

**PLEASE SIGN IN  
(NAME AND EMAIL)**

**AANS/CNS  
Cerebrovascular Section**

Executive Council Meeting, CNS 2011

Sunday, October 2, 2011

Grand Ballroom South

Renaissance Hotel

Washington D.C.

**Call to Order** (Dr. Connolly)

**Approval of Minutes from AANS April 2011** (Dr. Lavine)

**Treasurer's Report** (Dr. Hoh)

### **Annual Meeting Updates**

- 2011 CNS Meeting (Drs Bulsara and Bambakidis)
- 2011 CV Annual Meeting (Ringer)
- 2011 ISC Meeting (Drs Albuquerque, Carter, Patel)
- 2012 AANS Meeting (Drs Bulsara and Bambakidis)

### **Standing Committee/Project Updates**

- Washington Committee Update (Katie Orrico, Rachel Groman)
- Coding & Reimbursement (Dr Vates)
- Joint Guidelines Committee/CV Section Guidelines Committee (Dr. Hanjani)
- National Quality Forum (Dr Cockroft)
- Endovascular task Force (Dr Thompson)
- Neurovascular Coalition (Drs. Wilson and Cockroft)
- SNIS update (Dr Michael Alexander)
- Brain Attack Coalition (Dr. Connolly)
- Membership Update (Dr. Zipfel)
- Fundraising Committee (Drs. Hoh and Rasmussen)
- Research Fellowship (Drs. Dempsey and Rasmussen)
- Newsletter Committee (Drs. David and Bulsara)
- Website Committee (Drs Zipfel and Carter)
- Curriculum Development and Education Committee (Dr. Bendok)
- Bylaws/Rules & Regulations Committee (Dr. Prestigiacomo)
- Neurocritical Care Update (Dr. Samuels)
- Young Neurosurgeons Update (Dr. Ducret)

# Meeting Agenda

### **Old Business Updates**

- Junior Resident Endovascular Course (Drs Mocco, Bendok)
- AVM Practitioner Survey, ARUBA (Dr Cockroft)
- Neuropoint Alliance (Dr Cockroft)
- 3C meeting (Drs Levy, Siddiqui)
- Joint Meeting – Cerebrovascular Society of India (Abdulrauf)
- Brain Aneurysm Foundation (Dr David)

### **New Business**

- NINDS Update (Dr. Friedlander)
- Senior Society Matrix/Milestones and Modules (Connolly)
- Proposed Advanced Certification Requirements for Comprehensive Stroke Centers (Dr. Connolly)
- Massimo Collice award for cerebrovascular malformations
- Meri Institute/CV Sect Resident & Fellows Courses (Drs Mocco, Ho, Veznedaroglu, Arthur)
- SVIN Liaison ( Dr Mocco)



# Approval of Minutes

Dr. Sean D. Lavine



# Treasurer's Report

Dr. Brian Hoh

AANS/CNS Section on Cerebrovascular Surgery  
Statement of Financial Position  
As of June 30, 2011 and 2010

	Current Year 06/30/11	Prior Year 06/30/10
<b>ASSETS</b>		
Checking & Short Term Investments	\$133,936	(\$36,063)
Accounts Receivable, net of Allowance for Uncollectible Accounts	700	16,720
Prepaid Expenses	30,000	30,000
Long-Term Investment Pool, at Market	594,263	579,064
<b>TOTAL ASSETS</b>	<b>\$758,899</b>	<b>\$589,722</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts Payable and Current Liabilities		\$155
Deferred Dues	28,416	29,275
<b>Total Liabilities</b>	<b>\$28,416</b>	<b>\$29,430</b>
<b>Net Assets</b>		
Unrestricted	\$384,746	\$471,968
Unrestricted - Donaghy	\$48,684	\$43,490
Unrestricted - Galbraith	\$26,762	\$24,239
Unrestricted - Resident	\$17,033	\$23,043
Unrestricted - Leussenhop	\$19,924	\$19,273
Unrestricted - Drake	\$10,415	\$9,678
Unrestricted - Yasargil Lectureship	\$52,727	
Net Revenue (Expense)	170,191	(31,400)
<b>Total Net Assets</b>	<b>\$730,483</b>	<b>\$560,292</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$758,899</b>	<b>\$589,722</b>

AANS/CNS Section on Cerebrovascular Surgery  
Statement of Activities  
For the Twelve Months Ending June 30, 2011

	<u>FY '09 Final</u>	<u>FY '10 Final</u>	<u>YTD FY '11</u>	<u>FY '11 Budget</u>	<u>FY '12 Budget</u>
<b>REVENUES</b>					
Membership Dues	\$34,563	\$46,750	\$54,648	\$56,550	\$54,900
Mailing List Sales	0	0	295	0	0
Contributions/Sponsorships	27,500	7,500	85,000	37,500	37,500
Advertising Revenue	0	0	1,300	0	1,300
Contributions for Operating Expenses	8,661	9,143	9,347	9,313	10,200
Annual Meeting Revenue	93,785	167,709	255,771	189,345	0
<b>TOTAL REVENUES &amp; SUPPORT</b>	<u>\$164,509</u>	<u>\$231,102</u>	<u>\$406,361</u>	<u>\$292,708</u>	<u>\$103,900</u>
<b>EXPENSES</b>					
Audio Visual	\$1,874	\$1,477	\$1,192	\$2,000	\$1,500
Bank Fee	535	518	930	595	780
Contributions & Affiliations	10,000	60,000	10,000	10,000	10,000
Decorating	205	607	741	300	350
Food & Beverage	5,498	8,160	9,959	14,050	10,000
Honoraria & Awards	35,407	35,890	40,960	36,000	36,000
Office & other Supplies	448	343	200	450	450
Photocopy	1	95	1	100	25
Postage & Distribution	595	468	901	550	825
Printing/Typesetting	0	0	1,282	2,000	0
Newsletter Postage	0	0	998	0	1,025
Newsletter Printing	0	0	2,015	0	2,025
Newsletter Professional Fees	0	0	195	0	200
Website	0	540	699	1,500	1,190
Staff Travel	0	0	0	0	225
Telephone	120	566	268	600	325
Temporary Personnel	7,500	0	0	0	0
Volunteer Travel	1,140	386	0	1,000	1,000
Staff Coordination	9,259	10,081	11,539	11,539	18,142
Annual Meeting Expense	134,752	198,562	239,529	270,031	0
<b>TOTAL EXPENSES</b>	<u>\$207,334</u>	<u>\$317,693</u>	<u>\$321,409</u>	<u>\$350,715</u>	<u>\$84,062</u>
Investment Earnings	(82,961)	55,192	85,240	26,480	27,168
<b>NET REVENUE</b>	<u>(\$125,786)</u>	<u>(\$31,399)</u>	<u>\$170,192</u>	<u>(\$31,527)</u>	<u>\$47,006</u>

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AANS/CNS Section on Cerebrovascular Surgery  
Annual Meeting  
For the Twelve Months Ending June 30, 2011

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<b>Revenues</b>				
Registration Fees	37,250	48,500	66,625	58,300
Exhibitor Fees	43,200	53,200	59,275	61,600
Exhibitor Sponsorship Revenue	6,000	15,000	29,000	20,000
Resident Hands-on Course Revenue	0	44,100	84,000	42,000
Special Event Revenues	1,425	1,725	6,675	3,375
Housing/Reg/Tape Revenue	5,910	5,184	10,196	4,070
<b>Total Revenues</b>	<u>93,785</u>	<u>167,709</u>	<u>255,771</u>	<u>189,345</u>
<b>Expenses</b>				
Scientific Program	40,553	39,685	46,091	59,493
Poster Session	3,558	4,941	5,016	5,241
Abstract Management	0	0	0	0
Program Book	13,083	14,785	11,331	11,636
Special Course	0	3,026	3,920	13,103
Opening Reception	18,804	21,197	30,876	27,602
Committee Dinners/Events	5,720	5,422	4,787	7,700
Exhibit Program	3,226	5,729	9,122	14,750
Exhibit Marketing	2,848	2,289	1,025	1,475
Advanced Registration	11,544	12,425	13,795	15,318
On-Site Registration	4,543	1,470	2,214	6,650
Preliminary Program	2,497	2,932	950	2,886
Annual Meeting Promotion	3,636	3,316	2,328	4,801
On-Site Coordination	4,382	5,908	5,073	9,352
Scientific Program Planning Cmte	0	0	0	0
Annual Meeting Planning Cmte	24	0	0	0
Staff Coordination	20,334	32,302	34,540	34,950
Resident Hands-on Course Expenses	0	43,134	68,463	54,974
Miscellaneous Expenses	0	0	0	100
<b>Total Expenses</b>	<u>134,752</u>	<u>198,562</u>	<u>239,529</u>	<u>270,031</u>
<b>Net Excess (Loss)</b>	<u>(40,967)</u>	<u>(30,854)</u>	<u>16,242</u>	<u>(80,685)</u>



# AANS/CNS SECTION ON CEREBROVASCULAR SURGERY

## NOTES TO FINANCIAL STATEMENTS

June 30, 2011

### *General and Administrative*

#### *Revenue*

##### **Contributions/Sponsorships – Budget \$37,500, Actual \$85,000**

The funds received for the Yasargil Lectureship were not included in the 2011 budget. This money will be moved to a fund set aside for the lectureship at the end of the fiscal year.

##### **Advertising Revenue – Budget \$0, Actual \$1,300**

The printed CV newsletter was not planned for in the 2011 budget. One advertisement for \$1,300 was sold to help defray the costs.

#### *Expenses*

##### **Bank Fee – Budget \$595, Actual \$930**

More revenue was received via credit card than anticipated, resulting in higher bank fees.

##### **Decorating – Budget \$300, Actual \$741**

The Section incurred \$420 in decorating: electrical charges at their EC meeting at the AANS Annual Meeting, which were not anticipated.

##### **Honoraria & Awards – Budget \$36,000, Actual \$40,960**

The \$1,000 honorarium and \$1,000 in travel expenses for the Yasargil Lecturer were not included in the 2011 budget, and the cost of creating the award plaques was higher than prior years.

##### **Postage – Budget \$550, Actual \$901**

The cost of mailing dues reminder statements was higher than in prior years.

##### **Newsletter Postage – Budget \$0, Actual \$998**

The printed CV newsletter was not planned for in the 2011 budget.

##### **Newsletter Printing – Budget \$0, Actual \$2,015**

The printed CV newsletter was not planned for in the 2011 budget.

##### **Newsletter Professional Fees – Budget \$0, Actual \$195**

The printed CV newsletter was not planned for in the 2011 budget.



## ***Annual Meeting***

### ***Revenue***

#### **Registration Fees – Budget \$58,300, Actual \$66,625**

Registration was slightly higher than anticipated.

#### **Exhibitor Sponsorship Revenue – Budget \$20,000, Actual \$29,000**

More sponsorships were received than originally anticipated.

#### **Resident Hands-on Course Revenue– Budget \$42,000 Actual \$84,000**

The price of each station was increased, and three exhibitors went larger this year.

#### **Special Event Revenue – Budget \$3,375 Actual \$6,675**

More tickets were purchased for the Opening Reception than have been in the past. In addition, more Residents were added to the Resident Hands-On Course.

#### **Housing/Reg/Tape Revenue – Budget \$4,070 Actual \$10,196**

\$10 per room night was budgeted, however a 10% commission was actually negotiated.



## ***Expenses***

### **Special Course – Budget \$13,103, Actual \$3,920**

The course was budgeted for 80 people, however, only 18 attended so supplies and food and beverage were much less.

### **Opening Reception – Budget \$27,602, Actual \$30,876**

The budget was based on 230 people, and we guaranteed 250 people based on higher registrations and extra tickets purchased for the event.

### **On-Site Registration – Budget \$6,650, Actual \$2,214**

The registration area was smaller than budgeted for and materials shipped to the meeting were much less than anticipated.

### **Resident Hands-on Course Expenses – Budget \$54,974, Actual \$66,282**

The number of residents accepted was increased based on the sponsorship we received. The number of reps that were fed during the day was also increased based on the number of sponsors that we were able to obtain to run stations for the course. Labor charges were increased because the course moved rooms on-site for the hands-on portion of the course.



# 2011 CNS Annual Meeting

Washington DC

Dr Ketan Bulsara

Dr Nicholas Bambakidis



CNS Meeting 2011: E pluribus Unum: Out of many techniques, one specialty: Neurovascular Surgery

**Moderators: Ketan Bulsara and Nicholas Bambakidis**

**-Introduction of Drake Lecturer**

**Sander Connolly**

**-Drake Lecture**

**Fredric B Meyer**

**-Complications associated with flow diverters**

**Henry Woo**

**-How my management of AVMs changed in the microvascular/ endovascular/radiosurgery era**

**Duke Samson**

**-What is the next great endovascular treatment for the management of acute ischemic stroke**

**Nick Hopkins**

**- CV section and SNIS: Two societies with convergent goals**

**Michael Alexander**



# 2012 CV Section Annual Meeting

New Orleans LA

Dr Ringer



# CV Section 2012 New Orleans

- **MONDAY, JANUARY 30, 2012**
- 12:00 – 7:00 PM  
**Registration**
- 
- 1:00 – 5:00 PM
- **2 Concurrent Practical Courses**
- 
- 6:00 - 7:30 PM
- **Opening Reception in the Exhibit Hall**


# CV Section 2012 New Orleans

- **TUESDAY, JANUARY 31, 2012**
- 7:00 AM – 4:00 PM
- **Registration**
- 
- 7:00 – 8:00 AM
- **Continental Breakfast in Exhibit Hall**
- 
- 8:00 - 8:10 AM
- **Welcome**
- E. Sander Connolly, Jr. MD
- AANS/CNS Cerebrovascular Section Chair
- Andrw J. Ringer, MD, FAANS
- Annual Meeting Chair
- 
-



# CV Section 2012 New Orleans

- 8:10 - 10:00 AM
- **Scientific Symposium I – Ischemic Stroke and the Neurosurgeon (8:10-9:30)**
- Moderators: Rich Fessler and Jay Howington
- Speakers:
- Endovascular Techniques for Acute Revascularization (Ketan Bulsara)
- Bypass Surgery: The Red-Headed Step Child (incl. COSS review) (Dave Langer)
- Surgical and Endovascular Stroke Prevention (SAMMPRIS/CREST rev.) (Mark Chimowitz)
- Hemicraniectomy for Stroke (Stephan Mayer)
- Oral Abstracts (4-5 abstracts, 5 minutes each w/ 1 minute for questions) (9:30-10)



■ 10:00 - 10:30 AM

■ **Coffee Break in the Exhibit Hall**

■ 10:00 - 4:30 PM

■ **Exhibit Hall**

■

■ 10:30 - 12:00 PM

■ **Scientific Symposium II – Aneurysms (10:30-11:30)**

■ Moderators: Giuseppe Lanzino and Shah-Naz Khan

■ Speakers:

