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Letter From The Editor



Greg Thompson, MD

This issue of the *Cerebrovascular Newsletter* marks the passing of the editorial baton.

Over the past three years, under Philip E. Stieg's, PhD, MD, able stewardship, the *CV Newsletter* has established itself as a timely source of information

regarding our Section's upcoming meetings, a regular forum for communication from our Section's leadership, and an up-to-date bulletin board for news of particular interest to the Section membership.

We have witnessed remarkable growth of the Section membership and a rapid expansion of the Section meeting from its rather modest inception to a vital, well-attended conference with our neurovascular colleagues from neuroradiology and neurology.

Over the next three years, the *CV Newsletter* will endeavor to remain a timely and reliable source of information regarding upcoming meetings, and a regular forum for communication from our Section leadership. We also will offer features describing new initiatives by the Cerebrovascular Section, such as the article on the International Outreach Program led by Josh Bederson, MD, (page 3) and discussions with individuals of particular interest to the Cerebrovascular Section membership, such as the interview on page 4 with Donaghy Award Recipient, Robert G. Ojemann, MD. The *CV Newsletter* is, of course, eager to have your feedback and ideas, so let us hear how we might better inform and serve you.

Section News

CV Section Honors Charles Drake, MD

At both the Executive and Business meetings of the Section on Cerebrovascular Surgery in Seattle, Washington, an official moment of silence was observed in the memory of neurovascular surgical pioneer, Charles G. Drake, MD.

Dr. Drake was a 41-year AANS member and Professor Emeritus of Neurosurgery at the University of Western Ontario (London). He had previously served as Chair of the Editorial Board on the *Journal of Neurosurgery*, as President of the American College of Surgeons, and as President of the World Federation of Neurosurgical Societies. He was a recipient of numerous awards including the AANS Harvey Cushing Medal in 1988, and the Canadian Medical Association's FNG STARR Award in 1986. He was recently recognized as a companion in the order of Canada - the country's highest and most prestigious civilian honor.

Dr. Drake is perhaps best remembered amongst neurosurgeons for his groundbreaking efforts in the treatment of posterior circulation aneurysms, and is well remembered by his friends for his honesty and gentle demeanor. Duke Samson, MD, recalled his "persistence, courage, honesty, and humility, as benchmarks which should guide and inspire all those who follow him."

The Cerebrovascular Section is inquiring to officials at the University of Western Ontario about possible ways to honor the memory of Dr. Drake through a permanent lectureship or Cerebrovascular Section fellowship.

SMART Program to be Launched at Section Meeting in Nashville

The American Association of Neurological Surgeons and Congress of Neurological

Spectacular Program Planned for CV Section Meeting

Greg Thompson, MD

Plans for the 4th Annual Meeting of the AANS/CNS Section on Cerebrovascular Surgery have been finalized. This will be the second meeting held jointly with the American Society of Interventional and Therapeutic Neuroradiology (ASITN).

The meeting will immediately precede the American Heart Association's 24th International Joint Conference on Stroke.

The Nashville meeting will begin with an opening reception on Sunday, January 31, 1999, and the scientific sessions will be conducted from February 1-3.

Philip E. Stieg, PhD, MD, has organized what promises to be an exciting and informative scientific meeting. Three general sessions have been arranged to address controversial topics ranging from management of AVMs to carotid occlusive disease. The first day of the meeting will begin with a session on cerebral revascularization. Highlights include a review of current indications for cerebral revascularization by Robert Grubb, MD, and presentations on surgical techniques and complications by Fernando Diaz, MD, PhD, and Neil Martin, MD, of the Cerebrovascular Section. Stanley Barnwell, MD, PhD; Lee Guterman, MD, PhD; and Richard Latschaw, MD, of the ASITN will address endovascular techniques of cerebral revascularization. There also will be an expert panel to review current treatments for spinal arteriovenous malformations. Daniel Barrow, MD, will lead the panel and conduct what promises to be a lively discussion amongst the panelists.

On Tuesday, the second session will focus on management of arteriovenous malformations. Hunt Batjer, MD, and Duke Samson, MD, will give presentations emphasizing the surgical role for treatment of AVMs, while Doug Kondziolka, MD, will present the basis for management of AVMs by stereotactic radiosurgery. Alex Berenstein, MD; Gary Duckweiler, MD; and Thomas Thomsik, MD, of the ASITN will address the role of endovascular embolization in the adjunctive and definitive treatment of cerebral arteriovenous malformations.

On Wednesday, the final session will address stroke management and current endovascular methods for treatment. Highlights of this session include an overview of early stroke management by noted stroke neurologist, James Grotta, MD, and Dennis Landis, MD, of the CV Section. Randall Higashida, MD, Nick Hopkins, MD, and Chip Jungreis, MD, will form an expert panel to discuss the endovascular treatment of carotid occlusive disease with an emphasis on carotid angioplasty and stenting.

