



NEUROSURGERY

THE OFFICIAL NEWSMAGAZINE OF THE CONGRESS OF NEUROLOGICAL SURGEONS

NEWS

President's Message

Nelson M. Oyesiku, M.D., Ph.D., F.A.C.S.
President, CNS



In this, my second presidential message, I focus on education, specifically as it relates to scientific and professional development. The primary mission of

the Congress of Neurological Surgeons is education. Recently, this has expanded into the CNS Mission Statement: "Education and Innovation." This brief statement expressing our goals appears beneath our logo. The change was effected to emphasize the role of the CNS in the introduction of novel concepts, particularly in educational services, through its publications, continuing medical education (CME) offerings, Annual Meeting, and professional development for neurosurgeons in training and in practice.

A proper education develops the faculties of the human mind—the powers of intelligence and imagination, without which intellectual work cannot be accomplished. These include observation, measurement, sound thinking, and communication. For instance, residents must be able to identify important elements, process them, and communicate their findings. This process is typified in the clinical assessment of a patient or an evolving clinical crisis. Residents may learn by shadowing a skilled clinician in the course of a busy day, during which time many will "instinctively" internalize these skills; others will need coaching. More formally, educational products that recreate a clinical situation may teach these skills. Such products may expose gaps in training or reinforce those that were inadequately taught. One such product—the Self-Assessment in Neurological Surgery (SANS)—is a popular teaching device routinely used by thousands of neurosurgeons as a key element of CME. SANS uses a self-instructional and self-evaluation format consisting of questions and answers, each with a critique and pertinent references. SANS enables neurosurgeons to maintain and improve proficiency in surgical decision making, to stay abreast of the latest advances, and to prepare for certification and recertification. To enhance the educational value of SANS, the CNS developed *SANS Wired*, an entirely digital, online version of this unique teaching tool. This format provides users with a number of new benefits, including the ability to use SANS from any computer with Internet access, feedback on individual performance, online CME credit awards, and links to relevant Web sites, with on-going feature and content updates. SANS can be used to prepare for board examinations, and is being

integrated into the process of Maintenance of Certification (MOC). SANS was recently endorsed by the American Board of Neurological Surgery (ABNS, www.abns.org) as a valuable tool to help fulfill the Self-Assessment portion of "Life-Long Learning" for MOC. For more information on SANS, visit the *SANS Wired* Web site at www.sanswired.com. Users can access a demonstration version of SANS 2004 by clicking on the "Demo SANS" button on the sidebar.

Education that embodies the teaching of hierarchical procedures, rational

sequences, and organized solutions develops good surgeons and technicians. Surgical solutions to disease are predicated on these very concepts. The surgical process involves tracing the surgical end-game to its origins and then back again multiple times before proficiency and mastery are attained. As with other skills, prodigies can be identified by their requirement for less iteration to attain mastery. Innovation comes from those who dare to veer off the trodden tracks to seek alternate paths. Traditionally, the process has

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Executive Director's Message

Laurie L. Behncke
Executive Director, CNS

Get Started Today with the Newest CNS Member Service!



Because of an ongoing commitment to increase the value of membership, the Congress of Neurological Surgeons Information and Technology Committee (Joel MacDonald, M.D., Chair, and Ashwini Sharan, M.D., Co-Chair) recently introduced an outstanding online membership benefit.

Announced in December 2004, the CNS Personal Assistant (PA) service is a complimentary, online management tool created exclusively for the use of CNS members. The CNS PA is comprised of seven primary tabs. A brief description of each tab and its functions is highlighted below. If you haven't already taken advantage of your CNS

PA, get started today! To start using CNS PA, go to <http://cns.pa.neurosurgon.org>, enter your user name and password, and click the login button.

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Under the Personal tab, CNS members can manage and update their personal profile in the following categories.

- Personal
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- Education
- Affiliations
- Home Address
- Office Address
- Fax/E-mail Information

Portfolio

Under the Portfolio tab, CNS members can view and print a record of their professional portfolios.

- Abstracts submitted for CNS Annual Meetings
- Volunteer commitments on CNS Committees

Directory

The Directory tab allows access to all members listed in the CNS Membership Directory. Finding a CNS member's contact information is as easy as

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Meet the Officers

P. David Adelson, M.D., F.A.C.S., F.A.A.P. Secretary, CNS

Dr. P. David Adelson received his medical degree from Columbia University in 1986 and completed the neurosurgical residency program at the University of California, Los Angeles (UCLA) School of Medicine in 1993. He then pursued additional subspecialty training as a fellow in pediatric neurosurgery at the Children's Hospital of Boston and Harvard Medical School in 1993–1994. He joined the faculty of the University of Pittsburgh School of Medicine as an Assistant Professor in 1994.

Promoted to Associate Professor with tenure in 1999 and full Professor in 2003, Dr. Adelson is now Professor of Neurosurgery and Vice Chairman for Research for the Department of Neurosurgery at the University of Pittsburgh. In addition, he is the Director of the Walter L. Copeland Laboratory for Neurosurgical Research, Director of Pediatric Neurotrauma at the Children's Hospital of Pittsburgh, Director of Surgical Epilepsy at the University of Pittsburgh School of Medicine, and Director of the Center for Brachial Plexus and Peripheral Nerve Injuries at

the Children's Hospital of Pittsburgh.

His areas of special interest include neural injury (brain, spinal cord, and peripheral nerve), recovery and plasticity, and epilepsy. He maintains active clinical and laboratory research programs that focus on acute response and recovery after traumatic brain injury in children. He is developing new approaches to the care and treatment of injured children in an attempt to improve outcome. His research is funded through multiple grants from the National Institutes of Health (NIH), as well as other extramural funding agencies and foundations. Most recently, as Principal Investigator, he completed an NIH-funded Phase II Clinical Trial using hypothermia after severe traumatic brain injury in children.

Dr. Adelson is a nationally and internationally recognized expert in head and neural injury in children, particularly in the use of hypothermia and the surgical treatment of epilepsy. He has been the recipient of multiple awards, including The Best Doctors in America, the Brain Injury Association's Young Investigators Award, the Congress of Neurological Surgeons' Clinical Investigation Award, and Outstanding Physician Award. His

research has resulted in numerous publications and awards in the area of pediatric epilepsy and neurotrauma. He has authored more than 95 publications in journals and 29 book chapters, and has edited seven books.

Dr. Adelson has also been active in organized neurosurgery, including the Executive Committee of the Congress of Neurological Surgeons, where he is presently Chair of the CNS Publications Committee and serves as Secretary. For the Section on Neurotrauma and Critical Care, he was previously Secretary-Treasurer and is now President-Elect. He has also been active with the Washington Committee, the Think-First Foundation, and the American Academy of Pediatrics Section on Neurological Surgery.

