



## SCHEDULE AT A GLANCE

TIME	SESSION/EVENT	LOCATION		
TUESDAY, NOVEMBER 13TH				
6:00 pm - 8:00 pm Registration Bayview Foyer				
WEDNESDAY, NOVEMBER 14TH				
7:00 am - 5:15 pm	Registration/Help Desk			
7:30 am - 9:00 am	Organizing Pre-Hospital Systems	-		
9:00 am - 10:30 am	Process Improvements for Stroke Operations			
10:30 am - 11:00 am	Coffee break (with support of Viz.ai)	-		
11:00 am - 12:30 pm	ED and Hospital Throughput	•		
12:30 pm - 1:30 pm	Lunch			
12:45 pm - 1:25 pm 1:30 pm - 2:15 pm	Industry Lunch Symposium with Genentech (Non CME)			
2:15 pm - 3:30 pm	Clinical Topics in Stroke Center Development			
3:45 pm - 5:15 pm	BSES course (registration required)			
5:15 pm - 6:45 pm	Welcome Reception			
6:45 pm - 7:45 pm	Science of Clot Workshop (advance registration required)	-		
6:30 pm - 9:00 pm	Board of Directors Meeting			
	THURSDAY, NOVEMBER 15TH			
6:30 am - 6:15 pm	Registration/Help Desk	Bayview Foyer		
6:45 am - 8:00 am	Breakfast with exhibitors and International Breakfast Corner			
6:45 am - 3:45 pm	Exhibits	Mission Ballroom		
8:00 am - 4:00 pm	Medtronic Technology Suite	Room 1920		
8:00 am - 9:30 am	Welcome/Stroke Debates	Bayview Ballroom		
9:30 am - 9:40 am	The Lisa Foundation - Breaking the Silence About Brain Aneurysms (Non CME)			
9:40 am - 9:55 am	Presidential Address and Award Presentations			
9:55 am - 10:15 am	Business Meeting and MT2020 Update			
10:15 am - 10:45 am	Coffee break with exhibitors			
10:45 am - 12:15 pm	Complications and Saves.			
10:45 am - 12:15 pm	Building Expertise in Acute Neurovascular Diagnosis and Treatment			
12:15 pm - 12:45 pm	Lunch			
12:45 pm - 1:25 pm	Industry Lunch Symposium with Medtronic (Non CME)			
1:30 pm - 2:10 pm 2:15 pm - 3:15 pm	ICADICAD	•		
2:15 pm - 3:15 pm	Nursing and Advanced Practice Provider Stroke System Leadership	•		
3:15 pm - 3:45 pm	Coffee break with exhibitors (with support of Medtronic)			
3:45 pm - 5:15 pm	Pseudo-live Cases			
3:45 pm - 5:15 pm	Determining Pathogenic Mechanism & Evidence-Based Secondary Stroke Prevention	,		
5:15 pm - 6:15 pm	Platform Session I			
6:15 pm - 7:15 pm	Women in Vascular and Interventional Neurology (WIN) Reception	•		
6:15 pm - 7:15 pm	Members in Training Reception (with support of Genentech)			
7:15 pm - 8:15 pm	Science of Clot Workshop (advance registration required)	Crown Point		
	FRIDAY, NOVEMBER 16TH			
6:30 am - 5:30 pm	Registration/Help Desk	Bayview Foyer		
6:45 am - 8:00 am	Breakfast with exhibitors	Mission Ballroom		
6:45 am - 3:45 pm	Exhibits	Mission Ballroom		
6:45 am - 8:00 am	Top Supporters Breakfast (Invitation only)	Crown Point		
8:00 am - 5:00 pm	Penumbra Tech Suite: See the Future of Stroke			
8:00 am - 5:00 pm	Stryker Tech Suite: Experience the Power of Innovation			
8:00 am - 9:25 am	International Rapid Fire Stroke Challenges			
8:00 am - 9:30 am	Clinical Trial Updates and Hot Topics in Vascular Neurology	Palm Ballroom		
9:30 am - 10:00 am	An Unplanned Academic Journey Through Objectives, Cultures and Diversity			
10:00 am - 10:45 am	Coffee break with exhibitors (with support of Medtronic)			
10:45 am - 12:15 pm	Future of Interventional Neurology	•		
12:15 pm - 12:45 pm	Lunch Industry Lunch Symposium with Stryker (Non CME)			
12:45 pm - 1:25 pm	Industry Lunch Symposium with Stryker (Non CME)	•		
1:30 pm - 2:10 pm 2:15 pm - 3:15 pm	AVM Treatment in the Current Century	,		
2:15 pm - 3:15 pm	Controversies and Future Directions in Vascular Neurology	=		
3:15 pm - 3:45 pm	Coffee break with exhibitors			
3:45 pm - 5:15 pm	Brain Aneurysm			
3:45 pm - 5:15 pm	Hot Topics in Vascular Neurology	•		
5:15 pm - 7:15 pm	Poster Reception			
	SATURDAY, NOVEMBER 17TH			
6:30 am - 12:30 pm	Registration/Help Desk	Bayview Fover		
6:45 am - 8:00 am	Breakfast with exhibitors			
6:45 am - 7:45 am	How to Get Published in a Scientific Journal Workshop (advance registration required)			
8:00 am - 9:00 am	Platform Session II			
9:00 am - 10:00 am	Building an Endovascular Practice	-		
	Coffee break	•		
10:00 am - 10:30 am				
10:00 am - 10:30 am 10:30 am - 12:00 pm	Guidelines	Bayview Ballroom		
	Guidelines Lunch for Fellows Course attendees	•		
10:30 am - 12:00 pm		Palm Court		



Ameer E. Hassan, DO, FSVIN, FAHA Chair, 11th Annual SVIN Meeting



Thomas Devlin, MD, PhD, FSVIN Co-Chair. Stroke Center Dav



Italo Linfante, MD, FAHA, FSVIN President, SVIN



Jawad Kirmani, MD, FSVIN Co-Chair, Stroke Center Day Secretary, SVIN

## Welcome

The Society of Vascular and Interventional Neurology (SVIN) welcomes you to the 11th Annual Meeting in San Diego, California, November 14-17, 2018! This year's theme is "The Wave of the Future: Enhancing Synergies" and will bring with it a new and exciting format!

We have an excellent program this year with a new format that builds on the previous success of the Annual Meeting and Stroke Center Workshop. New tracks geared towards Advanced Practice Providers (Day 2) and Vascular Neurologists and Neurohospitalists (Day 3) have been added, as well as a half day fellows course (Day 4). The new format allows us to capture the latest insights and developments from both U.S. and international thought leaders in the Interventional, Nursing, and Vascular Neurology fields.

We are fortunate this year to hear from keynote guest speaker Dr. Fernando Vinuela from UCLA who will provide a walk-through translational research to the angio suite from 1981 to today. Building on our theme, Dr. Vinuela will showcase how the interdisciplinary teams evolved and involved basic scientists and clinicians and how the relationship between academia and industry led to the development of new devices and the specialty we know today.

The traditional Stroke Center Workshop (co-chaired by Tom Devlin, MD, PhD, FSVIN and Jawad Kirmani, MD, FSVIN) has now become integrated into the Annual Meeting Day 1. By starting with stroke care didactics and building on the first day, we decrease topical repetition throughout the meeting and bring in several new sessions on stroke treatment and care. Day 1 will be attended by stroke champions including hospital administration, nurse leaders, physician leaders, emergency room leaders and EMS leadership. The APP track is co-chaired by Anne W. Alexandrov, PhD, AGACNP-BC, CNS, CCRN, ANVP-BC and Jennifer Patterson, MSN, ACNP-BC, CCRN, FHM, and the vascular track is co-chaired by Amrou Sarraj, MD and Amer Malik, MD, MBA, FAHA, FSVIN. By "enhancing our synergies" with multiple disciplines, we can continue to sustain and build the stroke infrastructure needed to decrease death and disability worldwide.

