Organizational Update

American Stroke Association Stroke Council Update

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In this semiannual update, we will review current American Heart Association/American Stroke Association (AHA/ASA) initiatives for stroke, changes to the process for developing guidelines and scientific statements, updates on research funding, and the upcoming International Stroke Conference. 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 202, to improve the cardiovascular health of all Americans by 20%, while reducing deaths from 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 16 AHA/ASA Council 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 International Stroke Conference). 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 in a large part because of 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.

Current Stroke-Related AHA Initiatives

The AHA/ASA has developed a much better website for the lay public (promoting Face Arm Speech Time and brain health) and for professional members. Many of the current initiatives, activities, and programs are described at the former website (http://www.strokeassociation.org/STROKEORG/Professionals/Stroke-Resources-for-Professionals_UCM_308581_SubHomePage.jsp).

The AHA/ASA has launched a public and professional education effort for cryptogenic stroke. This includes an online patient guide and a toolkit for professional. It aims to increase awareness of atrial fibrillation and other treatable or potentially treatable causes of cryptogenic stroke. Another new program is the Acute Ischemic Stroke Toolkit. This is based on the June 2015 AHA/ASA Focused Updated of the 2013 Guidelines. This online resource includes many documents, links to webinars, and other sources of information that are useful in developing stroke centers and systems of care. Examples include National Institutes of Health Stroke Scale training, handouts for patients for stroke prevention education, and other patient education resources for prevention, treatment, and recovery.

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. Half of the writing group rotates off of each guideline every 3 years, with a fresh group joining for each new edition. The Vice-Chair generally becomes the Chair for the next edition. This provides for some continuity, while still making the writing group broad and inclusive. 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 areas 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 Walter Kernan, 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

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Research Initiatives

The AHA/ASA funded 163 million dollars for new research awards in 2015 to 2016. The success rate for new applications was 15% overall. A large part ($109M for 2015–2016) of the AHA research portfolio remains targeted to early career applicants. This does not include funding for ongoing research projects (the total annual expenditures are >$300M). One stroke-related ongoing research program is the American Stroke Association-Bugher Foundation Centers of Excellence In Stroke Collaborative Research for Regeneration, Resilience and Secondary Prevention. 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.

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 data sets 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 data sets and encourage requests for funding is being developed.

The AHA/ASA is in the process of reorganizing the research program, including a new allocation structure that is association wide. The research committee has been reformed to include key constituencies and stakeholders, including the National Institutes of Health. Walter Koroshetz, MD, from the National Institute of Neurological Disorders and Stroke is currently serving on the committee. A focus on early career development remains a priority, as are the strategic research initiatives. A Research Leaders Academy is being organized and content will be available through the AHA Lifelong learning site.

International Stroke Conference

The 2017 conference is scheduled for February 22 to 24 at the George Brown Convention Center in Houston. The program committee, under the leadership of Bruce Ovbiagele, MD, FAHA, has developed an outstanding program with several new features. These include Cross-Fire Debates and several new symposia and abstract sessions. In addition, to broaden our international aspect and help to foster stronger relationships with international stroke investigators, there are several sessions created in collaboration with international associations including the World Hypertension League, Pan American Health Organization, the Korean Stroke Society, the Nigerian Stroke Society, the World Stroke Organization and the Japan Stroke Society. Returning favorites include the State of the Science Stroke Nursing Symposium and the popular Pre-Con Symposia. This year’s versions will be Stroke in the Real World: Thinking from the Heart—Management of Cardiac Disease to Improve Stroke Outcomes and Bridge over Troubled Water: Issues in Translational Stroke Research.

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. There will be >200 invited presentations and >240 oral abstract presentations. Additional space has allowed acceptance of >1000 poster presentations.

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. I 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 International Stroke Conference, and participation in stroke council activities.

Disclosures

Dr Broderick reports modest research support to his institution from Genentech for his role on the steering committee of the PRISMS trial (Study of the Efficacy and Safety ofActivase [Alteplase] in Patients With Mild Stroke).

KEYWORDS: American Heart Association ■ research personnel ■ secondary prevention ■ stroke ■ subarachnoid hemorrhage
The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://stroke.ahajournals.org/content/48/4/e108