

Minutes for Spine Section Executive Committee Meeting
October 6, 2012
Chicago, IL

Members Present:

The meeting was called to order by

- | | |
|------------------------------|--------------|
| 1. Secretary's report | P. Mummaneni |
| 2. Treasurer's Report | C. Kuntz |
| 3. New Business | C. Sansur |
| 4. Old Business | |
| 5. Committee Reports | |
| a. Annual Meeting | M. Wang |
| b. CPT | P. Angevine |
| c. Exhibits | Mike Wang |
| d. Future sites | I. Kalfas |
| e. Research and Awards | A. Kanter |
| f. Education-MOC | F. LaMarca |
| g. Guidelines | J. O'Toole |
| h. Outcomes | M. Steinmetz |
| i. Peripheral nerve TF | A. Belzberg |
| j. Publications | L. Holly |
| k. Public Relations | S. Dhall |
| l. Membership | K. Eichholz |
| m. Washington Committee | R. Heary |
| n. Fellowships | G. Trost |
| o. Web Site | E. Potts |
| p. CME | G. Trost |
| q. Nominating Committee | C. Shaffrey |
| r. Rules and Regs | J. Smith |
| s. Newsletter | J. Ratliff |
| t. ASTIM | J. Coumans |
| u. NREF | Z. Gokoslan |
| v. AANS PDP | R. Fessler |
| w. Young Neurosurgeons comm. | C. Upadhyaya |
| x. FDA drugs and devices | J. Alexander |
| y. Inter-Society Liaison | M. Rosner |
| z. Spinal Deformity training | M. Schmidt |

There being no further business the meeting was adjourned at

Respectfully submitted,

Minutes for Spine Section Executive Committee Meeting
April 16, 2012
Miami, FL

Members Present: (Refer to sign in sheet)

The meeting was called to order by Dr. Cheng at 13:00

1. Secretary's report P. Mummaneni
2. Annual Meeting Report J. Knightly, C. Kuntz

- a. Review Annual meeting reconciliation

Dr. Kuntz updated the committee – the final finances of the annual meeting last month are not yet finalized. No significant change to report in the finances.

Dr. Knightly stated that the attendance was 416 (similar to two years ago). Attendance is stable at the annual meeting.

Final budgets and figures for the annual meeting is not yet available.

3. New Business

- A. Discuss ABNS MOC questions and assign question writers–Shaffrey, Cheng, and Mummaneni - 10 min

Dr. Cheng discussed the need to create questions for the ABNS MOC. Also he discussed the issue of “Focused Practice” in spinal surgery and gearing the MOC to test this “Focused Practice”.

Potential topics: Spinal Deformity, MIS surgery

Dr. Resnick suggests SANS to be used for this Focused Practice.

Dr. Shaffrey updated the EC on the ABNS MOC efforts. Dr. Shaffrey stated that the SANS test will not be satisfactory. Dr. Shaffrey suggests a Joint Section textbook to be a backup for the questions we will write. Dr. Shaffrey stated the the OKU is being used by orthopedics for this purpose, and we can look at the OKU as a reference for this process.

Drs. Cheng, McGirt, Mummaneni, Schmidt, and Wang will form a subcommittee to write questions and start chapters to support the questions in support of this process. The project finish date is by the annual meeting in Phoenix in 2013. Dr. Cheng suggested that OKU will be analyzed to help with streamlining this process.

The table of contents will be created by June 1st. The questions will be needed by July. AANS was suggested by Dr. Shaffrey to be the publisher for the book. Further discussion is needed to ascertain the funding and revenue. An electronic book was suggested by Dr. Ghogawala.

B. SPC theme for 2013 - Knightly - 10 min

Dr. Knightly reported that the SPC theme is : “Maximum Impact: Surgeons as Key Advocates in Patient Care”

Dr. Knightly suggests CSRS be a partner society for 2013. The AO course will be continued and switched to Wed afternoon and Thursday afternoon (Drs. Chapman and Paul Arnold will lead the AO coordination effort).

Deformity Breakout, Trauma Breakout, Tumor Breakouts are planned.

Mike Wang will reach out to the DO neurosurgeons to engage them in a session.

Andrea Strayer will revamp the NP/PA outreach. AANS is also wanting to increase mid-level attendance, and we will be cognizant to not cannibalize participants from the New Orleans meeting. Rob Spinner requested more peripheral nerve opportunities.

Cadaver courses may be held at BNI during the Annual Meeting. Dr. Mummaneni asked if this will detract from attendance at the annual meeting? The suggestion by Dr. Cheng and Dr. Knightly is to do the cadaver course Saturday afternoon and possibly Sunday after the lectures are completed.

A resident deformity cadaver course is being suggested and this may be combined with the peripheral nerve resident cadaver course. This should be coordinated to avoid interference with the residents’ written board exam.

C. Global Cost of Spinal Care. Dr. Benzil discussed this topic with the EC. The costs should include nonoperative care, psych care, operative care, etc. Dr. Cheng asked for a volunteers to contact him after the meeting for this effort.

D. Dr. Cheng wants to outsource the librarian functions to help tabulate results for searches to assist with the Rapid Response Team. The proposal is to fund this with \$50,000. Also funds are needed for advocacy efforts for travel expenses to cover spine surgeons traveling to different sites to advocate for spine care (like Washington state HTA). Katie Orrico and Dr. Kuntz have discussed that \$100,000 is already committed by the Section to the Washington Committee for purposes like these. A reporting of the already allocated funds will be sent to the EC by Dr. Kuntz and Katie Orrico. \$25,000 of this allocation is available in 2012 and this will be used by Dr. Cheng for the librarian function via outside consultants in 2012 and then in 2013, more funds may be set aside for this purpose. Dr. Ghogawala suggested the the CNS guidelines personnel may also be able to help with this effort. Dr. Cheng will reach out to the CNS to assess how much available effort and costs to be charged by CNS.

E. Revised Committee Structure – Given the large size of the EC, an updated committee structure was reviewed by Dr. Cheng to facilitate activities of the committees and also to highlight them.

4. Old Business

Intraoperative electrophysiological monitoring statement was read by Dr. Cheng.
“The routine use of intraoperative electrophysiological monitoring is neither warranted nor recommended.” This topic on IOM including the neurologists guidelines will be emailed to the EC by Dr. Cheng to gather everyone’s input and to help create a response statement from the Joint Section.

NREF appointment – Bob Spinner will represent peripheral nerve.

5. Committee Reports

Dr. Mike Wang discussed the issues related to exhibits cmte. Synthes and DePuy are merging and that may decrease revenues for the Section annual meeting.

Dr. Mike Wang will email details on the exhibits issues from the recent annual meeting to obtain input from the EC.

Respectfully Submitted
Praveen Mummaneni, Secretary.

ACSR Degenerative

Albert, Todd (Thomas Jefferson)
Ames, Chris (UCSF)
Anand, Neel
Anderson, D. Greg
Arnold, Paul
Blumenthal, Scott
Bono, Chris
Branch, Charles (Wake Forest)
Brodke, Darrel S. MD
Brown, Chris (Duke)
Buchowski, Jacob
Chapman, Jens R. MD
Cheng, Joseph S. (Vanderbilt)
Coric, Domagoj
Delamarter, Rick B.
Dimar, John R.
Djurasovic, Mladen (Louisville)
Fessler, Rick
Fischgrund, Jeff
Frempong, Tony (NYU)
Ghogawala, Zo (Yale)
Gottfried, Oren (Duke)
Guyer, Richard D.
Haid, Regis
Hart, Robert
Hartl, Roger
Heary, Robert
Isaacs, Robert *
Kanter, Adam
Lieberman, Isador
McCormick, Paul (Columbia)
McGirt, Matthew
Mummaneni, Praveen (UCSF)
Phillips, Frank
Polly, David
Radcliff, Kris (Thomas Jefferson)
Rampersaud, Raj (U Toronto)
Resnick, Dan (U Wisconsin)
Riew, K. Daniel
Traynelis, Vince (Rush)
Shaffrey, Chris *
Smith, Justin S.
Uribe, Juan S.
Wang, Jeff
Wang, Michael (Miami)
Youssef, Jim
Zdeblick, Thomas A.

E mail

tjsurg@aol.com
AmesC@neurosurg.ucsf.edu
Neel.Anand@cshs.org
davidgreganderson@comcast.net
parnold@kumc.edu
SBlumenthal@TexasBack.com
bonocm@prodigy.net
cbranch@wakehealth.edu
darrel.brodke@hsc.utah.edu
christopher.brown@duke.edu
buchowskiJ@wustl.edu
jenshap@u.washington.edu
joseph.cheng@vanderbilt.edu
dom@cnsa.com
rdelamar@msn.com
jdimar2@aol.com
djuraso@hotmail.com
rfessler@nmff.org
jsfischgrund@comcast.net
anthony.frempong@med.nyu.edu
zoher.ghogawala@lahey.org
Ogotfr1@gmail.com
rguyer@texasback.com
rhaid@bellsouth.net
hartro@ohsu.edu
roger@hartlmd.net
heary@umdnj.edu
robert.isaacs@dm.duke.edu
kanteras@upmc.edu
ilieberman@texasback.com
pcm6@columbia.edu
matt.mcgirt@vanderbilt.edu
vmum@aol.com
frank.phillips@rushortho.com
pollydw@umn.edu
radcliffk@gmail.com
raja.rampersaud@uhn.on.ca
resnick@neurosurg.wisc.edu
riewd@wudosis.wustl.edu
Vincent_Traynelis@rush.edu
cis8z@virginia.edu
JSS7F@hscmail.mcc.virginia.edu
juansuribe@gmail.com
jwang@mednet.ucla.edu
MWang2@med.miami.edu
jyoussef@spinecolorado.com
zdeblick@ortho.wisc.edu

Committed

Study Coordinator

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Executive Committee

Updated 3/11/2013

	<u>First</u>	<u>Last</u>	<u>E-Mail (Duplicate positions not listed)</u>	<u>EC Meeting</u>	<u>Term End Date</u>
Officers					
Chair	Joseph	Cheng	joseph.cheng@vanderbilt.edu	X	2013
Chair Elect	Michael	Groff	mgroff@mac.com	X	2013
Chair Past	Chris	Wolfla	cwolfla@mcw.edu	X	2013
Secretary	Praveen	Mummaneni	vmum@aol.com	X	2014
Treasurer	Charley	Kuntz	charleskuntz@yahoo.com	X	2015
Executive Committee					
Annual Meeting Chair	Marjorie	Wang	mwang@mcw.edu	X	2013
Scientific Program Chair	Jack	Knightley	jknightly@atlanticneurosurgical.com	X	2013
Exhibits Chairperson	Mike	Wang	mwang2@med.miami.edu	X	2013
Newsletter Editor	John	Ratliff	jratliff@stanford.edu	X	2014
Member-at-Large	Pat	Jacob	jacob@neurosurgery.ufl.edu	X	2015
Member-at-Large	Matt	McGirt	matt.mcgart@Vanderbilt.Edu	X	2015
Member-at-Large					(Not filled)
Ex-Officio	Daryl	Fourney	daryl.fourney@usask.ca	X	2013
Ex-Officio	John	Hurlbert	jhurlber@ucalgary.ca	X	2013
Ex-Officio	Zo	Ghogawala	zoher.ghogawala@lahey.org	X	2013
Past-Chair Advisors	Dan	Resnick	resnick@neurosurgery.wisc.edu		2013
Past-Chair Advisors					(Not Filled)

Standing Committees	<u>First</u>	<u>Last</u>	<u>E-Mail</u>	<u>EC Meeting</u>	<u>Term End Date</u>	<u>Current Role</u>	<u>Possible Future Role</u>
Oversight By Chair	Joseph	Cheng					
Annual Meeting Chair	Marjorie	Wang		X	2013	Chair	Ex-Officio
Exhibits	Mike	Wang		X	2013	Chair	MOL Chair-Exhibits
	Dan	Hoh	daniel.hoh@neurosurgery.ufl.edu	X	2013		
	Dan	Scuibba	dsciubb1@jhmi.edu	X	2013		
Nominating	Chris	Wolfla		X	2015	Chair	
	Ziya	Gokaslan	zgokas1@jhmi.edu		2014		
	Chris	Shaffrey	CIS8Z@virginia.edu		2013		
Scientific Program Chair	Jack	Knightley		X	2013	Chair	AMC
Oversight By Chair Elect	Michael	Groff					
CPT	Peter	Angevine	pda9@columbia.edu	X		Chair	
Membership	Kurt	Eichholz	kurt@eichholzmd.com	X		Chair	
Newsletter	John	Ratliff	jratliff@stanford.edu	X	2014	Editor	
	Charley	Sansur	csansur@gmail.com	X	2013	Assistant Editor	
Payor Response	Joseph	Cheng		X	2015	Director	
	Charley	Sansur		X		Associate Director	
	Peter	Angevine				Northeast Quadrant	
	Karin	Swartz	karin.swartz@uky.edu			Southeast Quadrant	

	John Lou Kurt Kai-Ming Kojo Dan David Dan	Ratliff Tumialan Eichholz Fu Hamilton Hoh Okonkwo Scuibba	Luis.Tumialan@bnaneuro.net kaimingfu@gmail.com Khamilton@smail.umaryland.edu okonkwodo@upmc.edu			Northwest Quadrant Southwest Quadrant	
Rules and Regulations	Justin	Smith	jss7f@virginia.edu	X		Chair	
Oversight by MOL	Matt	McGirt					
ASTM	Jean Valery	Coumans	icoumans@partners.org	X		Chair	
FDA Drugs and Devices	Joseph	Alexander	jtalexan59@yahoo.com	X		FDA Liasion	
NeuroPoint Alliance (Ad Hoc)	Eric Praveen Peter	Woodard Mummaneni Angevine	ewoodard@caregroup.harvard.edu	X		NPA Liasion	
S2QOD Modules (Ad Hoc)	Than Paul Justin Dan	Brooks Matz Smith Sciubba	n.brooks@neurosurgery.wisc.edu	X		NPA Modules	
Outcomes	Mike	Steinmetz	msteinmetz@metrohealth.org	X		Chair	
Reporting to MOL	Pat	Jacob					
Education	Frank	La Marca	flamarca@med.umich.edu	X		Chair	
Fellowships	Mike David	Kaiser Okonkwo	mgk7@columbia.edu okonkwodo@upmc.edu	X X		Chair	
Guidelines	John John	O'Toole Shin	john_otoole@rush.edu Shin.John@mgh.harvard.edu	X		Chair	
Research and Awards	John Adam Dan	Chi Kanter Lu	ichi@partners.org kanteras@upmc.edu Daniel.C.Lu@gmail.com	X		Chair	
Reporting to Ex-Officio	John	Hurlbert					
AANS PDP	Rick	Fessler	rfessler@nmff.org	X		Chair	
AANS Board Liasion	Deb	Benzil	benzilneurosurg@aol.com	X		Appointed by AANS President	
Future sites	Ian	Kalfas	kalfasi@ccf.org	X		Chair	
Publications	Langston	Holly	lholly@mednet.ucla.edu	X		Chair	
Web Site	Eric	Potts	epotts@goodmancampbell.com	X		Chair	
Reporting to Ex-Officio	Zo	Ghogawala					
CME	Greg Ahmed	Trost Shakir	trost@neurosurgery.wisc.edu ahmed.r.shakir@Vanderbilt.Edu	X		Chair	
NREF	Ziya Reggie Chris	Gokaslan Haid Shaffrey	rhaid@atlantabrainandspine.com	X		NREF Liasion	
Spinal Deformity Training *Ask Praveen	Meic Randy	Schmidt Chestnut	meic.schmidt@hsc.utah.edu	X		Chair	

*Curriculum and MOC ?s	Chris Mike	Ames Rosner					
Washington Committee	Bob	Heary	heary@umdnj.edu	X		WC Liasion	
Reporting to Ex-Officio	Daryl	Fourney					
Inter-Society Liaison	Mike	Rosner	michael.rosner@us.army.mil	X		Chair	
Peripheral nerve TF	Allan	Belzberg	belzberg@jhu.edu	X		Chair	
Public Relations	Sanjay Mike	Dhall Steinmetz	sanjaydhall@yahoo.com	X		Chair	
Young Neurosurgeons	Cheerag	Upadhyaya	cheerag.upadhyaya@gmail.com	X		Chair	

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
To: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>; 'mgroff@mac.com' <mgroff@mac.com>;
'cwoffla@mcw.edu' <cwoffla@mcw.edu>; 'vmum@aol.com' <vmum@aol.com>;
'charleskuntz@yahoo.com' <charleskuntz@yahoo.com>; 'mwang@mcw.edu'
<mwang@mcw.edu>; 'jknightly@atlanticneurosurgical.com'
<jknightly@atlanticneurosurgical.com>; 'mwang2@med.miami.edu' <mwang2@med.miami.edu>;
'jratliff@stanford.edu' <jratliff@stanford.edu>; 'jacob@neurosurgery.ufl.edu'
<jacob@neurosurgery.ufl.edu>; McGirt, Matthew J <matt.mcgart@Vanderbilt.Edu>;
'daryl.fourney@usask.ca' <daryl.fourney@usask.ca>; 'jhurlber@ucalgary.ca'
<jhurlber@ucalgary.ca>; 'zoher.ghogawala@lahey.org' <zoher.ghogawala@lahey.org>;
'resnick@neurosurgery.wisc.edu' <resnick@neurosurgery.wisc.edu>; 'Regis Haid'
<RHaid@AtlantaBrainandSpine.com>
Cc: 'CWolfia@mcw.edu' <CWolfia@mcw.edu>; dls <dls@1CNS.ORG>; Rebecca Calloway-Blyth
<rpc@aans.org>; 'pbk@aans.org' <pbk@aans.org>
Sent: Mon, Sep 24, 2012 10:24 am
Subject: OneAsk Proposal and Industry/Exhibitor Prospectus

Dear Executans:

Sorry for the late notice, but I am asking our formal Executive Committee (based on our bylaws) to attend a review of our current finances presented by our Treasurer, Charlie, prior to our formal Executive Committee meeting with the entire group on Saturday:

Wednesday, 9/26/12 at 7 pm Central (5 pm Pacific, 8 pm Eastern)

The call-in number is: 800-619-3995

The passcode is: 26087

I apologize again for this short notice and know that not everyone will be available! Charlie has done a lot of heavy lifting to compile the data for our group (attached), and is one of the more comprehensive financial analysis of the AANS/CNS Spine and Peripheral Nerve Section ever performed (thanks also to Deanne and Rebecca at the AANS and CNS for their help in this).

We are looking at this as Reg is leading us on a project to unify the "ask" for funding from our industry partners and exhibitors on a 3 year funding cycle. I requested this conference call as I felt it will facilitate our discussions if we have the our formal EC and officers have an opportunity to develop ideas and suggestions to lead the discussion. The implications of this will be enormous for the future direction of our Section, and I am hoping we try to avoid any snap decisions during the meeting, while also not delaying our position for Reg and the OneAsk proposal. I think Charlie's document is the key piece, and in order to understand the information contained in the spreadsheet better, I have asked him to present this for our prior to the CNS meeting, before any final decisions are made.

Regards,

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

AANS/CNS SPINE AND PERIPHERAL NERVE SECTION											
		FY '10 Final	FY '11 Final	YTD FY '12	FY '13 Budget	FY' 14-16 Budget					
						(Assuming 5% cost increase for appropriate items)					
SPINE AND PERIPHERAL NERVE SECTION											
SECTION INCOME											
Dues (AANS)		52,550	52,903	48,290	48,800	153,720					
Annual Meeting (CNS)		479,222	385,186	381,120	351,129	1,223,392	Net with increase in exhibits (not recommended)				
						1,008,303	Net with decrease in exhibits				
Total Income		531,772	438,089	429,410	399,929	1,377,112	Net with increase in exhibits (not recommended)				
						1,162,023	Net with decrease in exhibits				
SECTION EXPENSES (AANS)											
Audio Visual		1,499	1,724	1,197	2,000	6,620					
Bank Fee		470	604	498	498	1,648					
Contributions & Affiliations		187,500	75,000	191,500	140,000	420,000					
Decorating		607	540	385	550	1,821					
Food & Beverage		3,994	5,914	7,023	6,500	21,516					
Gifts & Gratuities		0	0	164	0	600					
Office & other Supplies		135	335	387	350	1,159					
Photocopy		1	2	3	25	83					
Postage & Distribution		1,146	1,073	1,163	1,500	4,965					
Printing/Typesetting		0	7	0	0	0					
Speaker Expenses		0	0	1,457	0	4,500					
Staff Travel		0	0	0	250	828					
Telephone		30	143	1,193	2,200	7,282					
Volunteer Travel		0	19,966	0	6,500	21,516					
Website		436	908	0	12,500	15,000					
Miscellaneous		0	7,500	0	0	15,000					
Guidelines Development		10,010	4,420	27,303	50,000	75,000					
Spine Section History Project		15,952	0	0	0	0					
SubTotal Expenses		221,780	118,136	232,273	222,873	597,537					
HONORARIA & AWARDS EXPENSES (AANS)											
Spin & PN Section Awards		58,497	56,273	57,787	61,050	184,561					
Total Expenses		280,277	174,409	290,060	283,923	782,098					
Net=Total Income - Total Expenses											
		251,495	263,680	139,350	116,006	595,014	Net with increase in exhibits (not recommended)				
						379,925	Net with decrease in exhibits				
HONORARIA & AWARDS (AANS)											
	(Agreement for renewal at this time)										
H. Alan Crockard Int'l Fellowship	DePuy Spine - (1yr)	5,000	5,000	5,000	5,000	15,000					
Sanford Larson Research Award	DePuy Spine - (1yr)	30,000	30,000	30,000	30,000	90,000					
Ronald Apfelbaum Research Award	Aesculap - (1yr)	15,000	15,000	15,000	15,000	45,000					
David Cahil Fellowship	Synthes - (1yr)	30,000	30,000	30,000	30,000	90,000					
Ralph Cloward Fellowship	Medtronic - (1yr)	30,000	30,000	30,000	30,000	90,000					
David Kline Research Award	Integra - (2yr '12-'13)	15,000	15,000	15,000	15,000	45,000					
Clinical Trials Fellowship Award**	Spine & PN Section - (1yr)	50,000	50,000	50,000	50,000	150,000					
David Kline Lectureship	Integra - (1yr)	0	5,000	5,000	5,000	15,000					
Sonntag International Fellowship	Medtronic - (1yr)	5,000	5,000	5,000	5,000	15,000					
Mayfield Clinical Award**	Spine & PN Section - (1yr)	0	2,000	2,000	2,000	6,000					
Mayfield Basic Science Award**	Spine & PN Section - (1yr)	4,000	2,000	2,000	2,000	6,000					
Outcomes Committee Award**	Spine & PN Section - (1yr)	2,000	2,000	2,000	2,000	6,000					
Regis W. Haid, Jr., MD Adult Deformity Research Award	Globus Medical - (3yr '12-'14)	0	0	30,000	30,000	90,000					
Clinical Trial Proposal Award**	Spine & PN Section - (1yr)	1,500	0	1,500	500	1,500					
Plaques for 14 Awards @ \$325 each**	Spine & PN Section - (1yr)	997	273	287	4,550	15,061					
Total Honoraria & Awards		188,497	191,273	222,787	226,050	679,561					
SPINE AND PERIPHERAL NERVE ANNUAL MEETING (CNS)											
ANNUAL MEETING INCOME (CNS)											
Registration		230,295	216,570	222,890	249,235	760,494					
Exhibits		372,240	360,155	331,125	369,800	1,186,118	Exhibits has been declining - this is 5% increase, not recommended				
Exhibits						971,030	Exhibits showing a decline of 5% / year, which is where we're trending				
Contributions/Sponsorships		389,159	342,500	347,500	350,000	1,071,870	Recommending stagnant				
Social Events		2,000	2,000	2,600	2,100	7,200					
Special Courses/Luncheon Symposia		44,110	38,000	47,460	44,920	144,406					
Total Income		1,037,804	959,225	951,575	1,016,055	2,810,594	Exhibits increasing				
						3,236,218	Exhibits declining				
ANNUAL MEETING EXPENSES (CNS)											
Scientific Program/Special Courses		237,890	249,335	233,135	275,117	823,788					
Social Events		141,475	156,186	154,396	187,939	529,616					
Marketing		67,929	52,463	60,624	71,762	209,181					
Exhibit Hall Program		49,122	48,660	49,600	45,796	144,882	Recommend stagnant				
AM Registration		50,598	54,585	52,149	63,911	183,086					
Onsite Coordination & Offices		9,423	12,810	18,024	17,538	47,827					
AM Planning General		2,145	0	2,528	2,864	8,316					
Total Expenses		558,582	574,039	570,455	664,926	1,946,697					
Net=Total Income - Total Expenses											
		479,222	385,186	381,120	351,129	1,223,392	Net with increase in exhibits (not recommended)				
						1,008,303	Net with decrease in exhibits				

AANS/CNS Section on Disorders of the Spine
Statement of Financial Position
As of June 30, 2012

	Current Year 06/30/12	Prior Year 06/30/11
ASSETS		
Checking & Short Term Investments	\$737,668	\$732,001
Accounts Receivable, net of Allowance for Uncollectible Accounts	400	(2,150)
Long-Term Investment Pool, at Market	2,497,208	2,411,533
TOTAL ASSETS	\$3,235,275	\$3,141,384
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts Payable and Current Liabilities	\$55,000	\$80,000
Deferred Contribution Revenue	15,000	
Deferred Dues	25,731	23,547
Total Liabilities	\$95,731	\$103,547
Net Assets		
Unrestricted	\$2,985,837	\$2,572,745
Unrestricted - Fellowships	\$52,000	\$52,000
Net Revenue (Expense)	101,706	413,093
Total Net Assets	\$3,139,544	\$3,037,837
TOTAL LIABILITIES AND NET ASSETS	\$3,235,275	\$3,141,384

AANS/CNS Section on Disorders of the Spine
Statement of Activities
For the Twelve Months Ending June 30, 2012

	FY '10 Final	FY '11 Final	YTD FY '12	FY '12 Budget	FY '13 Budget
REVENUES					
Membership Dues	\$52,550	\$52,903	\$48,290	\$50,400	\$48,800
Mailing List Sales	1,180	885	690	0	0
Fellowship/Award Sponsorship	125,000	205,000	71,895	161,000	161,000
Miscellaneous Revenue	0	104	0	0	0
Contributions for Operating Expenses	7,893	8,439	6,189	9,237	7,187
Annual Meeting Revenue	1,037,804	959,225	951,576	1,015,500	1,016,055
TOTAL REVENUES & SUPPORT	\$1,224,427	\$1,226,556	\$1,078,640	\$1,236,137	\$1,233,042
EXPENSES					
Audio Visual	\$1,499	\$1,724	\$1,197	\$2,000	\$2,000
Bank Fee	470	604	498	691	498
Contributions & Affiliations	187,500	75,000	191,500	100,000	140,000
Decorating	607	540	385	550	550
Food & Beverage	3,994	5,914	7,023	6,000	6,500
Gifts & Gratuities	0	0	164	0	0
Honoraria & Awards	188,497	186,273	152,787	195,075	226,050
Office & other Supplies	135	335	387	500	350
Photocopy	1	2	3	25	25
Postage & Distribution	1,146	1,073	1,163	1,500	1,500
Printing/Typesetting	0	7	0	0	0
Speaker Expenses	0	0	1,457	0	0
Staff Travel	0	0	0	225	250
Telephone	30	143	1,193	200	2,200
Volunteer Travel	0	19,966	0	6,500	6,500
Website	436	908	0	12,500	12,500
Staff Coordination	7,893	8,439	6,189	9,237	7,187
Miscellaneous	0	7,500	0	0	0
Guidelines Development	10,010	4,420	27,303	50,000	50,000
Spine Section History Project	15,952	0	0	0	0
Annual Meeting Expense	657,634	676,514	671,561	655,344	664,927
TOTAL EXPENSES	\$1,075,804	\$989,362	\$1,062,810	\$1,040,347	\$1,121,037
Investment Earnings	120,394	175,898	85,875	108,200	115,096
NET REVENUE	\$269,017	\$413,092	\$101,705	\$303,990	\$227,101

AANS/CNS Section on Disorders of the Spine
Annual Meeting
For the Twelve Months Ending June 30, 2012

	<u>FY '10 Final</u>	<u>FY '11 Final</u>	<u>YTD FY '12</u>	<u>FY '12 Budget</u>	<u>FY '13 Budget</u>
Revenues					
Registration Fees	274,405	254,570	270,351	287,500	294,155
Exhibitor Fees	372,240	360,155	331,125	373,425	369,800
Closing Banquet/Event Revenues	0	0	0	0	2,100
Exhibitor Sponsorship Revenue	389,159	342,500	347,500	352,500	350,000
Special Event Revenues	<u>2,000</u>	<u>2,000</u>	<u>2,600</u>	<u>2,075</u>	<u>0</u>
Total Revenues	1,037,804	959,225	951,576	1,015,500	1,016,055
Expenses					
Scientific Program	237,007	251,810	234,240	277,064	275,117
Social Events/General	141,475	156,184	154,396	176,460	187,939
Exhibit Program	49,057	48,660	49,600	51,100	45,796
Advanced Registration	0	0	52,149	0	63,911
On-Site Registration	50,598	54,587	0	56,495	0
Annual Meeting Promotion	67,929	52,464	60,624	76,825	71,762
On-Site Coordination	9,423	12,809	18,024	14,200	17,538
Annual Meeting Planning Cmte	2,145	0	2,528	3,200	2,864
Staff Coordination	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	<u>0</u>	<u>0</u>
Total Expenses	<u>657,634</u>	<u>676,514</u>	<u>671,561</u>	<u>655,344</u>	<u>664,927</u>
Net Excess (Loss)	<u><u>380,170</u></u>	<u><u>282,711</u></u>	<u><u>280,015</u></u>	<u><u>360,156</u></u>	<u><u>351,128</u></u>

AANS/CNS SECTION ON DISORDERS OF THE SPINE

NOTES TO FINANCIAL STATEMENTS

June 30, 2012

Revenue

Fellowship/Award Sponsorship: Budget \$161,000, Actual \$71,895

Despite requests being sent, several sponsorships have not been received. Please see the enclosed Sponsorship Update.

Expense

Contributions & Affiliations: Budget \$100,000, Actual \$191,500

The Section's \$50,000 contribution to the fund for Ron Engelbreit was not included in the budget. In addition, per the new agreement, the Spine Section contributed \$40,000 to NREF. \$30,000 is to be used toward the NREF/Spine Fellowship (total award \$50,000), and \$10,000 is to be used to increase the principal of the NREF/Spine Endowment account.

Food & Beverage: Budget \$6,000, Actual \$7,023

Food and Beverage costs in Miami were higher than is typical.

Gifts and Gratuities: Budget \$0, Actual \$164

The Section purchased a gift for Maxine Prange which was not included in the budget.

Honoraria & Awards: Budget \$195,075, Actual \$152,787

The Clinical Trials Fellowship was not awarded in fiscal year 2012.

Speaker Expenses: Budget \$0, Actual \$1,457

The Section invited Tessa Gordon, PhD to speak at the Section Session at the AANS Annual Meeting in Miami. This expense was not included in the budget.

Telephone: Budget \$200, Actual \$1,193

The Section ordered internet for their EC meeting at the 2011 CNS Annual Meeting. This service was not ordered at the 2010 CNS Annual meeting, and was therefore not budgeted for this year.

Volunteer Travel: Budget \$6,500, Actual \$0

The Section officers did not use any of their discretionary travel funds this fiscal year.

Website: Budget \$12,500 Actual \$0

No expense reports or invoices for hosting or maintenance of the Section website have been received for payment.

Sponsorship Update - 6/30/12

Spine Section

Budgeted Sponsorships:

		<u>Budgeted Amount</u>	<u>Date Received</u>	<u>Amount Received</u>	
H. Alan Crockard Int'l Fellowship	DePuy Spine	\$5,000.00			not yet received - follow-up e-mail sent 9/24/12
Sanford Larson Research Award	DePuy Spine	\$30,000.00			not yet received - follow-up e-mail sent 9/24/12
Ronald Apfelbaum Research Award	Aesculap	\$15,000.00	2/22/2012	\$ 15,000.00	
David Cahill Fellowship	Synthes	\$30,000.00			requested February 2012
David Kline Research Award	Integra Foundation	\$15,000.00	2/27/2012	\$ 15,000.00	*sent \$30,000 for FY12 and FY13
David Kline Lectureship	Integra Foundation	\$5,000.00	2/27/2012	\$ 5,000.00	
Clinical Trials Fellowship Award	Greenwich Hospital	\$23,000.00			
Ralph Cloward Fellowship	Medtronic	\$30,000.00			requested March 2012
Sonntag International Fellowship	Medtronic	\$5,000.00			requested March 2012
David Kline Lectureship Dinner	Integra	\$3,000.00			
Regis W. Haid, Jr. MD Adult Deformity Research Award	Globus Medical		2/6/2012	\$ 30,000.00	
Total Received in FY12				\$ 65,000.00	
Unexpended Kline Research Award Funds Returned	W. Ray		7/19/2011	\$ 6,894.72	

Annual Program Chair Report

- CME planning guide completed with help of Zo Ghogowala (practice gaps)
- Meeting evaluations reviewed and discussed with CNS Education Committee (Jamie Ulman)
 - Current meeting modified in response to feedback
 - Very little complaints of bias

AANS/CNS Section on Disorders of Spine and Peripheral Nerves

2012 Annual Meeting

Critical Review

1. It was noted that some of the special courses had overlapping faculty leading to participant complaints that faculty would not be able to stay for the entire course.
 - a. Corrective Action:
 - i. Try to make faculty less conflicted
 - ii. Add new faculty from pool of junior faculty to give opportunity for national exposure
 - iii. Add faculty from private practice, though there is some concern about such faculty being able to prepare PowerPoint presentations or possibility of their cancelling last minute.
2. There were no specific bias complaints and few bias complaints in general. However, participants noted that faculty were presenting their disclosures, but were also offering input as to whether their disclosure was relevant to the talk.
 - a. CNS may consider adding language to the faculty agreement that disclosures are to be presented on first slide without commentary as to their relevance, given that participants are entitled to draw their own conclusions
3. Many faculty are duplicating talks that have already been given at the AANS or CNS meetings.
 - a. Corrective Action: Planners to develop novel sessions and moderators to reinforce to faculty that talks should be uniquely designed for the Section meeting whenever possible, to avoid perception that Section Meeting is duplicative of the general societal Annual Meetings.
4. Feedback about prospective topics from participant evaluations are being used to plan the 2013 scientific program.
5. Participant Evaluations will be sent to course directors so that feedback can be used to plan future meeting courses.
6. More concurrent sessions are being added to the 2013 annual meeting to offer more educational options.
7. Guidelines-based courses were very well received and will be continued in the 2013 meeting in light of new Guidelines that are soon to be published.

**AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
2005-2012 Annual Meeting History**

Preliminary Numbers

2012 – Orlando

Exhibits/Sponsorship

60 companies

90- 10x10's (revenue generating)

Final Exhibit Revenue	\$326,100
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Budgeted Exhibit Revenue	\$360,000
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Final Ed. Grant and Advertising Revenue	\$347,500
---	-----------

Budgeted Ed. Grant and Advertising Revenue	\$350,000
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2012 Registration

Total Medical Attendance (pre-onsite registration).	416
---	-----

Total Attendance (pre-onsite registration).	864
---	-----

Spouse, Child, Exhibitor, Medical

2011 – Phoenix

Exhibits/Sponsorship

60 companies

99- 10x10's (revenue generating)

Final Exhibit Revenue	\$359,300
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Budgeted Exhibit Revenue	\$372,600
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Final Ed. Grant and Advertising Revenue	\$342,500
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Budgeted Ed. Grant and Advertising Revenue	\$352,500
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2011 Registration

Total Medical Attendance (pre-onsite registration).	393
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Total Attendance (pre-onsite registration).	805
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Spouse, Child, Exhibitor, Medical

2010 – Orlando

Exhibits/Sponsorship

63 companies

101- 10x10's (revenue generating)

Final Exhibit Revenue	\$371,100
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Budgeted Exhibit Revenue	\$404,800
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Final Ed. Grant and Advertising Revenue	\$389,159
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Budgeted Ed. Grant and Advertising Revenue	\$275,500
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2010 Registration

Total Medical Attendance (pre-onsite registration).	416
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Total Attendance (pre-onsite registration).	885
---	-----

Spouse, Child, Exhibitor, Medical

2009 – Phoenix

Exhibits/Sponsorship

70 companies

117- 10x10's

Final Exhibit Revenue	\$426,600
-----------------------	-----------

Budgeted Exhibit Revenue	\$407,500
--------------------------	-----------

Final Sponsorship Revenue	\$337,500
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Budgeted Sponsorship Revenue	\$285,000
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2009 Registration

Total Medical Attendance (pre-onsite registration).	428
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Total Attendance (pre-onsite registration).	948
---	-----

2008 Registration

Total Medical Attendance (pre-onsite registration).	418
---	-----

Final Medical Attendance (post –meeting).	460
---	-----

Total Attendance (pre-onsite registration).	966
---	-----

Final Total Attendance (post – meeting).	1102
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2007 – Phoenix

Exhibits/Sponsorship

61 companies

125 – 10x10's

Final Exhibit Revenue	\$407,800
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Budgeted Exhibit Revenue	\$275,000
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Final Sponsorship Revenue	\$274,500
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Budgeted Sponsorship Revenue	\$285,000
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2007 Registration

Total Medical Attendance (pre-onsite registration)	385
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Final Medical Attendance (post –meeting)	392
--	-----

Total Attendance (pre-onsite registration)	771
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Final Total Attendance (post- meeting)	1004
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2007 -2012 Annual Meeting of the AANS/CNS Section on Disorders of the Spine
and Peripheral Nerves
Registration Summary

Name	2007 Phoenix	2008 Orlando	2009 Phoenix	2010 Orlando	2011 Phoenix	preliminary numbers
						2012 Orlando
Spine Section Member	176	210	212	204	195	231
NASS Member	45	51	33	37	39	22
Orthopedic Surgeon	0	0	6	6	7	3
Nonmember	70	94	106	105	102	81
Resident/Medical Student	46	42	56	53	55	35
Nurse	16	13	13	13	10	8
Physician Assistant	14	25	19	9	20	11
Resident - Complimentary	25	25	25	24	7	25
Subtotal Medical (all above numbers include comps)	392	460	470	451	435	416
CNS Staff	4	6	6	6	4	7
Reg. Co. Staff	2	3	2	3	3	3
Vendor	11	6	10	8	13	7
Spouse/Guest	92	87	80	63	45	46
Child	25	69	21	25	8	40
Subtotal Other	134	171	119	105	73	103
Exhibitor Staff- Complimentary	270	190	225	215	225	161
Exhibitor Staff- Additional	204	256	272	294	234	196
Subtotal Exhibitors	474	446	497	509	459	357
Housing only	4	25	11	3	33	20
Subtotal Exhibitors	4	25	11	3	33	
Grand Total	1004	1102	1097	1068	1000	876

From: Jack Knightly

Sent: Tuesday, October 02, 2012 7:58 PM

To: belzberg@jhu.edu; brsubach@spinemd.com; cheerag.upadhyaya@gmail.com; choud@neurosurg.ucsf.edu; ciaran bolger; csansur@gmail.com; cwolfla@mcw.edu; daniel.c.lu@gmail.com; danielrefai@yahoo.com; Daryl Fourney (Daryl.Fourney@usask.ca); Domagoj.Coric@cnsa.com; Eric.Zager@uphs.upenn.edu; etsai@Ottawahospital.on.ca; flamarca@med.umich.edu; Galler, Robert; Greg Trost (trost@neurosurg.wisc.edu); Jack Knightly; jacob@neurosurgery.ufl.edu; james.harrop@jefferson.edu; jchi@partners.org; jjknightly@me.com; joseph.cheng@Vanderbilt.Edu; JSS7F@virginia.edu; kanteras@upmc.edu; kurt@eichholzmd.com; lholly@mednet.ucla.edu; ljsyang@med.umich.edu; Luis.Tumialan@bnaneuro.net; matt.mcgirt@vanderbilt.edu; meic.schmidt@hsc.utah.edu; Mike Rosner MD (michael.rosner@us.army.mil); mwang@mcw.edu; okonkwodo@upmc.edu; PARNOLD@kumc.edu; phsieh@usc.edu; rfessler@nmff.org; sanjaydhall@yahoo.com; Scott Meyer; skurpad@mcw.edu; spinemetz@yahoo.com; srinivas.prasad@jefferson.edu; strayer@neurosurgery.wisc.edu; Vanni, Steven; Zo Ghogaawala, MD (zoher.ghogawala@lahey.org)

Cc: Deanne L. Starr

Subject: CNS Spine Section SPC meeting

Dear SPC,

As a reminder, the SPC meeting will be Monday at 12:00, McCormick Center E353B . Lunch will be served.

Attached please find the current meeting at a glance, which will serve as our agenda. Also attached are the Cahill topics that we need to finalize at CNS.

The abstracts are currently being graded. Once done, we can select the best ones for the different scientific sessions. The abstracts selected for oral paper status will then need to have reviewers assigned. Barring any changes on our part, there will be 18 papers that will need reviewers assigned. In addition, will assign moderators to several of the oral poster sessions.

The way the meeting is currently scheduled, there will be 6 formal Cahill debates. We need to finalize the content and debaters. One will be during the CSRS session, another during the AO session, and the final 4 during the formal Cahill Session on Saturday. If needed we can expand this and rework the times. Currently 1hr and 50 minutes assigned to the Cahill session.

Most of the scientific sessions are done as well as the special courses. I am waiting for the final talks from some of these sessions, which I will get to you as soon as I get them.

I appreciate all of the time you are doing for this and grading the abstracts. Look forward to seeing you all in Chicago.

Regards,
Jack

2013 JSSPN SPC Meeting

“Maximum Impact: Surgeons as Key Advocates in Patient Care”

Meeting at a glance

Tuesday

International Golf outing

EC Dinner

Wednesday

EC Meeting AM

Special Courses 1:30-5:30

Special Course I	Neurosurgical Spine: Business and Compensation	Ratliff/Coric
Special Course II	Cases and complications with the master	Fessler/Haid
Special Course III	Spinal Deformity: What the Surgeon needs to know	Chris Shaffrey/Mummaneni
Special Course IV	Advanced MIS Techniques/Managing MIS Complications	Michael Wang/Langston Holly
Special Course V (NP and PA)	NP/PA Course - management of spinal trauma elderly	Steinmetz / Andrea Strayer
Special Course VI	AO: Aging Spine	Hartl/Brodke
Society Meeting 1	Pediatric Craniocervical Society	Doug Brockmeyer

Society Meeting 2

DO

Vanni/Galler

Special Course I Business (Ratliff/Coric)

1. Transition from a private practice to employed position. Dean Karahalios
2. Hospital financial accounting 101: Ratliff
3. Benzel
4. McGirt
5. Meyer

Special Course II Masters (Fessler/Haid)

1. Robert Spetzler: Surgical Approach to Far Lateral Foramen Magnum tumors
2. Volker Sonntag: Lessons Learned the hard way: Pearls and Pitfalls
3. Michael Fehlings: Optimal Treatment of Cervical Myelopathy
4. Robert Heary: Patient and Technique Selection for Lumbar Fusion
5. Juan Uribe: Pearls of the Lateral Retroperitoneal Lateral Approach.
6. Charlie Kuntz: Spino-Pelvic Balance: Why it matters.
7. Charlie Branch: MIS Options in Lumbar Fusion
8. Chris Shaffrey: Lessons Learned in Lumbar Degenerative Disease

Special Course III Deformity

1. Kuntz - Sacropelvic parameters and how they influence the treatment of lumbar spondylosis – kuntz
2. La Marca - cervical deformity
3. Harrop - trauma and deformity
4. Mummaneni - pso and spo - when and how
5. Koski - when to extend to sacrum and pelvis

6. Adam kanter - mis deformity - when and how
7. Ames - proximal junctional kyphosis above a thoracolumbar construct - prevention and management
8. Shaffrey and Mummaneni - cases with complications - avoidance and management

Opening Reception 6:30 – 8 (Wang)

Thursday Mar 7th

Session 1 (7-9:45)

1. Meritorious Member Award Dr Bell/Levi
2. Scientific Session I Advocacy (Knightly/Wang/McGirt)
 - a. Talks
 - i. Rape of the Spine II – Nick Theodore
 - ii. Practicing Spine Surgery in a socialized system-Irish/European Experience- Ciaran Bolger
 - iii. Payors perspective of Spine Care- Steve Stern (Resnick with contact info)
 - iv. Providing excellence in Spine surgery: Government Perspective- Steve Ondra
 - v. Spine surgeons advocating for spine surgeons- Dan Resnick
 - vi. Organized Neurosurgery's role in advocacy for Spine surgery- Alex Valdaka
 - vii. Bundled payment plans: potential impact on access to care? Zo
 - b. Roundtable Discussion: "Who are the true Guardians of our patients?"
 - c. Oral Papers- Socio-Economic
 - i. 1
 - ii. 2
 - iii. 3
3. Address
 - a. Larson Memorial (Wolfla)
 - b. Intro of Chair (Wang)
 - c. Chair address (Cheng)
 - d. Intro Meritorious Award Winner (Alexander)
 - e. Meritorious Award Address (Branch)

Coffee Break (9:45-10:30)

What's New? I

Session 2

1. Scientific Session 2 CSRS (Fehling's, Harrop,)

a. Talks

- i. Epidemiology of SCI - Max Boakye
- ii. Update on Pharmacology interventions in SCI- M Fehlings
- iii. Timing of Surgery in SCI – James Harrop
- iv. Cell-based approaches to SCI -James Guest

b. Cahill II Cervical 30 min

c. Oral Papers

- i. Lateral mass plate
- ii.
- iii.

Lunch (12:30 – 1:25)

What's New? II

Announcements (1:25-1:30 JJK)

Session 3 (1:30- 3:30)

1. Scientific Session 3 AO (Chapman, Arnold,)

a. Talks

- i.
- ii.
- iii.
- iv.

b. Cahill III Lumbar or AO equivalent

c. Oral Papers

- i.
- ii.
- iii.

Coffee Break 3:30 – 4:00

What's New? III

Session 4 (4:00 – 5:15)

1. Oral Poster Presentations 1
 - a. 5min papers x4, 5m quest 3 blocks (12 abstracts)
2. Oral Poster Presentations 2
 - a. 5min papers x4, 5m quest 3 blocks (12 abstracts)

Totals (9 oral papers, 24 oral abstracts)

5:15 – 7:15 Exhibit Hall Reception ????? (Marjorie Wang)

Chairman's Dinner

Friday

Session 5 (7:00 – 9:15) 135 min

1. Breakout Deformity (Glassman, Heary, Smith)
 - a. Talks (4x10 min, 10 min roundtable) 50min
 - i. Glassman – How will increasing the emphasis on health-related quality of life measures and economics impact the future of spine surgery?
 - ii. P Mumaneni - Minimally invasive approaches to adult spinal deformity
 - iii. John Dimar - How does the increasing sophistication of radiographic assessments impact the management of adult spinal deformity?
 - iv. C Shaffrey - Common problems in adult spinal deformity surgery: Incidence and management approaches
 - b. Oral Papers (9/3 3x12min, 4 min questions) 40 min
 - i.
 - ii.
 - iii.
 - c. Oral Abstracts (4x5min, 5 min questions, 3x5min 5 min question) 45 min
 - i.
 - ii.
 - iii.
 - iv.
 - v. Questions
 - vi.
 - vii.
 - viii.
2. Breakout Trauma (Trauma section chief, Okonkwo)
 - a. Talks (4x10 min, 10 min roundtable) 50min
 - i. Dvorak- Facet dislocation
 - ii.
 - iii.

- iv.
 - b. Oral Papers (9/3 3x12min, 4 min questions) 40 min
 - i.
 - ii.
 - iii.
 - c. Oral Abstracts (4x5min, 5 min questions, 3x5min 5 min question) 45 min
 - i.
 - ii.
 - iii.
 - iv.
 - v. Questions
 - vi.
 - vii.
 - viii.
- 3. Breakout Tumor (Charles Fisher, Daryl Fournery, Dan Sciubba)
 - a. Talks (4x10 min, 10 min roundtable) 50min
 - i. Fisher- Primary tumor management
 - ii. Fournery- SINS
 - iii. Chou- MISS applications
 - iv. Sciubba- Metastatic Disease
 - v. Dan Lu- Roundtable Case Presentation
 - b. Oral Papers (9/3 3x12min, 4 min questions) 40 min
 - i.
 - ii.
 - iii.
 - c. Oral Abstracts (4x5min, 5 min questions, 3x5min 5 min question) 45 min
 - i.
 - ii.
 - iii.
 - iv.

- v. Questions
- vi.
- vii.
- viii.

Coffee Break (9:15 – 10:00) 45 min

What's New? IV

Session 6 (10:00 – 12:25)

1. Mayfield Awards 15 min
2. Top Oral Papers Breakouts (9/3 x4 10min questions) 60mins (Cheng/Branch)
 - a. Deformity
 - b. Trauma
 - c. PN
 - d. Tumor
3. Socioeconomic 30min (Cheng, Orrico, Mumanneni)
 - a. Keynote Address: "Over-Utilization and poor Quality in Spine Surgery and Medicine- Hype or Fantasy?" Buz Cooper (intro KO or JK)
 - b. Update on N2QOD- Tony Asher
 - c. Panel Discussion (follow up to above with emphasis on the surgeon workforce)
 - i. Cooper
 - ii. CNS-Wolfla
 - iii. AANS- Berger or McCormick
4. Section EC report 30 min
5. Business Meeting 15 min

Totals (Oral Papers 16 – 20, Oral Abstracts 21 -28)

Lunch with Exhibitors

Luncheon Symposiums

Luncheon Symposium I	Revision spine surgery	I. Kalfas / M. Groff
Luncheon Symposium II	Spine tumors	Fourney / Rhines
Luncheon Symposium III	Trauma Update	
Luncheon Symposium IV	Update of spine guidelines	Resnick / Kaiser
Luncheon Symposium V	Lateral Retroperitoneal Interbody Fusion: Technique and Outcomes	Kanter / Juribe

Special Courses

Special Course VIII	Peripheral Nerve Exposures and Nerve Repair Techniques (Complimentary to Residents)	Zager/Yang
Special Course IX	Monster Show	Sonntag/Rosner/Meyer
?Mid-Level Hands On-course		Steinmetz/Strayer

SPC 2014 meeting (Zo)

Evening

Young Neurosurgeons

Senior Advisory Council Receptions

Chairman's Advisory Council Dinner

Saturday

Session 7 (7:00 – 8:15)

1. Oral Papers (4x5min, 5 min questions 3 blocks)
2. Cahill Section (8:20- 10:10)
 - a.
 - b.
 - c.
 - d.
3. Coffee Break (10:15 – 10:45)
 - a. What's New

Session 8 (10:45- 12:30)

1. Fellowship Awards (10:45 – 11:00)
2. Oral Posters (11:00 – 12:30)
 - a. 5x5min, 5min question, block of 3

Total 27 oral abstracts

CSRS/DSPN Satellite Cadaver course (Tumialan/Riew) BNI

2013 JSSPN SPC Meeting



“Maximum Impact: Surgeons as Key Advocates in Patient Care”

Cahill Topics








1. T/L 2 column “Burst” Fracture: Brace or ORIF
 - a. TLSO
 - b. ORIF
2. **SI Joint Fusion for SI joint pain: To fuse or not to Fuse?**
 - a. **Fuse**
 - b. **Non-op**
3. Moderate degenerative Scoli with predominately radicular pain
 - a. Correct the deformity
 - b. MIS decompression alone
4. Symptomatic multi-level CSM with neutral alignment (probably for CSRS session)
 - a. Anterior Approach
 - b. Posterior Decompression Alone
 - c. Posterior Decompression and Fusion
5. Cervical Radiculopathy
 - a. ACD
 - b. MIS foramenotomy
6. Adjacent Level Disease (cervical or lumbar?)
 - a. Decompress alone
 - b. Anterior approach
 - c. Posterior approach
7. Asymptomatic Non-healing Dens fracture elderly patient
 - a. ORIF
 - b. Conservative
8. Rotary Subluxation or Mild OC injury on MRI
 - a. OC Fusion
 - b. Trial non-operative management
9. Ventral Thoracic Metastatic Tumor
 - a. Posterior Approach- Bilsky
 - b. Anterior Approach- Zia
10. MILD vs METRX/Open Lami
 - a. MILD-
 - b. Open- Daryl
11. Interspious Fusion Devices vs Lami/Fusion
 - a. Coflex
 - b. Lami-fusion
12. HDMP
 - a. Indicated
 - b. Non-Indicated

AANS/CNS DSPN Section Annual Meeting Location SurveyMonkey Survey 2012






1. Did you attend the 2012 Meeting?

		Response Percent	Response Count
Yes		34.1%	78
No		65.9%	151
answered question			229
skipped question			0

2. What was your primary reason for attending the 2012 Annual Meeting?

		Response Percent	Response Count
Attend the General Scientific Sessions and courses		52.7%	39
Keep up-to-date on general industry trends/issues		9.5%	7
To obtain CME Credit		16.2%	12
Network with colleagues/vendors		12.2%	9
Find a solution to a problem		1.4%	1
See specific companies/products/services		0.0%	0
See new products and developments		2.7%	2
Compare products for future purchase		0.0%	0
Other (please specify)		5.4%	4
answered question			74
skipped question			155



3. Considering your reasons for attending, how would you rate your “return on investment” of your time and money spent?

		Response Percent	Response Count
Excellent		38.7%	29
Very Good		26.7%	20
Good		28.0%	21
Fair		4.0%	3
Poor		2.7%	2
answered question			75
skipped question			154

4. If rated Fair or Poor, why?

	Response Count
	4
answered question	4
skipped question	225





5. Did you visit the exhibit hall during the Annual Meeting?

		Response Percent	Response Count
Yes		89.3%	67
No		10.7%	8
answered question			75
skipped question			154

6. What changes would make you more likely to visit?

	Response Count
	0
answered question	0
skipped question	229

7. If you did not visit the exhibit hall, how do you gather product information and make purchase decisions?

		Response Percent	Response Count
Local sales representative		28.6%	2
Online research		57.1%	4
Colleague referrals		42.9%	3
Published literature		28.6%	2
Print advertisements		0.0%	0
Other (please specify)		0.0%	0
	answered question		7
	skipped question		222

8. How many hours did you spend at the exhibits each day? Please only include the time you spent in the exhibit hall and not total time spent at the meeting each day.

Hours

	0	1	2	3	4	5
Thursday	9.4% (5)	54.7% (29)	28.3% (15)	5.7% (3)	1.9% (1)	0.0% (0)
Friday	13.7% (7)	56.9% (29)	27.5% (14)	0.0% (0)	2.0% (1)	0.0% (0)

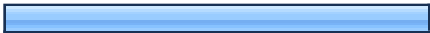


Minutes

	0	15	30	45
Thursday	23.8% (5)	19.0% (4)	42.9% (9)	14.3% (3)
Friday	18.2% (4)	36.4% (8)	22.7% (5)	22.7% (5)






answered question

skipped question

9. Are you more or less favorably inclined to purchase a product(s) as a result of your visit to an exhibitor booth?

		Response Percent	Response Count
More Favorable		63.6%	42
Less Favorable		1.5%	1
No Change		34.8%	23
answered question			66
skipped question			163

10. How would you rate the exhibit booths you visited and the information you received from exhibitors?

		Response Percent	Response Count
Excellent		16.7%	11
Very Good		42.4%	28
Good		30.3%	20
Fair		7.6%	5
Poor		3.0%	2
answered question			66
skipped question			163

11. Based on your experience, are there any changes you would recommend to the exhibit hall to make your time spent there more valuable?

	Response Count
	23
answered question	23
skipped question	206






12. Why not?

	Response Count
	137
answered question	137
skipped question	92





13. Please indicate how important each of the following criteria are to your decision to attend annual meeting?

	Extremely Important	Somewhat Important	Neutral	Somewhat unimportant	Extremely unimportant	Rating Average	Respo Cou
Educational Content/Focus:	76.6% (144)	20.2% (38)	2.7% (5)	0.0% (0)	0.5% (1)	1.28	
Entertainment appeal of venue/resort:	21.4% (40)	44.4% (83)	20.9% (39)	7.5% (14)	5.9% (11)	2.32	
Distance from home:	26.3% (50)	44.2% (84)	19.5% (37)	7.9% (15)	2.1% (4)	2.15	
Length of meeting:	16.7% (31)	51.6% (96)	24.2% (45)	6.5% (12)	1.1% (2)	2.24	
Registration and Course Fees:	22.1% (42)	43.2% (82)	26.8% (51)	7.4% (14)	0.5% (1)	2.21	
Hotel Room Rates:	19.9% (37)	39.2% (73)	28.5% (53)	10.2% (19)	2.2% (4)	2.35	
answered question							
skipped question							

14. Considering the demands of your practice, your need for education and training and other factors, what is the ideal duration of a subspecialty Annual Meeting such as this one?

