Two Tuesday debates focused on the finer points of reducing the time to treat patients and which type of imaging is best.

Although the use of tPA has greatly improved the outcomes of stroke patients, it has raised questions about how to treat more patients with alteplase in a timely manner. Two approaches toward emergency treatment were presented during “Frankly My Dear, I Don’t Give a Damn: Is It Better to Transport to the Closest Center or the Comprehensive Stroke Center?”

“The faster you treat, the better the chance of a good outcome,” said Michael D. Hill, MD, MSc, associate professor for the Departments of Clinical Neurosciences, Community Health Sciences and Medicine at the University of Calgary, Canada, who argued for transporting to the closest center.

“What is less well appreciated is the biology behind this. The earlier you treat, the more likely you are to get recanalization,” he said.

In Calgary, the average time to transport to a primary treatment center is 20 minutes, 60 minutes less than the time needed to go to a Comprehensive Stroke Center. Adding up the time to treatment, 66 out of 100 patients had good outcomes at a primary treatment center, compared with 60 out of 100 patients transported to a comprehensive center, according to research conducted at the University of Calgary, Hill said.

Edward C. Jauch, MD, MS, challenged this argument by saying that patients receive faster and better treatment at a Comprehensive Stroke Center. He is professor and director of the Division of Emergency Medicine at the Medical University of South Carolina in Charleston.

Jauch said that even if it takes longer to get to a Comprehensive Stroke Center, stroke experts there could make up the time.

“This is an important concept.” In Calgary, the average time to transport to a primary treatment center is 20 minutes, 60 minutes less than the time needed to go to a Comprehensive Stroke Center. Adding up the time to treatment, 66 out of 100 patients had good outcomes at a primary treatment center, compared with 60 out of 100 patients transported to a comprehensive center, according to research conducted at the University of Calgary, Hill said.

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Imaging techniques, time to treatment debated

The risk of an adverse event rises each year after a stroke, a fact that drove Walter Kernan, MD, to lead research using the diabetes drug pioglitazone to reverse that trend through the IRIS trial. Kernan will release trial results during Plenary Session I at 10:30 a.m. today.

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LET’S TRANSFORM STROKE THERAPY.
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JOIN US AND LEARN HOW WE CAN EVOLVE THE STANDARD OF CARE FOR STROKE.

ACUTE ISCHEMIC STROKE – Evolving Solutions for the Changing Landscape of Care

Moderator: Andrew Demchuk, MD
Professor, Departments of Clinical Neurosciences and Radiology, University of Calgary,
Director, Calgary Stroke Program

The Cost Effectiveness of the Solitaire™ 2 Revascularization Device as an Adjunct to IV-tPA for Acute Ischemic Stroke
Jeffrey Saver, MD
Professor of Neurology, Geffen School of Medicine at UCLA,
Director, UCLA Comprehensive Stroke Center

Clinical Study Updates (STRATIS, New Study Announcement)
Jeffrey Saver, MD
Professor of Neurology, Geffen School of Medicine at UCLA,
Director, UCLA Comprehensive Stroke Center
Jan Gralla, MD
Director, Inselspital University Hospital Bern, Bern, Switzerland

Stroke System of Care – EMS/ED Perspective
Edward C. Jauch, MD MS
Professor, Director, Division of Emergency Medicine; Professor, Department of Neurosciences,
Vice Chair, Research, Department of Medicine; Professor, Department of Bioengineering (adjunct),
Clemson University

LOCATION
JW Marriott Los Angeles L.A. LIVE – Platinum Salon
900 W Olympic Blvd, Los Angeles, CA

RSVP
www.medtronic.com/stroke
Space for this event is limited. Be sure to register today.

* Solitaire™ Revascularization Device refers to Solitaire™ 2 Revascularization Device and Solitaire™ FR Revascularization Device.
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Rodent model tests for cognitive impairment in stroke

A researcher in France is developing cognitive testing systems in mice using touchscreen-based devices that model human cognitive deficits, which might help pave the way for studying brain function in stroke patients. The lack of a reliable model is one of the most challenging barriers in understanding stroke’s cognitive deficits, according to Louise D. McCullough, MD, MPH, head of the Neurology and Stroke Program at the University of Texas Health Science Center. ‘‘Half of ICH patients die within 30 days, and only 20 percent recover baseline function,’’ McCullough said. ‘‘VCI in stroke plus Alzheimer’s. People can live with motor deficits after stroke better than they can live without being able to handle their finances or drive because of cognitive deficits.’’

Many stroke victims develop some degree of cognitive impairment, according to Julie Deguil, PhD, researcher in vascular and degenerative cognitive disorders at Université du Droit et de la Santé in Lille, France. The Cambridge Neuropsychological Test Automated Battery (CANTAB) is used to assess these same cognitive functions in humans.

Deguil’s touchscreen system assesses cognitive functions, including visual discrimination and cognitive flexibility, visuospatial learning and memory, paired associated learning and attention. She explained that mice can be trained easily to respond to different visual stimuli using a touchscreen.

‘‘This is a functional assessment, like the CANTAB,’’ Deguil said. ‘‘We are using similar paradigms and methodologies, the same type of visual stimuli and touch response to assess the same cognitive functions. It holds up very well across species. We need to evaluate the utility of this model in clinical settings for stroke patients.’’

