

Committee Report 2024

ESO Public Relations and Social Media Committee

Inna Lutsenko

20.01.25

Report of the ESO Committees - Summary

Public Relations and Social Media Committee current members

- **Inna Lutsenko, Austria (Chair)**
- Ahmed Gunkan, Turkey
- Christian Böhme, Austria
- Francesco Arba, Italy
- Thomas Meinel, Switzerland



Inna Lutsenko, Dr.med.univ. @inna_lutsenko · May 16, 2024



Do you know these people?

It's a Social Media and public relations team hardly working and writing for you the sessions reports - check [@ESOstroke](#) Blogs to read the latest research! [@TotoMynell](#) [@chris7ianb](#), Zdravka Polakovic and me at [#ESOC2024](#)



Report of the ESO Public Relations Committee

Sessions covered at the ESOC 2025 at the Blog Post

During ESOC (21–23 May 2025)

- **Session report ESOC 2025: Official welcome and large clinical trials** — Dr Christian Boehme — 21/05/2025 — <https://eso-stroke.org/blog-session-clinical-trial/> European Stroke Organisation
- **Session Report – Stroke Imaging 2025** — Dr Thomas Meinel — 21/05/2025 — <https://eso-stroke.org/blog-session-stroke-imaging/> European Stroke Organisation
- **Session Report: Current Concepts in Pre-Hospital Stroke Management** — Thomas Meinel — 22/05/2025 — <https://eso-stroke.org/https-eso-stroke-org-blog-session-pre-hospital-stroke/> European Stroke Organisation
- **Session Report: Cerebral Small Vessel Disease** — Dr Francesco Arba — 22/05/2025 — <https://eso-stroke.org/https-eso-stroke-org-blog-cerebral-small-vessel-disease/> European Stroke Organisation
- **Session report ESOC 2025: Acute reperfusion treatment** — Christian Boehme, MD, PhD — 22/05/2025 — <https://eso-stroke.org/https-eso-stroke-org-blog-session-acute-reperfusion/> European Stroke Organisation
- **Poster Walk Day 1** — Dr Christian Boehme — 22/05/2025 — <https://eso-stroke.org/https-eso-stroke-org-blog-poster-walk/> European Stroke Organisation
- **Session Report: Intravenous Thrombolysis in Acute Ischemic Stroke** — Dr Christian Boehme — 23/05/2025 — <https://eso-stroke.org/blog-intravenous-thrombolysis/> European Stroke Organisation
- **Poster Walk Day 2** — Bogdan Ciopleias — 23/05/2025 — <https://eso-stroke.org/poster-walk-day-1-by-bogdan-ciopleias/> European Stroke Organisation

Tweets shared during ESO Webinars und at ESOC with hashtags

1.000- 5000 views



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Famous @ELAN_Trial where early (within 48 h) and late anticoagulation:

--> day 3 or 4 after a minor stroke

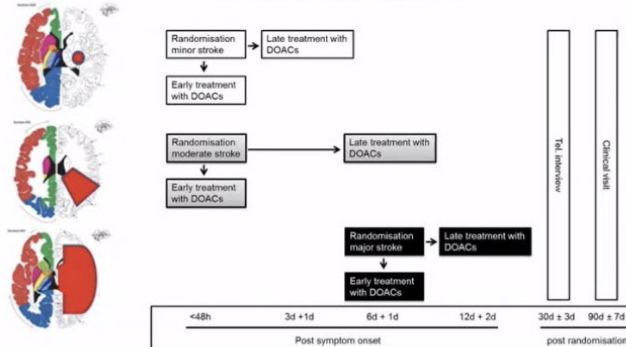
--> or on day 6-7

-> initiating DOAC early may reduce the risk of recurrent strokes without increasing the risk of major bleeding @ESOstroke



ELAN RCT

Trial flow chart



ELAN

Fischer et al. N Engl J Med. 2023;388:2411-2421.



