

Minutes for Spine Section Executive Committee Meeting  
May, 2008  
Philadelphia, PA

Members Present: Michael Groff, John Hurlburt, Marjorie Wang, Peter Gerztein, Chris Wolfla, Lynda Yang (for Rob Spinner), Langston Holly, Michael Rosner, Michael Steinmetz, Joe Cheng, Jack Knightley, Eric Woodard, Joe Alexander, Dan Sciubba, Bob Heary, Zo Ghogawala, Paul McCormick, Reg Haid, Charlie Branch, Charlie Kuntz, Ziya Gokaslan, Chris Shaffrey, Dan Resnick.

Guests: Chris Getch, Alex Valadka, Nate Selden, Rachel Groman

The meeting was called to order by Dr. Gokaslan at 1:10PM

1. Secretary's report M. Groff
  - a. Update of email list and contact info
  - b. Review and approval of minutes Motion Zo Ghogawala and second by Joe Alexander. Passed
  - c. Review EC grid (action update grid)
  - d. Informational items
    - Addition to ECC: Dan Sciubba, John Chi
    - Nomination AANS Board: Bob Heary, Chris Shaffrey
    - Dr. Wolfla alerted the committee of his overlapping responsibilities for four months as Spine Section chair and CNS pres-elect. There was unanimous support for his continuing in both roles.
2. Treasurer's Report J. Hurlbert
  - a. Review and approve budget. Motion by Dr. Groff, second by Dr. Kuntz. Passed
  - b. Review Annual meeting budget and reconciliation. Funds from the meeting have been realized sooner than in the past. The meeting was financially successful.
3. New Business
  - a. AO Spine and Spine Section strategic relationship (E. Woodard). AO interested in sponsoring and FTE to help in rapid response documentation. More PR than position development. Concerns regarding undue influence. Woodard to draft a proposal with the rapid response group for evaluation.
  - b. Industry funding of Section needs to be managed in the light of the policies of our Parent organizations. Dr. Getch emphasized that there is no reason to panic. Stick with current policies. A general policy moving forward is best for neurosurgery at large. Dr. Gokaslan, as it relates to Synthes we would not accept their new formulation of support moving forward. Bob Heary stated that 5 year commitments are more desirable than 1 year. We would follow the CNS lead on the decision regarding Synthes.

- c. Liaison with South Asian Neurosurgery Society. Praveen Mummaneni, motion to provide \$12K to support Spine Section EC representation at the meeting. Second by Dan Resnick. Passed.
  - d. Educational partnership with Spine Arthroplasty Society – contact Frank Phillips. Dr. Resnick motion that we learn more about the society before formalizing a relationship. For now we will cross invite members to annual meeting at member rates.
  - e. Heary CSRS and Section autologous bone graft vs allograft. NIH study. Will ask for funding in Fall.
4. Old Business
- a. COSS update. Heary background socioeconomic mission. COSS moving from NASS to AANS. There was a discussion of the advantages and disadvantages of NASS involvement.
  - b. Industry strategic plan committee
  - c. CSRS collaboration
  - d. LFTF Madison meeting.
  - e. NASS registry. We have provided support.
5. Committee Reports
- a. Annual Meeting D. Fournay, P. Mummaneni  
Invited guest travel reimbursement. Scientific program is completed. Praveen Mummaneni motion to provide sponsorship to Borriani \$5000. Second Joe Alexander. Passed. Resnick conflict of interest issues should be resolved prior to the meeting with help from Jamie Ulman. Mummaneni will provide minutes from SPC meeting.
  - b. CPT J. Cheng, J Knightly  
VP and KP reimbursement will be issues moving forward.
  - c. Exhibits P. Mummaneni, B. Subach
  - d. Future sites I. Kalfas, E. Woodard
  - e. Research and Awards Marg. Wang, A Kanter, D Scubbia  
All company support is on a yearly basis. Except Medtronic through 2012, and Synthes and Asculap that are in perpetuity.
  - f. Education Mike Wang
  - g. Guidelines M. Kaiser  
Metastatic Spine, Lumbar fusion update, TL trauma, Cervical Trauma
  - h. Outcomes Z. Ghogawala  
NPA SD funded. Clinical trial proposal award by July 1<sup>st</sup>.
  - i. Peripheral nerve TF R. Spinner
  - j. Publications L. Holly
  - k. Public Relations M. Steinmetz  
Response to Deyo JAMA article by Cheng, Resnick is forthcoming as a letter to the editor.
  - l. Membership P. Angivine  
Proposal for retired membership dues and meeting costs.
  - m. Washington Committee R. Heary (K. Orrico/R. Groman)
  - n. Fellowships G. Trost
  - o. Web Site E. Potts
  - p. CME Marjorie Wang

- q. Nominating Committee
- r. Rules and Regs
- s. Newsletter
- t. ASTIM

C. Shaffrey  
T. Choudhri  
M. Steinmetz, K. Eichholz  
J Coumans

Meeting in November. Report to follow

- u. NREF

Z. Gokoslan, (E. Woodard)

Very few spine proposals. Action: eblast due date and deadline to fellowship directors.

Dr. Woodard's status on the committee needs to be clarified.

- v. AANS PDP
- w. Young Neurosurgeons comm.
- x. FDA drugs and devices

K. Foley, P. Johnson  
E. Potts, D. Sciubba  
J. Alexander

IOM is proposing a change in the way devices are approved. Motion being put forward to track all implanted items.

- y. Inter-Society Liaison

M. Rosner

There being no further business the meeting was adjourned at 3:25 PM

Respectfully submitted, Michael W. Groff, Secretary.



American  
Association of  
Neurological  
Surgeons

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September 1, 2010

R. John Hurlbert, MD PhD  
Foothills Med. Ctr./Clinical Neurosci.  
1403 29th St. N.W. Rm. C 1249  
Calgary, AB T2N-2T9  
Canada

Dear Doctor Hurlbert:

The enclosed financial statements for the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves are for the Year Ended June 30, 2010, and comparative information for the Year Ended June 30, 2009.

The financial statements have been audited by the auditing firm of RSM McGladrey. However, until their final report and opinion are presented, changes to Fiscal Year 2010 are a small possibility. After your review of the financial statements and commentary, if you have any questions, please do not hesitate to contact me at 847-378-0509 or [rwe@aans.org](mailto:rwe@aans.org).

Sincerely,

Ronald W. Engelbreit, CPA  
Deputy Executive Director

Enclosures

Cc: Ziya L. Gokaslan, MD FACS  
James T. Rutka, MD PhD  
Gerald E. Rodts, Jr. MD  
Robert E. Harbaugh, MD FACS  
Daniel K. Resnick, MD  
Laurie Behncke

AANS/CNS Section on Disorders of the Spine  
Statement of Financial Position  
As of June 30, 2010

	Current Year 06/30/10	Prior Year 06/30/09
<b>ASSETS</b>		
Checking & Short Term Investments	\$942,252	\$816,373
Accounts Receivable, net of Allowance for Uncollectible Accounts	(2,050)	40,450
Long-Term Investment Pool, at Market	1,735,943	1,615,955
<b>TOTAL ASSETS</b>	<u><u>\$2,676,145</u></u>	<u><u>\$2,472,778</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts Payable and Current Liabilities	\$25,000	\$90,000
Deferred Dues	26,400	27,050
<b>Total Liabilities</b>	<u><u>\$51,400</u></u>	<u><u>\$117,050</u></u>
<b>Net Assets</b>		
Unrestricted	\$2,305,728	\$2,129,822
Unrestricted - Fellowships	\$50,000	\$100,000
Net Revenue (Expense)	269,017	125,906
<b>Total Net Assets</b>	<u><u>\$2,624,745</u></u>	<u><u>\$2,355,728</u></u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$2,676,145</u></u>	<u><u>\$2,472,778</u></u>

AANS/CNS Section on Disorders of the Spine  
Statement of Activities  
For the Twelve Months Ending June 30, 2010

	FY '08 Final	FY '09 Final	YTD FY '10	FY '10 Budget	FY '11 Budget
<b>REVENUES</b>					
Membership Dues	\$53,925	\$49,300	\$52,550	\$52,550	\$51,150
Mailing List Sales	885	2,065	1,180	0	0
Fellowship/Award Sponsorship	174,000	120,000	125,000	185,000	185,000
Contributions for Operating Expenses	7,405	7,977	7,893	9,072	9,240
Annual Meeting Revenue	961,534	1,043,635	1,037,804	935,385	0
<b>TOTAL REVENUES &amp; SUPPORT</b>	<b>\$1,197,749</b>	<b>\$1,222,977</b>	<b>\$1,224,427</b>	<b>\$1,182,007</b>	<b>\$245,390</b>
<b>EXPENSES</b>					
Audio Visual	\$1,888	\$1,971	\$1,499	\$2,000	\$2,200
Bank Fee	518	648	470	706	719
Contributions & Affiliations	75,000	90,000	187,500	100,000	75,000
Decorating	0	205	607	250	275
Facility	0	0	0	5,000	0
Food & Beverage	3,626	4,827	3,994	5,000	5,000
Fellowships	144,507	151,604	0	0	0
Honoraria & Awards	0	0	188,497	196,500	200,500
Office & other Supplies	543	592	135	600	600
Photocopy	1	0	1	25	25
Postage & Distribution	1,058	1,284	1,146	1,500	1,500
Printing/Typesetting	0	1,966	0	0	0
Telephone	11	487	30	500	500
Volunteer Travel	1,188	60	0	6,500	30,000
Website	5,521	3,354	436	20,500	16,000
Staff Coordination	7,405	7,977	7,893	9,072	9,240
Miscellaneous	0	12,398	0	0	7,500
Guidelines Development	0	297	10,010	33,600	25,000
Spine Section History Project	0	7,968	15,952	16,000	25,000
Annual Meeting Expense	616,907	628,034	657,634	703,725	0
<b>TOTAL EXPENSES</b>	<b>\$858,173</b>	<b>\$913,672</b>	<b>\$1,075,804</b>	<b>\$1,101,478</b>	<b>\$399,059</b>
Investment Earnings	(32,160)	(183,399)	120,394	84,463	84,945
<b>NET REVENUE</b>	<b>\$307,416</b>	<b>\$125,906</b>	<b>\$269,017</b>	<b>\$164,992</b>	<b>(\$68,724)</b>

AANS/CNS Section on Disorders of the Spine  
Annual Meeting  
For the Twelve Months Ending June 30, 2010

	<u>FY '08</u> <u>Final</u>	<u>FY '09</u> <u>Final</u>	<u>YTD</u> <u>FY '10</u>	<u>FY '10</u> <u>Budget</u>
Revenues				
Misc Contribs: Unrestricted	302,000	337,500	0	0
Registration Fees	271,359	276,610	274,405	253,310
Exhibitor Fees	382,200	427,225	372,240	404,800
Closing Banquet/Event Revenues	0	2,300	0	0
Exhibitor Sponsorship Revenue	0	0	389,159	275,000
Special Event Revenues	<u>5,975</u>	<u>0</u>	<u>2,000</u>	<u>2,275</u>
Total Revenues	961,534	1,043,635	1,037,804	935,385
Expenses				
Scientific Program	208,701	233,994	237,007	245,175
Abstract Management	0	0	0	34,400
Opening Reception	0	0	0	72,000
Social Events/General	164,674	145,927	141,475	33,000
Committee Dinners/Events	0	0	0	63,400
Exhibit Program	46,813	43,188	49,057	51,500
Exhibit Marketing	0	0	0	10,750
Advanced Registration	40,131	47,826	0	46,200
On-Site Registration	0	0	50,598	6,400
Preliminary Program	0	0	0	25,700
Annual Meeting Promotion	61,390	63,870	67,929	19,200
On-Site Coordination	15,081	12,213	9,423	12,350
Annual Meeting Planning Cmte	117	1,016	2,145	3,650
Staff Coordination	80,000	20,000	0	0
Miscellaneous Expenses	<u>0</u>	<u>60,000</u>	<u>100,000</u>	<u>80,000</u>
Total Expenses	<u>616,907</u>	<u>628,034</u>	<u>657,634</u>	<u>703,725</u>
Net Excess (Loss)	<u><u>344,627</u></u>	<u><u>415,601</u></u>	<u><u>380,170</u></u>	<u><u>231,660</u></u>

# **AANS/CNS SECTION ON DISORDERS OF THE SPINE**

## **NOTES TO FINANCIAL STATEMENTS**

June 30, 2010

### ***General & Administrative***

#### ***Fellowship/Award Sponsorship – Budget \$185,000, Actual \$125,000***

The budgeted funds from the Greenwich Hospital to sponsor the Clinical Trials Fellowship were not received. This award was paid from funds received in previous years, which had been set aside for that purpose.

