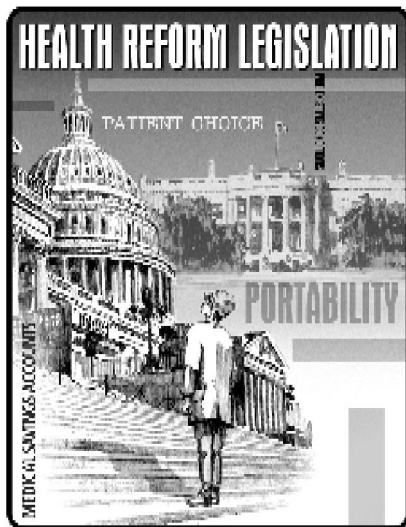


About the Cover...

On August 21, President Clinton signed into law the "Health Care Coverage and Affordability Act of 1996." This landmark legislation provides much needed health insurance protection for many of the nation's workers. It also authorizes a demonstration project for medical savings accounts and includes sweeping changes to the current fraud and abuse laws. Health care reform is finally becoming a reality, but many important issues—such as mental health parity and medical malpractice reform—remain unresolved.



Meanwhile, the AANS has been active in several health coalitions that are working to address physicians' concerns about practice expenses, patient access to specialty care, and patenting of medical and surgical procedures.

For a comprehensive review of the new health care act—including a summary of what provisions did or did not make it into the final bill—as well as summaries of the various health care coalition activities, see "Washington Update," beginning on page 3.

Cover illustration by Steve Connell Graphics.

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AANS Bulletin

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Michael L.J. Apuzzo, MD - Editor
Susan A. Nowicki, APR - Staff Editor
Tony Loster, CGCM - Production Manager
Jennifer Lazzara - Graphic Designer

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AANS National Office

22 South Washington Street Park Ridge, Illinois 60068-4287	
Telephone: (847) 692-9500	
Telefax: (847) 692-2589	
Robert E. Draba, PhD.....	Executive Director
David J. Martin, CAE.....	Asst. Executive Director
Nancy S. Bashook.....	Dir. of Professional Development
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Send change of address to:

AANS
22 South Washington Street
Park Ridge, Illinois 60068-4287

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On the Road for Neurosurgery

As this is written, three months have passed since I assumed the presidency of the AANS. They have been three very busy months, filled with travel, meetings and—frequently—enlightenment. During this time, I have been both gratified and amazed at the dedication that your leadership has shown in representing organized neurosurgery. The breadth and depth of what they do never ceases to astonish me. That's why I'd like to share with you a bit of what of we all have been up to the past few months.

Neurosurgical Society of America

Immediately following the AANS meeting in Minneapolis, Immediate-Past President Sidney Tolchin, MD, Secretary Martin Weiss, MD, and I were invited to participate in a Workforce Symposium at the 1996 Annual Meeting of the Neurosurgical Society of America in Laguna Beach, California. In particular, we discussed the quality of resident training and the neurosurgical workforce.

The discussions were both constructive and extensive and I found it encouraging that these issues were the focus of the opening session at a scientific assembly.

Washington Committee

The AANS/CNS Joint Washington Committee met May 30-31 in Washington, DC. Our discussions covered a broad range of topics including reimbursement issues and biomedical research.

One of the issues that we have been focusing on lately is the reimbursement for pallidotomy. Unfortunately, there is no national uniform payment policy and over the past year, several local Medicare carriers, the Health Care Financing Administration (HCFA) and some private insurance companies have been evaluating their payment policies with regard to pallidotomy. The result has been a wide variety of payment policies for this procedure.

We have initiated a multi-pronged effort to address the problem, with the goal being to have Medicare and private payers adopt a national coverage policy. First, we



J. Charles Rich, Jr., MD

have been in regular contact with HCFA officials. In February, for example, we met with HCFA officials to urge the agency to establish a national Medicare coverage policy in support of stereotactic pallidotomy, with and without microelectrode recording, as a treatment for Medicare patients with Parkinson's Disease. As a result of this meeting, HCFA convened a subgroup of its Technical Advisory Committee to continue evaluating the advisability of developing such a policy.

Second, we are conducting a survey of neurosurgical departments at academic centers, state neurosurgical societies and others to determine whether or not local Medicare carriers are providing reimbursement for pallidotomy (CPT code 61720). We plan to use the data gathered in furtherance of a national reimbursement policy from Medicare.

Art Day, MD, and Kim Burchiel, MD, recently represented organized neurosurgery at the National Blue Cross/Blue Shield Technical Advisory Committee meeting. They report it is likely that pallidotomy will be reimbursed, but the local Blues will continue to determine to what extent.

Another controversial issue that we are tracking involves the use of stent devices in the carotid artery. The Society of Cardiovascular and Interventional Radiology has approached organized neurosurgery about issuing a joint statement regarding stents that takes the

position that this is a promising application of the device but research is needed to validate the procedure.

Currently, the stent's use in the carotid is not approved and no controlled setting is in place to provide the needed outcomes information. L.N. Hopkins, MD, is in the forefront of an effort aimed at getting the Food & Drug Administration (FDA) to grant an Investigational Device Exemption (IDE) to do research on the stent. We are also trying to get HCFA to pay patient expenses associated with carotid stents in any approved research project.

Dr. Day and Marc Mayberg, MD, are organizing a response on this issue. This will include preparing a position paper on stents in the carotid, presenting that stance to the FDA and HCFA, trying to get access to training for neurosurgery residents, and developing a CME course for practicing neurosurgeons.

AANS Liaison with the RRC for Neurosurgery

I traveled to Jackson Hole, Wyoming, on June 29th to attend the policy and business sessions of the Residency Review Committee (RRC) for Neurosurgery, acting as an advocate for the issues of concern to our AANS constituency. In that meeting, we were able to address some of the concerns of our Pain Task Force, specifically, the inclusion of pain management under Neurosurgery Program Requirements as they will be enumerated in the next edition of the Graduate Medical Education Directory.

AMA President's Forum

From July 25-26 in Washington, DC, I had the privilege of representing neurosurgery at the American Medical Association's (AMA) President's Forum. This annual event brings together the leaders of various medical associations for briefings on current trends impacting medical practice. I was joined by our new Executive Director, Robert E. Draba, PhD, CNS President Stephen Haines, MD, and CNS President-Elect Marc Mayberg, MD.

(continued on page 5)

The Health Insurance Portability and Accountability Act of 1996

By Anne Esposito
Washington Office

On August 21, 1996, President Clinton signed into law H.R. 3103, the "Health Care Coverage and Affordability Act of 1996." While the final version of the law does not contain the most contentious elements included in earlier iterations, such as medical savings accounts (MSAs), mental health parity and medical malpractice reform, it does provide much needed health insurance protection for many of the nation's workforce.

Portability and Pre-existing Conditions

The new law will require insurers to offer group health insurance policies to eligible employers in the jurisdictions where they sell policies. Health insurers will also be required to offer individual coverage to a person who has had group coverage for at least 18 months, is not eligible for coverage under any other group plan, has exhausted COBRA coverage, and has never been denied coverage for fraud or nonpayment of premiums.

The new law will also restrict the ability of insurers to deny coverage to workers with pre-existing conditions if they have had continuous coverage. However, the conference agreement allows pre-existing condition exclusions to be imposed on individuals for as long as 12 months with exceptions for newborns, adopted children, and pregnancy. The one-year pre-existing conditions waiting period may be reduced by the length of time that an individual has creditable prior coverage. The bill also requires health insurers to renew all group health plans, provided the insured have paid their premiums and not violated the insurance contract.

MSA Demonstration Project

After much compromise, a modified medical savings account provision was included in the bill. Under the conference

agreement, a maximum of 750,000 medical savings account/catastrophic insurance policies will be available over the next four years to the self-employed and those in firms with 50 or fewer employees. After the completion of the demonstration project, Congress will vote on expanding the program to other participants. Under the agreement, the General Accounting Office will contract with an outside organization to study the effects of MSAs on the small-group market.

“The new law includes sweeping changes to the current fraud and abuse laws.”

Fraud and Abuse

The new law includes sweeping changes to the current fraud and abuse laws. Remaining in the law is a provision requiring the Department of Health and Human Services Inspector General and the Department of Justice to issue binding "advisory opinions" on whether provider joint ventures and other business arrangements would violate federal anti-kickback laws.

The advisory opinions requirement was opposed by Justice officials, including Attorney General Reno, but Republicans and provider groups fought vigorously for the proposal. Proponents believe the requirement will provide guidance on how to comply with the law

because of delays in issuing regulations on fraud and abuse laws.

Provisions Omitted in the Final Version

The issue of mental health parity, which was included in the original Senate bill, continued to be an issue until the final vote. Senators Pete Domenici (R-NM) and Kent Conrad (D-ND) were deeply committed to the goal of requiring employers to offer mental health benefits on a level equivalent to those offered in acute care policies. However, mental health parity met with sharp resistance from the business community. Ultimately, despite fierce debate, the mental health parity provision was not included in the conference agreement.

Also not included in the conference agreement were the malpractice provisions as they were originally passed in the House bill. The original House bill limited pain-and-suffering damages in medical liability cases to \$250,000 while punitive damages were capped at \$250,000 or three times the amount of economic damages, whichever was greater.

The ultimate impact of the act will not be known for years. There is an ongoing debate that costs could rise for the healthy as the less healthy regain their insurance. Affordability of plans should be a key issue in the near future and Democrats have expressed an intention to return in 1997 with more expansive health bills.

Practice Expenses Coalition

The AANS and CNS have been particularly active in the Practice Expense Coalition. The coalition's main focus at this time is to seek a one-year extension of the implementation date for the new Medicare resource-based practice expense relative values. The Health Care Financing Administration's (HCFA) data collection effort is seriously behind

(continued on next page)

► Health Insurance (continued from previous page)

schedule, such that the agency is prepared to use proxy data and formulas to develop the new values. If the agency goes forward with this formulaic approach, the impact on neurosurgery will likely be quite significant.

