

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

**AANS/CNS Joint Cerebrovascular
Section Annual Meeting &
4th SNIS IESC
Annual Meeting**

Joint CV Section Executive Council Meeting
San Diego Hard Rock Hotel
Sunday February 9th 2014
4:30-6:30 pm in the Celebrate Boardroom.

Meeting Agenda

Call to Order (Dr. Friedlander)

Approval of Minutes from CNS 2013 (Dr. Lavine)

Treasurer's Report (Dr. Zipfel)

Annual Meeting Updates

2014 CV Sect Annual Meeting (Drs Bambakidis, Mocco, [Evandro de Oliveira](#))

2014 ISC Meeting (Drs Mack, Welch, Cockroft)

2014 AANS Meeting (Drs Mocco, Nakaji)

2014 CNS Meeting (Drs Nakaji, Arthur)

Standing Committee/Project Updates

Coding & Reimbursement (Dr Vates and Woo)

Joint Guidelines Committee/CV Section Guidelines Committee (Dr. Cockroft)

National Quality Forum (Dr Cockroft and Khalessi)

Cerebrovascular Coalition, , Proposed changes to CSC certification, Abbott CMS CAS

Coverage (Drs. Bambakidis, Cockroft, Amin-Hanjani, Wilson)

Metrics for Hemorrhagic Stroke (Dr. Zipfel)

Rapid Response Committee (Dr. Woo)

SNIS update (Dr. Meyers)

SVIN Liaison (Dr. Mocco)

International Liaison (Dr. Niemela)

Neuro-Critical Care Society Update (Dr. Amar)

YNS Liaison (Dr Bell)

Brain Attack Coalition (Dr.Huang)

Membership Update (Dr Mocco)

Fundraising Committee (Dr. Zipfel)

Dempsey Fellowship (Drs. Baskaya and Turner)

Newsletter Committee (Dr. Bulsara)

Website Committee (Drs Zipfel, Welch, Du)

Curriculum Development and Education Committee (Dr. Bendok)

MOC Vascular Module (Drs. Bendok and Siddiqui)

Matrix and Milestones (Dr. Bambakidis)

Bylaws/Rules & Regulations Committee (Dr. Schirmer)

CAST/ Training Standards (Drs Hoh, Siddiqui & Woo)

Old Business Updates

N2QOD (Drs. Connolly & Mocco)

Resident and fellow courses (Drs Mocco, Veznedaroglu, Arthur)

IAC carotid stent facility accreditation standards (Drs. Cockroft & Albuquerque)

3C meeting (Dr Siddiqui)

Brain Aneurysm Foundation, BAF/CV Sect C. Getch Research Award (Drs David & Zipfel)

New Business

American Association of Blood Banking (Dr. Welch)

Clinical Trials Advisory Committee (Drs Carter, Friedlander, Zipfel)

ARUBA Commentary (Dr Bambakidis)



Approval of Minutes

Dr. Sean D. Lavine



Treasurer's Report

Dr. Greg Zipfel

AANS/CNS Section on Cerebrovascular Surgery
Statement of Financial Position
As of June 30, 2013 and 2012

	Current Year 06/30/13	Prior Year 06/30/12
ASSETS		
Checking & Short Term Investments	\$149,705	\$149,113
Accounts Receivable, net of Allowance for Uncollectible Accounts	4,495	7,095
Prepaid Expenses	52,465	30,575
Long-Term Investment Pool, at Market	666,617	601,163
TOTAL ASSETS	\$873,283	\$787,946
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts Payable and Current Liabilities	\$21,130	\$500
Deferred Dues	34,625	33,639
Total Liabilities	\$55,755	\$34,139
Net Assets		
Unrestricted	\$598,133	\$585,352
Unrestricted - Donaghy	\$52,815	\$48,359
Unrestricted - Galbraith	\$28,857	\$26,710
Unrestricted - Resident	(\$15,472)	(\$12,805)
Unrestricted - Leussenhop	\$19,938	\$19,215
Unrestricted - Drake	\$10,794	\$10,423
Unrestricted - Yasargil Lectureship	\$58,742	\$53,228
Net Revenue (Expense)	63,720	23,324
Total Net Assets	\$817,527	\$753,807
TOTAL LIABILITIES AND NET ASSETS	\$873,283	\$787,946

	FY '10 Final	FY '11 Final	FY '12 Final	YTD FY '13	FY '13 Budget	FY '14 Budget
REVENUES						
Membership Dues	46,750	54,648	55,348	66,284	62,550	64,000
Mailing List Sales	0	295	0	250	0	0
Contributions/Sponsorships	7,500	85,000	7,773	37,500	37,500	37,500
Advertising Revenue	0	1,300	0	0	0	0
Contributions for Operating Expenses	9,143	9,347	8,153	8,221	9,409	13,395
Annual Meeting Revenue	167,709	255,771	324,382	0	50,300	0
TOTAL REVENUES & SUPPORT	231,102	406,361	395,666	112,235	159,759	114,895
EXPENSES						
Audio Visual	1,477	1,192	279	4,329	1,500	1,500
Bank Fee	518	930	756	849	751	914
Contributions & Affiliations	60,000	10,000	30,000	10,000	10,000	15,000
Decorating	607	741	415	405	750	750
Facility	0	0	0	801	0	800
Food & Beverage	8,160	9,959	8,989	17,632	10,000	12,600
Honoraria & Awards	35,890	40,960	32,204	39,815	36,350	42,000
Office & other Supplies	343	200	100	382	300	380
Photocopy	95	1	9	0	25	25
Postage & Distribution	468	901	1,400	790	825	825
Printing/Typesetting	0	1,282	0	1,113	0	1,200
Newsletter Postage	0	998	0	0	1,025	0
Newsletter Printing	0	2,015	0	0	2,025	0
Newsletter Professional Fees	0	195	0	0	200	0
Website	540	699	1,140	0	30,000	10,000
Staff Travel	0	0	71	240	250	250
Telephone	566	268	550	709	325	600
Tours & Transportation	0	0	0	761	0	0
Volunteer Travel	386	0	0	1,526	1,000	1,000
Staff Coordination	10,081	11,539	9,930	12,313	19,431	18,314
Annual Meeting Expense	198,562	239,529	293,441	22,324	0	0
TOTAL EXPENSES	317,693	321,409	379,284	113,989	114,757	106,158
Investment Earnings	55,192	85,240	6,942	65,475	27,765	28,683
NET REVENUE	(31,399)	170,192	23,324	63,721	72,767	37,420

