

ISC News

DAY 1
Wednesday
February 7, 2024

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Amyloid-related imaging abnormalities on the rise



AHA turns 100 6

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Nursing Symposium opens #ISC24

Nursing, rehabilitation and health care professionals converged on Phoenix to explore nursing issues along the continuum of stroke care, including primary and secondary prevention, ischemic and hemorrhagic stroke management, rehabilitation and program development. Bottom left photo (left to right): Mary Rodgers, DHA, ANP, CNS, RN, Nancy A. Pike, PhD, CPNP-AC/PC, FNP-BC, FAHA, Brenda J. Johnson, DNP, MSN, CRNP-BC, ANVP, FAHA, and Katie Boston-Leary.

Pathologies lead to new paths for neurological conditions

Research is blazing a trail through the venous system

The traditional pathway for treating many cerebrovascular and spinal vascular conditions has been through the arteries. But new research suggests there may be another approach — through the veins.

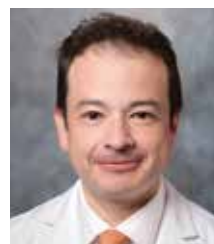
Nestor Gonzalez, MD, MSCR, FACS, FAHA, professor of neurosurgery and director of the Neurovascular Laboratory at Cedars-Sinai

Medical Center in Los Angeles, said the study and advancement of the treatment of these venous pathologies have proven to be somewhat elusive.

“There is less understanding of those conditions and, until recently, not enough work to show the possibilities therapeutic interventions — mainly with endovascular treatments

— may have for pathologies or diseases that are derived from the venous system,” he said.

Dena Williams, DO, assistant professor of stroke and vascular neurology at the University of North Carolina School of Medicine in Chapel Hill,



Gonzalez



Williams

North Carolina, said these approaches are rare, and producing enough patients to perform large-scale,

UPCOMING SESSION

Vein Voyage: Advancements in Neurointerventional Treatments and Diagnosis
9:15–10:45 a.m.
Wednesday, Feb. 7
North 120 D Ballroom

randomized trials has been difficult.

“Most of the current data see **VEIN VOYAGE**, page 6



VIEW PHOTOS FROM #ISC24

See photos of your colleagues and friends at ISC 2024 in Phoenix.



Late-Breaking Science

OPENING MAIN EVENT
WEDNESDAY, FEB. 7
11 a.m.-12:30 p.m. MT



- Zero Degree Head Positioning in Acute Large Vessel Ischemic Stroke (ZODIAC)
- Randomization of Endovascular Treatment with Stent-Retriever and/or Thromboaspiration versus Best Medical Therapy in Acute Ischemic Stroke due to Large Vessel Occlusion Trial in the Extended Time Window (RESILIENT-Extend)
- Multi-Arm Optimization of Stroke Thrombolysis (MOST) Trial



Call For Science

Submit your science for ISC 2025, Nursing Symposium and HEADS-UP now.

Session Ideas

Suggested Session Submitter Opened: Monday, Feb. 5, 2024
Suggested Session Submitter Closes: Monday, March 11, 2024

Abstracts

Submission Opens: Wednesday, May 29, 2024
Submission Closes: Tuesday, Aug. 20, 2024

Late-Breaking Science and Ongoing Clinical Trials Abstracts

Submission Opens: Wednesday, Oct. 2, 2024
Submission Closes: Wednesday, Oct. 30, 2024

The link to submit abstracts and/or session ideas is at strokeconference.org on the applicable date above.

Start planning now for International Stroke Conference 2025, Feb. 5-7, in Los Angeles.



Getting warmed up with stroke pre-cons

The day before ISC 2024 officially opened, attendees participated in three pre-conference symposia: HEADS-UP, Stroke in the Lab World, and Stroke in the Real World. Here's a collection of photos from the day's events and activities. From top to bottom: HEADS-UP, featuring awardee Bernadette Boden-Albala, MPH, DrPH, and poster presenters; Stroke in the Lab World audience shots; and Stroke in the Real World's Deborah Siegal, MD, MSc, FRCPC, presenting with Mollie McDermott, MD, MS.

Stroke risk factors remain higher among Black adults in U.S.

Physicians can help bridge the gap in these disparities



Benson



Patrice

Black adults are 50% more likely to have a stroke compared to their white counterparts, according to the U.S. Department of Health and Human Services Office of Minority Health.

“The No. 1 modifiable risk factor contributing to this disparity is uncontrolled blood pressure,” said Richard Benson, MD, PhD, director of the Office of Global Health and Health Disparities for the National Institute of Neurological Disorders and Stroke.

Dr. Benson, who will be part of the Mind Matters: Unraveling Disparities in Brain Health session on Wednesday, said blood pressure control rates in the U.S. have worsened over the last decade, with significantly lower rates of control among people from racial and ethnic minority groups.

“Non-Hispanic Black persons have 10% lower control rates compared to their non-Hispanic White counterparts,” he said.

Kelly-Ann Patrice, MB, BS, assistant professor of vascular neurology at the University of Arkansas for Medical Sciences, said social determinants of health within at-risk populations place them at higher risk and drive these disparities.

“Higher rates of poor health literacy, lower socioeconomic status and decreased access to health care can negatively impact effective implementation of primary stroke

prevention strategies,” she said.

Those strategies and what physicians can do about them will be the topic of Wednesday’s session.

Dr. Benson said health equity is “imperative to achieving an optimal, healthy, productive, cohesive society,” and doctors can work to achieve this

worthy goal.

“We need to look at the impact of racism and implicit bias on disparities in stroke care, and also examine the effect of the pandemic and the use of newer technologies on access in

see **MIND MATTERS**, page 14

UPCOMING SESSION

Mind Matters: Unraveling Disparities in Brain Health
9:15-10:45 a.m.
Wednesday, Feb. 7
North 120 A Ballroom

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Q&A :



Stephen Salloway, MD, MS

Amyloid-related imaging abnormalities are on the rise

New treatments could help curb the trend in Alzheimer's patients

Data in recent years has shown an increasing trend in amyloid-related imaging abnormalities (ARIA) in patients with Alzheimer's disease being treated with amyloid-lowering monoclonal antibodies, such as lecanemab and donanemab. One of the leading researchers in this area is Stephen Salloway, MD, MS, founding director of the Memory and Aging Program (MAP) at Butler Hospital in Providence, Rhode Island, and professor of neurology and psychiatry at Warren Alpert Medical School of Brown University.

