

# NEWSLETTER

August 1997 Vol. 65

Congress of Neurological Surgeons



## Marc R. Mayberg, M.D., President CNS A Biography

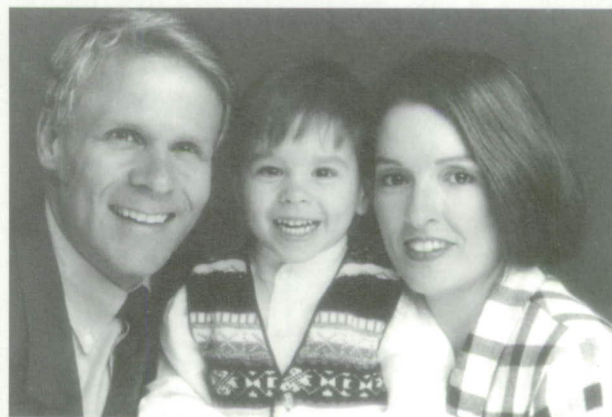


Dr. Mayberg grew up in Edina, Minnesota. He received his bachelor's degree *cum laude* from Harvard University in 1974, where he played varsity football. During medical school at Mayo, he worked in the laboratory of Dr. Thoralf Sundt. Dr. Mayberg did his residency training at Massachusetts General Hospital, where he also did a research fellowship with Dr. Michael Moskowitz. In 1985, he

was the Van Wegenen Fellow at the National Hospital for Nervous Diseases in London, England, and worked in the laboratory of Prof. Lindsay Symon. He joined the faculty at the University of Washington in 1986, where he is currently Professor and Chief of Neurosurgery Clinical Services at University of Washington Medical Center. He maintains a busy general neurosurgical practice, with a special interest in acoustic neuromas, pituitary tumors and carotid endarterectomy.

Prior to his election as President, Dr. Mayberg served the CNS as Vice-President, Executive Committee member, Annual Meeting and Scientific Program Chairman, and Chairman of the Education Committee. Joint AANS/CNS responsibilities have included Joint Officers, Washington Committee, Executive Committee of the Cerebrovascular Section, Co-Chairman of the Carotid Endarterectomy Task Force and Chairman of Devices and Drugs. Dr. Mayberg been active in several national organizations, including the National Institutes of Health, the Veterans Administration Research Council, the National Stroke Association, the American Heart Association and the Brain Attack Coalition. He is a member of the Neurological Society of America, American Academy of Neurosurgeons, and American College of Surgeons.

Dr. Mayberg has maintained a research program in cerebral vessel wall biology since his arrival in Seattle, including research in cerebral vasospasm, mechanisms of smooth muscle proliferation and the response of arteries to radiation. His research awards have included the Resident Award from the Academy of Neurological Surgery, the Young Clinician-investigator Award from AANS, the Neufeld Award, the Clinical Investigator Development Award and R01 funding from NIH, and Merit Review funding from the V.A.. He has authored over 85 scientific journal articles and over 50 book chapters. Dr. Mayberg is co-editor of *Neurosurgery Clinics of North America*, and serves on the editorial boards of *Stroke*, *Neurosurgery*, *Perspectives in Neurosurgery*, *Strokes Clinical Updates*, *Journal of Stroke & Cerebrovascular Disease* and *Perspectives in Neurosurgery*.



Dr. Teresa Mayberg is a neuroanesthesiologist and Associate Professor in the Departments of Anesthesia and Neurological Surgery at the University of Washington. Her research concerns the effect of anesthetic agents on cerebral blood flow. Marc and Terry have a son, Matthew, who is two years old.

## CNS EXECUTIVE COMMITTEE STATEMENT REGARDING

# PEDICLE SCREW LITIGATION

The CNS was formerly a defendant in the ongoing pedicle screw litigation, but has since been dismissed as a party. We understand that a proposed settlement between the plaintiffs and AcroMed Corporation does not constitute an admission that use of pedicle screws in proper medical practice is unlawful or actionable. However, some feel that it may encourage continued pursuit of this litigation against the remaining defendants.

The CNS believes that decisions regarding the use of pedicle screws must be made by experienced surgeons, exercising their expert judgment as to the best form of treatment for properly selected patients, relying on the most authoritative literature available. To our knowledge, no legal authority has definitively concluded that the use of pedicle screws in appropriate cases constitutes malpractice or is otherwise actionable. Conversely, there has also been no conclusive legal authority sanctioning their use. Use of these devices must be governed by the same standards of proper medical care that apply to neurosurgical practice in general.

The CNS strongly feels that it is the right and duty of all physicians to provide the best available treatment for patients. We support the rights of all physicians to determine those therapies which they feel are in the best interests of the patients, and the right of physicians to freely exchange new and potentially important scientific and medical information in an atmosphere of scientific inquiry and discourse.

The FDA has issued proposed rules that would reclassify certain pedicle screw systems. No final rule has been issued, and it is possible that no reclassification will be made. We will keep you advised of developments.

The FDA has issued proposed rules that would reclassify certain pedicle screw systems. No final rule has been issued, and it is possible that no reclassification will be made. We will keep you advised of developments.