A one-year extension would give the agency the necessary time to collect actual data from physician practices. To achieve the extension, the coalition has focused its energies on several fronts. We recently succeeded in getting the support of the American Medical Association (AMA) at its June House of Delegates Meeting. Prior to the meeting, the AMA had remained neutral on this issue. The AMA has now joined the effort to seek an extension of time.

At the behest of the coalition, Reps. Edward Whitfield (R-KY) and Ralph Hall (D-TX), introduced H.R. 3859, which extends the implementation date by one year. We are currently working to get additional co-sponsors for the bill and get a companion bill introduced in the Senate.

The coalition recently testified before the Practicing Physicians Advisory Council (PPAC). This is an advisory council to the Secretary of the Department of Health and Human Services. At the conclusion of its meeting, the council was generally supportive of the need to delay implementation of the new values. Gary Dennis, MD, a neurosurgeon from Washington, DC, is a member of the PPAC and conveyed our concerns about the study at the July council meeting.

Patient Access to Specialty Care Coalition Activities

The Patient Access to Specialty Care Coalition, an organization of 123 provider and patient groups — including the AANS and CNS — has had some recent successes in the campaign to protect patients' and providers' rights in the managed care environment. The coalition is supporting the "Patient Right to Know Act of 1996"

(H.R. 2976) which was introduced by Rep. Greg Ganske (R-IA). This legislation prevents all health plans from imposing "gag" clauses in physician contracts that would restrict or interfere with medical judgment. This bill recently passed out of the House Commerce Committee and may be considered by the full House of Representatives before Congress adjourns this year.

At the Coalition's behest, Rep. Tom Coburn (R-OK) introduced the "Medicare Patient Choice and Access Act of 1995" (H.R. 2350). This legislation ensures that Medicare enrollees will receive timely access to specialists, and permits the enrollee to seek medical treatments and services outside the HMO network.

On July 17th the House of Representatives passed the Treasury Operations Appropriations bill which included an amendment introduced by Reps. Bernard Sanders (I-VT) and Tom Coburn (R-OK). This amendment prohibits health care plans offered to Federal workers and retirees from utilizing financial incentive arrangements which may result in the withholding of, or denial of a referral for, health care. While the current law only applies to health plans participating in Medicare and Medicaid, this amendment extends the law's reach to Federal Employee Health Benefits Plans. The Senate is expected to consider the Treasury Postal Operations bill in September.

Medical Procedure Patent Coalition

The provider community, led by a coalition of 17 national health care trade associations including the AANS and CNS, is very concerned about the patenting of medical and surgical procedures. The coalition does not support medical and surgical procedure patents because of the belief that they undermine the practice of sharing innovation and discovery in the medical community through papers and lectures.

On July 24, 1996, the House of Representatives passed an amendment to the Commerce, Justice, State, and the Judiciary Appropriations bill (H.R. 3814) that specifically prohibits the Patent and Trademark Office from using any of the funds made available in the appropriations bill to issue patents for purely medical or surgical procedures. However, the provision does make exception for medical devices and drugs which are themselves patentable.

The amendment is a modified version of Rep. Greg Ganske's bill, H.R. 1127. Senator Bill Frist (R-TN) has introduced similar legislation in the Senate. There is some hope that a compromise agreement will be voted on and sent to the President for his signature prior to the end of the session.



ATTENTION ALL NEUROSURGEONS

If you receive a survey in the mail from the Health Care Financing Administration and/or its contractor, Abt Associates, requesting data on your practice costs, please notify:

Katie Orrico
Washington Office
for Neurosurgery
(202) 628-2072

► On the Road (continued from page 2)

There were a number of excellent presentations and I will highlight a few of those here.

Stuart M. Butler, Vice President and Director of Domestic and Economic Policy Studies for the Heritage Foundation, spoke to us about his belief that a basic conundrum was at the heart of today's health care delivery system. He pointed out that in every other service system, the users of that service control the dollars spent, but not with health care. He gave the analogy of a dog that is taken to a veterinarian, but which has no say in negotiating the cost of its treatment. We need a system that is more sensitive to payers, he said. Obviously, Mr. Butler is enthusiastic about Medical Savings Accounts.

Lawrence Atkins, Senior Vice President of Jefferson Government Relations, was a bit more persuasive. He concurred with Butler's analogy but also advanced the notion that there's a knowledge disparity between the dog and the vet. Butler's recommendations, he felt, would result in the public handing over their collective credit cards to the vet and letting the vet and the dog decide what was equitable.

For the foreseeable future, he said, there will be pressure to define and make accountable the concept of disease management. Eighty percent of payers' costs are for chronic diseases, which are hard to isolate into a simple diagnosis and curative treatment method, thereby holding the physician "accountable" for outcome in the usual straightforward or formalistic sense. Mr. Atkins also sees a growing dominance of purchasing coalitions as employers grow uneasy about managing health plans. They don't see themselves as regulators, just purchasers.

Willis Gradison, President, Health Insurance Association of America, told us he sees health insurance going in the direction of defined contribution plans, that is, employers providing a certain amount of dollars to their employees and saying, "You decide how you want to spend it."

Keynoter Gail R. Wilensky, PhD, spoke about "Current Trends in Health Care." She hammered away at one message: decisions are being deferred that will become more onerous every year that they are postponed. The critical mass of baby boomers will reach age 65 and become eligible for Medicare in the year 2010, she pointed out.

Ms. Wilensky estimates that there is no better than a 50/50 chance that, after the election this November, Congress and whomever is President will summon up the courage to do anything about entitlements—1997 offers no forcing event. According to her, if we wait until the year 2001 the abrupt changes that will be necessary in payments to providers, hospital support, and education funding will hurt all of us far more drastically than the patients. Just because it is patently obvious to everyone that gradual changes beginning now are imperative, there is no reason to believe that they will occur.

We also heard from Clifton R. Gaus, MHA, ScD, Administrator, Agency for Health Care Policy and Research (AHCPR), who talked about "Assessing and Improving the Quality of Practicing Physicians—Organized Medicine's Role." He gave three examples of what he termed "quality imperatives" with known defects: anticoagulation gives stroke protection but only 25% of those with atrial fibrillation are so treated; 25% of mammograms are allegedly misread; and recent studies show a 14% rate of medication errors with inpatients.

He discussed quality improvement mechanisms, quality outcome and guideline developments—and there is no shortage of each. The AHCPR now has a Guidelines Clearing House service where they will provide information about the source of a particular guideline and a quality evaluation.

According to Mr. Gaus, the sheer magnitude of the problem and limited resources have dictated a trend away from formal guidelines—at least from the standpoint of AHCPR. In response to a

question about degrees of illness being factored into outcomes evaluations, he replied, "If outcomes research doesn't have the science to measure that then they aren't measuring quality."

He concluded with the statement, "Non-MDs can change care, but only those who provide care can improve care."

Leadership Meetings

The weekend of August 3rd was a busy one indeed, filled with meetings of the AANS Executive Committee, the AANS/CNS Joint Officers, and the Officers of the various Joint Sections. The discussions were much too numerous to report in any detail here, however, I will provide some highlights.

Our attorney, Russell Pelton, Esq., gave a detailed report on the status of the pedicle screw litigation in which both AANS and CNS are defendants. He provided an excellent overview of the legal issues surrounding the alleged promotional center activity claimed by plaintiffs in this case.

The question he addressed was a practical one: What constitutes prudent organizational and educational behavior in this litigious environment? This is a particularly sensitive situation as it applies to those asked to conduct hands-on, surgical educational courses. That has traditionally been an accepted part of both our Professional Development Program (PDP) courses and our Annual Meeting Special Courses.

As Mr. Pelton explained, workshop materials can only be used to demonstrate Food and Drug Administration (FDA)-cleared uses of products, and are not to be used to demonstrate off-label uses. The current FDA interpretation is that providing devices in workshops alone constitutes "support," and, if off-label use is demonstrated in any workshop, the FDA views such "support" of that course by companies as "promotion of products for an off-label use," and therefore, "not permissible."

(continued on page 9)

Brain Attack Initiative Reaches Thousands of Health Professionals

By Roberto Heros, MD
Chairman, Brain Attack Coalition

In late summer of 1995, a unique educational campaign was launched. Its goal — to promote improved response to, and management of, patients with acute stroke. A year later, AANS volunteer faculty have reached thousands of medical and health care professionals with these presentations.

The program, called “Brain Attack: A Body of Knowledge, A Coalition of Support,” is supported by a multi-specialty coalition of medical associations, including the AANS, the American Academy of Neurology, American Association of Neuroscience Nurses, American College of Emergency Physicians, American Society of Neuroradiology, National Institute of Neurological Disorders and Stroke, and National Stroke Association.

The key messages of the program are:

- ◆ Stroke is preventable.
- ◆ Stroke is an emergency.
- ◆ Fast response can make a difference — a therapeutic “window of opportunity” exists during which the effects of stroke may be reversed or at least reduced.
- ◆ Effective stroke therapies are available to improve outcome.
- ◆ New treatments are being developed.

The target audiences are those first responders and other health care professionals who come into early contact with a stroke victim.

Volunteer Faculty

The work of the Coalition is being carried out through a network of physician and nurse volunteers who make presentations in a variety of venues such as grand rounds, clinics, teaching hospitals, and medical conferences/symposia. To support the faculty, the Coalition developed a detailed syllabus and slide materials. The curriculum covers clinical and acute intervention for stroke. Topics include etiology, epidemiology, prevention, diagnosis, interventional treatment, and clinical trials for stroke-related drugs.

As faculty, each physician or nurse commits to conducting a minimum of three educational presentations within a one-year period. They also agree to complete and return a faculty report form each time they make a presentation.

Program's Impact

Since the program's inception, nearly 1,500 faculty have been recruited from among the memberships of the participating organizations in the United States and Canada. Of that number, 268 are neurosurgeons. During the past year, they have made more than 175 presentations to nearly 6,700 medical professionals. The impact of these presentations has been gratifying. Comments from those who've heard the Brain Attack message include the following:

“We have, since this presentation, enacted a ‘Brain Attack Alert Team’ at MUSC. We have a neurologist, neurosurgeon and stroke research nurse on call 24 hours-a-day, 7 days-a-week now.”

