




CAST Accredited Fellowship Annual Case Report Form: Cerebrovascular

 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.

Report in whole numbers

 Case/Procedure Type

	Site #1	Site #2	Site #3
Craniotomy for aneurysum (min. 40)	_____	_____	_____
	—	—	—
Craniotomy for AVM (min. 20)	_____	_____	_____
	—	—	—
Craniotomy for Cav Mal (min. 5)	_____	_____	_____
	—	—	—
Craniotomy for ICH (min. 10)	_____	_____	_____
	—	—	—
MIS (endoscopy) for ICH (min. 5)	_____	_____	_____
	—	—	—
STAMCA bypass (min. 5)	_____	_____	_____
	—	—	—
EDAS (min. 5)	_____	_____	_____
	—	—	—
CEA or TCAR (min. 15)	_____	_____	_____
	—	—	—
	Site #4	Site #5	
Craniotomy for aneurysum (min. 40)	_____	_____	
Craniotomy for AVM (min. 20)	_____	_____	
Craniotomy for Cav Mal (min. 5)	_____	_____	
Craniotomy for ICH (min. 10)	_____	_____	
MIS (endoscopy) for ICH (min. 5)	_____	_____	
STAMCA bypass (min. 5)	_____	_____	
EDAS (min. 5)	_____	_____	
CEA or TCAR (min. 15)	_____	_____	

 How many other cerebrovascular fellows CAST approved or not will be involved in this sub-specialty across the institution?
