

## INTERVIEW

# New Insights on Thrombectomy in Atrial Fibrillation-Related Stroke

*An Interview With Waseem Wahood, MD*

[Waseem Wahood, MD](#)

**Keywords**

[Thrombectomy](#)

[Stroke](#)

[Atrial Fibrillation](#)

May 2026

ISSN 2152-4343

## Key Summary

- Mechanical thrombectomy use in acute ischemic stroke, particularly among patients with atrial fibrillation (AF), has expanded over time to include distal occlusions and broader patient populations.
- Patients with AF treated with thrombectomy appeared to fare better and had lower mortality than those without AF, alongside increasing treatment rates in older adults, patients with cancer, and those with distal or posterior circulation strokes.
- Earlier detection of AF and related comorbidities may partly explain these outcomes; evolving practice patterns point toward more inclusive candidacy, but further study is needed in emerging subgroups.

© 2026 HMP Global. All Rights Reserved.

*Any views and opinions expressed are those of the author(s) and/or participants and do not necessarily reflect the views, policy, or position of Vascular Disease Management or HMP Global, their employees, and affiliates.*

VASCULAR DISEASE MANAGEMENT. 2026;23(5):E70-E71



**Waseem Wahood, MD**  
Jackson Memorial Hospital, Miami, Florida

At the 2026 Society of Interventional Radiology Annual Scientific Meeting in Toronto, interventional radiologist Waseem Wahood, MD, from Jackson Memorial Hospital in Miami, Florida, gave a presentation entitled “Mechanical Thrombectomy in Atrial Fibrillation–Associated Acute Ischemic Stroke: National Trends and Outcomes”, where he discussed trends reshaping the landscape of mechanical thrombectomy for acute ischemic stroke, particularly in patients with atrial fibrillation (AF). In this interview with *Vascular Disease Management*, Dr Wahood highlights how earlier detection, shifting practice patterns, and narrowing disparities are redefining who benefits from thrombectomy.

***Your presentation examines national trends in mechanical thrombectomy for AF-associated stroke. What major shifts or patterns have you observed in recent years and what might be driving them?***

Since the introduction of modern mechanical thrombectomy devices to the market around 2015, we have observed a significant evolution in the field of neurointerventional stroke treatment. The therapeutic landscape has expanded considerably beyond the initial focus on anterior circulation large vessel occlusions. Our analysis demonstrates that contemporary practice

now encompasses more distal vascular territories, including M2 and M3 segment occlusions, as well as posterior circulation strokes, anatomical locations that were not routinely addressed in the early era of mechanical thrombectomy.

Furthermore, we have identified a notable shift in the patient populations being treated. Specifically, there has been an increasing proportion of patients with AF receiving mechanical thrombectomy compared to earlier years. This expansion reflects a broader evolution in clinical practice patterns rather than device-specific advancements and represents our growing experience and willingness to treat stroke territories and patient populations that were not routinely considered candidates a decade ago.

***How do outcomes for patients with AF-related acute ischemic stroke compare to other stroke populations when treated with mechanical thrombectomy?***

Our comparative analysis of patients with AF vs those without AF revealed that AF patients demonstrated superior outcomes following mechanical thrombectomy. However, several confounding factors likely contribute to this finding. Patients with known cardiovascular risk factors such as AF tend to undergo earlier and more comprehensive medical surveillance, facilitated by advances in cardiology and increasingly accessible noninvasive diagnostic modalities. This enhanced detection framework likely enables more timely initiation of appropriate medical therapies, which may favorably impact stroke outcomes.

Additionally, our study identified expanding treatment patterns among patient subgroups. We observed increasing utilization of mechanical thrombectomy in elderly patients and in patients with active malignancy—populations that were historically considered poor candidates for intervention. This represents a paradigm shift in patient selection, wherein we are increasingly recognizing that diverse patient populations may derive benefit from mechanical thrombectomy, contrary to earlier assumptions.

***Were there any surprising disparities, such as differences in access, timing, or outcomes, across patient demographics that stood out in your analysis?***

We did identify racial disparities in access to mechanical thrombectomy; however, the magnitude of these disparities was less pronounced than anticipated. More encouragingly, our temporal trend analysis demonstrated progressive narrowing of these disparities over the study period. This finding is supported not only by our administrative database analysis but also by observable improvements in stroke care infrastructure, including the establishment of certified stroke centers in rural and previously underserved regions—areas that lacked such resources 12 to 13 years ago.

Another noteworthy finding was the lower in-hospital mortality observed among AF patients compared to non-AF patients. We hypothesize that this survival advantage may be confounded by differential disease detection patterns. Patients with known cardiac conditions such as AF are more likely to receive ongoing medical surveillance, appropriate pharmacotherapy, and engage in proactive health management given their awareness of underlying cardiovascular disease. Conversely, patients in the non-AF cohort may harbor undiagnosed cardiovascular risk factors that were not detected prior to their index stroke event, potentially contributing to worse outcomes.

***Is there one takeaway that you would like attendees to get from your presentation?***

The key takeaway from this research is that patient populations previously considered marginal or poor candidates for mechanical thrombectomy are increasingly receiving treatment, with expanding clinical guideline support. This includes patients with distal vessel occlusions and posterior circulation strokes, anatomical distributions that were not traditionally included in treatment algorithms.

As the field continues to mature, clinicians should remain cognizant that patient populations currently deemed unsuitable for intervention may, in the coming years, be demonstrated to benefit from mechanical thrombectomy through accumulating evidence and experience. This evolution has the potential to improve functional outcomes and quality of life for stroke patients who would have been excluded from treatment under earlier paradigms. ■