

PROGRAM



SVIN 2020

VIRTUAL CONFERENCE

NOVEMBER 18-21 • ON DEMAND SESSIONS AVAILABLE NOVEMBER 21-28



AGENDA



ALL TIMES ARE REFLECTED IN
EASTERN STANDARD TIME ZONE

WEDNESDAY, NOVEMBER 18TH (STROKE CENTER DAY)

- 10:00 - 10:10 ET Welcome to SVIN 2020 - Virtual Experience / Platform & Overall Remarks
- 10:10 - 10:15 ET Welcome to Stroke Center Day
- 10:15 - 11:45 ET Pre-Hospital Systems of Care
- 11:45 - 12:15 ET Industry Symposium
- 12:15 - 12:30 ET Break
- 12:30 - 14:00 ET Acute Care
- 14:00 - 14:30 ET RACECAT Trial Results & Panel Discussion
- 17:00 - 17:30 ET **Women in Vascular and Interventional Neurology Reception**
- 17:30 - 18:30 ET **Members in Training Reception**

THURSDAY, NOVEMBER 19TH

- 10:00 - 10:05 ET Day Two Highlights
- 10:05 - 11:20 ET Debates
- 11:20 - 11:35 ET Business Meeting / Presidential Address
- 11:35 - 12:05 ET Industry Symposium
- 12:05 - 12:20 ET Break
- 12:20 - 13:40 ET Endovascular + Vascular Neurology Joint Session 1
- 18:00 - 19:00 ET **SVIN 2020 Welcome Reception**

FRIDAY, NOVEMBER 20TH

- 10:00 - 10:05 ET Day Three Highlights
- 10:05 - 11:30 ET Aneurysm
- 11:30 - 12:00 ET Industry Symposium
- 12:00 - 12:15 ET Break
- 12:15 - 13:00 ET Keynote Lecture: Egas Moniz – The Birth of Neuroangiography

SATURDAY, NOVEMBER 21ST

- 10:00 - 10:05 ET Day Four Highlights
- 10:05 - 11:20 ET Endovascular + Vascular Neurology Joint Session 2
- 11:20 - 11:35 ET Break
- 11:35 - 12:50 ET Radial Access in Neuroangiography: Acquiring The Taste
- 12:50 - 15:15 ET Fellows Course

ON DEMAND CONTENT

ON DEMAND SESSIONS
AVAILABLE NOVEMBER 21 - 28TH

- Stroke Center Continuum
- Nuts and Bolts of Running a Stroke Center
- NIR Sessions
 - Interventional Approaches: Beyond Stroke
 - Technical Nuances
- APP Sessions
 - Current and Evolving Approaches to Intravenous Thrombolysis
 - Ongoing Medical Management of Stroke
- Vascular Neurology Sessions
 - New Era of Acute Stroke Care
 - Stroke Prevention and Rehabilitation
- Platform Sessions
- Clinical Trials Update: Stroke and Neurointerventional
- SVIN / SNIS Joint Session - Management of Arteriovenous Malformations



**Agenda Subject to Change*

WELCOME

The Society of Vascular and Interventional Neurology (SVIN) welcomes you to its 13th Annual Meeting: SVIN 2020 Virtual Meeting. This year's fitting theme is "Advancement and Innovation Despite Adversity."

These challenging times allow for unprecedented opportunities. While meetings have always been in the spirit of providing inspiration and education, it would be a disservice to ignore the important values of an in-person Annual Meeting, as they allowed for networking and provided the ideal environment to totally immerse yourself in the experience. Given the current pandemic, we are navigating new waters with our first ever virtual Annual Meeting. This year's Annual Meeting Committee has made a conscious effort to pay homage to our conference tradition, while giving space for the new trends brought forth by the new world order and attempting to optimize interactions through a sophisticated virtual platform.

SVIN's innate multidisciplinary and diverse nature is substantiated by the continued participation of physicians from varied specialties, advanced practice providers, neuroscientists, nurses, administrators, and industry collaborators across the globe. The conference will encompass established sessions with live content in addition to providing on-demand content.

SVIN 2020 starts with live content for Stroke Center Day, covering the spectrum from pre-hospital management to rehabilitation, as well as the administrative aspects of running a stroke center. Other live topics throughout the meeting include the Joint Vascular Neurology & Neurointerventional, Cerebral Aneurysm, and Radial Angiography sessions, as well as the Fellow's Course. This format maintains the value of our traditional conference, allowing scientists with different backgrounds to be brought together and substantiating SVIN's commitment in educating the next generation, but in a virtual fashion.

Additionally, on-demand content will incorporate Vascular Neurology, Neurointerventional, and Advanced Practice Provider tracks, Clinical Trial Updates, as well as a highly anticipated joint session on Arteriovenous Malformations to be held in conjunction with the Society of Neurointerventional Surgery (SNIS). Original research will be promoted through interactive virtual oral platforms and posters.

While the COVID-19 pandemic is an evident theme in shaping the conference, it may not be so obvious that we should make the conscious choice to view the positive outcomes from this crisis. Instead of being immobilized, we have decided to actively seek content and strategies to mitigate the repercussions of adversity.

The Annual Meeting Committee, Fundraising Committee, SVIN's Board of Directors, and Executive Committee would like to invite you to join us at #SVIN2020. Finally, we would like to thank our meeting sponsors for their continued support of the SVIN Annual Meeting and encourage you to visit the virtual exhibit hall. Without the support of our industry partners, meetings such as this one would not be possible.

Together we will advance and innovate the cerebrovascular field despite adversities.

Diogo C. Haussen, MD, FSVIN
Chair, 13th Annual SVIN Meeting & At-Large Board Member



Diogo C. Haussen, MD, FSVIN
Program Chair, 2020 Annual Meeting



David Liebeskind, MD, FAHA,
FAAN, FSVIN
President, SVIN



Jawad Kirmani, MD, FSVIN
Chair, Stroke Center Day



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GENERAL INFORMATION

SVIN 13TH 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 that will pay homage to the traditional meeting format while adapting to honor the SVIN's essence of innovation despite the current adversities.

On our first day, Dr. Jawad Kirmani will 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 world-class stroke practice.

The remainder of the meeting includes tracks geared towards Neurointerventionalists, Vascular Neurologists, Advanced Practice Providers and Neurohospitalists. 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. A highly expected novel session is the joint event between the SVIN and the Society of Neurointerventional Surgery (SNIS) on arteriovenous malformations. The fellows' course and the members in training reception will provide a great environment for professional development of trainees. Our sophisticated platform and the virtual social events will keep our members connected and continue to foster networking and long-term friendships typically created at our Annual Meeting.

CME/CE INFORMATION

Target Audience

This activity is intended for all Neurointerventionists, Interventional neurologists, Interventional Neuroradiologists, Endovascular neurosurgeons, vascular neurologists, neurointensivists, critical care physicians, hospital administrators, industry leaders, EMS leaders, ICU leaders, interventional lab leaders, nurses, physician assistants, and other related neurological or endovascular practitioners.

Learning Objectives

Upon completion of the 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 activities
- Review benefits of recent FDA-approved artificial intelligence-based technologies for your center
- Discuss 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
- Describe how to make a multifaceted finance reporting tool for your stroke center
- Discuss 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 neurointerventions
- Discuss emergent applications of neuroangiography/intervention
- Discuss the future of Interventional Neurology and the International barriers to Stroke Treatment
- Discuss key elements of a workup 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

Criteria for Success

Statements of credit will be awarded based on the participant's attendance and submission of the activity evaluation form. Please visit <https://akhcme.com/akhcme/pages/svin>. You must participate in the entire activity to receive credit. If you have questions about this CME activity, please contact AKH Inc. at tbrignoni@akhcme.com.



Credit provided by AKH Inc.,
Advancing Knowledge in Healthcare

Physicians

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AKH Inc., Advancing Knowledge in Healthcare and the Society of Vascular and Interventional Neurology. AKH Inc., Advancing Knowledge in Healthcare is accredited by the ACCME to provide continuing medical education for physicians.

AKH Inc., Advancing Knowledge in Healthcare designates this live activity for a maximum of 11 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Physician Assistants

NCCPA accepts *AMA PRA Category 1 Credit*™ from organizations accredited by ACCME.