Dr. Adelson is married to Barbara and they have four children (Casey, 20; Brittany, 19; David, 16; and Sam, 10). As a family, the Adelsons enjoy eating out, especially Chinese food, and going to the movies. Dr. Adelson is an avid oarsman, taking his single scull out onto the Allegheny River in the wee hours of the morning, and enjoys the occasional round of golf, when the weather in Pittsburgh permits. □

President's Message

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been taught by apprenticeship under the tutelage of senior surgeons in large volume programs. Technology provides newer, and perhaps more efficient, pathways to proficiency. Computers, software, and simulators recreate microsurgery, reinforce anatomic knowledge, and enhance psychomotor skills in ways and timeframes previously impossible. The CNS has again broken new ground in this dimension, particularly in a new journal supplement focused entirely on operative neurosurgery. In its various sections of anatomic reports, surgical approaches, surgical strategy, techniques and applications, technique assessments, experimental studies and technical case reports, *Operative Neurosurgery* touches every aspect of surgical education. In addition, upcoming practical courses at the Annual Meeting will use simulators to enhance surgical learning.

A broad education consisting of a thorough knowledge of facts, theories, and techniques is essential for the development of clinician-scientists who understand the basic principles behind the motions they perform. Recognizing this element of education has prompted the CNS to develop the Committee for the Enhancement of Neurosurgical Research (CENR). The goal of the CENR is to aid neurosurgical trainees and faculty members to embark upon and sustain a research career. We intend to enhance opportunities for neurosurgeons to secure funding, particularly federal grants, for research support. One initiative is to provide assistance in the

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President's Message

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development of grant proposals. A number of the members of the CENR can provide advice on the process of applying to the National Institutes of Health (NIH). Furthermore, we are providing copies of successful NIH grant applications, as well as the comments and summary statements in the grantmanship section. We invite more neurosurgeons to join this effort of research mentorship. Please visit www.neurosurgon.org/education/cenr.asp for more information.

In a bold new vision, the CNS is creating a more comprehensive repository of neurosurgical education—a virtual University of Neurosurgery—that will encompass all these and future ideas to enhance the one sustaining mission of the CNS: Education.

As always, we are seeking new ideas and talent to enhance our educational mission. Please join us as we write new chapters in neurosurgical education and innovation.

Executive Director's Message

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typing in either a last or first name and clicking the search button.

Continuing Medical Education Access

The Continuing Medical Education (CME) tab allows for CNS members to view and print their own CME certificates or transcripts. To conduct a search of your CME credits, simply click on the "CME Search" link and fill out the course number, course title, or the date range fields. Under CME, transcripts can be printed for a specific year or time span. CME data is currently available for the 2001–2004 CNS Annual Meetings.

Calendar

All CNS members can manage their Calendar of Events by searching through calendar listings, exporting to their handheld devices, and setting up personalized preferences. Each member can set his or her own preferences by color-coding events by subspecialty category.

Preferences

Under the Preferences tab, CNS Members can change their user name and password, set and choose preferences to view their own personalized CNS Public Calendar, and adjust page views by customizing the number of rows per page.

Get Started Today!

If you haven't already used your CNS PA, you can start today! Go to <http://cns.pa.neurosurgon.org/>, enter your user name and password, and click the login button.

Current CNS Members: Your user name and password were recently e-

mailed to the account you specified in the CNS Online Membership Directory. A letter was also sent to your preferred mailing address in December 2004. If you need to request that your user name and password be resent, please contact the CNS at info@1cns.org.

New CNS Members: You will receive an e-mail with your user name

and password shortly after becoming a CNS Member.

So many other benefits are being designed for members! Watch for announcements on added benefits and services. Please send questions, user suggestions, or comments to the CNS at info@1cns.org.

Porex Surgical
New
4/c

Secretary's Message

**P. David Adelson, M.D.,
F.A.C.S., F.A.A.P.**
Secretary, CNS



When the Congress of Neurological Surgeons was founded more than 50 years ago, it was a small educational organization focused on the “young neurosurgeon.” As the

specialty has grown (and as the definition of “young” has evolved) and the needs and requirements for education, research, and the advancement of scientific knowledge have increased, so has the CNS organization. The CNS as an organization continues to thrive because of the energy and innovation of its members and the staff at the CNS Headquarters. As a member, it is easy to recognize the many new educational initiatives and benefits to the membership that continue to be developed by its members and the Headquarters staff to meet the needs of today's practicing neurosurgeon. Even more so, as a member of the CNS Executive Committee, I have come to appreciate the hard work and dedication of the volunteer members of the CNS. I appreciate what we as neurosurgeons do to continue enhancing our knowledge base, to develop aids to assist in creating more efficiency in our professional lives, and to develop new ways of doing things both surgically and professionally to push our specialty forward. As an organization, the CNS serves as a model to other specialty and physician organizations about what can be accomplished when the members of the profession are mobilized, particularly with the level of volunteerism found within the CNS.

There are many ways in which a member can become more active—whether with the Web site, scientific or annual programs, or helping develop new educational resources. As the needs of the specialty have grown, so too have the needs of the organization to oversee and encourage this ongoing effort. As specific needs are identified within the organization, it is important to match members with particular interests and talents to those needs, not only to help the organization, but also to make it a meaningful and enjoyable experience for the volunteer. The recent reorganization of the Leadership Development Committee (LDC) and implementation of a number of new initiatives have already begun to aid in identifying, tracking, and mobilizing talented individuals who wish to be involved. The reorganized LDC, under the leadership of Michael Cawley, has taken on this challenge of making volunteering for the CNS a more seamless process. Recognizing the importance of putting our volunteer resources to better use and

the importance to the organization, the CNS Leadership is committed to this reorganization and has placed an emphasis on the workings of this committee, as can be seen by the proposed bylaws change.

In addition, demonstrating the commitment of the leadership to this process, the officers and members of the CNS Executive Committee will be a part of the LDC. The membership of the newly revised LDC will include the following: Chairperson, CNS President, CNS Vice-President, CNS President-Elect, CNS Secretary, CNS Treasurer, CNS Past Annual Meeting Chair, and CNS Membership Committee Chair. Improvements in the workings of the LDC have already begun. One area that will make the process more efficient and more individualized is the identification, tracking, and mobilization of interested volunteer members through the newly created Web-based CNS Personal Assistant, located on the CNS Web site at www.neurosurgeon.org. With the recent reinvention of its Web site, the CNS has sought to improve the dissemination of information and create a “personal environment” at the site to individualize membership access. For the LDC, an interested member can enter the site and create a personalized volunteer profile of interests and preferences. The site will then provide a tracking of initial placement, evaluation of the experience, and further interests and needs. An initial group of recent volunteers has gone through the LDC process and has already been matched to committee needs. This exciting new initiative will bring more interested individuals to the organization, opening up the process for further involvement.

