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

Westin Boston Waterfront Hotel, Westin Harbor Ballroom 3, Boston, MA
Sunday, October 19, 2014 12:00 - 4:15pm

AGENDA

I) Call to Order 12:05p

II) Approval of minutes. Motion: Kuntz. Second: Hoh. Motion approved.
Standing Business: April 2014 Action Items:

- Nominations, M.Groff/J.Hurlbert: formal letter for section nominations drafted
  Chair P. Mummaneni; Chair Elect C. Kuntz; Treasurer Mike Wang
- Ad hoc Committees: In April 2014, required attendance for Cmte Chairs at the DSPN Annual Meeting and the EC meeting at the CNS was proposed.
  - Rules and Regs were updated: see standing committee report, J. Smith (pgs 11-43)
- NREF (see pages 44-45)
  - Prior Discussion:
    - Consider additional donation to NREF $15 each (30k total) for Spinal Research with stipulation that DSPN NREF representative makes funding decision
    - Consider letter to NREF regarding donations and DSPN funded grants
    - R. Haid to work with F. LaMarca
  - Current Discussion: Haid. New Development/NREF committee (Jon Robertson and Reg Haid, Mike Groff vice-chair). Discussed $300k awards (donated from individual DSPN members) to be designated/controlled by DSPN section. Funds may be used as endowment but housed in NREF. NREF Meeting discussed change in structure to include DSPN presence and designation of $ to basic and clinical research. Discussed comparison of spine grant applications to be compared to other spine applications rather than general pool of all applications, such as brain tumor research
    - $400k award set up with prior funds from DSPN (unincorporated NREF)-these funds have not been brought over to the "new" incorporated NREF. Estimated earnings of 30k/year.
    - Dunsker and Larson Awards (new): DSPN to rate abstracts for selection.
    - New NREF administration introduced: Filomena Spero and Gary Rejebian.
    - Action item: NREF administration to come to DSPN EC meeting in Phoenix and send report re restructuring and accounting for prior contributions to NREF (old and new).
      - Hurlbert and Kuntz to f/u in regards to past and future contributions and any contractual obligations the DSPN might have.
- Treasurer: List of deposits to DSPN accounts to be sent to treasurer
  - Kristin Weber AANS/NREF contact as of April 2014, now no longer with AANS/NREF. Filomena Spera and Gary Rejebian (Chief Development Officer gpr@nref.org) 847 378 0540
- Exhibits Committee: removed from SPC Cmte due to CNS guidelines/ACGME.

- Formalized in Rules and Regs, J. Smith
- Guidelines Committee
  - J. O'Toole to survey of DSPN membership on knowledge/use/compliance of recently published guidelines with E. Potts, see Ad Hoc Committee report. (pg 82)
- Membership Committee: amend our Rules/Regs to match AANS for membership classes (pg 46)
  - K. Eichholz and J.Smith: AANS membership classes/DSPN membership classes reconciled
  - K. Eichholz to clarify where DO DSPN members are classified. See Standing Committee report.
  - Thank you letters to International attendees for DSPN meeting: J. Knightly to work with T. Stewart/K. Eichholz
- Outcomes Committee, P. Park (P. Mummaneni): Systematic review of the literature was further discussed and tabled. See Standing Committee report. (pg 49)
- Payor Response Committee: Rules/Regs change in process of being formalized (presented to CNS in October, AANS in November, vote at DSPN business meeting in April).

III) New Business

- CAST letter: A. Kanter. (pg 50-53)
- Amanda Pacia, discussion of job description, coordination of leadership and industry meetings, grant and award tracking, maintenance and management of finances?, renewal of consultant contract – see Agenda Book (pg 54-55)
  - Discussion: designation of $15k with attendance at 2 meetings, estimated $5k budget. Action Item: will need to reconcile with CNS travel guidelines. Contract vetting by EC officers and CNS legal. Ongoing discussion re: role and request for raise.
- Neurosurgery Red Journal. Dr. Oyesiku presentation. (pg 56-64)
  - Discussion re perception that Neurosurgery review process for spine manuscripts may differ from other spine journals. Options of challenging the review, asking for extension on resubmission process. PM suggested Publications cmte chair act as liaison to Neurosurgery. Dr. Oyesiku agreed. J. O'Toole new Section Editor, goal to try to increase "spine-friendly" perception.

IV) Treasurer's Report: C. Kuntz IV - see Agenda Book (pg 65-69)

V) Standing Committee Reports

- Section 5.01 Education Committee: F. LaMarca – emailed report, no further updates
- Section 5.02 Nominating Committee: M. Groff – as above
- Section 5.03 Annual Meeting Committee: Mike Wang – see Agenda Book pp 107-109
  - Scientific Program Chair Report: Z. Ghogawala - see Agenda Book (pg 157-172: preliminary program in Agenda Book) SPC meeting tomorrow, 200 submissions, oral abstract vote tomorrow
- Section 5.04 Newsletter Committee: J. Ratliff, Charley presented. Commentary in newsletter from Joe Cheng. Plan to include peripheral nerve content.
  - "The new edition of the newsletter should be live for the CNS meeting. We saw a significant uptick in full text downloads when the release date of the Newsletter coincided with our national meeting. I will continue this practice, releasing the next issue the same weekend as CNS. Clicks on the Bitly links for full text downloads (most commonly accessed content) are as follows:

Winter 2014 227
Winter 2013 58
Autumn 2012 131

- Access to our Bitly account to review the link activity and the number of hits we get:
  Login: lehoyo
  Password: Newsletter
- Content is always needed, if anyone has anything they would like to contribute. We would like a Q&A with Mike Groff for the Spring edition for 2015, which should come out to coincide with the next Annual Meeting."
- Discussion: Deb Benzil: Communications and Public Relations committee, ?blog piece for newsletter with link. Contact is Katie Orrico, WA office.

- Section 5.05 Research and Awards Committee: J. Chi - see Agenda Book (pg 70-76).
  - Funding: discussion 10% of awards to be retained by section to fund Amanda's role and tracking of grants/contracts. Motion: Chi. Seconded: Kuntz.
    - Action item: asterisk to be added to our listing of the amounts dispersed per award. John Chi to go back to cmte to decide what awards would have funding "held back" to foster completion of research
- Section 5.06 Rules and Regulations Committee: J. Smith - see Agenda Book (pg 11-43)
  - Approved by DSPN EC
  - Approved by CSN EC
  - Presentation to AANS in November 2014; then annual meeting DSPN.
- Section 5.07 Payor Response Committee: J. Cheng – discussed coverage issues. Ongoing: endoscopic spine procedures vs open/microdissection; certain companies approaching for support for new tech/dev. Further info in DSPN in March 2015. CPT covered under Ad Hoc cmte report.

VI) Ad Hoc Committee Reports

1) AMA Committee: G. Trost--no report provided

2) ASTM and FDA Drug and Devices Committee: J. Coumans & J. Valery - see Agenda Book (pg 62-66). Lynda Yang: brought up steroid injections and a new spine device. Lynda Yang: Chairperson, Neurological Devices Advisory Panel, Center for Devices and RadiologicalHealth (CDRH) and Consultant to other Panels of the Medical Devices Advisory Committee and the Center for Devices and Radiological Health (CDRH), and Center for Drug Evaluation and Research (CDER), Food and Drug Administration (FDA) 2012 through November 2015. Bob Heary: new chair of Drugs and Devices committee at WA level.

3) CME committee: Discussion: possible merging this with Education cmte. However, historically CME has worked with the SPC committee. Role could possibly be a liaison to CNS Education cmte, possibly the year prior to being the SPC chair. Per Rules/Regs, the "in-training" person for the SPC would be the best person for this. Action item: consider adding CME to a responsibility to the SPC cmte.

4) CPT Committee: L. Tumialan

a) The Bree Collaborative Initiative is a work group that has been contracted in Washington State to examine lumbar fusion. The work group has examined several models for knee and hip arthroplasty. After convening for several months, the group, led by an endocrinologist, has developed a warranty for elective lumbar fusion based in large part on a similar initiative that created a warranty for total knee and hip replacement. The authors of this initiative state the primary intent of the warranty proposed is to set a high priority on patient safety. The secondary intent is to balance the financial gain for providers and institutions performing the procedure. The initiative initially recommended <u>all surgical approvals for a lumbar fusion be granted by a</u>

physiatrist who essentially becomes the gatekeeper for all spinal surgeries (Discussion: Katie Orrico, Paul Park, Chris Wolfla). It has the standard recommendations that physical therapy and other conservative measures be employed. The work group also requested surgeons use a registry. The Rapid Response Committee submitted a response to the initiative with concerns centered primarily around limiting access to care for patients. AANS/CNS participated in a conference call with Dr. Tredway, Washington State Neurosurgery Society representative, expressing concerns. The work group convened a meeting on September 17th where the requirement for a physiatrist to approve a surgery was maintained.

b) Blue Cross Blue Shield of Michigan medical policy statement dated May 1, 2013: Transpsoas approaches to the lumbar spine are experimental, investigational and not medically necessary. The policy statement further instructs surgeons to use an unlisted code 22899 to report transpsoas approaches instead of the 22558 recommended by the AANS/CNS coding committee. The basis of this policy statement is from early literature reporting neurological deficits. No recent references were cited that demonstrate the safety and efficacy. Secondly, it is the position of the AANS/CNS that the 22558 appropriately describes the work performed. Having insurance companies make recommendations with regards to coding has the potential to be disruptive. A response was submitted.

- Discussion: revalue of code 22851, potentially split into 2 codes (use of interbody for fusion/without fusion). Also CMS proposed Medicare fee schedule to omit the 90 day global period.

5) Exhibits Committee: D. Hoh – see Agenda Book (pg 77-79)

6) Fellowships Committee: A. Kanter - see Agenda Book (pg 70-76 and new business

7) Future Sites Committee: C. Wolfla (pg 80-81)

Currently Contracted:

a) 2015: JW Marriott Desert Ridge, Phoenix, Arizona - March 4-7. 2015
b) 2016: Loews Royal Pacific Resort at Universal Studios - March 16-19, 2016
c) 2018: Loews Royal Pacific Resort at Universal Studios - March 14-17, 2018
   i) Currently exploring options for the 2017/2019 meetings. To date I have received no suggestions from the Executive Committee.
   ii) Please send ideas for a venue West of the Mississippi river to cwolfla@mcw.edu.

- Discussion: consider Las Vegas, Houston, San Diego. Stay with warm venue.

8) Guidelines Committee: J. O'Toole: (pg 82-92)

a) C-spine Trauma Guidelines Survey of CNS Membership (Potts, Brooks, O'Toole); Discussion re orthopaedic involvement, endorsement from societies
b) SRS/RAND AUC Surgery for Scoliosis (O'Toole);
c) NASS LBP Guideline (O'Toole) multidisciplinary;
d) ACOEM Back Pain Guideline (O'Toole) occupational medicine; CNS Guidelines Committee Representative (O'Toole);
e) Metastatic Spinal Tumors (Ryken) still underway, O'Toole to discuss with Ryken;
f) Thoracolumbar Trauma (Kaiser, O'Toole) starting Fall 2014, anticipate completion 1 year;
g) Cervical spondylosis guideline update (O'Toole, Dhall) anticipate completion 18 months, see Agenda Book pp 67-71

- Discussion; re budget for upcoming TL spine guidelines, possibly piggybacking onto our regular meetings. However, multidisciplinary team members needed. Plan apply to CNS to sponsor C spine guidelines. Plan to stay within budget of 10k.
- John O'Toole: new chair AANS/CNS guidelines cmte

9) Membership Committee: K. Eichholz - see Agenda Book (pg 46-48)

- Discussion held over from April 2014: no category for DO members currently. Mike Wang CNS membership chair, CNS now allows DO members who have already graduated. AANS: Shaffrey, some DO schools meet criteria and can track through the ABNS, consideration of these DO graduates to become members of the AANS.
- Motion: change international membership fees for developing countries to $50 (go by WHO list of developing countries). First: Kuntz, Second Knightly. Motion passed.
- Action item: Kurt to revisit ongoing revisions of both AANS and CNS membership categories.

10) Maintenance of Certification (MOC) Committee: P. Mummaneni

All spine MOC chapters are revised and sent to the publisher.

i) A few videos may also be included in the MOC book, and this is being discussed by the publisher with Dr. Harbaugh.
ii) The book is anticipated by the AANS meeting in 2015.

- Discussion: questions for MOC to come from SANS, ABNS

11) NeuroPoint Alliance (AANS)/N2QOD: Jack Knightly, presentation added to Agenda Book. (pg 93-133)

- Discussion re access to data from contributing members. Difficult access. Can generate a "report card" but data not very granular. Concern for use of data, transparency of data, possible bias.
- Jack Knightly: now on board of directors.

12) NREF: C. Shaffrey (P. Mummaneni) - see Agenda Book (pg44-45), discussion under Standing Business.

13) Outcomes: P. Park, currently there are three proposals that need to be discussed by the EC. (pg 49)

- Cost analysis of lumbar surgeries (i.e. laminectomy, fusion) based on N2QOD data. Would ask that current JSDSPN EC members who are also N2QOD members get involved in this effort. Also Praveen is the N2QOD data committee manager and is willing to assist.
    - Cost effectiveness data for surgical procedures can be used to influence payers and can be coordinated with topics of interest proposed by the Payor Response team and Joe Cheng to address gaping data holes in our knowledge base when responding to payors.
    - Analysis will also differ depending on the group targeted (i.e. insurance companies vs. hospitals)
- SMISS is currently developing a prospective registry for MIS procedures. Goal is to compare Open vs. MIS. In addition to radiographic and clinical data, cost analysis will also be obtained. Discussed with Kevin Foley who is leading this effort with SMISS who would consider partnering with the spine section. He will present to SMISS board if the spine section is in favor. He has also asked that interested spine section members consider membership to SMISS, which hopefully would be reciprocated.
    - Concern for bias toward MIS with this registry
- Discussion: consider making module within NPA/N2QOD. PM involved in SMISS as well. Action item: Paul Park to approach Kevin Foley to discuss this possibility. Another proposal to evaluate impact of ACGME work hour restrictions in regards to re-admission, morbidity, mortality using UHC database. Paul Park to convene subcommittee to further develop.

14) Peripheral Nerve Task Force: L. Yang

- **Topic 1**: The Peripheral Nerve Division continues to present the Kline Symposium (inclusive of Research Award, Lectureship, Dinner) that occurs annually at the AANS Meeting via the generous yearly support from corporate contributions (e.g. Integra). For 2015, the Research Award will be $10,000 (yet to be awarded), and the Lecturer will be Dr. Thomas Brushart (http://www.hopkinsortho.org/thomas_brushart_md.html). Recent cooperation/collaboration with the AANS management office (Fyeta Keo, Sourma Khoury) has yielded transparency in the financial

balance sheets, especially as PN Division members are soliciting funds from other corporate organizations.
    - Additional efforts are being made with NREF leadership to potentially allows NREF contributors to earmark their donations for PN educational activities.
- **Topic 2:** Newsletter and potential website - Dr. Jacques is putting together a newsletter to keep the PN membership informed of the Kline awardees, lecturers, future meetings, etc. Email will be sent to different parties in order to get suggestions or to complete the information on the website. Ideally, we would attempt to link the newsletter would link with AANS history section, CNS and DSPN, etc.
- **Topic 3:** PN Division members continue to have a significant presence in other peripheral nerve organizations (e.g. Sunderland, ASPN, etc.) as well as an organized representation on AANS/CNS committees with the recent encouragement of young neurosurgeons. Ex-officio roles for the PN Division Chair (Yang) and Secretary/Treasurer (Jacques) continue until the end of their term in 2016.
    - CNS 2014: Dr Yang 2015: Drs Yang, Jacques , CNS education : Dr Ray
    - AANS 2015: Drs Spinner, Yang and Gilmer, DSPN : Drs Yang and Jacques.
    - SANS: last 5 years (Dr Yang) just step down. Drs Hanna, Jacques.
    - MOC Dr Maniker, Congress PN chair Dr Boulis, ASPN chair Dr Malessy
    - Medico legal aspect: Dr Winfree. Coding: Dr Ratliff.
- **Topic 4**: Drs. Spinner and Filler continue to work on guidelines for PN disorders within the DSPN/CNS structure. Additionally, Dr Spinner and Dr Ray are working with AAOS for the 2014 revision of the carpal tunnel guidelines.
- Peripheral Nerve Task Force: L. Yang

15) Public Relations: S. Dhall : two major actions since the last meeting were mass distribution of the recently published Lumbar Fusion Guidelines (http://thejns.org/toc/spi/21/1) which was also published on the spinesection.org site. Lynda Yang, John Hurlbert, and I also crafted an action plan on RAND corp set of guidelines on carpal tunnel syndrome management.
- Discussion: possible response re NSQIP paper about ortho vs neuro surgeons. Action item: Sanjay to craft a response to the paper and run by EC officers.

16) Publications Committee: L. Holly – no updates

17) Strategic Planning Committee: M. Groff – discussed future planning, organization, and collaborations. Planning for international courses.

18) Washington Committee and COSS: K. Orrico, R. Heary - see Agenda Book (pg 134-155)

19) Website Committee: E. Potts –Videos from spine section meeting are now posted. The turnaround time from Freeman was unacceptably long this year. We didn't receive the files until August. We will work with Freeman to make sure this does not happen in the future. Also looking into a reduction in price or credit. Website updated: http://www.spinesection.org/officers_committees.php. Committee chairmen, please make sure you review the website for content that relates to your area. If updates are needed please contact me with the request. Updates are not automatic.
Newsletter was eblasted to the membership on Friday.

20) Young Neurosurgeon's Committee: C. Upadhyaya – no updates. New representative Laura Snyder, chief resident at Barrow and Koi Tan, spine fellow at UCSF.

VII) Liaison Reports

1) Intersociety Liaison: M. Rosner

a) Multispecialty Pain Workgroup: C. Sansur. We recently gave our opinion regarding spine injections. We were in agreement with most other societies. See Agenda Book pp 99-104

2) AANS Board Liaison/PDP: D. Benzil
3) Spinal Deformity Training: K. Fu
   a) Spinal Deformity covered in MOC textbook.
   b) Spinopelvic parameters video in MOC textbook (Shaffrey, Mummaneni)
   c) Continued cooperation with SRS
   d) Roughly 40 members of spine section are also SRS members
   e) CME cooperation at multiple meetings to foster ortho/neuro relationships (Berven, Mummaneni)
   f) SRS co-branded course as annual meeting with buy-in from senior SRS members
   g) Multiple SRS members have committed to attending annual meeting
   h) AANS Deformity resident Course
4) AANS Board Liaison/PDP: D. Benzil

Meeting adjourned: 1:19pm.

COMMITTEE	Chair	Report	Notes
*TREASURER'S REPORT	Kuntz, Charles	x	
AANS Board Liason	Benzil, Deborah	no report turned in	
AANS PDP	Fessler, Richard		
Annual Meeting	Wang, Michael	no report turned in	
CME	LaMarca, Frank	no report turned in	
Common Procedural Terminology - CPT (CODING and REIMBURSEMENT)	Tumialan, Luis	x	
D&D (ASTM /FDA)	Coumans, Jean Valery	x	
Education	LaMarca, Frank	report added to agenda book 10/29/14	
Exhibits Chair	Hoh, Daniel	x	
FDA	Coumans, J		
Fellowship	Kanter, Adam	x	
Future Sites	Wolfla, Crhistopher	repor included in agenda; attachment added to agenda book 10/29/14	
Guidelines	O'Toole, John	x	
Inter-Society Liason	Rosner, Michael	no report	
Membership	Eichholz, Kurt	x	
MOC	Mummaneni, Praveen	x	
NeuroPoint Alliance	Hurlbert, John		
Newsletter Editor	Ratliff, John	x	
Nominating	Groff, Michael	NONE	
NREF	Shaffrey, Christopher	x	from Praveen
Outcomes	Park, Paul	repor included in agenda; attachment added to agenda book 10/25/14	
Peripheral Nerve Task Force	Yang, Lynda	x	
Public Relations	Dhall, Sanjay	no report turned in	
Publications	Holly, Langston	no report	
Rapid Response	Cheng, Joseph	no report turned in	
Research and Awards	Chi, John	x	
R and Regulations	Smith, Justin	x	
Scientific Progam Chair	Ghogawala, Zoher	x	
Social Media	Ratliff, John		

Spinal Deformity Training	Fu, Kai Ming	x	
S[illegible]egic Planning	Groff, Michael	no report turned in	
Washington Committee	Heary, Robert	x	
Website	Potts, Eric	x	
Young Neurosurgeons	Upadhyaya, Cheerag	no report	
N2QOD		attachment uploaded to agenda book 10/29/14	

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Sunday, October 19, 2014 12:00 - 4:15pm

AGENDA BOOK INDEX

Rules and Regulations Committee Report

Congress of Neurological Surgeons Annual Meeting
October 18-22, 2014
Boston, Massachusetts

Submitted by: Justin Smith, MD, PhD (Chair of Rules and Regulations Committee)

Over the past several months, the Rules and Regulations Committee has been working to refine and revise the DSPN Rules and Regulations document in an effort to have them more in line with the current functioning of the section. Some of the high-lights of these changes include:

-Updating the classes of membership in order to make them consistent with our parent organizations (AANS/CNS).
-Multiple clarifications regarding the roles and compositions of Section Committees, including the additional of the Payor Response Committee.
-Clarification that the Exhibits Chairperson is not a member of the Annual Meeting Committee, since this otherwise could create conflicts with CME accreditation.
-Clarification of which members of the EC are the voting members (five officers, media Chairperson, Exhibits Chairperson, Annual Meeting Chairperson, and the Scientific Program Chairperson)
-Clarification of the roles of committee chairpersons and the mechanism of dismissal from the position should duties not be fulfilled.
-Formal recognition that the DSPN approach to disclosure and management of potential conflicts of interest for the Executive Committee members will be in accordance with the guidelines established by the CNS, one of our parent organizations and the grantor of CME accreditation for our annual meeting.

It is anticipated that the revised Rules and Regulations will have been circulated to and voted upon by the full Section EC prior to convening in Boston and that the revisions, if approved by the EC, will be added to the agenda for the Executive Committee of the CNS to review in Boston. These changes will also need to be approved by the Executive Committee of the AANS. Changes approved by the DSPN EC, CNS EC, and the AANS EC will then be presented to the Section membership through the Section Newsletter and will ultimately come into effect if passed by a two-thirds majority at the Section meeting in March of 2015.

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

Rules and Regulations

ARTICLE I Name

This section shall be named, known and styled as:

The Joint Section on Disorders of the Spine and Peripheral Nerves of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.

It is an affiliate Section of the parent organizations, the American Association of Neurological Surgeons and Congress of Neurological Surgeons, and as such, members are also bound by the Rules and Regulations of the parent organizations.

ARTICLE II Objectives & Functions

Section 2.01

The objectives of this Section shall be:

A.To foster the use of neurosurgical methods for the treatment of diseases of the spinal neural elements, the spine and peripheral nerves.

B. To advance spinal neurosurgery and related sciences, to improve patient care, to support meaningful basic and clinical research, to provide leadership in undergraduate and graduate continuing education, and to promote administrative facilities necessary to achieve these goals.

Section 2.02

The function of this Section shall be:

A. To provide a forum for education and research on basic form and function of the spinal neural elements and spine toward the improvement of spinal neurosurgical procedures that alleviate human disease and suffering through treatment of the spinal disorders. Within such consideration will be the surgical procedures used in the treatment of congenital-developmental, traumatic, neoplastic, degenerative, vascular, infectious-inflammatory, and toxic metabolic diseases of the spinal neural elements, the spine and peripheral nerves.

B. To cultivate and provide leadership in promoting excellence in the quality of spinal and peripheral nerve neurosurgery.

C. To coordinate activities and programs relating to the spinal neural elements, the spine and peripheral nerves for the parent organizations and other societies, committees, and agencies.

D. To represent the parent organizations, at their discretion, at any organizations or group on matters relating to the spinal neural elements, the spine and peripheral nerves.

E. To advise the parent organizations of activities which relate to diseases and surgery of the spinal neural elements, the spine and peripheral nerves by other individuals, groups, and/or agencies.

ARTICLE III Membership

Section 3.01

There shall be seven classes of membership:

A. Active: Active members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons who have a special interest in disorders of the spine and peripheral nerves.

B. Associate: Individuals who qualify as associate members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons.

C. Honorary: The Executive Committee may grant honorary membership to such qualified physicians or scientists who in their opinion, merit such recognition. They shall not be required to pay dues and shall not have the privilege of voting or holding office or serving on committees.

D. Corresponding: Corresponding members shall reside beyond the limits of the United States of America and Canada, and they shall be chosen because of their devotion and contributions to spinal neurosurgery. They shall be required to pay dues. They shall not have the privilege of voting and holding elective office. However, they may serve as members of special committees. They need not be corresponding members or the equivalent of the American Association of Neurological Surgeons or the Congress of Neurological Surgeons.

E. Adjunct: Adjunct members shall be physicians or scientists of other collateral or related fields who are active in the area of spinal disorders but are not members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons. Each adjunct member must be sponsored by two active members and must be approved by unanimous vote of the Joint Section on Disorders of the Spine and Peripheral Nerves Executive

Committee. They shall be required to pay dues. They shall not have the privilege of voting or holding elective office.

F. Resident: Resident members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons who have a special interest in disorders of the spine and peripheral nerves.

G. Senior: Senior membership may be granted to any Active member 60 years of age or older who applies to the Secretary in writing, or to any Active member who retires from active practice. Senior members shall be exempt from payment of annual dues. Senior members may be reinstated to Active membership on request, subject to approval of the Executive Committee.

Section 3.02 Responsibilities and Privileges

Only active members shall vote and hold elective office.

Section 3.03 Disclaimer

No form of membership in this section should be interpreted as endorsing the qualifications of the respective member to perform operations on human patients. Members who use their membership in the Joint Section for advertising purposes implying that they have special skills or training endorsed by the Joint Section shall forfeit this membership.

Section 3.04 Applications for Membership

Applications for membership should be made in writing to the Secretary of the Joint Section. Complete applications for each membership category shall be reviewed by the Executive Committee. Applications for Active membership will be presented to the membership for review in the section's newsletter, mailings, or other suitable electronic means. Ratification of Active membership applications will occur at the first Joint Section Annual meeting 60 or more days thereafter. The Executive Committee may confer all other membership status categories without vote of the Active membership of the Joint Section at the Annual meeting.

Section 3.05 Dues and Assessments

Dues and assessments shall be heard and reviewed by the Executive Committee of the Joint Section on Disorders of the Spine and Peripheral Nerves. Recommendations by the Executive Committee will be presented to the membership in the Joint Section's newsletter, mailings, or other suitable electronic means. Ratification of dues and assessments shall be determined by majority vote of the Active membership at the first Joint Section Annual meeting occurring 60 days or more thereafter.

Section 3.06 Termination of Membership:

A. Membership shall terminate if any member, (other than Honorary, Corresponding, Adjunct or Senior) ceases to maintain membership in either one or the other of the parent organizations (AANS or CNS).

B. Membership shall be terminated if dues or assessments be delinquent by one or more years and no response is received within 30 days following a reminder.

C. Membership shall terminate upon receipt by the Secretary of a letter of resignation.

D. Honorary, Corresponding, Adjunct or Senior membership may be terminated by a majority vote of the Joint Section Executive Committee, without vote of the Active membership.

ARTICLE IV Officers & Executive Committee

Section 4.01

Authority and overall governance of the Joint Section on Disorders of the Spine and Peripheral Nerves is vested jointly in the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. Subject to that authority and governance, management and administration of the Joint Section on Disorders of the Spine and Peripheral Nerves shall be vested in the Executive Committee, who shall manage the affairs of the Section in conformity with applicable law and with the Rules and Regulations of the American Association of Neurological Surgeons and Congress of Neurological Surgeons, including such other directives and policies as shall be jointly issued by those organizations. Only active members who are active members of both the American Association of Neurological Surgeons and Congress of Neurological Surgeons shall be officers or members of the Executive Committee.

Section 4.02 Officers

The officers of this Section shall be the Chairperson, Chairperson-Elect, Immediate Past-Chairperson, Secretary, and Treasurer.

Section 4.03 Executive Committee

The Executive Committee of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (Joint Section) shall consist of voting and non-voting members. The voting members of the Executive Committee shall include: the Joint Section Chairperson, the Joint Section Chairperson-Elect, the Joint Section

Immediate-Past Chairperson, the Joint Section Treasurer, the Joint Section Secretary, the Joint Section three Members at Large, the Annual Meeting Committee Chairperson, the Scientific Program Committee Chairperson, the Exhibit Committee Chairperson, the Future Sites Committee Chairperson, the Education Committee Chairperson, the Rules and Regulations Committee Chairperson, the Nominating Committee Chairperson, the Research and Awards Committee Chairperson, the Publications Committee Chairperson, the Membership Committee Chairperson, and the Newsletter Committee Chairperson. The non-voting members of the Executive Committee shall include the Chairpersons of Ad Hoc Committees.

Section 4.04 Tenure of Office

The Chairperson shall serve a term of one year. The Secretary and Treasurer shall serve a term of three years and may not serve more than two consecutive terms. The Members at Large of the Executive Committee shall assume a term of three years and may not serve more than two consecutive terms. All officers and members of the Executive Committee shall assume office immediately following the Annual Joint Section Meeting.

Section 4.05 Duties:

A. Chairperson: The Chairperson shall preside at all meetings of the Section. The Chairperson shall appoint all committees not otherwise provided for, and shall perform all such other duties as appertain to the office of Chairperson. The Chairperson shall be an ex officio member of all committees with the right to vote only in the case of a tie vote. The Chairperson shall supervise the execution of all rules.

B. Chairperson-Elect: The Chairperson-Elect shall be a voting member of the Executive Committee and shall assume the responsibility of the Chairperson in the case of absence, death, resignation or inability to act of the Chairperson.

C. Secretary: The Secretary shall keep an accurate record of the proceedings of meetings of the Section and the Executive Committee and shall conduct all correspondence for the Executive Committee. The Secretary shall issue printed or written notice of all meetings of the Section and The Executive Committee, and shall perform such other duties pertaining to this office, as may be required from time to time by the Executive Committee. The Secretary, in conjunction with the AANS-CNS office, shall be responsible for maintaining a current roster of the membership. It is the duty of the Secretary to bring forth membership applications for review. The Secretary will maintain a current complete copy of the Rules and Regulations of the Joint Section on Disorders of the Spine and Peripheral Nerves. The Secretary will maintain an active roster of the make-up of the Executive Committee of the Joint Section. The Secretary will serve as the liaison between meeting services

providers and the Executive Committee in assisting with the identification of future meeting sites.

D. Treasurer: The Treasurer shall keep an accurate record of the Collections and disbursements of funds, shall pay all financial obligations incurred by the Joint Section.

E. Executive Committee: The Executive Committee shall supervise and effect an efficient management of the Joint Section, review applications for membership, and recommend, challenge or reject the applications, and report annually, or when requested to the parent organizations on all activities of the Joint Section.

F. The officers and Executive Committee shall be held blameless for all activities of this Joint Section or for activities done in its name, except for any theft from the organization or for willful and malicious conduct.

G. Election of Officers and Executive Committee: It shall be the duty of the immediate past Chairperson of the Joint Section to convene the Nominating Committee each year prior to the AANS Annual Meeting. The slate of nominees for officers of the Joint Section will be presented to the Executive Committee in April when the Joint Section Executive Committee convenes at the AANS Annual Meeting. Following Executive Committee approval, the slate of candidates will be presented to the membership in Joint Section's newsletter, mailings, or other suitable electronic means. The membership may nominate additional candidates and will vote on the candidates at the next Joint Section Annual Meeting.

ARTICLE V Standing Committees

Section 5.01

Unless otherwise noted, each standing committee shall be composed of a Chairperson (or Co-Chairs) selected by the Chairperson of the Executive Committee. The size of the standing committees and member selection will be determined by the Chair of the Executive Committee in conjunction with the Chairperson of the standing committee.

Section 5.02 Education Committee

The Education Committee shall serve to coordinate and assist the American Association of Neurological Surgeons and the Congress of Neurological Surgeons in selecting scientific papers and developing programs. Additional subcommittees may be formed as necessary to coordinate, and/or develop scientific and educational programs for other organizations.

Section 5.03 Nominating Committee

The Nominating Committee shall consist of three (3) members appointed by the Joint Section Executive Committee and the Committee Chairperson. The immediate past Joint Section Chairperson shall serve as Chairperson of the Nominating Committee. One member shall be appointed each year to replace the member rotating off of the committee. Each member's appointment shall last three years. This committee shall present candidates for the officer positions within the Joint Section to the Executive Committee at the time of the CNS Annual Meeting preceding the year of the election. In February of the year of the election, the slate is presented and nominations are taken from the floor. Fifteen days after presentation, the full ballot will be circulated to the full voting membership. The balloting shall be conducted by mail (paper or electronic) and only the ballots received on or before the day preceding the annual business meeting shall be counted. A simple majority of those voting shall be necessary to elect an officer.

Section 5.04 Annual Meeting Committee

The Annual Meeting Committee shall consist of five members, two to be appointed each year by the Executive Committee. One experienced member shall be appointed to serve as the Annual Meeting Chairperson. One senior member will be the Exhibits Chairperson, who will serve a three year term. The other senior member shall be appointed to serve as the Scientific Program Chairperson. The two newly appointed members shall be appointed to serve as Assistant Annual Meeting Chairperson, and Assistant Scientific Program Chairperson, and shall assume their respective responsibilities for the Annual Meeting the subsequent year. The Exhibits Chairperson will serve as the liaison between the Executive Committee and vendors who wish to exhibit at the Joint Section Annual meetings.

Section 5.05 Newsletter Committee

The Newsletter Committee shall produce the section's newsletter at regular intervals.

Section 5.06 Research and Awards Committee

The Research and Awards Committee shall consist of seven members, each serving a three year term. The Executive Committee shall appoint 2 new members each year. The current Chairpersons of the Awards Committee and the Research Committee will serve as Co-Chairpersons of this Committee until the next Annual Meeting of the Combined Section, at which time a new Chairperson or Co-Chairpersons will be appointed by the Chairperson of the Section. Every three years thereafter, the Section Chairperson shall appoint a new Committee

Chairperson(s), subject to ratification by the Executive Committee, who shall serve an additional three year term. This Committee shall conduct and coordinate the scientific and research activities of the Joint Section, at the will of the Joint Section Executive Committee. The Committee shall be responsible for soliciting applications for and selecting finalists and awardees for the Research Awards, Fellowship Awards, the International Fellowship Awards, and the Mayfield Award(s). The nomination and selection of candidates for the Meritorious Service Medal will not be the responsibility of this Committee, but will be the responsibility of the Past-Chairperson, the current Chairperson, and the Chairperson-Elect of the Joint Section.

These Awards may be awarded each year at the Joint Section Annual Meeting and are intended to establish funding for clinically relevant research related to the spine and peripheral nerves, and to provide a means of peer review for clinical research projects to help improve the quality of the proposal and therefore enhance competitiveness for N.I.H. funding. A secondary goal of the Awards is to create an annual funding mechanism aimed at answering questions pertaining to the treatment of disorders of the spine and peripheral nerves.

Two Fellowship Awards may each be awarded annually at the Joint Section Annual Meeting, each to a U.S. or Canadian neurosurgical resident to provide supplemental funding for advanced education and research in disorders of the spine or peripheral nerves. This funding is to be provided for post-graduate or residency fellowship training away from the parent institution.

Two International Fellowship Awards may each be awarded annually at the Joint Section Annual Meeting, each to a neurosurgical resident or a neurosurgeon from outside of the U.S. or Canada to provide supplemental funding for advanced education and research in disorders of the spine in the form of fellowship experience in the United States or Canada.

The Mayfield Award may be awarded annually at the Joint Section Annual Meeting to a neurosurgical resident or fellow who authors an outstanding manuscript detailing a laboratory or clinical investigation in the area of spinal or peripheral nerve disorders. The intent of the Award(s) is to recognize and promote research among residents and fellows in training in the surgical subspecialty of Neurological Surgery. Two Awards are available, one for clinical research and one for basic science research

Section 5.07 Rules and Regulations Committee

The Rules and Regulations Committee shall review the Joint Section's Rules and Regulations and make written recommendations to the Executive Committee. Changes in the Rules and Regulations approved by the Executive Committee must be ratified by the AANS Board of Directors and the CNS Executive Committee. Approved changes or amendments must be presented and explained

to the membership in the Joint Section's newsletter, mailings, or other suitable electronic means. Rules and Regulations thus presented will be voted upon by the membership at the next Joint Section Annual Meeting. A two-thirds majority is required for ratification.

Section 5.08 Publications Committee

The Publications Committee shall promote the educational goals of the section and provide educational information in written and/or electronic format for section members. The committee shall work closely with the Newsletter and Web Site Committees.

Section 5.09 Web Site Committee

The Web Site Committee shall manage the section's web site. The committee shall update the site as appropriate to reflect the section's activities.

Section 5.10 Membership Committee

The Membership committee shall assist the section in: maintaining the membership roster, managing new applications for membership, developing of ways to expand membership.

Section 5.11 Outcomes Committee

The Outcomes committee shall serve as a resource for the section's outcomes-related activities. The committee shall work closely with the Guidelines Committee. The Outcomes Committee selects the Annual Outcomes Award and also works with the Fellowships & Grants Committee to screen and select the Clinical Trials Fellowship Award.

Section 5.12 CPT Committee

The CPT Committee shall serve as a resource for the section's CPT-related activities.

