

The *Embolus*

ASITN Takes the Lead In Establishing Multi-Society Group To Support Advancement of the Neurosciences

In the twelve years since the ASITN was first conceived, the Society has taken on numerous tasks, both internally to build its membership and become a resource for its now 500+ members as well as externally to become a voice on the numerous issues which dot the neurosciences landscape today. Indeed, the history books thus far record some significant achievements from the establishment of fellowships to billing and coding accomplishments to the recent debut of an independent annual meeting. But 2004 saw a new chapter in ASITN's evolving story, one that marks the beginning of a new initiative that promises to make a significant impact on the neurosciences as a whole as well as the lives of patients who entrust their care to neurospecialists.

In a vision for a collective presence to speak with one voice on the most pertinent neuroscience issues of today, ASITN has led the way in establishing the Neurovascular Coalition, a multidisciplinary group which will focus on advocating for such issues as stroke reduction, acute stroke treatment and cerebrovascular interventions. Formed under the guidance of Buddy Connors, Immediate Past President of ASITN, the Coalition represents all medical specialties with formal ACGME-approved training in the cervicocerebral vasculature and associated neurological conditions to include: the American Society of Interventional and Therapeutic

Neuroradiology, the American Academy of Neurology, the American Association of Neurological Surgeons, the American Society of Neuroradiology, the Congress of Neurological Surgeons, the Cerebrovascular Section of the American Association of Neurological Surgeons/Congress of Neurological Surgeons, and the Society of Interventional Radiology.

"The Neurovascular Coalition is an uncommon achievement in the medical field as we know it," said Gary Duckwiler, President of ASITN. "It symbolizes the best of collaboration and a true spirit of unity as each society has come together to lend individual support to a grand collective cause, the advancement of the neurosciences. We can all be proud of this extraordinary initiative and the hard work of our leaders, in particular Buddy Connors, who made this vision a reality."

Although only months old, the Neurovascular Coalition has already produced its first major project, a landmark consensus document entitled "Training, Competency, and Credentialing Standards for Diagnostic Cervicocerebral Angiography, Carotid Stenting, and Cerebrovascular Intervention." Designed to define minimum standards for the training, knowledge, and experience necessary to perform carotid stenting and other diagnostic and therapeutic cerebrovascular procedures which include stroke as a specified risk,

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President's Message

Gary R. Duckwiler, MD

The ASITN is, by definition, a multispecialty society. We will only continue to become more so.

There are very few things in life that are certain. Besides death and taxes, one can always expect change. With change, you can either evolve or die. I choose to evolve. The important word in that sentence is not evolve, but choose. Since dying is not an option, do you go forward kicking and screaming and being forced to change, or do you take control and move of your own accord?

In looking back on my career, it seems that I am in a place far different from where I started. I am perhaps the last neuroradiology fellow to be trained in pneumoencephalography. For a new generation, it is hard to believe that before CT and MR, there was a time when neuroradiologists were diagnosing intracranial disease with only plain films, pneumoencephalography, cisternograms/ myelograms and angiography. It is even harder to imagine that this really was the "Golden Age Of Neuroradiology". Who else knew what they knew, who else could do what they did, who even wanted to? Unassailable in the castle of neuroradiology, there was no reason to change. Except that there were new horizons, new knowledge and techniques that were poised to revolutionize care. Neuroradiologists embraced these technologies. Of course there was an entirely new set of physics and tissue biology to be learned. Difficult tasks, uncertainty, and rapid technological change can be hard to ingest, but if it is what you want to do, it becomes a desirable activity.

The early adopters in interventional neuroradiology were crazy, or so everyone said. Not only were they taking huge risks (as viewed from traditional neuroradiology), they were doing so for hours on end in a single case. Why would you voluntarily choose to enter into such hardship? If you had been forced to do it, would you? They had to entirely relearn their clinical skills, neurological exam, and, gasp, see patients in a clinic! Didn't I enter Radiology to avoid this?

The refrain I hear is that this or that specialty is "invading our territory". Certainly,

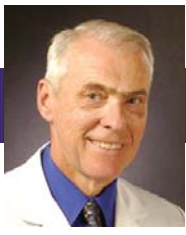
for diagnostic neuroradiology, in fact for all of radiology, there is pressure from the clinicians to own and read scans. For interventional neuroradiology, carotid stenting is a white hot potato. Both are victims of success. You make it that easy to do; someone else wants to do it.