The importance of this process of volunteerism is quite evident with the Annual Meeting. As many of you know, the CNS Annual Meeting is our largest and most expensive educational endeavor that, beyond identifying a site, takes 2 years to plan and organize. Planning begins with the election of the President-Elect, who, along with the Annual Meeting Chair (the Scientific Program Chair from the previous year), and the Scientific Program Chair for the current year, begins to develop the theme for the meeting. Last year's theme, “Bridges to the Future,” was a great success and highlighted our meeting in San Francisco, CA. Our upcoming meeting in Boston in October 2005 has the theme of “Quo Vadis?” or “Where Are We Going?” and will feature a number of wonderful speakers, emphasizing where neurosurgery has been and where it will be going in the future. The process of developing the Scientific Program can, at times, seem onerous. Once the general theme has been chosen, the Honored Guest is identified. The Honored Guest is the highest award bestowed by the CNS. It is around the

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Approved Bylaws Changes

Mitesh Shah, M.D.
Chairman, CNS Bylaws Committee



Because part of the mission of the Congress of Neurological Surgeons is to “...maintain the vitality of our learned profession through the altruistic

volunteer efforts of its members in the development of leadership in service to the public, to our colleagues in other disciplines, and to the special needs of our fellow neurosurgeons throughout at the world and at every stage of their professional lives,” the CNS created the Leadership Development Committee (LDC) to better identify and track the volunteer efforts of its members. One of the major goals of the LDC is to provide the CNS Nominating Committee with objective documentation of talent and merit in consideration for leadership positions and promotion within the CNS organization. In order to rejuvenate the purpose of the LDC, the LDC and the Bylaws Committee, under the direction of CNS President, Dr. Nelson Oyesiku, have amended the CNS Bylaws to change the composition and strengthen the jurisdiction of the LDC to further define merit-based promotion for Committee Memberships, Officerships and Executive Committee positions within the CNS.

Proposed Amendment:

Article VII

Section 1. Standing Committees

U. The CNS Leadership Development committee (LDC) shall be chaired by a member of the Executive Committee who is appointed to this role by the President and shall serve for a period of three years. The Committee shall also include the current President, ~~elect, Annual Meeting Chairman, Scientific Program Chairman and other members selected by the chairman to assist in the activities of the committee and~~ President-Elect, Past-President, Vice President, Secretary, Treasurer, Past-Annual Meeting and Membership Committee Chairs, as well as others selected by the Chairman to assist in the activities of the Committee.

This Committee will coordinate and facilitate ~~act as a clearing house for the~~ identification, solicitation, and ~~mentoring~~ of leadership development among members of the Congress of Neurological Surgeons those members interested in any aspect of CNS leadership, up to and including Executive Committee membership. All Committee and sub-committee appointments will originate from the LDC after careful screening of volunteers and committee chairmen review/consultation.

~~The Committee is charged with reporting to the CNS Nominating Committee with objective documentation of talent and merit in consideration for leadership promotion within the Congress of Neurological Surgeons. The Committee chairmen will work closely with the LDC to determine committee placements.~~

The LDC will maintain a current database regarding current and past committee rosters and notify committee chairmen of expiring seats in a timely manner. All committee chairmen must return a written evaluation of each committee member by the end of the second fiscal quarter, whether such member's term has expired or not. One of the major responsibilities of the LDC will be to present to the nominating committee a slate of suggested nominees for officership and at-large Executive Committee positions.

The Chairman of the LDC shall issue a quarterly report to the Executive Committee.

THREE-DAY FELLOWSHIP IN TRANSCRANIAL DOPPLER AND CEREBRAL BLOOD FLOW MONITORING

The UCLA Division of Neurosurgery is offering a visiting fellowship in transcranial Doppler and cerebral blood flow monitoring. This three-day fellowship provides comprehensive instruction in the clinical applications of transcranial Doppler, with a focus on acute care including: vasospasm following subarachnoid hemorrhage, cerebral circulatory arrest, stroke and TIA, emboli detection monitoring, vasomotor reactivity using CO₂ inhalation, continuous intraoperative monitoring, and assessment of stroke risk for Sickle Cell Disease. Formal lectures will be provided in the applications and techniques used in the fields of Neurosurgery, Neurology, and Neurotrauma. There will be ample hands-on training and demonstrations. Interpretation skills will be emphasized. Course syllabus and certificate of completion are provided. Fee for the three-day course is \$650. CME credits are available for an additional fee of \$25.

**2005 Dates: July 13-15, and
September 28-30**

For further information and registration, please contact:
Neil Martin, M.D.
UCLA Cerebral Blood Flow Laboratory
10833 LeConte Avenue, Box 957039
Los Angeles, CA 90095-7039
(310) 206-0626, FAX (310) 794-2147
For online registration go to: www.neurosurgery.ucla.edu/cbf

Secretary's Message

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Honored Guest that the Annual Meeting planning and organization proceeds. After the selection of the members of the Scientific Program Committee, the committee meets a year in advance to begin the evaluation of the previous meeting and the development of new programs, sessions, practical courses, and luncheon seminars. It is during this initial meeting that the general and special session themes are chosen, and recommendations for speakers are made to highlight those sessions. The Annual Meeting Committee also meets to ensure the smooth organization and operation of the meeting and programs, both professional and social. The details of the meeting—including each of the scientific sessions, courses, and seminars—are then finalized in the next few months so the preliminary program can be distributed in the spring. The final push is with the call for abstracts and the finalization of the courses, programs, and speakers. Lastly, at the meeting, there is a need for people to help with registration, the Sergeant-at-Arms, and others, to ensure that the meeting runs smoothly and meets the educational needs of the CNS membership. The number of volunteers needed to put together and direct this major undertaking can be appreciated. And, new members are needed at each meeting for their fresh ideas and energy.

It is through volunteerism that the CNS can continue to provide excellent benefits—including its journals and other publications, education, and the Annual Meeting—yet maintain low membership dues. The CNS Officers, Executive Committee members, and the Headquarters staff and administration have made a conscious effort to keep expenses low while maximizing member benefit. Fortunately, we find ourselves in the enviable position to keep dues at the present rate for the foreseeable future, while we continue to fund fellowships and new and innovative educational programs. We will continue to encourage and support advocacy for neurosurgeons, to sponsor international programs and speakers, and to assist young neurosurgeons not only with their scientific neurosurgical education, but also with their professional education (e.g., the socioeconomics of medicine). Along with the American Board of Neurological Surgeons, we will assist in the development of educational tools for the Maintenance of Competency, an important facet of recertification. Whether through the Annual Meetings, Section meetings, the Web site, our publications and other communications, or the many other areas of involvement, the CNS organizational mission is to enhance our education, research, and scientific knowledge through innovation. This would not be possible without the mobilization of the massive

volunteer effort from our members that has pushed all of our needs and programs forward.

To improve our efficiency and “corporate memory” in the future, we are looking forward to implementing an electronic archival system that will allow us to electronically save and search all of our organization’s documentation—everything from educational meetings to satisfy our ACCME accreditation requirements to evaluations of the Gen-

eral Scientific Sessions at the Annual Meeting. In addition, the CNS Headquarters office has done a wonderful job of providing the backbone support that allows us to run as well (and as fiscally responsible) as we do. Their job includes implementing membership services, overseeing the CNS Web site, and amassing and organizing the numerous pieces of paperwork and electronic interchange needed to run our organization. This includes not only

record keeping, financials, committee reports, letters, documents, agenda books, and annual meeting correspondence, but also the documentation for our accreditation as an educational organization. Lastly, the CNS remains a strong organization because of a dedicated leadership, membership, and administrative staff, all of whom have tirelessly contributed to making the CNS as professionally and efficiently run as any other specialty society. □

CNS Guest Speaker New 4/c

SANS Update: The Role of Self-Education and Self-Assessment in MOC

Anthony Asher, M.D.

