

THE - MOILS

A publication of the Society of NeuroInterventional Surgery

SNIS 18th Annual Meeting

Ithough not all of us were able to convene in person this year, the hybrid SNIS 18th Annual Meeting was a tremendous success. As we continued to adapt and find innovative ways to connect through abstract presentations, discussion forums, and exhibit booths, more than 1300 participants joined the event — whether virtual or in-person in Colorado Springs, Colorado.

Thank you to our programming partners, the AANS/CNS Joint Cerebrovascular Section and ESMINT, as well as our exhibitors and sponsors.

Diversity, equity, and inclusion emerged as a key theme during the Annual Meeting. At the "Women in Neurointervention" dinner, women from across the field discussed mentorship, training and promotion, retention, worklife balance, and other topics germane to our community. Attendees heard from guest speaker Sara Laschever, who is an internationally recognized authority on the obstacles women confront in the workplace, alongside an international neurointerventional panel focusing on practice specifics, differences, and pathways.

Additionally, speakers explored diversity and equity issues within the field and patient care. The study, "Women with Large Vessel Occlusion Acute Ischemic Stroke Are Less Likely to Be Routed to Comprehensive Stroke Centers," reviewed 1.5 years of data from 10 stroke centers and discovered that women may be less likely than men to

get timely care for ELVO ischemic strokes.

Meanwhile, "Racial Disparity in Mechanical Thrombectomy Utilization: Multicenter Registry Results from 2016-2020," analyzed the records of 34,596 patients across five years, 42 hospitals, and 12 states and found that Black stroke patients were 28% less likely than white patients to receive thrombectomy care.

If you were unable to attend the Annual Meeting or would like to watch your favorite session again, you can view all of this year's sessions online now through June 1, 2022, at https://www.snisonline. org/meetings/snis2021/. We hope to be convening in-person again in 2022 and look forward to another year of innovation and education.

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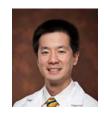
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Focusing on a Hopeful Future

hile serving as president of the Society of NeuroInterventional Surgery, I understand the commitment I have accepted in leading our organization through a time of global change and uncertainty.

The pandemic continues to be challenging for health care providers everywhere, yet we're continuing to see relentless innovation from our field. Our field is thriving, and I look forward to what we can achieve and the opportunities to come in the year ahead.

We know that in order to navigate current and future developments in neurointervention, we will need all voices and perspectives at the table. It's clear that major disparities exist in our field, as well as when it comes to our patients in accessing treatment. That's why during my tenure as president of SNIS, an important focus will be diversifying our field and addressing disparities in patient outcomes.

I believe that our society's multidisciplinary and multispecialty approach positions us to continually challenge what we think we know, which helps us better see what we don't yet know. Ultimately, our membership and engagement in SNIS makes us better physicians and better people; let's work together to diminish these disparities.

We were thrilled to welcome three new Fellows of the SNIS at this year's Annual Meeting, including Dr. Adam Arthur, Dr. Michael Marks and Dr. Ansaar Rai. Congratulations to all!

Finally, I am pleased to serve with the 2021-2022 members of the SNIS Board of Directors:

 President-Elect J Mocco, MD, Mount Sinai Hospital, New York, NY



- **Vice President** Mahesh V. Jayaraman, MD, Rhode Island Hospital, Providence, RI
- Treasurer Guilherme Dabus, MD, Baptist Cardiac & Vascular Institute, Miami, FL
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- Member-at-Large Neurosurgery Stavropoula I. Tjoumakaris, MD, Thomas Jefferson University, Philadelphia, PA
- Member-at-Large Neurology Sandra Narayanan, MD, University of Pittsburgh, Pittsburgh, PA
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- Diversity, Equity, and Inclusion Chair Jenny Tsai, MD, Spectrum Health in Grand Rapids, MI
- Governance Committee Chair Johanna T. Fifi, MD, Mount Sinai Hospital, New York, NY
- SNIS Foundation Chair Blaise W. Baxter, MD, FSNIS, CPMC Van Ness, San Francisco, CA
- · JNIS Editor-in-Chief Felipe C. Albuquerque, Barrow Neurological Institute, Phoenix, AZ
- **SNIS PSO Medical Director** Sameer Ansari, MD, PhD, Northwestern University, Chicago, IL

With the support and active participation of these esteemed colleagues and all of our members, I'm looking forward to a dynamic and productive year.

