

## Agenda for Spine Section Executive Committee Meeting October, 2005

- 1) Secretary's Report
- 2) Treasurer's report
- 3) Update on Executive Committee membership
  - a) Review grid for accuracy
  - b) Appointment of Publications committee chair
- 4) Committee Reports:
  - a) Annual Meeting/SPC Groff/McLaughlin
  - b) Exhibits Knightly
  - c) Education Hurlbert
  - d) Future Sites/Fellowships Alexander
  - e) Nominations Rodts
  - f) Research/Web Site Wolfla
  - g) Guidelines Matz
  - h) Outcomes Kaiser
  - i) Washington Rodts/Ondra
  - j) Peripheral Nerve Zager
  - k) Public Relations Kuntz/Choudhri
  - l) CPT Mitchell
  - m) Membership Trost
  - n) Bylaws DiRisio
  - o) Newsletter York
  - p) CME Ryken
  - q) Publications TBA
  - r) Quality Improvement Resnick
- 5) ACS Initiative Hadley
- 6) Meeting Services through AANS Heary
- 7) Artificial Disc Statement Heary
- 8) Announcements Heary

**AANS/CNS Section on Disorders of the Spine and Peripheral Nerves  
Annual Meeting Planning Conference Call Minutes  
July 12, 2005 7:00 – 9:00 pm CST**

**Call Duration:** 7:00pm – 9:00 pm Central Time

**Subject:** 2006 Spine Section Annual Meeting Budget

**In Attendance:**

Michael Groff, MD  
Robert Heary, MD  
Mark McLaughlin, MD  
Daniel Resnick, MD  
Timothy Ryken, MD

**Staff in Attendance:**

Lisa Sykes  
Lisa Alicea  
Jenifer Wolff  
Ron Engelbreit  
Rene Finco  
Vanessa Garlisch

**Not In Attendance:**

Dr. Branch

**Call to Order:**

The call began at 7:00 pm to review and approve the Annual Meeting and G&A budgets for the Section on Disorders of the Spine and Peripheral Nerves.

Lisa Sykes reviewed the annual meeting budget justifications by line item.

**Special Courses - Line item 10-606-54110-B:**

The \$33,000 in estimate revenue for the special courses was based on average registration of courses from 2002-2005.

There will be no increase in the course fees for 2006.

**Social Events - Line item 10-636-54440-B:**

Lisa /staff are researching golf courses – none are on-site, but all are only a few minutes away, and cost will include transportation. Cost will also include a box lunch. The budget is based on 50 golfers at \$198 each (per recommendation previously from Dr. Heary). Actual numbers for all golfers for 2002-2005 were submitted in a previous conference call and there was a concern that in Orlando, 50 slots would

not be filled. The Section may decide to underwrite 50 slots and pay for any not used, but it is not necessary to guarantee slots at this time. Staff will work with the course to have a guarantee deadline as close to meeting dates as possible.

**Action Item:**                    **Staff to continue to research golf courses.**

**Exhibit Program - Line item 10-640-54210-B:**

Budget numbers are based on 64 booths (max for current floorplan) at a linear price of \$3100. AANS will research increasing number of booths in the hall and in foyer of hotel for 2005. Currently, the diagram shows several island booths at \$34/sq. ft. (corrected – it was stated in the minutes at \$33/sq. ft.)

**Update:**                    **Jenifer contacted the hotel about adding additional booths in the pre-function space adjacent to the exhibit hall and general session room and due to fire marshal regulations at the hotel no additional booths can be added in this area. Therefore, the exhibit floor cannot grow beyond the 64 booths budgeted currently.**

**Exhibit Program - Line item 10-640-57410-B:**

For 2005, Medtronic sponsored \$80,000, DePuy Spine \$75,000. Synthes has not signed the multi-year contract presented to them in 2005 for 2005-2007. Jen and Dr. McLaughlin will follow-up with Nancy Holmes from Synthes to secure the contract and their sponsorship for 2006. Dr. McLaughlin has contacted several of the smaller sponsors to encourage them to increase their commitment for 2006 (Zimmer, Aesculap, Abbott, NuVasive)

**Action Item:**                    **Both Dr. McLaughlin and Jenifer will contact Nancy Holmes to obtain multi year contract.**

**Scientific Program - Line Item 10-601-61020:**

Cost for AV equipment for demo theater was moved into Scientific Session line item (was in exhibit AV line item) because it's easier for staff to track. Dr. Heary clarified that demo theaters are not CME and are not technically considered Scientific Program.

**Scientific Program (Food & Beverage) - Line item 10-601-63500-B:**

Lisa recommended reducing the amount of food the Section has for all continental breakfasts, and Dr. Heary agreed and requested increasing the amount of coffee, juice, water.

**Action Item:**                    **Reduce food for breakfast and adjust budget.**

**Scientific Program (Awards) - Line Item 10-601-63900:**

New - Section will cover air, lodging, transfers and comp registration for Meritorious Award winner.

**Scientific Program (Honoraria) - Line Item 10-601-63920:**

New – Section will budget \$300 per person honorarium for up to 8 non-member neurosurgeons.

**Scientific Program (Honoraria) - Line Item 10-601-63930:**

New – Section will budget for lodging, comp registration, transfers, air for up to 8 non-member speakers.

**Line Item 10-601-62010:**

Electronic Posters – 20 abstracts will be selected to be electronic only posters.

**Committee Dinners/Events (Food & Beverage) - Line item 10-638-63500-B:**

Dr. Ryken asked when the Section decided to implement the YNS dinner. Dr. Groff explained it was created in 2005 as a sponsorship to provide balance for the three multi year sponsors. Dr. Ryken questioned why budget was more than 2005 actual. Lisa confirmed actual for 2005 is at \$191,000 and a new dinner and meeting (YNS and Fellowship Committee) are being budgeted for 2006.

**Exhibit Program (Security) - Line item 10-640-65850-B:**

Increase security budget if additional booths can be placed outside the exhibit hall. Staff discouraged the practice of building security costs into exhibitor's cost of booths that must be placed outside of hall.

**Update:**

The security costs will not increase due to additional booths being added to the pre-functions area because the hotel has informed staff that additional booths are not an option.

2007 and 2009 exhibit space has been increased (general session will be in space directly across hall from Exhibits). There is no growth opportunity for 2008 if the Section returns to Orlando Wyndham. They may want to consider another property in light of this.

**Action Item:**

**Section / Futures Chairman to determine if AANS staff should send RFP's for other venues in Orlando / 2008 that can offer growth for the exhibit floor.**

**Promotion/Marketing - Line item 10-670-66650-B:**

Add item: 2007 promotional flyer.

**Action Item: Add 2007 flyer to justification.**

Dr. McLaughlin will advise July 13 of his preferred dates for site visit – either 9/8-9 or 9/15-16. Dr. Groff prefers 9/8-9 but can go 9/15-16 if necessary. Synthes, Medtronic and DePuy will also be invited.

**Action Item: Dr. McLaughlin will advise Dr. Groff and Lisa of preferred travel dates. Lisa will then set up site visit.**

**Promotion/Marketing (Marketing) - Line item 10-670-67500-B:**  
Indicate the E-blasts are "dedicated" E- blasts. The three budgeted here are above and beyond the four "free" dedicated E-blasts the Section receives each year.

**Planning Committee (Staff Travel) - Line item 10-682-58001-B:**  
Reduce dollar amount by two people for lodging expenses. Covered: Drs. Branch, Groff, McLaughlin, Resnick, Ryken. Dr. Heary's (Section Chair) suite is complimentary. This item will be brought before the Executive Committee at the next meeting and made official.

**Action Item: Reduce budget by two people.**

**Future Sites - Line item 10-699:**  
Money has not been allocated for site visits for 2007-2009, as the section will be returning to properties previously used.

Total Expenses: The total expenses & net revenue will be adjusted after the above items are edited and factored in.

Dr. McLaughlin will research cost of hand-held electronic devices (audience response system) used by each attendee to provide interactive sessions and possibly track the participants CME. The system he saw at NASS Spring Break was "Idego Methodologies". Possible sponsorship opportunity.

**Action Item: Dr. McLaughlin will research cost of hand-held device system and advise Lisa of findings.**

The Annual Meeting budget with changes per above was approved by all, and Drs. McLaughlin, Resnick and Groff, and Vanessa Garlish adjourned the call.

**G&A Budget:**  
Drs Heary and Ryken, Ron Engelbreit, Rene Finco, Lisa Sykes, Lisa Alicea and Jenifer Wolff continued the call to discuss the G&A budget until 9:00 pm.

Meeting adjourned at 9:00 pm.

From: Mark R. McLaughlin, M.D. [mclaughlin@spineuniverse.com]  
Sent: Saturday, July 23, 2005 1:33 PM  
To: Robert Heary  
Cc: Lisa M. Sykes; Jennifer Wolf; Resnick (Daniel)  
Subject: Budget Meeting agenda

Dear Bob,

As I discussed with you recently, I would like to have on the next budget meeting agenda a 5 minute slot to talk to the committee. My goal would be to obtain authorization to employ a new technology company does interactive live audience surveys at our upcoming Orlando meeting. While I believe the section will be able to obtain complete sponsorship through industry for this company's services, I would like some financial backing from the joint spine in case we fall short of completely funding the project. At the next budget meeting in October at the CNS could I have the time slot set aside?

Thank you,

Mark

Mark R. McLaughlin, M.D.

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Phone 215 741-3141

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Visit our website at: [www.Princetonbrainandspine.com](http://www.Princetonbrainandspine.com)

**2006 Section on Disorders of the Spine and Peripheral Nerves Annual Meeting**  
**6/7/05**

**Registration History for past five years:**

<b>Day</b>	<b>2001 Final Phoenix</b>	<b>2002 Final Orlando</b>	<b>2003 Final Tampa</b>	<b>2004 Final San Diego</b>	<b>2005 Final Phoenix</b>
Spine Member	242	236	167	187	198
NASS Member	24	29	28	30	28
Trauma Member	7	0	0	0	0
Non-Member	82	98	51	47	51
Resident	60	40	39	45	37
Nurse	9	15	16	14	15
PAs	10	10	23	10	17
<b>Total Medical</b>	<b>434</b>	<b>428</b>	<b>324</b>	<b>333</b>	<b>346</b>
Spouse/Guest	144	331	79	45	91
Exhibitors	337	292	295	296	322
<b>Total Attendance</b>	<b>915</b>	<b>1,051</b>	<b>698</b>	<b>674</b>	<b>759</b>

**Registration Fees History for past five years:**

<b>Registration Prices</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
Spine Mbr	\$410/530	\$410/530	\$450/550	\$450/550	\$450/550
NASS Mbr	\$410/530	\$410/530	\$450/550	\$450/550	\$450/550
Trauma Mbr	\$410/530	\$410/530	N/A	N/A	N/A
Non-Mbr	\$460/595	\$460/595	\$500/600	\$500/600	\$500/600
Resident	\$310/400	\$310/400	\$300/400	\$300/400	\$300/400
Nurse	\$310/400	\$310/400	\$300/400	\$300/400	\$300/400
PA	\$310/400	\$310/400	\$300/400	\$300/400	\$300/400
Spouse/Guest	\$100/130	\$100/130	\$100/130	\$100/130	\$100/130

**Special Courses Fees History for past five years:**

	2001	2002	2003	2004	2005
Special Course #1	\$175	\$175	\$175	\$0 (Residents Only)	\$200
Special Course #2	\$175	\$175 Residents \$0	\$175	\$165	\$200
Special Course #3	\$175 Residents \$0	\$175 Residents \$0	\$175 Residents \$0		\$200
Special Course \$4	\$175 Nurses \$100	\$175	\$175	\$165 Residents \$0	\$200 Residents \$0
Practice Mg Seminar	N/A	\$75	\$75	\$75	N/A
Special Course #5	N/A	N/A	\$175 Residents \$0	\$165 Residents \$0	\$200 Residents \$0
Special Symposium	N/A	N/A	\$50 \$200 (If not registered for meeting)	\$75 \$200 (If not registered for meeting)	\$110

**Golf and Tennis Fees for past five years (based on actual costs at facility to break even):**

	2001	2002	2003	2004	2005
Golf Tournament	\$135	\$100	\$120	\$165	\$175
Tennis Tournament	\$65	\$65	\$115	N/A	\$45



**Exhibit Booth Pricing History for past five years:**

<b>Registration Prices</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Corner</b>	2500	3000	3000	3000	3200
<b>Linear</b>	2500	3000	3000	3200	3000
<b>Island</b>	NA	NA	NA	NA	33.00 sq ft

**Exhibit Budget / Revenue / Booth History for past five years:**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Exhibit Budget</b>	NA	NA	NA	211,250	200,300
<b>Exhibit Revenue</b>	175,000	222,000	237,000	205,275	256,800
<b>Sponsor Budget</b>	NA	NA	NA	110,775	111,500
<b>Sponsor Revenue</b>	65,500	60,500	109,000	134,762	227,500
<b># of Booths Available</b>	NA	NA	NA	70	87
<b># of Booths Sold</b>	72	73	83	65	87
<b># Exhibiting Companies</b>	47	50	46	42	42

**2006 Spine Section Annual Meeting**  
**Meeting Production Timeline**  
As of 6/7/05

<b>Date</b>	<b>Task</b>	<b>Person (s) Responsible</b>
April 15-May 31, 2005	<b>Call for Abstracts</b> development and execution (See Marketing Schedule for details)	Meeting Services Coordinator, Drs McLaughlin, Heary, Groff
May 1, 2005, 2005	<b>Cover Art</b> development and approval (See Marketing Schedule for details)	Meeting Services Coordinator, Drs. Groff, McLaughlin, Heary
May 5, 2005	Cover Art approved	Drs. Groff, McLaughlin, Heary
May 31, 2005	PDF of Abstract Brochure sent to Dr. Wolfla to be put on the website	Meeting Services Coordinator
<b>June 1, 2005</b>	<b>Abstract Center Open</b> (Brochure in mail and e-blast to Spine members and all residents announcing the opening)	Meeting Services Coordinator
June 7-20, 2005	Meeting budget development	Lisa Sykes, Jenifer Wolff
June 15-September 16, 2005	Joint Sponsorship Application Form completed and returned to AANS	Meeting services Coordinator, Lisa Sykes Dr. McLaughlin
June 20, 2005	Send draft budget to Spine leadership.	Lisa Sykes
June 27, 2005	Spine 2005 Annual Meeting Closed and Financials sent to Spine Leadership	Lisa Sykes
June 30, 2005	Annual Meeting Marketing Plan complete and sent to Spine Leadership	Meeting Services Coordinator, Lisa Sykes, Jen Wolff
June 30, 2005	2007-2009 Annual Meeting sites selected.	Lisa Sykes, Drs. Alexander, Heary
July 2005	Contact Florida Tourism Commission to request promotional brochures and information for onsite attendee packets; Need general brochure to mail with preliminary program	Meeting Services Coordinator
July, 2005	Contact Wyndham Palace for hotel brochure to include with preliminary program	Meeting Services Coordinator
July / August - TBD	Site Visit to Orlando (AANS staff to coordinate details)	Lisa Sykes, Jen Wolff Drs. McLaughlin, Heary, Groff, Knightly
July 5-September 6, 2005	<b>Exhibitor Prospectus</b> development and execution (See Marketing Schedule for details)	Jenifer Wolff Drs. McLaughlin, Groff, Knightly, Heary
July 18-September 6, 2005	<b>Post Card</b> development and execution (See Marketing Schedule for details)	Meeting Services Coordinator
July 20, 2005	Call for Abstracts Postcard reminder sent to Spine members and target audience	Meeting Services Coordinator
July 31, 2005	Final Scientific Program agenda to AANS	Dr. McLaughlin
August 1-26, 2005	Finalize meeting details and social program for inclusion into the preliminary program	Meeting Services Coordinator Lisa Sykes, Jen Wolff
August 1-September 27, 2005	<b>Save-the-Date Flyer</b> development and execution (See Marketing Schedule for details)	Meeting Services Coordinator, Drs. McLaughlin, Groff, Heary
August 31, 2005	Scientific Program Chair to have final list of moderators, directors/co-directors and symposia speakers to AANS	Dr. McLaughlin
September 6, 2005	Invited moderator/symposia speakers letters sent	Meeting Services Coordinator

September 7-30, 2005	Invited speaker follow-up and confirmation	Meeting Services Coordinator
September 5, 2005	PDF of Exhibitor Prospectus sent to Dr. Wolfla to be put on the Website	Jen Wolff
September 5, 2005	Link to registration and housing sent to Dr. Wolfla to be put on the Website	Meeting Services Coordinator
<b>September 27, 2005</b>	<b>Destination Postcard Mails</b> (Postcard in mail and e-blast to International Members and Exhibitors)	Meeting Services Coordinator
<b>September 6, 2005</b>	<b>Exhibitor Prospectus mails</b> , e-blast sent to past and prospective exhibiting companies with link to Website	Jen Wolff

