What’s in a Name?

Pro-Con for the New Name

Society for Neuroscience in Anesthesiology and Critical Care

---Daniel Cole
Past President

The origins of a formal neurosurgical anesthesia society date back to 1973 when the “Neurosurgical Anesthesia Society” was formed. Within the next year, however, the founders changed the name to the “Society of Neurosurgical Anesthesia and Neurological Supportive Care” to more clearly identify the mission of the society. In 1986, with the objective of highlighting the importance of critical care medicine within our society, we again changed the name—this time to our current appellation, the “Society for Neurosurgical Anesthesia and Critical Care.” The precedent has clearly been set for changing our society’s name as the organization evolves.

That being said, change simply for the sake of change is without merit. So when I was asked to lay out the argument for a name change, the first question that came to mind was “Why would we want to change our name?” Simply stated, our name is a core part of our brand, which conveys our purpose as neuroanesthesiologists to current and prospective members and to those with whom we interact. Our name should convey our mission, and, accordingly, we need to carefully consider what our name currently communicates and what it should communicate.

(Cont’d p 3)

---William Lanier
Past President

At the business session of the 2007 Annual Meeting of SNACC, members briefly discussed a possible name change for the Society. I spoke against a name change and still hold this view for the following reasons.

Since its inception, our Society has had 3 names, and these names roughly correspond to three separate stages of brand development. The Society was organized in June 1973 as the Neurosurgical Anesthesia Society (NAS), and this name reflected interests of the 36 anesthesiologists and 4 neurosurgeons who attended the first meeting. According to Maurice Albin, SNACC historian, the Society held its first annual meeting in October 1973 and, at that meeting, “the Neurosurgical Anesthesia Society was changed to the Society of Neurosurgical Anesthesia and Neurological Supportive Care (SNANSC) since it was felt that the new name would be more open, allowing for more disciplines to enter the organization and the name also more clearly defined our group aims” (1). It was under this name, in 1976, that neuroanesthesia was identified as a subspecialty by the American Society of Anesthesiologists (1). (cont’d p 3)
As we enter into the summer (and hopefully holiday) season we should pause and reflect on where we have been in the first half of the year and where are we going. Since we last convened for our annual meeting in San Francisco there have been several developments and member achievements that I would like to share with you.

New SNACC Manager
The ASA subspecialty management group had a major reorganization this year and has assigned Jill Mlodoch as our new manager beginning June 2008 (see her bio on page 9). Since March of this year, Nicole Bradle served as our interim manager and has been instrumental in running our affairs and organizing our 2008 annual meeting in Orlando, Florida. We are indebted to Nicole for her energy and insight that she brought to SNACC and welcome Jill to the SNACC family.

Kudos to JNA
Our Journal of Neurosurgical Anesthesiology (JNA) just received its 2007 Impact Factor — 2.53! Among journals categorized under Anesthesiology by the Institute for Scientific Information (ISI), JNA showed the greatest gain since 2006 and it now ranks 6th out of 22 — continuing a trend that began in 2002 (see ISI graph). In fact, discounting pain journals (because their reader base goes way beyond anesthesiology), only two anesthesiology journals receive more citations than JNA — Anesthesiology and the British Journal of Anaesthesia. Drs. James Cottrell (Editor) and John Hartung (Associate Editor) deserve our gratitude for enhancing the status of JNA and providing a forum for important research emanating from the worldwide neuroanesthesia and critical care community. SNACC and all of JNA’s affiliated international neuroanesthesia societies should continue to support JNA by submitting research reports for publication and by using JNA as a reference for our teaching and publication activities.”

ASNM Honors Tod Sloan
Our past-president, Tod B. Sloan, MD, MBA, PhD, was recently honored by the American Society of Neurophysiological Monitoring (ASNM) with their The Richard Brown Lifetime Achievement Award. Dr. Sloan has published and lectured widely on intraoperative neuromonitoring and is a recognized authority in this field. He will be a participant in our annual SNACC/ASA breakfast panel at this year’s annual ASA meeting in the fall.

Neurocritical Care Fellowship Training
Drs. Ansgar Brambrink, Michael Souter and Andy Kofke (aka The Editor), have been investigating avenues to facilitate accredited fellowship training programs for Neurocritical Care by neuroanesthesiologists. Recently, the United Council of Neurological Specialties (UCNS) as established a certification process for Neurocritical Care. Several of our members met these requirements and received certification for Neurocritical Care. Given the prolonged nature of fulfilling both the traditional American Board of Anesthesiology (ABA) Critical Care and the UCNS Neurocritical Care certifications, our Neurocritical Care Committee will be proposing a hybrid fellowship training guidelines that will satisfy both certifying bodies. Much work needs to be done on this front and the committee will be presenting an update at our next general business meeting this fall in Orlando.

It’s All in Name
This issue of the newsletter contains erudite but opposing commentsaries from two past presidents of SNACC, Drs. Dan Cole and Bill Lanier. Both make logical and persuasive arguments for and against changing the name of our society. This growing debate reflects the changing nature of our specialty and the need to retain the traditions and focus of our mission. At our last Board of Director’s meeting in San Francisco, we were reminded by Nicole Bradle that a name change is not a simple task but requires extensive legal and administrative gymnastics. Therefore, we as a community should look hard at this issue and deliberate amongst ourselves to determine if a name change will be beneficial. I look forward to your opinion on this and hope that we can address this issue in the fall.

