James Cottrell Delivers 2007 Rovenstine

One highlight of the ASA Annual meeting was the presentation of the 2007 Rovenstine Lecture by Dr. James Cottrell, past-president of SNACC and the ASA and the Editor-in-Chief of our official journal, *Journal of Neurosurgical Anesthesiology*. In his lecture, he highlighted the importance of research and education in neuroanesthesia. On behalf of the SNACC membership, the Board of Directors congratulates Dr. Cottrell on receiving this honor and we are proud to have one of our OWN be recognized for his contributions to our specialty.
SNACC President’s Message
Sulpicio Soriano MD
Boston Childrens’ Hospital
Harvard University
President, SNACC

Dear colleagues,

It is a great time to be a member of SNACC. Since we last met in San Francisco there has been an outpouring of volunteerism amongst our ranks. We also anticipate some difficult times given the market forces affecting our practices and conduct of our programs. First I will elaborate on the good.

Community
The first SNACC event that I attended was the 19th annual meeting in 1991 which was held in San Francisco. A neurosurgeon, was the president at the time and some of the officers and speakers at that meeting still are active members of SNACC today. Being a newly minted pediatric neuroanesthesiologist at that time, I wanted to learn about the latest clinical and research topics in our field. I was rewarded by the breadth of the topics and insightful discussion that followed. Sixteen years later, SNACC maintains this tradition of scholarly and provocative annual meetings. This success is largely due to the collective talents of our members. What sets us apart from the other subspecialty societies is our diversity. What other group can boast a membership composed of PhDs, MDs, DVMs, anesthesiologists, intensivists, private practitioners, NIH-funded investigators, departmental chairs, fellows, physiologists, molecular biologists, internists, and pediatricians? Furthermore, no other group has the international following that we do. This amalgamation provides a rich environment, both at our annual meeting and our web community, which truly promotes our mission to “advance the art and science of the care of the neurologically impaired patient”. This common goal brings us together as an international community and prompts us to pursue initiatives designed to advance our specialty.

Activism
We need to promote meaning and value to your membership in SNACC. This can be achieved by increasing advocacy of our mission, creating new educational programs and opening opportunities for new members to get involved. Since we last convened in San Francisco various groups and committees have been busy working in four areas; education, communications, international relations, and neurocritical care. There are several initiatives on the education front. As you can see, Dr. Alex Bekker and the education committee have inaugurated the SNACC blog which provides a venue to discuss challenging clinical problems. Other members of the education committee are refining the educational content of the SNACC website. Dr. Greg Crosby, vice-president for scientific affairs, is organizing the program for our annual meeting which will be held in Orlando, Florida on October 17, 2008. Dr. Dan Cole, past-president of SNACC, is the chair of the Scientific Content Subcommittee on Neuro Anesthesia of the ASA. He and other members of SNACC are diligently evaluating the Neuroanesthesia content of the annual meeting of the ASA so that it complements our annual meeting. Dr. Lisa Sinz is heading a focus group on creating neuro-related scenarios for the ASA sponsored simulation program. On the communication front, we are fortunate to have an official journal in Journal of Neurosurgical Anesthesia. Over the years Drs. James Cottrell and John Hartung have ably nurtured the journal to its present stature as the leading international journal for our subspecialty while steadily increasing its impact factor to new highs. Dr. Andy Kofke, our vice-president for communications, has generously provided his expertise in the production of SNACCNews and the SNACC website. We are all indebted to Andy for his fine work and look forward to more ahead. Drs. Martin Smith and Kristine Engelhard head the International Affairs committee and they have engaged our sister societies; DANTE (Italy), ISNACC (India), UK and ASNACC (Asia). Their goal is to promote educational and scientific collaboration between these organizations. This is certainly uncharted waters and promises to be a growth area for SNACC. Neurocritical care is also at the core of our mission and is an area where SNACC and the ASA are vigorously promoting greater inclusion. With this in mind, the SNACC board formally accepted the United Council of Neurological Specialties (UCNS) invitation for a subspecialty membership. Drs. Ansgar Brambrink, Andy Kofke and Mike Souter have been exploring avenues for accreditation of neuroanesthesia-based neurocritical care fellowship training.

