

**Executive Meeting**  
American Association of Neurological Surgeons-Congress of  
Neurological Surgeons Joint Section on  
Pediatric Neurological Surgery

April 20, 2005

Room 277  
Morial Convention Center  
New Orleans, Louisiana

**Attendance**

Andrew Parent, M.D., Chairman, Jeffrey Wisoff, M.D., Secretary, Ann-Christine Duhaime, M.D., Treasurer, Sarah Gaskill, M.D, Member at Large, Nalin Gupta, MD, Member at Large, Rick Boop, M.D. (non-voting), Alan Cohen (non-voting), Ann Marie Flannery, M.D. (non-voting), John Kestle , M.D. (non voting), Scott McLanahan, M.D. (non-voting), Joseph Piatt, M.D. (non voting), Mark Proctor, M.D.(non voting), Michael Scott, M.D.(non-voting), Ron Engelbreit, (non voting),

**Call to Order**

Dr. Andrew Parent, Chairman of the Joint Section on Pediatric Neurosurgery, called the meeting to order 1:12 p.m.

**Approval of Minutes – Jeffrey H Wisoff, M.D.**

The minutes of the previous Executive Committee Meeting held on December 8, 2004 had been distributed previously. These had been reviewed by the Executive Committee members and were approved by acclamation.

**Financial Report-Ann-Christine Duhaime, M.D.**

**Financial Overview**

As of February 2005, the Section remains in positive financial balance, with current net assets of \$460,965. This represents an increase of approximately \$40,000 over the prior year. The main sources of growth include short and long-term investments, as well as a positive balance from the Annual Meeting compared to budget projections. The details of our financial position are enclosed in the appended documents.

**Old Business**

Traveling and International Fellowship sponsors and organizers have been more consistent about contacting the treasurer when the awardees are notified. At this point the treasurer has thus been able to contact the Section accountant, Ron Engelbreit, Deputy Executive Director, who then can release the fellowship funds once the sponsor notifies him that the Fellow has served/is serving in the appropriate capacity. Dr Duhaime thanked Dr. Scott, Mr. Engelbreit and others for facilitating these transactions.

Discussion was held concerning the current assets of the Section and whether there should be a reduction of the dues, meeting registration fee, or eliminate a registration fee for residents. Dr. Duhaime noted that there are still unpaid expenses from the San Francisco meeting that may significantly decrease the final net surplus for the fiscal year. Given the concerns about attendance at the December 2005 meeting and possibility of diminished support from the exhibitors, it was the consensus of the Executive Committee to defer discussion and any changes until the next meeting in December.

**Committee Reports:**

### **Membership Committee**

Dr John Kestle gave the Membership Committee Report. The following applicants were proposed:

1. Stuart Kaplan, MD Las Vegas, Active CNS member, references John Myseros(received), Jeff Ojemann (received)
2. Sean Lew, MD Milwaukee, Active CNS member, references Bruce Kaufmann (received), Rick Abbott (received)
3. David Sandberg, MD, Miami, Active CNS member, references John Ragheb (received), Glen Morrison (received)

It was moved, seconded and passed to recommend to our membership at the upcoming business meeting that all candidates be admitted for membership.

A review of historical membership was provided in a table (Appendix 1, p 7)

### **Rules and Regulations Committee**

2 changes to Article VI, Section 1, parts d and e of the Bylaws were submitted by Dr Muszynski:

**d) Program Committee.** The Program Committee shall consist of five members. Three of these members will serve *ex-officio* and will be the Chairperson (who will serve as the Chairperson of the Program Committee), the Secretary and the Treasurer. The fourth member of the committee will be the Annual Meeting Chairperson. The fifth member will be the Chairperson of the CME Committee. If the Section Chairperson is also the Annual Meeting Chairperson, another member will be appointed by the Section Chairperson and approved by the Executive Committee. The Program Committee will be charged with the responsibility of reviewing abstracts submitted for presentation and assisting the Annual Meeting Chairperson in the planning of the scientific portion of the program. The Committee is charged with the responsibility of ensuring that the scientific session of the Annual Meeting represents matters of interest and concern to the membership of the Joint Section.

**e) CME Committee.**

The CME Committee is composed of a Chairperson, Vice Chairperson and 1-3 additional members, approved by the Section Chairperson and Executive Committee. The Committee has the following responsibilities:

- To ensure that CME credit is obtained for attendees of the Annual Meeting
- To organize pediatric programs for the Section at the Annual Meetings of the American Association of Neurological Surgeons and of the Congress of Neurological Surgeons
- To oversee the review and judging process of submitted manuscripts and awarding of the Shulman and Hydrocephalus Awards

After discussion, the changes were moved, seconded and passed. The rule changes will be published in ShortCuts prior to the December meeting and presented to the membership for a vote at the Business Meeting in December

### **Program and CME Committee**

Ann-Marie Flannery, M.D, noted that Dr Joseph Madsen has assumed the chair of the committee. He is preparing the Pediatric Section Program for the CNS meeting in October 2005. It is anticipated that there will be 2 sessions: Tuesday and Wednesday afternoon. Dr Madsen will forward the details of the program to the Executive Committee.

