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Dear Members:

Yes, 2012 marks the SNACC’s 40th birthday! We plan to celebrate this milestone with an exciting and diverse program for our 2012 Annual Meeting, as well as with some special events. On behalf of SNACC’s Officers and Board of Directors, I invite you to join us at the 40th Annual Meeting in Washington, DC on Oct 11-12, 2012; we urge you to save this date now!

The meeting activities will start on Thursday afternoon with new as well as established workshops on ‘Transcranial Doppler Monitoring’, spearheaded by Dr. Deepak Sharma (University of Washington), ‘Neuromonitoring’, presided by Dr. Antoun Koht and Dr. Tod Sloan (Northwestern University) and on ‘How-to-Write-A-Paper,’ led by Dr. Deborah Culley (Harvard Medical School). For the first time we also will offer Problem Based Learning Discussions on three highly relevant topics, ‘Management of ICP in the context of ARDS in a pediatric patient,’ ‘Reversal of anticoagulation in patients presenting with acute subdural hematoma’ and ‘Brain Code.’

SNACC’s traditional Thursday Evening Dinner Symposium, organized this year by Dr. Deborah Culley (Harvard Medical School) will be dedicated to the 40th Anniversary celebration. Two speakers from very different backgrounds will review the past 40 years, and lay out the potential for a bright future of our organization. A special session to ‘Honor the Past Presidents of the Society’ will follow and we hope that you will join us for the party during the remainder of the evening.

On Friday morning the 40th Anniversary Annual Meeting will continue with an outstanding scientific program that has been organized with the leadership of Dr. Kristin Engelhard (Johannes Gutenberg-University, Mainz, Germany), Vice President for Education and Scientific Affairs. A series of cutting-edge presentations will address key issues in neuroanesthesia and neurocritical care, including Clinical Outcomes, Brain-heart-lung Cross-talk, the Common Data Element Program and Quality and Safety. For the first time, special guests of SNACC will reflect on their personal experience with neuroanesthesia and neurocritical care from the patient perspective. Two 90- minute poster sessions, respected for their quality and depth in previous years, will bring together more than 100 researchers from all over the world to present and discuss their most recent original work that is focused on the neurosciences in anesthesia and critical care.

As every year, Friday will also feature the SNACC Annual Business Luncheon and Award Presentations, and the day will provide ample opportunities to visit with exhibitors, network with colleagues and discuss new ideas. Our exciting Annual Meeting will conclude with the traditional Wine and Cheese Reception in the early evening were everyone will mingle and celebrate our success over the last 40 years.

Our last Annual Meeting in Chicago was rated highly and we will work hard to exceed this success during the upcoming meeting. Please consider joining us for our celebrations and use this exciting opportunity to engage in academic pursuits while also having fun and meeting old friends and making new ones.

For more detailed information about SNACC’s 40th Anniversary Annual Meeting and our organization and its activities, please refer to the constantly updated SNACC website at www.SNACC.org.

In its 40th year, SNACC is an exciting, active organization which is committed to ensuring a vibrant future in these challenging times. Consider joining us in our mission as we move into our new decade. Your first step could be to arrange your travel now and join us at our 40th Anniversary Annual Meeting in October. I look forward seeing you in Washington, DC.
Editor’s Corner

Reza Gorji, MD
Editor

I am your new editor for the SNACC newsletter. I am excited to be involved in this new endeavor. I am assisted by my colleague Fenghua Li, MD. It brings with it many new challenges as well as rewards.

My primary goal for the upcoming issues is to make them more educational and member oriented. In the coming weeks, I will reach out to you for ideas and input. You will not see much change in this issue of the newsletter, as its main focus is our upcoming meeting and SNACC’s 40th Anniversary. Please plan to attend the meeting. It promises to be very exciting and educational!

I plan to reach out to our residents and fellows in addition to well established figures in academia to improve our newsletter and make it more interesting.

Like many of you, I practice neuroanesthesia for a living. I work at the Upstate Medical University in Syracuse where I am in charge of neuroanesthesia services. Between cases, I check my email (reza@gorji.com), so drop me a note if you have any bright ideas. To reach more members, consider SNACC’s facebook page (http://www.facebook.com/groups/snacc.org/). I read all of my emails, however not all require a response.

I would like to thank SNACC’s leadership for allowing me to serve in this position. I look forward to hearing from you.

Reza Gorji, MD

Announcing the New SNACC 40th Anniversary Celebration Web Page!

This year is the 40th Anniversary of the inception of SNACC. The society has faced challenges over the years, but has adhered to its mission and is now ready for its celebration of forty years...our ruby anniversary.

As part of our preparations for this celebration, we have created a 40th anniversary web page. It is full of history about SNACC and celebrates where we are, where we have been and where we are going in the future.

You can be a part of this page and help us add to the rich history of SNACC by contributing your own story about how you became interested in neuroanesthesia and became a SNACC member! Be sure to visit our new 40th Anniversary web page to contribute your story and to read what others have contributed!

