

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

# CNS Annual Meeting 2012

Executive Council Meeting, CNS 2012  
**Sunday, October 7, 2012**  
**4:00 PM 6:00 PM**  
**McCormick Lakeside Center**  
**Room E353A**

**Call to Order** (Dr. Amin-Hanjani)

**Approval of Minutes from CV Sect 2012** (Dr. Lavine)

**CNS Guidelines Committee** (Drs Wolfla, CNS President; Dr. Kalkanis)

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

### **Annual Meeting Updates**

- 2012 CNS Meeting (Drs Bambakidis and Mocco)
- 2013 CV Sect Annual Meeting (Drs Bulsara and Bambakidis )
- 2013 ISC Meeting (Drs Albuquerque, Carter, Patel)
- 2013 AANS Meeting (Drs Bambakidis and Mocco)

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

- Washington Committee Update (Katie Orrico)
- Coding & Reimbursement (Dr Vates)
- Joint Guidelines Committee/CV Section Guidelines Committee (Dr. Amin-Hanjani)
- National Quality Forum (Dr Cockroft)
- Neurovascular Coalition (Drs. Wilson and Cockroft)
- SNIS update (Dr. Alexander)
- SVIN Liasion (Dr. Mocco)
- Neurocritical Care Society Update (Dr. Sung)
- Brain Attack Coalition (Dr.Huang)
- Membership Update (Dr. Zipfel)
- Fundraising Committee (Drs. Hoh and Rasmussen)
- Research Fellowship (Drs. Dempsey and Rasmussen)

# Meeting Agenda

- 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)

### **Old Business Updates**

- N2QOD (Drs Connolly, Mocco, Wilson)
- Junior Resident Endovascular Course (Drs Mocco, Bendok)
- Neuropoint Alliance (Dr Cockroft)
- IAC carotid stent facility accreditation standards (Dr. Cockroft)
- 3C meeting (Drs Levy, Siddiqui)
- Brain Aneurysm Foundation (Dr David)
- Senior Society Matrix/Milestones and Modules (Dr. Connolly)
- Meri Institute/CV Sect Resident & Fellows Courses (Drs Mocco, Ho, Veznedaroglu, Arthur)

### **New Business**

- Response to Mechanical Thrombectomy Policy– Wellpoint (Drs. Khalessi, Mocco)
- Joint Commission Stroke Cert (Dr. Amin-Hanjani)
- MOC Vascular Module (Drs. Bendok and Siddiqui)
- CAS Response to Industry Letter (Dr. Wilson)
- Vasospasm Survey Update (Dr. Bulsara)



# Approval of Minutes

Dr. Sean D. Lavine



# CNS Guidelines Committee

Drs Wolfla, CNS President; Kalkanis



# Treasurer's Report

Dr. Brian Hoh

AANS/CNS Section on Cerebrovascular Surgery  
Statement of Financial Position  
As of June 30, 2012 and 2011

	Current Year 06/30/12	Prior Year 06/30/11
<b>ASSETS</b>		
Checking & Short Term Investments	\$149,113	\$133,936
Accounts Receivable, net of Allowance for Uncollectible Accounts	7,095	700
Prepaid Expenses	30,575	30,000
Long-Term Investment Pool, at Market	601,163	594,263
<b>TOTAL ASSETS</b>	<b>\$787,946</b>	<b>\$758,899</b>
 <b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts Payable and Current Liabilities	\$500	
Deferred Dues	33,639	28,416
<b>Total Liabilities</b>	<b>\$34,139</b>	<b>\$28,416</b>
 <b>Net Assets</b>		
Unrestricted	\$585,352	\$384,746
Unrestricted - Donaghy	\$48,359	\$48,684
Unrestricted - Galbraith	\$26,710	\$26,762
Unrestricted - Resident	(\$12,805)	\$17,033
Unrestricted - Leussenhop	\$19,215	\$19,924
Unrestricted - Drake	\$10,423	\$10,415
Unrestricted - Yasargil Lectureship	\$53,228	\$52,727
Net Revenue (Expense)	23,324	170,191
<b>Total Net Assets</b>	<b>\$753,807</b>	<b>\$730,483</b>
 <b>TOTAL LIABILITIES AND NET ASSETS</b>	 <b>\$787,946</b>	 <b>\$758,899</b>

AANS/CNS Section on Cerebrovascular Surgery  
Statement of Activities  
For the Twelve Months Ending June 30, 2012

	FY '10 Final	FY '11 Final	YTD FY '12	FY '12 Budget	FY '13 Budget
<b>REVENUES</b>					
Membership Dues	\$46,750	\$54,648	\$55,348	\$54,900	\$62,550
Mailing List Sales	0	295	0	0	0
Contributions/Sponsorships	7,500	85,000	7,773	37,500	37,500
Advertising Revenue	0	1,300	0	1,300	0
Contributions for Operating Expenses	9,143	9,347	8,153	10,200	9,409
Annual Meeting Revenue	167,709	255,771	324,392	235,078	0
<b>TOTAL REVENUES &amp; SUPPORT</b>	<b>\$231,102</b>	<b>\$406,361</b>	<b>\$395,666</b>	<b>\$338,978</b>	<b>\$109,459</b>
<b>EXPENSES</b>					
Audio Visual	\$1,477	\$1,192	\$279	\$1,500	\$1,500
Bank Fee	518	930	756	780	751
Contributions & Affiliations	60,000	10,000	30,000	10,000	10,000
Decorating	607	741	415	350	750
Food & Beverage	8,160	9,959	8,989	10,000	10,000
Honoraria & Awards	35,890	40,960	32,204	36,000	36,350
Office & other Supplies	343	200	100	450	300
Photocopy	95	1	9	25	25
Postage & Distribution	468	901	1,400	825	825
Printing/Typesetting	0	1,282	0	0	0
Newsletter Postage	0	998	0	1,025	1,025
Newsletter Printing	0	2,015	0	2,025	2,025
Newsletter Professional Fees	0	195	0	200	200
Website	540	699	1,140	1,190	30,000
Staff Travel	0	0	71	225	250
Telephone	566	268	550	325	325
Volunteer Travel	386	0	0	1,000	1,000
Staff Coordination	9,358	9,627	9,814	18,142	19,431
Annual Meeting Expense	199,285	241,441	293,557	256,556	0
<b>TOTAL EXPENSES</b>	<b>\$317,693</b>	<b>\$321,409</b>	<b>\$379,284</b>	<b>\$340,618</b>	<b>\$114,757</b>
Investment Earnings	55,192	85,240	6,942	27,168	27,765
<b>NET REVENUE</b>	<b>(\$31,399)</b>	<b>\$170,192</b>	<b>\$23,324</b>	<b>\$25,528</b>	<b>\$22,467</b>

AANS/CNS Section on Cerebrovascular Surgery  
Annual Meeting  
For the Twelve Months Ending June 30, 2012

	<u>FY '10 Final</u>	<u>FY '11 Final</u>	<u>YTD FY '12</u>	<u>FY '12 Budget</u>	<u>FY '13 Budget</u>
<b>Revenues</b>					
Registration Fees	48,500	66,625	98,625	88,500	0
Exhibitor Fees	53,200	59,275	57,300	49,200	0
Exhibitor Sponsorship Revenue	15,000	29,000	36,000	20,000	0
Resident Hands-on Course Revenue	44,100	84,000	123,500	70,000	0
Special Event Revenues	1,725	6,675	5,000	3,000	0
Housing/Reg/Tape Revenue	5,184	10,196	3,967	4,378	0
<b>Total Revenues</b>	<u>167,709</u>	<u>255,771</u>	<u>324,392</u>	<u>235,078</u>	<u>0</u>
<b>Expenses</b>					
Scientific Program	39,685	46,091	47,478	51,564	0
Poster Session	4,941	5,016	4,470	5,602	0
Abstract Management	0	0	0	0	0
Program Book	14,785	11,331	8,969	11,500	0
Special Course	3,026	3,920	9,515	3,108	0
Opening Reception	21,197	30,876	13,547	19,496	0
Committee Dinners/Events	5,422	4,787	2,397	5,200	0
Exhibit Program	5,729	9,122	9,534	6,060	0
Exhibit Marketing	2,289	1,025	1,950	1,500	0
Advanced Registration	12,425	13,795	14,252	14,200	0
On-Site Registration	1,470	2,214	2,328	5,175	0
Preliminary Program	2,932	950	0	950	0
Annual Meeting Promotion	3,316	2,328	945	1,300	0
On-Site Coordination	5,908	5,073	6,518	7,900	0
Staff Coordination	32,302	34,540	49,586	41,550	0
Resident Hands-on Course Expenses	43,134	68,463	121,952	81,452	0
<b>Total Expenses</b>	<u>198,562</u>	<u>239,529</u>	<u>293,441</u>	<u>256,556</u>	<u>0</u>
<b>Net Excess (Loss)</b>	<u>(30,854)</u>	<u>16,242</u>	<u>30,951</u>	<u>(21,478)</u>	<u>0</u>



## AANS/CNS SECTION ON CEREBROVASCULAR SURGERY

### NOTES TO FINANCIAL STATEMENTS

June 30, 2012

#### *General and Administrative*

##### *Revenue*

**Contributions/Sponsorships – Budget \$37,500, Actual \$7,773**

The two expected \$15,000 contributions for sponsorship of the Resident Research Awards were not received.

##### *Expenses*

**Contributions & Affiliations – Budget \$10,000, Actual \$30,000**

The Section elected to make \$20,000 in donations to memorial funds for Dr. Christopher Getch and Ronald Engelbreit.

**Postage – Budget \$825, Actual \$1,400**

1,004 certificates were mailed to CV Resident members in July 2011 at a cost of \$.88 each per Dr. Zipfel.

**Newsletter Postage – Budget \$1,025, Actual \$0**

The Section did an electronic newsletter this year.

**Newsletter Printing – Budget \$2,025, Actual \$0**

The Section did an electronic newsletter this year.

**Newsletter Professional Fees – Budget \$200, Actual \$0**

No expenses were submitted for design of the electronic newsletter.

#### *Annual Meeting*

##### *Revenue*

**Registration Fees – Budget \$88,500, Actual \$98,625**

The registration rate was increased for the 2012 Annual Meeting.

**Exhibitor Fees – Budget \$49,200, Actual \$57,300**

The budget was based on selling 18 booth spaces. 21 booth spaces were sold.

**Exhibitor Sponsorship Revenue – Budget \$20,000, Actual \$36,000**

More sponsorships were received than originally anticipated.

**Resident Hands-on Course Revenue – Budget \$70,000 Actual \$123,500**

More sponsorships were received than originally anticipated.

##### *Expenses*

**Exhibit Program – Budget \$6,060, Actual \$9,034**

Expenses were higher because more booth space was sold than was originally budgeted.

**Staff Coordination – Budget \$41,550, Actual \$49,585**

More staff time was spent than originally budgeted because the meeting coordinator, Rhonda Foss, traveled onsite for the meeting. In the past, the meeting coordinator did not travel to the meeting.

**Resident Hands-on Course Expenses – Budget \$81,452 Actual \$121,952**

A Fellows course was held in conjunction with the Resident course. This resulted in a higher number of attendees, and higher expenses than expected.



# 2012 CNS Conference

Chicago, IL

Dr. Nicholas Bambakidis

Dr. J Mocco



# Program: The Future is Now...

Oral Presentations (2:00 – 3:30)

- Moderators: NCB and JM
- Drake Lecturer : Chris Wallace
- (“Treatment of Cerebrovascular Disorders: If and Why, Not How”)
- Presentation of 2012 Massimo Collice Prize (Jorn Fiestra, Netherlands)
- Presentation of CNS CV Section Fellowship (Dr. Gallati, Rochester NY)



# CNS 2012

- “Simulators and their Potential Role in Cerebrovascular Training” (Bernard Bendok)
- “Aneurysm Treatment – the New Generation of Tools and How They’re Changing the Game” (Guiseppe Lanzino)
- “The Cerebrovascular Surgeon of the Future – Is Neurosurgery Leading the Way or Have We Lost Our Way?” (David Langer)

# 2013 CV Section

Honolulu, HI

Dr. Nicholas Bambakidis

Dr. Ketan Bulsara

# 2013 CV Section

- Program Planning Committee Members

- Ketan R. Bulsara (CV section) and Don Heck (SNIS) co-chairs

- CV section Committee

- Nicholas Bambakidis

- J Mocco

- Peter Nakaji



- SNIS Committee



- Adnan Siddiqui

- Kristine Blackham

- Mike Hill

- Blaise Baxter

- Shazam Hussein

- **2013 Joint SNIS/Joint AANS/CNS Cerebrovascular Program (also in collaboration with Mt. Bandai Symposium Neuroscience/Pan-Pacific Neurosurgery Conference)**

- **February 2<sup>nd</sup>-3<sup>rd</sup>: Fellows Neuroendovascular Course (J. Mocco coordinating with Richard Kluczniz)**

- **February 3<sup>rd</sup>**

- **9:00-12:00 Socioeconomics of Neurovascular care**

- **Moderators: Alex Khalessi (confirmed); Bernard Bendok**

- **-9:00-9:20am What does the new Health Care law mean to you? (Bambakidis (confirmed))**

- **-9:20-9:30 am Coding tips for open cases (John Wilson)**

- **-9:30-9:50 am Coding tips for endovascular cases (Henry Woo)**

- **(confirmed)**

- **-9:50-10:00 am break**

- **-10:00 – 10:20 Medico-legal issues (DH on working on this)**

- **-10:20 – 10:40 Setting up a Full Service Stroke Center at Academic Center (Cockroft (confirmed))**

- **-10:40 – 11:00 Setting up a Neurovascular Center in a non-university setting (Erol Vez (confirmed))**

- **11:00 pm-12:30 pm Lunch**

- 1:00pm-5pm Nuances in the management of complex vascular lesions: Tricks and pitfalls
- Moderators: Daniel Hanggi (confirmed), Judy Huang (confirmed), Ricardo Hanel
- (confirmed)
- Aneurysms:
- 
- Wide-necked anterior circulation
- 12:30-12:45pm Microsurgical (Sander Connolly)
- 12:45-1:00pm Endovascular (Felipe Albuquerque (confirmed))
- 1:00-1:15pm Combined open and endovascular treatment of aneurysms
- (Elad Levy (confirmed))
- 1:15-1:30pm Microsurgical treatment of previously coiled aneurysms
- (Rossana Romani) (confirmed)
- 1:30-1:45pm Management of giant aneurysms (Lalligan Sekhar
- ( confirmed))
- 1:45-2:00pm Role of microsurgery in posterior circulation aneurysms
- (Neil Martin (confirmed))
- 2:00-2:15pm Full Exposure of Ruptured Cerebral Aneurysm
- (Naoki Nakayama, Hokkaido Univ. ) (confirmed)
- 2:15-2:30pm Management of aneurysms not amenable to endovascular
- treatment (Takanori Fukushima (confirmed))
- 
- 2:30-2:45pm Break



