THE CNS WANTS YOU TO BE A PART OF NEUROSURGERY
In this issue of Congress Quarterly (cnsq), we pay tribute to you, the CNS members and your efforts to improve patient care. The Congress of Neurological Surgeons as an organization is defined by the collective efforts of its individuals. In order to further facilitate the efforts of the AANS/CNS sections and encourage greater involvement of our members, the cnsq asked each section to elucidate their ongoing efforts and future directions.

Sean D. Lavine from the Cerebrovascular Surgery (CV) Section, Kurt M. Eichholz from Disorders of the Spine and Peripheral Nerves and Julie G. Pilitsis from the Section on Neurotrauma and Critical Care review their groups overall efforts and their dedication to education. Christopher J. Winfree from the Section on Pain notes the continued interest on advancing pain treatments in the neurosurgery community. Alan R. Cohen and Catherine A. Mazzola discuss the Section on Pediatric Neurological Surgery and the ability of their section to facilitate discussion and advancement of pediatric care. Ali R. Rezai reviews the Section on Stereotactic and Functional Neurosurgery involvement with the rapid growth of this field. Frederick F. Lang, Frederick G. Barker, and Steven N. Kalkanis provide a detailed overview on the Section on Tumors. The CSNS highlights how it assists all of Neurosurgery in an article by Deborah L. Benzil, The CSNS: Socioeconomic Progress for All Neurosurgeons. Odette Harris, Eve C. Tsai, Julie G. Plitisis, Aviva Aboch, and Chris Philips discuss the history of women in neurosurgery in their detailed article, WINS: Our History, Our Leaders, Our Futures.

The issue of quality and defining excellent patient care has been an important topic in Neurosurgery particularly over the last decade. Anthony L. Asher, Matthew McGirt and Zoher Ghogawala discuss how the National Neurosurgery Quality and Outcomes Database (NQOD) Through NeuroPoint Alliance will help make this possible. Lastly directly from the CNS, Aviva Aboch updates the status of the CNS Resident and Medical Student Committee and Ganesh Rao and Alan M. Scarrow provide a preview of the 2012 Annual Meeting of the Congress of Neurological Surgeons: Our Future is NOW!

Christopher C. Getch, the CNS past-president unfortunately passed away earlier this year. This issue is dedicated to his efforts and commitments. He sacrificed a great deal of time, hardwork and energy to improve the quality of neurosurgery for our patients and we thank him for these efforts. He exemplified that the efforts of an individual can change and improve the world for us all!
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Images in Neurosurgery
Dear Congress of Neurological Surgeons members, I hope that you are having a happy, healthy and productive 2012. I am happy to report that it has been a very good season for the CNS as we strive to fulfill our mission of education and innovation while, at the same time, we emphasize the themes of volunteerism, efficiency, and creativity.

In the Winter issue of CNSQ, I introduced two very important internal activities that the CNS had recently started. I am pleased to report that the first of these, an internal review of business operations, governance, communications, and long-range infrastructure needs, is now complete. This study has generated a very powerful and informative list of CNS strengths and opportunities for improvement that will be used as a blueprint for the future of the organization. Already, this list has been used to initiate a number of changes in the way that the CNS conducts its internal operations. In addition, as the CNS begins the second of these two important internal activities, the search for a new Executive Director, this list has helped to refine the Executive Director job description to reflect a new vision of that position. The Executive Director search process has, in fact, already begun, and is anticipated to be completed prior to the CNS Annual Meeting, October 6-10, 2012, in Chicago, Illinois.

This issue of CNSQ is devoted to the AANS/CNS Sections. The Sections represent the subspecialty expertise of the profession of Neurosurgery. They are also, along with the Council of State Neurosurgical Societies and the Washington Committee, the best examples of collaboration between the American Association of Neurological Surgeons (AANS) and the CNS. As you will see in their reports, the Sections are involved in a wide variety of educational activities, including the production of Section sessions at the AANS and CNS Annual Meetings and, in many instances, the production of their own very high quality Annual Meetings. For those that have never attended one of these Section meetings, it is highly encouraged. Especially for those of you that have a subspecialty interest, the benefits of a shorter, focused meeting will be obvious. In addition to Section sessions and meetings, many of the Sections also award their own research grants and clinical fellowships in order to advance their subspecialties. Finally, all of the Sections help to develop future neurosurgical leaders from within their subspecialties.

Increasingly, the Sections are involved in research. Specifically, they are involved in guidelines and outcomes research. Most Sections are involved in one or more evidenced-based guidelines development projects and many are, or will, be involved in outcomes research projects through the NeuroPoint Alliance organization. A lot has been said about the relative value of these two types of research but I would like to attempt to clarify why I think they are complementary approaches.

First, there is no doubt that both guidelines and outcomes research advance the profession of Neurosurgery. The data obtained from outcome studies and the conclusions obtained from guidelines research help neurosurgeons to define the best, most effective options for the treatment of a given patient with a given condition. These data have also helped, in many instances, to standardize treatment for some of the more common neurosurgical conditions. In some instances, these data have even been able to help define the most cost-effective treatment options as well. These advancements have direct benefits for our patients.

Guidelines research has also provided another benefit for neurosurgical patients. It has been invaluable in helping to maintain access to neurosurgical care by demonstrating its utility. Increasingly, third party payers want to see scientific evidence that neurosurgical care is effective. Guidelines research provides some of the strongest evidence of that effectiveness. In fact, in 2009, the Australian National Health and Medical Research Council, proposed a new system for defining levels of evidence in peer-reviewed publications (Table 1). Systemic reviews of randomized controlled studies, rather than the studies themselves, were recognized as the only type of level I evidence. Guidelines publications constitute the best, most rigorous examples for this type of review.

Guidelines research, however, can
never stand on its own. The strength of the recommendations in a guideline is always dependent on the strength of the underlying peer-reviewed literature. As a result, each guideline is also accompanied by suggestions for future investigation. In addition, the profession is constantly changing as new concepts and techniques are introduced. The value of outcomes research is thus twofold: It helps to address knowledge gaps identified during the guidelines development process and adds to our knowledge regarding the effectiveness of new and established treatments. Ideally, this process then feeds back on itself, resulting in the creation of new and additionally refined guidelines based on the peer-reviewed literature that is generated (Figure 1). Simply put, outcomes research provides the data that drives the process.

Table 1: Levels of Evidence for Research Involving an Intervention, adopted from (1):

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>BEST STUDY TYPES</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>A systemic review of level II studies</td>
</tr>
<tr>
<td>II</td>
<td>A randomized controlled trial</td>
</tr>
<tr>
<td>III – 1</td>
<td>A pseudo-randomized controlled trial (i.e. alternate allocation or some other method)</td>
</tr>
</tbody>
</table>
| III – 2 | • A comparative study with concurrent controls:  
| | • Non-randomized experimental trial  
| | • Cohort Study  
| | • Case-control study  
| | • Interrupted time series with a control group |
| III - 3 | • A comparative study without concurrent controls:  
| | • Historical control study  
| | • Two or more single arm study  
| | • Interrupted time series without a parallel control group |
| IV    | Case series with either post-test or pre-test/post-test outcomes |

Figure 1: The Interaction Between Guidelines and Outcomes Research

It is here that the AANS/CNS Sections may ultimately provide the greatest service to their members and to neurosurgical patients. By participating in guidelines and outcomes research, the Sections advance the profession, define the most effective treatment options, and help preserve access to care. Obviously, these endeavors are most effective when everyone participates. I would therefore encourage each of you to become active in the AANS/CNS Sections.

References

The AANS/CNS Section on Cerebrovascular Surgery is proud to be the neurosurgical voice in the rapidly evolving development and delivery of open surgical and endovascular management of cerebrovascular disease. Our primary goal has been to advocate for cerebrovascular patients and specialists as a collective voice of roughly 500 members and 1,400 resident members guided by our executive council. The current Chairman is E. Sander Connolly, Chair-elect Sepidah Amin-Hanjani, Immediate-past chair Murat Gunel, Vice-Chair Fady Charbel, Secretary Sean D. Lavine, Treasurer Brian Hoh, Members at Large Kevin M. Cockroft, Carlos David, J D. Mocco, Nominating Committee Members Guiseppe Lanzino and Adnan Siddiqui, and Membership Chair Greg Zipfel. Our Executive Council is over 50 members strong, serving multiple committees and representatives to adjunct groups. Due to the efforts of John Wilson, we hold open nominations and elections for our officers in the Executive Council. Our work includes policy development, education, research and collaboration with numerous organizations and specialists focused on cerebrovascular disease.

In terms of policy development, we have active roles in the AANS/CNS Washington Committee (advocating for medical liability reform and maximizing reimbursement), AANS/CNS Coding and Reimbursement Committee (currently involved in re-organizing angiography CPT Coding with the Society of Interventional Radiology), the AANS/CNS Joint Guidelines and Quality Improvement Committee (recent projects being Acute Stroke and SAH), American Heart/Stroke Association disease-specific guidelines (Primary and secondary stroke prevention, ICH, SAH, Acute Stroke and rehabilitation), American College of Radiology Imaging Appropriateness Criteria, Intersocietal Carotid Angioplasty and Stenting Accreditation Standards, and the Brain Attack Coalition involved in Stroke Center Certification. The AANS/CNS Endovascular Task Force headed by Greg Thompson is currently developing guidelines.

We Want You
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for the training and certification of endovascular neurosurgeons. Our Rules and Regulations Committee headed by Charlie Prestigiacomo is continuously modifying our bylaws to properly represent the Society.

We collaborate with the Society of NeuroInterventional Surgery (SNIS), Society of Vascular and Interventional Neurology (SVIN), Neurocritical Care Society and United Council of Neurological Subspecialties, the (Senior) Society of Neurological Surgeons (CAST System Matrix/Milestones projects), and the Brain Aneurysm Foundation (http://www.bafound.org) to educate and advocate for neurosurgeons and our patients.

The Section provides cutting edge education. The Cerebrovascular Section holds a freestanding Annual Meeting, which is attended by neurosurgeons, neurologists, and interventional neuroradiologists from around the world. This meeting immediately precedes the AHA International Stroke Conference, which the Section co-sponsors and controls a major component of the scientific program. The Luessenhop lectureship is always a highlight at this meeting, Drs. J D. Mocco and Bernard Bendok have developed a major new educational opportunity at the CV Section meeting. This is the hugely successful Endovascular Practicum, offering neurosurgical residents and fellows the unique opportunity to interact directly with neuroendovascular faculty and industry with both didactic and “hands-on” training with the latest technology. A full day course is offered the day before the CV Section Meeting allowing for formal and informal interaction between the leading endovascular faculty and trainees with the goal of inspiring careers and exposing individuals to additional perspectives. The first two courses have been successful beyond expectations and plans are in place to continue and expand the opportunity.

At the AANS and CNS Annual Meetings, the Section also sponsors multiple symposia and poster sessions including several exciting lectures by noted authorities. The Donaghy Lectureship is given annually at the AANS meeting and the Drake Lectureship during the Section Sessions is given at the CNS Annual Meeting. We recently added a newly endowed invited talk pioneered by Murat Gunel, the Yasargil Lecture with the inaugural lecture given by Dr. Yasargil himself at the 2011 AANS meeting. We are also actively involved in the CNS University continuing to support Webinars and the image database under the guidance of Bernard Bendok.