The ASITN saw long ago that there was no question but that the minimally invasive approaches to the treatment of neurologic disease would eclipse many current open surgical procedures and medical treatments. It also had the foresight to understand that in order to do these treatments, skill sets from neurosurgery, neurology and neuroradiology would be needed to do so. How have we made these procedures both easy (at least less stressful than when we had to exchange Hema in the detachable balloon which, when inflated, changed the aneurysm shape!) and accepted? I believe that we have leveraged the skills and missionary zeal of our kin to achieve this end. The formal ACGME fellowship in Endovascular Surgical Neuroradiology recognizes and instantiates this.

The ASITN is, by definition, a multispecialty society. We will only continue to become more so. The core belief that holds our society together and gives us moral force is our focus on the patient, and that these interventional procedures we perform are valuable and effective. As such, the ASITN has and will promote standards of performance, training and reporting. We will expand our efforts to find common ground with the AAN, CNS, Joint Section and AANS along with our partners in the SIR and ASNR to treat the brain with the care it deserves. This extends from standards publications to lobbying CMS for new codes and payments.

So, to bring this full circle. How have I evolved? I now no longer formally read CT/MR, I am 100% interventional. I see patients in clinic at least 2 days a week, I have direct referrals from inside and outside the hospital, rounds are once or twice a day, and my beeper is on my

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WHAT A LONG WAY WE HAVE COME

Our president, Dr. Duckwiler, in his presidential letter reminisces poignantly about how diagnostically primitive we were just a few decades ago. His is a valuable perspective; history is a wonderful tool enhancing our view of the world. It hasn't been just our tools that have evolved; look at our society.

We began with few members, became almost immediately financially in debt, and faced our future unsure of our survival.

Thanks to strong member support and the incredibly long hours and superior judgment exercised by our officers and executive committee, we are now financially, legally, and professionally firm. Not only have we continued to lead the brain therapy field morally, we have created the **Neurovascular Coalition**, thanks to Buddy Connors' insight and work. We have even made prime time TV – called in the ER show, perhaps not inappropriately, invasive neuroradiologists. Good publicity, but more importantly, the show clearly depicts us as the physicians in the hospital who are on the cutting edge.

And it is just getting better. What a time to be practicing our field.

*Knowing is not enough; we must apply.
Willing is not enough; we must do.
— J W von Goethe*

THE GORILLA AT THE TABLE

Well, we have survived recent elections – the ASITN's, for our country's presidency, even one in Iraq – and are doing well, thank you, but change is in the air.

Few days go by without our seeing major articles in newspapers about the healthcare financial crisis – with proposals recommending a big brother, big government fix. A few states have even already tried – disastrously – their version of Hillary care.

We should appropriately spend energy trying to get paid for what we do. John Barr for example has spent more time than he likes to admit getting us reimbursement codes for intracranial angioplasty and stenting. But we need to see the larger picture too.

Why is it that Americans can be entrusted to choose how much they spend for their house and car, but are considered too stupid by the federal government to choose their own medical care? And let's not blame only the federal government – we find awful judgment within our profession as well.

Employer funded health care benefits came into practice in World War II as a means of avoiding price controls. So the patient didn't have any incentive to do anything but use benefits. Because American appetite for health care grew in double digits, HMOs were thought the answer. But they are failing disastrously – having prepaid for lunch, we watch the cafeteria sandwiches grow smaller. Should the next step be governmental control? Or must we turn back, allowing patients to make their own decisions?

MALPRACTICE MUDDLES

Which brings us to the malpractice mess. Maryland politicians have a scheme to take money out of taxpayers' pockets and put it in the hands of the tort lawyers. Long story short, to stem the hemorrhage of doctors from that state (malpractice premiums went up 33 percent this January), the Democratic legislature wrote a deal imposing a 2 percent tax on HMOs – cost \$430 million over the next four years – burdening, you guessed it, the patient.

This comes as no surprise to any of us.

What is painful is that the Maryland State Medical Society endorsed the law. Please see sentence above – “we find awful judgment within our profession as well.” So the lawyers have been successful in placing a wage between the patient and their physicians. You have to give the lawyers grudging credit.

We will follow this one closely.

Question: Do you intend to stand by and watch the politicians change the essence of our – and more importantly our younger colleagues' – practice of medicine?

*We have met the enemy and he is us
— Pogo*

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ASITN Hires an Administrative Coordinator

ASITN is pleased to announce the addition of our second staff person. Anne L. Mercer joined ASITN on November 1, 2004 as the Administrative Coordinator. She will work with members in a variety of areas including member records, meeting registration and processing new memberships. Working part-time, Anne will be in the office on Mondays, Wednesdays and Fridays.

A Washington, DC, native, Anne has worked in the area's non-profit community for almost thirty years. As ASITN is her first stint in the medical society arena, she says she is thus far enjoying the challenges of learning all the processes and procedures that keep us organized and on-track.

