

Endovascular Treatment of Cerebral Aneurysms:

Creation and Growth of a Comprehensive Clinical and Academic Program.

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Professor

Kingston Health Sciences Centre - Queen's University

Kingston, Ontario Canada

Stroke Symposium 2023
June 14, 2023 St Lawrence College

Conflict of Interest

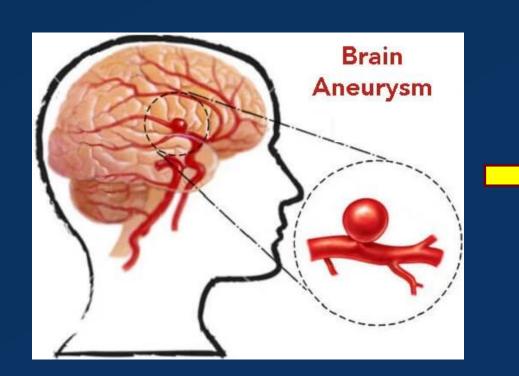


Recent CME support from Industry Medtronic and Stryker to Academic fund.

What is a Brain Aneurysm?simply imagine a blow-out in your bicycle tire.



- A brain aneurysm is a weak spot along an artery of the brain that progressively bulges out till it forms an out-pouch "balloon-like".
- The wall of the out pouch is weak and may rupture leading to a bleed in the brain.

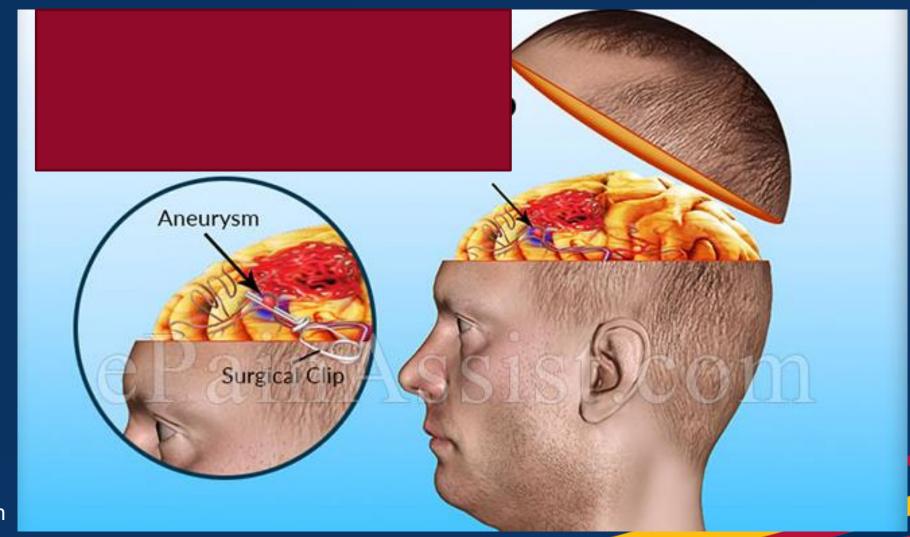




How Do We Treat Brain Aneurysms?

Queen's

• Open Hea.d Neurosurgery Procedure



How Do We Treat Brain Aneurysms?

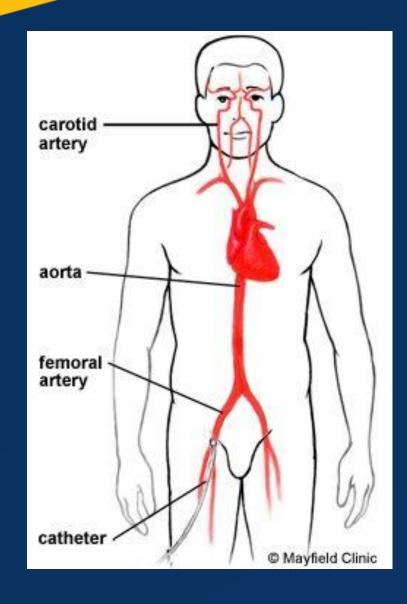


Coiling of Intracranial Aneurysms

- Late 80' Guido Guglielmi at UCLA developed the first Platinum COIL;
- Superselective catheterization of the aneurysm;
- Filling the aneurysm with multiple coils till total occlusion is achieved;
- Adjunctive devices are used occasionally like stents or balloons.