Section 5.13 Peripheral Nerve Task Force

The Peripheral Nerve Task Force shall serve as a resource for the section's Peripheral nerve activities.

Section 5.14 Public Relations Committee

The Public Relations Committee shall serve as a resource for the section's public relations activities.

Section 5.15 Fellowships Committee

The Fellowships Committee shall assist the Executive Committee and overall section with respect to the various fellowships offered, the location of participating programs, length of commitment, as well as the clinical, research and educational content of such fellowships.

Section 5.16 Strategic Planning Committee

The Strategic Planning Committee shall make recommendations relative to the strategic planning of the section.

Section 5.17 Guidelines Committee

The Guidelines Committee shall assist the section in reviewing and developing relevant guidelines relating to section activities.

ARTICLE VI Meetings

Section 6.01 Schedule

The Joint Section shall meet with the American Association of Neurological Surgeons and the Congress of Neurological Surgeons at their respective annual meetings. At these meetings, the Joint Section's Executive Committee may call special Business Meetings when required to conduct the activities of the Section. The Joint Section shall hold an Annual Scientific and Educational Meeting at a time that does not conflict with the annual meetings of the American Association of Neurological Surgeons and Congress of Neurological Surgeons, and shall hold the Joint Section's Regular Annual Business Meeting at that time.

Section 6.02 Quorum

A. Annual Business Meetings: At all Annual Business Meetings held in conjunction with the Joint Section Annual Meeting, the presence of 10 Active members at the time of the meeting shall constitute a quorum for the purposes of transacting the business of the Joint Section.

B. Executive Committee Meetings: At all Executive Committee Meetings, both regular and special, the presence of a majority of Executive Committee voting members at the time of the meeting shall constitute a quorum for the purposes of transacting the business of the Joint Section.

Section 6.03 Items Requiring Vote

Actions that require a vote of the Active membership of the Joint Section will be presented to the membership in the Joint Section Newsletter, or by separate mailing/emailing. Voting will occur at the next Joint Section Annual meeting.

In the event of an action that the Executive Committee believes requires membership consideration before and distinct from the Joint Section Annual meeting, the action may be presented to the Active membership by special mailing/emailing. Returned ballots will be counted by the Secretary no earlier than sixty (60) days after they are sent to the members. Unless otherwise specified in the Rules and Regulations, a mail/email vote shall be determined by a simple majority of those who cast votes.

Section 6.04 Rules of Order

Robert's Rules of Order shall govern the conduct of Executive Sessions of the Joint Section unless otherwise specified.

Section 6.05 Order of Procedure

The order of the procedure of the Executive Session of the Joint Section shall be as follows:

A. The Call to Order
B. The Reading of the Minutes
C. Unfinished Business
D. Reports of the Executive Committee and Committees
E. Election of New Members
F. Appointment of Committees
G. New Business

ARTICLE VII Ammendments to Rules & Regulations

Section 7.01

A. New or revised Rules and Regulations may be proposed by any active member. The proposed change or addition shall be mailed (paper or electronic) to the Chairman of the Rules and Regulations Committee. Within 30 days of receipt of the proposed revision, the proposed change or addition and the recommendations of the Rules and Regulations Committee regarding such proposal shall be submitted to the Secretary for consideration at the next Joint Section Executive Committee meeting.

B. Upon approval by the Joint Section Executive Committee, the proposed changes will be presented to the AANS Board of Directors and the CNS Executive Committee for ratification.

C. Rules and Regulation changes or amendments thus approved will be presented to the membership in the Joint Section's newsletter, mailings, or other suitable electronic means.

D. Discussion and ratification of proposed Rules and Regulations changes shall occur at the next Joint Section Annual meeting, 60 days or more thereafter.

E. Any change in the Joint Section Rules and Regulations shall require a two-thirds majority of the Active members present at the annual Joint Section business meeting.

Spine Section Rules and Regulations

ARTICLE I

Name

This section shall be named, known and styled as:

The Joint Section on Disorders of the Spine and Peripheral Nerves of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.

It is an affiliate Section of the parent organizations, the American Association of Neurological Surgeons and Congress of Neurological Surgeons, and as such, members are also bound by the Rules and Regulations of the parent organizations.

ARTICLE II

Objectives & Functions

Section 2.01

The objectives of this Section shall be:

1. To foster the use of spinal neurosurgical methods for the treatment of diseases of the spinal neural elements, the spine and peripheral nerves.
2. To advance spinal neurosurgery and related sciences, to improve patient care, to support meaningful basic and clinical research, to provide leadership in undergraduate and graduate continuing education, and to promote administrative facilities necessary to achieve these goals.

Section 2.02

The function of this Section shall be:

1. To provide a forum for education and research on basic form and function of the spinal neural elements and spine toward the improvement of spinal neurosurgical procedures that alleviate human disease and suffering through treatment of the spinal disorders. Within such consideration will be the surgical procedures used in the treatment of congenital-developmental, traumatic, neoplastic, degenerative, vascular, infectious-inflammatory, and toxic metabolic diseases of the spinal neural elements, the spine and peripheral nerves.
2. To cultivate and provide leadership in promoting excellence in the quality of spinal and peripheral nerve neurosurgery.
3. To coordinate activities and programs relating to the spinal neural elements, the spine and

peripheral nerves for the parent organizations and other societies, committees, and agencies.

4. To represent the parent organizations, at their discretion, at any organizations or group on matters relating to the spinal neural elements, the spine and peripheral nerves.
5. To advise the parent organizations of activities which relate to diseases and surgery of the spinal neural elements, the spine and peripheral nerves by other individuals, groups, and/or agencies.

ARTICLE III

Membership

Section 3.01

There shall be ~~seven~~ nine classes of membership:

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1. Active: Active members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons who have a special interest in disorders of the spine and peripheral nerves.
2. Associate: Individuals who qualify as associate members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons.
3. Affiliate: Spine surgeons trained outside of North America and practicing in North America.
4. Honorary: The Executive Committee may grant honorary membership to such qualified physicians or scientists who in their opinion merit such recognition. They shall not be required to pay dues and shall not have the privilege of voting or holding office or serving on committees.
5. International: Corresponding members shall reside beyond the limits of North America, and they shall be chosen because of their devotion and contributions to spinal neurosurgery. They shall be required to pay dues. They shall not have the privilege of voting and holding elective office. However, they may serve as members of special committees. They need not be corresponding members or the equivalent of the American Association of Neurological Surgeons or the Congress of Neurological Surgeons.

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6. Adjunct: Adjunct members shall be physicians or scientists of other collateral or related fields who are active in the area of spinal disorders but are not members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons. Each adjunct member must be sponsored by two active members and must be approved by unanimous vote of the Joint Section on Disorders of the Spine and Peripheral Nerves Executive Committee. They shall be required to pay dues. They shall not have the privilege of voting or holding elective office.
7. Resident: Resident members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons who have a special interest in disorders of the spine and peripheral nerves.
8. Senior: Senior membership may be granted to any Active member 60 years of age or older who applies to the Secretary in writing, or to any Active member who retires from

active practice. Senior members shall be exempt from payment of annual dues. Senior members may be reinstated to Active membership on request, subject to approval of the Executive Committee.

9. Medical Student: Medical students at allopathic medical schools in North America. The medical student's application must be signed by the Dean or medical director, verifying the student's status and expected graduation date. Medical student membership will expire upon graduation from medical school. If the student is accepted into an allopathic North American Neurosurgery residency program, the membership may be converted to Resident Membership.

Section 3.02 Responsibilities and Privileges

Only active members shall vote and hold elective office.

Section 3.03 Disclaimer

No form of membership in this section should be interpreted as endorsing the qualifications of the respective member to perform operations on human patients. Members who use their membership in the Joint Section for advertising purposes implying that they have special skills or training endorsed by the Joint Section shall forfeit this membership.

Section 3.04 Applications for Membership

Applications for membership should be made in writing to the Secretary of the Joint Section. Complete applications for each membership category shall be reviewed by the Executive Committee. Applications for Active membership will be presented to the membership for review in the Joint Section Newsletter. Ratification of Active membership applications will occur at the first Joint Section Annual meeting 60 or more days thereafter. The Executive Committee may confer all other membership status categories without vote of the Active membership of the Joint Section at the Annual meeting.

Section 3.05 Dues and Assessments

Dues and assessments shall be heard and reviewed by the Executive Committee of the Joint Section on Disorders of the Spine and Peripheral Nerves. Recommendations by the Executive Committee will be presented to the membership in the Joint Section Newsletter. Ratification of dues and assessments shall be determined by majority vote of the Active membership at the first Joint Section Annual meeting occurring 60 days or more thereafter.

Section 3.06 Termination of Membership:

1. Membership shall terminate if any member, (other than Honorary, Corresponding, Adjunct or Senior) ceases to maintain membership in either one or the other of the parent organizations (AANS or CNS).
2. Membership shall be terminated if dues or assessments are delinquent by one or more years

and no response is received within 30 days following a reminder.
3. Membership shall terminate upon receipt by the Secretary of a letter of resignation.
4. Honorary, Corresponding, Adjunct or Senior membership may be terminated by a majority vote of the Joint Section Executive Committee, without vote of the Active membership.

ARTICLE IV

Officers & Executive Committee

Section 4.01

The control of the Joint Section on Disorders of the Spine and Peripheral Nerves shall be vested in the Executive Committee, who shall manage the affairs of the Section in conformity with the Rules and Regulations of the American Association of Neurological Surgeons and Congress of Neurological Surgeons. Only active members who are active members of ~~both~~ the American Association of Neurological Surgeons and/or Congress of Neurological Surgeons shall be officers or members of the Executive Committee.

Section 4.02 Officers

The officers of this Section shall be the Chairperson, Chairperson-Elect, Immediate Past-Chairperson, Secretary, and Treasurer.

Section 4.03 Executive Committee

The Executive Committee shall consist of the five officers, three Members at Large, the Newsletter Editor, the Exhibits Chairperson, the Annual Meeting Chairperson, and the Scientific Program Chairperson, and standing and ad hoc committee chairs. All past Section Chairs shall hold a lifetime non-voting position on the Executive Committee, as a means of maintaining Section consistency and corporate memory. Ex-officio members may be appointed at the discretion of the Chairperson.

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Voting members shall be the five officers, the Media Chairperson, the Exhibits Chairperson, the Annual Meeting Chairperson, and the Scientific Program Chairperson.

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Section 4.04 Tenure of Office

The Chairperson shall serve a term of one year. The Secretary and Treasurer shall serve a term of 3 years and may not serve more than two consecutive terms. The Members at Large of the Executive Committee shall assume a term of 3 years and may not serve more than two consecutive terms. All officers and members of the Executive Committee shall assume office immediately following the Annual Joint Section Meeting.

Section 4.05 Duties:

1. Chairperson: The Chairperson shall preside at all meetings of the Section. The Chairperson shall appoint all committees not otherwise provided for, and shall perform all such other duties as appertain to the office of Chairperson. The Chairperson shall be an ex officio member of all committees with the right to vote only in the case of a tie vote. The Chairperson shall supervise the execution of all rules.

2. Chairperson-elect: The Chairperson-Elect shall be a voting member of the Executive Committee and shall assume the responsibility of the Chairperson in the case of absence, death, resignation or inability to act of the current Chairperson.

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3. Secretary: The Secretary shall keep an accurate record of the proceedings of meetings of the Section and the Executive Committee and shall conduct all correspondence for the Executive Committee. The Secretary shall issue printed or written notice of all meetings of the Section and The Executive Committee, and shall perform such other duties pertaining to this office, as may be required from time to time by the Executive Committee. The Secretary, in conjunction with the AANS-CNS office, shall be responsible for maintaining a current roster of the membership. It is the duty of the Secretary to bring forth membership applications for review. The Secretary will maintain a current complete copy of the Rules and Regulations of the Joint Section on Disorders of the Spine and Peripheral Nerves. The Secretary will maintain an active roster of the make-up of the Executive Committee of the Joint Section. The Secretary will serve as the liaison between AANS National Office representatives and the Executive Committee in assisting with the identification of future meeting sites.

4. Treasurer: The Treasurer shall keep an accurate record of the Collections and disbursements of funds, shall pay all financial obligations incurred by the Joint Section.

5. Members at Large: The Members at Large shall provide oversight of Ad-hoc Committee Heads and coordinate reports at the Executive Committee meetings at DSPN and CNS. Members at Large report to the Secretary and Section Chairperson.

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6. Executive Committee: The Executive Committee shall supervise and effect an efficient management of the Joint Section, review applications for membership, and recommend, challenge or reject the applications, and report annually, or when requested to the parent organizations on all activities of the Joint Section.

7. The officers and Executive Committee shall be held blameless for all activities of this Joint Section or for activities done in its name, except for any theft from the organization or for willful and malicious conduct.

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8. Election of Officers and Executive Committee. It shall be the duty of the immediate past Chairperson of the Joint Section to convene the nominating Committee each year prior to the AANS Annual Meeting. The slate of nominees for officers of the Joint Section will be presented to the Executive Committee in April when the Joint Section Executive Committee convenes at the AANS Annual Meeting. Following Executive Committee approval, the slate of candidates will be presented to the membership in the Joint Section Newsletter. The

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membership may nominate additional candidates and will vote on the candidates at the next Joint Section Annual Meeting.

ARTICLE V

Committees

Committees for the Joint Section will consist of standing and ad hoc committees. On-going Chairperson responsibilities are contingent upon active participation at meetings and accomplishment of committee tasks. At a minimum, committee chairpersons are required to be present at the Executive Committee meetings held at the AANS/CNS Joint Section annual meeting and at the CNS annual meeting, with no more than one absence in any two-year period. Attendance is to be recorded by the Secretary. Failure to perform these duties may warrant review and dismissal by majority vote of the Executive Committee voting members.

Standing Committees

Unless otherwise noted, each standing committee shall be composed of a Chairperson (or Co-Chairs) selected by the Chairperson of the Executive Committee. The size of the standing committees and member selection will be determined by the Chair of the Executive Committee in conjunction with the Chairperson of the standing committee. Standing committee Chairs do not have oversight but report directly to the Secretary and Section Chair.

Section 5.01 Education Committee

The Education Committee shall serve to coordinate and assist the American Association of Neurological Surgeons and the Congress of Neurological Surgeons in selecting scientific papers and developing programs. The Education Committee shall also be responsible for strategies to ensure that continuing medical education (CME) requirements are met for Joint Section educational programs that offer CME credit. Additional subcommittees may be formed as necessary to coordinate, and/or develop scientific and educational programs for other organizations or to coordinate and/or develop education strategies.

Section 5.02 Nominating Committee

The Nominating Committee shall consist of three members: the immediate past Chairperson of the Section and the previous past two Chairpersons of the Section. One member rotates off the committee each year. This committee shall present candidates for the officer positions within the Joint Section to the Executive Committee at the time of the CNS Annual Meeting. In February, the slate is presented and nominations are taken from the floor. Fifteen days after presentation, the full ballot will be circulated to the full voting membership. The balloting shall be conducted by mail and only the ballots received on or before March 15th of the year of the election shall be counted. A simple majority of those voting shall be necessary to elect an officer.

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Section 5.03 Annual Meeting Committee

The Annual Meeting Committee shall consist of three members: the Annual Meeting Chairperson, the Scientific Program Chairperson, and an additional member appointed each year by the Executive Committee. For each subsequent year, the appointed additional member assumes the role of the Scientific Program Chairperson, the Scientific Program Chairperson assumes the role of the Annual Meeting Chairperson, and the Annual Meeting Chairperson rotates off the committee. The Exhibits Committee Chairperson shall not be a member of the Annual Meeting Committee.

~~five (5) members, two (2) to be appointed each year by the Executive Committee. One experienced member shall be appointed to serve as the Annual Meeting Chairperson. One senior member will be the Exhibits Chairperson, who will serve a three-year term. The other senior member shall be appointed to serve as the Scientific Program Chairperson. The two newly appointed members shall be appointed to serve as Assistant Annual Meeting Chairperson, and Assistant Scientific Program Chairperson, and shall assume their respective responsibilities for the annual meeting the subsequent year. The Exhibits Chairperson will serve as the liaison between the Executive Committee and vendors who wish to exhibit at the Joint Section Annual meetings.~~

Section 5.04 Media Committee

The Media Committee shall consist of two members, with one member appointed every four years. Their appointment shall last four years, with terms staggered by 2 years. One of the two members of the Media Committee shall be appointed by the Section Chair to be the Newsletter Editor. The Media Committee shall be responsible for the section website, newsletter, and other media opportunities requiring regular contributions. Additional subcommittees may be formed as necessary to coordinate and/or develop media strategies.

Section 5.05 Research and Awards Committee

The Research and Awards Committee shall consist of up to seven (7) members, each serving a three-year term. At least two members of the Research and Awards Committee should have subspecialty expertise in peripheral nerve. Member terms shall be staggered by three years. The Executive Committee shall appoint up to 2 new members each year. The Committee Chairperson is appointed by the Section Chair for a three-year term and may be reappointed for one additional three-year term. The Committee shall be responsible for soliciting applications for and selecting finalists and awardees for the Research Awards, Fellowship Awards, the International Fellowship Awards, and the Mayfield Award(s). The nomination and selection of candidates for the Meritorious Service Medal will not be the responsibility of this Committee, but will be the responsibility of the Past-Chairperson, the current Chairperson, and the Chairperson-Elect of the Joint Section.

~~These Awards may be awarded each year at the Joint Section Annual Meeting and are intended to establish funding for clinically relevant research related to the spine and peripheral nerves, and~~

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~~to provide a means of peer review for clinical research projects to help improve the quality of the proposal and therefore enhance competitiveness for N.I.H. funding. A secondary goal of the Awards is to create an annual funding mechanism aimed at answering questions pertaining to the treatment of disorders of the spine and peripheral nerves.~~

~~Two Fellowship Awards may each be awarded annually at the Joint Section Annual Meeting, each to a U.S. or Canadian neurosurgical resident to provide supplemental funding for advanced education and research in disorders of the spine or peripheral nerves. This funding is to be provided for postgraduate or residency fellowship training away from the parent institution.~~

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~~The Mayfield Award may be awarded annually at the Joint Section Annual Meeting to a neurosurgical resident or fellow who authors an outstanding manuscript detailing a laboratory or clinical investigation in the area of spinal or peripheral nerve disorders. The intent of the Award(s) is to recognize and promote research among residents and fellows in training in the surgical subspecialty of Neurological Surgery. Two Awards are available, one for clinical research and one for basic science research~~

Section 5.06 Rules and Regulations Committee

The Rules and Regulations Committee shall consist of up to three (3) members, with up to one member appointed by the Joint Section Executive Committee each year. Their appointment shall last three years with the senior member acting as Chairperson. This Committee shall review the Joint Section's Rules and Regulations and make written recommendations to the Executive Committee. Changes in the Rules and Regulations approved by the Executive Committee must be ratified by the AANS Board of Directors and the CNS Executive Committee. Approved changes or amendments must be presented and explained to the membership in the Joint Section Newsletter. Rules and Regulations thus presented will be voted upon by the membership at the next Joint Section Annual Meeting. A two-thirds majority is required for ratification.

Section 5.07 Payor Response Committee

Officially formed on March 9, 2011, the mission of the Payor and Policy Response Committee is to promote access to beneficial surgical care for patients with spinal disorders affected by payors and health care policies, through evidence based research, education, and proven outcomes. The Payor and Policy Response Committee has a vision to provide our patients with access to the highest quality surgical spine care. The Committee comprises of a Director, Associate Director, and four Quadrant Directors (Northeast, Southeast, Northwest, Southwest) along with committee members selected by the Director. Additional committee members or subcommittees may be added or removed as necessary to coordinate and craft payor and policy responses. The Committee Director and Associated Director must have been evidence based medicine (EBM) trained along with having completed a AANS coding and reimbursement course, and is

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appointed by the Section Chair for a three-year term and may be reappointed for additional terms.

ARTICLE VI

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Deleted: The Payor Response Committee shall assist the section in reviewing and facilitating a timely response to issues of coding and reimbursement policies. .

Meetings

Section 6.01

The Joint Section shall meet with the American Association of Neurological Surgeons and the Congress of Neurological Surgeons at their respective annual meetings. At these meetings, the Joint Section's Executive Committee may call special Business Meetings when required to conduct the activities of the Section. The Joint Section shall hold an Annual Scientific and Educational Meeting at a time that does not conflict with the annual meetings of the American Association of Neurological Surgeons and Congress of Neurological Surgeons, and shall hold the Joint Section's Regular Annual Business Meeting at that time.

Section 6.02 Quorum

At all Business Meetings of the Joint Section called by the Executive Committee, both regular and special, the majority of Active members present and voting at the time of the meeting shall constitute a quorum for the purposes of transacting the business of the Joint Section.

Section 6.03 Items Requiring Vote

Actions that require a vote of the Active membership of the Joint Section will be presented to the membership in the Joint Section Newsletter, or by separate mailing. Voting will occur at the next Joint Section Annual meeting.

In the event of an action that the Executive Committee believes requires membership consideration before and distinct from the Joint Section Annual meeting, the action may be presented to the Active membership by special mailing. Returned ballots will be counted by the Secretary no earlier than sixty (60) days after they are sent to the members. Unless otherwise specified in the Rules and Regulations, a mail vote shall be determined by a simple majority of those who cast votes.

Section 6.04

Robert's Rules of Order shall govern the conduct of Executive Sessions of the Joint Section unless otherwise specified.

Section 6.05

The order of the Procedure of the Executive Session of the Joint Section shall be as follows:

1. The Call to Order

2. The Reading of the Minutes
3. Unfinished Business
4. Reports of the Executive Committee and Committees
5. Election of New Members
6. Appointment of Committees
7. New Business

ARTICLE VII

Amendments to Rules & Regulations

Section 7.01

New or revised Rules and Regulations may be proposed by any active member. The proposed change or addition shall be ~~mailed~~ communicated to the Chairman of the Rules and Regulations Committee. Within 30 days of receipt of the proposed revision, the proposed change or addition and the recommendations of the Rules and Regulations Committee regarding such proposal shall be submitted to the Secretary for consideration at the next Joint Section Executive Committee meeting.

Upon approval by the Joint Section Executive Committee, the proposed changes will be presented to the AANS Board of Directors and the CNS Executive Committee for ratification.

Rules and Regulation changes or amendments thus approved will be presented to the membership in the Joint Section Newsletter.

Discussion and ratification of proposed Rules and Regulations changes shall occur at the next Joint Section Annual meeting, 60 days or more thereafter.

Any change in the Joint Section Rules and Regulations shall require a two-thirds majority of the Active members present at the annual Joint Section business meeting.

ARTICLE VIII

Disclosure and Management of Potential Conflicts of Interest for the Executive Committee

Disclosure and management of potential conflicts of interest for the Executive Committee will be in accordance with the guidelines established by the CNS.

Spine Section Rules and Regulations

ARTICLE I

Name

This section shall be named, known and styled as:

> *The Joint Section on Disorders of the Spine and Peripheral Nerves of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.*

It is an affiliate Section of the parent organizations, the American Association of Neurological Surgeons and Congress of Neurological Surgeons, and as such, members are also bound by the Rules and Regulations of the parent organizations.

ARTICLE II

Objectives & Functions

Section 2.01

The objectives of this Section shall be:

1. To foster the use of spinal neurosurgical methods for the treatment of diseases of the spinal neural elements, the spine and peripheral nerves.
2. To advance spinal neurosurgery and related sciences, to improve patient care, to support meaningful basic and clinical research, to provide leadership in undergraduate and graduate continuing education, and to promote administrative facilities necessary to achieve these goals.

Section 2.02

The function of this Section shall be:

1. To provide a forum for education and research on basic form and function of the spinal neural elements and spine toward the improvement of spinal neurosurgical procedures that alleviate human disease and suffering through treatment of the spinal disorders. Within such consideration will be the surgical procedures used in the treatment of congenital-developmental, traumatic, neoplastic, degenerative, vascular, infectious-inflammatory, and toxic metabolic diseases of the spinal neural elements, the spine and peripheral nerves.
2. To cultivate and provide leadership in promoting excellence in the quality of spinal and peripheral nerve neurosurgery.
3. To coordinate activities and programs relating to the spinal neural elements, the spine and

peripheral nerves for the parent organizations and other societies, committees, and agencies.

4. To represent the parent organizations, at their discretion, at any organizations or group on matters relating to the spinal neural elements, the spine and peripheral nerves.
5. To advise the parent organizations of activities which relate to diseases and surgery of the spinal neural elements, the spine and peripheral nerves by other individuals, groups, and/or agencies.

ARTICLE III

Membership

Section 3.01

There shall be nine classes of membership:

1. Active: Active members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons who have a special interest in disorders of the spine and peripheral nerves.
2. Associate: Individuals who qualify as associate members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons.
3. Affiliate: Spine surgeons trained outside of North America and practicing in North America.
4. Honorary: The Executive Committee may grant honorary membership to such qualified physicians or scientists who in their opinion merit such recognition. They shall not be required to pay dues and shall not have the privilege of voting or holding office or serving on committees.
5. International: Corresponding members shall reside beyond the limits of North America, and they shall be chosen because of their devotion and contributions to spinal neurosurgery. They shall be required to pay dues. They shall not have the privilege of voting and holding elective office. However, they may serve as members of special committees. They need not be corresponding members or the equivalent of the American Association of Neurological Surgeons or the Congress of Neurological Surgeons.
6. Adjunct: Adjunct members shall be physicians or scientists of other collateral or related fields who are active in the area of spinal disorders but are not members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons. Each adjunct member must be sponsored by two active members and must be approved by unanimous vote of the Joint Section on Disorders of the Spine and Peripheral Nerves Executive Committee. They shall be required to pay dues. They shall not have the privilege of voting or holding elective office.
7. Resident: Resident members of the American Association of Neurological Surgeons or Congress of Neurological Surgeons who have a special interest in disorders of the spine and peripheral nerves.
8. Senior: Senior membership may be granted to any Active member 60 years of age or older who applies to the Secretary in writing, or to any Active member who retires from

active practice. Senior members shall be exempt from payment of annual dues. Senior members may be reinstated to Active membership on request, subject to approval of the Executive Committee.

9. Medical Student: Medical students at allopathic medical schools in North America. The medical student's application must be signed by the Dean or medical director, verifying the student's status and expected graduation date. Medical student membership will expire upon graduation from medical school. If the student is accepted into an allopathic North American Neurosurgery residency program, the membership may be converted to Resident Membership.

Section 3.02 Responsibilities and Privileges

Only active members shall vote and hold elective office.

Section 3.03 Disclaimer

No form of membership in this section should be interpreted as endorsing the qualifications of the respective member to perform operations on human patients. Members who use their membership in the Joint Section for advertising purposes implying that they have special skills or training endorsed by the Joint Section shall forfeit this membership.

Section 3.04 Applications for Membership

Applications for membership should be made in writing to the Secretary of the Joint Section. Complete applications for each membership category shall be reviewed by the Executive Committee. Applications for Active membership will be presented to the membership for review in the Joint Section Newsletter. Ratification of Active membership applications will occur at the first Joint Section Annual meeting 60 or more days thereafter. The Executive Committee may confer all other membership status categories without vote of the Active membership of the Joint Section at the Annual meeting.

Section 3.05 Dues and Assessments

Dues and assessments shall be heard and reviewed by the Executive Committee of the Joint Section on Disorders of the Spine and Peripheral Nerves. Recommendations by the Executive Committee will be presented to the membership in the Joint Section Newsletter. Ratification of dues and assessments shall be determined by majority vote of the Active membership at the first Joint Section Annual meeting occurring 60 days or more thereafter.

Section 3.06 Termination of Membership:

1. Membership shall terminate if any member, (other than Honorary, Corresponding, Adjunct or Senior) ceases to maintain membership in either one or the other of the parent organizations (AANS or CNS).
2. Membership shall be terminated if dues or assessments are delinquent by one or more years

and no response is received within 30 days following a reminder.
3. Membership shall terminate upon receipt by the Secretary of a letter of resignation.
4. Honorary, Corresponding, Adjunct or Senior membership may be terminated by a majority vote of the Joint Section Executive Committee, without vote of the Active membership.

ARTICLE IV

Officers & Executive Committee

Section 4.01

The control of the Joint Section on Disorders of the Spine and Peripheral Nerves shall be vested in the Executive Committee, who shall manage the affairs of the Section in conformity with the Rules and Regulations of the American Association of Neurological Surgeons and Congress of Neurological Surgeons. Only active members who are active members of ~~both~~ the American Association of Neurological Surgeons and/or Congress of Neurological Surgeons shall be officers or members of the Executive Committee.

Section 4.02 Officers

The officers of this Section shall be the Chairperson, Chairperson-Elect, Immediate Past-Chairperson, Secretary, and Treasurer.

Section 4.03 Executive Committee

The Executive Committee shall consist of the five officers, three Members at Large, the Newsletter Editor, the Exhibits Chairperson, the Annual Meeting Chairperson, and the Scientific Program Chairperson, and standing and ad hoc committee chairs. All past Section Chairs shall hold a lifetime non-voting position on the Executive Committee, as a means of maintaining Section consistency and corporate memory. Ex-officio members may be appointed at the discretion of the Chairperson.

Voting members shall be the five officers, the Media Chairperson, the Exhibits Chairperson, the Annual Meeting Chairperson, and the Scientific Program Chairperson.

Section 4.04 Tenure of Office

The Chairperson shall serve a term of one year. The Secretary and Treasurer shall serve a term of 3 years and may not serve more than two consecutive terms. The Members at Large of the Executive Committee shall assume a term of 3 years and may not serve more than two consecutive terms. All officers and members of the Executive Committee shall assume office immediately following the Annual Joint Section Meeting.

Section 4.05 Duties:

1. Chairperson: The Chairperson shall preside at all meetings of the Section. The Chairperson shall appoint all committees not otherwise provided for, and shall perform all such other duties as appertain to the office of Chairperson. The Chairperson shall be an ex officio member of all committees with the right to vote only in the case of a tie vote. The Chairperson shall supervise the execution of all rules.

2. Chairperson-elect: The Chairperson-Elect shall be a voting member of the Executive Committee and shall assume the responsibility of the Chairperson in the case of absence, death, resignation or inability to act of the current Chairperson.

3. Secretary: The Secretary shall keep an accurate record of the proceedings of meetings of the Section and the Executive Committee and shall conduct all correspondence for the Executive Committee. The Secretary shall issue printed or written notice of all meetings of the Section and The Executive Committee, and shall perform such other duties pertaining to this office, as may be required from time to time by the Executive Committee. The Secretary, in conjunction with the AANS-CNS office, shall be responsible for maintaining a current roster of the membership. It is the duty of the Secretary to bring forth membership applications for review. The Secretary will maintain a current complete copy of the Rules and Regulations of the Joint Section on Disorders of the Spine and Peripheral Nerves. The Secretary will maintain an active roster of the make-up of the Executive Committee of the Joint Section. The Secretary will serve as the liaison between AANS National Office representatives and the Executive Committee in assisting with the identification of future meeting sites.

4. Treasurer: The Treasurer shall keep an accurate record of the Collections and disbursements of funds, shall pay all financial obligations incurred by the Joint Section.

5. Members at Large: The Members at Large shall provide oversight of Ad-hoc Committee Heads and coordinate reports at the Executive Committee meetings at DSPN and CNS. Members at Large report to the Secretary and Section Chairperson.

6. Executive Committee: The Executive Committee shall supervise and effect an efficient management of the Joint Section, review applications for membership, and recommend, challenge or reject the applications, and report annually, or when requested to the parent organizations on all activities of the Joint Section.

7. The officers and Executive Committee shall be held blameless for all activities of this Joint Section or for activities done in its name, except for any theft from the organization or for willful and malicious conduct.

8. Election of Officers and Executive Committee. It shall be the duty of the immediate past Chairperson of the Joint Section to convene the nominating Committee each year prior to the AANS Annual Meeting. The slate of nominees for officers of the Joint Section will be presented to the Executive Committee in April when the Joint Section Executive Committee convenes at the AANS Annual Meeting. Following Executive Committee approval, the slate

of candidates will be presented to the membership in the Joint Section Newsletter. The membership may nominate additional candidates and will vote on the candidates at the next Joint Section Annual Meeting.

ARTICLE V

Committees

Committees for the Joint Section will consist of standing and ad hoc committees. On-going Chairperson responsibilities are contingent upon active participation at meetings and accomplishment of committee tasks. At a minimum, committee chairpersons are required to be present at the Executive Committee meetings held at the AANS/CNS Joint Section annual meeting and at the CNS annual meeting, with no more than one absence in any two-year period. Attendance is to be recorded by the Secretary. Failure to perform these duties may warrant review and dismissal by majority vote of the Executive Committee voting members.

Standing Committees

Unless otherwise noted, each standing committee shall be composed of a Chairperson (or Co-Chairs) selected by the Chairperson of the Executive Committee. The size of the standing committees and member selection will be determined by the Chair of the Executive Committee in conjunction with the Chairperson of the standing committee. Standing committee Chairs do not have oversight but report directly to the Secretary and Section Chair.

Section 5.01 Education Committee

The Education Committee shall serve to coordinate and assist the American Association of Neurological Surgeons and the Congress of Neurological Surgeons in selecting scientific papers and developing programs. The Education Committee shall also be responsible for strategies to ensure that continuing medical education (CME) requirements are met for Joint Section educational programs that offer CME credit. Additional subcommittees may be formed as necessary to coordinate, and/or develop scientific and educational programs for other organizations or to coordinate and/or develop education strategies.

Section 5.02 Nominating Committee

The Nominating Committee shall consist of three members: the immediate past Chairperson of the Section and the previous past two Chairpersons of the Section. One member rotates off the committee each year. This committee shall present candidates for the officer positions within the Joint Section to the Executive Committee at the time of the CNS Annual Meeting. In February, the slate is presented and nominations are taken from the floor. Fifteen days after presentation, the full ballot will be circulated to the full voting membership. The balloting shall be conducted by mail and only the ballots received on or before March 15th of the year of the election shall be counted. A simple majority of those voting shall be necessary to elect an officer.

Section 5.03 Annual Meeting Committee

The Annual Meeting Committee shall consist of three members: the Annual Meeting Chairperson, the Scientific Program Chairperson, and an additional member appointed each year by the Executive Committee. For each subsequent year, the appointed additional member assumes the role of the Scientific Program Chairperson, the Scientific Program Chairperson assumes the role of the Annual Meeting Chairperson, and the Annual Meeting Chairperson rotates off the committee. The Exhibits Committee Chairperson shall not be a member of the Annual Meeting Committee.

Section 5.04 Media Committee

The Media Committee shall consist of two members, with one member appointed every four years. Their appointment shall last four years, with terms staggered by 2 years. One of the two members of the Media Committee shall be appointed by the Section Chair to be the Newsletter Editor. The Media Committee shall be responsible for the section website, newsletter, and other media opportunities requiring regular contributions. Additional subcommittees may be formed as necessary to coordinate and/or develop media strategies.

Section 5.05 Research and Awards Committee

The Research and Awards Committee shall consist of up to seven (7) members, each serving a three-year term. At least two members of the Research and Awards Committee should have subspecialty expertise in peripheral nerve. Member terms shall be staggered by three years. The Executive Committee shall appoint up to 2 new members each year. The Committee Chairperson is appointed by the Section Chair for a three-year term and may be reappointed for one additional three-year term. The Committee shall be responsible for soliciting applications for and selecting finalists and awardees for the Research Awards, Fellowship Awards, the International Fellowship Awards, and the Mayfield Award(s). The nomination and selection of candidates for the Meritorious Service Medal will not be the responsibility of this Committee, but will be the responsibility of the Past-Chairperson, the current Chairperson, and the Chairperson-Elect of the Joint Section.

Section 5.06 Rules and Regulations Committee

The Rules and Regulations Committee shall consist of up to three (3) members, with up to one member appointed by the Joint Section Executive Committee each year. Their appointment shall last three years with the senior member acting as Chairperson. This Committee shall review the Joint Section's Rules and Regulations and make written recommendations to the Executive Committee. Changes in the Rules and Regulations approved by the Executive Committee must be ratified by the AANS Board of Directors and the CNS Executive Committee. Approved changes or amendments must be presented and explained to the membership in the Joint Section Newsletter. Rules and Regulations thus presented will be voted upon by the membership at the next Joint Section Annual Meeting. A two-thirds majority is required for ratification.

Section 5.07 Payor Response Committee

Officially formed on March 9, 2011, the mission of the Payor and Policy Response Committee is to promote access to beneficial surgical care for patients with spinal disorders affected by payors and health care policies, through evidence based research, education, and proven outcomes. The Payor and Policy Response Committee has a vision to provide our patients with access to the highest quality surgical spine care. The Committee comprises of a Director, Associate Director, and four Quadrant Directors (Northeast, Southeast, Northwest, Southwest) along with committee members selected by the Director. Additional committee members or subcommittees may be added or removed as necessary to coordinate and craft payor and policy responses. The Committee Director and Associated Director must have been evidence based medicine (EBM) trained along with having completed a AANS coding and reimbursement course, and is appointed by the Section Chair for a three-year term and may be reappointed for additional terms.

ARTICLE VI

Meetings

Section 6.01

The Joint Section shall meet with the American Association of Neurological Surgeons and the Congress of Neurological Surgeons at their respective annual meetings. At these meetings, the Joint Section's Executive Committee may call special Business Meetings when required to conduct the activities of the Section. The Joint Section shall hold an Annual Scientific and Educational Meeting at a time that does not conflict with the annual meetings of the American Association of Neurological Surgeons and Congress of Neurological Surgeons, and shall hold the Joint Section's Regular Annual Business Meeting at that time.