■ Giant aneurysm management: surgical, endovascular and combined (Carlos David)

■ New endovascular techniques for aneurysms (liquid embolics, flow diverters) (J Mocco)

■ A modern dilemma: The unruptured aneurysm (Andy Ringer)

■ Oral Abstracts (4-5 abstracts, 5 minutes each w/ 1 minute for questions) (11:30-12)

■



2:00 – 3:00 PM

- **Scientific Symposium III – Lussenhop**
  
- 2:00 – 2:15 PM
- **Chair's Address**
- E. Sander Connolly, Jr. MD
- AANS/CNS Cerebrovascular Section Chair
- 2:15-2:20 PM
- **CV Section Resident Research Award**
- Presentation of award - Cameron McDougal
- 2:20-2:25
- **Introduction of Luessenhop Lecturer**
- Kim Nelson
- 
- 2:25 – 2:55 PM
- **Luessenhop Lecture**
- 
- 2:55 – 3:00 PM
- **Question & Answer**

# CV Section

- **Scientific Symposium IV – AVMs**
- Moderators: Bernard Bendok and Alan Boulos
- Speakers:
- 3:00 - 4:00 PM
  - Embolization for Radiosurgery: A useful tool (point) (Babu Welch)
  - Embolization for Radiosurgery: A waste of time (counterpoint) (Gavin Britz)
  - A modern dilemma: The unbled AVM (ARUBA update) (Kevin Cockroft)
  -
- 4:00 - 4:30 PM
- **Coffee Break in the Exhibit Hall**
-

# CV Section

- 4:30 - 6:00 PM
- **Scientific Symposium V – ICH: Trials and Tribulations (4:30-5:30)**
- Moderators: Rafael Rodriguez and Adam Arthur
- Speakers:
  - Surgery for ICH (David Mendelow)
  - Minimally Invasive Surgery for ICH and IVH (Isaam Awad)
  - Coagulopathy, Anticoagulants and ICH (Joseph Beshay)
- Oral Abstracts (4 abstracts, 5 minutes each w/ 1 minute for questions)  
5:30-6pm



# 2012 ISC Conference

New Orleans, LA

Dr. Bob Carter

Dr Felipe Albuquerque

Dr Aman Patel



# 2012 AANS Conference

Miami, FL

Dr. Ketan R. Bulsara

Dr. Nicholas Bambakidis

## CEREBROVASCULAR SECTION (April 17<sup>th</sup>, 2012)

### Section Day Layout

#### ■ **Speaker Slate (2:00 to 3:30)**

■ Moderators: Ketan R. Bulsara and Nicholas Bambakidis

■ 2:00 to 2:10 Sander Connolly Introduction of Donaghy Lecturer

■ 2:10 to 2:35 Robert Solomon Donaghy Lecture

■ 2:35 to 2:50 Jacques Morcos Current Indications for EC-IC bypass: Fall out from COSS

■ 2:50 to 3:05 Doug Kondziolka; Pre-radiosurgery embolization for AVMs- helpful or harmful

■ 3:05 to 3:20 Brian Hoh SAMPRIS and its implications

#### ■ **Abstract Section (4:00 to 5:30)**

■ # of abstracts you would like presented in your section: 10

■ # of minutes for each abstract presentation: 8

■ Time slot you want abstracts presented in: 4:00-4:40 for abstracts 1-5

■ (10 minute buffer for speaker's over time) 4:50 -5:30 PM for abstracts 6-10





# Standing Committees/ Project updates



# Washington Committee Update

Katie Orrico

Rachel Groman

## WASHINGTON UPDATE EXECUTIVE SUMMARY September 2011

### Health Reform Update

AANS and CNS continue to lead efforts to "reform the reform". The "Repeal and Replace" mantra has slowed down now that issues related to the budget deficit have taken center stage – although Congress continues to hold hearings on various healthcare reform related topics. Although full repeal is expected to fail, the GOP attacks on the health reform law will continue with more narrowly targeted repeal measures, appropriations defunding efforts and heated oversight hearings. Neurosurgery's Priority Issues include:

- **Repeal/Modification**
  - Independent Payment Advisory Board (IPAB)
  - PQRS penalties
  - Value-based purchasing modifier
  - Public reporting of physician performance data
  - Slotted surgical seat on Workforce Commission
- **Implementation**
  - Funding for pediatric specialist loan forgiveness
  - Funding for emergency care regionalization projects
  - Funding for trauma-EMS program
- **Additional Legislation**
  - SGR reform
  - Medicare Private contracting
  - Medical liability reform
  - Eliminating GME funding caps (and preserving current GME Medicare funding)

A number of provisions have gone into effect during 2010 and more provisions came on-line in 2011, including: Minimum Medical Loss Ratio for Insurers; Closing the Medicare Drug Coverage Gap; Medicare Payments for Primary Care and Rural General Surgeons; Medicare Prevention Benefits; Center for Medicare and Medicaid Innovation; Medicare Premiums for Higher-Income Beneficiaries; Medicare Advantage Payment Change; Medicaid Health Homes; Chronic Disease Prevention in Medicaid; National Quality Strategy; Teaching Health Centers; Medical Malpractice Grants; Funding for Health Insurance Exchanges; Medicaid Payments for Hospital-Acquired Infections; Graduate Medical Education. Increases the number of Graduate Medical Education (GME) training positions by redistributing currently unused slots and promotes training in outpatient settings; Medicare Independent Payment Advisory Board.

*Congressional Activities.* Earlier this year, the House passed (and the Senate rejected) a bill to repeal PPACA. The House also passed a resolution to instruct its key committees to begin drafting legislation to replace the PPACA, although to date, these committees have taken no action and no replacement legislation has been drafted. The first element of PPACA has been repealed, when President Obama signed into law a bill that eliminates the so-called 1099 tax reporting requirement.

More recently, the House passed several measures in early May that would negate significant provisions of the PPACA. On a vote of 238-183, H.R. 1213 would repeal mandatory funding provided to States to establish American Health Benefit Exchanges and rescind any unobligated funds that have already been appropriated. On a 235-191 vote, H.R. 1214, would eliminate the four-year \$200 million in PPACA mandatory funding for the construction of school-based health centers. The House also passed H.R. 3, legislation that amends the IRC to prevent the use of federal funds in paying for abortions, including PPACA premium assistance tax credits for health plans covering such procedures. The bill would also exclude such procedures from being covered under medical savings accounts. House Republicans

brought up and passed H.R. 1217, legislation that would defund the \$18 billion public health and prevention fund under the PPACA.

Activities related to the repeal of IPAB have heated up in early summer, Rep. Phil Roe, MD (R-TN), an OB-GYN, reintroduced legislation, H.R. 452, Medicare Decisions Accountability Act of 2011. This bill would repeal the Independent Payment Advisory Board (IPAB) that was enacted in the health reform package. This bill currently has 205 bipartisan co-sponsors. In the Senate, Sen. John Cornyn (R-TX) introduced a companion bill, S. 668, the Health Care Bureaucrats Elimination Act. It has 32 co-sponsors, though no democrats have yet been willing to buck their party leadership and the president by signing on to this bill yet. The AANS and CNS are leading efforts to repeal the IPAB, and in this regard we helped coordinate a letter to Congress urging IPAB repeal that was signed by over 270 organizations and recently formed a new coalition of physician organizations. Finally, Alex Valadka, MD, chair of the Washington Committee, testified before the House Energy and Commerce Committee urging IPAB repeal.

**Judicial Activities.** Approximately 30 lawsuits have been filed by state governments, organizations, lawmakers, and private citizens challenging aspects of the Patient Protection and Affordable Care Act, since the national health reform law was enacted in March 2010. The following list summarizes many of the key cases:

#### ***Appeals Court Status & Rulings***

- Virginia vs. Sebelius: Appeals court ruled against plaintiffs on Sept. 8
- Liberty University vs. Geithner: Appeals court ruled against plaintiffs on Sept. 8
- Florida vs. HHS: Appeals court found individual mandate unconstitutional on Aug. 12
- Baldwin & Pacific Justice Institute vs. Sebelius: Appeals court upheld district court dismissal on Aug. 12
- New Jersey Physicians vs. Obama: Appeals court upheld district court dismissal on Aug. 3
- Thomas More Law Center vs. Obama: Appeals court ruled law constitutional on June 29
- Susan Seven-Sky vs. Holder: Oral arguments scheduled for Sept. 23
- Kinder vs. Geithner: Oral arguments scheduled for week of Oct. 17

#### ***District Court Status & Rulings***

- Court overturned law or part of law: 3 cases
- Court ruled law constitutional and dismissed case: 6 cases
- Court dismissed for lack of standing or procedural problems: 9 cases
- Court decision pending: 8 cases

Details about the lawsuits are available at:

<http://www.kaiserhealthnews.org/Stories/2011/March/02/health-reform-law-court-case-status.aspx?>

#### **Coding and Reimbursement Update**

**Medicare Physician Payment.** Last December, Congress passed a 1-year payment freeze for all of 2011. Physicians face a cut of 29.5% on January 1, 2012 unless Congress acts. The AMA and others, including the American College of Surgeons, have laid out a three-pronged approach for reform: (1) repeal the sustainable growth rate (SGR) formula; (2) provide five years of stable payments with positive updates; (3) transition to an array of new payment structures. The proposal envisions using the five-year transition period to develop and test various new payment structures (such as accountable care organizations and episode of care bundles).

In September, the Medicare Payment Advisory Commission (MedPAC) released a proposed framework for repealing the SGR. The proposal would cut specialty physician reimbursement by 5.9% for the next 3 years, followed by a 7 year freeze. Primary care would receive a 10 year freeze. In addition, CMS would be required to identify overvalued procedures and reduce overall physician spending by 1% per year for

the next 5 years. Finally, MedPAC recommends the acceleration of delivery system reforms (ACOs, bundled payments, capitations, shared savings) and to align payment with incentives for improved quality and efficient resource use (clearly this will mean additional cuts in reimbursement for some physicians). The AANS and CNS, along with most other groups, have completely and vocally rejected this proposal.

One way organized neurosurgery is being proactive on one aspect of payment reform is to promote legislation to allow private contracting in Medicare without penalty to either patient or physician. Under current law, physicians who wish to privately contract must opt out of Medicare for 2 years and Medicare will not pay any portion of the physician's services. Through our efforts, the Medicare Patient Empowerment Act (H.R. 1700 and S. 1042) have been introduced in the House and Senate. H.R. 1700 is sponsored by Rep. Tom Price, MD (R-GA) and has 21 cosponsors. S. 1042 is sponsored by Sen. Lisa Murkowski (R-AK) and has one cosponsor.

**2010 Medicare Physician Fee Schedule 5-Year Review.** June 6, 2011, CMS published the results of the 2010 Medicare Physician Fee Schedule Five Year Review. CMS accepted only about 51% of the RUC recommendations. AANS and CNS presented seven codes for the Five Year Review to the RUC in October 2010. In each case the RUC agreed that the work of the codes had not changed. However, CMS lowered the RUC values for four (vertebroplasty and neurostimulator) of the seven codes. On July 5, 2011, AANS and CNS joined 9 other surgical groups in sending a letter to CMS highlighting concerns about the MPFS Five Year Review Proposed Rule and we also submitted our own comment letter at the end of July.

**2011 Proposed Medicare Physician Fee Schedule.** On July 1, 2011, CMS issued the 2012 Medicare Physician Fee Schedule (MPFS) Notice of Proposed Rulemaking (NPRM). Overall (without any reductions in the conversion factor), changes to the fee schedule will increase neurosurgery reimbursement by about 1%. It should be noted, however, that the values for individual services may have changed – either up or down. CMS also wants the RUC to review all the E&M codes again since they believe primary care services are still undervalued. The AANS and CNS submitted comments to CMS. In addition, several neurosurgeons on our coding and reimbursement team participated on “refinement” panels convened by CMS to further challenge the new values for several procedures resulting from the 5-year review.

**CPT Coding Issues.** Unfortunately, Jeff Cozzens, MD was not selected to serve another four year term on the CPT editorial panel. The AANS and CNS did not have any new code proposals at the June CPT meeting. We have been working on the Carotid Angiography Bundled Code Workgroup and we are working with otolaryngology to evaluate possible new Endoscopic Skull Base Surgery codes. Finally, we are working with the American Academy of Neurology on reconsideration of CPT codes for intraoperative nerve monitoring.

**RUC Issues.** The AANS and CNS did not have any codes up for consideration at the most recent RUC meeting, however we have a number of codes that will be revisited at the September meeting, including: CPT code 22214, *Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar*; CPT code 22533, *Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar*; CPT code 22849 *Reinsertion of spinal fixation device*; and CPT code 64555, *Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)*. Additionally, the AANS and CNS will be joining with NASS and the AAOS in presenting “action plans” for three spine codes: CPT Code 22214 *Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar*; CPT Code 22533 *Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar*; and CPT Code 22849 *Reinsertion of spinal fixation device*. The codes came up under the “fastest growing procedures” screen in 2008, at which time the specialties stated that the growth was likely do to coding errors. We will point out that the rate of growth as actually decreased and reject calls for resurveying these codes.

The American Academy of Family Physicians (AAFP) continued its assault against the RUC. This summer the group established its own "Expert Group to Reassess Value of Primary Care" and also asked the RUC to add more primary care seats at the RUC. The AANS and CNS, among others, have opposed the request.

**Coverage Issues.** There have been a number of coverage policies affecting neurosurgeons on which the AANS and CNS have commented (or are currently reviewing). Most recently these include: lumbar and cervical fusion, vertebroplasty, kyphoplasty, and stereotactic navigation. Restrictive policies for lumbar spine fusion, particularly for DDD are spreading across the country, and we believe the common theme is that they are relying on Milliman's guidelines. We have had some limited success in amending some of these policies, including the BC/BS of North Carolina and First Coast (Florida Medicare) proposals.

The AANS/CNS Coding and Reimbursement Committee, in consultation with representatives from the Quality Improvement Workgroup, Guidelines Committee, Joint Sections and Washington Committee will develop a strategic plan for organized neurosurgery's process for addressing payor coverage policies. The plan will include, among other things, a needs assessment, opportunities for collaborating with other organizations, evaluation of current assets (volunteer and personnel), and budget. The recommendations will be presented to the Washington Committee at its December 2011 strategic planning meeting.

**Other Medicare Issues.** The 2012 Medicare Hospital Inpatient Prospective Payment (IPPS) Proposed Rule was published in the Federal Register on May 5, 2011. Some issues affecting neurosurgery include: DBS Classification for Rechargeable Dual Array Deep Brain Stimulation System; Reclassification of MS-DRGs for Skull-based surgeries; DRG assignment for artificial disc; reassignment of DRGs for Combined Anterior/Posterior Spinal Fusion; new technology add-on payment for AutoLITT Auto Laser Interstitial Thermal Therapy and *AxialLIF@ 2L+TM System*.

