Dr. Tjoumararis 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 doing quite well and made a profit, despite not having a meeting in 2020.
AA-Total net assets are at 1 million dollars. I don’t know that the section needs to be sitting on 1 million dollars. The consensus is we want to be looking for ways to benefit membership and make more offerings, financially.

Sharing our meeting with SNIS is likely to be better financially for the section than vs. holding the meeting on our own. We can spend money on other things if we desire.
CK: There is a steady trend of an increase in membership. We will go through and update the list of resident members, as some of the 2,124 have gone onto other specialties but are still accounted for. This is a goal of the membership committee over the next couple weeks.

What should 2022 Membership Dues be set at? Similar organizations are at $100 - $150, and CV is on the higher end at $150. No reason to change.

Membership Committee will work closely with the new Communications Committee to plan a combined approach of increasing membership and membership engagement.

Include gender statistics on this slide for the next meeting.
The above slide was reviewed.

AS: Congratulations to the new slate of Officers. I wanted to note that it is expected that when you get nominated and you accept the position, that you also commit to make an effort to be present at the Annual Meeting. This is the only meeting of the year and we really need to encourage members of the section to attend. There is no excuse for officers of the section to not show up for only meeting of the year.
There are 3 proposals to amend bylaws.

1. Combine Social Media, Website and Newsletter Committees into 1 Communications Committee, which will be responsible for all media presence, communications, newsletter and any other similar areas. The chair of the Communications Committee will be appointed by the Executive Committee.
The above slides for the Dacey Medal were reviewed.

The composition of the Dacey Medal Selection Committee will be five (5) members as follows:

Chair: Three-year term appointed by the Executive Council. Candidates for the committee chair are required to be past Dacey Medal winners.

Senior Neurosurgeon-Investigator Member: Three-year term appointed by the Executive Council. Candidates for this position must be established neurosurgeons with active NIH (or similar) funding. The candidate may not be an active or incoming member of the CV Section Executive Council. The candidate may be a neurosurgeon-investigator in any discipline and is not required to be a cerebrovascular neurosurgeon. Past Dacey Medal winners who have not served as chair of this committee are eligible for this position. The first appointee in this position will have a term of only two years so that both the Committee Chair and the Senior Neurosurgeon-Investigator Member will not both be up for reappointment in the same year.

The official name of the Dacey Medal will be the "Ralph G. Dacey, Jr. Medal for Outstanding Cerebrovascular Research." The official name may not be changed.

Funding for the Dacey Medal award will be maintained by the Joint Cerebrovascular Section under the care of the Treasurer to the Executive Council. Funding will include the ability to acquire and improve the medal itself and to make a cash award to the recipient in the amount specified by the current Dacey Medal SOP.

Additional Dacey Medal Eligibility Requirements:

The Dacey Medal may not be awarded twice to the same individual no matter how deserving.

Self-nominations for the Dacey Medal are not accepted.

Active CV Section Executive Council members and Dacey Medal Nominations Committee members are not eligible for the award while holding those positions.
The above slide was reviewed, which is a separate article that addresses awards and lectureships.

2. Create a Research Award Committee, which will oversee all awards offered by the CV Section. The Chair of this committee will be appointed by the Executive Committee and will serve a 3 year term.

3. To preserve stipulations when the Dacey Medal was created, the Chair of the Research Committee (with oversight from the EC) will abide by the separate SOP document for the Dacey Medal. This will ensure that, in no way, will the original stipulations of the award be compromised.
4. ST: The timeline in the Bylaws for election of officers revolved around the old meeting timeframe, which was held in Winter. Thank you, Adnan, for updating the bylaws to reflect the new meeting timeline, in conjunction with SNIS.

The Bylaws have been amended based on the new meeting with SNIS, all proper changes are included. This change has been voted on by all members.

3) November 15 of the year preceding the election. Each candidate will be contacted and asked to submit their CV and a statement in support of their respective candidacy to the Nominating Committee Chair by November 28.