For more than 25 years, Dr. Salloway has conducted more than 125 clinical trials related to Alzheimer's disease. At Butler Hospital's MAP, he and his team have played a part in many major breakthroughs in Alzheimer's diagnosis and treatment. His research has included studying ways to predict who is at risk for Alzheimer's disease, developing approaches to prevent or slow its development through lifestyle modifications and identifying better diagnostic tests to promote early detection and treatment breakthroughs.

The MAP has helped pioneer the use of PET ligands for amyloid and tau to study the

evolution of Alzheimer's pathophysiology in autosomal dominant and sporadic Alzheimer's disease. The program has played a lead role in testing treatments, such as monoclonal antibodies, to lower amyloid plaques and neurofibrillary tangles, as well as tested approaches, such as deep brain stimulation and antisense oligonucleotides, to slow the progression of Alzheimer's.

Dr. Salloway will present his findings during the Friday session, ARIA: Vascular Manifestations of Amyloid Immunotherapy, as well as during a Meet the Expert session Wednesday afternoon on Zoom. He shared some of his experiences with *ISC News* prior to the #ISC24 meeting.

UPCOMING SESSIONS

Meet the Expert: Amyloid-Related Imaging Abnormalities
1:15-1:45 p.m.
Wednesday, Feb. 7
Live on Zoom

ARIA: Vascular Manifestations of Amyloid Immunotherapy
9:15-10:45 a.m.
Friday, Feb. 9
Main Event Hall, Halls 1-3



Q You've done a lot of research in the field of ARIA in Alzheimer's patients. What is your background in the area?

Dr. Salloway: I am a neurologist and clinical trialist studying new treatments and biomarkers for Alzheimer's disease. The goal is to treat Alzheimer's like other major diseases with an early and accurate diagnosis and treatments to slow the disease and preserve quality of life.

Q When did you first discover these abnormalities in Alzheimer's patients?

Dr. Salloway: We first reported the side effect of edema and microhemorrhage with treatment with amyloid-lowering antibodies in 2009 when testing bapineuzumab for mild to moderate Alzheimer's disease. These changes are now known as amyloid-related imaging abnormalities, or ARIA, and are seen with all monoclonal antibodies that target amyloid plaques. The term ARIA-E is used for edema and ARIA-H for hemorrhagic changes.

Q How do the abnormalities present in terms of symptoms?

Dr. Salloway: These changes typically occur early in treatment and are usually transient and asymptomatic. ARIA is symptomatic in 25% of patients. Symptoms are usually mild and non-specific and can include headache, confusion, dizziness and unsteadiness. However, more serious events can occur, which resemble cerebral amyloid angiopathy-related inflammation, and can lead to seizures and focal neurological signs and can be fatal.

Q What do these discoveries mean in treating Alzheimer's patients going forward?

Dr. Salloway: There will soon be two amyloid-lowering antibodies with full FDA approval available for early Alzheimer's disease. As amyloid-lowering antibodies roll out into clinical practice, clinicians and radiologists need to be able to detect and manage ARIA to limit more serious outcomes.

Q What do physicians need to be on the lookout for when it comes to spotting these abnormalities?

Dr. Salloway: The main risk factors for more serious ARIA are the number of ApoE4 alleles and evidence of cerebral amyloid angiopathy on MRI. When evaluating patients in the emergency setting with a focal presentation suggestive of stroke, hospital personnel need to be aware that patients are receiving an amyloid-lowering antibody, consider ARIA in the differential diagnosis, know the patient's ApoE genotype, if available, carefully stage the imaging evaluation and try to limit the use of treatment with thrombolytics. Prompt empiric treatment with high-dose corticosteroids and monitoring and treatment for seizures may be needed for more serious cases. ●

Pediatric brain AVMs present challenges

Not all AVMs may be surgical candidates

Brain arteriovenous malformation (AVM) can be tough enough to treat in adults. When the condition is present in children, it can have even more challenges, said two scientists who will lead a panel of experts in a Wednesday session.

The main challenge with pediatric AVM is the size and location, according to Shih-Shan Chen, MD, attending neurosurgeon in the Division of Neurosurgery and director of vascular neurosurgery and associate



Chen

director with the trauma center at Children's Hospital of Philadelphia.

"Many pediatric AVMs are quite large or holo-hemispheric or deep in the thalamus/basal ganglia, making it not a surgical candidate," Dr. Chen said. "There can also be a lot of potential neurological deficits with radiation."

Steven Hetts, MD, co-chief of the Neuroendovascular Surgery Service Line, chief of interventional neuroradiology for Mission Bay Hospitals and professor of radiology, biomedical imaging and neurological surgery at the University of California, San Francisco, said there can be post-surgery challenges as well.



Hetts

"Ruptured pediatric AVMs appear to have a higher recurrence rate after resection, thus requiring longer-term surveillance than for adult patients," he said. "We have needed to retreat several patients over the years despite apparent initial cures. This seems to be less of an issue for ruptured AVMs."

Drs. Chen and Hetts will discuss these and other challenges and their potential solutions in Wednesday's session, From Bench to Bedside and Beyond | Pediatric Brain AVMs: From

a Bedside Problem to Bench-Based Solutions.

Another challenge in dealing with pediatric AVMs is transitioning patients to adulthood, Dr. Chen said. However, she said it isn't quite as challenging as other pediatric neurosurgery disorders.

"A lot of adult providers already see children with AVMs, meaning vascular surgeons often do both at most major academic centers," she said. "The challenge comes with treatment options, as a lot of options (such as radiation) are not possible with really young kids."

One area of research aimed at helping treat pediatric AVMs uses animal models of brain AVMs to find certain biomarkers that can hopefully translate into human brains.

"The major issues with AVMs are recurrence in pediatrics — which is much more problematic than in adults — and the need to have an invasive test to figure out if the AVM has occurred," Dr. Chen said. "There are studies that show the more compact

UPCOMING SESSION

Bench to Bedside and Beyond | Pediatric Brain AVMs: From a Bedside Problem to Bench-Based Solutions
9:15-10:45 a.m.
Wednesday, Feb. 7
Room 121 A-C

the nidus of the AVM, the less likely it is to recur. Biomarkers that could non-invasively detect the recurrence of AVMs would be ideal."

Disorders such as hereditary hemorrhagic telangiectasia (HHT) are still unknown in the development of when and how AVMs occur if you have this genetic mutation, Dr. Hetts said. "Animal models in these disorders would be helpful in knowing when to surveil and knowing the natural history of these particular AVMs."