The Nashville meeting also will feature 20 luncheon seminars. Highlights include management strategies for preoperative and postoperative critical care of cerebrovascular disease, and techniques for developing a community-based practice in cerebrovascular surgery.

A special symposium, which will discuss the management of incidental aneurysms, is particularly promising. In view of the recent Mayo Clinic data on the natural history of unruptured aneurysms, this promises to be a lively discussion, with viewpoints expressed by neurovascular surgeons, endovascular interventionalists, and our neurology colleagues.

Along with the legendary entertainment attractions of Nashville, this promises to be a superb meeting.

Don't miss it!

Luncheon Seminars At-A-Glance

Monday, February 1, 1999

12:30-2:30 PM

- 001 Diagnosis and Management of Cavernous Malformations
- 002 Management of Anterior Circulation Aneurysms
- 003 Management of Posterior Circulation Aneurysms
- 004 Management of Giant Aneurysms
- 005 Diagnosis and Management of Cerebral Vasospasm
- 006 Community-based Management of Complex Cerebrovascular Disease
- 007 Carotid Endarterectomy and Stenting
- 008 Decision-making and Management of Unruptured Aneurysms
- 009 Diagnosis and Management of Intracerebral Hemorrhage
- 010 Mechanical Revascularization Techniques in Acute Ischemia

Wednesday, February 3, 1999

12:30-2:30 PM

- 011 Management of Cortical AVMs
- 012 Management of Deep AVMs
- 013 Management of Dural AVMs/AVFs
- 014 Management of Pediatric AVMs
- 015 Management of Spinal AVMs/AVFs
- 016 Cerebral Revascularization
- 017 Skull Base Approaches for Posterior Circulation Lesions
- 018 Skull Base Approaches for Anterior Circulation Lesions
- 019 Vertebroplasty and Spinal Tumors
- 020 Critical Care of Cerebrovascular Patients

CV Section Establishes International Outreach Program

The AANS/CNS Section on Cerebrovascular Surgery has begun to develop plans for an International Outreach Program. Under the leadership of Josh Bederson, MD, the Section is establishing formal ties with our international colleagues in cerebrovascular surgery. With tremendous interest in our Section from a potentially large international membership, this initiative could expand membership, promote participation by international members at our Annual Meetings, and encourage the ongoing exchange of scientific, socioeconomic, and educational information on cerebrovascular surgery.

Tentative plans call for selected international members to be invited to participate as "International Ambassadors." These Ambassadors would be encouraged to develop membership regionally, act as coordinating members for regional Section activities, and communicate with membership regarding

cerebrovascular scientific meetings and other Section educational opportunities here and abroad. Acknowledged international experts will serve as panelists at AANS/CNS Section meetings and as discussants at luncheon seminars. Dr. Bederson envisions an international news section in the *CV Newsletter* featuring news items, meeting information, and educational opportunities available outside of the United States. A future international meeting also is under consideration.

Dr. Bederson points out that although cerebrovascular surgery is a relatively small subspecialty, the CV Section is one of the largest and fastest growing of the AANS/CNS Sections in organized neurosurgery and, as such, the Section has a scientific and educational leadership role on an international scale. Look forward to additional information on the CV Sections' International Outreach Program from Dr. Bederson in future issues of the *CV Newsletter*.

Come to Opryland



Hailed as one of the nation's most popular travel destinations, Nashville, Tennessee, offers visitors a cornucopia of things to do and see. From historic sites such as Andrew Jackson's Hermitage to musical attractions such as Opryland and the Country Music Hall of Fame, Nashville has something for the young and the young-at-heart.

This year's CV Section meeting will be held at the Opryland Hotel and Convention Center — a full-service hotel comprised of nine acres of interior tropical gardens, waterfalls, rivers, and fountains.

Membership Report

The membership of the AANS/CNS Section on Cerebrovascular Surgery continues to grow, thanks in large part to the hard work and commitment of the Membership Committee, headed by Josh Bederson, MD. The following new members were recruited into our Section and approved in April 1998.

Active

David Blatt, Nashville, Tennessee
William Couldwell, Valhalla, New York
Patrick Elwood, Peoria, Illinois
Sanford Fineman, Union, New York
Hector Ho, Grand Blanc, Michigan
Neil Kitchen, Queen Square, London
Michael Lawton, San Francisco, California
John Litvak, Denver, Colorado
Miguel Melgar, Tucson, Arizona
David Reding, Little Rock, Arizona
Reid Thompson, Los Angeles, California

Candidate

Jafri Abdullah, Kota Bharu, Malaysia
Rocco Armonda, Philadelphia, Pennsylvania
George Kaptain, Charlottesville, Virginia

Interview With 1998 Donaghy Award Recipient, Dr. Ojemann

Greg Thompson, MD



Robert G. Ojemann, MD
1998 Donaghy Award
Recipient

Robert G. Ojemann, MD, Professor of Surgery at Harvard Medical School and Senior Neurosurgeon at Massachusetts General Hospital, was the 1998 recipient of the Donaghy Award — the Cerebrovascular Section's highest honor. Through a distinguished career of more than 40 years, he has carried a special interest in cerebrovascular surgery and has watched the subspecialty develop and mature. He recently had an opportunity to look back over a career that witnessed many historic

milestones in the development of cerebrovascular surgery as a subspecialty, and to reflect on these advances and on some of the individuals that made them happen.