The CV Section actively supports research. We sponsor the Resident Research Fellowship Award in Cerebrovascular Disease and award Top Research Prizes in Cerebrovascular Disease at the Cerebrovascular Section, CNS and AANS Annual Meetings. The Resident Research Award program has successfully funded resident researchers over the last 10 years and has recently been renamed the Robert J. Dempsey Resident Research Award Program in recognition of his guidance and efforts in maintaining this important program. Through these initiatives, the Section is dedicated to helping attract the best and brightest into a career in cerebrovascular surgery.

Despite difficult economic times, the Section was financially solvent in FY 2011. We contributed $10,000 to the AANS NREF in FY 2011, and $10,000 to the Washington Committee, in addition to $100,000 donated to the NREF in 2008. Each year, $20,000 of that contribution is used to support the NREF/Cerebrovascular Section Research Grant.

We also started a foundation to support the Robert J. Dempsey Resident Research Award Program. Each year we produce a corporate prospectus under the guidance of Dr. Brian Hoh that includes options for sponsorship for meetings and lectureships as well as the Junior Resident and Fellow Endovascular Course at the CV Section Annual Meeting.

Our website: http://www.cvsection.org/ is constantly being improved under the tutelage of Greg Zipfel and Bob Carter with an initiative to involve private support. These improvements include a new feature to follow the Section at twitter.com/cvsection, and to post moderated tweets to section members by sending an email to tweet@cvsection.org. The website also provides the ability to post biographical information on the public page of the website.

The CV Section is a vital, dynamic, progressive organization committed to adapting to the changes in the treatment of patients with cerebrovascular disease. We encourage all neurosurgeons and cerebrovascular practitioners to become involved in our educational, research and advocacy activities. It is only through the efforts of dedicated individuals that we will continue to provide these important opportunities.
The AANS/CNS Section on Disorders of the Spine and Peripheral Nerves is one of the largest of the AANS/CNS Sections. The Spine and Peripheral Nerve Section was founded in 1978 through the combined efforts of Drs. Albert Rhoton, Charles Drake, Stewart Dunsker, and Russell Travis, in order to better serve the interests of all neurosurgeons, both academic and in private practice, whose clinical interests are focused on patients with spinal disorders.

The mission of the Spine and Peripheral Nerves Section is to support the three pillars of clinical neurosurgical spine care: education, research, and advocacy for the neurosurgical treatment of spinal disease and peripheral nerve disorders. Each of these pillars is sustained through the dedicated and diligent efforts of the Section’s membership.

**Education**
The Spine and Peripheral Nerves Section puts on the largest scientific meeting dedicated to the neurosurgical care of spinal disorders. Each Annual Meeting has special courses and seminars taught by world leaders in spine surgery, focusing on topics such as craniocervical junction abnormalities, minimally invasive spinal surgery, spinal deformity, spinal cord injury, arthroplasty, spinal neoplasms, complication avoidance, peripheral nerve exposure and repair, CPT coding, and management of a neurosurgical spine practice. The Spine and Peripheral Nerves Section Annual Meeting also has a special session with an international spine society in order to broaden our perspective of treatment and practice patterns throughout the world. The 2012 Annual Meeting featured pre-eminent surgeons from the Spine Section of the Brazilian Neurosurgical Association, and will include presentations on craniocervical malformations, cervical facet dislocations, XLIF, interspinous spacer devices and coccydynia. Previous meetings have showcased the Turkish Spine Society, as well as the Taiwan Neurospinal Society.

One of the highlights from the Annual Meeting is the David Cahill Memorial Controversies Sessions. These sessions involve point-counterpoint sessions between some of the world’s leaders, in a no-holds-barred debate focused on some of the most controversial topics in spinal surgery. This year’s Cahill Debates included topics such as the role of surgery in black disc disease, surgery center vs. hospitals for single level ACDF, asymptomatic schwannoma, and treatment of asymptomatic unstable geriatric dens fractures.

This year’s meeting was held at the Walt Disney World Swan and Dolphin Resort in Orlando, Florida on March 7-12, 2012. This Annual Meeting is an essential scientific meeting for any neurosurgeon practicing spinal surgery. The Section’s efforts for promoting spinal education are not just limited to annual meetings, but are evident and available year-round. The Spine Section (www.spinesection.org) website includes a “Topic of the Week”. Each week a case is presented which includes a novel review of anatomy, biology, neurosurgery, radiology, critical care and pathology as they relate to a spine or peripheral nerve case. These cases serve as an excellent review of high-yield topics both for preparation for boards, or maintenance of certification. The website also has an extensive library of neurosurgical videos on surgical techniques that include such topics as peripheral nerve transfer, C1 lateral mass...
fixation, arthroscopic minimally techniques in minimally invasive spine surgery, pedicle screw fixation, lateral retropleural thoraco-lumbar fusion, pedicle subtraction osteotomy, and multiple other topics. The Spine Section website serves as an essential resource for the practicing spinal neurosurgeon.

Research
The Spine and Peripheral Nerves Section provides fellowships for both clinical and research experiences both in the United States and abroad. These include the Cahill and Cloward Fellowships ($30,000 each) which provide US or Canadian residents with supplemental funding for advanced education and research in spinal or peripheral nerve disorders away from the resident’s parent institution. The Crockard and Sonntag International Fellowships ($5,000 each) provide funding for a neurosurgeon or neurosurgical resident from outside the US or Canada for fellowship experience in the United States or Canada.

The Section also provides four awards ranging from $15,000 to $30,000 for research grants to support primary investigators who are practicing neurosurgeons or neurosurgery residents with proposed research requiring national funding, in order to support the preparation of grant proposals and to assist in the collection of pilot data.

Other research support from the Spine Section includes the Spine Clinic Trial Proposal Award ($500), the Spine Clinical Fellowship Award ($50,000), which supports multi-center trials in spinal surgery, the Outcomes Committee Award and the Mayfield Awards ($2,000 each). In addition, the Spine Section offers an NREF Grant Assistance Program to assist investigators who are applying for NREF grants with proposals related to spine and peripheral nerve disorders. A comprehensive list of these trials is available at www.spinesection.org.

These fellowships and awards are open to submission from practicing neurosurgeons and neurosurgery residents from the United States and all over the world, and demonstrate the commitment of the Spine and Peripheral Nerves Section to improving research and clinical spine care in your community and across the globe.

Advocacy
The Spine and Peripheral Nerves Section has become a front-runner in advocacy efforts for practicing neurosurgeons in recent years. This is best delineated by the creation of the Rapid Response Committee, an ad hoc committee of the Spine Section.

In the constantly-changing landscape of healthcare, payers often adopt new policies that can significantly affect the access to neurosurgical care. These policies are often developed with no input from specialists in the field. The Rapid Response Committee, formed on March 9, 2011 by the Spine Section, promotes access to beneficial surgical care for patients with spinal disorders affected by payer policies through evidence-based research and education. The Committee’s mission is to allow patients throughout the United States to maintain access to the highest quality spine care. The Committee maintains an active surveillance of new third-party payer policies and provides a critical appraisal of these policies by summarizing the evidence used to determine each policy, as well as the strengths and weaknesses of the evidence. Members of the committee are volunteers who review new policies, interpret the evidence, review the available medical literature, and provide a response to these policies, often on very short notice, despite having a busy practice of their own. The Rapid Response Committee has provided responses to third party payer policies that have allowed continued access to surgical techniques and technologies such as microendoscopic spinal surgery, SI joint fusions, vertebroplasty, kyphoplasty, and lumbar fusion techniques.

The efforts here do not just benefit academic or private surgeons, but all surgeons practicing spinal surgery, to allow access to the most up-to-date and cutting edge surgical techniques and technologies for our patients.

With a membership of over 1,400 surgeons, the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves includes a large number of practicing neurosurgeons in the United States. Considering the high incidence of spinal disorders in the community, spine surgery provides the foundation of neurosurgical care in the United States. For neurosurgeons practicing spinal surgery, membership in the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves is essential for maintaining access to quality educational and research opportunities, and for being involved in advocacy that affects all spine surgeons.
The role of the AANS/CNS Section on Neurotrauma and Critical Care (SNTCC) is to educate our membership on the latest technological advances in the field, provide resources including CME on relevant topics, and to advocate for neurosurgeons’ role in critical care of neurosurgical patients. Though many initiatives are generated and carried out independently, a similar number of collaborative efforts have developed. Some of these efforts include relationships with advocacy, research, and policy groups including the CNS, AANS, the National Neurotrauma Society, ThinkFirst, The Brain Trauma Foundation, Society of Neurological Surgeons, and the CSNS Section of Neurotrauma and Emergency Neurosurgery.

In these times where concussion is a major topic in the lay and peer-reviewed media, articles on topics such as decompressive craniectomy for trauma are being published in major journals, and critical care regulations and reimbursement are rapidly evolving, the SNTCC has generated a number of work products. One major effort was the section’s response to the DECRA study published in N Engl J Med. 2011 Jul 28;365(4):373.

In order to keep neurosurgeons abreast of these projects and developments, one of the major initiatives of the SNTCC has been improved distribution of information through website development and maintenance under the direction of Dr. Martina Stippler. The website can be accessed at [www.neurotraumasection.org](http://www.neurotraumasection.org) (Figure 1) and provides a succinct synopsis of major developments in the field, a link to guidelines published by a variety of organizations on neurotrauma and neurocritical care topics, and research opportunities including funding and fellowships. The upgrades have increased traffic to the site significantly, both nationally and internationally (Figure 2).

The SNTCC educational mission is to provide a consistent, up-to-date, and comprehensive curriculum for neurosurgeons. This material is distributed by a variety of means, including program development for the Annual Meetings, web modules, SANS, and review courses. The popular CNS SANS Neurotrauma module was developed with the Section’s assistance and contributions led by Dr. Craig Rabb. The section provides topics and speakers for the educational programs both at neurosurgical meetings as well as at neurotrauma meetings in conjunction with other societies. These programs often offer much needed continuing education credits for trauma. Recent sessions have discussed the evolving role of advanced intracranial monitoring techniques, the epidemic of neurotrauma in...
the elderly, and the role of decompressive craniectomy in the treatment of trauma patients. For the past four years, the SNTCC has partnered with the National Neurotrauma Society (NNS) to provide active participation and direction for their Annual Meeting. Under the direction of Dr. Steve Casha, a clinical course on spinal cord and brain injury has been added with excellent attendance. Because of Section involvement, there have been an increasing number of clinicians attending what had historically been a meeting for basic neuroscientists. It is anticipated that the Section’s role in this meeting will increase over time. The SNTCC has been asked to assist in developing the Neurotrauma and Critical Care portion of the SNS “Matrix” curriculum project, part of an ACGME initiative to more precisely define the learning objectives of postgraduate residency programs.

The Section also fosters advancement in neurotrauma research by sponsoring five resident research awards each year. Semi-annually, the Synthes awards for craniofacial injury and spinal cord injury are presented at the AANS and CNS Annual Meetings. Consideration for these awards are predicated upon an applicant’s request for award consideration while submitting abstracts to the respective meetings. The Codman Resident Neurotrauma Research Award is given during the Spring Meeting. This award consists of a one-year grant for conducting research. The research is presented during the AANS meeting the following year. Proposals for the Codman award are submitted at the beginning of each year and are reviewed by a small subcommittee. Any resident interested in submitting for this research grant is encouraged to contact the Awards Committee Chair, Dr. David Okonkwo at okonkwodo@upmc.edu.