Anne can be contacted at the ASITN office at mercera@asitn.org or by phone at 703-691-2272.

Second Annual ASITN Practicum Draws Over 200

Joshua A. Hirsch, MD
Second Annual Practicum Program Chair

ASITN Would Like to Thank the Generous Sponsors of the Second Annual Practicum

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Educational content remains a vital focus of the ASITN. To that end, the executive committee introduced the Practicum – a practical program for neurointerventionists. In its first year – 2003, under the leadership of Colin Derdeyn, the inaugural Practicum found a receptive audience in a membership hungry for this type of programming. Attendance at the Second Annual ASITN Practicum increased more than 25% over the First Practicum. This highly successful program was held in Seattle immediately following the ASNR meeting, June 11-13, 2004.

The meeting began on Friday afternoon with sessions on Pharmacopia for the Neurointerventionist and Strategies for Posterior Fossa Stroke. Additional highlights included a co-moderated segment on neuroform stents that featured Lee Jensen and Kim Nelson, who offered different perspectives on the same disease state. Dinner that night was sponsored by Boston Scientific Neurovascular and focused on Clinical Practice Issues. Saturday morning was devoted to hands-on workshops and included Spine Intervention (Allan Brook, Bassem Georgy, Lee Jensen and Wade Wong), Carotid Intervention (Kieran

Murphy and Gary Nesbit), Stroke Intervention (John Chaloupka and Gary Duckwiler), and Aneurysm Intervention (Jacques Dion and Avi Setton). These workshops were all very well-received and I think the reviews stand as a testament to the hard work and experience of the workshop faculty.

Saturday afternoon's sessions focused on problem-oriented didactic sessions. These sessions included topics such as Facial, Neck and Scalp Vascular Malformations (special thanks to Wayne Yakes), Cancer Treatment Opportunities, and Carotid Stenting. As testament to the real success of the program, attrition from the sessions was minimal and they were all extremely well attended. Outstanding case based discussions occurred with almost every speaker during almost every presentation. To that end, the extremely experienced and the new neurointerventionist were able to gain a lot from this program.

Saturday evening was devoted to fun at the Museum of Flight. Attendees had the opportunity to tour Air Force One and ride in flight simulators. Sunday morning featured John Barr and Gary Duckwiler giving us an update on the ASITN – Past, Present and Future.





*Highlights
from the
Second
Annual ASITN
Practicum*



Seattle



ASITN Would Like to Thank the Generous Sponsors of the First Annual Course & Workshops

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Technologies, Inc.
GE Medical Systems
Kyphon Inc.
MicroTherapeutics, Inc.
Philips Medical Systems
Radiation Shield Technologies



ASITN Holds First Stand-Alone Meeting *Inaugural Event Draws over 250!*

The First Annual ASITN Course & Workshops was a success by any standard. The five-day conference registered stand-out attendance, a stunning representation of neurospecialists from all over the world, overwhelming industry participation and support, a unique conference format tailor-designed to meet the needs of participants and, of course, fabulous social events which many rated at the top of the list of conference entertainment fare. All of this and a little extra . . . a fly-by of Hurricane Charlie, the first to bear down on Florida in a legendary tumultuous hurricane season, left all breathing a serious sigh of relief.

But there were plenty of other powerful super-forces at work in the meeting center at the Boca Raton Resort & Club, known as one of the top 100 resorts in the world. Drawing from multiple meetings of the past, ASITN brought together leaders of the neurointerventional field to offer one comprehensive educational opportunity. Featuring didactic sessions followed by hands-on workshops on topics ranging from aneurysms to spinal malformations to stroke, the conference offered attendees a first-ever chance to benefit from a format that addressed the complete spectrum of issues related to each diverse topic.

In the true spirit of innovative planning and first efforts, the conference also hosted the first comprehensive carotid stenting course designed to meet the ASITN/ASNR/SIR standard for carotid stenting. Enabling each participating physician to obtain 16 hours of AMA category I continuing medical education credit,

the hands-on workshop, complete with fluoroscopy equipment stations, was designed for highly individualized training in a comfortable environment. The feedback from participants on this particular offering was enthusiastic appreciation as each was able to obtain invaluable information and experience on one of the hottest movements in the neurointerventional field today.

Many thanks to the First Annual Course & Workshops planning committee and the leadership of ASITN for an outstanding effort in this, the society's inaugural annual meeting. The success of this first-time effort sets an admirable standard for future meetings of its kind.