On July 1, 2011, CMS released the FY 2012 Medicare Outpatient Prospective Payment System (OPPS) Proposed Rule. The document includes proposed changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the OPPS. These proposed changes would be applicable to services furnished on or after January 1, 2012. In addition, this proposed rule would update the revised Medicare ambulatory surgical center (ASC) payment system to implement applicable statutory requirements and changes.

On June 1, 2011, the Institute of Medicine (IOM) released a report entitled *Geographic Adjustment in Medicare Payment: Phase I: Improving Accuracy*. PPACA called for a study on how to improve the accuracy of the data sources and methods used for making the geographic adjustments in payments to providers. The IOM recommends an integrated approach that includes: moving to a single source of wage and benefits data; changing to one set of payment areas and labor markets; and expanding the range of occupations included in the index calculations. In addition, the National Institute for Health Reform issued a report on April 2, 2011 *Geographic Variation in Health Care: Changing Policy Directions*. "Unwarranted geographic variation is less extensive than believed," the report said.

On June 15, 2011, the Medicare Payment Advisory Commission (MedPAC) issued its annual June Report to Congress: *Medicare and the Health Care Delivery System*. Included in the report were recommendations to improve payment accuracy and appropriate use of ancillary services (i.e., imaging)

Finally, the AANS and CNS are working with the Obama Administration on developing and implementing regulations to make it clear that pediatric subspecialties, including neurosurgeons, should be eligible for increased reimbursement for E&M services. Section 1202 of the Patient Protection and Affordable Care act requires that Medicaid payment rates for primary care services equal Medicare rates for 2013 and 2014.

**Other Physician Practice Issues.** Joe Cheng, MD, and the Coding and Reimbursement Committee have established an ICD-10 Task Force and will send several people to AMA training workshops on the transition to ICD-10-CM. Task force leaders include Ed Vates, MD for cranial issues, John Ratliff, MD, for Spine issues, and Robert Spinner, MD for Peripheral Nerve issues. The Task Force will develop a publication to help "cross-walk" ICD-9-CM to ICD-10-CM codes to serve as a guide to neurosurgeons.

The Agency for Healthcare Research and Quality (AHRQ) issued a technical assessment report on Stereotactic Body Radiosurgery (SBRT) on May 2, 2011. The report references the AANS/CSN/ASTRO definition of stereotactic radiosurgery and includes a literature review and description of current SBRT practice for solid malignant tumors.

The AMA on June 20, 2011, released the results of its fourth annual National Health Insurer Report Card, which highlights the strengths and weaknesses of the claims processing systems used by eight of the nation's largest insurers.

The American Hospital Association is taking steps to start representing hospital-based physicians by establishing a new "Physician Leadership Forum". The Washington Committee is establishing a working group\* of individuals to develop list of topics for discussion with the AHA and recommended plan for interfacing with the AHA and its Physician Leadership Forum and also to develop recommendations on the broader topic of hospital-employed physicians. This group will include a mix of neurosurgeons who are employed and in independent practice.

#### **Budget Deficit**

Throughout the summer the nation witnessed a contentious debate over the budget deficit and debt ceiling. This partisan bickering culminated with a deal of sorts whereby the debt ceiling would be raised, but in exchange for future cuts totaling \$1.5 trillion over the next 10 years. The Budget Control Act of 2011 establishes a framework for this deficit reduction process, although the details of how further deficit reduction will actually be achieved have yet to be hammered out. The law establishes a bipartisan congressional committee – the Joint Committee on Deficit Reduction -- that is charged with reducing the deficit by \$1.5 trillion between 2012 and 2021. If the committee fails to meet this goal, the law imposes broad spending cuts that could reduce Medicare payments to neurosurgeons and other providers.

At this point it is impossible to tell how this will ultimately affect neurosurgeons. The package contemplates about \$300 billion in cuts to Medicare providers, but because physicians are already scheduled to get SGR-related cut of 29.5% on Jan. 1, 2012, we may be in better shape than other providers. Much of it is speculative, however, because \$1.2 trillion in savings needs to be identified or automatic sequestration of cuts will occur, which, as stated above, would amount to an approximate 2% cut to doctors – on top of the 29.5% if the SGR is not dealt with. We will be actively trying to pursue medical liability reform and repeal of IPAB. In addition, efforts to repeal the SGR will proceed. Finally, we will play defense on some matters – for example we will work to prevent further cuts to GME.

#### **Quality Improvement Update**

The Quality Improvement Workgroup continues to have a full plate as quality improvement initiatives proliferate.

**Medicare Physician Quality Improvement System (PQRS).** Medicare's PQRS (formerly PQRI) continues to expand. Under the program, physicians who successfully participate are entitled to 1% bonus payment in 2011; however under the ACA the bonus payment is phased out and beginning in 2016, physicians who do not participate will receive 2% payment cuts. PPACA also expanded a new participation pathway for physicians allowing those who participate in qualified MOC programs to satisfy the PQRS requirements and be eligible for an additional 0.5% bonus payment for 2011-2014. For 2011, there are 131 individual measures and 10 measures groups, many of which can be reported via registry or EHRs. Over 35 of these measures may be applicable to a neurosurgical practice, including

perioperative measures, measures related to stroke and cancer care, and measure groups related to low back pain and ischemic vascular disease.

**Public Reporting: Physician Compare.** PPACA required CMS to establish a Physician Compare website by January 1, 2011. This website is intended to provide patients with basic data about physicians, including information about their participation status in the PQRS and e-Rx programs. The site is a disaster and not functioning well at all and the AANS, CNS and others have written to CMS complaining about the problems. Under the ACA, CMS is required to implement a plan by 2013 for making physician *performance* data (including quality, efficiency, and patient experience data) available to the public, so the fact that the site cannot even function with basic information is cause for additional alarm.

**Availability of Medicare Data for Performance Measurement.** In June 2011, CMS released a proposed rule that lays out requirements for the release of Medicare claims data to “qualified entities” for the evaluation of physician performance on quality, efficiency, effectiveness, and resource use. In addition, Senators Cornyn, Hatch, Grassley and Wyden have legislation calling for the publication of this and other physician-specific data. The AANS and CNS have sent letters to CMS outlining our concerns about this and we are working with the Senate to modify the bills to provide additional protections for physicians. The AANS and CNS submitted comments (in conjunction with the Alliance of Specialty Medicine and Surgical Quality Alliance) to CMS on this proposal.

**Physician Resource Use Reports and Value-Based Modifier.** Under PPACA, Congress directed CMS to refine and expand its current efforts to provide confidential feedback reports comparing the cost and quality of care across physicians, known as the Physician Resource Use Feedback Program, and to use this data to create a budget-neutral value-based payment modifier by 2015. The Alliance of Specialty Medicine and Surgical Coalition submitted comments on these topics.

**Health Information Technology.** MIPPA established a five-year program to reward physicians who successfully e-prescribe and to penalize those who do not. Incentive payments for successful e-prescribers are: 2% of total allowed charges for 2010, 1% for 2011-2012, and 0.5% for 2013. A 1% penalty will apply in 2012 for those who are not successful e-prescribers in 2011. In 2013, it will increase to 1.5% and in 2014 to 2%. Physicians were surprised by provisions included in the final 2011 physician fee schedule rule related to the e-Rx penalty. In order to apply the 1% penalty in 2012, CMS has created a mechanism to identify providers to penalize well before the start of 2012. In an effort to better identify challenges neurosurgeons face in attempting to meet the e-Rx reporting requirements and to ensure the profession is not unfairly penalized for factors outside of their control, the Washington Office conducted a survey of the AANS/CNS membership in May, which demonstrated that many neurosurgeons cannot meet the requirements – mostly because state law prohibits the e-prescribing of narcotics. In response to pressure from medicine, including the AANS and CNS, CMS released revisions to the program expanding qualified exemptions to the 2012 penalty, including situations where state or local law prohibits e-Rx. The rule included additional provisions to better align the e-Rx Incentive Program with the EHR Incentive Programs, which should minimize duplication of effort and confusion among physicians. Physicians are allowed to apply for more than one exemption if those hardships apply and must do so online by November 1, 2011 to avoid the January 1, 2012 penalty.

The American Recovery and Reinvestment Act (ARRA) including \$19 billion in federal grants to encourage physicians to adopt electronic health record systems. Beginning in 2015, physicians who are not using HER will face penalties – up to 5% in later years. The AANS and CNS, joining with the surgical groups and Alliance of Specialty Medicine, provided comments on this topic and the final regulations were recently released. After collecting extensive input from specialty societies, including the AANS/CNS, the AMA also sent a strong letter to the Administration in early 2011 and again in June 2011 requesting greater flexibility in meeting the requirements and ensuring that what is required is appropriate for the individual specialist, rather than using a one-size-fits-all approach. Based on an initial review, it will be extremely difficult for physicians to qualify for the funds.



**Shared Savings Program and Accountable Care Organizations.** PPACA created the authority to establish ACOs — coordinated networks of providers that would be rewarded by Medicare for collaborating to redesign care processes that result in improved coordination, quality and cost-efficiency. CMS released a proposed rule at the end of March that spells out how the program would work, how savings would be shared by the government and ACOs, how much financial risk medical providers would face, and what type of data would need to be collected. The new program is set to begin on January 1, 2012. While most agree with the goals of the ACO concept, many are highly concerned that the program as currently proposed is unworkable. Even the most sophisticated health care systems in the nation — such as Cleveland Clinic, the Mayo Clinic, Intermountain Healthcare or the Geisinger Health System — feel there is not enough incentive for them to apply to become an ACO under the Medicare proposal. The AANS and CNS submitted detailed comments pointing out the problems with the proposal. CMS also recently released its proposed bundling demonstration proposal. Interested providers have to apply this fall.

**Hospital Quality Initiatives.** The AANS and CNS continue to monitor various hospital quality initiatives as they apply to neurosurgeons. Topics include the hospital readmissions, payment reductions for hospital acquired conditions (e.g., surgical site infections), SCIP measures (e.g., clipping vs. shaving) and the application of quality requirements to outpatient departments. Hospitals that don't submit quality data in 2011 will receive a 2% pay cut in 2012. The program is being expanded to include as quality measures data associated with the Hospital Acquired Condition (HACs), including: foreign object retained after surgery; air embolism; surgical site infections (beginning in 2014).

**Comparative Effectiveness Research.** ARRA included \$1.1 billion in funding for CER. The Institute of Medicine recommended that a number of projects related to neurosurgery be funded including: cervical discs and neck pain; treatment of cervical spondylotic myelopathy, imaging modalities for neurological and orthopaedic indications; surgical treatment for symptomatic cervical disc herniation when non-surgical treatment has failed. Funded studies underway include complications of surgery for spinal stenosis; regionalization of care in acute stroke patients; degenerative spine diseases; safety of back pain related surgery. CER was considerably expanded with the passage of PPACA, which established the new Patient Centers Outcomes Research Institute (PCORI), which is getting up-and-running and just recently hired its first Executive Director, Dr. Joe Selby. The AANS and CNS continue to participate in high-level discussions related to CER and the PCORI through our position on the steering committee of the Partnership to Improve Patient Care (PIPC). In addition, in August, the AANS and CNS joined with the AMA and others in submitting comments to PCORI about the definition of Patient Centers Outcomes Research

**NeuroPoint Alliance.** The NPA is moving forward to implement a number of projects related to the collection, analysis and reporting of clinical data relevant to neurosurgical practice. This include: MOC, PQRS, NeuroPoint-SD spine project and the National Neurosurgery Quality and Outcomes Database (N<sup>2</sup>QOD). Full-time staff has been hired to oversee the NPA in the AANS headquarter's office. While working to launch the N<sup>2</sup>QOD, it was discovered that some centers are having difficulties getting IRB approval, since these institutions are labeling this data collection project as research, rather than quality improvement. Organized neurosurgery is in the process of seeking additional clarification from key federal government officials to facilitate the ease of data collection. Most recently, this group reached out to Steve Ondra, MD, a neurosurgeon who serves as Senior Healthcare Policy Advisor to the Obama Administration, to discuss challenges related to data collection for quality improvement purposes and IRB approval. To date, over 30 sites from around the country and representing a variety of practice settings have expressed interest in participating in the pilot. NPA is also reevaluating its relationship with Outcome as the third-party vendor to administer the data and is also considering working with the group at Vanderbilt Institute for Medicine and Public Health (VIMPH).

**Multi-Society Spine Collaborative Registry.** NASS invited the AANS and CNS to contribute to the cost of conducting an initial feasibility study for a multi-specialty spine outcomes registry. The Spine Section subsequently voted to support the NASS investigation with a \$7,500 contribution. As details

emerge, it's becoming clearer to the group that its main objective should be the development of a common clinical language for spine procedures/diagnoses and commonly accepted measurement tools that can be used across different registries.

**BCBSA Blue Distinction Program.** Over the last year, the BCBSA worked with various stakeholders to develop a Blue Distinction Program for Spine Surgery to recognize what it deems high quality spine surgery facilities. Dan Resnick and Jack Knightly are participating on the expert panel. In late 2010, the AANS and CNS were also asked to assist the BCBSA with updating its Blue Distinction Program for Rare and Complex Cancers. Tim Ryken and Steve Abrams are serving on the expert panel.

**Quality Improvement Organizations.** The AANS and CNS continue to actively participate in a number of quality improvement organizations, including the Physician Consortium for Performance Improvement, Surgical Quality Alliance, AQA and National Quality Forum. John Kusske is serving the Regionalized Emergency Care Project Steering Committee; John Ratliff is serving on the Bone/Joint Technical Advisory Panel; and Zo Ghogowala has served on the Outpatient Imaging Efficiency project.

#### Guidelines Update

**Administrative Issues.** The Joint Guidelines Committee has launched its own CNS-hosted website (<http://www.cns.org/advocacy/jgc/default.aspx>), which will serve as a portal for education related to practice guidelines, a repository for committee documents, a location for the internet-based EBM training course for JGC members, etc. At its January meeting, the CNS Executive Committee voted to approve \$225,000 to support guidelines infrastructure in the CNS office with a fulltime "Guidelines Project Manager" and outsourcing professional support such as medical librarian, epidemiologist, statistician etc. The role of this new employee will be to ensure that guideline projects tasked by the JGC or initiated by the various sections are organized, supported, and remain on schedule and the new staff person should be officially on board by mid to late October. The AANS Board will consider whether or not it will contribute financially to this new infrastructure.

Neurosurgery has been participating on the Council of Medical Specialty Societies (CMSS) Clinical Practice Guideline (CPG) Component Group, which has been focusing on the recently released report by the Institute of Medicine (IOM) Committee on Developing Trustworthy Clinical Practice Guidelines. This report makes recommendations on how to harmonize specialty society clinical practice guidelines and potentially propose an accreditation process to ensure guideline developer adherence to common standards.