No Mickey Mouse Annual Meeting
Dr. Greg Crosby, our Vice-president for Scientific Affairs and Education and Program Director, has assembled a compelling scientific program for our annual meeting in Orlando on October 17, 2008. The details of the program are listed on page 10. The scientific abstract program has received over 120 submissions from our membership. Dr. Pekka Talke and his scientific abstract review committee are busy evaluating and organizing the two poster presentation sessions. We are fortunate to receive unrestricted educational grants from the Integra Foundation to support 10 resident travel awards and the John Michenfelder New Investigator Award. The Medicines Company has also provided unrestricted funding for the Thursday Night Dinner Symposium feature three members of SNACC, Drs. Adrian Gelb, Mary Sturaitis and Michael Souter. We are fortunate to have Nicole Bradle secure meeting space for us at the Rosen Center Hotel.

I hope that you can appreciate the ongoing activities by our members throughout the year. Certainly, much more work needs to be done. As I mentioned in our last newsletter, SNACC has always been and will always be a diverse but inclusive subspecialty society. We need to be involved in some aspect of SNACC and please do not hesitate of call me with any ideas to engage more members. I hope that you will have a wonderful summer season and I look forward to seeing you again in Orlando in the fall.

Sincerely,
Sol Soriano
**YES!**

Unfortunately, our current name is not fully aligned with our stated mission and the strategic plan that we follow in executing our mission. Our mission, as stated in our bylaws, is “to advance the art and science of the care of the neurologically impaired patient.” The operative word here is “advance”—as neuroanesthesiologists and neurointensivists, we do not simply follow the current “cookbook” in caring for our patients. Instead, through research, we continually seek new knowledge to improve upon the care of our patients.

New knowledge is our marker on the map of medicine, and this knowledge enables us to reach new heights in providing quality care for our patients and, consequently, ensures the future of our subspecialty. It is critical that we convey the proper message through our choice of names—a name that clearly conveys that our mission is dependent upon the integration of science and clinical care.

By no means, does the proposed name change suggest that we are diminishing the clinical or education role of our society. Rather, emphasizing the role of science and the obligation that we have to translate the best in neuroscience research, whether it takes place at the bench or at the bedside, strengthens our clinical practices and education endeavors.

We cannot allow the practice of neuroanesthesiology and neurologic critical care to be confined to the limited knowledge we have today. Instead, let’s ensure the future of our subspecialty by redefining the conversation and broadening the scope of what it truly means to be a neuroanesthesiologist/neurointensivist. The right name can be a powerful force in defining our subspecialty within medicine and can be a catalyst for connecting our organization with current and future members. Neuroscience is our marker on the map of medicine! Science belongs in our name.


Daniel Cole MD
Past President-SNACC
Professor of Anesthesiology
College of Medicine, Mayo Clinic
Chair, Department of Anesthesiology
Mayo Clinic Arizona

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**NO!**

During the early years of our neuroanesthesia society, it had close, formal relationships with the neurosurgical community, and for an interval of 11 years (1981-1992), the presidency of our organization rotated annually between anesthesiologists and neurosurgeons. This two-specialty pattern of leadership proved inadequate for improving diversity in the Society and instead merely prolonged by a factor of 2 the years that anesthesiologists needed to spend on the board before they ascended to the presidency. The Society’s inclusive tendencies experienced a decisive chill the year that a world-renowned neurosurgeon forgot that he was president of the society and did not show up to preside over the annual meeting. This timing roughly coincided with efforts to invoke another name change, this time to Society of Neurosurgical Anesthesia and Critical Care (SNACC). Not long after this last name change, the Society removed the requirement that clinical practice specialty should have a bearing on who would and would not ascend to the presidency.

In my opinion, this third stage has been the most prosperous phase of our Society, and it celebrates the fact that anesthesiologists, intensivists, and neuroanesthesia researchers (the majority of them affiliated with departments of anesthesiology) form the backbone of the organization. The new name and role in no way precludes others with an interest in the aforementioned topics from joining our ranks; it simply proclaims where the historic and current strength of the Society resides.
If increased inclusivity in the Society is our desire, our history has shown that a name change alone (e.g., SNANSC) will not ensure it. In contrast, a new name change has the possibility of destroying the brand recognition and goodwill our Society now enjoys. Here, we must look to the corporate world for guidance. Coca Cola Company, which began as a manufacturer of carbonated beverages, is now far more diverse in its mission and product lineup, yet the company has retained the name. (Perhaps the 1985 fiasco with changing the label of its leading product to “New Coke” taught the company a lesson about name changes.) And elsewhere, the name of a textile manufacturer, Berkshire Hathaway, was retained after it morphed into one of the world’s largest stock holding companies. But the prize for seeing the virtue in retaining a beloved name must go to Zebco fishing reels. Zebco stands for Zero Hour Bomb Company (yes, the explosive kind of bomb) to honor the Tulsa, Oklahoma, tool and die facilities where the first Zebco reels were manufactured. With these examples, the proprietors—who have far more resources than SNACC for exploring the implications of brand name—saw the wisdom in retaining a beloved brand name, even as they dramatically changed their mission. Such analysis was also used to retain the name of the journal Mayo Clinic Proceedings for which I have served as editor-in-chief since January 1999. During my tenure, the Proceedings has transformed from a provincial, in-house journal (1926-1998) to a journal in which two-thirds of current manuscript submissions come from authors with no present or past professional ties to Mayo Clinic. Yet, the journal’s leadership felt it was foolish to abandon such a well-recognized and venerated brand name simply to accommodate a shift in mission.