#### ***Contributions/Affiliations – Budget \$100,000, Actual \$187,500***

The Section made a \$100,000 payment to NPA for the SD Study, which was not planned in the original FY10 budget. In addition, \$12,500 was received from CANE (a division of CNS) to offset half of the \$25,000 payment toward the Washington Office PR Campaign.

#### ***Decorating – Budget \$250, Actual \$607***

The Section's share of the cost to decorate the Section booth at the AANS Annual Meeting was higher than in previous years.

#### ***Facility – Budget \$5,000, Actual \$0***

This money was added to the budget after the February 17, 2010 EC Meeting for a meeting room at the Council of Spine Surgeons meeting. This cost was not incurred.

#### ***Telephone – Budget \$500, Actual \$30***

This budget was raised for FY10 because of the high telephone charges from the CNS meeting in FY09. In FY10 the CNS did not charge the Section as much for telephone at their Annual Meeting.

#### ***Volunteer Travel – Budget \$6,500, Actual \$0***

This budget is for two spine section representatives to attend the CME meeting each year – this cost was not incurred for FY10.

#### ***Website – Budget \$20,500, Actual \$436***

Expenditures for the maintenance of the Section website were much lower than anticipated. This budget includes funds for Ben Rosenbaum to attend the meeting each year, and he was unable to attend in FY10.

#### ***Guidelines Development – Budget \$33,600 Actual \$10,010***

Guidelines development expenses were less than anticipated - \$25,000 is expected to be spent in FY11.



2010 DSPN Scientific Program

Theme: "Evidence-Based Spine Surgery in the Real World": Marriott Desert Ridge, March 9-12, 2011								
Day	Start Time	End Time	Event	Description	Responsible Person	Speaker Time	Notes	Preliminary Faculty Submitted for Courses and Symposia
<b>Tues, March 8</b>	<b>Tuesday</b>							
	6:30 PM	8:30 PM	Executive Committee Dinner		Praveen Mummaneni	2 hours	Business casual	
<b>Wed, March 9</b>	<b>Wednesday</b>							
	11:00 AM	6:00 PM	Registration / Speaker Ready Room					
			Afternoon Sessions					
	1:30 PM	5:30 PM	Special Course I	Coding Update and Review	Joe Cheng/Jack Knightly	4 hours		Dom Coric, Peter Angevine
			Special Course II	Masters in Spinal Surgery: What Has Experience Taught Me?	Ed Benzel/Reg Haid	4 hours		Richard Fessler, Rob Heary, Vincent Traynelis, Paul McCormick, Ed Benzel, Ziya
			Special Course III	Spinal Deformity	Chris Shaffrey/Mummaneni	4 hours		Robert Heary
			Special Course IV	Advanced MIS Techniques/Managing MIS Complications	Michael Wang/Langston Holly	4 hours		Adam Kanter, Justin Smith, Paul Park, Dan Sciubba, Foley
			Special Course V (NP and PA)	NP/PA Course - management of periop pain--Checked with Andrea and Mike: No sig changes	Steinmetz / Andrea Strayer	4 hours		Sanjay Dhall
			Special Course VI	Turkish Delegation & Ziya Gokaslan (topic to be determined by Fournay and Gokaslan)	Mehmet Zileli and Selcuk Omer Palaoglu	4 hours		Turkish surgeons (zileli and palaoglu)
			Special Course VII	Cervical Myelopathy (co-sponsored by CSRS)	Jim Harrop/Bob Heary	4 hours		Tim Witham, Fehlings, Traynelis?, Rick Sasso, Jeff Wang, Lee Riley
			Society Meeting	Pediatric Craniocervical Society -CHARGING PEDS ATTENDEES?(\$200 c lunch?)	Doug Brockmeyer			Peds/craniocervical faculty
	6:30 PM	8:30 PM	Opening Reception		Mummaneni/Steinmetz		Business casual	
<b>Thurs, March 10</b>	<b>Thursday</b>							
	6:00 AM	6:00 PM	Registration / Speaker Ready Room					
	9:00 AM	6:00 PM	Exhibit Hall / Poster Viewing					
			Morning Sessions					
	6:30 AM	6:55 AM	Continental Breakfast / Case Presentations		Eve Tsai/Pat Hsieh	25 min		
	6:55 AM	7:00 AM	Introductory Remarks / Meeting Announcements		Daryl Fournay	5 min		
	7:00 AM	8:45 AM	Scientific Session I	Evidence Based Medicine in the Real World	Mike Wang/Peter Angevine	Moderators		
				Evidence-based recommendations for spine surgery: how has the process changed?	Paul McCormick	15 min		
				Cost-utility analysis	Matt McGirt	15 min		
				Comparative effectiveness	Zo	15 min		
				Applying best evidence to practice	Dan Resnick	15 min		
				How to resolve clinical problems with lack of data	Mike kaiser	15 min		
				How to resolve conflicting data (e.g. vertebroplasty)	Paul Matz	15 min		
				How to resolve cost conflicts with "best evidence"	Pat Jacob	15 min		
				How to resolve reimbursement conflicts with "best evidence"	Joe Cheng	15 min		
	8:45 AM	8:50 AM	Introduction of Section Chairman		Daryl Fournay	5 min		
	8:50 AM	9:05 AM	Presidential Address		Ziya Gokaslan	15 min		
	9:05 AM	9:10 AM	Introduction of Meritorious Award Winner		Michael Fehlings	5 min		
	9:10 AM	9:30 AM	Meritorious Award Winner	Subject of Choice for Meritorious Service Award - TBD	Paul Cooper	20 min		
	9:30 AM	10:15 AM	Coffee Break / What's New?		Dean Karahalios/Adam Kanter	45 min		
	10:15 AM	12:30 PM	Oral Platform Presentations I	(8m papers in blocks of 3, 10m questions) Top 8 abstracts (2h 15 minutes) and Discussants	Praveen Mummaneni, Ali Bydon(Moderators)	Moderators		
				8 Discussants for the Papers: pic based on executive committee members	Discussants: Trost, Wolfia, Groff, Alexander, Hurlbert, Zager, McLaughlin, Kalfas			
	12:30 PM	1:25 PM	Lunch Break / What's New?		John Chi/Michael Steinmetz	50 min		
			Afternoon Sessions					
	1:25 PM	1:30 PM	Meeting Announcements		Praveen Mum	5 min		
	1:30 PM	3:00 PM	Scientific Session II	Spinal Surgery Complication Avoidance and Management	Intro(3 min/Discussant 7min)	Moderators		
				MIS Complication Case	Sciubba/Wang	10 min		

2010 DSPN Scientific Program

Theme: "Evidence-Based Spine Surgery in the Real World": Marriott Desert Ridge, March 9-12, 2011								
Day	Start Time	End Time	Event	Description	Responsible Person	Speaker Time	Notes	Preliminary Faculty Submitted for Courses and Symposia
				Complication Avoidance and Management with vertebral artery injury	Dean Karahalios/Sonntag	10 min		
				Complication Avoidance and Management with BMP interbody in L spine	Srinivas Prasad/Jim Harrop	10 min		
				Complication Avoidance and Management with Intraop Monitoring changes with intradural tumors	George Jallo/Micheal Fehlings	10 min		
				Complication and Avoidance with sacral insufficiency fractures following LS fusion	Tim Witham/Chris Shaffrey	10 min		
				Complication Avoidance and Management with transpoas approaches (nerve injury)	Adam Kanter/Allan Belzberg	10 min		
				Complication Avoidance and Management with C5 palsy	Hsieh/Spinner	10 min		
	3:00 PM	3:45 PM	Coffee Break / What's New?		Sanjay Dhall/Matt McGirt			
	3:45 PM	5:15 PM	Oral Poster Presentations I (Concurrent Sessions)	(5m papers in blocks of 5, 5m questions, 2 concurrent sessions) 30 abstracts	Dean Chou/Justin Smith			
	3:45 PM	5:15 PM	Oral Poster Presentations II		John Chi/Marjorie Wang			
	5:15 PM		Adjourn					
			Evening Session					
	5:15 PM	7:15 PM	Exhibit Hall Reception		Praveen Mummaneni	2 hours		
	6:30 PM	8:30 PM	Chairman's Dinner - (moderators, speakers, faculty, turkish people, Hopkins peeps)		Praveen/Daryl	2 hours	Formal	SRS members, Exec committee members, Scientific Prog committee, Honored gurests, Taiwanese surgeons
Fri, March 11	Friday							
	6:00 AM	6:00 PM	Registration / Speaker Ready Room					
	9:00 AM	12:30 PM	Exhibit Hall / Poster Viewing					
			Morning Sessions					
	6:30 AM	6:55 AM	Continental Breakfast / Case Presentations		Dave Hart/Dan Lu	25 min		
	6:55 AM	7:00 AM	Meeting Announcements		Fourney/Mummaneni	5 min		
	7:00 AM	9:00 AM	Scientific Session III	Evolution of Treatment for Metastatic Disease	Ehud Mendel, Daryl Fourney	Moderators		
				Evolution of Surgery for Metastatic Disease	Ziya Gokaslan	15 min		
				MIS/vertebroplasty/hybrid techniques	Mark Bilsky	15 min		
				Radiorurgery	Peter Gerszten	15 min		
				Questions for the panel		15 min		
				Role for En Bloc - radical - good margins, etc.	Larry Rhines	15 min		
				Cost Utility/elderly	Dean Chou	15 min		
				The future: Animal Models/Technology/Biologic Strategies	Dan Sciubba	15 min		
				Questions for the panel		15 min		
					Marjorie Wang / Peter Gerszten/Adam Kanter/Dan Sciubba			
	9:00 AM	9:30 AM	Fellowship Awards and Updates			30 min		
	9:30 AM	10:15 AM	Coffee Break / What's New?		Justin Smith/Dean Chou	45 min		
	10:15 AM	12:15 PM	Oral Platform Presentations II	(8 min papers in blocks of 3, 6 minutes questions) 8 abstracts with Discussants	Langston Holly, Frank LaMarca	Moderators 2h		
					Kuntz, Rodts, Woodard, Branch, Hadley, Arnold, Okonkwo, Subach, Rosner			
	12:15 PM	12:30 PM	Annual Business Meeting		Ziya Gokaslan/Groff	15 min		
	12:30 PM		Lunch on Your Own					
			Afternoon Sessions					
	12:30 PM	2:30 PM	Luncheon Symposium I	Revision Spine Surgerv	Ian Kalfas/ Mike Groff	2 hours		Tim Ryken, David Okonkwo
				Neurosurgeon as CEO: Business Aspects of Spinal Surgery	Jack Knightly /Dom Coric	2 hours		Mark McLaughlin
	12:30 PM	2:30 PM	Luncheon Symposium II		JP Wolinsky/Dickman	2 hours		Dean Chou, Christopher Ames
	12:30 PM	2:30 PM	Luncheon Symposium III	Cranial-Cervical Junction	Greg Trost/James Harrop	2 hours		Shaun O'Leary
	12:30 PM	2:30 PM	Luncheon Symposium IV	Geriatric Spine	Regis Haid/Praveen Mummaneni	2 hours		Vincent Traynelis
			Luncheon Symposium V	Spinal Arthroplasty				Linda Wang, John McGillicuddy, Robert Spinner, Eric Zager
	1:30 PM	5:30 PM	Special Course VI	Peripheral Nerve Exposures and Nerve Repair Techniques (Complimentary to Residents)	Bob Spinner / Linda Yang	4 hours		Adam Kanter, Eve Tsai, Sanjay Dhall, Charles Sansur, Justin Smith
	1:30 PM	5:30 PM	Special Course VII (NP and PA)	Evaluation and Management of the Spine Trauma Patient NP/PA course	Mark Shaffrey / Andrea Strayer	4 hours		
			Social Events					
			Evening Sessions					

