
# Themes for priority setting conferences

## Prevention Group

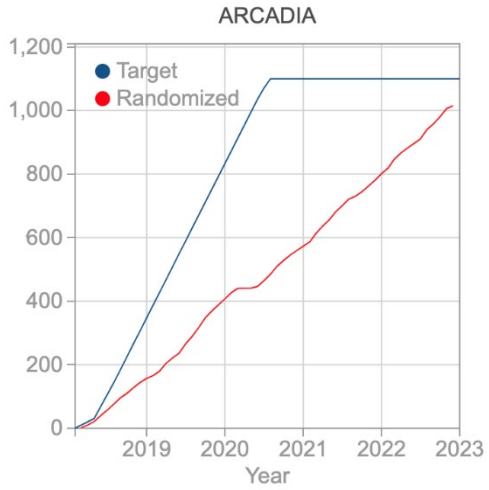
Hooman Kamel on behalf of the Prevention Working Group

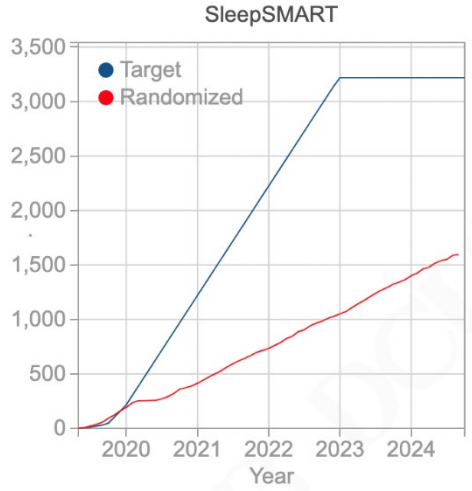
MUSC Medical University of South Carolina

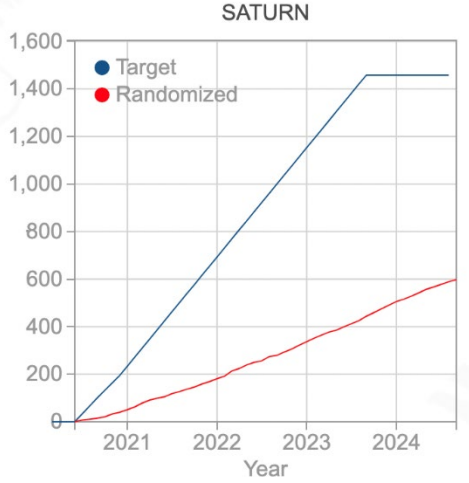
NIH

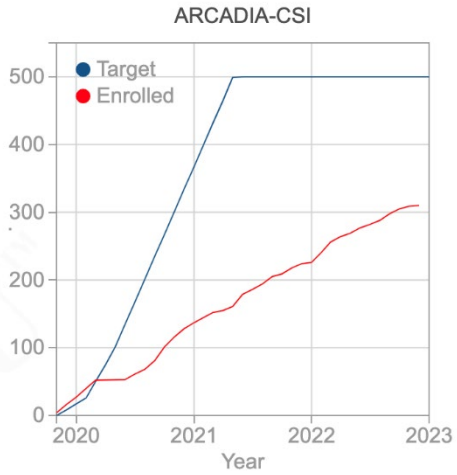
University of Cincinnati

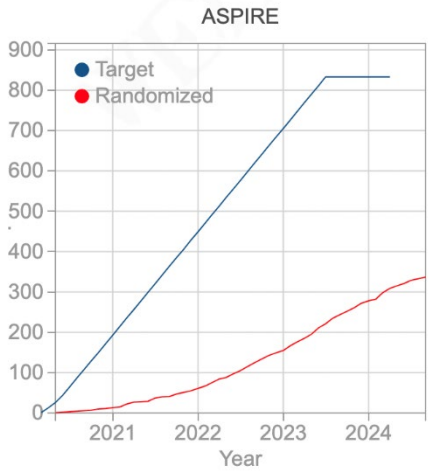
# StrokeNet experience with prevention trials

