Although it was originally designed as a research tool for measuring data on patients in stroke clinical trials, the National Institutes of Health (NIH) Stroke Scale has come to be relied upon more and more by stroke professionals as a clinical assessment tool for evaluating the acuity of stroke patients, determining the appropriate treatment and predicting the outcomes for those patients.

It is worth noting the scale is not without its limitations, some of which will be highlighted in the session “Leveraging the National Institute of Health (NIH) Stroke Scale Knowledge and Skills.” Randi Toumbs, RN, clinical specialist for the stroke and neurology service at Memorial Hermann Hospital in Houston, will lead a discussion focusing on a number of tricky areas for consideration, including which patients are appropriate and when to use the assessment tool, how to perform a comprehensive assessment of the eyes, and understanding the physiologic alterations associated with visual neglect and extinction.

“These areas are very detailed and common causes of questions among clinicians in performing the assessment,” Toumbs said.

As mentioned, there is wider use of the NIH Stroke Scale. Additionally, there are regulatory requirements.
Let’s go beyond.

Wednesday, February 9

The Best of Both Worlds: Combination Therapy for Ischemic Stroke
10:00 - 10:30am Central Time
Learning Studio I, ISC Exhibit Hall

Atrial Fibrillation after Large and Small Vessel Stroke: Are you missing the forest for the trees?
12:45 - 1:15pm Central Time
Learning Studio II, ISC Exhibit Hall

Dinner Event: Delivering Optimal Results with Combination Therapy
Contact your local sales representative for details.

Thursday, February 10

Strength in Numbers: Late-Breaking Flow Diversion Clinical Evidence Explained
12:45 - 1:15pm Central Time
Learning Studio II, ISC Exhibit Hall

From the Heart to the Brain: What You Need to Know About Cardiac Monitoring in Stroke Patients
1:30 - 2:00pm Central Time
Learning Studio II, ISC Exhibit Hall

Together, we can break new ground in stroke care.

These events are not part of the official International Stroke Conference 2022 as planned by the AHA/ASA Committee on International Stroke Programming.

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Learn more
Welcome to Day 1 of the International Stroke Conference 2022.

We are delighted to be back with a physical event, after the break during the pandemic. Whether you are in New Orleans in person or participating virtually, we have a terrific lineup of sessions, speakers and science. To kick off the day, here are three sessions I suggest to get you started.

1. The Opening Main Event (11 a.m.-12:30 p.m. CST), taking place in Hall D of the convention center or in the virtual meeting site, tees up our first three Late-Breaking Science presentations.
   - Randomized Clinical Trial of Endovascular Therapy for Acute Large Vessel Occlusion With Large Ischemic Core
   - Endovascular Treatment With Versus Without Tirofiban for Stroke Patients With Large Vessel Occlusion: The Multicenter, Randomized, Placebo-Controlled, Double-Blind RESCUE BT Clinical Trial
   - PeRiodontal Treatment to Eliminate Minority Inequality and Rural Disparities in Stroke (PREMIERS) Study

2. “Cocktails Anyone?” Intravenous Thrombolysis Symposium (9:10-9:30 a.m. CST in Hall D) is a pro/con debate regarding thrombolysis.

3. Just a Little Fib: Stroke Risk or White Lie? (2-3 p.m. CST in Hall D) How much atrial fibrillation is enough to warrant a switch to oral anticoagulation (OAC) is unknown, but clinicians now must make these decisions with increasing frequency in the outpatient setting. This decision is also potentially influenced by the presumed etiology of the index stroke, and some providers feel OAC is only indicated for those who had a recent cryptogenic embolism. Experts on each side of these key controversial areas will argue the evidence.

See the Online Program Planner for other provocative Wednesday sessions.

View more headlines from #ISC22

Visit ISC 2022 Conference Coverage for even more daily articles, videos and late-breaking science from #ISC22.

https://isc.hub.heart.org

Follow ISC on Twitter Tweet your questions/comments or talk about what's happening at ISC 2022. Use hashtag: #ISC22.
Moira Kapral, MD, MSc, FRCPC, who delivered the Edgar J. Kenton III Lecture “Stroke Disparities Research: Learning From the Past, Planning for the Future” sat down with ISC News to discuss her research, her presentation and her hopes for future generations of researchers.