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The Japanese study #ELDERCARE-AFib concluded that low-dose edoxaban reduced the risk of stroke and systemic embolism compared to placebo, with a modest increase in bleeding events @ESOstroke

ELDERCARE-AF RCT



- Phase 3, multicenter, randomized, double-blind, placebo-controlled, event-driven trial
- to compare a **once-daily 15-mg dose of edoxaban** versus placebo
- in **elderly Japanese** patients (≥80 years of age) with nonvalvular **atrial fibrillation**
- who were **not** considered to be appropriate candidates for oral anticoagulant therapy at doses approved for stroke prevention.
- **80 patients with history of ICH** (41 randomized to EDX & 39 randomized to PCB)

Okumura et al. N Engl J Med. 2020;383:1735-1745.

Summary of ESO SM and PR activities:

- Multiplied and advertised the ESO activities on Twitter and LinkedIn
- Educational twitter threads based on ESO Guidelines and webinars (Lutsenko)
- Visibility of [#ESOC2024](#) through Twitter (Lutsenko, Meinel)
- ESOC 2024 sessions covered in Blogs
- Tweets covering the educational webinars
- ESO Blogposts (Lutsenko, Meinel)
- Engaging with followers, responding to comments, and fostering a sense of community



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Prof. Tsivgoulis:

- 1) Use CHA2DS2-VA Score to calculate the thromboembolic risk in [#stroke](#) pts
- 2) Give [#OAC](#) over VKA in non-valvular [#AFib](#)
- 3) Do not combine OAC with antiplatelets
- 4) Use [@ESOstroke](#) Guidelines regarding the time of OAC reinitiaion

Selecting the right AF candidate for AC

Recommendations
A CHA₂DS₂-VA score of 2 or more is recommended as an indicator of elevated thromboembolic risk for decisions on initiating oral anticoagulation.
A CHA₂DS₂-VA score of 1 should be considered an indicator of elevated thromboembolic risk for decisions on initiating oral anticoagulation.

Class	Level
I	C
IIa	C

DOACs vs VKAs in clinical AF

Recommendations
Direct oral anticoagulants are recommended in preference to VKAs to prevent ischaemic stroke and thromboembolism, except in patients with mechanical heart valves or moderate-to-severe mitral stenosis.
A target INR of 2.0–3.0 is recommended for patients with AF prescribed a VKA for stroke prevention to ensure safety and effectiveness.
A reduced dose of DOAC therapy is not recommended, unless patients meet DOAC-specific criteria, to prevent underdosing and avoidable thromboembolic events.

Class	Level
I	A
I	B
IIb	B

Thromboembolic & bleeding risk in clinical AF

Risk of thromboembolism
Start oral anticoagulation (Class I)
Temporal pattern of AF not relevant (Class II)
Antiplatelet therapy not an alternative (Class II)

Use locally-validated risk score or CHA₂DS₂-VA
OAC if CHA₂DS₂-VA score ≥ 2 or more (Class I)
OAC if CHA₂DS₂-VA score = 1 (Class IIa)
If VKA: Target INR 2.0–3.0 (Class I)
>70% INR range (Class IIa) or switch to DOAC (Class I)

Choice of anticoagulant
Use DOAC, except mechanical valve or mitral stenosis (Class I)
If VKA: Target INR 2.0–3.0 (Class I)
>70% INR range (Class IIa) or switch to DOAC (Class I)

Assess and manage all modifiable risk factors for bleeding
Do not use risk scores to withhold anticoagulation (Class II)

Prevent bleeding
Do not combine antiplatelets and OAC for stroke prevention (Class II)
Avoid antiplatelets beyond 12 months in OAC-treated CCS/PVD (Class II)

International Guidelines (ESO)

Antithrombotic treatment for secondary prevention of stroke and other thromboembolic events in patients with stroke or transient ischaemic attack and non-valvular atrial fibrillation
A European Stroke Organisation guideline

Recommendations. We cannot make recommendations about the optimal time for initiating anticoagulation treatment in patients with acute ischaemic stroke based on randomised trials. We encourage inclusion of patients in ongoing randomised controlled trials testing the efficacy and safety of early anticoagulation to answer this question.
Quality of evidence: Low
Strength of recommendation: Weak