### NEUROSURGERY ELECTRONIC MAIL ADDRESS

Neurosurgery is pleased to offer an electronic mail address for communication with the Editorial Office. This account will be checked frequently and may be used for any correspondence, including reviews. The address is: [neurosurgery-journal@hsc.usc.edu](mailto:neurosurgery-journal@hsc.usc.edu)

### CONGRESS OF NEUROLOGICAL SURGEONS

The following are the planned sites and dates for future annual meetings of the Congress of Neurological Surgeons:

- 1997 New Orleans, LA;  
September 27–October 2
- 1998 Seattle, WA; October 3–8
- 1999 Boston, MA; October 23–28
- 2000 San Antonio, TX;  
September 23–28

### German Academy of Neurosurgery

On August 26, 1996, in Frankfurt, Germany, the German Academy of Neurosurgery was constituted. The founding members are as follows:

- Prof. W. J. Bock, Dusseldorf
- Prof. M. Brock, Berlin
- Prof. R. Fahlbusch, Erlangen
- Prof. J. M. Gilsbach, Aachen
- Prof. E. H. Grote, Tubingen
- Prof. H. D. Hermann, Hamburg
- Prof. R. Lorenz, Frankfurt
- Prof. Reulen, Munchen
- Prof. M. Samii, Hannover
- Prof. T. Schramm, Bonn

## AANS/CNS Subspecialty Fellowship Directory

Are you interested in listings of neurosurgical subspecialty fellowship positions offered in both the United States and Canada? The AANS/CNS provides this list free of charge to its members. To obtain a fellowship directory please contact:

Curtis A. Dickman, M.D.  
Chairman, CNS Resident Committee  
2910 N. 3rd Avenue, Phoenix, AZ 85013.  
Tel: (602) 406-3957  
Fax: (602) 264-2417.

OR

AANS National Office  
22 South Washington  
Park Ridge, IL 60068-4287  
Tel: (847) 692-9500  
Fax: (847) 692-2589

# THINK FIRST UPDATE

## A "DOLLAR A DAY" FOR THINK FIRST!

The THINK FIRST leadership understands today's economic realities and the ever-changing status of our healthcare environment. We know that neurosurgeons' reimbursement is dropping precipitously; therefore, our solicitation must be realistic. We should ask neurosurgeons to contribute an amount that we feel all neurosurgeons comfortably can afford. Too often we are hesitant to contribute to a cause when we think the expectation is that we must pledge a large sum of money over a multi-year period. That is why we started the Annual Fund Drive. That is why we are now asking every neurosurgeon in the United States to give

*a "Dollar a Day" for THINK FIRST!*

Think about it. Many people drop \$3 to \$5 a day for Starbucks coffee. Consider your own daily and weekly "spending routines." When you do that exercise, it becomes apparent how, without even thinking, we drop a dollar here or a dollar there. It also becomes clear how easy and unburdensome it would be to write one check each year to the THINK FIRST Foundation for \$365.

Consider how much that would mean to your Foundation. If there are approximately 3,000 neurosurgeons in the United States and each one gave a "Dollar a Day" to THINK FIRST, that would be \$1,095,000 (\$365 X 3,000)!

### The Return on Your THINK FIRST Investment

- Your investment does the following:
- Fuels the engine—the national office—and keeps the motor running and operating.
- Stimulates continuous revisions and updates of existing THINK FIRST educational programs and materials.
- Develops new THINK FIRST educational programs.
- Permits THINK FIRST to promote and publicize THINK FIRST programs, nationally.
- Provides training and start-up materials for new programs, nationally, including instruction manuals and slides.

### THINK FIRST Foundation National Office Supports Local Programs

- Provides free THINK FIRST program curriculum manual and slides to new programs.
- Develops and produces new and quality teaching materials for local programs.
- Supplies a complimentary THINK FIRST FOR KIDS packet to every existing and new local program.

- Sponsors an Annual Coordinators' Workshop to introduce new and innovative injury prevention methods and provide resources.
- Provides technical assistance to all local programs and serves as a resource clearinghouse.

### Program Growth

- 907,750 students attended THINK FIRST presentations during the 1995-1996 school year (a 26% increase over 1994).
- 204 local programs are active.
- 1,000 THINK FIRST FOR KIDS curriculums are being implemented, nationally, in elementary schools.
- 24 new program coordinators were trained in 1996.

It's easy, it's tax-deductible, and it's the right thing to do!

If you are interested in making this important investment, please contact the THINK FIRST Foundation at 800-THINK-56, or e-mail: [thinkfirst@aans.org](mailto:thinkfirst@aans.org). You may mail your contribution to THINK FIRST Foundation, Department N, P.O. Box 4260, Carol Stream, IL 60197-4260. Thank you.

(Excerpted from Prevention Pages, Vol. 8, No. 2)

## *THINK FIRST Saves Boy's Head!*

According to 13-year-old William Yang, from Creekland Middle School, Atlanta, Georgia, a recent THINK FIRST program "saved my head"! While biking with his family in the Indiana Mountains, Yang fell from his bike and hit his head on the handle bar after taking a sharp turn too fast. His helmet cracked from the fall, but his head did not.

Yang purchased his first helmet earlier that week after Keith LaClaire, prevention program coordinator at Shepherd Center (a specialty hospital in Atlanta), spoke to his school about "THINK FIRST" safety and the importance of wearing a helmet while biking. Yang's crash made an impression on his helmet; THINK FIRST made an impression on Yang. His helmet may have saved his life.

Coordinator LaClaire, who was paralyzed 10 years ago in a three-wheeling incident, has dedicated his life to the prevention of brain and spinal cord injuries by speaking to more than 18,000 Atlanta-area middle- and high-school students about the importance of safety.

## *Megan's Story*

On October 22, 1996, Kay Ballard, RN, a trauma nurse at Christiana Hospital, Medical Center of Delaware, and a THINK FIRST speaker, presented a THINK FIRST program

*Continued on page 3*

## Think First Update

*Continued from page 3*

to a group of 9th graders at a local high school. The program made a strong impression on one freshman student in the audience, 15-year-old Megan Willey. Four days later, Megan suffered a spinal cord injury.

Megan was in a neighbor's backyard when a dog started to chase her. She tried to jump over a six-foot fence, but caught her foot on the top. "I fell flat on my head," she said. Megan tried to get up, but couldn't because of the pain in her neck. Remembering what she had learned at school a few days earlier, Megan refused to let anyone move her. This decision may have prevented Megan's spinal cord injury from becoming more serious, even resulting in paralysis.

