The next big thing in stroke

Each presenter has just five minutes to make a case for their next big thing in stroke. “We have a hard stop at five minutes for each presentation,” Becker said. “We are signaling the audience to start applauding after 300 seconds, even if it is in the middle of a sentence. These are very passionate people who could talk for hours if we let them. We want our presenters to distill their vision into sharp focus.”

Her co-moderator is Bruce Ovbiagele, MD, MS, professor and chair of neurology at the University of Washington Medicine Stroke Center at Harborview, and ISC Program Committee Chair. “These are the thought leaders in the field giving a short overview of what they think the future of stroke is. This will be a largely non-data driven big picture view based largely on their long experience and expertise.”

Unlike most ISC sessions, which are organized around specific subject or interest areas, The Next Big Thing spans the gamut of stroke — research, gender issues, building evidence, stem cells, endovascular interventions, genetics, in-ambulance imaging, intracerebral hemorrhage, vascular cognitive impairment and more.

One of the biggest developments in stroke research is StrokeNet, a joint venture between the National Institute of Neurological Disorders and Stroke and 25 regional stroke care centers across the country. StrokeNet Principal Investigator Joseph Broderick, MD, professor of neurology, the Albert Barnes Voorhees Chair of the Department of Neurology and director of the University of Cincinnati Neuroscience Institute, Cincinnati, will explore this collaborative approach to conducting clinical trials and research studies to advance acute stroke treatment, stroke prevention, and recovery and rehabilitation after stroke.

It has long been recognized that sex-based differences affect the biology, recognition, treatment and outcomes of stroke. Patricia Hurn, PhD, vice chancellor for research and innovation at the University of Texas System and research professor in neurobiology at the University of Texas at Austin will describe the growing role of gender differences in stroke.

Heinrich Audebert, MD, professor of neurology at the Charité University Hospital, Berlin, has launched a dramatic improvement in the treatment of stroke by installing a mobile CT unit in an ambulance. STEMO, as the mobile imaging and treatment unit is called, allows for initiation of tissue plasminogen activator therapy during transport, cutting time to treatment by 25 minutes and increasing iPA treatment rates by 50 percent.

“Following this innovation in Berlin, other places are using mobile scanners, including the University of Texas Health Science Center at Houston,” Becker said. “It is easy to see improvements in care from these early interventions. These are the kinds of big ideas that will become the next big thing in stroke.”

ASA-Bugher collaborative to focus on repair, regeneration

ASA and the Henrietta B. and Frederick H. Bugher Foundation have joined forces to support three Centers of Excellence in Stroke Collaborative Research. The collaboration, which focuses on repair, regeneration, neuroplasticity and rehabilitation, launched in April 2014 and will run for four years.

“We are going to look at how stroke affects the developing brain in pediatric stroke and, in adults, how stroke affects the cerebral white matter and how the physical and cognitive activities we put patients through during rehabilitation promote repair and recovery,” said University of California, Los Angeles, Center Director S. Thomas Carmichael, MD, PhD. He is professor of neurology, vice chair for research and programs in neurology at the David Geffen School of Medicine and co-director of the

Session at-a-Glance

Clinical and Basic Perspectives on the Role of Physical Activity and Neural Progenitors in Stroke Recovery: The ASA-Bugher Collaborative Studies

Friday, 8:45-10:15 a.m. Davidson Ballroom A

Co-moderators: S. Thomas Carmichael, MD, PhD, Ralph L. Sacco, MD, MS, and Richard Traystman, PhD

Session tackles global strategies to reduce stroke burden

Decades of successful efforts in stroke treatment and prevention have reduced the burden of stroke in North America, Western Europe and other areas, but stroke remains the No. 2 cause of adult mortality globally. In some countries, stroke is the leading cause of death in adults.

“In the United States, there has been a substantial decline in the rate of stroke and cardiovascular disease,” said Joseph Broderick, MD, professor of neurology and director of Neuroscience Institute at the University of Cincinnati. “Stroke has been one of the major
The Solitaire™ stent thrombectomy device for the treatment of acute ischemic stroke: An analysis of the results from three randomized studies.

