Minutes for Spine Section Executive Committee Meeting
October 3, 2011
Washington, DC

Members Present:

Guests:

The meeting was called to order by Dr. Wolfla at _____am.

1. Secretary's report — P. Mummaneni
    a. Review and approval of minutes
    b. Informational items
        - Survey -- "Defining Complications" — J. Ratliff
        - Survey -- "Spinal Deformity" — C. Ames
          (C. Shaffrey recommends only 1 survey qo/month)
        - Reappointment of Eric Woodard as Section representative to NPA Board of Directors
        - Continue $100,000 contribution to NREF for Young Spine Clinician Investigator award for 5 years
        - Noridian VP/KP response (**attached) — L. Tumialan
        - ONESpine endorsement — P. Mummaneni
        - Updated Cervical Spine and SCI Guidelines — M. Hadley (noon)
2. Treasurer's Report — J. Hurlburt
    - **Report attached
3. New business
4. Old business
5. Committee Reports
    a. Annual Meeting — D. Fournay/ M Wang
    b. CPT — J. Knightly
    c. Exhibits — M. Wang
        - Recommendations derived from vendor meetings
    d. Future sites — I. Kalfas/E. Woodard
        - **Letter attached (re: March 2015 site, AAOS pending)
    e. Research and Awards — A. Kanter
        - New Fellowship/award guidelines (e.g., Globus)
    f. Education — F. Lamarca
    g. Guidelines — M. Kaiser
    h. Outcomes — Z. Ghogawala
    i. Peripheral nerve TF — A. Bellzberg
        - Allan Belzberg assumes Chair of PN division
    j. Publications — L. Holly/ J. Dhall
        - Spine section abstracts report
    k. Public Relations — M. Steinmetz
    l. Membership — P. Angevine
    m. Washington Committee — R. Heary/ K Orrico

- **Report attached (Orrico and Alex Valadka to present)

n. Fellowships — M. Wang/ L. Holly
o. Web Site — E. Potts
p. CME — C. Sansur
q. Nominating Committee — Z Gokaslan
r. Rules and Regs — J. Smith

- SPC & EC member disclosures policy update

s. Newsletter — K. Eichholz
t. ASTIM — J. Coumans
u. NREF — Gokoslan/ Woodard
v. AANS PDP — K. Foley/ P. Johnson
w. Young Neurosurgeons comm. — D. Sciubba/J. Bellotte
x. FDA drugs and devices — J. Alexander
y. AMA Impairment — G. Trost
z. Inter-Society Liaison — M. Rosner

There being no further business the meeting was adjourned at _____pm.

Respectfully submitted, Praveen Mummaneni, Secretary.

Scientific Program Committee report: 10/3/11

Theme: *Spine Surgery in the Era of Excellence: Will You Measure Up?*

- Meritorious Award: Dennis Maiman, MD PhD
- Guest Country: Brazil
- Guest Society: AO Spine
- Scientific Sessions
    - What's on your report card? Defining and Achieving Excellence: expert panel
    - Cahill I: In Depth debates
    - Complication Avoidance and Management
    - Cahill II: Rapid Fire debates with audience participation
- Talks/slides to be uploaded January 11, 2012 (8 weeks before meeting)
- Disclosures, practice gaps, surveys: CME
- Abstract grading underway
    - 279 submitted

<u>Summary of updates</u>

- Increased question and answer time plus time to go from Sessions to Exhibits
- Added lunch on Friday, more time in Exhibits
- Exhibits hall closing Friday pm
- Audience participation: Saturday Cahill Controversies
- N2QOD and NREF updates

Special Courses and Luncheon Seminars

- Some limitations on rooms due to Swan hotel management
    - Special Course 1: combined luncheon and special course, now "Neurosurgical Spine: Business and Compensation"
    - Special Course 5: combined PA/NP luncheon and special course, now "Management of Perioperative Pain, Perioperative Complications"
    - Special Course 6: "Spine Surgery in Brazil" with Brazilian Spine Society
    - Special Course 7: "Update on Cervical Spine Trauma and Spinal Cord Injury plus Guidelines"
    - Luncheon Symposium 5: now "Lateral Retroperitoneal Interbody Fusion: Technique and Outcomes"
    - Special Course 9 (Friday): AO Aging Spine

