

NEWSLETTER

CONGRESS OF NEUROLOGICAL SURGEONS

Vol. LII

Dedicated to Neurosurgical Education

June 1990

COME TO LOS ANGELES FOR THE CNS ANNUAL MEETING!

The Fortieth Annual Meeting of the Congress of Neurological Surgeons (CNS) will be held in Los Angeles, California, from Saturday, October 20, 1990, through Thursday, October 25, 1990. Los Angeles' rich history, ideal climate, cultural diversity and more-than-a-mere touch of glamor make it a prime location for our annual meeting. The 40th annual meeting will bring the CNS members in touch with the varied intellectual and entertainment sides of the city. It will provide a sample of the diversity that makes LA so exciting by bringing you in touch with several of the towns — Century City, Beverly Hills, Westwood and Hollywood — of which LA is composed.

Century City and its main thoroughfare, Avenue of the Stars, and the main convention hotel, the Century Plaza Hotel and Towers, will be the hub of our meeting's activities. Built on the former backlot of Twentieth Century Fox, Century City will afford us with ready access to entertainment at the ABC Entertainment Center, the Shubert Theater and to the Century Plaza Shopping Center, a first taste of what LA shops have to offer. Beverly Hills, the town many of the "rich and famous" call home, has a shopping street, Rodeo Drive, that is unlike a main street anywhere else. It is lined with some of the world's most exotic and luxurious shops and peopled by some of the world's most glamorous. As the shops give way to the palatial homes of the stars, we move closer to the intellectual hub of the city — the town of Westwood. Westwood is the home of UCLA. As is true with other college towns, Westwood has movie theaters, boutiques, and restaurants; however, there are lots more of each and lots more students and residents bustling around the "village" all day and night. Far from Westwood, certainly in temperament and somewhat in distance, is Hollywood, "Tinsel Town," the home of the "silver screen." Here, in 1913, director Cecil B. DeMille made the first full-length moving picture in a barn not far from what's now the infamous intersection of Hollywood and Vine. The sidewalks are star studded, literally, with bronze stars of tribute to film industry legends. Though the likelihood of being "discovered" on a stool at Schwab's drugstore is no more, we all will have a first-

hand chance to have the thrill of our own opening night.

On opening night 1990, Sunday, October 21, the entire membership will have an opportunity to be on stage at Universal Studios, the largest and busiest of all studios. The studios' tram will take us on an exciting behind-the-scenes look at 420 acres of soundstage, props and sets. Be prepared to be attacked by the deadly "Jaws," King Kong, a galactic invasion, and for several other surprises. After the tour, cocktails and snacks will be provided as we greet old friends and make new acquaintances walking the streets of Paris and Sherlock Holmes' London, partying in the Moulin Rouge or rocking 'n' rolling on the set of *American Graffiti*. This promises to be an Oscar-winning event.

We expect that the Scientific Sessions will be filled with Oscar-quality performances as well. Starring as honored guest will be Dr. Charles B. Wilson, the Tong-Po Kan Professor and Chairman of Neurological Surgery at the University of California, San Francisco. His 3 major scientific presentations will be on glioblastomas (the past, present and future), AVM's — cryptic vascular malformations, and endocrine inactive pituitary adenomas.

The scientific program continues with the popular format of morning general scientific sessions. The first morning will be devoted to the rapidly expanded area of modern imaging in neurosurgery. This will include everything from the newest MRI techniques to three-dimensional imaging. The second morning will be devoted to the latest surgical techniques involving the thoracic spine, including instrumentation. The third morning will be divided between a panel discussing radiosurgery and a second panel presenting techniques for the surgical treatment of epilepsy. The fourth morning will include a lively discussion of the current treatment of acoustic neuromas. The CNS Resident Award paper will be presented during one of the morning sessions.

Special courses this year will include: Treatment of Arteriovenous Malformations; Endovascular Techniques in Neurosurgery; Frontiers in Stereotactic Surgery; and a presentation by the Joint Council of State Neurological Societies (JCSNS) entitled



Los Angeles City Hall

"Neurosurgery in the Year 2000." Practical courses will be held in the hotel and at UCLA and will include two different skull bases courses, lumbar and cervical spine instrumentation courses, and a course on stereotactic surgery. A new course on endovascular techniques will be offered as well as a course on techniques in aneurysm surgery. Each of the Joint Sections will have a separate meeting with presentation of pertinent papers and a forum on a specific topic. Resident awards will be presented at the tumor and the cerebrovascular meetings.

Fifty different luncheon discussion groups will be offered including nearly 200 experts in a wide variety of areas. Several video luncheon seminars will be available. The very popular Resident Luncheon will be held again this year with our honored guest, Doctor Wilson, meeting with the residents. Scientific posters will be conveniently available for viewing in the exhibit area throughout the meeting.

The annual meeting committees continue to adapt our scientific program in response to the suggestions of our membership. The result should be a productive and enjoyable 1990 Annual Meeting!

Martin B. Camins, M.D.
Chairman, Annual Meeting Committee

William F. Chandler, M.D.
Chairman, Scientific Program Committee

WASHINGTON UPDATE

Fiscal Year 1990 Budget Proposals Related to Part B of Medicare

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) presented testimony to the Congress on several of President Bush's FY 1990 budget reduction proposals. It was clear to us, after studying the Administration's proposals, that they ignored the physician payment reforms that were moving forward at various levels of government (e.g., RBRVS, Global Fees, MVPS). In addition, several of the President's savings proposals were unacceptable to organized neurosurgery. You may find it interesting to compare the positions of the President, the AANS and CNS, and the Physician Payment Review Commission (an arm of the Congress).

