

AMERICAN SOCIETY OF NEUROIMAGING NEWSLETTER

EDITOR: Charles H. Tegeler, MD



May 1999

Presidential State of the Society Address: **PRIORITIES FOR THE ASN FOR THE MILLENNIA**

by Charles H. Tegeler, MD

First let me express my deep thanks to ASN members and to the Board of Directors for the honor, privilege, and opportunity to serve as President of the American Society of Neuroimaging. A special word of thanks to Dr. William McKinney, as well as to Drs. Jack Greenberg, Joe Masdeu, Leon Prockop, and Asma Fischer for the confidence you have shown in me, and for the example, insights, and counsel you have given over the years. This will be a Presidency of transition from the leadership of founding and longtime members to the next generation of members. This year alone, the ASN has new officers, a new ICAVL Board representative, a new AMA Delegate, and new Editors for the Journal of Neuroimaging. However, as we move forward, we must also look back to see who we are and where we have been to best define where we as a professional society should go.

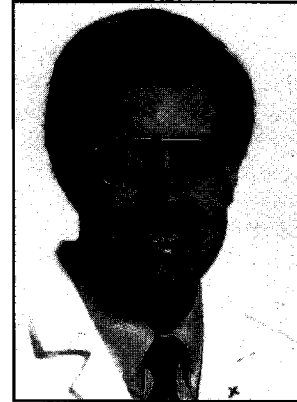
The ASN has a rich legacy of over 20 years of pioneering leadership which now allows us to make such decisions from the enviable position atop the shoulders of those before us. Leaders such as Oldendorf, Kinkel, Greenberg, McKinney, Jacobs, Prockop, Stewart, Toole, and countless others have elevated the ASN to great heights. One of the most important activities in times of transition is to carefully and realistically assess the strengths and weaknesses of the organization. From my perspective, the strengths of the ASN include:

ASN Strengths

- Great history and tradition, with extensive Archives on which to draw, as well as a tradition of using long time members as Board Advisors
- Outstanding educational programs and courses
- High quality physician certification exams in MR/CT and Neurosonology, with enthusiastic and knowledgeable members to constantly upgrade the

quality of the exams and to incorporate new technologies to give the exams

- Expertise of members that combines clinical skills and acumen with knowledge of neuroimaging and ultrasound techniques, for best patient care
 - Journal of Neuroimaging, which is listed in Index Medicus, with strong new leadership to carry on into the future
 - Seat in the AMA House of Delegates providing a voice to the entire House of Medicine
 - Cooperation and collaboration with the AAN
 - Seat on the Board of the Intersocietal Commission for Accreditation of Vascular Labs (ICAVL)
 - Dedicated and knowledgeable Staff in the ASN Office
 - Structure of Committees to involve as many members as possible in the business of the Society
 - ACCME Accreditation to give CME credits for ASN educational programs
 - Position statements to help guide training and practice
 - Policy embracing the AMA guidelines that practice privileges should be based on training and experience rather than specialty
 - A leadership role in a multidisciplinary effort to create an Intersocietal Commission for Accreditation of MRI facilities (ICAMR)
 - International membership and scope of involvement
 - The most important strength is you the members, and the patients you care for
- We must strive to make these strengths known and available to the members, and to add value to membership in the ASN. At the same time, we must recognize our weaknesses, challenges, and opportunities to do better:



Charles H. Tegeler, MD

ASN Opportunities

- One of the biggest of these is trying to encourage our neurology colleagues, especially those still in training, to be more active in pursuing new things that might improve care for their patients, such as their involvement in aggressive treatment of acute stroke, or learning new diagnostic skills such as MRI, CT, or ultrasound.
- The next is stagnant ASN membership. The numbers are relatively flat, and even this new generation of leadership that is coming represents "old blood". We must attract, keep, and involve new members.
- Changing economics of medicine make competition for membership dollars tougher, and the time constraints and reality of practice make attending meetings very difficult. We must listen to what our members need, and increase both the value of ASN membership, and the value of attending the Annual Meeting.
- Managed care, and HCFA/Medicare rules, make our entire profession and the area in which we have chosen to specialize very difficult, and the challenges will continue.
- Flat *Journal of Neuroimaging* subscriptions as well as competition for both papers and for Journal dollars
- Specialty driven efforts to limit access to practice based on specialty hat worn, rather than on training and expertise.
- At times, inadequate communication between members and leadership as well as the ASN office.

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PRIORITIES FOR THE ASN FOR THE MILLENNIA

• Finally, I perceive a problem with identity. There are still neurologists who don't know who the ASN is or what we do, let alone the other specialties and international colleagues who don't know the ASN, or don't realize that we do more than just MRI and CT. We must find a way to let people know that we are also the professional society for education and certification in neurosonology. I have raised the idea of a name change (American Society of Neuroimaging and Neurosonology) to the ASN Board of Directors. Others have suggested the American Society of Neuroimaging and Cerebral Hemodynamics, and there are probably others that might better reflect who we are and what we do. I would welcome your suggestions and ideas. Any such changes require time and very careful consideration, but we must find better ways to increase name recognition and an understanding of what we do.