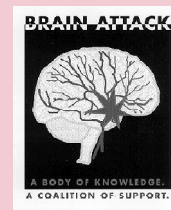
“I didn't realize stroke is treatable — I guess EMS Code 30 is to be treated like a trauma.”

“Because of the presentation, a ‘Brain Attack’ committee was formed with the intention of developing a protocol.”

“I've never appreciated (stroke) as an emergency until your presentation.”

In addition to the teaching materials, faculty received a sample press release that they could use to publicize their work with the Coalition. An added benefit of this effort has been that local media have picked up on the Brain Attack message and featured it in their reports. One faculty member reported, “I presented the material to a Richmond Times Dispatch news correspondent in-depth and this resulted in a half-page article with diagrams being published.”

The AANS continues to welcome faculty into the program and any interested member may contact the Communications Department at the National Office to request enrollment information.



IF YOU'D LIKE TO BECOME A MEMBER OF THE BRAIN ATTACK FACULTY

Joining this national educational initiative is easy.

The Mission:

A national campaign among health care providers to improve clinical outcomes for stroke patients by reducing the time from the patient's first encounter with the health care system to optimal treatment of “Brain Attack.”

- Heighten awareness
- Enhance knowledge and understanding
- Create a sense of urgency
- Motivate to take action

The Commitment:

A Brain Attack Coalition Slide Presentation Syllabus available at no charge in return for your enrollment as a faculty member in the Coalition. As a member, you will be committing to conduct a minimum of three presentations to a medical professional/peer group (i.e., grand rounds, staff meetings, professional associations) within a one-year period. Once a member, you will also be eligible for future support material developed on Brain Attack and notified of events promoting prevention.

To Enroll:

Request an enrollment form from the Communications Department at the AANS National Office. Call Susan Nowicki, APR, Director of Communications, at (847)692-9500 or fax your request to (847)692-2589.

Neurosurgery Exhibit to Appear at Family Physicians Meeting

A special neurosurgery exhibit will be displayed at the 1996 Annual Scientific Assembly of the American Academy of Family Physicians (AAFP), which will be held October 3-5 in New Orleans. The project is co-sponsored by the AANS and the Congress of Neurological Surgeons (CNS). The mission of the exhibit is to increase awareness of the scope of neurosurgical practice with managed care gatekeepers, specifically family physicians. The objectives are to reinforce the neurosurgeon's expertise in spine care and stroke management.

This project marks the first time that organized neurosurgery will participate in such an outreach effort to other medical professionals.

The target audiences for the exhibit are primary care physicians who serve as gatekeepers to the health delivery system,

as well as HMO, PPO and other network health plan decision-makers. The specific messages to be delivered are:

- ◆ Neurosurgeons are the preeminent practitioners of spine surgery and stroke management.

The objectives are to reinforce the neurosurgeon's expertise in spine care and stroke management.

- ◆ The AANS and CNS are the source authorities for primary care physicians on all aspects of spine care and stroke management.

Booth Design

The exhibit concept, message and handout materials are being developed with input from the Joint Section on the Spine and Peripheral Nerves, the Carotid Endarterectomy Task Force II, and the Subcommittee for Continuing CME for Non-Neurosurgeons. The seven-panel exhibit will have signage that highlights the following:

- ◆ Center panel describing the scope of neurosurgical practice.
- ◆ Two panels emphasizing the neurosurgeon's role in spine care.

(continued on page 13)

► On the Road (continued from page 5)

Although, Mr. Pelton emphasized, the FDA statement is directed to companies, the basis for the lawsuit in which we find ourselves a defendant is that we should be following the intent of those instructions as directed. He and the CNS counsel will cooperate in assembling and making available to our educators some guidelines to follow.

In other matters related to pedicle screw, you may have seen an editorial ("A Screwed Way to Treat Companies") in the July 16, 1996, edition of the Wall Street Journal regarding the pending litigation. Although the writer focused on the ramifications impacting Sofamor Danek, it did present a good overview of the various issues involved. The article, however, did not adequately describe the effect of this litigation on patient care, the future of scientific research, nor the growing reluctance of medical societies like our own to provide educational forums about

pedicle screw for their members for fear of being sued.

Consequently, Dr. Haines and myself, working in cooperation with the AANS Communications Department, developed a letter to the editor of the Wall Street Journal describing the concerns of organized neurosurgery. Although the letter was not published, we will continue to speak out whenever the opportunity presents itself. For your information, the text of that letter has been printed elsewhere in this issue of the Bulletin. (see page 10)

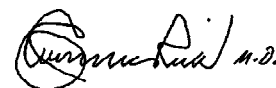
It was announced that this coming November our Long Range Planning Committee will present to the Board of Directors a Financial Strategic Plan for the AANS. We will have to agree on some limited fundamental priorities, correlate them with where we focus our expenditures and then stick by our priorities.

We have to maintain a sound financial foundation and providently conserve our resources. It may well be

that we will have to focus on a half dozen important endeavors and let some other traditionally supported activities look elsewhere for support.

The Future Sites Committee reported it had reevaluated its previous recommendations for Annual Meeting locations and it appears that Toronto is our best bet for 2001 and Chicago is their recommendation for 2002.

As previously noted, I have only been at this for three months. However, a lot has happened and I am confident that we are on course. I hope that if you have questions about the activities of your leadership you will be in touch with me. In the meantime, I will continue to keep you informed about our progress.



J. Charles Rich, MD
President

Letter to Wall Street Journal

Editor
Wall Street Journal
200 Liberty Street
New York, NY 10281

July 22, 1996

Dear Sir:

Max Boot's editorial ("A Screw Way to Treat Companies") in the July 16, 1996, edition described how a medical device manufacturer, Sofamor Danek, faces possible extinction due to an all too familiar scenario — guerrilla litigation by avaricious attorneys. The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) are deeply concerned about this "mass tort" litigation surrounding pedicle screws for several reasons, not the least of which are its profound impact on patient care and the future of medical research.

First, as surgeons specializing in spine care, we fear that the current controversy surrounding pedicle screws has begun to discourage surgeons from recommending these devices when they are appropriate and that a growing number of patients are not receiving this treatment as they should. As correctly noted by Mr. Boot, the pedicle screw has become the standard of care for treatment of specific types of spinal conditions, promoting healing and liberating back-surgery patients from wearing uncomfortable body casts, often for months at a time. In some cases, it is the only fixation device that can be implanted to help the patient.

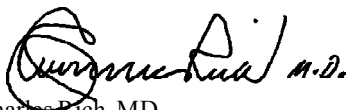
Second, as part of the discovery process for the current litigation, plaintiffs attorneys attempted to obtain the names of the physicians and patients who participated in a pedicle screw research study sponsored by the Food and Drug Administration (FDA). We are concerned about the potential chilling effect that the release of such information might have on future research. Confidentiality is a key component of most research protocols and patients and physicians were given that assurance of confidentiality as an inducement for their involvement and their reporting of all case results, both good and bad.

As a measure of that concern, the AANS and several other medical associations filed a successful Motion to Intervene in the pending multi-district litigation with the United States District Court for the Eastern District of Pennsylvania to protect the confidentiality of this information. Within a matter of weeks, our Societies — as well as the others — were suddenly named as defendants in hundreds of suits by patients who received pedicle screw implants and now are claiming personal injuries. It was alleged that we have acted as "promotional centers" for the pedicle screw, engaged in "reckless, outrageous and wanton" promotion of hazardous spinal fixation devices, and "conspired with manufacturers for the illegal sale of dangerous medical devices," charges we all strongly deny.

Now, as educational and professional organizations, the AANS and CNS are in the unfortunate position of not being able to provide forums in which neurosurgeons may openly discuss research and clinical issues relating to pedicle screw and demonstrate newly-developed techniques for pedicle screw implantation for fear of being sued.

Our Societies are typical: we publish journals, sponsor workshops, and allow medical device manufacturers to exhibit at our scientific meetings. Unfortunately, the plaintiffs' attorneys have judged this activity to be of a conspiratorial nature. As a consequence, medical associations, medical schools and medical device manufacturers could face the specter of financial ruin or worse.

We are not speaking out as apologists for the pedicle screw or any manufacturer. If scientific evidence showed that the pedicle screw was unsafe or ineffective, neurosurgeons would not use it. If some individuals have been truly injured then they deserve recompense. However, absent evidence to the contrary, we deeply regret that some of our patients may soon lose access to a valuable medical device because of the inaction of regulators and the greed of hungry litigators.



Charles Rich, MD
President
The American Association of
Neurological Surgeons



Stephen J. Haines, MD
President
Congress of Neurological
Surgeons

William J. Bennett Chosen the 1997 Cushing Orator

William J. Bennett, PhD, former U.S. Secretary of Education, has been selected as the 1997 Cushing Orator. The oration will be delivered at the AANS Annual Meeting in Denver, Colorado, on Tuesday, April 15, from 12:00 NOON to 1:00 PM. His topic will be "In Defense of Western Civilization."

For the past 33 years, the AANS has sponsored the Annual Cushing Oration, named for Harvey Cushing, MD, universally recognized as the Father of Modern Neurosurgery. Previous Cushing Orators include Wernher von Braun, PhD, President Jimmy Carter, H. Ross Perot, General Colin L. Powell, and—last year—William F. Buckley, Jr.

Dr. Bennett most recently has been a co-director (with Jack Kemp and Jeanne Kirkpatrick) of Empower America, an organization dedicated to promoting conservative principles and ideas. He also serves as the John M. Olin Distinguished Fellow in Cultural Policy Studies at the Heritage Foundation, and as senior editor of *National Review* magazine. On August 28, 1996, Republican presidential candidate Bob Dole selected Dr. Bennett to serve as vice Chairman of his election campaign.