Nurses

AKH Inc., Advancing Knowledge in Healthcare is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This activity is awarded 11 contact hours.

This activity is jointly provided by AKH Inc., Advancing Knowledge in Healthcare and the Society of Vascular and Interventional Neurology.

EARN UP TO 16.25 hrs of credit for completing the On-Demand!

Earn up to 27.25 hr of cme/ce credit for completing all of the live and on demand content

Faculty and Planner Disclosures

FACULTY DISCLOSURE		
NAME	RELATIONSHIP	COMPANY
Anne Abbott, A/Prof (MBBS, PhD)	Research	Research funding from the National Health and Medical Research Council Australia (NHMRC))
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Avtandil Babunashvili, PhD	Speaker	Abbott Vascular, Biosensors International, Siemens
Waleed Brinjikji, MD	N/A	Nothing to disclose
Joseph Broderick, MD	Consultant	Ono Pharmaceuticals
	Steering Committee for TIMELESS Trial	Genentech
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Andrew Carlson, MD, MS-CR	N/A	Nothing to disclose
Saruhan, Cekirge, MD	Consultant	Medtronic, Microvention
	Shareholder	Elum Inc., NDI Technologies, Inc., Vesalio Inc.
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	Royalty	UpToDate
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	Research	Medtronic
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Martin Gizzi, MD, PhD	N/A	Nothing to disclose
Camilo Gomez, MD, MBA	N/A	Nothing to disclose
Nitin Goyal, MD	N/A	Nothing to disclose
Mikayel, Grigoryan, MD	Speaker	Genentech, Inc.
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	Clinical Event Committee	Tiger Medical
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Brian Jankowitz, MD	N/A	Nothing to disclose

Faculty and Planner Disclosures (Continued)

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NAME	RELATIONSHIP	COMPANY
Clay Johnston, MD, PhD	Advisor	AstraZeneca
Tudor Jovin, MD, FSVIN	N/A	Nothing to disclose
Christopher Kellner, MD	Research	Cerebrotech, Minnetronix, Integra, Penumbra, Viz.AI
Priyank, Khandelwal, MD Education	Grant	Stryker
	Speaker American	College of Cardiology
Jawad Kirmani, MD	N/A	Nothing to disclose
Thabele (Bay) Leslie-Mazwi, MD	N/A	Nothing to disclose
Michael Levitt, MD	Consulting	Medtronic
	Ownership interest	Synchron
	Research	Medtronic, Stryker
David Liebesking, MD	Consultant	Cerenovus, Genentech, Medtronic, Stryker
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Howie Mell, MD, MPH, FACEP	N/A	Nothing to disclose
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Victor Oliveira, PhD	N/A	Nothing to disclose
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	Speaker	Boehringer Ingelheim
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Nerses Sanossian, MD	N/A	Nothing to disclose
Wouter Schonewille, MD	N/A	Nothing to disclose
Magdy Selim, MD, PhD	Advisory Board/Consultant	MedRhythms, Inc.
	Research Grants	NIH/NINDS Royalty Cambridge University Press

Commercial Support

There is no support for this activity.

Disclosure of Unlabeled Use and Investigational Product

This educational activity will include discussion of uses of agents that are investigational and/or unapproved by the FDA. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

Disclosure Declaration

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FACULTY DISCLOSURE		
NAME	RELATIONSHIP	COMPANY
Adnan Siddiqui, MD, PhD		Adona Medical, Inc., Amnis Therapeutics, Bend IT Technologies, Ltd., BlinkTBI, Inc, Boston Scientific Corp (for purchase of Claret Medical), Buffalo Technology Partners, Inc., Cardinal Consultants, LLC, Cerebrotech Medical Systems, Inc, Cognition Medical, Endostream Medical, Ltd, Imperative Care, Inc., International Medical Distribution Partners, NeuroRadial Technologies, Inc., Neurovascular Diagnostics, Inc., Perflow Medical, Ltd., Q'Apel Medical, Inc., Radical Catheter Technologies, Inc., Rebound Therapeutics Corp. (Purchased 2019 by Integra Lifesciences, Corp), Rist Neurovascular, Inc., Sense Diagnostics, Inc., Serenity Medical, Inc., Silk Road Medical, Spinnaker Medical, Inc., StimMed, Synchron, Three Rivers Medical, Inc., Truvic Medical, Inc, Vastrax, LLC, VICIS, Inc., Viseon, Inc., Viz.ai, Inc Consultant/Advisory Board: Amnis Therapeutics, Boston Scientific, Canon Medical Systems USA, Inc., Cerebrotech Medical Systems, Inc., Cerenovus, Corindus, Inc., Endostream Medical, Ltd, Imperative Care, Inc., Integra LifeSciences Corp., Medtronic, MicroVention, Minnetronix Neuro, Inc., Northwest University – DSMB Chair for HEAT Trial, Penumbra, Perflow Medical, Ltd., Q'Apel Medical, Inc., Rapid Medical, Rebound Therapeutics Corp., Serenity Medical, Inc., Silk Road Medical, StimMed, Stryker, Three Rivers Medical, Inc., VasSol, Viz.ai, Inc., W.L. Gore & Associates National PI/Steering Committees: Cerenovus NAPA Trial and ARISE II Trial; Medtronic SWIFT PRIME and SWIFT DIRECT Trials; MicroVention FRED Trial & CONFIDENCE Study; MUSC POSITIVE Trial; Penumbra 3D Separator Trial, COMPASS Trial, INVEST Trial
Fazeel Siddiqui, MD, FAHA	N/A	Nothing to disclose
Gisele Silva, MD, MPH, PhD	N/A	Nothing to disclose
James Siegler, MD	Consultant	Ceribell
Claus Ziegler Simonsen, MD	Research	Novo Nordisk Foundation
J. David Spence, MD	N/A	Nothing to disclose
Matthew Whalin, MD, PhD	N/A	Nothing to disclose
Dileep Yavagal, MD	Consultant	CerenovousDeck Therapeutics, Deck Therapeutics, Guidepoint Consulting, Medtronic, Neuralanalytics, Poseydon Medical, LLC, Rapid Medical (Member of Clinical Trial Steering Committee for SWIFT-Prime), VascularDynamics
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PLANNER DISCLOSURES		
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AKH and SVIN Planners and Reviewers	N/A	Nothing to disclose

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Disclaimer

This course is designed solely to provide the healthcare professional with information to assist in his/her practice and professional development and is not to be considered a diagnostic tool to replace professional advice or treatment. The course serves as a general guide to the healthcare professional, and therefore, cannot be considered as giving legal, nursing, medical, or other professional advice in specific cases. The Society of Vascular and Interventional Neurology (SVIN) and AKH, Inc., Advancing Knowledge in Healthcare specifically disclaim responsibility for any adverse consequences resulting directly or indirectly from information in the course, for undetected error, or through participant's misunderstanding of the content.

PROGRAM

ALL TIMES ARE REFLECTED IN **EASTERN STANDARD TIME ZONE** 

WEDNESDAY, NOVEMBER 18

- | | |
|----------------------|---|
| 10:00 – 10:10 | Welcome to SVIN 2020 - Virtual Experience / Platform & Overall Remarks (Non-CME)
<i>Diogo C. Haussen, MD, FSVIN</i> |
| 10:10 – 10:15 | Welcome to Stroke Center Day
<i>Jawad Kirmani, MD, FSVIN</i> |
| 10:15 – 11:45 | Pre-Hospital System of Care
<i>Moderators: Jawad Kirmani, MD, FSVIN and Martin Gizzi, MD, PhD</i> |
| 10:15 – 10:30 | Debate: Mobile Stroke Unit - Illusions of Hope or Hope for Desillusion (Mobile Stroke Unit: The Present & the Future)
<i>Heinrich Audebert, MD</i> |
| 10:30 – 10:45 | Debate: Mobile Stroke Unit - Illusions of Hope or Hope for Desillusion (Mobile Stroke Unit: Illusion or Reality?)
<i>Howard Mell, MD, MPH, FACEP</i> |
| 10:45 – 11:00 | Field LVO Detection - Ready for Primetime?
<i>Christopher Kellner, MD</i> |
| 11:00 – 11:15 | PreHospital Communication Tech Tools - The Golden Era
<i>Brijesh Mehta, MD</i> |
| 11:15 – 11:30 | Therapeutics in the Field - Hit When It's Hot (Non-CME)
<i>Joseph Broderick, MD</i> |
| 11:30 – 11:45 | Q&A |
| 11:45 – 12:15 | Industry Symposium with MicroVention: BOBBY/SOFIA System: Development Genesis of MicroVention's Next Generation SOFIA Compatible Balloon Guide Catheter
<i>Jacques Dion, MD, FRCPC, FSNIS</i> |