Greg Thompson: What was cerebrovascular neurosurgery like when you began your training, and what were the most important technological advances?

Robert G. Ojemann: My training in neurosurgery started in 1957. At that time, the diagnosis of vascular disease was made primarily on a clinical basis, with confirmation in some cases by direct puncture angiography. I had the great pleasure of working with C. Miller Fisher, MD, a giant in neurology — particularly in terms of his work on cerebrovascular disease. Clinical diagnoses were made largely on the basis of the history and examination.

Early in my training, I learned how to do direct puncture carotid angiography, as well as direct vertebral angiography. We didn't have catheter angiography. We did all the angiogram punctures ourselves, and there were no automatic film changers, so a technician would pull as many as four films on a lateral and two films on an AP while the contrast was being injected. There was a general radiologist who would come by to read the films, but really we were left to our own devices to interpret the films.

If we suspected subarachnoid hemorrhage, we would wait, then do a direct puncture angiogram. The diagnosis of hypertensive hemorrhage was made on a clinical basis following Dr. Fisher's detailed work. Cavernous angiomas were really unknown; they were called angiomas then rather than malformations. To go to the operating room on a hypertensive hemorrhage, we might have an angiogram that would show a vessel displacement. In the posterior fossa, we would operate on a cerebellar hemorrhage based on the clinical diagnosis without any imaging studies.

GT: How often did you have a negative exploration?

RGO: It is hard to say how often, because we didn't know what we missed, and we didn't have any way to study that either. However, with Dr. Fisher's diagnostic expertise, we were right on target most of the time.

GT: What was aneurysm surgery like at that time?

RGO: We were beginning to use hypothermia. The available aneurysm clips were rudimentary, and would likely frighten today's young neurosurgeons. We needed to be careful to avoid putting it on too far or you would leave an opening, or it might even cut the aneurysm off, like with scissors.

GT: It seems remarkable that surgeons would persist in attempts at aneurysm clipping after initial experiences like that.

RGO: Well, you know neurosurgeons!

Many aneurysms were treated indirectly. Dr. Sweet pioneered much of the work with carotid occlusion, because the morbidity was so high from direct operation when we didn't have the operating microscope. Some of us used loops, and I was fortunate to be one of the first people at Massachusetts General to do so.

GT: When did you start using the microscope?

RGO: Not for several years actually. We didn't have the microscope at all during my residency, which was 1957-1961. The first reports of its use in neurosurgery didn't come until the mid 1960s, but we were fortunate that Dr. Donaghy was a friend of Dr. Sweets, and he would come down to the laboratory here and work with his microscope. So, we began to use it in the 1960s, but they weren't like today's microscopes; they were harder to maneuver and of course we didn't have the TV monitors, so no one else could see.

GT: Were direct puncture cerebral angiography and the operating microscope the most important technological advances during your early career?

RGO: Yes, and CT scans too. The first CT in this country didn't come until 1973 at the Mayo Clinic, and I think we got the second one about the same time. As one looks back at those CTs, you wonder how you ever made a diagnosis.

GT: You mentioned Dr. Fisher, did he prompt your interest in cerebrovascular disease?

RGO: He and Dr. Sweet were the two biggest influences in terms of my vascular experience. I spent the first six months of my residency on neurology and was fortunate to work with Dr. Fisher, as well as Raymond Adams, MD, and Maurice Victor, MD. I already had an interest in occlusive vascular disease because I took a year of surgical residency with Dr. DeBakey. Dr. DeBakey and Dr. Cooley were still working together (at Baylor) then, so I was fortunate to see some of the tremendous vascular work that they did.

Here at the Massachusetts General, the vascular surgeons were so involved with aortas and peripheral vascular surgery, they were not interested in the carotids. They didn't like to deal with strokes. Dr. Sweet was very interested, and he, in turn, taught me. I would say that for the first decade here at MGH most, perhaps all, of the carotid endarterectomies were done by neurosurgeons.

GT: Where did Dr. Sweet learn to do the carotids?

RGO: I think he taught himself by watching the general surgeons do the other peripheral vascular cases, and by reading about it. He was probably one of the most intelligent people I've ever known. He could discuss neurosurgical problems in detail, and had the ability to talk to a neurobiologist or a neurophysiologist on their terms and in their language.