		Response Percent	Response Count
1 Day		2.1%	4
2-3 Days		89.5%	170
4-5 Days		5.8%	11
6-7 Days		0.5%	1
Other (please specify)		2.1%	4
answered question			190
skipped question			39

15. Considering your travel policy and budget, what room rate is appropriate for a meeting of this type?

		Response Percent	Response Count
\$150 - \$199		28.7%	54
\$200 - \$299		56.9%	107
\$300 - \$399		10.1%	19
\$400 +		4.3%	8
answered question			188
skipped question			41

16. How important are the following destination features to your decision to attend the Annual Meeting?

	Extremely Important	Somewhat Important	Neutral	Somewhat Unimportant	Extremely Unimportant	Rating Average	Response Count
Golf	1.1% (2)	9.5% (18)	16.9% (32)	10.6% (20)	61.9% (117)	4.23	
Disney Access	4.8% (9)	17.0% (32)	19.1% (36)	9.0% (17)	50.0% (94)	3.82	
Spa	4.3% (8)	13.9% (26)	19.8% (37)	14.4% (27)	47.6% (89)	3.87	
Family Friendly Activities	12.4% (23)	25.8% (48)	21.5% (40)	11.3% (21)	29.0% (54)	3.19	
Easy Flight Access	66.1% (125)	25.9% (49)	5.8% (11)	1.1% (2)	1.1% (2)	1.45	
answered question							
skipped question							

17. How often do you attend each of the following Annual Meetings?

	Annually	Often (every 2-3 years)	Occasionally (less than 1x 3 years)	Never	Rating Average	Response Count
CNS Annual Meeting	29.4% (55)	52.4% (98)	12.8% (24)	5.3% (10)	1.94	187
AANS Annual Meeting	32.8% (62)	53.4% (101)	11.6% (22)	2.1% (4)	1.83	189
NASS Annual Meeting	4.9% (9)	18.5% (34)	32.6% (60)	44.0% (81)	3.16	184
CSRS Annual Meeting	3.9% (7)	3.4% (6)	20.1% (36)	72.6% (130)	3.61	179
LSRS Annual Meeting	1.7% (3)	0.6% (1)	5.6% (10)	92.2% (166)	3.88	180
SMISS Annual Meeting	1.1% (2)	2.7% (5)	4.9% (9)	91.2% (166)	3.86	182
SRS Annual Meeting	2.2% (4)	2.8% (5)	9.0% (16)	86.0% (153)	3.79	178
ASIA Annual Meeting	1.7% (3)	1.1% (2)	5.0% (9)	92.3% (167)	3.88	181
IMAST Annual Meeting	2.3% (4)	2.9% (5)	12.3% (21)	82.5% (141)	3.75	171
Other (please specify)						28
answered question						189
skipped question						40

18. Considering the value of spine and peripheral nerve information related to your practice, how would you compare the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Meeting to these other meetings?

The AANS/CNS Section on Disorders of the Spine & Peripheral Nerves Annual Meeting is ___ than:

	More valuable	About the same	Less valuable	N/A	Rating Average	Response Count
CNS Annual Meeting	43.5% (81)	39.8% (74)	8.6% (16)	8.1% (15)	1.62	186
AANS Annual Meeting	41.4% (77)	39.8% (74)	11.8% (22)	7.0% (13)	1.68	186
NASS Annual Meeting	25.4% (47)	29.7% (55)	7.6% (14)	37.3% (69)	1.72	185
CSRS Annual Meeting	15.7% (28)	14.0% (25)	7.3% (13)	62.9% (112)	1.77	178
LSRS Annual Meeting	16.4% (29)	4.5% (8)	4.0% (7)	75.1% (133)	1.50	177
SMISS Annual Meeting	15.8% (28)	7.9% (14)	5.1% (9)	71.2% (126)	1.63	177
SRS Annual Meeting	14.9% (26)	5.2% (9)	5.7% (10)	74.1% (129)	1.64	174
ASIA Annual Meeting	17.7% (31)	5.1% (9)	2.3% (4)	74.9% (131)	1.39	175
IMAST Annual Meeting	17.7% (31)	5.7% (10)	6.9% (12)	69.7% (122)	1.64	175
Other (please specify)						4
answered question						186
skipped question						43

19. If you have ranked the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves less valuable than these meetings, please describe why?

	Response Count
	37
answered question	37
skipped question	192

20. How likely would you be to recommend the AANS/CNS Section on Disorders of the Spine & Nerves Annual Meeting to a colleague?

	10 Extremely likely	9	8	7	6	5 Neutral	4	3	2	1 Not at all likely
Recommendation	22.7% (42)	17.8% (33)	22.2% (41)	16.2% (30)	1.6% (3)	17.3% (32)	1.1% (2)	0.5% (1)	0.0% (0)	0.5% (1)
										answered
										skipped

21. What are the reasons for your rating?

	Response Count
	94
answered question	94
skipped question	135

Page 2, Q1. What was your primary reason for attending the 2012 Annual Meeting?

1	I'm on numerous committees, including president of pain section	Apr 9, 2012 2:39 PM
2	Receiving an award	Apr 3, 2012 7:16 PM
3	Invited to present a lecture in Scientific Session I- What's on Your Report Card.Symposium	Mar 28, 2012 11:38 AM
4	Course director	Mar 24, 2012 8:48 AM

Page 4, Q1. If rated Fair or Poor, why?

1	management concepts are the most benefit which is not a primary focus always on every disease entity presented.	Mar 28, 2012 4:22 PM
2	NA	Mar 27, 2012 4:43 PM
3	same instructors giving same talks. need new people, with new insights. add some experienced docs from the private sector, not just academic guys.	Mar 25, 2012 10:40 AM
4	lots of redundancy	Mar 24, 2012 11:17 AM

Page 7, Q4. Based on your experience, are there any changes you would recommend to the exhibit hall to make your time spent there more valuable?

1	have exhibitors present on Sat, too	Apr 9, 2012 4:55 PM
2	More what's new sessions	Apr 6, 2012 7:46 AM
3	Location near general sessions is good.	Apr 3, 2012 5:14 PM
4	Many of the folks staffing the booths lack common courtesy and manners. They interact with each other rather than potential customers	Apr 3, 2012 10:30 AM
5	Much more chairs and tables are needed for lunch time during the What's New session. The booth for these session was great, eventhough the microphone or speakers were not working properly. Difficult to hear/understad what the doctors were saying.	Mar 28, 2012 10:38 PM
6	no	Mar 28, 2012 4:23 PM
7	NO	Mar 28, 2012 11:40 AM
8	The what's new sessions were interesting and you knew everyone was conflicted so there was no conflict!	Mar 27, 2012 2:25 PM
9	No	Mar 27, 2012 1:49 PM
10	Keep exhibit hall open on Saturday .	Mar 27, 2012 12:09 PM
11	Maybe less exhibitor personnel. Sometimes I feel swarmed. Not critical though - I understand they come to learn as well.	Mar 27, 2012 11:43 AM
12	no	Mar 26, 2012 10:31 AM
13	more refreshments available	Mar 26, 2012 9:37 AM
14	more spine models, more videos. I found the "lectures" in the middle of the hall distracting. Put those talks on videos at the specific booths.	Mar 25, 2012 10:41 AM
15	More evidenced based product benefits, less salesmanship.	Mar 25, 2012 9:38 AM
16	Serve Wine and Cheese in Exhibit Hall - It always works.	Mar 24, 2012 1:49 PM
17	no	Mar 24, 2012 11:12 AM
18	more drinking water available.	Mar 24, 2012 10:44 AM
19	No.	Mar 24, 2012 2:00 AM
20	b	Mar 23, 2012 7:31 PM
21	better prepared to discuss upcoming devices	Mar 23, 2012 5:37 PM
22	No.	Mar 23, 2012 4:18 PM
23	it would be great to have refreshments available on a continuous basis and to have dedicated sitting areas for small meetings/conferencing--this would	Mar 23, 2012 4:12 PM

Page 7, Q4. Based on your experience, are there any changes you would recommend to the exhibit hall to make your time spent there more valuable?

encourage greater use of this space

Page 8, Q1. Why not?

1	Had to stay in town to cover practice.	Apr 9, 2012 12:01 AM
2	other obligation	Apr 8, 2012 11:02 AM
3	Combo of reasons. Time off availability and some competition with Spring break.	Apr 7, 2012 10:38 PM
4	I wasn't speaking, and I had a conflict. Also, I prefer Phoenix.	Apr 7, 2012 2:53 PM
5	No call coverage and too far away to travel	Apr 7, 2012 11:44 AM
6	Personal matters	Apr 6, 2012 1:29 PM
7	kids in school	Apr 5, 2012 1:12 PM
8	too busy	Apr 5, 2012 9:52 AM
9	too far away	Apr 4, 2012 6:04 PM
10	partner was pregnant and close to delivery	Apr 4, 2012 5:31 PM
11	Schedule conflict	Apr 4, 2012 9:47 AM
12	too many meetings to attend	Apr 4, 2012 8:16 AM
13	I am already attending the AANS in April in Miami and will attend spinal and peripheral nerve sessions there.	Apr 4, 2012 6:54 AM
14	no time	Apr 4, 2012 2:50 AM
15	on er call QOD for that wk	Apr 4, 2012 2:13 AM
16	I wanted to, but I have to go to the AANS Annual Meeting this year.	Apr 3, 2012 11:33 PM
17	because I am going to attend the annual meeting held in Miami, and present a paper on carpal tunnel syndrome	Apr 3, 2012 10:43 PM
18	Mission trip conflict.	Apr 3, 2012 10:11 PM
19	Too much time away from practice.	Apr 3, 2012 8:22 PM
20	Too many meetings to attend.	Apr 3, 2012 7:28 PM
21	location not interesting	Apr 3, 2012 7:16 PM
22	Still on my residency	Apr 3, 2012 6:20 PM
23	Work	Apr 3, 2012 5:55 PM
24	could not fit in schedule	Apr 3, 2012 5:54 PM
25	Schedule conflict	Apr 3, 2012 5:51 PM
26	Orlando	Apr 3, 2012 5:50 PM

Page 8, Q1. Why not?

27	Schedule	Apr 3, 2012 5:40 PM
28	work	Apr 3, 2012 5:19 PM
29	needed to go to AANS	Apr 3, 2012 5:15 PM
30	DAUGHTER GETTING MARRIED.	Apr 2, 2012 11:51 AM
31	Too far to travel, and I attended the Washington DC CNS meeting	Apr 1, 2012 12:01 PM
32	time and money	Mar 31, 2012 10:02 PM
33	unable to travel to it	Mar 31, 2012 5:53 PM
34	Family issues, had to be near home	Mar 30, 2012 1:30 PM
35	Busy schedule over next 3 months	Mar 29, 2012 2:41 PM
36	I already attend the AANS and CNS. There was just too much going on this year	Mar 29, 2012 1:02 PM
37	I do not like Florida. I go to AZ every other year.	Mar 29, 2012 10:35 AM
38	I was on call & could not get off.	Mar 28, 2012 11:48 PM
39	I attend every other year in Phoenix	Mar 28, 2012 6:03 PM
40	Conflict of events	Mar 28, 2012 3:56 PM
41	Couldn't afford the time off.	Mar 28, 2012 3:15 PM
42	Had a family obligation. Also, had attended for several consecutive years and need to be selective about travel budget	Mar 28, 2012 2:17 PM
43	Have got no time	Mar 28, 2012 11:22 AM
44	No longer in clinical practice.	Mar 28, 2012 11:03 AM
45	Timing	Mar 28, 2012 6:10 AM
46	Call responsibilities and going to the Annual meeting	Mar 27, 2012 9:19 PM
47	timing	Mar 27, 2012 8:27 PM
48	Conflicting date with family celebration	Mar 27, 2012 8:26 PM
49	The meetng is usually too close to AANS and also located in the same place which might have distracted my interest and motivation to attend and to arrange a trip from Japan..	Mar 27, 2012 7:53 PM
50	conflict with another meeting	Mar 27, 2012 6:30 PM
51	Too far to travel. Kids have grown and DisneyWorld holds no appeal. WHY don't you have full day meetings in a bone fide city where there's something to do in the evening. Stop wasting out time with half day meeting where	Mar 27, 2012 5:40 PM

Page 8, Q1. Why not?

	presumably one is supposed to play golf in the afternoon.	
52	Not possible to come to US	Mar 27, 2012 4:53 PM
53	Other activities caused schedule conflict	Mar 27, 2012 4:53 PM
54	no single reason	Mar 27, 2012 4:28 PM
55	Work obligations	Mar 27, 2012 4:03 PM
56	too close to my kids spring break	Mar 27, 2012 3:59 PM
57	other committment	Mar 27, 2012 3:49 PM
58	distance	Mar 27, 2012 3:34 PM
59	Medical reasons	Mar 27, 2012 2:49 PM
60	I prefer to travel to cities not in Florida or Arizona	Mar 27, 2012 2:23 PM
61	Work in my country	Mar 27, 2012 1:20 PM
62	Too far.	Mar 27, 2012 1:19 PM
63	Schedule conflict	Mar 27, 2012 1:01 PM
64	Superfluous meeting.	Mar 27, 2012 12:30 PM
65	prior commitment	Mar 27, 2012 12:22 PM
66	too far away	Mar 27, 2012 12:15 PM
67	Location	Mar 27, 2012 11:44 AM
68	Couldn't travel.	Mar 27, 2012 8:54 AM
69	Not much is new.	Mar 26, 2012 9:19 PM
70	Too close to my kids spring break when I take a week off work.	Mar 26, 2012 5:28 PM
71	Tied up	Mar 26, 2012 12:52 PM
72	attended NASS last year and attending AANS this year	Mar 26, 2012 12:03 PM
73	other meetings caused a conflict	Mar 26, 2012 11:15 AM
74	Not a good time for me	Mar 26, 2012 8:35 AM
75	No time from residency	Mar 26, 2012 8:30 AM
76	Too repetitive	Mar 26, 2012 8:29 AM
77	always a bad time of year	Mar 26, 2012 7:48 AM

Page 8, Q1. Why not?

78	call conflict	Mar 25, 2012 8:07 PM
79	resident, unable to attend	Mar 25, 2012 1:23 PM
80	I attended the AANS meeting	Mar 25, 2012 12:14 PM
81	had to work	Mar 25, 2012 10:16 AM
82	Solo practice!	Mar 25, 2012 8:44 AM
83	Time	Mar 25, 2012 7:26 AM
84	Not enough time to attend	Mar 25, 2012 3:52 AM
85	SSDD	Mar 24, 2012 10:40 PM
86	Location and topics/speakers were essentially the same as last year	Mar 24, 2012 8:35 PM
87	Could not get away from work.	Mar 24, 2012 6:32 PM
88	Semi-retired	Mar 24, 2012 6:19 PM
89	far, visa issues, cost (i live in Egypt)	Mar 24, 2012 5:40 PM
90	Did not go to the main meeting.	Mar 24, 2012 12:40 PM
91	FLORIDA	Mar 24, 2012 12:30 PM
92	I live in West and things just don't change fast enough to make that trip worth it	Mar 24, 2012 12:14 PM
93	timing, cost/benefit	Mar 24, 2012 11:04 AM
94	time and money	Mar 24, 2012 11:01 AM
95	Did not have time.	Mar 24, 2012 9:47 AM
96	Conflict with cognitive exam for MOC	Mar 24, 2012 9:20 AM
97	Too many other meeting and commitments	Mar 24, 2012 8:58 AM
98	Conflict with my schedule	Mar 24, 2012 8:35 AM
99	Prior committment	Mar 24, 2012 7:25 AM
100	Time and relevance	Mar 24, 2012 6:41 AM
101	I have too many other meetings to attend. Too costly to go to both CNS and AANS meetings and then also go to section meetings	Mar 24, 2012 6:05 AM
102	Time	Mar 24, 2012 5:20 AM
103	not able	Mar 24, 2012 5:06 AM
104	Difficulty in obtaining the visa	Mar 24, 2012 5:05 AM

Page 8, Q1. Why not?

105	Expense; no hospital coverage	Mar 24, 2012 4:54 AM
106	not enough time. Had to make choices	Mar 24, 2012 2:52 AM
107	semi retired	Mar 23, 2012 10:00 PM
108	Location	Mar 23, 2012 9:55 PM
109	In the midst of a job transition.	Mar 23, 2012 9:28 PM
110	Previous Commitment	Mar 23, 2012 8:53 PM
111	Going to AANS in Miami. No other time - too busy, and too costly to attend both.	Mar 23, 2012 8:22 PM
112	I am no longer in clinical practice, but am spending my time writing a book, articles for newspapers, and being very involved in the political landscape. (In fact, as I was downloading your e-mail, a US Congressman called me.) Karl Stecher	Mar 23, 2012 7:48 PM
113	lack of time	Mar 23, 2012 7:36 PM
114	Semiretired	Mar 23, 2012 7:17 PM
115	Time constraints	Mar 23, 2012 6:25 PM
116	Too much money at the time for a resident.	Mar 23, 2012 6:21 PM
117	Too expensive and in an undesirable location!	Mar 23, 2012 6:14 PM
118	Time of yr is hard for me	Mar 23, 2012 6:08 PM
119	Did not fit in my schedule	Mar 23, 2012 6:02 PM
120	Other commitments	Mar 23, 2012 6:02 PM
121	Too many meetings to go to.	Mar 23, 2012 5:55 PM
122	Too long trip for my wife's heart condition(AV block).	Mar 23, 2012 5:54 PM
123	coverage	Mar 23, 2012 5:50 PM
124	was in florida i think	Mar 23, 2012 5:29 PM
125	I was on call	Mar 23, 2012 5:18 PM
126	east coast	Mar 23, 2012 4:59 PM
127	I could not get time off	Mar 23, 2012 4:58 PM
128	WAS ILL; CONVALESCING FROM RADIATION TO PROSTATE and felt and still feel lousy	Mar 23, 2012 4:55 PM
129	not get coverage	Mar 23, 2012 4:27 PM

Page 8, Q1. Why not?

130	I had work i cant yo go	Mar 23, 2012 4:22 PM
131	Practice comitments.	Mar 23, 2012 4:21 PM
132	Doing much less spine.	Mar 23, 2012 4:20 PM
133	Conflict with ABNS MOC exam	Mar 23, 2012 4:12 PM
134	too close to my kids' Spring Break	Mar 23, 2012 4:12 PM
135	Scheduling conflicts (currently in Pediatric Neurosurgery fellowship year)	Mar 23, 2012 4:10 PM
136	Unable to get time off	Mar 23, 2012 4:09 PM
137	Responsibilities at practice	Mar 23, 2012 4:08 PM

Page 9, Q2. Considering the demands of your practice, your need for education and training and other factors, what is the ideal duration of a subspecialty Annual Meeting such as this one?

1	3-4 days	Apr 3, 2012 10:17 PM
2	2 days only	Apr 3, 2012 6:27 PM
3	If meeting near me can include Thursday pm through Sunday am	Mar 24, 2012 10:50 AM
4	1-2 days	Mar 24, 2012 9:01 AM

Page 9, Q5. How often do you attend each of the following Annual Meetings?

1	ACS	Apr 10, 2012 10:28 AM
2	CANS yearly	Apr 4, 2012 2:55 AM
3	NSA annually	Apr 3, 2012 10:17 PM
4	NSA, SNS, Academy	Apr 3, 2012 9:13 PM
5	MINS annually, Winter Clinics Annually,MANS annually	Apr 3, 2012 7:56 PM
6	I am a new member	Apr 3, 2012 6:27 PM
7	Southern Neurosurgical meeting annually	Apr 3, 2012 6:12 PM
8	Spine section meeting yearly	Apr 3, 2012 7:09 AM
9	European meeting 2-3 yearly	Mar 28, 2012 4:00 PM
10	NSA meeting	Mar 28, 2012 2:20 PM
11	ICMINS, APCSS,SIACCO	Mar 27, 2012 8:27 PM
12	Sns	Mar 27, 2012 4:55 PM
13	ISASS	Mar 27, 2012 2:18 PM
14	Society of University Neurosurgeons (SUNS)	Mar 27, 2012 1:49 PM
15	SNS	Mar 26, 2012 5:30 PM
16	Southern - every year	Mar 26, 2012 11:17 AM
17	Have yet to attend a meeting- new resident	Mar 26, 2012 8:52 AM
18	NANS annually	Mar 25, 2012 7:28 AM
19	CSS, ASPN	Mar 24, 2012 7:11 PM
20	ISASS	Mar 24, 2012 11:21 AM
21	CANS, AZNeurosurgery, Spine Across the Sea. ASFN	Mar 24, 2012 10:50 AM
22	Rocky Mountain Neurosurgical Society	Mar 24, 2012 9:51 AM
23	New England Neurosurgical	Mar 23, 2012 7:22 PM
24	ACS and CANS every two or three years	Mar 23, 2012 6:18 PM
25	Western Neurosurgery Society, California Association of Neurological Surgeons, Council of State Neurological Surgeons	Mar 23, 2012 5:58 PM
26	Western neurosurgical 2 out of three years	Mar 23, 2012 5:08 PM
27	European Spine Society	Mar 23, 2012 4:24 PM

Page 9, Q5. How often do you attend each of the following Annual Meetings?

28	AANS/CNS Peds Section Meeting - Annually	Mar 23, 2012 4:12 PM
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Page 9, Q6. Considering the value of spine and peripheral nerve information related to your practice, how would you compare the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Meeting to these other meetings?
The AANS/CNS Section on Disorders of the Spine & Peripheral Nerves Annual M...

1	Less than Sunderland Society or Narakas Meeting	Mar 28, 2012 11:47 AM
2	Society of University Neurosurgeons	Mar 27, 2012 1:49 PM
3	Less valuable than NANS	Mar 25, 2012 7:28 AM
4	great	Mar 24, 2012 7:11 PM

Page 9, Q7. If you have ranked the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves less valuable than these meetings, please describe why?

1	Nass is more comprehensive and there is a much greater mix and program with both Ortho and Neuro there. Sometimes the AANS spine mtg is a bit inbred with neuro bias, although its much better now then the Sanford Larson days.	Apr 7, 2012 10:45 PM
2	My specialty is nerve, which is a small part of this meeting. I do some cervical spine fixation and pediatric spine though, and that material is helpful.	Apr 7, 2012 2:56 PM
3	CSRS has amazing discussions and great scientific talks	Apr 3, 2012 9:13 PM
4	I still think the AANS meeting with diverse content and courses is more important.	Apr 3, 2012 7:56 PM
5	NASS just has broader prospective	Apr 3, 2012 5:58 PM
6	Although am fellowship trained in spinal disorders, I'm a neurosurgeon and do enjoy learning of things "north of the border"... "within the head bone"	Apr 3, 2012 10:33 AM
7	na	Apr 1, 2012 12:03 PM
8	They are specifically meetings specializing in peripheral nerve research and clinical problems	Mar 28, 2012 11:47 AM
9	More applicable to my practice that is a general meeting	Mar 27, 2012 9:25 PM
10	I am more interested in spinal cord related issues than in spine mechaniscs and instrumentation	Mar 27, 2012 8:31 PM
11	It is not less valuable but should be more internationalized in order to attract attendants from other countries.	Mar 27, 2012 8:27 PM
12	NASS has a greater multi-specialty representation and better debate/controversy stuff.	Mar 27, 2012 4:04 PM
13	Too focused for my current level of education	Mar 27, 2012 1:03 PM
14	Content	Mar 26, 2012 9:23 PM
15	The other meetings have a more broad content	Mar 26, 2012 12:57 PM
16	larger meetings	Mar 26, 2012 11:17 AM
17	AANS & CNS seem to have broader coverage, including what is discussed at the Section meeting	Mar 26, 2012 9:40 AM
18	Never been to one	Mar 26, 2012 8:37 AM
19	N/A	Mar 26, 2012 8:31 AM
20	Science is much better at SRS and IMAST.	Mar 25, 2012 10:44 AM
21	Redundant, always in Orlando, etc.	Mar 25, 2012 8:47 AM
22	AANS offers full breadth of neurosurgery not just spine.	Mar 24, 2012 10:44 PM

Page 9, Q7. If you have ranked the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves less valuable than these meetings, please describe why?

23	The moderators are often inexperienced. Scientific Program could be enhanced. AANS Scientific Program is usually stronger.	Mar 24, 2012 1:52 PM
24	N/A	Mar 24, 2012 12:16 PM
25	lots of redundancy	Mar 24, 2012 11:21 AM
26	n/a	Mar 24, 2012 11:14 AM
27	None of the meetings compare to what is only available through vendor sponsored education. Until the powers that be find a way to create "mini-fellowships" for practicing physicians to learn new techniques post-training education will remain vendor driven. Until the government stops it.	Mar 24, 2012 11:07 AM
28	N/A	Mar 24, 2012 9:51 AM
29	Broader range of topics	Mar 24, 2012 9:01 AM
30	Broader audience at NASS	Mar 24, 2012 7:27 AM
31	Because I attend AANS and or CNS regularly, I find the different viewpoints at NASS and CSRS more informative--too much overlap for the "frequent flyer" but may not apply to those who go to fewer meetings.	Mar 24, 2012 5:58 AM
32	More focused on my area of interest and a higher quality of scientific content and presentation in those areas	Mar 23, 2012 9:33 PM
33	More content	Mar 23, 2012 8:25 PM
34	The focus on neurosurgical spine is important to me. The CNS meeting has a significant spine focus while the AANS meeting does not. The other meetings are diluted by too many non-surgeons	Mar 23, 2012 4:53 PM
35	CSRS is very valuable to all participants, with discussion/arguments about controversial areas. Spine section appears to be more of an update meeting for the non-academic surgeon	Mar 23, 2012 4:15 PM
36	AANS and CNS are more comprehensive.	Mar 23, 2012 4:14 PM
37	N/A	Mar 23, 2012 4:12 PM

Page 9, Q9. What are the reasons for your rating?

1	reliable sources of information and clear intent to educate "the masses", without "look what I can do" sessions	Apr 9, 2012 4:58 PM
2	It's a good meeting.	Apr 7, 2012 2:56 PM
3	It depends on the interest that my colleague has in this type of pathology.	Apr 6, 2012 1:35 PM
4	Focused meeting with broad appeal	Apr 6, 2012 7:47 AM
5	past meetings have high quality content	Apr 4, 2012 6:06 PM
6	The meetings that I have attended were good places to talk with colleagues about spinal surgery in a more relaxed, less formal setting than at the AANS or CNS Annual Meetings.	Apr 4, 2012 6:57 AM
7	Spine is 70 % of my practice	Apr 4, 2012 2:55 AM
8	Good meeting. The best meeting I have attended lately is the spine update held in December in NYC.	Apr 3, 2012 11:39 PM
9	Because of the topics on clinical practice which are important for my practice	Apr 3, 2012 10:50 PM
10	I have always enjoyed attending. Informative and not crowded like the primary meetings.	Apr 3, 2012 10:17 PM
11	Excellent meeting from a scientific and social perspective	Apr 3, 2012 9:13 PM
12	This is the most important spine section meeting of neurosurgery. We just need more National presence. NASS is considered by many to be a more important spine meeting. I think the section meeting has much better content than NASS.	Apr 3, 2012 7:56 PM
13	It is a very important part of our daily practice	Apr 3, 2012 6:27 PM
14	Just indifferent to this meeting	Apr 3, 2012 5:58 PM
15	Similar content to AANS/CNS spine sessions	Apr 3, 2012 5:54 PM
16	Favor the meeting size and focus	Apr 3, 2012 5:43 PM
17	good educational content. less industry bias	Apr 3, 2012 5:21 PM
18	Very good but not great meeting. Best scientific information is presented at the AANS annual meeting.	Apr 3, 2012 5:16 PM
19	i like the meeting and enjoy seeing so many friends	Apr 3, 2012 10:33 AM
20	Practice patterns vary alot. Physicians need to let meeting time be relevant to their particular practice pattern	Apr 3, 2012 7:09 AM
21	best venue for up to date developments in spine surgery/management; highly concentrated learning activities with excellent faculty	Apr 2, 2012 6:04 PM
22	MY OWN EXPERIENCE AT THE MEETINGS.	Apr 2, 2012 11:55 AM

Page 9, Q9. What are the reasons for your rating?

23	Too many meetings	Apr 1, 2012 12:03 PM
24	I have limited exposure to this meeting.	Mar 31, 2012 10:05 PM
25	Valuable information can be gained	Mar 31, 2012 5:56 PM
26	Spine is such a large part of one's practice, you get to contemplate/learn in a shorter time period what has to be discerned over a longer period at the full major meetings.	Mar 30, 2012 1:33 PM
27	The research quality is horrid, unless they want to network, don't bother going.	Mar 29, 2012 11:52 AM
28	If your practice includes spine patients, then it is helpful in thinking about surgical indications and complications. At our hospital neurosurgery does very little peripheral nerve surgery.	Mar 29, 2012 10:40 AM
29	I have always learn something new.	Mar 28, 2012 11:54 PM
30	Extremely important meeting because the academic content and educational value	Mar 28, 2012 10:47 PM
31	Relevant material. Great discussion with respected colleagues. Good format. Great venue (Phoenix).	Mar 28, 2012 6:06 PM
32	It's really one of the most relevant meetings for my dedicated spine practice	Mar 28, 2012 2:20 PM
33	IF he/she is a spine surgeon this is an excellent meeting. When I did spine surgery, I came each year. Semi-retired now and no longer do spine	Mar 28, 2012 11:47 AM
34	Less company bias, good teaching, good updating	Mar 28, 2012 11:26 AM
35	Great meeting, all focused on spine.	Mar 28, 2012 10:48 AM
36	The section should offer practical cadaver courses with this meeting. This meeting should count for the requirement of meeting attendance to maintain membership	Mar 27, 2012 9:25 PM
37	Some concern that meeting is controlled by a very small cadr. That is tiresome and inhibits innovation	Mar 27, 2012 8:56 PM
38	I believe it has excellent information on spine mechanics, instrumentation, technology	Mar 27, 2012 8:31 PM
39	It is very important for young spinal neurosurgeons to learn updated information.	Mar 27, 2012 8:27 PM
40	time efficient. fairly small	Mar 27, 2012 4:46 PM
41	Have not attended	Mar 27, 2012 4:05 PM
42	Too caught up in Disney and broken up for leisure. Better focus and more CME availability would give broader appeal. Moving to February to avoid spring break conflicts would be huge.	Mar 27, 2012 4:04 PM
43	Found to be informative and advances cross pollination of speciality	Mar 27, 2012 2:55 PM

Page 9, Q9. What are the reasons for your rating?

44	Focused on what I do- good science- shorter meeting	Mar 27, 2012 2:28 PM
45	I have not attended it yet	Mar 27, 2012 2:26 PM
46	I really enjoy the meeyinh	Mar 27, 2012 1:51 PM
47	I have never attended	Mar 27, 2012 1:27 PM
48	Should be part of general meeting	Mar 27, 2012 12:32 PM
49	Excellent science and technology. Great locations (warm in winter, things to do, good restaurants, good hotels).	Mar 27, 2012 11:46 AM
50	Needs fresh blood	Mar 26, 2012 9:23 PM
51	It is a good meeting but occurs at a difficult time of year to attend	Mar 26, 2012 5:31 PM
52	good science, discussions	Mar 26, 2012 5:30 PM
53	best clinical presentations of the major spine meetings	Mar 26, 2012 12:05 PM
54	get about same information but bigger event and attendance at main meetings.	Mar 26, 2012 9:40 AM
55	Excellent debates. Honest forum of faculty surgeons.	Mar 26, 2012 8:37 AM
56	This is the best meeting for a neurosurgeon with an emphasis in spine.	Mar 26, 2012 8:37 AM
57	Repetitive meeting with same faces presenting	Mar 26, 2012 8:33 AM
58	enjoy meeting	Mar 25, 2012 8:09 PM
59	Most important material is presented	Mar 25, 2012 12:24 PM
60	excellent history of quality meetings	Mar 25, 2012 10:20 AM
61	Surgeon focused, spine focused.	Mar 25, 2012 9:41 AM
62	It's good, and you can learn a lot, but really nothing sets it apart enough to justify the time away from practice since we have to go to the major meetings.	Mar 25, 2012 8:47 AM
63	Generally a good meeting but same exact people present, moderate, and comment each year.	Mar 24, 2012 10:44 PM
64	Good courses, podium with "discussant" great digital posters not very helpful	Mar 24, 2012 7:11 PM
65	valuable for the most common surgeries that we all do generally good discussion	Mar 24, 2012 6:25 PM
66	Great Meeting to connect with colleagues and meet new people	Mar 24, 2012 1:52 PM
67	Good meeting Not great	Mar 24, 2012 12:16 PM
68	its all been said somewhere else better	Mar 24, 2012 11:21 AM
69	relevance to my practice	Mar 24, 2012 11:14 AM

Page 9, Q9. What are the reasons for your rating?

70	Little of real value that cannot be read summarized	Mar 24, 2012 11:07 AM
71	Easier to get information. But missing many exhibitors.	Mar 24, 2012 10:50 AM
72	Collegial meeting	Mar 24, 2012 9:51 AM
73	Not enough positive feedback from friends /colleagues for a stronger endorsement	Mar 24, 2012 9:01 AM
74	highly informative	Mar 24, 2012 8:38 AM
75	Excellent meeting, Destinations between Orlando and Phoenix are not ideal	Mar 24, 2012 7:27 AM
76	Educational Material	Mar 24, 2012 5:08 AM
77	Sometimes the information is helpful; other times, not practical for our hospital setting and ability to obtain equipment; Need more practical, update instructions than look what I did.	Mar 24, 2012 4:58 AM
78	not attended meeting yet	Mar 24, 2012 2:54 AM
79	venue and location are the same so it is difficult to go annually	Mar 23, 2012 9:59 PM
80	Focused on a sub-specialty area.	Mar 23, 2012 9:33 PM
81	It is usually quite good, but again, time and cost are a major factor	Mar 23, 2012 8:25 PM
82	Program looks good...I do read it even though I don't attend...and meeting locations are good.	Mar 23, 2012 7:58 PM
83	Worthwhile, educational	Mar 23, 2012 7:22 PM
84	Have not been in awhile	Mar 23, 2012 6:29 PM
85	Good meeting for spine surgeons!	Mar 23, 2012 6:18 PM
86	The meetings are good, but limited usually to discussions, presentations similar to the CNS and AANS	Mar 23, 2012 5:58 PM
87	coverage is an issue for me to attend	Mar 23, 2012 5:52 PM
88	most of my practice has been spinal in past ten years and since I have retired from surgical practice and am spending most of my time doing review work for CompPartners and Physicians review network I find the discussions very relevant to the questions I need to answer.	Mar 23, 2012 5:08 PM
89	Good debates	Mar 23, 2012 5:03 PM
90	Good scientific content	Mar 23, 2012 4:33 PM
91	I like the meeting.	Mar 23, 2012 4:24 PM
92	Quality of information.	Mar 23, 2012 4:21 PM

Page 9, Q9. What are the reasons for your rating?

93	Excellent educational value, good locations	Mar 23, 2012 4:12 PM
94	Quality of presentations	Mar 23, 2012 4:12 PM

DSPN Annual Meeting Future Sites
As of April 11, 2012

Property	Room Rate	Dates Available	Airport/Transportation
Orlando 2016 & 2018			
Renaissance Orlando at Sea World	2016: \$219 S/D 2018: \$229 S/D 12.5% Tax If both years booked, hotel will offer \$219 for both years. Room rates include internet	March 9-12, 2016 Marh 7-10, 2018 March 14-17, 2018	Orlando International Airport 13 miles, 18 min. drive
Orlando World Center Marriott	2016: \$239 S/D 2018: \$239 S/D with max increase of 3%/year. 2018 dates are 2nd option - another group has contract out.	March 9-12, 2016 March 14-17, 2018	Orlando International Airport 18.7 miles, 24 min. drive
Hilton Orlando	\$229 S/D Max annual increase of 3%	Not available over preferred dates. February 29-March 6, 2016 March 19-25, 2018	Orlando International Airport 16.9 miles, 29 min. drive
Gaylord Palms Resort	2016: \$239 S/D \$15 resort fee \$174,000++ F&B Min. 2018: \$254 S/D \$15 resort fee \$185,000++ F&B Min.	March 7-14, 2016 March 12 –19, 2018	Orlando International Airport 20.2 miles, 24 min. drive

DSPN Annual Meeting Future Sites
As of April 11, 2012

The Westin Diplomat Resort and Spa (Beach Location)	\$309 S/D 11% Tax 23% F&B Service Charge	March 9-12, 2016	Ft. Lauderdale Airport 7.9 miles, 15 min. drive Taxi fare is approx. \$25 one way Miami International Airport 24 miles, 40 min. drive Taxi fare is approx. \$45 one way
Rosen Shingle Creek	\$239 S/D if both years booked	March 9-12, 2016 March 14-17, 2018	Orlando International Airport 21.8 miles, 29 min. drive
Swan & Dolphin	2016 and 2018: \$259 S/D \$14 daily resort fee Max annual increase of 5%	March 9-12, 2016 March 7-10, 2018	Orlando International Airport 7.9 miles, 15 min. drive
Disney's Contemporary Resort	2016: \$240 S/D 12.5% Tax 2018: \$255 S/D 12.5% Tax	March 9-12, 2016 March 7-10, 2018	Orlando International Airport 24.4 miles, 32 min. drive
Hilton Orlando Bonnet Creek	2016 and 2018: \$269 S/D 13% Tax	March 9-12, 2016 March 7-10, 2018	Orlando International Airport 21 miles, 27 min. drive
PROPERTIES NOT AVAILABLE:			
JW Marriott Orlando, Grande Lakes Doral Golf Resort & Spa, A Marriott Resort (PGA Tour) Omni Resort at ChampionsGate Waldorf Astoria Naples			
Meeting Space Not Adequate			
Four Seasons Orlando - opens in 2014 but will not have enough space Westin Orlando Villiage of Imagine The Ritz-Carlton Orlando, Grande Lakes Hyatt Regency Grand Cypress, Orlando Eden Roc Renaissance Miami Beach Four Seasons Miami Loews Royal Pacific Resort Disney Yacht & Beach Club Hyatt Regency Miami Disney's Coronado Springs Resort - not a good fit per Disney contact			
Las Vegas 2017 & 2019			

DSPN Annual Meeting Future Sites As of April 11, 2012			
Caesar's Palace	2017: \$249 S/D 2019: \$259 S/D	March 6 – 12, 2017 (Meeting space is on 2nd option, week prior and after can be on 1st option) March 4 -10, 2019 March 11-17, 2019	McCarran International 4.4 miles, 13 min. drive
Bally's	2017: \$139 S/D 2019: \$149 S/D	March 6 – 12, 2017 March 4 -10, 2019 March 11-17, 2019	McCarran International 3.3 miles, 9 min. drive
Cosmopolitan	2017: \$249 S/D 12% Tax 2019: \$265 S/D 12% Tax	March 6 – 12, 2017 March 4 -10, 2019	McCarran International 4.1 miles, 11 min. drive
Rio all Suites Hotel & Casino	2017: \$159 S/D 2019: \$169 S/D	March 6 – 12, 2017 March 4 -10, 2019 March 11-17, 2019	McCarran International 4.45 miles, 11 min. drive
Paris Las Vegas	2017: \$179 S/D 2019: \$189 S/D	March 6 – 12, 2017 March 4 -10, 2019 March 11-17, 2019	McCarran International 3.4miles, 9 min. drive
PROPERTIES NOT AVAILABLE:			
Mandalay Bay Renaissance Las Vegas Hotel The Venetian Las Vegas Encore at Wynn Riveria			
Meeting Space Not Adequate			
Four Seasons Las Vegas			
Phoenix 2017 & 2019			
Arizona Biltmore, A Waldorf Astoria Resort	2017: \$319 S/D 2019: \$329 S/D	March 6-12, 2017 March 4-10, 2019 March 11-17, 2019	Phoenix Sky Harbor International 9.8 miles, 20 min. drive

DSPN Annual Meeting Future Sites
As of April 11, 2012

JW Marriott Desert Ridge	\$389 S/D Same rate for 2017 and 2019 if both years are booked	March 6 – 12, 2017 March 4 -10, 2019	Phoenix Sky Harbor International 27.5 miles, 33 min. drive
PROPERTIES NOT AVAILABLE:			
Hyatt Regency Phoenix			
Meeting Space Not Adequate			
Renaissance Phoenix Downtown Fairmont Scottsdale Sheraton Phoenix Four Seasons Phoenix, Scottsdale Westin Kierland - Scottsdale Pointe Hilton Squaw Peak Resort Pointe Hilton Tapatio Cliffs Resort			
New Orleans 2016, 2017, 2018, 2019			
Hilton Riverside New Orleans	2016, 2017 and 2019: \$239 S/D \$279 Executive Level Max annual increase of 4%	March 9-12, 2016 March 6-12, 2017 March 4-10, 2019 March 11-17, 2019. Use of third floor meeting space and Hilton Exhibition Center for above dates. Note that Exhibit Center only has 20K sq. ft. of space, can check convention center hall B1 which is 50K sq ft. In order to utilize this space, hotel needs to have another group w/sleeping rooms only that is meeting predominately at the convention center. This opportunity may exist March 14-17, 2018 if American Pharmacists selects New Orleans and we are an overflow only hotel for them.	Louis Armstrong International 12.9 miles, 20 min. drive
PROPERTIES NOT AVAILABLE:			
New Orleans Marriott Sheraton New Orleans Hyatt Regency New Orleans			

DSPN Annual Meeting Future Sites
As of April 11, 2012

Meeting Space Not Adequate			
Ritz Carlton, New Orleans The Roosevelt New Orleans Renaissance Arts New Orleans Renaissance New Orleans Pere Marquette Hotel JW Marriott New Orleans			

From: Robert Harbaugh <reh1@mac.com>
Date: Sat, 11 Aug 2012 08:38:12
To: Cheng, Joseph<joseph.cheng@Vanderbilt.Edu>
Cc: Michael Groff<mgroff@mac.com>; Shaffrey, Chris I
*HS<CIS8Z@hscmail.mcc.virginia.edu>; Praveen V. Mummaneni<vmum@aol.com>; Berger,
Mitchel S.<Bergerm@neurosurg.ucsf.edu>; Chris Shaffrey<CIS8Z@virginia.edu>;
William Couldwell<William.Couldwell@hsc.utah.edu>; Joni Shulman<jls@aans.org>
Subject: Re:

Dear Joe,

Thanks for the information and nominations. The plan for this project is to have an "editorial board" composed of representatives from each Section, plus Chris Shaffrey, Bill Couldwell and me, to make decisions on what kind of educational materials to develop for focused MOC. I am still waiting for nominations from the Pain and Pediatrics Sections.

When I get these, I want to get everyone's input on what type of educational offerings would be most beneficial. I hope to do much of this via electronic communication and to keep conference calls and face to face meetings to a minimum, as we all have plenty to do.

It is likely that the MOC educational offerings will vary considerably from Section to Section. Section members on the editorial board will direct this project and determine what human and financial resources will be needed from the Section and from the AANS to develop the subspecialty specific materials.

You, Praveen and Mike Groff will be the editorial board members (Chris is already involved from the AANS) and the others mentioned in your e-mail will be part of the Spine Section working group for this endeavor, if that is OK with you. This is really a great group and, as usual, the Spine Section is ahead of the game on this project. (As a former CV Section Chair it really hurts to say that).

Thanks again for your help with this and have a good weekend.

All the best,

Bob

Robert E. Harbaugh, MD, FAANS, FACS, FAHA Director, Penn State Institute of the Neurosciences Distinguished Professor and Chair, Department of Neurosurgery Professor, Department of Engineering Science and Mechanics Department of Neurosurgery, 30 Hope Drive Penn State University, M.S. Hershey Medical Center Hershey, PA 17033-0850

Phone: 717-531-4383, Fax: 717-531-3858

From: "Cheng, Joseph" <joseph.cheng@Vanderbilt.Edu>
Date: Sat, 11 Aug 2012 10:44:27
To: Robert Harbaugh<reh1@mac.com>
Cc: Michael Groff<mgroff@mac.com>; Shaffrey, Chris I
*HS<CIS8Z@hscmail.mcc.virginia.edu>; Praveen V. Mummaneni<vmum@aol.com>; Berger,
Mitchel S.<Bergerm@neurosurg.ucsf.edu>; Chris Shaffrey<CIS8Z@virginia.edu>;
William Couldwell<William.Couldwell@hsc.utah.edu>; Joni Shulman<jls@aans.org>
Subject: RE: Re:

Thanks Bob, and that is the reputation our Section wants to maintain! In looking at this, it was clearly an oversight on my part. You did send reminders of this to the Section chairs, which I mistook for "form letter" reminders, much like those we keep getting for the upcoming CNS meeting whether the task had been completed or not. Thinking we completed this in April, I promptly ignored them much to my embarrassment now. I will make sure to read and follow up on these reminders more thoroughly!

I will ask Praveen as our Secretary to send out official notices to those noted below, and to document in the minutes for our upcoming fall Section meeting:

ABNS MOC Spine Section Editorial Board Representatives (3): Cheng, Groff, Mummaneni
ABNS MOC Spine Section Workgroup (7): Cheng, Groff, Mummaneni, Mike Wang, McGirt, Meic Schmidt, and Justin Smith

We were going to use the following template (attached) based on OKU Spine with each of the Workgroup members in charge of each of one of the 7 Sections, but it may be too comprehensive for this. However, our goal was to not only generate questions and answers, but create a "study guide" or textbook for Neurosurgeons to which we would also use as source data to generate the written board and Spine MOC questions. We felt this would keep the questions and expected knowledge consistent, and facilitate the review of Spine for our members.

Please let me know what you think, and if you can let us know a time frame for the questions and answers, our Section will be happy to begin working on this!

Regards,
Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
To: vmum <vmum@aol.com>; Charles Sansur <csansur@smail.umaryland.edu>; SDHALL <SDHALL@emory.edu>; dkojoh <dkojoh@gmail.com>; CIS8Z <CIS8Z@hscmail.mcc.virginia.edu>; Marjorie <mwang@mcw.edu>; Wang <MWang2@med.miami.edu>; Adam S Kanter <kanteras@upmc.edu>; Justin <jss7f@virginia.edu>; Kuntz <charleskuntz@yahoo.com>; McGirt, Matthew J <matt.mcgart@Vanderbilt.Edu>
Cc: John Ziewacz <ZiewaczJ@neurosurg.ucsf.edu>; abns <abns@abns.org>; Jacqueline Walters <Walters.J@neurosurg.ucsf.edu>
Sent: Sat, Sep 8, 2012 8:08 am
Subject: RE: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

Chris,
Here are the questions from Matt and I in a zip file. Based on the forms, these should be in the correct format and please use as needed. We tried to make ones we felt were good for written boards and ones for MOC.
Regards,
Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: vmum@aol.com [vmum@aol.com]
Sent: Friday, September 07, 2012 8:55 PM
To: Charles Sansur; SDHALL@emory.edu; dkojoh@gmail.com; CIS8Z@hscmail.mcc.virginia.edu; Marjorie; Wang; Adam S Kanter; Cheng, Joseph; Justin; Kuntz
Cc: John Ziewacz; abns@abns.org; Jacqueline Walters
Subject: Re: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

Dear all

If you have followed the formatting instructions correctly and put references to the answers as requested by abns then send your questions and answers to chris shaffrey.

Shaffrey told me that he will then review these spine questions and select questions he thinks are good for moc and good for primary written exam and will send onwards to Mary Louise at the abns.

Thank you all for your help.

Praveen
Sent from my Verizon Wireless BlackBerry

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

From: "Charles Sansur" <csansur@smail.umaryland.edu>
Date: Fri, 07 Sep 2012 21:10:47
To: <vmum@aol.com>; <SDHALL@emory.edu>; <dkojoh@gmail.com>;
<CIS8Z@hscmail.mcc.virginia.edu>;
<mwang@mcw.edu>; <MWang2@med.miami.edu>; <kanteras@upmc.edu>;
<joseph.cheng@vanderbilt.edu>; <Jss7f@virginia.edu>;
<charleskuntz@yahoo.com>
Subject: RE: New Items from the ABNS Extra Mural Subspecialty Item
Writing Committee

Hello Everyone,

These are my 10 questions.

Regards,

Charley Sansur

>>> "Wang, Michael" 09/07/12 11:03 AM >>>
Hey guys, this slipped under my radar but here are my ten questions.
Hope you like them!

Cheers,
Mike

Michael Y Wang, MD, FACS
Professor
Departments of Neurological Surgery & Rehabilitation Medicine
University of Miami Miller School of Medicine
Lois Pope LIFE Center, 2nd Floor
1095 NW 14th Terrace (D4-6)
Miami, Florida 33136 USA
(305) 243-5081(direct)
(305) 243-2359 (assistant)
(305) 243-3337 FAX

[cid:[image001.jpg@01CD8CE8.24547AF0](#)]

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contact the sender by reply e-mail and destroy all copies of the original message. Thank you for your assistance and cooperation.

From: Kanter, Adam S [<mailto:kanteras@upmc.edu>]
Sent: Friday, August 31, 2012 7:44 AM
To: Charles Sansur; dkojoh@gmail.com; 'vmum@aol.com'; 'joseph.cheng@vanderbilt.edu'; Wang, Michael; 'charleskuntz@yahoo.com'; Dhall, Sanjay; 'Jss7f@virginia.edu'; 'mwang@mcw.edu'; Kanter, Adam S
Subject: FW: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

Please see below email from Praveen.
Deadline for each of our 10 questions is next Friday...

From: vmum@aol.com [<mailto:vmum@aol.com>]
Sent: Thursday, August 30, 2012 6:08 PM
To: Joe Cheng; Kanter, Adam S; Jacqueline Walters; Shaffrey
Cc: John Ziewacz
Subject: Fw: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

Adam
Pls distribute this to the spine section EC folks who volunteered to write abns and moc questions. Let's get this done asap.
Deadline is next week friday.

We need 80-100 questions so ask for 10 per person. Shaffrey will then pick which ones are good for abns moc and which ones for the written test for residents.

Jacqueline pls print for me. John let's get ours done today.

Pm
Sent from my Verizon Wireless BlackBerry

From: abns >
Date: Thu, 30 Aug 2012 21:58:00 +0000
To: vmum@aol.com>
Subject: RE: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

I think that should do it Dr. Mummaneni. I look forward to receiving the questions!
Mary Louise

From: vmum@aol.com [<mailto:vmum@aol.com>]
Sent: Thursday, August 30, 2012 5:29 PM
To: abns
Cc: cis8z@virginia.edu; joseph.cheng@vanderbilt.edu; kanteras@upmc.edu; waltersj@neurosurg.ucsf.edu
Subject: Re: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

Mary Louise

Please send me these items:

new item form, NBME image specifications, and the Board's item writing book,

Sorry, but I do not recall receiving these.

I will distribute to the spine section EC so we can get spine questions written asap.

thank you

Praveen

Praveen V. Mummaneni, M.D.

Associate Professor and Vice-Chairman

Dept. of Neurosurgery, University of California at San Francisco

Co-Director: UCSF Spine Center

Secretary: AANS-CNS Joint Section - Spine and Peripheral Nerves

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

From: abns >

To: Lanzino, Giuseppe >; Prestigiacomo, Charles J. >; Rosenwasser, Robert H. >; Shah, Mitesh V. >; Thompson, B. Gregory >; Andrews, Brian T. >; Ecklund, James >; Timmons, Shelly >; Ullman, Jamie S. >; Valadka, Alex B. >; Barker, II, Fredrick George, Fredrick George >; Barnett, Gene

H. >; Cozzens, Jeffrey W. >; Friedman, Allan H. >; Hall, Walter A. >;

Jensen, Randy L. >; Markert Jr, James M. >; Mickey, Bruce E. >;

Sampson,

John H. >; Vates, G. Edward >; Abosch, Aviva >; Gross, Robert E. >;

Holloway, Kathryn >; Pilcher, Webster H. >; Sagher, Oren >;

SchulderIskandar,

Bermans J. >; Jea, Andrew >; Krieger, Mark >; Muhonen, Michael

G. >; Ojemann, Jeffrey G >; Pollack, Ian F. >; Raffel, Corey >;

Robinson, Shenandoah >; Selden, Nathan >; Smyth, Mathew D. >; Weiner,

Howard >; Wellons, John >; Angevine, Peter D. >; Cheng, Joseph >;

Maniker, Allen H. >; Matz, Paul >; Mummaneni, Praveen V. >; O'Toole,

John E. >; Ratliff, John K. >; Rosner, Michael >; Winfree, Chris >;

Wolfla, Christopher >; Zager, Eric L. >

Sent: Thu, Aug 30, 2012 2:17 pm

Subject: New Items from the ABNS Extra Mural Subspecialty Item Writing Committee

New questions for ABNS examinations have already been received from several members of the Extra-Mural Subspecialty Item Writing Committee. I hope the ABNS can still count on receiving new questions from more of you in the next week or so. If you have misplaced the email with your new item form, NBME image specifications, and the Board's item writing book, etc., please let me know so that I can resend them.

Once new questions have been received, they will be collated and sent to

the Primary Examination Committee member who is head of the section for which they were written. He will edit them and present them to the full

Committee for review when it meets in October.

Once again, many thanks for your time and effort in helping the Board with this endeavor. It counts on your Committee to keep the examination

up-to-date in the subspecialties, as well as main stream neurosurgery.

Cordially yours,
Mary Louise

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
To: 'Regis Haid' <RHaid@AtlantaBrainandSpine.com>; Charles Kuntz <charleskuntz@yahoo.com>
Cc: charles.kuntz <charles.kuntz@yahoo.com>; mgroff <mgroff@mac.com>; Shaffrey <cis8z@virginia.edu>; vmum <vmum@aol.com>; Volker.Sonntag <Volker.Sonntag@bnaneuro.net>; Ziya <ZGOKASL1@JHMI.EDU>; Rusty <grodts@emory.edu>; Joseph Alexander <jalexan59@yahoo.com>; Wang <MWang2@med.miami.edu>; Heary <heary@umdnj.edu>; cbranch <cbranch@wfubmc.edu>; Stephen.Papadopoulos <Stephen.Papadopoulos@bnaneuro.net>
Sent: Mon, Oct 1, 2012 11:58 am
Subject: RE: aans-cns spine section funding taskforce

Got it, thanks Reg! Chris Wolfla is going to give a 2 minute talk on the CNS Guidelines committee at 3:30p, and we can ask for you to discuss right after that.

Regards,

Joe

From: Regis Haid [<mailto:RHaid@AtlantaBrainandSpine.com>]
Sent: Monday, October 01, 2012 11:31 AM
To: Cheng, Joseph; Charles Kuntz
Cc: charles.kuntz@yahoo.com; mgroff@mac.com; Shaffrey; vmum@aol.com; Volker.Sonntag@bnaneuro.net; Ziya; Rusty; Joseph Alexander; Wang; Heary; cbranch@wfubmc.edu; Stephen.Papadopoulos@bnaneuro.net
Subject: RE: aans-cns spine section funding taskforce

I will be there at 330, Sheraton, Michigan A/B this Saturday.
thanks

Regis W. Haid, Jr. MD

Atlanta Brain and Spine Care
2001 Peachtree Road
Suite 575
Atlanta, Georgia 30309
Voice (404) 350-0106
Fax (404) 350-0176

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From: Cheng, Joseph [<mailto:joseph.cheng@Vanderbilt.Edu>]
Sent: Monday, October 01, 2012 11:46 AM
To: Regis Haid; Charles Kuntz
Cc: charles.kuntz@yahoo.com; mgroff@mac.com; Shaffrey; vmum@aol.com; Volker.Sonntag@bnaneuro.net; Ziya; Rusty; Joseph Alexander; Wang; Heary; cbranch@wfubmc.edu; Stephen.Papadopoulos@bnaneuro.net
Subject: RE: aans-cns spine section funding taskforce

Thanks Reg, and as you are doing our Section an immense favor in this, always happy to take a break and give you the floor when you can come.

Regards,

Joe

From: Regis Haid [<mailto:RHaid@AtlantaBrainandSpine.com>]

Sent: Monday, October 01, 2012 7:05 AM

To: Charles Kuntz; Cheng, Joseph

Cc: charles.kuntz@yahoo.com; mgroff@mac.com; Shaffrey; vmum@aol.com; Volker.Sonntag@bnaneuro.net; Ziya; Rusty; Joseph Alexander; Wang; Heary; cbranch@wfubmc.edu; Stephen.Papadopoulos@bnaneuro.net

Subject: RE: aans-cns spine section funding taskforce

If the Section likes, at the pleasure of the section, I am happy to come visit from 330 to 345 on Saturday and give an overview. I can then retire from the room so the Section may make the final decision/

If Joe, the Chair, could let me know.

Thanks

reg

Regis W. Haid, Jr. MD

Atlanta Brain and Spine Care

2001 Peachtree Road

Suite 575

Atlanta, Georgia 30309

Voice (404) 350-0106

Fax (404) 350-0176

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From: Charles Kuntz [<mailto:charleskuntz@yahoo.com>]

Sent: Saturday, September 29, 2012 12:56 PM

To: Joe Cheng

Cc: charles.kuntz@yahoo.com; mgroff@mac.com; Regis Haid; Shaffrey; vmum@aol.com; Volker.Sonntag@bnaneuro.net; Ziya; Rusty; Joseph Alexander; Wang; Heary; MWang2@med.miami.edu; cbranch@wfubmc.edu; Stephen.Papadopoulos@bnaneuro.net; charleskuntz@yahoo.com

Subject: Re: aans-cns spine section funding taskforce

Joe,

I would ask for a calm calculated approach to this problem. Until I analyzed the Section finances in detail these past two months and forwarded the numbers to the Section Executive Committee, we did not begin to understand the finances in more detail with diminished corporate contributions. Attached is a comparison of the top 10 contributors to the spine section from 2007 to 2013. As you can see, during these seven years

contributions from most companies (with a few exceptions) have remained relatively flat or diminished in many cases. This is a chronic problem that will require a systematic approach with follow-up on a routine basis.