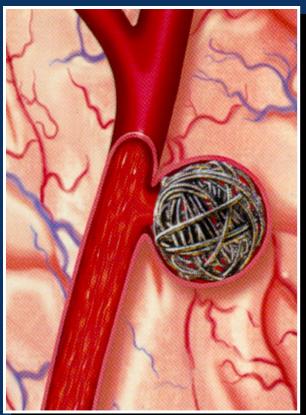






The goal of the procedure is to achieve complete packing of the aneurysm with preservation of the parent artery.









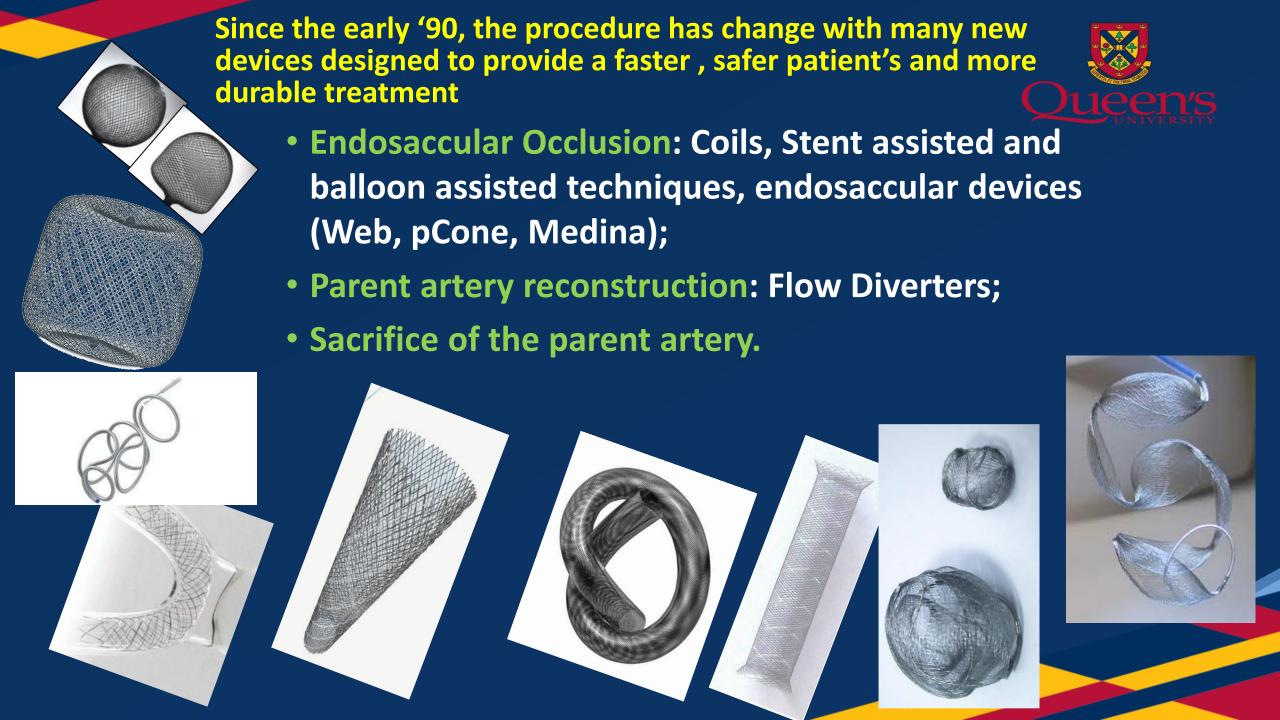
- The Endovascular treatment of aneurysms with coils was developed by Dr Guido Guglielmi, Italian neurosurgeon, in Los Angeles in 1989.
- The Coils were initially FDA approved in 1995.
- ISAT trial*: pt with coiling higher independent survival at 1 year, lower risk of seizures, higher risk of re-bleed, in comparison with clipping.
- THC: no significant difference between coiling and clipping at 1 year (Meta-analysis); however coiling has significant less length of stay.**
- Complications of coiling: morbidity (5-6%), mortality (3-5%), the great majority being thromboembolic events.***

