

Inside this issue

2005 ASITN Annual Meetings... Snapshots of Success!



Hawaii – Picture Perfect!

Joshua Hirsch, MD, 2nd Annual Course & Workshops Chair

Following in the footsteps of the First Annual Course & Workshops in Boca Raton, Florida, this year's annual meeting in the tropics of Oahu, Hawaii proved to be every bit as spectacular. With attendance topping 260 participants, a paradise setting and outstanding sessions and workshops, the Second Annual Course & Workshops achieved a kind of success that more often than not graces only the most established meetings.

Indeed, this year's annual meeting succeeded in setting a foundation carefully laid with last year's inaugural effort. Many elements contributed to the shine of this year's event, not the least of which was the program itself. Ambitious in nature, this year's schedule included sessions on the topics deemed most crucial by leaders and participants alike, such as "Coated Coils vs. Bare Platinum Coils" and

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Canada – In Focus!

Rob Tarr, MD
3rd Annual Practicum Co-Chair

The 2005 Third Annual ASITN Practicum held in Toronto was a tremendous success. The program was co-chaired by Tom Marotta, MD and myself. More than 240 participants attended the 2 1/2-day meeting and industry support was superb.

Meant to be an introductory practical issues conference, this year's Practicum was that and much more, merging how-to sessions with basic science and pharmacology. The

Friday afternoon session bridged the gap with the weekend Head and Neck ASNR NER Foundation Symposium with an excellent review of normal head and neck vascular anatomy given by Jacques Dion, MD as well as practical lessons regarding head and neck tumor embolization presented by Lee Jensen, MD. Friday evening was capped off by a dinner symposium review of the Wingspan stent results presented by Arani Bose, MD and sponsored by Boston Scientific Neurovascular.

During the Saturday morning session we were educated by leaders in the field on

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President's Message

John Barr, MD

ASITN – On the Move!

ASITN has moved to new offices in Fairfax, Virginia. You should have received a letter and notepad from our President, John Barr, notifying you of this change. We are very excited about our new offices and welcome your visit if you ever find yourself in the Washington, DC area.

Please make a note in your records that the new contact information for ASITN is:
3975 Fair Ridge Drive
Suite 400 North
Fairfax, VA 22033
703-691-2272 (phone)
703-691-1855 (fax)
info@asitn.org (e-mail)

Please note that our phone, fax and e-mail address have not changed.

I learned quickly why Gary Duckwiler was smiling so broadly when he handed me the gavel at our annual business meeting in Hawaii. I had naively assumed that being President was probably not much busier than being Vice President or President-Elect. I was mistaken. As ASITN has matured, we have extended our influence into a very wide network of political, scientific, educational and governmental organizations. Managing all of this is indeed quite a task, for which I am grateful to have the able assistance of Marie Williams and Anne Mercer, as well as my colleagues on the Executive Committee.

I believe there are two key issues for our members. Is ASITN helping to improve our members' ability to provide good care for our patients and to be reimbursed adequately for such care? On both issues, I believe ASITN is performing well and continuing to perform even better with time.

Our educational programs have multiplied over the past three years. Both the Practicum and the Annual Course and Workshops have seen increasing attendance. Feedback from the membership has been instrumental in refining these meetings to provide the educational benefits specifically requested by our members. The vast majority of the feedback has been positive. The relatively few negative issues have been scrutinized and corrected by the time of the next meeting. Last year, we revised our annual meeting with the Joint Section on Cerebrovascular Surgery to include collaboration with the International Stroke Conference. For this year, we have further revised this meeting to achieve a true integration with the ISC. In comparison to our

previous single annual meeting, the three current annual meetings provide much greater educational content that helps us all to provide better patient care. Of equal importance, we have managed to make each of these meetings financially successful, so that we will be able to provide these educational benefits on a continuing basis.

ASITN continues to work diligently with other medical societies and specialties, industry and government to improve coverage and reimbursement for treating neurovascular disorders. ASITN helped to obtain the new DRG #559 for acute stroke intervention, which approximately doubled reimbursement. We have also helped

to secure an agreement to create a unique ICD-9 code for endovascular embolectomy effective in 2007. The goal of this is to allow accurate collection of cost data to support a specific DRG for such procedures. Over the past year, ASITN led the successful effort to obtain the new CPT codes for intracranial angioplasty and stenting for atherosclerosis

and vasospasm. In spite of the approval of the new codes, the pre-existing national Medicare non-coverage policy for intracranial atherosclerotic stenoses has complicated our efforts to obtain reimbursement. We continue to work with CMS to resolve this frustrating issue. I hope that this will be resolved by the time the next edition of *The Embolus* reaches you.

The direction and goals of ASITN have been and will continue to be as the membership desires. Your input remains vital to ASITN. Fortunately, our membership has no shortage of individuals who speak their minds. It is a challenge and great responsibility to lead our society. I am privileged to serve you.

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is performing well
and continuing
to perform
even better
with time.*

Bask in the Beauty of an Exquisite Island Retreat as ASITN Journeys to Puerto Rico

Building on the success of the first two annual meetings, ASITN is heading south to the beautiful island of Puerto Rico for the 3rd Annual Course & Workshops.

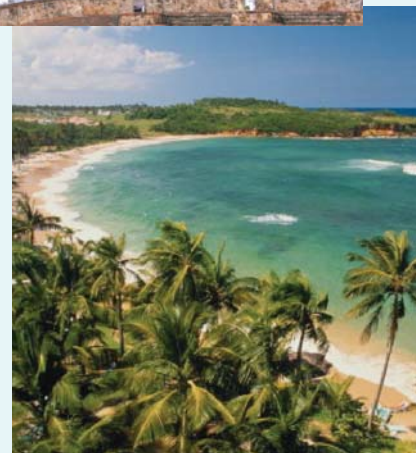
This third annual meeting will include:

- Specialized sessions on practical applications for neurointerventional procedures;
- Presentation and discussion of complications and saves;
- Interactive roundtable session on various neurointerventional techniques; and
- Practical lab sessions offering hands-on training in aneurysm, stroke and spine interventions. Programming will be geared to neurointerventionists' differing levels of experience.

Due to the overwhelming success of ASITN's first abstract submission opportunity in 2005, we once again welcome your participation. On-line submissions will open in the first quarter of 2006.

You'll want to take advantage of the island's exceptional recreational opportunities. Enjoy a tour of the Bacardi factory, a stroll through Old San Juan, or take advantage of the hotel's Water Sports Center with wave running, parasailing, kayaking, sailing, snorkeling and more.

Make plans to bring your family and enjoy a one-of-a-kind vacation! See you in paradise!



