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Chairman's Message



Christopher M. Loftus, MD, FACS

I am writing this report fresh on the heels of the successful CV Section Annual Meeting. The meeting had its highest attendance ever, attracting more than 700 neurosurgeons, interventional radiologists and exhibitors. I think that everyone who was present will agree that Philip Stieg, PhD, MD, and his committee did a spectacular job orchestrating the Scientific Program, and that the interface with our American Society of Interventional and Therapeutic Neuroradiology (ASITN) colleagues was nearly seamless. There is a good feeling of collegiality that continues to develop between the two groups, and we look forward to combined meetings in the future as well. I know that I can speak for the ASITN in confirming their willingness to proceed with this joint venture.

There were many high points in the Scientific Program, including one of my favorites, which was the ASITN Presidential Address by Chuck Gerber, MD. He spoke on the "Scientific Rationale for Endovascular Therapies." He sets a wonderful precedent and will certainly be a hard act to follow.

The Section's Executive Council met in Nashville and several major decisions need to be brought before the membership in this forum. The Executive Council continues to work hard on the promulgation of training standards for both endovascular and cerebrovascular fellowships. We are near completion with the cerebrovascular fellowship guidelines but the endovascular fellowships remain bogged down in the politics of radiology. Hopefully by next April, L.N. Hopkins, MD, will have made some progress on this subject.

The CV Section continues to work on producing guidelines on unruptured aneurysms and arteriovenous malformations. The controversial results of the ISUIA trial will, of course, be included in those guidelines.

We have strengthened our contribution to education by agreeing to fund two \$5,000 neuroendovascular fellowships instituted by our parent organizations last year. This seed money will go a long way to ensure that the AANS and CNS are willing to perpetuate their contributions to this worthy cause. Our ability to fund this kind of educational effort is directly related to the success of our Section's Annual Meeting and the financial latitude it gives your Executive Committee.

In the Secretary's report on page 7, the plans for the upcoming Annual Meetings are highlighted. Please note that our 2001 meeting, slated to take place in Hawaii, will be held in conjunction with the ASITN and the Japanese Society for Neuroendovascular Treatment. This meeting promises to be a wonderful scientific interchange with each participating organization offering scientific content on cerebrovascular disease. Please mark your calendars now and plan to send us your best clinical and basic research data for presentation at this important meeting.

In socioeconomic and political issues, the CV Section remains active. Following are some of the projects we are currently involved in:

- 1) We are continuing our efforts to provide a mechanism to revise, expand and update CPT codes for cerebrovascular disease so that neurosurgeons may be adequately compensated for complex procedures;
- 2) Under the leadership of Warren Selman, MD, the SMART program for stroke is nearly complete and should be a valuable resource for all practicing neurosurgeons to present in their communities; and

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1999 AANS Annual Meeting CV Section Highlights

Sunday, April 25, 1999 Practical Clinics

016 Carotid Endarterectomy and Carotid Stents

Director: Robert Harbaugh
Faculty: Robert Dempsey, Lee Guterman, Christopher Loftus

025 Basic Endovascular Techniques

Director: Lee Guterman
Faculty: Michael Horowitz, Cameron McDougall, David Levy, L.N. Hopkins, Robert Rosenwasser

029 Anterior and Anterolateral Approaches to Tumors and Aneurysms

Director: Laligam Sekhar
Faculty: Donald C. Wright, Chris Bogave, Akio Morita, Zachary Levine, Russell Buchanan, Chandrasekhar K, Peter Hechl

031 Surgical Techniques in Intracranial Aneurysms

Director: Arthur Day
Faculty: TBD

Monday, April 26, 1999 Breakfast Seminars

6:45–9:30 AM

103 The Cerebral Venous System: Surgical Considerations

Moderator: Ossama Al-Mefty
Panelists: Albert Rhoton Jr., John Frazee, Alejandro Berenstein, Hans-Jorg Steiger

105 Aneurysm Clipping: Advanced Techniques

Moderator: Daniel Barrow
Panelists: Shiqeaki Kobayashi, Duke Samson, Robert Spetzler, Warren Selman

120 Management of Cerebral AVMs

Moderator: Hunt Batjer
Panelists: Jacque Moret, Neil Martin, Alan Friedman

Monday, April 26, 1999 Scientific Sessions I-IV

2:45–5:15 PM

711 **The Safety and Efficacy of Transluminal Balloon Angioplasty for the Prevention of Vasospasm in Patients With Fisher Grade III Subarachnoid Hemorrhage: A Pilot Study** J. Paul Muizelaar, Marike Zwienenberg, Nancy A. Mini, Stephen T. Hecht (Discussant: Robert Rosenwasser)

713 **Comparison of Surgical Clipping and Endovascular Coil Embolization in the Treatment of Unruptured Cerebral Aneurysms** S. Claiborne Johnston, Charles B. Wilson, Van V. Halbach, Randy H. Higashida, Chris F. Dowd, Michael T. Lawton, Michael W. McDermott, Carol B. Applebury, Thomas L. Farley, and Daryl R. Gress (Discussant: Arthur L. Day)

721 **Outcome From Aneurysm Management in the Elderly: Should Unruptured Aneurysms be Treated** Richard Chung, Bob Carter, Christopher Ogilvy (Discussant: David Piepgras)