^{*}ISAT TRIAL Molineaux et Al.: LANCET 2005 Sept 3-9;366 809-817.

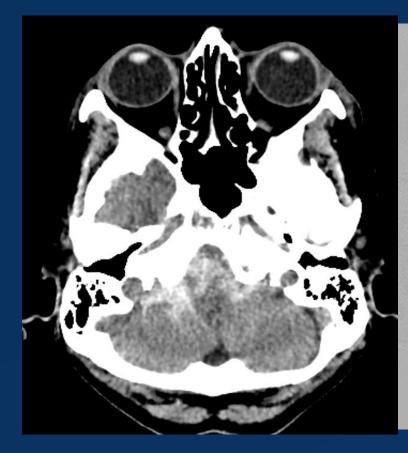
^{**}Zhang et Al: World Neurosurgery Org:THCs and length of stay: a meta-analysis.

^{***} Pathuran M.: Complications of Aneurysm Coiling, Interventional Neuroradiology

^{***} van Rooij et Al: Procedural complications of coiling AJNR 27,2006, 1498-1501











Outline



- Illustrate the phases leading to the creation of the program;
- Present the Comprehensive Coiling Program at KHSC;
- Review our performance in comparison with other centers in the province;
- Describe an innovative approach for elective coiling of Unruptured Aneurysms;
- Discuss future directions.

1** presentation to Various Team Leaders and and Jan 9th,2019
Senior KGH Leadership Jan 9th,2019

Interventional Neuroradiology (INR)

at

Kingston Health Sciences Centre

INNOVATION AND CONTINUITY OF CARE

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston





Timeline: A New Clinical Program from the vision to the creation of a Queen's Comprehensive Clinical and Academic Program

- From the vision to the creation of a business plan.
- KHSC senior leadership approval.
- Ontario Neurosurgery Performance Management group.
- OMHLTC approval: spring 2020 for Ruptured Aneurysms, spring 2021 for Unruptured aneurysms.
- KHSC Aneurysm coiling program for 2022-23: 32 Ruptured; 18 Unruptured.





Centre des sciences de la santé de Kingston

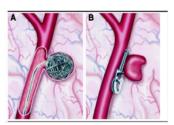
DRAFT V5

Business Case

Cerebral Aneurysm Coiling:

an opportunity to improve outcomes for those ruptured aneurysms across Southeastern Ontario

DATE: Sept 6, 2019
Incorporating review from Task Group



KHSC Sponsor(s):

Dr Omar Islam, Head, Radiology

Dr. Donatella Tampieri, Lead Neuro Interventional Radiologist

Dr. Chris Wallace, Head, Neurosurgery

Karen Pearson, Operational Director, Diagnostic Imaging Services

with support fron

Cally Martin, Regional Director, Stroke Network of Southeastern Ontario (SEO) – contact person On behalf of the KHSC Cerebral Aneurysm Coiling Workgroup - membership list in Appendix A

KHSC Executive Sponsor(s): Dr Troy Jones, Executive VP, Health Information Services

Dr Michael Fitzpatrick, Chief of Staff







- Clinical Program: urgent and elective patients; patient in-hospital flow, data collections.
- Academic Program: Cerebrovascular round; Advances in INR Annual lecture, Hot topic VP.
- Research: original research and participation in multicentric trials and registries.