In the recent positive thrombectomy trials, Stroke News

‘‘The success of stent retrievers in rescuing threatened brain is a welcome development for our patients with the most severe type of ischemic stroke,’’ said Saver, MD, the 2015 American Heart Association Distinguished Scientist.

Saver, director of the UCLA Comprehensive Stroke Center and professor and senior associate vice chair of neurology in the David Geffen School of Medicine at the University of California, Los Angeles, said the therapy would allow doctors ‘‘for the first time, to reliably open blocked brain arteries and dramatically increase the rate of good patient outcomes.’’

In contrast to the breakthrough success of artery revascularization, neuroprotective treatment is developing at a slower pace.

‘‘It is not surprising to us that it is taking longer to develop effective neuroprotective agents than it is to create clot-removal devices and drugs,’’ Saver said. ‘‘It’s a difficult task to modify precisely the highly complex metabolism of cerebral neurons.’’

But neuroprotection development must continue because stent retriever therapy can only be started several hours after onset. Brain neuron loss occurs before reperfusion is achieved.

In a quest to improve neuroprotection, Jeffrey Saver, MD, and colleagues are working on Tempo EMS, a clinical trial testing various neuroprotective agents administered in the ambulance within the first minutes after onset, so as to reduce political barriers.

Definitely politics. The challenge I see is the people involved react from their own perspective rather than viewing it from the patient perspective. If we keep the patient in mind, the solutions are pretty simple.

What factors are critical for success in rapid treatment of stroke?

Getting decision makers and policymakers on the same page so as to reduce political barriers.

Understanding geography, particularly of your hospital, how it is laid out so that you can access the best information in a timely manner.

Transport. I work in a two-hospital system, so transport is definitely a challenge.

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ISC honors awardees

The ISC Plenary Sessions will feature lectures by the Feinberg, Sherman and Willis Award recipients. Six ISC abstract-based awards will be presented to the award recipients in the concurrent oral abstract session in which their abstract is being presented, including two new awards: the Stroke Basic Science Award and the Vascular Cognitive Impairment Award. These ISC awards honor investigators for their stroke-related research. Abstract-based awards also provide opportunities for funding to attend ISC for junior investigators.

Plenary Session I, Hall K
Wednesday, 11:03-11:23 a.m.
William M. Feinberg Award for Excellence in Clinical Stroke Award
Phillip Bath, BSc, MB, BS, MD
University of Nottingham, United Kingdom
“High Explosive Treatment for Ultra-Acute Stroke: Hype or Hope”
This award honors contributions to the investigation and management of stroke—clinical science.

Plenary Session II, Hall K
Thursday, 10:33-10:53 a.m.
Thomas Willis Lecture
Ulrich Dirnagl, MD
Charité Universitätsmedizin Berlin
“Why Translational Stroke Research Cannot Succeed Without Failure”
This award recognizes contributions to the investigation and management of stroke—basic science.

ISC ABSTRACT-BASED AWARDS
(The abstract presentation number is provided for your convenience.)

Vascular Cognitive Impairment Oral Abstracts, Room 152
Wednesday, 8:45-8:57 a.m.
NEW! Vascular Cognitive Impairment Award
Solène Moulin, MD
Lille, France
“Dementia After Spontaneous Intracerebral Hemorrhage” (43)
This award encourages investigators to undertake or continue research on clinical work in the field of vascular cognitive impairment and submit an abstract to the International Stroke Conference.

Clinical Rehabilitation and Recovery Oral Abstracts I, Room 502 B
Wednesday, 2:30-2:42 p.m.
Stroke Rehabilitation Award
Julie Bernhardt, PhD, BSc
Heidelberg, Australia
“Exploring Efficacy and Safety of Very Early Mobilization Within 24 Hours of Stroke Onset Versus Usual Stroke Unit Care (A Very Early Rehabilitation Trial, AVERT): Pre-specified Subgroup Analysis” (76)
This award encourages investigators to undertake or continue research and/or clinical work in the field of stroke rehabilitation and submit an abstract to the International Stroke Conference.

Basic and Preclinical Neuroscience of Stroke Recovery Oral Abstracts II, Room 515 B
Thursday, 8:45-8:57 a.m.
Globus New Investigator Award in Stroke
Amjad Shehadah, MD
Bethesda, Maryland
“Class IIa Hidronone Deacetylases Are Essential for Neuronal Remodeling and Functional Recovery After Stroke” (127)
This award recognizes Mordecai Y.T. Globus’ major contributions to research in cerebrovascular disease and his outstanding contributions to the elucidation of the role of neurotransmitters in ischemia and trauma; the interactions among multiple neurotransmitters; mechanisms of hypothermic neuroprotection; and the role of endogenous mechanisms and nitric oxide in brain injury.

Experimental Mechanisms and Models Oral Abstracts I, Room 502 B
Thursday, 9:57-10:09 a.m.
NEW! Stroke Basic Science Award
Yejie Shi, MD, PhD
Pittsburgh
“Aberrant Activation of ASK1 Mediates Pro-inflammatory and Neurotoxic Microglial Responses After Cerebral Ischemia/Reperfusion” (147)
This award encourages investigators to undertake or continue stroke research in basic or translational science, and it must be laboratory-based.