Journal of NeuroInterventional Surgery Update

Felipe C. Albuquerque, MD / Editor-in-Chief



he Journal of NeuroInterventional Surgery (JNIS) continues to showcase the latest research and innovations in our field. In July, the Journal's new Impact Factor was 5.836 — an all-time high! Thank you to our authors, reviewers, and the editorial board for all that you do to ensure the excellence of JNIS.

Here are a few recent highlights from the <u>September 2021 issue</u>. To learn more, visit <u>www.jnis.bmj.com</u>.

In "Balloon guide catheter improvements in thrombectomy outcomes persist despite advances in intracranial aspiration technology," authors evaluated the impact of balloon guide catheter in first-pass effect and clinical outcomes in patients treated with contemporary technology. They discovered their results support the benefit of balloon guide catheter use on angiographic and clinical outcomes in anterior circulation large vessel occlusion ischemic stroke.

Outcomes remain significant even

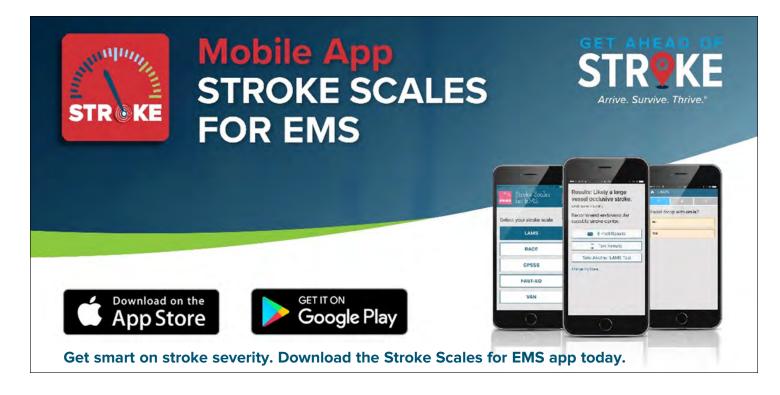


when considering recent improvements in intracranial aspiration technology.

Direct aspiration thrombectomy techniques use large bore aspiration catheters for mechanical thrombectomy. In the study "Efficacy of beveled tip aspiration catheter in mechanical thrombectomy for acute ischemic stroke," authors conducted an exploration of a novel beveled

tip catheter and reported their experience in treating large vessel occlusions using next-generation aspiration catheters. They found that patients who underwent mechanical thrombectomy with the beveled tip catheter had a higher proportion of Thrombolysis in Cerebral Infarction 2C or better and had a significantly lower modified Rankin Scale score on discharge and at 90 days.

Antiplatelet therapy is used to prevent stent thrombosis in intracranial stents, but the optimal dose of aspirin is unknown. "Effect of bodyweight on VerifyNow Aspirin platelet function test: a retrospective review" sought to determine whether the degree of platelet inhibition with aspirin is affected by bodyweight as observed through a platelet reactivity assay. Bodyweight did not influence the likelihood of obtaining a therapeutic VerifyNow Aspirin result. The clinical utility of obtaining VerifyNow Aspirin assays for this patient population is unknown.



JNIS Podcast Update

On the February 24, 2021, episode of the JNIS podcast, I interviewed Sami Al Kasab and Alejandro Spiotta from the Medical University of South Carolina. We discussed "COVID-19: the downtrend of African American stroke patients receiving mechanical thrombectomy" and the Stroke Thrombectomy and Aneurysm Registry data showing this alarming trend.