ASITN Appears Before Medicare Committee on Vertebroplasty and Kyphoplasty

The Centers for Medicare & Medicaid Services (CMS) convened a meeting of its Medicare Coverage Advisory Committee (MCAC) on May 24, 2005 to review the scientific evidence on the effectiveness of vertebroplasty and kyphoplasty, which are in the management of vertebral compression fractures in the Medicare population. Lee Jensen, MD and Joshua Hirsch, MD presented on behalf of ASITN. CMS is interested in stimulating data collection and dissemination regarding the effectiveness of vertebroplasty and kyphoplasty and plans to issue a draft guidance document over the next several months. At present, vertebroplasty is universally covered and kyphoplasty is generally covered under Medicare.

Jensen and Hirsch each highlighted

before the MCAC relevant excerpts from the new ASITN/SIR position statement and the joint comment letter to CMS. Hirsch touched on the human aspects – that patients want treatment rather than medical therapy. Jensen emphasized that vertebroplasty is safe and effective for patients with compression fractures who fail conservative therapy.

The MCAC hearing also featured invited presentations. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC) reported on its recent technology assessment of vertebroplasty and kyphoplasty that found insufficient evidence for either procedure. The committee heard of plans for a retrospective review of claims data for vertebroplasty to be conducted by the University of Alabama-

Birmingham, with support provided by Blue Cross and Blue Shield of Alabama. Isadore Lieberman, MD, presented his kyphoplasty findings. A presentation of the biomedical aspects of vertebroplasty was also made.

Steve Phurrough, MD, director of CMS's coverage and analysis group, reiterated that the hearing's purpose was that of evidence and that the MCAC does not advise on coverage or payment. In the end, the MCAC panelists generally concluded that vertebroplasty and kyphoplasty were promising procedures, but found the existing data lacking and identified the need for good outcome studies. CMS plans to use the information from the MCAC meeting to develop a guidance document.

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

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Hawaii – Picture Perfect!

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“Intraarterial Thrombolysis & Thrombectomy: Lessons from Experience”. With an emphasis on a comprehensive educational approach, workshops provided attendees with opportunities to apply what they learned in sessions in actual real-world situations. And for the second time, ASITN hosted an ASITN/ASNR/SIR officially approved carotid stenting training course.

This year’s conference also featured a number of first-time events, including a special roundtable discussion designed to initiate dialogue around issues and solutions confronting the neurointerventionists in the treatment room and an Industry Tech Fair where conference attendees enjoyed a sneak peek at therapies and technology in development. Additionally, ASITN invited the Practice Building Committee to take a first-time role in the conference by designing a special course for the practicing interventionist. This course was divided into two segments, the first being pharmacology and the second being different practice models around the country. Audience polling questions led to significant discoveries about what ASITN members want and need in the educational arena – valuable information that is now being integrated into future Society goals and objectives.

Perhaps one of the most exciting new features of the meeting was the abstract sessions and posters presented in the latter part of the week. In total, ASITN received over 40 submissions, an admirable number for a first-time effort! Congratulations to those whose abstracts were chosen and presented; we look forward to even more submissions in 2006!

In addition to the conference program, the flavor of any meeting is determined by the audience composition. ASITN is proud to report that this year’s meeting was enhanced by a strong international presence including physicians from China, Australia and Japan. Special thanks goes to Ling Feng, MD, Moon Hee Han, MD and Tomoaki Terada, MD, PhD for presenting during the session on “An International Perspective,” an enlightening presentation that succeeded in educating us all on the neurointerventional issues confronted



by our friends and colleagues across the globe.

When reflecting on any conference experience, it is well worth noting that most of us assess the meeting, in part, on the basis of elements outside of program and schedule. The setting can take on huge importance, specifically related to the quality of the hotel/resort, weather, activities, etc. On this point, this year’s meeting scored an unmistakable “10” with a Hawaiian backdrop that can only be described as paradise on earth. Whether tanning, surfing, horseback riding or golfing in the notable First Annual ASITN Golf Tournament on the renowned Arnold Palmer Course, the scenery of the North Shore was exquisite.

Finally, the success of this meeting was due in no small part to our wonderful industry partners, whose collaboration, expertise and commitment to advancing the neurointerventional field is an inspiration to all of us. Thank you so much for making this meeting possible.

In closing, it was our collective goal and my personal hope that each of us would take away from this meeting information that will make a difference in our practices day to day. I appreciate the incredible effort of our Program Committee and everyone who worked so hard to make this meeting such a success. All in all, it was...picture perfect!

See pages 10 and 11 for more photos from Hawaii!!



Two months ago, I received a phone call from John Barr, asking me if I would consider following in Chuck Kerber's footsteps as the second editor of *The Embolus*... geez, I thought... what a gigantic request! I asked John if he could wait a few days so I could think about it. After all, how on earth do you succeed Chuck? I, like many of you, work in a pseudo academic environment where there is no protected time and where days, weeks, months and years have become clinically and administratively busier and busier, profit and loss statements have taken over, bean counters control our lives, reimbursements have dropped and where I have to make daily choices between my patient, academic, teaching, political and personal responsibilities, getting home at 7, 8, 9 PM or later and having a semblance of personal life. Did I really want to add this to my growing mountain of responsibilities? I pondered a while, and decided that I could and should not pass this by. I sincerely hope that I can live up to Chuck's legacy.

I am writing this column on a plane, on my way to the Val d'Iserre ABC/WIN meeting (that I have attended for 21 years in a row and which has inspired me for that many years in so many ways – I wish more Americans attended it, it would greatly expand their minds). Planes are amongst the very few places that force me to be entirely captive and give me time to think and create; no pagers, phone calls or people barging in. As usual, before boarding, I phoned my secretary and friend, Linda, to tell her that I had made it on time and safely to the airport. Linda is just now recovering from a splenectomy, in preparation for a bone marrow transplant to treat her recurrent non-Hodgkin's lymphoma; she is an extraordinary woman and a model of strength, courage and resiliency. I told her that I finally had time to write this column but

had no idea where to start. She simply told me: "Every day I work with you, I witness the miracles that you, your partners and fellows accomplish and that you, to a certain extent, take for granted. Do you realize how far this field has come in the last 20-30 years, and how many patients Interventional Neuroradiology is now

"ASITN's mission, as the leader in neurointerventional surgery procedures and practice, is to promote excellence in patient care, provide education, support research, influence health care policy, and foster the growth of the specialty."

helping, in America and the rest of the world? Why don't you write about Chuck and his peers, who pioneered your specialty and Society, and made it what it is? There would be no better way to begin your Editorship than to acknowledge your seniors." What a great and sage idea...