**Spine Annual Meeting  
Production Timeline  
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<b>September 6, 2005</b>	<b>Meeting registration and housing opens</b>	Meeting Services Coordinator, CTE
September 7, 2005-February 10, 2006	Ongoing exhibit booth and sponsorship sales through e-blast and telephone marketing campaign; Ongoing confirmations, invoices, and payment processing	Meeting Services Coordinator, Jen Wolff, Spine Leadership, Drs. Knightly, McLaughlin, Groff, Heary
September 7, 2005	Abstract Reviewers determined and provided to AANS	Dr. McLaughlin
<b>September 14, 2005</b>	<b>Abstract Center Closes</b>	Meeting Services Coordinator
<b>September 16, 2005</b>	<b>Joint CME Sponsorship Application Due to AANS</b>	Meeting Services Coordinator, Dr. McLaughlin
September 20-October 3, 2005	Abstracts graded by reviewers	Dr. McLaughlin and graders
September 26, 2005	<b>New</b> Save-the-Date Flyer sent to Dr. Wolfla to be put on the Website; old flyer removed	Meeting Services Coordinator
<b>September 27, 2005</b>	<b>Save-the-Date Flyer</b> ready for CNS Annual Meeting and <b>mailed</b> to Spine Members	Meeting Services Coordinator
September 30-December 2, 2005	<b>Preliminary Program and Postcard</b> development and execution (See Marketing Schedule for details)	Meeting Services Coordinator Drs. Groff, McLaughlin, Heary
October 6, 2005	Abstract score report sent to Scientific Program Chair to select and slot into scientific program the oral and poster abstract presentations (2 weeks)	Meeting Services Coordinator Dr. McLaughlin
October 1, 2005	Oral and Poster Presentations selected and slotted and sent to AANS for inclusion in the Program Book	Dr. McLaughlin
October 5, 2005	Abstract Acceptance and Decline letters sent	Meeting Services Coordinator
October 28-December 2, 2005	Ongoing presenter follow-up	Meeting Services Coordinator
November 18, 2005	Meeting Marketing Materials reviewed, approved for CME credit and filed with EPM Department (ongoing)	Meeting Services Coordinator
December 1, 2005	PDF of Preliminary Program sent to Dr. Wolfla to put on the Website	Meeting Services Coordinator
<b>December 2, 2005</b>	<b>Preliminary Program mails</b> to Spine members, e-blast sent to Spine members with link to Website	Meeting Services Coordinator
December 1, 2005-February 14, 2006	Ongoing coordination of the meeting specs related meeting room setup, audiovisual, food and beverage, social events, etc.	Meeting Services Coordinator, Lisa Sykes, Jen Wolff

**SPINE Annual Meeting  
Production Timeline  
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December 2, 2005-February 18, 2006	<b>Final Program Book</b> development and execution (See Marketing Schedule for details)	Meeting Services Coordinator, Lisa Sykes Drs. Groff, McLaughlin, Heary
TBD	SPINE Leaders to notify AANS of various awards and new member certificates required at the meeting	Leadership TBD Meeting Services Coordinator, Lisa Sykes
<b>December 16, 2005</b>	<b>Annual Meeting Postcard reminder mails</b> to SPINE members and target audience	Meeting Services Coordinator
TBD	Order award plaques	Meeting Services Coordinator
January 18, 2006	Faculty disclosures and Commercial Support forms due	Meeting Services Coordinator
January 27, 2006	Determine registration handouts / ribbons etc with CTE	Meeting Services Coordinator
January 27, 2006	Badge design complete and stock ordered with CTE	Meeting Services Coordinator
January 27, 2006	Badge holders, chains, and supplies determined for meeting	Meeting Services Coordinator
<b>January 20, 2006</b>	<b>Advance Registration and Housing Deadline</b> (Note: Registrations are still taken following this date but at an increased registration fee.)	CTE
TBD	Award confirmation letters sent	Meeting Services Coordinator
February 15, 2006	Meeting specs sent to hotel	Meeting Services coordinator, Lisa Sykes, Jen Wolff
February 17, 2006	Program Book printed and sent to AANS	Printer
February 18, 2006	Final Program Book on file in EPM Department	Meeting Services Coordinator
February 27, 2006	Meeting materials sent to Orlando from AANS	Meeting Services Coordinator, Jen Wolff
March 8, 2006	CTE sends current attendee list to AANS	CTE
March 15-18, 2006	Annual Meeting convenes at the Wyndham Palace Resort & Spa in Orlando	
March 27-June 16, 2006	Meeting closure and bill payment	Meeting Services Coordinator, Lisa Sykes, Jen Wolff
April 28, 2006	CME certificates sent to medical registrants	Membership Dept.
May 18, 2006	Follow-up with EPM Department to be sure all appropriate forms, materials, and documents are on file and close meeting for joint sponsorship	Meeting Services Coordinator Lisa Sykes, Jen Wolff EPM Department

Note: This is an ongoing document that will be updated as new tasks are identified for the Spine Annual Meeting as we move through the planning process. Updated timelines will be sent to the Spine Leadership.

**Prepared by:** Lisa M. Sykes, CMP, Director of Meeting Services

From: Robert Heary [heary@umdnj.edu]  
Sent: Tuesday, August 30, 2005 6:55 PM  
To: reimbursement@dpyus.jnj.com  
Cc: tippett2@aol.com; fpwirth@bellsouth.net; Resnick (Daniel);  
chill@neurosurgery.org; korrico@neurosurgery.org;  
rfessler@surgery.bsd.uchicago.edu; vincent-traynelis@uiowa.edu;  
fdiaz@unsg.com  
Subject: Re: Medicare National Coverage Determination (NCD) - Response Request

rich:

hi, we have been discussing this at the national neurosurgery leadership level. dr. deyo has been critical of the potential for misuse of the TDA in the medicare population. he has requested additional data before this is supported. it seems to me that we need to provide data in return if the goal is to have CMS favorably support TDA. i am requesting from you, at this time, to provide me with the data from the charite study that specifically applies to the medicare population. if you could have someone collate the results for all patients over the age of 65 who were a part of the study, i would like to review these numbers. it seems to me that if dr. deyo claims there is inadequate data for this population that the best way to refute this would be with good data from the study which led to FDA approval for the TDA. i am copying a number of the other physicians who have been involved with this project recently. i appreciate any help you can provide with supplying this data in a collated format. sincerely, bob heary

Dear Dr. Heary:

On September 16, 2005, the public comment period for a national non-coverage decision for lumbar artificial disc replacement by the Centers for Medicare and Medicaid (CMS) will end. A negative decision will eliminate payment for lumbar disc replacement for all Medicare beneficiaries. It could severely hamper adoption by private insurance and limit physician and patient choice and access to care.

CMS needs to hear your views on this matter before it makes its determination

Dr. Richard Deyo from the University of Washington submitted a formal request for a negative NCD. Citing concerns about misuse of lumbar disc replacement in the Medicare

population, Dr. Deyo has recommended that CMS issue a national non-coverage decision. A national non-coverage decision would summarily deny access to lumbar spine arthroplasty to all Medicare beneficiaries. In addition, a CMS non-coverage decision could have broader implications if private insurers apply this same non-coverage determination to their own members.

The issues Dr. Deyo raised in his letter have been, and will continue to be, actively addressed by DePuy Spine through our Spine Arthroplasty, CHARIT?™) Artificial Disc training program. We continue to emphasize appropriate patient selection, ongoing data analysis, patient monitoring, and the development of an outcomes registry.

We encourage you to review Dr. Deyo's letter posted on the CMS website and consider how a non-coverage determination could adversely affect your ability as a physician to offer alternative treatments to a clinically appropriate patient, and the spine community's ability to continue to develop innovative treatments. Please add your voice and your opinion to that of Dr. Deyo's during the public comment period. This period remains open only until September 16, 2005, so the time for responding is very short.

If you want to maintain access to alternative surgical interventions for appropriate patients, we recommend you respond. You can submit your comments electronically by clicking on the link to the CMS website.

Instructions for responding are listed in the box below. We cannot overstate the importance of this issue and your need to respond. We appreciate your careful consideration of this matter and its potential implications for the entire category of spinal treatments.

Sincerely,

Marjorie Eskay-Auerbach, M.D.  
Richard Toselli, M.D.

Medical Director  
V.P. Research and Development

### National Coverage Analysis (NCA) Tracking Sheet for Lumbar Artificial Disc Replacement

#### Instructions to submit comments:

1. Review the CMS Tracking Sheet with link below:

<http://www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=170>

2. Click "View Letter" to read Dr. Deyo's comments or click on the link below:

<http://www.cms.hhs.gov/coverage/download/id170.pdf>

3. To read additional comments, Click "View Public Comments" or click on the link below:

[http://www.cms.hhs.gov/mcd/viewpubliccomments.asp?nca\\_id=170](http://www.cms.hhs.gov/mcd/viewpubliccomments.asp?nca_id=170)

4. Provide your public comment by clicking on the "Comment" icon located within the dark orange box within the header at the top of the Tracking Sheet (Step 1 or Step 3 above).

5. Submit your public comments electronically. NOTE: this system does not accept attachments. If you wish to include an attachment, email it to [CAGinquiries@cms.hhs.gov](mailto:CAGinquiries@cms.hhs.gov). Include the NCA Title and CAG# in the subject line of your email: NCA for Lumbar Artificial Disc Replacement (CAG-00292N).

6. At the bottom of the page, click on " Submit Comment".

7. You will receive an email of your submitted comment. If you do not, resubmit.



AMERICAN ASSOCIATION OF  
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September 16, 2005

Jyme Schafer, MD, MPH  
Coverage and Analysis Group  
Centers for Medicare and Medicaid Services  
7500 Security Blvd.

RE: NCA for Lumbar Artificial Disc Replacement (CAG-00292N)

Dear Dr. Schafer:

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), representing organized neurosurgery in the United States, appreciate the opportunity to comment on the national coverage determination (NCD) request regarding lumbar artificial disc replacement published on the Centers for Medicare and Medicaid Services' (CMS) Coverage website on August 16, 2005.

The AANS and CNS believe that is premature for CMS to render a definitive national coverage determination for this procedure. We fear that if the agency does implement a non-coverage decision, many patients – both Medicare beneficiaries and others -- who would benefit from this treatment, may suffer unnecessarily if this surgical option is not available to them. There are a number of reasons why a non-coverage determination is unnecessary at this time.

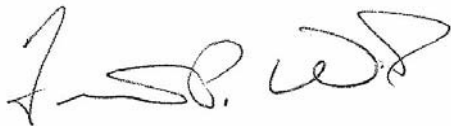
- First, according to the Food and Drug Administration (FDA), total disc replacement is a safe and efficacious surgical option in the treatment of degenerative disc disease.
- Second, most of the available scientific data reflect studies on patients under the age of 60. At present, there is not enough available data on patients over the age of 60 to demonstrate that this procedure is inappropriate for elderly patients. While the FDA did state that patients with osteoporosis and osteopenia are not candidates for artificial discs, not all Medicare beneficiaries suffer from these conditions. Indeed, many Medicare patients are extremely healthy and active and their health status may be more reflective of the under-60 population, for whom this procedure is more common. Moreover, not all Medicare beneficiaries are over the age of 65, but rather are eligible as a result of a disability.
- Third, as with any surgical procedure, careful patient select is essential and the surgeon, in consultation with the patient, is the best person to decide if his or her patient is a candidate for artificial disc surgery, regardless of the patient's age.

- Finally, Medicare coverage decisions have wide ranging impact on policies made by other payers. If CMS prematurely issues a non-coverage decision for this procedure, other private payers may follow Medicare's lead and also disallow payment for this technology.

The AANS and CNS believe that while more research is necessary and more data need to be collected to answer additional questions about this technology, if CMS denies coverage for artificial disc surgery, it will hinder our ability to develop both the technology and further identify and refine its indications. We therefore reiterate our request that CMS postpone making any definitive coverage determination at this time.

Again, thank you for the opportunity to comment.

Sincerely,



Fremont P. Wirth, MD, President  
American Association of Neurological Surgeons



Nelson M. Oyesiku, MD, President  
Congress of Neurological Surgeons



Robert Heary, Chairman  
AANS/CNS Section on Spine and Peripheral Nerves

**Staff Contact:**

Catherine Jeakle Hill  
Senior Manager, Regulatory Affairs  
AANS/CNS Washington Office  
725 15<sup>th</sup> Street, NW  
Suite 800  
Washington, DC 20005  
Phone: 202-628-2072  
Fax: 202-628-5264  
Email: [chill@neurosurgery.org](mailto:chill@neurosurgery.org)

Hi Bob,

Joe Alexander is the third member at large- so he's already in. I spoke with Vince and Rusty for an hour or so about this last weekend (we were being held hostage in New Hampshire for the CNS Exec meeting). My interpretation of the issue is that we are being fed multiple interpretations of the requirements for a Category 1 code. I clearly recall listening to Pat Jacobs describe the requirements at our exec meeting and feeling quite certain that the requirements were not met due to the lack of a North American series, the fact that only a single device was approved, and the fact that the device was being used in a very limited fashion (mainly because it is not always paid for). Vince asserts that a North American series is not required, just a peer reviewed publication. Vince asserts that the procedure is widely performed, and that the fact that only a single device is approved is not important. I don't know what the facts are. The string of vituperative emails has not cleared anything up for me at all.

Although we should not be a mouthpiece for NASS, Bill and Greg know a sh-tload more about this stuff than I do and they ARE the NASS committee. To the contrary, I also think that Vince has given this a really thoughtful review, and I have never noted Vince to give an opinion that wasn't well considered, reasonable, and accurate.

Below is the list of the emails for the spine exec committee. I have saved all of the cross fire from the last couple weeks. Let me know what you want sent and I will be happy to provide the documents for everyone's review.

Dan

CIS8Z@hscmail.mcc.virginia.edu; mgroff@iupui.edu; jhurlber@ucalgary.ca;  
rajmidha@ucalgary.ca; pcm6@columbia.edu; jtalexan@wfubmc.edu;  
Resnick@neurosurg.wisc.edu; tanvir.choudhri@msnyuhealth.org;  
Charleskuntz@yahoo.com; gersztenpc@upmc.edu; mclaughlin@spineuniverse.com;  
jknightly@atlanticneurosurgical.com; cwolfla@neuroscience.mcw.edu;  
gprzybyl@optonline.net; wmittchell@solarishs.org; timothy-ryken@uiowa.edu;  
sondra@nmff.org; zgokas11@jhmi.edu; jguest@med.miami.edu;  
jhurlber@ucalgary.ca; kfoley@semmes-murphey.com;  
rfessler@surgery.bsd.uchicago.edu; matzpg@yahoo.com; heary@umdnj.edu;  
ronald.apfelbaum@hsc.utah.edu; curtis.dickman@bnaneuro.net;  
mgk7@columbia.edu; zagere@uphs.upenn.edu; Gerald\_Rodts@emoryhealthcare.org;  
trost@neurosurg.wisc.edu; jyork@lumc.edu; neurokim@stanford.edu;  
dirisid@mail.amc.edu

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]  
Sent: Friday, July 01, 2005 2:07 PM  
To: Resnick (Daniel)  
Subject: Fwd: TDA

dan:

hi, in response to vince's e-mail, i told him that i would ask for help from the spine section exec comm. i included you on my response to vince- you should have the e-mail. the problem i have now is figuring out who to ask to be involved. we had the subcommittee conference calls on 2 separate occasions which included drs. heary, piper, resnick, ryken, alexander, mitchell, mccormick. in addition to these people, i

think we should add charlie branch, rusty rodts, kevin foley, daniel kim, ron apfelbaum, reg haid, steve ondra, chris shaffrey, ed benzel, rick fessler, and eric zager. i am unsure who the 3 members-at-large are (i know kevin foley and dan kim are 2 of them- i am not sure who the third is). if the third member-at-large is not on this list, then he should be added as well. my plan is to forward vince's e-mail to all of these folks and solicit their input. vince seems quite dead set on pushing this through at this time. with the names above, we will have all of the current officers, the members of the subcommittee on this topic, as well as numerous "senior" leadership or former leaders to give input. i am hoping that the section will be able to provide some guidance to vince as to our thoughts on this issue. does this seem like a logical list to you? can you think of any people i am omitting? if not, i would like to get vince's email forwarded to each of these people with a need for a comment back to me by next friday (july 9). please let me know your viewpoint as i would like for this to happen sooner rather than later. thanks.

bob

From: Robert Heary [heary@umdnj.edu]  
Sent: Friday, July 08, 2005 11:35 AM  
To: pcm6@columbia.edu; Gerald\_Rodts@emoryhealthcare.org;  
Ronald.Apfelbaum@hsc.utah.edu; CIS8Z@hscmail.mcc.virginia.edu; Resnick  
(Daniel); sondra@nmff.org; gprzybyl@optonline.net;  
kfoley@semmes-murphey.com; wmitchell@solarishs.org;  
neurokim@stanford.edu; rfessler@surgery.bsd.uchicago.edu;  
timothy-ryken@uiowa.edu; zagere@uphs.upenn.edu; jtalexan@wfubmc.edu  
Cc: hass@airmail.net; tippett2@aol.com; jacob@neurosurgery.ufl.edu;  
cozzens@northwestern.edu; vincent-traynelis@uiowa.edu;  
jawilson@wfubmc.edu  
Subject: Re: TDA

vince, sam, jeff, pat, and all the spine exec committee members who weighed in with their input: i greatly appreciate all of the time, effort, and thoughtful insight which has been provided regarding the issue of total disc arthroplasty. personally, i have been trained, have placed a single Charite disc to date, and do have a consulting agreement with depuy spine. that being said, i have solicited the input of the leadership of the spine section, the members of the subcommittee assigned to this task, and numerous senior members of the spine section who are able to add "institutional memory" to this process. the aggregate input that i have received is overwhelmingly in support of the recommendation to change the TDA procedure to a level 1 code. with a great deal of research and thought going into this process, as the current chair of the spine section, i am informing the neurosurgical leadership that the spine section is in support of upgrading the procedure. once again, thanks to all who have taken time out of their practices to help us resolve this important issue. sincerely, bob heary

From: Hassenbusch, Samuel [hass@airmail.net]  
Sent: Tuesday, June 21, 2005 2:08 PM  
To: Mitchell, William; 'Traynelis, Vincent'; 'Patrick Jacob'; 'Robert Heary'; 'Rick Boop'; 'Jeff Cozzens'; 'John Wilson'; Orrico, Katie  
Cc: 'Troy Tippet'; Resnick (Daniel); 'Cathy Hill'; gprzybyl@optonline.net; 'Mick, Charles'  
Subject: RE: Cat I Proposal for TDA

I wasn't aware that the NASS coding committee now determines official AANS and CNS policy - specifically about criteria for AANS and/or CNS submission for new CPT codes.