Challenges ahead
As I alluded to, we as an organization face challenges ahead. Although our finances are strong, market forces impose greater burdens on us in the future. The cost of managing our organization, conducting our annual meeting and maintaining our website increases dramatically each year. Many of our European members can attest that industry support and sponsorship have taken a reverse trend. Collectively, we are identifying new sources of income to support the annual meeting, provide travel grants for young investigators, and build a website that reflects the intellect and talent of our membership. Our major source of income continues to be membership dues. We are working on providing user-friendly ways for dues payment on the website. Our current membership fluctuates around 475. Growth will only come with increased membership. We should set a goal of increasing our membership over 500! We can accomplish this in many ways. Be an advocate for SNACC in your own departments, hospital and university. Let your colleagues know about the clinical and research expertise of our membership. Inform your neuroscience colleagues about the scientific discourse in our annual meeting. Encourage your trainees to pursue a career in neuroanesthesia and critical care. Going forward we will build stronger ties with our sister societies in Asia and Europe and promote collaborations with the SNACC community. As our past-president Dr. Cor Kalkman reported in the last issue of SNACCNews, the breadth of our practice has grown beyond neurosurgery into neuroradiology and neurocritical care in the clinics and cognition and memory in the basic sciences. Since neuroscience serves as the fundamental and unifying basis of our mission, many members have been advocating a new moniker reflecting this notion. SNACC has had several names and acronyms in the past and we should pursue a thoughtful and cautious dialog as a community before any change be made.
I would like to conclude with a personal comment on our SNACC community. When I first joined SNACC 16 years ago I never thought that I would be writing this message. SNACC was and will always be a diverse but inclusive subspecialty society. As many of you have experienced, I have learned greatly from participating in the various activities and my predecessors and mentors in SNACC. I have forged some of my most enduring friendships with members of this organization. I am honored to serve you as president of SNACC this year and proud to count on you as colleagues and friends moving forward.

Yours truly,
Sol Soriano

Eberhard Kochs and his neuroanesthesia research colleagues at the 2007 ASA poster session
Marota et al. report acute tolerance to brain flow and metabolic management in the prevention of brain aneurysms. Relationship, underscoring the importance of chronic blood pressure development of intracranial aneurysms reporting a causal Kurihara et al. evaluated the effects of blood pressure on brain ischemia. Kawaraguchi et al. reported in hypoxic rats that opioids are commonly given in the setting of risk of perioperative vascular malformations. Demonstrating the feasibility of using these two drugs as potential vasculostatic therapy for brain AVMs.

Matrix metalloproteinases (MMP’s) are emerging as key mediators for vascular remodeling. Ota et al. evaluated their effects on vascular remodeling with high flow states using a mouse model of a flow augmented common carotid artery in which ligation of the right common clotted artery causes a sustained increase in blood flow on the left side resulting in a gradual increase in the diameter of the CCA on the left. The authors reported that doxycycline was able to slow the progression of flow induced outward vascular remodeling although incompletely. Lee et al. reported on the feasibility of minocycline and doxycycline and vasculostatic therapy for brain vascular malformations. Demonstrating the feasibility of using these two drugs as potential vasculostatic therapy for brain AVMs.

Opioids are commonly given in the setting of risk of perioperative brain ischemia. Kawaraguchi et al. reported in hypoxic rats that morphine made brain damage worse.

Kurihara et al. evaluated the effects of blood pressure on the development of intracranial aneurysms reporting a causal relationship, underscoring the importance of chronic blood pressure management in the prevention of brain aneurysms.

Marota et al. report acute tolerance to brain flow and metabolic activation of nitrous oxide in rats. The authors used the high spatial and temporal resolution provided by functional MRI to map regional changes in cerebral hemodynamics produced by exposure to 75% N2O. The authors confirmed other observations of the initial widespread increase in CBF (up to 150%) in multiple brain structures that was not homogenous. However they observed acute tolerance to this effect which occurred within 60 minutes.

Zlotnik et al. did a series of studies evaluating potential therapeutic efficacy of pyruvate and oxaloacetate, both normal energy cycle metabolites, as protectants in traumatic brain injury. They also evaluated mechanisms, finding a role of both in diminishing the negative effects of the endogenous neurotoxic neurotransmitter, glutamate. One should expect clinical studies to be soon forthcoming.

Chi evaluated the effects of erythropoietin (EPO) on blood brain barrier (BBB) disruption in focal cerebral ischemia. Finding that the degree of BBB disruption at one hour after ischemia was significantly attenuated by EPO.

Avitsian et al. reported on a new central line catheter with ability to access the jugular bulb. One of the ports within the catheter gives rise to a cannula which, after making a 180 degree turn within the catheter lumen, opens up at the proximal end of the catheter. This dedicated a port which opens within the internal jugular vein for introducing a microcatheter or a fiberoptic catheter through this port or give access to the jugular bulb.

