Meeting began at 2:00pm EST

Projects with No Reports

Dr. Schirmer called for a motion to approve the minutes, a motion was made to approve the minutes made, the motion was 2nd, minutes were approved.
AA: We are down about a half million dollars. The first reason is due to the drop in the market, the second is that we made that big donation to the CNS Foundation. With the guaranteed rate of return, that donation to the CNS Foundation is going to end up being a very good thing in the long run.
AA: We don’t have a good picture of how a meeting is going to look in August. For the purposes of assumptions, I’ve just put in annual meeting revenue of zero.

Question was raised about whether the CV section is financially exposed if the annual meeting is cancelled?

The answer is possibly yes, depending on the disaster declarations.

AA: We have reserves for things like this. The CNS offered us a very good deal with regards to the donation to the CNS Foundation, which, with recent events, turned out to be an even better deal, so I think we can roll through this.
The above slide was reviewed

ST: We have a steady increase in membership in residents, but the past few years I’ve noticed really no increase in active membership. I reached out to SNIS, we are currently offering the discounted membership. It’s a little concerning that we haven’t had much increase in active membership.
ST: Something to add on to Adam’s report is we have several members with outstanding dues to whom we sent out notices. I’m sending out personal emails now to those members with outstanding dues.

ST: If you see anyone on the list that you know, who have not paid their dues, please reach out to them.

WM: I did a big cleanup for turning this over, which might be why it’s stagnant. Most people do respond to the personal email.

ST: Most of the people are academic members, I’m hoping it’s just an oversight.

BW: Also, a lot of these people are retiring

CS: We also should track the resident members transitioning to active members

ST: In terms of the blast email to CNS/AANS to encourage anyone who has an interest in vascular to join.

This is just an overview of the offer
There was a desire to change the officer election dates to be in conjunction with moving the annual meeting to summer. The second item was a request for more clarity in conducting business for the CV section.

On the left, you can see the old verbiage of the bylaws, the new language is on the right. We can circulate this if needed.

There was a desire to have some definitions about what constitutes a quorum, and how many people would be required to vote to have an action carried.

For example, for a 10 member EC meeting, since we know how many there are supposed to be, it makes sense to have a majority present.

For some smaller committees, such as a committee of 3, you could have either 2 members, or the chair.

Thanks rob for doing the work on that. This is something we’ve been talking about for a bit. Just to underline the importance of the calls that we have, and that a majority be involved. We have to follow our bylaws and circle this around.

If the EC wants to review this, and circulate it around, I can make some minor modifications and put it forward as a resolution for signatures and vote. I can also email this in another version to those on the 10 person committee.
CC: There’s been a couple of changes to the website editorial board.

CC: I’ve been talking about the website redo. The AANS website offer was by far the most economical.

AS: What do you think we are missing out on, why the AANS is so low compared to the others?

CC: In the current version of the website there’s no member portal, if we want to add this, it’s another 4k

General discussion surmised that they were very interested in taking on the website.

The above slide was reviewed
JO: We’re moving the AANS content virtually, so everyone who got accepted for an abstract will have the option to present virtually. Awards will be handed out afterwards.

JO: For our section sessions, those are going to go live at a time to be determined, but I have not been given a date.

AA: As you know, Greg is in charge of the online thing, hopefully we’ll have an update soon.

BW: What I’ve been hearing is a lot of the best of Boston is going to move forward to 2021. I reached out about this on Friday but haven’t heard anything
The above slide was reviewed
JO: We thought it would be best for the master microsurgeon and interventionalist teams to be people who know each other, so assigned the teams that way.
SS: We have a really good presence in the scientific program.

BW: Our attendance can be substantial. This is a great time to reach out to our colleagues and make an excellent appearance. No matter what, we win when our registration goes up.
CK: Currently there’s no plan for cancellations, but that could change. They’re doing focused bundles, so you can choose a morning or afternoon sessions based on specialty.

BW: The idea is to continue to attract a wide audience at ISC, we need to stay verbal and visible.

WM: Our buy in and attendance is going to be looked at by them, in terms of our involvement.
Robert J. Dempsey, MD Cerebrovascular Research Award 2019-2020 Annual Update

Mustafa K. Baskaya, MD, Chair
Director of Skull Base Surgery
Professor of Neurological Surgery
Cerebrovascular and Skull Base Surgery
University of Wisconsin, Department of Neurological Surgery

Cerebrovascular Section of the American Association of Neurological Surgeons and The Congress of Neurological Surgeons once again awarded two $15,000 Resident Research Awards in Cerebrovascular Disease in 2019-20.