One could argue that the best reason for changing a name is to run from a reputation one dislikes. Here, the poster child is Altria. Their former name was Phillip Morris, the country’s largest tobacco company (or did you forget?).

Having been a member of SNANSC and SNACC for almost a quarter of a century, and president of the Society from 1993-1994, I can attest that the Society has never been healthier or functioned more as a meritocracy than it does now. In the face of an expanding number of societies trying to pry our membership away, we remain fairly stable in our numbers. If we desire to revivify the Society and prepare it for the future, I argue that we do this through our membership committee, program committee, and outreach to professionals not already in our society, and elsewhere. And most importantly, if SNACC is to have a bright future, we must offer leadership for the development of properly structured training fellowships and the recruitment of high-quality applicants to those fellowships. Hopefully, these same individuals will find our SNACC activities appealing and will want to join our ranks to enrich their life’s work. But we don’t need a name change to accomplish these goals.


William L. Lanier, M.D.
Past President-SNACC
Professor of Anesthesiology
Mayo Clinic
Rochester, MN

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**SNACC NAME CHANGE SURVEY RESULTS**

<table>
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<tr>
<th>1. Should the Society change its name from the Society of Neurosurgical Anesthesia and Critical Care to the Society of Neuroscience in Anesthesia and Critical Care.</th>
<th>Response Percent</th>
<th>Response Count</th>
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<td>No</td>
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<td>65</td>
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36th Annual SNACC Meeting 2008

Orlando, Florida
6:00 – 9:00 p.m., Thursday, October 16, 2008

BE THERE!

Dinner Symposium
Antihypertensive Management

Moderator
Monica S. Vavilala, MD
University of Washington

Aneurysmal Rupture
Michael Souter, MD
University of Washington

Carotid Endarterectomy
Adrian Gelb, MD
UCSF

Emergence from General Anesthesia
Mary Sturaitis, MD
Rush University

The Medicines Company provided an educational grant in support of the 2008 SNACC Annual Meeting Dinner Symposium
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

Annual Italian Neuroanesthesia Meeting 2009
✓ The 2009 Meeting will take place on May 20 – 23 at the splendid Certosi di Pontignano, property of the University of Siena (www.unisi.it/servizi/certosa). The panel will feature topics and speakers with strong multidisciplinary backgrounds. Therefore, you are all very welcome!

Bi Annual Autumn German Neuroanesthesia Meeting 2008
✓ The next meeting will take place in Günzburg (29th of November 2008) and the program of this future meeting is on the web-page of the German Neuroanesthesia Society (http://www.neuroanaesthesie-online.de/index1.html).

Annual Meeting of the Neuroanaesthesia Society of Great Britain and Ireland
✓ This year’s meeting was held May 8-9 2008
✓ Next year’s meeting is to be announced. Keep an eye on their web page for more information. http://www.nasgbi.org.uk

BiAnnual German NeuroAnesthesia Meeting 2008

The biannual spring meeting of the German Neuroanesthesia Society (WAKNA) was held in Nürnberg April the 28th during the annual meeting of the German Society of Anesthesiologists (DAC). At first Dr. Schaffranietz, Leipzig, summarized the 2007 revised “Guidelines for the management of severe traumatic brain injury”. Then a recent observational study on PONV and pain in patients after craniectomy was presented by Dr. Kristin Engelhard, Mainz. After that talk Dr. Söhle, Bonn, gave a survey of the most important publications in neuroanesthesia 2007, which can now be downloaded at the homepage of the WAKNA (http://www.neuroanaesthesie-online.de/index1.html). At the end of the meeting Dr. Repkewitz, Günzburg, shared his clinical experience of anesthetizing patients scheduled for neuroradiologic interventions.
The 8th Annual Neuro Meeting concluded on Saturday, May 10th, 2008.

Once again with great pleasure, we were able to register the outstanding presence of more than 500 participants throughout the five-day Meeting. All 50 Italian and foreign speakers, who presented the Sessions received great attention and feedback. Similar interest characterized the crowds seen at the 4 Theory and Practice Courses.

During the meeting 7 corporate and Multi-corporate groups worked together, laying out the foundations for a fruitful collaboration on sensitive themes from the viewpoint of the multidisciplinary spirit so dear to us.

The Second Edition of the Neuroscience award 2008 sponsored by the DANTE Association was well received by the public and the Young Specialists presented 7 original scientific cases of great interest to all.

Every moment of the meeting stirred up numerous ideas and suggestions for our future work.

The meeting was inaugurated with a full day for Neurological and Neurosurgical Nurses: the main topic of this session was dedicated to the Neurocritical Care Staffs regarding the “organization models and full autonomy”.