Smith et al. report a method to determine cerebral oxygen extraction using bedside near infrared spectroscopy in healthy adult volunteers. The aim of the study was to estimate the changes in OEF during hypocapnea and hypercapnea in normal volunteers. The authors performed this study using a NIRO300 Hamamatsu photons KK NIRS unit with optodes placed over the forehead. The results obtained were consistent with what would be expected with hypercapnea and hypocapnea. There was no correlation or validation done. However the authors have demonstrated a potential noninvasive evaluation of oxygen extraction fraction which will warrant further investigation and if validated will be a highly significant advance.

Aungiirth et al. evaluated the effect of the antibiotic moxifloxacin on brain TNF alpha expression after deep hypothermic circulatory arrest. This study was done because cardiac surgery with cardiopulmonary bypass and deep hypothermic circulatory arrest (DHCA) may produce an inflammatory reaction as one contributor to adverse neurologic outcomes. The authors found that MXF significantly reduced the TNF positive neurons but did not affect neurologic outcome at one day post operative. Given the known negative role of inflammation on outcome after brain ischemia this will likely be translated to clinical trials.

Dao et al. evaluated the effects of dexametomidine (dex) on CBF velocity, cerebral metabolic rate and CO2 responses in normal humans. This study was the Young Investigator Award-winning presentation at the SNACC meeting. Dex has been used with some reluctance in neurologic patients because of reports in anesthetized animals that it decreases blood flow more than it does metabolism. Dao et al. evaluated this issue in humans using transcranial doppler and jugular bulb blood withdrawals to estimate CBF and CMR with dex. They found no indication of a disparity in the decrements of CBF and CMR and that they both decrease to an equal extent with no evidence of an anaerobic condition arising.
Beiras et al. reported that individuals who have Apoe4 have increased anesthetic requirements. This is the first study which (in addition to the redhead studies) suggests that one’s genotype will effect the amount of anesthesia which a given patient may require.

Bennet et al. reported a method of separating measurements of hypnosis and analgesia during surgical stimulation using patterned facial spontaneous electromyography linked with BIS monitoring.

There were also some outstanding oral lectures given. Pyush Patel gave everyone an update on the basic science of preconditioning. He presented the phenomenon and developed the basic science going from sensors to inducers to transducers to cancer caveolins, NMDA receptors and on to some interesting theories.

David Menon of Cambridge England gave an elegant presentation overviewing sophisticated imaging techniques which his group has been using to work out flow metabolism coupling issues in traumatic brain injury. They suggest that accepted norms may not be as correct as we have thought, suggesting that there is a need to develop ways to individualize decisions regarding physiologic support which may impact on the extent of focal anaerobic metabolism in TBI.

Every now and then you hear talks that astonish and fundamentally change the way you view some issue or disease state. I heard one of these at the SNACC meeting. This one was about the persistent vegetative state (PVS) and how not all may be as it seems.

Dr Adrian M Owen of the University of Cambridge in the United Kingdom presented his studies of functional Magnetic Resonance Imaging (fMRI) in patients in the persistent vegetative state (PVS) showing clear evidence of awareness and cognitive ability in some of these patients. (fMRI uses the MRI to indicate areas of the brain that are active) His work has been formally published in Science 313:1402, 2006.

PVS is a syndrome wherein a patient by every bedside test shows no interaction with his/her environment. The patient does not attend to any external stimuli, does not track with his/her eyes and seems totally unconscious. Families (like the Schiavo clan) however may be struck by the patient’s apparent wakefulness, lack of need for a ventilator, and persistence of ordinary vegetative bodily functions. The patient can look seductively awake but is not. Of this I was certain till I heard this talk.

Dr Owen presented the fMRI method whereby various inputs to a subject in an MRI scanner can create reproducible patterns. For example tell a patient to think about something and you get a stereotypical fMRI pattern. Tell a patient to think about riding a bike or think about a specific place and different reproducible patterns of activation arise in the brain. OK… neat.

