STROKE UPDATE
2016

Friday, September 23, 2016
Westin Convention Center Hotel
Pittsburgh, Pennsylvania

Sponsored by:
University of Pittsburgh School of Medicine
Center for Continuing Education in the Health Sciences
UPMC Stroke Institute, Department of Neurology

UPMC STROKE INSTITUTE

COURSE DIRECTORS

Tudor G. Jovin, MD
Professor of Neurology
and Neurological Surgery
Director, UPMC Stroke Institute
Department of Neurology

Ashutosh P. Jadhav, MD, PhD
Assistant Professor of Neurology
and Neurological Surgery
UPMC Stroke Institute
Department of Neurology

Location: Westin Convention Center Hotel
Objectives

• Describe telestroke models currently being utilized
• Discuss current assessment and treatment for the pediatric stroke patient
• List two diagnostic tests indicated for the triage of a TIA patient
• Review management and options for management of carotid stenosis in stroke or TIA
• Assess the association between stroke and headache and implications for treatment
• Integrate the importance of blood pressure monitoring and management in acute stroke
• Explain novel strategies for the treatment of intracerebral hemorrhage
• List two potential complications that are seen in subarachnoid hemorrhage patients
• Specify imaging and clinical criteria for endovascular therapy beyond six hours
• Summarize the rationale for integrating evidence based medicine and clinical experience in the care of patients

Who Should Attend

Neurologists, neurosurgeons, interventionalists, emergency medicine physicians, radiologists, cardiologists, family practitioners, internists, nurses, nurse practitioners, pre-hospital personnel and hospital administrators.

Continuing Education Credit

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded 0.6 continuing education units (CEU’s) which are equal to 6.5 contact hours.

Nursing: UPMC Provider Unit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

To receive 6.5 contact hours, the learner must attend the entire activity and complete the activity evaluation. No partial hours/credits will be awarded.
Course Schedule ~ Friday, September 23, 2016

7:00 am  Registration and Continental Breakfast

7:45 am  Conference Overview
          Tudor G. Jovin, MD

8:00 am  Telemedicine in Neurology and Stroke Care
          Lawrence R. Wechsler, MD

8:30 am  Blood Pressure Management in Acute Stroke
          Bradley Molyneaux, MD, PhD

9:00 am  Triage of the TIA Patient
          Maxim D. Hammer, MD

9:30 am  BREAK

10:00 am Management of Asymptomatic Carotid Stenosis and the CREST Trial
         Tudor G. Jovin, MD

10:45 am Headaches and Stroke
         Laurie Knepper, MD

11:15 am Case Discussion

11:45 am LUNCH

12:45 pm Intracerebral Hemorrhage Management and the MISTIE III Trial
         Brian Jankowitz, MD

1:15 pm  Presentation and Complications of Subarachnoid Hemorrhage
         Sherry H-Y. Chou MD, MMSc, FNCS

1:45 pm  Pediatric Stroke
         Dana D. Cummings, MD, PhD

2:15 pm  BREAK

2:30 pm  Endovascular Therapy — Beyond the Guidelines
         Ashutosh P. Jadhav, MD, PhD

3:00 pm  Case Discussion

3:45 pm  Question & Answer

4:00 pm  Conference Adjournment

Course Directors

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Professor of Neurology and Neurosurgery  
University of Pittsburgh School of Medicine  
Director, UPMC Stroke Institute  
Pittsburgh, PA

Ashutosh P. Jadhav, MD, PhD  
Assistant Professor of Neurology  
and Neurosurgery  
University of Pittsburgh School of Medicine  
Pittsburgh, PA

Local Faculty

Sherry H-Y. Chou MD, MMSc, FNCS  
Associate Professor, Departments of  
Critical Care Medicine, Neurology and  
Neurological Surgery  
University of Pittsburgh School of Medicine  
Pittsburgh, PA

Laurie Knepper, MD  
Associate Professor of Neurology  
University of Pittsburgh School of Medicine  
Pittsburgh, PA

Bradley Molyneaux, MD, PhD  
Assistant Professor of Neurology and  
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University of Pittsburgh School of Medicine  
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Dana D. Cummings, MD, PhD  
Assistant Professor of Pediatrics  
University of Pittsburgh School of Medicine  
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Lawrence R. Wechsler, MD  
Chairman, Department of Neurology  
Professor of Neurology and  
Neurological Surgery  
University of Pittsburgh School of Medicine  
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Maxim D. Hammer, MD  
Associate Professor of Neurology  
University of Pittsburgh School of Medicine  
Pittsburgh, PA

Brian Jankowitz, MD  
Assistant Professor of Neurological Surgery  
University of Pittsburgh School of Medicine  
Pittsburgh, PA

All individuals in a position to control the content of this education activity are required to disclose all relevant financial relationships with any proprietary entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients.
Registration Information

Early Registration
• Available until August 26, 2016
• Three options for registration submission: (1) online, (2) by fax or (3) U.S. Mail

Late Registration
• Available between August 27, 2016 and September 16, 2016
• Additional fee required (see page 5)

On-site Registration
• Available on-site September 23, 2016
• Additional fee required (see page 5)

You may register by:
• Online Registration
  Registering online is the quickest and easiest way to reserve your space at CCEHS conferences.
  1. Visit our online registration site at https://cccehs.upmc.com/home.jsf
  2. Click the Registration button and enter all the requested information (including an email address) and follow the prompts to submit your registration after entering your payment information.
  3. Print the automatic electronic registration confirmation email sent to the email address you provided when you registered. If you do not receive this confirmation, please contact us at (412) 647-8232.