Charlie

From: "Cheng, Joseph" <joseph.cheng@Vanderbilt.Edu>
Date: Mon, 1 Oct 2012 13:56:14 -0500
To: vmum@aol.com<vmum@aol.com>; 'Kanter, Adam S'<kanteras@upmc.edu>
Cc: Regis Haid<rhaid@atlantabrainandspine.com>
Subject: FW: October DSPN Section Meeting

Praveen,

I just remembered this also, and we should let both Chris and Reg present before we formally dive into our Section meeting.

Regards,

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Cheryl A. Davidson [<mailto:cad@1CNS.ORG>]
Sent: Monday, September 17, 2012 2:26 PM
To: Cheng, Joseph
Cc: Christopher E. Wolfla, MD; Steven N. Kalkanis, MD
Subject: October DSPN Section Meeting

Dear Dr. Cheng:

CNS President, Christopher E. Wolfla, MD and CNS Guidelines Committee Chair, Steven N. Kalkanis, MD would like to present a brief 2 minute presentation of the CNS Guidelines Committee at the start of the Disorders of the Spine and Peripheral Nerves meeting scheduled for:

Saturday, October 6, 2012, 3:30 pm – 7:00 pm at the Sheraton Hotel & Towers, Ontario Room

The presentation will help answer questions about the difference between the CNS Guidelines Committee and the CNS/ AANS Joint Guidelines Committee and the process for contacting the CNS Guidelines Committee and asking for help with guidelines generation, etc..

Please confirm your approval of this request.

Thank you.

Have a good day.

Cheryl Davidson
Administrative Assistant
Congress of Neurological Surgeons

10 N. Martingale Road, Suite 190
Schaumburg, Illinois 60173
Phone: 847-240-2500
Fax: 847-240-0804
cad@1cns.org

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>

To: Chi, John H.,M.D.,M.P.H.,M.D.,M.P.H. <JCHI@partners.org>; 'Ashley E. Hamm' <aeh@aans.org>; 'Charles Kuntz' <charleskuntz@yahoo.com>; vmum <vmum@aol.com>; kurt <kurt@eichholzmd.com>

Sent: Wed, Sep 12, 2012 2:56 pm

Subject: RE: Fall Membership Reports

Hi Ashley,

Yes, and what John noted. I am attaching what NASS is doing, as part of their going green initiative, but also one that captures more member dues.

Regards,

Joe

From: Chi, John H.,M.D.,M.P.H. [<mailto:JCHI@partners.org>]

Sent: Wednesday, September 12, 2012 4:54 PM

To: 'Ashley E. Hamm'; Cheng, Joseph; 'Charles Kuntz'; vmum@aol.com; kurt@eichholzmd.com

Subject: RE: Fall Membership Reports

that would be my thought is to have a CC on file and that it be charged as an automatic dues payment at the beginning of the fiscal year.

members that do not want to have this occur can opt out....

jchi

From: Ashley E. Hamm [<mailto:aeh@aans.org>]

Sent: Wednesday, September 12, 2012 5:50 PM

To: Dr. Cheng; Chi, John H.,M.D.,M.P.H.; 'Charles Kuntz'; vmum@aol.com;

kurt@eichholzmd.com

Cc: Tanvir.Choudhri@mountsinai.org

Subject: RE: Fall Membership Reports

Dear Doctor Cheng,

At this time existing members are automatically renewed each year in early December with the dues run. Are you speaking in terms of having a credit card on file to charge? Thank you in advance for your clarification.

Sincerely,

Ashley Hamm

Section Membership Coordinator

American Association of Neurological Surgeons

5550 Meadowbrook Drive

Rolling Meadows, IL 60008

847-378-0554 (direct)

847-378-0654 (fax)

aeh@aans.org

Want more information about Neurosurgical Subspecialty Sections? These subspecialty areas include Cerebrovascular, Functional & Stereotactic, History of Neurosurgery, Pain, Pediatrics, Spine, Neurotrauma, and Tumor. To learn more please [click here](#).

From: Dr. Cheng
Sent: Wednesday, September 12, 2012 4:47 PM
To: Chi, John H.,M.D.,M.P.H.; 'Charles Kuntz'; vmum@aol.com; Ashley E. Hamm; kurt@eichholzmd.com
Cc: Tanvir.Choudhri@mountsinai.org
Subject: RE: Fall Membership Reports

Thanks John, what a great idea and NASS is starting to do the same.

Ashley & Kurt,
Can you look into options for automatic renewal for us to review at the upcoming EC meeting?
Regards,
Joe

From: Chi, John H.,M.D.,M.P.H. [<mailto:JCHI@partners.org>]
Sent: Wednesday, September 12, 2012 4:25 PM
To: 'Charles Kuntz'; vmum@aol.com; aeh@aans.org; Cheng, Joseph; kurt@eichholzmd.com
Cc: Tanvir.Choudhri@mountsinai.org
Subject: RE: Fall Membership Reports

i'll be all settled up shortly!

i would like to suggest that we give an option for automatic dues renewal if that is possible... or even make that the default...

if magazines subscriptions and gym memberships can do it, why cant we? its a small amount and we could save on all the mailers, etc as well.

jchi

From: Charles Kuntz [<mailto:charleskuntz@yahoo.com>]
Sent: Wednesday, September 12, 2012 4:01 PM
To: vmum@aol.com; aeh@aans.org; joseph.cheng@vanderbilt.edu; kurt@eichholzmd.com
Cc: Tanvir.Choudhri@mountsinai.org; Chi, John H.,M.D.,M.P.H.
Subject: Re: Fall Membership Reports

I would like to keep and recruit as many members as possible. I would like to see a simple reward for membership such as listing all active members on the website and in the Scientific Program for the Annual Meeting..

Charlie

From: "vmum@aol.com" <vmum@aol.com>
To: aeh@aans.org; joseph.cheng@vanderbilt.edu; kurt@eichholzmd.com; charleskuntz@yahoo.com
Cc: Tanvir.Choudhri@mountsinai.org; JCHI@PARTNERS.ORG
Sent: Wednesday, September 12, 2012 11:04 AM
Subject: Re: Fall Membership Reports

William Horton is now an officer at Depuy spine and not in practice anymore.
you can remove him from the members list.

some current and former members of the EC are on the list.

we need to contact tanvir choudri and john chi and ask them to fix their dues payments asap. I copied them.

others who don't pay up for two years should be let go from our roster by the end of 2012 after a final request for dues.

thoughts?

praveen

Praveen V. Mummaneni, M.D.

Associate Professor and Vice-Chairman

Dept. of Neurosurgery, University of California at San Francisco

Co-Director: UCSF Spine Center

Secretary: AANS-CNS Joint Section - Spine and Peripheral Nerves

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

From: Ashley E. Hamm <aeh@aans.org>

To: Dr. Cheng <joseph.cheng@vanderbilt.edu>; kurt <kurt@eichholzmd.com>; 'vmum@aol.com' <vmum@aol.com>; 'charleskuntz@yahoo.com' <charleskuntz@yahoo.com>

Sent: Wed, Sep 12, 2012 7:34 am

Subject: Fall Membership Reports

Dear Doctor Cheng,

Please find enclosed the current fall membership report, a list of all members who are currently unpaid and a list of all Spine Section members with 2 years of outstanding dues that will become ineligible for membership upon the 2013 dues run. Should you require any further documentation for the upcoming CNS meeting, please do not hesitate to contact me.

Sincerely,

Ashley Hamm

Section Membership Coordinator

American Association of Neurological Surgeons

5550 Meadowbrook Drive

Rolling Meadows, IL 60008

847-378-0554 (direct)

847-378-0654 (fax)

aeh@aans.org



1. Member Information

First Name*

Last Name*

Email*

NASS ID (if known)

2. Professional Address

City

State

Country

Authorization

By submitting this form, you authorize the North American Spine Society to automatically deduct payment for future NASS membership dues from your credit card. Memberships are on a calendar-year basis (January 1 through December 31); dues will be billed beginning in October for the following membership year (ex. Dues for the 2014 membership will be charged in October 2013).

3. Credit Card

Card Number*

Expiration Date*

Cardholder's Name*

Questions? Contact the NASS Membership Department by sending an email to membership@spine.org or by calling 630-230-3600.

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

From: Chris A. Philips <cap@aans.org>

To: April L. Booze <alb@1CNS.ORG>

Cc: Ashley E. Hamm <aeh@aans.org>; Dr. Cheng <joseph.cheng@vanderbilt.edu>; mgroff <mgroff@mac.com>; vmum <vmum@aol.com>; charleskuntz <charleskuntz@yahoo.com>

Sent: Thu, May 24, 2012 2:38 pm

Subject: RE: AANS/CNS Section Membership List

Dear April,

On behalf of Dr. Cheng's authorization, I have attached a copy of the membership roster for the Spine Section. Please let me know if you have any questions.

Chris Ann Philips
Director
AANS Member Services

From: Dr. Cheng
Sent: Monday, May 21, 2012 8:12 PM
To: April L. Booze
Cc: Chris A. Philips
Subject: Re: AANS/CNS Section Membership List

Hi April,
I will ask Chris to help with this, as the list is maintained by AANS.
Thanks,
Joe

Sent from my iPad

On May 21, 2012, at 5:55 PM, "April L. Booze" <alb@1CNS.ORG> wrote:
Dear Dr. Cheng:

We will be sending a marketing piece featuring the **Section on Disorders of the Spine and Peripheral Nerves: Communicating the Value of Spine Surgery**, top ten Oral Presentation as well as other subspecialty highlights available at the 2012 CNS Annual Meeting. We want to make sure that your members are aware of these exciting learning opportunities in Chicago. It would be greatly appreciated if you could send us an updated list of your members, including both mailing and email addresses.

Please let me know if you need any additional information.

Thank you and have a wonderful day!

Sincerely,

April
April L. Booze
Manager, Marketing & Member Communications
Congress of Neurological Surgeons
10 North Martingale Road
Suite 190
Schaumburg, IL 60173
Phone: 847-240-2500
Fax: 847-240-0804
Visit us online at: www.cns.org

Name	Addr1	Addr2	City	State	Zip	Country	Email
A. Allan Dixon, MD, FAANS	1510 136th Street Court S.		Tacoma	WA	98444-2169	United States	dixon_allan45@hotmail.com
Aaron E Bond, MD	Univ. of Virginia/Neu	Box 800212	Charlottesville	VA	22908	United States	ab8nb@virginia.edu
Aaron G. Filler, MD, PhD, F	Inst. For Nerve Med	2716 Ocean Park B	Santa Monica	CA	90405-5266	United States	afiller@nervemed.com
Aaron Hockley, MD	c/o Dr. R.J. Hurlbert	1403 - 29th St NW	Calgary	AB	T2N 2T9	Canada	aaron.hockley@albertahealthservices.c
Abdi S. Ghodsi, MD, FAANS	1212 Garfield Ave Ste 300		Parkersburg	WV	26101-3247	United States	abdighodsi@hotmail.com
Abdulrahman Al-Dakkan, M	1506-33 Charles St E		Toronto	ON	M4Y 1R9	Canada	dr.aaldakkan@gmail.com
A. Bernhard Kliefoth III, MD	PO Box 51648		Knoxville	TN	37950-1648	United States	kliefoth@usit.net
Abhishek Agrawal, MD	855 Ivy Meadow Ln Apt 2A		Durham	NC	27707-5908	United States	neuro.abhi@yahoo.co.in
Abraham Mintz, MD, FAANS	5520 Park Ave Ste 210		Trumbull	CT	06611-3465	United States	abrahammintz@optonline.net
A. Byron Young, MD, FAAN	Univ. Of Kentucky M	800 Rose St. Rm. M	Lexington	KY	40536-0001	United States	byoun1@email.uky.edu
Achal Patel, MD	Univ. of Texas-Galv	301 University Blvd.	Galveston	TX	77555	United States	appatel@uams.edu
Adam Burdick, MD	Scripps Clinic Torre	10666 N. Torrey Pir	La Jolla	CA	92130	United States	Burdick.Adam@scrippshealth.org
Adam C. Lipson, MD	Union County Neuro	1057 Commerce Av	Union	NJ	07083-5025	United States	alipson@ucneurosurgery.com
Adam Gregory Back, MD	Duke Univ. Hosp./N	Box 3807	Durham	NC	27710-0001	United States	adam.back@duke.edu
Adam S. Kanter, MD	200 Lothrop St B400		Pittsburgh	PA	15213-2536	United States	kanteras@upmc.edu
Adeolu Olasunkanmi, MD	Univ. of North Carol	170 Manning Dr. CE	Chapel Hill	NC	27599-0001	United States	aolasunk@unch.unc.edu
Adib H. Barsoum, MD, FAAN	12 Saxman Dr		Latrobe	PA	15650-1644	United States	barsoum8243@comcast.net
Adnan Adib Abl, MD, FAAN	Upmc Presbyterian	200 Lothrop St Ste	Pittsburgh	PA	15213-2536	United States	ablaaa@upmc.edu
A. Giancarlo Vishteh, MD, F	21 E 6th St Unit 304		Tempe	AZ	85281-3683	United States	aaugust20@aol.com
Ahmad Zakeri, MD, FAANS	4235 Secor Rd		Toledo	OH	43623-4231	United States	ahmadzakeri@aol.com
Ahmed Mohyeldin, MD	N1014 Doan Hall/N	410 W 10th Ave	Columbus	OH	43210-1240	United States of America	
Aiden J. Doyle, MD, FAANS	10 Cleveland Ln		Princeton	NJ	08540-3050	United States	adoyle@prdus.jnj.com
Aizik L. Wolf, MD, FAANS	Miami Neuroscience	6129 SW 70th St	South Miami	FL	33143-3451	United States	aizikwolf@hotmail.com
Ajit A. Krishnaney, MD, FAA	Cleveland Clinic Fo	9500 Euclid Ave. S4	Cleveland	OH	44195-0001	United States	krishna@ccf.org
Akin Famuyide, MD	Vancouver Hosp. H	910 W 10th Ave #3	Vancouver	BC	V5Z 4E3	Canada	
Akinori Kondo, MD	2-8-1 Habikino		Habikino City	OS	583-0872	Japan	kondo@shiroyama-hsp.or.jp

Akshay Gupte, MD	Univ Of Minnesota/	420 Delaware St SE	Minneapolis	MN	55455-0341	United States	dr.akshay.gupte@gmail.com
Alain C. J. de Lotbiniere, MD	244 Westchester Ave Ste 310		White Plains	NY	10604-2909	United States	adelotbiniere@bssny.com
Alan D. Rosenthal, MD, FA	7840 Talavera Pl		Delray Beach	FL	33446-4321	United States	erosenth@comcast.net
Alan Stewart Edelman, MD,	821 E Chapel St Ste 204		Santa Maria	CA	93454-4619	United States	aetoo@hotmail.com
Alan S. Waitze, MD, FAANS	500 Chase Pkwy Fl 2		Waterbury	CT	06708-3346	United States	awaitze@nossmmd.com
Alan T. Hunstock, MD, FAA	525 Doyle Park Dr Ste 102		Santa Rosa	CA	95405-4516	United States	hunstockmd@gmail.com
Alan T. Villavicencio, MD, F	Boulder Neurosurgi	1155 Alpine Ave Ste	Boulder	CO	80304-3400	United States	atv@bnasurg.com
Albert L. Rhoton, Jr., MD, F	University Of Florida	Box 100265	Gainesville	FL	32610-0001	United States	rhoton@neurosurgery.ufl.edu
Alberto Abreu-Rivera, MD, F	PO Box 9068		Ponce	PR	00732-9068	United States of America	
Albert W. Farley, MD, FAAN	1121 Crandon Blvd Apt F601		Key Biscayne	FL	33149-2781	United States of America	
Aldo Francisco Berti, MD, F	Miami Neurosurgica	7600 S Red Rd Ste	South Miami	FL	33143-5427	United States	aldoberti@aldobertimd.com
Alejandra Teresa Rabadan,	A.V. La Plata 393 8C		Buenos Aires		1235	Argentina	alejandrabadan@speedy.com.ar
Alexa Bodman, MD	SUNY-Syracuse/Ne	750 E. Adams St.	Syracuse	NY	13210-2342	United States	bodmana@upstate.edu
Alexandra Paul, MD	Albany Med. Ctr./Ne	47 New Scotland Av	Albany	NY	12208-3412	United States	AlexandraPaul@jhmi.edu
Alfredo C. Velasquez, MD	209 Washington St W Ste 100		Charleston	WV	25302-2345	United States of America	
Alfredo Pompili, MD	Div. of Neurosurger	Via Elio Chianesi 53	Rome		00144	Italy	pompili@ifo.it
Alfredo Vasquez Abundo, Jr	Unit 40 4F Landco F	Bajada	Davao City		8000	Philippines	alfredoabundo@yahoo.com
Alfred Steinberger, MD	309 Engle St Ste 6		Englewood	NJ	07631-1822	United States	abo1651@aol.com
Ali Bydon, MD, FAANS	Meyer 7-109	600 N. Wolfe St.	Baltimore	MD	21287-0001	United States	abydon1@jhmi.edu
Alireza Mansouri, MD	29 Vonda Ave.		Toronto	ON	M2N 5E8	Canada	armansour@gmail.com
Allan D. Levi, MD, PhD, FAC	Univ. Of Miami Mille	1095 NW 14th Ter #	Miami	FL	33136-1060	United States	alevi@med.miami.edu
Allan H. Friedman, MD, FA	Duke University Me	Box 3807/Neurosurg	Durham	NC	27710-0001	United States	fried010@mc.duke.edu
Allan J. Belzberg, MD, FAAN	Johns Hopkins Univ	600 N. Wolfe St. Me	Baltimore	MD	21287-0001	United States	belzberg@jhu.edu
Allan Martin, MD	8 Queen Victoria St		Toronto	ON	M4J 1E9	Canada	allan.martin@utoronto.ca
Allen H. Maniker, MD, FAAN	Beth Israel Med. Ctr	10 Union Sq E Ste 5	New York	NY	10003-3314	United States	amaniker@chpnet.org
Allen S. Rothman, MD, FAA	421 Huguenot St Ste 36		New Rochelle	NY	10801-7021	United States	asr1492@aol.com
Alonso Luis De Sousa, MD	R. Walter Jose Pas	Enseada do Sua	Vitoria		29050490	Brazil	alonso@tropical.com.br

Ameet Chitale, MD	Thomas Jefferson U	1015 Chestnut St F	Philadelphia	PA	19107-4316	United States	ameet.chitale@jeffersonhospital.org
Amilyn Taplin, MD	Albany Med. Ctr./Ne	47 New Scotland Av	Albany	NY	12208-3412	United States of America	
Amir A. Vokshoor, MD, FAA	13160 Mindanao Way Ste 300		Marina del Rey	CA	90292-6393	United States	avokshoor@yahoo.com
Amit Goyal, MD	Univ of Minnesota/M	420 Delaware St SE	Minneapolis	MN	55455	United States of America	
Amory J. Fiore, MD, FAANS	Orthopaedic & Neur	6 Greenwich Office	Greenwich	CT	06831-5151	United States	amoryfiore@hotmail.com
Amro Al-Habib, MD	King Saud Universit	PO Box 59220	Riyadh		11525	Saudi Arabia	amro.alhabib@gmail.com
Andrea F. Douglas, MD, FA	Connecticut Spine I	25 Valley Dr	Greenwich	CT	06831-5203	United States	afdouglasmd@aol.com
Andrea L. Strayer, MSN CN	Univ. Of Wisconsin	600 Highland Ave. F	Madison	WI	53792-0001	United States	strayer@neurosurg.wisc.edu
Andrew E. Sloan, MD, FAAN	2324 Roxboro Rd		Cleveland	OH	44106-3208	United States	Andrew.Sloan@uhHospitals.org
Andrew Fanous, MD	SUNY-Buffalo/Neur	3 Gates Cir	Buffalo	NY	14209-1120	United States	afanous@ubns.com
Andrew Fox, MD	2800 L St Ste 500		Sacramento	CA	95816-5616	United States	ndfoxmd@yahoo.com
Andrew George Shetter II, M	Barrow Neurologica	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States	andrew.shetter@bnaneuro.net
Andrew H. Jea, MD, FAANS	6621 Fannin St CCC	1230.01/12th Fl	Houston	TX	77030-2303	United States	ahjea@texaschildrens.org
Andrew Kahlen Patrick Con	Univ Of Oklahoma H	1000 N Lincoln Blvc	Oklahoma City	OK	73104-3252	United States	akconner@iupui.edu
Andrew Nicholas Nemecek,	3181 SW Sam Jackson Park Rd # L-472		Portland	OR	97239-3011	United States	nemeceka@ohsu.edu
Andrew S. Ferrell, MD	4907 Gaithers Pointe Dr		Durham	NC	27713-6550	United States	andrewsferrell@gmail.com
Andrew S. Glass, MD, FAAN	110 Harbor Ln Ste A		Somers Point	NJ	08244-2470	United States	asgmd@comcast.net
Andrew T. Dailey, MD, FAAN	Univ. Of Utah Sch. C	175 N. Medical Dr.	Salt Lake City	UT	84132-0001	United States	adailey89@me.com
Andrew Venteicher, MD	61 Revere St Apt 1		Boston	MA	02114-4324	United States	aventeicher@partners.org
Andrievs J. Dzenitis, MD, F	591 Sunset Rd		Louisville	KY	40206-2926	United States	adzenitis@msn.com
Angela Bohnen, MD	McGaw Med. Ctr./N	676 N Saint Clair St	Chicago	IL	60611-2922	United States	angela-bohnen@fsm.northwestern.edu
Anindita Chakraborty, MD	1056 SW 14th Ave Apt F		Gainesville	FL	32601-2838	United States	chakrab@post.harvard.edu
Anne E. Park, MD	McGaw Med. Ctr./N	676 N Saint Clair St	Chicago	IL	60611-2922	United States	anne-park@fsm.northwestern.edu
Ann-Marie Yost, MD, FAANS	1075 N Curtis Rd Ste 201		Boise	ID	83706-1350	United States	Girlneurosurgeon@me.com
Ann M. Parr, MD, FAANS, F	D429 Mayo Building	420 Delaware St SE	Minneapolis	MN	55455-0341	United States	annmparr@hotmail.com
Anselmo Pineda, MD, FAAN	5267 Warner Ave PMB 301		Huntington Beach	CA	92649-4079	United States	ap92649@aol.com
Anthony Alfred Chiurco, MD	3131 Princeton Pike Bldg. 4 Ste. 201		Lawrenceville	NJ	08648-2207	United States	neurochiurco@aol.com

Anthony A. Salerni, MD	Orthopedic Professor	14 Maple St Ste 100	Gilford	NH	03249-5510	United States	aas@orthopa.com
Anthony Burrows, MD	Mayo Clinic/Neuros	200 SW First St	Rochester	MN	55905-0001	United States	burrows.anthony@mayo.edu
Anthony K. Frempong-Boadu, MD	New York Univ. Med	550 1st Ave	New York	NY	10016-6402	United States	anthony.frempong-boadu@nyumc.org
Anthony K. Sestokas, PhD		900 Old Marple Rd	Springfield	PA	19064-1211	United States	tonys@surgmon.com
Anthony L. Brittis, MD, FAAP	Lake Ave & Pondfie	18 Studio Arc	Bronxville	NY	10708-2631	United States of America	
Anthony M. Alberico, MD, FAAP	Marshall University/	1600 Medical Center	Huntington	WV	25701-3659	United States	alberico@marshall.edu
Anthony M. Avellanosa, MD		350 Alberta Dr Ste 204	Buffalo	NY	14226-1855	United States of America	
Antonio Alvarez-Berdecia, MD		PO Box 364083	San Juan	PR	00936-4083	United States	alvarezb@onelinkpr.net
Ara Jason Deukmedjian, MD		8043 Spyglass Hill Rd	Melbourne	FL	32940-8563	United States	deukmedjian@gmail.com
Arbha Vongsivut, MD		5209 Dover Dr	Godfrey	IL	62035-1401	United States	arsopa@prodigy.net
Archimedes Ramirez, MD, FAAP		PO Box 10386	San Rafael	CA	94912-0386	United States	abackdoc@aol.com
Arden F. Reynolds, Jr., MD	Quincy Medical Group	1025 Maine St	Quincy	IL	62301-4038	United States	foramen@aol.com
Arnold B. Calica, MD, PhD	Quantum Neurology	4139 E Sandy Moun	Paradise Valley	AZ	85253-2801	United States	calicaster@gmail.com
Arnold B. Vardiman, MD, FAAP	Texas Neuroscience	4410 Medical Dr Ste	San Antonio	TX	78229-3755	United States	abv@saneuro.com
Arnold H. Menezes, MD, FAAP	University Of Iowa H	200 Hawkins Dr	Iowa City	IA	52242-1007	United States	arnold-menezes@uiowa.edu
Artem Y. Vaynman, MD, FAAP		100 Merrick Rd. Ste 128W	Rockville Centre	NY	11570-4821	United States	avaynman@nspc.com
Arthur G. Arand, MD, FAAN	Mercy Fairfield Hlth.	3050 Mack Rd Ste 2	Fairfield	OH	45014-5375	United States	aarand@mayfieldclinic.com
Arthur J. DiPatri, Jr., MD, FAAP	Children's Mem. Ho	2300 Children's Pl	Chicago	IL	60614	United States	adipatri@childrensmemorial.org
Arthur L. Day, MD, FAANS	Univ. Of Texas/Neu	6400 Fannin St Ste	Houston	TX	77030-1534	United States	Arthur.L.Day@uth.tmc.edu
Arthur L. Jenkins III, MD, FAAP	Mt. Sinai Mc/Annen	1 Gustave L Levy P	New York	NY	10029-6500	United States	arthur.jenkins@mountsinai.org
Arthur M. Gilman, MD, FAAP		101 Old Short Hills Ste. 409	West Orange	NJ	07052-1023	United States	agilman3@comcast.net
Arthur Neil Cole, MD, FAAN		750 Mount Carmel Mall Ste 230	Columbus	OH	43222-1553	United States	ncbrain@aol.com
Arthur Steven Daus, MD, FAAP		5 Teal Drive	Joplin	MO	64804	United States	asdavd@gmail.com
Arthur Wang, MD	New York Med. Coll	Munger Pavilion/Ne	Valhalla	NY	10595	United States	axw167@case.edu
Aruna Ganju, MD, FAANS	Northwestern Univ.	676 N St Clair St St	Chicago	IL	60611-2922	United States	aganju@nmff.org
Arun R. Ginde, MD		3700 Paxmore Ct	Upper Marlboro	MD	20772-7700	United States of America	
Asdrubal Falavigna, MD PhD	Leonilda Fasoli Zatti 201		Caxias Do Sul		95050250	Brazil	asdrubalmd@gmail.com

Asher H. Taban, MD, FAAN	18350 Roscoe Blvd Ste 304	Northridge	CA	91325-4158	United States of America		
Ashish Patel, MD	Neurosurgical Inst./	8631 W 3rd St Ste 8	Los Angeles	CA	90048-5929	United States	ashish.d.patel@gmail.com
Ashley Ralston, MD	Univ. of Chicago/Ne	5841 S Maryland Av	Chicago	IL	60637-1447	United States of America	
Ashwini D. Sharan, MD, FA	Thomas Jefferson U	909 Walnut St Fl 2	Philadelphia	PA	19107-5211	United States	ashwini.sharan@jefferson.edu
Asif Maknojia, MD	Ut Hlth Sci Ctr/Neur	7703 Floyd Curl Dr	San Antonio	TX	78229-3901	United States	asifmaknojia09@gmail.com
Augusto G. Asinas, MD	193 Forest Gln		West Springfield	MA	01089-1900	United States	abeardsly@comcast.net
Augusto R. Chavez, MD, FA	20201 Saint Andrews Ct		Olympia Fields	IL	60461-1155	United States	clinic22@aol.com
Aurangzeb Nafees Nagy, M	128 N Ring Dove Dr		Las Vegas	NV	89144-4323	United States of America	
Ava Star, MD	Georgia Hlth. Sci. U	1120 15th St # Bi30	Augusta	GA	30912-0004	United States	ava.star@gmail.com
Avery Buchholz, MD	Ste 428 Clinical Sci	96 Jonathan Lucas	Charleston	SC	29425-0001	United States of America	
Avery M. Jackson III, MD, F	4620 Genesys Pkwy		Grand Blanc	MI	48439-8067	United States	amjackson4620@comcast.net
Azadeh Farin, MD	7 Quail Ridge Road South		Rolling Hills	CA	90274	United States	azadehfarin@hotmail.com
Azam Syed Ahmed, MD	Barrow Neurosurgic	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States	azamsyedahmed@gmail.com
Babak Shariati, MD	Imperial College He	Charing Cross Hosp	London		SW155LP	United Kingdc	shariatib@yahoo.com
Barry D. Birch, MD	Mayo Clinic Arizona	5777 E Mayo Blvd	Phoenix	AZ	85054-4502	United States	birch.barry@mayo.edu
Barry J. Kaplan, MD, FAAN	Ocala Neurosurgica	1901 SE 18th Ave S	Ocala	FL	34471-8211	United States	bjkonc@yahoo.com
Barry N. French, MD, FAAN	Cobb French & Pra	2801 K St Ste 300	Sacramento	CA	95816-5170	United States	BNFNCNS@HOTMAIL.COM
Basem Ibrahim Awad, MD	Mansoura Univ. Hos	Al Gomhoria St.	Mansoura		35516	Egypt	dr_basemawad@hotmail.com
Benedict Joseph Colombi, M	7819 Blackberry Ln		Gates Mills	OH	44040-9779	United States	sandracolombi@att.net
Benjamin G. Benner, MD, F	Neurosurgery Spec	6767 S Yale Ave St	Tulsa	OK	74136-3303	United States	bgbenner@msn.com
Benjamin R. Cohen, MD, FA	Ste. 128W	100 Merrick Rd.	Rockville Centre	NY	11570-4821	United States	bcohen1008@optonline.net
Benjamin T. White, MD, FA	4120 W Memorial Rd Ste 300		Oklahoma City	OK	73120-9322	United States	ben@btwhite.org
Bennett Blumenkopf, MD, F	Allegheny General H	420 E North Ave	Pittsburgh	PA	15212-4746	United States	bblumenk@wpahs.org
Bennett M. Stein, MD, FAAN	411 Claremont Rd		Bernardsville	NJ	07924-1105	United States	novauntb@aol.com
Bennie W. Chiles, MD, FAA	Westchester Spine	280 N Central Ave S	Hartsdale	NY	10530-1837	United States	benc3rd@yahoo.com
Ben Z. Roitberg, MD, FAAN	Univ. Of Chicago	5841 S Maryland Av	Chicago	IL	60637-1626	United States	broitber@surgery.bsd.uchicago.edu
Bernard H. Guiot, MD, FAAN	7780 S Broadway Ste 350		Littleton	CO	80122-2641	United States	bguiot@yahoo.com

Bernardo J. Ordonez, MD, FAANS	Fort Norfolk Plaza	301 Riverview Ave S	Norfolk	VA	23510-1065	United States	bjoneuro@cavtel.net
Bernardo Saavedra, MD	635 E 78th Ln		Merrillville	IN	46410-5616	United States	of America
Bernard Robinson, MD, FAANS	98-944 Kahapili St		Aiea	HI	96701-2803	United States	bernierob1@aol.com
Bertil A. Loftman, MD, FAANS	11342 Big Canoe	8249 Cox Mountain R	Big Canoe	GA	30143-5107	United States	loftman@tds.net
B. Gregory Thompson, Jr., MD	1500 E Medical Ctr	Univ. Of Michigan M	Ann Arbor	MI	48109-5000	United States	gregthom@med.umich.edu
Bikash Bose, MD, FAANS	Omega Professional	C-79 Omega Dr.	Newark	DE	19713	United States	rana1@msn.com
Bo H. Yoo, MD, FAANS	703 Tyler St Ste 350		Sandusky	OH	44870-3391	United States	axondendrite@aol.com
Boston F. Martin, MD							
Bothwell Graves Lee, MD, FAANS	8101 Hinson Farm Rd Ste 112		Alexandria	VA	22306-3404	United States	BothwellLee@gmail.com
Bradford B. Mullin, MD, FAANS	Central Ohio Neuro	955 Eastwind Dr Ste	Westerville	OH	43081-3376	United States	bbmullin@insight.rr.com
Bradley Dengler, MD	11903 Presidio Path		San Antonio	TX	78253-5676	United States	dengler@uthscsa.edu
Bret B. Abshire, MD, FAANS	42925 Calle Corto		Temecula	CA	92590-3925	United States	bretabshire@yahoo.com
Brett Andrew Scott, MD, FAANS	Neurosurgical Assoc	1760 Nicholasville F	Lexington	KY	40503	United States	www.unsaonline.com
Brian C. Fitzpatrick, MD, FAANS	7301 E 2nd St Ste 106		Scottsdale	AZ	85251-5609	United States	brian.fitzpatrick@bnaneuro.net
Brian E. Snell, MD, FAANS	4120 W Memorial Rd Ste 300		Oklahoma City	OK	73120-9322	United States	brian.snell@cox.net
Brian G. Cuddy, MD, FAANS	Charleston Neuros	2145 Henry Teckler	Charleston	SC	29414-5894	United States	Briangcuddy@aol.com
Brian Nahed, MD	Massachusetts Gen	55 Fruit St # Grb502	Boston	MA	02114-2621	United States	bnahed@partners.org
Brian P. Walcott, MD	Massachusetts Gen	55 Fruit St # Wh502	Boston	MA	02114-2621	United States	brian.walcott@gmail.com
Brian R. Gantwerker, MD	PO Box 492209		Los Angeles	CA	90049-8209	United States	DrG.NS01@GMAIL.COM
Brian R. Subach, MD, FAANS	Virginia Spine Instit	1831 Wiehle Ave Ste	Reston	VA	20190-5200	United States	brsubach@spinemd.com
Brian Snelling, MD	Lois Pope Life Ctr./	1095 NW 14th Ter #	Miami	FL	33136-1060	United States	brian.m.snelling@gmail.com
Brian Thomas Jankowitz, MD	Univ. of Pittsburgh/M	200 Lothrop St Ste	Pittsburgh	PA	15213-2536	United States	jankbt@upmc.edu
Brian Y. Hwang, MD	John Hopkins Hosp	600 N Wolfe St	Baltimore	MD	21287-0001	United States	byh2102@columbia.edu
Bruce A. Everett, MD, FAANS	Kaiser Permanente	9985 Sierra Ave	Fontana	CA	92335-6720	United States	bruceaeverett@mac.com
Bruce M. McCormack, MD	2320 Sutter St.	2nd Floor Ste. 202	San Francisco	CA	94115-3038	United States	bmccormack@neurospine.org
Bryan Bertoglio, MD	800 Biesterfield Rd Ste 610		Elk Grove Village	IL	60007-3362	United States	bryan@bertoglio.org
Bryan J. Wellman, MD, FAANS	1210 W 18th St Ste 104		Sioux Falls	SD	57104-4650	United States	wellmanb@sanfordhealth.org

Burak M. Ozgur, MD, FAAN	3501 Jamboree Rd Ste 1200	Newport Beach	CA	92660-2904	United States	bozgur@gmail.com
Byron H. Willis, Jr., MD, FA	Arizona Neurosurge	1331 N 7th St Ste 2	Phoenix	AZ	85006-2769	United States willis12@cox.net
Caleb R. Lippman, MD, FA	4440 W 95th St # 301	Oak Lawn	IL	60453-2600	United States	caleb.lippman@mssm.edu
Calvin B. Early, MD, PhD, F	9311 Ball Rd	Ijamsville	MD	21754-9537	United States	cbudearly@aol.com
Calvin Cooper, MD	2110 Portland Ave Apt 103	Nashville	TN	37212-3644	United States	calvin.m.cooper@vanderbilt.edu
Camilo A. Gopez, MD	4003 Valley Green Rd	Wilmington	DE	19807-2253	United States	cmgopezde@aol.com
Candice Poon, MD	c/o Dr. R.J. Hurlbert	1403 - 29th St NW	Calgary	ON	T2N 2T9	Canada candicepoon@gmail.ca
Caple A. Spence, MD, FAAN	8121 National Ave Ste 210	Midwest City	OK	73110-7570	United States	cspence@snsokc.com
Carl J. Belber, MD, FAANS	2105 S Mills Dr	Urbana	IL	61801-6741	United States	carlbelber@hotmail.com
Carl Laurysen, MD, FAANS	8670 Wilshire Blvd Ste 202	Beverly Hills	CA	90211-2930	United States	drcl@olympiamc.com
Carlos A. Arce, MD, FAANS	Univ. of Florida-Jac	580 W 8th St Fl 8	Jacksonville	FL	32209-6533	United States carlos.arce@jax.ufl.edu
Carlos A. Bagley, MD, FAAN	Duke Univ. Med. Ct	PO Box 3807	Durham	NC	27710-0001	United States carlos.bagley@duke.edu
Carlos Acosta, MD, FAANS	Arlington Neurosur	6929 Calender Rd	Arlington	TX	76001-6609	United States cacostamd@gmail.com
Carole A. Miller, MD, FAAN	Ohio State Univ	410 W 10th Ave N1	Columbus	OH	43210-1240	United States caamiller@aol.com
Carolina Benjamin, MD	New York Univ. Sch	550 1st Ave/Neuros	New York	NY	10016-6402	United States carolina.benjamin@nyumc.org
Carrie Lou Walters, MD, FA	391 E Catalina Dr	Phoenix	AZ	85012-3003	United States	clwmd4dog@cox.net
Catalino D. Dureza, MD, FA	2323 16th St Ste 303	Bakersfield	CA	93301-3453	United States	c_dureza@mac.com
Cavert Keith McCorkle, MD,	264 Keswick Farm Rd	Spartanburg	SC	29302-2978	United States	cavertmccorkle@bellsouth.net
Cavett M. Robert, Jr., MD, F	3959 Canyon Rd	Lafayette	CA	94549-2701	United States	cavett@mac.com
Cedric D. Shorter, MD	Lsuhsc/Dept. Of Ne	PO Box 33932	Shreveport	LA	71130-3932	United States cshort@lsuhsc.edu
Cesar A. Pinilla Chiari, MD	Box 11051	Panama 6	Panama City		Panama	
Cesar E. Guerrero, MD, FA	3661 S Miami Ave Ste 709	Miami	FL	33133-4214	United States	cegmd@bellsouth.net
Chaim B. Colen, MD PhD	19745 Blossom Ln	Grosse Pointe Woo	MI	48236-2507	United States	chaim.colen@gmail.com
Chandan Reddy, MD	Mayo Clinic/Neuros	200 SW First St	Rochester	MN	55905-0001	United States reddy.chandan@mayo.edu
Charles A. Fager, MD, FAAN	1 Kenilworth Rd	Wellesley	MA	02482-7414	United States	barbara.e.soreff@lahey.org
Charles B. Agbi, MD, FAAN	Ottawa Hospital Civ	1053 Carling Ave. F	Ottawa	ON	K1Y-4E9	Canada cagbi@ottawahospital.on.ca
Charles B. Clark III, MD	2955 Harrison St Ste 203	Beaumont	TX	77702-1156	United States	cmclltd@aol.com

Charles B. Stillerman, MD, F	Trinity Prof. Bldg.	20 Burdick Expy W	Minot	ND	58701-4498	United States	stiller@ndak.net
Charles Dean Ray, MD, FA	3463 State St # 535		Santa Barbara	CA	93105-2662	United States	inveray@aol.com
Charles H. Clark III, MD, FA	800 Saint Vincents Dr Ste 700		Birmingham	AL	35205-1613	United States	awaldrop@neurosurgicalassoc.com
Charles H. Tator, MD, PhD,	Toronto Western Ho	399 Bathurst St. 4W	Toronto	ON	M5T-2S8	Canada	charles.tator@uhn.on.ca
Charles Jess Riedel, MD, F	Virginia Neurosurge	1625 N George Mas	Arlington	VA	22205-3684	United States	www.uvaneurosurgery.medem.com/rie
Charles J. Miller, MD, FAAN	Sanford Clinic-Neur	1210 W 18th St Ste	Sioux Falls	SD	57104-4650	United States	nsaamiller@gmail.com
Charles J. Scibetta, MD, FA	1661 Soquel Dr Ste F		Santa Cruz	CA	95065-1709	United States	santacruzdoc@aol.com
Charles Jules Azzam, MD, F	1916 Opitz Blvd		Woodbridge	VA	22191-3304	United States	charlesazzam@aol.com
Charles Kuntz, MD, FAANS	Univ. of Cincinnati/M	222 Piedmont Ave S	Cincinnati	OH	45219-4216	United States	charleskuntz@yahoo.com
Charles L. Branch, Jr., MD,	Wake Forest Baptis	Medical Center Blvc	Winston Salem	NC	27157-0001	United States	cbranch@wakehealth.edu
Charles L. Schnee, MD, FA	1001 Pine Heights /	Ste. 304	Baltimore	MD	21229-5285	United States	clschnee@comcast.net
Charles Sansur, MD MHSc	22 S Greene St S-12-D		Baltimore	MD	21201-1544	United States	csansur@smail.umaryland.edu
Charles S. Haworth, MD, FA	Duke Neuro Associ	2936 N Elm St Ste	Lumberton	NC	28358-2981	United States	hawor002@mc.duke.edu
Charles S. Theofilos, MD, F	11621 Kew Gardens Ave Ste 101		Palm Beach Garder	FL	33410-2853	United States	cstheomd@aol.com
Charles William Kanaly, MD	118 Dudley St		Providence	RI	02905-2403	United States	ckanaly@gmail.com
Charles W. Needham, MD,	4811 E Winged Foot Pl		Tucson	AZ	85718-1727	United States	cwneedham36@yahoo.com
Charles W. Simpson, MD, F	Dallas Neurosurgica	8230 Walnut Hill Ln	Dallas	TX	75231-4425	United States	csimpson3924@aol.com
Chetak Patel, MD	Wake Forest Univ./I	300 Medical Center	Winston Salem	NC	27157-0001	United States	chpatel@wfubmc.edu
Chikao Nagashima, MD	Nagashima Clinic/N	3-1-14 Ogose-Higa	Saitama		3500414	Japan	
Chikezie Ikechukwu Eseonu	John Hopkins Hosp	600 N Wolfe St	Baltimore	MD	21287-0001	United States	of America
Chima Osiris Ohaegbulam,	Converse 4	125 Parker Hill Ave	Boston	MA	02120-2847	United States	chima_o@hotmail.com
Chin Tai Lee, MD, FAANS	10550 Montgomery Rd		Cincinnati	OH	45242-4498	United States	ctleemd@aol.com
Chris A. Lycette, MD, FAAN	1250 S Cedar Crest Blvd Ste 400		Allentown	PA	18103-6224	United States	chrislycette@yahoo.com
Christian G. Zimmerman, M	1075 N Curtis Rd Ste 102		Boise	ID	83706-1348	United States	chrizimm@sarmc.org
Christine Hammer, MD	Thomas Jefferson U	1015 Chestnut St F	Philadelphia	PA	19107-4316	United States	christine.hammer@jeffersonhospital.or
Christopher A. Iannotti, MD	4328 E Palo Verde Dr		Phoenix	AZ	85018-1128	United States	ciannotti@gmail.com
Christopher B. Shields, MD,	210 E Gray St Ste 1105		Louisville	KY	40202-3907	United States	cbshields1@gmail.com

Christopher Covington, MD,	6802 S Olympia Ave Ste 300	Tulsa	OK	74132-1826	United States	robbi@osbi.net
Christopher D. Kager, MD	Lancaster Neurosci	1671 Crooked Oak	Lancaster	PA	17601-4269	United States ckager@lancspine.com
Christopher E. Wolfla, MD,	Dept. of Neurosurg	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States cwolfla@mcw.edu
Christopher G. Paramore, M	Florence Neurosurg	1204 E Cheves St	Florence	SC	29506-2710	United States cparamoremd@sc.rr.com
Christopher H. Comey, MD,	New England Neuro	300 Carew St Ste 1	Springfield	MA	01104-2146	United States comey@comcast.net
Christopher I. Shaffrey, MD,	University of Virgin	PO Box 800212	Charlottesville	VA	22908-0001	United States CIS8Z@virginia.edu
Christopher J. Barry, MD	Neurosurgical Servi	4600 SE 29th St Ste	Del City	OK	73115-3407	United States cbarry@nssokc.com
Christopher J. Neal, MD	Neurosurgery	5010 Alta Vista Rd	Bethesda	MD	20814	United States chrisneal@verizon.net
Christopher J. Winfree, MD,	710 W 168th St Rm 408	New York	NY	10032-3726	United States	cjw12@columbia.edu
Christopher Stapleton, MD	Massachusetts Gen	55 Fruit St. WH502	Boston	MA	02114	United States cstapleton@partners.org
Christopher Storey, MD	LSU-Shreveport/Ne	PO Box 33932	Shreveport	LA	71130-3932	United States cstore@lsuhsc.edu
Christopher Uchiyama, MD,	Scripps Clinic	10666 N Torrey Pin	La Jolla	CA	92037-1027	United States uchiyama.christopher@scrippshealth.o
Clifford C. Douglas, MD, Ph	4000 14th St Ste 302	Riverside	CA	92501-4018	United States	cdouglas@gotorna.com
Clifford Roberson, MD, FAA	Samaritan Neurosu	3615 NW Samaritar	Corvallis	OR	97330-3771	United States cliffroberson@hotmail.com
Clyde G. Tweed, MD	PO Box 840	Astor	FL	32102-0840	United States	tm7001@aol.com
Constantino Y. Amores, MD	Neurosurgical Asso	1308 Upper Dartmo	Charleston	WV	25302-3208	United States constantino.amores@camc.org
Corinna C. Zygourakis, MD	1855 Turk St Apt 1	San Francisco	CA	94115-4487	United States	zygourakisc@neurosurg.ucsf.edu
Cory Hartman, MD	Univ. of Florida-Gai	PO Box 100265/Ne	Gainesville	FL	32610	United States of America
Craig A. Fredericks, MD, FA	South Georgia Neu	704 S Broad St	Thomasville	GA	31792-6107	United States polocraig@gmail.com
Craig H. Rabb, MD, FAANS	Univ. Of Oklahoma	1000 N Lincoln Blvc	Oklahoma City	OK	73104-3252	United States craig-rabb@ouhsc.edu
Craig Kelman, MD	1010 Melbury Way	Richmond	VA	23226-2960	United States	crkelman@gmail.com
Craig Kilburg, MD	Univ of Utah Hosp/M	175 N Medical Dr E	Salt Lake City	UT	84132-0001	United States of America
Craig T. Coccia, MD, FAAN	Neuroscience Cent	580 W College Ave	Marquette	MI	49855-2705	United States ctcoccia@gmail.com
C. Thomas Gott, MD, FAAN	5642 S Eastern Ave Ste C	Las Vegas	NV	89119-2310	United States	ctgott@earthlink.net
Curtis A. Dickman, MD, FAA	Barrow Neurologica	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States cdickman@earthlink.net
Cynthia Zane Africk, MD, F	Ohio Neurosurgical	30 E Apple St Ste 6	Dayton	OH	45409-2939	United States cynthia.africk@wright.edu
Dale K. Johns, MD, FAANS	920 Bambi Dr	Destin	FL	32541-1833	United States	dkjohns2@aol.com

Dale M. Schaefer, MD, FAA	1300 28th St S Ste 7	Great Falls	MT	59405-5296	United States	dschaefer@benefis.net	
Daniel Alberto Ramos Mencia	6A Oriente Sur #64	Tuxtia Gutierrez		CHP	29000	Mexico	danielramosrcx@gmail.com
Daniel Bursick, MD, FAANS	Pittsburgh Neurosur	1350 Locust St Ste	Pittsburgh	PA	15219-4738	United States	dmbursick@comcast.net
Daniel Coughlin, MD	Bldg. 2 Rm. 6Z39 6	6825 Georgia Ave N	Washington	DC	20012	United States	daniel.j.coughlin2011@gmail.com
Daniel D. Galyon, MD, FAAN	Southern New York	46 Harrison St	Johnson City	NY	13790-2120	United States	dgalyon@stny.rr.com
Daniel G. Nehls, MD, FAAN	Neurosurgery North	1708 Yakima Ave S	Tacoma	WA	98405-5300	United States	wienerdogsdad@gmail.com
Daniel Hirt, MD	UCLA/Neurosurgery	Box 957039	Los Angeles	CA	90095	United States	dahirt@ucsd.edu
Daniel H. Kim, MD, FAANS	Dept. of Neurosurgery	1709 Dryden Rd Ste	Houston	TX	77030-2418	United States	neurokimdaniel@yahoo.com
Daniel J. Abrams, MD, FAA	7600 E 6th Ave		Denver	CO	80230-6413	United States of America	
Daniel Jin Hoh, MD	Box 100265		Gainesville	FL	32610	United States	daniel.hoh@neurosurgery.ufl.edu
Daniel J. Murphy, MD, FAAN	168 N Brent St Ste 408		Ventura	CA	93003-2824	United States of America	
Daniel John DiLorenzo, MD	Univ. Of Texas-Galv	301 University Blvd.	Galveston	TX	77555-0001	United States	djdilore@alum.mit.edu
Daniel Joseph Donovan, MD	1380 Lusitana St Ste 1009		Honolulu	HI	96813-2461	United States of America	
Daniel J. Scodary, MD, FAA	North County Neuro	12255 De Paul Dr S	Bridgeton	MO	63044-2510	United States	sdaniel219@aol.com
Daniel K. Resnick, MD, FAA	Univ. of Wisconsin	600 Highland Ave. N	Madison	WI	53792	United States	resnick@neurosurgery.wisc.edu
Daniel L. Kitchens, MD, FAAN	Cardinal Neurosurgery	3009 N Ballas Rd S	Saint Louis	MO	63131-2323	United States	dan@cardinalneurosurgery.com
Daniel L. McKinney, MD, FAAN	304 N 97th Ct		Omaha	NE	68114-2353	United States of America	
Daniel L. Peterson, MD, FAAN	Austin Brain & Spine	801 W 38th St Ste 4	Austin	TX	78705-1103	United States	dlpeterson@austin.rr.com
Daniel L. Shepherd, MD	Mayo Clinic/Neurosurgery	200 SW First St	Rochester	MN	55905-0001	United States	dlshepherd40@yahoo.com
Daniel Mendelsohn, MD	Vancouver Hosp. H	910 W 10th Ave #3	Vancouver	ON	V5Z 4E3	Canada	danny.mendelsohn@gmail.com
Daniel M. Sciubba, MD	Johns Hopkins Hospital	600 N. Wolfe St. Me	Baltimore	MD	21287-0001	United States	dsciubb1@jhmi.edu
Daniel Payne Robertson, MD	Ocala Neurosurgical	1901 SE 18th Ave S	Ocala	FL	34471-8211	United States	d.p.robertson@att.net
Daniel S. Yanni, MD	UC Irvine Med. Ctr./	101 The City Dr S B	Orange	CA	92868-3201	United States	dyannimd@hotmail.com
Daniel V. Loesch, MD, FAAN	120 E 2nd St Ste 401		Erie	PA	16507-1577	United States	danlsch@aol.com
Daniel W. Moore, MD, FAAN	790 Church St NE Ste 330		Marietta	GA	30060-7281	United States	dwmmd07@bellsouth.net
Daniel Y. Suh, MD, PhD, FAAN	Neurological Institute	4E E Jackson Blvd	Savannah	GA	31405-5810	United States	dsuh912@comcast.net
Danny Liang, MD	North Shore-LIJ Hlth	300 Community Dr	Manhasset	NY	11030-3876	United States	dliang@nshs.edu

Daria D. Schooler, MD, FAAS	2675 Fox Pointe Dr Ste B	Columbus	IN	47203-3391	United States	d.schooler@comcast.net
Darnell Twain Josiah, MD	306 Sonoma Way	Morgantown	WV	26505-3858	United States	darnell.josiah@gmail.com
Darric E. Baty, MD	4704 Ambassador Caffery Pkwy	Lafayette	LA	70508-6908	United States	darricbaty@hotmail.com
Darryl J. Dirisio, MD, FAANS	Albany Medical Center 47 New Scotland Ave	Albany	NY	12208-3412	United States	dirisid@mail.amc.edu
Daryl R. Fournery, MD, FAAS	Royal University Hospital 103 Hospital Dr./Ne	Saskatoon	SK	S7N-0W8	Canada	daryl.fournery@saskatoonhealthregion.ca
David A. Ditsworth, MD	442 S Canon Dr	Beverly Hills	CA	90212-4518	United States	info@spineonline.com
David A. Kvam, MD, FAANS	Neurosurgeons Office 100 Retreat Ave Ste	Hartford	CT	06106-2553	United States	dkvamnscc@snet.net
David Allan Yazdan, MD, FAAS	2525 River Rd	Manasquan	NJ	08736-2115	United States	lillyyaz@aol.com
David A. Roth, MD, FAANS	131 Black Bear Dr Unit 1911	Waltham	MA	02451-0228	United States	davidrothmd@verizon.net
David A. Wiles, MD, FAANS	701 Med Tech Pkwy Ste 300	Johnson City	TN	37604-2365	United States	dawiles@aol.com
David B. Bybee, MD, FAANS	Pacific Regional Neuro 205 W Granger Ave	Modesto	CA	95350-4402	United States	sarebrl@aol.com
David Bruce Woodham, MD	Neurospine PC 1812 E Main St	Dothan	AL	36301-3000	United States	dbkobs@aol.com
David Cavanaugh, MD, FAAS	Spine Institute of Louisiana 1500 Line Ave Ste 2	Shreveport	LA	71101-4643	United States	dcavanaugh@louisianaspine.org
David D. Udehn, MD, FAANS	800 Cooper Ave Ste 8	Saginaw	MI	48602-5373	United States	Dudehn@chs-mi.com
David E. Adler, MD, FAANS	PO Box 10720	Portland	OR	97296-0720	United States	dadler@columbianeurosurgical.net
David F. Dean, MD, FAANS	Neurosurgery Service 3851 Roger Brooke	San Antonio	TX	78234-4501	United States	of America
David Ferrone, MD	SUNY-Syracuse/Neuro 750 E Adams St	Syracuse	NY	13210-2342	United States	ferroned@upstate.edu
David Frederick Bauer, MD	Apt 2 3300 43rd Ave NE	Seattle	WA	98105-5309	United States	dfbauer@mac.com
David George Scheetz, MD	4326 Panorama Dr	Santa Rosa	CA	95404-6229	United States	of America
David Gerald Malone, MD, FAAS	1919 S Wheeling Ave Ste 706	Tulsa	OK	74104-5636	United States	d1724mal@cox.net
David G. Kennedy, MD, FAAS	3009 N Ballas Rd Ste 269C	Saint Louis	MO	63131-2339	United States	dgkstl@aol.com
David G. Kline, MD, FAANS	7041 Globe Rd	Lenoir	NC	28645-8811	United States	dkline@lsuhsc.edu
David Jason McCracken, MD	1012 Rock Springs Ct NE	Atlanta	GA	30306-2331	United States	jmccracken56@gmail.com
David J. Engle, MD, FAANS	Pittsburgh Neurosurgery 1350 Locust St Ste	Pittsburgh	PA	15219-4738	United States	djemd@aol.com
David J. Hart, MD, FAANS	Dept. of Neurosurgery 11100 Euclid Ave	Cleveland	OH	44106-1716	United States	david.hart@uhhospitals.org
David Kojo Hamilton, MD	22 S Greene St S-12-D	Baltimore	MD	21201-1544	United States	dkojoh@gmail.com
David Lawrence Morris, MD	Center For Neurology 515 W Jefferson St	Petoskey	MI	49770-2223	United States	dmorris@centerforneurosurgery.com

