Aidoc's Strong Triage Performance<sup>3</sup>

Metric	Aidoc VO Algorithm Performance	Significance
Overall Sensitivity	87.2%	Confirms strong performance in a real-world workflow validation study.
Posterior Circulation Sensitivity	79.2%	Validates the platform's ability to triage the less common, highly challenging posterior stroke occlusions.

N=1,000 CTA exams

This study showcases Aidoc's strong performance in clinical settings, supporting the notion that our algorithms go beyond the obvious occlusions to surface the overlooked, the unexpected and the more challenging posterior occlusions.

## AIDOC'S FULL BRAIN AI SOLUTION: THE PROVEN HIGH-PERFORMING CLINICAL AI

Clinical AI isn't created equally. The solution you choose to integrate into your health system could make a difference in treatment times and patient outcomes. Choosing AI with proven clinical-grade performance is critical. That's why it's critical to choose the AI with the proven clinical advantage.

**Ready to enhance your stroke workflow?** Schedule a demo to see how Aidoc's superior performance can drive faster and more confident decision-making at your institution.

### CITATIONS

1. Al Taweel, A MD, Al Jadiry H MD, McCaffrey P MD, Walser E MD. "Comparative Evaluation of Two Commercial AI Solutions for Vessel Occlusion Detection in a Real-World Clinical Setting." The University of Texas Medical Branch, TX, USA.
2. Zhong H MD, Ciasullo C DO, Pham K DO, Klein D MD. "Head-to-Head Comparison of Two AI Software Solutions for Detecting Vessel Occlusions in Stroke Code Patients Using Head and Neck CTA Scans." Overlook Medical Center, Summit, NJ, USA.
3. Vermette N, Kleinschmidt K, Barkhordar A, Fox J.D., Sudanagunta K MD. "Impact of an AI-Based Vessel Occlusion Detection Algorithm on Occlusion Identification in a Real-World Stroke Workflow." Department of Radiology, Saint Louis University School of Medicine, St. Louis, MO, USA.

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