Organizational Update

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Report From the European Stroke Organisation 2015

Kennedy R. Lees, MD; Valeria Caso, MD; Urs Fischer, MD

The European Stroke Organisation (ESO) was begun in 2015 with a mixture of excitement and trepidation. There was excitement that our members were about to hold their first ESO conference (ESOC), one that placed science foremost and was planned and managed in a fully democratic and transparent manner. There was some trepidation: would Glasgow deliver the weather we intended, would trials deliver the results we hoped for, and would colleagues from around the world deliver their support as promised so strongly in advance? The answer was increasingly evident in the weeks running up to April 2015. From the 1422 submitted abstracts, a program with 66 sessions, 179 oral presentations, and 979 posters was constructed. Registrations steadily grew until we had 2700 delegates. A packed auditorium listened to the first results from a series of landmark trials that were published simultaneously in the New England Journal of Medicine and Lancet. The conference continued in this vein over the 3 days, and venue staff commented that they had never experienced such high attendance on the last day of a conference, when endovascular trials were discussed in detail. This was not because Glasgow failed on its weather promise: the sun shone for longer than in any Scot’s living memory!

We extend our sincere thanks to the trialists who favored the ESOC with their ground-breaking results, to our sponsors who declared and delivered their support early and generously, to our sister organizations, including the World Stroke Organization, the editorial teams of Stroke and International Journal of Stroke for their visible and staunch alignment with ESO but especially to the committees, faculty, fellows, members, and delegates who travelled from 83 countries and were properly rewarded with a wonderful scientific and collegiate experience. Roll on ESOC 2016 in Barcelona: put 10 to 12 May, 2016 in your calendars now (http://www.esoc2016.com/landing/Pages/default.aspx).

This year marks a new era in stroke management beyond the inauguration of the new ESOCs. A series of landmark stroke trials has prompted an unequivocal joint consensus statement from ESO, the European Society for Minimally Invasive Neurological Therapy, and the European Society of Neuroradiology. Along with more detailed advice, the main recommendation based on grade A, level 1a evidence, is that mechanical thrombectomy, in addition to intravenous thrombolysis within 4.5 hours when eligible, is recommended to treat acute stroke patients with large artery occlusions in the anterior circulation ≤6 hours after symptom onset (http://www.eso-stroke.org/fileadmin/files/2015/eso2015/pdf/Thrombectomy_Consensus_ESO_Karolinska_ESMIN_T-ESNR.pdf, Accessed June 5, 2015).

This gives us a challenge in ESO. Stroke unit care for all of our patients and intravenous thrombolysis for eligible patients are proven to improve patients’ outcomes. Europe has a fantastic record of delivering both interventions to a high standard, in most countries. However, there are countries, within and outwith Europe, where resources and facilities are more limited and where these basic elements are not yet fully implemented. Although education and development of skilled staff and services to deliver mechanical thrombectomy are now seen as a priority in our most developed countries, we have a duty to support our colleagues who face greater challenges, first to introduce stroke unit care closely followed by intravenous thrombolysis.

ESO has embarked on an educational and support project Enhancing and Accelerating Stroke Treatment (ESO-EAST) involving many eastern European colleagues, that will do exactly this over the coming 5 years. Coupled with the ESO summer school, that delivers a short, intensive stroke overview to young stroke specialists from all countries; the ESO masters course that provides a more in-depth stroke education for 2 years; and the ESO winter school that offers practical training in thrombectomy issues, ESO is working hard to cover the range of educational activities that are needed by our diverse membership and by the patients who rely on our commitment.

That membership is expanding quickly. Membership doubled in the first half of 2015 and looks set to climb steadily when linkage to ESOCs becomes standard in future years. Members have been asking for an ESO journal. Active discussions are taking place over how best to organize this, but a commitment has been taken that ESO will have a journal with its own identity, within the next year. This does not mean competition with our excellent existing specialist journals, Stroke and International Journal of Stroke. There is a thriving stroke community in Europe with a steady stream of excellent output that often finds a place in journals that are not read by all stroke specialists, simply because space is too limited for them to be accepted.
ESO has taken some big steps this year, and stroke treatment has taken a leap forward, but we are getting ready to launch ourselves into new arenas. Details of ESO activities and opportunities to participate are on the ESO Web site at http://www.eso-stroke.org/eso-stroke/home.html.

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Dr. Caso reports an advisory board relationship with Boehringer Ingelheim. The other authors report no conflicts.

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