This year's Annual Meeting continues to reflect the diversity, innovation, and creativity of our rapidly growing membership and our international partners. We look forward to an exciting meeting, which aims to address some of the most controversial issues confronting our field today. Look for Day 2 debates to be very lively! Other new sessions this year include pseudo-live cases and complications and saves, which will keep both our junior and senior members interactive and continue to foster networking and long-term friendships typically created at our Annual Meeting. On Saturday, we have added a half day fellows course organized by SVIN Board members and industry supporters.

The Abstract Committee continues to meet the challenge of choosing the best scientific abstracts from more than 180 submissions. The Committee worked diligently to bring out the best of SVIN science to be highlighted in two platform presentation sessions and a poster reception led by key professors in the field.

Please make an effort to attend all receptions and sessions and be sure to complete the meeting survey. We value your feedback and continually strive to improve your SVIN Annual Meeting experience.

I would like to thank our Annual Meeting Committee, Stroke Center Workshop Chairs, Nursing and Vascular Track Chairs, Abstract Committee, Fundraising Committee, SVIN's Executive Committee and Board of Directors, as well as everyone who has generously donated their time, effort, and patience to putting together the best possible agenda for this year's meeting.

We wish to acknowledge and thank our gracious meeting exhibitors and sponsors for their continued participation in the SVIN Annual Meeting and the Society. Be sure to visit the exhibitor area and Top Supporter suites.

l look forward to an amazing time learning, networking, and building synergies with all of you in San Diego!



Ameer E. Hassan DO, FSVIN, FAHA Chair, 11th Annual SVIN Meeting







General Information	3
Program	5
Faculty	14
Awards and Recognitions	15
Exhibitor Listing	16
About SVIN	18

## **GENERAL INFORMATION**

#### **SVIN 11TH ANNUAL MEETING PROGRAM DESCRIPTION**

This year's Annual Meeting continues to reflect the diversity, innovation, and creativity of our rapidly growing membership and our international partners. We look forward to an exciting meeting, which aims to address some of the most controversial issues confronting our field today. We have an excellent program this year with a new format that builds on the previous success of the Annual Meeting and Stroke Center Workshop.

On Day 1, Drs. Thomas Devlin and Jawad Kirmani will co-chair our Stroke Center Day focusing on stroke systems of care and hospital infrastructure. National leaders in the field of stroke will share essential lessons learned on a broad range of topics that drive quality stroke center operations. Topics will include new protocols and technologies for organizing pre-hospital care, successful practices for optimizing your ED and interventional suite, stroke center certification insights from the pros, harnessing the power of your EMR, optimizing stroke center finances, emerging artificial intelligence-based technologies, clinical research infrastructure and many more. This programming is intended to bring together hospital administrators, EMS providers, physicians, nurses, coordinators, technologists, and other stroke champions from primary and comprehensive stroke centers. Ample time for discussions and questions will assure a robust exchange of information about worldclass stroke practice.

The remainder of the meeting includes new tracks geared towards Advanced Practice Providers (Day 2) and Vascular Neurologists and Neurohospitalists (Day 3), as well as a half day Fellows Course (Day 4). The new format allows us to capture the latest insights and developments from both U.S. and international thought leaders in the Interventional, Nursing, and Vascular Neurology fields. Other new sessions this year include pseudo-live cases and complications and saves, which will keep both our junior and senior members interactive and continue to foster networking and long-term friendships typically created at our Annual Meeting.

#### **LEARNING OBJECTIVES**

Upon completion of this educational activity, participants should be able to:

- Implement strategies to best grow your stroke referral network
- Review prehospital best-practice protocols and communication technologies to facilitate patient triage and treatment
- Streamline operations in the endovascular suite and optimize billing for the interventionalist
- Review benefits of recent FDA-approved artificial intelligencebased technologies for your center
- Understand how you can use your EMR to automate the process of stroke data collection
- Upgrade ED clinical pathways to improve accuracy of stroke diagnosis and time to treatment
- · Review strategies to maximize hospital throughput
- Understand how to make a multifaceted finance reporting tool for your stroke center
- Improve documentation and coding procedures to drive hospital DRG payments, STAR ratings and HCAHPS scores
- · Understand key drivers to successful stroke accreditation
- Implement best-practices guidelines for a robust clinical research program

- Integrate learning on stroke systems of care, pre-hospital care, and hospital infrastructure
- Improve processes on stroke operations from the ED to angiography suite
- Strengthen the ability to build a comprehensive stroke program
- Optimize technical performance of stroke, aneurysm, AVM and ICAD neurointerventions
- Understand the future of Interventional Neurology and the International barriers to Stroke Treatment
- Discuss key elements of a work up to determine pathogenic mechanism for patients with acute stroke
- Describe evidence-based treatment approaches for structural hemorrhages, intraparenchymal hemorrhage and acute ischemic stroke
- Identify expanded roles and scholarship opportunities to increase advanced practice provider influence

#### **TARGET AUDIENCE**

This meeting is intended for hospital administrators, critical care physicians, industry leaders, EMS leaders, ICU leaders, interventional lab leaders, neurointerventionists, interventional neurologists, interventional neuroradiologists, endovascular neurosurgeons, vascular neurologists, neurointensivists, neurosurgeons, nurses, physician assistants, and other related neurological or endovascular practitioners.

## HOW TO CLAIM CME FOR THE SVIN 2018 ANNUAL MEETING Claim your CME as easy as 1-2-3:

- 1. Access the SVIN 2018 Annual Meeting Evaluation by using the following link: https://akhcme.com/akhcme/pages/svin
- 2. Complete the evaluation for sessions attended.
- After you hit submit, an electronic copy will be emailed to you for your records.

Earn up to 22.25 **AMA PRA Category 1 Credit(s)**™ and 22.25 **ANCC contact hours** for the Annual Meeting. ABPN Self-Assessment (SACME) credits will also be provided.

Please see page 5 for complete CME/CE information.

#### **EXHIBIT AND REGISTRATION DESK HOURS**

Registration/Help Desk Hours   Fo	yer
Tuesday, November 13	6:00 pm – 8:00 pm
Wednesday, November 14	7:00 am - 5:15 pm
Thursday, November 15	6:30 am - 6:15 pm
Friday, November 16	6:30 am - 5:30 pm
Saturday, November 17	6:30 am - 12:30 pm

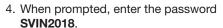
Exhibit Hall Hours   Mission Ballroom				
Thursday, November 15	. 6:45 am - 3:45 pm	ì		
Friday, November 16	. 6:45 am - 3:45 pm	1		
Saturday, November 17	. 6:45 am - 8:00 am	1		

#### **GENERAL INFORMATION**

#### SVIN WIFI/ APP INFORMATION

#### WIFI INSTRUCTIONS

- 1. Check for any available wireless signals.
- 2. Connect to SSID @Hyatt Meetings
- 3. Launch a web browser.



The conference Welcome Page or hotel main page will display and you can now browse the Internet.

If you are roaming throughout the hotel, your computer will sometimes disconnect and you will need to re-associate with another Wireless Access Point. VPN's are not meant to stay connected all the time for security reasons and you may be required to re-establish your VPN connectivity when your current session expires. If you encounter any technical difficulties, please call 619-839-9980.