William J. Bennett, PhD

A native of Brooklyn, New York, Dr. Bennett holds a bachelor of arts degree in philosophy from Williams College, a doctorate in philosophy from the University of Texas, and a law degree from Harvard. He taught at a number of leading universities before becoming president of the National Humanities Center in North Carolina in 1979. In 1981, he was selected by President Reagan to be chairman of the National Endowment for the Humanities, where he served until being named Secretary of Education in the Reagan Administration (1985-1988).

As Secretary of Education, Dr. Bennett declared that we must attend to the "Three C's" of American Education: Content, Character, and Choice. He focused on the importance of mastering basics — math, history, science, and English, and instilling high standards and expectations in the classroom. He also engaged in a well-publicized debate on the failures of American higher education.

Dr. Bennett later served as Director of the Office of National Drug Policy ("Drug Czar") in the Bush Administration (1989-1990). As "Drug Czar" he led a vigorous national debate on drugs, education, and the condition of children and culture in America. He argued for tougher law enforcement, greater user accountability, more and better treatment, education and prevention programs.

He is the author of several books on social and domestic issues including the best-seller, "The Book of Virtues: A Treasury of Great Moral Stories." With sales topping two million copies, the book has been on the New York Times best-seller list for more than 80 weeks. His book will be made into an animated children's series to be broadcast on PBS beginning in a few months. A companion volume, "The Moral Compass," will be published later this year.

► Neurosurgery Exhibit (continued from page 9)

- ◆ Two panels providing an update on acute stroke management, including sections highlighting the latest data on carotid endarterectomy and t-PA and the Brain Attack educational initiative. This section of the exhibit will emphasize a team approach. It stresses that the stroke prevention and treatment ("brain attack") team can provide the primary care physician with "one-stop" shopping consultation to determine the type of treatment—whether medical,

endovascular, or surgical—is better for his or her patient.

- ◆ Two panels describing, in part, each of the sponsoring organizations.

Traffic through the booth will be maximized by:

- ◆ Utilizing neurosurgeons in the booth to communicate one-on-one with family physicians.
- ◆ Displaying a multi-media presentation on spinal stenosis in the booth.
- ◆ Offering a variety of free informational materials on spine and stroke-related topics.

Neurosurgeons who have volunteered to be present in the booth during the meeting include Warren Selman, MD, of Cleveland, Ohio, Lloyd Zucker, MD, of Boca Raton, Florida, and Thomas Flynn, MD, of Baton Rouge, Louisiana. AANS staff will be on-site to provide logistical support.

A follow-up report on the results of the exhibit project will appear in a future issue of the Bulletin.

JCSNS to Hold Meeting in Montréal

By Stanley Pelofsky, MD
Chairman, JCSNS

The Joint Council of State Neurosurgical Societies (JCSNS) is a joint committee of the AANS and CNS that deals with socioeconomic issues as they affect all neurosurgeons. The JCSNS is a representative assembly with delegates from state neurosurgical societies as well as appointees from the AANS and CNS. The JCSNS is comprised of physicians that practice both in community hospital settings as well as academic centers. The JCSNS will be meeting in Montréal on Friday, September 27, and Saturday, September 28. All neurosurgeons are asked to attend and participate.

Any neurosurgeon working through their state neurosurgical society may propose a resolution dealing with a socioeconomic issue and have it debated by the entire representative assembly. This allows grass-root membership direct input and say in how organized neurosurgery responds to the needs of their patients and their profession. We encourage all neurosurgeons to participate in their state neurosurgical societies as well as to attend as guests, visitors, and observers of the JCSNS meeting in Montréal. Along with the debate of important and serious resolutions dealing with socioeconomic issues will be an informational transfer session where experts in neurosurgery present to grass-

root neurosurgeons all the new and upcoming changes occurring in areas such as reimbursement, managed care, Medicare, work force, medical-legal, etc.

Please attend, please get involved, please get active—you can make a difference. It is time that all neurosurgeons participate with leadership in responding to the daily challenges that are deleteriously affecting patient care in our profession. Apathy no longer has a place. This is a chance to be heard and to get involved.

For further information, please contact me at my office in Oklahoma City or in care of the AANS National Office.

New JCSNS Socioeconomic Video Series Now Available

By Lyal G. Leibrock, MD
Chairman, Ad Hoc Committee for
Developing Socioeconomic Education for
Neurosurgical Residents in Training

A new video series aimed at teaching neurosurgery residents about the socioeconomic issues they will encounter as they enter practice is now available. Developed jointly under the auspices of the Congress of Neurological Surgeons (CNS) and The American Association of Neurological Surgeons (AANS), and produced by the Joint Council of State Neurosurgical Societies (JCSNS), these videos respond to residents' expressed interest in hearing about the business of medicine.

The eight-tape series features presenters who are nationally renowned for their expertise on a variety of subjects. The programs vary in length from 35 to 65 minutes. The set of tapes is augmented by a resource binder containing additional printed material. Topics and presenters include:

Tape 1: Organized Medicine — with Julian T. Hoff, MD, Professor and Chairman of the Department of Neurosurgery at the University of Michigan and Past President of the AANS. Dr. Hoff provides a description of the relationship of organized neurosurgery to the American Medical

Association, the American College of Surgeons, the Accreditation Council for Graduate Medical Education, the Neurosurgery Residency Review Committee, and the major neurosurgical societies.

Tape 2: Coding — with Richard A. Roski, MD, an instructor for the AANS Reimbursement Update Course and Past President of the Congress of Neurological Surgeons. Dr. Roski provides an overview of CPT coding, RBRVS, McGraw-Hill RVS, RVU, ICD-9-CM, and an introduction to billing for services and the costs of practice.

Tapes 3 and 4: Reimbursement Mechanisms and Managed Care Systems — with John Kusske, MD, a member of the AANS Board of Directors, chairman of the AANS/CNS Joint Managed Care Advisory Committee, and private practice neurosurgeon from California. Dr. Kusske shares his considerable expertise on these issues as experienced in the United States.

Tapes 5 and 6: Setting Up a Medical Office — with Karen Zupko, President of Karen Zupko and Associates, Inc., a practice management consulting firm. Ms. Zupko provides details of office management issues including contracts, fee schedules, and economic credentialing.

Tape 7: Medical-Legal Considerations — with Clark Watts, MD, JD, a neurosurgeon teaching at the University of Texas Law School and the first chairman of the AANS Practice Assessment Committee. Dr. Watts provides his views on the current medical-legal climate as well as malpractice, malpractice insurance, demeanor when threatened with a lawsuit, antitrust issues, and risk management.

Tape 8: Medical Ethics — with John J. Oro, MD, a neurosurgeon and past-chairman of the Ethics Committee at the University of Missouri. Dr. Oro speaks on an array of sensitive issues including expert witness testimony, depositions, beginning and end of life issues, transplantation, and fraud.

This series of tapes is unlike any other teaching tool we've created for our neurosurgeons in training. We believe this information will give them an invaluable head start toward safeguarding their practices. In our residency program here at the University of Nebraska, we plan to hold monthly conferences between residents and faculty utilizing these tapes.

For those of you who teach young physicians, these tapes will be of enormous

(continued on page 22)

PROFESSIONAL DEVELOPMENT

Course Schedule "At-A-Glance" September – December, 1996



Socio-Economic Courses

'96 Reimbursement Update for Neurosurgeons

November 8-10, Chicago, IL

Chairman: Richard A. Roski, MD

Faculty: Kimberley J. Pollock, RN, and Kathleen Redelman, RN

This is not just another reimbursement course! The course is specific for neurosurgeons and their office staff. The expert faculty will teach practical tips for modifying office systems that will increase reimbursements, and will review challenging coding cases. Two pre-courses are also featured: Understanding Anatomy and Terminology, and Accounts Receivables.

How to Prosper in Managed Care for Neurosurgeons

November 2-3, Chicago, IL

Chairman: John A. Kusske, MD

Faculty: T. Forscht Dag, MD, and Karen Zupko

Learn the inside scoop on managed care and what it really means to your medical practice. This comprehensive course will provide you with the opportunity to learn about the practical aspects of:

- ◆ negotiating strategies
- ◆ re-engineering practice business systems
- ◆ understanding capitation
- ◆ analyzing practice costs

Clinical Skill Courses

Advanced Thoracic and Lumbar Spine Management: Hands-On

October 18-20, Chicago, IL

Chairman: Charles B. Stillerman, MD
Associate Chairmen: Edward C. Benz, MD, and Eric J. Woodard, MD

Faculty: Paul Arnold, MD, Kevin T. Foley, MD, Michael Gallagher, MD, Iain H. Kalfas, MD, Paul C. McCormick, MD, Noel Perin, MD, and Dennis G. Vollmer, MD

During this course, an emphasis will be placed on anatomical, biomechanical and clinical considerations that cover a variety of thoracic and lumbar spine techniques. Operative indications and surgical algorithms will be discussed with expert faculty utilizing cadavers and sawbones. Attendance is limited, so register today! See ad on following page.

Stereotactic Neurosurgery

November 15-16, San Francisco, CA

Chairman: Philip L. Gildenberg, MD

Faculty: David Andrews, MD, Allan J. Hamilton, MD, Douglas S. Kondziolka, MD, Andres Lozano, MD, and William Tobler, MD

The field of stereotactic neurosurgery has advanced rapidly since surgical targeting techniques have merged with CT and MR scanning procedures. This course will provide you with additional information to broaden your knowledge of the field of stereotactic neurosurgery. You will have ample time to gain practical experience using four types of apparatus from leading manufacturers in the field.

Clinical Skill Courses

Minimally Invasive Neurosurgery—Neuroendoscopy: Hands-On

October 25-26, Cleveland, OH

Chairman: Alan R. Cohen, MD

Faculty: Jacques Caemaert, MD, Carl B. Heilman, MD, Kim H. Manwaring, MD, and Axel Perneczky, MD

This state-of-the-art, hands-on course will provide an in-depth overview of current indications for neuroendoscopy, as well as the surgical pitfalls to be avoided. You will gain expertise through setting up the equipment and performing a series of orientation and dissection exercises.