12:15 – 12:30

Break

12:30 – 14:00

Acute Care

Moderators: Jawad Kirmani, MD, FSVIN & Magdy Selim, MD, PhD

12:30 – 12:45 **IV Thrombolysis Options - A Broadening or Constricting Horizon?**

Bruce Campbell, MBBS BMedSc PhD, FRACP

12:45 – 13:00 **IV Thrombolysis Before Thrombectomy?**

Urs Fischer, MD, MSc

13:00 – 13:15 **Direct to Angiography - Optimizing Logistics**

Marios Psychogios, MD

13:15 – 13:30 **Neuroscience Service Line Integration**

J Mocco, MD

13:30 – 13:45 **Dual Antiplatelet in Ischemic Stroke: Acute Secondary Prevention**

Clay Johnston, MD, PhD

13:45 – 14:00 **Q&A**

14:00 – 14:30

RACECAT Trial Results & Panel Discussion

17:00 – 17:30

Women in Vascular and Interventional Neurology Reception

17:30 – 18:30

Members in Training Reception

THURSDAY, NOVEMBER 19

10:00 – 10:05

Day Two Highlights

Diogo C. Haussen, MD, FSVIN

10:05 – 11:20

Debates

Moderators: Dileep Yavagal, MD, FSVIN & Sam Zaidat, MD, FSVIN

10:05 – 10:15 **Debate 1: Suspected COVID LVO: General Anesthesia FirstLine**

Claus Simonsen, MD

10:15 – 10:25 **Debate 1: Suspected COVID LVO: Sedation FirstLine**

Matthew Whalin, MD, PhD

10:25 – 10:35 **Early Window Thrombectomy Imaging Debate: CT and CTA: Do the Right Thing**

Thabele (Bay) Leslie-Mazwi, MD

10:35 – 10:45 **Early Window Thrombectomy Imaging Debate: Stroke Scale and Flat Panel CT: The Inevitable Future**

Marc Ribo, MD



10:45 – 10:55 **Late Window Thrombectomy Imaging Debate:
Advanced Imaging (CTP/MRI): Stick With The Evidence**
*Mark Parsons, B.Med (UON) PhD (UOM), FRACP (Neurology),
FAAHMS*

10:55 – 11:05 **Late Window Thrombectomy Imaging Debate:
NCCT: Stop Overselecting**
Tudor Jovin, MD, FSVIN

11:05 – 11:20 **Q&A**

11:20 – 11:35

Business Meeting / Presidential Address
David Liebeskind, MD, FAHA, FAAN, FSVIN

11:35 – 12:05

**Industry Symposium with Stryker: Optimizing Patient Outcomes Through
Next Generation Technology**
Moderator: Ameer E. Hassan, DO, FAHA, FSVIN

11:35 – 11:50 **FPE Matters. TrevoNXT & Trak21 Take Thrombectomy to
the Next Level**
Satoshi Tateshima, MD, DMSc

11:50 – 12:05 **64 Wire Surpass Evolve, a New Class in Flow Diversion**
Santiago Ortega-Gutierrez, MD, MSc, FAHA, FSVIN

12:05 – 12:20

Break

12:20 – 13:40

**Endovascular + Vascular Neurology Joint Session 1
(Stroke in the Era of COVID-19)**
Moderators: Thomas Devlin, MD, PhD, FSVIN & Michael Chen, MD

12:20 – 12:30 **Clinical Manifestations & Pathophysiology of
COVID+ Stroke**
James Seigler, MD

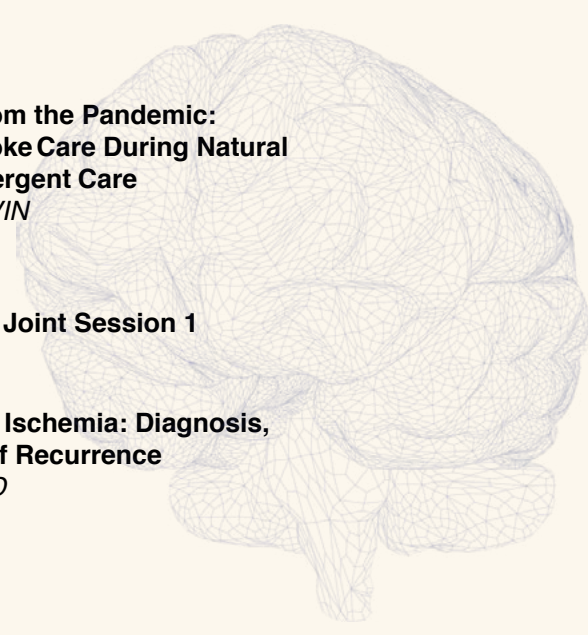
12:30 – 12:40 **Expansion of Telehealth/Telemedicine in the
COVID Era**
Mike Frankel, MD

12:40 – 12:50 **Lessons Learned From the Pandemic:
Preparedness of Stroke Care During Natural
Disasters & Non-Emergent Care**
Johanna Fifi, MD, FSVIN

12:50 – 13:00 **Q&A**

**Endovascular + Vascular Neurology Joint Session 1
(Posterior Circulation Stroke)**

13:00 – 13:10 **Posterior Circulation Ischemia: Diagnosis,
Workup, Predictors of Recurrence**
Nerses Sanossian, MD



- 13:10 – 13:20 **Basilar Thrombectomy: Is the Evidence Enough?**
Wouter Schonewille, MD
- 13:20 – 13:30 **Vertebral Origin Disease and Subclavian Stenosis: Indications and Treatment Options**
Santiago Ortega-Gutierrez, MD, MSc, FAHA, FSVIN
- 13:30 – 13:40 **Q&A**

18:00 – 19:00

SVIN 2020 Welcome Reception

FRIDAY, NOVEMBER 20

10:00 – 10:05

Day Three Highlights

Diogo C. Haussen, MD, FSVIN

10:05 – 11:30

Aneurysms

Moderators: Maxim Mokin, MD & Lucas Eljovich, MD, FAHA, FANA, FSVIN

10:05 – 10:15 **To Treat or Not to Treat? Predictors of Aneurysm Rupture - Do We Have a Crystal Ball?**
Michael Levitt, MD

10:15 – 10:25 **Kid in a Candy Store: So Many Flow Diverters - Which One to Choose?**
Saruhan Cekirge, MD

10:25 – 10:35 **Wide Neck Aneurysms - Should We Continue Using Balloon-Assisted Coiling?**
Rene Chapot, MD, PhD

10:35 – 10:45 **AI in Diagnosing and Treating Aneurysms**
Waleed Brinjikji, MD

10:45 – 10:55 **Optimal Follow Up After Aneurysm Treatment - How Often and When to Stop?**
Nitin Goyal, MD

10:55 – 11:05 **Treatment of Vasospasm - The Never-Ending Battle?**
Andrew Carlson, MD, MS-CR, FAANS

11:05 – 11:30 **Q&A**

11:30 – 12:00

Industry Symposium with Medtronic

Moderator: Mario Alegre

11:30 – 11:45 **Early Experience Using AI Powered Telehealth in a Hub & Spoke System**
Ameer E. Hassan, DO, FAHA, FSVIN

11:45 – 12:00 **A Step Forward in Reperfusion with React**
Bradley Gross, MD

12:00 – 12:15	Break
12:15 – 13:00	Keynote Lecture
12:15 – 12:20	Introduction <i>Camilo Gomez, MD, MBA</i>
12:20 – 13:00	Egas Moniz - The Birth of Neuroangiography <i>Victor Oliveira, PhD</i>