**Moderators: Adam Arthur (confirmed), Ricardo Hanel (confirmed), Judy Huang (confirmed)**

**AVMS/Cavernomas:**

**2:45-3:00pm Nuances of radiosurgery for AVM treatment (William Friedman) (confirmed)**

**3:00-3:15pm Embolization for AVM cure (Berenstein)(confirmed)**

**3:15-3:30pm Goals of preoperative embolization (Fernando**

**Vinuela)(confirmed)**

**3:30-3:45pm Microsurgery for AVMs: technical pearls (Mike Lawton**

**(confirmed)**

**3:45-4:00pm Multimodality AVM therapy: The Karolinska Institute**

**Experience:**

**Tiit Mathisen (confirmed)**

**4:00-4:15pm Fiber tracking and brainstem cavernous malformations: Robert Friedlander (confirmed)**

**4:15-4:30pm Break**

**Moderators: Jon White (confirmed); Chris Ogilvy (confirmed),  
Complex unconventional bypass surgery**

**4:30-4:45pm (Hiroyasu Kamiyama (confirmed)**

**4:45-5:00 Rokuya Tanikawa (confirmed)**

**5:00-5:15pm Luca Regli (confirmed)**

**5:15-5:30pm (Hiroyuki Kinouchi (confirmed Treatment of aneurysms with and without bypass)**



- **February 4<sup>th</sup>:**

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- **7:00-7:50 am** **Breakfast in exhibit hall**

- 
- **7:50-8:00 am** **Opening remarks**

- 
- **8:00-10:00 am** **Combined Session-Cerebrovascular Disease Controversies**

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- Moderator(s): **Jacques Morcos confirmed, Michael Alexander confirmed**

- (each speaker 10 minutes each and 4 minute for questions)

- **8:00-8:24 am** Ruptured/unruptured MCA aneurysm: **Ali Krisht confirmed** and **Jacques Moret confirmed**

- **8:24-8:48 am** Unruptured aneurysm (treat or not): **Akio Morita confirmed** and **Robert Brown confirmed**

- **8:48-9:12 am** Giant aneurysms: Lalligam **Sekhar confirmed** and **Pedro Lylyk confirmed**

- **9:12-9:36 am** Dural fistulae with cortical venous drainage and no hemorrhage: Toronto group **Karl TerBrugge confirmed** and **Colin Derdeyn confirmed**


- **9:36-10:00 am** Brainstem cavernous malformations; Helmut Bertalanffy and **William Friedman confirmed**

- 
- **10:00 – 10:45 am** **Abstracts (combined session)**

- **Moderator: Phil Myers (confirmed), Shazam Hussein (confirmed)**

- 
- **10:45-11:15 am** **Break in exhibit hall**

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**11:15-12:00 am**

**Session 1 (ICH Management the Evidence)**

**Moderator: Aman Patel confirmed, Louis Kim confirmed**

**11:15 am – 11:30 pm Aneurysms**

**Speaker: Greg Thompson confirmed**

**11:30 – 11:45 pm Dural Fistulae**

**Speaker: Greg Zipfel confirmed**

**11:45 pm – 12:00 pm Brainstem Cavernomas**

**Speaker: Joseph Zabramski confirmed**

**Session 2 (Iatrogenic Stroke, What is the *Real* Risk)**

**Moderator: Arun Amar confirmed, DH to Pick**

**11:15-11:30 am Aneurysm coiling John Wong confirmed**

- 11:30-11:45 am Flow Diversion **Adnan Siddiqui confirmed**
- 11:45-12:00 am Carotid stenting **Martin Brown (confirmed)**
- 12:00-12:30 pm **Abstracts (Parallel sessions)**
- **Moderators Session I hemorrhagic stroke (Siverio Agazzi confirmed, David Hassan confirmed)**
- **Moderator Session II ischemic stroke (Arun Amar confirmed, DH to Pick )**
- 
- 12:30-1:30 pm **Sponsored Lunch Symposium**
- 1:30-2:00 pm **Break in exhibit hall**
- 2:00-3:00 pm **Lussenhop Lecture**
- 
- **Moderators: Brian Hoh and Peter Nakaji both confirmed** 2:00 – 2:15 PM
- CV section Chair's Address **Sepideh Amin-Hanjani**
- 
- 2:15-2:20 PM
- CV Section Resident Research Award
- Presentation of Award
- 
- 2:20-2:25 PM
- Introduction of Luessenhop Lecture **Sepideh Amin-Hanjani**
- 
- 2:25 – 2:55 PM
- Luessenhop Lecture
- 
- 2:55 – 3:00 PM
- Questions & Answers

- 3:00-3:45 pm Abstracts
- Moderator: (Roc Chen confirmed, Kristine Blackham confirmed)
- 
- 3:45-4:30 pm Sponsored Afternoon symposium
- 
- 4:30-4:45 pm Break in exhibit hall
- 
- 4:45-6:30 pm
- 
- Session 1 (Moya Moya)
- Moderator: Gary Steinberg confirmed, Chang Wan On confirmed,
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- 4:45-5:00pm Diagnostic imaging of Moya Moya Ken Kazumata **confirmed**
- 5:00-5:15pm How to select patients for surgery Kenichiro Kikuta confirmed
- 5:15-5:30pm Management of Childhood Moya Moya: **Edward Smith confirmed**
- 5:30-5:45pm Management of Adult Moya Moya: Satoshi **Kuroda confirmed**
- 5:45-6:00pm Pearls for indirect bypasses **Nester Gonzalez confirmed**
- 6:00-6:15pm Pearls for direct bypasses Yoshikazu **Okada confirmed**
- 6:15-6:30pm Basic science revelations about Moya Moya **Houkin confirmed**



- **Session 2 Ischemic Stroke Topics**

- **Moderator: Ray Turner (confirmed), Italo L'Infante (confirmed)**

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- **4:45-5:05 pm** Spinal cord stroke (**Philippe Gailloud confirmed**)

- **5:05-5:25 pm** Is there a future for ICAD intervention? (**Marc Chimowitz confirmed**)

- **5:25-5:45 pm** Predictors of bad outcome in stroke intervention-what you might not have thought of (**Joe Broderick confirmed**)

- **5:45-6:00 pm** Discussion

- 

- **7:00 pm Reception/Dinner**

- February 5<sup>th</sup>:
- 7:00-7:45 am Breakfast
- 7:45-9:45 am Stroke Debates
- 
- Moderator: **Bill Mack confirmed, Mike Hill confirmed**
- 
- 7:45-8:00 am Endovascular Stroke Intervention: a clinically effective treatment for acute ischemic stroke: **(Raul Nogueira-confirmed)**
- 8:00-8:15 am There is no role for endovascular stroke intervention outside of randomized trials: **(William Powers-confirmed)**
- 8:15-8:30 am Endovascular stroke treatment must be allowed and reimbursed outside of randomized trials: **(J Mocco-confirmed)**
- 8:30-8:40 Discussion
- 
- 8:40-8:55 am Advanced imaging identifies patients with delayed presentation who can still be salvaged: **(Quil Turk confirmed)**
- 8:55-9:10 am Angiographic collaterals predict the outcome: **(David Liebeskind, UCLA —confirmed)**
- 9:10-9:15 am Discussion
- 
- 9:15-9:30 am Asymptomatic carotid stenosis is a medical disease: **Anne Abbott (confirmed)**
- 9:30-9:45 am Asymptomatic carotid stenosis requires aggressive treatment: **Tom Brott (confirmed)**
- 9:45-9:50 am Discussion

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- 9:50-10:00 am SNIS president's update Michael Alexander
  - 10:00-10:45 Sponsored Morning Symposium
  - 10:45-11:15 am Break in exhibit hall
  - 11:15-12:30 am
  - Session 1 (Stroke Research Updates)
  - Moderator: Peter Rasmussen confirmed, Brian Fitzimmons confirmed
  - 
  - 11:15-11:30 am Update on the Japanese Stroke Registry, **Dr. Yoshimura-confirmed.**
  - 11:30-11:45 am IMS III, **Tom Tomsick—confirmed**
  - 11:45-12:00 am PREMISE, a blinded, sham controlled trial for CCSVI: **Adnan Siddiqui confirmed**
  - 12:00-12:30 am Panel Discussion: When is a surgical treatment mature enough for a randomized trial? (**David Fiorella, Marc Chimowitz, Tom Brott, Kevin Cockroft**)
  - Ongoing Stroke Trials?: DH to invite speaker





■ **Session 2 (Session 2 Microsurgical Revascularization, and Post Stroke Care)**

■ **Moderator: Carlos David confirmed, Bob Carter invited**

■

■ 11:15-11:30pm The role for microsurgical revascularization for cerebral ischemia Fady **Charbel confirmed**

■ 11:30-11:45 What we have learnt about patient selection for microsurgical revascularization **Jacques**

■ **Morcos confirmed**

■ 11:45-12:00 Neurocritical care management of acute stroke: **David Greer confirmed**

■ 12:00-12:15pm Advances in Neuroprotective therapies : **Mike Tymianski confirmed**

■ 12:15-12:30pm Regenerative strategies after stroke: **Robert Friedlander confirmed**

■

■ **12:30-1:30 pm Lunch and Sponsored Afternoon Symposium**

■ **1:30-2:00 pm Dessert break in exhibit hall**

2:00-3:30 pm

**Session 1 (Session 1 Practical Stroke Intervention)**

**Moderator: Joey English invited, DH to invite**


- 2:00-2:15 pm Access for stroke intervention: how I do it and why (**Sam Zaidat invited**)
- 2:00-2:30 pm Technical aspects of using stent retrievers: what I've learned (**Tommy Anderson, Blaise to invite**)
- 2:30-2:45 pm Technical aspects of using aspiration: what I've learned (**Aman Patel confirmed**)
- 2:45-3:00 pm Stroke intervention in the posterior circulation (**Blaise Baxter confirmed**)
- 3:00-3:15 pm Venous sinus thrombosis: is there an interventional option? (**Don Frei-confirmed**)
- 3:15-3:30 pm European experience with new thrombectomy devices (**Peter Schramm-invited**)

**Session 2 (Session 2 Lessons Learned)**

**Moderator: Sean Lavine confirmed, Yoshiaki Shiokawa confirmed, Tooru Inoue invited**

What the case I will never forget taught me

- 2:00-2:15pm Bypass surgery: Amir **Dehdasti confirmed**
- 2:15-2:30pm Aneurysm : **Gavin Britz confirmed**
- 2:30-2:45pm AVM: Peter **Nakaji confirmed**
- 2:45-3:00pm Cavernoma: Murat **Gunel confirmed**
- 3:00-3:15pm Dural fistula: Pascal **Jabbour confirmed**

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- **3:30-4:15 pm** **Sponsored Afternoon Symposium**
  - **4:15-4:45 pm** **Break in Exhibit Hall**
  - **4:45-5:15**
  - **Moderator: Blaise Baxter confirmed, Cameron MacDougall invited**
  - **Combined Session- Ischemic Stroke and Hemorrhagic Cases with Audience Polling**
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  - **5:15-6:15 pm** **Combined Session-Vasospasm**
  - **Moderator: Charlie Prestigiacamo invited, Mark Harrigan confirmed, Aaron Dumont confirmed**
  - **5:15-5:30 pm** Pathophysiology of cerebral vasospasm **Loch MacDonald confirmed**
  - **5:30-5:45 pm** Optimizing detection of cerebral vasospasm **(Rocco Armando confirmed)**
  - **5:45-6:00 pm** Advancements in ICU management of cerebral vasospasm **Daniel Hangii (confirmed)**
  - **6:00-6:15 pm** Treatment of cerebral vasospasm **(Todd Abruzzo confirmed)**
  - 
  - **6:15 pm** **Closing Remarks**



# 2013 ISC Meeting

Honolulu, HI

Drs. Albuquerque, Carter,  
Patel



# ISC Meeting 2013

- Acute Endovascular Treatment of Stroke



# Invited Symposium

- Building Definitive Evidence for Acute Endovascular Stroke Therapies



# Talks: February 6, 2013; 7:40-9:10 am

- Completed and Ongoing Trials of Acute Endovascular Therapies: An Overview
- Trials Comparing Devices: SWIFT and Others
- Comparing IV to IA Therapy: Synthesis and BASICS Trials
- Novel Selection Paradigms: The Penumbra THERAPY Trial, etc.
- Discussion



# Abstract Sessions: February 6 and 7

- Oral Abstract I: 7 talks
- Oral Abstract II: 7 talks
- Moderated Poster Tour IA: 6
- Moderated Poster Tour IB: 6
- Moderated Poster Tour II: 6
- Poster Session I: 30
- Poster Session II: 30






# 2013 AANS Meeting

New Orleans, LA

Drs. Bambakidis, Mocco



# Meeting Theme – “Changing our culture to advance patient safety”

- Donaghy Lecture – Fady Charbel MD
- Symposium - TBD



# Standing Committees/ Project updates

AANS/CNS Washington Committee

# Washington Committee Update


Katie Orrico



# Coding and Reimbursement Subcommittee

Dr. Edward Vates

Dr. John Wilson



# Joint Guidelines Committee & CV Section Guidelines Committee

Dr. Sepideh Amin-Hanjani



# Joint Guidelines Committee & CV Section Guidelines Committee

Dr. Sepideh Amin-Hanjani



# Guidelines and CV Section

## ■ AANS/CNS Joint Guidelines Committee

- CV representation: Amin-Hanjani, Cockroft (Co-Vice Chairs), Hoh, Khalessi, Lavine, Levy, Mack, Mocco, Zipfel
- Review of documents meeting criteria for a Guidelines document

## ■ CV Section Guidelines Committee

- New Chair : Cockroft
- Review of broader range of documents including consensus statements, technical reports, standards, etc.





# AHA/ASA projects

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

- SAH guidelines: (Writing Committee Chair: Connolly; AANS/CNS representative: Hoh).
  - Endorsed by AANS/CNS, published May 2012.
  
- Acute Stroke guidelines: (designated peer reviewer: J Mocco)
  - Endorsed by AANS/CNS, publication pending
  
- 1<sup>o</sup> and 2<sup>o</sup> prevention: (AANS/CNS representative: Wilson)
  - Commissioned
  
- ICH guidelines: (AANS/CNS representative: Bendok)
  - Commissioning delayed to Feb/March 2013

## Other upcoming projects:

- Definition of Stroke (designated peer reviewer: Welch)
  - Revised manuscript under review
- Risk of Cervical Arterial Dissection after Chiropractic Manipulation (AANS/CNS rep: Albuquerque)
  - Commissioned, underway
- Palliative and End of Life Care in Stroke (AANS/CNS rep: Zipfel )
  - Commissioned, underway
- Evaluation/Management of Malignant Infarctions (AANS/CNS rep: Carter)
  - Commissioned
- Women's Guidelines for stroke (AANS/CNS rep: Awad)
  - Commissioned
- Unruptured aneurysms (AAN/CNS rep: Cockroft; Chair: Thompson)
  - Commissioned
- Eligibility of IV tPA treatment of acute ischemic stroke
  - Pending



# AHA/ASA projects

## Potential future projects

- Management of Brain AVMs
- Dural AVFs
- Cavernomas



# AHA/ASA projects

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

- SAH guidelines: (Writing Committee Chair: Connolly; AANS/CNS representative: Hoh).
  - Endorsed by AANS/CNS, publication May 2012.
  
