

Agenda for Spine Section Executive Committee Meeting  
Monday, April 16, 1:00 - 2:00 pm, Convention Center Room D229-230.  
Miami, FL

1. Review financials of 2012 meeting - Knightly, Hurlbert , and Kuntz -10 min
2. Discuss ABNS MOC questions and assign question writers–Shaffrey, Cheng, and Mummaneni - 10 min
3. SPC theme for 2013 - Knightly - 10 min
4. Committee reports and goals - rapid fire - 30 min
  - a) Outcomes Committee
  - b) Rapid Response Committee

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

***Preliminary Numbers***

**2012 – Orlando**

Exhibits/Sponsorship

60 companies

90- 10x10's (revenue generating)

Final Exhibit Revenue	\$326,100
-----------------------	-----------

Budgeted Exhibit Revenue	\$360,000
--------------------------	-----------

Final Ed. Grant and Advertising Revenue	\$347,500
---	-----------

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

**2012 Registration**

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

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

*Spouse, Child, Exhibitor, Medical*

**2011 – Phoenix**

Exhibits/Sponsorship

60 companies

99- 10x10's (revenue generating)

Final Exhibit Revenue	\$359,300
-----------------------	-----------

Budgeted Exhibit Revenue	\$372,600
--------------------------	-----------

Final Ed. Grant and Advertising Revenue	\$342,500
---	-----------

Budgeted Ed. Grant and Advertising Revenue	\$352,500
--	-----------

**2011 Registration**

Total Medical Attendance (pre-onsite registration).	393
---	-----

Total Attendance (pre-onsite registration).	805
---	-----

*Spouse, Child, Exhibitor, Medical*

**2010 – Orlando**

Exhibits/Sponsorship

63 companies

101- 10x10's (revenue generating)

Final Exhibit Revenue	\$371,100
-----------------------	-----------

Budgeted Exhibit Revenue	\$404,800
--------------------------	-----------

Final Ed. Grant and Advertising Revenue	\$389,159
---	-----------

Budgeted Ed. Grant and Advertising Revenue	\$275,500
--	-----------

**2010 Registration**

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

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

*Spouse, Child, Exhibitor, Medical*

**2009 – Phoenix**

Exhibits/Sponsorship

70 companies

**117- 10x10's**

Final Exhibit Revenue	\$426,600
Budgeted Exhibit Revenue	\$407,500
Final Sponsorship Revenue	\$337,500
Budgeted Sponsorship Revenue	\$285,000

**2009 Registration**

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

**2008 - Orlando**

## Exhibits/Sponsorship

64 companies

102 - 8x10's

Final Exhibit Revenue	\$382,200
Budgeted Exhibit Revenue	\$415,800
Final Sponsorship Revenue	\$302,000
Budgeted Sponsorship Revenue	\$285,000

**2008 Registration**

Total Medical Attendance (pre-onsite registration).	418
Final Medical Attendance (post –meeting).	460
Total Attendance (pre-onsite registration).	966
Final Total Attendance (post – meeting).	1102

**2007 – Phoenix**

## Exhibits/Sponsorship

61 companies

125 – 10x10's

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

**2007 Registration**

Total Medical Attendance (pre-onsite registration)	385
Final Medical Attendance (post –meeting)	392
Total Attendance (pre-onsite registration)	771
Final Total Attendance (post- meeting)	1004

2007 -2012 Annual Meeting of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves  
Registration Summary

preliminary nur

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

mbers

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



American  
Association of  
Neurological  
Surgeons

## CHAIRPERSON

Christopher E. Wolfla, MD  
Medical College of Wisconsin  
Department of Neurosurgery  
Phone: 414 805 5400  
Fax: 414 955 0115  
cwolfla@mcw.edu

## CHAIRPERSON-ELECT

Joseph S. Cheng, MD, MS  
Vanderbilt University Medical Center  
T-4224 Medical Ctr. North  
Phone: 615 322 1883  
Fax: 615 343 6948  
joseph.cheng@vanderbilt.edu