Aneurysms treated with Endovascular Technique at KGH:

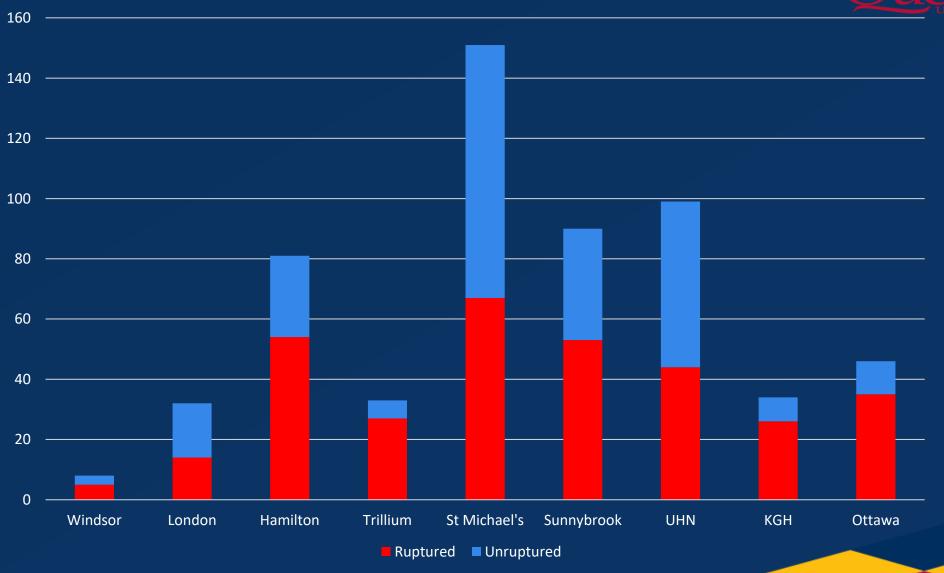


Total Aneurysm Coiled (Ruptured/Unruptured)