"My friend tried to put something under my head and I screamed at her," she said. When Megan's mother arrived at the scene, Megan appeared fine. She told Megan to get up, but Megan insisted on waiting for help. Megan told her family and friends, "My neck really hurts and I'm not moving." She further explained that a nurse had been out to her school earlier that week and had impressed on the students not to move an injured person without trained personnel.

Once at the Trauma Center at Christiana Hospital, Megan was found to have fractured her first cervical vertebra, an injury that could have been devastating, if not fatal, had Megan been moved improperly. She was placed into a halo vest to stabilize her neck and spine, allowing the vertebra to heal. Three days later she was discharged to go home, neurologically completely intact.

Approximately 20 trauma nurses from the Medical Center of Delaware volunteer their time to present the THINK FIRST program in schools and to other groups in Delaware. The program, coordinated by clinical nurse specialist, Marilyn K. Bartley, RN, MSN, is funded by the Delaware Office of Highway Safety. Ninety programs were presented last year, and the group plans to surpass that amount this school year. "It's well worth the time and effort if you can save just one life," states Bartley.

The Congress wishes to express its sincere appreciation to the following individuals who, through their tireless efforts, have made the 47th Annual Meeting possible. This Meeting should prove to be the most memorable ever.

Annual Meeting Chairman:	Mitchel S. Berger
Scientific Program Chairman:	Mark N. Hadley
Associate Program Chairman:	Mark H. Camel
General Scientific Session I:	David W Newell
General Scientific Session II:	Dennis G. Vollmer
General Scientific Session III:	Joshua B. Bederson
General Scientific Session IV:	Frederick A. Boop
International Scientific Program:	Timothy B. Mapstone
Luncheon Seminars:	Richard G. Ellenbogen Gerrald E. Rodts
Nurse Program:	Peter M. Sorini
Open Scientific Sessions:	Vincent Traynelis
Poster Sessions:	James M. Markert
Practical Courses:	Kevin J. Gibbons Curtis A. Dickman
Special Courses:	Paul C. McCormick
Joint Sections Programs:	Haynes L. Harkey
Program Evaluation:	Carl Laurysen
Exhibits:	Paul J. Camarata
Local Arrangements:	Dr and Mrs. Frank E. Culicchia
Public Relations:	Bruce A. Kaufman
Registration:	David P. Adelson
Sergeant-At-Arms:	Regis W. Haid, Jr.
Clinical Neurosurgery:	Christopher M. Loftus

### **NEUROSURGERY HOME PAGE AND NEUROSURGERY://ON-CALL**

*Neurosurgery's* presence and scope on the World Wide Web is expanding.

*Neurosurgery* is now linked to Neurosurgery://On-Call (<http://www.neurosurgery.org>), the joint venture developed by the Congress of Neurological Surgeons (CNS) and the American Association of Neurological Surgeons (AANS). Included among the monthly data presentations on *Neurosurgery's* home page are complete abstracts, announcements, a calendar of events, rapid communications, and selected other features from the journal. In addition, a monthly "featured article" is posted for interactive reader commentary to be directed to William Chandler, *Neurosurgery's* Internet Moderator. Commentaries related to the featured article and/or the associated reviewers' comments are encouraged and will be presented "on line" at the above listed home pages after editorial review.

Please direct ideas and concepts related to Web activities for *Neurosurgery* to Internet Moderator William Chandler ([wchndlr@umich.edu](mailto:wchndlr@umich.edu)) or to the Editor (<http://www.wwilkins.com/neurosurgery/>).

## **World Federation of Neurosurgical Societies Meeting**

The World Federation of Neurosurgical Societies (WFNS) has announced that Sydney, Australia will be the site of their XIIth International Congress, to be held in 2001.

# RESIDENT COMMITTEE OF THE CNS



Curtis A. Dickman, MD  
Committee Chairman

The Resident Committee of the Congress of Neurological Surgeons (CNS) is an active, integral part of the structure of the organization. The Congress's mission is to provide neurosurgical education; a substantial commitment exists to involve young surgeons in the CNS structure and to educate young neurosurgeons. The benefits of Resident membership are substantial and include the following:

## Publications

*Clinical Neurosurgery*, the proceedings of the annual CNS meeting, and *Concepts in Neurosurgery* are provided free to Resident members. The journal *Neurosurgery*,

the official monthly scientific publication of the CNS is provided at a discount to CNS Resident members.

## Annual Meeting Benefits

Reduced registration rates for the CNS Annual Meeting and luncheon seminars are provided to Resident members. Residents have an opportunity to attend an exclusive luncheon with the Honored Guest at the CNS Annual Meeting. Dr. Nicholas Zervas will provide informative and personal views during this year's program.

## CNS Clinical Fellowship

Each year the CNS provides financial assistance of up to \$10,000.00 to residents and recent graduates of residency programs, to acquire new clinical skills

and knowledge for an elective rotation at an institution outside their primary training program. The rotation typically provides a 3- to 6-month in-depth experience in a particular subspecialty. Resident CNS members who have completed at least 3 years of training in an approved neurosurgical training program are eligible. Applications for the CNS clinical fellowship awards can be obtained through my office, or electronically via [Neurosurgery@on-call](mailto:Neurosurgery@on-call).



The awards committee for the 1997 CNS clinical fellowship has selected three outstanding applicants to receive the awards for the 1997 academic year. The awards committee

consisted of Douglas Kondziolka, MD, Issam Awad, MD, Paul McCormick, MD and Stephen Papadopoulos, MD. The first recipient is Ali R. Rezai, MD, who will complete his neurosurgical training at NYU Medical Center in June 1997. He then will begin a functional-stereotactic fellowship at the University of Toronto under Drs. Tasker and Lozano. He will

*Continued on Page 6*

## WITH APPRECIATION

The CNS and Neurosurgery express their gratitude to Codman/Johnson & Johnson for sponsoring journal subscriptions for first-year neurosurgical residents. Their thoughtfulness will undoubtedly have lasting impact on the careers of those individuals.