AANS/CNS SECTION ON CEREBROVASCULAR SURGERY

NOTES TO FINANCIAL STATEMENTS

June 30, 2013

General and Administrative

Expenses

Audio Visual – Budget \$1,500, Actual \$4,329

Due to the room layout in New Orleans, 2 screens and 2 projectors were needed for the section EC meeting. This increased A/V equipment and A/V labor costs. In addition, an A/V technician was required to be in the room during the meeting to monitor the microphones and sound equipment.

Facility – Budget \$0, Actual \$801

The Section was charged a room rental fee for the EC meeting at the SNIS/CV Annual Meeting. The Section has not previously incurred this charge at their annual meetings.

Food & Beverage – Budget \$10,000, Actual \$17,632

The CV Section Past Presidents Dinner was new this year and was not anticipated at budget time.

Honoraria and Awards – Budget \$36,350, Actual \$39,815

In years past, the Luessenhop Lecture has been paid from the CV Annual Meeting budget. Because of the joint meeting with SNIS, this was paid from CV general funds.

Printing/Typesetting – Budget \$1,113, Actual \$0

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

Newsletter Production – Budget \$3,250, Actual \$0

A printed newsletter was not produced in FY13.

Website – Budget \$30,000, Actual \$0

The new website was not live at the end of FY13. The cost of the new website will be depreciated over the next three years.

Tours & Transportation – Budget \$0, Actual \$761

The Section contracted transportation to the EC Dinner, which had not been done in the past.

Sponsorship Update - 6/30/13

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	3/11/2013	\$ 15,000.00
Resident Research Award -2	\$ 15,000.00	3/11/2013	\$ 15,000.00
Total Amount Received for FY13			<hr/> \$ 37,500.00



2014 CV Section/SNIS

San Diego, CA

Drs. Bambakidis, Mocco,
Evandro de Oliveira

2014 Annual Meeting “Adaptive Ingenuity”

- San Diego Hard Rock Hotel
 - >400 registrants
 - Scientific Program Committee
 - Ncb, J Mocco, P Nakaji, A Arthur, R Hanel
 - M Kelly (SNIS)



2014 Annual Meeting

- Scientific Program
 - 2 Debate Sessions, 2 Didactic Sessions, 4 Concurrent Sessions, 4 Abstract Sessions, Complication Avoidance Session, Clinical Trials Update Session
- International Partner – SBN
 - Speakers include Evandro de Oliveira, Ronald Piske, Felix Pahl, Jean de Oliveira
- Luessenhop Lecture – Chris Ogilvy
- Abstracts Center closed Oct. 30
 - 123 Abstracts submitted
 - 40 presentations, 64 posters

Monday

- Breakfast 7 – 8 am
- Debate Session – Aneurysm Treatment (8-9:30)
- Concurrent Session (9:30 – 10:30) – Socioeconomics/IA Stroke Therapy
- Concurrent Session (11 – 12:30) – Abstract presentations
- Sponsored Lunch Symposium (12:30 – 1:30)
- CV Chair Address/Luessenhopp Lecture (2 – 3:15)
 - Depuy/Synthes Award

Monday

- Sponsored Symposium (3:15 – 4)
- Concurrent Session (4 – 5:30) – AVM Management/IA Stroke
- Taste of San Diego Reception (6 – 7:30)

Tuesday

- Breakfast (7 – 8)
- Concurrent Sessions (8 – 9:30) – ICU and Vasospasm Management/Practical Aspects of Acute Stroke Intervention
- Sponsored Symposium (9:30 – 10:15)
- Concurrent Session (10:45 – 11:45) – Trial Update/Stroke Research Update
- Concurrent Session (11:45 – 12:30) – Abstract presentations
- Sponsored Lunch Symposium (12:30 – 1:30)

Tuesday

- Debate Session (2 – 3:30) – Intervention in Asymptomatic Patients
- Sponsored Afternoon Symposium (3:30 – 4:15)
- Concurrent Complication Management Session (4:15 – 5:15) – Open Surgery/ Endovascular Surgery
- Concurrent Session (5:15 – 6) – Abstract Presentations