2010 DSPN Scientific Program

<b>Theme: "Evidence-Based Spine Surgery in the Real World": Marriott Desert Ridge, March 9-12, 2011</b>								
Day	Start Time	End Time	Event	Description	Responsible Person	Speaker Time	Notes	Preliminary Faculty Submitted for Courses and Symposia
	6:30 PM	8:30 PM	<b>Young Neurosurgeon's Dinner</b>	Approximate 50 people - Guest Speaker: <b>Paul Cooper</b>	<b>Daryl Fourney</b>	2 hours	Business casual	
	6:30 PM	7:30 PM	<b>Senior Advisory Council Reception</b>	Approximate 75 people	<b>Praveen Mummaneni</b>	1 hours	Business casual	
	7:30 PM	9:30 PM	Chairmans Advisory Council Dinner	Approximate 50 people	Praveen Mummaneni	2 hours	Business casual	
<b>Sat, March 12</b>	<b>Saturday</b>							
	6:00 AM	6:00 PM	Registration / Speaker Ready Room					
	9:00 AM	12:30 PM	Exhibit Hall / Poster Viewing					
			<b>Morning Sessions</b>					
	6:30 AM	6:55 AM	Continental Breakfast / Case Presentations		m	25 min		
	6:55 AM	7:00 AM	Meeting Announcements		Praveen Mummaneni/Fourney	5 min		
	7:00 AM	8:20 AM	<b>Scientific Session IV</b>	<b>Oral Posters</b>	<b>Justin Smith / Gene Kavkin</b>	<b>Moderators</b>		
	8:20 AM	9:40 AM	<b>David Cahill Mem Controversies</b>	<b>Spine and Peripheral Nerve</b>	<b>Praveen Mumman /Charlie Kuntz</b>	<b>Moderators</b>		
				Synovial Cyst - Decompression versus fusion	<b>John Jane/Robert Heary</b>	20 min		
				Burst fracture intact	<b>Eric Woodard/ James Harrop</b>	20 min		
				Recurrent lumbar disc - fuse or not	<b>Hurlbert/Rodts</b>	20 min		
				Degen scoli p/w radiculopathy - small vs big	<b>Kalfas/Shaffrey</b>	20 min		
	9:40 AM	10:25 AM	Coffee Break / What's New?		Bagley/Koski	45 min		
			Mayfield Awards / Presentations of Research by Mayfield Recipient		Adam Kanter / Peter Gertzen/Marjorie/Sciubba	35 min		
	11:00 AM	12:30 PM	Oral Poster Presentations III/IV	(5m papers in blocks of 5, 5 minutes questions, 2 concurrent sessions) 30 abstracts	Paul Park/Choudri	<b>Moderators</b>		
	12:30 PM		Lunch on Your Own / Exhibit - Poster Dismantling					

## Scientific Program Committee Update – October 14, 2010

The March 9-12 Annual Meeting is entitled: *“Evidence-Based Spine Surgery in the Real World”*

### 1) Highlights:

- Meritorious Service Award: Paul Cooper
- International guests (Turkey): Mehmet Zileli, Selcuk Omer Palaoglu have invited 11 faculty from Turkey who will be presenting a Special Course: “Update on Spinal Surgery in Turkey”
- Special Course on cervical myelopathy co-sponsored by CSRS
- Extra invited guest is Prof. Stefano Boriani (Italy) who will present on en bloc tumor resection at a Scientific Session on metastatic disease
- Scientific Sessions:
  - Evidence Based Spine Surgery in the Real World
  - Spinal Surgery Complication Avoidance and Management
  - Evolution of Treatment for Metastatic Disease
  - David Cahill Memorial Controversies

2) 290 abstracts submitted: The SPC has graded all the abstracts and will choose 18 oral platforms (with 3 minutes for discussants) and 59 oral posters at the Oct 17 meeting

- Presenters for oral platforms will be asked to submit a 1000 word abstract by Jan 15 for discussants to review.
- Are we doing expedited review papers for J Neurosurg Spine again this year?

3) CME requirements: The SPC is committed to ensuring compliance with ACCME requirements for CME. In addition to all previous documentation, we have undertaken the following *new initiatives* this year:

- Complete disclosure for all members of the planning committee. Teleconference to mitigate and resolve the planners was held Sept 26.
- In addition to learning objectives, each course, scientific session and symposium will identify evidence-based “practice gaps”. Requests have been sent to all moderators and chairmen – still coming in. Next year, the SPC will create the practice gaps before creating the program (this is a process that only came to our attention from CNS this year after the meeting had already been planned).
- **All presenters must submit slides for review by the SPC January 15.** All PowerPoint presentations will be reviewed and resolved (GSS, Special Courses, LS, Oral Platform and Oral Poster) for disclosure, bias (personal and commercial), content validity and fair and balanced content.
- Each PowerPoint presentation submitted through the vendor presentation management system will include a disclosure slide generated from previously submitted disclosure information.
- Three courses or luncheon symposia will be chosen for further investigation of “Needs Assessment and Educational Gaps.” We will send a pre-

educational activity short question/answer survey in early February. These will be followed with 3-month and 6-month post-activity short question/answer survey.

Respectfully submitted,

Daryl Fourney  
Scientific Program Chair

## AANS/CNS Spine Section Scientific Program Committee Meeting

May 2, 2010

Section Chair: Ziya Gokaslan

Program Committee Chairs: Daryl Fourney, Praveen Mummaneni

Secretary: Daniel Sciubba

In attendance: Ziya Gokaslan, Daryl Fourney (phone-in), Praveen Mummaneni, Dan Sciubba, Dean Chou, Timothy Witham, Jean-Paul Wolinsky, Patrick Hsieh, John Chi, Robert Heary, Frank LaMarca, Adam Kanter, Dean Karahalios, Jim Harrop, Peter Angevine, Justin Smith, Michael Wang, Langston Holly, Michael Steinmetz, Marjorie Wang, Bob Spinner,

### **Tuesday**

Praveen said he would take care of executive dinner

### **Wednesday**

Good amount of time spent on thinking about composition of special courses. Although faculty were suggested for each, plan is to have moderators pick faculty as needed. However, moderators should discuss faculty changes with the Sci program chair and annual meeting chair so as to avoid having the faculty doing multiple simultaneous obligations.

There will be a cervical myelopathy course co-sponsored by the CSRS. Plans were made for the course moderator to contact some ortho members of the CSRS for faculty.

Doug Brockmeyer agreed per Praveen that they will come with their team to present the peds course. It is not clear if they intend to hold a special course for the peds spine. Last year they met and planned a textbook rather than doing a formal lectures course. Peds members will pay for the room rent and/or pay our rates of membership to attend.

### **Thursday**

Scientific Session I - Evidence based medicine – lectures have been planned and speakers picked

Discussants for Oral presentations need to be contacted – they are the senior members of the EC.

Scientific Session II – Complication avoidance – lectures planned and speakers picked. Note – first presenter is junior and just presents case, while second speaker is more senior and presents discussion

Chairman's Dinner – ZG needs to decide who he is inviting and contact Praveen with a list of his invitees

## **Friday**

Scientific Session III – Metastatic Disease – topics and speakers picked

Oral Platforms II – remaining senior members of EC not used for OP I, will be used for this session as discussants

## **Saturday**

Cahill Controversy – speakers and topics picked

Action items:

1. Have all speakers and moderators contacted about obligations
2. ZG to pick people at Chairman's dinner and contact Praveen
3. Find slots in program for ziya's two honored guests from Turkey and his invited guest speaker from Italy
4. Special course moderators to confirm faculty prior to contacting them with Praveen and Daryl
5. Plan to have member of SPC review all abstracts prior to the CNS meeting
6. Plan a meeting at the CNS in SF in October 2010 to finalize abstracts and review the final version of the scientific program
7. Have a discussion with CNS meeting team (Jamie) to minimize COI issues and review this past years attendees comments – conference call scheduled for May 12, 2010.

**AANS/CNS Section on Disorders of the Spine and Peripheral Nerves EC meeting****Awards Committee and CME Committee Reports, 10/16/2010 meeting****M. Wang, P. Gertszten, A. Kantor, D. Sciubba****AANS/CNS Section on Disorders of the Spine and Peripheral Nerves - Sponsored Awards**

<b>Award</b>	<b>Sponsored By</b>	<b>Amount</b>	<b>Agreement Terms</b>	<b>2008 Funds</b>	<b>2009 Funds</b>	<b>2010 Funds</b>	<b>2011 Funds</b>
				<b>Rec'd</b>	<b>Rec'd</b>	<b>Rec'd</b>	<b>Rec'd</b>
H. Alan Crockard Int'l Fellowship	DePuy Spine	\$ 5,000.00	2010-2012	2008	10/22/2009	1/15/2009	
Sanford Larson Research Award	DePuy Spine	\$ 30,000.00	2010-2012	2008	10/22/2009	1/15/2009	
Ronald Apfelbaum Research Award	Aesculap	\$ 15,000.00	To 2012		3/22/2010		
David Cahil Fellowship	Synthes	\$ 30,000.00	2009-2010		8/6/2009		
David Kline Research Award	Integra	\$ 15,000.00	2010-2011	2008	6/30/2009	12/8/2009	
Ralph Cloward Fellowship	Medtronic	\$ 30,000.00	2005-2011	2008	11/12/2008	1/26/2010	
Sonntag International Fellowship	Medtronic	\$ 5,000.00	2005-2011	2008	11/12/2008	1/26/2010	

**1. Past due funding**

- a. Ongoing issue
  - b. Aesculap commitment to 2012
  - c. Synthes commitment in perpetuity
2. Website updated for 2010 winners (by Eric Potts, Ben Rosenbaum)
  3. Applications due 12/1

**CME Committee report**

MW attended the 2010 CME as a Bridge to Quality Accreditation Workshop by the Accreditation Council for Continuing Medical Education. Also will be attending the CNS Education Committee meeting (12-2pm 10/17/10).



**From:** "Wang, Marjorie" <mwang@mcw.edu>  
**Subject:** **delinquent award funding**  
**Date:** October 12, 2010 9:49:32 AM EDT  
**To:** "zgokasl1@jhmi.edu" <zgokasl1@jhmi.edu>, Adam S Kanter <kanteras@upmc.edu>  
**Cc:** "Groff,Michael (HMFP - Neurosurgery)" <mgroff@bidmc.harvard.edu>

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There are 2 companies who have yet to provide funds for awards given out in 2010: Synthes (Cahil award), Aesculap (Apfelbaum award). We have contracts with both companies in perpetuity. Late funding began in 2008 and appears to be mainly with these 2 companies. In addition, several companies ask for the applicant's budget prior to providing money so we receive funding after the award has been given according to the AANS budget office. As a result, we are typically giving awards and credit to companies before receiving funds.

Should we continue to accept applications for awards for which we have not received funding?  
Alternatively, we could not award the Cahil and Apfelbaum this year.

thanks,  
Marjorie

**From:** Gerszten, Peter [gerspc@UPMC.EDU]  
**Sent:** Monday, May 24, 2010 5:22 PM  
**To:** Wang, Marjorie  
**Subject:** FW: Spine Section Apfelbaum Award

---

**From:** Ira.Benson@aesculap.com [mailto:Ira.Benson@aesculap.com]  
**Sent:** Thursday, April 26, 2007 11:33 AM  
**To:** Wolfla, Christopher  
**Cc:** Darrin.Kuehn@aesculap.com; Gerszten, Peter; jim.searle@aesculap.com; jtalexan59@yahoo.com  
**Subject:** Re: Spine Section Apfelbaum Award

Hi Chris,

Good news! We are going to support this award going forward based on the specifics outlined in your e mail. The wording looks good accept would you change Aesculap Inc. to Aesculap Implant Systems. Please let me know what the next step will be.

Best regards,

Ira

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

To <Ira.Benson@aesculap.com>  
cc <jim.searle@aesculap.com>, <Darrin.Kuehn@aesculap.com>, "Gerszten, Peter"  
<gersztenpc@upmc.edu>, <jtalexan59@yahoo.com>  
Subject Spine Section Apfelbaum Award

03/21/2007 08:43 PM

Dear Mr. Benson:

I was very good to meet you at the Joint Spine Section meeting in Phoenix. I hope that it was a very productive experience. I am sorry for the delay in getting back to you but, as you might expect, I had two weeks worth of work waiting for me when I returned.