Editor-in-Chief, SANS
Vice President, CNS

Most clinicians are now aware that medical education and the process of specialty certification are undergoing dramatic restructuring secondary to a variety of forces, from both within and outside of the healthcare industry. As part of its educational mission, the Congress of Neurological Surgeons is actively developing programs to help neurosurgeons acquire and maintain the knowledge and skills needed to satisfy the various requirements of oversight organizations and professional societies. One of those programs, the Self Assessment in Neurological Surgery (SANS), is a key element in that overall effort. Since the online release of this popular learning tool approximately 16 months ago, SANS has continued to evolve as a unique instructional educational product. In the following article, we briefly review the relevance of SANS to the emerging process of Maintenance of Certification (MOC) and outline current and future enhancements designed to optimize the educational value of the SANS program.

As an extension of their own long-standing efforts to promote the quality of medical care, and motivated by public concerns related to physician accountability and optimization of care, the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have identified a number of clinical and nonclinical "essential competencies" that all physician specialists will be required to develop in their training and maintain throughout their careers. Furthermore, they have determined that these competencies will be assessed through MOC programs to be administered by specialty boards such as the American Board of Neurological Surgery (ABNS). Among other parameters, the ABMS has determined that life-long learning and physician self-assessment will be integral parts of its MOC requirements.

Self-assessment tools are uniquely suited to serve as key elements in various MOC programs. Self-assessment devices have been used in a variety of disciplines as professional development aids. These tools are typically designed to allow users to reflect on their own performance strengths and weaknesses, to identify learning needs, and to reinforce new skills or behaviors to improve performance. Self-assessment is closely tied to the separate concept of self-learning, which is particularly important in medicine because clinicians must continually update their clinical knowledge base. Well-constructed self-assessment

tools can accomplish the dual goal of self-assessment and self-learning by allowing users to perform specific tasks, conduct a review of their performance, and then provide education in the areas in which individual performance was weak.

Neurosurgery has a long history of developing successful self-assessment tools. SANS, initially developed more than 25 years ago, has been released in eight editions and has become a popular teaching device routinely used by thousands of neurosurgeons as a key element of their Continuing Medical Education (CME). In October 2003, the Education Committee of the Congress of Neurological Surgeons introduced the *SANS Wired* program, an entirely digital, online version of this unique teaching tool, located at www.sanswired.com. The response to this versatile educational tool has been overwhelmingly positive.

SANS presents a self-instructional and self-evaluation format consisting of questions and answers, each with a critique and pertinent references. The "digital evolution" of SANS has allowed for the development of multiple new features, including the ability to access this product from any computer with Internet access, instantaneous feedback on individual performance, bookmarking and note taking capabilities, and numerous links to relevant Web sites. Additionally, participation in SANS is now linked to CME credit. Participants in the *SANS Wired* program can apply for up to 24 hours of Category 1 CME credit hours online.

SANS has been designed to help neurosurgeons maintain and improve proficiency in surgical decision-making, stay abreast of the latest advances in the field, and prepare for primary board certification. SANS has recently been endorsed by the American Board of Neurological Surgery (ABNS) as one of the required components for life-long learning and self-assessment for MOC. Participation in SANS every 3 years will be required for all diplomats who received their certificate after the Fall of 1998, and will be highly recommended for all others. Additionally, the question format and clinical information contained in SANS will be similar in many respects to the content in the planned ABNS MOC cognitive examinations. Participation in the SANS program, therefore, will be of substantial benefit to individual neurosurgeons in their preparation for those examinations.

Several modifications designed to improve the value of this educational device have been introduced into the

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Education Committee Report

Daniel Resnick, M.D.

Chairman, CNS Education Committee

The mission of the Congress of Neurological Surgeons is education. The responsibility of the CNS Education Committee is to develop new content and new delivery strategies for this content to provide the CNS membership with a wide variety of quality educational opportunities.

In the past, the Education Committee has developed curricula for both medical student and resident training in neurosurgery. We have developed a large library of images, videos, and case vignettes that are available to members through the CNS Web site at www.neurosurgeon.org. The Education Committee is responsible for the maintenance of the Accreditation Council for Continuing Medical Education (ACCME) accreditation, so the CNS can continue to offer Continuing Medical Education (CME) credits for its educational activities.

Several important new initiatives are currently in the works or near completion. These relate to socioeconomic issues and to Maintenance of Certification (MOC).

Socioeconomic Course

The CSNS and the CNS are formulating a course dedicated to socioeconomic issues facing the practicing neurosurgeon. This full-day course will be dedicated to issues such as contract negotiation, Emergency Medical Treatment and Labor Act (EMTALA) regulations, medical liability reform, organized neurosurgery, coding practices, and ethics. The course is being offered as a practical course immediately preceding the 2005 CNS meeting in Boston. The course will be filmed, and a DVD will be produced for CNS members. This course will provide useful information for practicing neurosurgeons, residents, and fellows. This material will also serve as content for some of the nonmedical core competencies required by the Accreditation Council for Graduate Medical Education (ACGME).

Maintenance of Certification

The American Board of Neurological Surgery has the responsibility for determining the nature and extent of qualifications for board certification. Program directors are responsible for insuring that their residents receive adequate training in both medical and non-medical competencies. Teaching the nonmedical core competencies and assessing these skills in our trainees is a new experience for most program directors. The CNS Education Committee has been charged with the task of developing a curriculum, content, and potential mechanisms of assessment for the core competencies for the resident neurosurgeon. The purpose of this

curriculum and the accompanying assessment tools is to provide program directors with examples and templates of content and assessment tools used at ACGME-approved programs. The curriculum has been developed and is in the same format as the remainder of the resident curriculum. This new curriculum will be published on the CNS Web site when completed later this spring. Some of the assessment tools are unique to the resident situation, such as the "360°" review with faculty, a series of structured interviews. However, with respect to the content regarding core competencies, much overlap exists with the MOC effort for practicing neurosurgeons. The Education Committee is working very closely with the SANS committee to help coordinate content and assessment tools for MOC.

New Frontiers

As we look towards the future of neurosurgical education, we embrace the ability to use emerging technology as an educational tool. At the present time, we are exploring the development of the online "University of Neurosurgery." We envision an interactive repository of neurosurgical knowledge, with an extensive (and accessible) library, online courses (with CME credits available), interactive online case vignettes, online chat rooms, career counseling, and anything else that can be found at a real or virtual university. This project is still in the planning stages. We continue to work towards providing the best possible educational products for the CNS membership, and we are open to any and all suggestions for improving our products and services. □

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SANS Update

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SANS program over the past several months. An institutional license has now been made available to make SANS more accessible to residents in training programs. Program directors can apply for SANS institutional licenses through the SANS Web site. Institutional licenses allow resident physicians to use the SANS program an unlimited number of times for up to 1 year. In fact, all users can now purchase yearly subscriptions that will not expire before the end of a term, even if new SANS products are made available. The user interface has been streamlined to improve ease of use. This modification was made in response to online feedback from current users. Finally, new features have appeared on the SANS information page, including links to the CNS home page, SANS rate information, and a SANS demonstration module, so prospective SANS users can test sample questions before purchasing the product.

