

## AANS/CNS Section on Cerebrovascular Surgery

Editor: B. Gregory Thompson Jr., MD

Associate Editor:

Robert M. Friedlander, MD, MA

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## Chairman's Message

### Ideas and Ideals of Progress in Cerebrovascular Surgery

Issam A. Awad, MD, MSc, FACS, MA (hon)



Issam A. Awad, MD, MSc, FACS

*The following is an excerpt from the Chairman's Address delivered at the Fifth Annual Meeting of the AANS/CNS Section on Cerebrovascular Surgery (in conjunction with the Fourth Annual Joint Meeting of the CV Section and the ASITN, and the First Japanese-American Joint Meeting on Stroke Therapy), on February 10, 2001, in Waikoloa, Hawaii.*

A chairman's message often presents a perspective on organizational strategies, the state of an organization or the state of the specialty. Much has been communicated recently in various forums about the strategic directions and operational projects of the AANS/CNS Section on Cerebrovascular Surgery. The mere scope and impact of these initiatives, our expanding membership roster and the extraordinary attendance at our Annual Meeting are measures of the maturity of our Section and reflections on two decades of leadership in the service of its mission on behalf of cerebrovascular surgery. However, the ideas and ideals of progress in our field deserve further comment, as this is an era of incredible changes affecting our techniques and methods.

#### Change, Modernity and Progress

Change is inevitable in any discipline, and modernity is invariably assessed from a perspective of the present looking upon the past. The evolution of knowledge in Western civilization has been inherently linked to the concept of modernity and change, while Eastern civilizations have placed a greater emphasis on the value of progress relative to its adherence to society's

core ideals. Yet progress is more than mere change or modernity. History is filled with splendid contributions, with unarguable technical virtuosity and artistic value, all of which lost relevance to society. The splendor of illuminated manuscripts, the grandiose monuments to past empires and the voluminous scholarship of ancient scholars remain a subject of admiration and awe. They represented change in their eras. They were once strikingly modern, but they lost relevance with the passage of time. Only relevance to society endures in the context of progress.

#### Millennial Snapshots of Physician Persona

The physician or healer was expected to be a philosopher when philosophy dominated the priorities of society. In the Greek world and even through the Roman era, the physician was expected to understand the fundamental problems of life. Hence, Galen argued in a dedicated monograph in the second century "why the physician must also be a philosopher." At the dawn of the second millennium, with the increased presence of a unifying theology on the priorities of society, Avicenna and Maimonides exemplified the persona of the physician as theologian. And later, with the Renaissance, and the scientific revolution, exemplary physicians were also expected to be scientists.

We remain in an era where science is viewed as a "candle in the dark" (Sagan) illuminating the darkness in society. In medicine, the scientific method is trusted as a guardian against fraud and quackery, against bias and myths, and a conscience counteracting the forces of secondary gain and conflict of interest. Science is expected to unlock the mysteries of mechanisms of disease, to help predict and explain disease behavior. Scientific evidence guides the effective-

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# Cerebrovascular Section Highlights at the 2001 AANS Annual Meeting in Toronto

## Saturday, April 21

### Practical Clinics

8 AM–5 PM

#### 004 Microsurgical Anatomy of the Ventricles, Deep Cisterns and Cranial Nerves

Director: *Albert L. Rhoton Jr.*

Faculty: *Toshio Matsushima, Evandro De Oliveira, Takuya Inoue, Chae Heuck Lee*

## Sunday, April 22

### Practical Clinics

8 AM–NOON

#### 015 Cerebrovascular Critical Care

Director: *Joshua Bederson*

Faculty: *Bob S. Carter, Jay M. Findlay, Robert H. Rosenwasser, Issam A. Awad, Peter A. Rasmussen, Mary K. Sturtaitis, Adan Qureshi*

1–5 PM

#### 029 Surgical Techniques in Intracranial Aneurysms

Director: *Arthur L. Day*

Faculty: *Ralph G. Dacey Jr., Daniel L. Barrow, H. Hunt Batjer*

## Monday, April 23

### Breakfast Seminars

7:30–9:30 AM

#### 103 Brain Attack

Moderator: *Warren R. Selman*

Panelists: *Robert A. Mericle, Linda L. Sternau, Fady T. Charbell*

#### 105 Treatment of Cavernous Malformations

Moderator: *Issam A. Awad*

Panelists: *Daniele Rigamonti, L. Dade Lunsford, Phil J. Porter, Randall W. Porter*

#### 106 Management of Cerebral AVMs

Moderator: *Roberto C. Heros*

Panelists: *William A. Friedman, Lee R. Guterman, Nobouo Hashimoto*

#### 109 Consultant's Corner: CV

Speaker: *Arthur L. Day*

#### 110 High Risk Carotid Patients: Surgery vs. Endovascular Therapy

Moderator: *Christopher M. Loftus*

Panelists: *L. N. Hopkins III, Robert F. Spetzler*

#### 119 Perioperative Management of Subarachnoid Hemorrhage

Moderator: *Neil A. Martin*

Panelists: *David W. Newell, Christopher S. Ogilvy, Eric S. Nussbaum, H. Hunt Batjer*

## AANS Meeting Offers First-rate CV Program

By Robert M. Friedlander, MD

The 69<sup>th</sup> Annual Meeting of the AANS will be held on April 21–26, 2001, in Toronto, Canada's largest city. A marvelous cerebrovascular program has been put together for this meeting. Two practical courses, Cerebrovascular Critical Care and Surgical Techniques in Intracranial Aneurysms, will be offered on April 22. Altogether, a diverse set of 15 breakfast seminars and 33 oral paper presentations focusing on neurovascular disease and management will take place during the meeting.

Dennis W. Choi, MD, will deliver the inaugural Hunt-Wilson lecture from 11:15–11:45 a.m. on Wednesday, April 25. Dr. Choi, Chair of Neurology at the Washington University School of Medicine, is one of the true pioneers and most prominent leaders of modern neuroscience. His talk is titled "Molecular Mechanisms of Ischemia and Brain Protection." Dr. Choi will surely describe groundbreaking work performed in his laboratory and other laboratories furthering our understanding of the pathways mediating damage in ischemia and how these pathways can be manipulated to ameliorate damage.

A special session on cerebrovascular surgery will take place from 2:45–5:30 p.m. on Wednesday. Roberto C. Heros, MD, will deliver the Donaghy Lecture from 4:15–4:45 p.m. This will clearly be one

of the highlights of the meeting and of the cerebrovascular program. His talk is titled "Changes in Cerebrovascular Practice: Evolution or Revolution." Given the experience and insight of Dr. Heros, this promises to be a lively presentation on the present state-of-the-art treatment and decision-making dilemmas in our subspecialty.

