



Cerebrovascular Surgery

Editor: Philip E. Stieg, PhD, MD

Issue 3 ♦ Volume 2

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Editor's Note

The Joint Section on Cerebrovascular Surgery would like to bring you up to date on the past and future activities of the Section. As you will see, the Joint Section has had a very active year and has great plans for the future. I hope that you will find this issue informative and provocative. We need an active membership as there are many controversies and challenges within the field that need to be addressed.

The First Annual Meeting of the Joint Section was held in San Antonio, Texas, on January 23-25, 1996. Issam A. Awad, MD, coordinated the meeting and we are happy to report that it was an absolute success. He has provided a thorough review and as you will see, we far exceeded our expectations regarding participation. Linda Sternau, MD, is actively arranging the Second Annual Meeting which will take place February 4-6, 1997 at the Disneyland Hotel in Anaheim, California. Both meetings have been arranged in coordination with the American Heart Association Stroke Meeting which has helped facilitate our relationship with stroke neurologists.

There has been a concerted effort to increase the membership within the Joint Section. Dr. Awad has provided a report of these activities. We would like to take this opportunity to thank Dr. Awad for his stellar leadership in this area. Since initiating his efforts we have added 162 new members. The position of Membership Chairman will be assumed by Christopher Ogilvy, MD. He will be helped by Robert Rosenwasser, MD, Kevin McGrail, MD, and Winfield Fisher, MD. We wish them luck in continuing the Section's growth.

Many insurance companies and referring physicians are beginning to ask us for specific clinical outcome data. Because of this, the Joint Section has formed an Outcomes and Guidelines Committee headed by Robert Harbaugh, MD. There are three subcommittees focusing on intracranial aneurysms, ischemic cerebrovascular disease, and vascular malformations, respectively. These committees are formed and have begun coordinating their activities. Any individuals with specific thoughts on these matters are asked to contact Dr. Harbaugh directly at Dartmouth-Hitchcock Medical Center, One Medical Center Dr. Lebanon, NH 03756, (603) 650-8732.

Julian Bailes, MD, has been responsible for coordinating the Joint Section Meeting at The American Association of Neurological Surgeons Meeting in Minneapolis this year. The meeting will focus on skull base approaches to vascular disease. The speakers include Robert Spetzler, MD, Takanori Fukushima, MD, and Laligan Sekhar, MD. This promises to be an exciting and informative meeting. We hope that all section members will be able to attend and catch up on old business as well as future plans.

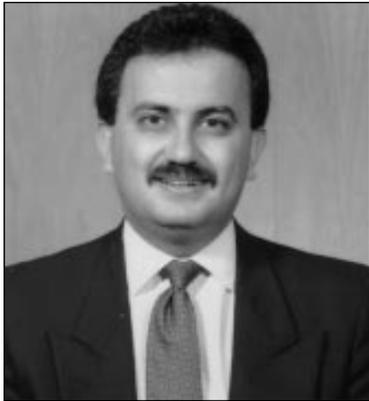
The 1996 Congress of Neurological Surgeons (CNS) Joint Section Meeting will focus on carotid disease. This is being coordinated by Joshua Bederson, MD. The results of the North American Symptomatic Carotid Endarterectomy Trial (NASCET) and the Asymptomatic Carotid Atherosclerosis Study (ACAS) studies have certainly increased the number of carotid endarterectomies being performed in the United States. However, the proportion performed by neurosurgeons remains small. There is a concerted

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The First Annual Meeting of the AANS and CNS Joint Section on Cerebrovascular Surgery

By Issam A. Awad
Chairman, Organizing Committee
1996 Meeting Joint Section on Cerebrovascular Surgery



Issam A. Awad

This First Annual Meeting of the Joint Section of Cerebrovascular Surgery was held in San Antonio, Texas January 23-26, 1996 at the Rivercenter Marriott Hotel and Convention Center, just preceding and in coordination with the International Stroke Conference of the American Heart Association. This facilitated participation by registrants at both meetings and enhanced attendance by neurosurgeons at the Stroke Conference. The one and-a-

half day meeting included sessions on global issues, intracranial aneurysms, hemorrhagic stroke, vascular malformations, brain ischemia and carotid surgery, including open presentations, posters, invited lectures and luncheon consultant groups. The final session of the meeting exclusively addressed occlusive disease, and was planned to allow maximum participation by neurologists and other professional colleagues.

Abstract forms and preliminary programs were mailed to members and fellows of the Stroke Council of the American Heart Association, members of the American Society of Intervention and Therapeutic Neuroradiology, members of the Vascular Neurology Section of the American Academy of Neurology, as well as neurosurgeons and members of the Joint Section on Cerebrovascular Surgery. A dedicated Organizing Committee, formed at the request of the Executive Council of the Joint Section, worked selflessly for two years to bring this event to its successful fruition. Based on membership surveys, current scientific and professional issues and the recommendation of a panel of leaders in the field, the Scientific Program Subcommittee proposed a comprehensive set of educational objectives. These were integrated into the final curriculum which comprised a series of invited lectures by recognized clinical and scientific experts. These were complemented by 31 open scientific presentations and 30 poster presentations on the same topics. These were competitively selected by blind grading from 168 abstracts submitted for peer review by clinicians and investigators throughout the United States and eight other countries. This highly competitive process insured high standards of scientific content and innovation while affording splendid broad coverage of the issues and topics within the field of cerebrovascular surgery. The scientific program of this meeting was jointly sponsored for CME accreditation by The American Association of Neurological Surgeons (AANS). A computer diskette and booklet of abstracts of all invited, open and poster presentations was prepared thanks to a generous grant from The Upjohn Corporation. Support from fifteen commercial and technical exhibitors, as well as other grants by Bayer, Elekta, Upjohn and Target Therapeutics provided sponsorship of specific facets of the Program.

The meeting attendance included 241 registered participants in addition to corporate and exhibitor registrants, exceeding by nearly

double our initial projections and almost saturating the capacity of the meeting facilities. There was tremendous enthusiasm and a keen sense of pride and identity as cerebrovascular surgeons among the attendees. The scientific contributions and participation by numerous younger colleagues was a vivid testimonial to the vigor and future promise of our specialty. Close to half of the Symposium registrants were neurosurgeons who are not members of the Joint Section, and a special appeal will be made by the Membership Committee to encourage their commitment by becoming Section members. There were participants from 11 foreign countries, many of whom registered on site. Meeting activities included intimate and strongly acclaimed small luncheon sessions with expert consultants who focused on specific topics and clinical cases. Social activities included a get-acquainted opening reception, and a banquet at the famed Institute of Texas Cultures. After the sessions meeting participants were spotted enjoying the Alamo, the Riverwalk, diverse shopping and the many restaurants of San Antonio.

The tremendous success of our First Annual Meeting would not have been possible without the leadership and vision of Section Chairman L. Nick Hopkins, MD, and the Joint Section Officers and Executive Council. Special thanks and warm acknowledgments are also deserved by Ms. Laurie Behncke and the AANS Meetings Services management staff, Mr. Steve Serfling and his Marketing team, Linda Sternau, MD (Associate Meeting Chairman), and other members of the Organizing Committee and Abstract Selection Committee, Karl Swan, MD (Local Arrangements), and Administrative Assistant Ms. Linda Barbato.