Highlights
from the
First Annual
ASITN Course
& Workshops

Boca Raton





Five Fellowships Awarded by ASITN

The Fellowship Funding Committee, led by Jacques Dion, MD and comprised of members of the ASITN and the AANS/CNS Section of Cerebrovascular Surgery, is pleased to announce the awarding of five fellowships under the Endovascular Surgical Neuroradiology Fellowship Program. The recipients of this year's funding are:

Baylor College of Medicine
Beth Israel Medical Center
The Johns Hopkins
University
University of California,
Los Angeles
University of Toronto

2005 marked the fifth and final year of the fellowship program. We would like to thank Boston Scientific Neurovascular for their generous financial support of the fellowships. This program was part of a five-year/\$1,250,000 commitment of financial support to help establish twenty-five new neuroendovascular fellowship positions within North America by 2005.

I have had the privilege of working for the ASITN for the last several years and will continue to do so in whatever capacity ASITN will have me. More than that, however, I have been working on behalf of a remarkable profession that is where it is because of years of collective hard work, hard earned experience, and cutting-edge technology developed by many of our members and our corporate partners.

At this point in time, we have reached a pinnacle of excellence in our expertise and we deliver truly amazing therapies to ever-growing numbers of people. As we all know, in our procedures, there is a very fine line between success and disaster. On a global scale, our profession is also walking a fine line.

Stroke therapy and stroke prevention, in all forms, are the foundation of our field. Will we continue to take the lead in this effort or eventually trail off and follow others? Time to take a look. More research is done by other specialties in our own profession than we do ourselves. Most of the patients entered into INSTOR are entered by people other than neurointerventionists. As the primary practitioners of IA stroke therapy, are we going to invest the time and resources into the research that will make our treatment approaches successful? Current data indicates that intracranial atherosclerosis, as a cause of stroke, is about as prominent as carotid stenosis. To date no one in our profession other than Joan Wojak and Firas Al-Ali have entered any patients into our own research project, INTRASTOR. Furthermore, research into disease states that are at the core of our profession, such as intracranial and extracranial angioplasty and stenting as well as the endovascular treatment of stroke, is more and more being done by others who may or may not have the scope of collective knowledge and experience that we have developed in this complex specialty. The same holds true when it comes to performing outcomes data collection and subsequent analysis for the purpose of understanding, diagnosing and treating neurovascular conditions.

Each and every member of this profession needs to step up to the plate. We all need to

play a role in the evolving issues that directly affect our profession in the smallest ways. Gary Duckwiler, John Barr, and Gary Nesbit as our current leaders are contributing endless time, energy, and expertise. But our profession needs the active participation of all of our members. All.

Who will analyze the data from INSTOR? Who will push for reimbursement for intracranial angioplasty and stenting? Who will even keep records of whether or not ANY of what we do actually works? Have you noticed that we don't make a fortune when we stay up all night saving someone by IA stroke therapy? It's no wonder. We have no data....

The healthcare industry (Medicare and private insurance) will soon refuse reimbursement for most of our new procedures. Blue Cross/Blue Shield even now does not pay for vertebroplasty. If we can't get reimbursement for this procedure, we surely won't for angioplasty for vasospasm, which is currently the standard-of-care in my hospital and most other hospitals across the world.

These and multiple other issues are the challenges facing our field and us today. The time to act is now. Strategically, ASITN has taken the lead in establishing an awesome collective force, the Neurovascular Coalition. Together with our Neurology, Neurosurgery, Interventional Radiology, Neuroradiology, and Interventional Neuroradiology sisters and brothers, this new alliance is a first step in our attempt to wield some influence on the future of our cerebrovascular medical science and ensure maintenance of standards and quality of care for our patients.

In many ways, we stand at a crossroads. With the multiple issues now confronting our field, this coming year will influence the remainder of our professional lives, and possibly those of our patients. Our leaders are vigorously trying to steer this boat. But without the strength of each and every one of us at the oars, plowing through choppy waters is at best difficult. It takes all of us, in many different roles, to accomplish the diverse goals that we as

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ASITN Gearing Up for 2nd Annual Course & Workshops

The Tropics of Hawaii Await You!

From the balmy beaches of Florida to the tropical oasis of Hawaii, the Second Annual Course & Workshops is scheduled for August 1-6 at the spectacular Turtle Bay Resort in Oahu! Already hard at work, the program committee is methodically planning outstanding and thought-provoking sessions to include both lectures and discussion. A full registration brochure will be mailed in April, but following is a sneak peak at some of this year's conference highlights.

Meeting schedule will include:

- Lectures on state-of-the-art neurointerventional techniques;
- Presentation and discussion of complications and saves (expanded this year);
- Sessions on "Clinical Practice Management" and "A Global View of Stroke – Prevention, Treatment & Recovery";
- Practical lab workshops offering hands-on training in aneurysm, stroke and spine interventions;

AND back by popular demand . . .