He was a very good technical neurosurgeon, and when things went bad in the operating room, he would be calm; he would not shout or scream at people. He also was a very hard worker. Sometimes, on weekends when we wanted to be off, he would be there to discuss a research project or do some work.

GT: Perhaps neurosurgery residency has not changed so much! You mentioned that Dr. Fisher was such a great diagnostician, what was it about him that allowed him to become so?

RGO: He very carefully studied the pathology of patients, and he would follow them meticulously. Of course, a lot of them died and he would make a study of the pathology and realize what the clinical relationships were and what was going on in terms of carotid occlusion, thalamic hemorrhage, subarachnoid hemorrhage, and, in fact, the whole spectrum of vascular disease.

GT: What was the most important advance you witnessed—selective catheter angiography, the operating microscope, more suitable aneurysm clips, CT, or MRI?

RGO: There wasn't just one advance, it was all of these advances that changed our specialty. I could not have asked for a better choice of specialty, because of the changes and the improvements that have been made, and because of the people that I've been associated with over the years.

GT: What changes do you see on the horizon?

RGO: I think neurosurgery is adapting to the future. I think the push to have neurosurgeons involved in endovascular techniques and radiosurgery is going to keep neurosurgeons involved in the total care of these patients. I think this is important because I can remember back when the microscope came along, and some prominent neurosurgeons said "it's too restrictive and I am never going to use that." One can't have that philosophy. You need to assess the advances that are made, see where they fit in, and how and where to adapt to them.

GT: Do you think that endovascular approaches are going to replace the microscope and open neurosurgery?

RGO: No, but they are certainly going to have a place. I don't think we know yet what that place is going to be. Many of these techniques are evolving and must be critically evaluated.

GT: If you could go back, would there be anything different that you would do?

RGO: As I said earlier, I really could not have asked for a better choice of specialty, seeing the development and the people that I have been privileged to work with. I really would not change much of anything in terms of my own career. In addition to the clinical work, clinical research, and resident teaching, I've greatly enjoyed my involvement with the national neurosurgical organizations over the years.

GT: What advice would you give to residents today, and particularly to those interested in cerebrovascular surgery?

RGO: Well, that's a hard question to answer. In teaching the residents, I try to get them to stand back and to be sure they are looking at the whole patient. With all the new technology, in the end one must do what is best for the patient. I encourage them to get sound, broad training in all areas of neurosurgery, and to read regularly. I like them to have a chance to go to some of the meetings and to meet people in the specialty; specifically, the peers they are going to be associated with over many years. I would encourage them to keep up with new advances, and for those that have a special interest in research work, to devote some effort to that area.

Volunteers Needed

The AANS/CNS Section on Cerebrovascular Surgery is looking for member volunteers. If you are interested in contributing an article to the newsletter, working on a Section sponsored project, or volunteering in another capacity, please contact Issam A. Awad, MD, at (203) 737-2096.

Surgeons have joined forces, once again, to develop a marketing communications campaign specifically for neurosurgeons. The program, "Getting SMART about Neurosurgery: Stroke," developed under the leadership of Warren R. Selman, MD, and Bruce Kaufman, MD, will be available at the AANS/CNS CV Section Meeting in Nashville, Tennessee, January 31-February 3, 1999. The SMART Program will address the challenges of today's market, with emphasis on:

- Increased consumer awareness of the scope and quality of neurosurgery;
- Development of public and professional education programs for specific neurologic disorders; and
- Engagement of the AANS and CNS members in educational programs in their own communities.

The SMART Program consists of a public education and practice building tool, designed to increase public awareness; two ready-to-use slide presentations on stroke; a referral source brochure; a patient brochure; and a set of stroke center development guidelines.

The stroke program is the second SMART initiative. It follows the highly successful lumbar spinal stenosis program, which was launched in September of 1997 and quickly exceeded its enrollment, financial and distribution goals.

NIH Update

The Executive Council of the Cerebrovascular Section reported that the Carotid Angioplasty and Stenting Versus Carotid Endarterectomy (CREST) trial has been funded by the National Institutes of Health. The CREST trial will be a randomized, controlled, prospective, multi-center trial to compare angioplasty and stenting versus endarterectomy in patients with high-grade symptomatic carotid stenosis. The study will be directed under the leadership of Dr. Hobson, and may begin patient accrual as early as 1999. The CV Section strongly encourages support for and participation in this trial.

Section Endeavors to Compile Updated Cerebrovascular References

The Section on Cerebrovascular Surgery has accepted an invitation to update a current reference list for Robert Wilkins, MD. Jacques Morcos, MD, has been asked to take on this daunting task, and the updated reference list is anticipated to be available by the end of 1999.