- Acute Stroke guidelines: (designated peer reviewer: J Mocco)
  - Reviewed; revised copy pending
  
- 2<sup>o</sup> prevention: (AANS/CNS representative: Wilson)
  - Due for commissioning in April
  
- ICH guidelines: (AANS/CNS representative: Bendok)
  - Commissioned



# AHA/ASA projects

## Other upcoming projects:

- Definition of Stroke (designated peer reviewer: Welch)
  - Reviewed, revised copy pending
- Risk of Cervical Arterial Dissection after Chiropractic Manipulation (AANS/CNS representative: Albuquerque)
  - Commissioned
- Palliative and End of Life Care in Stroke (AANS/CNS representative: Zipfel )
  - Commissioned
- Evaluation and Management of Malignant Infarctions (AANS/CNS representative: Carter)
  - Due to be commissioned



# AHA/ASA projects

## Upcoming projects SOC:

- Women's stroke guidelines
- Update on unruptured aneurysms

## Potential future projects

- Management of Brain AVMs
- Dural AVFs
- Cavernomas



# National Quality Forum

Dr. Kevin Cockroft



NATIONAL  
QUALITY FORUM

Neurology Endorsement Maintenance –  
Phase I

DRAFT TECHNICAL REPORT FOR COMMENT

July 13, 2012

Measure group #5: Mortality and Readmissions

Number and Title	0467 Acute Stroke Mortality Rate (IQI 17)	2026 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following an acute ischemic stroke hospitalization	2027 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization
<b>Measure focus</b>	In-hospital death	Death (any cause) within 30 days of index admission	Readmission (any cause) within 30 days of index discharge
<b>Patient population</b>	Patients 18+, principal dx=stroke	Patients 65+, 12 months FFS Medicare Part A/B, principle dx=acute ischemic stroke	Patients 65+, 12 months FFS Medicare Part A/B, principle dx=acute ischemic stroke
<b>Denominator exclusions</b>	Transferring to another short-term hospital, MDC 14 (pregnancy, childbirth, and puerperium), missing discharge disposition, gender, age, quarter, year or principal diagnosis	Transferred from another acute care hospital, with inconsistent or unknown mortality status or other unreliable data, discharged against medical advice (AMA), enrolled in the Medicare hospice program any time in the 12 months prior to the index hospitalization including the first day of the index admission	Within hospital death, transferred to another acute care facility, discharged against medical advice (AMA), without at least 30 days post-discharge claims data, only one 30-day readmission counted, no hospitalization counted as both a readmission and an index admission
<b>Timeframe</b>	In-hospital	Within 30 days	Within 30 days
<b>Level of analysis</b>	Facility	Facility	Facility
<b>Data source</b>	Administrative claims	Administrative claims, other	Administrative claims





# Neurovascular Coalition

Drs. Wilson and Cockcroft



# SNIS Update

Dr Michael Alexander  
President, SNIS

# *Update on the SNIS 2012*



*Michael J. Alexander, MD FACS  
Professor and Clinical Chief  
Department of Neurosurgery  
Cedars-Sinai Medical Center  
Los Angeles, California*

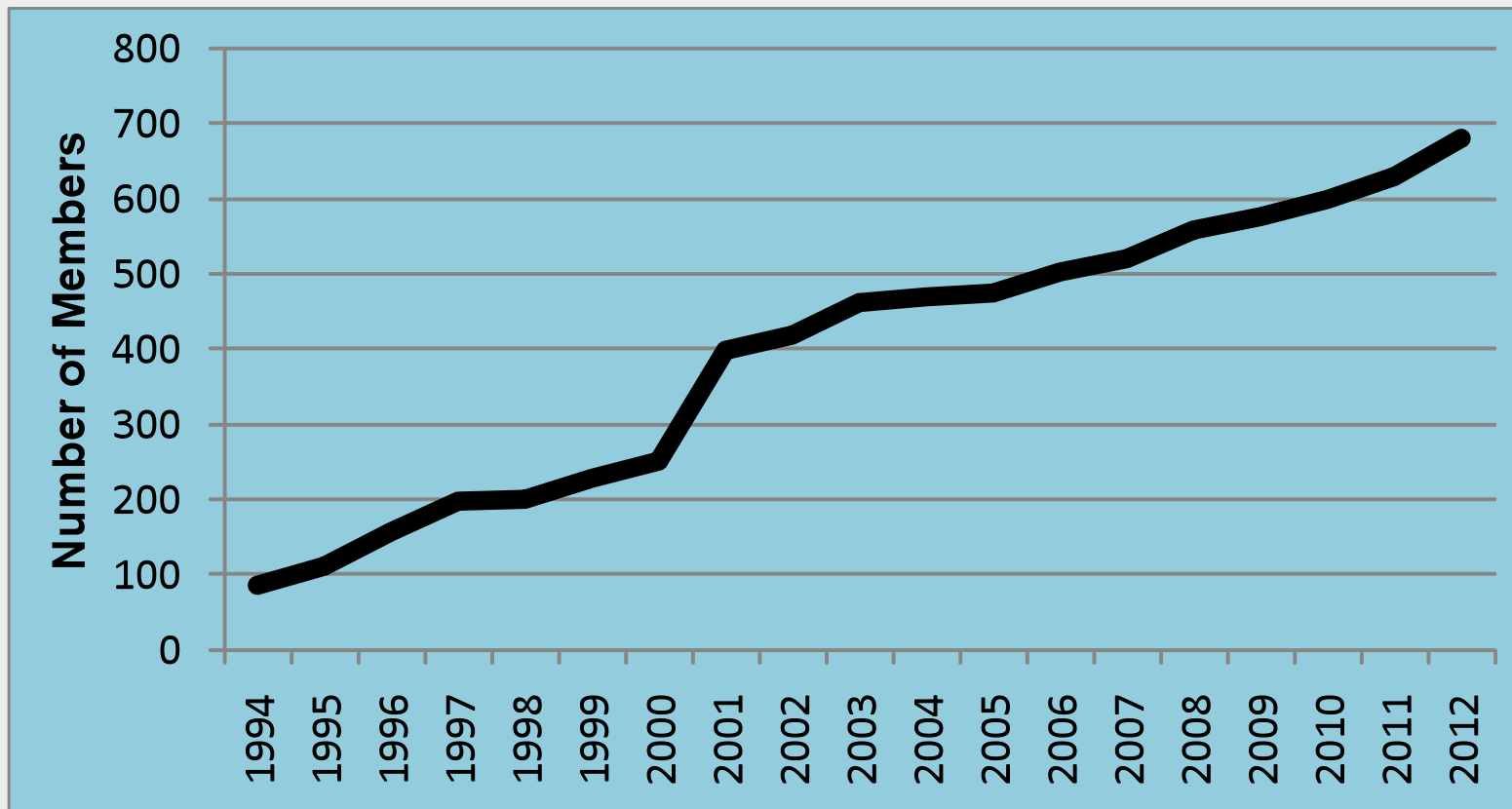
*President, Society of NeuroInterventional Surgery*



# Leadership

- Cameron McDougall – Second Past President
- Josh Hirsch – Past President
- Michael Alexander – President
- Philip Meyers – President-Elect
- Peter Rasmussen – Vice President
  
- Michael Kelly – Neurosurgery Member-at-Large

# Membership Update



# Recent Meetings

*SNIS Annual Meeting*

*San Diego, California*

*715 attendees*

*Guest speaker: Dr. Peter Carmel*

---

*Fellows course - 71 attendees*



*IESC Stroke Practicum at  
ASNR*

*New York, New York*

*291 attendees*

# Future Meetings

*SNIS Annual Meeting 2013  
Loews Miami Beach Hotel  
Miami, FL*



*Joint CV Section and IESC Meeting 2013  
Sheraton Waikiki Hotel  
Honolulu, HI*



*SNIS Annual Meeting 2014  
The Broadmoor  
Colorado Springs, CO*



# Publications - Journal Update

*Initial publication July 2009 as a quarterly journal*

*Indexed in Thomson-Reuters 2010*

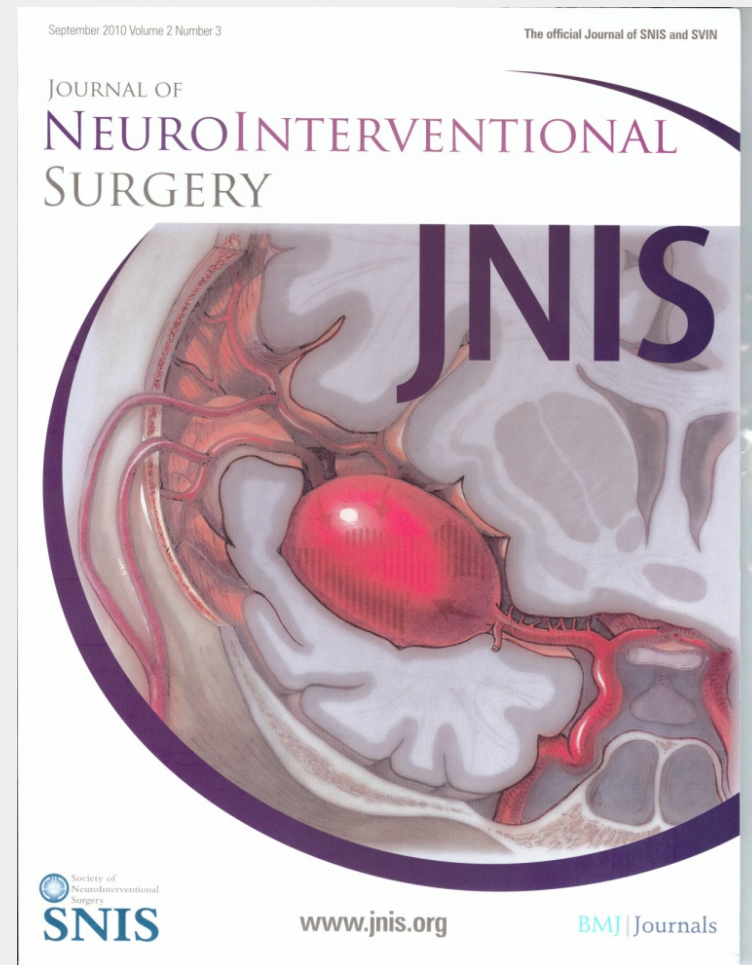
*Initial impact factor 1.07*

*Indexed in Pub Med / Medline September 2011*

*Transition to bi-monthly publication in January 2012*

*Increased submissions from U.S. and international, ? More frequent issue publication*

*Official journal for SNIS, SVIN, ANZSNR, ? Pacific Rim NeuroInterventional Societies*





# JNIS Submissions 2011-12

- Australia
- Belgium
- Brazil
- Canada
- China
- France
- Germany
- India
- Iran, Islamic Republic of
- Israel
- Italy
- Japan
- Korea, Republic of
- Netherlands
- Serbia
- Spain
- Sweden
- Taiwan
- Turkey
- United Kingdom
- United States





# Advocacy

- FDA Panel on intracranial stent HDE review
- NINDS/NIH Stroke Work Group
- FDA position statement for venous stenting in MS
- Anthem BC policy review for thrombectomy in AIS
- Abbott application for carotid stenting revised FDA approval indications
- Vertebral augmentation – multiple payer policy reviews
- Comprehensive Stroke Center designation criteria



# Accreditation and Board

- Alarming increase in number of NeuroInterventional fellowship programs
- Standard for fellowship training not standardized
  - ACGME criteria need to be revised
- Formation of multi-discipline accreditation pathway with board certification
  - Ensure quality minimum training standards for all NeuroInterventionalists regardless of specialty



# SVIN Liaison

Dr. J Mocco



# Neurocritical Care Society Liaison

Dr. Sung



# Brain Attack Coalition

Dr. Judy Huang



# Membership Update

Dr Gregory J. Zipfel

# CV Section Membership Update

## Current Members

Active	394	(+21)
International	50	(+1)
Adjunct Associate	42	(+3)
	<b>486</b>	<b>(+25)</b>

Senior	98
Resident	1,311

## Applications for vote


Active	3
International	0
Adjunct Associate	4





# Continuing membership initiatives

- Annual E-blasts to identify new members
  - Recent graduates (September 2012)
  - SNIS (September 2012)
  - NASBS (September 2012)



# Membership Applications for Discussion and Vote

## Applicant

- Beverly Aagaard Kienitz MD
- Arani Bose MD
- Luis Fernando Gonzalez MD
- Charles C. Matouk MD
- Alfio P. Piva MD
- Steven Quarfordt MD
- Daniel Sahlein

## Category

Adjunct  
Adjunct  
Active  
Active  
Active  
Adjunct  
Adjunct



# Fundraising Committee

Drs. Hoh and Rasmussen



# Research Fellowship Committee

Dr. Robert J. Dempsey

Dr. Peter Rasmussen

# CV Research Award Update



University of Wisconsin  
**SCHOOL OF MEDICINE  
AND PUBLIC HEALTH**

Department of Neurological Surgery

## **Cerebrovascular Research Award Update – 2013**

As Chair of the Robert J. Dempsey, MD, Cerebrovascular Research Award, I am pleased to report the Cerebrovascular Section of the American Association of Neurological Surgeons and The Congress of Neurological Surgeons plans to once again award two \$15,000 Resident Research Awards in Cerebrovascular Disease in 2013.

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.