2014 ISC Meeting

San Diego, CA

Drs. Mack, Welch, Cockcroft

ISC 2014

- 3 CV Representatives – Kevin Cockroft, Bill Mack, Babu Welch
- SNIS Rep – Michael Kelly
- 3 Main Sessions
 - Vascular Malformations
 - Controversies in management of acutely ruptured arteriovenous malformations
 - SAH & Other Critical Care Management
 - Management of Dural Venous Sinus Thrombosis
 - Monitoring Techniques in the Neuroscience ICU
 - Aneurysm
 - Flow diversion for unruptured aneurysms
- Several additional sessions of interest – Acute Endovascular Treatment, Cerebral Large Artery Disease, Intracerebral Hemorrhage



2014 AANS Meeting
San Francisco, CA

Drs. Mocco and Nakaji



2014 CNS Meeting Boston, Mass

Drs. Nakaji and Arthur



Standing Committees/ Project updates

AANS/CNS Washington Committee

Washington Committee Update

Katie Orrico, Dr Wilson



Coding and Reimbursement Rapid Response Committee

Drs Woo and Vates

Reimbursement and Coverage

- Aetna thrombolysis coverage up for renewal on October 10, 2013
 - Aetna did not change their non-coverage policy for mechanical thrombectomy
- Center for Medical Technology Policy
 - Sean Tunnis CEO former Chief Clinical Officer for CMS
 - Coverage with Evidence Development Policy for Carotid Stenting
 - Enlist CVC to weigh in as well

Coding changes

- Medicare Physician Fee Schedule for 2013 published November 16, 2012 and reduced AMA RUC recommended values by ~10%
 - AANS and CNS request to convene a refinement panel was rejected by CMS
 - September 11, 2012 AANS CNS ACC ACR SIR ACC SCAI SNIS SVS submitted a letter requesting clarification for the reduction. CMS has acknowledged receipt but has not answered
- Cervicocerebral code changes in Oct CPT meeting have passed
 - 36228 and can also be coded with 36223 and 36225
 - 36218 and 75774 when imaging the vertebral artery will now be allowed
- Vertebroplasty/Kyphoplasty Bundling
 - Vertebroplasty is now Cat I, Kyphoplasty from T4-L5 is Cat I,
- In addition to 37217 retrograde carotid stent placement, SVS, SIR and ACR submitted a new code proposal for antegrade thoracic carotid or innominate stenting resulting in editorial changes for 37215 - 6
- Code change proposal for mechanical thrombectomy and IA infusion
 - ACR and SIR reviewed and would not support the new thrombolysis and non-thrombolysis infusion codes without the addition of mechanical thrombectomy
 - CCP revised to include intracranial mechanical thrombectomy
 - Presented at Feb 2013 CPT meeting



Joint Guidelines Committee & CV Section Guidelines Committee

Dr. Cockroft

CV Guidelines Committee

AHA/ASA Projects

Management of Cerebral & Cerebellar Infarction With Swelling

- Babu Welch (Lead Reviewer)
- Stavropoula Tjoumakaris
- Chirag Gandhi
- Jared Knopman
- Clemens Schirmer

(Bob Carter was writing group representative)

STATUS: Endorsement recommended, AANS/CNS endorsement letter sent. Published January 2014.

AHA/ASA Projects

Women's Guideline for the Prevention of Stroke

- Gregory Zipfel (Lead Reviewer)
- J Mocco
- Christopher Madden
- Marjorie C. Wang
- Christopher Zacko

(Issam Awad was writing group representative)

STATUS: Endorsement recommended, AANS/CNS endorsement letter sent. On-line publication February 2014.

AHA/ASA Projects

Guidelines for Prevention of Stroke in Patients with Ischemic Stroke or Transient Ischemic Attack (Secondary Prevention)

- William Mack (Lead Reviewer)
- Alexander A. Khalessi
- Nathaniel Brooks
- Sean Christie
- Jack Jallo
- John Kestle

(John Wilson is writing group representative)

STATUS: Endorsement recommended, AANS/CNS endorsement letter sent. Awaiting publication in spring 2014.

AHA/ASA Projects

Palliative and End-of- Life Care in Stroke

- Ketan Bulsara (Primary)
- Justin Fraser
- Roc Chen
- Bill Ashley
- Rabih Tawk

(Greg Zipfel writing group rep)

STATUS: Endorsement recommended, AANS/CNS endorsement letter sent. Awaiting publication.

AHA/ASA Projects

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

- Pascal Jabbour (Primary)
- Bill Mack
- Nick Bambakidis
- Henry Woo
- John Reavey-Cantwell

(Felipe Albuquerque writing group rep)

STATUS: Endorsement recommended, AANS/CNS endorsement letter sent. Awaiting publication.

AHA/ASA Projects

Guidelines for the Primary Prevention of Stroke

- Kevin Cockroft (Lead Reviewer)
- Steve Casha
- Kathryn Holloway
- Reavey-Cantwell
- Bill Mack
- Krystal Tomei

(John Wilson is writing group representative)

STATUS: Initial review completed. Awaiting writing group response.

Upcoming Guidelines/Statements

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

STATUS: In progress.

Upcoming Guidelines/Statements

- **Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Thrombolysis-** ANS/CNS writing group representative is **Alex Khalessi**

STATUS: In progress.

- **Guidelines for the Management of Spontaneous Intracerebral Hemorrhage –** AANS/CNS writing group representative is **Bernard Bendok**

STATUS: In progress.

Thank You to All Committee Members

Sepideh Amin-Hanjani, MD, UIC

William W. Ashley Jr., MD PhD MBA, Loyola

Mark Bain, MD, Cleveland Clinic

Nicholas Bambakidis, MD, Case Western

Ketan Bulsara, MD, Yale University

Roc Chen, MD, University of Texas, Houston

Carlos A. David, MD, Lahey Hospital & Medical Cntr.