A session on some controversies in pediatrics was given by Prof. Vedran Deletis of New York on the progress and innovation in Neuromonitoring during surgery. The second day therefore concluded with a complete review on Total Intravenous Anesthesia (TIVA) in neurosurgery.

The third day featured various speeches and debates by the Speakers on two important arguments: the clinical course of a patient with brain damage, prior to emergency room treatment up to Neurorehabilitation and the exhaustive review of problems correlated with Neuro Critical Care: monitoring nutrition, interdisciplinary management of infections, managerial strategies for patients with brain damage and a national update on terminal care.

The fourth day was enriched with the lectures given by the following guest speakers: Professor S. Soriano from Boston, B. Pirotte from Bruxelles, Belgium, P.G.H Metnit from Vienna, Austria, P. Endrews from Edinburgh, UK, H. Hernesniemi from Helsinki, Finland, J.Coles from Cambridge, UK, P. Vajkockczy from Berlin, Germany, all of whom along with the Italian Professors had given in depth discussions about the studies and management of CBF (cerebral blood flow) in numerous cerebral pathologies, mediated by Neurology, Neuroradiology, Neurosurgery and Neuroanesthesiology.

The following morning the session dedicated to the update on Risk Management concluded the forum.

We would like to thank our Co-workers from the Neuroanesthesiology Study Group and Neuro Critical Care (SIAARTI) that sponsored the Meeting and the renowned Italian and foreign colleagues who honored this event with their participation and their interesting lectures.
Annual Meeting of the German Neuroanesthesia Society

20.11.2008, Günzburg Germany

**Topic: Mission Impossible? Optimizing Patient Safety in Neuroanesthesia**

Lectures from 09:00 a.m. to 05:00 p.m.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>Lessons from aviation: Possibilities and strategies for risk-reduction and avoidance of errors</td>
<td>D. Cardozo, Bremen</td>
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<tr>
<td>Possible complications during subtentorial operations</td>
<td>G. Schneider, München</td>
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<tr>
<td>Errors and mischief during the treatment of traumatic spinal cord injuries</td>
<td>M. Büttner, Murnau</td>
</tr>
<tr>
<td>Awake intubation in patients with instable spine</td>
<td>M. Malcharek, Leipzig</td>
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<tr>
<td>Can the security be improved by extended monitoring?</td>
<td>U. Linstedt, Flensburg</td>
</tr>
<tr>
<td>Reduction in risk and improvement of results after neurosurgical operations by introduction of a “brain suite”?</td>
<td>R. Wirtz, Heidelberg</td>
</tr>
<tr>
<td>Pitfalls during anesthesia in a “brain suite”</td>
<td>H. von Gösseln, Hannover</td>
</tr>
</tbody>
</table>

**Cerebral Autoregulation in Action**
The Annual Scientific Meeting of the Neuroanaesthesia Society of Great Britain and Ireland was held in Birmingham on 8-9 May 2008 and attended by almost 200 members. The meeting incorporated a half day update on head injury management and sessions on fluid management, electrolyte disorders and ventilatory problems in the neurointensive care, neuroanaesthesia in the UK military and neuroscience related pain management issues. There were also 44 abstracts presented in poster and verbal format and the Harvey Granat prize, for the best trainee presentation, was awarded to Dr Catherine Sinclair. The meeting was organised by Dr Nigel Huggins and colleagues from the department of neuroanaesthesia at the Queen Elizabeth Hospital, Birmingham. The 2009 Annual meeting will be held in Liverpool on 7 – 8 May 2009. Further information will shortly be available at www.nasgbi.org.uk.

Submitted by Martin Smith

Welcome Jill Mlodoch, SNACC Manager

Jill Mlodoch, of the American Society of Anesthesiologists, has just been named new Society Manager of SNACC, effective immediately. Jill has over 15 years of experience working in the association arena. Jill was Project Specialist in the health policy and practice management department for the American Academy of Dermatology for 10 years. Jill has a bachelor’s degree in Business Management from Roosevelt University in Chicago and is currently working on a master’s in Management at Lewis University. Jill is looking forward to working with SNACC to help them achieve their goals.
SNACC - 36th Annual Meeting Program

Friday, October 17, 2008

7:00 - 7:45   Breakfast & Registration

7:55 - 8:00   Welcome Address: Sulpicio Soriano, MD

8:00 – 9:00   Basic Science Keynote Lecture
Multimodal Imaging of General Anesthesia-Induced Loss of Consciousness
Emery N. Brown, MD, PhD

9:30 – 11:15  Poster Session

11:15 – 12:30 Minisymposium 1 – The Aging Brain:
Moderator – Deborah J. Culley, MD
The Good, Bad, & Ugly of Brain Aging
Speaker TBA
Vulnerability & Response of the Old Brain to Injury
Donald S. Prough, MD

12:30 – 2:00  Business Lunch & Award Presentations

2:00 – 3:00   Minisymposium 2 – The Editors Editorialize:
Moderator - Michael M. Todd, MD
Anesthesia and Analgesia: Adrian W. Gelb,
MB, ChB, FRCPC
Journal of Neurosurgical Anesthesia: John D. Hartung,
PhD
Anesthesiology: David S. Warner, MD