By criteria, I have heard on multiple occasions the following mentioned:

- prospective randomized controlled trials,
- multi-year published follow-ups in peer-reviewed journals
- efficacy superior to (rather than equivalent to) other current procedures,
- very very limited practice expense costs,
- cost-efficacy meaning demonstration of new procedures actually costing LESS for equivalent efficacy as compared to current alternative procedures.

Sam

At 01:08 PM 6/21/2005, Mitchell, William wrote:

>Vince:

>I do not mean to imply anything. If the code is accepted at CPT in  
>October of 2005 or February 2006 it would go to the next RUC meeting  
>and thereby valued for publication and use in CPT 2007. Therefore, the  
>October CPT meeting is not the deadline for publication in 2007.

>

>Regarding meeting the criteria: "clinical efficacy of the  
>service/procedure must be well established and documented in U.S. peer  
>review literature" is a requirement for a category I code. This is an  
>intentionally vague but critical criteria for category I codes. We can  
>debate whether this service meets this criteria or not but the NASS  
>coding committee does not feel that this procedure currently meets this  
>criteria. It may in the future. I do not know what articles will be  
>coming in the future nor what they will say but we await their  
>publication. I hope this helps explain any ambiguities that I may have  
>conveyed.

>

>Bill

>

>-----Original Message-----

>From: Traynelis, Vincent [mailto:vincent-traynelis@uiowa.edu]

>Sent: Monday, June 20, 2005 6:40 AM  
>To: Patrick Jacob; Robert Heary; Sam Hassenbuch; Rick Boop; Jeff  
>Cozzens; Mitchell, William; John Wilson  
>Cc: Troy Tippet; resnick@neurosurg.wisc.edu; Cathy Hill;  
>gprzybyl@optonline.net  
>Subject: RE: Cat I Proposal for TDA  
>  
>  
>I agree with Pat. Bill, I do not completely understand the timeline  
>you present. You imply that approval in October will move this process  
>ahead ultimately by a year. It fits the criteria and Pat is correct -  
>societies are providing courses on the topic. Furthermore you have  
>reason to believe that the articles that are desired will be available  
>in July which predates the October meeting. Perhaps I do not  
>understand the timing and if so please let me know. I also am not  
>certain what the true literature requirements that NASS is waiting for  
>are. Please help me with this too.  
>  
>Vince  
>  
>-----Original Message-----  
>From: Patrick Jacob [mailto:jacob@neurosurgery.ufl.edu]  
>Sent: Sunday, June 19, 2005 10:49 PM  
>To: Robert Heary; Sam Hassenbuch; Rick Boop; Jeff Cozzens; William  
>Mitchell; Traynelis, Vincent; John Wilson  
>Cc: Troy Tippet; resnick@neurosurg.wisc.edu; Cathy Hill;  
>gprzybyl@optonline.net  
>Subject: Re: Cat I Proposal for TDA  
>  
>Bob, Congratulations on your recent addition.  
>The tail is wagging the dog here. A few months ago, as I recall, the  
>AANS leadership thought that we should pursue a Cat I code for lumbar  
>TDA with the advice of the Spine Section. During the last several  
>months there has been a great deal of uncertainty about the role of CPT  
>code. The acceptance and publication of a Cat I code is not a  
>recommendation, guideline, endorsement, from a professional  
>organization. It is a part of the reimbursement cycle for  
>practitioners trying to be paid for services rendered. There is a  
>circulating misconception that the medical literature is inadequate for  
>support of this proposal from a CPT policy standpoint. This is not the  
>case. The Panel does not require evidence based medicine criteria that  
>would be necessary to make a standard or a guideline in order to  
>publish a new CPT code. There needs to be: 1) FDA approval, 2)  
>two(2)  
>peer reviewed publications in US journals, 3) sufficient widespread use of  
>the technique to justify the code. This technique has already exceeded the

>CPT criteria for code submission. Further delaying this code submission  
>should be done only because organized neurosurgery feels that a code for  
>this is either unnecessary or will not benefit its members. Submitting the  
>code request in the fall would be in time for the 2007 book, but delaying  
>this to the 2008 cycle is pointless. The publications that will give insight  
>into whether this is a breakthrough or just another treatment option in  
>degenerative spine disease, will be 5 - 10 years away as the FDA study  
>cohorts begin to get adjacent segment disease or device failure. For those  
>article to appear in press in the next 12 months (a necessary timeline for  
>submission in 2006 for the 2007 CPT  
>book)  
>they would already be in submission and I have not heard of there kinds of  
>data on the current lecture circuit. In the recent issue of Neurosurgery:  
>Spine, most of what is considered routine practice (pedicle screws, PLIF,  
>lumbar fusions, etc., etc., etc,  
>)  
>have little or no real science behind them and would pale before a  
>multicenter, randomized, controlled FDA approved clinical trial. Attached  
>are 2 PDF file demonstrating that the major organizations are intimately  
>involved in disseminating this technology by teaching its members (AAOS/NASS  
>for the lumbar and AANS for the cervical TDA). If we don't feel these  
>techniques are ready for a CPT code, should we (and NASS) be teaching them  
>to the membership? -R. Patrick Jacob, M.D. University of Florida Department  
>of Neurosurgery Box 100265 Gainesville, FL 32610 352-392-4331

>  
>  
>NOTE: This communication may contain information that is legally  
>protected from unauthorized disclosure. If you are not the intended  
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>

>

>

>

>On 6/19/05 1:44 PM, "Robert Heary" <heary@umdnj.edu> wrote:

>

> > gentlemen:

> > hi, for anyone trying unsuccessfully to reach me for the past 10

> > days,

> i

> > apologize. my wife had to be emergently admitted to the hospital

> three

> > weeks prior to her due date and she delivered a happy and healthy



> > baby boy. both wife and baby are doing great. with respect to the  
> > coding issue, it looks like sam's statement  
> clearly  
> > shows that targeting 2008 for acceptance makes the most sense since  
> > we don't have the time for 2007 at this point. at the most recent  
> > spine section subcommittee meeting on this topic, the prevailing  
> > sentiment  
> was  
> > uncertainty. there is currently only minimal available literature  
> > to support this procedure. it is my expectation that over the next  
> months  
> > or even year that more articles will be published which will  
> demonstrate  
> > equivalency or better. i agree with some of greg and bill's  
> > thoughts about the new inventions. since our hands appear to be  
> > currently tied with respect to 2007 at  
> this  
> > time, the spine section opinion is that we begin now to target 2008.  
> if  
> > information develops between now and the time for submission, we can  
> > always re-evaluate it at that time. if the information which does  
> > become available is favorable, then we should be prepared to submit  
> > a favorable article of support for the TDA procedure for CPT 2008.  
> > once again, i apologize to anyone who had trouble getting hold of me  
> > recently, i am back available by e-mail at this time. bob heary  
> >  
> >>>> "Hassenbusch, Samuel" <hass@airmail.net> 06/18/05 1:52 AM >>>  
> > Bill - you do make a good point and explain your logic well - by  
> > delaying even a trial submission to CPT after FDA approval, any CPT  
> > category 1 code for TDA has been delayed till CPT 2007 at the  
> > earliest.  
> > In other words, while almost all the other specialties have  
> > figured out the CPT process so that CPT Panel discussion of a new  
> > procedure is timed to coincide with FDA approval (or imminent  
> > approval within  
> 3-6  
> > months), TDA has been timed so that there is no possible 2006  
> > acceptance.  
> > I would assume that the present plan is to scrutinize the  
> > TDA data, as you outline below, so that the CPT 2008 start date (or  
> > a  
> later  
> > start date) would be the realistic target date for any CPT category  
> > 1 code for any TDA application. To that end, I would support this  
> > timeline since I'm sure it must represent the opinions and desires  
> > of organized neurosurgery and the neurosurgeons who have worked most

> > closely with  
>TDA  
> >  
> > research.  
> >     Thoughts?  
> >     Thanks, Sam  
> >  
> >  
> > At 12:19 PM 6/17/2005, Mitchell, William wrote:  
> >  
> >> Pat:  
> >>  
> >> The NASS coding committee recently discussed your code proposal to  
> > change  
> >> lumbar disc arthroplasty from category III to category I status.  
> >> We  
>do  
> > not  
> >> currently support the change for the following reasons. There has  
>been  
> > no  
> >> new literature in peer-reviewed U.S. literature since the code was  
> > submitted  
> >> and accepted for category III status in 8/04. The only development  
> > since  
> >> 8/04 has been FDA approval. While that is necessary for category  
> >> I,  
>it  
> > was  
> >> not the only reason NASS proposed it as category III in 8/04. We  
> >> do recognize there are 2 articles being published in peer-reviewed  
> >> U.S. literature in July and will review them. To our knowledge,  
> >> those  
> > articles  
> >> are subsets on the FDA trial. There will be other articles coming  
>out  
> > in  
> >> the future that are likely to give more support of the procedure.  
>When  
> >> published, they will surely give more support to the procedure.  
> >> This  
> > will  
> >> not affect publication in CPT 2007 if the change does not happen by  
> > next CPT  
> >> (10/05). The deadline to get through CPT and still make it to RUC  
>and

> >> thereby CPT 2007 would be CPT February 2006. Hopefully there will  
> >> be  
> > more  
> >> literature by then.  
> >>  
> >> Bill Mitchell  
> >> NASS CPT Advisor and Chair NASS Coding Committee  
> >>  
> >>  
> >> -----Original Message-----  
> >> From: Patrick Jacob [mailto:jacob@neurosurgery.ufl.edu]  
> >> Sent: Friday, June 03, 2005 3:18 PM  
> >> To: Robert Heary; Hassenbusch, Samuel; Traynelis Vincent; Jeff  
> > Cozzens;  
> > John  
> >> Wilson; Rick Boop  
> >> Cc: Cathy Hill; Troy Tippet; Greg Przybylski; Mitchell, William  
> >> Subject: Cat I Proposal for TDA  
> >>  
> >>  
> >> Attached is the Code change proposal form for lumbar TDA in draft  
> > format. I  
> >> would invite comment suggestion from all parties. I would  
> > specifically  
> > ask  
> >> Bob to circulate this to the appropriate members of the Spine  
> > Section.  
> > July  
> >> 13 is the deadline for submission to CPT for the October meeting.  
> > The  
> >> literature attached is incomplete since Spine has not released the  
> > abstract  
> >> for the FDA study to the public, but I will attach prior to  
> > submission.  
> > I  
> >> assume we will need to use the same service descriptor as for the  
> > level  
> > III  
> >> code.  
> >>  
> >> Pat  
> >> \_\_\_\_\_  
> >> R. Patrick Jacob, M.D.  
> >> University of Florida  
> >> Department of Neurosurgery  
> >> Box 100265

> >> 352-392-4331  
> >> 352-392-8413 (fax)  
> >>  
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> > and  
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> >  
> >

From: Gregory Przybylski [gprzybyl@optonline.net]  
Sent: Saturday, July 09, 2005 11:52 AM  
To: 'Robert Heary'; pcm6@columbia.edu; Gerald\_Rodts@emoryhealthcare.org;  
Ronald.Apfelbaum@hsc.utah.edu; CIS8Z@hscmail.mcc.virginia.edu; Resnick  
(Daniel); sondra@nmff.org; kfoley@semmes-murphey.com;  
wmitchell@solarishs.org; neurokim@stanford.edu;  
rfessler@surgey.bsd.uchicago.edu; timothy-ryken@uiowa.edu;  
zagere@uphs.upenn.edu; jtalexan@wfubmc.edu  
Cc: hass@airmail.net; ttippett2@aol.com; jacob@neurosurgery.ufl.edu;  
cozzens@northwestern.edu; vincent-traynelis@uiowa.edu;  
jawilson@wfubmc.edu; GPrzybylski@solarishs.org  
Subject: RE: TDA

It was excellent to see the enthusiastic exchange of recommendations regarding the topic of TDA as well as the disclosures of potential conflicts of interest. I am certain that this recommendation from the Spine Section will be addressed at the WC meeting in a few weeks. In the discussions, several issues were raised that I would like to clarify.

1) Lumbar TDA, more likely than not, does meet the CPT Editorial Panel's criteria for Category I. As Bill has pointed out on prior email (based on query to AMA Staff Michael Beebe), the panel has somewhat nebulous criteria for consideration of a Category I code (purposefully done this way to allow the Panel some latitude, with the unfortunate consequence of confusing societies who consider making code applications). Broad use in the US, efficacy as demonstrated by peer-reviewed publication(s), and FDA approval are among the required criteria. The AMA website lists the following:

In developing new and revised Category I CPT codes the Advisory Committee and the Editorial Panel requires:

that the service/procedure receive approval from the Food and Drug Administration (FDA) for the specific use of devices or drugs;  
that the service/procedure is performed across the country in multiple locations;  
that many physicians or other health care professionals perform the service/procedure; and  
that the clinical efficacy of the service/procedure has been well established and documented.

However, when Michael Beebe at AMA was asked more specifically about these criteria, he stated that the Panel typically (but maybe not consistently) looks at publications reflecting treatment of US patients (given the application of CPT to US patients). The publication(s) may or may not be in US publications or even by US authors, but consideration is typically given to studies reflecting treatment of patients in the US. Although TDA has a more extensive literature abroad, even the single initial publication of the US trial combined with FDA approval fulfills the AMA criteria.

2) Specialty societies are not obliged to use these criteria in their deliberations for recommendations to the Panel. Certainly, the Panel will not look favorably upon proposals that fail to meet the minimum AMA criteria. However, some societies have chosen to maintain a higher standard before supporting a proposal. Chris Shaffrey had recommended communication with NASS regarding their thoughts. Contrary to some misperceptions, neither Bill nor I determine NASS policy. Bill is NASS's CPT Advisory representative and is therefore responsible for communicating NASS recommendations to the Panel. As a member of the NASS Board, I have one among many votes concerning the Board's recommendation concerning proposals such as this one. Several years ago, the NASS Board chose a more stringent set of criteria that need to be achieved before the Board would support a CPT proposal. Based on these criteria, the Operative Coding Committee of NASS recently met and felt that the US literature was yet insufficient to support a recommendation of Category I by NASS's criteria. There was also an acknowledgement that additional publications are expected this summer and that the issue would be revisited again this year. Since the deadline for proposal submission for consideration of acceptance into CPT 2007 (the earliest publication available as of this time) is Oct 2005, the committee wished to re-evaluate the literature after the summer but before the October deadline. Submission for the current July deadline, if accepted by the Panel, will still result in CPT 2007 publication.

3) Although Rick Fessler advocated against using CPT/RUC to influence surgical practice, organized medicine has been challenged by CMS to take the lead in evaluating efficacy and cost-effectiveness when making recommendations. The AMA Board of Trustees supported a similar philosophy, although the AMA has not stepped forward to impose this upon the CPT Panel (yet). It is somewhat concerning to me personally that many of our spine leaders have been trained in TDA placement, but have chosen to either perform few or none of this procedure. If there is an unstated concern about whether this device will be beneficial for our patients (particularly long-term), should our organization be supportive without additional experience or evidence. A similar analogy may be applied to IDET, which had an initial publication with favorable results. I suspect that many of us have not been enthusiastic supporters of this technology because of concerns about efficacy. Subsequent publications and presentations have been less favorable concerning IDET. Despite being FDA-approved, having wide-spread use, and having multiple US peer-reviewed publications regarding its use, did organized neurosurgery advocate for this procedure, which is certainly performed by our membership? The Editorial Panel was given a proposal requesting a Category I code (as it did fulfill the criteria listed above), yet the Panel voted to approve a Category III code. Perhaps as an organization we wish to develop and support CPT recommendations that simply fulfill AMA criteria; if so, we should be consistent in this approach. While CMS challenged organized medicine, it concurrently stated that the payers will do this themselves if specialty medicine abdicates this role. BCBS has a tech assessment arm which has evaluated the TDA literature only last month and made a recommendation NOT to support payment for this procedure. Yet, NJ BCBS chose to not follow the recommendation and has agreed to pay for the procedure in patients who fulfill the FDA inclusion criteria for the IDE study. For those involved in the kyphoplasty/vertebroplasty MCAC evaluation, sobering conclusions were reached by this group considering the lack

of scientific evidence for these procedures, despite a substantially larger accumulated literature and experience when compared with TDA. In fact, BCBS representatives presenting concluded that neither procedure had good evidence to support it. CMS has not yet to my knowledge determined a payment policy based on the MCAC recommendations. Some of us have recently received emails concerning BCBS decision not to pay for 61795 (navigation), apparently for extracranial uses by ENT (for which the CPT code was written specifically to include this use). Ultimately, we can develop or support codes for every useful and useless procedure performed that meets AMA criteria; in the end, the payers will determine what to pay for and what not to pay for. Should we consider our credibility if we choose not to consider the level of evidence available for the physician procedures that we support? Spinal fusion surgery already came under the microscope earlier this year by NEJM, NYT, and CMS. If we are seen as supporting all physician procedures, regardless of their efficacy and level of scientific evidence, will our views be credible and accepted when we are challenged on some fundamental procedures that we all perform and believe in, when even those (like most of medical literature) have less than ideal scientific support for their effectiveness? Are we credible in complaining about declining physician reimbursement when we continue to advocate on behalf of expensive procedures and technology which may have limited or no benefit (what happened to the BAK rage?)? Don't forget that every dollar spent on pharmaceuticals, devices, and imaging is a dollar less available for physician payment in the Congressional budget.