Section 6.02 Quorum

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Section 6.03 Items Requiring Vote

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In the event of an action that the Executive Committee believes requires membership consideration before and distinct from the Joint Section Annual meeting, the action may be presented to the Active membership by special mailing. Returned ballots will be counted by the Secretary no earlier than sixty (60) days after they are sent to the members. Unless otherwise specified in the Rules and Regulations, a mail vote shall be determined by a simple majority of

those who cast votes.

Section 6.04

Robert's Rules of Order shall govern the conduct of Executive Sessions of the Joint Section unless otherwise specified.

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6. Appointment of Committees
7. New Business

ARTICLE VII

Amendments to Rules & Regulations

Section 7.01

New or revised Rules and Regulations may be proposed by any active member. The proposed change or addition shall be ~~mailed~~ communicated to the Chairman of the Rules and Regulations Committee. Within 30 days of receipt of the proposed revision, the proposed change or addition and the recommendations of the Rules and Regulations Committee regarding such proposal shall be submitted to the Secretary for consideration at the next Joint Section Executive Committee meeting.

Upon approval by the Joint Section Executive Committee, the proposed changes will be presented to the AANS Board of Directors and the CNS Executive Committee for ratification.

Rules and Regulation changes or amendments thus approved will be presented to the membership in the Joint Section Newsletter.

Discussion and ratification of proposed Rules and Regulations changes shall occur at the next Joint Section Annual meeting, 60 days or more thereafter.

Any change in the Joint Section Rules and Regulations shall require a two-thirds majority of the Active members present at the annual Joint Section business meeting.

ARTICLE VIII

Disclosure and Management of Potential Conflicts of Interest for the Executive Committee

Disclosure and management of potential conflicts of interest for the Executive Committee will be in accordance with the guidelines established by the CNS.

From: Regis Haid <RHaid@AtlantaBrainandSpine.com>
Date: April 21, 2014 at 1:49:41 PM PDT
To: "<vmum@aol.com>" <vmum@aol.com>, "mgroff@mac.com" <mgroff@mac.com>, kathy vaccaro <kwv2005@hotmail.com>, Stewart Dunsker <dunsker@outlook.com>, William Couldwell <William.Couldwell@hsc.utah.edu>, "Dr. Valadka" <avaladka@gmail.com>
Cc: "Kristen A. Weber" <kaw@aans.org>, "jknightly@atlanticneurosurgical.com" <jknightly@atlanticneurosurgical.com>, "'Shaffrey, Chris I *HS'" <CIS8Z@hscmail.mcc.virginia.edu>, "theodore@bnaneuro.net" <theodore@bnaneuro.net>, "Luis.Tumialan@bnaneuro.net" <Luis.Tumialan@bnaneuro.net>, "kfoley@usit.net" <kfoley@usit.net>, "Steve Papadopoulos (Stephen.Papadopoulos@bnaneuro.net)" <Stephen.Papadopoulos@bnaneuro.net>, "Volker.Sonntag@bnaneuro.net" <Volker.Sonntag@bnaneuro.net>, "Fehlings, Dr. Michael" <Michael.Fehlings@uhn.ca>, "james.rutka@sickkids.ca" <james.rutka@sickkids.ca>, "Thomas A. Marshall" <tam@aans.org>, "dom@cnsa.com" <dom@cnsa.com>, "Domagoj.Coric@cnsa.com" <Domagoj.Coric@cnsa.com>, "kfoley@semmes-murphey.com" <kfoley@semmes-murphey.com>, Theresa Martin <TMartin@AtlantaBrainandSpine.com>, Regis Haid <RHaid@AtlantaBrainandSpine.com>, Gerald Rodts <rustyrodts@mac.com>, "gerald_rodts@emoryhealthcare.org" <gerald_rodts@emoryhealthcare.org>, "cwolfla@mcw.edu" <cwolfla@mcw.edu>, "Mark McLaughlin, M.D." <brainspinemd@PrincetonBrainandSpine.com>, Michael Kaiser <mgk7@columbia.edu>, "Jason Sheehan (jsheehan@virginia.edu) (jsheehan@virginia.edu)" <jsheehan@virginia.edu>, "Wang, Michael" <MWang2@med.miami.edu>, Regis Haid <RHaid@AtlantaBrainandSpine.com>
Subject: NREF

To all,

1.We have a **Stewart Dunsker Fund** in the NREF. The contributors have specified that the Joint Spine Section control the funds. It takes a minimum of $50,000 to start a fund.

Charlie Kuntz donated $25,000.
Dom Coric has agreed to $25,000 to the NREF, and I will ask Dom to donate it specifically to the Stewart Dunsker Fund. Stewart has agreed to an additional $30,000. Mike Wang has donated an additional $12,500. Early total of $ 92,500.

With Kristen Weber's help, Charlie Kuntz and I will draft a letter on NREF letterhead to other surgeons who have trained who worked with Stewart.

Mike and Praveen, please coordinate and send out a letter to the Exec Commitee of Spine Section regarding all of the current Spinal Funds in the NREF.

Also let them know that :

1. **Volker Sonntag Fund**: Underwritten by gifts of $ 25,000 each from Jack Knightly and Nick Theodore, and a pledge of Luis Tumialan for $2500 per year for 10 years. Early total of $75,000. Again, with Kristen, we will draft a letter to former BNI residents and fellows to support this fund. Again, held in NREF, controlled by Joint Spine Section, as designated by the philanthropists. Mike Wang has donated $12,500.

I will ask Steve Papadopoulos and Volker Sonntag to also contribute.

2. Michael Fehlings has agreed to contribute $25,000 , and wishes to start a **Charles Tator Fund**. He is going to check with Toronto about also contributing. We need an additional 25 K to make it happen.

Held in the NREF, controlled by the Spine Section. I am guessing that Dr. Fehlings and Tator will desire to focus on basic science research in spinal cord injury, but it is their call. Once Michael finalizes the plans, he and I can also draft a letter on NREF letterhead to former trainees and associates of Dr. Tator.

3. Dr. Rick Batzdorf has agreed to allow his name be used on a Fund, with the same goals in mind: **Ullrich Batzdorf Fund.** Kevin Foley and I will draft a NREF letter to former UCLA men and women who trained under Dr. Batzdorf.

4. I am guessing that former students of **Dr Sandy Larson** will also step up and create a similar fund. Dr. Chris Wolfla, would you like to take the lead on that?

5. Dr. Justin Smith also pledged a gift of $25,000 to the NREF. He suggested naming it the Regis Haid Fund. Dr. Michael Kaiser pledged an additional $10,000. I will pledge an additional $15,000 to make it to the 50 K minimum. Dr. Praveen Mummaneni will send out letter to my former fellows on behalf of the NREF for more funds.

For the NREF to grow, there must be an emotional link. No greater emotion than our mentors who trained us.

There must be accountability, and stewardship.

Kristen Weber will account for all of the Funds, send out yearly reports of the amounts, who has donated in the past as well as the current year, and an update on the use of the funds. The funds may be utilized to create an endowment for security in our future, or distributed annually , depending upon the needs, and desires of the contributors.

At the AANS Annual Meeting, there will be a short THANK YOU RECEPTION on early Monday evening, with cocktails and cheese. All past philanthropists are invited, as well as potential donors. Put it on your calendar.

The Spine Section is leading the way...to date. We hope to create a culture of "giving back" as stated by Dr. Stewart Dunsker.

We hope to infect the other sections and members of the AANS with a similar culture. I have spoken to the leaders of cerebrovascular, peds and functional sections about these ideas.
We lead by example.
Let us demonstrate our commitment to better control of our future, to ensure that clinical and basic science research flourishes.... to utilize NPA , N2 QOD, the new Stereotactic Surgery Registry, tumor outcomes, etc.
We need to prove that our treatment is effective , and of value. This is best done by clinical research that we control.
Our best basic science is initiated by NREF funds, not the NIH.

Thanks to all for your many contributions.
It is an honor to assist with your vision.

Reg Haid
Chair, Development Committee
NREF

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

American Association of Neurological Surgeons

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

Membership Committee Report

Kurt Eichholz, MD

Membership Numbers

Membership numbers in the Active category are up this year to 942 from 921 last year.

Other categories have remained stable.

Spine Fall Section Report - October 2014

Class Code	Subclass Code	2014 Dues	# of Members	
ASSOCIATE	15D	$ 100.00	8	
ADJUNCT	60D	$ 100.00	15	
MEMBER	01S	$ 100.00	942	
LIFETIME	25S	$ 0.0	303	
International	40S	$ 100.00	47	
Honorary	45S	$ 0.0	1	
Resident/Fellow	50R	$ 0.0	1,681	

		2014	2013	2012	2011
Spine active	01S	921	955	978	952
Spine Associate	15D	8	8	8	9
Spine Adjunct	60D	15	13	12	13
Spine Lifetime	25S	300	311	284	n/a
Spine Int'l	40S	44	47	45	40
Spine Honorary	45S	1	1	1	n/a
Spine Resident/fello	50R	1525	752	570	135

Changes in Membership Categories

Changes were made to the membership categories to make them more in line with the AANS membership categories. This was done to prevent issues where an applicant was in one category for the AANS or CNS, but in another category for the Spine Section.

There are now 9 categories:

1. Active – members of AANS or CNS
2. Associate – Those who are associate members of AANS or CNS (NP/PA's, or MD/PhD's who are not neurosurgeons)
3. Affiliate – Trained outside North America, but practice in North America
4. Honorary – granted by EC (no dues)
5. International – Reside outside of North America
6. Adjunct – Physicians in collateral fields but are not members of AANS or CNS. Must be sponsored by two active members and approved by unanimous vote of EC.
7. Resident – Resident members of AANS or CNS with special interest in spine
8. Senior – Over 60 years old and requests senior membership (no dues)
9. Medical Student – students at allopathic medical school in North America, verified by Dean of school. Converted to resident membership when accepted into residency

- The biggest change was to add the "Affiliate" category for those neurosurgeons who were trained outside the US, but are now practicing in the US. Previously, these applicants would have been put in the international or in the active category, and this cleaned up that issue.

- Previously, our "International" category was called "Corresponding", and this was renamed to International to make it consistent with AANS nomenclature.

- Associate members would include physician extenders such as NP's and PA's. It would also include MD/ PhD's who are not neurosurgeons, and are Associate members of the AANS or CNS.

- Adjunct would include MD's or PhD's who are in collateral fields but are not members of the AANS or CNS. This would, for example, allow the Spine Section to allow an orthopedic surgeon to be a member of the Spine Section without having to be a member of the AANS or CNS. This is the only membership category that allows for membership to the Spine Section without being a member of one of the parent organizations. Because of this, those few who apply for this membership category need to be sponsored by two active members and unanimous vote of the EC.

- In terms of medical student category, we chose keep the terms of membership for allopathic students in North America, verified by the Dean or medical director of the school, and then when the medical student is accepted into neurosurgery residency, their membership is converted into a Resident membership. The AANS specifically states that their resident membership is for those in allopathic medical schools. We specifically kept it consistent with the AANS, in order to prevent a situation where we accept a DO medical student as a member of the Spine Section, who then becomes a resident or active member, and cannot be a member of one of the parent organizations. While this may seem contradictory to the discussion above in

the Adjunct category, as mentioned, those applicants require sponsorship by two members and EC approval.

- The other change that was made was that previous membership categories were limited to the US and Canada while the AANS and CNS included the US, Canada, and Mexico. There was the potential for a Mexican neurosurgeon to be an active member of the AANS, but have to be an International Member of the Spine Section, and therefore we made the geographic requirements in line with AANS and CNS.

- Section 3.02 states that only those in the Active Membership category may vote or hold elected office.

Membership Rates

Membership rates have been $100 per year for the past 2 years now (except for senior, honorary, resident and medical student categories).

Do we want to offer discounted international rates to those applicants from developing countries? Right now, AANS offers international membership at $160, with a discounted rate of $80 for those who are from a developing country as defined by the World Bank. There are 92 countries on this list, mostly countries not in North America, South America, or Europe.

Proposal to offer membership at $50 to those applicants from developing countries.

Outcomes Committee

Three proposals were discussed at the EC meeting (10-19-14).

1. Cost analysis and outcomes of lumbar surgeries based on N2QOD data.
    a. Issue of availability of N2QOD data was the biggest barrier discussed. Jack Knightly who updated the EC on N2QOD suggested that data was available.
    b. Will follow-up with Jack and Praveen (N2QOD data committee manager).
2. SMISS is currently developing a prospective registry for MIS procedures. Goal is to compare Open vs MIS. In addition to radiographic and clinical data, cost analysis will also be obtained. Discussed with Kevin Foley who is leading this effort with SMISS who would consider partnering with the spine section. He will present to SMISS board if the spine section is in favor. He has also asked that interested spine section members consider membership to SMISS which hopefully would be reciprocated.
    a. EC suggested that a MIS module be created within N2QOD rather than start a new registry. Advantage would be that open surgery data would be available for comparison.
    b. Will plan to discuss this with Dr. Foley
3. Evaluate impact of ACGME work hour restrictions in regards to re-admission, morbidity, mortality using UHC database.
    a. Subgroup including Beejal Amin, Daniel Ho, Cheerag Upadhyaya, Kai-Ming Fu, Praveen Mummaneni will follow-up with UHC to obtain data to establish a database that can be used for analysis beyond the ACGME work hour evaluation.

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

September 29, 2014

American Association of Neurological Surgeons

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

CNS

Dear Dr. Giannotta,

Thank you for your welcoming inquiry to our Section as the CAST committee prepares for the upcoming meeting in Boston. As Chair of the Section's Fellowship committee, and at the request of Section Chairman Dr. John Hurlbert, I am privileged to take responsibility for the spine Section's engagement in this vital process.

You may recall that you and I spoke at length regarding this topic in March 2014. We discussed the importance of CAST accredited spine Fellowships being indistinguishable in regards to eligibility criteria and milestone achievement whether occurring in a post-residency period or enfolded.

We had further discussed ensuring that any enfolded spine fellowship be performed only after a minimum of 3 neurosurgical **clinical** service years (not including internship) to protect the advanced nature of the training period. Such criteria would essentially require any enfolded fellow be at least PGY6, although preferably PGY7, status within their primary institution, maximizing the Fellow's ability to build upon previously acquired technical skills at an elevated level of scholarly development.

Beyond these areas of our discussion, additional criteria of importance to our Section include:

- a minimum total duration of spine specialty focused practice of 12 months if fellowship begins in the PGY7 year, or 24 months if beginning in the PGY6 year

This time period must include a minimum of 12 months on clinical service devoted to the diagnosis, surgical treatment, and non-surgical treatment of patients with spinal conditions; including

degenerative, traumatic, congenital, infectious, neoplastic, and when available, vascular conditions.

Any fellowship experience beyond 12 months can be spent further expanding upon unique clinical skills within spine subspecialty areas, or at the discretion of the institution's Fellowship Director if clinical milestones are adequately achieved, incorporating spine specific focused neuroscientific research endeavors (biomechanics, anatomic, epidemiologic, etc.).

- Scholarly activity must include at least 1 major meeting presentation and manuscript preparation

All spine Fellows should clearly demonstrate a scholarly understanding of evidence based practice through manuscript review and publication, as well as teaching responsibilities to the Resident staff in both formal (grand rounds, conferences, etc.) and informal (rounding, case presentations, etc.) settings. Additionally, each Fellow should submit at minimum 1abstract for presentation at a major scientific meeting (AANS, CNS, DSPN) per 6 month period, and participate in preparation of minimum 1 manuscript with submission to a major indexed neurosurgical journal during any 12 month period.

- Clinical exposure must include a robust outpatient office experience

A minimum of 1 outpatient office day per week must be incorporated throughout the Fellowship period; enabling continuity of clinical course involvement in pre-operative evaluation, peri-operative planning, and post-operative decision making strategies.

- Milestones

Important milestones must include the ability to independently manage patients with both routine and complex spinal conditions.

The Fellow must demonstrate expertise in the management of patients necessitating intensive care treatment and rehabilitative courses following complex cases with and without complications.

We suggest a minimum caseload of 200 spinal procedures per 12 month period, the majority (>80%) of which should include either instrumentation or other advanced skill technique (i.e., endoscopy, minimally invasive) beyond the level of expertise and independence than that expected of a senior level resident at the same institution. We feel that the Fellow's understanding of the pathophysiology and indications for surgery are equally important to case volume and therefore suggest the lower volume requirement with the expectation that weekly case discussions and didactics will better enhance the fellowship experience.

The Fellow will receive in their permanent record a set of written evaluations every 3 months to insure milestone achievement including documentation of cases performed and Fellow's primary role during those cases.

Thus milestones achieved shall include not only volume requirements, but variety and complexity of caseload weightings, such that verification of Fellow's demonstrated abilities and competence for independent practice performance reach institutional, as well as CAST stated goals.

- Eligibility

Only neurological surgeons should be included in a CAST accredited program. It was felt that only neurosurgical residents in an ACGME approved program would be eligible for the CAST accredited enfolded fellowship experience. There was substantial discussion amongst the Committee members regarding whether residents who have completed training programs in other countries should be considered eligible for participation in a CAST accredited post-graduate fellowship. At the conclusion of this discussion, it was felt that, in addition to residents who had trained in an ACGME approved program, residents who had trained in an FRCS-C accredited program should also be eligible.

It is our hope that the aforementioned criteria and milestones represent the minimum of CAST accredited graduating Fellow achievements, and that each institution bares the onus to

effectively promote their individual strengths and competencies beyond those outlined above.

Please note that it was felt that the experiential and curricular requirements for a fellowship in peripheral nerve neurosurgery were unique and felt to be outside the scope of this request.

We look forward to further discussing the Spine Sections role in improving the quality of erudition and expertise afforded to our spine surgeons of tomorrow.

Most sincerely yours,

Adam Kanter
Chair, Fellowship Committee

John Hurlbert
Chairman, Division of Spine and Peripheral Nerves

AANS/CNS JOINT SECTION ON DISORDERS OF THE SPINE AND PERIPHERAL NERVES
ADMINISTRATIVE MANAGER PROPOSAL

I. OVERVIEW AND SCOPE OF WORK

The Spine Section is an American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) Joint Section on Disorders of the Spine and the Peripheral Nerves (Spine Section). The mission of the Spine Section is to foster the use of spinal neurosurgical methods for the treatment of diseases of the spinal neural elements, the spine and peripheral nerves, and to advance spinal neurosurgery and related sciences, to improve patient care, to support meaningful basic and clinical research, to provide leadership in undergraduate and graduate continuing education, and to promote administrative facilities necessary to achieve these goals.

The Spine Section is seeking administrative services to support the Executive Committee. The Spine Section meets during the Congress of Neurological Surgeons Annual Meeting, during the AANS Annual Meeting, and at the AANS/CNS Spine Section Annual Meeting.

II. PROPOSED SERVICES

The proposed services for the Spine Section may include (but are not limited to):

A. RECORD ORGANIZATION AND MAINTENANCE

Contracts

Upon meeting with the Executive Committee, Amanda will communicate with both parent organizations, AANS and CNS on securing files and contracts pertaining to the Spine Section and will create files and maintain all records.

Finances

Upon meeting with the Treasurer, Amanda will obtain all financial records for the Spine Section and create an excel spreadsheet outlining detail of all funds from each parent organization. The spreadsheet will be organized and shared with the Spine Section Treasurer.

Grants and Awards

Upon meeting with the Grants Committee Chair, Amanda will obtain all grant and award data and compile and organize, and track all status for the Spine Section,

B. MEETING LIAISON

Amanda will be available onsite at the CNS annual meeting, AANS Annual Meeting, and AANS/CNS Spine Section Annual Meeting to interface with AANS and CNS staff before and during meetings. Amanda will also attend all committee meetings where needed during these conferences to take meeting minutes and track action items and agreements that might occur at

these committee meetings.

C. REPORTING

Amanda will coordinate the Executive Committee agendas and agenda book along with the Secretary and summarize all meeting minutes for the Secretary's review prior to being distributed to the Committee members. Amanda will also assist the Committee in pulling articles necessary for committee review pertaining to insurance issues.

D. Presidential Liaison with Industry

Amanda will coordinate and act as liaison between industry CEO's and the President, as well as arrange for necessary meetings between industry and the Executive Committee when needed.

III. PROPOSED FEES

Amanda is dedicated to providing the highest quality of service to all her clients at affordable and measureable rates. The non-profit rate for contracted services listed above is **$45 per hour** for an estimated 5-20 hours per week not during conference weeks, and up to 40 hours per week closer to conferences. The Spine Section will be billed each month and payment is due within 30 days.

All travel expenses for Amanda Pacia shall be paid upfront and directly from Spine Section (hotel and flights) for Executive Committee meetings.

The Spine Section shall reimburse for such reasonable and authorized expenditures, provided however, that all such expenditures in excess of $100 have been pre-approved by the Spine Section Secretary prior to the obligation of such expense.

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Spine and *Neurosurgery*: A Natural Partnership

Nelson M. Oyesiku, MD, PhD, FACS
Editor-in-Chief
NEUROSURGERY
OPERATIVE NEUROSURGERY

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Editorial Board Representation

Neurosurgery's Editorial Board was recently refreshed (summer 2014)

Previous Spine section Board members:

Dan Resnick (Section Editor)

Associate Editors

Edward Benzel
Richard Fessler
Charles Kuntz
Laurence Rhines
Mike Wang
Paul Matz

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Editorial Board

Current Spine Section Editorial Board

Section Editor: **John O'Toole**

Associate Editors:

Chris Wolfla	Daniel Refai
Dean Chou	Anthony Sin
Daryl Fourney	Justin Smith
William Krauss	Peter Angevine
Shekar Kurpad	Mark Bilsky
Paul Park	R. John Hurlbert

...as well as many ad hoc reviewers, editorial advisory board members, and international advisory board members.

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Spine Submissions

- In 2014 YTD, Spine submissions represent approximately 12% of the total submissions to *Neurosurgery* (139 total papers)

- The rejection rate for Spine papers reflects the same rigorous rejection rate for all papers, around 70%

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Published Spine Articles

- Citation of Spine papers in *Neurosurgery* accounts for approximately 8% of our total citations

- We feature a Collection of the best spine articles from the last 10 years (selected by "Most Read" and "Most Cited" data) on our homepage: www.neurosurgery-online.com

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Spine Journal Impact Comparison

JOURNAL TITLE	2013 IMPACT FACTOR
The Spine Journal (NASS)	3.36
Neurosurgery (CNS)	3.031
Spine (LWW)	2.16
Joint Bone Spine (ELSEVIER)	2.75
European Spine Journal (EuroSpine, the Spine Society of Europe)	2.13
JNS Spine (AANS)	1.98
Acta Neurochirurgica (EANS)	1.55

NEUROSURGERY
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Upcoming Spine Publications

- Through the efforts of our Spine colleagues, especially Jim Harrop in his Publications Committee Chair role, AOSpine North America intends to sign an MOU to submit their 2015 AOSNA focus issue on the Aging Spine to Neurosurgery

- Current timeline estimates publication in Q3 2015

NEUROSURGERY
THE REGISTER OF THE NEUROSURGICAL MEME

Call for Papers

- *Neurosurgery* calls for Spine papers!

Spine articles are essential practice material for most of our readers, and these topics are important to us.

- We realize that you have options when selecting your "first choice" journal, but we hope it will be *Neurosurgery*.
  - Average review time: < 21 days
  - Double-blind peer review
  - A 5-year IF, Eigenfactor, and Article Influence Score higher than any of our competitors
  - The strongest digital/social media presence in the specialty
  - Creative content delivery options, including video abstracts, 3-D videos, supplemental material, and much more

NEUROSURGERY

THE REGISTER OF THE NEUROSURGICAL MEME

Partnership

You are our best ambassadors!

- Submit to us
- Review for us
- Encourage your colleagues with quality material to send their work to us – CT/ Reviews/ES/Cohort studies/CS/CG
- Disabuse the false impression that spine papers are better received at other journals

Congress of Neurological Surgeons

MEMORANDUM

Date: July 24, 2014

To: Michael Groff, Michael Wang, John Knightly

Cc: Charles Kuntz, Peter Kuhn, Praveen Mummaneni, Fyeta L. Keo, Steve Lothary, Regina Shupak, Michele Lengerman

From: Deanne Starr

Re: 2014 AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Annual Meeting Closeout

Please find enclosed the 2014 AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Annual Meeting revenue and expense summary. A check will be mailed in the amount of $308,496 next week.

The overall net surplus totaled $308,496 which was just short of the budgeted surplus of $337,864. This shortfall resulted from less than anticipated revenues, offset by some expense management. The variances to budget are noted below. Additionally, the cadaver course was added after the budget had been approved, with expenses totaling over $80k.

Revenues – Budgeted at $994,410 and actual was $992,495, or $1,915 short of budget

- Registration fees finished $47k ahead of budget
- Luncheon Seminar Ticket Sales revenue was $9k less than budget
- Corporate support (non-exhibit) sales revenue finished 25k higher than budget
- Exhibit booth sales revenue finished at 81k lower than budget

Expenses – Budgeted at $656,546 and actual was $683,999, or $27,453 more than budget.

- Cadaver Course was not accounted for in the original budget
- Travel grants of $42k were not included in the approved budget.
- Savings were captured in Exhibit Hall Food and Beverage, AV and Social Events.

Please note that this report reflects the financial information of revenue collected on behalf of the Section and expenses paid for by the CNS. We have included an expense line of $100k representing the meeting management fee paid by AANS to CNS. Therefore, the NET SURPLUS to the Spine Section is $208,496.

Please do not hesitate to contact me with any questions.

Thank you.

American Association of Neurological Surgeons

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
Statement of Financial Position
For the Twelve Months Ending Monday, June 30, 2014

	Current Year 6/30/2014	Prior Year 6/30/2013
Assets		
Checking & Short Term Investments	761,814	488,486
Accounts Receivable, net of Allowa... Uncollectible Accounts	312,421	480,280
Long-Term Investment Pool, at Mar...	2,954,489	2,711,432
Dues To/From AANS	0	0
Total Assets	**4,028,724**	**3,680,198**
Liabilities and Net Assets		
Liabilities		
Accounts Payable and Current Liabi...	115,000	118,858
Deferred Dues	50,750	50,586
Deferred Contribution Revenue	65,000	100,000
Total Liabilities	**230,750**	**269,444**
Net Assets		
Unrestricted	3,399,867	3,134,005
Unrestricted- Peripheral Nerve Task...	6,709	1,217
Unrestricted- Fellowships	57,788	4,322
Net Revenue (Expense)	333,610	271,211
Total Net Assets	**3,797,974**	**3,410,754**
Total Liabilities and Net Assets	**4,028,724**	**3,680,198**

American Association of Neurological Surgeons

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
Statement of Activities
For the Twelve Months Ending Monday, June 30, 2014

	FY '12 Final	FY '13 Final	YTD FY '13	YTD FY '14	FY '14 Budget	Proposed FY '15 Budget
Revenues						
Membership Dues	48,290	70,996	70,996	94,136	48,000	94,600
Mailing List Sales	690	345	345			0
Fellowship/Award Sponsorship	71,895	165,000	165,000	190,000	210,000	210,000
Contributions for Operating Expenses	6,189	7,903	7,903	8,176	12,696	8,235
Annual Meeting Revenue	951,576	944,155	944,155	992,495	1,037,070	992,495
Total Revenues & Support	**1,078,640**	**1,188,399**	**1,188,399**	**1,284,807**	**1,307,766**	**1,305,330**
Expenses						
Audio Visual	1,197	6,964	6,964	7,526	7,500	7,500
Bank Fees	498	889	889	1,028	1,019	1,050
Contributions and Affiliations	191,500	140,000	140,000	140,000	140,000	140,000
Decorating	385	405	405	613	550	500
Food & Beverage	7,023	5,977	5,977	8,755	8,500	8,700
Gifts and Gratuities	164	439	439		1,000	1,000
Honoraria & Awards	152,787	216,773	216,773	197,269	226,050	239,000
Office & Other Supplies	387	272	272	98	550	550
Photocopy	3				25	25
Postage & Distribution	1,163	731	731	1,164	1,500	1,500
Printing/Typesetting	0	250	250	275		0
Other Personal Service Fees				5,876	50,000	20,000
Newsletter Professional Fees		900	900	875	1,000	1,000
Speaker Expenses	1,457					0
Staff Travel		832	832		1,000	1,000
Telephone	1,193	147	147	61	1,000	2,200
Volunteer Travel		2,254	2,254		6,500	4,000
Website		2,388	2,388	590	12,500	12,500
Staff Coordination	6,189	8,791	8,791	8,224	12,696	9,413
Guidelines Development	27,303	36,973	36,973	27,900	50,000	10,000
Annual Meeting Expense	671,561	706,976	706,976	793,999	454,605	783,999
Total Expense	**1,062,809**	**1,131,962**	**1,131,962**	**1,194,254**	**975,995**	**1,243,937**
Investment Earnings	85,875	214,397	214,397	243,057	130,348	0
Net Excess (Loss)	**101,706**	**270,834**	**270,834**	**333,610**	**462,119**	**61,393**

AANS/CNS SPINE AND PERIPHERAL NERVE SECTION
As of June 30, 2014

		FY '09 Final	FY '10 Final	FY '11 Final	FY '12 Final	FY '13 Budget	FY '13 Final	FY '14 Budget	FY '14 Final	Proposed FY'15 Budget
SPINE AND PERIPHERAL NERVE SECTION										
SECTION INCOME										
Dues (AANS)		49,300	52,550	52,903	48,290	48,800	70,996	48,000	94,136	94,600
Mailing List Sales		2065	1180	885	690	0	345	0	0	0
SPONSORSHIP REVENUE	Historical Sponsors									
H. Alan Crockard Int'l Fellowship	DePuy Spine	5,000	5,000	5,000	5,000	5,000	5,000	5,000	10,000	5,000
Sanford Larson Research Award	DePuy Spine	30,000	30,000	30,000	30,000	30,000	30,000	35,000	60,000	35,000
Ronald Apfelbaum Research Award	Aesculap	15,000	15,000	15,000	15,000	15,000	15,000	20,000	20,000	20,000
David Cahil Fellowship	Synthes	30,000	0	30,000	0	30,000	30,000	30,000	60,000	30,000
Ralph Cloward Fellowship	Medtronic -> Nuvasive 2013 and on	0	30,000	30,000	0	30,000	30,000	30,000	30,000	30,000
David Kline Research Award	Integra	15,000	15,000	15,000	15,000	15,000	15,000	20,000	15,000	20,000
David Kline Lectureship	Integra	5,000	5,000	5,000	5,000	5,000	0	5,000	5,000	5,000
David Kline Lectureship Dinner	Integra	N/A	N/A	3,000	0	3,000	5,000	5,000	0	5,000
Clinical Trials Fellowship Award	Wallace Foundation/Spine Section	50,000	0	52,000	0	0	0	25,000	50,000	25,000
Sonntag International Fellowship	Medtronic -> Nuvasive 2013 and on	5,000	5,000	5,000	0	5,000	5,000	5,000	5,000	5,000
Regis W. Haid, Jr., MD Adult Deformity Research Award	Globus Medical	N/A	N/A	N/A	30,000	30,000	30,000	30,000	0	30,000
Returned Unused Sanford Larson		0	0	0	0	0	0	0	0	0
Return of Un-expended Kline Research Award (ok to keep per Integra)		0	0	0	6,895	0	0	0		0
Contributions for Operating Expenses		7,977	7,893	8,439	6,189	7,187	7,903	12,696	8,173	8,235
Miscellaneous Revenue		0	0	104	0	0	0	0	0	0
Total Income		214,342	166,623	252,331	162,064	223,987	244,244	270,696	357,309	312,835
SECTION EXPENSES (AANS)										
Audio Visual		1,971	1,499	1,724	1,197	2,000	6,964	7,500	7,526	7,500
Bank Fee		648	470	604	498	498	889	1,019	1,028	1,050
Contributions & Affiliations		90,000	187,500	75,000	191,500	140,000	140,000	140,000	140,000	140,000
Decorating		205	607	540	385	550	405	550	613	500
Food & Beverage		4,827	3,994	5,914	7,023	6,500	5,977	8,500	8,755	8,700
Gifts & Gratuities			0	0	164	0	439	1,000	0	1,000
HONORARIA & AWARDS (AANS)	Historical Sponsors									
H. Alan Crockard Int'l Fellowship	DePuy Spine	5,000	5,000	0	5,000	5,000	5,000	5,000	5,000	5,000
Sanford Larson Research Award	DePuy Spine	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	35,000
Ronald Apfelbaum Research Award	Aesculap	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	20,000
David Cahil Fellowship	Synthes	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Ralph Cloward Fellowship	Medtronic -> Nuvasive 2013 and on	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
David Kline Research Award	Integra	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	20,000
Clinical Trials Fellowship Award**	Wallace Foundation/Spine Section	0	50,000	50,000	0	50,000	50,000	50,000	25,000	50,000
David Kline Lectureship	Integra	5,000	0	5,000	1,457	5,000	0	5,000	5,000	5,000
Sonntag International Fellowship	Medtronic -> Nuvasive 2013 and on	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Mayfield Clinical Award**	Spine & PN Section	3,000	0	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Mayfield Basic Science Award**	Spine & PN Section	3,000	4,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Outcomes Committee Award**	Spine & PN Section	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Regis W. Haid, Jr., MD Adult Deformity Research Award	Globus Medical	0	0	0	30,000	30,000	30,000	30,000	30,000	30,000
Clinical Trial Proposal Award**	Spine & PN Section	1,500	1,500	0	1,500	500	1,500	500	1,000	500
Travel for Clinical Trials Awardee		1,834	0	0	0	0	0	0	0	0
Plaques for 14 Awards @ $325 each**	Spine & PN Section	270	997	273	287	4,550	273	4,550	269	2,500
Office & other Supplies		592	135	335	387	350	522	550	98	550
Photocopy		0	1	2	3	25	0	25	0	25
Postage & Distribution		1,284	1,146	1,073	1,163	1,500	731	1,500	1,164	1,500
Printing		1,966	0	0	0	0	0	0	275	0
Newsletter Professional Fees		0	0	7	0	0	900	1,000	875	1,000
Staff Travel		0	0	0	0	250	832	1,000	0	1,000
Telephone		487	30	143	1,193	2,200	147	1,000	61	2,200
Volunteer Travel		60	0	19,966	0	6,500	2,254	6,500	0	4,000
Website		3,354	436	908	0	12,500	2,388	12,500	28,490	12,500
Other Personnel Service Fees		0	0	0	0	0	0	50,000	5,876	20,000
Staff Coordination		7,977	7,893	8,439	6,189	7,187	8,791	12,696	8,224	9,413
Miscellaneous		12,398	0	7,500	0	0	0	0	0	0
Guidelines Development		297	10,010	4,420	27,303	50,000	36,973	50,000	0	10,000
Spine Section History Project		7,968	15,952	0	0	0	0	0	0	0
SubTotal Expenses		285,638	418,170	312,848	406,249	456,110	425,985	521,390	400,254	459,938
Net=Total Income - Total Expenses		(71,296)	(251,547)	(60,517)	(244,185)	(232,123)	(181,741)	(250,694)	(42,945)	(147,103)

Investment Revenue		(183,399)	120,394	175,898	85,875	115,096	214,397	130,348	243,057	0
Net Income Including Investment Revenue		(254,695)	(131,153)	115,381	(158,310)	(117,027)	32,656	(120,346)	200,112	(147,103)
SPINE AND PERIPHERAL NERVE ANNUAL MEETING (CNS)										
ANNUAL MEETING INCOME (CNS)										
Registration		228,710	230,295	216,570	222,890	249,235	224,440	230,810	237,085	237,085
Exhibits		427,225	372,240	360,155	331,125	369,800	304,925	761,600	248,200	248,200
Contributions/Sponsorships		337,500	389,159	342,500	347,500	350,000	367,500	0	456,930	456,930
Social Events		2,300	2,000	2,000	2,600	2,100	2,300	2,000	900	900
Special Courses/Luncheon Symposia		47,900	44,110	38,000	47,460	44,920	44,990	42,660	49,380	49,380
Total Income		1,043,635	1,037,804	959,225	951,575	1,016,055	944,155	1,037,070	992,495	992,495
ANNUAL MEETING EXPENSES (CNS)										
Scientific Program/Special Courses		233,994	237,007	251,810	234,240	277,722	275,924	217,556	400,428	390,428
Abstract Management		0	0	0	0	20,560	12,145	21,012	30,361	30,210
Program Book		0	0	0	0	24,762	26,846	23,700	27,500	27,651
Opening Reception		0	0	0	0	95,079	65,673		0	0
Social Events		145,927	141,475	156,186	154,396	0	0	0	116,824	116,824
Committee Dinners/Events		0	0	0	0	54,506	59,015		0	0
Exhibit Hall Program		43,188	49,057	48,660	49,600	86,437	70,517	15,097	48,670	48,670
AM Registration		47,826	50,598	54,585	52,149	63,912	62,369	56,037	50,199	50,199
Annual Meeting Promotion		63,870	67,929	52,463	60,624	20,200	13,128	0	0	0
Onsite Coordination & Offices		12,213	9,423	12,810	18,024	17,537	16,751	19,133	20,017	20,017
Annual Meeting Planning Cmte		1,016	2,145	0	2,528	4,212	4,608	2,070	0	0
Staff Coordination		80,000	100,000	100,000	100,000	0	100,000	100,000	100,000	100,000
Total Expenses		628,034	657,635	676,514	671,560	664,927	706,976	454,605	793,999	783,999
Net=Total Income - Total Expenses		415,601	380,169	282,711	280,015	351,128	237,179	582,465	198,496	208,496
Net Income Including Annual Meeting		160,906	249,016	398,092	121,706	234,101	269,835	462,119	398,608	61,393
Crockard Fellowship Payment for FY09 received in FY10		(5,000)	5,000							
Sanford Larson Award Payment for FY09 received in FY10		(30,000)	30,000							
Apfelbaum Award Sponsorship for FY10 received in FY11			(15,000)	15,000						
Crockard Fellowship Sponsorship for FY12 received in FY13 (January)					(5,000)					
Sanford Larson Award Sponsorship for FY12 received in FY13 (January)					(30,000)					
Sanford Larson FY12 Not Yet Paid					15,000					
2nd half of Apfelbaum Award paid in FY14 - Liau										
Stopped Payment on 2 Clinical Trials Proposal Award Checks - reissued in FY14 - checks were lost in the mail							1,000			
Crockard Fellowship Award for FY15 received in FY14									(5,000)	
Sandford Fellowship Award for FY15 received in FY14									(30,000)	
Cahill Fellowship Award for FY15 received in FY14									(30,000)	
Total Adjustments		(35,000)	20,000	15,000	(20,000)	0	1,000	0	(65,000)	0
Net Income per Audit		125,906	269,016	413,092	101,706	234,101	270,835	462,119	333,608	61,393

Awards and Fellowships Committee

Roster:

John Chi (Chair)	Brigham and Women's/HMS	
Dan Lu	UCLA	
Charlie Sansur	University of Maryland	
Juan Uribe	University of South Florida	
Dean Chou	UCSF	
Lynda Yang	University of Michigan	Peripheral Nerve Section
Line Jacques	UCSF	Peripheral Nerve Section

Research Awards

Larson	Depuy	$30,000	
Haid	Globus	$30,000	
Apfelbaum	Aesculap	$20,000	(5K increase in funding)
Kline	Integra	$10,000	(5K decrease in funding)

Fellowships

Cahill	Depuy Synthes	$30,000
Cloward	Nuvasive	$30,000
Sonntag	Nuvasive	$5000
Crockhard	Depuy Synthes	$5000

**Motion to disperse money at one time, move away from multiple dispersment

**Motion to "invite" or "expect" awarded awards to be presented within 3 years

Funding requests typically sent in Summer, confirmed Fall or Winter.