The Solitaire™ FR as Primary Treatment for Acute Ischemic Stroke (SWIFT PRIME) Study

Jeffrey Saver, MD
University of California
Los Angeles, California
United States

Elad Levy, MD
University at Buffalo
Amherst, New York
United States

The Endovascular Treatment for Small Core and Proximal Occlusion Ischemic Stroke (ESCAPE) Study

Michael D Hill, MD
University of Calgary
Calgary, AB
Canada

Extending the Time for Thrombolysis in Emergency Neurological Deficits - Intra-Arterial (EXTEND-IA) Study

Bruce Campbell, MD
Royal Melbourne Hospital
Melbourne, Australia

Lessons Learned and Implications for Systems of Care in the Stent Retriever Era

Mayank Goyal, MD
University of Calgary
Calgary, AB
Canada

This event is not part of the official International Stroke Conference 2015 as planned by the International Stroke Conference Program Committee.
Recognizing, treating fatigue after stroke

With growing evidence suggesting that post-stroke fatigue is at least as common as depression, and with the need for wake-up stroke to be recognized as an important issue, followings are suggested.

-The prevalence of post-stroke fatigue ranges from 23 percent to 75 percent, depending on the definition of fatigue and the characteristics of the patients, said Janice Hinkle, RN, PhD, CNRN, editor-in-chief of the Journal of Nursing Measurement. “We are hearing more and more from patients and caregivers that fatigue is an important issue. Once you recognize post-stroke fatigue, you can do something about it.”

Hinkle is co-moderator for “The Burden of Post-Stroke Fatigue” Thursday from 3:30-5 p.m. in room 209 with Norma McNair, RN, PhD, CNRN, clinical nurse specialist, Ronald Reagan University of California Medical Center, Los Angeles. Presenters will offer an overview of post-stroke fatigue; a look at the etiology, psychology and pathophysiology; and the range of pharmacologic and nonpharmacologic interventions.

Post-stroke fatigue is a relatively new phenomenon, she continued. It is entirely possible that stroke survivors have always faced fatigue, but the etiology is complex. Some predisposing factors are physiologic, including functional disabilities, pre-stroke fatigue, pain, medical comorbidities, medications, sleep disturbance and nutritional problems.

Other factors are psychogenic, including depression and cognitive dysfunction. Some are organic, including damage to specific areas of the brain and the resulting neurochemical alterations, perfusion deficit and neuroinflammation. It can be difficult to identify which factors or combinations of factors might be producing fatigue in a specific patient.

Despite the complex etiology of post-stroke fatigue, the consequences can be far reaching. Post-stroke fatigue inhibits patient participation in rehabilitation programs. Fatigue is also associated with poor neurological recovery, decreased quality of life and increased mortality.

Most of the data on post-stroke fatigue is from the perspective of the patient,” Hinkle said. “Caregiver fatigue is another important part of the picture.”

TREATING POST-STROKE FATIGUE IS A COMPLEX AREA. Because post-stroke fatigue has been recognized only in the last few years, there are relatively few drug trials. And because the etiology of post-stroke fatigue is complex, pharmacologic treatment with single agents has shown only mixed success.

At the same time, a number of nonpharmacologic interventions show promise. They include nutritional support for anorexia and sleeping disorders and continuous positive airway pressure treatment for breathing and sleeping problems. Fatigue management education programs and coping therapy could also be helpful.

“Post-stroke fatigue isn’t a well-known problem,” Hinkle said. “It’s not a hot, sexy topic and it doesn’t have a quick fix, but post-stroke fatigue is important to our patients. It has clearly been around for a while, and we have interventions that can help. It’s time that we all paid more attention to these quality of life issues post stroke.”

Session at-a-Glance

The Burden of Post-Stroke Fatigue
Thursday, 3:30-5 p.m.
Room 209

Co-moderators: Janice Hinkle, RN, PhD, CNRN, and Norma McNair, RN, PhD, CNRN

Thursday, February 12, 2015
The Stroke News is produced for the American Heart Association/ American Stroke Association’s International Stroke Conference by Ascend Integrated Media, LLC.

