

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

**CV Section/SNIS/ISC  
Annual Meeting  
2013**

Executive Council Meeting, CV SECT 2013  
**Sunday, February, 2013**  
**11:30 AM - 1:00 PM**  
Sheraton Waikiki Hotel  
Waianae Room

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

**Approval of Minutes from CNS 2012** (Dr. Lavine)

**Treasurer's Report** (Dr. Hoh absent, Dr. Lavine)

### **Annual Meeting Updates**

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

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

- Washington Committee Update (Katie Orrico)
- Coding & Reimbursement (Dr Vates)
- Joint Guidelines Committee/CV Section Guidelines Committee (Dr. Cockroft)
- National Quality Forum (Dr Cockroft and Khalessi)
- Neurovascular Coalition (Drs. Wilson)
- SNIS update (Dr. Alexander)
- SVIN Liasion (Dr. Mocco)
- Neurocritical Care Society Update (Dr. TBD)
- Brain Attack Coalition (Dr.Huang)
- Membership Update (Dr. Zipfel)
- Fundraising Committee (Drs. Hoh and Rasmussen)
- Research Fellowship (Drs. Baskaya and Turner)
- Newsletter Committee (Drs. David and Bulsara)
- Website Committee (Drs Zipfel and Carter)

# Meeting Agenda

- Curriculum Development and Education Committee (Dr. Bendok)
- Bylaws/Rules & Regulations Committee (Dr. Prestigiacommo)

### **Old Business Updates**

- N2QOD (Dr Connolly)
- Junior Resident Endovascular Course (Drs Mocco, Veznedaroglu)
- Neuropoint Alliance (Dr Harbaugh)
- 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, AANS open vascular residents course, AANS endovascular residents course, AANS/SNIS/SVIN endovascular Fellows Course (Drs Mocco, Veznedaroglu, Arthur)

### **New Business**

- Rapid Response Committee ( Dr. Woo)
- Joint Commission Stroke Cert (Dr. Amin-Hanjani)
- MOC Vascular Module (Drs. Bendok and Siddiqui)



# Approval of Minutes

Dr. Sean D. Lavine

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# Treasurer's Report

Dr. Sean Lavine



AANS/CNS Section on Cerebrovascular Surgery  
Statement of Financial Position  
As of December 31, 2012 and 2011

	<u>Current Year</u> 12/31/12	<u>Prior Year</u> 12/31/11
<b>ASSETS</b>		
Checking & Short Term Investments	\$150,743	\$183,876
Accounts Receivable, net of Allowance for Uncollectible Accounts	52,995	108,100
Long-Term Investment Pool, at Market	632,185	564,159
<b>TOTAL ASSETS</b>	<u><u>\$856,303</u></u>	<u><u>\$856,134</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Deferred Dues	68,900	60,300
<b>Total Liabilities</b>	<u><u>\$68,900</u></u>	<u><u>\$60,300</u></u>
<b>Net Assets</b>		
Unrestricted	\$608,676	\$554,937
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)	33,596	65,352
<b>Total Net Assets</b>	<u><u>\$787,403</u></u>	<u><u>\$795,834</u></u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$856,303</u></u>	<u><u>\$856,134</u></u>

AANS/CNS Section on Cerebrovascular Surgery  
Statement of Activities  
For the Six Months Ending December 31, 2012

	FY '11 Final	FY '12 Final	YTD FY '13	FY '13 Budget
<b>REVENUES</b>				
Membership Dues	\$54,648	\$55,348	\$32,039	\$62,550
Mailing List Sales	295	0	0	0
Contributions/Sponsorships	85,000	7,773	7,500	37,500
Advertising Revenue	1,300	0	0	0
Contributions for Operating Expenses	9,347	8,153	5,051	9,409
Annual Meeting Revenue	255,771	324,392	0	0
<b>TOTAL REVENUES &amp; SUPPORT</b>	<b>\$406,361</b>	<b>\$395,666</b>	<b>\$44,590</b>	<b>\$109,459</b>
<b>EXPENSES</b>				
Audio Visual	\$1,192	\$279		\$1,500
Bank Fee	930	756	272	751
Contributions & Affiliations	10,000	30,000	0	10,000
Decorating	741	415	0	750
Food & Beverage	9,959	8,989	2,951	10,000
Honoraria & Awards	40,960	32,204	30,075	36,350
Office & other Supplies	200	100	360	300
Photocopy	1	9	0	25
Postage & Distribution	901	1,400	574	825
Printing/Typesetting	1,282	0	600	0
Newsletter Postage	998	0	0	1,025
Newsletter Printing	2,015	0	0	2,025
Newsletter Professional Fees	195	0	0	200
Website	699	1,140	0	30,000
Staff Travel	0	71	22	250
Telephone	268	550	216	325
Volunteer Travel	0	0	0	1,000
Staff Coordination	11,539	9,930	6,904	19,431
Annual Meeting Expense	239,529	293,441	56	0
<b>TOTAL EXPENSES</b>	<b>\$321,409</b>	<b>\$379,284</b>	<b>\$42,030</b>	<b>\$114,757</b>
Investment Earnings	85,240	6,942	31,036	27,765
<b>NET REVENUE</b>	<b>\$170,192</b>	<b>\$23,324</b>	<b>\$33,596</b>	<b>\$22,467</b>

## AANS/CNS SECTION ON CEREBROVASCULAR SURGERY

### NOTES TO FINANCIAL STATEMENTS

December 31, 2012

#### *General and Administrative*

#### *Expenses*

#### **Printing/Typesetting – Budget \$600, Actual \$0**

The cost of designing the updated Corporate Sponsorship Brochure was not included in the budget.

#### **Sponsorship Update - 12/31/12**

#### **CV Section**

Budgeted Sponsorships:	<u>Budgeted Amount</u>	<u>Date Received</u>	<u>Amount Received</u>
Synthes	\$ 7,500.00	9/19/2012	\$ 7,500.00
Resident Research Award -1	\$ 15,000.00		
Resident Research Award -2	\$ 15,000.00		
<b>Total Amount Received for FY13</b>			<u>\$ 7,500.00</u>

# 2013 CV Section

Honolulu, HI

Dr. Nicholas Bambakidis


Dr. Ketan Bulsara



# 2013 CV Section

## 3<sup>rd</sup> SNIS International Endovascular Stroke Conference/Joint CV


### Section Annual Meeting Program

- 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
- 



## ■ Abstract Committee

- Andy Ringer
- Ali Alaraj
- Babu Welch
- Ajith Thomas
- Chirag Gandhi
- Charles C. Matouk
- Aditya Pandey
- Stavropoula I. Tjoumakaris
- 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)**



