Seminars

Department of Neurosciences University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca | Romania

6TH JUNE, 2016

"MULTIMEDIA" AUDITORIUM, "IULIU HATIEGANU" UMF CLUJ-NAPOCA

8 VICTOR BABES STREET | CLUJ-NAPOCA | ROMANIA

Welcome Address

It is a pleasure to welcome you to the 37th edition Seminars - June 6th, 2016. The seminar is hosted by the Department of Neurosciences, Faculty of Medicine, "Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca. This seminar aims to establish itself as a highly useful framework that will enable local specialists to benefit from the expertise of our invited speakers who are part of associated international faculty of our Department of Neurosciences Cluj-Napoca, Romania and RoNeuro Science network. Our scope is to flourish over years and set up an educational vector aiming to meet our junior and senior specialists' needs.

In contrast to large international conferences, the intention behind these seminars is to create an informal and intimate setting, which hopefully will stimulate open discussions. As organizers, we would therefore be deeply grateful if you participate and share your time with us.

We are looking forward to your active participation in this educational event!

With consideration,

Prof. Dr. Dafin F. Muresanu,
Chairman Department of Neurosciences, Faculty of Medicine,
"Iuliu Hatieganu" University of Medicine and Pharmacy,
Cluj-Napoca, Romania
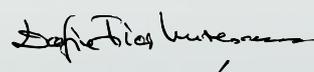
Program Coordinator

Dafin F. Mureşanu

President of the Romanian Society of Neurology

Professor of Neurology, Chairman Department of Neurosciences "Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

President of the Society for the Study of Neuroprotection and Neuroplasticity (SSNN)

International Guest Lecturer

Marc Fisher

Senior Lecturer in Neurology, Harvard Medical School

Emeritus Professor of Neurology University of Massachusetts Medical School, USA

Editor-in-Chief of Stroke

Organizers

FOUNDATION OF THE **SOCIETY** FOR THE **STUDY** OF **NEUROPROTECTION** AND **NEUROPLASTICITY**

International
School of **Neurology**

UMF
IULIU HAŢIEGANU
UNIVERSITY OF
MEDICINE AND PHARMACY
CLUJ-NAPOCA

RoNEURO
Institute for
Neurological Research
and Diagnostic

SPEAKER

Dr. Fisher was affiliated with the University of Massachusetts Medical School for 35 years and is currently an emeritus Professor of Neurology. He began work part-time at Beth Israel Deaconess Medical Center in Boston with an appointment at Harvard Medical School in August, 2014. He has a long track record in performing MRI-based experiments in rat stroke models to evaluate the presence and evolution of the ischemic penumbra. Using diffusion/perfusion MRI his experimental group has evaluated the effects of therapies on the progression of the diffusion/perfusion mismatch. Dr. Fisher has extensive experience in organizing and implementing clinical acute stroke therapy trials with a particular interest in imaging-based trials. He has performed these trials with co-investigators at multiple sites around the world. He has maintained an active clinical practice for many years with an emphasis on patients with cerebrovascular disorders as well as broad range of other neurological illnesses. He has published extensively and has published over 260 peer-reviewed articles with an h-index of 72 and has edited or co-edited 13 books. He currently serves as editor-in-chief of Stroke and will continue in that position until 2020.
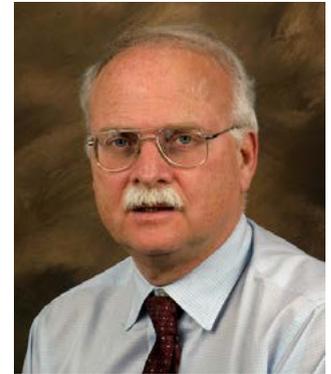
Marc Fisher

/USA

COURSE PROGRAM

Course Program

6TH JUNE, 2016
"MULTIMEDIA" AUDITORIUM, UMF

10:00 – 10:15	**Dafin F. Muresanu** Welcome Address
10:15 – 11:00	**Marc Fisher** Identifying and implementing translational stroke research
11:00 – 11:45	**Marc Fisher** Secondary Stroke Prevention
11:45 – 12:30	**Marc Fisher** Writing Good Scientific Papers