The ASN is my favorite professional society, and I have grown to love the Society over the years. I see the ASN as a beacon light to neurologists and to all clinicians that use MR, CT, Ultrasound, PET, and other diagnostic methods in daily practice, especially those who perform or interpret them. The beacon light of the ASN has shown brightly in the past, and has at other times flickered and almost been extinguished. Now, the light is steady, but not as bright or strong as it could be.

Over the next two years, the number one priority for every person involved with the ASN must be increasing the membership. Each of us must recruit at least one new member by the time we meet again in Puerto Rico. I will instruct the Membership Committee to create incentives and rewards to help encourage recruitment of members, but you must decide to do it.

As a starting point in directing the ASN into the future, and using some poetic license, I have identified a list of priorities for the new millennia. We will not always agree on these or other issues, but let's agree to disagree, and get on with the important business of the ASN.

We must also seek private and industrial support and endowment, make the best use of and maintain the seat in the AMA House of Delegates, and increase the activity and involvement of members. The Committees need new faces of members who can grow into the next generation of leaders. We must use the new technologies to our advantage, with a

web site, computer based exams, and other innovative teaching and clinical approaches. We must do more and better public relations and marketing about our meetings, courses, and post-graduate training opportunities. We must also partner with other groups that have similar interests, including those using new but similar technologies such as Transcortical Magnetic Stimulation, and leverage our strengths.

In conclusion, as I hope you can tell, I accept the honor of serving as your President with great enthusiasm. I also have a keen sense of responsibility regarding our need to recall where we have been, and to clearly define the way in which we should go, so that the beacon light of the ASN will burn ever brighter as an illuminating force for positive change in clinical practice. The leadership of the ASN cannot do it alone, and you the

members will be asked to help. Please join with us to make a brighter future for the ASN. Thank you.

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| M Membership (#1 priority) |
| I Identity (Let people know that we are about Neurosonology, PET, SPECT, as well as MRI and CT) |
| L Lab accreditation and physician certification (ICAVL, ICAMR) |
| L Clinical and outcomes research |
| E Education (courses, fellowships, mini-fellowships) |
| N New methods & techniques (functional, TMS, others) |
| N New mindset for neurologists |
| I International scope and effort |
| A Advocacy for practice issues, legislation, reimbursement, and the AMA |

Outpatient MRI Accreditation Commission Update

Francis D. Hussey, Jr., MD, Chair, MRI Accreditation Task Force

The ASN and the American Academy of Neurology along with other specialty associations including the American College of Cardiology (ACC), American Academy of Orthopedic Surgeons (AAOS), and the American Association of Neurological Surgeons (AANS) have agreed to establish an accreditation pathway for outpatient MRI facilities by creating an Intersocietal Commission for Accreditation of MR facilities (ICAMR). Under the pending approval of the Intersocietal Accreditation Commission (IAC), the ICAMR accreditation program will be patterned after the successful multidisciplinary accreditation programs in vascular ultrasound (ICAVL), echocardiography (ICAEL), and nuclear medicine (ICANML). The new Accreditation would be based on physician, equipment, and facility qualifications and performance, rather than specialty affiliation of Board Certification. The primary goal is to improve patient care, including the quality, appropriateness, and access to MRI testing services, through a process of voluntary accreditation based on "substantial compliance" with a defined set of criteria and standards. This program will serve as an alternative to MR facility accreditation offered by the American College of Radiology (ACR), currently endorsed by some insurers. Approval for creation of the ICAMR by the IAC is pending, and work has begun on defining the specifics of the Essentials and Standards, as well as the actual accreditation process.

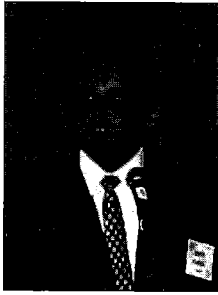
Initial meetings with Aetna US Healthcare, one of the nation's largest

insurers, indicate a willingness to accept outpatient MR facility accreditation by the proposed ICAMR as an alternative to accreditation by the ACR. This insurer has also adjusted their time frame for requiring accreditation of those MRI facilities that provide MRI services for Aetna US Healthcare patients, moving the target dates back to January 1, 2000 for application and January 1, 2001 for successfully obtaining accreditation. This extends the original target of January 1, 2000 for all facilities to have successfully completed the process.

