STROKE

Friday, March 27, 2020	
07:30-08:30	**E-Poster Presentations (Exhibition Area)**
08:30-10:10	**NEUROIMAGING IN ACUTE ISCHEMIC STROKE**
Chairs:	**Maia Beridze**, Georgia | **Nataliia Chemer**, Ukraine
08:30-09:20	**Is penumbral imaging mandatory for potential thrombectomy in patients arriving beyond six hours?** *Capsule: There is general agreement amongst stroke experts that patient selection is essential for successful thrombectomy is essential. The introduction of penumbral imaging may allow for improved patient evaluation but comes at a higher cost. Is there sufficient evidence that such imaging is made mandatory prior to initiation of treatment?*
08:30-08:40	Host: **Joanna Wojczal**, Poland
08:40-08:55	Yes: **Krassen Nedeltchev**, Switzerland
08:55-09:10	No: **Ashfaq Shuaib**, Canada
09:10-09:20	Discussion and rebuttals
09:20-10:10	**Do diffusion weighted imaging (DWI) negative strokes exist?** *Capsule: Stroke is a clinical entity. Its exact identification is crucial as therapeutic options nowadays are associated with some risks. DWI MRI is considered the best imaging technique for the confirmation of acute ischemic stroke (AIS). Sensitivity, however, is not perfect, with debatable underlying reasons, raising the question: Do AIS with negative DWI imaging really exist?*
09:20-09:30	Host: **Olena Tsurkalenko**, Ukraine
09:30-09:45	Yes: **Jonathan Streifler**, Israel
09:45-10:00	No: **Krassen Nedeltchev**, Switzerland
10:00-10:10	Discussion and rebuttals
10:10-10:25	***Coffee Break***
10:25-12:05	**HEART AND BRAIN**
Chairs:	**Zdravka Poljakovic**, Croatia **|** **Aleksandras Vilionskis**, Lithuania
10:25-11:15	**Should all patients with embolic stroke of undetermined source (ESUS) be anticoagulated?** *Capsule: ESUS patients are more likely to have a cardioembolic source of stroke, so may benefit from anticoagulation. However, studies to date have not supported anticoagulation in all patients with ESUS. Are there robust reasons that they should be anticoagulated?*
10:25-10:35	Host: **Natan Bornstein**, Israel
10:35-10:50	Yes: **David Spence**, Canada
10:50-11:05	No: **Jonathan Streifler**, Israel
11:05-11:15	Discussion and rebuttals
11:15-12:05	**Is left atrial appendage closure underutilized for stroke prevention in atrial fibrillation?** *Capsule: The majority of embolic strokes patients with nonvalvular atrial fibrillation are associated with left atrial thrombi, and left atrial appendage closure may be suitable alterative to chronic anticoagulation.*
11:15-11:25	Host: **George Chrysant**, USA
11:25-11:40	Yes: **Roni Eichel**, Israel
11:40-11:55	No: **Michael Glikson**, Israel
11:55-12:05	Discussion and rebuttals
12:05-12:15	***Short Break***
12:15-13:15	**Industry Supported Symposium**
13:15-14:15	***Lunch Break***
13:15-14:15	**Meet the Expert |**
14:15-15:45	**ACUTE ISCHEMIC STROKE (AIS) MANAGEMENT**
Chairs:	**Fenny Yudiarto**, Indonesia | **Michael Chopp**, USA
14:15-15:00	**Mobile stroke units (MSU) are useful and cost effective for patients with AIS.** *Capsule: IV tPA was approved as an effective treatment for AIS within 4.5 hours. It also was shown that the sooner the tPA is administered the better are the chances of beneficial outcome – "Time is Brain". Therefore, MSU with CT*