Justin F. Fraser, MD, University of Kentucky

Chirag Ghandi, MD, UMDNJ

Nestor Gonzalez, MD, UCLA

Andrew Grande, MD, University of Minnesota

Brian Hoh, MD, University of Florida

Judy Huang, MD, Johns Hopkins

Pascal Jabbour, MD, Jefferson

Babak Jahromi, MD, University of Rochester

Robert James, MD, East Carolina

Alexander A. Khalessi, MD, UCSD

Shah Naz Kahn, MD, University of New Mexico

Jared Knopman, MD, New York Presbyterian

William J. Mack, MD, USC

J. Mocco, MD, Vanderbilt

Aditya Pandey, MD, University of Michigan

John Reavey-Cantwell, MD, VA Commonwealth Univ.

Clemens M. Schirmer, MD, PhD, Baystate/Tufts

Scott Simon, MD, Penn State University

Rabih G. Tawk, MD, Mayo - Jacksonville

Stavropoula Tjoumakaris, MD, Jefferson

Babu G. Welch, MD, Univ. of Texas, Southwestern

Henry Woo, MD, Stony Brook University

Greg Zipfel, MD, Washington University



National Quality Forum

Dr. Kevin Cockroft

Dr. Alex Khalessi

Choosing Wisely Campaign

CV Related Suggestions

- Don't perform routine screening for brain aneurysms in asymptomatic patients without a family or personal history of SAH.
- Don't administer Factor 7 routinely to patients with spontaneous ICH without coagulopathy.
- Don't use seizure prophylaxis in patients without seizure at presentation following ischemic stroke
- No delayed or long term antifibrinolytic therapy after aneurysmal SAH.
- No prolonged hyperventilation for the control of elevated ICP



NATIONAL
QUALITY FORUM

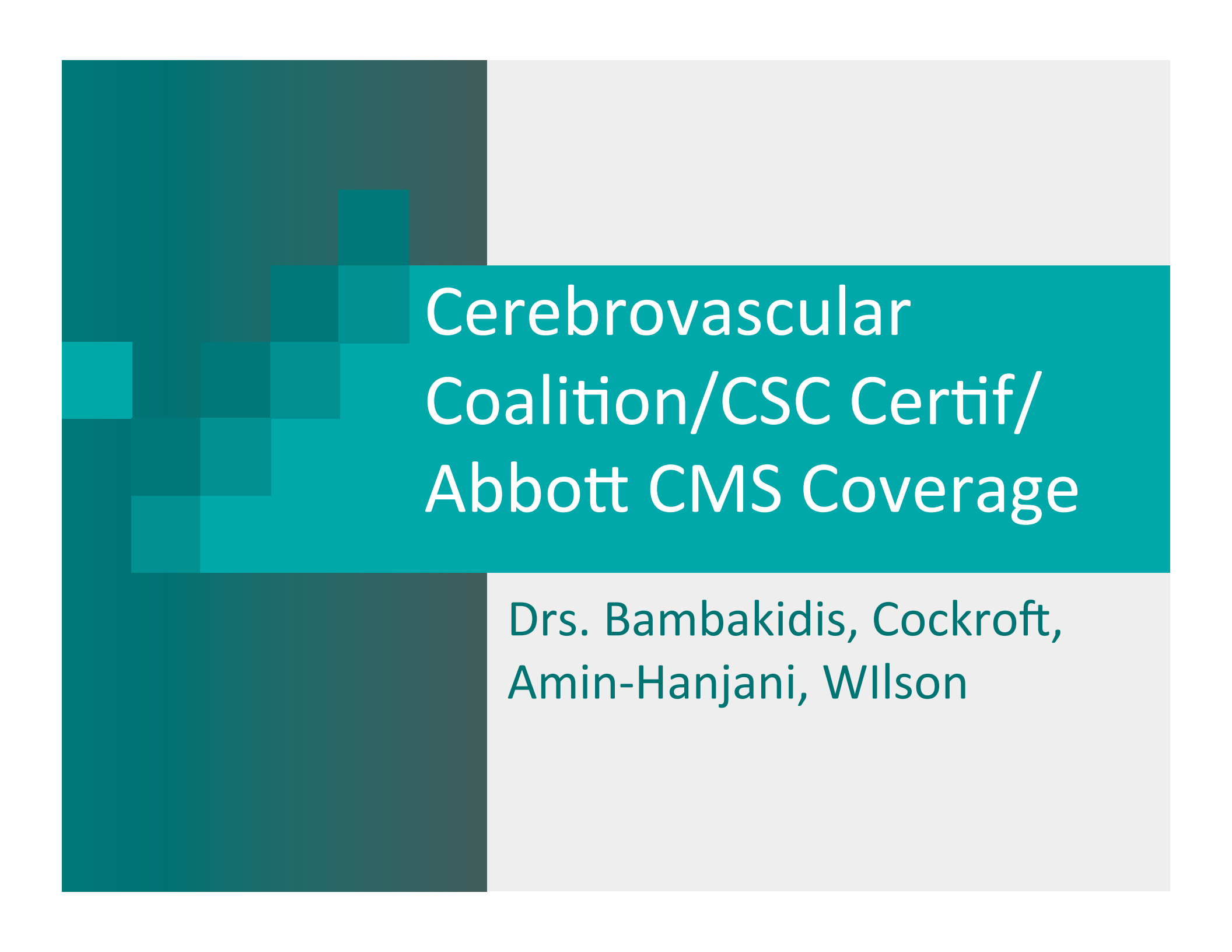
Neurology Endorsement Maintenance –
Phase I

