Disclosures

• None

Population eligible for Neurointerventional therapy

• 900,000 strokes in US
  • 85% are ischemic = 765,000 patients
    • 50% LVO = 382,500 patients
    • 50% eligible by DWI MRI or CTP = 191,250 patients
  • ~200,000 patients eligible for intervention

Neurointerventional capabilities

• ~500 active Neurointerventional operators

THE PROBLEM

Treating acute ischemic stroke with mechanical thrombectomy is supported with level 1 evidence, but is typically performed by neurointerventionalists.

Inadequate supply of neurointerventionalists for the stroke patient volume.

OVERVIEW
hemorrhage

Cardiologists can become "neurocardiologists" through:

- Patient clinical assessment skills
- CT and MRI imaging interpretation
- Decision-making skills related to thrombectomy

For neurocardiologist to become certified, they must be the primary operator in these operations:

- Performance and review of 100 cerebral angiograms
- Placement of 25 carotid stents
- Supervised performance of 25 mechanical thrombectomies

A certified "neurocardiologist" must have training in:

- Obtaining appropriate access
- Navigating cerebral circulation with a microcatheter
- Understanding stroke-specific devices and codes
- Avoiding complications
- Experiencing stroke neurology, diagnostic neuroradiology, and cerebrovascular neurosurgery
- Seeing patients post-op in the neuro ICU

Requirements for certification:

- Achieve successful recanalization (modified TICI 2b or 3) in at least 60% of cases
- Have a symptomatic intracranial hemorrhage rate of less than 10%
- Have embolization to a new territory occurring in less than 15% of cases
Interventional setup is complex

1) 6 or 7 Fr Sheath (Neuronmax or shuttle) in common/internal carotid
2) Microcatheter (Marksman) advanced over interventional guidewire
3) Intermediate catheter (5 Max Ace, Sofia) advanced over microcatheter