

ESO Newsletter November 2013

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Letter from the President

Dear ESO members,

I would like to update you on recent developments of the ESO.

On November 22, at its meeting in Garmisch-Partenkirchen, the Executive Committee (EC) of the ESO has decided to become independent from the European Stroke Conference (ESC). This is scheduled for the time after the ESC Congress in Nice in 2014. In 2015 or in 2016, the ESO will have its own stroke meeting.

Since the founding of the ESO in 1996, the ESC has been our official congress, but the ESO has been excluded from taking any responsibility for the conference. It was run (and still is) by a Programme Committee under the chairmanship of Prof. Hennerici from Mannheim who has promised participation on several occasions but never fulfilled any promise to involve ESO in any significant way. Also the earnings of this conference were, neither in part nor as a whole, made available to ESO.

Some of you might remember Prof. Hennerici's statement at our General Assembly 2010 to hand over the Conference agenda to the ESO by 2014. Unfortunately, he has let us know, we were not to become responsible for this conference, neither now nor in the future.

We regret having to separate but have no choice. The ESC is a conference with a high scientific standard and has become quite popular. Our decision is not based on any critic of the conference quality but on the absolutism of its leaders. For over 20 years, there never has been an election to the Programme Committee. There never has been a split of income between ESO and ESC, although according to our bylaws, which have

been created with participation of the ESC, the ESC is the 'official' conference of the ESO.

During my tenure since 2012 (and before that, during the tenure of our previous president Didier Leys) we have made a lot of efforts to come closer to the Programme Committee of the ESC. We have either received no answer or flat rejections. Even a detailed roadmap of transition which was recently proposed by a respected colleague from our stroke community was in toto rejected.

This series of futile efforts to find a common basis for collaboration, shows that we – the ESO – are not splitters.

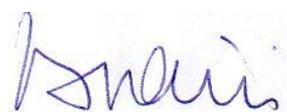
The need to separate from the ESC was unanimously decided by the ESO Executive Committee (and unanimously supported by the ESO Board of Directors which also met for discussions at the meeting in Garmisch). We found that we have to embark on projects that are based on the Societies' electoral processes, rotation of offices and non-profit orientation. Thus, we will be able to build on a reliable reputation and solid income to provide the means for supporting the many science and education projects that are stated in our mission.

Furthermore, we will explore the possibilities of setting up our own journal, which means a journal that is owned by the Society and that controls its income. The current journal of the ESO, CVD, is also not owned by the ESO and – since many years - has an editor-in-chief (Michael Hennerici) who also has not shown any inclination to step down or hand over. A new, ESO owned journal will provide a steady income for the Society, have editorial members and editor(s)-in-chief that adhere to principles of rotation and thus have a fixed tenure. More information on this will be upcoming soon.

Dear colleagues, as ESO members, Chairpersons or Committee members, as Fellows or Stroke Scientists in our Society, we kindly ask you to see yourself in a role as ambassadors of the ESO and to transport this into the broader scientific community. These decisions must be confirmed at our next General Assembly which will have to take place in May 2014 in Nice. Only then, the decisions outlined above will become binding and have consequences. Therefore, I kindly ask for your support already now. If you have any questions please do let me know either directly via mail or via our office.

The ESO Executive Committee wishes you peaceful and relaxing holidays,

Michael Brainin



ESO President

PS:

Addendum: in the discussions about this letter I already received some mails before it went online. In one such mail the point was raised whether the critic about the ESC refers equally to all members that had been in the Programm Committee of the Conference. This is of course not the case, except for the fact that that they were members of a committee, that, as a committee, hindered the ESO to become involved. Nevertheless, it should be said that single members were critical about such issues and tried to change the ESC policy towards the ESO from within. At some points they confided to single members of the ESO but did not make a public statement. How effective they were I can not say. It is not for me to judge on that.