As I read the blueprint of this issue of *The Embolus*, the veracity of Linda's comments became extremely obvious to me. I looked back to my Presidential Address at the Joint ASITN/JSCVS meeting in Dallas in 2002, the ASITN's tenth anniversary; in that speech, I reviewed our medical, scientific and political progress in the preceding decade. Our Society had progressed from a tiny group of people with a mostly scientific vision, to one that had created a mission statement and commitment that has guided it ever since:

"ASITN's mission, as the leader in neurointerventional surgery procedures and practice, is to promote excellence in patient care, provide education, support research, influence health care policy, and foster the growth of the specialty." Please read all of this issue of *The Embolus* very carefully; would you not agree that we are active on every part of this mission statement, and that we are doing exactly what we had set to do? In the last three years, the fulfillment of that mission has "gone into orbit". Without the boldness, work and vision of neurointerventional North American pioneers such as my mentors, Fernando Viñuela and Allan Fox, and others such as Chuck Kerber, Alex Berenstein, Grant Hieshima, Sadek Hilal, Karel terBrugge, Charles Strother, Joe Horton, Bill Banks, In Sup Choi, John Doppman, to mention only a few (many of whom presided our Society in its early days), and the help and influence of international thought leaders such as Djindjian, Merland, Debrun, Serbinenko, Scheglov, Picard, Moret, Lasjaunias, Theron, etc, Interventional Neuroradiology would not exist as a specialty or a political entity. Thanks to these individuals, we have the incredible privilege to get up in the morning and go to work to practice and enjoy the art and science of interventional neuroradiology... how lucky we are!

I believe a crucial turning point in our evolution occurred when Tom Tomsick became President in 2001; he single-handedly negotiated our transition to a well-organized Society, active in science, teaching, politics, industry relationships, governmental affairs and, importantly, service to its members. Since, the Society has thrived and progressed by leaps and bounds and our membership has greatly expanded, I urge you to get involved in any way you can, and ensure the survival

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

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Canada – In-Focus!

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advanced neuroimaging applications for neurointerventional planning and procedures. Experts such as Richard Farb, MD, Ting Lee, PhD, David Mikulis, MD and Tim Malisch, MD discussed gadolinium enhanced MRA, perfusion CT, functional MRI, and quantitative MRA with special reference to the use of these techniques for neurointerventional procedures.

Workshops on Saturday afternoon were enthusiastically attended and highly interactive. Flow models were optimally utilized to give attendees hands-on experience handling a wide range of neurointerventional products. Additionally, the first-time added dimension of simulators for the carotid stent workshop was well received.

The sessions on Sunday again merged basic science data with practical information. During the morning session, the science of aneurysm

treatment was covered in detail with excellent presentations given by Karel terBrugge, MD, Jean Ramond, MD, David Steinman, PhD, and Alain Weill, MD. These speakers made complex subject matter such as the biogenetics of aneurysm healing and complex flow modeling understandable (even for me).

The finale on Sunday afternoon was a concentrated session on stroke. Jose Suarez, MD and Lucie Thibault, PharmD relayed key information regarding clinical management and drug pharmacology during excellent presentations. Tom Tomsick, MD educated us on lessons he has learned and Joan Wojak, MD rounded out the session by presenting her vast experience with intracranial angioplasty and stenting.

After the meeting was adjourned, many attendees continued onto the 43rd Annual Meeting of the ASNR. Others, like myself, made their way around the lake and across the border (with the top down of course).

Stroke Thrombolytic Receives Reimbursement Approval

The Centers for Medicare and Medicaid Services published a new code that will reimburse hospitals for the use of tissue plasminogen activator, an effective thrombolytic. The shift will help hospitals recoup thousands of dollars lost each year from treating stroke patients.

Diagnosis Related Group code DRG 559 will reimburse hospitals at the rate of \$11,578 per case of acute ischemic stroke treated with a thrombolytic.

Currently, CMS codes pay hospitals a flat rate of about \$4,000 to \$6,000 per acute ischemic stroke case, regardless of whether thrombolytics are used. The dose of tPA required for one intervention, however, costs about \$2,000. The drug's high cost, and consequent diminishing use, led to the effort to pass a new code that would pave the way for cost-effective treatment.

This is a very important step in the care of acute stroke patients, said Gary Duckwiler, MD, immediate past president of the ASITN. "The resources necessary to apply this life saving treatment are significant, which made it

difficult for hospitals to provide this level of care. Reducing the financial barrier will make it possible for more stroke victims and their families to avoid the loss of life and devastating injury that occurs in acute stroke."

In considering the long-term effects of the new code, Duckwiler is equally enthusiastic. "Overall, I expect this to not only save patients, but save money. The costs of long term nursing care, the loss of productivity, and many aspects of recovery care may be significantly reduced as well, resulting in a net decrease in the cost of treatment to the government and taxpayers."

Many resources are needed to effectively treat stroke patients. A number of organizations, including the ASITN, lobbied CMS to create a new code that would both compensate hospitals already providing treatment utilizing tPA and eliminate the financial considerations restraining others.

The FDA approved tPA use in 1996, after data proved the drug could reduce potential brain damage from an ischemic stroke caused

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CSCs: Bane or Boon

With the recent publication of the Brain Attack Coalition's (BAC) description of Comprehensive Stroke Centers (CSC), neurointerventionists are in an interesting position. If the full recommendations are adopted by JACHO, there is a potential for centralization of neurointerventional services, and/or onerous call responsibilities.

The technical challenges of acute stroke care are driving the process of CSCs. In order to take care of these patients, a whole team of neurologists, neurosurgeons, emergency physicians, nurses, technologists, neuroradiologists, neurointensivists, transport personnel, and neurointerventionists are necessary. Since these resources are not available at most hospitals, centralization will be a necessary step. The expectation is that, since the treatment of acute stroke is the most time sensitive medical issue next to acute trauma, the level and availability of those treatment services would be on a 24/7/365 schedule. This follows the level one trauma paradigm.

As the current treatment of acute stroke is in large part based on neurointerventional techniques, our presence is essential. If we are not there, someone else will take our place. Certainly, the advanced treatment of acute stroke by any means is, at the current time, a money loser for the physician and the hospital. However, the downstream benefits to the institution for neuroimaging, neurosurgery, angioplasty/stenting, cardiac procedures and rehabilitation are enormous, not to mention the competitive advantage for a center to be named the CSC in the area. For the neurointerventionist, the immediate benefit to the EMS triage would be expected to be in hemorrhagic stroke, ie, aneurysms. Eventually, I would expect that CMS would catch up with our progress and

payment for interventional treatments for acute stroke would increase. In fact the ASITN and the BAC are making inroads in that area currently.

But can we cover 24/7/365? Will it take 4 ESN/INRs? Will we have to teach our non-neurointerventional associates these techniques to maintain coverage? How many trainees will we need to recruit and train?

Although these questions remain open, the first and foremost question is: Can we afford not to cover acute stroke intervention?