Coiled Aneurysms in Ontario FY 2021-22



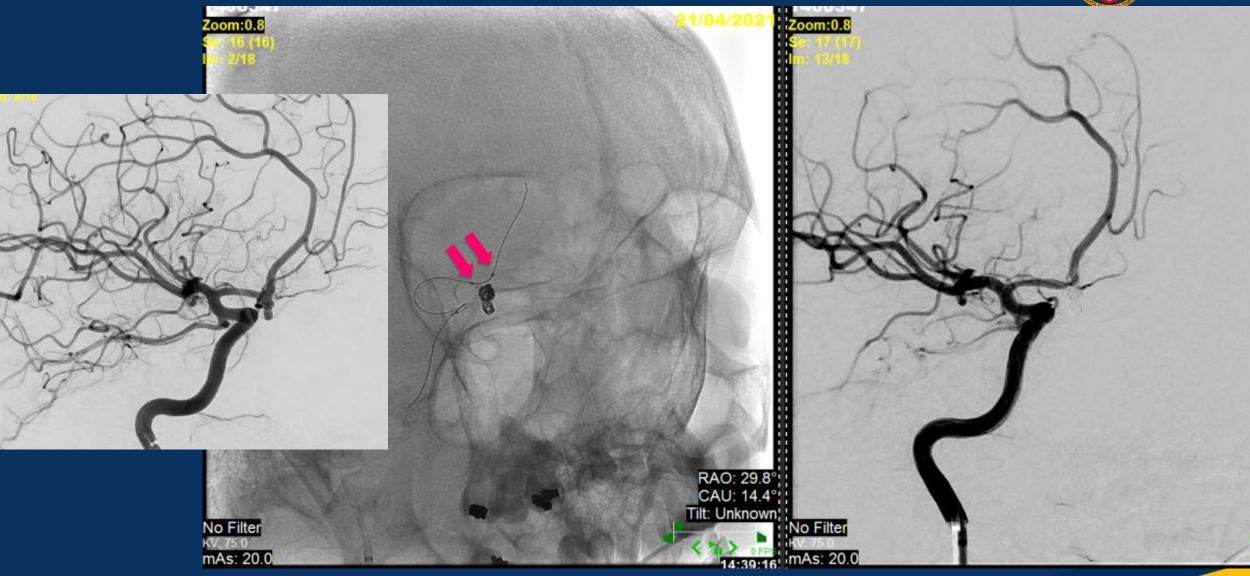


Balloon Assisted Coiling



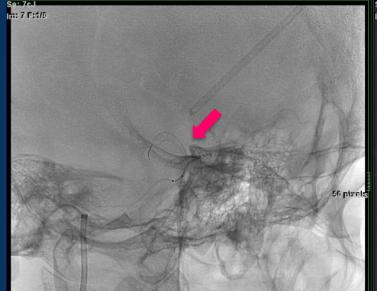


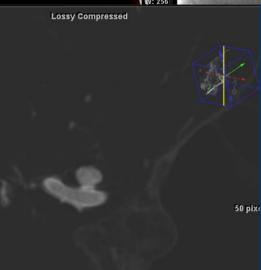




Flow Diversion: Rt. Paraopthalmic Blister An.

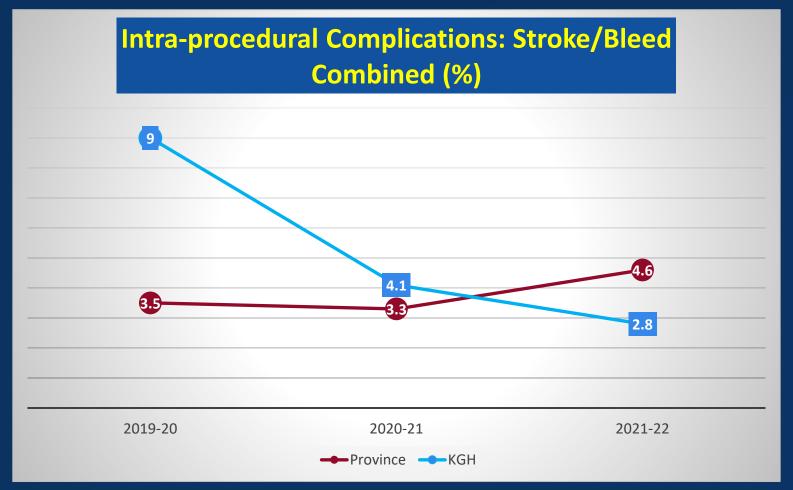












30 yo Female, Grade 1 SAH: Left Pcom Aneurysm, Balloon Assisted Coiling.



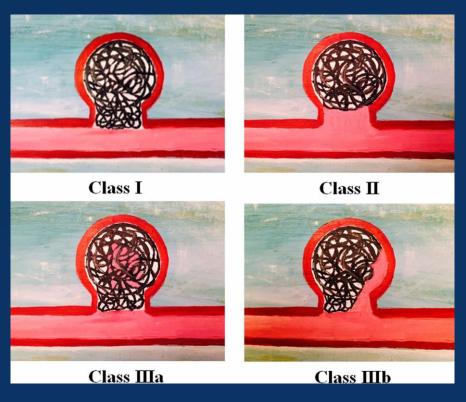
Patients Follow Up:

DEFINITION: Raymond Classification

- class I: complete obliteration;
- class II: residual neck;
- class III: residual aneurysm;

mod in 2015 by Mascitelli in class IIIa (contrast pooling in the interstices between the coils); class IIIb (contrast pooling between coils and aneurysm wall).





Class IIIa tends to progress to complete occlusion more than IIIb.

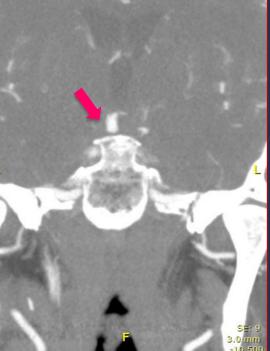


KHSC Protocol for Imaging F/U after coiling

HOW: MRI-MRA Pre and Post Gado

WHEN: 6m, 12m, 24m, 3y and subsequently every 5 y.

