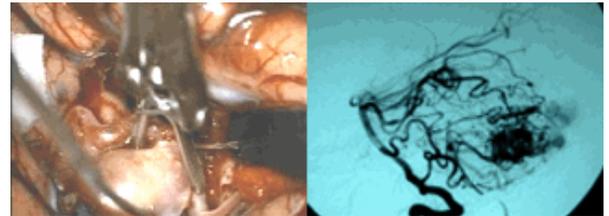


Welcome

Greetings fellow neurovascular surgeons. As we launch the new cycle of the newsletter there is much happening in the CV section. In this edition we hope to update you regarding the various activities the section is currently involved in. The reigns of leadership have now been passed to Jacques Morcos' sure hands and this looks to be a very active year. Some new items that we have added to the newsletter will be to

profile a contemporary and historic figure in cerebrovascular surgery. We will continue to include the case of the month and will at times add a coding corner to discuss coding of difficult cases. We hope you enjoy this issue and welcome any comments or suggestions.



Editors: **Bob S. Carter** M.D, Ph.D and **Carlos David**, M.D.

IML at the Congress of Neurological Surgeons Meeting

We are looking forward to the upcoming Congress meeting in Orlando and hope to see everyone there. The Cerebrovascular Section has backed the specialty-specific Integrated Medical Learning (IML) topics this year at the CNS Annual Meeting. Our Section topic, Hemispheric Stroke: Data, Practice and Experience, is an important issue for the specialty today and we are very interested in having a large amount of input

from all Section members attending the meeting in Orlando. As part of the IML, do not forget to take the pre-session survey (follow [link here](#) to complete).

Our Section's input will be compared to that of the other Sections, and we are striving to be the Section to set the benchmark with a high amount of feedback. Please help us by taking five minutes to complete the survey. You

are also encouraged to share this information and ask for input from your residents, fellows and other colleagues at your institution.



Jackson Hole -3C Meeting A Success

In July, we had an outstanding cerebrovascular complications conference meeting in Jackson hole Wyoming. Congratulations to the organizers. In particular the planning committee: CME Planning Committee **Bernard Bendok** MD, **Charles Kerber** MD (Co-Chair), **Michael Lawton** MD (Co-Chair), **Elad Levy** MD (Co-Chair), **Adnan Siddiqui** MD PhD, **Gregory Thompson**

...continues on page 2

AANS CV Section Report

The American Association of neurological surgeons spring meeting was held in Chicago, Illinois. Sessions include a discussion of the consultants corner where experts talk about

...continues on page 3

Jacques Morcos, M.D. Chair
John Wilson, M.D. Chair-Elect
Christopher Ogilvy, M.D. Vice-Chair
Sander Connolly, M.D. Treasurer
Sepideh Amin-Hanjani, M.D. Secretary

3C meeting (continued)

MD, Erol Veznedaroglu MD did a great job organizing the event. Some of the highlights included

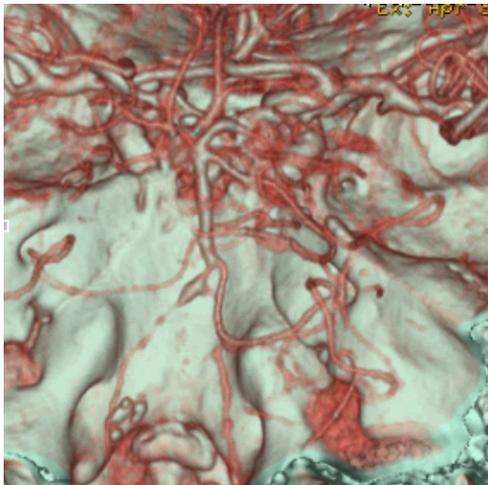


a panel discussion on whether a surgeon could maintain high levels of expertise in both open vascular procedures and endovascular procedures. The discussion was very lively with **Dr. Spetzler** and **Dr. Horowitz** leading the charge for developing expertise in one area or another. Other practitioners pointed out that they had developed significant expertise in both areas including those who

are currently undertaking mid-career training to achieve that goal. The 3C conference format also promoted lively discussion of very specific complications in their best management. Overall it was outstanding forum.

What would you do?

