HONG KONG COLLEGE OF RADIOLOGISTS

<u>Higher Subspecialty Training in Interventional Neuroradiology</u>

[This document should be read in conjunction with the *Guidelines on Higher Specialist Training (Radiology)*]

1. INTRODUCTION

- 1.1 Neuroradiology is a subspecialty that involves diagnostic imaging and interventional radiology in the management of diseases of the central and peripheral nervous system.
- 1.2 Interventional Neuroradiology is an essential element in the Neuroradiology domain. Radiologists who perform interventional radiology procedures need to acquire knowledge and a specific skill set to effectively and safely manage patients with neurovascular conditions. They also need to master Diagnostic Neuroradiology for reviewing the diagnosis prior to interventional procedures, planning of procedures and following up of patients.
- 1.3 Interventional Neuroradiology is a category A subspecialty.

2. OBJECTIVES

At the completion of the training programme, trainees are expected to:

- (a) have acquired the knowledge of basic neuroanatomy, clinical knowledge relevant to neuroradiology and interpretation of the various imaging modalities relevant to the interventional neuroradiology management strategies of various neurovascular and other CNS pathology.
- (b) be able to give advice on the best imaging and interventional treatment strategies based on individual needs;
- (c) have a thorough understanding of the indications, contraindications, limitations and potential complications of diagnostic and interventional neuroradiology;
- (d) have acquired basic skills of interventional neuroradiology procedures.

3. TRAINING REQUIREMENTS

3.1 TRAINING CENTER REQUIREMENTS

3.1.1 Equipment Requirements:

- (a) Multidetector CT scanner.
- (b) Ultrasound equipment with colour Doppler facility.
- (c) Biplane Digital subtraction angiographic equipment.
- (d) MR scanner with at least 1.5 Tesla field strength.
- (e) Access to nuclear medicine facilities for performance of radionuclide investigations.

3.1.2 Clinical/Radiological Service Requirements:

- (a) Neurosurgical department.
- (b) Neurologist service from Medical department.
- (c) Paediatric Neurology service, Psychiatry department, and Neuropathology service are optional though desirable.

3.2 TRAINER REQUIREMENTS

As specified in the Guidelines on Higher Specialist Training (Radiology).

3.3 <u>DURATION OF TRAINING</u>

6 months of Interventional Neuroradiology training is mandatory. A trainee who chooses Interventional Neuroradiology as one of their higher subspecialty training rotations MUST also choose an additional 3 months of Diagnostic Neuroradiology rotation making it a total of 9 months of training rotation. This 9-month of Interventional and Diagnostic Neuroradiology training has to be consecutive. However, all requirements listed in the Interventional and Diagnostic Neuroradiology programmes can be completed anytime in any order within this 9-month period. There is no need for the trainee to finish the Diagnostic Neuroradiology training before he/she started the Interventional Neuroradiology training.

3.4 <u>DUTY SESSIONS</u>

Perform five or more neuroradiology related sessions per week, among which there should be at least:

- 1 CT session.
- 1 MRI session and
- 2 angiography/interventional session.

The other 1 session can be MRI, angiography or CT.

3.5 <u>MINIMUM NUMBER OF EXAMINATIONS / PROCEDURES REQUIRED FOR 6</u> <u>MONTHS OF INTERVENTIONAL NEURORADIOLOGY TRAINING</u>

| Examination/Procedu | ıre | Training | Requirement (Exam codes) |
|---------------------------------------|---------------------------|-----------------------|--------------------------|
| CT examinations | | Perform and report | 300 |
| Including | Brain | ' | 150 |
| . | Orbit/Face/PNS | | 20 |
| | Spine | | 20 |
| | CT angiogram | | 40 |
| | (head/neck) | | 10 |
| | CT brain perfusion | | |
| MR examinations | F | Perform and report | 300 |
| Including | Brain/Brain stem | | 150 |
| . | Spine | | 50 |
| | MR angiogram | | 50 |
| | (plain/contrast) | | |
| | MR perfusion | | 10 |
| Ultrasound examinati | | Perform and report | 20 |
| Including | Doppler ultrasound of the | | |
| . | carotid / | | |
| | vertebral arteries | | |
| Diagnostic angiogram | | Perform and report | 300 |
| Including | Carotid, vertebral and | | |
| | spinal angiograms | | |
| Neurointerventional | | Assist or perform | 40 |
| procedures | | under direct | |
| | | supervision by | |
| | | neuroradiology | |
| | | trainer or co-trainer | |
| Including those for the treatment of: | Cerebral aneurysm | | 15 |
| | cerebral AVM/DAVF/CCF; | | 3 |
| | spinal DAVF/AVM; | | |
| | head&neck AVM/AVF; | | |
| | intracranial/ head & | | |
| | neck/spinal tumors | | |
| | Acute ischaemic stroke | | 10 |
| | | | |
| | Carotid stenosis | | 10 |
| | Non-vascular spinal | | 2 |
| | conditions | | |
| | (i.e.vertebroplasty, | | |
| | kyphoplasty, epidural | | |
| | injection, dorsal root | | |
| | ganglia ablation etc.) | | |