Major modifications have now been made to the SANS development process to allow this project to closely parallel the timetables and objectives of the ABNS as it implements its MOC program. For example, the ABNS is now preparing MOC cognitive examinations in three areas: General Neurosurgery, Spine Surgery, and Pediatric Neurosurgery. Accordingly, the SANS committee is developing SANS modules to correspond with these practice areas. These specialty modules will allow neurosurgeons to focus on the review of knowledge that is most pertinent to their own practice and consistent with the cognitive exam for which they are preparing. We anticipate release of the next SANS General Examination in the Fall of 2005. This examination will contain almost completely novel content. Subsequently, we will prepare and release Spine and Pediatric modules, weighted heavily with questions in those specific subspecialty areas. As the ABNS MOC process mandates participation in the SANS program every 3 years, SANS module development will proceed on a 2 1/2–3 year timeframe.

SANS content will now be modified to more closely correspond with the topic areas identified by the ABNS for its cognitive exams. This “category alignment” will allow SANS examinees to use this device more effectively in their cognitive exam preparation. SANS examinations now being prepared will contain, for the first time, content related to many of the important non-clinical core competencies identified by the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME), such as medical ethics, communication, professionalism, systems-based medicine, and complication avoidance. In addition, the SANS ques-

tion and content development and vetting process has been made more structured and now parallels the rigorous process undertaken by the ABNS in its development of questions for the primary and MOC cognitive examinations.

In conclusion, medical education systems are now being challenged to

develop products that address the new requirements of programs such as Maintenance of Certification, which are designed to help ensure the development and preservation of physician competence. SANS, which is now being integrated into neurosurgery’s own MOC program, is uniquely designed to help address several of the key aspects of this program, including self-

assessment and self-education. Current and future modifications to this program promise to further enhance its educational value. For more information about the SANS project, or if you have interest in participating in this program either as a user or as a project committee member, please feel free to contact the CNS office by e-mail at info@1cns.org.

CNS Guest Speaker New 4/c 4/c

ThinkFirst Donor Spotlight: Paralyzed Veterans of America Funds Expansion of Teen Program

ThinkFirst has been selected as one of only four recipients to receive a 2004 grant from the Paralyzed Veterans of America (PVA) Education and Training Foundation.

The \$49,770 grant will be used to enhance the *ThinkFirst for Teens* injury

prevention program in secondary schools by providing 35 chapters with two new products. The first is a video showing testimonials from young people, known as Voices for Injury

Continued on page 11

FAST FACTS
TRAUMATIC BRAIN INJURY

TEST YOUR SAFETY I.Q.

Q: What causes 20 times more disabilities than AIDS, breast cancer, spinal cord injuries, and multiple sclerosis combined?

A: Brain injury... Not only that, but brain injuries have increased more than 50% of U.S. wars combined since 1977?

Q: How many children suffer head injuries each year?

A: One million... 100,000 of these children require hospitalization, while 1 in 10 will live with moderate to severe impairments.

ThinkFirst about...

DEATH AND INJURY STATISTICS

- Traumatic Brain Injury is the number one cause of both death and disability in children and young adults.
- Approximately 3.1 million Americans are currently disabled as a result of a brain injury.
- Every five minutes one person will die and another will become permanently disabled due to a brain injury.
- Approximately 1.5 million Americans receive a TBI each year.
- It is estimated that TBIs claim more than 50,000 American lives annually.
- 80,000-90,000 individuals suffer long-term disability as a result of a brain injury.
- Falls are the leading cause of brain injuries among the elderly.
- 73-90% of traumatic brain injury victims were intoxicated at the time of the incident, which increases the incidence of death and makes recovery more difficult.

WHEN INJURIES ARE MOST LIKELY TO OCCUR

- 31% of incidents resulting in brain injury occur on the weekend.
- Most brain injuries take place at night.

WHO IS MOST LIKELY TO INCUR THIS TYPE OF INJURY?

- Only 25.2% of the TBI injuries involved females while 74.8% involved males.
- Each year more than 10,000 children suffer permanent disabilities as a result of a brain injury.
- African American children live and under an 40% more likely to incur a TBI than Caucasians do.

Causes of Traumatic Brain Injury in 2000

Consequences

- 90% of victims require long-term care.
- This includes: Memory Loss, Emotional Instability, Difficulty Concentrating and Completing Tasks, Difficulty Communicating.
- 61% have decreased neurological ability, such as: Seizures, Loss of Speech, Vision, or Vision, Speech Impairments, Headaches, Fatigue, Loss of Balance.

ThinkFirst
National Injury Prevention Foundation
www.thinkfirst.org

Fast Facts injury prevention fact sheet.

FAST FACTS

ThinkFirst about...

- 77.7% suffer from psychological difficulties including:
 - Depression and Mood Changes
 - Anxieties
 - Impulsiveness
 - Self-Harmful Behavior
- NEVER drink and drive. Always have a designated driver.
- Always observe and obey speed limits, traffic signs and signals.
- Make sure when playing on a playground that the ground surface is soft and free of debris and rocks.

HEALTH COSTS

- A TBI survivor pays approximately \$4 million in their lifetime for healthcare and services.
- 90% of adults due to TBI take place within 30 minutes of the incident.

PREVENTION TIPS

- Always wear a SNELL, ANSI and ASTM certified bicycle helmet and be protective gear when riding a bicycle, skateboard, or inline skating.
- Always wear a DOT certified motorcycle helmet when riding a motorcycle.
- Always wear a safety belt when driving or riding in a motor vehicle.

STILL NOT CONVINCED?

In the United States, one person incurs a traumatic brain injury every 21 seconds. This means that in the short time it has taken you to read these facts, approximately 15 people have suffered traumatic brain injuries. Your brain is irreplaceable. It cannot be replaced like a broken bone. If you are an backpacker or hiker, a TBI, any damage that your brain has sustained will stay with you for life. It has been verified that helmets, safety belts, air bags, and car seats decrease the risk of traumatic brain injury and death. In fact, wearing a bicycle helmet can reduce TBI by 85%. Brain injuries are serious problems with serious consequences, so take the proper precautions to protect yourself. If you drink, it could change the rest of your life.

ThinkFirst
National Injury Prevention Foundation

5550 Hazelwood Drive
Suite 110
Bellingham, WA 98220
Phone (360) 799-6038
Toll Free 800-770-0236
Fax (360) 799-0285
Email thinkfirst@thinkfirst.org
Web www.thinkfirst.org

SOURCES

- 1. www.nimh.nih.gov/brain.html
- 2. www.thinkfirst.org/brain.html
- 3. www.nimh.nih.gov/brain.html
- 4. www.thinkfirst.org
- 5. www.thinkfirst.org/prevention.html
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- 9. www.thinkfirst.org/brain.html
- 10. www.thinkfirst.org/prevention.html

AANS/CNS SECTION ON TUMORS

Chairman's Message

Raymond Sawaya, M.D.
Chairman, Section on Tumors



The executives of the AANS/CNS Section on Tumors have completed a memorable year celebrating the 20th anniversary of the Section. Here are

some highlights of the Section's activities.

Financials

As of Fall 2004, total assets of the Section had increased by 7.5% over the past 12 months, as recently reported by Dr. Ronald Warnick, Secretary-Treasurer of the Tumor Section. The Section will invest half of its liquid assets in an intermediate-term, fixed-interest investment, and the remainder will be kept in a checking or short-term investment account.

The final budget of the Biennial Satellite Tumor Symposium has not yet been completed. This information will be made available by the Spring deadline. However, judging from the success of the meeting, the overall balance is expected to be positive.

