SVIN Society of Vascular and Interventional Neurology

SVIN QUARTERLY

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Society News

SVIN is pleased to announce the appointment of the following **new officers** for a two-year period: Drs. Osama Zaidat (President), Dileep Yavagal (Vice President), Tudor Jovin (Secretary), Rishi Gupta (Treasurer). We congratulate the new officers and thank the outgoing officers for their tremendous efforts toward the development of our new Society.

The second **annual meeting** will be held at the Fountainebleau Resort in Miami Beach, Florida. Joint programming between SVIN and Neurocritical Care Society will take place Saturday morning, October 25, 2008, followed by individual SVIN meeting programming from the afternoon of October 25 through October 26. Abstract submission will open in late June and close September 1, 2008.

The Executive Committee meeting of the **SVIN Neuro-Endovascular Registry** was held in Chicago, Illinois, on May 24, 2008. Initial registry data will report vertebral origin stenting and intracranial stenting experience. Washington University Medical Center will provide information technology support for the registry. Interested parties may send inquiries to Diane Rumble, at drumble@mcw.edu. (See also NER research tab at www.svin.org)

The SVIN will produce and edit a supplement to an upcoming issue of the ***Journal of Neuroimaging*** on endovascular therapy of ischemic stroke. Supplement topics will be presented at an invitational SVIN Roundtable conference in Chicago on July 25–27, 2008.

The SVIN became a member of the Neurovascular Coalition in February of 2008. SVIN has also forwarded a letter requesting membership in the Brain Attack Coalition. We wil update you once a response has been received.

Industry News

Micrus Corp. has purchased the FAST funnel catheter system from Genesis Med. Int., for the treatment of ischemic stroke.

The PharosTM stent by Micrus, for atherosclerotic disease and wide-necked aneurysm treatment, is also in development.

F.Y.I.

Online Abstract Submission for the 2nd Annual Meeting of the SVIN closes September 1, 2008!

Visit www.svin.org and follow the SVIN 2nd Annual Meeting link under SVIN EVENTS to submit.

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SVIN
Society of Vascular and Interventional Neurology

President's Message

As the Society of Vascular and Interventional Neurology (SVIN) approaches its second birthday (August of 2008), an update on Society initiatives and accomplishments is due to our members.

The Society launched its website at www.svin.org, and ongoing improvements continue. Our first Society venture, which involved a formal letter to the Accreditation Council for Graduate Medical Education (ACGME) seeking modification to the program requirements for the Endovascular Surgical Neuroradiology (ESNR) Fellowship, led to the ACGME officially changing program requirements, allowing neurologists to serve as program directors as of February 2007. In this pursuit, SVIN garnered the support of the Society of NeuroInterventional Surgery (SNIS) (previously the American Society of Therapeutic and Interventional Neuroradiology [ASITN]) and the American Academy of Neurology (AAN).

The first annual meeting was held in Boston in April of 2007, and included a panel of prominent speakers. Organized by Drs. Tudor Jovin, Raul Nogueira, Alex Abou-Chebyl, Jawad Kirmani, and Rishi Gupta, planning for the second annual meeting is under way and again will include a stellar cast of speakers covering important topics.

We will ramp up advocacy for interventional neurologists, addressing issues of training standards, hospital credentialing, risk management, and fair reimbursement. Combating targeting of newly established interventional neurologists at their local institutions by competing specialties will be a top priority for the SVIN and a key component of our five-year strategic plan.

This is only a fraction of what we can achieve as a Society. To continue to reach our goals, we need every member to be an active force in the Society. We need our young practitioners to set aside time from their busy practices, career plans, and other duties and devote some of this precious time to SVIN and its mission.

The financial solvency of our Society is also key to our success. We are involved in numerous projects requiring the dedication of substantial financial resources, including the creation and launch of the endovascular registry, roundtable scientific meetings, fellowship awards and sponsorship, and recently the commitment of a delegation to participate in the development of a multi-society accreditation system for carotid stenting (cost $25,000/delegate). Current sources for SVIN funding are membership dues, annual meeting registration, and industry-sponsored operating grants. In the near future, we will begin accepting donations through our website as well to continue supporting these and other projects and to increase our reserve.

In closing, I would like to thank our previous officers and Immediate Past President Dr. Adnan Qureshi for their leadership and dedication. Several of the achievements above were accomplished under Dr. Qureshi's pioneering leadership.

I am looking forward to working with my co-officers, Drs. Dileep Yavagal, Tudor Jovin, and Rishi Gupta, who have spent many hours each week working with every SVIN member. In addition, I would like to thank each and every one of our 15 board members who commit time on a monthly basis for our board meetings and outside that meeting to keep us going. With our new executive director, Mrs. Amy Lallier, and the continued enthusiasm, energy, and devotion of our Society at large, SVIN is well on its way toward success.

See you in Miami.

Osama (Sam) O. Zaidat, MD

Editor's Corner

This year our annual meeting will occur in conjunction with that of the Neurocritical Care (NCC) Society, highlighting the natural alliance and similarities between the two fields. Fellowship training in interventional neurology (IN) requires as a prerequisite a minimum of one year of vascular neurology, previously stipulated as either a one-year stroke or one-year NCC fellowship. However, recognition by the ACGME of vascular (stroke) neurology as a distinct subspecialty, and subsequent formalization of this pathway for IN training, has increased applicants to these ACGME-certified stroke fellowships. Whereas we are making strides in relieving the shortage of interventionalists and stroke neurologists across the country, even in densely populated cities,

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Interventional Neurology Practice Survey

35 total responses to the SVIN practice survey conducted March–May 2008 were received. Survey results, which have been rounded, are listed below as a percentage of people identifying with each possible response.