<u>Minutes from April 2011 SPC meeting (taken by Sansur)</u>

In Attendance: Marjorie Wang, Ali Bydon, John Chi, Dean Chou, Sanjay Dhall, Jim Harrop, Langston Holly, Patrick Hsieh, Frank LaMarca, Daniel Lu, David Okonkwo, Srini Prasad, Charles Sansur, Robert Spinner, Eve Tsai (call-in)
Discussion focused on the grid, and filling in the missing pieces
Reviewed that the international country represented would be Brazil
Emphasis was made on maintain the time schedule and for the need of the moderators to be strict about cutting people off when their time is up.
Discussion was made on how to increase flow to exhibits
This is the first time that the coding course has been combined with the business course
Wednesday Course discussion:

Masters, deformity, Brazil course, pediatric craniocervical society course, and new course of cervical spine trauma update was made.
Theme of entire meeting was updated to “Center of Excellence”
Discussion was made to organize Thursday schedule at this point
Chris Wolfla will give a talk entitled, “my biases”
Oral platform presentations to be determined after getting abstracts
Afternoon - Long debates – new topic created: clearing the C spine in the obtunded patient with Okonkwo versus Traynelis (or Benzel)
Discussion was then directed toward Thursday schedule
Friday Schedule was then discussed
Decision made to remove the first talk which would have focused on BMP.
As for the luncheon symposiums, an update on spine guidelines was added with Sanjay, Haid, Resnick, Hadley, Walters, and Kaiser as possible presenters.
The NP/PA course has been changed to the leadership of Eve Tsai instead of Mark Shaffrey
Saturday
Topic of asymptomatic spine has been changed to geriatric unstable dens fracture
Addition of wrong level surgery has been made. This will be a “close call” scenario as opposed to an actual wrong level that was performed.
The role of Mike Davies remains to be determined.
Times may be shifted up in order to make accommodate luncheons.

6:44 PM

Annual Meeting Chair Report on DSPN Meeting 2011

Further to my report in April, final results for the 2011 DSPN meeting are below.

Attendance:

The number of spine section members attending seems to be relatively stable, but there seems to be a drop in the number exhibitor staff (additional) and spouses/guests attending the meeting.

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

Financial:

The 2011 DSPN meeting made $385,186 net revenue, which was about $25,000 higher than budgeted (see attached). However, compared to previous years, it is lower (for example, Orlando in 2010 netted $479,222). Much of this was due to a drop in sponsorships rather than registration. Hopefully this will improve with Dr. Wang as the new Exhibits Chair.

Evaluations:

All of the meeting evaluations can be downloaded from
http://w3.cns.org/spine/2011/downloadEvals.asp
In general, evaluations were very positive with no significant perception of industry bias. There were lots of suggestions for future meetings, but no particular repeated theme.

Daryl Fourney
Annual Meeting Chair 2012

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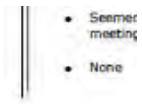
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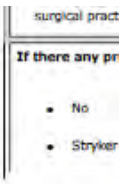
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Disclosures

Conflict of Interest Disclosure for CNS CME Planning Committee Members, Faculty, and Presenters

In an effort to enhance transparency and educate CME participants, the CNS requires annual conflict of interest (COI) disclosures from its CME Planning Committees, faculty and presenters. This form must be filled out prior to (i) providing education at a CNS CME activity; or (ii) participating in the planning of such activity.

CNS Guidelines: All research activities or data interpretation should be free of nondisclosed direct or indirect conflicts of interest. Circumstances create a "Conflict of Interest" when an individual has an opportunity to affect patient care, research activities, or data interpretation about products or services of a commercial interest with which he/she has a relevant financial relationship. A "relevant financial relationship" is defined by the Accreditation Council for Continuing Medical Education (ACCME) as a financial relationship in any amount occurring within the past 12 months that creates a conflict of interest. A financial relationship is one which the neurosurgeon benefits by receiving a salary, royalty, intellectual property rights (i.e. patent rights), consulting fee, honoraria, ownership interest (i.e. stocks, stock options or other ownership interest excluding diversified mutual funds), gifts, or other financial benefits.