4) I should reiterate that the CPT category (I or III) does not determine payment policy. Carotid stent was paid for by CMS as a Category III code and kyphoplasty was paid for by CMS as an unlisted code (the latter of which is expected to see reduced reimbursement in many regions of the country beginning in 2006 when the Category I code goes into effect).

Personally, given that submission either in July or October results in a decision that affects inclusion in CPT 2007, I would like to see the publications expected this summer in order to make a more informed recommendation for the October deadline. I have also been trained in placement of the Charite, have not placed one yet, and have no financial relationship regarding this device or any other investigational TDA device.

Greg

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]

Sent: Friday, July 08, 2005 12:35 PM

To: pcm6@columbia.edu; Gerald\_Rodts@emoryhealthcare.org;

Ronald.Apfelbaum@hsc.utah.edu; CIS8Z@hscmail.mcc.virginia.edu;

resnick@neurosurg.wisc.edu; sondra@nmff.org; gprzybyl@optonline.net;

kfoley@semmes-murphey.com; wmtchell@solarishs.org; neurokim@stanford.edu;

rfessler@surgery.bsd.uchicago.edu; timothy-ryken@uiowa.edu; zagere@uphs.upenn.edu;  
jtalexan@wfubmc.edu

Cc: hass@airmail.net; tippett2@aol.com; jacob@neurosurgery.ufl.edu;  
cozzens@northwestern.edu; vincent-traynelis@uiowa.edu; jawilson@wfubmc.edu

Subject: Re: TDA

vince, sam, jeff, pat, and all the spine exec committee members who weighed in with their input: i greatly appreciate all of the time, effort, and thoughtful insight which has been provided regarding the issue of total disc arthroplasty.

personally, i have been trained, have placed a single Charite disc to date, and do have a consulting agreement with depuy spine. that being said, i have solicited the input of the leadership of the spine section, the members of the subcommittee assigned to this task, and numerous senior members of the spine section who are able to add "institutional memory" to this process. the aggregate input that i have received is overwhelmingly in support of the recommendation to change the TDA procedure to a level 1 code. with a great deal of research and thought going into this process, as the current chair of the spine section, i am informing the neurosurgical leadership that the spine section is in support of upgrading the procedure. once again, thanks to all who have taken time out of their practices to help us resolve this important issue. sincerely, bob heary



**From:** Jenifer R. Wolff [jrw@aans.org]

**Sent:** Friday, July 15, 2005 9:19 AM

**To:** Mark R. McLaughlin, M.D.; mgroff@iupui.edu; timothy-ryken@uiowa.edu; Resnick (Daniel); Dr. Heary

**Cc:** Lisa M. Sykes; Lisa M. Alicea; Ronald W. Engelbreit; Vanessa Garlisch; Rene L. Finco

**Subject:** Spine 2006 Exhibit floor

Dear all -

As follow up to the exhibit floorplan discussion on the July 12 conference call, I have contacted the hotel and our decorator. Per fire marshal regulations, the exhibit hall can not be expanded into the pre-function space outside of the hall. Decreasing booth size to 8 x 10 rather than the current 10 x 10 booths does not allow for more booths, due to the design of the hall.

The floor remains at a total of 64 booths.

As discussed, this also impacts the exhibit hall at this property in 2008. Lisa Sykes will address this with Dr. Alexander to determine how best to move forward with futures.

Regards,  
Jen

Jenifer Wolff, Meetings & Exhibits Specialist  
AANS  
5550 Meadowbrook Dr  
Rolling Meadows, IL 60008  
PH: 847-378-0552-Direct  
Fax: 847-378-0652  
jrw@aans.org

# Pending Executive Committee Approval

Grant Proposal for Lumbar Fusion Guidelines  
Submitted by Paul G. Matz, MD  
Chairman, Guidelines Committee  
AANS/CNS Joint Section on Spine and Peripheral Nerves

## Introduction

Cervical spine surgery is a common procedure performed by spinal surgeons. In the United States, the vast majority of cervical spine surgery is undertaken for degenerative changes. Clinical indices for patient selection, diagnostic modalities to corroborate clinical findings, surgical techniques utilized for therapy, and functional outcome measures to assess efficacy vary widely between individual practitioners and between published series dealing with the surgical management of cervical degenerative disease. The addition of newer technologies including segmental fixation, surgical navigation, bone graft extenders, minimally incisional techniques, and neurophysiological monitoring has provided a myriad of choices for the surgeon, producing numerous treatment algorithms. Typically added technology escalates costs, and the expense of treating cervical degenerative disease has increased as these new modalities are brought to bear. Third party payors, especially the Federal government, are beginning to demand evidence for the efficacy of current surgical treatment for cervical degenerative disease.

The ideal solution regarding the efficacy of surgical treatment of cervical degenerative disease would be a series of multicenter randomized clinical trials; however, this approach is unrealistic and cost prohibitive. Strict inclusion criteria for each of the trials would be necessary and may so diminish the applicability of trial results to the general population. Outcome measures, diagnostic modalities, and surgical techniques may

evolve necessitating periodic repetitions of surgical trials. It is the absence of such trials that led the Cochrane review group to conclude in 2002: “The data from the reviewed trials were inadequate to provide reliable conclusions on the balance of risk and benefit from cervical spine surgery for spondylotic radiculopathy or myelopathy.”

The production of evidence-based guidelines for the surgical treatment of degenerative cervical spine disease will mandate a rigorous review and evaluation of the current literature in an organized, concise fashion. The guidelines process permits the recommendation of treatment strategies based solely on the available evidence. In essence, it provides a purview on the “State of the Specialty”. The methodical review performed as part of the guidelines development process highlights the strengths and weaknesses of the current literature and may form the basis for decisions on which clinical studies to undertake. Although clinical algorithms have been published, there are no comprehensive, peer-reviewed, evidence-based reviews regarding the indications for and utility of cervical spine surgery for degenerative disease.

## **Proposal**

We propose to produce a set of evidence-based reviews and recommendations for the surgical treatment of cervical spine degeneration. We propose to establish a panel of spinal surgeons who will critically review the English language literature, grade the contents of the literature based on well-described criteria, and produce a series of guidelines documents suitable for publication. The panel will be comprised of spinal surgeons including neurosurgeons and at least one fellowship trained orthopedic spine

surgeon. It is anticipated that these surgeons will not carry significant external commitments in order to devote sufficient time and resources to guideline development.

It is hoped the Spine Section may provide senior advisors to the group and who will also provide editorial support. The group will convene at one of the national meetings for an organizational session and will meet three additional times during the year. Our intent is to have a completed manuscript ready for review by the executive committee of the Section on Spine and Peripheral Nerves after a twelve month effort. The document produced will be the property of the AANS/CNS Joint section on Disorders of the Spine and Peripheral Nerves and the parent organizations will jointly own the copyright. It is anticipated that the document will be submitted for publication in a peer-reviewed journal.

### **Committee**

The proposed committee consists of the following members:

Paul Matz, MD	Neurosurgeon, University of Alabama, Chair
Physician A	
Physician B	
Physician C	
Physician D	
Physician E	
Physician F	
Physician G	
Physician H	

In addition, Dr. Dan Resnick will serve as members of the committee, primarily as advisors and mentors.

### **Preliminary Outline**

Guidelines for management of cervical degenerative disease

Introduction and methodology

Functional outcome assessment

*Determine which outcome measures have proven fruitful*

Economic outcome

*Determine the validity of an economic outcome measures*

Patient selection: MRI, CT-myelography, EMG, etc

*Determine the utility of preoperative diagnostic studies*

Cervical laminotomy, foraminotomy, discectomy for radiculopathy

*Review a basic posterior approach for nerve root syndrome*

Anterior cervical discectomy for radiculopathy

*Review a basic anterior approach for nerve root syndrome*

Cervical Laminectomy for myelopathy

*Review a basic posterior approach for myelopathy*

Cervical Laminoplasty for myelopathy

*Review a more recent posterior modification for myelopathy*

Cervical Laminectomy with posterior arthrodesis for myelopathy

*Review a more recent posterior modification for myelopathy*

Cervical corpectomy for myelopathy

*Review a basic anterior approach for myelopathy*

Cervical multi-level discectomy for myelopathy

*Review a modification of the anterior approach for myelopathy*

Radiographic assessment of fusion

*Determine the best assessment of fusion*

Correlation between fusion and functional outcome after radiculopathy

*Does fusion correlate with functional outcome? (May combine with myelopathy)*

Spinal Fixation Posterior

*What role does spinal fixation add in terms of fusion and outcome?*

Spinal Fixation Anterior

*What role does spinal fixation add in terms of fusion and outcome?*

Injection therapies and Bracing

*How well do these nonoperative adjuncts work?*

Intraoperative monitoring

*Does it improve functional outcome or intraoperative problem recognition?*

Bone graft substitutes

*Do they improve fusion rates?*

## **Timeline**

December 2005: Formalize topic list and make preliminary assignments. Distribution of educational materials and initial assignments to committee members.

March 2006: Two day session for education/indoctrination of committee members.

Formalized review of literature by group on one to two topics and outline development of at least one topic per committee member.

July 2006: Four day session for finalization and review of first set of topics, establishment of outlines and group review of literature for second set of topics.

November 2006: Four day session for finalization and review of second set of topics, final editorial review of first set, review of topic list for potential omissions.

January 2007: Two day session for final review of documents as a group, preparation of individual manuscripts for publication.

March 2007: Submission of final document to executive committee of Spine section for review prior to publication.

May 2007: Incorporation of editorial changes and submission for publication.

### **Budget**

Travel expenses: Four meetings are planned. Based upon the experience of the lumbar fusion guidelines group, each of these meetings incurred approximately \$7000 in expenses (airfare, housing, car rental, meals). Meetings will be planned at the Executive FLUNO Center at the University of Wisconsin, Madison. This location will permit focus

on the guidelines with minimal distractions and allow proper logistical support of the project. Furthermore, Dr. Dan Resnick resides in the area and will be available for consultation. The total budget for meeting expenses is \$24,000.

Administrative Support: We are requesting support for  $\frac{1}{4}$  of a full time employee for 1 year to assist with literature searches, article retrieval, article distribution to committee members, along with bookkeeping. Total cost \$8000.00

Miscellaneous Supplies: Printing/Fax/Phone services as well as subscription costs for online journals, evidence based medicine texts, shipping costs, etc. Total cost \$2000.00

Total Cost for Guideline Production: \$34,000.00

Publication Support: \$60,000.00 is requested to offset the costs incurred for publication of a special supplement issue of Neurosurgery, if possible. We hope to offset this expense through corporate sponsorship obtained through the spine section.

Any unused funds will be returned to the spine section. This budget does represent a “worst case scenario,” and it is hoped that this project, like the lumbar fusion project, will be completed under budget.

From: Regis Haid [rhaid@atlantabrainandspine.com]  
Sent: Wednesday, August 17, 2005 5:42 PM  
To: 'Robert Heary'; jtalexan@wfubmc.edu  
Cc: gerald\_rodts@emoryhealthcare.org; CIS8Z@hscmail.mcc.virginia.edu;  
mgroff@iupui.edu; Resnick (Daniel); cbranch@wfubmc.edu; 'Praveen  
Mummaneni'; 'Joseph Alexander'  
Subject: RE: 2008 spine section meeting

I assume you mean, Sunday, oct 9th from 4-6th in boston.

Bob,

Once again, congrats!

The last time, vince and steve p. told me in no uncertain terms that the cns would not "allow us" to use an outside vendor... I thought it politically unwise at the time to check the bylaws (I am a pussy)..

But, I was later informed that the cns did not really want the contract (except by steve p ???)

Again, I am not good at politics... Rusty, you have an inside to the cns.. What do you think? IF the bylaws do not state it, I would put it up for bid, and strongly consider Broadwater. An independent firm... Jeremy Longhurst runs it, he used to work for the aans, and Laura Varner,(our best aans rep) also works for him.. By the way, Momi Andreshak,,, the best person left at the aans, recently "left" for the usual reasons...

reg

Regis Haid, M.D.  
ATLANTA BRAIN AND SPINE CARE  
2001 Peachtree St. Suite 645  
Atlanta, Georgia 30309  
Ph: 404-350-0106

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]  
Sent: Wednesday, August 17, 2005 6:27 PM  
To: rhaid@atlantabrainandspine.com; jtalexan@wfubmc.edu  
Cc: gerald\_rodts@emoryhealthcare.org; CIS8Z@hscmail.mcc.virginia.edu;  
mgroff@iupui.edu; resnick@neurosurg.wisc.edu; cbranch@wfubmc.edu  
Subject: RE: 2008 spine section meeting

reg:



the last time this issue came up, we were told that we had to use either the aans or the cns over an outside vendor. i am not sure that this issue is addressed in the bylaws anywhere (at least not in the bylaws of the spine section). it may be addressed in the bylaws of the aans or the cns. i will ask dan to check on the name of our current bylaws person in the section- i believe it is darryl dirisio. we can ask darryl to review the bylaws closely once again to assure that this is not addressed there. this issue obviously will need to be discussed again at the exec comm meeting this year. the exec comm meeting this year is going to be on Sunday afternoon from 4-6pm. bob

>>> Regis Haid <rhaid@atlantabrainandspine.com> 8/17/2005 4:19:41 PM

>>>

I would talk to vince traynelis first about the CNS (and also rusty)... Not sure they are the right ones, either...

By the bylaws, are we permitted to use a non aans or cns meeting planner? reg

Regis Haid, M.D.  
ATLANTA BRAIN AND SPINE CARE  
2001 Peachtree St. Suite 645  
Atlanta, Georgia 30309  
Ph: 404-350-0106

-----Original Message-----

From: Joseph Alexander [mailto:jtalexan@wfubmc.edu]

Sent: Monday, August 15, 2005 4:35 PM

To: Robert Heary

Cc: Gerald Rodts; Regis Haid; Resnick (Daniel); Charles Branch; mgroff@iupui.edu;

CIS8Z@hscmail.mcc.virginia.edu

Subject: FW: 2008 spine section meeting

Bob

In my opinion, the continual and ongoing turnover in the AANS meetings office over the last several years has been a large burden for the section. It has certainly made the future sites job more challenging without a stable contact person, and we heard from Michael Groff and Chris Shaffrey about the issues with planning for and running our meeting last year. It looks like we have reason to be concerned again this year.

I would recommend that we reopen the issue of our long-term meeting management at the upcoming Exec Committee meeting, as the AANS does not appear to be able to offer us any continuity. We selected the AANS as the "lowest bidder" a couple of years ago, so I guess we got what we paid for. Does anyone know if the CNS meetings office

personnel has been any more stable? Will we have the authority to contract independently if we feel it is in the best interest of the Section?

Joe

-----Original Message-----

From: Thomas A. Marshall [mailto:tam@aans.org]

Sent: Monday, August 15, 2005 10:34 AM

To: Dr. Heary

Cc: Dr. Wirth; resnick@neurosurg.wisc.edu; Joseph Alexander; Joni L. Shulman; Patty L. Anderson

Subject: RE: 2008 spine section meeting

Bob:

As I mentioned in the email announcements, Joni Shulman is the overall contact for the Educations and Meetings Departments, and I will copy her on this email so that she can assure you of the progress being made and contracts locked in to date.

And as the email attached indicated, the new Meetings Director - also copied - began her duties one hour ago. As a result in our extraordinary good fortune in having less time in transition than if an AANS staff person had been out of the office on vacation, all initiatives are proceeding without interruption.

Tom

Thomas A. Marshall

Executive Director

American Association of Neurological Surgeons

direct: 847.378.0502

email: tam@aans.org

www.aans.org

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]

Sent: Monday, August 15, 2005 8:39 AM

To: Thomas A. Marshall

Cc: Dr. Wirth; resnick@neurosurg.wisc.edu; jtalexan@wfubmc.edu

Subject: Re: 2008 spine section meeting

tom:

hi, do you know the current status of the 2008 spine section meeting?

i was

working with lisa sykes (no longer employed by AANS) and am now unclear as to what the status of our meeting is. the spine section had a discussion at our last executive committee meeting on this topic. the section leadership had a strong preference for having our meeting lock in to the march 7-10 range on an annual basis. most members of the executive committee want this rigidly adhered to. dr. wirth, the AANS president, has asked for us to try and accomodate the 2008 AANS meeting with an earlier date for the spine section meeting. in an effort to help, i was working with lisa sykes to try and find acceptable facilities that might be available 1 or 2 weeks earlier in 2008. her departure leaves me in a very uncertain status. we would like to try and help the AANS out; however, we also need to lock into a facility in the very near future. who can we count on from your office to pick up this ball and run with it? dr. wirth and myself consider this a very important issue. i appreciate your attention to this matter. sincerely, dr. robert heary

p.s.- i had also told lisa to go ahead and lock in to our 2007 and our 2009 meeting dates and sites. could you confirm our status with these meetings as well?

>>> "Thomas A. Marshall" <tam@aans.org> 08/10/05 5:28 PM >>>  
MEMORANDUM

To: AANS Board of Directors, Ex-Officios to the Board, Selected  
Committee Chairs, and Selected Affiliated Organizations' Leaders

From: Thomas A. Marshall, AANS Executive Director

Re: AANS Meetings Director

Following up on my memo to you this past Friday (attached), I am very pleased to announce Ms Patricia Anderson, CMP, as the new AANS Meetings Director.

Ms Anderson not only has over 25 years in association management meeting planning, but all of them have been with national medical associations. Twenty of those years have been in the planning and direction of medical Annual Scientific Meetings of virtually the same size, scope and structure as the AANS Annual Meeting in almost all respects: attendees; exhibits, social events.

Moreover, the medical association she has spent the bulk of her career with had a very similar situation as the AANS in managing groups akin to our joint Sections and affiliated partners. These individual groups contracted with the association for a variety of services, but mainly for the management of all phases of their respective annual meetings. She managed many of those meetings as part of her duties.