Carotid Endarterectomy Outcomes Instrument Available on N://OC

The AANS/CNS Outcomes Committee is conducting an online outcomes study for the treatment of carotid artery disease. The study will evaluate clinical, functional and lesional outcomes of patients with carotid stenosis treated by either endarterectomy or endovascular therapy. The instruments and instructions for using the online system are available on **NEUROSURGERY://ON-CALL**[®] (www.neurosurgery.org) The outcomes reporting system allows any member of the AANS or CNS to enter all relevant data online. There is no cost involved for AANS or CNS members and there are no patient or surgeon identifiers on the database. The identification code is kept at the AANS office and can not be accessed through the internet, making submission of data via this system safe and confidential. Neurosurgeons can start tracking their own data now, and national averages will be available for comparison in the future as the database develops.

The Outcomes Committee recently completed the patient accrual phase of the first national neurosurgical outcomes study on patients with ruptured and unruptured intracranial aneurysms. Patients in this study were treated with either microsurgical or endovascular therapy at selected academic medical centers or private practices. Follow-up on these patients will continue through July 1999 and data analysis should be available in late 1999. For more information on Neurosurgical Outcomes Studies, please contact AANS/CNS Outcomes Committee Chairman Robert E. Harbaugh at (603) 650-8732 or robert.e.harbaugh@hitchcock.org.

The American Association of Neurological Surgeons and Congress of Neurological Surgeons Announce

The Pharmacia-Upjohn Resident Research Awards in Cerebrovascular Disease

- Funding Available July 1, 1999
- Up to \$15,000 to Support a Specific Research Proposal
- Open to Residents in North American Training Programs
- Research Related To Cerebrovascular Disease

Interested applicants should contact:

Issam A. Awad, MD
Yale University School of Medicine
Department of Neurosurgery
333 Cedar Street, TMP 404
New Haven, Connecticut
Phone: 203-737-2096
Fax: 203-785-6916

* Supported by a generous donation from
Pharmacia-Upjohn Co.

Secretary's Corner

Issam A. Awad, MD

Following are the minutes of the Executive Council Meeting that took place on Wednesday, October 7, 1998 in Seattle, Washington:

The Meeting of the Cerebrovascular Section Executive Council was called to order by Section Chairman Chris Loftus, MD, in the presence of Issam Awad, MD; Julian Bailes, MD; Josh Bederson, MD; Winfield Fisher, MD; Steven Giannotta, MD; Robert Harbaugh, MD; Joel MacDonald, MD; Marc Mayberg, MD; Christopher Ogilvy, MD; David Piegras, MD; Robert Rosenwasser, MD; Warren Selman, MD; Philip Stieg, PhD, MD; Greg Thompson, MD; and Joseph Zabramski, MD.

The April 27, 1998 minutes of the Executive Council and General Business Meetings were approved. Dr. Harbaugh presented the Treasurer's report, reflecting a healthy growth in all Section funds and a continued solid foundation of the Section treasury. Copies of the preliminary statement of the Section's financial position through June 30, 1998 were reviewed and compared to those of 1997.

Special project reports were presented. Dr. Mayberg announced that the Endovascular Fellowship of the AANS/CNS, which is administered through the Cerebrovascular Section, was funded to begin trainees in 1998. It is projected that two additional trainees will be funded in 1999. Application criteria and deadlines for these fellowships will be published in the near future. The endovascular surgical neuroradiology fellowship guidelines are progressing through a joint process of accreditation by the respective Residency Review Committees of neurosurgery and radiology. The Section strongly endorses this joint process. Hunt Batjer, MD, has prepared fellowship guidelines in ACGME format, consistent with the document which had been previously prepared by L. Nick Hopkins, MD, and Alex Berenstein, MD, reflecting radiology and neurosurgery consensus about the scope and requirements of such training.

The Executive Council was informed that the CREST trial comparing carotid endarterectomy to angioplasty and stenting in symptomatic patients with greater than 70 percent stenosis has been funded by the NIH. The principal investigator on this project is Dr. Hobson, and the Section strongly encourages support for and participation in this scientific trial.

Dr. Batjer presented updates on Neurosurgery Residency Curriculum Objectives in Cerebrovascular Disease, and a preliminary draft of the cerebrovascular surgery fellowship guidelines in ACGME format. A committee including Drs. Loftus, Giannotta, Awad, and Batjer is currently reviewing these draft documents, which will be forwarded to the CNS Education Committee, the Senior Society, and the Residency Review

Committee. The Cerebrovascular Section was again a trailblazer in this area, having diligently worked on these documents and having produced working drafts reflecting cerebrovascular surgery educational objectives at the residency and fellowship levels. Dr. Batjer was formally commended for his selfless labor on these difficult documents.

The Cerebrovascular Section has been asked to assist Robert Wilkins, MD, in updating the cerebrovascular portion of "Basic References in Neurosurgery." Jacques Morcos, MD, has been nominated to represent the Section on this very important project. Dr. Loftus will notify Dr. Morcos of this assignment.