MOBILE MEETING APP INSTRUCTIONS (USE THIS TO PARTICIPATE WITH THE AUDIENCE RESPONSE SYSTEM)

Navigate the event like a pro with the SVIN 2018 Annual Meeting mobile app, powered by Core-apps.com

#### With the SVIN 2018 Annual Meeting mobile app, you can:

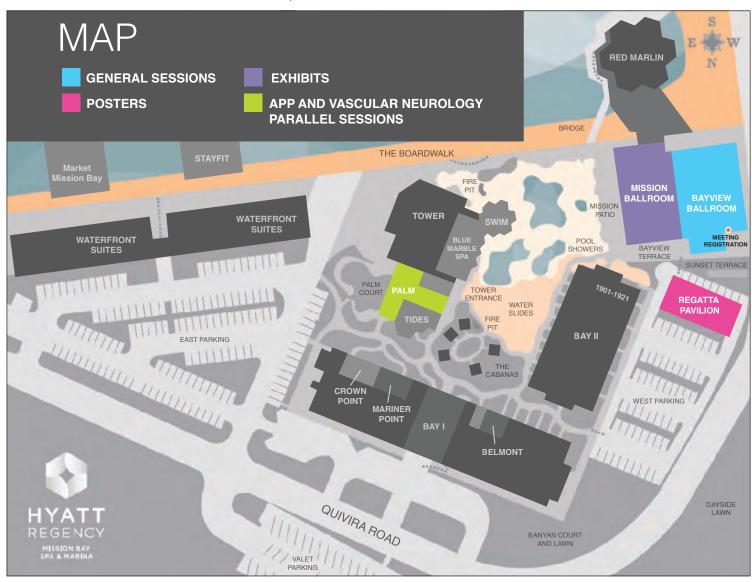
- Stay organized with up-to-the-minute Speaker, Exhibitor, and Event information
- Receive important real-time communications from SVIN
- Build a personalized schedule and bookmark exhibitors
- Take notes and download event handouts and presentations
- Find attendees and connect with your colleagues through Friends
- Stay in-the-know and join in on social media with #SVIN2018
- Share your event photos and experiences with the Photo Gallery
- And much, much more!

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#### **DOWNLOADING THE APP IS EASY!**

**SEARCH:** The App Store or Google Play for SVIN Meetings





## **PROGRAM**

Tuesday, November 13th		
6:00 pm – 8:00 pm	RegistrationBayview Foyer	
Wednesday, Novemb	er 14th Stroke Center Day	
7:00 am – 5:15 pm 7:30 am – 9:00 am	Registration/Help Desk	
7:30 am – 7:40 am 7:40 am – 8:00 am	Welcome, Ameer E. Hassan, DO, FAHA, FSVIN and Thomas Devlin MD, PhD, FSVIN EMS Destination Protocols: Getting the Best Patient Outcomes, Ryan McTaggart, MD	
8:00 am – 8:20 am	Neuroimaging at the HUB & SPOKE: What, Where & When, Ashutosh Jadhav, MD, PhD, FSVIN	
8:20 am – 8:40 am 8:40 am – 9:00 am	Telemedicine: Optimizing Operations & Finances, Nima Mowzoon, MD, MBA Q&A	
9:00 am – 10:30 am	Process Improvement for Stroke Operations	
9:00 am – 9:20 am	Your ED Stroke Protocol: Responding to FDA's 24 hour Treatment Window, Jawad Kirmani, MD, FSVIN	
9:20 am – 9:40 am	The Angio Lab – Making it More Efficient with STEPS-T, Ameer E. Hassan, DO, FAHA, FSVIN	
9:40 am – 9: 55 am	Thrombectomy Capable Center Debate 1: The Argument Against,  Mohamed Teleb, MD	
9:55 am – 10:10 am	Thrombectomy Capable Center Debate 2: The Argument For, Radoslav Raychev, MD	
10:10 am – 10:30 am	Q&A	
10:30 am – 11:00 am 11:00 am – 12:30 pm	Coffee break (with support of Viz.ai)	
11:00 am – 11:20 am	Stroke Finances – Assessing the Impact of New Technologies, Thomas Devlin, MD, PhD, FSVIN	
11:20 am – 11:40 am	Professional Billing for the Interventionalist: THE MUST KNOW INFO, Brent Sperlich, MBA (Non CME)	
11:40 am – 12:00 pm	Data Capture Across the System of Stroke Care: A Significant Challenge in the Age of Thrombectomy, Brad Kolls, MD, PhD, MMCi	
12:00 pm – 12:20 pm	EPIC and Real Time Smart Data Collection: The Erlanger Experience, Ruchir Shah, MD	

12:20 pm – 12:30 pm

Q&A

## **PROGRAM**

12:30 pm – 1:30 pm 12:45 pm – 1:25 pm	Lunch
1:30 pm – 2:15 pm	Next Generation Roundtable (Non CME)
2:15 pm – 3:30 pm	Critical Topics in Stroke Center Development
2:15 pm – 2:35 pm	Clinical Research- Run It Like a Business and Watch it Grow, Kiva Schindler, RN, CCRC
2:35 pm – 2:55 pm	Preparing for Your Next Certification Survey – Tips from the Expert, Sue Ashcraft, DNP, ACNS-BC, FAHA
2:55 pm – 3:15 pm	The Future of Stroke Treatment Just Arrived: The Explosion of Machine Learning, Peter Chang, MD
3:15 pm – 3:30 pm	Q&A
3:45 pm – 5:15 pm	BSES Course (registration required)
5:15 pm – 6:45 pm	Welcome ReceptionBanyon Court and Lawn
6:45 pm – 7:45 pm	Science of Clot Workshop (advance registration required)
	be presented by the CERENOVUS Neuravi Thromboembolic Initiative (NTI) based on its research as well as findings from collaborative research projects with clinical
	and scientific institutions with the goal of advancing stroke therapy.
6:30 pm – 9:00 pm	Board of Directors MeetingBelmont

## Thursday, November 15th

	6:30 am – 6:15 pm 6:45 am – 8:00 am 6:45 am – 8:00 am 6:45 am – 3:45 pm 8:00 am – 4:00 pm 8:00 am – 9:30 am	Registration/Help Desk
ESSIONS	8:00 am - 8:15 am 8:15 am - 8:30 am 8:30 am - 8:45 am 8:45 am - 9:00 am 9:00 am - 9:15 am 9:15 am - 9:30 am 9:30 am - 9:40 am	Welcome and Introduction to Meeting App, Ameer E. Hassan, DO, FAHA, FSVIN TPA vs. Direct MT, Andrei V. Alexandrov, MD and Vitor Mendes Pereira, MD, MSc CT vs. CTP, Amrou Sarraj, MD and Greg Albers, MD  Treatment of M2s and Beyond with MT vs. Medical Management Only, Diogo Haussen, MD, FSVIN and Claus Ziegler Simonsen, MD, PhD  Drip and Ship vs. Trip and Treat, Patrick Lyden, MD and Johanna Fifi, MD, FSVIN Future of Mobile Stroke Unit vs. Mass Market Technology, M. Shazam Hussain, MD and Thomas Devlin, MD, PhD, FSVIN  The Lisa Foundation - Breaking the Silence About Brain Aneurysms (Non CME), Todd Crawford  Presidential Address and Award Presentations, Italo Linfante, MD, FAHA, FSVIN
	9:55 am – 9:55 am 9:55 am – 10:05 am 10:05 am – 10:15 am 10:15 am – 10:45 am	Business Meeting, Italo Linfante, MD, FAHA, FSVIN (Non CME)  MT2020 Update, Dileep Yavagal, MD, FSVIN (Non CME)  Coffee break with exhibitors
	10:45 am - 12:15 pm 10:45 am - 10:57 am 10:57 am - 11:09 am 11:09 am - 11:21 am 11:21 am - 11:33 am 11:33 am - 11:45 am 11:45 am - 11:57 am 11:57 am - 12:15 pm	Complications and Saves
PARALLEL	10:45 am - 12:15 pm 10:45 am - 11:10 am 11:10 am - 11:35 am 11:35 am - 12:00 pm 12:00 pm - 12:15 pm	Building Expertise in Acute Neurovascular Diagnosis and Treatment