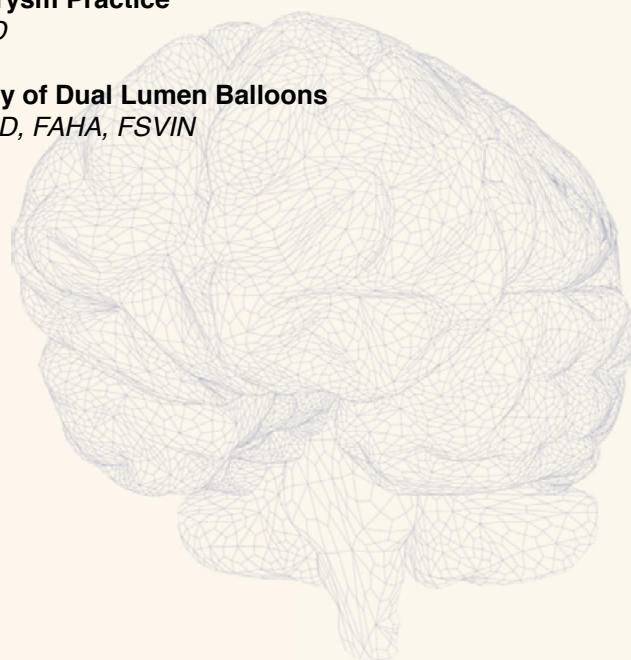
SATURDAY, NOVEMBER 21

10:00 – 10:05	Day Four Highlights <i>Diogo C. Haussen, MD, FSVIN</i>
10:05 – 11:20	Endovascular + Vascular Neurology Joint Session 2 (Atherosclerotic Disease Controversy) <i>Moderators: M. Shazam Hussain, MD & Radoslav Raychev, MD, FAHA</i>
10:05 – 10:15	Biomarkers to Predict Higher Risk ICAD <i>Mitch Elkind, MD, MS</i>
10:15 – 10:25	Management In-Situ Thrombosis LVOS <i>Fazeel Siddiqui, MD, FAHA</i>
10:25 – 10:35	Asymptomatic Carotid Disease Debate: Intervention for Asymptomatic Carotid Stenosis: Where the Evidence Takes Us <i>David Spence, MD</i>
10:35 – 10:45	Asymptomatic Carotid Disease Debate: It is a New Era of Non-Invasive Intervention <i>Anne Abbott, MBBS, PhD</i>
10:45 – 10:55	Higher Risk Features in Carotid Stenting <i>Adnan Siddiqui, MD, PhD</i>
10:55 – 11:05	TCAR: What's the Evidence <i>Brian Jankowitz, MD</i>
11:05 – 11:20	Q&A
11:20 – 11:35	Break
11:35 – 12:50	Radial Access in Neuroangiography: Acquiring The Taste <i>Moderators: Mikayel Grigoryan, MD & Ameer E. Hassan, DO, FAHA, FSVIN</i>
11:35 – 11:45	Historical Overview of Radial Access <i>Mikayel Grigoryan, MD</i>
11:45 – 11:55	Radial Setup and Diagnostic Angiography <i>Priyank Khandelwal, MD</i>
11:55 – 12:05	Learning Curve, Tips and Tricks <i>Ameer E. Hassan, DO, FAHA, FSVIN</i>

- 12:05 – 12:15 **Neurointervention Using Radial Access**
Pascal Jabbour, MD
- 12:15 – 12:25 **Complications in Radial Access**
Eytan Raz, MD, PhD
- 12:25 – 12:35 **Distal Radial (Anatomical Snuffbox) Access: Advantages and Limitations**
Avtandil Babunashvili, PhD
- 12:35 – 12:50 **Q&A**

12:50 – 15:15**Fellows Course**

- 12:50 – 13:15 **Surpass Evolve™ Flow Diverter: 64 Wire Flow Diversion and Deployment Technique**
Ajay Wakhloo, MD, PhD, FAHA
- 13:15 – 13:40 **Starting a CSC and How to Work With Industry to Grow Your Program**
Ameer E. Hassan, DO, FAHA, FSVIN
- 13:40 – 14:05 **Sofia Aspiration Catheter and Mechanical Thrombectomy: Tips & Tricks**
Syed Zaidi, MD
- 14:05 – 14:30 **Choose Your Next Adventure: Algorithm for Owning Your Stroke and Aneurysm Practice**
Ashish Nanda, MD
- 14:30 – 14:45 **The Clinical Utility of Dual Lumen Balloons**
Lucas Eljovich, MD, FAHA, FSVIN
- 14:45 - 15:15 **Q&A**





ON DEMAND

AVAILABLE NOVEMBER 21 – 28TH

Stroke Center Continuum

Host: Amer Malik, MD, MBA, FSVIN, FAHA

Is It Time to Step Up Our Stroke Units?

Andrei Alexandrov, MD, NVS

Role of Neurohospitalist Within Continuum of Stroke Care

Andrew Josephson, MD

Advances in Neurocardiology

Shadi Yaghi, MD

Express Outpatient Triage TIA's and Minor Strokes

Shelagh Coutts, MD

Innovations to Advance Recovery

Steven Cramer, MD

Nuts and Bolts of Running a Stroke Center

Host: David Liebeskind, MD, FAHA, FAAN, FSVIN

How to Navigate The Certification Process

Joseph Schindler, MD

Clinical Research and Beyond - How Do You Leverage Your Existing Telestroke System

Lawrence Wechsler, MD

Administrative Perspective on Making a Successful Stroke Center

Russel Starkey, MBA

Optimizing Patient Care Post Discharge

Cheryl Bushnell, MD, MHS

Quality Improvement

Karen Seagraves, PhD, MPH, NEA-BC, APRN, FAHA

Vascular Neurology: New Era of Acute Stroke Care

Host: Nirav Bhatt, MD

The Cutting Edge: Surgical and Medical Management of ICH

Wendy Ziai, MD, MPH

Reversal of Oral Anticoagulants

Jeffrey Weitz, MD, FRCPC, FRSC, FACP

Does Size and Composition Matter? Implications of Thrombus Characteristics in Lysis

Andrew Demchuk, MD

Revising and Refining the Stroke Workup

Ashutosh Jadhav, MD, PhD, FSVIN

Deep Into the Brain: Artificial Intelligence in Stroke Care

Soojin Park, MD, FAHA, FNCS

Avoiding Hemispherectomy: Medical Management of Malignant MCA Stroke

Taylor Kimberly, MD, PhD

Vascular Neurology: Stroke Prevention and Rehabilitation

Host: Giselle Sampaio-Silva, MD, MPH, PhD

Anticoagulants After Hemorrhagic Stroke

Edip Gurol, MD, MSc

New Approaches in the Treatment of Hypertension

Paul Whelton, MB, MD, MSc

Dyslipidemia Management: How Low is Low Enough?

Seemant Chaturvedi, MD

Impact of COVID on Acute Revascularization and Protocols

Thanh Nguyen, MD, FSVIN

Role of Neuroprotection in Stroke: What the Future Holds

Michael Hill, MD, MSc, FRCPC

Microbiome and Stroke

Louise McCullough, MD, PhD

Genetics of Stroke

Chia-Ling Phuah, MD, MMSc

Cerenovus On-Demand Clot Workshop

Platform Session I

Host: Alicia Castonguay, PhD, FSVIN

RNA Expression Identifying Ischemic Stroke In Acute Hospital Setting: Interim Analysis From BASE Clinical Trial

Daniel Miller, MD

Closely Sizing the Catheter to Vessel Enables Flow-Arrest and Flow-Reversal During Aspiration in the MCA

Raul Nogueria, MD, FSVIN

Long-term Sided Branch and Perforator Patency Following Surpass Flow ‘Diverter Treatment in the SCENT Trial

Miklos Marosfoi, MD

Acute Stroke Management of Tandem Occlusions During Mechanical Thrombectomy Survey

Cynthia Zevallos, MD

Motor Neuroprosthesis Implanted Using Cerebral Venography Improves Activities of Daily Living in Severe Paralysis

Thomas Oxley, MD, PhD

No Delay in Care of Acute Stroke Due to the COVID19 Pandemic: The SVIN Collaboration

James Sielger, MD

Platform Session II

Host: Alicia Castonguay, PhD, FSVIN

Safety and Efficacy of Intra-arterial Mesenchymal Stem Cell Therapy in a Canine Model of Stroke

Roshni Thakkar, PhD

Thrombectomy with a Novel Device: Initial Experience with a Catheter Featuring a Self- Expanding Funnel

Marc Ribo, MD

Prospective Post-Market Safety Study Of The Apollo Microcatheter For Onyx Embolization Of Brain Arteriovenous Malformations

Johanna Fifi, MD, FSVIN

Safety and Efficacy of the Penumbra System for Large Vessel Occlusion Thrombectomy: The COMPLETE Registry

Sam Zaidat, MD, FSVIN

Neuroform Atlas™ Stent Assisted Posterior Circulation Aneurysm Coiling: Primary Outcomes

Brian Jankowitz, MD

Stroke Etiologies in Patients with COVID-19: The SVIN COVID-19 Multinational Registry.