3:00 – 3:20  2008 John Michenfelder New Investigator Award Presentation: Ansgar Brambrink, MD

3:30 – 5:00  Poster Session II

5:00 – 6:00  Clinical Forum – Controversies in Neuroanesthesia
Does ICP Monitoring and Management Influence Outcome?
Moderator – Christian P. Werner, MD
Arthur M. Lam, MD (Pro)
Martin Smith MBBS, FRCA (Con)
Intraoperative Neuromonitoring: A window into the CNS

Moderator Marc Bloom MD PhD

Optimizing Conditions for Intraoperative Evoked Potential Monitoring
Tod Sloan, M.D., Ph.D., M.B.A
University of Colorado

Brain Oxygenation Monitoring
George M. Hoffman, M.D.
Medical College of Wisconsin

Brain Function Monitoring
Marc Bloom MD PhD
New York University

John Michenfelder Young Investigator Award

The Society of Neurosurgical Anesthesiology and Critical Care, in its efforts to encourage anesthesiology residents, fellows, and junior faculty to become more involved in the Society, is excited to offer the John D. Michenfelder New Investigator Award. The award is presented annually to the resident, fellow or starting junior faculty whose research exemplifies the Society’s mission of improving the art and science of neurosurgical anesthesia, and the care of the critically ill, neurologically impaired patient. Eligibility: Member of SNACC and Resident, Fellow, or Junior faculty at the time of the award and within three years of the end of training. Selection Process: Recipient of award is chosen by the SNACC Committee on New Investigator Award based on the submission of a full length manuscript reporting the research. To be considered, the applicant will need to submit an online abstract, 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. New Investigator Manuscript Deadline is: July 11, 2008

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 are interspersed throughout the case. 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 is 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). Dr Michele Lotto from the Cleveland Clinics has presented the first case: Awake Craniotomy for Seizure Focus Resection. Although this case generated an interesting discussion, we had only three participants. Drs T Montemurno and G Simon from the NYU Medical Center are currently co-moderating a case: 50-Year-Old Male Scheduled for Video-Assisted Thoracoscopic Discectomy and Spinal Fusion. Moderators will discuss a rather unusual intraoperative complication which has occurred during the case. 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
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.

SNACC MEMBERSHIP COUNTS

YEAR ENDING DECEMBER 2007
SNACC Active 315
SNACC Emeritus 7
SNACC International 103
SNACC Medical Student 1
SNACC Resident 38

464

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 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.

Contact Basil Matta for more information or to suggest a nominee. basil@bmatta.demon.co.uk
SNACC Travel Awards

Encourage your residents to submit abstracts. If judged to be high quality, they can be awarded travel grants sponsored by Integra Foundation.

IARS SNACC Panel- Anesthesia-Induced Neurotoxicity
March 30, 2008

A panel on this topic was held at the IARS meeting. The following presentations were made:

Anesthesia-Induced Neurotoxicity--- Cor J. Kalkman

Laboratory and Regulatory Perspectives From The FDA--- William Slikker

Implications for Pediatric Anesthesia --- Sulpicio G. Soriano

Implications for Geriatric Anesthesia --- Gregory Crosby
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. The abstracts should be submitted electronically through the SNACC website, and follow the format outlined in the instructions. 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 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 submit 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.

SNACC Call for Abstracts 36th Annual Meeting, Orlando FL
October 17, 2008

Online abstract submission available: April 7, 2008

Please contact the SNACC office at (847) 825-5586 or snacc@asahq.org should you have any questions regarding the above information. We look forward to receiving your submission.
Announcing….

Distinguished Teacher of the Year Award!

To Be Presented at the

SNACC 36th Annual Meeting

Friday, October 17, 2008
Orlando, Florida

CALL FOR NOMINATIONS

Deadline for Nominations: August 1, 2008

Mission: To improve perioperative and intensive care of patients, who are neurologically impaired or at risk of developing neurological complications, through advances in medicine and research.

Eligibility:

- Member of SNACC
- Supporting letter of nomination from Department Chairman and a seconding nomination from any other healthcare professional who has benefited from the teaching skills of the nominated member
- Teaching portfolio submitted to SNACC Selection committee by August 1 deadline (see nomination information listed on the Web site.)
- Statement of teaching background

- Description of any formal teaching credentials
- List of accepted and submitted review articles and book chapters relevant to neuroscience, neurosurgical anesthesiology or neuro-critical care
- Evaluations of teaching skills (e.g. evaluations by students)
- Representative course syllabi
- Appearance at meeting to receive award

Award:

Recipients of the SNACC Distinguished Teacher Award will receive a plaque in honor of this prestigious occasion, a coupon for discounted Society membership for the next year, an opportunity to lecture either at the SNACC 2009 Annual Meeting or at the SNACC Breakfast Panel presented at the ASA 2009 Annual Meeting, recognition on the SNACC Web site and recognition in the SNACC 36th Annual Meeting report published in the Journal of Neurological Anesthesiology.

Please submit your nominations and electronic supporting documentation to:

Karen B. Domino M.D., M.P.H.
Department of Anesthesia
University of Washington
1959 N.E. Pacific Street Box 356540,
Seattle, WA 98195
206-616-2627 Fax: 206-543-2958
Email: kdomino@u.washington.edu
SNACC COMMITTEES
How to do work for the society!

