ESOC 2019

5th European Stroke Organisation Conference

22 - 24 May 2019 | Milan, Italy

Media Release

Milan, 24 May 2019

The 5th annual European Stroke Organisation Conference maintains broad scope on final day with insights from acute care to multi-faceted support programmes

- **IMPACT-24B:** Sphenopalatine ganglion stimulation improves outcome from Acute Ischaemic Stroke in a Dose-Dependent Manner in a subgroup of ischaemic stroke patients
- **COMPASS MIND & NAVIGATE MIND:** No significant effect with different anti-coagulation strategies on stroke lesion burden
- **INSPIRE-TMS & STROKE-CARD CARE PROGRAMME:** Specially-designed multi-component support programmes offer promising secondary prevention options

Additional information, including video interviews with principle investigators and summary slides are available on the ESOC 2019 Media Portal. Email your request for access to this password-protected resource to: ESCO@ESO-stroke.org.

Delegates from around the world are drawn to the European Stroke Organisation Conference (ESOC) by the depth and breadth of its scientific programme. The appeal of the programme may be due to the youthful spirit of the various organising committees. Prof Kennedy Lees commented, “The average age of the committee members has decreased by approximately 25 years since the inaugural event in 2015.”

As ESOC 2019 draws to a close, the organising committees are already looking ahead. ESOC will consolidate its position as the world’s largest scientific meeting of stroke experts next year in a collaboration with the World Stroke Organization (WSO). The jointly organised ESO-WSO Conference is taking place in Vienna from 13 to 15 May 2020.

IMPACT-24B:
Sphenopalatine Ganglion Stimulation Improves Outcome from Acute Ischemic Stroke in a Dose-Dependent Manner – Further insights

In pre-clinical models, ImpACT-24 trials showed that stimulation of the sphenopalatine ganglion (SPG) leads to an increase in cerebral collateral blood flow and reduction in infarct size. This approach was shown to be feasible in the first in-human study of 253 patients in the ImpACT-24A trial. ImpACT-24B sought to demonstrate safety and efficacy of the approach in 1,000 patients with confirmed cortical involvement (CCI) within 8 to 24 hours after stroke.

The study's sensitivity analyses showed a clear dose-response relationship, with an inverted U-shape dose effect curve. The optimal dose range was 1-38% of the maximal dose applied: At optimal stimulation levels, for every 100 patients treated with SPG stimulation; potentially 29 more will have a favourable long-term disability outcome, thus this collateral-enhancing therapy expands therapeutic options for the subgroup of acute ischemic stroke patients with clear cortical involvement ineligible of i.v. thrombolysis up to 24 hours after stroke.

Prof Jeffrey Saver concluded: "The cumulative evidence indicates that sphenopalatine ganglion stimulation is an efficacious therapy for patients with cortical acute ischaemic stroke 8–24 hours after onset who are ineligible for intravenous thrombolytic therapy."

The research is published today in The Lancet.

COMPASS MIND:
Results of the Cardiovascular Outcomes for People Using Anticoagulation Strategies (COMPASS) Randomized Trial MRI and Neurocognitive Deterioration Sub-study (COMPASS MIND)

& NAVIGATE MIND:
Effects of Rivaroxaban vs Acetylsalicylic Acid on the Occurrence of the Clinical and MRI-Defined Infarcts and Microbleeds in NAVIGATE-ESUS – Results of NAVIGATE MIND MRI Sub-study

The COMPASS-MIND and NAVIGATE-MIND were brain-imaging substudies of large clinical trials assessing the effect of rivaroxaban, a novel oral anticoagulant on prevention of recurrent stroke, seen clinically or on a brain scan. COMPASS randomised 27,395 stable patients with cardiovascular disease to rivaroxaban (low dose) with or without aspirin, whilst NAVIGATE randomised 7,213 with a likely embolic stroke of unknown source to full-dose rivaroxaban versus aspirin.

1,445 patients in COMPASS and 728 patients in NAVIGATE had an MRI at baseline and the end of the study.

There was a non-significant reduction in infarcts on brain scans on rivaroxaban with aspirin compared to patients on aspirin alone in COMPASS-MIND, with a similar effect when including symptomatic strokes (OR 0.53, 0.27 – 1.03).

In NAVIGATE, there was similar non-significant overall reduction in MRI -identified or clinically- identified stroke with rivaroxaban versus aspirin (HR 0.75, 0.35 – 1.58). This supports evidence that rivaroxaban has potential added benefit in reducing ischaemic stroke, but may be limited by the increased risk of bleeding in these populations.

Principal Investigator Prof Mike Sharma said: “The composite of MRI infarcts and clinical stroke in COMPASS were non-significantly reduced, suggesting effects may be similar to the overall trial.”

INSPIRE-TMS:
Effects of a Multicomponent Support Program for Intensified Secondary Prevention in Patients with Transient Ischemic Attack and Minor Stroke

& STROKE-CARD CARE PROGRAMME:
Pragmatic Trial of a Multifaceted Intervention to Prevent Future Cardiovascular Events and Improve Quality of Life After Acute Ischaemic Stroke or TIA

Following a minor stroke or transient ischaemic attack, there is a high risk of having another stroke or a heart attack.

INSPIRE-TMS and Stroke-Card were randomized controlled trials each assessing the efficacy of a different specially-designed multi-component support programme in the prevention of recurrent vascular events or death in patients with prior ischaemic stroke or transient ischaemic attack. Both studies enrolled more than 2,000 participants and both interventions showed encouraging results.

The studied populations were slightly different with respect to severity of stroke and functional independence.

The INSPIRE-TMS support programme, which consisted of 8 outpatient visits with motivational interviewing and information on secondary prevention over a period of 2 years, did not result in any significant reduction in cardiovascular events and death at annual follow-up up to five years compared to usual care (annual visit). However, the support programme did result in better control of several target risk factors.

Principal Investigator, Prof Heinrich Audebert, commented, “The support programme improved achievement of secondary prevention targets but this did not translate to lower rate of major vascular event. A possible explanation for this might be that target risk factor control was much better in the control group than expected, diluting the effect of the intervention.”

The Stroke-Card Care Programme’s intensified post-stroke disease approach (one outpatient multidisciplinary re-assessment at 3 months post-discharge) resulted in a decrease in recurrent stroke, heart disease or vascular death at 12 months compared to standard care (STROKE-CARD 5.4% vs Standard care 8.3%, hazard ratio, 0.63, 95%CI 0.45-0.88, p = 0.007). At the same time interval, participants in the Stroke-Card Care Programme also reported a better quality of life compared to those who received standard care.

Principal Investigator, Prof Peter Willeit commented, ""We believed pragmatic intervention, STROKE CARD care can be easily translated to low-cost routine care practice. Our study also emphasized that stroke care does not end with hospital discharge. We should be extending care to a 3-month follow-up by the multidisciplinary team."

Issued by the ESOC 2019 PR Committee

For more information, to schedule interviews or for access to the password-protected Media Portal, please send your request to: ESOC@ESO-stroke.org.