



FRIDAY, MARCH 21ST, 2025

08:00-09:40		Stroke	HALL B
Chairs:	Roni Eichel, Israel; Sadagat Huseynova, Azerbaijan		
08:00-08:50	POINT(S) and COMPASS(ES). Should stroke physicians use a combination of aspirin and low dose Rivaroxaban to reduce risk of recurrent in high risk people with large artery disease?		
	<p>Capsule: The COMPASS trial demonstrated that people with stable atherosclerotic vascular disease who were treated with a combination of low dose rivaroxaban and aspirin had better cardiovascular outcomes but more bleeding than people treated with aspirin alone. Most of the participants were enrolled into the study due to a history of myocardial infarction or peripheral vascular disease and people with a recent stroke were excluded. However, we see many patients who suffer stroke despite being treated with antiplatelets. Is this a viable treatment option for people with stroke due to large artery disease, or would single or dual antiplatelet therapy be preferable?</p>		
08:00-08:10	Moderator: Laszlo Csiba , Hungary Introduction and Pre-Debate Voting		
08:10-08:25	Yes: Robert Gabor Kiss , Hungary		
08:25-08:40	No: Jesse Dawson , UK		
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting		
08:50-09:40	Is AI a useful tool for making decisions in post stroke neurorehabilitation?		
	<p>Capsule: AI can collect, assemble, and process huge amounts of data. This raises the question if AI tools can also be used to ease decision-making in neurorehabilitation, e.g., for planning and monitoring therapeutic interventions. This could increase the quality and speed of feeding information for processes in neurorehabilitation and help overcome problems with highly trained personnel, hence increasing the availability of intellectual resources. There are, however, problems with data security and uncertainties about whether AI is helpful for focalized decisions in the rehab process. In this debate, the pros and cons will be critically</p>		
08:50-09:00	Moderator: Abraham Ohry , Israel Introduction and Pre-Debate Voting		
09:00-09:15	Yes: Volker Hoemberg , Germany		
09:15-09:30	No: Dafin Muresanu , Romania		
09:30-09:40	Discussion, Rebuttals and Post-Debate Voting		



The 19th World Congress on
CONTROVERSIES IN NEUROLOGY

20-22.3.2025 ▶ Prague, Czech Republic



FRIDAY, MARCH 21ST, 2025

13:10:14:50		Stroke (continued)	HALL B
Chairs:	Dalius Jatuzis , Lithuania; Peter Klivenyi , Hungary		
13:10-14:00	Should we offer endovascular treatment (EVT) to patients with acute stroke and pre-stroke mRS of 3 or more?		
	<i>Capsule: Randomized trials with endovascular treatment (EVT) of acute stroke have excluded patients with pre-stroke modified Rankin scale (mRS) of more than "2". Despite lacking trial data, patients with higher mRS are offered EVT. Does the lack of trial data require additional studies in high mRS patients with LVO and acute stroke? Is the data from current trials sufficient to offer treatment regardless of the pre-stroke mRS?</i>		
13:10-13:20	Moderator: Milija Mijajlovic , Serbia Introduction and Pre-Debate Voting		
13:20-13:35	Yes: Ashfaq Shuaib , Canada		
13:35-13:50	No: Roman Herzig , Czech Republic		
13:50-14:00	Discussion, Rebuttals and Post-Debate Voting		
14:00-14:50	Computed tomography perfusion (CTP) is rarely needed for decision making in patients with ischemic stroke		
	<i>Capsule: Reason is that you do not know if there is large core until you have CTP. And CTP can offer other benefits beyond indication of mechanical thrombectomy (MT)</i>		
14:00-14:10	Moderator: Robert Mikulik , Czech Republic Introduction and Pre-Debate Voting		
14:10-14:25	Yes: Roni Eichel , Israel		
14:25-14:40	No: Ashfaq Shuaib , Canada		
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting		



FRIDAY, MARCH 21ST, 2025

15:20-17:00		Stroke (continued)	HALL B
Chairs:	Zuzana Gdovinová , Slovakia; Michal Bar , Czech Republic		
15:20-16:10	There are sufficient data to use Andexanet alpha in people with intracerebral hemorrhage (ICH) associated with factor X inhibitor use		
	<i>Capsule: In people with ICH associated with the use of FXa inhibitors, treatment with andexanet alfa reduces anti-FXa activity and has good hemostatic efficacy. There are also reports that it is associated with lower mortality and better clinical outcomes. However, there may be an increased risk of thrombotic events so the risk benefit ratio may be hard to define. Are there sufficient data to support routine use?</i>		
15:20-15:30	Moderator: Jesse Dawson , UK Introduction and Pre-Debate Voting		
15:30-15:45	Yes: Mira Katan , Switzerland		
15:45-16:00	No: Ales Tomek , Czech Republic		
16:00-16:10	Discussion, Rebuttals and Post-Debate Voting		
16:10-17:00	Time to get the gout drugs out? Colchicine for prevention of stroke. Are you CONVINCED?		
	<i>Capsule: The use of colchicine to prevent cardiovascular events in people with atherosclerotic coronary heart disease was recently approved by the FDA. At least some of the benefits observed are due to a reduction in stroke. The CONVINCE and CHANCE-3 trials recently assessed this in people with recent ischaemic stroke. Should we now be using this in people with ischaemic stroke?</i>		
16:10-16:20	Moderator: Marina Roje Bedeković , Croatia Introduction and Pre-Debate Voting		
16:20-16:35	Yes: Ashfaq Shuaib , Canada		
16:35-16:50	No: Vida Demarin , Croatia		
16:50-17:00	Discussion, Rebuttals and Post-Debate Voting		