In this semiannual update, we will focus on a major American Heart Association/American Stroke Association (AHA/ASA) initiative to improve its educational programming and changes to the process for developing guidelines and scientific statements. In addition, there are updates on research funding and the upcoming International Stroke Conference (ISC). Before the updates, we will first review the AHA/ASA mission and goals and the role of the stroke council.

**AHA/ASA Mission and Goals**

The mission of the AHA/ASA is to build healthier lives, free of cardiovascular diseases and stroke. The current goal is, by the year 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths caused by cardiovascular diseases and stroke by 20%. The AHA/ASA aims to achieve these goals by (1) providing knowledge-based solutions for people of all ages at all levels of risk, (2) leading efforts for research, prevention, and treatment, and (3) serving the cardiovascular and stroke health needs of all people living in the United States as a partner of choice for researchers, systems, providers, and consumers.

The stroke council is one of the 16 AHA/ASA councils and provides scientific input and support to the organization in pursuit of these goals. Stroke council volunteers help advance the AHA/ASA mission through many different activities. This includes the dissemination of new knowledge through the *Stroke* journal, the development and promulgation of evidence-based treatment guidelines and scientific statements, and through scientific meetings (primarily the ISC). The stroke council advises the AHA/ASA in their efforts for advocacy for stroke research funding, public policy, and community education (like the television ads for early stroke recognition—Face Arm Speech Time). The development of primary and comprehensive stroke center certification by the Joint Commission was due in a large part to AHA/ASA advocacy, for example. The Get with the Guidelines Stroke registry is another important AHA/ASA initiative. The AHA/ASA is a major source of funding for stroke research, particularly in the area of early investigators. Stroke council volunteers help to identify and prioritize stroke-related research opportunities for the AHA/ASA. Finally, many stroke council members are active in the local AHA/ASA affiliates in stroke education, fundraising, and local quality initiatives.

**Meeting/Education Initiative**

The AHA/ASA recently embarked on a major effort to examine their scientific meeting portfolio and the organization’s current role and future opportunity in disseminating new knowledge to healthcare providers. This effort included a broad group of AHA volunteers and panelists from diverse organizations, including TEDmed talks and the National Football League, among others. One of the several goals developed in this process was to create 365-day educational, engagement and networking programs, building on the strengths of the annual meetings.

A new national committee is being formed to accomplish this goal. This is the Science and Clinical Education LifeLong Learning Committee. It will supervise and support a new subcommittee for each council, the Program Committee. This stroke council committee will be charged with developing innovative programming for the ISC, guideline translation, and beyond. This may be in the form of webinars, making ISC presentations available in a more accessible format, use of flipped classrooms, simulation, gamification, boot camps, and TED talk formats. The stroke council program committee (new) that will be charged with creating these new programs. This committee will require expertise in professional education, stroke science domains, and technology and its application to learning.

**Scientific Statements and Guidelines**

The stroke council produces 6 guidelines every 3 years, with periodic focused updates if new evidence arises in the interim. These guidelines are primary stroke prevention, secondary stroke prevention, rehabilitation and recovery, intracerebral hemorrhage, subarachnoid hemorrhage, and acute ischemic stroke. In addition to these regular and comprehensive evidence-based guidelines, the council also generates scientific statements. These are proposed by council members and are focused a smaller subject area or emerging science. In many cases, these documents do not make any treatment recommendations but rather identify knowledge gaps and need for future study. The council statement oversight committee, chaired by Karen Furie, helps develop the writing groups for these articles and shepherd them through the AHA article process.
The AHA/ASA has instituted a change to the process for guideline development, which will affect future articles. This is, in part, a response to a 2011 Institute of Medicine report calling for greater rigor in guideline generation. Guidelines or statements that make treatment recommendations will be required to perform a formal evidence review and generate evidence tables to support these recommendations. The tables will be centrally managed and updated to allow usage by other writing groups and help ensure harmonization across different guidelines. The guidelines will also be more streamlined documents with less text. Scientific statements may contain some suggestions or considerations for clinical practice or public health initiatives but will not generally use the level of evidence or class of recommendation language.

Research Initiatives
The AHA/ASA funded 390 million dollars for research in 2014 to 2015. This includes funding for ongoing research projects and new studies. One stroke-related ongoing research program is the ASA-Bugher Foundation Centers of Excellence in Stroke Collaborative Research for Regeneration, Resilience, and Secondary Prevention. One hundred forty-nine million dollars of new research commitments were made in 2014 to 2015. The success rate for new applications was 16% overall. A large part of the AHA research portfolio remains targeted to early career applicants. The strategically focused research network programs are a growing part of the research portfolio. Current funded networks include prevention, hypertension, and disparities. These networks are characterized by 3 to 4 projects spanning bench to bedside at each site (3–4) and good support for training fellows.

There will be a new award in 2016—the Harold Amos Medical Faculty development award for applicants with a historically disadvantaged background. It will be similar to the AHA Fellow to Faculty award in funding and scope and is being supported by the Robert Wood Johnson Foundation.

The AHA Institute for Precision Cardiovascular Medicine is continuing to expand as well. The aim of this venture is to advance transformative genomic science. The primary funding program is the Cardiovascular Genome Phenome Studies. This program has funded several large grants and a series of small projects similar to the R21 mechanism. The large projects involve leveraging genomic and phenotypic datasets collected as part of the Framingham and Jackson Heart studies. Some of the outcomes collected in these studies include clinical stroke. A data discovery portal to allow access to these datasets and encourage requests for funding is being developed. The request for applications in 2016 is being determined.

International Stroke Conference
The 2016 conference is scheduled for February 17 to 19 at the Los Angeles Convention Center in Los Angeles. The program committee, under the leadership of Kyra Becker, MD, FAHA, has developed an outstanding program with several new features. These include a minisymposium on vascular cognitive impairment (aligning with the AHA/ASA’s focus on brain health messaging), several new abstract-based awards (vascular cognitive impairment; rehabilitation, and basic science), and the case studies theater. In addition, to broaden our international aspect and help to foster stronger relationships with international stroke investigators, there are 4 sessions created in collaboration with international associations, including the World Stroke Organization, the Chinese Stroke Association, the European Stroke Organisation, and the Stroke Society of Australasia. Returning favorites include The Next Big Thing in Stroke (at Lightning Speed), the popular Endovascular Therapy and Systems of Care Pre-Con Symposium, and another exciting Pre-Con Symposium for students, fellows, and early career professionals.

Registration and abstract submission have seen record highs in recent years, and there are a large number of submitted abstracts for the late breaking clinical trial sessions, including some pooled patient-level data analyses from the recent thrombectomy trials. There will be >200 invited presentations and >240 oral abstract presentations. Additional space has allowed acceptance of >1000 poster presentations. With all the terrific stroke research being presented at ISC 2016, Los Angeles will be the place to be in February.

Summary
The AHA/ASA is a unique mission-based organization that plays a critical role in advocacy, professional, and community education and research funding for stroke. The stroke council has an advisory role to the AHA/ASA for stroke science. Our support of the AHA/ASA through stroke council membership and participation is critical for our patients. We encourage all of you to volunteer for the AHA/ASA in any way you can—local affiliate initiatives, support of AHA/ASA advocacy, attendance at the ISC, and participation in stroke council activities.

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