Overvalued Procedures

President Bush's Recommendations. Last year in the Omnibus Budget Reconciliation Act of 1989 (OBRA-89), Congress reduced payments for certain overvalued procedures by one-third of the amount by which they were determined to be overvalued compared to an estimated resource-based fee schedule, up to a maximum reduction of 15%. The Administration's FY 1991 proposal includes a recommendation to reduce payments for overvalued procedures by two-thirds of the remaining amounts by which they are overvalued, up to a maximum reduction of 25%. This would produce a savings of \$110 million.

AANS and CNS Recommendations. While the AANS and CNS have accepted the basic concept of reductions for certain procedures, we have repeatedly challenged the data bases and the methodology used to compile the lists of overvalued procedures. Thus, it is our view that until the Hsiao RBRVS surveys are completed, there should be no further reductions. We therefore recommended that the Congress reject the Administration's proposal to accelerate the fee reductions for overvalued procedures pending the completion of the physician payment reform package.

Physician Payment Review Commission's (PPRC) Recommendations. The PPRC has concerns about deeper cuts in the same procedures at this time. Because of limitations in the data, the PPRC determined that it would not be prudent to reduce payments beyond one-third, as this could pose risks to beneficiary access and detract from the credibility of the physician payment reform. Thus, the PPRC has rejected the Administration's proposal. However, the PPRC has recommended that for those procedures which were not fully reduced by one-third due to the 15% cap, that they should be further reduced to meet the original one-third reduction, again subject to a 15% limitation. This measure would produce some additional savings, while maintaining the integrity of the reform process.

Reductions in Prevailing Charges For New Physicians

President Bush's Recommendations. The Omnibus Budget Reconciliation Act of 1987 (OBRA-87) limited fees for new physicians to 80 percent of the prevailing charge, except for primary care services and services in a rural health manpower shortage area. OBRA-89 continued, for one year, to phase in increases for new physicians by limiting payments to second-year physicians to 85 percent of the prevailing charge. The Administration's FY 1991 proposal would continue to phase in Medicare payment increases for new physicians, for 1991 under prevailing charges, and for 1992 and thereafter under the fee schedule. Payments would be 90 percent for third-year physicians, 95 percent for fourth-year physicians, and 100 percent of the fee schedule amounts for fifth-year physicians, for an estimated savings of \$50 million in FY 1991.

AANS and CNS Recommendations. It is our position that to extend to the fourth year of practice a reduction of the prevailing charge for new physicians is at best arbitrary. It is also our understanding that only new physicians entering into solo practice are being limited to 80 percent of the prevailing charge because of technical difficulties in identifying charges by new physicians who join existing groups. We believe that this is patently unfair and inequitable. Thus, it was our recommendation that Congress should repeal the entire section on limitation of charges for new physicians until the Medicare carriers can identify the charges of *all* new physicians in a uniform fashion.

Physician Payment Review Commission's Recommendations. The PPRC continues to object to this policy. It is their position that with Medicare slated to pay on a fee schedule basis rather than a reasonable charge basis, this proposal has even less merit than in the past. The PPRC sees little reason to pay each new physician less than others for four years.

Payment Reform For Assistants at Surgery and Surgical Global Fees

President Bush's Recommendations. Currently, Medicare makes a separate payment to an assistant at surgery. The Administration's FY 1991 budget proposes that Medicare not pay an assistant surgeon fee. If an assistant surgeon was used, the primary surgeon's reimbursement would be reduced by the amount of the assistant surgeon's fee. There would be certain exceptions for difficult procedures or patients.

Under current law, Medicare payments for surgery reflect a global fee which includes the surgery as well as the in-hospital and post-discharge visits by the surgeon. The President's FY 1991 recommendations would reduce Medicare payments for surgical global fees to account for the reduced number of inpatient visits by the primary surgeon because of the reduction experienced in the length of stay of Medicare beneficiaries over the past few years. The reduction would either be a procedure-specific amount or a 2 percent across-the-board cut. These two measures would produce \$170 million in savings.

AANS and CNS Recommendations. The complexity of most major neurosurgical operations requires a fully qualified assistant surgeon to assure the highest quality of care and outcome for the patient. It is our contention that to propose now that the surgeon split the surgical fee with another surgeon will be disruptive to surgical care with unpredictable and potentially negative results. We therefore recommended that the Congress direct the PPRC to explore alternatives to the Administration's proposal.

As the global fee schedule will be completed in about 11 months, we recommended that the Congress make no further reductions in the global fee until the final calibration of values.

Physician Payment Review Commission's Recommendations. The PPRC agrees with the Administration that the use of a physician as an assistant at surgery is often unnecessary, but advised against the adoption of the Administration's proposal for two reasons. First, there are certain surgical procedures that virtually always need an assistant surgeon. Second, the proposal could be interpreted as calling for "fee splitting," an arrangement that is contrary to "deeply-held professional principles." As an alternative, the PPRC has recommended a classification scheme whereby three classes of surgical procedures would be designated. The first class would be those surgical procedures where an assistant surgeon is always needed. In this class, reimbursement for the assistant's fee would be automatic. The second class would be those surgical procedures where an assistant surgeon is never needed. In this class, if the primary surgeon elected to use an assistant, the assistant surgeon would not be paid. The third class would be those procedures which sometimes require an assistant surgeon, depending on the individual patient's needs. For this class the PPRC is considering a reimbursement scheme based on either prior authorization of the use of an assistant, or retrospective profiling of such use to determine whether payment to the assistant will be made.