4) December 15 of the year preceding election. Qualified candidates for each office are contacted. Following discussion and voting by the Nominating Committee, the Chair of the nominating committee shall submit, in writing, the proposed candidates for office and their statements of candidacy to the general membership for consideration. The slate of officers must consist of at least one candidate per post but consideration should be given to offer the membership more than one candidate for the position of Secretary or Treasurer and multiple candidates for Member-at-Large and Nominating Committee positions if more than one candidate is available.

5) Additional nominees, with appropriate qualifications (vide infra), can be placed on the ballot with the support of 20 or more active members of the section. The petition must be submitted in writing to the Nominating Committee along with the candidate’s resume and a statement in support of their candidacy. The submission must be received by the Chair of the Nominating Committee by December 31. The Nominating Committee will confirm the qualifications of the candidate and the authenticity of the petition signatures. Once confirmed, the candidate will be added to the ballot.

6) January 15 of the election year. The final slate of candidates for election will be submitted to the membership.

7) February 1 of the election year. Electronic ballots will be cast by the Active membership for each candidate.

8) April 1 of the election year. The Nominating Committee shall announce to the general section membership, in writing, the results of the election.

9) Conclusion of the ANINS Annual Meeting. New Officers assume their respective posts.

SHALL be amended to the following:

1) March 1st of the election year. The Nominating Committee will call for suggestions for nominations from the Section membership for Officers open for election (with a list of eligible members qualified to hold office).

2) April 1st of the year of the election. Deadline for all suggestions for nomination for all offices.

3) April 15th of the year of the election. Each candidate will be contacted and asked to submit their CV and a statement in support of their respective candidacy to the Section Chair by May 1st.

4) Additional nominees, with appropriate qualifications (vide infra), can be placed on the ballot with the support of 20 or more active members of the section. This petition must be submitted in writing to the Nominating Committee along with the candidate’s respective resume and a statement in support of their candidacy. The submission must be received by the Chair of the Nominating Committee by May 1st. The Nominating Committee will confirm the qualifications of the candidate and the authenticity of the petition signatures. Once confirmed, the candidate will be added to the ballot.
AS: Would like to make standing committee efforts more recognized by expanding to additional committees. Would like to formalize this process with the goal being to circulate a draft for the AANS meeting, and then try to get enough online votes to be able to pass this amendment by CNS.

AS: We currently have many award offerings. The Dempsey awards were run by Dempsey himself, and Baskaya has taken over this role in the last few years. The hope is to streamline the process and put all awards under a single committee (listed above), which will also be responsible for all abstract award review and selecting winners. The Chair of this committee will serve 3 years at minimum, and Vice Chair will serve 1 year.
The above award list was reviewed. AS noted that the Galbraith Award will remain the same, and we are adding CV Best Clinical Paper by Resident or Fellow.

AS: We have 1.3 million dollars sitting in an unrestricted account, plus more in restricted accounts through NREF. Is there away to put the unrestricted money in one entity to use as the endowment fund? In addition, we have received verbal approval for a multi-year award for around 50K-100K per year for 5 years. This gives us, potentially, another 1-2 million dollars in additional funds. AANS and CNS both have foundations, and the plan is to split funds between the two parent foundations. CNS has promised that the CV section can use matching funds up to 350K from CNS. If we put 1.5 million in each parent foundation, this should allow us to fund an endowment, which would give out 50K for 3 awards (1 award per year for 3 years).
Research Committee

DR. MICHAEL LEVITT

Research Committee

Established July 2021

- Responsibilities:
  1. Assist Annual Meeting chairs with selection of CV abstracts for presentation at AANS, CNS and CV Section Annual meetings
  2. Confer "names" research and clinical excellence awards
  3. Coordinate and oversee grant review process for Joint CV Section, CNS Foundation and NREF Research Awards

- Members:
  - Michael Levitt (co-chair), Judy Huang (co-chair and CV Section Vice-Chair), Mustafa Başkaya, Jason Davies, Kyle Fargen, David Hassan, Peter Kan, Aditya Pandey, Scott Simon
  - 3 year terms

Research Committee

Named research awards to be presented

AANS
- Thoralf Sundt Award (Best CV scientific paper by resident or fellow) - $500 & Plaque
- Robert St. John Award (Best CV clinical paper by resident or fellow) - $500 & Plaque