ESO activities

17th ESO Summer School 2013

The 17th ESO Summer School was held in Perugia, Italy from the 8th to 14th of September 2013. The local organizers were Dr. Valeria Caso, Dr. Maurizio Paciaroni and Prof Giancarlo Agnelli. They were actively supported by the entire Perugia Stroke Team: Dr. Monica Acciarresi, Dr. Andrea Alberti, Dr. Cataldo D'Amore, Dr. Michele Venti. Out of 95 applicants, 46 participants from 30 different European countries were selected. Read more. (link to pdf file)

Lecture webcasts of the 17th ESO Summer School 2013 are available [here](#).

(Add link <http://www.stroke-university.com/sessions.php?cid=20&sid=1&kolloquiumID=247>)

2nd European Stroke Science Workshop 2013

TEXT: Heinrich Mattle

**1st ESO-ESMINT-ESNR Winter School
4-7 February 2014 – Bern, Switzerland**

*****APPLICATION DEADLINE – 31 December 2013 *****

The ESO organizes together with [ESMINT](#) and [ESNR](#) a winter course for young stroke physicians and neuroradiologists on the topic of acute interdisciplinary stroke treatment. The goal of this course is to enhance interdisciplinary management of patients with acute ischaemic stroke in Europe. A series of concentrated high-quality teaching sessions and courses will be offered, including plenum sessions, discussions and technical training.

For more information on the course and on the application process, please see the Winter School [flyer](#) or visit www.strokewinterschool.com.

ESO Department-to-Department Visit Programme

*****APPLICATION DEADLINE – 30 February 2014 *****

The ESO is pleased to announce that the “Department-to-Department Visit Programme” will be relaunched in 2014.

This programme is offered to young clinician scientists and physicians to support a week of training or research related to stroke in European laboratories or clinics. The goal is to maximise the exchange of information and expertise, to provide them an insight into stroke departments outside their country and to help increase the applicants’ future career development. ESO has made agreements with European stroke departments to host young stroke physicians.

The “Department to Department Visit” is 1 week long and is available to physicians born after 01.01.1978 with an interest in the field of stroke. The ESO will support up to 4 young physicians/clinical scientists annually with a grant of max. 1’000 € per applicant. Applicants are expected to be or become ESO members (membership application is available here [add link to membership website]).

More information on the programme and application process is available on the [ESO website](#).

ESO European Master in Stroke Medicine: Applications for the 5th course will be accepted beginning February 2014

Applications will open in early 2014 for the 5th run of the European Master in Stroke Medicine programme which will start on **October 27th, 2014**: <http://www.donau-uni.ac.at/en/studium/strokemedicine/index.php>.

This programme is now finishing its 4th run next April and 25 students will finish the lecture's part of the programme and enter into the phase of intensive writing of their Master's Thesis. Some of them still will have to finish their practice of 2x2 weeks at an certified or well-known Stroke Unit Center.

The final week in April will cover the areas of acute interventions (section leader: Prof. Kennedy Lees, Glasgow) and rehabilitation (section leader: Prof. Jürg Kesslering, Switzerland). Currently the students come from 15 different countries, including South America and Asia.

This Master's Programme focusses on „the beginning specialist“, these are persons that already have gained some experience but want to deepen their knowledge and strengthen their ability in stroke medicine. The tuition fee is € 12.000,- for the entire programme, several scholarships of € 6.000,- each are available from the ESO and WSO.

It has been a tradition that only 4 full weeks of lectures have to be attended at the Danube-university in Krems, Austria, and no change will be planned for this set-up. But an increase use of webinars and other internet communication platforms will become part of the programme.

The ESO Master's in Stroke Medicine degree has become increasingly acknowledged, especially in Europe. It has been recognized that this is the top end of postgraduate education in Stroke medicine available in Europe and the master's degree has been made a respecification for applying to a number of academic and clinical positions already.

„It is a totally rewarding experience to see how these people are networking and improve their academic output“, says Prof. Brainin one of the chairpersons of the programme.