For a number of years, Aesculap has sponsored the Spine Section Apfelbaum Award. The complete description can be found on the Spine Section web site ([www.spinsection.org](http://www.spinsection.org)) and reads: "The Apfelbaum Award sponsored by Aesculap is for either basic or clinical research related to the spine with funding up to \$15,000. This research award is intended to establish funding for research related to the spine, 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 National Institutes of Health (NIH) funding. The award is also meant to create an annual funding mechanism to establish the AANS/CNS Spine Section as a known source for quality clinical research aimed at answering questions pertaining to the treatment of disorders of the spine and peripheral nerves."

The Apfelbaum award is given each year at the Spine Section Annual meeting. The deadline for applications is generally December 1 of the preceding year. The selection committee is made up of designees of the Executive Committee and usually includes one or more former Fellowships and Awards Committee Chairs.

As the former Chair of the Spine Section Fellowships and Awards Committee, it was my responsibility to lead the selection process as well as to make sure that the funding was in place. I quickly learned that, because of turnover in the Spine Section Executive Committee and in the leadership of the sponsoring corporations, these verbal sponsorship agreements were frequently forgotten and had to be renegotiated every year.

Because of this, I began to negotiate multi-year agreements with fellowship and award sponsors. I was able to negotiate five year agreements with all of the major sponsors, including Medtronic, DePuy Spine, and Synthes Spine. I was in the process of doing the same with Mr. Burckhardt, who gave me a verbal commitment to do so. However, he told me that the final approval would need to come from his superior. My records indicate 13 phone calls to Mr. Burckhardt between 9/27/05 and 4/4/06 trying to work this out. In addition, I contacted Dr. Apfelbaum himself, who agreed to intervene. I did not receive a response.

I am very encouraged that you have expressed your willingness to work with the Spine Section on this endeavor. What I would like to negotiate, if possible, is a five year agreement (2008-2012) with Aesculap to sponsor the Apfelbaum Award. I sent Mr. Burckhardt the following suggested language:

*“Aesculap, Incorporated, is committed to the ongoing support of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves Apfelbaum Award. As such, Aesculap, Incorporated, will make a charitable contribution to the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves for support of this award in the amount of \$15,000.00 USD per year for the next five years, 2008 – 2012. Unused funds will be returned to Aesculap, Incorporated, should the Apfelbaum Award not be administered in a given year.”*

I hope that you will look favorably on this request. On behalf of the Spine Section, I thank you for your consideration and await your response. If you require any additional information, please contact me at your convenience.

Sincerely,

Christopher E. Wolfla MD  
Associate Professor of Neurosurgery  
The Medical College of Wisconsin  
Secretary, Congress of Neurological Surgeons  
Secretary, Congress of American Neurosurgical Education  
Treasurer, AANS/CNS Section on Disorders of the Spine and Peripheral nerves

Telephone: 414 805 5424  
Fax: 414 955 0115  
cwolfla@mcw.edu

CONFIDENTIALITY NOTICE. This e-mail and attachments (if any) are the sole property of The Medical College of Wisconsin and may contain information that is confidential, proprietary, privileged or otherwise prohibited by law from disclosure or re-disclosure. This information is intended solely for the individual(s) or entity(ies) to whom this e-mail or attachments are addressed. If you have received this e-mail in error, you are prohibited from using, copying, saving or disclosing this information to anyone else. Please destroy the message and any attachments immediately and notify the sender by return e-mail. Thank you.

\*\*\*\*\*  
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\*\*\*\*\*



SYNTHES Spine  
1302 Wrights Lane East  
West Chester, Pennsylvania 19380  
Telephone 610-719-5000

September 8, 2005

Christopher E. Wolfla, MD  
Co-Chair, Fellowships and Awards Committee  
AANS/CNS Joint Section on Disorders of the  
Spine and Peripheral Nerves  
5550 Meadowbrook Drive  
Rolling Meadows, IL 60008-3852

RE: Cahill Memorial Fellowship

Dear Dr. Wolfla,

Thank you for your recent letter regarding the Cahill Fellowship Award. Synthes Spine is pleased to confirm that it is our intent to continue this support on a permanent basis.

I trust your offices in Chicago have received our 2005 sponsorship in the amount of \$30,000.00 which was sent to the attention of Ronald Engelbreight.

It is always a pleasure to support outstanding organizations such as the Joint Section in our shared commitment to the further advancement of neurosurgical education, research and patient care.

If you have any questions, please do not hesitate to contact me at (610) 719-5628.

Kind Regards,

A handwritten signature in cursive script, appearing to read "Nancy H. Holmes".

Nancy H. Holmes, RN  
Director, Spine Professional Relations

NHH:kc

cc: Jenifer Wolff



**SYNTHES Spine**  
1302 Wrights Lane East  
West Chester, Pennsylvania 19380  
Telephone 610-719-5000

September 2, 2005

Ronald W. Engelbreit  
Deputy Executive Director  
AANS/CNS Section on Disorders of the Spine  
7550 Eagle Way  
Chicago, IL 60678-1075

RE: Invoice No 1-000066646

Dear Mr. Engelbreit,

Synthes Spine is pleased to provide sponsorship of the 2005 AANS/CNS David Cahill Fellowship by way of the enclosed check for \$30,000.00. I have also enclosed the invoice to accompany the payment to help expedite processing.

I apologize for the delay and appreciate your patience as it is always our pleasure to support organizations such as yours in our shared commitment to the further advancement of research, education and patient care.

Kind Regards,

A handwritten signature in cursive script that reads 'Nancy H. Holmes'.

Nancy H. Holmes, RN  
Director, Spine Professional Relations

NHH:kc

Enclosure

AANS/CNS SECTION ON  
DISORDERS OF THE SPINE  
7550 EAGLE WAY  
CHICAGO IL 60678-1075

**SYNTHES SPINE CO., LP**

10530099

AANS/CNS SECTION ON DISORDERS

08/23/05

BOX 0548 PAOLI, PA 19301-1222

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
FUND	081205	2004/2005	30,000.00		30,000.00
CHECK NO.	49762	TOTALS	30,000.00		30,000.00

^ RETAIN TOP PORTION FOR YOUR RECORDS ^

⚠ WARNING: THIS CHECK IS PROTECTED BY SECURITY FEATURES. DETAILS ON BACK ⚠

 **SYNTHES SPINE CO., LP**

1690 RUSSELL RD. POST OFFICE BOX 0548  
PAOLI, PA 19301-1222

Telephone: (610) 647-9700

CHECK NO. 0049762

Wachovia National Bank

DATE 08/23/05

AMOUNT



\*\*\*\*\*\$30,000.00

 PAY ONLY 

PAY ☒ THIRTY THOUSAND DOLLARS AND 00 CENTS \*\*\*\*\*

TO THE  
ORDER  
OF

AANS/CNS SECTION ON  
DISORDERS OF THE SPINE  
7550 EAGLE WAY  
CHICAGO IL 60678-1075

  
  
AUTHORIZED SIGNATURE

⑈00049762⑈ ⑆031000503⑆ 2000033196620⑈

RECEIVED IN

JUL 29 2005

CORPORATE A/P

## INVOICE

ANS/CNS Section on Disorders of the Spine  
550 Eagle Way  
Chicago IL 60678-1075  
(347) 378-0500

Page 1 of 1

Attn: Nancy Holmes, RN  
Synthes Spine  
1380 Enterprise Dr.  
West Chester PA 19380-0000

P.O. NO.

I.D. NO.	411910
INV. NO.	1-000066646
DATE	7/22/2005

QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1	2004/2005 David Cahill Fellowship	30,000.00	\$30,000.00
Invoice Total:			\$30,000.00
Less Amount Paid:			(\$0.00)
TOTAL			\$30,000.00

TEAR HERE

Attn: Nancy Holmes, RN  
Synthes Spine  
1380 Enterprise Dr.  
West Chester PA 19380-0000

VISA / MC / AmEx

MERCHANT NO. 295023809888

CARD NO.

EXPIRATION DATE

MONTH

YEAR

PLEASE REMIT IN U.S. FUNDS TO:

ANS/CNS Section on Disorders of the Spine  
550 Eagle Way  
Chicago IL 60678-1075

SIGNATURE

I.D. NO.	411910
INV. NO.	1-000066646
AMOUNT	\$30,000.00

Due By: 8/21/2005

**Holmes, Nancy**

---

**From:** Holmes, Nancy  
**Sent:** Friday, August 12, 2005 12:36 PM  
**To:** 'Jenifer R. Wolff'  
**Cc:** Rene L. Finco; Ronald W. Engelbreit; Vanessa Garlisch; Holmes, Nancy  
**Subject:** RE: Verified invoice dates

Thanks, Jenifer, for clarifying this.

It think it would be helpful for everyone if future invoices could be sent on a schedule that would coincide with the meeting it is for. That way Joint Section can have the money before the award is given and not after.

Thanks again for the detective work!

Best regards,

Nancy

Nancy H. Holmes, RN  
Director, Spine Professional Relations  
Synthes Spine  
1302 Wrights Lane East  
West Chester, PA 19380  
Ph: 610-719-5628  
Fax: 610-719-5100  
holmes.nancy@synthes.com

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

**From:** Jenifer R. Wolff [mailto:jrw@aans.org]  
**Sent:** Friday, August 12, 2005 12:25 PM  
**To:** Holmes, Nancy  
**Cc:** Rene L. Finco; Ronald W. Engelbreit; Vanessa Garlisch  
**Subject:** Verified invoice dates

Hi, Nancy -

I checked again with accounting: invoices for the 2004/2005 time period (July 1 - June 30) are for activities that take place with the 2005 meeting. That includes the invoice you received dated 7/22/05 for the Cahill Award - it was for the 2005 meeting.

The check you were looking at for \$30,000, dated 3/12/04 was payment for the Cahill Award at the 2004 meeting (2003/2004 fiscal year).

As discussed, we are requesting written confirmation from the Spine Section to be directed to your attention indicating their appreciation of your commitment to sponsor the Cahill Award permanently / annually, since the first award given in 2004.

Let me know if you have any further questions. I want to make sure you feel comfortable with this.

09/07/2005



Take care -  
Jen

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

**From:** Ziya Gokaslan <zgokasl1@jhmi.edu>  
**Subject:** Fwd: delinquent award funding  
**Date:** October 12, 2010 6:42:53 PM EDT  
**To:** Marjorie Wang <mwang@mcw.edu>  
**Cc:** "Groff,Michael (HMFP - Neurosurgery)" <mgroff@bidmc.harvard.edu>

---

Marjorie

Below is the email response from Synthes stating that they would be sponsoring Cahill Award.

Ziya

Sent from my iPhone

Ziya L. Gokaslan, MD, FACS

Donlin M. Long Professor  
Professor of Neurosurgery, Oncology and Orthopaedic Surgery  
Vice-Chair  
Director of Neurosurgical Spine Program  
Department of Neurosurgery  
Johns Hopkins University School of Medicine

Johns Hopkins Hospital  
600 North Wolfe St.  
Meyer 7-109  
Baltimore, MD 21287

410 502 2383 Office  
410 502 3399 Fax

443 287 4934 Academic Affairs  
Assistant - Angela Melton

Begin forwarded message:

From: "Wagner.Nancy@synthes.com<mailto:Wagner.Nancy@synthes.com>"  
<Wagner.Nancy@synthes.com<mailto:Wagner.Nancy@synthes.com>>  
Date: October 12, 2010 4:37:48 PM EDT  
To: Ziya Gokaslan <zgokasl1@jhmi.edu<mailto:zgokasl1@jhmi.edu>>  
Cc: "Birchler.Kurt@synthes.com<mailto:Birchler.Kurt@synthes.com>" <Birchler.Kurt@synthes.com<mailto:Birchler.Kurt@synthes.com>>, "mwang@mcw.edu<mailto:mwang@mcw.edu>" <mwang@mcw.edu<mailto:mwang@mcw.edu>>  
Subject: FW: delinquent award funding

Dear Dr. Gokaslan,

Please accept my sincerest apology for the oversight in responding to AANS/CNS request in a more timely manner. I am pleased to acknowledge that Synthes Spine will be sponsoring the Cahill Award for 2010.

