

# ACUTE STROKE

## BM-MSC ACCELERATES ACUTE STROKE RECOVERY IN A RANDOMIZED PLACEBO-CONTROLLED CLINICAL PHASE II/III STUDY

MI Norlinah<sup>1</sup>, HJ Tan<sup>1</sup>, SP Chin<sup>3</sup>, ZK Law<sup>1</sup>, I Nor Azimah<sup>2</sup>, SK Cheong<sup>3,4</sup>, SAW Fadilah<sup>1,2</sup>

<sup>1</sup>Department of Medicine, <sup>2</sup>Cell Therapy Center, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, <sup>3</sup>Cytopeutics, Malaysia, <sup>4</sup>Tunku Abdul Rahman University, Malaysia.

Our results showed that patients with acute stroke who received BM-MSC infusion benefited from significant improvement in clinical disability and functional outcome as early as 6 weeks of follow-up. The benefit was sustained up to 12 months follow-up and may potentially reduce mortality from sepsis.

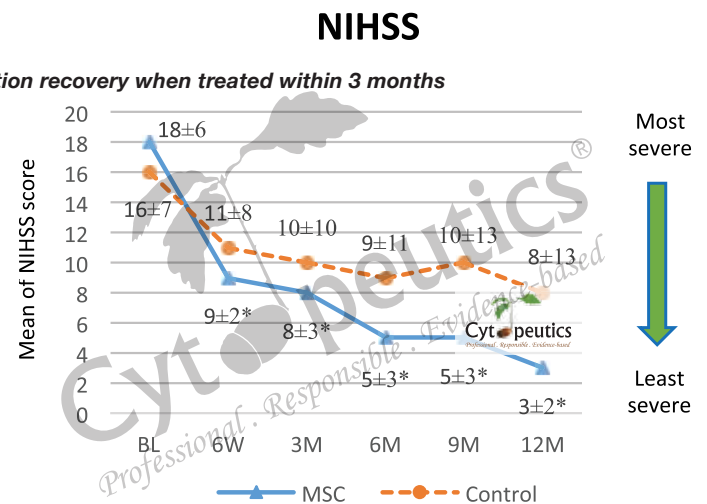
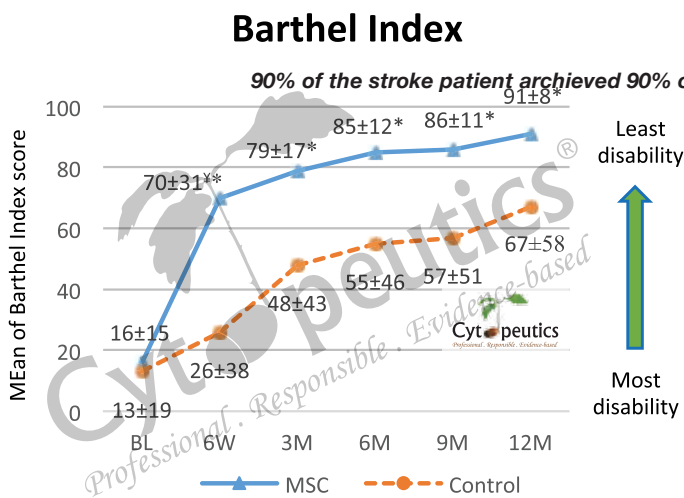


Figure 2: The mean of Barthel Index score at baseline and after (6 weeks, 3, 6, 9 and 12 months) BM-MSC infusion. \*One-way ANOVA. Scheffe's post-hoc multiple comparison was used to test the difference between each visit ( $p < 0.05$ ). †Intergroup comparison revealed that mean BI was higher for Group A-MSC at 6 weeks follow-up when compared to Group B-Placebo ( $p = 0.04$ ).

Figure 1: The mean of NIHSS score at baseline and after (6 weeks, 3, 6, 9 and 12 months) BM-MSC infusion. \*One-way ANOVA. Scheffe's post-hoc multiple comparison was used to test the difference between each visit ( $p < 0.05$ ).