Note:

The of CT/MRI/USG/diagnostic minimum numbers angiogram examinations/procedures required as shown in the table above are independent of those required for the 3-month Diagnostic Neuroradiology training. That is, trainees need to satisfy the requirements in both the 3-Neuroradiology and 6-months Diagnostic Interventional Neuroradiology (except for the 4 observations of neurointerventional procedures stated in the Training Guidelines of Diagnostic Neuroradiology). The record forms in the appendices are adapted for recording all examinations performed by the trainee in both the 6 months of interventional neuroradiology and 3 months of diagnostic neuroradiology training periods.

3.5.1 Please refer to the following appendices for the RIS coding:

Angiogram (Appendix I)

Interventional Neuroradiology procedures (Appendix II)

CT examination (Appendix III)

MR examination (Appendix IV)

US examination (Appendix V)

Optional requirements (Appendix VI)

3.5.2 For trainee who is unable to complete the minimal required number of neurointerventional procedures in his / her own centre during his/her neurointerventional training, arrangement to assist or perform in other recognized higher training centres in Hong Kong is allowed. Trainee can also supplement the case numbers in the rest of their two-year Higher Specialist Training period. This should be clearly recorded in the training record.

3.6 CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

Present cases in interventional neuroradiology related CRC held at least twice a month.

3.7 PRESENTATIONS AND PUBLICATIONS

Please refer to the Guidelines on Higher Specialist Training (Radiology).

3.8 <u>OTHER REQUIREMENTS</u>

3.8.1 The appendices must be completed and attached to the trainee's logbook to reflect the training experience.

3.8.2 Optional exposure requirements:

It would be an advantage if the trainee has the following working experience:

- (a) Reporting of plain radiographs in the investigation of neurological disorders,
- (b) Transcranial Doppler of intracranial circulation
- (c) Orbital ultrasonography

- (d) Conventional/CT/MR myelography
- (e) PET or SPECT isotope brain scanning
- (f) Imaging for stereotactic brain biopsy/planning
- (g) Neuro-navigation procedures
- (h) Vessel wall imaging
- (i) Observing open neurosurgical operations
- (j) Transradial/transulnar approach to perform cerebral angiograms or neurointerventions
- (k) Attend outpatient clinics and/or inpatient consultations and see patients before and after they had undergone neurointerventional procedures.
- 3.8.3 Trainee is preferred to have simulation training in cerebral, carotid, and acute ischemic stroke intervention modules before performing interventional neuroradiology procedures.

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| [Angiograms] | | |
|---------------------|---|------------------------|
| Trainee's Name: | | |
| • , | erventional + diagnostic neuroradiology): to | |
| Perform and report | at least 300 + 20 examinations in 6 + 3 mon | nths |
| RIS Coding | Name of Procedures | No. of Examinations |
| 6105 | Carotid arteriogram | |
| 6106 | Vertebral arteriogram | |
| 6113 | Spinal arteriogram | |
| | Total | |
| Other Angiogram ex | | |
| RIS Coding | Name of Procedures | No. of Examinations |
| 6102 | Arch aortogram | |
| 6107 | Subclavian arteriogram | |
| | Total | |
| Optional | | |
| RIS Coding | Name of Procedures | No. of Examinations |
| 6402 | IV Conebeam CT angio. (optional) | |
| Total number of Ang | giogram examinations experienced | |
| | (Signed) | Neuroradiology Trainer |

