CHICAGO

2012 ANNUAL MEETING

OUR FUTURE IS NOW!

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2012 ANNUAL MEETING
OF THE CNS: OUR FUTURE
IS NOW

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RECOGNIZING BIAS IN CME
ACTIVITIES
Editor’s Note

The CNSQ staff, as well as the entire CNS team, welcomes you to the fall 2012 issue of the Congress Quarterly. This issue serves as an introduction to our quickly approaching 2012 Annual Meeting in Chicago. The Chicago Marathon is in town the same weekend that our meeting begins, and if you already haven’t done so, we encourage you to make your travel plans and reservations before the September 6 Advance Registration Deadline. Prepare yourself for the additional excitement that the marathon provides, as well as thousands of runners who will be sharing space in Chicago throughout the weekend.

In this issue, we are fortunate to have a summary of all the new and exciting events that will take place at the Annual Meeting provided by the annual meeting chairman and scientific program chairman, Drs. Ganesh Rao and Alan Scarrow. Their article details the fantastic array of international speakers as well as the diversity of the program. Dr. Darlene Lobel and I provide a summary of the resident simulation-based neurosurgical training practical course, now in its second year. In addition, Drs. Aaron Dumont and Aaron Cohen-Gadol discuss the Monday afternoon’s exciting operative neurosurgery session and finally, Michele Lengerman provides a summary of a few of the activities in the exhibit hall.

In our Perspectives section, Dr. James Ausman discusses offers an opinion piece on how to negotiate “anything.” Dr. Deborah L. Benzil offers a review of the CSNS meeting, with its record-breaking attendance, in Section News. Our Featured Articles section contains a review of the annual neurosurgery charity softball tournament by Dr. Ricardo Komotar, and Dr. Ullman provides a detailed analysis of how to recognize bias in CME activities by Dr. Jamie Ullman.

Inside the CNS offers numerous CNS committee reports and discussions. Drs. Bernard Bendok, Salah Aoun, and Jamie Ullman discuss the cutting-edge educational available in the live and archived webinars. Dr. Shekar Kurpad provides the Membership Committee report, while Drs. Jamie Ullman and Zoher Ghogawala detail the activities of the Education Committee. Additional reports include the Publications Committee by Dr. James Harrop, Fellowship Committee by Dr. Steven Kalkanis and lastly the International Division report by Dr. Anil Nanda. We are also fortunate to have Past President, Dr. Issam Awad detail the history of the CNS’ international initiatives in our Past President’s Section.

In summary, this issue is only a preview of a few exciting and upcoming activities and events at the annual meeting. We hope this serves as a template for your planned visit to the meeting and as always if you have any interesting articles or topics that you would like to discuss, please forward them to our attention at info@cns.org.
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Dear Congress of Neurological Surgeons (CNS) Members, I want to thank all of you for the privilege of serving as CNS President over the last year. Even though it has been a busy year for me, I can assure you that I have received more than I have given. I can also assure you that the CNS is very well positioned for the future.

One of the highlights of this year was the opportunity to be a guest of the Japanese Congress of Neurological Surgeons (JCNS) at their Annual Meeting, held this year in Yokohama, Japan. Dr. Nobohito Saito, JCNS President and Professor and Chair of Neurosurgery at the University of Tokyo, was my host. I would like to formally thank Dr. Saito and the JCNS for their hospitality. For those of you who have never been to the JCNS meeting or visited Japan, I highly recommend that you consider attending this meeting, even if you do not speak Japanese. You will not be disappointed.

This is the Annual Meeting issue of Congress Quarterly. As you will see, this year’s meeting, held from October 6-10, promises to be spectacular. The theme of this meeting, “Our Future is NOW”, reflects my belief that we create our own opportunities. As a profession, we cannot sit on the sidelines and wait for our world to be created for us. Rather, we must actively shape it so as to actualize the best possible future for our profession and ultimately our patients. The Annual Meeting Committee, under the direction of Dr. Ganesh Rao, and the Scientific Program Committee, under the direction of Dr. Alan Scarrow, have constructed a truly fantastic program that amplifies the meeting theme. With Honored Guest Dr. Ralph Dacey and Dandy Orator Ray Kurzweil, the 2012 CNS Annual Meeting promises to be a memorable experience. I hope to see all of you there.

This summer, the Executive Committee met to discuss, amongst other things, the strategic priorities of the organization. The strategic vision of the CNS, to be the premier educational organization in neurosurgery, was reaffirmed. However, we realize that being the leader requires more than a superior journal and a fantastic Annual Meeting. As the environment continues to change for neurosurgeons at all stages of their careers, so do their educational needs. Never before have time, budgetary, and regulatory constraints come together, as at present, to create a more pressing need for innovation in education. Thus, being the premier educational organization in 2012 and beyond means understanding CNS member needs, seeking opportunities, taking advantage of advances in technology, and achieving in excellence in everything that we do. An organization like the CNS cannot afford to outsource innovation. By the time the bill is paid the product is out of date. As I have previously stated, the most efficient way to achieve these goals is by cultivating the atmosphere of creativity that the CNS is known for. Occasionally, this means taking a few risks. How many of you remember the first neurosurgical meeting streamed live to the internet (Seattle, 1998), the first all digital neurosurgical meeting (Philadelphia, 2002), or the first digital posters (Boston, 2005)? At the time, these were revolutionary technologies. Only now have these CNS innovations become commonplace. Expect to see more of that, both now and in the future, from the CNS.

Now is a really good time for the CNS to reaffirm this strategic vision. All of medicine, including neurosurgery, is in the midst of a complete redesign. From residency through retirement, the way that we do everything is about to change. As an example, the Accreditation Council for Graduate Medical Education (ACGME) has already announced the implementation of the Next Accreditation System (NAS), which will
radically change the way residency programs are certified, and the Milestones Project, which will likewise change the way neurosurgeons are trained. The Milestones, in particular, represent a major departure from the previous system, in that residents rather than programs will be required to demonstrate competency in each of thirty core areas. Neurosurgery was chosen to be one of the first specialties to participate in the NAS, in part because of a parallel effort at the Society of Neurological Surgeons (SNS), development of the Matrix Curriculum. The elements of the Matrix detail every residency level learning objective, organized by core competency and level of training. It is expected that each resident will complete each element during his or her training. The training programs’ primary purpose therefore becomes providing them with the opportunity to do so.

With the implementation of the ACGME Milestones and SNS Matrix comes an enormous increase in complexity for training programs. Manually keeping track of each resident’s progress towards mastery of dozens of milestones and thousands of Matrix elements is not a viable option. Additionally, the preparation of detailed reports for a multitude of regulatory bodies mandates both automation and standardization. Finally, the provision of tailored learning opportunities for each of the Matrix elements is highly desirable. Therefore, this spring, the leadership of the SNS formed the Portal committee. This committee, made up of representatives from each of the major neurosurgical societies, was created to discuss innovative solutions to the problems created by this new system. At the conclusion of this meeting, it was agreed that the CNS, building on years of experience and considerable expertise in online learning platforms, would build the technological backbone of a new system for residency training. Further, CNS volunteers will ensure that it will be built better, faster, and cheaper than any outside contractor. I am proud to say that the CNS looks forward this challenge, as we see this system as the foundation for all neurosurgical education the years to come.

The scope of this project, however, is not limited to residency training. The Milestones project is envisioned to link residency training with primary certification, maintenance of certification (MOC), and, ultimately, with patient outcomes. Future builds of this system will provide for a single site of entry for tracking of all regulatory requirements, possibly even linking to individual case data tracked by Neuropoint Alliance. While admittedly an enormous task, successful implementation is vital to our specialty.

In summary, this has been a good year for the CNS. The ACCME recently awarded the CNS the 6-year ACCME Accreditation with Commendation for continuing medical education—a designation achieved by only 21% of all providers evaluated under the Accreditation Criteria! This recognition demonstrates the CNS commitment to enhancing lives worldwide through the advancement of education and scientific exchange. The CNS is proud to join the top CME providers in the US, having fulfilled our vision of being the premier educational organization in neurosurgery.

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Thank you, again, to all CNS members, volunteers, executive committee members, and staff for all of your efforts on behalf of the CNS. Our Future is Now!
The 62nd Annual Meeting of the Congress of Neurological Surgeons promises to be one of the most stimulating and educational neurosurgical events of the year. The meeting will be held in Chicago, Illinois from October 6th through October 10th. The theme of the meeting, Our Future is NOW! was chosen to recreate the excitement of the Chicago World’s Fair (held from 1933 to 1934). The 2012 Annual Meeting is intended to disseminate the most exciting breakthroughs in neurosurgery and to look ahead to what is coming next in our specialty. Over 20 CME hours are available with general meeting registration, and over 45 are available with other optional meeting events. Chicago remains one of the most exciting cities in the world and we encourage all CNS members to enjoy the numerous attractions it has to offer.

Partnering with the CENS

The Central European Neurosurgical Society is our international partner society for 2012. Professor Eduard Zverina will be delivering the CENS Presidential Address at the CNS Annual Meeting and prominent CENS faculty will be featured in various parts of the scientific program. We are looking forward to a mutually beneficial scientific exchange. To honor our International Members, we will be hosting an International Reception on Monday evening.