	scan were introduced with the ability to give tPA in the ambulance and by that to save time. It is still unsettled whether MSU actually have an impact on patients' outcome and are cost effective. This debate will try to shed light on this controversial issue.
14:15-14:25	Host: **Joanna Wojczal**, Poland
14:25-14:40	Yes: **Silke Walter**, Germany
14:40-14:55	No: **Krassen Nedeltchev**, Switzerland
14:55-15:00	Discussion and rebuttals
15:00-15:45	**Does the main benefit of AIS come from tPA or stroke unit care?**
	Capsule: The presence of a dedicated stroke unit allows for the management of all patients with suspected AIS. Treatment with tPA can only be offered to a smaller subset of AIS patients but the improvement in some treated patients can be very significant. In an era of limited resources, should we focus on ensuring that all AIS patients be admitted to a stroke unit or recommend fast triage methods for timely thrombolysis?
15:00-15:10	Host: **Agnieszka Słowik**, Poland
15:10-15:25	tPA: **Gary Ford**, UK
15:25-15:40	Stroke unit: **Ashfaq Shuaib**, Canada
15:40-15:45	Discussion and rebuttals
15:45-16:00	***Coffee Break***
16:00-17:30	**SECONDARY STROKE PREVENTION**
Chairs:	**Dalius Jatuzis**, Italy |
16:00-16:45	**Should statins be given to people over age 80 for stroke prevention?**
	Capsule: There is considerable evidence that the use of statins results in reduction of cardiovascular morbidity and mortality. Long-term treatment with statins can lead to side effects including muscle and liver damage. Clinical trials evaluating the efficacy of statins have mostly enrolled subjects less than 75 years of age. Can we extrapolate the evidence to older individuals in whom the risk of side-effects may be higher?
16:00-16:10	Host: **Milija Mijajlovic**, Serbia
16:10-16:25	Yes: **David Spence**, Canada
16:25-16:40	No: **Vida Demarin**, Croatia
16:40-16:45	Discussion and rebuttals
16:45-17:30	**Should symptomatic extracranial vertebral artery stenosis be stented?**
	Capsule: Stenosis in the vertebro-basilar system accounts for about one quarter of all posterior circulation strokes. The risk profile is similar to that seen for carotid stenosis. Recent phase 2 trials have shown that extracranial vertebral stenosis can be stented with low risk but whether this reduces recurrent stroke risk compared with best medical therapy alone remains controversial. The debate will consider whether based on current evidence stenting should be recommended for recently symptomatic extracranial vertebral artery stenosis.
16:45-16:55	Host: **Hugh Markus**, UK
16:55-17:10	Yes: **Laszlo Csiba**, Hungary
17:10-17:25	No: **Hrvoje Budincevic**, Croatia
17:25-17:30	Discussion and rebuttals
17:30-19:00	**ANTITHROMBOTIC TREATMENTS**
Chairs:	
17:30-18:15	**Should TIA patients be routinely treated chronically with both aspirin and clopidogrel?**
	Capsule: In some studies, dual antiplatelet therapy has benefits in the short term compared to single agents. However, the duration of benefit may be limited, and there may be some patients who would not benefit. In addition, dual therapy carries risk of complications, particularly hemorrhage. Is there sufficient evidence to recommend long-term dual antiplatelet therapy for all patients with TIA or minor strokes?
17:30-17:40	Host: **Agnieszka Słowik**, Poland
17:40-17:55	Yes: **Jorge Celis**, Colombia
17:55-18:10	No: **David Spence**, Canada
18:10-18:15	Discussion and rebuttals
18:15-19:00	**In the presence of cerebral microbleeds (CMBs), antithombotic therapy should be avoided.**
	Capsule: The presence of microbleeds (detected only with MRI) is associated with increased risk of hemorrhagic and perhaps of ischemic stroke. The risk depends on the location and number of microbleeds. How dangerous is

	antithrombotic therapy in patients with microbleeds? The session provides an overview about the pros and cons.
18:15-18:25	Host: **David Werring**, UK
18:25-18:40	Yes: **Milija Mijajlovic**, Serbia
18:40-18:55	No: **Laszlo Csiba**, Hungary
18:55-19:00	Discussion and rebuttals