CLICK HERE

TO VIEW OUR NEW WEB PAGE
Accepted Abstracts for the 40th Annual Meeting

SESSION ONE
Clinical Science - Physiology 1
Moderators: Eric Heyer, MD, PhD; John Bebawy, MD; Robert Bedford, MD
1. Lingzhong Meng - Cerebral Tissue Oxygen Saturation Remains Stable during the Hypotensive Period Caused by Anesthesia Induction
2. Fa Liang - Effects of Sevoflurane-Remifentanil Anesthesia on the Balance of Cerebral Oxygen Supply and Demand during Surgery for Moyamoya Disease
3. Singh Nair - Anesthetic Choice in Endovascular Intervention for Acute Ischemic Stroke
4. John Bebawy - Incidence of Neurologic Deficits after Adenosine Induced Flow Arrest for Intracranial Aneurysm Clip Ligation: A Case-Control Cohort Study
5. Sumidtra Prathep - Cardiac Dysfunction after Isolated Traumatic Brain Injury
6. Toshhiro Sasaki - Hemorrhage Size and Early Clinical Grade Determine Long-Term Cognitive Outcomes in Experimental Subarachnoid Hemorrhage

Clinical Science - Neuromonitoring 1
Moderators: Antoun Koht, MD; Matthias Kreuzer, MD; Basil Matta, MD
14. Yukihiro Tomita - Changes of Motor-evoked Potentials in of Surgical Repairs of Descending and Thoracoabdominal Aortic Aneurysms (dTAAs and TAAAs) in Mild Hypothermia
15. Weihua Cui - Analysis of Seizure Under Remifentanil-sevoflurane Based Anesthesia in the Absence of Neuromuscular Blockade
16. Jing Hui - Clinical Research of Intraoperative Cerebral Ischemia Monitoring in Intracranial Aneurysm Surgery

Clinical Science - Neuroscience 1
Moderators: Andrew Kofke, MD, MBA; Eric Schnell, MD; Adrian Gelb, MD
21. Yasuki Fujita - Effect of Intraoperative Blood Loss and Transfusion on Cerebral Autoregulation
22. Nemahun Vincent - Hypotension Induced Depressive Behavior in Adult Mice is Ameliorated by the COX-2 Inhibitor Meloxicam
24. Michael Ghobrial - Perioperative Intravenous Lidocaine and Postoperative Outcomes in Complex Spine Surgery: A Randomized Controlled Trial
25. Nan Lin - Biphasic Change of Progenitor Proliferation in Dentate Gyrus after Single Dose of Isoflurane in Young Adult Rats
26. Eric Schnell - Hippocampal Granule Cell Proliferation and Dispersion after Mouse Closed Head Injury
27. Peter Martin Hansen - Does Intrahospital Delay in Endovascular Coiling of Ruptured Intracranial Aneurysms Increase Mortality?

Clinical Science - Neuromonitoring 2
Moderators: Alex Bekker, MD, PhD; Shailendra Joshi, MD; Tod Sloan, MD, PhD
28. Ramamani Mariappan - EEG and Motor Effects of Intracarotid Etomidate Injection
29. Boris Heifets - Improving Deep Brain Stimulation Through Targeted Synaptic Modification
30. Gisela Untergehrer - Changes of Cortical Connectivity during Propofol or Remifentanil Administration and Sensory Stimulation
31. Eugene Fu - Carbonic Anhydrase 8 (Car8) Deficiency Increases Mechanical and Thermal Hypalgesia Before and After Carrageenan
32. Uncheol Lee - Effects of Ketamine on Feedforward and Feedback Connectivity in Humans
33. Shailendra Joshi - Dose-response Characteristics of NADH Intraarterial Delivery
34. Panayiotis Tsokas - Antisense Inhibition of De Novo PKMÎ Synthesis: A Novel Highly-specific and Potent Annestic Agent
35. Jessica Newman - Epidemiology of Postoperative Coma: An Observational Study of 858,606 Patients

Clinical Science - Neuroscie 2
Moderators: Juan Cata, MD; Lauren Berkow, MD; Sulphio Soriano, MD
36. Heather Brosnan - Impact of Gender on Neurotoxicity Caused by Isoflurane
37. Jian Minyu - Incidence and Risk Factors for Postcraniotomy Intracranial Hematoma
38. James Feix - Intra-operative Hydroxyethyl Starch (HES) Colloid Use is Not Associated with Post-craniotomy Hemorrhage
39. David McDonagh - Does Midline-Shift Prediction Postoperative Nausea in Brain Tumor Patients Undergoing Awake Craniotomy? A Retrospective Study
40. Vijay Ramiah - Admission PaO2 and Survival/Mortality in Severe Pediatric Traumatic Brain Injury
41. Eri Miyake - Does Postoperative Pain have an Association with Delirium after Cardiac surgery?

Clinical Science - Neuroscience 3
Moderators: Rafi Avitsian, MD Michael Haile, MD; Patricia Petrozza, MD
42. Nicolai Goettel - Feasibility and Safety of Outpatient Neurosurgery: An Observational Outcome Study of Cerebral Aneurysm Surgery as Ambulatory Day Surgery
43. Kosuke Wada - Differential Roles of Mast Cells Between the Formation and Rupture of Intracranial Aneurysms
44. Nidhi Panda - Early Post Operative Cognitive Dysfunction (POCD) after General Anaesthesia in Middle Aged Hypertensive Patients: A Pilot Study
45. Manabu Kakinohana - Expression of D-serine in the Spinal Cord after Transient Ischaemia in Mice
46. Liujiazi Shao - Comparison of Hypertonic Saline 7.2% - Hydroxyethyl Starch 6% Solution and Hydroxyethyl Starch 6% Solution after Induction of Anesthesia in Neurosurgical Patients
47. Junji Egawa - A Comparison of Jugular Venous Proinflammatory Cytokine Levels Between Propofol and Sevoflurane Anesthesia during Lung Surgery
48. Hari Dash - Does Nitrous Oxide Influence Infection and Brain Ischemia Biomarkers?

