25th Annual

UCLA BRAIN ATTACK! ’21
Symposium on State-of-the-Art Stroke Management

Presented by:
The UCLA Comprehensive Stroke Center and Cerebrovascular Program

UCLA COURSE DIRECTOR
Sidney Starkman, MD
Director, Emergency Neurology, Departments of Emergency Medicine and Neurology

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Director, Stroke Neurology, Department of Neurology
Paul M. Vespa, MD
Director, Neurocritical Care, Departments of Neurosurgery and Neurology

Sponsored by:

In association with:
SATURDAY, MAY 1, 2021

7:45AM  Welcome and Orientation
        Jeffrey L. Saver, MD and Sidney Starkman, MD

8:00   Hearts Aflutter: An Update on Pharmacologic and Device Stroke Prevention in Atrial Fibrillation
        Noel G. Boyle, MD, PhD

8:30   Hearts Asunder: Secondary Prevention for Patent Foramen Ovale-Associated Stroke and TIA
        Jamil A. Aboulhosn, MD

9:00   Evolving Frontiers in Prehospital Stroke Care
        May Nour, MD, PhD

9:30   Telerehabilitation after Stroke
        Steven C. Cramer, MD

10:00  Neuroimaging Selection for Intravenous Thrombolysis and Endovascular Thrombectomy
        Bryan Y. Yoo, MD

10:30  Evolving IV Treatment Options for Acute Ischemic Stroke
        Neal M. Rao, MD

11:00  Endovascular Thrombectomy: More Patients, More Vessels, More Time
        Reza Jahan, MD

11:30  The Role of Collaterals in Acute Ischemic Stroke and the Potential of Collateral Augmentation Therapies
        David S. Liebeskind, MD

12:00 PM Lunch

1:00   Quality Improvement in Stroke: Dashboards, Structured EHR, and Other Advances
        Latisha K. Sharma, MD

1:30   Intracerebral Hemorrhage: Update on Medical and Surgical Treatments
        Paul M. Vespa, MD

2:00   Advances in Endovascular Treatment of Hemorrhagic Cerebrovascular Disorders: From Subdural Hematomas to Cerebral Aneurysms
        Satoshi Tateshima, MD, PhD

2:30   Modern Management of Brain Aneurysms: Selecting the Correct Tool from the Toolbox
        Geoffrey P. Colby, MD, PhD

3:00   Recognizing the Relationship between Cerebrovascular Disease and Dementia
        Jason D. Hinman, MD, PhD

3:30   Nervous System Stimulation for Acute Stroke Treatment and Recovery
        Mersedeh Bahr Hosseini, MD

4:00   Stroke and COVID-19: History, Mechanisms, and Expectations for the Post-COVID Era
        Jason D. Hinman, MD, PhD

4:30   The Reperfusion Revolution at the Quarter-Century Mark, and the Shape of Things to Come
        Jeffrey L. Saver, MD

5:00   Adjourn
COURSE OBJECTIVES

At the conclusion of this program participants should be able to:

- Utilize recent advances in the treatment of atrial fibrillation
- Apply recent developments in endovascular and intravenous treatment of acute ischemic stroke
- Employ recent developments in management of intracerebral hemorrhage and intracranial aneurysms
- Summarize use of telemedicine for stroke rehabilitation

TARGET AUDIENCE

Neurologists, Neurosurgeons, Interventional Neuroradiologists, Emergency Physicians, Family Practice Physicians, Internists, and other health care professionals who want to enhance their knowledge of the management of patients with cerebrovascular diseases.

FACULTY

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*David Geffen School of Medicine at UCLA
ISCHEMIC STROKE:
Medical and Procedural Emergency Treatment, Prevention, and Rehabilitation

The UCLA Comprehensive Stroke Center presents its annual Brain Attack symposium to review the practical, clinical aspects of stroke prevention, diagnosis, and treatment. The course will cover stroke risk factors, diagnostic testing, and medical and interventional therapy.

Intravenous thrombolysis and neuroendovascular thrombectomy are highly effective techniques for treatment of acute ischemic stroke. The results of recent studies indicate that these reperfusion therapies are beneficial up to 4.5-6 hours after symptom onset in most patients, and up to 24 hours in imaging-selected patients. A highly coordinated team approach is required to provide these treatments safely and effectively.

Neuroimaging techniques are playing an increasingly important role in the evaluation of stroke patients. Faculty will provide an in-depth discussion of innovative MR and CT techniques.

