



PRELIMINARY SCIENTIFIC PROGRAM (Subject to changes – as of February 11, 2024)

FRIDAY, MARCH 22, 2024		
08:30-11:00	STROKE: Acute stroke	HALL B
Chair:	Vida Demarin , Croatia ; Natan Bornstein , Israel	
08:30-09:20	In people with intracerebral hemorrhage (ICH) minimally invasive neurosurgery should be routinely discussed <i>Capsule: Acute stroke due to supratentorial intracerebral hemorrhage is associated with high morbidity and mortality. Open craniotomy hematoma evacuation has not been found to have any benefit in large, randomized trials. Recently minimally invasive catheter evacuation followed by thrombolysis, with the aim of decreasing clot size and iron toxicity showed promising results. Whether minimally invasive surgery should be routinely discussed in patients with ICH is the topic of this debate.</i>	
08:30-08:40	Moderator: Robert Mikulik , Czech republic Introduction and Pre-Debate Voting	
08:40-08:55	Yes: Marina Roje Bedekovic , Croatia	
08:55-09:10	No: Laszlo Csiba , Hungary	
09:10-09:20	Discussion, Rebuttals and Post-Debate Voting	
09:20-10:10	Mechanical Thrombectomy (MT) for large core infarcts is a worthwhile use of health care resources. <i>Capsule: Patients with large infarct core on baseline imaging were excluded from MT studies due to their assumed poor outcome. It is still unclear whether reperfusion therapies are safe and beneficial in this group of patients. The debate will try to answer the open questions: What is the best imaging modality to diagnose the large infarct core? Can analysis of risk-benefit balance justify MT for this group of patients? How can the risk of complications be reduced?</i>	
09:20-09:30	Moderator: Laszlo Csiba , Hungary Introduction and Pre-Debate Voting	
09:30-09:45	Yes: Ashfaq Shuaib , Canada	
09:45-10:00	No: TBA	
10:00-10:10	Discussion, Rebuttals and Post-Debate Voting	

08:30-11:00	STROKE: Acute stroke	HALL B
10:10-11:00	Should patients with mild non-disabling stroke admitted within 4.5h be considered for thrombolysis?	
	<i>Capsule: The role of thrombolysis in treatment of patients with AIS with low National Institutes of Health Stroke Scale (NIHSS) scores is not well understood. However, in the absence of definitive evidence, practice pattern is widely variable. Here we debate the benefit of mild thrombolysis of strokes in view of the most recent evidence.</i>	
10:00-10:20	Moderator: Robert Mikulik , Czech republic	
10:20-10:35	Yes: Ashfaq Shuaib , Canada	
10:35-10:50	No: Jesse Dawson , UK	
10:50-11:00	Discussion, Rebuttals and Post-Debate Voting	

14:30-16:10	STROKE: Prevention and recovery	HALL B
Chairs:	Christine Kremer , Sweden; Marina Roje Bedekovic , Croatia	
14:30-15:20	Is there an added value to use virtual reality in rehabilitation after stroke?	
	<i>Capsule: Within the last 10 years there is growing interest in possible applications of advanced technologies such as virtual or augmented reality. First steps have been made to use these techniques in motor, cognitive and emotional therapies in rehabilitation after stroke. It is however controversial if this will offer additional value for patients or may even be counterproductive taking away resources which could be used better.</i>	
14:30-14:40	Moderator: Nirmal Surya , India Introduction and Pre-Debate Voting	
14:40-14:55	Yes: Volker Homberg , Germany	
14:55-15:10	No: Dafin Muresanu , Romania	
15:10-15:20	Discussion, Rebuttals and Post-Debate Voting	
15:20-16:10	Should GLP-1 agonists be used to reduce stroke risk in non-diabetic obese individuals?	
	<i>Capsule: There is evidence from studies in diabetes that GLT-1 receptor agonist treatment may reduce cardiovascular events, including stroke. A recent large study in obese people with no evidence of diabetes reveals that GLP-1 receptor agonists may also be effective in the prevention of stroke in such non-diabetic obese individuals. Should GLP-1 receptor agonists be used in obese non-diabetic individuals for stroke prevention?</i>	
15:20-15:30	Moderator: Vida Demarin , Croatia Introduction and Pre-Debate Voting	
15:30-15:45	Yes: Natan Bornstein , Israel	
15:45-16:00	No: Jesse Dawson , UK	
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting	

16:30-18:10	STROKE: Prevention and recovery	HALL B
Chairs:	Magdy Aidaros, Egypt	
16:30-17:20	Should we aggressively treat asymptomatic small vessels disease (SVD) with drugs?	
	<i>Capsule: Asymptomatic SVD is perhaps the most common abnormality noted on CT and MR imaging in the elderly population. The presence of SVD increases the risk of symptomatic stroke, dementia, falls, and early mortality. Thus far no definite treatments have been shown to slow the progression of SVD. Should patients with SVD be treated aggressively with antiplatelet medications or is risk factor management sufficient to manage patients in whom SVD is present on brain imaging?</i>	
16:30-16:40	Moderator: Ashfaq Shuaib , Canada Introduction and Pre-Debate Voting	
16:40-16:55	Yes: Christine Kremer , Sweden	
16:55-17:10	No: Alan Cameron , UK	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	