The Joint Section has taken on the responsibility of fundraising to establish ongoing funding. Information and applications for the 2013 award are being sent to program directors, neurosurgery journals, and appropriate websites at this time with applications due by March 1, 2013. 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 Report

Gregory J. Zipfel

## **Committee Members**

Bill Ashley

Bernard Bendok

Bob Carter

Roc Chen

Amir Dehdashti

Aclan Dogan

Rose Du

Edward Duckworth

Chirag Gandhi

Bill Mack

Clemens Schirmer

Scott Simon

Babu Welch



# Update

- New website design in progress
  - Contract signed with Vividsites  
(September 6)
  - Website kickoff web meeting held  
(September 14)
  - Website committee working meeting scheduled  
(October 8)
  - Time table = 3-4 months





# Curriculum Development & Education Committee

Dr. Bernard Bendok



# CNS Webinars 2012

Date	Planning Docs	Subspecialty	Topic(s)	Moderator
March 27, 2012	Free Guidelines Webinar: Review of Guidelines for the Management of Severe Traumatic Brain Injury	Jamie Ullman	Jamshid Ghajar, Gerald Grant	<ol style="list-style-type: none"> <li>1. Describe the physiology of severe traumatic brain injury</li> <li>2. Evaluate recent guidelines on severe traumatic brain injury</li> <li>3. Discuss prognosis and cognitive outcome after traumatic brain injury</li> </ol>
April 3, 2012	Intracranial Arteriovenous Malformations Innovative Use of All the Tools: Microsurgical, Radiosurgical and Interventional Approaches	Bernard Bendok, Andy Ringer	Felipe Albuquerque, Michael Lawton, Adnan Siddiqui	<ol style="list-style-type: none"> <li>1. Discuss the microsurgical indications, techniques and complications avoidance for AVMs</li> <li>2. Discuss the endovascular indications, techniques and complications avoidance for AVMs</li> <li>3. Discuss the radiosurgical indications, techniques, and complications avoidance for AVMs.</li> </ol>
April 24, 2012	Oral Board Review	Taryn M. Bragg, Bermans Iskandar, Art Dipatri	Taryn M. Bragg, Bermans Iskandar, Art Dipatri, Christopher Baggott	<ol style="list-style-type: none"> <li>1. Identify cutaneous manifestations associated with congenital spinal abnormalities</li> <li>2. Discuss the treatment of various types of spina bifida</li> <li>3. Identify and discuss the treatment of posterior fossa tumors, pineal region tumors, Chiari malformations, syringomyelia, hydrocephalus, brainstem gliomas, craniosynostosis and plagiocephaly.</li> </ol>
April 25, 2012	Oral Board Review	Ricardo Hanel, John Wilson, Andrew Ringer	Ricardo Hanel, John Wilson, Andrew Ringer	<ol style="list-style-type: none"> <li>1. Discuss the natural history, data, and surgical management algorithms for ruptured and unruptured INTRACRANIAL aneurysms.</li> <li>2. Describe the interplay of endovascular, surgical and gamma knife therapy for arteriovenous malformations with an emphasis on treatment indications.</li> <li>3. Identify the diagnosis and treatment for AVF and CCF.</li> <li>4. Explain the data supporting the treatment of asymptomatic and symptomatic carotid atherosclerotic disease with complication thresholds for CEA and CAS benefit.</li> </ol>
April 26, 2012	Oral Board Review	Amgad Hanna, Robert Spinner, Olawale Sulaiman	Amgad Hanna, Robert Spinner, Olawale Sulaiman,	<ol style="list-style-type: none"> <li>1. Discuss different entrapment neuropathies and how they present clinically,</li> <li>2. Describe the relevant evaluation options for specific peripheral nerve injuries</li> <li>3. Discuss approaches to surgical treatment of common nerve pathologies.</li> </ol>
May 1, 2012	Free Guidelines Webinar: Summary of Guidelines for the management of acute ischemic stroke and intracerebral hemorrhage	Adnan Siddiqui, Jose Biller	Sepideh Amin-Hanjani, Brian Hoh, Erol Veznedaroglu	<ol style="list-style-type: none"> <li>1. Evaluate guidelines on subarachnoid hemorrhage management</li> <li>2. Evaluate guidelines on intracerebral hemorrhage management</li> </ol>
May 8, 2011	Minimally Invasive Spine: Innovations and Complication avoidance	Robert Issacs, Stefan Mindea	Rick Fessler, John Liu, Larry Khoo	<ol style="list-style-type: none"> <li>1. Describe techniques for minimally invasive spine</li> <li>2. Assess techniques for minimally invasive spine</li> <li>3. Discuss complication avoidance in minimally invasive spine</li> </ol>
May 22, 2011	Controversies in Treating Anterior skull base tumors: Endoscopic or traditional skull base approaches	Daniel Yoshor, Jim Evans	Ossama Al Mefty or Jacque Morocos, Ted Schwartz, Ed Laws	<ol style="list-style-type: none"> <li>1. Describe indications for endoscopic skull base surgery</li> <li>2. Discuss the advantages of traditional skull base approaches</li> <li>3. Compare endoscopic to traditional skull base approaches</li> </ol>
June 7, 2012	Follow-up Free Guidelines Webinar: Case-based update on Guidelines on Severe Traumatic Brain Injury	Jamie Ullman	Jamshid Ghajar, Shelly Timmons	<ol style="list-style-type: none"> <li>1. Describe the physiology of severe traumatic brain injury</li> <li>2. Evaluate recent guidelines on severe traumatic brain injury</li> <li>3. Discuss prognosis and cognitive outcome after traumatic brain injury</li> </ol>
September 6, 2012	Complex Spine Surgery: Techniques, Complication avoidance and case illustration	Michael Rosner, Frank La Marca	Tyler Koski, Patrick Hsieh, Christopher Ames	<ol style="list-style-type: none"> <li>1- Discuss the importance of biomechanics and saggital and coronal balance when treating complex spinal diseases.</li> <li>2. Discuss surgical approaches and technical nuances of complex spine surgery</li> <li>3. Discuss complication avoidance of complex spine surgery</li> </ol>

Date	Planning Docs	Subspecialty	Topic(s)	Moderator
<b>September 13, 2012</b>	Follow-up Free Guidelines Webinar: Summary of Guidelines for the management of acute ischemic stroke and intracerebral hemorrhage	Adnan Siddiqui	Sepideh Amin-Hanjani, Erol Veznedaroglu	<ol style="list-style-type: none"> <li>1. Evaluate guidelines on subarachnoid hemorrhage management</li> <li>2. Evaluate guidelines on intracerebral hemorrhage management</li> </ol>
<b>September 18, 2012</b>	The Moving Target of Concussion: Evolving approaches to an important public health dilemma	Russ Lonser, Steven Casha	Hunt Batjer, Richard Ellenbogen, Kevin Guskiewicz, Margo Petukian	<ol style="list-style-type: none"> <li>1. Define brain concussion</li> <li>2. Describe mechanisms of concussion prevention and analysis</li> <li>3. Discuss approaches to patients with concussion</li> </ol>
<b>October 18, 2012</b>	Free Guidelines Webinar: Update on the Guidelines for the Management of Cervical Spine Trauma	James Harrop	Beverly Walters, Nicholas Theodore	<ol style="list-style-type: none"> <li>1. Recognize the etiology and pathophysiology of cervical spine trauma.</li> <li>2. Identify the classification of cervical spine injury and fractures</li> <li>3. Summarize the guidelines on the management of cervical spine trauma</li> </ol>
<b>October 23, 2012</b>	Oral Board Review	Taryn M. Bragg, Bermans Iskandar, Art Dipatri	Taryn M. Bragg, Bermans Iskandar, Art Dipatri	<ol style="list-style-type: none"> <li>1. Identify cutaneous manifestations associated with congenital spinal abnormalities.</li> <li>2. Discuss the treatment of various types of spina bifida.</li> <li>3. Identify and discuss the treatment of posterior fossa tumors, pineal region tumors, Chiari malformations, syringomyelia, hydrocephalus, brainstem gliomas, craniosynostosis and plagiocephaly.</li> </ol>
<b>October 24, 2012</b>	Oral Board Review	Ricardo Hanel, John Wilson, Andrew Ringer	Ricardo Hanel, John Wilson, Andrew Ringer	<ol style="list-style-type: none"> <li>1. Understand natural history, data, and surgical management algorithms for ruptured and unruptured INTRACRANIAL aneurysms.</li> <li>2. Recognize the interplay of endovascular, surgical, and gamma knife therapy for arteriovenous malformations with an emphasis on treatment indications.</li> <li>3. Diagnosis and treatment of AVF and CCF.</li> <li>4. Master the data supporting the treatment of asymptomatic and symptomatic carotid atherosclerotic disease with complication thresholds for cea and cas benefit.</li> </ol>
<b>October 25, 2012</b>	Oral Board Review	Amgad Hanna, Robert Spinner, Olawale Sulaiman, Allan Levy	Amgad Hanna, Robert Spinner, Olawale Sulaiman, Aruna Ganju	<ol style="list-style-type: none"> <li>1. Differentiate the surgical anatomy of peripheral nerves.</li> <li>2. Apply surgical approaches to peripheral nerves.</li> <li>3. Utilize important differential diagnoses of common problems such as sciatic pain and foot drop.</li> </ol>
<b>November 6, 2012</b>	Follow-up Free Guidelines Webinar: Case-based update on Guidelines for Severe Traumatic Brain Injury	Jamie Ullman	Jamshid Ghajar, Patricia Raksin	<ol style="list-style-type: none"> <li>1. Describe the physiology of severe traumatic brain injury</li> <li>2. Evaluate recent guidelines on severe traumatic brain injury</li> <li>3. Discuss prognosis and cognitive outcome after traumatic brain injury</li> </ol>
<b>November 13, 2012</b>	Complex Aneurysms: Creative solutions to daunting problems	Jacques Morcos, Adam Arthur	Robert Spetzler, Elad Levy, Greg Thompson	<ol style="list-style-type: none"> <li>1. State the natural history and challenges presented by complex intracranial aneurysms</li> <li>2. Discuss treatment options for complex intracranial aneurysms.</li> <li>3. Describe treatment outcomes related to managing patients with complex intracranial aneurysms.</li> </ol>
<b>December 11, 2012</b>	Follow-up Free Guidelines Webinar: Case-based update on Guidelines for the Management of Cervical Spine Injury	James Harrop	Beverly Walters, Nicholas Theodore	<ol style="list-style-type: none"> <li>1. Recognize the etiology and pathophysiology of cervical spine trauma.</li> <li>2. Identify the classification of cervical spine injury and fractures</li> <li>3. Summarize the guidelines on the management of cervical spine trauma</li> </ol>



# Bylaws/Rules & Regulations Committee

Dr. Charles Prestigiacomo



## **2 new proposals approved at the CNS meeting Executive Council Meeting.**

#1 As it currently stands, applications that are complete need to wait several months before receiving “rubber stamp” approval at the next EC meeting. Other Sections applications are approved once application is complete



## **2 new proposals approved at the CNS meeting Executive Council Meeting.**

#2 SVIN to appoint a liaison to represent them at the CV EC meeting, and for us to have a reciprocal seat at their meeting.



# Nominating Committee

Dr. E. Sander Connolly






# Old Business



N2QOD

Drs. Connolly, Mocco,  
Wilson



Junior Resident / Fellow  
Endovascular Course

Dr Mocco



# Neuropoint Alliance

Dr Kevin Cockroft



# IAC carotid stent facility accreditation standards

Dr Kevin Cockroft



CAROTID STENTING | ICACSF

# **The IAC Standards for Carotid Stenting Accreditation**

## **Table of Contents**

*All entries in Table of Contents are linked to the corresponding sections. There is also a link at the bottom of each page to return to the Table of Contents.*

<b>Introduction</b> .....	<b>3</b>
<b>SECTION 1: Personnel and Supervision</b> .....	<b>4</b>
STANDARD – Medical Director .....	4
STANDARD – Medical Staff .....	5
STANDARD – Technical/Administrative Director .....	6
STANDARD – Interventional Technologist(s) .....	7
STANDARD – Interventional Nurse(s) .....	8
STANDARD – Neurological Assessment Examiner(s) .....	9
STANDARD – Ancillary Personnel .....	10
STANDARD – Medical Physicist .....	10
<b>SECTION 2: Physical Facilities</b> .....	<b>12</b>
STANDARD – Physical Space .....	12
STANDARD – Equipment and Instrumentation .....	13
STANDARD – Equipment and Instrumentation Quality Control .....	15
<b>SECTION 3: Volume of Clinical Procedures</b> .....	<b>16</b>
STANDARD – Facility Volume .....	16
<b>SECTION 4: Process</b> .....	<b>17</b>
STANDARD – Procedures and Protocols .....	17
<b>SECTION 5: Quality Improvement</b> .....	<b>20</b>
STANDARD – Quality Improvement .....	20
<b>Selected Bibliography</b> .....	<b>25</b>
<b>Appendix</b> .....	<b>26</b>
<b>IAC Carotid Stenting Sponsoring Organizations</b> .....	<b>28</b>

## IAC Carotid Stenting Sponsoring Organizations

A nonprofit organization, the IAC Carotid Stenting is supported by the following organizations while operating independently of their activities. Representatives from these organizations, listed below, make up the IAC Carotid Stenting Board of Directors.

- American Academy of Neurology ([www.aan.com](http://www.aan.com))
- American Association of Neurologic Surgeons and Congress of Neurologic Surgeons Cerebrovascular Section ([www.cvsection.org](http://www.cvsection.org))
- American Society of Neuroradiology ([www.asnr.org](http://www.asnr.org))
- American Association of Physicists in Medicine ([www.aapm.org](http://www.aapm.org))
- Neurocritical Care Society ([www.neurocriticalcare.org](http://www.neurocriticalcare.org))
- Society of Interventional Radiology ([www.sirweb.org](http://www.sirweb.org))
- Society of NeuroInterventional Surgery ([www.snisonline.org/guest/guest.php](http://www.snisonline.org/guest/guest.php))
- Society of Vascular and Interventional Neurology ([www.svin.org/Pages/default.aspx](http://www.svin.org/Pages/default.aspx))
- Society for Vascular Medicine (<http://svmb.org>)
- Society for Vascular Surgery ([www.vascularweb.org](http://www.vascularweb.org))



# 3C meeting

Dr Elad Levy

Dr Adnan Siddiqui



# Brain Aneurysm Foundation

Dr Carlos David



# THE BRAIN ANEURYSM FOUNDATION

## ► Symptoms

Warning Signs & Symptoms

## ► Diagnosis

A Brain Aneurysm Diagnosis

## ► Support

Groups & Community

## ► How To Help

Ways to Make a Difference

► Online Community

► Online Store

► Donate

## BAF Updates

- The BAF has restructured its Medical Advisory Board to have a more formal structure with revolving positions as well as a greater presence nation wide as well as overseas. The roles of President and Vice President have been established with three year terms and regional co directors have been established with the same terms. To see who hold these various positions and what new members have been added please go to: <http://www.bafound.org/medical-advisory-board>
- The BAF awarded \$200,000 in research grants this September at their research symposium in St. Louis. One of the grants awarded was the Christopher C. Getch Chair of research in the amount of \$15,000. This amount was primarily by the BAF general research funds and \$5,000 from the CV Joint Section. It would be great if this Chair could be granted annually and if the CV Joint Section could continue to be a funder of this either via a direct donation or some other fundraising mechanism.
- Last May the foundation went to DC to lobby on Capitol Hill regarding the importance of brain aneurysm awareness, early detection, and research funding. Over 35 people from 13 different states attended including physicians from the medical advisory board. It would be great to have a greater presence this May 2013 from the medical advisory board.
- The foundation is in the final stages of becoming a registered charity in Canada



# THE BRAIN ANEURYSM FOUNDATION

## ► Symptoms

Warning Signs & Symptoms

## ► Diagnosis

A Brain Aneurysm Diagnosis

## ► Support

Groups & Community

## ► How To Help

Ways to Make a Difference

► Online Community

► Online Store

► Donate

•The BAF is developing a medical educational lecture to be delivered via PRI-MED conferences targeting primary care professionals and nurses. The lecture will be focused on the importance of early detection, via proper diagnosis and scanning, as well as discussing treatment options. The lecture will be CME/CEU accredited. The first conference we plan to do this for is at PRI-MED East which will take place in Boston, MA on Nov 15, 2012 and includes people from MA, MH, ME, NY, CT, and RI and has a general attendance of 6,000+. Aesculap did provide some sponsorship. The total cost is \$35,000. Dr. David will be presenting the lecture in Boston. If all goes well the BAF will look to do this in other cities as well as look into having an on-line course available.