- An ASITN/ASNR/SIR officially "approved" carotid stenting training course (including lectures and full "hands-on" labs).

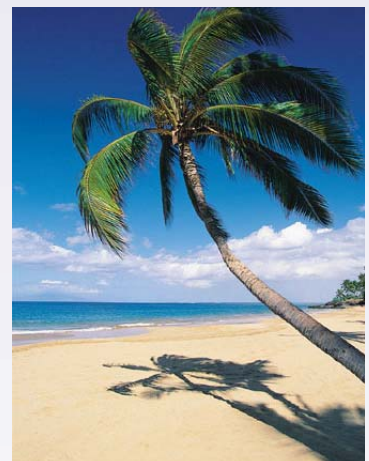


An exciting addition to this year's conference activities is the acceptance of Scientific Abstracts for poster and oral presentations. Please watch the ASITN website for further information on on-line submissions, scheduled to open in the first quarter of 2005.

A notable change that all of our Senior members should be aware of is that the ASITN Business Meeting will now be held in conjunction with our Annual Course & Workshops. In the past, the Practicum was our only conference format, but we are making adjustments to ensure that all membership related activities and committee meetings coincide with our Annual Meeting.

In addition to a unique educational opportunity, the Second Annual Course & Workshops will also offer multiple recreational activities and expanded free time to enjoy them. Attendees will have the option of participating in the ASITN Golf Tournament played on The Arnold Palmer Course at the Turtle Bay Resort, the site of an annual stop of the PGA CHAMPIONS TOUR.

As the winter weather bears down on many throughout the nation, envision yourself and your family in the tropics of Hawaii this summer. Make your plans now to join your colleagues from around the world in paradise!



3RD ANNUAL ASITN Practicum

May 20-22, 2005
Westin Harbour
Castle Hotel
Toronto, Ontario,
Canada

Plans Well Underway for Third Annual Practicum

Rob Tarr and Tom Marotta are co-chairing the program committee for the Third Annual Practicum, hosted outside the US for the first time. The meeting is scheduled for May 20-22 in Toronto, Ontario, Canada with the first session beginning Friday, May 20th at 3:00 pm.

Please note: the Practicum will be held **PRIOR** to the ASNR this year. The meeting format will be similar to last year, with hands-on workshops on Saturday afternoon. Friday afternoon will offer a session on Head and Neck Vascular

Anatomy and Intervention as well as an interactive session on Carotid Stenting. The Friday evening dinner will focus on training requirements and reimbursement issues related to carotid stenting. On Saturday morning, we go back to basics and draw our attention to neuroimaging for the neurointerventionist. Sunday will be split between the science of aneurysm treatment and stroke interventions. Feel free to contact Rob or Tom with any thoughts or suggestions for the meeting. See you in Toronto!



Welcome New ASITN Members!

The following new members were approved at the ASITN Business Meeting in Seattle, Washington. Please help us extend a warm welcome to them!

Senior Members

Firas Al-Ali
Borgess Medical Center
Kalamazoo, MI

Kuo H. Chao
Columbia-New York Presbyterian
New York, NY

Lawrence K. Conrad
Massachusetts General Hospital
Boston, MA

Sanjeev Deveshwar
Greensboro Radiology
Greensboro, NC

Philippe Gailloud
Johns Hopkins Medical Institution
Baltimore, MD

B.J. Gralino
Harris Methodist Hospital Ft. Worth
Ft. Worth, TX

Jay U. Howington
State University of New York-Buffalo
Buffalo, NY

James W. Jaffe
Lehigh Valley Hospital
Allentown, PA

Reza Jahan
University of California, Los Angeles
Los Angeles, CA

Uday S. Kanamalla
Temple University School of Medicine
Philadelphia, PA

Demetrium Lopes
Rush-Presbyterian St. Luke's Medical
Center
Chicago, IL

Feroz Maqbool
Oklahoma University Medical Center
Oklahoma City, OK

Hilario Martinez
University of Illinois at Chicago
Chicago, IL

Sean Muldowney
Cabarrus Radiologists
Concord, NC

Charles Prestigiacomo
UMDNJ
Newark, NJ

James Rabinov
Massachusetts General Hospital
Boston, MA

Suryakumar Reddy
Via Christi St. Francis
Wichita, KS

Raymond U. Weir
Bloomington Radiology
Normal, IL

Associate Members

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Akron, OH

Archie R. McGowan
Portsmouth Regional Hospital
Portsmouth, NH

Christopher S. Ogilvy
Massachusetts General Hospital
Boston, MA

Warren R. Selman
University Hospitals of Cleveland
Cleveland, OH

Jeremy S. Weiss
Providence Portland Medical Center
Portland, OR

Junior Members

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Boston, MA

Franklin A. Marden
University of Illinois at Chicago
Chicago, IL

Alain Perlow
Jackson Memorial Hospital
Miami, FL

Andrew R. Xavier
UMDNJ-NJ Medical School
Newark, NJ

Dileep R. Yavagal
University of California, Los Angeles
Los Angeles, CA

Osama O. Zaidat
Duke University
Durham, NC

Interventional Neuroradiology Hits Prime Time!