Clinical Science - Physiology 2
Moderators: Joel Johnson, MD, PhD; Deepak Sharma, MD; Jeffrey Kirsch, MD
49. Poorvi Dalal - A double-blind, Double Arm Prospective Study on the Efficacy of Aprepitant Versus Ondansetron in the Triple-therapy Treatment of Postoperative Nausea and Vomiting
50. Hironobu Hayashi - Changes in Visual Acuity after Cardiovascular Surgery with Cardiopulmonary Bypass
51. Louvonia Boone - Does Prone Positioning for Spine Surgery Cause Rhabdomyolysis-Induced Renal Failure?
52. Jie Zhou - Cardiac Hemodynamic Measurements Using Arterial Pressure-based Versus Cardiometry-Based Monitors in Neurosurgical Operations
53. Shilpa Rao - Anesthetic Considerations for Intraoperative MRI (iMRI): Cleveland Clinic Experience

Clinical Science - Physiology 3
Moderators: Alex Bekker, MD, PhD; Deepak Sharma, MD; Jean Kirsch, MD
55. Jie Zhou - Comparison of Cardiac Hemodynamic Measurements Using Arterial Pressure-based Versus Signal-morphology Impedance-based Monitors in Neurosurgical Operations
56. Cattleya Thongrong - Effect of Dexmedetomidine Combined with Remifentanil Infusion on Anesthetic Requirements and Perioperative Hemodynamics in Neurosurgery
57. Mada Helou - Novel Head Rest for Prone Positioning
58. Hironobu Hayashi - Changes in Visual Acuity after Cardiovascular Surgery with Cardiopulmonary Bypass
59. Deepak Sharma - Intraoperative Seizures during Craniotomy: Possible Role of Prophylactic Levetiracetam?
60. Jie Zhou - Retrospective Review of Stroke Volume Variation Guided Intraoperative Fluid Individualization and Optimization for Skull Base Surgery

Continued on page 6
40th Annual Meeting Accepted Abstracts
Continued from page 5

SESSION 2
Clinical Science - Cerebral Ischemia 1
Moderators: Ines Koerner, MD, PhD; William Lanier, MD
61. Eric Hayer - Statin Therapies that Elevate High-density Lipoprotein Levels are Associated with Reduced Stroke & Cognitive Dysfunction after Carotid Endarterectomy
62. Ariel Berger - Use of Intravenous (IV) Antihypertensives Among Patients with Acute Ischemic Stroke (AIS) Receiving Recombinant Tissue Plasminogen Activator (rtPA) in US Hospitals, 2005-2010
63. Thomas Didier - Perioperative Stroke: In-Hospital Versus Post-Discharge Management
64. David Schreibman - Low Dose Unfractionated Heparin Infusion as Prophylaxis for Delayed Neurological Deficits Induced by Aneurysmal Subarachnoid Hemorrhage
65. Deepak Sharma - Prevalence of Secondary Insults during Endovascular Treatment of Acute Ischemic Stroke under General Anesthesia and their Impact on Outcomes
66. Ines Koerner - Switching Microglia to a Neuroprotective Phenotype Improves Neuronal Survival after Cardiac Arrest

Basic Science - Neuroprotection 1
Moderators: Alexander Zlotnik, MD, PhD; William Lanier, MD
67. Gustavo Pena - Intrathecal Saline Injection for Rapid Reversal of Acute Postoperative Neurological Deterioration
68. Benjamin Gruenbaum - The Effect of Blood Glutamate Scavengers Oxaloacetate and Pyruvate on Neurological Outcome in a Rat Model of Subarachnoid Hemorrhage
69. Benjamin Gruenbaum - Pharmacokinetics and Glutamate-lowering Effects of Glutamate-oxaloacetate Transaminase and Glutamate-pyruvate Transaminase in Naïve Rats
70. Benjamin Gruenbaum - The Effect of Treatment with Glutamate-oxaloacetate Transaminase Alone and in Combination with Oxaloacetate on Neurological Outcome after Traumatic Brain Injury in Rats
71. Ira Kass - Sevorflurane Induced Immediate Pre-conditioning Protection of CA1 Pyramidal Neurons Enhances the Hypoxic Hyperpolarization and is Dependent on the Protein Kinase PKMζeta and KATP Channel Activity
72. Ira Kass - Sevorflurane Induced Immediate Pre-conditioning Improves CA1 Pyramidal Neurons Recovery and Enhances PKMζeta and Bcl-xl mRNA Expression

Clinical Science - Neuronomonitoring 3
Moderators: Christoph Seubert, MD, PhD; Stacie Deiner, MD; David Smith, MD
73. David Highton - The Effect of Normobaric Hyperoxia on Near Infrared Spectroscopy-derived Cerebral Cytosolic C Oxidase Oxidation Measured at Different Source Detector Separations
74. Paul Sandoval - Tongue Laceration During Motor Evoked Potentials Monitoring: A Call for Novel Bite Block
75. Denis Jordan - Reliability to Detect Wakefulness and Burst Suppression: A New Anesthesia Multimodal Indicator and BIS
76. Dorothea Closhen - The Effect of Extreme Trendelenburg Position on Regional Cerebral Oxygen Saturation
77. Sonal Sharma - Performance Characteristics of Motor Evoked Potentials during Intracranial Aneurysm Surgery with Adenosine Induced Flow Arrest
78. Jamie Sleigh - Variations in EEG-fMRI Connectivity: Top-Down Processing Indicated by Changes in EEG-fMRI Connectivity