David L. Cunningham, MD,	Semmes-Murphey C	1325 Eastmoreland	Memphis	TN	38104-6654	United States of America
David Leslie Weinsweig, MD	2860 3rd Ave Ste 10		Huntington	WV	25702-1452	United States weinsweigd@gmail.com
David Louis Semenoff, MD,	Albany Medical Cen	47 New Scotland Av	Albany	NY	12208-3412	United States dsemenoff@mac.com
David Luke Knox, MD, FAAN	Northwest Arkansas	5501 Willow Creek	Springdale	AR	72762-8708	United States dlknxns@aol.com
David Michael Benglis, MD	Atlanta Brain & Spir	20001 Peachtree St	Atlanta	GA	30309-4516	United States dbenglis@gmail.com
David Michael Pagnanelli, MD	Southwestern Neuro	5604 SW Lee Blvd	Lawton	OK	73505-9663	United States DMPag01@gmail.com
David M. Jones, MD, FAAN	Piedmont Neurosur	1899 Tate Blvd SE	Hickory	NC	28602-4200	United States dmjbrain0101@aol.com
David M. McGee, MD, FAAN	400 E 56th St Apt 9L		New York	NY	10022-4339	United States mcgeeje@aol.com
David O. Okonkwo, MD PhD	Univ. Of Pittsburgh	200 Lothrop St Ste	Pittsburgh	PA	15213-2536	United States okonkwodo@upmc.edu
David Panczykowski, MD	5610 Hobart St Apt 11		Pittsburgh	PA	15217-2143	United States panczykowskidm@upmc.edu
David P. Gruber, MD, FAAN	105 West 8th Ave. Ste. 200		Spokane	WA	99204-2318	United States dgruber@neuroandspine.com
David P. Sachs, MD, FAAN	Neurosurgical Cons	670 Glades Rd Ste	Boca Raton	FL	33431-6462	United States alysendave@aol.com
David R. Blatt, MD, FAANS	Colorado Permanen	2045 Franklin St	Denver	CO	80205-5437	United States davidrblatt@gmail.com
David S. Baskin, MD, FAAN	Dept. of Neurosurge	6560 Fannin St Ste	Houston	TX	77030-2706	United States dbaskin@tmhs.org
David S. Hersh, MD	Univ. of Maryland/N	22 S Greene St S12	Baltimore	MD	21201	United States davidshersh@gmail.com
David S. Jones, MD, FAANS	Wendover Medical C	301 E Wendover Av	Greensboro	NC	27401-1232	United States djones@carolinaneurosurgery.net
David S. Malloy, MD	1314 19th Ave		Meridian	MS	39301-4116	United States mallard419@comcast.net
David Stuart Rosen, MD	1590 Dale Ave		Winter Park	FL	32789-2726	United States davidsrosen@gmail.com
David W. Beck, MD, FAANS	Forest Park Medica	1010 4th St SW Ste	Mason City	IA	50401-2856	United States beckd@mercyhealth.com
David W. Miller, MD, FAANS	High Mountain Brain	1830 Blake Avenue	Glenwood Springs	CO	81601	United States DMiller@vvh.org
David W. Swingle, MD, FAA	1110 Windon Dr		Wilmington	DE	19803-3339	United States davidswingle@juno.com
Dean B. Kostov, MD	12200 Warwick Blvd Ste 410		Newport News	VA	23601-2548	United States dbkostov@gmail.com
Dean Chou, MD FAANS	90 Magellan Ave		San Francisco	CA	94116-1413	United States choud@neurosurg.ucsf.edu
Dean C. Lohse, MD, FAANS	Memorial Neuroscie	3627 University Blvd	Jacksonville	FL	32216-4294	United States dlohse@comcast.net
Dean G. Karahalios, MD, FA	736 N Western Ave # 218		Lake Forest	IL	60045-1820	United States of America
Deborah C. Henry, MD, FA	PO Box 3545		Newport Beach	CA	92659-8545	United States dchenry.md@sbcglobal.net
Deepak Awasthi, MD, FAAN	604 N Acadia Rd Ste 410		Thibodaux	LA	70301-4897	United States brainblade@hotmail.com

Demitre Serletis, MD	HSC/Div. of Neurosurgery	555 University Ave.	Toronto	ON	M5G-1X8	Canada	demitre.serletis@utoronto.ca
Dennis Carl Szymanski, MD	411 Momany Dr		Saint Joseph	MI	49085-2178	United States	dszymski@sbcglobal.net
Dennis E. McClure, MD, FAHA	1424 Glen View Rd		Yellow Springs	OH	45387-1316	United States	dennis.mccluremd@yahoo.com
Dennis E. McDonnell, MD, FAHA	1827 Ironwood Pl		Onalaska	WI	54650-8211	United States	mcdonde@gmail.com
Dennis G. Vollmer, MD, FAHA	Colorado Brain and Spinal Cord Injury Center	499 E Hampden Ave	Englewood	CO	80113-2792	United States	dvollmer@cbsi.md
Dennis J. Maiman, MD, PhD	Dept. of Neurosurgery	9200 W Wisconsin Ave	Milwaukee	WI	53226-3522	United States	denmaim@mac.com
Dennis M. S. Izukawa, MD	Ste. 210	101 Queensway W.	Mississauga	ON	L5B-2P7	Canada	izukawa@rogers.com
Derek Martinez, MD	OSF St. Francis Medical Center	530 NE Glen Oak Rd	Peoria	IL	61637-0001	United States	dmartine@med.wayne.edu
Devanand A. Dominique, MD	4310 Londonderry Rd Ste 202		Harrisburg	PA	17109-5329	United States	ddominique@comcast.net
Diana E. Wilson, MD, FAAN	1300 W Terrell Ave Ste 300		Fort Worth	TX	76104-2822	United States	of America
Diego Aldo Hernandez, MD	Av. Medrano 325 2° B		Buenos Aires		1179	Argentina	hernandez.da@gmail.com
Dimitrios Kafritsas	Stuttgarter Str. 30		Ludwigsburg		71638	Germany	dkafritsas@klinkamforum.de
Dirk G. Franzen, MD, FAAN	Bluegrass Orthopaedics	3480 Yorkshire Meadows	Lexington	KY	40509-1886	United States	dirk757@earthlink.net
D. J. Canale, MD, FAANS	4639 Peppertree Ln		Memphis	TN	38117-3920	United States	djcanale@bellsouth.net
Dmitriy Petrov, MD	1926 Rodman St Apt C		Philadelphia	PA	19146-1417	United States	dmitriy.petrov@uphs.upenn.edu
Dmitry S. Ruban, MD	Ste 300	2040 Ogden Ave	Aurora	IL	60504-7205	United States	dsruban@gmail.com
Domagoj Coric, MD, FAANS	Carolina Neurosurgery	225 Baldwin Ave	Charlotte	NC	28204-3109	United States	domagoj.coric@cnsa.com
Donald A. Smith, MD, FAAN	Neurosurgery	2 Tgh Circle/7th Flr	Tampa	FL	33606	United States	dosmith52@yahoo.com
Donald B. Kelman, MD, FAHA	1403 N Broadway Ave		Marshfield	WI	54449-1321	United States	kelman@tznet.com
Donald D. Dietze, MD, FAHA	PO Box 2290 29301 N Dixie Ranch Rd		Lacombe	LA	70445-2290	United States	dddietze@aol.com
Donald E. Richardson, MD, FAHA	Tulane University School of Medicine	1430 Tulane Ave #	New Orleans	LA	70112-2632	United States	nsurg@mac.com
Donald J. Prolo, MD, FAANS	203 Di Salvo Ave		San Jose	CA	95128-1628	United States	don@donaldprolo.com
Donald J. Sage, MD, FAANS	PO Box 100 569 Old Mammoth Rd		Mammoth Lakes	CA	93546-0100	United States	donsage@earthlink.net
Donald L. Behrmann, MD, FAHA	Orlando Neurosurgery	1605 W Fairbanks Ave	Winter Park	FL	32789-4603	United States	dr.behrmann@orlandoneurosurgery.com
Donald L. Hilton, Jr., MD, FAHA	Texas Neuroscience Institute	4410 Medical Dr Ste	San Antonio	TX	78229-3755	United States	dhiltonjr@sbcglobal.net
Donald M. Whiting, MD, FAHA	380 W Chestnut St		Washington	PA	15301-4657	United States	whiting.donald@gmail.com
Donald P. Atkins, MD, FAAN	Neurosurgical Association	4410 Medical Dr Ste	San Antonio	TX	78229-3755	United States	dpa@saneuro.com

Donald P. Sickler, MD, FAA	6959 Rosecliff Pl		Dayton	OH	45459-1389	United States of America
Donald Sheffel, MD, FAANS	7844 Villa D Este Way		Delray Beach	FL	33446-4305	United States dondavs@aol.com
Donald Slaughter, MD	7712 Ruxwood Rd		Ruxton	MD	21204-3537	United States of America
Donald Soloniuk, MD, FAAN	PO Box 974		Lewiston	ID	83501-0974	United States d5solo@yahoo.com
Donlin M. Long, MD, PhD, F	Johns Hopkins Univ	600 N. Wolfe St. Ca	Baltimore	MD	21287-0001	United States dmlong@jhmi.edu
Donna A. Saatman, MD, FA	813 S Parsons Ave		Brandon	FL	33511-6063	United States zach@bayareaneurosurgery.com
Donn Martin Turner, MD, FA	Front Range Ctr. for	1313 Riverside Ave	Fort Collins	CO	80524-4352	United States dmkt1@comcast.net
Douglas B. Kirkpatrick, MD,	330 Harvard Pl		Medford	OR	97504-9373	United States kirkpat@charter.net
Douglas B. Moreland, MD	Buffalo Neurosurge	550 Orchard Park R	West Seneca	NY	14224-2654	United States moreland@buffaloneuro.com
Douglas F. Savage, MD, FA	12700 Creekside Ln Ste 101		Fort Myers	FL	33919-3356	United States dsavage@swfna.com
Douglas Hardesty, MD	Barrow Neurologica	350 W Thomas Rd./	Phoenix	AZ	85013-4409	United States douglas.hardesty@bnaneuro.net
Douglas John Fox, Jr., MD,	Plaza St. Davids Pr	1015 E 32nd St Ste	Austin	TX	78705-2701	United States djfjr74@yahoo.com
Douglas L. Brockmeyer, MD	Primary Children's M	100 Mario Capecch	Salt Lake City	UT	84113-1103	United States douglas.brockmeyer@hsc.utah.edu
Douglas L. Stringer, MD, FA	2011 Harrison Ave		Panama City	FL	32405-4545	United States of America
Douglas M. Enoch, MD, FA	3921 Wycombe Dr		Sacramento	CA	95864-6021	United States denoch@yahoo.com
Duccio Boscherini, MD PhD	Via Tesserete 46		Lugano		6903	Switzerland boscherini@bluewin.ch
Duncan Q. McBride, MD, FA	Harbor UCLA Medica	1000 W Carson St #	Torrance	CA	90502-2004	United States dqmcbri@ucla.edu
Dustin Hatefi, MD	5240 Fiore Ter Apt J416		San Diego	CA	92122-6522	United States hatefid@gmail.com
Dzung Hong Dinh, MD, FAA	Univ. Of Illinois At P	719 N William Kum	Peoria	IL	61605-2531	United States ddinh@uic.edu
Edgar M. Housepian, MD, F	New York Neurologi	710 W 168th St Ste	New York	NY	10032-3726	United States emh4@columbia.edu
Edmund P. Lawrence, Jr., M	Neurosurgical Netw	2222 Cherry St Ste	Toledo	OH	43608-2674	United States nestes@neurosurgical-network.com
Eduardo Gavioli, MD	Univ. of Ottawa/Neu	1053 Carling C2-22	Ottawa	ON	K1Y 4E9	Canada
Edward B. Byrd, MD, FAAN	2735 Royal Trace Ln		Mount Pleasant	SC	29466-8124	United States edbyrd1@aol.com
Edward C. Benzel, MD, FA	Cleveland Clinic	9500 Euclid Ave. S	Cleveland	OH	44195-0001	United States benzele@ccf.org
Edward Charles Perry III, M	Loyola Univ. Med. C	2160 S 1st Ave Bldg	Maywood	IL	60153-3328	United States ecper@lumc.edu
Edward C. Tarlov, MD, FAA	Lahey Clinic	41 Mall Rd.	Burlington	MA	01805-0001	United States edward.c.tarlov@lahey.org
Edward L. Seljeskog, MD, P	2151 Skyline Ranch Rd		Rapid City	SD	57701-8943	United States pegskog@msn.com

Edward O. Gammel, MD	3644 Mission Ave		Carmichael	CA	95608-2933	United States of America
Edward Reifel, MD, FAANS	1901 94th Ave NE		Clyde Hill	WA	98004-2525	United States edwardreifel@yahoo.com
Edward S. Connolly, MD, FAANS	Ochsner Clinic Four	1514 Jefferson Hwy	New Orleans	LA	70121-2429	United States of America
Edward von der Schmidt III, MD	330 N Harrison St Ste 4		Princeton	NJ	08540	United States evneurosurgery@aol.com
Edward W. Akeyson, MD, PhD	114 W Main St Ste 101		New Britain	CT	06051-4223	United States edwardakeyson@sbcglobal.net
E. Francois Aldrich, MD, FAANS	Univ. Of Maryland Med	22 S Greene St Ste	Baltimore	MD	21201-1544	United States faldrich@smail.umaryland.edu
Efrem Cox, MD	Case Western Reserve	11100 Euclid Ave/N	Cleveland	OH	44106-1716	United States efrem.m.cox@gmail.com
Ehud Mendel, MD, FAANS	OSU Medical Ctr.	410 W 10th Ave N1	Columbus	OH	43210-1240	United States ehud.mendel@osumc.edu
Elaine J. Arpin, MD, FAANS						
Eldan B. Eichbaum, MD, FAANS	525 Doyle Park Dr Ste 102		Santa Rosa	CA	95405-4516	United States eeichbaum@gmail.com
Elisabeth M. Post, MD, FAANS	12580 Colliers Reserve Dr		Naples	FL	34110-0915	United States lotsofspotsx2@hotmail.com
Elizabeth Emily Abbott, MD	Cleveland Clinic/Neuro	9500 Euclid Ave S4	Cleveland	OH	44195-0001	United States eabbott@mcw.edu
Elizabeth Klein, MD	Wayne State Univ/Neuro	4201 Saint Antoine	Detroit	MI	48201-2153	United States eklei@med.wayne.edu
Elizabeth Le, MD	Univ. of Maryland/Neuro	22 S Greene St S12	Baltimore	MD	21201-1544	United States ele001@umaryland.edu
Ely Ashkenazi, MD	20 Habarzel		Tel Aviv		69710	Israel ashkenazy@isc.co.il
Elyne Kahn, MD	644 N 4th Ave		Ann Arbor	MI	48104-1002	United States elyne.kahn@gmail.com
E. Malcolm Field, MD, FAANS	Saginaw Valley Neurol	4677 Towne Centre	Saginaw	MI	48604-2848	United States smauch@svns.com
Emil Antonio Pastrana-Ramirez	PO Box 365067 Med Sci Campus/Neuro		San Juan	PR	00936-5067	United States emilapastrana@gmail.com
Enoch Carter Morris III, MD	3125 Independence Dr Ste 200		Birmingham	AL	35209-4164	United States ecmorrisiii@gmail.com
Enrique Concha-Julio, MD	Clinica Las Condes	Lo Fontecilla 441	Los Condes-Santiago		6770128	Chile enriqueconchajulio@clc.cl
Enrique Kleriga, MD, FAANS	Vialidad de la Barra	Col.Valle de las Palmas	Huixquilucan		52763	Mexico enrique_kleriga@infosel.net.mx
Ephraim Church, MD	Penn State Hershey	30 Hope Dr Ste 275	Hershey	PA	17033-2036	United States echurch@hmc.psu.edu
Erica F. Bisson, MD, FAANS	Univ. Of Utah/Neuro	175 N. Medical Dr. I	Salt Lake City	UT	84132-0001	United States erica.bisson@hsc.utah.edu
Eric A. Potts, MD, FAANS	8333 Naab Rd Ste 250		Indianapolis	IN	46260-1983	United States epotts@goodmancampbell.com
Eric H. Elowitz, MD, FAANS	525 E 68th St Starr	651 Box 99	New York	NY	10065-4870	United States ere2006@med.cornell.edu
Eric J. Woodard, MD, FAANS	New England Baptist	125 Parker Hill Ave	Roxbury Crossing	MA	02120-2847	United States ewoodard@nebh.org
Eric K. Holm, MD, FAANS	12040 Trooper Rd		Reading	PA	19602-1523	United States berksneuroekh@earthlink.net

Erick Stephanian, MD, FAA	477 E Trailwood Dr		Terre Haute	IN	47802-9606	United States	estephania@aol.com
Eric Loren Rhoton, MD, FA	Carolina Spine & Ne	7 Vanderbilt Park D	Asheville	NC	28803-1700	United States	eric.rhoton@csandnc.com
Eric L. Zager, MD, FAANS	Univ. Of Pennsylvan	3400 Spruce St	Philadelphia	PA	19104-4230	United States	Eric.Zager@uphs.upenn.edu
Eric M. Altschuler, MD, FAA	Pittsburgh Neurosur	1350 Locust St Ste	Pittsburgh	PA	15219-4738	United States	altschulerem@upmc.edu
Eric M. Jackson, MD	700 Childrens Dr		Columbus	OH	43205-2664	United States	ejackson@post.harvard.edu
Eric M. Massicotte, MD, MS	#4W432	399 Bathurst St. 4th	Toronto	ON	M5T-2S8	Canada	eric.massicotte@uhn.on.ca
Eric W. Nottmeier, MD, FAA	Mayo Clinic Jackson	4500 San Pablo Rd	Jacksonville	FL	32224-1865	United States	enottmeier@me.com
Eric W. Scott, MD, FAANS	Attn: J. N. Scott	PO Box 140764	Gainesville	FL	32614-0764	United States	synapsefive@aol.com
Ernest Jerome Hanson, MD	Midamerica Neuros	PO Box 23070	Overland Park	KS	66283-3070	United States	Jerry@thehansonhome.com
Ernesto Carvallo-Cruz, MD	Av. San Juan Bosc	Transversal Altamir	Caracas			Venezuela	ernestocarvallo@cantv.net
Eugene A. Bonaroti, MD, FA	107 Gamma Dr Ste 110		Pittsburgh	PA	15238-2917	United States	eugene.bonaroti@gmail.com
Eugene Collins, MD	1333 W Lombard St		Davenport	IA	52804-2101	United States	of America
Eve C. Tsai, MD, PhD, FAA	C2 Neurosciences U	1053 Carling Ave.	Ottawa	ON	K1Y-4E9	Canada	etsai@ottawahospital.on.ca
Eyiyemisi Damisah, MD	Yale-New Haven Me	PO Box 208082	New Haven	CT	06520-8082	United States	eyiyemisi.damisah@yale.edu
Fadi Hanbali, MD	5871 Via Cuesta Dr		El Paso	TX	79912-6610	United States	fadi.hanbali@ttuhsc.edu
Faheem A. Sandhu, MD, Ph	10401 Hospital Dr. Ste. 101		Clinton	MD	20735-3150	United States	fasandhu@aol.com
Faisal J. Albanna II, MD, FA	Albanna Neurosurg	5000 Cedar Plaza F	Saint Louis	MO	63128-3859	United States	faisalalbanna@msn.com
Farbod Asgarzadie, MD	Llumc/Neurosurgery	11234 Anderson St	Loma Linda	CA	92354-2804	United States	farbodasgarzadie@yahoo.com
Farhad S. Mahjouri, MD	PO Box 3793		Clovis	CA	93613-3793	United States	papix4@yahoo.com
Fariborz Nobandegani, MD,	162 E 78th St		New York	NY	10075-0406	United States	fnoban@aol.com
Faris J. Fakhoury, MD	600 University Blvd Ste 105		Jupiter	FL	33458-2778	United States	faris.fakhoury@yahoo.com
Farzad Massoudi, MD, FAA	Orange County Neu	23961 Calle De La	Laguna Hills	CA	92653-3665	United States	massoudi@pacbell.net
F. Donovan Kendrick, MD, F	2065 E South Blvd Ste 204		Montgomery	AL	36116-2460	United States	cutting@mindspring.com
Federico C. Vinas, MD, FAA	311 N Clyde Morris Blvd Ste 560		Daytona Beach	FL	32114-2766	United States	federicovinas@hotmail.com
Fereidoon Parsioon, MD	5673 S Rex Rd Ste 1149		Memphis	TN	38119-3821	United States	denisepurifoy@phoenixneurosurgery.c
Fernando Alonso, MD	Case Western Rese	11100 Euclid Ave #	Cleveland	OH	44106-1716	United States	fea4@case.edu
Fernando G. Diaz, MD, PhD	Michigan Head & Sp	29275 Northwesterr	Southfield	MI	48034-5700	United States	fdiaz@MHSI.us

F. Gary Gieseke, MD FACS	1930 NE 47th St Ste 200	Fort Lauderdale	FL	33308-7728	United States	gieseke1@aol.com	
France Heroux, MD	Pav. Fleurimont/Ne	3001 12th Ave N	Sherbrooke	QC	J1H 5N4	Canada	france.heroux@usherbrooke.ca
Frances Hardaway, MD	Oregon Health & Sc	3303 SW Bond Ave	Portland	OR	97239-4501	United States	fhardaway@gmail.com
Francisco Bras Gomes, MD	730 Sunset Cv		Madeira Beach	FL	33708-2385	United States	drfbgspine@aol.com
Francis J. Pizzi, MD, FAANS	126 Mountain View Rd		Princeton	NJ	08540-7705	United States	francispizzi@gmail.com
Francis M. Fennegan, MD, F	2201 Riverside Dr		Harlingen	TX	78550-8243	United States	of America
Francis T. Ferraro, MD, FAA	107 Gamma Dr Ste 110		Pittsburgh	PA	15238-2917	United States	ftferraro@aol.com
Francis W. Gamache, Jr., M	Neuroscience Instit	523 E 72nd St Fl 8	New York	NY	10021-4099	United States	gamachemd@aol.com
Frank A. Zimba, MD, FAANS	PO Box		Dunkirk	NY	14048	United States	f54a07z@aol.com
Frank Feigenbaum, MD, FA	Midwest Neurosurg	6420 Prospect Ave	Kansas City	MO	64132-4182	United States	frankf543@aol.com
Frank L. Acosta, Jr., MD	Cedars Sinai Med. C	8631 W 3rd St Ste 8	Los Angeles	CA	90048-5929	United States	acostaf@post.harvard.edu
Frank La Marca, MD, FAAN	Univ. of Michigan M	1500 E Medical Cer	Ann Arbor	MI	48109-5000	United States	flamarca@med.umich.edu
Franklin C. Wagner, Jr., MD	44777 S El Macero Dr		El Macero	CA	95618-1035	United States	fzmacero@gmail.com
Franklin Lin, MD	61 Whitcher St NE Ste 4100		Marietta	GA	30060-1181	United States	flin@emory.edu
Frank Scott Letcher, MD, F	3416 S Florence Ave		Tulsa	OK	74105-2908	United States	fslmd@sbcglobal.net
Frank T. Vertosick, Jr., MD,	380 W Chestnut St		Washington	PA	15301-4657	United States	frank_kathy@msn.com
Franz E. Glasauer, MD, FA	187 Bridle Path		Williamsville	NY	14221-4537	United States	frankegl@aol.com
Fraser C. Henderson, MD, F	Metropolitan Neuros	7830 Old Georgetown	Bethesda	MD	20814-2432	United States	henderson@fraserhendersonmd.com
Frederick D. Brown, MD, FA	University Of Chicag	5841 S Maryland Av	Chicago	IL	60637-1447	United States	fbrown@surgery.bsd.uchicago.edu
Frederick D. Todd II, MD, F	800 W Arbrook Blvd Ste 250		Arlington	TX	76015-4393	United States	fdtodd@usa.net
Frederick E. Finger III, MD,	Carolina Neurosurg	225 Baldwin Ave	Charlotte	NC	28204-3109	United States	rick@cnsa.com
Frederick F. Marciano, MD,	Barrow Neurosurgic	7301 E 2nd St Ste 1	Scottsdale	AZ	85251-5609	United States	frederick.marciano@bnaneuro.net
Frederick W. Pitts, MD, FAA	929 McCarthy Ct		El Segundo	CA	90245-2447	United States	fpittsmd@sierra-samaritan.com
Frederic T. Schwartz, MD, F	5530 Wisconsin Ave Ste 1147		Chevy Chase	MD	20815-4330	United States	surgneuro@aol.com
Frederik Anthonius Penning	Umass Mem. Med. C	55 Lake Ave N	Worcester	MA	01655-0002	United States	fritstina@yahoo.com
Fred G. McMurry, MD, FAAN	2027 Iris Ln		Billings	MT	59102-2339	United States	mcmurycattle@mcn.net
Fred H. Geisler, MD, PhD, F	401 N Wabash Ave Unit 62F		Chicago	IL	60611-3826	United States	fgeisler@gmail.com

Fredric A. Helmer, MD, FAA	7636 Donald Ross Rd W	Sarasota	FL	34240-8648	United States of America
Fredric L. Edelman, MD, FA	4849 Van Nuys Blvd Ste 217	Sherman Oaks	CA	91403-2128	United States edelmanmd@sbcglobal.net
Fremont P. Wirth, Jr., MD, F	Neurological Inst. of 4 Jackson Blvd.	Savannah	GA	31405	United States fpwirth@bellsouth.net
Gabriel A. Gonzales-Portillo	4726 N Habana Ave Ste 103	Tampa	FL	33614-7144	United States gabrielgp@hotmail.com
Gabriel M. Longo Calderon,	7a Calle 5-41/Zona 4	Guatemala City		01004	Guatemala gmlongocalde@yahoo.com
Gabriel Smith, MD	Case Western Rese 11100 Euclid Ave/N	Cleveland	OH	44106-1716	United States gabriel.smith2@gmail.com
Gale Hazen, MD, FAANS	27337 Pineview Dr	Westlake	OH	44145-4420	United States gahazen@aol.com
G. Alexander West, MD, Ph	Colorado Brain & Sp 499 E Hampden Av	Englewood	CO	80113-2792	United States awest@cbsi.md
Garrett G. Gillespie, MD, FA	2127 Oyster Hbr	Osterville	MA	02655-2495	United States ggillespie@att.net
Gary C. Hutchison, MD, FA	Dallas Neurosurgical 8230 Walnut Hill Ln	Dallas	TX	75231-4425	United States of America
Gary L. Lowery, MD PhD	5635 Clifton Ln	Jacksonville	FL	32211-6907	United States gary_lowery@comcast.net
Gary M. Bloomgarden, MD,	Connecticut Neuros 330 Orchard St Ste	New Haven	CT	06511-4430	United States gbloomgarden@gmail.com
Gaurav Gupta, MD	New York Neurolog 710 W 168th St	New York	NY	10032-3726	United States of America
Gautam Phookan, MD, FAA	Central Indiana Neu 2525 W University /	Muncie	IN	47303-3409	United States gphookan@pol.net
Gautam Unmeel Mehta, MD	Rm. 3D20 10 Center Dr.	Bethesda	MD	20892-0001	United States gautam.mehta@nih.gov
Gaylan L. Rockswold, MD, F	Hennepin County M 701 Park Ave	Minneapolis	MN	55415-1623	United States gaylan.rockswold@hcmcd.org
Gene A. Balis, MD, FAANS,	Neurological Surge 3000 E Fletcher Ave	Tampa	FL	33613-4645	United States gbalis@tampabay.rr.com
Geoffrey M. Thomas, MD, F	Michigan Brain & Sp 5315 Elliott Dr Ste 1	Ypsilanti	MI	48197-8634	United States gmt@mibsi.com
Geoffrey P. Zubay, MD, FA	15 Scullers Cove Ct	The Woodlands	TX	77381-3333	United States gzubay@sd-neurosurgeon.com
George B. Jacobs, MD, FA	5506 Harbour Preserve Cir	Cape Coral	FL	33914-2534	United States gbj@ix.netcom.com
George C. Stevenson, MD,	PO Box 7563	Jackson	WY	83002-7563	United States paraflesch@aol.com
George E. Locke, MD, FAAM	16462 Barnstable Cir	Huntington Beach	CA	92649-2114	United States gelocke@verizon.net
George F. Cravens III, MD,	Center For Neurolog 1319 Summit Ave S	Fort Worth	TX	76102-4432	United States georgecravens@mac.com
George F. Martin, MD, FAAM	10040 East Happy \ Apt. 460	Scottsdale	AZ	85255-2389	United States azteetime@aol.com
George Gruner, MD, FAANS	909 Hioaks Rd Ste A	Richmond	VA	23225-4038	United States r2b2g2md@aol.com
George H. Raque, Jr., MD,	Kosiar Children's Hc 210 E Gray St Ste 1	Louisville	KY	40202-3907	United States ghraque@bellsouth.net
George J. Counelis, MD	2400 Balfour Rd Ste 237	Brentwood	CA	94513-4950	United States gjcounelismd@yahoo.com

George J. Dohrmann, MD, FA	Univ. Of Chicago/Se	5841 S Maryland Av	Chicago	IL	60637-1447	United States	gjdmdphd@gmail.com
George J. Kaptain, MD, FA	Comprehensive Neu	680 Kinderkamack I	Oradell	NJ	07649-1600	United States	gkaptain@msn.com
George J. Mathews, MD, FA	PO Box 628		Waldorf	MD	20604-0628	United States of America	
George R. Cybulski, MD, FA	676 N Saint Clair St	Ste 2210	Chicago	IL	60611-2922	United States	george.cybulski@gmail.com
George Ryan Roth, Jr., MD,	311 Murphys Corner Rd		Woolwich	ME	04579-5014	United States	grsr@suscom-maine.net
George S. Stefanis, MD, FA	310 Hospital Dr	Ste 205	Macon	GA	31217-8025	United States	michelle.kukshtel@stefanis.md
George T. Burson, MD, FAA	Neurosurgery Arkan	9601 Lile Dr Ste 310	Little Rock	AR	72205-6325	United States	timburson@mac.com
George Timothy Reiter, MD,	PSMS Hershey MC/	30 Hope Dr/EC110	Hershey	PA	17033-2036	United States	greiter@psu.edu
George T. Tindall, MD, FAA	Mid Georgia Neuros	727 Rose Hill Rd	Meansville	GA	30256-2221	United States	midgeorgia@accessunited.com
George Walter Sybert, MD,	Whittingehame House		Haddinton			United Kingdom	
George Y. Lohmann, Jr., MD	PO Box 80921		Midland	TX	79708-0921	United States of America	
Gerald E. Rodts, Jr., MD, FA	Emory Spine Ctr.	59 Executive Park N	Atlanta	GA	30329-2208	United States	grodts@emory.edu
Gerald F. Tuite, Jr., MD, FA	601 5th St S	Ste 511	Saint Petersburg	FL	33701-4804	United States	geraldtuite@gmail.com
Gerald Nathan Gold, MD, FA	1509 Harvard Ct NE		Albuquerque	NM	87106-3712	United States	gngold@comcast.net
Gerald R. Schell, MD, FAAN	Saginaw Valley Neu	4677 Towne Centre	Saginaw	MI	48604-2848	United States	skosciuszko@svns.com
Gerald T. McGillicuddy, MD,	10 Winthrop St	Ste 119A	Worcester	MA	01604-4438	United States	mcgillig@ummhc.org
Ghanem Al-Sulaiti, MD	PO Box 1870		Doha			Qatar	dralsulaiti@yahoo.ca
Ghaus M. Malik, MD, FAAN	Henry Ford Hospital	2799 W Grand Blvd	Detroit	MI	48202-2608	United States	gmalik1@hfhs.org
Giancarlo Barolat, MD, FAA	730 Genesee Mountain Rd		Golden	CO	80401-9304	United States	gbarolat@verizon.net
Glenn W. Kindt, MD, FAANS	Univ. Of Colorado H	12631 E 17th Ave S	Aurora	CO	80045-2527	United States	glenn.kindt@ucdenver.edu
Gonzalo M. Sanchez, MD, FA	100 Mac Lane		Pierre	SD	57501-3391	United States	gsanchez37@pie.midco.net
Gordon Tang, MD, FAANS	2999 Regent St	Ste 715	Berkeley	CA	94705-2122	United States	g2tang@yahoo.com
Grant H. Shumaker, MD, FA	CNOS	575 N Sioux Point F	Dakota Dunes	SD	57049-5312	United States	grant.shumaker@gmail.com
Gregory A. Brandenburg, M	1015 Duff Ave		Ames	IA	50010-5733	United States	gbrandenberg@mcfarlandclinic.com
Gregory Corradino, MD, FA	999 Executive Park Blvd	Ste 102	Kingsport	TN	37660-4632	United States	gcorradino@rnspc.com
Gregory Donald Arnone, MD	UIC/Neurosurgery	912 S Wood St MC	Chicago	IL	60612	United States	gda108psu@yahoo.com
Gregory Errol Thompson, M	100 E Lancaster Av	East Bldg. Ste. 256	Wynnewood	PA	19096-3450	United States	thompson@mlhs.org

Gregory J. Bennett, MD, FA	18 Limestone Dr Ste 2	Williamsville	NY	14221-8602	United States	spondyloop@aol.com	
Gregory R. Trost, MD, FAAN	University Of Wisco	600 Highland Ave. N	Madison	WI	53792-0001	United States	trost@neurosurgery.wisc.edu
Gregory W. Canute, MD, FA	Attn: K. Walsh A/P	46 Harrison St.	Johnson City	NY	13780	United States	gregcanute@gmail.com
Greg Zorman, MD, FAANS	Memorial Healthcar	1150 N 35th Ave Ste	Hollywood	FL	33021-5428	United States	gzorman@mhs.net
Griffin Richard Baum, MD	747 Ralph McGill Blvd NE Unit 206	Atlanta	GA	30312-1130	United States	gbaum@emory.edu	
Guillermo A. Pasarin, MD, F	350 NW 84th Ave Ste 108	Plantation	FL	33324-1847	United States	Christophe.Foubister@hcahealthcare.c	
Guipson Dhaity Dhaity, MD	802	General Vicente Gu	Toluca		50120	Mexico	dhaityd@hotmail.com
Gunjan Goel, MD	UCSD/Neurosurgery	200 W Arbor Dr #88	San Diego	CA	92103-1911	United States	of America
Gunwant S. Mallik, MD, FA	450 Alkyre Run Dr #300	Westerville	OH	43082	United States	gsmallik@aol.com	
Gustavo A. Gutnisky, MD, F	Neurological Surgeon	1570 Lindberg Dr S	Slidell	LA	70458-8084	United States	gus949@yahoo.com
Gustavo Daniel Luzardo, MD	Univ. of Mississippi	2500 N State Street	Jackson	MS	39216-4500	United States	gustavoluzardo@gmail.com
Gustavo J. Arriola, MD, FA	36468 Emerald Coast Pkwy Ste 2202	Destin	FL	32541-3723	United States	gjarriola@mac.com	
Gustavo Pradilla, MD	John Hopkins Univ.	600 N. Wolfe St. Me	Baltimore	MD	21287-0001	United States	gpradil2@jhmi.edu
Gustavo Ramos, MD, FAAN	1200 E Savannah Ave Ste 3	McAllen	TX	78503-1728	United States	garamos@hilinet.net	
Guy Frank Gehling, MD	PO Box 1663		Walla Walla	WA	99362-0031	United States	ggehling2@hotmail.com
Hae-Dong Jho, MD, PhD, F	Allegheny Gen. Hos	320 E North Ave Fl	Pittsburgh	PA	15212-4756	United States	drjho@drjho.com
Haitham Handhal Shareef, MD	Al Hussein Teaching	Nasiriyah	Thi Qar		00000	Iraq	haithamalgizy2004@hotmail.com
Hamad Issam Farhat, MD	1720 Maple Ave Apt 1610	Evanston	IL	60201-3138	United States	hfarhat@northshore.org	
Hamid M. Shah, MD	Univ. of Louisville	220 Abraham Flexn	Louisville	KY	40202-3826	United States	hshah4273@gmail.com
Harold A. Wilkinson, MD, PhD	5 Rockridge Rd		Wellesley Hills	MA	02481-1432	United States	hrlawlksn@verizon.net
Harold Bruce Hamilton, MD	205 Woodhew Dr Ste 200	Woodway	TX	76712-6655	United States	hbrucehamilton@me.com	
Harold F. Young, MD, FAAN	Medical College Of	PO Box 980631	Richmond	VA	23298-0631	United States	hfyong@vcu.edu
Harrison T. M. Mu, MD, FA	8002 Kew Gardens Rd Ste 703	Kew Gardens	NY	11415-3607	United States	hat6930@yahoo.com	
Harry Carl Weiser, MD, FA	1909 Aberdeen Rd Ste 106	Albany	GA	31701-1300	United States	harryweiser@yahoo.com	
Harry P. Engel, MD, FAANS	57 Cherry St		Milford	CT	06460-3414	United States	harryengel@hotmail.com
Hart Schutz, MD	Ste. 134	101 Queensway W.	Mississauga	ON	L5B-2P7	Canada	
Ha Son Nguyen, MD	Med. Coll. of Wisconsin	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	hsnguyen@mcw.edu

Haynes Louis Harkey III, MD	Univ. Of Mississippi	2500 N State St	Jackson	MS	39216-4500	United States	lharkey@umc.edu
H. Dennis Mollman, MD, PhD	4400 Broadway St	Ste 510	Kansas City	MO	64111-3551	United States	dmollman@earthlink.net
Hector W. Ho, MD, FAANS	1010 W. La Veta Ave	Ste. 710	Orange	CA	92868-4306	United States	h.ho.20@hotmail.com
Heldo Gomez, Jr., MD, FAAN	4290 Professional Center Dr	Ste 105	Palm Beach Gardens	FL	33410-4275	United States	joannegomez4@aol.com
Henry E. Laurelli, MD, FAAN	300 Toll Gate Rd	Ste 101	Warwick	RI	02886-4416	United States	claurelli@verizon.net
Henry Feuer, MD, FAANS	8033 N Illinois St		Indianapolis	IN	46260-2938	United States	hfeuer@aol.com
Henry J. Elsner, MD, FAANS	Vanguard Brain & Spine	1130 N Church St S	Greensboro	NC	27401-1041	United States	j3cubdude@aol.com
Henry Ruiz, MD, FAANS	300 Medical Center Dr	Ste 303	Gadsden	AL	35903-1136	United States	hruizns@bellsouth.net
Herbert M. Oestreich, MD, FAANS	1 Wellhouse Ln		Mamaroneck	NY	10543-1029	United States	hmoest@aol.com
Herbert S. Bell, MD, FAANS	5500 Strathaven Dr		Cleveland	OH	44143-1970	United States	neuro110@aol.com
H. Glenn Barnett II, MD, FAANS	Semmes Murphy Clinic	700 W Forest Ave S	Jackson	TN	38301-3940	United States	hbar101394@aol.com
H. Gordon Deen, Jr., MD, FAANS	Mayo Clinic Jacksonville	4500 San Pablo Rd	Jacksonville	FL	32224-1865	United States	hdeen@mayo.edu
Hillel Baldwin, MD, FAANS	6567 E Carondelet Dr	Ste 305	Tucson	AZ	85710-6160	United States	hillelbaldwin@comcast.net
Hirad Hedayat, MD	Wake Forest Univ./Medical Center	300 Medical Center	Winston Salem	NC	27157-0001	United States	shhedayatmd@aol.com
Hirohisa Ono, MD	2058 Summit Dr		Lake Oswego	OR	97034-3624	United States	hirohisa.ono@hotmail.co.jp
Hiroshi Nakagawa, MD	Kushiro Kojinkai Medical	Spine Center	Kushiro City		085-0062	Japan	h-nakagawa@kojinkai.or.jp
Holly S. Gilmer, MD, FAANS	29275 Northwestern Hwy	Ste 100	Southfield	MI	48034-5700	United States	holly.gilmer@beaumont.edu
Horst G. Blume, MD	700 Jennings St		Sioux City	IA	51105-1920	United States of America	
Houman H. Khosrovi, MD, FAANS	1212 Garfield Ave	Ste 300	Parkersburg	WV	26101-3247	United States of America	
Howard A. Platt, MD	226 Holly Ln		Clarks Summit	PA	18411-2046	United States of America	
Howard B. Levene, MD PhD	Lois Pope Life Center	1095 NW 14th Ter #	Miami	FL	33136-1060	United States	howard.levene@gmail.com
Howard J. Ginsberg, MD, PhD	St. Michael's Hospital	30 Bond St.	Toronto	ON	M5B-1W8	Canada	ginsbergh@smh.toronto.on.ca
Howard Lee Finney, MD	PO Box 1408		Seeley Lake	MT	59868-1408	United States	dvfinney@yahoo.com
Howard Lieberman, MD, FAANS	361 N Ridgewood Rd		South Orange	NJ	07079-1646	United States	denis.lieberman@att.net
Howard Morgan, MD, FAANS	Univ. Of Tx Southwestern	5323 Harry Hines Blvd	Ut Sw Medical Center	TX	75390-8855	United States	howard.morgan@utsouthwestern.edu
Hubert Lee, MD	Univ. of Ottawa/Neurology	1053 Carling C2-22	Ottawa	ON	K1Y 4E9	Canada	
Hugh F. Smisson, MD, FAANS	Georgia Neurosurgery	840 Pine St Ste 880	Macon	GA	31201-7525	United States	smisson3@cox.net

Humberto J. Ortiz-Suarez, MD	2702 N Greenfield Rd		Phoenix	AZ	85006-1312	United States	humberto5g@hotmail.com
Hyeun Sung Kim, MD	Hurisarang Hospital	423-5 Goejeong Do	Daejeon City		302816	Republic of Korea	neuros@dreamwiz.com
Hyunwoo Do, MD	Univ. of Cincinnati	PO Box 670515	Cincinnati	OH	45267-0001	United States	hyunwoodo@me.com
Iain H. Kalfas, MD, FAANS	Cleveland Clinic Foundation	9500 Euclid Ave. S8	Cleveland	OH	44195-0001	United States	kalfasi@ccf.org
Ian F. Pollack, MD, FAANS	Children's Hospital of Pittsburgh	4401 Penn Ave	Pittsburgh	PA	15224-1334	United States	ian.pollack@chp.edu
Ian G. Dorward, MD	Washington Univ. School of Medicine	660 S Euclid Ave #	Saint Louis	MO	63110-1010	United States	dorwardi@wudosis.wustl.edu
Ian Kainoa White, MD	Indiana Univ School of Medicine	1801 Senate Blvd	Indianapolis	IN	46202-1259	United States of America	
Ian M. Heger, MD, FAANS	836 Prudential Dr Ste 1005		Jacksonville	FL	32207-8337	United States	imheger@hotmail.com
Igor Richard Yusupov, MD	9250 N 3rd St Ste 3000		Phoenix	AZ	85020-2425	United States	DrYusupov@azbsc.com
Iqroop Chopra, MD	#171	Pantmawr Rd.	Cardiff		CF146US	United Kingdom	ichopra@doctors.org.uk
Ira May Hardy II, MD, FAANS	2390 Hemby Ln		Greenville	NC	27834-3775	United States of America	
Ira M. Goldstein, MD, FAANS	UMDNJ	90 Bergen St Ste 810	Newark	NJ	07103-2425	United States	igoldbronx@yahoo.com
Irving Bernard Schacter, MD	Ste. 400	1849 Yonge St.	Toronto	ON	M4S-1Y2	Canada	nschacter@trebnet.com
Isaac Goodrich, MD, FAANS	Connecticut Neurosurgery	330 Orchard St Ste 200	New Haven	CT	06511-4430	United States	cherylvio@yahoo.com
Isaac Yang, MD	Gonda Rm. 3357	695 Charles E. Young Dr	Los Angeles	CA	90095-0001	United States	IYang@mednet.ucla.edu
Isabelle L. Richmond, MD, FAANS	912 Cedar Meadow Dr		Nellysford	VA	22958-8065	United States	irneuro@hotmail.com
Isao Yamamoto, MD	Yokohama Brain & Neurosurgery	1-2-1 Takigashira Is	Yokohama		235-0012	Japan	is02-yamamoto@city.yokohama.jp
Isa S. Canavati, MD, FAANS	Fort Wayne Neurology	7956 W Jefferson Blvd	Fort Wayne	IN	46804-4140	United States	jgerig@fwnc.com
Jack E. Wilberger, Jr., MD	Allegheny General Hospital	420 E North Ave Ste 100	Pittsburgh	PA	15212-4746	United States	jwilberg@wpahs.org
Jack Goodman, MD, FAANS	Mary Tower Bldg.	9 Livingston St Ste 100	Poughkeepsie	NY	12601-4719	United States	neurosquash@msn.com
Jack Hibbard Dunn, MD, FAANS	Jack Dunn Medical Center	PO Box 37020	Tucson	AZ	85740-7020	United States	jackhdunn@gmail.com
Jack Stern, MD, FAANS	Brain & Spine Surgery	244 Westchester Ave	White Plains	NY	10604-2907	United States of America	
Jacob Cherian, MD	Baylor Coll Of Medicine	1709 Dryden Rd	Houston	TX	77030-2418	United States of America	
Jacob Daniel Alant, FRCSC	Neurosurgery	1403 29th St. N.W.	Calgary	AB	T2N-2T9	Canada	japiealant@hotmail.com
Jacob Rosenstein, MD, FAANS	800 W Arbrook Blvd Ste 150		Arlington	TX	76015-4334	United States	rosensti@sbcglobal.net
Jacques N. Farkas, MD, FAANS	1696 Country Walk Dr		Fleming Island	FL	32003-7491	United States	jnfarkas@gmail.com
J. Adair Prall, MD, FAANS	7780 S Broadway Ste 350		Littleton	CO	80122-2641	United States	adairprall@centura.org

Jafri Malin Abdullah, MD PhD	Hospital Universiti S	Neurosciences Jala	Kota Bharu Kelantan		16150	Malaysia	deptneurosciencesppspusm@yahoo.cc
Jaime A. Alvarez, MD, FAAN	Southwest Florida N	12700 Creekside Lr	Fort Myers	FL	33919-3356	United States	e-jaime@excite.com
J. Alexander Marchosky, MD	Neurospinal Surger	226 S Woods Mill R	Chesterfield	MO	63017-3663	United States	neurojam@aol.com
James Blair Blankenship, MD	Neurosurgery Spine	2793 E Millennium E	Fayetteville	AR	72703-6522	United States	johnnanolen@yahoo.com
James B. Macon III, MD, FA	463 Worcester Rd Ste 205		Framingham	MA	01701-5354	United States	macon@fns-inc.com
James C. Robinson, MD, FA	3045 Paces Lake Ct SE		Atlanta	GA	30339-4206	United States	jrobinson@atlantabrainandspine.com
James D. Callahan, MD, FA	1801 N Senate #610		Indianapolis	IN	46202	United States	jnbcallahan@msn.com
James D. Dillon, MD, FAAN	Aiken Neurosurgery	100 Aurora Place	Aiken	SC	29801-5318	United States	jddnsg@atlanticbbn.net
James E. Barnes, MD, FAA	791 Macon Aly		Columbus	OH	43206-2162	United States	of America
James E. Finn, MD, FAANS	PO Box 885		Middlebury	CT	06762-0885	United States	jefinn@snet.net
James Egnatchik, MD, FAA	Buffalo Neurosurge	550 Orchard Park R	West Seneca	NY	14224-2654	United States	dregnatchik@buffaloneuro.com
James Frederick Dupre, MD	2151 Imperial Cir		Naples	FL	34110-1038	United States	jfdupre@comcast.net
James F. Schmidt, MD	5046 SW Hilltop Ln		Portland	OR	97221-2304	United States	jfsdts@msn.com
James G. Lindley, Jr., MD, F	Neurological Institut	4 Jackson Blvd.	Savannah	GA	31405	United States	jlindley9@comcast.net
James G. Lowe, MD, FAAN	Lowe-Greenwood N	1999 New Rd Ste B	Linwood	NJ	08221-1060	United States	jlowe32@aol.com
James H. Wood, MD, FAAN	3903 S Cobb Dr SE Ste 235		Smyrna	GA	30080-6390	United States	of America
James J. Brennan, MD, FA	Florence Neurosurg	1204 E Cheves St	Florence	SC	29506-2710	United States	jbrennanmd@sc.rr.com
James Kai-Chen Liu, MD	Cleveland Clinic	9500 Euclid Ave. S4	Cleveland	OH	44195-0001	United States	Liuj3@ccf.org
James Leonard Sanders, Jr	1129 Interlochen Blvd		Winter Haven	FL	33884-3707	United States	jlsandersmd@aol.com
James Mark Leipzig, MD	1940 Braeburn Cir		Salem	VA	24153-7388	United States	of America
James M. Drake, MD, FAAN	#1504	555 University Ave.	Toronto	ON	M5G-1X8	Canada	james.drake@sickkids.ca
James M. Ecklund, MD, FA	Inova Fairfax Hospit	3300 Gallows Rd	Falls Church	VA	22042-3307	United States	james.ecklund@inova.org
James M. Herman, MD, FA	3170 Loma Vista Rd Ste B		Ventura	CA	93003-2974	United States	neuroherm@aol.com
James Michael Alvis, MD, F	Norman Neurosurgi	2412 Palmer Cir	Norman	OK	73069-6301	United States	mike@mikealvis.com
James N. Campbell, MD, FA	2400 Boston St Ste 330		Baltimore	MD	21224-4781	United States	jcampbel@jhmi.edu
James P. Burke, MD, PhD,	Allegheny Brain & S	501 Howard Ave Bld	Altoona	PA	16601-4810	United States	jpburke@atlanticbb.net
James P. Hollowell, MD	Integrated Spine Ca	2801 W Kinnickinnic	Milwaukee	WI	53215-3693	United States	jhollowell@integratedspinecare.com

James R. Feild, MD, FAANS	Mid-South Neurosur	234 Germantown B	Cordova	TN	38018-7237	United States	paskblue@comcast.net
James R. Hirsch, MD, FAAN	Vanguard Brain & S	1130 N Church St S	Greensboro	NC	27401-1041	United States	jhirsch@triad.rr.com
James R. La Morgese, MD,	St. Luke's Hospital	PO Box 3026	Cedar Rapids	IA	52406-3026	United States	lamorgjr@crstlukes.com
James R. Lloyd, MD, FAAN	13105 W Bluemound Rd Ste 150		Brookfield	WI	53005-8022	United States	jllloyd@wi.rr.com
James S. Anderson, MD, F	Metrohealth Mc/Neu	2500 Metrohealth D	Cleveland	OH	44109-1900	United States	jsanderson@metrohealth.org
James S. Harrop, MD, FAAN	Thomas Jefferson U	909 Walnut St Fl 2	Philadelphia	PA	19107-5211	United States	james.harrop@jefferson.edu
James T. Goodrich, MD, Ph	Montefiore Med. Ctr	111 E 210th St	Bronx	NY	10467-2401	United States	James.Goodrich@einstein.yu.edu
James W. Robbins, MD	Univ. of Nebraska/N	982035 Nebraska M	Omaha	NE	68198-0001	United States	of America
James W. Silverthorn, DO,	16600 Bruceville Rd # 4		Sacramento	CA	95823-4671	United States	james.w.silverthorn@kp.org
Jamie L. Baisden, MD, FAA	Dept. of Neurosurge	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	jbaisden@mcw.edu
Jan Vargas Machaj, MD	Ste 428 Clinical Sci	96 Jonathan Lucas	Charleston	SC	29425-0001	United States	of America
Jared D. Ament, MD	4860 Y St # 3740		Sacramento	CA	95817-2307	United States	jared.ament@ucdmc.ucdavis.edu
Jared Pisapia, MD	1930 Chestnut St Apt 13C		Philadelphia	PA	19103-4515	United States	Jared.Pisapia@uphs.upenn.edu
Jason Andrew Weaver, MD	6325 Humphreys Blvd		Memphis	TN	38120-2300	United States	jweaver@semmes-murphey.com
Jason Cormier, MD	206 Tapestry Cir		Lafayette	LA	70508-7998	United States	cormier_j@msn.com
Jason E. Garber, MD, FAAN	Western Reg. Ctr. F	3061 S Maryland Pl	Las Vegas	NV	89109-6227	United States	jasongarber@yahoo.com
Jason H. Huang, MD, FAAN	Univ. Of Rochester	601 Elmwood Ave.	Rochester	NY	14642-0001	United States	jason_huang@urmc.rochester.edu
Jason M. Schwalb, MD, FA	Henry Ford Health S	6777 W Maple Rd	West Bloomfield	MI	48322-3013	United States	jschwal1@hfhs.org
Jason Scott Hauptman, MD	Ucla/Div. Of Neuros	Box 957039	Los Angeles	CA	90095-0001	United States	jhauptman@mednet.ucla.edu
Jason Scott Taub, MD	Emory Clinic/Neuro	1365-B Clifton Rd. N	Atlanta	GA	30322-0001	United States	jstaub@emory.edu
Javad Hekmatpanah, MD, F	University Of Chicag	5841 S Maryland Av	Chicago	IL	60637-1447	United States	hekmat@surgery.bsd.uchicago.edu
Javed Siddiqi, MD, FAANS	Dept. of Neurosurge	400 N Pepper Ave	Colton	CA	92324-1801	United States	siddiqij@armc.sbcounty.gov
Javier Garcia-Bengochea, M	Lyerly Neurosurgica	836 Prudential Dr S	Jacksonville	FL	32207-8337	United States	jgb@bellsouth.net
Jay Choi, MD	Bldg. 2 Rm. 6Z39 6	6825 Georgia Ave N	Washington	DC	20012	United States	jaychoi828@gmail.com
Jay More, MD, FAANS	Neurosurg. Assoc. c	1952 US Highway 2	Bound Brook	NJ	08805-1545	United States	jmore26@comcast.net
J. Bradley Bellotte, MD, FA	UPMC/Neurosurger	201 State St	Erie	PA	16550-0001	United States	bradbellotte@gmail.com
Jean-Louis R. Caron, MD, F	Ut Health Sci. Ctr./N	7703 Floyd Curl Dr	San Antonio	TX	78229-3901	United States	caron@uthscsa.edu

Jean-Paul Wolinsky, MD, F	Neurosurgery Meyer	600 N. Wolfe St.	Baltimore	MD	21287-0001	United States	jwolins3@jhmi.edu
Jean-Valery C. E. Coumans	Massachusetts Gen	15 Parkman St Wac	Boston	MA	02114-3117	United States	jcoumans@partners.org
Jeff Pan, MD		1101 Amboy Ave	Edison	NJ	08837-2856	United States	jpspine@yahoo.com
Jeffrey Aucoin, MD	Univ. of North Carol	170 Manning Dr. CE	Chapel Hill	NC	27599-0001	United States	jaucoin@unch.unc.edu
Jeffrey B. Randall, MD, FAA	Pacific Brain & Spin	20055 Lake Chabot	Castro Valley	CA	94546-5332	United States	jrandall@pacbrain.com
Jeffrey D. Gross, MD, FAAN		27882 Forbes Rd Ste 100	Laguna Niguel	CA	92677-1267	United States	jdgross@bigfoot.com
Jeffrey D. Jenkins, MD, FAA	Vanguard Brain & S	1130 N Church St S	Greensboro	NC	27401-1041	United States	jjenkinsmd@aol.com
Jeffrey E. Masciopinto, MD,	Dean Hlth. System/	700 S Park St	Madison	WI	53715-1830	United States	jeff.masciopinto@deancare.com
Jeffrey Heitkamp, MD, FAAN	1001 N. Waldrop Dr	Ste. 801	Arlington	TX	76012-4706	United States	jheitkamp@sbcglobal.net
Jeffrey L. Crecelius, MD, FA	Goodman Campbell	3750 Landmark Dr	Lafayette	IN	47905-6652	United States	kiawahfej@mac.com
Jeffrey L. Karasick, MD, FA		131 Hibbard Rd	Wilmette	IL	60091-2919	United States	j.karasick@comcast.net
Jeffrey S. Henn, MD, FAAN	Lee Memorial Hosp	2780 Cleveland Ave	Fort Myers	FL	33901-5817	United States	jshenn@gmail.com
Jeffrey T. Nelson, MD	Case Western Rese	11100 Euclid Ave/N	Cleveland	OH	44106-1716	United States	jeffrey.tait.nelson@gmail.com
Jenny Jasbir Multani, MD, F		1900 Mowry Ave Ste 406	Fremont	CA	94538-1722	United States	jennymultani@yahoo.com
Jeremy C. Wang, MD, FAAN		18333 Egret Bay Blvd Ste 200	Houston	TX	77058-3200	United States	jeremycwang@stanfordalumni.org
Jeremy Steinberger, MD	Mount Sinai Med Ct	1 Gustave L Levy P	New York	NY	10029-6500	United States of America	
J. Eric Zimmerman, MD, FA		1221 6th St Ste 303	Traverse City	MI	49684-2360	United States	kris_zimmerman@yahoo.com
Jerome Stovall King, MD, F		3218 Mount Gilead Church Rd	Pittsboro	NC	27312-7451	United States of America	
Jerry Bauer, MD, FAANS	Center Of Brain & S	1875 Dempster St S	Park Ridge	IL	60068-1168	United States	bauers@msn.com
Jerry Engelberg, MD, FAAN		4784 Fleetview Ave	Memphis	TN	38117-3225	United States	nbe42@yahoo.com
Jerry H. Greenhoot, MD, FA		842 Cherokee Rd	Charlotte	NC	28207-2240	United States of America	
Jerry L. Hubbard, MD, FAAN	Western Neurosurg	875 Oak St SE Ste	Salem	OR	97301-3987	United States	jhubb2912@aol.com
Jerry V. Marlin, MD, FAANS		8220 Walnut Hill Ln Ste 604	Dallas	TX	75231-4424	United States	drjerrymarlin@aol.com
Jessica Quan, MD		300 Bloor St E Apt 1005	Toronto	ON	M4W 3Y2	Canada	jquan@gmed.ca
Jesus Jimenez Sanchez, MI	Jose Ma. Moran 30	La Hera	Queretaro	QUE	76150	Mexico	jjs_1808@yahoo.com.mx
Jesus Ramiro Del Valle Ro	Camino A Sta Teres	Col. Heroes De pad	Mexico City	DF	10700	Mexico	delvalle.ramiro@gmail.com
Jewell L. Osterholm, MD, F		579 Huston Rd	Radnor	PA	19087-4434	United States	josterholm@aol.com