12:15 pm – 12:45 pm 12:45 pm – 1:25 pm	Lunch
1:30 pm – 2:10 pm	Industry Lunch Symposium with MicroVention (Non CME)
2:15 pm – 3:15 pm  2:15 pm – 2:25 pm 2:25 pm – 2:35 pm 2:35 pm – 2:45 pm 2:45 pm – 2:55 pm 2:55 pm – 3:05 pm 3:05 pm – 3:15 pm	ICAD
2:15 pm – 3:15 pm  2:15 pm – 2:30 pm 2:30 pm – 2:45 pm 2:45 pm – 3:00 pm  3:00pm – 3:15 pm	Nursing and Advanced Practice Provider Stroke System Leadership

## **PROGRAM**

	3:15 pm – 3:45 pm	Coffee break with exhibitors (with support of Medtronic) Mission Ballroom
	3:45 pm – 5:15 pm	Pseudo-live Cases
PARALLEL SESSIONS	3:45 pm – 3:57 pm 3:57 pm – 4:09 pm 4:09 pm – 4:21 pm 4:21 pm – 4:33 pm 4:33 pm – 4:45 pm 4:45 pm – 4:57 pm 4:57 pm – 5:15 pm	Stroke, Vincent Costalat, Pr, MD, PhD (Non CME) Aneurysm, Gabor Toth, MD DAVF, Viktor Szeder, MD, PhD Stroke, Diogo Haussen, MD, FSVIN ICAD, Mikayel Grigoryan, MD AVM, Santiago Ortega-Gutierrez, MD, MSc Q&A
PARALLE	3:45 pm – 5:15 pm	Determining Pathogenic Mechanism &  Evidence-Based Secondary Stroke Prevention
	3:45 pm – 4:10 pm 4:10 pm – 4:35 pm 4:35 pm – 5:00 pm 5:00 pm – 5:15 pm	Case 1, Sara Vann, MS, PA-C, ANVP-BC Case 2, Jennifer Patterson, MSN, ACNP-BC, CCRN FHM Case 3, Victoria M. Swatzell, DNP, ACNP-BC, ANVP-BC Q&A
	5:15 pm – 6:15 pm	Platform Session I (full abstract and authors listing available in the abstract supplement)
	5:15 pm – 5:23 pm	ESN-App, Smartphone GPS-Tracking, Triaging and Telecommunication for Acute Stroke Patients: First Egyptian Pilot Study,  Ossama Mansour, MD, PhD, FSVIN, FINR
	5:23 pm – 5:31 pm	Automated Detection of Hyperdense MCA Sign and Notification of Large Vessel  Occlusion Using Artificial Intelligence, Charlotte Y. Chung, MD, PhD
	5:31 pm – 5:39 pm	Analysis of Workflow and Direct vs. Transferred Patient's Outcome in DAWN Trial, Amin N. Aghaebrahim, MD
	5:39 pm – 5:47 pm	The Impact of Blood Pressure on Collateral Circulation During Anesthesia, Radoslav Raychev, MD
	5:47 pm – 5:55 pm	Intra-Arterial tPA Administration During Mechanical Thrombectomy is  Associated With Increased Risk of Subarachnoid Hemorrhage, Joshua Lukas, MD
	5:55 pm – 6:03 pm	The NeVa Thrombectomy Device: Initial Clinical Experience, Luis Sanroman
	6:03 pm – 6:11 pm	Imaging Selection and Key Subgroup Analyses From the SELECT Study,  Amrou Sarraj, MD
	6:11 pm – 6:15 pm	Q&A
	6:15 pm – 7:15 pm 6:15 pm – 7:15 pm	Women in Vascular and Interventional Neurology (WIN) Reception



Science of Clot Workshop (advance registration required) ...... Crown Point

Science of Clot Workshop – an interactive workshop analyzing the clots that cause large vessel occlusions from an engineering perspective. Why are some clots easier to remove? What happens to an occlusion over time? Does the nature of clot change during the course of endovascular therapy? Topics and hands-on exhibits will include clot composition and characterization, clot properties and behavior, occlusion dynamics, and clot-device interactions.

Content builds upon what was covered in last year's workshops. The workshop will be presented by the CERENOVUS Neuravi Thromboembolic Initiative (NTI) based on its research as well as findings from collaborative research projects with clinical and scientific institutions with the goal of advancing stroke therapy.

#### Friday, November 16th

	6:30 am - 5:30 pm 6:45 am - 8:00 am 8:00 am - 5:00 pm 8:00 am - 5:00 pm	Registration/Help DeskBayview Foyer Breakfast with exhibitorsTerrace/Mission Ballroom Penumbra Technology Suite: See the Future of StrokeRoom 1920 Stryker Technology Suite: Experience the Power of InnovationRoom 1918
	8:00 am – 9:25 am	International Rapid Fire Stroke Challenges
	8:00 am - 8:10 am 8:10 am - 8:20 am 8:20 am - 8:30 am 8:30 am - 8:40 am 8:40 am - 8:50 am 8:50 am - 9:00 am	Stroke Treatment in LATAM: Current Challenges, Gisele Silva, MD, PhD International Outreach Program in LATAM, Edgar Samaniego, MD, MS, FSVIN and Santiago Ortega-Gutierrez, MD, MSc Challenges of Training IN in South America, Manuel Moquillaza, MD Stroke Treatment in Africa: Current Challenges, Ossama Mansour, MD, PhD, FSVIN, FINR Stroke Treatment in Asia: Current Challenges, Yan Ma, MD Stroke Treatment in Spain: Current Challenges & Update on RACECAT,
ESSIONS	9:00 am – 9:10 am 9:10 am – 9:25 am	Natalia Pérez de la Ossa, PhD  Challenges of Training IN in Europe, Adam Kobayashi, MD, PhD  Q&A
PARALLEL SESSIONS	8:00 am – 9:30 am	Clinical Trial Updates and Hot Topics in Vascular Neurology
PA	8:00 am – 8:15 am	An Update on Stroke Pre-Hospital Care: The Available Evidence and Future Directions, Natalia Pérez de la Ossa, PhD
	8:15 am – 8:30 am	An Update on Stroke Secondary Prevention: The Available Evidence and Future Directions, Nirali Vora, MD
	8:30 am – 8:45 am	An Update On Acute Thrombolysis Management For Ischemic Strokes,  Maarten Lansberg, MD, PhD
	8:45 am – 9:00 am	An Update On Acute Management For Hemorrhagic Strokes, Nicole Gonzales, MD
	9:00 am – 9:10 am 9:10 am – 9:20 am	The Role of Telemedicine in Acute Stroke Treatment, Michael Chen, MD Stroke in Women- Disparities and Outcomes: The Current Evidence and Future Opportunities, Louise McCullough, MD, PhD
	9:20 am – 9:30 am	Q&A