2012 Honored Guest: Dr. Ralph G. Dacey, Jr.

We are fortunate to have Dr. Ralph G. Dacey, Jr. as the 2012 Honored Guest. Dr. Dacey is currently the Henry G. and Edith R. Schwartz...
2012 Annual Meeting Highlights

General Scientific Sessions
This year’s Annual Meeting will be held from Saturday through Wednesday. Because we have shortened the length of the meeting, more CME opportunities will be available beginning Saturday, October 6th. The meeting will kick off on Saturday with 14 practical courses. The first General Scientific Session (GSS) will be held on Sunday afternoon. A leader in Neurosurgical Education, Dr. Albert Rhoton will be giving a lecture: Navigating the Final Frontier. We will be featuring world renowned Neuroradiologist, Dr. Anne G. Osborn as this year’s Thompson Lecturer. Dr. Osborn will be presenting “The New Brain Tumors: What Can Your Neuroradiologist Really Tell You From Preoperative Imaging Studies?” She will hold a book signing after her lecture of the latest edition of her revered book Diagnostic Imaging: Brain. The General Scientific Sessions continue each morning, Monday through Wednesday from 7:00 to 11:30 am. Each day, the GSS will feature neurosurgeons that have driven research beyond what you may encounter in the mainstream neurosurgical literature. We will also hear from CNS Honored Guest, Dr. Ralph Dacey, CNS President, Dr. Christopher Wolfla’s presidential address and an assortment of special speakers who will highlight the theme “Our Future is NOW!” Dr. John Donoghue, a renowned neuroscientist, will present “Merging Mind and Machine to Restore Movement”. Famed Dartmouth Health Economist Jonathan Skinner will present “Technology Growth and Cost Growth in Healthcare”. David Weinberger, a senior researcher at the Berkman Center for Internet and Society at Harvard University will present “Too Big to Know: Rethinking Knowledge Now That the Facts Aren’t the Facts, Experts Are Everywhere and the Smartest Person in the Room is the Room”. Finally, we are extremely excited to have Raymond Kurzweil as the Dandy Orator. Mr. Kurzweil is well known as an inventor and futurist. He has authored numerous books and has won many prestigious awards, including the National Medal of Technology, the highest honor the U.S. can confer to a US citizen for achievements related to technological progress.

Original Science Program
We had over 1,100 abstracts submitted for review this year! Thus, we have expanded the opportunities for CNS members to present their original science in an oral presentation platform. In addition to the top ten abstracts being presented by each section, we have reprised the multidisciplinary oral presentation program for 2012. Beginning on Sunday afternoon and concluding on Wednesday afternoon, these two sessions will maximize presentation opportunities for our members who are generating outstanding research. Each subspecialty is also putting together an original science program to highlight the latest developments in each specialty area of neurosurgery. These are sure to be exciting sessions held on Monday and Tuesday afternoons.

Practical Courses
The Scientific Program Committee has put together a revamped Practical Course program for the 2012 meeting. The practical courses remain one of the best ways for membership to get intensive experience with a variety of neurosurgical topics. This year we are offering 14 PCs on Saturday and 13 on Sunday with six completely new courses including, Stroke Center Care for Allied Health Professionals, Neurosurgery Board Review, Should You Retire or Not?, and Innovation and Intellectual Property Development: From Concept to Company.
Luncheon Seminars
We have an exciting Luncheon Seminar program that includes twelve new seminars including: Managing Long Term Complications of Cervical and Lumbar Spine Surgery, Surgical Management of Meningiomas, Transitioning to Hospital Based Practice: How To Negotiate a Fair Deal, Pituitary Adenomas: Operative Nuances and Management Considerations, Anterior and Posterior Fusion Strategies in Pediatric Spine, Implementing an Electronic Medical Record (EMR) and Information Technology (IT) in Your Neurosurgical Practice, Approaches to Managing Pineal Region Tumors in Children, Sagittal Balance in Spine Surgery, Evaluating Outcomes in Pediatric Neurological Surgery, and Image Guidance in Spinal Surgery. Luncheon seminars are an extremely popular way to get additional CME Monday through Wednesday.

Dinner Seminars
Given that nearly 1,000 medical attendees are in town on Saturday, we have created a Saturday Dinner Seminar as an additional educational opportunity. Saturday’s Dinner Seminar, Treatment of Brain Metastases is designed to address common clinical challenges faced by virtually all neurosurgeons that treat metastatic brain tumors. Monday will feature two Dinner Seminar choices: Harnessing Social Media and the Web to Enhance Your Practice and Incidental Finding – What Next?

Finally, on Tuesday, we will be offering: CSM – Front versus Back and Aneurysm: Clip and/or Coil? These have been extremely popular over the last two years and quickly sell out. They will be held at Chicago’s finest restaurants, including N9NE, Sepia, Chicago Cut Steakhouse, Naha and MK Restaurant. Buy your ticket soon!

Special Courses
Two Special Courses are being offered this year that are open to all meeting registrants. The first, Robotics: The Future of Neurosurgery, will explore current advanced opportunities for robotics. Participants in this course will have the opportunity to learn about the potential applications and cross fertilization that can occur as the fields of advanced robotics and neurosurgery intersect. The second, Functional Neuroimaging: Where Do We Go from Here? will explore the current state of the art regarding functional imaging and its implications in neurosurgery with a focus on coming advances in this field.

Consensus Sessions
Two Consensus Sessions are being offered this year and are open to all meeting registrants. The Consensus Sessions have been wildly popular over the last few years and feature audience interaction with pre- and post-session questions designed to reinforce course content. This year we will feature a tie-in to SANS as an opportunity for meeting registrants to obtain additional CME after the meeting. The Consensus sessions are Treatment of Cervical Stenosis and Radiculopathy: Building Consensus From Controversy and Treatment of Acoustic Neuromas: Building Consensus From Controversy.

Operative Neurosurgery
By using 3-D High Definition operative videos, the CNS is again at the forefront of technology. Committee Co-Chairs Drs. Aaron Cohen-Gadol and Aaron Dumont have put together two surgery-oriented sessions that are designed to highlight operative skill and technique with state-of-the-art video technology. The first, held on Monday is titled: The Art of Microsurgery: Lessons Learned and will feature Drs. William Couldwell and Robert Spetzler. The second session will be held on Tuesday has been shaped by Operative Neurosurgery Editor-in-Chief, Dr. Nelson Oyesiku. The title, Management of Desperate Intraoperative Moments, was chosen to convey the excitement of the unpredictable nature of neurosurgery and will feature Drs. Robert Spetzler, Daniel Barrow, and Michael McDermott.

Come to Chicago!
New opportunities, new ideas, and new technology underscore the upcoming CNS Annual Meeting. For more information and to register for this outstanding event, head to www.cns.org. Bring your family to Chicago in October for the entire event. The city offers excitement for the whole family with spectacular museums, historical landmarks and fine dining. We look forward to seeing you in October!
RALPH GERARD DACEY, JR., MD
2012 CNS HONORED GUEST

The inaugurating principles outlined in 1951 by the Founders of the Congress of Neurological Surgeons (CNS) have remained the cornerstone of the society’s mission throughout its more than 60-year history. The earliest stated purposes of the CNS were: 1) to study and discuss the principles of neurological surgery, 2) to study developments in scientific fields allied to neurological surgery, and 3) to honor living leaders in the field of neurological surgery. Dr. Herbert Olivecrona was the first Honored Guest of the CNS in 1952. Each year since, the CNS President, with approval of the Executive Committee, has had the privilege of selecting another leader in our field that would be so honored. Former Honored Guests of the CNS have been chosen for their surgical skills, scholarly productivity or contributions to the specialty as leaders in organized neurosurgery.

Ralph G. Dacey, Jr., is the prototype for an Honored Guest of the CNS, having made seminal contributions in all of these arenas. He is a skilled neurosurgeon with established surgical expertise ranging from cerebrovascular surgery to the surgery of pituitary tumors and meningiomas. He is a consultant neurosurgeon for the St. Louis Rams and the St. Louis Blues. He has maintained a funded basic science laboratory throughout his career and published extensively in the peer-reviewed literature. His research concentrates on the physiology of cerebral microcirculation. He was awarded a Clinician Investigator Development Award by the National Institutes of Health (NIH) and has been funded by NIH for many years. His CV lists over 190 publications in the area of neurosurgery and cerebrovascular physiology.

He leads one of the most prestigious residency training programs in our discipline and has held leadership positions in virtually all of our major neurosurgical organizations.

Dr. Dacey was born in Boston, Massachusetts on August 7, 1948. He received his B.A. degree from Harvard University in 1970, and his M.D. degree from the University of Virginia in Charlottesville in 1974. He completed a residency in internal medicine at Strong Memorial Hospital in Rochester, New York before concluding a neurosurgical residency at UVA. He was an American College of Surgeons Schering Scholar, a postdoctoral fellow in physiology and worked as a neurosurgical registrar in Plymouth, England. He is board-certified in both Internal Medicine and Neurological Surgery.

Following his post-graduate training he became an Assistant Professor of Neurological Surgery at the University of Virginia before taking a faculty position at the University of Washington, in Seattle, where he served as an Assistant Professor from 1983-1987. He subsequently was appointed Professor and Chief of the Division of Neurosurgery at the University of North Carolina, in Chapel Hill. Since
1989 he has been the Henry G. and Edith R. Schwartz Professor and Chairman of the Department of Neurological Surgery at Washington University, in St. Louis.

I first met Ralph Dacey in 1978 when I rotated at the University of Virginia as a visiting medical student. He was a junior neurosurgery resident who immediately impressed me as a future leader in the field I was considering. He was obviously very bright but he also struck me as clever, friendly and with a great sense of humor. Indeed, Ralph Dacey and the assembly of other remarkable individuals in the Department of Neurosurgery at UVA were largely responsible for my decision to pursue a career in neurosurgery (Figure 1). We have remained close friends and colleagues and I have observed his career with pride and admiration.