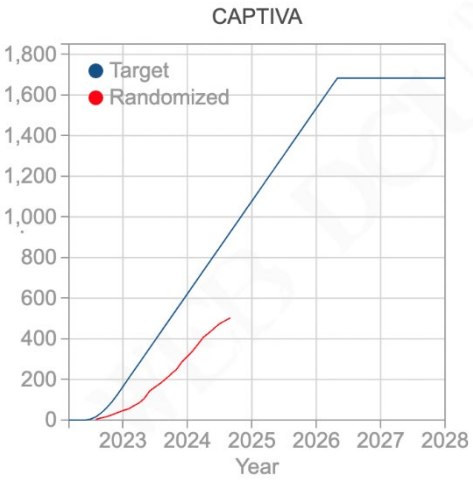


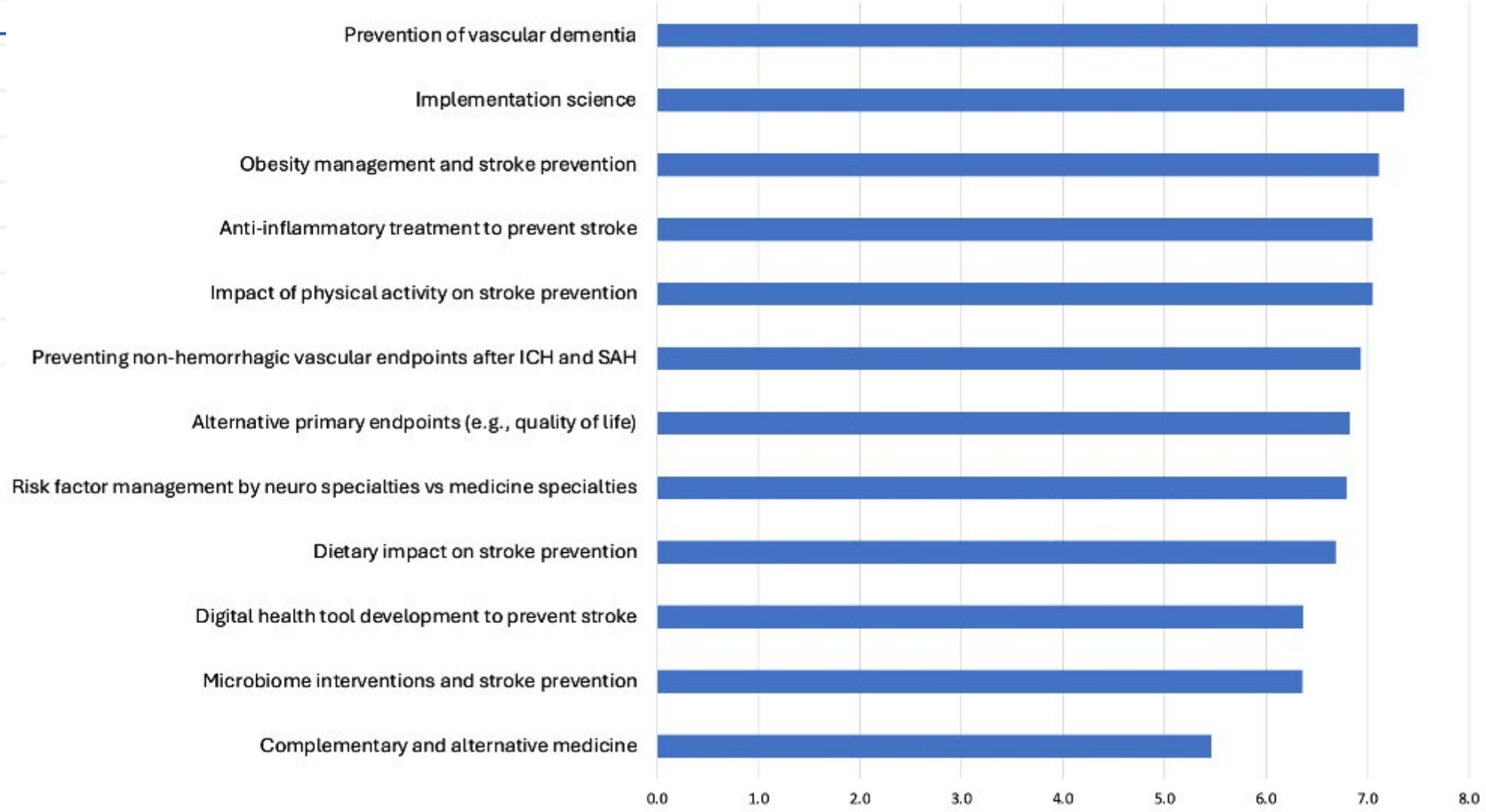



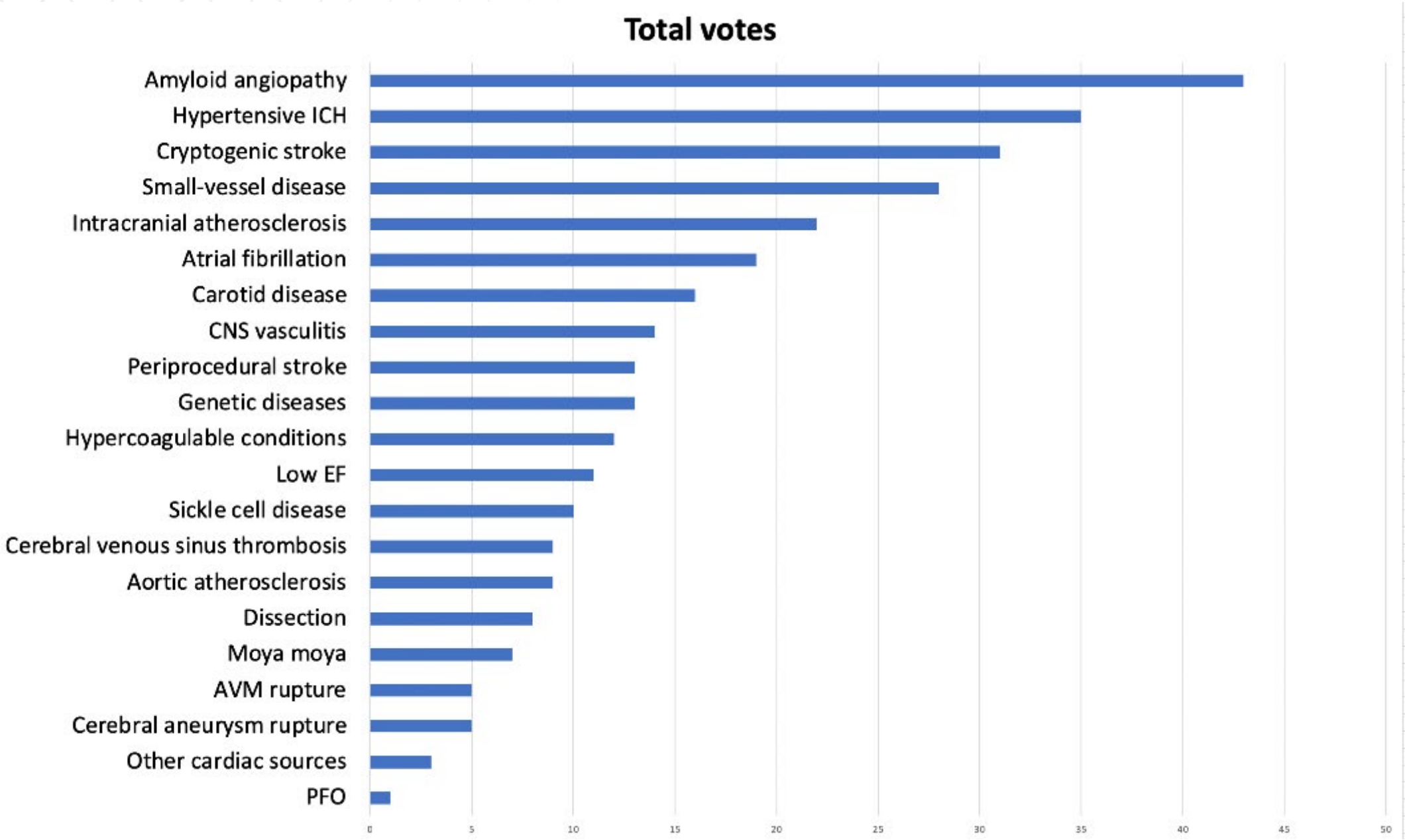
# Survey of StrokeNet community

Summer 2023

~100 respondents

# Average Score




Total votes
Amyloid angiopathy
Hypertensive ICH
Cryptogenic stroke
Small-vessel disease
Intracranial atherosclerosis
Atrial fibrillation
Carotid disease
CNS vasculitis
Periprocedural stroke