Committee Reports

Committee reports were subsequently entertained. Dr. Bederson presented the Membership Committee report, including a slate of 14 candidates for Section membership. These were unanimously endorsed by the Executive Council and by appropriate resolution that was seconded and passed. Dr. Bederson presented preliminary statistics on current Section membership in various states and countries. It is obvious that a major membership drive will be required to enhance international membership in the Section. Dr. Bederson was charged with developing a strategic plan to enhance international membership, including the designation of Section "special ambassadors" in several key countries, who will be charged with membership recruitment and dissemination of Section activities in various regions of the world.

Dr. Harbaugh presented the final post-meeting report for the 1998 CV Section/ASITN meeting, and presented the plan for continued collaboration on the 1999 meeting in Nashville. Dr. Harbaugh was commended on his excellent coordination with the ASITN, and on resolving various problems involved in the coordination of scientific program planning and administrative execution of the meeting. Dr. Stieg presented a report on current plans for the 1999 AANS/CNS Cerebrovascular Section/ASITN Annual Meeting to be held in Nashville, Tennessee, January 31–February 3. Dr. Stieg was congratulated on excellent meeting planning, and he and Dr. Selman were commended on a fine scientific program.

Dr. Rosenwasser gave a report on the 1998 CNS Annual Meeting held in Seattle, where one general scientific session was dedicated to stroke, and two afternoon sessions were organized by the Cerebrovascular Section. In addition, the CV Section supported panel discussions on surgery for ischemic stroke and outcomes on intracranial aneurysms, and delivered a splendid cast of oral presentations, oral posters and conventional poster presentations. The Cerebrovascular Section

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continues to contribute the greatest number of abstract submissions to neurosurgical Annual Meetings, and the highest scoring submissions of any neurosurgical specialty. Louis Caragine, MD, received the Galbraith Award, and was presented with a check and a plaque following his presentation at the CNS Meeting.

Dr. Loftus presented a report on plans for the Cerebrovascular Section session and the upcoming AANS Annual Meeting in New Orleans. Al Rhoton, MD, will be the Donaghy Lecturer. Dr. Thompson has been charged with preparing the program for the cerebrovascular sessions at the 1999 CNS meeting in Boston, and Dr. Fisher will organize the Cerebrovascular Section session at the 2000 AANS meeting.

Dr. Selman has started plans for the Annual Meeting of the Cerebrovascular Section in collaboration with ASITN that will take place in New Orleans, February 8-12, 2000. In addition, Dr. MacDonald will assist Dr. Selman with scientific program planning. Dr. Selman has been asked to identify a liaison committee from the ASITN for joint program planning. Administrative aspects of meeting coordination will be negotiated with ASITN following assessment of the Nashville 1999 meeting.

Considerable discussion took place regarding plans for a Cerebrovascular ASITN Annual Meeting in conjunction with the Japanese Society for Surgery for Cerebral Stroke, which would be held in Hawaii in the year 2001. Preliminary preparations for this meeting have been entrusted to a committee

headed by Section Chair, Dr. Loftus; Chair-elect, Dr. Awad; and future Annual Meeting Chair, Dr. MacDonald. Dr. Loftus will contact Dr. Kawase from Japan and Dr. Kerber from the ASITN to designate representatives for meeting planning. We will attempt to have a preliminary meeting of the organizing committee with the ASITN and our Japanese colleague representatives in Nashville. The AANS has been asked to start exploring potential dates and venues in Honolulu and on the big island of Hawaii for such a meeting in early February 2001.

Dr. Thompson presented the newsletter report, indicating transfer of newsletter editor responsibilities from Dr. Stieg to him. The newsletter is on track, and Dr. Thompson was congratulated on his efforts in this area. He was asked to establish contact with **NEUROSURGERY://ON-CALL**[®] to ensure that appropriate information from the Cerebrovascular Section is disseminated through this expanding medium in a timely fashion. Dr. MacDonald who also is very active with **N://OC**[®], will assist Dr. Thompson in this area.

Dr. Awad indicated that the revised Section Rules and Regulations have been printed and mailed to all Section members. Dr. Harbaugh presented an update on the ongoing Aneurysms Outcome Study, with anticipated completion of pilot data in January 1999, and subsequent analysis of this pilot data to be planned for validation of the referential database and the outcomes instrument. It is anticipated that online Aneurysm Outcome entry will be possible following this preliminary project. The Carotid Endarterectomy Outcomes Study has been launched and centers are being enrolled. The form is short and includes online entry.

In the absence of Dr. Gross, there was no Scientific Committee report. Dr. Loftus will ask Robert Dempsey, MD, to assist Dr. Gross in upcoming meetings, and in continued liaison responsibilities with NINDS and other research agencies to further our cerebrovascular surgery research agenda. Dr. Awad has been appointed to the Executive Committee of the Stroke Council of the American Heart Association. He and Drs. Mayberg and Hopkins will represent the Section on this very important committee.