•The foundation continues to grow financially. The BAF is moving towards the million dollar mark for the first time. With \$680,000 of revenue through 9/30/2012, the BAF is \$80,000 ahead of last year at this same time.



# Senior Society Matrix/ Milestones and Modules

Dr. Sander Connolly



# Meri Institute/CV Sect Resident & Fellows Courses

Dr Adam Arthur

Dr Erol Veznedaroglu

Dr. J Mocco

Dr. Adnan Siddiqui



# New Business



# Response to Mechanical Thrombectomy Policy - Wellpoint

(Drs. Khalessi, Mocco)





# Joint Commission Stroke Certification

(Dr. Amin-Hanjani)



July 20, 2012

Jean Range, MF, RN, CPHQ  
Executive Director, Certification  
The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181

Subject: Joint Commission Criteria for Stroke Center Certification

Dear Ms. Range:

The American Association of Neurological Surgeons (AANS), American Board of Neurological Surgery, Congress of Neurological Surgeons (CNS), AANS/CNS Joint Cerebrovascular Section, Society of NeuroInterventional Surgery (SNIS) and the Society of Neurological Surgeons (SNS) are pleased that the American Heart Association and Joint Commission are attempting to further standardize the care of stroke patients nationally. However, we have grave concern over the standards set forth related to the surgical and endovascular care of patients with hemorrhagic and ischemic diseases. Certification will be interpreted by the American public as a standard of excellence in medical care; therefore it is critical that we set standards that meet these expectations.

As outlined below, there have been numerous studies that demonstrate that patients have better medical outcomes at high volume centers with high volume physicians.

### ***Treatment of Aneurysms***

In regards to treatment of aneurysms, many authors have demonstrated that for both unruptured and ruptured aneurysms treated either with endovascular or surgical procedures, high volume centers have lower mortality, fewer adverse outcomes, lower cost of care and shorter hospital stays (Barker et al Neurosurgery 2003; Solomon et al, Stroke, 1996; Hoh et al, Am J Neuroradiol, 2003; Vespa et al, Neurocrit Care, 2011). In these studies, the high volume centers with better outcomes have consistently been demonstrated to be those treating greater than 20 to 30 cases annually – both for surgical clipping and endovascular coiling respectively.

Furthermore, patients with aneurysmal subarachnoid hemorrhage represent a population with intensive critical care needs requiring an experienced team and setting, akin to trauma centers caring for complex trauma patients. Multiple studies have demonstrated the outcomes benefit of treatment of such patients in high volume centers (Cross et al, J Neurosurg 2003; Vespa et al, Neurocrit Care 2011). The recent AHA/ASA Guidelines for Management of Aneurysmal Subarachnoid Hemorrhage further reinforced this concept by firmly recommending treatment of such patients at high volume centers, defined as greater than 35 aneurysmal subarachnoid cases per year.

The case volume put forth to satisfy the initial criteria for comprehensive stroke center certification was disappointing to say the least. The literature and the undersigned Neurosurgical societies do not support the concept that 10 craniotomies per year for aneurysm clipping is sufficient to provide patients the best opportunity to have a good outcome. In addition, 15 endovascular aneurysm procedures per year appears to be at or below the minimum cut-off. The revised language put forth that now combines this into 15 coilings or clippings is wholly inconsistent with published standards, guidelines and peer-reviewed literature. The rationale cited by the Joint Commission of "considerable feedback that surgical clipping...being performed much less often and that coiling...being performed much more frequently" ignores recent data indicating that still 40-50 percent of aneurysms in the U.S. require surgical clipping (Smith et al, J Neurosurg, 2011). Furthermore, proficiency in both modalities of treatment should be considered paramount in offering truly comprehensive stroke treatment for aneurysms. The low volume requirement, and the combining of treatment modalities into one requirement, does a disservice to the public who may not appreciate the complexities of medical care and rely on groups such as the Joint Commission to help them determine which medical centers are optimized for better outcomes.

To that end, we strongly urge the Joint Commission to return to the goal of this endeavor, which is to certify centers that demonstrate that their hospital system is optimized to achieve the best possible outcomes for stroke patients.

- 1. We urge that the minimum number of aneurysm treatments (coiling and clipping) be increased from 15 per year to at least 40 per year, with a minimum of at least 15 microsurgical and 15 endovascular procedures. It is imperative that centers demonstrate that they are capable of adequately treating aneurysms with BOTH clipping and coiling approaches.**
- 2. We also advocate the recommendations of the AHA/ASA guidelines which support demonstrating care of at least 35 patients annually with aneurysmal subarachnoid hemorrhage.**



## *Ischemic Stroke*

Regarding ischemic stroke, outcomes after endovascular intervention have similar results in relation to volume. Gupta et al (J Neurointervent Surg, 2012) demonstrated that high volume centers had shorter time between CT and start of thrombectomy, shorter procedural times, and were more likely to have a good outcome and achieve successful reperfusion of the ischemic brain. High volume centers were defined as centers that performed more than 50 endovascular thrombectomies/revascularizations per year.

Current criteria only require the availability of stroke interventionalists, but set no standards for demonstrating a volume of intra-arterial treatment. The data supports placing some minimum thresholds for intra-arterial interventions in order to maintain appropriately high standards for acute ischemic stroke care.

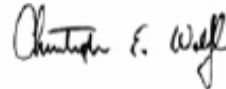
- 1. We urge that the stroke center certification requirements incorporate a minimum number of endovascular ischemic stroke cases. Based upon consensus and emerging data, at least 10 endovascular ischemic stroke cases every year should be considered as a criteria to qualify for comprehensive stroke center status.**

Thank you for considering our comments and recommendations. We would like to discuss this matter further and look forward to arranging a conference call or meeting with appropriate representatives from the Joint Commission.

Sincerely,



Mitchel S. Berger, MD, President  
American Association of Neurological Surgeons



Christopher E. Wolff, MD, President  
Congress of Neurological Surgeons



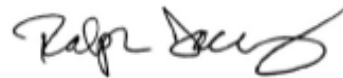
Nelson M. Oyesiku, MD, PhD, Chairman  
American Board of Neurological Surgery



Joshua A. Hirsch, MD, President  
Society of NeuroInterventional Surgery



Sepi Amin-Hanjani, MD, Chair  
AANS/CNS Cerebrovascular Section



Ralph G. Dacey, Jr., MD, President  
Society of Neurological Surgeons

cc: Tammy Gregory, Vice President, Quality and Health IT  
American Heart Association

Kelly L. Podgorny DNP, MS, CPHQ, RN, Project Director  
Division of Healthcare Quality Evaluation  
Joint Commission

Mark J. Alberts, MD, Professor of Neurology, Chief of the Division of  
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August 30, 2012

Dear Drs. Berger, Oyesiku, Amin-Hanjani, Wolfa, Hirsch, and Dacey:

Thank you for your recent letter in reference to the Comprehensive Stroke Center Certification (CSC) procedural volume requirements. We agree that CSC Certification requirements are extremely important; we also agree that the American public is likely to interpret achievement of this certification as a standard of excellence in complex stroke care.

The Joint Commission and the American Heart Association developed the CSC Certification requirements in January 2011, following years of deliberation and planning. As you have noted, our goal in developing CSC certification was to promulgate national standards for the care of complex stroke patients with a framework of requirements substantially derived from the Brain Attack Coalition's (BAC) recommendations (Stroke, 2005; Stroke, 2011). In addition to the BAC recommendations, an extensive literature review was also conducted to inform the standards development process.

In June 2011, an interdisciplinary Technical Advisory Panel (TAP) was convened to advise The Joint Commission on the important components of a CSC. The advisory panel consisted of 25 neurologists, neurosurgeons, interventional radiologists, and doctoral-level pharmacologists and nurses nominated by the nation's preeminent neurological and neurosurgical associations and societies. As you know, three members were nominated by the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, and the Society of NeuroInterventional Surgery. The TAP's recommendations were used to further refine the CSC standards to create proposed requirements. Following the June TAP meeting, The Joint Commission engaged in a six-week "field review" in which proposed requirements were posted for public comment using a structured, electronic survey process. The TAP was reconvened telephonically following the completion of the field review. The Joint Commission's Board of Commissioners' Standards and Survey Procedures Committee approved the Comprehensive Stroke Certification requirements on December 14, 2011.



Following the appearance of the pre-publication version of the CSC requirements on our website, The Joint Commission received a large number of responses from the field indicating that the requirement of 10 surgical clippings for aneurysm per year was neither feasible nor clinically indicated for many organizations. Many organizations expressed concern to The Joint Commission that they would be ineligible for CSC certification because they perform so few surgical clipping procedures, despite the fact they treat a significant number of aneurysms. Based on this substantial feedback, and after consultation with a number of experts and practitioners in the field, it was understood that while the original requirement of 10 or more craniotomies for aneurysm clipping procedures was valid at the time of our initial research, recent changes in the field of stroke care suggested that this requirement was already

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters** <sup>1</sup>  
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Oakbrook Terrace, IL 60181  
630 792 5000 Voice

outdated. Consequently, the volume requirements pertaining to aneurysms were revised to its current status which states:

**DSPM 1, EP 2, C: The Comprehensive Stroke Center demonstrates that 15 or more endovascular coiling or surgical clipping procedures for aneurysm are performed per year.**



Since presentation of this revised volume requirement on July 17, 2012, your organizations are encouraging The Joint Commission to again modify it. The Joint Commission appreciates that complex stroke care is a rapidly evolving field with changes in technology, techniques and an understanding of the science. The American Heart Association's Hospital Accreditation Science Committee recently emphasized to The Joint Commission that the science underlying complex stroke care continues to evolve, and that **additional revisions to the CSC certification requirements should be anticipated**. Therefore, The Joint Commission will commence a review of **all CSC requirements** for relevance in **January 2013**. The recommendations and literature you have presented to The Joint Commission will be considered at that time. The Joint Commission anticipates engaging your organizations in the next iteration of this important program.

Thank you again for your contribution to our certification process. We look forward to working with you in the coming year.

Kind regards,


A handwritten signature in black ink, appearing to read "Jean Range", is written over the typed name and title.

Jean Range  
Executive Director  
Healthcare Services Certification



# MOC Vascular Module

(Drs. Bendok and Siddiqui)



CNS Fellowship Committee:  
Request to have Fellows  
featured at CV Section  
Meeting.

(Dr.J Mocco)



# CAS Response to Industry Letter

(Dr. Wilson)

## CV Section Response

### Abbott's CMS Carotid Artery Stent (CAS) Coverage Expansion Strategy:

The CV Section leadership and selected membership representing both open and endovascular trained neurosurgeons have been engaged in discussions in response to a draft proposal by Abbott to a formal request that CMS open National Coverage Decision (NCD) 20.7 for reconsideration.

We believe it is the appropriate time for CMS to reconsider the current NCD, in light of: 1) the recently completed Carotid Revascularization Endarterectomy versus Stent Trial (CREST), which led the FDA to expand the indication for Abbott Vascular's CAS system to include standard surgical-risk *symptomatic* and *asymptomatic* patients, 2) the recent ACC/AHA Multi-Society Guideline publication with a Level I (Level of Evidence: B) recommendation for CAS as an alternative to CEA in *symptomatic* patients with a low risk of endovascular complication, and a Level IIb recommendation for *asymptomatic* patient, and 3) CMS' recent Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) meeting held in January 2012. In addition, there is increasing evidence of improvements in the medical regimen to prevent stroke and death in asymptomatic patients. Finally, a number of industry-sponsored post-market extension studies have closed (CABANA-Boston Scientific and CHOICE-Abbott Vascular), creating access challenges for Medicare beneficiaries.

The following coverage proposal is a draft document to highlight areas of consensus and others where consensus could not be reached during discussions within the CV Section. It is drafted to comment on specific proposals noted in the Abbott document. The Abbott proposal utilizes CMS' Coverage with Evidence Development (CED) authority, a coverage model developed by CMS that seeks to align the interests of diverse stakeholders.

### **Symptomatic Patients:**

**Abbott Proposal:** For symptomatic patients with carotid stenosis  $\geq 50\%$  stenosis by angiography or  $\geq 70\%$  by ultrasound, magnetic resonance angiography (MRA) or computed

tomography angiography (CTA), regardless of surgical-risk status, carotid artery stenting (CAS) would be a Medicare-covered treatment option subject to the coverage restrictions described below:

- Mandatory participation in a CMS-approved national database registry (e.g. NCDR-CARE<sup>\*</sup>, SVS-VQI<sup>†</sup>, CAS-QI<sup>‡</sup>) is required for all symptomatic patients undergoing CAS.
  - CMS, in consultation with the professional community and registry programs would set minimum standards for data elements collected (i.e., NIH stroke scale determination at 30 days, peri-procedural adverse events). These same registry data would serve as the basis for site- and operator-level outcomes analyses required for reporting and accreditation.
- Mandatory facility certification by a CMS-approved independent accrediting body (e.g. ACE or IACCSF) is required for all symptomatic patients undergoing CAS.
  - Similar to above, CMS, in consultation with the professional community and accreditation bodies, would set minimum standards for accreditation (i.e., facility requirements, operator training and experience). Utilizing each facility's national database registry data, as well as other facility-level criteria, independent accrediting organizations would make determinations concerning accreditation in an unbiased and objective manner. Sites that do not adhere to minimum data collection / reporting requirements or that have inadequate patient safety outcomes according to pre-established guidelines for symptomatic patients (e.g., AHA 6% 30-day death & stroke benchmark) will be required to undergo remediation and/or lose their accreditation and therefore their ability to offer CAS as a treatment option for Medicare patients.

The costs of participation in such a CED-based program for *symptomatic* patients would be borne by the facilities performing carotid stenting procedures; these facilities would be required to subscribe and submit data to a national database registry, as well as obtain the necessary accreditation

\* National Cardiovascular Disease Registry® - CARE.

† Society for Vascular Surgery – Vascular Quality Initiative®.

‡ Carotid Artery Stenting Quality Initiative™

Draft CAS Proposal  
May 17, 2012]

by a CMS approved body. Such a request would follow the approach taken in other recent CMS national coverage decisions.

**CV Section Response:**

- 1. There was broad consensus that coverage should be expanded for younger (age <65) standard risk symptomatic patients with carotid stenosis  $\geq$  70% stenosis by angiography from the current status of coverage limited to high surgical risk patients with symptomatic carotid stenosis  $\geq$  70% stenosis.**
- 2. There was also consensus that for patients with high surgical risk who have symptomatic carotid stenosis  $\geq$  50% but <70% stenosis by angiography there should be no expansion of coverage for the concern that maximal medical therapy remains an excellent alternative in light of the reported high risk of stroke and death in high-risk CAS registries and the lower natural history of stroke in this population.**
- 3. There was no consensus reached over expansion of CAS coverage for standard surgical risk patients who have symptomatic carotid stenosis  $\geq$  50% but <70% stenosis by angiography.**
- 4. There was broad consensus for the additional stipulations in regards mandatory participation in national registries and mandatory facility certification.**

### **Asymptomatic Patients:**

**Abbott Proposal:** Currently, the medical community remains divided on how to interpret the evidence regarding treatments for asymptomatic patients with significant carotid artery disease. The aforementioned organizations acknowledge that no direct head-to-head randomized trials have been conducted to date comparing CAS to contemporary best medical therapy. Furthermore, questions have been raised regarding the relevance of prior randomized trials comparing CEA to medical therapy.