- **Pre-Conference Workshop**

- **Sunday, February 3, 2013**

- **We wish to extend a special welcome to our colleagues from the Mt. Bandai Symposium Neuroscience/Pan-Pacific Neurosurgery Conference**

- 

- **Didactic Session – Socioeconomics of Neurovascular Care**

- *Moderated by Bernard Bendok & Alexander Khalessi*

- 9:30 am – 9:50 am Healthcare Payment Reform &  
Quality Reporting, *Kristine Blackham*

- 9:50 am – 10:10 am Coding Tips for Open Cases, *Rashid Janjua*

- 10:10 am – 10:30 am Coding Tips for Endovascular Cases,  
*Henry Woo*

- 10:30 am – 10:50 am Medicolegal Issues in a Modern  
Cerebrovascular Surgery Practice, *Nicholas Bambakidis*

- 10:50 am – 11:10 am Setting up a Full-Service Stroke  
Center at an Academic Center, *Kevin Cockroft*

- 11:10 am – 11:30 am Setting up a Neurovascular Center in  
a Non-University Setting, *Erol Veznedaroglu*

- 11:30 am – 1:00 pm Lunch



■ **Didactic Session – Nuances in the Management of Complex Vascular Lesions: Tricks & Pitfalls**

■ *Moderated by Ricardo Hanel, Daniel Hanggi & Judy Huang*

■ 1:00 pm – 1:15 pm Wide-necked Anterior Circulation  
Aneurysms: Microsurgical, *Sander Connolly*

■ 1:15 pm – 1:30 pm Wide-necked Anterior Circulation  
Aneurysms: Endovascular, *Felipe Albuquerque*

■ 1:30 pm – 1:45 pm Combined Open & Endovascular  
Treatment of Aneurysms, *Gavin Britz*

■ 1:45 pm – 2:00 pm Microsurgical Treatment of  
Previously Coiled Aneurysms, *Rossana Romani*

■ 2:00 pm – 2:15 pm Management of Giant Aneurysms,  
*Lalligan Sekhar*

■ 2:15 pm – 2:30 pm Role of Microsurgery in Posterior  
Circulation Aneurysms, *Neil Martin*

■ 2:30 pm – 2:45 pm Full Exposure of Ruptured Cerebral  
Aneurysms, *Naoki Nakayama*

■ 2:45 pm – 3:00 pm Management of Aneurysms Not  
Amenable to Endovascular Treatment, *Takanori Fukushima*

3:00 pm – 3:15 pm Break

## ■ **Didactic Session – Nuances in the Management of Complex Vascular Lesions: Tricks & Pitfalls**

■ *Moderated by Adam Arthur, Ricardo Hanel & Judy Huang*

■ 3:15 pm – 3:30 pm Nuances of Radiosurgery for AVM  
Treatment, *William Friedman*

■ 3:30 pm – 3:45 pm Embolization of AVM Cure, *Alejandro Berenstein*

■ 3:45 pm – 4:00 pm Goals of Preoperative Embolization,  
*Nestor Gonzalez*

■ 4:00 pm – 4:15 pm Microsurgery for AVMs: Technical  
Pearls, *Michael Lawton*

■ 4:15 pm – 4:30 pm Multimodality AVM Therapy: The  
Karolinska Institute Experience, *Tiit Mathisen*

■ 4:30 pm – 4:45 pm Fiber Tracking and Brainstem  
Cavernous Malformations, *Robert Friedlander*

■

■ 4:45 pm – 5:00 pm Break



## ■ Didactic Session – Nuances in the Management of Complex Vascular Lesions: Tricks & Pitfalls

■ *Moderated by Clemens Schirmer & Jonathan White*

- 5:00 pm – 5:15 pm    Complex Unconventional Bypass  
*Surgery, Hiroyasu Kamiyama*
- 5:15 pm – 5:30 pm    Complex Unconventional Bypass  
*Surgery, Rokuya Tanikawa*
- 5:30 pm – 5:45 pm    Complex Unconventional Bypass  
*Surgery, Luca Regali*



■ **Mon February 4<sup>th</sup>:**

■ 7:00 am – 8:00 am Breakfast in Exhibit Hall



■ 7:50 am – 8:00 am Welcome, *Ketan Bulsara & Donald Heck*



■ **Didactic Session – Cerebrovascular Disease Controversies**

■ *Moderated by Michael Alexander & Jacques Morcos*

■ 8:00 am – 8:24 am Ruptured/Unruptured MCA Aneurysms, *Ali Krisht & Jacques Moret*

■ 8:24 am – 8:48 am Unruptured Aneurysms: Treat or Don't Treat, *Robert Brown & Akio Morita*

■ 8:48 am – 9:12 am Giant Aneurysms, *Jacques Moret & Lalligam Sekhar*

■ 9:12 am – 9:36 am Dural Fistulae with Cortical Venous Drainage and No Hemorrhage, *Colin Derdeyn & Karel terBrugge*

■ 9:36 am – 10:00 am Brainstem Cavernous Malformations, *William Friedman & Ken-ichiro Kikuta*



■ **Didactic Session – Abstracts**

■ *Moderated by Shazam Hussain & Philip Meyers*

■ 10:00 am – 10:30 am Abstract Presentations



■ 10:30 am – 11:00 am Break in Exhibit Hall









- **Didactic Session – Luessenhop Lecture**

- *Moderated by Brian Hoh & Peter Nakaji*

- 1:45 pm – 2:00 pm  
*Hanjani*

- 2:00 pm – 2:05 pm  
Award

- 2:05 pm – 2:10 pm  
*Sepideh Amin-Hanjani*

- 2:10 pm – 2:40 pm  
*“Revascularization in China”*

- 2:40 pm – 2:45 pm

- 

- **Didactic Session – Abstracts**

- *Moderated by Kristine Blackham & Roc Chen*

- 2:45 pm – 3:30 pm

- 

- 3:30 pm – 4:15 pm

- 

- 4:15 pm – 4:45 pm

- 

CV Section Chair’s Address, *Sepideh Amin-*

CV Section Dempsey Resident Research

Introduction of Luessenhop Lecture,

Luessenhop Lecture, *Ling Feng*

Q&A

Abstract Presentations

Sponsored Afternoon Symposium

Break in Exhibit Hall



## ■ CONCURRENT SESSIONS

### ■ Session One – Moya Moya

#### ■ *Moderated Chang Wan Oh & Gary Steinberg*

- 4:45 pm – 5:00 pm                      Diagnostic Imaging for Moya Moya,  
*Ken Kazumata*
- 5:00 pm – 5:15 pm                      How to Select Patients for Surgery,
- 5:15 pm – 5:30 pm                      Management of Childhood Moya  
*Ken-ichiro Kikuta*
- 5:30 pm – 5:45 pm                      Management of Adult Moya Moya,  
*Moya, Edward Smith*
- 5:45 pm – 6:00 pm                      Pearls for Indirect Bypass, *Nestor*  
*Gonzalez*
- 6:00 pm – 6:15 pm                      Pearls for Direct Bypass, *Yoshikazu*  
*Okada*
- 6:15 pm – 6:30 pm                      Basic Science Revelations about  
*Moya Moya, Hiro Houkin*