This is the first of this year's Bench to Bedside sessions. Be sure to also check out Thursday's session, From Bench to Bedside and Beyond: Cerebral Microcirculation and Neurovascular Coupling. ●

AHA standards could address disparities in post-acute stroke care

A more uniform approach could lead to better care and patient outcomes

The American Heart Association and American Stroke Association created Mission: Lifeline® Stroke to look at the entire system of stroke care to reduce barriers and eliminate gaps across settings.

To date, hospital systems in four states — Iowa, Montana, Nebraska and North Dakota — are participating in the program.

In 2022, the Stroke Post-Acute Care Standards were published, using the 2016 American Heart Association Stroke Rehabilitation and Recovery Guidelines as a reference. The idea was to emphasize the crucial role post-acute care plays in a patient's recovery process.

Oluwole Awosika, MD, MSCR, said standards could be a key tool in addressing disparities and a lack of access in post-acute stroke care. Dr. Awosika will be among a panel

of experts discussing the standards' goals and other aspects of post-acute stroke care in the Wednesday session, American Heart Association's Post-Acute Care Stroke Program Standards: Delivering Comprehensive Care Across the Continuum.

Dr. Awosika is associate professor in the Department of Neurology and Rehabilitation Medicine and co-director of the Neurorecovery Lab at the University of Cincinnati.

"Studies from the late to early 2000s suggest that there are racial and socioeconomic disparities in post-acute care disposition and outcomes," Dr. Awosika said. "This program acknowledges these disparities and further advocates for a more data-driven and patient-centered approach to post-acute care decision making."

Dr. Awosika encourages health care



Awosika



Sunnerhagan

professionals to use these guidelines in their practices to help address some of these issues.

"Doing so will allow for a more systematic and less biased approach to medical and rehabilitation decision making," he said, adding that the work shouldn't stop there. "Most of what we know about disparities in post-acute care management and outcomes comes from studies in the past decade. More updated and large-scale studies to assess progress and identify the

UPCOMING SESSION

American Heart Association's Post-Acute Care Stroke Program Standards: Delivering Comprehensive Care Across the Continuum
7:30-9 a.m.
Wednesday, Feb. 7
North 120 D Ballroom

key drivers are needed. Since the publication of the AHA guidelines, many questions about their utilization and effectiveness remain unanswered. A more standardized approach to post-acute care management would help answer some of these questions and optimize the care we provide to stroke survivors and their families."

Co-speaker Katharina Sunnerhagan, MD, said patient-centric see **POST-ACUTE**, page 15

VEIN VOYAGE

continued from page 1

and guidelines are based on consensus and expert opinion,” Dr. Williams said. “The pathophysiology of the cerebral venous system is complex and not perfectly understood, which can make it difficult to study. Often, as is the case in many of these scenarios, associations are identified and then explored further. As we discover more about these associations, they will be evaluated further. A lot of research is being done in regards to the role of endovascular treatment.”

That research will be part of the discussion in Wednesday’s session, Vein Voyage: Advancements in Neurointerventional Treatments and Diagnosis.

Several conditions in which intravenous treatment options are being explored influence a broad spectrum of central nervous pathologies, including intracranial hypertension, intracranial hypotension, fistulas and tinnitus, Dr. Gonzalez said.

With intracranial hypertension, patients may develop elevations in their intracranial pressure with no identifiable cause. In these cases, the answers may be coursing through their veins.

“That condition is known as idiopathic intracranial hypertension and affects numerous patients who have headaches and progressive vision

loss, but very often they don’t get properly diagnosed,” Dr. Gonzalez said. “This increase in intracranial pressure can be produced by venous pathologies — for example, a narrowing of the outlets of the veins of the brain. Today, we have a series of possible interventions to determine if that narrowing is significantly associated with the symptoms of a patient with intracranial hypertension and to potentially treat them with the placement of intravascular stents.”

Dr. Williams identified research into the links between cerebral venous pathologies and diseases such as multiple sclerosis and Alzheimer’s disease. However, she cautioned that the research still has a long way to go.

“This is very poorly understood at the current time,” she said. “There is a concept of chronic cerebrospinal venous insufficiency playing a role. The thought is that abnormal venous drainage affects the functioning of the waste clearance from the central nervous system and can result in accumulation of abnormal proteins. However, again much of this is speculative and the precise relationships and how much venous pathology truly plays a significant role in these disease processes is undetermined.”

Dr. Gonzalez said another condition that may be associated with vascular abnormalities in specific cases is tinnitus.

“When the ringing in the ears has a pulsatile character, it may be associated with vascular abnormalities,” he said. “Those vascular abnormalities include abnormal arteriovenous connections and some lesser-known abnormalities of venous origin, including thinning of the bone around the sinuses, persistent large emissary veins — large veins that cross through the bone of the skull — that in many cases are physiological but in some cases may be the reason for the tinnitus and abnormally high jugular location inside of the skull.”

These pathologies are important for physicians to be aware of both in their practice and in a broader scientific sense, Dr. Williams said.

“It is important to recognize these disease entities and their relationship to the venous system in order to provide better clinical care now to our patients as well as to be able to ask more questions and research these relationships further,” she said. “Long term, this will enable us to improve patient care and outcomes.”

Dr. Gonzalez said venous pathologies of the central nervous system have been complex, difficult to study and, until recently, ignored. However, he said that attitude is beginning to change.

“There was not a clear understanding that the cerebral spinal fluid and the veins of the nervous system represent a continuum, and

this relationship can cause pathological conditions,” he said. “Intracranial hypotension is another of those conditions where the cerebrospinal fluid can actually leak into these vessels, producing positional headaches that are sometimes very challenging to treat and can significantly affect the quality of life of many patients.

“Today, we have both surgical interventions and endovascular procedures in which cases resistant to the first-line management option — epidural blood patches — can be effectively treated. The better understanding of the anatomy of the veins and the flexibility of new endovascular catheters has allowed us now to specifically navigate to some of these places where the leaks occur and fix them from inside the veins. Another factor contributing to the advancement of these techniques has been an improvement in the quality of the imaging of the brain and the spinal canal that we have today.”

Continued understanding of veins and their contributions could pave the way for better treatment in the years to come, Dr. Gonzalez said.

“Over the years, we have become very familiar with trans-arterial navigation,” he said. “Now, we are embarked on a new frontier, navigating the veins to develop techniques that can significantly impact the treatment of numerous patients.” ●

AHA turns 100

Together, we are redefining the approach to understanding, treating and preventing cardiovascular diseases and stroke.