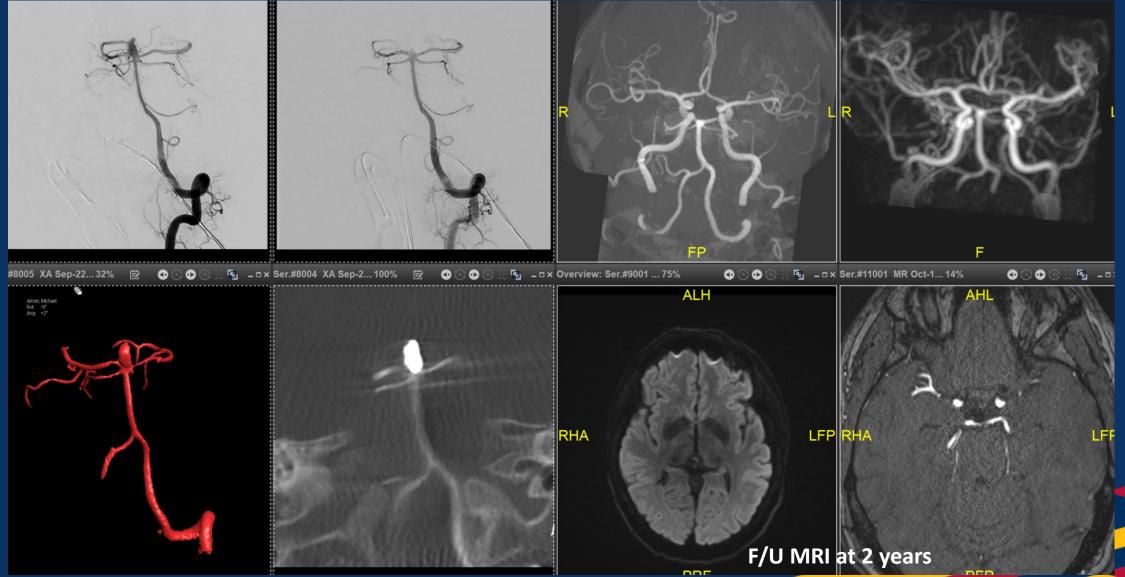














Coiling of Elective Unruptured Aneurysms

- Incidental findings of a cerebral aneurysm in the anterior or posterior circulation;
- Risks factors: family history, previous SAH in pts with multiple aneurysms; size (>or = than 7mm anterior circulation;> or + than 5 posterior circulation), aneurysm morphology;
- Patients risks factors: elevated BP, smoker.
- Other factors: pts requiring long term anticoagulation; other surgery required etc.

Unruptured Aneurysms: Patient's Flow



Pre-Procedure Assessment

Aneurysm Clinic
Dr DJ Cook

Neurovascular Round INR
(DT and
Navigator Nurse)

PSSC at HDH

Intervention Day Hospital

SDAC

Procedure in IVR (Dr BM, Dr DT)