The PPRC is also opposed to the Administration's proposal to reduce surgical global fees, as the final calibration of values will be completed in less than a year.

Conclusion

The AANS and CNS have found the President's budget proposals contradictory and harmful to the orderly process of the physician payment reforms enacted by the Congress in various reconciliation bills. We therefore urged the Congress to reject the Administration's Part B budget plan as it imposes on the surgeons of this country arbitrary budget reductions that ignore quality, equity, and access. Recognizing the need for budget cuts, we recommended that the Congress enact the across-the-board reduction in physician fees that would be mandated by the Gramm-Rudman-Hollings Act, thus allowing the payment reform programs to go forward as enacted by the Congress. The House and Senate have greatly reduced the Part B cuts. The final budget will be fashioned by the so-called Congressional/Executive Budget Summit.

continued

BUDGET CRUNCH AT NIH

The 117th meeting of the National Advisory Council for Neurological Disorders and Stroke was held February 1-2 in Bethesda, Maryland. Dr. Murray Goldstein projected that 20 percent of approved grants will be funded during the 1990 fiscal year. The table below indicates the increased difficulty of obtaining funding from the NIH.

| Year | Percent of approved grants funded | *Percent of additional grants that would have been funded if there had not been a forced overall reduction for 11-12% |
|------|-----------------------------------|---|
| 1987 | 43 | |
| 1988 | 42 | 35* |
| 1989 | 34 | 39* |
| 1990 | 20 | 12* |

The following other "cut rules" have been implemented:

1. New, competing, and supplemental grants will be reduced by 11.5%.
2. Competing, continuing grants will not have a greater than 4% increase in their budgets.
3. Noncompeting renewals will have a 10% reduction funded at the last year's level.
4. Program projects and center grants will have a ceiling of \$750,000 per year.

A new NINDS policy limits the amount that can be requested for applications for program projects and clinical center grants to direct costs of \$750,000 in one year. The \$750,000 limit does not apply to clinical trial applications.

Dr. Goldstein will be appointing a committee of distinguished neuroscientists to develop a proposal which will be submitted to the Congress and the Secretary of Health to im-

plement the "Decade of the Brain." The charge of the committee will be to develop specific recommendations concerning the areas of neuroscience deserving highest prioritization for funding by Congress. NINCDS will solicit suggestions from the major neuroscience organizations for input into composition of the report.

Byron Young, M.D.



Hollywood Bowl

continued

Medicare Volume Performance Standard

Background. The Omnibus Reconciliation Act of 1989 (OBRA-89) established the Medicare Volume Performance Standard (MVPS). The intent of the MVPS is to slow the rate of growth of Medicare expenditures for physician services. Each year the Secretary of the Department of Health and Human Services and the PPRC are required to recommend to Congress the performance standard rates of increase for the upcoming fiscal year. OBRA-89 also provides for a separate MVPS for surgery. The MVPS is determined each year in consideration of several factors including: inflation, change in the number of enrollees, changes in technology, lack of access to physician's services, and overutilization of services. The MVPS rate of increase for FY 1990 is 9.1 percent. Success or failure in meeting this performance standard is one of the factors taken into consideration in setting the annual fee update in the subsequent year.

Secretary Sullivan's Recommendations for FY 1991. The Secretary has recommended for the FY 1991 a performance standard rate of increase of 8.7 percent for surgery and 10.5 percent for non-surgery (9.9 percent for all services) adjusted to account for changes in pricing and benefits resulting from pending legislation affecting FY 1991 Medicare physi-

cian outlays. This recommendation made full allowances for expenditure growth due to inflation, growth and aging of the beneficiary population, and the effects of prior legislation. However, after reviewing the available data on access, appropriateness, and technology, the Secretary concluded that the information available concerning those factors was insufficient to support an accurate estimate of the necessary increase in the volume of services. As a result, the Secretary took the average growth in volume and intensity over the past five years, and reduced it by half (the other half representing unnecessary growth).

Physician Payment Review Commission's Recommendations for FY 1991. The PPRC has recommended a MVPS rate of increase of 9.3 percent for surgery and 12.1 percent for nonsurgical services (11.2 percent for all physician services). The PPRC agrees with the Secretary that the data on access, appropriateness, and technology cannot be determined from currently available information, and hence an accurate estimate of the increase in volume and intensity of services that would be justified by these factors cannot be determined. However, the PPRC has used an alternative approach to develop its recommendations. Rather than looking at historical data and making an arbitrary determination as to what services are necessary and what services are not, the PPRC began with the

baseline projection (the expenditures expected to occur in FY 1991 with no further changes in legislation) of the Medicare Actuary for the rate of growth of expenditures incorporated in the MVPS. The Medicare Actuary projected a rate of growth of expenditures of 13.2 percent for FY 1991. The PPRC then reduced this figure by two percent to arrive at the figure of 11.2 percent MVPS rate of increase for all physician services. They concluded that a two percent reduction would provide for full increases in expenditures due to inflation, number and age of beneficiaries, and newly covered services, without compromising access or quality of care.

Conclusion

The House Ways and Means, Energy and Commerce and Senate Finance Health Subcommittees have not yet determined which of the two recommendations, if either, they will adopt. Each will make their own determinations and during conference they will hammer out their differences. However, the resolution of this matter will depend largely on the outcome of the budget summit.