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
Measure focus	In-hospital death	Death (any cause) within 30 days of index admission	Readmission (any cause) within 30 days of index discharge
Patient population	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
Denominator exclusions	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
Timeframe	In-hospital	Within 30 days	Within 30 days
Level of analysis	Facility	Facility	Facility
Data source	Administrative claims	Administrative claims, other	Administrative claims



Cerebrovascular Coalition/CSC Certif/ Abbott CMS Coverage

Drs. Bambakidis, Cockroft,
Amin-Hanjani, Wilson

Cerebrovascular Coalition (CVC)

- Coalition members include:
 - • American Academy of Neurology
 - • AANS/CNS Cerebrovascular Section
 - • American Society of Neuroradiology
 - • Society of NeuroInterventional Surgery
 - • Society of Vascular and Interventional Neurology
(?)

Ongoing Projects

- Response to CSC certification requirements submitted Oct 1 signed by all members
- Revised CSC Requirements released Jan 17th:
 - Supported changes to aneurysmal SAH to 35 annually (from 20); 10 clip and 20 coil minimum (from 15 coil or clip) averaged over 3 years
 - Failed to adopt 10 case annual minimum for IAT (average over 3 years)
 - Loosened requirement that Neurosurgeon on call cannot be on call at any other hospital or for any other hospital service (*only cannot be on call at another hospital*)

CSC Standards

written NS back-up plan

1. Physicians

- The comprehensive stroke center has the following physicians available 24 hours a day, 7 days a week:

i. Emergency physicians

ii. Neurointerventionalist

iii. Neuroradiologist, or diagnostic radiologist with complex stroke experience

iv. Neurologist or other physician with experience in evaluation of computed tomography (CT) and magnetic resonance imaging (MRI) of the brain

v. Neurosurgeons with expertise in cerebrovascular surgery Note: The neurosurgeon cannot be concurrently on-call at any other hospital. If the neurosurgeon is covering another service(s) in the hospital, there is a written plan for the back-up of complex stroke patients.

vi. Surgeons with expertise in carotid endarterectomy

CSC Standards

the on-site time requirements stay for NS and Interventional

- Surgeons, neurosurgeons, and other neurosurgical staff are available on-site within 30 minutes to perform and support the performance of emergent neurosurgical procedures 24 hours a day, 7 days a week.

- In addition to the neurointerventionalist, one or more physicians with cerebrovascular experience are to be available by phone within 30 minutes and available on-site within 45 minutes, 24 hours a day, 7 days a week.

- Physicians with neurocritical care privileges provide on-site, 24-hour care to patients in the dedicated neuro-intensive care beds.

Note 1: Fellows with neurocritical care and cerebrovascular experience are acceptable for meeting this requirement. Additionally, residents with neurocritical care and cerebrovascular experience, as determined and documented by the residency program, are acceptable for meeting this requirement.

Comment on Coverage with Evidence Development Policy for CAS

- Formal request that CMS open National Coverage Decision for CAS to symptomatic patients with FDA-approved indications
- Also propose expanded coverage for a subset of asymptomatic patients, proposed enrollment in a CREST-2 companion registry

- CVC response (sent 12/16):
 - Expanding coverage for symptomatic standard risk 70-99% stenosis for pts <70 yrs
- No expansion for symptomatic stenosis <70%
- No Expansion for asymptomatic stenosis outside of participation in NIH clinical trials (eg CREST-2)

Comment on Coverage with Evidence Development Policy for CAS

- Formal request that CMS open National Coverage Decision for CAS to symptomatic patients with FDA-approved indications
- Also propose expanded coverage for a subset of asymptomatic patients, proposed enrollement in a CREST-2 companion registry
- CV Section has formal response
 - To be discussed at CVC call to attempt to gain consensus



Hemorrhagic Metrics for CSC's

Gregory J. Zipfel



Background

■ Comprehensive Stroke Centers (CSC's)

- “The goal of establishing this new level of certification is to recognize the significant differences in resources, staff and training that are necessary for the treatment of ***complex stroke cases.***”
- “We also anticipate that, over time, ***municipalities and regions will develop a formal referral network*** so the most complicated cases can be treated at the centers best equipped to provide the specialized care that can lead to better outcomes.”
- 57 Joint Commission certified CSC's thus far.

Concern

■ CV volume to qualify for CSC status is relatively low

- 35 SAH patients ← Up from 20
- 10 or more aneurysm clippings
- 20 or more aneurysm endovascular coilings } ← Up from 15 clip/coil



Opportunity

- Raise the bar for CSC's by ***advocating the Joint Commission to add hemorrhage-specific metrics*** that increase the likelihood that only high quality centers maintain CSC designation over time



Current hemorrhage-specific metrics

- Percentage of SAH / ICH / AVM patients where severity measures are documented
- Percentage of SAH patients where nimodipine was started within 24 hrs of dx and continued for 21 days
- Percentage of patients undergoing DSA who suffer stroke and death within 24 hours
- Percentage of stroke patients undergoing EVD who develop ventriculitis