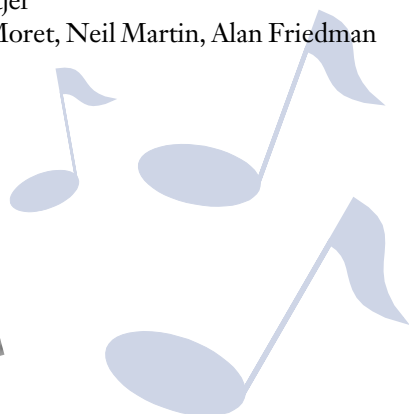
723 **Return to Previous Activity Following Severe Subarachnoid Hemorrhage: Effects of Tirilazad Mesylate Observed in Four Clinical Trials** Daniel Polsky, Richard Willke, Kevin Schulman, Henry Glick (Discussant: TBD)

726 **Guiding and Hemodynamic Monitoring in Aneurysm Surgery With Intraoperative Color-Duplex Sonography** Michael Woydt, Anja Horowski, Andreas Krone, Klaus Roosen (Discussant: David Newell)

727 **Real Time Detection of Vascular Occlusion and Reperfusion of the Brain During Surgery With Infrared (IR) Imaging** Joe Watson, Alex Gorbach, Ryszard Pluta, Edward H. Oldfield (Discussant: Michael M. Haglund)

730 **Effect of Bypass for Ischemic Retinopathy Based on Ophthalmic Artery Doppler Sonography Findings** Shoichiro Kawaguchi, Toshisuke Sakaki, Tetsuya Morimoto, Ryunosuke Uranishi (Discussant: Daniel Barrow)

740 **Large and Giant Aneurysm of the Vertebro-Basilar System** Duke Samson, Thomas Kopitnik, Michael Horowitz, Hunt Batjer (Discussant: L.N. Hopkins)



746 Observations on the Safety and Efficacy of Intrathecal Sodium Nitroprusside for the Treatment of Cerebral Vasospasm and Ischemia in Humans: Experience with 15 Treatments Jeffrey Thomas (Discussant: Bryce K. A. Weir)

312 How I Do It: High Risk Carotid Patients

Moderator: Marc Mayberg

Panelists: Robert Harbaugh, Christopher Loftus, L.N. Hopkins, Robert Spetzler

Tuesday, April 27, 1999 Breakfast Seminars

6:45–9:30 AM

203 Cerebral Protection and Monitoring

Moderator: Donald Becker

Panelists: Paul Muizelaar, Mary Gumerlock, Robert Solomon, Theodoros Kombos

204 Management of Acute Cerebral Ischemia

Moderator: Roberto Heros

Panelists: Marc Mayberg, Daniel Wecht, Lee Guterman, Robert Harbaugh

206 Angiographically Occult Vascular Malformations: Current Treatment Options

Moderator: Joseph Zabramski

Panelists: Issam Awad, Daniele Rigamonti, Gary Steinberg

218 Preoperative Management of Subarachnoid Hemorrhage

Moderator: Ralph Dacey

Panelists: Robert Rosenwasser, Philip Stieg, Neil Martin, Christopher Ogilvy

219 Posterior Circulation Aneurysms

Moderator: Duke Samson

Panelists: L.N. Hopkins, Arthur Day, Steve Giannotta, David Piegras

Wednesday, April 28, 1999 Breakfast Seminars

6:45–9:30 AM

301 Controversies in the Management of Intracerebral Hematomas

Moderator: Issam Awad

Panelists: Hunt Batjer, Daniel Kelly, Shigeaki Kobayashi

308 Establishing Stroke Centers and Stroke Teams

Moderator: Warren Selman

Panelists: Lee Guterman, William H. Brooks, Gary Steinberg

Wednesday, April 28, 1999 Scientific Sessions V-VIII

9:45–11:15 AM

763 Value of Single Photon Emission Computed Tomography and Transcranial Doppler Ultrasonography in Cerebral Vasospasm Anthony Jabre, Sanjiv Bhatia, Alessio Pigazzi, Rachel A. Powsner, Viken Babikian, Edward L. Spatz (Discussant: Neil Martin)

771 Assessment of Unsuccessful GDC Coiling of Intracranial Aneurysms George Shanno, Rocco A. Armonda, Jeffrey E. Thomas, Suzanne Morrison, Robert H. Rosenwasser (Discussant: TBD)

775 A Cost-Benefit Analysis of the Use of Electrophysiologic Monitoring During the Resection of Arteriovenous Malformations Steven Chang, Jaime R. Lopez, Gary K. Steinberg (Discussant: Hunt Batjer)

776 Operation or Re-operation for Retained/Residual Arteriovenous Malformation Duke Samson, Hunt Batjer, Thomas Kopitnik, Michael Horowitz (Discussant: Steven Giannotta)

Wednesday, April 28, 1999 CV Section Session

2:45–5:30 PM

Special Lecture

2:45–3:15 PM

Donaghy Lecture. Albert L. Rhoton Jr.

Scientific Session

3:15–4:45 PM

Moderator: Fredric B. Meyer

839 Does Intracisternal Thrombolysis Prevent Vasospasm Following Aneurysmal Subarachnoid Hemorrhage? A Meta Analysis Sepideh Amin-Hanjani, Fred G. Barker II, Christopher S. Ogilvy

840 Diagnosing Cerebral Vasospasm: The Correlation Rate Between Cerebral Angiograms and Transcranial Doppler Steven Chang, Teresa Bell, David Tong, Joann Ceranski, Gary K. Steinberg

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- 841 Risks and Efficacy of Combined Endovascular and Surgical Management of Intracranial Dural Arteriovenous Malformations** Robert Singer, Chris Putman, Ron Budzick, In Sup Choi, Frank Huang-Hellinger, Christopher S. Ogilvy
- 842 Gender Dependency of the Occurrence of the Cerebral Vasospasm With Infarction** Kiyoshi Takagi, Akira Tamura, Tadayoshi Nakagomi, Nobuyuki Yasui, Mamoru Taneda
- 843 Management of Anterior Cranial Fossa Dural Arteriovenous Fistulas** Jay Chun, Michael Lawton, Charles Wilson
- 844 Adverse Effect of Limited Hypotensive Anesthesia on the Outcome of SAH Patients** Han Soo Chang, Hiroshi Nakagawa

Special Symposium

4:45–5:30 PM

Neurovascular Crossfire

Moderator: Fredric B. Meyer

Speakers: Steven Giannotta, L.N. Hopkins, Christopher Ogilvy, Stanley Barnwell



Photo by the Louisiana Office of Tourism.