I share Kurt Birchler's concern with the delay in our response and therefore will be the primary contact for future requests.

If you need an expedited payment I can provide a Corporate American Express Card or if preferred, I will initiate a check request. If your preference is to receive a check can you please confirm who the check should be made payable to and the preferred mailing address. I look forward to hearing from you.

Please contact me if you have any questions.

Sincerely,  
Nancy

Nancy Wagner  
Director, Professional Relations  
Synthes Spine  
Phone: (610) 719-5270  
Fax: (610) 719-5100  
wagner.nancy@synthes.com<mailto:wagner.nancy@synthes.com>

Public Realties Committee,

We have been working closely with PR section of Washington Committee.

We were working on a piece regarding outcomes and spine surgery using lumbar stenosis as an example. Unfortunately Sussane has taken another job leaving this project and others in limbo. We are waiting to see what the Washington Committee will do.

We continue to work with the AANS PR committee regarding spine initiatives. Drs.

Batjer and Ellenbogen and incoming AANS Vice President Mitch Berger, have been appointed to the new NFL Head, Neck and Spine Medical Committee. We will have some opportunity in PR with these appointments.

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

## **Guidelines Committee Report**

**October 2010**

### **1. CSM Guidelines**

- a. Submitted to the NGC Website

### **2. Update of Lumbar Fusion Guidelines**

- a. 17 Evidentiary tables completed
- b. Initial drafts - ongoing

### **3. Metastatic Spine Guideline**

- a. 11 main topics
  - i. 7 topics – first draft completed/secondary review ongoing
  - ii. 4 topics – evidentiary tables/first drafts ongoing
- b. 11 ancillary topics
  - i. 8 topics – first draft completed
  - ii. 3 topics – evidentiary tables/first drafts ongoing

### **4. Thoracolumbar Trauma Guidelines**

- a. Evidentiary tables ongoing

### **5. Cervical Spine Trauma Guidelines**

- a. In progress

Respectfully submitted,

Michael Kaiser, MD, FACS  
Columbia University  
Department of Neurosurgery  
212 305-0378  
mgk7@columbia.edu

**Outcomes Committee Report**  
**Spine Section Executive Committee Meeting**  
**Saturday, October 16th, 2010, 3 pm – 7 pm**  
**Marriott Marquis, Sierra K**  
**San Francisco, California**

Committee Members:

Zoher Ghogawala [zoher.ghogawala@yale.edu](mailto:zoher.ghogawala@yale.edu) (chair)  
Subu Magge [subu.n.magge@lahey.org](mailto:subu.n.magge@lahey.org)  
John O'Toole [John\\_Otoole@rush.edu](mailto:John_Otoole@rush.edu)  
Jean Coumans [jcoumans@partners.org](mailto:jcoumans@partners.org)  
Maxwell Boakye [mboakye@stanford.edu](mailto:mboakye@stanford.edu)  
Daniel Hoh [hohd@ccf.org](mailto:hohd@ccf.org)  
John Shin [shinj3@ccf.org](mailto:shinj3@ccf.org)

Eblast sent out for clinical trials award 2010  
Check (\$25,000) for Dr Marjorie Wang mailed January 1, 2010  
Check (\$25,000) for Dr Basheal Agrawal mailed July, 2010

**A. NEUROPOINT-SD                      Funded \$ 200,000**

Primary Aim: To establish a multi-center clinical research group that demonstrates 80% compliance in collecting 1 year outcomes data for the surgical treatment of lumbar spinal disorders

Secondary Aim: To demonstrate clinical effectiveness for the surgical treatment of two common spinal disorders: lumbar disc herniation and lumbar spondylolisthesis

Design – Prospective outcomes study – 200 patients (10 centers)  
Outcome – SF-12, VAS, ODI (pre-op, 1,3,6,12 months)

Second Investigators Meeting – October 19<sup>th</sup> 4:30pm

Contract from AANS for \$ 100,000 for the NPA is completed  
(see attached appendix A)  
Logo for Neuropoint – SD is completed  
Web platform from Outcome is completed  
IRBs and Subcontracts for each site in progress  
Enrollment began September 15, 2010

**B. Clinical Trials Proposal Awards \$ 500**

1. We received 5 clinical trial proposals from 5 different institutions that met all the requirements. All competitive trial proposals were reviewed by at least 2 reviewers from the committee and NIH scoring criteria were followed. Proposals were reviewed according to:

- a) significance
- b) design and approach
- c) innovation
- d) overall potential to have impact on clinical care

The scores of both reviewers were averaged.

## B. Clinical Trials Award – \$ 50,000

1. The Outcomes Committee recognized three clinical trial proposals at the Section Meeting. Each was awarded \$ 500 and invited to resubmit for the \$ 50,000 award. Revised proposals were submitted by April 15, 2010. All proposals were reviewed by 3 separate reviewers and the score averaged.

The three top proposals were:

Basheal Agrawal, MD (resident) – Daniel Resnick (faculty sponsor)

Medical College of Wisconsin (institution)

“Development of a web-based registry for evaluating the comparative effectiveness of various treatments for low back pain in the Wisconsin population”

Design: Prospective Single Center Study to evaluate feasibility of comparative effectiveness study

Outcome: Oswestry (ODI), Visual Analog Scale (VAS).

Scientific Principle – Development of a prospective outcomes database platform for measuring spine outcomes is feasible

Erica Bisson, MD (faculty)

University of Utah (institution)

“Investigation of the Impact of sustained sitting versus walking on nutrient diffusion in the lumbar intervertebral disc.”

Design – Prospective cohort study, 20 patients

Outcome – Signal Intensity Ratios (measure of nutrient diffusion) for lumbar discs, VAS, SF36

Scientific Principle – Decreased nutrient diffusion may lead to disc degeneration.

Parry Dhaliwal, MD (resident) M. Sarah Rose, PhD (faculty biostatistician)

University of Calgary (institution)

“The use of intrathecal morphine in the management of acute pain following decompressive lumbar spinal surgery: a randomized controlled trial”

Design: RCT, 150 pts  
Outcome: 30% difference in VAS, Length of Hospital Stay  
Scientific Principle – Intrathecal morphine might reduce pain after lumbar surgery.

The winning proposal (announced July, 2010):

Basheal Agrawal, MD (resident) – Daniel Resnick (faculty sponsor)

Medical College of Wisconsin (institution)

“Development of a web-based registry for evaluating the comparative effectiveness of various treatments for low back pain in the Wisconsin population”

Design: Prospective Single Center Study to evaluate feasibility of comparative effectiveness study

Outcome: Oswestry (ODI), Visual Analog Scale (VAS).

Scientific Principle – Development of a prospective outcomes database platform for measuring spine outcomes is feasible

The award will be given in 2 parts: Initially, \$ 25,000 will be presented to the winner. The second \$ 25,000 will be awarded once a progress report has been received summarizing progress on each of the specific aims listed in the grant proposal. The second \$ 25,000 will be awarded only if 50% of the proposal accrual has been reached.

2. We have \$ 50,000 dollars to support 1 more award over the next year.

3. Previous Clinical Trials Award Winners:

2008 Winner

Khalid Abbed, MD, Yale University, Assistant Professor

Proposal: To compare minimally invasive T-LIF versus open T-LIF for grade I spondylolisthesis with symptomatic spinal stenosis.

Design: pilot study - 100 pts, 3 sites, non-randomized.

Outcome Instruments: SF-36 PCS and ODI

2009 Winner

Marjorie Wang, MD, MPH, Medical College of Wisconsin, Assistant Professor

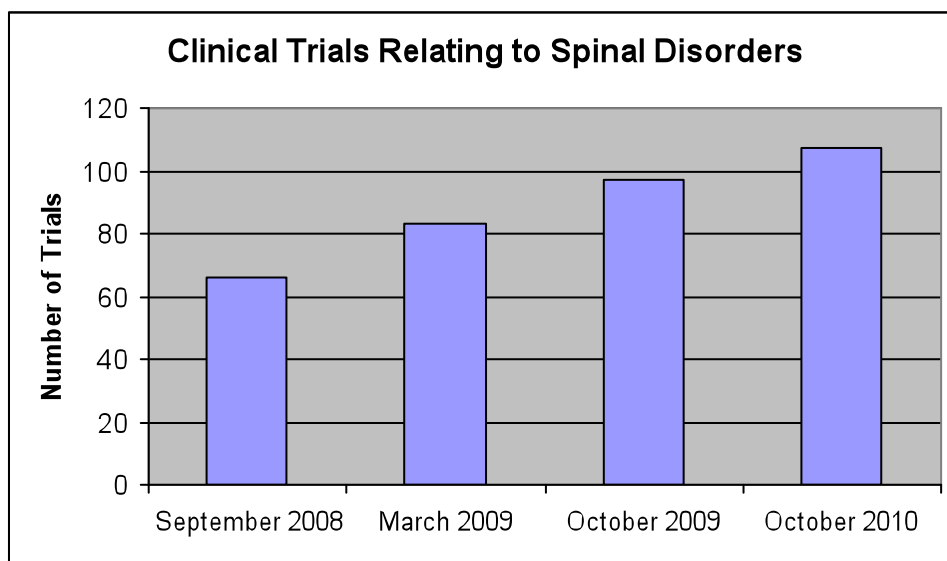
Proposal: To determine if pre-operative diffusion tensor imaging might predict post-surgical outcome following surgery for CSM

Design: pilot study: 83 patients, single site, non-randomized

Outcome Instruments: mJOA (6 months) – MCID = 2 points

C. Spine Section Web Site

In addition, we are keeping the section website current with a section on all active clinical trials registered with the NIH site [clinicaltrials.gov](http://clinicaltrials.gov) that relate to spinal diseases. There are currently 107 clinical trials relating to spinal disorders registered with ClinicalTrials.gov – all are listed on our section website. This is up 10% from last year.



Appendix – E-blast (to be sent out by AANS in Nov, 2010)

### 2010 AANS/ CNS Spine Section Clinical Trial Awards

Spine Clinical Trial Proposal - \$ 500  
Spine Clinical Fellowship Award - \$ 50,000

The AANS/CNS Spine Section is pleased to announce the continuation of a clinical trials fellowship award to promote well-designed neurosurgical clinical research. Neurosurgical residents/ fellows/clinical instructors/ and assistant professors are eligible to apply for the Clinical Trial Proposal. Applications for the Clinical Fellowship Award will only be accepted from junior faculty members of an accredited neurosurgical department. The objective of this award is to create an infrastructure necessary for executing well-designed multi-center studies, to promote the advancement of evidence-based neurosurgical practices, with an emphasis on spine. **DEADLINE FOR SUBMISSION is January 1, 2011.** The application process can be found on the section website and is summarized below:

Step 1. Clinical Trials Proposal Award - \$ 500

This award would be presented annually by the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves to no more than three neurosurgical residents or BC/BE neurosurgeons/ fellows in North America who submit an outstanding clinical trials proposal (5 pages maximum) that demonstrates clinical relevance, sound methodological design, and feasibility. Preference would be given to a team that designs a multi-center



trial. Winners would be given an honorarium of \$ 500 plus reimbursement to attend the annual AANS/CNS Spine Section Meeting (presenter only).

Step 2. Clinical Trials Fellowship Award - \$ 50,000

All submitted proposals sponsored by junior faculty will be considered for the Clinical Trials Fellowship Award. Those individuals whose proposals are meritorious would be formally critiqued by the Joint Section Outcomes Committee and invited to submit a revised proposal for the one year \$ 50,000 Clinical Trials Fellowship Award. This grant is intended to support a pilot study based on the submitted proposal. The recipient will receive \$ 25,000 at the onset of the research project. Involvement of an independent biostatistician for epidemiological support is required. A written progress report within 6 months of receiving the award, including a comprehensive data analysis submitted by the biostatistician, is mandatory. In general, the progress report should contain evidence for enrollment of 50% of the accrual goal. Satisfactory completion of the progress report as well as an oral presentation of the data at the AANS/CNS Spine Section Annual Meeting is required in order to receive the second allotment of \$ 25,000.