CV Section Annual Meeting
- Robert Dempsey Cerebrovascular Research Award (Best type CV basic science research grant applications by resident) - $15000 each & Plaque

CNS
- Galbraith Award (Best CV scientific paper by resident or fellow) - $500 & Plaque
- Duke Samson Award (Best CV clinical paper by resident or fellow) - $500 & Plaque

Research Committee

Research grants to be selected

Joint CV Section
- Robert Dempsey Cerebrovascular Research Award
  - Resident investigator; $15000/year single year; two awards per year
  - (Joint Dr. Başkaya in award selection)

CNS Foundation
- CNS Foundation Cerebrovascular Research Award
  - Early Stage Investigator (fellow or new attending); $50,000/year for 3 years

- Neurosurgery Education and Research Foundation
  - Cerebrovascular Research Award
  - Early Stage Investigator (fellow or new attending); $50,000/year for 3 years
The new Communications Committee will combine Website, Social Media and Newsletter Committees into one.

The Website committee, led by Dr. Christoph Griessenauer, has done a great job over the past year. Dr. Justin Mascitelli will continue in Christoph's role as Chair, as Christoph has moved back to Austria.

Social Media has a fairly active twitter account which has a lot of daily work that goes into running the account. I have asked Dr. Kunal Vakharia to take the lead on this committee.

Dr. Jan Karl Burkhardt will serve as co-chair of the Communications Committee, with Justin Mascitelli. These chair positions will serve a 3 year term.
The above slides were reviewed

JM: This is one example of new content that the Education Committee Chairs came up with to centralize outstanding content on Twitter into one location.
JM: Google Analytics summary of the CV Section website

JM: Here you can see the web pages that get the most hits.

AS: We have a professional service that manages our website. I am interested to see if we can explore possibility of hiring a vendor to handle all social media accounts. Thoughts?

CS: It is worth exploring. We can ask CNS if we can get a fractional person to help with this and what cost would be.
The courses webpage has been updated. AANS has cancelled one due to low enrollment. We need to see how things go as COVID numbers are increasing again.
ST: Wanted to present the idea to consolidate all existing webinars from different vascular divisions from all over the country and encourage them to post every other month to try and centralize them.

AS: CV section does not have a presence in online education. It might not be a bad idea to provide webinars or online education as a service to our members beyond the 1.5 day Annual Meeting. This would also help us keep relevant. Thoughts?

AA: In terms of relevance, the Newsletter seems antiquated. That said, there are a lot of organizations providing webinars. Might think about sunsetting the newsletter and letting Chris Fox take on webinars?

AK: Maybe we could gather existing webinars from other organizations/societies and organize them in a way that makes them easier to navigate, instead of developing new content.

ST: Great idea. We can try to filter existing webinars and can potentially ask them to be featured through CV section, so they’re institutions will be highlighted and we don’t need to do the legwork. Communications Committee can review these institutional webinars, and we can feature them every few months.

CS: We would need to figure out the target audience.

ST: The Newsletter days are long gone. Could provide value for members who are not able to come to the meetings.

CS: We could host a Town Hall every quarter or half year and make the topic very focused.

AS: I would like to put Justin Mascitelli and Chris Fox in charge of trying to figure out what the best format would be. We can also ask CNS to see if they can help coordinate.
The above slide was reviewed
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>Guidelines Session: Cerebrovascular Guidelines: Aneurysms, Arteriovenous Malformations, and Acute Ischemic Stroke</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Luncheon Seminar: T21: Robotic Approaches in Endovascular Neurosurgery T22: Virtual and Augmented Reality in Neurosurgery GE CV T24: Social Media Use in Neurosurgical Practice: Showboating or Real Value</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>CNS SPC Luncheon Seminar: CV Aneurysm Treatment: Operative Techniques and Case-based Discussions</td>
</tr>
<tr>
<td>2:15 PM</td>
<td>CNS SPC Luncheon Seminar: CV Aneurysm Treatment: Oral Abstract Presentations</td>
</tr>
</tbody>
</table>