Of the outstanding applications, winners of this award for 2019-20 are:

Redi Rahmani, MD from the University of Rochester with the project, “Role of Vitamin D Deficiency in Aneurysm Formation and Rupture.”

Christopher Pasaricovski, MD from University of Toronto with the project, “Optical Coherence Tomography Imaging after Mechanical Thrombectomy for Cerebral Venous Sinus Thrombosis: Novel Method for Evaluating Devices in a Swine Model.”

We would like to acknowledge and thank the following reviewers:

Theodore Sun, MD, PhD
Professor of Neurology
University of Pittsburgh

G. Edward Vass, MD, PhD
Professor of Neurosurgery, Endocrinology & Otolaryngology
University of Rochester Medical Center

Bradley Gross, MD
Assistant Professor
Director, Endovascular Neurosurgery
University of Pittsburgh

Mustafa Baskaya, MD
Professor of Neurological Surgery
University of Wisconsin – Madison

Robert Dempsey, MD
Chief & Munzeller J. J. PhD Professor of Neurological Surgery
University of Wisconsin – Madison

The above slide was reviewed
Washington Committee Verbal Update:

KO: We are continuing to aggressively advocate for financial relief for neurosurgeons in light of the COVID situation. Also, several organizations have pledged 300K to fight against significant medicare cuts.

A more long term objective is global surgery. We believe global surgery is at risk of possibly a 25% hit, which we’re preparing to fight against.
BW: Guidelines are relatively quiet, we recently reviewed and endorsed a guideline. We’re a bit handicapped sometimes, but because of the AHA grip on aneurysms we can’t really run with it. An aneurysm update is kind of due, but otherwise pretty quiet.

WM: We had nominated J to be on the AHA guidelines, it looks like that will happen, both him and I will be on the committee.

AS: there's really not anything additional to add

There’s a new leader of SVIN
For $100, you can join the SVIN break coming up next week
SVIN is launching a COVID registry, a 70 item database. This may be a worthwhile cause if you have not already joined a registry.

Dr. Schirmer reviewed the slide to the left on behalf of Dr. Niemela

**COVID Registry**

**REDCap database**

1. ALL admitted patients with COVID 19 positive status can be captured by your site
2. ALL admitted patients with the discharge diagnosis of ischemic stroke, non-traumatic hemorrhagic stroke and cerebral sinus thrombosis can be captured.

Jovin-tudor@cooperhealth.edu
AANS Resident Endovascular Course was planned and then cancelled.

AA: I think we need to expect courses may not happen until 2021, we’re looking at go and no-go dates. The issue isn’t just that we have taken a hit, but industry has also taken a hit and may not be able to support courses.

AS: 3C has been cancelled. There’s been discussion about webinars & virtual, but there’s a deluge of these webinar options right now.
**SNIS Update: Dr. William Mack**

There’s a new neurosurgeon on the editorial board of the journal. Everything else SNIS has been covered

AS: Just so everyone is clear, we’re going to put together those proposals that Robert James talked about. The plan is for the transition of officers to occur after the CV/SNIS Meeting.

AS: There is a piece of new business, it’s a stepstone being proposed by the NIH. There was a brief call on this, as part of a separate QOD discussion, as there was concern about not having a clear plan. My recommendation is that we should have CV section on a call with SVIN and SNIS.

AA: The concern is that strokenet has turned into a bottleneck, we think neurosurgeons and neurointerventionalists need to be involved.

BW: I think we all need to be involved, and get on the same page

AS: They added some co-chairs last week with no discussion with anyone

AA: Last I heard was that Tudor and Adnan were going to draft correspondence about our opposition to this project

AS: We did not draft a letter, maybe that’s what we should do, we will work on this
BW: We had an initiative to bring more funding into NREF and CNS Foundation. We have gotten 40K from Penumbra, but other companies are just kind of on hold right now.

I don't have anything else.

CS: I want to give a shout out to Babu, with all of the changes, I'd like to recognize your leadership, which is ongoing until the SNIS meeting.

Meeting concluded at 2:11pm CST