THE UCLA COMPREHENSIVE STROKE CENTER

The UCLA Comprehensive Stroke Center maintains a comprehensive treatment and clinical trials program for patients with cerebrovascular disorders. The UCLA Comprehensive Stroke Center – the first Joint Commission certified stroke center in Los Angeles County, provides multidisciplinary care for patients with stroke and kindred disorders including prevention, acute brain rescue, interventional neuroradiological and surgical therapy, and multimodal rehabilitation. The UCLA Comprehensive Stroke Center’s treatment approach includes emergency physicians, stroke neurologists, vascular neurosurgeons, vascular surgeons, diagnostic and interventional neuroradiologists, and rehabilitation physicians.

Prevention
The Stroke Clinic provides comprehensive evaluation and treatment recommendations for individuals at increased risk for ischemic and hemorrhagic stroke, including those with atrial fibrillation, carotid artery stenosis, transient ischemic attacks, and newly diagnosed unruptured aneurysms or vascular malformations.

Carotid Revascularization
For symptomatic and asymptomatic internal carotid stenosis, UCLA provides advanced transcatheter artery revascularization (TCAR), carotid angioplasty and stenting (CAS), and carotid endarterectomy (CEA) procedural options.

Intracranial Arterial Stenosis
Stroke due to narrowing of the brain arteries carries one of the highest rates of recurrent stroke, as much as 25 percent. Treatment of narrowing of the intracranial arteries is performed by a multidisciplinary team of experts in both medical management and novel endovascular and surgical revascularization techniques, including angioplasty, stenting, bypass, and indirect revascularization surgeries.

Stroke in Children and Young Adults
Experts in pediatric neurology, neurosurgery, interventional and diagnostic neuroradiology, and stroke neurology work together at the UCLA Comprehensive Stroke Center to provide comprehensive evaluation and treatment for pediatric and young adult patients with cerebrovascular disorders including Moyamoya syndrome, sickle cell anemia, hyper-coagulable states, cardioembolic stroke, arteriovenous malformations, and aneurysms.

Acute Treatment
For patients with new onset stroke symptoms, a “Brain Attack” rapid care program provides:
- immediate evaluation by emergency physicians and neurologists
- CT / MRI scan within minutes of emergency department arrival
- prompt neurovascular intensive/intermediate level care
- trials of novel therapies for ischemic and hemorrhagic stroke and acute interventional and surgical therapies.

Reperfusion
For patients eligible to receive intravenous tPA, thrombolysis is rapidly administered. In addition, neurointerventionalist teams are available around the clock to perform emergency endovascular neurothrombectomy procedures.

Henry and Arline Gluck Mobile Stroke Rescue Program
UCLA has developed a Mobile Stroke Unit (mobile CT ambulance) for advanced diagnosis, triage, and treatment of prehospital patients, including prehospital thrombolysis for acute ischemic stroke and prehospital reversal of anticoagulation for acute intracranial hemorrhage.

Rehabilitation
The California Rehabilitation Institute is a 138 bed free-standing acute rehabilitation hospital in Century City that is a joint venture with UCLA and Cedars-Sinai, and provides state-of-the-art care to maximize recovery for patients with stroke.

NIH Studies
The UCLA Comprehensive Stroke Center is a co-lead center for the NIH Los Angeles-Southern California StrokeNet (LASC StrokeNet), one of twenty-five regional networks in the country for performing studies of stroke prevention, acute treatment, and recovery.

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UCLA TeleStroke: www.uclahealth.org/telesstroke
UCLA Interventional Neuroradiology: www.uclahealth.org/radiology/interventional-neuroradiology
UCLA Cerebrovascular Program: www.uclahealth.org/cerebrovascular
California Rehabilitation Institute: www.californiarehabinstitute.com
Cerebral Aneurysms, Subarachnoid Hemorrhage, Intracerebral Hemorrhage, and Subdural Hematoma

Tremendous strides have been made in the management of complex vascular lesions of the brain and spinal cord. This symposium will provide a review of the basic principles of clinical and interventional management of cerebral aneurysms, subarachnoid hemorrhage, intracerebral hemorrhage, and subdural hemorrhage. Developments in microsurgical and endovascular techniques will be discussed.

THE UCLA CEREBROVASCULAR PROGRAM

The UCLA Cerebrovascular Program has developed management protocols for the diagnosis and treatment of cerebrovascular disorders which incorporate diagnostic and interventional neuroradiology, microneurosurgery, stereotactic radiosurgery, neuroanesthesiology, neurocritical care, and intensive medical management. The members of the UCLA Cerebrovascular Program have worked cooperatively for three decades with all of the management components available on-site at UCLA, allowing for efficient coordination of the various techniques.