Clinical Science - Neurology 5
Moderators: Dhanesh Gupta, MD; Stacie Deiner, MD; George Mashour, MD, PhD; William Lanier, MD
80. Klaus Klein - PaO2-Oscillations Caused by Cyclic Alveolar Recruitment are Transmitted to Cerebral Microcirculation
81. Stacie Deiner - Intraoperative Neuro-monitoring Signal Loss is Associated with Procedure and Patient Factors and Not Mean Arterial Blood Pressure
83. Shobana Rajan - Predictors of Uncontrolled Hypertension during Deep Brain Stimulator Insertion in Parkinson’s Disease
84. Matthias Kreuzer - Isoflurane Reduces Information Content of Amygdalo-hippocampal Interactions, Thus Mediating Amnesia? – Results from Pilot Experiments
85. Denis Jordan - Propofol Induced Unconsciousness Causes Impaired Cortical Top-Down Processing Indicated by Changes in EEG-FMRI Connectivity
86. Atsushi Miyazaki - Perioperative Stress and Inflammatory Response after Carotid Endarterectomy

Basic Science - Neuroscience 1
Moderators: Lisa Wise-Faberowski, MD; Chanannait Paisansathan, MD
87. Divya Chander - Selective Optogenetic Stimulation of the Reticular Nucleus of the Thalamus as a Tool to Investigate the Role of Spindles in Anesthesia
88. Stephan Kratzer - Tranexamic Acid Dose-dependently Reduces GABAergic Transmission in the Mouse Amygdala Via Postsynaptic Mechanisms
89. Corinna Mattusch - Xenon Inhibits Thalamic HCN Channels by a Modulation of Adenylyl Cyclase Activity
90. Chanannait Paisansathan - Subarachnoid Hemorrhage (SAH)-linked Brain Inflammation Contributes to Arteriolar

79. Kevin Lathouwers - The Speed of Deceleration of NIRS Predicts the Need for Shunting for CEA
Dilating Dysfunction and Neuropathology in Rats
91. Schaible Eva-Verena - PAI-1 Mediated Activation of Coagulation Plays a Key Role in Secondary Lesion Expansion Following Experimental Traumatic Brain Injury
92. Withdrawn
93. Valpuri Luoma - QTc Changes Following Poor Grade Aneurysmal Subarachnoid Haemorrhage

Basic Science - Neurotoxicity 1
Moderators: Zhiyo Zuo, MD, PhD; Frederico Bilotta, MD, PhD; Gregory Crosby, MD
94. Shailendra Joshi - Real-Time Model of Intraarterial Drug Delivery to Brain Tissue
95. Shailendra Joshi - Liposomal Mitoxantrone for Intraarterial Drug Delivery
96. Shailendra Joshi - Surface Charge Manipulation of Liposomes to Enhance Intraarterial Delivery
97. David McDonagh - Preoperative Cognitive Status, Not Type of General Anesthesia, Predicts Early Postoperative Cognitive Dysfunction
98. Zheng Shaqiang - The Effects of Sevoflurane on Apoptosis of Brain Cells and Learning Ability of Neonatal Rats
99. Anne Sebastiani - Posttraumatic Induction of Anesthesia with Propofol Enhances Secondary Brain Damage in Adult Mice
100. Angsar Brambrink - Neuronal and Glial Apoptosis Observed Following Intravenous Propofol Anesthesia in Neonatal Macaques

Clinical Science - Neuroscience 6
Moderators: Robert Peterfreund, MD, PhD; Kenji Yoshitani, MD; Christian Werner, MD
101. Nhathien Nguyen-Lu - To Prone or Not to Prone? What are We Telling Our Patients? An Audit on Documentation of Consent for Prone Positioning during Neurosurgery
102. Benjamin Gruenbaum - The Neurobehavioral Profile in Rats after Subarachnoid Hemorrhage
103. Masaaki Tanino - Spatial Working Memory Performance after Isoflurane- Anesthesia in the Rats

Clinical Science - Neuroscience 7
Moderators: Michael Todd, MD; Alana Flexman, MD
104. Koffi Kla - Measuring and Improving First Case On-time Starts
105. David McDonagh - Postoperative Nausea in Patients with Benign and Malignant Brain Tumors Undergoing Awake Craniotomy: A Retrospective Study
106. Louanne Carabini - Models for Predicting Postoperative Cardiac Morbidity in Spine Fusion Surgery: The Accuracy of the Revised Cardiac Risk Index vs. Common Preoperative Variables
107. Louanne Carabini - The Influence of Major Transfusion on Morbidity and Mortality in Spine Fusion Surgery
108. Louanne Carabini - The Predictive Accuracy of the Revised Cardiac Risk Index in Major Spine Fusion Surgery.

Clinical Science - Neuroscience 8
Moderators: Jeffrey Sall, MD PhD; Shaheen Shaikh, MD
109. Barbara Stanley - NeuroSim: Bringing Education Theory to Neuroanaesthesia
110. Demicha Rankin - Massive Blood Loss in Elective Neurosurgical Patients without Subsequent Coagulopathy: A Retrospective Analysis to Investigate the Ideal Ratio for Resuscitation
111. Jennifer Chang - The Application of Social Network Analysis and Graph Theory to a Stroke System
112. Jessica McFarlin - Patient Characteristics that Correlate with a First-time, Early Do-Not-Attempt-Resuscitation Order in Intracerebral Hemorrhage
114. Barbara Van de Wiele - Reversible Extubation for Awake Craniotomy: A Ten Year Experience
115. Ansgar Brambrink - Neuronal and Glial Apoptosis Observed Following Intravenous Propofol Anesthesia in Neonatal Macaques
116. Marco Garavaglia - Serum Lactate: A Potential Marker of Tissue Ischemia or Metabolic Dysfunction during Craniotomy for Brain Tumour Resection

It’s Not Too Late!
There is still some room available for our Workshops and PBLD Sessions at the SNACC 40th Annual Meeting!