Emergency Care/Systems Oral Abstracts II, Room 151
Thursday, 1:30-1:42 p.m.
Stroke Care in Emergency Medicine Award
Peter Panagou, MD
St. Louis
This award encourages investigators to undertake or continue research in the emergent phase of acute stroke treatment and submit an abstract to the International Stroke Conference.

Diagnosis of Stroke Etiology Oral Abstracts I, Room 151
Friday, 9:57-10:09 a.m.
New Robert G. Siekert New Investigator Award in Stroke
Hooman Kamel, MD
New York
“Association Between Paroxysmal Supraventricular Tachycardia and Ischemic Stroke in Patients Without Atrial Fibrillation” (210)
In recognition of Robert G. Siekert, founding chairman of the American Heart Association’s International Conference on Stroke and Cerebral Circulation, this award encourages new investigators to undertake or continue stroke-related research.

Mobile Meeting Guide
Available in the Apple App Store and Google play by searching AHA Events.

2017 International Stroke Conference award nominations
Submit your nominations for the ISC 2017 Feinberg, Sherman and Willis Awards.
• Nomination period opened: Wednesday, Feb. 17, 2016
• Nomination period closes: Wednesday, July 6, 2016
Go to strokeconference.org/awardsandlectures for more information.

NURSING
continued from page 1
more than half of all strokes.
“The young experience of stroke is very different from the geriatric experience,” Edmunds said. Edmunds opened “Young Stroke: Changing the Way We View Stroke Care in America” during the State-of-the-Science Stroke Nursing Symposium plenary on Tuesday.
“Young stroke survivors have a different recovery, a different rehabilitation, a different life,” said Edmunds, who had a stroke at age 43. “A young person who has a stroke is looking at 30, 40, 50 years of living with disability. When stroke hits a young person, it is life-altering.”
Geriatric stroke is often a result of lifestyle decisions that increase risk factors, including hypertension, diabetes and obesity. But blood disorders, aneurysm, genetic factors, cryptogenic, hemorrhagic, pregnancy and dissection most often cause young stroke.
“Some of these causes are likely not preventable,” Edmunds said. “More research into the causes of young stroke is desperately needed.”
Surviving young stroke is also a distinct experience. While geriatric stroke strikes later in life, young stroke interrupts life, disrupting education, family, career and financial trajectories.
“Stroke is more than a medical diagnosis for young victims,” Edmunds said. “Stroke is our very life for decades to come. Living a lifetime with stroke is a reality of unmet needs that healthcare professionals are just beginning to recognize.”
The first step in improving care for young stroke is to define it, she continued. It is difficult to compare status, outcomes or changes without globally accepted definitions. Depending on the source, “young” begins at 18, 20 or 25 and ends anywhere from 45 to 65.
Young stroke also must be recognized as a distinct entity and population, with distinct multicenter collaborations and research networks to resolve underlying causes and drive data collection. And young stroke survivors need personalized rehabilitation programs and support.
“Geriatric rehab makes no sense for someone in their 40s,” Edmunds said. “We need support from like-minded people, and we need you to speak out for us to your fellow healthcare professionals.”

State-of-the-Science Stroke Nursing Symposium attendees take notes on Tuesday.
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CLEAR, CREST results could clarify treatment approaches

Quickly clearing blood from the ventricles with tissue plasminogen activator after severe intraventricular hemorrhage may improve patients’ neurologic status, including mortality, according to early phase data. The CLEAR III clinical trial could show whether early clearing improves modified Rankin scores.

“Results from earlier studies were promising with regard to important biomarker endpoints,” said Bruce Ovbiagele, MD, MSc, professor and chairman of neurology at the Medical University of South Carolina in Charleston and ISC vice program chair. “But we don’t know if there are improvements in established clinical outcomes after using tPA. We may have some answers tomorrow.”

The results of CLEAR III, Clot Lysis: Evaluating Accelerated Resolution of Intraventricular Hemorrhage Phase III, will open the Late-Breaking Science Oral Abstracts portion of Plenary Session II at 10:30 a.m. Thursday in Hall K.

Clinicians still have few treatment options for ventricular hemorrhage.

“These are the patients who spend many days in the ICU, many of them requiring ventriculostomy,” said ISC Program Chair Kyra Becker, MD. “If we had a way to clear blood from the ventricular space and decrease the time needed for ventriculostomies to be indwelling, there is a real potential for improving patient outcomes as we decrease length of stay and dollars spent to treat these patients.”

Clinicians are just as eager to see the 10-year results of CREST, the Carotid Recanalization Evaluation for Endarterectomy Versus Stenting Trial. The initial results showed little difference in clinical outcomes between endarterectomy and carotid artery stenting, Ovbiagele noted, although older patients seem to do better with endarterectomy while younger patients respond better to stenting.

“When you look at carotid artery revascularization procedures, you don’t often have outcomes data over 10 years,” he said. “We know that the initial results showed that both procedures were similarly effective in the shorter term. We are all eager to see if and how these results might have changed in the much longer term.