Dr. Kapral is a professor in the department of medicine at the University of Toronto and director of the Division of General Internal Medicine. She holds the Lillian Love Chair in Women’s Health at the University Health Network/University of Toronto and is a staff physician at the Toronto General Hospital. She is a senior scientist at the Institute for Clinical Evaluative Sciences and the Toronto General Research Institute.

The Edgar J. Kenton III Lecture Award is presented to a senior investigator with recognized contributions in the field of stroke-related race/ethnic disparities. The award honors Kenton, an eminent African American stroke neurologist with a commitment to addressing disparities.

Dr. Moira Kapral

Q: Can you explain what stroke disparities your research has focused on?

Dr. Kapral: My research has focused on evaluating potential disparities in stroke care and outcomes in Canada, based on sex/gender, ethnicity, socioeconomic status, immigration status, Indigenous status, rural residence and other factors.

Q: What has your research yielded?

Dr. Kapral: We found that compared to men, women receive similar care during hospitalization for stroke or transient ischemic attack (TIA) and are equally likely to adhere to medications for secondary stroke prevention, but they have poorer functional outcomes and are more likely to experience pain and depression after stroke. This suggests that interventions to address issues such as functional status and mood may be important for improving stroke outcomes in women.

Additionally, we found that people who lived in low-income areas had an 18% relative increase in one-year mortality after stroke, compared to those in high-income areas, even within the context of Canada’s universal health care system. Identifiable risk factors and processes of care explained only 14% of the difference in stroke mortality, suggesting that other factors, such as social determinants of health, may be contributors. We also found that people living in rural areas of Canada, compared to those in urban areas, were more likely to have a stroke (11% relative increase) or die from stroke (21% relative increase). This group was more likely to have risk factors, like smoking and obesity, and were less likely to be screened and treated for risk factors like diabetes and high cholesterol.

Q: Why is collecting this research important? Do we have gaps to fill that this research can assist with?

Dr. Kapral: Research describing disparities allows us to identify where variations and gaps in care exist, and whether there are populations or situations where care or outcomes may be particularly poor. This work is a necessary first step in determining where additional research may be required, or where targeted interventions should be developed and deployed to reduce disparities and improve care and outcomes.

Q: You talk about the future direction of stroke disparity research. Where is it headed, and what is lacking?

Dr. Kapral: Much of previous disparities research has focused on identifying and documenting whether and where disparities exist, and this is important and necessary foundational work. However, the next phase of stroke disparity research will also need to examine the underlying causes of these disparities, recognize the importance of intersecting social identities (for example, the interaction between factors like age, sex, and immigration status on stroke outcomes) and move from descriptions of disparities to identifying possible solutions.

Q: What role do social determinants of health and structural racism play in moving from descriptions to solutions, and promoting involvement of underrepresented groups in medicine and research?

Dr. Kapral: There is increasing recognition that differences in medical care account for only a small proportion of the observed disparities in health outcomes, and that social determinants of health (for example, economic stability, education, neighborhood environment) and the sequelae of structural racism are important drivers of health disparities. This suggests that the solutions extend beyond medical care, and policy interventions are required. Biomedical researchers might benefit from increased collaboration with public health experts and social scientists, and from participatory research with affected communities to develop solutions.

We also know that there is underrepresentation of women and racial and ethnic minority groups in academic medicine and research, that this lack of representation can have negative consequences for the quality and scope of medical research, and that strategies are needed to increase representation.

Q: How does your talk align with Edgar J. Kenton III’s legacy?

Dr. Kapral: It is a tremendous honor to give this lecture, and I hope that it reflects Dr. Kenton’s legacy in focusing on reducing disparities in stroke and vascular care and in striving to improve health outcomes for all.

Q: What is your advice for early career researchers?

Dr. Kapral: Identify mentors and sponsors who can provide opportunities and help you achieve your goals. Seek out existing networks that provide research infrastructure, data and expertise. Persevere in your endeavors because rejection is common. Find joy in belonging to a community of researchers and clinicians.

Q: What do you hope attendees will do when they return to their practices after hearing you speak?

