



Editorial

Stroke Reports: A New Platform for Stroke and Cerebrovascular Disease Research

Eduardo Candelario-Jalil 

Department of Neuroscience, McKnight Brain Institute, University of Florida, P.O. Box 100244, Gainesville, FL 32610, USA; ecandelario@ufl.edu

Stroke remains one of the most devastating disorders of the central nervous system and a major cause of death and long-term disability worldwide [1–3]. The most recent Global Burden of Disease estimates indicate that, in 2021, approximately 11.9 million people experienced a new stroke and 93.8 million people were living with the consequences of stroke [2,3]. Stroke is among the leading causes of death globally and remains one of the major contributors to disability-adjusted life years lost [1]. Ischemic stroke, caused by thrombotic or embolic obstruction of cerebral blood flow, accounts for the majority of cases. Hemorrhagic stroke, including intracerebral hemorrhage and subarachnoid hemorrhage, is less frequent but carries a disproportionate burden of mortality and severe disability. Beyond these major categories, transient ischemic attack (TIA), cerebral small vessel disease, vascular malformations, cerebral venous disorders, and vascular contributions to cognitive impairment and dementia (VCID) further illustrate the breadth and clinical importance of cerebrovascular disease.

The past decades have brought substantial progress in acute ischemic stroke care, particularly through mechanical thrombectomy for selected patients with large-vessel occlusion and pharmacological reperfusion with intravenous thrombolytics, including recombinant tissue plasminogen activator (rtPA/alteplase) and tenecteplase (TNK) [4,5]. These treatments have transformed outcomes for many patients, but their benefits remain strongly time-dependent, eligibility is limited, and many survivors continue to experience persistent motor, cognitive, sensory, visual, language, and emotional impairments. Moreover, no broadly effective adjunctive neuroprotective or repair-promoting therapy has yet bridged the gap between preclinical promise and clinical efficacy. Continued progress will depend on rigorous translational preclinical studies, careful clinical investigation, and a deeper understanding of the mechanisms that drive injury and recovery after ischemic and hemorrhagic stroke. These mechanisms include excitotoxicity, oxidative and metabolic stress, neuroinflammation, blood–brain barrier dysfunction, edema, vascular dysfunction, cell death, immune-cell trafficking, impaired perfusion, angiogenesis, neurogenesis, neural plasticity, and repair [6]. Defining these processes with precision is essential for identifying new therapeutic targets and for designing interventions that can improve outcomes across the full continuum of stroke care.

Within this context, we are pleased to introduce *Stroke Reports*, a new publishing platform for basic science, as well as translational and clinical research, in the field of stroke and cerebrovascular diseases. Published as an open access journal by MDPI, *Stroke Reports* is dedicated to the comprehensive and interdisciplinary study of stroke, cerebral circulation, cerebrovascular physiology and disease, and the many biological, clinical, rehabilitative, and public health challenges that define this field. The journal seeks to provide an accessible forum for investigators, clinicians, trainees, and allied health professionals working to



Received: 6 July 2026

Accepted: 9 July 2026

Published: 23 July 2026

Copyright: © 2026 by the author.

Licensee MDPI, Basel, Switzerland.

This article is an open access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC BY\)](https://creativecommons.org/licenses/by/4.0/) license.

understand stroke mechanisms, improve diagnosis and treatment, strengthen prevention, enhance recovery, and reduce the global burden of cerebrovascular disease.

The journal will welcome work that advances mechanistic insight as well as studies that address practical clinical and translational questions. This includes experimental studies using robust preclinical models; studies of cerebral vascular biology, pathology, physiology, and hemodynamics; investigations of stroke immunology, the gut-brain axis, metabolism, aging, sex differences, comorbidities, and other emerging interdisciplinary areas; development and validation of biomarkers, imaging approaches, and diagnostic tools; clinical studies of acute management, pharmacological treatment, secondary prevention, and systems of care; and research focused on recovery and rehabilitation, including motor, cognitive, speech/language, and psychosocial outcomes. Public health data, epidemiology, risk-factor studies, and population-level outcomes are also central to the journal's mission.

Equally important, *Stroke Reports* will value transparency and scientific rigor. Rigorously performed negative or null studies are welcome, particularly when they test a well-founded hypothesis, use appropriate methodology, and provide information that can guide future research or prevent unnecessary duplication of effort. Clinical case studies and case series are also encouraged when they offer meaningful lessons regarding unusual presentations, diagnostic challenges, therapeutic decision-making, complications, rehabilitation trajectories, or emerging approaches to cerebrovascular care.

In summary, *Stroke Reports* aims to publish original peer-reviewed research articles, reviews, clinical studies, clinical case studies, and other scholarly contributions covering ischemic stroke, hemorrhagic stroke, transient ischemic attack, cerebral circulation, cerebrovascular biology and pathophysiology, vascular physiology and hemodynamics, neurological assessment and radiology, advanced neuroimaging and diagnostics, preclinical and translational models, neurorehabilitation, emerging interdisciplinary fields, and public health data and outcomes. On behalf of the Editorial Board and the journal office, we invite the stroke and cerebrovascular research community to contribute to *Stroke Reports* and to help build a rigorous, inclusive, and useful home for scholarship that advances stroke science and improves patient outcomes.

Conflicts of Interest: The author declares no conflicts of interest.

References

1. Palaniappan, L.P.; Allen, N.B.; Almarzooq, Z.I.; Anderson, C.A.M.; Arora, P.; Avery, C.L.; Baker-Smith, C.M.; Bansal, N.; Currie, M.E.; Earlie, R.S.; et al. 2026 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association. *Circulation* **2026**, *153*, e275–e906. [[CrossRef](#)] [[PubMed](#)]
2. Collaborators, G.B.D.S.R.F. Global, regional, and national burden of stroke and its risk factors, 1990–2021: A systematic analysis for the Global Burden of Disease Study 2021. *Lancet Neurol.* **2024**, *23*, 973–1003. [[CrossRef](#)] [[PubMed](#)]
3. Feigin, V.L.; Brainin, M.; Norrving, B.; Martins, S.O.; Pandian, J.; Lindsay, P.; Grupper, M.F.; Rautalin, I. World Stroke Organization: Global Stroke Fact Sheet 2025. *Int. J. Stroke Off. J. Int. Stroke Soc.* **2025**, *20*, 132–144. [[CrossRef](#)] [[PubMed](#)]
4. Dell'Acqua, B.; Costa, C.M.; Cerri, A.; Francia, A.; Vidale, S. Tenecteplase With or Without Mechanical Thrombectomy in Acute Ischemic Stroke at 4.5 to 24 h: An Updated Meta-Analysis of Randomized Controlled Trials. *Neurol. Int.* **2026**, *18*, 116. [[CrossRef](#)] [[PubMed](#)]
5. Prabhakaran, S.; Gonzalez, N.R.; Zachrison, K.S.; Adeoye, O.; Alexandrov, A.W.; Ansari, S.A.; Chapman, S.; Czap, A.L.; Dumitrascu, O.M.; Ishida, K.; et al. 2026 Guideline for the Early Management of Patients With Acute Ischemic Stroke: A Guideline From the American Heart Association/American Stroke Association. *Stroke*, 2026; *Online ahead of print*. [[CrossRef](#)]
6. Candelario-Jalil, E.; Dijkhuizen, R.M.; Magnus, T. Neuroinflammation, Stroke, Blood-Brain Barrier Dysfunction, and Imaging Modalities. *Stroke* **2022**, *53*, 1473–1486. [[CrossRef](#)] [[PubMed](#)]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.