Thus, the negotiations, planning, exhibit management, social event planning, working with leadership and maintaining effective and timely communication throughout the full

meeting planning cycle with both professional staff and volunteer leaders are all areas that Ms Anderson has many years of direct experience in, and has achieved measurable successes.

For nearly a decade during a portion of my earlier career, I was the Director of Marketing tasked with creating and executing the promotion and advertising campaigns for Annual Meetings managed by Ms Anderson.

I can tell you from first-hand experience that the meetings she crafted were creative, dynamic, versatile and always evolving to better meet the attendees and leadership's needs. As a subsequent member of the senior management of that association, I also directly observed her skill in management of budget revenue and expenses, and judicious management of staff and infrastructure resources to achieve successful results.

And as if that weren't enough, she was part of the management team for an international medical federation meeting on the scale of our 2009 meeting for WFNS, which also included a bid process to earn the right to host the meeting.

The addition to Ms Anderson to my management team at AANS is a tremendous step for me, and will prove an even greater benefit to you and the entire AANS membership. I am sure you will join me in welcoming Patty to our organization, and I'm looking forward to introducing you all to her in person.

But until then, please feel free to contact her here at the Executive Office when she begins her employment with us this Monday, August 15. Also, Patty will be in San Francisco at the end of that week for her first meeting with the various vendors and leaders involved in the next stage of planning for the 2006 meeting. She will also be acclimating to staff's ongoing work in the various Section and affiliated organizations' meeting. She will report directly to Associate Executive Director Ms Joni Shulman, who may also remain as a contact for your inquiries regarding the Department of Meetings and Education.

Best wishes,

Thomas A. Marshall  
Executive Director  
American Association of Neurological Surgeons  
direct: 847.378.0502  
email: tam@aans.org  
www.aans.org

> -----Original Message-----

> From: Thomas A. Marshall

> Sent: Friday, August 05, 2005 12:33 PM

> To: Board Voting; Board Ex-officio; 'bergerm@neurosurg.ucsf.edu';

> 'Barbaro, Nicholas'; 'wfisher@aubmc.edu'; 'faboop@aol.com';  
> 'hhanki@aol.com'

> Subject: AANS Leadership

>

>

> Please see the attached memo to the AANS Leadership.

<<05aug5\_ldrshp.doc>>

> Thomas A. Marshall

> Executive Director

> American Association of Neurological Surgeons

> direct: 847.378.0502

> email: tam@aans.org

> www.aans.org

>

>



American  
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www.NeurosurgeryToday.org

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fpwirth@bellsouth.net

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Doq1@columbia.edu

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grubbr@nsurg.wustl.edu

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jrobertson@semmes-murphey.com

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jbeanlex@aol.com

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rar@po.cwru.edu

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SW: Edie E. Zusan

**Historian**

Eugene S. Flamm

**Executive Director**

Thomas A. Marshall  
tam@aans.org

**MEMORANDUM**

Date: August 5, 2005

To: AANS Board of Directors, Ex-Officios to the Board, Selected Committee Chairs, and Selected Affiliated Organizations' Leaders

From: Thomas A. Marshall, AANS Executive Director

Re: Education and Meetings Department

Please be advised that Ms. Lisa Sykes, AANS Director of Meetings, is no longer a member of the AANS executive staff. I am sure you will join with me in thanking Lisa for her six years of service to the organization, its membership, and its constituent publics.

The search for a new Director of Meetings has been initiated. During the interim search period, AANS Associate Executive Director Ms. Joni Shulman will direct the day-to-day function and operations of the AANS Education and Meetings Department, and all that department's staff will directly report to Ms. Shulman during this time.

Any inquiries that normally may have been directed to Lisa Sykes should be directed to Joni Shulman. AANS Educations and Meetings staff that have already been designated as your contacts for various projects and services will retain those responsibilities; you may continue to work with those staff people you are most familiar with in this regard. If you already have an Executive Office staff contact person for any service or program, contact them as you have been; nothing has changed in that respect. Of course, you may always contact Ms Shulman as well.

In the meantime, I want to assure you that there will be no interruption in the planning or execution of any meetings or ancillary functions for which the AANS is responsible or to which it has committed. The experience and efficiency of the AANS professional staff and the "decentralized function" business model we have employed in the Executive Office over the past five years will ensure the uninterrupted planning and delivery of all of our educational offerings and those of our contracted groups.

Changes in professional association staff often raises concerns about continuity. I want to assure you that my goal is to make the transition seamless. The reason for my confidence in this regard is that over the past five years, AANS has not only hired some of the best association management professionals in the field, but we have created an infrastructure where there is absolutely no service, product, or function that is solely "individual employee dependent". Every function and service AANS produces has a team of experienced staff representing multiple departments and skill sets behind it.

If you have any questions or concerns, please feel free to contact me. Thank you for your involvement and your commitment to the AANS.

From: Thomas A. Marshall [tam@aans.org]  
Sent: Monday, August 15, 2005 9:34 AM  
To: Dr. Heary  
Cc: Dr. Wirth; Resnick (Daniel); jtalexan@wfubmc.edu; Joni L. Shulman;  
Patty L. Anderson  
Subject: RE: 2008 spine section meeting

Bob:

As I mentioned in the email announcements, Joni Shulman is the overall contact for the Educations and Meetings Departments, and I will copy her on this email so that she can assure you of the progress being made and contracts locked in to date.

And as the email attached indicated, the new Meetings Director - also copied - began her duties one hour ago. As a result in our extraordinary good fortune in having less time in transition than if an AANS staff person had been out of the office on vacation, all initiatives are proceeding without interruption.

Tom

Thomas A. Marshall  
Executive Director  
American Association of Neurological Surgeons  
direct: 847.378.0502  
email: tam@aans.org  
www.aans.org

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]  
Sent: Monday, August 15, 2005 8:39 AM  
To: Thomas A. Marshall  
Cc: Dr. Wirth; resnick@neurosurg.wisc.edu; jtalexan@wfubmc.edu  
Subject: Re: 2008 spine section meeting

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From: Charles Branch [cbranch@wfubmc.edu]  
Sent: Monday, August 15, 2005 5:25 PM  
To: Joseph Alexander; Robert Heary; tam@aans.org  
Cc: Gerald Rodts; Resnick (Daniel); mgroff@iupui.edu;  
CIS8Z@hscmail.mcc.virginia.edu; timothy-ryken@uiowa.edu  
Subject: RE: AANS Staff Change

Tom

Thanks for the update on the status of the AANS revolving door. Any ideas on when the revolving door stops long enough for us to get to know the name of the person we will work with let alone the job? You will have to pardon my sarcasm, but it isn't really sarcasm anymore, its reality and from our section leadership perspective it is really burdensome and disruptive to be polite. I am sure that this is disruptive for you too, but we know that the demands of the AANS Annual Meeting will always take top priority and that means someone will be getting up to speed on our needs after they get up to speed on the Annual Meeting. Even if it is speedy, the fact that we can't develop an relationship with someone in the meeting group because they aren't there long enough is just about more than I personally can take, and I feel confident that my thoughts are shared among the Section leadership. Maybe you have outgrown us or we have outgrown you, but I'm sure that this is an issue that will come up again at our section exec meeting. Charlie Branch Chair Elect

-----Original Message-----

From: Thomas A. Marshall [mailto:tam@aans.org]  
Sent: Monday, August 15, 2005 10:34 AM  
To: Dr. Heary  
Cc: Dr. Wirth; resnick@neurosurg.wisc.edu; Joseph Alexander; Joni L. Shulman; Patty L. Anderson  
Subject: RE: 2008 spine section meeting

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Tom

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Sent: Monday, August 15, 2005 8:39 AM  
To: Thomas A. Marshall  
Cc: Dr. Wirth; resnick@neurosurg.wisc.edu; jtalexan@wfubmc.edu  
Subject: Re: 2008 spine section meeting

tom:

hi, do you know the current status of the 2008 spine section meeting? i was working with lisa sykes (no longer employed by AANS) and am now unclear as to what the status of our meeting is. the spine section had a discussion at our last executive committee meeting on this topic. the section leadership had a strong preference for having our meeting lock in to the march 7-10 range on an annual basis. most members of the executive committee want this rigidly adhered to. dr. wirth, the AANS president, has asked for us to try and accomodate the 2008 AANS meeting with an earlier date for the spine section meeting. in an effort to help, i was working with lisa sykes to try and find acceptable facilities that might be available 1 or 2 weeks earlier in 2008. her departure leaves me in a very uncertain status. we would like to try and help the AANS out; however, we also need to lock into a facility in the very near future. who can we count on from your office to pick up this ball and run with it? dr. wirth and myself consider this a very important issue. i appreciate your attention to this matter. sincerely, dr. robert heary

p.s.- i had also told lisa to go ahead and lock in to our 2007 and our 2009 meeting dates and sites. could you confirm our status with these meetings as well?

>>> "Thomas A. Marshall" <tam@aans.org> 08/10/05 5:28 PM >>>  
MEMORANDUM

To: AANS Board of Directors, Ex-Officios to the Board, Selected  
Committee Chairs, and Selected Affiliated Organizations' Leaders

From: Thomas A. Marshall, AANS Executive Director

Re: AANS Meetings Director

Following up on my memo to you this past Friday (attached), I am very pleased to announce Ms Patricia Anderson, CMP, as the new AANS Meetings Director.

Ms Anderson not only has over 25 years in association management meeting planning, but all of them have been with national medical associations. Twenty of those years have been in the planning and direction of medical Annual Scientific Meetings of virtually the same size, scope and structure as the AANS Annual Meeting in almost all respects: attendees; exhibits, social events.

Moreover, the medical association she has spent the bulk of her career with had a very similar situation as the AANS in managing groups akin to our joint Sections and affiliated partners. These individual groups contracted with the association for a variety of services, but mainly for the management of all phases of their respective annual meetings. She managed many of those meetings as part of her duties.

Thus, the negotiations, planning, exhibit management, social event planning, working with leadership and maintaining effective and timely communication throughout the full meeting planning cycle with both professional staff and volunteer leaders are all areas that Ms Anderson has many years of direct experience in, and has achieved measurable successes.

For nearly a decade during a portion of my earlier career, I was the Director of Marketing tasked with creating and executing the promotion and advertising campaigns for Annual Meetings managed by Ms Anderson. I can tell you from first-hand experience that the meetings she crafted were creative, dynamic, versatile and always evolving to better meet the attendees and leadership's needs. As a subsequent member of the senior management of that association, I also directly observed her skill in management of budget revenue and expenses, and judicious management of staff and infrastructure resources to achieve successful results.

And as if that weren't enough, she was part of the management team for an international medical federation meeting on the scale of our 2009 meeting for WFNS, which also included a bid process to earn the right to host the meeting.

The addition to Ms Anderson to my management team at AANS is a tremendous step for me, and will prove an even greater benefit to you and the entire AANS membership. I am sure you will join me in welcoming Patty to our organization, and I'm looking forward to introducing you all to her in person.

But until then, please feel free to contact her here at the Executive Office when she begins her employment with us this Monday, August 15. Also, Patty will be in San Francisco at the end of that week for her first meeting with the various vendors and leaders involved in the next stage of planning for the 2006 meeting. She will also be acclimating to staff's ongoing work in the various Section and affiliated organizations'

meeting. She will report directly to Associate Executive Director Ms Joni Shulman, who may also remain as a contact for your inquiries regarding the Department of Meetings and Education.

Best wishes,

Thomas A. Marshall  
Executive Director  
American Association of Neurological Surgeons  
direct: 847.378.0502  
email: tam@aans.org  
www.aans.org

> -----Original Message-----

> From: Thomas A. Marshall

> Sent: Friday, August 05, 2005 12:33 PM

> To: Board Voting; Board Ex-officio; 'bergerm@neurosurg.ucsf.edu';

> 'Barbaro, Nicholas'; 'wfisher@aubmc.edu'; 'faboop@aol.com';

> 'hhanki@aol.com'

> Subject: AANS Leadership

>

>

**Outcomes Committee Report**  
**Spine Section Executive Committee Meeting**  
**Sunday, October 9<sup>th</sup>**

Committee Members:

Mike Kaiser	<a href="mailto:mgk7@columbia.edu">mgk7@columbia.edu</a>
Tanvir Choudhri	<a href="mailto:tanvir.choudhri@mountsinai.org">tanvir.choudhri@mountsinai.org</a>
Zoher Ghogawala	<a href="mailto:zoher.ghogawala@yale.edu">zoher.ghogawala@yale.edu</a>
Subu Magge	<a href="mailto:subu.n.magge@lahey.org">subu.n.magge@lahey.org</a>
Juan Bartolomei	<a href="mailto:bartolomeij@sbcglobal.net">bartolomeij@sbcglobal.net</a>
Peter Angevine	<a href="mailto:pda9@columbia.edu">pda9@columbia.edu</a>

Current projects:

1. Topic Review Manuscript
  - i. Appropriate guidelines for Clinical Outcomes Research
  - ii. Anticipated submission date: January 2006
2. Outcomes Tool Task Force
  - a. Determining most appropriate outcome tools for various clinical procedures/projects
3. Introduce Committee to Community
  - a. Website
  - b. Newsletter
  - c. Create review process/criteria for clinical outcomes research – “Study design has meet the criteria for an appropriate outcomes trial as determined by the Joint Section Outcomes Committee”
4. Create Joint Section Clinical Outcomes Research award - \$2000
5. Washington Committee – Assist in the development of lumbar stenosis outcome instrument

Respectfully submitted by Michael Kaiser

# AANS/CNS Joint Section of Spinal Disorder and Peripheral Nerve Lumbar Stenosis Clinical Outcome Instrument

## Demographic and Pre-operative Assessment Worksheet

### I. Demographic Data

**Date of Birth:** \_\_/\_\_/\_\_ **Gender:** ☐ Male ☐ Female

**Ethnicity:** ☐ Hispanic or Latino

**Race:** ☐ American Indian/Alaskan Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ White

**Employment Status:** ☐ Employed ☐ Unemployed

**Benefits Received:** ☐ Social Security Disability ☐ Private Insurance Disability  
☐ Worker's Compensation ☐ Other: \_\_\_\_\_  
☐ None

**Legal Action Regarding Condition:** ☐ Yes ☐ No

**Social Habits:** ☐ Tobacco Use How much/often? \_\_\_\_\_  
☐ Alcohol Use How much/often? \_\_\_\_\_  
☐ Illegal Substances How much/often? \_\_\_\_\_

**Medical History:** ☐ Cardiac Disease ☐ Pulmonary Disease ☐ Obesity  
☐ Coagulopathy ☐ Psychiatric Disease ☐ Cancer  
☐ Peripheral Vascular Disease ☐ Diabetes ☐ Osteoporosis  
☐ Osteoarthritis (Hip, Knee)  
☐ Rheumatoid or other autoimmune disease  
☐ Fibromyalgia or chronic fatigue syndrome

**Prior Lumbar Surgery:** ☐ Yes (Year \_\_\_\_\_) ☐ No

### II. Clinical History

**Chief Complaint:** ☐ Pain ☐ Weakness ☐ Numbness ☐ Bowel/Bladder Difficulty  
☐ Gait Difficulty ☐ Deformity

**Symptom Location:** ☐ Low Back ☐ Leg-thigh ☐ Leg-Below Knee ☐ Foot

**Activity Related:** ☐ Yes ☐ No

**Duration of Symptoms:** ☐ < 6 weeks ☐ 6-12 weeks ☐ 3-6 months  
☐ 6-12 months ☐ > 1 year

**Conservative Therapies:** ☐ None ☐ NSAIDS ☐ Narcotics  
☐ Physical Therapy ☐ Epidural Steroids  
☐ Selective Nerve Block ☐ Chiropractic Manipulation  
☐ Other \_\_\_\_\_

**Duration of Conservative Therapy:** ☐ < 6 weeks ☐ 6-12 weeks ☐ 3-6 months  
☐ 6-12 months ☐ > 1 year

**Imaging Obtained:** ☐ Plain X-rays ☐ CT ☐ MRI ☐ Myelogram

**Pre-op Oswestry Disability Index:** \_\_\_\_\_

**Pre-op SF-12 Scores:**      **PF:**              **RP:**              **BP:**              **GH:**  
                                 **VT:**              **SF:**              **RE:**              **MH:**

## **AANS/CNS Joint Section of Spinal Disorder and Peripheral Nerve Lumbar Stenosis Clinical Outcome Instrument**

### **Peri-operative Worksheet**

#### **I. Peri-operative Data**

**Date of Surgery mm/dd/yy:** \_\_/\_\_/\_\_

**Documented Informed Consent:**    ☐ Yes              ☐ No

**Surgical Pause (Time Out):**        ☐ Yes              ☐ No

**Localizing Radiograph:**            ☐ Yes              ☐ No

**Skin Incision Marked (preop):**      ☐ Yes              ☐ No

**Pre-operative Antibiotics:**         ☐ Yes              ☐ No

**Spinal Levels Decompressed:**      ☐ L1/2    ☐ L2/3    ☐ L3/4    ☐ L4/5    ☐ L5/S1

**Adverse Events:**    None                              ☐  
                                 Durotomy                              ☐  
                                 Nerve Injury                              ☐  
                                 Transfusion                              ☐  
                                 Wrong Level Surgery                              ☐  
                                 Pars Fracture                              ☐  
                                 Cardiopulmonary Event                              ☐  
                                 Other \_\_\_\_\_

**Length of Admission:**              ☐ < 1 day    ☐ 1-3 days    ☐ 4-7 days    ☐ > 1 week

#### **II. Post-operative Data**

**Readmission within 30 days:**        ☐ No              ☐ Yes (Explain: \_\_\_\_\_)

**Complications:**            ☐ CSF Leak  
                                 ☐ Wound Infection  
                                 ☐ New Motor Deficit  
                                 ☐ New Sensory Deficit