## SECRETARY

Praveen V. Mummaneni, MD  
UCSF Spine Center  
Department of Neurosurgery  
Phone: 415 353 3489  
Fax: 415 353 3459  
vmum@aol.com

## TREASURER

R. John Hurlbert, MD, PhD, FACS, FRCS(C)  
University of Calgary Foothills Hospital  
Department of Neurological Surgery  
Phone: 403 283 4449  
Fax: 403 283 5559  
jhurlber@ucalgary.ca

## IMMEDIATE PAST CHAIRPERSON

Ziya L. Gokaslan, MD  
Johns Hopkins University  
Department of Neurosurgery  
Phone: 443 287 4934  
Fax: 410 502 3399  
zgokas11@jhmi.edu

## ANNUAL MEETING CHAIRPERSON

Daryl R. Fournay, MD, FRCS(C)  
Royal University Hospital  
Department of Neurosurgery  
Phone: 306 966 8814  
Fax: 306 966 8140  
daryl.fournay@usask.ca

## SCIENTIFIC PROGRAM CHAIRPERSON

Marjorie C. Wang, MD, MPH  
Medical College of Wisconsin  
Department of Neurosurgery  
Phone: 414 805 5430  
Fax: 414 955 0115  
mwang@mcw.edu

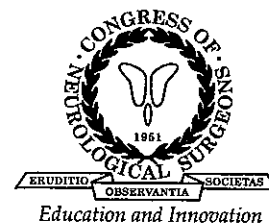
## MEMBERS-AT-LARGE

Michael W. Groff, MD, FACS  
mgroff@bidmc.harvard.edu

Charles Kuntz, IV, MD  
charleskuntz@yahoo.com

Eric L. Zager, MD  
zagere@uphs.upenn.edu

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



March 15, 2012

Fredric B. Meyer, MD  
Secretary, ABNS  
Mayo Medical Center  
200 First Street Southwest  
Rochester, Minnesota 55905

RE: ABNS Written and Oral Board Questions, MOC Requirements

Dear Dr. Meyer:

As members of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Executive Committee, we are writing to you today to request that the fundamental knowledge of spinal deformity treatment be incorporated into the ABNS written exam, oral board exam, and MOC requirements. As you know, over two-thirds of neurosurgeons have primarily a spine surgery practice. As the population ages, neurosurgeons are increasingly treating patients with adult spinal deformity. The Section wants to ensure appropriate knowledge regarding the management of these patients is incorporated into the ABNS testing mechanisms in order to encourage practicing neurosurgeons to learn and utilize these principles when treating these patients.

Sincerely,

Christopher E. Wolfla, MD, FAANS  
Chairman, AANS/CNS Section on Disorders of the Spine and Peripheral Nerves

Joseph S. Cheng, MD, MS  
Chair-Elect, AANS/CNS Section on Disorders of the Spine and Peripheral Nerves

Praveen V. Mummaneni, MD  
Secretary, AANS/CNS Section on Disorders of the Spine and Peripheral Nerves

cc: Christopher I. Shaffrey, MD, FACS

*pls include in  
next  
annual  
report*

*Scan  
as  
PDF*

*pm*

## 2013 JSSPN SPC Meeting

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

Agenda 2012 Section Meeting, March 9

Welcoming remarks by J. Cheng

Next years meeting one of the goals is to promote good ethical high-quality care. An effort should be made to obtain a wider spectrum of abstracts and to involve more people.

Preliminary program has to be in place in August.

Main emphasis of talks:

1. Advocacy-papers that promote patient advocacy
2. Education
3. Research

Speakers- Goal to attract speakers that are outside of the normal Spine Section, non-physician? (Joe Cheng)

Introductions: J. Knightly

Business review:

Attendance is up. Ideas:

1. Postpone the early 630 sessions
2. Poor attendance by members at exhibit hall reception
3. Centralized location for the exhibiter hall.
4. Lunches not well attended by attendees.

Deanna will produce a report to this effect.

Survey, after this year and prior to next meeting asking what people would like to see. When people log in to claim their CMEs they will be asked what they would like.