"Complete flow control in transvenous embolization of cerebral arteriovenous malformations" on April 16, 2021, featured my interview with Adnan Siddiqui about a case series that describes complete flow control using concurrent transient rapid ventricular pacing with afferent arterial balloon flow arrest technique as "safe and feasible" for transvenous embolization of select cerebral arteriovenous malformations (AVM). Dr. Siddiqui of the Department of Neurosurgery, University at Buffalo is the lead author of "Complete flow control using transient concurrent

rapid ventricular pacing or intravenous adenosine and afferent arterial balloon occlusion during transvenous embolization of cerebral arteriovenous malformations: case series," which was published in the April 2021 issue of *JNIS*.

Retinoblastoma is the most common primary intraocular malignancy in children. On July 14, 2021, Pascal Jabbour and I discussed a study from July's issue of JNIS, concluding that local factors relating to the chemotherapy and selective microcatheterization of the ophthalmic artery are essential factors in the development of ophthalmic artery thrombosis, as seen by the association of ophthalmic artery thrombosis with the frequency of intraarterial chemotherapy. Dr. Jabbour of the Department of Neurological Surgery, Thomas Jefferson University is the corresponding author of "Incidence and predictors of ophthalmic artery occlusion in intraarterial chemotherapy for retinoblastoma."

Finally, most recently on August 20, 2021, I interviewed Dr. Akash P. Kansagra from the Mallinckrodt Institute of Radiology, Washington University School of Medicine in St. Louis to discuss "Longterm angiographic follow-up following Pipeline embolization of intracranial aneurysms." Flow diversion of intracranial aneurysms with the Pipeline Embolization Device (PED) is commonly performed, but the value of long-term angiographic followup has not been rigorously evaluated. The study discussed in this podcast examines the prevalence of actionable findings of aneurysm recurrence and development of in-stent stenosis in a cohort of patients that underwent long-term angiographic follow-up at multiple time points.

Listen to these episodes and others on SoundCloud, Spotify, or Apple Podcasts.











July 25-29, 2022 | Westin Harbour Castle Hotel Toronto, Ontario, Canada

Programming in conjunction with:





Paying It Forward

Earlier this year, the SNIS Foundation — through efforts led by Dr. Joshua Hirsch, MD, FSNIS, donated 17 body lead aprons and 14 thyroid lead aprons to King Faisal Hospital Kigali in Rwanda. The hospital recently opened the country's inaugural catheterization laboratory, and the aprons will help protect doctors and patients from radiation within the lab.

For the past 22 years, King Faisal Hospital Kigali has concentrated on clinical excellence, efficiency, and quality in health service delivery, and is now the largest referral hospital in Rwanda.



Doctors at KFH in Kigali, Rwanda, wearing the donated lead aprons.

SNIS Insights: Online Webinar Series

The highly popular bi-weekly **SNIS Insights: Online Webinar Series** offers an intriguing look into techniques and valuable learning opportunities. CME credit is available upon registered participation in a live webinar.

On the first Thursday of every month, SNIS Insights hosts the *Journal of NeuroInterventional Surgery (JNIS)* Journal Club with JNIS Social Media Assistant Editor Reade De Leacy, MD. Each month Dr. De Leacy hosts a panel of discussants and one to two authors to take an in-depth look at recent articles published in JNIS and provide viewers with relevant and practical insights from the studies.

The third Thursday of each month features SNIS Education Chair, Peter Kan, MD, hosting a webinar on a variety of timely and important topics.

Members can register for upcoming webinars or view recordings of previous sessions by going to snisonline.org/insights.

Mentor Match



SNIS is introducing a new Mentor Match program! While SNIS Connect has been a great way to share information and connect with peers, this new program will allow you to establish a one-on-one relationship with someone in our field. You can sign up as a mentor, mentee, or both!

The program is now available through SNIS Connect or directly at connect.snisonline.org/mentoring. You should see the "Mentor Match" option available in the main menu and you can visit the page above for a basic overview before getting started. Once you have signed up, be sure to search for a mentor or mentee in the directory. You can also visit the FAQ page for more detailed information about the program.

Please feel free to contact Anthony
Portillo at portillo@snisonline.org or
Eddie Woods at woods@snisonline.org
with any comments or suggestions about this new program.