Katherine J. O'Meara
Charles L. Plante
Merwyn Bagan, M.D.

JOINT COUNCIL OF STATE NEUROSURGICAL SOCIETIES

1990 CNS Annual Meeting

The Joint Council of State Neurosurgical Societies (JCSNS) in conjunction with the CNS will present an outstanding program at the upcoming CNS Annual Meeting in Los Angeles on Monday, October 22, 1990, between 2:30 p.m. and 5:30 p.m.. The title of the program is "Neurosurgery in the Year 2000." We have assembled an outstanding panel of distinguished leaders in the fields of medicine, government, and education.

The panelists and topics include:

1. Congressman Fortney H. Stark
*Chairman of Health Subcommittee,
Committee on Ways and Means,
U.S. House of Representatives*

Subject: Recertification in the Year 2000
Model of the health care system as it will relate to sub-specialties by the year 2000.

2. Samuel O. Thier, M.D.
*President, Institute of Medicine,
National Academy of Sciences;
Immediate Past Sterling Professor and
Chairman of the Department of Internal
Medicine, Yale University School
of Medicine.*

Subject: Research and funding in the year 2000.

3. Michael Hash (Invited)
*Counsel, Health and Environment
Subcommittee, Committee on Energy
and Commerce, U.S. House of
Representatives.*

Congressman Henry A. Waxman is Chairman of the Health and the Environmental Subcommittee. Former professional staff member of the Senate Committee on Labor and Human Resources of which Senator Edward M. Kennedy is the Chairman.

Subject: Changing hospital patterns of care delivery.

4. Linda Jonckes
*Vice President, Federal Affairs, Health
Insurance Association of America.*

Subject: Types of insurance systems and reimbursement modes in the year 2000.

Moderator

Russell L. Travis, M.D.
*Chairman, Joint Council of State
Neurosurgical Societies*

The JCSNS thanks the CNS for the opportunity to present this program and for their genuine cooperation in arranging such an outstanding group of presenters.

Summary of April 1990 JCSNS Business Meeting

The JCSNS recently concluded another successful meeting prior to the AANS at the Opryland Hotel in Nashville, Tennessee. The JCSNS met on Friday, April 27, and Saturday, April 28. Following is a brief summary of the meetings.

It appears that tort reform and improved risk management have resulted in stabilization of medical liability premiums. The incidence of lawsuits is diminishing. Unfortunately, the dollar amount of awards is rising. Thus, there has only been a scattered reduction in the cost of medical liability premiums.

Some trends among the states were noted at the JCSNS meeting: 1) to tie Medicare assignment to licensure; 2) for the states to regulate reimbursement regarding workers' compensation. State organizations are encouraged to take a negotiating position.

JCSNS Supports the Decade of the Brain.

The strong focus on neuroscience research and its presentation to the public is important. JCSNS recommends that each state designate one or two neurosurgeons to serve as resource people for media contact. A concerted effort will be made at the state level regarding dissemination of information to government and population base. The legislators will be contacted for financial support.

The Quadrant Chairmen have been asked to identify one or more persons in each state to act as liaison to the Washington Committee to contact key legislators in matters of concern as well as to coordinate activity regarding the Decade of the Brain.

Russell L. Travis, M.D.



Dr. James M. Drake receives the 1990 Robert H. Pudenz Award for research in hydrocephalus. From left are Alistar Martin, a biophysicist from Princess Margaret Hospital;

Dr. Pudenz; Dr. Drake; and Dr. Mark Hentelman, Director of Research at Sunnybrook Medical Center.

NEWSLETTER

Published by the
Congress of Neurological Surgeons.

President
Hal L. Hankinson, M.D.
Albuquerque, New Mexico

President-elect
Michael Salcman, M.D.
Baltimore, Maryland

Vice-President
William F. Chandler, M.D.
Ann Arbor, Michigan

Secretary
Thomas G. Saul, M.D.
Cincinnati, Ohio

Treasurer
Arthur L. Day, M.D., Gainesville, Florida

Editor
John R. Little, M.D., Cleveland, Ohio

CONGRESS OF NEUROLOGICAL SURGEONS

Atlanta 1989

OCTOBER 28 - NOVEMBER 2, 1989

BEST SELLING AUDIO & VIDEO TAPES

Here is your chance to review the **Congress of Neurological Surgeons - Annual Meeting** at your leisure. "ATTEND" sessions you may have missed or complete your **CNS** audio & video tape library. All presentations are unedited, verbatim material. Video tapes are available in either **VHS** or **BETA**.

PLEASE CHECK THE BOX BY THE SESSIONS YOU WISH TO ORDER!!