Dr. Kapral: I hope attendees will reflect on the legacy of Dr. Edgar J. Kenton, will appreciate the importance of studying disparities in stroke care and outcomes, and will be inspired to participate in future efforts to address the underlying drivers of these disparities.
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ISC NEWS DAY 1 | WEDNESDAY, FEBRUARY 9, 2022

#ISC22 honors 12 leading stroke scientists

Twelve scientists leading the way in stroke research are being recognized for their exceptional achievements during #ISC22. The illustrious group includes four groundbreaking scientists who have devoted their careers to stroke research, seven authors of notable new research and one scientist recognized for outstanding mentorship.

Moira K. Kapral, MD, MS
Edgar J. Kenton III Lecture Award

Moira K. Kapral, MD, MSc, FRCP(C), was awarded the 2022 Edgar J. Kenton III Lecture Award at #ISC22.

Karen C. Johnston, MD, MSc
William M. Feinberg Award for Excellence in Clinical Stroke

Karen C. Johnston MD, MSc, was recognized as the 2022 awardee of the William M. Feinberg Award for Excellence in Clinical Stroke.

Gary Rosenberg, MD, FAHA
Thomas Willis Lecture Award

Gary Rosenberg, MD, FAHA, was named the recipient of the 2022 Thomas Willis Lecture Award. Dr. Rosenberg is professor of neurology and neurosciences at the University of New Mexico (UNM) Health Sciences Center in Albuquerque. The Thomas Willis Award recognizes contributions to the investigation and management of stroke basic science.

Yejie Shi, MD, Pittsburgh, Pennsylvania
Robert G. Siekert New Investigator Award in Stroke

Abstract: Targeted Ablation of STAT1 Enhances Resolution of Inflammation by Microglia/ Macrophages and Promotes Long-Term Recovery After Ischemic Stroke

Peipei Pan, PhD, San Francisco, California
Robert G. Siekert New Investigator Award in Stroke

Abstract: Long-Lasting Post-Stroke Memory Dysfunction in Aged Mice Is Likely Due to Exacerbated Hippocampal Inflammation And Synapses Removing

May Nour, MD, Los Angeles, California
Stroke Care in Emergency Medicine Award

Abstract: Geospatial Modeling to Optimize Mobile Stroke Unit System Deployment in a Large Metropolitan Region

ISC abstract-based awards

Seven individuals were recognized at #ISC22 for their abstract submissions.
stroke scientists

Brad B. Worrall, MD, MSc
2022 Stroke Research Mentoring Award
Bradford (Brad) B. Worrall, MD, MSc, is the 2022 recipient of the Stroke Research Mentoring Award. Dr. Worrall is a vascular neurologist and Harrison Distinguished Teaching Professor of Neurology and Public Health Sciences at the University of Virginia (UVA) and vice chair for research in the department of neurology in Charlottesville.

The Stroke Research Mentoring Award recognizes outstanding achievements in mentoring future generations of stroke researchers in the field of cerebrovascular disease. Dr. Worrall directs UVA’s two-year Vascular Neurology Fellowship program (1 fellow/year). He also actively mentors in numerous programs across the spectrum of academic medicine from the UVA Undergraduate African American Mentoring program, the Medical Student Summer Research Program, the NIH-funded Summer Research Internship Program (SRIP) and Summer Medical Research Internship (SMRI) and the UVA general neurology residency in addition to mentoring junior faculty locally, nationally and across the globe.

Dr. Worrall will be presented with the Mentoring Award at the Main Event Thursday, Feb. 10.

Hee-Joon Bae, MD, PhD, FAHA
David G. Sherman Lecture Award
Hee-Joon Bae, MD, PhD, FAHA, will receive the 2022 David G. Sherman Lecture Award at #ISC22.

Dr. Bae is professor of neurology at Seoul National University College of Medicine and Seoul National University Bundang Hospital, and a president-elect of the Korean Stroke Society.

The Sherman Award honors David G. Sherman, MD, a prominent stroke physician and an internationally recognized leader and researcher in stroke prevention and treatment. The award recognizes lifetime contributions to the investigation, management, mentorship and community service in the stroke field.

Dr. Bae’s research has been focused on the acute treatment and epidemiology of stroke; stroke systems of care; and vascular cognitive impairment. He is committed to improving outcomes and cognition in stroke patients. He will present his lecture, “A 15-Year Experience of the Nationwide Multicenter Stroke Registry in Korea” at the Closing Main Event Friday, Feb. 11.