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. Reports of those presented at the spring board of directors meeting follow 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 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  Sulpicio.Soriano@childrens.harvard.edu
President

SNACC sub-committee Reports

International Affairs Committee - Martin Smith-chair and Kristin Engelhart co-chair

Objectives:
1. to create an international research study group that can coordinate multicenter clinical studies,
2. plan joint meetings with sister Societies and, 3. offer travel grants to trainees in neuroanesthesia and critical care to attend the annual SNACC meeting.

Progress Summary
- email contact has been made with key individuals in several countries, asking for support in principle for this initiative from their national neuroanesthesia/neurocritical care Societies.
- collaboration of responses on how the International Affairs Committee might best deliver its aims

Goals for the Upcoming Years
- identify contacts in relevant countries thus far not covered
- formalize the short and medium term goals of the International Affairs Committee

- develop a database of international Societies of neuroanesthesia and neurocritical Care
- Following feedback from international colleagues, consider the development of a database of international neuroanesthesia/neurocritical care Societies that includes contact details of key personnel. This database could be made available to SNACC members via the SNACC website and to members of other national Societies via local websites.
- Develop a database of international Fellowship programmes in neuroanesthesia and neurocritical care, including details of the opportunities available in the respective units.
- Develop a database of international research opportunities in neuroanesthesia, neurocritical care and basic neuroscience as it applies to these clinical disciplines.
- discuss the opportunities for joint meetings and their location.
**Scientific Affairs Commitee - Pekka Talke**

**Objectives:**
- Coordinate the scientific abstract process for the SNACC Annual Meeting
- Grade submitted scientific abstracts
- Determine which abstracts will be accepted for the SNACC Annual Meeting
- Determine which abstracts will be awarded the Resident Travel Award
- Group the abstracts by category for the SNACC Annual meeting
- Organize moderators for the SNACC Annual Meeting scientific session
- Promote submission of abstracts for future meetings
- Assign new members to the committee (2 yr terms)

**Progress Summary**
- Abstracts were graded for 2007 SNACC Annual Meeting
- 106 Abstracts were accepted for the 2007 SNACC Annual Meeting
- 10 Resident Travel Awards were proposed
- Moderators for the 2007 SNACC Annual Meeting scientific session were assigned
- Thank you letters were sent to moderators and to persons submitting abstracts
- Promotional material was written for the SNACC newsletter

**Goals for the Upcoming Year**
- Coordinate scientific abstract process for the 2008 SNACC Annual Meeting with Gary (timelines, advertisements, website)
- Grade abstracts for the 2008 SNACC Annual Meeting
- Determine which abstracts will be accepted for the 2008 SNACC Annual Meeting
- Determine which abstracts will receive the Resident Travel Award for the 2008 SNACC Annual Meeting
- Group the accepted abstracts for presentation
- Recruit and assign moderators for the 2008 SNACC Annual Meeting scientific session
- Determine how many abstracts can be accepted for the 2008 SNACC Annual Meeting. Last year this was limited by available space. This issue should be addressed by the Board as early as possible.
- Discuss availability of monies for the Resident Travel Award. The availability of funds should be determined prior to writing Call for Abstracts advertisements.
- Discuss feasibility of potential collaborative research studies by SNACC members. This committee was assigned a task to suggest scientific projects for SNACC. However, it is not clear what the mechanism for implementation for these projects could be.

**Education- Alex Bekker chair and Katherine Lauer co-chair**

**Objectives:**
- Develop interactive, web-based clinical case presentations
- Develop and maintain an ACGME curriculum for neuroanesthesia rotations
- Develop formal metrics which would evaluate the competency of residents in managing patients undergoing neurosurgical procedures
- Maintain a list of neuroanesthesia fellowship programs
- Develop a library of typical neuroanesthesia cases and the suggested management guidelines

**Progress Summary**
- A Web-based, problem-based learning discussion (wbPBLD) was launched in January, 2008
- The Educational Sub-Committee is identifying volunteers for the development of a curriculum for the neuroanesthesia rotation
- We are compiling a list of neuroanesthesia fellowship programs

**Goals for the Upcoming Years**
- Post additional wbPBLD on the SNACC blog site
- Encourage practicing neuroanesthesiologists to submit cases for discussion
- Advertise the wbPBLD via e-news and SNACC newsletters
- Identify volunteers for the curriculum development task
- Complete the preliminary neuroanesthesia curriculum for CA2 and CA3 neuroanesthesia rotations by October 2008
- Expand the list of neuroanesthesia fellowship programs
- The development of an ACMGE curriculum for residents/fellows is an essential step in the formalization of the educational objectives of the neuroanesthesia rotations/fellowship. After the identification of volunteers for this task, the committee will review curriculums submitted from several leading institutions and propose a unified set of necessary competences at each of the various levels of training. The proposal would be submitted to the board in October 2008.
Objectives:

• Promote and advance an active role of anesthesiologists in clinical practice and research of neurocritical care
• Represent SNACC at the United Council of Neurologic Subspecialties (UCNS)
• Represent SNACC at the Neurocritical Care Society (NCS)
• Promote Neurocritical Care Fellowship (NCF) opportunities to anesthesia graduates