J. Frederick Harrington, Jr.,	24 Keene St		Providence	RI	02906-1521	United States	fredharrington@cox.net
Jim D. Anderson, MD, FAAN	PO Box 658		San Carlos	CA	94070-0658	United States	jida@yahoo.com
Jim L. Story, MD, FAANS	315 N San Saba Ste 1210		San Antonio	TX	78207-3123	United States	jlstory@swbell.net
Jimmy C. Brasfield, MD	Bristol Neurosurgical	320 Bristol West Bldg	Bristol	TN	37620-8765	United States	birdiebrasfield@live.com
J. Michael Calhoun, MD, FA	3500 Springhill Dr Ste 201		North Little Rock	AR	72117-2948	United States	michael.calhoun@comcast.net
J. Michael Standefer, MD, F	Northwest Arkansas	5501 Willow Creek	Springdale	AR	72762-8708	United States	mstan52@swbell.net
J. Nozipo Maraïre, MD, FAA	2630 Campus Dr		Klamath Falls	OR	97601-1105	United States	jnmaraire@klamath-surgical.com
Joan Frances O'Shea, MD,	Spine Inst. of South	538 Lippincott Dr	Marlton	NJ	08053-4806	United States	josheamd@cs.com
Joe Ellis Wheeler, MD PA	1650 W Rosedale St Ste 305		Fort Worth	TX	76104-7400	United States	wheelerns1@aol.com
Joel A. Feigenbaum, MD, F	7741 Hansen Rd NE		Bainbridge Island	WA	98110-1614	United States	joel@seanet.com
Joel Bauman, MD	Univ. of Pennsylvania	3400 Spruce St Fl 4	Philadelphia	PA	19104-4206	United States	joel.bauman@uphs.upenn.edu
Joel Ira Franck, MD, FAANS	11111 Panama City Ste 134		Panama City Beach	FL	32407-2448	United States	jfranck@baymedical.org
Joel West Ray, MD, FAANS	Cape Neurosurgical	150 S Mount Auburn	Cape Girardeau	MO	63703-4911	United States	jray@westray.com
John A. Feldenzer, MD FAC	McVitty Executive C	2766 Electric Rd Ste	Roanoke	VA	24018-3583	United States	zugbug3@cox.net
John A. Jane, Sr., MD, PhD	Univ. Of Virginia He	Box 800212/Neuros	Charlottesville	VA	22908-0001	United States	jaj6r@virginia.edu
John A. Lancon, MD, FAAN	St. Dominic Neuros	969 Lakeland Dr Ste	Jackson	MS	39216-4606	United States	redline.jlancon@hotmail.com
John A. Lopez, MD, FAANS	750 Wellington Ave # 3A		Grand Junction	CO	81501-6132	United States	lopez.nyc@gmail.com
John A. McRae, MD, FAANS	1423 Montelena Ct		Vista	CA	92084-3646	United States	of America
John A. Wilson, MD, FAANS	Wake Forest Univ. Medical Center Dr./		Winston Salem	NC	27157-0001	United States	jawilson@wfubmc.edu
John Bennett Butler, MD	2800 Ashton Dr Ste 200		Wilmington	NC	28412-2486	United States	johnbutlermd@gmail.com
John Berry-Candelario, MD	Massachusetts Gen	55 Fruit St WH502	Boston	MA	02114-2621	United States	jberry@partners.org
John B. Posey, MD, FAANS	616 Pelican St		New Orleans	LA	70114-1140	United States	jposey111@pol.net
John Bramley Oldershaw, M	Div. Of Neurosurgery	MSC10 5610 1 Univ	Albuquerque	NM	87131-0001	United States	oldershaw@comcast.net
John B. Wahlig, Jr., MD, FA	Neurosurgery and S	49 Spring St	Scarborough	ME	04074-8926	United States	wahlij@mmc.org
John C. Amann, MD, FAAN	Neurology & Neuros	50 2nd St SE	Winter Haven	FL	33880-6300	United States	jcam324@aol.com
John C. Chiu, MD, FAANS	1001 Newbury Road		Newbury Park	CA	91320-6434	United States	chiu@spinecenter.com
John C. Godersky, MD, FAA	2904 Crows Nest Cir		Anchorage	AK	99515-2704	United States	jcgodersky@gci.net

John Chalmers Neill, MD	2470 Flowood Dr		Flowood	MS	39232-9019	United States	jneillsr@gmail.com
John C. Liu, MD, FAANS	Cedars-Sinai Spine	444 S San Vicente	Los Angeles	CA	90048-4169	United States	john.liu@cshs.org
John C. Mullan, MD, FAANS	800 E 28th St	305 Piper Bldg.	Minneapolis	MN	55407-3723	United States	jmullan@neurosurgicalassocs.com
John C. Stevenson, MD, FAANS	4500 W Newberry Rd		Gainesville	FL	32607-2245	United States	jcsneuro@msn.com
John D. Barr, MD	10150 Sorrento Valley	Ste. 320	San Diego	CA	92121-1614	United States	jbarr@jbarr.org
John Deason White, MD, FAANS	3582 El Dorado Loop	S	Salem	OR	97302-9723	United States	of America
John D. Heiss, MD, FAANS	Nih/Surgical Neuro	10 Center Dr. Rm. 1	Bethesda	MD	20892-0001	United States	heissj@ninds.nih.gov
John D. Reeves, MD FAANS	1518 Ninth Street		Wichita Falls	TX	76301-4323	United States	jreevesmd@unitedregional.org
John D. Rolston, MD	1856 Pacific Ave	Apt 7	San Francisco	CA	94109-2387	United States	rolston2@gmail.com
John E. Hackman, MD, FAANS	1722 Pine St	Ste 1001	Montgomery	AL	36106-1162	United States	johnhackman@mindspring.com
John E. McGillicuddy, MD, FAANS	1500 E Medical Center	Univ. Of Michigan	Ann Arbor	MI	48109-5000	United States	jemc@med.umich.edu
John E. O'Toole, MD, FAANS	1725 W Harrison St	Ste 970	Chicago	IL	60612-3828	United States	john_otoole@rush.edu
John E. Ziewacz, MD	3470 Taubman Health	1500 E Medical Center	Ann Arbor	MI	48109-5338	United States	jziewacz@med.umich.edu
John F. Morrison, MD	593 Eddy St	Apc Building 6th Floor	Providence	RI	02903	United States	jfmorrison@uwalumni.com
John G. Phillips, MD, FAANS	224 Malibu C		Bonita Springs	FL	34134-8536	United States	jgpm71@hotmail.com
John H. Chi, MD	Dept. Of Neurosurgery	75 Francis St	Boston	MA	02115-6110	United States	jchi@partners.org
John H. Schneider, Jr., MD	1739 Spring Creek Lane	Ste. 200	Billings	MT	59102-6747	United States	of America
John H. Shin, MD	Massachusetts General	15 Parkman St	Boston	MA	02114-2621	United States	shin.john@mgh.harvard.edu
John I. Miller, MD, FAANS	Long Island College	339 Hicks St	Brooklyn	NY	11201-5509	United States	john.miller@downstate.edu
John Innis Moseley, MD, FAANS	Yellowstone Medical	2900 12th Ave N	Billings	MT	59101-7514	United States	of America
John J. Moossy, MD, FAANS	Univ. Of Pittsburgh	200 Lothrop St # B4	Pittsburgh	PA	15213-2536	United States	moossyjj@upmc.edu
John Joseph Gartman, Jr., MD	46 Harrison St		Johnson City	NY	13790-2120	United States	jgartman@stny.rr.com
John Joseph Knightly, MD	Atlantic Neurosurgical	310 Madison Ave	Morristown	NJ	07960-6967	United States	jknightly@atlanticneurosurgical.com
John Kevin Ratliff, MD, FAANS	Stanford Univ./Neuro	300 Pasteur Dr	Stanford	CA	94305-2295	United States	jratliff@stanford.edu
John K. Johnson, MD, FAANS	223 Bouchillion Dr		Greenville	SC	29615-6182	United States	jkj7pl@aol.com
John M. Shutack, MD, FAANS	235 Medinah		Saint Simons Island	GA	31522	United States	jshutack@hotmail.com
John Murage Gachiani, MD	433 Bolivar St		New Orleans	LA	70112-7021	United States	muragejnr@gmail.com

John Pershing Latchaw, MD	Milton Hosp. Office	100 Highland St Ste	Milton	MA	02186-3876	United States	jlatchaw@verizon.net
John P. Henderson, MD, FA	Univ. Of Illinois At P	719 N William Kum	Peoria	IL	61605-2531	United States	wabtfns@insightbb.com
John P. Olson, MD, PhD, F	Heartland Neurosur	802 N Riverside Rd	Saint Joseph	MO	64507-2502	United States	john.olson@heartland-health.com
John P. Weaver, MD, FAAN	Univ. Of Massachus	55 Lake Ave N # S2	Worcester	MA	01655-0002	United States	weaverjp@yahoo.com
John R. Caruso, MD, FAAN	Parkway Neuroscie	17 Western Marylar	Hagerstown	MD	21740-5471	United States	jcaruso006@aol.com
John R. Crockarell, MD, FA	2645 Halle Pkwy		Collierville	TN	38017-8802	United States	johnrcmd@bellsouth.net
John Richard Macfarlane, J	5171 Cottonwood St Ste 950		Murray	UT	84107-5713	United States	nrosrgn@yahoo.com
John R. Robinson, Jr., MD,	Center For Cranial &	509 SE Riverside D	Stuart	FL	34994-2579	United States	jrfred@aol.com
John Sarris, MD, FAANS	11 Maple St		Toms River	NJ	08753-6816	United States	esarris4@comcast.net
John Shillito, MD, FAANS	102 Cedar Meadows Ln		Chapel Hill	NC	27517-7218	United States	johnsmd@aol.com
John T. Bonner, MD, FAANS	1551 W Escalon Ave		Fresno	CA	93711-1935	United States	rbonnerns@earthlink.net
John T. Cummings, Jr., MD,	Community Hospita	1400 N Ritter Ave S	Indianapolis	IN	46219-3050	United States	tynac@indy.rr.com
John T. Lucas, MD, FAANS	100 Up Country Ln.		Travelers Rest	SC	29690-7914	United States	of America
John W. German, MD, FAA	Albany Medical Cen	47 New Scotland Av	Albany	NY	12208-3412	United States	jwgerman@hotmail.com
Jonathan Allen Tuttle, MD	Georgia Health Scie	1120 15th St	Augusta	GA	30912-0004	United States	jtuttle@georgiahealth.edu
Jonathan D. Sherman, MD,	KeiperSpine PC	1410 Oak St Ste 20	Eugene	OR	97401-4604	United States	shermjds@me.com
Jonathan Greenberg, MD, F	1517 E Robinson St		Orlando	FL	32801-2121	United States	jgmdjd@bellsouth.net
Jonathan H. Lustgarten, MD	121 State Route 36 Ste 330		West Long Branch	NJ	07764-1436	United States	jlustgarten1@gmail.com
Jonathan Nakhla, MD	Montefiore Med. Ctr	111 E 210th St	Bronx	NY	10467-2401	United States	jonathan.nakhla@gmail.com
Jonathan S. Citow, MD, FA	712 S Milwaukee Ave		Libertyville	IL	60048-3279	United States	kcitow@aol.com
Jonathan T. Paine, MD, FA	1305 Valentine St		Melbourne	FL	32901-3127	United States	jtpaine@bellsouth.net
Jonathan Yun, MD	New York Neurolog	710 W 168th St	New York	NY	10032-3726	United States	yunjp@umdnj.edu
Jonathon Lebovitz, MD	1520 Washington Ave Apt 611		St. Louis	MO	63103-1688	United States	jlebovit@slu.edu
Jon M. Silver, MD, FAANS	Caroliina Spine & N	7 Vanderbilt Park D	Asheville	NC	28803-1700	United States	jon.silver@csandnc.com
Jon T. Ledlie, MD, FAANS	Tyler Neurosurgical	700 Olympic Plaza	Tyler	TX	75701-1955	United States	jledlie@tylerneuro.com
Jordan K. Davis, MD, FAANS							spinelink@aol.com
Jorge Alvaro Gonzalez-Mart	Cleveland Clinic	9500 Euclid Ave. S	Cleveland	OH	44195-0001	United States	gonzalj1@ccf.org

Jorge Angel, MD, FAANS	3722 Piping Rock Ln		Houston	TX	77027-4032	United States	jangelmd55@aol.com
Jorge J. Jaramillo de la Torre	Cuauhtemoc 380	Col. Moderna	San Luis Potosi	SLP	78233	Mexico	javierjaramillo@cemiv.com.mx
Jorge J. Lastra-Power, MD, FAANS	369 Dorado Bch E		Dorado	PR	00646-2216	United States	jorgelastra@yahoo.com
Jose A. Aguilar, MD, FAANS							jettm42@yahoo.com
Jose A. Santiago, MD, FAANS	Va Med. Ctr./Neuros	1 Freedom Way	Augusta	GA	30904-6258	United States	santiago824@comcast.net
Jose Avila-Ramirez, MD, FAANS	Consultorio 229 Tor	Hospital Medica Sur	Mexico City	DF	14050	Mexico	afauiera@hotmail.com
Jose Dones-Vazquez, MD, FAANS	1597 W Sesame Dr Ste D		Harlingen	TX	78550-8770	United States	josedones@hotmail.com
Jose G. Duarte, MD	89 Manor Ln		Dayton	OH	45429-5456	United States	of America
Jose L. Joy, MD, FAANS	170 Isla Dorada Blvd		Coral Gables	FL	33143-6554	United States	joseljoymd@msn.com
Jose L. Rodriguez, MD, FAANS	136 Alfred Dr		Claremont	CA	91711-1819	United States	jlrodriguezmd@gmail.com
Jose Manuel Sandoval Rivero	102 Votan Col. Retornos		San Luis Potosi		78140	Mexico	manuelando@hotmail.com
Joseph A. Jestus, MD, FAANS	145 W 4th St Ste 201		Cookeville	TN	38501-2476	United States	jjestus@citlink.net
Joseph B. Schnittker, MD	Riverpointe Med. Bldg	500 Arcade Ave Ste	Elkhart	IN	46514-2485	United States	of America
Joseph C. Cauthen, MD, FAANS	8224 SW 28th Pl		Gainesville	FL	32608-9513	United States	jcauthenmd@aol.com
Joseph Christopher Zacko, MD	30 Hope Dr., EC 110		Hershey	PA	17033-2036	United States	lhamann1@hmc.psu.edu
Joseph F. Cusick, MD, FAANS	Medical College Of	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	jcusick@mcw.edu
Joseph H. Miller, MD, FAANS	941 Bunker View Dr		Apollo Beach	FL	33572-2820	United States	admiraljoe@verizon.net
Joseph M. Waltz, MD PhD	720 Milton Rd Apt S4B		Rye	NY	10580-3257	United States	mariwaltz@aol.com
Joseph Philip Krzeminski, MD	7698 Scout Rd		Felton	PA	17322-8719	United States	jkrz@aol.com
Joseph S. Cheng, MD, MS	Vanderbilt Univ. Medical	T-4224 McN/Neuros	Nashville	TN	37232-0001	United States	joseph.cheng@vanderbilt.edu
Joseph S. Hudson, MD, FAANS	Semmes Murphey Center	6325 Humphreys Bldg	Memphis	TN	38120-2300	United States	of America
Joseph S. Yazdi, MD, FAANS	716 Brittany Ln		St Louis	MO	63130-3636	United States	joeyaz21@yahoo.com
Joseph T. Alexander, MD, FAANS	Fmp/Neurosurgery	49 Spring St	Scarborough	ME	04074-8926	United States	jtalexan59@yahoo.com
Joseph T. King, Jr., MD, FAANS	950 Campbell Ave Va	Connecticut #112	West Haven	CT	06516-2770	United States	joseph.kingjr@va.gov
Joshua A. Miller, MD, FAANS	1932 Alcoa Hwy Ste 255		Knoxville	TN	37920-1508	United States	jessicaandjosh@msn.com
Joshua Lucas, MD	Univ. of Southern California	1200 N State St Ste	Los Angeles	CA	90033-1029	United States	joshuawlucas@gmail.com
J. Patrick Johnson, MD, FAANS	Cedars Sinai Inst. F	444 S San Vicente I	Los Angeles	CA	90048-4174	United States	johnsonjp@cshs.org

J. Paul Elliott, MD, FAANS	499 E Hampden Ave Ste 220	Englewood	CO	80113-2792	United States	pellriott@cbsi.md
Juan C. Bartolomei, MD, FA	Spine Team Texas 1545 E Southlake B	Southlake	TX	76092-6465	United States	juan@spineteamtexas.com
Juan de Dios Lora, MD FAC	1130 SE 18th Pl	Ocala	FL	34471-5422	United States	doclora@hotmail.com
Juan F. Ronderos, MD, FA	Ronderos Neurosur 6701 Airport Blvd S	Mobile	AL	36608-6701	United States	jronderos@pinnaclebrainandspine.com
Juanita Garces, MD	Tulane Univ Med Ct 1430 Tulane Ave	New Orleans	LA	70112-2632	United States	Juanita.Garces@UTSouthwestern.edu
Juan M. Corona-Ruiz, MD	PO Box 365067	San Juan	PR	00936-5067	United States	mariocorona26@gmail.com
Juan Ramon Ortega-Barnet	9200 Pinecroft Dr Ste 130	Shenandoah	TX	77380-3284	United States	jobtx@hotmail.com
Judson H. Cook, MD, MS, F	2301 House Ave Ste 505	Cheyenne	WY	82001-3179	United States	jhcook10@hotmail.com
Julio E. Salinas, MD, FAAN	616 Wildbrook Lane	Lima	OH	45807	United States	julioesalinas@hotmail.com
Jung-Keun Suh, MD PhD	Anam-Dong Seungr 126-1 5 Korea Univ	Seoul		136075	Republic of K	jcjks@unitel.co.kr
Jung Yul Park, MD PhD	Korea Univ. Med. C 516 Gojan-dong Da	Ansansi Kyungki-do		425707	Republic of K	jypark@kumc.or.kr
Junichi Mizuno, MD PhD	Southern Tohoku G 1-2-5 Satonomori	Iwanuma	MIY	989-2483	Japan	mizuno@minamitohoku.jp
Justin M. Brown, MD	660 S Euclid Ave Campus Box 8057	Saint Louis	MO	63110-1010	United States of America	
Justin S. Smith, MD PhD, F	Univ. Of Virginia/Ne Box 800212	Charlottesville	VA	22908-0001	United States	jss7f@virginia.edu
Justin W. Renaudin, MD, FA	1782 Colgate Cir	La Jolla	CA	92037-6908	United States	jwrenaudin@hotmail.com
Kai Joshua Miller, MD	Stanford Univ./Neur 300 Pasteur Dr	Stanford	CA	94305-2200	United States	kjmillier@gmail.com
Kai-Ming Fu, MD	525 E 68th St Box 99	New York	NY	10065	United States	kaf9045@med.cornell.edu
Kalmon D. Post, MD, FAAN	Mount Sinai School 1 Gustave L Levy P	New York	NY	10029-6500	United States	kalmon.post@mountsinai.org
Kamran Aghayev, MD	Moffitt Cancer Ctr./N 12902 USF Magnoli	Tampa	FL	33612-9416	United States	kamran.aghayev@moffitt.org
Karin M. Muraszko, MD, FA	1500 E Medical Cer 3470 TC/Neurosurg	Ann Arbor	MI	48109-5000	United States	karinm@med.umich.edu
Karin R. Swartz, MD, FAAN	Univ. of Kentucky/N 800 Rose St/MS 10	Lexington	KY	40536	United States	karin.swartz@uky.edu
Karl Michael Schmitt, Jr., M	Mischer Neurosurgi 6400 Fannin St Ste	Houston	TX	77030-1534	United States	karl.schmitt@uth.tmc.edu
Karl Stecher, Jr., MD	5200 Dtc Pkwy Ste 200	Greenwood Village	CO	80111-2715	United States	kstecher@idcomm.com
Karl W. Swann, MD, FAANS	Texas Neuroscience 4410 Medical Dr Ste	San Antonio	TX	78229-3755	United States	kws@saneuro.com
Kashif Ajaz Shaikh, MD	Indiana Univ Som/N 1801 Senate Blvd	Indianapolis	IN	46202-1259	United States of America	
Kathleen B. French, MD, FA	3020 Hamaker Ct Ste B104	Fairfax	VA	22031-2220	United States	frenchjkjc@aol.com
Kathleen McCoy, MD	Washington Univ. S 660 S Euclid Ave C	St. Louis	MO	63110-1010	United States	mccoyk@wudosis.wustl.edu

Kathryn Hoes, MD	UT Southwestern M	5323 Harry Hines B	Dallas	TX	75390	United States	hoesks@umdnj.edu
Katie Myers, MD	Univ. of Cincinnati	PO Box 670515	Cincinnati	OH	45267-0001	United States	kmmmh5@mizzou.edu
Kaushik Das, MD, FAANS	95 Grasslands Rd Bldg 3		Valhalla	NY	10595-1562	United States	kdmd914@yahoo.com
Kaveh Khajavi, MD, FAANS	2675 N Decatur Rd Ste 110		Decatur	GA	30033-6130	United States	khajavi@gaspine.com
Kee D. Kim, MD, FAANS	3301 C St Ste 1500		Sacramento	CA	95816-3371	United States	kdkim@ucdavis.edu
Keith Raman Lodhia, MD M	8005 Farnam Dr Ste 305		Omaha	NE	68114-3426	United States	klodhia@midwestneuroscience.com
Keith R. Kuhlengel, MD, FA	1671 Crooked Oak Dr		Lancaster	PA	17601-4269	United States	krkuhlengel@lancspine.com
Kelly Bridges, MD	Oregon Health & Sc	3303 SW Bond Ave	Portland	OR	97239-4501	United States	bridgeke@ohsu.edu
Kenneth H. Ott, MD, FAANS	2100 5th Ave Ste 200		San Diego	CA	92101-2102	United States	kennott@gmail.com
Kenneth I. Lipow, MD, FAAN	Connecticut Neuros	267 Grant St	Bridgeport	CT	06610-2805	United States	cyberken@optonline.net
Kenneth I. Renkens, MD, F	Indiana Spine Group	8402 Harcourt Rd S	Indianapolis	IN	46260-2053	United States	krenkens@indianaspinegroup.com
Kenneth J. Murray, MD, PhD	1310 Ruxton Rd		Towson	MD	21204-6601	United States	kennethjmurray1310@yahoo.com
Kenneth M. Little, MD, FAAN	6140 W Curtisian Ave Ste 400		Boise	ID	83704-8907	United States	kennethlittle@earthlink.net
Kenneth M. Louis, MD, FAA	3000 E Fletcher Ave Ste 340		Tampa	FL	33613-4645	United States	klouis53@hotmail.com
Kenneth S. Kammer, MD, F	101 S Ravenel St	Ste 300	Florence	SC	29506-2612	United States	kkammer@sc.rr.com
Kenneth S. Yonemura, MD,	Wasatch Neurologic	3401 S Highway 89	Bountiful	UT	84010-8517	United States	neuropod@surgical.net
Kent Grewe, MD	501 N Graham St Ste 545		Portland	OR	97227-2003	United States	kmg@nwneuroassociates.net
Kent R. Duffy, MD, FAANS	Neurosurgeons Of M	244 Westchester Av	White Plains	NY	10604-2909	United States	kduffy@nsny.com
Kern H. Guppy, MD, PhD, F	Dept. of Neurosurge	2025 Morse Ave	Sacramento	CA	95825-2115	United States	kguppy@yahoo.com
Kerry E. Brega, MD	Univ. of Colorado/D	12631 E 17th Ave S	Aurora	CO	80045-2527	United States	kerry.brega@ucdenver.edu
Keun Su Kim, MD	Gangnam Severanc	Dogok-dong Gangn	Seoul		135720	Republic of K	spinekks@yuhs.ac
Keun-Young Anthony Kim, M	23961 Calle Magdalena Ste 504		Laguna Hills	CA	92653-3665	United States	keunyoung@yahoo.com
Kevin Chen, MD	3470 Taubman Ctr.	1500 E Medical Cer	Ann Arbor	MI	48109-5000	United States	kechen@med.umich.edu
Kevin C. Morrill, MD, FAANS	Dept. of Neurosurge	5323 Harry Hines B	Dallas	TX	75390-0001	United States	kevin.morrill@utsouthwestern.edu
Kevin C. Yao, MD, FAANS	309 Engle St Ste 6		Englewood	NJ	07631-1822	United States	kyao.md@gmail.com
Kevin J. Gibbons, MD, FAAN	Millard Fillmore Hos	3 Gates Cir	Buffalo	NY	14209-1120	United States	kgibbons@ubns.com
Kevin J. Mullins, MD, FAAN	1175 Montauk Hwy Ste 6		West Islip	NY	11795-4939	United States	woodland281@hotmail.com

Kevin Jonathan Mansfield, MD, FAANS	Univ Of Louisville/Neurosurgery	220 Abraham Flexner	Louisville	KY	40202-3826	United States of America	
Kevin L. Stevenson, MD, FAANS	4660 Riverside Park Blvd		Macon	GA	31210-1395	United States	kevinstevenson08@cox.net
Kevin M. McGrail, MD, FAANS	Neurosurgery /7th Floor	3800 Reservoir Rd	Washington	DC	20007-2113	United States	mcgrail@gunet.georgetown.edu
Kevin Morgan Jackson, MD, FAANS	1005 N. East Ave.		Oak Park	IL	60302-1331	United States	kjaxmd@sbcglobal.net
Kevin T. Foley, MD, FAANS	6325 Humphreys Blvd		Memphis	TN	38120-2300	United States	kfoley@usit.net
Keyne K. Johnson, MD	Arnold Palmer Hospital	83 Columbia St	Orlando	FL	32806-1101	United States	keyne.johnson@orlandohealth.com
Khalid A. Sethi, MD, FAANS	Neurosurgery	46 Harrison St	Johnson City	NY	13790-2120	United States	sethik@upstate.edu
Khalid Mohmud Abbed, MD, FAANS	Yale Univ. Sch. Of Medicine	PO Box 208082	New Haven	CT	06520-8082	United States	khalid.abbed@gmail.com
Khawar M. Siddique, MD, FAANS	444 S San Vicente Blvd	Ste 800	Los Angeles	CA	90048-4174	United States	siddiquek@cshs.org
Kiarash Shahlaie, MD PhD	4860 Y St	Ste 3740	Sacramento	CA	95817-2307	United States	krshahlaie@gmail.com
Kimball N. Pratt, MD, FAANS	823 Cypress Dr		Ada	OK	74820-8484	United States	knpratt@comcast.net
Kimball S. Fuiks, MD, FAANS	17280 W North Ave	Ste 204	Brookfield	WI	53045-4366	United States	kfuiks@choiceonemail.com
Kimberly S. Harbaugh, MD, FAANS	PSU/HMC/Neurosurgery	30 Hope Dr	Hershey	PA	17033-2036	United States	kharbaugh@psu.edu
Kim W. Johnston, MD, FAANS	Georgia Neurosurgery	840 Pine St	Ste 880 Macon	GA	31201-7525	United States	kjohnston@ganeurosurg.org
Kingsley Abode-Iyamah, MD, FAANS	1426 Ranier Dr		Iowa City	IA	52246-4173	United States	kingsley-abode-iyamah@uiowa.edu
Komli-Kofi Atsina, MD	Yale-New Haven Medical Center	333 Cedar St	PO Box New Haven	CT	06520-8082	United States	kkatsina@gmail.com
Kosuke Kuribayashi, MD	2-9-2 Yamate-Minami		Kyotanabe		610-0354	Japan	kosuke.k@towa-med.or.jp
Kurt D. Bangerter, MD	639 Edgewood Dr		North Salt Lake	UT	84054-2640	United States	kbangertermd@hotmail.com
Kurt M. Eichholz, MD, FAANS	Neurosurgical Specialist	621 South New Ball	Saint Louis	MO	63141	United States	kurt@eichholzmd.com
Lali H. S. Sekhon, MD PhD	Nevada Neurosurgery	75 Pringle Way	Ste Reno	NV	89502-1475	United States	sekhon@nevadaneurosurgery.com
Lance Eugene Gravely, MD	Ste. 3750	1700 Cesar Chavez	Los Angeles	CA	90033	United States	lgravely@gmail.com
Langston T. Holly, MD, FAANS	10833 Le Conte Ave.	74-145 CHS	Los Angeles	CA	90095-3075	United States	lholly@mednet.ucla.edu
Lansing Smith Cowles, MSc	101 Blue Ridge Rd.		Louisville	KY	40223-3308	United States	LSCowles@insightbb.com
Larry S. Davidson, MD, FAANS	Piedmont Spine & Neurology	109 Montgomery Dr	Anderson	SC	29621	United States	81davidson@gmail.com
Larry T. Khoo, MD	Spine Clinic of Los Angeles	1245 Wilshire Blvd	Los Angeles	CA	90017-4813	United States	lkhoo@laspineclinic.com
Larry V. Carson, MD, MBA, FAANS	Carolina Neurosurgery	5 First Village Dr	Pinehurst	NC	28374-8724	United States	lvcarson@aol.com
Lary A. Schulhof, MD, FAANS	Mountain Neurology	7 Vanderbilt Park Dr	Asheville	NC	28803-1700	United States	schuldoc@charter.net

Laura S. Pare, MD	101 The City Dr S Bldg. 56 Ste. 400	Orange	CA	92868-3201	United States	lpare@uci.edu
Laurence D. Rhines, MD, FAANS	UT-MD Anderson C PO Box 301402	Houston	TX	77230-1402	United States	lrhines@mdanderson.org
Lawrence B. Schlachter, MD	602 Macy Dr	Roswell	GA	30076-6331	United States	Larry@schlachterlaw.com
Lawrence E. Clark, MD	4000 14th St Ste 302	Riverside	CA	92501-4018	United States	lclarkmd@charter.net
Lawrence F. Borges, MD, FAANS	Massachusetts Gen 55 Fruit St White 12	Boston	MA	02114-2621	United States	lborges@partners.org
Lawrence J. Frazin, MD, FAANS	301 W Ravine Baye Rd	Milwaukee	WI	53217-1336	United States	lfrazin@wi.rr.com
Lee Berlad, MD	1101 Sam Perry Blvd Ste 321	Fredericksburg	VA	22401-4466	United States	leegraph@cox.net
Lee V. Ansell, MD, FAANS	5420 West Loop S Ste 1100	Bellaire	TX	77401-2115	United States	lvansell@earthlink.net
Le (Lucy) He, MD	Dept. of Neurosurgery 1161 21st Ave S Rn	Nashville	TN	37232-0001	United States	lucy.le.he@gmail.com
Leonard F. Hirsh, MD, FAANS	Crozer Chester Med Ste. 428/Neurosurg	Chester	PA	19013	United States	trout911@comcast.net
Leonello Tacconi, MD FRCS	Neurosurgery/Osper Strada Di Fiume 44	Trieste		34100	Italy	ltacconi@yahoo.com
Leopold Arko IV, MD	Ut Southwestern Me 5323 Harry Hines B	Dallas	TX	75390-0001	United States	leopold.arko@phhs.org
Leo W. Cheng, MD	909 Hyde St Ste 609	San Francisco	CA	94109-4847	United States	leochengmd@yahoo.com
Leslie Ann Nussbaum, MD, FAANS	3033 Excelsior Blvd Ste 403	Minneapolis	MN	55416-4676	United States	lnussbaum@comcast.net
Lewis S. Snitzer, MD, FAANS	17 Simons Way	Huntingdon Valley	PA	19006-4248	United States	lewsnitz@aol.com
Lincoln Jimenez, MD	Univ. of Cincinnati/ PO Box 670515	Cincinnati	OH	45267-0001	United States	ljimenez2@hotmail.com
Line Jacques, MD, FAANS	Montreal Neurologic 3801 University #14	Montreal	QC	H3A-2B4	Canada	line.jacques@mcgill.ca
Lloyd I. Maliner, MD, FAANS	301 NW 84th Ave Ste 206	Plantation	FL	33324-1807	United States	lmaliner@theCNSgroup.net
Lloyd M. Garland, MD, FAANS	2108 Topeka Ave	Lubbock	TX	79407-2324	United States	garland@hubofthe.net
Lloyd S. Anderson, MD, FAANS	San Rafael Med. Ct 6512 E Carondelet	Tucson	AZ	85710-2117	United States	lsamdns@yahoo.com
Lloyd W. Mobley III, MD, FAANS	9777 S Yosemite St Ste 220	Lonetree	CO	80124-3115	United States	drmobley@comcast.net
Lloyd Zucker, MD, FAANS	670 Glades Rd Ste 100	Boca Raton	FL	33431-6462	United States	honu56@gmail.com
Loubert Steven Suddaby, MD	3775 Southwestern Blvd Ste A	Orchard Park	NY	14127-2159	United States	drsuddaby@hotmail.com
Louis L. Kralick, MD, FAANS	Anchorage Neuros. 3831 Piper St Ste 4	Anchorage	AK	99508-4635	United States	lkralick@hotmail.com
Louis W. Conway, MD, FAANS	12816 N 71st St	Scottsdale	AZ	85254-5379	United States of America	
Lucas Bradley, MD	Dept. of Neurosurgery 4301 W Markham S	Little Rock	AR	72205-7101	United States	lhbd77@mizzou.edu
Lucas J. Martinez, MD, FAANS	Nash Neurosurgery 2412 Professional C	Rocky Mount	NC	27804-2253	United States	lmartinez28@suddenlink.net

Lucy Carole Love, MD, FAA	Fletcher Medical Ce	3000 E Fletcher Ave	Tampa	FL	33613-4644	United States	drlclove@aol.com
Luis A. Cervantes, MD, FAA	110 Marter Ave Ste 202		Moorestown	NJ	08057-3124	United States	lcervantesmd@comcast.net
Luis A. Mignucci, MD, FAAN	6160 Windhaven Pkwy Ste 200		Plano	TX	75093-2138	United States	mignuspine@aol.com
Luis E. Duarte, MD, FAANS	120 E Beauregard Ave		San Angelo	TX	76903-5919	United States	luis@ldduarte.com
Luis F. Rodriguez, MD, FAA	All Children's Hospi	601 5th St. Ste. 511	St. Petersburg	FL	33701	United States	lfrodr1@yahoo.com
Luis Manuel Tumialan, MD,	7301 E 2nd St Ste 106		Scottsdale	AZ	85251-5609	United States	luis.tumialan@bnaneuro.net
L. Willis Allen, MD							
Lynda Jun-san Yang, MD, F	3552 Taubman Hea	1500 E Medical Cer	Ann Arbor	MI	48109-5338	United States	ljsyang@med.umich.edu
Lynn Margaret Bartl, MD, F	Neurological Assoc. (1111 Delafield St St	Waukesha	WI	53188-3402	United States	lbartl@wi.rr.com
Lynn M. Gaufin, MD, FAANS	Utah Neurological C	1055 N 300 W Ste 4	Provo	UT	84604-3359	United States	gaufinmd@yahoo.com
Lynn Mubita, MD	Henry Ford Hospita	2799 W Grand Blvd	Detroit	MI	48202-2608	United States	lmubita1@hfhs.org
M. Adam Kremer, MD	3299 N Wellness Dr Bldg. C Ste. 240		Holland	MI	49424-7269	United States	michael.kremer@brain-and-spine.com
Madhavan Pisharodi, MD, F	3475 W Alton Gloor Blvd		Brownsville	TX	78520-9277	United States	unniyettan@aol.com
Magdy I. Boulos, MD, FAAN	1306 N Broom St		Wilmington	DE	19806-4209	United States	mboulosmd@aol.com
Maged Ali El-Hefnawi, MD	El-Sharkia	PO Box 49	El-Zagazig			Egypt	elhefnawi@hotmail.com
Mahmood Fazl, MD	Sunnybrook Hosp./I	2075 Bayview Ave.	Toronto	ON	M4N-3M5	Canada	mahmood.fazl@swchsc.on.ca
Mahmoud G. Nagib, MD, FA	800 E 28th St 305 Piper Bldg.		Minneapolis	MN	55407-3723	United States	mnagib@neurosurgicalassocs.com
Majid Rahimifar, MD, FAAN	2601 Oswell St Ste 101		Bakersfield	CA	93306-3173	United States	jmartinez@bnsi.org
Manabu Minami, MD PhD	Kakegawa Kita Hos	3350 Shimotaruki	Kakegawa		4360222	Japan	eccl-3@umin.ac.jp
Manuel A. Cacdac, MD	4005 Hulman St		Terre Haute	IN	47803-3548	United States	mannyneuro@aol.com
Marc A. Letellier, MD, FAAN	4566 E Inverness Ave Ste 205		Mesa	AZ	85206-4634	United States	mletellierspine2@mac.com
Marc E. Eichler, MD, FAANS	831 Beacon St Ste 239		Newton Centre	MA	02459-1822	United States	marceichler@aol.com
Marc H. Friedberg, MD, PhD	800 Washington St Linden Bldg, 1st Fl		Norwood	MA	02062-3487	United States	m.friedberg@comcast.net
Marcos Masini, MD	Shin QL 01 Conj 6 C	Lago Norte	Brasilia		71505-065	Brazil	marcos.masini@uol.com.br
Marco T. Eugenio, MD, FAA	6600 Glen Arbor Way		Naples	FL	34119-4656	United States	meugenio13@gmail.com
Marco T. Silva, MD, FAANS	2965 Harrison St Ste 111		Beaumont	TX	77702-1148	United States	mtsmd@yahoo.com
Marc S. Goldman, MD, FAA	1538 13th Ave Ste B300		Columbus	GA	31901-2563	United States	marc.goldman@columbusneurosurgery

Marie-Noelle Hebert-Blouin,	3801 University Ste. 109	Montreal	QC	H3A-2B4	Canada	marie-noelle.hebert-blouin@mail.mcgill
Marilyn L. G. Gates, MD, FA	Henry Ford Hosp./N 2799 W Grand Blvd	Detroit	MI	48202-2608	United States	mgates1@hfhs.org
Mario Brock, MD	Pucklerstrasse 10	Berlin		14195	Germany	prof.m@riobrock.de
Mario Pineda Canlas, MD, F	731 W Rivendale Dr	Springfield	MO	65810-3117	United States	mpcanlas07@gmail.com
Marjorie C. Wang, MD, MPH	Dept. of Neurosurge 9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	mwang@mcw.edu
Mark A. Gold, MD, FAANS,	Ste. 300 1111 Glynco Pkwy	Brunswick	GA	31525-7921	United States	markagold@att.net
Mark A. Liker, MD, FAANS	25751 McBean Pkwy Ste 305	Valencia	CA	91355-3701	United States	liker@usc.edu
Mark A. Lyerly, MD, FAANS	145 Kimel Park Dr Ste 220	Winston Salem	NC	27103-6972	United States	mlyerly@neurosurgicalsolutions.com
Mark A. Spatola, MD, FAAN	Orange Park Neuro 2021 Kingsley Ave	Orange Park	FL	32073-5128	United States	mspatola1@yahoo.com
Mark A. Testaiuti, MD, FAAN	Coastalspine Pc 4000 Church Rd	Mount Laurel	NJ	08054-1110	United States	mtestaiuti@aol.com
Mark B. Gerber, MD, FAANS	Physicians Regional 6101 Pine Ridge Rd	Naples	FL	34119	United States	gerbermb@mac.com
Mark C. Lester, MD, FAANS	Texas Hlth. Presbyt 8200 Walnut Hill Ln	Dallas	TX	75231-4426	United States	MCL923@aol.com
Mark D. D'Alise, MD, FAANS	3601 21st St	Lubbock	TX	79410-1229	United States	mdalise@nsallp.net
Mark D. Smith, MD, FAANS	Carolina Neurosurg 225 Baldwin Ave	Charlotte	NC	28204-3109	United States	mark.smith@cnsa.com
Mark E. Anderson, MD, FA	16300 Sand Canyon Ave Ste 1005	Irvine	CA	92618-3710	United States	meamd@prodigy.net
Mark G. Burnett, MD, FAAN	1015 E. 32nd Street Ste. 411	Austin	TX	78705-2701	United States	mburnett@neurotexas.net
Mark H. Bilsky, MD, FAANS	Memorial Sloan-Ket 1275 York Ave # C7	New York	NY	10065-6007	United States	bilskym@mskcc.org
Mark J. Krinock, MD, FAAN	Neurosurgery of Ka 1541 Gull Rd Ste 20	Kalamazoo	MI	49048-1644	United States	markkrinock@borgess.com
Mark J. Kubala, MD, FAANS	Golden Triangle Ne 2965 Harrison St Ste	Beaumont	TX	77702-1148	United States	mkubal@swbell.net
Mark Kenneth Stevens, MD	Franciscan Skemp I 800 West Ave S	La Crosse	WI	54601-8806	United States	stevens.mark@mayo.edu
Mark K. Lyons, MD, FAANS	Mayo Clinic Hosp./N 5777 E Mayo Blvd	Phoenix	AZ	85054-4502	United States	lyons.mark2@mayo.edu
Mark K. Thompson, MD, FA	450 Clarkson Ave # 1189	Brooklyn	NY	11203-2012	United States	markoo@aol.com
Mark N. Hadley, MD, FAANS	Univ. of Alabama/N 510 20th St. S./FOT	Birmingham	AL	35294-0001	United States	mhadley@uabmc.edu
Mark P. Redding, MD, FAAN	Carolina Neurosurg 225 Baldwin Avenue	Concord	NC	28205	United States	mark.redding@cnsa.com
Mark R. McLaughlin, MD, F	Princeton Brain & S 731 Alexander Rd S	Princeton	NJ	08540-6345	United States	m.mclaughlin@princetonbrainandspine
Mark S. Adams, MD, FAANS	5400 Mackinaw Rd Ste 2300	Saginaw	MI	48604-8211	United States	adamsneuro@yahoo.com
Mark S. Gerber, MD, FAANS	The Straub Clinic & 888 S King St Palm	Honolulu	HI	96813-3009	United States	msgerber@hotmail.com

Mark Stern, MD, FAANS	Souther California In	705 E Ohio Ave	Escondido	CA	92025-3418	United States	madjuhar@aol.com
Mark V. Reichman, MD, FA	5171 Cottonwood St Ste 950		Murray	UT	84107-5713	United States	mark@nsamd.com
Mark W. Fox, MD, FAANS,	24938 Viola Lake Rd		Webster	WI	54893-9277	United States	mfox333@aol.com
Mark W. Jones, MD, FAANS	2520 W Wackerly St		Midland	MI	48640-6921	United States	joni57@earthlink.net
Marshall I. Matz, MD, FAAN	St. Elizabeth's Prof.	1431 N Western Av	Chicago	IL	60622-1775	United States of America	
Martin D. Herman, MD, PhD	Center of Brain & S	1875 Dempster St.	Park Ridge	IL	60068-1168	United States	create8@aol.com
Martin E. Gryfinski, MD, FA	36W501 Hunters Gate Rd		Saint Charles	IL	60175-5129	United States	mgryfinski@aol.com
Martin Huy Pham, MD	Univ. f Southern Ca	1200 N State St Ste	Los Angeles	CA	90033-1029	United States	martinpham@gmail.com
Martin J. Buckingham, MD,	Michigan Brain & Sp	5315 Elliott Dr Ste 1	Ypsilanti	MI	48197-8634	United States	mbuckingham@mibsi.com
Martin Johnson, MD, FAANS	31870 SW Country View Ln		Wilsonville	OR	97070-7476	United States	martinc33@hotmail.com
Masakazu Takayasu, MD	21 Karimata Yazaki	Nagakute-cho	Aichi-gun		4801195	Japan	mtakayas@aichi-med-u.ac.jp
Massimo S. Fiandaca, MD,	11055 Little Patuxent Pkwy Ste 209		Columbia	MD	21044-2898	United States	fiandaca1@comcast.net
Matthew F. Philips, MD, FA	Southcoast Neuros	480 Hawthorn St	Dartmouth	MA	02747-3713	United States	coutom@southcoast.org
Matthew Joseph McGirt, MD	T-4224 McN	1161 21st Ave. S.	Nashville	TN	37232-0001	United States	matt.mcgart@Vanderbilt.edu
Matthew J. Ross, MD, FAAN	Ste. D	150 N. Winfield Rd.	Winfield	IL	60190	United States	m.j.ross1@hotmail.com
Matthew K. Hummell, MD, F	Austin Brain & Spin	801 W 38th St Ste 4	Austin	TX	78705-1103	United States	mhummell@austin.rr.com
Matthew Louis Miller, MD	Southern Oregon N	2900 State St	Medford	OR	97504-8475	United States	ruszknacker@gmail.com
Matthew R. Quigley, MD, FA	Allegheny General H	420 E North Ave Ste	Pittsburgh	PA	15212-4746	United States	q@mattquigley.com
Matthew Thomas Mayr, MD,	Neurosurgical Asso	1651 N Parham Rd	Richmond	VA	23229-4605	United States	mmayr@yahoo.com
Matthew W. Wood, Jr., MD,	Highland Neurosurg	1 Medical Park Blvd	Bristol	TN	37620-7430	United States	mwood.hn@charter.net
Matt John Likavec, MD, FA	Dept. of Neurosurge	2500 Metrohealth D	Cleveland	OH	44109-1900	United States	mlikavec@metrohealth.org
Max R. Steuer, MD, FAANS	Ste 990	5670 Peachtree Du	Atlanta	GA	30342-4790	United States	jtaylor@peachtreeneurosurgery.com
Mayur Jayarao, MD	Univ. of Missouri-C	1 Hospital Dr MC32	Columbia	MO	65212-0001	United States	jayaraom@health.missouri.edu
Maziyar Arya Kalani, MD	Stanford Univ./Neur	300 Pasteur Dr Rm	Stanford	CA	94305-2200	United States	mkalani@stanford.edu
M. Chris Overby, MD, FAAN	900 Northern Blvd Ste 260		Great Neck	NY	11021-5302	United States	coverby@optonline.net
Meghan Murphy, MD	Mayo Clinic	200 1st Street SW	Rochester	MN	55905-0001	United States	murphy.meghan@mayo.edu
Mehdi Habibi, MD	1300 N Vermont Ave Ste 504		Los Angeles	CA	90027-6005	United States of America	

Mehmet Zileli, MD	1421 Sok 61-5	Gonca apt. Alsanca	Izmir		35230	Turkey	zilelim@gmail.com
Meic H. Schmidt, MD, FAAN	Univ. Of Utah Hosp.	175 N. Medical Dr.	Salt Lake City	UT	84132-0001	United States	meic.schmidt@hsc.utah.edu
Melville P. Roberts, MD	15 The Courtyard	70 B Hampton Rd.	Teddington		TW110JF	United Kingdom	
Melvin E. Prostkoff, MD, FA	Great Bay Neurosur	750 Central Ave Ste	Dover	NH	03820-3434	United States	mprostkoff@aol.com
Melvin Omodon, MD	Henry Ford Hospital	2799 W Grand Blvd	Detroit	MI	48202-2608	United States	momodon1@hfhs.org
Merle Preston Stringer, MD,	2011 Harrison Ave		Panama City	FL	32405-4545	United States	of America
Michael A. Finn, MD	12631 E 17th Ave C307		Aurora	CO	80045-2527	United States	michael.finn@ucdenver.edu
Michael A. Healy, MD, FAAN	Neurosurgical Netw	2222 Cherry St Ste	Toledo	OH	43608-2674	United States	mhealy@neurosurgical-network.com
Michael Albert Amaral, MD,	Brain & Spine Instit	575 Professional Dr	Lawrenceville	GA	30046-3347	United States	mialam7384@yahoo.com
Michael A. Lefkowitz, MD, F	410 Lakeville Rd Ste 204		New Hyde Park	NY	11042-1103	United States	milefkow@hotmail.com
Michael A. Leonard, MD, FA	8715 Village Dr Ste 610		San Antonio	TX	78217-5407	United States	mleonard@ani-online.com
Michael A. Morone, MD, PhD	The Billings Clinic	PO Box 37000	Billings	MT	59107-7000	United States	mmorone@billingsclinic.org
Michael C. Molleston, MD, F	342 W Lake Rd		Hattiesburg	MS	39402-7734	United States	neurhatt1@comcast.net
Michael D. Fromke, MD, FA	2001 Laurel Ave Ste 103		Knoxville	TN	37916-1868	United States	mfromke@bellsouth.net
Michael D. Walker, MD, FA	244 Cedar Park Cir		Sarasota	FL	34242-1216	United States	mdwalkermd@msn.com
Michael E. Karnasiewicz, MD	Neurosurgery/Ortho	500 Chase Pkwy	Waterbury	CT	06708-3346	United States	dockarney@gmail.com
Michael F. Boland, MD, FA	232 S Woods Mill Rd # 400E		Chesterfield	MO	63017-3417	United States	bolandm@sbcglobal.net
Michael G. Fehlings, MD, PhD	Toronto Western Ho	399 Bathurst St. #4	Toronto	ON	M5T-2S8	Canada	michael.fehlings@uhn.on.ca
Michael Gieger, MD, FAANS	Linden Bldg. 1st Fl	800 Washington St	Norwood	MA	02062-3487	United States	michael.gieger@gmail.com
Michael G. Kaiser, MD, FA	New York Neurolog	710 W 168th St Rm	New York	NY	10032-3726	United States	mgk7@columbia.edu
Michael G. Sugarman, MD,	Delaware Neurosur	774 Christiana Rd S	Newark	DE	19713-4221	United States	mgsmmd@aol.com
Michael H. Hitchcock, MD, F	640 McArthur Dr		Littleton	CO	80124-9601	United States	mhhitch@aol.com
Michael H. Lavyne, MD, FA	110 E 55th St Fl 9		New York	NY	10022-4571	United States	mlavyne@aol.com
Michael Howard Robbins, MD	3939 J St Ste 380		Sacramento	CA	95819-3671	United States	mrobbmd@hotmail.com
Michael I. Stanley, MD, FA	Crozer Chester Mec	Pob 2 Ste. 428	Upland	PA	19013	United States	neurosurgeon@comcast.net
Michael James McGinity, MD	Ut Hlth Sci Ctr/Neur	7703 Floyd Curl Dr	San Antonio	TX	78229-3901	United States	of America
Michael J. Markham, MD, F	3151 NE Dunckley St		Portland	OR	97212-1733	United States	michaelmarkham46@comcast.net

Michael Joseph Dorsi, MD	1534 Greenfield Ave Apt 303	Los Angeles	CA	90025-3986	United States	mdorsi@jhmi.edu
Michael Joseph Musacchio,	17980 Dallas Pkwy Ste 300	Dallas	TX	75287	United States	michaelmusacchio@gmail.com
Michael J. Rosner, MD	80 Doctors Dr Ste 4	Hendersonville	NC	28792-7289	United States	mjrosnermd@bellsouth.net
Michael J. Rutigliano, MD, M	RR 7 Box 259H	Greensburg	PA	15601-9569	United States	rutiglianomj@msx.upmc.edu
Michael Kevin Moore, MD	Emory Clinic/Neuro: 1365-B Clifton Rd N	Atlanta	GA	30322-0001	United States of America	
Michael K. Landi, MD, FAAN	400 International Dr	Buffalo	NY	14221-5760	United States	mklandi@gmail.com
Michael K. Rosner, MD, FA	5505 Roosevelt Street	Bethesda	MD	20817	United States	michael.rosner@us.army.mil
Michael Lang, MD	Thomas Jefferson U 1015 Chestnut St F	Philadelphia	PA	19107-4316	United States	michael.lang@jeffersonhospital.org
Michael Moravan, MD	26 Brighton St	Rochester	NY	14607-2604	United States	michael_moravan@urmc.rochester.edu
Michael Naldo Bucci, MD, F	3 Saint Francis Dr Ste 490	Greenville	SC	29601-3972	United States	mb@piedneuro.com
Michael Nanaszko, MD	Div. of Neurosurgery 350 W Thomas Rd	Phoenix	AZ	85013-4409	United States	michael.nanaszko@bnaneuro.net
Michael Patrick Steinmetz, M	Dept. of Neuroscien 2500 Metrohealth D	Cleveland	OH	44109-1900	United States	spinemetz@yahoo.com
Michael Paul Wemhoff, MD	Loyola Univ Med Ct 2160 S 1st Ave	Maywood	IL	60153-3328	United States of America	
Michael P. B. Kilburn, MD, F	Carolina Neurosurg 115 Academy Ave	Greenwood	SC	29646-3869	United States of America	
Michael R. Gallagher, MD, F	Neurosurgical Group 1010 E 3rd St Ste 2	Chattanooga	TN	37403-2174	United States	mgallagher@chattanooganeurosurg.org
Michael Schneier, MD, FAA	7301 Medical Center Dr Ste 301	West Hills	CA	91307-1979	United States	mdschneier@mac.com
Michael T. Richard, MD, FA	Ottawa General Hos 501 Smyth Rd.	Ottawa	ON	K1H-8L6	Canada	
Michael W. Groff, MD, FAAN	Brigham & Women's 75 Francis St	Boston	MA	02115-6106	United States	mgroff@mac.com
Michael W. Meriwether, MD	9040 Town Center Pkwy	Lakewood Ranch	FL	34202-4101	United States	mwm0878@gmail.com
Michael Y. Wang, MD, FAAN	University Of Miami 1095 NW 14th Ter	Miami	FL	33136-1060	United States	mwang2@med.miami.edu
Michel C. Pare, MD	Dalton Neurosurgical 1107 Memorial Dr S	Dalton	GA	30720-8662	United States	mpare@chattanooganeurosurg.org
Michele Marie Johnson, MD	6400 Fannin St Ste 2800	Houston	TX	77030-1534	United States	michele.m.johnson@uth.tmc.edu
Michelle J. Clarke, MD	Mayo Clinic Dept. Of Neurosurg	Rochester	MN	55905-0001	United States	clarke.michelle@mayo.edu
Michelle Lauren Feinberg, M	George Washington 2150 Pennsylvania	Washington	DC	20037	United States	michelle_feinberg@nymc.edu
Mick J. Perez-Cruet, MD, F	Michigan Head and 3577 W 13 Mile Rd	Royal Oak	MI	48073-6710	United States	perezcruet@yahoo.com
Mikhail S. Gelfenbeyn, MD F	1660 S Columbian Way Surgical Service	Seattle	WA	98108-1532	United States	mgelfenbeyn@hotmail.com
Mina Foroohar, MD, FAANS	Northwest Neurosur 880 W Central Rd S	Arlington Heights	IL	60005-2366	United States	mforoohar@northwestneurosurgery.com

Mitchell L. Supler, MD, FAA	13000 US Highway 1 Ste 5	Sebastian	FL	32958-3773	United States	mlsupler@aol.com
Mohamed Karamalla Farhoud	15 Sabry Basha Str Borg El-Amal Bld.,	Alexandria			Egypt	farhoudf1@yahoo.com
Mohamed Y. I. Beck, MD, F	1801 S 5th St Ste 207	McAllen	TX	78503-2932	United States	neurosurg1801@yahoo.com
Mohammed Aref, MD	McMaster Univ./Dep 1200 Main St. W	Hamilton	ON	L8N 3Z5	Canada	m_aref@hotmail.com
Mohammed Farid Shamji, M	99 Scout St.	Ottawa	ON	K2C-4C9	Canada	shamji@aya.yale.edu
Mokbel K. Chedid, MD, FAA	2799 W Grand Blvd K11	Detroit	MI	48202-2608	United States	khafua@yahoo.com
Monte B. Weinberger, MD	5200 Centre Ave Ste 617	Pittsburgh	PA	15232-1326	United States	weinberger6@comcast.net
Moris Senegor, MD, FAANS	2209 N California St	Stockton	CA	95204-5503	United States	bluffy@gotnet.net
Morris D. Loffman, MD, FAA	17173 Strawberry Dr	Encino	CA	91436-3865	United States	morris@loffman.com
Morris Wade Pulliam, MD, F	2658 State Route 5 Bldg C Ste. G	Cortland	OH	44410-9393	United States	budman9@neo.rr.com
Morris William Ray, MD, FA	Semmes-Murphey C 6325 Humphreys Bl	Memphis	TN	38120-2300	United States of America	
Moustapha Abou-Samra, M	168 N Brent St Ste 408	Ventura	CA	93003-2824	United States	mabousamra@aol.com
M. Samy Abdou, MD, FAAN	Kaiser Hosp./Neuro 4647 Zion Ave	San Diego	CA	92120-2507	United States	abdou1@msn.com
M. Sean Grady, MD, FAANS	University of Penns 3400 Spruce St	Philadelphia	PA	19104-4230	United States	gradys@uphs.upenn.edu
Muhamman Zeeshan Memc	Cleveland Clinic/Ne 9500 Euclid Ave S4	Cleveland	OH	44195-0001	United States of America	
Muhammed Y. Memon, MD	2400 Harbor Blvd Ste 10	Port Charlotte	FL	33952-5038	United States of America	
Nachshon Knoller, MD	Chaim Sheba Med. Ctr.	Tel Hashomer			Israel	knoller@sheba.health.gov.il
Nancy E. Binter, MD, FAAN	94 Colchester Ave	Burlington	VT	05401-1417	United States	nancybinter@msn.com
Nancy Epstein, MD, FAANS	Long Island Neuros 410 Lakeville Rd St	New Hyde Park	NY	11042-1103	United States	dch3@columbia.edu
Narayan Sundaresan, MD, F	1148 5th Ave	New York	NY	10128-0807	United States	drsundaresan@yahoo.com
Naresh P. Patel, MD, FAAN	Mayo Clinic Hosp./N 5777 E Mayo Blvd	Phoenix	AZ	85054-4502	United States	patel.naresh@mayo.edu
Narni R. Giri, MD, FAANS	6 Warner Ct	Mount Laurel	NJ	08054-3070	United States of America	
Nasrollah Fatehi, MD, FAAN	Atlantic Neurosurgic 1020 Independence	Virginia Beach	VA	23455-5542	United States	kamranfatehi@cox.net
Nasser M. F. El-Ghandour,	81 Nasr Rd. Nasr City	Cairo			Egypt	elghandour@yahoo.com
Natasha M. McKay, MD	300 Carew St Ste 1	Springfield	MA	01104-2146	United States	McKayNatasha@yahoo.com
Nathan Joseph Ranalli, MD	St. Louis Children's 1 Childrens Pl Ste 4	St Louis	MO	63110-1002	United States	ranallin@wudosis.wustl.edu
Neal Dev Mehan, MD	North Shore Univ. H 300 Community Dr.	Manhasset	NY	11030-3816	United States	mehannd@email.uc.edu

