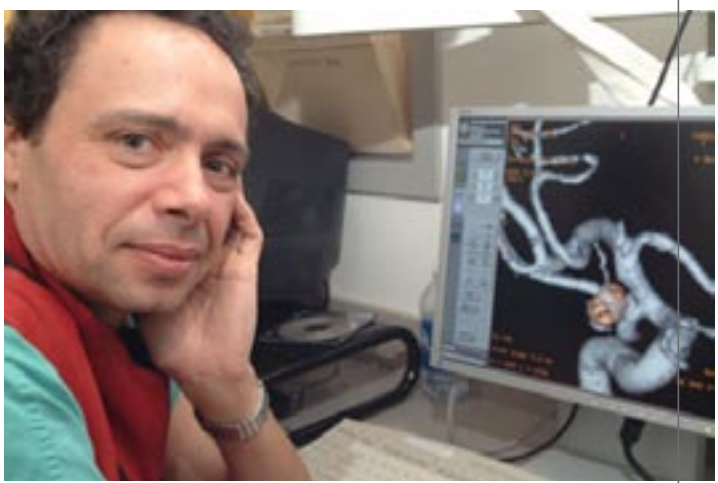
New Englander Susie Laurie is a walking testament to the benefits of coiling vs. surgical clipping, having undergone both procedures to treat aneurysms in her brain.



Innovator Par Excellence

Pierre Gobin, M.D., helped pioneer neurovascular procedures in France and the United States, and carries on the innovative tradition today in his clinical practice, his teaching and his research.

When Pierre Gobin, M.D., left France in the early '90s to take a post in Southern California, his fellow French physicians were in the forefront of the budding field of interventional neuroradiology. But he and his new colleagues in the United States were destined to make their own mark in the field both here and abroad.

It was at UCLA that Dr. Gobin collaborated with the creators of today's coiling techniques, including Guido Guglielmi, M.D., the namesake of Boston Scientific's GDC® Detachable Coil (introduced in 1989), and Fernando Viñuela, M.D., professor of radiology and director of UCLA's Division of Interventional Neuroradiology. "It was a great time, a very nice working environment and a friendly place to learn," says Dr. Gobin, who had performed France's first embolization using the GDC coil in 1992 <at the Hopital Lariboisiere in Paris (?)>. "When I arrived, we were treating only patients who could not survive surgery, only the most difficult cases. Since then, we have improved the technology so much that endovascular techniques are safer than surgery. In many places, doctors will first

There's lots of talk nowadays about how endovascular procedures can speed recovery and improve outcomes in the treatment of cerebral aneurysms, but Susie Laurie's extraordinary experience says it all.

This Boston resident, wife, mother and grandmother was diagnosed with two potentially deadly cerebral aneurysms and survived two radically different treatments. How she's come today to enjoy a healthy prognosis is a tale of her courage and spectacular good fortune, a leading interventional neuroradiologist's skill, and Boston Scientific's advanced devices.

Deadly Déjà Vu

Susie's medical travail dates back to a fateful day in July 1992 in London, where her family then lived. She suffered a subarachnoid hemorrhage, bleeding between the middle membrane covering the brain and the brain itself, and spent several days at Westminster Hospital, as well as at Charing Cross Hospital, before doctors dared cut open her skull to clip the aneurysm.

"I was in the hospital for two weeks after the surgery," she recalls. "People would come to see me, and I just lay there. My head hurt, I had no energy." Susie's discomfort and fatigue persisted even after her hospital discharge. "It was at least six months before I got my energy back. I had bad headaches for months."

Susie had resumed her busy life by the time she and her family moved back to the States in 1996. Several years after her return, though, she fell a few times. When she took a particularly bad spill in July 2004, her son-in-law (an interventional cardiologist now practicing in Westport, Conn.) urged her to get checked out again, this time by stroke neurologist Megan Leary, M.D., whom he knew at Beth Israel Deaconess Medical Center in Boston.

The results of Susie's CAT (computerized axial tomography) scan were shocking: "I was told I had a giant aneurysm that had calcified, and that I'd probably had it for six to eight years," she says. "The aneurysm was on

She's Living Proof

the right vertebral artery and not in a good place." When one doctor recommended a wait-and-watch approach, she figured that "he really didn't want to deal with it" and told Dr. Leary, "I want another opinion."