## PROGRAM

	9:30 am – 10:00 am 10:00 am – 10:45 am 10:45 am – 12:15 pm	An Unplanned Academic Journey Through Objectives, Cultures and Diversity, Fernando Vinuela, MD
	10:45 am - 10:55 am 10:55 am - 11:05 am 11:05 am - 11:15 am 11:15 am - 11:25 am 11:25 am - 11:35 am 11:35 am - 11:45 am 11:45 am - 12:05 pm 12:05 pm - 12:15 pm	CAST, Arthur Day, MD What's Next in Interventional Neurology, Adnan Qureshi, MD Endovascular EEG, Sunil Sheth, MD Endovascular OCT, Conrad Liang, MD, PhD New Techniques for Intracranial Stenosis, Nobuyuki Ohara, MD Minimally Invasive Surgery for IVH and ICH, Wondwossen Tekle, MD Future Stroke Thrombectomy Devices, Dileep Yavagal, MD, FSVIN (Non CME) Rapid Fire Trial Updates, Yazan Alderazi, MD Q&A
	12:15 pm – 12:45 pm 12:45 pm – 1:25 pm	Lunch
	1:30 pm – 2:10 pm	Industry Lunch Symposium with Penumbra (Non CME)
	2:15 pm – 3:15 pm	AVM Treatment in the Current Century
	2:15 pm – 2:30 pm 2:30 pm – 2:45 pm 2:45 pm – 3:00 pm 3:00 pm – 3:15 pm	Multi-modality Treatment of AVMs, Michael Lawton, MD AVM Radiosurgery in the ARUBA Era, Doug Kondziolka, MD Endovascular Treatment of Cerebral AVMS, Edgar Samaniego, MD, MS, FSVIN Q&A
PARALLEL SESSIONS	2:15 pm – 3:15 pm	Controversies and Future Directions in Vascular Neurology
	2:15 pm – 2:30 pm	IV Thrombolysis in Selected Patients with Unknown Time of Onset:  Available Evidence is Sufficient for Clinical Implementation and No Further Randomized Trials are Needed, Claus Ziegler Simonsen, MD, PhD and Tudor Jovin, MD, FSVIN (Non CME)
	2:30 pm – 2:45 pm	Anticoagulation is Reasonable for Cryptogenic Strokes: Future Trials Will Prove the Benefit, Mike Sharma, MD, MSc, FRCPC and Anjail Sharrief, MD, MPH
	2:45 pm – 2:55 pm 2:55 pm – 3:05 pm	Neuro-Imaging for Non-Endovascular Acute Stroke Management,  Greg Albers, MD  The Choice of Antiplatelets After Acute Ischemic Strokes and Transient
	3:05 pm – 3:15 pm	Ischemic Attack, Anthony S. Kim, MD, MAS  Q&A

	3:15 pm – 3:45 pm	Coffee break with exhibitors Mission Ballroom
	3:45 pm – 5:15 pm	Brain Aneurysm Bayview Ballroom  Moderators: Italo Linfante, MD, FAHA, FSVIN and Radoslav Raychev, MD
	3:45 pm - 4:00 pm 4:00 pm - 4:15 pm 4:15 pm - 4:25 pm 4:25 pm - 4:45 pm 4:45 pm - 5:00 pm 5:00 pm - 5:15 pm	Flow Diversion- Expanding Indications, Tibor Becske, MD New Neck Bridging Devices, Satoshi Tateshima, MD, DMSc Intrasaccular Treatment, Michael Chen, MD The Flow Remodeling as a Next Generation Aneurysm Treatment Concept: Simplicity is the Ultimate Sophistication, Saruhan Cekirge, MD Can All Aneurysms be Treated by Endovascular Methods? Osama Zaidat, MD, FSVIN Q&A
SESSION	3:45 pm – 5:15 pm	Hot Topics in Vascular NeurologyPalm Ballroom  Moderators: Amrou Sarraj, MD and Amer Malik, MD, MBA, FAHA, FSVIN
PARALLEL SESSIONS	3:45 pm – 4:00 pm 4:00 pm – 4:15 pm 4:15 pm – 4:25 pm	IV tPA for Mild Strokes, Gisele Silva, MD, PhD and Raul Nogueira, MD, FSVIN Beyond IV tPA: The Future is for Adjunctive Thrombolytic Therapies vs. We Need Better Neuroprotection, Maarten Lansberg, MD, PhD and Opeolu Adeoye, MD PFO Closure for Stroke Secondary Prevention: The Evidence, Evolution and its
	4:25 pm – 4:35 pm	Impact on Clinical Practice, Jeffrey L. Saver, MD Future Trials in Vascular Neurology: What Should We Focus On? David Liebeskind, MD, FAHA, FAAN, FSVIN
	4:35 pm – 4:45 pm	Acute Stroke Treatment on the Road: The Mobile Stroke Unit Impact,  M. Shazam Hussain, MD
	4:45 pm – 4:55 pm	The Role of Sonothrombolysis in Acute Stroke Management: Current Evidence and Future Directions, Andrei V. Alexandrov, MD
	4:55 pm – 5:05 pm 5:05 pm – 5:15 pm	TNK vs. IV tPA: Current Evidence and Future Directions, <i>Greg Albers, MD</i> Q&A

5:15 pm – 7:15 pm	Poster Reception (full poster listing and abstracts available in the abstract supplement)Regatta Pavilion
5:15 pm – 5:45 pm	Reception
5:45 pm – 6:30 pm	Odd-Numbered Posters (Walk Around with the Professor)
6:30 pm – 7:15 pm	Even-Numbered Posters (Walk Around with the Professor)
	(See mobile app for Walk Around with the Professor Schedule)

## **PROGRAM**

## Saturday, November 17th

11:45 am – 12:00 pm	
11.00 am 11.10 am	Santiago Ortega-Gutierrez, MD, MSc
11:30 am – 11:45 am	SVIN Response Statement Focused on Expanded Time Window,
11:15 am – 11:30 am	• •
11:00 am – 11:15 am	•
10:45 am – 11:00 am	
10:30 am – 10:45 am	
·	Moderators: Johanna Fifi, MD, FSVIN, Tudor Jovin, MD, FSVIN, and Maxim Mokin, MD, PhD, FSVIN
10:00 am – 10:30 am 10:30 am – 12:00 pm	Coffee breakTerrace GuidelinesBayview Ballroom
40.00	
9:45 am - 10:00 am	Q&A
9:30 am – 9:45 am	Billing and Coding 101, P. Roger DeVersa, MD, MBA, FHM, CPE, CCS
9:15 am – 9:30 am	How to Build an Academic CSC Practice, Ashutosh Jadhav, MD, PhD, FSVIN
9:00 am - 9:15 am	How to Build a Private CSC Practice, Ameer E. Hassan, DO, FAHA, FSVIN
9:00 am – 10:00 am	Building an Endovascular Practice
8:48 am – 9:00 am	Q&A
8:40 am – 8:48 am	Focal Brain Stimulation with a Chronically Implanted Minimally- Invasive Endovascular Stent-Electrode Array, Thomas Oxley, MD, PhD
8:32 am – 8:40 am	in Acute Ischemic Stroke: IMPACT-24B Trial Results, Jeffrey L. Saver, MD Cyclical Aspiration Technique Improves Clot Ingestion and Reduces Fragmentation, Miklos Marosfoi, MD
8:24 am – 8:32 am	Treat Large OR Giant Aneurysms (SCENT Trial), Italo Linfante, MD, FAHA, FSVIN Sphenopalatine Ganglion Stimulation to Augment Collateral Perfusion
8:16 am – 8:24 am	Endovascular Therapy: the POSITIVE Trial Results, Adnan Siddiqui, MD  Surpass™ IntraCranial Aneurysm Embolization System Pivotal Trial to
8:08 am – 8:16 am	Perfusion Imaging Selection of Ischemic Stroke Patients for
8:00 am – 8:08 am	Basilar Artery Occlusion Endovascular Intervention versus Standard  Medical Treatment (BEST) Trial: Primary Results, Raul Nogueira, MD, FSVIN
	available in the abstract supplement)
8:00 am – 9:00 am	Workshop (advance registration required) Crown Point Platform Session II (full abstract and co-authors listing
6:45 am – 7:45 am	How to Get Published in a Scientific Journal
6:45 am – 8:00 am	Breakfast with exhibitors
6:30 am – 12:30 pm	Registration/Help DeskBayview Foyer

