



**Wednesday | 24 May | 13:15 – 14:15 | Room 13B**

**Evidence-based therapies  
for all stroke patients –  
advances and guideline  
recommendation**

Chair: Ales Tomek, Prague (CZ)

ABSTRACTS



## Jacek Staszewski

MD, PhD

Military Institute of Medicine –  
National Research Institute

### Effective Cerebroprotection in the stroke reperfusion era – why we need it?

The recent stroke trials have established a new paradigm for acute ischemic stroke treatment showing that mechanical thrombectomy (MT) significantly reduces the mortality rate and improves clinical outcomes. Despite these advances, it remains strictly time dependent, requiring specialized centers, thus resulting feasible only for a minority of patients. Also the rates of excellent outcome or functional independence following MT performed in both the early and late time window, in clinical trials, or in clinical practice are far from satisfactory compared with the very high rates of successful recanalization and these imply the need to further improve recovery of patients.

Futile recanalization after MT requires studies to determine its predictive factors, patient selection as well as introduce new adjunct therapies to improve clinical efficacy. Attempts to develop effective cerebroprotection before the “reperfusion era” have been unsuccessful, but this approach should now be reconsidered. Recanalization therapy constitutes a novel opportunity for multimodal cytoprotection agents due to a higher chance to reach the ischemic penumbra and protect from the injury and death of neurons after ischemia-reperfusion.

Cerebrolysin is a neurotrophic peptidergic preparation with broad cytoprotective properties, recommended by the European Academy of Neurology and European Federation of Neurorehabilitation Societies for both the acute- and poststroke rehabilitation. We hypothesized that adding Cerebrolysin in selected patients based on the clinical and radiological criteria may increase the effectiveness of MT by initiating cytoprotective effects and preventing reperfusion injury. The interim analysis regarding efficacy and safety of the Cerebrolysin therapy will be presented during the Conference.



## Steven R. Zeiler

Associate Professor  
Director Vascular Neurology Fellowship Johns Hopkins  
Vice Chair of Clinical Informatics and Technology,  
Neurology Johns Hopkins  
Johns Hopkins Institute

### Get with the guidelines in post stroke motor recovery

Stroke remains the leading cause of adult disability and the demand for stroke recovery and rehabilitation services is growing. Most recovery from motor impairment after stroke occurs in the first month and is largely complete by 3 months. In humans, data suggest that this improvement occurs independently of rehabilitative interventions, which predominantly target function through compensatory strategies. As such, substantial advances can and should be made in stroke recovery and rehabilitation to meet the growing demand and improve patient outcomes.

This talk will review guidelines for post-stroke standards of rehabilitative care, the deficiencies in these recommendations, and suggest avenues for improvement. Such avenues for improvement will include high-intensity, high-complexity movement, enriched environments, and use of pharmacological agents.

## SMALL MOMENT. BIG DIFFERENCE.

Last month, Paul was suffering from cognitive and motor impairment.  
**Today, he's making his next big move.**

- Improvement of motor functions
- Regain full independence
- Early recovery after stroke
- Increase quality of life

Muresanu, et al., 2016

**ABBREVIATED PRESCRIBING INFORMATION:** Name of the medicinal product: Cerebrolysin® - Solution for injection. Qualitative and quantitative composition: One ml contains 215.2 mg of porcine brain-derived peptide preparation (Cerebrolysin® concentrate) in aqueous solution. List of excipients: Sodium hydroxide and water for injection. Therapeutic indications: Organic, metabolic and neurodegenerative disorders of the brain, especially senile dementia of Alzheimer's type - Post-apoplectic complications - Craniocerebral trauma; post-operative trauma, cerebral contusion or concussion. Contraindications: Hypersensitivity to one of the components of the drug, epilepsy, severe renal impairment. Marketing Authorisation Holder: EVER Neuro Pharma GmbH, A-4866 Unterach. Only available on prescription and in pharmacies. More information about pharmaceutical form, posology and method of administration, special warnings and precautions for use, interaction with other medicinal products and other forms of interaction, fertility, pregnancy and lactation, effects on ability to drive and use machines, undesirable effects, overdose, pharmacodynamics properties, pharmacokinetic properties, preclinical safety data, incompatibilities, shelf life, special precautions for storage, nature and contents of the container and special precautions for disposal is available in the summary of product characteristics.



# Cerebrolysin®

Reconnecting Neurons.  
Empowering for Life.