How to move the cycle earlier?

Do we request endowment funding?

Reorganize awards to reflect top 1 or 2 proposals?

Mayfield Awards Spine Section $2000 x 2 selected by SPC

Clinical Trials

Outcomes Award

Guidelines for Chair of Committee

Confirm committee membership

Coordinate dispersement of current year funds with AANS account specialist

Coordinate requests for funding by AANS development officer for following year(s)

-PN section to oversee Kline award

Confirm funding levels with Treasurer and Website

Collect and organize submitted applications and present to committee

-PN section to oversee Kline award

Tally scores and present winners at Annual Meeting

MAIN Committee Ballot

To Access Supporting Documentation:

1. Individual Documents: click on the hyper-linked item description on the ballot, below.

2. All Documents: To download all supporting documents (EXE file), click ALL DOCUMENTS. (Need help with an EXE file? Click help/EXE)

If you would like to change your vote, please email standard@astm.org before the ballot close date.

1

Specification For Acrylic Molding Resins for Medical Implant Applications WK34726 PDF (404K)
(CONCURRENT WITH .1100) (REFERENCE Z7064Z)
TECHNICAL CONTACT: Jon P Moseley
jmoseley@wmt.com
(901) 86-7441

☐ Abstain

2

Reapproval of F0602-2009 Criteria for Implantable Thermoset Epoxy Plastics WK47263 PDF (44K)
(SEE VOLUME 13.1)
TECHNICAL CONTACT: Jon P Moseley
jmoseley@wmt.com
(901) 86-7441

☐ Abstain

3

Reapproval of F0641-2009 Specification for Implantable Epoxy Electronic Encapsulants WK47264
PDF (44K)
(SEE VOLUME 13.1)
TECHNICAL CONTACT: Jon P Moseley
jmoseley@wmt.com
(901) 86-7441

☐ Abstain

4

Revision Of F1108-2004(2009) Specification for Titanium-6Aluminum-4Vanadium Alloy Castings for Surgical Implants (UNS R56406) WK43294 PDF (276K)
Units(SEE VOLUME 13.1)(CONCURRENT WITH .1200)
TECHNICAL CONTACT: James R Gardner
JIMG@CCGMAIL.NET
(503) 631-2632

☐ Affirmative

5

Guide For Validating Cleaning Processes Used During the Manufacture of Medical Devices WK33660 PDF (872K)
(CONCURRENT WITH .1500) (REFERENCE Z6938Z)
TECHNICAL CONTACT: Randall J Thoma
RANDY.THOMA@ZIMMER.COM
(512) 506-3810

☐ Affirmative

6

Withdraw With No Replacement to E1263-1997(2008) Guide for Conduct of Micronucleus Assays in Mammalian Bone Marrow Erythrocytes WK46995 PDF (44K)
(SEE VOLUME 13.1)(CONCURRENT WITH .1600)
TECHNICAL CONTACT: Kenneth R St John
kstjohn@umc.edu
(601) 984-6170

☐ Abstain

7

Withdraw With No Replacement to E1280-1997(2008) Guide for Performing the Mouse Lymphoma Assay for Mammalian Cell Mutagenicity WK46996 PDF (44K)
(SEE VOLUME 13.1)(CONCURRENT WITH .1600)
TECHNICAL CONTACT: Kenneth R St John
kstjohn@umc.edu
(601) 984-6170

☐ Abstain

8

Revision With Title Change to F1983-1999(2008) Practice for Assessment of Compatibility of Absorbable/Resorbable Biomaterials for Implant Applications WK43150 PDF (404K)
See Attached Document for Revised Title(SEE VOLUME 13.1)(CONCURRENT WITH .1600)
TECHNICAL CONTACT: Kenneth R St John
kstjohn@umc.edu
(601) 984-6170

☐ Affirmative

9

Revision With Title Change to F2943-2014 Guide for Presentation of End User Labeling Information for Musculoskeletal Implants WK47254 PDF (468K)
See Attached Document for Revised Title(SEE VOLUME 13.2)(CONCURRENT WITH .2200)
TECHNICAL CONTACT: Kent J Lowry, MD
klortho@newnorth.net
(715) 499-2975

☐ Affirmative

10

Reapproval of F2790-2010 Practice for Static and Dynamic Characterization of Motion Preserving Lumbar Total Facet Prostheses WK47301 PDF (76K)
(SEE VOLUME 13.2)
TECHNICAL CONTACT: David B Spenciner
spenciner@hotmail.com
(508) 828-3721

☐ Affirmative

11

Guide For Clinical Trial Design for Hip Replacement Systems (HRSs) WK41469 PDF (264K)
(CONCURRENT WITH .3900) (REFERENCE Z8977Z)
TECHNICAL CONTACT: Gregory A Brown, MD
brown061@umn.edu
(651) 895-7509

☐ Abstain

12

Reapproval of F2721-2009 Guide for Pre-clinical in vivo Evaluation in Critical Size Segmental Bone Defects WK47252 PDF (44K)

(SEE VOLUME 13.2)
TECHNICAL CONTACT: Monika H Geiger
MONIKA.GEIGER@PFIZER.COM
(978) 978-2474

☐ Abstain

SUB Committee Ballot

To Access Supporting Documentation:

1. Individual Documents: click on the hyper-linked item description on the ballot, below.

2. All Documents: To download all supporting documents (EXE file), click ALL DOCUMENTS. (Need help with an EXE file? Click help/EXE)

If you would like to change your vote, please email standard@astm.org before the ballot close date.

Item No.
Sub No.
Item

1

Revision Of F1798-2013 Test Method for Evaluating the Static and Fatigue Properties of Interconnection Mechanisms and Subassemblies Used in Spinal Arthrodesis Implants WK45200 PDF (652K)
(SEE VOLUME 13.1)
TECHNICAL CONTACT: Jonathan H Peck
Jonathan.peck@fda.hhs.gov
(301) 796-6429

☐ Affirmative

SUB Committee Ballot

To Access Supporting Documentation:

1. Individual Documents: click on the hyper-linked item description on the ballot, below.

2. All Documents: To download all supporting documents (EXE file), click ALL DOCUMENTS. (Need help with an EXE file? Click help/EXE)

If you would like to change your vote, please email standard@astm.org before the ballot close date.

Item No.
Sub No.
Item

1

Test Method For Coring Testing of Huber Needles WK32065 PDF (948K)
(REFERENCE Z6640Z)
TECHNICAL CONTACT: Oleg Vesnovsky
oleg.vesnovsky@fda.hhs.gov
(301) 796-2527

☐ Affirmative

Exhibits Committee: Daniel Hoh, Michele Johnson, Mike Steinmetz, Todd Francis, Wilson Ray

Section on Disorders of the Spine & Peripheral Nerves
2015 Spine Summit
Preliminary Scientific Program Budget

Revenue	2015 Budget
Medical Registration	$235,000
Luncheon Seminar & Special Course Tickets	$50,000
Educational Grants	$245,000
Cadaver Lab Sponsorship (14 x $10,000)	$140,000
non-CME Luncheon Symposia (4 x $20,000)	$80,000
*What's New Sessions (*2014 estimate)*	*$33,500*
*Exhibit Booths (*2014 estimate - booth standardization)*	*$210,900*
Revenue Total	**$994,400**

Expense	2015 Budget
Registration Expenses	$56,100
General Sessions & Scientific Program Development (Includes pre-meeting planning, facility, AV, furnishings, labor and F&B)	$155,300
Poster Session	$11,500
Abstracts Management	$12,000
Lunch Seminars & Practical Courses (Includes facility, AV, furnishings, labor and F&B)	$75,600
Opening Reception & VIP Social Events (Includes facility, AV, décor & furnishings, labor and F&B)	$135,500
General Planning & Onsite Administration	$126,500
Cadaver Lab (Includes facility, AV, décor & furnishings, labor and F&B)	$85,000
Publications & Marketing	$63,650
Expense Total	**$721,150**

Educational Grants:

Biomet Spine & Bone Healing Technologies	Neurosurgical Education Ambassador	$50,000	1	$50,000
DePuy Synthes Spine	Future of Neurosurgery Partner	$50,000	1	$50,000
DePuy Synthes Spine	Resident Education Partner	$50,000	1	$50,000
Medtronic	Luncheon Seminars	$25,000	1	$25,000
Medtronic	Neurosurgical Leadership Partner	$60,000	1	$60,000
NuVasive	Registration Bags	$10,000	1	$10,000

Sponsorship Requests:

Biomet Spine & Bone Healing Technologies	Cadaver Lab (Spine Station)	$10,000	1	$10,000
DePuy Synthes Spine	Cadaver Lab (Spine Station)	$10,000	2	$20,000
DePuy Synthes Spine	Sponsored Lunch in the Hall	$20,000	1	$20,000
Globus Medical	Cadaver Lab (Spine Station)	$10,000	2	$20,000
Globus Medical	Sponsored Lunch in the Hall	$20,000	1	$20,000
Integra	Cadaver Lab (Peripheral Nerve)	$10,000	2	$20,000
Joimax, Inc.	Cadaver Lab (Spine Station)	$10,000	1	$10,000
K2M, Inc.	Cadaver Lab (Spine Station)	$10,000	2	$20,000
Medtronic	Hotel Key Card	$12,500	1	$12,500
Medtronic	Cadaver Lab (Spine Station)	$10,000	2	$20,000
Medtronic	Sponsored Lunch in the Hall	$20,000	1	$20,000
Spine Wave	Cadaver Lab (Spine Station)	$10,000	2	$20,000
Nuvasive or Stryker	*Sponsored Lunch in the Hall*	*$20,000*	*1*	*$20,000*

Section on the Disorders of Spine and Peripheral Nerves
Annual Meeting Budget

NET REVENUE & EXPENSES SUMMARY		Variance 2014 Budget to Actual	2014 Orlando Actual	2014 Orlando Budget	2013 Phoenix Actual	2013 Phoenix Budget
Revenue						
	Registration	21.80%	237,085	188,150	224,440	249,235
	Exhibits	-27.02%	248,200	330,600	304,925	369,800
	Contributions/Sponsorships	7.06%	456,930	431,000	367,500	350,000
	Social Events	-47.83%	900	2,000	2,300	2,100
	Special Courses/Luncheon Symposia	14.94%	49,380	42,660	44,990	44,920
	Miscellaneous				-	-
Total Gross Revenue			**$ 992,495**	**$ 994,410**	**$ 944,155**	**$ 1,016,055**
Expenses						
	Scientific Program/Special Courses	-25.32%	390,428	321,223	273,313	275,117
	Social Events	35.20%	116,824	176,453	169,380	187,939
	Marketing	-2.78%	57,861	56,488	49,403	71,762
	Exhibit Hall Program	-48.33%	48,670	33,212	31,985	45,796
	AM Registration	-0.26%	50,199	50,037	61,849	63,911
	Onsite Coordination & Offices	-5.28%	20,017	19,133	16,751	17,538
	AM Planning General				-	2,864
Total Expenses			**$ 683,999**	**$ 656,546**	**$ 602,681**	**$ 664,926**
Net Revenue			**$ 308,496**	**$ 337,864**	**$ 341,474**	**$ 351,129**
Meeting Management fee paid by AANS to CNS			$ 100,000	$ 100,000	$ 100,000	$ 100,000
NET SURPLUS TO SPINE SECTION			**$ 208,496**	**$ 237,864**	**$ 241,474**	**$ 251,129**

Section on Disorders of the Spine and Peripheral Nerves Future Sites Report

October 2014

Future Dates Summary - **Definite** & Pending

As of April 2013 dates secured off web sites, staff updates and published materials for AANS, NASS & AAOS.

Year	AANS/CNS Section on DSPN	AANS	NASS Spring Break	AAOS
2012	March 7-10 Orlando	April 14-19 Miami	No Meeting Scheduled	February 7-11 San Francisco
2013	March 6-9 Phoenix	April 27-May 2 New Orleans	No Meeting Scheduled	March 19-23 Chicago
2014	March 5-8 Orlando	April 5-9 San Francisco	No Meeting Scheduled	March 12 – 15 New Orleans
2015	March 4-7 Phoenix	May 2-6 Washington	No Meeting Scheduled	March 24-28 Las Vegas
2016	March 16-19 Orlando	April 30-May 4 Chicago	No Meeting Scheduled	March 1 – 5 Orlando
2017	TBD	April 22-26 Los Angeles	No Meeting Scheduled	March 14 – 18 San Diego
2018	March 14-17 Orlando	April 14-18 Boston		TBD
2019	TBD	TBD		TBD

Nathaniel Brooks MD, Eric Potts MD and John O'Toole MD, MS
Version 1
Date 10/13/2014

Methylprednisolone for Acute Spinal Cord Injury: Do clinical practice guidelines change practice patterns?

Executive Summary

Abstract

The most recent update to the "Guidelines for the Management of Acute Cervical Spine and Spinal Cord Injuries" published in March 2013 recommended against the use of Methylprednisolone treatment for acute spinal cord injury. This was a more definitive recommendation than the previous guidelines published in 2002. The purpose of this study was to collect data on the practice impact that this guideline change had on the members of the CNS. An internet survey was sent to the members of the CNS. The total respondents were 466 (7%) The overall clinical impact appeared to be moderate with respondents indicating that the guidelines had "a great deal" (20%), "moderate" (37%), "not much" (27%) or "no" (16%) impact on practice. The commentary (Free Text) data suggests that many respondents already knew about the data regarding methylprednisolone treatment, had already changed there practice and viewed the current guidelines as a supportive information rather than transformative.

Methods

The survey request was sent out 15 months after the publication of the 2013 guidelines. The survey request was sent to 6,857 CNS members. 2,269 (34%) members opened the email survey and 466 members (7%) responded to the survey request. Some questions were not answered by the respondents. The survey asked 8 questions as shown in Table 1. Questions 1, 3 and 7 had specified responses in Likert style. The remainder of the survey questions were open ended allowing free text responses. Demographic and practice type questions were also asked.

Highlights:

There is a high level of awareness of the published guidelines with 72% of respondents having read or heard about the guidelines published in 2013 and 74% indicating familiarity with the actual publication in Neurosurgery in March 2013.

The demographics show that the survey has a broad representation in age, practice type, hospital type and US and international respondents.

This survey data suggests that published treatment guidelines may have a real effect on physician practice. The overall clinical influence appeared to be moderate with 56% responding that the guidelines had "a great deal" or "moderate" impact on practice. However, it appears that significant change in practice patterns (such as the use of Methylprednisolone) occurs over many years and occurs gradually and incrementally through published reports and presentations. Guidelines are published infrequently and represent a distillation of published data. Thus guidelines represent the synthesis of a large collection of published data that has been disseminated and presumably changed practice patterns over years.

Survey responses suggest there is a trend towards a decreased use of methylprednisolone. Within the year (prior to the survey) respondents were overall stable to less likely to use methylprednisolone. 37% of respondents specified use as Always (12%) Often (11%) or sometimes (14%), whereas 59% of respondents specified Rarely (21%) or Never (38%). 37% indicated they were LESS likely to use methylprednisolone this year than in the past, compared to 2% indicating MORE likely and 61% indicating no change in the past year. Unfortunately, because there is no historical data available on methylprednisolone use we are unable to determine if there is a true change. 86% indicated encountering no barriers to their individual practice choice with regard to methylprednisolone.

Free Text commentary made by the respondents give some suggestion of the following types of physician practice.

1) Most commonly, the physician who already agrees with the guidelines and uses them to support his/her practice decisions:
    a. "Reinforced my practice of not utilizing methylprednisolone."
    b. "My practice was already to avoid usage of methylprednisolone therefore this article did not change my feelings, only strengthened them."
2) The physician who reads the guidelines and changes his/he practice based on the guidelines recommendations:
    a. "I discontinued use of methylprednisolone for SCI."
    b. "Our team have changed according the new guidelines."
3) The physician who is told by outside parties (hospital or other services) that he/she may no longer perform a treatment based on the data.
    a. "No proof that it works, and our institution decided to remove it from our protocols."
4) The physician who is continuing to use methylprednisolone for legal reasons despite feeling that it is not beneficial.
    a. "I never thought steroids significantly helped, but for legal reasons felt obligated to use them"
5) The physician that feels that there is a benefit to methylprednisolone therapy despite the evidence.
    a. "I see better and faster response to the injury."
    b. "It has clear effect which improves out come of spinal cord injuries."
    c. "For high cervical spine injuries, I would want it done on myself or loved one if needed, G-d forbid."

Conclusion

This survey data regarding the use of methylprednisolone for acute cervical spinal cord injury provides some insight into the impact that Clinical Practice Guidelines may actually have on physicians' practice patterns. Our survey population is a representative cross-section of neurosurgeons who self-report routinely caring for cervical spinal cord injuries. For a simple majority of our respondents, the "Guidelines for the Management of Acute Cervical Spine and Spinal Cord Injuries" influenced their use of methylprednisolone. For others, it appears that the

guidelines act more as a supportive document for already established practice patterns based on evidence widely available prior to the guideline publication. Further research is needed to better elucidate how guideline publication and dissemination can best inform and empower practicing physicians in their use of evidence-based medicine.

AANS/CNS Joint Section on DSPN Guidelines for the Management of Thoracic and Lumbar Spinal Fractures

Chapter #	Topic	PICO-questions
1	Introduction and methodology	(remains the same)
2	Classification of thoracic and lumbar spine fractures	In treating patients with thoracic and lumbar fractures, does the use of a formally tested classification system affect clinical outcomes?
3	Radiographic evaluation of traumatic thoracic and lumbar fractures	For patients with thoracic and lumbar fractures, does the use of magnetic resonance imaging predict the need for surgical intervention beyond that predicted by computed tomography or radiographs alone?
4	Assessment of neurological impairment following thoracic, thoracolumbar, and lumbar spine injuries	Does the application of a specific neurological assessment tool in patients with thoracic and lumbar fractures improve clinical outcomes?
5	Pharmacological treatment of acute thoracic and lumbar spinal cord injury	Does the administration of a specific pharmacological agent (e.g., methylprednisolone) improve clinical outcomes in patients with thoracic and lumbar fractures? Does the active maintenance of arterial blood pressure after injury affect clinical outcomes in patients with thoracic and lumbar fractures?
6	Prophylaxis and treatment of thromboembolic events following thoracic and lumbar spine fractures	Does screening for VTE improve clinical outcomes in patients with thoracic and lumbar fractures? Does prophylaxis of VTE improve clinical outcomes in patients with thoracic and lumbar fractures? Is there a specific treatment regimen for documented VTE that provides fewer complications than other treatments in patients with thoracic and lumbar fractures?
7	Clinical and radiographic predictors of outcome following thoracic and lumbar spine fractures	Does the active identification of any clinical or radiographic factor in patients with thoracic and lumbar fractures improve clinical outcomes?
8	Operative versus non-operative treatment for thoracic and lumbar spine fractures	Does the surgical treatment of *burst* fractures of the thoracic and lumbar spine improve clinical outcomes compared to non-operative treatment? Does the surgical treatment of *non-burst* fractures of the thoracic and lumbar spine improve clinical outcomes compared to non-operative treatment?
9	Timing of surgical intervention for thoracic and lumbar spine fractures	Does early surgical intervention improve outcomes for patients with thoracic and lumbar fractures?

Chapter #	Topic	PICO-questions
10	Surgical approaches for the management of thoracic and lumbar burst fractures	Does the choice of surgical approach (i.e., anterior, posterior or both) improve clinical outcomes in patients with thoracic and lumbar burst fractures who are neurologically intact? Does the choice of surgical approach (i.e., anterior, posterior or both) improve clinical outcomes in patients with thoracic and lumbar burst fractures who present with neurological deficits?
11	Surgical approaches for the management of thoracic and lumbar non-burst fractures	Does the choice of surgical approach (i.e., anterior, posterior or both) improve clinical outcomes in patients with thoracic and lumbar non-burst fractures who are neurologically intact? Does the choice of surgical approach (i.e., anterior, posterior or both) improve clinical outcomes in patients with thoracic and lumbar non-burst fractures who present with neurological deficits?
12	Stabilization without arthrodesis for thoracic and lumbar spine injuries	Does the addition of arthrodesis to instrumented fixation improve outcomes in patients with thoracic and lumbar fractures?

	Issue	AANS/CNS	AAPM	AAPM&R
4				
5	1. Cervical interlaminar (IL) ESIs are associated with a rare risk of catastrophic neurologic injury.	YES	YES	YES
6	2. Transforaminal (TF) ESI using particulate steroid is associated with a rare risk of catastrophic neurovascular complications	YES	YES	YES
7	3. All cervical interlaminar (IL) epidural steroid injections should be performed using image-guidance, with appropriate AP, lateral or contralateral oblique views, and a test-dose of contrast medium.	YES	YES	YES
8	4. Cervical transforaminal ESIs should be performed by injecting contrast medium under real-time fluoroscopy and/or DSA, in a frontal plane, before injecting any substance that may be hazardous to the patient.	YES	YES	YES
9	5. Cervical interlaminar epidural steroid injections are recommended to be performed at C7-T1, but preferably not higher than the C6-C7 level.	YES	YES	YES
10	6. No cervical interlaminar epidural steroid injection should be undertaken, at any segmental level, without reviewing, before the procedure, prior imaging studies that show there is adequate epidural space for needle placement at the target level.	YES	YES	YES
11	7. Particulate steroids should not be used in cervical TF injections.	YES	YES	YES
12	8. All lumbar IL ESIs should be performed using image-guidance, with appropriate AP, lateral or contralateral oblique views, and a test-dose of contrast medium.	YES	YES	YES
13	9. Lumbar TF ESIs should be performed by injecting contrast medium under real-time fluoroscopy and/or DSA, in a frontal plane, before injecting any substance that may be hazardous to the patient.	YES	YES	YES
14	10. A non-particulate steroid (e.g. dexamethasone) should be used for the initial injection in lumbar transforaminal epidural injections.	YES	YES	YES
15	11. There are situations where particulate steroids could be used in the performance of lumbar TF ESIs.	YES	YES	YES

16	12. Extension tubing is recommended for all TF ESIs.	YES	YES	YES
17	13. A face mask and sterile gloves must be worn during the procedure.	YES	YES	YES
18	14. The ultimate choice of what approach or technique (IL vs. TF ESI) to use should be made by the treating physician by balancing potential risks vs. benefits with each technique for each given patient	YES	YES	YES
19	15. Cervical and lumbar IL-ESIs can be performed without contrast in patients with documented contra-indication to use of contrast (e.g. significant history of contrast allergy or anaphylactic reaction)	YES	YES	YES
20	16. TF ESIs can be performed without contrast in patients with documented contra-indication to use of but in these circumstances, particulate steroids are contra-indicated and only preservative free, particulate free steroids should be used.	YES	YES	YES
21	17. Moderate to heavy sedation is not recommended for epidural steroid injections, but if light sedation is employed, the patient should remain able to communicate pain or other adverse sensations or events.	YES	YES	YES

ACR	APS	ASA	ASNR	ASRA	ASSR	ISIS	NANS	NASS
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	NO	UNABLE TO REACH CONSENSUS	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	NO	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	TO REACH CONSENSUS	YES	TO REACH CONSENSUS	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES

NO	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	UNABLE TO REACH CONSENSUS	YES	UNABLE TO REACH CONSENSUS	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES	YES	YES

SIR						
YES						
YES						
YES						
YES						
YES						
YES						
YES						
YES						
YES						
YES						
YES						

YES						
YES						
YES						
YES						
YES						
YES						

Atlantic NeuroSurgical Specialists
Brain, Spine and Neurovascular Surgery

N2QOD CSNS 2014 Update

John J. Knightly MD, FAANS, FACS
Vice-Chair, Atlantic Neurosciences Institute
Director Spinal Neurosurgery, Atlantic Neurosurgical Specialists
Co-Chair, Quality Improvement Workforce, AANS/CNS
Executive Committee, Joint Section DSPN
Chair, Marketing Committee, N2QOD

Atlantic NeuroSurgical Specialists
Brain, Spine and Neurovascular Surgery

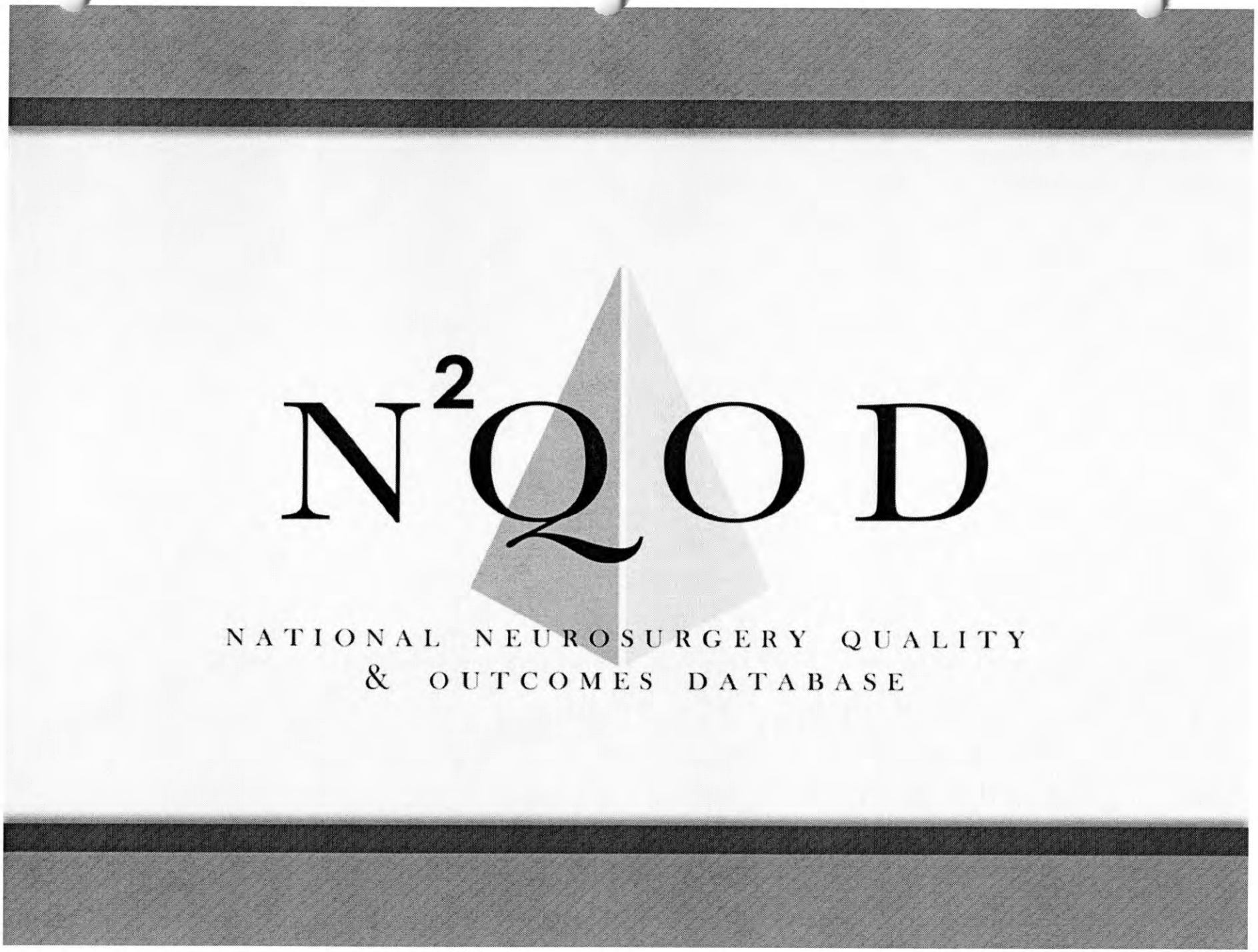
Disclosures

Co-Chair, Quality Improvement Workforce, AANS/CNS

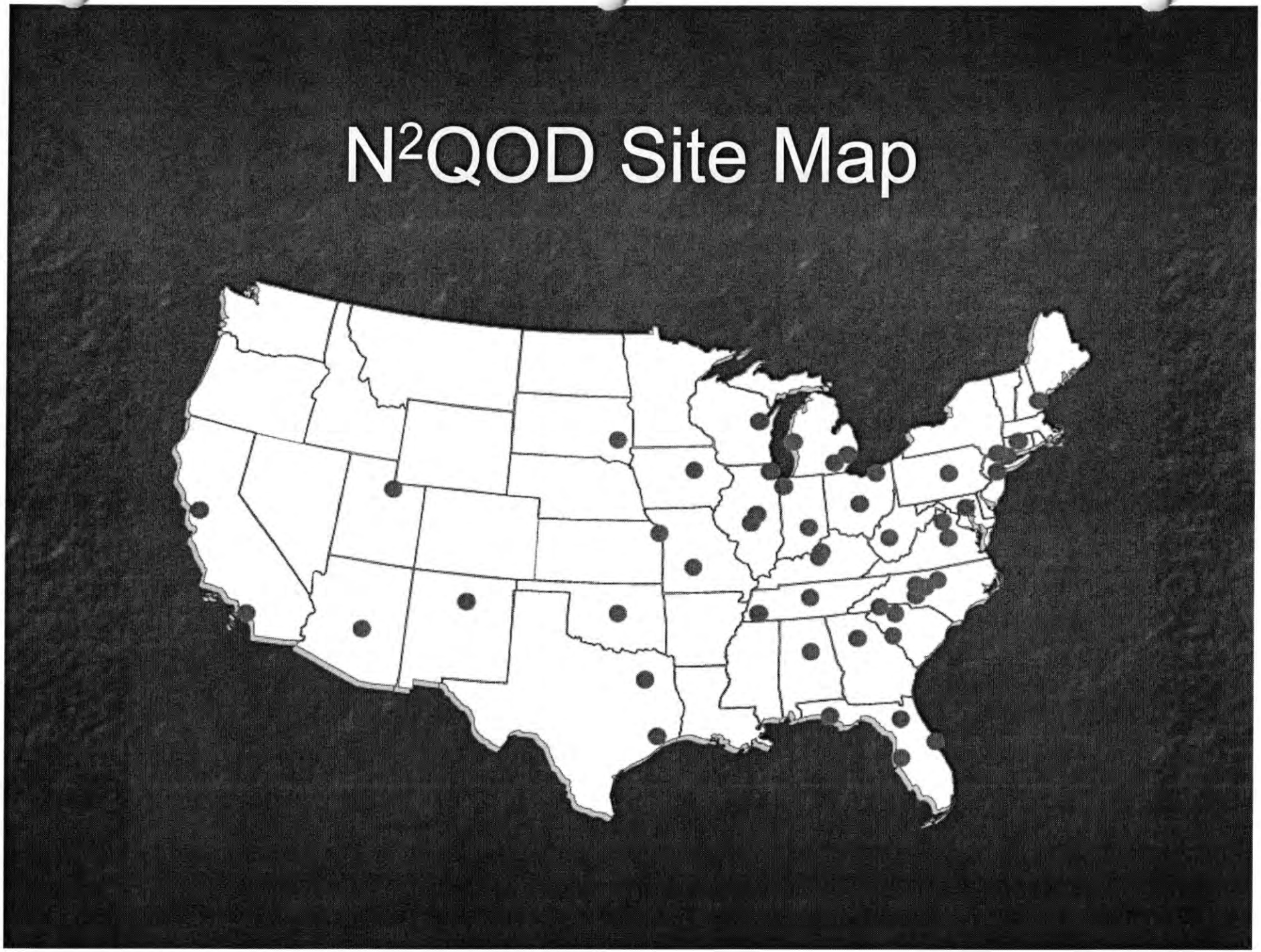
Executive Committee, Joint Section DSPN

Chair, Marketing Committee, N2QOD

Board of Directors, NPA


N2QOD
NATIONAL NEUROSURGERY QUALITY
& OUTCOMES DATABASE

N^2QOD Site Map



N²QOD Registry

Registry	Lumbar	Cervical	CV (Pilot)	Deformity (Pilot)
# Contracted Sites	53	32	5	4
# Participating	44	32	5	4
# Surgeons	294	189	5	5
# Patients	11,975	3,206	-	-
# Hospitals	81	54	-	-

Follow-Up	Lumbar	Cervical
Baseline Accrual	11,302	3,037
3-Month	7,531 – 78.8%	1,932 – 81.6%
12-Month	4,196 – 74.1%	559 – 73.4%

N²QOD Lumbar Spine Module 7/2014

- 53 N2QOD Sites
  - 29 US States
  - 12 new sites in activation
- >10,000 Patients
- Neurosurgeon/Orthopedic
- 45% Academic, 55% PP
- 75% Urban
- 50% 3-8 Surgeon groups
  - 33% >8

1. Atlantic Neurosurgical Specialists
2. Augusta Back Neuroscience
3. Baptist Hospital
4. Barrow Neurological Associates
5. BayCare Clinic
6. Carolina Neurosurgery & Spine Association
7. CNOS (PhyCare LLC)
8. Columbia University
9. Community Hospital
10. Covenant Medical Center (Iowa Spine & Brain Institute - Waterloo)
11. Duke University
12. Geisinger Clinic
13. Goodman Campbell Brain & Spine
14. Henry Ford Health System
15. Johns Hopkins University
16. Memorial Hermann Health System
17. Mission Hospital
18. Neurological Associates, Inc.
19. North Jersey Brain & Spine Center
20. NorthShore University Health System
21. Norton Leatherman Spine Center
22. Ohio Health
23. OSF: St. Francis Medical Center (University of Illinois College of Medicine-Peoria Neurological Institute)
24. Portsmouth Regional Hospital
25. Research Medical Center
26. Saint Francis Hospital & Medical Center
27. Self Regional Healthcare
28. Semmes-Murphey Neurologic & Spine Inst.
29. Southern Illinois University School of Medicine
30. Springfield Neurological and Spine Institute
31. St. Luke's Physician Group
32. The Brain + Spine Center
33. Tyler Neurosurgical Associates, P.A.
34. University Hospitals, Cleveland - Case Medical Center
35. University of Alabama
36. University of California - Los Angeles
37. University of California - San Francisco
38. University of Florida
39. University of Louisville
40. University of Michigan
41. University of New Mexico
42. University of North Carolina
43. University of Oklahoma
44. University of South Florida - Tampa
45. University of Utah
46. University of Virginia
47. Vanderbilt University
48. Wake Forest University Baptist Medical Center
49. Weill Cornell Medical Center/New York Presbyterian Hospital
50. Winchester Medical Center

The N²QOD Lumbar Variables

Enrollment Variables: Patient, Structural, Clinical, Surgical

Patient Variables	Clinical Variables
Social Security Number MR# Patient name Principal spine diagnosis (inclusion criteria)	Dominant Symptom: Back Pain, Leg pain, Back equal to Leg Pain, Motor Deficit)
DOB Date of surgery Gender (M/F) Patient address/ phone number Race/Ethnicity (White, Black or African American, Asian, Hispanic or Latino, American Indian, Other) Level of education	Duration of Symptoms (<3mo, >3mo, unknown) Ability to ambulate (independent, assistive device, non-ambulatory
Height (cm (or inches)) Weight (kg (or lbs))	Prior Surgery at same level and side (Yes/No, unknown)
Employment status Activities status	Disc Collapse (Yes/No) **level of surgery only*
Smoking status DM CAD	Modic endplate changes (Yes/No) **level of surgery only* Surgery within 12 mos. of Lumbar Procedure (y/n, type)
Depression and/or Anxiety Disorder Osteoporosis (yes/no)	Disc herniation (Yes/No) **level of surgery only*
Condition caused by work related or motor vehicle injury (yes/no) Insurance payer Workers Compensation claim Liability of disability Insurance claim	**Surgical Variables** Date of Surgery Surgical approach- Posterior, Anterior alone Laminectomy yes/no Levels (0,1,2,3) Arthrodesis yes/no Levels (0,1,2,3)
Structural Variables*	Posterior instrumentation (N, Y-, company/brand specifics name
Hospital, Practice, Surgeon Urban, Suburban, Rural Private vs. Public Hospital Annual Volume (Practice, Surgeon) Neurosurgery Residency U.S. Region, State	Interbody Graft (Yes/No), How placed Estimated Blood loss Length of surgery (minutes) ASA Grade

entered once

Longitudinal Quality Data: Focus on Patient Reported Outcomes

30-day Quality	3-month Quality	12-month Quality
Length of hospital stay	ODI (10 questions)*	ODI (10 questions)*
DC location	EQ-5D (5 questions)*	EQ-5D (5 questions)*
Readmission to Hospital (yes/no)-reason in pull-down menu	Back and Leg Pain Scale*	Back and Leg Pain Scale*
Return to OR (spine related) (yes/no)-reason in pull-down menu	NASS Patient Satisfaction Index(PSI)	NASS Patient Satisfaction Index (PSI)
Surgical Site Infection (yes/no) Treatment modality	Work Status [No, Yes-part (mo), Yes-full (mo)] / Activities status*	Work Status [No, Yes-part (mo), Yes-full (mo)] /Activities status*
DVT/PE (yes/no) UTI (yes/no)	Revision Surgery – [No, Yes-same level, Yes- adj level]	Revision Surgery – [No, Yes-]
MI/CVA (yes/no) Surgical Site hematoma (yes/no)	Re-admission to hospital within 3 months-(yes/no)-reason	
New Neuro Deficit (yes/no)		
Mortality (yes/no), cause		****also recorded at enrollment***

52 variables for risk adjustment

Data Form	New Change Deleted	Update Item	Old Item Comment
Patient Enrollment	New	If yes to lumbar stenosis, Central Canal region; Lateral Recess or Foraminal region	Included only Diagnosis Lumbar Stenosis category, no conditional inquiry Email exchange
	New	Deformity not Complex	
	New	Deformity Complex	
	Change	Was surgery rescheduled	Was surgery canceled
	New	Date of rescheduled surgery	
	Change	Exclusion List: general and specific	
Patient History	New	Hypertension, arthritis, myocardial infarction, atrial fibrulation, CHF, peripheral vasucular disease, chronic renal disease, sickle cell disease, movement disorder, amputation	Deformity module request Email exchange
	New	Spine-associated symptoms	Pain Weakness Numbness
	Change	What was the predominant symptom	Check one
	New	Does patient have scoliosis	Deformity and email exchange
	New	If scoliosis is yes, mild, moderate, severe categories	
	New	Anticoagulant medication	Email exchange
	New	Pain/opiate medication	Email exchange
	New	Denistometry	Deformity module

Baseline Interview	New	Administration: Electronic. IVR, Kiosk, Tablet/iPAD, Internet	Self-Administration will now have two categories: Paper and Electronic
	New	Education response: Patient refused	
	New	Are you taking medication for pain	Email exchange
Surgery	Change	Surgical approach: Posterior only Anterior only Lateral only Two stage	Email exchange
	Deleted	Instrumentation and Company	Email
	New	Type of Instrumentation	Email
	New	Type of graft	Email
30 day morbidity	Change	Exclusion list	
	Change	Reason for readmission: drop down list	Was previously open text
	New	Reasons for readmit: Dural tear Instrument failure Fracture	
	New	Complications: New spinal cord deficit New nerve root deficit	

Audits for Data Quality and Validity

Audits demonstrate that data sampling methodology appears valid

Enrollment	
Data capture	98.1%
Follow-up	
Patients contacted within 12m window	88%
Data Integrity	
Random Site Audits	
Diagnostic Accuracy	97%
Data Completeness	100%
Self Audits	
Diagnostic Accuracy (primary diagnosis corrected when necessary)	93%

Site Audits Validate the Process/Ensure Data integrity

Table 4: External site visit audits of two of the 21 sites actively enrolling patients into N²QOD. Overall, 49/50 (98%) audited patient entries had been accurately enrolled by appropriately screening methodology and inclusions/exclusion criteria. All processes of data abstraction and interpretation from the medical chart and patient interview were adequate at both the sites.