A "relevant financial relationship" is further defined by the CNS according to the amount or "type" of financial benefit conveyed to the neurosurgeon within the past 12 months:

>$0 - $1,000 = minimal;
$1,000 - $25,000 = minor;
$25,000 - $500,000 or 5-50% ownership of a company = major;
$500,000 or >50% ownership of a company = primary.

Relationships still in a negotiation phase will be classified with the same terminology on the basis of estimated potential future value if the future value is estimated to be >$10,000.

Relationships reported under the above definition will be sub-classified as:
Salary, Consulting Agreement, Royalty, Intellectual Property Fees and Patent Rights, Honoraria, Ownership Interest, Gifts, Other.

A conflict of interest may also occur when a neurosurgeon or an immediate family member* has, directly or indirectly, a financial interest or positional interest or other relationship with industry that could be perceived as influencing the neurosurgeon's obligation to act in an objective manner. A positional interest occurs when a neurosurgeon or immediate family member is an officer, director, trustee, editorial board member, consultant or employee of a company with which the neurosurgeon or immediate family member has or is considering a transaction or financial arrangement.

Given the above definitions, please list your COI(s) below. To assist you, four examples are provided.

Example #1: Dr. A is a consultant for ZZZ Inc. providing 6 presentations per year demonstrating company products. For this, Dr. A was paid $30,000 in the past 12 months for these services.

Example #2: Dr. B is a member of the medical board of directors for Med Corp. Her duties include participating in conference calls several times per year and attending the annual meeting of stockholders. Although she is not paid a salary by Med Corp, she is reimbursed for the cost of travel to the annual meeting and associated expenses.

Example #3: Dr. C has designed a shunt valve that has been sold to Shunt Inc. He has retained intellectual property rights to the valve through contractual agreement with Shunt Inc. Over the last 12 months Dr. C has received compensation from the intellectual property rights totaling $10,000.

Example #4: Dr. D has licensed Ventures, LLC - a start up company solely owned by Dr. D with the purpose designing, developing and selling spine instrumentation. She has invested $5,000 in the past 12 months in Ventures, LLC and has been issued one patent but has not sold anything.

Commercial Interest	Type	Subclassification	Positional Interest
e.g.#1 ZZZ Inc.	Major	Consulting	None
e.g. #2 Med Corp.	Minimal	Other	Officer
e.g. #3 Shunt Inc.	Minor	Intellectual Property Fee	None
e.g. #4 Ventures, LLC	Primary	Ownership Interest	Owner/CEO

June 9, 2011

William Mangold, M.D., J.D.
George Waldmann, M.D.
Noridian Administrative Services, LLC
900 42nd Street S
P.O. Box 6740
Fargo, ND 58108

Re: Draft LCD DL24383: Vertebroplasty, Vertebral Augmentation; Percutaneous

Dear Dr. Mangold and Dr. Waldmann:

The American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves would like to thank both of you and Noridian Administrative Services, LLC for the opportunity to provide comment on the recently proposed draft policy from Noridian to change the current local coverage determination (LCD) for vertebral augmentation for osteoporotic compression fractures. While we applaud the goal of improving patient care through application of scientifically grounded therapies, we have concerns regarding the criteria set forth by Noridian for coverage of percutaneous vertebroplasty and vertebral augmentation. Below we review our concerns with various restrictions and criteria set forth for coverage.