The plenary also will reveal five-year results from ARUBA, A Randomized Trial of Unruptured Brain Arteriovenous Malformations, the first to compare a variety of interventions for arteriovenous malformations that have not bled against a watch-and-wait approach. Current literature contains scant information on the outcomes of either natural history or treatment for brain arteriovenous malformations that have not ruptured.

The final abstract will explore the results of the Randomized Trial on Normalization of International Normalized Ratio Using Prothrombin Complex or Fresh Frozen Plasma in Vitamin K-Related Intracranial Bleeding. Results of the four trials will follow the 2016 David G. Sherman Lecture Presentation.

UPCOMING SESSION
Plenary Session II, Late-Breaking Science Oral Abstracts
Thursday, 10:30 a.m. to noon
Hall K

Stroke News | Wednesday, February 17, 2016 strokeconference.org

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ISC 2016 offers two types of poster sessions: Professor-Led Poster Tours and Regular Poster Sessions—one-on-one individual Q&A poster presentations.

Choose from 10 Professor-Led Poster Tours from 5:15 to 6:15 p.m. Wednesday in Hall H. 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 48) or view the Moderator Sessions on the Mobile Meeting Guide app. Decide which section/category of posters you would like to attend. Then, at 5:10 p.m., arrive at the corresponding-numbered “Section” sign for your selected section/category. Headsets will be available for ease of listening to the presenters.

During the Regular Poster Sessions, poster presenters will be at their posters for informal Q&A with attendees from 6:15 to 6:45 p.m. Wednesday in Hall H. These one-on-one posters are not a part of the earlier Professor-Led Poster Tours. To see the posters featured in today’s Regular Poster Sessions, go to page 55 of the Poster Abstracts section of the Final Program or view the Poster Sessions on the Mobile Meeting Guide app.

Posters also will be available for viewing in the Poster Hall (Hall H) from 8 a.m. to 6:45 p.m. Wednesday and Thursday. See Thursday’s Stroke News for details on Thursday’s Professor-Led Poster Tours and Regular Poster Sessions. Please see page 47 of the Final Program for the Poster Hall map.

Regular Poster Sessions 6:15-6:45 p.m. | Posters WP1–WP3438 These posters are not included in the 5:15 p.m. Professor-Led Poster Tour Session.
1. Acute Endovascular Treatment Posters I
2. Acute Neuroimaging Posters I
3. Acute Nonendovascular Treatment Posters I
4. Aneurysm Posters I
5. Basic and Preclinical Neuroscience of Stroke Recovery Posters I
6. Cerebral Large Artery Disease Posters I
7. Clinical Rehabilitation and Recovery Posters I
8. Community/Risk Factors Posters I
9. Diagnosis of Stroke Etiology Posters I
10. Emergency Care/Systems Posters I
11. Experimental Mechanisms and Models Posters I
12. Health Services, Quality Improvement and Patient-Centered Outcomes Posters I
13. In-Hospital Treatment Posters I
14. Intracerebral Hemorrhage Posters I
15. Imaging Posters I
16. Pediatric Stroke Posters I
17. Preventative Strategies Posters I
18. Vascular Cognitive Impairment Posters I
19. Vascular Malformation Posters I
20. Previously Published Science: Abstracts Previously Published or Presented After AHA Acceptance
21. Late-Breaking Science Posters I
Professor-Led Poster Tours 5:15-6:15 p.m. | Posters WMPI–WM120
1. Acute Endovascular Treatment Moderated Poster Tour
2. Acute Neuroimaging Moderated Poster Tour
3. Aneurysm and Health Services, Quality Improvement and Patient-Centered Outcomes Moderated Poster Tour
4. Basic and Preclinical Neuroscience of Stroke Recovery Moderated Poster Tour
5. Community/Risk Factors Moderated Poster Tour
6. Emergency Care/Systems Moderated Poster Tour
7. In-Hospital Treatment Moderated Poster Tour
8. Intracerebral Hemorrhage Moderated Poster Tour
9. Pediatric Stroke Moderated Poster Tour
10. Vascular Biology in Health and Disease and Vascular Malformations Moderated Poster Tour


PRODUCTS & SERVICES SHOWCASE PAID ADVERTISEMENT EVOLVING STROKE CARE TOGETHER.
American Heart/American Stroke Association and Stroke Society of Australasia Joint Session

Research hones in on therapies for intracerebral hemorrhage

Recent drug approval and clinical trials on medical therapies for intracerebral hemorrhage make treatment options timely topics, said Kevin Cockroft, MD, MSc, professor of neurosurgery at Penn State Milton S. Hershey Medical Center, Hershey, Pennsylvania.

Cockroft will co-modulate “Toward Definitive Medical Therapies for Intracerebral Hemorrhage” at 1:30 p.m. Wednesday in Room 152. Topics will include limiting hematoma expansion, blood pressure control, anticoagulation reversal to treat ICH.

“Hematoma Volume and Expansion as Therapeutic Opportunities” will be presented by Atte Meretoja, MD, PhD, MSc, associate professor of neuroscience at the University of Melbourne in Australia.

“Several studies have found expansion of the hematoma to be a bad prognostic sign,” said Cockroft, adding that small hematomas have a 20 percent mortality and large hematomas have a 90 percent mortality. “And there’s evidence that if you can prevent expansion of the hematoma that you can keep people in that good outcome category.”