## **Session Two – Ischemic Stroke**

*Moderated by Italo Linfante & Raymond Turner*

4:45 pm – 5:05 pm

Spinal Cord Stroke, *Philippe Gailloud*

5:05 pm – 5:25 pm

Is There a Future for ICAD Intervention, *Marc*

*Chimowitz*

5:25 pm – 5:45 pm

Predictors of Bad Outcomes in Stroke Intervention

– What You Might Not Have Thought Of, *Joseph*

*Broderick*

5:45 pm – 6:00 pm

Discussion

6:30 pm – 8:00 pm

Taste of Hawaii Reception



## ■ Tuesday, February 5, 2013

- 7:00 am – 5:00 pm Registration
  - 7:00 am – 7:45 am Breakfast in Exhibit Hall
  - 
  - **Didactic Session – Stroke Debates**
  - *Moderated by Michael Hill & Bill Mack*
  - 7:45 am – 8:00 am IMS III, *Thomas Tomsick*
  - 8:00 am – 8:15 am Endovascular Stroke Intervention: A Clinically Effective Treatment for Acute Ischemic Stroke, *Raul Nogueira*
  - 8:15 am – 8:30 am There is No Role for Endovascular Stroke Intervention Outside of Randomized Trials, *William Powers*
  - 8:30 am – 8:45 am Endovascular Stroke Treatment Must Be Allowed and Reimbursed Outside of Randomized Trials, *J Mocco*
  - 8:45 am – 8:55 am Audience Discussion
  - 8:55 am – 9:10 am Asymptomatic Carotid Stenosis is a Medical Disease, *Anne Abbott*
  - 9:10 am – 9:25 am Asymptomatic Carotid Stenosis Requires Aggressive Treatment, *Tom Brott*
  - 9:25 am – 9:40 am Symptomatic Carotid Stenosis: Are the Results of the Old Trials Still Valid?, *Martin Brown*
  - 9:40 am – 9:50 am Audience Discussion
  - 9:50 am – 10:00 am SNIS Update, *Michael Alexander*
  - 10:00 am – 10:45 am Sponsored Morning Symposium
  - 
  - 10:45 am – 11:15 am Break in Exhibit Hall
- 

## CONCURRENT SESSIONS

### Session One – Stroke Research Updates

*Moderated by Brian-Fred Fitzsimmons & Peter Rasmussen*

11:15 am – 11:30 am	The Japanese Stroke Registry, <i>Shinichi Yoshimura</i>
11:30 am – 11:45 am	Venous Sinus Thrombosis: Is There an Interventional Option?, <i>Donald Frei</i>
11:45 am – 12:00 noon	PREMISE, A Blinded, Sham Controlled Trial for CCSVI, <i>Adnan Siddiqui</i>
12:00 noon – 12:15 pm	The Population for Interventional Stroke Treatment: What are the Real Numbers?, <i>David Fiorella</i>
12:15 pm – 12:30 pm	Audience Discussion

### Session Two – Microsurgical Revascularization and Post-Stroke Care

*Moderated by Bob Carter & Carlos David*

11:15 am – 11:30 am	The Role for Microsurgical Revascularization for Cerebral Ischemia, <i>Fady Charbel</i>
11:30 am – 11:45 am	What We Have Learned about Patient Selection for Microsurgical Revascularization, <i>Jacques Morcos</i>
11:45 am – 12:00 noon	Neurocritical Care Management of Acute Stroke, <i>David Greer</i>
12:00 noon – 12:15 pm	Advances in Neuroprotective Therapies, <i>Mike</i> <i>Tymianski</i>
12:15 pm – 12:30 pm	Regenerative Strategies after Stroke, <i>Robert</i> <i>Friedlander</i>
12:30 pm – 1:30 pm	Sponsored Lunch Symposium
1:30 pm – 2:00 pm	Dessert in Exhibit Hall

## CONCURRENT SESSIONS

### Session One – Practical Stroke Intervention

*Moderated by Huy Do & Joey English*

2:00 pm – 2:15 pm	Technical Aspects of Using Stent Retrievers, <i>Osama Zaidat</i>
2:15 pm – 2:30 pm	Technical Aspects of Using Aspiration: What I've Learned, <i>Aman Patel</i>
2:30 pm – 2:45 pm	Stroke Intervention in the Posterior Circulation, <i>Blaise Baxter</i>
2:45 pm – 3:00 pm	European Experience with New Thrombectomy Devices, <i>Peter Schramm</i>
3:00 pm – 3:15 pm	Advanced Imaging Identifies Patients with Delayed Presentation Who Can Still be Salvaged, <i>Aquilla Turk</i>
3:15 pm – 3:30 pm	Don't Commit Too Early: Angiographic Collaterals Predict the Outcome, <i>David Liebsenskind</i>

### Session Two – Lessons Learned

*Moderated by Tooru Inoue, Sean Lavine, & Yoshiaki Shiokawa*

What the Case I Will Never Forget Taught Me:

2:00 pm – 2:15 pm	Bypass Surgery, <i>Amir Dehdashti</i>
2:15 pm – 2:30 pm	Aneurysm, <i>Gavin Britz</i>
2:30 pm – 2:45 pm	AVM, <i>Peter Nakaji</i>
2:45 pm – 3:00 pm	Cavernoma, <i>Murat Gunel</i>
3:00 pm – 3:15 pm	Dural Fistula, <i>Pascal Jabbour</i>
3:15 pm – 3:30 pm	Audience Discussion
3:30 pm – 4:15 pm	Sponsored Afternoon Symposium
4:15 pm – 4:45 pm	Break in Exhibit Hall



**Didactic Session – Ischemic Stroke and Hemorrhagic Cases**

*Moderated by Blaise Baxter, Mayank Goyal & Jonathan White*

4:45 pm – 5:15 pm

Interesting Cases

**Didactic Session – Delayed Cerebral Ischemia/Vasospasm**

*Moderated by Aaron Dumont, Mark Harrigan*

5:15 pm – 5:30 pm

Pathophysiology of Cerebral Vasospasm, *Loch MacDonald*

5:30 pm – 5:45 pm

Optimizing Detection of Cerebral Vasospasm, *Rocco Armonda*

5:45 pm – 6:00 pm

Advancements in ICU Management of Cerebral Vasospasm, *Daniel Hanggi*

6:00 pm – 6:15 pm

Treatment of Cerebral Vasospasm, *Todd Abruzzo*

6:15 pm

Closing Remarks, *Ketan Bulsara & Donald Heck*



# 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 – As follows:

- **AANS/CNS Cerebrovascular Section Session**

- 
- Please note your session has moved from Tuesday in 2012 to Wednesday 2013
- Timing has also changed to 2:00-4:30PM
- 
- 