**Tuesday, October 19**

### Luncheon Seminar
- T21: Robotic Approaches in Endovascular Neurosurgery
- T22: Virtual and Augmented Reality in Neurosurgery
- GE CV
- T24: Social Media Use in Neurosurgical Practice: Showboating or Real Value

**Wednesday, October 20**

### Luncheon Seminar
12:15 PM - 1:45 PM
W33. Middle Meningeal Artery Embolization in the Treatment of Chronic Subdural Hematomas
JO: There are no specific updates on the meeting, but would like to take a minute to discuss meeting planning for next year and how to improve. SNIS had two meeting chairs and CV section had 1 appointed chair. Noticed that there was a communication loop through SNIS, where plans were happening in the background that CV section was not included in. To avoid this in the future, we should build a document that sets expectations for various roles and what critical deadline dates are. We need to be more aggressive to make sure our voice is heard in the programming process.

AS: This was a strange year for many reasons. It was our first face to face meeting and because we weren’t sure if this meeting would take place, so many things were last minute. Where do we go from here and how do we move forward? Dr. Arthur has stated that this will be a great financial gain for us. We should put together thoughts on what we'd like different, share with officers, and see which are reasonable requests to move forward with.

ST: When planning the next program, we should try to engage Senior Members more, as their current participation in the meeting is low and we want them to attend. One idea is to have them preset awards.
2021 CV Section/SNIS Meeting
(Osbun/Kellner)

Tuesday 8:30am: CV Section Awards and Lectures
Lussenhop Lecture: Tudor Jovin
Chairs Address: Adnan Siddiqui
Dacey Medal: Marc Simard
Dempsey Award

HIGHLIGHTS
Session With Sages
Daily Neuroanatomy Lectures
Special Sessions on Aneurysms, AVM/DAVF, Stroke
Live Surgery Demonstration
Robert J. Dempsey, MD Cerebrovascular Research Award 2020-2021 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 2020-21.

Of the outstanding applications, winners of this award for 2020-21 are:

Guilherme Barros, MD from the University of Washington with the project, “Modeling effect of hemodynamic changes on endothelial transcriptional profile of cerebral aneurysms after endovascular flow diversion treatment.”

Anna Huguenard, MD from Washington University in St. Louis with the project, “Implementing Auricular Transcutaneous Vagal Nerve Stimulation Following Subarachnoid Hemorrhage to Modulate Neuroinflammation and Improve Outcomes.”

We would like to acknowledge and thank the following reviewers:

- Dušan Sun, MD, PhD
  Professor of Neurology
  University of Pittsburgh

- G. Edward Yates, 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
  Chair & Maurice J. Ball Professor of Neurological Surgery
  University of Wisconsin - Madison
CS: The traveling fellowship has been successful, but we receive far too little applications. There is opportunity to communicate/publicize it better and see if we can engage more members. With 2020 being an odd year, not many wanted to travel. We can loop in previous fellows to obtain their testimonials to communicate the value.
ST: The Dacey Medal has already been awarded

ST: These were the nominees

Dr. Isaam Awad
Dr. Michael Alexander
Dr. Chris Ogilvy
Dr. Marc Simard
Dr. Robert Friedlander
Dr. Greg Ziefel

ST: Marc Simard received the award
AS: DAISI is a coordinated registry network. Anyone who has data can participate.

The above slide was reviewed
AS: Created elements that oversee all aspects of interventional stroke. This protocol has been published and is part of the NVQI and QOD registry.

The above slide was reviewed
AS: All sources of data were collected that would have information on Basilar Artery Occlusion.

AS: After doing this, we contracted with Weil Cornell to be our data warehousing source. We received everyone's data except for 1 source.

The above slide was reviewed
**Exploratory hypothesis**

Both primary and secondary hypothesis will be tested in all the subgroups:

- Medical management alone (antiplatelet and anticoagulation)
- IV thrombolysis alone (≤4h and >4h)
- Thrombectomy plus IV thrombolysis by NYR coded devices
- Thrombectomy plus IV thrombolysis by POL coded devices
- Thrombectomy alone by NYR coded devices
- Thrombectomy alone by POL coded devices
- Outcomes after thrombectomy by time from onset to recanalization (≤6h, 6-12h and 12-24h)

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**Keypoints**

Devices will not be identified other than as stent-retriever, aspiration catheters, combination, or as NYR vs POL coded.