One last note:

At our Annual Meeting in Hawaii, my year as president of the ASITN ended. Although I will remain on the executive committee for another two years, I happily pass on the primary responsibility into the capable hands of John Barr. This year has been difficult, as it is with all years for such a young society. But each year we improve, we become more capable, and I am glad to be a part of that. We have obtained new codes/payments, put on successful meetings, affected a sea change in our associations with our allied neuro fields, and elevated our presence in media and government. We now have an additional staff person, Anne Mercer, who has helped tremendously in our workload. Our meeting planner, Karen Burnett, has helped us invaluablely in our successful meetings. Our accomplishments as a society could not have been achieved without hard working operations and executive committees, the program committees for the Practicum/ASNR, Joint Section/ASITN, Annual Meeting, and the other committees doing hard work for the society. To all, I extend my personal thanks and deep gratitude. Furthermore, I must give special thanks to our executive director, Marie Williams, who has really

transformed our society into a truly effective organization.

As I leave the office of the President, it also means that Randy Higashida finishes his fifth and final year in the Presidential series (Second Past President). I would like to acknowledge his many years of service to our specialty and Society. He has worked tirelessly for the ASITN and will continue to represent our interests whenever he can. He had a string of significant accomplishments during his term which served to ensure the continued existence of our society. While he was on the Executive Committee, Marie Williams was hired, which brought us into the modern age as a Society. He has been involved with or personally written standards on aneurysms, intracranial angioplasty and stenting and carotid stenting and stent training which are extraordinarily valuable to our members seeking credentialing and reimbursement. He was instrumental in acquiring solid funding and planning for our Practicum and Annual meetings, as well as generous support given to us by industry for the existence and growth of the ASITN. Some of these things may seem to occur organically as viewed from the outside, but in reality it takes hours of hard labor to achieve what our Society has accomplished. Randy and all the officers and staff are to be congratulated for their excellent stewardship of our Specialty. Randy, you deserve a rest after all your heavy lifting, but I know (since our days of moonlighting during residency) that you will always continue to pull more than your share.

Finally, my many thanks to the support of you, the ASITN members who are the heart and soul, and our reason for being. See you in San Diego for the Practicum and in Puerto Rico for our 3rd Annual Course and Workshops.

ASITN Presentation at Fall CMS ICD-9-CM Coordination and Maintenance Committee Meeting Well Received

In an effort to support our hospital partners to better identify and code a mechanical thrombectomy procedure used to treat ischemic stroke patients, the ASITN submitted an application to the ICD-9-CM Coordination and Maintenance Committee requesting the creation of a new ICD-9-CM procedure code for this procedure. This application was coordinated with Concentric Medical, Inc. and their Merci® Retriever device was used in the application and presentation as the example.

Immediate Past President, Gary Duckwiler, MD, represented the ASITN at the September 29, 2005 meeting. Duckwiler gave a clinical presentation that described the indications for doing a mechanical thrombectomy procedure. He walked the audience through each step of the procedure, beginning with the assessment of the patient in the emergency room. His presentation included video clips of the Merci® Retriever being used to remove a blood clot and patient case studies.

Members of the Centers for Medicare

and Medicaid Services (CMS) staff then presented the Society's coding request. The audience, mostly comprised of hospital coders, supported creating a new ICD-9-CM procedure code, endovascular removal of obstruction from head and neck vessel(s).

CMS staff will now review the audience's comments from the meeting and any comments CMS receives by December 2, 2005. CMS will make a decision regarding the creation of this new code and it will be published in the Federal Register as part of next year's Inpatient Prospective Payment System (IPPS) proposed (April 2006) and final rules (August 1, 2006) and the new code would be effective October 1, 2006.

Until these decisions are finalized and implemented, (CMS) has provided interim coding guidance regarding the ICD-9-CM procedure codes to use for an endovascular mechanical embolectomy/thrombectomy of intracranial vessels. These codes are to be used until a new ICD-9 procedure code for endovascular mechanical embolectomy/thrombectomy

of intracranial vessels can be placed into use. To review CMS' summary of this issue from the September 29, 2005 meeting of the Committee, and their written interim instructions, please visit CMS' website at http://www.cms.hhs.gov/payment_systems/icd9/

ICD-9-CM Procedure code 38.01 – Incision of Vessel, intracranial vessels – captures that the embolectomy/thrombectomy is being performed on cerebral vessels. CMS recognizes that this code identifies an "open" approach versus an "Endovascular Approach." However for this interim period, the procedure Index guides coders as follows: Embolectomy 38.00, Head and neck NEC 38.02, Intracranial NEC 38.01. Therefore, CMS states to use 38.01 and 38.02, as appropriate, until a new code can be placed into use for endovascular mechanical thrombectomy or embolectomy.

If you have any questions regarding this coding information, please contact ASITN Executive Director, Marie Williams, at 703-691-2272 and the Society will be happy to assist you.

People in the News

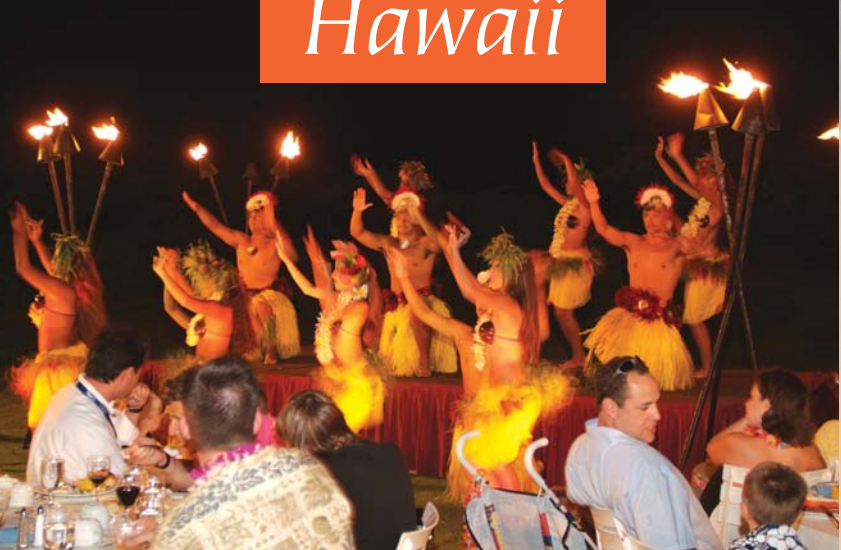
- ASITN Member and Past President **Tom Tomsick** won the Samuel Kaplan, MD Visionary Award for his contribution to cardiovascular medicine. The award honors those who continue the tradition of excellence in cardiovascular science exemplified by Kaplan, founder and former Director of Cardiology at Cincinnati Children's Hospital and former Professor of Pediatric Cardiology at UC.
- ASITN Member **John Chaloupka** was featured in a story in the *Des Moines Register* on a University of Iowa professor who was treated with coiling.
- ASITN Member **Bill Bank** was featured on Washington, DC's NBC Affiliate WDC showing the benefits of coil technology in a case of a pregnant woman who suffered an aneurysm, was treated with coiling and made a full recovery.
- ASITN Members **Joshua Hirsch** and **Alex Norbash** were named by the *Boston Herald* as two of Boston's Top Doctors in the May 2005 special edition of top medical specialists in New England.
- Indiana Governor Joe Kernan named ASITN Member **Steve Willing** to serve a four-year term on the state's new Stroke Prevention Task Force.
- ASITN Member **Jeff Stone** was featured on Augusta, Georgia's NBC Affiliate WAGT with a patient who was treated for ischemic stroke using intra-arterial thrombolysis and made a full recovery.
- Congratulations to ASITN Members **Bill Bank, Richard Pergolizzi,** and **Chris Putman** who were named Top Doctors by *Washingtonian Magazine*.