2023 Call for Science Dates

Session Ideas
Suggested Session Submitter Opened: Monday, Feb. 7, 2022
Suggested Session Submitter Closes: Monday, Feb. 14, 2022

Abstracts
Submission Opens: Wednesday, June 1, 2022
Submission Closes: Tuesday, Aug. 23, 2022

Late-Breaking Science and Ongoing Clinical Trials Abstracts
Submission Opens: Wednesday, Oct. 5, 2022
Submission Closes: Wednesday, Nov. 2, 2022

The link to submit abstracts and/or session ideas can be found at strokeconference.org/submitscience on the applicable date above.

Start planning now for ISC23, Feb. 8-10 in Dallas, Texas.

Julie DiCarlo, BS, Boston, Massachusetts
Stroke Rehabilitation Award
Abstract: Patient-Reported and Performance-Based Outcomes. Separate Independently and Are Associated With Distinct Patterns of Neuroanatomical Injury After Stroke (4) 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.

Michelle Johansen, MD, Baltimore, Maryland
Vascular Cognitive Impairment Award
Abstract: Acute Myocardial Infarction Is Associated With Acute and Progressive Decline in Global Cognition: A Pooled Cohort Analysis of the Arie, Mesa, Canhia, Chu, Jos And Nomas Studies (68) This award encourages investigators to undertake or continue research or clinical work in the field of vascular cognitive impairment and submit an abstract to the International Stroke Conference.

Eunsu Park, PhD, Houston, Texas
Stroke Basic Science Award
Abstract: Inhibition Of VEGF Signaling Prevents KRASG12V-Induced Brain Arteriovenous Malformations (110) This award encourages investigators to undertake or continue stroke research in basic or translational science and it must be laboratory-based.

Julian Acosta, MD, New Haven, Connecticut
Mordecai Y. T. Globus New Investigator Award in Stroke
Abstract: Observed and Genomic Life’s Simple 7 Influence Brain Health-Related Neuroimaging Traits in Persons Without Stroke or Dementia (67) This award recognizes Dr. 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 oxygen radical mechanisms and nitric oxide in brain injury.

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ISC 2022 Exhibitors

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* Denotes exhibitors with virtual booths.

List and map current as of Jan. 31, 2022

Submit ISC 2023 award nominations

AHA Members: Submit your nominations for the ISC 2023 Feinberg, Sherman, Willis, Kenton and Stroke Research Mentor Awards.

Nomination Period Opened: Wednesday, Feb. 8, 2022

Nomination Period Closes: Wednesday, Aug. 3, 2022

Go to strokeconference.org/awardsandlectures for more information.
Science & Technology Hall (Hall C)

Learning Studios
Learn about the latest advances in stroke practices, services, and technologies.

Learning Studio

HeadQuarters

Stoke Central
AHA/ASA Stoke Central is a mixed-use space for ISC attendees to learn, network and relax. Various programming from the Early Career & FIT Program, Women in Science & Medicine, AHA/ASA Science and Stroke Council is scheduled for Wednesday and Thursday.

Main Aisle to Posters and Main Event

To Posters

To Main Event
Thrombolysis debate: Almost always versus almost never

Intravenous thrombolysis (IVT) has been the cornerstone of acute stroke treatment since alteplase was approved by the Food and Drug Administration in 1996. But that cornerstone began to erode in 2015 with the publication of multiple trials showing that clot retrievers and other forms of mechanical endovascular therapy (EVT) could be at least as effective as thrombolysis.

“We have had a number of trials in the last year or so asking what happens if you withhold routine medical treatment, thrombolysis, and go straight to endovascular?” said Michael D. Hill, MD, MSc, FRCP(C), professor of clinical neuroscience and Hotchkiss Brain Institute at the Cumming School of Medicine, University of Calgary & Foothills Medical Center in Calgary, Canada.

It looks like the results are very slightly in favor of giving thrombolysis as well as endovascular treatment, but not by much, Dr. Hill said.

