ASITN
American Society of Interventional & Therapeutic Neuroradiology

The Embolus

Spring/Summer 2003

Inside this issue

ASITN Holds Highly Successful First Annual Practicum

Colin Derdeyn, MD, First Annual Practicum Program Chair

The ASITN held its First Annual Practicum at the Marriott Wardman Park Hotel in Washington DC, May 2-4, 2003. The Practicum followed the 2003 ASNR annual meeting. The Practicum was successful in all respects: physician attendance, reviews by attendees, and corporate sponsorship. Over 170 physicians registered for the meeting and evaluation forms were very positive. Generous sponsorship by our corporate partners ensured profitability. Consequently, we are making arrangements for the 2nd Annual Practicum to follow the 2004 ASNR in Seattle to build on this success. Be sure to keep the weekend of June 11-13, 2004 open.

The meeting began on Friday night with a dinner sponsored by Boston Scientific/Target. Buddy Connors and Tim Malisch moderated a program that focused on reimbursement and billing issues. Saturday morning was devoted to hands-on workshops and included Vertebroplasty (Lee Jensen and Jacques Dion), Carotid intervention (Kieran Murphy and Avery Evans), Stroke intervention (Gary Nesbit), and Aneurysm intervention (John Barr). These workshops were all very well-received, reflecting the hard work and experience of the workshop faculty.

Saturday afternoon's sessions focused on problem-oriented didactic sessions. These sessions included topics such as the use of the recently approved Neuroform stent, and a debate regarding the use of intra-arterial papaverine versus nicardipine for vasospasm. These sessions were well-attended and generated a great deal of useful discussion. The dinner program that night was sponsored by Cordis Neurovascular and focused on acute stroke intervention. Sunday morning was devoted to clinical practice models. Speakers presented their experience as INRs or endovascular neurosurgeons within neurosurgery or radiology groups, both in private practice and in academic settings. The meeting was adjourned at noon.

We are actively planning for next year to build on the success of this meeting. Josh Hirsch has agreed to chair the program committee for the 2004 ASITN Practicum. He will be assisted by Buddy Connors, our current president, and me, last year's program chair. We will begin on Friday, June 11th at noon. The format will be similar, with hands-on workshops on Saturday morning. Friday and Saturday afternoons will be devoted to practical clinical issues. In response to the comments of many attendees, we plan to structure these afternoon sessions differently next year in order to encourage more discussion and interaction and have less of this time taken by lectures. There will be more emphasis on discussion of individual cases and the audience will be invited to bring cases of their own that relate to specific topics. Feel free to contact Josh, Buddy, or me with any thoughts or suggestions for next year's meeting. See you in Seattle!

ASITN Would Like to Thank the Generous Sponsors of the First Annual Practicum

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Sponsors
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President's Message

Buddy Connors, MD

Hello and welcome to the Spring/Summer Issue of *The Embolus*. We hope you will continue to enjoy this member benefit. As you can see by the length of this issue, our society is engaged in many exciting ventures.

First, let me say it is an honor to have been elected to serve you as President. I have some big shoes to fill — Randy Higashida brought a tremendous amount of energy, experience, and foresight to the post and our society, as well as our entire specialty, is the better for it. I'm sure that most of us are not even fully aware of all of Randy's initiatives and successes. They are many. Randy has almost single-handedly brought national recognition to our society and carved out a place of influence with many politically powerful organizations including the American Heart Association and the American Stroke Association. Pioneers such as Tom Tomsick started this trend and I am honored to have the opportunity to continue it.

I would also like to thank the outgoing members of the Executive Committee. Bob Hurst, Jake Jacobs, and Stephen Hecht gave countless hours of service to the Society and deserve recognition and our thanks! Our society is small and consequently our success has been and will continue to be the result of great individual and collective efforts. We are all in a unique position — we are not only members of a collective whole but we are also the leaders, the workers, and ultimately, we are our own customers.