Prof. Wolf-Dieter Heiss who co-chairs this programme comments on the availability of teachers: „Rarely an invitation to lecture in our programme is turned down. It is considered a privilege to teach the upcoming new leaders in the field and therefore we have an faculty of most knowledgeable and respected stroke experts from all over Europe.“

ESO Research Stipend Programme

Starting 2014, ESO will offer a Research Stipend Programme to young scientists and physicians from lower-middle income European countries to facilitate their conduct of and training in basic, clinical or applied research related to stroke in European laboratories or clinics. The goal is to support successful candidates' future career development and, in general, to increase research activity and to help grow a pool of well-trained research scientists focused on problems in stroke in lower-middle income European countries.

Initially, it is anticipated that one candidate will be chosen to be supported with 10'000 EUR per year for 3 years.

Further information is available [here](#).

New trials & other important news regarding stroke

PFO closure vs. medical therapy in cryptogenic stroke or transient ischemic attack: A systematic review and meta-analysis

G. Ntaios, V. Papavasileiou, K. Makaritsis, P. Michel

International Journal of Cardiology 2013, in press

Recently, three randomized controlled trials of PFO closure vs. medical therapy in patients with cryptogenic stroke individually did not show any benefit in favor of PFO closure (*NEJM* 2013;368:1092-100, *NEJM* 2012;366:991-9, *NEJM* 2013;368:1083-91). In this study, we aimed to assess whether the meta-analysis of all randomized controlled trials of PFO closure vs. medical therapy in patients with cryptogenic stroke or TIA identifies a significant benefit of PFO closure in preventing stroke recurrence, and whether the device used for PFO occlusion modifies the overall treatment effect.

Among 2303 patients with cryptogenic stroke or TIA and PFO in these three trials, 1153 patients were allocated to medical therapy and 1150 to PFO closure (703 with the AMPLATZER PFO occluder and 447 with the STARFlex device). The median follow-up ranged between 2.0 and 4.1 years.

Overall, there was no statistically significant difference in the endpoints of ischemic stroke recurrence (1.91% vs. 2.94%, OR: 0.64, 95%CI: 0.37-1.10), TIA (in 2.08% of patients vs. in 2.42% of patients, OR: 0.87, 95%CI: 0.50-1.51) and death (0.60% vs. 0.86% respectively, OR: 0.71, 95%CI: 0.28-1.82) between PFO closure and medical therapy arms respectively.

In subgroup analysis, there was significant reduction of ischemic strokes in the AMPLATZER PFO Occluder arm vs. medical therapy [1.4% vs. 3.04% respectively, OR:0.46, 95%CI:0.21-0.98, RRR:53.2%, ARR:1.6%, NNT:61.8] but not in the STARFlex device (2.7% vs. 2.8% in the medical therapy arm, OR:0.93, 95%CI:0.45-2.11). On the contrary, there was no statistically significant difference between patients randomized to the AMPLATZER PFO Occluder or medical therapy in the end-points of TIA and death.

These results do not support PFO closure with unselected devices for this purpose. Differing from this global result, subgroup analysis indicates that PFO closure using the AMPLATZER-PFO occluder is superior to medical therapy for prevention of ischemic stroke recurrence. Although this result seems to be in line with a previous randomized controlled trial in which the AMPLATZER-PFO occluder performed better than the STARFlex device both periprocedurally (*Am J Cardiol* 2008;101:1353–8) and in the long-term (*Hornung M, et al. European Heart Journal* 2013, *in press*), this result still needs to be treated with caution due to the well-known limitations of subgroup analyses, irrespective of their statistical significance. Our analysis should also be repeated in a meta-analysis of individual patient data of PFO closure trials.

Similar meta-analyses of PFO closure vs. medical therapy were recently published with somewhat different results (*Stroke* 2013;44:2640-3). The differences in reported results can be attributed to the statistical methodology used e.g. fixed vs. random effects model, intention-to-treat vs. per-protocol analysis, and selection of end-points.