The SNTCC now has three named lectureships. The Anthony B. Marmarou Memorial Neurotrauma Lectureship is given each fall at the CNS Annual Meeting. The 2011 AANS Annual Meeting marked the inaugural J. Douglas Miller Neurotrauma Lectureship, given by Dr. Alex Valadka. The Charles Tator Honorary Lectureship on Spinal Trauma has been approved by the SNTCC executive committee and the inaugural lecture is anticipated in 2012 or early 2013.

As part of the initiatives that followed Hurricane Katrina and the earthquake in Haiti, the section has become more active in promoting awareness and education for disaster management. For the first time, the American College of Surgeons course, Disaster Management and Emergency Preparedness, especially designed for surgeons as a primer on the subject, will be offered as a practical course at the 2012 AANS Annual Meeting in Miami, Florida. In addition, the Section has participated in the initial phases of the US Department of Health and Human Services’ Medical Specialty Enhancement Team (MSET). Members of this team would be considered intermittent employees of the federal government who may be called upon to provide services during disaster situations. Several neurosurgeons have begun the application process and anyone interested in joining this team is encouraged to contact the Section Secretary/Treasurer, Dr. Jamie Ullman at JamieU@aol.com. The SNTCC educational endeavors also extend into the community. The group produced a statement on traumatic injury on sports in an initial effort to help compile work done by a number of neurosurgical groups with interest in the topic (Figure 3).

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Another example of community outreach are the contributions of senior SNTCC EC member Julian Bailes, MD, who has been instrumental in preventing and treating head injury in football players at all levels. He serves as the Chairman of the Medical Advisory Committee for Pop Warner Football and, is involved in continued research in chronic and long term effects of football participation through the Center for Study of Retired Athletes, University of North Carolina, Chapel Hill, and is the network coordinator for the National Football League Players’ Association Second Opinion Network. This is composed of a board-certified neurosurgeon in each of the 32 NFL team cities, and provides upon request, second opinion consultations for brain or spinal injured players, as teams are obligated to supply as stipulated in their contracts.

In summary, the SNTCC is an active session dedicated to providing comprehensive neurosurgical, medical and community resources in neurotrauma and critical care through education, research, and policy. We are working with our parent organizations and other stakeholders to help improve the educational content during our training and later careers. We will advocate for the continued involvement of neurosurgeons in the critical care management of our patient in intensive care units. In addition, we maintain a presence on the AANS/CNS Guidelines Committee to review and endorse evidence-based guidelines to enhance neurotrauma practice. We are always looking for new members to get involved in any of these projects. Membership is free to all residents. The cost remains low to become an active member ($75/year) which affords neurosurgeons the opportunity to vote for and be candidates for leadership positions within the Section. Contact information for section leadership is available on the webpage.
The Executive Council for the AANS/CNS Section on Pain is looking forward to an exciting and productive 2012. In past years, the Pain Section has been tasked by the leadership in organized neurosurgery with enhancing the status of pain management in neurosurgery. We agree that interest by the neurosurgical community in the practice of neurosurgical pain management has faded in recent years. The reasons are multifactorial, and likely include lack of reimbursement, lack of evidence to support the use of many pain procedures, insufficient pain education in neurosurgical residency programs, and infringement upon these procedures by competing medical specialties. The Pain Section continues to address these issues.

Regarding resident education, we have reorganized the course curriculum at the AANS and CNS Annual Meetings. We began by eliminating some of the more esoteric courses that focused on topics of limited interest. Instead, we introduced a course on neuromodulation, aimed at residents and fellows, which provides detailed instruction on these pain management techniques. The purpose is to stimulate interest in neurosurgical pain management at a grass-roots level. Once young neurosurgeons become interested in the field, then they will tend to become more familiar with the procedures, and thus become more likely to incorporate them into their practices. Interest in the Pain Section (e.g., courses, advocacy, etc.) will naturally follow.

Our impression is that more neurosurgeons have been attending our courses and scientific sessions over the past four years or so, since the new curriculum was introduced. To be sure, we have requested the actual participation numbers from the AANS and CNS meeting staff for the courses over the past ten years to make the appropriate comparisons.

Getting more neurosurgeons interested in pain neurosurgery is an admirable goal, but the Executive Committee also wishes to examine how well neurosurgeons have been doing in this field. Specifically, we wish to compare performance on the Pain sections of the SANS and ABNS written examinations over the past ten years to see if there has been overall improvement in these areas. If not, then we may make additional adjustments in the curriculum as needed.

Several years ago, the untimely death of John Oakley, a prominent neurosurgical pain specialist, yielded the John Oakley Pain Fellowship. This is a scholarship that allows young neurosurgeons to spend time during a fellowship studying neurosurgical pain management. The scholarship is nearly funded, and once we secure the last contributions from Industry (in the coming months), we will begin accepting applications for the award. This will hopefully generate further interest in the field of neurosurgical pain management.

The Executive Council has developed a module on neurosurgical pain management for the SNS Neurosurgery Boot Camp course. We have proposed that the module be added either to Part 1 of the course, given during the Internship year, or to Part 2 of the course, given during the Junior year. We believe that exposing neurosurgery residents to important concepts in neurosurgical pain management early on in their career will not only help them be better residents, but it might encourage more of them to choose neurosurgical pain management as a specialty.

The Pain Section Executive Committee has also embraced the idea of actually generating evidence in our field. We acknowledge the need for neurosurgeons to participate in outcomes research both to comply with new regulations as well as to generate evidence to justify our surgical techniques. Towards this end we have formed the Neurostimulation Study Group, comprised largely of members of the Executive Council. We are in the process of obtaining funding for a variety of outcomes studies involving different forms of neurostimulation. The process has been slowed, however, by the relative paucity of NIH funding in recent years.

The Executive Council has been working with the Joint Guidelines Committee to build our website, which is currently devoid of any meaningful content. The format consists of a front page, publicly-accessible, which contains information about the Pain Section, details on the Executive Committee, comprised largely of members of the Executive Council. In the process of obtaining funding for a variety of outcomes studies involving different forms of neurostimulation. The process has been slowed, however, by the relative paucity of NIH funding in recent years.

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April 24, 2012     8:00 PM ET
Pediatric Neurosurgery Oral Board Review
Taryn M. Bragg, Bermans Iskandar, Arthur J. DiPatri

April 25, 2012     8:00 PM ET
Cerebrovascular Neurosurgery Oral Board Review
Ricardo A. Hanel, Andrew J. Ringer, John A. Wilson

April 26, 2012     8:00 PM ET
Peripheral Nerve Oral Board Review
Amgad S. Hanna, Robert J. Spinner, Olawale Sulaiman

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*Members may purchase CME credit for $25
This year marks the 40th anniversary of the AANS/CNS Section on Pediatric Neurological Surgery. Founded in 1972 by Kenneth Shulman and Robert McLaurin, the Section’s mission has been to serve as a forum for the intimate exchange of ideas and to assure the advancement of the field. Over the years we have grown to become a robust national organization promoting education, research and patient care.

The Section on Pediatric Neurological Surgery held its 40th Annual Meeting at the Hilton Austin Hotel, on November 29th through December 2nd, 2011. There was a record attendance of close to 400 attendees. “I AM CHAMPION” was the theme of the meeting, chaired by Dr. Timothy M. George. Dr. George developed the concept from the movie “I am Legend”. There were four phenomenal keynote speakers, including Mack Brown, the Head Coach of the University of Texas Longhorns. Coach Brown gave an excellent talk about his experience with athletic competition and concussions in football. The second keynote speaker was Dr. Benjamin S. Carson, Sr., MD (Figure 1). Dr. Carson focused his Special Lecture on the importance of impacting the world outside of neurosurgery. He spoke of his personal experiences with cancer and he reflected on the feelings and thoughts he experienced throughout that time period in his life. Dr. Carson spoke about his contributions and volunteer work with young people. By developing relationships with young people, he encouraged these students to believe in their dreams, work to achieve their own goals and strive to reach their personal potentials. Dr. Francisco G. Cigarroa, the Chancellor of the University of Texas Health System spoke about his experience as a pediatric transplant surgeon. Dr. Cigarroa has also served as a member of the President’s Committee on the National Medal of Science. Finally, the fourth keynote speaker was Dr. R. Michael Scott, from Children’s Hospital in Boston (Figure 2). Dr. Scott was awarded the Franc Ingraham Award for Distinguished Service and Achievement. The section was honored to have Dr. and Mrs. Scott at the Annual Meeting to receive the award. Dr. Scott was fondly acknowledged for his unending contributions to the field of pediatric neurological surgery, his fellows and his patients. Dr. Scott’s interests in pediatric cerebrovascular disease, brain tumors, and congenital malformations of the brain and spinal cord are well known and respected. Dr. Scott’s service and volunteerism with the American Society of Pediatric Neuro-
surgeons, American Association of Neurological Surgeons (AANS), the American Board of Neurological Surgery and the Pediatric Section of the AANS/CNS have been internationally recognized. This year’s section meeting was generously sponsored by Medtronic, Codman, Integra, KLS Martin and Leica.

This year, the Section on Pediatric Neurological Surgery has also spent much time and effort discussing the clinical results and implications of the MOMS trial. The MOMS trial (the Management of Myelomeningocele Study) was initiated in 2003 and supported by the National Institutes of Health. Three centers were chosen to participate in the study: Vanderbilt University, Children’s Hospital of Philadelphia and the University of California at San Francisco. The Section is participating actively in a series of NIH consensus conferences about the implications of fetal surgery for myelomeningocele. The Section has also renewed its interest and commitment to the development of guidelines or the examination of the evidence supporting clinical recommendations for treatment, with the guidance and leadership of Dr. Ann Marie Flannery.

The section’s website http://www.pedsneurosurgery.org is currently undergoing further development and revision under the direction of Dr. Richard Anderson. Through the website, Pediatric Shortcuts, a memo from the Chair, may be accessed. Additionally, we would like to remind all residents and fellows that the Section has established an international traveling fellowship for neurosurgeons who at the time of their application are either training in a residency program outside the United States and Canada, or who have completed residency training outside the United States and Canada within the past five years. The fellowship covers the traveling and living expenses for a three-month period to be spent observing the activities of an established Pediatric Neurosurgical service of the applicant’s choosing in the United States or Canada. Please see the website for further details.

The Section on Pediatric Neurological Surgery will hold its 41st Annual Meeting at the Marriott St. Louis, November 27-30, in St. Louis, Missouri. This future meeting will be co-chaired by Drs. Matthew Smyth and Jeffrey Leonard. In 2013, the section plans its annual meeting to be held in Toronto, Canada. The Section on Pediatric Neurological Surgery encourages your attendance and interest in our future meetings. To learn more about the activities of the Section please visit our website at www.pedsneurosurgery.org. Anyone wishing to participate on one of our committees should feel free to contact our Secretary, Sarah Gaskill at sgaskill@mac.com.

> THE SECTION’S MISSION HAS BEEN TO SERVE AS A FORUM FOR THE INTIMATE EXCHANGE OF IDEAS AND TO ASSURE THE ADVANCEMENT OF THE FIELD. <
The American Society of Stereotactic and Functional Neurosurgery (ASSFN) is strong and vibrant, and our specialty is among the most rapidly growing areas in neurosurgery, with tremendous potential and impact for helping a wide array of patients.