## CNS Placement Service

Are you looking for a job position or a new associate for your practice? The CNS Placement Service provides a free confidential service to its members to aid in selecting a position or a partner. Both academic and private practice opportunities are available.

For further information please contact: Cameron G. McDougall, M.D., Chairman, CNS Placement Committee, 2910 North 3rd Avenue, Phoenix, AZ 85013. Tel: (602) 406-3957, Fax: (602) 264-2417.

## Resident Committee

*Continued from page 5*

be spending his CNS Clinical Fellowship at the Karolinska Institute in Stockholm, Sweden, under the direction of Professors Christer Lindquist and Bjorn Meyerson of the Department of Neurosurgery, as well as Professors Martin Ingvar and Evert Knuttsen of the functional imaging laboratories.

Ultimately, Dr. Rezai plans to utilize noninvasive brain imaging techniques such as functional MRI (fMRI) and Magnetoencephalography (MEG) for physiological localization of deep brain structures. He also plans to localize the somatotopic organization of the basal ganglia and thalamus, thus providing further insight into the basic physiology and pathophysiology of Parkinson's disease and other movement disorders. He will integrate this functional information into a stereotactic database for physiological targeting during gamma knife therapy. This integration of noninvasive physiological brain mapping and minimally invasive treatment modalities should afford a unique and important approach to the future of neurosurgical practice.



The second recipient, A. Giancarlo Vishteh, MD, is from the Barrow Neurological Institute. For his CNS Fellowship Award, he has planned a clinical elective at the House Ear Institute in Los Angeles, California. Dr. Vishteh will focus on temporal/petrous bone anatomy and surgery in ultimately enhancing technique in the management of pathologies of the brainstem and lower cranial nerves and skull base. The Fellowship will encompass a cadaveric study of the paratentorial, "Lateral Supra-Cerebellar, Infratentorial Approach to the Cerebellar Peduncles and the Posterolateral Ponto-Mesencephalic Junction," as well as hands-on coursework in learning temporal bone and transpetrous skull base approaches. He believes that the Fellowship is extremely important in providing sound anatomic knowledge and surgical technique, on which his ultimate clinical experience as a skull base/neurovascular surgeon will be built.

The Fellowship will be under the tutelage of Dr. Derald E. Brackman and the supervision of Dr. Anthony De la Cruz, both at the House Ear Institute.



The third recipient, Fernando L. Vale, MD, is from the University of Alabama School of Medicine. For his CNS Fellowship Award, Dr. Vale has planned to travel to different institutions in Canada and the Northeast region to expand his knowledge of the surgical management of complex seizure disorders. He also plans to participate in seminars that will allow him to interact with nationally recognized leaders in the field of epilepsy surgery and functional neurosurgery. Dr. Vale hopes that this experience will allow him to establish a strong clinical practice with emphasis in research at the University of South Florida.

## Fellowship Directory

The CNS and AANS have jointly created a subspecialty fellowship directory, which lists all fellowship programs available in the United States and Canada. The directory is available by calling (602) 406-3932, FAX (602) 264-2417; the AANS office; or electronically through Neurosurgery//on-call.

## Placement Service

Cameron McDougall, MD, chairs The Job Placement subcommittee. The CNS provides a database, for its members, of job positions available and of applicants seeking positions in both academic and private practice settings. The CNS placement service can be accessed by contacting Ms. Dawn Hall at (602) 406-3932. In the near future, the placement service will also be available electronically via Neurosurgery//on-call.

## Resident Traveling Fellowship in Pediatric Neurosurgery

The Pediatric Joint Section of the Congress of Neurological Surgeons/American Association of Neurological Surgeons has established a traveling fellowship for residents in neurosurgical training. The fellowship is intended to cover for up to 1 month the traveling and living expenses for residents who pursue additional experience in pediatric neurosurgery during their residency years. The 1-month fellowship can be spent in any activity that broadens the resident's exposure to pediatric neurosurgery, and might include observation at a clinical or research center. The maximum fellowship stipend is \$2500. Each interested resident should prepare a brief statement regarding the purpose of the proposed fellowship and the anticipated expenses, obtain written permission from his or her program director and that of the institution where the fellowship is sought, and direct the application to

R. Michael Scott, MD  
Department of Neurosurgery  
The Children's Hospital  
300 Longwood Avenue, Bader 319  
Boston, MA 02115

The membership of the Congress of Neurological Surgeons wishes to express their regret and sorrow regarding the death of the following members: Paul N. Renton, MD, of Wichita Falls, Texas died on April 10, 1997; Verne Allen, MD, recently lost his battle with colon cancer and died on February 15, 1997; Richard L. Otenasek Jr., MD, died on July 1, 1996. The Richard J. Otenasek Jr. Award for excellence in teaching was established this year at Johns Hopkins Hospital to honor Dr. Otenasek's long tenure and work there.

# JOINT COUNCIL REPORT

## *CNS Involvement*

The CNS encourages resident members to join the committee structure of the CNS. The CNS provides an outstanding opportunity to meet and interact with other neurosurgeons.

The Congress of Neurological Surgeons has tremendous value. It is 1) your organization, 2) dedicated to education, 3) youth oriented, 4) based on volunteerism, and 5) committed to the future of neurosurgery.

## *AANS/CNS Joint Council of State Neurosurgical Societies An Update*

The JCSNS met for its customary Friday and Saturday semiannual sessions before the AANS Annual Meeting in Denver, April 11 and 12. The meeting was highlighted by John Kusske's Saturday luncheon presentation on the potential dangers to physicians of federal Emergency Medical Treatment and Active Labor Act (EMTALA) regulations, and of fraud and abuse provisions lurking within the 1996 Kassebaum-Kennedy act.