Transsphenoidal, Transoral and Transfacial Surgery for Pituitary and Clivus Lesions: Hands-On

November 1-2, St. Louis, MO

Chairman: William F. Chandler, MD

Faculty: Ivan Ciric, MD, Mary Louise Hlavin, MD, and David W. Steptick, MD

This course will help you learn standard procedures for transsphenoidal and intracranial approaches to sellar and parasellar lesions, and the transfacial and transoral approaches to lesions of the clivus and upper spine. This course will be especially helpful to neurosurgeons who have been trained to perform these procedures, but have had limited clinical experience.

The American Association of Neurological Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The American Association of Neurological Surgeons designates these continuing medical education activities for the designated hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

For more information or to register for an AANS course, please call the PDP Department at (847) 692-9500 .

PROFESSIONAL DEVELOPMENT

Time is running out! Register soon to guarantee your participation!

Advanced Thoracic and Lumbar Spine Management: Hands-On

October 18-20, 1996 ♦ Chicago, IL

Chairman: Charles B. Stillerman, MD

Associate Chairmen: Edward C. Benzel, MD, and Eric J. Woodard, MD

Faculty: Paul Arnold, MD, Michael Gallagher, MD, Iain H. Kalfas, MD, Paul C. McCormick, MD, Noel Perin, MD, and Dennis G. Vollmer, MD

After this course you will be able to:

- ♦ Apply anatomic and physiologic principles to surgical decision making.
- ♦ Determine optimal surgical approaches and alternative treatment strategies.
- ♦ Design and construct patterns for specific types of spinal pathology.
- ♦ Demonstrate fundamental technical skills required to perform appropriate instrumentation procedures.
- ♦ Apply principles of instrumentation selection and utilization strategies.

Due to the hands-on nature of this course, attendance is limited. For more information, please call the Professional Development Department at (847)692-9500.

Minimally Invasive Neurosurgery—Neuroendoscopy: Hands-On

October 25-26, 1996 ♦ Cleveland, OH

Chairman: Alan R. Cohen, MD

Faculty: Jacques Caemaert, MD, Carl B. Heilman, MD, Kim H. Manwaring, MD, and Axel Perneczky, MD

This course provides an excellent introduction to the practice of endoscopy. It is designed to provide neurosurgeons with a comprehensive review of the state-of-the-art of endoscopy, and its expanding role in the field of neurosurgery. To maximize the learning experience, course attendance is limited to 18 participants.

Watch for the 1997 Professional Development Schedule which will feature the following courses:

Socio-Economic Courses

- ♦ '97 Reimbursement Update for Neurosurgeons
- ♦ A Proactive Approach to Managed Care: Strategies and Solutions

Clinical Skill Courses

- ♦ Spine Surgery Hands-On: A Comprehensive Approach for Neurosurgeons, Neuroscience Nurses & Physician Assistants
- ♦ Surgery of the Cervical Spine: Hands-On
- ♦ Advanced Thoracic and Lumbar Spine Management: Hands-On
- ♦ Microsurgery of the Brain, Cranial Nerves and Skull Base: Hands-On
- ♦ Stereotactic Neurosurgery
- ♦ Neurosurgical Critical Care for Neuroscience Nurses and Physician Assistants
- ♦ Image-Interactive Neurosurgery (Frameless Stereotaxy): Hands-On
- ♦ Minimally Invasive Neurosurgery—Neuroendoscopy: Hands-On
- ♦ Transsphenoidal, Transoral and Transfacial Surgery for Pituitary and Clivus Lesions: Hands-On
- ♦ Surgery and Management of the Brachial Plexus: Hands-On
- ♦ Extracranial Carotid Reconstruction: Hands-On
- ♦ Surgical Management of Movement Disorders

Attention AANS Members!

The Professional Development Department is still taking registrations for the following courses:

Transsphenoidal, Transoral and Transfacial Surgery for Pituitary and Clivus Lesions: Hands-On
November 1-2, St. Louis, MO

How to Prosper in Managed Care for Neurosurgeons
November 2-3, Chicago, IL

'96 Reimbursement Update for Neurosurgeons
November 8-10, Chicago, IL

Stereotactic Neurosurgery
November 15-16, San Francisco, CA

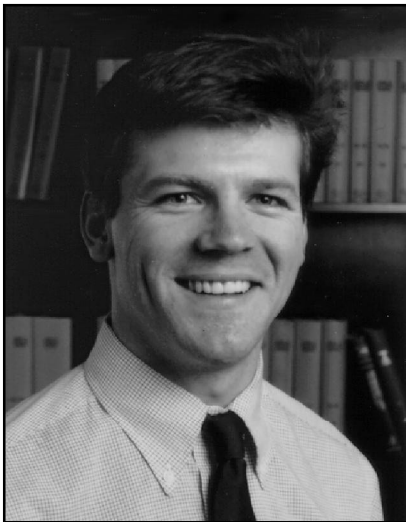
Don't delay! To register, call the Professional Development Department at (847)692-9500.

1996 Research Awards Announced

By Robert G. Ojemann, MD
Chairman, Executive Council
AANS Research Foundation

The Research Foundation has funded 53 years of neuroscience research since its first award was made in 1983. The awards have been made possible through the generosity of the AANS Membership, foundations, corporations, and interested individuals since fundraising began in 1980.

The Scientific Advisory Committee of the Research Foundation reviewed 37 grant applications for 1996 awards. As the Committee often finds, more high caliber proposals were submitted than were funds available to support the applicants. The following individuals' proposals were ranked the highest and their funding began as of July 1996.



1996 Research
Fellowship Awardee

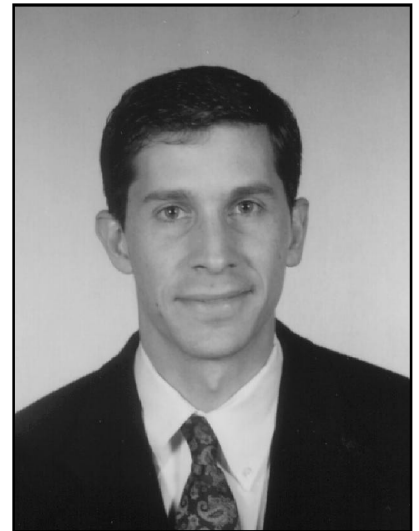
Guy M. McKhann II, MD
University of Washington/Seattle
Sponsors: Philip A. Schwartzkroin, MD
and Damir Janigro, MD
Chairman: H. Richard Winn, MD

Project Title: Regulation of Potassium and Extracellular Space by the Astrocytic Syncytium in Gliotic Hippocampus

Dr. McKhann reports that although glial scarring has long been associated with focal epilepsy, studies to date have failed to establish a pathophysiologic linkage. There is increasing evidence, however, that central nervous system astrocytes play an essential role in regulating extracellular ion homeostasis and extracellular space (ECS) size in response to neuronal activity.

He will study astrocytic regulation of the extracellular environment in the kainate rat model of chronic temporal lobe epilepsy and in human specimens from temporal lobe epilepsy resections. He will test the hypothesis that there is altered regulation of potassium and/or extracellular space (ECS) size by the astrocytic syncytium in gliotic hippocampus. In particular, he will use electrophysiologic and optical imaging techniques to investigate potassium homeostasis, gap junctional conductance, and ECS changes in response to neuronal activity in hippocampal slices from kainate treated rats and human surgical specimens from temporal lobe epilepsy resections. From the results, he hopes to be able to determine:

- Whether astrocytes from gliotic hippocampus differ from normal astrocytes in their expression of voltage-sensitive ion channels or degree of gap junction coupling.
- If altered astrocytic ion channel expression or gap junction coupling can account for epileptiform activity.
- Whether ECS modifications resulting from hippocampal volume decrease and neuronal loss contribute to epileptogenesis in chronic animal model and human epilepsy.



1996 Research
Fellowship Awardee

Frank Feigenbaum, MD
Georgetown University Medical Center
Sponsor and Chairman: Robert L. Martuza, MD

Project Title: Transcriptional Targeting of Recombinant HSV for Treatment of Nestin Producing Brain Tumors

Dr. Feigenbaum's project will focus on the development of a novel method of viral-mediated tumor therapy using transcriptional targeting of Herpes Simplex Virus (HSV) in order to achieve cell specific replication and cytotoxicity. Viral replication will be regulated by promoter/enhancer elements for the nestin gene.

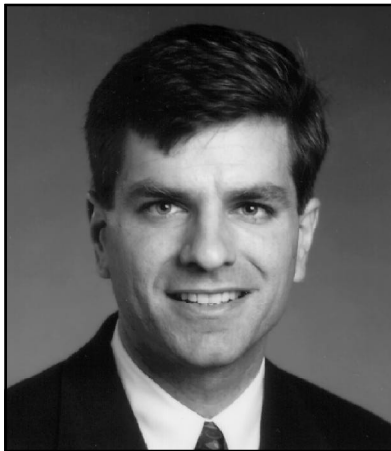
The nestin gene encodes a Class VI intermediate filament abundantly expressed in neoplastic human tissue of neuroepithelial origin. Such an approach should provide improved cell specificity compared to prior HSV strategies as well as improved intra-neoplastic spread. The specific aims of this project will be:

- To construct an HSV recombinant whose replication will be under the regulatory control of the nestin promoter/enhancer sequence.

(continued on next page)

► Research Award (continued from previous page)

- To test cell type specificity of recombinant viral replication in tumor cells in vitro.
- To test viral cytopathic effect on normal neural cells in vitro.
- To test anti-tumoral efficacy in vivo.
- To test the safety of recombinant viral inoculation.



1996 Young Clinician
Investigator Awardee

James Markert, MD
University of Alabama/Birmingham
Sponsor: Richard J. Whitley, MD
Chairman: Richard Morawetz, MD

Project Title: Mutant Herpes Simplex
Virus as a Vector for IL-12 Cytokine
Gene Therapy of Glioma

Despite aggressive surgical therapy, radiotherapy, and chemotherapy, malignant gliomas remain nearly always fatal. The proposal is to utilize advances in molecular biology to develop a new approach to glioblastoma therapy utilizing genetically engineered herpes simplex virus.