1. Metatstatic disease: We would first like to address perhaps the most important issue and that is coverage for those individuals who may have widely metastatic disease and present with debilitating back pain and radiographic evidence of a compression fracture that would be amenable to vertebroplasty or vertebral augmentation. Coverage decisions frequently determine access to appropriate medical care, and based on your coverage decision listed on page 5, point 4, the presence of painful metastases to areas other than the spine would preclude coverage. Thus, a patient with a pathological spinal fracture and kyphosis from metastatic disease would be deprived of the less invasive option of kyphoplasty and radiation, and possibly undergo a larger surgical procedure or accept unneeded disability for the sole reason that the patient has disease present elsewhere. This is incongruent with the current literature. In a systematic review of the available literature regarding the use of vertebroplasty and kyphoplasty in patients with painful compression fractures associated with metastatic spine disease, there is a strong recommendation for vertebral augmentation as safe and effective in providing pain relief and improving functional outcome in patients with vertebral body fractures (Mendel 2009). The authors performed a review of the English literature with the results reviewed and discussed through consensus among a multidisciplinary panel of expert members of the Spine Oncology Study Group, commonly known as a Delphi technique, and with recommendations made according to the Guyatt Guidelines. They identified a total of 1665 abstracts, with 28 articles using vertebroplasty reported on 877 patients and 1599

treated levels, and 12 articles using kyphoplasty reported on 333 patients and 481 treated levels. They noted low complication rate, from 0% to 0.5%, and without any neurologic complications. The most important finding was that pain and functional outcomes were universally successful using either technique. Based on this, they noted a strong recommendation for vertebral augmentation as safe and effective in providing pain relief and improving functional outcome in patients with vertebral body fractures and axial pain due to metastatic disease. With this literature review as a context, it is unclear why the current draft would limit coverage for these patients.

2. Pain Management: We believe that both neurosurgeons and orthopaedic surgeons with experience in managing diseases of the spine are equally qualified to manage pain caused by a compression fracture and therefore should be included among the providers to fulfill this criteria. There is no literature to support that those individuals managed by a pain management team and subsequently referred for vertebroplasty or vertebral augmentation have superior outcomes.

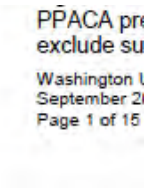
3. Patient follow-up. It is unclear based on review of the literature provided the necessity to mandate a follow up every three months for one year. While a post-procedural follow up is routine for clinicians, it is outside the norm to follow patients who may be asymptomatic with such frequency and for so long. This may place increased burdens of time on both physician and patient.

4. VAS Threshold. The requirement that a patient with radiographic evidence of a compression fracture self report a VAS of 7 or greater to meet criteria for intervention should be reconsidered. We feel that documentation of significant impairment in quality of life and activities of daily living is adequate. High dose narcotics for management of the pain may be as equally debilitating as the fracture itself and render a patient nonfunctional despite decreasing their pain score below 7 on a VAS. Patients may explore the role of intervention to wean themselves off of narcotics. The current coverage decision precludes a patient's ability to do this. Furthermore recent trials and current ongoing trials have used a VAS of 5 for inclusion. The VERTOS randomized clinical trial on vertebroplasty versus pain management used a threshold of 5 on the VAS scale (Am J Neuroradiol. 2007 Mar; 28(3):555-60). The current randomized trial, VERTOS IV (vertebroplasty versus sham injection) will also be using a threshold of 5. (The VERTOS IV study group. Trials. 2011 Apr 5;12(1):93).

5. Future coverage. A final concern arises regarding Noridian's statement for coverage of this procedure in the future. The current policy draft states that coverage will continue for the period of three years and data will be collected during this time. The statement, "If such data is not forthcoming during that time so as to give rational literature support for these procedures, NAS anticipates at that time considering converting this LCD to one of total non-coverage of these procedures" remains unclear and arbitrary. It should be further clarified what outcomes data may result in the possible termination of coverage, i.e. infection rate, VAS, etc.

Again, thank you for this opportunity to comment on this draft. We remain available to answer questions on our response as Noridian Administrative Services reconsiders their position on the current local coverage determination for vertebral augmentation for osteoporotic compression fractures.