Five resolutions were passed at the meeting. Following the JCSNS meeting, the AANS/CNS Joint Officers appointed a Task Force on Fellowship Training in response to Resolutions #1 and #4, which asked for "a Task Force to examine the issues surrounding minimum standards for maintaining the quality of fellowship training programs." Resolution #2, reaffirming opposition to subspecialty Board certificates in neurosurgery, was accepted by both the AANS and CNS. Resolution #3, on AANS and CNS tracking of subspecialty category CME credits, was accepted and has already been implemented. Resolution #5, offering a series of resolutions relating to Issues in Neurotrauma was referred to several Joint Sections for review and recommendations. The JCSNS ad hoc Neurotrauma Committee report accompanying Resolution #5 was a model of committee research and reporting, dealing with organized trauma systems, hospital coverage, compensation, EMTALA regulations, and several related issues.

The Health Care Financing Administration's (HCFA) impending Medicare Resource-Based Practice Expense implementation was the priority issue of the meeting. The implication for unjustified loss of greater than 30% of total revenue is clear. The Washington Committee's action plan for legislative, administrative, and judicial action strategies, particularly within the Practice Expense Coalition, was outlined and enthusiastically received by the JCSNS.

A plan for a state action network extending to every congressional district was introduced by the Washington Committee. The plan

is ambitious, but with active participation by motivated neurosurgeons, can be accomplished. The JCSNS is prepared to do all that it can to help implement this plan.

The neurosurgery marketing campaign, Getting SMART About Neurosurgery, was unveiled at the meeting. The campaign grew out of a JCSNS Resolution passed 6 months ago and implemented through a Joint AANS/CNS Task Force spearheaded by Stan Pelofsky. The preliminary communications package, featuring spinal stenosis, was distributed at the meeting. The program requires active local marketing by each participant. The full package can be ordered from the AANS office, to help build neurosurgical practice and bring public attention back to neurosurgery.

The American Neurological Surgery Political Action Committee (ANSPAC) was introduced and every CNS member should not only belong but also should encourage colleagues to do likewise. This is the time to act, when the threat is greatest and the immediate tangible effect of political action will be the largest in memory.

New officers elected at the April meeting were as follows:

Chairman	Jim Bean (KY)
Vice-Chairman	Lyal Leibrock (NE)
Recording Secretary	David Jiminez (MO)
Treasurer	Randall Smith (CA)

Jim Bean, MD  
Lexington, Kentucky  
Chairman, JCSNS

## Treasurer's Report



*Stephen M. Papadopoulos, MD*

**T**he Congress of Neurological Surgeons (CNS) continues to enjoy financial stability during the 1996-1997 year.

Income sources to support operational activities are dependent on annual dues, the financial success of the Annual Meeting, and the official journal, *Neurosurgery*. The Congress continues to support 50% funding for all joint activities, including the Joint Council for State Neurosurgical Societies, the Joint Washington Committee, the Joint Committee on Education, the Joint Committee on Assessment of Quality, and others. Several projects also are supported jointly with the American Association of Neurological Surgeons, including *Neurosurgery On-Call*—a neurosurgical public relations initiative, the Joint Directory of Neurological Surgery, and several task forces. The CNS continues its commitment to THINK FIRST with annual contributions.

The continued financial success of both the Annual Meeting and the journal, *Neurosurgery*, has allowed CNS to expand its activities on behalf of its members. The primary mission of the Congress is educational advancement. There has been a trend of increasing operational expenses over the past year. This has been due primarily to legal consultation fees related to pedicle screw litigation and to revisions in liability insurance coverage. Operational expenses represent approximately 15% of the total CNS annual budget.

# JOINT COUNCIL REPORT

The Joint Sections of the AANS and CNS invite you to attend the Annual Meeting, held this year in New Orleans from September 27 to October 2, 1997. This world-famous city of revelry and romance, where one can experience intermingling cultures, beautiful southern architecture, some of the world's finest cuisine, and unique entertainment, is guaranteed to leave you enchanted. This diverse city surely will delight any age and background, making this upcoming meeting one that you won't want to miss.

## Joint Pain Section

For the first time, the Joint Section will offer an award at the CNS Annual Meeting. The award is entitled, "The Ron Tasker Young Investigators Award in Pain Research." The Tasker Award of \$1000 will be awarded for the best paper submitted to the CNS meeting in the area of pain research, either by a resident-in-training in neurosurgery or a neurosurgeon who is within 5 years of his training

## Joint Section for Stereotactic and Functional Neurosurgery

The Joint Section of Stereotactic and Functional Neurosurgery will offer an interesting number of presentations addressing current issues, including microelectrode recording for stereotactic pallidotomy and lesion generation. No awards will be given for this Section at the CNS Annual Meeting. For the first session, we will begin with "Symposium Controversies: Microelectrode Recording for Stereotactic Pallidotomy." The first speaker will be Doug Kondziolka ("Microelectrode Recording Is Unnecessary To Maximize Outcomes for Stereotactic Pallidotomy"). The second speaker will be Andres Lozano ("Microelectrode Recording Is Necessary To Maximize Outcome for Stereotactic Pallidotomy"), and the moderator will be Kim Burchiel.

The second session will include a symposium entitled, "Methods of Lesion Generation." The topics "Invasive lesion Techniques for Stereotactic and Functional Neurosurgery" and "Noninvasive Stereotactic Techniques for Lesion Making" will be addressed. We are expecting a promising program and hope to see you there.