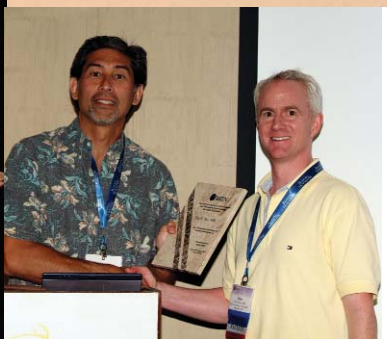
If you have been featured in a local, national or worldwide publication, please let us know! Contact Marie Williams at **703-691-2272** or via e-mail at info@asitn.org.

Highlights

from the Second Annual
ASITN Course & Workshops
August 1-6, 2005

Hawaii





Humanitarian Use Approval for Device to Treat Intracranial Atherosclerotic Disease Granted

The U.S. Food and Drug Administration (FDA) has granted a Humanitarian Device Exemption (HDE) approval for the Wingspan™ Stent System with Gateway™ PTA Balloon Catheter, manufactured by Boston Scientific Corporation. The Wingspan Stent System is designed to treat atherosclerotic lesions or accumulated plaque in brain arteries. Designed for the brain's fragile vessels, the Wingspan™ Stent System is a self-expanding, nitinol stent sheathed in a delivery system that enables it to reach and to open narrowed arteries in the brain. The Wingspan Stent System is currently the only device available in the U.S. for the treatment of intracranial atherosclerotic disease (ICAD) and is indicated for improving cerebral artery lumen diameter in patients with ICAD who are unresponsive to medical therapy.

The FDA granted the HDE approval based on a 45-patient Wingspan HDE Safety Study that was conducted at 12 sites in Europe and Asia. HDE approvals are intended to allow medical device companies to show safety and probable benefit for devices designed to treat a defined group of patients who lack treatment alternatives. The study enrolled patients who had a stroke caused by an intracranial lesion and for whom medical treatment failed to prevent another stroke. The device had a stent success rate of 100 percent, a procedural success rate of 97.7 percent, and a 4.4 percent

incidence of death or stroke in the same hemisphere of the brain as the lesion at 30 days post procedure. The incidence of death or same hemisphere stroke at six-month follow-up was 7.0 percent.

"These are very promising and exciting results," said John Barr, MD, President of the ASITN. "Intracranial atherosclerotic disease is a serious condition and current medical management still leaves many patients at risk for another stroke. This study suggests that the Wingspan device can open arteries safely and offers new hope for the prevention of ischemic stroke."

Initially, Boston Scientific will be launching the Wingspan Stent System to select centers that have extensive experience in the endovascular treatment of ICAD. The Company is currently in discussion with the Centers for Medicare and Medicaid Services about obtaining Medicare coverage and reimbursement for ICAD procedures that use the Wingspan™ Stent System. Boston Scientific is planning additional studies to evaluate the product's performance after launch.

ICAD, the specific condition that the Wingspan Stent System is designed to treat, results from plaque build-up in the vessels of the brain. Studies suggest that between 11 and 22 percent of ischemic stroke patients will experience another stroke within a year despite being on medical therapy.

Corporate Advisory Council

ASITN is pleased to announce that **ADVANCED BIOMATERIAL SYSTEMS** has joined the Corporate Advisory Council. We hope to add many more companies in the coming months. If you work with any companies who would benefit from an enhanced relationship with ASITN, please send their contact information to Marie Williams at williams@asitn.org.

HELP WANTED!

Neurointerventional Radiologist – San Francisco Bay Area

Bay Imaging Consultants, a 65-member private practice group in the San Francisco East Bay is looking for a neurointerventional radiologist to become the Medical Director of NeuroIR for the Sutter East Bay Neuroscience Center. The facility is equipped with a new state of the art Neuro Biplane room with 3D rotational angiography capability. Projected annual volume of 160 NeuroIR cases including 75 aneurysm coiling procedures. The Center is located 30 minutes from SF.

Highly competitive salary with 2 years to full partnership. After successful completion of credentialing process, group desires an immediate date. Please email or send letter of interest and CV to: croy@bmmi.net or Colleen Roy, Manager of Human Resources, Bay Medical Group, 175 Lennon Lane, Suite 100, Walnut Creek, CA 94598.

Practice Building Corner

Firas Al-Ali, MD for the Practice Building Committee

The Future as Our Members See It — Part One: Ischemic Stroke

During the recent annual meeting in Hawaii, the ASITN Program Committee demonstrated its commitment to help all ASITN members in their endeavor to build a bigger and more successful practice. They did so not only by putting together an outstanding scientific meeting, but also by asking the Practice Building Committee to participate. Consequently, we organized a specific course designed to address the needs of the practicing neurointerventionist – an effort that no doubt carried added value to the conference attendee.

This was the first time that ASITN has dedicated time for this purpose and we, on the Practice Building Committee, were honored to have such an opportunity as this effort represents – a vital part of the future of our members and specialty.

The Practice Building Committee opted to divide the course time into two segments. The first focused on Pharmacology, and the second highlighted different practice models around the country. The segments were followed by polling questions wherein audience members discussed their current and future practices. The answers to these questions were very enlightening indeed.

Specifically, the audience participants consisted of 38 responders: 61% neuro-radiologists, 5% Neurosurgeons, 3% Neurologists, 21% have double appointments, and 11% are solo practitioners.

When asked, 89% indicated that they wanted to grow their practice. Their incentive to do so was: 49% – “they love what they are doing and want to do more (“silly” young people)”; 23% – “for financial incentives”; and 29% – “to be able to hire a partner (obviously older “wiser” members)”. We also found a general enthusiasm and confidence in the group, with 92% of the audience believing they will be doing more cases in the future.

Significantly, 91% of the audience thinks that the future growth of our profession will be in the arena of ischemic stroke diagnosis, prevention and management, and from aneurysm treatment. This response brought to light an astounding insight, one that has profound implications concerning our future efforts *and* our future competition.

Clinical management of patients with ischemic cerebrovascular disease demands a thorough knowledge of at least three classes of drugs. The gap we found in this necessary knowledge base is indicated by this fact: despite the fact that 91% of attendees identified ischemic stroke as

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diagnosis...*

their likely area of growth, 89% were comfortable prescribing different antiplatelet medication, but only 39% felt comfortable prescribing statins. And, finally, only 22% felt confident with management of hypertension. All of the above mentioned drug therapies are key components in cerebrovascular medical management.