Progress Summary

• The UCNS administration was contacted in Jan 2008; the structure of and the decision making mechanics of UCNS were inquired; the roles of SNACC & its representatives were identified (see brief outline below)
• Members of the SNACC Critical Care Subcommittee (S-CCS) are
  o currently compiling lists of neurocritical critical care fellowship programs in the US, Canada & UK,
  o identifying the contribution of anesthesiologists to these programs, and
  o creating a list of all neuroanesthesia fellowships (start: US, Canada).
• An email-discussion was launched among S-CCS members and SNACC officers to determine the need for SNACC’s accreditation at UCNS as one of the Neuroscience Subspecialties. It was suggested to decide about such a move at the next SNACC BOD meeting in March. The yearly UCNS-fee for each accredited organization would be $2500.
• Another email-exchange discussed the concept of a combined anesthesiology-CCM (ACGME accredited) + NCC fellowship (UCNS accredited); after careful review of both, the ACGME and the UCNS curricula this appears as a valid option pending an UCNS accreditation (2-year fellowship; at least 12 months of full-time ICU; 6 months of which must be NCC; respective graduates would also be eligible to sit for the NCNS NCC exam); the S-CCS suggested a continued discussion & decision at the next SNACC BOD meeting.
• In addition, a letter to UCNS has been drafted for discussion/decision at the next BOD meeting. It proposes to UCNS that individuals who completed such a 2-year combined fellowship program should be accepted as eligible for the UCNS NCC exam and certification; the S-CCS believes that this item can serve as a good example for the benefits of the proposed UCNS-accreditation of SNACC.
• An online module for online posting of Neuroanesthesia Fellowships was established in February.

Goals for the Upcoming Year

UCNS:

• Continue active relation with UCNS representatives
• Promote SNACC’s role as a subspecialty at UCNS
• Follow UCNS decisions regarding accreditation of fellowship programs & certification of individuals (exam)
• Promote the recognition of a combined anesthesiology-CCM (ACGME accredited) + NCC-fellowship (UCNS accredited) to allow graduates to sit for the UCNS NCC exam

NCS:

• Establish a SNACC member on the BOD of NCS; SNACC contribution to NCS meetings

NC-Fellowship:

• Develop & maintain list of NCF programs (Start: US, Canada; Western Europe)
• Establish & maintain library of curricula from NCF programs;
• Provide an online platform to post NCF positions available
• Advertise NCC fellowship opportunities to residency program directors in anesthesiology

• UCNS: It is believed that active representation of SNACC at the UCNS as outlined above will support SNACC’s role in promoting the active involvement of anesthesiologists in NCC; a combined fellowship as described above would support individual anesthesiologists in their desire to become recognized neurointensivists (at any %-FTE level); NCC is now more frequently practiced in a multidisciplinary approach (neurosurgical, interventional neuroradiology and general neurology patients in one physical unit; followed 24/7 by a Neurocritical Care-Team); the involvement anesthesiologists in these teams improves both patient care and teaching. NCS: Similar benefits will result form a more active involvement of SNACC members in the NCS. NC fellowship registry: The development, maintenance and advertisement (potentially online) of information about (1) existing NCC fellowship programs, (2) their respective curricula, and (3) open positions will create a useful tool for the neuroanesthesia community; it will provide easier access for potentially interested anesthesia graduates with interest in the neuroscience; it will advance the representation of anesthesiologists in NCC; it will help the exchange between these programs in regard to clinical practice, teaching and scholarship activities; it will provide SNACC with a leadership position in regard to this process 2008 at http://www.snacc.org/fellowships.php. Program chairs of all US based Anesthesiology Departments were contacted by mail with the request to enter respective information. So far, one institution is now listed on the respective SNACC web site (Northwestern Memorial Hospital, Chicago, Illinois 60611).
Annual Meeting Satellite Programs-Monica Vavilala

- Thursday Dinner symposium
- ASA-SNACC Breakfast panel
- (Solicit topics, speakers and moderators)

Journal committee- Cor Kalkman and Sol Soriano

Neuroanesthesia fellowship- Ansgar Brambrink and Sol Soriano

- Survey US training programs offering neuro fellowships
- Propose training guidelines

Neuromonitoring Committee: Marc Bloom chair and Tony Koht co-chair

- Establish educational programs for neuromonitoring (website and meeting)
- Propose clinical studies for research network

Communications - Andy Kofke

Objectives: support web page and newsletter

Progress Summary
- Web Page
  o PBL blog started by Alex Bekker

SNACC NEWSLETTER

Annual cycle

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Goals for the Upcoming Years

- Web Page
  o Add Drummond teacher of the year announcement
  o Fellowships need work
  o More educational material needed….work w educ comm
  o Discuss with board what should be on it
  o Add more relevant links

- Newsletter
  o Work on spring newsletter
  o Committee reports
  o Pro con for name change
  o Pro con for fellowship accreditation

Italic-one time piece
NEURO TRACK AT ASA 2008
Organized by Dan Cole

Breakfast Panel

Neuromonitoring: A Window Into the Central Nervous System
Marc J. Bloom
George M. Hoffman
Tod B. Sloan

