

September 20th, 2024 Meeting Minutes

Topic	Discussion
Call to order	Gene Latorre called the meeting to order at 10:03
Meeting Minutes Approval/Membership	<ul style="list-style-type: none"> • Previous meeting minutes approved by H. Perry and D. Wage • No new members present at this meeting, current members introduced themselves
Chairman Update	<p>Gene Latorre discuss the late-breaking TRACE-III trials</p> <p>Question: In patients with acute ischemic stroke due to large vessel occlusion and did not have access to thrombectomy</p> <p>Is Tenecteplase given 4.5-24 hour after symptom onset</p> <ul style="list-style-type: none"> • SAFE (no excess bleeding) • EFFECTIVE (improves functional outcome) <p>Study impact:</p> <p>67-75% of patients present more than 4.5 hours from symptom onset</p> <ul style="list-style-type: none"> • LVO accounts for 30% of ischemic strokes, but only 8% receive thrombectomy • Less than 50% of US population were within 60 minutes from thrombectomy centers (2022) (28% in rural, 70% in urban setting) • Less than 3% of eligible stroke patients worldwide have access to thrombectomy <p>Study design:</p> <ul style="list-style-type: none"> • Randomized, open-label, blinded-outcome-assessment, multicenter • 58 centers (all in China) • 1469 screened, 516 enrolled (264 TNK, 252 Standard Tx) • Intervention: TNK 0.25mg/kg max of 25mg <p>Patient characteristics</p> <ul style="list-style-type: none"> • 67yrs median age (68% male) • Median NIHSS 11 • Time from onset to randomization 12.3 hours

Attendees: J. Onyan, J. Moore, G. Latorre, M. Vallelunga, J. Dennis, H. Perry, R. Sykes, A. Slate, S. Surprenant, K. Kraus, R. Turrin, P. Veinot, D. Wage

	<p>Conclusion:</p> <ul style="list-style-type: none"> • In patients with acute ischemic stroke due to large vessel occlusion and unable to receive mechanical thrombectomy, • TNK 0.25mg/kg (max 25mg) given between 4.5-24 hours from symptom onset resulted in less disability. <p>* more information can be found within the slides of this e-mail</p>
Old Business	<p>ZODIAC Trial discussion- HOB flat for suspected LVO- During our previous meeting- it was determined that the group would like to wait until trial information was added to official guidelines before determined a regional implementation and educational roll-out plan.</p>
New Business	<p>Pulsara updates and regional progress</p> <ul style="list-style-type: none"> • Josh discussed a successful rollout of the application at Upstate for the stroke program. Josh indicated that many EMS in the CNY region are using Pulsara as a primary means of notification and it is helping enhance and speed up patient treatment requiring thrombectomy. Many other teams at Upstate are using Pulsara for notification and activation and he's excited to see where this goes. • North Country EMS reported that many agencies are still not fully using Pulsara as many agencies are voluntary. Many of the North Country hospitals are already using Pulsara • Rome and Mid-state are using Pulsara successfully • Susie reported that St. Joseph's Hospital in Syracuse has been using Pulsara and have noticed a 5-minute decrease in offload time which is extraordinary (over a six-month time). St. Joseph's did this by using information within Pulsara obtained by scanning a driver's license allowing for patient registration prior to arrival to the emergency department. <p>Guidance document updates- ICH care</p> <ul style="list-style-type: none"> • Josh and Gene discussed the 2022 guidelines release from the American Heart Association related to hemorrhagic stroke care. To supplement this information, a publication was released in July 2024 on Get with The Guidelines- Hemorrhagic Stroke Care Metrics and why they are important. PDF of these documents can be found within this e-mail. <p>Telestroke updates</p> <ul style="list-style-type: none"> • Josh discussed with the group the recent upgrade at Upstate to an application called Extended Care. The application helps streamline Upstate physician connection to spoke sites using the EHR EPIC. This new application has allowed the physicians to insert new information into their note templates including connection time, which is useful for spoke sites for data abstraction purposes.

	<ul style="list-style-type: none"> Spoke sites within the Upstate telestroke network have been upgraded with new iPads which can receive notification/connection using Extended Care. The group discussed using telemedicine as a primary neurological consultation time for Primary Stroke Centers and there was a discussion about door-to-needle times being under 60 minutes. Josh mentioned that there are means to supply pieces of information from the Upstate Transfer Center report to spoke sites if any of the spoke sites are missing transfer information.
New York States Updates	Josh reported that the New York State Stroke Advisory Group continues to meet quarterly and continues to develop language for the upcoming New York State stroke guidance document.
Educational Opportunities	<p>Additionally, Josh reminded the group about Upstate's Rush Conference, held at noon on the 4th Wednesday of each month, offering 1.0 continuing education or CME credits for attendance. Interested individuals were encouraged to visit the Upstate stroke webpage or contact Josh for more details.</p> <p>The University of Rochester STAR conference save the date information was recently released. The STAR conference will move from Rochester to Canandaigua on May 15th, 2025, generally, this conference provides attendees with at least six hours of continuing educational credits.</p> <p>The International Stroke Conference will be held in February in Los Angeles CA. This is also a good conference to obtain stroke credit and international stroke updates from renowned stroke experts.</p> <p>Josh also mentioned that the American Heart Association will be offering a one-day virtual update session this fall which I'll be replacing the NECC conference which was previously held in Rhode Island. The event is \$30 and will provide 5.5 hours of CE's. Details can be found here The American Heart Association Virtual Stroke Forum 2024 (zoom.us)</p>
Regional Reports/Round Table	Josh discussed with the group that the DNV was recently at Upstate for the annual stroke survey. Two areas of focus were brought up including titratable medications as well as radial compression device care post thrombectomy. Rebecca from Canton Potsdam hospital let the group know that they recently had their survey as a Primary Stroke Center and overall, that went well.
Adjournment	Meeting was adjourned at 1042
Next Meeting:	Friday, June 20 th 2024 via Zoom https://upstate.zoom.us/j/3934416249