Sincerely,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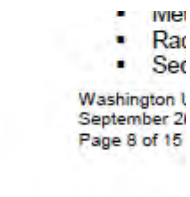
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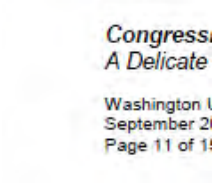
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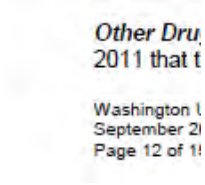
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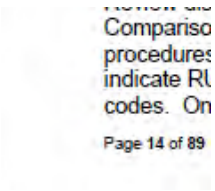
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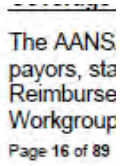
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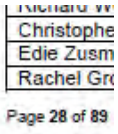
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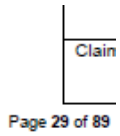
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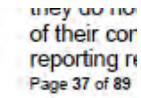
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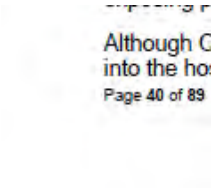
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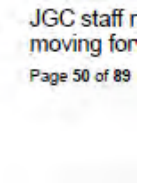
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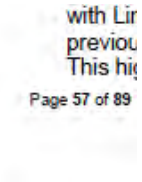
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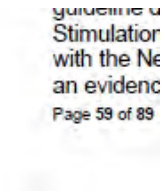
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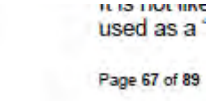
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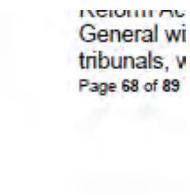
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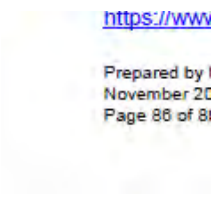
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November 2
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Minutes for Spine Section Executive Committee Meeting
March 9, 2011
Phoenix, AZ

Members Present:

Guests:

The meeting was called to order by Dr. Gokaslan at

1. Secretary's report M. Groff /P. Mummaeni
    c. Update of email list and contact info
    d. Review and approval of minutes
    e. Review EC grid
    f. Informational items
        - 8:00 AANS and CNS update Jim Rutka and Chris Getch
        - 11:00 Nelson Oyesiku Neurosurgery – spine section collaboration
        - 11:30 PM Mark Hadley – Cervcial Spine Guidelines update
        - 12:00 PM John Jane – JNS – spine section collaboration
        - SRS etext book (Praveen)
2. Treasurer's Report J. Hurlbert
    a. Review and approve budget
    b. Review Annual meeting reconciliation
3. New Business
    a. Spine Promotion and Advocacy Task Force – Reg Haid
    b. Appoint 3 members to N2QOD (Gokaslan / Wolfla)
    c. Web survey of exhibitors (cf NASS survery)
4. Old Business
    a. OREF Study groups
    b. CSRS collabortation
5. Committee Reports
    a. Annual Meeting D. Fournay, P. Mummanneni

    Significant shortfall due to decreased industry support.

    b. CPT J. Cheng, J Knightly
    c. Exhibits P. Mummanneni, B. Subach

    Formation of a committee chaired by Mike Wang. An advisory component with Drs. Haid, Shaffrey, and Heary.

    d. Future sites I. Kalfas, E. Woodard
    e. Research and Awards Marg. Wang, A Kanter, D Scubbia

    Award recipients have been determined. (attached)

    f. Education Mike Wang
    g. Guidelines M. Kaiser
    h. Outcomes Z. Ghogawala
    i. Peripheral nerve TF R. Spinner
    j. Publications L. Holly

    Sanjay Dhall to liase with the Red Journal (Neurosurgery)

Meeting abstracts published in Neurosurgical Focus

k.	Public Relations	M. Steinmetz
l.	Membership	P. Angevine
m.	Washington Committee	R. Heary (K. Orrico)
n.	Fellowships	G. Trost
o.	Web Site	E. Potts
p.	CME	Marjorie Wang
q.	Nominating Committee	C. Shaffrey
r.	Rules and Regs	T. Choudhri
s.	Newsletter	M. Steinmetz, K. Eichholz
t.	ASTIM	J Coumans
u.	NREF	Z. Gokoslan, E. Woodard
v.	AANS PDP	K. Foley, P. Johnson
w.	Young Neurosurgeons comm.	E. Potts, D. Sciubba
x.	FDA drugs and devices	J. Alexander
y.	Inter-Society Liaison	M. Rosner

There being no further business the meeting was adjourned at

Respectfully submitted, Praveen Mummaneni, Secretary