This being our first meeting, we learned a great deal about what to do again in the future and how to improve meeting planning and execution. We shall thoughtfully analyze all meeting evaluations and suggestions, and incorporate these in our plans for upcoming meetings. One message came through loud and clear from our membership and other participants: "DO IT AGAIN EVERY YEAR!!!"

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Second Annual Meeting of the Joint Section on Cerebrovascular Surgery is to be held in Anaheim, California, February 4-6, 1997

First Annual Meeting

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Plans are already underway for a fabulous Second Annual Meeting of The Joint Section on Cerebrovascular Surgery in Anaheim, California, February 4-6, 1997 which will also immediately precede the American Heart Association Stroke Meeting. Linda Sternau, MD, next year's Meeting Chairman has gathered a star-studded Organizing Committee and is planning a superb Scientific Program. Details of next year's meeting and abstract submission dates will be communicated in upcoming months, including a number of events sure to top our the success experienced in San Antonio. Every neurosurgeon is urged to save next year's meeting dates on their calendar, and plan to participate fully in this unique professional experience focused on the scientific and clinical issues shaping our specialty. Families will be equally delighted by the Southern California venue with its proximity to Disneyland, the famous beaches and shopping opportunities of Orange County.



Montreal, Quebec, the venue for the 1996 Annual Meeting of the Congress of Neurological Surgeons is North America's most European city. Cerebrovascular topics will be highlighted each day in the general scientific sessions and luncheons seminars.

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effort on the part of organized neurosurgery to increase our activities in this area. Along these lines, Marc Mayberg, MD, has included an article on the activities of the carotid endarterectomy task force. We have also asked Warren Selman, MD, to write a brief review on the acute management of stroke.

Interactions between neurosurgeons and endovascular surgical neuroradiologists are occurring at an ever-increasing rate. Given this, L. Nick Hopkins, MD, has provided a brief description on endovascular training and he also addresses the controversial issue regarding carotid angioplasty for the treatment of carotid occlusive disease. I am sure you will find these both informative and provocative. In addition, Randall T. Higashida, MD, has provided a brief summary of coiling techniques for therapy in intracranial aneurysms.

Finally, we would like to take this opportunity to thank Dr. Hopkins for his leadership of the Joint Section over the past two years. During his tenure, the group has grown in numbers exponentially and as you can see from this newsletter, the activities of the group

have also increased and are more focused. We would also like to thank Dr. Loftus for his tireless efforts as the Secretary of the Section. His calm, steady leadership was always appreciated. We welcome Stephen L. Giannotta, MD, as the President-Elect and look forward to his leadership and innovations.

Again, I would be interested in the reader's response to this newsletter. Should there be any information you would like published, please do not hesitate to contact me.

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Joint Section Plans Program Focus on Carotid Disease at 1996 CNS Meeting

By Joshua B. Bederson, MD

The Joint Section of Cerebrovascular Surgery program at the Congress of Neurological Surgeons (CNS) fall meeting will address carotid endarterectomy. Since publication of the North American Symptomatic Carotid Endarterectomy Trial (NASCET), and announcement of the results of the Asymptomatic Carotid Atherosclerosis Study (ACAS), there has been a resurgence of interest in this procedure.

Neurosurgeons perform a small percentage of carotid endarterectomies nationwide, but in the treatment of ischemic cerebrovascular disease it is a fundamental procedure of great importance to our field. In this year's CNS scientific session we will undertake a practical review of the preoperative workup, management of asymptomatic stenosis, surgical techniques, adjuncts to surgery, and new trends in endovascular treatment.

With the advent of advanced noninvasive neuroimaging techniques, the use of preoperative angiography has come into question. Preoperative angiography accounts for a significant portion of the overall morbidity attributed to carotid endarterectomy and may not be necessary in every case. On the other hand, the only clear-cut indications for carotid endarterectomy are based on angiographic criteria. Magnetic resonance angiography (MRA) is a safe alternative to conventional angiography, but it is significantly less accurate and provides less information about the intracranial circulation. Accuracy can be increased by combining MRA with carotid ultrasound and transcranial Doppler. Can conventional angiography be entirely supplanted by these noninvasive techniques? Christopher Ogilvy, MD, will review these important issues and present his experience at the scientific session.

Preliminary announcements from the ACAS have indicated a beneficial result from surgery but significant questions remain. Exactly what has ACAS added to our knowledge of asymptomatic carotid stenosis? Which asymptomatic patients should undergo surgery? Is angiography needed in these cases? Is the procedure more effective for males? How do patient age and associated medical and cerebrovascular disease affect management? How should asymptomatic restenosis be managed? How do ipsilateral and contralateral carotid occlusion influence decision-making? These difficult issues will be addressed by David Piepgras, MD, at the scientific session.

Few neurosurgical procedures are less forgiving or require greater attention to detail than carotid endarterectomy. Although the

standard techniques of this procedure are widely appreciated, not every neurosurgery training program provides this education to its residents. In addition, all neurosurgeons may not be familiar with the many details that can reduce morbidity and enhance surgical exposure. A variety of techniques exist to expose the distal extracranial carotid artery, and to augment a standard endarterectomy

with venous or synthetic patching materials. While most endarterectomies are uneventful, disaster occasionally strikes and the surgeon is faced with an acute dissection, intraluminal thrombosis, vascular injury, or other unforeseen problem. Reoperation carries its own set of technical challenges. These many important technical aspects of carotid surgery will be addressed by Christopher Loftus, MD, in the scientific session.

Modern carotid surgery is based on the principal that morbidity can be reduced to near zero. A

wide variety of adjuncts to surgery exist to help achieve this goal and most are associated with some element of controversy. Perhaps the most important "adjunct" is anesthesia, where the surgeon must choose from a spectrum that ranges from the routine use of barbiturate-induced burst suppression to simple local analgesia. When general anesthesia is used the surgeon must decide whether or not to monitor brain function, and what type of monitoring to use. Among the most disputed adjuncts is carotid shunting, where the choice is between routine shunting, selective shunting, and no shunting. Joseph Zabramski, MD, will address these important issues in this year's scientific session.

Rapid technical advances are bringing endovascular balloon dilatation and stenting techniques into wider use in the treatment of carotid stenosis. However, these procedures are unfamiliar to many neurosurgeons. In this year's scientific session L. Nick Hopkins, MD, will cover the current status, techniques, patient selection, results and efficacy of endovascular procedures in the treatment of carotid stenosis.

In addition to the discussion of carotid endarterectomy the scientific session will include the presentation of ten outstanding papers on cerebrovascular clinical and basic science research. The Joint Section program is open to all meeting registrants. Please plan to join us on Wednesday, May 1, 1996 and encourage any residents who are interested in cerebrovascular disease to attend.



Modern carotid surgery is based on the principal that morbidity can be reduced to near zero.



Task Force on Endovascular Surgical Neuroradiology Training Established

L. Nick Hopkins, MD, Chairman, Joint Section on Cerebrovascular Surgery



L. Nick Hopkins

The Endovascular Task Force of The American Association of Neurological Surgeons (AANS) has been meeting regularly with a similar task force from the American Society of Neuroradiology to help define training standards for neurosurgeons and neuroradiologists wishing to subspecialize in endovascular/interventional neurosurgery. The task force settled on the name "Endovascular Surgical Neuroradiology" for the subspecialty. A formal agreement

between neuroradiology and neurosurgery has been reached, and now a proposal has been forwarded to the Accreditation Council for Graduate Medical Education (ACGME) for consideration.

