ESOC 2024: first large clinical trials announced.

The European Stroke Organisation (ESO) is delighted to announce the first large clinical trials due to be presented at the 10th edition of the ESO Conference (ESOC) on 15 – 17 May 2024 in Basel, Switzerland.

While the ESO is working hard to get everything up and running for this year's anniversary edition of ESOC, a full onsite event, the ESOC PR Committee has been granted permission to provide a sneak preview of the latest breaking stroke science that will be presented in Basel.

Of course, this is only a glimpse of the entire Scientific Programme, which is, as always, packed with major clinical trials, high-quality scientific sessions, stimulating pro/con debates, in-depth teaching courses, hands-on workshops, and much more. We are pleased to present the conference's highly anticipated trials over the coming weeks, with the first four large clinical trials as follows:

Ischaemic stroke

Acute treatment

- The **CHARM** trial (Intravenous BIIB093 (Glibenclamide) for Severe Cerebral Edema Following Large Hemispheric Infarction) evaluated whether early (<10 hours of last seen well) intravenous Glibenclamide improved functional outcomes (ordinal analysis of the mRS) at 90 days in patients with large hemispheric infarction compared with placebo.

- **ACTISAVE** (ACuTe Ischemic Stroke study evaluating glenzocimab used as Add-on therapy Versus placEbo) randomized acute ischemic stroke patients to intravenous glenzocimab or placebo if patients presented within 4,5 hours of symptom onset and had already received IVT. The primary outcome is a binary poor outcome on the mRS (score of 4-6) at 90 days.

Intracerebral haemorrhage

Acute treatment

- **INTERACT4** (INTEnsive ambulance-delivered blood pressure Reduction in hyper-Acute stroke Trial) studied the efficiency and safety of hyper-early intensive blood pressure reduction treatment with intravenous urapidil for patients with suspected acute stroke in the ambulance compared with standard in-hospital care. The primary outcome is functional outcome (mRS) at 90 days.

- The **SWITCH** trial (Swiss Trial of Decompressive Craniectomy versus Best Medical Treatment of Spontaneous Supratentorial Intracerebral Haemorrhage) included patients with acute intracerebral haemorrhage and assessed if best medical treatment plus decompressive craniectomy (within 72 hours after ictus) is superior to best medical treatment alone with respect to mortality and dependency (mRS 5 and 6) at 6 months after treatment.