Dr Parent charged Dr Madsen with the responsibility of choosing a Vice Chair for the Committee. Dr Parent thanked Dr Flannery on behalf of the executive Committee and the Pediatric Section for her service for 2 terms as Chair of the Committee over the past 4 years

**Annual Meeting Program Chairman** (see appendix 2, p 8 for additional information):

#### **2004**

Dr. Gupta offered some final comments and recommendations based on his review of the evaluations. The need for more opportunity and time for discussion and interaction between the audience and speakers was emphasized.

A discussion was held concerning redundant papers at the winter meeting and at the spring AANS meeting and the occurrence of multiple papers from a single institution. Drs Flannery and Gupta defended the present system of rating the abstract in a blinded review on scientific merit or interest. It was a consensus of the Committee that given the close rating of the papers and that the number of qualified papers may exceed the time allotment, that the Annual Meeting Chairman could continue to adjust the papers accepted for presentation to avoid a predominant influence of any institution.

#### **Future Meeting Sites**

#### **2005**

Dr Parent presented for Dr Oakes. The meeting will be in Pointe Clear, Alabama, from 12/6-12/9/05. He stressed the need to fly to Pensicola, FL or Mobile, AL; both are 45 minutes from the resort

The AANS has increased the block to 250 rooms. There are an additional 100 rooms available at the Key West Inn and Holiday Inn Express that are located nearby. Both of the latter locations will be less expensive but with less amenities. The AANS is planning on opening reservations in June and encourages early registration.

The preliminary program consists of the following:

**Tuesday-** Nurses seminar, Executive Committee Meeting, and opening reception in the evening

**Wednesday-** Full day scientific program. There will be a session in the morning highlighting Alabama's contributions to medicine. Speakers will include the Dean of the Medical School, Past President of the AAP, and Miss America 2003-2004, all Alabama natives. The Raimondi lecturer will be a member of the University of Alabama faculty who is an Antarctic explorer. There will not be any Planned activities in the evening.

**Thursday-** Full day scientific program. There will be a Hydrocephalus Symposium including Dr. Ben Warf and his experience in Kenya. There will be a banquet on site that evening

**Friday-** Half day scientific meeting in the morning then adjournment

Dr Oakes is planning on accepting 60-65 papers for platform presentation, less than the San Francisco meeting, to allow for additional discussion time and the symposia described above.

A discussion was held concerning the timing of the Executive Committee meeting . Depending on airline schedules, it may be necessary to arrive on Tuesday 12/8 to attend a meeting scheduled for noontime. Dr. Piatt raised the possibility of having a dinner meeting on Thursday night. Dr. Oakes will be contacted regarding the feasibility of this scheduling and, if possible, the attendees of the Executive Committee will be polled.

Additional discussion was held about the concerns of the Hydrocephalus Association and some of the exhibitors that the location of the meeting will influence their decision to attend. Drs MacLanahan and Wisoff will speak with the Hydrocephalus Association to encourage their participation and Dr Oakes will be contacted to raise awareness of the exhibitors concerns.

#### **2006**

Dr. Wisoff presented for Dr. Handler. The meeting will take place at the Denver City Center Marriott from Tuesday, November 28, 2006 to Friday December 1, 2006. The room rate will be \$144/night. Transportation from the airport is approximately \$50 by taxi. There will be an opening reception with no other organized evening social activities.

#### **2007**

The final dates are pending for Miami. There may be limited space for exhibitors. The room rate will be \$225/night

#### **2008, 2009**

Spokane has been recommended for 2008. Details are being negotiated by the AANS. The meeting would be held in the renovated old railroad terminal. There are some concerns about the exhibitors area being physically separated and relatively distant to the scientific sessions

Philadelphia, Boston, St. Louis, Chicago, and Palo Alto/Napa Valley have submitted requests for consideration as venues for 2009 and 2010. These will be visited over the next 6-8 months.

**Nominating Committee-** no report

Ad Hoc Committee and Liaison Reports:

**Traveling Fellowship** – no report.

**Lifetime Achievement Award** –no report  
A solicitation for nominations will be placed in ShortCuts

#### **Neurosurgery On Call**

No report. Dr Parent noted that Dr. Brockmeyer continues to work with the committee in developing an independent website.