As has recently been done in other NCDs, we recommend that CMS set a timeline for the submission of proposals for such studies, perhaps two years from finalization of the NCD. We believe this is a realistic time frame to allow for submission of pragmatic studies that will continue to build the evidence base. In addition, CMS should outline an overarching research question these studies should seek to address. For example, do Medicare beneficiaries who are asymptomatic for carotid artery disease and undergo carotid revascularization procedures (CAS or CEA), in addition to receiving optimal medical management, experience a clinically significant reduction in stroke risk, compared to patients who receive optimal medical management alone? In addition, CMS should consider providing direction regarding sub-questions as well. Below, we propose a number of such questions:

- What are the positive and / or negative predictors of stroke in patients with asymptomatic carotid artery disease?
- What diagnostic and imaging modalities best differentiate patients' stroke risks? Which of these modalities can be reasonably and effectively integrated into health care organizations?



- Do specific patient subgroups have different stroke risk profiles? Is there a natural progression of carotid atherosclerosis, and if so, does stroke risk fluctuate with progression of disease?
- What facility and operator factors are associated with favorable and/or worse CAS outcomes, and how can these factors be used to improve CAS outcomes?

Finally, CMS should articulate standards of scientific integrity and relevance to the Medicare population, as has been done in recent NCDs.

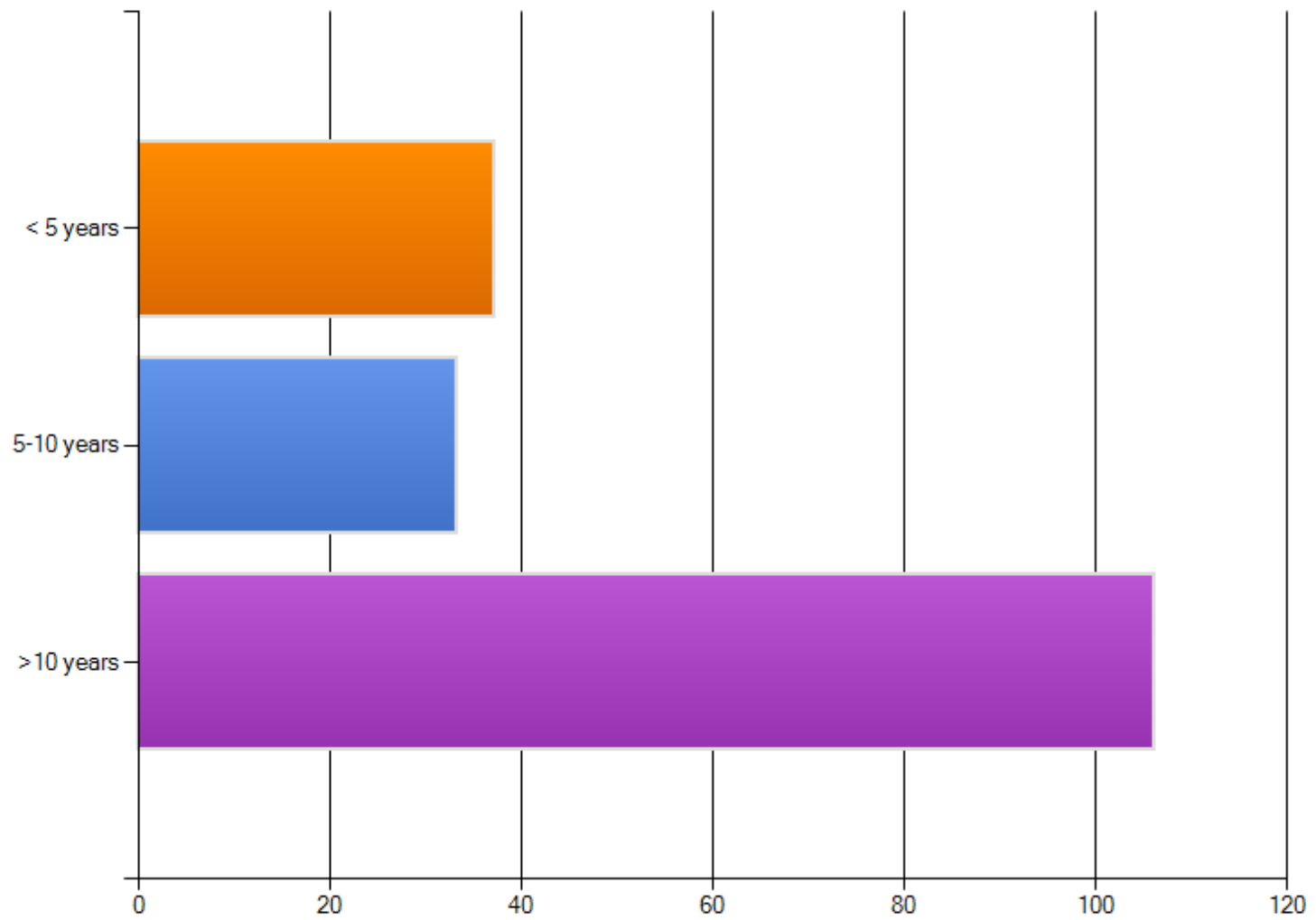
**CV Section Response:**

1. **There was broad agreement with Abbott's proposal that there remains lack of adequate data comparing ANY intervention; CEA or CAS, to current maximal medical therapy for asymptomatic patients.**
2. **There was also strong support to study this population through additional registries and trials designed at addressing the many areas of 'data gap'.**
3. **Therefore, there was consensus in recommending no expansion of coverage for asymptomatic patients.**

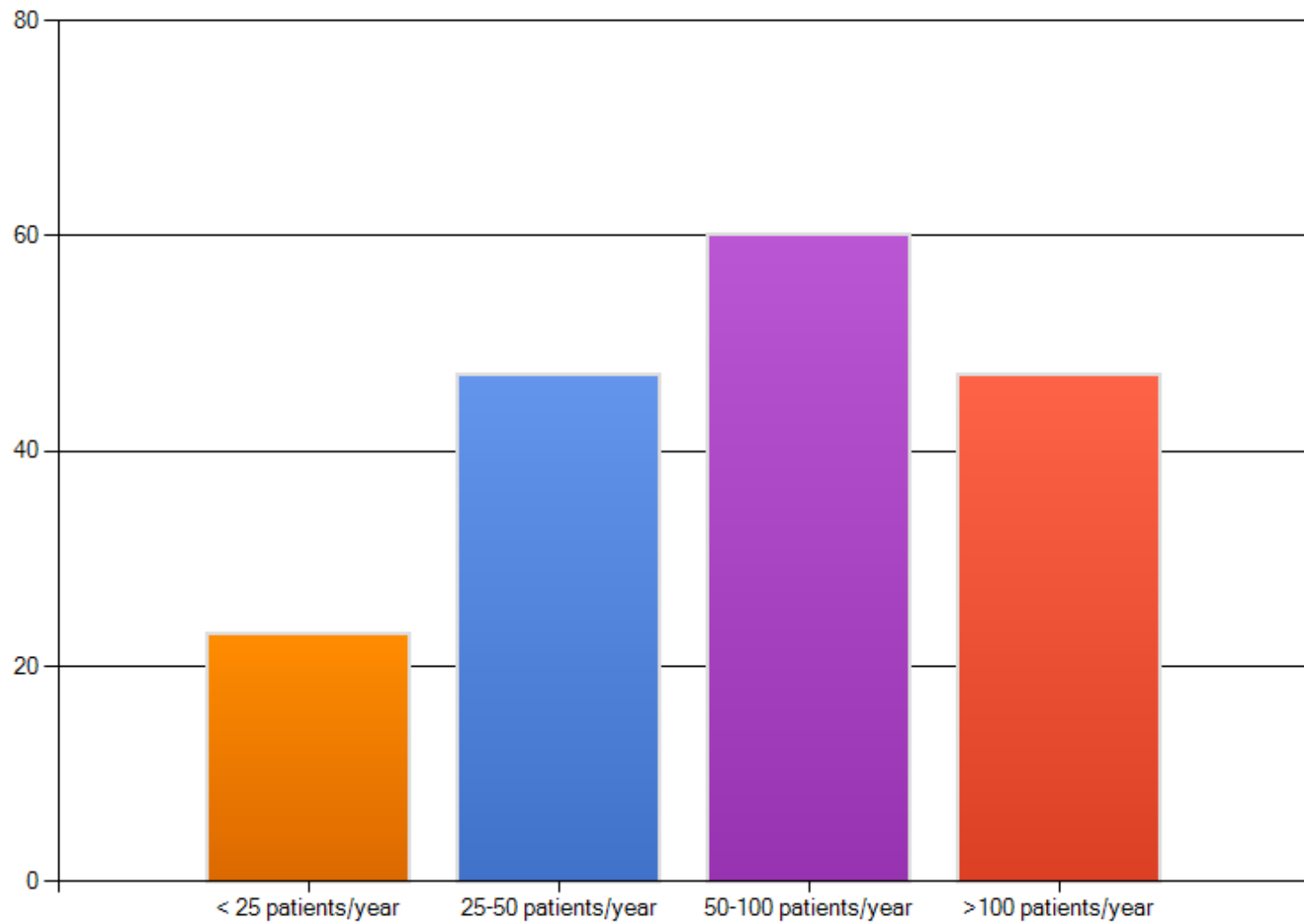
# Vasospasm Treatment

Ketan R. Bulsara MD

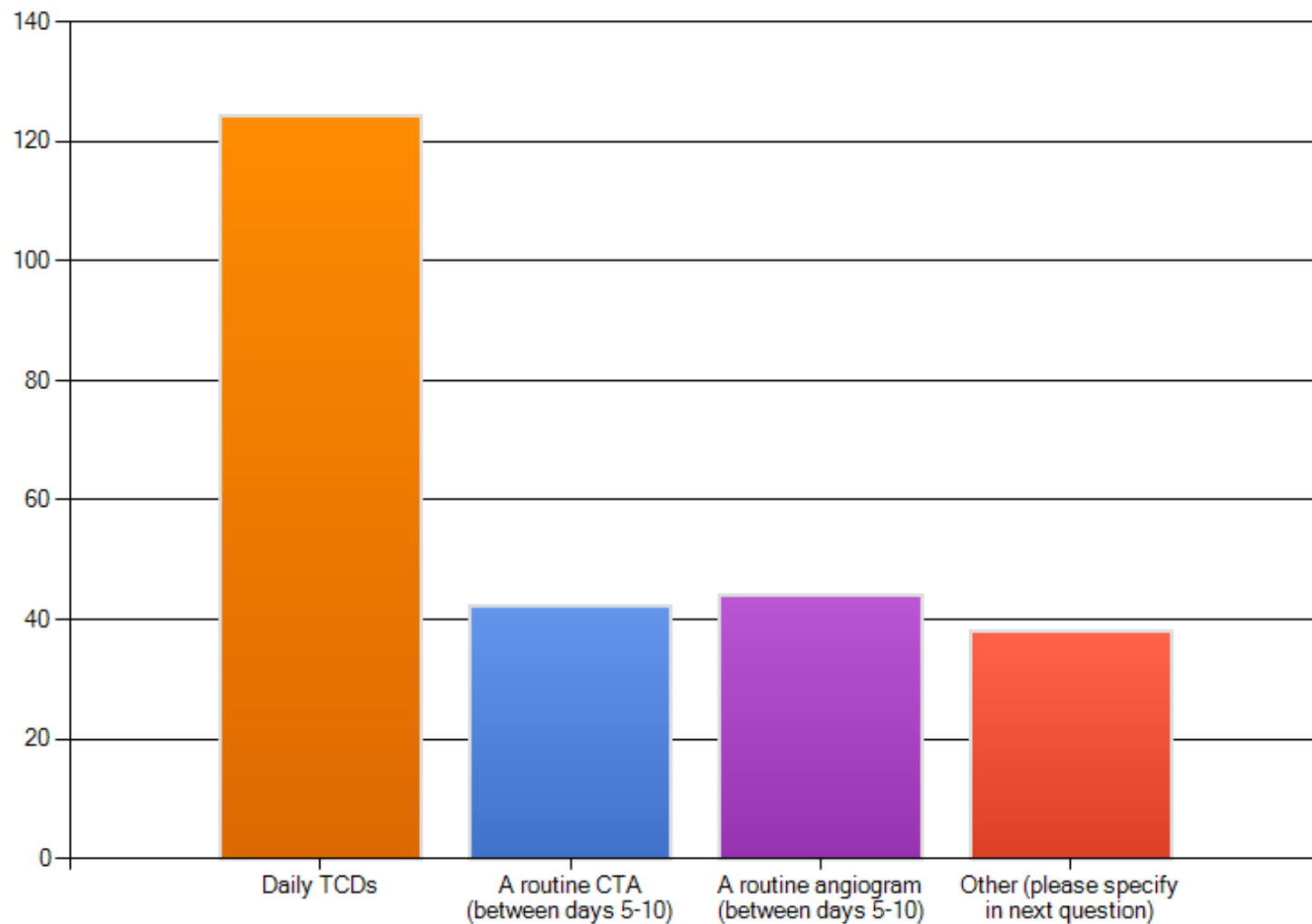
### How long have you been in practice?