The data will reflect the practice in the United States as a comparison for future applications, and not a pathway to approval.

Final regulation and approval will remain with the FDA, as it has always been.
CS: There is not much to discuss that is a threat. Request about Transcatheter quote was put to rest.

The above slide was reviewed
HB: The Washington Committee launched the Surgical Care Coalition campaign with ACS. The goal is to try and introduce idea that Neurosurgery brings value to the table so that we’re pushing back on some of these cuts that are potentially applied to Neurosurgery going forward. Pre-authorization, Graduate Medical Education, and Surprise Billing are big points.

AK: In the last decade, this was the most consequential thing that the Washington Committee has done. It was a massive threat to all of our reimbursement, and we would have all felt it had this campaign not hit. This is the first time that ACS and other organizations came together, and it was successful in getting legislation passed.

The above slide was reviewed
Prior Auth Legislation: Improving Seniors’ Timely Access to Care Act
(H.R. 3173)

- Introduced on 5/13/21 → Currently has nearly 170 co-sponsors
- Provisions:
  - Creates an electronic prior authorization program + real-time approval process for seniors that are routinely approved
  - Requires plans to report to CMS on the extent of their use of prior authorization and the rate of approvals or denials
  - Requires prior authorization requests to be reviewed by qualified medical personnel
  - Requires prior authorization programs to adhere to evidence-based medical guidelines

Global Surgery Reimbursement

Surgical Care Coalition

https://www.surgicalcare.org/

PROBLEM
- Surgery is facing a minimum 9% cut on Jan. 1, 2022
- Global surgery codes were devalued in 2021 when CMS refused to adjust the post-op E/M portion

SOLUTION
- Re-launched Surgical Care Coalition campaign to prevent Medicare cuts and appropriately value global surgery codes
  - $150k (AAN3, CNS & Spine Section each contributed $50k)
  - Overall message geared to demonstrate the value of surgery/surgeons

Legislation: Resident Physician Shortage Reduction Act (S. 834/H.R. 2256)

- 14,000 new Medicare-supported residency training slots → 2,000 each year for 7 years
- Priority distribution:
  - Hospitals in rural areas
  - Hospitals training over their current GME caps
  - Hospitals in states with new medical schools or new branch campuses

STAY INFORMED
GET INVOLVED
The above slide was reviewed.
AS: These are a few papers that are being worked on
The above slide was reviewed.

IAC

Cockroft President-Elect for Carotid Stenting Board and Director on full IAC board of directors.

Looking to incorporate standards for TCAR into stenting facility standards.
SVIN has now officially joined the registry/PSO.

Revision to aneurysm module completed (endovascular and open).

Continuing to explore potential industry collaborations
KC: 100% overlap on all site
AS: Expanded group in order to get engaged on registries and data elements, and to make sure we continue to update them as needed.

AS: There are over 5,000 aneurysm cases in this registry.

AS: We are starting to publish and present multiple abstracts on data garnered.
AS: Summary slide. Over 11,000 cases have been captured among 24 participating sites.

The above slide was reviewed

AS: TCAR was approved and funded through the SVIS registry. SVIS registry is in every vascular site; we need go to sites and push hospitals. Departments are no longer being asked to fund this, as it is paid for by the hospitals.
Pilot Projects:
Digitize CRFs into workflow
Upload all neuroimaging for each admission to cloud for either later AI based or Core lab based quality analyses

The above slide was reviewed
The above slide was reviewed.

Accreditation of CNS Endovascular fellowships will be done by NESAC (Neuroendovascular Surgery Advisory Committee) under the authority of the Society of Neurological Surgeons through CAST. This committee will establish educational and training requirements for fellowship programs based on agreed-upon criteria, which will include patient management information for training fellows, faculty experience, facilities, academic environment, and institutional/departamental support.