Following the Donaghy Lecture, H. Hunt Batjer, MD, Neil Martin, MD, and Issam Awad, MD, will provide their perspectives regarding the present and future of our field in a special symposium titled "Cerebrovascular Surgery: Reflections, Appraisal, Predictions."

A special course titled "Endovascular Surgery versus Microsurgery" will be offered from 9:45 a.m. to noon on Thursday morning. The course will be moderated by L. N. Nick Hopkins Jr., MD. The distinguished group of panelists include Drs. Day, Guterman, Piepgras, Awad, TerBrugge and Spetzler. Controversies in the management and triage of complex cerebrovascular patients will be discussed by leading authorities. Don't miss this spectacular meeting.

*Robert M. Friedlander, MD, is Assistant Professor of Neurosurgery, Brigham and Women's Hospital, Harvard Medical School, Director of Cerebrovascular Surgery.*

## Plenary Session I

10:48–10:55 AM

### 705 Barrow Neurological Institute Experience with Extracranial-Intracranial Bypass from 1995 to 1999: Evolution in Indications and Technical Factors Associated with Outcome

Patrick P. Han, Fernando Gonzalez, Joseph Zabramski, Robert F. Spetzler, Cameron McDougall, Francisco Ponce, Iman Feiz-Erfan

Discussant: Issam A. Awad

### 706 The Risk of Cerebral Embolization From Carotid Endarterectomy Versus Carotid Stenting: A Controlled Trial

Eric S. Nussbaum, Michael T. Madison

Discussant: Marc R. Mayberg

### 707 AVM Factors Associated with Seizure Disorder after Multimodality Treatment

Brian L. Hoh, Paul H. Chapman, Jay S. Loeffler, Bob S. Carter, Christopher S. Ogilvy

Discussant: H. Hunt Batjer

2:15–2:45 PM

## Poster Viewing

Cerebrovascular Posters

## Scientific Session I

2:45–5:15 PM

### 708 GDC Coil Therapy of Basilar Artery Aneurysms: Clinical Experience and Long-Term Follow-Up in 126 Patients

Adel M. Malek, Randall T. Higashida, Todd E. Lempert, Constantine C. Phatouros, Christopher F. Dowd, Van V. Halbach

Discussant: Arthur L. Day

### 716 Embolization of Unruptured Cerebral Aneurysms with GDCs: Clinical Experience in 263 Aneurysms

Nestor R. Gonzalez, Yuichi Murayama, Pierre Gobin, Neil Martin, Fernando Vinuela

Discussant: Ralph G. Dacey Jr.

## Scientific Session II

2:45–5:15 PM

### 727 Comparison of Preoperative fMRI and Intraoperative Stimulation Mapping in AVM Patients

Nader Pouratian, Susan Bookheimer, Neil Martin, David Rex, Nina Molayem, Arthur Toga

Discussant: John P. Girvin

## Scientific Session III

2:45–5:15 PM

### 728 Endovascular Treatment of Anterior Circulation Aneurysms using the GDC System: Outcomes in a Series of 296 Patients

Adel M. Malek, Van V. Halbach, Randall T. Higashida, Todd E. Lempert, Constantine C. Phatouros, Philip M. Meyers, Christopher F. Dowd

Discussant: Robert F. Spetzler

### 730 Prediction of Outcome in Patients with Unruptured Cerebral Aneurysms. Analysis of 323 Aneurysms

Arthur A. Grigorian, Alvin Marcovici, Eugene S. Flamm

Discussant: Daniel L. Barrow

### 734 What Determines Outcome for Surgically Treated Unruptured Intracranial Aneurysms?

Christopher S. Ogilvy, Bob S. Carter

Discussant: Christopher M. Loftus

### 735 Efficacy and Safety of Intraoperative Arteriography During Carotid Endarterectomy

Allen K. Sills, Clarence B. Watridge, Allen Redmond, Shelia Dalrymple

Discussant: Gary G. Ferguson

### 736 Cerebral Revascularization in Intracranial Aneurysms

Laligam N. Sekhar, Chandrasekhar Kalavakonda, Sajjan Sarma

Discussant: Robert A. Solomon

### 737 The Natural History of Benign Intracranial Dural Arteriovenous

Jun-ichiro Satomi, Karel TerBrugge, Robert Willinsky, Walter Montanera, Michael Tymianski, Phillip Porter, M. Christopher Wallace

Discussant: Robert H. Rosenwasser

## Scientific Session IV

2:45–5:15 PM

### 742 Treatment of Vein of Galen Malformations: Long Term Follow-up with Combined Transtorcular and Transarterial Approaches

Matthew V. Burry, Robert A. Mericle, J. Parker Mickle, Ronald G. Quisling

Discussant: John Mullan

### 743 Endovascular Reconstruction of the Aneurysm-Parent Vessel Complex by Means of Stenting and Combined Techniques

Pedro Lylyk, Jose Cohen, Rosana Ceratto, Carlos Miranda, Angel Ferrario, Marcos Vilca

Discussant: David G. Piepgras

## Tuesday, April 24

### Breakfast Seminars

7–9 AM

#### 202 The Cerebral Venous System: Surgical Considerations

Moderator: Albert L. Rhoton Jr.

Panelists: Evandro De Oliveira, Toshio Matsushima, Michael L. J. Apuzzo

#### 204 Posterior Circulation Aneurysms

Moderator: Duke S. Samson

Panelists: Steven L. Giannotta, L. N. Hopkins III, Neil A. Martin

#### 221 How I Do It: Vascular Microsurgery

Speaker: Robert F. Spetzler

## Plenary Session II

12:30–2:30 PM

### 751 Metabolic Imaging Correlates with Clinical Outcomes following Neurotransplantation for Stroke

Douglas Kondziolka, Carolyn Cidis Meltzer, Victor Villemagne, Lawrence Wechsler, Stephen Goldstein, James Gebel

Discussant: Roy A. E. Bakay

### 753 Follow-up Study on Incidence and Natural History of Residual Aneurysmal Necks After Surgical Clipping

Tanvir F. Choudhri, E. Sander Connolly Jr., Amory Fiore, Brian Hoh, Alexander Khandji, Robert Solomon

Discussant: L. N. Hopkins

## Wednesday, April 25

### Breakfast Seminars

7:30–9:30 AM

#### 304 Cerebral Neuromonitoring

Moderator: Jeffrey R. Kirsch

Panelists: Gary K. Steinberg, Donald W. Marion, Jaime S. Ullman, Pirjo Manninen

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### 305 Coil versus Clip

Moderator: *Steven L. Giannotta*

Panelists: *Karel G. TerBrugge, Nobuo Hashimoto, Robert A. Mericle, John M. Tew Jr.*