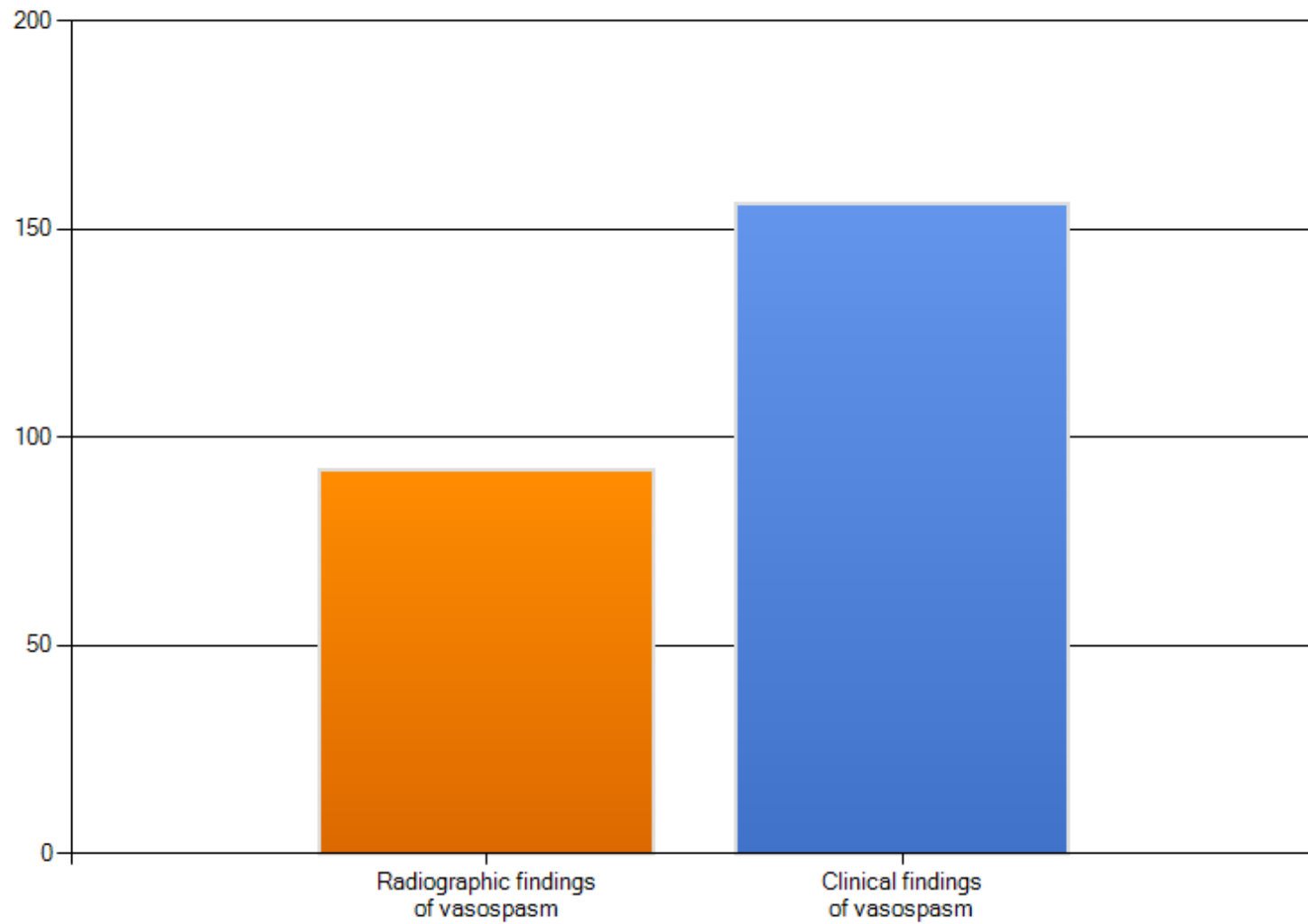
### What is your volume of aneurysmal SAH?



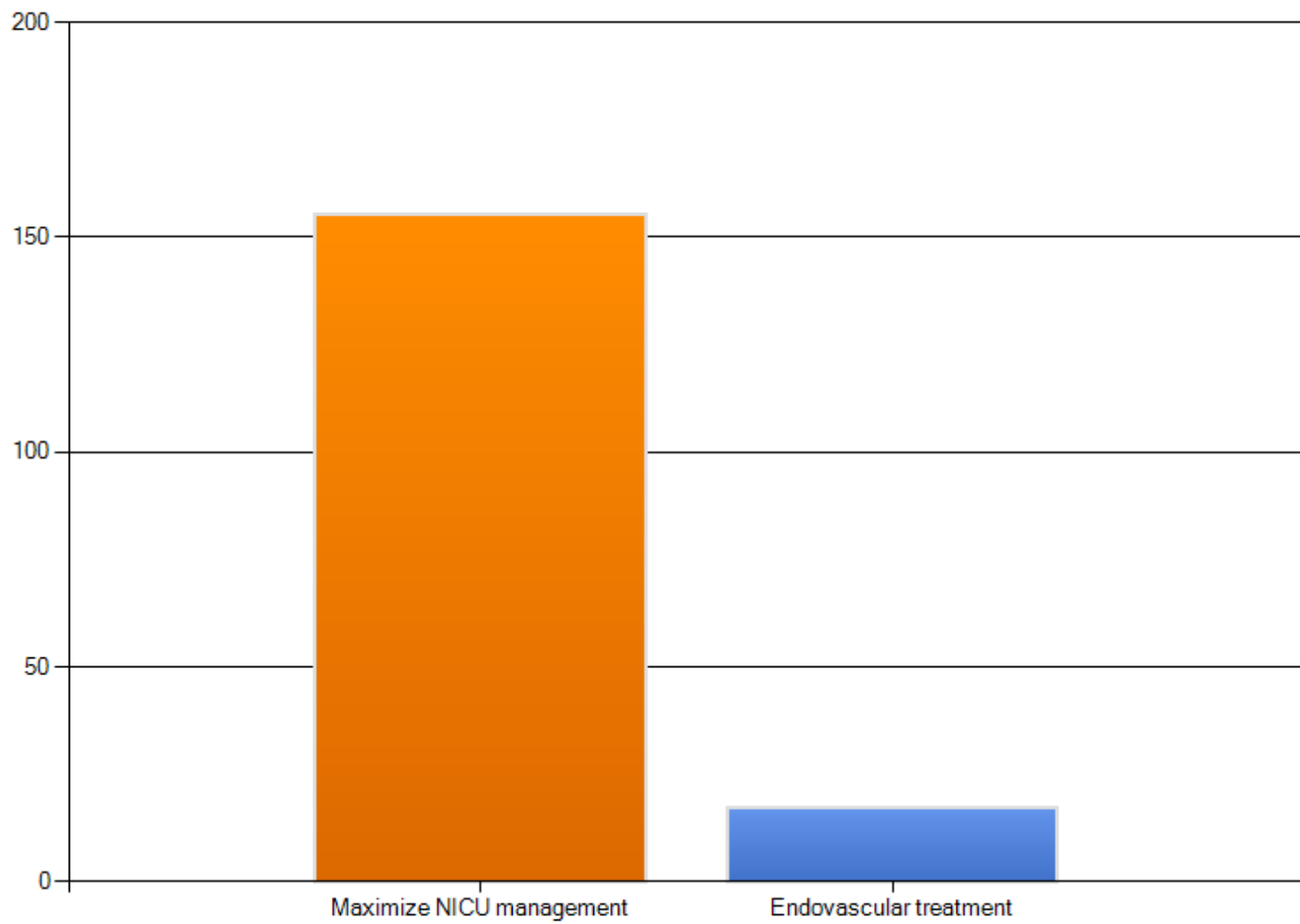
### How do you/your team screen for cerebral vasospasm? (please select all that apply)



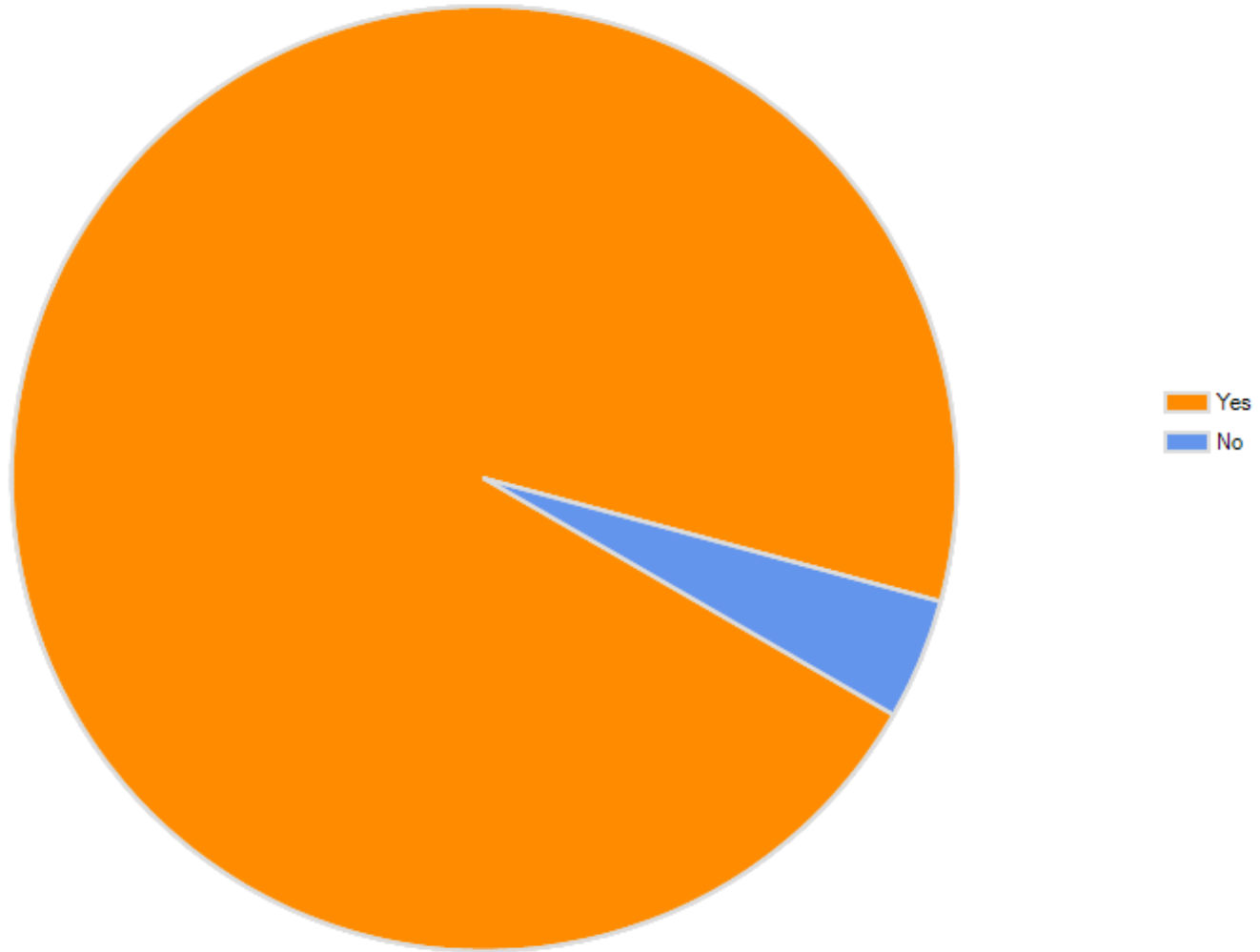
**When do you institute treatment for cerebral vasospasm? (please select all that apply)**



### What is your first line treatment for symptomatic cerebral vasospasm?

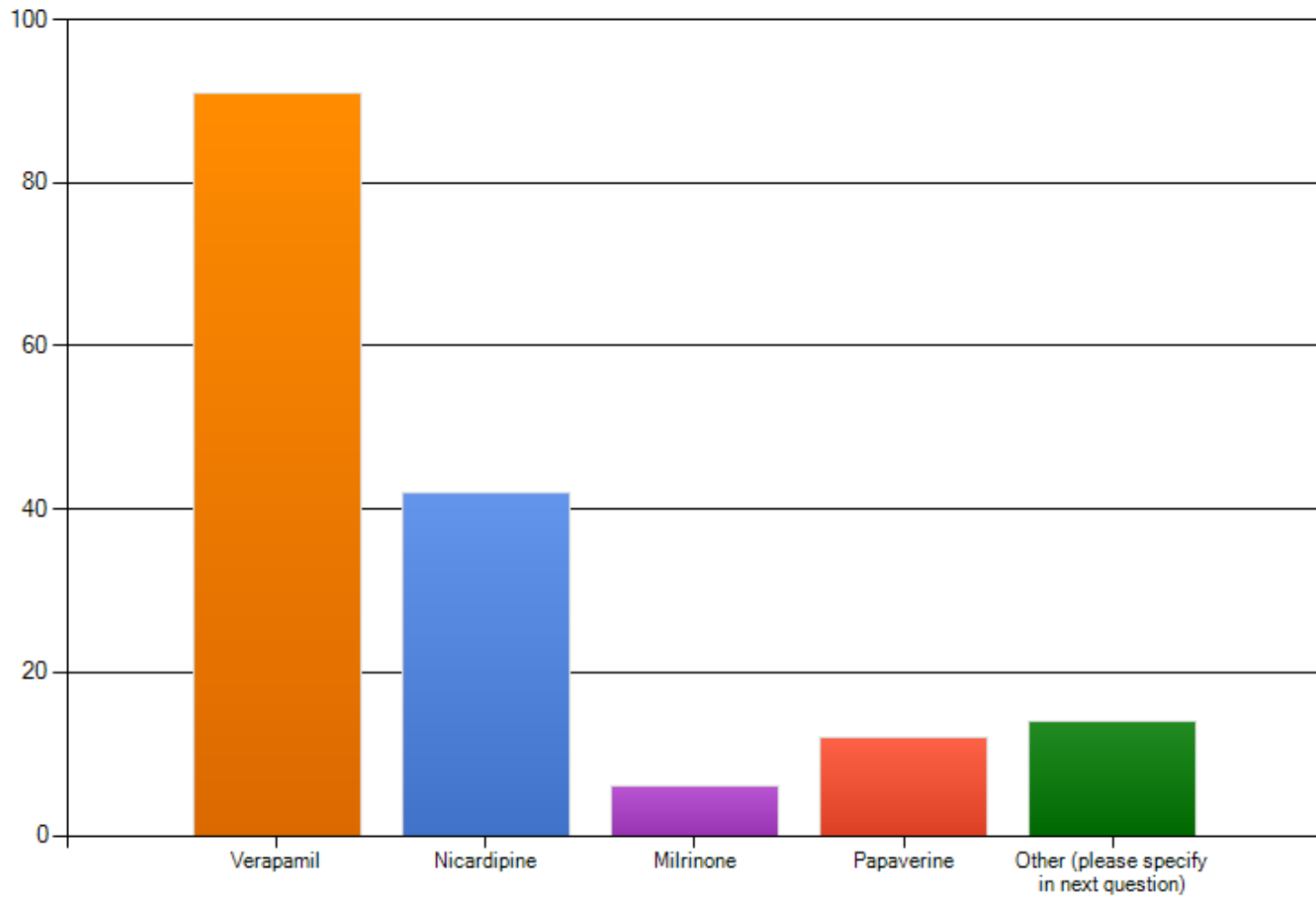


**If aggressive NICU management does not alleviate symptoms do you/your team use endovascular methods to treat cerebral vasospasm?**