SNIS Committee Spotlight:

Diversity, Equity and Inclusion Committee

he idea of a Diversity, Equity and Inclusion (DEI) Committee sparked out of conversations between SNIS members and the Board of Directors; they unanimously identified the committee as a priority and key initiative.

Along with DEI Committee Chair Dr. Jenny Tsai, a team of enthusiastic SNIS members—Drs. William Mack, James Milburn, and Thabale Lesli-Mazwi—played important roles in the conception of the committee.

"The DEI Committee's first goal is to better understand the diversity that defines our membership, its impact on the practice of neurointerventional surgery, and its barriers," said Dr. Tsai.

To align with its purpose, the committee consists of members across specialties, in different career stages and practice settings, who represent different genders, races, and ethnic backgrounds. Committee members also are working to expand diversity, equity, and inclusion within the subspecialty of neurointervention and the SNIS, as well as to broaden opportunities where there may be unwarranted barriers due to these differences.

"Inclusion is a key component of the DEI Committee's mandate. Paradoxically, discussion of diversity can feel alienating for some of us. It really should not be," said Dr. Tsai. "The DEI Committee looks forward to share our vision that there is cohesiveness in the neurointerventional community's diversity, and to make changes that are equally positive for all of us."

They are kicking off their first project by showcasing the diversity that already exists within the neurointervention community in hopes of bringing many of their fellow SNIS members into the spotlight.

Later, the committee has plans to collaborate with other SNIS committees

and the Board of Directors, working to support diverse representation and expand access to career-building opportunities for all. They aim to continue creating mentorship pathways to help currently underrepresented groups within neuro-intervention succeed and grow.

"The committee's plans have the potential to drive discussions, increase awareness, and create opportunities for current and future SNIS members," said Dr. Tsai. "We believe that these initiatives will create lasting and positive impacts on our profession, and better our ability to care for each other and for our patients. That makes the DEI Committee's mission personal for all of us."

If you wish to join the conversation on issues pertaining to diversity, equity and inclusion in the field of neurointervention, reach out to Eddie Woods at woods@snisonline.org.

SNIS Diversity, Equity and Inclusion Committee Members



Jenny Tsai, MD, *DEI Committee Chair* Spectrum Health Grand Rapids, MI



Grzegorz K. Brzezicki, MD, PhD University of Florida Jacksonville, FL



Julian Hardman, MD Desert Radiology Las Vegas, NV



Violiza Inoa, MD Semmes-Murphey Clinic Memphis, TN



Mesha Martinez, MD Indiana University Indianapolis, IN



James Milburn, MD Ochsner Medical Center New Orleans, LA



Saman Sizdahkhani, MD University of Southern California Los Angeles, CA



Donatella Tampieri MDKingston Health Science Centre
Kingston, ON, Canada



David Turkel-Parrella, MDNYU Grossman School of Medicine
Brooklyn, NY



Jason Wilson, MD Methodist Hospital San Antonio, TX

Get Ahead of Stroke Campaign Update

In June, the Get Ahead of Stroke® campaign won a huge victory in Ohio, when Gov. Mike DeWine signed into law "S.B. 21," a measure that will improve how first responders triage stroke patients and transport them to care facilities designed to treat their particular kind of strokes.

The Governor was joined for the signing ceremony by bill co-sponsors Senators Nickie Antonio and Nathan Manning, as well as stroke survivors and representatives from SNIS and the Ohio Ambulance and Medical Transportation Association.

Specifically, the legislation requires:

- The State Board of Emergency Medical,
 Fire and Transportation Services to
 develop guidelines for the assessment,
 triage, and transport of stroke patients –
 including patients experiencing an
 emergent large vessel occlusion
 (ELVO) to hospitals by emergency
 medical service personnel.
- That first responders receive training about how to properly triage stroke patients, including those experiencing ELVOs.