### 306 Management of Dural AVMs

Moderator: *Edward Oldfield*

Panelists: *Daniel L. Barrow, Ayub Khan Ommaya, Michael Tymianski, Michael T. Lawton*

### 311 Current Management of Vasospasm

Moderator: *Robert L. Macdonald*

Panelists: *Philip E. Stieg, Robert H. Rosenwasser, Jacques J. Morcos*

### Scientific Session VII

9:45–11:15 AM

#### 766 Factors Associated with Outcome in Surgically High-Risk Patients with GDC for Intracranial Saccular Aneurysm

*Jonathan L. Brisman, Bob S. Carter, Ronald Budzik, Christopher Putman, Christopher S. Ogilvy*

Discussant: *Jacques J. Morcos*

### Scientific Session VIII

9:45–11:15 AM

#### 776 Surgical vs. Endovascular Management of Extracranial Carotid Dissections: Experience at One Institution

*Jeffrey S. Henn, Felipe Albuquerque, G. Michael Lemole Jr., Eric Horn, Joseph M. Zabramski, Cameron McDougall, Robert F. Spetzler*

Discussant: *Steven L. Giannotta*

#### 777 Decompressive Hemicraniectomy for Nondominant Ischemic Stroke

*William T. Curry Jr., Bob S. Carter, Christopher S. Ogilvy*

Discussant: *Roberto C. Heros*

### AANS/CNS Section on Cerebrovascular Surgery

2:45–5:30 PM

Moderator: *Jacques Morcos*

#### 825 Integration of Interventional Neurovascular Training Into Neurosurgery Residency

*Thomas C. Origiano, Harish Shownkeen*

#### 826 Risk of Rebleeding in Hemorrhagic Type Moyamoya Disease: The Effects of Surgical Revascularization

*Satoshi Kuroda, Kiyohiro Houkin, Hiroyasu Kamiyama, Hiroshi Abe*

#### 827 Combined Embolization and Stereotactic Radiosurgery for the Treatment of Large Volume, High Risk Arteriovenous Malformations

*Antonio A. F. De Salles, A. R. Plasencia, T. D. Solberg, F. Vinuela, M. T. Selch*

#### 828 Multicenter Evaluation of the Efficacy of Endovascular Treatment for Symptomatic Vasospasm Unresponsive to Hypervolemic and Hypertensive Therapy in Patients with Subarachnoid Hemorrhage

*Stanley H. Kim, Adnan I. Qureshi, Abutaher M. Yahia, Jose I. Suarez, Osama Zaidat, Zulfiqar Ali, M. Fareed K. Suri, Rafael J. Tamargo, Lee R. Guterman, L. N. Hopkins*

#### 829 Vascular Reconstruction as an Option for the Treatment of Complex Cerebral Aneurysm

*Kiyohiro Houkin, Satoshi Kuroda*

#### 830 IHA2 Trial of Intraoperative Hypothermia in Aneurysm Surgery – Trial Design and Current Status

*Christopher M. Loftus, Bradley Hindman, James C. Torner, Michael M. Todd*

#### 831 Angiographic Analysis of Clip Revision Strategies

*Gordon Tang, C. Michael Cawley, Daniel L. Barrow*

#### 832 Surgical and Endovascular Treatment for Intracranial Vertebral Artery Dissecting (VAD) Aneurysms

*Aman B. Patel, Adam J. Brant, Neil A. Martin, Gary Duckwiler, Fernando Vinuela, Pierre Gobin, Reza Jahan*

4:15–4:45 PM

#### Donaghy Lecture and Award Presentation

#### Changes in Cerebrovascular Practice: Evolution or Revolution

*Roberto C. Heros, to be introduced by Jacques Morcos*

### Special Symposium

4:45–5:30 PM

#### Cerebrovascular Surgery: Reflections, Appraisal, Predictions

Moderator: *Jacques Morcos*

#### Intracranial Aneurysms

*H. Hunt Batjer*

#### AVMs

*Neil A. Martin*

#### Carotid Occlusive Disease

*Issam A. Awad*

## Thursday, April 26

### Breakfast Seminars

7:30–9:30 AM

#### 401 Aneurysm Clipping: Advanced Techniques

Moderator: *Daniel L. Barrow*

Panelists: *Robert A. Solomon, Yoko Kato, M. Christopher Wallace*

#### 404 Controversies in the Management of Intracerebral Hematomas

Moderator: *H. Hunt Batjer*

Panelists: *Robert E. Harbaugh, Christopher S. Ogilvy, Akira Ogawa, Daniel F. Kelly, R. Loch Macdonald*

#### 407 Correlative Microvascular Anatomy as a Guide to Better Surgery

Moderator: *Albert L. Rhoton Jr.*

Panelists: *Evandro De Oliveira, M. Gazi Yasargil, Vinko Dolenc*

### Special Course III

9:45 AM–NOON

#### Endovascular Surgery versus Microsurgery

Moderator: *L. N. Hopkins Jr.*

Panelists: *Arthur L. Day, Lee R. Guterman, David G. Piepgras, Issam A. Awad, Karel G. TerBrugge, Robert F. Spetzler*

# Minutes of the Executive Council Meeting

By Warren R. Selman, MD

Section Chairman Dr. Awad called the meeting to order. Section leaders present included Drs. Awad, Selman, Loftus, Harbaugh, Friedlander, Thompson, Stieg, Rosenwasser, Morcos, Batjer, Bederson, McDonald, and Higashida. Mural Gunel, MD, was present as a guest.

Dr. Awad paid tribute to our former Chairman, Edward S. Downing MD. A moment of silence was observed in his honor.

Dr. Awad expressed the council's concern regarding the apparent lack of reciprocity in representation at the Executive Council level between the CV Section and the ASITN. Dr. Awad will discuss this issue with the chair of the ASITN, Thomas Tomsick, MD, and will send written notification of the importance with which the entire CV Section's Executive Council views this matter.

The minutes were reviewed and approved without additions or corrections.

## Treasurer's Report

Dr. Mayberg's report was reviewed. He noted that the financial position of the Section remains in good shape, although it is difficult to accurately assess the current status due to the large flux in assets and liabilities related to the Annual Meeting. He also noted that the AANS fiscal year is July through June so that any items in the FY 2001 budget are unrealized. The council was concerned that total liabilities and net assets had decreased from \$523,774 as of December 31, 1999, to \$440,388 as of December 31, 2000. The council also noted that accounting categories appeared to have changed between these two years. Dr. Selman will arrange a conference call with Drs. Mayberg, Awad, Batjer and Harbaugh to establish a strategic financial plan.