Another outgoing member of the Executive Committee is Tom Tomsick. Dr. Tomsick has been, and still is, a world leader in the field of therapy that will eventually separate our specialty from the wanna-be's: ***stroke***. The field of acute stroke therapy, and the ***science*** behind the art, is in large part based on the work of Dr. Tomsick. While many philosophical articles and case series have been written (including the text book ***INTERVENTIONAL NEURORADIOLOGY*** among them), the real work and the proof of the science have been based on Tom Tomsick's pioneering efforts. Aneurysms may be our bread and butter, but stroke therapy and prevention is our future, and we owe this in large part to Tom. Luckily for us, even though he is now retired from the executive committee, we can still count on his tireless efforts and sage wisdom on an on-going basis. My personal thanks go to Tom and his still continuing productive career.

The next year promises to be an exciting one. The ASITN is definitely on the move: we have several meetings on the slate for this year and we will be publishing our first-ever *Interventional Neuroradiology Coding Guide*. In the early fall, we will be publishing patient education brochures, and holding our 2nd Annual Practicum in June of 2004 to build on the success of the 1st Practicum.

I personally would like for my year of leadership to be marked by one goal and one achievement — to empower the membership to lift this organization to a higher level of medical respect, public recognition, and universal acknowledgment of the innovative therapies and cutting edge science that separates us from other less well trained practitioners. Our quality of service has resulted from the sacrifice and hard work produced by our members.

It's an exciting time to be a member of ASITN. As a society and as a specialty, we are growing, evolving, and thriving. Thank you for your continued support of ASITN. I look forward to working with all of you to further advance our medical specialty.

New Research Award Available

A new research award has been established for basic research in endovascular/vascular topics. This award is open to fellows or young attendings from the ASITN and the AANS/CNS Section of Cerebrovascular Surgery. Two (2) $25,000 awards will be given out in early 2004. More information on this award may be found on the ASITN website in early fall.

We would like to thank **Cordis Neurovascular** for their generosity in sponsoring this award.

StrokeCheck™ 2003 a Resounding Success

StrokeCheck™ 2003 was the most successful StrokeCheck™ to date. Twenty-three (23) sites joined this year to screen and educate 1848 people, a 60% increase over last year.

Our congratulations go out to Scott Agran, MD on his leadership of this program. If you are interested in participating in StrokeCheck™ 2004, please contact Scott at **scottagran@yahoo.com**.

Editor's Column

Chuck Kerber, MD

THE GATHERING STORM

Does free enterprise work?

Well, from the way half of the rest of the world is voting with its feet trying to move to America, and from the outcome of the last few wars, you might have reason to believe it does.

But what about free enterprise and our practice of medicine? Each week a few more "crisis of care" articles appear. With American medical costs compounding at about 14 percent annually, maybe it is time to look at the way we are organized — and the way we are organized is certainly not along the principles that have made our economy the envy of the world.

Let's say, for example, that a fellow named Connors has figured out a better way to treat aneurysms. He organizes and builds an aneurysm center, taking over the East Wing of his hospital. He hires good people, gets efficient, and dramatically lowers costs. Patients with aneurysms are quick to hear about the good results coming from his center (despite what the advertising gurus tell us, we learn about good restaurants, good movies, and most good things by word-of-mouth). Soon, patients must make appointments a month in advance to have their aneurysms treated.

By the end of the first year, though the patients love the care he provides, he declares bankruptcy, losing all of his and his investors' money.

Although he attained savings of $8000 per patient and their hospital stay is, on average, only 2.2 days, the insurers — especially the government — do not pay. They pay for hospital usage. The healthier he made the patients, the more money his hospital lost.

Don't believe that? Ask your billing people.

Oh yes, and what about his colleagues? Would the hospitals down the street scream that he was saddling them with the high-risk patients, skimming off the easy cases? Right.

And do politicians get involved? Right now, local politicians enforce Certificate of Need laws that prevent specialty heart and orthopedic facilities from practicing — even though they provide cheaper, better care. How about in your area? Does your legislature dictate benefits and prices? In California, ours does. But our regulations are nothing compared to the Federal government's.

And where does this leave the patients? Try researching hospitalization costs anywhere — it's like going into a restaurant and being given a menu without prices. Absence of information always protects the incompetents.

It may sound a bit different, a bit frightening to think of complete change, but I'd bet on the wisdom of patients and the entrepreneurial instincts of my colleagues any day. Lawyers (OK, maybe that's not the best analogy) own legal practices, Mr. Gates has brought us cheap computing power — any of us could give other examples. It's the politicians who suppress free markets in the name of ideology ("access for the needy" and so on). And, as a smart colleague said, "If the politicians are such geniuses, how come our system is such a mess today?"