Due to the significant contributions they have made to protect stroke patients in Ohio, SNIS recognized Senators Antonio and Manning as our Legislators of the Year! Other recent state activity includes:

North Carolina: We're excited to share that North Carolina's updated emergency stroke care protocol went into effect Friday, October 15 and will change the way first responders triage and transport severe stroke patients across the state to the hospital that is best-equipped to treat them. Thank you to all of our SNIS colleagues in North Carolina, especially William, Marx, MD, Katyucia de Macedo Rodrigues, MD, Jonas Goldstein, MD and John Short, MD, who worked with the Justus-Warren Heart Disease and Stroke Prevention Task Force, State Senator Jim Perry (R-7), and the North Carolina Division of Public Health.



- Pennsylvania: Along with Rep. Ryan Mackenzie, Sen. Kristin Phillips-Hill has signed on to sponsor legislation to address the remaining changes necessary to improve the state's Basic Life Support protocols related to stroke.
- Massachusetts: We continue to engage additional stakeholders along with top legislative aides, ensuring our proposed legislation will be top-of-mind when legislators reconvene for the fall session.
- Michigan: We've launched our efforts in Michigan and identified several initial stakeholders and media targets to engage and generate awareness about the need to improve the state's triage and transport protocols for stroke patients.

Recent Recognition

The Get Ahead of Stroke® campaign team was among this year's winners of the 2021 ASAE (American Society of Association Executives) Power of A Awards, the highest industry honor for associations. The campaign won a Gold Award for its ability to strengthen America through advocacy.

The campaign also pulled in a Graphic Design USA Health + Wellness Design Award for two videos. The first video focused on the importance of stroke patients receiving the same care that trauma patients get. The second video outlined the outcomes of two stroke patients who were taken to different facilities to illustrate that many patients are taken to the closest hospital, instead of the best equipped hospital.

To learn more about what the campaign has been doing in 2021, check out the Year in Review video on the Get Ahead of Stroke® YouTube channel and share it on your social media platforms.

To stay up to date with the campaign, sign up for the GAOS newsletter at www.getaheadofstroke.org/join-us.

SNIS Foundation Update



his year we celebrate the 10th anniversary of the SNIS Foundation. Over the past decade, thanks to the incredible support of our members, we've raised over \$600,000 in support of research and education in our field.

The SNIS Foundation represents our continued commitment to the collective neurointerventional community as well as individual veteran and novice practitioners who are making their own contributions to this evolving field.

To aide in this endeavor, SNIS distributes research grants at each Annual Meeting. Congratulations to Adam Dmytriw, MD, and Rajeev Sen, MD, for receiving the SNIS Foundation Fellow/ Young Investigator Grants, and to Youngran Kim, PhD and Amanda Trout, PhD for receiving the Joe Niekro Foundation/SNIS Foundation Research Grants.



Adam Dmvtriw. MD



Youngran Kim, PhD



Rajeev Sen, MD



Amanda Trout, PhD

Additionally, after an inaugural year, the Foundation's movement challenges have been going strong, culminating in our 5K Run for Research at the Annual Meeting. Winners of this year's event were **Kenneth Smith** of Scientia Vascular and **Khiara Scolari**, **PA-C**, of Mount Sinai Neurosurgery.



Kenneth Smith and Khiara Scolari, PA-C

The movement challenges are a great way to support our mission to improve patient care by supporting the research and educational goals of our neurointerventional community in a forum that is symbolic of the energy, stamina, and pursuit of excellence that is pervasive in our field. Each \$50 entry fee supports the SNIS Foundation's General Fund and allows us to further wellness throughout our community. Whether participants walk, run, hike, or bike, their exercise doesn't just benefit their health — it benefits our scientific research and discovery around treatment options for neurovascular conditions, ensuring the most effective treatment solutions for their patients.



We are hosting one more movement challenge in 2021 and then in each quarter in 2022, so look out for more opportunities to participate this fall. Our next challenge is underway this month – our Thankful for the SNIS Foundation Turkey Trot is back! Sign up now at https://snis.memberclicks.net/turkey2021#/

And remember, you don't have to be a member to join the fun — your whole family can participate, and everyone will receive a medal!

Thank you for your continued support of the SNIS Foundation.