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International Stroke Conference
Heather Starks
Corporate Account Manager
Anne Leonard
MPH, RN, CCRN, FAHA
Science and Medicine Advisor
Dina Rogers
Senior Editor/Writer
62015 by the American Heart Association/ American Stroke Association 7372 Greenville Avenue Dallas, TX 75231 1-888-4-STROKE www.strokeassociation.org

Session at-a-Glance

Wake-Up Stroke: Are We There Yet?
Thursday, 1:30-3 p.m.
Davidson Ballroom A
Moderator: Victor C. Urrutia, MD, FAHA

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What do you mean I can’t drive?

Physicians are great at diagnosing stroke. They are great at helping patients get back home and being able to move around their houses. But a lot of physicians are a little mystified by the concept of their patients going back to driving. Some patients actually can return to driving, but others should not. Still others can return to driving, but only with specialized training and adaptive equipment.

In jurisdictions with explicit prohibitions on driving following stroke, the clinician can do little more than explain the ban, Vergouwen said. In the days immediately after a stroke, most patients recognize that they are not capable of driving safely.

Decision-making is more difficult in jurisdictions in which medical judgment comes into play. Outpatient assessment tests of cognitive and motor function may show full recovery, Vergouwen noted, but the driving test is a better predictor of actual driving results.

“We can safely say that if patients fail the outpatient assessment test, they will probably also fail the on-the-road test,” he said. “But if they do well on the outpatient assessment test, it is not a guarantee that they will pass the driving test.”

Physician liability is another grey area. In the U.S., physicians are generally not liable if a stroke patient who meets appropriate cognitive and physical tests is later involved in a traffic accident, Harvey said. Physician liability, like driving restrictions, varies by jurisdiction.

“There is not a physician who cares for people with stroke who isn’t confronted with the question of whether that person can return to driving,” he said. “We want to give clinicians the basic tools that will help them answer that question confidently.”

Attendees can ‘Expect Big Things’ in science, networking, technology at ISC

Attendees can ‘Expect Big Things’ in science, networking, technology at ISC. The “big” begins with science and continues with networking and technology.

Big Science

As always, science is big at ISC. The plenary sessions include presentations on the ESCAPE, EXTEND-IA, REVASCAT, SWIFT PRIME and MR CLEAN trials and a rapid fire plenary on “The Next Big Thing in Stroke.”

More late-breaking science is presented in the Concurrent Sessions, which cover VERTAS, the Japanese Primary Prevention Project, and more on MR CLEAN; among others.

Pre-conference symposia were designed to maximize your conference experience with pre-cons focusing on challenges in inpatient stroke care; emerging trends for stroke trials; and the State-of-the-Science Stroke Nursing Symposium.

Another big thing at ISC is the Science Subcommittee Collaboration Stations. The stations, which are located in the Science and Technology Hall, provide attendees with the opportunity to learn about the science subcommittees of the AHA and ASA, which plan programming, write conference manuscripts, and serve as content experts for the associations.

Big Networking

As a conference with more than 4,000 attendees, the ISC affords a big opportunity for networking. The Poster Hall (Hall D) is the venue to maximize your networking opportunities: attend the Moderated Poster Tours or speak one-on-one with poster presenters during the Regular Poster Sessions. Lunch and learn at the Educational Lunches, where fellows and those early in their careers can network with leaders in the field. Another excellent networking opportunity is the Stroke Council Annual Business Meeting, where you can learn about the national and community activities of the AHA/ASA and Stroke Council.

Big Technology

There is an enhanced mobile app this year, enabling attendees to live-stream the sessions and listen while on the go. In addition to live audio streaming, the app lets you explore the 2015 Science & Technology Hall exhibitors and upload photos of your ISC experience to various social networks. The app can be downloaded by searching “AHA Events” in the Apple or Google Play Store. Learn more about the posters at the ePoster Workstations located in the Poster Hall or by using the poster QR codes to get online audio and view extended poster content.

Case Theaters

The ISC is treating the Case Theaters as “just plain cool.” This is where attendees can join experts for discussion and insight in the decision-making, technical aspects and management of common procedures and learn about evolving innovations.

