

## Society News

➤ The venue for the annual meeting has changed and will be held in Doral Park, Miami, Florida. Full details can be found on the website at [www.svineuro.org](http://www.svineuro.org).

Executive Board meeting will be held October 24th at 4:30PM prior to commencement of the annual meeting. A General Membership meeting will be held October 24th at 8:00PM, location to be announced.

➤ The SVIN Roundtable on Endovascular Therapy for Acute Ischemic Stroke convened July 2008 at the O'Hare Hilton, Chicago, Illinois. Proceedings will be published as a supplement to *Neurology*.

➤ SVIN is considering a co-society journal with the Society of NeuroInterventional Surgery (SNIS).

➤ Representatives to the task force on hospital carotid stenting accreditation will include the following executive board members of SVIN and interventional neurologists: Drs. Alex Abou-Chebl (SVIN delegate), Osama Zaidat (American Academy of Neurology delegate), John Terry (Neurocritical Care Society delegate).

➤ SVIN will be expanding the executive board. New board members will be chosen after the annual meeting. Members dues statement for the 2008-2009 cycle have been sent.

## New/Upcoming Trials

➤ Micrus Corporation (San Jose, CA) is launching a randomized trial comparing primary medical management of intracranial atherosclerosis with endovascular treatment using the Pharos Vitesse™ balloon expandable stent. Qualifying events include first stroke or TIA lasting 10 minutes referable to cerebral vessel bearing > 70% stenosis, above the level of C4 and with a minimum diameter of 2 mm. Randomization may occur up to 30 days from the qualifying event. Approximately 40 centers are expected to participate.

➤ Concentric Medical Corporation (Mountain View, CA) is planning a global, randomized, controlled clinical trial evaluating mechanical thrombectomy with the Merci Retriever™ versus medical management alone for patients presenting within 8 hours with acute ischemic stroke syndrome in a 2:1 design. Patients within three hours of onset who receive IV tPA may be required to undergo vascular imaging to demonstrate site of arterial occlusion and subsequent enrollment. SVIN Secretary Dr. Tudor Jovin is on the executive planning committee of this trial.

## Annual Meeting Update

For the first time the annual meeting was open to abstract submission from the scientific community and we received over 90 abstracts. Continuing in the tradition of the first annual meeting, an outstanding board of notable experts from the multi-disciplinary interventional community has been invited

to speak. We hope that this year's meeting will surpass the high bar set with the first annual meeting in scientific quality and contribution to the field. A hearty thanks to the annual meeting committee.

*Amy Lallier, Executive Director (Newark, New Jersey)*

### 2008 ANNUAL MEETING

**PLEASE NOTE VENUE CHANGE!**  
**SVIN 2nd Annual Meeting**  
October 25–26, 2008  
Doral Park • Miami, Florida

### 2009 ANNUAL MEETING

**SAVE THE DATE!**  
**SVIN 3rd Annual Meeting**  
September 11–13, 2009  
Chicago, Illinois

### We need your input!

**Surveys will be distributed during the annual meeting to general members. Please give us your feedback on suggested titles and content of future issues.**

### INSIDE THIS ISSUE...

President's Message .....	2
Editor's Corner .....	2
SVIN Profile: Dr. Shakir Husain .....	3

## Executive Director

Amy Lallier, Amylallier@comcast.net

## Officers

## President

Osama O. Zaidat, MD MS, szaidat@mcw.edu

## Vice President

Dileep R. Yavagal, MD, DYavagal@med.miami.edu

## Secretary

Tudor Jovin, MD, jovintg@upmc.edu

## Treasurer

Rishi Gupta, MD, guptar@ccf.edu

Immediate Past President: Adnan I. Qureshi, MD

## Executive Board

Alex Abou-Chebl, MD, Louisville, KY  
 Arani Bose, MD, San Francisco, CA  
 Rishi Gupta, MD, Cleveland, OH  
 Vallabh Janardhan, MD, Minneapolis, MN  
 Nazli A. Janjua, MD, Brooklyn, NY  
 Tudor Jovin, MD, Pittsburgh, PA  
 Jawad F. Kirmani, MD, Newark, NJ  
 Italo Linfante, MD, Miami, FL  
 Raul G. Nogueira, MD, Boston, MA  
 Edgard L. Pereira, MD, Louisville, KY  
 Adnan I. Qureshi, MD, Minneapolis, MN  
 Robert A. Taylor, MD, Minneapolis, MN  
 Andrew R. Xavier, MD, Detroit, MI  
 Dileep R. Yavagal, MD, Miami, FL  
 Osama O. Zaidat, MD MS, Milwaukee, WI

## Editorial Staff

Nazli Janjua, Editor

## Editorial Board

Brandon Parker  
 Andrew Xavier

## Copy Editor/Graphic Design

Cheryl Duckler, cduckler@yahoo.com

Send comments or queries to Nazli Janjua at

[NJanjua@chpnet.org](mailto:NJanjua@chpnet.org)

Copyright 2008 by the Society of Vascular and  
 Interventional Neurology.

