

A Stroke of Good Fortune

Last September, a meeting entitled “Advanced Neuroimaging for Acute Stroke Treatment” took place in Washington, DC, at the L’Enfant Plaza Hotel, just south of the Smithsonian Institution. The meeting was organized by Max Wintermark from the Department of Radiology and the Stroke Center at the University of California, San Francisco; Michael Lev and Ona Wu from the Neurovascular Laboratory and the Department of Radiology at Massachusetts General Hospital; James Eastwood from the Department of Radiology at Duke University; Gregory Albers from the Stroke Center and Department of Neurology at Stanford University Hospital; Chelsea Kidwell from the Stroke Center and Neurology Department at Washington Hospital Center; Colin Derdeyn from the Department of Radiology and Stroke Center at Barnes-Jewish Hospital and Washington University School of Medicine of St Louis; and Steven Warach, Chief of the Section on Stroke Diagnostics and Therapeutics at the National Institute of Neurologic Disorders and Stroke. The meeting was filled to capacity with neuroradiologists, radiologists, neurologists, emergency department physicians, MR imaging scientists, and other medical professionals. The goals of the meeting were the following: 1) to assess the state of the art of acute stroke imaging and to propose recommendations for the standardization of imaging techniques used in acute stroke trials, 2) to validate the accuracy and clinical utility of these techniques for identifying the ischemic “core” and potentially salvageable “penumbra,” 3) to determine how well these imaging biomarkers relate to clinical outcomes, and 4) to initiate the establishment of a central repository that will provide the framework for linking international resources to facilitate the analysis of stroke imaging and its relationship to improving patient outcomes following acute cerebral infarction. The first of these goals was accomplished and the remainder were initiated. Details are provided in the summary of the meeting by Wintermark et al in one of the on-line features posted with this issue of the *American Journal of Neuroradiology*.

In addition to its importance as a scientific meeting, the meeting was worthy of note because it was conceptualized by the Neuroradiology Education and Research (NER) Foundation and organized largely by the American Society of Neuroradiology (ASNR) members with the support of the NER Foundation and the ASNR. Although radiologists often participate in National Institutes of Health (NIH)-sponsored international meetings focused on clinical issues, this was the first time that organized neuroradiology has taken the lead in conceptualizing, developing, and leading a meeting of such importance in conjunction with the NIH. This is an important step. It is part of a growing movement and a growing public awareness that neuroradiology is not merely an “adjunct” specialty dedicated to helping neurologists, neurosurgeons, and other specialists care for their patients but a strong independent specialty, which has the knowledge, energy, and skills to initiate and lead programs that set in motion important research initiatives and, ultimately, result in clinical advances

and public policy decisions. Hopefully, this is an early step by neuroradiologists on a path that will ultimately see us identify clinical problems and take the lead in finding solutions.

For many years, neuroradiologists have been involved in developing and leading clinical neuroscience initiatives that have improved the care of patients with neurologic disease. Through the ASNR, the Society of Neurointerventional Surgery (formerly the American Society of Interventional and Therapeutic Neuroradiology), and the World Federation of Interventional and Therapeutic Neuroradiology, interventional neuroradiologists have led the way in the development of innovative minimally invasive therapies of vascular disorders of the brain and spine. The American Society of Spine Radiology and its members have taken an aggressive approach in becoming the front line of the minimally invasive treatment of back pain and in teaching these techniques at its annual meeting. The stroke group has now taken this process a step further by working with the NIH to take the lead role in a process that will undoubtedly lead to NIH funding of large international studies that will demonstrate the value of neuroimaging techniques in stroke, not merely for diagnosis but for the guidance of acute therapeutic decisions that will improve outcome for our patients. With large steps like these comes increased recognition by the scientific community and society as a whole, and movement of the field of neuroradiology from the shadows to the spotlight. Neuroradiologists recognize how critical our contributions have become for optimal patient care; now many more in our community will become cognizant of our role.

Ultimately, all of this comes back to the role that the NER Foundation and the ASNR play in leading the advancement of neuroradiology to prominence among the clinical neurosciences and the specialties of medicine. At times, members of the ASNR have expressed uncertainty regarding the role of the Foundation. Perhaps NER Foundation sponsorship of the Stroke Symposium makes this role a little clearer. The NER Foundation is dedicated to using research and education to improve the care of patients with neurologic disease. At the same time, placing neuroradiologists clearly at the center of such efforts will highlight the role we play and improve the practices and prestige of all neuroradiologists. Fulfilling the goals of the NER Foundation is critical to the future of our specialty; success will come only with the full support of the entire neuroradiology community.

Reference

1. Wintermark M, Albers G, Alexandrov A, et al. Acute stroke imaging roadmap. *AJNR Am J Neuroradiol* 2008;29:E23–E30

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