ISC 2016 and Nursing Symposium 2016 Call for Science

Session Ideas

Suggested Session Submitter Opened: Monday, Feb. 9, 2015
Suggested Session Submitter Closes: Monday, March 9, 2015

Abstracts

Submission Opened: Wednesday, May 20, 2015
Submission Closes: Tuesday, Aug. 11, 2015

Late-Breaking Science and Ongoing Clinical Trials Abstracts

Submission Closes: Wednesday, Nov. 4, 2015

The link to submit abstracts and/or session ideas can be found at strokeconference.org/submitscience on the appropriate date above. Start planning now for the International Stroke Conference 2016, Feb. 17–19 in Los Angeles.
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Please see Full Prescribing Information available at booth.
Yale-New Haven Hospital, Conn., is seeing telehealth services evolve beyond acute care. “We are looking at the concept of telehealth progress, looking at the entire continuum of stroke recovery care,” she said. “We are looking at models that allow telestroke to be as effective in long-term recovery as it has been in acute care while maintaining neurologic expertise as the gatekeeper.”

Expanding telestroke services is not automatic in today’s health care environment, Nyström said. Largely, reimbursement and state regulatory issues drive provision of telestroke, such as other telemedicine services, and this has been a challenging barrier. Telemedicine has developed independently at multiple centers across the country, which can make it difficult to generalize success or failure in any one program.

Lawrence Wechsler, MD, the Henry B. Higman Professor and Chair of Neurology, vice president of telemedicine services and founder of the UPMC Stroke Institute at the University of Pittsburgh, will explore the current state of telestroke services and likely directions for future development. James Frey, MD, director of the Stroke Center and Stroke Outpatient Clinic at St. Joseph’s Hospital and Medical Center, Phoenix, will explore the technologies that support teleneurology and how to add teleneurology consults for emergency department and ICU patients as well as other areas. Bart Demaerschalk, MD, MSc, professor of neurology and director of the telestroke and tele-neurology programs at the Mayo Clinic, Phoenix, will discuss new uses of telerservices. The Mayo group started with acute stroke care and has expanded into more general neurological care and rehabilitation.

Lee Schwamm, MD, vice chairman of neurology and director of telestroke and acute stroke Services at Massachusetts General Hospital, Boston, will consider telestroke through the lens of healthcare reform and the changing impact of economics, liability and reimbursement.

“There have been several states that have mandated insurance coverage for telemedicine services,” McLaughlin said. “Telemedicine is the face of the future. We will be using a lot more telemedicine to provide a higher level of medical care to people who live in challenging environments, such as rural areas and even in some urban centers. It is not going to be limited to the provision of stroke care.”

“It’s hopefully going to involve all aspects of neurologic care. Telemedicine is going to play a huge role in the way health care is provided over the next several decades,” McLaughlin said. “We have some of the most experienced telestroke providers in the country exploring the trends, the practicalities, the barriers and the solutions.”

**TELESTROKE**

continued from page 3

Karin Nyström, MSN, APRN

James McLaughlin, DO

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Los Angeles, California

February 16, 2016
State-of-the-Science Stroke Nursing Symposium

February 16, 2016
ISC Pre-Conference Symposia

February 17-19, 2016
International Stroke Conference

February 17-18, 2016
Exhibits

Call for Abstracts: May 20 – Aug 11, 2015 (11:59 pm CDT)

Late-Breaking Science and Ongoing Clinical Trials Abstract Submission: Oct 7 – Nov 4, 2015

Advance Registration Deadline: Jan 27, 2016

FAHA/VIP:

Members*: Oct 7, 2015
Nonmembers: Oct 21, 2015

*Must be an AHA/ASA Professional Member by Sept 23, 2015 to qualify for the opening of priority registration and housing.

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Poster Tours continue

SC 2015 offers two types of poster sessions: professor-led poster tours and one-on-one individual Q&A poster presentations. Choose from 10 Professor-Led Poster Tours from 5:15 p.m. to 6:15 p.m. Thursday in Hall D. Expert moderators will lead these tours, which are organized by category; they provide a short presentation and Q&A with each of the poster authors in that section. To take part, simply review the Poster Abstracts section of the Final Program (page 80). Decide which section/category of posters you would like to attend. Then, at 5:10 p.m., arrive at the correspondingly numbered “Section” sign for your selected section/category.

During the Regular Poster Sessions, poster presenters will be at their posters for informal Q&A with attendees from 6:15 p.m. to 6:45 p.m. Thursday in Hall D. These one-on-one posters are not a part of the earlier Professor-Led Poster Tours. To see the posters featured in Thursday’s Regular Poster Sessions, please see page 49 of the Final Program for the Poster Hall map.