Under the leadership of Dr. Jack Greenberg and with the support of Drs. Ilydio Polachini and Rob Bakshi, the ASN has organized additional educational programs in MRI for neurologists. Medical Resources, Inc. (Florida) and The MRI Centers of New England (Massachusetts), and MRI Central (Texas) have sponsored courses and will continue to make their centers available for ongoing programs. These programs are designed to help provide the training necessary to neurologists so they may become qualified to interpret MRI studies.

Several outpatient imaging companies currently welcome qualified neurologists to interpret studies at their centers. These include Medical Resources, the MRI Centers of New England, MRI Central, and USDL. Any others willing to allow qualified neurologists (ASN certification in CT, MRI, or Neurosonology) to interpret studies can contact Theresa Gutoski in the ASN Office to be added to this listing.

1999 MCKINNEY AWARD RECIPIENT: ANDREW DEMCHUK, MD



Andrew Demchuk, MD received the 1999 McKinney Award for his paper "The Accuracy and Differential Diagnosis of Arterial Occlusion with Transcranial Doppler".

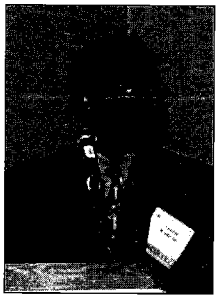
Dr. Demchuk is a graduate of the University of Saskatchewan at Saskatoon Saskatchewan Canada. After completing his postgraduate training at the University of Calgary in Neurology, he joined the University of Texas Medical School at Houston. Upon completion of his postgraduate training in June, Dr. Demchuk will be joining the neurology faculty at the University of Calgary.

In his address to the ASN, Dr. Demchuk said that utilizing a set of specific TCD flow criteria, each site of arterial occlusion can be identified accurately. TCD provides an inexpensive, noninvasive, rapid, and accurate method to confirm the presence of arterial occlusion in stroke patients. In his study, TCD was performed in a large number of patients with symptoms of cerebral ischemia. A significant proportion of these patients had TCD performed within the first few hours after onset of symptoms, usually in the emergency room shortly after arrival. Magnetic resonance angiography or conventional angiography performed within hours of TCD in most cases was used as the gold standard for comparison. TCD was particularly accurate in identifying middle cerebral artery and proximal internal carotid artery occlusion if specific criteria were

followed. Presence of collateral flow patterns were frequent with proximal occlusions (internal carotid artery) and flow diversion patterns were frequent with distal occlusions (middle cerebral artery). This study also identified that certain flow findings were particularly frequent in certain occlusions confirmed by angiography. Dr. Demchuk's final remark suggested that TCD has the potential to be the ideal vascular imaging test for acute stroke patients in the emergency room and may ultimately assist the clinician in deciding which thrombolytics approaches or treatments should be initiated.

The work presented by Dr. Demchuk's lecture was co-authored by the other fellows in the University of Texas-Houston stroke program and Dr. Andrei Alexandrov, who is the director of the Neurosonology service.

1999 OLDENDORF AWARD RECIPIENT: SAADAT KAMRAN, MD



The 1999 Oldendorf Award was presented to Saadat Kamran for his paper "Hyperintense Vessels Sign (HVS) on FLAIR: Significance and Utility in the Diagnosis and Management of Acute Stroke".

Dr. Kamran graduated from King Edward Medical College, Pakistan, in 1990. His training includes two years of internal medicine in Pakistan, one year internal medicine at Wright State University Affiliated Hospitals in Ohio, a neurology residency at University

Hospitals of Cleveland, Case Western Reserve University, and a neuroimaging fellowship at the Lucy Dent Imaging Center, Millard Filmore Hospital at SUNY Buffalo. Dr. Kamran is certified by the ASN in MRI/CT. He has presented work at a number of meetings, and was the 1998 recipient of the best research presentation at the European Society of Neuroradiology. Currently, Dr. Kamran is practicing neuroimaging, neurology, and interventional pain management.

The award-winning paper highlights hyperintense vessel sign (HVS). HVS helps identify acute stroke patients who have not suffered an infarction, but are symptomatic. The patient who has HVS and presents outside the treatment

time window for acute stroke is at high risk of infarcting the brain if not treated promptly. Using this diagnostic procedure, patients who are not readily identified as candidates for acute stroke treatment on the basis of time window can be considered for acute stroke intervention. The role of CT in determining the time of acute stroke onset focuses on patients who present to the emergency room with unknown time of stroke onset. With a combination of CT and NIHSS, Dr. Kamran's group was able to determine if stroke onset was more or less than three hours with a high degree of certainty. Stroke patients with unknown time of onset were subsequently considered for treatment with thrombolytics.

22nd Annual Meeting Recap

The 22nd Annual Meeting was held at the Marriott Mountain Shadows Resort and Golf Club in Scottsdale, Arizona from February 24-27. There were 200 in attendance for another high-quality educational Meeting. We were fortunate to have Henry Allen, Esq. speak to the membership again at the Business Meeting. Mr. Allen updated the membership on the progress of the neurologists' struggle for reading privileges since the Naples case settled last year. We extend our thanks for his interest and

dedication to the ability of neurologists to provide quality patient care.