PACU

SDAC



Follow up

F/U NeuroSx

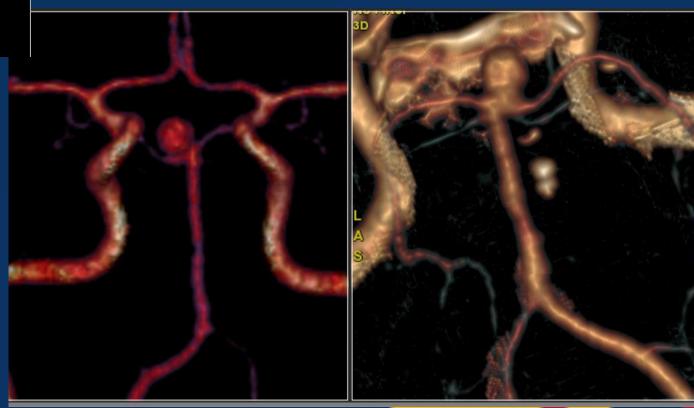
F/U MRI

F/U INR





42 yo male pt
Incidental discovery of Unruptured
Basilar Apex Aneurysm







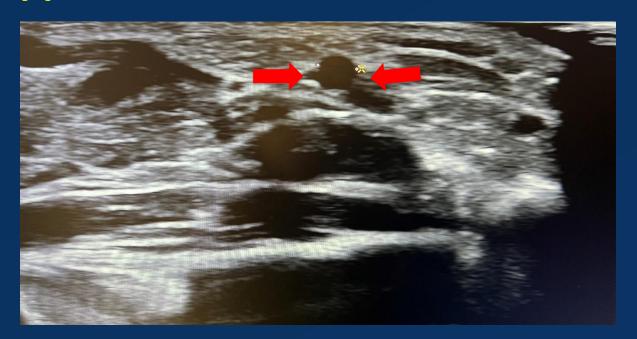
Coiling of Basilar Apex Aneurysm





Radial Approach





http://dx.doi.org/10.5469/neuroint.2016.11.1.37



Surg Neurol Int. 2017; 8: 73.

Published online 2017 May 10. doi: 10.4103/sni.sni 393 16

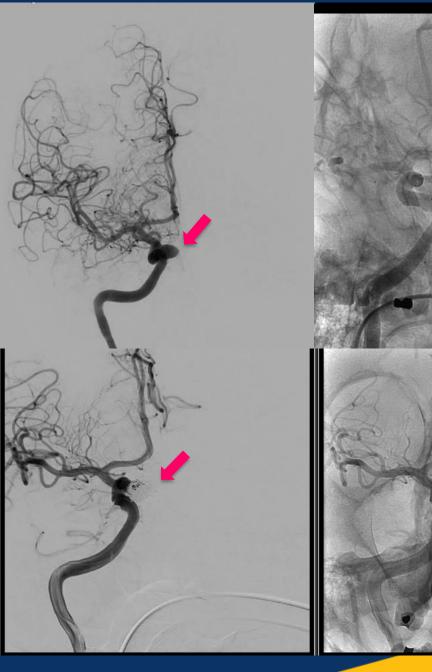
PMCID: PMC5445653

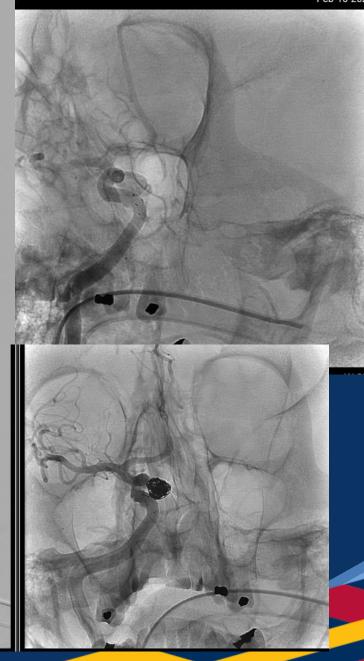
PMID: 28584676

Transradial approach to treating endovascular cerebral aneurysms: Case series and technical note

<u>Javier Goland, 1,2,* Gustavo Fabián Doroszuk, 1 Silvia Lina Garbugino, 2 and María Paula Ypa</u>2







Comprehensive Aneurysms Coiling Program at KHSC

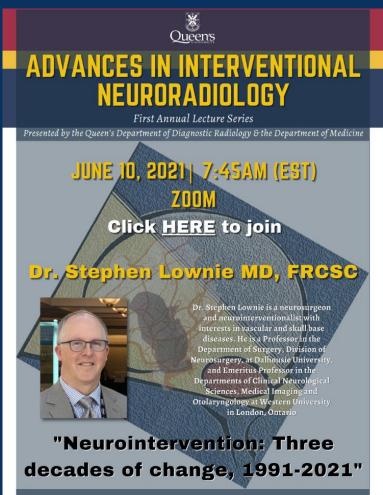
- Clinical Program: urgent and elective patients; patient in-hospital flow, data collections.
- Academic Program: Cerebrovascular round; Advances in INR Annual lecture, Hot topic VP.