Draft hemorrhage-specific metrics

- All stroke
 - Modified Rank Score at 90 days
- Anticoagulant-related hemorrhagic stroke
 - Median time to treatment with a procoagulant reversal agent
 - Median time to INR reversal
- **NOTHING for SAH, non-anticoagulant-related ICH, aneurysms, or vascular malformations**



Proposal

- Advocate for inclusion of AHA task force hemorrhage-specific metrics for CSC's in conjunction with SNIS and SVIN
- Consider developing additional hemorrhage-specific metrics for CSC's in conjunction with SNIS and SVIN; then advocating for their inclusion

AHA Hemorrhage-specific metrics for CSC's*

■ Core metrics

- Median time from admission to start of procedure intended to treat ruptured aneurysm (if patient arrived within 48 hrs of hemorrhage)
- Complication rates for aneurysm coiling and clipping


■ Non-core metrics

- Percentage of patients with aneurysmal SAH for whom aneurysm treatment was not started within 36 hours of arrival who have a documented reason for not having been treated within 36 hours (if patient arrived within 48 hrs of hemorrhage)
- Percentage of SAH patients with depressed LOC and ventriculomegaly who are treated with EVD
- Median frequency of noninvasive monitoring performed for surveillance for vasospasm in patients with SAH during the period of 3 and 14 days
- Percentage of patients undergoing surgical/endovascular treatment of an AVM with stroke or death within 30 days of the procedure

*Metrics for Measuring Quality of Care in CSC's, Leifer et al., *Stroke*, 2011

Rapid Response Committee

(Dr. Woo)



Dear CV Section and WSANS Leaders: The Washington State Healthcare Authority has published the draft wording for coverage of carotid artery stenting. It is consistent with what they approved on September 20, 2013. Comments on the wording will be accepted through October 22, 2013. The Committee will vote and finalize the decision at its meeting on November 15, 2013. Below is the link to the draft wording. http://www.hta.hca.wa.gov/documents/cas_draft_findings_decision_100413.pdf MANY thanks to Dr. Kim for presenting at the September 20 meeting, to Dr. Woo for preparing the slides, Dr. Monteith for reviewing the Spectrum technology assessment, and to everyone for all of your help and hard work!

Cathy

Catherine Jeakle Hill Senior Manager, Regulatory Affairs American Association of Neurological Surgeons/ Congress of Neurological Surgeons Washington Office 725 15th Street, NW, Suite 500 Washington, DC 20005 Phone: 202-446-2026 Fax: 202-628-5264 E-mail: Chill@neurosurgery.org



ARUBA Commentary

Dr. Bambakidis

ARUBA Commentary

- Written in response to DSMB decision to halt ARUBA in May, 2013
- Commentary in response published in Neurosurgery, 2013 Aug;73(2):E379-81)
- Subsequent Editorial written in response to ARUBA publication in Lancet
 - Signed off by CV Section, SNIS, ASNR
 - Further discussion at wed CVC meeting



SNIS Update

Dr. Meyers

SVIN Liaison

Drs. Khalessi & J Mocco



International Liaison

Dr. Niemela

Mika Niemelä

International Liaison

ESMINT, Sept 4-6, 2014 Nice Joint Meeting

- The European Society of Minimally Invasive Neurological Therapy (ESMINT)
 - President Christophe Cognard
- The European Association of Neurosurgical Societies (EANS)
 - Chairman CV committee Peter Vajkoczy

ESMINT & AANS/CNS CV

- It has been agreed (Drs Cognard, Vajkoczy, Niemelä) that AANS/CNS CV section officials / representatives will give talks in ESMINT 2014 as 'special guests'
- Dr Niemelä will contact Drs Cognard & Vajkoczy in March to include Dr Friedlander in discussions
- Suggested topics and potential speakers will be discussed/decided during the CV section executive committee meeting in April?

AANS/CNS CV Section Executive Committee Meeting

Mika Niemelä
International Liaison



Neurocritical Care Society Liaison

Dr. Amar

NeuroCritical Care Society

- Multi-society task force on fellowship training, ICU credentials, etc.
- NCC Society Guidelines
 - Large Hemispheric Infarction
 - Future projects


YNS Liaison

Dr Fox



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) ≥ 30 procedures for aneurysms (minimum 10 clipping & 20 endovascular)
 - 2) ≥ 35 patients annually with aSAH
- Acute ischemic stroke – minimum 10 cases



Membership Update

Dr Mocco

Membership Update

Cerebrovascular 2013 Membership Statistics

October, 2013

Class	Status		# of Members
ADJUNCT	ACTIVE		45
MEMBER	ACTIVE		404
LIFETIME	ACTIVE		100
INTERNATIONAL	ACTIVE		54
RESIDENT/FELLOW	ACTIVE		1,562
		TOTAL	2,165

Membership Update

New Member Applications

11 New Applications Reviewed this year

14 Pending Applications

For vote of approval:

<u>Seung-Young Chung</u>	Active international
<u>Volodymyr Solomiichuk</u>	Active international
<u>Jorge Luis Eller</u>	Active
<u>Andrew Phillip Carlson</u>	Active
<u>Mark Bain</u>	Active
<u>Michael F. Stiefel</u>	Active

Membership Update

Membership Initiatives:

Personal email to all members with delinquent dues

YNC and CV Sect committee mentorship program

Jeremiah Johnson, Kimon Bekelis and Stacey Quintero

Fundraising Committee Report

Gregory J. Zipfel, Ray Turner, Mustafa
Baskaya

Update

■ Fundraising Goals

- \$30,000 – Dempsey Research Award
- \$5,000 – BAF / Christopher C. Getch Research Award
- \$7,500 – DePuy Synthes CMF Resident Research Award