Maybe what patients really want is for smart doctors to create good, efficient medical care and be able to choose how, when, and where to get it. Empowering consumers — and providers — is the key. And we know — there is no doubt — what is standing in their way.

Now is not the time to shrug shoulders or give in to a feeling of powerlessness. Voting and political action committees do work, and this next election will be critical for our future.

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ON COMPUTERS AND OTHER GEAR:

OK, so we have one Luddite in our group. He shall remain nameless. The rest of us though, depend upon computers and what those wonderful tools can do for us more and more each day.

Now that computer adjunct, the handheld minicomputer, is becoming medically ubiquitous. There are two basic types — the Palm devices, and the somewhat larger handheld computers like the iPAQ. Originally designed to be primarily a day planner and phone book,

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Five Fellowships Awarded by ASITN

The Fellowship Funding Committee, led by Jacques Dion, MD and comprised of members of the ASITN and the AANS/CNS Section of Cerebrovascular Surgery, is pleased to announce the awarding of five fellowships under the Endovascular Surgical Neuroradiology Fellowship Program. The recipients of this year's funding are:

- Duke University Medical Center
- The Johns Hopkins Hospital
- Mallinckrodt Institute of Radiology
- University of Buffalo
- University of Pennsylvania Medical Center

We would like to thank **Boston Scientific/Target** for their generous financial support of the fellowships. This program is part of a five-year/$1,250,000 commitment of financial support to help establish twenty-five new neuroendovascular fellowship positions within North America by 2005. The 2004-2005 application is on the ASITN website now. The deadline for submission of the application is September 1, 2003.

Past President's Message

Randy Higashida, MD

Thanks for Your Continued Support of the ASITN!

My term as President of the ASITN ended recently at the 2003 ASITN Annual Business Meeting in Washington, DC, where I handed over the Presidential duties to Buddy Connors. First I would like to thank all of you who have entrusted me to serve the Society; it was a pleasure and an honor. ASITN has had an exciting and exhilarating year!

We were formally incorporated, adopted a real, 5-year strategic plan, redesigned this newsletter, and published a *Practice Building Guide*. ASITN created a Corporate Advisory Council, received a seat on the ACR Council, and we were all emboldened by the publication of ISAT. Topping off a great year was the resounding success of the First Annual ASITN Practicum.

I wish to personally thank the entire ASITN Executive Committee and in particular Marie Williams for all their hard work, dedication, long hours of conference calls, planning, skill and execution of business affairs, to make this an exciting time for the Society and our specialty. We continue to face many challenges, which is to be expected when our practice grows and becomes successful. It is indeed an exciting and rewarding time to be in this specialty.

I look forward to continuing on the Executive Committee for the next two years. Thank you again for the privilege of having served you as your President.

Randall T. Higashida MD

Michael Brothers Award Recipient Named at ASNR

ASITN is pleased to announce that the 2003 recipient of the Michael Brothers Memorial Award is Gary Duckwiler, MD from the UCLA School of Medicine. Dr. Duckwiler's manuscript, *"Concentric MERCI Retriever for the Treatment of Neurovascular Thrombotic Occlusions: A Phase I Nonrandomized Trial"* was named the Best Paper in Interventional & Therapeutic Neuroradiology at the 41st Annual Meeting of the American Society of Neuroradiology, held April 28-May 2, 2003 in Washington, DC.

Congratulations to Dr. Duckwiler!

29th International Stroke Conference – Call for Abstracts

The 29th International Stroke Conference entails three days of educational programs, February 5-7, 2004 in San Diego, CA, covering all aspects of stroke research and treatment. Three types of abstract submissions are available this year.

Scientific abstracts are relevant to both basic and clinical aspects of stroke and important to prevention, pathophysiology, diagnosis, imaging, acute care, treatment, rehabilitation science and surgery, but not including the topic of ongoing clinical trials. The deadline for scientific abstracts is August 14, 2003. You may now access the online abstract submitter at **www.strokeconference.org**. Abstracts selected for presentation will be published in the January 2004 issue of Stroke, *Journal of the American Heart Association*.