Stereotactic and functional neurosurgeons manage patients with various movement disorders (Parkinson’s, dystonia, tremor), epilepsy, chronic pain, obsessive compulsive disorder, Tourette’s, depression and other conditions. Additional emerging early clinical trials are exploring new indications in patients with intractable conditions including bipolar disorders, obesity, anorexia, addictions, Alzheimer’s, post-traumatic stress disorders, as well as traumatic brain injury and stroke. Advances in neuroscience, biomedical engineering, imaging, surgical technique, and implantable device technology are facilitating progress in translational research. The use of randomized prospective and blinded clinical trials with class I outcomes are also providing the necessary evidence to enable the broader acceptance and integration of our surgical therapies into the standard management strategies for severe and disabled patients.

In conjunction with advancements in our clinical applications, our surgical techniques and approaches are further evolving. This specialty employs a growing array of surgical interventions including brain, spinal cord and peripheral nerve stimulator implants, intrathecal spinal and brain infusion, radiofrequency, radiosurgery, other lesioning approaches, as well as gene therapy and stem cell based interventions. This broad array of therapeutic approaches offers growing opportunities for our specialty to help patients, and to carry out basic and clinical research and technology development.

Interaction and collaboration with other specialties is a vital component for the growth and progress of our specialty and society. These
multidisciplinary partnerships involve close interfaces and teamwork with neurologists, psychiatrists, psychologists, physical medicine and rehabilitation specialists, pain management, neuroradiologists, physicists, ethicists, biomedical engineers and neuroscientists.

Education is fundamentally important for this specialty and upholding the highest standards for teaching, training and dialogue is crucial for the growth and advancement of our field.

The society sponsors and coordinates many educational programs. The biennial ASSFN meetings and section events at the Annual CNS and AANS Meetings have consistently provided comprehensive, cutting edge, high tech and insightful topics and speakers with an emphasis on high quality scientific exchange and discussion. We will continue to strive to provide first-rate, up-to-date, innovative, creative, and practical educational programs for our specialty in the future.

Websites are a universal central medium for search and knowledge acquisition. We are pleased to have launched the new ASSFN website, spearheaded by our webmaster, Kendall Lee and the web committee. Our goal is to provide our members with a more personalized website with ease of access to rapidly updated and accurate information, online educational offerings, fellowships, practice tools, guidelines, outcome measures, as well as socio-economic, government and regulatory, innovation, and technology related topics and links. Please visit our website at www.assfn.org.

We are also proud of the growth and evolution of our journal, Stereotactic and Functional Neurosurgery. Our editor, David W. Roberts and the editorial boards have done an outstanding and admirable job in improving our journal with increased number of high quality submissions and impact factor.

The ASSFN has also created a special committee on surgery for psychiatric disorders. This committee is comprised of leaders in psychiatry, neurosurgery and ethics to develop a position statement regarding various aspects of psychiatric neurosurgery. The committee is critically and objectively evaluating the research, clinical, regulatory and societal issues related to DBS and lesioning surgery for psychiatric disorders. This ASSFN committee is working closely with the European (ESSFN) and World Society of Stereotactic and Functional Neurosurgery (WSSFN) committees to come up with a combined joint position statement.

Health care reform is multifaceted and of increasing significance in medicine as society and government attempts to maximize health care resources. The healthcare landscape has significantly changed over the past 20 years, and more changes will be forthcoming with healthcare reform legislature that will impact neurosurgeons in the U.S. The ASSFN works closely with the AANS and the CNS Washington Committee to provide fact-based patient centric and management approach for a variety of issues related to our specialty in general, and specifically stereotactic and functional neurosurgery. These include insurance, CMS and Medicare reimbursement policies, outcome-based research and clinical practice, comparative effectiveness, conflict of interest, and the FDA device and drug related matters. The ASSFN will be active and proactive with legislature and advocacy on behalf of its members to facilitate us staying ahead of the changing curve of medicine.

It is indeed an exciting time for the stereotactic and functional neurosurgery specialty. I encourage all neurosurgeons interested in stereotactic and functional neurosurgery and our colleagues from other specialties to become members of our society and section. Your participation and input can facilitate our vision of promoting multidisciplinary collaboration among clinicians scientists, engineers, and others to advance the filed through education, research, innovation, and advocacy.

We have a dedicated and enthusiastic group of officers, board members, committee members and volunteers working hard for our society and specialty. We encourage every CNS member to come to our Section meetings, website, interact and join our growing subspecialty.
Established in 1984, the AANS/CNS Section on Tumors is the largest organized group of neurosurgeons dedicated to the care and study of patients with tumors of the nervous system. The Section has the honor of being the first national physician’s professional organization in the United States specifically focused on nervous system tumors, antedating the Society for Neuro-Oncology by 11 years (founded in 1995) and the Neuro-Oncology Section of the American Academy of Neurology by 10 years (founded in 1994). The purpose of the Section on Tumors is to provide a forum for education and research on tumors of the nervous system; to coordinate activities and programs relating to tumors for the AANS and CNS; and to represent and advise the AANS and CNS on matters relating to tumors. Membership in the Section on Tumors links neurosurgeons to a rich 28-year history that has brought the Section to its current prominent status among its peers because of its continued dedication to this mission (Figure 1).

Governance and Subcommittees
The Section on Tumors is led by the Executive Committee, which is appointed and presided over by the Chair with the assistance of the Secretary-Treasurer, and the Past Chair. Since the first Chair, Mark Rosenblum, who served from 1984 to 1991, there have been 11 subsequent Chairs, each of whom has served 2-year terms (Table 1). The original Executive Committee, which consisted of four neurosurgeons, has grown into a diverse group of over 40 individuals, who participate in 25 subcommittees, through which much of the work of the Section is carried out (Table 2). This large body provides ample opportunity for Tumor Section members to participate in the many activities of the organization. Consistent with its goal of advancing the treatment and research of all types of CNS tumors, in both adults and children, the Tumor Section has subcommittees dedicated to skull base tumors, pediatric tumors, radiosurgery and spine tumors. The Executive Committee also receives counsel from an Advisory Board, which is appointed by the Chairman and which includes many luminaries in the field of surgical neuro-oncology.

Educational Events
Education is one of the main goals of the Section on Tumors. To meet this goal, the Section has organized over the years educational symposia at the Annual Meetings of both the AANS and CNS. A review of the educational events sponsored by the Section shows that the Section is dedicated to disseminating the latest clinical and scientific advances on all types of adult and pediatric CNS tumors. In the past, symposia have been held on craniopharyngiomas, metastatic brain and spine tumors, chordomas of the skull base, low grade gliomas, medulloblastomas, brain metastases, nanotechnology, stem cells and convection enhanced delivery.

Table 1: Past Chairs of the Section on Tumors

<table>
<thead>
<tr>
<th>NAME</th>
<th>TERM</th>
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<tbody>
<tr>
<td>Mark Rosenblum</td>
<td>1984-1991</td>
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<tr>
<td>Dennis Bullard</td>
<td>1991-1993</td>
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<tr>
<td>Peter Black</td>
<td>1993-1995</td>
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<tr>
<td>William Chandler</td>
<td>1995-1997</td>
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<tr>
<td>Mark Bernstein</td>
<td>1997-1999</td>
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<tr>
<td>Joseph Piepmeier</td>
<td>1999-2001</td>
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<tr>
<td>James Rutka</td>
<td>2001-2003</td>
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<tr>
<td>Raymond Sawaya</td>
<td>2003-2005</td>
</tr>
<tr>
<td>Ronald Warnick</td>
<td>2005-2007</td>
</tr>
<tr>
<td>Michael McDermott</td>
<td>2007-2009</td>
</tr>
<tr>
<td>Jeffrey Bruce</td>
<td>2009-2011</td>
</tr>
<tr>
<td>Frederick F. Lang</td>
<td>2011-2013</td>
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</tbody>
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Figure 1: Logos used by the Tumor Section since its inception. A) Initial logo, B) In 2003 the logo was revised to be more three dimensional, C) In 2009, for the 25th anniversary of the Section the logo was redesigned to commemorate the event, D) In 2011 the logo was changed back to the 2009 style.
Table 2. Current Section on Tumors Executive Committee and Subcommittees

<table>
<thead>
<tr>
<th>AANS/CNS Section on Tumors Executive Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
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<tr>
<td>Secretary Treasurer</td>
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<tr>
<td>Past Chair</td>
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<tr>
<td>Advisory Board</td>
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<tr>
<td>Gene Barnett</td>
</tr>
<tr>
<td>Mitch Berger</td>
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<tr>
<td>Peter M. Black</td>
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<tr>
<td>Emilio Antonio Chiocca</td>
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<tr>
<td>William T. Coldwell</td>
</tr>
<tr>
<td>Roberta P. Blick</td>
</tr>
<tr>
<td>James Markert</td>
</tr>
<tr>
<td>Joseph M. Piepermeier</td>
</tr>
<tr>
<td>Mark L. Rosenblum</td>
</tr>
<tr>
<td>James T. Rutka</td>
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<tr>
<td>Raymond Savaya</td>
</tr>
<tr>
<td>Ronald E. Wamsie</td>
</tr>
<tr>
<td>History</td>
</tr>
<tr>
<td>Information Technology</td>
</tr>
<tr>
<td>International</td>
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<tr>
<td>Daniel Perevedello (Chair)</td>
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<tr>
<td>Randy Jensen (Chair)</td>
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<tr>
<td>Enrique Concha-Juñis (Chile)</td>
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<tr>
<td>Dominik Corder (Switzerland)</td>
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<tr>
<td>Francesco DeMeo (Italy)</td>
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<td>Huseini El Hossam (Egypt)</td>
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<td>Sam Fijanc (Scotland)</td>
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<tr>
<td>Atul Goel (India)</td>
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<tr>
<td>Florence F. LeFran (France)</td>
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<tr>
<td>Nina Mokrzy (England)</td>
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<tr>
<td>Okezie Obasi Kuma</td>
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<tr>
<td>Alejandro T. Rabalad (Argentina)</td>
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<tr>
<td>Zvi Ran (EANS)</td>
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<tr>
<td>Charles Teo (Australia)</td>
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<tr>
<td>Ugur Ture (Turkey)</td>
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<tr>
<td>Jose Pascual Valero (Central America)</td>
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<tr>
<td>Yonggang Wang (China)</td>
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<tr>
<td>Manfred Weisfahl (Germany)</td>
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<tr>
<td>Fumio Yanaguchi (Japan)</td>
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<tr>
<td>Gregoire Zapalghi (Moldova)</td>
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<tr>
<td>Journal of Neuro-Oncology Linda M. Liau</td>
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<tr>
<td>Matrix</td>
</tr>
<tr>
<td>Emilio Antonio Chiocca (Chair)</td>
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<tr>
<td>Frederick G. Barker</td>
</tr>
<tr>
<td>James Bradley Elder</td>
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<tr>
<td>Amy B. Heimberger</td>
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<td>Nicholas B. Levine</td>
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<tr>
<td>James Markert</td>
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<tr>
<td>W. Richard Mansh</td>
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<tr>
<td>Brian Nahed</td>
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<tr>
<td>Andrew Parsa</td>
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<tr>
<td>Jonas M. Sheehan</td>
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<tr>
<td>Howard Weiner</td>
</tr>
<tr>
<td>Medical Neuro-Oncology</td>
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<tr>
<td>Susan Chang</td>
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<tr>
<td>Membership</td>
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<tr>
<td>Allen F. Waizai</td>
</tr>
<tr>
<td>Newsletter</td>
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<tr>
<td>Jonas M. Sheehan</td>
</tr>
<tr>
<td>NeuroPoint Alliance</td>
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<tr>
<td>Mark E. Linkey (Chair)</td>
</tr>
<tr>
<td>James Bradley Elder</td>
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<tr>
<td>Nominating</td>
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<tr>
<td>Jeffrey N. Bruce</td>
</tr>
<tr>
<td>Pediatrics</td>
</tr>
<tr>
<td>George J. Julis</td>
</tr>
<tr>
<td>Programs</td>
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<tr>
<td>Daniel P. Cahill (CNS 2011)</td>
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<tr>
<td>Christopher M. McPherson (AANS 2012)</td>
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<tr>
<td>Viviane S. Tabar (CNS 2012)</td>
</tr>
<tr>
<td>Ricardo Komotar (AANS 2013)</td>
</tr>
<tr>
<td>Michael A. Vogelbaum (SNO Section on Tumors)</td>
</tr>
<tr>
<td>Radiosurgery Jason P. Sheehan</td>
</tr>
<tr>
<td>Research</td>
</tr>
<tr>
<td>Howard I. Weiner (ABTA)</td>
</tr>
<tr>
<td>William T. Curry (Brasil.AMB)</td>
</tr>
<tr>
<td>SANS/MOC Sarah C. Jost</td>
</tr>
<tr>
<td>Skull Base Nicholas R. Levine</td>
</tr>
<tr>
<td>Spinal Lawrence D. Rhines</td>
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<tr>
<td>Washington Andrew E. Sloan</td>
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<tr>
<td>Young Neurosurgeons Brian Nahed</td>
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</tbody>
</table>