The field of interventional neuroradiology made its prime time debut on a February 17th episode of the NBC hit series, "ER". The storyline revolved around a patient, played by Cynthia Nixon (formerly of "Sex and the City"), who was brought into the ER with a stroke. Treated by an "invasive neuroradiologist" with Concentric Medical's Merci® Retriever System, the patient made a full recovery, uttering the words "thank you" to doctors in the final scene before fade-out to credits.

As the story was told from the patient's perspective, the episode clearly communicated medical facts on pertinent stroke issues including signs, symptoms and risk factors. The script even worked in the reality that intravenous tPA administered outside the three-hour time window could risk a bleed.

The show presented ASITN with a unique publicity opportunity as not only was stroke profiled in a compelling storyline, but also the profession of interventional neuroradiology was portrayed as the leading specialty utilizing cutting-edge techniques to treat the condition. Ultimately, hundreds of thousands of viewers tuned in...and walked away from an hour of television drama more knowledgeable about symptoms, treatment options and the physicians who can save their lives or the life of a loved one in the event of stroke.

Past President's Message

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a Society have embarked upon. A battleship moving forward is far more effective than a sailboat sitting dead in the water.

It may be easier to let our leaders and others do the work of building, protecting, and advancing this profession. Easier . . . but not nearly as effective. We speak much louder when our collective voice is supported by individual involvement and a commitment to a unified mission. Will you lend your voice? For the benefit of the future of our field, and most importantly, our patients, I hope the answer is yes. Our profession and our future patients need all of us. Now.

Meet the New Committee Chairs!

The following ASITN members have graciously accepted the invitation to serve the Society by serving as a Committee Chairman. If you are interested in helping them provide this valuable service, please e-mail ASITN at info@asitn.org and let us know which committee is of interest to you.

Billing/Coding Committee

Andy Ku

Communications Committee

Rich Berger

FDA Committee

Bob Hurst

Practice Building Committee

Firas Al-Ali

Standards Committee

Phil Meyers

Technology Assessment Committee

Harry Cloft

Neurointerventional Stroke Device Receives FDA Clearance

Concentric Medical received clearance from the US Food and Drug Administration (FDA) in August 2004 to market the MERCI Retriever, the first device cleared by the FDA to remove blood clots from the brain in patients suffering from ischemic stroke.

Members of ASITN and other neuro specialists heard the news as it was announced during the First Annual Course & Workshops in Boca Raton, Florida, the first independent annual meeting hosted by ASITN.

According to Concentric representatives, the MERCI Retriever is specifically designed to treat ischemic stroke by removing the clot and restoring blood flow to the brain. The FDA granted clearance of the device after a

thorough review of patient data obtained in a clinical study at 25 medical centers in the United States. The MERCI (Mechanical Embolus Removal in Cerebral Ischemia) Trial evaluated the Merci Retriever in 141 patients who were ineligible for tPA including those who were up to eight hours into their stroke.

Gary Duckwiler, MD, president of ASITN and Study Investigator in the MERCI Trial, says that he and many others in stroke centers across the nation who have utilized the device see it as one of the most significant technological advancements in the treatment of stroke. "The results we achieved at UCLA have dramatically changed our approach to acute stroke patients and it is our first line of therapy in patients who don't qualify for or fail IV thrombolysis."

New Dues Amounts Approved in Seattle

As most of you are aware, the ASITN has not raised dues in several years. However, we have tremendously increased our visibility and activities in the past two years. We are now hosting and managing two meetings each year, publishing a four-color newsletter, publishing patient information brochures and developing multiple collaborations with other National Societies. The Executive Committee suggested and the voting membership approved the following dues increases for the 2005 dues year:

Category	2004 Dues	2005 Dues
Senior (new category, formerly Active)	\$200.00	\$300.00
Active (new category)	N/A	\$300.00
Corresponding	\$100.00	\$150.00
Associate	\$50.00	\$100.00
Junior	\$50.00	\$50.00
Clinical Associate (new category)	N/A	\$50.00

The executive committee feels that ASITN members will still receive a great value for their membership dollars and look forward to your continued participation.