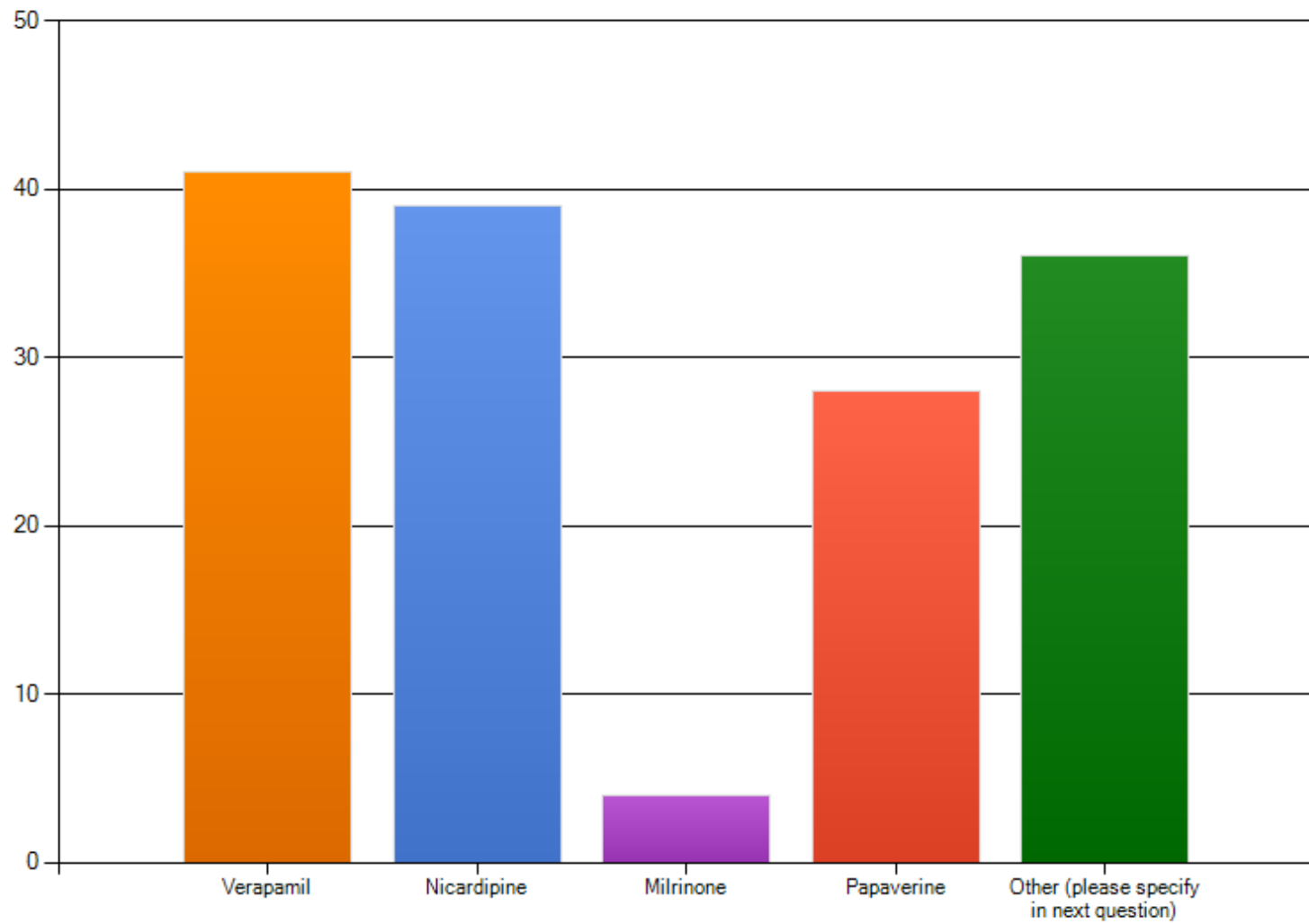




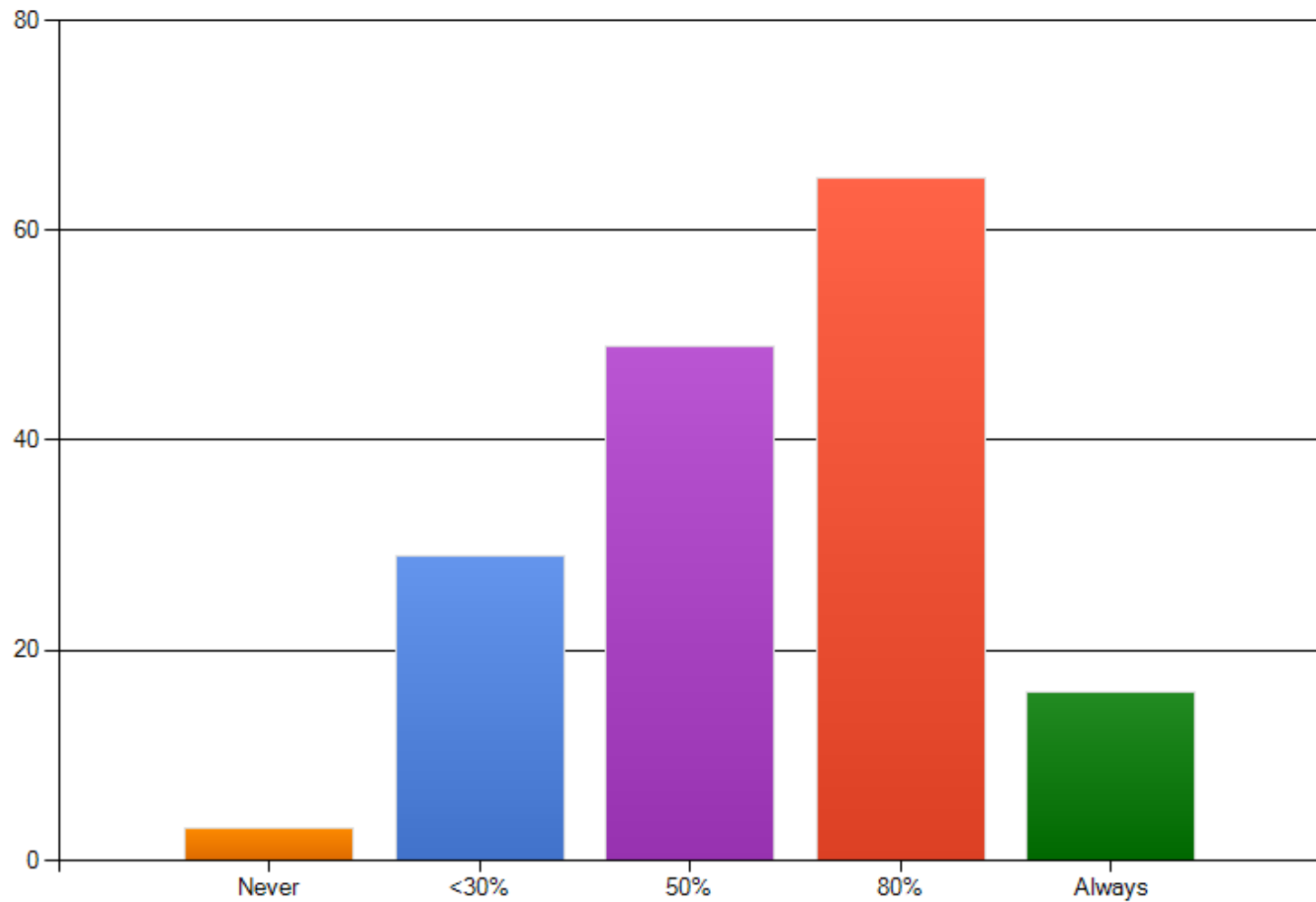
**For symptomatic cerebral vasospasm we use the following intra-arterial agent as first line**



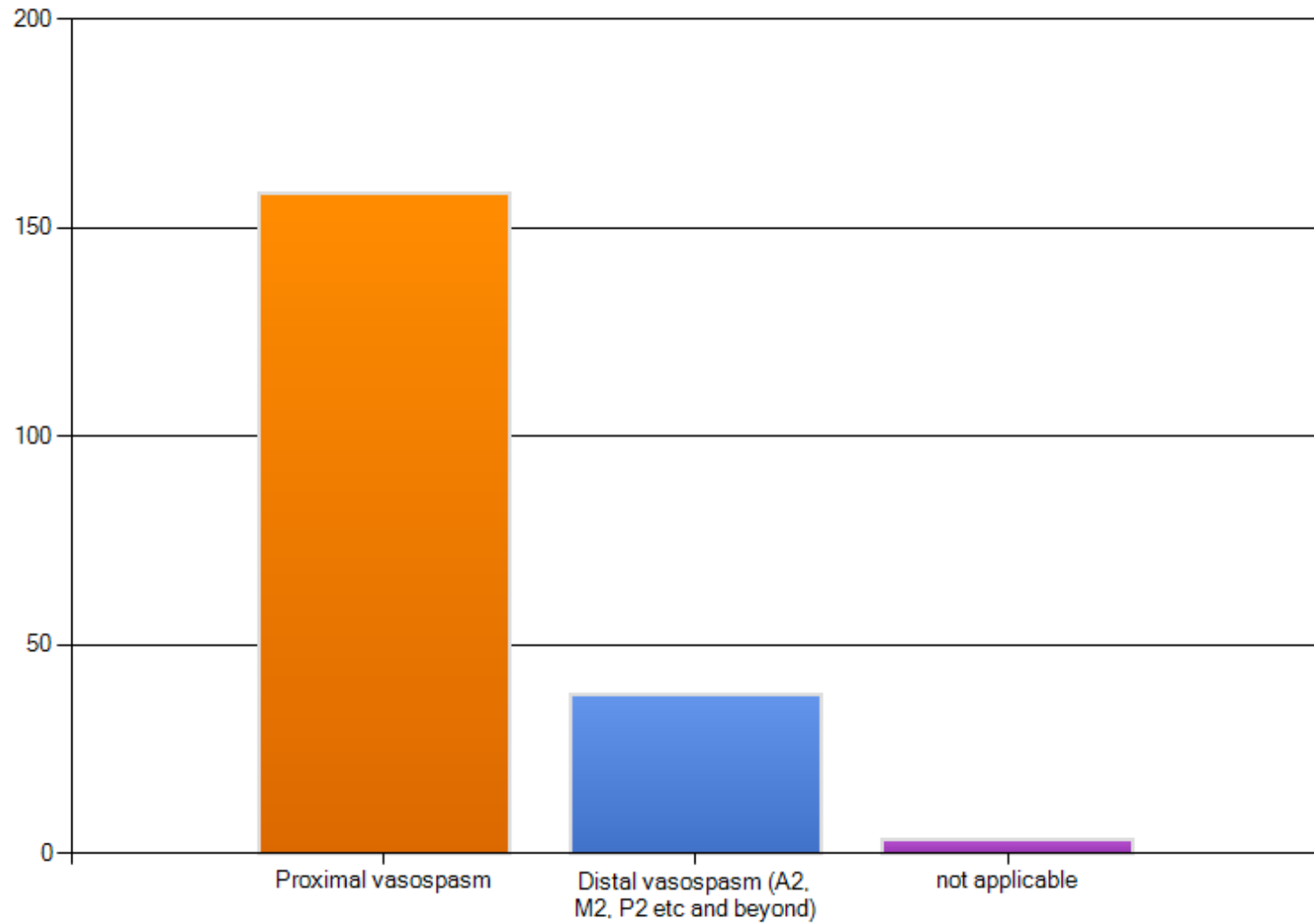
### What is your second line intra-arterial agent?



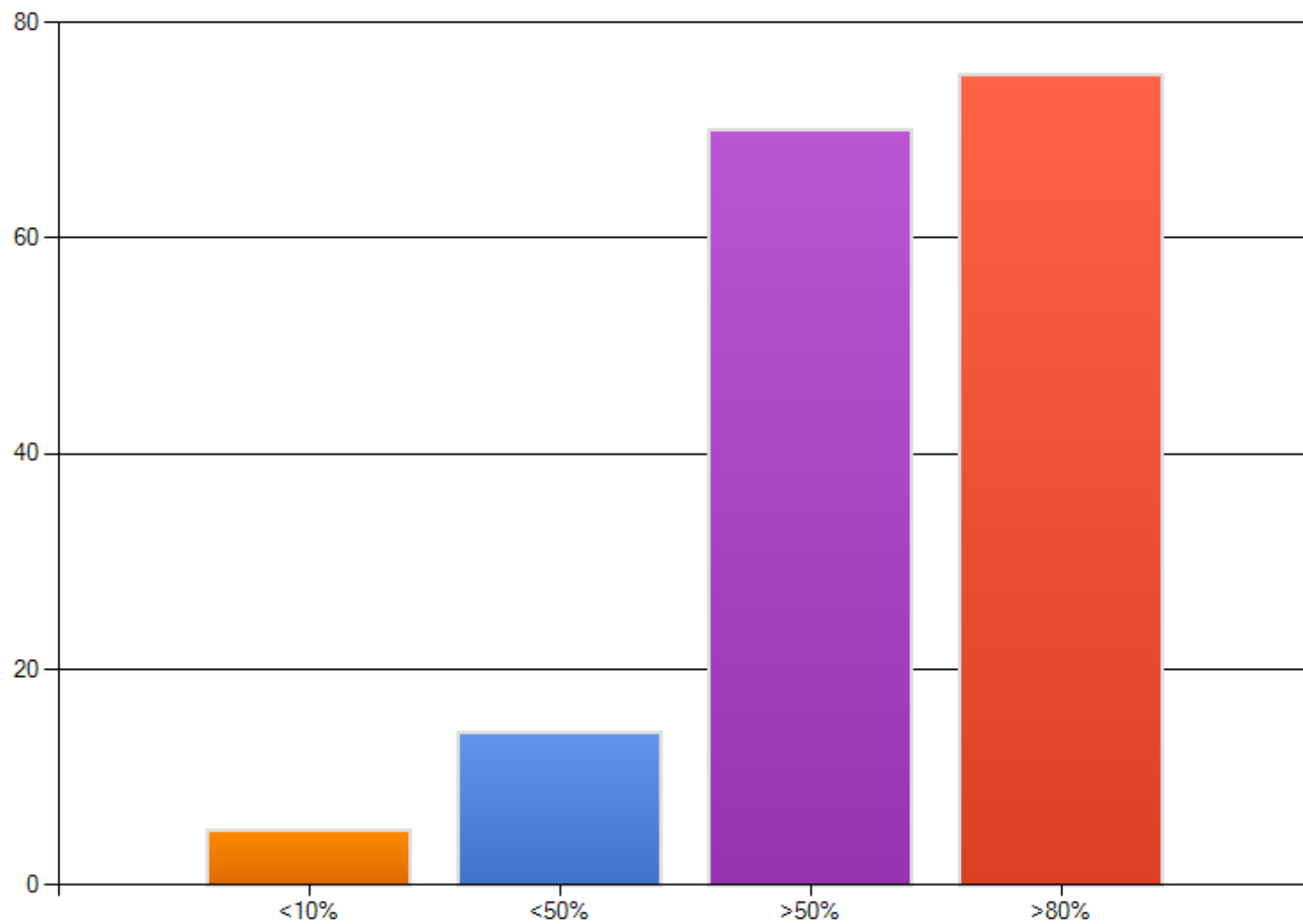
How often would you estimate that you see an immediate angiographic change after administration of intra-arterial agent?



### Angioplasty is utilized for (select as many as apply)



**In your experience, how effective is endovascular treatment for cerebral vasospasm?**





# Future Direction

- This practice survey data is first glimpse of vasospasm treatment practices across the country. Some insights into common practice which may be of interest publishing.
- Variability of practice in primarily use of intra-arterial agents. Looking into prospective registry that would allow systematic collection of data to determine if certain IA agents more effective in different patient populations.

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!