


CAST Accredited Fellowship Annual Case Report Form: CNS Endovascular

 Please complete this form when submitting a CAST {{ submission.var__677341__iOE37GorEf }} Fellowship Program annual report. The report should include each institutional case for each participating site for the most recently completed academic year (July 1 - June 30). Each operative experience should generate one case in one category (do not sort or classify using CPT codes). Include all cases done within the training program, even though some might not have had resident/fellow participation.

Case/Procedure Type

	Site # 1	Site # 2	Site # 3
Aneurysms (min. 40)	_____	_____	_____
	—	—	—
Ruptured aneurysms (min. 10)	_____	_____	_____
	—	—	—
Intracranial embolization (AVM, AVF, Tumor) (min. 20)	_____	_____	_____
	—	—	—
Intracranial or extracranial stent placements or angioplasty (non-aneurysmal) (min. 20)	_____	_____	_____
	—	—	—
Acute ischemic stroke treatments (min. 40)	_____	_____	_____
	—	—	—
Head and neck embolization (min. 15)	_____	_____	_____
	—	—	—
Spinal angiograms and/or embolization (min. 5)	_____	_____	_____
	—	—	—
TOTAL	_____	_____	_____
	—	—	—
	Site # 4	Site # 5	
Aneurysms (min. 40)	_____	_____	
Ruptured aneurysms (min. 10)	_____	_____	
Intracranial embolization (AVM, AVF, Tumor) (min. 20)	_____	_____	
Intracranial or extracranial stent placements or angioplasty (non-aneurysmal) (min. 20)	_____	_____	
Acute ischemic stroke treatments (min. 40)	_____	_____	
Head and neck embolization (min. 15)	_____	_____	
Spinal angiograms and/or embolization (min. 5)	_____	_____	
TOTAL	_____	_____	