Neurovascular Disorders Treated at UCLA:

Intracranial Aneurysms
Ruptured intracranial aneurysms may be treated either surgically or by endovascular technique. Postoperatively, transcranial Doppler and cerebral blood flow studies are available to assess for the development of vasospasm. Severe, medically refractory vasospasm is treated using balloon dilation angioplasty and/or pharmacologic intra-arterial infusion, performed by the interventional neuroradiology team. Giant and complex aneurysms often require treatment using new endovascular techniques of flow diversion or extracranial-intracranial arterial bypass.

Arteriovenous Malformations (AVMs)
The Neurovascular Program has extensive experience in the management of large and complex AVMs in children and adults, which are generally treated with embolization followed by microneurosurgical resection. Functional brain mapping for surgical planning is a critical component of management of AVMs. Deep and critically located AVMs are treated with stereotactic radiosurgery which is combined with embolization in larger lesions. Dural arteriovenous malformations are usually treated definitively by embolization alone, but in some complex cases, surgery or combined techniques are necessary. Spinal AVMs are treated by microsurgical excision, endovascular therapy, or most commonly, a combination of the two techniques. UCLA is also a designated HHT (hereditary hemorrhagic telangiectasia) Center of Excellence, and provides treatment for the whole range of lesions, including brain AVMs, that are seen in families.

Cavernous Angiomas of the Brain, Brain Stem, and Spinal Cord
Cavernous angiomas are generally treated by microsurgical excision when they have caused significant symptoms. Lesions of the brain stem and spinal cord can now be treated successfully using microneurosurgical techniques, when appropriate, usually in combination with intraoperative electrophysiologic monitoring.

Vein of Galen Malformations
Transarterial and transvenous endovascular approaches are employed to reduce flow through the fistula, combined in some cases with neurosurgical treatment.

UCLA Medical Center Facilities:

Stroke Unit
UCLA’s Acute Stroke Unit, one of the first in the nation, offers comprehensive, cutting edge acute inpatient care for patients suffering from cerebral infarction, hemorrhage or other cerebrovascular diseases.

UCLA Neurocritical Care
The UCLA Neurocritical Care program is an internationally acclaimed center of excellence in patient care, training, and research. The 24-bed Singleton Neuro-ICU features numerous state-of-the-art technologies including continuous EEG monitoring, cerebral microdialysis, brain oximetry, transcranial doppler, the world’s first ICU Robot (InTouch Health), and a comprehensive ICU Supercomputing System.

California Rehabilitation Institute
The California Rehabilitation Institute is the largest acute rehabilitation hospital in the western US and provides care during the initial time of complex medical and neurological recovery post-stroke with the goal of reducing the impairments and disability associated with stroke and maximizing recovery.

UCLA Clinical Image Processing Laboratory
The laboratory is equipped with a full spectrum of 3D, image fusion, and post-processing software for cerebrovascular structural and perfusion study analysis.

Neurosurgical Operating Rooms
The state-of-the-art neurosurgical operating rooms at UCLA, which accommodate more than 1,200 cases annually, include video systems for viewing microsurgical procedures, electrophysiologic equipment for brain monitoring, intraoperative angiography, and a frameless stereotactic imaging workstation (BrainLAB).

UCLA Cerebral Blood Flow Laboratory (Clinical)
This facility provides comprehensive transcranial Doppler evaluations and cerebral blood flow testing on inpatients and outpatients.

Interventional Neuroradiology Suites
The interventional angiography suites are equipped with the latest digital equipment, including 3-D rotational angiography designated for the performance of endovascular procedures. More than 400 such procedures are performed annually at UCLA.