The proposal calls for two years of training. The first year for neurosurgeons consists of a full year of dedicated neuroradiology which can be accomplished during a neurosurgical residency program. Similarly, for their first year neuroradiologists would be required to complete a one year fellowship in clinical neuroscience.

The second year for both neuroradiologists and neurosurgeons would include a full year of endovascular therapy in which the

fellow would be required to have a major role in the performance of at least 80 major neuroendovascular procedures.

There are now 18 fellowships, most of which are willing to accept applications from neurosurgeons. There are now four fellowships under the direction of neurosurgeons.

The Cerebrovascular Section encourages young neurosurgeons and neurosurgeons-in-training to consider a sub-specialty in endovascular surgical neuroradiology. Endovascular techniques will play a major role in the future of neurovascular surgery, and we believe that the ideal treatment team should include neurosurgeons working hand in hand with neuroradiologists in all aspects of endovascular patient management. Endovascular is a clinical subspecialty which demands expertise in all aspects of patient management including image analysis and catheter techniques. There are many branches in the treatment algorithm of neurovascular patients where endovascular techniques can be combined with or supplanted by open surgical techniques for maximum patient benefit.

The ideal treatment team in the angiographic suite should include neurosurgeons with their unparalleled clinical skills and knowledge of complimentary surgical techniques, working hand in hand with neuroradiologists with their intricate knowledge of imagining anatomy and catheter skills. Neurosurgeons must acquire endovascular skills if they are to continue to play a major role in the management of neurovascular disease.

Outcomes and Guidelines Committee

By Robert E. Harbaugh, MD

An Outcomes and Guidelines Committee of the Joint Section on Cerebrovascular Surgery has recently been formed. The committee is chaired by Robert E. Harbaugh, MD, and is divided into three subcommittees dealing with intracranial aneurysms, ischemic cerebrovascular disease and vascular malformations respectively. The Aneurysm Subcommittee is chaired by Issam Awad, MD, the Vascular Malformation Subcommittee is chaired by Joseph Zabramski, MD, and the Ischemic Cerebrovascular Disease Subcommittee is chaired by Dr. Harbaugh. The subcommittee chairmen will be attending an outcomes and guidelines seminar being organized by Richard Toselli, MD, and

Beverly Walters, MD, both of whom have agreed to serve as consultants on the committee. Neurosurgeons skilled in endovascular and radiosurgical approaches to cerebrovascular disease will be included in the committee.

Although the methodology and taxonomy of outcomes studies is well established, the application of cerebrovascular disease expertise to the results of these studies is necessary so that meaningful data can be obtained when evaluating cerebrovascular disorders. The function of the Outcomes and Guidelines Committee is to supply such expertise. Each subcommittee has been charged with developing disease specific indices of severity, outcome measures and appropriate intervals with

which to assess outcomes studies. Pilot projects are being planned.

Any suggestions as to how we can make this committee more responsive to the needs of the members of the Joint Section on Cerebrovascular Surgery would be appreciated and can be addressed to Doctors Harbaugh, Awad, or Zabramski. This is an opportunity to serve our patients, our neurosurgical colleagues and the Joint Section on Cerebrovascular Surgery by designing meaningful outcome studies and generating appropriate clinical guidelines that reflect the spectrum of treatment options available.

Carotid Endarterectomy Task Force

By Marc R. Mayberg, MD

The Carotid Endarterectomy Task Force was commissioned by the Joint Officers of The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) to promote the education of neurosurgeons and non-neurosurgeons regarding carotid endarterectomy. The original committee was chaired by Robert Spetzler, MD, and developed a series of recommendations to accomplish this task. These recommendations have been applied by the current task force, which is chaired by Marc Mayberg, MD, and Robert Ojemann, MD. The projects of the Carotid Endarterectomy Task Force are being coordinated through the Executive Committee of the Joint Section on Cerebrovascular Diseases.

The Residency Review Committee is currently considering changing the requirements for carotid endarterectomy as a part of neurosurgical training programs. In conjunction with the changing requirements for carotid endarterectomy as part of neurosurgical training programs, Chris Loftus, MD, has established a database to determine the current status of carotid endarterectomy in American training programs and to identify the specific operational problems which limit the performance of endarterectomy by neurosurgeons-in-training. Kevin McGrail, MD, is doing an assessment of current reimbursement patterns for carotid endarterectomy and distribution among different surgical subspecialties using data derived from Medicare records.

A number of programs are in progress related to education for neurosurgeons regarding carotid endarterectomy. Issam Awad, MD, is establishing a list of potential carotid endarterectomy fellowships which could supplement neurosurgical training. He is also developing a list of current clinical trials related to stroke and endarterectomy which will be disseminated to all neurosurgeons. The Cerebrovascular (CV) Section is developing a new set of carotid endarterectomy training standards under the direction of L. Nick Hopkins, MD. Several members of the CV Section have been active in promoting lectures and courses related to carotid

endarterectomy at the AANS and CNS annual meetings. In addition, a session on carotid endarterectomy was held at the recent meeting of the Joint Section on Cerebrovascular Disease in San Antonio. Several new Practical Courses are being developed relating to carotid endarterectomy. Chris Wallace, MD, and Robert Smith, MD, have been instrumental in updating and reformatting the Practical Courses given at the AANS and CNS annual meetings. In addition, Julian Bailes, MD, Tom Oritano, MD, and Robert Harbaugh, MD, have developed hands-on refresher courses in carotid endarterectomy which will be given at various sites around the country.

Several types of materials are being developed for distribution to neurosurgeons to use for community education. A Stroke Center Development package is being put together by Warren Selman, MD, and Dr. Harbaugh. It uses existing successful stroke center models to help neurosurgeons establish and promote stroke centers within their own community. A brochure was recently developed by Dr. Selman which neurosurgeons can use to contact local physicians. It contains the results of the most recent clinical trials on endarterectomy and is available at nominal cost from the AANS National Office. Similarly, Doctors Selman and McGrail have put together a slide program for neurosurgeons to use in community grand rounds which describes the rationale and the techniques of endarterectomy. These slides should be available in the near future. Richard Roski, MD, and Dr. Harbaugh are developing a Practice Management package which will help neurosurgeons negotiate with managed care to perform carotid endarterectomy. Robert Dempsey, MD, is overseeing a series of initiatives to involve neurosurgeons in developing and becoming active members of noninvasive screening laboratories.

The Joint Section on Cerebrovascular Diseases welcomes any additional help, ideas or other assistance in this program. If you are interested, please contact Marc Mayberg, MD, at the University of Washington, RI-20, Seattle, Washington 98195 (206) 543-3570.

Cerebrovascular Research Grants Awarded, Funding Continues

The Joint Section is happy to announce that it has been able to sustain support for four research grants through the generosity of the Upjohn and Bayer Corporations. Upjohn (now known as Pharmacia & Upjohn, Inc.) provides grant support to residents in training and individuals seeking information regarding this grant should contact Marc Mayberg, MD, at the University of Washington. Information regarding the Bayer Pharmaceutical Research Grant Program can be obtained through Stephen Giannotta, MD, at the University of Southern California. We have also enclosed a copy of the announcement regarding the Bayer Research Grant.