Meeting highlights included a live demonstration from the University of Alabama-Birmingham for the Interventional Neuroimaging Symposium. Attendees were able to watch as Dr. Camilo Gomez performed an elective stenting of the basilar artery from the University of Alabama at Birmingham and ask questions via moderators Drs. Larry

Wechsler and Shashidhar Kori.

The Society would like to acknowledge those companies who provided financial support for the Meeting: ATE Ultrasound, Boston Life Science, Meditech & Co., Merck & Co., Inc., Nycomed Amersham, Philips Medical Systems, NA, and Somanetics Corporation.

Our sincere thanks to Course Directors and faculty as well for a superb program.

ASN 23rd ANNUAL MEETING

January 26-29, 2000

San Juan Grand Beach Resort and Casino

San Juan, Puerto Rico

The San Juan Grand Beach Resort and Casino, on Isla Verde just minutes from the airport, is a beachfront property that features a Spa and Fitness Center, four restaurants, and a large free-form pool with swim-up bar, 10,000 square feet of gaming including slots, video poker, roulette, blackjack and more. The hotel promises to provide a beautiful setting for our educational program.

Wednesday, January 26 - All Day Committee Meetings
7:00 - 8:00 pm Welcome Reception

Thursday, January 27

6:30 - 8:00 am Breakfast Seminar: Parkinson's
6:30 - 8:00 am Breakfast Seminar: Headache
8:15 am - 4:30 pm MRI Course
8:15 - 11:45 am Basic Neurosonology Course
11:45 am - 1:15 pm Business Meeting Luncheon
1:15 - 4:30 pm Advanced Neurosonology Course
7:00 - 10:00 pm Hands-On Workshops: Neurosonology and MRI

Friday, January 28

10:00 am - 4:00 pm Exhibits Open
6:30 - 8:00 am Breakfast Seminar: Epilepsy
6:30 - 8:00 am Breakfast Seminar: MS
6:30 - 8:00 am Breakfast Seminar: Pediatric Neurosonology
8:15 am - 12:15 pm MRI Course
8:15 am - 12:15 pm Spencer Intracranial Hemodynamics Symposium Pediatric Neurosonology Course
12:15 - 1:30 pm Exhibits & Poster Luncheon
1:30 - 4:00 pm Acute Stroke Symposium
7:30 - 11:00 All Attendee Reception

Saturday, January 29

6:30 - 8:00 am Breakfast Seminar: Practice Issues in MRI/CT
6:30 - 8:00 am Breakfast Seminar: Practice Issues in Neurosonology
7:00 - 11:30 am MRI Exam
8:30 am - 12:00 pm Integrated Neuroimaging Symposium
12:00 - 3:00 pm Meeting Review in Spanish
12:30 - 4:00 pm Neurosonology Exam Session I
4:15 - 5:30 pm Pediatric Neurosonology Exam
5:45 - 9:15 pm Neurosonology Exam Session II

Examinations

Congratulations to the following individuals who successfully completed a certification examination administered by the ASN on February 27 at the Annual Meeting.

Certified in MRI/CT:

Melvin Alberts, MD
Donald W. Ayres, MD
William J. Craven, MD, PhD
Neeraj Dubey, MD
John T. Ebert, MD

Anthony Esposito, MD
Albert Fullerton, MD
Daniel Hood, MD
Raymond S. Kandt, MD
Jonathan M. Levin MD
Christopher M. Loar, MD
Suresh Roongta, MD
Stuart L. Silverman, MD
John B. Terry, MD
Mohammad Wasay, MD
Joel S. Wolinsky, MD
Gonzalo F. Yanez, MD
Certified in Neurosonology:
Efraim P. David, MD
Sreenadha R. Davuluri, MD

Andrew M. Demchuk, MD
Mustapha Ezzeddine, MD
James M. Gebel, MD
J. Claude Hemphill, III, MD
Chi-Shin Hwang, MD
Alan N. Khan, MD
Irene L. Katzan, MD
Derk Krieger, MD
Alfredo Lopez-Yunez, MD
Zachary Macinski, MD
Colin T. McDonald, MD
Vladan Milosavljevic, MD
John A. H. Porter, MD
Daniel C. Potts, MD
Wade Smith, MD

Rodney D. Soto, MD
Thomas I. Soule, MD
Michael Swiontoniowski, MD
David D. Van Slooten, MD
The ASN Certification Examinations will be given again on January 29, 2000 at the 23rd Annual Meeting in San Juan, Puerto Rico. For more information, contact Theresa Gutoski in the ASN Executive Office at (612) 545-6291 or email theresagutoski@compuserve.com.

American Society of Neuroimaging
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