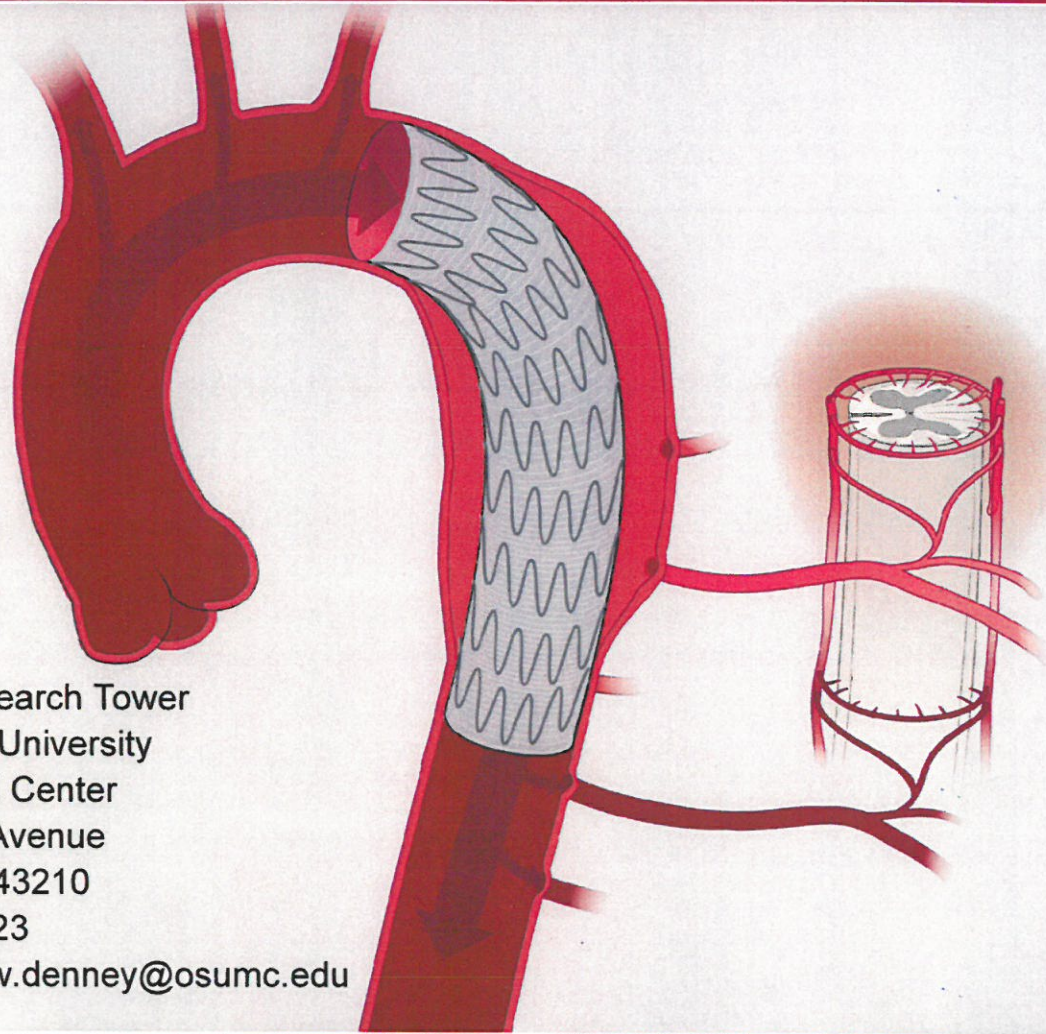


FIRST INTERNATIONAL MEETING  
Eliminating Paralysis After  
Aortic Aneurysm Surgery



Biomedical Research Tower  
The Ohio State University  
Wexner Medical Center  
460 West 12th Avenue  
Columbus, OH 43210  
25 February 2023  
Contact: [Andrew.denney@osumc.edu](mailto:Andrew.denney@osumc.edu)



**THE OHIO STATE UNIVERSITY**  
WEXNER MEDICAL CENTER

Funded by NHLBI-NIH



August 2, 2021

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury (SCI) after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two very different methods of repair need to be studied independently.

SCI due to aortic aneurysm surgery is devastating to the patients, as well as their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on SCI after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

I believe the proposed conference will be an effective way to develop such strategies. Bringing together physicians from North America and Europe will allow for sharing of diverse experiences. Together with input from physicians, scientists, industry, and government agencies, I am confident that the shared knowledge will lead to breakthroughs in research and clinical strategies.