	APPROPRIATE	
	Site 1	**Site 2**
Accurate case enrolment via appropriate sampling and inclusion/exclusion methods	35/35 (100%)	14/15 (93.3%)
Adequate data abstraction and interpretation from Medical Record	7/7 (100%)	7/7 (100%)
Adequate data abstraction and interpretation from Patient Interview	21/21 (100%)	21/21 (100%)
Data Entry (Ability to access, navigate and manage N²QOD/REDCap Web-based Portal)	5/5 (100%)	5/5 (100%)

Overall 98% of audited patient entries were demonstrated to be accurately enrolled

N²QOD

CSNS 2014 N2QOD Snapshot

Overall N^2QOD Lumbar Module
Patient Accrual = 10,922

Participating Lumbar Sites = 43
3-month Lumbar Follow-up = 79%
12-month Lumbar Follow-up = 74%

Overall N^2QOD Cervical Module
Patient Accrual = 2,859

Participating Cervical Sites = 31
3-month Cervical Follow-up = 82%
12-month Cervical Follow-up = 72%

N2QOD Lumbar Module 2014

Table 1: Lumbar Spine Surgery Module: Growth from August 2013 to July 2014

Lumbar Spine	One Year Ago	Now	Percent Increase
Practice Groups	28	42	150%
Surgeons	184	267	145%
Surgery Accrual	4,990	9,273	186%
3-Month Accrual	3,385	6,385	189%
12-Month Accrual	798	3,320	416%

N2QOD Cervical Module 2014

Table 2: Cervical Spine Surgery Module: Growth from August 2013 to July 2014

Cervical Spine	One Year Ago	Now	Percent Increase
Practice Groups	17	27	159%
Surgeons	98	159	162%
Surgery Accrual	448	2,246	501%
3-Month Accrual	70	1,414	2000%
12-Month Accrual	0	223	

Patient Outcomes

Table 4: Patient satisfaction and rate of adverse events

Patients	Lumbar Spine Surgery	Cervical Spine Surgery
Satisfaction: Met	65%	68%
Satisfaction: Not as much as hoped	23%	23%
Major Adverse Event	1.8%	1.6%
Return to OR within 30-days	2%	0.9%
Readmission within 30-days	3.6%	2.4%

STATISTICS and OUTCOMES QUARTERLY REPORT

August 12, 2013

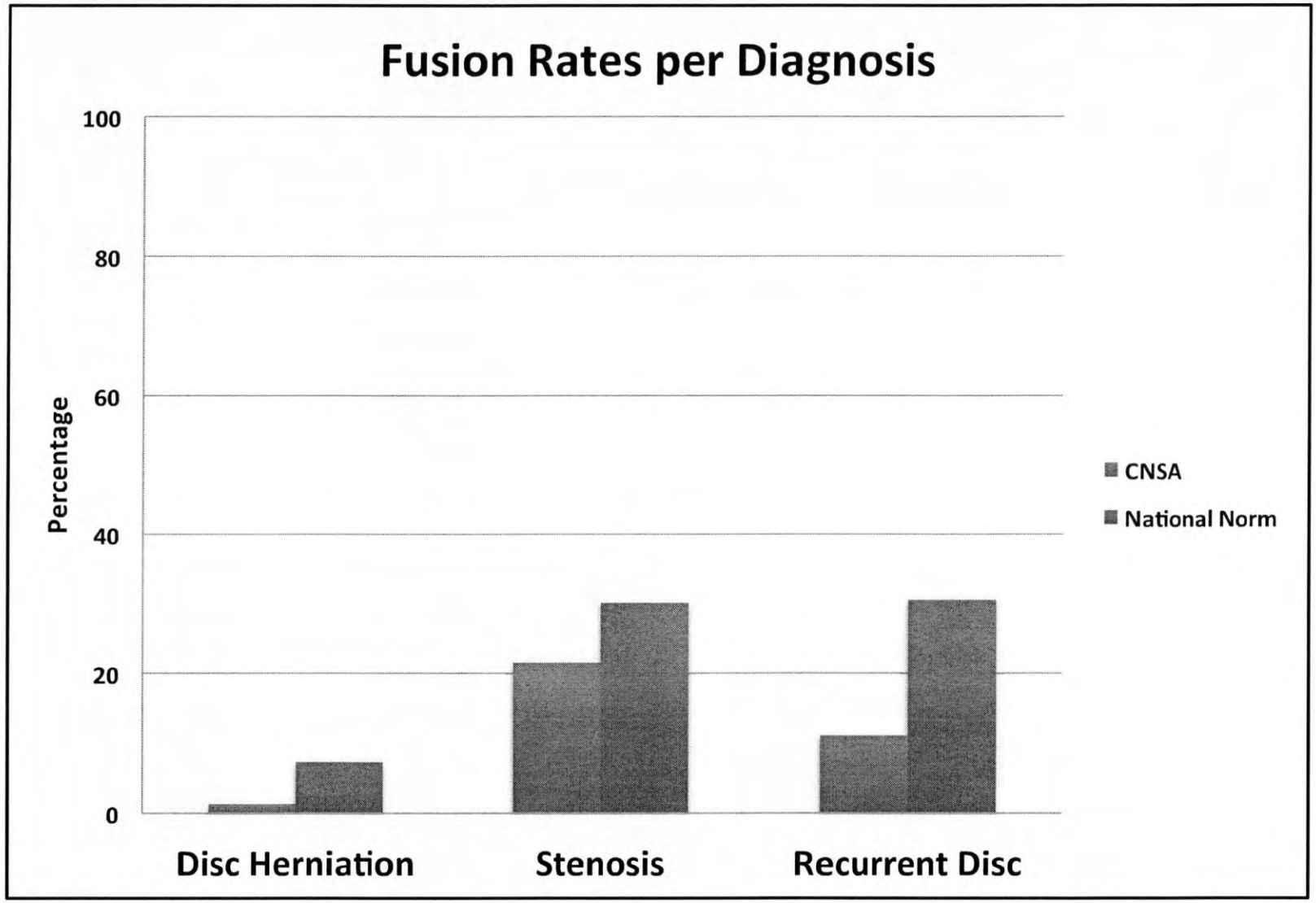
CNSA

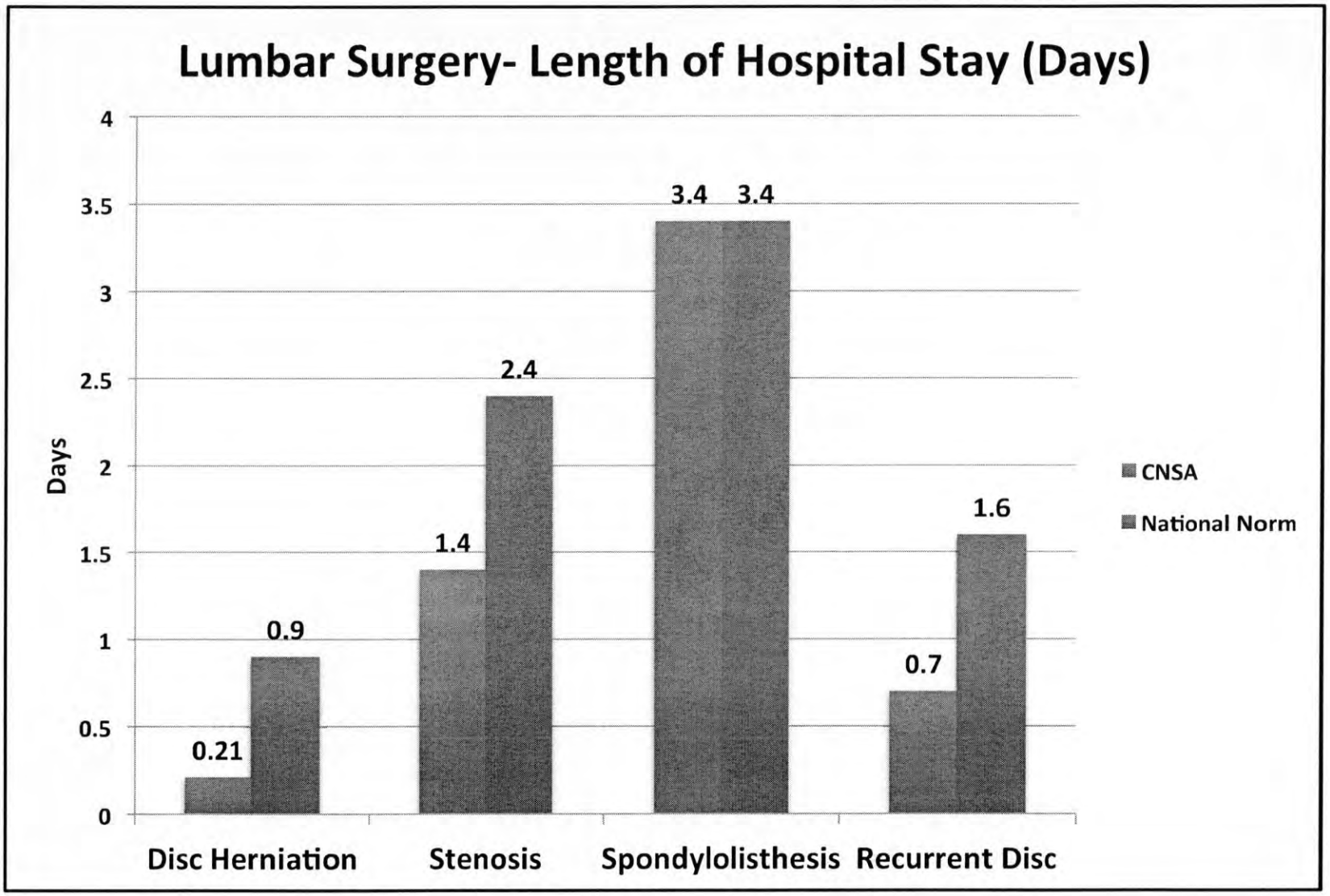
Contents

List of Tables

Table 2: Patient Description

	CNSA					N2QOD Total				
Gender										
Female				47.6%	246/517				49.2%	2303/4681
Male				52.4%	271/517				50.8%	2378/4681
Age	43	57	66	(55.1±14.6)	N=517	47	59	68	(57.3±14.4)	N=4688
Race										
Native American				0.4%	2/517				0.5%	24/4701
Asian				0.4%	2/517				0.7%	30/4701
African American				6.0%	31/517				6.6%	310/4701
Pacific Islander				0.4%	2/517				0.1%	7/4701
Caucasian				91.7%	474/517				89.7%	4216/4701
Other				1.0%	5/517				1.9%	89/4701
Hispanic				1.0%	5/503				2.7%	126/4622
Education										
Less than High School				4.3%	22/515				6.3%	293/4628
High School				36.3%	187/515				41.9%	1937/4628
Two-year College				20.8%	107/515				18.2%	841/4628
Four-year College				24.3%	125/515				19.2%	889/4628
Post-College				14.4%	74/515				14.5%	668/4628
Insurance Payer										
Uninsured				0.6%	3/517				2.0%	81/4661
Medicare				29.4%	152/517				34.0%	1583/4661
Medicaid				2.3%	12/517				4.7%	217/4661
VA/Government				0.4%	2/517				2.7%	127/4661
Private				67.3%	348/517				56.7%	2643/4661
Liability										
Workers Compensation				5.4%	28/517				4.2%	196/4659
Disability Insurance				8.1%	42/517				5.9%	277/4661
Motor Vehicle Injury				2.1%	11/517				2.3%	105/4659
Employed and Working				43.3%	224/517				36.8%	1710/4665
Full Time				90.7%	203/224				87.1%	1490/1711
Part Time				9.3%	21/224				12.9%	221/1711
Employed and Not Working				12.3%	63/513				11.2%	524/4665
On Short Term Disability				63.5%	40/63				43.8%	228/516
On Leave				36.5%	23/63				56.2%	290/516
Unemployed				42.7%	219/513				51.1%	2383/4665
On disability				6.4%	33/513				10.1%	469/4665
Due to Spine Problem				14.6%	75/513				15.6%	728/4665
Due to Other Condition				2.7%	14/513				4.7%	217/4665
Retired				26.3%	135/513				30.5%	1423/4665
Homemaker				4.1%	21/513				4.2%	197/4665
None of the Above				3.5%	18/513				4.6%	214/4665
Attending School				1.8%	9/513				0.9%	43/4665
Intend to Work after Surgery				96.2%	272/280				93.9%	2094/2231
Participate in Activities										
Outside of Home				69.4%	342/493				64.9%	2987/4603
Inside Home				90.7%	447/493				82.9%	3816/4604


Fusion Rates per Diagnosis
100
80
60
40
20
0
Percentage
CNSA
National Norm
Disc Herniation
Stenosis
Recurrent Disc


Lumbar Surgery- Length of Hospital Stay (Days)
Days
4
3.5
3
2.5
2
1.5
1
0.5
0
0.21
0.9
1.4
2.4
3.4
3.4
0.7
1.6
Disc Herniation
Stenosis
Spondylolisthesis
Recurrent Disc
CNSA
National Norm

	CNSA	National Norm*
Mean Estimated Blood Loss	125	194
Mean Length of Hospital Stay (days)	1.7	2.1
30-day Re-admission	2%	4%
Surgical Site Infection	0.2%	1%
Perioperative Adverse Events**	0.4%	2%

** American Association of Neurological Surgeons N2QOD registry benchmark*

*** Adverse event: SSI, DVT, PE, MI, stroke, Mortality*

Patient Satisfaction

12 months

	Disc Herniation N = 551	Recurrent Disc Herniation N = 111	Spondylo-listhesis N = 377	Stenosis N = 671	Adjacent Segment Disease N = 98	Symptom-atic Mechanic-al Disc N = 14	Combined N = 1822
Patient Satisfaction (N = 1809)							
1	64.2%	56..8%	66.4%	58.1%	41.1%	35.7%	60.5%
2	21.2%	21.6%	19.5%	19.9%	29.5%	28.6%	20.8%
3	5.5%	9.9%	5.9%	8.4%	13.7%	7.1%	7.4%
4	9.1%	11.7%	8.6%	13.6%	15.8%	28.6%	11.3%

Patient Satisfaction Index

1.Surgery met my expectations
2.I did not improve as much as I had hoped but I would undergo the same operation for the same results
3.Surgery helped but I would not undergo the same operation for the same results
4.I am the same or worse as compared to before surgery

Patient Satisfaction

12 months

	Disc Herniation N = 551	Recurrent Disc Herniation N = 111	Spondylo-listhesis N = 377	Stenosis N = 671	Adjacent Segment Disease N = 98	Symptom-atic Mechanic-al Disc N = 14	Combined N = 1822
Patient Satisfaction (N = 1809)							
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2	21.2%	21.6%	19.5%	19.9%	29.5%	28.6%	20.8%
3	5.5%	9.9%	5.9%	8.4%	13.7%	7.1%	7.4%
4	9.1%	11.7%	8.6%	13.6%	15.8%	28.6%	11.3%

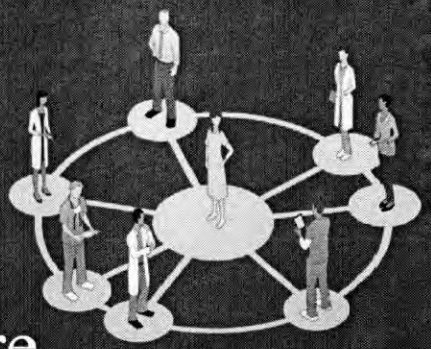
Patient Satisfaction Index

1.Surgery met my expectations
2.I did not improve as much as I had hoped but I would undergo the same operation for the same results
3.Surgery helped but I would not undergo the same operation for the same results
4.I am the same or worse as compared to before surgery

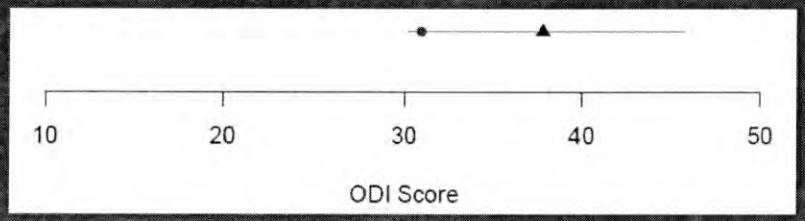
N²QOD Lumbar Spine Module

Summary

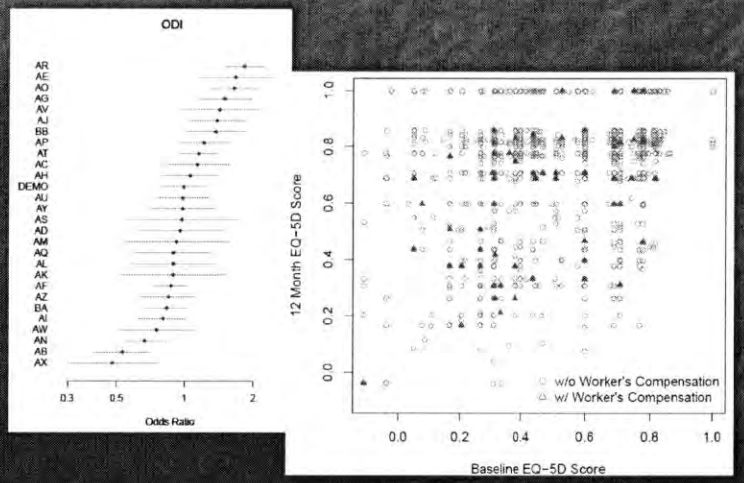
- Robust, reliable platform to define, measure and report clinical outcomes
- Risk Adjusted Modeling
  - Facilitate
    - Targeted quality improvement
    - Practice based learning
    - Shared decision making
    - Effective resource utilization
- Method to characterize "real" world care
  - Identify large scale improvement opportunities



Improving Value by Understanding Variation in Outcomes



Variation → **Value**



- ✓ Improve outcomes by understanding variation
- ✓ Conduct interventions and practice innovations for meaningful change in outcomes

Predictors of 12 Month ODI Non-Response

All Diagnoses

Predictor	Non-Responders N = 536	Responders N = 1286	P-Value
Education (% ≤ HS)	57	45	.001
ASA >2 %	46	38	.001
Surgical levels >2 %	23	18	.009
Smoking %	53	37	.04
Depression %	24	12	.03
Back Pain Dominant %	25	20	.001
Liability/Disability Claim	7	3	.002
Workman's comp %	6	3	.001
Past Surgery %	19	12	.001
Sx Duration >3 mos %	94	89	.002

Estimating Personalized Outcomes to inform patient/physician decision making

Complications/Re-admission

Patient 1

Grade 1 Spondy
Baseline ODI 30%
2 level fusion

40 year old Male
BMI 25
Grad School
1st Surgery
No co-morbidities
ASA 1

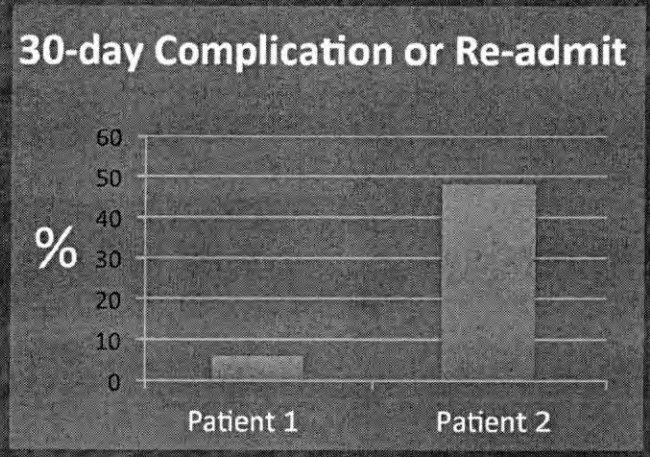
6% likelihood

Patient 2

Grade 1 Spondy
Baseline ODI 30%
2 level fusion

75 year old Male
BMI 50
High school grad
Revision Surgery
DM type I
ASA 3

48% likelihood



N^2QOD: Challenges/Opportunities:
Blend data collection activities into workflow

- Achieve "lowest energy state" for data collection
  - EMR integration
    - Pilot programs with Epic, Cerner, NextGen
    - Automated data entry
  - Automated methods for longitudinal data collection
    - Patient portals
  - Incentive programs
- Make data collection relevant
  - Specialty specific outcomes measures-NQF/CMS

N2QOD Data Access

- The N2QOD Lumbar Module is the largest, specialty based cooperative spine registry in North America.
  - Almost 4,000 patients have now completed 12-month follow-up.
- The N2QOD Scientific Committee, in cooperation with VIMPH, believes the data has matured sufficiently to allow for us to begin retrospective scientific analyses.
- The N2QOD Scientific Committee is developing and reviewing proposals for scientific projects and publication

Mean Peri-Operative 90 day Surgical Morbidity

	30-day Major AE	30-day Re-admit	90-day Re-operation	90-Day Re-admit
OVERALL	2.2%	3.7%	2.3%	8.9%
1st time surgery				
Disc Herniation	1.4%	2.4%	2.7%	7.7%
Stenosis	3.0%	4.9%	2.0%	9.8%
Spondylolisthesis	3.1%	3.4%	1.6%	7.1%
Revision surgery				
Recurrent Disc Herniation	3.0%	4.0%	3.0%	12.5%
Adjacent Segment Disease	2.4%	4.6%	2.5%	12.5%

RCT's "a disruptive technology."

- "Today we can no longer afford to undertake randomized effectiveness trials that cost tens or hundreds of millions of dollars…today we also have registries and other powerful digital platforms."
  - Dr. Michael Lauer, director of cardiovascular sciences at the National Heart, Lung and Institute, Bethesda, Md.
    - Lauer MS, D'Agostino RB **The randomized registry trial—the next disruptive technology in clinical research?** N Engl J Med. 2013 Oct 24;369(17):1579-81.

Using the Data to Enhance Value:
The Re-admission project

- Multivariate, predictive model for likelihood of 90 day re-admission
  - Prospective validation of model
- Root cause analysis based on chart analysis
- Prospective study to decrease re-admission rates in major centers
  - Using drivers identified in predictive model and chart review

N2QOD Module Update

- CV Module sites began entering data on October 6th
- The Deformity Module pilot was launched this month in 3 sites.
  - Kyphosis
  - Moderate-Severe scoliosis
- The Essentials Module
  - PQRS
  - MOC
- The Tumor Module
  - Active development to be completed by early 2015
  - Pilot sites expected by mid-2015.

N^2QOD: Future Applications of the Network and Platform Refinements

- Consolidation of reporting requirements
  - Integration into MOC, MOL, PQRS, CME programs
    - **CMS "qualified clinical registry"- 2014**
- Clinical research platform (CER)

CMS.gov
Centers for Medicare & Medicaid Services

American Board of Medical Specialties
Higher standards. Better care.®

Accreditation Council for A·C·C·M·E Continuing Medical Education

FDA

PQRS 2014-*IMPORTANT UPDATE:*

- The CMS Provider Consent Form previously distributed for PQRS 2014 reporting, has been slightly modified
- NPA through the N2QOD is an official CMS 2014 PQRS Approved Registry Vendor
  - N2QOD reports quality data to CMS on behalf of participating physicians.
  - A reminder that sites wishing to satisfy PQRS through the N2QOD must submit completed Participation Agreement Addendums and Provider Consent Forms for each participating physician to the NPA

[illegible] the CMS requirement for proof of Medicare eligibility

http://www.neuropoint.org/

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Projects: N²QOD

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The National Neurosurgery Quality and Outcomes Database (N²QOD)

The National Neurosurgery Quality and Outcomes Database (N2QOD) serves as a continuous national clinical registry for neurosurgical procedures and practice patterns. Its primary purpose is to track quality of surgical care for the most common neurosurgical procedures, as well as provide practice groups and hospitals with an immediate infrastructure for analyzing and reporting the quality of their neurosurgical care.

The primary goals of the N²QOD are to:

1. Establish risk-adjusted national benchmarks for both the cost and quality of common neurosurgical procedures
2. Allow practice groups and hospitals to monitor morbidity and clinical outcomes in real time
3. Generate both quality and efficiency of neurosurgical procedures
4. Demonstrate the comparative effectiveness of neurosurgical procedures
5. Facilitate essential multi-center trials and other cooperative clinical studies

N²QOD

- What is N²QOD?
- N²QOD Structure & Leadership
- Current Modules Available
- I'm interested in participating
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- Current Participants
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The N²QOD Practice Based Learning Network

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N²QOD

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- Reference Material
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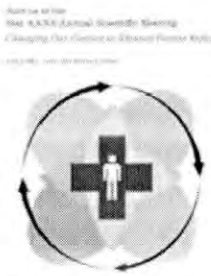


Best viewed with Chrome

Welcome to The National Neurosurgery Quality & Outcomes Database (N²QOD)!

The National Neurosurgery Quality and Outcomes Database (N²QOD) serves as a continuous national clinical registry for neurosurgical procedures and practice patterns. Its primary purpose is to track quality of surgical care for the most common neurosurgical procedures, as well as provide practice groups and hospitals with an immediate infrastructure for analyzing and reporting the quality of their neurosurgical care.

Project Updates

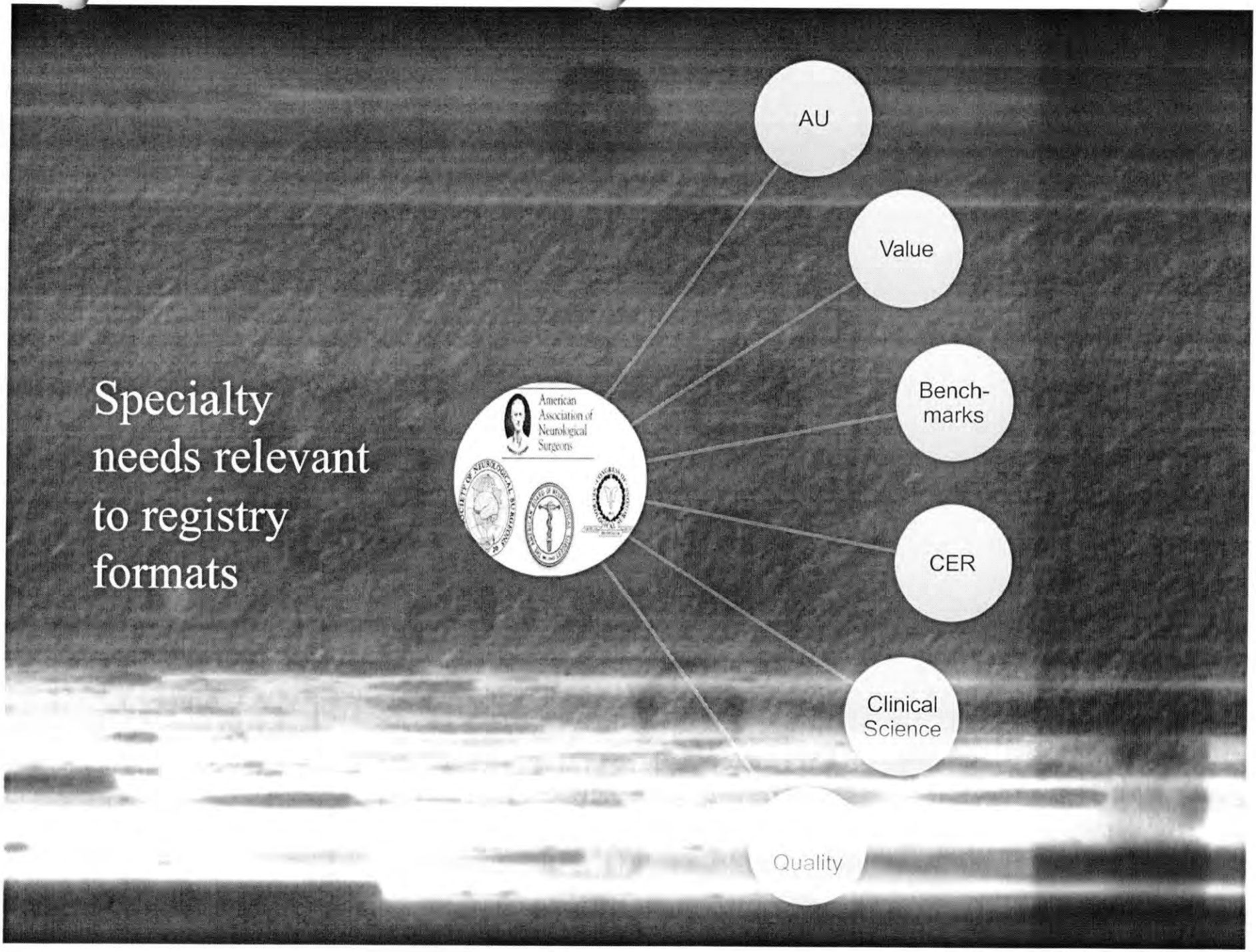
N2QOD Quarterly Performance Reports Now Available The Quarterly Performance Reports have been uploaded to the Google Website. Please review these reports and share them with other members of N2QOD at your site. These reports highlight your ...
Posted Mar 15, 2013, 2:50 PM by NPA Administrator

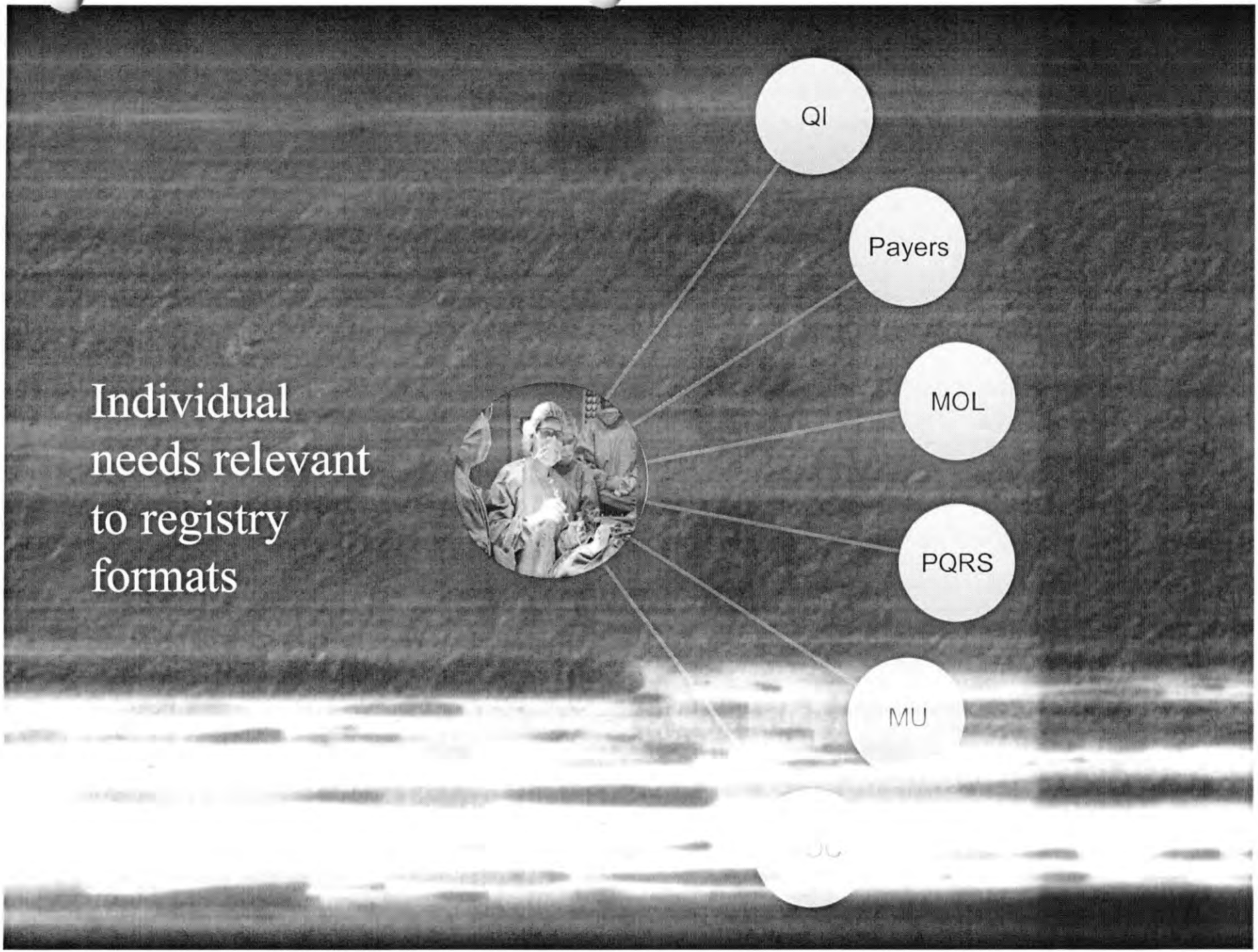
N2QOD in the February 2013 Issue of AANS Neurosurgeon
http://www.aansneurosurgeon.org/2210513/8/2737
Posted Mar 6, 2013, 5:49 PM by NPA Administrator

Showing posts 1 - 2 of 11. View more »

Data entry into the N²QOD formally commenced on February 22, 2012. To date, we have 35 contracted N²QOD sites and nearly 4,000 patients entered in the database.

The N²QOD has formally launched as of March 1, 2013! Training for sites is underway.