The Joint Section would also like to congratulate the winners of the 1995 Research Awards. Robert Carter, MD, received an Upjohn award for research focusing on "Targeting of retroviral vectors to the cerebrovascular endothelium via the VEGF/Flk-1 ligand receptor interaction". J. Paul Elliot, MD, also received an Upjohn Award to study "Modulation of brain sodium channels by cAMP-dependent phosphorylation during ischemia". It is cer-

tainly the hope that these grants will foster future endeavors by these individuals into research and engender academic careers.

There are two grants awarded by the Bayer Corporation Pharmaceutical Research Program. Michael L. Levy, MD, received funds to study "Neuronal protection following cerebral ischemia: The role of pluronic surfactants". Joshua Bederson, MD, received his grant to study "Physiology and treatment of acute cerebral ischemia after subarachnoid hemorrhage". These awards are intended to foster the development of young academic neurosurgeons.

Once again the Joint Section would like to congratulate the winners of these grants and take this opportunity to solicit the applications of resident and junior faculty members in the future. Clearly, research plays a vital role in the continued strength of this group. The quality of the applications for these grants is remarkable and we are pleased to continue supporting such efforts.

Update on GDC Therapy for Intracranial Aneurysm

By Randall T. Higashida, MD

On January 29, 1991 Target Therapeutics initiated a Food & Drug Administration (FDA) approved clinical trial at 20 medical centers in the United States to study the safety and efficacy of treating intracranial aneurysms from an endovascular approach using the Guglielmi Detachable Coil (GDC). The GDC is a very soft platinum alloy micro-coil that is positioned by X-ray guidance using a microcatheter from an endovascular transfemoral approach directly into the aneurysm. When properly positioned, it is released into the aneurysm by application of a very low voltage current which causes it to detach from the wire used to position it. Once in place, the GDC fills the aneurysm, isolating it from the circulation and thereby reducing the pressure and the likelihood of a rupture from a hemorrhagic stroke.

On September 8, 1995 the FDA issued a finding of substantial equivalence for the GDC for treatment of intracranial aneu-

rysms that due to their anatomy, location, or the patient's general medical condition were considered to be high risk for traditional operative techniques or were considered inoperable. As of August 1995 the GDC was used to treat over 1,200 patients in the U.S. and over 4,600 patients in other countries.

The data submitted to the FDA involved 770 aneurysms which were treated by the GDC. Patients ranged in age from 3 months to 90.6 years with a mean age of 54.5 years. Males consisted of 28.5% and females 71.5% of the study population, and ruptured aneurysms consisted of 48% of those patients treated. The aneurysm involved the anterior circulation in 60%, posterior circulation in 38%, and other locations in 2%. The aneurysm size was less than 10mm in 51%, 11-25mm in 38%, and greater than 25mm in 11% of cases. The total number of coils placed ranged from 1-42 with a mean of 5.6 coils per aneurysm. At last follow up (>6 months) the percentage of patients with >90% occlusion by aneurysm dome size was 87% for aneurysms <10mm in size, 76% for aneurysms 11-25mm, and 78% for aneurysms >25mm.

The total overall morbidity attributed to device related complications was 8.7%, with severe device related complications reported at 3.8%. For patients with ruptured aneurysms the reported mortality rate was 10.8% due to cerebrovascular causes and 4.3% from other causes, for a total of 15.1%. For patients with unruptured aneurysms there was a 4.0% mortality due to cerebrovascular deaths and 1.5% due to other causes, yielding a 5.6% total mortality. The combined cohort mortality was 10.3%. The rebleed rate in patients with previously ruptured aneurysms during treatment was 3.3% and after treatment the rebleed rate was 3.7%, with an average follow up time of 7.3 months. For patients with unruptured aneurysms the bleed rate was 0.94% during treatment and after treatment the bleed rate was 1.7% during an average follow up of 7.7 months. This clinical data as submitted to the FDA demonstrated the advantages of treatment with the GDC as compared to nonsurgical patients, i.e. medical management for intracranial aneurysm therapy.

Currently, 60 medical centers in North

America, as well as numerous centers in Europe and South America are utilizing the GDC for intracranial aneurysm therapy. Japan is still pending approval of the GDC system; however, the mechanical detachable coil system is being utilized for endovascular therapy in the interim period.

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Announcement

One of the functions this Newsletter is to make all members aware of clinical and basic research trials that are open and seeking participants. Along these lines, I request that any group putting together a multi-center trial advise us about the availability and recruitment of participants.

As an example, there has been recent interest in the Stich Trial regarding the management of intracerebral hemorrhage. Any interested individuals should contact:

Marc Mayberg, MD
University of Washington
Seattle, WA 98195
(206) 543-3570.

In the future, we will be putting together a list of trials as a regular component of this Newsletter.

Philip E. Stieg, PhD, MD

Is There a Role for Carotid Angioplasty?

By L. Nick Hopkins, MD, Chairman, Joint Section on Cerebrovascular Surgery

The gold standard for the treatment of carotid atherosclerotic disease is carotid endarterectomy. The recent North American Symptomatic Carotid Endarterectomy Trial (NASCET) and Asymptomatic Carotid Atherosclerosis Study (ACAS) have demonstrated a superiority of greater than 60-70% for medical therapy for carotid stenosis. The NASCET demonstrated that for symptomatic patients without significant comorbidity, the morbidity and mortality associated with carotid endarterectomy was under 6%.¹ The ACAS demonstrated that for asymptomatic patients without significant comorbidity the risk associated with endarterectomy was less than 3%.² Patients with significant risk factors were excluded for NASCET and ACAS.

In patients with severe carotid artery stenosis who have significant comorbidity the risk of endarterectomy increases significantly. For example, a recent subgroup analysis of the NASCET demonstrated a 14% risk for endarterectomy in symptomatic patients who harbored a contralateral carotid artery occlusion.

Similarly, patients with severe coronary artery disease, multiple medical problems, carotid restenosis, radiation induced stenosis and other angiographic risk factors such as a very high carotid bifurcation with plaque extending to the skull base. All are associated with increased morbidity and mortality from carotid endarterectomy. In such patients with significant comorbidity, the increased risk benefit ratio associated with endarterectomy calls into question overall efficacy of carotid endarterectomy.

In these high-risk patients carotid angioplasty has been performed as an alternative to endarterectomy. Preliminary results are encouraging with low stroke risk.³ Unfortunately, a majority of patients undergoing carotid angioplasty will suffer significant recoil or restenosis leading to suboptimal angiographic results. In patients who show significant recoil (i.e., significant residual narrowing after the performance of routine angioplasty) or irregularity, a stent can be placed across the lesion to restore a normal lumen diameter. This procedure is well tolerated and can be done without anesthesia and with a short length of stay (1-2 days).

Preliminary results have been so good that a number of investigators, mostly cardiologists, have been working to begin a registry

for carotid artery angioplasty and stent placement. If the data from the initial registry continues to be favorable, a randomized prospective trial comparing angioplasty and stent to carotid endarterectomy might be anticipated in the future.