Based on his tremendous work and significant new knowledge that he has brought to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by AHA/ACC. He also was the only anesthesiologist to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons. The presentation of Dr. Awad's work at the meeting along with Dr. Mohler's success as the Vice President of Research at Ohio State gives me the upmost confidence that they will be able to host a successful conference, which will help define steps to eliminate SCI after aortic aneurysm surgery.

Sincerely,



Adam W. Beck, MD, FACS  
Holt A. McDowell, Jr, MD Endowed Chair of Vascular Surgery  
Division Director and Professor of Surgery  
Division of Vascular Surgery and Endovascular Therapy



Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischaemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinctly different spinal cord pathologies. These findings have the potential to guide future research, as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to solve the problem around the world.

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Based on his great work, Dr. Awad was recently asked to participate in the writing of the Guidelines for Thoracic Arterial Disease by AHA/ACC. He was one of very few anesthesiologists to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons.

Uppsala, Sweden, July 31<sup>st</sup>, 2021.

A handwritten signature in black ink, appearing to be "M Björck", written in a cursive style.

Martin Björck, professor of Vascular Surgery, Uppsala University (founded in 1477), Uppsala, Sweden

Past president of the European Society for Vascular Surgery

Senior Editor of the European Journal of Vascular and Endovascular Surgery (the leading journal in the field, 2020 Journal Impact Factor is 7.069)



**James H. Black, III, MD, DFSVS, FACS**  
The David Goldfarb, MD, Professor of Surgery  
Chief, Division of Vascular Surgery  
and Endovascular Therapy

600 N. Wolfe Street, Halsted 668  
Baltimore, Maryland 21287  
410-955-5165 Telephone  
410-614-2079 Fax



July 30, 2021

To: NHLBI

From: James H. Black, III, MD  
Chief, Vascular Surgery and Endovascular Therapy  
Johns Hopkins Hospital

Re: "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery"  
meeting application to be held in Ohio Union, Columbus, Ohio on April 2, 2022.

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

I believe the proposed conference will be an effective way to develop such strategies. Bringing together physicians from North America and Europe will allow for diverse experiences to be shared. Together with input from scientists, industry, and government agencies, I am confident that the shared knowledge will lead to breakthroughs in research and clinical strategies.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Black III MD", written over a horizontal line.

James H. Black, III, MD

July 30, 2021

Dear NIH Study Section Members:

P: 832.355.9910  
F: 832.355.9920

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

I believe the proposed conference will be an effective way to develop such strategies. Bringing together physicians from North America and Europe will allow for diverse experiences to be shared. Together with input from scientists, industry, and government agencies, I am confident that the shared knowledge will lead to breakthroughs in research and clinical strategies.

Based on his tremendous work and significant new knowledge that he brought to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by AHA/ACC. He also was the only anesthesiologist to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons. His presentation of his work at the meeting combined with Dr. Mohler's success as the Vice President of Research at Ohio State gives me the upmost confidence that they will be able to host a successful conference to eliminate paralysis after aortic aneurysm surgery.

Sincerely yours,

  
Joseph S. Coselli, M.D.

JSC:jlm





MASSACHUSETTS  
GENERAL HOSPITAL

FIREMAN VASCULAR CENTER



HARVARD  
MEDICAL SCHOOL

**Division of Vascular and Endovascular Surgery**

55 Fruit Street, WACC 440  
Boston, Massachusetts 02114  
Tel: 617-726-8279  
Fax: 617-726-8700  
Email: meagleton@partners.org

**Matthew J. Eagleton, MD**

*Chief, Division of Vascular and Endovascular  
Surgery  
Co-Director, Fireman Vascular Center  
Robert R. Linton, MD Professor of Surgery in the  
Field of Vascular and Endovascular Surgery*

August 4, 2021

National Institutes of Health  
National Heart, Lung, and Blood Institute  
Bethesda, MD 20892

Dear NIH Study Section Members:

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs on two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery. Their work has led to potential therapeutics to treat this devastating complication after aortic surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to mitigate this global problem.

The proposed conference will be an effective way to develop such strategies. Bringing together physicians from North America and Europe will allow for diverse experiences to be shared. Together with input from scientists, industry, and government agencies, I am confident that the shared knowledge will lead to breakthroughs in research and clinical strategies.

Based on his tremendous work and significant new knowledge that he brought to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by American Heart Association and American College of Cardiology. He also was the only anesthesiologist to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons. His national presence combined with Dr. Mohler's success as the Vice President of Research at Ohio State gives me the upmost confidence that they will be able to host a successful conference to directed towards eliminating paralysis after aortic aneurysm surgery.