Neil G. Johnson, MD, FAAN	PO Box 9160		San Bernardino	CA	92427-0160	United States	sharsac@msn.com
Neill M. Wright, MD, FAANS	Washington Univ./N	660 S Euclid Ave #	Saint Louis	MO	63110-1010	United States	wrightn@wustl.edu
Neil P. O'Malley, MD, FAAN	Parkway Neuroscie	17 Western Marylar	Hagerstown	MD	21740-5471	United States	omalleynr@aol.com
Nelson T. Macedo, MD, FA	PO Box 8594		Rocky Mount	NC	27804-1594	United States	nmacedo@netneurowave.com
Nevan G. Baldwin, MD, FAA	3601 21st St		Lubbock	TX	79410-1229	United States	nbaldwin@nsallp.net
Nicholas Au Yong	UCLA/Neurosurgery	Box 957039	Los Angeles	CA	90095	United States	nicholas.auyong@drexel.edu
Nicholas Brandl Rossi, MD	Univ Of Tennessee	847 Monroe Ave	Memphis	TN	38103-4901	United States	of America
Nicholas Ferraro, MD	Lois Pope Life Ctr./I	1095 NW 14 Ter #C	Miami	FL	33136	United States	NFerraro@med.miami.edu
Nicholas F. Voss, MD, FAAI	Neurospine Ctr.	1812 E Main St	Dothan	AL	36301-3000	United States	nvoss@samc.org
Nicholas Theodore, MD, FA	Barrow Neurosurgic	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States	theodore@bnaneuro.net
Nikhil Sahasrabudhe, MD	New York Univ. Sch	550 1st Ave/Neuros	New York	NY	10016-6402	United States	nikhil.sahasrabudhe@nyumc.org
Nina Moore, MD	Cleveland Clinic/Ne	9500 Euclid Ave S4	Cleveland	OH	44195-0001	United States	nina.z.moore@gmail.com
Ninh Doan, MD	Med. Coll. of Wisco	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	ndoan@mcw.edu
Nizam Razack, MD, FAANS	Spine & Brain Neur	7460 Docs Grove C	Orlando	FL	32819-8010	United States	nrzk@yahoo.com
Noam Y. Stadlan, MD, FAAI	3rd Floor Administr	9600 Gross Point R	Skokie	IL	60076-1214	United States	nstadlan@northshore.org
Noel I. Perin, MD, FAANS, FNYU	Langone Med.	530 1st Ave # 8S	New York	NY	10016-6402	United States	nip3311@aol.com
Norbert Roosen, MD, FAAN	Henry Ford Wyand	2333 Biddle Ave	Wyandotte	MI	48192-4668	United States	nroosen@comcast.net
Norman J. Rotter, MD, FAA	Oakwood Hospital	18181 Oakwood Blv	Dearborn	MI	48124-3960	United States	harnorm@aol.com
Norman Neil Brown, MD, PR	5300 W Hillsboro Blvd Ste 103		Coconut Creek	FL	33073-4395	United States	mdneur@aol.com
O. Del Curling, MD, MBA, F	Winston Neurol.&Sp	149 N Cherry St	Kernersville	NC	27284-2823	United States	drcurling@triad.rr.com
Olaide Ajayi, MD	Loma Linda Univ./N	11234 Anderson St	Loma Linda	CA	92354-2804	United States	ooajayi@llu.edu
Oliver D. W. Grin, MD, FAAI	2840 Bonnell Ave SE		Grand Rapids	MI	49506-3130	United States	drgrin@championhealthandfitness.com
Omar N. Syed, MD	344 Cabrini Blvd Apt 22		New York	NY	10040-3600	United States	of America
Oran S. Aaronson, MD, FAA	Vanderbilt Univ./Ne	T-4224 Medical Cer	Nashville	TN	37232-0001	United States	oran.aaronson@vanderbilt.edu
Orin Bloch, MD	Moffitt Hosp./Neuro	505 Parnassus Ave	San Francisco	CA	94143-0112	United States	blochog@neurosurg.ucsf.edu
Osamah Choudhry, MD	513 Jersey Ave		Elizabeth	NJ	07202-1725	United States	osamah.choudhry@gmail.com
Pablo F. Recinos, MD	Johns Hopkins Univ	600 N. Wolfe St. Me	Baltimore	MD	21287-0001	United States	pablo@jhmi.edu

Pablo J. Acebal, MD, FAAN	PO Box 651907		Miami	FL	33265-1907	United States	pacebal@aol.com
Parham Yashar, MD	1200 N State St #3300		Los Angeles	CA	90033-1029	United States	docparham@yahoo.com
Parley William Madsen III, MD	205 S West St Ste E		Visalia	CA	93291-6112	United States	pwmadsen@aol.com
Parviz Baghai, MD, FAANS	Allegheny General Hospital	420 E North Ave Ste	Pittsburgh	PA	15212-4746	United States	pbaghai@wpahs.org
Patricio Hernan Mujica, MD	12 High St Ste 401		Lewiston	ME	04240-7690	United States	mujica1@aol.com
Patrick Alton Juneau III, MD	1103 Kaliste Saloom Rd Ste 206		Lafayette	LA	70508-5784	United States	pjuneau@cox-internet.com
Patrick C. Hsieh, MD	1200 N State St # 3300		Los Angeles	CA	90033-1029	United States	phsieh@usc.edu
Patrick G. Ryan, MD, FAAN	Montgomery Neurosurgery	1510 Forest Ave	Montgomery	AL	36106-1517	United States	drryan@knology.net
Patrick Peter Alexandre Fra	Clinique du Parc Le	38 rue Froissart	Brussels		1040	Belgium	fransenp@yahoo.fr
Patrick R. Pritchard, MD	Uab/Div. Of Neurosurgery	510 20th St. S./Fot	Birmingham	AL	35294-0001	United States	ppritchard@uabmc.edu
Patrick R. Walsh, MD, PhD	15480 W Burleigh Rd		Brookfield	WI	53005-2916	United States	pwal10@yahoo.com
Patrick W. Hitchon, MD, FA	University Of Iowa Hospital	200 Hawkins Dr	Iowa City	IA	52242-1007	United States	patrick-hitchon@uiowa.edu
Paul A. Anderson, MD	1685 Highland Ave Fl 6		Madison	WI	53705-2281	United States	anderson@orthorehab.wisc.edu
Paul B. Nelson, MD, FAANS	P.O. Box 4407		Carmel	IN	46082	United States	pnelson1@iupui.edu
Paul C. Francel, MD, PhD, FRC	13825 Quail Pointe Dr		Oklahoma City	OK	73134-1021	United States	pfrancel@gmail.com
Paul C. McCormick, MD, FA	New York Neurology	710 W 168th St	New York	NY	10032-3726	United States	pcm6@columbia.edu
Paul D. Croissant, MD, FAAN	Neuro Surgical Consultants	799 Denison Ct # 2	Bloomfield Hills	MI	48302-0053	United States	pcroissant@comcast.net
Paul D. Sawin, MD, FAANS	Orlando Neurosurgery	1605 W Fairbanks Ave	Winter Park	FL	32789-4603	United States	nmaddalina@orlandoneurosurgery.com
Paul Edward Spurgas, MD	40 Komar Dr		Charlton	NY	12019-2655	United States	pspurga1@nycap.rr.com
Paul E. Stohr, MD, FAANS	330 1st Capitol Dr Ste 430		Saint Charles	MO	63301-2847	United States	pstohr@aol.com
Paul Foreman, MD	Univ. of Alabama/Neurology	510 S 20th St FOT	Birmingham	AL	35294-0001	United States	pforeman@uabmc.edu
Paul G. Matz, MD, FAANS	232 S Woods Mill Rd Ste 400E		Chesterfield	MO	63017-3417	United States	matzpg@yahoo.com
Paul H. Chodroff, MD, FAAN	1455 Montego Ste 200		Walnut Creek	CA	94598-2963	United States of America	
Paul J. Apostolides, MD, FAAN	6 Greenwich Office Park		Greenwich	CT	06831-5151	United States	apostolides@onsmd.com
Paul J. Marcotte, MD, FAAN	Univ. Of Pennsylvania	3400 Spruce St	Philadelphia	PA	19104-4230	United States	marcottp@uphs.upenn.edu
Paul K. King, MD, FAANS	Metro Atlanta Neurosurgery	285 Boulevard NE Ste	Atlanta	GA	30312-4215	United States	pkingmd@yahoo.com
Paul Klimo, Jr., MD, FAANS	Semmes Murphey Clinic	6325 Humphreys Blvd	Memphis	TN	38120-2300	United States	atomkpnk@yahoo.com

Paul K. Maurer, MD, FAANS	2655 Ridgeway Ave Ste 460		Rochester	NY	14626-4296	United States	pmaurer@unityhealth.org
Paul L. Gorsuch, Jr., MD, FAANS	401 15th Ave S Ste 101		Great Falls	MT	59405-4372	United States	pgorbus@mac.com
Paul M. Arnold, MD, FAANS	Univ. Of Kansas Hospi	3901 Rainbow Blvd	Kansas City	KS	66160-0001	United States	parnold@kumc.edu
Paul M. Lin, MD, FAANS	1030 Glendevon Dr		Ambler	PA	19002-1859	United States	paulmlin@aol.com
Paul Park, MD, FAANS	1500 E Medical Center	3552 Taubman Center	Ann Arbor	MI	48109-5000	United States	ppark@med.umich.edu
Paul R. Cooper, MD, FAANS	New York Univ. Medical	550 1st Ave	New York	NY	10016-6402	United States	paul.cooper@med.nyu.edu
Paul R. McCombs III, MD, FAANS	2011 Murphy Ave Ste 301		Nashville	TN	37203-2023	United States	pmccombs@howellallen.com
Paul Santiago, MD, FAANS	Washington Univ. of	660 S Euclid Ave #8	St Louis	MO	63110-1010	United States	santiagop@nsurg.wustl.edu
Paul S. Jackson, MD, PhD, FAANS	Dept. of Neurosurgery	795 El Camino Real	Palo Alto	CA	94301-2302	United States	pjackson@stanfordalumni.org
Paul W. Detwiler, MD, FAANS	Tyler Neurosurgical	700 Olympic Plaza	Tyler	TX	75701-1955	United States	pauldetwiler@suddenlink.net
Paul W. Kramer, MD, FAANS	2765 NE 35th Dr		Fort Lauderdale	FL	33308-6315	United States	PAULHAWKEYE1@aol.com
Paul W. Laprade, Jr., MD, FAANS	9250 N 3rd St Ste 3000		Phoenix	AZ	85020-2425	United States	debbso@aol.com
Payman Vahedi, MD	Tabriz Univ. of Medical	Imam Reza Hospital/C	Tabriz		5166614756	Iran (Islamic Republic of)	payman.vahedi@gmail.com
Perry A. Ball, MD, FAANS, FACS	Dartmouth Hitchcock	1 Medical Center Drive	Lebanon	NH	03756-1000	United States	perry.a.ball@hitchcock.org
Perry Argires, MD, FAANS, FACS	2150 Harrisburg Pike Ste 200		Lancaster	PA	17601-2644	United States	pargires@neurospinemd.com
Peter Anthony DeRosa, MD, FAANS	George Washington Univ	2150 Pennsylvania Ave	Washington	DC	20037	United States	pderosa@gwu.edu
Peter C. Gerszten, MD, MPH, FAANS	Univ. of Pittsburgh Medical	200 Lothrop St Ste	Pittsburgh	PA	15213-2536	United States	gersztenpc@upmc.edu
Peter Douglas Angevine, MD, FAANS	710 W 168th St Rm 502		New York	NY	10032-3726	United States	pda9@columbia.edu
Peter E. Sheptak, MD, FAANS	10 Edgewood Rd		Pittsburgh	PA	15215-1816	United States	pesheptak@aol.com
Peter G. Gianaris, MD, FAANS	8333 Naab Rd Ste 250		Indianapolis	IN	46260-1983	United States	pgianaris@ing.md
Peter H. Hollis, MD, FAANS	900 Northern Blvd Ste 260		Great Neck	NY	11021-5302	United States	phollis@optonline.net
Peter J. Grillo, MD, FAANS, FACS	PO Box 734 16 Bramley Hill Rd		Windham	NH	03087-0734	United States	marionlrg@comcast.net
Peter K. Dempsey, MD, FAANS	Lahey Clinic	41 Mall Rd.	Burlington	MA	01805-0001	United States	peter.k.dempsey@lahey.org
Peter L. Mayer, MD, FAANS	Neurosurgery & Spinal	5831 Bee Ridge Rd	Sarasota	FL	34233-5089	United States	peterlmayer@comcast.net
Peter M. Klara, MD, PhD, FAANS	114 Fairways Blvd. North		Tullahoma	TN	37388	United States	Peter.Klara@gmail.com
Peter Morgenstern, MD	Weill Cornell Medical	525 E 68th St	New York	NY	10065-4870	United States	pfm2001@med.cornell.edu
Peter M. Sorini, MD, FAANS	Big Sky Neuroscience	700 W Gold St	Butte	MT	59701-2320	United States	brain8658@aol.com

Peter O. Holliday III, MD, FA	420 Charter Blvd Ste 402	Macon	GA	31210-0722	United States	hollidaypeter@bellsouth.net
Philip Arthur Minella, MD, F	Ohio Neurosurgical 30 E Apple St Ste 6	Dayton	OH	45409-2939	United States	pminella@woh.rr.com
Philip A. Yazbak, MD, FAAN	Neuroscience Group 1305 W American C	Neenah	WI	54956-1993	United States	philip.yazbak@neurosciencegroup.com
Philip C. Bechtel, MD, FAAN	Fort Worth Brain & 1325 Pennsylvania	Fort Worth	TX	76104-2145	United States	fwbsi@yahoo.com
Philip Colburn Maher, MD	800 Saint Vincents Dr Ste 700	Birmingham	AL	35205-1630	United States	awaldrop@neurosurgicalassoc.com
Philip J. Hlavac, MD, FAAN	414 E Drinker St Ste 101A	Dunmore	PA	18512-2469	United States	hlavacp@aol.com
Philip Lee, MD, PhD	Univ. of Pittsburgh/M 200 Lothrop St Ste	Pittsburgh	PA	15213-2536	United States	leeps@upmc.edu
Philip L. Gildenberg, MD, Ph	3776 Darcus St	Houston	TX	77005-3704	United States	hscp@sbcglobal.net
Philipp M. Lippe, MD, FAAN	PO Box 41217	San Jose	CA	95160-1217	United States	pmlippe@att.net
Philip R. Weinstein, MD, FA	University Of Califor 505 Parnassus Ave	San Francisco	CA	94143-0001	United States	weinsteinp@neurosurg.ucsf.edu
Phillip A. Tibbs, MD, FAANS	Univ. of Kentucky M 800 Rose St. Rm. M	Lexington	KY	40536-0001	United States	patibbs@uky.edu
Phillip Friedman, MD, FAAN	30200 Telegraph Rd Ste 179	Bingham Farms	MI	48025-4503	United States	phfriedman@comcast.net
Phillip Robert Dagostino, M	1318 Glade St Apt 43	Winston Salem	NC	27101-2634	United States	phillip.dagostino@gmail.com
Phillip S. Dickey, MD, FAAN	New Haven Neuros 60 Temple St Ste 4	New Haven	CT	06510-2716	United States	pdickey@newhavenneuro.com
Phillip V. McAllister, MD, FA	115 Eureka Dr	Gray	LA	70359-3247	United States	phillippvm@aol.com
Phudhiphorn Thienprasit, M	5 Sunshine Ln	North Oaks	MN	55127-2021	United States	dr.thienprasit@millenniumneurosurgery
P. Langham Gleason, MD, F	1722 9th St	Wichita Falls	TX	76301-5003	United States	plg20@columbia.edu
Prabhundha Vanasupa, MD	3491 Highland Dr	Bay City	MI	48706-2414	United States	pvanasupa@yahoo.com
Pratik Rohatgi, MD	Penn State Hershey 30 Hope Dr Ste 275	Hershey	PA	17033-2036	United States	prohatgi@hmc.psu.edu
Praveen G. Prasad, MD, FA	2801 K St Ste 300	Sacramento	CA	95816-5170	United States	praveen_prasad@hotmail.com
Praveen V. Mummaneni, M	UCSF/Neurosurgery 505 Parnassus Ave	San Francisco	CA	94143-0001	United States	vmum@aol.com
Prayash Gaurang Patel, MD	Univ Of Tennessee 847 Monroe Ave	Memphis	TN	38103-4901	United States	of America
Prem K. Pillay, MBBS FACS	Asian Brain-Spine-M 3 Mt. Elizabeth #15	Singapore		228510	Singapore	neuro@pacific.net.sg
Pritam S. Sahni, MD	PO Box 1587 4114 N Watertower Place	Mount Vernon	IL	62864-0031	United States	sahni@mvn.net
P. Robert Schwetschenau, I	10550 Montgomery Ste. 33	Cincinnati	OH	45242-4422	United States	prschwetschenau@yahoo.com
Rachana Tyagi, MD	125 Paterson St # 2100	New Brunswick	NJ	08901-1962	United States	tyagira@umdnj.edu
Radmehr Torabi, MD	Brown Univ./Neuros 55 Claverick St Ste	Providence	RI	02903-4144	United States	torabs74@yahoo.com

Rafael A. Lopez, MD	PO Box 57288		Washington	DC	20037-0288	United States of America	
Rafael A. Vega, MD	420 N 1st St		Richmond	VA	23219-1702	United States	ravega@mcvh-vcu.edu
Rafael M. Ramirez, MD	PO Box 36132		Cincinnati	OH	45236-0132	United States of America	
Rafeek Woods, MD	Loma Linda Univ./N	11234 Anderson St	Loma Linda	CA	92354-2804	United States	rowoods@llu.edu
Rajesh K. Bindal, MD, FAAN	16605 Southwest Fwy Ste 285		Sugar Land	TX	77479-3500	United States	rbindal@aol.com
Rajiv Midha, MD, MS, FAAN	Foothills Med. Ctr./C	1403-29 St. N.W. R	Calgary	AB	T2N-2T9	Canada	rajmidha@ucalgary.ca
Raj Murali, MD, FAANS	New York Med. Coll	Munger Pavilion 325	Valhalla	NY	10595	United States	raj_murali@nymc.edu
Rakesh Kumar, MD, FAANS	5106 N Armenia Ave Ste 3		Tampa	FL	33603-1433	United States	rockumar@verizon.net
Ralph C. Loomis, MD, FAAN	Mountain Neurosurg	7 Vanderbilt Park Dr	Asheville	NC	28803-1700	United States	dsploomis@charter.net
Ralph G. Dacey, Jr., MD, FA	Washington Univ./N	660 S Euclid Ave #	Saint Louis	MO	63110-1010	United States	dacey@wustl.edu
Ramin Rak, MD	353 Veterans Memorial Hwy Ste 303		Commack	NY	11725-4325	United States	raminrak@aol.com
Ramsis F. Ghaly, MD, FAAN	Ghaly Neurosurgica	4260 Westbrook Dr	Aurora	IL	60504-8136	United States	rfghaly@aol.com
Randall M. Chesnut, MD, FA	Univ. Of Washington	325 9th Ave # 3599	Seattle	WA	98104-2420	United States	chesnut@u.washington.edu
Randall R. McCafferty, MD, FA	59 MDW/MSGs/MC	2200 Bergquist Dr S	Lackland A F B	TX	78236-9908	United States	randall.mccafferty@us.af.mil
Randall W. Porter, MD, FAAN	Barrow Neurosurgic	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States	randall.porter@bnaneuro.net
Rand M. Voorhies, MD, FAAN	4228 Houma Blvd Ste 510		Metairie	LA	70006-3015	United States	voorhies@sbsdocs.net
Raqeeb M. Haque, MD	New York Neuro. In	710 W 168th St Fl 4	New York	NY	10032-3726	United States	raqeeb.haque@gmail.com
Raul V. Rivet, MD, FAANS	Four Corners Neuro	555 S Schwartz Ave	Farmington	NM	87401-5955	United States	rulynm@yahoo.com
Ravindra N. Goyal, MD, FAAN	101 Indigo Run		Ponte Vedra Beach	FL	32082-3903	United States	rngoyal@att.net
Raymond Blaine Rawson, MD, FA	4048 Cedar Bluff Dr Suite B		Petoskey	MI	49770-2276	United States	blaine_rawsonmd@yahoo.com
Raymond I. Haroun, MD, FAAN	8217 Pumpkin Hill Ct		Baltimore	MD	21208-1872	United States	rharoun@comcast.net
Raymond Louis Sattler, MD, FA	1483 Chain Bridge Rd Ste 305		McLean	VA	22101-5703	United States	rlsattler@aol.com
Regis W. Haid, Jr., MD, FAAN	Atlanta Brain & Spine	2001 Peachtree Rd	Atlanta	GA	30309-1476	United States	rhaid@atlantabrainandspine.com
Rein Anton, MD, PhD, FAAN	Univ. Of Arizona Rn	1501 N. Campbell A	Tucson	AZ	85724-0001	United States	ranton@medcenter.arizona.edu
Rene Vargas Pacheco, MD, FA	Cuauhtemoc #330		Mexico	BCN	06720	Mexico	renevpr24@hotmail.com
Rex E. H. Arendall II, MD, FA	1527 Sunset Road		Brentwood	TN	37027	United States	rexcarol@aol.com
Ricardo Segal, MD	Hadassah Univ. Hos	PO Box 72000 Kiryat	Jerusalem		91120	Israel	rsegal@hadassah.org.il

Richard A. Douglas, MD, FA	United Hospital/Neu	527 Medical Park D	Bridgeport	WV	26330-9010	United States	rdouglasmd@yahoo.com
Richard Alan Berkman, MD	Neurosurgical Asso	PO Box 331696	Nashville	TN	37203-7516	United States	shakchester@yahoo.com
Richard Alan Close, MD, FA	Spine & Brain Neur	601 Spruce St	West Reading	PA	19611-1443	United States	rclose1@verizon.net
Richard A. Rak, MD, FAANS	1815A E Amber Ln		Urbana	IL	61802-7287	United States	rrak223@excite.com
Richard B. North, MD, FAAN	Lifefridge Health Br	5051 Greenspring A	Baltimore	MD	21209-4354	United States	DrRNorth@hotmail.com
Richard Boyd Williams, MD,	5601 De Soto Ave		Woodland Hills	CA	91367-6701	United States	rbwcal@aol.com
Richard B. Raynor III, MD, F	112 E 74th St		New York	NY	10021-3535	United States	raindrop8@msn.com
Richard B. Rodgers, MD, F	1801 N. Senate #610		Indianapolis	IN	46202	United States	rbrodger@iupui.edu
Richard C. Ostrup, MD, FAA	2100 5th Ave Ste 200		San Diego	CA	92101-2102	United States	ostrup@gmail.com
Richard C. Williams, MD, F	55 Highland Dr		San Luis Obispo	CA	93405-1017	United States	rcwspine@aol.com
Richard E. Freeman, MD, F	535 Roxbury Rd		Rockford	IL	61107-5076	United States	seahorsemd@mac.com
Richard Elliott Weiss, MD, F	17740 Olson Pl		Salinas	CA	93907-9051	United States	dtweiss@sbcglobal.net
Richard E. Pelosi, MD, FAA	1 W Ridgewood Ave Ste 208		Paramus	NJ	07652-2350	United States	suzanpel@aol.com
Richard G. Ellenbogen, MD,	325 9th Ave MS 359766		Seattle	WA	98104-2420	United States	rge@u.washington.edu
Richard G. Fessler, MD, Ph	Northwestern Univ./	676 N Saint Clair St	Chicago	IL	60611-2922	United States	rfessler@nmff.org
Richard Golden Perrin, MD	Room 948 9th Fl.	55 Queen St. E.	Toronto	ON	M5C-1R6	Canada	richard.perrin@utoronto.ca
Richard Harbison Schwartz,	1220 E 3900 S Ste 4E		Salt Lake City	UT	84124-1343	United States	rsfg1@comcast.net
Richard H. Ashby, MD, FAA	8919 Vista View Dr		Dallas	TX	75243-6350	United States	ashby7@gmail.com
Richard Henry Jackson, MD	Dallas Neurosurgical	8230 Walnut Hill Ln	Dallas	TX	75231-4425	United States	richhjack@msn.com
Richard H. Mortara, MD, FA	1021 Sedgewood Place Ct.		Charlotte	NC	28211-1343	United States	amortar@msn.com
Richard H. Tippetts, MD, FA	5169 Cottonwood St Ste 500		Murray	UT	84107-6770	United States	rick@nsamd.com
Richard J. Lewin, MD, FAAN	2030 Chettro Trl		Saint George	UT	84770-5345	United States	rjl@sginet.com
Richard K. Osenbach, MD, I	Cape Fear Valley N	3308 Melrose Rd	Fayetteville	NC	28304-1604	United States	rosenbach@capefearvalley.com
Richard L. Carter, MD, FAA	5487 Walden Bay Dr		Waunakee	WI	53597-9099	United States	mdrlc@aol.com
Richard L. Saunders, MD, F	Upper Valley Neuro	106 Hanover St	Lebanon	NH	03766-1042	United States	rlspms@gmail.com
Richard Menger, MD	LSU-Shreveport/Ne	PO Box 33932	Shreveport	LA	71130-3932	United States	richard.menger@gmail.com
Richard M. Toselli, MD	7 Crestwood Rd		Barrington	RI	02806-4013	United States	tosellir@yahoo.com

Richard M. Westmark, MD,	18333 Egret Bay Blvd Ste 200	Houston	TX	77058-3200	United States	kwestmark@comcast.net	
Richard P. Greenberg, MD,	Cleveland Spine & I 202 E Grover St	Shelby	NC	28150-3977	United States	grnberg@bellsouth.net	
Richard S. Kyle, MD, FAAN	1502 SE 28th St Ste 2	Bentonville	AR	72712-0076	United States	rkylemd@sbcglobal.net	
Richard V. Chua, MD, FAAN	Northwest Neuro Sp	5860 N La Cholla B	Tucson	AZ	85741-3597	United States	rchua@nwneuro.com
Richard W. Broderick, MD, I	Surgical Neurology	880 W Central Rd, S	Arlington Heights	IL	60005-2378	United States	rbroderick@surgicalneurology.com
Richard William Johnson, M	Rm. 602	80-02 Kew Gardens	Kew Gardens	NY	11415	United States	drjrspine@aol.com
Rick L. McKenzie, MD, FAA	701 University Blvd E Ste 702	Tuscaloosa	AL	35401-7433	United States	rmckenzie@westalabamaneurospine.c	
Ricky James Placide, MD	1115 Boulders Pkwy	Richmond	VA	23225-4032	United States	BONESPLACIDE@YAHOO.COM	
R. John Hurlbert, MD PhD F	Foothills Med. Ctr./C	1403 29th St. N.W.	Calgary	AB	T2N-2T9	Canada	jhurlber@ucalgary.ca
R. L. Patrick Rhoten, MD, F	R.L. Patrick Rhoten	120 S Spalding Dr S	Beverly Hills	CA	90212-1842	United States	prhotenmd@gmail.com
Robert A. Beatty, MD, FAAN	911 N Elm St Ste 114	Hinsdale	IL	60521-3640	United States	rmd@att.net	
Robert A. Narotzky, MD, FA	PO Box 50670	Casper	WY	82605-0670	United States	robertnarotzky@gmail.com	
Robert Arthur Gruesen, MD	20007 698th Ave. E.	Bradenton	FL	34211	United States	rgruesen@tampabay.rr.com	
Robert A. Sabo, MD, FAAN	Harbor Medical Bldg	110 Harbor Ln Ste A	Somers Point	NJ	08244-2470	United States	rasabo@pol.net
Robert B. Snow, MD, FAAN	55 E 72nd St	New York	NY	10021-4176	United States	dr.robertsnow@verizon.net	
Robert C. Meredith, MD, FA	5343 Soledad Mountain Rd	San Diego	CA	92109-1532	United States	rmeredith-mdns@earthlink.net	
Robert E. Dicks III, MD, FA	1021 Wood Hollow Ln.	Athens	GA	30606-5357	United States	rdicksmd@earthlink.net	
Robert E. Flandry, Jr., MD, I	1075 Boiling Springs Rd	Spartanburg	SC	29303-2248	United States	rflandry@srhs.com	
Robert E. Isaacs, MD, FAAN	Duke University Me	Box 3807	Durham	NC	27710-0001	United States	isaacs@ureach.com
Robert E. Tibbs, Jr., MD, FA	Neuroscience Spec	4120 W Memorial R	Oklahoma City	OK	73120-9322	United States	retibbs67@yahoo.com
Robert E. Wharen, Jr., MD,	Mayo Clinic	4500 San Pablo Rd	Jacksonville	FL	32224-1865	United States	wharen.robert@mayo.edu
Robert F. Heary, MD, FAAN	UMDNJ-New Jersey	90 Bergen St Ste 8	Newark	NJ	07103-2425	United States	heary@umdnj.edu
Robert F. Mann, MD, FAAN	815 W 20th Ave	Oshkosh	WI	54902-6766	United States	rfmann@charter.net	
Robert G. Hennessy, MD, F	1001 Pine Heights A	Ste. 304	Baltimore	MD	21229-5285	United States	motherhenrgh@verizon.net
Robert Goodkin, MD, FAAN	Univ. Of Washingto	325 9th Ave # 3597	Seattle	WA	98104-2420	United States	goodkin@u.washington.edu
Robert H. Fox, MD	750 Wellington Ave # 3A	Grand Junction	CO	81501-6132	United States	robbfox@hotmail.com	
Robert H. Saxton, MD, FAA	284 Cross Creek Rd	Mc Gregor	TX	76657-9511	United States	rhsaxton@yahoo.com	

Robert J. Bernardi, MD, FA/	Olive Surgical Grou	11605 Studt Ave St	Saint Louis	MO	63141-7052	United States	rjb@osgstl.net
Robert J. Bohinski, MD, PhD	2123 Auburn Ave Ste 441		Cincinnati	OH	45219-2906	United States	rbohinski@hotmail.com
Robert J. Bye, MD, FAANS							
Robert J. Dunn, MD	PO Box 1720		Scottsdale	AZ	85252-1720	United States	of America
Robert J. Kowalski, MD, FA	2250 Drew St		Clearwater	FL	33765-3305	United States	rjskijr@aol.com
Robert J. Martin, MD, FAAN	305 Memorial Medical Pkwy Ste 206		Daytona Beach	FL	32117-5169	United States	martinrj42@hotmail.com
Robert J. Spinner, MD, FAA	Mayo Clinic/Neuros	200 S.W. 1st St. Gc	Rochester	MN	55905-0001	United States	spinner.robert@mayo.edu
Robert J. Wienecke, MD, F/	4120 W Memorial Rd Ste 300		Oklahoma City	OK	73120-9322	United States	rjw11@cox.net
Robert L. Baker, MD, FAAN	Robert Love Baker	2631 Adgate Rd	Lima	OH	45805-3707	United States	of America
Robert Levinthal, MD, FAAN	11 Wynden Oaks Ct		Houston	TX	77056-2511	United States	robertlevinthal@gmail.com
Robert L. Grubb, Jr., MD, F/	Washington Univers	660 S Euclid Ave #	Saint Louis	MO	63110-1010	United States	grubbro@wudosis.wustl.edu
Robert M. Galler, DO	Stony Brook Univ. M	T12 Rm. 080 HSC	Stony Brook	NY	11794-0001	United States	robert.galler@sbumed.org
Robert M. Johnson, MD, FA	272 Prairiewood Dr S		Fargo	ND	58103-4613	United States	sjj272@cableone.net
Roberto B. Bellegarrigue, M	PO Box 25364 Vip-Sal	1775	Miami	FL	33102-5364	United States	rbellegarrigue@yahoo.com
Roberto J. Aranibar, MD, FA	Texas Neuroscience	4410 Medical Dr Ste	San Antonio	TX	78229-3755	United States	huascarmd@hotmail.com
Robert P. Goldfarb, MD, FA	6567 E Carondelet Dr Ste 305		Tucson	AZ	85710-6160	United States	rgoldfarb@comcast.net
Robert R. Hansebout, MD, F	589 Scenic Drive		Hamilton	ON	L9C 1H1	Canada	hansebou@mcmaster.ca
Robert Ronald Richardson,	2720 W 15th St Kling	231	Chicago	IL	60608-1610	United States	rrichardson@ccbhs.org
Robert S. Bray, Jr., MD, FA/	13160 Mindanao Way Ste 300		Marina del Rey	CA	90292-6393	United States	kreiter@discmdgroup.com
Robert Scranton, MD	Methodist Hosp./Ne	6560 Fannin St # S	Houston	TX	77030-2761	United States	rascranton@tmhs.org
Robert S. Hood, MD, FAAN	University Of Utah/M	175 N. Medical Driv	Salt Lake City	UT	84132-0001	United States	royalwulff1943@hotmail.com
Robert T. Fitzgerald, MD, F/	202 County Road 450		Hondo	TX	78861-6432	United States	of America
Robert W. Taylor, MD, FAA	9188 Chalfonte Dr NE		Warren	OH	44484-2110	United States	bludevilm@gmail.com
Robin Frederick Koeleveld,	Raleigh Neurosurgic	5838 Six Forks Rd S	Raleigh	NC	27609-3893	United States	rkoeleveld@nc.rr.com
Rob Thomas Hruska, MD	Univ Of Louisville/N	220 Abraham Flexn	Louisville	KY	40202-3826	United States	of America
Roderick G. Lamond, MD, F	Denver Neuro.Surg	3455 Lutheran Pkw	Wheat Ridge	CO	80033-6034	United States	rglamondmd@yahoo.com
Roger A. Ray, MD, FAANS	426 E Dr Hicks Blvd		Florence	AL	35630-5763	United States	rray@valleyneurosurgery.com

Roger Calingo Baisas, MD,	Wv Neurospine Strc	PO Box 1229	Chapmanville	WV	25508-1229	United States	roger0916@aol.com
Roger Harold Ostdahl, MD,	Neurosurgery Ltd.	920 Century Dr	Mechanicsburg	PA	17055-8417	United States	drro@comcast.net
Roger Hartl, MD, FAANS	Dept. of Neurosurge	525 E 68th St # 99	New York	NY	10065-4870	United States	roger@hartlmd.net
Roger W. Shortz, MD FACS	3065 Richmond Pkwy Ste 102		Richmond	CA	94806-5718	United States	rshortzmd@aol.com
Roland A. Torres, MD, FAAN	Stanford Univ./Neur	300 Pasteur Dr	Stanford	CA	94305-2200	United States	ratorres@stanford.edu
Romualdas Sakalas, MD, F	Neurological Surger	1300 36th St Ste 1C	Vero Beach	FL	32960-4898	United States	romas@irmh.com
Ronald Birkenfeld, MD, FAAN	Milton Hospital Offic	100 Highland St Ste	Milton	MA	02186-3881	United States	pamjbirkenfeld@msn.com
Ronald D. Clark, MD, FAAN	1512 Waterfront Dr		Windsor	CO	80550-6198	United States	rclark1032@comcast.net
Ronald H. M. A. Bartels, MD	Radboud Univ. Nijm	R. Postlaan 4/Neuro	Nijmegen		6500 HB	Netherlands	r.bartels@nch.umcn.nl
Ronald I. Apfelbaum, MD, F	1311 Tomahawk Dr		Salt Lake City	UT	84103-4248	United States	of America
Ronald J. Donaldson, MD	700 Olympic Plaza Cir Ste 850		Tyler	TX	75701-1955	United States	ssusud@cox-internet.com
Ronald Michael, MD, FAAN	Illinois Neurospine I	232 Main St NW Ste	Bourbonnais	IL	60914-2186	United States	insn@msn.com
Ronald Reimer, MD, FAANS	Mayo Clinic Jackson	4500 San Pablo Rd	Jacksonville	FL	32224-1865	United States	reimer.ronald@mayo.edu
Ronald R. Jones, MD							
Ron Irving Riesenburger, M	Tufts Med. Ctr./Neu	800 Washington St	Boston	MA	02111-1552	United States	rriesenburger@yahoo.com
Ronnie I. Mimran, MD, FAAN	20055 Lake Chabot Rd Ste 110		Castro Valley	CA	94546-5332	United States	ronniemimranmd@yahoo.com
Ron Ron Cheng, MD	Ste 301 Clinical Sci	96 Jonathan Lucas	Charleston	SC	29425-0001	United States	chengr@musc.edu
Roseanna M. Lechner, MD,	Kathy Risan Pavil	1000 Auburn Drive	Beachwood	OH	44122	United States	of America
Ross Dawkins, MD	Univ. of Alabama/N	510 S 20th St FOT	Birmingham	AL	35294-0001	United States	rdawkins@uabmc.edu
Ross R. Moquin, MD, FAAN	Southern New York	46 Harrison Street	Johnson City	NY	13790	United States	rossmoquin@aol.com
Roy Powell Baker, MD, FAAN	Neurological Institut	4 Jackson Blvd.	Savannah	GA	31499-3501	United States	baker52@gmail.com
Roy W. Black	8609 Navidad Dr Ste 1		Austin	TX	78735-1468	United States	rwbstb@kdi.com
R. Patrick Jacob, MD, FAAN	Univ. FI Gainesville/	Box 100265	Gainesville	FL	32610-0001	United States	jacob@neurosurgery.ufl.edu
R. Scott Graham, MD, FAAN	PO Box 980631 417 N 11th St /6th Fl		Richmond	VA	23298-0631	United States	rgraham@mcvh-vcu.edu
Rudy P. Briner, MD, FAANS	Spinal & Neurologic	3201 University Dr	Bryan	TX	77802-3479	United States	briner.rudyp@gmail.com
Russell L. Travis, MD, FAAN	Cardinal Hill Rehab	2050 Versailles Rd	Lexington	KY	40504-1405	United States	rltravis@qx.net
Russell W. Hardy, Jr., MD, F	PO Box 1496		Gualala	CA	95445-1496	United States	rwhardy40@hotmail.com

Russ P. Nockels, MD, FAAN	Loyola University M	2160 S 1st Ave Bldg	Maywood	IL	60153-3328	United States	rpnockels@mac.com
Ryan Nazar, MD	90 Stadium Rd #612		Toronto	ON	M5V 3W5	Canada	rgnaza2@me.com
Ryan P. Den Haese, MD, FRC	Buffalo Spine Surge	46 Davison Ct	Lockport	NY	14094-5370	United States	rdenhaese@yahoo.com
Ryan S. Glasser, MD, FAAN	Neurosurgery & Spi	5831 Bee Ridge Rd	Sarasota	FL	34233-5089	United States	ryanglasser@comcast.net
Saad Al-Rashidi, MD	Halifax Infirmary/QE	1796 Summer St. R	Hallifax	NS	B3H3A7	Canada	saad.neurosurgeon.ca@hotmail.com
Safwan Barakat, MD, FAAN	1425 N McLean Blvd Ste 550		Elgin	IL	60123-5726	United States	of America
Sagi M. Kuznits, MD, FAAN	649 N Lewis Rd Ste 225		Royersford	PA	19468-1234	United States	skuznits@aol.com
Saied Jamshidi, MD, FAAN	6228 Oxon Hill Rd		Oxon Hill	MD	20745-3033	United States	drsjamshidi@yahoo.com
Saint-Aaron Morris, MD	Univ. of Texas-Hous	6431 Fannin St MS	Houston	TX	77030-1501	United States	saint-aaron.l.morris@uth.tmc.edu
Sajeel Rehmat Khan, MD	UIC/Neurosurgery	912 S Wood St MC	Chicago	IL	60612-4300	United States	of America
Saksith Smithason, MD	Cleveland Clinic/Ne	9500 Euclid Ave S4	Cleveland	OH	44195-0001	United States	smithas@ccf.org
Salvador Gonzalez-Cornejo	Hosp. Civil/Buenos	Col. Providencia	Guadalajara	JAL	44630	Mexico	gomcorneu@terra.com.mx
Sam Eljamel, MD FRCS	Ninewells Hosp. & M	South Block Level 6	Dundee		DD19SY	United Kingdm	s.eljamel@dundee.ac.uk
Samer S. Ghostine, MD	Irvine Med Ctr/101	Bldg. 56 Ste. 400	Orange	CA	92868-3201	United States	sghostin@uci.edu
Sam P. Javedan, MD, FAAN	Lee Memorial Neuro	2780 Cleveland Ave	Fort Myers	FL	33901-5817	United States	lsjavedan@comcast.net
Samuel K. St. Clair, MD, FA	Neurosurgical Asso	4201 Lake Boone T	Raleigh	NC	27607-7511	United States	of America
Samuel R. Bowen II, MD, FRC	3125 Independence Dr Ste 200		Birmingham	AL	35209-4164	United States	bbowen@bnspsc.com
Sanford J. Larson, MD, PhD	Medical College Of	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	of America
Sang-Ho Lee, MD PhD	Wooridul Spine Hos	Annex Building 2nd	Seoul		135-100	Republic of K	shlee@wooridul.co.kr
Sanjay C. Rao, MD, FAANS	Marshfield Clinic	1000 N Oak Ave	Marshfield	WI	54449-5703	United States	rao.sanjay@marshfieldclinic.org
Sanjay Dhall, MD	49 Jesse Hill Jr Dr SE FOB Rm. 395		Atlanta	GA	30303-3049	United States	sdhall@emory.edu
Sanjay Ghosh, MD, FAANS	6645 Alvarado Rd Ste 4000		San Diego	CA	92120-5208	United States	sghosh@sentaclinic.com
Sanjay N. Misra, MD, FAAN	PO Box 1129		Frisco	CO	80443-1129	United States	snmisra01@hotmail.com
Santiago De Jesus Figuere	21097 NE 27th Ct Ste 540		Aventura	FL	33180-1235	United States	sjfiguereo@hotmail.com
Saul William Seidman, MD,	15055 Montebello Rd		Cupertino	CA	95014-5429	United States	seidmanmd@gmail.com
Scellig Stone, MD	Toronto Western Ho	WW 4-450 399 Batl	Toronto	ON	M5T-2S8	Canada	scellig.stone@utoronto.ca
Scott A. Shapiro, MD, FAAN	Wishard Hospital	1001 W 10th St Rm	Indianapolis	IN	46202-2859	United States	sshapiro@iupui.edu

Scott C. Berta, MD	1150 N 35th Ave Ste	Div. of Neurosurgery	Hollywood	FL	33021-5424	United States	frankenspyne@gmail.com
Scott C. Dulebohn, MD, FAANS	Ste. 42	408 State of Franklin	Johnson City	TN	37615	United States	sdulebohn@gmail.com
Scott Clements Erwood, MD	61 Whitcher St NE Ste 3110		Marietta	GA	30060-1176	United States	theerwoods@aol.com
Scott G. Cutler, MD, FAANS	4726 N Habana Ave Ste 201		Tampa	FL	33614-7144	United States	scocut@gmail.com
Scott L. Simon, MD, FAANS	Orthopaedic & Neuro	32 Strawberry Hill Ct	Stamford	CT	06902-2594	United States	ssimonpa@yahoo.com
Scott Parker, MD	Dept. of Neurosurgery	1161 21st Ave S Rm	Nashville	TN	37232-0001	United States	slparker7@gmail.com
Scott Patrick Wachhorst, MD	701 E El Camino Real Fl 1		Mountain View	CA	94040-2833	United States	swach@comcast.net
Scott Raffa, MD	777 N Ashley Dr Unit 3010		Tampa	FL	33602-4385	United States	scottraffa@gmail.com
Scott Randall Gibbs, MD, FAANS	Brain & Neurospine	1723 Broadway St S	Cape Girardeau	MO	63701-4556	United States	bcgibbs2@hotmail.com
Scott T. Dull, MD, FAANS, FRCGS	2000 S Wheeling Ave Ste 200		Tulsa	OK	74104-5656	United States	stdull@ix.netcom.com
Scott W. Strenger, MD, FAANS	Harbor Medical Bldg	110 Harbor Ln Ste 4	Somers Point	NJ	08244-2470	United States	sstrenger@aol.com
Sean A. Salehi, MD, FAANS	3 Westbrook Corporate Ctr Ste 1000		Westchester	IL	60154-5742	United States	seansalehi@gmail.com
Sean D. Christie, MD, FAANS	Div. of Neurosurgery	1796 Summer St. Rm	Halifax	NS	B3H-3A7	Canada	sean.christie@dal.ca
Sean Kabostian, MD	Bldg. 56 #400 ZOTC	101 The City Dr S/N	Orange	CA	92868-3201	United States	of America
Sean Raymond Logan, MD, FAANS	1733 S Main St		Findlay	OH	45840-1322	United States	slogan9398@aol.com
Sean Shahdad Armin, MD	PO Box 20633		Riverside	CA	92516-0633	United States	sarmin@gmail.com
Se-Hoon Kim, MD PhD	Korea Univ. Ansan	516 Gojan-dong Da	Ansan-Si		425707	Republic of Korea	sean1049@gmail.com
Sella R. Littlepage II, MD, FAANS	200 Medical Dr.		Greenville	SC	29605	United States	slittle383@aol.com
Seong-Hoon Oh, MD	Hanyang Univ. Hospital	#403-010/124-5 Bldg	Incheon			Republic of Korea	osh8496@yahoo.co.kr
Serge K. Obukhoff, MD, PhD	PO Box 2060		Santa Monica	CA	90406-2060	United States	sobukhoff@gmail.com
Seth M. Zeidman, MD, FAANS	400 Red Creek Dr Ste 120		Rochester	NY	14623-4273	United States	seth_zeidman@urmc.rochester.edu
Shah N. Siddiqi, MD, FAANS	PO Box 12267		Spring	TX	77391-2267	United States	info@texasspinecenter.com
Shakeel A. Chowdhry, MD	Case Western Reserve	11100 Euclid Ave	Cleveland	OH	44106-1716	United States	shakeel.chowdhry@UHHospitals.org
Shane Alexander Hawksworth, MD	5623 Hamilton Wolf	Apt 1121	San Antonio	TX	78240-3998	United States	sahawk@bu.edu
Shapur A. Ameri, MD, FAANS	PO Box 8967		Boston	MA	02114-0040	United States	sameri@comcast.net
Shaukat Hayat, MD	Va Surgery Office	4300 W 7th St	Little Rock	AR	72205-5446	United States	drhaynt3086@aol.com
Shaun Thomas O'Leary, MD	Center of Brain & Spine	1875 Dempster St S	Park Ridge	IL	60068-1168	United States	shaun.oleary@advocatehealth.com

Shee Yan Fong, FRCS	#01-04	820 Thomson Rd.	Singapore		574623	Singapore	fongsy70@hotmail.com
Sheri Palejwala, MD	Univ. of Arizona/Ne	1501 N Campbell A	Tucson	AZ	85724-0001	United States	spalejwala@email.arizona.edu
Sidney Tolchin, MD, FAANS	9804 Grandview Dr		La Mesa	CA	91941-5622	United States	siddtolchin@cox.net
Sigurdur A. Stephensen, MD	2324 Abington Rd		Upper Arlington	OH	43221-3116	United States	sigssas@aol.com
Silvia Gesheva, MD	LSU-New Orleans/M	2020 Gravier St # 7	New Orleans	LA	70112-2272	United States	silvia.gesheva@gmail.com
Sohum K. Desai, MD	Univ. of Texas - Gal	301 University Blvd.	Galveston	TX	77555	United States	skdesai@utmb.edu
Souheil F. Haddad, MD, FA	700 S College Ave Ste C		Bloomington	IN	47403-2512	United States	sfhaddad@aol.com
Srinath Samudrala, MD, FA	444 S San Vicente Blvd Ste 800		Los Angeles	CA	90048-4174	United States	ssam118@yahoo.com
Srinivasan Periyamayagam,	390 W 17th St		Hopkinsville	KY	42240-1914	United States	speri_22@bellsouth.net
Stanley Grabias, MD	2201 Ridgewood Rd Ste 200		Wyomissing	PA	19610-1196	United States	stash3020@aol.com
Stanley H. Kim, MD, FAANS	12180 N Mo Pac Expy Ste B		Austin	TX	78758-2909	United States	stanleykim2001@hotmail.com
Stanley Hunter, MD	Univ. of Vermont/Ne	111 Colchester Ave	Burlington	VT	05401-1473	United States	stanley.hunter@vtmednet.org
Stanley W. Fronczak, MD, J	West Suburban Neu	20 E Ogden Ave	Hinsdale	IL	60521-3543	United States	sfmdjd@msn.com
Stan Pelofsky, MD, FAANS	Neuroscience Spec	4120 W Memorial R	Oklahoma City	OK	73120-9322	United States	stanp@neurosurg.org
Stanton Schiffer, MD, FAAN	3868 Mowry Ave		Fremont	CA	94538-1430	United States	sschiff@pacbell.net
Stavros N. Maltezos, MD, F	3825 Highland Ave Tower 1 Ste. 5M		Downers Grove	IL	60515-1552	United States	brainman53@mindspring.com
Stephan Charles Lange, MD	Neurosurgical Asso	1000 Asylum Ave S	Hartford	CT	06105-1702	United States	nsansa34@yahoo.com
Stephan Munich, MD	Rush Univ. Med. Ct	1725 W Harrison St	Chicago	IL	60612-3835	United States	of America
Stephen C. Saris, MD, FAAN	Neurosurgery Assoc	3 Davol Sq Ste B20	Providence	RI	02903-4762	United States	stephensaris@comcast.net
Stephen D. Burstein, MD, F	100 Merrick Rd.	Ste. 128W	Rockville Centre	NY	11570-4821	United States	sdburst@optonline.net
Stephen E. Griffith, MD	Univ. of Texas-San	7703 Floyd Curl Dr	San Antonio	TX	78229-3901	United States	StephenGriffithMD@gmail.com
Stephen E. Natelson, MD, F	3418 Lake View Dr		Knoxville	TN	37919-6667	United States	hagavra@aol.com
Stephen E. Rawe, MD, PhD	9275 Medical Plaza Dr Ste B		Charleston	SC	29406-9140	United States	srawe@aol.com
Stephen H. Johnson, MD, F	South Shore Neuros	780 Main St # 12A	South Weymouth	MA	02190-1622	United States	shj@massmed.org
Stephen I. Goldware, MD, F	155 Hospital Dr Ste 203		Lafayette	LA	70503-2852	United States	goldware.neurosurgery@gmail.com
Stephen I. Ryu, MD, FAANS	Palo Alto Medical F	795 El Camino Rea	Palo Alto	CA	94301-2302	United States	seoulman@stanford.edu
Stephen J. Dante, MD, FAA	Univ. Of Pa At Penr	301 S 8th St	Philadelphia	PA	19106-4001	United States	stephen.dante@uphs.upenn.edu

Stephen K. Ofori-Kwakye, MD	3201 W Gore Blvd Ste 303	Lawton	OK	73505-6350	United States	stephenofori@msn.com
Stephen L. Ondra, MD, FAAN	Northwestern Univ	676 N Saint Clair St	Chicago	IL	60611-2922	United States s.ondra@comcast.net
Stephen L. Tillim, MD, FAAN	101 First Street	Ste. 287	Los Altos	CA	94022-2778	United States tillim@bigfoot.com
Stephen Matthew Gutting, MD	Caritas Christi Heal	736 Cambridge St	Boston	MA	02135-2907	United States gutting@comcast.net
Stephen M. Papadopoulos, MD	Barrow Neurologica	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States stvpapa@bnaneuro.net
Stephen O. Dell, MD FAANS	1 Hallidie Plz Ste 308		San Francisco	CA	94102-2845	United States sdell@nmcdocs.com
Stephen Reintjes, MD	Univ. of South Florid	2 Tampa General C	Tampa	FL	33606-3603	United States sreintje@health.usf.edu
Stephen R. Freidberg, MD,	Lahey Clinic	41 Mall Rd.	Burlington	MA	01805-0001	United States stephen.r.freidberg@lahey.org
Stephen R. Gardner, MD, FAAN	Southeastern Neuro	294 Rockwood Dr	Greenville	SC	29605-1945	United States srgard@bellsouth.net
Stephen Ritland, MD, FAAN	1150 N San Francisco St		Flagstaff	AZ	86001-3200	United States stephenritland@gmail.com
Steve Gogela, MD	Univ. of Cincinnati/M	PO Box 670515	Cincinnati	OH	45267-0001	United States sgogela@gmail.com
Steven Addo-Yobo, MD	Weill Cornell Med C	525 E 68th St #99	New York	NY	10065-4870	United States addoyobs@yahoo.com
Steven A. Reid, MD, FAANS	4343 W Newberry Rd Ste 2		Gainesville	FL	32607-2822	United States reid@brainsurgeon.com
Steven Casha, MD PhD	#3808	1796 Summer St.	Halifax	NS	B3H-3A7	Canada scasha@me.com
Steven D. Wray, MD, FAAN	Atlanta Brain & Spir	2001 Peachtree Rd	Atlanta	GA	30309-1476	United States swray@atlantabrainandspine.com
Steven F. Will, MD, FAANS	20 Myers Farm Rd		Hingham	MA	02043-3182	United States sfwill@pol.net
Steven J. Schneider, MD, FAAN	Long Island Neuros	410 Lakeville Rd Ste	New Hyde Park	NY	11042-1103	United States neuronb@hotmail.com
Steven J. Tresser, MD, FAAN	Neurological Specia	2816 W Virginia Ave	Tampa	FL	33607-6330	United States stresser@tampabay.rr.com
Steven M. James, MD, FAAN	Ste 201	1051 Greenwood St	Greenwood	IN	46143-6479	United States sjames@ing.md
Steven M. Stranges, MD, FAAN	Mountain Neurosur	7 Vanderbilt Park D	Asheville	NC	28803-1700	United States stranges@charter.net
Steven P. Kuric, MD, FAAN	350 W Columbia St Ste 350		Evansville	IN	47710-5610	United States spkdoc@msn.com
Steven P. Leon, MD, FAANS	8 Club Rd		Port Jefferson	NY	11777-1017	United States slleon@optonline.net
Steven W. Hwang, MD	Dept. of Neurosurge	800 Washington St	Boston	MA	02111-1552	United States stevenhwang@hotmail.com
Stewart B. Dunsker, MD, FAAN	551 Abilene Trl		Cincinnati	OH	45215-2550	United States dunsker@aol.com
Stewart C. Smith, MD, FAAN	3705 NW 63rd St Ste 212		Oklahoma City	OK	73116-1937	United States cnsctr@swbell.net
Stuart M. Weil, MD, FAANS	6624 Fannin St Ste 2140		Houston	TX	77030-2333	United States sweil83401@aol.com
Stuart S. Kaplan, MD, FAAN	3061 S Maryland Pkwy Ste 200		Las Vegas	NV	89109-6227	United States stuartkaplan@hotmail.com