TO VIEW THE FULL PROGRAM & TO REGISTER
A Look at the Early Beginnings...
Tom Langfitt Visits Pittsburgh

Dr. Langfitt made an important contribution to SNACC by helping in our earlier organization by his continuous partisanship of interdisciplinary research and through the training of neurosurgeons at UPenn, many of whom have been active in SNACC.

Maurice S. Albin, MD, MSc (Anes)
Professor, Department of Anesthesiology
University of Alabama at Birmingham

There are times when an apparently mundane event acts as an accelerator and sets into motion a string of important happenings.

In May, 1972, for a period of four days, Thomas W. Langfitt, MD, was the Visiting Professor to the Department of Neurosurgery at the University of Pittsburgh. He had been the chairman of the Department of Neurosurgery at the University of Pennsylvania School of Medicine since 1968 and inherited one of the oldest neuroscience traditions in the United States, with contributors including S. Weir Mitchell, Charles K. Mills, William G. Spiller, William W. Keen, Charles H. Frazier, Frances Grant, Temple Fay and Robert Graff. Tom Langfitt was well known for his work in the areas of head injury, cerebral blood flow and intracranial pressure, gathering together a young group of neurosurgeons and neuroscientists working on these projects in the laboratory and in the clinic. Importantly, Tom encouraged multidisciplinary research that crossed classical boundaries and had a most positive relationship with the Department of Anesthesiology in terms of the work being done by Wollman, Alexander, Shapiro and Harp on the effects of anesthetics on cerebrovascular dynamics.

Like me, Peter J. Jannetta, MD, Professor and Chairman of the Department of Neurosurgery at the University of Pittsburgh, was a recent ar rival. He had worked years in teasing out the pathology and finding a new treatment for trigeminal neuralgia which he believed was due to the entrapped blood vessel on the fifth cranial nerve with the resulting harmonics of the pulse wave creating the pain. His solution to this problem was to free up the vascular loop and interpose a piece of plastic between the artery and nerve, the plastic attenuating the force(s) provoking the lancinating pain. One of the problems with the procedure was the optimal surgical approach was thought to be in the sitting position with all the attendant risks that this position brings. So we had to develop a standardized anesthesia regimen to attenuate the side effects of the sitting position, as well as train our anesthesiology faculty, residents and nurse-anesthetists who would be involved in this aspect of the procedure. Fortunately, Pete Jannetta was not only a superb surgeon, but he and his staff (Joseph Maroon, MD, Robert Selker, Tony Susan and others) had the vision to encourage a high level of interdisciplinary cooperation, with the operating room becoming a clinical laboratory. Dr. Jannetta used his weight and authority to push for the optimal monitoring equipment, including a shielded operating room, and a glass paneled adjacent monitoring room with large tape recorders and monitors where data was retrieved and transmitted on a real-time moment-to-moment basis. Many of our clinical investigations were carried out in this OR.

I believe that Tom Langfitt drove down from “Philly” on a Sunday morning where I met him and gave him a bit of a tourist tour of the environs of Pittsburgh. We repaired in the evening to the Jannetta...
abode where there was a reception-dinner for Dr. Langfitt, attended by many faculty luminaries in the neurosciences and surgery. Dr. Jannetta, his wife and children were all practiced musicians and gave us a wonderful concert with string instruments including Dr. Jannetta performing on the banjo, the instrument with which he is a consummate player. During the reception, and while giving Dr. Langfitt the “tour”, I had the opportunity to listen to him describe his work on a head injury model that was going on in his laboratory. I also tried to explain the routine we use in monitoring the patient going into the sitting position.

Monday and Tuesday went by so quickly that it took me quite a while to clearly separate out the important events. By early 1972, word had gotten out about the vascular decompression of the fifth cranial nerve, often called the “Jannetta Procedure”. We were literally overwhelmed with the large volume of patients coming to surgery for this pathology after having a thorough neurosurgical work-up and pre-operative anesthesia evaluation. It is fair to say that many patients were rejected for the surgery for not meeting the operative criteria developed by Dr. Jannetta and his group and even a significant number were found to have pathologies other than tic dolores at surgery. Besides the patients, we had many visiting “firemen” who were interested in understanding and learning this procedure, including a fair number of Anesthesiologists. Monday’s operative list appeared to be almost typical. We had two rooms dedicated to the Jannetta Procedure and the other room for different neurosurgical procedures. We would normally do two Jannetta Procedures in each room and do other neurosurgical cases in between cases. The third room allowed us to break in mid-afternoon on selected days to allow for attendance at the 4:00 pm lecture that Dr. Langfitt gave on Monday and Tuesday, the first being concerned with closed head injuries and the second with the work being done in his laboratories.

During the first Jannetta Procedure on Monday, Dr. Langfitt stood at the surgeon’s area of the operating table and discussed the surgical technique and its implications with Dr. Jannetta. For the second case, Dr. Langfitt was “all over me” questioning the monitoring techniques we used and the use of the precordial doppler in particular. He really got excited when I told him I was not using any inhalation agents because I was concerned with the effects of N2O and Halothane on CBF, CMRO2 and ICP and was using a neurolept anesthesia technique instead with fentanyl and droperidol. At that time, we were also doing a study on cardiovascular effects of the sitting position while raising the patient to the near 60° level using indocyanine green as an indicator for CO. He sagely suggested that we might consider looking at a CBF during the change in positioning using a modified Kety-Schmidt approach.