Marjorie thoughts from this year:

1. Debates went well 2. Review luncheon courses based on attendance, some are not well attended. 3. Moving back starting time for morning talks just makes people come late.
2. Cases with the masters- well attended (keep for next year) Rick Fessler to run next year.

3. Neurosurgical Spine: Business and Coding: Dom Coric and Jack
4. Advanced MIS: 23 people attended
5. Deformity: 20 people attended
6. NP/PA: 4 people attended (need to improve this, track or one day registration) Encourage our own NPs and Pas from our institutions. Hands-on course for NPs, suture pigs feet, handle instrumentation. Concept of cobranding courses (Mike, Luis Tumulian, Charles, etc.)
7. Idea of building a course around how routine spine procedures are managed. This is distinct from the latest and greatest new techniques. A focus on routine spine cases that engender debate, different approaches. (black disc, ACDF vs post. Foramenotomy). Move away from canned talks.
8. Idea to pair a young surgeon with a more experienced surgeon in an effort to broaden the discussions. Include mini-debates. Conservative vs aggressive approach to different surgical diagnosis. Hear some of the older surgeons in private practice have to say about the surgical approaches. Cahill debate private practice vs senior academic guys.
9. Update on cervical trauma
10. Pediatric Craniocervical Society: Only attend that meeting, it's 12 people. Change the name of it? Win for us.
11. Revision spine surgery: not well attended, 8 people (same title, same faculty)
12. My Worst Case and How I got out of it. Case based format (Sonntag), discoverable? Ask
13. Expand spine tumors luncheon symposium for 4 hours
14. Craniocervical Junction: not well attended this year. If session is moved to Wednesday
15. Spine Guidelines: 15 attended
16. Lateral retroperitoneal approach
17. Aging Spine: AO course, very well attended, forty people, thought to include AOA-metabolic talks about osteoporosis
18. Maintenance of certification? Can this be used to increase attendance
19. Radiation Oncologists as part of a tumor track, have a high profile radiation oncologist

## Goals and Expectations J.Knightly

Balance- Something for everyone, not everything for everybody

Orthopedic- Guest Society, ie SRS president for Deformity, have them co-chair the session. This is an attempt to attract more orthopedists.

Physician Extenders- CME

Charles Sansur is going to spearhead this aspect.



Need to develop a track for physician extenders to optimize their experience. Create a list of lectures so that they can go to enough sessions to get something out of the meeting and get enough credits.

Template so there is a flow, this could also be applied to the program for physicians.

Ipod or android app

Preliminary recap of 2012 Meeting- D.Starr, M.Wang

2013 Meeting

International guest

Ireland: Neurospine and Orthospine (luncheon symposium)-Rezai, will spearhead this

World Spine Column Society: local industry can help financially support this concept

Meritorious Service award

Honored guest- Honoring those who have been here for many consecutive years. Introduction by someone younger followed by a brief talk (Bell's Cruciate Palsy) Plaque, complimentary fee for meeting.

Work with AANS, CNS to acquire that information (years attended)

Special Courses

See above:

Plenary Scientific Sessions

Deformity (SRS President, etc)

CSRS- 2 years ago

LSRS-do next year

AO Spine

Carve out some time for Katie Orrico for socioeconomic , Washington Committee reports. The added benefit of this is that particularly with the other groups (orthopedists)

Breakout/Concurrent Sessions Specialty Sections

Marketing: Targeting orthopedists, Washington committee PR person, need to increase attendance. Get more people involved: each person email and call 10 people. Executive Committee report on what the spine section does for you. Build

into the last 5 minutes of each session. Impact of neurosurgeons: coding, rapid response, tailor talks to membership

**Outcomes Committee Report**  
**Spine Section Executive Committee Meeting**  
**Monday, April 16, 2012 1pm – 2 pm**  
**Miami Beach Convention Center D229&D230**  
**Miami, Florida**

Committee Members:

Zoher Ghogawala, [zoher.ghogawala@yale.edu](mailto:zoher.ghogawala@yale.edu) (chair)  
Daniel Hoh, [daniel.hoh@neurosurgery.ufl.edu](mailto:daniel.hoh@neurosurgery.ufl.edu) (vice-chair)  
Subu N.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-Valery Coumans, [jcoumans@partners.org](mailto:jcoumans@partners.org)

**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)

Enrollment Completed. Presentation at Spine Section and at AANS Meeting

Results:

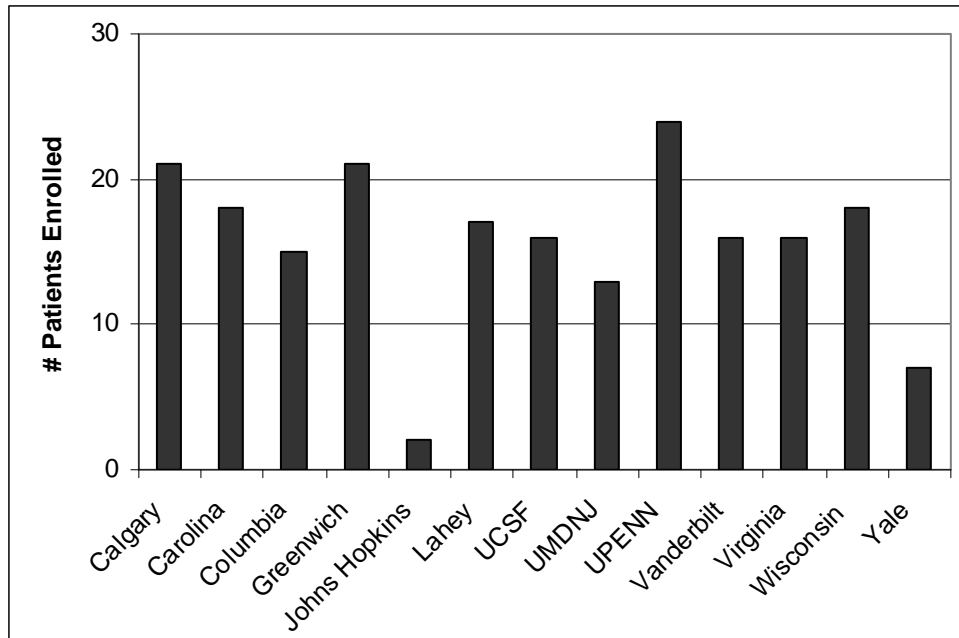


Figure 1. Total number of patients enrolled by site. Enrollment goal was 10 pts/site. Mean = 16 pts/site. Range 2-24 pts/site.

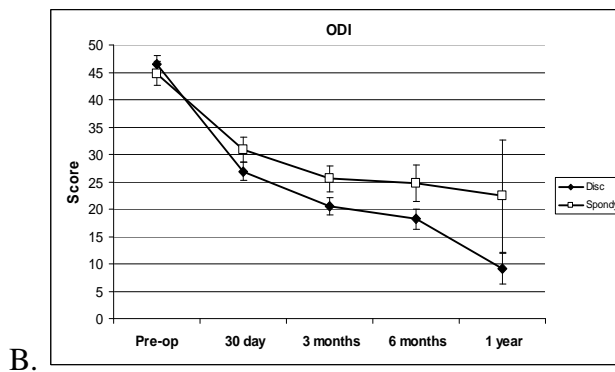
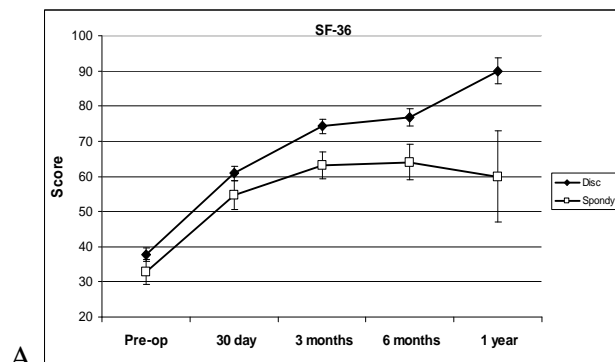


Figure 2. Outcomes assessment over 1 year time period. (A). Improvement in SF-36 physical function over time for lumbar discectomy (N=156) and

single level fusion for lumbar spondylolisthesis (N=48) ( $P<0.001$ ; both groups). (B). Reduction in ODI over time for lumbar discectomy and for single level fusion for lumbar spondylolisthesis ( $P<0.001$ ; both groups).