Genetic diseases
Hypercoagulable conditions
Low EF
Sickle cell disease
Cerebral venous sinus thrombosis
Aortic atherosclerosis
Dissection
Moya moya
AVM rupture
Cerebral aneurysm rupture
Other cardiac sources
PFO
0
5
10
15
20
25
30
35
40
45
50

# Themes emerging during PWG discussion

1. Cerebral small-vessel disease (CAA, hypertensive ICH, and small-vessel disease)
2. Broadened focus on fundamental vascular risk factors, most notably obesity/microbiome/diet and cardiometabolic factors such as aldosteronism

# Themes emerging during PWG discussion

1. Cerebral small-vessel disease (CAA, hypertensive ICH, and small-vessel disease)

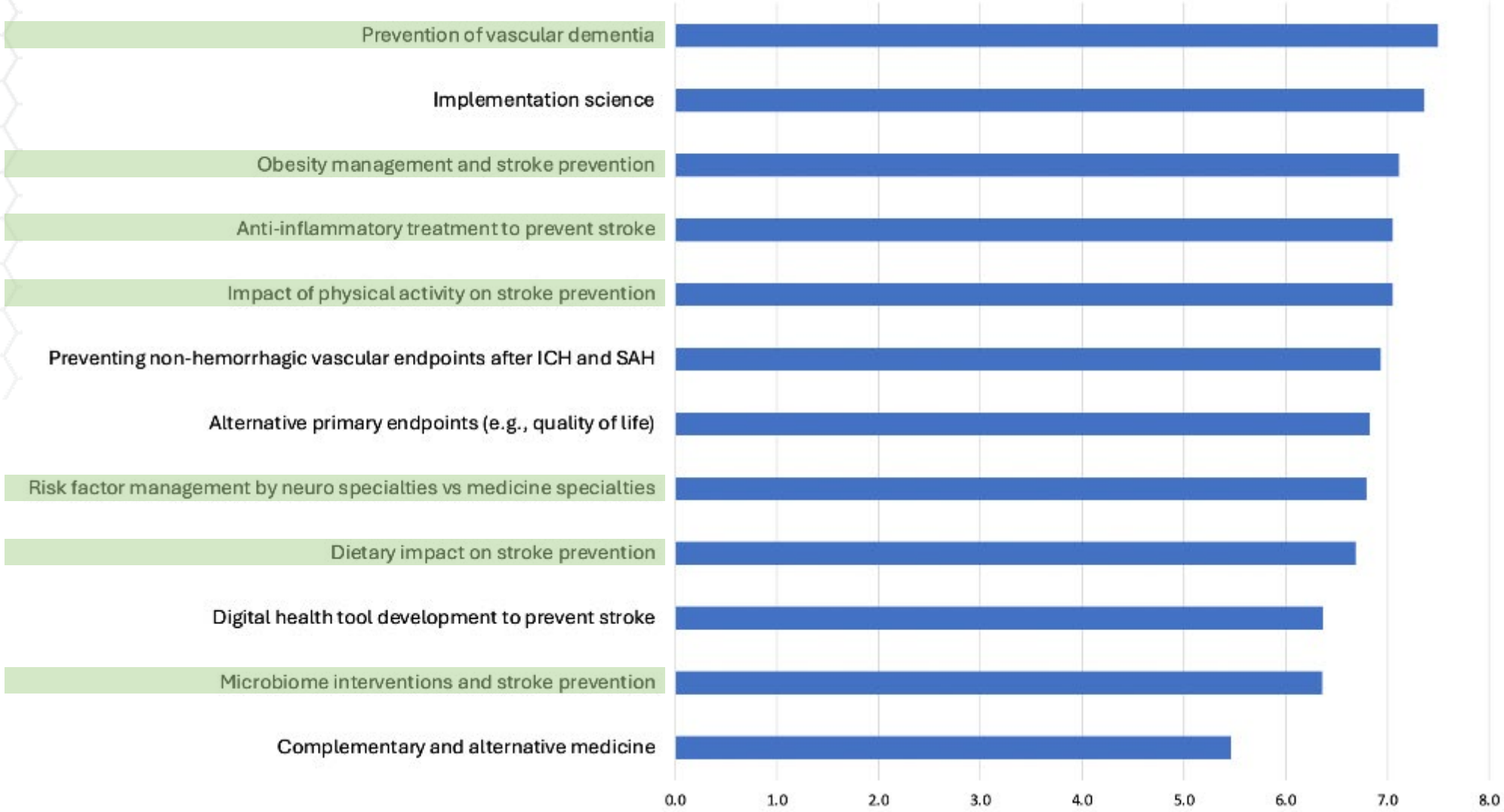
Ties in with other important topics of AD immunotherapies and post-stroke cognitive impairment and dementia