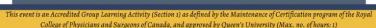
• Research: original research and participation in multicentric trials and registries (Evolve trial ,Vessel's Wall Imaging).

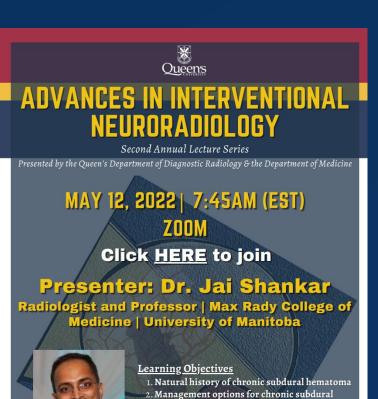


Academia: Annual Advances in INR lecture, Hot Topic VP









- 2. Management options for chronic subdural hematoma and evidence thereof
- 3. Novel management option for chronic subdural hematoma- EMMA

"Endovascular Treatment of Chronic Subdural Hematomas"

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada, and approved by Queen's University (Max. no. of hours: 1)

Queens

ADVANCES IN INTERVENTIONAL NEURORADIOLOGY

Third Annual Lecture Series

Presented by the Queen's Department of Diagnostic Radiology & the Department of Medicine

MAY 10 & 11, 2023

Dr. Brian Van Adel

Associate Professor, McMaster University Neurologist, Hamilton General Hospital

Lecture 1

Wednesday, May 10 - 6:00pm
"Endovascular Treatment of Complex
Cerebral Aneurysms"
Click HERE to join virtual lecture

Lecture 2

Thursday, May 11 - 7:45am Etherington Auditorium

"Stroke: The Difficult EVTs"

Click **HERE** to join virtual lecture

Learning Objectives

- 1. Management of complex intracranial aneurysms.
- 2. Novel techniques for aneurysms treatment.
- 3. Difficult treatment decision in EVTs
- 4. Technical management of difficult EVTs.

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada, and approved by Queen's University (Max. no. of hours: 1)



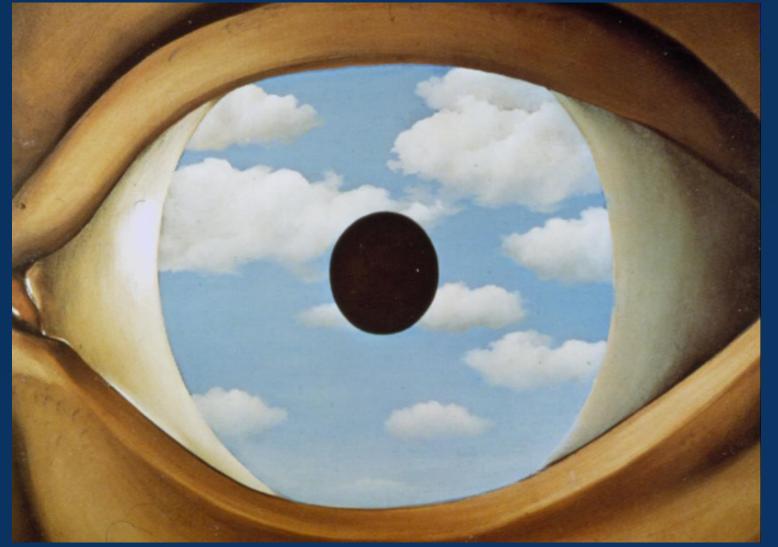
Future Directions:



- Ensure growth and sustainability of the Program;
- Expand to other INR areas (AVM and fistula): 3rd Biplane Angio Suite for IVR;
- Eventually build a training program;
- Solidify our participation in clinical trials and research.



Team of Professionals committed to the common goal of Patient's Care!





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