Clinical Forum

Clinical Forum in Neuroanesthesia
Alex Y. Bekker
John C. Drummond
Adrian W. Gelb
Martin Smith

Luncheon Panel

Controversies in Neuroanesthesia
Alex Y. Bekker
Lauren C. Berkow
William L. Lanier
Jeffrey J. Pasternak

Panels

Depth of Anesthesia: Awareness and Beyond
Michael S. Avidan
Steven J. Barker
Daniel J. Cole
Karen B. Domino
Terri G. Monk
Paul S. Myles

General Anesthetic Neurotoxicity: A problem for patients young and old?
Roderic Eckenhoff
Vesna Jevtovic-Todorovic
Piyush Patel
Sulpicio Soriano

Learning and Memory During Anesthesia
Karen Domino
George Mashour
Beverly Orser
James Sonner
Robert Veselis

The Aging Brain: Why Is It So Vulnerable in the OR & ICU?
Gregory J. Crosby
Mervyn Maze
Mark F. Newman
Avery Tung

Refresher Course Lectures/Sessions

1. Anesthesia for Spine Surgery
   Spine Surgery Management Update – Susan Black
   Avoiding Visual Complications – Steven Roth
   Spinal Cord monitoring – Marc J. Bloom

2. Fragile Brains – The Young and Old
   – James E. Cottrell


4. Update on CNS Injury
   Adult Head Injury Management: Are the Guidelines improving Outcome? – Audree A. Bendo
   Fluids and Metabolic Management – Donald S. Prough
   Pediatric Head Injury – Sulpicio G. Soriano

5. Anesthesia for Functional Neurosurgery – Barbara M. Van de Wiele
6. Misunderstandings in Neuroanesthesia: How may I hurt thee, let me count the ways – John C. Drummond


9. Update on Anesthetic Techniques for Neuroanesthesia—TIVA versus Volatile Anesthetics – Adrian W. Gelb and David S. Warner

10. Anesthetic Management of the Patient With Carotid Artery Disease – Daniel J. Cole

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 Orlando. 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 by 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 Nicole Bradle at n.bradle@asahq.org.

Tidbits from the bylaws

8.50 Officers Responsibilities
8.501 President
The President shall be the chief executive and operating officer of the Society; shall preside at all meetings of the Executive Committee and Board of Directors; shall have general and active management of the affairs and operations of the Society; and shall see that all orders and resolutions of the Executive Committee or Board are carried into effect, subject, however, to the right of the Executive Committee or Board to delegate any specific powers, except such as may be by statute exclusively conferred on the President, to any other officer or officers of the Society. The President shall execute bonds, mortgages and other documents requiring a seal, under the seal of the Society. The President shall be ex-officio a member of all committees and shall have the general powers and duties of supervision and management usually vested in the office of President.

8.502 President-Elect
In the absence of the President or in the event of the President's inability or refusal to act, the President-Elect shall perform the duties of the President and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The President-Elect shall perform such other duties and have such other powers as the Board of Directors may from time to time prescribe.

8.503 Vice-President for Education and Scientific Affairs
In the absence of the President and President-Elect or in the event of the President's and President-Elect's inability or refusal to act, the Vice President for Education and Scientific Affairs shall perform the duties of the President and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice-President for Education and Scientific Affairs shall perform such other duties and have such other powers as the Board of Directors may from time to time prescribe.

8.504 Secretary
The Secretary shall attend all sessions of the Executive Committee and Board and act as clerk thereof, and record all the votes of the Society and the minutes of all its transactions in a book to be kept for that purpose; and shall perform like duties for all committees of the Board of Directors when required. The Secretary shall give, or cause to be given, notice of all meetings of the Executive Committee or Board of Directors, and shall perform such other duties as may be prescribed by the Board of Directors or President, under whose supervision the Secretary shall be. The Secretary shall keep in safe custody the corporate seal of the Society, and, when authorized by the Board, affix the same to any instrument requiring it.

8.505 Treasurer
The Treasurer shall have custody of the corporate funds and securities and shall keep full and accurate accounts of receipts and disbursements in books belonging to the Society, and shall keep the moneys of the Society in a separate account to the credit of the Society. The Treasurer shall disburse the funds of the Society as may be ordered by the Executive Committee or Board, taking proper vouchers for such disbursements, and shall render to the President and directors, at the regular meetings of the Executive Committee or Board, or whenever they may require it, an account of all transactions as Treasurer and of the financial condition of the Society.

8.506 Vice-President for Communications
The Vice-President for Communications will serve a two (2) year term. Directors at large of the Board of Directors will serve staggered 3 year terms. Individuals serving as Vice-President for Communications or directors at large may serve only two (2) successive full terms in these positions.

8.60 Nominations
The Society’s officers and directors shall be nominated by the Nominating Committee, ratified or rejected by the Board of Directors,
and the names given to the Board of Directors in sufficient time to announce and publish its nominees in a newsletter or equivalent communication at least 6 months prior to the election. Additional nominations for officers may be made by the membership by petitions duly filed with the Secretary 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. No additional nominations shall be made in any other manner than as herein described. The list of officer candidates nominated by the Board and by the membership shall be presented to the members at the start of the annual membership meeting.