[Interventional Neuroradiology procedures]

| Trainee's Name: | | |
|------------------------------|---|----------------------------|
| Training Period (Interventio | nal + diagnostic neuroradiology): to | |
| Perform and report at least | t 40 neuro-interventional procedures in 6 | + 3 months |
| RIS Coding | Name of Procedures | No. of Examinations |
| 6311.BE/ 6311.BS | EVT of cerebral aneurysm | |
| 6311.BE/ 6311.HE/ | EVT of cerebral AVM/DAVF/CCF; spinal | |
| 6311.SE / 6311.SA/ | DAVF/AVM; head&neck AVM/AVF; | |
| 6311.ST/7510/ | intracranial / head & neck / spinal | |
| 7512.OR/7512.OT/ | tumor; | |
| 6311.BX | EVT for acute ischaemic stroke | |
| 6311.HS | EVT for carotid stenosis | |
| 7502.OT | Vertebroplasty; dorsal root ganglia | |
| | ablation; nerve root block etc. | |
| | Total | |
| | nt individualized RIS codes for some of the intervent I RIS codes to count their workloads instead. | ional procedures. Trainees |
| Total number of Intervention | onal Neuroradiology procedures experienc | ced |
| in 9 months is | | |
| | | |
| | | |
| | (Signed) | |
| | Neu | roradiology Trainer |

[CT Examination]

| Trainee's Name: | |
|--|--------------------------|
| Training Period (Interventional + diag | gnostic neuroradiology): |
| From | to |

Overall Requirement: Perform and report at least 300 + 90 examinations in 6 + 3 months

Brain: At least 150 + 90 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--------------------|---------------------|
| 4101 | Brain plain | |
| 4102 | Brain +con. | |
| | Total | |

Orbit/Face/PNS: At least 20 + 10 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|-----------------------|---------------------|
| 4105 | Orbit plain | |
| 4106 | Orbit +con. | |
| 4113 | Sinuses & Face plain | |
| 4114 | Sinuses & Face + con. | |
| | Total | |

Spine: At least 20 + 10 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|----------------------|---------------------|
| 4305 | Cervical spine plain | |
| 4306 | Cervical spine +con. | |
| 4307 | Thoracic spine plain | |
| 4308 | Thoracic spine +con. | |
| 4309 | Lumbar spine plain | |
| 4310 | Lumbar spine +con. | |
| 4311 | LS spine plain | |
| 4312 | LS spine +con. | |
| 4313 | Sacrum plain | |
| 4314 | Sacrum +con. | |
| | Total | |

CT angiogram(head/neck): At least 40 + 20 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--------------------|---------------------|
| 4404 | CT angiography | |
| | Total | |

CT brain perfusion: At least 10 + 4 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|-------------------------|---------------------|
| 4119 | Brain Perfusion | |
| 4120 | Brain Pefusion + Diamox | |
| | Total | |

Others:

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|---|---------------------|
| 4103 | Temporal plain | |
| 4104 | Temporal +con. | |
| 4419 | Plain Neurosurgery stereotactic planning | |
| 4420 | Contrast Neurosurgery stereotactic planning | |
| | Total | |

| Total number of CT examinations performed and | d reported |
|---|------------------------|
| in 9 months is | |
| | |
| (Si | gned) |
| | Neuroradiology Trainer |

[MR Examination]

| Trainee's Name: | |
|-------------------------|--|
| Training Period (Interv | entional + diagnostic neuroradiology): |
| From | to |

Overall Requirement: Perform and report at least 300 + 240 examinations in 6 + 3 months

Brain: At least 150 + 90 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--|---------------------|
| 8101 | Brain plain | |
| 8102 | Brain+con. | |
| 8113 | Brain stem and craniocervical junction plain | |
| 8114 | Brain stem and craniocervical junction plain + | |
| | con. | |
| | Total | |

Orbits: At least 13 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--------------------|---------------------|
| 8103 | Orbit plain | |
| 8104 | Orbit +con. | |
| | Total | |

IAM/CP angle and brain stem: At least 10 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|---------------------|---------------------|
| 8105 | IAM/CP angle plain | |
| 8106 | IAM/CP angle + con. | |
| | Total | |

Pituitary: At least 13 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--------------------|---------------------|
| 8107 | Pituitary plain | |
| 8108 | Pituitary +con. | |
| | Total | |

Spine: At least 50 + 25 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|----------------------|---------------------|
| 8201 | Cervical spine plain | |
| 8202 | Cervical spine +con. | |
| 8203 | Thoracic spine plain | |
| 8204 | Thoracic spine +con. | |