**Society of Vascular &  
 Interventional Neurology**

39 Watson Avenue  
 West Orange, NJ 07052

Phone: 973-736-1450 • Fax: 973-736-3625

[Amylallier@comcast.net](mailto:Amylallier@comcast.net)

## President's Message



As we approach our 2nd annual meeting, our Society is actively addressing practice-related issues of CAS credentialing, provision of IA thrombolysis to patients by non-neurointerventionists, and training standards for all practitioners in the field, mirroring the overall role of our Society in helping to establish uniform neuro-interventional standards across multiple specialties. In doing so, we must work with colleagues from other disciplines to uphold the quality of Neurointerventional Therapeutics. Non-neuroscience practitioners seek to perform the same therapeutic procedures we offer our patients, and while we critically evaluate the role of such practitioners in the field, we must at the same time assess what we have learned from them and continue to carry these skills forward, for the overall

benefit of our patients. In doing so we will determine how others fit within the mission of upholding excellence in patient care. This requires open-mindedness and forward thinking in understanding that ours is a discipline that melds together many different avenues of medicine into a new frontier, but that the standards of care that we measure ourselves against must also be used by others who seek to help the cause of stroke treatment.

This progressive thinking must also extend to our approach to neurology resident education. The residents of today will be the cornerstone of our fledgling field tomorrow, and we must from our Society's very inception establish an agenda that directly addresses their educational curriculum and continues to attract them to this exciting specialty, which will be their responsibility to maintain.

Osama (Sam) O. Zaidat, MD  
 Milwaukee, Wisconsin

## Editor's Corner

Since our Society's creation, we have received overtures from other organizations to collaborate on mutual goals. These partnerships strengthen our mission with numbers and need no further elaboration.

Other, alliances are less obvious in their benefit. The AAN subsection on intervention includes among its members endovascular as well as pain and movement disorder specialists. Though the differences between them at first overshadow the similarities, this union not only fosters interactions between neurology subspecialists but also forms a marriage between different neurological subspecialties that can offer definite treatment.

We well recognize in neurology the dissatisfaction wrought from inability to treat what we can so readily diagnose. This professional impotence amplifies the excitement we experience in the endovascular field, where we enjoy the satisfaction of being able to immediately ameliorate disease states. Endovascular neurosurgeons and interventional neuroradiologists also share this enthusiasm. It is precisely for this reason, that we exist as a subset in a multi-disciplinary field, that we should maintain our association

with other colleagues who also intervene. This primarily attracts patients who come to us, as neurologists, for treatment, that we are part of a larger discipline with the ability to heal. Beyond this, it is not uncommon in the health sciences that seemingly remote aspects of medicine may lead to direct insight and innovation.

We can see in the multiple iterations of coils and stents, each minorly improved on the prior generation, slow but steady progress. No wonder the excitement when unique trade tools are invented. Similarly, if we continue to redefine what others have done, we may contribute to neurointerventional therapeutics, but only minimally so. Only with progressive thinking outside the box (or even outside the blood vessel) will we truly impact this field. Whether by direct extrapolation of other treatment paradigms to our field or adoption of a new way of thinking, this is how we will leave our legacy.

Nazli (Sophia) Janjua, MD  
 Brooklyn, New York  
[NJanjua@chpnet.org](mailto:NJanjua@chpnet.org)

# SVIN PROFILE

## DR. SHAKIR HUSAIN

Department of NeuroEndoVascular Therapy  
Sir Ganga Ram Hospital  
Rajinder Nagar  
New Delhi, India

*This issue will begin a series of profiles of interventional neurologists, both domestic and abroad, highlighting various practice models and training curriculum for neurointerventionalists.*

*\*All photographs courtesy of Ms. Swati Chaturvedi, Research Associate with our Department of NeuroEndoVascular Therapy.*



Dr. Shakir Husain, of the Sir Ganga Ram Hospital in New Delhi, India, serves as Honorary Consultant and Chief of Stroke Neurology and Interventional Neurology Services, which he established in March 1999. This 650-bed hospital with active neurology and neurosurgery departments supports a population of 20 million with a daily outpatient turnover of 2000. The Neurointerventional

Service performs 200 interventional procedures annually including aneurysm coiling, carotid stenting, cerebral & spinal AVM/dural-AVF embolization, preoperative brain and spinal tumour embolization, intracranial stenting & angioplasty, and extracranial stenting, as well as 350 diagnostic cerebral angiograms on Siemens Coroskop and GE-OEC equipment, which is shared with the cardiology and vascular services.