Well, Dr Owen presented a patient with all the stigmata of PVS from traumatic brain injury with diffuse axonal injury. This vegetative patient, however, when asked to think about a place or to think about riding a bike showed fMRI activation absolutely the same as that produced when an ordinary awake patient responded to the same command. In fact this patient was fully able to interact with the investigators in this manner. “If you can hear me think about riding a bike” leading to the bike riding pattern. I took a picture of this slide showing this and reproduce it here:

The fMRI of the PVS patient is at the top and the control volunteers at the bottom. The left images are those of tennis playing imagery and
on the right of spatial recollection imagery. I believe this is going to have implications for decisions about extent of life support in such patients. Certainly many (probably most) PVS patients really are in PVS. Unlike this case, I don’t expect patients with neocortical death will be responsive like this. Nonetheless it does suggest that before we make such PVS declarations that we should make sure on tests like those presented by Dr Owen that the PVS patient really is in PVS.

For starts, in those patients in whom we find that PVS is really “pseudoPVS,” I expect this will be an objective measure to use for rehab. Just keep thinking about that bike riding and after awhile the physiatrists, wonder workers that they are, may be able to have the patient really bike riding or doing other cognitive things. It will tell them to not give up.

So it seems that what we thought we knew for sure we’re not so sure of anymore. Déjà vu. This last item on PVS adapted from a Blog Post by Andy Kofke on November 11, 2007 | Permalink.

---

**International Neuroanesthesia Meetings**

*Neuro in Euro:* Our sister neuroanesthesia societies in Europe will be holding congresses.

- Professor Cor Kalkman, past-president of SNACC, will be directing the **Euro Neuro 2008** congress on January 17-19, 2008 in Maastricht, The Netherlands. Details can be view at [http://www.euroneuro.eu](http://www.euroneuro.eu).

- The Società Italiana Anestesia Analgesia Rianimazione Terapia Intensiva (SIAART) and Diffusione Avanzamento Neuroscienze Toscane will be hosting the **Annual Neuro Meeting 2008** in Siena, Italy on May 6-10, 2008. This highly successful congress will feature both NEurointensive Care and Neuroanesthesia topics. Details can be viewed at [www.annualneuromeeting.it](http://www.annualneuromeeting.it).

**Asian Society for Neuroanesthesia and Neurocritical Care**

- The first congress of Asian Society for Neuroanesthesia and Critical Care (ASNACC) will be held from **Nov 28th to Dec 1st 2008** at one of the most vibrant city in the world, Beijing, China. Details are announced at [http://www.asnacc.com/en/index.asp](http://www.asnacc.com/en/index.asp)

---

**SNACC Breakfast Panel ASA 2007**

*It’s Hip To Be Cool: Hypothermia and the Injured Brain.*

The 2007 SNACC breakfast panel was presented in San Francisco on Wednesday October 17 2007. The title was *It’s Hip To Be Cool: Hypothermia and the Injured Brain,* moderated by W Andrew Kofke of the University of Pennsylvania with 350 people in attendance, 75% of whom were not SNACC members. Cor Kalkman MD of the University of Utrecht, Netherlands, led off with a presentation titled “The Dark Side of Hyperthermia” detailing the importance of avoiding hyperthermia in the injured brain. Then Christine Wijman, MD, a neurointensivist at Stanford presented “Hypothermia After Cardiac Arrest.” She detailed the animal and laboratory studies that now provide evidentiary support for the application of hypothermia after cardiac arrest for purposes of brain protections. To underscore this she included a video clip of local news reports of a Stanford Law student who had sustained a cardiac arrest, underwent post arrest induced hypothermia, and then proceeded to graduate from Stanford Law School. Nicholas Bircher from the University of Pittsburgh then presented “Hypothermia After Traumatic Brain Injury” reviewing the fairly considerable but conflicting data on the use of hypothermia after TBI but leaving with the impression that this therapy will eventually find an appropriate place in the management of TBI. Fifty-nine of the attendees filled out course evaluation forms. On a 0-5 scale (5 best) 76% of respondents scored a 4 or 5 for extent of agreement that the presentations were clear and concise. The panel provided a nice summary and update of the current state of the art and likely uses of hypothermia for situations likely to be encountered by the non specialist anesthesiologist.
John Michenfelder Young Investigator Award Goes to Andrew Dao, UCSD

Andrew V. Dao, M.D., VA Medical Center, University of California, San Diego, CA
"Effect of Dexmedetomidine on CBF Velocity, Cerebral Metabolic Rate and CO2 Response in Normal Humans"

Dao et. al. evaluated the effects of dexmedetomidine (dex) on CBF velocity, cerebral metabolic rate and CO2 responses in normal humans. This study was the Young Investigator Award-winning presentation at the SNACC meeting. Dex has been used with some reluctance in neurologic patients because of reports in anesthetized animals that it decreases blood flow more than it does metabolism. Dao et. al. evaluated this issue in humans using transcranial doppler and jugular bulb blood withdrawals to estimate CBF and CMR with dex. They found no indication of a disparity in the decrements of CBF and CMR and that they both decrease to an equal extent with no evidence of an anaerobic condition arising. Congratulations to Dr Dao and his mentors at UCSD….