## **FACULTY**

Michael Abraham, MD, FAHA

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Sue Ashcraft, DNP, ACNS-BC, FAHA

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Merritt W. Brown, MD

University of Pittsburgh Medical Center Stroke Institute

Saruhan Cekirge, MD

Yuksek Ihtisas University Koru Hospitals **Bayindir Hospitals** 

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University of California Irvine

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McGovern Medical School, University of Texas Health Science Center-Houston

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Adventist Health Glendale Comprehensive Stroke Center

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Brian Jankowitz, MD University of Pittsburgh Medical Center

Tudor Jovin, MD, FSVIN

University of Pittsburgh Medical Center

Rakesh Khatri, MD, FAHA, FSVIN

Texas Tech University Health Sciences Center FI Paso

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SVIN would like to extend a special thank you to the following individuals for their contributions to the SVIN 2018

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#### Congratulations to the following **Society Awardees:**

#### **Interventional Pioneering Award**

Fernando Vinuela, MD

In recognition of his outstanding contributions to training and mentoring of Interventional Neurologists.

#### **Neurologist Pioneering Award**

David Liebeskind, MD, FAHA, FAAN, FSVIN In recognition of his outstanding contributions to training and mentoring of Interventional Neurologists.

#### **Innovation Award**

Raul Nogueira MD, FSVIN In recognition of his innovation in the field of Interventional Neurology.

#### **Distinguished Service Award**

Thanh Nguyen, MD, FSVIN In recognition of her substantial service to the Society of Vascular and Interventional Neurology.

#### **Best Abstract Award**

Ossama Mansour, MD, PhD, FSVIN, FINR ESN-App, Smartphone GPS-Tracking, Triaging and telecommunication for Acute Stroke Patients: First Egyptian Pilot Study

#### Young Investigator Award

Amin N. Aghaebrahim, MD Analysis of Workflow and Direct vs. transferred patient's outcome in DAWN trial

#### **Pilot Research Grant Award**

Diogo Haussen, MD, FSVIN Preclinical Large Vessel Occlusion Stroke Model: Capybaras (Hydrochoerus Hydrochoeris

#### Nicholas Liaw, MD

Fibrin Targeted Gold nanoparticles for Acute Imaging of Thrombi During Digital Subtraction Angiography

Santiago Ortega-Gutierrez, MD, MSc Development of a Novel Risk Stratification Score for Patients Presenting with Acute Cerebral Venous Sinus

#### **FSVIN Awardees**

Edgar Samaniego, MD Mouhammad Jumaa, MD Maxim Mokin, MD

#### **Outstanding Contribution Award**

In recognition of your contributions to educating the public on stroke, promoting stroke prevention and raising awareness of stroke treatments.

#### Congratulation to the following SVIN 2018 Trainee Travel Grant Awardees:

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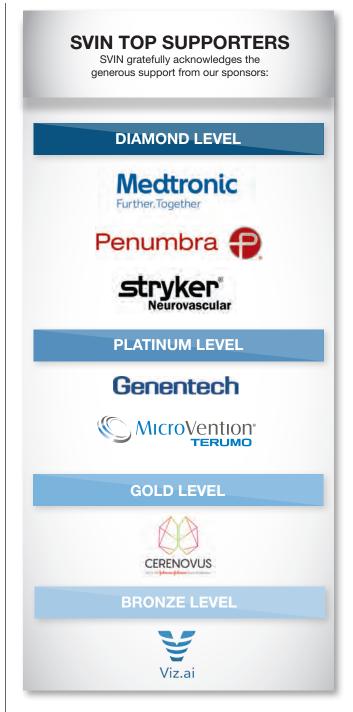
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#### **Endorsements**

The following organizations endorse the SVIN 11th Annual Meeting:





















- · Neurocritical Care Society
- · American Society of Neuroimaging
- · Societas Neurologica Japonica
- · Association of Neurovascular Clinicians
- · European Board of Neurointervention
- · The Neurohospitalist Society
- Calgary Stroke Program (5T Stroke)
- · World Stroke Organization
- · European Stroke Organisation



## **EXHIBITOR LISTING**

#### TeleSpecialists | Booth 1

9110 College Pointe Ct Fort Myers, FL 33919 P: 1-866-785-7769

E: info@tele-specialists.com



#### **Neural Analytics | Booth 2**

2440 S. Sepulveda Boulevard. Suite 115

Los Angeles, CA 90064 P: 877-638-7251

E: info@neuralanalytics.com

W: www.neuralanalytics.com

Neural Analytics, Inc. is a medical robotics company developing and commercializing technologies to measure and track brain health. The company's technologies integrate ultrasound, robotics and machine learning to empower neurologists with critical information about brain health to make clinical decisions and improve patient outcomes.

#### **Erlanger Consulting Services | Booth 3**

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Expert staff consultants at Erlanger Consulting Services partner with stroke centers around the US to evaluate their clinical and support operations. Stroke Center accounting, coding and billing are a specialty area. Let's meet at SVIN. Call Peter Catalano today at 617.869.4302.

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#### **Endophys Holdings, LLC | Booth 5**

1601 Elm St #1930 Dallas, TX 75201 P: 717-577-4356

E: manzmann@endophys.com

W: www.endophys.com

The Endophys mission is to develop pressure sensing systems which improve safety and outcome in critical procedures in cath/angiography labs by providing immediate and accurate endovascular physiology. The unique Endophys Pressure Sensing Access System (PSAS) drastically reduces delays and complexity in treating critical interventional patients (i.e. Ischemic Stroke).

#### Genentech | Booth 6

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P: 415-412-6007 E: ta.jimmy@gene.com W: www.gene.com

Genentech is a leading biotechnology company that discovers, develops, manufactures and commercializes medicines to treat patients with serious or life-threatening medical conditions. We are among the world's leading biotech companies, with multiple products on the market and a promising development pipeline.

#### Viz.ai | Booth 7

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P: 866.849.4980 E: hello@viz.ai W: www.viz.ai

Viz.ai is an applied artificial intelligence healthcare company that works alongside physicians to improve acute medical care. At Viz.ai, we are working on deep learning algorithms, and Al aided triage to get the right patient to the right doctor at the right time.

#### Corazon, Inc. | Booth 8

5000 McKnight Road, Ste. 300 Pittsburgh, PA 15237

P: (412) 364-8200

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W: www.corazoninc.com

Corazon is a national leader in program development for the Heart, Vascular, Neuroscience, Spine, and Orthopedic service lines. Corazon offers a full continuum of Consulting, Accreditation, Recruitment, Interim Management, and IT Solutions to provide the strategic, clinical, operational, market, and financial expertise necessary to help clients reach their highest growth potential.



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RAPID

#### iSchemaView, Inc. | Booth 9

405 El Camino Real

Suite 601Menlo Park, CA 94025

P: (650) 388-9767

E: sales@ischemaview.com

iSchemaView is the leader in cerebrovascular imaging analysis. RAPID is the most advanced brain imaging platform and has been validated in early and late window stroke trials including SWIFT PRIME, EXTEND IA, DAWN and DEFUSE 3. These studies used RAPID to select patients for thrombectomy and achieved the best clinical outcomes and largest treatment effects ever obtained. These landmark studies led to new American Heart Association guidelines and have dramatically altered the management of acute stroke around the world.