On Monday evening, I was invited as a guest to join with a group of neurosurgeons and Dr. Langfitt to dine at a restaurant with a spectacular view of the three rivers, the Allegheny, Monongahela, and the Ohio. At dinner, I had a chance to discuss the type of an organization we might consider for neuroanesthesiologists, making the Society open and multidisciplinary and working with the neurosurgeons. Tom was most impressed with the Anesthesiology Department at the University of Pennsylvania and with the leadership of Drs. Dripps and Eckenhoff as well as the bright young anesthesiologists in the program.

Tuesday was another day full of Jannetta Procedures. Dr. Langfitt was also actively engaged in meeting with our neuroradiologist, Ralph Heinz, neuropathologist, John Moosy, as well as looking at data with our neurophysiologist, Marvin Bennett, who was evaluating the patients with trigeminal neuralgia using evoked potentials perioperatively. Again in the late afternoon, Dr. Langfitt spoke to a neuroscience group, explaining his laboratory research. For our evening meal, we returned to the local pizzeria parlor not only to schmooze, drink beer and stuff ourselves with pizza, but to listen to Dr. Jannetta play his banjo with a pick-up group of musicians, a number of whom worked at the University of Pittsburgh Medical Center. A great time was had by all at this “hootenanny”!

By the time Wednesday morning and the time for Dr. Langfitt to depart Pittsburgh arrived, a plan of action had been worked out with him to relate our conversations to Jim Harp, MD, a faculty member of the Department of Anesthesiology at the University of Pennsylvania. Dr. Harp, together with Dr. Henry Wollman and Dr. Harvey Shapiro, sponsored and helped to organize our first meeting of the NA-SCENT Neuroanesthesia Society1. Thus, Thomas W. Langfitt, MD, who I once dubbed, the Neurosurgical “guru” of North American Neuroanesthesia, returned to “Philly” and was very active in helping start this infant subspecialty society.

Some Interesting Trivia

Harry Wollman, a fellow intern of mine at the University of Chicago became Department Chairman of Anesthesiology after the death of Dr. Dripps. Peter Jannetta, Chair of the Department of Neurosurgery at the University of Pittsburgh, was the ninth President of SNACC, serving from 1982-1983.

Reference:
More SNACC History with Dr. Maurice Albin

Reza Gorji, MD, SNACC News Editor

In preparation for our 40th Anniversary, I had the pleasure and honor to interview Dr. Maurice Albin, a pioneer in the field of neuroanesthesia and a founding father of SNACC.

Reza Gorji: Thank you for agreeing to spend some time answering my questions. When did you join SNACC and how many members did SNACC have at that time? What were some of the problems SNACC faced in that era?

Maurice Albin: There was no organized voice for Neuroanesthesia prior to 1972! To help you out in understanding the problems we faced early in the game, I urge you to read my paper that is still probably on the SNACC website, “Albin MS. Celebrating Silver: The Genesis of a Neuroanesthesia Society,” JNA 1997; 9:296-307. The actual impulse that stimulated this development was the progress being made in the late 1940s, 1950s and 1960s in our understanding of cerebrovascular dynamics and the effects of anesthetics on these areas with yeomen work being carried out in Rochester, Minnesota; Montreal, Canada; Philadelphia, Pennsylvania; Glasgow, Scotland and Cleveland, Ohio.

As you will see from a newly-written vignette that I have just written (located on the previous page), “A Look at the Early Beginnings... Tom Langfitt Visits Pittsburgh,” the impetus to start organizing a neuroanesthesia group came from a visit to the Department of Neurosurgery of the University of Pittsburgh School of Medicine in May, 1972 by Thomas W. Langfitt, MD, Professor and Chairman of the Division of Neurosurgery at the University of Pennsylvania School of Medicine in Philadelphia. Dr. Langfitt and I thrashed out the method to organize a neuroanesthesia group came from a visit to the Department of Neurosurgery of the University of Pittsburgh School of Medicine in May, 1972 by Thomas W. Langfitt, MD, Professor and Chairman of the Division of Neurosurgery at the University of Pennsylvania School of Medicine in Philadelphia. Dr. Langfitt and I thrashed out the method to organize a multi-disciplined open society of anesthesiologists dedicated to neurosurgery, anesthesiology and the neurosciences. It is important to remember that Dr. Langfitt was at that time an officer of the Harvey Cushing Society which was later to become the American Association of Neurological Surgeons, one of the two organized voices of neurosurgery. So you see we started from ‘scratch’ with the heavy lifting and initial organizational work being done by Jim Harp (U.Penn), Harvey Shapiro (U. Penn) and myself (U. Pitt). Since the initial meeting took place at U.Penn where the International CBF Meeting was being held, Dr. Harry Wolman made the arrangements to have the U.Penn Dept. of Anesthesiology to host this first meeting together with Dr. Tom and Langfitt. At that first meeting on June 15th, 1973, we had 36 Anesthesiologists and four neurosurgeons to attend. We called the group the Neurosurgical Anesthesia Society (NAS) and we were able to write the By-Laws, a portion of which can be seen in my JNA 1997 article. The next meeting, with a definitive scientific program, took place in San Francisco, CA on October 7, 1973, where the 1973 ASA Meeting was being held. Officers were elected, the name changed to the Society of Neurosurgical Anesthesia and Neurological Supportive Care (SNANSC), a program committee was chosen for the next meeting in 1974 in Washington, DC. Again, the rest of the history can be noted in my JNA Paper of 1997. We had become going concern with a membership of 45 professionals that attended the 1973 meeting.