## ACGME Guidelines

The Council noted that in regard to ACGME Guidelines for Endovascular Surgical Neuroradiology it will be important for fellowship training programs to apply for accreditation to ensure the long-term viability of this accreditation.

## CV Surgery Fellowship Guidelines

Dr. Batjer continues to represent the Section on this matter. Dr. Awad summarized the discussion of the current proposal that took place at the ABNS Oral Examination Meeting in November of 2000 in Houston.

## Committee Reports

### SCVS 2001

The Executive Council expressed its appreciation to Drs. Bederson and Morcos for their outstanding effort in organizing the current Annual Meeting. There were 690 medical registrants, which included 175 non-members, 70 ASITN members, 160 Japanese registrants, 100 CV Section members, 25 AHA Stroke Council members and six American Academy of Neurology registrants.

### AANS 2001 (Toronto)

Dr. Awad noted that, in general, the content of our Annual Meeting and the CV Section content at the AANS and the CNS

meetings will be coordinated with the key elements of our strategic mission.

Dr. Morcos reported that the number of oral presentations will be increased from six to eight. Roberto Heros, MD, will present the Donaghy Lecture. The symposium will include presentations by Drs. Batjer, Awad and Martin, and Dr. Heros will comment after each speaker presents. The theme will be a comparison of practice a decade ago, present practice, and practice in the coming decade.

### CNS 2001 (San Diego)

Dr. Culicchia is developing this program. There will be two sessions at the Congress meeting. The first session will focus on Skull Base Approaches for Cerebrovascular Disorders and John Tew, MD, will be the Drake Lecturer. The second session will focus on Critical Care in Cerebrovascular Surgery including a discussion of structural aspects of the ICU and models of care

### SCVS 2002 (Dallas)

Dr. Rosenwasser submitted a preliminary program outline for the next Annual Meeting and requested specific comments. Drs. Awad and Harbaugh reminded the council of the advantages of keeping a focused meeting with a time limit of two and a half days. The Secretary will continue to notify the Annual Meeting Committee of the number of rooms available for luncheon seminars, as it was noted that in some venues the number may be limited to eight rooms instead of 10.

### Membership Committee

The Council expressed its appreciation to Dr. Bederson for his stewardship of this committee and his success in maintaining continued growth. Dr. Bederson will review the criteria for membership and submit a report with recommendations at the next council meeting in Toronto.

### Newsletter

Dr. Thompson completed and distributed the last newsletter in January 2001, just prior to the CV Section Annual Meeting. He is composing the next newsletter for distribution in April 2001, just prior to the AANS Annual Meeting in Toronto. Dr. Thompson is working with Dr. Friedlander to ensure a seamless transition as the newsletter editorial responsibilities will be assumed by Dr. Friedlander in April 2001.

### Unruptured Aneurysm Guidelines

The CV Section contracted with the American Heart Association (AHA) to distribute a copy of these guidelines to neurologists and neurosurgeons.

### AVM Guidelines

These guidelines are in the final review process and will be published in *Stroke*.

### Endovascular Guidelines

Under the chairmanship of Dr. Higashida, the Standards and Guidelines for the Endovascular Management of Intracranial

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Aneurysms are nearly complete. They will undergo the review process by the AHA in the near future. Dr. Higashida also requested input on any standards and/or guidelines that the Executive Council would like to see developed.

#### **Outcomes**

Dr. Harbaugh reported that the carotid outcome study had approximately 400 entries. There are two residents obtaining their master's degrees analyzing the data. One important project will be to validate the model of voluntary Web-based submission by auditing the participating centers. Dr. Harbaugh encouraged other centers to participate and noted to date that seven centers were entering data.

#### **CPT Coding**

Dr. Harbaugh reported that the complex aneurysm code is available as a tracking code. The stenting/angioplasty tracking code was recently approved. Drs. Roski and Harbaugh will evaluate the current status of the decompressive craniotomy code to determine if it is consistent with the procedure that is currently being performed in the setting of acute stroke. Dr. Thompson reminded the council of the recent discussion of critical care coding for cerebrovascular surgery, featured in the last newsletter.

#### **New Resolution**

A resolution supporting the Correct Coding Initiative, which is a consensus panel from various specialties, was proposed and unanimously approved.

#### **Brain Attack Coalition**

The Council expressed its appreciation to Dr. Mayberg for his outstanding efforts representing neurosurgery on this committee. Dr. Selman provided an update on the coalition's activities including the development of Comprehensive Stroke Center Guidelines.

#### **Neuroendovascular Fellowships**

There will continue to be one fellowship position available through the CV Section through its continued alliance with Target Therapeutics. A new initiative from Target will allow for five new fellowships per year for the next five years. A special committee, comprised of two representatives from the CV Section and two representatives from the ASITN, will administer the awarding of these fellowships. The representatives from the CV Section are Drs. Mayberg and Rosenwasser, and those from the ASITN are Drs. Dion and Nesbit. If either Dr. Mayberg or Dr. Rosenwasser must excuse himself, Dr. Loftus has been appointed as the designated alternate. The need for either ACGME accreditation of the fellowship or intent to pursue such accreditation was discussed. Dr. Thompson will get the announcement from Target and place this in the upcoming newsletter.

#### **Pharmacia/Upjohn Award**

Dr. Awad asked the council members to remind their colleagues that the submission deadline is March 31, 2001.

#### **Intersocietal Committee**

The need for additional representation was discussed. Dr. Harbaugh will contact Dr. Newell to determine the status of the CV Section

representation on this committee.

#### **Basic References**

The council expressed its appreciation to Dr. Morcos for his effort on this project. It was felt that the Technology and Communications Task Force should empower a new committee to coordinate the efforts of Drs. Morcos and Nussbaum to ensure that these references are updated on a regular basis. It was also suggested that this committee interact with the Education Committee of the CNS, which has a similar project under the direction of its chair, Dr. Wolfla.

#### **Neurosurgical Focus**

Dr. Stieg is coordinating this effort, which will be developing two segments per year.

#### **Skull Base Initiative**

The council expressed its appreciation to Dr. Morcos who, in conjunction with Dr. Awad, developed a strategic plan for the Skull Base Initiative of the CV Section. These initiatives will be incorporated into the Section's educational efforts of the next year.