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> PB276-006 \$9.00 | TECHNIQUES IN ANEURYSM SURGERY A. Day, A. Rhoton, Jr., D. Samson, S. Giannota, J. Little | <input type="checkbox"/> PB276-13 \$9.00 | PEDIATRIC SECTION: THE TREATMENT OF COMMON BRAIN TUMORS IN INFANCY AND CHILDHOOD. M. O'Brien, R. Abbott, R. Dauser, S. Haines, W. Bell |
| <input type="checkbox"/> PB276-2 \$9.00 | THE NEUROSURGEON AND PUBLIC OPINION, R. Blendon; COMPLICATIONS AND CONTRO- VERSIES IN NEUROSURGERY, T. Sundt, Jr.; THE COMPREHENSIVE NEUROSURGICAL PRACTICE SURVEY RESULTS, B.C. Pevehouse | <input type="checkbox"/> PB276-14AB \$18.00 (2 tapes) | CEREBROVASCULAR SURGERY SECTION: THERAPEUTIC ALTERNATIVES FOR CERE- BRAL ISCHEMIA, N. Zervas, M. Mayberg, F. Meyer, W. Chandler, P. Kim, W. Selman |
| <input type="checkbox"/> PB276-7AB \$18.00 (2 tapes) | BIOMECHANICS OF CERVICAL TRAUMA, D. Maiman; RADIOLOGY OF CERVICAL TRAUMA, P. Hudgins; EARLY MEDICAL/NONOPERATIVE TREATMENT, T. Saul; CENTRAL CORD SYNDROME, J. Maroon; ANKYLOSING SPONDYLITIS, G. Bennett; INNOVATIVE FUSION/INSTRUMENTATION TECHNI- QUES, V. Sonntag | <input type="checkbox"/> PB276-16AB \$18.00 (2 tapes) | JOINT SECTION ON TUMORS, P. Kornblith, M. Rosenblum, P. Black, M. Salzman, L. Schut, E. Lqws, Jr., R. Morantz |
| <input type="checkbox"/> PB276-8 \$9.00 | PATHOPHYSIOLOGY AND TREATMENT OF CSM, J. Cusick; ANTERIOR RECONSTRUCTIVE PROCE- DURES IN CSM, R. Saunders; BONY TUMORS OF THE CERVICAL SPINE, M. Camins; METASTATIC TUMORS OF THE CERVICAL SPINE, R. Perrin; ANTERIOR APPROACHES TO THE CRANIOVERTE- BRAL JUNCTION, A. Menezes | <input type="checkbox"/> PB276-101AB \$18.00 (2 tapes) | CHANGING PATTERN OF CNS INFECTIONS, M. Rosenblum, R. Levy, S. Haines, S. Schwarzmann |
| <input type="checkbox"/> PB276-9AB \$18.00 (2 tapes) | CRITICAL CARE IN NEUROSURGICAL PRACTICE, T. Saul, M. Hadley, J. Ward, S. Schwarzmann, R. Narayan | <input type="checkbox"/> PB276-121AB \$18.00 (2 tapes) | PERIOPERATIVE MANAGEMENT OF SAH, F. Gamache, Jr., G. Allen, D. Rigamonti, L.P. Carter |
| <input type="checkbox"/> PB276-10AB \$18.00 (2 tapes) | IMPACT OF COST AND UTILIZATION CONTROL MEASURES ON NEUROSURGICAL PRACTICE, R. Dacey, J. Haug, M. Segal, P.W. Curreri, E. Keener, B.C. Pevehouse | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">VIDEO TAPES</p> <p><input type="checkbox"/> PB276-V001 \$69.00 SKULL BASE AND CAVERNOUS SINUS SURGERY: ANATOMICAL CONSIDERATIONS FOR SURGERY OF THE CAVERNOUS SINUS, H. van Loveren, J. Keller; CADAVERIC CAVERNOUS SINUS DISSECTION, M. Buckingham, M. El-Kalliny, J. Keller, D. Scodary, J. Tew, Jr., H. van Loveren</p> <p><input type="checkbox"/> PB276-V004 \$69.00 LASER SURGERY: LASER OVERVIEW, C. Neblett BASIC PRINCIPLES OF LASER APPLICATIONS, J. Boggan; PEDIATRIC LASER APPLICATIONS, M. Walker, ND; YAG LASER, E. Downing; PHOTOCHEMOTHERAPY, S. Powers; FRONTIERS IN LASER SURGERY, L. Cerullo</p> <p style="text-align: center;"><input type="checkbox"/> VHS OR <input type="checkbox"/> BETA</p> </div> | |
| <input type="checkbox"/> PB276-12AB \$18.00 (2 tapes) | MAJOR CONTROVERSIES IN EXTRACRANIAL VASCULAR SURGERY, R. Heros, J. Toole, G. Ferguson, D. Piepgras, S. Haines, R. Spetzler | | |

BEST SELLING AUDIO TAPE SET PB276...\$144.00...SAVE 20%

FOR A COMPLETE LIST OF **CNS** TAPES AVAILABLE, CALL OUR TOLL FREE NUMBER.

PLEASE MAIL IN ENTIRE FORM

of tapes ordered _____ TOTAL PRICE: \$ _____

CA Residents add 6 1/4% sales tax \$ _____

All Sales Final

FOREIGN ORDERS:

Add 10% Surcharge of subtotal for additional shipping & handling.

Purchase Orders accepted for purchase of \$100 or more

FOR FASTER SERVICE

Please have your credit card number ready and call
TOLL FREE 1 800 367-9286; (In California) 1 800 992-9286
Internationally FAX your order 1 714 537-3244

SHIPPING & HANDLING: \$ _____

(Include \$1 for each tape up to a maximum of \$7.00)

TOTAL AMOUNT ENCLOSED: \$ _____

Video Shipping & Handling 3.00 per Tape

SHIP TO: NAME (please print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Please Charge This To My Credit Card: VISA M.C. or A/E
(Minimum Credit Card Order \$25.00)

ACCT. NO. _____ CARD EXPIRATION DATE _____

DAY TIME PHONE NO. _____ Signature _____

Send Order and Remittance To:

InfoMedix
THE SOURCE FOR INFORMATION

Please Allow 4 to 5 weeks for Delivery

12800 Garden Grove Boulevard • Suite F • Garden Grove, CA 92643
(714) 530-3454

SECTION NEWS

Joint Section on Neurotrauma and Critical Care

The Joint Section on Neurotrauma and Critical Care has grown to be the largest of the AANS/CNS joint sections with 525 active members under the direction of immediate past chairman, Tom Genarelli, M.D. In order to be more responsive to the newly expanded membership, an extensive reorganization of the Section has just been completed. Five standing committees have been created - Head Injury, Spinal Cord Injury, Sports Medicine, Critical Care, and Prevention. New bylaws have been passed and new officers have been elected for 1990-1992: Dr. Tom Saul, Chairman; Dr. Raj Narayan, Chairman - elect; Dr. Jack E. Wilberger, Secretary/Treasurer; and Drs. Timothy Harrington and Brian Andrews, Members-at-Large.