The JGC will develop an official statement regarding the IOM's Recommendations on Developing Trustworthy Clinical Practice Guidelines for approval by the AANS/CNS leadership. The statement will call for additional flexibility to accommodate specialized areas of medicine, while still maintaining high methodological standards, and alternative funding streams to support what essentially amounts to an unfunded mandate. Dr. Linskey will also send a personal copy of the final statement to a faculty member at UC-Irvine who chaired the IOM committee that produced the report.

The JGC has created two new documents: 1) Intent/Role of the Committee (which includes the AANS/CNS/JGC Guideline Evaluation Process); and 2) AANS/CNS/JGC Guideline Development Methodology.

**Guidelines Projects.** The Joint Guidelines Committee continues to increase its activities as the number of guidelines being developed and updated – both within and external to organized neurosurgery – grows. A sample of the projects completed, ongoing or soon to be underway includes:

- Guidelines for the Surgical Management of Cervical Degenerative Disease
- Guidelines for the Treatment of Newly Diagnosed Glioblastoma
- Metastatic Brain Tumor Guidelines
- Radiotherapeutic and Surgical Management for Brain Metastases
- Secondary Stroke Prevention Guideline

- Intracranial Hemorrhage Guideline
- Acute Ischemic Stroke Guideline
- Cerebral Venous Thrombosis
- Subarachnoid Hemorrhage Guideline
- Extracranial Carotid and Vertebral Artery Disease Guideline
- Peripheral Arterial Disease
- Lumbar Fusion Guideline
- Cervical Spine Trauma Guideline
- Position Statement on Percutaneous Vertebral Augmentation
- Osteoporotic Spinal Compression Fractures
- Cervical and Thoracic Spine Disorders Guideline
- Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacements
- Thoraco-Lumbar Trauma Guideline
- Traumatic Brain Injury
- Metastatic Spinal Tumor Guideline
- Pituitary Adenoma Guidelines
- Metastatic Spinal Tumor Guidelines
- Diagnosis of Carpal Tunnel Syndrome
- Idiopathic Communicating Hydrocephalus
- Managing Nosocomially Acquired Meningitis
- Appropriateness Criteria for Diagnostic Imaging
- Brain Death Guidelines

With regard to the appropriateness criteria for diagnostic imaging, the AANS and CNS has been working with the American College of Radiology on criteria that essentially covers the entire field of neurosurgery. We have registered concerns about the ACR methodology and flaws in its process for developing the criteria, which has improved. We also stressed that the ACR needed to add a statement clarifying that neurosurgical experts who serve as consultants does not constitute any endorsement or approval of the document or their affiliated organizations. Notwithstanding this caveat, the ACR recently published criteria that did not include the disclaimer.

#### Emergency Medical Services Update

**Legislation.** The AANS and CNS, as part of the Trauma Coalition, developed letters of support for \$28 million of funding for trauma centers, grants to support demonstration projects for a regionalized system of emergency care, and trauma system grants. Additionally, AANS/CNS staff is currently working with other interested organizations to try and secure funding for these programs through the Prevention and Public Health Fund. Passed as part of the health reform law, this fund consists of \$15 billion over 10 years that the Secretary of Health and Human Services (HHS) has the authority to spend on any programs. Since June 2010, HHS has announced \$1 billion in grants from that fund will be used to expand the primary-care workforce and prevent tobacco use, obesity, heart disease, and stroke.

Working with other Trauma Coalition members, legislation was once again introduced that would provide medical liability protections to all physicians that provide EMTALA-related emergency care. This would include physicians who initially see the patient upon arrival at an emergency department to physicians who provide stabilization and post-stabilization services, including surgery. The bill would provide protection by moving these physicians under the protection of the Federal Tort Claims Act. H.R. 157, the Health Care Safety Net Enhancement Act of 2011, was introduced by Reps. Pete Sessions (R-TX) and Charlie Dent (R-PA) and has 10 cosponsors. In addition, Washington staff, in conjunction with other trauma groups and the Health Coalition on Liability and Access (HCLA), is currently working with the office of Rep. Cliff Stearns (R-FL) to introduce legislation that would provide liability protections to all "volunteer health care professionals" who provide their services during a declared national emergency.

**Miscellaneous.** The Assistant Secretary of Preparedness & Response (ASPR) recently released the "Emergency Care Coordination Center (ECCC) Strategic Plan, FY 2010-2014." This document outlines

the ECCC's history, mission, aims, and future goals. The AANS and CNS submitted some comments on the draft.

Recently established by the National Quality Forum, the Regionalized Emergency Medical Care Services Steering Committee held its inaugural meeting in May in Arlington, VA. Represented by John Kusske, MD, the goal of this first committee meeting was to obtain guidance and input from members on a draft framework for the eventual establishment of quality guidelines.

On June 17, the American College of Surgeons (ACS), U.S. Department of Health and Human Services (HHS)/Assistant Secretary of Preparedness and Response (ASPR) and Office of Preparedness and Emergency Operations (OPEO) co-hosted a meeting to discuss the role of specialty physicians and specialty care during a mass casualty disaster situation. The group of stakeholders present, the AANS/CNS was represented by James Ecklund, MD, were given an update of the current efforts of the OPEO, ASPR, the National Disaster Medical System (NDMS), and the Disaster Medical Assistance Teams (DMAT). The main agenda item for this meeting was to encourage the groups present to identify specialty physician members to become part of the NDMS system.

Following the request of Washington staff and other trauma groups, the Chairman and Ranking Member of the Energy & Commerce Committee, Reps. Fed Upton (R-MI) and Henry Waxman (D-CA), have requested a GAO Report on emergency and trauma systems. The request directs the Comptroller General to examine the availability, capacity and preparedness of health systems to provide surge capacity to address public health emergencies, including ambulatory, hospital, emergency and trauma care systems in the field, hospitals, and trauma centers.

#### **Medical Liability Reform**

While federal tort reform remains elusive, the AANS and CNS nevertheless continue to advocate for the adoption of proven medical liability reform.

***Health Coalition on Liability and Access (HCLA).*** The Health Coalition on Liability and Access, of which Katie Orrico is Vice Chair and Chair of its Legislative Committee, is very active this year. HCLA has a newly redesigned website ([www.hcla.org](http://www.hcla.org)) and is co-branding the former DMLR program *Protect Patients Now*. HCLA will be pursuing an active 2011 Legislative Agenda. Items on the priority list include:

- HCLA will continue to maintain support for the HEALTH Act as the fundamental basis of proven medical liability reform. The HEALTH Act has a hard \$250,000 cap.
- HCLA is pursuing additional reforms, such as liability protections for volunteers, to complement the HEALTH Act and which may garner bipartisan support.
- HCLA will promote modifications to the PPACA including:
  - Amending the medical liability reform demonstration project language
  - Adding new language stating that nothing in the Act shall create new causes of action.
- HCLA will monitor efforts to repeal the antitrust exemption for medical liability insurers.
- HCLA will monitor any efforts to allow the deductibility of attorney expenses as business expenses.

***Obama Administration.*** Five months ago, Upton wrote a letter to President Obama praising him for including such an overhaul as an agenda item in his State of the Union address. He requested draft legislation the president would be willing to sign. Almost five months later, Sebelius wrote back on Obama's behalf, noting that the administration established a \$25 million grant program in 2009 to test alternatives and that Obama has requested another \$250 million for additional grants in his fiscal 2012 budget request. These initiatives "represent a substantial investment and commitment by this administration in reforming our medical liability system," Sebelius said in her June 16 reply. The results from these grant projects have not yet been forthcoming.

**Legislation.** A number of bills have already been introduced this year, and more are likely to come, as this year there is a renewed push to pass medical liability reform legislation. These include:

- H.R. 5/S. 1099, the HEALTH Act, which is patterned after MICRA
- H.R. 896, the Medical Justice Act, which is similar to the Texas law and includes additional provisions related to rejecting bona fide settlement and protections for Good Samaritans.
- H.R. 314, the Medical Liability Procedure Reform Act, which calls for the development of health courts.
- H.R. 816, the Provider Shield Act, which clarifies that no provision of the PPACA can be construed to establish a new cause of action or set standards of care.
- H.R. 966/S. 533, the Lawsuit Abuse Reduction Act, which imposes strict sanctions on lawyers for filing frivolous lawsuits.
- H.R. 2205, the Ending Defensive Medicine and Encouraging Innovative Reforms Act, which includes a variety of federal reforms (minus the cap on non-economic damages) and encourages states to test additional reforms such as health courts.

So far the only bill that is moving forward is H.R. 5, the HEALTH Act. It has passed both the House Judiciary and Energy and Commerce Committees and sometime in the future will go to the House floor for a vote. Passage in the Senate remains elusive, and the president will not sign a bill into law that contains caps on damages so a bipartisan group of individuals is working on an alternative proposal that may garner support.

The AANS and CNS will consider supporting federal medical liability reform legislation that includes a variety of tort reforms (except a cap on non-economic damages), and which ties liability protection to compliance with EMR meaningful use criteria.

**Federal Rules Initiative.** The AANS and CNS, along with the AMA and a handful of other medical specialties, have been working with Professors Kenneth Lazarus and Paul Rothstein of Georgetown University Law Center on the Federal Rules Initiative Group. This initiative is a low key, professional effort to protect the litigating interests of physicians. Amendments to the Federal Rules impact federal court cases and also generally serve as a model for state rule enactments. The Group played a role in the recent enactment of new amendments to Rules 26 and 56 of the Federal Rules of Civil Procedure, governing, respectively, the discovery of expert testimony and the utilization of summary judgment remedies.

**State Reforms.** There have been a number of recent state developments – both legislative and in the courts – in the following states: Florida, New Hampshire, Ohio, Oklahoma, Pennsylvania, Tennessee and West Virginia.

#### Drugs and Devices Update

**Physician/Industry Relations.** On July 12, 2011, the Advance Medical Technology Association (AdvaMed) submitted comments to CMS on implementation of the Sunshine Provisions, cautioning CMS against expanding the scope of the regulations, as the creation and implementation of the new system of reporting will be challenging enough for CMS without adding additional requirements. On June 9, 2011, Senator Orin Hatch (R-UT), Ranking Member of the Senate Finance Committee, released a report from the Committee minority staff entitled, Physician Owned Distributors (PODs): An Overview of Key Issues and Potential Areas for Congressional Oversight, describing an increase in the utilization of medical procedures by physicians invested in these entities. In addition to the report, Senators Hatch, Committee Chair Max Baucus (D-M), Herb Kohl (D-WI), Bob Corker (R-TN) and Charles Grassley (R-IA) sent letters to the Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) Inspector General calling for an investigation.

**Congressional Activity.** On April 13, 2011 Senate Special Committee on Aging held a hearing entitled *A Delicate Balance: FDA and the Reform of the Medical Device Approval Process*. In addition, the

Subcommittee on Health Care, District of Columbia, Census and the National Archives of the House Committee on Oversight and Government Reform held a hearing entitled *Pathway To FDA Medical Device Approval: Is There A Better Way?* on June 2, 2011. Citing concerns about long approval times for medical devices, Minnesota's congressional delegation joined forces to send a letter on June 30, 2011 to FDA Commissioner Dr. Margaret Hamburg asking the agency to speed up the approval process. Building on this theme, on June 23, 2011 House Energy and Commerce Committee Chairman Fred Upton (R-MI), Subcommittee on Oversight and Investigations Chair Cliff Stearns (R-FL), and Subcommittee on Health Chair Joseph Pitts (R—PA) sent a letter to Jeffrey Shuren, Director of the FDA Center for Radiological Health (CDRH), questioning agency compliance with legal requirements to approve new products in the "least burdensome" manor. On July 7, 2011 the Health Subcommittee of House Energy and Commerce Committee held a hearing titled "PDUFA [Prescription Drug User Fee Act] V: Medical Innovation, Jobs and Patients." On July 20, 2011, the U.S. House Energy and Commerce Subcommittee on Oversight and Investigations held a hearing entitled "Medical Device Regulation: Impact on American Patients, Innovation, and Jobs." Finally, AdvaMed released a report on September 7, 2011, titled *Employment Effects of the New Excise Tax on the Medical Device Industry*. The study focuses on the impact of the industry excise tax on device companies and on employment with those companies. The AANS and CNS support repeal of the medical device excise tax.

**510k Process Review.** The issue of the 510(k) process for approving devices is a topic of considerable interest and activity. The FDA recently issued a report on the 510(k) process and the Alliance of Specialty Medicine submitted detailed comments in reaction. Subsequently, the FDA unveiled a plan containing 25 actions it intended to take to improve the 510(k) process. Many of our recommendations were incorporated by the FDA. The Institute of Medicine is also working on a study, which it will release in July 2011. On July 29, 2011, the Institute of Medicine (IOM) released an FDA-commissioned report on the 510(k) clearance process entitled *Medical Devices and the Public Health: The FDA 510(k) Clearance Process at 35 Years*. The IOM concluded that the current 510(k) process is flawed based on its legislative foundation. Rather than continuing to modify the existing 510(k) process, the IOM recommends that the FDA invest in developing an integrated premarket and postmarket regulatory framework that provides a reasonable assurance of safety and effectiveness throughout the device life cycle. FDA has indicated that they do not agree that the 510(k) process should be eliminated but will gather public comment on the IOM report. On August 1, 2011, FDA published a notice in the *Federal Register* soliciting public comment on the IOM 510(k) report through September 30, 2011. AANS/CNS Drugs and Devices Committee and Washington Office Staff are studying the IOM report and will provide draft comments.

**Food and Drug Administration Activities.** The AANS and CNS continue to work closely with officials at the FDA to maintain productive two-way communications. A number of projects include:

- FDA Guidance on Submission Requirements for Change to Existing Devices
- Public Workshop on Drug Shortages
- FDA Issues Strategic Plan for Regulatory Science
- FDA/ Multi-Agency Opioid Plan
- Prescription Drug Abuse Prevention Initiative
- FDA MDUFA Reauthorization
- Reprocessing of Reusable Devices
- Aneurysm Treatment Device Approved Under HDE
- Technical Clarification of Classification for Human Dura Mater
- Informed Consent Exception
- Revised Conflict of Interest in Research Guidance
- FDA Updates Procedures for "Notice to Industry Letters"
- FDA Meeting on Unique Device Identifiers (UDI)

**Other Drug and Device Activity.** Seven medical drug and device companies announced on July 5, 2011 that they petitioned FDA to delineate information dissemination rules for unapproved products and

uses, contending that both drug and device manufacturers lack clarity on how they are allowed to respond to inquiries and provide payors and formularies with material on off-label uses and investigational products. The Advanced Medical Technology Association (AdvaMed) released a comprehensive set of policy recommendations on June 6, 2011 aimed at preserving America's position as the world's leader in medical technology innovation, which AdvaMed argues is threatened by overseas competition and an inefficient FDA regulatory system. The Government Accountability Office (GAO) released a report on June 14, 2011, entitled *Medical Devices: FDA Should Enhance Its Oversight of Recalls and on May 31, 2011, the GAO released a report entitled Pediatric Research: Products Studied under Two Related Laws, but Improved Tracking Needed by FDA*. Finally, the June 2011 issue of *Spine Journal* published by the North American Spine Society was devoted to an analysis of reports of complications associated with use of recombinant human bone morphogenetic protein-2 (rhBMP-2) in spinal fusion surgeries.