New Executive Committee Takes Office in Seattle

The 2004-2005 Executive Committee took office at the Annual Business Meeting in Seattle. Listed below, please find your new Officers. Feel free to contact any of them with questions or suggestions for ASITN.

President

Gary R. Duckwiler, MD
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Bylaws Changes Voted into Effect at June Business Meeting

At the June Members Business Meeting in Seattle, many important bylaws changes were voted into effect. Highlights of those changes includes:

- Creation of a new "Senior" membership category. All members who were formerly "Active" have been automatically moved to this new category. This group will be those who spend at least 50% of their time practicing interventional and therapeutic neuroradiology.
- A change in definition for the "Active" membership category. This group will now represent those who spend at least 25% of their time practicing interventional and therapeutic neuroradiology.
- Creation of a new "Clinical Associate" membership category to allow membership to those technologists, nurse practitioners and physician assistants who work closely with us in our day-to-day practice.
- Creation of ASITN Fellows to honor those who have made significant contributions to the field of interventional and therapeutic neuroradiology and to ASITN.
- Membership applications will now be accepted quarterly.
- The term of office for the Treasurer will be two (2) years beginning with the 2005 elections.

Michael Brothers Award Recipient Named at ASNR

ASITN is pleased to announce that the 2004 recipients of the Michael Brothers Memorial Award are Beth A. Schueler, Ph.D., David Kallmes, MD and Harry Cloft, MD, Ph.D. from the Mayo Clinic. Their manuscript, "Three-Dimensional Cerebral Angiography: Radiation Dose Comparison with Digital Subtraction Angiography" was named the Best Paper in Interventional & Therapeutic Neuroradiology at the 42nd Annual Meeting of the American Society of Neuroradiology, held June 5-11, 2004 in Seattle, Washington.

Congratulations to Drs. Schueler, Kallmes and Cloft!

People in the News

- ASITN's stroke treatment received huge press in the January 17 issue of *People Magazine*. The two-page article featured the MERCI retrieval device, its inventor (ASITN Member, **Pierre Gobin**) and a patient of ASITN Member **Thomas Grobelny**. This excellent coverage in such a mainstream publication will increase our visibility to the general public.
- ASITN Member **Allan Brook** received a special award from the Bronx County Medical Society for his role in the successful separation of conjoined Filipino twins Carl and Clarence Aguirre in August 2004.
- ASITN Member **Richard Berger** appeared on KAKE channel 10 (Wichita) as the first physician to place an FDA-approved carotid stent with distal protection in Kansas.
- Congratulations to **Alex Berenstein** who was featured in *New York* magazine's "Best Doctors" issue.
- ASITN Treasurer **Rob Tarr** and his partner **Jeff Sunshine**, appeared in the *Cleveland Plain Dealer* in an amazing article that documented their life-saving intervention on one of their radiology colleagues who suffered a stroke.
- Congratulations to **Bob Hurst** who was featured in *Philadelphia* magazine's "Top Doctors" issue.

If you have been featured in a local, national or worldwide publication, please let us know! Contact Marie Williams at 703-691-2272 or via e-mail at info@asitn.org.

Editors Column continued from page 3

WHO SAYS GOOD NEWS DOESN'T SELL?

The Fred Hutchinson Cancer Research Center (Seattle) was sued by relatives who claimed that the center *lured* leukemia patients into clinical trials – 20 years ago. They said that all of the risks of the bone marrow trials had not been explained. They said their relatives died prematurely.

But the jury proved remarkably rational. They figured out the nature of clinical trials. At stake were all clinical trials somewhere around 80,000 a year – which would have become a target, and a bonanza, for the tort lawyers.

The Center walked. After the trial, one juror asked, "would a prudent patient have decided differently?" He was thinking of his own future.

There's always hope.

PAINKILLER PANIC

Well, Vioxx is gone. Celebrex is under attack. Want to reduce the likelihood of colorectal cancer? (Ironically, the Merck sponsored study that provoked the drug's withdrawal confirmed that efficacy). Want to begin work on other Cox 2 inhibitors? Good luck.

No, this is not far outside our field. This is about a really terrible three-way alliance of risk averse federal regulators, trial attorneys, and sensationalistic media. On the one hand, interpreting scientific studies is not so easy. Study design is rarely perfect, the populations never exactly comparable, and everybody has a bit of bias. On the other hand, evidence-based medicine is the best way to get at least close to the truth. The three-way alliance hurts us and our patients. Time to press for tort reform.