Ongoing Clinical Trial Abstracts provide full descriptions and status reports for ongoing, multicenter, controlled clinical trials. Trials must be recruiting patients/centers or collecting follow-up data at the time of presentation. Submission opens on October 3, 2003. Submit your abstract electronically at **www.strokeconference.org**. Deadline to submit is November 14, 2003.

Late Breaking Science Abstracts must meet the following criteria:

- Studies most likely to impact future stroke care and treatment
- Abstracts focus on unusually important results obtained since the August 14th Scientific Abstract deadline
- To be eligible for review, Late Breaking Science abstracts must be accompanied by a letter stating the unusual importance of the finding, and an explanation as to why the abstract was not submitted to the August 14th Scientifice abstract deadline.

Submission opens on October 3, 2003. Submit your abstract electronically at **www.strokeconference.org**. Deadline to submit is November 14, 2003.

Practice Building Corner – Referrals

Gary Duckwiler, MD

This is the second in a series of Practice Building articles that will appear this year in the *Embolus*. All of the articles will be consolidated in a special supplement at the end of the year. We hope you find this series helpful.

In order to survive and flourish, the Interventional Practitioner has to be seen as an accessible clinical partner and resource. Communication with and the knowledge of your referral sources is key. This series is designed to help our readership with this process. Of course, in the current medical environment, contracts are very important. But take the following steps and your practice will build.

1. **Know who is sending you patients and who isn't:** Identify where your patients come from. Hospital and Radiology information services, teaching files, office soft copy charts are all locations to derive this information.
2. **Let them know what you do:** Provide an introduction of you and your services to the clinical services and clinicians by letter or in person. A personalized letter is more effective than a form letter, and can be very important for establishing a referral pathway for clinicians new to your area. Create leave behind items that describe your services, referral process and relevant phone numbers. Don't overlook your website.
3. **Let them know how you can help:** Identify in your letters and reports the benefits to the referring physician and patient. This may include improved patient management, reduced workload for the referring, emergency services, etc. Do follow up contact to find out what you are doing well and what can be improved.
4. **Let them know you are still there:** For those sources providing patients, ongoing contact is important. Newsletters highlighting recent study results, or new technologies are some reasons to provide that continuing contact.
5. **Make their job easier:** Some clinics and referring offices may find benefit in educational materials that you can provide. Handouts of vertebroplasty, aneurysm therapy, and angiography can be useful. Provide consultation request form. Make the transfer/referral process simple with one phone call. This is one of the biggest reasons people don't refer out patients.
6. **Make it pleasant for them to contact you:** Your office staff needs to understand the importance of these referrals, and a friendly telephone demeanor goes a long way. Make sure your staff knows their counterparts in referring physicians' offices. Maintaining good contact promotes referrals.
7. **Timely communication:** Always contact referring physicians promptly after your patient encounter. Timely reporting is key, both written and phone correspondence if possible.
8. **Show appreciation for their support:** Thank you notes, holiday cards, and even more personalized hand written cards reinforce how important your referring physicians are to you.
9. **Keep an ear out for opportunities:** Local conferences, professional meetings (grand rounds), off the cuff consults are openings, which allow follow-up contacts for further information on your services.
10. **Keep track of your referrals:** After you have the knowledge of where your referrals come from, then you need to track those referrals over time. Physicians move, change networks, or may become upset with you. Only by tracking can you modify your actions to enhance referrals.
11. **Invest in your practice:** There is a need to invest in your practice. The place to start is with information technology. This can be humans or software, depending upon the source of your information. This is the only way to manage the prior 10 points. There are various software programs available for this purpose. Simple Excel, Access, ACT, Outlook programs may suffice, or more dedicated programs such as MD Analyzer or the HI-IQ® system.

This is only an introduction to Practice Building. It starts with you and your staff. You are the direct beneficiaries of these actions. Not all recommendations are feasible or implementable immediately, but a sustained program of implementation will enhance your practice. This series will continue with specific topics in each issue of the *Embolus*. Furthermore, additional information is available on the ASITN website. Please visit the website for an electronic version of this editorial as well as other information about the Practice Building steps.