Chairman's Message
continued from front page

3) We have prepared a response to the ISUIA's publication in the *New England Journal of Medicine* and sent a letter to the editor, Dr. Kassirer, for consideration.

This is an exciting time to be involved in the CV Section. Our partnership ventures have been successful and our Annual Meeting continues to yield great rewards, considering the enormous amount of volunteer effort that goes into it. There is a great depth of talent on the Executive Council and I think that the leadership of the society is assured for years to come. I would encourage every member of the CV Section to recruit as many cerebrovascular surgeons as possible and encourage them to become active members and participate in the Annual Meeting. I also would encourage any members with significant international cerebrovascular contacts to remind these individuals that an international category of membership is available and that there are very tangible benefits to membership for anyone with a major interest in cerebrovascular work.

I look forward to seeing you at AANS Annual Meeting's CV Section Scientific program. Please plan to attend the Donaghy Lecture being given by Albert Rhoton, Jr., MD, and the CV Section Business Meeting, which will immediately follow the CV Section Scientific Session on Wednesday, April 28 at 5:30 PM

Sincerely,

Christopher M. Loftus, MD, FACS

Thursday, April 29, 1999 Breakfast Seminars

6:45–9:30 AM

403 Current Management of Vasospasm

Moderator: Christopher Ogilvy

Panelists: Neil Martin, David Newell, Sean Lavine

409 Point/Counterpoint: Basilar Tip Aneurysms — Coil Versus Clip

Moderator: Christopher Loftus

Panelists: Jacque Moret, Hunt Batjer

411 Correlative Microvascular Anatomy as a Guide to Better Surgery

Moderator: Albert Rhoton Jr.

Panelists: Evandro de Oliveira, Gazi Yasargil, Walter Grand, J. Diaz Day

414 Techniques for Cerebral Revascularization

Moderator: James Ausman

Panelists: Akira Ogawa, Laligam Sekhar, R. Michael Scott, Takanori Fukushima

CV Section Annual Meeting a Great Success

Philip E. Stieg, PhD, MD

If you were not in Nashville, Tennessee, for the fourth Annual Meeting of the CV Section, you missed a marvelous event. The meeting marked the second consecutive year that the CV Section joined forces with the American Society of Interventional and Therapeutic Neuroradiology (ASITN) to provide a forum for dialog between the two organizations.

Three Plenary Sessions were conducted at the meeting, focusing on such topics as cerebral revascularization, arteriovenous malformations, and stroke management. There was a wide array of neurosurgeons, interventional radiologists, and neurologists presenting in these Plenary Sessions, providing a broad spectrum of approaches to these issues. Interestingly, the groups moved beyond the old discussions of clip versus coil, and on to the more collaborative approaches in the management of these disease processes. The cross fertilization and cooperative work being done between neurosurgeons and endovascular surgeons was most notably seen between the expert panel on spinal AVMs and carotid occlusive disease.

A total of 71 abstracts were presented during the Scientific Sessions and an additional 74 were presented as posters. In addition, there were approximately 20 luncheon seminars covering a wide array of topics on cerebrovascular disease.

Presidential addresses were given by Christopher Loftus, MD, from the AANS/CNS Section on Cerebrovascular Surgery, and Charles Kerber, MD, from the ASITN. Dr. Loftus delivered a stimulating presentation on the history of the CV Section and, as usual, Dr. Kerber gave a thoughtful and provocative discussion on the scientific basis for endovascular therapy. Also at this year's meeting, the Bayer Cerebrovascular Disease Research Awards were presented to Dong Kim, MD, and Eric Nussbaum, MD, by Anita Beneke, Associate Director

for Scientific Studies of the Central Nervous System at Bayer Pharmaceuticals.

The meeting ended with a special symposium on the management of incidental aneurysms. David Wiebers, MD, presented on the natural history of incidental aneurysms — a subject that was covered in the December 10, 1998 issue of the *New England Journal of Medicine*. Surgical and endovascular data also was presented as part of this discussion. It was clear at the end of the symposium that the debate will carry on regarding the management of these lesions.

Meeting attendance was beyond our expectations, as we attracted more than 700 registrants and corporate sponsors. The CV Section wishes to thank all of the corporations that sponsored the meeting through direct donations and exhibits, as well as those corporations that hosted spectacular social functions that added to the jovial atmosphere of the meeting. Overall, there was a perfect mix of scientific discussion and social activity.

As Annual Meeting Co-Chairman, I would like to thank Laura Baravik, AANS Meeting Services Coordinator, for her superb guidance and leadership during the planning of this meeting. The entire staff at the National Office also was instrumental to the success of this year's meeting. In addition, I would like to thank the leadership on the Executive Council of the CV Section and the ASITN.

Next year's CV Section meeting will be held in conjunction with the American Heart Association's International Stroke Meeting in New Orleans, Louisiana. I strongly urge all CV Section members to attend the meeting, and I look forward to seeing you there.