#### **Nominating Committee**

The slate of nominees for officers and members-at-large of the Executive Council of the Section on Cerebrovascular Surgery of the AANS/CNS are:

- Robert E. Harbaugh, MD, for Chairman-Elect (2001-2002)
- Philip E. Stieg, MD, for Secretary (2001-2003)
- Jacques Morcos, MD, for Member-at-Large of the Executive Council (2001-2004)

This slate was proposed and approved by the Executive Council and, as required by the Rules and Regulations of the Section on Cerebrovascular Surgery of the AANS/CNS, will be circulated for review by the Section members 45 days prior to the upcoming AANS Annual Meeting in Toronto. A general vote will take place at the General Business Meeting to confirm the election of this slate, and constitutional activation of these roles will commence in April 2001.

#### **Strategic Planning**

Dr. Batjer summarized the discussions of the strategic planning committee. A formal report will be submitted at the next Executive Council Meeting in Toronto.

#### **New Business**

##### **Update of Mission Statement**

The Executive Council unanimously approved a revision of the Rules and Regulations to include an update of the Mission Statement of the CV Section. This revision will be distributed to the membership at least 45 days prior to the Annual Business Meeting in Toronto and it will be submitted for approval at that meeting.

Other items to be reviewed at the next council meeting include:

- Leadership development through changes in the Annual Meeting Committee structure.
- Preparation of a CV Section Protocol Book to be developed by the Secretary and maintained in that office.
- Development and maintenance of a volunteer service database by the Secretary for review by the Nominating Committee.
- Appointment of Dr. Newell to serve with Dr. Awad on a task force for forming an alliance with the Society of

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# Gene Chip Analysis Holds Great Promise

By E. Sander Connolly Jr. MD, and Robert Dempsey, MD

The Basic Science Subcommittee of the SCVS Technology Review Panel has been formed to report to the members of the Joint Section on developing procedures in new technology in the area of basic science. The subcommittee will keep our members informed of the implications of these new technologies for research in cerebrovascular neurosurgery, as well as maintain a high level of interest in basic science throughout the Section. The co-chairs of the committee are Drs. Robert Dempsey and Sander Connolly, and we certainly invite membership from other interested parties of the Section. We are particularly interested in involving our young members in the basic sciences.

The following is our first report, which is on the utility of gene chips in cerebrovascular neuroscience research.

## Gene Chips in Neuroscience Research

Altered expression of specific groups of proteins dictate the physiological dysfunction seen after a neurological insult. Hence, neurochemists traditionally concentrated their best efforts toward understanding the changes in the expression of various genes in the healthy and diseased brain. Most of the previous and present studies employ traditional techniques like Northern blotting, *in situ* hybridization, RT-PCR and Rnase protection assays to study the changes in the expression of one gene at a time. These techniques are slow, laborious, vary between laboratories and difficult to run routinely.

Recent advances in gene cloning and molecular analysis helped develop powerful, multiplex techniques such as differential display PCR, TOGA (Total Gene Expression Analysis), SAGE (Serial Analysis of Gene Expression) and gene chip analysis. Gene chips increase our ability to precisely compare the expression levels of thousands of genes between the samples. Gene chips are made with thousands of photochemically synthesized oligonucleotides or immobilized cDNAs with the size of a cm<sup>2</sup> on a glass or plastic slide. Currently, chips targeted for studying a specific species (human, rat or mouse) or a specific organ (such as the brain) are

available for conduction focused studies. Using RNA extracted from a small brain sample (5 to 10 mg), a gene chip can inform the expression of levels of several functional transcription factors, cell-cycle regulators, apoptosis and cell death related proteins, stress-response proteins, kinases, phosphatases, growth factors, immediate early genes, heat shock proteins, etc. In addition, each chip also contains several housekeepers such as  $\beta$ -actin, GAPDH and hexokinase.

On a chip, each gene usually will be represented by the use of 16 to 20 perfectly matched (PM) and mismatched (MM) control probes. The MM probes act as specific controls that allow the direct subtraction of both background and cross-hybridization signals. The number of instances in which the PM hybridization signal is larger than the MM signal was computed along with the average of the logarithm of the PM:MM ratio (after background subtraction) for each probe set. These values are used to make a matrix-based decision concerning the presence or absence of an RNA molecule.

The availability of uniform processing procedures and robust computational software is helping the comparison of data between experiments and between labs. Gene chips will unfold the molecular mechanisms underlying disease progression and help in identifying the proper therapeutic targets. Gene chip analysis is becoming the analytic technique of choice for gene expression studies. We are in the middle of a genetic revolution. In the next decade, medical practice will be transformed from traditional pharmacotherapy to more targeted and precise gene-based therapy. Gene chip analysis will immensely help this process. It is hoped that genetic profiling will become as routine as analyzing blood or urine of a patient.

We hope that this has been helpful to those formulating research plans. If any of the members wish to participate in this subcommittee, please contact Dr. Dempsey at [dempsey@neurosurg.wisc.edu](mailto:dempsey@neurosurg.wisc.edu).

*E. Sander Connolly Jr., MD, is Irving Assistant Professor of Neurological Surgery, Columbia Presbyterian Medical Center. Robert J. Dempsey, MD, is Chairman and Manucher J. Javid Professor of Neurological Surgery, Department of Neurological Surgery, University of Wisconsin.*

## Slate of Nominees Set for Executive Council

The slate of nominees for officers and members-at-large of the Executive Council of the Section on Cerebrovascular Surgery of the AANS/CNS are:

- Robert E. Harbaugh, MD, for Chairman-Elect (2001-2002)
- Philip E. Stieg, MD, for Secretary (2001-2003)
- Jacques Morcos, MD, for Member-at-Large of the Executive Council (2001-2004)

This slate was proposed and approved by the Executive Council at the most recent meeting in Hawaii. As required by the Rules and Regulations of the Section on Cerebrovascular Surgery of the AANS/CNS, the slate is being circulated for review by Section members prior to the upcoming AANS Annual Meeting in Toronto. A general vote will take place at the General Business Meeting to confirm the election of this slate, and constitutional activation of these roles will commence in April 2001.

# Microvascular Reconstruction Course Proves Valuable

By David W. Newell, MD

The third consecutive Microvascular Reconstruction course was taught at the 50<sup>th</sup> Annual Meeting of the CNS on September 24, 2000, in San Antonio, Texas. The first practical course was conducted at the 48<sup>th</sup> CNS Annual Meeting in Seattle, Washington, and the second course was conducted at the 49<sup>th</sup> CNS Annual Meeting in Boston, Massachusetts.