*David W. Roberts, MD*

## Joint Section for Cerebrovascular Surgery

The Joint Section for Cerebrovascular Surgery has planned an informative and interesting program highlighted by topics presented on the afternoons of Monday, September 29, and Wednesday, October 1. On Monday the audience will learn about the indications for the surgical treatment of acute intracerebral hemorrhage, as well as the various surgical and medical approaches to intracerebral hemorrhage. James Grotta will discuss current controversies and indications for the surgical treatment of acute intracerebral hemorrhage. Joe Zabramski will then discuss surgical approaches to intracerebral hemorrhage, including stereotaxis, craniotomy, and thrombolytic treatment. On Wednesday the audience will learn the acute care management strategies of patients with stroke and intracerebral hemorrhage, including the indications and techniques for decompressive craniectomy for stroke. Neil Martin will discuss initially the ICU management of patients with stroke and intracerebral hemorrhage, along with the timing of surgical intervention. Douglas Chyatte will then review the indications and techniques for decompressive craniectomy for thromboembolic stroke.

*Robert A. Solomon, MD*

## Joint Section on Tumors

In New Orleans, the Joint Section on Tumors will be presenting a combination of

selected papers and a program focusing on varied topics. On Monday, participants will hear about the use of brain tumor vaccines. Two sections will be offered on Tuesday, including a discussion on gene expression and profiling to allow for future classifications of brain tumors. The second speaker will discuss the molecular classification of tumors and how such classifications can potentially guide the treatment of brain tumors. Additional topics will include cortical mapping during tumor surgery, including methods and results.

Three awards will be given at the Annual Meeting. The Preuss Resident Award will be given to the resident submitting the most contemporary and informative abstract. The award includes all meeting expenses and an additional stipend of \$500. We also will present the Mahaley Clinical Award to a more senior author of a more clinically oriented paper. The third award is the Young Investigator Award, which is sponsored by the American Brain Tumor Association. The award is for \$1,000 and is given to the best investigative paper by an author who is within 6 years of completing neurosurgical training.

The Joint Section as well as the AANS and representatives of medical and radiation oncology within North America are involved in a project to assess outcomes in patients with malignant gliomas. The glioma outcome project (GO Project) is being sponsored by an educational grant from Rhone-Poulenc Rorer. A pilot study involving approximately forty institutions will be conducted within the next year.

Another project of the Joint Section is a textbook entitled, *Essentials of Neurooncology* to be published by Thieme. This book will focus on a succinct approach to clinical neurooncology with special features outlined by the publishers, such as pearls, pitfalls, and controversial points. This book will be coedited by Drs. Mark Bernstein and Mitchel Berger, and many of the contributions will be by members of the Joint Section.

*Mark Bernstein MD*

## Joint Section on Neurotrauma and Critical Care Report

The Joint Section has received many positive comments about the guidelines for

*Continued on Page 9*



## Joint Council Report

*Continued from page 8*

the Management of Severe Head Injuries. In cooperation with the Pediatric Neurosurgery Section, soon there will be guidelines available for the management of pediatric head injuries. Tom Luerssen has been appointed the Head of the Pediatric Neurotrauma Committee of the Joint Section. Also, there have been ongoing efforts to develop guidelines for the management of head injuries in athletes. Julian Bailes has been appointed Head of the Sports Medicine Committee of the Joint Section, which is collaborating with several other groups, including the American Academy of Neurology, in this work.

The Joint Section on Neurotrauma and Critical Care is pleased to have two days in which to focus on different topics in neurotrauma and critical care. The first day (Tuesday, September 30) will have as a theme "Spinal Cord Injury," with two invited speakers who are well known in their field. The first, Dr. Wise Young from NYU, will be speaking on the "Experimental Advances in Spinal Cord Injury." Following his talk, Dr. Charles Tator will speak about the "Clinical Trials and Advances in the Treatment of Spinal Cord Injury." The following day (Wednesday, October 1), the overall theme will be the use of hypothermia for traumatic brain injury. The first speaker, Dr. Dalton Dietrich, will speak about "Hypothermia in Experimental Traumatic Brain Injury." He will be followed by Dr. Donald Marion, who will be address-

ing an "Update of the Clinical Trials of Moderate Hypothermia for the Treatment of Severe Traumatic Brain Injury." Each day will have oral presentations in line with the topic of the day. The Joint Section is pleased to announce that it will present a Resident award for the best paper/abstract of the meeting.

*P. David Adelson, MD*

### Joint Section on Disorders of the Spine and Peripheral Nerves

The 13th Annual Meeting of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves was held at the Fashion Island Marriott Resort in Newport Beach, California, February 19-22, 1997. The program included 39 oral presentations, an expanded Scientific Poster program, and a number of symposia and invited talks. Highlights included symposia on outcome research in surgery, surgery of the peripheral nervous system, controversies in spine surgery, and the correction of adult spinal deformity. The hands-on and practical course section was enlarged, with a total of eight practical courses offered. The Meritorious Service Award was given to Dr. David Kline for his outstanding contributions to neurosurgery. Dr. Kline also gave a talk at the meeting, during which he performed and narrated the physical examination of the upper and lower extremities with concurrent real-time giant screen video display. The Mayfield Award was awarded to Dr. Michael A. Morone. Dr. Morone delivered the Mayfield Award talk on the topic of

gene expression during experimental posterolateral lumbar spine fusion.

At the CNS Annual Meeting in New Orleans, the Joint Section will have presentations on Monday and Wednesday. Each session will be in a debate format. The Monday debate will consider the use of open versus thoracoscopic approaches for herniated thoracic discs. The discussants will be David W. Cahill, MD, and Curtis A. Dickman, MD. The Wednesday debate will consider the use of open versus minimally invasive approaches for lumbar disc disease. The discussants will be Thomas B. Ducker, MD, and Richard G. Fessler, MD. Following each session there will be additional paper presentations. No awards will be given for this Section at the CNS meeting.

*Richard G. Fessler, MD*

### Joint Section on Pediatric Neurosurgery

The Pediatric Section will hold meetings on two days: Tuesday, September 30, and Wednesday, October 1, 1997. The scientific papers presented at each session will be different each day.