Membership Report

The following have been nominated for membership in the AANS/CNS Section on Cerebrovascular Surgery. Final approval of membership will be given at the Annual Business Meeting on Wednesday, April 28, 1999 in New Orleans, Louisiana.

Nomination of New Members

Active

Saleem Abdulrauf, Little Rock, Arkansas
Douglas Anderson, Maywood, Illinois
Estrada Bernard, Chapel Hill, North Carolina
Murat Gunel, Branford, Connecticut
Murali Guthikonda, Detroit, Michigan
James Field, Cordova, Tennessee

Active (continued)

John Lacon, Dallas, Texas
Ralph Loomis, Asheville, North Carolina
Peter Rasmussen, Cleveland, Ohio
Steven Sanders, Knoxville, Tennessee
Allen Sills, Memphis, Tennessee
Thomas Wascher, Appleton, Wisconsin

Candidate

Sean Lavine, Los Angeles, California
Daniel Pieper, Little Rock, Arkansas

Associate

Juliana Broderon, San Francisco, California

Notes From the Editor

Greg Thompson, MD

"Funding Opportunities" Listing to be Linked to N://DC®

The Executive Committee of the AANS/CNS Cerebrovascular Section, with leadership from Robert J. Dempsey, MD, has endeavored to establish a "Funding Opportunities" link on the Cerebrovascular Section of the **NEUROSURGERY://ON-CALL®** Web site (www.neurosurgery.org). The Web page link will be designed as a more efficient mechanism to inform members of the AANS/CNS Section on Cerebrovascular Surgery about the range of funding opportunities available to neurosurgeons specializing in cerebrovascular research. This would particularly apply to research in the area of stroke, aneurysms, AVMs, and imaging of cerebral vessels.

Dr. Dempsey plans to create both interactive and informational sections on the Web page. Using the interactive section, members could tailor the sought information to their research interests. The informational section will simply list funding opportunities, as well as information on the granting agencies, grant bulletins, and selection criteria.

CV Section Approves Drake Lectureship

The Executive Council of the Cerebrovascular Section has unanimously approved the proposal to create a Charles Drake

Lectureship in cerebrovascular surgery. The Drake Lecture, with approval from the Drake family, would take place once a year at the Congress of Neurological Surgeons Annual Meeting, during one of the CV Section sessions.

The Cerebrovascular Section plans to seed this lectureship with Section funds, and will strive to finance it into perpetuity by both private and corporate extramural donations. If approved by the Drake family, it is anticipated that the annual Drake Lecture will be presented by a neurosurgical leader possessing the character of integrity and innovation in cerebrovascular surgery exhibited by the late Charles Drake.

Although the CV Section has already earmarked substantial funds to seed this lectureship, the Executive Council is seeking matching funds from private and corporate sponsors to strengthen the funding of this proposed lecture. Contributions can be made by check, payable to the AANS/CNS Cerebrovascular Section, and forwarded to the Section's Treasurer Robert E. Harbaugh, MD, at Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Department of Neurosurgery, Lebanon, New Hampshire 03756-0001. Please note that the check should be earmarked for the proposed Drake Lectureship fund.

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 06520-3206
Phone: (203) 737-2096
Fax: (203) 785-6916

* The awards are supported by a generous donation from Pharmacia Upjohn Co.

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.

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
E-mail: gregthom@umich.edu

Minutes of the Executive Council Meeting

January 31, 1999 • Nashville, Tennessee

The meeting was called to order at 6:25 p.m. by Section Chairman Christopher Loftus, MD. In attendance were Issam Awad, MD; Hunt Batjer, MD; Joshua Bederson, MD; Robert Dempsey, MD; Eugene Flamm, MD; Steven Giannotta, MD; Robert Harbaugh, MD; Randall Higashida, MD; Christopher Loftus, MD; Robert Rosenwasser, MD; Warren Selman, MD; Philip Stieg, PhD, MD; and Greg Thompson, MD.

Minutes from the Executive and General Business Meeting in Seattle, Washington, on October 7, 1998 were approved and submitted.

Treasurer's Report

Dr. Harbaugh presented the Treasurer's report, which reflected continued solid growth of Section assets and stable lectureship and award funds. The investment long-term account has not shown significant growth in view of market fluctuations, but continues to be invested with a conservative strategy aimed at principal preservation. The Annual Meeting financial performance this year will most likely be successful, given current projections for the Annual Meeting. This will hopefully allow further investment in the long-term fund, upon recommendation by the Treasurer after receipt of the final accounting figures for the Annual Meeting.

Given the increasingly large Annual Meeting financial commitment and risk, it was re-affirmed by the Executive Council that it is our desire to have sufficient long-term investment to cover the funds of at least one Annual Meeting. As such, our current Section assets will allow us limited investment in special projects, but do not permit us more ambitious funding of other activities without extramural support, until we accumulate sufficient reserves to protect the Section against the risks related to the Annual Meeting.

Special Projects

In the absence of Mark Mayberg, MD, Dr. Loftus discussed the Neuroendovascular Task Force report. The Neuroendovascular Fellowship has received commitment for funding of an additional two fellow years from the parent organizations. There was substantial discussion regarding the length of fellowship support and the importance of selecting candidates and programs to train additional neurosurgeons beyond their complement of funded fellows. As such, it was recommended that Dr. Mayberg publicize this fellowship experience well ahead of time for the year 2000 funding cycle. The announcement should articulate criteria for eligibility, and identify justifiable reasons for needing the fellowship support. Such justification should include the needs of the applicant, as well as a letter of support from the hospital program indicating how the funds will allow the Program Director to train an additional fellow beyond their usual funded fellowships.