Stereotactic Radiosurgery
The stereotactic radiosurgery section at UCLA utilizes state-of-the-art instrumentation for the treatment of vascular malformations of the brain. This multidisciplinary effort of neurosurgeons, physicists, radiologists, and radiation oncologists is planned on a three-dimensional and multiplanar computerized model using high resolution brain mapping imaging techniques.
Selected Advances in Stroke Care and Research from
THE UCLA COMPREHENSIVE STROKE CENTER

- First device therapy for acute ischemic stroke
  - Coil Retriever, Stent Retriever
  - Invented/Developed at UCLA
- First and leading device therapies for cerebral aneurysms
  - Guglielmi detachable coil, Matrix coil
  - Invented at UCLA
- Leading catheter therapy for intracranial arteriovenous malformations and fistulae
  - Onyx liquid embolic agent
  - Developed at UCLA
- First MRI demonstration of successful reversal of advanced stroke injury in humans
- First validated instrument for paramedic recognition of stroke
  - Los Angeles Prehospital Stroke Screen (LAPSS)
- First validated instrument for paramedic recognition of large vessel occlusion (LVO)
  - Los Angeles Motor Scale (LAMS)
- First prehospital neuroprotective treatment of stroke trial
  - Field Administration of Stroke Therapy - Magnesium (FAST-MAG)
- First stroke device studied utilizing FDA approved exception from informed consent under emergency circumstances
- First multi-center trial of body weight-supported treadmill training and drug therapies for stroke
- First clinical PACS system for remote review of CT and MRI scans in acute stroke
  - Developed at UCLA
- First US multicenter trial of endoscopic treatment for acute intracerebral hemorrhage
- First trial of indirect revascularization for patients with intracranial atherosclerosis
- First routine use of intraoperative digital subtraction angiography for evaluation after surgical aneurysm and AVM treatment
- First Neuro ICU-adjacent comprehensive stroke imaging center with CT, PET, 3T MRI
- First ICU and ED robot for remote monitoring of stroke patients
- First cerebral blood flow laboratory to use bedside xenon CBF studies and TCD for stroke critical care and research
- First clinical information system with acute stroke management dashboard
- First to deploy write-once, write-everywhere stroke note for clinical documentation and automated quality and research database completion
- First systematic secondary prevention program for cerebral atherosclerosis
  - Preventing Recurrence of Thromboembolic Events through Coordinated Treatment (Stroke PROTECT Program)
- First accredited undergraduate program for Student Stroke Research
  - UCLA Student Stroke Team
- First accredited undergraduate program for Stroke Community Education and Research
  - UCLA Stroke Force
- First confirmation that stroke diagnosis in the field by paramedics and neurologists by cell phone is highly accurate
  - Field Administration of Stroke Therapy - Magnesium (FAST-MAG)
- First validation of wearable, remote wireless health monitoring for stroke
  - Developed by UCLA Wireless Health Institute faculty and students
- First medical system in the Western United States to operate a Mobile Stroke Unit
  - UCLA Arline and Henry Gluck Stroke Rescue Program
Online Registration

Please follow registration procedures located at www.cme.ucla.edu/courses and click on “UCLA Brain Attack! ’21”.

ENROLLMENT FEE:
$100

LIVE VIRTUAL EVENT
OFFERED ENTIRELY REMOTELY!

The UCLA Brain Attack! ’21 Virtual Symposium will be available through a live virtual meeting web platform.

• Registrants will be able to participate live in the UCLA Brain Attack! ’21 Virtual Symposium.

• Registrants will receive a virtual meeting link and password to access the virtual conference.

• Registrants will be provided the opportunity to review recorded sessions up to 3 weeks following the conference.

For additional information
For any questions, please email the UCLA CME office at UCLACME@mednet.ucla.edu

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ACCREDITATION

The Office of Continuing Medical Education, David Geffen School of Medicine at UCLA is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Office of Continuing Medical Education, David Geffen School of Medicine at UCLA designates this live activity for a maximum of 8.00 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The California State Board of Registered Nursing accepts courses approved by the AMA for Category 1 Credit as meeting the continuing education requirements for license renewal. Nurses from states other than California should inquire with their local State Board for specific continuing education policies.

Disclosure

The FDA has issued a concept paper which classifies commercial support of scientific and educational programs as promotional unless it can be affirmed that the program is “truly independent” and free of commercial influence. In addition to independence, the FDA requires that non-promotional, commercially supported education be objective, balanced, and scientifically rigorous. The policy further states that all potential conflicts of interest of the CME staff and faculty be fully disclosed to the program’s participants. In addition, Accreditation Council for Continuing Medical Education policy mandates that the provider adequately manages all identified potential conflicts of interest prior to the program. We at UCLA fully endorse the letter and spirit of these concepts.

Refunds

Cancellations must be received in writing by Friday, April 16, 2021, and will be subject to a $25 processing fee. No refunds will be given after that date. If, for any reason, the course must be canceled, discontinued, or rescheduled by the Office of Continuing Medical Education, a full refund will be provided. You may email your refund request to UCLACME@mednet.ucla.edu