Same Level Re-operation within 90 days: ☐ No ☐ Yes (Explain\_\_\_\_\_)

Length of Re-admission: ☐ < 1 day ☐ 1-3 days ☐ 4-7 days ☐ > 1 week

## **AANS/CNS Joint Section of Spinal Disorder and Peripheral Nerve Lumbar Stenosis Clinical Outcome Instrument**

### **Post Operative Worksheet**

#### **Follow-Up Data**

**\*4-6 Week Oswestry Disability Index:**

**\*3-6 Month Oswestry Disability Index:**

**6-12 Month Oswestry Disability Index:**

**> 1 Year Oswestry Disability Index:**

**\*required**

#### **SF-12 Scores**

<b>4-6 weeks</b>	<b>PF:</b>	<b>RP:</b>	<b>BP:</b>	<b>GH:</b>
	<b>VT:</b>	<b>SF:</b>	<b>RE:</b>	<b>MH:</b>
<b>3-6 months</b>	<b>PF:</b>	<b>RP:</b>	<b>BP:</b>	<b>GH:</b>
	<b>VT:</b>	<b>SF:</b>	<b>RE:</b>	<b>MH:</b>
<b>6-12 months</b>	<b>PF:</b>	<b>RP:</b>	<b>BP:</b>	<b>GH:</b>
	<b>VT:</b>	<b>SF:</b>	<b>RE:</b>	<b>MH:</b>
<b>&gt;1 year</b>	<b>PF:</b>	<b>RP:</b>	<b>BP:</b>	<b>GH:</b>
	<b>VT:</b>	<b>SF:</b>	<b>RE:</b>	<b>MH:</b>

# AANS/CNS SECTION ON DISORDERS OF THE SPINE AND PERIPHERAL NERVES



American  
Association of  
Neurological  
Surgeons

A Section of the  
American Association of Neurological Surgeons  
and  
Congress of Neurological Surgeons



## CHAIRPERSON

Robert F. Heary, MD  
UMDNJ-New Jersey Med. Sch.  
Phone: (973) 972-2334  
Fax: (973) 972-2333  
E-mail: heary@umdnj.edu

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University of Wisconsin - Madison  
Phone: (608) 263-9651  
Fax: (608) 263-1728  
E-mail: resnick@neurosurg.wisc.edu

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University of Iowa Hospitals  
Phone: (319) 356-3853  
Fax: (319) 353-6605  
E-mail: timothy-ryken@uiowa.edu

## CHAIRPERSON-ELECT

Charles L. Branch, Jr., MD  
WFU Baptist Medical Center  
Phone: (336) 716-4083  
Fax: (336) 716-3065  
E-mail: cbranch@wfubmc.edu

## IMMEDIATE PAST CHAIRPERSON

Gerald E. Rodts, Jr., MD  
Emory Clinic  
Phone: (404) 686-8101  
Fax: (404) 686-4805  
E-mail: gerald\_rodts@emoryhealthcare.org

## 2006 ANNUAL MEETING CHAIRPERSON

Michael W. Groff, MD  
Indiana University Medical Center  
Phone: (317) 274-8549  
Fax: (317) 274-7351  
E-mail: mgroff@iupui.edu

## 2006 SCIENTIFIC PROGRAM CHAIRPERSON

Mark R. McLaughlin, MD  
Princeton Brain & Spine Care  
Phone: (215) 741-3141  
Fax: (215) 741-3143  
E-mail: mclaughlin@spineuniverse.com

## MEMBERS-AT-LARGE

Joseph T. Alexander, MD  
E-mail: jtalexan@wfubmc.edu

Daniel H. Kim, MD  
E-mail: neurokim@stanford.edu

Mr. Oliver Burckhardt  
Aesculap

27 September 2005

Dear Mr. Burckhardt:

I understand that you spoke with Dr. Robert Heary yesterday regarding continued support of the Annual Ronald Apfelbaum Research Award, sponsored by Aesculap. On behalf of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, I sincerely thank you for this support.

By way of review, the Annual Ronald Apfelbaum Research Award is for either basic or clinical research related to the spine. The award funds up to \$15,000 and is intended for primary investigators with proposed research requiring national level funding, to support the preparation of grant proposals and external consultations, and to assist in the development of the proposal, planning meetings, and the collection of pilot data. Work that can be completed without such support (such as literature review and preliminary protocol design) should be completed before applying for this award.

The format of the proposal should follow that of the NIH grant package. The applicants should clearly define their specific aims, include a pertinent literature review, describe the proposed methodology and plan for analysis of data. This part of the proposal should not exceed 10 double-spaced pages. A detailed budget and budget justification should also be included. The budget should not include salary support for the primary investigator or co-investigators. Institutional indirect costs are also not to be met using the awards.

The award recipient is selected by the Research and Awards Committee of AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, of which I am currently Co-Chair. Award winners are announced at the Annual Meeting.

Again, thank you for your continued support of this important educational offering. If you have any additional questions, please contact me at your convenience ([cwolfla@neuroscience.mcw.edu](mailto:cwolfla@neuroscience.mcw.edu)).

Sincerely,

Christopher Wolfla MD

From: Robert Heary [heary@umdnj.edu]  
Sent: Monday, September 26, 2005 4:10 PM  
To: rwe@aans.org; gerald\_rodts@emoryhealthcare.org;  
cwolflla@neuroscience.mcw.edu; cbranch@wfubmc.edu  
Cc: Resnick (Daniel)  
Subject: Re: Aesculap

chris:

hi, i just spoke with oliver burckhardt from aesculap and received a verbal commitment from him for \$15K funding for this year as well as a commitment for this sum on a continuing annual basis. what he needs is paperwork to support this type of request. i am not sure if this can be just generated by you and sent to him or if we need a legal review by the AANS. hopefully, ron can enlighten us. if you could at least generate a memorandum of understanding and get it off to oliver burckhardt, then we will at least have something in writing. obviously, the paperwork aspects of all of these award commitments need to be tightened up with documentation of all awards and/or grants. due to the changing committee members yearly, it might be best to keep copies of the commitments, if not the originals, in a secure location such as the AANS. i also put a call out to jennifer nunes at depuy spine and left a voice message for her as she was already gone. can you tell me your understanding of what depuy has committed to (which awards and for how much). i am quite sure the prior commitments would have been made by ed crowe and he is no longer employed by depuy. we'll have to keep our fingers crossed on this one. bob

>>> "Ronald W. Engelbreit" <rwe@aans.org> 9/26/2005 4:40:53 PM >>>  
Doctors:

Today I had a second conversation with the folks at Aesculap. As it turns out, Aesculap does not have documentation on their commitment to the Ronald Apfelbaum Research Award.

I have attached the documentation that was sent to Aesculap. Mr. Oliver Burckhardt did not recall speaking with Dr. Gropper about the Apfelbaum Award. Since I do not know which doctor spoke with the Aesculap folks, I suggested that one of the section leadership would give Dr. Burckhardt a call to discuss their sponsorship.

Mr. Oliver Burckhardt can be reached at 610-984-9258.

I also spoke with Jennifer Nunes at DePuy Spine. She is asking for documentation as well and is hoping to speak with the doctor involved in the sponsorship process. She can be reached at 508-828-3326.

If you have any other questions, please don't hesitate to contact me.

Thanks, Ron

Ronald W. Engelbreit  
Deputy Executive Director  
American Association of Neurological Surgeons  
847-378-0509

From: Wolfla, Christopher [CWolfla@mail.mcw.edu]  
Sent: Tuesday, September 27, 2005 10:16 AM  
To: Robert Heary  
Cc: Resnick (Daniel); rwe@aans.org; gerald\_rodts@emoryhealthcare.org;  
cbranch@wfubmc.edu; Gerszten, Peter  
Subject: RE: Aesculap

Bob:

This section is copied from the 3/5/03 EC Meeting Minutes:

These awards turned out to be:

Larson Award sponsored by DePuy Spine: \$30,000.

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Cahill Fellowship sponsored by Synthes: \$30,000.

Sonntag International Fellowship sponsored by Medtronic: \$5,000.

Crockard International Fellowship sponsored by DePuy Spine: \$5,000.

I hope this answers your questions.

Sincerely,

Chris

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]

Sent: Monday, September 26, 2005 4:10 PM

To: rwe@aans.org; gerald\_rodts@emoryhealthcare.org; Wolfla, Christopher;  
cbranch@wfubmc.edu

Cc: resnick@neurosurg.wisc.edu

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Thanks, Ron

Ronald W. Engelbreit

Deputy Executive Director

American Association of Neurological Surgeons

847-378-0509



From: Wolfla, Christopher [CWolfla@mail.mcw.edu]  
Sent: Monday, August 22, 2005 10:23 AM  
To: Arvind Kulkarni  
Cc: Gerszten, Peter; Robert F. Heary; Resnick (Daniel)  
Subject: RE: Sonntag/Crockard International Fellowship award

Dear Dr. Kulkarni:

Thank you for your interest in the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves Sonntag and Crockard Fellowships. Unfortunately, after review of your CV and the criteria for the Fellowships, it appears that you would not be eligible for either. The criteria state that the Fellowship is "awarded annually to a neurosurgical resident or neurosurgeon."

Again, thank you for interest in the Sonntag and Crockard Fellowships.

Sincerely

Chris Wolfla MD  
Co-Chair, Fellowships and Awards Committee  
AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves

-----Original Message-----

From: Arvind Kulkarni [mailto:drarvindspines@gmail.com]  
Sent: Saturday, August 20, 2005 12:19 AM  
To: Wolfla, Christopher  
Subject: Sonntag/Crockard International Fellowship award

Dear Dr Christopher Wolfa,

I am an orthopaedic spine surgeon, presently working as a neuro-spine fellow at Toronto Western Hospital, Canada. Basically, I wanted to enquire if I am eligible for the above awards.

I have attached my CV for your review.

Thanks.

Regards

Dr Arvind G Kulkarni

From: Resnick (Daniel)  
Sent: Tuesday, September 27, 2005 11:14 AM  
To: 'Charles Branch'; Wolfla, Christopher; Robert Heary  
Cc: rwe@aans.org; gerald\_rodts@emoryhealthcare.org; Gerszten, Peter;  
tryken@razi.surgery.uiowa.edu; rhaid@atlantabrainandspine.com; Resnick (Daniel)  
Subject: RE: Aesculap

I have the hard copy agenda books and all the minutes back to February, 2002. I have also saved all emails I've received regarding section business since March 2005. Chris W already found the reference from the March, 2005 meeting (information source was Reg). There is a paragraph in the October 2003 meeting agenda book describing the same situation but no letters of confirmation from industry. There are no relevant documents in the book from March 2004. In the October 2004 minutes there is an email to Mitch Gropper from Michele Gregory at the AANS asking him to clarify who the contact person should be for donors. Mitch enclosed a paragraph asking the section leadership for guidance as to who the contact person should be, indicating that he was willing to be that person. In March 2005, the paragraph that Chris quoted appears. The only other information I found was from September, 2002- Ron Apfelbaum reported that he had contacted Aesculap for the Sonntag fellowship and had asked for a \$15,000 per year award. He reported that they had "responded favorably." There is no further documentation provided. That's all the information that appears in the minutes and agenda books. I will include the new info from Chris in the current agenda book under the "fellowships" tab so we can have it available for discussion. Hopefully, the AANS can help us out with this.

Dan

-----Original Message-----

From: Charles Branch [mailto:cbranch@wfubmc.edu]  
Sent: Tuesday, September 27, 2005 10:45 AM  
To: Wolfla, Christopher; Robert Heary  
Cc: Resnick (Daniel); rwe@aans.org; gerald\_rodts@emoryhealthcare.org; Gerszten, Peter; tryken@razi.surgery.uiowa.edu; rhaid@atlantabrainandspine.com  
Subject: RE: Aesculap

Chris

What we need to search for are the resource documents or letters from these corporations that, if they exist, will be in the agenda book as individual letters or correspondence. These may be in the hard copy books before we went digital. Hopefully Dan can find

something in the material I sent him from the Secretary's office. More probable is the hope that in someone's archived email stream is communication documenting the terms of the commitments. This may be in Reg Haid's email, or one of ours on the Exec Comm as a copy. I can't get back that far in my email from offsite at this point but I will try next week. Keep your fingers crossed. Let's ask Tim Ryken to check as well.

CB

---

From: Wolfla, Christopher [mailto:CWolfla@mail.mcw.edu]  
Sent: Tue 9/27/2005 11:15 AM  
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Deputy Executive Director  
American Association of Neurological Surgeons

847-378-0509

From: Wolfla, Christopher [CWolfla@mail.mcw.edu]  
Sent: Wednesday, September 21, 2005 8:35 AM  
To: Resnick (Daniel)  
Subject: Spine Section Agenda book

Dan:

Could you please include a copy of this email in the Spine Section agenda book under the Research and Awards tab?

Thanks

Chris

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]  
Sent: Tuesday, September 20, 2005 1:05 PM  
To: rwe@aans.org; Wolfla, Christopher  
Cc: gersztenpc@msx.upmc.edu  
Subject: RE: Invoices

chris, ron, peter:

hi, under no circumstances is a corporate sponsor involved in "approving" a fellow. my guess is that medtronic is being extra careful to have good documentation that they are supporting legitimate education/science. they have been under the gun with the feds and they may be getting advice from their legal department to have all of this data to support their case. i think it is reasonable to provide them with points 1-4 as they have requested. if there is any thought that they are intending on "approving" the fellow, then i will write them a letter to re-establish the ground rules that they and all of our other corporate sponsors have always played under. please let me know if you think a letter from me is necessary at this time or if you think we should wait and see how it plays out. bob

>>> "Wolfla, Christopher" <CWolfla@mail.mcw.edu> 9/19/2005 7:05:26 PM

>>>

Dear Ron:

I don't have the history on that but it sure doesn't sound anything like my understanding of the fellowship. Unfortunately I don't have any of the information that they are wanting - Because of Dr Gropper's untimely demise I was not at all involved in the selection process last year.

Bob:



Do you know any of the history on this? Does this sound anything like our agreement with Medtronic?

Sincerely

Chris

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From: Ronald W. Engelbreit [mailto:rwe@aans.org]  
Sent: Monday, September 19, 2005 4:53 PM  
To: Ronald W. Engelbreit; Wolfla, Christopher  
Subject: RE: Invoices

Dr. Wolfla:

As part of the list, Medtronic is asking for the following information. This is the first time they have requested this information.

1. A budget including net anticipated costs and direct revenues for the fellow 2. C.V. for supervising/teaching physician for the fellowship 3. C.V. for fellow 4. Beginning and ending dates for fellowship

And their approval will come in 4 to 6 weeks.

I get the impression Medtronic believes they are approving the fellowship recipient and not simply sponsoring the 2005 Ralph Cloward Fellowship as in the past.

In the past, Medtronic (Hank Pellegrin) have simply sponsored the fellowship recipient and sent the Spine Section a check. How should we proceed?

Ron

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From: Ronald W. Engelbreit  
Sent: Monday, September 19, 2005 4:36 PM  
To: 'cwofla@neuroscience.mcw.edu'  
Subject: Invoices

Dr. Wolfla:

The Larson 03/04 and 04/05 remain unpaid. We exchanged emails last week. Someone from DePuy is suppose to contact me this week.

The Cloward 04/05 remains unpaid. Medtronic has provide me with a list of items that need to be submitted. We are collect the items.

The Apfelbaum 04/05 remains unpaid. We have not had contact with Aesculap.

Ron

Ronald W. Engelbreit  
Deputy Executive Director  
American Association of Neurological Surgeons  
847-378-0509

From: Ronald W. Engelbreit [rwe@aans.org]  
Sent: Tuesday, September 27, 2005 11:35 AM  
To: Charles Branch; Wolfla, Christopher; Dr. Heary;  
gerald\_rodts@emoryhealthcare.org  
Cc: Resnick (Daniel)  
Subject: RE: Aesculap

I asked Michele if she had any documentation and I looked through my files again. We do not have written documentation from the various companies. I will have someone look through the annual meeting materials, but don't hold your breath, I don't believe we will find anything.

Ron

-----Original Message-----

From: Charles Branch [mailto:cbranch@wfubmc.edu]  
Sent: Tuesday, September 27, 2005 9:57 AM  
To: Wolfla, Christopher; Dr. Heary; Ronald W. Engelbreit;  
gerald\_rodts@emoryhealthcare.org  
Cc: resnick@neurosurg.wisc.edu  
Subject: RE: Aesculap

Guys

I am going to weigh in on this discussion and ask Dan to check the exec comm agenda books for the last couple of years to see if we have a hard copy of letters from these people regarding agreements. I am at the NASS meeting and can't get to my archived email at this point to see if we have an email stream to document a longer term commitment. I will check on that when I get home. Frankly, my assumption was that Michelle, I believe, at the AANS had this documentation because it was required for us to accept the grant money. If this documentation was just for one year or one grant and we had verbal assurances of longer term giving commitments, then shame on us I guess. That means that we get to go market these award opportunities again! We certainly have money in our treasury to finance award obligations if we need to but it would be better to have the corporate contributions that we were counting on. We need to have this situation understood as thoroughly as we can before the exec meeting at CNS.

Ron, can you check with Michelle Gregory to see if there is any hard evidence of a longer commitment with her documentation? Dan, can you check the agenda books that I sent you as Secretary, and all of us should check our archived email from this time last year, or 2003 for evidence of multiyear commitments from our industry partners. CB

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From: Wolfla, Christopher [mailto:CWolfla@mail.mcw.edu]  
Sent: Tue 9/27/2005 10:41 AM  
To: Robert Heary; rwe@aans.org; gerald\_rodts@emoryhealthcare.org; Charles Branch  
Cc: resnick@neurosurg.wisc.edu

Subject: RE: Aesculap

Bob:

Was this what you had in mind (see attached)? I tried to call Mr Burckhardt today but he is unavailable.