- **2013 Suggested Draft Outline**

- ***Please approve or make changes below***

- Moderator(s): Nicholas C. Bambakidis, Jay Mocco
- 

- 2:00-2:35 PM

- Donaghy Lecturer (time includes 10 minute intro and 25 minute presentation)

- Title: TBD

- Speaker: Fady Charbel
- 

- 2:36-2:51 PM (15 minute presentation)

- Presentation and Speaker: Kevin Cockroft

- “Measuring Patient Outcomes in Cerebrovascular Surgery – How, Why, When?”
- 

- 2:52-3:07 PM (15 minute presentation)

- Presentation and Speaker: E. Sander Connolly

- “Tracking our Patient Outcomes – the N2QOD and its Value to Cerebrovascular Surgery”
- 

- 3:08-4:30 PM

- Abstract Presentations(10 abstract at 7 minutes each)
- 

- 3:08-3:15 PM,3:16-3:23 PM,3:24-3:31 PM,3:32-3:39 PM,3:40-3:47 PM,3:48-3:55 PM,3:56-4:03 PM,4:04-4:11 PM,4:12-4:19 PM, 4:20-4:27 PM



2013 CNS Meeting  
San Francisco, CA

Drs. Mocco and Nakaji



# Standing Committees/ Project updates

AANS/CNS Washington Committee

# Washington Committee Update

Katie Orrico





# Coding and Reimbursement Subcommittee

Dr. Edward Vates



# Joint Guidelines Committee & CV Section Guidelines Committee

Dr. Cockroft



# National Quality Forum

Dr. Kevin Cockroft

Dr. Alex Khalessi



# AHA/ASA Scientific Statements

## **Risk of Cervical Arterial Dissection After Cervical Manipulation Including Chiropractic Manipulative Therapy**

- Pascal Jabbour (Primary)
- Bill Mack (alternate and review group leader)
- Nick Bambakidis
- Henry Woo
- John Reavey-Cantwell  
*(Felipe Albuquerque writing group rep)*



# AHA/ASA Scientific Statements

## **Palliative and End-of- Life Care in Stroke**

- Ketan Bulsara (Primary)
- Justin Fraser (alternate and review group leader)
- Roc Chen
- Bill Ashley
- Rabih Tawk

*(Greg Zipfel writing group rep)*



# AHA/ASA Guidelines

## Guidelines for Management of Unruptured Intracranial Aneurysms

- **Greg Thompson**
- Robert Brown
- Joe Broderick
- **Kevin Cockroft**
- **Sander Connolly**
- Gary Duckwiler
- **Sepi Amin-Hanjani**
- Catherine Harris
- Virginia Howard
- Clay Johnston
- Phil Meyers
- Andrew Molyneux
- **Chris Ogilvy**
- **Andy Ringer**
- James Torner



# Upcoming Guidelines/Statements

- **Recommendations for the Evaluation Cerebral and Cerebellar Infarction With Swelling** – AANS/CNS writing group representative is Bob Carter
- **Guidelines for the Prevention of Stroke in Patients with Stroke or Transient Ischemic Attack (Secondary Prevention)** - AANS/CNS writing group representative is John A. Wilson
- **Guidelines for the Prevention of Stroke in Women** – AANS/CNS writing group representative is Issam Awad
- **Guidelines for the Primary Prevention of Stroke** – AANS/CNS writing group representative is John A. Wilson
- **Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Thrombolysis-** ANS/CNS writing group representative is Alex Khalessi
- **Guidelines for the Management of Spontaneous Intracerebral Hemorrhage** – AANS/CNS writing group representative is Bernard Bendok (note: this guideline was commissioned in March, 2012, but on hold until March, 2013)

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IACCSF





# 2013 IAC Research Award Announcement

The Intersocietal Accreditation Commission (IAC) Research Committee seeks to support innovative and meritorious research relevant to accreditation and quality improvement through its annual IAC Research Award Program. Interested individuals are encouraged to submit proposals that advance the IAC Research Committee's mission of "*Strengthening Accreditation through Research.*" For 2013, the IAC Research Committee will be awarding grants up to a maximum of \$75,000. Awards are for one year. This application process involves a letter of intent, and if accepted a full proposal.