Blood pressure control, an intervention to prevent hematoma expansion, will be covered in “BP Management in Acute ICH,” by Craig Anderson, MD. Anderson is a professor of stroke medicine and clinical neuroscience at the University of Sydney in Australia, and the principal investigator for INTER-ACT2 (Intensive Blood Pressure Reduction in Acute Cerebral Hemorrhage Trial 2). He also will discuss the ATACH-II clinical trial, which suspended enrollment in September with 1,000 patients.

“The ATACH trial was looking at intensive blood pressure management starting within three hours of the hemorrhage and continuing for 24 hours using an intravenous continuous infusion of the drug [nicardipine] to see if that impacted the outcome and prevented the hematoma expansion,” Cockroft said.

The hypothesis of the Phase III trial was to see if the intervention reduced by 10 percent or greater the likelihood of death or disability at three months after ICH compared with standard systolic blood pressure reduction.

Hagen Huttner, MD, professor of medicine at the University of Erlangen-Nuremberg in Erlangen, Germany, will present “Anticoagulant Reversal in ICH.” He will discuss idarucizumab, which the FDA approved as a reversal agent for the anticoagulant dabigatran for use in the U.S. and Europe. Idarucizumab is the first of the reversal agents for the newer non-vitamin K antagonist anticoagulants.

“The three- and four-factor prothrombin concentrate mixtures are in vogue now, although they are not specific to these drugs,” Cockroft said.

The final presentation is “Management of Seizures, DVT and Other Complications of ICH” by Carlos A. Molina, MD, PhD, Barcelona, Spain. “As we get people to survive the initial hemorrhage, one of the things that impacts mortality, morbidity and long-term outcome is these intensive care unit or post-hemorrhage complications, such as deep vein thrombosis and seizures,” Cockroft said.

UPCOMING SESSION

Toward Definitive Medical Therapies for Intracerebral Hemorrhage

Wednesday, 1:30-3 p.m. Room 152

Moderators: Kevin Cockroft, MD, MSc, and Stephen M. Davis, MD

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Learn, relax and recharger in the Science & Technology Hall

The Science & Technology Hall at ISC 2016 bridges the gap between clinical and professional education with an array of equipment, services and networking opportunities. The Science & Technology Hall will showcase more than 100 companies from 10 a.m. to 4 p.m. on Wednesday and Thursday. There will be Wi-Fi hotspots and a charging station in Booth 359.

Plan to stop by the American Heart Association/ American Stroke Association’s HeadQuarters, Booth 235, for information on Advocacy: You’re the Cure, American Stroke Association, Cryptogenic Stroke, EmPOWERED To Serve, Heart Channel, Hospital Accreditation/Certification, Patient and Professional Education, professional membership, Get With The Guidelines, Target Stroke, Quality Research, Research, Scientific Publications and ShopHeart.

Workshops were held at exact working are the heart of the Science & Technology Hall Tuesday. Half hours are 10 a.m. to 4 p.m. Wednesday and Thursday.

2016 ISC EXHIBITORS CONTINUED ON PAGE 13
Academic institutions, researchers, and healthcare providers are constantly working towards enhancing patient care through innovative technologies. One such development is the use of sensor-based devices for functional movement assessment in a rehabilitation institute. These devices allow for the continuous monitoring and recording while storing beat-to-beat changes, with the potential to improve outcomes for stroke survivors.

Medtronic, a medical technology company, is leading the way in this field. They have developed a comprehensive portfolio for the rehabilitation of stroke patients, which includes systems and devices designed for paralyzed or weak arms. The Medtronic softBank robotics platform is capable of targeting specific brain regions using precision surgical techniques.

The Joint Commission, a national accreditation body, has recognized the importance of sensor-based devices in the rehabilitation field. The Joint Commission has issued guidelines for the safe and effective use of such devices, ensuring that they are utilized in a manner that enhances patient outcomes.

In addition to sensor-based devices, there is also a growing interest in sensor-based neuroimaging. The National Institute of Neurological Disorders and Stroke (NINDS) has been conducting research on the use of neuroimaging techniques to monitor the progression and regression of conditions affecting the brain. This research is crucial for understanding the underlying mechanisms of various neurological disorders and developing effective treatment strategies.

The National Stroke Association (NSA) is also playing a significant role in promoting the use of sensor-based technologies for stroke rehabilitation. They are working closely with leading researchers and technology providers to ensure that these technologies are accessible and affordable to patients.

Overall, the use of sensor-based devices and neuroimaging technologies is a promising area of research that has the potential to revolutionize the way we approach the rehabilitation of stroke patients. As the field continues to evolve, it will be fascinating to see how these technologies will be integrated into clinical practice, improving the lives of millions of people each year.
2016 ISC EXHIBITORS
CONTINUED FROM PAGE 11

Portola Pharmaceuticals Inc.  606
Portola Pharmaceuticals Inc. and its subsidiaries is a privately held biopharmaceutical company focused on the discovery, development and commercialization of innovative, science-based medicines to address significant unmet medical needs in cardiovascular medicine, inflammation and related areas of disease. Portola's established, comprehensive portfolio includes molecules at every stage of development from discovery through commercialization. The company is committed to developing products with the potential to make a meaningful impact on the lives of patients. Portola has two medicines approved by the FDA: REQUELIN™ for the treatment of the symptoms of fibromyalgia and ANDERGEN™ for the treatment of hypogonadotropic hypogonadism (HH) in men at 18 years of age and older. Portola's pipeline includes eight investigational medicines, of which four are in pivotal trials. Portola’s mission is to provide medicines that are innovative, accessible, affordable and convenient to patients. Portola’s vision is to be the leading discoverer, developer and developer of medicines with the potential to transform the treatment of cardiovascular disease.