In conclusion, our meta-analysis does not support PFO closure for secondary prevention with unselected devices in patients with cryptogenic stroke or TIA. In subgroup analysis, PFO closure using the AMPLATZER-PFO occluder was superior to medical therapy without increasing the risk of new-onset atrial fibrillation, but this finding needs to be further confirmed before it can be incorporated in clinical practice. It is also possible that some subgroups of patients with a high likelihood of the PFO being responsible for the current stroke (see for an estimation of this likelihood: Kent D et al, the RoPE score, *Neurology* 2013; 81; 619-625) and a higher risk for recurrences (such as an associated atrial septum aneurysm or a large right-to-left shunt) may have more benefit from closure, i.e. that the number needed to treat (NNT) will become acceptable in future studies for some subgroups. Currently, participation in randomized clinical trials for PFO patients is highly encouraged, such as into the CLOSE and REDUCE trials.

The full article is available [here](#).

Outcome of patients with atrial fibrillation after intravenous thrombolysis for cerebral ischaemia

V. Padjen, M. Bodenart, D. R. Jovanovic, N. Ponchelle-Dequatre, N. Novakovic, C. Cordonnier, L. Beslac-Bumbasirevic, D. Leys

J Neurol 2013; 260:3049-3054

Atrial fibrillation (AF) is an independent risk factor which increases the stroke risk by five-fold. In addition, it is also a well known predictor of stroke's poor outcome. The question of whether intravenous thrombolysis (IVT) is beneficial in patients with ischaemic stroke and AF remains unresolved.

In order to examine the efficiency of IVT in AF-associated stroke a detailed analysis of IVT treated patients in the registries of Lille (France) and Belgrade (Serbia) was performed. Thrombolized patients were classified in two groups: (i) patients with AF-associated stroke and (ii) patients with stroke of other cause. End-points were poor outcome (modified Rankin Scale [mRS] 3 to 6), and symptomatic haemorrhagic transformation (sHT) according to ECASS3.

During the study period, 734 consecutive patients were included, 149 in Belgrade (20.3%) and 585 in Lille (79.7%). Of these, 155 patients had AF (21.2%), previously known in 140 (90.3%), de novo in 15 (9.7%).

The unadjusted comparison showed that patients with AF were older, more likely to be women, to have history of arterial hypertension and to have a baseline INR>1.2, while less likely to be current smokers. They also had higher baseline NIHSS scores, higher diastolic blood pressure and higher serum glucose concentration. On the other hand, their platelet count was lower. Patients with AF-associated stroke did not differ for sHT, but they were more likely to have a poor outcome or to be dead at 3 months, in comparison with patients with stroke of other causes.

The only independent variable associated with sHT was baseline NIHSS scores (adjOR 1.05 per 1 point increase; 95% CI: 1.01-1.10). AF, age, arterial hypertension, smoking, previous myocardial infarction, and being under oral anticoagulant therapy were not independently associated with sHT (overall p value: <0.048; r^2 : 0.043; 94.4% prediction of the model). The other variables did not qualify for the model.

Independent variables associated with poor outcome at 3 months were age (adjOR 1.04 for 1 year increase; 95% CI: 1.03-1.06), baseline NIHSS scores (adjOR 1.17 per 1 point increase; 95% CI: 1.13-1.21), and sHT (adjOR 47.6; 95% CI: 10.2-250). AF, arterial hypertension, smoking, previous myocardial infarction, and being under oral anticoagulant therapy were not independently associated with poor outcome at 3 months (overall p value: <0.001; r^2 : 0.393; 75.4% prediction of the model). The other variables did not qualify for the model. After removal of sHT from the model, age and NIHSS remained the only 2 variables available at baseline that were independently associated with a poor outcome.

Our study confirmed that, in patients treated with IVT, those with AF have more severe ischaemic strokes at baseline and worse outcomes than non-AF patient. However, a comparison with the placebo groups of IST3 (Sandercock P et al, 2012) and VISTA (Frank B et al, 2012), does not support the hypothesis that the benefit of IVT may be lost in patients with AF. This finding should encourage a strict adherence to preventive strategies and research on more aggressive strategies at the acute stage.