## **APPENDIX A**

### **AGREEMENT**

This Agreement (the “Agreement”), effective as of April \_\_\_\_, 2010 (the “Effective Date”), is made and entered into by and between NeuroPoint Alliance, Inc., an Illinois not-for-profit corporation (“NPA”) on the one hand, and the American Association of Neurological Surgeons (“AANS”) and the Congress of Neurological Surgeons (“CNS”), on behalf of the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (collectively, the AANS/CNS Spine Section”), on the other hand. NPA and the AANS/CNS Spine Section are jointly referred to in this Agreement as the “Parties.”

### **RECITALS**

WHEREAS, NPA is in the process of designing and developing an outcome and quality measurements/reporting Database (the “NPA Portal”) for the purpose of generating aggregated, de-identified data that can be used for research, quality improvement, performance measures and other purposes; and

WHEREAS, NPA has agreed to include a program specifically designed to conduct comparative effectiveness research for the surgical treatment of lumbar spinal disorders within the NPA Portal; and

WHEREAS, the AANS/CNS Joint Section is willing to pay for the [initial](#) costs associated with the development, operation and management of the spinal disorder program as defined and limited herein.

NOW, THEREFORE, in consideration of the foregoing premises, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties hereby agree as follows:

## **TERMS**

1. Upon execution of this Agreement, the AANS/CNS Spine Section shall pay NPA the sum of \$100,000 (the "Payment").
2. The Payment shall be used by NPA for costs and related expenses associated with the development, testing, operation, management, maintenance and hosting of the Neurosurgery Patient Outcomes in Treating Spinal Disorders Program ("Spinal Disorders Program"). The Spinal Disorders Program shall be incorporated within the NPA Portal.
3. The AANS/CNS Spine Section shall have access to the Spinal Disorders Program throughout the term of this Agreement.
4. Upon receipt of the Payment, NPA shall enter into a contract with Outcome Sciences, Inc. ("Outcome") to develop, test, operate, manage, maintain and host the Spinal Disorders Program on the NPA Portal. NPA currently has a contract in place with Outcome relating to the development, operation and maintenance of the NPA Portal and shall use commercially reasonable efforts to maintain its contract with Outcome during the term of this Agreement.
5. Based upon the initial contract proposal submitted by Outcome to NPA, approximately \$78,630 of the Payment will be paid by NPA to Outcome for its services in connection with the development, testing, operation, management, maintenance and hosting of the Spinal Disorders Program. The remaining amount of the Payment will be used by NPA to pay for bio-statistics and IRB costs, as directed by Dr. Zoher Ghogawala, Chair of the AANS/CNS Spine Section Outcomes Committee.

6. The Parties acknowledge and agree that NPA shall at all times remain the sole and exclusive owner of all right, title and interest in and to the NPA Portal and the Spinal Disorders Program.

7. In the event that the AANS/CNS Spine Section determines that the form or format of data entered in the Spinal Disorders Program needs to be modified, NPA, in conjunction with Outcome, shall use commercially reasonable efforts to incorporate any such modifications as soon as practicable.

8. NPA shall use all reasonable efforts to preserve any and all legal privileges and other protections applicable to data submitted to NPA in connection with the Spinal Disorders Program.

9. Each Party represents and warrants to the other that: (i) such Party has the full corporate right, power and authority to enter into this Agreement and to perform the acts required of it hereunder; (ii) the execution of this Agreement by such Party, and the performance by such Party of its obligations and duties hereunder, do not and will not violate any agreement to which such Party is a party or by which it is otherwise bound; (iii) when executed and delivered by such Party, this Agreement will constitute the legal, valid and binding obligation of such Party, enforceable against such Party in accordance with its terms; (iv) such Party will fully comply with all applicable laws, including but not limited to, HIPAA (and regulations promulgated thereto); and (v) each Party shall use its best efforts to cooperate with each other in connection with their respective obligations under this Agreement and with respect to any matter relating to or arising out of this Agreement.

10. The term of this Agreement shall commence on the Effective Date and continue for a period of three (3) years from the Effective Date. The initial term shall renew, for additional two (2) year periods; provided that either Party may (in such Party's sole and absolute discretion) deliver written notice to the other Party of such Party's intent to renew this Agreement not less than one hundred eighty (180) days prior to the end of the initial term or any renewal term.

11. This Agreement constitutes the entire agreement between the Parties hereto with respect to the subject matter hereof, and supersedes and cancels all prior agreements, negotiations, correspondence, undertakings, understandings and communications of the Parties, oral and written, with respect to the subject matter hereof.

12. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same document.

**IN WITNESS WHEREOF**, the Parties hereto have executed this Agreement as of the Effective Date.

**NEUROPOINT ALLIANCE, INC.**

**THE CONGRESS OF NEUROLOGICAL  
SURGEONS**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**THE AMERICAN ASSOCIATION OF  
NEUROLOGICAL SURGEONS**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

# Comparative Efficacy of Treatments for Lumbar Spine

**Sunday, July 11, 2010**

5:00pm to 6:30pm  
Fluno Center-Skyview  
Room Entry, 8<sup>th</sup> Floor

Registration

6:00pm to 8:00pm  
Fluno Center-Skyview  
Room, 8<sup>th</sup> Floor

Welcome Reception

**Monday, July 12, 2010**

7:00am to 7:25am  
Fluno Center-1<sup>st</sup> Floor  
Atrium

Continental Breakfast

7:25am to 7:30am  
Fluno Center-Howard  
Auditorium

Welcome

Robert N. Golden, MD  
Robert Turell Professor in Medical Leadership  
Dean, School of Medicine and Public Health, University of Wisconsin-Madison  
Vice Chancellor for Medical Affairs

7:30am to 7:50am  
Fluno Center-Howard  
Auditorium

## **Why Is This Worthwhile?**

### Keynote Address:

Principles of AHRQ Stimulus Funding Related to Fusion  
(Public Policy, Systems & Clinical Policies)  
Jean R. Slutsky, PA, MSPH  
Director, Center for Outcomes & Evidence  
Agency for Healthcare Research & Quality (AHRQ)

7:50am to 9:30am  
Fluno Center-Howard  
Auditorium

### Panel Discussions:

- Use of outcomes data for policy decisions
- National coverage decisions: using registry data to select topics
- National coverage decisions: use of registry data to support decisions
- Quality improvement through measurement—due diligence for our patients

Moderator: Daniel Resnick, MD, MS  
Professional Society Coalition on Lumbar Fusion Outcomes, Co-Chair  
Associate Professor and Vice Chairman, Department of Neurological Surgery  
University of Wisconsin-Madison

- Jean R. Slutsky, PA, MSPH; Director, Center for Outcomes & Evidence, AHRQ
- Carole Redding Flamm, MD, MPH; Executive Medical Director, Office of Clinical Affairs, Blue Cross and Blue Shield Association
- John Burke; President, Trek Bicycle Corporation
- Jyme H. Schafer, MD, MPH; Medical Officer, Coverage and Analysis Group, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid

	<p>Services (CMS)</p> <ul style="list-style-type: none"> <li>➤ Ray Baker, MD; President, North American Spine Society</li> <li>➤ Richard L. Nahin, PhD, MPH; Senior Advisor for Scientific Coordination and Outreach, National Institutes of Health, National Center for Complementary and Alternative Medicine</li> <li>➤ Norman Fost, MD, MPH; Professor, Pediatrics and Medical History and Bioethics, Director, Program in Bioethics, University of Wisconsin-Madison</li> </ul>
9:30am to 10:00am Fluno Center- 1 <sup>st</sup> Floor Atrium	Break
10:00am to 12:30pm Fluno Center- Howard Auditorium	<p><b>Who Are We Treating?</b></p> <p><u>Panel Discussions:</u></p> <ul style="list-style-type: none"> <li>• Balancing the need for simplicity and diagnostic accuracy in registry data</li> <li>• Can we use ICD-9 codes in meaningful ways when comparing outcomes? Is ICD-10 a solution?</li> <li>• What additional demographic data is critical for evaluation of lumbar spine treatments?</li> <li>• Coding the constellation of symptoms—which diagnoses take priority when reporting results?</li> <li>• Incorporating other spine pathologies (deformity, trauma, tumor)</li> <li>• Anticipating data extraction issues and challenges</li> </ul> <p>Moderator: Steven Glassman, MD Professional Society Coalition on Lumbar Fusion Outcomes, Co-Chair Professor, Department of Orthopedic Surgery University of Louisville</p> <ul style="list-style-type: none"> <li>➤ Tor Tosteson, ScD; Dartmouth Medical School Section of Biostatistics &amp; Epidemiology</li> <li>➤ William C. Watters, III, MD; Research Council Director, North American Spine Society</li> <li>➤ Donna E. Sweet, MD, MACP; Professor of Medicine, The University of Kansas School of Medicine; American College of Physicians</li> <li>➤ Steven Kurtz, PhD; Corporate Vice President &amp; Office Director, Exponent Engineering &amp; Scientific Consulting</li> <li>➤ Charles Fisher, MD, MA; Department of Orthopaedics, University of British Columbia</li> <li>➤ Sigurd Berven, MD; Associate Professor in Residence, Department of Orthopedic Surgery, University of California-San Francisco</li> </ul>
12:30pm to 2:00pm Fluno Center-Howard Auditorium	<p>Working Lunch-Box lunches may be picked up in the 1<sup>st</sup> Floor Lobby Atrium. Speaker begins at 1:00PM</p> <p><b>Use of Registries and Production of Clinically Useful Information</b></p> <p>Speaker: Daniel J. Berry, MD 1<sup>st</sup> Vice President, American Academy of Orthopaedic Surgeons Chair, Department of Orthopedic Surgery, Mayo Clinic</p>
2:00pm to 4:00pm Fluno Center-Howard Auditorium	<p><b>How Are We Keeping Track?</b></p> <p><u>Keynote Address:</u> Transforming Medical Practice: The Evolution, Direction and Impact of</p>



	<p>Electronic Health Records and Health Information Exchange  Stephen L. Ondra, MD  Senior Policy Advisor for Health Affairs, Office of the Secretary  Department of Veterans Affairs</p> <p><u>Panel Discussions:</u></p> <ul style="list-style-type: none"> <li>• Database management and security issues</li> <li>• How do we incorporate the electronic medical record?</li> <li>• Who has access to what data?</li> <li>• Can this be constructed as a patient safety organization or a quality measure?</li> <li>• How will data be reported and to whom?</li> </ul> <p>Moderator: Robert E. Harbaugh, MD, FACS, FAHA  Director, Penn State Institute of the Neurosciences  University Distinguished Professor and Chair, Department of Neurosurgery  Penn State University, M.S. Hershey Medical Center  Neuropoint Alliance</p> <ul style="list-style-type: none"> <li>➤ Elizabeth Kraft; National Committee for Quality Assurance</li> <li>➤ Daniel Rosenthal, Senior Advisor, Health Information Technology, National Quality Forum</li> <li>➤ Zoher Ghogawala, MD; American Association of Neurological Surgeons/Congress of Neurological Surgeons</li> <li>➤ Stephen L. Ondra, MD; Senior Policy Advisor for Health Affairs, Office of the Secretary, Department of Veterans Affairs</li> <li>➤ Mark Tyburski, MD; American Academy of Physical Medicine and Rehabilitation</li> <li>➤ Kristy L. Weber, MD; Chair, Council on Research, Quality Assessment and Technology, American Academy of Orthopaedic Surgeons</li> </ul>
4:00pm to 4:30pm Fluno Center-2nd Floor Lounge (Top of Stairs)	Break
4:30pm to 5:00pm Fluno Center-Howard Auditorium	Summary and Charge for Next Day
7:00pm Fresco Rooftop Restaurant & Lounge 227 State Street, Madison (walking distance from both Fluno and the Hilton)	Cocktail Reception
<b>Tuesday, July 13, 2010</b>	
7:00am to 7:30am Fluno Center-1 <sup>st</sup> Floor Atrium	Continental Breakfast
7:30am to 10:00am Fluno Center-Howard	<b>What Are We Measuring</b>

