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

PLEASE SIGN IN IN (NAME AND EMAIL)
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 Khaleesi)
- Neurovascular Coalition (Drs. Wilson)
- SNIS update (Dr. Alexander)
- SVIN Liaison (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. Prestigiacomo)

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
Treasurer’s Report
Dr. Sean Lavine
# Statement of Financial Position

**As of December 31, 2012 and 2011**

<table>
<thead>
<tr>
<th></th>
<th>Current Year 12/31/12</th>
<th>Prior Year 12/31/11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking &amp; Short Term Investments</td>
<td>$150,743</td>
<td>$183,876</td>
</tr>
<tr>
<td>Accounts Receivable, net of Allowance for Uncollectible Accounts</td>
<td>52,995</td>
<td>108,100</td>
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<tr>
<td>Long-Term Investment Pool, at Market</td>
<td>632,185</td>
<td>564,159</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$856,303</td>
<td>$856,134</td>
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<table>
<thead>
<tr>
<th><strong>LIABILITIES AND NET ASSETS</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Liabilities</td>
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</tr>
<tr>
<td>Deferred Dues</td>
<td>68,900</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>$68,900</td>
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<td><strong>Net Assets</strong></td>
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<tr>
<td>Unrestricted</td>
<td>$608,676</td>
</tr>
<tr>
<td>Unrestricted - Donaghy</td>
<td>$48,359</td>
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<tr>
<td>Unrestricted - Galbraith</td>
<td>$26,710</td>
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<tr>
<td>Unrestricted - Resident</td>
<td>$(12,605)</td>
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<td>Unrestricted - Leussenhop</td>
<td>$19,215</td>
</tr>
<tr>
<td>Unrestricted - Drake</td>
<td>$10,423</td>
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<tr>
<td>Unrestricted - Yasargil Lectureship</td>
<td>$53,228</td>
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<tr>
<td><strong>Net Revenue (Expense)</strong></td>
<td>33,596</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$767,403</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES AND NET ASSETS**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>$856,303</td>
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</table>
AANS/CNS Section on Cerebrovascular Surgery
Statement of Activities
For the Six Months Ending December 31, 2012

<table>
<thead>
<tr>
<th></th>
<th>FY '11 Final</th>
<th>FY '12 Final</th>
<th>YTD FY '13</th>
<th>FY '13 Budget</th>
</tr>
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<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
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<tr>
<td>Membership Dues</td>
<td>$54,648</td>
<td>$55,348</td>
<td>$32,039</td>
<td>$62,550</td>
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<tr>
<td>Mailing List Sales</td>
<td>295</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Contributions/Sponsorships</td>
<td>85,000</td>
<td>7,773</td>
<td>7,500</td>
<td>37,500</td>
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<tr>
<td>Advertising Revenue</td>
<td>1,300</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Contributions for Operating Expenses</td>
<td>9,347</td>
<td>8,153</td>
<td>5,051</td>
<td>9,409</td>
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<tr>
<td>Annual Meeting Revenue</td>
<td>255,771</td>
<td>324,392</td>
<td></td>
<td></td>
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<tr>
<td><strong>TOTAL REVENUES &amp; SUPPORT</strong></td>
<td>$406,361</td>
<td>$395,666</td>
<td>$44,590</td>
<td>$109,459</td>
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</table>

| **EXPENSES**             |             |             |            |              |
| 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         |              |
| **TOTAL EXPENSES**       | $321,409    | $379,284    | $42,030    | $114,757     |

| Investment Earnings      | 85,240      | 6,942       | 31,036     | 27,765       |

| **NET REVENUE**          | $170,192    | $23,324     | $33,596    | $22,467      |
**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.

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

**CV Section**

<table>
<thead>
<tr>
<th>Budgeted Sponsorships:</th>
<th>Budgeted Amount</th>
<th>Date Received</th>
<th>Amount Received</th>
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<tr>
<td>Synthes</td>
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<td>9/19/2012</td>
<td>$7,500.00</td>
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<tr>
<td>Resident Research Award -1</td>
<td>$15,000.00</td>
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<tr>
<td>Resident Research Award -2</td>
<td>$15,000.00</td>
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</tr>
</tbody>
</table>

**Total Amount Received for FY13**

$7,500.00
2013 CV Section
Honolulu, HI

Dr. Nicholas Bambakidis
Dr. Ketan Bulsara
2013 CV Section

3rd 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\textsuperscript{nd}-3\textsuperscript{rd}: 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 4th:

- 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
CONCURRENT SESSIONS

Session One – ICH Management: The Evidence
Moderated by Louis Kim & Aman Patel

11:00 am – 11:15 am  Aneurysms, Greg Thompson
11:15 am – 11:30 am  Dural Fistulae, Greg Zipfel
11:30 am – 11:45 am  Brainstem Cavernomas, Joseph Zabramski

Session Two – Iatrogenic Stroke, What is the Real Risk
Moderated by Arun Amar & Donald Heck

11:00 am – 11:15 am  Aneurysm Coiling, Ruptured & Unruptured, Stent & Balloon Assist?, John Wong
11:15 am – 11:30 am  Flow Diversion, Adnan Siddiqui
11:30 am – 11:45 am  Carotid Stenting, Martin Brown
CONCURRENT SESSIONS

Session One – Hemorrhagic Stroke Abstracts
Moderated by Silverio Agazzi & David Hasan
11:45 am – 12:15 pm Abstract Presentations

Session Two – Ischemic Stroke Abstracts
Moderated by Arun Amar & Donald Heck
11:45 am – 12:15 pm Abstract Presentations

12:15 pm – 1:15 pm Sponsored Lunch Symposium

1:15 pm – 1:45 pm Dessert in Exhibit Hall
Didactic Session – Luessenhop Lecture

- Moderated by Brian Hoh & Peter Nakaji

  - 1:45 pm – 2:00 pm
    CV Section Chair’s Address, Sepideh Amin-Hanjani
  - 2:00 pm – 2:05 pm
    CV Section Dempsey Resident Research Award
  - 2:05 pm – 2:10 pm
    Introduction of Luessenhop Lecture, Sepideh Amin-Hanjani
  - 2:10 pm – 2:40 pm
    “Revascularization in China”
    Luessenhop Lecture, Ling Feng
  - 2:40 pm – 2:45 pm
    Q&A

Didactic Session – Abstracts

- Moderated by Kristine Blackham & Roc Chen

  - 2:45 pm – 3:30 pm
    Abstract Presentations
  - 3:30 pm – 4:15 pm
    Sponsored Afternoon Symposium
  - 4:15 pm – 4:45 pm
    Break in Exhibit Hall
CONCURRENT SESSIONS

Session One – Moya Moya

Moderated by 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,
Ken-ichiro Kikuta

5:15 pm – 5:30 pm
Management of Childhood Moya Moya,
Edward Smith

5:30 pm – 5:45 pm
Management of Adult Moya Moya,
Satoshi Kuroda

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, *Shinichi Yoshimura*

11:30 am – 11:45 am  
Venous Sinus Thrombosis: Is There an Interventional Option?, *Donald Frei*

11:45 am – 12:00 noon  
PREMISE, A Blinded, Sham Controlled Trial for CCSVI, *Adnan Siddiqui*

12:00 noon – 12:15 pm  
The Population for Interventional Stroke Treatment: What are the Real Numbers?, *David Fiorella*

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, *Fady Charbel*

11:30 am – 11:45 am  
What We Have Learned about Patient Selection for Microsurgical Revascularization, *Jacques Morcos Tymianski*

11:45 am – 12:00 noon  
Neurocritical Care Management of Acute Stroke, *David Greer Friedlander*

12:00 noon – 12:15 pm  
Advances in Neuroprotective Therapies, *Mike Tymianski*

12:15 pm – 12:30 pm  
Regenerative Strategies after Stroke, *Robert Friedlander*

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  
*Osama Zaidat*  
Technical Aspects of Using Stent Retrievers

2:15 pm – 2:30 pm  
*Technical Aspects of Using Aspiration: What I’ve Learned, Aman Patel*

2:30 pm – 2:45 pm  
*Blaise Baxter*  
Stroke Intervention in the Posterior Circulation, *Aquilla Turk*

2:45 pm – 3:00 pm  
*Peter Schramm*  
European Experience with New Thrombectomy Devices

3:00 pm – 3:15 pm  
*Advanced Imaging Identifies Patients with Delayed Presentation Who Can Still be Salvaged, David Liebsenskind*

3:15 pm – 3:30 pm  
*Don’t Commit Too Early: Angiographic Collaterals Predict the Outcome, David Liebsenskind*

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**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  
*Amir Dehdashti*  
Bypass Surgery