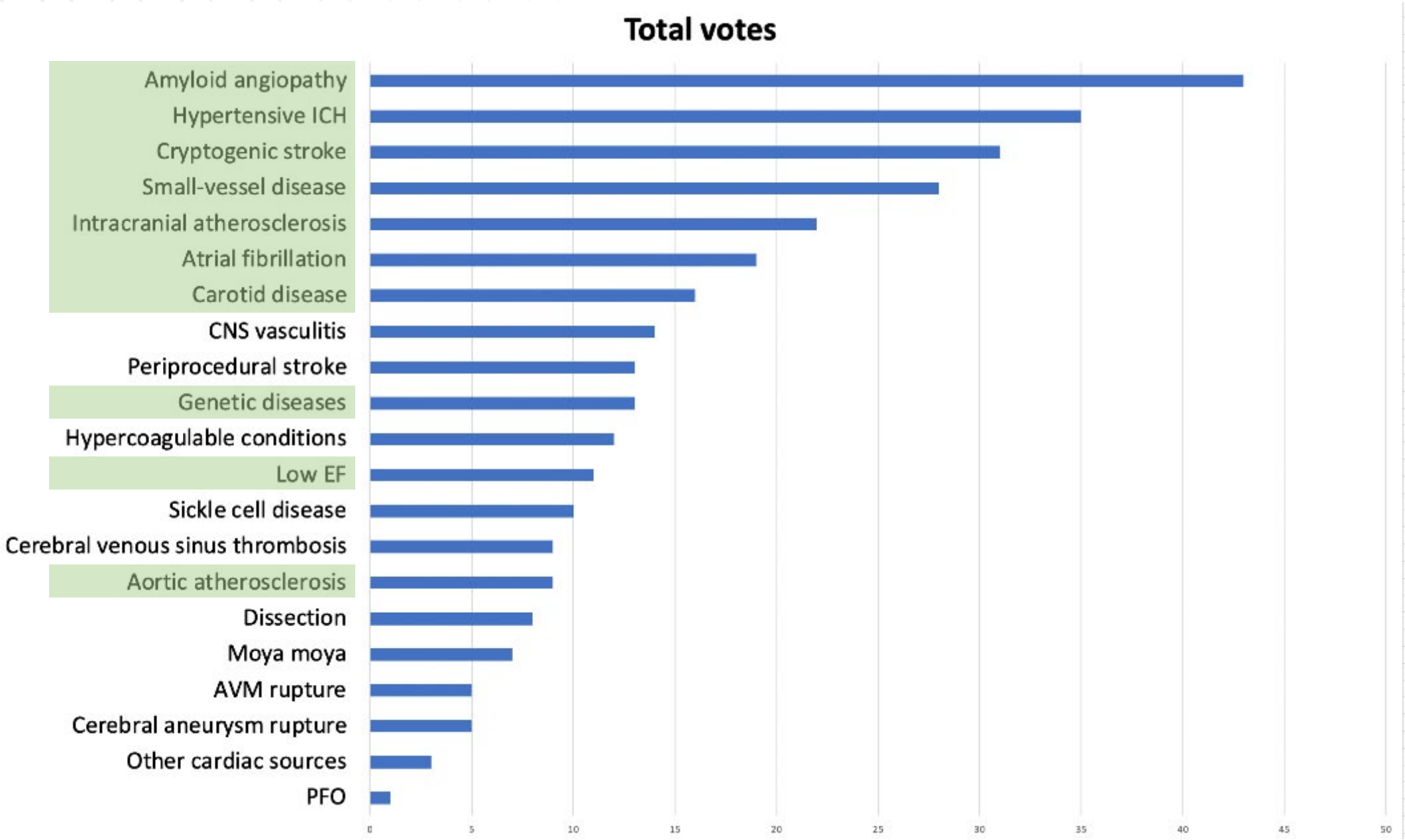
# Themes emerging during PWG discussion

2. Broadened focus on fundamental vascular risk factors, most notably obesity/microbiome/diet and cardiometabolic factors such as aldosteronism

Ties in with traditional risk factors (AF, atherosclerosis), cryptogenic stroke, novel obesity and other CV drugs, neuro vs medicine management of risk factors, racial and ethnic disparities and SDOH

# Average Score

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Aortic atherosclerosis
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# Challenges in Priority Area #1

Low rates of recurrent stroke after small-vessel occlusion

Broader outcomes that are relevant, feasible, acceptable?

Combined populations (e.g., deep ICH + lacunar stroke)?

| | Higher-target group (n=1519) | | Lower-target group (n=1501) | |
|---|---|---|---|---|
| | Number of patients | Rate (% per patient-year) | Number of patients | Rate (% per patient-year) |
| Stroke | | | | |
| All stroke | 152 | 2·77% | 125 | 2·25% |

**Blood-pressure targets in patients with recent lacunar stroke: the SPS3 randomised trial**

*The SPS3 Study Group**

# Challenges in Priority Area #2

What will shift guidelines? Do we always need stroke-specific trials?

*4.4. Glucose*

**Recommendations for Glucose**
**Referenced studies that support recommendations are summarized in online Data Supplements 14 and 15.**

| COR | LOE | Recommendations |
|---|---|---|
| 1 | B-R | 2. In patients with an ischemic stroke or TIA who also have diabetes, treatment of diabetes should include glucose-lowering agents with proven cardiovascular benefit to reduce the risk for future major adverse cardiovascular events (ie, stroke, MI, cardiovascular death).[231–236] |

# Challenges in Priority Area #2

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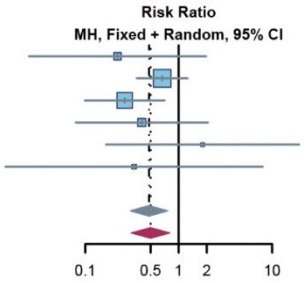
**C** Stroke