Sincerely

Chris

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]

Sent: Monday, September 26, 2005 4:10 PM

To: rwe@aans.org; gerald\_rodts@emoryhealthcare.org; Wolfla, Christopher; cbranch@wfubmc.edu

Cc: resnick@neurosurg.wisc.edu

Subject: Re: Aesculap

chris:

hi, i just spoke with oliver burckhardt from aesculap and received a verbal commitment from him for \$15K funding for this year as well as a commitment for this sum on a continuing annual basis. what he needs is paperwork to support this type of request. i am not sure if this can be just generated by you and sent to him or if we need a legal review by the AANS. hopefully, ron can enlighten us. if you could at least generate a memorandum of understanding and get it off to oliver burckhardt, then we will at least have something in writing. obviously, the paperwork aspects of all of these award commitments need to be tightened up with documentation of all awards and/or grants. due to the changing committee members yearly, it might be best to keep copies of the commitments, if not the originals, in a secure location such as the AANS. i also put a call out to jennifer nunes at depuy spine and left a voice message for her as she was already gone. can you tell me your understanding of what depuy has committed to (which awards and for how much). i am quite sure the prior commitments would have been made by ed crowe and he is no longer employed by depuy. we'll have to keep our fingers crossed on this one. bob

>>> "Ronald W. Engelbreit" <rwe@aans.org> 9/26/2005 4:40:53 PM >>>

Doctors:

Today I had a second conversation with the folks at Aesculap. As it turns out, Aesculap does not have documentation on their commitment to the Ronald Apfelbaum Research Award.

I have attached the documentation that was sent to Aesculap. Mr. Oliver Burckhardt did not recall speaking with Dr. Gropper about the Apfelbaum Award. Since I do not know which doctor spoke with the Aesculap folks, I suggested that one of the section leadership would give Dr. Burckhardt a call to discuss their sponsorship.

Mr. Oliver Burckhardt can be reached at 610-984-9258.

I also spoke with Jennifer Nunes at DePuy Spine. She is asking for documentation as well and is hoping to speak with the doctor involved in the sponsorship process. She can be reached at 508-828-3326.

If you have any other questions, please don't hesitate to contact me.

Thanks, Ron

Ronald W. Engelbreit  
Deputy Executive Director  
American Association of Neurological Surgeons  
847-378-0509

MessageFrom: Vanessa Garlisch [vlg@aans.org]  
Sent: Friday, August 12, 2005 11:31 AM  
To: cwolfla@neuroscience.mcw.edu  
Cc: Dr. Heary  
Subject: Spine Section ~ Synthes Spine, Cahill Award

Dear Dr. Wolfla,

Synthes Spine is committed to sponsoring the Cahill Award (\$30,000) and has requested that a letter be sent to the attention of Nancy Holmes in order to make this award a permanent one. Would you be able to send a letter to the effect that it was the Sections understanding that Synthes Spine had made this a permanent annual award since it's inception in 2004? The reason this documentation is needed is that Synthes Spine had agreed to make this award permanent from the very beginning (2004), but Synthes Spine lacks the paperwork to confirm this, and lack of supporting documentation makes it difficult to receive payment from them. To date, the Section is still working to receive payment for the 2005 meeting.

Nancy Holmes contact information is as follows:

Nancy Holmes, c/o Synthes Spine  
1302 Wrights Lane East  
West Chester, PA 19380  
holmes.nancy@synthes.com

Please do not hesitate to contact me should you have any questions regarding this.

Thank you,  
Vanessa Garlisch  
AANS, Education Manager  
5550 Meadowbrook Drive  
Rolling Meadows, IL 60008  
Main Ph: 847/378-0500  
DIRECT Ph: 847/378-0550  
Fax: 847/378-0650  
E-mail: vlg@AANS.org

Nancy Holmes, c/o Synthes Spine  
1302 Wrights Lane East  
West Chester, PA 19380  
[holmes.nancy@synthes.com](mailto:holmes.nancy@synthes.com)

19 August 2005

Dear Ms. Holmes:

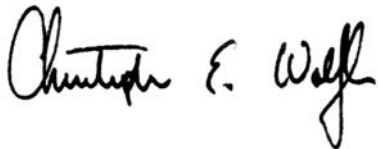
The AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves currently awards the Cahill Fellowship, sponsored by Synthes Spine. This award is given annually to one U.S. or Canadian trained neurosurgical resident to provide supplemental funding for advanced education and research in disorders of the spine or peripheral nerves in the form of fellowship training away from their parent institution. The current amount of the award is \$30,000.

It was the Section's understanding that Synthes Spine had made this a permanent annual award since its inception in 2004. Certainly the Section plans to continue awarding the Cahill Fellowship on an annual basis, provided there is appropriate support.

Could you please confirm that Synthes Spine is committed to funding the annual AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves Cahill Fellowship on a permanent basis?

The Section thanks Synthes Spine for its continuing support of neurosurgical education. If you need any additional information, please feel free to contact me at your convenience.

Sincerely,

A handwritten signature in black ink, reading "Christopher E. Wolfla". The signature is written in a cursive, flowing style.

Christopher E. Wolfla MD  
Co-Chair, Fellowships and Awards Committee  
AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves

**AANS/CNS Joint Section on Disorders of the Spine and  
Peripheral Nerves**

**Research and Awards Committee Report (CNS, 2005)**

The Research and Awards Committee is preparing for the upcoming Awards and Fellowships selection process. To date (9/19/05) we have received no applications but we have received numerous inquiries.

As of 7/22/05 there were a number of unpaid invoices, including invoices for the Cahill Fellowship (Synthes Spine, \$30,000.00), Apfelbaum Award (Aesculap, \$15,000.00), Larson Award (Depuy Spine, \$30,000.00), Sonntag Fellowship (Medtronic Sofamor Danek, \$5,000.00), and Cloward Fellowship (Medtronic Sofamor Danek, \$30,000.00).

Currently (9/19/05) waiting for an update from Mr. Engelbreit at the AANS office as to the current status of these invoices.

There is one issue for discussion regarding the International Fellowships:

"[4/28/05] Hi Chris,

I have a neurosurgeon trained in Brazil who is interested in doing a peripheral nerve fellowship experience. He is hoping to apply for 1 of these to defray some of the costs of this. The guidelines seem to say "spine" but I know from prior years that the # of qualified applicants have been very limited. The candidate I have and the experience we can offer him will be competitive. Is it OK to proceed. PLEASE ADVISE.

Raj"

"[4/30/05] chris, raj:

hi, to the best of my recollection, these have always been given to spine people. the only one that has gone to peripheral nerve people in the past has been the integra sponsored kline fellowship. my inclination is that if the rules and regs say "spine", then the award should go to a spine person. if the peripheral nerve people would like this to be brought up for review at the next exec comm meeting, i will



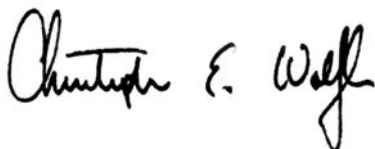
ask that it be placed on the agenda. in the meanwhile, has the person in question pursued the kline fellowship. this might at least be a temporary solution to this matter.

Bob"

For reference, the current description of the Fellowships is:

"The **Sonntag International Fellowship** sponsored by Medtronic Sofamor Danek and the **Crockard International Fellowship** sponsored by DePuy Spine are each awarded annually to a neurosurgical resident or neurosurgeon from outside of the U.S. or Canada to provide supplemental funding for advanced education and **research in disorders of the spine** in the form of a fellowship experience in the United States or Canada."

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Christopher E. Welf". The signature is fluid and cursive, with the first name "Christopher" written in a larger, more prominent script than the last name "Welf".

Research and Awards Committee Co-Chair

## Page Four

### Award Process

1. Who is the Spine awards chairman?
2. What is the timeline to determine who receives the awards?
3. Who will communicate with the award recipients regarding the conditions of receiving their award? *(Please note: To avoid returned checks by the recipient, it is recommended that we ask up front who the check should be made payable to. Several of the 2005 checks have been returned to be reissued to the winner's institution.)*
4. Do all award recipients receive a framed certificate with their check at the meeting?
5. Do these awards come out of the Spine Section G&A or the Annual Meeting budget?

### Award Types and Dollar Amounts

*Please confirm that all of the awards/fellowships listed below will be given at the 2006 Spine meeting and that the dollar amounts are correct.*

Ronald <b>Apfelbaum</b> Research Award	\$15,000
David <b>Cahill</b> Fellowship	\$30,000
<b>Cloward</b> Fellowship	\$30,000
H. Alan <b>Crockard</b> Fellowship	\$ 5,000
David <b>Kline</b> Research Award	\$15,000
Sanford <b>Larson</b> Research Award	\$30,000
<b>Mayfield</b> Awards	\$ 1,000 Cash
<i>(Two – Basic and Clinical Science)</i>	\$ 2,000 (up to for expenses)
Volker K.H. <b>Sonntag</b> International Fellowship	\$ 5,000

### Other Honors identified at the Annual Meeting

Honored Guest  
Meritorious Services Award

1. Will the above honors be given at the 2006 Annual Meeting?
2. Do the recipients receive any special funding (*i.e.: hotel accommodations, honorarium, complimentary registration, per diem, certificates or plaques*)?
3. If yes, do these expenses get billed to the Annual Meeting or the Section G&A?

#### Section 4.05g Election of Executive Committee Officers

It shall be the duty of the immediate past Chairperson of the Joint Section to convene the Nominating Committee each year prior to the CNS Annual Meeting. The slate of nominees for the officers of the Joint Section will be presented to the Executive Committee in October when the Joint Section Executive Committee convenes at the CNS Annual Meeting. Following Executive Committee approval, the slate of candidates will be presented to the membership in the Joint Section Newsletter. Fifteen days after presentation, the full ballot will be circulated to the full voting membership. The balloting shall be conducted by mail and only the ballots received on or before the annual combined section meeting of the year of the election shall be counted. The vote shall thus be made official at the combined AANS/CNS Section Meeting.

#### Section 5.02 Nominating Committee

The Nominating Committee shall consist of three (3) members appointed by the Joint Section Executive Committee and the Committee Chairperson. The immediate past Joint Section Chairperson shall serve as the Chairperson of the Nominating Committee. One member shall be appointed each year to replace the member rotating off of the committee. Each member's appointment shall last three years. It will be the responsibility of the immediate past Joint Section Chairperson to convene the Nominating Committee prior to the CNS Annual Meeting. This committee shall present candidates for the officer positions within the Joint Section to the Executive Committee at the time of the CNS Annual Meeting. Following Executive Committee approval, the slate of candidates will be presented to the membership in the Joint Section Newsletter. Fifteen days after presentation, the full ballot will be circulated to the full voting membership. The balloting shall be conducted by mail and only the ballots received on or before the annual AANS/CNS Section Meeting of the year of the election shall be counted. The vote will thus be made official at the combined AANS/CNS Section Meeting.

**Minutes of the Annual Business Meeting  
AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves**

**New Orleans Convention Center  
April 18, 2005**

Members: Chris Shaffrey, Eric Zager, Charles Branch, Gerald Rodts, Mike Groff, Paul McCormick, Kevin Foley, Dan Resnick, Joe Alexander, Tanvir Choudri, Charles Kuntz, Peter Gersten, Mike Kaiser, Chris Wolfla, Robert Heary, Steve Ondra, Ziya Gokaslan, Daryl Dirisio, Regis Haid, Praveen Mummaneni, Steve Ondra, Ron Apfelbaum, Raj Midha,

AANS Staff: T. Marshall, Ron Engelbreit

Washington Committee: Troy Tippet, Katie Orrico, Pat Jacobs, Jeff Cozzens, Rick G. Fessler

The meeting was called to order by Dr. Heary at 1:10 pm.

Although no official confirmation of the election has been delivered to the spine section leadership, unofficial report from Dr. Rodts indicated that Dr. Branch has been elected as president elect and Dr. Resnick has been elected secretary.

*These election results were later confirmed.*

The secretary's report was given by Dr. Resnick. The motion was made and passed to accept the minutes of the 3/05 meeting.

The treasurer's report was delivered by Ron Engelbreit from the AANS staff. The financial statements were reviewed. Annual meeting income and expenses from the past few months are being processed and the section is in good financial shape. The overall assets of the spine section are currently approximately 1.8 million dollars. Dr. Heary questioned Ron about the distribution of our stock portfolio. There were also some questions regarding the number of members reported to be in arrears with their dues. We were assured that the reporting is as accurate as possible. A suggestion was made to condense dues payments into the AANS dues statement.

Dr. Heary then queried Dr. Rodts regarding the sections contribution to the medical liability reform issue. Because of tax laws, the CNS asked the section to hold off on donations until the legal consequences could be worked out.

**Dr. Ryken** will be asked to contact Jim Beam (AANS Treasurer) and Doug Kondiolka (CNS Treasurer) to discuss how much we can legally donate.

Committee Reports

Annual Meeting – Dr. Groff reported that the SPC met for the first time on Sunday April 17<sup>th</sup>. Program planning is underway with Dr. McLaughlin.

Web Site: Dr. Wolfla went over the new features and updates to the website. He is willing to post new content at the discretion of the EC and requests contribution of content from EC members.

Coding/CPT: A five year review of several codes is underway. Dr. Heary explained the importance of our participation in this process, especially with surveying. Dr. Jacobs gave further explanations regarding the rationale for re-valuing codes based on changes in practice patterns. He explained the survey process and suggested consulting with Dr. Bob Florin, who has some expertise with this process and the appropriate statistical analysis. Dr. Tippetts also spoke to the importance of this process and asked us to participate.

All members of the EC committee volunteered to fill out a mini survey and recruit one other surgeon to fill out the surveys regarding ACDF procedures on the MEDICARE population. Dr. Resnick will contact Greg Przybylski and ask him to get an appropriate document to us within the week.

Washington Committee:

Other business: Dr. Tippetts announced the formation of the Quality Improvement Workgroup. This effort is designed to deal with issues of quality improvement and efficiency. Dr. Heary and Resnick have been appointed to this committee. One of the first efforts will be to develop a pilot study on procedures and outcomes associated with lumbar laminectomy or other commonly performed procedure.

Vertebroplasty and kyphoplasty: Drs. Resnick and Fessler have been called to help the CMS value the procedures. A survey was left with the EC that needs to be filled out by members of the EC other than Drs. Resnick and Fessler.

Tort reform: The DMLR and NPHCA are still collecting money from individuals and the section. Dr. Tippetts thanked us for past contributions to both the Washington Committee and to the medical liability reform effort and asked us to again consider donations as individuals and the section.

Pat Jacobs and Jeff Cozzens from the RUC came to give us some information regarding revising “T” or category 3 code for disc arthroplasty to a category 1 code. A discussion ensued. The section will provide input to the RUC representatives within the month. Dr. Jacobs will email Dr. Resnick and Dr. Heary contact information and data.

Dr. Fessler discussed activities related to the five year review, I&D abscess codes, and vertebroplasty and kyphoplasty codes. He will keep us informed of developments.

Future Sites: Joe Alexander reported a favorable impression regarding the Desert Marriott. Overall evaluations of the site by the membership were very favorable. Survey results and contractual issues were discussed. Problems with scheduling relative to the AANS meeting were discussed. 2006 is contracted for Orlando and is pretty much set. The opportunity to return to Phoenix in 2007 and 2009 exists. It was moved, seconded, and approved that we go ahead and book the resort for these meetings. Dr. Alexander has visited the 2005 site, thinks it is another place that we would want to repeat at. He has been asked to look into booking the 2008 meeting there.

A motion was made (C. Shaffrey) and seconded (R. Apfelbaum) that we aim to have all meetings set for the second week in March. It was further moved that this decision be made known to the AANS. The motion was unanimously approved. Dr. Resnick will forward the minutes of this meeting to the AANS and CNS.

World Spine: Ed Benzel reported that the meeting will occur in Rio De Janiero, it is being subsidized primarily by NASS.

Research and Awards: C. Wolfa reported that all information has been moved onto the web site. Dr. Peter Gerszten will be co-chairing the committee.

Education: A spine curriculum and a peripheral nerve curriculum have been provided to the Congress. Members of this committee are participating in the abstract review committee. Report given by R. Midha

Guidelines: Paul Matz reported that the Lumbar Fusion Guidelines have been completed and will be published in June 2005. He is considering topics for a new proposal and will have more information for us in the fall.

Outcomes: M. Kaiser submitted a written report attached to the agenda.

Peripheral Nerve Task Force: Dr. Heary raised the issue of the hyperhidrosis reimbursement because the AANS has asked us to revisit the issue, despite our decision not to issue a statement at the last EC meeting in March. Dr Resnick will contact the AANS to survey our membership via an Eblast regarding the prevalence of this procedure and whether or not there is a significant problem that requires a position statement. Since this survey is being done at the behest of the AANS, it is anticipated that the AANS will not charge the section for this service.

The task force also has been discussing CPT codes for nerve transfer and for brachial plexus exploration. Dr. Heary asked that Dr. Zager contact Dr. Mitchell regarding putting together a proposal.

Dr. Heary asked Dr. Midha to comment on the issue of separation of peripheral nerve from the section due to concerns regarding lack of opportunity for leadership. The task force wishes to remain with the section for the time being. Dr. Heary expressed the fact that the section welcomes the continued participation of the peripheral nerve group.

Public Relations: T. Choudhri reported that no other sections have logos. He'd like to go ahead and design one. He also has looked into developing "talking points" regarding the guidelines.