So, the question arises, should you withhold thrombolysis? And then it gets to more nuanced things like how much does it cost? Is it cost-effective? What about transport? Is endovascular therapy available where the patient is right now? What if you have a distal thrombus, or you can't get access? Dr. Hill will argue that IVT should be given to all eligible patients pre-thrombectomy during “Cocktails Anyone? Intravenous Thrombolysis Symposium” 9-10:30 a.m. CST on Wednesday, Feb. 9.

Yvo Roos, MD, PhD, professor of neurology at the University of Amsterdam Academic Medical Center in Amsterdam, The Netherlands, will turn a more skeptical eye to the idea that IVT should continue as the mainstay of acute stroke treatment. His take: Fall back on IVT thrombolysis only when EVT is not immediately available on-site.

The obvious concern is adverse events. Multiple clinical trials have shown that IVT can carry a notably elevated risk of bleeding compared to EVT, at least in some patient populations.

And cost can be an enormous issue, depending on the patient and the location. Alteplase costs about 16 times more in the United States than it does in India, Dr. Hill noted, and about eight times more in the U.S. than in Australia. The growing use of tenecteplase, which is generally less expensive than alteplase, could also change cost-effectiveness calculations for IVT and treatment decisions.

There is also the question of having sufficient EVT patient volume to contribute to physician expertise. EVT outcome can be highly dependent on operator experience and expertise, much like outcomes from coronary bypass grafting or any other surgical procedure. High volume centers tend to have better outcomes than lower volume centers. And while high volume stroke centers are more concentrated in urban areas, stroke patients are more broadly distributed. If the only EVT center with reasonable reach does relatively few procedures, Dr. Hill noted, do you really want to forego IVT?

“If the door to a major center is an hour or two away, it makes sense to give IVT in the primary center so the patient is already in treatment while they are in transit to that tertiary center for potential EVT,” Dr. Hill said. “People, and stroke patients, are widely distributed, whereas high volume stroke centers are not.”

The key, he added, is understanding both sides of the IVT-EVT debate to better evaluate the most appropriate approach for each patient.

“On average, it’s pretty even whether you do or don’t use thrombolysis,” he said. “But no individual patient is average. We will be arguing the subtle nuances, and it’s those nuances that are going to help you make the individualized decision.”

Future scientists and researchers of color participate in expanded AHA programs

More than 80 students attending Hispanic Serving Institutions (HSI) and Historically Black Colleges & Universities (HBCU) will be at ISC this year as part of an expanded American Heart Association (AHA) program.

Building on the success of its HBCU Scholars Program, the AHA has launched a program aimed at HSI. The current HBCU scholars class has 51 scholars from 24 schools, while the HSI class consists of 30 students.

Mitzi Cardona, the American Heart Association’s portfolio advisor of collegiate diversity partnerships with hispanic serving institutions, said the Hispanic Serving Institutions Scholars Program will use the existing relationships developed by the AHA in its HBCU program to help students who are aspiring to careers in biomedical and health care sciences.

“The program will develop a pipeline of diverse researchers and health care professionals by providing HSI undergraduate students with academic and career-enriching resources, including scholarships and mentoring,” she said. “It will provide the support needed to help students interested in pursuing careers in the health care field. The goal is to increase health care provider and researcher diversity.”

Samantha Bonilla, a senior majoring in community health at California State University in Dominguez Hills, said she appreciates the opportunities the HSI program is bringing to her and other students like her.

“Attending an HSI is important because it gives me the opportunity to understand the health disparities in my community,” she said. “It allows me to understand the issues in-depth, and the various platforms that we can use to address the rising medical complexities affecting the Hispanic community.”

Sapphire Holston, senior biology and pre-med major at Florida Agricultural and Mechanical University in Tallahassee, said the HBCU program has been beneficial for her on several levels.

“I feel like the HBCU Scholars Program is a great opportunity for students like me to gain exposure not only to opportunities to get into medical school, but also to build resumes and networking skills,” she said.

“I am very grateful to be one of the few who were accepted into the program.”

The programs feature three main components:

• Mentors: Scholars will participate in an academic year of career mentorship to increase their awareness of their potential impact on the understanding and treatment of cardiovascular disease. Each student will be assigned a mentor researcher and will develop a research project, which will then be shared at HSI Scholars Program Research Symposium in Houston and the HBCU Scholars Program Research Symposium in Nashville. Both events will be held in April 2022. Those interested in becoming a mentor can reach out to Cardona at Mitzi.cardona@heart.org.