Maria Ramos-Araque, MD, PhD

NIR Session: Interventional Approaches: Beyond Stroke

Host: Italo Linfante, MD, FSVIN, FAHA

Intra-Arterial Therapy for Brain Tumors: A Neurologist's Perspective

Alexandra Czap, MD

Intra-Arterial Therapy for Brain Tumors: A Neurosurgeon's Perspective

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Venous Stenting for IIH and PT

Nima Aghaebrahim, MD

Endovascular Neuromodulation

Sunil Sheth, MD, FSVIN

Intra-Arterial Therapy for Headaches

Adnan Qureshi, MD

NIR Session: Technical Nuances

Host: Robin Novakovic-White, MD, FSVIN, FAHA

Carotid Stenting: Managing Restenosis

Alex Abou-Chebl, MD, FSVIN

Determination of Ischemic Core: Optimizing CT, CTA and CTP Reads

Steven Hetts, MD

Novel Thrombectomy Techniques and Technologies

Raul Nogueira, MD, FSVIN

Whats the Score? Optimizing TICl Grading

Albert Yoo, MD, PhD

Emergent Flow-Diversion: When, How, and Why?

Ricardo Hanel, MD, PhD

Non-Arterial Approaches to AVM and Fistula Embolization

Viktor Szeder, MD, PhD

APP: Current and Evolving Approaches to Intravenous Thrombolysis

Host: Alicia Richardson, MSN, ACCNS-AG, ANVP-BC, ASC-BC

Pharmacokinetics and Pharmacodynamics of Thrombolytic Agents

Samarth Shah, PharmD, BCPS

Scientific Support for Alteplase and Tenecteplase Treatment of Ischemic Stroke (Non-CME)

Anne Alexandrov, PhD, AGACNP-BC, ANVP-BC, NVRN-BC, CCRN, FAAN

Prescribing and Administering Alteplase and Tenecteplase (Non-CME)

Skye Coote, NP, MN

APP: Ongoing Medical Management of Stroke

Host: Rhonda Finnie, DNP, APRN, AGACNP-BC, ANVP-BC, ASC-BC

Pharmacologic Management of Hyperlipidemia

Samarth Shah, PharmD, BCPS

Antiplatelets: Dual vs. Monotherapy: What to Prescribe When

Justin Lowe, PA-C

Indications and Anticoagulation Treatment Considerations

Alicia Richardson, MSN, ACCNS-AG, ANVP-BC, ASC-BC

Clinical Trials Update: Stroke & Neurointerventional

Host: Santiago Ortega-Gutierrez, MD, MSc, FAHA, FSVIN

Ischemic Stroke Prevention: Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial (CREST-2)

Thomas Brott, MD

Ischemic Stroke - Systems of Care: Triage-Stroke: Treatment Strategy In Acute Large Vessel Occlusion: Prioritize IV or Endovascular Treatment-A Randomized Trial

Claus Simonsen, MD

Ischemic Stroke - EVT Indications or Expansion: In Extremis: Laste / Moste

Vincent Costalat, PU-PH

Ischemic Stroke - EVT Indications or Expansion: SELECT 2 - A Randomized Controlled Trial to Optimize Patient's Selection for Endovascular Treatment in Acute Ischemic Stroke

Amrou Sarraj, MD, FAHA

Ischemic Stroke - EVT Indications or Expansion: Basilar Artery Occlusion Chinese Endovascular Trial (BAOCHE)

Tudor Jovin, MD, FSVIN

Hemorrhagic Stroke: The SQUID Trial for the Embolization of the Middle Meningeal Artery for Treatment of Chronic Subdural Hematoma (STEM)

David Fiorella, MD, PhD



Joint SVIN-SNIS Session: Management of Arteriovenous Malformations

Host: Diogo C. Haussen, MD, FSVIN

Neuroimaging of Arteriovenous Malformations

Gregory Christoforidis, MD

Evidence-Based Multimodality Treatment of Brain Arteriovenous Malformations

Stavropoula Tjoumakaris, MD

Neurointerventional Treatment of Cerebral Arteriovenous Malformations following ARUBA

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Optimizing Outcomes Using Radiosurgery for AVMs

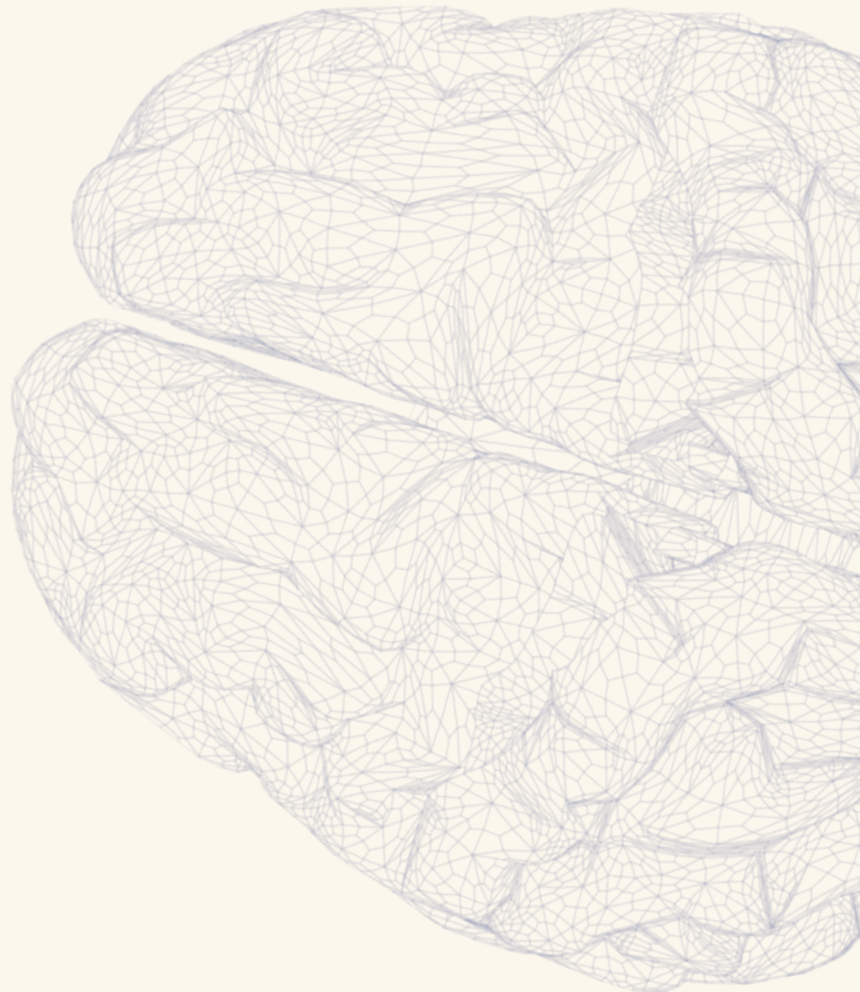
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Micronavigation, Augmented Reality, and Heads-up Display as Surgical Adjuncts in AVM Surgery