Regular Poster Sessions
5:15–6:15 p.m. Posters T MP1–T MP120
1. Acute Endovascular Treatment & Acute Neuroimaging Moderated Poster Tour
2. Basic and Preclinical Neuroscience of Stroke Recovery Moderated Poster Tour
3. Cerebral Large Artery Disease Moderated Poster Tour
4. Community/Risk Factors Moderated Poster Tour II
5. Diagnosis of Stroke Etiology Moderated Poster Tour
6. Experimental Mechanisms and Models & Intracerebral Hemorrhage & Pediatric Stroke Moderated Poster Tour
7. Health Services, Quality Improvement, and Patient-Centered Outcomes Moderated Poster Tour II
8. In-hospital Treatment Moderated Poster Tour
9. Nursing Moderated Poster Tour
10. Preventive Strategies & Vascular Biology in Health and Disease Moderated Poster Tour

Professor-Led Poster Tours
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9. Nursing Moderated Poster Tour
10. Preventive Strategies & Vascular Biology in Health and Disease Moderated Poster Tour

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Claim your CME/CE credit
You have two ways to complete your conference evaluation and claim your CME/CE credits for the conference, preconference symposia and/or nursing symposiums:
1. Stop by the Communication Center, which is located in the Hall B Lobby, Level 3 of the Music City Center.
2. Visit learn.heart.org from any computer with Internet connection.

You should claim your CME/CE credit within 30 days of conference completion. CME/CE credit will NOT be available after July 31, 2015.

International attendees
International attendees may obtain an attendance verification form at one of the self-service terminals in Registration, located in the Hall C Lobby, Level 3.

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ISC 2016 award nominations
AHA Members can submit nominations for the ISC 2016 Feinberg, Willis and Sherman Awards:
• Nomination Period Closed: Wednesday, Feb. 11, 2015
• Nomination Period Closes: Wednesday, July 8, 2015

Go to strokeconference.org/awardsandlectures for more information.
Stroke
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Read Blogging Stroke: strokeblog.strokeahajournal.org

Visit Wolters Kluwer (booth #228) or AHA/ASA HeadQuarters (booth #136) in the Science & Technology Hall for more information.
Science & Technology Exhibit Hall: Explore this must-see destination

The Science & Technology Exhibit Hall returns to ISC 2015 with a unique blend of innovative equipment, supplies and services. Nowhere else can you take in more than 100 companies from 10 a.m. - 4 p.m. Wednesday and Thursday. Any time you need to get connected, just stop by one of the Wi-Fi hotspots, located in the Stryker WiFi-Charging Lounge. Be sure to check out the American Heart Association/American Stroke Association’s Headquarters, located in Booth 136, where you can:

- Get information on the latest AHA/ASA initiatives, including Advocate: You’re the Cure, American Stroke Association, Charitable Estate Planning, Connected Heart Health, Quality Healthcare, Health eHeart
- Network with your colleagues in the relaxing atmosphere of the Member Circle and power up your smart devices (for AHA/ASA Members only)
- Take in several presentations in the Theater. Visit Booth 636 for a detailed schedule.

AHA/ASA Headquarters, Booth 136

Thursday
10:45-10:50 a.m.
How to Claim CME/CE Credit for ISC 2015
Michelle Brunis, MLA, Director, Professional Education
You have listened to the presentations, read the abstracts and participated in the discussion. Now don’t forget about your continuing medical education credit. We will address when and how to claim your credit, expiration dates and more. A demonstration will be provided to show the process. Don’t leave your credit behind.

11:15 a.m.
Stroke Journal webinar
Evaluation of Cryptogenic Stroke: Pursuit of Cause, Therapeutic Implications
J.P. Mohr, MS, MD
Case Theaters, Booth 636
New to ISC 2015, the 30-minute Case Theaters begin at 3 p.m. on Wednesday and Thursday. Join our panel of experts for an interactive discussion and insight into the decision-making, technical aspects and management of common procedures, as well as highlights of areas of evolving innovation. Our case presentations aim to educate ISC membership with the best practices and educational pearls for both common and new procedures that are performed in patients during their day-to-day care around the world.