The Council considered, and discussed at great length, financial contribution to support this fellowship. It was agreed that we will be able to contribute \$10,000 (\$5,000 to each of the two funded fellows) in 1999 to complement funding from the parent organizations. Dr. Rosenwasser was charged with continu-

ing to seek extramural corporate matching funds, which will allow second year funding and/or enhanced salary support of the fellows. This contribution from the Section was approved unanimously by the Executive Council and the Treasurer was introduced to transfer the funds accordingly. A higher level contribution to the funding of these fellowships or commitment beyond the year-to-year review could not be pledged at this time, given the limited Section assets vis-à-vis our needs for Section reserves to cover the risks of our Section's Annual Meeting.

Neurosurgical Residency

Drs. Batjer and Awad presented the neurosurgical residency curriculum objectives in cerebrovascular surgery. These objectives are being re-written with a new generic framework developed by the Congress of Neurological Surgeons' Education Committee and the Senior Society. The final objectives will be circulated to the Executive Council for review.

Drs. Batjer and Awad also presented on the status of the Cerebrovascular Surgery Fellowship Guidelines. A nearly finalized document is being revised per ACGME format under the guidance of Robert Ojemann, MD. There is continued concern about these Guidelines developing into a mandatory residency-type program, rather than a subspecialty fellowship program, including restrictions on the clinical practice of the fellow through ACGME, and HCFA restrictions on residents practicing without supervision.

Guidelines

It was the unanimous opinion of the Executive Council that the Subspecialty Guidelines should allow the necessary flexibility to integrate fellows as junior faculty members with some elements of practice and coverage without supervision. This would be consistent with the status of most of these fellows as board eligible or certified residents who have satisfactorily completed approved neurosurgical training. Further clarification on this matter will be sought from Dr. Ojemann, and the Guidelines will be finalized accordingly.

Drs. Loftus and Batjer presented a status report on the Endovascular Surgical Neuroradiology Fellowship Guidelines, including recent reports and correspondence from L.N. Hopkins, MD, regarding this matter. The Joint Guidelines have been developed and are fully supported by the neurosurgical and interventional neuroradiology communities. There are, however, continued hurdles through the parent radiology RRC, which could unfairly restrict the training of neurosurgeons at most programs. As such, the Executive Council unanimously supported the idea of proceeding with autonomous neurosurgical approval of these joint requirements at this stage, still hoping for joint endorsement by the radiology RRC. However, in the absence of radiology endorsement of these fellowship requirements, it was the recommendation of the Executive Council that these Guidelines be approved for the training of

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neurosurgeons under the auspices of the neurosurgery RRC (as with other neurosurgical subspecialty fellowships).

Dr. Bederson provided an update on the progress of the Unruptured Cerebral Aneurysm Guidelines, including coordination of the final written document with David Wiebers, MD, as a co-author. It was urged that the Guidelines be finalized as soon as possible for the benefit of the medical community, which is seeing a lot of misinformation in light of the recently published article in the *New England Journal of Medicine* (NEJM). Along this same vein, the Council approved a draft document submitted by Dr. Bederson as a "Letter to the Editor" of the *NEJM* (under the signature of the Executive Council of the AANS/CNS CV Section), hoping that this will clarify some of the biases and potential misinterpretations of this recently published paper.

Dr. Awad updated the Council on the status of the Guidelines on the Treatment of Arteriovenous Malformations being spearheaded by Christopher Ogilvy, MD. The final draft of this document will be published this year.

Because of a travel emergency, Jacques Morcos, MD, could not be present at the Executive Council meeting. His report on the status of the Basic References in Neurosurgery (cerebrovascular contribution) was tabled for discussion until the April Council Meeting in New Orleans.

Committee Reports

Dr. Bederson indicated that a slate of nine members has been compiled and will be presented to the Executive Council (along with additional approved applications) at the April meeting. At that time, these members will be submitted for General Business Meeting approval.

Dr. Bederson also provided an update on his plans for an international membership drive, and is in the process of selecting regional international Ambassadors of the Cerebrovascular Section for the purpose of enhancing our international liaison.

Dr. Stieg provided an update report on the CV Section/ASITN Annual Meeting in Nashville. Registration figures indicate that this was our most successful meeting ever, with more than 500 medical registrants, and more than 700 total registrants. Dr. Stieg and his committee were commended for their selfless labor in the preparation of the meeting, on the high level of science, and on being able to assemble a coordinated program that has attracted the interests of so many colleagues in both societies. This model program will be emulated next year in New Orleans, under the chairmanship of Dr. Selman. The CV Section/ASITN meeting will take place February 7-9, 2000, and will include a joint surgical and endovascular scientific program, immediately preceding and interfacing with the American Heart Association's Stroke Conference, which will begin February 10 at the same venue.

Plans also are underway for the 2001 CV Section/ASITN meeting, which will take place in collaboration with the Japanese Society for Neuroendovascular Treatment in Hawaii. The organizing committee for that meeting will include Drs. Loftus, Awad, Bederson and MacDonald from the CV Section, as well as Dr.

Higashida and another ASITN designee. In addition, it will include the President-elect of the Japanese Society, as well as his or her designee to the Scientific Program. It was decided that the meeting would consist of two-and-a-half days of Scientific Sessions addressing surgical and endovascular issues, as well as presentations and abstract selections from our Japanese colleagues.

In Dr. Maher's absence, there was no report on the status of the 1999 AANS Annual Meeting CV Scientific Session. Albert Rhoton, MD, will serve as this year's Donaghy Lecturer and Dr. Awad will arrange for the appropriate plaque and check. This responsibility (arranging for the plaque and check for the Donaghy Award at the AANS Annual Meeting and for the Galbraith Award at the CNS Annual Meeting) will henceforth be delegated to the individual of the respective session.