The American Heart Association is driven by the belief that everyone, everywhere deserves the chance for longer, healthier lives. As we enter our centennial year, our dedication to this vision remains unwavering. Our efforts are powered by a global network of volunteers, supporters and medical professionals like you — in collaboration with the American Stroke Association.

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the forefront of scientific innovation, funding critical research and advocating for the rights of patients and caregivers. Our goal is to empower communities toward better health. Our journey is far from over. We continue to fight until heart disease and stroke become stories of the past. We believe in a world where equitable health leads to a brighter future — a future that you have the power to shape.

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Together, with you and the American Stroke Association, we celebrate and look forward to another 100 years of progress and innovation. ●



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Session participants to examine potential of artificial intelligence in stroke care

The technology shows promise, but many hurdles remain

When it comes to artificial intelligence managing practices and patient care, the stroke sector isn't much different than any other medical sector: The potential is there, but so, too, are roadblocks to maximizing the tool.

For stroke care professionals, the biggest impact artificial intelligence has had so far is in the area of imaging.

David Liebeskind, MD, FAHA, professor of neurology in the UCLA Department of Neurology and director of the UCLA Stroke Center, said the



Liebeskind

stroke field has been using automated imaging for close to 20 years to create instantaneous and real-time imaging reports. Those results, however, were not based on artificial intelligence, but rather used as a fast-processing system without a machine learning algorithm.

“But that has changed as certain groups began to use machine learning for select components of the imaging,” he said. “As an example, on perfusion imaging, we’ve been able to do the selection of the arterial inflow function using machine learning, so you don’t have to manually look at where the blood flow is coming into the brain, which is a requirement to process the perfusion images.”

Dr. Liebeskind, along with Oana Dumitrascu, MD, MSc, associate professor of neurology and co-director

of the Neurology Artificial Intelligence Program at Mayo Clinic College of Medicine in Scottsdale, Arizona, will lead a discussion on the current uses of AI and its potential in Wednesday’s session, Artificial Intelligence and Big Data in Stroke Care: From Hype to Reality.

Dr. Dumitrascu said artificial intelligence in stroke care currently serves more of a support function.

“We use AI in stroke as a decision support tool to predict outcome based on imaging and clinical features,” she said. “The way we work as humans, we use imaging interpretation and clinical assessment in order to guide our diagnosis and treatment decisions. AI, though, uses automated imaging and clinical feature identifications.”

But there is tremendous potential beyond that. Dr. Dumitrascu said she envisions a future in which AI can help underserved areas that do not have access to advanced imaging or stroke specialists.

“As an example, in order to determine patients who are candidates for mechanical thrombectomy in late windows, we are using computed tomography (CT) perfusion,” she said. “There are developing AI tools that automatically detect the core and the penumbra and are not using CT perfusion. They are only based on the point of care head CT that is available in most hospital settings.

“CT perfusion is not available in many rural hospitals. It is more expensive, it requires more intravenous contrast and more

radiation. If we can alleviate all of these downsides by using an accurate AI software that can predict the core and the penumbra

from the plain head CT, then we can apply it both in pre-hospital settings as well as

in under-resourced rural hospitals that don’t have advanced imaging technology. This way, it can increase the utilization of AI across geographical disparities; it’s going to



Dumitrascu

UPCOMING SESSION

Artificial Intelligence and Big Data in Stroke Care: From Hype to Reality
7:30–9 a.m.
Wednesday, Feb. 7
North 120 B-C Ballroom

improve access to treatment and improve health equity.”

Dr. Liebeskind said he sees AI and machine learning potential in a couple of other areas more closely related to the day-to-day clinical practice of the stroke specialist.

see **AI TECHNOLOGY**, page 14

“All of these AI interventions that we’re all hoping to have one day in our routine practice need to undergo rigorous, unbiased and prospective evaluations to demonstrate their true impact on stroke outcomes.”

–Oana Dumitrascu, MD, MSc

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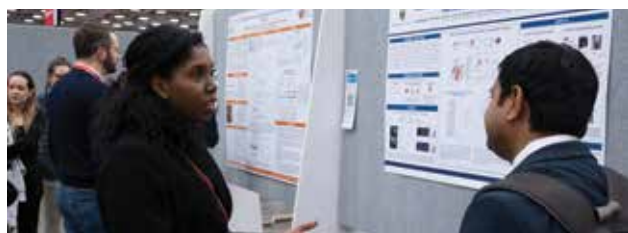
Poster Tours, Sessions kick off today

ISC 2024 offers two types of poster sessions: Professor-Led Poster Tours and one-on-one Q&A Regular Poster Sessions.

Choose from **10 Professor-Led Poster Tours 6-7 p.m. today in the Poster Hall, Halls 5-6**. Expert moderators will lead the tours, which are organized by category. They provide a short presentation and Q&A with each poster author in that section. To take part, simply view the Wednesday Moderated Poster Sessions in the Online Program Planner or on the Mobile Meeting Guide app. Decide which section/category of posters you would like to attend. Then, at 5:55 p.m., arrive at the correspondingly numbered "Section" sign for your selected section/category. Headsets will be available for ease of listening to the presenters.

During the **Regular Poster Sessions**, presenters will be at their posters for informal Q&A with attendees **7-7:30 p.m. today in the Poster Hall, Halls 5-6**. These one-on-one poster sessions are not a part of the Professor-Led Poster Tours. To see the posters featured in today's Regular Poster Sessions, view the Poster Sessions in the Online Program Planner or on the Mobile Meeting Guide app.

Posters will also be available for viewing 8 a.m.-7:30 p.m. in the Poster Hall, Halls 5-6, today and Thursday. See Thursday's *ISC News* for details on Thursday's Professor-Led Poster Tours and Regular Poster Sessions.



Poster Hall Hours

8 a.m.-7:30 p.m.
Wednesday and Thursday
Halls 5-6

Professor-Led Poster Tours

6-7 p.m.
Posters WMP1-WMP120

1. Acute Treatment: Systemic Thrombolysis and Cerebroprotection Moderated Poster Tour
2. Brain Health Moderated Poster Tour
3. Cerebrovascular Nursing Moderated Poster Tour
4. Cerebrovascular Systems of Care Moderated Poster Tour I
5. Health Services, Quality Improvement and Patient-Centered Outcomes Moderated Poster Tour I
6. Imaging Moderated Poster Tour I
7. Intracerebral Hemorrhage Moderated Poster Tour I
8. Neuroendovascular Moderated Poster Tour I
9. Risk Factors and Prevention Moderated Poster Tour I
10. Translational Basic Science Moderated Poster Tour I

Regular Poster Sessions

7-7:30 p.m.
Posters WP1-WP327

These posters are not included in the 6 p.m. Professor-Led Poster Tours.