This course uses live animals and as such must be conducted off-site from the majority of the practical courses. The local host this year was Dennis Vollmer, MD, who provided superb organization at the course site and laboratory located at the University of Texas Health Science Center. The objectives of the course are to provide participants with lectures on practical aspects and current indications for microvascular reconstruction. The practical component of the course consists of hands-on instruction in direct suture anastomosis as well as microvascular coupling device anastomosis of micro vessels. The skills learned in this course are applicable to a variety of neurosurgical procedures involving suture repair reconstruction and anastomosis of micro vessels. The course is limited to 30 participants and all three courses to date have been fully subscribed.

There is a foreseen need for practicing skills provided in this course as well as imparting new skills to neurosurgeons who are unfamiliar with these techniques. The number of extracranial to intracranial bypass procedures decreased dramatically after the North American Cooperative Study was published in 1986, indicating that bypass was not effective in preventing stroke in patients with atherosclerosis and lesions distal to the internal carotid artery bifurcation and proximal to the middle cerebral artery branches. STA-MCA bypass has remained a treatment option, however, in patients harboring giant and complex aneurysms as well as in selected patients with refractory ischemia and in patients with Moyamoya disease.

There has been renewed interest in STA-MCA bypass for hemispheric ischemia in patients who have been refractory to medical therapy and are discovered to have hemodynamic insufficiency based on modern blood flow imaging. Equipment for measuring cerebral blood flow and cerebrovascular reactivity in patients was not previously readily available at the time of the EC-IC bypass study. Recent new evidence indicates that there is a subgroup of patients with compromised cerebral blood flow who continue to experience hemodynamic ischemia and recurrent neurological events including TIAs and stroke. Studies have also revealed that patients with hemodynamic insufficiency following carotid occlusion are high risk for subsequent stroke. A new trial of STA-MCA bypass versus best medical therapy in this selective subgroup of patients has been proposed and submitted to the NIH for funding consideration.

Extracranial-intracranial bypass has continued to be as useful for large and complex aneurysms, which may require temporary or permanent interruption of blood flow to distal branches. Vascular bypass has also been utilized in patients with skull base tumors. Classic STA-MCA bypass as well as variations of this procedure



*Participants are provided with hands-on experience using rat microvessels.*

continue to be useful and as adjuncts for treatment in this patient population. Newer variations of microvascular reconstruction including direct intracranial to intracranial anastomosis of microvessels as well as inter position grafting and vessel replacement techniques have been described in the intracranial circulation. Microvascular suture techniques common to all these procedures are taught in the course.

Following the decline in microvascular surgery by neurosurgeons after the EC-IC bypass trial, progress in microsurgical techniques has continued in other specialties, especially plastic and reconstructive surgery and head and neck surgery. Microvessel work continues to be an integral part of free flap transplantation as well as limb and digit re-implantation surgery. Technological advances in these fields have continued. The microanastomotic device was introduced by plastic and reconstructive surgeons to provide a faster and more accurate method to anastomosis, arteries and veins, necessary for tissue re-implantation. The microvascular anastomotic device includes a double polyethylene ring with pins to hold the vessel edges. The vessels are then automatically anastomosed using an approximating device, which opposes the rings and provides an endothelial to endothelial connection between vessels when performing an end to end anastomosis.

Continued interests in these techniques by younger neurosurgeons are encouraging, and maintenance of the skills is essential for modern neurovascular surgery. The CNS is planning to continue to provide this course to its membership.

*David W. Newell, MD, is Professor, Department of Neurological Surgery, University of Washington School of Medicine.*

# Proposed Changes to the Rules and Regulations of the AANS/ CNS Section on Cerebrovascular Surgery

## Current Rules and Regulations

### Mission Statement

The Section on Cerebrovascular Surgery of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons (The Section) exists to promote the public welfare by reducing premature death and disability from hemorrhagic and ischemic stroke. The Section, while functioning as a subsidiary of American Neurosurgery, fully recognizes and encourages involvement of subspecialists in all related areas of clinical and basic neuroscience. The primary mission of The Section includes education and research. These objectives are accomplished through the performance of meetings, courses, symposia, publications and sponsored training and research activities. The Section also serves our professional societies as a repository of subspecialty expertise for activities including coding and reimbursement, political advocacy, and assisting in the accreditation and certification processes.

## Proposed Amendments

The Section on Cerebrovascular Surgery of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons exists to promote the public welfare by reducing premature death and disability from hemorrhagic and ischemic stroke. Related activities include the prevention, diagnosis, surgical and endovascular treatment, critical care management and rehabilitation of patients with cerebrovascular disorders. The primary mission of the Section on Cerebrovascular Surgery also includes education and research in these areas. This mission is accomplished through meetings, courses, symposia, publications and sponsored training and research activities. The Section on Cerebrovascular Surgery, while functioning as a subsidiary of American Neurosurgery, fully recognizes and encourages involvement of sub-specialists in all related areas of clinical and basic neuroscience. The Section on Cerebrovascular Surgery serves our professional societies as a repository of subspecialty expertise in socioeconomic and political advocacy for research and public policy related to cerebrovascular disease, and assisting in program accreditation and the certification process.

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### Article II, Section 1, Page 2

Adjunct Associate Member. Adjunct Associate Membership may be accorded to those individuals who are non-neurosurgeons and have a special interest and expertise in cerebrovascular disease.

Keep this as is. Note that this is a terrific target for expansion of the membership roster through canvassing to neurologists, anesthesiologists, neuroradiologists, nurses, physician's assistants, etc.

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### Article II, Section 1, Page 3

Adjunct Honorary Member. Adjunct Honorary Membership may be conferred to recognized leaders in the field of cerebrovascular disease.

Motion to consider moving this from Adjunct categories to a freestanding honorary membership category with the same criteria, open to surgeons and non-surgeons alike. Suggestion to use this category more to honor those of "great" status.

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### Article II, Section 1, Page 3

Adjunct Corresponding Member. Adjunct Corresponding Membership may be extended in accordance with the Rules and Regulations of the American Association of Neurological Surgeons or the Congress of Neurological Surgeons as regards corresponding membership.

Motion to consider changing the Rules and Regulations to excuse us from the current language of binding us to corresponding membership categories of AANS and CNS. Consider opening this category to "neurosurgeons outside of the United States and Canada whose major interests and expertise are focused in cerebrovascular surgery. This may be demonstrated through membership in national, regional or international cerebrovascular societies, or through two or more letters of reference from CV Section members or other recognized leaders in cerebrovascular surgery." This should allow us to tap into the terrific reservoir of younger Japanese, Mexican, European, and other colleagues without restricting them to the stringent rules of parent society membership.

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### Article III, Section 2, Page 3

Only Active and Adjunct Associate Members will be responsible for paying annual dues.