**Call for Proposals will go out February 15, 2013**



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

Dr. Wilson

# NVC

- There is a move underway from the AAN to restart this



# 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*

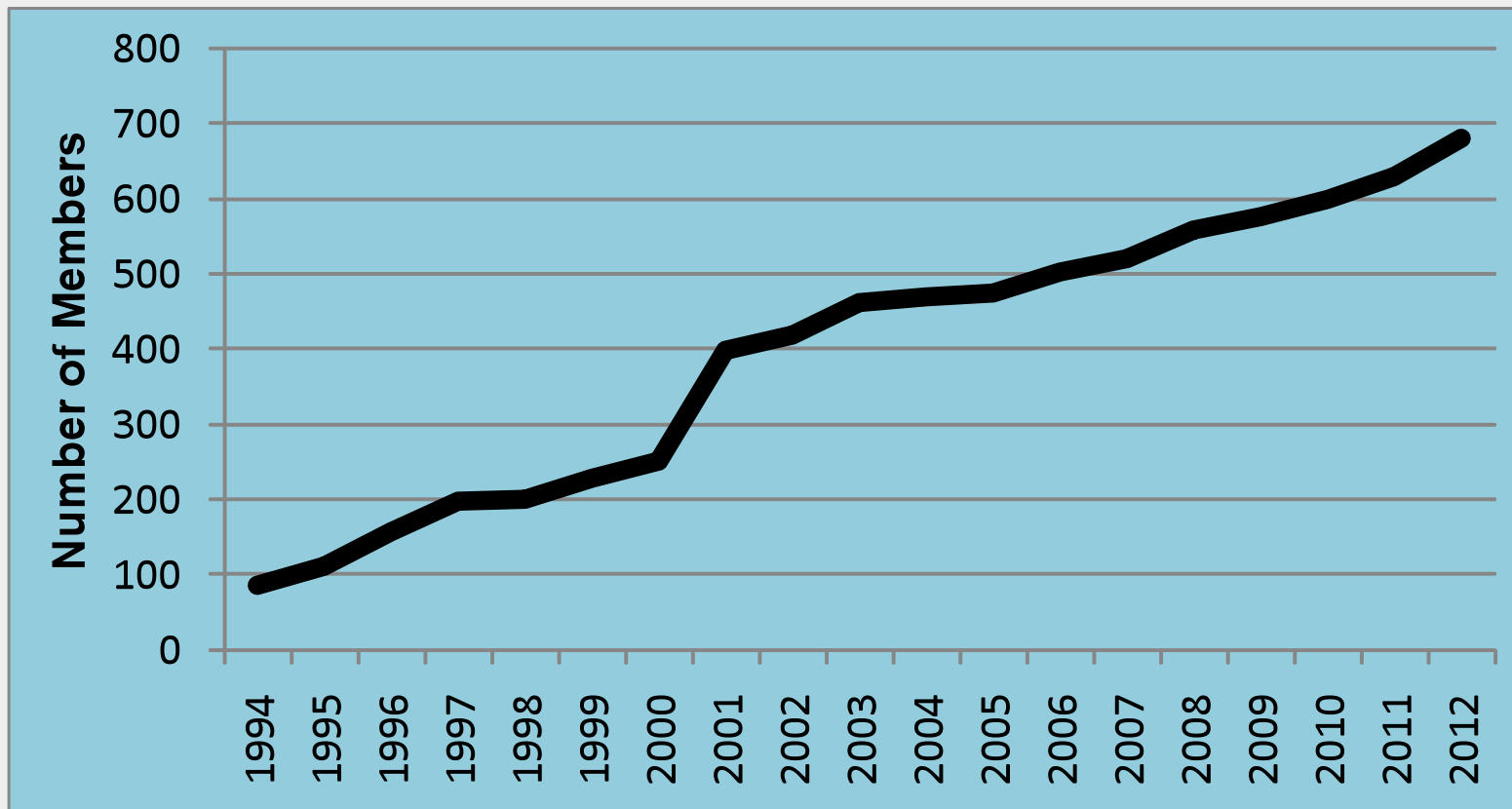
*President, Society of NeuroInterventional Surgery*



# 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

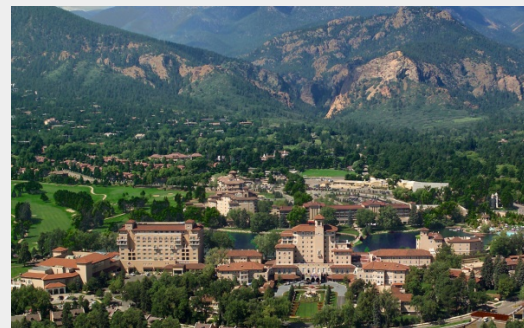
*SNIS Annual Meeting 2013  
Loews Miami Beach Hotel  
Miami, FL*



*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*

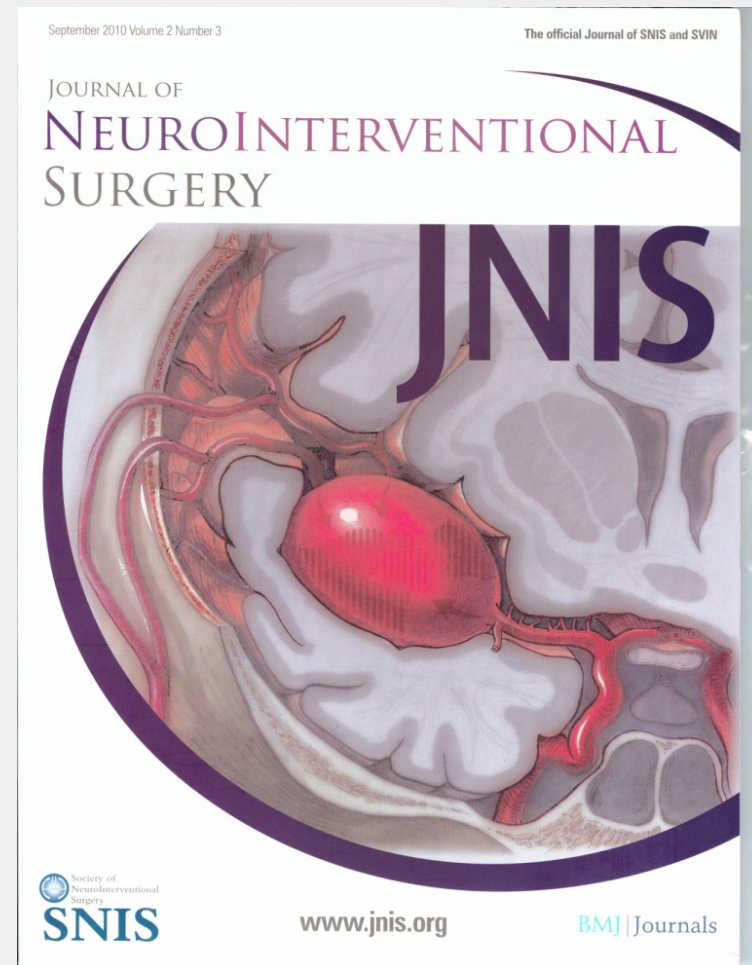
*Initial impact factor 1.07*

*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

The background features a dark teal vertical bar on the left side. A horizontal teal banner spans across the middle of the page, containing the text. The top and bottom sections of the page are light grey.


# Neurocritical Care Society Liaison





# Brain Attack Coalition

Dr. Judy Huang



# Joint Commission Criteria for Comprehensive Stroke Center (CSC) Certification

- Jan 28, 2013 letter
- CV Section, AANS, CNS, ABNS, SNS, SVIN, SNIS, AAN
- Recommendations for SAH care
  - 1)  $\geq 30$  procedures for aneurysms (minimum 10 clipping & 20 endovascular)
  - 2)  $\geq 35$  patients annually with aSAH
- Acute ischemic stroke – minimum 10 cases



# Membership Update

Dr Gregory J. Zipfel

# CV Section Membership Update

## Current Members

Active	403	(+9)
International	52	(+2)
Adjunct Associate	45	(+3)
	<b>493</b>	<b>(+14)</b>
Senior	99	
Resident	1527	



# Continuing membership initiatives

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



# New Membership Initiative

- Complimentary 1 year section membership to SNIS, Japanese, and European society members that come to this meeting. Plan to approach for transition to paying members next year.

# Current Member Benefits

Member Benefit	Value
20% discount for print subscription to Stroke	\$77 to \$102
10% discount for first year of AHA membership	\$25
Seminars / courses at CV Section Annual Meeting	Priority Status
Cerebrovascular Section Newsletter	Access

- 1) The Section Provides Cutting Edge Education!
- 2) The Section Supports Outstanding CV Research!
- 3) The Section Advocates for You and Your patients!
- 4) The Section Provides Additional Benefits!