## B. Clinical Trials Proposal Awards \$ 500 (advertised by E-Blast)

1. We received 5 clinical trial proposals from 5 different institutions that met all requirements. All competitive trial proposals were reviewed by at least 3 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 all three reviewers were averaged and placed into a grid. All proposals were reviewed by 3 separate reviewers and the scores averaged. Two proposals had clearly superior scores. The third was selected over a conference call by blinded reviewers based on the potential impact factor of the project.

The three top proposals were:

### Bradley Jacobs, MD (Faculty)

University of Calgary

“Mean arterial pressure in spinal cord injury (MAPS): Determination of non-inferiority of a mean arterial pressure goal of 65 mm Hg compared to a mean arterial pressure goal of 85mmHG in acute human traumatic cervical spinal cord injury.”

Design – single center, RCT, 140 subjects

Outcome – ASIA motor score, FIM, SCIM, SF-36

Scientific Principle – Neurologic outcomes after acute traumatic spinal cord injury are equivalent whether treated with mean arterial pressure elevation  $> 85$  mmHg or  $> 65$  mm Hg.

### Jefferson Wilson, MD (Resident), Michael Felhings MD, PhD (Supervising Faculty)

University of Toronto

“Riluzole in Acute Spinal Cord Injury (RISCIS): A multicenter placebo controlled randomized trial.”

Design – multicenter, RCT, 284 subjects

Outcome – ASIA Motor Score, SCIM

Scientific Principle – Neuroprotection after acute traumatic spinal cord injury with riluzole, a benzothiazole anticonvulsant, results in better long term neurologic outcome than placebo.

Sanjay Dhall, MD (faculty)

Emory University

“Intraoperative electrophysiological monitoring in the surgical management of cervical spondylotic myelopathy”

Design: multicenter, comparative study, 120 subjects

Outcome: modified JOA score, visual analogue score, complication

Scientific Principle – Use of intraoperative monitoring compared to no monitoring during surgical treatment of cervical spondylotic myelopathy does not improve clinical outcomes.

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

The Outcomes Committee will review all three revised clinical trial proposals and score each of them. Revised proposals are due July 1, 2012.

The three proposal winners will have 3 months to work with the Outcomes committee to improve their proposal. All will submit their proposal for consideration for the \$50,000 clinical trials award and for the NREF award. The clinical trials award will be given in 2 parts: \$25,000 initially once a satisfactory letter from a biostatistician has been received. 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). Previous Clinical Trials Award Winners: (updates from each award winner will be presented at this meeting).

### 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

PROGRESS REPORT done at SPINE SECTION MEETING 2011 and 2012 – 34 patients enrolled.

### 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

PROGRESS REPORT done at SPINE SECTION MEETING 2011 and 2012 –  
25 patients enrolled.

2010 Winner

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

Medical College of Wisconsin (institution)

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

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.

PROGRESS REPORT done at SPINE SECTION MEETING 2012 -

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 153 clinical trials relating to spinal disorders registered with [ClinicalTrials.gov](http://ClinicalTrials.gov) – all are listed on our section website.

**Subject:** Appropriateness Criteria for low back pain and myelopathy

Dear JGC and Spine Section leader:

I cannot recall if we sent these around, but the AHRQ recently noticed these updated documents

- [ACR Appropriateness Criteria® low back pain](#). This updates a previously published guideline summary. The guideline objective: To evaluate the appropriateness of initial radiologic examinations for patients with low back pain with or without radiculopathy
- [ACR Appropriateness Criteria® myelopathy](#). This updates a previously published guideline summary. The guideline objective: To evaluate the appropriateness of initial radiologic examinations for patients with myelopathy

See you in Miami.

Katie

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