Stent technology has great promise. The introduction of stent technology in the coronary circulation has dramatically reduced the incidence of subacute closure and coronary artery restenosis after angioplasty.⁴ It is hoped that the same beneficial results can be achieved in the carotid artery. Considering the large size of the internal carotid arteries (5-6mm), compared to the coronary arteries (2-3mm), it is likely that symptomatic restenosis will be less of a problem in the carotid circulation than in the coronaries. What is needed at this point is angioplasty balloons and stents specifically designed for the cervical and internal carotid artery region. A number of device manufacturers are actively working in this area and the technology is advancing rapidly. It would not be surprising to see endovascular techniques replace carotid endarterectomy in the next decade.

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Skull Base Approaches to Vascular Disease—Joint Section Program at AANS Meeting

By Julian E. Bailes, MD

The theme of the Spring Program of the Joint Section of Cerebrovascular Surgery will be Skull Base Surgery. Over the last decade we have seen tremendous growth in our understanding of the surgical anatomy and operative approaches to skull base procedures. Initially efforts were concentrated on improving our ability to operate on neoplasms involving the cranial fossae, clivus, and craniocervical junction. Many advances have been made which enable us to resect both malignant and benign tumors using skull base surgical techniques. Simultaneously, many improvements in the areas of critical care

medicine, anesthesiology, and surgical instrumentation have paralleled our growth in neurological surgery.

We have also begun to apply the principals of neoplastic skull base surgery to the operative treatment of patients with cerebrovascular disorders. Skull base approaches to the anterior and posterior cerebral circulations have revolutionized our ability to gain access to the Circle of Willis and to effectively obliterate vascular lesions. In addition, vascular abnormalities of the posterior fossa including aneurysms, cavernous malformations, and arterio-

venous malformations have been markedly improved with newer skull base techniques. Our 1996 AANS Cerebrovascular Meeting Program will concentrate on the advances in skull base surgery as applied to contemporary cerebrovascular surgery.

The Program Committee has selected specific aspects of skull base surgical techniques which apply to cerebrovascular surgery as the topic for this year's meeting. The RMP Donaghy Lectureship in Cerebrovascular Surgery will be entitled "The

continued on next page

Acute Stroke Management

By Warren R. Selman, MD—October 1995

The goals of the Carotid Endarterectomy Task Force and the "Brain Attack" coalition are to emphasize that stroke is an emergency and that it is preventable. On the basis of recently completed randomized controlled clinical trials, previous publications in this newsletter have emphasized the role of carotid endarterectomy in the prevention of stroke.

This task force has produced pamphlets suitable for distribution to primary care physicians which highlight this information. A slide syllabus, also suitable for presentations to primary care physicians or non-medical audiences, is currently available on this topic. (For information on obtaining this material contact the Secretary of the Joint Section on Cerebrovascular Surgery, Christopher M. Loftus, MD at the University of Iowa Hospital, 200 Hawkins Dr., Iowa City, IA 52242-1061 319/356-3853).

While prevention remains the best form of treatment, the goal of providing a treatment plan for stroke victims has been reported in two recent publications. The results of the European Cooperative Acute Stroke Study (ECASS) were reported in JAMA in October, 1995¹. This study examined a total of 620 patients who presented with acute ischemic hemispheric stroke and moderate to severe neurological deficits without major early signs of infarct on CT scans within six hours. Since in retrospective analysis there were a total of 109 patients included who had protocol violations, the investigators analyzed the group as intention-to-treat and target

population. In the intention-to-treat population no difference in outcome was noted. In the target population intravenous thrombolysis was effective in improving some functional measures and neurological outcome in a well-defined subgroup of stroke patients. This subgroup included only patients who had no extended major CT signs of infarction. The authors cautioned that in light of the high incidence of parenchymal hemorrhages in both treatment populations (approximately 19% vs. 7% for placebo), intravenous thrombolysis should not be recommended for use in unselected populations of acute ischemic stroke patients.

The Stroke rt-PA Study Group reported its results from the United States in the *New England Journal of Medicine* in December, 1995.² In this study patients were randomized within *three hours*. The authors noted that despite an increased incidence of symptomatic intracerebral hemorrhage, treatment with intravenous t-PA within three hours of onset of ischemic stroke improved clinical outcome at three months. As compared with patients given placebo, patients treated with t-PA were at least 30% more likely to have minimal or no disability at three months. Symptomatic hemorrhages were lower in general for this group of patients than those in the ECASS study (t-PA 6.4% vs. placebo 0.6%). The lower incidence in the treated group may reflect the earlier administration of therapy, but the difference in the placebo group was not immediately apparent.

These studies have already received favorable attention in non-medical publications^{3,4}. It is important to emphasize the role of the neurosurgeon in promoting both the prevention and treatment of stroke. By becoming an active participant in primary care physician and public education forums, our role in the multidisciplinary team including primary care physicians, the emergency medical physicians, neurologists and neuroradiologists, which can provide optimal care to patients with cerebrovascular disorders will be strengthened.

References:

1. Hacke W, Kaste M, Fieschi C, et al. Intravenous thrombolysis with recombinant tissue plasminogen activator for acute hemispheric stroke. The European Cooperative Stroke Study (ECASS) *JAMA* 274:1017-1025, 1995.
2. The National Institute of Neurological Disorders and Stroke rt-PA Stroke Study Group. Tissue Plasminogen Activator for Acute Ischemic Stroke. *N Engl J Med* 333:1581-1587, 1995.
3. Kolata G: New Study finds treatment helps stroke patients. *The New York Times*, National Edition December 14, 1995.
4. Upbin B: Slowpoke emergencies. *Forbes*, February 26, 150-151, 1996.

Skull Base Approaches *continued from previous page*

History and Development of Skull Base Approaches for Cerebral Aneurysms" and will be delivered by Robert F. Spetzler, MD. We eagerly anticipate Dr. Spetzler presenting his perceptions of the evolution and growth in these techniques as applied to cerebral aneurysm surgery. With Dr. Spetzler's extensive operative experience, his insight and astute perception, we look forward to an outstanding lecture.

A special symposium will be held concerning Skull Base Surgery and the Advances and Treatment of Cerebral Aneurysms. Takanori Fukushima, MD, will discuss the specific advances in skull base surgery as applied to anterior circulation aneurysms.

This will also include his extensive experience with internal carotid artery bypass procedures. Laligam Sekhar, MD, will discuss the development and application of skull base procedures for aneurysms involving the posterior circulation, including the utilization of revascularization procedures.

The Scientific Program will also include the presentation of six outstanding papers concerning various aspects of cerebrovascular disease such as the surgical management of arteriovenous malformations, management outcome of aneurysmal subarachnoid hemorrhage, and the role of intraoperative angiography in cerebral

aneurysm surgery. We will also touch again on the inheritance pattern of cavernous malformations. These presentations promise to be interesting and informative, and the entire session should be stimulating for all participants.

The Joint Section Program is open to all meeting registrants. We hope that many will join us on Wednesday afternoon, May 1, 1996. We believe that the discussion concerning the evolution, development, and modern application of skull base surgical techniques to cerebrovascular disease and the remainder of the Scientific Program's selected papers will be informative to all in attendance.