There has not been much progress on the CPT code update. Dr. Loftus will contact Eugene Flamm, MD, who has been charged with this task, and will offer him any assistance through other volunteers from the Executive Council so that we can maintain effective input from cerebrovascular surgeons in the CPT code revision process.

Dr. Selman indicated that the SMART public relations/marketing program on stroke would be introduced at the 1999 CV Section Meeting. Dr. Selman was commended on his excellent work in bringing this important area to the forefront of our ongoing neurosurgical public relations effort.



CV Highlights for the 1999 AANS Annual Meeting

Plans are well underway for the 67th AANS Annual Meeting to be held April 24-29, 1999 in New Orleans, Louisiana. Some of the meeting highlights include the following breakfast seminars:

- The Cerebral Venous System: Surgical Considerations
- Management of Cerebral AVMs
- Management of Acute Cerebral Ischemia
- Angiographically Occult Vascular Malformations: Current Treatment Options
- Preoperative Management of Subarachnoid Hemorrhage
- Establishing Stroke Centers for Stroke Teams
- How I Do It: High Risk Carotid Patients

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1998 CNS Meeting Showcased an Expanded Cerebrovascular Format

The 48th Annual Meeting of the Congress of Neurological Surgeons (CNS) was held October 3-8, in Seattle, Washington, with an expanded emphasis on cerebrovascular surgery. Under the direction of the CV Section Scientific Chairman, Robert Rosenwasser, MD, two scientific sessions and one plenary session were held in an expanded format.

During the first section meeting, Robert Harbaugh, MD, gave a superb presentation on the surgical treatment of carotid disease. His presentation emphasized the importance of outcome assessment, and his working demonstration of a computer database for outcome assessment provided an insightful preview into what will be the standard for practice outcome assessment in the new millennium.

Nick Hopkins, MD, followed with yet another forward-looking presentation on the treatment of carotid occlusive disease, with an emphasis on endovascular therapy with stenting.

During an outstanding open paper session, the Galbraith Award in Cerebrovascular Surgery was presented to Louis P. Caragine, MD, resident at Henry Ford Hospital, for his research project "Real Time Glutamate Release Into and Removal From the Extracellular Space During Low Flow and No Flow States of Rat Forebrain Ischemia."

On Wednesday, the second scientific session on cerebrovascular surgery emphasized outcome analysis. Hunt Batjer, MD, and Val Halbach, MD, addressed the management of subarachnoid hemorrhage with emphasis on the microsurgical and endovascular approaches, respectively. A group of 13 three-minute oral posters ensued, also emphasizing outcome assessment.

The general scientific session on Wednesday emphasized dilemmas in neurovascular surgery. A particular highlight was the point/counterpoint format in the case for and against selective bypass for patients under consideration for therapeutic carotid occlusion. Robert Spetzler, MD, and Robert Ojemann, MD, served as able advocates for and against bypass, and honored guest John M. Tew, MD, also provided a balanced summary assessment in regard to this controversy.

In another presentation, Dr. Tew offered a useful perspective on the role of neurosurgeons in the acute care of the stroke patient. Having been involved in a state-of-the-art, comprehensive emergency stroke treatment program in Cincinnati, Dr. Tew's observations were particularly timely and insightful.

Update: Randomized Trial for Hemorrhagic Cavernous Malformations, Comparing Radiosurgery With Observation

This prospective randomized trial that compared the role of radiosurgery versus continued medical management in patients with at least two symptomatic hemorrhages from a cavernous malformation in a high-risk brain location (brain stem, basal ganglia or thalamus), has been associated with a slow patient accrual. Because of inclusion criteria and rareness of this disorder, the study coordinators do not believe that a two-bleed study is feasible to complete. As a result this study will be closed. Although many are interested in a randomized trial that evaluates radiosurgery after one symptomatic bleed, no extensive information exists after radiosurgery in this setting for hypothesis generation in a randomized trial. Literature reports in the use of radiosurgery in that setting must occur before a one bleed trial could be designed.

Douglas Kondziolka, MD, FRCS(C)
University of Pittsburgh

John R. Kestle, MD
University of Utah

We Want to Hear From You

The AANS/CNS Section on Cerebrovascular Surgery is interested in hearing your thoughts regarding the *Cerebrovascular Section Newsletter*. We welcome your comments, suggestions, and ideas.

Please send your comments to:
Greg Thompson, MD
1500 East Medical Center Drive, TC2128
Ann Arbor, Michigan 48109-0338
gregthom@umich.edu

A moment of silence was taken in memory of neurovascular surgical pioneer and hero, Charles Drake, MD, who recently passed away. Dr. Awad was asked to contact Gary Ferguson, MD, at the University of Western Ontario to explore possible ways of honoring the memory of Dr. Drake through a permanent lectureship or fellowship through the Cerebrovascular Section.