**No reduced annual meeting registration fee.  
Should this be re-considered?  
If so, by how much?**



# Current Membership Dues

- Active \$150
- International \$50
- Adjunct \$50
- Residents/Fellows Free





# Fundraising Committee

Drs. Hoh and Rasmussen



# Research Fellowship Committee

Drs. Baskaya and Turner

# 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 be '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

Fernando Gonzalez

Andrew Grande

Rob James

Bill Mack

Aditya Pandey

Clemens Schirmer

Scott Simon

Rabih Tawk

Babu Welch



# Update

- Contract signed with Vividsites September 6, 2012
- Website kickoff web meeting September 14, 2012
- Sitemap development and content generation Oct to Nov, 2012
- Sitemap finalized December 7, 2012
- New website design January 17, 2012



# Sitemap

- See word document



# New website design

- <http://vsstaging.com/cv-section/portal/index.html>





# Next steps

- Finalize website design
- Program website
- Finalize website content
  
- Expected timeline 2-3 months



# Curriculum Development & Education Committee

Dr. Bernard Bendok



# CNS Webinars 2013



# Bylaws/Rules & Regulations Committee

Dr. 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.




# Old Business



N2QOD

Dr. Connolly





Junior Resident / Fellow  
Endovascular Course

Drs Mocco and Veznedaroglu



# Neuropoint Alliance

Dr Harbaugh



# IAC carotid stent facility accreditation standards

Dr Kevin Cockroft



CAROTID STENTING | ICACSF

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

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## 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





# Senior Society Matrix/ Milestones and Modules

Dr. Sander Connolly

The image features a modern, minimalist design. A central horizontal teal bar spans across the middle, containing the text 'New Business' in a clean, black, sans-serif font. The background is composed of several overlapping rectangular blocks in shades of teal and grey, creating a layered, architectural effect. The top and bottom sections are primarily light grey, while the left side is dominated by darker teal and grey blocks. The overall aesthetic is professional and contemporary.

# New Business

Meri Institute/CV Sect  
Resident & Fellows Courses/AANS open  
vascular residents course/ AANS  
endovascular residents course & AANS/  
SNIS/SVIN endovascular fellows course

Dr Adam Arthur

Dr Erol Veznedaroglu

Dr. J Mocco

Dr. Adnan Siddiqui

# Update on AANS Vascular Courses

Cerebrovascular Section Meeting

# AANS Courses over Time

Course Title	2006	2007	2008	2009	2010	2011
Endovascular Techniques	14	24	24	26	24	28
Fundamentals in Spine		32	32	40	40	40
Minimally Invasive Spine Techniques	24	24	24			
Socio-Economic Issues	24	30	24			
Spinal Deformity for Senior Residents			24	23	24	24
Pediatric Neurosurgery Review (2007-11) Focus on Spine (2008)		25	28			20
Stereotactic Radiosurgery				28	25	
Peripheral Nerve			24			
Nuances of Technique and Complication Avoidance in CV Neurosurgery				25		
Skull-Base					24	24
Pain Management					15	15



# 2006 AANS Endovascular Course

# Endovascular Techniques for Residents

Co-Directed by Erol Veznedaroglu and Adam Arthur

➤ Attendance has nearly doubled over the past 6 years

24 residents from different US Neurosurgery programs attended

A comprehensive, hands-on learning experience to teach the basics of endovascular techniques including AVM catheterization, aneurysms and the delivery of embolic devices.

(Animal models, replicators, and simulators)

## Attendee feedback:

*“Excellent course, great learning opportunity with engaging faculty.”*

*“Please open up to PGY 2, 3, 4”*

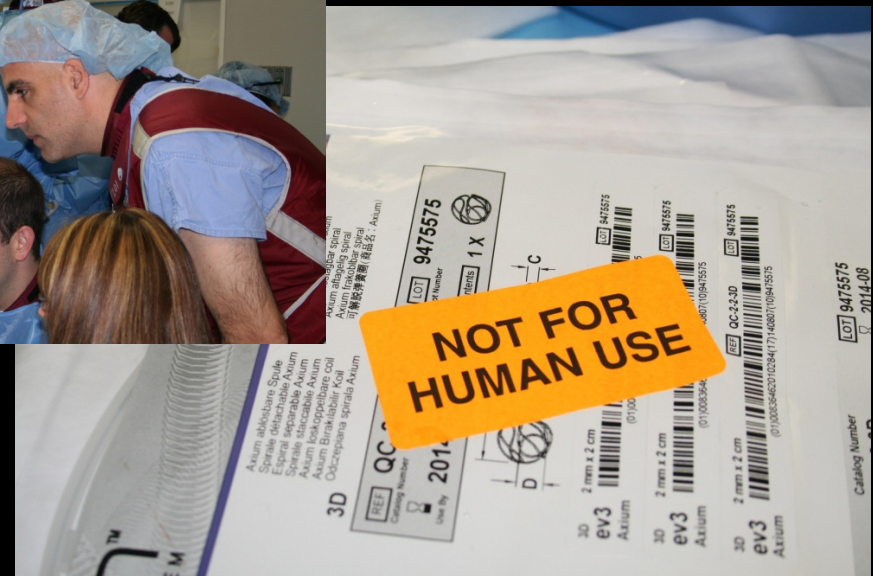
*“Unbelievable corporate support –Thank You!”*





# 2012 Endovascular Course for Residents

- Bernard Bendok
- Rashid M. Janjua
- Alex Khalessi
- Giuseppe Lanzino
- Adnan H. Siddiqui, MD
- Henry H. Woo





# Endovascular Techniques for Fellows

Co-Directed by Erol Veznedaroglu and Adam Arthur

- **Co-sponsored with SVIN and SNIS with faculty and fellows from all groups (First time in 2012)**

**36 fellows attended, six faculty**

**A comprehensive, hands-on learning experience to teach the basics of endovascular techniques including AVM catheterization, aneurysms and the delivery of embolic devices. (Animal models, replicators, and simulators)**



## **Attendee feedback:**

*“Fantastic course overall. I think this served as the gold standard for what to expect for a hands-on fellows course.”*

*“Excellent faculty selection with wide breadth of different teaching and approached, excellent faculty discussions, focused, well paced.”*

## 2012 Endovascular Course for Fellows

- Alex Abou-Chebl
- John D. Barr
- Alex Berenstein
- Italo Linfante
- Andrew J. Ringer
- Adnan H. Siddiqui



# Open Vascular Techniques for Residents

Co-Directed by Michael Lawton and Adam Arthur

➤ **First time in 2012**



**28 residents from different US Neurosurgery programs attended.**

**Reperused cadaver heads, live swine and turkey wing anastomosis models were used.**

**Every resident split an entire sylvian fissure, clipped bleeding ophthalmic and MCA aneurysms, did an anastomosis and an endarterectomy.**