Reza Gorji: SNACC began with heavy involvement of neurosurgeons, but that is not the case anymore. Can you comment on that?

Maurice Albin: Please remember that we were dealing with a small select group of academic neurosurgeons, initially from a handful of academic centers. There was a great amount of intellectual ferment in both anesthesia and neurosurgery from 1950 to 1980 and the community of interest concerning ICP and cerebrovascular dynamics including effects of anesthetics and adjuvants, new monitoring modalities, the impact of the operating microscope as well as the new radiological, radiochemical and ultrasound technology. These subjects touched the essence of both specialties. We were also undergoing a generational change in both specialties as the new “science” took its place in the armamentarium of both specialties. This momentum lasted a little over a decade in terms of cooperative activities, with our own involvement being limited because of our own small numbers. Besides, we had to expend our energies in participating in the problems that affected the practice of anesthesiology in general, including heavy work loads, the increasing difficulties in obtaining research funding and declining departmental incomes. So, our interactions declined as each specialty concentrated on inward development. However, I would definitely try once again to set up a relationship with the AANS and CNS by having our members try to participate in the scientific sessions of these groups on a personal basis and, as we have always done, inviting the neurosurgeons to participate in ours.
Reza Gorji: It is very interesting how things have changed over the decades. How has SNACC changed over the years and how do you see it in the next decade? How has neuroanesthesia changed over the years and how do you see it in the next decade? Specifically, has the role of neuroanesthesiologists changed over time?

Maurice Albin: The true mission of early SNACC was to really define the boundaries of neuroanesthesia as well as to help institute educational programs to train and define the neuroanesthesiologist. I believe SNACC was eminently successful in the USA and Canada aided by the *JNA* and a spate of books on neuroanesthesia that soon appeared. Equally important, the large number of articles touching upon neuroanesthesia that were published in the anesthesiology and neuroscience literature had an important influence on the education of our anesthesia residents. The presence of the *JNA* was also important as a voice for neuroanesthesia across national borders. Recognition of neuroanesthesia as a distinct subspecialty was apparent in the late 1970’s and the organization of Neuroanesthesia Fellowship Training and succeeded in being established in a number of academic centers. One can honestly say that SNACC has been the primary mover in achieving the recognition of our subspecialty. In the present phase, SNACC is trying to fine tune our Neuroanesthesia Fellowship Programs as well as to seek the pathway of accreditation for Fellowship Training. Our membership and committees are also now active in helping to develop the standards and guidelines for the anesthetic and neurological critical care management of many neurological and neurosurgical disorders. From a negative perspective, we, as the organized “voice” of neuroanesthesia, have failed by not succeeding in truly achieving subspecialty recognition by having our Neuroanesthesia Fellowships receive accreditation. I believe that the pursuit of fellowship accreditation should be a major priority for SNACC in the coming years. The passage of the Affordable Care Act, and its subsequent validation by the Supreme Court, will eventually not only bring about a large increase in our patient population, but will also carry with it an increase in the centralization of the most difficult and sophisticated neurosurgical procedures with the attendant need of supporting elements, including neurological critical care units. This process will be hastened from the cost containment view alone. If we, as Neuroanesthesiologists, because of our training and experiences, believe that we are the most capable to handle these types of cases, then we must make this critically important effort to achieve accreditation so as to better serve the patient. This means an emphasis on standardizing the basic elements of our fellowship educational program, assisting anesthesiology departments in the fundamentals of initiating fellowships and instituting a SNACC survey as to how to interest our Anesthesiology Residents in a Neuroanesthesiology Fellowship. Time is certainly NOT on our side and this matter should be approached with a sense of urgency.

Many thanks for giving me the opportunity to address this forum. Personally, I have always felt honored to be part of such an extraordinarily meaningful and stimulating group as SNACC has always been and always will be.

Reza Gorji: Thank you very much for your time, effort and perspective.

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**Please Participate in the Survey Below**

- **CLICK HERE**

**Please Participate in the Survey Below**

- **CLICK HERE**
  - To Participate in the Patients Undergoing Carotid Endarterectomy Survey

For more information on these two surveys, **CLICK HERE**
Nominations for the SNACC Board of Directors

The following members have an interest in becoming part of SNACC’s board of director for the Society of Neurosciences in Anesthesiology and Critical Care (SNACC). Each candidate brings forth strong leadership and diverse abilities. Please read their personal statements and consider the candidates as a vote will be taken during our annual meeting in Washington DC.

Secretary/Treasurer
W. Andrew Kofke, MD, MBA, FCCM

I have been a SNACC member since 1983 (actually SNANSC originally), attending every meeting since then, and have been witness or party to the growth and ongoing development of SNACC over these years. I have been on the Education Committee, edited the old education newsletter, contributed to the SNACC bibliography, and have participated in numerous SNACC meeting panels, breakfast panels, and the recent SNACC simulation efforts. More recently, I have been a Director and, for four years, the VP for Communications. As VP for Communications, I put together the newsletter and Webpage Committee and with this committee, as a group, we continued the growth and improvements of the newsletter, added some enhancements to the web page, and have a nascent presence on Facebook and Twitter. This year, I have overseen the 40th Anniversary Task Force and have written the article on the history of SNACC published in this month’s JNA to coincide with the ruby anniversary meeting. Writing that article has given me enormous perspective and insight into the growth of SNACC and the obstacles that the society has overcome as it has continued to adhere to its mission.