  A confirmation letter will be emailed if registration is completed by mail or fax by the pre-registration deadline. If you register online, you will receive an immediate email confirmation message.

• Faxing Registration
  Fax all pages of your registration form (pages 7 and 8) to (412) 647-8445.

• Mailing Registration
  Mail the registration form to the address listed on page 9. Be sure to mail all the pages of the registration form.
  A confirmation letter will be emailed if registration is completed by mail or fax by the pre-registration deadline.

  Please note: Registration is not complete until you receive your email confirmation letter. If you do not receive this letter within 5-7 days of registration, please contact us at (412) 647-2754.

  You must bring your confirmation letter with you to the conference.

Cancellation
All cancellations must be in writing, via U.S. mail, email or fax. Tuition for cancellations postmarked or date-stamped on or before August 26, 2016 will be refunded less a $40 administrative fee. No refunds will be made after August 26, 2016. Cancellation requests can be made to:
Holly Kromer
UPMC Stroke Institute
200 Lothrop Street, PUH, C-426, Pittsburgh, PA 15213
Email: strokeconf@upmc.edu
Phone: (412) 647-2754 • Fax: (412) 647-8445

The UPMC Center for Continuing Education in the Health Sciences reserves the right to cancel this program if sufficient registrations are not received. In the case of cancellation, the department will fully refund registration fees.

Registration Fees

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<th>Early Fee</th>
<th>Late &amp; On-site Fee</th>
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<td>August 26, 2016</td>
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<tr>
<td>Physicians</td>
<td>$140</td>
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<td>Nurses &amp; Other Health Care Professionals</td>
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Registration fee includes:
• Continuing education credit
• Registration and course materials
• Continental breakfast, refreshments and lunch
Meeting Location and Overnight Accommodations

This year’s conference will be held at the Westin Convention Center Hotel, located at 1000 Penn Avenue, Pittsburgh, PA 15222.

A block of hotel rooms has been reserved at a discounted rate at the Westin Convention Center Hotel for our conference attendees. You may make reservations at your own discretion. The room block is limited and only available until September 2, 2016 at 5:00 pm. We cannot guarantee availability or rate once the block expires or the block is filled, whichever occurs first.

In order to reserve a room at the discounted rate of $159.00 Single/Double plus 14% applicable state and local taxes, please call the Westin Convention Center Hotel at 1-412-560-6365 and mention you are attending the 20th Annual Stroke Update.

Room temperature can vary and be difficult to control; please dress accordingly to maintain your comfort.

Special Needs

Participation by all individuals is encouraged. Advance notification of any special needs will help us provide better service. Please notify us of your needs at least two weeks in advance of the program by calling (412) 647-2754.

Visit the Center for Continuing Education in the Health Sciences Website

Our Internet address is https://ccehs.upmc.com

The UPMC Center for Continuing Education in the Health Sciences invites you to visit our website. Receive information on CE programs, earn CE credits on the Internet, and access information about our formal courses and much more. Discover who we are and how you can contact us. Please visit our website often to get updated information on upcoming programs.

Registration Form (for use only if not registering online)

STROKE UPDATE 2016

Friday, September 23, 2016

> Please type or print. Please photocopy both sides of this form for additional registrants.
> No registration will be accepted without payment.

Last FIVE Digits of Social Security Number* ___ – ___ ___ ___ ___
Prefix ❑ Mr. ❑ Mrs. ❑ Dr. ❑ Ms. ❑ Other, please indicate __________
First Name __________________________________________________________
Last Name __________________________________________________________
Suffix (Jr., Sr., etc.) ________________________________________________
Company/Istitutional Affiliation _______________________________________
Specialty ____________________________________________________________
Email Address ______________________________________________________
Degree* ❑ MD ❑ DO ❑ Resident ❑ PhD ❑ MPH ❑ RN
❑ Other, please indicate____________________________________________
Address ____________________________________________________________
City ____________________________ State_______ ZIP Code ______________
Work Telephone (_____) _______________________________________________
Fax (_____) _________________________________________________________
How did you hear about this conference? ❑ Direct Mail ❑ Email
❑ Place of Employment ❑ Word of Mouth

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continued on page 8
Method of Payment

The following methods of payment are acceptable for the registration fee:

■ Checks. Make payable to University of Pittsburgh.
  □ Employer check included
  □ Personal check included
  □ Employer or Personal check to arrive under separate cover. If your employer or personal check is arriving under separate cover, you may send or fax in your completed registration form now, but you must complete the Credit Card Payments section below with valid credit card information in order to hold your reservation. If the check payment is not received by four weeks post course, we will charge the registration fee to the credit card number provided.

  There is a $25.00 returned check fee.

■ Credit Card Payments

Credit card payments may only be made online at https://ccehs.upmc.com/home.jsf. If you encounter problems registering at this site please call (412) 647-8232.

■ UPMC Journal Entry Transfer

If you are a UPMC employee and your department will be responsible for payment, we can charge your department directly. DO NOT SUBMIT a disbursement to UPMC Accounts Payable. Complete the following:

Business unit __________________________________________________________
Account number ________________________________________________________
Department ID number _________________________________________________
Authorized department signature _________________________________________
Telephone number ______________________________________________________

NO REGISTRATION WILL BE ACCEPTED WITHOUT PAYMENT.