Dr. Husain, the first Neurologist to enter the Neurointerventional arena in India, completed his board certification in neurology in 1995. "On the one hand I was excited to be a part of the neurosciences fraternity and... explore... one of the most beautiful machines of the human body, *the brain*. On the other hand, as a clinician I was always depressed with the practice of neurology, as unlike in other specialties of medicine, there were very few situations where a neurologist could change the course of a disease." He found inspiration while attending the Zurich Course at University of Zurich, Switzerland where he heard the lectures of Drs. Gazi Yasergil, Ugo Fisch, Guido Guglielmi, Pierre Lajaunnias, Alex Berenstein, and Anton Valavanis. He recalls of his impression at the time: "I took this challenge and entered into the...exciting, and fascinating world of Neurointervention, which offered me immense opportunities to learn about the brain, looking at it from inside-out through the eye of a so-called microguidewire, microcatheter, coils, and so on. I did my fellowship from University of Zurich under Prof. Anton Valavanis, a physician, a philosopher, and a great teacher. I had an opportunity of staying for a few months in the department of Prof. Jacques Moret in Fondation Rothschild, Paris, and observe his masterly skills."

Returning to New Delhi in March 1999 with the dream to develop this field in the fold of neurosciences, Dr. Husain joined Sir Ganga Ram Hospital, one of the largest, busiest, and most reputed multi-speciality hospitals in India with a large neurosciences department. "I am still working at this hospital and trying to build up a comprehensive care system for stroke patients."

He began the Neuroendovascular Fellowship program in 2002. Currently, 6 full-time fellows, supported by an Egas Moniz Fellowship stipend, and observers, spending 3 or 6 months, rotate through the program. Fellows independently perform 25 diagnostic cerebral angiograms and assist as secondary

operator on a variety of interventional procedures by the time of graduation. Graduates go on to practice independently throughout the country, offering diagnostic angiography services independently and therapeutic procedures with continued assistance of Dr. Husain, until they are established at the level of primary operator. In a similar fashion, Dr. Husain has also assisted practitioners at Bangladesh's Dhaka Medical College in embolization of brain and spinal arteriovenous malformations, spinal dural arteriovenous fistulae, and vertebral and carotid stenting.



*Dr. Husain and his interventional team in the angiography suite at Sir Ganga Ram Hospital, New Delhi, India.*

Dr. Husain has been instrumental in training other interventionalists in the Asian subcontinent. The third Delhi course on Neurointervention, dedicated to the training of neurologists in various interventional techniques, took place June 11-14, 2008. The 4th Delhi Course on Neurointervention will convene February 4-7, 2009. (Information can be found at [www.delhicourse.com](http://www.delhicourse.com)). "We will be launching a non-profit registered trust, the Stroke and NeuroIntervention Foundation (SNIF), with the objective to develop neurointervention in this part of the world and educate people and professionals about stroke and its management options. Promotion of research is another important objective of this foundation ([www.snif.in](http://www.snif.in))."

A course on carotid stenting, "Neuroscience Carotid Artery Stenting Course: Application, Development & Education System (CASCADES)," is planned for December 2008 or early 2009 ([www.cascades.co.in](http://www.cascades.co.in)).

In addition to the Sir Ganga Ram Hospital, Dr. Husain has developed three centers in India where former fellows have joined as consultants. These include the GBH American International Hospital in Udaipur, Rajasthan. In this 150-bed hospital, Dr. Husain and Dr. Atulabh Vajpayee, an early graduate of Dr.

⇒ continued on page 4

# SVIN PROFILE

continued from page 3

Husain's, perform neurointerventional procedures on a single plane flat panel Philips Artemis Cath. Machine.

At the EMS Memorial Co-operative Hospital & Research Centre Ltd. in Perinthalmanna, Kerala, Dr. Moinul Haq assists Dr. Husain in diagnostic angiography, interventional procedures, and regularly conducted workshops utilizing a single plane flat panel Siemens cath lab, shared with the cardiology department.

The third institute, New Delhi's Maharaja Agrasen Hospital, is serviced with the active participation of one former fellow, Dr. Jaideep Bansal. There, Drs. Bansal and Husain have created a Stroke & Neurointervention Division under the Department of Neurology, sharing equipment with cardiology (Siemens Coroskop).