Ralph Dacey has been an innovator, trailblazer and torchbearer. He is currently the President of the Society of Neurological Surgeons. He recently completed his term as Chairman of the Residency Review Committee for Neurosurgery as well as serving on the ACGME Resident Duty Hours Task Force. He is the past President and Treasurer of the American Academy of Neurological Surgery and past Vice President of the Society of Neurological Surgeons. He was the Chairman and Secretary of the American Board of Neurological Surgery as well as President and Treasurer of the Congress of Neurological Surgeons. He is a member of: the American Association of Neurological Surgeons, American Academy of Neurological Surgery, American Board of Neurological Surgery, American College of Surgeons, American Heart Association, American Medical Association, American Surgical Association, Congress of Neurological Surgeons, Neurosurgical Society of America, Research Society of Neurological Surgeons, Society of Neurological Surgeons, Society of University Surgeons, and the Southern Neurosurgical Society. In each of these positions he has provided wisdom, leadership, and demonstrated a unique ability to resolve conflict. All of these organizations and those individuals with whom he has collaborated have benefited immensely from his sage advice and calm demeanor in dealing with challenging issues and problems.

He recently completed his term as a member of the National Institutes of Health Advisory Council and in 2003 received the prestigious Grass Foundation Award from the Society of Neurological Surgeons. He was the 2011 recipient of the Founder’s Laurel Award of the Congress of Neurological Surgeons. In October of 2010 he became one of the very few neurosurgeons to be elected into the Institute of Medicine and subsequently was named a Fellow of the Academy of Sciences of St. Louis.

In addition to his professional contributions and body of work in neurosurgery, Ralph Dacey is a dedicated and admiring husband to Corrine, his wife of 37 years. They have two remarkable children, Lizzie and Ralph. All who know Ralph Dacey well have great appreciation for his wonderful sense of humor and legendary story-telling capabilities.

Among the many legacies of the CNS, the designation of an Honored Guest has been one of the most enduring and has become one of the highest distinctions that can be bestowed upon a living neurosurgeon. It is fitting and appropriate that Dr. Ralph Dacey be added to the list of neurosurgical pioneers and giants that are the Honored Guests of the Congress of Neurological Surgeons. 

> FORMER HONORED GUESTS OF THE CNS HAVE BEEN CHOSEN FOR THEIR SURGICAL SKILLS, SCHOLARLY PRODUCTIVITY OR CONTRIBUTIONS TO THE SPECIALTY AS LEADERS IN ORGANIZED NEUROSURGERY. RALPH G. DACEY, JR., IS THE PROTOTYPE FOR AN HONORED GUEST OF THE CNS, HAVING MADE SEMINAL CONTRIBUTIONS IN ALL OF THESE ARENAS.
SIMULATION SYMPOSIUM: SIMULATION-BASED NEUROSURGICAL TRAINING

The Congress of Neurological Surgeons (CNS) mission statement notes the organization exists “to enhance health and improve lives worldwide through the advancement of education and scientific exchange.” This pursuit has involved numerous methods such as the Neurosurgery journal, CNS University, Webinars, Annual Meetings and now an extensive and comprehensive simulation-based education initiative.

The adaptation and utilization of simulation models is necessary to maximize medical education and particularly, neurosurgical education. This initiative began last year at the CNS Annual Meeting in Washington, DC with the inaugural seminar, “Simulation Based Neurosurgical Training.” The training modules in this seminar were formatted to provide a foundation for surgeons beginning their neurosurgical residencies (PGY2-4).

Surgical training is a learned skill which requires numerous hours of repetition. Due to work hour restrictions and increasing requirements and demands placed upon residents, their ability to be a participant in the operating theater is limited. Further, to maximize training and knowledge transfer, learning and mastery of tasks prior to live surgery benefits the residents as well as the patients. Simulation has been adopted as a training modality in many surgical fields. In neurosurgery, simulator training is even more critical due to the unique nuances and complexity of neuroanatomical structures. Additionally, numerous neurosurgical procedures are performed only sporadically and, as such, have a steep learning curve. Therefore, to maximize proficiency as well as limit adverse operative events, the use of simulation models seems to be among the most appropriate tools.

Presently, there are numerous types of simulation models available for education. However, the great majority fall into one of four categories, the first, and largest proportion, being physical models. A classic example would be a CPR mannequin or sawbones of the spine. The next group is virtual reality (VR) simulators, which is the most rapidly growing field. These are typically navigation directed and have haptic features (tactile feedback). These models typically consist of a monitor, with the more complex having 3D stereovision. The third model is web-based simulation, and as this field of simulation expands, we now see an evolving fourth class of hybrid models.

During the 2011 Annual Meeting in Washington, DC, the CNS dedicated a full day practical course to neurosurgical simulation. There were 35 residents from around the globe and 32 faculty members present. This illustrates one disadvantage of simulation, the necessity of a high student faculty ratio. During the course, the residents rotated through three major areas of neurosurgery; vascular, spinal, and cranial disorders. During each rotation, individual skill sets were pre-identified and performed.

The vascular simulation module directed by Elad Levy and Bernard Bendok had clear learning objectives and a predefined course curriculum. All residents proceeded through the vascular simulator, which encompassed a one-and-a-half hour module. During this time, the residents had written and practical pre- and post-tests as well as didactics and hands-on training with the simulator.

The spinal simulation modules were further subdivided into three distinct subsets; dural injury repair, posterior cervical laminectomy, and percutaneous lumbar instrumentation (MIS), all three models being physical models of varying complexity. The simplest physical model was the dural repair challenge. An incision made in a closed circuit pressurized system tube (dura) had to be closed with sutures; skills measured included speed and tensile strength of repair. The cervical and lumbar systems were much more complicated and sophisticated. These utilized image guidance technology as well as computer-based systems. The cranial rotation consisted of two skull-based models, one virtual reality-based and the other a physical model. Participants were also given the opportunity to participate in ventriculostomy placement and cranial trauma flap design.

Overall, the entire course was quite successful based on resident and faculty responses, thus illustrating that education can be enhanced through a simulation environment. Comments from the participants included the feeling that the physical models were closer to a “real life situation.” Areas of improvement that were highlighted included that the overall number of models the residents used was too high and the pace of the seminar appeared to be too fast. Improvements have been integrated into the 2012 simulation program to address these specific concerns, and we look forward to expanding this program once again such that the CNS can further maximize the education and skills of our residents and neurosurgeons to the benefit of our patients.
The Operative Neurosurgery Session at the 2012 Congress of Neurological Surgeons Annual Meeting will take place on Tuesday, October 8th from 3:30-5:00pm. The session will focus on the management of intraoperative challenges and complications facing neurosurgeons in dealing with complex vascular lesions and tumors.

The course will be directed by Drs. Aaron Cohen-Gadol, Aaron Dumont and Nelson Oyesiku and invited faculty includes Drs. Daniel Barrow, Daniel Resnick, Robert Spetzler and Michael McDermott.

Surgical videos will be shown by faculty members and discussion will occur during and following each case presentation. An emphasis will be placed on rapid decision-making, technical details and salvage techniques to maximize patient safety and outcomes in dealing with difficult intraoperative situations during cranial surgery.
GET YOUR HANDS ON THE LATEST TECHNOLOGY IN THE EXHIBIT HALL

The CNS Annual Meeting is an exciting time, full of networking opportunities and clinical breakthroughs that could change the way you practice neurosurgery. As you begin to coordinate your schedule for October 6-10, we encourage you to make sure you have blocked enough time to visit the exhibit hall and get your hands on the latest devices and technological advances in neurosurgery. This year’s CNS Annual Meeting welcomes over 175 companies to the exhibit hall to educate surgeons and other medical professionals about the latest technology in neurosurgery, making it the perfect opportunity to find the innovations that could help you improve your practice and enhance patient care.

This year, to make it even easier to identify the technologies that will most impact your practice, the CNS has added a number of new services to help you navigate the exhibit hall:

**Annual Meeting Guide**
Available as an iPhone or iPad application, as well as a multi-platform mobile site, the Annual Meeting Guide includes a number of features to help you locate companies and products in the hall, as well as to connect with exhibitors directly. Use our Product and Service locator to browse a preset list of product categories and quickly identify the companies that provide them. You can also search all exhibitor product information by keyword for more specific results. And once you’ve located the company you’re interested in meeting, you can use the Annual Meeting Guide to request an appointment with the main contact person at that company. Select companies have also upgraded their exhibitor listings in the Annual Meeting Guide to include product literature and video links. Look for the starred companies to find these additional resources. Download the app via the App Store, or access the mobile site at http://m.cns.org.

**Demonstration Theater & Featured New Products**
Be sure to check out these short product demonstrations available on the exhibit hall demonstration stage. Available during all beverage breaks, these sessions let you learn more about the latest innovations in the hall while you enjoy your coffee. Each 25-minute session addresses a different technology or service available in the exhibit hall. In addition to these presentations, the CNS offers signs throughout the exhibit hall to help you identify the latest product launches and new technologies so you can visit these companies’ booths for a demonstration.