Recognizing this deficient knowledge base, 89% of the audience said they wanted to learn more about these pertinent therapies. When asked where they should get this information, 40% said from reading materials and 11% from

drug representatives. (Interesting to note, only 17% of the audience knew their drug representatives.) Significantly, 49% said they needed to learn more about these drug therapies from the ASITN. Ultimately, these numbers make a dramatic statement where it concerns our members’ knowledge and comfort level in managing patients – but they also present ASITN with an obvious opportunity for education.

We can identify two complementary approaches to help bridge this knowledge gap. On the one hand, we encourage all members to contact and seek the help of the pharmaceutical companies for educational materials. They can assist you by providing printed materials or hosting a private dedicated lecture almost as many times as the member requests. As their goal is to advance the use of their drug, the pharmaceutical companies have dedicated vast resources to educating the medical community and most are impressive and user-friendly. Of course, bias will always exist in some of these resources and members should always be cognizant of this potential. However, they provide a good starting point for the practicing physician to get familiar with the latest therapies. Finally, as useful as these resources are, they need to be balanced with a more independent source. In this vein, ASITN is equally committed to providing information on pertinent treatments and drug therapies to our members. So, help us know what you need. *As always, we would like to hear from our members regarding expectations of how ASITN can help you best in your clinical practice.*

ASITN Billing and Coding Update

Tim Malisch, MD, Billing & Coding Committee Chair

The ASITN has been active in several processes that will assure that its members can be fairly reimbursed for the critical medical services they provide patients. Working with fellow societies representing radiology, neuroradiology, interventional radiology and neurosurgery, the ASITN submitted an application for and received CPT codes for balloon angioplasty of intracranial atherosclerosis, stenting of intracranial atherosclerosis, and balloon angioplasty of intracranial vasospasm. The RUC process has assigned RVU's to each of these codes. Negotiations with CMS are underway to reverse the existing non-coverage policy for intracranial angioplasty and stenting.

These societies also collaborated with additional societies representing pain medicine, anesthesiology and orthopedic surgery to submit an application for and receive CPT codes for kyphoplasty, again with valuations pending CMS approval to be announced in January.

Finally, the CPT code 22520 for thoracic vertebroplasty underwent its five-year review and at the time of this writing, the valuation remains unchanged.

Study Results for Recently Approved Device to Treat Serious Brain Vascular Disorder Announced at 2nd Annual ASITN Course & Workshops

Neurointerventionists Anticipate Significant Patient Benefits With New Treatment Option

Study results for the recent FDA-approved Onyx® Liquid Embolic System (Onyx) were announced at the ASITN Annual Meeting on Oahu, Hawaii. The first liquid polymer material on the market indicated for pre-surgical treatment of arterio-venous malformations (AVMs), Onyx will provide neurointerventionists across the United States with a valuable treatment option. Under development since 1995, the device is manufactured by Micro Therapeutics, Inc. (MTI).

Onyx is utilized by neurointerventionists to block or fill in the abnormal blood vessel connections in order to reduce pressure and significantly decrease the risk of bleeding.

According to Gary Duckwiler, MD, Principal Investigator for the study at the University of California at Los Angeles and immediate past president of the ASITN, "The study results show that Onyx is a safe medical device that gives physicians a valuable treatment option that can result in better patient outcomes."

The study results were obtained from a multi-center, randomized study including 108 patients treated at 20 U.S. hospitals. Patients presenting as asymptomatic and symptomatic were included. Final results indicated that the Onyx® Liquid Embolic System met the efficacy and safety endpoints of the study, meaning

that Onyx is as safe as the current standard of care.

Physicians participating in the study delivered the Onyx material directly to the AVM in the brain using standard catheter-based therapy. Injected into the vessels under radiological guidance, the Onyx material quickly transforms into a solid polymer cast, thereby sealing off the vessels in the AVM from blood flow and reducing the risk of rupture.

According to Duckwiler, Onyx does provide physicians with some significant advantages in the treatment process. Because the material is non-adherent and won't stick to the catheter (sticking results in immediate halt to treatment), the physician is not forced to work as quickly once the material is injected. This extended working time, in turn, enables the physician to control the delivery of the material to the abnormal blood vessels, monitor the ongoing therapy as it is in process and inject and occlude (block) larger portions of the AVM than was previously possible.

AVMs are believed to affect approximately 300,000 Americans, occurring in males and females of all ethnicities and races at equal rates. Many patients do not know they have an AVM, while in other cases; patients experience symptoms including headaches and seizures.

New ASITN Membership Directory Coming Soon!

Did you pay your 2005 dues? If not, please contact ASITN ASAP.

Production on the 2005-2006 ASITN Membership Directory has begun.

All paid members will be listed in this new publication.

New Executive Committee Takes Office in Hawaii

The 2005-2006 Executive Committee took office at the Annual Business Meeting in Hawaii. Listed below, please find your Officers. Feel free to contact any of them with questions or suggestions for ASITN.

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International Subarachnoid Aneurysm Trial (ISAT) Update

New findings from the International Subarachnoid Aneurysm Trial (ISAT) published September 2, 2005 in *The Lancet* have shown that coiling an aneurysm rather than clipping it meant significantly more patients were alive and well seven years later.

The minimally invasive coil treatment produced an absolute reduction in death or a disabling stroke at one year after treatment for 74 out of every 1,000 patients with this type of brain hemorrhage, reducing the risk of death or disability by nearly a quarter compared to surgery.

Crucially, these latest results show that this initial benefit has been maintained throughout the seven-year follow up.

Subarachnoid hemorrhage affects about 30,000 patients in the US, 6,000

patients a year in Britain and 50,000 in Europe. Most patients are between 40 and 60 when they experience a brain hemorrhage. The consequences of patients being left disabled and unable to work are very serious for them, their families and society. The new treatment is likely to reduce the burden of long term disability from this devastating type of brain hemorrhage very significantly.

The trial was led from Oxford, England, by clinical researchers Dr. Andrew J. Molyneux, a neuroradiologist and Mr. Richard Kerr, a neurosurgeon, with close cooperation between the Oxford Radcliffe Hospital NHS Trust, The Radcliffe Infirmary and the University of Oxford.

Preliminary findings from the study were published in 2002 and the trial was

stopped early because results showed that coiling was producing a significantly better chance of patients surviving without disability. However, there were still some concerns among neurosurgeons that the coiling technique could lead to late re-bleeding.

Said Molyneux: "Our results from following up patients for seven years will be reassuring to patients and doctors alike. Although treatment changed from surgery to coiling in many countries after our promising preliminary results in 2002, some countries have been slow to adopt coiling because there was still concern among neurosurgeons over the potential risks of re-bleeding. But, our latest data show that the initial benefit has been maintained."