#### HCA Healthcare | Booth 10

HCA South Atlantic 115 Central Island St. Suite 400

Charleston, SC 29492

P: 904-702-6627

E: Melissa.Sampson@hcahealthcare.com

HCA Healthcare is one of the nation's leading providers of healthcare services, comprising of 178 hospitals and 119 freestanding surgery centers located in 20 U.S. states and in the United Kingdom. Above all else, we are committed to the care and improvement of human life.

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E: info@penumbrainc.com

W: www.penumbrainc.com

Penumbra, Inc., headquartered in Alameda, California (USA), is a global healthcare company focused on innovative therapies. Penumbra designs, develops, manufactures and markets medical devices and has a broad portfolio of products that addresses challenging medical conditions and significant clinical needs across its major markets, neuro and peripheral vascular.

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E: ra-accus-cerenovusco@its.jnj.com

W: www.cerenovus.com



CERENOVUS, part of the Johnson & Johnson Medical Devices Companies, is a global leader in neurovascular care. Our commitment to changing the trajectory of stroke is inspired by our long heritage and dedication to helping physicians protect people from a lifetime of hardship. CERENOVUS offers a broad portfolio of devices used in the endovascular treatment of hemorrhagic and ischemic stroke.

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E: info@philips.com

W: www.usa.philips.com

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#### MicroVention, Inc. | Booth 15



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35 Enterprise Aliso Viejo, CA 92656 P: 714-247-8000

E: cathy.demyanovich@microvention.com

W: www.microvention.com

MicroVention provides a complete 360-degree approach to developing neuroendovascular technologies with four main product groups: Aneurysm Therapy Solutions, Ischemic Stroke and Carotid Artery Disease Solutions, Neurovascular Malformation Solutions, and Access Products. Additionally, our extensive product lines in each category allow our customers to uniquely address the needs of their patients.

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9775 Toledo Way Irvine, CA 92618 P: 800-633-8766

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P: (866) 281-7545

E: robb.giardino@ge.com

W: www.gehealthcare.com/en/products/interventionalimage-guided-systems

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The Society was created to achieve the highest level of care for patients through increased collaboration in scientific research and by educating young professionals and training young investigators. The Society also aims to provide opportunities to connect leaders in the field and provide a common ground for dialogue and creation of practice and safety standards. SVIN is committed to fostering scientific research in the field of cerebrovascular diseases and neurointerventional procedures through internal and external collaboration with other groups.

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The Society of Vascular and Interventional Neurology (SVIN) offers an elevated member status of Fellow of Society of Vascular and Interventional Neurology (FSVIN), the SVIN's esteemed category of membership. Fellow status recognizes exceptional service and contribution to the Society, academic excellence, and leadership in the field of Vascular and Interventional Neurology. Individuals who meet the requirements of this elevated membership status will add the letters, FSVIN, to their respective titles. You may become a Fellow of Society of Vascular and Interventional Neurology (FSVIN) using one of the following routes:

- Active SVIN members may apply for the FSVIN membership if they have attended at least 3 SVIN Annual Meetings and have been a SVIN member for a minimum of 5 years. Additional criteria and application information can be found on www.svin.org or provided upon request by emailing info@svin.org.
- Current FSVIN members may nominate Active members of SVIN for the Fellow of SVIN status if the nominee meets the criteria outlined above and on www.svin.org.
- SVIN Board of Directors members are granted FSVIN status due to their contributions of time, effort, and thoughtful leadership to the Society during their term(s) of service.

Questions? Please visit the Registration Desk or Email **info@svin.org**Visit **www.svin.org** to submit your application.



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- Tweet, retweet, follow, and use #SVIN2018 on Twitter
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- Contact the SVIN Executive office at info@svin.org to share your success story or a patient testimonial.



## JOIN THE WORLDWIDE MT2020 CAMPAIGN!

- A global effort to improve stroke care worldwide by increasing the rate of stroke thrombectomy for eligible patients from less than 100,000 procedures today to at least 202,000 annually by 2020 and thereby reducing global stroke disability.
- Download the MT2020 mobile app and begin tracking your cases!
- Contact info@svin.org with questions, or to find out how you or your organization can support MT2020!



#### **MOBILE APP DOWNLOAD INSTRUCTIONS:**

- Navigate your browser to mt2020.org
- Create a user account\*
- Visit your app store and search for 'mt2020'
- Download the MT2020 mobile app
- Log in using the credentials set up on your browser account

\*SVIN members: Use the email address affiliated with your SVIN user account for expedited verification!



# GET INVOLVED WITH SVIN!

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Learn more at www.svin.org

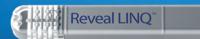
# THE **POWER**



## TREAT, **BEAT**

Solitaire<sup>™</sup> Platinum Revascularization Device

## REDUCE STROKE RISK.



Reveal LINQ™ Insertable Cardiac Monitoring System

The Solitaire Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion, and smaller core infarcts who have first received intravenous tissue plasminogen activator (IV t-PA). Endovascular therapy with the device should be started within 6 hours of symptom onset.

The Solitaire Revascularization Device is indicated to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for IV t-PA or who fail IV t-PA therapy are candidates for treatment.

**CAUTION:** Federal law (USA) restricts this device to sale by or on the order of a physician.

Brief Statement: REVEAL LINQ™ LNQ11 Insertable Cardiac Monitor and Patient Assistant

Ripid Statement: REVEAL LINQ™ LNQ11 Insertable Cardiac Monitor: The Reveal LINQ Insertable Cardiac Monitor is an implantable patient-activated and automatically-activated monitoring system that records subcutaneous ECG and is indicated in the following cases: • patients with clinical syndromes or situations at increased risk of cardiac arrhythmias • patients who experience transient symptoms such as dizziness, palpitation, syncope, and chest pain, that may suggest a cardiac arrhythmias • patients who experience transient symptoms such as dizziness, palpitation, syncope, and chest pain, that may suggest a cardiac arrhythmia. This device has not been specifically tested for pediatric use. Patient Assistant: The Patient Assistant is intended for unsupervised patient use away from a hospital or clinic. The Patient Assistant activates the data management feature in the Reveal Insertable Cardiac Monitor to initiate recording of cardiac event data in the implanted device memory. CONTRAINDICATIONS: There are no known contraindications for the implant of the Reveal LINQ Insertable Cardiac Monitor. However, the patient's particular medical condition may dictate whether or not a subcutaneous, chronically implanted device can be tolerated. WARNINGS/PRECAUTIONS: REVEAL LINQ™ LNQ11 Insertable Cardiac Monitor: Patients with the Reveal LINQ Insertable Cardiac Monitor should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillation, lithotripsy, therapeutic ultrasound and radiofrequency ablation to avoid electrical reset of the device, and/or inappropriate sensing as described in the Medical procedure and EMI precautions manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the Reveal LINQ MRI Technical Manual. Patient Assistant: Operation of the Patient Assistant near sources of electromagnetic interference, such as cellular phones, computer monitors, etc., may adversely affect the performance of this device. POTENTIAL

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## **ELEVATING PERFORMANCE WITH**

## JET + ENGINE



Penumbra P

Tests performed and data on file at Penumbra, Inc. Bench test results may not be indicative of clinical performance.

Indication for Use
Penumbra Reperfusion Catheters and Separators
As part of the Penumbra System, the Reperfusion Catheters
and Separators are indicated for use in the revascularizaand vertebral arteries) within 8 hours of symptom onset.
Patients who are ineligible for intravenous tissue plasmin

#### Penumbra 3D Revascularization Device

part of the Penumbra System, the Penumbra 3D Revascu-ization Device is indicated for use in the revascularization all azuno i Device si iniciateur ou de ii rune revasculari zauno of patients with acute ischemic stroke secondary to intracra-nial large vessel occlusive disease within the internal carotid, middle cerebral – M1 and M2 segments within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy are candidates for treatment.

therapy are candidates for treatment.