Dr. Markert's lab has been pursuing the use of viral therapy utilizing engineered HSV in various animal models including

CNS and non-CNS malignancies. Gamma₁34.5 mutants have emerged as promising candidate viruses for tumor therapy. Dr. Markert proposes to combine virus therapy with gene therapy to increase its efficacy.

The object of this proposal is to develop a novel HSV construct utilizing cytokine gene therapy to increase its tumoricidal effects. An aneurovirulent construct containing a mutation of the gamma₁34.5 gene will be utilized as the parent virus. Then a cytokine gene will be inserted under the control of a promoter enhancer element that is responsive to doxycycline. The efficacy and safety of the engineered viral construct will then be examined in vitro and in vivo models to determine activities.

Cytokine genes are particularly appealing as candidates for tumor gene therapy because involvement of the immune system may obviate the need for 100% efficiency of tumor cell gene transfer. However, external control of their level of expression will increase the safety of this therapy.

Careful selection of the genes to be transferred will be important. Two strategies will be utilized:

- use of a cytokine gene, IL-12, with known antineoplastic effects to increase the number of tumor cells killed by the therapy; and
- use of externally-controlled promoter/enhancer elements to control of the level of expression of this gene and titrate its effects to maximize efficacy and minimize toxicity.

► JCSNS Video (continued from page 14)

value. Although targeted primarily at neurosurgical residents, they could also be of interest to neurosurgeons who have been in practice less than three years. Cost of the series is \$500.

Corporate Sponsors Recognized

In addition to the generous support that the Foundation has received from neurosurgeons, corporate sponsors have also stepped forward to ensure a strong future for the specialty through their support of research. These corporations have set a new standard for industry leadership and the Executive Council gratefully acknowledges their support.

Research Foundation Corporate Associates Roster

Sustaining Associates
(Gifts of \$50,000 to \$75,000)

Pharmacia and Upjohn, Inc.
Synthes Spine/Synthes Maxillofacial

Supporting Associates
(Gifts of \$25,000 to \$50,000)

Codman/Johnson & Johnson
Professional, Inc.
Elekta

Howmedica Leibinger
Sofamor Danek Group, Inc.

Contributing Associates
(Gifts of \$10,000 to \$25,000)

Zimmer/Hall Surgical

Associates
(Gifts of \$5,000 to \$10,000)

Aesculap
Depuy Motech
Midas Rex Institute
PMT® Corporation

An informational brochure and order form for the tape series was sent to the chairmen of all neurosurgical residency programs in mid-September. Other surgeons who may be interested in obtaining the tapes may contact the Order Processing Department at (847)692-9500. For more information about program content, contact Chris Philips at the same number.

RESEARCH FOUNDATION

Ensure Your Place on the Foundation's 1996 Donor Wall

By Robert G. Ojemann, MD
Chairman, Executive Council
AANS Research Foundation

The Foundation's new "Donor Wall," displayed for the first time in Minneapolis, will once again make an appearance during the 1997 AANS Annual Meeting in Denver next April. You can reserve a spot for your name on this display by making a commitment to the 1996 Campaign today.

Gifts to the Campaign are placed in the Foundation's endowment fund which is currently valued at over \$3.5 million. Income from this fund is used to fund Young Clinician Investigator Awards and Research Fellowships. Your investment in these research awards should be viewed as an investment in your personal future as well as that of the specialty as a whole.

As we move toward the end of 1996 and you plan your charitable giving, I urge you to include the Foundation as one of your priorities. Although most supporters choose to send a check to the Foundation, keep in mind that your gift can be pledged, with a pledge payment schedule tailored to meet your needs. You also now have the option of making your gift using your Mastercard or Visa. Gifts of stock should also be considered as there are definite tax benefits.

You may wish to make your gift as a tribute or as a memorial to a loved one, a colleague, or perhaps a mentor. Honorees, or family members, are notified that you have made a generous tribute or memorial gift to the Foundation. Gift amounts are never mentioned.

Be assured that your gift will be used in the most cost-effective and efficient manner possible. Foundation fundraising costs in 1995 totaled just 7%, which compares very favorably to other non-profit organizations, as shown in the chart on this page.

Share in the sense of pride and commitment that comes from making an annual gift to the Foundation. Join me in making a gift to the Foundation, at the highest possible level, today. I look forward to seeing your name on the Foundation's 1996 Donor Wall next April, in Denver.

Remember also that many of your patients and family members are interested in supporting neuroscientific research. In your discussions of philanthropic opportunities with these potential donors, please offer a copy of the Foundation's "grateful patient" brochure, which you recently received in the mail. These brochures present a solid overview of the Foundation and are highly effective in soliciting additional

support for research. Contact Joan Vaughn, Development Officer, at (847)692-9500 for extra copies of the brochure.

For your convenience, a Research Foundation gift envelope has been inserted in this issue of the AANS Bulletin.

1994 Fundraising Expenses for Not-For-Profit Organizations* (as a percentage of total revenue)

Organization	Percentage
Shriners Hospital for Crippled Children	1%
United Cerebral Palsy Association	2%
AANS Research Foundation**	7%
Alzheimer's Foundation	13%
American Heart Association	14%
Juvenile Diabetes Foundation	14%
American Cancer Society	19%
Muscular Dystrophy Association	22%

* Statistics taken from The Chronicle of Philanthropy, 11/2/95, pages 33-44.

** AANS percentage represents 1995 results.



Shown is the Research Foundation's Donor Wall, as displayed in Minneapolis last April.

- Topping the donor list were 56 members of the "Cushing Scholars Circle" which required a minimum commitment of \$1,000.
- An additional 56 individuals were listed as "Honor Roll" members, through gifts of \$500 up to \$1,000.
- Another 217 donors enrolled as "Foundation Sponsors" (gifts of \$250 up to \$500) and "Foundation Supporters" (gifts of \$100 up to \$250).

The Executive Council of the Foundation extends its sincerest appreciation to these generous donors.

MEMBERSHIP OPPORTUNITIES

Good news for neurosurgeons and neurosurgical residents in Mexico! The following categories of membership have been revised:

ACTIVE MEMBERSHIP

Recently approved changes to the Bylaws of the AANS have made it possible for neurosurgeons board certified by the Mexican Council of Neurological Surgery, A.C. to apply for Active membership in the AANS.

ACTIVE (Provisional) MEMBERSHIP

In addition to the above, neurosurgeons who are not yet board certified by the Mexican Council of Neurological Surgery, A.C., but have completed a neurosurgical residency training program approved by the MCNS are eligible to apply for Active (Provisional) Membership.

CANDIDATE (Resident) MEMBERSHIP

As well, residents currently enrolled in a neurosurgical residency training program approved by the MCNS are eligible to apply for Candidate membership.

AANS Members Receive:

- ◆ Reduced Annual Meeting Registration Fees
- ◆ Reduced Professional Development Course Fees
- ◆ Continuing Medical Education in the specialized field of Neurosurgery
- ◆ Free Directory of Neurological Surgery
- ◆ Quarterly AANS Bulletin
- ◆ Special Journal of Neurosurgery subscription rate
- ◆ Discounts on AANS publications
- ◆ Free Access to **NEUROSURGERY://ON-CALL™**
- ◆ Opportunity to become involved on AANS Committees
- ◆ Free Fellowship Manual for Neurosurgeons (Candidate members)
- ◆ Free Criteria for Review of Neurosurgical Procedures (Active members)
- ◆ Voting privileges (Active and Active Provisional members)
- ◆ Free Guidelines for the Management of Severe Head Injury in Adults
- ◆ Annual Continuing Medical Education (CME) transcript
- ◆ Opportunity to participate in subspecialty Sections

Categories of Membership

Active - for the ABNS, RCS of Canada, or MCNS certified practicing neurosurgeon residing in North America.

Active (Foreign) - for the ABNS, RCS of Canada, or MCNS certified practicing neurosurgeon residing outside North America.

Active (Provisional) - for the neurosurgeon who has completed a neurosurgery residency training program approved by the ABNS, RCS of Canada, or MCNS within the past five years and has not yet met the certification requirements of the ABNS, RCS of Canada, or MCNS.

Candidate - for residents who are enrolled in a neurosurgery residency training program approved by ABNS, RCS of Canada, or MCNS.

Associate - for those who are not neurosurgeons but have shown distinction in related medical disciplines. Eligible individuals include certified neuroscience nurses (CNRN, CNOR, CCRN) and physician assistants (PA-C). Associate members are nominated for membership by three voting members of the AANS.

International Associate - for those who reside beyond North America but do not qualify for Active (Foreign) membership. International Associates are nominated by three members of the AANS and must be board certified (or the equivalent) in their country of residence.

Honorary - for those who are recognized internationally for their outstanding education, research, or clinical contributions to neurologic science. The Honorary member must be proposed by voting members in good standing and approved by the Board of Directors and the voting membership.

ASSOCIATE MEMBERSHIP:

Available to nurses and physician assistants

Eligibility requirements

One of the following certifications:

CNRN
CNOR
CCRN
PA-C

Letters of reference?

YES

Three (3) nomination letters from AANS voting members must be submitted.

CANDIDATE MEMBERSHIP:

Available to neurosurgical residents

Eligibility requirements

Currently enrolled in a neurosurgical residency program approved by the ACGME, the RCS (Neurosurgery) of Canada, or the Mexican Council of Neurological Surgery, A.C.

Letters of reference?

YES

A letter from your Program Director must be submitted.

Please contact the AANS Membership Department at (847)692-9500 for more information and an application.

The History of the Leaders in Neuroscience

Oral History Series

In 1980, a series of 10 videotaped oral histories were produced for the 50th Anniversary Meeting of The American Association of Neurological Surgeons. The histories were primarily of those who had trained with, or who had known, Harvey Cushing and other early neurosurgeons. Subsequently, the program was expanded to include additional neurosurgeons, neurologists, and individuals in the neurosciences both in North America and internationally.