Tomsick TUH 2004 Surgical Physician of the Year

The administration of The University Hospital (TUH) honors one medical physician and one surgical physician each year, whose dedication enhanced TUH as a leader in professional practice and patient-centered care. The 2004 Surgical Physician of the Year is Thomas Tomsick, MD. Exerpts from Tomsick's nomination include:

"Dr. Tomsick is a dedicated physician who is a nationally and internationally recognized leader in the field of interventional neuroradiology. He practices "cutting-edge" medicine and has pioneered a number of minimally invasive, image guided, neurotherapeutic procedures that have benefited patients with serious neurologic problems who are not good candidates for surgery. He is an important member of the Stroke Team and the Neuroscience Institute. Dr. Tomsick has received

numerous accolades from various organizations including a recent "best doctors in Cincinnati" from *Cincinnati Magazine*."

"Dr. Tomsick is analytical and meticulous in his work. He is compassionate and well liked by patients. He has the respect of his subordinates and physician colleagues. The neuroradiology section he manages is well organized, highly productive, and focused on high-level patient care."

"Dr. Tomsick consistently exhibits the best qualities in a physician and is an asset to the University Hospital, The Health Alliance and the University of Cincinnati."

ASITN has known for years how amazing Dr. Tomsick is and we are so pleased that he is getting the recognition that he deserves! Congratulations Tom!



4th Annual ASITN Practicum Heads West!

Don't miss the 4th Annual ASITN Practicum as it heads to beautiful San Diego immediately following the ASNR, May 5-6, 2006! Co-chairs Lee Jensen & Ted Larson, along with their program committee, are hard at work creating an exciting and interesting educational course.

The 4th Annual Practicum continues its tradition of offering:

- Practical Solutions for Neurointerventional Challenges;

- Case-based Discussion;
- Learning Opportunities for both the Experienced and Novice Neurointerventionist;
- And Much More!

Keep pace with the current trends in the neurointerventional world and enjoy valuable time with your colleagues as you share practical solutions to everyday problems, all within a compact two-day period.

Watch your mail in early 2006 for the registration brochure!



Member Profile *Thomas J. Grobelny, MD*

“Action!”

This is Thomas Grobelny’s favorite saying and what he exclaims when he is about to start a procedure. It can also sum up much of his life.

Thomas grew up in Poland during the rule of Communism, a time when his country was isolated from the West. He was a happy child with no early plans for a career in medicine. Two of his friends influenced his decision to attend the Medical School in Wroclaw, Poland. When they decided to go, Thomas said, “Why not!”

After graduating in 1986, he got his first job – and his first experience with the immense obstacles inherent in the Polish medical system. He knew what he could do to help patients; what he did not know was how to work around the financial deficits in healthcare and he was not alone. During the mid-1980s, many young professionals could not foresee a bright future for themselves in Poland and began to emigrate.

Seeing this as his only opportunity for advancement and professional satisfaction, Thomas also decided to leave Poland. In 1987, he left his wife and small son behind and went straight to the American Embassy in Rome, Italy to ask for political asylum. He spent a year in Italy learning the English language and meeting visiting Americans. He met a woman from California who agreed to sponsor Thomas if he immigrated to the United States. Another friend, an emergency room doctor from San Diego, also

agreed to help him. So Thomas moved to California, a place familiar to him only “because everyone knows about Hollywood.”

Thomas spent two years in California, mostly in the La Jolla/San Diego area. He supported himself by working part-time at anything he could find, earning a living at everything from handyman work to physical therapy. And he improved his English by spending his spare time in Southern California drinking establishments! Thomas is proud of the fact that he was able to support himself by taking on any jobs that came his way, while also studying for and passing the Educational Commission for Foreign Medical Graduates (ECFMG) exams.

In 1990, Thomas moved to New York City, where his wife, Eva and seven-year old son, Bartosz, joined him after a three-year separation. It was a difficult transition for his family members. Neither could speak English and Bartosz could not communicate with his classmates when he entered school. But after a year-and-a-half, Bartosz was fluent in English and doing well. Now 21, Bartosz has graduated from Columbia University and is following in his father’s footsteps, attending medical school at Thomas Jefferson University in Philadelphia.

Thomas trained in general surgery and diagnostic radiology at Columbia University of Physicians and Surgeons at Harlem Hospital Center in New York City, and in diagnostic neuroradiology with an ENT fellowship at Thomas Jefferson University Hospital in Philadelphia. He completed a neurointensive care/interventional neuroradiology fellowship, also at Jefferson. He then moved to Los Angeles for a year, where he created many fond memories of time spent with “the guys” (“You know, the guys – Fernando, Gary, Pierre, Reza and Yurichi”) as an interventional neuroradiology fellow under Fernando Viñuela at UCLA Medical Center.

But he is most proud of the last five years he has spent as director of neurointerventional surgery at Saint Luke’s Hospital in Kansas City, Missouri. Though he thoroughly enjoyed the journey, he considers his current work his most interesting accomplishment; a place where he has “matured as a person and physician” and is proud of “the way the practice has evolved.” And he certainly has reason to be proud. Thomas has been featured in two highly visible national publications, one being the January 17, 2005 issue of *People* magazine which

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First Annual ASITN Golf Tournament a Swinging Success

The First Annual ASITN Golf Tournament was held in conjunction with the Second Annual Course & Workshops on Oahu, Hawaii at the spectacular Arnold Palmer Course at the Turtle Bay Resort. More than 60 duffers enjoyed a picture perfect day on the links.

The team of Bart Balkman, Josh Hirsch, Jeff Miller & Brett Wall won the tournament with a score of 60 (12 under par).

Josh Hirsch continued his "stroke of

luck" by snagging the Closet to the Pin Award as well. Ken Crilley picked up the Longest Drive Award.

ASITN would like to thank Cordis Neurovascular for their generous support of this first annual event.

Anticipation is already building for the Second Annual ASITN Golf Tournament to be held on Wednesday, July 26 at the Westin Rio Mar Resort in Rio Grande, Puerto Rico. Start practicing that winning swing!

AMA Foundation Offers Grants

The American Medical Association (AMA) Foundation announced that it is offering grants to help physicians rebuild their medical practices in the wake of Hurricanes Katrina and Rita. Grants will be awarded from the AMA Foundation's newly established Health Care Recovery Fund, an ongoing fund that will also be available to physicians affected by future natural or man-made disasters.

Physicians whose practices were damaged or destroyed in areas declared disaster zones by the Federal Emergency Management Agency are eligible to apply. Applications are available online or by mail through the AMA Foundation, 515 N. State St., 11th Floor, Chicago, IL 60610. Physicians need not be AMA members to apply, nor will their AMA membership affect their application status.

The Health Care Recovery Fund was started with a \$100,000 grant from the AMA. The AMA Foundation will accept donations by mail to the fund.