Dr. Thompson presented a status report on the two cerebrovascular sessions to be held in conjunction with the 1999 CNS Annual Meeting in Boston, Massachusetts. The sessions will include Honored Guest, Duke Samson, MD, addressing surgery of brain stem cavernous malformations, as well as a panel discussion on cerebral revascularization. Dr. Thompson will arrange for the plaque and check for the Galbraith recipient. Winfield Fisher, MD, was absent from the meeting, so the report regarding the AANS 2000 Annual Meeting was tabled, along with the choice for the 2000 Donaghy Lecturer.

Dr. Thompson provided an update regarding the status of the Section newsletter, and was unanimously commended on his outstanding efforts in the stewardship of this important Section medium. He has been involved in updating the Section link of **NEUROSURGERY://ON-CALL®**, and also was commended for making the site more accessible and informative.

Dr. Harbaugh presented the report of the Outcomes and Guidelines Committee. As of January 31, 1999, the aneurysm outcomes project had completed patient accrual at the pilot centers. The data will be compiled for analysis to validate the outcomes instrument, and possibly to simplify it. Other problem areas have been identified and will be corrected during the next phase of the project.

Dr. Harbaugh indicated that the Carotid Endarterectomy Online Outcomes Project has been launched with a very user-friendly internet-based data entry form. This type of outcomes data collection scheme will overcome many of the problems encountered using scannable data forms. Dr. Harbaugh's committee has endorsed the ongoing guidelines project in conjunction with the Stroke Council of the American Heart Association.

The Scientific Committee report was presented by Dr. Dempsey, including a proposal for a Section link to funding opportunities including extramural (government and private sources) research and fellowship support, and the various grants and fellowships administered by the CV Section. This proposal was uniformly endorsed, and Dr. Dempsey will work with Dr. Thompson on implementing this project. Dr. Dempsey also was asked to establish contact with the NINDS Liaison Committee of the AANS with regard to furthering stroke funding, including

the possible implementation of special programs for stroke center grants and for regional collaboration consortia.

Dr. Awad presented an update on activities related to the Stroke Council of the American Heart Association Executive Council. The Stroke Council has been renamed "The American Stroke Association: A Division of the American Heart Association" in recognition of the increased profile of stroke educational and research programs of the American Heart Association (AHA). This parallels the incredible growth in the Annual Stroke Meeting of the AHA and the expanding programs on research and education related to stroke. It was unanimously decided to maintain a strong contact link with the AHA because of the synergism of missions between the CV Section and this organization at multiple levels. We are particularly well positioned to maintain such contact at the present time, in view of our representation on the Executive Committee of the Stroke Council, via Dr. Mayberg's role as Chair of the Scientific Program Committee of the Stroke Meeting, and our active participation in guidelines projects.

Old business items were reviewed, including the status of the Bayer grant (Dr. Giannotta reported on continued funding of this grant for at least one year) and the Pharmacia Upjohn Research grant (Dr. Awad reported on continued funding of this grant for one additional year). Dr. Rosenwasser reported that Boston Scientific will make additional contributions to the Luessenhop Lectureship Fund on an annual basis, and additional negotiations are underway for potential matching grant support for the neuroendovascular fellowship awards.

There was extensive conversation regarding cerebrovascular CPT code update, and Dr. Flamm was officially charged with exploring two specific objectives: one related to reimbursement of neurosurgeons for case preparation and peri-procedure management of endovascular interventions (precedent related to multiple specialists participating in radiosurgery procedures, and for radiologists charging for reading angiograms performed by other clinicians), and CPT code stratification for complex anterior and posterior circulation aneurysms (precedent related to simple and complex vascular malformations, and numerous other procedures with complexity grades). Dr. Harbaugh also will pursue these same CPT coding revision objectives through his participation in the Washington Committee.

Dr. Selman reported that the SMART Public Education Program for Stroke is nearing completion. This extraordinary public outreach effort will be launched in conjunction with the 1999 AANS Annual Meeting.

New business was considered, including CV Section endorsement of the sixth IWCVS Symposium in Seoul, Korea, June 4-7, 2000. An official announcement of this symposium will be publicized in the CV Section newsletter. This will provide reciprocity in preparation for potential South Korean neurosurgical participation in greater numbers for our Section's 2001 meeting in Hawaii.

Substantial discussion was undertaken regarding the recent consideration and decision by the AANS Board of Directors and CNS Executive Committee not to support, at the present time, the

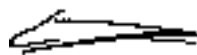
establishment of a new Section on Skull Base Surgery. It also was noted that a recent survey of North American neurosurgeons performed by the CNS revealed a 2 to 1 margin of opinion against the establishment of a new Section on Skull Base Surgery. The CV Section voted unanimously to establish a new Ad Hoc Committee on Skull Base Surgery within the CV Section to address scientific, professional and multi-disciplinary issues relevant to skull base surgery in the context of CV surgery. Harry van Loveran, MD, will be charged with heading the committee, and will be invited to serve as an Ex-Officio member of the CV Section Executive Council to keep skull base issues at the forefront of consideration by our Section. It was noted that the AANS/CNS Section on Tumors should establish a similar Ad Hoc Committee.