- Acute Treatment: Systemic Thrombolysis and Cerebroprotection Posters
- Advanced Practice Providers and Therapists Posters
- Cerebrovascular Nursing Posters I
- Cerebrovascular Systems of Care Posters
- Health Services, Quality Improvement and Patient-Centered Outcomes Posters I
- Imaging Posters I
- In-Hospital Care; from the ICU to Discharge Posters
- Intracerebral Hemorrhage Posters I
- Neuroendovascular Posters I
- Pediatric Cerebrovascular Disease Posters
- Risk Factors and Prevention Posters I
- Translational Basic Science Posters I
- Late-Breaking Science Posters (LBP1-LBP70)

Abstract categories: Wednesday

- Acute Treatment: Systemic Thrombolysis and Cerebroprotection
- Advanced Practice Providers and Therapists
- Aneurysms and Vascular Malformations
- Brain Health
- 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
- Large Vessel Disease From Arteries to Veins (Non-Acute Treatment)
- Neuroendovascular
- Pediatric Cerebrovascular Disease
- Risk Factors and Prevention
- Translational Basic Science
- Late-Breaking Science



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When you visit AHAjournals.org, you'll engage in the latest content from the 14 AHA scientific journals and celebrate the AHA's Centennial with a curated collection of articles! Scan the QR code for the AHA Journals' Publishing Guide and Overview. For AHA's scientific statements and clinical practice guidelines, visit professional.heart.org/statements. **Giveaways while supplies last.**



Global Quality Improvement

AHA International

The American Heart Association is actively working in more than 100 countries and with 200 cardiovascular societies and organizations around the world to educate and inform, implement programs, advocate for policy change and strengthen health care systems to help improve and save lives. Discover more about our international work in stroke center certification and health care quality improvement, advocacy and science advancement. heart.org/internationalQI.

Get With The Guidelines®-Stroke and Target: StrokeSM

Get With The Guidelines-Stroke is the American Heart Association's in-hospital quality improvement program focused on improving stroke care by providing medical teams with 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-treatment times for patients eligible for intravenous thrombolysis and endovascular therapy. heart.org/gwtgstroke.

Health Care Certification

People know and trust the American Heart Association. Our collaborative efforts with leading U.S. credentialing bodies and international societies give participating hospitals/facilities/professionals recognition of their achievement of disease specific certifications in stroke, cardiovascular care and wellness/prevention. Stop by to learn how to earn certification so that your community knows your commitment to quality and to their care. Check out our global quality programs at heart.org/certification.

Quality Improvement Research

The American Heart Association's suite of Quality Improvement programs promote excellence in prospective and retrospective research. Participating hospitals can enter data for their quality improvement efforts. Additionally, there is the opportunity for scientific research from our National Level Database. The Precision Medicine Platform, the association's cloud-based data analysis platform, offers secure, private workspaces equipped with tools for data analysis, machine learning and artificial intelligence. heart.org/qualityresearch.

Forgot your Red? ShopHeart has you covered!

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Claim your CE credits

To claim CE credit, access any computer with an internet connection and visit the AHA's Professional Education Hub at intelligohub.org and sign in. Click on My Library and select appropriate activity (i.e., International Stroke Conference 2024, Nursing Symposium, etc.) to complete the conference evaluation and claim CE credits. For detailed information and instructions on CE, visit the ISC conference page on Professional Heart Daily, and go to the programming/continuing education page.

For those attending the virtual conference, you will be registered to claim CE credit on the Professional Education Hub within 1-2 business days after the event concludes.

For in-person attendees, credit claim instructions are also available at the Resource Hub and the Lifelong Learning pod of HeadQuarters in the Science & Technology Hall.

All credit MUST be claimed within 6 months. We strongly encourage you to claim within the first 30 days.

All ISC CE credits must be claimed by Aug. 9, 2024. All Nursing Symposium and Pre-Conference Symposia CE credit must be claimed by Aug. 6, 2024.

International Attendees: At this time, we are unable to offer CE credit claim to participants residing outside of the United States. We apologize for this inconvenience.

Scan the QR code for more CE information.



The Science & Technology Hall

The Science & Technology Hall offers nearly 100 exhibiting companies, HeadQuarters, Learning Studios, Innovation Zone, the Simulation Zone and many more learning and networking opportunities.

EXHIBITORS

Access TeleCare	706	EOSolutions Corp	520	Penumbra, Inc.	415
Accreditation Commission for Health Care	1144	FUJIFILM VisualSonics	1025	Perimed Inc.	814
Aidoc Medical Ltd.	816	GalaxyCCRO, Inc	526	Pulsara	1124
Albany Med Health System.	1039	Genentech, A Member of the Roche Group.	733	Q'Apel Medical, Inc.	705
Alta Therapeutics	1118	Genomadix	708	RapidAI	805
American Association of Neuroscience Nurses (AANN).	1140	Getting to the Heart of Stroke	739	Registry Partners	717
American Board of Neuroscience Nursing (ABNN)	1142	Get With The Guidelines® VIP Lounge	327	Rimed USA, Inc.	451
AmplifyMD	644	Guangzhou Easycess Medical Co., Ltd	819	RISE Healthcare Group	718
Apex Innovations	727	Harmonic Bionics	704	RosmanSearch	1027
Asahi Intecc USA	605	Hyperfine.	932	Route 92 Medical	621
AstraZeneca Pharmaceuticals.	1004	IDMED.	808	RWD Life Science	833
Balt	715	Imago Rehab	609	Sevaro.	843
Barrow Neurological Institute	1129	Imperative Care	614	Siemens Healthineers	435
Bayer	1022	JAMA Network	815	StrokeDx, Inc.	548
Baylor Scott & White Health	1023	JLK Inc.	655	Stryker	635
Boston Scientific.	1038	LocumTenens.com	709	Teladoc Health, Inc.	719
Brainomix.	505	Medtronic	441	TeleSpecialists.	1014
Bristol Myers Squibb	1114	Mentice AB	627	The Joint Commission	449
Business Audio Theatre, Inc.	550	MicroTransponder Inc.	427	Twiage	918
Care Directions	817	MicroVention.	640	United Biologics, Inc	724
Cerenovus	823	Multigon Industries, Inc.	820	University of Miami	1045
Ceribell	517	National Institute of Neurological Disorders and Stroke (NINDS)	1138	UVA Health.	1043
Chiesi USA, Inc.	1034	NET SMART & ANVC.	515	Vituity.	1020
Chiesi USA, Inc., Medical Affairs	1040	NeuraSignal	837	Viz.ai	649
Cleveland Clinic.	1042	NeuroLogica	405	WallabyPhenox	555
CQ Medical	936	NeurOptics.	615	Wellumio	716
DiaMedica Therapeutics, Inc.	1021	Nico Corporation	549	Wolters Kluwer.	914
DNV	804	NSA Labs	714	World Stroke Organization	451
DWL USA Inc	1026	Olea Medical	522		
Eagle Telemedicine	619	Patronus Neurology, LLC	1032		
Endophys Technologies	421	Phagenesis Ltd.	722		