Auditorium	<p><u>Panel Discussions:</u></p> <ul style="list-style-type: none"> <li>• Determination of appropriate global and treatment specific outcome measures</li> <li>• Global measures—what are relevant measures for the Medicare population?</li> <li>• Confounds—how to we deal with other impediments to functional recovery?</li> <li>• Specific outcomes—unique characteristics of the Medicare population</li> <li>• How do we define “good outcomes?”</li> <li>• Validity of outcomes measures in the elderly population—is the Oswestry good enough?</li> </ul> <p>Moderator: Paul McCormick, MD, MPH Herbert &amp; Linda Gallen Professor of Neurological Surgery Department of Neurological Surgery Columbia University Medical Center</p> <ul style="list-style-type: none"> <li>➤ Sohail Mirza, MD, MPH; Vice Chair, Department of Orthopedics, Dartmouth-Hitchcock Medical Center</li> <li>➤ Roger Chou, MD; American Pain Society</li> <li>➤ Leah Carreon, MD, MSc; Clinical Research Director; Norton Leatherman Spine Center</li> <li>➤ John Whitney, MD; Managing Medical Director, Medical Policy &amp; Credentialing, WellPoint, Inc.</li> <li>➤ Michael Reed, DPT, OCS; American Physical Therapy Association</li> <li>➤ Michael Rapp, MD; Director, Quality Measurement and Health Assessment Group, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services</li> </ul>
10:00am to 10:30am Fluno Center-1st Floor Lobby Atrium	Break
10:30am to 12:00pm Fluno Center-Howard Auditorium	<p><b>How Do We Make This Work?</b></p> <p><u>Panel Discussions:</u></p> <ul style="list-style-type: none"> <li>• Aligning “value” for the physician, our patients and society</li> <li>• Physician and practice incentives—are they practical and do they work?</li> <li>• Professional society incentives—use of case data for maintenance of certification: Neuropoint Alliance and the American Board of Neurosurgery</li> <li>• Patient incentives—are they practical and do they work? Two case studies: Nebraska and Virginia</li> <li>• Hospital incentives—participation as a marketing tool: Leapfrog and other initiatives</li> <li>• Legal issues in protecting registry data</li> </ul> <p>Moderator: David Wong, MD, MSc Director, Advanced Center for Spinal Microsurgery Presbyterian St. Lukes Medical Center Denver Denver Spine</p> <ul style="list-style-type: none"> <li>➤ Charles Branch, MD; American Board of Neurological Surgery</li> <li>➤ Todd Albert, MD; Council for Value in Spine Care</li> <li>➤ Ajay Wasan, MD, MSc; Assistant Professor of Anesthesiology and Psychiatry,</li> </ul>

	<ul style="list-style-type: none"> <li>Harvard Medical School; American Academy of Pain Medicine</li> <li>➤ Nathan Kottkamp, JD; McGuireWoods</li> <li>➤ Richard Rosenquist, MD; American Society of Anesthesiology/American Society of Regional Anesthesia and Pain Medicine</li> <li>➤ Leanne Larson, VP Strategic Development, Outcomes, Inc.</li> </ul>
12:00pm to 12:30pm Fluno Center-Howard Auditorium	<p>Working Lunch—Box lunches may be picked up in the 1<sup>st</sup> Floor Lobby-Atrium.</p> <p><b>Round Table Summation of Coalition Principles—Where Do We Go From Here?</b></p> <p>Moderators: Daniel Resnick, MD, MS/Steven Glassman, MD Co-Chairs, Professional Society Coalition on Lumbar Fusion Outcomes</p> <ul style="list-style-type: none"> <li>➤ Professional Society Coalition on Lumbar Fusion Outcomes Panel <ul style="list-style-type: none"> <li>➤ Zoher Ghogawala, MD</li> <li>➤ Christopher Bono, MD</li> <li>➤ Michael Kaiser, MD</li> <li>➤ David Polly, MD</li> <li>➤ Paul Matz, MD</li> </ul> </li> </ul>
12:30pm to 2:00pm Fluno Center-Howard Auditorium	Summary and Adjournment

**Thoracic and Lumbar Level Identification during Posterior Spine Surgery Survey**

- I. In your practice, which of the following pre or intra-op methods are you utilizing to localize and mark levels for posterior **thoracic** spine surgery? Select as many as apply.
- a. Fluoroscopy
  - b. Fluoroscopy with Methylene Blue Dye infusion
  - c. Plain radiographs
  - d. Pre-operative marking with radiologist.
  - e. Other \_\_\_\_\_
- II. Intraoperatively, during posterior **thoracic** spine surgery, what anatomic landmark are you utilizing to localize levels?
- a. Spinous Process
  - b. Interspinous Ligament
  - c. Lamina
  - d. Facet joint with corresponding pedicle.
  - e. Other \_\_\_\_\_
- III. In your practice, which of the following pre or intra-op methods are you utilizing to localize and mark levels for posterior **lumbar** spine surgery? Select as many as apply.
- a. Fluoroscopy
  - b. Fluoroscopy with Methylene Blue Dye infusion
  - c. Plain radiographs
  - d. Pre-operative marking with radiologist.
  - e. Other \_\_\_\_\_
- IV. Intraoperatively, during posterior **lumbar** spine surgery, what anatomic landmark are you utilizing to localize levels?
- a. Spinous Process
  - b. Interspinous Ligament
  - c. Lamina
  - d. Facet joint with corresponding pedicle.
  - e. Other \_\_\_\_\_
- V. Have you ever had a case of wrong level surgery
- a. Yes
  - b. No

If so, Please describe method of localization utilized:

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VI. Have you ever had a case in which wrong level was marked and then rectified intraoperatively.

- a. Yes
- b. No

If so, Please describe method of localization utilized:

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VII. Please Select your type of training.

- a. Orthopaedic Surgery
- b. Neurosurgery training

VIII. Did you complete an extra-residency Spine Surgery fellowship.

- a. Yes
- b. No

# **PROGRAM REQUIREMENTS FOR FELLOWSHIP EDUCATION IN NEUROLOGIC SURGERY OF THE SPINE**

(Revision July 3, 2010)

## **I. INTRODUCTION**

### **A. Eligibility**

1. Fellowship programs which exist within a structure of an ACGME accredited residency in neurologic surgery (or the Canadian equivalent) may apply for accreditation through the Committee on Accreditation of Subspecialty Training of The Society of Neurological Surgeons.

### **B. Definition and Scope of the Subspecialty**

1. Neurologic surgery of the spine is that subspecialty of neurosurgery that deals with the evaluation and medical and surgical treatment of diseases of the spine and spinal cord. It includes the in-depth study of prevention, diagnosis, and treatment of the spinal cord and spinal column disease, spinal disorders and spinal injuries by medical, physical and surgical methods. Training includes concepts of spinal biomechanics, spinal degenerative disease, spinal deformity, spinal trauma, spinal tumors, with exposure to minimally invasive techniques

### **C. Duration of Training**

1. Prior to beginning a fellowship in neurologic surgery of the spine, each resident should have satisfactorily completed an ACGME accredited residency training program in neurologic surgery (or the Canadian equivalent).
  - a) A participant in an accredited fellowship program shall have had broad exposure to the full spectrum of neurosurgery with sufficient senior clinical experience to warrant a focused experience to build upon his/her already acquired skills. It is anticipated that any fellow will have both the technical expertise and intellectual maturity to understand and apply the material available in subspecialty training.
2. It is anticipated that the standard length of spine fellowships will be of twelve (12) months duration. Since all fellowship applications will be reviewed by the accrediting bodies defined

above, an application at variance from the considered standard must provide convincing evidence of its ability to satisfy the educational needs defined by the CAST.

#### **D. Broad Description of the Objectives/Goals of Education in the Fellowship**

1. The fellowship training must provide broad educational experience in neurologic surgery of the spine which will complement that training in the neurosurgery residency to promote further acquisition of knowledge and skills in the subspecialty.
2. A minimum of six months of fellowship training will be spent in a clinical spinal neurosurgery experience under the direction of specified clinical faculty. This period of time must provide the trainee with an organized, comprehensive, supervised, full time educational experience in the field of spinal neurosurgery. This should include comprehensive patient care, diagnostic modalities, the performance of surgical procedures, and the integration of non-operative and surgical therapies into clinical patient management.
3. Each fellowship should provide a broad exposure to clinical evaluation and appropriate patient selection for operative and non-operative management in both the inpatient and outpatient settings.
4. Each fellow should actively participate in the operative management of a wide range of spinal disorders including traumatic, degenerative, neoplastic and congenital conditions. Progressive responsibility in patient management should be provided. A broad exposure to modern spinal instrumentation techniques is considered an integral part of the spinal neurosurgery fellowship experience and training.
5. Clinical, anatomic, biomechanical, and neuroscience research constitute an integral component of the educational experience and provision should be made for the successful completion of research projects. A full time experience in research will require an extension of the fellowship beyond the basic six months of clinical training.

## **II. INSTITUTIONAL ORGANIZATION**

### **A. The Sponsoring Program and Institution**

1. The sponsoring neurosurgical residency program and its affiliated institutions must provide sufficient faculty, financial resources, research, and laboratory facilities to meet the educational needs of the fellowship trainee and to enable the program to comply with the requirements of accreditation.
2. Recognizing the interdisciplinary nature of comprehensive care for patients with complex spinal disease, it is required that within the institution(s) of the fellowship there shall exist clinical facilities and faculty in intensive care, neuroradiology, neurology, orthopedics, and rehabilitation medicine.
3. Support for the fellowship program by the sponsoring department/division of neurosurgery must be demonstrated in writing by the program chair at the time of application for or renewal of accreditation.

#### **B. Participating Institutions**

1. Participating institutions shall be limited to those necessary for a complete fellowship experience, with each participating institution having a clinical caseload in excess of 300 operative spine cases per year, of which 100 must involve spinal instrumentation.
2. In most instances the spinal neurosurgery fellowship will occur at a single institution. Depending on local circumstances, training may be spent at additional institutions which may provide special resources for training. Each of these institutions must be located within reasonably close proximity for interactions with the teaching programs of the sponsoring program.
3. The primary teaching staff must be members of the faculty of the sponsoring program.

#### **C. Appointment of Fellows**

1. In general only one fellowship position per training program will be allowed at any one time. Accreditation of additional positions will be considered by the Committee on Accreditation of Subspecialty Training. In determining the merit of additional fellowships, the Committee will consider:
  - a) The presence of a faculty of national stature in spinal neurosurgery.

- b) The quality of the educational program.
  - c) The quality of clinical care.
  - d) The total number and spectrum of cases.
  - e) The quality of clinical and research programs.
  - f) Facilities.
  - g) The quality of fellows trained by the program.
  - h) The impact of fellows on the clinical and educational experience of the neurosurgical residents within the sponsoring program.
- 2. Selection of candidates for the fellowship position must be consonant with the criteria established by the sponsoring program. The fellowship director must adhere to the criteria for fellowship eligibility which are specified in this document.
  - 3. A high rate of fellowship attrition from a program may adversely affect the fellowship accreditation status.

### **III. FACULTY QUALIFICATIONS AND RESPONSIBILITIES**

#### **A. Fellowship Director Qualifications**

- 1. The fellowship director must be appointed by and be responsible to the chair of the sponsoring neurologic surgery residency program.
- 2. The fellowship director shall be a neurologic surgeon who possesses special expertise in the evaluation and surgical, medical management of spinal problems and whose practice is concentrated in the area of neurologic spinal surgery with over 50% of their clinical cases in the area of spine.
- 3. The fellowship director should be certified by the American Board of Neurological Surgery or possess equivalent qualifications as judged by the RRC for Neurological Surgery.

#### **B. Responsibilities of the Fellowship Director**



The fellowship director must assume responsibility for the training program and devote sufficient time to the educational program including the following:

1. Preparation of a written curriculum outlining the educational goals of the program with respect to knowledge, skills, and other attributes to be attained during the fellowship. This statement must be distributed to the fellow and members of the teaching staff and be available for review.
2. Selection of fellows in accordance with institutional and departmental/division policies.
3. Selection and supervision of the teaching staff and other program personnel at the institution(s) participating in the program.
4. The supervision of the fellow through explicit written directives relative to responsibilities in patient care as well as supervisory lines. These guidelines must be communicated to all members of the program faculty. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
5. Regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes.
6. The fellowship director, with participation of members of the teaching staff, shall:
  - a) Evaluate the knowledge, skills, and professional growth of the fellow using appropriate criteria and procedures.
  - b) Communicate each evaluation to the fellow in a timely manner.
  - c) Advance fellows to positions of increasing responsibility on the basis of satisfactory progression in patient management, scholarship and professional growth.
  - d) Maintain a permanent record of evaluations of each fellow and have it accessible to the fellow and other authorized personnel.
  - e) Provide a written final evaluation for the fellow on completion of the program. This evaluation must include a

review of the fellow's performance during the final period of training and verification of the fellow's demonstrated professional abilities and competence for independent practice. This final evaluation should be part of the fellow's permanent record maintained by the institution.