Penumbra Aspiration Tubing

Stap Denumbra System, the Penumbra Sterile

Use Penumbra as part of the Penumbra System, the Penumbra Ste spiration Tubing is indicated to connect the Penun

Reperfusion Catrieurs to the Formation Penumbra Aspiration Pump
The Penumbra Aspiration Pump is indicated as a vacuum source for Penumbra Aspiration Systems.

- Warnings

  \* The Penumbra System should only be used by physicians who have received appropriate training in interventional decrease in the property of the pro neuro-endovascular techniques and treatment of acute
- assessment of the cause using fluoroscopy. If the cause cannot be determined, withdraw the device or system as a unit. Unrestrained torquing or forced insertion of the catheter, revascularization device, or separator against

- evaluated in patients with angiographic evidence of pre-ex-
- evaluated in participal with analyging the isting arterial injury.
  The use of fluoroscopy may present potential risks from radiation exposure. The probability of adverse events due to radiation exposure increases with the total amount of

- \*The device is intended for single use only. Do not resterilize or reuse. Resterilization and/or Reuse may result in ineffective catheter coating lubrication, which may result in high friction
- location.

  \*\*Do not use kinked or damaged devices. Do not use open or damaged packages. Return all damaged devices and packaging to the manufacturer/distributor.

  \*\*Use prior to the "Use By" date.

  \*\*Use the Penumbra System in conjunction with fluoroscopic

- technical factors whenever possible.

   Maintain a constant infusion of appropriate flush solution.

   When performing aspiration, ensure that the Penumbra

  Aspiration Tubing valve is open for only the minimum time
- Aspiration futuring varies to given to only the minimitar time needed to remove thrombus. Excessive aspiration of failure to close the Penumbra Aspiration Tubing valve when aspiration is complete is not recommended.

   The Penumbra Separator is not intended for use as a neurovascular guidewire. If repositioning of the Penumbra Reperfusion Catheter is necessary during the revascularization procedure, such repositioning should be performed areas on preservation sources and the procedure is the content of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure of the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the procedure in the procedure in the procedure is the procedure in the procedure in the procedure is the procedure in the proc
- over an appropriate neurovascular guidewire using standard microcatheter and guidewire techniques. \* Do not use automated high-pressure contrast injection equipment with the Penumbra Reperfusion Catheter because

- Administration of anticoagulants and antiplatelets should be suspended until 24 hours post-treatment. Medical manage-ment and acute post stroke care should follow the ASA guide-
- lines. Any neurological deterioration should be evaluated by urgent CT scan and other evaluations as indicated according to investigator/hospital best practice.

  As in all surgical interventions, monitoring of intra-procedural

following: allergic reaction and anaphylaxis from contrast media; acute and give reaction an unperficient norm contract indust, acted to coclusion; air embolism; arteriovenous fistula; death; device malfunction; distal embolization; emboli; false aneurysm formation; hematoma or hemorrhage at access site; inability to completely remove thrombus; infection; intracranial hemorrhage; ischemia; kidney damage from contrast media; neurological deficits including stroke; vessel spasm, thrombosis, dissectio or perforation; radiation exposure that may lead to cataracts,

Adams, et al., Guidelines for the Early Management of Adults with Ischemic Stroke: A Guideline from the AHA/ASA Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atheroscleroic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups: The American Academy of Neurology affirms the value of this guideline as an educational tool for neurologists, Stroke May 2007; 38:1655-1711.

#### Penumbra ENGINE - Indication For Use

There are no contraindications.

- may result in the inability to aspirate.

  Do not block bottom air vents. Unit may overheat and shut off or fail to restart if run for extended periods of time without airflow.

  To avoid the risk of electrical shock, this equipment must only be
- connected to a supply mains with protective earth.

   Do not position the Penumbra ENGINE so that it is difficult to remove the power cord. The means of mains disconnect is to
- · Only use replacement fuse with correct rating (see Table 1 for use rating). iemove and service the Penumbra ENGINE if liquids or solids

- To prevent fire or shock hazard, use a replacement power

- the service life of the Penumbra Engine. Use only waterbased solvents for cleaning.

   Use of this equipment adjacent to or stacked with other equipment should be avoided because it could result in improper operation. If such use is necessary, this equipment and the other equipment should be observed to verify that they are operating normally.

   Portable RF communications equipment (including peripherature) such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the Penumbra ENGINE. Otherwise, this could result in degradation of the performance of this equipment.
- Other wise, and south result in degradation of interperiormance of this equipment.

  Common emitters (such as RFID emitters, security systems, diathermy equipment, and portable transmitters) should not be used in close proximity to the Penumbra ENGINE as they can interfere with and result in degradation of the performance of the equipment.

  Equipment is not safe for MR use.
- · No modification of this equipment is allowed.

Caution: Federal (USA) law restricts these devices to sale by or on the order of a physician. Prior to use, please refer to the Instructions for Use for Penumbra System with 3D Revascularization Device and Penumbra ENGINE for complete product indications contraindications, warnings, precautions, potential adverse events, and detailed instructions for use. Please contact your local Penumbra representative for more information.

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Imagine
when "luck" has no role in surviving a Brain Aneurysm



#### Imagine the day when more survivors like Debbie Bogle enjoy peace of mind about living a normal life and taking back control.

Making that day a reality is our mission. A mission that, for the very first time, takes the fight to every American through pioneering awareness and education, is supported by a growing number of dedicated activists, and backed by a community of medical experts, educators, and researchers who stand alongside us - and those like Debbie to give them choices they never had until now.

That's the vision we all share. Brain Aneurysms are known as a "silent" killer. With YOUR help, we can can break the silence and save many more. Join Us.



Stroke is the second leading cause of death worldwide. Expand your knowledge to improve outcomes.

#### This online course includes:

- Basic Anatomy, Statistics, & Types of Strokes
- Risk Factors, Signs & Symptoms
- BE FAST, EMS, & Detection Scales
- Treatment Options & Methods for Improving Stroke Outcomes

To help expand the stroke treatment network, this course is geared towards:

- Nurses
- Emergency Medical Technicians
- First Responders
- Healthcare Workers
- Hospital Personnel
- General Public



#### **Course Details**

Price: \$35 for SVIN members \$50 for non-members

Time: Self-paced, online course, approx. 1.5-2 hours

Accreditation: 1.5 ACCME, ANCC, CAPCE

If you have questions, please contact Bonnie Rossow at bonnierossow@svin.org





#### **EMERGENCY MEDICAL SERVICES**

## EMS is the first line of care for stroke patients.



Current stroke education and the understanding of stroke scales and regional protocols is paramount for the improved outcomes of stroke patients.

Grow your stroke skills for use in the field!

## This course will expand your knowledge on:

- Types of Stroke & Risk Factors
- Prehospital Triage
- Stroke Detection Scales
- Warning Signs & Symptom
- Stroke Severity Scales
- Treatment Options
- Bypass & Transfer Protocols

## To help increase the stroke treatment network, this course is appropriate for:

- First Responders
- Emergency Medical Technicians
- Fire Fighters
- Police Officers
- Paramedics
- Nurses
- Physicians



#### **Course Details**

**Price:** \$50 for SVIN members

\$75 for non-members

**Time:** Self-paced course, approximately 2.5 hours

**Certification:** 2-year ASES certification of completion **Accrediation Pending:** 2.5 ACCME, ANCC, CAPCE

Access online course at svin.org

For questions, please visit svin.org or contact Bonnie Rossow at bonnierossow@svin.org





# SVIN 2019 ANNUAL MEETING SAVE the DATE