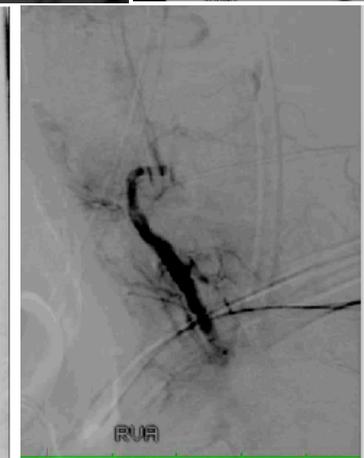
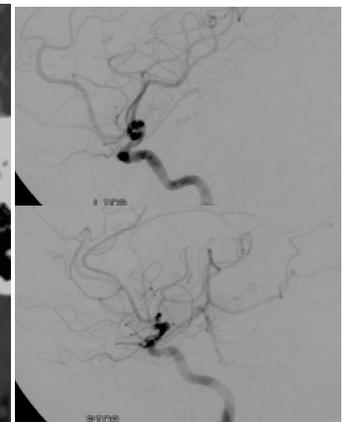
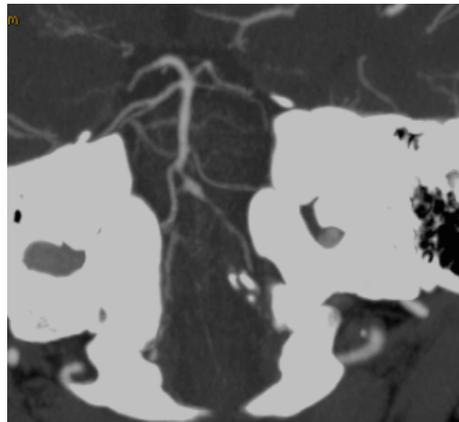
This 63 year old man presents with persistent vertebrobasilar TIA's despite maximal medical therapy.



CTA and conventional angiography reveals bilateral severe vertebral artery stenosis, with essentially no filling of the basilar from the vertebral arteries.

How would you proceed? Answer by completing our **1 minute web survey** and we'll include highlights in our next newsletter.

Contributed by Carlos David, M.D. If you would like to contribute a case for our next issue, please email: editor@cvsection.org



see our website at CVSECTION.ORG for the latest meeting news and updates.

AANS Report (continued)

management of specific lesions. This was led by moderators **Christopher Ogilvy** and **Alex Berenstein**.

Sepideh Amin-Hanjani and **Peter Rasmussen** led a session on intracranial stenosis and Moya Moya disease management. Dr. **Gary Steinberg** presented his large experience in surgical management of Moya Moya disease.

Unruptured brain arteriovenous motivations were also on the agenda with discussion of the ARUBA trial. **Kevin Cockroft** provided a detailed critique of the trial and Dr. **Sander Connolly** highlighted strategies for going forward in the evaluation and management of unruptured brain arteriovenous malformations.

The novel technologies session was of particular interest. Dr.

Ralph Dacey described his use of an automated high flow EC IC bypass device that is being ported over from cardiac surgery. **Peter Kim Nelson** gave an update on the pipeline stent for the treatment of intracranial aneurysms. We also heard about the Neurovasx polymer coil and EXCIMER assisted laser bypass.

Complication management including the use of rescue strategies was also a highlighted session.

Clinical Trials Highlight-MISTIE

MINIMALLY INVASIVE SURGERY plus T-PA for INTRACEREBRAL HEMORRHAGE EVACUATION

We've asked Dr. **Issam Awad** to update us on MISTIE an ongoing clinical trial for ICH management.

Tell us about MISTIE and its rationale.

Dr. Awad: Intracerebral hemorrhage accounts for 1 of 5-6 strokes in the U.S., occurs with increasing age and hypertension, and carries a disproportionately high rate of

disability and death with current management paradigms. The ICH volume is one of the greatest predictors of poor outcome, yet volume reduction strategies have not been formally tested to improve outcome of ICH. Open surgical trials have failed to demonstrate benefit in this disease, and there is currently no accredited medical or surgical therapy for spontaneous ICH. Minimally invasive clot evacuation has

been shown in several case series and Phase 1 studies to be safe and potentially effective. MISTIE is an ongoing Phase II trial, with randomization and dose escalation, aiming to test the hypothesis that clot catheter aspiration and rTPA thrombolysis is indeed safe, accomplishes desired clot evacuation,