Sincerely,

A handwritten signature in cursive script that reads "Matthew J. Eagleton". The signature is written in black ink and includes a long, sweeping horizontal flourish at the end.

Matthew Eagleton, MD  
Chief, Division of Vascular and Endovascular Surgery  
Co-Director, Fireman Vascular Center



July 31, 2021

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs on two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery with the potential to lead to therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

I believe the proposed conference will be an effective way to develop such strategies. Bringing together physicians from North America and Europe will allow for diverse experiences to be shared. Together with input from scientists, industry, and government agencies, I am confident that the shared knowledge will lead to breakthroughs in research and clinical strategies.

Based on his tremendous work and significant new knowledge that he brought to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by AHA/ACC. He also was the only anesthesiologist to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons. His presentation of his work at the meeting combined with Dr. Mohler's success as the Vice President of Research at Ohio State gives me confidence that they will be able to host a successful conference to eliminate paralysis after aortic aneurysm surgery.

Sincerely,

Thomas L. Forbes, MD, FRCSC, FACS, DFSVS  
*R. Fraser Elliott Chair & Head, Division of Vascular Surgery, UHN  
Sprott Department of Surgery, Peter Munk Cardiac Centre  
Professor & Chair, Division of Vascular Surgery  
Temerty Faculty of Medicine, University of Toronto*





July 30, 2021

RE: R13 NHLBI grant application to support the meeting, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery," to be held in Ohio Union, Columbus, Ohio on April 2, 2022.  
Applicant: Dr. Hamdy Awad, Ohio State University

Dear NHLBI:

I am very pleased to offer this letter of support for the above-named R13 grant application proposal that will further advance the understanding and knowledge gaps surrounding the fundamental mechanisms (and potential therapeutics) of the most feared and devastating complications of thoracoabdominal aortic aneurysm (TAAA) surgical and endovascular (TEVAR) repair.

I have been following the work of Dr. Awad for quite some time, both in my own reading of the literature surrounding this topic of professional interest to me. I have also been aware of his scientific productivity and presentations at many of the local and national meetings in addition to having peer-reviewed several his manuscripts in my former role as the Editor-in-Chief of the Canadian Journal of Anesthesia. His is dedicated investigator who has been focused on this topic for a considerable time period and have made significant advances in our understanding of this complex problem.

Despite the advent of newer less invasive surgical interventions such as endovascular treatment of TAAA, paralysis continues to be a significant problem contributing to the morbidity and mortality after this procedure. Indeed, because of the advent of these endovascular therapies, the overall numbers of patients presenting with TAAA that are now being offered therapy is increasing, potentially increasing the numbers of patients with paralysis that are being seen in health systems. The pre-clinical work of Dr. Awad and his team has been vitally important in order to continue making progress in this field. His clinical acumen and basic science approach offers an important perspective on this problem. His earlier preliminary findings of a differential spinal cord white matter lesion in TEVAR repair (as opposed to grey matter lesions with open repair) represents a significant and novel major advancement in our knowledge of this complex problem. An important next step is to contextualize these novel findings and garner input from other experts in this field. This will serve to identify the knowledge gaps and needed next steps to advance this field and address this area of vital need.

In summary, I wholeheartedly support this meeting and believe that Dr. Awad's dedication and past track record is a testament to his potential for success in this area of critical clinical need.

Sincerely,

Hilary P. Grocott, MD, FRCPC, FASE  
Professor, Department of Anesthesia, Perioperative & Pain Medicine, University of Manitoba  
Professor, Department of Surgery, University of Manitoba  
Adjunct Professor of Anesthesiology, Duke University

August 2, 2021

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have an impressive history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs on two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery. This work could well lead to the development of therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in spinal cord pathologies that are radically different from each other. These findings will guide future research as it is clear that the two available types of aortic repair must be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, to their families, and to our society. Solving this problem is a critical need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to bring the world's leaders on this disease together, to help to develop strategies to effectively prevent and treat this devastating disease.

I believe the proposed conference will be an effective way to develop such strategies. Bringing together physicians from North America and Europe will allow for diverse experiences to be shared. Together with input from scientists, industry, and government agencies, I am confident that the shared knowledge will accelerate the pace of developing breakthroughs in research and clinical strategies.