Consistent with the goal of providing information on a wide range of topics, at the upcoming 2012 Annual AANS meeting the Tumor Section, under the guidance of Dr. Ricardo Komotar (Figure 2), has planned a symposium on “Difficult Meningiomas: Current Treatment Paradigms”, in which preoperative embolization, surgical approaches, complication avoidance, and the roles of radiotherapy and chemotherapy for difficult atypical and malignant meningiomas will be discussed. Likewise, for the 2012 CNS Annual Meeting a new member of the Tumor Section Executive Committee, Dr. Viviane Tabar (Figure 2), has organized a symposium entitled, “Primary Spinal Neoplasms: Treatment and Science Updates”, which will explore the latest clinical treatment paradigms and scientific knowledge regarding intramedullary tumors, intradural extramedullary tumors, and spinal column tumors.

In addition to these seminars at the annual meetings, one of the major educational and scientific events of the Section on Tumors is the Tumor Satellite Symposium, where the latest research on CNS tumors is presented in a forum independent of the Annual meetings. First organized in 1994 as a “satellite” meeting to the CNS Annual Meeting in Chicago, the Tumor Satellite Symposium has been held biennially after or before either the AANS or CNS Annual Meeting. Members of the Section receive reduced registration rates for this meeting. In 2011, the 9th Biennial Satellite meeting was for the first time held in conjunction with the Society for Neuro-Oncology (SNO) Annual Meeting on November 17-20 in Anaheim, CA. Combining the Tumors Satellite Symposium with the SNO Annual Meeting was a new experiment for the Section (Figure 3). This partnership allowed neurosurgeons from the Section to showcase their basic and clinical research for a large and diverse audience of neuro-oncologists, radiation oncologists, neuro-radiologists, neuropathologists, neuro-psychologists, and basic scientists. It also enhanced the education of Tumor Section members in areas beyond neurosurgery and thereby expanded our memberships’ knowledge and potential influence on other neuro-oncological subspecialties. Dr. Michael Vogelbaum served as the Tumor Section Chairman of the joint Scientific Program Committee (Figure 3). While most presentations were drawn from peer-reviewed abstract submissions, the scientific program committee arranged many “Sunrise Sessions” featuring renowned, expert speakers in areas of interest to neurosurgeons. Most notably, this meeting also included a 1-day workshop on clinical trials that was of great educational value to all neurosurgeons interested in clinical research. In addition, Dr. Jason Sheehan, head of the Radiosurgery Subcommittee of the Section on Tumors, helped organize an Education Day that focused on applications of radiosurgery on spinal neoplasms (Figure 3). Dr. Andrew Parsa managed to make this meeting a financial success for the Section and in so doing organized several company-supported educational symposia that were of interest to neurosurgeons. A valued benefit of membership in the Section is reduced registration fees at the Biennial Tumor Section Satellite Symposium.

Figure 2: Tumor Section Scientific Program Organizers

Ricardo Komotar, MD 2012 AANS Annual Meeting

Viviane Tabar, MD 2012 CNS Annual Meeting
Another educational event that is sponsored by the Section on Tumors and that receives kudos each year is a Practical Course given at both the AANS and CNS Annual meetings entitled, “Update on Brain Tumors for the General Neurosurgeons”. Originally started by Dr. Jeffrey Bruce, in the recent past Dr. Andrew Parsa has led this course. It is anticipated that it will continue at the 2012 annual meetings. All general neurosurgeons are encouraged to take advantage of this valuable and very practical course.

Awards
The Section on Tumors currently awards 10 prizes at each of the CNS and AANS Annual meetings to section members who submit outstanding abstracts in a variety of areas, including clinical research, basic research, skull base, radiosurgery, etc. A strength of these awards is that Section members at different levels of training and practice types are eligible for specific awards. For example, the Bittner Award is given to the author of the best abstract submitted by a resident or junior faculty. The BrainLAB Community Neurosurgeon Award is given to a neurosurgeon practicing in a non-academic setting with the best abstract related to central nervous tumors. The Integra award is given for the best paper investigating benign brain, spine, or peripheral nerve tumors and the Synthes Award is given for the best skull base abstract.

It is important to recognize that these awards all represent commitments from various philanthropic and commercial sponsors, including American Brain Tumor Association, Bittner Foundation, BrainLAB, Farber Foundation, Integra Foundation, Kluwer Academic Publishers, Leksell, National Brain Tumor Society, Preuss Foundation, Stryker, and Synthes. The Section is indebted to these organizations for their generosity and support.

Grants and Fellowships
A major benefit of membership in the Section Tumors is access to research grants and fel-

Table 3: American Brain Tumors Association Clinical Research Grant Awardees

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AWARDEE</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Andrew Parsa</td>
<td>HSP immune therapy for recurrent glioma patients: PI(3) kinase activation predicts poor clinical outcomes</td>
</tr>
<tr>
<td>2011</td>
<td>Linda Liau</td>
<td>Adoptive transfer NY-ESO-1 genetically engineered TCR for treatment of glioblastoma</td>
</tr>
</tbody>
</table>

Table 4: Section on Tumors / BrainLAB International Research Fellowship Awardees

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AWARDEE</th>
<th>COUNTRY</th>
<th>U.S. SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Kazuhiko Kurozumi</td>
<td>Japan</td>
<td>E. Antonio Chiocca (Ohio State)</td>
</tr>
<tr>
<td>2008</td>
<td>Tim Wang</td>
<td>China</td>
<td>Victor Tse (Stanford)</td>
</tr>
<tr>
<td>2009</td>
<td>Rachel Grossman</td>
<td>Israel</td>
<td>Henry Brem (Johns Hopkins)</td>
</tr>
<tr>
<td>2010</td>
<td>Felix Nwajei</td>
<td>Nigeria</td>
<td>Frederick Lang (MD Anderson)</td>
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lowships. Currently, the Section sponsors two grants/fellowships that are available exclusively to tumor section members.

The section’s research grant is the American Brain Tumor Association (ABTA) Clinical Research Grant, which is a $100,000 two-year ($50,000/year) grant designed to support Tumor Section members who are involved in clinical research. As its name implies, the award is supported by a generous donation from the ABTA and is intended to provide pilot clinical data by the end of the two-year funding period to lead to the development of a larger, multi-year clinical trial supported by federal funding (Table 3).

The Section on Tumors also sponsors a very unique international research fellowship program called The Section on Tumors/BrainLAB International Research Fellowship. This fellowship was the brainchild of former Chairman, Ronald Warnick, MD. The name recognizes the partnering of the Tumor Section with BrainLAB AG, Inc who has generously donated the funding for this fellowship program over the past 6 years. The purpose of fellowship is to provide a program for neurosurgeons from outside the United States or Canada to perform clinical, translational or basic research in the field of neurosurgical oncology in a clinical and/or laboratory setting within the United States. The fellowship is open to foreign neurosurgeons or graduating residents from outside the United States or Canada and carries with it a very generous stipend of $50,000 salary support & travel expenses for a period of one year (Table 4).

Information about these grants and fellowships can be found on the Section website at www.tumorsection.org. Dr. Howard Weiner oversees the ABTA award and Dr. Will Curry has oversight over the Section on Tumors/BrainLAB International Fellowship.

Guidelines
The Tumor Section has also taken a leadership role within organized neurosurgery in responding to new national paradigms and requests for a clear identification of knowledge gaps within our field through the publication of clinical practice guidelines on an array of tumor topics. Led by Dr. Steven Kalkanis, the Section on Tumors in recent years has published well-received guidelines on the comprehensive treatment of malignant gliomas (initial therapy) as well as the treatment of brain metastases. The metastases guidelines represented the largest multidisciplinary effort in guidelines ever undertaken in neurosurgery and were recently also endorsed by ASTRO and the US government’s National Guidelines Clearinghouse. In 2012, the Section will complete guidelines on recurrent glioma therapy (led by Drs. Jeffrey Olson and Timothy Ryken) and on metastatic spine tumors (led by Dr. Timothy Ryken).

Journal of Neuro-Oncology, the Official Journal of the Section on Tumors
Because of the efforts of former Chair, Dr. Joseph Piepmeier the Journal of Neuro-Oncology, became the official journal of the Section (Figure 4). As former editor of this journal, Dr. Piepmeier, also established that all members in the Section on Tumors receive a free subscription to The Journal of Neuro-Oncology (an $800 value) as part of the membership fee. Under current editors Dr. Linda Liau and Dr. Webster Cavanee, The Journal of Neuro-Oncology has grown into one of the preeminent journals focused solely on CNS tumors. The Section on Tumors is the only section that provides this very valuable benefit to its members.

Newsletter
One of the main forms of communication within the Section on Tumors is the Section newsletter (Figure 5). This newsletter is published twice a year, typically in the Spring before the AANS Annual Meeting and in the Fall before the CNS Annual Meeting. The newsletter is a dynamic publication that provides up-to-date information on all aspects of the Section, particularly the progress of each of the subcommittees and notifications about important upcoming events. The current editor of the newsletter is Dr. Jonas Sheehan.
International Collaborations
One of the primary goals of the Tumor Section over the past several years has been an enhanced involvement with international neuro-oncology with particular emphasis on educational activities. Indeed, neurosurgeons from outside the US and Canada join the Section and receive all benefits of membership except they cannot vote. Currently, Dr. Randy Jensen and Dr. Daniel Prevedello chair the section’s International Committee. This committee has grown to a robust group of 18 representatives from various countries from all over the world. In addition, the Section has supported several international meetings, including meetings in Italy, Scotland and Argentina. This subcommittee has extended collaborations to regions previously less involved in the section including Africa, Australia and the Middle East.

Most recently, Zvi Ram, MD (Israel) has spearheaded efforts within the European Association of Neurological Societies (EANS) to establish a “neuro-oncology subgroup.” The Section on Tumors has encouraged a close relationship with the EANS Neuro-Oncology subgroup in terms of developing educational programs, clinical trials, and potentially fellowships. Dr. Mike McDermott (a past Chair of the Tumor Section) had been helping to establish this collaboration and a joint meeting is planned with the EANS and the Section in Israel in 2013.