ABSTRACTS

Abstract

IDENTIFYING AND IMPLEMENTING TRANSLATIONAL STROKE RESEARCH

MARC FISHER
/USA

Translational stroke research represents the interface between basic science advances in the cerebrovascular field and determining if these advances are helpful for the diagnosis and treatment of stroke patients. The traditional approach to translational stroke research has been to identify basic research advances that may potentially be clinically useful such as the discovery of a novel pathway of ischemic brain injury that can ameliorated by a drug targeted towards this mechanism of injury. At the translational stage this new drug will be tested in appropriate animal models and if it is effective future clinical trials will be organized based upon the stroke modeling data. Another approach to translational research is reverse translation that occurs when a clinical advance triggers basic science research studies such as understanding how a novel therapy may improve stroke outcome or determining how an imaging modality can distinguish between infarction and the ischemic penumbra. A third approach to translational research is lateral translation that is characterized by basic research to improve upon a currently effective therapy. An example of this approach would be the development of better thrombolytic agents than tPA that have enhanced clot lysis effects and a better safety profile.

SECONDARY STROKE PREVENTION

MARC FISHER
/USA

After an initial ischemic stroke an important aspect of patient care is to reduce the risk of subsequent strokes. Good control of vascular risk factors such as hypertension, diabetes and hypercholesterolemia are key components of the effort to reduce recurrent stroke risk. For patients with large or small vessel disease as the mechanism for their stroke, antiplatelet therapy should also be employed. Either aspirin or clopidogrel can be prescribed and it is unclear if one drug reduces subsequent stroke risk more than the other. The combination of aspirin and extended release dipyridamole is another option that in the large PROFESS trial reduced the risk of subsequent ischemic stroke similarly to clopidogrel but with more side effects such as headache and dizziness. The combination of aspirin and clopidogrel should be considered for 3 months in patients with intracranial large vessel stroke. For patients with stroke secondary to atrial fibrillation anticoagulation is recommended. Warfarin was the only option for many years, but four newer oral anticoagulants are now available. I recommend that dabigatran or apixaban be considered for some atrial fibrillation related stroke patients because both have a lower risk of intracranial hemorrhage than warfarin and dabigatran also significantly reduced the risk of subsequent ischemic stroke as compared to warfarin. Apixaban was at least as good as warfarin in reducing ischemic stroke risk as compared to warfarin and had a substantially lower risk of all types of major bleeding side effects. The data are less compelling for rivaroxaban and edoxaban so I do not recommend them.

Abstract

WRITING GOOD SCIENTIFIC PAPERS

MARC FISHER
/USA

The key to writing good scientific papers is organization. You should pay close attention to manuscript requirements of the journal where you will submit your paper. If you are reporting the results of research study, make sure that the data are well analyzed and that the statistical methods appropriate. The manuscript should be organized into sections that include; introduction, methods, results and discussion. The abstract should be carefully written because it is the initial introduction to your manuscript that reviewers and readers will read before going further. You need to capture and hold their attention. In the introduction which typically consists of two paragraphs present the background as to why you did your study and then briefly overview what you attempted to do. In the methods section you should describe in some detail how the study was performed so that if someone wanted to reproduce it they could. A statistical methods section should be provided. In the results section, present the data from your study in a logical and comprehensive manner. Do not interpret the results because that should be saved for the discussion. Tables and figures should be used to present your data. In the discussion section that typically consists of 3-4 paragraphs briefly summarize your results and why they are important/novel. Then put them into context of prior studies in this area. You should then point out potential weaknesses or deficiencies of your data and how they might be addressed. Finally, conclude with how the results may lead to future studies. It is important to stick to the word limit of the journal you will submit to and that the English grammar be mistake free.

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