Upcoming Meetings

8th Portuguese Stroke Congress

February 6 - 8, 2014 - Porto, Portugal

www.spavc.org

The 2nd International Conference on Heart & Brain (ICHB 2014)

February 27 - March 1, 2014 - Paris, France

www2.kenes.com/ichb/Pages/Home.aspx

23rd European Stroke Conference (ESC) 2014

May 6 - 9, 2014 – Nice, France

www.eurostroke.eu

9th World Stroke Congress

October 22 - 25, 2014 - Istanbul, Turkey

www.worldstrokecongress.com

1st ESO-Karolinska Stroke Update Conference

November 16-18, 2014 – Stockholm, Sweden

www.strokeupdate.org

ESO membership

We are pleased to welcome new members to our organisation:

Peter Sandercock
Guillaume Turc
Antonela Bazina
Maria Hernandez Perez
Karl Boyle
Marina Kotsani

Renewal of ESO membership 2014

Please renew your membership in the ESO for 2014 via the website: Please click [here](#).

Thank you for your continued support of the ESO!

Miscellaneous

ESO is on Twitter!



Social networks represent today the most used platform for fast and instant exchange of information. In order to keep its members and interested public up-to-date on what is happening in the stroke field in real time, ESO has been actively using Twitter for quite a while now. However, this important and attractive communication tool is still not well known and used within the ESO community.

We therefore encourage you to register on Twitter at <https://twitter.com/ESOstroke> and to become a Follower of ESO.

Are there any interesting news you would like to share with the ESO community via Twitter?

Please contact Else Charlotte Sandset from the ESO Young Stroke Physicians Committee else@sandset.net, who coordinates communication on Twitter for ESO. Contributions might include scientific content, such as interesting papers on stroke, or information on stroke meetings and ESO initiatives as well as pictures from ESO events or even clinical trials results as they are given at conferences.

Please see below a selection of latest Tweets posted by Else Charlotte Sandset. Many thanks to Else for her special commitment to making ESO@Twitter fly!

[ESO Stroke @ESOstroke 8 Dec](#)

Spend cold winter days learning, networking and socialising with young European [#stroke](#) colleagues <http://www.strokewinterschool.com/> Deadline: 31.12.13

[ESO Stroke @ESOstroke 4 Dec](#)

Is it really a stroke? Thalamic symptoms & syndromes are easily misdiagnosed in the ER. Learn more [#StrokeUnviersity](#) <http://www.biturls.com/0Cm95>

[ESO Stroke @ESOstroke 2 Dec](#)

Posterior circulation [#stroke](#) can be a diagnostic and therapeutic challenge. A recent [@TheLancet](#) review on the topic: <http://www.biturls.com/JNDeS>

[ESO Stroke @ESOstroke 22 Nov](#)

European stroke experts are gathered in beautiful Garmisch-Partenkirchen for the 2nd ESO Stroke Science Workshop! For updates: [#ESSW13](#)

Free Webinars from AHA on ESO website

In 2011, *Stroke* initiated a series of educational webinars which cover important topics in the cerebrovascular disease field, especially those with recent advances that will impact clinicians and researchers. The intention of these webinars is to provide participants with current and novel information on high-impact topics. ESO offers in collaboration with the American Stroke Association (ASA) free webinars accessible via the ESO website.

Please click [here](#) to access the webinars.

Make a donation to stroke

The European Stroke Organisation appreciates any donation which helps fund important projects and supporting various activities with the goal of raising the awareness of stroke on a pan-European scale. Please tell your colleagues and executives at the hospital about this new opportunity to make a difference in stroke, by supporting our organisation. Your donation will help us in our efforts to reduce the number of stroke-associated deaths and the burden caused by stroke throughout Europe. Please visit the ESO donation website at www.eso-stroke.org/donate.

Every support is highly appreciated and we thank you for caring!

ESO Newsletter

We encourage everyone to submit contributions to future ESO newsletters by sending a short article to one of the below e-mail addresses:

Geert Vanhooren, geert@vanhooren-dooms.be

or Paola Santalucia, p_santalucia@hotmail.com