Archives Committee members believe that it is important to document the biographies of eminent neuroscientists throughout the world who have made significant and critical contributions to the understanding and treatment of the normal and abnormal functions of the brain. These video oral histories afford the viewer an intimate opportunity to learn of a doctor's early education, of influential teachers, research activities, acquaintances, and friendships with outstanding physicians, surgeons, and scientists. Together, these "firsthand" accounts constitute an eye-witness history of the evolving neurosurgical specialty.

Non-neurosurgeons in the series include specialists in neurology, neuropathology, psychopharmacology, neurophthalmology, neuroradiology, visual physiology, otolaryngology, neurophysiology, and nuclear medicine.

Non-physicians in the series include Cushing's medical artist, the founder of neuroscience nurse training, the engineer who designed the first shunt for hydrocephalus, and the medical archivist at Codman & Shurtleff.

The most popular film in the collection is Harvey Cushing's 2000^h Verified Brain Tumor Operation which was filmed on April 15, 1931. The procedure was photographed and edited by Walter W. Boyd, MD, and Richard U. Light, MD, and narrated by Dr. Light. It begins with Gilbert Horrax preparing the patient and continues through the conclusion of the surgery and a follow-up visit to the patient. As one of Dr. Cushing's last residents, Dr. Light was well qualified to tell this story and includes vignettes about Mildred Coddington, Louise Eisenhardt, and "Adolph."

Although these oral history video-interviews are of interest to doctors today, it seems almost certain that in the future, they will provide a very personal, visible, and vivid record of important neuroscientists throughout the world. Imagine the importance a similar program would have to medicine today if there were video records preserved of prominent doctors and scientists of the 19th and early 20th centuries.

The writings and other works of many doctors are often fundamental to the endeavors of doctors today, and of daily

application to clinical practice. New work and discoveries have been initiated by scientists who have received their inspiration from their forerunners. The value of the personal influence of these forerunners in neuroscience upon doctors, university, and medical students, can be of great impact. The personal, and often intimate, portrayals of the pioneers included in this series can influence future medical discoveries.

The series includes interviews from doctors from many countries outside of North America including France, Germany, Hungary, India, Japan, Nairobi, Netherlands, Nigeria, Portugal, Scotland, Sweden, Switzerland, Uganda, and the former USSR. In addition, interviewees tell stories of their medical education in many countries, education which often occurred under the stresses of war. Your comments on this series are invited.

A database of extrapolated materials from many of the interviews is available by contacting Chris Ann Philips, Archives Coordinator, at (847)692-9500. Orders can be placed at that telephone number and requesting the Fulfillment Department. An annotated catalog and order information for the Leaders in Neurosciences is available on **NEUROSURGERY://ON-CALL™** at this address:

<http://www.aans.org/library/history/abstract.html>





Popular Rock Band R.E.M. Makes Generous Gift to Prevention Program

During a worldwide tour of the famous rock band, R.E.M., drummer Bill Berry collapsed on stage at a concert in Lucerne, Switzerland. Through this dramatic and unfortunate event, band members became supporters of the Think First Foundation.

An R.E.M. employee, Brooke Johnson, is engaged to the son of Jacksonville, Florida neurosurgeon, Gaston J. Acosta-Rua, MD. When Berry became ill, she immediately called her future father-in-law for help. By coincidence Dr. Acosta-Rua had trained in Zurich and was able to recommend a neurosurgeon right there in Lucerne.

Berry was taken to Nic deTribolet, MD, Chief of Neurosurgery of University Hospital, Geneva and Lucerne. During surgery, Dr. deTribolet found two brain aneurysms, one of which had burst, causing Berry's collapse. Dr. deTribolet repaired the aneurysms and Berry fully



(L to R) R.E.M. Band members Mike Mills, Peter Buck, Michael Stipe, and Bill Berry.

recovered in only a few months. R.E.M. then continued its world tour through completion in November 1995.

So, what does this have to do with THINK FIRST, a national brain and spinal cord injury prevention program? Out of gratitude for Dr. Acosta-Rua's help in securing the services of Dr.

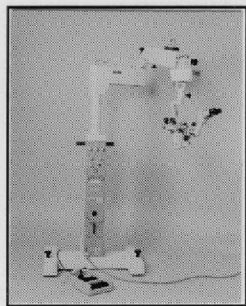
deTribolet, R.E.M. made a gift of \$7,500 in his honor to the Think First Foundation. Dr. Acosta-Rua is a founding member of the national Board of Directors of the Foundation and a former vice chair of the board. When asked what the band members could do to show their appreciation, Dr. Acosta-Rua suggested they might consider an investment in the THINK FIRST program.

The R.E.M. gift to THINK FIRST not only expresses gratitude for Dr. Acosta-Rua's assistance, but also makes a statement to young people about the importance of the THINK FIRST message. Further, it exemplifies the band's social consciousness. At R.E.M. concerts, various organizations are invited to set up booths to build awareness for their causes. A spokesperson for the band, Kevin O'Neil, said, "Members of the band are politically active and like to encourage people to be involved with organizations they feel are important."

PRESCOTT'S

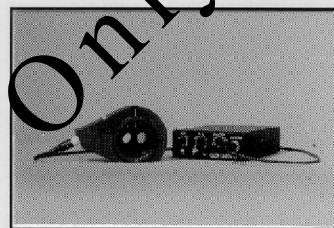
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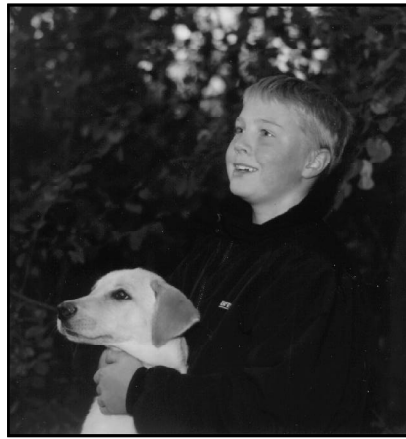
Do THINK FIRST Educational Programs Work?

One Family's Experience

THINK FIRST For KIDS was introduced into two New York-area schools last spring, with dramatic results. Third grade students at Cherry Road School and some younger students at Walberta Park Primary School in the Westhill District of Syracuse, New York, learned why forewarned is forearmed.

The Westhill District teachers followed the prescribed curriculum consisting of modules on vehicular, water, bicycle, sports and recreational safety and violence prevention. But at least one teacher questioned the need to include the unit on violence that covers weapon safety. She told the THINK FIRST coordinator that guns were not a problem in her district. However, she agreed to implement the entire curriculum.

Third-grade student Drew Greeley, age 9, had the full benefit of the classroom instruction and video before bringing home the parent letter and comic strips for his mom to review. The comics and video depict a boy and his friends finding a gun. The boy wonders what to do. "Street Smart," the safety superhero starring in the



Drew Greeley and companion

video and comics, warns, "Don't touch it! Call your mom!" So, the finder yells at the top of his lungs, "MOMMMMMMM!"

Two days later, Drew, his brother and a friend (both 12 years old) were riding their bikes around the development where they live. The winding roads in this residential neighborhood pass by some undeveloped areas that include "party sites," as evidenced by broken beer bottles.

The boys took off on the trails and were beyond hearing distance from any

nearby homes, when Drew discovered two guns stashed behind a concrete reservoir. Drew's mother said that her son is a "250% curious boy" and his first inclination was to pick up the guns. However, he decided to follow the directions he had just learned from the THINK FIRST program. At his insistence, the boys did not touch the guns. Instead, they got back on their bikes and went home, agitated and somewhat scared about their discovery. Drew's mom called the police. As she was dialing she was thinking, "Here we just learned about this and now it is happening!"

The sheriff who responded to the call went with the boys to find the guns — a rifle and a pellet gun — which were both loaded. As it turned out, there had been reports of teenagers with guns in the area who were harassing younger kids. This information made the boys and their families realize the seriousness of the situation. The THINK FIRST safety lesson clearly educated a young child in the proper way to handle a potentially dangerous situation.

Does education work? The answer is undeniably YES!

Think Special Occasions, Think Generously, THINK FIRST

If you are searching for a special gift for a friend, colleague, neighbor, relative, patient, or customer, why not THINK FIRST?

A special gift in their honor to a program dedicated to protecting brains and spinal cords is a wonderful gift alternative. Especially for those special people who are unusually difficult to shop for. A gift to THINK FIRST in their honor will show you care for them and, at the same time, help advance the work of the nation's premier injury prevention program!

- ◆ No shopping, no wrapping, no packing!
- ◆ No standing in lines at the post office, no UPS, and no last minute crises!

Just fax (or mail) your gift list to us with the names and addresses of those to whom you want to honor. We'll send a special greeting card informing them of your gift and include your personal message. The amounts of your gifts may vary just as they would if you were to select a box of candy at \$29, a tin of cookies at \$49, a fruit basket at \$79, a picnic basket filled with goodies at \$155 or a very special bottle of wine at \$299.

Oh, by the way, these gifts are tax-deductible!

Positions

Although the AANS believes the classified advertisements to be from reputable sources, the Association does not investigate the offers made and assumes no liability concerning them.



NORTHEASTERN NEW YORK STATE ADIRONDACK MOUNTAINS LAKE CHAMPLAIN

CVPH Medical Center, a regional referral hospital with service population of 160,000, seeks a BE/BC Neurosurgeon to expand current Neurosurgical services. The hospital is a designated Area Trauma Center, with in-house MRI, and over 130 physicians on staff.

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TECHNOLOGICAL ADVANCES

The following product descriptions, submitted by medical suppliers, are published to highlight recent technological advances in the neurosurgical field. Publication of these brief summaries should not be construed as indicating endorsement by the AANS.

FDA Approves Drug/Device Combination for Treating Cerebral Palsy and Brain Injury

Intrathecal Baclofen Therapy, a new treatment for cerebral spasticity, has been approved for marketing by the U.S. Food and Drug Administration (FDA). The new therapy, developed by Medtronic, Inc., may be useful in approximately two-thirds of patients with cerebral spasticity associated with a marked increase in muscle stiffness interfering with function and/or care.