## **Attendee feedback:**

*“Amazing one-on-one hands-on teaching experience with masters in neurosurgery that can give you feedback at the most difficult section of surgery.”*

*“I am very appreciative that I had the opportunity to take part in this well-organized course. It was no small task to get such world class instructors in one place at one time. Thank you. “*



## 2012 Open Vascular Course for Residents

- William T. Couldwell
- Carlos A. David
- Johnny B. Delashaw, Jr.
- Ali F. Krisht, MD
- Jacques J. Morcos
- John A. Wilson



## 2013 Plans



- Blending of endovascular and open vascular courses for residents
- Continued evolution of collaboration with SVIN and SNIS
- Focus on technical education



# Rapid Response Committee

(Dr. Woo)



# Joint Commission Stroke Certification

(Dr. Amin-Hanjani)



# Updated Multi-Specialty Letter Re Stroke Certification

(Dr. Amin-Hanjani)






January 28, 2013

Jean Range, MS, 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 Academy of Neurology (AANS), American Association of Neurological Surgeons (AANS), American Board of Neurological Surgeons (ABNS), Congress of Neurological Surgeons (CNS), AANS/CNS Joint Cerebrovascular Section, Society of NeuroInterventional Surgery (SNIS), Society of Neurological Surgeons (SNS), and the Society of Vascular and Interventional Neurology (SVIN) are pleased that the American Heart Association and Joint Commission are attempting to further standardize the care of stroke patients nationally. However, we continue to have grave concerns over the standards set forth for Comprehensive Stroke Centers (CSC) 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.



In follow-up to the recent telephone discussion with members of your Staff on October 22, 2012, which resulted from the concerns voiced in our July 20, 2012 letter, it is apparent that the Joint Commission is carefully weighing the relative issues of **quality** versus **access** in defining the parameters for designation of CSCs. The current performance criteria, however, do not serve to optimally balance those important goals.

As requested by you during the telephone conference, we are submitting again our recommended modifications to the current CSC criteria. We wish to emphasize, once more, in this communication that existing literature does assist in establishing benchmarks relevant to improved outcome in specific arenas of complex stroke care, and combined with consensus and feasibility, support the changes we are proposing without compromising access.

We would also like to highlight that since our telephone conference we have engaged additional stakeholders, namely the American Academy of Neurology (AAN), and the Society of Vascular and Interventional Neurology (SVIN). **This letter now represents the joint views of all the relevant major professional societies.**


Jean Range, MS, RN, CPHQ  
Joint Commission Criteria for Stroke Center Certification  
January 28, 2013  
Page 2 of 6

### QUALITY

To address firstly the issue of quality, there have been numerous studies that demonstrate that patients have better medical outcomes at high volume centers with high volume physicians.

*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 [1-4]. In these studies, the high volume centers with better outcomes have consistently been demonstrated to be those treating >20-30 cases annually. This threshold has been apparent for both surgical clipping and endovascular coiling individually.

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 [4]. 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 >35 aneurysmal subarachnoid cases per year[5].



The initial criteria put forth for case volume were already very low at 10 craniotomies for aneurysm clipping and 15 endovascular aneurysm procedures per year. Based on the literature, for each procedure an annual volume of >20 would be more appropriate. The revised language put forth that now combines the requirement 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 up to 40 percent of aneurysms in the U.S. are requiring surgical clipping [6, 7], with a relative plateau in the latter half of the decade [6, 7]. 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.

*In regards to treatment of ischemic stroke*, outcomes after endovascular intervention have similar results in relation to volume. Published data is limited but a recent study 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 [8]. High volume centers were defined as centers that performed more than 50 endovascular thrombectomies/ revascularizations per year. Importantly, outcomes were better at these high volume centers despite the fact that a much higher proportion of their patients (64%) were transfers from other facilities [8]. This data supports the notion that any additional time to transfer a patient is counteracted by the enhanced CT to puncture and procedure times.



Current criteria only require the availability of stroke interventionalists, but set no standards for demonstrating a volume of intra-arterial treatment (IAT). The data, though limited, supports placing some minimum thresholds for intra-arterial interventions in order to maintain appropriately high standards for acute ischemic stroke care. Although time, and thus access, is of heightened

Jean Range, MS, RN, CPHQ

Joint Commission Criteria for Stroke Center Certification

January 28, 2013


Page 3 of 6

importance in IAT, it is important to note that any gains in 'time-to-hospital' will likely be lost in slower 'time-to-reperfusion' at very low or no volume centers. Allowing centers to qualify as CSCs with no minimum threshold of case numbers in IAT just to shorten perceived access times will thus be ultimately counterproductive to outcomes overall.

### ACCESS

To address the issue of access, likely the most relevant analogy would be Trauma Center designation, whereby hospitals able to provide high level comprehensive trauma services are designated as Level 1 Centers. In recognition of the importance of volume in maintaining optimal outcome, Level 1 designation does require centers to demonstrate care for a specified annual number of severe trauma cases in order to maintain their designation. Akin to the time sensitive nature of stroke, especially of acute ischemic stroke, management of severe trauma relies on establishment of definitive treatment within the 'golden hour', the first hour following injury. Thus, access to appropriate level care is as acute, if not more so, in the trauma paradigm. The potential patient population requiring such services is also incrementally larger at approximately 2.8 million individuals hospitalized annually, as compared to the approximately 750,000 annual incidence of all stroke.

There are currently approximately 200 Level 1 Trauma Centers certified within the U.S. Given the similar or greater acuity of severe trauma and the substantially larger potential pool from which severe trauma vs. complex stroke can be generated, one can generously surmise that 100 CSCs would be the appropriate and proportional number of such centers nationwide (representing approximately 1.5% of all hospitals). Even if it is presumed that Trauma Center penetration is inadequate for the needs of the population, then an even more **liberal estimate of number of needed CSCs** could be considered a similar number as Level 1 trauma centers, i.e. **200 centers, or approximately 3% of all ~6000 hospitals nationwide**. This number of centers would represent about **20% of the existing ~960 Primary Stroke Centers**.



In the trauma setting, the system is designed such that patients with severe injuries will have quickest possible access to an established Level 1 trauma center with the capabilities and experience to provide comprehensive emergency medical care. As has been feasible for trauma, systems of care which allow efficient triage, stabilization and transfer can be implemented for care of complex stroke patients, such that access is maintained without loss of quality. Broadening the requirements and lowering procedural thresholds for CSCs in the name of access will jeopardize the ultimate goal of patient outcomes, especially when access can be maintained through efficient use of transfer systems.