People in the News

Congratulations to ASITN Rules Committee Chair **Lee Jensen** who was featured on the front page of the *Charlottesville Daily Progress* after performing a life-saving aneurysm intervention on a 19-year old from Delaware. "I'm thankful for what Dr. Jensen did for me," her patient said. "I think I would have died without her."

ASITN Member **Robert Koenigsberg** appeared on the CBS affiliate in Philadelphia on April 30th after performing a left ICA intracranial thrombolysis case on a woman who was 9-months pregnant. The mother and child are both doing well thanks to Dr. Koenigsberg's intervention.

ASITN Members **Charles Strother** and **Johnny Pryor** were both featured in an article on endovascular treatment of aneurysms that appeared in the April issue of *ADVANCE for Imaging and Oncology Administrators*.

ASITN President, **Buddy Connors**, and new ASITN Active Member **Kieran Murphy**, were both featured in a story in the April issue of *The Washingtonian* on a 13-year old boy with an AVM.

If you have been featured in a local, national or worldwide publication, please let us know! Contact Marie Williams at **703-691-2272** or via e-mail at **info@asitn.org**.

Scenes from the

ASITN 1st Annual Practicum

See you in Seattle in June 2004!

New Executive Committee Takes Office in Washington, DC

The 2003-2004 Executive Committee took office at the Annual Business Meeting in Washington, DC. Listed below, please find your new Officers. Feel free to contact any of them with questions or suggestions for ASITN.

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New DRG Approved for Treatment of Ruptured Brain Aneurysms

We are pleased to provide some great Medicare news about physician payment increases and a recent proposal to increase hospital reimbursement for treatment of ruptured brain aneurysms.

Advocacy Efforts Lead to Positives Changes in 2003 Medicare Payment for Physicians

On February 28, 2003, the Centers for Medicare and Medicaid Services (CMS) published revised 2003 Medicare physician payment rates. CMS, the federal agency that administers the Medicare program, took this action after Congress passed last-minute legislation in the Consolidated Appropriations Resolution of 2003 to correct past CMS errors in calculating the annual update to the Medicare physician fee schedule.

This legislative bill came as a result of actively lobbying on the part of provider organizations including ASITN and SIR. The CMS payment update averted a scheduled overall 4.4% payment reduction from the 2002 payment rates and means Medicare payments for neurointerventional procedures will increase effective for dates of service beginning March 1, 2003.

ASITN Also is Working to Impact Change within Medicare Hospital Reimbursement

On May 19, 2003, CMS proposed to create a new separate DRG for surgical and endovascular treatment of intracranial hemorrhages including subarachnoid hemorrhages. The proposed new DRG, national average urban rate of $33,998, represents a 95 percent increase over current payment levels and would become effective October 1, 2003. CMS's recommendation comes as a direct result of advocacy initiatives by ASITN, ASNR, SIR and Boston Scientific Corporation. ASITN prepared comments to CMS's proposal for the July 8 comment deadline. CMS will make its final decision by early August 2003. Please stay tuned for an update on our efforts.

Each member of ASITN should have received in the mail the all-new ASITN coding guides to assist you with physician and hospital billing for the treatment of these brain aneurysm cases. We would like to thank Boston Scientific Corporation for their restricted educational grant that made the printing of these guides possible. If you did not receive your guides, please contact Marie Williams, ASITN Director of Professional Affairs, at **703-691-2272** or via e-mail at **info@asitn.org**.

ACR Update

John Barr, the ASITN Councilor to the American College of Radiology, attended the ACR Annual Meeting & Chapter Leaders Conference in Washington, DC, May 10-15. This was our first meeting with an official councilor and we are grateful to John for waving the ASITN flag with vigor! An important White Paper was distributed at the meeting calling for Clinical Practice Guidelines for Interventional Radiology & Interventional Neuroradiology. An ACR Clinical Practice Guideline will be put before the ACR Council for a vote of approval at the 2004 Annual Meeting & Chapter Leaders Conference.