Finding the Best Alternative

Dr. Leary's subsequent referral to Pierre Gobin, M.D., a highly regarded interventional neuroradiologist at Cornell University's hospital and medical school in Manhattan, would have been marching orders for some, but not for Susie's husband, Don. Although his heart sank with news of Susie's second diagnosis, he was also inspired to embark on his own research. "This was my precious wife," Don says, explaining his ambitious undertaking. "I just had a few questions: What are the centers of excellence? Who does the pioneering work? Who are the doctors who have the most experience? And what are their track records?" To find the answers he needed, Don says he "triangulated" to consult multiple sources, including several renowned physicians, Boston's Brain Aneurysm Foundation and more.

Don's detective work had already reassured him and his wife about Dr. Gobin's superb qualifications when the three had their first meeting. Dr. Gobin detailed the benefits of endovascular procedures and described how he'd use tiny Matrix® Detachable Coils to fill her aneurysm and Neuroform® Microdelivery Stents to hold the >

Dr. Gobin consults with colleagues at New York–Presbyterian Hospital.

coils in place. (See "Innovator Par Excellence," page 4.) "He told us, 'You can't leave this. You have to do something in the next three months,' " says Susie. "He said, 'You'll come in to the hospital in the morning, and you'll be out the next day.' "

Mindful of the debilitating recovery from her previous surgery, Susie was relieved by Dr. Gobin's optimism. "When Don and I had learned about the second aneurysm, we both thought I'd have to have brain surgery again," she says. "Then we found out I could have the coiling and stenting procedure instead. It was so much more comforting."

"Miracle" Procedure, "Amazing" Recovery

When Susie entered New York–Presbyterian Hospital on Nov. 9, her spirits were lifted again, this time by a handmade card she'd received from her then 7-year-old granddaughter, Madeleine. It read, "Dear Baba, I love you!! I hope you are OK in your brain trouble!"

Susie shares sweet, post-procedure cuddles with two of her seven grandkids.

The child's—and the entire Laurie family's—fondest hopes were realized when Susie's three-hour procedure went off without a hitch. Susie was discharged the next day, but she stayed in the city, a precaution Dr. Gobin advised. "I was in New York for four days, and I did no shopping! That was the weirdest part," Susie says with a chuckle. Except for headaches for 10 days or so afterward, she was quickly back in the swing, celebrating Thanksgiving and Christmas, and throwing a cocktail party in January to thank loved ones who'd supported her.

Months later, Susie still calls her recovery "amazing" and marvels at the coiling procedure that made it possible. "It's truly a miracle, the wave of the future," she says. "I have been very, very fortunate. And I'd have to say I'm unusual in that I've had the surgery and I've had coiling. If I were given the choice, I'd never have the surgery."

Seven-year-old Madeleine stuffed this card in her grandmother's purse to lift her spirits on coiling day.

consider these procedures to treat patients with aneurysms. The paradigm has shifted."

Even so, challenging cases, such as Susie Laurie's giant, nearly 20-millimeter aneurysm, continue to push the envelope of technology. "Hers wasn't an easy aneurysm to treat, that's for sure," says Dr. Gobin, his English vernacular hinting a French accent. "But the alternative—not to treat—would have been a disaster. If we don't do anything for these types of aneurysms, they will grow. They can rupture and bleed—and giants are very dangerous for that—or they can keep on growing and compress the brain so much that the patient develops paralysis."

In Laurie's procedure, Dr. Gobin inserted a tiny catheter into the femoral artery in her groin and carefully navigated it up through her vasculature to the aneurysm compressing her brain stem. For better coverage of the aneurysm's wide neck, he employed two Neuroform® Microdelivery Stents using a stent-inside-stent technique, a procedure he devised and had used on only one other patient. He filled the aneurysm with Matrix® Detachable Coils, tiny platinum coils coated with a bioactive polymer, to prevent a rupture. "The entire procedure took about three hours, and the biggest stress on the patient was the general anesthesia," says Dr. Gobin. "That's why it's so much better than surgery when it goes well. And it goes well very often, thank you."

As director of New York–Presbyterian Hospital's division of interventional neuroradiology, professor of radiology in neurosurgery at Weill Cornell Medical College and author of 87 articles and case reports, Dr. Gobin works hard to spread the word about the advantages of endovascular procedures. As an inventor of medical devices (he holds three U.S. patents), he's still energized by his field's promise. "There's always something really new," he enthuses. "What's particular to this field is how much we depend on the progress of medical devices. Every year we can treat something that we couldn't the previous year. It's very exciting."