New membership benefits include a specially prepared certificate of membership, subscription to a bi-yearly Joint Section newsletter, and the opportunity to actively participate in Section activities through involvement in one of the standing committees. In addition, the Section has voted to provide associate membership to all neurosurgical residents.

The Section continues to advance its primary purpose as a forum for education and research on trauma. At the just-completed AANS meeting, a report was presented on the National Acute Spinal Cord Injury Study which indicated significant neurological improvement in those spinal cord injured patients receiving very high doses of methylprednisolone within 8 hours of injury. The formal results of this study are to be published in a May edition of the *New England Journal of Medicine*. The General Motors neurotrauma award was presented to R. John Hurlbert, M.D., from the University of Toronto for his research on "Direct stimulation of the rat cerebellum: The 'Cerebellar evoked potential' for monitoring of the injured spinal cord." Critical care issues will be highlighted at the 1990 CNS Annual Meeting in Los Angeles.

Any neurosurgeons interested in obtaining further information, a membership application, or requesting involvement in one of the standing committees should contact:

Jack E. Wilberger, M.D.
Secretary/Treasurer
320 E. North Avenue
Pittsburgh, PA 15212

Joint Section on Stereotactic and Functional Neurosurgery

The Joint Section on Stereotactic and Functional Neurosurgery currently has 247 members. At the CNS Annual Meeting in Los Angeles, the Section will present a session on *Frontiers in Stereotactic Neurosurgery*. Dr. Philip Gildenberg will talk about "Methods of, indications for and complications of stereotactic biopsies." Dr. Dennis Bullard will talk about "Stereotactic craniotomies and intraoperative cortical and subcortical mapping." Dr. Philip Gutin will present "An overview of stereotactically applied brachytherapy and hyperthermia." The sectional meeting in Los Angeles will have a discussion of "Movement disorders." Dr. Charles Markham of UCLA will present "An overview of the etiology and medical management of movement disorders." Dr. Ronald Tasker will present "Ablative procedures for the treatment of movement disorders," and Dr. Richard Penn will discuss "Future treatment for movement disorders including implantable systems and tissue transplantation."

The American Society for Stereotactic and Functional Neurosurgery will hold its annual meeting in Pittsburgh in June 1991. This will run concurrently with a workshop on radiosurgery to be held at the University of Pittsburgh under the direction of Dr. Dade Lunsford.

Members of the Joint Section of Stereotactic and Functional Neurosurgery automatically become members of the American and World Societies for Stereotactic and Functional Neurosurgery. This membership entitles them to *Stereotactic and Functional Neurosurgery* as well as access to the American, European, and World Society meetings. Members interested in joining should contact the secretary of the society, Dr. Philip Gildenberg, 6560 Fannin Street, Suite 1530, Dept. of Neurosurgery, Houston, TX 77030.

Dennis E. Bullard, M.D.

Joint Section on Tumors

The Joint Section Workshop at the AANS Annual Meeting in Nashville featured a program on "Optic Pathway Gliomas." The natural history, biology, pathology, and surgical treatment of optic pathway gliomas were discussed in detail. Dr. Neil Miller, a neuro-ophthalmologist from Johns Hopkins, introduced the topic with a discussion of "Controversies in management of optic pathway gliomas." Dr. Buster Alvord, a neuropathologist from the University of Washington, presented the variations in pathology of optic gliomas and Dr. Edgar Housepian, an experienced neurosurgeon from Columbia University, presented the surgical management of these unique tumors.

Charles Gordon, M.D., a resident in neurosurgery at the Medical College of Virginia, won the Preuss Resident Award at the AANS Meeting in Nashville. He presented a paper entitled "Effects of murine recombinant interleukin-1 on the normal rat brain following intracerebral injection: A preclinical examination of functional and histo-pathological changes" at the Joint Section Workshop. Congratulations to Dr. Gordon for an outstanding paper!

The Preuss Foundation will continue to fund the Resident Research Award on a regular basis. This will provide a \$500.00 award for the best paper at each annual meeting of both the AANS and the CNS. Applicants should submit the standard abstract form for the annual meetings and in addition be prepared to submit an expanded abstract.

The Joint Section Workshop at the CNS Annual Meeting in Los Angeles will involve a program on the topic of "Management of Spinal Tumors." Dr. George Krol from Sloan-Kettering Memorial Hospital will present radiologic diagnostic techniques and Dr. Vallo Benjamin from NYU will discuss the surgical treatment of benign tumors of the spine. Dr. Jae Ho Kim from Henry Ford Hospital in Detroit will present the role of radiation therapy and Dr. Narayan Sundaresan from Mt. Sinai Medical Center in New York will discuss the surgical treatment of malignant tumors of the spine.