On the subject of neurologists in the field he states: "Neurologists, who are trained in diagnosing...neurological disease ... ,are the natural and preferred destination for the patient. [With] Neurointerventional techniques [we] can help reverse vascular insult to the brain at the earliest...eliminating the need of involving many people to handle the situation. How the paradigm shift in the management of heart attack worked,

once the cardiologist took over the tool of intervention, is a classical example for this approach. It is the end organ that we are treating by intervention and not the pipelines."



Dr. Husain and his interventional team at the Sir Ganga Ram Hospital, performing an aneurysm coil embolization procedure.

## CASE REPORT: Carotid Artery Stenting (CAS) and Aneurysm Coil Embolization as Day Care Procedures

Shakir Husain, MD, DM, FINR, Honorary Consultant & Chief of Services Stroke & Interventional Neurology

Department of NeuroEndoVascular Therapy & Stroke, Sir Ganga Ram Hospital, New Delhi, INDIA; email: drshakir@gmail.com

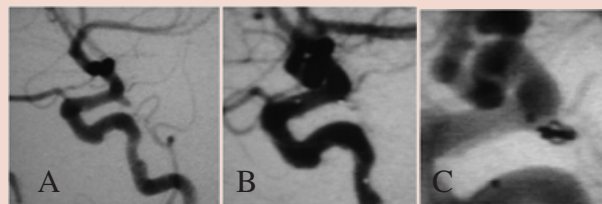
We report a case of a 63-year-old man, a known hypertensive, and 30-pack year smoker, who experienced left hemiparesis lasting 2-3 minutes. Carotid Doppler revealed 90% stenosis of the right internal carotid artery (RICA) at its origin. Four-vessel cerebral angiography confirmed the findings of the Doppler. An incidental aneurysm located at the paraclinoid/posterior communicating artery region of the contralateral carotid was also noted. As this case had an incidental aneurysm located in the LICA territory, CAS was planned as there is a possibility of a haemodynamic stress on LICA (to perfuse RICA via anterior communicating artery), with cross clamping of carotid endarterectomy procedure, which may predispose a theoretical risk of rupture of this aneurysm. The aneurysm was deemed suitable for either endovascular or open surgical treatment. Endovascular treatment was preferred by the patient.

The patient was begun on clopidogrel 75mg and aspirin 350mg three days in anticipation of RICA stent assisted angioplasty, consent for which was sought from the patient following education on this subject. The procedure was performed under local anaesthesia using an 8 x 20mm Wallstent (Boston Scientific, Natick, MA) via an 8F MPA-2 guiding catheter (Cordis Corp., Miami Lakes, FL), advanced over 0.014" Luge Guide wire (Boston Scientific). Post dilation was done with 6 x 20mm Aamia RX Balloon Dilatation Catheter (Cordis Europa N.V., Roden, The Netherlands) Heparin protocol followed during procedure is 7000IU/kg single bolus. We do not routinely administer atropine pre-dilation, but have 0.6mg available for immediate intravenous use should bradycardia occur and not reverse with balloon deflation, which in our experience is rare.

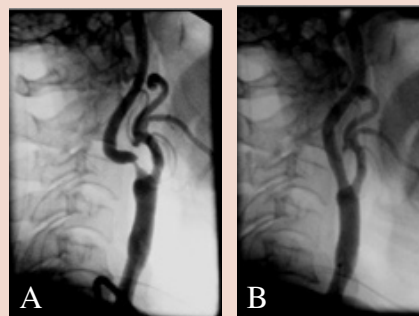
Three months later endovascular coil embolization of the LICA aneurysm was performed under GA using a single 3 mm x 4 cm GDC Ultrasoft coil (Boston Scientific) delivered through an Excel-14 microcatheter (Boston Scientific) coaxially through a 6F Envoy Guiding catheter (Cordis Corp.). Heparin was only administered through the

flush lines as 2500 U/L. Both procedures were performed as "day care" (same-day) procedures and patient was relieved without any neurological deficits each time. Both procedures were performed in the department at Sir Ganga Ram Hospital, New Delhi, India, on a Siemens Coroskop Monoplane cath lab with 9" image intensifier with only road map facility without 3D-RA.

In a follow-up period of over 5 years, the patient had no recurrent transient ischemic attacks or stroke nor headache.



LICA Angiogram showing LICA-PCoM aneurysm A) before B) after coiling, and C) coil *in situ*, with preserved PCoM.



RCCA angiogram A) before and B) after Stent Assisted Angioplasty using Wallstent.

Please send suggestions for future SVIN profiles to [NJanjua@chpnet.org](mailto:NJanjua@chpnet.org)