Secretary's Corner

By Christopher M. Loftus, MD

It is my pleasure to report to the membership that the Joint Section is sound both financially and in terms of membership growth. We've just come back from our first annual Joint Section of Cerebrovascular Surgery Meeting in San Antonio, and as will no doubt be reported elsewhere in this newsletter, it was a resounding success. The scientific program was first rate and the number of registrants, as well as the degree of enthusiasm by participants was most gratifying to all of us who served on the Scientific Program Committee. We hope that this will become a permanent annual event and we look forward to a successful meeting in Anaheim at the Disneyland Hotel from February 2-6, 1997. Linda Sternau, MD, has already made significant progress in planning and preparing for the second annual meeting.

Although final figures are not available, it would appear clear that the expenses incurred at the annual meeting will be offset by the registration and exhibitor revenues. This continues to leave the Joint Section in a sound financial position. The Section continues to be active in soliciting and appropriating funds for the Upjohn Fellowship and the Miles Research Grant. New awardees for these fellowships will be chosen this year and we hope to have presentations of the scientific work available at the Annual Joint Section Meeting.

At the recent Executive Council Meeting a number of important points were discussed which were of concern to the membership. A significant effort is being made to have the participation of Joint Section members in various outcome and guidelines review committees. Our participation as cerebrovascular surgeons is felt to be essential when larger bodies are seeking to create such guidelines. A significant effort is also being made under the leadership of L. Nick Hopkins, MD, to ensure active participation in all endovascular procedures and registries. We

are actively involved in overseeing the Guglielmi Detachable Coil (GDC) registry and Dr. Hopkins has been actively involved in the development of endovascular training standards. We intend to play a significant role in any carotid angioplasty trial and to keep a close watch on the current status of carotid angioplasty, particularly as performed by non-cerebrovascular surgeons.

Issam A. Awad, MD, continues to be successful in recruiting new members to the Joint Section. A list of 32 new members was approved by the Executive Council and will be presented to the membership for final approval in Minneapolis in April 1996.

Please mark your calendars now to attend the JSCVS Scientific Program on Wednesday afternoon May 1, 1996 in Minneapolis followed by the Business Meeting of the Joint Section. Likewise, please join us for our second annual JSCVS Scientific Meeting in Anaheim February 4-6, 1997.



Minneapolis Convention Center

As my three-year term as Secretary/Treasurer ends this April, I wish to express my gratitude to the membership for allowing me the privilege of serving in this capacity and to wish my successor good luck. It has been a pleasure to serve with the past two chairmen of the JSCVS, Gary Ferguson, MD, and Dr. Hopkins. Under their able leadership I have watched the Section grow significantly and prosper during this period.

Course Schedule June–November 1996

Professional
Development
WITH 

The American Association of Neurological Surgeons

'96 Reimbursement Update for Neurosurgeons

June 28-30, Orlando, FL
August 23-25, San Francisco, CA
November 8-10, Chicago, IL

Course Chairman: Richard A. Roski, MD

This is not just another Reimbursement course! This course, designed specifically for neurosurgeons and their office staff, examines practical tips and suggestions for modifying office systems that should increase reimbursements, and reviews challenging coding cases and matches your skill with experts. This course also features two pre-courses: Understanding Anatomy and Terminology, and Accounts Receivables.

How to Prosper in Managed Care for Neurosurgeons

June 1-2, Philadelphia, PA
October 25-26, Location: TBA
November 2-3, Chicago, IL

Course Chairman: John A. Kusske, MD

Learn the inside scoop to managed care and what it really means to your medical practice during this very popular course! This comprehensive course will provide you with the opportunity to learn about practical aspects of dealing with contracts, re-engineering practice business systems to ensure correct payment, understanding capitation, and negotiating contracts.

Stereotactic Neurosurgery

November 15-17, Location: TBA

Course Chairman: Philip L. Gildenberg, MD, PhD

The field of stereotactic neurosurgery has advanced rapidly since surgical targeting techniques have become entwined with CT and MR scanning procedures. This course addresses procedures which can be readily added to the general practice of neurosurgery and the use of more sophisticated techniques that require specialized resources. There will be plenty of time for hands-on experience utilizing various types of apparatus available from several manufacturers in an interactive setting.

Education is the key to your success!

For more information about these courses or to register, please call the AANS Professional Development Department at (847) 692-9500.

*Announcing research opportunities
in neuronal protection from cerebral ischemia*

The 3rd Annual Bayer Corporation, Pharmaceutical Division/AANS/CNS Research Grant Program

Two \$25,000 grants will be awarded for original research in neuronal protection from cerebral ischemia. The grants are provided by **Bayer Corporation, Pharmaceutical Division**, and jointly sponsored by **Bayer Corporation** and the **Joint Section on Cerebrovascular Surgery of the AANS and CNS**.

Grant Information

- Both grants are provided by Bayer Corporation, Pharmaceutical Division
- Award recipients are selected by an independent, highly qualified committee
- Eligibility is limited to physicians who will have completed their formal neurosurgical training or who have been in academic staff positions for no longer than four years by July, 1996
- Research resulting from the grant will be submitted for publication by the physician
- Bayer Corporation will make information about the research available to the field

Grant Deadline: April 15, 1996

Grant Awards Announcement: by July 15, 1996

To request application: contact Bruce Leeb & Company by phone (201) 612-8919
or fax (201) 612-8290

Recipients of the 1995 Bayer Corporation/AANS/CNS Research Grants

Michael L. Levy
USC Department of Neurosurgery

Joshua B. Bederson
Department of Neurosurgery, Mt. Sinai Medical Center

Grant Selection

- The grant selection committee is chaired by:

Steve L. Giannotta, MD
Profession of Neurological Surgery
Department of Neurosurgery
LAC/USC Medical Center
Los Angeles, California

- Dr. Giannotta is joined in the selection of the grants by:

Ralph G. Dacey, Jr., MD
Professor and Chairman of Neurosurgery
Washington University School of Medicine
St. Louis, Missouri

Warren R. Selman, MD
Associate Professor of Neurological Surgery
Case Western Reserve University
Cleveland, Ohio

Marc R. Mayberg, MD
Associate Professor of Neurosurgery
University of Washington School of Medicine
Seattle, Washington

Linda L. Sternau, MD
Assistant Professor of Neurological Surgery
University of Miami School of Medicine
Miami, Florida

Interventional Neuroradiology Fellowships

Introduction for Interventional Neuroradiology Fellowships

L. Nick Hopkins, MD, has made a strong argument in this Newsletter for cerebrovascular neurosurgeons to seek extra training in interventional neuroradiology. In order to facilitate anyone's interest in additional training, we have included a list of all the fellowships available with the specific contact person.