Joshua Bederson, MD

Cerenovus On-Demand Symposium AVM Management: The Case for TRUFILL n-BCA

Osama O. Zaidat, MD



Late Breaking & Pilot Grant Platform Session

Host: Alicia Castonguay, PhD, FSVIN

**Pre-clinical Large Vessel Occlusion Stroke Model:
Capybaras (Hydrochoerus Hydrochoeris)**

Diogo C. Haussen, MD, FSVIN

**Detection and Quantification of Symptomatic Atherosclerotic
Plaques with High-Resolution Imaging in Cryptogenic Stroke**

Rami Fakh, MD

**Angiosuite Cone-Beam Computed Tomography Perfusion
Imaging in Large Vessel Occlusion Thrombectomy Patients
Using RAPID Software**

Darko Quispe-Orozco, MD

Distal MCA M2 Thrombectomy in the STRATIS Registry

Mouhammad Jumaa, MD

**Benefit of Mechanical Thrombectomy In the Excellent
Registry – Interim Analysis**

Amin Nima Aghaebrarhim, MD

**Single-Center Experience with Endovascular Treatment
of Cerebral Arteriovenous Malformations in Pediatric Patients**

Aaron Rodriguez-Calienes, MD

**The Society of Vascular and Interventional Neurology Registry
(SVIN Registry): A Prospective Multicenter Thrombectomy
Consortium**

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SVIN 2020 Best Abstract Award

James Siegler, MD

No delay in care of acute stroke due to the COVID19 pandemic: The SVIN collaboration

SVIN 2020 Young Investigator Award

Cynthia Zevallos, MD

Acute Stroke Management of Tandem

Occlusions During Mechanical

Thrombectomy Survey

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RAPID is the worldwide leader in advanced imaging for stroke. Installed in over 1,300 hospitals, RAPID (automated CTP, MRI, CTA and ASPECTS), with enhanced AI framework, is the only clinically-validated stroke imaging platform — RAPID response time, RAPID results, with custom notifications, on any mobile device. Easy, fast, secure.

Rapid Medical

1355 Shotgun Road
Sunrise, FL 33326

P: (954) 884-2120

E: infousa@rapid-medical.com

W: www.rapid-medical-us.com



Rapid Medical is committed to improving the treatment of stroke. The company's Comaneci and Tigertriever products utilize a transformative 3D braiding technique that allows physicians to control device configurations during deployment. This unique technology improves how each device conforms to the vasculature across a broad range of anatomies.

Scientia



By adopting a first-principles approach, we collaborate with physicians to develop innovative medical devices and therapies that are unconstrained by conventional design and optimized to address the evolving needs of interventional specialists. Our next-generation solutions allow interventional specialists to expand what's possible. To learn more, please visit us at www.scientiavascular.com

Stryker



47900 Bayside Parkway

Fremont, CA 94538

E: NVCustomerService@stryker.com

W: www.stryker.com

Stryker is one of the world's leading mechanical technology companies and together with our customers, is driven to make healthcare better. We offer innovative products and services in Orthopedics, Medical and Surgical, and Neurotechnology and Spine that help improve patient and hospital outcomes.

Viz.ai



Viz.ai, 1819 Polk Street (293)

San Francisco, CA 94109

W: www.viz.ai

E: hello@viz.ai

Viz.ai, is the leader in applied artificial intelligence in healthcare. Viz.ai's mission is to fundamentally improve how healthcare is delivered in the world, through intelligent software that promises to reduce time to treatment, improve access to care, and increase the speed of diffusion of medical innovation. Viz.ai's flagship product, Viz LVO, leverages advanced deep learning to communicate time-sensitive information about stroke patients straight to a specialist who can intervene and treat.



Society of Vascular and
Interventional Neurology

Become a Member of **SVIN** Today!

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.

SVIN Membership Benefits include:

- Discounted SVIN Meeting Rates
- Access to Member Directory
- Mentorship Program Participation
- Education & Career Planning
- Participation in National Taskforces
- Complimentary Job Postings
- Archival Materials from Past Meetings
- Voting Rights
- Networking Opportunities
- Patient & Research Information
- Volunteer Opportunities
- Advocacy and Counsel on Critical Care Issues
- Discounts on SVIN Meeting Rates
- Job Posting Discounts
- Access to The Core Newsletter

By joining SVIN, you become part of the premier organized body of Vascular and Interventional Neurology in the world!

Visit www.svin.org for details on how to join or email us at info@svin.org.

Apply for **FSVIN**!

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 membership due to their contributions of time, effort, and thoughtful leadership to the Society during their term(s) of service.

Questions? Please feel free to stop by the registration area where staff will be able to assist.

Visit www.svin.org to apply online or submit your application.



BASIC STROKE

EMERGENCY SUPPORT

Improving Stroke Outcomes

*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:

- Physicians
- 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 Delaney
Hogan-Bakke at
education@svin.org





ADVANCED **STROKE** EMERGENCY SUPPORT

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

Accreditation: 2.5 ACCME, ANCC, CAPCE

Access online course at svin.org

For questions, please contact Delaney Hogan-Bakke at education@svin.org





ADVANCED STROKE EMERGENCY SUPPORT

Emergency Department



*Expand your knowledge to
improve outcomes*

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 emergency department!

This online course includes:

- Risk & Benefits of IV Alteplase
- Transfer Algorithms
- Data on TPA
- Stroke Mechanisms

***To help increase stroke network,
this course is appropriate for:***

- Physicians
- Nurses
- Emergency Department personnel

Access online course and learn more at svin.org



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 competition

Accreditation: 2.5 ACCME, ANCC, CAPCE

Group Pricing:

- 10-50 courses: 15% off individual rate
- 51-99 courses: 25% off individual rate
- 100+ courses: 50% off individual rate



Please visit svin.org for additional information regarding the new ASES ED course or contact Delaney Hogan-Bakke at education@svin.org with questions regarding any BSES or ASES online courses or to inquire about hosting a live course at your institution.

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Here's a few ways to connect with us via social media
to submit a topic or start a discussion:

- Post, pin, like and share your annual meeting experience on FB
- Tweet, retweet, follow, and use #SVIN2020 on Twitter
- Invite us to your LinkedIn network
- Visit the Registration Desk to learn more
- Contact the SVIN Executive office at info@svin.org to share your success story or a patient testimonial.

GET INVOLVED WITH SVIN!

If you would like to get more involved with SVIN, please
contact info@svin.org and indicate your area of interest!



Learn more at
www.svin.org



MT2020

Mission Thrombectomy

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, death and disability.
- Download the MT2020 mobile app and begin tracking your cases! Authorized Proxy can enter de-identified cases, track personal, local and global thrombectomy cases in real time.
- Visit the MT2020 website at: www.missionthrombectomy2020.org
- 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! Email support@mt2020.org for support help.



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Combine that with its compatibility across AIS devices –
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with even your most challenging cases.



Compatible with Solitaire™ X
Revascularization Device¹

Compatible with
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Min ID of 0.087"¹



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¹. TR-NV15999 Rev B

CAUTION: Federal (USA) law restricts these devices to sale distribution and use by or on order of a physician. Indications, contraindications, warnings and instructions for use for Solitaire™ X Revascularization Device can be viewed at www.medtronic.com/manuals. Indications, contraindications, warnings and instructions for all other products can be found in the product labeling supplied with each device.

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MicroVention™
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MicroVention Sponsored Symposiums During the SVIN Virtual Conference



Wednesday, November 18 | 11:45am EST

**BOBBY™ / SOFIA™ System: Development
Genesis of MicroVention's Next
Generation SOFIA™ Compatible Balloon
Guide Catheter**

Jacques Dion, MD, FRCP(C), FSNIS

Vice President, Scientific Affairs
MicroVention, Inc.



Fellows Course

Saturday, November 21 | 1:40pm EST

**SOFIA™ Aspiration Catheter and
Mechanical Thrombectomy: Tips & Tricks**

Syed F. Zaidi, MD

Associate Professor Neurology
Director of Neurointerventional Program
University of Toledo & Promedica Toledo Hospital
Toledo, OH

Indications for Use:

The BOBBY™ Balloon Guide Catheter is intended for use in facilitating the insertion and guidance of an intravascular catheter into a selected blood vessel in the peripheral and neurovascular systems. The balloon provides temporary vascular occlusion during these and other angiographic procedures. The Balloon GuideCatheter is also intended for use as a conduit for retrieval devices.