Health Policy Update Joshua Hirsch, MD, FSNIS



hroughout the COVID pandemic, SNIS has remained active in the health policy arena. Here is an update on some of our more recent initiatives.

MedCAC

On September 22nd, SNIS President, Michael Chen, MD and SNIS Vice President, Mahesh Jayaraman, MD, representing SNIS, took leadership in presenting data on intermediate and surrogate outcomes for cerebrovascular disease at a Medicare **Evidence Development & Coverage** Advisory Committee Meeting (MEDCAC). In collaboration with several like-minded societies, (AANS/CNS Joint Cerebrovascular Section, ACR and ASNR), neurointerventionalists were active amongst the subject matter experts. Representatives included Adnan Siddiqui, MD, PhD, Sameer Ansari, MD, PhD, James Milburn, MD, Clemens Schirmer, MD, PhD and Joshua Hirsch, MD, FSNIS.

Conversion Factor

Last year, at the 11th hour in the Consolidated Appropriations Act of 2020, Congress acted to offset a significant decrease to the physician payment conversion factor due to the application of budget neutrality to a RUC approved redistribution of outpatient evaluation and management codes. They did this by applying an additional 3.75% to the conversion factor for a period of one year, i.e., the correction is set to expire at the end of 2021. SNIS remains active in a coalition of leading professional societies asking Congress to renew the 3.75% increase for another year.

Overall, we were pleased with the result that protected patients from disputes between neurointerventionalists and commercial providers. Per the legislation, these payment disputes will now be resolved through an arbitration process called IDRs.

Surprise Billing

Legislation to address the challenge of surprise billing was a focus of the SNIS HPC team last year. Overall, we were pleased with the result that protected patients from disputes between neurointerventionalists and commercial providers. Per the legislation, these payment disputes will now be resolved through an arbitration process called IDRs. While the solution wasn't optimal from a provider point of view, given the risks, we felt comfortable with the result. Unfortunately, through a tri-agency rulemaking process, the administration recently released an unexpected interim final rule (IFR) wherein a qualified payment amount should be the primary factor in IDR. The health policy team at SNIS is concerned that the administration has subverted the legislative intent and established a benchmark. The result of this IFR is that payers will have no reason to contract with providers at any rate above the qualified payment and therefore in network provider rates will be driven downward. SNIS is working with its counterparts at other societies to see what can be done.

Clinical Labor Update

In this year's Medicare Physician Fee Schedule Proposed Rule, CMS indicated a plan to update the wages for clinical labor staff for the first time in about 20 years. Clinical labor staff, medical supplies and equipment costs are components of the direct practice expense inputs and must be internally budget neutral. Beginning in 2019, CMS initiated a four-year phase-in to update the pricing for more than 1,400 medical supplies and equipment items. As some of these inputs yielded significant decreases to the Practice Expense (PE) relative value units, CMS opted to phase in the price changes with next year being the fourth and final year. The updated prices for each of the clinical staff types reflect an increase over current wages. However, even with positive increases in clinical labor pricing, some specialties, likely including neuroInterventional may experience a significant negative impact due to the redistributive effects of CMS' proposal as neurointerventional PE RVUs are based in part on relatively high supply and equipment expenses. The HPC team at SNIS is studying this issue.

Challenges including a near-term expiration of the moratorium on the sequester (a 2 percent across-the-board Medicare payment reduction statutorily enacted via the Budget Control Act in 2011) and a 4% Pay As You Go cliff resultant from reconciliation agreements earlier this year hang over neurointerventionalists like Damocles sword.

The SNIS Board of Directors and Health Policy Team will continue to fight for our providers so that their focus can remain on the patients we all serve!

Calendar of Events

AVM 2022 5th World Meeting

May 8–10, 2022 Icahn School of Medicine at Mount Sinai New York, NY

SNIS 19th Annual Meeting & Fellows Course

July 25–29, 2022 Westin Harbour Castle Hotel Toronto, Ontario, Canada

Disease Education Forum

October 25–26, 2022 Hôpital FOCH Suresnes, France

The Embolus

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