New ACR Fellows were inducted at the meeting in May. You may be qualified for ACR Fellowship yourself! If you have been a member of ACR and a state chapter for five (5) consecutive years and fulfill one or more of the following criteria, you are eligible for nomination to ACR Fellowship:

1. Service to organized medicine in local, state or national medical organizations, particularly the ACR.
2. The accomplishment of significant scientific or clinical research in the field of Radiology, or significant contributions to its literature.
3. The performance of outstanding service as a teacher of Radiology.
4. An outstanding reputation among colleagues and local community. It is expected that all nominees for fellowship will fulfill this criterion. It is necessary but not sufficient for nomination.

The full ACR Fellowship Guide may be obtained from the ACR website under the "Members Only" Section.

Spotlight on:
Corporate Advisory Council

At the First Annual ASITN Practicum in May, the inaugural members of the Corporate Advisory Council were recognized from the podium by President Buddy Connors and given a special award. There is still time to be an inaugural member of this Council. Any company that joins before October 2003 will be considered an inaugural member. If you work with any companies who would benefit from an enhanced relationship with ASITN, please send their contact information to Marie Williams at marie@asitn.org.

Thanks to all of our Corporate Sponsors for their support!

Boston Scientific/Target

Cordis Neurovascular

MicroTherapeutics, Inc.

Parallax Medical

Concentric Medical

MicroVention

Not pictured, Siemens Medical Solutions

New Executive Committee Takes Office in Washington, DC

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they have morphed into much much more. Before I go further, it's time for a conflict of interest statement: I have no financial interest in any of the devices or the software I mention.

First, there is scheduling or day planning: put your scheduled appointments in your real computer, hook up the PDA (personal digital assistant to those in the know) either with hardwire or infrared, download, and the PDA goes with you wherever, and even interfaces with your laptop.

Next, there's e-mail. Though in the past it has been tedious and often not worthwhile to use PDAs for e-mail, there is a new program from New Zealand you may want to try. It's called SnapperMail (www.snappermail.com), about 35 bucks, though you can try a trial version free. But there is an important subfunction which we will talk about now. If you're on a ward, having just seen a patient, ***right then*** is the time to get your billing service the information. (What, you are not doing your own billing yet?) No problem with the new PDAs. Failure to capture a code is a failure mode of the past.

Of course there is ePocrates, which everyone with a Palm has had available to them for years. This is a fantastic program that gives you every bit of drug information that you could ever dream of needing, and as of a few weeks ago, is now available for the OS systems like iPaq. I was fortunate to be a beta site for them, and can tell you now that the bugs are well worked out, and that it's worth the money to subscribe. Check out their web site (www.epocrates.com) before you decide, and get a feel for the possibilities.

These pocket magicians do lots of other things too — from giving you GPS location anywhere in the world to within two meters, to perform also as cameras (albeit poor resolution cameras).

Training? A few hours would be all that's needed to come up to speed. **If you would like a lunchtime seminar at our next meeting to get you started, let us know.**

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Think you're an expert? Check out **www.philosophy.unimelb.edu.au/reason/critical**. Dr. van Gelder seems to be appropriately and irreverent skeptical of all experts, especially art and wine snobs.

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Which leads us into the next wonderland: our government. Go to orange alert? Who says? And on what do they base that judgment? Nobody knows.

Given the vast resources of google, and the awesome quantity of garbage contained on the Internet, it's not difficult to believe that most people live in a chronic state of uncertainty — and so anxiety. Add to that the moral relativism of reporters (remember Jayson Blair being asked to leave the *New York Times* a few weeks ago), and it's no wonder. People who watch the nightly news don't ask, "just the facts, please." We're watching fortunetellers. It's been said that, "SPIN WINS." Certainly the underreporting coming from World Health Organization about the incidence of African AIDS is a case in point.

But it's not continually and universally bleak: check out Wenzel and Edmond in *New England Journal of Medicine* talking about SARS. Good data, about a 5 percent mortality rate — all put into perspective ("similar to that generally seen with community acquired pneumonia in United States." There's always hope — and truth — especially when we look to our colleagues.

More next quarter on eMedicine and our future.

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THOUGHTS ON CHOICES AND RESPONSIBLE BEHAVIOR

Well, the nattering classes are at it again.

A debate is "raging" (any rage in your hospital? I thought not.) in the press as to whether the doctors who operated upon the Siamese twins were ethical.

