

NIC section meeting, Brussels, March 19th 2025

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- Romain highlights the fact that the number of sessions at the Congress depends on the number of voting members of each section, for a total of 4 sessions dedicated to NIC. In addition to those sessions, the congress committee promotes collaborative or 'joined' sessions with other sections, and NIC was quite successful in co-organizing several of these sessions (with TEM, FREM, CD, BS, ...).
- NIC in NUMBERS: In 2024, we had 565 voting NIC members (23% of the 2481 NIC members)
- Romain Sonnevill (Chair) presents to the section the program of the ESICM meeting #LIVES2025, in Munchen, with description of the sessions dedicated to the NIC:
 - NIC SESSIONS : 2 DEBATES, 2 THEMATIC SESSIONS
 - + 1 JOINT SESSION with INF and PHARMA sections
- Romain Sonnevill reviews recent activities from Jan 2025, including:
 - 2 webinars on transfusion and TTM in neurocritical care
 - 2 podcasts (to be done)
 - Jan Claassen USA, covert consciousness
 - J Kapur, status epilepticus
 - Neurotrauma meeting in Lund, Noc 2025
- The NIC representatives of different committees update on recent activities:
 - Carmen Lopez Soto – Clinical Training Committee :
 - 2 CBEs in 2025 (SAH and trauma)
 - Mastering the brain in critical conditions, Nov 19-20 2025
 - NIC pathways : trauma, stroke, and CNS infection/inflammation
 - Virginia Newcombe – Research Committee : presentation of research awards 2024 and surveys
 - Carolina Iaquaniello – Communication strategy : experience of NIC members, website, feedback regarding NIC section activities.
 - Romain Sonnevill (Sarah Benghanem) – E-learning Committee : neuro-ACE courses to be updated.
- Romain Sonnevill presents the ongoing research :

Surveys

Current Acute Brain Injury Monitoring Practices within Intensive Care, Dr Richard Cashmore, Cambridge (terminated)
ICP monitoring in meningitis (P Filattre)
WLST decisions (S Benghanem)

Consensus and clinical recommendations

Consensus on the definition of DCI (Taccone) : ongoing

Retrospective studies

- Multicenter retrospective data collection, exploring the treatment used in case of refractory vasospasm. Status: analysis
- Multicenter retrospective data collection, exploring the tier three therapies used in case of refractory intracranial hypertension. Status: under review

Ongoing prospective observational studies

- Noninvasive ICP in TBI patients in LMIC (Rubiano – Robba – Taccone) : published 2025 ICM
- SANDMAN: Sedation and analgesia in neurocritically ill patients. Prof S Mehta and Dr Lara Prisco: presented #LIVES2023
- Ventibrain: mechanical ventilation practice in acute brain injured patients. Prof Chiara Robba: manuscript preparation : published 2025 ICM
- Compose study: Observational study to establish the natural history of recovery from coma. Prof Helbok / Prof Citerio

Ongoing prospective randomized clinical trials (RCTs)

- Train: randomized controlled trial on Hb targets. Prof Fabio Taccone. Presented LIVES2024 with JAMA simultaneous publication
- BIKe: randomized controlled trial on safety and efficacy of ketamine in brain injured patients. Prof Geert Meyfroidt. Recruitment ongoing (n=69/100 patients)
- RCT LIMIT-TBI on fluid management for TBI (Robba, Taccone, Mathieu Van der Jagt).

New ideas / projects for 2025

Two project ideas have been proposed at the end of the meeting.

- Management of established status epilepticus in ICU (Romain) :

Management of established status epilepticus in ICU

- **Context:** Status epilepticus is a heterogeneous syndrome (patients, etiologies, outcomes), ICU admission frequently needed (+/-60%)
 - **Objective:** to describe the use of acute therapies (antiseizure medications, ICU management, specific therapies) among patients with [established status epilepticus \(i.e. BZD-resistant\)](#) and their association with outcome
 - **Design:** international multicenter cohort study, retrospective analysis (2021-2025)
 - **Patients:** consecutive adult patients with convulsive established status epilepticus requiring ICU admission > 24hrs
 - **Outcomes:** day 90 outcomes (survival , mRS, antiseizure medications)
 - High-quality database, data collected on eCRF (minimum needed),
 - Protocol ? SAP ?
 - ESICM Funding ?
- WLST in patients with acute brain injury (Virginia Newcombe, Matthew Van der Jagt)