Society of NeuroInterventional Quality Outreach and Reputation. Regional Care is a clinical workflow and documentation to recreate hospitals and healthcare services to non-urban environments. Regional Care is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Regional Care provides a wide range of medical services, including surgery, anesthesia, and inpatient and outpatient care. Regional Care is recognized for its clinical excellence, patient satisfaction, and superior value. Regional Care is committed to improving the quality of care and outcomes for patients.

Remedy Pharmaceuticals Inc.  629
Remedy Pharmaceuticals Inc. is a privately held, biopharmaceutical company focused on the discovery, development and commercialization of innovative, science-based medicines to address significant unmet medical needs in cardiovascular medicine, inflammation and related areas of disease. Remedy’s established, comprehensive portfolio includes molecules at every stage of development from discovery through commercialization. The company is committed to developing products with the potential to make a meaningful impact on the lives of patients. Remedy’s pipeline includes eight investigational medicines, of which four are in pivotal trials. Remedy’s mission is to provide medicines that are innovative, accessible, affordable and convenient to patients. Remedy’s vision is to be the leading discoverer, developer and developer of medicines with the potential to transform the treatment of cardiovascular disease.

Retreat & Refresh Stroke Camp  640
Retreat & Refresh Stroke Camp provides weekend retreats for stroke survivors, caregivers, family members and volunteers. In addition, Retreat & Refresh Stroke Camp conducts a mini-League of Legends tournament and a mini-League of Legends tournament as part of the mini-League of Legends tournament. Retreat & Refresh Stroke Camp is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Retreat & Refresh Stroke Camp is recognized for its clinical excellence, patient satisfaction, and superior value. Retreat & Refresh Stroke Camp is committed to improving the quality of care and outcomes for patients.

Ried Inc.  619
Ried Inc. is a dynamic high-tech company with more than 30 years of experience in clinical diagnostic and anatomic pathology laboratory systems. The company is committed to developing products with the potential to make a meaningful impact on the lives of patients. Ried Inc.’s mission is to provide medicines that are innovative, accessible, affordable and convenient to patients. Ried Inc.’s vision is to be the leading discoverer, developer and developer of medicines with the potential to transform the treatment of cardiovascular disease.

Society of NeuroInterventional Surgery  358
Society of NeuroInterventional Surgery is a professional and educational association dedicated to advancing the specialty of neurointerventional surgery through research, training, education, and advocacy in order to support the highest quality of patient care in diagnosing and treating diseases of the brain, spine, head and neck.

Spectrum Health  637
Spectrum Health is a nonprofit health system based in Grand Rapids, Michigan, that includes ten hospitals, Spectrum Health St. Mary’s Hospital, Spectrum Health Mary Free Bed Rehabilitation Hospital, Spectrum Health Zeeland Community Hospital and Spectrum Health Grand Rapids Cancer Center. Spectrum Health is the second largest health system in Michigan and one of the largest health systems in the country. Spectrum Health's mission is to improve the health and well-being of the communities we serve by providing high-quality, compassionate care.

Siemens Healthcare  107
Siemens Healthcare provides medical equipment and services to hospitals, medical centers, diagnostic imaging centers, and laboratories. The company is committed to the development of medical and diagnostic imaging systems, management consulting and support services, and educational and training services. Siemens Healthcare is a leading provider of medical technology and services to hospitals and healthcare providers. Siemens Healthcare is committed to improving the quality of care and outcomes for patients.

Stryker and Frazer  419
Stryker and Frazer is a world leader in medical technology, with a focus on improving patient outcomes and decreasing costs. Stryker and Frazer is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Stryker and Frazer is recognized for its clinical excellence, patient satisfaction, and superior value. Stryker and Frazer is committed to improving the quality of care and outcomes for patients.

St. John Health System  637
St. John Health System is a nonprofit health system based in Grand Rapids, Michigan, that includes ten hospitals, Spectrum Health St. Mary’s Hospital, Spectrum Health Mary Free Bed Rehabilitation Hospital, Spectrum Health Zeeland Community Hospital and Spectrum Health Grand Rapids Cancer Center. St. John Health System is the second largest health system in Michigan and one of the largest health systems in the country. St. John Health System's mission is to improve the health and well-being of the communities we serve by providing high-quality, compassionate care.

St. Louis University  352
St. Louis University is a private, Jesuit university located in St. Louis, Missouri. St. Louis University is committed to the development of medical and diagnostic imaging systems, management consulting and support services, and educational and training services. St. Louis University is a leading provider of medical technology and services to hospitals and healthcare providers. St. Louis University is committed to improving the quality of care and outcomes for patients.