Dr. Awad reported on contact with former CV Section Chair Gary Ferguson, MD, regarding the possibility of a Section named lectureship in honor of the late Charles Drake, MD, of London, Ontario. The Council voted unanimously to create a new CV Section Drake Lectureship to be delivered annually at one of the CNS Annual Meeting CV Section sessions. This would be similar to the Donaghy Lecture, which is delivered annually at the AANS Annual Meeting. The Executive Council voted unanimously to create a new Drake Lectureship Fund and to transfer the sum of \$10,000 from general operating funds into this new Drake Lectureship Fund for the purpose of seeding this lectureship. Dr. Thompson was charged with seeking extramural contributions from corporate sponsors to enhance this fund. Dr. Awad will make a formal request to the Drake family through Dr. Ferguson. We would like to aim to have the first Drake Lectureship at the 1999 CNS Annual Meeting, with approval from the Drake family. It also was decided that the Drake Lecturer would have his or her Annual Meeting expenses paid for, including travel, lodging and registration. In addition, the Lecturer would receive an honorarium of \$500 and a commemorative plaque.

Dr. Giannotta presented the Nominating Committee report, proposing Warren Selman, MD, for the position of Secretary (1999-2001) and Robert Rosenwasser, MD, for the position of Member-at-Large (1999-2002). This slate of nominees was unanimously voted upon by the Executive Council and their names will be circulated in the CV Section newsletter 45 days prior to the General Business Meeting scheduled for April 1999. The new terms will commence in April 1999, pending a vote at the General Business Meeting.

The meeting was adjourned in a spirit of vigorous enthusiasm and pride in the continuing accomplishments of the Cerebrovascular Section under the leadership of Dr. Loftus.

Respectfully submitted,



Issam A. Awad, MD
AANS/CNS Cerebrovascular Section Secretary

CV Section Supports International Outreach Program

Joshua Bederson, MD

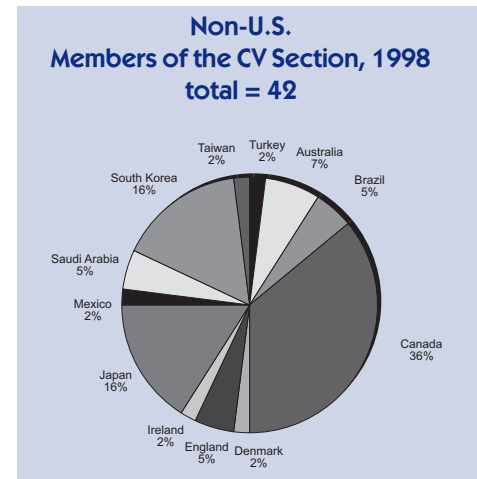
The AANS/CNS Section for Cerebrovascular Surgery has begun an International Outreach Program. One motivation for this program is the very small number of non-U.S. members, as indicated by the chart below. The goals of this program are four-fold, and include the following: 1) To attract international neurosurgeons with a major interest in cerebrovascular surgery to become participating members of the AANS/CNS CV Section; 2) To promote the active participation of international members at the CV Section Annual Meeting; 3) To foster an exchange of scientific, educational, cultural and socioeconomic information related to cerebrovascular surgery; and 4) To promote international activities of the AANS/CNS CV Section and its members.

As part of the outreach program, we will be simplifying the application process for international members. To begin, a single application form will be used for application for international membership status in the CNS and the CV Section.

In the future an "Ambassador" role will be established for selected international members. Ambassadors will be invited to

participate as luncheon seminar panelists at the AANS/CNS Section Annual Meetings, to participate in recruitment of international members from their own country, and would serve to provide information and forward materials on behalf of the Section.

We look forward to a growing international presence in the CV Section in the coming months and years.



Commentary on Recently Published Intracranial Aneurysm Study

Joshua Bederson, MD

The Executive Council of the AANS/CNS Section on Cerebrovascular Surgery met on February 1, 1999 to discuss the recently published article in the *New England Journal of Medicine*, "Unruptured Intracranial Aneurysms — Risks of Rupture and Risks of Surgical Intervention."

There was a general agreement that some of the methods used in this study limit the conclusions that can be drawn. Following are some of the concerns raised by our Section's Executive Council that should have been considered when interpreting the results of the *New England Journal of Medicine* article.

Aneurysm natural history was assessed only in patients who were not selected for surgical or endovascular treatment. This selection criterion biases the apparent rate of rupture, as well as its consequences. Authoritative studies demonstrate a mortality rate of first SAH of 45 percent. However, the mortality rate in this study was 83 percent; whereas in previous studies by the same authors, the mortality rate was > 95 percent when using similar patient selection criteria. Thus, selection bias resulted in high mortality rates after rupture and would lower the apparent rupture rate. Since patients with enlarging aneurysms, new headaches, mass effects or other factors are preferentially referred for surgery, a systematic error is introduced that excludes from analysis patients most likely to bleed.

Of the aneurysms studied for natural history, 17 percent were intracavernous — a location that does not cause SAH. Their erroneous inclusion lowers the apparent rupture rate and also

could explain why posterior circulation aneurysms appeared to bleed more frequently.

The rupture rate of .05 percent for aneurysms <10 mm in diameter implies that there are 2,000 aneurysms for each one that bleeds. Since the rate of SAH is approximately 1/10,000, and most ruptured aneurysms are <10 mm, this incorrectly implies an incidence of approximately 2,000/10,000, or 20 percent of the population. This again suggests that selection criteria contributed to the observed low rupture rate.

A large basilar tip aneurysm carries a greater surgical risk than a small posterior communicating artery aneurysm (i.e. 6), yet the study by Wiebers et al failed to detect these important determinants of outcome (aneurysm size and location). Because postoperative morbidity was assessed without concurrent matched controls and without blinding of the evaluators, the reported results will need further confirmation before they can be accepted. Nevertheless, the incidence of cognitive deficits after aneurysm surgery deserves further evaluation.