Clinical Trials Committee
One of the newer initiatives within the Section has been a push to become more involved in the development and execution of surgical neuro-oncology clinical trials. Indeed, the need for improving clinical trials in neurosurgical-oncology became apparent as part of the Section’s work on guidelines for gliomas and brain metastases, where it became clear that much of what neurosurgical oncologists do is often not supported by strong clinical data. To fill this gap past Chair Dr. Jeffrey Bruce established the Clinical Trial Subcommittee. Initially led by Dr. Mark Linskey and now led by Drs. Manish Aghi (chair), John Boockvar, and Costas Hadjipanayis the main goal of this committee is to promote and develop multi-center trials to answer clinical questions relevant to the surgical management of brain tumors. It is the current leadership’s perspective that the Tumor Section needs to become a leader in brain tumor clinical trials. A major accomplishment of this subcommittee has been the establishment of seats for “organized” neurosurgery at the tables of several of the larger clinical trial consortia. In this context, recently a new clinical trial consortium called “The Alliance” has been organized by the NIH. In the past few months the Section has negotiated with The Alliance so that a member of the Section on Tumors now has an official seat on the Neuro-Oncology Sub-committee. Dr. Ian Parney has been appointed the Section on Tumors representative to this subcommittee. It is hoped that this relationship will allow neurosurgeons to increase their voice in clinical trial development within NIH. The effort of gaining official representation on other cancer clinical trials groups (such as RTOG) will continue as a major goal of this committee.

Young Neurosurgeons Committee
The Section on Tumors has always been dedicated to bringing new members into the organization, particularly young neurosurgeons in the early stages of their career. It is well recognized that the young neurosurgeons are the life-blood of the organization. Indeed, membership in the section is automatically granted free of charge to all residents or fellows in good standing in an ABNS-approved neurosurgical residency or neuro-oncology training program, respectively. In addition, the Section on Tumors has an active and dynamic young Neurosurgeons subcommittee, which has been chaired over the years by many of the current Executive Committee members. This subcommittee is often a stepping stone into other activities within the Section. The Young Neurosurgeons subcommittee is currently chaired by Dr. Brian Nahed (Figure 6). One of the main events sponsored by this subcommittee is a Young Neurosurgeons Reception for Tumor Section members. This gathering affords young neurosurgeons the opportunity to become involved in the section and to get to know other members. It is usually held at both the CNS and AANS Annual Meetings and often features an exciting lecture by a senior mentor. Such a reception will be held at the upcoming 2012 AANS Annual Meeting in Miami. All are invited to attend.

Final Thoughts
It is truly an exciting time to be a neurosurgeon involved in the treatment and study of patients with CNS tumors. Advances in surgery, radiosurgery, and neuro-imaging, as well as new developments in genomics and proteomics, along with exceptional progress in immunotherapy, targeted therapies, viral therapies and stem cell biology, to name but a few, have made the current era of neurosurgical oncology one of the most exciting times in history. The AANS and CNS Section on Tumors is a dynamic organization that is leading the charge in all these areas. Membership in the section is a must for any neurosurgeon interested in being part of this extraordinary time. Come join us!

References
2. Rules and Regulations of the Section on Tumors of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons (revised April 2008.) Available www.tumorsection.org, see Bylaws.

Figure 6: Dr. Brian Nahed

Available www.tumorsection.org, see Bylaws.
The purpose of the CSNS is the focus of socioeconomics (SE) on neurosurgical practice. Right now, the socioeconomic stress on each and every neurosurgeon—private practice and academic, solo or group practitioner/hospital employee/or multispecialty group member, male or female, resident or nearing retirement—is greater than ever.

- More than 19% of all neurosurgeons settle or close a malpractice case each year (the highest of any specialty)
- The rise in physician payments has been below the cost of living for the past three years; only those who practice in multispecialty groups come close to keeping up with inflation
- RUC and CMS controversies tear at the fabric of the long established system of determining the Medicare fee schedules for all physicians, AND
- There is intense regulatory assault on academic neurosurgery including a dramatic reduction in permissible resident work hours as well as decline in available GME funding.

All of this at a time when the number of Americans underinsured is too high, the number of neurosurgeons who accept Medicare is declining, and overall access to specialty health care in both the elective and emergency setting is increasingly difficult.

Despite these and many other challenges, neurosurgeons can:
- Train and educate better at all levels and also become leaders for innovation in medical education
- Respond to the changing environment of social media in a useful and productive way
- Improve our knowledge of how to best treat our patients and get the right treatment to the right patient at the right time
- Be a part of determining a more economical delivery of care that honors the long hours, hard work, and expertise of specialty care
- Recognize how to optimize the environment for healing our patients while minimizing the environmental impact on our communities

All this and more fall within the mission of the CSNS and underscore the importance of the CSNS to organized neurosurgery and to each individual neurosurgeon.

The CSNS website is an excellent resource for all neurosurgeons. In addition to information on the CSNS organization and function, past resolutions, and opportunities for involvement, the site has an abundance of resources such as talks on “The Value of a Neurosurgeon to a Hospital.” This is a site worth bookmarking and visiting on a regular basis for crucial updates and information.

Highlights from our recent meeting in Washington, DC (held in conjunction with the outstanding CNS Annual Meeting) clearly demonstrate the importance of the CSNS, which has remained a representative voice for all neurosurgeons while providing outstanding support to the CNS, AANS, SNS, and Washington Committee on SE education and policy.

**Meeting Highlights**

The Fall CSNS meeting addressed the critical socioeconomic needs of all neurosurgeons. Eight outstanding resolutions were debated and passed, three guest speakers delivered crucial messages, Dr. Alex Valadka delivered the informative Washington Report, and numerous committee and special reports were delivered. The meeting concluded with a networking meeting of State Societies with two informative presentations and time for discussion between state leaders.

From the feedback I received, most felt the highlight of the meeting was Judy Schneider, our luncheon speaker who delivered: **How Congress Really Works: What no Civics Class Taught You!** Ms. Schneider kept everyone on the edge of their seats as she delivered a compelling, informative and wildly entertaining inside look into Congress and the reality of how legislation is passed into law. I doubt anyone in the room will ever think the same about the business of Capital Hill!
Highlights of the committee and special reports include:

- **Development of Socioeconomic Curriculum**: An outstanding team led by Drs. Edie Zusman and Mike Steinmetz submitted a comprehensive SE curriculum for inclusion in the SNS Matrix program for resident education. The full range of SE topics was included in the curriculum. This was the first time the CSNS has been assigned full responsibility for SE content of a major neurosurgical project.

- **Electrophysiological Monitoring for Spine Surgery**: Responding to a recent resolution, a detailed report was delivered based on a recent survey of neurosurgeons. Key points were the impact or threat of lawsuits as a key influence on decisions to use monitoring.

- **Defensive Medicine in Neurosurgery**: Drs. Brian Nahed and Maya Babu reported the results on a fascinating survey on how much defensive medicine is practiced regularly by neurosurgeons across the country. The results stem from a CSNS resolution and the results will be published in the near future.

- **Concussion Tool Kit**: Dr. Shelly Timmons headed a project by the Neurotrauma and Emergency Neurosurgery Committee to develop a comprehensive toolkit which is now available on the CSNS website with resources for managing sports related head injuries. The CSNS also collaborated with Dr. Gail Rosseau and other neurosurgical organizations in a PowerPoint presentation on sports-related concussions.

- **NQOD**: Dr. Matthew McGirt delivered an important update on the need for neurosurgical outcomes data and the important role that this project will fill in obtaining this information. The program is modeled on the Society for Thoracic Surgeon’s highly successful program.

- **Quadrant Reports**: For the first time, quadrant Chairs were asked to deliver a brief report on the “state of the states”. Drs. Holly Gilmer and Moustaphea Abou-Samra brought us up-to-date on the Northwest and Southwest quadrants respectively.

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**Melany Thomas SE Quadrant Endowed Socioeconomic Fellowship**

The CSNS has established the *Melany Thomas Endowed Socioeconomic Fellowship* in recognition of her many years of dedication to the CSNS in support of a program she most passionately endorsed. The endowment will secure funding in perpetuity for a South East Quadrant neurosurgical resident, enabling them to gain competence and understanding on the full spectrum of socioeconomic issues affecting the practice of neurosurgery.

**Please help us pay tribute to Melany!**

**CONTRIBUTIONS CAN BE MADE ONLINE AT:**

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Checks can be sent to:

AANS
Attn: Sandy Meyer
5550 Meadowbrook Drive
Rolling Meadows, IL 60008

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As recently as two decades ago, women in neurosurgery only peppered the landscape of leadership in the field. With only 68 ABNS-certified women in the decade 1990-1999, a small but vigilant group held the reigns of leadership and the responsibilities bestowed.

Over the past decade, there have been notable increases in the number of women, not only in training but increasingly in leadership roles. The history of these increases and the related efforts, have been detailed in a comprehensive analysis published by Dr. Benzil and colleagues in the *Journal of Neurosurgery*, 2008.1,2 Between 2010 and 2011, we have seen the number of female residents in training increase over previous years, with respectively 21.4% and 19.6% women training in neurosurgery (Figure 1). Additionally, several women now hold ranks in academic and in organized Neurosurgery, including Drs. Muraszko, Benzil, Ulman and Abosch.

Women in Neurosurgery (WINS) was founded in 1989 by Dr. Deborah Benzil, as an advocacy group for women. WINS has, since its inception, served as a driving force in attracting women to the field and enhancing their professional and personal growth—with the ultimate goal of contributing to the continued advancement of neurosurgery.

Thus far, the organization has had numerous initiatives honoring these goals. A few are listed below:

**Lectures:**
Named lectureships honoring pioneering women in the field of neurosurgery are supported annually, including:
- Alexa Canady, MD Lectureship at the WINS reception at the CNS Annual Meeting
- Louise Eisenhardt, MD Lectureship at the American Association of Neurological Surgeons (AANS) Annual Meeting
- Ruth Kerr-Jakoby, MD Lectureship at the WINS reception at the AANS Annual Meeting

**Resident Travel Scholarships:**
The Sherry Apple and The Louise Eisenhardt Resident Travel Scholarships, are awarded annually for neurosurgery residents to present their work at the national meetings (AANS and CNS)

**Educational Brochures:**
In its second edition, “So You Want To Be A Neurosurgeon” is a brochure to encourage undergraduates and medical students considering a career in neurosurgery. It provides details regarding the application process and associated timeline (http://www.neurosurgerywins.org/career/index.html).
• **Mentoring:**
  WINS provides a mentoring program that matches medical students with experienced neurosurgeons to help students achieve their career goals. Matches are tailored to fit training level or education, potential subspecialty interest and geographic location.
  
  WINS also runs a website that provides virtual mentoring for trainees (http://www.my-wins.org).

• **Networking Opportunities:**
  WINS provides networking opportunities at both the AANS and CNS Annual Meetings. Additionally, WINS continues to collects data on women at various stages of neurosurgical training and professional development, to enable periodic reassessments of the progress of women in our profession.