PBLD’s Now on the SNACC BLOG

The Subcommittee on Education has introduced a new initiative: a web-based problem based learning discussion (PBLD). Web-based PBLD is conceptually similar to the PBLD presented at the ASA and PGA. It commonly includes: a. three-to-four learning objectives, b. case for discussion, c. several set of questions, and d. discussion. Questions would be interspersed throughout the case. Initially, we would plan to introduce one case every two months. New questions would be posted every two weeks. A reader then could write a short opinion or suggest an approach to solve a particular problem. The Moderator would be responsible to review the opinion, respond to each participant, as well as post a “correct” answer at the end of each period (approximately two weeks). We would appreciate it if the attending anesthesiologists would encourage their residents to participate in the discussion. The committee believes that a web-based PBLD would play an important role in meeting the educational needs of practicing anesthesiologists as well as residents.

SNACC members are encouraged to submit their cases and direct their students to take advantage of this new educational resource. A member of the educational subcommittee will review the submissions.

Please contact Alex Bekker directly if you have any questions or would like to contribute. alex.bekker@med.nyu.edu

http://www.snacc.org/blog.php
SNACC: It’s All in the Name

The members are being solicited for their input regarding the proposal to rename SNACC the Society for Neuroscience in Anesthesia and Critical Care from the Society of Neurosurgical Anesthesia and Critical Care. The proposed change would retain the SNACC acronym. The Newsletter solicits columnists who feel strongly about this. Submit a 500 word article pro or con. Please contact the editor, Andrew Kofke at kofkea@uphs.upenn.edu. Put your opinion in the next newsletter in time for the annual meeting.

Neuroanesthesia Fellowship Accreditation and Certification??

Critical care medicine, pain management, pediatric anesthesia, cardiac anesthesia, neurocritical care….all subspecialties of Anesthesiology with or on the path to fellowship accreditation and board examination/certification. So is it time for neuroanesthesia to get on the bus? The Newsletter solicits columnists who feel strongly about this. Submit a 500 word article pro or con. Please contact the editor, Andrew Kofke at kofkea@uphs.upenn.edu. Put your opinion in the next newsletter in time for the annual meeting.

Put your opinion in the next newsletter in time for the annual meeting.
Good Connections: Neuroanesthesiology, SNACC, and JNA

John Hartung, SUNY Downstate
With help from James Cottrell, William Lanier, and David Warner

“Neuroanesthesiology was formally recognized by the ASA as a subspecialty in 1976 while James E. Cottrell served as Chair of the ASA Subspecialty Committee. By the end of 1976, organizational aspects had stabilized and we [SNACC-to-be] could boast more than 160 members from institutions in the United States, Canada, and Mexico.”

Was there a conspiracy to develop neuroanesthesiology as a subspecialty? You bet! Were there co-conspirators? Many ... including names like Michenfelder, Albin, Marshall, Matjasko, Shapiro, and Harp. Did it work? So far!

In fact, things went so well with the evolution of neuroanesthesiology that ex-SNACC-President Cottrell figured the small-but-dedicated sub-specialty was strong enough to support, and be supported by, its own scientific journal. The usual suspects were rounded up in early 1988, and JNA 1:1 hit the newsstands in March of ’89. Two years later, JNA proposed domestic-partnership to SNACC. Then-SNACC-President and JNA-Editorial-Board-Member David Smith put it to the SNACC Membership. There were risks involved. Did SNACC really want to hitch its wagon to a new journal that might or might not make it? The rabble could not be roused to err on the side of caution ... the vote was strong in favor of commitment.

From 1992 on, JNA has published the SNACC Abstracts (at publisher’s cost) and the journal’s cover has read: “The Journal of the Society of Neurosurgical Anesthesia and Critical Care.” Another conspiracy? Even a cursory inspection of overlap between the Editorial Board of JNA and the Officers of SNACC leaves no doubt. Has it worked? You bet! In 1993 JNA got ‘indexed’ in Index Medicus (PubMed), making it a ‘real’ journal.