Subu N. Magge, MD, FAAN	Lahey Clinic	41 Mall Rd.	Burlington	MA	01805-0001	United States	snmagge@massmed.org
Sumeet Kumar Ahuja, MD	Rush Univ. Med. C	1725 W Harrison St	Chicago	IL	60612-3835	United States of America	
Sun H. Lee, MD, PhD, FAAN	Robert Wood Johns	125 Paterson St Ste	New Brunswick	NJ	08901-1962	United States	leesh@umdnj.edu
Sun-ho Lee, MD	Samsung Med. Ctr./	50 Ilwon-dong Gang	Seoul		135710	Republic of Korea	sobotta@dreamwiz.com
Suzanne Audrey Tharin, MD	Children's Hosp./Ne	300 Longwood Ave	Boston	MA	02115-5724	United States of America	
Syed Javed Shahid, MD, FAAN		67 Sand Pit Rd Ste 208	Danbury	CT	06810-4032	United States	sjsmd@nsaswct.com
Sylvain Palmer, MD, FAANS	Mission Hosp. & Re	26732 Crown Valley	Mission Viejo	CA	92691-8527	United States	sylvainpalmer@cox.net
Sze Chun Winson Ho, MD	National Inst. of Hea	10 Center Dr. Rm. 3	Bethesda	MD	20892-0001	United States	sch8y@hscmail.mcc.virginia.edu
Tamara Marie Jette, MD	Temple Univ Hosp/F	3401 N Broad St	Philadelphia	PA	19140-5103	United States	tamara.jette@temple.edu
Tanvir F. Choudhri, MD, FAAN	Mount Sinai School	1 Gustave L Levy Pl	New York	NY	10029-6500	United States	tanvir.choudhri@mountsinai.org
Tanya Filardi, MD	Univ. of Chicago/Ne	5841 S Maryland Av	Chicago	IL	60637	United States	tfilardi@aol.com
Tariq Javed, MD, FAANS		631 Campbell Hill St NW Ste 100	Marietta	GA	30060-1390	United States	tjaved@tariqjaved.com
Tariq Sifat Siddiqi, MD, FAAN	Neuro Sensory Cen	120 Carnie Blvd Ste	Voorhees	NJ	08043-4520	United States	tsiddiqimd@aol.com
Tatsushi Inoue, MD	Fujita Health Univ.	1-98 Dengakugaku	Toyoake		4701192	Japan	spine_expert@mac.com
Tauno William Hill, MD, FAAN		PO Box 220	Clarkston	WA	99403-0220	United States	b4apoptosis@yahoo.com
Taylor John Abel, MD	Univ. of Iowa/Neuro	200 Hawkins Dr #16	Iowa City	IA	52242-1009	United States	tjabeluw@gmail.com
Terence Peter Doorly, MD, FAAN		Northshore Mall 4 Centennial Dr	Peabody	MA	01960-1684	United States	tdoorly@partners.org
Terrence D. Julien, MD	Robert C. Byrd Hea	PO Box 9183	Morgantown	WV	26506-9183	United States	tjulienmd@gmail.com
Terrence L. Pencek, MD, PhD		1750 E Lake Shore Dr Ste 110	Decatur	IL	62521-3806	United States	terrypencek@msn.com
T. Glenn Pait, MD, FAANS	Univ. Of Arkansas -	4301 W Markham S	Little Rock	AR	72205-7101	United States	paitthomasg@uams.edu
Theodore Gerasimou, MD	G. Gennimatas Ave.		Elefsis		19018	Greece	gtheo2@otenet.gr
Theodore James Spinks, MD	Dell Childrens Hosp	1301 Barbara Jorda	Austin	TX	78723-3077	United States	theodore.spinks@gmail.com
Theodore Sarafoglu, MD, FAAN		6201 SW 118th St	Miami	FL	33156-4823	United States	sarafoglut@bellsouth.net
Thomas A. Bergman, MD, FAAN	HCMC/Surgery Dep	701 Park Ave	Minneapolis	MN	55415-1623	United States	thomas.bergman@hcmcd.org
Thomas A. Lyons, MD, FAAN	Neuroscience Grou	1305 W American C	Neenah	WI	54956-1993	United States	thomas.lyons@neurosciencegroup.com
Thomas A. Sweasey, MD, FAAN		Medical Center Blvd.	Winston Salem	NC	27157-0001	United States	ts34@aol.com
Thomas B. Ducker, MD, FAAN		1161 Lockets Trl	Greensboro	GA	30642-4443	United States	dr.ducker@yahoo.com

Thomas B. Falloon, MD, FA	1200 6th Ave N		Saint Cloud	MN	56303-2735	United States	falloon1@charter.net
Thomas B. Flynn, MD, FAAI	The Neuromedical C	10101 Park Rowe A	Baton Rouge	LA	70810-1685	United States	hallsboy@prodigy.net
Thomas B. Scully, MD, FAA	Northwest Neuro. S	5860 N La Cholla B	Tucson	AZ	85741-3597	United States	tscully@nwneuro.com
Thomas C. Chen, MD, PhD,	Lac-Usc Medical Ct	1200 N State St Ste	Los Angeles	CA	90033-1029	United States	tchen68670@aol.com
Thomas C. Manning, MD Ph	6140 W Curtisian Ave Ste 400		Boise	ID	83704-8907	United States	TManning@idneuro.com
Thomas C. Schermerhorn, M	1221 6th St Ste 100		Traverse City	MI	49684-2359	United States	jbreithaupt@mhc.net
Thomas Duane Fulbright, M	Decatur Neurosurge	2 Memorial Dr Ste 2	Decatur	IL	62526-1592	United States	tom.fulbright@comcast.net
Thomas E. Sanchez, MD, F	5601 De Soto Ave		Woodland Hills	CA	91367-6701	United States	thomas.e.sanchez@kp.org
Thomas F. Mehalic, MD, FA	1605 Middle Gulf Dr Unit 315		Sanibel	FL	33957-7605	United States	of America
Thomas I. Miller, MD, FAAN	3301 Meadowridge Dr		Melbourne	FL	32901-8744	United States	jerifee@aol.com
Thomas J. Arkins, MD, FAA	Connecticut Neuros	330 Orchard St Ste	New Haven	CT	06511-4430	United States	thomasarkins@aol.com
Thomas J. Leipzig, MD, FA	Goodman Campbel	8333 Naab Rd Ste 2	Indianapolis	IN	46260-1983	United States	tleipzig@goodmancampbell.com
Thomas John Lovely, MD, F	St. Peters Hosp. Sp	1182 Troy Schenec	Latham	NY	12110-1000	United States	tlvely711@aol.com
Thomas J. Sernas, PA-C M	131 Madison Ave. Ste 140		Morristown	NJ	07960	United States	tsernas@njpediatricneurosurgery.com
Thomas Klump, MD, FAANS	4720 Sunset Ridge Rd		Klamath Falls	OR	97601-9310	United States	of America
Thomas Morris III, MD	Dept. of Neurosurge	4301 W Markham S	Little Rock	AR	72205-7101	United States	morris.whit@gmail.com
Thomas M. Wascher, MD, F	Neurospine Center	5320 W Michaels D	Appleton	WI	54913-8446	United States	tigertank@new.rr.com
Thomas N. Spagnolia, MD,	222 N 7th St		Bismarck	ND	58501-4436	United States	tspagnolia@hotmail.com
Thomas P. Perone, MD, FA	4200 Essen Ln		Baton Rouge	LA	70809-2158	United States	neurodiver2@gmail.com
Thomas R. Boulter, MD, FA	311 N Clyde Morris Blvd Ste 580		Daytona Beach	FL	32114-2766	United States	tboulter4@cfl.rr.com
Timir Banerjee, MD, FAANS	PO Box 22067		Louisville	KY	40252-0067	United States	timirb@aol.com
Tim J. Watt, MD, FAANS	The Spine Center	4141 5th St	Rapid City	SD	57701-6021	United States	brnsurg@hotmail.com
Timothy C. Ryken, MD, FAA	Spine & Brain Instit	2710 Saint Francis	Waterloo	IA	50702-5664	United States	rykent@me.com
Timothy Edward Hopkins, M	Shannon Clinic Neu	120 E Beauregard A	San Angelo	TX	76903-5919	United States	icp30@yahoo.com
Timothy Harrington, MD, FA	2217 E Rancho Dr		Phoenix	AZ	85016-2720	United States	timothy.harrington@bnaneuro.net
Timothy M. Wiebe, MD, FA	2601 Oswell St Ste 101		Bakersfield	CA	93306-3173	United States	twiebe@bnsi.org
Todd Brendon Francis, MD	Desk S40	9500 Euclid Ave.	Cleveland	OH	44195-0001	United States	tfrancis1976@gmail.com

Todd D. Alexander, MD, FA	1235 N Mulford Rd Ste 210	Rockford	IL	61107-3879	United States	tda1209@hotmail.com
Todd Hopkins Lanman, MD	450 N Roxbury Dr Fl 3	Beverly Hills	CA	90210-4238	United States	lanman3@gmail.com
Todd J. Stewart, MD, FAAN	Campus Box 8057 660 S Euclid Ave	St Louis	MO	63110-1010	United States	stewartt@nsurg.wustl.edu
Todd R. Ridenour, MD, FAA	1351 W Central Park Ave Ste 4300	Davenport	IA	52804-1855	United States	laridenour@aol.com
Todd W. Vitaz, MD, FAANS	210 E Gray St Ste 1102	Louisville	KY	40202-3907	United States	todd.vitaz@nortonhealthcare.org
Tomas E. Delgado, MD, FA	6747 Gall Blvd	Zephyrhills	FL	33542-2522	United States	delgadamd@aol.com
Tomas Garzon-Muvdi, MD	John Hopkins Hosp 600 N Wolfe St	Baltimore	MD	21287-0001	United States	gtomas1@jhmi.edu
Tomokatsu Hori, MD	Moriyama Memorial 7-12-7 Nisi-Kasai	Edogawaku	TOK	134-0088	Japan	thori@nij.twmu.ac.jp
Tomoko Takahashi, MD	Senseki Hosp./Dept 53-7 Dai Akai	Higashi-matsushima/Miyagi		9810501	Japan	tomoko@senseki.gr.jp
Tony Anene-Maidoh, MD	MCV Neuroscience PO Box 980631/Ne	Richmond	VA	23298-0631	United States	tony.anenemaidoh@gmail.com
Tord D. Alden, MD, FAANS	Children's Mem. Ho 2300 Children's Pla	Chicago	IL	60614	United States	talden@childrensmemorial.org
Travis H. Calvin, Jr., MD, FA	1505 Ross Ave	El Centro	CA	92243-3730	United States	aborges@acrmc.org
Trent L. Tredway, MD, FAAN	Univ. Of Washington 1959 N.E. Pacific S	Seattle	WA	98195-0001	United States	trentt2@u.washington.edu
Troy M. Tippet, MD, FAANS	The Neurosurgical C 1717 N E St Ste 42	Pensacola	FL	32501-6333	United States	ttippet2@aol.com
Tsinsue Chen, MD	Div. of Neurosurgery 350 W Thomas Rd/	Phoenix	AZ	85013	United States	Tsinsue@gmail.com
Turker Dalkilic, MD	Royal Univ. Hosp./N 103 Hospital Dr	Saskatoon	SK	S7N 0W8	Canada	
Tyler James Kenning, MD	Thomas Jefferson U 909 Walnut St 2nd I	Philadelphia	PA	19107-5211	United States	kenningt@gmail.com
Tyler Robert Koski, MD, FA	Dept. of Neurologic 676 N Saint Clair St	Chicago	IL	60611-2922	United States	tkoski@nmff.org
Ulrich Batzdorf, MD, FAANS	University of Califor Box 956901	Los Angeles	CA	90095-0001	United States	ubatzdorf@mednet.ucla.edu
Vallo Benjamin, MD, FAANS	New York University 530 1st Ave Ste 7W	New York	NY	10016-6402	United States	vallo.benjamin@med.nyu.edu
Valmore A. Pelletier, MD, FA	16 Glen Hollow Rd	Slingerlands	NY	12159-3701	United States	vpelleti@nycap.rr.com
Victor B. Nakkache, MD, FA	216 N River St Ste 550	Wilkes Barre	PA	18702-2531	United States	vbn50@aol.com
Victor Garcia Navarro, MD	Dept. Of Neurosurg 525 E 68th St # 99	New York	NY	10065-4870	United States	vicogarcianavarro@yahoo.com.mx
Victor T. Ambruso, MD, FA	12612 Golf Haven Dr	Odessa	FL	33556-2207	United States	vtamd2@gmail.com
Vikas Patel, MD MS	333 Bellaire St	Denver	CO	80220-4930	United States	vikas.patel@ucdenver.edu
Vinay Deshmukh, MD, FAAN	Carolina Neurosurg 225 Baldwin Ave	Charlotte	NC	28204-3109	United States	vinay.deshmukh@cnsa.com
Vincent B. Runnels, MD, FA	Northwest Arkansas 2396 N Crossover F	Fayetteville	AR	72703-4366	United States	ktrunn@aol.com

Vincent C. Traynelis, MD, F	Rush Univ. Med. C	1725 W Harrison St	Chicago	IL	60612-3835	United States	Vincent_Traynelis@rush.edu
Vivek Mehta, MD	Univ. of Southern C	1200 N State St Ste	Los Angeles	CA	90033	United States	vivek.a.mehta@gmail.com
V. James Makker, MD, MBA	Ste 220	17050 Pilkington	Lake Oswego	OR	97035	United States	vjmakker@yahoo.com
Volker K. H. Sonntag, MD, F	Barrow Neurosurgic	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States	of America
Wade M. Mueller, MD, FAAN	Medical College Of	9200 W Wisconsin	Milwaukee	WI	53226-3522	United States	sfaber@mcw.edu
Wallace K. Garner, MD, FA	25 Watergate Ter		Newport News	VA	23606-2133	United States	of America
Walter C. Cotter, MD, FAAN	3702 SE Starboard Ln		Stuart	FL	34997-6136	United States	mdwcc@hotmail.com
Walter J. Faillace, MD, FAA	Nnmc/Neurosurgery	8901 Wisconsin Ave	Bethesda	MD	20889-0001	United States	wjfaillace@gmail.com
Walter Whisler, MD, PhD, F	1211 Chestnut Ave		Wilmette	IL	60091-1615	United States	walterwhisler@hotmail.com
Walter X. Loyola, MD, FAAN	3200 Glenhurst Ct		Plano	TX	75093-3448	United States	wxlmDNS@aol.com
Wayel Kaakaji, MD, FAANS	1600 S Lake Park Ave # 1102		Hobart	IN	46342-6641	United States	wkaakaji@hotmail.com
Wayne M. Gluf, MD, FAANS	910 E Houston St Ste 330		Tyler	TX	75702-8368	United States	glufw@aol.com
Wayne S. Paullus, Jr., MD,	11 Medical Dr		Amarillo	TX	79106-4137	United States	waynepaullus@sbcglobal.net
W. Craig Clark, MD, PhD, F	55 Physicians Ln Ste 1		Southaven	MS	38671-9569	United States	cclark1988@aol.com
Weems O. Hollowell, MD, F	10441 Quality Dr. Ste. 101		Spring Hill	FL	34609-9649	United States	thollowell@tampabay.rr.com
Wesley A. Cook, Jr., MD, FAANS							
Wesley C. Fowler III, MD, F	Carolina Spine & Ne	7 Vanderbilt Park D	Asheville	NC	28803-1700	United States	wesley.fowler@csandnc.com
Wesley Jones, MD	Univ. of Texas-Hous	6431 Fannin St MS	Houston	TX	77030	United States	wesleyhjones@gmail.com
Wesley Yamil Yapor, MD, F	7447 W Talcott Ave Ste 340		Chicago	IL	60631-3714	United States	nwneurosurgeons@yahoo.com
William A. Black, Jr., MD, F	610 Golden Meadows Ln		Suwanee	GA	30024-2279	United States	of America
William A. Tyler, Jr., MD, FA	Trustee Tower	501 19th St Ste 607	Knoxville	TN	37916-1877	United States	wtyler@comcast.net
William B. Betts, MD, FAAN	3218 Park Hills Dr		Austin	TX	78746-5573	United States	wbbetts@yahoo.com
William B. Kuhn, MD, FAAN	311 N Clyde Morris Blvd Ste 550		Daytona Beach	FL	32114-2766	United States	simplyredfl@aol.com
William B. Naso, MD, FAAN	Florence Neurosurg	1204 E Cheves St	Florence	SC	29506-2710	United States	wbn@sc.rr.com
William Brenton Faircloth, M	Coastal Neurologic	PO Box 160848	Mobile	AL	36616-1848	United States	bfaircloth@cnipa.com
William C. Gump, MD	210 E Gray St Ste 1102		Louisville	KY	40202-3907	United States	william.gump@nortonhealthcare.org
William C. Horton, MD	The Emory Clinic	59 Executive Park N	Atlanta	GA	30329-2208	United States	of America

William C. Welch, MD, FAA	Pennsylvania Neuro	235 S 8th St	Philadelphia	PA	19106-3519	United States	william.welch@uphs.upenn.edu
William D. Smith, MD, FAAN		3061 S Maryland Pkwy Ste 200	Las Vegas	NV	89109-6227	United States	vrogers@wrcbss.com
William E. Krauss, MD, FAA	Mayo Clinic	200 1st St./Neuros	Rochester	MN	55905-0001	United States	krauss.william@mayo.edu
William E. Snyder, Jr., MD,	Neurosurgical Asso	1932 Alcoa Hwy Ste	Knoxville	TN	37920-1508	United States	barbarad@neuroknox.com
William E. Thorell, MD, FAA	Univ. Of Nebraska M	982035 Nebraska M	Omaha	NE	68198-0001	United States	wthorell@unmc.edu
William F. Beringer, DO		3705 NW 63rd St Ste 212	Oklahoma City	OK	73116-1937	United States	beringer1@hotmail.com
William F. Ganz, MD, FAAN	Neurosurgery & Spi	2236 N Merrit Creek	Coeur D Alene	ID	83814-4960	United States	wfganz@hotmail.com
William F. Hoffman, MD, FA		11155 Dunn Rd Ste 211N	Saint Louis	MO	63136-6166	United States	neuron10341@yahoo.com
William F. Peach, MD, FAAN		11 Bruton Ave	Newport News	VA	23601-1601	United States	of America
William F. Young, MD, FAAN	Fort Wayne Neurolo	2622 Lake Ave	Fort Wayne	IN	46805-5410	United States	wfynd@comcast.net
William J. Beutler, MD, FAAN	Pennsylvania Spine	805 Sir Thomas Ct	Harrisburg	PA	17109-4839	United States	tleader@paspine.net
William Kraut, MD, FAANS,		PO Box 1864	Venice	FL	34284-1864	United States	wjkraut@verizon.net
William L. Klempner, MD		225 Dayton St	Ridgewood	NJ	07450-4407	United States	wklempner@aol.com
William L. White, MD, FAAN	Barrow Neurologica	2910 N 3rd Ave	Phoenix	AZ	85013-4434	United States	william.white@bnaneuro.net
William Mitchell, MD, FAAN		4000 Church Rd	Mount Laurel	NJ	08054-1110	United States	mitchellw@coastalspine.com
William R. Dobkin, MD, FAAN		361 Hospital Rd Ste 521	Newport Beach	CA	92663-3526	United States	williamdobkin@hotmail.com
William Rodgers, MD		200 Saint Marys Plz Ste 301	Jefferson City	MO	65101-1604	United States	kelly@spinemidwest.com
William R. Taylor, MD, FAAN	University Of Califor	200 W. Arbor Dr. St	San Diego	CA	92103	United States	wtaylor@ucsd.edu
William R. Zerick, MD	Central Ohio Neuro	955 Eastwind Dr	Westerville	OH	43081-3376	United States	bzek@aol.com
William S. Huestis, MD, FAANS							
William S. Reid, MD, FAAN	University Of Tenne	1932 Alcoa Hwy Ste	Knoxville	TN	37920-1536	United States	mimmy@comcast.net
William S. Rosenberg, MD,	Midwest Neurosurg	6420 Prospect Ave	Kansas City	MO	64132-4182	United States	wsr@post.harvard.edu
William T. Price, MD, FAAN		2505 Teckla Blvd	Amarillo	TX	79106-6044	United States	of America
William W. Sprich, MD, FAAN		4550 Memorial Dr Ste 220	Belleville	IL	62226-5369	United States	wwsmd67@gmail.com
William W. S. So, MD, FAAN		4507 Fairfield Dr	Corona del Mar	CA	92625-3108	United States	william.w.so@kp.org
William Y. Lu, MD, FAANS	Orlando Neurosurge	1605 W Fairbanks /	Winter Park	FL	32789-4603	United States	wlu@cfl.rr.com
Willis E. Brown, Jr., MD, FA		7523 Shadylane Dr	San Antonio	TX	78209-2738	United States	willis_brown@sbcglobal.net

Wilson Zachray Ray, MD	2059 Stratford Dr		Salt Lake City	UT	84109-1710	United States	rayz@wudosis.wustl.edu
W. Joseph Ketcherside, MD	5708 N Overland Ct		Kansas City	MO	64151-1500	United States	joeketch@me.com
W. Jost Michelsen, MD, FA	3229 SE Braemar Way		Port St Lucie	FL	34952-6035	United States	jmichel646@aol.com
W. Lee Warren, MD, FAAN	560 Devall Dr Ste 301		Auburn	AL	36832-6660	United States	w@auburnneurosurgery.com
Won-Han Shin, MD PhD	Soonchunhyang Un	1174 Jung-Dong, W	Gyeonggi-do		420-853	Republic of K	shinwh@schmc.ac.kr
Yair Gozal, MD	642 Grove Ave		Cincinnati	OH	45215-2762	United States	ymgozal@gmail.com
Yakov U. Koyfman II, MD	774 Christiana Rd Ste 202		Newark	DE	19713-4221	United States	koyfman@delanet.com
Yan Michael Li, MD	750 E Adams St		Syracuse	NY	13210-2342	United States	michaelyanlee@gmail.com
Yashwant Bhandari, MD	11409 Hollowstone Dr		Rockville	MD	20852-3122	United States	y.bhandari@verizon.net
Yogesh N. Gandhi, MD	Dept. Of Neurosurg	912 S Wood St	Chicago	IL	60612-4300	United States	yngandhi@aol.com
Yoshichika Kubo, MD DMS	Portahisai 3F, Saka	3006 Hisaishinmach	Tsu-city		5141118	Japan	ykubo@lilac.ocn.ne.jp
Yoshiro Takaoka, MD PhD	5 Foxwood Ln		Pepper Pike	OH	44124-5249	United States	yxt2@po.cwru.edu
Zachary N. Litvack, MD	2150 Pennsylvania Ave NW Ste 7-420		Washington	DC	20037-3201	United States	litvackz@gmail.com
Zheng Lan, MD	Baylor Coll Of Med/	1709 Dryden Rd	Houston	TX	77030-2418	United States	lanzd@email.uc.edu
Ziya L. Gokaslan, MD, FAA	Johns Hopkins Univ	600 N. Wolfe St. Me	Baltimore	MD	21287-0001	United States	zgokasl1@jhmi.edu
Zoher Ghogawala, MD, FAA	Greenwich Neurosu	25 Valley Dr Ste 1	Greenwich	CT	06831-5203	United States	Zoher.Ghogawala@lahey.org
Zul Kaderali, MD	707-633 Bay St.		Toronto	ON	M5G-2G4	Canada	zul.kaderali@utoronto.ca

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From: "Wolfla, Christopher" <CWolfla@mcw.edu>

Date: Mon, 20 Aug 2012 14:53:03 +0000

To: Cheng, Joseph<joseph.cheng@Vanderbilt.Edu>; vmum@aol.com<vmum@aol.com>;

Michael Y. Wang (mwang2@med.miami.edu)<mwang2@med.miami.edu>;

'trost@neurosurg.wisc.edu' (trost@neurosurg.wisc.edu)<trost@neurosurg.wisc.edu>

Subject: RE: Spine Fellowship Match

Guys:

This has gotten a bit more complicated since we talked about it back then, which may explain some of the foot dragging that was going on. I don't think it's a good idea to totally dump that concept quite yet.

As you know the SNS is really pushing for certificates of focused practice, something that residents could earn during their training. They are supposed to recognize additional training in a subspecialty area (including spine) during training, usually done during what used to be called elective time. This training is to be above and beyond what is required by the Milestones and Matrix. It is specifically not called a fellowship.

One of the reasons it's not called a fellowship is because the ACGME really wants to control all fellowships and calling it that might start the process of completely losing control.

At the SNS meeting I asked some of the leadership about the role of traditional spine fellowships this system. One concept that came out was that what we currently call fellowships would become an academic track fellowship, involving advanced techniques and a required research component. Obviously the market for such fellowships would be substantially smaller but the fellows could also be guaranteed to receive an experience superior to the focused practice experience.

In any event, there there still be a need for a match process, even if it is relatively informal. I'm interested to hear what you all think about that.

Sincerely, Chris

Christopher E. Wolfla, MD, FAANS

Professor of Neurosurgery

The Medical College of Wisconsin

President, Congress of Neurological Surgeons

Past Chair, AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>

To: vmum <vmum@aol.com>; Michael Y. Wang (mwang2@med.miami.edu)
<mwang2@med.miami.edu>; 'trost@neurosurg.wisc.edu' (trost@neurosurg.wisc.edu)
<trost@neurosurg.wisc.edu>; CWolfla <CWolfla@mcw.edu>

Sent: Sun, Aug 19, 2012 9:34 am

Subject: Spine Fellowship Match

Hi Guys,

I wanted to follow up on the idea of creating a fellowship match, a concept by Chris W. back in 2011. I guess the first question is whether we feel it is feasible at this time, or should we table it? If we decide to proceed, we should determine a lead for this project and flush out this rough template with a more detailed plan to present at the fall EC meeting.

Regards,

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

Spine Fellowship Match:

Current NASS/CSRS/SRS match is currently administered by the San Francisco Match, who used to run the neurosurgery resident match program.

NASS/CSRS/SRS match dates for **2012-2013** academic year:

- July 15, 2010: Deadline for programs to register
- September 15, 2010: Deadline for applicants to register
- January – April 2011: Interview period
- May 3, 2011: Rank lists due
- May 10, 2011: Results posted

Proposed AANS/CNS Spine Section match dates for **2013-2014** academic year:

- July 15, 2011: Deadline for CAST-accredited Spine Fellowship programs to register (currently 19 programs)
- (September 1, 2011: Deadline for applicants to register) Not this cycle.
- October 2011 – April 2012: Interviews (allows interviews to be scheduled in conjunction with CNS, Spine Section, and AANS meetings)
- December 15, 2012: Last day to sign agreement between applicant and program outside the match for 2013-2014 academic year
- April 20, 2012: Rank lists due
- May 1, 2012: Results posted for 2013-2014 academic year (should allow applicants that did not match to still apply to NASS/CSRS/SRS match)

What we are asking program directors to agree to:

- Abide by timetable
- Accept results of match, especially when there is more than one ranked applicant and/or more than one ranked program
- Not participate in multiple match programs (i.e. NASS)
- Notify Section match program if a position is filled prior to the December 15th deadline

Potential benefits to program directors:

- Better exposure to potential neurosurgery resident applicants
- Potential larger pool of applicants
- Level playing field
- Reduced competition for applicants from NASS match
- No restriction on going “outside the match” to fill vacancy after match date

What we are asking applicants to agree to:

- Abide by timetable
- Accept results of match, especially when there is more than one ranked applicant and/or more than one ranked program

Potential benefits to applicants:

- All programs accredited by SNS
- Eases pressure to accept an offer “on the spot”
- Flexible interview times which include three major national meetings
- Ability to submit rank list to NASS if no match through Section match

Plan/Procedure:

Early 2011: Present plan to SNS

Spring 2011: Contact CAST-accredited Spine fellowship directors for commitments to participate in match

Spring 2011: Develop match web site listing participating CAST-accredited programs and contact information

Spring 2011: Publicize match via NEUROSURGERY, Journal of Neurosurgery, eblast to neurosurgery residents, eblast to residency program directors, eblast to department Chairs. Direct potential applicants to web site.

Summer 2011: Applicants submit applications to programs

Fall-Winter-Spring 2011-2012: Interviews

April 20, 2012: Applicants and programs submit rank lists to match

May 1, 2012: Results posted

From: John Ratliff <jratliff@stanford.edu>
Date: Mon, 20 Aug 2012 09:28:19
To: Eric Potts<EPotts@goodmancampbell.com>
Cc: <vmum@aol.com>; Joe Cheng<joseph.cheng@vanderbilt.edu>;
Sansur<csansur@gmail.com>; Ben Rosenbaum<ben@gnule.com>
Subject: Re: Spinesection.org Newsletter

I received feedback from the graphic designers. The quote for converting the Newsletter to an HTML format that we can then tweet, eblast individual links, etc, is \$500. That would be a one time expense to set up the framework, future issues would be about \$250 per. This would give us the same content, but in a website format with similar graphics and links that could be viewable from various platforms.

The graphic design charge for the newsletter was \$800, so that would bring the cost of each issue to a little over \$1000.

This is getting expensive. Previously, I signed up the Swartz graphic arts team that did the CSNS newsletter because they were cheap. We were planning on \$800/newsletter with 3 per year, bringing total fees to about \$2500/annual. Now we are looking at \$3000+. Still cheaper than a mailing, though.

We could try the HTML format and see if it sparks interest. I am concerned over how we will track utilization, and how we will be able to quantify a ROI for the effort.

Let me know your guys' thoughts. I agree with Praveen that we should broaden the scope of this effort and get it into a format that as many members as possible can use, otherwise we are putting time and effort into content that goes straight to the digital recycle bin.

Ratliff

Hi Guys,

I want to thank Praveen for helping to organize this as our Secretary, and I have put together the final roster for this important role to NREF. Ziya is our NREF liaison, and I would like to ask him to remain as our point person for all NREF issues, including this. I would actually ask Mike Groff to facilitate as our chair-elect, and I feel that this will promote a smoother line of communications and maintain consistency as we continue to find traction within NREF over the next few years.

NREF Liaison: Ziya Gokaslan

NREF Review and Grading Subcommittee:

Mike Groff (Sub-Committee Chair)

Praveen Mummaneni

Zo Ghogawala

Dan Sciubba

Sanjay Dhall

Charlie Kuntz

Frank LaMarca

If Ziya or I get any of these proposals to review, we will forward to Mike and Praveen to disseminate to the group and respond accordingly.

Thanks!

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax



American
Association of
Neurological
Surgeons

and the American Association of Neurosurgeons

5550 Meadowbrook Drive
Rolling Meadows, Illinois 60008-3852
Toll Free (888) 566-AANS (2267)
Phone (847) 378-0500
Fax (847) 378-0600
www.AANS.org

Neurosurgery Research and Education Foundation

Thirty Years of Advancing Neurosurgery through Research

May 25, 2012

Joseph S. Cheng, MD, MS, FAANS
Vanderbilt Univ. Med. Ctr.
T-4224 McN/Neurosurgery
Nashville, TN 37232-0001

Dear Doctor Cheng,

For the past two years, the scientific advisory committee of the NREF has benefited from separate review and grading of some of the submitted applications by committees representing certain of the AANS/CNS combined Sections. This was done for the past two years by the Pediatric Section and last year by the Tumor Section. Since we only have a limited number of experts in each area of neurosurgery on the Scientific Advisory Committee, these reviews provide valuable additional input experts from the Sections.

To accomplish this, we send copies of the appropriate application to the Section shortly after they have been received by mid-November and request a response by mid- December. This should permit each Section to have time to distribute the applications and to get input from the individuals (subcommittee) that they have selected to review them. It has worked best in the past if the Sections that participate in this provide us with a numerical ranking (1 is best, 5 is worst) and a ranking of the applications that they review. That information is shared with the members of the Scientific Advisory Committee as the applications are reviewed for assigning grades. Thus, it provides important input to the Scientific Advisory committee for their consideration.

I am grateful if you will consider, as the chair of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, organizing a small committee that would provide this service to the NREF. We value your input.

Many thanks for this consideration.

Sincerely yours,

Edward H. Oldfield, M.D., F.A.C.S.
Crutchfield Professor of Neurosurgery
Professor of Internal Medicine

In addition, the NSF risk appears to vary among the GBCAs. Postmarketing data and corroborating preclinical data that demonstrated a significant, unacceptable NSF risk has led FDA to recently contraindicate Omniscan, Magnevist, and Optimark for patients with acute kidney injury and severe chronic renal failure. The risk of NSF associated with the remaining marketed GBCAs for patients with these kidney conditions is expected to be lower, but is not fully understood. Therefore, there is a public health need to study the risk of NSF associated with the exposure of those remaining marketed GBCAs and to inform the development of reliable knowledge, practice guidelines, and regulatory processes in relationship to the safety of these agents.

B. Research Objectives

The primary goal of this project is to employ an existing Quality Assurance (QA) registry of patients with renal failure who received GBCAs as the basis for a prospective registry study of the risk of NSF associated with GBCAs among renal patients. Patients already enrolled in this QA registry will be invited to enroll in an outpatient registry to study their risk of NSF. Data from this project will help understand the effect of cumulative dosing of the GBCAs in patients with slow deterioration of renal function as occurs with aging, and the data might also provide further reassurance as to the safety of the GBCAs identified as having minimal association with the risk of NSF by prospectively following patients who have received GBCAs. In addition, the project will also provide data on the occurrence of allergic reactions associated with the GBCA administration. A recent report by Prince suggests an increased risk of allergic reactions with MultiHance (Ref. 3).

The prospective design of this project is important since most previous clinical investigations have been based on chart review or other retrospective data. Implementation of this project may also provide the structure for future prospective investigations of other diseases with an acute phase of hospitalization superimposed on a chronic course.

C. Eligibility Information

This is a sole source cooperative agreement to: University of Pittsburgh Medical Center.

II. Award Information/Funds Available

A. Award Amount

CDER anticipates providing in FY2012 \$250,000 (total costs include direct and indirect costs), for one award subject to availability of funds in support of this project.

B. Length of Support

Support will be 1 year with the possibility of an additional year of noncompetitive support. Continuation beyond the first year will be based on satisfactory performance during the preceding year, receipt of a noncompeting continuation application and subject to the availability of Fiscal Year appropriations.

III. Paper Application, Registration, and Submission Information

To submit a paper application in response to this FOA, applicants should first review the full announcement located at: <http://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDER/UCM311309.pdf>. (FDA has verified the Web site addresses throughout this document, but FDA is not responsible for any subsequent changes to the Web sites after this document publishes in the *Federal Register*.) Persons interested in applying for a grant may obtain an application at: <http://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDER/UCM311309.pdf>. For all paper application submissions, the following steps are required:

- Step 1: Obtain a Dun and Bradstreet (DUNS) Number.
- Step 2: Register With Central Contractor Registration.
- Step 3: Register With Electronic Research Administration (eRA) Commons Steps 1 and 2, in detail, can be found at: http://www07.grants.gov/applicants/organization_registration.jsp. Step 3, in detail, can be found at: <https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp>. After you have followed these steps, submit one paper application to: Vieda Hubbard, Grants Management, Food and Drug Administration, Division of Support and Grants, 5630 Fishers Lane, rm. 1079, HFA 500, Rockville, MD 20857 and a copy to Ira Krefting, Center for Drug Evaluation and Research, Division of Medical Imaging Products, 10903 New Hampshire Ave. Bldg. 22, Rm. 2100, Silver Spring, MD 20993.

IV. References

The following references have been placed on display in the Division of

Dockets Management, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday.

1. Marckmann, Peter; Skov, Lone; Rossen, Kristian; Dupont, Anders; Damholt, Mette Brimnes; Heaf, James Goya; and Thomsen, Henrik, *Journal of the American Society of Nephrology*, 17:2359, 2006.

2. Wang, Yingbing; Alkasab, Tarik; Narin, Ozden; Nazarian, Rosalynn; Kaewali, Rathachai; Kaewlai, Kay, Jonathan; and Abujudeh, Hani, *Radiology*, 260:105, 2011.

3. Prince, Martin; Zhang, Honglei; Zou, Zhitong; Staron, Ronald; and Brill, Paula, *American Journal of Radiology*, 196(2):W138, 2011.

Dated: July 13, 2012.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2012-17454 Filed 7-17-12; 8:45 am]

BILLING CODE 4160-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2012-N-0001]

Orthopaedic and Rehabilitation Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Orthopaedic and Rehabilitation Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee:

To provide advice and recommendations to the Agency on FDA's regulatory issues.

Date and Time: The meeting will be held on September 21, 2012 from 8 a.m. to 6 p.m.

Location: Hilton Washington DC North/Gaithersburg, Salons A, B, C and D, 620 Perry Pkwy., Gaithersburg, MD 20877. The hotel's telephone number is 301-977-8900.

Contact Person: Sara J. Anderson, Food and Drug Administration, Center for Devices and Radiological Health, 10903 New Hampshire Ave., Bldg 66, rm. 1611, Silver Spring, MD 20993-0002, 301 796-7047, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), to find out further information regarding FDA

advisory committee information. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency's Web site at <http://www.fda.gov/AdvisoryCommittees/default.htm> and scroll down to the appropriate advisory committee meeting link, or call the advisory committee information line to learn about possible modifications before coming to the meeting.

Agenda: On September 21, 2012, the committee will discuss and make recommendations regarding the classification of posterior cervical screws, including pedicle and lateral mass screws. Cervical pedicle and lateral mass screws are components of rigid, posterior spinal screw and rod systems generally intended as an adjunct to fusion for the treatment of degenerative disc disease (as defined by neck pain confirmed by radiographic studies), trauma, deformity, failed previous fusion, tumor, infection, and inflammatory disorders in the cervical spine.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm>. Scroll down to the appropriate advisory committee meeting link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before September 14, 2012. Oral presentations from the public will be scheduled between approximately 12:15 p.m. and 1:15 p.m. on September 21, 2012. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before September 6, 2012. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can

be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by September 7, 2012.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact James Clark at James.Clark@fda.hhs.gov or 301-796-5293 at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 12, 2012.

Jill Hartzler Warner,

Associate Commissioner for Special Medical Programs.

[FR Doc. 2012-17431 Filed 7-17-12; 8:45 am]

BILLING CODE 4180-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2012-N-0001]

Vaccines and Related Biological Products Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Vaccines and Related Biological Products Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the Agency on FDA's regulatory issues.

Date and Time: The meeting will be held on September 19, 2012, between approximately 8 a.m. and 4 p.m.

Location: FDA White Oak Campus, 10903 New Hampshire Ave., Building 31 Conference Center, the Great Room (rm. 1503), Silver Spring, MD 20993-0002. Information regarding special accommodations due to a disability, visitor parking, and transportation may be accessed at: <http://www.fda.gov/AdvisoryCommittees/default.htm>; under the heading "Resources for You," click on "Public Meetings at the FDA White Oak Campus." Please note that visitors to the White Oak Campus must enter through Building 1.

For those unable to attend in person, the meeting will also be Web cast. The link for the Web cast is available at: <https://collaboration.fda.gov/vrbpac/>.

Contact Person: Donald W. Jehn or Denise Royster, Center for Biologics Evaluation and Research (HF-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301-827-0314, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), to find out further information regarding FDA advisory committee information. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency's Web site at <http://www.fda.gov/AdvisoryCommittees/default.htm> and scroll down to the appropriate advisory committee meeting link, or call the advisory committee information line to learn about possible modifications before coming to the meeting.

Agenda: On September 19, 2012, the committee will meet in open session to discuss consideration of the appropriateness of cell lines derived from human tumors for vaccine manufacture.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm>. Scroll down to the appropriate advisory committee meeting link.

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>

To: jtalexan59 <jtalexan59@yahoo.com>; heary <heary@umdnj.edu>; vmum <vmum@aol.com>

Cc: korrico <korrico@neurosurgery.org>; chill <chill@neurosurgery.org>; Alex Valadka
(avaladka@gmail.com) <avaladka@gmail.com>

Sent: Thu, Sep 13, 2012 11:01 am

Subject: FW: Spine Forum Invitation Letter-Resp Req by 10/1

Hi Joe and Bob,

As our Spine Section Committee Chairs of our FDA Committee and Washington Committee Liaison respectively, I need to ask for your help in this. Please review what Pam has sent over from NASS, and draft suggestions for our group regarding participation and what our role as the Spine Section should be. We should plan on discussing at the upcoming EC meeting, and I will copy Praveen to place on our agenda.

As we already have a robust relationship with the FDA through our Washington Committee, we should coordinate (through Bob) with the Washington Committee and maintain a consistent Neurosurgical position. There are some concerns related to this, as we do not want to dilute the good position we have currently at the FDA of AANS/CNS that Katie and Cathy have helped us cultivate. We already let Pam know that we will not meet the October 1st response deadline noted, and will plan on responding once we finalize our decision and position on this.

Thanks!

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Pam Hayden [<mailto:phayden@spine.org>]

Sent: Wednesday, September 12, 2012 11:16 AM

To: Cheng, Joseph

Cc: korrico@neurosurgery.org; Chill@neurosurgery.org

Subject: Spine Forum Invitation Letter-Resp Req by 10/1

Dear Dr. Cheng,

Please find attached in invitation to participate in a multidisciplinary spine forum for medical societies, government and industry to openly discuss topics of common interest related to spine, from North American Spine Society President, Dr. Michael Heggeness. Attached is an outline of the forum organization and structure providing more details. Please accept or decline this invitation by email response to Pam Hayden, Director of Research & Quality Improvement, at phayden@spine.org by October 1, 2012.

We are very excited about this important new vehicle and the opportunities it may provide for collaboration and dialogue and would encourage you to participate. We thank you for your consideration and look forward to working with you.

Kind regards,
Pam

Pamela Hayden
Director, Research & Quality Improvement
North American Spine Society
8320 St. Moritz Drive
Spring Grove, IL 60081
P: 630.230.3690
F: 630.230.3790



7075 Veterans Boulevard, Burr Ridge, IL 60527
Toll-free: (866) 960-6277 Phone: (630) 230-3600
Fax: (630) 230-3700 Web: www.spine.org

September 11, 2012

Joseph Cheng, MD
President

AANS/CNS Joint Section on Disorders of the Spine & Peripheral Nerves
725 15th St. NW, Ste. 500
Washington, DC 20005

Dear Dr. Cheng,

In 2011, the North American Spine Society (NASS) solicited the Food and Drug Administration (FDA) to determine their level of interest in developing a spine forum to represent the variety of disciplines involved in the treatment of spine. It was indicated that such a forum could provide two-way communication between FDA and the spine field for scientific and clinical expertise and direction on specific topics regarding patient safety and care.

FDA responded that it would be receptive to a NASS-sponsored Spine Forum, similar to the Orthopaedic Device Forum administrated by the American Academy of Orthopaedic Surgeons. To that end, NASS is coordinating development of such a forum for medical societies, government and industry to openly discuss topics of common interest related to spine. Invited participants include:

- North American Spine Society
- American Academy of Orthopaedic Surgeons
- American Academy of Pain Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Society of Anesthesia/American Society of Regional Anesthesia and Pain Medicine
- International Spine Intervention Society
- Joint Section on Spine on behalf of the American Association of Neurological Surgeons/Congress of Neurological Surgeons
- US Food and Drug Administration
 - Center for Devices and Radiological Health
 - Office of Device Evaluation—Division of Ophthalmic, Neurological and Ear, Nose and Throat Devices
 - Center for Biologics Evaluation and Research
- Centers for Medicare and Medicaid Services
- National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases
- Orthopaedic Surgical Manufacturers' Association
- American Society for Testing and Materials

The North American Spine Society would like to invite your organization to participate in the Spine Forum. Attached is an outline of the forum organization and structure providing more details. Please accept or decline this invitation by email response to Pam Hayden, Director of Research & Quality Improvement, at phayden@spine.org by October 1, 2012.

We are very excited about this important new vehicle and the opportunities it may provide for collaboration and dialogue and would encourage you to participate. We thank you for your consideration and look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Heggeness", with a long horizontal line extending to the right.

Michael Heggeness, MD, PhD
President



7075 Veterans Boulevard, Burr Ridge, IL 60527
Toll-free: (866) 960-6277 Phone: (630) 230-3600
Fax: (630) 230-3700 Web: www.spine.org

Spine Forum: Organization and Structure

Background

In 2011, NASS solicited the US Food and Drug Administration (FDA) to determine their level of interest in developing a spine forum to represent the variety of disciplines involved in the treatment of the spine. It was indicated that such a forum could provide two-way communication between FDA and the spine field for scientific and clinical expertise and direction on specific topics regarding patient safety and care.

NASS was aware of a similar forum, the Orthopaedic Device Forum, administered by the American Academy of Orthopaedic Surgeons (AAOS), which has previously established successful interactions with FDA, the Centers for Medicare and Medicaid Services, the Orthopedic Surgical Manufacturers' Association and others. AAOS and its forum participants are to be commended for this successful and innovative vehicle. However, the AAOS device forum deals with orthopedic issues of mutual interest to its participants. NASS recognized that the AAOS forum worked across disciplines within the Orthopaedic Research Society, but believed a similar multidisciplinary group was needed for spine. Due to the specialized nature of spine, input and participation from multiple specialties is desirable (orthopedics, neurosurgery, physical medicine and rehabilitation, pain medicine, etc.) as a multidisciplinary approach is reflective of how spine treatment occurs across the country. For example, if the FDA were to review the specific implant/treatment needs of the spinal community, it would be beneficial to hear from health care providers from all the specialties who use these drugs and devices in real world scenarios to appropriately investigate what care is in the best interest of patients.

NASS contended that the multidisciplinary nature of spine treatment in the US requires broader representation and input than that of just one specialty. NASS was aware that other specialty societies would likely welcome the opportunity to participate in such a spine forum that provides audience and communication directly with FDA and others. As a multispecialty society and frequent multi-society collaborator, NASS was uniquely positioned to coordinate the assembly of the forum to the benefit of both the organizations involved and FDA.

In February 2012, the FDA indicated it would be *"...receptive to the development of a NASS-sponsored Spine Forum, akin to the Orthopaedic Device Forum..."* and indicated its desire for the forum to include multiple societies and other federal agencies and made suggestions regarding which agencies should be included.

Mission

To provide a forum for medical societies, government and industry to openly discuss topics of common interest related to spine.

Proposed Participants

North American Spine Society (NASS)-Coordinator

American Academy of Orthopaedic Surgeons (AAOS)

American Academy of Pain Medicine (AAPM)

American Academy of Physical Medicine & Rehabilitation (AAPMR)

American Society of Anesthesia/American Society of Regional Anesthesia and Pain Medicine (ASA/ASRA)

International Spine Intervention Society (ISIS)

Joint Section of Spine on behalf of American Association of Neurological Surgeons (AANS)/ Congress of Neurological Surgeons (CNS)

Federal Agencies

US Food and Drug Administration (FDA)

Center for Devices and Radiological Health (CDRH)

Office of Device Evaluation--Division of Ophthalmic, Neurological and Ear, Nose and Throat Devices

Center for Biologics Evaluation and Research (CBER)

Centers for Medicare and Medicaid Services (CMS)

National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIH/NIAMS)

Other Organizations

Orthopaedic Surgical Manufacturers' Association (OSMA)

American Society for Testing and Materials (ASTM)

Tenets

Multidisciplinary, broad spectrum discussion and collaboration between public and private parties will lead to well-informed, more widely accepted decisions/actions for the betterment of the field by working with and learning from others.

Multispecialty, multi-entity collaborative efforts can lead to better patient care and stronger bonds between all participants.

Dedication to high quality, value- and evidence-based patient care.

The Spine Forum provides a venue for open communication among entities with spine-related interests.

Meetings

The forum shall meet twice yearly with one meeting being held in or near Washington DC in the first half of the year and the second being held in conjunction with or as part of the Spine Summit via videoconference conducted in Burr Ridge, IL. Participation will be limited to designated representatives and observers, staff and invited guests. Teleconference or videoconference meetings may be arranged as needed.

Structure

Coordination. The forum shall be administrated and coordinated by the North American Spine Society. NASS shall organize and pay for any expenses related to meeting logistics (meeting room, food, a/v, teleconference, etc.), with the exception of member travel expenses. Each society/organization shall pay the expenses of their selected participants and staff. Meeting facilitator(s) will be chosen for each meeting considering meeting focus and as agreed to jointly by the NASS President, NASS Health Policy Director(s) and NASS Research Director.

Representation. Each society/entity shall have up to two participating provider representatives and may bring a reasonable number of observers/staff. Each society's participants attend at the represented society's expense.

Agendas and Minutes. Any group may bring topics for discussion to the table via addition to the agendas for regularly scheduled meetings or by submitting them to NASS for discussion between meetings, if urgent. A call for agenda items will be sent out in advance of each meeting. Minutes will be drafted and shared following each meeting.

Voting. The purpose of the forum is communication and information exchange. The forum is not a decision-making body, hence no voting shall occur.

Conflicts of Interest and Disclosure. Openly stated and documented disclosure will be required. A disclosure form will be provided in advance of each meeting. Participants will also be

expected to disclose any conflicts of interest (personal, business, financial) relevant to specific discussion items, if applicable.

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

From: Cathy Hill <chill@neurosurgery.org>
To: Dr. Cheng <joseph.cheng@vanderbilt.edu>; 'Hoh, Daniel J' <Daniel.Hoh@neurosurgery.ufl.edu>; Fessler, Richard (RFessler@nmff.org) (RFessler@nmff.org) <RFessler@nmff.org>; 'william.welch@uphs.upenn.edu' <william.welch@uphs.upenn.edu>; 'heary@umdnj.edu' (heary@umdnj.edu) <heary@umdnj.edu>
Cc: DKH <dkojoh@gmail.com>; Karin R Swartz <krswar2@email.uky.edu>; Charles Sansur <csansur@smail.umaryland.edu>; vmum <vmum@aol.com>; Luis Tumialan <Luis.Tumialan@bnaneuro.net>; mgk7 <mgk7@columbia.edu>; pda9 <pda9@columbia.edu>; kurt eichholz <kurt.eichholz@gmail.com>; Katie O. Orrico <korrico@neurosurgery.org>; okonkwodo <okonkwodo@upmc.edu>; spinemetz <spinemetz@yahoo.com>; Kaimingfu <kaimingfu@gmail.com>; John Ratliff <jratliff@stanford.edu>; Smith, Justin S *HS (MD-NERS Admin) (MD-NERS Admin) <JSS7F@hscmail.mcc.virginia.edu>
Sent: Wed, Sep 26, 2012 7:34 am
Subject: Thank You and Summary of FDA Orthopaedic Devices Panel Meeting

Thank you again to everyone for helping with the FDA Orthopaedic Panel—especially Dr. Welch for making the trip to lovely Gaithersburg, Maryland (equally inconvenient to all airports and train stations in the Baltimore/Washington DC area). For your records, attached is a summary of the meeting and below is the link with all of the documents.

<http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/MedicalDevices/MedicalDevicesAdvisoryCommittee/OrthopaedicandRehabilitationDevicesPanel/ucm309184.htm>

Catherine Jeakle Hill

Senior Manager, Regulatory Affairs
American Association of Neurological Surgeons/
Congress of Neurological Surgeons
Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
Fax: 202-628-5264
E-mail: Chill@neurosurgery.org



Brief Summary of the Orthopedic and Rehabilitation Devices Panel Meeting – September 21, 2012

Introduction:

The Orthopedic and Rehabilitation Panel of the Medical Devices Advisory Committee to the Food and Drug Administration met on September 21, 2012 to discuss and make recommendations for the classification of posterior cervical screws, including pedicle and lateral mass screws.

Cervical pedicle and lateral mass screws are components of rigid, posterior spinal screw and rod systems generally intended as an adjunct to fusion for the treatment of degenerative disc disease (as defined by neck pain confirmed by radiographic studies), trauma, deformity, failed previous fusion, tumor, infection, and inflammatory disorders in the cervical spine.

The panel had a robust scientific discussion resulting in the following conclusions:

- The panel agreed that the available scientific evidence supported a reasonable assurance of safety for the use of cervical screw fixation systems in treatment of the proposed, indicated population. The panel did express concerns in the future regarding training and collection of long term data.
- The panel concluded that available scientific evidence supported a reasonable assurance of effectiveness in the use of cervical screw fixation systems for treatment in the proposed, indicated population.
- There was a general consensus among the panel supporting the Food and Drug Administration's proposed indications for use. Panel consensus supported inclusion of the specific screw trajectories presented by the Food and Drug Administration.
- The panel agreed that there is reasonable evidence to support use of posterior cervical screws as an adjunct to fusion in the pediatric population. The Food and Drug Administration recognizes that this determination is based on modest level of evidence and lack of long term clinical data. It was emphasized by the panel that size of the osseous elements is more critical than chronological patient age.
- There was panel consensus supporting the non-fusion use of posterior cervical screws for a limited time period in patients with advanced stage tumors involving the cervical spine in whom life expectancy is of insufficient duration to permit achievement of fusion. The panel emphasized that their discussions were limited to this narrow patient population and should not be extrapolated to other non-fusion applications or technology.

- Other than the risks associated with the presence of the vertebral arteries, the panel did not identify any other unique risks, as compared to other spinal implants, which may be present in the cervical spine.
- The panel confirmed the completeness of the Food and Drug Administration's identified risks to health. In addition, the risk of iatrogenic foraminal stenosis associated with implant-related changes in spinal alignment resulting in neurologic injury was also raised.
- The panel supported the adequacy of the proposed special controls. An additional recommendation was made with regards to the specific risks relating to C3-C6 pedicle screw placement.
- The panel supported the requirement of cross-sectional imaging as part of pre-operative planning for procedures which utilize posterior cervical screw fixation.

Multiple public speakers presented during the Open Public Hearing session, including professional societies which discussed how the petition relates to their society's special interest. These speakers included the following:

- Todd Albert, M.D. – Scoliosis Research Society
- Paul Anderson, M.D. – American Academy of Orthopaedic Surgeons
- William Welch, M.D. – American Association of Neurological Surgeons
- Gregory Przybylski, M.D. – North American Spine Society
- Lee H. Riley, M.D. – Cervical Spine Research Society

All speakers from the professional societies supported the classification of posterior cervical screws as Class II devices.

Diana Zuckerman, Ph.D. of the National Research Center for Women and Families expressed her views that there was a lack of long term data, as well as specific data about each type of screw. Dr. Zuckerman shared her perspective based on her consumer research that a Class III is warranted to facilitate long term data, and that these devices should be considered high risk.

An unofficial vote was taken at the end of the meeting amongst all present panel members inquiring each member's individual conclusion as to the appropriate classification level of posterior cervical screws. All present members concluded that posterior cervical screws should be classified as Class II devices.

Contact: Sara J. Anderson, Designated Federal Officer,
(301) 796- 7047

Sara.Anderson@fda.hhs.gov

Transcripts may be purchased from:

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Telephone: 410 974-0947

Or

Food and Drug Administration

Freedom of Information Staff (FOI)

5600 Fishers Lane, HFI-35

Rockville, MD 20857

301-443-1726

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>

To: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>; 'DKH' <dkojoh@gmail.com>; 'Karin R Swartz' <krswar2@email.uky.edu>; 'Charles Sansur' <csansur@smail.umaryland.edu>; 'vmum@aol.com' <vmum@aol.com>; 'Luis Tumialan' <Luis.Tumialan@bnaneuro.net>; 'mgk7@columbia.edu' <mgk7@columbia.edu>; 'pda9@columbia.edu' <pda9@columbia.edu>; 'kurt eichholz' <kurt.eichholz@gmail.com>; 'chill@neurosurgery.org' <chill@neurosurgery.org>; 'korrico@neurosurgery.org' <korrico@neurosurgery.org>; 'Daniel Hoh' <Daniel.Hoh@neurosurgery.ufl.edu>; 'okonkwodo@upmc.edu' <okonkwodo@upmc.edu>; 'spinemetz@yahoo.com' <spinemetz@yahoo.com>; 'Kaimingfu' <kaimingfu@gmail.com>; 'John Ratliff' <jratliff@stanford.edu>; Smith, Justin S *HS (MD-NERS Admin) (MD-NERS Admin) <JSS7F@hscmail.mcc.virginia.edu>

Sent: Mon, Sep 24, 2012 9:48 am

Subject: RE: Upcoming FDA Orthopaedic Devices Panel Meeting--Agenda, Roster, and other Materials have been posted

Charley,

Thanks for the FDA response, and I would like to ask you to follow up on that by helping us lead this new one in Washington State for cervical fusions:

Draft Key Questions for the study of [Cervical Spinal Fusion for Degenerative Disc Disease](#) are now available for review on our web site

The public comment period for responding to these questions is **September 21 – October 5, 2012**. Other benchmark dates for this study are listed below.

Cervical Spinal Fusion	
Draft Key Questions Published:	September 21, 2012
Public Comment Period:	September 21 – October 5, 2012
Draft Report Published:	January 14, 2013
Public Comment Period:	January 14 – February 14, 2013
Final Report Published:	February 18, 2013
HTCC Public Meeting	March 22, 2013

Please gather some other volunteers from our group to review and comment, and I would like to ask we have these comments done by September 30th as the CNS meeting is fast approaching. I have also attached the NASS cervical guidelines to use as a reference, but certainly we need to make sure our

position is consistent with our AANS and CNS guidelines and Mike K. may be able to help us with that. My thoughts so far on this are:

1. What is the clinical effectiveness of cervical fusion for DDD with or without spondylosis and/or radiculopathy relative to that of conservative management approaches and other alternatives?
 - a. We should request the edit of "overall long term clinical effectiveness (i.e., 1 year)" as many of the "conservative" approaches are short term and have no durability. Like using Anbesol on a toothache (i.e., ESI) versus getting a root canal (i.e., ACDF), both will help the pain but one will have much more durability. We should also review the literature in the guidelines to make sure this is an appropriate question, and does not bias the results by comparing short term pain relief.
2. What are the adverse events and other potential harms associated with cervical fusion compared to conservative management approaches?
 - a. Same logic as question 1 with "overall long term adverse events and other potential harms". For example, in brain tumors, the risk of surgery is immediate while that of XRT is delayed and may be worse than that of surgery at 1 year.
3. What is the differential effectiveness and safety of cervical fusion according to factors such as age, sex, race or ethnicity, measurable spinal instability, technical approach to fusion, insurance status (e.g., worker's compensation vs. other), and treatment setting (e.g., inpatient vs. ambulatory surgery center)?
 - a. This may be too confusing a question. There should be no significant differences in treatment setting, and they may get confounding data though trying to stratify it. Most patient who have comorbidities or too "sick" to be a surgery center candidate will be sent to have this done at the hospital, and comparing just the treatment setting would make us draw incorrect conclusions.
4. What are the costs and potential cost-effectiveness of cervical fusion relative to alternative approaches?
 - a. Again, we need to look at long term data. For example, costs of surgery is significantly higher than medications to control seizures at 3 months, but at 10 years down the road, it is a much different story!