Quality Improvement Committee: This committee will be formed to pro-actively define the issues regarding P4P. D. Resnick will chair the committee which will consist of Resnick, Heary, Matz, Kaiser, and Gerszten. Dr. Fessler asked that we contact Dr. Polly for some information he has that is relevant.

Fellowship Committee: Nothing new to report

Nominating committee: Dr. Rodts reported that Dr Branch, Dr Resnick, and Dr. Foley were successfully elected to president elect, secretary, and member at large, respectively. Otherwise the committee is currently dormant.

Rules and Regulations: Dr. DiRisio pointed out a discrepancy between several of the bylaws regulating the election of officers. He has made corrections (attached) that will be circulated in the news letter and then voted on in the next meeting.

ASTM: Vince Traynelis is stepping down as our representative to ASTM. Dr. Fessler spoke to the importance of this committee. Dr. Greg Trost will be taking over this position as chair and Rick Spiro will be a committee member.

Information and Technology: Ashwini Sharan will take over this committee.

The Annual Meeting Sponsorship Committee: Report given by Dr. Apfelbaum appended to minutes.

## **Business:**

SPORT trial: Peter Gerszten reported that a review meeting is planned for mid June. Patient enrollment is complete. Follow-up should be complete within six months. Publication in a major journal is anticipated. Dr. Heary requested that Dr. Gerszten look into the possibility of the section obtaining a pre-publication draft so that a comment can be crafted for possible co-publication.

Meeting Management: Drs. Heary and Branch are scheduled to meet with Tom Marshall and members of the AANS board of directors to discuss issues related to AANS support of the section meeting. Based on preliminary conversations, it is apparent that the AANS is willing to work with us to improve meeting services.

Establishment of Section Archives in a private area of the website was proposed. We will continue to accumulate prior minutes for digitalization and deposit into the website.

There being no further business the meeting was adjourned at 3:15 pm.

Minutes recorded and submitted by;

Daniel K. Resnick, MD  
Secretary, Section Executive Committee

Attachments include report from Rules and Regulations, and the Annual Meeting Sponsorship Committee.



**Executive Committee**  
**Officers and Committee Chairs**  
**JOINT SECTION ON DISORDERS OF THE SPINE & PERIPHERAL NERVES**  
**March 10, 2005**

Position	2002-03	2003-04	2004-05	2005-06
Chair	N.Baldwin	R.Haid	G. Rodts	R. Heary
Chair Elect	R.Haid	G.Rodts	R. Heary	C. Branch
Immediate Past Chair	P.McCormick	N.Baldwin	R. Haid	G. Rodts
Secretary	C.Branch	C.Branch	C. Branch	D.Resnick
Treasurer	R.Rodts	T.Ryken	T. Ryken	T. Ryken
Members at Large	H.L.Harkey R. Heary R. Apfelbaum	R.Heary R. Apfelbaum J. Alexander	D. Kim R. Apfelbaum J. Alexander	J. Alexander D. Kim K. Foley
Ex-Officio Members	D.Kim S. Zeidman	R. Heary Z. Gokaslan	Z. Gokaslan	Z. Gokaslan
Annual Meeting Chair	J.Alexander	D.Resnick	C. Shaffrey	M. Groff
Scientific Program Chair		C. Shaffrey	M. Groff	M. McLaughlin
Exhibit Chair	M.McLaughlin	M.McLaughlin/Knightly	M.McLaughlin	J. Knightley
Future Sites	S.Papadopoulos	J. Alexander	J. Alexander	J. Alexander
Education Committee Chair	R.Heary	J.Hurlbert	J. Hurlbert	J. Hurlbert
CME Representative	T.Ryken	T.Ryken	T. Ryken	T. Ryken
Newsletter	J.Hurlbert	Hurlbert/Khoo	L. Khoo	J. York
Rules and Regulations Chair	D.DiRisio	D.DiRisio	D. DiRisio	D. DiRisio
Nominating Committee Chair	P.McCormick	N.Baldwin	R. Haid	R. Rodts
Research and Awards Committee Chair	C.Paramore		J.Guest	C. Wolfla
Publications Committee Chair	V.Traynelis	V.Traynelis	C. Dickman	C. Dickman
Web Site Committee Chair	A.Levi	Levi/Wolfla	C. Wolfla	C. Wolfla
Guidelines Committee Chair	D.Resnick	D.Resnick	D. Resnick	P. Matz
Membership Committee	C.Laurysen	G.Trost	G. Trost	G. Trost
Outcomes Committee Chair	P.Gerszten	P.Gerszten	P. Gerszten	M. Kaiser T. Choudhri
CPT Committee	J.Piper G. Przbylski	W.Mitchell G. Przbylski	W. Mitchell	W. Mitchell R. Johnson
Peripheral Nerve Task Force Chair	R.Midha	R.Midha	R. Midha	E. Zager
Washington/FDA	R.Fessler	Fessler/McCormick	P. McCormick	R. Rodts
Section Rep.,P.A.C.	S.Ondra	S.Ondra	S. Ondra	S. Ondra
Public Relations	G. Pait	G. Pait	C. Kuntz T.Choudhri	C. Kuntz T. Choudhri
Fellowships				J. Alexander P. Gerszten

# JOINT SECTION ON DISORDERS OF THE SPINE & PERIPHERAL NERVES

## Committee Membership

March 10, 2005

	2002-03	2003-04	2004-05	2005-06
Nominating Committee Members	N.Epstein	R.Fessler	J. Campbell	V. Traynelis
	R.Fessler	J.Campbell	V. Traynelis	R. Apfelbaum
	J.Campbell	V.Traynelis	R. Apfelbaum	R. Midha
Strategic Planning Committee	N.Baldwin	R.Haid	R. Rodts	R. Heary
	P.McCormick	C.Branch	R. Heary	C. Branch
	R.Rodts	R.Rodts	C. Branch	T. Ryken
	C.Branch	T.Ryken	T. Ryken	G. Rodts
	R.Haid	N. Baldwin	R. Haid	
Outcomes Committee	P.McCormick			
	W.Rosenberg			
	J.King,Jr.			
	G.Przybylski			
	D.Resnick			
	E.Berger			
	M.Groff			
	J.Alexander			
Research and Awards Committee	C.Wolfla	C.Wolfla	J. Guest	C. Wolfla
	P.Sawin	P.Sawin	C. Wolfla	J. Guest
		G.Trost	G. Trost	G. Trost
			C. Shaffrey	C. Shaffrey
Education Committee			J. Hurlbert	J. Hurlbert
			R. Midha	R. Midha
			R. Foley	R. Foley
Spine Fusion Task Force			P. McCormick	P. McCormick
			C. Dickman	C. Dickman
			R. Fessler	R. Fessler
			D. Resnick	D. Resnick
			C. Shaffrey	C. Shaffrey
			V. Traynelis	V. Traynelis
Fellowships				J. Alexander S. Ondra C. Shaffrey Z. Gokaslan C. Kuntz
Guidelines				P. Matz M. Groff L. Khoo A. Dailey T. Choudhri M. Hadley B. Walters

April 18, 2005

**Report on the Annual Meeting Sponsorship Committee, an ad hoc committee to solicit and recommend corporate sponsorship opportunities**

**Background:** At the last Executive Committee Meeting in Phoenix, quoting from the minutes:

“Dr. Rodts reported that there appears to be satisfactory registration and outstanding corporate support at this meeting. Discussion ensued regarding the solicitation of corporate sponsorship of three significant annual meeting functions. Three major corporate participants have been solicited to be identified as sponsors for the Executive Committee Dinner, Chairman's Dinner and the Young Surgeons Dinner. Drs. Groff, Shaffrey and Haid discussed concerns over the process of cementing a three year commitment from 3 sponsors for these events. The following proposal was approved unanimously by the Executive Committee; The section has decided to establish 3 year agreements with major sponsors in lieu of the current practice of reestablishing support yearly. This will pertain to the Exec Comm. Dinner, Chairman's Dinner and Young Surgeons Dinner and will require sponsorship at the 35, 40, and 45,000 level in each subsequent year.

Dr. Rodts then appointed an ad hoc committee to develop a formal prospectus and algorithm for this and other sponsorship opportunities. The Annual Meeting Sponsorship Committee will be chaired by Dr. Ron Apfelbaum and consist of R. Haid, R. Rodts, P Gertzten, J. Knightly, M. Groff, M. McLaughlin, and will present their proposal to the Exec. Com. at the April AANS meeting.”

**Process:**

The committee members were asked to contact as many of our participating exhibitors, both large and small companies, as possible and solicit from them ideas regarding areas in which they would like to more involvement with the organization and meeting. These were circulated to the committee and discussed in a conference call. The short time window, and our busy schedules, limited the participation of some of our committee so these results should not be considered all inclusive.

**Recommendations:**

From the exhibitors standpoint a common theme was that they would be willing to sponsor ideas that allow them to make increased contact with the attendees or that bring more traffic to their exhibit booths. There was less enthusiasm from the smaller companies for sponsorship of events etc that gave them increased recognition without the above mentioned more tangible contact benefits.

Some ideas that surfaced in regard to these objectives were:

- Hold a raffle for prizes donated by the sponsoring companies. The attendees would have to come by the sponsor's booth to get their entry forms for the raffle. This is an idea that could be utilized by multiple companies.
- A variation on this suggested by Mark McLaughlin was to consider having an auction similar to the fund raising one done by the Young Neurosurgeons to benefit the NREF. The prizes would be donated by the exhibitors and could be displayed at their booths to attract attendance.

- Another idea that might increase exhibit hall attendance would be to project the plenary sessions in the exhibit hall area on a large screen via closed circuit video, paid for by the sponsoring companies. Our concern with this is the noise pollution if the sound was also broadcast and the lack of utility of this if it was not.
- An alternative to this is the suggestion to have a sponsored Cyber Café in the exhibit area. Jack Knightly indicated the Stryker expressed interest in this. The area could have wireless portals, TV from the main sessions, areas to download the program to PDA's, etc. as well as links to company websites for video advertisements.

Other ideas were suggested and discussed. These may appeal more to larger companies.

- Sponsor a forum in the main session for presenting new technology
- Sponsor resident attendance at the meeting
- Sponsor resident scientific posters by covering costs associated with the poster
- Sponsor resident award for best scientific poster
- Sponsor workshop attendance for a workshop where the sponsoring company gets to pick the topic and chairman.
- Sponsor something for residents or sponsor resident's attending some of the meeting functions or courses.
- Sponsor new technology presentations in exhibit area.
- Sponsor award for best paper, etc.

The "What's New" sponsored sessions in the exhibit area received favorable review and should be continued.

Since many members commented negatively on being charged extra for some of the meeting sessions that were billed as special courses, we might change these to sponsored sessions by corporations, but retain topic and speaker selection control.

The idea of having preferred "Island Booths" in the exhibit hall at a premium charge was also reviewed favorably by the committee.

### **Recommendations:**

The section officers, annual meeting committee, and exhibits chair should review these ideas and suggestions. Those found acceptable should be prioritized and a dollar amount assigned to each. This will result in a menu of choices of possible ways for corporations to participate. Corporations could then pick and choose as they saw fit.

Respectfully submitted.

Ronald I. Apfelbaum, M.D.

From: Joseph Alexander [jtalexan@wfubmc.edu]  
Sent: Tuesday, July 05, 2005 7:12 AM  
To: Resnick (Daniel); Robert Heary  
Cc: Charles Branch; Mark R. McLaughlin, M.D.  
Subject: RE: 2006 Abstract Graders

We certainly ought to have a central site for keeping these documents, but I concur with Dan that we may want to keep some of this separate from the AANS/CNS. It would seem fine to let the central office keep the non-sensitive stuff. Perhaps since the secretary's term is for three years, each successive secretary could keep the archives of the minutes and then pass it on to the next person.

-----Original Message-----

From: Resnick (Daniel) [mailto:resnick@neurosurg.wisc.edu]  
Sent: Friday, July 01, 2005 3:47 PM  
To: Robert Heary  
Cc: Charles Branch; Joseph Alexander; Mark R. McLaughlin, M.D.  
Subject: RE: 2006 Abstract Graders

Bob, on another issue:

I have kept copies of all of the email traffic that I have received on my computer and I also have copies of all of the minutes going back to 1999 or 2000. I believe that I am the only one who has these documents. I asked Charlie if he had ever sent anything to the CNS or AANS for archiving, and he hasn't. I think that it might be a good idea to have our minutes archived by our parent organizations for history and record keeping purposes. Also, for CME purposes, the AANS is supposed to keep track of our scientific program and annual meeting committee meeting minutes.

The only drawback to sending these documents in, as far as I see it, is that we often discuss things (such as terminating our agreement for meeting services with the AANS) that we may not want to publicize.

I copied Charlie, Joe, and Mark for their opinions as well.

What do you guys think?

Dan

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]  
Sent: Thursday, June 30, 2005 11:13 AM  
To: Resnick (Daniel); jhurlber@ucalgary.ca  
Subject: RE: 2006 Abstract Graders

john:

hi, please contact paula nedza at the aans and coordinate with her.  
you should also touch base with the aans scientific program committee chairman on this topic. for each of the major meetings, the aans and the cns, the spine section controls afternoon sessions which should be coordinated with the sci prog directors well in advance. if that does not happen, then the sci prog comm chair will just make up their own program for our time (which is obviously not what we desire). also, we need to provide names of graders to each of these meetings well in advance. when i was the educ comm chair for the section, i used to have about 5-6 graders per meeting. i would try to use different people for each of the two major meetings to avoid wearing people out. that being said, a couple amazingly reliable people such as dan resnick and joe alixander helped me out on many occasions with grading. if you have any questions, please e-mail me. thanks. bob

>>> "R. John Hurlbert" <jhurlber@ucalgary.ca> 6/30/2005 11:36:32 AM

>>>

Hi guys! How many do we need?

j

-----Original Message-----

From: Resnick (Daniel) [mailto:resnick@neurosurg.wisc.edu]

Sent: Thursday, June 30, 2005 9:29 AM

To: Robert Heary

Cc: jhurlber@ucalgary.ca

Subject: RE: 2006 Abstract Graders

Hi Bob,

John is the education chairman and I cc'd him on this email trail. Dan

-----Original Message-----

From: Robert Heary [mailto:heary@umdnj.edu]

Sent: Wednesday, June 29, 2005 3:26 PM

To: Resnick (Daniel)

Subject: Fwd: 2006 Abstract Graders

dan:

hi, is john hurlbert the current education committee chairman. if so, i need for him to get a list of names for abstract reviewers to the AANS for the 2006 meeting. could you

check the grid and get back to me with this info? thanks. bob

p.s.- if you have an e-mail address for john, that would be great as well

>>> "Paula S. Nedza" <psn@aans.org> 6/29/2005 4:11:28 PM >>>

Good afternoon,

This is a friendly reminder that we need the names of the graders for each of your sections for the 2006 Call for Abstracts. Please forward the names to me at your earliest convenience. Thank you!

Paula S. Nedza  
Meeting Services Coordinator  
American Association of Neurological Surgeons 5550 Meadowbrook Drive  
Rolling Meadows, IL 60008-3852  
(847) 378-0536  
Fax (847) 378-0636  
E-mail: [psn@aans.org](mailto:psn@aans.org)

From: Gerald Rodts [Gerald\_Rodts@emoryhealthcare.org]  
Sent: Wednesday, April 13, 2005 2:39 PM  
To: jrobertson@semmes-murphy.com  
Cc: Resnick (Daniel); rar@po.cwru.edu; heary@umdnj.edu  
Subject: Hyperhidrosis

Dr. Robertson:

I presented to the Spine Executive Committee last month the request made by the AANS last winter to produce a position statement on the treatment of hyperhidrosis. An AANS member Robert Beatty, M.D. had corresponded with Dr. Ratcheson that he was having trouble getting paid for endoscopic thoracic sympathectomy in Illinois. I had referred it to several of our peripheral nerve enthusiasts last winter but had not heard back.

At the Spine Exec. Comm. meeting, there was no one interested in taking on this project. Many members stated that they were not having any problem getting reimbursed for either an open thoracic sympathectomy or via an endoscopic approach. I wanted to inform you of this so you will not be expecting a position paper.

Sincerely,  
Rusty Rodts  
Past-Chairman, Spine Section

cc: Bob Heary, new Chairman; Dan Resnick, new Secretary

Gerald E. Rodts, Jr., M.D.  
Professor, Neurosurgery  
550 Peachtree St., N.E., Suite 806  
Atlanta, GA 30308  
Tel. 404-686-8101  
Fax 404-686-4805



# SPINESECTION<sup>.ORG</sup>

SpineSection.org is now over 1 ½ years old, having gone on line January 30, 2004. There have been no significant problems since the last report. We have incurred no additional expenses.

Routine updates continue to be performed. We are need of updated “Officers and Committees”, “Committee Member Contact Information”, and “Standing Committee Members” grids. The current ones expire February 2006.

In addition, we are in the process of developing an archive of Spine Section Executive Committee meeting agendas and minutes. A CD was received from Dr Tim Ryken, which has been supplemented with additional material. The page is in the process of being developed.

The plan for the archive page is the following:

- The archive page will be addressed using a link “For Members Only” at the bottom of the entry page
- This link will take the user to the archive page, which is protected using a common username/password
- This will be: Spinesection/Dandy
- User will be taken to a download page where individual files can be downloaded
- As a second level of security (it is currently impossible to shield the download page from search engine “spiders”), each file is zipped with a password.
- This password is: Cushing

As always, new content is always welcome and very much needed to keep the site “fresh.” Please send appropriate material to: [cwolfla@neuroscience.mcw.edu](mailto:cwolfla@neuroscience.mcw.edu).

Respectfully Submitted,

Chris Wolfla MD