Specialty needs relevant to registry formats
American Association of Neurological Surgeons
AU
Value
Bench-marks
CER
Clinical Science
Quality


Individual needs relevant to registry formats
QI
Payers
MOL
PQRS
MU

Acknowledgements

- Tony Asher, MD, FAANS, FACS
- Irene Zung, NPA/AANS
- Charles Stein, BA
- William Readdy, MS2

Thank You

Washington Update
October 2014

HEALTHCARE REFORM

Congressional Activities

The AANS and CNS continue to pursue efforts to "reform the reform". Neurosurgery's priority issues:

- **Repeal/Modification**
  - Independent Payment Advisory Board (IPAB)
  - PQRS penalties; Value-based purchasing modifier
  - Public reporting of physician performance data
  - Repeal of the medical device tax
- **Implementation**
  - Funding for pediatric specialist loan forgiveness
  - Funding for emergency care regionalization projects and trauma-EMS program
- **Additional Legislation**
  - SGR reform, including Medicare private contracting
  - Medical liability reform
  - Eliminating GME funding caps (and preserving current GME Medicare funding)

Throughout the past year, the House of Representatives has voted on a variety of bills related to the Affordable Care Act. Most recently, prior to adjournment in September, the House passed legislation to repeal the medical device tax and allow individuals to keep their health insurance plans.

Regulatory Activities

The Obama Administration continues to issue implementing regulations, including those related to Medicaid expansion, health insurance exchanges, insurance market and rate rules, and others. For more information about the overview of the law and the implementation timeline go to: http://bit.ly/18VYVzi and http://bit.ly/14w3Dgj. To view a premium calculator, go to: http://bit.ly/1935Gjo.

Despite problems with the exchange enrollment process, more than 8 million Americans signed up for health insurance, however, according a report released by the Department of Health and Human Services in September 2014, only 7.3 million ultimately remained in an exchange insurance plan. What is not known is how many of these individuals already had insurance, which was dropped because their plans did not comply with the ACA. A report from the Office of Inspector General found that there were 2.89 million enrollment inaccuracies, and the Government Accountability Office determined that 11 out of 12 fictitious applicants gained subsidized coverage.

Going into the 2015 enrollment period, premiums are anticipated to rise again. In 2014 premiums rose by nearly 50 percent and in 2015 they will likely rise by about 10 percent. Despite efforts to increase enrollment, a report from the Congressional Budget Office and the Joint Committee on Taxation estimated that uninsured people will pay $46 billion in penalties for failing to enroll in health plans from 2015 to 2024. The vast majority of 30 million nonelderly Americans who are uninsured will be exempt from the individual coverage mandate in 2016, and all told, about 4 million people will pay a penalty because they are uninsured in that calendar year. So far this year the federal government has paid out $4.7 billion in subsidies, and the amount is expected to total $900 billion over 10 years.

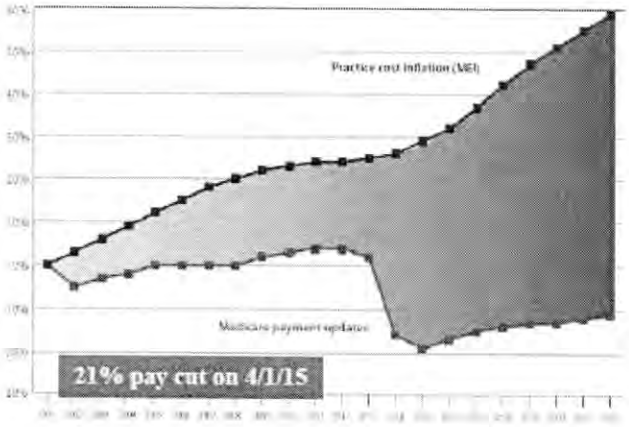
Public opinion remains largely negative, and in August, Real Clear Politics found that 54.4 percent oppose the law, with only 41.4 percent viewing it favorably – although according to most polls, Americans don't support outright repeal of the ACA, but rather would like Congress to fix the law.

Judicial Activities

Several years ago, the Goldwater Institute filed a lawsuit (*Coons v. Lew (originally Geithner)*) challenging, among other things, the constitutionality of the IPAB on separation-of-powers grounds. The 9th Circuit Court of Appeals recently dismissed the lawsuit, ruling that it was not ripe for decision. An appeal to the U.S. Supreme Court may be forthcoming.

MEDICARE PHYSICIAN PAYMENT

Every year for more than a decade, physicians have faced a significant Medicare payment cut -- the result of a flawed sustainable growth rate (SGR) formula. Now, once again, Congress has failed to take definitive action to repeal the SGR and physicians face yet another SGR-driven pay cut of approximately 21 percent effective April 1, 2015.



In addition to the SGR-related cuts, physicians face and additional 2 percent budget sequestration cut per year for the next 9 years. Physicians also face a host of penalties stemming from the Affordable Care Act (ACA), including those related to PQRS, eRx, EHR, IPAB and others. Under a worst case scenario situation, neurosurgeons could face cuts in excess of 80 percent over the next decade.

Final action on the "SGR Repeal and Medicare Payment Modernization Act" (S. 2000/H.R. 4015) is pending. This bi-partisan/bi-cameral bill would repeal the SGR and replace it with a new streamlined value-based incentive payment system called the Merit-Based Incentive Payment System, or MIPS. The major provisions are as follows:

Stabilizes Fee Updates

- Repeals the SGR
- Annual positive updates of 0.5% 2014-18
- Freezes payments from 2019-23
- 2024 and beyond:
  - MDs in APMs will receive a 1.0% annual pay increase
  - All will receive a 0.5% base pay increase

Consolidates Medicare Quality Programs

- New Merit-Based Incentive Payment System program
  - Eliminates PQRS, EHR and VBPM penalties in 2018
  - MDs receive bonuses/penalties based on composite score (0-100 scale).
- Maximum bonuses/penalties:
  - 4.0% in 2018
  - 5.0% in 2019
  - 7.0% in 2020
  - 9.0% in 2021 and beyond

- Additional bonus $ ($500m/yr.) for top performers
- MDs can opt-out to participate in APMs (e.g., ACOs)
- Participation in clinical data registries, MOC programs & other clinical improvement activities recognized and specialty societies will be tapped to develop quality metrics

As a temporary measure, in March Congress pased H.R. 4302, the Protecting Access to Medicare Act. Among other things, this bill prevented the SGR pay cut until April 1, 2015 and delayed the implementation of ICD-10 until at least Oct. 1, 2015. Unfortunately, the bill also requires cuts totalling $4 billion between 2017-20 from so called "misvalued" procedures.

Stakeholders are hoping that Congress will take up the later this year during the lame-duck session.

CODING AND REIMBURSEMENT

Administrative Issues

Following the October CNS Annual Meeting, the Coding and Reimbursement Committee will experience a change in leadership as follows:

Current	Incoming
R. Patrick Jacob, MD, Chair	Joseph S. Cheng, MD
N/A	G. Edward Vates, MD, Vice-chair RUC
N/A	Henry H. Woo, MD, Vice-chair CPT
N/A	TBD, Vice-chair Coverage

Medicare Physician Fee Schedule

2015 Proposed Medicare Physician Fee Schedule

On July 3, 2014, CMS released the 2015 proposed Medicare Physician Fee Schedule rule. Overall, the changes result in a net *one percent* ***increase*** in payments to neurosurgeons, not considering changes in the Sustainable Growth Rate (SGR). On Sept. 1, 2014, the AANS and CNS submitted comments on the proposed rule, as follows:

- The AANS and CNS strongly oppose the CMS proposal to eliminating the 10- and 90-day surgical global periods.
- The AANS and CNS support implementing an improved schedule for adopting new relative values and urge CMS to institute a meaningful appeal and review process of CMS proposed MPFS RVUs.
- The AANS and CNS are long-time proponents of private contracting for Medicare patients and support the ability of physicians to opt-out of the program without filing an affidavit every two years to remain in an opt-out status.

Working with our colleagues in the Surgical Coalition, the AANS and CNS succeeded in getting over 20 members of Congress to write a letter to CMS urging the agency to scrap the proposal to eliminate the global surgery package.

Multispecialty Letter to AMA on Schedule for Posting New MPFS RVUs

On Aug.13, 2014, the AANS and CNS joined 74 specialty societies in an AMA-coordinated letter to CMS asking that the agency work with specialty societies and the RUC to develop a schedule that will allow the agency to begin including their recommended values for misvalued and new/revised CPT codes in the annual July MPFS proposed rule. Currently the new values for the coming year are not published until the November final rule, giving physicians little time to prepare for changes.

CPT Issues

October 2014 CPT Editorial Panel Meeting

The CPT Panel will meet October 8 through 11, 2014. Of interest to neurosurgeons are two workgroups and a new code proposal:

- **CPT Spinal Issue Workgroup.** The workgroup was formed in April 2014 as a result of questions arising from consideration of a new code change application for Transforaminal Endoscopic Discectomy. The panel has asked the workgroup to review the definition of open, endoscopic, and percutaneous spine procedures, and propose coding changes, if necessary. The group has not yet been able come to agreement on a framework for addressing the issue.
- **CPT Literature Review Workgroup** will meet to consider a number of issues surrounding the publications submitted to support CPT Code Change Proposals. Specifically, the group is considering questions regarding US vs foreign literature, methods of distinguishing between the quality of electronic peer review journal articles, and determination of how to count studies with overlapping patient populations.
- **Intracranial Lysis and Embolectomy Codes.** The AANS and CNS resubmitted a code change proposal for new codes for Intracranial Lysis and Embolectomy procedures for consideration at the October 2014 CPT Meeting.

AANS and CNS Nomination for CPT Assistant Editorial Board

On Aug. 25, 2014, the AANS and CNS sent a letter to CPT recommending Joseph S. Cheng, MD for the CPT Assistant Editorial Board to fill the vacancy created when R. Patrick Jacob, MD was appointed to the CPT Editorial Panel.

RUC Issues

The AMA/Specialty Society Relative Value Update Committee (RUC) will meet September 18 through 21, 2014. The following issues of interest to neurosurgeons will be considered:

Codes Presented to RUC Relativity Assessment Workgroup (RAW)

The RUC has identified codes reviewed prior to April 2008 with pre-service physician time greater than the 63 minutes allowed by the highest level in recently constructed pre-time standards and with a 2012 Medicare Utilization over 10,000. CPT Codes 22612, 63030, and 63042 came up under this screen and the AANS and CNS have joined AAOS and NASS in presenting recommendations for pre-time for these codes.

In addition, Action Plans have been submitted to the RAW for CPT Codes 22849, 63056, 22214, 22851 that were identified by the Fastest Growing Procedure Screen and for CPT Codes 64569 and 64570 which were identified by a New Technology Screen. The codes will be discussed at the September 2014 RAW meeting.

Code Presentations at September RUC Meeting

The AANS and CNS will present survey data for valuing the physician work and practice expense for the following codes:

- Laminectomy CPT Codes 63045 and 63046
- Open Sacroiliac Joint Fusion CPT Code 27280
- Transcatheter Placement of Carotid Stents CPT Codes 37215 and 37216

Coverage Issues

The AANS/CNS Washington Office continues to receive requests for comment on coverage policy from Medicare, private payors, state neurosurgical societies, and individual neurosurgeons. The AANS/CNS

Rapid Response Team (RRT), led by Joseph S. Cheng, MD, is working to improve processes to help neurosurgeons address these issues as they arise in their states. To that end, in late July 2014, the AANS and CNS finalized a contract with Policy Reporter, a privately held medical information company based in Chicago that tracks coverage policies of most third party payers. Dr. Cheng and Washington Office staff are working on the developing a system to review and triage the information to help neurosurgeons practicing in the affected states.

Recent topics addressed by the RRT include:

- Extreme Lateral Interbody Fusion (XLIF)
- Intracranial Endovascular Procedures
- DBS
- Lumbar Fusion
- Cervical Spine Artificial Disc
- Stereotactic Radiosurgery

Other Medicare Issues

2015 Medicare Hospital Inpatient Prospective Payment System (IPPS) Final Rule

The Centers for Medicare and Medicaid Services (CMS) published the 2015 Medicare Hospital IPPS final rule in the *Federal Register* on Aug. 22, 2014. On June 30, 2014, the AANS and CNS sent a letter to CMS in response. Below are highlights of the AANS and CNS comments on reimbursement issues and the CMS final rule response:

- The AANS and CNS urged CMS to recognize the Responsive Neurostimulator System (RNS) as a substantial clinical improvement that meets eligibility for the new technology add-on payment and CMS agreed to do so for FY 2015.
- The AANS and CNS urged CMS to remove intracranial-extracranial bypass procedures from the non-covered procedure list edit and CMS agreed to do so beginning in FY 2015.

2015 OPPS/ASC Proposed Rule

On July 14 2014, CMS published the 2015 Hospital Outpatient Prospective Payment (HOPPS) and Ambulatory Surgical Center (ASC) proposed rule. On Sept. 2, 2014, the AANS and CNS sent a letter to CMS expressing cautious optimism that the agency has reasonably captured facility costs associated with Stereotactic Radiosurgery. We opposed the proposed comprehensive facility payment for Deep Brain Stimulation because costs were not adequately captured. A copy of the proposed rule is at: http://1.usa.gov/1uCASxV.

MedPAC

Earlier this year, the AANS and CNS nominated Gregory J. Przybylski, MD for a seat on MedPAC. The AMA and American College of Surgeons also supported his nomination. Unfortunately, he was not selected, so we plan on nominating him again next year.

ICD-10

On Aug.4, 2014, CMS released a notice formalizing the one-delay in implementation for implementing ICD-10 until Oct., 2015. Efforts are ongoing to bypass ICD-10 in favor of ICD-11.

QUALITY IMPROVEMENT

Administrative Issues

Following the October CNS Annual Meeting, the Quality Improvement Workgroup (QIW) will experience a change in leadership as follows:

Current	Incoming
John J. Knightly, Chair	John K. Ratliff, Chair
John K. Ratliff, Vice-chair	Paul L. Penar, Vice-chair

Medicare Physician Fee Schedule

On July 3, 2014, CMS released the 2015 proposed Medicare Physician Fee Schedule rule. On Aug. 26, 2014, the AANS and CNS submitted comments on the proposed rule. The top comments are as follows:

- The AANS and CNS oppose the proposal to increase PQRS reporting requirements and eliminate several surgery quality measures, as this will leave neurosurgeons with few, if any, relevant and meaningful mechanisms by which to participate. This is especially concerning as the PQRS transitions to an all-penalty program, under which physicians face annual quality reporting penalties of over ten percent in the coming years.
- The AANS and CNS oppose the proposed timeline for tying Medicare payments to physician performance via the Value-Based Payment Modifier (VBM) and for public reporting physician performance data because it is much too aggressive and leaves little opportunity to evaluate the data's accuracy, its relevance to patients and physicians, and the impact on smaller practices and individual physicians.
- The AANS and CNS support the PQRS Qualified Clinical Data Registry (QCDR) reporting option; however, many existing and proposed requirements will make it challenging, if not impossible, for specialties to take advantage of this option and contradict the flexibility it was intended to afford.

Medicare Physician Quality Improvement System (PQRS)

2014 marks the last year that physicians are eligible for an incentive payment under the PQRS. Physicians who successfully report on measures in 2014 are eligible to receive a 0.5% bonus. Those who fail to satisfy reporting requirements in 2014 are subject to a 2.0% penalty in 2016 and going forward. 2014 is also the last year that a PQRS-MOC bonus of 0.5% is authorized under law.

Furthermore, CMS dramatically increased the reporting requirements for 2014, but continues to offer less burdensome reporting requirements for those seeking to do the bare minimum to avoid the penalty (but not qualify for the incentive).

In April 2014, CMS released its 2012 PQRS and e-Prescribing Program Experience Report showing a significant increase in participation in both programs. Among neurosurgeons, the percent of eligible neurosurgeons who participated in the program in 2012 was 40.3 percent, almost double the percent in 2010, which was 19.4 percent. 1,632 neurosurgeons received a PQRS incentive in 2012, representing 81.7 percent of eligible participating neurosurgeons and 32.9 percent of all neurosurgeons eligible for an incentive that year.

Starting in 2014, CMS will begin to recognize qualified clinical data registries (QCDR) as a new PQRS reporting mechanism. A QCDR will collect and submit data on its own quality measures to CMS on behalf of its participants versus traditional PQRS registries, which can only submit data on PQRS measures. The N^2QOD concluded it was not in a position to apply for 2014 due to the tight deadline, but will instead continue to work to seek clarification and potentially ease some of the current requirements in preparation for applying in the future. In the interim, the N_2QOD has reapplied and been accepted to serve as a traditional PQRS registry, which will allow it to submit PQRS measures data, such as the perioperative measures group, to CMS on behalf of its participants for 2014.

In the 2015 Medicare Physician Fee Schedule (MPFS) proposed rule released this summer, CMS proposed to remove over 70 measures from the PQRS, including the low back pain, perioperative care and other measures that are relevant to neurosurgery. If finalized, this would leave neurosurgeons with few measures to report, which is extremely problematic since CMS proposes to maintain the 9 measure reporting requirement and to do away with the less burdensome 3 measure reporting option that physicians may now use to avoid the penalty. This proposal is equally problematic since the PQRS

transitions to an all-penalty program in 2015 and will be the basis for the Physician Value-Based Payment Modifier (VBM) for all physicians starting with the 2015 reporting year.

Working with our colleagues in the Surgical Coalition, the AANS and CNS succeeded in getting several key members of Congress to write a letter to CMS highlighting our concerns with the PQRS program.

Public Reporting: Physician Compare

The ACA required CMS to establish a Physician Compare website by Jan. 1, 2011. This website is intended to provide patients with basic data about physicians, including information about their participation status in the PQRS, e-prescribing and EHR incentive programs. In Feb. 2014, CMS began to publicly post quality performance data for select larger group practices and ACOs participating in the Shared Savings Program. As laid out in the 2015 proposed rule, CMS plans to release performance data on all physicians by 2016.

On a positive note, in July 2014, CMS announced that it would modify the search function on the Physician Compare site to better distinguish between primary care physicians and specialists. Organized neurosurgery had long pushed for this change.

On a separate, but related note, the AANS and CNS submitted a comment letter on ways to improve transparency of healthcare data per a request from the Senate Finance Committee.

Value-Based Modifier

Under the ACA, CMS is required to apply a value-based payment modifier to select physicians starting in 2015 (based on 2013 reporting) and to all physicians starting in 2017 (based on 2015 reporting). The VBM is to be based on a composite of quality and cost of care measures, many of which are irrelevant to specialists.

Physicians in groups practices with ≥10 eligible professionals (EPs) who fail to satisfy PQRS Group Practice Reporting Option (GPRO) requirements in 2014 will be subject to a 2 percent reduction in 2016 under the VBM, which will be applied on top of PQRS penalties -- resulting in a potential total payment penalty of 4 percent in 2016. Groups that satisfy PQRS requirements will be subject to performance-based payment adjustments under CMS' "quality-tiering approach." However, groups with 10-99 EPs will be held harmless from downward adjustments in 2016.

In the 2015 MPFS proposed rule, CMS proposes to increase the VBM penalty in 2017 to 4 percent. The AANS and CNS were highly critical of this proposal and urged CMS to roll out the program more gradually and to conduct a careful analysis of its accuracy and relevance to both patients and physicians before more widespread implementation.

In the early fall of 2014, CMS will distribute Quality and Resource Use Feedback reports to *all* groups and solo practitioners based on 2013 data. These reports will serve as a preview of the VBM methodologies CMS will apply to practices in the coming years. CMS also released to select larger practices 2012 Supplemental QRURs in July 2014, which for the first time employed episodes of care to assess resource use/utilization on select procedures, including lumbar spine fusion/refusion.

Health Information Technology

2014 is the last opportunity for physicians to qualify for an incentive under the Medicare EHR Incentive Program. EPs who are not meaningful users by the end of 2014 will be subject to a 1.0 percent penalty in 2015, which can increase as high as 5.0 percent by 2019. EPs who start the program in 2014, do not have to meet Stage 2 requirements until they have first met Stage 1 requirements for 2 years. CMS recently finalized a decision to give physicians an additional year to upgrade their certified EHRs (CEHRTs) and to revise the meaningful use timeline so that Stage 3 does not begin until 2017. The AANS and CNS supported this delay, but joined with other specialty societies in reminding CMS of the continual lack of EHR Incentive Program objectives that are relevant to specialty medicine and interoperability standards that allow physicians to use EHRs in a manner that truly improves care.

Shared Savings Program and Accountable Care Organizations

The ACA created the Medicare Shared Savings Program (MSSP), under which networks of providers known as ACOs contract to reduce health spending and meet quality targets in exchange for a share of savings that exceed certain quality and spending benchmarks. As of January 2014, the MSSP included roughly 320 ACOs. Initial results show one-quarter of the 114 organizations in the program's first round will receive a share of savings. A limited number of ACOs also volunteered to be at risk for losses if spending exceeds the benchmarks. In exchange, they qualify for larger bonuses if they succeed. After three years, all ACOs must enter the riskier contracts.

While a CMS report in early September said it is unlikely that Medicare ACOs will initially achieve large savings, a subsequent report noted that about a quarter of the 243 ACOs participating in the Shared Savings Program saved Medicare enough money to earn bonuses, earning a combined $445 million in bonuses. Medicare saved $372 million after accounting for the ACOs that did not show success, including four that overspent significantly and now owe the government money.

Comparative Effectiveness Research

CER was considerably expanded with the passage of ACA, which established the new Patient Centers Outcomes Research Institute (PCORI). The AANS and CNS continue to participate in high-level discussions related to CER and the PCORI by commenting on their reports/proposals and through our position on the steering committee of the Partnership to Improve Patient Care (PIPC).

In late July, PCORI announced the final slate of awards selected in response to Winter 2013 cycle PCORI funding announcements (PFAs). PCORI anticipates making funding commitments totaling roughly $1 billion over the two-year period from 2014 through 2015. PCORI's application system for its fall 2014 cycle also opened on August 6. PCORI is accepting applications under its five broad PFAs, which are due in early November (LOIs due in early September):

- Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication and Dissemination Research
- Addressing Disparities
- Improving Methods for Conducting Patient-Centered Outcomes Research

Registry Regulatory Burdens

In an effort to address neurosurgery's ongoing concerns regarding the Privacy and Commons Rules, and the need for further clarification on the ability to collect prospective patient data for quality improvement purposes, organized neurosurgery has been interacting with HHS' Secretary's Advisory Committee on Human Research Protections (SACHRP), the Office for Civil Rights (OCR) and Office for Human Research Protections (OHRP).

Neurosurgery recently joined the Physician Clinical Registry Coalition, which includes 19 other physician organizations that have registries to address common regulatory and legislative issues. The purpose is to work together to address common registry problems at the federal level. Given suboptimal responses from federal regulators on these, and other issues, the coalition has been very active working to get Congress to put pressure on regulators to clarify these regulations to enhance the use of registries.

The group recently met with MedPAC to educate them about the value of registries; succeeded in getting language added to a fraud and abuse bill drafted by the House Ways and Means Health Subcommittee related to the Common Rule and its application to quality registries; and conditionally supported a bill passed by the House Energy and Commerce Committee directing the Secretary to issue recommendations regarding the exchange of data between EHRs and registries and how registries can be used to evaluate models of care and to monitor the safety and efficacy of products approved by the FDA. The coalition is also investigating the topic of legal discovery of registry data, which will help frame the issue and potential legislative protections for registry data. The ABMS is also interested in pursuing such legislation. Finally, the coalition also submitted joint comments regarding QCDRs in response to the

2015 MPFS proposed rule and continues to develop educational materials on the value of registries and regulatory challenges standing in their way.

In July 2014, Tony Asher presented on Regulatory Considerations for Prospective Patient Care Registries at the HHS Secretary's Advisory Committee on Human Research Protections (SACHRP) Conference on "Big Data." He was also asked to participate on the SACHRP's Subcommittee on Harmonization.

NeuroPoint Alliance

The NPA has implemented a number of projects related to the collection, analysis and reporting of clinical data relevant to neurosurgical practice, including MOC, PQRS and the National Neurosurgery Quality and Outcomes Database (N^2QOD). To date, over 50 centers are participating. In addition to the lumbar and spine modules, additional plans are in the works to develop more subspecialty modules including spinal deformity, cerebrovascular, tumor, and an "essentials" module to encourage more physicians to participate in this initiative.

NPA leaders and Washington Office staff are working to position the NPA as a one-stop portal for purposes of MOC, PQRS and quality reporting. NPA is again a PQRS approved registry for 2014 and plans to apply to be a PQRS QCDR as soon as feasible.

In early September, changes in the Operations Committee were implemented. Also in September, ASTRO and the AANS launched a joint stereotactic radio surgery registry.

ABIM Choosing Wisely Campaign

The American Board of Internal Medicine Foundation launched the *Choosing Wisely* campaign in the spring of 2012, which is an effort to help physicians be better stewards of finite health care resources. Under the program, specialties identify five tests or procedures commonly used in their field, whose necessity should be questioned and discussed. The AANS and CNS finalized their list, which was published in May 2014. Neurosurgery's list includes the following five recommendations:

1. Don't administer steroids after severe traumatic brain injury.
2. Don't obtain imaging (plain radiographs, magnetic resonance imaging, computed tomography [CT], or other advanced imaging) of the spine in patients with non-specific acute low back pain and without red flags.
3. Don't routinely obtain CT scanning of children with mild head injuries.
4. Don't routinely screen for brain aneurysms in asymptomatic patients without a family or personal history of brain aneurysms, subarachnoid hemorrhage (SAH) or genetic disorders that may predispose to aneurysm formation.
5. Don't routinely use seizure prophylaxis in patients following ischemic stroke.

Consumer Reports has reached out to collaborate on the further promotion of several items on our list.

Quality Improvement Organizations

The AANS and CNS continue to actively participate in a number of quality improvement organizations, including the Physician Consortium for Performance Improvement (PCPI), Surgical Quality Alliance (SQA), and National Quality Forum (NQF). Neurosurgeons serving on a variety of panels include: Anthony Asher, MD; John Ratliff, MD; Zo Ghogawala, MD; John Ratliff, MD; Shelly Timmons, MD; and David Okonkwo, MD.

GUIDELINES

Administrative Issues

Following the October CNS Annual Meeting, the Joint Guidelines Committee (JGC) will experience a change in leadership as follows:

Current	Incoming
Timothy C. Ryken, Chair	Kevin M. Cockroft, MD, Chair
Kevin M. Cockroft, MD, Vice-chair	Sepideh Amin-Hanjani, MD, Vice-chair
Sepideh Amin-Hanjani, MD, Vice-chair	Steven N. Kalkanis, MD, Vice-chair
Steven N. Kalkanis, MD, Vice-chair	John E. O'Toole, MD, Vice-chair

Current and Completed Projects

In January 2013, the Council of Medical Specialty Societies (CMSS) released their Principles for the Development of Specialty Society Guidelines. CMSS has developed these principles as a resource for its members and others who develop systematic review-based clinical practice guidelines. Core to these principles are the following concepts:

- Determinations based on a complete and reproducible body of evidence;
- Development panels consisting of knowledgeable individuals from sponsoring and related specialties, disciplines and other stakeholders;
- Transparent conflict of interest management and;
- Broadly defined stakeholder involvement, including patients when possible or applicable.

The AANS and CNS recently became neurosurgery's official members of the CMSS.

Cerebrovascular

- **AHA Stroke Projects.** There are several AHA guidelines and scientific statements of interest to neurosurgery that recently have been, or soon will be, updated.

  The Scientific Statements include:

  - Cervical Arterial Dissection Related to Cervical Manipulation (endorsed by AANS/CNS)
  - Primary Prevention of Stroke (endorsed by AANS/CNS)
  - Palliative and End of Live Care in Stroke (endorsed by AANS/CNS)
  - Management of Cerebral & Cerebellar Infarction with Swelling (endorsed by AANS/CNS)
  - Prevention of Stroke in Women (endorsed by AANS/CNS)
  - Scientific Rationale for Inclusion and Exclusion Criteria for Intravenous Thrombolysis (under development with CV Section appointee)

  The guidelines include:

  - Guidelines for Management of Unruptured Intracranial Aneurysms (reviewed by the JGC in August 2014)
  - Guidelines for the Management of Spontaneous Intracerebral Hemorrhage (reviewed by the JGC in June 2014)

- **Neurocritical Care Society.** The AANS and CNS recently formed a collaborative guidelines relationship with the NCS, similar to the process developed with AHA, where neurosurgery would prospectively identify guidelines projects of interest for review and potential endorsement, and look to have a formal AANS/CNS designee on the writing group. Two AANS/CNS liaisons to the NCS's guidelines committee keep the JGC apprised of NCS activities. In return, the JGC has allowed the NCS to appoint a liaison to the JGC for similar informational purposes. Current NCS projects include:

  - Multimodality Monitoring in Neuro ICU (consensus statement being reviewed by Trauma Section, but endorsement unlikely due to incomplete documentation provided by authors and other methodological issues)
  - Large Hemispheric Infarction (consensus statement reviewed by CV Section in June)

- Devastating Brain Injury (JGC submitted a letter declining endorsement due to methodological issues in early July 2014)

Spine/Peripheral Nerve

- Guidelines for the Surgical Management of Cervical Degenerative Disease (will be updated next year)
- Metastatic Spinal Tumor (under development, in collaboration with Tumor Section)
- Thoraco-Lumbar Trauma (under development, in collaboration with Trauma Section)
- Diagnosis and Treatment of Low Back Pain (NASS project currently under development, O'Toole representing Spine Section)

Trauma

- Brain Trauma Foundation Traumatic Brain Injury (ongoing updates)
- Pediatric Mild TBI (a CDC project led by Shelly Timmons and currently under development)
- ACOEM Occupational TBI (under development)

Tumor

- Low-Grade Glioma (currently under JGC review)
- Pituitary Adenoma Guideline (under development)

Stereotactic/Functional

- Deep Brain Stimulation for Patients with Obsessive Compulsive Disorder (endorsed by JGC and AANS/CNS in June 2014)

Pediatrics

- Pediatric Hydrocephalus (endorsed by JGC and AANS/CNS in February 2014)
- Neurosurgical Management of Children with Myelomeningocele (Peds Section applied for CNS support in summer 2014)

Pain

- Occipital neuralgia (early stages of development)

Cross-Sectional Projects

- Appropriateness Criteria for Diagnostic Imaging

DRUGS AND DEVICES

Administrative Issues

Following the October CNS Annual Meeting, the Drugs and Devices Committee will experience a change in leadership as follows:

Current	Incoming
Richard G. Fessler, MD, PhD, Chair	Robert F. Heary, MD, Chair
Fernando G. Diaz, MD, Vice-chair	William C. Welch, MD, Vice-Chair

Physician Industry Relations

Open Payments (Sunshine Act)

The Open Payment physician registration has been fraught with problems. Due to inaccuracies in industry reported data and computer system problems, CMS was required to extend the deadline for physicians to review and dispute data reported by industry to Sept. 10, 2014. Despite difficulties, CMS has insisted that the Open Payments public website will be available on Sept. 30, 2014. Physicians may continue to register and review their data, but corrections will not be made until sometime next year when CMS "refreshes" the data. The AANS/CNS Washington Office Staff is collecting feedback from neurosurgeons about their experience with Open Payments.

More information is available on the CMS Open Payments Website at: http://go.cms.gov/11HNVP0 Instructions for registration are available from the AANS/CNS at: http://bit.ly/UoCjCP.

AANS and CNS Activity on Open Payment Implementation

The AANS and CNS have been active in educating physicians about the Open Payment system and in expressing objections on numerous aspects of the project. Below are some highlights:

- **AANS-CNS Letter on Open Payment Dispute Processes.** On June 2, 2014, the AANS and CNS sent a letter to CMS in response to a May 5, 2015, CMS notice announcing details of the process by which CMS planned to manage and resolve physician disputes of errors in information reported by manufacturers to the CMS Open Payments system.

- **AANS-CNS Oppose Elimination of CME Exemption.** On Sept. 2, 2014, the AANS and CNS sent a letter to CMS objecting to a provision in the 2015 Medicare Physician Fee Schedule related to the continuing medical education (CME) exclusion of the Open Payments program. In our comments, we stated that we strongly oppose the proposal to eliminate the CME exemption from the Physician Sunshine Open Payments system. The current exemption, which requires compliance with the rigorous Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support: Standards to Ensure Independence in CME Activities, meets the goals of the Sunshine Act. At a minimum, a change in the CME policy should be delayed until organizations and CMS can fully analyze the impact of the proposal to eliminate the current exemption.

- **Dr. Harbaugh Addresses Open Payment Issues.** Over the past several years, AANS President, Robert Harbaugh, MD, has written and spoken tirelessly about the benefits of physician/industry relationships. On Aug. 19, 2014, he addressed an audience of industry representatives on the physician perspective of the Open Payments system, during a conference sponsored by CBI focused on transparency reporting for medical device and pharmaceutical manufacturers. Dr. Harbaugh highlighted the important patient benefits of innovation enhanced by physician and industry cooperation. He expressed concern that the Open Payments system was burdensome on physicians and could have a potentially chilling effect on innovation.

Congressional Activity

Medical Device Excise Tax

On Sept. 18, 2014, as part of the bipartisan jobs bill (H.R. 4), the House of Representatives repealed the 2.3 percent medical device excise tax. Efforts to repeal this tax enjoy wide bipartisan support.

21st Century Cures Initiative

Over the summer, the House Energy and Commerce (E&C) Committee launched a new initiative called the 21st Century Cures Initiative. The mission is to take a comprehensive look at steps needed to accelerate the pace of cures and innovation in America and has included the publication of white papers and a series of hearings, the most recent of which was held on Sept.10, 2014. Sponsored by E&C chair, Fred Upton (R-Mich.) and Diana DeGette (D-Colo.), the committee has been collecting data on this

broad topic with an eye towards unveiling legislation to implement the initiative in the 115th Congress. More information about the project is available at: http://energycommerce.house.gov/cures.

Food and Drug Administration Activities

FDA 2014-2018 Strategic Planning Document

On July 1, 2014, the FDA posted a draft Strategic Priorities FY 2014–2018. A copy of the document is available at: http://1.usa.gov/1rDPlKL.

UDI Surgical Tray Marking

The FDA is in the first year of a seven year process of implementing the Unique Device Identifier (UDI). Of concern to the agency, industry, and surgeons is the making of trays of small implantable devices such as spinal screws. The AANS and CNS are working with AdvaMed and other surgical societies to ask FDA for flexibility and additional time to finalize requirements for UDI marking for the trays.

AANS/CNS FDA Network of Experts Contract Renewed

On Aug. 15, 2014, the AANS and CNS renewed their contract with the FDA to provide access to neurosurgeon clinical experts under the Network of Experts program. Under this program, neurosurgical experts are asked to review and answer specific questions on a fast-track basis. More information on the program is at: http://1.usa.gov/1giGDgK.

Registry Program

On Oct. 14-16, 2014, the FDA will convene a three-day conference involving the Medical Device Epidemiology Network Initiative (MDEpiNet). The conference will bring a variety of stakeholders, including those from NIH, FDA, CMS, PCORI and physicians to discuss various topics regarding registries and post-market. Special attention will be given to efforts in the cardiovascular and orthopaedic arenas. Neurosurgery has expressed interested with FDA staff and may be invited to participate.

FDA Workshop on Brain Controlled Devices for Amputees.

The FDA will hold a public workshop on Nov. 21, 2014, entitled: "Brain-Computer Interface (BCI) Devices for Patients with Paralysis and Amputation." More information is available at: http://1.usa.gov/1qP740P.

Opioid Prescribing Policy

DEA Final Rule Reclassifying Hydrocodone

The Drug Enforcement Administration (DEA) issued a final rule on Aug. 21, 2014, to reclassify combination hydrocodone painkillers, such as Vicodin, from schedule III to the more restrictive schedule II category. On April 23, 2014, the AANS, CNS, and AANS/CNS Joint Section on Pain submitted a letter to the Drug Enforcement Agency (DEA) opposing the reclassification A copy of the DEA Federal Register Notice on the issue is available at: http://1.usa.gov/1qVwmZU.

EMERGENCY NEUROSURGICAL SERVICES

Legislative Activities

Working with other organization interested in trauma and emergency care, the AANS and CNS continue to press for legislation to fund and support programs aimed at improving emergency and trauma care services.

- H.R. 1098, TBI Reauthorization Act
- H.R. 1733/S. 2196, Good Samaritan Health Professionals Act

- H.R. 2651, the Critical Care Assessment and Improvement Act
- H.R. 3532: Protecting Student Athletes From Concussions Act of 2013
- H.R. 3548, the Improving Trauma Care Act, which became law (PL 113-152) on Aug. 8, 2014.
- H.R. 4080/S. 2405, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, which passed the House on June 24, 2014. The Senate bill passed the HELP Committee on July 23, 2014.
- H.R. 4290, Wakefield Act (children's EMS program), which passed the House on Sept. 9, 2014.

Regulatory Activities/Other

HHS Awards Funding for Emergency Response

The Health and Human Services Department recently announced that it has awarded $840 million to state and local health systems to help them prepare for emergencies. The Hospital Preparedness Program, which supports building health-related community coalitions for advance planning and then resource sharing during emergencies, was awarded $228.5 million. The Public Health Emergency Preparedness Program, which helps improve emergency response on the state and local levels, was awarded $611.75 million. Details: http://www.hhs.gov/news/press/2014pres/07/20140701a.html

Roundtable on Critical Care Policy Holds Annual Summit Meeting

On July 23, the Roundtable for Critical Care Policy held its sixth annual summit meeting in Washington, DC. This organization provides a forum for leaders in critical care and public health to advance a common federal policy agenda designed to improve the quality, delivery, and efficiency of critical care in the United States. Among other things, the Roundtable is advocating for the passage of H.R. 2651, the Critical Care Assessment and Improvement Act.

