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| **Topic** | **Discussion** |
| **Call to order** | Gene Latorre called the meeting to order 1002 |
| **Meeting Minutes Approval** | Previous meeting minutes approved |
| **Chairman Update** | Gene Latorre began with a Chairman’s Update, focusing on the 2022 AHA/ASA Guidelines for the Management of Spontaneous Intracranial Hemorrhage and 2022 TNK vs TPA for stroke. Randomized Controlled Non-inferiority trial. Below are highlights from this presentation.  **2022 AHA/ASA Guidelines for the Management of Spontaneous Intracranial Hemorrhage**   * Developed by American Heart Association/American Stroke Association * Endorsed by Neurocritical Care Society, Society of Vascular and Interventional Neurology, and American Academy of Neurology * **Top 10 take-home message** * Development of a regional system of care with rapid transfer to centers with Neuro-ICU and Neurosurgery * Non-contrast CT imaging markers can predict early hematoma expansion (SPOT sign) * Etiologic evaluation should include identifying markers of microvascular and macrovascular pathologies * Acute blood pressure control lowering reduces hematoma expansion/improves outcome * Anticoagulation-associated ICH should be reversed with appropriate reversal agents * Avoid non-effective interventions (Steroids, prophylactic antiseizure meds, platelet transfusion, etc.) * Surgical decompression (minimally invasive approaches preferred) can reduce mortality but may not improve functional outcomes. * Shared decision-making is encouraged and the decision to DNR should not be used to limit other medical and surgical intervention * Early aggressive mobilization in the first 24 hours is discouraged, but functional task training after 24 hours may be started, along with coordinated multidisciplinary rehabilitation. * Provide psychosocial education, practical support and training for CAREGIVER   Greenberg, S. M., Ziai, W. C., Cordonnier, C., Dowlatshahi, D., Francis, B., Goldstein, J. N., ... & American Heart Association/American Stroke Association. (2022). 2022 guideline for the management of patients with spontaneous intracerebral hemorrhage: a guideline from the American Heart Association/American Stroke Association. *Stroke*, *53*(7), e282-e361. <https://doi.org/10.1161/STR.0000000000000407>  **2022 TNK vs TPA for stroke. Randomized Controlled Non-inferiority trial**   * What we already know (Evidence before the Study)   + TPA is the standard of care for acute ischemic stroke but efficacy is limited by low reperfusion rate, risk of hemorrhage, and challenges with drug administration including long infusion.   + TNK is the standard of care for acute myocardial infarction due to its greater fibrin specificity, longer plasma half-life and easy to administer (single bolus) with very favorable risk-benefit profile   + There were no phase 3 randomized trials comparing TNK at a dose of 0.25mg/kg to TPA for stroke * What this study add?   + First head-to-head comparison using randomized controlled method comparing TNK at 0.25mg/kg dose vs TPA in ischemic stroke   + TNK is comparable (non-inferior) to TPA in terms of efficacy and safety * Implications to clinical practice   + This study provides a compelling rationale to switch the global standard for thrombolysis for TNK at a dose of 0.25mg/kg in patients with acute ischemic stroke presenting within 4.5 hours of symptom onset.   Menon, B. K., Buck, B. H., Singh, N., Deschaintre, Y., Almekhlafi, M. A., Coutts, S. B., ... & Kromm, J. (2022). Intravenous tenecteplase compared with alteplase for acute ischaemic stroke in Canada (AcT): a pragmatic, multicentre, open-label, registry-linked, randomised, controlled, non-inferiority trial. *The Lancet*, *400*(10347), 161-169. doi: 10.1016/S0140-6736(22)01054-6  The question was asked to the group- of those who have switched to TNK, are they reporting quicker administration times? Bernie from St Joes reported that she has seen a decrease from 71 minutes to 34 minutes (median?). This is excellent! |
| **Old Business** | **FAST-ED**: Ann Smith and Susie Surprenant reported that EMS continues to view the FAST-ED stroke educational video and continues to take the post-test. Some EMS are re-watching the videos to reinforce the training. Josh reported that Upstate, Crouse, and St. Joes have made a FAST-ED badge buddy that will begin circulating in the CNY region soon. Once circulated, Josh will share the graphic with this group. |
| **New Business** | **American Heart Association Updates:** Ashley Eagan from the AHA presented on the new EMS and rural hospital initiatives. In short, EMS may collect data with specific stroke and STEMI criteria and potentially be awarded (three tiers) based on data measures (See PDF below). Additionally, Ashley encourages rural hospitals (critical-access hospitals) to consider enrolling in AHA Get with the Guidelines data collection programs. Enrollment fees will be covered for the first three years for those who wish to participate in the program as part of the new AHA initiatives. AHA has a goal of enrolling 700 hospitals nationwide in this program. Please reach out to Ashley (or Josh) if you or your facility/agency is interested in either program.    Rural Hospital Accelerator: <https://newsroom.heart.org/news/new-three-year-quality-initiative-aims-to-eliminate-rural-health-disparities>  **TNK Updates: None** |
| **New York States Updates** | Josh shred with the group that the new NYS Stroke Guidance Document will be released on 10/1/22. Stroke centers will have six months from release until updates will be included in certification surveys.  Highlights include:   * CTA will be a requirement in order to be a certified PSC * The 85% benchmarks for “Door to “measures will be removed * the “ramp-up period” for acute stroke-ready hospitals will be removed |
| **Educational Opportunities** | Upstate RUSH Virtual Presentation Wednesday September 21, 2022 at noon ( <https://www.upstate.edu/stroke/rush-conference.php> )  Neurocritical Care Conference October 17-21 San Antonio, TX (and virtual <https://www.neurocriticalcare.org/events/annualmeeting> |
| **Regional Reports/Round Table** | Nothing to report |
| **Adjournment** | Meeting was adjourned at 1058 |
| **Next Meeting:** | Friday, December 16th, 2022 10 am Via Zoom <https://upstate.zoom.us/j/92979661433> |