| Study | colchicine Events | colchicine Total | control Events | control Total | Weight (fixed) | Weight (random) | Risk Ratio MH, Fixed + Random, 95% CI |
|---|---|---|---|---|---|---|---|
| Nidorf SM, et al.–2013 | 1 | 282 | 4 | 250 | 7.7% | 4.8% | 0.22 [0.02, 1.97] |
| Stefan M Nidorf–2020 | 16 | 2762 | 24 | 2760 | 43.9% | 57.1% | 0.67 [0.35, 1.25] |
| Jean–Claude Tardif–2019 | 5 | 2366 | 19 | 2379 | 34.6% | 23.4% | 0.26 [0.10, 0.71] |
| Tong DC–2020 | 2 | 396 | 5 | 399 | 9.1% | 8.5% | 0.40 [0.08, 2.07] |
| Mewton N–2019 | 2 | 101 | 1 | 91 | 1.9% | 4.0% | 1.80 [0.17, 19.54] |
| Nina C Raju–2012 | 0 | 40 | 1 | 40 | 2.7% | 2.3% | 0.33 [0.01, 7.95] |
| **Total (fixed effect, 95% CI)** | | **5947** | | **5919** | **100.0%** | **--** | **0.48 [0.30, 0.76]** |
| **Total (random effects, 95% CI)** | | | | | **--** | **100.0%** | **0.50 [0.31, 0.80]** |

Heterogeneity: $Tau^2 = 0$; $Chi^2 = 4.20$, df = 5 (P = 0.52); $I^2 = 0\%$
Test for overall effect (fixed effect): Z = −3.09 (P < 0.01)
Test for overall effect (random effects): Z = −2.85 (P < 0.01)




Colchicine and coronary heart disease risks: A meta-analysis of randomized controlled clinical trials

Zijun Ma[1], Jun Chen[1]*, Kaiqin Jin[2] and Xin Chen[1]*

| Colchicine and usual care (n=1569) | | Usual care alone (n=1575) | | Hazard ratio (95% CI) |
|---|---|---|---|---|
| n (%) | Events per 100 person-years | n (%) | Events per 100 person-years | |
| 153 (9·8%) | 3·33 | 185 (11·7%) | 3·92 | 0·84 (0·68–1·05) |

**Long-term colchicine for the prevention of vascular recurrent events in non-cardioembolic stroke (CONVINCE): a randomised controlled trial**

*Peter Kelly, Robin Lemmens, Christian Weimar, Cathal Walsh, Francisco Purroy, Mark Barber, Ronan Collins, Simon Cronin, Anna Czlonkowska, Philippe Desfontaines, Adinda De Pauw, Nicholas Richard Evans, Urs Fischer, Catarina Fonseca, John Forbes, Michael D Hill, Dalius Jatuzis, Janika Kõrv, Peter Kraft, Christina Kruuse, Catherine Lynch, Dominick McCabe, Robert Mikulik, Sean Murphy, Paul Nederkoorn, Martin O'Donnell, Peter Sandercock, Bernadette Schroeder, Gek Shim, Katrina Tobin, David J Williams, Christopher Price*

# Challenges in Priority Area #2

Guidelines vs actual practice

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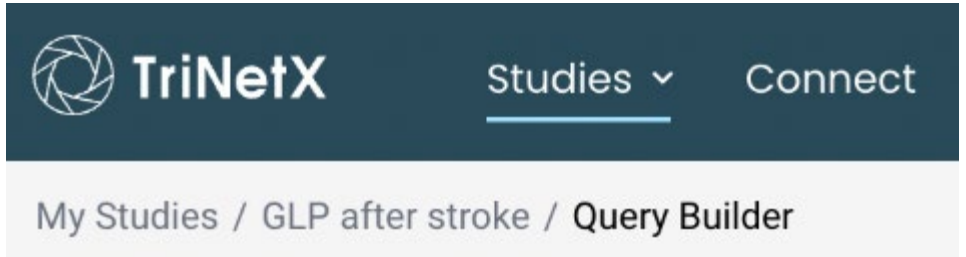
# Challenges in Priority Area #2

Guidelines vs actual practice

Across 24 U.S. healthcare systems:

- 398,177 patients with diabetes and ischemic stroke
- 80,128 (**20%**) receiving GLP-1 agonists or SGLT2 inhibitors



# Opportunities

More holistic preventive care

More integration with other specialties