

# THE 14<sup>th</sup> WORLD CONGRESS ON CONTROVERSIES IN NEUROLOGY (CONy)

OCTOBER 29 - NOVEMBER 1, 2020 • VIRTUAL

All times are CET (Central European)

SATURDAY, OCTOBER 31, 2020		
15:00-17:00	<b>STROKE I</b>	<b>HALL A</b>
Chair:	<b>Ashfaq Shuaib</b> , Canada	
15:00-15:40	<b>In the presence of cerebral microbleeds (CMBs), antithrombotic therapy should be avoided</b>	
	<i>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.</i>	
15:00-15:05	Introduction and Pre-Debate Voting	
15:05-15:20	Yes: <b>Mahmut Edip Guroi</b> , USA	
15:20-15:35	No: <b>David Werring</b> , UK	
15:35-15:40	Rebuttals, Discussion and Post-Debate Voting	
15:40-16:20	<b>Is left atrial appendage closure underutilized for stroke prevention in atrial fibrillation?</b>	
	<i>Supported by an unrestricted educational grant by Boston Scientific</i>	
	<i>Capsule: The majority of embolic stroke patients with nonvalvular atrial fibrillation are associated with left atrial thrombi, and left atrial appendage closure may be a suitable alternative to chronic anticoagulation.</i>	
15:40-15:45	Introduction and Pre-Debate Voting	
15:45-16:00	Yes: <b>George Chrysant</b> , USA	
16:00-16:15	No: <b>Roni Eichel</b> , Israel	
16:15-16:20	Rebuttals, Discussion and Post-Debate Voting	
16:20-17:00	<b>Does the main benefit of AIS treatment come from tPA or stroke unit care?</b>	
	<i>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?</i>	
16:20-16:25	Introduction and Pre-Debate Voting	
16:25-16:40	tPA: <b>Gary Ford</b> , UK	
16:40-16:55	Stroke unit: <b>Milija Mijajlovic</b> , Serbia	
16:55-17:00	Rebuttals, Discussion and Post-Debate Voting	

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17:00-19:40	STROKE II	HALL A
Chair:	<b>Natan Bornstein</b> , Israel	
<b>17:00-17:40</b>	<b>Do diffusion weighted imaging (DWI) negative strokes exist?</b>	
	<i>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?</i>	
17:00-17:05	Introduction and Pre-Debate Voting	
17:05-17:20	Yes: <b>Derk W. Krieger</b> , United Arab Emirates	
17:20-17:35	No: <b>Andrew Demchuk</b> , Canada	
17:35-17:40	Rebuttals, Discussion and Post-Debate Voting	
<b>17:40-18:20</b>	<b>Should statins be given to people over age 80 for stroke prevention?</b>	
	<i>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 younger than 75 years of age. Can we extrapolate the evidence to older individuals in whom the risk of side-effects may be higher?</i>	
17:40-17:45	Introduction and Pre-Debate Voting	
17:45-18:00	Yes: <b>Daniel Bereczki</b> , Hungary	
18:00-18:15	No: <b>Vida Demarin</b> , Croatia	
18:15-18:20	Rebuttals, Discussion and Post-Debate Voting	
<b>18:20-19:00</b>	<b>Should symptomatic extracranial vertebral artery stenosis be stented?</b>	
	<i>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.</i>	
18:20-18:25	Introduction and Pre-Debate Voting	
18:25-18:40	Yes: <b>Laszlo Csiba</b> , Hungary	
18:40-18:55	No: <b>Hrvoje Budincevic</b> , Croatia	
18:55-19:00	Rebuttals, Discussion and Post-Debate Voting	

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19:00-19:40	<b>Is penumbral imaging mandatory for potential thrombectomy in patients arriving beyond six hours?</b>
	<i>Capsule: There is general agreement amongst stroke experts that patient selection is essential for successful thrombectomy. 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?</i>
19:00-19:05	Introduction and Pre-Debate Voting
19:05-19:20	Yes: <b><u>Ashfaq Shuaib</u></b> , Canada
19:20-19:35	No: <b><u>Mayank Goyal</u></b> , Canada
19:35-19:40	Rebuttals, Discussion and Post-Debate Voting