#### **Neurosurgical Education and Training Update**

**Resident Duty Hours.** The revised duty hour regulations came into effect on July 1, 2011. The full details are available at: <http://www.acgme-2010standards.org/>. The criticism continues, however, and a group of 26 health safety experts published a paper stating that new work rules for medical residents starting July 1 "stop considerably short" of what is needed to prevent potentially fatal medical errors. Under the new guidelines, first-year residents won't be able to work longer than 16 consecutive hours, but more experienced residents could still be scheduled for up to 28 hours straight. At the time of the writing of this report, OSHA was reportedly close to making a final decision regarding Public Citizen's petition calling on OSHA to develop resident duty hour standards.

**GME Funding.** Medicare and Medicaid funding has come under assault as Congress works to develop a budget deficit reduction package. In one proposal that was recently floated, lawmakers have called for \$14 billion in GME spending cuts over the next 10 years. The AANS and CNS joined with 17 other surgical groups in writing a letter to the President and the entire Congress urging lawmakers to reject these cuts. On July 13, 2011, Rep. Allyson Schwartz (D-PA) and 64 House Democrats sent a letter to House and Senate leadership, urging Congress to "reject" cuts to Medicare's graduate medical education (GME) program as part of a larger deficit reduction package.

**Pediatric Subspecialty Loan Repayment Program Appropriations.** PPACA established a loan repayment program for specialty physicians entering into pediatric subspecialty residency training program. While authorized by the health reform law, no funds were provided so the coalition is working with key Members of Congress (Rep. Rosa DeLauro (D-CT) in the House and Sen. Sherrod Brown (D-OH) in the Senate) to get funding for the program for FY 12. To that end, the AANS and CNS are participating in a coalition advocating for funding.

**Children's Hospitals Graduate Medical Education.** More than a decade ago, Congress passed the Children's Hospitals Graduate Medical Education (CHGME) program with broad bipartisan support to provide freestanding children's hospitals with the same federal GME funding that Medicare GME provides to other teaching hospitals. In September, the House of Representatives passed legislation to continue funding this program. The Senate has yet to schedule a vote on this bill, but is anticipated to do so. The AANS and CNS are actively seeking funds for this program.

**Neurocritical Care.** Despite repeated requests, Leapfrog has refused to meet with representatives from organized neurosurgery to discuss their neurocritical care standards. We continue to have significant concerns about their policy, which essentially requires neurosurgeons to complete United Council for Neurologic Subspecialties (UCNS) fellowship training program to meet the Leapfrog standards. Leapfrog finally responded to our November 2009 letter, stating that ABNS certification does not in and of itself qualify neurosurgeons as neurointensivists per the Leapfrog Group Patient Safety standards in the ICU and completing an Accredited ACGME critical care medicine program is required. We have once again reiterated our request for a face-to-face meeting or a conference call.

## AMA Update

### Neurosurgery Delegates

Monica Wehby (AMA Board of Trustees)  
Mark Kubala (AANS delegate)  
Ann Stroink (AANS delegate)  
Krystal Tomei (AANS delegate from the Resident & Fellow Section)  
John Ratliff (AANS alternate delegate)  
Phil Tally (CNS delegate)  
Zach Litvack (CNS alternate delegate)

**Elections/Appointments.** The following neurosurgeons were elected or appointed to the following leadership positions:

- Peter Carmel was inaugurated as the AMA's 166<sup>th</sup> president.
- Monica Wehby was elected to the AMA Board of Trustees.
- Krystal Tomei was elected to the AMA Council on Medical Education.
- Maya Babu was elected to the Resident and Fellow Section's Governing Council and will serve as the RFS' delegate to the full AMA House of Delegates.
- Phil Tally completed his term as chair of the Specialty and Service Society Governing Council. He will continue as immediate past-chair for another year.

**Reports/Resolutions.** The AMA considered a number of reports and resolutions of interest to the AANS/CNS as follows:

- Rejected efforts to rescind AMA's policy supporting the individual mandate to purchase health insurance
- Passed a resolution calling for the AMA to seek amendments to PPACA, including repeal of IPAB
- Passed the Council on Ethical and Judicial Affairs policy governing financial relationships with industry in CME
- Passed additional recommendations (consistent with AANS/CNS policy) related to resident/fellow duty hours, quality of physician training and patient safety.

### NeurosurgeryPAC

**Fundraising.** NeurosurgeryPAC raised \$489,352 in the 2010 election cycle. As of September 7, 2011, NeurosurgeryPAC has raised \$224,525 from 298 contributors. This money was raised from the CAPTEL renewal statements that were mailed in February, the Joint Surgical Advocacy Conference (JSAC), the PAC booth at the AANS Annual Meeting, and the CAPTEL phone call solicitations.

As in years past, NeurosurgeryPAC has pressed leaders in organized neurosurgery to all contribute to the PAC. To date, contributions by leadership are as follows (contributors/total committee members):

NeurosurgeryPAC Board: 18/22	Washington Committee w/Liaisons: 23/40
AANS Board of Directors w/Liaisons: 16/30	CSNS Executive Committee w/Liaisons: 16/27
CNS Executive Committee: 10/24	

The 2011 PAC Forum took place on April 29-May 1 in Las Vegas, NV. NeurosurgeryPAC was represented by John Davis, IV, MD and Moustapha Abou-Samra, MD.

**Campaign Contributions.** Out of a total of 88 supported Senate and House candidates in the general election, 78 won their races and 10 lost. This amounts to a total 89% success rate for NeurosurgeryPAC supported candidates. For the 2012 cycle, NeurosurgeryPAC has contributed \$126,500 to individual re-election campaigns and leadership/party PACs. The contribution and race outcome breakdown is as follows:



<b>Democrat</b>			<b>Republican</b>		
	<b>Number</b>	<b>Amount</b>		<b>Number</b>	<b>Amount</b>
Individual Candidates	7	\$14,000	Individual Candidates	27	\$75,500
Political Party/Leadership	1	\$5,000	Political Party/Leadership	6	\$32,000
<b>TOTAL</b>	<b>7</b>	<b>\$19,000</b>	<b>TOTAL</b>	<b>27</b>	<b>\$107,500</b>

AANS/CNS Washington Committee

# Coding and Reimbursement Subcommittee

Dr. Edward Vates

Dr. John Wilson

- 
- New CPT Codes coming for 2013

AANS/CNS Washington Committee

# Joint Guidelines Committee & CV Section Guidelines Committee

Dr. Sepideh Amin-Hanjani

# JGC update

- JGC has obtained funding for infrastructure
  - Dedicated 'Guidelines Project Manager'
  - Access to outsourced professional support and for operational costs
- JGC website now online
  - Proposed as central location for Section Guidelines Committee work-products
  - Public and Password protected component
    - Template to be generated for public component
    - Password protected site with shared access features for document review.
    - Can be linked from our website



# AHA/ASA projects

Flag ship guidelines: 1<sup>o</sup> prevention, 2<sup>o</sup> prevention, ICH, SAH, Acute Stroke, Rehab

## Upcoming for review through JGC

- Acute Stroke guidelines: pending peer review soon (JGC designated peer reviewer: J Mocco)
- SAH guidelines: writing group working on draft (Chair: Connolly; Official AANS/CNS representative designated: Hoh)



# AHA/ASA projects

Upcoming projects SOC:

CV Section leadership and Guidelines Committee submissions met with approval at SOC level:

- Unruptured aneurysms update
- Dural AVFs
- Cavernous malformations

Writing Chairs and groups for Unruptured Aneurysms Update in process of selection, and submission for MOC approval pending.



# ACR Appropriateness Criteria

American College of Radiology

ACR Panels with CV representation:

- Cerebrovascular Disease – revised update posted this month
- Focal Neurol Neurologic Deficit
- Headache

Panel Members: Amin-Hanjani, Hoh, Zipfel; alternate:  
Lavine



AANS/CNS Washington Committee

# National Quality Forum

Dr. Kevin Cockroft

Rachel Groman



# Endovascular Task Force

Dr. Greg Thompson



# Neurovascular Coalition

Dr. John Wilson



# SNIS Update

Dr Michael Alexander



# Brain Attack Coalition

Dr. Sander Connolly



# Membership Update

Dr Gregory J. Zipfel

# CV Section Membership Update

## Current Members

Active	354
International	67
Adjunct Associate	<u>43</u>
	<b>464</b>

Senior	10
Resident	1,418

## Applications for vote

Active	5
International	1
Adjunct Associate	0

## Members Lost

Suspended	6
Resigned	0
Deceased	<u>1</u>
	7

# Initiatives to broaden membership

- Automatic membership for residents
  - Complete
- E-blast to recent graduates requesting active membership
  - Complete
- Development of Membership Package
  - Complete
- Modifications to CV Section website
  - Complete
- E-blast to 1140 neurosurgeons with interest in CV surgery
  - Complete
- Reach out to complementary societies
  - NASBS E-blast – Complete
  - Lower dues for adjunct members to CV Section (\$100 to \$50) – Complete
- **Annual Membership Recruitment**
  - E-blast asking CV Section Members to identify potential new members – to be sent once new member registry complete (registry in progress)





# Membership Applications for Discussion and Vote

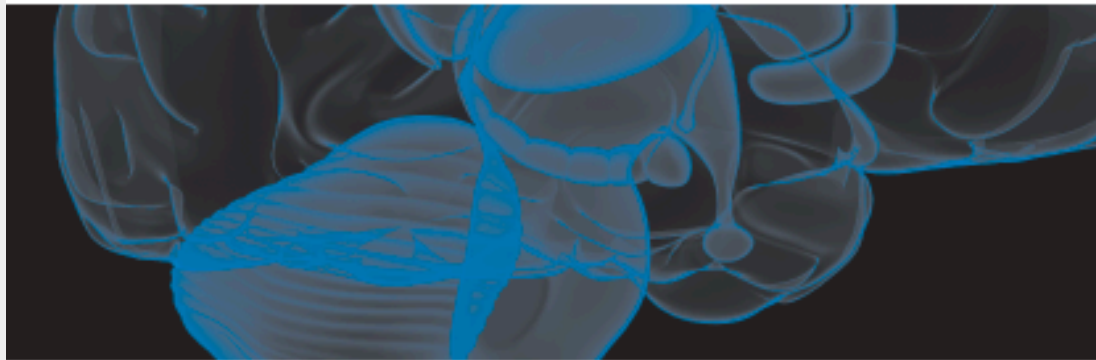
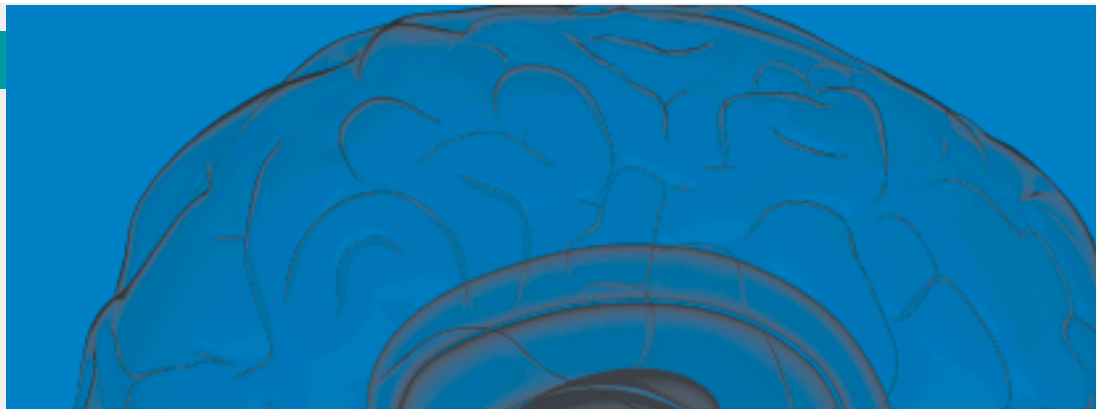
<u>Applicant</u>	<u>Institution / Location</u>	<u>Category</u>
Babak S. Jahromi MD PhD	University of Rochester	Active
Jeffrey William Miller MD	Naperville, IL	Active
Michael K. Morgan MD	Macquarie University, Australia	International
Ciro G. Randazzo MD	Thomas Jefferson University	Active
Stavropoula I. Tjoumakaris MD	Thomas Jefferson University	Active
Rene O. Sanchez-Mejia MD	La Jolla, CA	Active



# Fundraising Committee

Dr Brian Hoh

Dr Peter Rasmussen



AANS/CNS  
CEREBROVASCULAR  
SECTION  
CORPORATE SUPPORT PROSPECTUS

Jointly sponsored by the AANS



## DEAR COLLEAGUE:

We would like to invite you to partner with the AANS/CNS Cerebrovascular Section by supporting our mission to advance education, research and quality in patient care in the area of cerebrovascular disease. Through our activities and educational programs, we strive to promote awareness among all neurosurgeons regarding opportunities for clinical practice and research in cerebrovascular surgery.

Our membership consists of neurosurgeons that specialize in open cerebrovascular surgery, endovascular surgery, stroke, neurocritical care, and skull base surgery, as well as interventional neuroradiologists and neurocritical care neurologists. With approximately 2,000 members in the AANS/CNS Cerebrovascular Section, we represent a large group of cerebrovascular physicians.

The AANS/CNS Cerebrovascular Section invites you to partner with us on the following opportunities:

- Research awards and grants which encourage physicians, fellows and residents to engage in cerebrovascular research.
- A Resident Endovascular Practicum in which junior neurosurgical residents are exposed to the field of endovascular surgery.
- An Endovascular Fellows Course in which junior and senior fellows learn with "hands on" experience advanced endovascular techniques, new concepts, and alternate technologies.
- An annual meeting, directly preceding the AHA International Stroke Conference, in which the most innovative and groundbreaking science in the field of cerebrovascular disease is presented and discussed.
- Sponsored lectureships in which esteemed leaders in the field give an invited lecture at the AANS/CNS Cerebrovascular Section Annual Meeting, CNS Annual Meeting and the AANS Annual Scientific Meeting.