Stokes Medical Equipment  316
Stokes Medical Equipment is a leading manufacturer of medical and surgical equipment, with a focus on improving patient outcomes and decreasing costs. Stokes Medical Equipment is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Stokes Medical Equipment is recognized for its clinical excellence, patient satisfaction, and superior value. Stokes Medical Equipment is committed to improving the quality of care and outcomes for patients.

Tenet South Florida Advanced Practice Providers  400
Tenet South Florida Advanced Practice Providers is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Tenet South Florida Advanced Practice Providers is recognized for its clinical excellence, patient satisfaction, and superior value. Tenet South Florida Advanced Practice Providers is committed to improving the quality of care and outcomes for patients.

Tenet South Florida Comprehensive Stroke Center  352
Tenet South Florida Comprehensive Stroke Center is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Tenet South Florida Comprehensive Stroke Center is recognized for its clinical excellence, patient satisfaction, and superior value. Tenet South Florida Comprehensive Stroke Center is committed to improving the quality of care and outcomes for patients.

Twogether  419
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Vanderbilt University Medical Center  231
Vanderbilt University Medical Center is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Vanderbilt University Medical Center is recognized for its clinical excellence, patient satisfaction, and superior value. Vanderbilt University Medical Center is committed to improving the quality of care and outcomes for patients.

Visuallydistinctive  316
Visuallydistinctive is the leading organization in the fight against stroke, with 100% of net proceeds benefiting the World Stroke Organization. Visuallydistinctive is dedicated to improving the quality of care and outcomes for patients. Visuallydistinctive is committed to improving the quality of care and outcomes for patients.

Vasbel Inc.  234
Vasbel Inc. develops and markets the NOV, an integrated medical device for cardiovascular medicine, inflammation and related areas of disease. Vasbel Inc. is committed to the development of medical and diagnostic imaging systems, management consulting and support services, and educational and training services. Vasbel Inc. is a leading provider of medical technology and services to hospitals and healthcare providers. Vasbel Inc. is committed to improving the quality of care and outcomes for patients.

Wi-Fi Charging Lounge  359
Watson Kluwer  318
Watson Kluwer is a leading technology company in the healthcare industry, with a focus on improving patient outcomes and decreasing costs. Watson Kluwer is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Watson Kluwer is recognized for its clinical excellence, patient satisfaction, and superior value. Watson Kluwer is committed to improving the quality of care and outcomes for patients.

World Stroke Organization  360
The World Stroke Organization (WSO) is the world’s leading organization in the fight against stroke. Today, WSO has over 4,000 individual members and more than 80 society members from 85 different countries.

Zoll Medical Corporation  615
Zoll Medical Corporation, a leader in medical technology for the healthcare industry, is committed to improving the quality of care and outcomes for patients. Zoll Medical Corporation is a comprehensive, high-quality, non-urban healthcare service provider with a focus on improving patient outcomes and decreasing costs. Zoll Medical Corporation is recognized for its clinical excellence, patient satisfaction, and superior value. Zoll Medical Corporation is committed to improving the quality of care and outcomes for patients.

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Preventing stroke, dementia worldwide

Learn about the evolving global agenda for stroke and dementia, as well as research on mechanisms and prevention during “Stroke, Dementia and the Sustainable Development Goals” at 3:30 p.m. Thursday in Room 151. The United Nations adopted the Sustainable Development Goals, which include reducing mortality from stroke in September.

“The UN targets relate to key outcomes and their reduction,” said session moderator Stephen M. Davis, MD, professor of neurology at the University of Melbourne/Royal Melbourne Hospital in Australia. “In addition to mortality, stroke survivors are at significant risk of dementia.”

The first topic, “Vascular Disease and Dementia: The Underlying Mechanisms,” will be presented by Costantino Iadecola, MD, director of the Brain and Mind Research Institute at Weil Cornell Medical College in New York. Iadecola’s research focuses on the brain dysfunction and damage that underlie stroke and dementia, including hypertension and the brain, why the brain dies after stroke: Alzheimer’s disease and stroke; and the bright and dark sides of brain plasticity, Davis said.

Michael Brainin, MD, professor of clinical neurology at Danube University in Krems, Austria, will present “Preventing Cognitive Decline and Dementia: What Is the Evidence?” Last year Brainin and colleagues wrote a randomized study on multidomain lifestyle interventions for the prevention of cognitive decline after ischemic stroke.

“What Do the Post-2015 Sustainable Development Goals Mean for Stroke and Dementia?” will be presented by Bo Norrving, MD, PhD, professor of neurology at Lund University in Sweden.

“Neurological diseases are no longer only a task for the medical profession, they are an integral part of the global political agenda of major health issues that affect the entire community.”

Bo Norrving, MD, PhD; Vladimir Hachinski, MD, DSc, professor of neurology at the University of Western Ontario, London in Canada, will present “The New Stroke Proclamation: A Roadmap to Prevent Stroke and Dementia.” In 2015, the World Stroke Organization updated the World Stroke Day Proclamation to include preventable dementias, calling for joint action to prevent stroke and dementia. “Stroke and dementia represent risks for each other, which raises the question of joint prevention,” Hachinski said. He discussed the stroke strategy in place since 2000 in Ontario, which has resulted in better outcomes for stroke and ischemic heart attack.