Having addressed all items on the agenda, and having entertained all old and new business, the Executive Council was adjourned at 8:10 a.m.

Getting SMART About Cerebrovascular Disease

Stroke is a growing threat to the well being and productivity of aging Americans, including those who are now entering middle age. Each year, more than 700,000 suffer a stroke—a number equivalent to the entire state of Wyoming. It is the third leading cause of death in America and, just as important, stroke is the number one cause of disability—with more than 3,000,000 people currently living with physical and mental impairment from brain damage caused by a stroke. This number is 40 percent higher than previously estimated.

Recognizing this, The American Association of Neurological Surgeons and Congress of Neurological Surgeons want to help healthcare professionals identify patients who are at high risk for stroke, and to recognize patients who are in need of urgent care for stroke. Stroke is preventable and treatable; and educating the public and healthcare professionals about preventative therapies and treatment alternatives is the key to reducing stroke incidence and its disastrous outcomes.

Role of the Neurosurgeon

Neurosurgeons are unique in their ability to evaluate, use and recommend medical management, microsurgery, endovascular surgery and stereotactic radiosurgery to treat or prevent all types of stroke and the complications of each form of treatment. In order to be in a position to have their skills sought after, neurosurgeons must be viewed as stroke specialists, and not solely as technicians with a narrow skill.

Through the “Getting SMART About Neurosurgery: Stroke” Program, neurosurgeons can step forward as spokespersons, or Ambassadors, for the specialty. They can educate the public and healthcare professionals that stroke is an emergency that demands the immediate attention of a neurosurgeon; that stroke evaluation requires neurosurgical input; and that neurosurgeons,

as stroke prevention and treatment specialists, are exploring the newest treatments for preventing and stopping stroke.

About the Program

The stroke program is an easy-to-use public education and practice-building tool designed to use your knowledge as a specialist in cerebrovascular surgery to enhance the visibility of your practice, while increasing public awareness as to the scope and quality of neurosurgery.

The materials in the program, which consist of two, ready-to-use slide presentations; referral source and patient brochures; and stroke center development guidelines, are detailed, but also allow for individual neurosurgeons to tailor the program to meet their practice needs. All of the program materials and key messages are of superior quality. They focus on the risk factors for stroke, the specific patient benefits of the services offered, and why the neurosurgeon is the ideal treatment provider.

If you are interested in learning more about the stroke program or if you would like to enroll as an Ambassador, please contact the AANS Communications Department at (847) 692-9500.

RUNN 1999

Review and Update in Neurobiology for Neurosurgeons

Splendid Science in a Unique Setting Marine Biology Laboratory Woods Hole, Massachusetts October 1999

The AANS and CNS are proud to sponsor another stellar cast of scientific lectures covering the spectrum of neurobiology relevant to neurosurgeons. Residents and staff are invited to participate in this outstanding course that will be held in a unique venue conducive to learning. We would like to extend a special invitation to colleagues from outside of North America to take advantage of this intense immersion onto the current state of neurobiology, which is so often lacking in neurosurgical education.

Course Directors:

Charles Hodge, Cordell Gross, Issam Awad

Program Highlights:

Developmental Neurobiology, Synaptology, Chaos, Apoptosis, Molecular Genetics, Free Radicals, Second Messengers, and more.

For more information, contact:

Cathy Hodge
SUNY Health Science Center
750 E. Adams Street
Syracuse, New York 13210
Fax: 315/464-5520

Application for Membership



AANS/CNS Section on Cerebrovascular Surgery

Biographical Material

Name: _____

Birth Place: _____ Birth Date: _____

Home Address: _____ Office Address: _____

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

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

References

Please provide letters of reference from two members of the AANS/CNS 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) _____

Curriculum Vitae

Please enclose a current Curriculum Vitae with your completed application.

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

Please enclose a check in the amount of \$50, made payable to The AANS/CNS Section on Cerebrovascular Surgery.

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 Section.

Signature of Applicant

**Please return the completed application with your membership fee of \$50 to:
AANS/CNS Section on Cerebrovascular Surgery
Dept. 77-2418
Chicago, Illinois 60678-2418**

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

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Newsletter Mission Statement

The newsletter is distributed to all members of the AANS/CNS Section on Cerebrovascular Surgery.

The purposes of the newsletter are to:

1. Promote communication among Section members.
2. Promote communication among the Section's Executive Council and the members.
3. Promote coordinated activities and a common purpose within the Section.
4. Inform the membership of research, educational, and employment opportunities.
5. Inform the membership of new technical developments in the treatment of cerebrovascular disease.
6. Promote research, patient care, and educational activities of the Section.

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