Scan the QR code for detailed exhibitor information.



Visit the Science & Technology Hall

Lower Level, Hall 4 | 9 a.m.-5 p.m. | Wednesday and Thursday

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for a free coffee or tea
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Exhibitor Service Desk
105

Restaurant
304

Exhibitor Lounge
318

Get With The Guidelines® VIP Lounge
327



HeadQuarters
Learn more about AHA/ASA initiatives, education, membership and publications.
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Business Suites

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Medtronic
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Simulation Zone
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Charging Lounge
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Stryker
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Nico Corp
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Wallaby Phenox
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Innovation Zone
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704 706 708

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Coffee Break
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Apex Innovations
727

Genentech, A Member of the Roche Group
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Getting to the Heart of Stroke
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Learning Studio I 950



Learn about the latest advances in stroke practices, services and technologies. See today's schedule of events on page 15.

RapidAI
805


815	817	819
914	918	

Cerenovus
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Learning Studio II 1150



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ENTRANCE

ENTRANCE
Welcome Moment



Innovation Zone

Booths 605, 609, 704, 706, 708

Includes interactive displays with technologically advanced, immersive training.

Simulation Zone

Booth 455

Features hands-on learning in the categories of ischemic stroke, hemorrhagic stroke, stenting/coiling and acute stroke treatment.



Visit the Charging Lounge in Booth 523 to relax and recharge.

Sponsored by AstraZeneca

#ISC24 honors awardees

The ISC Main Event Sessions will feature lectures by the Feinberg, Sherman and Willis award recipients. The Edgar J. Kenton III Lecture was presented during the HEADS-UP Pre-Conference Symposium on Tuesday. The newly renamed Ralph L. Sacco Outstanding Stroke Research Mentor Award will be presented during the Thursday Main Event Session.

Thursday Main Event

Main Event Hall, Halls 1-3



11:03-11:18 a.m. Thursday
William M. Feinberg
Award for Excellence in Clinical Stroke

James Meschia, MD, FAHA
 Professor of Neurology and Chair Emeritus
 Department of Neurology,
 Mayo Clinic
 Jacksonville, Florida

Asymptomatic Carotid Stenosis: Current and Future Considerations
 The award recognizes significant contributions to the investigation and management of clinical research in stroke.



11:22-11:39 a.m. Thursday
Ralph L. Sacco
Outstanding Stroke Research Mentor Award Lecture

Marc Chimowitz, MBChB
 Professor Emeritus of Neurology
 Medical University of South Carolina
 Charleston, South Carolina

Mentoring Stroke Researchers in Challenging Times
 The annual award recognizes the outstanding achievements in mentoring future generations of researchers in the field of cerebrovascular disease.

UPCOMING SESSIONS

Opening Main Event

11 a.m.-12:30 p.m.
 Wednesday
 Main Event Hall,
 Halls 1-3
 Moderated by Tudor G. Jovin, MD, FAHA, and Lauren H. Sansing, MD, MS, FAHA

Thursday Main Event

11 a.m.-12:30 p.m.
 Main Event Hall,
 Halls 1-3
 Moderated by Tudor G. Jovin, MD, FAHA, and Lauren H. Sansing, MD, MS, FAHA

Closing Main Event

11 a.m.-1:25 p.m.
 Friday
 Main Event Hall,
 Halls 1-3
 Moderated by Tudor G. Jovin, MD, FAHA, and Lauren H. Sansing, MD, MS, FAHA

Scan the QR code for more programming information.



HEADS-UP: Health Equity and Actionable Disparities in Stroke: Understanding and Problem-Solving

North 120 A Ballroom



10:18-10:38 a.m. Tuesday
Edgar J. Kenton III Lecture
Bernadette Boden-Albala, MPH, DrPH

University of California,
 Irvine
A Roadmap for Health Equity: Understanding the Importance of Community-Engaged Research

The award recognizes lifetime contributions to the investigation, management, mentorship and community service in the field of race-ethnic stroke disparities or related disciplines.

Opening Main Event

Main Event Hall, Halls 1-3



11:32-11:47 a.m. Wednesday
David G. Sherman Lecture
Steven Jay Warach, MD, PhD, FAHA

Dell Medical School
 The University of Texas at Austin
Improving Stroke Diagnosis and Treatment: A Journey Toward the End of Time

The award recognizes lifetime contributions to investigation, management, mentorship and community service in the stroke field.

Closing Main Event

Main Event Hall, Halls 1-3



11:03-11:18 a.m. Friday
Thomas Willis Lecture
Louise D. McCullough, MD, PhD, FAHA

UTHealth Houston,
 McGovern Medical School
 Houston, Texas
Aging, Sex, and Stroke: The Three Amigos of Brain Misadventures

The award recognizes contributions to the investigation and management of stroke-basic science.

ISC abstract-based awards

Six ISC abstract-based awards will be presented to the recipients in the concurrent session in which their abstract is presented. These ISC awards honor investigators for their stroke-related research. Abstract-based awards also provide opportunities for funding to attend ISC for junior investigators.



Submit ISC 2025 award nominations

AHA Members: Submit your nominations for the ISC 2025 Feinberg, Sherman, Willis, Kenton and Sacco Outstanding Stroke Mentor awards.

Nomination Period Opens: Wednesday, March 6, 2024

Nomination Period Closes: Wednesday, Aug. 7, 2024

Visit strokeconference.org/awardsandlectures for more information.



Follow ISC on X (Twitter)

Use X to post your questions/comments or talk about what is happening at ISC 2024. Use hashtag: #ISC24.