White House Hosts Summit on Youth Sports Safety

President Barack Obama hosted a White House summit on May 29 on youth sports safety and concussions. Attending the conference were athletes, parents, coaches, experts and other interested parties. The White House Healthy Kids & Safe Sports Concussion Summit will bring new commitments from the public and private sectors to research sports-related concussions and to raise awareness on how to identify, treat and prevent them.

Telemedicine

Working with the Trauma and CV Sections, the Washington Committee is in the process of drafting a position statement on telemedicine. There are a number of federal and state legislative and regulatory activities unfolding regarding the increased use of telemedicine, necessitating such a position statement.

MEDICAL LIABILITY REFORM

Federal Activities

Efforts to reform the medical legal system have been a low priority for the 113th Congress, as evidenced by the fact that the HEALTH Act (modeled after MICRA) has not yet been introduced. Nevertheless, a number of bills have been put forward this year, including:

- H.R. 36/S. 961, the Health Care Safety Net Enhancement Act
- H.R. 1733, Good Samaritan Health Professionals Act
- H.R. 3722, to provide protections for certain sports medicine professionals who provide medical services in a secondary state.
- H.R. 4106, Saving Lives, Saving Costs Act
- H.R. 4750/S. 1769, the Standard of Care Protection Act
- S. 44, the Medical Care Access Protection Act

State Activities

While there are a number of bills pending in various states and ongoing challenges to reforms that have already passed, the biggest issue facing medicine is occurring in California, where the trial lawyers have filed a ballot measure that would increase MICRA's cap on speculative, non-economic damages from $250,000 to more than $1.1 million. If adopted, the measure would accomplish the following:

- Raise $250,000 cap to $1.1 million + annual increases
- Require physicians to:
  - Check prescription drug tracking (CURES) database before prescribing Schedule II and III controlled substances;
  - Undergo random drug and alcohol testing;
  - Undergo mandatory drug/alcohol testing after an unexpected death/injury occurs;
  - Require physicians to report any witnessed medical negligence/substance misuse by other physicians;
  - Get on automatic suspension if they test positive for alcohol/drugs while on duty.
- Requires hospitals to report positive drug/alcohol tests to the medical board

A broad-based coalition is fighting against this effort. More information is available at http://www.noon46.com/ and http://www.micra.org/.

Federal Rules Initiative

The AANS and CNS, along with the AMA and a handful of other medical specialties, have been working with Professor Kenneth Lazarus of Georgetown University Law Center on the Federal Rules Initiative Group. This initiative is an effort to protect the litigating interests of physicians. Amendments to the Federal Rules impact federal court cases and also generally serve as a model for state rule enactments. Recent changes were made governing the discovery of expert testimony and the utilization of summary judgment remedies.

NEUROSURGICAL EDUCATION AND TRAINING

Regulatory Activity

IOM Study on Governance and Financing of Graduate Medical Education

Pursuant to a Congressional request in December 2011, the Institute of Medicine has embarked on a review of the GME system. On July 29, 2014, IOM released the report, *Graduate Medical Education That Meets the Nation's Health Needs*, which recommends a sweeping overhaul of the current graduate medical education (GME) system. Some take-away points include:

- Recommends maintaining Medicare support for GME;
- Rejects calls from physicians and hospitals to increase GME funding to address current and future projected workforce shortages;
- Calls for a complete overhaul of the current GME financing system, which will result in GME cuts and a shift of GME funds away from academic medical centers to community hospitals, clinics and other ambulatory care settings; and
- Significantly increases Centers for Medicare & Medicaid Services' (CMS) authority over workforce and GME.

Overall, organized neurosurgery was disappointed by the report, and issued a response to that effect. While the AANS and CNS commended the IOM for its two-year effort to develop the report, and noted that we are pleased that the committee supported continued Medicare funding of GME, we nevertheless expressed our disappointment that the IOM failed to adequately address the looming shortage of neurosurgeons and noted that we are very concerned that the recommendations calling for cuts to GME financing and other changes may jeopardize neurosurgical residency training programs.

In addition, the AANS and CNS also organized a Surgical Coalition press release, which pointed out data on the surgical workforce shortage and called for increased Medicare spending to fund additional residency training slots.

In the coming months, organized neurosurgery will continue to advocate to policymakers that having an appropriate supply of well-educated and trained physicians is essential to ensure access to quality healthcare services for all Americans.

COGME Seeks Nominations

The AANS and CNS have nominated Nate Selden, MD for a seat on the Council on Graduate Medical Education (COGME). COGME provides advice and recommendations to the Secretary of the Department of Health and Human Services and to Congress on a range of issues including the supply and distribution of physicians in the United States, current and future physician shortages or excesses, issues relating to foreign medical school graduates, the nature and financing of medical education training, and the development of performance measures and longitudinal evaluation of medical education programs.

Legislation

Legislation to provide GME funding for additional residency slots gain co-sponsors. These bills include:

- H.R. 1201, the Training Tomorrow's Doctors Today Act
- H.R. 1180/S. 577, the Resident Physician Shortage Reduction Act
- S. 1152, the Building a Health Care Workforce for the Future Act
- S. 1557, the Children's Hospital GME Support Reauthorization Act of 2013 (signed into law by President Obama)

To help promote these bills and raise awareness of the physician workforce problem, on May 6, 2014, Dr. Hunt Batjer participated in a program on Capitol Hill sponsored by the Association of American Medical Colleges.

Neurocritical Care

After more than 3 years of back-and-forth communication, and following a productive meeting, the Leapfrog Group has proposed making changes to its neurocritical care standards that will recognize CAST-accreditation as an additional pathway for recognition. The timeline for action is as follows:

- November 2014: Revised Leap will be published for 30-day comment period
- January 2015: Revised Leap will be pilot tested among 25-30 hospitals for a 30-day period
- April 2015: Revised Leap will go into effect

AMERICAN MEDICAL ASSOCIATION

The AMA House of Delegates (HOD) held its Annual Meeting in June 2014 in Chicago, IL. We made several adjustments to our delegation, given the resignation of Phillip W. Tally, MD and due to the loss of one AANS delegate and alternate following the five-year review of our membership numbers.

Neurosurgery Delegation

Maya Babu, MD, AMA Board of Trustees (Resident/Fellow member)
Ann R. Stroink, MD CNS Delegate, Delegation Chair
John K. Ratliff, MD, AANS Delegate
Krystal L. Tomei, MD, AANS Alternate Delegate
Zachary N. Litvack, MD, CNS Alternate Delegate (temporarily vacated due to YPS election)

Dr. Litvack was elected the alternate delegate from the AMA's Young Physicians Section and we added a new resident/fellow delegate to our ranks — William Doetsch, MD, who began his neurosurgical residency on July 1 at Northwestern University.

Board of Trustees Elections

The Neurosurgery Delegation officially endorsed the candidacy of Russ Kridel, MD for a position on the AMA Board of Trustees. Dr. Kridel is a facial plastic surgeon from Houston, Texas, and is a strong supporter of neurosurgery. Ann Stroink and Katie Orrico served on Dr. Kridel's campaign team and worked hard, along with his colleagues in facial plastic surgery and the Texas delegation, to get him elected. His campaign was a spectacular success and Dr. Kridel won his election, achieving the second highest vote count of all the candidates. Five of eight candidates were elected to the Board, including three incumbents.

Policy Recommendations

The neurosurgical delegation was actively involved in shaping a number of policy matters that were discussed and debated at this meeting, including:

- Observation status/2-midnight rule
- ICD-10
- Value modifier
- Resident duty hours
- Graduate Medical Education funding
- Maintenance of certification and maintenance of licensure
- Sports-related concussions
- Review of AMA's advocacy efforts
- Clinical Data Registries

Click here for full details of the policy actions taken at the meeting.

MISCELLANEOUS

Brain Aneurysm Awareness

Earlier this year, Reps. Pat Tiberi (R-Ohio) and Richard Neal (D-Mass.) introduced a resolution, H. Res. 522, which would designate September 2014 as "National Brain Aneurysm Awareness Month." A similar resolution, S. Res. 353, was introduced by Sen. Ed Markey (D-Mass.). Since neurosurgeons play a crucial role in the treatment of brain aneurysms, the AANS and CNS have endorsed these resolutions and are encouraging neurosurgeons to urge their elected officials to co-sponsor this initiative.

COMMUNICATIONS AND PUBLIC RELATIONS

Communication Activities

April Committee Meeting

The Communications and Public Relations (CPR) Committee met during the AANS Annual Meeting in San Francisco and approved the development of the Washington Office's media center. The media center will consist of a rapid response team made up of CPR members who will serve as media spokespersons on specific topics such as guidelines, spine, and other topics which need subject matter experts. Additionally, as part of the rapid response team, CPR members have also been assigned to monitor a host of media outlets for coverage as it pertains to neurosurgery and flag any items which require action. In the coming months, we hope these efforts will generate more media opportunities for neurosurgery and will help to promote and create additional content for Neurosurgery Blog.

Entering the World of Video

As part of our ever-growing digital advocacy strategy, we will be working diligently to build an online video presence. Multimedia content will help us develop a more personal and meaningful connection with viewers. This important step will allow for organized neurosurgery campaigns to take complex issues and make them relevant to a large audience in order to make a difference in the outcome of a policymaking process. During the CSNS meeting in April we were able videotape five short interview segments with physician leaders on various topics. These videos would use a mix of personal testimonials, emotionally charged images, and transition text and graphics, to highlight key legislatives items which will generate greater advocacy involvement. Once the 5-6 high quality legislative videos are produced, we will then have a video template for which we can work to develop other videos. CPR members on the call agreed with this recommendation and approved the project to move forward.

Neurosurgery Blog Needs Neurobloggers

One of the purposes of the Washington Office's social media platforms and blog, Neurosurgery Blog: More Than Just Brain Surgery, is to serve as an echo chamber for neurosurgical initiatives and achievements by creating a nexus where policy meets practice. As of September 15, 2014, we have disseminated 106 blog posts on topics including graduate medical education, stroke awareness, medical liability reform, and health reform in general. Since our last report, the following new blog posts have been published:

- AANS Spotlight: Neurosurgery Around the World
- CNS Spotlight: 2014 Fall Congress Quarterly Released
- Closed Intensive Care Units: Are Neurosurgical Patients Better Off?
- My Dog Park Encounter
- Make September National Brain Aneurysm Month
- California's MICRA is Under Attack
- GME Changes: Are we in danger of throwing the baby out with the bathwater?
- IOM Report Calls for Sweeping Overhaul of Medical Education Funding
- Right on the Money
- Neurosurgery Meets with Congress during Alliance of Specialty Medicine's Legislative Conference
- Independence Day: New Freedom for those with Back Pain
- Neurosurgery Contributes to Choosing Wisely Campaign
- AANS Spotlight: Icons, Inventions and Innovations
- Faces of Neurosurgery: Access Always
- Cross Post: Neurosurgeons Play a Pivotal Role in the Treatment of Stroke
- Medical Technology Provides Life Changing Solutions for Stroke Patients
- The Face of Neurosurgery

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms list below, so that you can keep your pulse on the many health-policy activities happening in the nation's capital and help promote our digital efforts. In addition, if you willing to author a blog post, please contact or if you have had an op-ed published, we would welcome the opportunity to place those types of pieces on Neurosurgery Blog.

- Neurosurgery Blog: More Than Just Brain Surgery – www.neurosurgeryblog.org
- Neurosurgery's Twitter Feed: @Neurosurgery – https://twitter.com/neurosurgery
- Neurosurgery's Facebook Page – http://bit.ly/NeuroFacebook
- Neurosurgery's LinkedIn Group – http://bit.ly/NeuroLinkedIn

Traditional Media Outreach

- **Neurosurgery's DC Office Continues to Implement Traditional Media.** In addition to aforementioned new media efforts, the DC office continues to implement traditional

media/communication efforts including Op Eds, letters to the editor, radio "tours" and desk side briefings with reporters. As such, we have been able to generate media hits in the following outlets:

- *American Medical News*
- *Becker's ASC Review*
- *Becker's Spine Review*
- *British Medical Journal*
- *Bureau of National Affairs (BNA)*
- *California Healthline*
- *Diane Rehm Show*
- *The Hill*
- *Health Leaders Media*
- *iHealthBeat*
- *Inside Health Policy*
- *Inside CMS*
- *Medical Marketing & Media*
- *MedPage Today*
- *Medscape*
- *medwire News*
- *Modern Healthcare*
- *NBC News*
- *The Plain Dealer*
- *Policy and Medicine Blog*
- *Politico*
- *Politico Pulse*
- *Portland Business Journal*
- *The Salt Lake Tribune*
- *The Wall Street Journal*
- *WSJ Pharmalot Blog*
- *The Washington Post*

Since December 2012, the Washington Office has generated 94 traditional media hits reaching a circulation/audience of 6.4 million. As a reminder, for individuals who want to keep tabs on our media outreach please visit our Press Room on the website. There you will find our statements and releases, letters to the editor, and media hits.

- **Neurosurgery Submits Multiple Letters to the WSJ.** The AANS and CNS along with other national neurosurgical groups submitted a Letter to the Editor to *The Wall Street Journal* in response to an April 15 article by Joseph Walker entitled "When Spine Implants Cause Paralysis, Who Is to Blame." Additionally, in conjunction with the Coalition on Liability and Access (HCLA) the AANS and CNS submitted another Letter to the Editor to *The Wall Street Journal* in response to an April 16 editorial entitled "California's Malpractice Ruse." Although both letters were not published, organized neurosurgery will continue monitor news coverage and submit letters to help promote the viewpoints of the AANS and CNS.

- **AANS and CNS Sponsor Ad to Repeal Medical Device Tax.** The AANS and CNS joined AdvaMed in sponsoring an advertisement in Politico, urging Congress to repeal the medical device excise tax, which was included in the Affordable Care Act. Repealing this tax is a top legislative priority for organized neurosurgery, as we believe it will adversely affect medical innovation.

- **AANS and CNS Partners with AdvaMed on Stroke Awareness.** In May, neurosurgery partnered with AdvaMed for National Stroke Awareness Month. As a result, Neurosurgery Blog featured a guest post by Wanda Moebius, senior vice president, public affairs AdvaMed which highlighted how medical technology provides life changing solutions for stroke patients. Additionally, Clemens Schirmer, MD authored a blog highlighting the importance that neurosurgeons play in the treatment of stroke. It was featured on AdvaMed's website and pushed out through a variety of its own communication tools – allowing us to leverage the reach of this message.

Member Outreach

The AANS and CNS have continued to update our members by disseminating a monthly DC e-newsletter to better inform them of key health policy activities happening in Washington. To date, we have we have produced twenty seven "Neurosurgeons Taking Action" newsletters, which reach a distribution list of 10,350 individuals. Accessing past issues is easy as they are archived directly on the AANS website and are available at: http://bit.ly/MgL646. The average opened rate for the past four DC e-newsletters is 32.8 percent, which, according to industry experts who track email marketing benchmarks by industry, is 7 percentage points above the non-profit average.

Additionally, the DC office regularly submits items to AANS and CNS for website postings and continues to provide content for AANS and CNS newsletters and publications and. Since our last report, we have contributed to the following items:

- May *AANS Neurosurgeon* "Washington Watch" article
- CNS Summer *Congress Quarterly* "Working for You in Washington"
- June *AANS Neurosurgeon* "Washington Watch" article
- CNS Fall *Congress Quarterly* "Washington Update Open Payments News"
- September *AANS Neurosurgeon* "Washington Watch" article

Coalition Efforts

The Alliance of Specialty Medicine and Health Coalition on Liability and Access

The AANS and CNS have continued to work closely with other healthcare organizations, including the Alliance of Specialty Medicine (Alliance), the Health Coalition on Liability and Access (HCLA) to provide assistance in promoting those organizations and/or their health policy and advocacy to the media. Past Washington Committee Chairman, Alex Valadka, serves as the spokesperson for the Alliance and is also called on by HCLA to speak on the topic of medical liability reform. Washington Office staff member, Alison Dye, also serves as HCLA's communications chair.

Working with these groups, we have been able to generate media hits in the following outlets:

- *American Medical News*
- *The Congressional Quarterly*
- CQ *Healthbeat*
- *FierceHealthcare*
- *Health Affairs*
- *Inside Health Policy*
- *MedPage Today*
- *Modern Healthcare* Magazine
- *Modern Physician*
- *Politico Pulse*
- *Roll Call*
- *The Hill*

Most recently, in conjunction with the HCLA, the AANS and CNS submitted a Letter to the Editor to *The Wall Street Journal* in response to an April 16 editorial entitled "California's Malpractice Ruse." In addition, the Alliance letter which raised concerns with the dispute resolution process for the sunshine law's Open Payments, was covered by Inside Health Policy in an article entitled, "Physicians Groups Raise Concerns Over Sunshine Law's Dispute Process".

In July, the Alliance of Specialty Medicine featured neurosurgery in its summer 2014 e-newsletter On-Call. The publication was circulated to all members of Congress, select media and others.

Partners for Healthy Dialogues

Organized neurosurgery has continued to participate with the Partners for Healthy Dialogues campaign, an initiative aimed at educating physicians and patients about the Sunshine Act and the benefits of appropriate industry and physician interaction and collaboration. As part of our ongoing efforts, Drs. Robert Harbaugh, John Ratliff, and Nathan Selden worked with the media to generate the following media hits:

- Is the Sunshine Act website repeating HealthCare.gov's mistakes?
- Ain't No Sunshine in This Act
- Physician Payments Sunshine Act: Medical Groups Petition CMS to Add Proper Context to Payments, Increase Physician Outreach, Simplify Open Payments Registration
- Doctors want to know how CMS plans to display Sunshine payment data
- Medical, Pharma Groups Ask CMS for Details on Payment Database
- Docs Complain to CMS About "Sunshine" Data Disclosures
- Docs' Groups Ask CMS For Preview Of Sunshine Data Context
- Don't throw the baby out with the bathwater
- Physician-industry teamwork advances care

Choosing Wisely® Initiative

In June, the AANS and CNS released a list of specific tests or procedures that are commonly ordered but not always necessary in neurosurgery as part of *Choosing Wisely®*, an initiative of the ABIM Foundation. The list identified five targeted, evidence-based recommendations that can support physicians in working with their patients to make wise choices about their care. To promote this effort, the Washington Office disseminated a press release which generated media hits, which are included on our Press Room on the website. Additionally, John Ratliff, MD, authored a guest blog post which was featured on Neurosurgery Blog and circulated across neurosurgery's various social media platforms.

Accomplishments

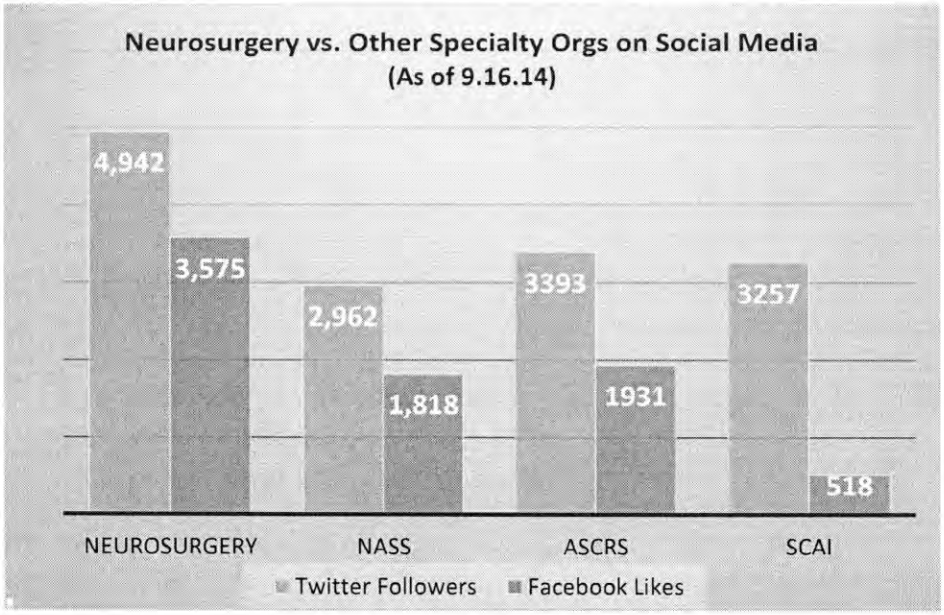
Making Progress

Neurosurgery continues to see a significant expansion of its digital media outreach. Listed below are some key metrics pertaining to neurosurgery's digital media efforts:

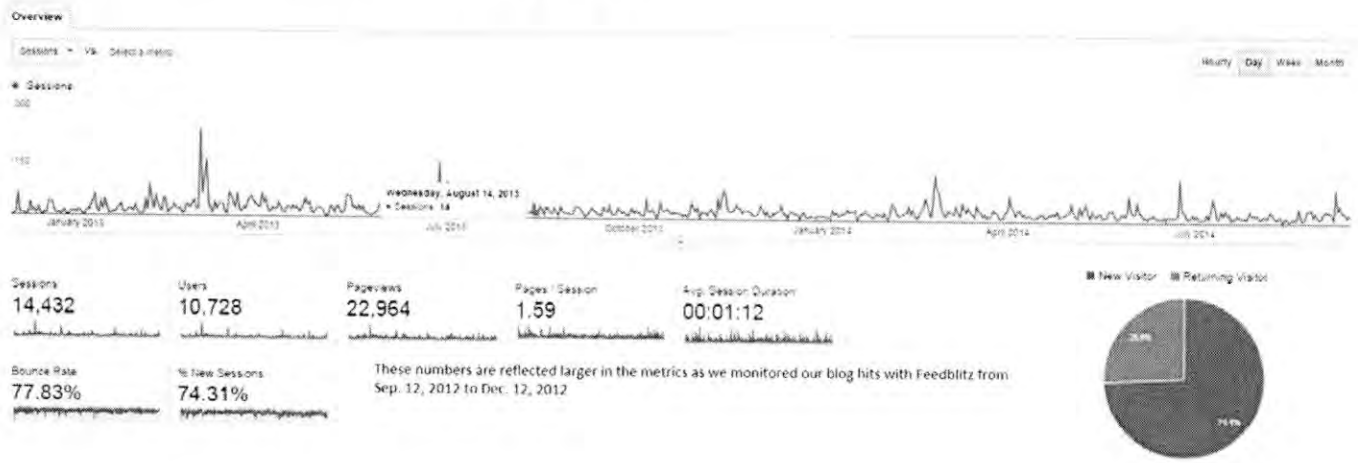
Categories	3/15/12 – 12/31/13	2014 YTD	3/15/12 - YTD
Twitter touches	7,197,265	5,725,255	12,922,520
Bitly hits	26,899	10,934	37,833
Blog hits	16,477	6,980	23,457
Facebook touches	241,037	228,288	469,325
LinkedIn touches	19,782	32,385	52,167
		Total Digital Impressions	**13,505,302**

Neurosurgery Social Media Followers

The following charts compare and contrast neurosurgery's social media followers versus several other medical organizations. Overall, we are demonstrating consistently higher penetration, which continues to grow.



Google Analytics Stats for Neurosurgery Blog



Questions or Comments about this Washington Update should be directed to:

Katie O. Orrico, Director
AANS/CNS Washington Office
202-446-2024
korrico@neurosurgery.org

AANS/CNS Spine Section Session

Timing for 2015 AANS Meeting: 2:00-4:30PM

2015 Program

Moderators:
John Hurlbert, MD
Frank La Marca, MD

2:00-3:29 PM
Symposium
Spinal Trauma: State of the Art

2:00-2:14 PM
Management of Spinal Trauma: Indications for Early vs. Delayed Surgical Intervention
Speaker: Joseph Cheng, MD

2:15-2:29 PM
Classification Systems for Spinal Trauma: Clinical Applications
Speaker: Jim Harrop, MD

2:30-2:44 PM
Treatment Protocols for Spinal Cord Injury: Effects on Functional Outcome
Speaker: Allan Levy, MD

2:45-2:59 PM
Biomechanical Considerations in Surgical Decision Making
Speaker: Michael Steinmetz, MD

3:00-3:14 PM
Minimally Invasive Surgical Approaches to the Treatment of Spinal Trauma
Speaker: Paul Park, MD

3:15-3:29 PM
Post Traumatic Spinal Deformity: Prevention and Treatment Options
Speaker: Praveen Mummaneni, MD

3:30-4:30 PM
Abstract Presentations (7 abstract presentations at 7 minutes each)
3:31-3:38 PM
3:39-3:46 PM
3:47-3:54 PM
3:55-4:02 PM
4:03-4:10 PM
4:11-4:18 PM
4:20-4:27 PM

4:28-4:30 PM
Q&A

Preliminary Scientific Program

31st Annual Meeting of the CNS/AANS Section on Disorders of the Spine and Peripheral Nerves

presents

Spine Summit 2015

March 4-7, 2015 | JW Marriott Desert Ridge | Phoenix, Arizona

One Spine One World

ACSR Association for Collaborative Spine Research

SASS International Society for the Advancement of Spine Surgery

Cervical Spine Research Society — Founded 1973

AOSPINE

Scoliosis Research Society — Founded 1966

SMISS Society for Minimally Invasive Spine Surgery

Congress of Neurological Surgeons 1951 — Eruditio Et Observantia Societas

CNS

SECTION ON DISORDERS OF THE SPINE AND PERIPHERAL NERVES

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

Harvey Cushing — American Association of Neurological Surgeons

Jointly provided by the Congress of Neurological Surgeons and the Section on Disorders of the Spine and Peripheral Nerves

MEETING HIGHLIGHTS

- Obtain up to 19 credits in Category 1 CME credit towards the AMA Physician's Recognition Award (PRA). An additional 9.75 credits are available through optional programming
- Choice of six Special Courses and three Luncheon Symposia
- ***New*** Dinner Seminar
- Scientific Sessions and Special Courses presented by leading experts from both neurosurgery and orthopedic spinal and peripheral nerve surgery subspecialties
- Oral Presentations, Oral Poster and Digital Poster Abstracts

DATES TO REMEMBER

- **February 6**
  Advance Registration and Housing Deadline
- **February 10**
  Any changes to hotel reservations must be made directly with the hotel from this date forward
- **February 16**
  - $100 processing fee will be charged for written cancellations received by this date, regardless of cause
  - Special Course, Symposia and event tickets will be refunded in full until this date
  - Absolutely no refunds given after February 16, regardless of cause

DEAR COLLEAGUE,

We are excited to announce our first-ever Spine Summit, in collaboration with six other spine societies. Join us March 4-7, 2015 in Phoenix, Arizona for the 31st Annual Meeting of the Section on Disorders of the Spine and Peripheral Nerves. Engage with your fellow spine and peripheral nerve specialists as we explore our theme, ***One Spine, One World.***

Offering lectures and courses on the latest surgical and non-surgical approaches to spine and peripheral nerve disorders, Spine Summit 2015 will change the way you practice with daily scientific sessions, case presentations and the most current original science on display. Our program also offers four David Cahill Memorial Controversies Sessions where you'll hear the experts debate hot-button topics affecting our specialty today. Six Special Courses, three Luncheon Symposia, an all-new Dinner Seminar and a hands-on Cadaver Course will provide optional education to enhance your meeting experience.

The beautiful award-winning JW Marriott Desert Ridge offers breathtaking mountain and desert views, superior service, luxurious facilities, Revive Spa, excellent dining options and championship Wildfire Golf Club, home to the LPGA Founders Cup.

So, come to Phoenix for an outstanding educational program, exciting Exhibit Hall featuring the latest developments and technology and to network with colleagues.

Make your arrangements and register today at www.cns.org!

Michael Y. Wang, MD, FACS
Annual Meeting Chair

Zoher Ghogawala, MD, FACS
Scientific Program Chair

WELCOME TO OUR SPINE SUMMIT PARTNER SOCIETIES

CNS/AANS Joint Section on Disorders of the Spine and Peripheral Nerve
R. John Hurlbert

AO Spine - North America
Michael Fehlings

AO Spine - International
Jeff Wang

Association for Collaborative Spine Research (ACSR)
Alex Vaccaro

Cervical Spine Research Society (CSRS)
K. Daniel Riew

International Society for the Advancement of Spine Surgery (ISASS)
Jeff Goldstein

Scoliosis Research Society (SRS)
Steven Glassman

Society for Minimally Invasive Spinal Surgery (SMISS)
Greg Anderson

PROGRAM AT-A-GLANCE

WEDNESDAY, MARCH 4, 2015

11:00 AM – 6:00 PM
Registration

1:30 – 5:30 PM
- **Special Course I – Spine Business and Compensation**
- **Special Course II – SRS – Spinal Deformity**
- **Special Course III – SMISS – Problem-Based Learning, Minimally Invasive Approaches**
- **Special Course IV – AO Course – Spine Trauma**
- **Special Course V – DO Course**
- **Special Course VI – Mexican Spine Surgeon Symposium**

6:30 – 8:00 PM
Opening Reception

THURSDAY, MARCH 5, 2015

6:00 AM – 6:00 PM
Registration

6:00 AM – 7:00 AM
Continental Breakfast

6:30 – 6:55 AM
Tales from the Front Lines: Case Presentations

7:00 – 8:00 AM
Scientific Session I
New Lumbar Spine Techniques

8:00 – 9:00 AM
Scientific Session II
SRS Co-Sponsored Session – Spine Deformity

9:00 AM – 6:00 PM
Exhibit and Poster Viewing

9:00 – 9:50 AM
Society Career Award Winners

9:50 – 10:40 AM
Chairmen Talks – History of the Spine Societies

10:40 – 11:00 AM
Beverage Break and *What's New* Session I

11:00 – 11:45 AM
Scientific Session III
Advances in CSM Treatment

11:45 AM – 12:00 PM
CSRS Debate

12:00 – 1:00 PM
Lunch with Exhibitors and *What's New* Session II

1:00 – 2:30 PM
Scientific Session IV
Outcomes

2:30 – 3:30 PM
Oral Presentations I

3:30 – 4:00 PM
Beverage Break and *What's New* Session III

4:00 – 6:00 PM
Oral Presentations II

4:00 – 6:00 PM
Oral Presentations III

2:30 – 6:00 PM
Peripheral Nerve Didactic Session

6:00 – 7:00 PM
Reception with Exhibitors

6:30 – 8:30 PM
Dinner Seminar:
The Ethical and the Medical-Legal World of Spine Surgery

FRIDAY, MARCH 6, 2015

6:00 AM – 6:00 PM
Registration

6:00 AM – 7:00 AM
Continental Breakfast

9:00 AM – 2:00 PM
Exhibits and Poster Viewing

6:30 – 6:55 AM
Tales from the Front Lines: Case Presentations

7:00 – 8:00 AM
Scientific Session V
Spine Trauma

8:00 – 9:30 AM
Oral Presentations IV

9:30 – 10:00 AM
Beverage Break and *What's New* Session IV

10:00 – 11:30 AM
Scientific Session VI
Quality in Spine Surgery

11:30 AM – 12:30 PM
Scientific Session VII
Top Oral Papers

12:30 – 1:00 PM
Spine Section Business Meeting

1:00 – 1:30 PM
Lunch with Exhibitors and *What's New* Session V

1:00 – 2:30 PM
Luncheon Symposium I – III

1:00 – 5:30 PM
Spine Section Cadaveric Instruction with Lunch

6:30 – 9:00 PM
Young Neurosurgeons' Dinner

SATURDAY, MARCH 7, 2015

7:30 AM – 12:00 PM
Registration

7:30 AM – 8:00 AM
Continental Breakfast

8:00 – 9:00 AM
Scientific Session VIII
Arthroplasty – ISASS and CSRS

9:00 – 9:30 AM
Coffee Break

9:30 – 10:30 AM
Cahill Controversies Session

10:30 AM – 12:10 PM
Oral Presentations V

MEETING AGENDA

WEDNESDAY, MARCH 4, 2015

11:00 AM - 6:00 PM
Registration

1:30 - 5:30 PM
Special Course I -
Spine Business and Compensation
$250 includes lunch
Course Directors: *Luis Tumialan, Dom Coric*
Faculty: *Luis Tumialan, Dom Coric, Kevin Foley, Jack Knightly, Michael Steinmetz, Daniel Refai*
Course Description: This course will provide up-to-date information on current issues in compensation and practice management for spine surgeons. Scenarios will be reviewed for the correct coding of routine as well as complex spinal procedures. The impact of quality measures on reimbursement will be discussed. Insights on management of a spine practice will be reviewed.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Integrate the newest changes in CPT coding for spine
- Discuss the potential financial impact of different types of spine practices
- Explain how outcomes collection and quality measures may have significant impact on spine practices

1:30 - 5:30 PM
Special Course II -
SRS - Spinal Deformity
$250 includes lunch
Course Directors: *Kai-ming Fu, Shay Bess, Steve Glassman*
Faculty: *Mike Kelly, Themi Protopsaltis, Rick Hostin, Robert Hart, Praveen Mummaneni, Mike Daubs, Eric Klineberg, Chris Shaffrey, Chris Ames, Kai-ming Fu, Shay Bess, Doug Burton, Frank Schwab*
Course Description: This course will explore the current management of spinal deformity conditions. The discussion will provide an opportunity for spine surgeons to expand their knowledge on the most up-to-date treatment options available for spinal deformity. Speakers will discuss what interventions are appropriate and when to operate.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Appraise the current management options for spinal deformity
- Integrate the current research regarding spinal deformity into clinical practice
- Recognize the challenges in spinal deformity management and best practices available

1:30 - 5:30 PM
Special Course III -
SMISS - Problem-Based Learning, Minimally Invasive Approaches
$250 includes lunch
Course Directors: *William Taylor, Langston Holly*
Faculty: *Mike Wang, Anthony Frempong Boadu, Jean Pierre Mobasser, Juan Uribe, Adam Kanter, John O'Toole, Steven Ludwig, Neel Anand*
Course Description: This course will utilize a problem based learning format to explore minimally invasive spine approaches to a variety of cases. The discussion will focus on the impact of common problems that arise from these approaches.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Discuss the potential utility and limitations of minimally invasive approaches to surgery
- Relate approaches to commonly presented problems in spinal surgery

1:30 - 5:30 PM
Special Course IV -
AO Course - Spine Trauma
$250 includes lunch
Course Directors: *Paul Arnold, Mike Steinmetz*
Faculty: *Paul Anderson, Jim Harrop, Bizhan Aarabi, Michael Fehlings, Alex Vaccaro, Michael Steinmetz, Darrel Brodke, Tom Mroz, Carlo Bellabarba, Paul Arnold*
Course Description: This course will discuss the current surgical management of spinal trauma. The management of cervical, thoracic, and lumbar spinal trauma will be reviewed. Approaches to spinal regeneration will also be discussed.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Discuss the management of a dislocated cervical facet
- Discuss the role of minimally invasive techniques for spinal reconstruction
- Recognize the appropriate decision making process to return to play following neuropraxia

1:30 - 5:30 PM
Special Course V - DO Course
$250 includes lunch
Course Directors: *Steven Vanni, Robert Galler*
Faculty: *Pradeep Setty, Lee Sanquist, Cliff Housman, Francesco Mangano, Mike Wang, Larry Armstrong, Alan Levi, Nick Qandah, Robert Galler, Steven Vanni, Gary Simonds, Ryan Barrett, Ripul Panchal, Aaron Danison, Michael Thomas*
Course Description: This course will provide an update on progress in research by resident, fellow and attending neurosurgical spine surgeons. Clinical and laboratory research will be presented and discussed in a forum intended to promote an active exchange of ideas. Insights on the identity of AOBS certified neurosurgeons in the United States will be reviewed.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Integrate the latest in research into clinical practice
- Discuss the various updates as they relate to cutting edge research
- Describe how the new ACGME guidelines may have significant impact on AOBS neurosurgical practices

1:30 - 5:30 PM
Special Course VI - Mexican Spine Surgeon Symposium
$250 includes lunch
Course Directors: *Luis Tumialan, Juan Uribe, Jose Soriano*
Faculty: *Juan Uribe, Chris Shaffrey, Jose Soriano, Luis Tumialan, Dom Coric, Zoher Ghogawala*
Course Description: This course will provide practical, current didactic information on spine disorders with particular emphasis on surgical approaches, stabilization techniques, complications avoidance and management, surgical and non-surgical decision making and management as well as discussion on future trends in Mexican neurosurgery.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Analyze the evolution of spinal surgery in Mexico
- Recognize the technical nuances of spinal surgery practiced in Mexico
- Develop strategies for complication avoidance and management
- Describe the evaluation and appropriate management for a number of spinal pathologies
- List the advantages and disadvantages of spinal surgical techniques

6:30 – 8:00 PM
Opening Reception

THURSDAY, MARCH 5, 2015

6:00 AM – 6:00 PM
Registration

6:30 – 6:55 AM
Tales from the Front Lines: Case Presentations

6:55 – 7:00 AM
Introductory Remarks/Meeting Announcements

7:00 – 8:00 AM
Scientific Session I
New Lumbar Spine Techniques
Moderators: *Srini Prasad, Daniel Refai*
Faculty: *Srini Prasad, Alex Powers, Mike Wang, Daniel Refai*
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Assess the current literature on surgical treatment of degenerative lumbar spine disease
- Analyze the indications and expected outcomes for new lumbar spine surgical procedures

7:00 – 7:10 AM
Expandable Interbody Cages
Srini Prasad

7:10 – 7:20 AM
Alternate Posterior Stabilization
Alex Powers

7:20 – 7:30 AM
Percutaneous Discectomy – Decompression
Mike Wang

7:30 – 7:40 AM
Robotics and Spinal Surgery
Daniel Refai

7:40 – 8:00 AM
Discussion

8:00 – 9:00 AM
Scientific Session II
SRS Co-sponsored Session – Spine Deformity
Moderators: *Shay Bess, Praveen Mummaneni, Steve Glassman*
Faculty: *Steve Glassman, Chris Shaffrey, Sig Berven, Praveen Mummaneni, Frank LaMarca, David Polly*
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Discuss the different treatment options for spinal deformity cases
- Describe how sagittal balance relates to clinical outcomes
- Discuss complications and avoidance