Cerebral spasticity affects approximately 75 percent of the 500,000 Americans with cerebral palsy and many of the 100,000 people who suffer brain injuries each year. The non-destructive and reversible therapy provides physicians a new alternative to rhizotomy—a surgical procedure perfected about 1981 that severs nerves in the spinal canal to allow muscle relaxation.

The drug/device combination relieves spasticity by delivering a special formulation of the drug baclofen directly into the spinal fluid, whereas the oral form of the drug is not indicated for this use. Direct delivery makes the difference in achieving significant improvement with minute doses of liquid drug. The pump's reservoir holds 18 milliliters and only needs refilling every one to three months.

Intrathecal Baclofen Therapy uses the Medtronic SynchroMed® Infusion System that allows flexible dosing by adjusting rate of flow and time of delivery. The system includes a small pump and drug reservoir implanted under the skin of the abdomen. A tiny catheter delivers Lioresal® Intrathecal (baclofen injection) into the spinal fluid. While the mechanism of action is not fully understood, baclofen is thought to replace a chemical (GABA) that normally allows muscle relaxation.

In clinical studies, Intrathecal Baclofen Therapy maintained long-term reductions in muscle spasticity in both children and adults. "In a majority of patients, spasticity was reduced and ability to move was improved," says lead clinical investigator A. Leland Albright, MD, chief of neurosurgery, Children's Hospital, Pittsburgh. "Other patients experience improved speech, swallowing and alertness—often with dramatic differences in ease of care."

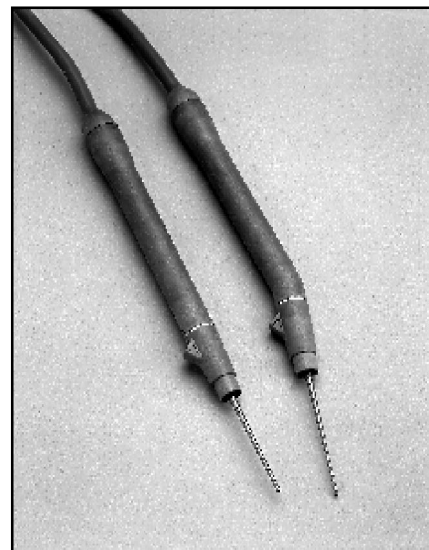
Children must be at least four years of age and large enough to accommodate the implanted pump. Side effects of the new therapy include dose-related sleepiness, nausea, headache, muscle weakness and light-headedness. Most are temporary and can be alleviated through dose modification. The new therapy is not a cure for cerebral palsy.

For further information about Intrathecal Baclofen Therapy call 800/553-9166 or visit the Medtronic Internet site at <http://www.medtronic.com>.

New Aspirator System Handpieces Available

VALLEYLAB INC has introduced new straight and angled handpieces for the CUSA® System 200, an ultrasonic surgical aspirator system. With built-in, permanently mounted transducers, the new PMT handpieces require fewer assembly steps and fewer ancillary parts to prepare the handpiece for surgery, resulting in enhanced reliability and ease of use.

The PMT handpieces also provide surgeons the flexibility to customize handpiece configuration for specific surgical applications, using a variety of tips and extenders. The PMT handpieces may be used with the CUSA MicroTip, which is longer and smaller in diameter than the standard CUSA tip, for more



CUSA System Handpieces

precise tissue dissection during delicate procedures.

The new handpieces are also compatible with the CUSALap™ accessory, an extended tip designed for use in laproscopic applications. In addition, the CUSA CEM™ system, which adds electrosurgical cutting and coagulation capability to ultrasonic fragmentation, is compatible with the PMT handpieces. The addition of the electrosurgical functions provides hemostasis and aids in the dissection of firm tissue in ultrasonic surgery procedures.

For more information about the new handpieces, contact VALLEYLAB INC at (303)530-2300.

Moving?

Don't forget to send your change of address to:

AANS Member Services
22 South Washington Street
Park Ridge, Illinois 60068-4287

ANNOUNCEMENTS

Names in the News

Anil Nanda, MD

Anil Nanda, MD, has recently been confirmed as Associate Professor and Chairman of the Department of Neurosurgery at Louisiana State University Medical Center and School of Medicine in Shreveport, Louisiana. Dr. Nanda, Chief of the Division of Neurosurgery from July 1990 to August 1995, served as the Acting Chairman of the new department from August 1995 to June 1996. His interests include aneurysms, AVMs and skull base tumors.

Osamu Sato, MD

Osamu Sato, MD, an International Associate member of the AANS, has received the 1995 Pudenz award for excellence in cerebrospinal fluid physiology at the annual meeting of the International Society of Pediatric Neurosurgery. He is professor and chairman of neurosurgery at the Tokai University School of Medicine in Tokyo, Japan. Dr. Sato is an active member of many local and international neurosurgical societies and has served as president of the Japanese Society of Pediatric Neurosurgery and the International Society of Pediatric Neurosurgery. Dr. Sato was being honored for his many contributions to the understanding of basic mechanisms of CSF production.

Educational Opportunity

Annual CPT Symposium Will Explain 1997 Coding Changes

Members of the American Medical Association's (AMA) CPT Editorial Panel and Advisory Committee will explain important coding changes for 1997 at the CPT 1997 Symposium to be held November 14-15, 1996, at the Swissotel, 323 E. Wacker Dr., in Chicago.

Have You Seen?

The following members have relocated without a forwarding address. If you have any information leading to the location of these members, please contact the AANS Membership Department at (847)692-9500 or write us at the AANS office at 22 South Washington Street, Park Ridge, IL 60068-4287. Thank you.

Member:	Last Located:
Jack L. Barlass, MD	Calgary, AB, Canada
Albert D. Bartal, MD	Tel Aviv, Israel
Arthur F. Battista, MD	New York, New York
John T.B. Carmody, MD	Ponte Vedra Beach, Florida
David Cleveland, MD	Peoria, Illinois
William H. Cook, MD, PhD	Shelton, Connecticut
Anthony G. Corkill, MD	Redding, California
Jose A. DeChou, MD	Hato Rey, Puerto Rico
Michel R. Decarie, MD	Pierre Fonds, PQ, Canada
Gerd Dieckmann, MD	Gottingen, Germany
William G. Evans, MD	Slaton, Texas
Nicholas Gotten, MD	Memphis, Tennessee
Everett G. Grantham, MD	Louisville, Kentucky
Daniel H. Kim, MD	New Orleans, Louisiana
Phyo Kim, MD	Tokyo, Japan
Stephen Francis Kornyei, MD	Budapest, Hungary
Jean Lecuire, MD	Lyon, France
Wylie McKissock, MD	London, England
Howard E. Medinets, MD	South Orange, New Jersey
Harold O. Peterson, MD	Longwood, Texas
Frederick R. Pitts, MD	Madison, Wisconsin
John M. Potter, MD	Roxburghshire, Scotland
Osamu Sato, MD	Tokyo, Japan
Robert P. Singer, MD	Richmond, Virginia
Mark Stern, MD	Escondido, California
Kenneth J. Strully, MD	New York, New York
Jean Talairch, MD	Paris, France
Pierre Wertheimer, MD	Lyon, France

The AMA's coding experts, who answer thousands of coding questions every year from health care professionals, will be on hand for a question-and-answer session, which allows participants to get answers to their practice's specific coding questions. Symposium participants also will receive a copy of CPT 1997, the AMA's annual CPT manual; a copy of the CPT Assistant, the AMA's monthly coding newsletter; and in-depth explanations and rationale for upcoming coding changes.

The one-day symposium will be offered twice—Thursday, November 14, and Friday, November 15. The AMA has

applied for continuing education accreditation from the American Health Information Management Association (AHIMA). In addition to this year's CPT symposium, a one-day seminar on upcoming changes in Medicare's Resource-Based Relative Value Scale (RBRVS) will be offered Wednesday, November 13.

Stemming from the first five-year review of the AMA/Specialty Society RVS Update Committee (RUC), the seminar will explain 1997 changes in relative values for evaluation and management services and many surgical procedures, as

(continued on next page)

ANNOUNCEMENTS

► Names in News

(continued from previous page)

well as the development of resource-based practice-expense relative values.

Costs for the CPT 1997 Symposium and RBRVS seminar are:

For both: \$345 (AMA member or CPT Assistant subscriber);
\$395 (nonmember)

For CPT: \$245 (AMA member or CPT Assistant subscriber);
\$295 (nonmember)

For RBRVS: \$200 (AMA member or CPT Assistant subscriber);
\$250 (nonmember)

Early registration and group discounts are available.

Interested physicians should call the AMA's Registration Department at (800) 621-8335. Registration can be completed by phone, fax, or mail. Seating is limited.

IN MEMORIAM

Lifetime (Active)

Claude McClure, MD
February 24, 1995

Richard J. Otenasek, MD
July 1, 1996

Lifetime (Inactive)

Christian Keedy, MD
June 3, 1996

Matthew W. Wood, MD
May 3, 1996

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or
faxed to:
(847) 692-2589

Calendar of Neurosurgical Events

1996 Annual Meeting of the
North American Spine Society
October 23-26
Vancouver, British Columbia
Contact: Maureen McLachlan at the
NASS office (847) 698-1630.

1996 Annual Meeting of the
AANS/CNS Joint Section on
Pediatric Neurological Surgery
December 11-14
The Mills House Hotel
Charleston, South Carolina
Contact: Meeting Services Department
(847)692-9500

1997 Annual Meeting of the
AANS/CNS Joint Section on
Cerebrovascular Surgery
February 4-6
Disneyland Hotel
Anaheim, California
Contact: Meeting Services Department
(847)692-9500

1997 Annual Meeting of the
AANS/CNS Joint Section on
Disorders of the Spine and
Peripheral Nerves
February 19-22
Newport Beach Marriott
Newport Beach, California
Contact: Meeting Services Department
(847)692-9500

1997 Annual Meeting of The American
Association of Neurological Surgeons
April 12-17
Colorado Convention Center
Denver, Colorado
Contact: Meeting Services Department
(847)692-9500