There will be a special seminar held each day of the Section meeting. On Tuesday, September 30, Leland Albright will speak on the "Treatment of Spasticity and Contrast Selective Dorsal Rhizotomy and Intrathecal Baclofen Therapy." On Wednesday, Michael Scott will speak regarding "Strokes in Children."

*Marion L. Walker*

## World Directory of Neurological Surgeons, 7th Edition

The Congress of Neurological Surgeons is pleased to announce the availability of the 7th edition of the *World Directory of Neurological Surgeons* (the world, exclusive of the U.S. and Canada). This volume, published in late 1993, contains listings for 14,600 neurosurgeons and includes demographic reviews of their distribution in 129 countries. The purchase price for the *Directory* (including handling and shipping) is \$60.00 (U.S. currency). Checks should be made payable to the Congress of Neurological Surgeons, and they should be mailed to the address listed below.

Mailing labels for the listings contained in the *Directory* also are available for purchase by neurological surgeons, neurosurgical organizations, and program and meeting arrangers, and also for carefully selected commercial use.

The *Directory* is protected by copyright; therefore, it is implicit that recipients of the *Directory* and the labels observe this copyright and don't reproduce the lists for any purpose. This is a condition to which they agree in accepting delivery.

Requests and/or inquiries can be sent to the following address: George Ablin, MD, *World Directory of Neurological Surgeons*, 2828 H Street, Bakersfield, CA 93301.

## International Committee, Congress of Neurological Surgeons

The International Committee, directed by Dr. H. Hunt Batjer, continues to vigorously promote the aims and philosophy of the Congress of Neurological Surgeons internationally.

The International Committees efforts have been organized in several subcommittees.

Publications and Membership, Dr. Charles Teo, Chairman, is charged with promoting international membership in the CNS and encouraging attendance by international members of the Annual Meeting of the Congress.

Activities of the International Development subcommittee, Dr. Mark Camel, Chairman, include the International Fellowship Program (coordinated by Dr. Herb Engelhard), Need Assessment surveys (compiled by Drs. Moise Danielpour, Hector Ho and Charles Branch), the processing and distribution of publications from the Book Repository (directed by Dr. Michael Horowitz) and the organization and implementation of International courses (Drs. Fernando Diaz, Jeffery Schweitzer, and Arnold Vardiman).

The Annual Meeting subcommittee, Dr. Rusty Rodts, Chairman arranges the International Luncheon Programs and the International Reception (with the generous support of Tim Grayson and Williams and Wilkins).

The Foundation for international Neurosurgical Development subcommittee (FIND), Dr. Dan Kelly, Chairman, coordinates the acquisition and distribution of medical equipment and supplies. International initiatives in Guyana, Nepal, Peru and Zimbabwe have been the beneficiaries of Dr. Kelly's dedicated efforts.

The International Committee is endeavoring to implement a Professional Assistance Program concept for developing countries. The pilot project has arisen from a proposal by Dr. Nozipo Maraire for a southern Africa Neurosciences Development Initiative - "The Zimbabwe Project".

This effort is aimed at enhancing neurosurgical capabilities at the University of Zimbabwe, building on the four decades of



Dr. Dhaklama, Deputy Minister of Health, Zimbabwe, sartorially resplendent wearing the CNS tie.

pioneering work of the Professor Laurence Levy, with the more recent reinforcement provided by Professor Kazai Kalangu. The "Zimbabwe Project" seeks to harness the capabilities, efforts and resources of a number of participants including the CNS, FIND, the Foundation for International Education in Neurosurgery (FIENS), and the World Federation of Neurosurgical Societies (WFNS) in conjunction with the Department of Surgery at the University of Zimbabwe and the Ministry of Health Zimbabwe.

Dr. Richard Perrin recently completed a site visit to Zimbabwe to explore the enormous possibilities and potential which exists in the Zimbabwe Project. It is anticipated, in the short term, to provide material and professional assistance which will stimulate and strengthen the neurosurgical program of the University of Zimbabwe. Professor Laurence Levy will attend the upcoming Annual Meeting of the Congress in New Orleans to deliver a keynote address Zimbabwe Project. Congress members are encouraged to attend the International Program in New Orleans!

*Richard Perrin, M.D.*

---

## Annual Meeting Chairman

Mitchel S. Berger M.D. graduated from Harvard College and the University of Miami School of Medicine. Subsequently he completed his neurosurgery residency training at the University of California, San Francisco, and pediatric neurosurgery fellowship at the Hospital for Sick Children in Toronto. Dr. Berger was a faculty member in the Department of neurosurgery at the University of Washington prior to assuming the Chairmanship of neurosurgery, and the Directory of the Brain Tumor Research center at the University of San Francisco. His clinical areas of interest include functional localization and mapping during tumor removal in children and adults. Research interests include understanding the molecular mechanisms of DNA damage and repair as it effects chemotherapy resistance, and, gene therapy for brain tumors. Dr. Burger is currently on the Executive Committee of the Congress of Neurological Surgeons, and, is the principal investigator for the Brain Tumor Research Center NIH Program Grant. He is married to Joan, a native of San Francisco and a dental hygienist, and, they have two wonderful children, Lindsay and Alex.



# WASHINGTON UPDATE

by Anne Esposito

## AANS/CNS Washington Office

### The Medicare Patient Choice and Access Act of 1997

For several years now, organized neurosurgery, along with other physician and patient organizations, has been advocating for federal managed care reforms and protections. There are several bills now pending before the Congress that provide a variety of patient protections. Although some of these bills apply to the private sector, many focus only on Medicare and Medicaid managed care, as many Members of Congress are reluctant to impose federal requirements on the insurance industry—the regulation of which is largely the responsibility of the individual states. As is often the case, however, the states and private sector often follow Medicare's lead; therefore, we are aggressively seeking changes to the laws that apply to Medicare managed care plans, with the hope that these will be widely adopted at the local level.