■ Fundraising Status

- \$30,000 – Stryker (received)
 - \$10,000 – Covidien (received)
 - \$20,000 – Penumbra (received)
 - \$7,500 – DePuy Synthes CMF (application submitted)
- Extra \$25,000 to be applied to 2015 Awards



Research Fellowship Committee

Drs. Baskaya, Turner,
Dempsey



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 once again awarded two \$15,000 Resident Research Awards in Cerebrovascular Disease in 2012-13. There were a record number of applications this year. All were outstanding, but judged to be winners of this award for 2012-13 are:

Dr. Stanley Hoang of Stanford Hospital and Clinics for his study, “Effects of optogenetic neuronal stimulation of the primary motor cortex on axonal outgrowth, synaptogenesis and angiogenesis following cerebral ischemia”, and Dr. Luis Enrique Kolb from Yale-New Haven Hospital for his study, “Whole Exome Sequencing of Sporadic AVM”. Winners of this award will be acknowledged at the 2014 AANS/CNS Cerebrovascular Section Meeting.

The reviewers for the past year were: Drs. Robert Dempsey, Robert Friedlander, Mustafa Baskaya, 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. Assuming the funding will again be successful, information and applications for the 2014 award will be sent to program directors, neurosurgery journals, and appropriate websites in October and November, with applications due by March 1, 2014. 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



Newsletter Committee

Drs. Bulsara, Ducruet

Website Committee Report

Gregory J. Zipfel and Babu Welch

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



Update

- Contract signed with Vividsites September 6, 2012
- Website kickoff meeting September 14, 2012
- Sitemap and content development Oct to Nov, 2012
- Sitemap finalized December 7, 2012
- Website Design January 17, 2013
- Website Beta April 25, 2013
- Website “Go Live” December, 2013



Update

- Contract signed with Vividsites September 6, 2012
- Website kickoff meeting September 14, 2012
- Sitemap and content development Oct to Nov, 2012
- Sitemap finalized December 7, 2012
- Website Design January 17, 2012
- Website Beta April 25, 2012
- Website “Go Live” June-July, 2012



Website Beta Version

- <http://cv-section.vsstaging.com>
- [http://cv-section.vsstaging.com/ admin](http://cv-section.vsstaging.com/admin)



Curriculum Development & Education Committee

Dr. Bernard Bendok

MOC Vascular Module

(Drs. Bendok and Siddiqui)



Matrix and Milestones

(Dr. Bambakidis)

Matrix and Milestones

- SNS asked for formation of ad hoc committee from CV Section for development of matrix and milestone specific educational content for use in Portal Project
- NCB (chair), S. Amin-Hanjani, G. Zipfel, P. Nakaji, A. Khalessi, S. Quintero
- MOU recently signed regarding implementation between AANS, CNS, SNS, ABNS



Bylaws/Rules & Regulations Committee

Dr. Schirmer

Bylaws/Rules & Regulations Committee

Dr. Clemens Schirmer

Dr. Stacey Wolfe and Dr. Amir Dehdashti

- Rules and regulations available on the new website for download



CAST/Training Standards

(Dr. Bambakidis)

The image features a minimalist design with a teal and grey color palette. A central horizontal teal bar contains the text 'Old Business' in a dark, sans-serif font. The background is composed of a dark teal vertical bar on the left, a light grey vertical bar on the right, and a white background. A series of overlapping teal squares of varying shades and sizes are arranged in a stepped pattern on the left side, partially overlapping the dark teal bar and the central teal bar.

Old Business

N2QOD Update

E. Sander Connolly, Babu Welch, Carlos David

Completed to date:

- Alignment of proposed module with N2QOD established structure

- 41 page user manual

- Verification of variable validity

- Build of aligned REDCap Database

N2QOD Update

Submit Manual and CV Module to SC	2/18
Refine According to SC Recs	2/19-23
Initiate Pilot at Semmes Murphy and Vanderbilt	2/24
Weekly Calls with Pilot Centers & Vasc Mod Team	2/24- 3/21
Expand Pilot to 6 centers	3/23
Broad Go-Live	4/14



N2QOD

Drs. Connolly, Mocco,
Welch



IAC Carotid Stent Facility Accreditation Standards

Dr Cockroft & Albuquerque

Intersocietal Accreditation
Commission for Carotid Stent
Facilities (IACCSF)

is now

IAC – Carotid Stenting | IACCSF

IAC – Carotid Stenting | IACCSF

- On-line application process
- Application includes: procedure logs with outcome data, descriptions of care processes, neurological assessment info, procedure reports
- Randomly selected procedures are evaluated for clinical appropriateness, image quality, technique, outcome & documentation quality
- Random audits & site visits

IAC – Carotid Stenting | IACCSF

- As of September 2013
 - 6 facilities accredited
 - 2 facilities deferred
 - 25 applications requested
- Most common deficiencies (45 procedures reviewed)
 - Overestimation of stenosis
 - NIHSS/mRS not consistently performed
 - Lack of 30 day follow-up
 - Complications not reported correctly
 - Incorrect evaluation of symptomatic status

2013 IAC Research Award

- One year awards supporting innovative and meritorious research relevant to accreditation and quality improvement
- For 2013, 4 grants funded totaling \$100,000 and for 2014, 3 proposals totaling \$135,000 were funded
- For 2015, grants up to a maximum of \$75,000 will be awarded
- Application process involves a letter of intent, and if accepted a full proposal
- Call for Proposals will go out February 2014

2014 IAC Research Award Application Announcement

Posted on January 17th, 2014 by [AJNR](#), American Journal of Neuroradiology | 0 views

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 2014, one year grants up to a maximum of \$75,000 will be awarded. The application process involves a Letter of Intent due March 3, 2014, and if accepted, a full proposal. Visit intersocietal.org/iac/research.htm for further details and to download the 2014 Application Announcement and Instructions.

