Report of the 15th European Stroke Conference, Brussels, May 16–19, 2006

J.P. Mohr

Neurological Institute, Columbia University College of Physicians and Surgeons, New York, N.Y., USA

Ever increasing in attendance and international importance, the 15th European Stroke Conference, held 16–19 May in Brussels, drew 2,715 participants in a new time schedule from Tuesday through Friday.

The first day was devoted to teaching sessions on stroke and infections, behavioral and mood disorders, eye movement disorders, lacunar infarcts, motor rehabilitation, and interactive case presentations – more than 700 attendants participated in the elegant presentations from leading experts – all were recorded together with lectures from main symposia, oral and poster presentations and will become available in early October on CD-ROM to be ordered through www.eurostroke.eu.

The main program followed an increasingly familiar daily format with several major educational and scientific symposia, the remainder of each day featuring parallel sets of several oral communications, two major poster sessions on both Wednesday and Thursday ending with company-sponsored symposia and ample distractions from sponsors in the main exhibit hall. The success of the meeting has spawned the expected increase in scope to a degree that no attendee could be in the audience for all sessions, a sign of the advances in the fields represented.

The 628 papers reported had survived an extensive anonymous review from 913 submitted abstracts. Agreeing to the importance of the papers that were represented in poster ($n = 378$) or oral form ($n = 250$), the following review focuses on two main symposia with important news which initiated each day's schedule.

The initial symposium on 17th of May featured several reports on new trials and updates on prior studies. The Stroke Prevention by Aggressive Reduction in Cholesterol Levels Study reported a 16% relative risk reduction for atorvastatin vs. placebo for the major outcome of stroke prevention calculating the number needed to treat at 46 to prevent 1 stroke. The p values favoring atorvastatin provided a departure point for a symposium later in the day on the role of statins in stroke prevention. For CHARISMA, the combination of clopidogrel plus aspirin had a 7.1% relative risk reduction ($p = 0.22$) vs. aspirin alone for all outcome events, leaving some to wonder if the difference was great enough to justify the combination as a preventative, given the results of MATCH reported in this same conference 2 years before. CHANT, a study of NXY-059 in a setting of intracerebral hemorrhage, documented a $p = 0.79$ vs. placebo for the outcomes selected, findings arguing that NYX-059 could be given to acute stroke patients prior to demonstration whether the stroke was ischemic or hemorrhagic in origin. CODICE, in a 3-year prospective study, found no increased stroke risk was 'massive' right-to-left shunts in a setting of PFO, blunting common assumptions that PFO size directly relates to stroke risk. The PETROL group studied dibigatran etecilate (DIB), a new oral thrombin inhibitor, and reported several outcomes in atrial fibrillators, the first being a comparison of warfarin at INR 2–3 against a combination of DIB and aspirin at two aspirin doses (81 and 325 mg), which led to the discontinu-

ation of aspirin due to excess bleeding in the DIB/ASA group; adjusted dosing of DIB alone, which was also found lacking efficacy at doses of 50 mg BID and 150 mg QD, increased bleeding at 300 mg BID and is now being studied at 300 mg QD, the effort directed at providing an alternative to warfarin for an oral thrombin inhibitor. The SITS-MOST and TACs groups provided updates.

The initial symposium on 18th of May featured presentations on intracerebral hemorrhage. Subjects included the role of hypertension, an update on venous occlusion, and the management issues for vascular malformations. New data on fVIIa in intracerebral hemorrhage updated safety issues and the importance of early institution of treatment. In a review of the oral anticoagulants and the risks of hemorrhage, interruption of anticoagulants had between 3 and 20% increased 30 stroke recur-

rence rates. The mortality for anticoagulant-associated intracerebral hematoma was higher than for spontaneous hemorrhage.

The initial symposium on the closing day 19th of May featured cerebral and subarachnoid hemorrhage, another sign of the importance of hemorrhage in current stroke research. This symposium again discussed the use of fVIIa, this time the issue of cost effectiveness in two countries. Prior treatment with antiplatelets did not unfavorably influence the course of intracerebral hematoma, but early rebleeding in a setting of surgery was a predictor of higher mortality rates. For brain arteriovenous malformations, increasing age had a statistically significant correlation with increased risk for hemorrhage, as did focal neurological deficits, such deficits being quite uncommon.