Motion to consider including Adjunct Corresponding Members for payment of society membership dues.

ness of therapies and holds the promise of an era of molecular and gene modification.

At the dawn of the third millennium, information is becoming an increasingly important vector in society. We are at the threshold of an era when the physician is expected to be a master of information management. Those physicians who apply the information revolution to medicine will likely be our heroes in the coming age.

### **Vectors of Progress**

As we venture to predict future advances in our field, we can be better prepared to master them, embrace them and ensure our own relevance in the coming age. There are three inevitable vectors of progress: (1) those through the expanding body of knowledge, (2) advancing technology and (3) those shaped by society's desires, priorities and expectations.

In the arena of expanding knowledge, neurobiology presents the most extraordinary opportunities. Molecular and systems neuroscience are braced to converge with applications to the most intractable and disabling diseases. Genomics hold the promise of easy, accurate and relevant diagnostics, including predisposition genes and deterministic genes and the consequences of complex gene interactions. Tissue engineering and neurotransplantation herald a golden era of functional and restorative neurosurgery. Molecular healing and rehabilitation will cross from the realm of fiction to reality. And mechanism of disease will be elucidated through molecular pathways explaining and predicting disease behavior in a deterministic rather than probabilistic fashion.

There will be further advances through evolving technology. The endovascular therapies are but a first phase in directed and navigated therapies, which will advance further with better tools and improved devices and agents. The latter will evolve from occlusive and thrombolytic to include a variety of biologic modifiers, including the ability to change vessel wall phenotype through biologic modification and gene therapy. Neurovascular engineering will evolve, both endovascularly and extravascularly, with enhanced navigation, remote control and nanotechnology. There will be a reconsideration and resurgence of classical surgical approaches including revascularization with automated and assisted robotic tools. And imaging will continue to evolve, incorporating spectroscopy for non-invasive molecular biopsy and marrying various tools of diagnosis and therapeutic guidance for less invasive and more targeted therapies.

Information management will evolve through access to megadatabases, modern statistical tools factoring in the age-old factors of subjective impressions and experience. Patients will anticipate individualized actuarial projections of quality of life as a guide to various management decisions, rather than cohort averages or simplistic comparisons. And these prognostications will be more accurate through molecular indexing and classification of disease. Even the line between normal and pathological will be better delineated through elucidation of factors influencing disease behavior and wellness.

### **Translation in the Modern Age**

In order to master the management of information and maximize the pace of and participation in projected advances, the cerebrovascular surgeon must adopt the principles of translation. There are countless developments in the fields of science, engineering, management, arts and other disciplines awaiting applications in cerebrovascular surgery. Yet we know so little about those fields, and the masters of those tools know little about the problems of neurovascular disease. Translation and literacy are needed to close these cultural gaps and to bridge the advances of those fields to benefit our patients. Education and research in neurovascular surgery should incorporate a model of translation: (1) learn the language (concepts and tools) of another field, (2) formulate questions related to our diseases which are best answered using that language and (3) apply the results to neurovascular practice. This will enhance the scope of neurovascular surgery and provide benefits to our patients, while also expanding applications of these various disciplines. Such is a true paradigm of progress in our specialty. There is no room for insularity and provincialism in the coming age.

### **Constant Imperatives Among Change**

While society demands from us innovation and progress, it also imposes constant imperatives of credibility, truthfulness, advocacy, compassion and morality. These dimensions of professionalism are the greatest assets which society has endowed us and expects us to uphold. The vectors of change include entrepreneurial and imaginative dimensions, posing threats to such professionalism. Such threat is greatest in the arena of conflict of interest. Nothing evokes greater cynicism from society, nothing weakens our credibility and advocacy and nothing erodes our value to society more than conflict of interest. Yet, conflict of interest is part of human nature, as is bias in science. And like scientific bias, it must be acknowledged (not denied), articulated (not hidden) and controlled (not ignored).

### **Our "Weighted Relevance"**

The future of our specialty depends on its relevance in the larger context of medicine, technology, knowledge and the expectations of society. As a small field, our relevance must be weighted to leverage its impact. Such weighted relevance must include a number of factors:

- (1) Breadth—Our field cannot be narrow or insular. It must expand to involve every facet of disease prevention, diagnosis, critical care, therapies, and rehabilitation, and it must do it with a breadth of multidisciplinary interface including a privileged role for the neurovascular surgeon through knowledge, interest, expertise and contribution at each of these levels. Our field should seek the richness of diversity of contributions, perspectives and opinions and embrace the diversity of our patients and the men and women in our ranks.
- (2) Depth—Our field must not be viewed as shallow, irrelevant or dispensable. We must be the generators, interpreters, teachers and guardians of new knowledge. We must always measure its value through its impact on mankind, and we must strive to maximize this value.

*continued on page 11*

- (3) **Credibility**—We must guard in every way against conflicts of interest, real or perceived. Our credibility can do much to leverage our relevance.
- (4) **Generalization**—The technology and science of our discipline cannot be viewed as benefiting a small sector of society or the narrow interests of physicians or patients. Our advances must be viewed as a paradigm of the splendid future of medicine, and we must strive for models of generalization to other fields and to all sectors of society.

Our specialty has always embodied scholarship, embraced the scientific method, glorified innovation and technical virtuosity but insisted on responsibility and credibility. In an era of dizzying change and anticipated progress, we are well positioned to maximize our “weighted relevance.” The future of cerebrovascular surgery is bright, as it is rich in *ideals to inspire and ideas to impact*.

### Minutes (continued from page 6)

Neuroanesthesia and Critical Care. This task force will seek the input of Drs. Harbaugh and Higashida and contact Bill Young, the Past President of the Neuroanesthesia Society.

- Continued planning of the CV Section’s Annual Meeting in conjunction with the American Stroke Association (ASA) while remaining flexible with respect to pursuing unique opportunities for other collaborative meeting venues.
- Development of a strategic financial plan which will be facilitated by a conference call between the Chair, Chair-Elect, Past-Chair, Secretary, Secretary-Elect, Past-Treasurer and Treasurer prior to the next Executive Council meeting.
- An update of the membership classification by the membership chairman.
- An update of the rules and regulations by the Secretary.

*Warren R. Selman, MD, is Secretary, AANS/CNS Section on Cerebrovascular Surgery.*

## The CV Section Meeting in Hawaii

By Robert M. Friedlander, MD

The Hilton Waikiloa Village at the Big Island in Hawaii provided an outstanding venue for the Fourth Annual Meeting of the AANS/CNS Section on Cerebrovascular Surgery and the American Association of Interventional and Therapeutic Neuroradiology. This meeting was held in collaboration with the Japanese Society of Surgery for Cerebral Stroke and the Japanese Society for Intravascular Neurosurgery.