**In Booth Demonstrations**
Of course, the best way to learn about new products is to get your hands on them directly. Several of our exhibitors will feature in-booth demonstrations of their latest technology throughout the course of the meeting. Stop in for the demonstration and then stick around to get some one-on-one time with the equipment and learn more about whether it is right for your practice. In-booth demonstrations and times are listed in the Annual Meeting Guide and via signage throughout the exhibit hall.

The CNS values our exhibit partners and the contributions they make to support the meeting, and we believe that there are valuable learning opportunities for our members in the exhibit hall. We hope you will take some time in Chicago to see what the exhibit hall has to offer you.
Negotiating is something you do every day many times a day in different ways. You negotiate with your kids for what they desire, with your spouse on how you spend your money, a professor, your colleagues, your employees, a car dealer, and many more.

First, the key to any negotiation is “If you cannot walk, you cannot negotiate.” That means saying NO.

If you have a set of principles in your life, then they are the ones on which you will not compromise.

What about negotiating for employment? Are you going to surrender all of your independence, your control over your income, and how you practice to a hospital? If you are willing to do that, then your goal is to get security and a job no matter what you have to do.

Unfortunately, you are forgetting that you have all the cards. Neurosurgeons are in short supply and will be so for at least 20 years if not more. So, there are jobs and good ones everywhere. But, maybe you or your spouse do not want to move and your kids like the school they attend and their friends. So, you just lost your negotiating power and their future. If you want to make that deal, do it, but there will be no end to your compromises as time goes on. Eventually, you will lose your family, your self-respect, your practice, and everything you worked for. Not a good deal to make. You need to have this discussion with your spouse about “walking”. Your partner needs to understand what is at stake.

I talked with a neurosurgeon who was selling his home because his Medicaid payments were declining, and he could not afford to keep his house. I asked him if he ever thought about moving. He said, “No”. At least go and look at other opportunities before you make any decision. There are plenty of nice places to live with an excellent income for you and good schools for the
kids, etc. Yes, I have heard that “my spouse does not want to leave”, “I like it here”. I even talked with a neurosurgeon who was LOSING money in his practice and stayed! Get a grip! Until the recent recession 20% of Americans moved every year. Did you ever hear about the telephone, airplane, or other ways to stay connected to your family and friends? Can they visit you? What about making new friends? The world is changing and you must also or you will lose. So go and look at new opportunities. You cannot lose and will learn something, I guarantee this to you!

Secondly, if you give something up you need to get something in return. This is the basis of negotiation.

I have spoken with neurosurgeons who have given everything to the hospital and expect equal in return. That will not happen. Hospitals and doctors will be under huge financial pressures to save money and pay executive salaries. So, if you are asked to give something up, what tangible thing do you get in return?

Thirdly, you need to list what it is you want. Also you need to list what the party you are negotiating with wants and needs. Then you can negotiate a win-win situation.

You provide ER coverage; they need ER coverage. They need patients to fill their beds, you provide those patients. They want ancillary revenues; you can provide those revenues. They want to guarantee that they have neurosurgeons in a market that is short of neurosurgeons. You are a neurosurgeon. You can stay or go someplace else. What is their offer? You could send all your patients to another hospital or leave, and they lose everything. They may tell you they do not really need you or may make you a poor offer. So, leave. What they are saying is that you have no negotiating position. That is not true. You can leave. They actually do not want that. But it is a game they are playing and if you are not good at it, you will lose the game.

Fourth, you have to know everything you can know about your opponent in negotiations.

Find out all you can before you even start to negotiate. Get facts. Have facts on your own practice. What do you make for the hospital or practice, etc? Some neurosurgeons tell me that they are really valuable to the hospital and bring in a lot of money. They do not know the facts. That is a poor negotiating strategy. Get the data. Know what others make in relation to you in neurosurgery and other services. Find out everything you can. A rule you can use is that each case you do contributes about $6,000 to the hospital. Spine surgery may be a bit less.

Fifth, negotiating is an Art. You have to have some experience to do it. Ask for help.

Most don’t ask for help because they think they know how to negotiate. Negotiating involves using information intelligently, analyzing your opposition, acting, posturing, and an orchestrated approach. Don’t be naïve. Negotiating is a sophisticated game.

Did you ever hear of a hospital not living up to its contract or commitments? It happens and a lot. What are you going to do? At least get some skilled advice and then a lawyer who can help you with a contract. I worked with a young man who was given a contract by the hospital. He had no lawyer and when I convinced him to get one to read the contract, the contract was totally unfavorable to him in every way, but he did not know it.

Lastly, there is a CD I recommend by Herb Cohen, entitled “How to Negotiate Anything”.

Put it in your car CD player and listen to it as you drive. It is entertaining and informative. Then you will get an idea of what you are up against. There is a lot more to negotiating than I can write about here. But you get the idea. Negotiating for your future is not something for novices.

Disclosure: Dr. Ausman has disclosed he is CEO of Future Healthcare Strategies.


**Record Breaking Meeting: CSNS Miami 2012**

The CSNS Spring 2012 meeting held in conjunction with the AANS in Miami considered a record 18 resolutions and hosted an inspiring luncheon program *Erasing Borders: Neurosurgery Home and Abroad* featuring Karin Muraszko, MD (Chair, University of Michigan) and Robert Dempsey, MD (Chair, University of Wisconsin). In addition to the standing officer/committee and Washington reports there were 17 special reports delivered on a variety of topics critical for every neurosurgeon. Alison Dye, Senior Manager Communications on the Washington Committee, provided crucial insights during her talk “Online Reputation Management: Protecting Yourself in the Digital Age.” Another well-received talk on “Fairness and Transparency in Calculation of Fair Market Value for Administrative Non-clinical Work” was given by Dr. Mark Hoeprich based on extensive work completed by the Medical Legal Committee. The CSNS website allows all neurosurgeons access to this important information (csnsonline.org).

As chair, it was also my responsibility to deliver the “State of the CSNS” which was a welcome task with all that our members have accomplished over the last six months. I would like to highlight some of our noteworthy achievements.

**Past Resolution Highlights**

- **2011 Spring**
  - II: Support of Resident Socioeconomic Education: A complete SE curriculum was submitted to SNS for inclusion in the Matrix Resident Education Project

- **2011 Fall**
  - I: Fairness and Transparency in Calculation of Fair Market Value for Administrative Non-clinical Work: An outstanding presentation was given as noted above
  - IV: Quality of Neurosurgical Care as Defined by Patient Satisfaction: We heard a great presentation during Friday’s plenary session
  - VI: AANS and CNS Scientific Planning Committee Liaisons from CSNS: Both the CNS and AANS will now have CSNS liaisons to contribute to planning of relevant educational activities for the annual meetings
  - VIII: Assessment of AMA Advocacy Resource Center tools in Response to Insurance Denials of Coverage for Neurosurgical Treatments: The NS delegation to the AMA sponsored a resolution which passed the AMA HOD. Follow-up to the resolution continues
  - XI: A Survey of Charitable Activity Amongst Neurosurgeons: A preliminary report was heard during the plenary session

- VII: Neurosurgical Sports Injuries: Significant resources have been placed on-line with access for all neurosurgeons
- VIII: Increasing Neurosurgical Content on NBME Subject Exams: A presentation was given and a written report will be sent to AANS/CNS by the end of summer
Maintaining long term financial security
- The CSNS remains sound financially.
- Melany Thomas Fellowship Endowment continues to accept contributions. Currently we are more than 15% funded and growing!
- A Neurosurgical Buyer’s Guide moving forward as a new revenue source.

State Advocacy enhancement
- A new registration process was started to better capture information. A new task was assigned to Regional Directors and Quad chairs for coordination.
- Regional Director Report Template was developed by Adair Prall with input from all the current Directors.

Rapid Response Team Evolved
- This is CSNS member initiated and driven.
- It is highly efficient and effective in addressing critical insurance coverage policy.

Fostering an environment of creativity and diversity
- 10 new members joined the EC this year.
- The regional distribution on our EC is balanced.
- There is a significant increase of individual members taking on major CSNS projects.

SE Fellowship
- A flagship CSNS program remains highly competitive with 47 applications this year for 12 positions.

There still remains much to be done. The CSNS will:

Give greater support for state societies and neurosurgical issues that are state based
- Focus on making our quadrant activity more meaningful and effective.
- Send strong Regional directors to the AANS and help them have the best tools to effectively represent their quadrants, and

Solidify the connections between all these levels.

The CSNS meets October 5-6, 2012 in Chicago where I am sure we will have another great meeting in conjunction with the CNS. The many accomplishments of the CSNS are due to the outstanding efforts of many including our administrator Sandy Meyer, the entire EC who works tirelessly for the CSNS and all of neurosurgery, and the CSNS delegate — whose time and efforts beyond what they already do for their patients in this increasingly difficult practice environment is remarkable.
RECOGNIZING BIAS IN CME ACTIVITIES

Of course you always fill out the evaluation forms at the end of every CNS continuing medical education (CME) activity. On each form there are two questions that are of particular interest to the CNS Education Committee:

Do you feel that the educational content was free of commercial bias? If no, please describe the bias content and by whom.

When considering this question, you may ponder the definition of bias and how one recognizes whether a given CME presentation contains bias? This article endeavors to guide you through the process of recognizing bias during CNS continuing medical education activities and answering the above questions.