Were there bumps along the way? It’s been 20 years ... there has been a bump or two. One came in late ’94 when the President of SNACC’s management company stole ALL of SNACC’s money and faked his own death! Those were dark days, but Immediate-Past-President Lanier, Then-President Warner, and Future-President Gelb made a new management company an offer they could not refuse ... something like: ‘Take care of SNACC on credit until we build up a kitty ... or else ... or else we’ll hold our breath!!!’ Cottrell and Hartung used the same threat to force Lippincott to foot the bill for publishing the 1995 SNACC Abstracts (with a little help from JNA’s operating budget), and all was well.

Now SNACC membership is holding strong, the SNACC kitty is fat, and the future looks bright. JNA’s Impact Factor is 1.92, putting it solidly in the top half of 22 journals grouped under Anesthesiology. Per month in 2007, JNA averaged 14,700 page views from 8,600 visits to www.jnsa.com and 6,400 page views in 5,100 Ovid sessions (all of which would have sounded like gibberish 20 years ago).

As put by co-conspirator, ex-SNACC-President and JNA-Board-Member-for-the-past-20-years David Warner in a recently intercepted e-mail: “The relationship between SNACC and JNA has been nothing but good for both.” The ever-evolving group of co-conspirators will be doing their best to keep it that way ... in perpetuity.

Call for Nominations

The Nominating Committee is seeking nominations for Secretary-Treasurer, and two (2) Director-at-Large members for election at the October 2008 SNACC meeting. The bylaws reads “Additional nominations for officers may be made by the membership by petitions duly filed with the Secretary/Treasurer at least thirty (30) days prior to an election at the annual membership meeting. In order to qualify as nominating petitions, there shall be affixed thereto the signatures of twenty-five (25) members of the Society as a minimum.” Individuals chosen for these positions are those who have demonstrated a commitment to SNACC and have served in a number of administrative positions. Their experience with these administrative responsibilities as well as their effectiveness in performing these tasks is crucial in their nomination. The following lists the responsibilities expected from each position.

1. **Secretary-Treasurer**: The Secretary-Treasurer shall serve to oversee the finances of the Society, keep records of the biannual Board of Directors meeting, aid the Vice-President for Communications in keeping open communications with the members and to perform such other duties as may be prescribed by the Board of Directors or President. The Secretary-Treasurer will serve a one (1) year term.

2. **Directors at Large of the Board of Directors**: These individuals should be members in good standing of SNACC and provide advice and promote the activities of the Society. They are required to attend the Board of Director’s meeting on Thursday before the annual meeting in the fall. They will serve staggered 3 year terms.

---

SNACC Travel Awards

The following residents submitted abstracts judged to be high quality and were awarded travel grants sponsored by Integra Foundation.

Endrit Bala MD  
Aldara Beiras MD  
Virendra Jain MD  
Irina Lasarzik MD  
Patrick Meybohm MD  
Ruediger R Noppens MD  
Laura S Starker DVM  
Ken Takata MD PhD  
Serge C Thai MD  
Alexander Zlotnik

Congratulations and thanks to Integra Foundation for sponsoring this program
One of the highlights of the SNACC Annual Meeting has been presentation of scientific abstracts. Last year 106 abstracts were presented in two separate, extremely well attended sessions (standing room only). Posters were overflowing to the hallway. The format of the scientific sessions has been poster discussions. Abstracts are typically divided into groups of ten to twelve that cover similar subject matters. Each poster session has been lead by two moderators. At least one of the moderators is a “senior member” of SNACC. SNACC has been pleased by the high quality and wide variety of topics of the abstracts. Presenters have represented multiple countries and have ranged from students to full professors. These scientific sessions have received excellent reviews by SNACC meeting attendees.

The 36th SNACC Annual Meeting will be held in Orlando, Florida on October 17, 2008. It is time again to start preparing abstracts for the 2008 SNACC Annual Meeting. This year’s submission deadline is June 1, 2008. The abstracts should be submitted electronically through the SNACC website, and follow the format outlined in the instructions. Submissions can start on April 7, 2008. Each abstract will be graded by three Scientific Affairs Committee Members, and selected based on their scientific merit. Accepted abstracts will be published in the October 2008 issue of the Journal of neurosurgical Anesthesiology. Presenting abstracts in the 2008 SNACC annual Meeting does not conflict with presenting also at the 2008 ASA Annual meeting.

SNACC encourages investigators to support their students, residents and junior faculty. SNACC scientific meeting provides an excellent environment for young investigators to present their work and gain experience in communicating their research with other scientists. It also offers a good opportunity to discuss future research ideas with nationally and internationally known experts.