> **WOMEN NOW REPRESENT 46.9 % OF ALL MATRICULANTS OF MEDICAL SCHOOL CLASSES, THEY STILL ONLY REPRESENT 20% OF NEUROSURGERY RESIDENTS IN TRAINING PROGRAMS.**
As we march steadily through the 21st century, women have inarguably made significant advances and broadly occupy leadership positions in fields other than neurosurgery. Many believe that these changes argue against the continued need for advocacy groups, or that the data appropriately reflect demographic patterns. A closer look however, would argue against these assumptions. Specifically, while women now represent 46.9% of all matriculants of Medical School Classes, they still only represent 20% of neurosurgery residents in training programs.1,2,3 Additionally, the number of women projected to graduate from residency over the next five years does not indicate that any significant increases are in store (Figure 2). Another notable issue is the attrition rate of women, with current estimates and projections for the next few years representing only 12% per year, remaining constant (Figure 3). As WINS shifts its focus to ABNS Certification of female neurosurgeons and increasing representation of women in leadership positions, we see a significant decline in the representation of women among full-time faculty, private practice and leadership roles, reminiscent of the “peppering” that has been longstanding. ABNS certification further reflects this trend with only 4.32% ABNS certified female neurosurgeons in 2010.

WINS thus continues to be essential in its mission and goals. As we move forward into the next decade, the current generation of residents brings to the field a fundamentally different perspective, because of the changed environment in which they have been trained...this will most undoubtedly result in a steady, but certain influence on these future doctors in their personal and professional choices.

References

Also join us and our Guest, Professor Cynthia Breazeal—WINS Eisenhardt Lecture at the AANS Meeting for the Eisenhardt Breakfast Reception on Tuesday, April 18, 2012.

WINS invites you to check out the 2012 newsletter available online at http://www.neurosurgerywins.org/news/newsletter/currentnewsletter.pdf
The Role of Clinical Registries in the Emerging Quality Care Movement

The recent passage of the Patient Protection and Affordable Care Act (PPACA) has dramatically shifted the focus of various stakeholders towards critical analyses of quality and cost in healthcare delivery and includes numerous statutory changes to the Medicare and Medicaid programs aimed at making healthcare professionals more accountable for outcomes and overall value of care. In the private sector, the pressure to collect this data is just as strong. The Blue Cross Blue Shield’s Blue Distinction Program, for example, requires the collection of long-term clinical outcomes data and continuous patient contact to determine whether a facility meets specified “quality” thresholds.

In this environment, clinical data registries have emerged as a useful and logical mechanism for providing stakeholders with high-quality data related to the safety, effectiveness, and value of specific interventions. Registries have proven to be valuable tools for clinical evidence development, provider performance assessment, and comparative effectiveness studies. Registries can provide high-quality data on par with randomized controlled trials, but with the added value of documenting patient experiences in everyday clinical practice rather than under strict eligibility and treatment protocols. They help clinicians and the public to better understand why procedures are performed and on whom; to track the results and cost-effectiveness of alternative interventions; to evaluate not simply complications, but patient-reported outcomes regarding function and quality of life; and to capture a more comprehensive picture of the appropriateness of care overall.

Currently, two national surgical quality registries exist that have demonstrated value and validity in reporting and improving quality of surgical care. National Surgical Quality Improvement Project (NSQIP) and the Society of Thoracic Surgeons (STS) national database maintained by the American College of Surgeons (ACS) and the STS, respectively, are successful platforms for quality reporting and risk-adjusted performance measurement that have been utilized by both hospitals and surgeon practice groups. These registries have provided clinicians with important feedback on their practice patterns and performance. The STS registry has been particularly valuable in allowing surgeons to define quality care, protect patient access to essential procedures, defend (and in some instances, increase) work values and demonstrate the safety and efficacy of surgical procedures.

The National Neurosurgery Quality and Outcomes Database—Outline and Infrastructure

Organized neurosurgery shares with the public a sense of urgency and responsibility to meet the challenges of creating a sustainable healthcare system. Our major national organizations therefore committed approximately three years ago to the development of a centralized and nationally coordinated effort to allow individual neurosurgeons and practice groups to measure and analyze practice patterns and outcomes.

On October 20, 2011, after three years of design and development, a broad coalition

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of neurosurgical societies (AANS, CNS, ABNS and SNS) operating cooperatively as the NeuroPoint Alliance and led by the American Association of Neurological Surgeons (AANS), formally launched the National Neurosurgery Quality and Outcomes Database (NQOD). The NQOD is primarily designed to serve as a continuous national clinical registry for neurosurgical procedures and practice patterns along the lines of the very successful STS database. This is an ambitious endeavor; no other centrally coordinated outcomes registry so comprehensively tracks the outcomes of surgical care. The primary goals of this unprecedented program are to:

1) Establish risk-adjusted national benchmarks for both the cost and quality of common neurosurgical procedures.
2) Allow practice groups and hospitals to analyze their individual morbidity and clinical outcomes in real-time.
3) Generate both quality and efficiency data to support claims made to public and private payers.
4) Demonstrate the comparative effectiveness of neurosurgical procedures.
5) Facilitate essential multi-center trials and other cooperative clinical studies.

In order to better support the administration of this evolving effort, the AANS recently formed the NeuroPoint Alliance, Inc. (NPA), an independent, non-profit entity that will provide neurosurgeons with an internet-based data management platform for collecting, evaluating and improving upon neurosurgical outcomes. The NPA has partnered with the Vanderbilt Institute for Medicine and Public Health (VIMPH) to manage the collection and analysis of standardized data across neurosurgical practices. The VIMPH is a nationally recognized leader in the field of health services research and quality improvement, with advisory positions and funding from the AHRQ, NIH, and IOM. VIMPH was chosen by NPA from a short list of leading national public health institutes due to their recognized expertise and experience facilitating multi-center quality improvement and health services research initiatives.

The primary purpose and design of this registry is to track quality of surgical care for the most common neurosurgical procedures, as well as provide practice groups and hospitals with an immediate infrastructure for analyzing and reporting the quality of their neurosurgical care, including risk-adjusted benchmarks (i.e. quality assessment and improvement). NQOD will serve as a national network of practicing neurosurgeons (and, where applicable, multidiscipline spine surgeons) with the primary aim of providing surgeons with a dynamic quality assessment and reporting infrastructure.

The NQOD project will be developed in stages. While the initial year of the project is intended to collect data only on the most common lumbar spine procedures and diagnoses, the multi-year goal of NQOD is to grow to collect quality and outcomes data on all major conditions treated by neurosurgeons, both cranial and spinal. In that respect, the quality registry is expected to expand from year 2 and onward to include treatments for cervical spine disease, brain tumors, and cerebrovascular pathology among other neurosurgical disorders.

Lumbar spine disorders were chosen as the initial focus of the NQOD registry due to their remarkable prevalence in society, their association with significant morbidity, and the extent to which these disorders are treated in general neurosurgical practice. To date, no nationally collaborative reporting mechanisms utilizing validated quality and outcome measures have assessed 1) to what extent lumbar spinal surgery improves pain, disability, and quality of life; and 2) what incidence of morbidity is acceptable after lumbar surgery adjusting for biasing and influential confounders, including variances in co-morbidity, surgical approach, cultural factors, region, structure and process of health services. Hence, risk-adjusted benchmarks of surgical morbidity and effectiveness, which define spine surgical quality, have yet to be determined. Without a robust quality improvement networking platform, benchmarks of acceptable quality of care cannot be accurately assessed and practice groups cannot accurately determine areas of their practice where quality improvement should be targeted.

Three factors are essential to the valid evaluation of treatments for spine disorders and all of these factors will be included in the registry: 1) clinical variables that allow for appropriate risk adjustment; 2) patient reported outcomes (PRO) which are mandatory in the evaluation of disorders causing pain and disability; and 3) longitudinal follow up, which will allow for determination of the sustainability of treatment effects. The latter two components are unique among national surgical registries-most of which do not include rigorous patient reported outcomes and generally track only short term outcomes of care.

Project Overview and Relevant Regulatory Matters

To date, 41 programs from all geographic regions in the United States representing both community and academic centers have expressed their commitment to participate in the NQOD project. NPA has partnered with the international RedCap consortium, which will provide comprehensive data services for the NQOD project. The project will be supported initially through subscriptions from participating centers. The AANS has also provided considerable support for the development of NQOD. Grants (public/private) and other forms of funding are being pursued by the NQOD coalition.

The first contracted groups began accumulating practice data on January 16, 2012. NPA will initiate additional NQOD sites at the approximate rate of 6 per month after the beta analysis of the data entry process is completed (January/February, 2012). Site recruitment is continuing through a variety of mechanisms.
As of February 3, 2012, twenty seven programs have completed all phases of internal IRB and/or Quality Committee review. Twenty four of these sites have reached a determination of “IRB exempt, QI project” for the N2QOD initiative. Interestingly, 3 sites have determined that the N2QOD represents a “research” program and should therefore be subject to IRB review; 2 of these sites have issued a requirement for informed consent. Given the variable interpretation of federal regulations relevant to registry projects such as the N2QOD program, and in consideration of the potential limiting effects of a requirement for informed consent on patient enrollment, the N2QOD engaged federal government agencies late last spring to express our concerns regarding outdated and confusing federal guidelines related to clinical investigation (particularly the so called “privacy” and “common” rules).

In brief, we have obtained verbal and written guidance from the HHS Office of Human Research Protections (OHRP), which should greatly facilitate review of the OHRP project by local IRBs. Specifically, the OHRP has determined that the activities of N2QOD sites do not constitute research on human subjects and therefore this activity does not require IRB review at the site level nor is there a requirement for informed consent. This opinion holds true regardless of the finding status of the project or the potential future use of de-identified patient data for research purposes. Should this quality data ultimately be analyzed for research purposes, a waiver of the HIPAA patient authorization for the submission/transfer of PHI under the privacy rule is required, but the HHS Office of Civil Rights (OCR) has given us verbal guidance that such a waiver could be issued by the entity receiving this data for analysis (in this case, the Vanderbilt Institute for Medicine and Public Health (VIMPH)).

The OHRP document, along with the NPA corresponding outreach communication has been forwarded to all participating N2QOD institutions. It is our hope that some IRBs which have classified the N2QOD project as research, will re-classify this effort following review of the OHRP opinion. This information will also be of benefit to institutions that are still engaged in the process of internal project review.

As an extension of our original outreach to OHRP, organized Neurosurgery is now leading a multi-society effort to provide OHRP with feedback related to the HHS Advanced Notice of Proposed Rulemaking (ANPR-Common Rule Revision). Additionally, we will be reaching out to both OHRP and OCR with advice regarding their existing online guidance regarding Common and Privacy Rule provisions, respectively. In our opinion, the present guidance is weighted towards traditional research procedures and is inadequate to guide quality efforts that require longitudinal patient contact and data collection. Note that the above-mentioned projects have been coordinated through the Regulatory Subcommittee of the N2QOD Operations Committee.

Summary
Private insurers, the federal government, advisory councils, employer groups, the media and our patients are all insisting that physicians account for the quality of care we provide. The only rational and meaningful way to do this is to collect and analyze data about the scientific validity, efficacy and value of medical care. The N2QOD project will allow neurosurgeons to address this challenge, and respond to the needs of our society on our own terms, with solutions that we as clinical experts devise and implement.

Beyond the obvious economic and practical considerations associated with the development of a national neurosurgical registry, there is a much broader potential for this program. The N2QOD will, for the first time, link the community of NS directly, and continuously. It will strengthen us as individual neurosurgeons, and it will amplify our common purpose. As we increase the opportunities for widespread collaboration within our unique specialty, we will surely enhance our collective ability to advance the science of care, provide our patients with the best and most essential neurological services, and chart our own unique course in the emerging quality care paradigm.