There were spectacular highlights in addition to the dolphins, amazing views and sunsets. The presentations and interactions with our Japanese colleagues were of tremendous value for both sides. We had two special courses, 25 invited lecturers, 22 lunch seminars, 80 scientific oral presentations and 300 scientific posters. A record total of 1,000 registrants was on hand. Attending were nearly 700 medical registrants, including 175 from Japan, approximately 150 spouses/guests and 150 corporate registrants.

The meeting provided for the critical and face-to-face evaluation of the merits of different treatment modalities.

Outcomes of both surgical and endovascular interventions continue to improve; however, the side-by-side comparison, including long-term outcome results, remains to be evaluated. One of the meeting highlights included the Leussenhop Lecture presented by Kazuo Hashi, MD, who discussed the insights his research group has gained by performing a population-based MRI/MRA study in Japan. Joshua Bederson, MD, the Scientific Program Chair, and Issam Awad, MD, Chairman of the CV Section, merit congratulations for the success of the meeting. The fifth annual meeting of the CV Section will be held on February 3-6, 2002, in Dallas.

*Robert M. Friedlander, MD, is Assistant Professor of Neurosurgery, Brigham and Women’s Hospital, Harvard Medical School, Director of Cerebrovascular Surgery.*

## The Joint Section on Cerebrovascular Surgery Announces Fellowships In Neuroendovascular Surgery

- Available July 1, 2002
- \$40,000 stipend
- Residents in North America training programs
- Must have completed 1 year of training in basic radiology/neuroradiology including diagnostic angiography

**APPLICATION DEADLINE: January 15, 2002**

### For application forms, contact:

Marc R. Mayberg, MD  
 Department of Neurological Surgery  
 Cleveland Clinic Foundation  
 9500 Euclid Avenue; S80  
 Cleveland, Ohio 44195

Phone: (216) 445-4430  
 Fax: (216) 445-6878

# 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

### 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:

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**

## Notes from the Editor

By B. Gregory Thompson, MD

The Basic Science Subcommittee of the SCVS Technology Review Panel was formed recently under the able direction of Drs. Robert Dempsey and Sander Connolly. The subcommittee was given a mandate to report to members of the Joint Section on the development of new technologies with implications for cerebrovascular research. The subcommittee's initial report, summarized in a story on page seven, presages the importance of gene chip analysis as the harbinger of a new genetic-therapy revolution. The committee emphasizes that "in the next decade, medical practice will transform from traditional pharmacotherapy to more targeted and precise gene-based therapy."

CV Section members who would like to participate on this subcommittee (particularly young members with an interest in basic science research) are encouraged to contact either Dr. Dempsey or Dr. Connolly.

### Palm Pilot Software

Through the diligent efforts of Hal Pikus, MD, members attending the SCVS/ASITN 2001 Meeting in Hawaii were able to access "Meeting Manager" software for a Palm Pilot. The "Meeting Manager" software included a searchable database of the accepted abstracts for the 2001 CV Section meeting. It allowed participants to preview abstracts of interest and create a personalized schedule. Both the Macintosh and PC platforms were supported. To download the files to your Palm, go to <http://www.neurosurgery.org/cv/palm>.

### Target Funds Fellowship

Target Therapeutics has funded a new fellowship program (with joint oversight by the CV Section and the ASITN) to support new training slots in neuroendovascular surgery. This fellowship program will fund new training slots for qualified programs and will be funded separately from the existing "Sean Mullan Target Fellowship," currently funded through the CV Section to individual applicants.

Interested neurointerventional or neurosurgery training programs are encouraged to apply but must meet specific criteria to qualify. The planned fellowship position must be a new or incremental position when compared to the total number of fellows in place at that institution at any time over the 1998/1999/2000 time frames. The new position may represent an additional fellowship slot in an existing program.

Funding for the training programs may be approved for the prerequisite year of a new program; however, funding will be available for only that one year. If funding is received for one year and the fellowship becomes defunct, further funding will not be available for subsequent revival of the program. Individuals who are supported in training positions by other fellowship funding are not eligible for this grant.

A special committee, comprised of two representatives from the CV Section and two representatives from the ASITN, will administer the awarding of these fellowships.

For information, contact Ken Cammarata, American Society of Interventional and Therapeutic Neuroradiology 2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205, [Kcammarata@asn.org](mailto:Kcammarata@asn.org).

*B. Gregory Thompson, MD, is Editor of Cerebrovascular News.*

### Bayer Research Grants

**Description:** Two grants are awarded for original research in neuronal protection, cerebral ischemia recovery or outcome.  
**Sponsor:** AANS/CNS Section on Cerebrovascular Surgery and Bayer Corporation's Pharmaceutical Division  
**Amount:** \$25,000 for one year  
**Deadline:** May 1, 2001  
**Contact:** Bayer Research Grant Coordinator  
Phone: (201) 612-8919 • Fax: (201) 612-8920  
E-mail: [BLC320@aol.com](mailto:BLC320@aol.com)



## RUNN 2001

### REVIEW AND UPDATE IN NEUROSCIENCE FOR NEUROSURGEONS

October 20-27, 2001

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## AANS/CNS Section on Cerebrovascular Surgery

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### Accreditation Applications Needed

By **Randall T. Higashida, MD, and Issam A. Awad, MD, MSc, FACS, MA**

The American College of Graduate Medical Education (ACGME) approved in June 2000 the Guidelines for Training in Endovascular Surgical Neuroradiology. We strongly encourage all interventional neuroradiology/endovascular neurosurgery fellowship program directors to apply to the ACGME for fellowship accreditation. It is important for all current and future training programs.

If few programs apply, then the ACGME will feel that this is not a true and viable specialty and will discard their recommended approval. We have worked for more than 10 years to finally gain ACGME approval. We are asking all training programs to begin their formal application to the ACGME now in order to demonstrate that we are truly a viable and distinct subspecialty in both radiology and neurosurgery.

The full text of the ACGME Guidelines as well as the application forms are now available on the ACGME Web site at [www.acgme.org](http://www.acgme.org). For more information, contact Larry D. Sulton, PhD, Executive Director, RRC for Neurological Surgery, ACGME, Suite 2000, 515 North State Street, Chicago, Illinois 60610. Or he can be e-mailed at [lds@acgme.org](mailto:lds@acgme.org).

*Randall T. Higashida, MD, is Vice-President, ASITN. Issam A. Awad, MD, MSc, FACS, MA, is Chairman, AANS/CNS Section on Cerebrovascular Surgery.*

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