

## Introducing InterSECT The International Stroke Early Career and Training Section

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Just over 2 decades ago, the US Food and Drug Administration approved intravenous recombinant tissue-type plasminogen activator for the treatment of acute ischemic stroke based on the results of the NINDS trial (National Institute of Neurological Disorders and Stroke), published in December 1995.<sup>1</sup> Since then, the field of stroke has matured rapidly. Ten years after the publication of the NINDS recombinant tissue-type plasminogen activator trial, the American Board of Psychiatry and Neurology began to award certificates in the subspecialty of Vascular Neurology;  $\approx 38$  graduates of Vascular Neurology fellowships are certified annually.<sup>2</sup> Primary stroke centers have been certified by The Joint Commission since 2004, and comprehensive stroke centers have been approved more recently, beginning in 2012. The American Stroke Association has become an increasingly independent component of the American Heart Association, and the International Stroke Conference has continued to grow in size and international scope. Abroad, the European Stroke Organization and other societies dedicated to stroke care and research have begun to hold their own independent meetings. In 2015, the results of 5 independent clinical trials of second-generation stent-retriever devices for middle cerebral artery occlusion were simultaneously presented at the International Stroke Conference, leading to the era of mechanical thrombectomy and necessitating improved systems of care to enable patients to reach the centers that can perform these procedures. Telemedicine, mobile stroke treatment units, and interventional endovascular neurosurgery have thus become increasingly important components of stroke training and care.

It is in this context of rapid evolution of our field that we introduce in this issue of *Stroke* the International Stroke Early Career and Training Section (InterSECT). Although some of the issues for those beginning a career in Vascular Neurology are similar for those beginning any career in medicine or neurology, there are also important features of the field that pose particular challenges. First, many graduates of stroke fellowships may be recruited to clinical positions in which they will take on administrative duties as directors of stroke centers in addition to the usual clinical responsibilities of a newly recruited clinician. Developing a stroke program may

require interfacing not only with local hospital personnel, but also with community groups and emergency medical services.<sup>3</sup> Second, the evolving world of endovascular surgical neuroradiology has its own set of issues, including sitting at the center of groups of specialists spanning neurology, neurosurgery, and neuroradiology. Cardiologists and interventional radiologists may also play a role in neurovascular procedures in some institutions. Third, in academia, stroke research often involves collaboration with specialists from diverse areas outside neurology, including cardiology, radiology, obstetrics, immunology, and others. Fourth, because of the magnitude of the global burden of stroke, and its position as the leading cause of both disability and mortality among neurological disorders, stroke is often at the forefront of development of methods more broadly in neurological and outcomes-related research. For all these reasons, a section dedicated to the early career stroke specialist is crucial.

The mission of the section is to publish articles of interest to stroke specialists early in their careers. The target audience is neurologists, neurosurgeons, radiologists, emergency medicine physicians, and those from other specialties who plan to make stroke the focus of their professional careers. Because those physicians interested in stroke include clinicians and scientists, the articles in InterSECT will also range widely in their focus and perspective. Articles will include topics related to building a practice in clinical care and to developing an academic career. For example, initial planned articles will focus on navigating the transition from fellowship to leadership of a primary stroke center research, teaching stroke to non-neurologist allied health professionals, research funding opportunities, and identifying a mentor for a research career. In addition, topics will include brief reviews of important principles in understanding and interpretation of the research literature, such as the meaning of *P* values and confidence intervals, recognition of sources of bias in epidemiological studies, and other key topics. We recognize, moreover, the global burden of stroke and the major contributions of clinicians and scientists throughout the world. The section, therefore, will foster an international perspective, including attention to the specific issues faced in diverse parts of the globe, from resource-challenged areas to countries that are disproportionately affected by stroke. Articles will include a discussion of opportunities for fellowships in different countries. Although articles will be of greatest interest to trainees and junior faculty, more senior stroke specialists may find some topics of value to their own careers, as well.

InterSECT will be run by stroke specialists who are also early in their own careers, ensuring that the views of early career professionals are well represented. The editorial team will also be international in scope, like the content of the section. The initial editorial team will be composed of 4 editors

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representing the United States, Canada, Europe, and Asia. The team are all in the final stages of their clinical and research training, or early in faculty positions. It is anticipated that the team will look to the community of Vascular Neurology fellows to help identify topics and authors for articles. Members of the stroke community who have ideas for an article, or who would like to propose writing for the section, are invited to contact Grant Davis at *Stroke* at [stroke@strokeahajournal.org](mailto:stroke@strokeahajournal.org).

Articles published in InterSECT will be  $\leq 2000$  words in length and are allowed 1 table or figure. They will be published online only but will be searchable and indexed on PubMed. It is expected that they will meet the same high standards as all other manuscripts published in *Stroke*.

We welcome you to InterSECT, hope that you enjoy the content, and invite your comments.

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