In the context of this article, there are two types of bias: commercial bias and personal bias. In order for the CNS to provide AMA PRA Category 1 Credit™ to participants, it must strive to provide high-quality education that is free from commercial influence, or “commercial interest”. In its Standards for Commercial Support: Standards to Ensure the Independence of CME Activities, the Accreditation Council for Continuing Medical Education (ACCME) defines a commercial interest as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.” Providers of direct clinical services to patients are excluded. In addition, no provider can be ACCME accredited if they present content which abnormally promotes treatment clearly not consistent with acceptable practice standards within a given discipline.1

The ACCME directs that CME content must not promote “a specific proprietary business interest of a commercial interest” and “must give a balanced view of therapeutic options.” Included in this standard is the avoidance of the brand names. If brand name usage is unavoidable, as in the example of Onyx where there is no generic name, presentations discussing this product should be accompanied by a discussion of alternative products used to accomplish the same or similar goals, thereby providing a more balanced discussion.2

In addition to assuring that education content is free from commercial interest, the ACCME further directs that all persons who are in a “position to control the content of an education activity” must disclose to the learner whether or not they have “relevant financial relationship(s)” with commercial interests, and, if so, the nature of the relationship(s). These relationships are defined as “financial relationships in any amount occurring within the past 12 months that create a conflict of interest.”1 The persons required to disclose their relationship(s) include all faculty, moderators, and those who plan the activities.

Given the preliminary information presented above, how do we apply this knowledge towards recognizing bias? Cornish and Leist (2006)3 studied perceptions of commercial bias in 230 participants from 7 CME activities. Fifty-three percent of those who perceived commercial bias in presentations based this perception upon their global impression rather than due to specific factors. For the other half of the cohort, among the top specific reasons given for commercial bias perception were attention to a single “agent, device, or procedure when others exist”; failing to provide a balanced risk/benefit discussion of a particular treatment; and recognizing that many of the faculty had relationships with the supporting commercial entity.

Personal bias, or, rather, “opinion”, as defined by Cornish and Leist is “a belief held by an individual based on his or her experiences in the practice of health care, meaning no intent to mislead but rather to share knowledge formed from personal experiences.”3 Examples of personal bias, or opinion, are: preferring one type of treatment over another; establishing treatment paradigms based upon personal experiences or consensus/teachings of respected experts in the field; expressing particular health care-related political or social points of view; and highlighting ethnic, cultural or geographic differences in health care.3 It is widely accepted that personal opinions may vary in terms of treatment and provide fertile ground for discussion. However, more extreme personal bias, such as making negative statements that are not supported by fact, or espousing treatments that are clearly contraindicated by available evidence or known risk/benefit ratios (e.g. strongly advocating against parachute use in sky diving) may be particularly notable, disturbing, and reportable.

The CNS takes several steps to monitor for bias in all of our CME activities. We
THE CNS TAKES SEVERAL STEPS TO MONITOR FOR BIAS IN ALL OF OUR CME ACTIVITIES. WE STRIVE TO REVIEW, IN ADVANCE, ALL PRESENTATIONS FOR COMMERCIAL BIAS, INCLUDING BRAND NAMES, PICTORIAL USE OF LOGOS, AND WHETHER CONTENT IS SUFFICIENTLY BALANCED.<

strive to review, in advance, all presentations for commercial bias, including brand names, pictorial use of logos, and whether content is sufficiently balanced. Additionally, reviewers look for incidences of extreme personal bias, which have been exceedingly rare. All abstracts submitted to the CNS Annual and AANS/CNS Section on Disorders of Spine and Peripheral Nerves meetings are vetted for commercial bias. All course evaluations are reviewed for learner bias perception, and moderators at live meetings are asked to report bias from their perspective. If specific examples of faculty bias are found, the CNS Conflict of Interest Mitigation Subcommittee decides the next course of action (a letter may be generated to those faculty members alerting them to the bias perception). These incidences have also been rare.

Finally, all faculty and planner disclosures are presented to learners prior to the start of any CME activity. No individual in control of CME content is permitted to participate if their disclosures have not been submitted and reviewed by the CNS Education Committee. All CNS planners with disclosures are asked to recuse themselves from planning educational activities relevant to their commercial relationships. In rare cases where the vast majority of planners have industry relationships (i.e. Functional and Stereotactic subspecialists), their activities are overseen by a senior Scientific Program Committee member with no relevant relationships.

Industry relationships widely exist among many leading experts and, hence, teachers, in their respective fields, and such relationships help to advance our rapidly progressing, technological subspecialty. There is no reason to prohibit the dissemination of these advances through much-needed continuing medical education. Such education is vital towards improving patient care by filling in the knowledge and practice gaps of those who provide that care. The CNS strives to guide faculty with or without disclosures on ways to present their important material to reflect fair and balanced viewpoints that are free from commercial influence. Recent CNS meetings and activity evaluations have indicated that the vast majority of learners felt that the presentations were, in fact, free from commercial bias.

So how do you answer the questions on the CNS CME activity evaluations?

Do you feel that the educational content was free of commercial bias? If no, please describe the bias content and by whom.

As a CNS learner and meeting participant, you can continue to help us in identifying incidences of commercial and personal bias by familiarizing yourself with the definitions of these types of bias, being able to distinguish between the two, and providing specific comments on the evaluation sheets whenever possible.

References

1. ACCME Accreditation Policies Including Information for Provider Implementation. www.ACCME.org
2. The ACCME’s Essential Areas and Their Elements. www.ACCME.org
Twelve-eight teams of neurosurgeons from top medical institutions competed June 9th in Central Park at the 9th Annual Neurosurgery Charity Softball Tournament (www.NeuroCharitySoftball.org). Endorsed by the American Association of Neurological Surgeons and hosted by Columbia University, the event benefited brain tumor research via the Neurosurgery Research and Education Foundation of the AANS. This year’s competing Departments of Neurosurgery included Columbia, Cornell / MSK, NYU, Einstein, Mt Sinai, Penn, Harvard, Jefferson, Dartmouth, Penn State, Hopkins, Alabama, Emory, Florida, Duke, Miami, Barrow, Pittsburgh, Utah, Toronto, Northwestern, Colorado, Vanderbilt, Mayo, GW, USF, and Ohio State. The playoff field included Jefferson, Hopkins, Barrow, Mayo, Alabama, Emory, Columbia, Colorado, Pitt, Florida, Duke, USF, Ohio State, and Miami. The elite eight teams were Jefferson, Barrow, Alabama, Columbia, Pitt, Duke, USF, and Miami. The final four teams were Barrow, Alabama, Pitt, and Miami. The University of Miami claimed their first championship by beating Barrow, 5-4, in the finals.

The Annual Neurosurgery Charity Softball Tournament has rapidly evolved into an international competition, with Toronto joining the field in 2010. The first two championships were claimed by Columbia University in 2004 and 2005, while the University of Pennsylvania repeated their title runs in 2006 and 2007. Harvard followed by winning in convincing fashion during the 2008 tournament. Columbia won their third overall championship in 2009 and the Barrow won in 2010 and 2011. The championship trophy, named “The J. Lawrence Pool Memorial Trophy” in honor of the former Columbia chairman, will be housed in Miami this coming year.

For the ninth consecutive year, the Steinbrenner family and the New York Yankees have sponsored the tournament. Supported by Mayor Michael Bloomberg, this date has been declared “Neurosurgery Charity Softball Tournament Day” in the City of New York. The Annual Neurosurgery Charity Softball Tournament has become a tradition within the neurosurgical community and represents the amiable competition, social camaraderie, and charitable nature within our field. In particular, the dedication of participating programs, particularly traveling teams, has been impressive. Partnership with the American Association of Neurological Surgeons has been instrumental for transitioning from an institutional effort to an international initiative, with this collaboration allowing funding to support NREF neuro-oncology research fellowships. The planning has already begun for the games to continue next year in June 2013 at the 10th Annual Neurosurgery Charity Softball Tournament, with potentially an expanded field of 30+ teams across the US and Canada.
Three years ago, the Congress of Neurological Surgeons (CNS) initiated a dynamic high-quality series of live webinars that would subsequently be hosted online on the CNS University website, and cover a wide spectrum of neurosurgical topics in all subspecialty areas of our field. The objective has been to provide the neurosurgical community — medical students, residents and faculty included — with high quality and high impact topic reviews and debates. The general structure of each session has included several distinguished presenting faculty and moderators. The webinars have been received enthusiastically with escalating attendance numbers each year.

Thanks to the efforts of outstanding contributors, the CNS University webinar series has evolved in dynamic ways this year. A “Free Guidelines” series has been added to the lineup of the now established successful “Topic Review” and “Oral Board Review” series.

The Guideline series has done remarkably well with over 100 registrations per session. As in previous years, participants were given the option to interact with the moderators by sending messages through the WebEx™ system, and the questions were posed live to the presenting faculty.

Increasingly the impact of educational tools must be measured and reported to assure compliance with ACCME standards. To better understand the impact of webinars on neurosurgical education and practice pre- and post-test questions and a robust evaluation process have been further refined and very helpful data has been gathered. The number of correct answers on this year’s webinars has increased by up to 70% between the pre- and post-test questions, showing considerable participant data retention and learning. The audience was also polled (anonymously, unless CME was claimed) at the end of each session and questioned about the clinical impact that...
The webinars could potentially make in their practices. More than 95% of participants believed that the objectives set at the beginning of the session were met, and >97% rated the seminars as “good” or “excellent” on a five point Likert scale. Ninety-four to ninety-eight percent of participants said that they would recommend the webinars to a colleague. Interestingly, up to 70% of participants believed that the information conveyed in the webinars had excellent applicability in clinical practice. Up to 71% said that the session prompted them to make changes to their daily clinical practice. When questioned about bias, up to 98% believed that the activity was balanced and free of commercial influence.