8:00 – 8:08 AM
Alignment vs. Balance
Steve Glassman

8:08 – 8:16 AM
Anterior Options for Deformity Correction
Chris Shaffrey

8:16 – 8:24 AM
Osteotomies
Sig Berven

8:24 – 8:32 AM
MIS Approaches to Deformity Surgery
Praveen Mummaneni

8:32 AM – 8:40 AM
Complications – Adjacent Level Disease
Frank LaMarca

8:40 – 8:48 AM
The Role of Pelvic Manipulation in Deformity Correction
David Polly

8:48 – 9:00 AM
Discussion

9:00 AM – 7:00 PM
Exhibit and Poster Viewing

9:00 – 9:50 AM
Society Career Award Winners
Moderator: *R. John Hurlbert*

9:00 – 9:05 AM
Meritorious Member Award Recipient Bernard Schacter
To be introduced by R. John Hurlbert

9:05 – 9:10 AM
Introduction of Meritorious Award Winner – Orthopaedic Surgery
Daniel K. Resnick

9:10 – 9:27 AM
Meritorious Award Winner Address – Orthopaedic Surgery
Steve Glassman

9:27 – 9:32 AM
Introduction of Meritorious Award Winner – Neurosurgery
Michael Steinmetz

9:32 – 9:50 AM
Meritorious Award Winner Address – Neurosurgery
Edward Benzel

9:50 – 10:40 AM
Chairmen Talks – History of the Spine Societies

9:50 – 10:00 AM
Introduction of Chairmen
Zoher Ghogawala

10:00 – 10:05 AM
One Spine – One World
R. John Hurlbert

10:05 – 10:10 AM
History of CSRS
Daniel Riew

10:10 – 10:15 AM
History of SRS
Steve Glassman

10:15 – 10:20 AM
History of ISASS
Jeff Goldstein

10:20 – 10:25 AM
History of AO Spine
Michael Fehlings

10:25 – 10:30 AM
History of AO Spine International
Jeff Wang

10:30 – 10:35 AM
History of ACSR
Alex Vaccaro

10:35 – 10:40 AM
History of SMISS
Greg Anderson

10:40 – 11:00 AM
Beverage Break and *What's New Session I*

MEETING AGENDA

11:00 – 11:45 AM
Scientific Session III
Advances in CSM Treatment
Moderators: *Erica Bisson, Langston Holly*
Faculty:*Langston Holly, Erica Bisson, Shekar Kurpad, Michael Fehlings*
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Assess the most current treatment options for cervical spondylotic myelopathy
- Analyze the indications and expected outcomes for new CSM procedures

11:00 – 11:08 AM
Management of CSM
Langston Holly

11:08 – 11:16 AM
Outcomes Following Surgery – N2QOD
Erica Bisson

11:16 – 11:24 AM
Diffusion Tensor Imaging
Shekar Kurpad

11:24 – 11:32 AM
CSM-Protect Trial
Michael Fehlings

11:32 – 11:45 AM
Discussion and Questions

11:45 AM – 12:00 PM
CSRS Debate

11:45 – 11:47 AM
Introduction to CSRS Debate
James Harrop

11:47 – 11:52 AM
Neuromonitoring is Useful
Alan Hilibrand

11:52 – 11:57 AM
Neuromonitoring is Dangerous
Vincent Traynelis

11:57 AM – 12:00 PM
Discussion

12:00 – 1:00 PM
Lunch with Exhibitors and
What's New Session II

1:00 – 2:30 PM
Scientific Session IV
Outcomes
Moderator: *Zoher Ghogawala*
Faculty: *Jens Chapman, Daniel Resnick, Doug Burton, Robert Harbaugh, Sig Berven, Tom Mroz, Alex Vaccaro*
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Discuss how outcomes collection and quality measures may have significant impact on spine practices
- Describe the impact of value based care on spine practices

1:00 – 1:10 PM
Big Data and the Big Picture
Jens Chapman

1:10 – 1:20 PM
NASS – Non-operative and Operative Outcomes
Daniel Resnick

1:20 – 1:30 PM
SRS – What are We Learning?
Doug Burton

1:30 – 1:40 PM
N2QOD Registry
Robert Harbaugh

1:40 – 1:50 PM
The Value Proposition
Sig Berven

1:50 – 2:00 PM
Will Outcomes Improve My Practice
Tom Mroz

2:00 – 2:10 PM
Next Steps in Registry Development
Alex Vaccaro

2:10 – 2:30 PM
Discussion

2:30 – 3:30 PM
Oral Presentations I
Moderators: *Frank LaMarca, Sanjay Dhall*

3:30 – 4:00 PM
Beverage Break and
What's New Session III

4:00 – 6:00 PM
Oral Presentations II
Moderator: *Langston Holly*

4:00 – 6:00 PM
Oral Presentations III
Moderator: *Pete Angevine*

2:30 – 6:00 PM
Peripheral Nerve Didactic Session
Moderator: *Lynda Yang*

6:00 – 7:00 PM
Reception with Exhibitors

6:30 – 8:30 PM
Dinner Seminar
The Ethical and the Medical-Legal World of Spine Surgery
James Bean, Bradley Jacobs, Katie Orrico, Richard Wohns

FRIDAY, MARCH 6, 2015

6:00 AM – 6:00 PM
Registration

9:00 AM – 2:00 PM
Exhibits and Poster Viewing

6:30 – 6:55 AM
Tales from the Front Lines: Case Presentations

7:00 – 8:00 AM
Scientific Session V
Spine Trauma
Moderators: *James Harrop, Eve Tsai*
Faculty: *Michael Steinmetz, Carles Agbi, James harrop, Charles Fisher, Ann Parr, Michael Fehlings, Paul Arnold*
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Assess different approaches to spine trauma treatment to determine what is the best option for the patient
- Describe the protocols for identifying and assessing spine injuries

7:00 – 7:05 AM
Screening for Vertebral Artery Injuries
Michael Steinmetz

7:05 – 7:10 AM
Thoracolumbar Burst Fracture – Case Presentation
Charles Agbi

7:10 – 7:20 AM
Operative Strategies
James Harrop

7:20 – 7:30 AM
Conservative Approaches
Charles Fisher

7:30 – 7:35 AM
Cahill Debate – Timing of Surgery for Central Cord Injury – Case
Ann Parr

7:35 – 7:40 AM
Operate Early
Michael Fehlings

7:40 – 7:45 AM
Do Not Operate Early
Paul Arnold

7:45 – 8:00 AM
Discussion

8:00 – 9:30 AM
Oral Presentations IV
Moderators: *Kurt Eicholtz, Erica Bisson*

9:30 – 10:00 AM
Beverage Break and
What's New Session IV

10:00 – 11:30 AM
Scientific Session VI
Quality in Spine Surgery
Moderator: *Daniel Resnick*
Faculty: *Joseph Cheng, Chris Wolfla, Jack Knightly, Raj Midha, Mike Groff, Kris Radcliff, Daniel Riew, Ian Kalfas*
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Discuss how quality improvement measures can be successfully applied in surgery
- Describe how to implement and sustain comprehensive value based quality improvement

10:00 – 10:10 AM
Who is Watching?
Joseph Cheng

10:10 – 10:20 AM
Patient Perspective
Chris Wolfla

10:20 – 10:30 AM
Payer Perspective
Jack Knightly

10:30 – 10:40 AM
Positioning in the OR – Avoiding Injury
Raj Midha

10:40 – 10:50 AM
Avoiding Wrong Level Surgery
Mike Groff

10:50 – 11:00 AM
Reducing Infection – Vancomycin Powder
Kris Radcliff

11:00 – 11:10 AM
Assessment of Fusion – Too Many CTs?
Daniel Riew

11:10 – 11:20 AM
Re-operations – Avoidable?
Ian Kalfas

11:20 – 11:30 AM
Discussion

11:30 AM – 12:30 PM
Scientific Session VII
Top Oral Papers
Moderators: *Charlie Branch, Joe Cheng*
Discussants: *Zoher Ghogawala, Praveen Mummaneni, R. John Hurlbert, Robert Spinner, Ziya Gokaslan, Chris Wolfla*

12:30 – 1:00 PM
Spine Section Business Meeting

12:30 – 12:36 PM
Washington Committee Report
John Wilson

12:36 – 12:42 PM
Secretary's Report
Marjorie Wang

12:42 – 12:48 PM
Treasurer's Report
Charlie Kuntz

12:48 – 12:54 PM
Future Sites Committee Report
Chris Wolfla

12:54 – 1:00 PM
Nominating Committee Report
Mike Groff

1:00 – 1:30 PM
Lunch with Exhibitors and
What's New Session V

1:00 – 2:30 PM
Luncheon Symposium I
Complication Management with the Masters
Directors: *Eric Potts, Regis Haid*
Faculty: *Vince Traynelis, Chris Shaffrey, Tyler Koski, Rusty Rodts*
Course Description: This course will discuss the evolution in the diagnosis and treatment of spinal disorders, as well as management of complications of treatment from the perspective of those who have extensively contributed to that evolution. Attendees will gain wisdom from historical knowledge and experiential narration.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Discuss the gravity of decisions that lead to complications
- Discuss the underlying principles that might be used to minimize complications
- Develop strategies that can be used to deal with surgical complication

1:00 – 2:30 PM
Luncheon Symposium II
Metastatic Spine Disease – Treatment Options
Directors: *John Shin, Ziya Gokaslan, Larry Rhines*
Faculty: *Dan Sciubba, John Chi, Mark Bilsky, Michelle Clarke*
Course Description: This course will provide a comprehensive review of the care of patients with metastatic spine tumors. The experts in the field of Spinal Oncology will discuss topics such as evaluation of patients with metastatic spine disease, minimally invasive and open surgical treatment options, conventional and stereotactic radiosurgery as well as vertebroplasty/kyphoplasty with relevant up-to-date review of the literature.
Learning Objectives: *Upon completion of this course, participants will be able to:*
- Evaluate patients with metastatic spine tumors presenting with myelopathy, cauda equina syndrome or pain
- Discuss the appropriate treatment options for a given patient including conventional radiation therapy, stereotactic surgery, minimally invasive and traditional open surgical procedures
- Identify appropriate patients who are candidates for vertebroplasty and kyphoplasty
- Review published data on the effectiveness of these various treatment modalities in patients with metastatic spine disease

1:00 - 2:30 PM

Luncheon Symposium III
Advanced Lateral Access Interbody Fusion: Deformity

Directors: *Adam Kanter, Juan Uribe*
Faculty: *Adam Kanter, Juan Uribe, William Taylor, Larry Khoo, John O'Toole*
Course Description: This course will focus on the indications, outcomes and complications of the advanced lateral access interbody fusion technique. Specific lectures will concentrate on anatomy and approach, literature based outcomes, complication avoidance and management, and clinical pearls.
Learning Objectives: *Upon completion of this course, participants will be able to:*

- Review and discuss indications for advanced lateral access approaches and surgery
- Discuss the complications and their avoidance in these procedures
- Review the clinical and radiographic results in advanced lateral access interbody fusion procedures

1:00 - 5:30 PM

Spine Section Cadaveric Instruction with Lunch

Directors: *Luis Tumialan, Daniel Hoh*
Course Description: In this course, participants will engage in hands-on learning of innovative new technologies in spine and peripheral nerve surgery. With this four hour cadaver lab, participants will learn advanced techniques in minimally invasive and deformity spine surgery and peripheral nerve repair. Rotations include direct lateral lumbar approaches, minimally invasive lumbar fusion, percutaneous screw fixation, endoscopic decompression, spinal deformity correction, and peripheral nerve grafting. One-on-one instruction will be performed with experienced faculty using the latest state-of-the-art instrumentation and devices. Surgeons with limited prior experience will learn practical techniques to introduce into their clinical practice. Those with advanced experience will have the opportunity to share surgical technique refinement with expert faculty, and to survey a variety of new technologies.
Learning Objectives: *Upon completion of this course, participants will be able to:*

- Describe indications and techniques for various new technologies in spine surgery
- Describe indications and techniques for various new technologies in peripheral nerve surgery
- Describe complication avoidance and management for various new technologies in spine and peripheral nerve surgery

6:30 - 9:00 PM

Young Neurosurgeons' Dinner

All residents, fellows, and young neurosurgeons are encouraged to attend this special event.

SATURDAY, MARCH 7, 2015

7:30 AM - 12:00 PM
Registration

8:00 - 9:00 AM

Scientific Session VIII
Arthroplasty - ISASS and CSRS

Moderators: *Dom Coric, Gunner Anderson, Jeff Goldstein*
Faculty: *Dom Coric, Praveen Mummaneni, Robert Whitmore*
Learning Objectives: *Upon completion of this course, participants will be able to:*

- Analyze the current state-of-the-art cervical disc arthroplasty technology
- Determine indications for use of these technologies and potential complications and costs

8:00 - 8:08 AM
Which Patient is Ideal?
Dom Coric

8:08 - 8:16 AM
Long Term Results
Praveen Mummaneni

8:16 - 8:24 AM
Complications Following Cervical Arthroplasty
Jeff Goldstein

8:24 - 8:32 AM
Adjacent Level Disease
Vincent Traynelis

8:32 - 8:40 AM
Cost
Robert Whitmore

8:40 - 9:00 AM
Discussion

9:00 - 9:30 AM
Coffee Break

9:30 - 10:30 AM

Cahill Controversies Session

Moderators: *Edward Benzel, Adam Kanter*

9:30 - 9:38 AM
Introduction of Cahill Session
Charlie Branch

9:38 - 9:46 AM
Percutaneous Screws Thoracolumbar Trauma
Sanjay Dhall

9:46 - 9:54 AM
Open Surgery is the Best Treatment for Trauma
James Harrop

9:54 - 10:02 AM
Indirect Decompression is Best for Scoliosis with Foraminal Stenosis
Juan Uribe

10:02 - 10:10 AM
Laminectomy and Fusion for Scoliosis with Foraminal Stenosis
Chris Shaffrey

10:10 - 10:30 AM
Questions and Comments

10:30 AM - 12:10 PM

Oral Presentations V

Moderators: *Sanjay Dhall, Praveen Mummaneni*

ACCREDITATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Congress of Neurological Surgeons (CNS) and the Section on Disorders of the Spine and Peripheral Nerves. The Congress of Neurological Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit Designation Statement
The Congress of Neurological Surgeons designates this live activity for a maximum of 28.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME Credit
*A maximum of 19 *AMA PRA Category 1 Credits™* may be earned for Scientific Sessions only.

Mid-Level Practitioners
Attendees will receive credits for attendance at the general Scientific Program and for any optional events attended. Please contact your individual membership association and certification board to determine the requirements for accepting credits. All attendees will receive a Certificate of Attendance.

Additional CME Credits can be earned by attending the following:

Special Courses
Attendees will receive a maximum of 3.75 *AMA PRA Category 1 Credits™* for each eligible half-day Special Course. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Luncheon Symposia
Attendees will receive a maximum of 1.5 *AMA PRA Category 1 Credits™* for each eligible Luncheon Symposium. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Dinner Seminar
Attendees will receive a maximum of 2 *AMA PRA Category 1 Credits™* for each eligible Dinner Seminar. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Posters
Physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for preparing a poster presentation, which also includes the published abstracts. Physicians may claim them on their AMA PRA certificate application or apply directly to the AMA for an *AMA PRA Category 1 Credit™* certificate. Physicians may claim *AMA PRA Category 2 Credit™* for viewing scientific posters. Physicians should self-claim credit on their AMA PRA certificate application form.

SOCIAL EVENTS & GENERAL INFORMATION

Opening Reception

Wednesday, March 4
6:30 – 8:00 PM

Take in spectacular views of the rugged mountains and watch the sunset while enjoying a lavish array of food and beverages as you network with old friends and new colleagues at the Opening Reception. Each medical attendee and spouse/guest registered for the meeting will receive one complimentary ticket. Please note this event is held outdoors. Resort casual attire is recommended.

Reception with Exhibitors in the Exhibit Hall

Thursday, March 5
6:00 – 7:00 PM

Attendees will have the opportunity to interact with exhibiting companies while enjoying pre-dinner cocktails and hors d'oeuvres. Each medical attendee and spouse/guest* registered for the meeting will receive one complimentary ticket. Business casual attire is recommended.

**Please note: Due to liability and security, children under 18 years of age are not permitted on the exhibit floor at any time.*

Who Should Attend

Educational sessions are geared toward neurosurgeons, orthopedic surgeons, spine care specialists, fellows, residents, physician assistants/physician extenders, and nurse clinicians, and are applicable to the practice of spine and peripheral nerve surgery.

Meeting Purpose

The purpose of the 2015 Section on Disorders of the Spine & Peripheral Nerves Annual Meeting is to provide continuing medical education to neurosurgeons, orthopedic surgeons, spine care specialists, fellows, residents, physician extenders and nurse clinicians involved in the practice of spine and peripheral nerve surgery. Education is provided in the form of didactic lectures, special courses demonstrating neurosurgical techniques, exhibits presenting the newest instruments and information, and digital posters providing the latest information regarding clinical advances in neurological surgery.

Area Attractions and Tour Information

Phoenix offers a host of opportunities for adventure and relaxation. Enjoy a romantic hot air balloon ride for two, or a desert jeep tour and horseback riding for the whole family. To obtain more information or make reservations for Phoenix area attractions and tours, please visit the city's official website at www.visitphoenix.com or contact any member of the JW Marriott Desert Ridge Concierge Team at (480) 293-5000. It is best to make arrangements in advance. The concierge team will be available to assist you on site as well.

Children's Programs and Child Care Services

Family Escape is the JW Marriott Desert Ridge's exclusive area dedicated to families and children. Drop off your child (ages 4-12) between 8:00 AM – 12:00 PM to give the children some independence while parents enjoy their time with peace of mind knowing the kids are in a safe and fun environment. In the afternoon, the JW Marriott Desert Ridge opens up the program to the entire family to escape the heat and enjoy each other's company. Have fun playing one of the many board games, relax watching a movie, or get competitive with a game of Ladder Ball. Contact the resort concierge at (480) 293-5000 for additional information and applicable fees.

The Section on Disorders of the Spine and Peripheral Nerves is not affiliated with nor is it endorsing the services of any childcare program; however, the JW Marriott Desert Ridge does provide a list of in-room child care providers. Please contact the resort concierge at (480) 293-5000 for additional information and applicable fees.

Evaluations

The evaluation process is a key component in providing cutting-edge programming at the Section on Disorders of the Spine and Peripheral Nerves Annual Meeting. Your feedback on the quality and diversity of the program helps to determine future Annual Meeting programming. Your voice is important and your opinions are valued!

Speaker Ready Room

The Speaker Ready Room will be available Wednesday, March 6 through Saturday, March 9. All speakers and abstract presenters should visit the Speaker Ready Room at least one hour prior to their presentations.

No Smoking Policy

Smoking is not permitted at any official Section on Disorders of the Spine and Peripheral Nerve Annual Meeting event. Smoking is also prohibited inside and on the grounds of the JW Marriott Desert Ridge.

HOUSING & TRAVEL INFORMATION

Housing Deadline
February 6, 2015

Hotel Accommodations

The JW Marriott Desert Ridge offers luxury accommodations and amenities your whole family is sure to enjoy, from fine dining to a host of recreation activities. This resort in the Sonoran Desert features a unique architectural design incorporating the four elements of nature: fire, water, earth and sky. This hotel has a smoke-free policy.

Resort Amenities:

- Complimentary in-room internet access
- Deluxe guest rooms with patios or balconies overlooking wildflower gardens, swimming pools, lakes and waterways plus golf course or mountain views
- Four acres of turquoise pools and shimmering waterways
- Wildfire Golf Club featuring two on-site 18-hole golf courses
- Stunning, two-story spa oasis, featuring signature treatments that combine ancient rituals with cutting-edge techniques
- Eight-court tennis center
- Desert botanical garden
- Three fine-dining restaurants, one casual dining restaurant, one cafe, a lounge and a spa bistro

Hotel Room Rates

Standard Guest Room

$436.73 Single/Double*
$456.73 Triple*
$476.73 Quad*

** Above rates include applicable state and local taxes. A portion of the room rate will be utilized to cover the cost of registration and housing services.*

These special rates are only available until the February 6, 2015 cut-off date. The Section on Disorders of the Spine and Peripheral Nerves cannot guarantee the availability of this rate after the cut-off date. Rates are effective 3 days prior to and 3 days after the official meeting dates of March 4-7, 2015. Confirmation for dates other than official meeting dates, made prior to the cut-off date, will be based on availability.

Reservations can be made online or via fax, phone or mail. Visit www.spinesection.org to make your reservation today!

Hotel Reservation Information and Deadlines

Hotel reservations are only available to registered Section on Disorders of the Spine and Peripheral Nerves attendees. You must first register for the Annual Meeting before making your hotel arrangements. Rooms are subject to availability. Reserve your room by February 6, 2015.

Deposit

A deposit equal to one night's room and tax is required to hold each guest's reservation. This payment must be submitted with your registration fees. Credit cards will be charged in mid-February. Please make checks payable to the DSPN Housing Center and mail checks to: DSPN Registration and Housing Center, 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093. All rooms are subject to applicable state and local taxes. Hotel reservations requested without deposit will not be accepted.

Hotel Confirmations, Cancellations or Changes

Through February 6

- All changes and cancellations must be made through the Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center.
- Rooms are not transferable.
- Refunds for deposits will be issued by the Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center if registration is cancelled.

Beginning February 10

- All changes and cancellations must be made directly with the hotel.
- If cancellation notice is not received according to the hotel policy, the deposit may be forfeited.
- Deposits are refundable if the hotel receives notification of cancellation at least 7 days prior to your scheduled arrival date.

Support the Section on Disorders of the Spine and Peripheral Nerves by booking your hotel room for the Annual Meeting by using one of the methods listed on the housing form. In order to obtain the necessary meeting and exhibit space at the hotel, the Section on Disorders of the Spine and Peripheral Nerves must commit to a minimum number of guest rooms. If that commitment is not fulfilled, the Section will incur significant financial penalties and have difficulty obtaining sufficient meeting space in the future. Unfortunately, this can have a major impact on the member services and programs that the Section is able to offer in the future. We appreciate your commitment to the Section by staying at the JW Marriott Desert Ridge.

Transportation to the Resort

Shuttle

Super Shuttle provides service between Phoenix Sky Harbor International Airport and the JW Marriott Desert Ridge. Collect your luggage and go to the "Blue Diamond Area" located outside of baggage claim. Call Super Shuttle at (602) 244-9000 five hours in advance of your departure for return reservations, or simply stop by the resort concierge and ask them to make a Super Shuttle reservation for you. Fare is $25.00 per person. Please visit www.supershuttle.com for more detail.

Car Service

Transtyle sedans are readily available to take you between the Phoenix Sky Harbor International Airport and the JW Marriott Desert Ridge. Rate information is available at www.transtyle.com. Although recommended, advance reservations are not necessary. Call (480) 948-6131 for further information and to make reservations.

REGISTRATION INFORMATION

Advance Registration Deadline February 6, 2015

Register today using one of these three methods:

Online:
www.spinesection.org

Fax:
(972) 349-7715 US & Canada

Mail:
DSPN Registration and Housing
6100 W. Plano Parkway, Suite 3500
Plano, TX 75093

Allow five business days for Registration and Housing Confirmation. The Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center is not responsible for faxes or e-mails not received due to circumstances beyond their control.

Credit Card Payments

- US dollars and drawn on a US bank
- Visa
- MasterCard
- American Express

What's Included in the Registration Fee?

Medical Registration includes the following:

- Daily Continental Breakfasts
- Daily Beverage Breaks
- Daily Scientific Sessions
- Entrance to the Exhibit Hall
- One ticket to Wednesday Opening Reception
- One ticket to Thursday Reception with Exhibitors
- One ticket to Thursday Lunch with Exhibitors
- One ticket to Friday Lunch with Exhibitors

Spouse/Guest Registration Includes the Following:

- Daily Continental Breakfasts with medical attendees
- Daily Scientific Sessions
- Entrance to the Exhibit Hall
- One ticket to Wednesday Opening Reception
- One ticket to Thursday Reception with Exhibitors

Child Registration

Although there is no registration fee, children under 18 years of age should register for the Annual Meeting to receive a badge.

- Daily Continental Breakfasts with medical attendees
- Daily Scientific Sessions
- One ticket to Wednesday Opening Reception

Speaker Registration

Complimentary registration will not be provided for one-day speakers. All speakers must register at the applicable registration rate.

Onsite Registration Hours

Wednesday, March 4	11:00 AM - 6:00 PM
Thursday, March 5	6:00 AM - 6:00 PM
Friday, March 6	6:00 AM - 6:00 PM
Saturday, March 7	7:30 AM - 12:00 PM

Registration Cancellation/ Refund Policy

All refund requests must be received in writing by February 16.

Requests accepted via:

E-mail: dspn@wyndhamjade.com

Fax: (972) 349-7715

Mail: DSPN Registration and Housing
6100 W. Plano Parkway, Suite 3500
Plano, TX 75093

Cancellation Date Schedule

Before February 16
Full Refund will be awarded less $100 processing fee. Special Courses, Symposia and Events will be refunded in full until this date.

After February 16 and No Shows
Absolutely no refunds will be issued after this date for Registration, Special Courses, Symposia and Events regardless of cause.

Americans with Disabilities Act/Special Needs and Requests

The Section on Disorders of the Spine and Peripheral Nerves wishes to take the necessary steps to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Please let us know if, under the ADA, you require special accommodations or services in order to attend the Section on Disorders of the Spine and Peripheral Nerves Annual Meeting.

Your requirements should be sent directly to the Section on Disorders of the Spine and Peripheral Nerves Housing and Registration Center at wyndhamjade.com or call (800) 931-9543. Please provide any requests at least 30 days prior to the Annual Meeting to guarantee accommodation. Scooter and wheelchair rentals are available by contacting ScootAround, Inc. at their toll-free hotline: (888) 441-7575. You can also submit a rental inquiry on the web at www.scootaround.com.

Important Dates to Remember

February 6
Advance Registration and Housing Deadline.

February 16 - Cancellation Deadline
$100 processing fee will be charged for written cancellations received by this date, regardless of cause.

Special Course, Symposia and Event tickets will be refunded in full until this date.

Absolutely no refunds will be given after February 16, regardless of cause.

ADVANCE REGISTRATON & HOUSING FORM

DEADLINE: Advance Registration, Friday, February 6, 2015
All meeting confirmations will be sent via e-mail or fax.

Four ways to Advance Register:

1. **Online:** www.spinesection.org
2. **Phone:** (800) 931-9543 or (972) 349-5539
3. **Fax:** (972) 349-7715
4. **Mail:** DSPN Registration and Housing Center
   6100 W. Plano Parkway, Suite 3500
   Plano, TX 75093

Registration Information

Please print or type legibly using one form per person. The name and address entered below will be used for CME Certificate.

LAST NAME _____ FIRST NAME _____ CREDENTIALS _____

INSTITUTION/HOSPITAL/OFFICE/COMPANY _____

ADDRESS _____ CITY _____ STATE/PROVIDENCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE (IF INTERNATIONAL PLEASE INCLUDE COUNTRY CODE) _____ FAX _____ E-MAIL _____

SPOUSE/GUEST NAME (IF APPLICABLE: PLEASE PRINT NAME AS IT WILL APPEAR ON BADGE) _____

CHILD NAME(S) AND AGE _____

Hotel Reservations

Individuals requiring hotel reservations must first register for the Section on Disorders of the Spine and Peripheral Nerves Annual Meeting.

Arrival Date:_____ Departure Date:_____ ☐ No Room Required Staying At/With:_____

Room Preference (check one) ☐ Single (1 person) – $436.73* ☐ Double (2 people, 1 bed) – $436.73.* ☐ Double/Double (2 people, 2 beds) – $436.73*
☐ Triple (3 people) – $456.73 ☐ Quad (4 people) – $476.73

** Above rates include applicable state and local taxes. A portion of the room rate will be utilized to cover the cost of registration and housing services.*

The JW Marriott Desert Ridge will make every effort to honor specific requests; however, they reserve the right to provide alternative accommodations when necessary.

Special Requests ☐ Handicap Accessible Room ☐ Crib (additional fee may apply) ☐ Rollaway bed (additional fee may apply)
Special Requests are subject to availability upon arrival at the hotel.

☐ Please check this box if you are interested in reserving a suite. (AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center representative will contact you regarding suite availability and rates. In the meantime, a standard room will be assigned.)

Hotel Change/ Cancellations Policy

Through February 6 – All changes are subject to availability and cancellations may be made online at www.spinesection.org or via e-mail at dspn@wyndhamjade.com.

Beginning February 10 to 7 Days Prior to Your Scheduled Arrival Date – Please contact the JW Marriott Desert Ridge directly with all changes or cancellations. The hotel will retain the deposit for cancellations note made at least seven days prior to your confirmed arrival date. This cancellation policy is strictly enforced and no exceptions will be made. Please retain the cancellation information from the Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center as the hotel cancellation number is proof of the cancellation. This number will be required to resolve any disputes.

Meeting Registration Fees

Registration Category	Received on or Before February 6, 2015	Received After February 6, 2015
Spine Section Member	☐ $500	☐ $600
NASS Member	☐ $500	☐ $600
Orthopedic Surgeon/ACOS Member*	☐ $500	☐ $600
SRS Member	☐ $500	☐ $600
ISASS Member	☐ $500	☐ $600
SMISS Member	☐ $500	☐ $600
AO Spine Member	☐ $500	☐ $600
CSRS Member	☐ $500	☐ $600
ACSR Member	☐ $500	☐ $600
Non-Member	☐ $650	☐ $750
Non-Physician, Non-Member	☐ $650	☐ $750
Resident	☐ $50	☐ $75
Medical Student	☐ $0	☐ $0
Nurse	☐ $350	☐ $450
Physician Assistant	☐ $350	☐ $450
Spouse/Guest	☐ $100	☐ $130
Child	☐ $0	☐ $0

Subtotal for Registration Fee Section $_____

**Orthopedic Surgeon/ACOS Member Registration Includes One-Year Complimentary Adjunct Membership*

SPECIAL COURSES AND LUNCHEON SYMPOSIA TICKET ORDER

WEDNESDAY, MARCH 4 1:30 – 5:30 PM

SPECIAL COURSES

- ☐ **Special Course I – Spine Business and Compensation Medical Registrant**
  Medical Registrant $250 (Includes Lunch) – (SCI)
- ☐ **Special Course II – SRS – Spinal Deformity**
  Medical Registrant $250 (Includes Lunch) – (SCII)
- ☐ **Special Course III – Problem Based Learning – Minimally Invasive Approaches**
  Medical Registrant $250 (Includes Lunch) – (SCIII)
- ☐ **Special Course IV – AO Course – Spine Trauma**
  Medical Registrant $250 (Includes Lunch) – (SCIV)
- ☐ **Special Course V – DO Course**
  Medical Registrant $250 (Includes Lunch) – (SCV)
- ☐ **Special Course VI – Mexican Spine Surgeon Symposium**
  Medical Registrant $250 (Includes Lunch) – (SCVI)

THURSDAY, MARCH 5 6:30 – 8:30 PM

DINNER SEMINAR

- ☐ **The Ethical and the Medical-Legal World of Spine Surgery**
  $225

FRIDAY, MARCH 6 1:00 – 2:30 PM

LUNCHEON SYMPOSIA

- ☐ **Luncheon Symposium I – Complication Management with the Masters**
  Medical Registrant $200 (Includes Lunch) – (LSI)
- ☐ **Luncheon Symposium II – Metastatic Spine Disease, Treatment Options**
  Medical Registrant $200 (Includes Lunch) – (LSII)
- ☐ **Luncheon Symposium III – Advanced Lateral Access Interbody Fusion: Deformity**
  Medical Registrant $200 (Includes Lunch) – (LSIII)

FRIDAY, MARCH 6 1:00 – 5:30 PM

CADAVER COURSE

- ☐ **Spine Section Cadaveric Instruction**
  Medical Registrant $1000 (Includes Lunch) – (CI)

CNS SANS MOC BOARD REVIEW COURSE

SATURDAY, MARCH 7 12:00 – 7:45 PM
SUNDAY, MARCH 8 6:30 AM – 1:00 PM

- ☐ **Full Course** $750

SATURDAY, MARCH 7 12:00 – 4:00 PM

- ☐ **Spine & Peripheral Nerve Portion** $400

SPECIAL COURSES	$_____
DINNER SEMINAR	$_____
LUNCHEON SYMPOSIA	$_____
CADAVER COURSE	$_____
CNS SANS MOC BOARD REVIEW COURSE	$_____
SUBTOTAL	$_____

PAYMENT

HOTEL TOTAL ($436.73 PER UNIT)	$_____
REGISTRATION TOTAL	$_____
CNS SANS MOC BOARD REVIEW COURSE TOTAL	$_____
GRAND TOTAL	$_____

☐ **Check:** Full payment must accompany your registration form. Please make REGISTRATION check payable to the DSPN Registration Center. Please make HOUSING check payable to the DSPN Housing Center. Please send both of your checks to: DSPN Registration and Housing Center, 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093. (Any checks received from an overseas bank will be returned. Any checks returned for insufficient funds are subject to additional charges.)

Credit Card Authorization: Credit card will be charged immediately.
☐ Visa ☐ MasterCard ☐ American Express

_____
CREDIT CARD NUMBER EXPIRATION DATE CVV CODE

_____
NAME OF CARDHOLDER (PRINT)

_____
SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)

By signing this form: I authorize the Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center to charge my credit card for the total payment due, acknowledge that the Section on Disorders of the Spine and Peripheral Nerves registration cancellation policies are in effect and grant the Section on Disorders of the Spine and Peripheral Nerves the right to use photos taken at the Section on Disorders of the Spine and Peripheral Nerves Annual Meeting which include me in promotional materials for future meetings.

These fees are subject to audit in case of error, the Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center reserves the right to correct the error and charge the appropriate fees.

Registration Cancellation Policy – Full registration refunds, less a $100 processing fee, will be granted if written requests for cancellation are received by February 16, 2015. No refunds of any kind will be given after this date. Refunds will not be given for no shows. Written requests may be e-mailed to dspn@wyndhamjade.com, faxed to (972) 349-7715 or mailed to DSPN Registration and Housing Center, 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093.

EXHIBIT PRODUCTS & SERVICES

Find the latest spine and peripheral nerve technology in the Exhibit Hall. Take the time to explore the hall and enjoy one-on-one discussions, hands-on demonstrations as well as share the individual needs of your practice with the exhibitors so they can better serve you.

Exhibit Hall Features

The Exhibit Hall, located in the Grand Canyon Ballroom, will feature:

- State-of-the-art equipment, products and services
- Corporate Sponsored Lunch: Corporate partners will be presenting the latest cutting edge technology while providing lunch.
- Reception in the Exhibit Hall: Join us Thursday evening for another great social networking opportunity! Browse the aisles of the Exhibit Hall and visit your favorite companies or perhaps encounter some fresh faces on the exhibit floor, all while enjoying cocktails and hors d'oeuvres
- Digital Posters: Browse the 2015 Annual Meeting abstracts enhanced by photos and video, searchable abstracts by author or topic
- What's New Sessions: Join the crowd during daily beverage breaks on Thursday and Friday as speakers share the latest in cutting-edge research and technology

Exhibit Hours	
Thursday, March 5th	9:00 AM – 7:00 PM
Friday, March 6th	9:00 AM – 2:00 PM

What's New Schedule	Morning	Afternoon
Thursday, March 5th	10:40 – 11:00 AM	12:00 – 1:00 PM
Friday, March 6th	9:30 – 10:00 AM	3:00 – 4:00 PM

Corporate Sponsored Lunch Schedule	Afternoon
Thursday, March 5th	12:00 – 1:00 PM
Friday, March 6th	1:00 – 1:30 PM

2014 EXHIBITORS

AccelSPINE
Advanced Biologics
Alphatec Spine, Inc.
AOSpine North America
Baxano Surgical, Inc.
Benvenue Medical, Inc.
Biomet Spine & Bone Healing Technologies
Captiva Spine
Centinel Spine, Inc.
DePuy Synthes Spine
DJO Incorporated
Gauthier Biomedical
Globus Medical
GS Medical Company
InMotion Medical
Integra
Joimax, Inc.
K2M, Inc.
LDR
Life Instrument Corporation
Lilly USA, LLC
Lippincott Williams and Wilkins - WKH
Mazor Robotics
Medtronic
NeuroPoint Alliance (NPA)
NovaBone Products LLC
NuTech Medical
NuVasive
Orthofix, Inc.
Paradigm Spine, LLC
RTI Surgical
Safe Passage Neuromonitoring, LLC
Safewire LLC
SI-BONE, Inc.
Spine Wave
SpineCraft
Spineology Inc.
Stryker
TeDan Surgical Innovations
Thompson Surgical Instruments
UF Health Neurosurgery
Vertebral Technologies, Inc.
Vikon Surgical
Zimmer Spine

American Association of Neurological Surgeons

CNS

CNS/AANS Section on Disorders of the Spine and Peripheral Nerves
10 N. Martingale Road, Suite 190
Schaumburg, IL 60173-2294

REGISTER ONLINE TODAY AT WWW.SPINESECTION.ORG!

ADVANCE REGISTRATION DEADLINE: FEBRUARY 6, 2015