**Dr. Guha: This is Rahul Guha and I’m a senior neurology resident from the University of Virginia.  In this podcast we’ll review the paper titled “Ischemic Stroke Profile, Risk Factors, and Outcomes in India The Indo-US Collaborative Stroke Project” which was originally published in the January 2018 issue of the journal Stroke.  I spoke to two of the principal investigators about the unprecedented study into the demographics and outcomes of patients presenting with ischemic stroke across India.  Dr. Jeyaraj Pandian, professor and Head of Neurology At Christain Medical College in Ludhiana in India and Dr. Aneesh Singhal at Massachusetts General Hospital.**

**The project had two main goals as Dr. Pandian describes.**

**Dr. Pandian: The objectives of the India/US collaborative stroke project was to create a platform for multi-centered study of a national registry on ischemic stroke profile and risk factors and also to study about the outcomes of stroke patients in five major centers in the country. The second main objective was to use that as a platform for connecting future major stroke trials in this country.**

**Dr. Singhal emphasized the ambitious scope of the study.**

**Dr. Singhal: Remember that when we started this project there was really no information about stroke across India. There had been several single center studies but nothing spanning the breadth of the country. We collected data on nearly 250 variables on each subject and we obtained information from pre-hospital, in-hospital care all the way up to day 90 and for the first time provide information about demographics, risk factors, stroke subtyping using very detailed imaging characteristics and also outcomes and thrombolysis data.**

**Dr. Guha: The study revealed a high burden of modifiable risk factors in India.**

**Dr. Pandian: The mean age of patients who were recruited in this registry was lower than reported studies from western and Chinese populations. In addition, we found very high rates of tobacco and alcohol use and particularly among men with very high rates of hypertension and diabetes as compared to western populations.**

**Dr. Guha: There were also important differences in the admission rates and in-hospital management of stroke patients.**

**Dr. Singhal: Women have a lower rate of in-house admission for stroke may suggest culture factors. We also found relatively higher rates of tPA but that was because of the admission bias that tPA treated patients were more likely to be admitted… We had modest rates of dysphagia screening and DVT prophylaxis which need to be worked upon.**

**Dr. Guha: The most surprising results related to the use and yield of diagnostic imaging.**

**Dr. Singhal: I was pleasantly surprised by the high rates of brain imaging for example 2/3 had MRI and 4/5 had vascular imaging studies despite this being in government hospitals across India.**

**Dr. Pandian: We saw very high rates of microbleeds in patients who underwent MRI scans. About 7% and also moderate to severe white matter disease which basically indicates a large burden of untreated risk factors like hypertension and diabetes.**

**Dr. Guha: Both Dr. Pandian and Dr. Singhal reflected on the role that AINA played in this project.**

**Dr. Pandian: This research was possible particularly because of the contacts that we had established through AINA which really helped us to start the discussion when the call for proposals were announced.**

**Dr. Singhal: There are plenty of research opportunities coming from the NIH,  the Indian government and the Indo-US stroke forum for example. Researchers need to be aware and apply as soon as possible. We had five sites eventually selected including Jeyaraj from Ludhiana, Dr. Khurana from Chandigar, Dr. Padma from New Delhi, Dr. Subhash Kaul from Hyderabad and Dr. Sylaja from Trivandrum. These were all established stroke investigators and helped me succeed in this project.**

**Dr. Pandian; after this particular main paper there are many papers which are going to address the issues related to stroke in this country.**

**This is Rahul Guha – Thank you for listening.**