Awards

The Tumor Section awards program continues to be a highly successful program that recognizes and rewards the best scientific and clinical accomplishments. Three brain tumor awards were presented at the 2004 CNS Annual Meeting this past Fall.

Mahaley Award

Dr. Marvin Bergsneider was this year's recipient of the Mahaley Clinical Research Award, which is presented each year at the AANS and CNS Annual Meeting to a neurosurgeon who is an established investigator and presents the best clinical research paper in the field. The National Brain Tumor Foundation sponsors the \$1,000 award, which was named in memory of neurosurgeon Dr. Steven Mahaley. The applicant must be a member of the Section on Tumors. Dr. Bergsneider presented a paper titled "Extent of Brain Tumor Resection Using High-field (1.5T) versus Low-field (0.2T) Intraoperative MRI."

Preuss Award

The Preuss Award, established in 1990 by Peter Preuss, is awarded each year at the AANS and CNS Annual Meeting to the neurosurgery resident who has submitted the best basic science research paper. A recipient may receive

the award only once. This year's winner was Dr. Justin G. Santarelli, who presented a paper titled "Incorporation of Bone Marrow-derived Flk-1-expressing CD34+ Cells in the Endothelium of Tumor Vessels in Mouse Brain."

Young Investigators Award

Sponsored by the American Brain Tumor Association (ABTA), the Young Investigator Award is presented each year at the AANS and CNS Annual Meeting to a young faculty member involved in neuro-oncology research, who has demonstrated outstanding potential for basic science work. The applicant must be a member of the Section on Tumors and must have been in practice for fewer than six years. This year's winner was Dr. Kyle Weaver, who presented a paper titled "Identification of Hypermethylated Tumor-Specific DNA in Plasma of Patients with Glioma."

Thanks to the efforts of Dr. Michael McDermott, a new award was recently secured from the Integra Foundation. Starting in 2005, this \$1,000 award will be presented at each AANS and CNS Annual Meeting in recognition of the best abstract on benign tumors.

Bylaws

A revision of our bylaws is currently being completed. Included in this will be a complimentary membership extended to all neuro-oncology fellows. Also, for the transaction of business at the Executive Committee meetings, a quorum of members is met when at least half of the members are present.

Education

A brain tumor practical course, "Practical Update on Brain Tumors," was conducted on Sunday, October 17, 2004, and was extremely well attended. Dr. Jeffrey Bruce was the course director and Dr. Frederick Lang served as co-director. This was the first time this course was given at the CNS meeting, and it is hoped that this course will be offered semiannually at the CNS and AANS meetings. The next brain tumor practical course, "Update on Tumors for the General Neurosurgeon," will be offered on Saturday, April 16, 2005 at the 2005 AANS meeting.

Cooperative Group Trials

A very exciting collaborative opportunity was being developed between the American College of Surgeons Oncology Group (ACOSOG) Central Nervous System working group and our Tumor Section. Unfortunately, it appears that the Central Nervous System working group is being limited in its activities because of decreased funding of ACOSOG. Any further developments in this area will depend on the ability of this working group to find

Integra Neurosciences
p/up Fall 2004
4/c

Tumors

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alternative sources of support.

Fellowship Training

The Society of Neurological Surgeons has now officially approved the "Program Requirements for Fellowship Education in Neurosurgical Oncology," and applications from interested institutions are now being accepted. Dr. Franco DeMonte, our Section's Fellowship Subcommittee Chair, has offered to assist in this process.

Special Issue of the *Journal of Neuro-Oncology*

A special issue of the *Journal of Neuro-Oncology* marking the 20th anniversary of the Section has now been released as Volume 69, Numbers 1-3, August/September 2004, and consists of 22 articles. This project took the remarkable effort of Dr. Mark Linskey, along with the generous support of Dr. Joseph Piepmeier and Kluwer Publishing. A proposal to send a CD containing the entire issue to all Section members is being reviewed.

Nominating Committee

Dr. James Rutka, Chair of the Tumor Section Nominating Committee, has obtained input from the Section leadership and has submitted the names of nominated members for the Chair and the Secretary/Treasurer position for vote by the entire active membership of the Section. The results of the vote will be known by the Spring of 2005.

Scientific Programs

2004 CNS Meeting

This joint program with our colleagues from Italy on topics related to cranial base tumors was highly successful. Dr. Linda Liau congratulated organizing and leading this program.

Biennial Tumor Satellite Meeting

This meeting took place on October 21-22, 2004 at the beautiful Palace Hotel in San Francisco. More than 180 attendees participated in the meeting, which included three special symposia, a luncheon seminar, two keynote addresses, more than 30 selected oral presentations, and approximately 100 posters. Of particular note was the presentation of the Sections' Distinguished Service Award to Dr. Edward Laws and the first Charles Wilson Award to Dr. Mark Rosenblum for their respective roles in creating and expanding the Tumor Section.

2005 AANS Meeting

This meeting is being planned by Dr. Donald O'Rourke and will include a special symposium on contemporary and novel techniques in neuroimaging. We are particularly proud to have our current CNS President, Dr. Nelson Oyesiku, participate in this program.

Also, among the awards to be presented in 2005, we are pleased to recognize

our Section's past Chairman, Dr. James Rutka, who will deliver the Farber Lecture.

Washington Committee

The most important Section activity in relation to the Washington Committee, in the past few months, has involved the Task Force on Stereotactic Radiosurgery, which includes members from the Section on Tumors, as well as the Section on Functional and Stereotactic Surgery.

This group has effectively addressed the problem of Current Procedural Terminology (CPT) codes that the American Society for Therapeutic Radiology

Continued on page 11

Brain Tumor Immunotherapy Task Force

Roberta P. Glick, M.D.

In recent years, there has been an increased interest in the development of immunologic strategies for the treatment of brain tumors. As a result of the growing interest and promising early results in this exciting and changing field, the September 2003 special issue of the *Journal of Neuro-Oncology* was dedicated to clinical and basic research in brain tumor immunotherapy.

The Immunotherapy Task Force was organized to bring people in the field together for the purposes of education and research. The meetings are organized into three parts: Invited Lecturer, Research Talks (oral presentations), and Round Table Discussions.

The goals of these meetings are threefold:

- To present and evaluate the novel and current laboratory and clinical research in the field of brain tumor immunotherapy in order to coordinate and disseminate current information and ongoing research in the field;
- To try to come to a consensus regarding what clinical endpoints and immune system monitoring parameters should be evaluated in clinical studies; and
- To evaluate the need and timing for an Immunotherapy Consortium for conducting multi-center clinical trials.

We look forward to seeing everyone at the fifth meeting of the AANS/CNS Joint Section on Tumors Immunotherapy Task Force, in conjunction with the AANS Meeting in New Orleans, on Sunday, April 17, 2005.

AANS/CNS SECTION ON PAIN

Chairman's Message

Oren Sagher, M.D.

Chairman, Section on Pain

Investment consultants continually remind their customers that the secret to long-term success is the diversification of assets. They strongly discourage investors from "placing all of their eggs in one basket" because market fluctuations are likely to place much of their assets at risk. Asset diversification has achieved widespread acceptance in financial circles.