The SOFIA™ Flow Plus Aspiration Catheter with the Gomco™ 405 Aspiration Pump and MicroVention™ Tubing Kit is intended for use in the revascularization of patients with acute ischemic stroke secondary to intracranial large vessel occlusive disease (within the internal carotid, middle cerebral – M1 and M2 segments, basilar, and vertebral arteries) 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.

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When it's **go time**,
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& reliability of the
TriVecta™
Thrombectomy
Platform

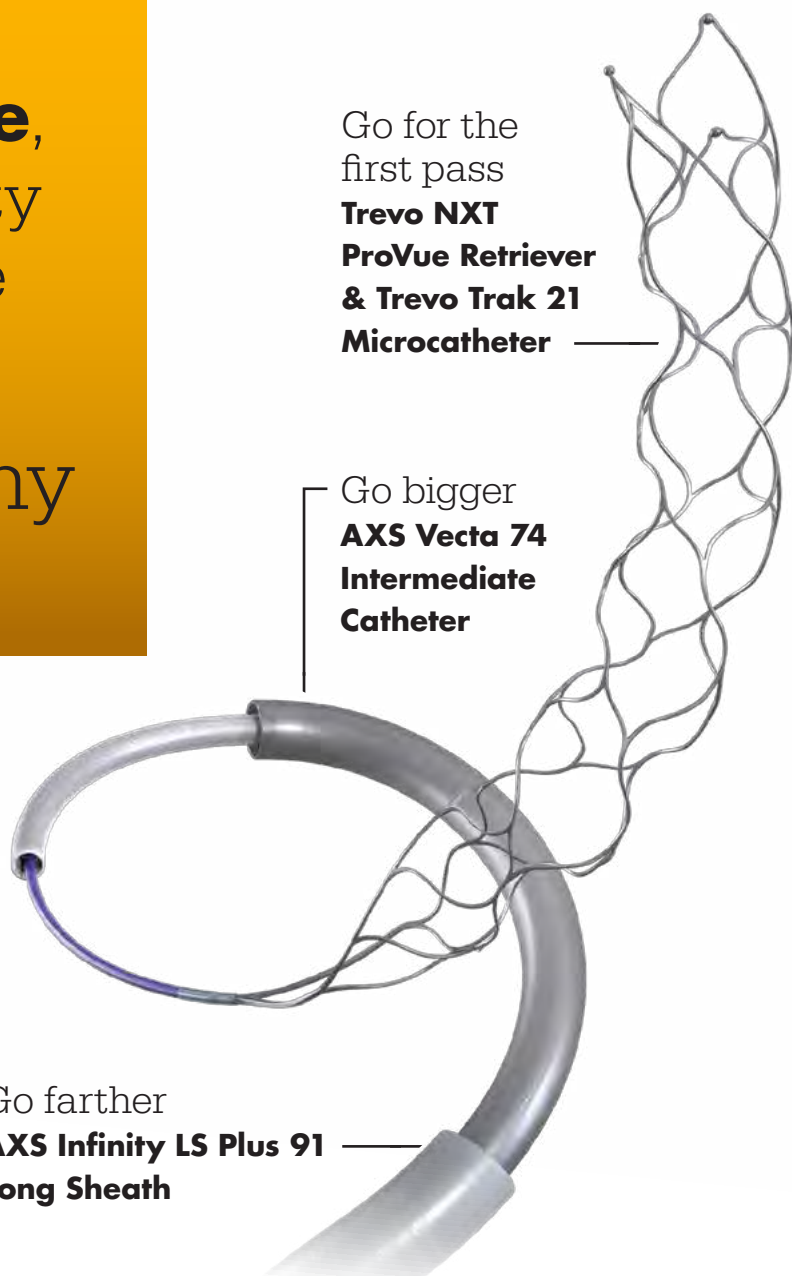
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Go for the
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**Trevo NXT
ProVue Retriever
& Trevo Trak 21
Microcatheter**

Go bigger
**AXS Vecta 74
Intermediate
Catheter**

Go farther
**AXS Infinity LS Plus 91
Long Sheath**



**TriVecta Thrombectomy Platform
RX ONLY**

See package insert for complete indications, contraindications, warnings and instructions for use.

Indications for use

AXS Infinity LS Plus Long Sheath: The AXS Infinity LS Plus Long Sheath is indicated for the introduction of interventional devices into the peripheral, coronary, and neuro vasculature.
AXS Vecta Intermediate Catheter: (1) The AXS Vecta Aspiration Catheter, as part of the AXS Vecta Aspiration System is indicated in the revascularization of patients with acute ischemic stroke secondary to intracranial large vessel occlusive disease (within the internal carotid, middle cerebral – M1 and

M2 segments, basilar, and vertebral arteries) within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who failed IV t-PA therapy are candidates for treatment. (2) The AXS Vecta Intermediate Catheter is indicated for use in facilitating the insertion and guidance of appropriately sized interventional devices into a selected blood vessel in the peripheral and neurovascular systems. The AXS Vecta Intermediate Catheter is also indicated for use as a conduit for retrieval devices.
Trevo NXT ProVue Retriever: (1) The Trevo Retriever 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 start within 6 hours of symptom onset. (2) The Trevo Retriever is intended to restore blood flow

in the neurovasculature by removing thrombus in patients experiencing ischemic stroke 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. (3) The Trevo Retriever 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 of the internal carotid artery (ICA) or middle cerebral artery (MCA)-M1 segments with smaller core infarcts (0-50cc for age < 80 years, 0-20cc for age ≥ 80 years). Endovascular therapy with the device should start within 6-24 hours of time last seen well in patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy.

For Important Safety Information, please click the Learn More button.

Stryker or its affiliated entities own, use, or have applied for the following trademarks or service marks: AXS Infinity LS, AXS Vecta, Stryker, Trevo NXT, Trevo Trak, TriVecta. All other trademarks are trademarks of their respective owners or holders.

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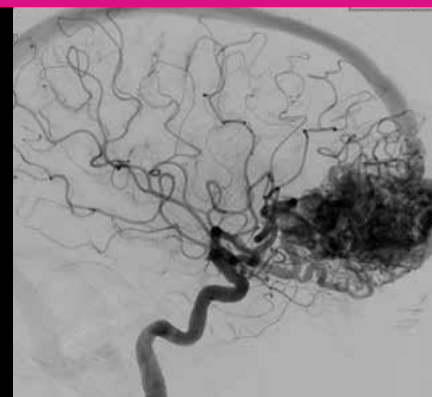
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available ON DEMAND until November 28th**

AVM MANAGEMENT: THE CASE FOR TRUFILL™ n-BCA

SPEAKER: Osama O. Zaidat, MD



- **EXCELLENT Thrombectomy
Registry Interim results** (abstract)
- **Balloon Guide vs. Intermediate
Catheter in ARISE II** (poster)
- **First experience with Geometric
Clot Extractor NIMBUS***
(independent poster)



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Surpass Evolve™ Flow Diverter

Now PMA approved

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Predictable deployment.
Optimized diversion.