Contact

Mary Beth Farrell, MS, CNMT, NCT, FSNMTS
Director of IAC Research
farrell@intersocietal.org



Resident & Fellow Endovascular Courses

Drs Arthur, Mocco and
Veznedaroglu

Resident and Fellow Courses

- Introduction to Cerebrovascular Neurosurgery for Junior Residents Practical Clinic .
 - To expose Jr. residents to what it means to be a combined cerebrovascular surgeon
 - Held at AANS meeting
 - Erol Veznedaroglu and J Mocco
- 3D Anatomy for Residents (emphasis on vascular)
 - To review anatomy with emphasis on open cerebrovascular approaches
 - Held in Houston each August
 - Michael Lawton
- AANS Endovascular and Open Cerebrovascular Course for Senior Residents
 - To practice endovascular and open surgical techniques with reperfused cadaver and live models
 - Held at MERI, November 7-9
 - Erol Veznedaroglu, Michael Lawton, Adam Arthur
- ENRG Boot Camp for Beginning Endovascular Fellows
 - To prepare fellows entering fellowship
 - Held at 3C meeting
 - Andy Ringer
- CV Section/SNIS Joint Fellows Courses
 - To expose fellows in training to didactics and new technology
 - Held at CV Section and SNIS Meetings
 - 1 CV Section and 1 SNIS director
- AANS/SNIS/SVIN Endovascular Course for Senior Fellows
 - To practice endovascular techniques with live models
 - Held at MERI, October 4-6
 - Erol Veznedaroglu and Adam Arthur



3C meeting

Dr Adnan Siddiqui



Brain Aneurysm Foundation/C.
Getch Research Award

Dr Carlos David & Zipfel



New Business



American Association of Blood Banking

Dr. Welch



American Association of Blood Banking (AABB)

- Writing committee on platelet transfusion guidelines
- Meeting on January 28-29, 2014
- Provided CV section input on
 - Transfusion triggers for line insertion (20K), lumbar punctures (50K) and surgical procedures (70K)
- Convinced them that neuro-axial procedures should be considered separate from other majors surgeries



Clinical Trials Advisory Committee

Drs. Carter, Friedlander,
Zipfel



Acute Stroke Trials Editorial

Drs Khalessi, Mocco



Thank you!

December 16, 2013

Sean Tunis MD, MSc
President and CEO
Center for Medical Technology Policy
WorldTrade Center Baltimore
401 E. Pratt Street, Suite 631
Baltimore, MD 21202

Dear Dr. Tunis,

This letter is a response to the proposed Coverage with Evidence Development (CED) policy for Carotid Artery Stenting (CAS) draft circulated on December 9, 2013. The proposed coverage policy would greatly expand Medicare coverage for CAS in both symptomatic and asymptomatic patients. The CED proposal recommends coverage of standard surgical risk asymptomatic patients with >70% stenosis for CREST-2 ineligible patients or for patients treated either before or after CREST-2 begins enrollment or after the trial ends. It also proposes Medicare coverage for all symptomatic patients regardless of surgical risk with 50 – 69% stenosis. The proposal stipulates that Medicare coverage in these circumstances include mandatory enrollment in approved, accredited national registries. Furthermore, institutions must satisfy accreditation standards as proposed in the policy to allow for Medicare coverage to apply.

Unfortunately, as proposed, we feel that the CED policy draft for CAS if enacted would irresponsibly increase utilization of CAS greatly beyond the levels at which benefit is currently supported by existing clinical trials. We feel that there is currently good evidence for expansion of coverage of some younger standard risk symptomatic patients with >70% stenosis, but that evidence demonstrating benefit for CAS over medical management is clearly lacking for patients with less severe degrees of carotid stenosis. With respect to asymptomatic patients, we feel that CREST-2 is a vitally important trial which would be placed at significant risk of invalidation and/or suboptimal recruitment if the CED policy draft is enacted. Given the lack of evidence regarding the efficacy of CAS for asymptomatic patients, we feel that expansion of coverage is premature and not warranted outside of clinical trials.

In summary, our response is as follows:

Regarding symptomatic carotid stenosis:

- Coverage should be expanded for standard surgical risk patients **<70 years of age**, with carotid stenosis >70%
- There should be no expansion of coverage for patients of any age with carotid stenosis <70%
- Additional stipulations in regards to mandatory participation in national registries and mandatory facility certification as proposed in the CED are reasonable

Regarding asymptomatic carotid stenosis:

- There should be no expansion in coverage outside of participation in national NIH approved clinical trials (CREST-2)

Respectfully,

American Academy of Neurology
Representing the AAN, Anthony J. Furlan, MD, FAAN

American Society of Neuroradiology
Representing the ASNR, Joshua Hirsch, MD

Society of NeuroInterventional Surgery
Representing SNIS, Peter V. Rasmussen, MD

Congress of Neurologic Surgeons
Representing CNS, Nicholas Bambakidis, MD