In the past years, due to a generous contribution from Integra Foundation, SNACC has been able to offer a travel award to ten residents with highest scoring abstracts. When submitting the abstracts please mark the form accordingly, as we hope to be able to present travel awards again this year. Also, posters that will be presented by residents will be marked as such on the poster boards.

Available for residents, fellows and junior faculty within three years of ending their post-graduate training, is the John D. Michenfelder New Investigator Award. Please note you must be a SNACC member to be eligible. To be considered, the applicant will need to submit an online abstract, and check the respective box to identify their interest. In addition, the applicant for the award needs to submit a full length manuscript to snaccmeetings@asahq.org. The deadline to submit your manuscript is June 20, 2008. The final award recipient will be asked to make an oral presentation of their work at the SNACC Annual Meeting and will receive a plaque in honor of this occasion and $2500 for travel reimbursement. Last years winner was Andrew V. Dao, M.D., VA Medical Center, UCSD with a manuscript and presentation titled “Effect of Dexmedetomidine on CBF Velocity, Cerebral Metabolic Rate and CO2 Response in Normal Humans”

With the 2008 SNACC Annual Meeting approaching, please start making travel arrangements and preparing your abstracts. I look forward to seeing you in Orlando and SNACC thanks you in advance for making the scientific sessions of the SNACC Annual Meetings enjoyable and scientifically rewarding.
Physician Training Partnership (PTP) Requests Support from ASA and SNACC

How can the SNACC help change the face of neurosurgery in the developing world?

There are five hospitals in Tanzania, Africa. Right now, none of them have ventilators. Surgery is performed with hand-bag assistance during and after any operation. Ultimately two ventilators are needed per hospital – one operating room ventilator and one post-op ventilator. Without this equipment, the patients can’t receive the precise ventilatory support needed for the best neurosurgical outcome possible. We’re asking individuals, societies, medical equipment companies and manufactures to come together to support this worthy and expanding program in Africa. Contact Joyce Belnap, RRT, directly at: (360)-582-7525 or email belnapjoyce@gmail.com for details on how to help. Both equipment and monetary contributions will be accepted. All money will be used exclusively for obtaining equipment for Tanzania hospitals.

♦ The Problem:  The World Health Organization (http://www.who.int/about/agenda/en/index.html) recommends one neurosurgeon to 100,000 people in order to provide an adequate level of care. In The Republic of Tanzania, Africa, there are three neurosurgeons, all located in Dar es Salaam, the country’s largest city. They serve a population of 38.8 million people, for a ratio of 1:12.9 million. The reality is even worse. Poor roads and lack of money for travel leave 90% percent of Tanzanians without access to basic neurosurgical care. In the absence of this care, thousands of people, often children, die or live with lingering, profound, disability. The tragedy is that these deaths and disabilities are preventable or treatable.

♦ The Old Answer:  Traditional medical missions provide a wonderful humanitarian service. However, when the visiting physicians leave, the country is left in the same situation of anticipation until the next mission arrives. This creates a cycle of dependency.

♦ The PTP Solution:  Physician Training Partnership has created a system of self-perpetuating, independent, neurosurgical care in Tanzania through neurosurgical education and the training of local personnel. The pilot project that started 18 months ago is continued with the aid of start up funds from the Stryker Educational Foundation, laying solid ground work for the project’s future. The PTP solution is a training program that breaks the cycle of dependency and establishes long-term neurosurgical care. PTP expects this example of education to expand beyond neurosurgery to become a model for future healthcare education for all areas that are in need.

The PTP Solution: A Unique Model of Education in the Developing World:

The proposed model of international neurosurgical education is three-tiered.

The First Tier: Over the last 18 months this neurosurgical training program based upon a pedagogy developed by Dr. Dilantha Ellegala at Haydor Hospital in Northern Tanzania, has shown that it is possible to successfully train a Tanzanian Assistant Medical Officer (Physician Assistant equivalent) to perform basic neurosurgical operations at one of the five regional hospitals in Tanzania. This in-country education represents the first tier of training and cooperation.

The Second Tier: A 10-country African regional cooperative body has been organized over the past 10 years. Surgeons, nurses, and other crucial support personnel will travel from countries with more advanced neurosurgical practice to Tanzania to train local personnel. In December 2007 the head of critical care nursing in Nairobi, Kenya, will go to Tanzania to teach more advanced neuro-ICU techniques. An anesthetist from the regional hospital in Tanzania will go to Nairobi for further training in neuroanesthesia. These represent the second tier of education and collaboration.