#### **Publications**

No report

#### **American Academy of Pediatrics**

The Neurosurgery Section has been asked by the Surgery Section to become involved in formulating a policy statement on regionalization of pediatric trauma. Dr Piatt has been appointed to represent Neurosurgery.

A second Task Force is being developed to address the transition from pediatric to adult care for patients with congenital and chronic diseases.

#### **Joint Council of State Neurosurgical Societies**

Dr. MacLanahan briefly reviewed the issues and discussions pertinent to pediatric neurosurgery. The Neurotrauma Committee is working on a consensus statement concerning which physicians should take leading and supporting roles in the care of head and spine injury.

A survey is being developed by Dr. Ed Kornel to assess neurosurgical care versus manpower.

A resolution was passed against recognition of the American Board of Spinal Surgery.

#### **Quality Assurance Committee**

No report

#### **Washington Committee**

Primary issues were medicare reimbursement cuts, osteopathic physicians in neurosurgery, and proposal from the government for reimbursement partially based on quality indicators.

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#### **ISPN**

The 33rd annual meeting of the International Society for Pediatric Neurosurgery will be held in Vancouver, British Columbia, Canada September 11-15, 2005. The conference venue will be the Westin Bayshore Resort & Marina, located on the waterfront with mountains in the background and adjacent to Stanley Park. Abstracts must be submitted by April 30, 2005. Only electronically submitted abstracts will be accepted. The Executive Committee encourages our colleagues to attend and participate in this informative and enlightening Meeting.

#### **ASP.N.**

The ASPN logo now appears on the cover of **Journal of Neurosurgery: Pediatrics**

#### **American Board of Pediatric Neurological Surgery – R. Michael Scott, M.D.**

The recertification process is continuing on schedule. The first group of 8 diplomats to submit practice data sat for the recertification examination on April 17, 2005. All diplomats passed the examination.

#### **Accreditation Council for Pediatric Neurosurgical Fellowships**

No report. Dr Parent informed the Committee that Dr. Jack Walker is the new Chairman of the Council. There are 2 program submitting new applications for fellowships

#### **ANSPAC**

ANSPAC is being dissolved. Dr. Medlock has tendered his resignation from this committee and any future political action committee. The Chair will appoint a new representative once a new PAC is incorporated

#### **AANS/CNS Executive Committee Meeting**

Dr Parent reported the highlights from the AANS Executive Committee Meeting:

1. Advocating guidelines for outcomes evaluation
2. A campaign to improve patient safety utilizing CME and MOC as an educational tool
3. Developing long term relationships with corporations for ongoing financial support

4. Pursuing a special relationship with the Spine Section. There has been friction between the AANS and the Spine Section over corporate sponsorships of the meetings in March just before the AANS Annual Meeting
5. Sections are not legal entities that can sign contracts (e.g. hotels for meetings)

**Education and Practice Management**

No report

**Devices and Technology-**

Dr. Proctor reported that the major topic of interest to the Section was an initiative to remove the classification of a type II device from cranial orthoses (helmets) (Appendix 3, p 9 )

**Old Business:**

**Brain Tumor Guidelines Project**

Dr Muraszko reported that guidelines for treatment of medulloblastoma are being written .

**CPT Codes**

Dr. Boop described 5 new codes including 2 spine and stenting for intracranial pathology. He noted that when the 5 year review occurs for some pediatric procedures, such as shunt, there may be a decrease in the RVU given the declining postoperative length of stay.

**Donations for Drs Hoffman and Laurent**

Dr. Duhaime is in the process of determining the appropriate recipients.

**New Business:**

None

The meeting was adjourned at 2:45p.m.

Respectfully submitted

Jeffrey H. Wisoff, M.D.  
Secretary

## Appendix 1

<b>Table 1-Section Membership</b>
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	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995
Cerebrovascular	<b>556</b>	568	574	545	560	628	588	454	430	370	291
History	<b>95</b>	92	91	87	87	108	99	61	64	66	65
<b>Pediatric</b>	<b>312</b>	<b>316</b>	<b>318</b>	<b>298</b>	<b>298</b>	<b>336</b>	<b>336</b>	<b>258</b>	<b>255</b>	<b>225</b>	<b>215</b>
Pain	<b>222</b>	228	230	248	248	391	391	304	302	304	289
Spine	<b>1387</b>	1366	1134	1428	1428	1547	1460	1071	1042	963	793
Trauma	<b>1123</b>	1147	1160	1198	1198	1385	1368	931	932	953	931
Tumor	<b>1707</b>	1792	1799	709	709	887	828	599	610	630	629
Stereotactic	<b>478</b>	331	329	N/A	N/A	290	290	207	207	N/A	N/A