• Leadership: Scholars will engage in a virtual leadership and professional development series that will help enhance the critical skill sets needed to position them for success beyond graduation. They will also develop an e-portfolio.

• Annual Convenings: In addition to attending this week’s International Stroke Conference and the upcoming April events, the scholars will attend AHA’s Scientific Sessions in November. These events provide the students with opportunities for further career sampling, soft skills training and professional networking.

To be eligible for the new program, Cardona said students must attend an HSI within selected regions, including Chicago, Houston, Los Angeles, Miami, New York and Puerto Rico.

See FUTURE SCIENTISTS, page 14
STROKE SCALE
continued from page 1

requirements for the use of the NIH Stroke Scale in primary stroke centers of care to maintain their credentialing status.

The convergence of the assessment complexity in scoring a patient’s stroke severity using the NIH Stroke Scale in conjunction with the impetus of increasing the number of institutions seeking regulatory compliance provides an important educational opportunity. The Stroke Nursing Program Committee developed this session for the International Stroke Conference in order to provide a learning forum for stroke providers with the goal of improving competencies in measuring stroke severity through the application of the NIH Stroke Scale.

Toumbs said she is hopeful attendees of the session will come away with not just a better understanding of the history of the stroke scale but how to better gauge the reliability and validity of stroke severity assessment findings using the NIH Stroke Scale as well as other tools to consider to quantify stroke patient disposition.

Skye Coote, BN, senior project manager for clinical education at the Australian Stroke Alliance in Melbourne, will give an overview of how to measure stroke severity using the NIH Stroke Scale. Her presentation will also include why the scale is used, when and discerning which patients are most appropriate for the application of the scale in the clinical setting. Following the session, attendees will be able to describe the history and psychometric properties of the scale, identity patient diagnoses suitable for using the scale and discuss the limitations of scoring using the scale.

Alicia Richardson, MSN, clinical nurse specialist at Penn State Health’s Milton S. Hershey Medical Center in Hershey, Pennsylvania, will explore gaze and visual field disorders. Following her presentation, attendees will be able to distinguish gaze disorder findings in anterior versus posterior circulation, describe visual field disorder findings associated with anterior and posterior circulation stroke, and correctly score the NIH Stroke Scale to reflect deficits in gaze and visual field disorders.

In addition, Dawn Meyer, PhD, associate professor of neurosciences at the University of California-San Diego School of Medicine, will talk about the importance of not neglecting extinction disorders. Attendees will be able to describe the physiologic alterations associated with neglect syndromes, distinguish visual neglect and gaze preferences from visual field and gaze disorders and correctly score the NIH Stroke Scale to reflect deficits in extinction disorders by the end of the session.

“We hope attendees will have better insight into the NIH Stroke Scale and learn how to avoid common pitfalls in some of the trickier assessment components,” Toumbs said.
Opportunities in neurointerventional training

There has been a growing interest in neurointerventional training among both neurology residents and vascular neurology fellows, and a session at this year's meeting is looking to further pique that interest with insight from a panel of experts in the field.

Co-presented by the Society for Vascular and Interventional Neurology (SVIN), Wednesday's "Neurointerventional Training for Neurologists," will offer attendees a closer look at the challenges and the future directions for this exciting specialty area.

Presenter Johanna Fifi, MD, associate professor of neurosurgery and neurology at the Icahn School of Medicine at Mount Sinai in New York, said she hopes the session will inspire residents to gain an interest in neurointervention as well as give them some practical advice on the steps and training options that are available.

"This is an exciting field for neurologists who love acute care and procedural practice," she said. "It's full of innovation and cutting-edge technology with a vast potential for helping patients."

In her presentation, "Pathways to Neurointerventional Fellowship for Neurologists," Dr. Fifi will offer an overview of pre-fellowship requirements which include neurology residency and either a vascular neurology or neurocritical care fellowship. That includes the various options for those fellowships such as the Committee on Advanced Subspecialty Training (CAST), Accreditation Council for Graduate Medical Education (ACGME) and United Council for Neurologic Subspecialties (UCNS) as well as a look at unaccredited fellowships. Attendees will also get a feel for the different disciplines involved in this area.

