

**CONy 2022 Virtual Congress Scientific Program**  
**Program times refer to Central European Time (CET)**

FRIDAY, MARCH 25, 2022	
<b>14:00-15:40</b>	<b>STROKE</b>
	<b>HALL D</b>
Chair:	<b>Jesse Dawson</b> , UK
<b>14:00-14:50</b>	<b>All people with ischemic stroke should receive long-term monitoring (at least 30 days) to detect paroxysmal atrial fibrillation (PAF).</b>
	<i>Capsule: Long term monitoring for PAF is known to increase detection rate in people with cryptogenic ischemic stroke. However rates of AF detection are typically higher in older people and several studies demonstrate similar rates of detection regardless of stroke etiology. In addition, whether long term monitoring detects clinically meaningful AF is unclear and it has not yet been known whether this improves outcomes and prevent recurrent strokes.</i>
14:00-14:10	Introduction and Pre-Debate Voting
14:10-14:25	Yes: <b>Ante Anic</b> , Croatia
14:25-14:40	No: <b>Zoltan Csanadi</b> , Hungary
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting
<b>14:50-15:40</b>	<b>Is brain stimulation more efficient than pharmacological modulation for improving neurorecovery after stroke?</b>
	<i>Capsule: Neuromodulation techniques are being developed to improve a variety of outcomes following acute stroke and to improve post-stroke recovery. For example, the use of a paired vagus nerve stimulation system has recently been approved by the FDA to treat people with long-term arm impairment after ischemic stroke. In the last years, there has been an accumulated body of evidence that pharmacological modulation improved consistently clinical neurorecovery after stroke. Which approach is most likely to be successful?</i>
14:50-15:00	Introduction and Pre-Debate Voting
15:00-15:15	YES: <b>Jesse Dawson</b> , UK
15:15-15:30	NO: <b>Dafin Muresanu</b> , Romania
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting

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15:40-18:10	STROKE	HALL D
Chair:	<u>Laszlo Csiba</u> , Hungary	
<b>15:40-16:30</b>	<b>Can we mitigate the risk of stroke due to tobacco consumption by other methods of tobacco use without combustion?</b>	
	<i>Capsule: Smoking tobacco is an established risk factor for stroke as well as for other cardiovascular and non-cardiovascular diseases. The best way to prevent smoking related disease (and stroke) is to avoid smoking. However it is very difficult for actual smokers to kick off the habit. This panel is intended to review and debate whether other methods of tobacco use (without combustion) could affect smoking related disease and whether those methods should be accepted by regulatory authorities.</i>	
15:40-15:50	Introduction and Pre-Debate Voting	
15:50-16:05	Yes: <u>Hovhannes Manvelyan</u> , Armenia	
16:05-16:20	No: <u>Dov Gavish</u> , Israel	
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting	
<b>16:30-17:20</b>	<b>Minimally invasive surgery should be preferred to conventional neurosurgery for hematoma evacuation after intracerebral haemorrhage (ICH)</b>	
	<i>Capsule: Minimally invasive surgery for ICH is a promising treatment and is routinely performed in many centers. However, the largest clinical trials have not demonstrated definitive benefit of minimal surgical intervention on mortality and functional outcome</i>	
16:30-16:40	Introduction and Pre-Debate Voting	
16:40-16:55	YES: <u>Adrian Parry Jones</u> , UK	
16:55-17:10	NO: <u>Wendy Ziaj</u> , USA	
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting	
<b>17:20-18:10</b>	<b>Tenecteplase should be routinely used for thrombolysis in acute ischemic stroke</b>	
	<i>Capsule: Tenecteplase has a longer half-life than alteplase and can be given as a single bolus, but no trial has demonstrated superiority over alteplase and the largest trial to date included mostly people with minor stroke. Other studies suggest better recanalization rates with Tenecteplase, perhaps due to greater fibrin specificity. However, in most countries this remains an off-label treatment.</i>	
17:20-17:30	Introduction and Pre-Debate Voting	
17:30-17:45	YES: <u>Melinda Roaldsen</u> , Norway	
17:45-18:00	NO: <u>Ashfaq Shuaib</u> , Canada	
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting	

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18:10-19:50	STROKE	HALL D
Chair:	<b>Ashfaq Shuaib</b> , Canada	
18:10-19:00	<b>In the era of carotid artery angiography (CTA) and magnetic resonance angiography (MRA), carotid ultrasound still has a role in decision making in people with carotid artery stenosis</b>	
	<i>Capsule: It remains to be determined whether the impact of plaque characteristics on procedural risks differs between carotid artery stenting (CAS) and endarterectomy (CEA). In spite of some prospective multicentre studies (e.g. ICAROS) it is still controversial whether assessment of carotid plaque echolucency, ulceration, gray-scale-median, contrast-enhancement, jelly fish sign etc. predict the risk of embolism during CAS or CEA</i>	
18:10-18:20	Introduction and Pre-Debate Voting	
18:20-18:35	Yes: <b>Laszlo Csiba</b> , Hungary	
18:35-18:50	No: <b>Adnan Siddiqui</b> , USA	
18:50-19:00	Discussion, Rebuttals and Post-Debate Voting	
19:00-19:50	<b>Withdrawal of care should never be performed within the first few days after severe acute stroke</b>	
	<i>Capsule: Discussions around withdrawal of care are common in the early days after severe stroke. Many patients have previously expressed the view that they would not wish to live with severe disability after stroke. However, outcomes at this early stage can be hard to predict and the intensity of medical treatment is related to risk of death. Therefore there are concerns that withdrawal of care will lead to a self fulfilling prophecy of increased risk of death.</i>	
19:00-19:10	Introduction and Pre-Debate Voting	
19:10-19:25	YES: <b>Gillian Mead</b> ,UK	
19:25-19:40	NO: <b>Ruth England</b> , UK	
19:40-19:50	Discussion, Rebuttals and Post-Debate Voting	