The Tumor Section is putting together a comprehensive list of brain tumor support groups throughout the United States and possibly Canada. This list will eventually be distributed to all neurosurgeons and neurooncologists. If you know of an organized support group in your state related in any way to tumors of the nervous system, please send that information to Sharon Lamb, RN, Department of Neurosurgery, University of California, San Francisco, CA, 94143. Her office phone is 414-476-8861.

There are now 408 members of the Tumor Section including 366 from the U.S. and Canada and 42 international members. This represents a 71% increase over the last year. If you are interested in joining the Joint Section on Tumors as an Active, International or Resident Member, please write to Dr. Peter Black, Chairman, Division of Neurosurgery, Brigham and Women's Hospital, 75 Francis Street, Boston, MA 02115.

William F. Chandler, M.D.

Joint Section on Disorders of the Spine and Peripheral Nerves

The Joint Section on Disorders of the Spine and Peripheral Nerves announces the Mayfield Award in Spine or Spinal Cord Research for 1991. This award is annually conferred on a resident in training programs in the United States and Canada for meritorious clinical or laboratory research on the spine or spinal cord.

The research must be completed by July 1, 1990, and honors research initiated by residents during their training period and concluded within two years of completion of residency. To qualify, the resident must be the primary investigator and must originate and implement the project during training. Research already published or presented cannot be considered for this award. An abstract not to exceed 500 words must be submitted by September 1, 1990. All abstracts will be concurrently considered by the program committee for presentation at the Palm Springs Desert Resorts, Palm Springs, California. Each abstract must be accompanied by a letter from a program director documenting the research represents the resident's work primarily. Abstracts and cover letter should be mailed to the address below.

The recipient of this award will receive an honorarium of \$500.00 plus registration, hotel, and travel arrangements at the annual meeting of the Joint Section at the Palm Springs Desert Resorts, Palm Springs, California, February 13-17, 1991.

Donald J. Prolo, M.D.
203 DiSalvo Avenue
San Jose, California 95128

Doctor R. John Hurlbert was the recipient of The Mayfield Award for 1990. Dr. Hurlbert, 29, was born in Kinistino, Saskatchewan, Canada, and presently is a resident in neurosurgery and research fellow in the Ph.D. program, Institute of Medical Science at the University of Toronto. After pre-medical years at the University of Regina, he graduated with honors from the University of Saskatchewan Medical School in 1985.

His research has included dc fields, cerebellar evoked potentials and cerebellar stimulation. He is a skilled musician. The Mayfield Award 1990 honors his paper "Spinal cord monitoring by cerebellar evoked potentials" presented at the Joint Section on Disorders of the Spine and Peripheral Nerves, Captiva Island, Florida, February 10, 1990.

COMPUTER TECHNOLOGY SUBCOMMITTEE

The Computer Technology Subcommittee for the Joint Committee on Education serves as a forum for computer enthusiasts to express their interest and disseminate information to the AANS and CNS memberships. We are particularly interested in clinical database programs used by neurosurgeons which run in Macintosh or IBM PC environments, are reliable and user friendly.

If you are interested in joining this Subcommittee, are presently utilizing a clinical database software, or have any computer "tricks" you would like to share with our members, please contact Dr. Nick Hopkins, Chairman, 3 Gates Circle, Buffalo, NY 14209 (716-887-5210).

Joint Section on Cerebrovascular Surgery

The Executive Council Meeting and the General Business Meeting were held on May 1, 1990, in Nashville, Tennessee. A new slate of officers were elected including: Dr. John R. Little, Chairman-elect; Dr. Steven L. Giannotta, Secretary/Treasurer; Drs. Ralph G. Dacey and Christopher M. Loftus as Members-at-Large. Dr. Robert A. Ratcheson, outgoing Chairman of JSCVS, was congratulated for his outstanding efforts by the incoming Chairman, Dr. David G. Piepgras.

It was brought to the attention of JSCVS that a Federal Register Notice had declared on April 10, 1990, that Medicare intended to withdraw coverage of extracranial/intracranial (EC/IC) bypass surgery for the treatment or prevention of ischemic stroke. It was the consensus of the Executive Council that EC/IC bypass has a role in the treatment of some patients with active cerebral ischemia, including the subgroup of patients that have failed best medical treatment. Accordingly, Dr. Ratcheson formed a committee including Drs. David G. Piepgras, Christopher M. Loftus, Gary G. Ferguson and John R. Little to draft a response to the notice supporting the continued funding of EC/IC bypass surgery. The deadline for responses to the Health Care Financing Administration (HCFA) is 5:00 p.m. on June 11, 1990.

The scientific program for the upcoming CNS Annual Meeting is being organized by Drs. David G. Piepgras, Winfield Fisher, Fredric B. Meyer and Robert Solomon. A symposium on the future of EC/IC bypass surgery is being planned. Speakers include Dr. Arthur L. Day talking on the current role of EC/IC bypass surgery in the treatment of brain ischemia. An update on medical approaches to the treatment of chronic cerebral ischemia will be presented by Dr. Robert Dobkin from UCLA. The Galbraith Award will be presented to a resident for research performed in the cerebrovascular area.