7. Implement all procedures, as established by the sponsoring institution, regarding academic discipline and complaints or grievances pertinent to the fellowship trainees.
8. Monitor fellow's stress, including mental or emotional conditions affecting performance or learning and drug or alcohol-related dysfunction. Fellowship directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to the fellow. Training situations that consistently produce undesirable stress on the fellow must be evaluated and modified.
9. Prepare accurate statistical and narrative descriptions of the program as required by the CAST.
10. Notify CAST regarding major programmatic changes.

#### **C. Other Teaching Faculty Qualifications and Number**

1. All clinical faculty members who are neurologic surgeons shall be certified by, or be in the certification process of, the American Board of Neurological Surgery or possess equivalent qualifications as judged by the RRC for Neurological Surgery.
2. All clinical faculty members who are orthopedic spine surgeons shall be certified by the American Board of Orthopedic Surgery and have had fellowship training in the area of Spinal Surgery.
3. In addition to the program director, the teaching staff must include, at a minimum, one other board certified neurologic surgeon who has special expertise in the area of spinal neurosurgery and who concentrates his/her practice in spinal neurosurgery with over 50% of their clinical cases in the area of spine. The primary teaching staff should be based at the sponsoring institution or its affiliated hospitals and maintain a close affiliation with teaching staff within the program.
4. All members of the teaching staff must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the fellowship, a

commitment to their own continuing medical education, and participation in scholarly activities.

5. If multiple institutions are approved for participation in the fellowship program, a member of the teaching staff at each participating institution must be specifically designated to assume responsibility for the day-to-day activities of the fellowship at that institution with overall coordination by the fellowship director.
6. The faculty must have regular documented meetings to review the fellowship training, the financial and administrative support of the fellowship, the volume and variety of patients available for educational purposes, the performance of members of the teaching staff, and the quality of fellowship supervision.

#### **D. Other Personnel**

Fellowships must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the fellowship.

### **IV. LOGISTICS OF TRAINING**

#### **A. The Educational Program**

1. All educational components of the fellowship should be related to the specified goals and must not interfere with the training opportunities of residents who are members of the sponsoring neurosurgical residency program.
2. The fellowship program and/or structure must be reviewed for re-accreditation by the Committee on Subspecialty Training of The Society of Neurological Surgeons in synchrony with the RRC review of the sponsoring residency program. Failure of fellowship to reapply for review within six months of residency programmatic review will constitute cause for withdrawal of accreditation by CAST.

#### **B. Clinical Components**

1. A minimum of six months of fellowship training must be spent in clinical activities in spinal neurosurgery.
2. The responsibility or independence given to fellows in patient care must be dependent upon the fellow's demonstrated

knowledge, manual skill, experience in the complexity of the patient's illness, as well as the perceived risks of the surgical management.

3. A portion of the fellowship experience should be allocated to training in an outpatient clinic or office setting which provides preoperative, perioperative and postoperative continuity of patient care.

## **V. OTHER COMPONENTS**

- A. The fellowship program should provide opportunities for the fellow to engage in research relative to the subspecialty.
- B. The fellow should actively participate in scholarly activities and should contribute to the education of neurosurgery residents and medical students.
- C. The fellowship program should have regular dedicated teaching conferences with participation of the fellow, the associated faculty, and residents of the sponsoring program. Participation of other affiliated disciplines should be encouraged.

## **VI. FELLOWSHIP POLICIES**

### **A. Supervision**

1. All patient care services must be supervised by appropriately qualified faculty in accordance with institutional guidelines.
2. The fellow who has completed an accredited neurosurgery residency program may function independently as a junior staff neurosurgeon consistent with institutional and departmental/division policies.
3. The fellowship director must insure direct and document proper supervision of the fellow at all times by attending physicians with appropriate experience for the severity and complexity of the patient's condition. The fellowship trainee must be provided with rapid, reliable systems for communication with supervisors.

### **B. Maintenance of Case Logs**

1. The fellowship program director must maintain accurate case logs of the spinal neurosurgery case material operated annually within the institution and the subspecialty experience of the

graduating chief resident throughout his training as well as that of the fellow.

2. The fellow must maintain an accurate prospective case log of his/her operative cases throughout the fellowship which documents all operative cases and the level of responsibility in the case (assistant versus primary surgeon).

### **C. Evaluations**

1. As specified in IIIB, 5 and 6, there shall be written evaluations and constructive discussions of the fellow by the faculty relative to performance and accomplishments of stated goals. These evaluations must occur at a minimum of two times per year and maintained in a permanent file.
2. The fellow shall provide an evaluation of the faculty and fellowship program. This may be submitted either to the fellowship or program director at completion of the fellowship training. This evaluation should be maintained in a permanent file for review by the CAST if requested.

### **D. Duty Hours and Conditions of Work**

1. Duty hours and work conditions for subspecialty fellows must be consistent with ACGME institutional and program requirements for residency training in neurological surgery.

# Comparative Effectiveness of Treatments for Lumbar Spine Disorders: Summary

Dan Resnick  
Steve Glassman

# Purpose

- The purpose of this meeting was to bring together all relevant stakeholders invested in establishing the value of treatments for the lumbar spine through the promotion of comparative effectiveness research
- Medical Societies, Policy Makers, Insurer's, Public advocates, spine industry, and employer groups were represented

# Sponsoring Organizations

- AHRQ
- AANS/CNS Spine Section
- NASS
- AAOS
- SRS
- University of Wisconsin Department of Neurological Surgery



# Attendees

- AdvaMed
- Agency for Healthcare Research and Quality (AHRQ)
- American Academy of Family Physicians (AAFP)
- American Academy of Orthopaedic Surgeons (AAOS)
- American Academy of Pain Medicine (AAPM)
- American Academy of Physical Medicine and Rehabilitation (AAPMR)
- American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS)
- American College of Physicians (ACP)
- American Pain Society (APS)
- American Physical Therapy Association (APTA)
- American Society of Anesthesiology (ASA)
- American Society of Regional Anesthesia and Pain Medicine (ASRA)
- American Society of Spine Radiology (ASSR)
- Blue Cross Blue Shield Association (BCBSA)
- Canadian Spine Society (CSS)
- Center for Medicare and Medicaid Services (CMS)
- International Spine Intervention Society (ISIS)
- National Committee on Quality Assurance (NCQA)
- National Institutes of Health-National Center for Complementary and Alternative Medicine (NCCAM)
- National Quality Forum (NQF)
- Neuropoint Alliance
- Noridian
- North American Spine Society (NASS)
- Outcomes, Inc.
- Professional Society Coalition on Lumbar Fusion Outcomes
- SAS-The International Society for the Advancement of Spine Surgery (The SAS)
- Scoliosis Research Society (SRS)
- Trek Bicycle Corporation
- U.S. Department of Veterans' Affairs
- University of Wisconsin-Departments of Neurological Surgery/Orthopedics and Rehabilitation/ Bioethics
- Wisconsin Collaborative for Healthcare Quality
- Council for Value

# Keynote Speakers

- Jean Slutsky, AHRQ
- Steve Ondra, HHS
- Dan Berry, AAOS (Joint Registry)

# Other Notable Participants

- Jyme Schaeffer, CMS MCAC
- Michael Rapp, CMS
- Richard Nahin, NIH
- Presidents: AANS, NASS, AAOS, SAS, SRS
- Existing Registries: SpineTango, NPA, Outcomes, SOS (Mike Reed), AAOS Joint
- Insurers: BCBS, Wellpoint, Excelsior, others

# Interesting Tidbits

- 88 attendees- virtually no attrition
- Approximately 50 others wanted to attend but there was not space
- >350 followed the meeting on a twitter feed
- Meeting also streamed via internet by med school- unknown how many viewers
- Coverage on WPR, Madison, Milwaukee, and Minneapolis press

# What We Discussed



# Outcomes Research in Lumbar Spine Disorders is Worthwhile

- Evidence gaps exist
- Problem is prevalent and expensive
- Multiple potentially competitive or complementary treatments available
- In the absence of data, decisions will be made
- We will be required to report “something” or before Jan 1, 2012

# Working Principles

- Need to move forward- now
- Need to define few questions a priori
- Need to incorporate patient wants and desires into instrument
- Need to consider impact outside of medical societies
  - Employers
  - Insurers
  - Public

# Keep it Simple

- Any database used must be simple and easy to use
  - Where the data is entered not defined
    - Multiple possibilities
      - Patient at home
      - Patient in office
      - Physician/staff in office
      - Abstracted from EMR
- We need to have a clear vision:
  - What are our three questions?



# Health Information Technology

- Incorporation of evolving technology important but should not delay deployment of product
  - Better computers tomorrow but need to use one today



# Structure and Function

- Information utility dependent on structure of database
- Controversy regarding patient population entered
  - Diagnosis based registries
    - Able to compare treatments
    - Patients registered at level of primary care or immediately prior to specialty consultation
    - Significant heterogeneity of population
    - Treatment bias a problem
    - Potentially much noise

# Structure and Function

- Treatment/Event Based Registry
  - More homogeneous population but selected population (bias)
  - Patients enrolled immediately prior to intervention
  - Cannot directly compare treatments
  - No information on natural history
- Population based registry
  - IRS/employer/insurer enrolls

# Caveats: Structure and Function



- Description of intervention must be precise and tied to a particular diagnosis
  - Level
  - Side
  - purpose

# Caveats: Structure and Function

- Documented problems with administrative datasets
- Tiered description system proposed
  - Level one demographics plus ICD9
  - Level 2- descriptive matrix and risk factors
  - Level 3- psychosocial issues and economic issues
  - Level 4- ...
- ADT process model versus bio-psychosocial model discussed

# Outcomes Measures

- Simple- one page
- Include disease specific and general health measures
  - Disease specific - probably ODI
  - Health status more difficult to determine optimal tool
    - SF36/12/6
    - EQ5

# Outcomes Measures

- Defining success
  - MCID, SCB
  - Group means versus individual success rates
- Ask questions before gathering data
  - Make sure outcomes relevant
    - Physical function in HNP example
- Have mechanism to audit record
- Need to correlate IT vision and clinician vision

# Outcomes Measures

- “Blue Button” or “CARE” from CMS to streamline data abstraction
- Incorporation of relevant outcomes into HER reliably
- Automated mechanisms for outcomes data gathering
- How should cost data be incorporated into the process or should it not be incorporated?



# Incentive Programs

- Patient incentives from insurers/employers
- Physician incentives
  - Carrots- board certification, financial incentives, “preferred” status
  - Sticks- loss of income
- Employer incentives
  - Guidance for improving absenteeism
  - Discounts on insurance premiums for employees
- Insurer incentives
  - Lowering costs
  - Streamlined reporting

# Re-Inventing the Wheel

- AANS/CNS/NASS/AAPM/PT all have proposed/developed/tried out similar structures and outcomes measures
- Same data needed by CMS, AHRQ, medical boards, insurers, hospitals, practices
- It seems logical to use the power of this collaboration to take advantage of economy of scale

# Paying for this

- Costs high
- Resources scarce
- Potential Sources:
  - Grants/Medical Societies
  - CMS/Insurers
  - Patients themselves
  - Physician practices
  - Spine Industry (AAPM versus NPA versus NASS)

# Thank You

- AHRQ/AANS/CNS/NASS/AAOS/SRS/UW Neurosurgery
- Chris Bone, Zo Ghogowala, Mike Kaiser, Dave Polly, Paul Matz
- Dave Wong, Paul McCormick, Bob Harbaugh
- Pam Hayden, Rachel Groman, Niki Virning, Jennifer Krsanac



# What to anticipate:

- Executive Summary
- Full edited transcript
- Slide set for your use
  - Please use freely
  - Please report back
- Contact for clarification/assistance with development of “unified proposal”