Again, it's about control: who controls the final medical decision making process? The options are 1) the physicians who do the surgery; 2) a panel of ethicist physicians; 3) a panel of ethicist lawyers; 4) some governmental agency such as the FDA that just might be under some political pressure should the procedure fail; or 5), some combination of those groups.

What about the patient? Or in this case, the patients. Our vote always goes to the patient. Even if the patient had not been as smart, educated, mature, and persistent as the Bajani twins, most of us would strongly vote for patient control. Obvious? Not really. A discouraging number of our citizenry often chooses to place the power in the hands of "the government". Let's hope that the lesson that Laleh and Laden leave us with is that the individual patient has the right to determine her own life — or death.

And as a second line of thought, this tempest brings up an interesting philosophical query to us physicians: What would have happened in America? The FDA now has the power — in fact, they now employ *men who carry guns* — to put each of us in jail if we follow the dictates of our conscience and use our imagination, experience, and judgment to treat a dying patient with devices or treatments that are not approved by them. So much for the Hippocratic oath. The anguish about using the artificial heart comes to mind, as does the death in the gene therapy trial at HUP. Of course there's no problem when the procedure goes well — but if it does not……

So what do you do when your patient is out of options and you have a new idea? I bet that most of us would answer differently today than we would have 20 years ago. Let me know how you think.

And during the difficult political times to come, remember Ambrose Bierce's definition:

> **PHYSICIAN, n.**, One upon whom we set our hopes when ill and our dogs when well.
> — Bierce, A, *The Devil's Dictionary*

Respectfully submitted ,
Chuck W. Kerber, MD

Welcome New ASITN Members!

The following new members were approved at the ASITN Business Meeting in Washington, DC. Please help us extend a warm welcome to them!

Active Members

Cargill H. Alleyne, Jr.
University of Rochester Medical Center
Rochester, NY

Boyd C. Ashdown
Radiology, Ltd.
Tucson, AZ

Tibor Becske
New York University Medical Center
New York, NY

Joe David Bernard
Carolinas Medical Center
Charlotte, NC

L. Paul Broadbent
Washington University
St. Louis, MO

George W. Brown
Diagnostic Imaging Associates
Des Moines, IA

Louis P. Caragine, Jr.
Geisinger Medical Neurosurgery Center
Danville, PA

Ira J. Finch
John Muir Medical Center
Walnut Creek, CA

Donald F. Frei
Swedish Medical Center
Englewood, CO

Y. Pierre Gobin
Cornell-Weill Medical College
New York, NY

David J. Goldberg
John Muir Medical Center
Walnut Creek, CA

Cole B. Graham, III
University of Miami/Jackson Memorial Hospital
Miami, FL

Donald V. Heck
Forsyth Radiological Associates
Winston-Salem, NC

Varoujan Kostanian
UCI Medical Center
Orange, CA

Soon K. Lee
University of Iowa
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Calendar of Events

SIR/ASITN Innovation & Research in Interventional Radiology (IR2): Stroke Interventions
September 19-20, 2003
Bethesda, Maryland
Contact: SIR, 800-488-7284

American College of Emergency Physicians
Scientific Assembly
October 12-15, 2003
Boston, Massachusetts
Contact: ACEP, 800-477-2237

American Heart Association
Scientific Sessions 2003
November 9-12, 2003
Orlando, Florida
Contact: AHA, 1-800-242-8721

Radiological Society of North America
89th Scientific Assembly and Annual Meeting
November 30-December 5, 2003
Chicago, Illinois
Contact: RSNA, 630-571-2670

ASITN/JSCVS Annual Meeting
February 1-4, 2004
San Diego, California
Contact: ASITN, 703-691-2272

American Stroke Association
29th International Stroke Conference
February 5-7, 2004
San Diego, California
Contact: ASA, 214-706-1575

SIR Annual Meeting
March 25-30, 2004
Phoenix, Arizona
Contact: SIR, 800-488-7284

American Society of Neuroradiology
42nd Annual Meeting
June 5-11, 2004
Seattle, Washington
Contact: ASNR, 630-574-0220

American Society of Interventional & Therapeutic Neuroradiology 2nd Annual Practicum
June 11-13, 2004
Seattle, Washington
Contact: ASITN, 703-691-2272

The Embolus

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