Based on his tremendous work and significant new knowledge that he brings to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by a joint commission of AHA/ACC. He also was the only anesthesiologist to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons. His presentation at that meeting, combined with Dr. Mohler's extensive knowledge and expertise, evidenced by his service in the role as the Vice President of Research at Ohio State University gives me the utmost confidence that they will host an impactful conference that will help to eliminate paralysis after aortic aneurysm surgery.

Sincerely,



Ronald L. Harter, MD  
Jay J. Jacoby, MD, PhD, Professor and Chair  
Department of Anesthesiology



## Département de Chirurgie Aortique et vasculaire

Chef de Service : Professeur Stéphane HAULON

Secrétariat Tél : 01.40.94.25.01

Centre de l'aorte - Avis - Urgences 24h/24h : 01.40.94.25.85



Paris, August 6, 2021

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery.

Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

Based on his tremendous work and significant new knowledge that he brought to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by AHA/ACC. He also was the only anesthesiologist to present at the Veith Symposium, a conference of the world's most renowned vascular surgeons. His presentation of his work at the meeting combined with Dr. Mohler's success as the Vice President of Research at Ohio State gives me the utmost confidence that they will be able to host a successful conference to eliminate paralysis after aortic aneurysm surgery.

Pr Stéphane Haulon

A handwritten signature in black ink, appearing to be 'SH' or 'Stéphane Haulon' in a stylized cursive script.

**Heart+Vascular Center**  
direct dial +3143-3872279  
date August 12, 2021

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-Pis in two NIH grants (RNS102861A and IR21NSI 13097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

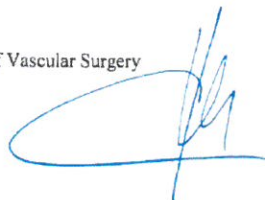
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Kind regards,

Michael Jacobs, professor of Vascular Surgery







**THE OHIO STATE UNIVERSITY**  
WEXNER MEDICAL CENTER

Timothy M. Pawlik, MD, MPH, PhD

Professor and Chair, Department of Surgery  
The Urban Meyer III and Shelley Meyer Chair for Cancer Research  
395 West 12<sup>th</sup> Avenue  
Columbus, Ohio 43210  
614-293-8701 Phone  
614-293-4603 Fax  
wexnermedical.osu.edu  
surgery.osu.edu

August 2, 2021

Dear NIH Study Section Members,

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

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Sincerely,

**Timothy M. Pawlik, MD, MPH, MTS, PhD, FACS, FRACS (Hon.)**  
Professor and Chair, Department of Surgery  
The Urban Meyer III and Shelley Meyer Chair for Cancer Research  
Professor of Surgery, Oncology, and Health Services Management and Policy  
Surgeon in Chief, The Ohio State University Wexner Medical Center

August 3, 2021

Dear NIH Study Section Members:

I am delighted to write this letter in support of Dr. Awad's and Dr. Mohler's application for the NIH R13 grant submission, "Eliminating Ischemic Spinal Cord Injury and Paralysis after Aortic Aneurysm Surgery."

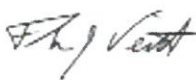
Dr. Awad and co-investigator Dr. Tili have a history of productive collaboration in the Department of Anesthesiology at The Ohio State University, including being Co-PIs in two NIH grants (RNS102861A and 1R21NS113097). They have made important progress in studying the molecular mechanisms that cause ischemic spinal cord injury and paralysis after aortic aneurysm surgery to lead to potential therapeutics to treat this devastating complication of surgery. Most recently, their work led to the discovery that open repair of the aorta (OR) and thoracic endovascular aortic repair (TEVAR) result in two distinct spinal cord pathologies. These findings will guide future research as it is clear that the two repairs need to be studied independently.

Paralysis after aortic aneurysm surgery is devastating to the patients who experience it, their families, and society as a whole. Therefore, solving this problem is an urgent unmet need that requires immediate action. A conference focused on paralysis after aortic aneurysm surgery, as is proposed in this grant, will be an important first step to develop strategies to fix the problem around the world.

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Based on his tremendous work and significant new knowledge that he brought to this field, Dr. Awad was recently asked to write the Guidelines for Thoracic Arterial Disease by AHA/ACC. He also was the only anesthesiologist to present at the VEITHsymposium, a conference of the world's most renowned vascular surgeons. His presentation of his work at the meeting combined with Dr. Mohler's success as the Vice President of Research at Ohio State gives me the utmost confidence that they will be able to host a successful conference to eliminate paralysis after aortic aneurysm surgery.

Sincerely,



Frank J. Veith, MD