What can you tell us about the Society of NeuroInterventional Surgery (SNIS)? Who comprises it, how did the separate neurointerventional groups initially get together, and how do they collaborate?

The SNIS is a collaborative, multidisciplinary society of neuroradiologists, neurosurgeons, and neurologists who treat stroke and cerebrovascular disease. The members perform minimally invasive neuroendovascular, or neurointerventional, procedures. At institutions across the country, there is strong collaboration among physicians from the different backgrounds, forming effective multidisciplinary treatment teams, centers, and institutes.

As chair of the SNIS 2016 annual meeting, what stood out as thematic or unique in comparison to previous years?

At the SNIS 2016 meeting, we tried to stress the diversity of our field and the broad expertise of the members of the society. We had entire sessions devoted to basic science, socioeconomic issues, and the treatment of pediatric patients/disease. As is customary, we also had multiple sessions devoted to case presentations. This year, the stroke sessions focused heavily on systems of care.

Which areas of research concerning neuroprotective agents most interest you currently?

I believe that neuroprotection is the next frontier. We have become very good at opening blood vessels, both through administration of medications and mechanical thrombectomy procedures. In order to further help our patients, we now must identify ways to augment these techniques through the use of neuroprotection. I see a role for neuroprotective agents in conjunction with our current thrombolytics/mechanical revascularization procedures (in the perioperative period) and for patients who are not eligible for current recanalization therapies.

How has your own practice changed since the publication of MR CLEAN and the other trials that established mechanical thrombectomy’s role in ischemic stroke therapy?

My practice has changed dramatically. I now perform a significantly larger number of mechanical thrombectomy procedures (as do my colleagues). The volume of acute ischemic stroke treatments has doubled and will likely continue to grow. A therapy that we all believed to be beneficial for our patients has finally proven to be efficacious.

Do you feel that the attention drawn by acute ischemic stroke could overshadow the advances being made in other neurointerventional fronts, such as cerebral aneurysms and arteriovenous malformations? Or is the opposite more likely, that the neurointervention on the whole will benefit from the breakthroughs in stroke care?

I think a rising tide lifts all the boats. The vast amount of attention drawn from the acute ischemic stroke treatment brings recognition and excitement to our field. The public has become more aware of what we do and how we can help our patients.

What was one of your bigger nonstroke takeaways from the research presented at SNIS?

There are wonderful scientific advances that are being made by members of our field, as shown in the diverse talents and interests showcased. Through collaborative efforts, our society and our field can take a leading role in developing and administering translational therapies for stroke and cerebrovascular disease.

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Relatively speaking, we are still early in the endovascular era of stroke therapy. What is one attribute or capability you would most like to see in the next generation of devices?

We are still in the very early stages of this exciting field, and we have to recognize that mechanical thrombectomy is a small piece of the larger stroke treatment scheme. I would like to see advances in systems of care and neuroprotective strategies that parallel the device advancements that we have seen in recent years.

What do you think is the most important unanswered question in ischemic stroke revascularization?

How do we make the devices, procedures, and technologies available to more patients who have suffered acute stroke? This will come about as we further develop our mechanisms and systems at county, regional, or state levels to deliver effective acute stroke care.

What can you tell us about the goals of the Get Ahead of Stroke initiative?

This is an initiative to develop stroke systems and public awareness in order to bring appropriate patients with large vessel stroke to treatment centers where mechanical thrombectomy procedures are performed by experienced practitioners. Efforts will be focused at the regional, state, and county levels. We would like to see patients, hospital administrators, legislators, and other constituents involved in designing road maps and pathways to deliver efficient stroke care to the largest possible number of individuals. This requires recognition of stroke symptoms, development of effective/efficient systems, and rapid delivery of patients to centers with expertise in stroke care. This will be a large and exciting undertaking, forged with our collaborators in the community, to maximize advances in stroke treatment.

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