Stroke Council and American Stroke Association Update

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The Stroke Council, 1 of 16 scientific councils within the American Heart Association/American Stroke Association (AHA/ASA), is uniquely dedicated to advancing the science of stroke prevention, treatment, and recovery through research and education. The Stroke Council warmly welcomes the new Editorial Board of the journal Stroke and the new editor-in-chief, Marc Fisher. A new activity for the journal, to be initiated with this article, is a biannual update on stroke activities being undertaken by the AHA/ASA.

Stroke continues to be strongly integrated throughout the organization and strategic plan. Central to the new AHA 2020 goal to reduce deaths from stroke by 20%, there is an invigorated focus on primordial stroke and cardiac disease prevention by improving the cardiovascular health of all Americans by 20%. The scope of stroke-related activities within the AHA/ASA is vast, running the gamut from funding of research, writing of guidelines and scientific statements, holding scientific conferences, developing legislation and public policy, facilitating hospital quality improvement activities, and educating consumers. A brief survey may help the readers of Stroke to stay abreast of this torrent of activity and find opportunities to advance their professional goals and further the AHA/ASA’s mission “to build healthier lives, free of cardiovascular diseases and stroke.”

Support of Research

In fiscal year 2009 to 2010, the AHA/ASA and its regional affiliates funded 253 rewards related to stroke (77 closely stroke-related, 147 broadly related-related) with a total support of $31.5 million. In addition, targeted programs included the AHA Bugher Foundation Centers for Stroke Prevention Research, a national prevention research center network with $8.4 million in funding, and the AHA PRT Health Outcomes Research Centers, a national research center network for outcomes research in cardiovascular disease and stroke. The total amount of research funding held steady but still at the reduced levels that occurred due to the worldwide economic crisis in 2008. Long-term strategic plans for AHA/ASA research include: (1) for early career awards, integrating mentoring by scientific council members and increased emphasis on underrepresented minority students; (2) gradual change in the basic versus translational balance of research support, from the current 85%/15% split to 50%/50% by 2020; and (3) bringing back the Established Investigator Award for senior researchers with a new framework tied to the AHA/ASA 2020 strategic plan.

Guidelines and Scientific Statements

The Council maintains 6 flagship guidelines that are kept always current with comprehensive renewals every 3 years. Four of these 6 guidelines had comprehensive updates published in 2010: Primary Stroke Prevention, Secondary Stroke Prevention, Intracerebral Hemorrhage Management, and Subarachnoid Hemorrhage Management. Acute Ischemic Stroke Management is scheduled for updating in 2011. In addition, the Stroke Council is sponsoring new scientific statements on several important topics, including vascular cognitive impairment, race-ethnic disparities in stroke care, an updated definition of stroke for the 21st century, and metrics for measuring quality of care at Comprehensive Stroke Centers.

Scientific Conferences

Major stroke-related scientific conferences of the AHA/ASA include AHA Scientific Sessions each November, the Quality of Care and Outcomes Research Scientific Sessions each May, and, most importantly, the International Stroke Conference each February. The February 2010 International Stroke Conference meeting in San Antonio was attended by 4192 individuals and the Nursing Symposium by 837. The February 2011 meeting will be the largest ever with >1200 invited symposia and abstract presentations. New activities will include a new preconference symposium for emergency physicians, general neurologists, and primary care physicians; a welcome reception for attendees; and 2 mentoring sessions bringing together early career individuals and senior investigators.

ASA Warning Signs Campaign

The ASA is constantly exploring opportunities to educate the public on stroke warning signs and increase the proportion of patients who arrive at the hospital early after onset. The ASA Ad Council national public service announcement campaign targeted to the black community will continue in 2011. The Founders Affiliate recently developed and implemented a novel warning signs campaign in New York City funded by The Bugher Foundation and other private donors. The ASA is currently testing a general public communications program in 3 markets. An advisory group of both science experts and marketing specialists helped design the materials and mes-
The campaign is being tested in 3 markets: (1) Kansas City (paid media, earned media, and community outreach), Nashville (only earned media and community outreach), and San Antonio (control city). After the 3-month trial in late 2010, lessons learned will help to inform a national effort.

**ASA Community Outreach**

The Power To End Stroke campaign to educate the black community achieved its 2010 goals a year early by enrolling 664,000 individuals in the cause and engaging 23,000 ambassadors to conduct educational and advocacy activities across the country. Most Powerful Voices, a 15-city tour and online gospel competition with the Gospel Music Channel, reached millions of Americans with cardiovascular disease and stroke messages through music. The Western States AHA/ASA affiliate piloted a Latino/Hispanic stroke awareness campaign, “Juntos Contra El Derrame Cerebral.”

**Get With The Guidelines–Stroke**

The Get With The Guidelines–Stroke (GWTG-Stroke) national quality improvement and registry program continues to grow rapidly. Currently 1427 hospitals are participating in GWTG-Stroke. There are >1.4 million patient records in the registry and new records are being added at a rate of >350,000 annually. GWTG-Stroke measures have been incorporated into the Core Measure Set used by the Centers for Medicare and Medicaid Services to assess hospital care quality and reward high performance. New GWTG initiatives include (1) the launch of Get With The Guidelines–Outpatient to track and improve quality of care for primary and secondary cardiovascular and stroke prevention; and (2) the transition of the National Registry for CardioPulmonary Resuscitation (NRCPR) to Get With The Guidelines–Resuscitation program to improve cardiocerebral resuscitation care quality for cardiac arrest and global brain ischemia.

**Target: Stroke Initiative**

In February 2010, the AHA/ASA launched the Target: Stroke Initiative to increase the proportion of tissue plasminogen activator-treated patients receiving lytic agent within 60 minutes of emergency department arrival to 50% from the current level of <30%. Participating hospitals receive access to Web-based tools for quality improvement, including a manual of best practice strategies and acute stroke protocols. More than 950 US hospitals registered for the program in its first 9 months.

**Disclosures**

J.L.S. is a scientific consultant regarding trial design and conduct to CoAxia, Ev3, Talecris, Ferrer, BrainsGate, PhotoThera, and Sygnis (all modest); has received lecture honoraria from Ferrer (modest); is a site investigator in the National Institutes of Health MR & Recanalization of Stroke Clots Using Embolectomy (MR RESCUE), Combined Approach to Lysis Utilizing Eptifibatide and rt-PA in Acute Ischemic Stroke–Enhanced Regimen (CLEAR-ER), and Interventional Management of Stroke (IMS) 3 multicenter clinical trials for which the UC Regents receive payments based on the clinical trial contracts for the number of subjects enrolled; has served as an unpaid site investigator in a multicenter trials run by Lundbeck and NTI for which the UC Regents received payments based on the clinical trial contracts for the number of subjects enrolled; is an employee of the University of California, which holds a patent on retriever devices for stroke; and is funded by National Institutes of Health, National Institute of Neurological Disorders and Stroke Awards P50 NS044378 and U01 NS 44364.

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