Reducing the dire consequences of the 30,000 annual subarachnoid hemorrhages in the United States must include treatment of aneurysms before they bleed. Only a randomized, controlled study might determine the natural history versus treatment outcome. However, the best management of such patients will remain a judgement process that must take into account many individual patient and aneurysm factors.

Application for Membership

AANS/CNS Section on Cerebrovascular Surgery

(Applications also may be submitted electronically in part, please see <http://www.neurosurgery.org>)



I. Biographical Material

Name: _____

Home Address: _____

Office Address: _____

Business Phone: _____ Fax: _____

E-mail Address: _____

II. Category of Membership Requested

Active Candidate International* Adjunct/Associate

*Please see instructions on eligibility criteria on the reverse side of this form.

III. Formal Neurosurgical Training

Name/location of training program: _____

Date of completion or expected date of completion: _____/_____/_____

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

IV. 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: **International applicants should follow specific instructions for reference letters on the reverse side.*

1) _____

2) _____

V. 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).

VI. Membership Fee(s)

Please enclose a check in the amount of \$50 made payable to the AANS/CNS Section on Cerebrovascular Surgery. If you are applying for International membership and you are not a member of the AANS or CNS, please submit a separate check in the amount of \$35 made payable to the CNS.

Once your required materials are received, your application will be reviewed by the Membership Committee and forwarded 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**

Membership Categories



Active

The Active membership consists of neurological surgeons who are members of The American Association of Neurological Surgeons and/or Congress of Neurological Surgeons whose major neurosurgical interests reside in the area of cerebrovascular surgery.

Candidate

Candidate membership may be extended to a resident or fellow in an approved neurological surgery residency program who also is a member of The American Association of Neurological Surgeons and/or Congress of Neurological Surgeons. When the Candidate member subsequently meets the appropriate criteria and upon receipt of the required application and references, Active membership will be considered by the Membership Committee.

International*

International membership may be extended to neurological surgeons outside North America who are International members of The American Association of Neurological Surgeons and/or Congress of Neurological Surgeons. As with the Active members, International members should demonstrate a major neurosurgical interest in cerebrovascular surgery.

Adjunct

Adjunct membership is conferred independently of membership in The American Association of Neurological Surgeons and Congress of Neurological Surgeons and does not qualify the bearer for the privileges of membership in these organizations.

- 1) **Adjunct Associate Member.** Adjunct Associate membership may be accorded to those individuals who are non-neurosurgeons and have special interest and expertise in cerebrovascular disease.
- 2) **Adjunct Honorary Member.** Adjunct Honorary membership may be conferred to recognized leaders in the field of cerebrovascular disease.

Application Instructions:

Applicants must meet the qualifications for their category of membership as outlined above. All candidates must be proposed in writing by two Active members of the AANS/CNS Section on Cerebrovascular Surgery.

*If you are not a member of the AANS or CNS and are applying for International membership, please review the following guidelines.

The AANS/CNS Section on Cerebrovascular Surgery and the Congress of Neurological Surgeons have modified the application process to facilitate simultaneous International membership processing. The AANS/CNS Section application also can serve as an application to the CNS if the following conditions are met:

- 1) The letters of recommendation from Active AANS/CNS Cerebrovascular Section members should include specific language proposing the candidate for International membership in the CNS and in the AANS/CNS Section on Cerebrovascular Surgery.
- 2) A separate check made payable to the Congress of Neurological Surgeons in the amount of \$35 must accompany the AANS/CNS Section application.

The combined application will be provided to the AANS/CNS Section and the CNS Membership Committee for simultaneous review.

Please contact the Membership Committee Chair with any questions:

Joshua Bederson, MD

Phone (212) 241-2377 • Fax (212) 831-3324

E-mail: jbederson@smtplink.mssm.edu

CV Membership by State

The U.S. membership in the AANS/CNS Section on Cerebrovascular Surgery varies considerably from state to state, as can be seen in the following statistics. Although there is some correlation between state population and the number of members, some states are relatively underrepresented.

State	Member Count
Alabama	4
Alaska	2
Arizona	9
Arkansas	6
California	43
Colorado	10
Connecticut	5
Delaware	1
Florida	23
Georgia	10
Hawaii	1
Idaho	0
Illinois	20
Indiana	8
Iowa	3
Kansas	1
Kentucky	7
Louisiana	10
Maine	1
Maryland	9
Massachusetts	18
Michigan	12
Minnesota	8
Mississippi	6
Missouri	11
Montana	0
Nebraska	2
Nevada	3
New Hampshire	3
New Jersey	8
New Mexico	0
New York	40
North Carolina	14
North Dakota	1
Ohio	26
Oklahoma	4
Oregon	1
Pennsylvania	20
Puerto Rico	1
Rhode Island	2
South Carolina	4
South Dakota	0

State	Member Count
Tennessee	11
Texas	24
Utah	0
Vermont	2
Virginia	3
Washington	6
Washington D.C.	6
West Virginia	5
Wisconsin	10
Wyoming	0
Total	424

MARK YOUR CALENDARS NOW!

WHO: All CV Section Members

WHAT: Joint meeting of the AANS/CNS CV Section, American Society of Interventional and Therapeutic Neuroradiology, and Japanese Society for Neuroendovascular Treatment

WHEN: February 9-12, 2001

- Opening Reception Friday, February 9
- Scientific Sessions Saturday, February 10- Monday, February 12

WHERE: Hawaii

WHY: This exciting meeting will feature exciting presentations from representatives from each participating organization on topics such as cerebrovascular surgery and interventional neuroradiology

Look for more information, including preliminary abstract forms, in June 1999 and in the *Cerebrovascular Section Newsletter*

AANS/CNS Section on Cerebrovascular Surgery

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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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