Diversification of assets is strangely at odds with the continuing specialization and fragmentation of medical expertise. Neurosurgical specialties continue to evolve away from each other. Neurosurgeons, previously trained to competently perform most procedures, have increasingly gravitated to single-technique and single-disease models of neurosurgery. This trend is reflected in the increasing number of specialty societies that exist within neurosurgery, and the growing number of fellowships. Moreover, there is a growing sense that, without specialty training, neurosurgeons are somehow not qualified to perform certain procedures. Accelerating this trend are outside influences that encourage specialty care, such as Leapfrog (www.leapfroggroup.org). In the utopian view of this model, every disease process would have a small number of specialists who perform a high number of surgical procedures of a specified kind, and nothing else. This view of neurosurgery is at odds with the classic view of the field, articulated by the American Board of Neurological Surgeons on its Web site at www.abns.org/content/about_abns.asp:

NEUROLOGICAL

SURGERY is a discipline of medicine and that specialty of surgery that provides operative and non-operative management (i.e. critical care, prevention, diagnosis, evaluation, treatment, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify the function or activity of the nervous system, including the hypophysis; and the operative and non-operative management of pain. As such, Neurological Surgery encompasses treatment of adult and pediatric patients with disorders of the nervous system: disorders of the brain, meninges, and skull, and their blood supply, including the

extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including those that may require treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution.

Neurosurgery is at a crossroads. Do we continue to train neurosurgeons capable of treating the broad array of diseases described in the ABNS definition? Or, is neurosurgery a much more limited specialty that requires further specialization in spine, vascular, tumor, pain, etc.? This is a decision that needs to be made at the educational level. Residency training should reflect the overarching goals of the specialty, be they broad and diversified, or limited and focused.

Pain neurosurgery faces similar issues in specialization. Is neurosurgical pain management a skill set that must be obtained through postgraduate fellowship, or is it a core component of neurosurgical surgery, as defined by the ABNS? And, if pain surgery is a core component of neurosurgery, what techniques and procedures comprise this basic skill-set? Is it enough that residents obtain training in the placement of spinal cord stimulators and intrathecal pumps? Should ablative techniques be a part of basic training? Are there enough pain procedures in a typical residency to enable graduating residents to be proficient in them?

The answers to such questions should take into account the core values of our specialty and the need to establish what makes a neurosurgeon. The management of pain needs to be included in this core, and not relegated to a postgraduate curriculum. After all, who is better equipped to alleviate suffering than those who have direct access to the nervous system? The anatomical knowledge and skills possessed by neurosurgeons for both anatomical correction of painful conditions, as well as the effective palliation of suffering, are the sine qua non of our specialty. We must preserve this unique combination of talents and make sure neurosurgical training reflects these values. If there is a role for postgraduate fellowships, it should reflect the basic competence of residency-trained neurosurgeons in the management of chronic pain.

It is important that we have a handle on training issues that concern pain treatment. Unlike anesthesiology, where pain management requires a Certificate of Added Qualifications, neurosurgery can rightfully claim both intellectual property in the field of pain, as well as the technical expertise required to care for these complex problems. We must

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Tumors

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and Oncology (ASTRO) was lobbying the Centers for Medicare and Medicaid Services (CMS) to modify at the detriment of neurosurgeons, and has provided the necessary documentation to our parent organization's leadership to mount the necessary objections. This effort is ongoing and special recognition is in order to Dr. Andrew Sloan, who has worked diligently and tirelessly on this issue.

Lastly, after authorization by Dr. Doug Kondziolka, Treasurer of the CNS, the Section on Tumors has made a \$15,000 contribution to Neurosurgeons to Preserve Health Care Access (NPHCA) in addition to a \$10,000 contribution to the Washington Committee. □

ThinkFirst Donors

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Prevention, who have sustained life-altering injuries. The second product is *Fast Facts*, injury prevention fact sheets that can also be used as lesson plans.

The participating chapters will distribute these tools to secondary school teachers. By mentoring teachers on how to use the tools independently, Think-First will expand the ability of each chapter to reach many more students.

Through this project, more than 10,000 students will be exposed to the Think-First curriculum. They will be tested before and after the presentation to see if their knowledge of injury prevention increases and if they express a willingness to reduce high-risk behaviors.

The PVA Education and Training Foundation is dedicated to improving the quality of life for individuals with spinal cord injury or disease by offering financial support to innovative educational projects for professionals and consumers. □

Think About It...



Cover for a video of VIP testimonials.

Section on Pain

Continued from page 10

guard against the corrosive effects of specialization, lest we find ourselves in the same position as other, nonsurgical disciplines, where postresidency training is mandatory for the demonstration of competence in pain management.

The portfolio of neurosurgical expertise must be appropriately diversified, and core holdings should reflect the educational priorities set by the ABNS. As in every successful investment portfolio, we can then choose specialty holdings to supplement the diversified core. However, we must choose these specialties carefully to prevent overspecialization from creeping in and eroding the entire field. □



CNS Guest Speaker New 4/c 4/c

AANS/CNS SECTION ON NEUROTRAUMA AND CRITICAL CARE

Shelly D. Timmons, M.D., Ph.D.

Education Committee, Section on Neurotrauma and Critical Care



Under the leadership of current Chair, Dr. Alex Valadka and immediate past Chair, Dr. Donald Marion, the Section on Neurotrauma and Critical

Care has developed several exciting educational projects over the past several months.

Resident Education Course

Drs. Michael Fehlings and William Welch have co-chaired the Section's Resident Education Course, an outstanding new offering sponsored by Synthes Maxillofacial and Spinal divisions. The first course was held in February 2004 at the University of Pittsburgh Medical Center, and the second in late February 2005. The course featured both didactic and hands-on sessions on a wide variety of neurotrauma, critical care, and health care delivery systems topics presented by several expert panelists. Synthes offered complete financial sponsorship for all residents attending the course (approximately 50 per session). The Section is very grateful for their corporate sponsorship of this learning activity, which was universally well received by attendees.

Membership Benefit Compact Disc

Dr. Jamie Ullman has spearheaded the membership benefit compact disc effort, aimed at providing Section members with several PowerPoint slide shows that can be used to present educational material to local audiences, including other neurosurgeons, residents, nurses, other hospital personnel, and lay groups. This month, all currently active Section members received a complementary CD with presentations on Guidelines for Management and Prognosis of Severe Traumatic Brain Injury, Guidelines for Management of Pediatric Traumatic Brain Injury, Guidelines for Prehospital Management of Traumatic Brain Injury, Guidelines for Management of Penetrating Brain Injury, ThinkFirst, and others. A copy of this useful tool will be provided to all new members joining the Section. Thanks are due to Drs. Daniel Michael (who conceived the project), P. David Adelson, and Beverly Walters for their assis-

tance in this endeavor.

Neurotrauma and Critical Care Practical Course

Recently, several Section members, including Drs. Dominic Esposito, Geoffrey Manley, Raj Narayan, John Ragheb, and myself, have been involved in the ongoing development of a Neurotrauma and Critical Care practical course, held at each CNS and AANS meeting. We have expanded the course from a half day to one full day, and included didactic lectures, case presentations, group discussions, and hands-on demonstrations of several neuromonitoring devices, including intracranial pressure monitors, ventriculostomies, and brain tissue oxygenation monitors. The course has repeatedly filled to capacity with neurosurgeon enrollees, as well as physician extenders and critical care nurses.