"Rebuilding the health care infrastructure after major disasters like Hurricanes Katrina and Rita is an immense challenge," said AMA Chair-Elect Cecil B. Wilson, MD. "These grants will begin to help physicians get back on their feet and provide much-needed care to their patients on the Gulf Coast. This effort also will give physicians and others around the country a chance to donate to an ongoing fund designed to assist their colleagues who are rebuilding their practices in disaster areas."

Editor's Column continued from page 5

and continued growth of the ASITN. We have a bright future, and I am confident that we will be able to roll with the punches and adapt to the new times that face us. We have a strong, dedicated and energetic Executive Committee; please support them in their (our) mission.

My closing words go to Chuck Kerber, Interventional Neuroradiology pioneer, visionary, scientist, inventor, founder of *The Embolus*, friend and a wonderful, outspoken, personal and generous man who is full of wisdom. Chuck, thank you so much for your multiple contributions to our field and our Society; I look forward to more. I certainly will seek your counseling and advice as I learn my way through editing your baby, *The Embolus*.

Stroke Thrombolytic Receives Reimbursement Approval continued from page 6

by blood clots. Thrombolytic therapy has been shown to be most effective when used within the first three hours after stroke onset.

According to numerous medical experts, tPA treatment can be risky. Side effects as extreme as acute bleeding have been reported. But specialists agree the drug's advantages outweigh its risks.

The federal government requested public comment on the change or creation of the reimbursement codes for stroke in 2006, based on reasonable belief that more patients were being treated with reperfusion agents than the official data indicated. Advocates supporting the creation of DRG 559 cited the benefits of thrombolytic therapy in patients with severe strokes versus the increased costs of caring for these patients.

The FDA will continue to monitor all existing DRGs, leaving an open door for further changes as improvements in treatment and technology become known.

documented one of his cases utilizing the Merci® Retriever and the other being a 2004 issue of *Newsweek* which covered an early trial in which he participated. Thomas believes that Saint Luke's has "one of the best organized stroke centers, not only in the mid-west, but probably in the country because of the number of stroke patients that we treat."

Thomas's "action" oriented personality brought him to the sport of bicycle touring and road racing several years ago. Though he had cycled as a teenager in Poland, he had never raced, but had always wanted to. Serious road racing "started as a mid-life crisis." After turning forty, Thomas wanted to find a fun way to get and stay in shape. So he went out and purchased a \$5,000 racing bike. His friend's comment was, "Nice bike – no engine." So he has worked at getting the "engine" in shape and is now an accomplished Category 3 racer. He started racing in time trials a year and a half ago and travels the country taking part in 40+ master races. His next goal is to compete in a large national race in Utah in June 2006.

An active attendee of ASITN meetings, Thomas may be best known to fellow members as an energetic and aerobic participant on the dance floor, where he has been known to "shake his groove thing." Look him up at the next ASITN meeting and learn more about this action-oriented member!

.....
The Member Profile is a new column for The Embolus. If you have an interesting hobby and/ or want to share some of your personal life with your fellow members, please send an e-mail to info@asitn.org and you may see yourself in this column next quarter!

Welcome New ASITN Members!

The following new members were approved in the 1st & 2nd Quarters of 2005. Please help us extend a warm welcome to them!

Senior Members

Todd Abruzzo, MD
 University of Cincinnati Medical Center
 Cincinnati, OH

Edwin D. Cacayorin, MD
 University of Texas at Houston
 Houston, TX

Sean P. Cullen, MD
 The Permanente Medical Group
 Redwood City, CA

Sanat Dixit, MD
 Semmes Murphey Clinic
 Memphis, TN

Andre Fredieu, MD
 University of California at Los Angeles
 Los Angeles, CA

Curtis A. Given, II, MD
 University of Kentucky Medical Center
 Lexington, KY

Alison J. Nohara, MD
 Johns Hopkins University Hospital
 Baltimore, MD

Nasser Razack, MD
 Bayfront Medical Center
 St. Petersburg, FL

B. Keith Woodward, MD
 Vista Radiology
 Knoxville, TN

Andrew R. Xavier, MD
 University of Florida
 Jacksonville, FL

Osama O. Zaidat, MD
 Froedtert Hospital & Medical College of
 Wisconsin
 Milwaukee, WI

Active Members

Paul H. Blom, MD
 Radiology Incorporated
 Huntington, WV

Joan C. Wojak, MD
 Our Lady of Lourdes Regional Medical
 Center
 Lafayette, LA

Associate Members

Michael A. Arata, MD
 Mission Hospital
 Mission Viejo, CA

Robert Beskin, MD
 Commonwealth Radiology
 Richmond, VA

Howard L. Dorne, MD
 Saint Joseph Hospital
 Orange, CA

Thong H. Nguyen, MD
 University of California, Irvine
 Medical Center
 Orange, CA

Corresponding Member

Lourens Bester, MD, MBChB, FRANZCR
 Mayne Diagnostic Imaging
 Sydney, Australia

Junior Members

Ammar Al Kawi, MD
 University of Medicine & Dentistry
 of New Jersey
 Newark, NJ

Rodney S. Allan, MD, FRACS
 University of Western Ontario
 London, Ontario, Canada

Rishi Gupta, MD
 University of Pittsburgh Medical Center
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 University of Medicine & Dentistry
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 Newark, NJ

Kenneth F. Layton, MD
 Mayo Clinic
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Grant J. Linnell, MD
 Montreal Neurological Hospital
 Montreal, Quebec, Canada

Jeffrey W. Miller, MD
 Northwestern Medical Center
 Chicago, IL

Dennis J. Rivet, MD
 Washington University
 St. Louis, MO

Darryn I. Shaff, MD
 Lehigh Valley Hospital
 Allentown, PA

Wendy J. Zenzen, MD
 University of Virginia
 Charlottesville, VA

Clinical Associate Member

Cynthia L. Yancy, RN, MS, CNS
 Kaiser Permanente
 Sacramento, CA

Calendar of Events

ASITN Events

American Society of Interventional & Therapeutic Neuroradiology

4th Annual Practicum

May 5-6, 2006

Omni San Diego Hotel

San Diego, California

Contact: ASITN, 703-691-2272

American Society of Interventional & Therapeutic Neuroradiology

3rd Annual Course & Workshops

July 24-28, 2006

Westin Rio Mar Beach Golf Resort & Spa

Rio Grande, Puerto Rico

Contact: ASITN, 703-691-2272

Other Events

International Stroke Conference

February 16-18, 2006

Orlando, Florida

Contact: ASA, 888-478-7653

9th Joint Meeting of the AANS/CNS

Cerebrovascular Section & ASITN

February 17-20, 2006

Orlando, Florida

Contact: AANS, 888-566-AANS

Society of Interventional Radiology

31st Annual Scientific Meeting

March 30-April 4, 2006

Toronto, Ontario, Canada

Contact: SIR, 703-691-1805

American Society of Neuroradiology

44th Annual Meeting

April 29-May 5, 2006

San Diego, California

Contact: ASNR, 630-574-0220

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