Gary R. Duckwiler, MD

Interventional Radiology
University of California—
Los Angeles
10833 Le Conte Ave.
Los Angeles, CA, 90095-1721
(310) 206-4057

Grant Hieshima, MD

University of California—
San Francisco
Dept. 0628
505 Parnassus Ave. L-352
San Francisco, CA 94143-0628
(415) 476-5262

John C. Chaloupka, MD

Yale Cerebrovascular Center
Dept. of Radiology and Surgery
Yale University School of Medicine
333 Cedar Street, Box 3333
New Haven, CT 06510
(203) 737-2096

Robert C. Dawson, III, MD

Dept. of Radiology
Emory University
1365 Clifton Rd.
Atlanta, GA 30322
(404) 727-4583

R. Nick Bryan, MD, PhD

Dept. of Radiology
Johns Hopkins University School
of Medicine
500 N. Wolfe St.
Baltimore, MD 21287
(410) 955-2353

In Sup Choi, MD

Interventional Neuroradiology
Massachusetts General Hospital
55 Fruit St.
Boston, MA 02114
(617) 726-1767

L.N. Hopkins, MD

Dept. of Neurosurgery
State University of N.Y.—Buffalo
3 Gates Circle
Buffalo, NY 14209-1194
(716) 887-5210

John Pile-Spellman, MD

Dept. of Radiology, Millstein 4-002
Columbia Presbyterian Medical Ctr.
177 Fort Washington Ave.
New York City, NY 10032
(212) 305-6384

Alex Berenstein, MD

Dept. of Radiology
NYU Medical Center
560 1st Ave.
New York City, NY 10016
(212) 263-6325

R.H. Rosenwasser, MD

Division of Cerebrovascular
Surgery and Interventional
Neuroradiology
Thomas Jefferson University
834 Walnut St., Suite 650
Philadelphia, PA 19107
(215) 928-7004

Charles Jungreis, MD

Dept. of Radiology, Division of
Neuro-Radiology
University of Pittsburgh School
of Medicine
200 Lothrop St. D132
Pittsburgh, PA 15213-2582
(412) 647-3540

Phillip Purdy, MD

Dept. of Radiology
University of Texas
Southwestern Medical School
5323 Harry Hines Blvd.
Dallas, TX 75235-8896
(214) 648-3928

Jacques E. Dion, MD

Neuroangiological Endovascular
Therapy
University of Virginia
Health Sciences Center
Box 170
Charlottesville, VA 22908
(804) 924-9399

Joseph Eskeridge, MD

Dept. of Radiology SB-05
University of Washington
Medical Center
Seattle, WA 98195
(206) 543-3035

Charles M. Strother, MD

Clinical Science Center
Dept. of Radiology E3-311
University of Wisconsin
600 Highland Ave.
Madison, WI 53792-3252
(608) 263-9179

Allan J. Fox, MD

Dept. of Radiology
University of Western Ontario
P.O. Box 5339, Postal Stn.
London, Ontario N6A 5A5,
Canada
(519) 663-3204

Robert H. Rosenwasser, MD

Thomas Jefferson University
834 Walnut St., Suite 650
Philadelphia, PA 19107
(215) 928-7008

Membership Drive: Join Your Colleagues in This Fast-Growing Group

By Christopher Ogilvy, MD, Membership Chairman

Since initiating our current Membership drive, 162 new Membership Applications have been approved by the Membership Committee and the Section Executive Council, with subsequent confirmation by general membership vote at the Section Business Meetings. This represents a net increase of 65% in overall membership in our Section over a two year period. We wish to welcome these new members and look forward to their full participation in all areas of the Section.

Section Objectives

The Joint Section on Cerebrovascular Surgery is dedicated to promoting and assuring the advancement of knowledge in the field of cerebrovascular surgery. It is the only professional organization and learned society dedicated to the field of neurological surgery and to the promotion of ideas, interests and information relevant to neurosurgeons. The Joint Section serves as a responsible body, representing this field and advising the Board of Directors of The American Association of Neurological Surgeons (AANS) and the Executive Committee of the Congress of Neurological Surgeons (CNS) of activities, opportunities, problems and challenges in the area of neurological surgery.

Opportunities and Challenges

In the past decade the field of cerebrovascular surgery has witnessed a tremendous scientific and technical revolution. Scientific papers related to this area continue to represent the single largest subject of publications in major neurosurgical journals and presentations at neurosurgical meetings. Advances in imaging, microsurgery, critical care, brain protection, clinical trials, endovascular techniques, and vascular biology have reshaped our practice, allowed a new level of outcome quality, and opened a myriad of new horizons in screening, prevention, diagnosis and therapy.

Yet we face unique challenges defending the role of this subspecialty in a new and evolving healthcare climate. What is the relative value of our work, and the price-benefit of our innovations? What is the role of screening and primary prevention? How do we interface with colleagues in neurology, interventional neuroradiology and critical care? How do we respond to managed care and to primary care gatekeepers? Should we subspecialize? How do we maintain, assure and measure quality in this field, and what are the relevant disease specific outcome parameters and their predictors?

Benefits of Membership

Membership in the Joint Section is open to members in good standing of the AANS or CNS who possess a major interest or special expertise in cerebrovascular surgery. It allows its members to actively participate in the scientific and professional forces shaping this subspecialty. The Joint Section not only recognizes the efforts of its members, but offers them an opportunity to be proactive in response to ongoing challenges in our field. Members participate in a number of scientific and CME efforts, and in numerous special projects undertaken by the Joint Section. Our newsletter provides both information to our members and an open forum for discussion. Special membership categories are also extended to Residents, and to non-neurosurgeon colleagues (i.e., basic scientists, radiologists, and neurologists) involved in our field.

Application for Membership

A major Membership Drive is currently underway to enlist the support of a greater number of neurological surgeons and other professionals with interests and expertise in this field. Over the last two years we have increased the membership in our Section by 66%. All Section members are asked to invite colleagues to join and enjoy the advantages of participating in our Section activities.

The Membership Drive is overseen by the Joint Section Executive Council, the Membership Committee and its Chairman. From 1993 through 1996 the Membership Committee was chaired by Issam A. Awad, MD, and included Christopher Ogilvy, MD, Robert Rossenwasser, MD, Daniele Rigamonti, MD, and Gary Steinberg, MD. Each is acknowledged for their efforts in launching the Membership Drive, as well as for their success in dramatically increasing the recruitment of new colleagues.

Effective in February 1996, Christopher Ogilvy, MD, has been nominated to succeed Dr. Awad as Membership Chairman. He will be supported in this role by Dr. Rossenwasser, Kevin McGrail, MD, and Winfield S. Fisher III, MD. Their special mandate will be the continued recruitment of Associate Members from collaborating disciplines including neuroradiology, neurology and the basic sciences. The Membership office is being relocated to Boston and all subsequent correspondence regarding new or pending applications should be directed to:

Christopher Ogilvy, MD
Neurosurgery Service
Massachusetts General Hospital
Fruit Street/VBK710
Boston, MA 02114
Phone (617) 726-3303
Fax (617) 726-7601

The new Membership Committee is committed to recruiting every neurosurgeon or other professional with a credible and genuine commitment to cerebrovascular surgery. The next benchmark is to achieve a 500 member Section roster which would effectively double the Section membership. Many neurosurgeons are not aware that they are truly welcome into the fold of the Section, nor have they been informed of the benefits and advantages of Section Membership. Nearly half the registrants at the First Annual Meeting of the Joint Section in San Antonio, as well as many other presenters of cerebrovascular papers at the AANS or CNS meetings are not yet members of our Section. We are determined to reach each of these colleagues and enlist their talents and perspectives for the benefit of the Section. Dr. Ogilvy and his new Membership team will add vigor to this process, and will soon articulate specific strategies to achieve these objectives.