"Neurointervention is a multidisciplinary field and benefits from the knowledge of all neuro specialties, including neurology, neurosurgery and radiology" Dr. Fifi said.

"There is a need to involve neurology residents early in their residency training to open their eyes on the promise and excitement of this specialty so that more of them get familiar with what it offers and see it as a possible career to seek out," she said.

"The hope is that residents interested in stroke become familiar with the specialty, its promise, and the excitement of widening future applications that can further improve patient outcomes."
Visit HeadQuarters in Booth 439

American Stroke Association
Stoke is the No. 2 cause of death worldwide and a leading cause of disability. The American Stroke Association is a relentless force for a healthier world with fewer strokes. We team with millions of volunteers to prevent, treat and beat stroke by funding innovative research, fighting for stronger public health policies and providing lifesaving tools and information. stroke.org PICK UP FREE RESOURCES.

Get With The Guidelines®–Stroke and Target: Stroke™
Get With The Guidelines-Stroke is the AHA/ASA’s in-hospital quality improvement program focused on improving stroke care by providing medical teams with tools and resources to increase adherence to the latest scientific treatment guidelines. Target: Stroke is a Get With The Guidelines-Stroke initiative that aims to improve acute ischemic stroke care by reducing door-to-needle times for eligible patients being treated with IV thrombolysis and endovascular therapy. heart.org/gwtstroke

Quality, Outcomes Research & Analytics
The AHA/ASA’s Quality, Outcomes Research & Analytics Department provides excellence in prospective and retrospective research. In addition to engaging a Citizen Scientist Think Tank™ and overseeing the translation of evidence-based research into cardiovascular and stroke patient care, the department also helps implement clinical trial management solutions for research projects linked within Get With The Guidelines® programs and the quality improvement framework. Current research includes the Mild and Rapidly Improving Stroke Study (MoRiSS) and the Addressing Real-world Anticoagulation Management Issues in Stroke (ARAMIS) study. heart.org/qualityresearch

Research
AHA currently funds more than 1,379 projects across the U.S. In FY 2020-21, AHA invested $135.8 million to fund 598 new proposals. Follow us on Twitter @AHA_Research or visit professional.heart.org/research.

Health Care Certification
Patients know and trust our Heart-Check mark. Due to collaborative efforts with leading U.S. credentialing bodies, participating hospitals can display the symbol to identify their achievement of key certifications in wellness/prevention, stroke and cardiovascular care. Stop by to learn how your hospital or health care facility/agency can earn and display the Heart-Check mark so that your community knows your commitment to quality care and to their care. Check out the Heart-Check mark and the quality that it brings.

Professional Membership
Learn more about AHA/ASA Professional Membership’s career-enhancing benefits. Join or renew your membership on-site and receive a free gift (while supplies last).

Scientific Journals
Immediate impact. Global in influence. Access the 13 AHA Scientific Journals’ content via AHAjournals.org. Print copies of Stroke will be available in the booth. Scan the QR code here for the AHA Journals’ Publishing Guide and Overview and quickly review publishing requirements and policies. Also learn about special features available in each journal. For AHA’s scientific statements and clinical practice guidelines, visit professional.heart.org/statements.

EmPOWERED To Serve™
Join the movement to drive change in local communities by eliminating health disparities through the improvement of social determinants of health. Lifelong Learning
This is your source for the latest in Stroke Continuing Education. Find AHA online educational activities or claim CE for ISC 2022 at learn.heart.org.

Patient Education
Preview the latest educational resources for professionals and patients in the areas of emotional support, atrial fibrillation and hypertension.

Professional Heart Daily
Visit professional.heart.org, the leading online resource for heart and stroke clinicians and scientists. Every day, Professional Heart Daily gives you the latest cardiovascular news – providing science and clinical guidance you can trust.

HeartCare Channel
The HeartCare Channel, a stroke and heart disease-focused in-hospital TV channel and on-demand online video portal, can support stroke patients’ engagement in their recovery, disease management and long-term health. Learn how your facility can subscribe at heartcarechannel.com.

Patient Support
Encourage your patients and their family members to join AHA’s Support Network at heart.org/supportnetwork to connect with other patients, share experiences and help others on their health journeys.