In addition, the AANS/CNS Cerebrovascular Section offers recognition to partnering companies in its:

- Website ([www.ovaction.org](http://www.ovaction.org)) which includes details about scientific conferences and information for patients.
- Newsletter which includes case discussions, the latest in scientific developments, and forums regarding issues and controversies in the field of cerebrovascular disease.
- Supporters of the Robert J. Dempsey Resident Research Awards program are given special recognition in a flyer that is mailed out to all AANS members.

The purpose of this prospectus is to highlight the many opportunities for you to partner with the AANS/CNS Cerebrovascular Section. It will allow you to choose which opportunity you would like to support over the next twelve months and incorporate that opportunity into your budget for the upcoming year.

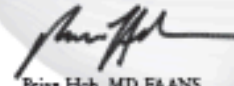
It is an exciting time for our field. Physicians that count themselves among the AANS/CNS Cerebrovascular Section membership are making groundbreaking developments in science, developing new treatments, and improving outcomes for our patients with cerebrovascular conditions. Endovascular surgery is a huge part of the AANS/CNS Cerebrovascular Section and the AANS/CNS Cerebrovascular Section is recognized as a voice for physicians in endovascular surgery.

With your support, we can lead the field into the next decade.

Sincerely,



E. Sander Connolly Jr., MD, FAANS  
Chair, AANS/CNS Cerebrovascular Section



Brian Hob, MD, FAANS  
Treasurer, AANS/CNS Cerebrovascular Section

## WHY PARTNER WITH THE AANS/CNS CEREBROVASCULAR SECTION

A corporate partnership with the AANS/CNS Cerebrovascular Section is the most effective way to introduce, market and reinforce name recognition of your company and its products and services to more than 2000 domestic and international neurosurgeons that specialize in cerebrovascular surgery, endovascular surgery, stroke, neurocritical care, and skull base surgery, as well as interventional neuroradiologists and neurocritical care neurologists. This partnership is an integral part of the AANS/CNS Cerebrovascular Section's ability to offer the highest quality educational programs, professional scientific meetings, most promising research and fellowships and newest advancements in technology and patient care while offering you creative ways to reach potential customers. Please review the information in this brochure and consider how you might further your involvement with the AANS/CNS Cerebrovascular Section.

The AANS/CNS Cerebrovascular Section wishes to thank the following companies for providing an educational grant in support of the Resident Research Award program last year. This year will mark the inaugural year of the named Robert J. Dempsey Resident Research Award program to honor Dr. Dempsey's decade-long efforts and commitment to this program.



## AANS/CNS CEREBROVASCULAR SECTION RESEARCH GRANTS/AWARDS

The purpose of the AANS/CNS Cerebrovascular Section grants and awards are to foster interest in cerebrovascular disease treatment and research early in a physician's career. These grants/awards provide opportunities to engage physicians early in their career development, mentor that interest, introduce them to the college of their peers and provide a platform to present their outcomes. Ultimately, the goal is to seed the field with promising clinician-researchers with a vested interest in improving diagnostics, treatment modalities, and patient outcomes.

### The Robert J. Dempsey Resident Research Awards

The AANS/CNS Cerebrovascular Section initiated a Resident Research Award program in cerebrovascular disease over 10 years ago. Dr. Robert J. Dempsey, Chairman and Dr. Manucher J. Javid Professor of Neurological Surgery at the University of Wisconsin, has chaired the Resident Research Award program since 2000. To acknowledge Dr. Dempsey's enthusiasm, vision, and efforts in this program for over a decade, the AANS/CNS Cerebrovascular Section has renamed the program to the Robert J. Dempsey Resident Research Awards program. This year will be the inaugural year for the Dempsey-named program. There will be two residents selected for the awards.

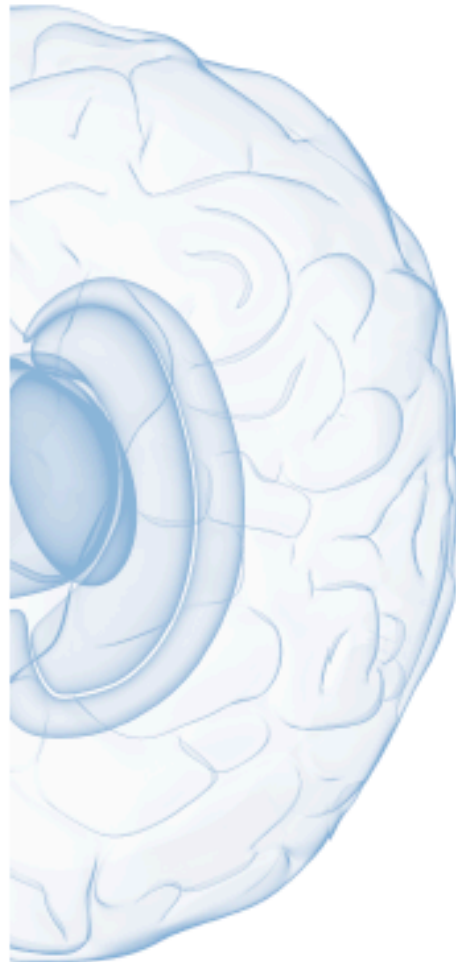
Each year, a request for proposal is issued in late summer/early fall to neurosurgical residency program directors, neurosurgery journals and appropriate websites with an application deadline of March 1. Dr. Dempsey's office administers the RFP and application process. The typical response is 6-12 applications per year. The Research Review Committee, comprised of approximately five neurosurgical physicians and/or neuroscience PhD's, individually review each application on the basis of merit, relevance and likelihood of success.

Award recipients are announced at the AANS Annual Scientific Meeting in April (award recipients need not be present at the meeting). They are then invited to attend the following year's AANS/CNS Cerebrovascular Section Annual Meeting the following February (expenses are paid by the Section via this award) where they are introduced and presented with a plaque commemorating the award. The recipients will periodically meet with Dr. Dempsey to discuss their progress, troubleshoot difficulties, review support systems, and confer on findings to date. At the conclusion of the research, a written summary of the findings are to be submitted to the AANS/CNS Cerebrovascular Section. Dr. Dempsey provides semi-annual reports to the Section.

We are asking for industry partnership in launching the inaugural year for the Robert J. Dempsey Resident Research Award program. We are asking for an entry level support of \$15,000. When the two winners of the resident research awards are selected, a flyer will be mailed to all AANS members announcing the two winners. On that flyer, companies that supported the program will be listed and acknowledged for their support.

## AANS/CNS CEREBROVASCULAR SECTION SUPPORTED LECTURESHIPS

The AANS/CNS Cerebrovascular Section sponsors lectureships in which esteemed leaders in the field give invited lectures regarding cerebrovascular disease, research and treatment at the AANS/CNS Cerebrovascular Section Annual Meeting, the CNS Annual Meeting, and the AANS Annual Scientific Meeting. By providing support of a lectureship, your organization reserves the right to name that lectureship. Support Amount: \$7,500



## AANS/CNS CEREBROVASCULAR SECTION SUPPORTED RESIDENT "HANDS-ON" ENDOVASCULAR PRACTICUM AND FELLOWS COURSE

January 28-30, 2012  
Hilton New Orleans Riverside  
New Orleans, Louisiana

The CV Section continues the hugely successful endovascular practicum, which offers neurosurgical residents a unique opportunity to gain specialized education and instruction with renowned faculty in the field of endovascular surgery. However, this year the CV Section will add a Fellows course. This course will cover a wide array of topics critical to fellowship education. SNS endorses this course and educational mission. Additionally, a primary goal of this Fellows' course will be to broaden fellows' exposure to both new concepts and alternate technologies that they might otherwise not have an opportunity to develop familiarity with in their particular fellowship. Because CME credit is not available for this course, corporate partners supporting this course will have COMPLETE access to the participants.

All participants and faculty (30 of the leading neurointerventionalists from around the country) will be expected to spend a full 5.5 hours at the hands-on stations as an official part of both courses. This time is the focus of both courses and will provide ample opportunity for industry exposure. Unlike a traditional exhibit hall, both faculty and participants will be required to rotate to each station providing you interaction with existing customers as well as new potential customers. This is an outstanding opportunity to show your technology in a "hands-on" environment to established practitioners, fellows and residents who may not typically get exposure to them.

3

**EXPECTED PARTICIPANTS:**  
40-50 Neurosurgery Residents  
20-30 Endovascular Fellows



## PRELIMINARY PROGRAM

### SATURDAY, JANUARY 28, 2012

12:00 – 5:00 PM	Hands-on Stations Set-up
7:00 PM	Lecture (at Dinner Location)
7:30 PM	Lecture (at Dinner Location)
8:00 PM	Dinner

### SUNDAY, JANUARY 29, 2012

8:30 AM	Breakfast
9:00 AM	Lecture
9:30 AM	Lecture
10:00 AM	Hands-on Stations Session I
11:30 AM	Lunch
12:15 PM	Lecture
12:45 PM	Lecture
1:15 PM	Hands-on Stations Session II
2:15 PM	Lecture
2:45 PM	Lecture
3:15 PM	Hands-on Stations Session III
5:00 PM	Social Activity
7:00 PM	Dinner

### MONDAY, JANUARY 30, 2012

9:00 AM	Neuro-endovascular Surgeon Decision Making
10:00 AM	"Test the Experts", Faculty perform "Live" Cases on the Simulator
10:30 AM	Hands-on Stations Session

\*Monday is a practical course which is part of the AANS/CNS Cerebrovascular Section Annual Meeting and is not officially part of this course. During this practical clinic, all promotional material must be removed per ACCME guidelines.

**Hands-on Stations:** These stations will be used for both the Fellow and Resident "Hands-On" courses, and will result in a total of 10 hours of direct exposure for industry participants.

\$7,500 – One station (may include flow models and/or other hands-on product education materials)  
 \$10,000 – Two to three flow model stations  
 \$12,500 – Four to five flow model stations  
 \$15,000 – Six to Ten flow model stations

- Each station is a tabletop (approximately six feet), which will include an individual Station Identification Number.
- You may skirt the tabletop station with your company name or logo. To maintain a learning atmosphere, pop-up booths are prohibited.
- Promotional material may be distributed to participants at your station on Saturday and Sunday. Because the Monday Practical Clinic offers CME credit, promotional material will not be allowed for distribution.
- The tabletop exhibits are on a first-come, first-served basis (as there is limited exhibit space).
- Due to the significant cost of simulator transportation and set-up, any company that has purchased a traditional station(s) and is willing to provide a simulator will be given a station for that simulator AT NO COST. The number of simulator stations cannot exceed the number of traditional (non-simulator) stations purchased.

On Saturday and Sunday night, the AANS/CNS Cerebrovascular Section will be hosting a dinner to encourage interaction among participants, faculty and industry representatives. Industry representatives are welcome to participate at one or both of these dinners. The price of a dinner ticket will be \$75 per person.

To secure your place in this extraordinary course, please contact Ken Schott, AANS Exhibits Manager at 847-378-0552 or [kjs@aans.org](mailto:kjs@aans.org).

The AANS/CNS Cerebrovascular Section wishes to thank the following companies for participating in the Resident Hands-on Endovascular Practicum last year.



# AANS/CNS CEREBROVASCULAR SECTION ANNUAL MEETING

January 30-31, 2012  
Hilton New Orleans Riverside  
New Orleans, Louisiana

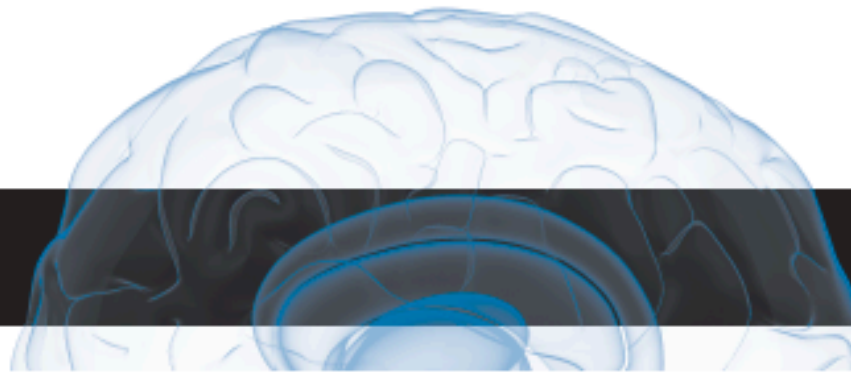
Each year, the AANS/CNS Cerebrovascular Section Annual Meeting brings together leading neurosurgeons, neurologists, and interventional neuroradiologists from around the world for an intensive day and a half meeting. More than 250 meeting attendees will participate in a program that focuses on current trends and advanced techniques in the surgical and endovascular treatment of cerebrovascular disease. The AANS/CNS Cerebrovascular Section recognizes that your support is key to our success. We have identified several opportunities for our corporate partners to reach their preferred audience while helping the Section continue its tradition of providing the highest quality of scientific programs.



Commercial support is an ideal way to gain prime, credible exposure and make a long term impact among a highly influential audience. Commercial supporters stand out from other exhibiting companies and deliver a message of commitment and support to attendees. The right combination of advertising, educational support and pre- and post-meeting marketing opportunities helps you balance your presence and stand out from the competition. Extend your sales messages beyond the borders of your booth and reach attendees throughout the meeting.

The AANS/CNS Cerebrovascular Section recognizes the many changes that are occurring in our industry, with the arrival of the PhRMA Code and the AdvaMed Code. We understand that these changes will impact your convention marketing and exhibition program. Therefore, in an effort to streamline the approval process, identified below are two types of available support options from which you may choose:

- Educational/Scientific Opportunities:
  - Contract submission required
  - Require funds in the form of an educational grant
  - Require a signed Letter of Agreement
- Advertising Opportunities:
  - Contract submission required
  - An educational grant and/or LOA is not required
- Add your booth number to any of these items







## EDUCATIONAL/SCIENTIFIC OPPORTUNITIES

### GENERAL SESSION – \$15,000 (Gold Level)

The general session is a meeting highlight and features speakers and top leadership in cerebrovascular neurosurgery. With all attendees participating, this is a high profile event. Recognition includes your company's logo displayed on the large screen prior to the beginning, conclusion and during all breaks of the general session, signage throughout the meeting and recognition via meeting support signage.

### VENDOR SEMINAR – \$15,000 (Gold Level)

Support and participate in seminars that you chair! Immediately following the Opening Reception, from 7:45 to 9:00 PM, you can design your own seminar. Space is limited. Sign-up quickly for this unique and educational opportunity!

### PROGRAM BOOK – \$10,000 (Silver Level)

The Program Book contains complete information regarding the AANS/CNS Cerebrovascular Section Annual Meeting. Attendees use this invaluable program book throughout the meeting to find sessions and exhibitors. Your company's name and company logo will be printed on the front cover. The opportunity provides prominent and enduring exposure.

### LUNCHEON SEMINARS – \$6,000 (Bronze Level)

The AANS/CNS Cerebrovascular Section will feature five luncheon seminars on cutting edge topics in cerebrovascular neurosurgery. Support includes your company name and logo on screens before the session starts, signage at the session and acknowledgement by a speaker at the start of each session. These educational opportunities will sellout quickly, so sign-up today!