We strongly encourage everyone to consider joining this important effort. If you have any questions or would like more information, please do not hesitate to contact the authors or the NPA offices.

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The Congress of Neurological Surgeons has 7,754 members, of whom 1,357 are neurosurgical residents or fellows (Figure 1). Of these, 1,100 are domestic residents and 146 are International Vista Resident members, while 111 are fellows. Residents represent about 17% of our total membership, and are an integral part of the CNS. The CNS is a world leader in neurosurgical education and innovation, and is strongly committed to providing the best educational resources for residents worldwide. Recently, the CNS Executive Committee voted to approve complimentary, automatic membership to all residents training in ACGME-approved programs. This process began with PGY1 neurosurgical residents in 2012.

On completion of residency, neurosurgeons are promoted into the Transitional Membership category, before becoming full Active Members. There are currently 83 Transitional Members. Medical students interested in neurological surgery are also encouraged to become CNS members, and there are currently 123 Medical Student Members. The CNS website (www.cns.org) provides accurate and up-to-date information on CNS membership statistics and is updated monthly by CNS Headquarters staff.

CNS Resident membership is available to residents training in neurosurgical residency training programs that are approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons in Canada, and the Mexican Council of Neurological Surgery.

For a one-time application fee of $25 (USD), Canadian and Mexican residents enjoy free subscriptions to Neurosurgery®, Operative Neurosurgery, Clinical Neurosurgery, cnsq and all supplements, and CNS University. Reduced registration rates for the CNS Annual Meeting and discounts on online access to SANS are also benefits of International Vista Resident Membership. Medical students interested in a career in neurosurgery, who are enrolled in North American medical schools approved by the Association of American Medical Colleges (AAMC), may join the CNS. Medical students enrolled in accredited medical schools approved by the American Osteopathic Association (AOA), or the Faculties of Medicine of Canada (AFMC) may also be accepted into the Medical Student membership category. There are no annual membership dues for medical students. Medical student membership provides access to CNS University online and other benefits.

The membership benefits provided by CNS for neurosurgical residents and interested medical students, both nationally and internationally, are substantial, and contribute to fulfilling the CNS mission of international leadership in neurosurgical education through innovative educational opportunities made available to the global neurosurgical community.

References

The 2012 Annual Meeting of the Congress of Neurological Surgeons will be held in Chicago, Illinois, October 6-10 with our theme, Our Future is NOW! This theme was chosen by CNS president Dr. Christopher Wolfla to recapitulate the excitement embodied by the Chicago World’s Fair, “A Century of Progress International Exposition”, held from 1933-1934, focusing on technological innovation. We are now embarking on an unprecedented era in neurosurgical innovation. Advances in clinical and basic neuroscience are happening at a break-neck pace. The 2012 Annual Meeting is intended to disseminate the most salient breakthroughs in neurosurgery in the past year, but also to look ahead to what is coming next.

Partnering with the CENS
Our partner society will be the Central European Neurosurgical Society. The CENS will be holding its annual meeting in Prague, Czech Republic from June 13-15, 2012. Chicago has a sizeable population of people with ancestry from Central Europe which we believe will appeal to CENS members. We are looking forward to a mutually beneficial scientific exchange.

2012 Honored Guest: Dr. Ralph Dacey
We are fortunate to have Dr. Ralph Dacey as the 2012 Honored Guest. Dr. Dacey is currently the Henry G. and Edith R. Schwartz Professor and Chairman of Neurological Surgery at Washington University in St. Louis. Dr. Dacey is a true leader in neurosurgery having held prominent positions on the American Board of Neurological Surgery (Chairman 2004-2005), the Society of Neurological Surgeons, and the American Academy of Neurological Surgery. He will bring a unique perspective to the meeting not only with insights as an accomplished cerebrovascular neurosurgeon but also as a trailblazer in neurosurgical education.

2012 Annual Meeting Highlights

General Scientific Sessions
The 2012 Annual Meeting will kick off on Saturday with practical courses. The first general scientific session will be held on Sunday afternoon. Prominent speakers in neurosurgery and neuroscience will update the membership on the latest breakthroughs with a focus on what’s to come in our specialty and related fields. These sessions continue each morning from Monday to Wednesday (7:00 - 11:00 AM). Each session is being designed to bring the membership critical updates in all disciplines of neurosurgery with exposure to the latest developments in neuroscience, neuropathology and neuroradiology. The General Scientific Sessions will also include lectures from CNS Honored Guest, Dr. Ralph Dacey, as well as Dr. Chris Wolfla’s presidential address. An assortment of special speakers will highlight the theme “Our Future is NOW!”, including our Walter E. Dandy Orator, Ray Kurzweil. 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.

We will also be presenting a live operative procedure during the General Scientific Session based on the success of the live carotid stenting procedure demonstration during the 2011 Annual Meeting in Washington, DC. We have also shortened the meeting by one
day since we are kicking off the meeting on Sunday. Thus, the meeting will conclude on Wednesday, October 10.

**Original Science Program**
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 will reprise the multidisciplinary oral presentation program for 2012. In 2012, however, we have expanded it to highlight basic science and clinical abstracts separately. The best basic science abstracts will be presented on Sunday, October 7 and the best clinical abstracts will be presented on Wednesday, October 10. Each section is putting together an original science program to highlight the latest developments in each specialty area of neurosurgery. These are sure to be exciting sessions and will be held on Monday and Tuesday afternoons.

**Practical Courses**
Practical Course Committee Co-Chairs, Drs. Steven Kalkanis, Brian Ragel, and Bernard Bendok are putting together an exciting Practical Course program for the upcoming 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 revamping our practical course offerings to reflect the latest developments in neurosurgical technology and techniques.

**Luncheon Seminars**
Luncheon Seminar Committee Co-Chairs, Drs. Aviva Abosch and Ashok Asthagiri, are developing several new luncheon seminars for the 2012 meeting. Luncheon seminars are an extremely popular way to get additional CME during the Annual Meeting. The entire luncheon seminar program is being revised for 2012. These seminars will be offered between the general scientific sessions and the afternoon sessions Monday through Wednesday.

**Dinner Seminars**
Given that nearly 1,000 medical attendees are in town on Saturday, we have opened up a Saturday Dinner Seminar as an additional educational opportunity. The Dinner Seminars have been very popular since they were initiated in 2010. The Dinner Seminar Committee Co-Chairs, Drs. Zoher Ghogawala and Chaim Colen, are hard at work creating 5 Dinner Seminars (1 Saturday, 2 Monday and 2 Tuesday) that are guaranteed to generate lively discussion at some of Chicago’s finest restaurants.

**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, are putting together two surgery-oriented sessions that are designed to highlight operative skill and technique with state-of-the-art video technology. These sessions are on Monday and Tuesday and will no doubt thrill the audience.

As the program comes together, continue to look for updates and register early at www.cns.org. Chicago offers excitement for the whole family with spectacular museums, historical landmarks and fine dining. We look forward to seeing you there in October!
The CNS suffered a tragic and unexpected loss on Monday, January 9 with the news of Dr. Christopher C. Getch’s untimely death.

Dr. Getch, the immediate past-president of the Congress of Neurological Surgeons, was an inspiring leader who worked tirelessly on behalf of the CNS, its members, and the profession of Neurosurgery. He will be remembered by all as a great father, husband, leader, surgeon, and friend.

In less than 15 years, Dr. Getch rose to the top of national neurosurgical leadership, including progressively increased responsibility with the Congress of Neurological Surgeons, culminating with his role as president from 2010 to 2011. Dr. Getch was also president of the Illinois State Neurosurgical Society and had been an active member in the Medical Faculty Senate Council for Northwestern University and several Northwestern Memorial Hospital committees.

Dr. Getch spent his entire faculty career at Northwestern, joining the Feinberg School of Medicine in 1996 as an assistant professor in the Department of Neurosurgery. He was twice promoted, to associate professor in 2005, and professor in 2010.

After growing up in Boston, Dr. Getch earned his medical degree at Tufts University School of Medicine. His residencies in neurological surgery were at Temple University Hospital and Thomas Jefferson University Hospital, both in Philadelphia. He also was a clinical fellow of neurological surgery at the University of Pittsburgh, where he completed fellowships in microsurgery and stereotactic radiosurgery.

Joining the Illinois State Neurosurgical Society in 1996 upon moving to Chicago, Dr. Getch was actively involved in the society’s efforts on liability reform and the practice of defensive medicine by neurosurgeons. Dr. Getch had been involved in resident education at Northwestern since joining the faculty, and more recently as a regional director of the Senior Society Boot Camp course.

His clinical research interests included the surgical and stereotactic radiosurgical treatment of cerebrovascular disease. Additionally, he had extensive experience with posterior fossa surgery, particularly in the treatment of trigeminal neuralgia. His academic work generated 75 publications and 30 published abstracts.

Dr. Getch is survived by his wife, Gale England, GME ’00, a surgeon who trained at Northwestern, and four sons, Christopher, Oliver, Charles, and William.

As an alternative to, or in lieu of, flowers the family suggested that a donation in the memory of Chris can be made to Midwest Labrador Retriever Rescue, where Dr. Getch and Gale adopted their beloved lab, Wilbur Gale.

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Information for the Getch Children Educational Fund and Memorial

- Educational Accounts have been set up for the two youngest Getch boys, Charlie and William Getch.

Checks can be made out to: Gale England FBO Charlie and William Getch Educational Fund

Donations can be sent to: Northern Trust
4 N. Washington Street
Hinsdale, IL 60521
Attn: Emilio Salvi

- Chris’s older two sons, Chris Jr. and Oliver, live with their mother, Kathy Leanord and her address is 207 5th Street, Wilmette, IL 60091. They are nearing college age.
Posttraumatic Ophthalmic Artery Pseudoaneurysm Presenting as Epistaxis: Case Report and Review of the Literature

The patient was a 48-year-old female presented in a comatose state to the emergency room after a 7 meter fall. Her right eye had proptosis and an unreactive 6 mm dilated pupil. CT scan revealed contusions of the fronto-temporal lobes and fracture of the anterior cranial base and tri-wall fracture of the orbits (Figure A). She had persistent epistaxis. Cerebral digital subtraction angiography (DSA) showed a 6x3 mm Pseudoaneurysm (PsA) (Figure B, black arrow) arising from the intraorbital segment of the right Ophthalmic artery (OphA) (Figure B, red arrows). Attempted endovascular embolization resulted in unsuccessful access into the PsA but unexpected therapeutic occlusion of the proximal OphA and in turn the PsA (Figure C, red arrow). Cerebral DSA 10 days later confirmed persistent occlusion of the aneurysm. Extensive review of the literature identified only 9 previously reported cases, presented with epistaxis, subarachnoid hemorrhage, intracerebral hemorrhage, pulsating exophthalmos and visual blurriness. Both open surgical resection and endovascular embolization have been successful in the treatment of these pseudoaneurysms.
Our Future is NOW!
Registration is now available for the neurosurgical event of 2012.

Thousands of your colleagues

Hundreds of Scientific Abstracts

Dozens of Scientific Sessions, Practical Courses, Luncheon and Dinner Seminars

One Spectacular City

Stay tuned to www.cns.org and follow cns_update on Twitter for 2012 CNS Annual Meeting updates! #CNS2012

Register Today at www.cns.org!