Membership Categories

- ◆ **ACTIVE:** open to neurosurgeons with interest and expertise in cerebrovascular surgery who are active members of the AANS or CNS (including international members).
- ◆ **CANDIDATE ACTIVE:** open to neurosurgical residents or candidate members of the AANS or CNS. Will be automatically upgraded to ACTIVE upon full membership in either parent organization.
- ◆ **ADJUNCT ASSOCIATE:** open to professionals in allied and associated disciplines who devote a major career commitment to cerebrovascular surgical disease.
- ◆ **HONORARY & SENIOR:** by special Executive Council vote.

Proposed Rules and Regulations Regarding the Sponsorship and Recognition of Outside Activities

Recently there have been several inquiries regarding sponsorship of particular meetings being put on by members of the Joint Section on Cerebrovascular Surgery. Given this recent increase, the Executive Committee has decided to formulate specific rules and regulations for involvement with these meetings. The following decision was approved by the Joint Section Executive Council in October 1995 and will be presented at the general business meeting of the Joint Section at The Annual American Association of Neurological Surgeons (AANS) Meeting in April, 1996.

Article XVII, Sections 1-4

1. All inquiries regarding sponsorship or recognition of outside activities by the Joint Section are referred to the Section Chairman, and he/she has the sole authority to respond to such inquiries. At the discretion of the Section Chairman, these inquiries may be referred to a special appointed task force for information gathering, or directly to the Section Executive Council for debate or resolution.

2. "Sponsorship" of outside activities by the Section shall be reserved for programs associated with and directly related to an official project of the Section. They should reflect a formal participation by the Section in the formulation of objectives of the activity, official representation on the Organizing and Program Committees of the activity, and a full opportunity for members of the Section to participate in the activity and to shape its organization, goals and contents. They should uphold the highest standards of scientific and professional merits and be consistent with the Mission of the Section. "Sponsored" activities are allowed to use the name of the Section in program announcements and the program book, but may not use the logo of either parent organization (AANS or CNS) without explicit authorization from the respective organization. The Section and the parent organizations carry no financial or other responsibility in conjunction with such "Sponsorship".

3. "Recognition" by the election of outside activities may be granted upon request, and at the discretion of the Section Chairman, provided the project is consis-

tent with the Mission and Objectives of the Section and meets the highest standards of scientific and professional merits, but otherwise does not fulfill one or more of the requirements of sponsorship. Recognition may be acknowledged in the program book, but not in any announcement or advertisements, and must be accompanied by the following statement verbatim: "This Program (or activity) is recognized by the Joint Section on Cerebrovascular Surgery of the AANS and the CNS as consistent with its Mission and Objectives, but does not otherwise reflect any official position, sponsorship or other responsibility by the Joint Section or its parent organizations". No use of organizational logos is permitted, and there is no other direct or implied responsibility by the Section in association with such recognition.

4. The decision regarding "Sponsorship", "Recognition", or regret (outlining that the activity does not meet current conditions for sponsorship or recognition) shall be communicated by the Section Chairman, and should articulate the specific terms and limitations outlined for each category, including the specific language highlighted above.

The following new candidates were approved for Membership at the Executive Council meeting on January 26, 1996 and will be presented for general membership vote at the Section Business Meeting in Minneapolis in April 1996:

Candidate

Baker, Christopher J., New York, NY
Pikus, Harold J., Lebanon, NH

Associate

Barr, John D., Hershey, PA, Adjunct
Choi, In Sup, Boston, MA, Adjunct
Derdeyn, Colin P., Madison, WI, Adjunct
Lemley, Thomas J., Hershey, PA, Adjunct
Marks, Michael P., Stanford, CA, Adjunct

Active

Dickinson, Lawrence D., Ann Arbor, MI
Day, Maurice Jerome, Hershey, PA
Ditullio, Michael V. Jr., South Weymouth, MA
Gadea, Manuel S., Mexico
Gartman, John J., Johnson City, NY
Gelber, Benjamin R., Lincoln, NE
Gewirtz, Robert J., Standard, CA
Han, Dae Hee, Seoul, Korea
Hsiang, John, Hong Kong
Jenkins, Nigel Ross, Concord, NH
Johnson, Stephen H., South Weymouth, MA
Juneau, Patrick A., Lafayette, LA

Kanno, Tetsuo, Toyoake, Japan
Kato, Yoko, Toyoake, Japan
Lavyne, Michael H., New York, NY
Levy, David I., Pittsburgh, PA
Levy, Michael, Los Angeles, CA
Mendel, Richard C., Shreveport, LA
Mincy, J. Ernest, Albany, NY
O'Laoire, Sean A., Dublin, Ireland
Rabb, Craig Hinson, Portland, OR
Sprich, William W., Belleville, IL
Warson, James S., Fort Collins, CO
Wecht, Daniel A., New Haven, CT

With these new members our Section will consist of 408 Members in all categories, up from 246 Members in 1994! Doctor Ogilvy and his new Membership team have our fullest support in their determination to continue the Membership Drive with the objective of doubling our membership roster.



Joint Section on Cerebrovascular Surgery of the AANS and CNS



Application for Membership

A. Biographical Material

Name: _____
 Birth Place: _____ Birth Date: _____
 Home Address: _____ Office Address: _____

 Fax: _____ Phone: _____ Fax: _____ Phone: _____

B. Memberships and Certificates

Date of Completion of Formal Neurosurgical Training _____/_____/_____
 Date of American Board of Neurological Surgery Certification _____/_____/_____
 Date of Fellowship in Royal College of Surgeons (Neurosurgery) of Canada _____/_____/_____
 Are you a member of:
 The American Association of Neurological Surgeons? Yes ___ No ___
 Congress of Neurological Surgeons? Yes ___ No ___
 American Medical Association? Yes ___ No ___
 Stroke Council of the American Heart Association? Yes ___ No ___

C. References

Please provide letters of reference from two members of the Joint Section on Cerebrovascular Surgery highlighting your activity/involvement in cerebrovascular surgery. Indicate below (name and address) from those whom these references will be received:

1) _____
 2) _____

D. Curriculum Vitae

Please enclose a current Curriculum Vitae with your completed application.

E. Describe your current interest and activities in cerebrovascular surgery (unless clearly evident in your Curriculum Vitae).

F. Please enclose a check in the amount of \$50.00, made payable to The Joint Section on Cerebrovascular Surgery of the AANS/CNS.

G. As soon as all required materials are received, your application will be reviewed by the Membership Committee, and submitted to the Executive Committee for consideration and approval before final voting/approval by members of the Joint Section.

H. Completed application, Curriculum Vitae, letters of reference, and application fee should be mailed directly to:

Christopher Ogilvy, MD
 Neurosurgery Service
 Massachusetts General Hospital
 Fruit Street/VBK710
 Boston, MA 02114

Phone: (617) 726-3303
 Fax: (617) 726-7601

Signature of Applicant

AANS/CNS Joint Section
on Cerebrovascular Surgery
22 South Washington Street
Park Ridge, Illinois 60068-4287

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**Joint Section on
Cerebrovascular Surgery
Newsletter**

Editor

Philip Stieg, PhD, MD