PRACTICE SURVEY:
What is the proportion of each interventional procedure in your practice?

	Avg.	Total	Count
Aneurysm embolization	17.69	513	29
AVM/AVF embolization	5.73	172	30
Balloon test occlusion	1.93	52	27
Carotid artery stenting	7.97	239	30
Diag. cerebral angio	37.62	1091	29
Epistaxis embolization	2.46	69	28
Vert. Art. Origin Stent.	2.87	86	30
Cran.PTA/stenting	5.93	178	30
Spinal Angiography	2.04	57	28
Stroke therapy	10.40	312	30
Subclav./innom stent.	0.84	21	25
Tumor embolization	3.48	101	29
Vert./kyphoplasty	1.63	39	24
Wada testing	2.65	69	26
Other	0.11	1	9

1. Are you a board certified neurologist?

   Yes: 97% No: 3%

2. What is your non-interventional sub-specialty? *(more than one answer possible)*

   Vascular neurology: 97%
   Neurocritical Care: 56%

3. Your interventional training was under… *(more than one answer possible)*

   Interventional neurologist: 32%
   Endovascular neurosurgeon: 65%
   Intervent. Neuroradiologist: 65%

4. Your practice is geographically based in...

   USA: 94%
   Outside USA: 7%

5. How long have you been in interventional neurology practice?

   0–2 years: 61%
   3–4 years: 30%
   5–6 years: 6%

6. What is the model of your interventional neurology practice?

   Academic: 82%
   Private Practice: 35%
   Solo practice: 3%

7. Your primary appointment and neurointerventional practice is under…

   Neurology: 64%
   Neurosurgery: 18%
   Radiology: 18%

8. Your secondary clinical appointment is with… *(more than one answer possible)*

   Neurology: 35%
   Neurosurgery: 61%
   Radiology: 44%
   Cardiology: 0.0%

9. Do you run a fellowship program training neurologists?

   Yes: 52%
   No: 48%

10. If yes to #9, how many fellows per year?

    One: 30% Three: 0.0%
    Two: 48% Four: 0.0%

11. If no to #9, why?

    No funding: 60%
    Administration prohibition: 20%
    Non-neurology appointment prohibition: 20%
    Concern about complications: 0%

12. Base salary without incentives (23/35 responses):

    $226–250K N = 7 (30%)
    $251–300K N = 7 (30%)
    $301–350K N = 4 (17%)
    $351–400K N = 2 (9%)
    $401–500K N = 3 (13%)
    $ > 500K N = 3 (13%)*

    * Two-thirds respondents in private practice, others in academic medical practices

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Interventional Neurology Practice Survey*

INTERVENTIONAL NEUROLOGY PRACTICE SURVEY:
How is your practice time divided?

	10%	20%	30%	40%	50%	60%	70%
Interventional	0%	12%	18%	3%	15%	12%	0%
NeuroICU	38%	29%	17%	4%	0%	0%	0%
Vasc Neu	36%	24%	24%	8%	0%	0%	0%
Clinic	68%	16%	4%	0%	0%	4%	0%
Admin.	71%	7%	0%	0%	0%	0%	0%
Research	59%	24%	0%	0%	6%	0%	6%

13. Ideal training track for interventional neurology?

Vasc. (1yr) + Int. Neuro (2 yrs): 54%
Neuro ICU (2 yrs) + Int Neuro (2 yrs): 29%
Vasc (1yr) + Int Neuro (1yr) comb: 3%
Combined vasc (1yr) + NeuroICU (1 yr) + Int. Neuro (1yr): 22%

14. Stroke intervention training during vasc. Neuro (1-year fellowship)

Strongly agree: 16%
Agree: 16%
Neither agree nor disagree: 13%
Do not agree: 16%
Strongly disagree: 40.6%

15. Diagnostic angiography during neurology residency?

Strongly agree: 38%
Agree: 22%
Neither agree or disagree: 3%
Do not agree: 13%
Strongly disagree: 25%

16. What do you propose the American Academy of Neurology do to increase interventional neurology training? *(ranked in order of importance)*

AAN financially supporting fellowship positions: 43%
AAN/SVIN Interventional section holding hands-on courses: 33%
Certification based on credentials and case logs: 32%

*Due to the length and variety of some responses, only the most common have been noted here. Please go to www.svin.org for full survey results.

Editor's Corner *continued from page 2*

hospitals seeking neurointensivists still face endless searches to fill these positions. Neuro-interventionalists compete with candidates with neurosurgical and radiological skill sets. Our strength lies in our clinical skill set as a vascular neurologist, be it stroke or critical care expertise. My own experience in seeking my first attending position is that, whereas the hospital had full-time vascular neurosurgeons, neuro-radiologists, and stroke neurologists in their employ, there was an urgent need for critical care neurology expertise. Indeed, my greatest job security is perhaps tied to the fact that the critical care skill set I possess cannot be easily replaced, though perhaps the interventional skill set can. Just as the joint programming of our second annual meeting with that of the NCC illustrates our symbiotic relationship with this subspecialty, I hope that future growth of neurointerventionalists leads to a continued growth of highly sought after and much in demand neurointensivists.

Nazli Janjua, MD

Upcoming Issues

- *Brief case reports*
- *SVIN profiles*
- *Society member opinions*

Send comments or queries to the editorial staff at NJanjua@chpnet.org

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