Furthermore, there is a hidden hazard to setting a low procedural threshold, purely with the goal of expanding the number of CSCs widely; a wide proliferation of relatively low volume centers will not guarantee the better outcomes which can be achieved at higher volume centers, but also will parenthetically dilute the pool of complex stroke patients and procedures such that overall outcomes will worsen. Such trends have already been observed in aneurysm procedure outcomes in NY state, whereby decentralization of endovascular coiling procedures has counteracted the otherwise positive impact of coiling as a treatment modality [9]. Our common goal should not be an ill-fated 'more is better' mentality of unlimited expansion of CSCs, but rather an understanding that CSCs are a critical component of creating specialized regional centers. Such centers can serve as the hubs to the greater network of PSCs, and, in so doing, maintain the volumes necessary to optimize outcomes of complex stroke care.

### **REQUESTED MODIFICATIONS TO CURRENT CSC REQUIREMENTS**

**For aneurysmal subarachnoid hemorrhage care:**

- 1. We recommend that the number for procedures for intracranial aneurysms be increased to  $\geq 30$ , with a minimum of 10 microsurgical clipping and 20 endovascular coiling procedures at each CSC. It is imperative that centers demonstrate that they are capable of adequately treating aneurysms with BOTH clipping and coiling approaches on a 24/7 basis.**

*The requested threshold is based on the literature[1-3] which supports >20 of each type of procedure but modified by consensus of societies for feasibility and to reflect the relative average proportions of clipping and coiling procedures performed in the U.S.*

- 2. We recommend adoption of the AHA/ASA guidelines which support demonstrating care of  $\geq 35$  patients annually with aneurysmal subarachnoid hemorrhage.**

*This threshold reflects the Class I recommendation put forth in the 2012 'Guidelines for Management of Subarachnoid Hemorrhage' from the AHA/ASA [5]. Query of recent Nationwide Inpatient Sample data indicates that 8.6 percent of hospitals nationally care for  $\geq 35$  aneurysmal subarachnoid cases annually [10], well above the 3 percent liberal estimate of the CSCs that are needed.*



**For acute ischemic stroke:**

- 1. We recommend a minimum number of endovascular cerebral (extracranial and/or intracranial) procedures for patients with ischemic stroke; based upon consensus and emerging data, at least 10 endovascular ischemic stroke cases every year should be adopted as a criterion to qualify for comprehensive stroke center certification. This capability must be available on a 24/7 basis at a CSC.**

*Recognizing that data regarding optimal numbers is limited, and that IAT is not yet a standard treatment in acute stroke therapy, we have based this recommendation on a consensus that about one case per month, approximated as 10 cases/yr, would at least demonstrate on ongoing minimum proficiency in this treatment modality.*

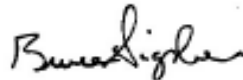
**CONCLUSION**

We strongly urge the Joint Commission to adopt our requested modifications to performance numbers in order to return to the goal of the CSC endeavor, namely, to certify centers that demonstrate that their hospital system is optimized to achieve the best possible outcomes for stroke patients. The requested procedural numbers are feasible at a large enough number of centers to appropriately balance concerns of access and quality.

Thank you for considering our comments and recommendations. We look forward to a favorable reply from the Joint Commission. In the meantime, if you have any questions or need additional information, please feel free to contact us.



Sincerely,



Bruce Sigsbee, MD, FAAN, President  
American Academy of Neurology



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



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



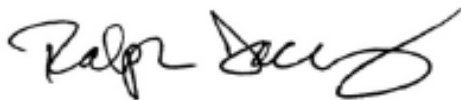
Ali R. Rezai, MD, FAANS, President  
Congress of Neurological Surgeons



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



Michael J. Alexander, President  
Society of NeuroInterventional Surgery



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



Dileep R. Yavagal, MD, President  
Society of Vascular and Interventional Neurology

### Staff Contact

Katie O. Orrico, Director  
AANS/CNS Washington Office  
725 15th Street, NW, Suite 500  
Washington, DC 20005  
Office: 202-446-2024  
Facsimile: 202-628-5264  
Email: [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org)

### REFERENCES

1. Barker, F.G., 2nd, et al., *In-hospital mortality and morbidity after surgical treatment of unruptured intracranial aneurysms in the United States, 1996-2000: the effect of hospital and surgeon volume*. Neurosurgery, 2003. 52(5): p. 995-1007; discussion 1007-9.

Jean Range, MS, RN, CPHQ  
Joint Commission Criteria for Stroke Center Certification  
January 28, 2013  
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# MOC Vascular Module


(Drs. Bendok and Siddiqui)

# NINDS Stroke Trial Network

Dr. Amin-Hanjani

# NINDS Stroke Trial Network


- <JanisS@ninds.nih.gov>Subject: NINDS US Stroke Trial NetworkDear Colleagues, Good news. The NINDS Council approved a proposal to set up a US stroke trial network. We are hopeful that this will be a major force for improving stroke research and patient outcomes.This clinical network will provide infrastructure and intellectual capital for prevention and recovery research, as well as acute treatment research, the latter when appropriate in concert with NETT. See Dr. Landis's Directors message at [www.ninds.nih.gov](http://www.ninds.nih.gov). There are also notices to the NIH guide about intent to publish a funding opportunity for multiple Centers, a Clinical coordinating center, and a Data Management center. RFAs themselves not out yet.[http://grants.nih.gov/grants/guide/search\\_results.htm?scope=not&year=active&text\\_curr=&Search.x=35&Search.y=4](http://grants.nih.gov/grants/guide/search_results.htm?scope=not&year=active&text_curr=&Search.x=35&Search.y=4)



NOT-NS-13-007    See Related    NINDS  
02/01/2013    Notice of Intent to  
Publish a Funding Opportunity Announcement  
for Clinical Sites for the NINDS Stroke Trials  
Network (U10)

NOT-NS-13-008    See Related    NINDS  
02/01/2013    Notice of Intent to  
Publish a Funding Opportunity Announcement  
for a Clinical Coordinating Center for the NINDS  
Stroke Trials Network (U01)

NOT-NS-13-009    See Related    NINDS  
02/01/2013    Notice of Intent to  
Publish a Funding Opportunity Announcement  
for Data Coordinating Center for the NINDS  
Stroke Trials Network (U01)



- We are hoping you can help spread the word at the ISC meeting. Couldn't ask for better timing. May all your stroke cases end up as TIAs,

- Walter J. Koroshetz, M.D. Deputy Director National Institute of Neurological Disorders and Stroke National Institutes of Health Rm 8A52, Bldng 31, 31 Center Drive Bethesda, Md, 20892 Tel 301 496 3167 Fax 301 496 0296



Thank you!