2:15 pm – 2:30 pm  
*Gavin Britz*  
Aneurysm

2:30 pm – 2:45 pm  
*Peter Nakaji*  
AVM

2:45 pm – 3:00 pm  
*Murat Gunel*  
Cavernoma

3:00 pm – 3:15 pm  
*Dural Fistula, Pascal Jabbour*

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
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)

Standing Committees/Project updates
Washington Committee Update

Katie Orrico
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)
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
## Measure group #5: Mortality and Readmissions

<table>
<thead>
<tr>
<th>Number and Title</th>
<th>0467 Acute Stroke Mortality Rate (IQI 17)</th>
<th>2026 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following an acute ischemic stroke hospitalization</th>
<th>2027 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization</th>
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<tr>
<td>Measure focus</td>
<td>In-hospital death</td>
<td>Death (any cause) within 30 days of index admission</td>
<td>Readmission (any cause) within 30 days of index discharge</td>
</tr>
<tr>
<td>Patient population</td>
<td>Patients 18+, principal dx=stroke</td>
<td>Patients 65+, 12 months FFS Medicare Part A/B, principle dx=acute ischemic stroke</td>
<td>Patients 65+, 12 months FFS Medicare Part A/B, principle dx=acute ischemic stroke</td>
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<tr>
<td>Denominator exclusions</td>
<td>Transferring to another short-term hospital, MDC 14 (pregnancy, childbirth, and puerperium), missing discharge disposition, gender, age, quarter, year or principal diagnosis</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>Timeframe</td>
<td>In-hospital</td>
<td>Within 30 days</td>
<td>Within 30 days</td>
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<td>Facility</td>
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<td>Data source</td>
<td>Administrative claims</td>
<td>Administrative claims, other</td>
<td>Administrative claims</td>
</tr>
</tbody>
</table>
Neurovascular Coalition

Dr. Wilson
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
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
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

<table>
<thead>
<tr>
<th>Current Members</th>
<th></th>
<th>(+)</th>
</tr>
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<tbody>
<tr>
<td>Active</td>
<td>403</td>
<td>+9</td>
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<tr>
<td>International</td>
<td>52</td>
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<tr>
<td>Adjunct Associate</td>
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<td>+3</td>
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<td></td>
<td><strong>493</strong></td>
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<p>| | |</p>
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<th></th>
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<tr>
<td>Senior</td>
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<tr>
<td>Resident</td>
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</table>
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

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

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
Research Fellowship Committee

Drs. Baskaya and Turner
CV Research Award Update

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 Yates. 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,

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

RJD:lvb
Website Committee Report

Gregory J. Zipfel

Committee Members:

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

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
Junior Resident / Fellow
Endovascular Course

Drs Mocco and Veznedaroglu
IAC carotid stent facility accreditation standards

Dr Kevin Cockroft
# Table of Contents

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<td>STANDARD – Interventional Technologist(s)</td>
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<td>Selected Bibliography</td>
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<td>Appendix</td>
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<td>IAC Carotid Stenting Sponsoring Organizations</td>
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</table>
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)
- American Association of Neurologic Surgeons and Congress of Neurologic Surgeons Cerebrovascular Section (www.cvsection.org)
- American Society of Neuroradiology (www.asnr.org)
- American Association of Physicists in Medicine (www.aapm.org)
- Neurocritical Care Society (www.neurocriticalcare.org)
- Society of Interventional Radiology (www.sirweb.org)
- Society of NeuroInterventional Surgery (www.snisonline.org/guest/guest.php)
- Society of Vascular and Interventional Neurology (www.svin.org/Pages/default.aspx)
- Society for Vascular Medicine (http://svmb.org)
- Society for Vascular Surgery (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
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

<table>
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<th>Course Title</th>
<th>2006</th>
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<td>Fundamentals in Spine</td>
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<td>Minimally Invasive Spine Techniques</td>
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<td>Spinal Deformity for Senior Residents</td>
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<td>Peripheral Nerve</td>
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<td>Nuances of Technique and Complication Avoidance in CV Neurosurgery</td>
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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.

Reperfused cadaver heads, live swine and turkey wing anastamosis models were used.

Every resident split an entire sylvian fissure, clipped bleeding ophthalmic and MCA aneurysms, did an anastamosis 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.
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 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 ≥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 ≥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 ≥ 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
REFERENCES


MOC Vascular Module

(Drs. Bendok and Siddiqui)
NINDS Stroke Trial Network

Dr. Amin-Hanjani
Dear 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. 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
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 TIA's,

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!