“We looked at the incidence of stroke and dementia for the period 2003-2012 and found a decline in stroke incidence and, some years later, in dementia incidence. My presentation will emphasize the need for joint synergistic integrated action to the advances that have been achieved so far,” he said.

“Stroke, Dementia and the Sustainable Development Goals” is an American Heart Association/American Stroke Association and World Stroke Organization Joint Session.

Neurological diseases are no longer only a task for the medical profession, they are an integral part of the global political agenda of major health issues that affect the entire community.

Bo Norrving, MD, PhD; Vladimir Hachinski, MD, DSc, professor of neurology at the University of Western Ontario, London in Canada.

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You have two ways to complete your conference evaluation and claim your CME/CE credits for the conference, pre-conference symposia and/or nursing symposium.

1. Stop by the Communication Center, which is in the South Hall Lobby, Level 1, of the Los Angeles Convention Center.

2. Visit learn.heart.org from any computer with Internet connection.

CME/CE credit will not be available to claim for this activity after Aug. 19, 2016.

International attendees may obtain an attendance verification form at one of the self-service terminals in Registration, located in Halls J, Level 1, and in Halls P, Level 1.
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AF & STROKE: WHEN TO LOOK AND HOW TO TREAT

JOIN US!

Wednesday, February 17
Dinner Symposium

JW Marriott Los Angeles
L.A. LIVE
Platinum Ballroom, Salons 1-4
Los Angeles, California

This event is not part of the official International Stroke Conference 2016 as planned by the International Stroke Conference Program Committee.

COURSE DIRECTORS

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St. Vincent Hospital, Indianapolis, Indiana
Consulting Professor of Medicine
Duke University Medical Center
Durham, North Carolina

AGENDA

7:00 pm
Dinner/Opening Comments
Lee Schwamm, MD

7:15
Re-examining AFFIRM: The Importance of Sinus Rhythm
Eric Prystowsky, MD

7:40
Case Presentation(s) with Audience Response and Faculty Discussion
John Rogers, MD

8:00
Prevention of Stroke: Warfarin vs. NOAC
Elaine Hylek, MD

8:20
Cryptogenic Stroke: The Role of AFib and Monitoring
Lee Schwamm, MD

8:40
Case Presentation(s) with Audience Response and Faculty Discussion
John Rogers, MD

9:00
Closing Comments/Course Evaluations/Adjourn

Reference

Brief Statement: Reveal LINQ™LNQ11 Insertable Cardiac Monitor and Patient Assistant

Indications: Reveal LINQ LNQ11 Insertable Cardiac Monitor. The Reveal LINQ Insertable Cardiac Monitor is an implantable patient-activated and automatically-activated monitoring system that records subcutaneous ECG and is indicated in the following cases: patients with clinical symptoms or situations at increased risk of cardiac arrhythmias; patients who experience transient symptoms such as dizziness, palpitation, syncope, and chest pain, that may suggest an cardiac arrhythmias. This device has not been specifically tested for pediatric use. Patient Assistant: The Patient Assistant is intended for unsupervised patient use away from a hospital or clinic. The Patient Assistant activates the data management feature in the Reveal Insertable Cardiac Monitor to initiate recording of cardiac event data in the implanted device memory. Contraindications: There are no known contraindications for the implant of the Reveal LINQ Insertable Cardiac Monitor. However, the patient’s particular medical condition may dictate whether or not a subcutaneous, chronically implanted device can be tolerated. Warnings/Precautions: Reveal LINQ LNQ11 Insertable Cardiac Monitor. Patients with the Reveal LINQ Insertable Cardiac Monitor should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillation, lithotripsy, therapeutic ultrasound and radiofrequency ablation to avoid electrical reset of the device, and/or inappropriate sensing as described in the Medical procedure and EMI precautions manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the Reveal LINQ MRI Technical Manual. Patient Assistant: Operation of the Patient Assistant near sources of electromagnetic interference, such as cellular phones, computer monitors, etc., may adversely affect the performance of the device. Potential Complications: Potential complications include, but are not limited to, device rejection phenomena (including local tissue reaction), device migration, infection, and erosion through the skin. See the device manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1 (800) 328-2518 and/or consult Medtronic’s website at www.medtronic.com. Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

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Controversies in Stroke
For clinicians who face daily uncertainty in their clinical practice decision making
• Features contrasting opinions of leading experts as to how clinical dilemmas should be approached, an overview of the positions taken by the opposing experts, and recommendations about how to manage the clinical dilemmas.

Illustrative Teaching Cases
Provides early career clinicians better direction as to how to approach similar cases they encounter
• Presents clinical vignettes of challenging cases seen in clinical practice, including an evaluation of the case, the management, and the outcome. Relevant literature related to the case is provided, as well as an outline with the “take home” points pertinent to the case.

State-of-the-Science Nursing Review
For nurses and interdisciplinary team members involved in the care delivery process
• Focuses on the unique contribution nursing plays in addressing prominent healthcare issues for those at risk for stroke, stroke survivors, and their families. Within this series, important aspects of evidence-based interventions and their associated outcomes are described. Key points to incorporate in care throughout the care delivery process are emphasized.