The Third Tier: Neurosurgeons from America and Europe, sponsored by the Foundation for International Education in Neurosurgery (FIENS), will help teach advanced neurosurgical techniques to the three neurosurgeons at Muhimbili University in Tanzania. Subsequently, some of this training will be transferred to the provincial technicians by the in-country neurosurgeons.
It has been several months since we officially met as a society at the 35th Annual meeting of SNACC in San Francisco. By all accounts the meeting was a huge success largely due to the efforts of Dr. Basil Matta, the 2007 Program Director and Gary Hoormann, the Executive Director of SNACC. The 260 attendees were treated to compelling presentations on themes spanning basic sciences and evidence-based neuroanesthesia and critical care. These topics certainly reflect the diversity and expertise of our membership. Photographs of our annual meeting can be viewed in our website and a report of our annual meeting will be published on the website shortly. Many members have approached us and enthusiastically offered to work more closely with SNACC activities going forward. We need to maintain this momentum in order to strengthen our society.

Given this outpouring of volunteerism, we have created a committee structure that will provide a venue for the talents of our membership. The committees, each with charge and chair, are listed below.

**International Relations**- Martin Smith-chair and Kristin Engelhard co-chair
1) Contact international neuroanesthesia societies
2) Propose joint programs with sister societies
3) Establish an international network for clinical trials

**Scientific**- Pekka Talke
1) 2008 annual meeting abstract grading and presentations
2) Propose clinical studies for research network

**Education**- Alex Bekker chair and Katherine Lauer co-chair
1) Case-studies for website
2) Trainee outline
   a. residents
   b. fellows

If you are interested in serving on any of these committees please send me or Gary Hoorman a note. We are also soliciting ideas and content for our 36th annual SNACC meeting in Orlando, FL. This will be held on October 17, 2008.

Sol Soriano MD
President

**Distinguished Service Award Nominations**

SNACC members are asked to submit nominees for the Society’s Distinguished Service Award which will be presented at the SNACC 2008 Annual Meeting in San Francisco. The award is presented to an individual who has made outstanding contributions to the field of neuroanesthesia and their distinguished service to the Society.

Nominations may be made to the SNACC office between now and August 3, 2008. To make a nomination, please forward the name of the nominee along with a brief summary of the reasons for the nomination. Nominations should be forwarded to g.hoormann@asahq.org.

**SNACC Distinguished Teacher of the Year Award**

SNACC members are asked to submit nominees for the Society Teacher of the Year award which will be presented at the 2008 SNACC annual meeting in San Francisco. Criteria for the award are listed on the SNACC webpage at http://www.snacc.org/about/teacher_of_the_year.html. Selection is by the SNACC Committee on Teaching Excellence. Nominations should be forwarded by August 3, 2008 to g.hoormann@asahq.org.
2007-08 Officers

President
Sulpicio G. Soriano, M.D  sulpicio.soriano@childrens.harvard.edu

President-Elect
Basil Matta, M.B., FRCA  basil@bmatta.demon.co.uk

Vice President for Education & Scientific Affairs
Gregory J. Crosby, M.D.  grosby@zeus.bwh.harvard.edu

Secretary-Treasurer
Monica S. Vavilala, M.D.  vavilala@u.washington.edu

Vice President for Communications SNACC News Editor
W. Andrew Kofke, M.D.  kofkea@uphs.upenn.edu

Immediate Past President
Cor J. Kalkman, M.D., Ph.D.  c.j.kalkman@azu.nl

Board at Large
Alex Bekker MD PhD  alex.bekker@med.nyu.edu
Kristine R. Engelhard, M.D  engelhak@uni-mainz.de
Pekka O. Talke, M.D.  talkep@anesthesia.ucsf.edu
Ansgar Brambrink, M.D.  branbrink@ohsu.edu
Martin Smith, M.D.  Martin.smith@uclh.org

ASA House of Delegates Representatives
Audree A. Bendo, M.D.  audree.bendo@downstate.edu  Jeffrey R. Kirsch MD (Alternate) kirschje@ohsu.edu

Executive Director
Gary Hoormann g.hoormann@asahq.org

For more information check the SNACC Web site at www.snacc.org, or contact the Society’s office:

SOCIETY OF NEUROSURGICAL ANESTHESIA AND CRITICAL CARE
520 N. Northwest Highway  Park Ridge, Illinois 60068-2573
Telephone: (847) 825-5586 Fax: (847) 825-5658   E-mail: snaccmeetings@asahq.org