Neurotrauma Fellowships

The Section currently confers two fellowships per year. The Codman Fellowship in Neurotrauma and Critical Care is an annual grant awarded to a resident-in-training or neurosurgeon within 2 years of residency to work in basic or applied clinical research. The J. Douglas Miller Traveling Fellowship is awarded annually to an international neurosurgeon to allow him or her to obtain advanced education and/or research training. In addition, two semi-annual resident research awards, both sponsored by Synthes, are given for spinal and craniofacial research. The Section is grateful to our Awards Chairman, Dr. Michael Fehlings, for his diligence in pursuing sponsorship for these awards.

The Section remains committed to developing on-going educational programs for residents and practicing neurosurgeons around the world, as well as other healthcare providers involved in the care of our patients, and strives to promote best practices in neurotrauma care. Through participation with the *SANS Wired* project, the AANS Digital Technology committee, and other organizational efforts, members are actively involved in the development of easily accessible and practical modalities for lifelong learning programs. Current members of the Education Committee of the Section on Neurotrauma and Critical Care include Drs. Michael Fehlings, Jack Jallo, Geoffrey Manley, Jamie Ullman, and William Welch. □

CSNS NEWS

Chairman's Corner

Frederick A. Boop, M.D.
Chairman, CSNS



As the winter draws to a close, the Council is in preparation for our next plenary session to be held in conjunction with the AANS Annual Meeting in New Orleans, April 16–

21, 2005. The Council has several agenda items to be discussed at the April meeting, as well as several new resolutions to deliberate.

This April meeting also marks our election cycle. As such, the state societies and quadrants have been asked to forward nominations for the offices of Chairperson, Chairperson-Elect, Recording Secretary, and two new quadrant chairs. A number of topics from the last meeting were referred to committee and should return for report at this plenary session.

The Neurotrauma and Workforce committees have been working on position statements as to what procedures a neurosurgical nurse practitioner and physician's assistant should be able to do and to offer guidelines as to the level of supervision required. These will be forwarded to the Joint Section on Neuro-



trauma and Critical Care for review.

A resolution from the Northeast Quadrant called for organized neurosurgery to support a national liability reform organization called Common Good. Since the Council had little background information on the organization, the resolution was referred to committee with a request for an informational report to be delivered at the upcoming meeting.

Another resolution called for the initiation of dialogue between organized neurosurgery and osteopathic doctors who train in neurosurgery. Again, an informational report was requested and Dr. Dan Piper of Michigan has agreed to attend our plenary session in April to address the topic.

In addition, the Medical Practices and Medico-Legal committees were asked to look at the issue of how to recertify a neurosurgeon who has relinquished privileges for a period of time and then wants to reinstate privileges again. For example, if a neurosurgeon tells his hos-

Continued on page 13

NEW PRODUCTS/PRESS RELEASES

Fixing Defects at the Speed of *e* with MEDPOR Biomaterial

Porex Surgical's new interactive Web site with *e*-viewCT makes it possible to convert a patient's CT scan data into a virtual three-dimensional customized implant design that can be viewed 360 degrees on a secure Web site. Customized Implants can then be made to fit the defect or to correct an asymmetry.

e-viewCT provides the surgeon with the ability to transmit the patient's CT scan data electronically via a secure File Transfer Protocol (FTP) Web address and to view online a three-dimensional skull model and implant template with a downloadable prescription form using an individual password-protected Web address. Interested surgeons can learn more by visiting the Porex Surgical Web site and clicking on the *e*-viewCT link on the home page. Jeff Williams, Vice

President and General Manager of Porex Surgical, states "Porex Surgical has a reputation for being an innovative and forward thinking company. We're backing up that reputation by offering advanced technology for innovative surgeons through our online services that can mean a faster turnaround time on MEDPOR Customized Implants. Surgeons still have the option of purchasing a physical skull model and template, but many cases can be handled entirely online. The response from our surgeon customers to this new service has been tremendous."

For more information on *e*-viewCT and MEDPOR Surgical Implants, please contact Porex Surgical at 1-800-521-7321, visit our Web site at www.porexurgical.com, or e-mail darlene.robinson@porex.com. □

Mark your calendar now for the
55th Annual Meeting, October 8 –13, 2005
in Boston!

CSNS News

Continued from page 12

pital that he is limiting his practice to spine and cannot take calls for intracranial emergencies, then several years later wishes to perform intracranial surgery again, what guidelines can we offer to certify that this individual is capable of performing intracranial cases? A report will be produced.

Finally, development of the Council's Web site continues. A list of all previous CSNS resolutions and the outcome of their debate will be put on the Web site for review, as will minutes of our meetings. Please take time to visit the Web site at www.csnsonline.org and give us your feedback.

State Society Corner

Upcoming Meeting

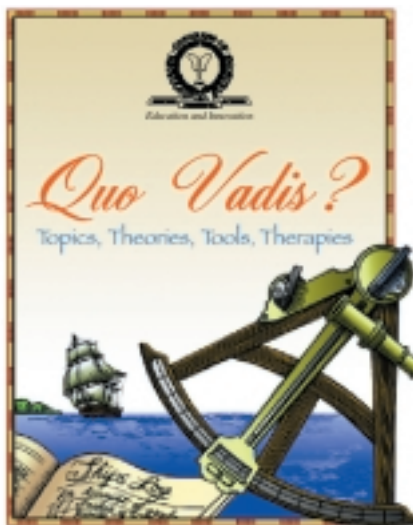
May 14, 2005

The Washington State Association of Neurological Surgeons meeting will be held May 14, 2005 at the Washington Athletic Club, Seattle, Washington.

Contact: Richard N.W. Wohns,
M.D., MBA

E-mail: rwohns@brainspinepro.com

Phone: (253) 841-8939



OCTOBER 8-13, 2005
Congress of Neurological Surgeons
55TH ANNUAL MEETING
BOSTON, MASSACHUSETTS

For more information regarding
upcoming meetings of the CNS,
visit <http://calendar.neurosurgeon.org/>

CNS Guest Speaker
New 4/c
4/c

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NEUROLOGIST

Lovelace Sandia Health System, located in Albuquerque, New Mexico where outdoor adventures range from bike trails along the Rio Grande valley to skiing the slopes of the spectacular 10,900 foot Sandia Mountains, is seeking: Neurologist: An outstanding opportunity currently exists for a full-time Neurologist. You will work in a collegial atmosphere with 4 Board Certified Neurologists whose careers range from 1 to 19 years and an exceptional support team. To qualify, you must be Board Certified or Board Eligible. We offer an attractive salary, call schedule of 1-5, single hospital coverage, minimal admissions, CME allowance plus an attractive vacation and leave policy. Lovelace employs over 300 physicians in all specialties, with an excellent group of doctors who assist in the care of your patients. Lovelace Sandia Health System offers a competitive compensation and benefits package. Please submit your CV online at: www.lovelacesandia.com If you are unable to apply online, forward your CV to: **Human Resources Dept. Attn: Deborah Baca, 7850 Jefferson Blvd. NE, Suite 100, Albuquerque, NM 87109; E-mail: Deborah.baca@lovelacesandia.com or call (505) 727-4313.** EOE

2005 Neurosurgery News

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