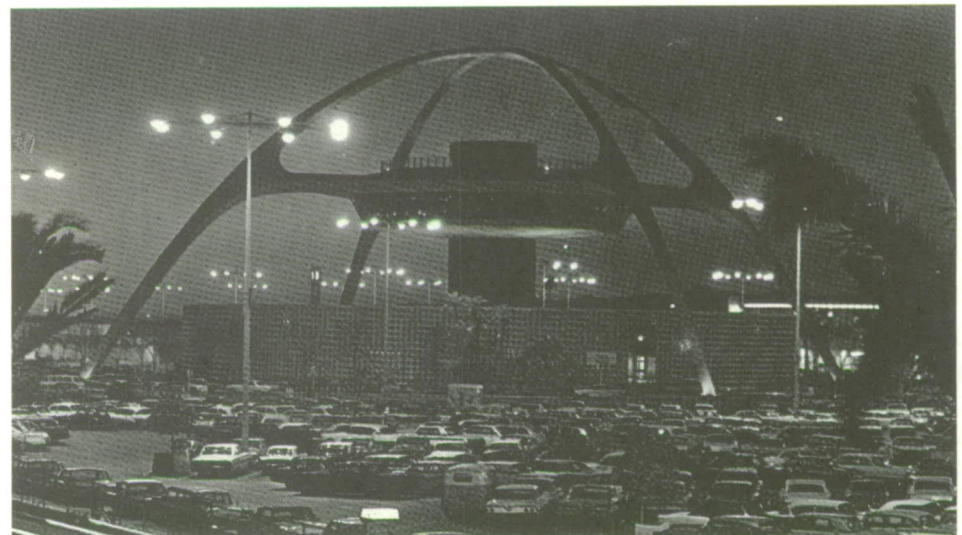
John R. Little, M.D.

MEMBERSHIP COMMITTEE

Candidates to be Submitted to the Executive Committee in June 1990:

- Adamson, James R.
- Alberico, Anthony M.
- Amann, John C.
- Amundson, Russell H.
- * Aydin, Ismail Ahkki
- Breeze, Robert E.
- Calderon, Stephen
- Chang, Charles
- Culicchia, Frank
- Davis, Ross
- Dickey, Phillip S.
- Dyste, Greg H.
- * El-Wany, Mohammed Nagy
- Gardner, Stephen R.
- Hassenbusch, Samuel
- Hipp, Stephen W.
- Holloday, Frank W.
- Izukawa, Dennis
- Jones, Mark W.
- * Khalil, Nabil Hassan
- Krawchenko, John
- Landy, Howard J.
- Meyer, Kathleen
- Mintz, Abraham
- Nazar, Greg B.
- Pacult, Arthur
- Papadopoulos, Stephen M.
- Pencek, Terrence L.
- Plunkett, Robert
- Rawlens, Charles E.
- Renkens, Kenneth L., Jr.
- * Sakas, Damianos E.
- Seats, D. James
- Schnittker, Joseph B.
- Schwank, William A.
- Simpson, Richard K. Jr.
- Spatola, Mark A.
- Spitzer, Daniel
- Tator, Charles
- Tiel, Robert
- Villemure, Jean-Guy
- Wallace, Christopher
- Willis, Brian K.
- Yanez, J. Rafael
- Yuk, Antonio C.

Larry D. Tice, M.D.



Los Angeles International Airport

*Indicates International Membership

RESIDENTS' CORNER

Committee Structure

The Resident Committee Office has been transferred from Ann Arbor, Michigan, to Gainesville, Florida. Dr. Jim Bogan, who has done an outstanding job as Membership Subchairman, has stepped down. Membership applications and dues will not be handled in the Gainesville office. Dr. Harold Smith has graciously agreed to continue as Private Practice Subchairman. Dr. Rick Fessler is the new Academic Placement Subchairman.

Computer Database

The resident membership information has been stored on a database program, written in BASIC, in the early 1980's. We have transferred all of the data to a newer database program, Microsoft Excel. All files have been updated to include the latest ABNS information on program directors and addresses.

The major advantage of the new program is the ability to generate personalized form letters to resident members or program direc-

tors. In addition, the database is now compatible with virtually any computer system.

We currently have 694 active members on file.

CNS Clinical Fellowships

The 1990 CNS Clinical Fellowships were awarded to Dr. Claudio Feler and Dr. Mayen Khayata. Dr. Feler is a resident at the University of Tennessee. He will be studying with Dr. Ron Tasker, at the University of Toronto. Dr. Khayata is a resident at Cornell University. He will be studying endovascular techniques, with Dr. Pierre LaJeunesse, in Paris, France.

The application deadline for the 1991 fellowships is January 15, 1991. There will be up to five fellowship grants available in amounts of up to \$5,000 apiece. These grants are intended to support clinical research, of three to six months' duration, which is not otherwise formally funded. Please write to me for further information or an application.

Placement Services

For inquiries about general neurosurgery practice opportunities, please write:

Harold P. Smith, M.D.
2011 Church Street, Suite 800
Nashville, Tennessee 37203

For information about academic neurosurgery opportunities, please write:

Richard G. Fessler, M.D.
Department of Neurosurgery
Box J-265, JHMHC
Gainesville, Florida 32610

Resident Membership

All inquiries regarding Resident Membership should be addressed to:

William A. Friedman, M.D.
Department of Neurosurgery
Box J-265, JHMHC
Gainesville, Florida 32610

FIRST CLASS MAIL
U.S. POSTAGE
PAID
CLEVELAND, OHIO
PERMIT NO. 275

CONGRESS OF NEUROLOGICAL SURGEONS NEWSLETTER

John R. Little, M.D.
Department of Neurosurgery
Cleveland Clinic
9500 Euclid Avenue
Cleveland, Ohio 44106

MBR 12583 AB / 01S
JOHN MORGAN THOMPSON MD
2000 BLOSSOM WAY, S.
ST. PETERSBURG, FL 33712