### EDUCATIONAL GRANTS – \$750 or Greater

Not sure what to support or how much to invest? This sponsorship allows your company to contribute to the meeting at a comfortable level which will be used to support the general activities of the meeting. AANS/CNS Cerebrovascular Section Meeting attendees will recognize your generosity and appreciate your support of their specialty via signage throughout the meeting. A perfect commercial support opportunity for any exhibitor!

## MARKETING/ADVERTISING OPPORTUNITIES

### OPENING RECEPTION – \$15,000 (Gold Level)

The Opening Reception held Monday evening in the exhibit hall attracts one of the largest crowds of the entire meeting! Attendees will enjoy complimentary hors d'oeuvres and drinks as they network and preview vendor products and services. Benefits include (but are not limited to) one banner with your company's name and logo designed specifically for the event, two additional reception tickets for VIPs and recognition via meeting signage.

### MEETING BAGS – \$6,000 (Bronze Level)

This opportunity offers outstanding onsite visibility and "take home" value. Each attendee will carry the meeting bag with your company name and logo along with the AANS/CNS Cerebrovascular Section Annual Meeting and association logos throughout the meeting. The commercial supporter must provide bags. A pre-production prototype is required and is subject to approval from show management. Benefits include (but are not limited to) exclusive distribution of one marketing piece inside the bags (subject to show management approval) and recognition via meeting signage.

### BADGE LANYARDS – \$4,500 (Bronze Level)

See every attendee wearing your company's name and logo! These badge lanyards deliver highly visible, eye-level master brand recognition and are supplied to every attendee. With your name and logo on the length of the lanyard, attendees will wear your name for duration of the meeting, ensuring maximum visibility. The commercial supporter provides lanyards. A pre-production prototype is required and is subject to approval from show management. Benefits include (but are not limited to) prominent logo placement and recognition via meeting signage.

### CONTINENTAL BREAKFAST – \$4,500 (Bronze Level)

Breakfast is the most important meal of the day! Sponsors will have the exclusive right to be identified as the supporter of Tuesday's continental breakfast for medical attendees. Add napkins, cups or beverage jackets (sponsor provides) with your logo for an additional \$500 each.

### BEVERAGE BREAKS – \$3,750 EACH (Bronze Level)

Promote your company with a coffee break served in the exhibit hall on either Tuesday morning or afternoon. The commercial supporter's company name and logo will be featured on the signs in the break areas throughout the hall. Add napkins, cups, or beverage jackets (sponsor provides) with your logo for an additional \$500 each.

## COMMERCIAL SUPPORT LEVELS FOR THE ANNUAL MEETING

Bronze	\$1,000 - \$7,999
Silver	\$8,000-\$14,999
Gold	\$15,000-\$29,999
Platinum	\$30,000 +

NOTE: These levels are based on Annual Meeting support only and cannot be combined with any other support like the Endovascular Resident Practicum.

The AANS/CNS Cerebrovascular Section wishes to thank the following companies for providing generous contributions last year to the Annual Meeting.

Gold Sponsors - \$15,000 - \$29,999



Silver Level Sponsors - \$8,000 - \$14,999



Bronze Level Supporters - \$1,000 - \$7,999



## COMMERCIAL SUPPORT BENEFITS FOR THE ANNUAL MEETING

BENEFITS	Platinum	Gold	Silver	Bronze
Banner at event**	■			
Two free tickets to opening reception (with corresponding sponsorship)	■			
Announcement from lectern	■			
One pre-meeting registration mailing list*	■	■	■	
One post-meeting registration mailing list*	■	■		
Recognition on the AANS/CNS Cerebrovascular Section Website	■	■	■	■
Recognition in the program book	■	■	■	■
Recognition on signs at event	■	■	■	■
Acknowledgement prior to the scientific session	■	■	■	■

\*A sample of your item must be approved by show management prior to production and distribution. These items include (but are not limited to) marketing brochures/flyers, napkins, caps, beverage jackets, tent cards, registration packet pieces and marketing pieces. Sponsor pays all expenses and provides items. No materials may be distributed during any activity relating to CME credits.

\*\* Size, design and placement must be approved by show management prior to production. Banner and rigging provided by show management.

# COMMERICAL SUPPORT PAYMENT

## WE AGREE THAT:

1. Payment in full must accompany the online contract submission.
2. Checks must be made payable to: AANSCNS Cerebrovascular Section
3. All provisions of the Rules and Regulations and General Information, as hereby published, shall be a part of the online contract.
4. The assignment of support opportunities will be based on a first-right-of-refusal for previous support holders, and then based upon date of receipt of contract and payment.

Choose one of these methods of payment submission:

**MAIL** your payment with a copy of the contract to:  
AANSCNS Cerebrovascular Section  
7550 Eagle Way  
Chicago, IL 60678-1075

**OVERNIGHT** your payment with a copy of the contract to:  
AANSCNS Cerebrovascular Section  
Attn: Ken Schott  
AANS Exhibits Manager  
5550 Meadowbrook Drive  
Rolling Meadows, IL 60008-3852  
Phone: (847) 378-0552

**FAX** your completed contract and credit card information to:  
Ken Schott  
AANS Exhibits Manager  
Fax: (847) 378-0652

Payment must be received by the AANSCNS Cerebrovascular Section within five (5) business days of contract submission.



## Regulatory and Professional Codes

All Commercial Supporters agree to abide by the ACCME guidelines governing sponsorships and unrestricted educational grants. Companies sponsoring or co-sponsoring an event must comply with all applicable Rules and Regulations set forth by the AANSCNS Cerebrovascular Section Meeting. This agreement is to become effective upon acceptance by the AANSCNS Cerebrovascular Section.





AANS/CNS  
**CEREBROVASCULAR  
 SECTION**  
 CORPORATE SUPPORT OPPORTUNITIES

**WE AGREE THAT:**

1. Payment in full must accompany this signed contract.
2. Checks must be made payable to AANS/CNS Cerebrovascular Section.
3. All provisions of the Rules and Regulations and General Information that is listed in this prospectus shall be a part of this contract.
4. The support opportunities are on a first-come, first-serve basis, (as there is limited opportunities). Please submit contract and payment immediately.
5. Cancellations are not accepted.

**SUPPORT OPPORTUNITIES:**

Robert J. Dempsey Resident Research Awards \$ \_\_\_\_\_

Named Lectureships \$ \_\_\_\_\_

**Resident "Hands-on" Endovascular Practicum**

- One Station \$7,500
- Two to Three Stations \$10,000
- Four to Five Stations \$12,500
- Six to Ten Stations \$15,000

**Cerebrovascular Section Annual Meeting**

- Beverage Break \$3,750
- Badge Lanyards \$4,500
- Continental Breakfast \$4,500
- Luncheon Seminar \$6,000
- Meeting Bags \$6,000
- Program Book \$10,000
- Vendor Seminar \$10,000
- General Session \$15,000
- Opening Reception \$15,000
- Educational Grant \$ \_\_\_\_\_

**COMPANY DETAILS:** (Please Print)

Company Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature (required) \_\_\_\_\_

**BILLING INFORMATION:** (Please Print)

Visa  MasterCard  American Express

Name (exactly as it appears on card) \_\_\_\_\_

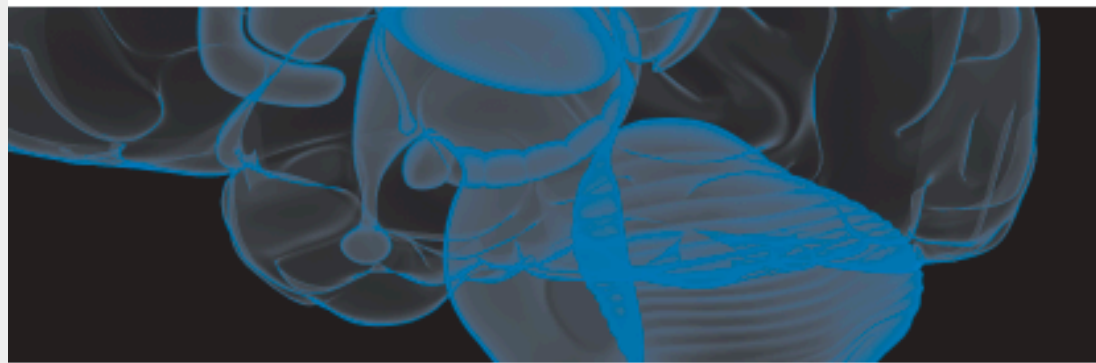
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature—Required if pay by credit card (I agree to pay according to the credit card issuer agreement.) \_\_\_\_\_

Check Enclosed

Mail your check with a copy of the application to:  
 AANS/CNS Cerebrovascular Section  
 7550 Eagle Way  
 Chicago, IL 60678-1075

Fax: 847-378-0652



AANS/CNS  
CEREBROVASCULAR  
SECTION  
CORPORATE SUPPORT PROSPECTUS

Jointly sponsored by the AANS





# Research Fellowship Committee

Dr. Robert J. Dempsey

Dr. Peter Rasmussen



# CV Research Award Update

Two \$15K Resident Research Awards for 2011:

- Dr Narlin Beaty, Maryland University: “ Involvement of myeloid relate protein 8/14 in aneurysmal subarchnoid hemorrhage”
- Dr Bartley Mitchell, Baylor College of Medicine: “Endovascular delivery of small-interfering RNA and molecular therapeutic strategies in CNS disorders”

Awards to be acknowledged at the 2012 AANS/CNS CV Section Meeting.

Renamed the “Robert J Dempsey MD Cerebrovascular Research Award” by the CV Section Exec Council



### **Cerebrovascular Research Award Update – 2011**

As Chair of the Cerebrovascular Research Award, I am pleased to report the 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 2011. Judged to be winners of this award for 2011 are:

Dr. Narlin Beaty from Maryland University for his study, “Involvement of Myeloid Related Protein 8/14 in Aneurysmal Subarachnoid Hemorrhage”, and Dr. Bartley Mitchell from Baylor College of Medicine for his study, “Endovascular Delivery of Small-Interfering RNA and Molecular Therapeutic Strategies in CNS Disorders”. Winners of this award will be acknowledged at the 2012 AANS/CNS Cerebrovascular Section Meeting.

At the last Joint Section Meeting, the Joint Section very kindly named the Cerebrovascular Research Award, “Robert J. Dempsey, MD, Cerebrovascular Research Award”, which is quite an honor. The Joint Section took on the responsibility of fundraising to establish ongoing funding. It will be important that ideas be considered regarding this assuring future funding. The reviewers for the past year were: Drs. Robert Dempsey, Robert Friedlander, Dandan Sun, and G. Edward Vates. We appreciate their help and hope they will be able to continue in the future. It may be appropriate for us to coordinate another basic scientist in the near future.

Assuming the funding will again be successful, information and applications for the 2012 award will be sent to program directors, neurosurgery journals, and appropriate websites in October and November, with applications due by March 1, 2012. We look forward to another year promoting resident research.

Sincerely,

A handwritten signature in black ink, appearing to read 'RJD'.

Robert J. Dempsey, MD  
Chairman and Manucher J. Javid  
Professor of Neurological Surgery  
Department of Neurological Surgery

RJD:lvb





# Newsletter Committee

Dr. David

Dr. Bulsara

# Website Committee

Dr. Gregory Zipfel

Dr. Bob Carter



## REQUEST FOR PROPOSAL WEB SITE DEVELOPMENT & HOSTING

### The Summary

The Joint Cerebrovascular Section of the AANS/CNS is accepting proposals to migrate our existing website (cvsection.org) to a new provider, to assist with design and further development of our site, and to host the website. The purpose of this RFP is to provide a fair evaluation for all candidates and to provide the candidates with the evaluation criteria against which they will be judged.

The existing websites (cvsection.org) was originally designed and produced in the early 2000's.

### Proposal Guidelines and Requirements

We are looking to migrate our site to a new server with major creative enhancements. This is an open and competitive process.

**Proposals must be received by September 28, 2012 to be considered.** Please notify us if you have a deadline concern.

The proposal must contain the signature of a duly authorized officer or agent of the company submitting the proposal.

If you wish to submit alternate solutions, please do so.

The price you quote should be inclusive. If your price excludes certain fees or charges, you must provide a detailed list of excluded fees with a complete explanation of the nature of those fees.

### Contract Terms

The Joint Cerebrovascular Section of the AANS/CNS will negotiate contract terms upon selection. All contracts are subject to review by AANS legal counsel, and a project will be awarded upon signing of an agreement or contract, which outlines terms, scope, budget and other necessary items.



▶ MediaCross, Inc.  
2001 S. Hanley Road  
Suite 510  
St. Louis, MO 63144  
314-696-1101 fax: 314-645-8795  
www.thedigitalcross.com

28 September 2011

Gregory Zipfel, MD  
Joint Cerebrovascular Section  
AANS/CNS  
660 South Euclid Ave.  
Campus Box 8057  
St. Louis, MO 63110

Dear Dr. Zipfel,

Please find enclosed our response to the Joint Cerebrovascular Section of the American AANS/CNS for Website Development and hosting services. We are thrilled to respond to this opportunity and feel that we would offer the well rounded, user friendly solutions you are looking for.

Please feel free to contact me with any questions regarding this proposal. We wish you the best of luck in reviewing and considering the responses you receive for this solicitation.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Jennifer Umali".

Jennifer

Jennifer Umali  
Vice President



# VIVIDSIITES

## Joint Cerebrovascular Section of the American AANS/CNS, Web Site Development Proposal

Prepared By: Dave Black & Heather Pinkston 314.415.2000, f: 314.415.2003  
999 Executive Parkway Drive, Suite 330, St. Louis, MO 63141  
Primary Contact: Heather Pinkston, [hpinkston@vividsites.com](mailto:hpinkston@vividsites.com)  
Document Version: 1.0 9/28/2011

September 28, 2011



999 Executive Parkway Dr., Ste 330

Saint Louis, Missouri 63141

314.415.2000

### Cover Letter of Transmittal

Dear Joint Cerebrovascular Section of the American AANS/CNS,

VIVIDSITES (VS) has been a leading digital marketing firm since 1999 and has the awards to prove it. Fortune 500 & 1000 companies like Peabody Energy, Anheuser-Busch, C&H Sugar, and Domino Foods rely on us to develop and implement their digital marketing projects and we hope you will too.

VS will work diligently with the Joint Cerebrovascular Section of the American AANS/CNS to develop their website and technical infrastructure. The web site will be clean, and sophisticated, establishing the Joint Cerebrovascular Section of the American AANS/CNS's digital brand to increase awareness, promote involvement, attract new members and strengthen relationships with the target audience.