At the behest of the Patient Access to Specialty Care Coalition, of which the CNS and AANS are members, Senator Chuck Grassley (R-IA), along with Senators Kent Conrad (D-ND), Alfonse D'Amato (R-NY) [CNS member Harvey Wachsman, MD, was instrumental in getting D'Amato on the bill], Jesse Helms (R-NC), and Richard Durbin (D-IL), recently introduced S. 701, the "Medicare Patient Choice and Access Act of 1997." S. 701 is the companion bill to H.R. 66, which was introduced in the House of Representatives last January by Representatives Tom Coburn (R-OK) and Sherrod Brown (D-OH). Both bills have broad bipartisan support, and H.R. 66 has over 100 cosponsors at this time.

The Act would establish standards and beneficiary protections for Medicare recipients enrolled in managed care plans. This legislation strengthens existing law which currently provides some protections to Medicare beneficiaries. However, as increasing numbers of beneficiaries enroll in Medicare managed care, there is a greater need to ensure access to quality care. Currently 4.9 million Medicare beneficiaries are enrolled in managed care plans, and enrollment growth is averaging 30% annually.

Senator Grassley's bill contains six major provisions that strengthen patient protections for Medicare seniors who chose to enter into managed care plans. The bill requires comparative health plan information, a point-of-service option, an expedited appeals process, the prohibition of gag clauses, the expansion of restrictions on financial incentives, and timely and appropriate access to specialists.

With regard to comparative health plan information, S. 701 expands the consumer information that health plans must provide to beneficiaries under current law. The Act would provide beneficiaries with standardized consumer-friendly charts to make health plan comparisons. This is similar to the charts and information that federal employees receive in the Federal Employee Health Benefits Plan (FEHBP). Medicare beneficiaries will be able, therefore, to make more informed decisions regarding health plan choices. The Act requires also that the Health Care Financing Administration include disenrollment data. This data is currently collected by HCFA but is not shared with beneficiaries.

The point-of-service option outlined in the Act expands Medicare beneficiaries' choice of health plans by guaranteeing enrollees the option of choosing a point-of-service plan at the time they enroll in a Medicare managed care plan. This differs from legislation considered in previous years in that it is not a mandate for a permanent

point-of-service option, but is a guarantee that, at the time of enrollment, Medicare beneficiaries will have the option of a managed care plan that has a point-of-service component.

The Act also establishes an expedited appeals procedure with a 30-day resolution for grievances and appeals. It maintains the current law that allows beneficiaries to appeal decisions to the Secretary of the Department of Health and Human Services. Using the managed care industry definition of medical communication, the Act prohibits gag rules. HCFA currently has a regulation banning the use of gag clauses regarding treatment options, and this provision of the Medicare Patient Choice and Access Act of 1997 expands the current regulation.

The Grassley bill also expands the ban on financial incentives not to refer to specialists. Under current federal law, this restriction only applies to physicians. This bill expands current law to apply to all providers, not only physicians. Finally, the bill requires timely and appropriate access to specialists. Under current law, managed care plans must provide Medicare beneficiaries with the full range of covered Medicare health care services. This bill expands and strengthens this provision by giving beneficiaries assurance that they will be able to see a specialist in-network, as medically necessary.

The Medicare Patient Choice and Access Act of 1997 was introduced to ensure patient protections for Medicare managed care beneficiaries. The specific provisions were developed to garner the broadest bipartisan support. These basic protections should be established for the beneficiaries of the federal Medicare program, and Congress has taken the first step in the right direction.

The CNS and AANS will continue to promote such measures for the protection of our patients. Please write, telephone or e-mail your Senator and urge support of S. 701.

If you would like a copy of the bill, please call Katie Orrico in our Washington Office at (202) 628-2072.

## CNS Officers

### President

Marc R. Mayberg, M.D.  
Seattle, Washington

### President - Elect

William A. Friedman, M.D.  
Gainesville, Florida

### Vice President

Warren Selman, M.D.  
Cleveland, Ohio

### Secretary

H. Hunt Batjer, M.D.  
Chicago, Illinois

### Treasurer

Stephen M. Papadopoulos, M.D.  
Ann Arbor, Michigan

### Newsletter Editor

Michael L. Levy, M.D.  
Los Angeles, California  
Phone: (213) 669-2169  
Fax: (213) 668-1870  
e-mail: mlevy@hsc.usc.edu

### Membership Services

Status Changes/Information:  
H. Hunt Batjer, M.D.  
(312) 908-4636

Dues Information/Address  
Changes/Publications:  
Stephen M. Papadopoulos, M.D.  
(313) 647-7960

Membership  
Applications/Information  
Paul McCormick, M.D.  
(212) 305-7976

Resident/Membership Information:  
Curtis A. Dickman, M.D.  
(602) 406-3932

Placement Information:  
Cameron G. McDougall, M.D.  
(602) 406-3932

Annual Meeting Information:  
CNS Annual Meeting Office  
(847) 692-9500

## TABLE OF CONTENTS

Marc R. Mayberg .....	1
Pedicle Screw Litigation .....	2
THINK FIRST .....	3
Resident Committee .....	5
Joint Council Report .....	7
International Committee .....	10
Annual Meeting Chairman .....	10
Washington Update .....	11



August 1997 • Vol. 65

Stephen M. Papadopoulos, M.D.  
CNS Treasurer's Office  
UMMC/Taubman Health Care Center, 2128/0338  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109-0338



*Dedicated to  
Neurosurgical  
Education*

 **Williams & Wilkins**  
A WAVERLY COMPANY

BULK RATE  
U.S. POSTAGE  
**PAID**  
Baltimore, MD.  
Permit No. 724