7:30 a.m. Wednesday

Mordecai Y.T. Globus New Investigator Award in Stroke
Takuma Maeda, MD, PhD
Phoenix, Arizona



Pharmacological Activation of Efferocytosis Prevents Intracranial Aneurysm Rupture (15)

The 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.

Translational Basic Science Oral Abstracts

North 126 A-C

2 p.m. Wednesday

Stroke Care in Emergency Medicine Award
Shumei Man, MD, PhD, FAHA
Cleveland, Ohio



Race-Ethnic Specific Trends in Stroke Thrombolysis Care Metrics in Relation to U.S.

Target: Stroke Nationwide Quality Improvement Program 2003-2021 (43)

The award encourages investigators to undertake or continue research in the emergent phase of acute stroke treatment and submit an abstract to the International Stroke Conference.

Cerebrovascular Systems of Care Oral Abstracts

North 126 A-C

7:54 a.m. Wednesday

Stroke Basic Science Award
Mohammed Abdelsaid, RPH, PhD
Savannah, Georgia



SARS-CoV-2 Spike Protein Exacerbates Thromboembolic Cerebrovascular Complications in Humanized ACE2 Mouse Model (17)

The award encourages investigators to undertake or continue stroke research in basic or translational science, and it must be laboratory-based.

Translational Basic Science Oral Abstracts

North 126 A-C

7:30 a.m. Thursday

Vascular Cognitive Impairment Award
Raed Joundi, MD, DPhil, FRCPC
Ontario, Canada



Risk and Time-Course of Post-Stroke Dementia: A Population-Wide Cohort Study, 2002-2022 (67)

The 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.

Brain Health Oral Abstracts

North 131 A-C

7:30 a.m. Wednesday

Robert G. Siekert New Investigator Award in Stroke
Oriana Sanchez, MD
Houston, Texas



Overcoming Clinical Trial Enrollment Challenges by Monitoring EMS Radio Transmissions: Pre-Hospital Screening of Acute Ischemic Stroke Patients (1)

In recognition of Dr. Robert G. Siekert, founding chair of the American Heart Association's International Conference on Stroke and Cerebral Circulation, the award encourages new investigators to undertake or continue stroke-related research.

Health Services, Quality Improvement, and Patient-Centered Outcomes Oral Abstracts

North 131 A-C

6:15 p.m. Thursday

Stroke Rehabilitation Award
Susan Linder, PT, DPT, PhD
Cleveland, Ohio



Forced-Rate Aerobic Cycling Enhances Motor Recovery in Persons With Chronic Stroke: A Randomized Clinical Trial (TMP28)

The 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.

Clinical Rehabilitation and Recovery Moderated Poster Tour

Poster Hall, Halls 5-6

MIND MATTERS

continued from page 3

diverse populations,” he said. “There are also potential sex differences within the brain that may modify efficacy of prevention and treatment regimens.”

Dr. Patrice said physicians can play a significant role in bridging the gap in health care disparities, including increasing their focus on equitable hospital care.

“When a patient presents to the hospital with an acute stroke, we have already missed the boat with regards to primary prevention,” she said. “Equitable hospital care gives us a second chance by ensuring patients receive timely acute stroke interventions and access to rehabilitation to reduce stroke morbidity and mortality, which has far-reaching socioeconomic implications for our patients as well as the wider community.

“It also provides an opportunity to improve health literacy and give at-risk populations increased access to resources.”

Another way to bridge the disparity gap is an increased focus on diversity and inclusion in research and data in clinical trials — both on research teams and within the patient population being studied.

“A diverse workforce and inclusion of people with a lived experience at study development are paramount to increasing the participation of underrepresented groups in clinical studies,” Dr. Benson said. “The impact of people from diverse backgrounds seeing representations of themselves on the clinical team and participating in the design of the study can help build trust and boost participation in clinical studies.”

Dr. Patrice said diversity in research is necessary to ensure that the scientifically rigorous evidence used to guide stroke management effectively targets the patients who are more disproportionately affected.

“Increased diversity and inclusion at all stages of a clinical trial can ensure that the trial is conducted in a culturally sensitive manner and potentially increase minority participation,” she said. ●

AI TECHNOLOGY

continued from page 7

“One is using it in medical records in terms of large language models,” he said. “It will undoubtedly be useful there in the future, but how it’s integrated into our electronic health records is still an open question at this point. It’s not one clear data set that the algorithm has access to. How it’s organized and how it’s deployed is a question. The other iteration is the communication aspects of lab results and other features to help accelerate what we normally do.”

Dr. Dumitrascu said speech recognition software is already being developed that would automatically create a note while the patient is being seen in telestroke services.

“That will save us a lot of time, and we can move forward to the next acute care patient,” she said. “AI will enable our documentation and will enhance our workflow by providing quality data collection and feedback.”

Both doctors said outpatient monitoring is another potential use for AI.

“This would involve using data that’s available to the outpatient in the form of wearables and personal health-related devices, even from your mobile phone,” Dr. Liebeskind said.

“There is a lot of work in progress (for remote care using AI), but nothing is available yet for us to use,” Dr. Dumitrascu said. “One of the promising tools is a natural language processing tool — AI can read through the entire electronic medical record and can identify what clinicians need to make a decision: vital signs, past history, details that would impact management. It can automatically calculate scores for us using certain parameters.”

However, AI needs to overcome many hurdles before it can get to the

point of everyday use, not the least of which are the legal implications. Although the FDA approved some automated imaging and computer-assisted diagnosis techniques, the agency issued a warning letter in April 2022 that none of these methods should be used to replace human interpretation of the scans.

“Subsequently, the use of machine learning has evolved to other aspects of stroke imaging,” Dr. Liebeskind said. “We’ve developed our own platform to do true machine learning for every component of stroke imaging.”

Then there is the question of liability — who is medically and legally liable if the AI tool is wrong about a diagnosis or treatment? The answer as of now is the stroke neurologist or the radiologist.

Dr. Dumitrascu said there is still a long way to go and much work to be done before AI can be a useful part of a physician’s daily practice across various practice settings.

“All of these AI interventions that we’re all hoping to have one day in our routine practice need to undergo rigorous, unbiased and prospective evaluations to demonstrate their true impact on stroke outcomes,” she said. “Are they really helping us, or are they creating more false positives or false negative scenarios in our services? I don’t think we have that answer yet.”

Dr. Liebeskind agreed, adding there are still many questions to answer.