We believe in close collaboration with our clients to ensure the best possible result. We will meet regularly with the decision-makers and necessary knowledgeable business staff to ensure that everyone is involved in the development of the project. Our dedication to client satisfaction means open lines of communication between VS and the Joint Cerebrovascular Section of the American AANS/CNS during all the project development stages.

Persons authorized to represent VS are Dave Black (CEO) and Heather Pinkston (Project Manager/Designer) at 314.415.2000, 999 Executive Parkway Drive Suite 330, St Louis MO, 63141.

Thank You,

David Black  
CEO of VIVIDSITES



# Web site changes

- Section can be followed at [twitter.com/cvsection](https://twitter.com/cvsection)
- Moderated tweets to section members by sending an email to [tweet@cvsection.org](mailto:tweet@cvsection.org)
- Biography info can be submitted for display on public page at [cvsection.org](https://cvsection.org) ( 2 week turnaround)
- Linked content to Brain Aneurysm Foundation website

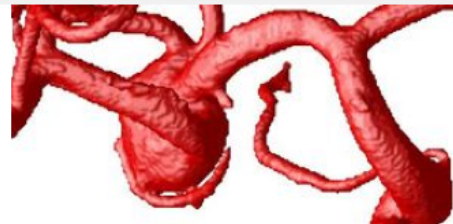
Web site committee:

Bob Carter, Babu Welch, Greg Zipfel, Pascal Jabbour, Aditya Pandey, Andy Nguyen, Bernard Bendok

# CV section.org Website update

## The Joint Cerebrovascular Section AANS/CNS

Minimally Invasive Treatment using  
Endovascular Coiling



### Welcome to CVSection.Org

The purpose of the AANS/CNS Cerebrovascular Section is to advance education, research and patient care in the area of cerebrovascular disease. Through our activities and educational programs, we strive to promote awareness among all neurosurgeons of opportunities for clinical practice and research in the area of cerebrovascular surgery.

#### Search



Twitter



**@cvsection**

Submit your session ideas for ISC 2012 in New Orleans. See <http://www.cvsection.org>





# Updates

- Member biography section added. Members can upload mini-biographies for posting on site.
- Rotating banner at top highlighting different modalities
- Links to Brain Aneurysm Foundation partner added.
- Behind Login option for posting cases



# Plans:

- Upgrade integration with CNS University site
- Patient centric content
- Active recruitment for members to submit bios
- Integration with mailing list for e-blasts

# Committee Volunteers

- William W. Ashley, Bob Carter, Babu Welch, Greg Zipfel, Pascal Jabbour, Aditya Pandey, Bernard Bendok, Rose Du, Robert Singer, Amir Dehdashti
- [washley72@yahoo.com](mailto:washley72@yahoo.com)
- [BBendok@nmff.org](mailto:BBendok@nmff.org)
- [pascal.jabbour@jefferson.edu](mailto:pascal.jabbour@jefferson.edu)
- [adityap@med.umich.edu](mailto:adityap@med.umich.edu)
- [zipfelg@wudosis.wustl.edu](mailto:zipfelg@wudosis.wustl.edu)
- [rdu@partners.org](mailto:rdu@partners.org)
- [robert.singer@Vanderbilt.Edu](mailto:robert.singer@Vanderbilt.Edu)
- [ardehdashti@geisinger.edu](mailto:ardehdashti@geisinger.edu)
- [babu.welch@utsouthwestern.edu](mailto:babu.welch@utsouthwestern.edu)
- [bobcarter@ucsd.edu](mailto:bobcarter@ucsd.edu)



# Curriculum Development & Education Committee

Dr. Bernard Bendok



CONGRESS OF NEUROLOGICAL SURGEONS  
UNIVERSITY OF NEUROSURGERY  
VASCULAR WEBINAR SERIES

**Thursday, April 28, 2011,  
7:00 – 8:00 PM EST**

## **Evolving Approaches To ICH**

Moderators:

E. Sander Connolly, Jr., Brian L. Hoh

Speakers:

Issam A. Awad, Daniel F. Hanley

Objectives:

- 1-Review the epidemiology, pathophysiology and natural history of intracerebral hemorrhage.
- 2- Review minimally invasive options for ICH.
- 3- Update on clinical trials results

**Thursday, May 12, 2011,  
7:00 – 8:00 PM EST**

## **Carotid Disease**

Moderators:

Andrew J. Ringer, John A. Wilson

Speakers:

Jose Biller, Robert E. Harbaugh,  
L. Nelson Hopkins, III

Objectives:

- 1- Review the role of atherosclerosis in stroke.
- 2- Review treatment options and decision making for carotid stenosis
- 3- Review recent data comparing carotid endarterectomy and carotid stenting.

**Thursday, June 09, 2011,  
7:00 – 8:00 PM EST**

## **Moyamoya Disease**

Moderators:

Christopher S. Ogilvy, Gregory J. Zipfel

Speakers:

Colin Derdeyn, R. Michael Scott, Gary K.  
Steinberg

Objectives:

- 1- Review the pathophysiology, epidemiology, and natural history of pediatric and adult Moyamoya disease.
- 2- Review the clinical evaluation and imaging findings of Moyamoya disease.
- 3- Understand modern surgical options for Moyamoya disease.

<http://w3.cns.org/university/webinar/index2.asp#vascular>



# Bylaws/Rules & Regulations Committee

Dr. Charles Prestigiacomo



# Neurocritical Care Update

Dr. Owen Samuels



# Young Neurosurgeons Update

Dr. Andrew Ducret



# Nominating Committee

Dr. John Wilson

Dr. Murat Gunel



# Old Business



# Junior Resident Endovascular Course

Drs Mocco and Bendok

# CV Section “Hands On” Resident Course



Directors:

J Mocco

Bernard Bendok



# CV Section “Hands On” Resident Course

## Goal:

Generate interest in Endovascular among Neurosurgery residents

- Target junior residents who may or may not be interested
- Provide Hands-On exposure through simulators/flow models
- Foster Mentorship opportunities for residents with  
Endo Faculty
- Provide “Gateway” to the CV Meeting to potentially increase attendance

# CV Section “Hands On” Resident Course

## Brief Rundown:

49 residents from 48 programs attended

5 fellows from 5 different programs attended

21 faculty

29 Hands-On Stations

8 Simulators





# CV Section “Hands On” Resident Course

## Resident Feedback

Would you recommend this course to other residents?

100% Yes



# CV Section “Hands On” Resident Course

## Resident Feedback

“The quality of the didactic lectures was superb.”

“The professional and social interactions between students and faculty are an incredible opportunity for junior residents trying to focus their career interest Meeting the attending, understanding what makes endovascular exciting”

“This course helped me to understand what the job really entails.”





# CV Section “Hands On” Resident Course

## Resident Feedback

“I think its a great intro course for Junior Residents interested in vascular.”

“Endovascular procedures that I had previously thought were mundane actually pose a challenge and can be both rewarding and challenging.”

“It would also be useful to allow more than one resident per program”



# CV Section “Hands On” Resident Course

## Industry Feedback

“This program is indispensable and I only seeing it growing in both scope and content.”

“Innovative & engaging for all participants”

“The CV Section course provides industry a valuable opportunity to educate and train surgeons on the newest technologies in the endovascular space while also providing a forum for discussion concerning future technologies and needs.”

“We're grateful to have been asked to participate and look forward to doing so again next year.”

# CV Section “Hands On” Resident Course

Success as a Gateway?

20 confirmed residents participating in CV Section





# ARUBA editorial

Dr. Kevin Cockroft



- ARUBA editorial

- A Perfect Storm: How ARUBA's Trial Design Challenges Notions of External Validity

- Kevin M. Cockcroft, MD, MSc; Mahesh V. Jayaraman, MD; Philip M. Meyers, MD; E. Sander Connolly, Jr., MD

- AVM practitioner survey



# Neuropoint Alliance

Dr Kevin Cockroft

# 3C meeting

Dr Elad Levy

Dr Adnan Siddiqui



# Joint Meeting – Cerebrovascular Society of India

Dr Saleem Abdulrauf






# Cerebrovascular Society of India Combined meeting

- CV Surgery Society of India – Mumbai
- Sept 22-23, 2012.



# Brain Aneurysm Foundation

Dr Carlos David

- 
- Link to BAF website on CV Section Website
  - Request to parent organizations for
    - Free exhibit space at AANS and CNS
    - BAF website advertising and logo on all CV section publications and website
    - Access to the CV section membership mailing list database to provide mailings on BAF activities and provide patient literature
    - Work together for creation of early detection lectures/ symposiums for PCP and ER providers.



# New Business



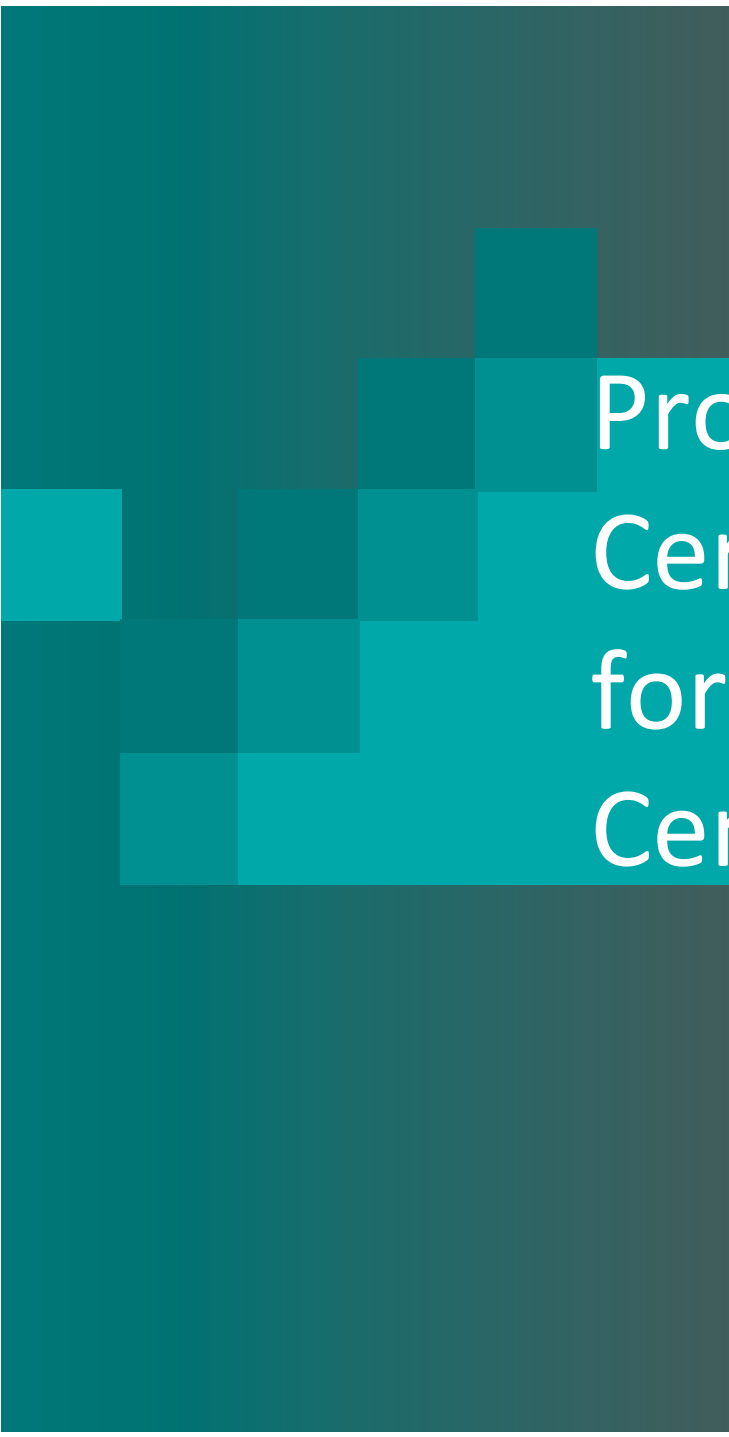
# NINDS Update

Dr. Robert Friedlander




# Senior Society Matrix/ Milestones and Modules

Dr. Sander Connolly




# Proposed Advanced Certification Requirements for Comprehensive Stroke Centers

Dr. Sander Connolly


- 
- The Joint Commission has collaborated with The American Heart Association (AHA) and the American Stroke Association (ASA) to develop this new advanced certification to improve quality and safety of care for complex stroke patients. The proposed requirements follow the Brain Attack Coalition’s “Recommendations for Comprehensive Stroke Centers<sup>1</sup>,” and are based on research gained from learning visits, and guidance from a multidisciplinary Technical Advisory Panel (TAP) convened by The Joint Commission in June 2011.






# The Joint Commission is seeking public comment on Proposed Advanced Certification Requirements for Comprehensive Stroke Centers.

- **Commenting deadline: Nov. 9, 2011**  
**Certification requirements for Comprehensive Stroke Centers**
- This link below will take you to the proposed requirements:  
[http://www.jointcommission.org/standards\\_information/field\\_reviews.aspx](http://www.jointcommission.org/standards_information/field_reviews.aspx)




*Nancy A. Hart, Coordinator, Brain Attack Coalition Office of  
Communications and Public Liaison National Institute of  
Neurological Disorders and Stroke  
National Institutes of Health Building 31, Room 8A07, 31 Center  
Drive MSC 2540Bethesda, MD 20892-2540  
Office: 301-496-5751  
Direct: 301-435-7751  
[nh60i@nih.gov](mailto:nh60i@nih.gov)*

For questions you can contact Vikas Bhala, Department of  
Standards and Survey Methods, at (630) 792-5902  
[orybhala@jointcommission.org](mailto:orybhala@jointcommission.org).



# Massimo Collice award for cerebrovascular malformations

Dr. Josh Bederson



The Massimo Collice Foundation for Neuroscience announces an annual international prize of 10,000 euros for experimental or clinical research on Cerebral vascular malformations.

This is an award sponsored by his widow, and is aimed at the best published paper in the preceding year by a first author less than 40 years of age.

Bob Spetzler will run the selection committee along with a number of others

The prize is intended to deepen training of the applicant in any specialized neurosurgical area, and will be delivered at the 2012 Annual meeting of the AANS during the Cerebrovascular Section.

Participants younger than 40 years old on December 31, 2011 are eligible to apply and should be the lead author of the work.

The study must have been published in a peer-reviewed journal in 2011 and may not have already received another award.

The deadline for submission is January 31, 2012. [www.massimocolliceonlus.com](http://www.massimocolliceonlus.com)



# Meri Institute/CV Sect Resident & Fellows Courses

Dr Adam Arthur

Dr Erol Veznedaroglu

Dr. J Mocco

Dr. Brian Ho



# SVIN Liaison

Dr. J Mocco

The background features a teal and grey color scheme. On the left side, there is a vertical strip of teal with a grid of squares in various shades of teal and grey. The rest of the background is a solid light grey.

Thank you!