Thursday
3:30-3:30 p.m.
Management of a Tandem Occlusion
Tudor Jovin, MD, Pittsburgh
Case Presenter: Tudor Jovin, MD, Pittsburgh
Collaboration Station
Council Science Subcommittees focus on targeted areas of content for AHA. This year we are highlighting the Stroke Council Science Subcommittees which include: Emergency Neurovascular Care Committee, Teltestroke committee, Nursing and Rehabilitation Professionals, Quality and Outcome Committee, Rehabilitation and Recovery Committee, Stroke Statement Oversight Committee and the CVSN Stroke Nursing committee. Other committees AHA wide include: heart failure, interventional cardiology, acute cardiac care, imaging, cardiac rehab, electrophysiology, hypertension, molecular determinants of disease, social determinant of disease, prevention, obesity, diabetes, physical activity, nutrition, stroke and many more. Join us at the Collaboration Station for information and networking.

Expert Theater, Booth 636
Found in the Science & Technology Hall C, Booth 636, the Expert Theater feature targets educational programs as well as featured products and therapeutic treatments from industry supporters. Enjoy a complimentary lunch provided by the American Heart Association.

Thursday
12:15-12:45 p.m.
Cryptogenic Stroke and Atrial Fibrillation: How Hard Should We Be Looking? Sponsored by Medtronic

public health successes over the last 30 to 40 years. It is an indication that we can reduce the burden of stroke around the world.”

Broderick is the chair of the AHA/ASA Stroke Council and co-moderator for a first-ever AHA/ASA and World Stroke Organization joint symposium “Together to End Stroke: Global Stroke Strategies for the 25 by 2025 WHO Targets” on Thursday from 3:30–5 p.m. in Davidson Ballroom A. The global target is a 25 percent relative reduction in premature mortality from non-communicable diseases by 2025. Stroke is one of the key non-communicable diseases targeted by the World Health Organization.

“The Global Stroke Strategy is a joint program between the World Stroke Organization and the ASA,” said co-moderator Ralph L. Sacco, MD, MS, Miller Professor and chair of neurology, Olemberg Family Chair in Neurological Diseases and executive director of the Evelyn F. McKnight Brain Institute at the University of Miami Miller School of Medicine and a past president of the AHA/ASA. “Our goals are to educate our members about the WHO goals and to share recent data on the projected impact of stroke in 2025 if nothing is done.”

The third co-moderator is World Stroke Organization President Stephen Davis, MD, professor of translational neuroscience at the University of Melbourne, Australia, and director of the Melbourne Brain Centre and director of neurology at the Royal Melbourne Hospital.

Familiar risk factors such as hypertension, smoking and obesity contribute to stroke globally, but addressing these risk factors involves cultural and societal issues that must be addressed differently in different populations.
 Differences in eating patterns, physical activity, tobacco use, health education and other factors contribute to wide variations in the impact of stroke. Economic, demographic and lifestyle changes projected over the next decade contribute to large differences in future stroke burdens.

Obesity is increasing dramatically across both the developing and the developed world, Broderick noted, which translates into increased risk for stroke, hyperlipidemia, diabetes and other health problems. Lack of physical activity is an endemic problem in urban areas worldwide, which impacts the risk of stroke.

“Hypertension is the most important risk factor for stroke after age,” he added. “No one is going to come up with a cure for old age, but improving blood pressure control across the global population is important. This refers not just to medication but also to control of dietary salt intake. Eating habits and food preferences can be a significant challenge.”

“The other factor is smoking. There has been a strong push to curtail smoking in the United States, although we have a sizable recalcitrant population that continues to smoke,” Broderick said. “In some areas of the world, smoking rates are much higher and are associated with higher rates of stroke. We have a lot of work to do, but we have already seen that progress can be made.”
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Children are not just little adults when it comes to stroke.

Richard J. Traystman, PhD

University of Colorado Denver Anschutz Medical Campus, Aurora

Sacco said, and the third cycle to focus on stroke. “This session will be focused on the science of stroke recovery,” he said. “We are looking forward to a thought-provoking review of new ideas and scientific questions in stroke recovery that these three centers will be addressing over the next four years.”
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