NESAC Committee Members
Sameer Ansari, MD
Arif Anwar, MD
Colin Destefani, MD
Johanna Fife, MD, CHAIR
Brian Hoh, MD
Tudor Jovin, MD
William Mack, MD
Loz Prado, MD

CAST Accreditation of Programs

- Cerebrovascular 12
- CNS Endovascular 69

CAST now accredits fellowships in skull base neurosurgery

CAST website: CAST MAIN / CAST The Committee on Advanced Subspeciality Training nes-cast.org

The above slide was reviewed
AA: A healthy proportion of CAST run programs on Endovascular.

The above slide was reviewed.

AA: CNS has created Endovascular recognition of focus practice, jointly run by ABMS, ABPN and ABR.
AA: The application process is noted here. We will circulate this among CV membership.

AA: Almost 400 CAST Certified Fellowships

Approved under prior process (CAST) yet granted an RFP (34):

- Neurosurgeons: 7
- Radiologists: 15
- Neurologists: 12

Records received by the ABNS suggest that 320 providers held a CAST certificate in CNS Endovascular surgery

Approved during Spring review cycle

- Neurosurgeons: 9
- Radiologists: 6
- Neurologists: 0

CAST to RFP Conversion

- Neurosurgeons: 20
- Radiologists: 14
- Neurologists: 10

The above slide was reviewed.
AA: Exam only offered once per year. Could it be biannual? NESAC and SESAC need to provide 20 questions to build up the bank. Will bring up at next SESAC meeting.

KB: Thank you to all members who serve on the committee.
KB: First two bullet points on this slide are the current guidelines that CV is looking at.

The above slide was reviewed.

The AHA/ASA has requested a new writing group representative for a scientific statement entitled “Endovascular Treatment and Thrombolysis for Acute Ischemic Stroke Patients with Premorbid Disability or Dementia.” Dr. Sagi Arzi-Hanany will represent the AANS/CNS. Currently under review by CV Section guidelines committee.

The AHA/ASA has requested review of “Evaluating and Reporting Sex- and Gender-Related Differences in Endovascular Acute Ischemic Stroke Treatment.” Currently under review by CV Section guidelines committee.

The AHA/ASA has notified the JGRC that a Guideline for the “Management of Spinal Artery Infarction” is being developed. Dr. J. Muzzu is the AANS/CNS writing group representative. They have asked the AANS/CNS to nominate a designated peer reviewer to comment on the finished document.

The AHA/ASA has notified the JGRC that a Scientific Statement for the “Endovascular Treatment and Thrombolysis for Acute Ischemic Stroke Patients with Premorbid Disability or Dementia” is being developed. AHA/ASA has requested an AANS/CNS writing group representative. They have also asked the AANS/CNS to nominate a designated peer reviewer to comment on the finished statement.

The AHA/ASA submitted the scientific statement entitled “Identifying Best Practices to Improve Evaluation and Management of In-hospital Stroke” to the JGRC. Dr. Amin Hanjani was on the writing committee. The CV Section reviewed it and recommended it be Affirmed for Educational Content.

The AHA/ASA submitted the scientific statement entitled “Management of Central Retinal Artery Occlusion” for review. Dr. Stavroula Tsoumali was the AANS/CNS writing group representative. The document was reviewed by the CV Section and ultimately recommended to be Affirmed for Educational Content.

The AHA/ASA submitted the document 2021 Guidelines for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack to the JGRC for endorsement. Dr. Cockroft was on the writing group. Also, the AHA/ASA Secondary Prevention of Stroke Systematic Review on which Dr. Amin Hanjani was Chair is being used as a complimentary document to the guideline and will be evaluated in tandem. The JGRC reviewers, along with a subgroup of CV reviewers evaluated the documents and submitted feedback in September 2020. The final version of the document was received in April 2021 including revision and was recommended for Endorsement by the JGRC.
KB: Waiting to hear back on concerns that were communicated.

The above slide was reviewed.

-A Subarachnoid Hemorrhage Guideline update is underway with expected completion in late 2021.

-An AED Prophylaxis in NCC Guideline is also being developed with expected completion also in late 2021.
The above slide was reviewed
The above slide was reviewed
SVIN has a new journal from AHA that covers mainly interventional papers. This is a good alternate for Stroke or JNIS.
AS: Reviewed the agenda from the June 2021 3C Meeting.
The meeting concluded at 6:08 pm PST