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--------------------|---------------------|
| 8205 | Lumbar spine plain | |
| 8206 | Lumbar spine +con. | |
| 8207 | Survey plain | |
| 8208 | Survey +con. | |
| 8210 | MR Myelography | |
| | Total | |

MR angiogram: At least 50 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--------------------------|---------------------|
| 8501 | Plain MR Angiography | |
| 8521 | MRA/V (Head&Neck) + con. | |
| | Total | |

MR perfusion: At least 10 examinations in 6 + 3 months

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|--|---------------------|
| 8610 | MR Brain Perfusion Imaging (including Arterial | |
| | Spin Labelling) | |
| | Total | |
| | | |

Special MRI Examination: At least 40 examinations in 6 + 3 months (Please see the table in section 3.5 of Diagnostic Neuroradiology for the minimum requirement for each subtype of special MRI examination)

| RIS Coding | Name of Procedures | No. of Examinations |
|------------|-------------------------------------|---------------------|
| 8601 | Single voxel Proton MR Spectroscopy | |
| 8605 | Multi-voxel Proton MR Spectroscopy | |
| 8608 | Diffusion Weighted Imaging(Brain) | |
| 8609 | Diffusion Tensor Imaging | |
| 8603 | Functional MRI (Brain mapping) | |
| 8611 | Quantitative flow analysis | |
| | Total | |

| Total number of MRI examinations performed and reported | | |
|---|----------|------------------------|
| in 9 months is | | |
| | | |
| | (Signed) | |
| | | Neuroradiology Trainer |

| [Ultrasound Exan | nination] | |
|---------------------|--|------------------------|
| Trainee's Name: | | |
| • | nterventional + diagnostic neuroradiology): to | |
| Overall requirem | ent: Perform and report at least 20 + 20 examin | ations in 6 + 3 months |
| Doppler Examina | tion: At least 20 + 10 examinations in 6 + 3 mon | ths |
| RIS Coding | Name of Procedures | No. of Examinations |
| 3302 | Doppler carotids | |
| Brain: At least 5 e | examinations in 6 + 3 months | |
| RIS Coding | Name of Procedures | No. of Examinations |
| 3201 | Infant brain | |
| Optional | | |
| RIS Coding | Name of Procedures | No. of Examinations |
| 3303 | Doppler orbits | |
| 3305 | Doppler Transcranial | |
| | Total | |
| Total number of (| Ultrasound examinations performed and reporto | ed |
| | (Sign ad) | |
| | (Signed) | vuroradialagu Trainar |
| | Ne | euroradiology Trainer |

| Trainee's Name: | |
|--------------------------------------|---------------------------|
| Training Period (Interventional + di | agnostic neuroradiology): |
| From | to |

Optional Exposure

| RIS Coding | Name of Procedure | No. of Examinations |
|-------------------|--|---------------------|
| 1601, 1602, 1603, | Plain film reporting | |
| 1604, 1610, 1611 | | |
| 2301, 2302, | Myelography | |
| 2303, 2304 | | |
| 8520 | Plain MR Venography | |
| 9001 | SPECT | |
| 9004 | SPECT/CT without CT reporting | |
| 9005 | SPECT/CT with CT reporting | |
| 9020 | Cisternography In-DTPA | |
| 9021 | Cisternography Tc-DTPA | |
| 9022 | Cisternography In-DTPA CSF Leak | |
| 9023 | Cisternography Tc-DTPA CSF Leak | |
| 9040 | Cerebral perfusion (HMPAO) | |
| 9040.01 | Cerebral perfusion (HMPAO) with Diamox | |
| 9041 | Cerebral perfusion (HMPAO with stabilising | |
| | agent) | |
| 9042 | Cerebral perfusion (HMPAO with stabilising | |
| | agent) + Diamox | |
| 9045 | Cerebral perfusion (ECD) | |
| 9046 | Cerebral perfusion (ECD) + Diamox | |
| 9050 | Dacryoscintingraphy | |
| 9099 | Miscellaneous Neurology | |
| 9P13 | Brain PET-CT FDG (3D) | |
| 9C13 | Brain PET-CT FDG (3D) + con. | |
| 9P19 | Miscellaneous Neurology PET-CT | |
| 9C19 | Miscellaneous Neurology PET-CT + con. | |
| 9P90 | Regional Brain PET-CT scan | |
| | Total | |

| (Signed) | |
|----------|------------------------|
| | Neuroradiology Trainer |