All live webinars are free to registered CNS members and archived webinars are available for $25. Attendance of webinars has increased by 50% to 150% compared to previous years, with several sessions reaching well over 60 attendees. All webinars have been recorded and are available for viewing on a pay-per-view basis on the CNS University website.

The webinar sessions presented so far this year have included guideline webinars for the management of severe traumatic brain injury and for the management of acute ischemic and hemorrhagic stroke. Topic presentations have included 1) surgical, interventional and radiosurgical advances for intracranial arteriovenous malformations, 2) minimal invasive spine advances, 3) controversies in the open surgical and endoscopic treatment of anterior skull base tumors. The board review sessions included pediatrics, cerebrovascular and peripheral nerve sessions. A follow-up guideline session for traumatic brain injury was also conducted. A number of dynamic and exciting webinars are coming up later this year (Table 1).

Online education is clearly an important and desired component of current and future neurosurgical education. Future efforts will focus on making webinars more easily accessible from mobile devices and tablets and will aim to incorporate innovations in 3D technology and simulation. Don’t miss your opportunity to learn interactively at your own pace and in your own environment. Sign up for future webinars today at: www.cns.org!

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<th>Date</th>
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<tr>
<td>September 6, 2012</td>
<td>Complex Spine Surgery: Techniques, Complication Avoidance and Case Illustration</td>
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<td>September 13, 2012</td>
<td>Follow-up Free Guidelines Webinar: Summary of Guidelines for the Management of Acute ischemic Stroke and intracerebral Hemorrhage</td>
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<td>September 18, 2012</td>
<td>The Moving Target of Concussion: Evolving Approaches to an important Public Health Dilemma</td>
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<td>October 18, 2012</td>
<td>Free Guidelines Webinar: Update on the Guidelines for the Management of Cervical Spine Trauma</td>
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<td>October 23, 2012</td>
<td>Pediatric Oral Board Review</td>
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<td>November 6, 2012</td>
<td>Follow-up Free Guidelines Webinar: Case-based Update on Guidelines for Severe Traumatic Brain Injury</td>
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<td>November 13, 2012</td>
<td>Complex Aneurysms: Creative Solutions to Daunting Problems</td>
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<td>December 11, 2012</td>
<td>Follow-up Free Guidelines Webinar: Case-based Update on Guidelines for the Management of Cervical Spine Injury</td>
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The CNS Membership Committee remains committed to understanding the needs of today’s neurosurgeon and ensuring that the CNS delivers the tools and resources members need to be leaders and innovators in the field. Through this ongoing effort, the CNS has successfully grown membership between 4 and 6% annually for the past five years (Figure 1). Today, total CNS membership stands at 8,040, which includes over 1,300 international members from 97 countries (Figure 2). Much of this success comes from an extremely high retention rate of members who continue to see tremendous value in resources like Neurosurgery®, SANS Lifelong Learning and the CNS University. We are confident that this trend will continue as we continue to expand these resources.

Of course, we don’t intend to rest on our laurels. The CNS Membership Committee recognizes that neurosurgeons’ needs are constantly evolving and can vary greatly from one country to the next, as well as from one subspecialty to another. For this reason, we are launching a comprehensive member needs assessment, which will be emailed...
to all CNS Members the week of September 12. This survey includes questions regarding your training and education needs, as well as ways the CNS can better help you manage your practice and stay abreast of key clinical breakthroughs and guidelines. We ask that all members take 10-15 minutes to complete this survey by November 1, 2012, so we may continue to expand and enhance our membership benefits and services to address your changing needs. Your input will be crucial to the growth of the CNS and the cutting-edge education that we are able to provide you.

On behalf of the CNS Membership Committee and Executive Committee, I thank each of you for your participation in our vibrant organization. I look forward to hearing from you via the member needs assessment and finding new ways to meet your needs. As always, members are also encouraged to visit us at the Member Service Booth, #812, during the CNS Annual Meeting in Chicago to share your ideas and suggestions.
The 2012 Chicago Marathon lands on the same weekend as the 2012 CNS Annual Meeting. Make your travel arrangements today for the best choice of flights, hotels and premier educational opportunities. Get to Chicago early to participate in numerous Practical Courses on Saturday and Sunday, Saturday evening’s Dinner Seminar, as well as Sunday’s Multidisciplinary Session, General Scientific Session and Opening Reception!

Catch Some of the Excitement of the Marathon – Register Today at www.cns.org!

Advance Registration Deadline: September 6, 2012
The CNS Education Committee now boasts some 64 volunteer members and is committed to developing quality education designed to improve knowledge and practice performance. The CNS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide American Medical Association Category I Physician Recognition Awards (AMA-PRA Category I Credit™). In addition to the Annual Meeting, other sources of CME credit are available through the CNS University of Neurosurgery (CNSU) course catalogues, webinars and SANS Lifelong Learning.

Knowledge Gaps
The Education committee works directly with the CNS Scientific Program Committee to provide continuously updated information on knowledge gaps within the neurosurgery community. The goal of the CNS Annual Meeting is to provide scientific content that will help fill in gaps in knowledge in order to improve neurosurgeon competence. In addition to knowledge gaps, practice gaps (the difference between optimal practice and current practice) are also addressed. The CNS would like to thank Steven Kalkanis, Sepideh Amin-Hanjani, Brian Hoh, Emad Es- kandar, Daniel Hoh, Marjorie Wang, and Edward Smith for their work this past year. This group formulated a database of 125 knowledge gaps (Figure 1) based on performance on the SANS as well as from the literature. This year, the CNS Education committee welcomes William T. Curry, Stacey Quintero, Julie Pilitsis, and John Shin to the Knowledge Gaps Subcommittee.

CNS University of Neurosurgery
The CNSU subcommittee, chaired by Elad Levy and Vice-Chair Nicholas Bambikidis, is working to develop the University as a personal learning tool, addressing any given member’s particular education needs and helping to fill those all-important knowledge and practice gaps. All members have access to the Course Catalogue, Lecture Hall, consisting of General Scientific Session lectures captured from past annual meetings, Image Database, archived webinars, and current webinar registration. The NeuroWiki is a resource on many different topic useful for quick reference and Board preparation.

The Library Team, under the direction of CNSU Librarians: A. Samy Youssef and Nader Pouratian are responsible for tagging all content with a well-developed classification scheme and are updating the Image Database to fill existing subspecialty gaps. The database will ultimately include operative and neuropathology photos. Soon all members will be able to contribute images to this database through a newly designed upload mechanism. The Information Technology Committee, headed by Brian Ragel (Chair) and Ashok Asthagiri (Vice-Chair) is engaged in using social media to disseminate our educational activities and goals through Facebook and Twitter. In addition, we have posted some of our webinars on YouTube.

Free Webinars
The CNS has continued our webinar program and has made all live webinars free for CNS members. As a result of this change and a roster of highly informative programs addressing current and basic issues and neurosurgical issues, we have seen record registration and attendance. Bernard Bendok has expertly led the CNSU Webinar Development Team. Please refer to his accompanying article in this CNSq issue for further details regarding our exciting webinar program (page 19).

Integrating Neurosurgery® in CNS Education Activities and SANS
The CNS Education Committee has begun to work closely with the editorial staff of our journal, Neurosurgery®, to develop full reciprocal integration of CNS content with the Journal. This effort has required the collaboration between the SANS Committee, Chaired by Jason Sheehan, the CNSU Library Team, and the Neurosurgery® editorial office, led by Duncan MacRae (Managing Editor). In April of this year, the SANS-Journal team began a reintroduction of SANS questions based upon articles published in Neurosurgery®, yet another way to obtain important CME credit and addressing knowledge gaps through newly published research. In addition to SANS and
CNSU integration with Neurosurgery®, the Education Committee provides representation on the editorial panel for the Neurosurgery® Journal Club initiative, a competitive program which will encourage residency programs to produce thoughtful reviews on important articles recently published in Neurosurgery®.

The Education Committee is always grateful for its volunteers. Now and in the past, they have consistently demonstrated dedication towards our educational mission. We also acknowledge the astounding effort, contributions, and support from CNS staff, particularly Regina Shupak, David Berg, Michele Lengerman, Michele Heaphy, Sara Walsh, and Deanne Starr.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Knowledge Gaps</th>
<th>SANS Questions (&lt;70% correct)</th>
<th>Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine</td>
<td>45</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td>Vascular</td>
<td>17</td>
<td>17</td>
<td>17</td>
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<tr>
<td>Pediatrics</td>
<td>6</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Functional</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Tumor</td>
<td>15</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Trauma</td>
<td>12</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>General</td>
<td>20</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>125</strong></td>
<td><strong>93</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>

Figure 1. Knowledge gaps in neurosurgery by specialty.
The Congress of Neurological Surgeons is defined through its mission statement, “to enhance health and improve lives worldwide through the advancement of education and scientific exchange.” The CNS serves to promote this advancement in neurosurgery worldwide through innovation and excellence in education.

The CNS Publications Committee is one vehicle the CNS employs to meet these goals and utilizes all forms of media (written, verbal and electronic). Presently, the Publications Committee has six members: Chair and Editor of Congress Quarterly (cnsq), James S. Harrop; Neurosurgery® Editor-in-Chief, Nelson M. Oyesiku; Neurosurgery® Managing Editor, Duncan MacRae; Clinical Neurosurgery Editor, Gerald Grant; Web Editor, Brian T. Ragel; and Advisory Board Member-at-Large Jamie S. Ullman.