Regards,
Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Cheng, Joseph

Sent: Monday, September 24, 2012 8:49 AM

To: DKH; Karin R Swartz; Charles Sansur; vmum@aol.com; Luis Tumialan; mgk7@columbia.edu; pda9@columbia.edu; kurt eichholz; chill@neurosurgery.org; korrigo@neurosurgery.org; Daniel Hoh; okonkwodo@upmc.edu; spinemetz@yahoo.com; 'Kaimingfu'; John Ratliff

Subject: FW: Upcoming FDA Orthopaedic Devices Panel Meeting--Agenda, Roster, and other Materials have been posted

Hi Guys,

FYI, and thanks to Charley for taking the lead on this and to everyone who help! Also a link below on the Norian issue and lessons to be learned about off label post-market studies of 510K implants.

Regards,
Joe

Joseph S. Cheng, M.D., M.S.

Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Cathy Hill [<mailto:chill@neurosurgery.org>]

Sent: Monday, September 24, 2012 7:36 AM

To: Cheng, Joseph

Cc: Welch, William; Fessler, Richard; Heary, Robert; Katie O. Orrico; Joseph Alexander;
jacob@neurosurgery.ufl.edu

Subject: Re: Upcoming FDA Orthopaedic Devices Panel Meeting--Agenda, Roster, and other Materials have been posted

The panel agreed with us on all issues.

Sent from my iPhone

On Sep 24, 2012, at 8:26 AM, "Dr. Cheng" <joseph.cheng@vanderbilt.edu> wrote:
Hi Cathy and Bill,

How did it go Friday? Made me think of the issues with off label use when I came across this article:

<http://features.blogs.fortune.cnn.com/2012/09/18/synthes-norian-criminal/>

Regards,

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Cathy Hill [chill@neurosurgery.org]

Sent: Wednesday, September 19, 2012 10:19 AM

To: Welch, William; Cheng, Joseph; Fessler, Richard; Heary, Robert

Cc: Katie O. Orrico; Joseph Alexander; jacob@neurosurgery.ufl.edu

Subject: RE: Upcoming FDA Orthopaedic Devices Panel Meeting--Agenda, Roster, and other Materials have been posted

FDA has posted the meeting materials for the Orthopaedic Panel on Friday. I'm looking over the panel roster now and I see Drs. Diaz, New, and McCormick on the list, so that's good news. Bernard Pfeifer, MD, an Orthopaedic Surgeon from the Lahey clinic is also on the list. As some of you may recall, he is a former AAOS RUC member and has been involved in FDA issues for AAOS and NASS.

I'll check the roster carefully, as the specialty is not listed with the names, only the institution, and it is possible that there could be another neurosurgeon who I do not know. The materials are at:

<http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/MedicalDevices/MedicalDevicesAdvisoryCommittee/OrthopaedicandRehabilitationDevicesPanel/ucm309184.htm>

Many thanks again to all for your help! I am looking forward to seeing Dr. Welch on Friday morning! We will let you know how the meeting goes.

Cathy

Catherine Jeakle Hill

Senior Manager, Regulatory Affairs
American Association of Neurological Surgeons/
Congress of Neurological Surgeons
Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
Fax: 202-628-5264
E-mail: Chill@neurosurgery.org

DRAFT Key Questions

Cervical Spinal Fusion for Degenerative Disc Disease

Public comments on the draft key questions will be accepted until October 5, 2012

Introduction

Degenerative disc disease (DDD) of the cervical spine is a common phenomenon; MRI studies have documented the presence of DDD in 60% of asymptomatic individuals aged greater than 40 years. Use of the term “disease” to describe this condition is something of a misnomer, however, as disc degeneration (dehydration and shrinkage) is a natural consequence of aging, and many individuals never develop overt symptoms. In others, however, DDD is accompanied by spondylosis, which is characterized by the development of osteoarthritis and bone spurs which may in turn cause general stiffness and pain. In still other patients, radiculopathy may be seen, in which specific impingement of the nerve root of the cervical spine occurs, causing pain, numbness, and tingling in the neck and extremities. Importantly, many patients experience cervical pain without imaging or other evidence of radiculopathy or spondylosis; in most of these “non-specific” cases, no anatomic cause can be identified.

Multiple treatment options are available for symptoms associated with DDD, including so-called “conservative” measures such as physical and exercise therapy, spinal manipulation, alternative therapies, and medication; minimally-invasive procedures such as spinal injections and radiofrequency ablation; and surgical intervention. The most common surgical procedure performed is spinal fusion, which involves removal of the damaged disc(s) and creation of a permanent connection across the vertebral space by means of a graft. The use of cervical fusion procedures is increasing; national survey data indicate an 8-fold increase in cervical fusion surgeries from 1990 to 2004, and a 28-fold increase among those 65 and older.

Policy Context

Despite the increase in the frequency of fusion surgery, there are many unanswered questions regarding its place in the treatment of cervical DDD, including the optimal technical approach, identification of patient subgroups likely to benefit from fusion surgery, need for repeat surgery, long-term benefit relative to conservative management, and the likelihood of long-term complications. As such, the Washington State Health Care Authority (HCA) has commissioned a health technology assessment to compare the clinical benefits, potential harms, and economic impact of cervical fusion procedures to conservative management and other treatment alternatives.

Scope of this HTA

The project scope is described in more detail below, focusing on the most relevant populations, interventions, comparators, and outcomes for evaluation of cervical spinal fusion.

Population: Adults (>17 y) with chronic or subacute cervical DDD with or without spondylosis and/or radiculopathy. Patients with acute trauma, systemic symptoms, and/or severe neurologic impairment will be excluded, as surgical intervention is typically the only available course of action for these individuals.

Intervention: The major technical approaches to single- and/or multi-level cervical fusion, performed as both an initial surgical intervention and as a subsequent or repeat procedure.

Comparators: Conservative management approaches (e.g., physical therapy, medication) will be the primary comparators of interest. However, evidence will also be culled from clinical trials and cohort studies comparing fusion to minimally-invasive procedures (e.g., injections, percutaneous procedures) and other surgical interventions (e.g., microdiscectomy), as available (NOTE: artificial disc replacement studies will NOT be considered, as this topic was the subject of a prior Washington HCA review).

Outcomes:

- Patient- and clinician-reported measures of pain, function, and disability
- Measures of “treatment success” or “clinically meaningful change” in clinical symptoms
- Requirements for repeat surgery or other retreatment
- Return to work and/or resumption of normal activities
- Complications and adverse events of treatment
- Mortality
- Treatment strategy costs and cost-effectiveness relative to comparators

Draft Key Questions

1. What is the clinical effectiveness of cervical fusion for DDD with or without spondylosis and/or radiculopathy relative to that of conservative management approaches and other alternatives?
2. What are the adverse events and other potential harms associated with cervical fusion compared to conservative management approaches?

3. What is the differential effectiveness and safety of cervical fusion according to factors such as age, sex, race or ethnicity, measurable spinal instability, technical approach to fusion, insurance status (e.g., worker's compensation vs. other), and treatment setting (e.g., inpatient vs. ambulatory surgery center)?
4. What are the costs and potential cost-effectiveness of cervical fusion relative to alternative approaches?

Public Comment & Response

Draft key questions are available for public comment for two (2) weeks.



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CERVICAL SPINAL FUSION FOR DEGENERATIVE DISC DISEASE

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Accepting public comments from: September 21, 2012 until 5 p.m. on October 5, 2012.

Please submit all comments to: shtap@hca.wa.gov

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Topic Summary

Degenerative disc disease (DDD) of the cervical spine is a common phenomenon; MRI studies have documented the presence of DDD in 60% of asymptomatic individuals aged greater than 40 years. Use of the term "disease" to describe this condition is something of a misnomer, however, as disc degeneration (dehydration and shrinkage) is a natural consequence of aging, and many individuals never develop overt symptoms. In others, however, DDD is accompanied by spondylosis, which is characterized by the development of osteoarthritis and bone spurs which may in turn cause general stiffness and pain. In still other patients, radiculopathy may be seen, in which specific impingement of the nerve root of the cervical spine occurs, causing pain, numbness, and tingling in the neck and extremities. Importantly, many patients experience cervical pain without imaging or other evidence of radiculopathy or spondylosis; in most of these "non-specific" cases, no anatomic cause can be identified.

Draft Key Questions Published: September 21, 2012
Public Comment Period: September 21 - October 5, 2012

Draft Report Published: January 14, 2013
Public Comment Period: January 14 - February 14, 2013
Final Report Published: February 18, 2013
HTCC Public Meeting: March 22, 2013

Multiple treatment options are available for symptoms associated with DDD, including so-called "conservative" measures such as physical and exercise therapy, spinal manipulation, alternative therapies, and medication; minimally-invasive procedures such as spinal injections and radiofrequency ablation; and surgical intervention. The most common surgical procedure performed is spinal fusion, which involves removal of the damaged disc(s) and creation of a permanent connection across the vertebral space by means of a graft. The use of cervical fusion procedures is increasing; national survey data indicate an 8-fold increase in cervical fusion surgeries from 1990 to 2004, and a 28-fold increase among those 65 and older.

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Primary Criteria Ranking

Safety = Medium

Efficacy = High

Cost = High

Documents

[Draft Key Questions](#) (341.7 KB)



North American Spine Society

Evidence-Based Clinical Guidelines
for Multidisciplinary Spine Care



**Diagnosis and Treatment of
Cervical Radiculopathy from
Degenerative Disorders**

From: vmum@aol.com [mailto:vmum@aol.com]
Sent: Monday, September 24, 2012 1:51 PM
To: Walters, Jacqueline
Subject: Fw: AUC Collaboration Message from Dr. Glasman

Put on list for ec mtg discussion. Pm
Sent from my Verizon Wireless BlackBerry

From: "Cheng, Joseph" <joseph.cheng@Vanderbilt.Edu>
Date: Mon, 24 Sep 2012 15:47:13 -0500
To: 'vmum@aol.com' <vmum@aol.com>; Courtney Kissinger (SRS) <CKissinger@srs.org>; Polly David W <pollydw@umn.edu>; Paul McCormick <pcm6@columbia.edu>
Cc: Glassman <sdg12345@aol.com>; Tressa Goulding (SRS) <TGoulding@srs.org>; Jacqueline Walters <WaltersJ@neurosurg.ucsf.edu>
Subject: RE: AUC Collaboration Message from Dr. Glasman

Praveen,
I think it is a good idea for us to discuss at the EC meeting first, and we can then find time to pull away and have this call.
Regards,
Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: vmum@aol.com [mailto:vmum@aol.com]
Sent: Wednesday, September 19, 2012 10:44 AM
To: Courtney Kissinger (SRS); Polly David W; Cheng, Joseph; Paul McCormick
Cc: Glassman; Tressa Goulding (SRS); Jacqueline Walters
Subject: Re: AUC Collaboration Message from Dr. Glasman

Agree with plan. Many of us will be in Chicago on Oct 6-9 for Congress of Neurosurgeons meeting. We could do a conf call that week and gather many of us from the neuro side in one room?
Pm
Sent from my Verizon Wireless BlackBerry

From: "Courtney Kissinger \ (SRS\)" <CKissinger@srs.org>
Date: Wed, 19 Sep 2012 10:27:33 -0500
To: Dr. David W. Polly, Jr <pollydw@umn.edu>; <vmum@aol.com>; <joseph.cheng@vanderbilt.edu>; <pcm6@columbia.edu>

Cc: Steve Glassman<sdg12345@aol.com>; Tressa Goulding
\\(SRS\\)<TGoulding@srs.org>
Subject: AUC Collaboration Message from Dr. Glasman

Lumbar Degenerative Scoliosis AUC collaborators:


I am pleased to report that we have received the updated AUC proposal from RAND/UCLA. The document is attached for your review.

I believe that the next step would be a conference call among the clinical content sub-committee from the Spine Section, the SRS, and our Industry partners. The purpose of this call is to discuss the specific clinical content of the proposal and provide any comments or concerns. Following that discussion, we may want to organize a subsequent call with the RAND investigators.

My understanding at this point is that the representatives to this sub-committee are:
Steve Glassman
Dave Polly
Praveen Mummaneni
Joe Cheng
K2M, DePuy/Synthes, Medtronic representatives (TBD)

Please let me know if anyone has questions or issues with this outline of “next steps”. Otherwise, expect a survey regarding call time availability in the near future.
Thanks

Steve Glassman

Courtney Kissinger
Executive Assistant
Scoliosis Research Society
555 E Wells Street, Suite 1100
Milwaukee, WI 53202
P: (414) 289-9107
F: (414) 276-3349
ckissinger@srs.org
 “Like” SRS on [Facebook](#)

From: Tony Asher [Tony.Asher@cnsa.com]
Sent: Sunday, July 29, 2012 5:14 PM
To: Cheng, Joseph
Cc: Paul C. McCormick
Subject: AUCs and RAND

Hi Joe. I hope all is well.

The AANS and SRS will be working together to develop AUCs for certain forms of lumbar surgery in conjunction with the RAND group at UCLA.

I was wondering if you and perhaps one other senior member of the Spine Section would be willing to assist in the discussions with RAND.

If you'd like more information, please give me a ring. Steve Glassman is coordinating things on the SRS side.

Best

Tony

Anthony L. Asher, MD, FACS
Director, National Neurosurgery Quality and Outcomes Database
Director, Brain Tumor Program, Carolinas Medical Center
Carolina NeuroSurgery and Spine Associates
225 Baldwin Road
Charlotte, NC 28204
W: 704-376-1605
C: 704-575-0755
asher@cnsa.com

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>

To: Mummameni, Praveen (vmum@aol.com) (vmum@aol.com) <vmum@aol.com>; Shaffrey <cis8z@virginia.edu>

Sent: Sat, Aug 25, 2012 9:35 am

Subject: FW: minutes from last night

Hi Praveen,

FYI and for our minutes regarding the SRS AUC. Our Section will plan on committing to 10% of the funding support, which is very reasonable from my standpoint.

Regards,

Joe

Joseph S. Cheng, M.D., M.S.

Associate Professor of Neurological Surgery

Director, Neurosurgery Spine Program

Vanderbilt University Medical Center

T-4224 Medical Center North

Nashville, TN 37232-2380

(615) 322-1883

(615) 343-6948 Fax

From: Paul McCormick [pcm6@columbia.edu]

Sent: Friday, August 24, 2012 10:19 AM

To: Cheng, Joseph

Subject: Fwd: minutes from last night

Joe

Here are the minutes. I noted that the section (ie you) had voiced verbal support but subject to the conditions and details as well as your review and approval.

Paul

Sent from my iPhone

Begin forwarded message:

From: "Tressa Goulding \ (SRS\)" <TGoulding@srs.org>

Date: August 24, 2012 10:10:00 AM EDT

To: <pcm6@columbia.edu>, <tony.asher@cnsa.com>, "Jamieson, Bo [DPYUS]" <BJamieso@its.jnj.com>, <bhorton1@its.jnj.com>, "King, Doug" <doug.king@medtronic.com>, <lmajor@k2m.com>, "Cindy Daniel" <cindy.daniel@tsrh.org>, <gjarosky@mmortho.com>, "Jennifer Roth" <rothj@wudosis.wustl.edu>, <kichicago@aol.com>, <lenkel@wudosis.wustl.edu>, "Maureen Bradley" <mbradley@mmortho.com>, "Steve Richards MD" <steve.richards@tsrh.org>, "Steven Glassman, MD" <sdg12345@aol.com>, "Tana Allgeyer" <tana.allgeyer@nortonhealthcare.org>

Subject: minutes from last night

Hi, everyone,

I have attached draft minutes from last night's conference call. Please let me know if you have any changes or corrections.

Also, I didn't have email addresses for Brent or Luke, so would appreciate Doug and Lane forwarding to them.

Thanks.

Tressa

Tressa Goulding, CAE, CMP
Executive Director
Scoliosis Research Society
555 East Wells St, Suite 1100
Milwaukee, WI 53202 USA
tgoulding@srs.org
www.srs.org
phone 1 414 289 9107

for ec cmte report

Praveen V. Mummaneni, M.D.
Associate Professor and Vice-Chairman
Dept. of Neurosurgery, University of California at San Francisco
Co-Director: UCSF Spine Center
Secretary: AANS-CNS Joint Section - Spine and Peripheral Nerves

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
To: Mummanneri, Praveen (vmum@aol.com) (vmum@aol.com) <vmum@aol.com>; Shaffrey <cis8z@virginia.edu>
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Executive Director
Scoliosis Research Society
555 East Wells St, Suite 1100
Milwaukee, WI 53202 USA
tgoulding@srs.org
www.srs.org
phone 1 414 289 9107

SCOLIOSIS RESEARCH SOCIETY
AUC Funding Call Notes
August 23, 2012

Participants:

Lawrence Lenke, MD, SRS
Steven Glassman, MD, SRS
Kamal Ibrahim, MD, SRS
B. Stephens Richards, MD, SRS
William Horton, MD, DePuy Synthes
Bo Jamieson, DePuy Synthes

Paul McCormick, MD, AANS-CNS
Lane Major, K2M
Luke Miller, K2M
Doug King, Medtronic
Brent Melancon, Medtronic
Tressa Goulding, SRS staff

The call was convened at 8:05 pm CDT.

Dr. Lenke noted that the goal is to determine a mechanism for funding an AUC effort that will be convenient, transparent, limit administrative costs and be acceptable to all parties, including the Rand Corporation. He then asked for comments from representatives of each group.

Dr. Horton said that DePuy Synthes is very supportive of the effort. They have discussed it among various groups, including their compliance officers and grants committee and see three acceptable options. Rated in order of preference, those are:

- 1) funds would go to an independent foundation
- 2) funds would go to SRS
- 3) funds would go directly to Rand

He added that they need to see a contract and documents that clearly outline deliverables and a timeline, with options for check points, probably on a quarterly basis, that will determine release of funds. They also believe it will be important to limit overhead costs for the holding foundation so funds are used for the AUC development.

Mr. Major said that K2M has also had a number of internal discussions and their assessment is very similar to that of DePuy. They also want to maximize value of their donation by minimizing overhead costs.

Mr. King agreed with all comments and added that Medtronic has been looking at possible AUC development for several months and commissioned a third party for guidance. He summarized some of the feedback from that company:

- AUC development is fully warranted in today's environment
- They talked to some payors to see how they would view the resulting AUC and received positive feedback
- The structure they suggested is much like the one established for the Collaborative Spine Research Foundation
- They basically reconfirmed most of the discussion so far within this group

Dr. Lenke thanked everyone for their comments and support and noted that Rand is not interested in receiving the money directly. He added that the preference for SRS is for the money to go through an independent foundation for greater transparency. Options for an independent foundation would be to use one of the existing organizations (OREF, NERF or CSRF) or to establish a new one specifically for this purpose.

Consensus was that there wouldn't be much benefit to establishing a new foundation and that the CSRF is the most attractive option for all parties.

Dr. McCormick said that the CSRF was established for this sort of collaborative effort among all spine surgeons and would probably be happy to be involved. There would need to be some discussion about details such as administrative costs.

He added that the Joint Section on Spine has verbally committed to contribute 10% of the cost of the AUC development.

There was unanimous agreement to use CSRF as the funding vehicle.

Dr. McCormick will talk to the CSRF Board of Directors, then make arrangements to get appropriate people in touch to work out details. Consensus was to form a working group with a representative from each participating organization/company to work on those.

Dr. Richards said that Rand is finalizing the detailed proposal so it should be possible to work in parallel efforts on setting up the fund and finalizing the agreement with Rand.

The call was adjourned at 8:35 pm CDT.

Tressa Goulding

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
To: Mummamneni, Praveen (vmum@aol.com) (vmum@aol.com) <vmum@aol.com>
Cc: mgroff <mgroff@mac.com>; Charlie Kuntz <charleskuntz@yahoo.com>; Christopher I M. D. Shaffrey (CIS8Z@hscmail.mcc.virginia.edu) <CIS8Z@hscmail.mcc.virginia.edu>
Sent: Fri, Aug 24, 2012 6:47 am
Subject: FW: SRS AUC

Hi Praveen,
Please circulate this to our Section EC to review, and that we as a Section have already committed support to this project moving forward with AANS. If this comes up at the SRS meeting, please see if there is a tentative time table for this project and an update on support from the organizations and industry, and also opportunities for how we can get our Section EC members plugged in to be a part of this.
Thanks!
Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Paul C. McCormick [pcm6@columbia.edu]
Sent: Friday, August 24, 2012 8:06 AM
To: Cheng, Joseph
Subject: SRS AUC

Sorry Joe. Here's the proposal.
Paul

Paul C McCormick, MD, MPH, FAANS
Herbert and Linda Gallen Professor of Neurological Surgery
Columbia University College of Physicians and Surgeons

Address:
The New York Neurological Institute
710 West 168th Street
New York, New York 10032
Ph: (office): 212 305-7976
Fax: 212 342-6850
email:pcm6@columbia.edu

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

From: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
To: vmum <vmum@aol.com>; CWolfla <CWolfla@mcw.edu>

Sent: Fri, Aug 17, 2012 11:17 am
Subject: FW: AUCs and RAND

Hi Praveen,
FYI on the SRS AUC Project. Still in the very early stages, and still waiting for SRS and AANS to get a final proposal. Once we can get a final proposal, it will need to be presented to our Section EC.
Regards,
Joe

From: Cheng, Joseph
Sent: Sunday, July 29, 2012 5:26 PM
To: Tony Asher
Cc: Paul C. McCormick; Shaffrey
Subject: RE: AUCs and RAND

Hi Tony,
I had seen an initial proposal in late April/early May, and thought it was a great idea! We were hoping that the specific proposal that was sent could be adapted to prospective data also versus a pure retrospective data review, and I had not heard anything further since then. Always happy to discuss and I know the Section is committed to be a part of this along with our parent organizations. Chris had been involved, and would be a natural as our senior member for the Section.
Regards,
Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
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From: Tony Asher [Tony.Asher@cnsa.com]
Sent: Sunday, July 29, 2012 5:14 PM
To: Cheng, Joseph
Cc: Paul C. McCormick
Subject: AUCs and RAND
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Tony

Anthony L. Asher, MD, FACS
Director, National Neurosurgery Quality and Outcomes Database
Director, Brain Tumor Program, Carolinas Medical Center
Carolina NeuroSurgery and Spine Associates
225 Baldwin Road
Charlotte, NC 28204
W: 704-376-1605
C: 704-575-0755
asher@cnsa.com

Proposal to Develop a Project for the Scoliosis Research Society

**The Appropriateness of Surgical Treatment Approaches
for Lumbar Degenerative Scoliosis**

Teryl K. Nuckols, MD, MSHS; Principal Investigator

Peggy Chen, MD, MSc, MHS

Steven M. Asch, MD, MPH

Robert H. Brook, MD, ScD

Proposal to Develop a Proposal

We propose to work with the Scoliosis Research Society to develop a formal project proposal. This project would entail developing criteria for determining the appropriateness of surgical procedures for patients with lumbar degenerative scoliosis.

Developing this proposal will entail the following steps:

1. Formulating the specific research questions that the study will address, including;
 - a. Determining the specific surgical procedures that the study will address;
 - b. Determining whether answering the question of appropriateness for multiple procedures simultaneously, including determining relative appropriateness, might involve one panel or two;
2. Creating a preliminary list of factors influencing the appropriateness of surgery;
3. Identifying one or more consultants who can develop the draft indications for surgery
 - a. (By an “indication,” we mean a particular combination of symptoms, signs, study results, and other characteristics that influence the appropriateness of surgery);
4. Evaluating literature searches previously conducted by affiliates of the Scoliosis Research Society and determining the extent of supplemental, independent literature searches that will need to be performed by RAND;
5. Determining the appropriate composition of the expert panel given the research questions;
6. Resolving methodological challenges involved in assessing the appropriateness of multiple alternative procedures simultaneously;
7. Determining whether developing a treatment algorithm based on the appropriateness criteria or pilot testing the appropriateness will be included in the scope of work;
8. Developing a plan for disseminating results; and
9. Preparing a timeline for the project.

Background

Adult degenerative scoliosis refers to a curvature of the spine that results from a gradual deterioration of the facet joints. This deterioration can cause inflammation of the joints and difficulty with movement at the joints. Severe inflammation may even constrict the spinal canal and result in spinal stenosis. Adult degenerative scoliosis is estimated to occur in 6-8% of adults over the age of 65.^{1,2} In general, adult degenerative scoliosis occurs more often among women,³ and individuals with osteoporosis.²

Symptoms of adult degenerative scoliosis include back stiffness, pain in the back or legs, weakness or numbness of the legs and bowel or bladder dysfunction. Overweight individuals may experience more significant symptoms due to additional pressure on the facet joints.⁴ These symptoms, either alone or in combination, may result in significant disability and limitations to daily activity.

The focus of treatments for adult degenerative scoliosis is on reducing pain and maximizing participation in activities of daily living. Treatment options include non-operative management as well as several approaches to surgical treatment. Non-operative management includes anti-inflammatory medications, physical therapy, weight loss, and treatment of relevant co-morbid conditions such as osteoporosis. For patients who do not achieve adequate relief and regain some functionality from non-operative management, surgical options may be considered. These range from decompression alone to more complicated procedures involving anterior-posterior fusion and other instrumentation.

The benefits of surgery include the potential for decreased pain and increased participation in activities of daily living. Indeed, several studies have found that patients who undergo surgical management have better outcomes, measured by improvements in pain, disability and quality of life, compared with patients who do not undergo surgical management.⁵⁻⁹ To some extent, however, these findings may be related to the degree of patients' pre-operative symptoms. Smith et al. reported that, among 207 patients presenting to a surgical clinic for evaluation of adult scoliosis, those who underwent surgery reported greater pre-operative disability and greater neurologic symptoms compared with those managed non-surgically.¹⁰

However, the thresholds for pain and disability and the clinical scenarios to establish criteria for employing surgical versus non-surgical management have not been clearly established. Thus, the identification of patients for whom the benefits of surgery outweigh the risks remains elusive. These risks include complications such as bleeding, infection, cerebrospinal fluid leak, neurologic injury and continued pain or disability post-operatively. In addition, given the advanced age of patients with degenerative scoliosis, co-morbid conditions, including diabetes and cardiovascular conditions, are prevalent. These conditions not only affect recovery times, but may also increase the risk of surgical complications. Daubs et al. reported that, among 46 patients undergoing major spinal deformity surgery, 78% had a comorbid condition, and 37% had a complication following surgery, with greater complication rates among older patients.¹¹

Finally, even without complications, recovery time following surgery is significant, ranging from 3-12 months.⁴

Existing research on the risks and benefits of surgery for lumbar degenerative scoliosis has been hampered by the lack of randomized controlled trials or rigorous comparative effectiveness research, a problem that is widespread among surgical forms of treatment. Moreover, as with many medical and surgical procedures,¹²⁻¹⁴ prior work has reported significant variation in treatment of degenerative diseases of the spine.¹⁵⁻¹⁸ One study reported that individual factors contributed to significant variation in surgeons' decisions about treatment for degenerative spine disorders. In this study, 63% (12/19) of orthopedic surgeons compared with 0% (0/6) neurosurgeons recommended fusion and instrumentation ($p=0.02$) for degenerative scoliosis. Younger surgeons in the study, compared with older surgeons, were also more likely to recommend fusion, instrumentation and more complex surgical intervention.¹⁵ Another study examining back surgery in the Utah Medicare population found significant within-state variation in back surgery, with the highest-utilization region demonstrating a 50% greater rate of back surgery compared with the lowest-utilization region.¹⁶ Similarly, a study in Washington State found 15-fold variation between counties with the highest and lowest utilization of surgery for low back pain. Despite controlling for a number of factors that might influence rates of surgery for low back pain, such as labor force participation in heavy labor, surgeon density, access to health care and payer type, researchers could account only for a small portion of the variability in surgery rates. Authors hypothesized that practice style of individual physicians likely play a major role in the variation.¹⁷ Finally, a study in Maine reported significant variation in rates of various orthopedic procedures among orthopedic surgeons. Lack of agreement about optimum treatment was reported to be a major reason for the variation.¹⁸

These inconsistencies are concerning because surgical intervention and its potential complications have the potential to benefit or harm patients, and they result in substantial costs. Patients and their families invest substantial time and resources in recovering from such extensive surgical interventions. This must also be balanced with the detrimental impact on patient's quality of life and the negative effects of continued pain and disability from degenerative scoliosis. In addition, the procedures as well as the complications are associated with high financial costs to patients and health insurers, particularly Medicare which bears the costs for the majority of elderly patients who are the most likely to suffer from degenerative scoliosis. Thus, the decision on management for patients with adult degenerative scoliosis aims to strike a balance between the pain and disability experienced by patients in the absence of surgery, with the risks and benefits of surgery. Unfortunately, current evidence does not enable reliable, systematic means of stratifying patients into those for whom surgical interventions would provide an abundance of benefit in comparison with the risks entailed.

Given the many factors involved in the decision to employ surgical versus non-surgical management for patients with degenerative scoliosis, the ability to systematically and consistently identify patients who would stand to receive the greatest benefits from surgical interventions for degenerative scoliosis could result in a more effective

application of these therapies which require intense financial, resource and time commitments from both patients, their families, and the health care system at large. Given the difficulties with performing a randomized controlled trials for interventions for degenerative scoliosis, as well as the associated ethical issues, the application of the RAND Appropriateness Method¹⁹ can clarify the patient populations and clinical scenarios in which surgical intervention would benefit to patients with degenerative scoliosis.

Research Objective and Research Questions

In any research endeavor, the process of defining the research objective and associated research questions is of utmost importance. The research questions must be clearly articulated in precise terms, and each term defined, so that there is a common understanding of what is being discussed. Imprecise research questions leave room for misunderstanding, or worse. Reaching a shared understanding of the research objective and specific research questions will be the first task in developing the proposal. We will reach this shared understanding through a thoughtful dialog between the RAND team members and representatives of the Scoliosis Research Society.

The objective of this research will be to develop appropriateness criteria for surgical treatments for lumbar degenerative scoliosis. Complexities arise when formulating the specific research questions that the project will answer because there are approximately four to six alternative approaches to surgical treatment for lumbar spinal surgery. These range from performing decompression of the lumbar spine alone, to complex procedures involving posterior fusion with or without anterior fusion of the lumbar and thoracic spine, with or without other instrumentation.

Given the existence of multiple alternative surgical approaches for lumbar degenerative scoliosis, there are several potential research questions. The first potential research question is, *“For each subset of patients with lumbar degenerative scoliosis [i.e., “indication”], is each type of surgical treatment for lumbar degenerative scoliosis necessary, appropriate, inappropriate, or of uncertain appropriateness?”* This question could be determined for each procedure individually without comparing them. The result might be that multiple different procedures could be equally appropriate for certain categories of patients. Often this is the case in clinical practice, and in such instances, providers and patients have the ability to choose among multiple equally acceptable treatment options.

However, because of the varying complexity of the surgical options in this case, the risk-benefit ratio is likely to vary across the different procedures. Operations involving anterior spinal fusion are higher risk, for example, due to the more extensive dissection involved. Thus, our work will be incomplete if we do not take the next step, comparing the appropriateness of the different surgical approaches. Thus, this creates a new research question, *“For each subset of patients with lumbar degenerative scoliosis, which surgical treatment has a comparatively more or less favorable risk-benefit profile?”*

One way of conducting the research is to break this second research question into two parts: (1) *“For each subset of patients with lumbar degenerative scoliosis, is any spinal surgery necessary, appropriate, inappropriate, or of uncertain appropriateness?”*, and (2) *“Among those for whom spinal surgery is appropriate, which procedure is the most appropriate?”* One potential advantage of a two-part approach is that some of the factors influencing the appropriateness of surgery will be similar across the different approaches. For example, surgery would be less likely to be appropriate for those with minimal pain, minimal disability, nutritional deficiency, and very advanced age, regardless of which procedure is being considered. I.e., for certain indications, no surgery will be appropriate. However, for some other indications, the factors influencing the appropriateness of surgery may vary more across procedures.

Answering a two-part research question in this manner would entail developing one set of appropriateness criteria for the use of spinal surgery in general in this population, and a second set for the selection of the procedure. Given the two parts involved, developing indications, selecting panelists, and conducting the panel meeting could be somewhat complicated. In the first part of the research question, the alternatives being compared are surgical and non-surgical treatments, so the literature search will need to include studies comparing these two approaches. The panel can be thought of as reflecting the alternatives being compared, so it would typically be composed of individuals who provide surgical care and an equal number of individuals who provide non-surgical (i.e., conservative) care, such as physiatrists, pain management physicians, and primary care physicians. It would also include some individuals who advise both groups, such as neuroradiologists.

In the second part of the research question, the alternatives being compared are the different approaches to performing the surgery and the patients are the subset of patients for whom it has already been determined that a surgical approach is not inappropriate. Consequently, the literature approach would need to focus on studies comparing outcomes among surgical approaches. If this panel were to reflect the alternatives being compared, it might include more spine surgeons than the first panel, reflecting the variety of disciplines that operate on these patients, such as general orthopedists, orthopedic spine surgeons, general neurosurgeons, neurosurgical spine surgeons, and scoliosis surgery experts from both disciplines. It would also include selected individuals who advise spine surgeons, such as pain management physicians and neuroradiologists.

As can be seen, this approach could potentially involve a very complicated measure development process, requiring a broad literature search, two sets of indications, and two expert panels (albeit potentially overlapping ones). There are likely to be several alternative approaches to formulating and answering the study’s research questions. How we approach these questions is likely to influence the scope and budget of the project; therefore, it will warrant careful consideration during the proposal development process.

Methods

We will develop appropriateness criteria for the surgical treatment of spinal degenerative scoliosis using the RAND/UCLA Appropriateness Method.¹⁹ These methods have been used to develop appropriateness criteria for 16 surgical procedures, including ten of the 25 most common inpatient procedures and six of the 15 most common outpatient procedures.²⁰ More specifically, the method has been used to develop appropriateness criteria for surgical treatment for sciatica, which revealed 19% of use was appropriate and 31% was overused.²¹ It has also been used to develop appropriateness criteria for surgery for lumbar disc hernia and spinal stenosis. That study found that among 328 surgical cases reviewed, 38% were inappropriate.²² Better performance on process indications developed using the RAND/UCLA Appropriateness Method has been shown to be associated with better patient outcomes in a variety of studies, including for musculoskeletal disorders.²³⁻³⁷

In this case, producing these appropriateness criteria may entail four tasks.

- Task 1. Develop Potential Indications: Integrate input from clinical experts and systematic reviews of medical literature.
- Task 2. Refine and Select Indications: Convene a multidisciplinary panel of national experts, and use the well-established RAND/UCLA panel process to have them refine and select indications.
- Task 3. Develop an Algorithm for Applying the Indications: Enable accurate and reliable application of the appropriateness criteria by creating an algorithm or quality measures that can be applied to individual patients.
- Task 4. Test Feasibility of the Algorithm: Apply the algorithm to a small sample of patients and use the information obtained to refine the algorithm.

Task 1. Develop Potential Indications

The first steps will be identifying the types of procedures used and the outcomes most relevant to this procedure and population. This process will entail (1) obtaining clinical practice guidelines and review literature (such as any systematic reviews), and (2) convening meetings of the clinical team involved in developing the indications. The clinical team will include the core members of the RAND group (including a consulting spine surgeon). This group will then create a list of procedures, a list of outcomes, and a list of factors that may influence the appropriateness of surgery for each of the procedures. An advisory group from the Scoliosis Research Society will provide periodic feedback on this process.

Our next objective will be to compile, for each procedure, a summary of the evidence. We will examine the systematic reviews of the literature recently performed by affiliates of the Scoliosis Research Society. However, this literature search may not have covered all procedures and outcomes of interest. During the proposal development process, we will determine the extent of the additional searches required. The searches themselves

will involve searching Medline and other computerized databases using relevant key words, identifying additional articles by examining reference lists, consulting experts. Studies must involve human subjects. We will sequentially review titles, abstracts, and articles to assess relevance.

For each procedure, we will compile objective summaries of the relevant evidence. Summaries will list relevant evidence supporting or refuting each indicator, emphasizing the highest quality evidence identified. For example, we will summarize meta-analyses and systematic reviews rather than their component studies. We will list randomized controlled trials. Less rigorous study designs will be included only when randomized controlled trials have not been conducted. We will also list current guideline recommendations that relate to the potential indications. Most literature is likely to be of lower quality and the quality of evidence for each indication will be detailed in the summary. The literature summaries will subsequently be provided to the multidisciplinary panel.

Through the literature review, we will also identify variables that influence the appropriateness of surgery and propose definitions of terms for those variables. These may include demographic and clinical variables, as well as qualifying terms (e.g., mild, moderate, or severe) and time frames for certain aspects of care (for example, within thirty days, or after that).

Task 2. Refine and Select Indications

A multidisciplinary panel of national experts in lumbar degenerative scoliosis will evaluate and refine the appropriateness criteria. The methods for selecting the panelists and conducting this evaluation are based on the RAND/UCLA Appropriateness Method, a modified Delphi method that we describe below. This method enables researchers to obtain a quantitative measure that reflects the expert judgment of a group regarding the appropriateness of the individual indications.¹⁹

Selecting Panelists

The first step in the panel process will be selecting panel members. The panel(s) will each include nine to eleven members. The types of panelists selected will depend on the research questions. Generally, the panelists reflect the treatments being compared, with a substantial minority providing one option and a substantial minority providing the other; relevant consultants make up the remainder of the panelists. We will invite national specialty societies to recommend leaders in each specialty. We will then review curriculum vitae to determine the extent and nature of relevant experience, and interview candidates. Importantly, we will contact references to assess potential panelists' ability to work well in groups because the cohesion and dynamics of the group are an important aspect of this method. We will select panelists representing a variety of geographic locations across the United States (reflecting regional practice variations) and expertise (such as specialty and content knowledge within specialty). Members of the panel are drawn from diverse practice settings, including both academic and community settings, large and small practices, and capitated and fee-for-service environments.

Two-Round Modified-Delphi Panel Process

The process by which these panelists will rate each of the indications will be iterative, with one round of anonymous ratings at home followed by a second round with an in-person group discussion. Finally, a third round will be conducted at home. The second round will determine the appropriateness of surgery (appropriate, uncertain, vs. inappropriate), and the third round will determine necessity for the appropriate indications.

In the first round, panelists will rate the indications individually. Six weeks before the in-person, second-round panel meeting, we will send panelists the potential indications, summaries of relevant evidence, detailed instructions, and rating forms. The panelists will be encouraged to comment on the literature reviews, the definitions of key terms, and the indications. They can also suggest additions or deletions to the list of indications. We will then summarize the first-round ratings prior to the in-person, second-round panel meeting. Rating criteria and analytical methods are described below.

During the second round, a moderator will lead discussions of each potential indicator. Panelists will receive instructions, definitions of terms, rating forms, and summaries of the first-round ratings for each potential quality indicator, including the distribution of ratings (median and standard error), their own ratings relative to the distribution, and the analytic interpretation. Panelists will discuss the evidence supporting or refuting each indicator and the round-one ratings. They will be allowed to propose new definitions of terms and vote on them. They will also be encouraged to identify any published information that the literature reviews omitted. At the conclusion of each discussion, panelists will re-rate the indications. We will use a modified-Delphi panel method, rather than a consensus-panel method that forces agreement, to allow different attitudes to be expressed and contend with one another and true agreement or disagreement to emerge.

Rating Methods and Interpretation

Using private, equally weighted ballots during both rounds, panelists will rate appropriateness on a 9-point scale with 9 as the highest. An indication will be defined as appropriate if it meets certain pre-specified criteria based on the size of the panel and other factors¹⁹.

These second round ratings will be analyzed in a manner similar to past applications of the RAND/UCLA Appropriateness Method. That is, the median panel rating and measure of dispersion would be used to categorize indications on appropriateness. We will interpret ratings as follows: a median rating of 7 to 9 without disagreement = appropriate; a median rating of 1 to 3 without disagreement = not appropriate; a median rating of 4 to 6 or any rating with disagreement = uncertain appropriateness. With nine panelists, disagreement would be defined as three or more panelists rating in the 1 to 3 range and three or more in the 7 to 9 range.

Task 3. Develop an Algorithm for Applying the Indications

The purpose of this step will be developing an algorithm that will enable future users of the appropriateness measures to apply them accurately and reliably. Through the earlier stages of the project, we will have identified and defined the variables that determine when surgery is appropriate. We will observe how these cluster across the indications and the natural time course in which they apply during the clinical course of care, and then use this information to create a clinical treatment algorithm. Treatment algorithms are best used prospectively, such as by clinicians providing care or by insurance companies making judgments about whether to authorize surgery.

In addition to or instead of the algorithm, we could group the clinical indications into quality measures. Quality measures are best used retrospectively to make judgments about the quality of the care that was provided to patients in the past. Generally, information from medical records is needed to apply quality measures.

Task 4. Test Feasibility of the Algorithm

Experts have identified pilot testing as important to the development of quality measures, of which appropriateness measures are one example.²⁸ Pilot testing can reveal clarifications that may be needed to ensure accurate and reliable measurement. We, therefore, propose to work with a spine surgeon who could pilot test the appropriateness criteria and the algorithm. The pilot test could be conducted with a sample of approximately 40-50 patients. We would obtain approval from all relevant institutional review boards.

Project Team Members, Expertise, and Roles

- Teryl K. Nuckols, MD, MSHS; Principal Investigator
- Peggy Chen, MD, MSc, MHS; Co-Investigator
- Steven M. Asch, MD, MPH; Moderator for Expert Panels
- Robert H. Brook, MD, ScD; Consultant

The RAND team has been selected for its expertise and ability to carefully and rigorously examine these issues. Dr. Nuckols will serve as the Principal Investigator, working closely with Dr. Chen to actually develop the appropriateness indicators. Dr. Brook will consult on both content and methodological issues as he has been involved in developing appropriateness criteria for back issues, including spinal surgery. Dr. Brook was, in fact, one of the original developers of the RAND/UCLA Appropriateness Method. He has recently retired as Director of RAND Health and is now devoting more time to research again, so he would be an excellent advisor to this project. Dr. Asch has developed appropriateness measures and quality measures for a very large number of clinical conditions, including quite a number of surgical procedures. Given his tremendous expertise running panels, he will serve as the moderator for the panel meeting(s).

Anticipated Results and Limitations

This project will produce a publicly available set of appropriateness criteria for the surgical treatment of patients with lumbar degenerative scoliosis. An algorithm based on the criteria could be designed to be used by clinicians, insurance company representatives and researchers or quality measurement experts. We will prepare publications describing the criteria for the peer-reviewed medical literature. We will also work with the RAND Research Communications Group to prepare summaries for policymakers and presentations for stakeholders.

This project does have potential limitations. There is likely to be scant high-quality evidence on which to base the criteria. As such, many of the criteria would be based on lesser evidence, as well as expert opinion. However, the lack of high-quality evidence is the case with many medical and surgical procedures²⁹ and the RAND/UCLA Appropriateness Criteria were developed with these limitations in mind. The user's guide states: "Although robust scientific evidence about the benefits of many procedures is lacking, physicians must nonetheless make decisions every day about when to apply them... a method was needed that would combine the best available scientific evidence with the collective judgment of experts to yield a statement regarding the appropriateness of performing a procedure at the level of patient-specific symptoms, medical history and test results."¹⁹ Previous studies have shown that adherence to quality-of-care indications, developed using the RAND/UCLA Appropriateness Method, is associated with better patient outcomes.²³⁻²⁷

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Walters, Jacqueline

From: vmum@aol.com
Sent: Monday, August 06, 2012 3:34 PM
To: Adam S Kanter; Walters, Jacqueline
Subject: Fw: Spine Summit Agenda

Pls print.
Sent from my Verizon Wireless BlackBerry

From: Michael Groff <mgroff@mac.com>
Date: Mon, 06 Aug 2012 17:44:49 -0400
To: Cheng, Joseph <joseph.cheng@Vanderbilt.Edu>
Cc: Katie O. Orrico <korrico@neurosurgery.org>; Irene C. Zyung <icz@aans.org>; Mummamneni, Praveen <vmum@aol.com>
Subject: Re: Spine Summit Agenda

Hey Joe,

I have been gathering some info and hope to put everything together Wed night.

I will talk with you then or Thurs as your schedule allows.

Looking forward to seeing you.

Thanks,
mike

On Aug 6, 2012, at 4:33 PM, "Cheng, Joseph" <joseph.cheng@Vanderbilt.Edu> wrote:

Hi Mike,

I'm finishing up my slides and information and just want to touch base and make sure we are covering everything. Based on the agenda, here are my thoughts so far:

1. The registry, guidelines, and AUC issue is first in the morning. In addition to a quick synopsis of NPA/N2QOD with the slides from Irene, we should also discuss our position in supporting the SRS AUC proposal if it includes prospective data collection and our recommendation of using S2QOD/RedCap for this. Paul and Tony are representing the NPA for the AUC proposal, and Chris S. and I from the Section. The Section is committed to supporting the AUC idea, and we will be discussing this at our next EC meeting (I am copying Praveen on this to capture for the agenda book for the next EC meeting).

2. The next is 3rd party coverage policies. I am presenting some of the work we had done over the last year on payor policy responses, and I would like to discuss how better to coordinate multisociety positions and efforts. Whether through COSSS or the Spine Summit, we should have a policy group with representatives from all relevant societies that organizes and prioritizes the policies that are most relevant for all of us, and ones that we commonly agree on to respond to.

3. AMA CPT/HOD Issue-I have attached the complaint letter we sent to the AMA as a group on this issue. There are other correspondences and the HOD resolutions, and I will ask Katie to provide them to us if they should be circulated. We all agree to these issues in principle, but need to find common ground on the details of how to proceed. For example, AAOS split from us and NASS on the initial letter, then we and NASS split at the AMA HOD meeting. Please send me the slides or talking points you come up with for this so we can review prior.

4. Milliman Criteria-I have attached my slides on this, and my proposal at the end. We need first to petition for the public release of the Guidelines, to ensure transparency for all stakeholders. Then I would like to review it thoroughly, and critique on their level of evidence as any guideline. A more grandiose idea is to derive our own surgeon driven AUC's, but

J + Adam
pls put on
agenda
for

AANS/CNS
Spine
Section

etc
create
note
during

CNS in

Chicago

in

Oct.

-pm

we need to take small steps first. Main thing for me is to prevent the use of these criteria to prevent access to appropriate care.

5. Healthcare Reform-I will leave this one up to you, but think it is easy to pull from Katie's Washington report.

6. Scope of Practice-We will just listen to this issue, as our position in Neurosurgery is a bit....vague. Many neurosurgeons use midlevels and delegate accordingly, but officially we have not assumed a position regarding scope of practice (that I am aware of, but correct me if I am wrong Katie). In 2003, the CSNS adopted a resolution which was supported by AANS/CNS in developing a scope of practice guideline for midlevels in Neurosurgery. This was completed in October 2004, led by Deb Benzil, but was not adopted as there was pressure from ACS regarding Acute Care Surgeons and allowing them to perform neurosurgical procedures, many of which we were going to let the NP/PA's do. This went in circles for some time before another resolution and vote in 2006, but then was shelved again without the guidelines ever being officially released. Currently, still a topic at the AMA (see attached AMA resolutions on this) and the pain physicians have made headway in removing pain privileges from midlevels.

7. HR 1409-I think this is a very important item affecting us, and will ask Katie to see what we need to say from the Washington Committee standpoint.

8. Industry/Society Relations-I think our COI issues have started to come to a head. I have attached the document from Depuy legal, as while we think it is ethical to avoid COI to not sign a consulting agreement and decline an honorarium from the company to teach a course, they are not stating it is not legal to be faculty given issues with fair market value, etc.. This is creating an impasse for surgeons who want to be teachers, in an environment that needs industry support such as for many of these cadaver courses.

I attached all these documents in order for our reference, and please let me know if I missed anything. If you could also respond to all of us when your slides are ready, it would allow us all to stay on the same page.

Thanks!

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-6948 Fax

From: Michael Groff [mgroff@mac.com]
Sent: Sunday, August 05, 2012 6:54 PM
To: Katie O. Orrico
Cc: Michael Groff; Cheng, Joseph; Irene C. Zyung
Subject: Re: Spine Summit Agenda

Sounds great. I will contact Tony for the registry part.
Thanks,
mike

On Aug 5, 2012, at 7:01 PM, "Katie O. Orrico" <korrico@neurosurgery.org> wrote:

I can help with AMA and Health reform, but the registry is other people's jurisdiction – Tony Asher has updated slides he might be willing to share or perhaps Irene can put something together.

Katie O. Orrico, Director
Washington Office
American Association of Neurological Surgeons/
Congress of Neurological Surgeons
725 15th Street, NW, Suite 500
Washington, DC 20005
Direct Dial: 202-446-2024
Fax: 202-628-5264
Cell: 703-362-4637
korrico@neurosurgery.org

Follow us on Twitter at: [@Neurosurgery](https://twitter.com/Neurosurgery)

From: Michael Groff [<mailto:mgroff@me.com>]
Sent: Sunday, August 05, 2012 4:35 PM
To: Dr. Cheng
Cc: Katie O. Orrico; Michael Groff; Irene C. Zyung
Subject: Re: Spine Summit Agenda

Katie,
Could you help me with the content for these items (below)?
Maybe a couple of slides that I could use?
Hope all is good.
Thanks
mike

Would you be able to participate in the following discussions:

- Give a 5-10 minute update on the AANS Registry
- Give a 5 minute update on the AMA HOD Resolutions
- Healthcare Reform, Obamacare Update-Health Policy and Legislative Activities (10 minutes)

Sent from my iPad

On Jul 13, 2012, at 9:01 AM, "Cheng, Joseph" <joseph.cheng@Vanderbilt.Edu> wrote:

Would you be able to participate in the following discussions:

- Give a 5-10 minute update on the AANS Registry
- Give a 5 minute update on the AMA HOD Resolutions
- Healthcare Reform, Obamacare Update-Health Policy and Legislative Activities (10 minutes)

<N2QOD_Update_SpineSummit_2012.pdf><SRS_Proposal_20120424_Submitted-1.pdf><(Cheng)Third Party Payer Coverage(2012).pdf><Complaint letter to AMA BOT - CPT process FINAL.pdf><(Cheng)Milliman Criteria(2012).pdf><Autumn 2003 Final Resolution.doc><Spring 2006 Final Resolution.doc><Untitled-1.pdf><Untitled-2.pdf><BILLS-112hr1409ih.pdf><EXHIBIT C - HCC Policies Overview 2010.docx><Spine Summit 2012 Final Agenda.doc>

for ec cmte report

Praveen V. Mummaneni, M.D.
Associate Professor and Vice-Chairman
Dept. of Neurosurgery, University of California at San Francisco
Co-Director: UCSF Spine Center
Secretary: AANS-CNS Joint Section - Spine and Peripheral Nerves

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

From: Shaffrey, Chris I *HS <CIS8Z@hscmail.mcc.virginia.edu>
To: vmum <vmum@aol.com>; 'Irene C. Zyung' <icz@aans.org>
Cc: Matthew McGirt <matt.mcgart@Vanderbilt.Edu>; 'Nathan Selden' <seldenn@ohsu.edu>; Kathleen T. Craig <ktc@aans.org>; Katie O. Orrico <korrigo@neurosurgery.org>; Koryn Rubin <krubin@neurosurgery.org>; 'ekburrow@uci.edu' <ekburrow@uci.edu>; Joe Cheng <joseph.cheng@vanderbilt.edu>; Tony Asher <Tony.Asher@cnsa.com>
Sent: Mon, Oct 1, 2012 6:16 am
Subject: RE: Agenda Update - N2QOD Scientific Committee Meeting, October 6, 2012 - Chicago, IL

It should have both the SRS-22 and long cassette. This is a more complex condition and really needs these both to be gathered if you are seeing these patients. I do not think it is too big a burden. There would be limited by in by the SRS if this was not included.

Christopher I Shaffrey, MD, FACS
Harrison Distinguished Professor
Neurological and Orthopaedic Surgery
University of Virginia
Phone: (434) 243-9714

From: vmum@aol.com [vmum@aol.com]
Sent: Sunday, September 30, 2012 9:03 PM
To: Shaffrey, Chris I *HS; 'Irene C. Zyung'
Cc: Matthew McGirt; 'Nathan Selden'; Kathleen T. Craig; Katie O. Orrico; Koryn Rubin; 'ekburrow@uci.edu'; Joe Cheng; Tony Asher
Subject: Re: Agenda Update - N2QOD Scientific Committee Meeting, October 6, 2012 - Chicago, IL

All

I spoke w steve glassman today. I will be ready to update the n2qod on the srs participation on saturday.

Some issues that came up

Shall we use srs 22 as the outcome measure?
Will neurosurgeons spend the time and effort to complete this outcomes instrument?
Will n2qod use 36 inch long cassette films through the average neurosurgical practice to quantify radiographic deformity parameters?
Should a small invited group be the only ones to do this module if they have

experience with long cassette xrays and the srs 22 instrument?

We can discuss further at the oct 6 meeting.

Praveen

Sent from my Verizon Wireless BlackBerry

From: "Shaffrey, Chris I *HS" <CIS8Z@hscmail.mcc.virginia.edu>
Date: Thu, 27 Sep 2012 20:26:10 -0400
To: 'Irene C. Zyung' <icz@aans.org>; 'vmum@aol.com' <vmum@aol.com>
Cc: McGirt, Matthew J (matt.mcgart@Vanderbilt.Edu) <matt.mcgart@Vanderbilt.Edu>;
'Nathan Selden' <seldenn@ohsu.edu>; Kathleen T. Craig <ktc@aans.org>; Katie O.
Orrico <korrico@neurosurgery.org>; Koryn Rubin <krubin@neurosurgery.org>;
'ekburrow@uci.edu' <ekburrow@uci.edu>
Subject: RE: Agenda Update - N2QOD Scientific Committee Meeting, October 6, 2012
- Chicago, IL

I will be at the JNS Editor Search meeting all day on Saturday (10/6). It would be best that Praveen present the Spinal Deformity Module Opportunities. I have spoke to Steve Glassman (next years president of the SRS) and there seems to be real interest of a SRS collaborative effort. Praveen, it might be ideal to touch base with Steve about this.

From: Irene C. Zyung [<mailto:icz@aans.org>]
Sent: Thursday, September 27, 2012 10:28 AM
To: Dr. Berger; Dr. Asher; Dr. Harbaugh; Dr. Cheng; Dr. McCormick;
ewoodard@nebh.org; Zohar.Ghogawala@lahey.org; fried010@mc.duke.edu;
matthew-howard@uiowa.edu; skalkan1@hfhs.org; jknightly@atlanticneurosurgical.com;
'mwang@mcw.edu'; Mummaneni, Praveen; sdg12345@aol.com; Dr. Shaffrey;
'barker@helix.mgh.harvard.edu'; 'mlinskey@uci.edu'; Dr. Connolly; Dr. Manley;
'John.Wellons@chsys.org'; 'liliana.goumnerova@tch.harvard.edu'; Speroff,
Theodore <ted.speroff@Vanderbilt.Edu>; f.harrell@vanderbilt.edu; Mocco, J
(j.mocco@Vanderbilt.Edu); Zachary Litvack, MD (litvackz@gmail.com); John Ratliff
(jratliff@stanford.edu)
Cc: McGirt, Matthew J (matt.mcgart@Vanderbilt.Edu); 'Nathan Selden'; Kathleen T.
Craig; Katie O. Orrico; Koryn Rubin; 'ekburrow@uci.edu'
Subject: Agenda Update - N2QOD Scientific Committee Meeting, October 6, 2012 -
Chicago, IL

Good Morning All,

A revised agenda for the Scientific Committee meeting is included below, and attached to this message.

N2QOD Scientific Committee

Chicago Ballroom IX - Sheraton Chicago Hotel & Towers

Saturday October 6th, 2:00-3:30pm

1. McGirt/Asher (20min) 200-220pm: Lumbar Pilot Update/Patient enrollment validation strategy
2. McGirt (5min) 220-225pm: Final Cervical Module
3. Mark Linskey (15min) 225-240pm: Supratentorial Tumor Module Proposal
4. Mocco/Connolly (15min) 240-255pm: CV Section Module Proposal
5. Zo Ghogawala (15min) 255-310pm: Cerebrovascular CER Project Proposal
6. Mummaneni/ Shaffrey (10min) 310-320pm: Spinal Deformity Module Opportunities/Needs
7. Asher/McGirt (10min) 320-330pm: Closing comments/Discussion/Action items

Please let me know if you have any questions.

We look forward to seeing you in Chicago.

Best Regards,
Irene

Irene Zyung
NeuroPoint Alliance Administrator
American Association of Neurological Surgeons
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Office 847-378-0549 | Fax 847-378-0649 | Email icz@aans.org<<mailto:icz@aans.org>>