President's Message continued from page 2

hip at all times. Who have I become? No one forced me to change so much; I did it because I wanted to. Clinical and technical expertise will always be valued. If you provide a valuable service, you enjoy what you do, and if you look forward and not backward, you will find your path much as I did mine. I am not a Pollyanna about the political climate. As

president, I guarantee you that the ASITN will continue to recognize problems facing us. I am committed to work for you and provide you the tools to succeed. Look at what you need to get you where you want to be and we will assist. Change will always occur. Embrace, adapt and flourish.

ASITN Takes the Lead In Establishing Multi-Society Group To Support Advancement of the Neurosciences continued from page 1

the document went online in *Radiology*, the official journal of the Radiological Society of North America, in November and in *Neurology* in December. Other publications include the *American Journal of Neuroradiology* (November/ December), the *Journal of Vascular and Interventional Radiology* (December), *Radiology* (January), and *Neurology* (January).

"In the spirit of our new Coalition, this document included input from practitioners in multiple disciplines including interventional neuroradiology, interventional radiology, neurology and neurosurgery," said Connors, lead author of the consensus statement. "This joint effort had as its goal the task of ensuring that the benefits of carotid stenting and other neuroendovascular interventions outweigh the risks, namely stroke. In order to accomplish this objective, we set forth criteria that detail the basic skills and knowledge necessary to perform these procedures safely and effectively."

Specifically, those requirements, as outlined in the document, mandate a minimum of six months of formal neuroscience training including neuroradiology, neurosurgery, neurology, and vascular neurology in ACGME-approved programs for any practitioner performing cervicocerebral interventional procedures, including carotid stenting. Also, a total of 100 appropriately supervised diagnostic cervicocerebral angiograms should be completed before post-graduate training in cervicocerebral, interventional procedures, including carotid stenting. Thirdly, the Neurovascular Coalition recommends a defined training pathway for carotid stenting for any qualified practitioner.

In the two months since the document was first published online, ASITN has fast become a recognized resource for multiple practitioners and hospitals seeking to establish creden-

tialing, competency and training standards for their own carotid stent programs. As this newest initiative has begun to make its way into the professional journals of multiple specialties as well as other niche publications which focus on the neurosciences, Duckwiler says it's exciting to see ASITN be recognized as an industry leader in helping to set precedents which ultimately preserve the highest standards in medical practice and patient care.

With procedures such as carotid stenting which indicate stroke and death rates ranging from 4.4% to over 12% at 30 days, with a one-year stroke and death rate of up to 12% (according to the latest randomized controlled trial data), Connors adds that a consensus standards document was really not an option, but a long overdue necessity. "These kinds of statistics have serious consequences not only for patients and their families but also for our hospitals which cannot afford sub-optimal outcomes."

In striving to build on the success of the standards document as well as strategize on other pressing issues facing the neuroscience community, the Neurovascular Coalition held its first official joint meeting in New Orleans during the Joint Section Meeting in February. "Our first meeting in New Orleans set the tone for what we anticipate to be an exciting future of continued partnerships with leaders and representatives in our sister societies," said Duckwiler. "It is an exciting time in the life of our society as we embark on this visionary and collaborative effort."

We will report the results of that meeting in the next newsletter.

NOTE: The competency paper may be viewed in its entirety at <http://radiology.rsna.org/cgi/content/full/2341041349v1?eaf>

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In Remembrance

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Tony Jackson Ryals, MD died November 7, 2004 in a motorcycle accident. He was a neuroradiologist employed with Radiology Specialist and Neuro Medical Center in Baton Rouge, Louisiana. Donations may be made to The Tony Ryals Memorial Fund, RSNA Research and Education Fund.

Calendar of Events

ASITN Events

American Society of Interventional & Therapeutic Neuroradiology

3rd Annual Practicum
May 20-22, 2005

Toronto, Ontario, Canada
Contact: ASITN, 703-691-2272

American Society of Interventional & Therapeutic Neuroradiology

2nd Annual Course & Workshops
August 1-6, 2005

Oahu, Hawaii
Contact: ASITN, 703-691-2272

Other Events

SIR Annual Meeting
March 31-April 1, 2005
New Orleans, Louisiana
Contact: SIR, 800-488-7284

American College of Radiology
Annual Meeting
April 9-14, 2005
Washington, DC
Contact: ACR, 800-227-5463

American Society of Neuroradiology
43rd Annual Meeting
May 21-27, 2005
Toronto, Ontario, Canada
Contact: ASNR, 630-574-0220

World Federation of Interventional & Therapeutic Neuroradiology
8th Congress
October 19-22, 2005
Venice, Italy
Contact: Marco Leonardi, +39 051 06225520

The Embolus

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