“How is machine learning improving our lives and our daily workflow in the care of the stroke patient in front of us?” he said. “It varies — in some situations, it’s extremely helpful because it’s faster and computer-generated, but we have to be careful. It’s enticing, it’s intriguing, but it all depends on the details in terms of how it’s actually deployed and used on a daily basis.” ●

View more stories from #ISC24

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The American Stroke Association is grateful for the continued support and generosity of our exhibitors and sponsors. We want to recognize the following companies for their additional sponsorship and advertising opportunities.

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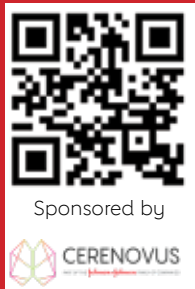
Learning Studios and symposia scheduling

Wednesday, Feb. 7

Download the official #ISC24 Mobile App

Access to session details, posters, speakers and more are available from any device.

Scan the QR code to download to any device.



Learning Studios	Stroke Central Programming
<p>12:45-1:15 p.m. The Practical Use of AI in Building a Stroke Program Learning Studio I Supporter: Rapid AI</p> <p>12:45-1:15 p.m. Let's Talk Data: Power of Registries Learning Studio II Supporter: Medtronic Neuro</p> <p>1:30-2 p.m. Precision in Practice: Accelerating Time to Treatment With Proven and Scalable AI Solutions Learning Studio I Supporter: Viz.ai</p> <p>1:30-2 p.m. Left Atrial Appendage Closure and the Heart-Brain Connection Learning Studio II Supporter: Boston Scientific</p> <p>2:15-2:45 p.m. Mobile Stroke Units: Past, Present and Future Learning Studio I Supporter: Samsung NeuroLogica</p>	<p>9:15-9:45 a.m. Bernard J. Tyson Reception Learning Studio II</p> <p>2:15-3 p.m. Getting to Know the Stroke Council Scientific Statements and Stroke Guidelines Learning Studio II</p> <p>3:30-4:30 p.m. Stroke Cases Requiring Neurocritical Care Learning Studio II</p>  <p>Be sure to pick up the Thursday issue of <i>ISC News</i> for more Learning Studios and Stroke Central programming tomorrow.</p>

Satellite Symposia

6-7:30 p.m.
Optimizing ICH Care By Leveraging AC Reversal, AI and Care Bundling
 Hyatt Regency Phoenix | Phoenix Ballroom, Second Floor
 Sponsor: AstraZeneca
 Sponsor: Total CME & EMRCEG - International

POST-ACUTE

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goals are an important motivational factor in post-stroke recovery. She is professor of rehabilitation medicine at the Institute of Neuroscience and Physiology and head of the Clinical Neuroscience Department at The Sahlgrenska Academy in the University of Gothenburg in Sweden.

“It gives people the opportunity to compare their current capacity and ability with what they achieved when they reached the goal,” she said. “Goal-setting prior to going home can be used for earlier supported discharge. For example, use the Canadian Occupational Performance

Measure to help the patient set goals. And for spasticity treatment, the goal attainment scale can help evaluate the individual goals and the accomplishment of the (treatment) unit since it allows different goals to be compared.”

Dr. Sunnerhagen said having standardized goals put forth in the AHA standards could benefit patients and physicians in a number of ways.






“Goals might lead to behavioral changes, improve the effects of the rehabilitation and create more time-efficient rehabilitation,” she said. “It’s possible to assess the effects and end actions when the goal is reached. It will also help promote communications within the team.” •




American Heart Association. Learn more at [JOIN.HEART.ORG](https://www.heart.org)

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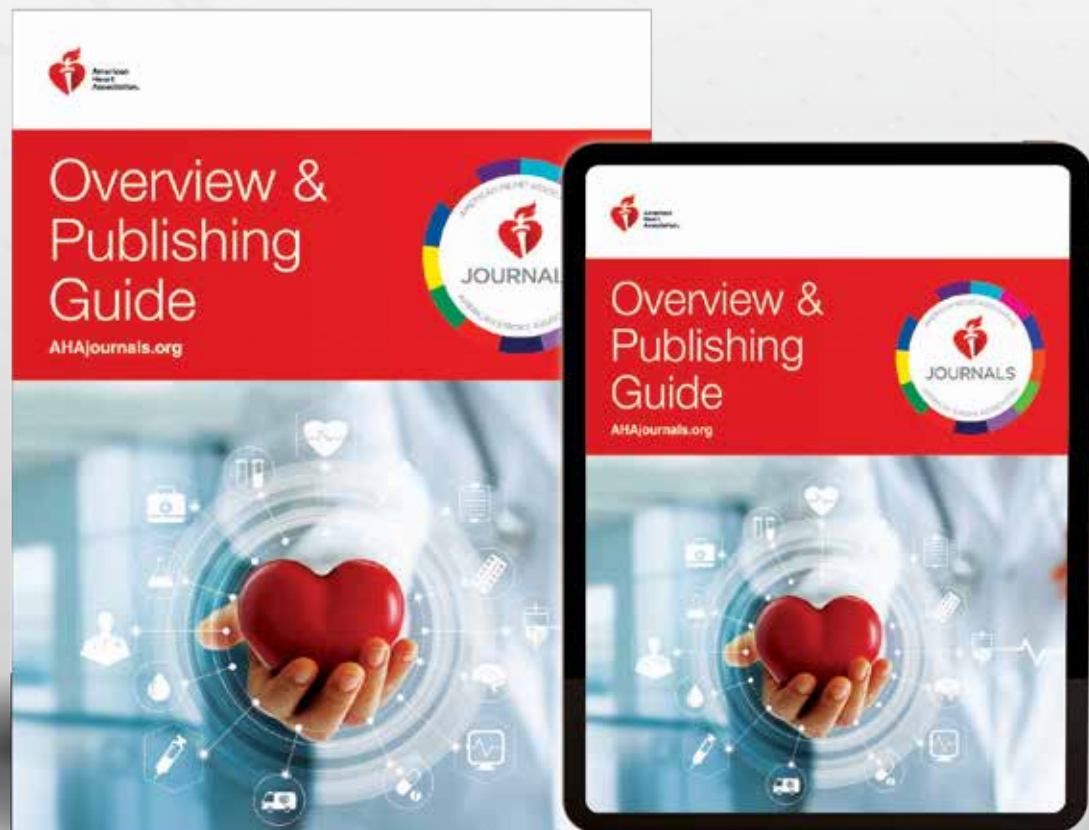
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