Vascular Health Programs
Legs and feet could hold a clue to heart health. Peripheral Artery Disease is largely overlooked – together we can change that. Download our toolkit for health care professionals at heart.org/pad toolkit.

Stroke OnDemand Extended Access
Even if you can’t make it to every session, you can now obtain convenient access to the exceptional education and science presented at ISC 2022. Beginning March 14, access more than 100 hours of presentations and earn continuing education credits. Visit Professional Membership to learn more about how you can get Extended Access FREE with your paid membership.
Enhance your #ISC22 experience
Visit the Science & Technology Hall

Hours
8:30 a.m. - 5 p.m.
Wednesday and Thursday
Hall C

Don’t miss the Poster Hall
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Moderated Poster sessions available
each day of #ISC22, both in-person
(Hall B2) and virtually

ISC 2022 Abstract Categories: Day 1
- Acute Nonendovascular Treatment
- Advanced Practice Providers and Therapists
- Aneurysms and Vascular Malformations
- Brain Health
- Cerebrovascular Manifestations of COVID-19
- Cerebrovascular Nursing
- Cerebrovascular Systems of Care
- Clinical Rehabilitation and Recovery
- Health Services, Quality Improvement and Patient-Centered Outcomes
- Imaging
- In-Hospital Care; From the ICU to Discharge
- Intracerebral Hemorrhage
- Neuroendovascular
- Non-Acute Large Vessel Disease From Veins to Arteries
- Pediatric Cerebrovascular Disease
- Risk Factors and Prevention
- Translational Basic Science
- Late-Breaking Science

ISC 2022 Simultaneous Publication
Wednesday, Feb. 9, 2022
5-6 p.m. CST
Room 217-219
- 124. Identifying Best Practices to Improve Evaluation and Management of In-Hospital Inpatient Stroke: AHA Scientific Statement

ISC 2022 Satellite Events
These events are not part of the official ISC 2022 as planned by the ASA Committee on the ISC Program.

Wednesday, Feb. 9
6:30 p.m. CST: Registration and Dinner
7-8:30 p.m. CST: Symposium
New Orleans Morial Convention Center, Rooms 356-357
- Mastering the Use of Dual Antiplatelet Therapy for Preventing Recurrent Stroke: How Well Do Your Current Strategies Match With the Experts?

Wednesday, Feb. 9
6:30 p.m. CST: Dinner
7-8:30 p.m. CST: Symposium
Arnaud’s Restaurant
- Delivering Optimal Ischemic Stroke Results with Combination Therapy

Students must be sophomore grade level or higher with a 3.0 science GPA and an interest in community engagement and impact. Students will be awarded a $7,000 stipend to cover costs for tuition, fees and other expenses related to school. Scholars from both the HSI and HBCU programs will take part in a variety of activities at #ISC22.

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Thursday, Feb. 10
7-8 p.m. CST
Live on the Freeman Platform
- Omega-3 Icosapent Ethyl and Stroke Reduction in Atherosclerotic Vascular Disease
Let’s go beyond.

Together, we can break new ground in stroke care.

Visit the Medtronic Booth for more information.
2021 Progress and Innovation Award Recipients

Progress depends on innovation. With that in mind, Stroke offers an award that is a visible and effective way of encouraging new paths, new methods, and new ways of thinking. This award, consisting of a cash prize and trophy is given to the first author of the manuscript and is made possible by funding from the American Heart Association.

Congratulations to all of the recipients!

Flow-Dependent Brain Susceptibility to SARS-CoV-2
Naoki Kaneko, MD, PhD
Sandro Satta, PhD
Stroke. 2021;52:260–270. DOI: 10.1161/STROKEAHA.120.032764

Translational Stroke-Induced Network Changes
Stefan J. Blaschke, MD
Lukas Hensel, MD
Stroke. 2021;52:2948–2960. DOI: 10.1161/STROKEAHA.120.032511

Tenecteplase Thrombolysis in Ischemic Stroke
Cathy S. Zhong, MBChB
James Beharry, MBChB
Stroke. 2021;52:1087–1090. DOI: 10.1161/STROKEAHA.120.030859

Read these articles at AHAjournals.org/str/progress-and-innovation-award-recipients