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Surpass Evolve™ Flow Diverter System

RX ONLY See package insert for complete indications, contraindications, warnings and instructions for use. **Intended use / indications for use:** The Surpass Evolve Flow Diverter System is indicated for use in the endovascular treatment of patients (18 years of age and older) with unruptured large or giant saccular wide-neck (neck width ≥ 4 mm or dome-to-neck ratio < 2) or fusiform intracranial aneurysms in the internal carotid artery from the petrous segment to the terminus arising from a parent vessel with a diameter ≥ 2.5 mm and ≤ 5.0 mm. **Contraindications:** The Surpass Evolve Flow Diverter is contraindicated in the following patient types: Patients in whom the parent vessel size does not fall within the indicated range. Patients in whom antiplatelet and / or anticoagulation therapy (e.g., aspirin and clopidogrel) is contraindicated. Patients who have not received dual anti-platelet agents prior to the procedure. Patients with an active bacterial infection. Patients in whom the angiography demonstrates the anatomy is not appropriate for endovascular treatment due to conditions such as: Severe intracranial vessel tortuosity or stenosis; and/or Intracranial vasospasm not responsive to medical therapy. **Potential adverse events:** Risks that may be associated with the use of the Surpass Evolve Flow Diverter System in the intracranial arteries include: Adverse reaction to anesthesia, contrast or antiplatelet/anticoagulation agents; Allergic reaction; Aphasia; Cardiac arrhythmia; Cranial neuropathy; Confusion, coma, change in mental status; Death; Device migration, fracture, misplacement; Dissection of the parent artery; Embolism (air, clots, device fragments); Groin injury (bleeding, pain, vessel/nerve damage); Headache; Hemiplegia; Hydrocephalus; Implant or parent vessel stenosis; Implant thrombosis/occlusion; Infection; Intracerebral bleeding; Mass effect; Myocardial infarction; Neurological deficits; Perforation or rupture of aneurysm; Perforation of Parent Artery; Progressive neurologic symptoms related to intracranial aneurysm (IA); Pseudoaneurysm formation; Reaction to radiation exposure (i.e., alopecia, burns ranging in severity from skin reddening to ulcers, cataracts, delayed neoplasia); Renal failure; Retroperitoneal hematoma; Seizure; Stroke; Subarachnoid hemorrhage; Thromboembolism from device; Thrombosis of parent artery or branch vessel; Transient ischemic attack (TIA); Vasospasm. Risks that are eye related with the use of the Surpass Evolve Flow Diverter System may include: Amaurosis fugax/transient blindness; Blindness; Diplopia; Reduced visual acuity/field; Retinal artery occlusion; Retinal ischemia; Retinal infarction; Vision impairment. **Warnings:** Contents supplied STERILE using an ethylene oxide (EO) process. Do not use if sterile barrier is damaged. If damage is found, call your Stryker Neurovascular representative. For single patient use only. Do not reuse, reprocess or resterilize. Reuse, reprocessing or resterilization may compromise the structural integrity of the device and/or lead to device failure which, in turn, may result in patient injury, illness or death. Reuse, reprocessing or resterilization may also create a risk of contamination of the device and/or cause patient infection or cross-infection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient. After use, dispose of product and packaging in accordance with hospital administrative and/or local government policy. This device should only be used with adequate fluoroscopic guidance by physicians who have received appropriate training in interventional neuroradiology or interventional radiology, and training on the use of this device as established by Stryker Neurovascular. Persons allergic to nickel, cobalt chromium or platinum tungsten metal may suffer an allergic response to this system. Appropriate anti-platelet and anti-coagulation therapy should be employed in accordance with standard medical practice. **[Clinical Warning]** The safety and effectiveness of the device has not been evaluated or demonstrated for ruptured intracranial aneurysms. **[Clinical Warning]** A decrease in effectiveness has been observed in subjects aged > 65 years old, subjects with history of smoking and history of prior non-target intracranial aneurysm treated. **[Clinical Warning]** Placement of multiple Surpass Evolve™ Flow Diverters may increase the risk of ischemic complications. Implantation of more than one Surpass Evolve Flow Diverter in non-clinical in vivo studies showed an increase in the generation of platinum microparticles in the surrounding vessel tissues. The presence of the platinum microparticles did not produce any adverse pathological changes such as overt inflammation or altered healing in the implanted vessels in the animals; however, the risk of platinum microparticles in human patients is unknown. **[Clinical Warning]** Delayed aneurysm rupture may occur with large and giant intracranial aneurysms. **Cautions / precautions:** Carefully weigh the benefits of treatment vs. the risks associated with treatment using the device for each individual patient based on their medical health status and risks factors for intracranial aneurysm rupture during their expected life time such as age, medical comorbidities, history of smoking, intracranial aneurysm size, location, and morphology, family history, history of prior asymptomatic subarachnoid hemorrhage (aSAH), documented growth of intracranial aneurysm on serial imaging, presence of multiple intracranial aneurysms, and presence of concurrent pathology. The benefits of device use may not outweigh the risks associated with the device in certain patients; therefore, judicious patient selection is recommended. This device has not been evaluated for pediatric use. The safety and effectiveness of the device has not been established in the treatment of small and medium wide-neck intracranial aneurysms. Experience with endovascular implants indicates that there is a risk of stenosis. Subsequent stenosis may require dilatation of the vessel segment containing the device. The risks and long-term outcome following dilatation of endothelialized devices is unknown at present. A thrombosing aneurysm may aggravate pre-existing or cause new symptoms of mass effect and may require medical therapy. Operators should take all necessary precautions to limit X-radiation dose to patients and themselves by using sufficient shielding, reducing fluoroscopy times, and modifying X-ray technical factors where possible. Lower intracranial aneurysm occlusion rates may be associated with giant intracranial aneurysms (> 25 mm). Lower intracranial aneurysm occlusion rates may be associated with implants that are not fully apposed to the vessel wall. **MRI Safety Information:** Non-clinical testing demonstrated that the Surpass Evolve Flow Diverter is MR Conditional for single and overlapping up to 60mm in length. A patient with the Surpass Evolve Flow Diverter can be scanned safely in an MR system under the following conditions: Static magnetic field of 1.5 Tesla and 3 Tesla, only; Maximum spatial gradient magnetic field of 3,000 Gauss/cm (30 T/m); Maximum MR system reported, whole body averaged specific absorption rate (SAR) of 2 W/kg in the Normal Operating Mode; Under the scan conditions defined, the Surpass Evolve Flow Diverter is expected to produce a maximum temperature rise of 3.0°C after 15 minutes of continuous scanning (i.e., per pulse sequence). In non-clinical testing, the image artifact caused by the Surpass Evolve Flow Diverter extends approximately 10mm from this implant when imaged using a gradient echo pulse sequence and a 3 Tesla MR system. The lumen cannot be visualized on gradient echo or T1-weighted, spin echo pulse sequences. **Caution:** The Surpass Evolve™ Flow Diverter may create local field inhomogeneity and susceptibility artifacts during magnetic resonance angiography (MRA), which may degrade the diagnostic quality to assess effective intracranial aneurysm treatment. The health state of the patient or the presence of other implants may require reduction of the MRI limits.

Zoom™

STROKE SOLUTION

A NEW ANGLE IN STROKE TREATMENT

- ▼ **Closer to Clot**
.088" intracranial access for a position of advantage
- ▼ **Vessel-Matched Catheters**
Optimize clot engagement across a range of vessels
- ▼ **Powerful Aspiration**
Unique TRX™ Tip combined with -29.5 inHg vacuum

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Important Safety Information: Rx Only. The Zoom 88-T Large Distal Platform (Zoom 88-T) is indicated for the introduction of interventional devices into the peripheral, coronary and neuro vasculature. The Zoom Aspiration Catheters (Zoom 71, Zoom 55, Zoom 45, Zoom 35), with the Zoom Aspiration Tubing Set and Zoom Aspiration Pump (or equivalent vacuum pump), are indicated for use in the revascularization of patients with acute ischemic stroke secondary to intracranial large vessel occlusive disease (within the internal carotid, middle cerebral – M1 and M2 segments, basilar, and vertebral arteries) 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. The Zoom Aspiration Pump is intended for general suction use in hospitals and clinics.

The Zoom Aspiration Tubing Set is intended to connect the Zoom Aspiration Catheter to the Zoom Canister of the Zoom Aspiration Pump and to allow the user to control the fluid flow. The Zoom Canister is intended to collect aspirated fluids for disposal and prevent fluid ingress from damaging the Zoom Aspiration Pump. The Zoom Aspiration Catheters, Zoom Aspiration Pump and Zoom Aspiration Tubing Set should only be used by physicians who have received appropriate training in interventional techniques and treatment of acute ischemic stroke. Only physicians familiar with standard interventional techniques for aspiration catheters and aspiration pumps should use the Zoom Aspiration Tubing.

For complete product information, including indications, contraindications, warnings, precautions and adverse events, see product IFU included in product packaging, contact Customer Service at +1-408-502-7548, CustomerService@ImperativeCare.com or visit bit.ly/2Vx0QcF.

Data on file at Imperative Care, Inc.

SVIN 2021

ANNUAL MEETING

Phoenix, AZ ★ November 17-20 ★ Sheraton Grand at Wild Horse Pass