\* Please note: Prior to 2001, counts may have been the total of active and resigned/deceased members

## Appendix 2 Pediatric Section Attendee History

2/10/05

	2000	2000 Int'l	2001	2001 Int'l	2002	2002 Int'l	2003	2003 Int'l	2004	2004 Int'l
Neurosurgeons (member)	115	25	115	33	120	22	106	11	110	29
Neurosurgeons (non-member)	73		67		62		45		69	
Residents / Fellows	58	9	71	13	53	7	46	8	55	9
PA's	6	0	3	0	4	0	4	0	3	0
Nurses	35	3	33	0	35	1	37	2	43	3
Spouse	31 comb		4		2		4		4	
Guest			10		13		15		31	
Exhibitors	123		145		133		152		146	

**2000 – Del Coronado, CA****2001 – New York, NY****2002 – Scottsdale, AZ****2003 – Salt Lake City, UT (Tuesday – Friday pattern)****2004 – San Francisco, CA****2005 – Point Clear, AL (Tuesday – Friday pattern)**

## Appendix 3

### Devices and Technology Committee Report April 2005

**NEUROSURGICAL DEVICES FORUM MEETING.** On February 17, 2005, Richard G. Fessler, MD, Chair of the Drugs and Devices Committee, Fernando Diaz, MD, Vice-Chair, and Joseph Alexander, MD, met with FDA staff at FDA Headquarters in Rockville, MD. The group discussed a number of issues, highlighted below:

**BMP Presentation.** At the meeting, Dr. Alexander gave a presentation on bone morphogenic protein. The presentation was in response to a request from FDA following the July 2005 Forum meeting that the AANS and CNS make a presentation on an emerging technology in spine care.

**Cranial Bands.** The group also discussed the cranial band issue. Previously, committee member, Mark Proctor, MD, had raised the issue of increasing cost of cranial bands due to an FDA de novo device approval several years ago. Following that approval, hospital orthotic departments that had been making cranial bands for years were sent letters from FDA informing them that they could no longer do so. The cost of cranial bands increased dramatically. The cranial orthoses are class II, and require 510(k), as they went through as de novo technology. The devices were previously made by orthotists in their labs, similar to the way in which orthotists now make limb and truncal orthoses. Because of the 510(k) requirement, commercial companies that have 510(k) clearance have made trade complaints to the FDA Office of Compliance, and FDA informed hospitals that only the 510(k) cleared cranial band devices can be used.

FDA staff had initially suggested to Dr. Proctor that in order to change to status of the devices, the course of action would be to first look into the notice and comment regarding the cranial orthosis classification, and provide information in the form of a reclassification petition if they feel it can address all of the reasons for these devices not being 510(k) exempt. They also recommended including a draft guidance document, identifying the controls that would be appropriate to require for these to be exempt.

At the February 17, 2005 meeting, however, Celia Witten, MD, PhD, Division Director of the FDA Division of General, Restorative, and Neurological Devices at the Center for Devices and Radiological Health suggested that that FDA staff may be able to help with an expedited process to address the issues. She asked that the AANS and CNS get more information to her staff regarding the issue. The FDA has a new initiative to examine issues of concern with pediatric drugs and devices and Dr. Witten felt that this group may be able to help. In addition, she suggested that if a strong case can be made to challenge "de novo" premise of the original approval, the FDA may be able to help with the situation without a reclassification petition. She asked that the AANS and CNS provide information supporting the assertion that the cranial bands were made before 1976 and any letters from FDA concerning the issue.

Washington Office staff will pursue the issue with the Drugs and Devices Committee and the Pediatric Section.

**Neurosurgical Representation at FDA.** Dr. Fessler stressed the importance of strong neurosurgical representation in FDA consideration of devices used by neurosurgeons. FDA staff stated that they would welcome more names, especially those with expertise in cervical spine, pediatric neurosurgery, and cerebrovascular surgery. Key considerations for selecting consultants, in addition to willingness to serve and clinical expertise, are absence of conflicts of interest, geographic and ethnic diversity.

**Medical Device Fellowship Program.** FDA staff has encouraged Forum members to publicize the FDA Medical Device Fellowship Program. Michael Schlosser, MD, a neurosurgical resident fellow at Johns Hopkins has served as an FDA fellow for 18 months and his fellowship will end in May. FDA staff made a presentation on the program and promised to send more information to AANS/CNS Washington Office Staff.

**Future Meetings.** D. Fessler suggested the topic of brain tumors and biologics for the next Forum meeting. FDA staff was very enthusiastic about the topic and plans are being made for a meeting in late spring or early summer.