The Publications Committee originally only used printed media: newsprint, journals and texts. The cost of paper-based materials has increased significantly over the last several decades. The CNS has been hesitant to leave this media, due to the strong member support of the “paper journals.” However, as the instantaneous electronic world evolved, particularly through the growth of internet, there has been an expansion into multiple media platforms. Each platform provides a unique opportunity for neurosurgical education to advance scientific knowledge and improve patient care.

This continued support of paper media is not to underestimate the need to develop and expand other media capacities particularly with the ability of electronic venues aiding our international colleagues. The CNS therefore has identified and recognizes the importance of web-based or internet educational platforms. This is exemplified by our broad and diverse internet programs: SANS, the CNS University and NeuroWiki. Presently there have been efforts to hyperlink Neurosurgery® with the CNS University (CNSU). An example is the self-assessment CME credits one can obtain at the end of selected Neurosurgery® articles through a link with the CNS. Further all the “paper journals” are stored on the CNSU homepage (http://univ.cns.org/default.aspx) and these publication materials, as well as the CNSU materials, are easily searchable using the “What Do You Want to Learn Today?” feature.

Neurosurgery®, the official journal of the CNS, is headed by Editor-in-Chief Nelson M. Oyesiku, who assumed control in 2009. Dr. Oyesiku has further advanced this leading neurosurgical publication. The journal recently introduced a new feature called the Journal Club. Journal Club provides a structured interaction for residents to critique a selected article from the journal. The goals are to have residents focus on the strengths and weaknesses of peer-reviewed literature and then present written critiques. Mark Lawton and Bernard Bendok are leading another addition to further expand the journal’s media and this is a 3D video forum in Operative Neurosurgery. Additionally, the journal has always had a very strong supplement section. This will continue with two planned issues coming out shortly on: Cervical Spine Guidelines (Guest Editor, Mark Hadley) and an Augmented Reality Supplement (Guest Editor, Garnette R. Sutherland)

The Congress Quarterly (cnsq) is another example of the CNS commitment to publication and expansion of our multimedia platform. This quarterly journal is the most recent addition to CNS publications when started in late 2006. It was an expansion of the former CNS newsletter, Neurosurgery News. The cnsq is printed each quarter: Spring, Summer, Fall and Winter. This issue of the cnsq (Fall Issue) is printed and delivered prior to the CNS Annual Meeting. This CNS Annual Meeting issue is specifically designed such that you the reader can have an overview of the meeting’s organizational issues and events prior to arriving on site in Chicago. Future issues of the cnsq will be dedicated to defining neurosurgery, where we will explore the numerous resources that we interact with but do not fully comprehend their missions and goals (Winter 2013). Again, the cnsq encourages members to submit ideas and comments to info@1cns.org so that we can continue to expand and improve your resources.

Clinical Neurosurgery was one of the first publications of the CNS and serves as the official record of proceedings from each CNS Annual Meeting. Therefore, this journal not only serves as an educational tool but also as an archive of the CNS history. Gerald Grant has been the diligent editor of this journal, which is currently publishing Volume 59, from the 2011 CNS Annual Meeting in Washington, DC. Members presently receive a paperback copy of this journal which summarizes this meeting. However, as we explore the future of publications and expansion of our educational goals transitioning this journal into an electronic media may be more beneficial to our membership. Past issues are available online at http://www.cns.org/publications/clinical. The electronic site further provides additional information about the meeting and affords access to the taped “live” videos from the General Scientific Sessions from that and previous meetings which are located in the Department’s Lecture Hall in the CNS University.

The CNS Publications Committee is dedicated to the continued advancement of neurosurgical educational platforms. Through support of the membership and the CNS Executive Committee, it continues to explore and expand internet learning resources to meet and exceed the expectations of our members.
Education defines the central mission of the Congress of Neurological Surgeons (CNS), and our fellowships program seeks to identify and honor brilliant young neurosurgeons who continue to advance the frontiers of our profession. We are extremely proud to offer this year, for the first time ever, a $100,000 flagship fellowship named in honor of our late past president of the CNS, Christopher C. Getch. The Getch Fellowship will now be granted every year to a neurosurgeon or fellow engaged in clinical or translational research that promises to significantly impact the field of neurosurgery. We received over 100 applications this year. The CNS Fellowships Committee, along with a select group of 10 senior neurosurgical academic department chairs from around the country, ranked the applicants and selected the winner. We are thrilled to announce that Dr. Hai Sun from OHSU will be the inaugural Getch Fellowship winner for his research characterizing interactions between supplementary motor area (SMA) and primary motor cortex (M1) during human movement using electrocorticography (ECoG).

The CNS will also continue to award subspecialty fellowships in tumor, vascular, spine, functional and socioeconomic topics in neurosurgery. Please visit www.cns.org for more information about our fellowships program and application materials for the upcoming deadline on November 30, 2012 for next year’s awards cycle. Please join me in congratulating all the phenomenal 2012-2013 CNS fellowship recipients listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Award Amount</th>
<th>Fellowship Title</th>
<th>Current Institution</th>
<th>Fellowship Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hai Sun, MD, PhD</td>
<td>Christopher C. Getch Fellowship</td>
<td>$100,000</td>
<td>Characterization of Interactions Between Supplementary Motor Area (SMA) and Primary Motor Cortex (M1) During Human Movement Using Electrocorticography (ECoG)</td>
<td>Oregon Health &amp; Science University</td>
<td>Oregon Health &amp; Science University and University of Washington</td>
</tr>
<tr>
<td>Regina Bower, MD</td>
<td>CNS Functional Fellowship</td>
<td>$15,000</td>
<td>High Precision Brain Mapping in Epilepsy Surgery</td>
<td>Mayo Clinic</td>
<td>Mayo Clinic</td>
</tr>
<tr>
<td>Kristopher Kahle, MD, PhD</td>
<td>CNS Functional Fellowship</td>
<td>$15,000</td>
<td>Altered Neuronal Choride Homeostasis and Excitatory GABergic Signaling in Epilepsy</td>
<td>Massachusetts General Hospital / Harvard Med</td>
<td>Harvard University</td>
</tr>
<tr>
<td>Monique Boomsaad, MD</td>
<td>CNS Socioeconomic Fellowship</td>
<td>$15,000</td>
<td>Evaluating the Impact of Michigan’s Blue Care Network Spine Referral Policy</td>
<td>University of Michigan, Ann Arbor</td>
<td>University of Michigan, Ann Arbor</td>
</tr>
<tr>
<td>Basheal Agrawal, MD</td>
<td>CNS Spine Fellowship</td>
<td>$15,000</td>
<td>Wisconsin Spine Outcomes Study</td>
<td>University of Wisconsin Hospital &amp; Clinics</td>
<td>University of Wisconsin Hospital and Clinics</td>
</tr>
<tr>
<td>Katharine Cronk, MD, PhD</td>
<td>CNS Spine Fellowship</td>
<td>$15,000</td>
<td>Novel Degradable Local Analgesic Device for Targeted Pain Management and Improved Surgical Success</td>
<td>Barrow Neurological Institute</td>
<td>Barrow Neurological Institute</td>
</tr>
<tr>
<td>Maryam Rahman, MD</td>
<td>CNS Tumor Fellowship</td>
<td>$15,000</td>
<td>Adaptive Therapy to Overcome Treatment Resistance in Glioblastoma Multiforme</td>
<td>University of Florida</td>
<td>Johns Hopkins University</td>
</tr>
<tr>
<td>Jonathan Thomas, MD</td>
<td>CNS Tumor Fellowship</td>
<td>$15,000</td>
<td>Ionizing Radiation to Enhance Glioma Targeting of Bone Marrow Mesenchymal Stem Cells</td>
<td>Baylor College of Medicine</td>
<td>M.D. Anderson Cancer Center</td>
</tr>
<tr>
<td>Christopher Gallati, MD</td>
<td>CNS Vascular Fellowship</td>
<td>$15,000</td>
<td>Efficacy of Stellate Ganglion Block in Acute Ischemic Stroke</td>
<td>University of Rochester</td>
<td>University of Rochester</td>
</tr>
<tr>
<td>Steven Vidrine, MSIII</td>
<td>CSNS/CNS Medical Student Fellowship</td>
<td>$2,500</td>
<td>The Socioeconomic Impact of Time to Arrival at Tertiary Care Centers and Inter-Hospital Transfer of Patients with Severe Head Trauma</td>
<td>LSUHSC - Shreveport</td>
<td>LSUHSC - Shreveport</td>
</tr>
</tbody>
</table>
In the shadows of the Charles Bridge and against the backdrop of musically intoxicating Prague, the CENS and CNS held a well-attended joint meeting. With close to 200 participants, it was a showcase of international collaboration. Dr. Ali Rezai, President-Elect, Dr. Nate Selden, Secretary, Dr. Ash Sharan, Dr. Stavropoula Tjoumakaris, and I represented the CNS. Professor Zverina, President of the CENS, and Martin Sames, Secretary, put on an excellent meeting, including a cruise on the Vltava River as well as a dinner at the Premonstratensian monastery at Strahov. We look forward to their participation in Chicago in the fall. (See photograph.)

For the 2013 meeting in San Francisco, CNS will partner with China, October 19-23. At present, we are in early negotiations with Israel for 2014 and with Turkey for 2015.