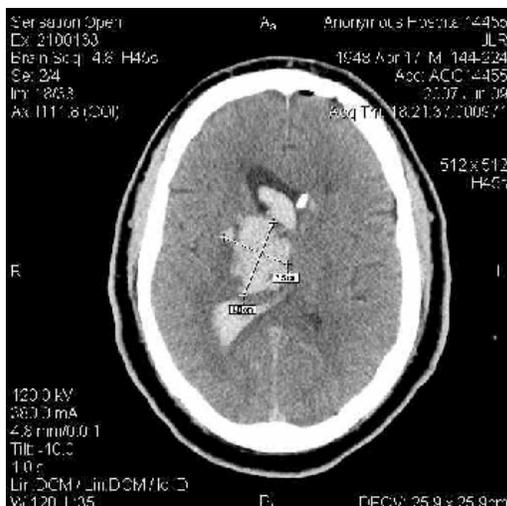
in comparison to contemporaneous randomized controls, and to help define optimal dose of rTPA and treatment outcome effect, to guide the design of future definitive Phase III clinical trials.

Can you provide us with any early insights from the Phase 2 data in this trial?

Dr. Awad: We learned a lot about site and team preparations to insure efficient screening and optimal surgical performance, requiring seamless interface of the acute stroke team, the neuro-critical care team and a committed and available neurosurgical team, all of

MISTIE Highlights

- 26 Participating Sites
- Spontaneous Supratentorial ICH >25 CC with GCS <14
- Initial aspiration of clot in minimally invasive fashion
- TPA dosing every 8 hour for 72 hours



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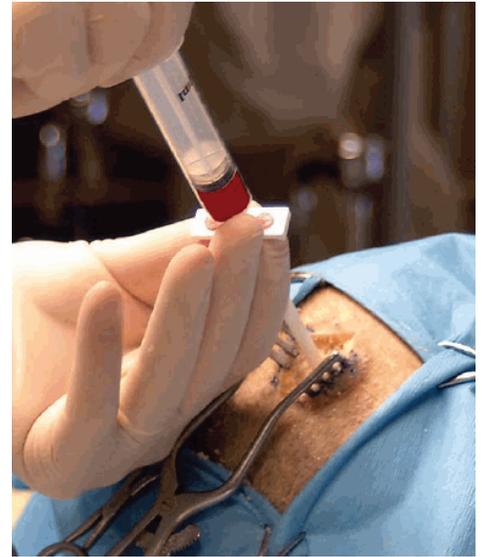
MISTIE Update (continued)

whom are dedicated to the trial. We learned about the importance of a “neurosurgical champion” at each site, who can influence referral and management decisions by the whole neurosurgical team. And there is a learning curve that can truly improve performance of the procedure. The trial completed enrollment in the first dose tier (0.3 mg rTPA every 8 hours), and it showed convincing clot reduction without prohibitive risks. This interim analysis of the first tier was very exciting, showing convincing controlled data after so many years of comparatively disjointed case series.

What is the timeline for the study? How many centers are currently involved?

Dr. Awad: As with all surgical trials, and this one with particular multidisciplinary challenges

as noted above, there was a delay in patient accrual, but this has picked up significantly as more centers came on line. There are currently 8 centers participating nationally, but we have authorization to consider additional centers that can promise the requisite team performance. The trial will go on for another two years, with extension of budgeted funds beyond the original grant timeline. Three dose tiers were planned, but there may in fact not be the need for a third tier based on optimal doses in the IVH CLEAR trial, and on the excellent clot clearance in the first tier already shown. Future directions aim to integrate information from ongoing endoscopic surgery studies, aiming perhaps toward a three limb Phase III trial compar-



ing both techniques to the best current medical management. The trials have also provided a platform for parallel studies on clot expansion and on peri-clot edema, as complementary therapeutic targets to be integrated in addition to ICH volume reduction therapy.

Upcoming Meeting Calendar

Sept 20-25 Congress of Neurologic Surgeons

- Executive Committee Meeting--Sunday --4-6 p.m.
- CV Section Monday Session 2-4 p.m.
- Tuesday Session IML Session 4-530 pm.

2009 AANS/CNS Cerebrovascular Section Meeting February 16-17, 2009 The Hilton San Diego

**Bayfront
San Diego, California**

- More details at CVSection.org

2009 AANS Annual Meeting May 2-6, 2009 San Diego, California

Fellowships and Awards

We are pleased to note that **Synthes** is sponsoring a \$2500 Resident Research at our two national neurosurgery meetings. The award will be presented just prior

to the research presentation at the CNS and AANS meetings.

Contributing to the Newsletter...

*We are looking for your help to expand and improve the newsletter. If you have cases, information on upcoming clinical trials or studies, or information that you want submitted for our **January 2009** newsletter; please send your contributions by email to: editor@cvsection.org*