> “HOPE IS NOT A FEELING OF CERTAINTY THAT EVERYTHING ENDS WELL. HOPE IS JUST A FEELING THAT LIFE AND WORK HAVE A MEANING.” <

—VACLAV HAVEL (CZECH PRESIDENT 1990-2005)
EANS Report

The collaboration with the EANS continues to do well. Last year, three residents went to the EANS course in Pecs, Hungary and three residents came to our 3-D Surgical Anatomy Course for Senior Residents in Houston, Texas. Dr. P. David Adelson, along with five US residents, will go for the Leeds course in August. If there are any members and residents that want to get involved with the courses, kindly send us your inquiries and we’ll be happy to accommodate them.

Humanitarian and Educational efforts with the WFNS

The CNS has partnered with the WFNS to solicit company donations of surplus equipment that can be distributed to developing countries at the WFNS meeting in Korea. For this purpose, a temporary warehouse has been obtained in Shreveport so that the companies can send all their equipment to one central area. The equipment will then be sent from Louisiana to Korea. If any CNS members know of any companies that would like to donate surplus equipment kindly let me know. This actually works as a tax writeoff for them and is a win-win situation for all.

On the international front in terms of education, Dr. Moji Hodaie and Dr. Dave Adelson are helping with the SANS efforts. A pilot study course with neurosurgical residents in Ghana and Kenya is underway and potential collaborative projects in the future include Vietnam and Guatemala. If any residents are interested in these projects kindly get in touch with us and we’ll make sure they are involved.

We’re also trying to create humanitarian rotations for residents that wish to go to Kenya or other developing countries. At the last international committee meeting, Dr. Ellegala, talked to us about the the Centra Brain and Spine Institute Global/Rural Neurosurgery Fellowship in Rwanda for which he has received a humanitarian grant from the Gates Foundation. Again, any residents that are interested in volunteering should get in touch with us.

All in all, the International Division is robust. Any volunteers who would like to get involved with any of these endeavors are welcome. The International Division luncheon will be on Saturday at the Annual Meeting in Chicago. Please contact meetings@1cns.org if you are interested in attending.

Details about the Centra Brain and Spine Institute Global/Rural Neurosurgery Fellowship can be found online at www.cns.org.
The 22 Founding Members of the Congress of Neurological Surgeons who convened in Saint Louis, Missouri in 1951, were all Americans, but their eyes were on the world. One of those Founders, fourth CNS President James R. Gay, remembers that, “The Founders avoided limiting words like American or National, or North American because we envisioned the society to be world-wide in scope”. I summarize herein a number of international activities and projects launched by the CNS over the years. These are but few historical vignettes, illustrating the broad international reach of CNS initiatives, paralleling the development of the new organization.

The Honored Guest Tradition
The first two Honored Guests of the CNS, at the critical second and third CNS Annual Meetings in 1952 and 1953 were Swedish (Herbert Olivecrona, Figure 1) and British (Sir Geoffrey Jefferson), respectively. Two of the three subsequent Honored Guests in 1954 and 1956 were Canadian, Kenneth McKenzie and Wilder Penfield, respectively. We have speculated that the absence of an Honored Guest at the first CNS meeting in Memphis in 1951 may have reflected a lukewarm support of senior American neurosurgeons for the budding organization. So the presence of acknowledged international stars as the first Honored Guests helped establish CNS pre-eminence despite this early ambivalence about the organization among senior American neurological leaders. But it also helped promote the emerging organization in the international arena.

Post-Meeting Symposia and Travel by CNS President
Early CNS post-meeting Symposia were purposely international, serving a dual purpose as a relaxing travel club after the formal CNS Annual Meeting, but also promoting connections with international neurosurgical societies on their home turfs. The first such meeting was in Havana (Figure 2), following the 1953 CNS Annual Meeting held in New Orleans, LA. In subsequent years, CNS Presidents often traveled during their presidency with the aim of seeding international program development. The first such initiative was well documented by CNS Founding Member and President Roy Tyrer, after the 1963 CNS Annual Meeting in Denver. He traveled to India, Pakistan and Afghanistan, and initiated lasting exchange programs with neurosurgeons in those developing countries. Many of those initiatives, nurtured by CNS Presidents and Executive Committee members over the years, seeded ongoing programs of the Foundation for International Neurosurgical Education (FIENS). Later travel exchange
traditions developed with the Japanese CNS (see next page), and in conjunction with joint meetings with the French, Italian, Indian neurosurgical societies, and others.

**The CNS as a Founding Member of the World Federation of Neurosurgical Societies**

The CNS was one of the founding organizations that launched the World Federation of Neurosurgical Societies in 1955. James R. Gay has recounted participating along with several CNS Founding Members “in the naming of the new federation”. In 1957, the WFNS held its first formal meeting in conjunction with the International Congress of Neurological Sciences in Brussels, Belgium. The CNS sponsored and delegated Dr. Gay to help design The International Gavel (Figure 3), presented by the five American National Societies to the WFNS at the Belgium meeting.

Expanding on the first Directory of Neurological Surgeons in the United States, compiled by the CNS Survey Committee in 1957, the CNS embarked on publishing the first World Directory of Neurological Surgeons in 1967, including names and addresses of all the world’s neurosurgeons. Edited by George Ablin, this landmark document was indexed by country and region, and also included a separate compendium of international neurosurgical societies, with names of their president or secretary, and mailing addresses. Subsequent editions of the World Directory have continued to be sponsored by the CNS to this day, and have facilitated countless links among colleagues across the globe over many decades.

**The Japanese CNS**

The best form of flattery is emulation. Professor Keiji Sano of Tokyo University, widely known as the father of Japanese Neurosurgery and Chairman of the Japanese Board of Neurosurgery (1966-1973 and 1979-1980), was so impressed with the CNS, that he led the founding of the Japanese CNS in 1980. The new organization would emulate the CNS culture, bylaws, primary commitment to volunteerism and education, and would mandate an organizing committee under the age of 50. Even the logo of the Japanese CNS featured a coronal profile of the cerebral ventricles in a butterfly scheme, as its American counterpart. The President of the CNS was invited to the first meeting of the Japanese CNS in Tokyo in 1981. In turn, Keiji Sano (now Past-President of the Japanese CNS) was selected as CNS Honored Guest for the 1982 CNS Meeting, held in Toronto under the presidency of Donald H. Stewart, Jr. Since then, and through the present, CNS Presidents have been invited each year to attend the Japanese CNS meetings (Figure 4), and the Japanese CNS President is welcome as a special guest at each CNS meeting in the United States.

**From the CNS International Committee to the International Division**

International initiatives of the CNS remained largely fragmented until the early 1990s when the CNS International Committee was formed under the chairmanship of Steven Giannotta, and later formalized as a Standing Committee. Under subsequent chairmanships of Awad, Oyesiku, and others, the CNS International Committee developed an international membership drive in the 1990s and early 2000s (Figure 5), formalized educational collaborations with sister neurosurgical societies, and created processes for interface with international development initiatives in conjunction with organizations such as ThinkFirst, FIENS and others. In more recent years, the CNS International Committee has morphed under the leadership of former Vice President Saleem Abdulrauf and Anil Nanda, as a veritable International Division with 1,270 international CNS members, a fitting fulfillment of the founding CNS vision to impact the world.
FOR IMMEDIATE RELEASE

The Congress of Neurological Surgeons Names David A. Westman as Executive Director and Chief Executive Officer.

Schaumburg, IL, June 22, 2012 – The Congress of Neurological Surgeons (CNS) today announced that David A. Westman will assume the position of CNS Executive Director and CEO, effective July 9, 2012. Westman will succeed Regina Shupak, who has served as the CNS Interim Executive Director since October 2011.

Westman brings more than 16 years of senior executive experience with not-for-profit medical associations and other organizations. Most recently, he served as interim Chief Executive Officer at the American Association of Diabetes Educators (AADE). Prior to that, he served as Executive Director of the Emergency Nurses Association (ENA) from 2004 to 2011, where he restructured the organization into one of Chicagoland’s top 101 “employers of choice” for four consecutive years (2008-2011) and launched ENA’s first online educational programs.

“David Westman brings a tremendous amount of knowledge and experience to the CNS,” said Christopher E. Wolfia, MD, CNS President. “His leadership will be instrumental as the CNS works to expand innovative programming and fortify its position as the leader in neurosurgical education.”

“I am honored and excited to join the CNS. I look forward to working with the executive committee, staff and members of the CNS to continue the exceptional growth of this organization,” Westman added.

Westman holds a bachelor of arts degree from Augustana College, Rock Island, Ill, and a master’s of business administration from the University of Chicago. He is both a Certified Public Accountant (CPA) and a Certified Association Executive (CAE). Westman is active with the American Society of Association Executives, where he recently served as chair of the Key Professional Association Committee (KPAC), consisting of 40 large association chief staff executives. He is also active with Association Forum, where he led an initiative to form a large CEO networking and best practice sharing group.

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*The Congress of Neurological Surgeons is the premier neurosurgical society dedicated to advancing neurosurgery by providing its 8,000+ members with the educational and career development opportunities they need to become leaders and innovators in the field. The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange. For more information, visit the CNS online at [www.cns.org](http://www.cns.org).*

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The patient is a 24-year-old female who presents three months post-partum with myelopathy, and bilateral hand numbness and weakness. Imaging revealed a large extradural tumor from C3-C5 extending into the neural foramina, with bony invasion and encasement of the right vertebral artery. Images are shown above. Biopsy pathology was consistent with chordoma.

Submitted by:
Rohan Chitale, MD
Chengyuan Wu, MD
Thomas Jefferson University Hospital