As Secretary-Treasurer, I will continue to participate in the many new directions in which SNACC is moving, most notably, contributing to neuroanesthesia and neuro-ICU fellowship developments and supporting continued growth of the society to further embrace neuroscientists along with neuro-clinicians. The Treasurer job is daunting, given the state of the worldwide economy and I will oversee our investments and revenues following the overall philosophy directed by the board. My recommendation will be to maintain a balanced and conservative investment portfolio while supporting efforts to continue growth of this great society.

Secretary/Treasurer
George Mashour, MD, PhD

I am a practicing neuroanesthesiologist and neurointensivist, who also directs an NIH-funded neuroscience laboratory and conducts large-scale clinical research on neurologic outcomes of surgery. At my institution, I have served as a neuroanesthesiology fellowship Program Director, as well as Division Director. On the national level, I serve on American Society of Anesthesiologists’ committees of relevance to SNACC, including the Experimental Neurosciences Subcommittee (which I will chair as of the 2012 annual meeting), Committee on Neuroanesthesia, and the Educational Subtrack for Neuroanesthesia. As such, I have a breadth of experience in the clinical and basic neurosciences as they relate to patient care, research, education, and administration. I believe this experience is important for future leadership in SNACC, as the exciting developments in the neurosciences extend beyond the traditional clinical practice of neuroanesthesia and apply to the field of anesthesiology as a whole.

I have been an active member of SNACC since 2007. My involvement in the organization has included roles as the former Chair of the Fellowship Task Force (and current member), a member of the Education Committee, and a member of the Board of Directors. My work on the Fellowship Task Force led to an article relating to the accreditation and standardization of neuroanesthesiology fellowships. I am currently the lead author on Curricular Guidelines for Neuroanesthesiology Fellowships. I am also currently the Chair of the Task Force on Perioperative Stroke. As such, I have made contributions to the initiatives of SNACC and am familiar with the work of the Board and Executive Committee. In addition, I serve on the Board of the Journal of Neurosurgical Anesthesiology, the official publication of SNACC.

There are several other reasons why I believe I can serve effectively in a leadership position in SNACC. First, I can be an excellent ambassador for the organization. As an active member of the field and as a researcher who is invited to speak nationally and internationally, I believe I can appropriately represent and advance the mission of SNACC. Second, I have very strong organizational
skills and have a reputation for being available and efficient. In short, I get the job done. Finally, I have a vision of the role SNACC could play in the field of anesthesiology and beyond. I believe that SNACC should be at the heart of anesthesiology, because anesthesiology is a fundamentally neuroscientific field. I have started to advance this vision in my role as the lead editor of the textbook *Neuroscientific Foundations of Anesthesiology*, published by Oxford University Press in 2011.

I hope I may further serve the mission of SNACC as Secretary/Treasurer.

**Director at Large**

Deepak Sharma, MBBS, MD

I am a neuroanesthesiologist at the University of Washington, Seattle and an active member of SNACC. I have been engaged in neuroanesthesiology education and clinical research for ten years and I am active in the Neuroanesthesiology Society of India (ISNACC) and Asia (ASNACC) in addition to SNACC. I believe that the scientific societies have a major role in advancing research, education and patient care and hence, I have actively been involved in organizing scientific/educational activities for these societies in various capacities. I believe that SNACC has been instrumental in advancing the neurosciences. I also believe that SNACC has the potential for expanding further and that this can be achieved by enhancing educational/clinical/research activities through the annual meeting, newsletters, website and by building closer collaboration between neuroscientists. SNACC can also create a wider impact by collaborating with other neuroanesthesiology societies across the world.

I currently serve on the Education Committee and the International Relations Committee of SNACC. Working on these committees for last three years, I have helped start various initiatives and contributed to various activities. These include starting the “Chat with the Author” which has gained widespread popularity. I am currently co-leading the project to redesign and launch a new bibliography that will serve as a credible resource for SNACC members. I have been actively involved with the annual meeting activities such as serving as faculty for the Neuromonitoring Workshop, moderating poster sessions and program planning. This year, I am directing the Workshop on Transcranial Doppler (TCD) ultrasonography at the annual meeting. I am also serving on the SNACC Steering Committee for developing consensus statement on interventional endovascular treatment of stroke and have also contributed to the SNACC newsletters.

Given the opportunity to serve on the Board of Directors, I will further the mission of SNACC by working with the Executive Committee to enhance the visibility of SNACC in the neuroscience and anesthesia community in the United States and across the world. I will aim to create more educational platforms and venues for SNACC members. I will also work on actively engaging all members of SNACC in various academic activities and help the society grow with input and contributions from its diverse membership.

**Director at Large**

William M. Armstead, PhD

I am a Research Professor of anesthesiology and critical care at the University of Pennsylvania interested in the control of the cerebral circulation during physiologic and pathologic conditions such as traumatic brain injury, cerebral hypoxia/ischemia, and stroke using a basic science animal model. Continuously funded by the NIH, I have over 188 manuscripts published or in press, and have trained three medical students, 11 undergraduate students, four clinical fellows, one resident, two junior faculty members, and three visiting scientists. My current focus is on bidirectional translational research devoted to improving outcome after pediatric traumatic brain injury. I am Chair, Experimental Methods and Models section of the AHA International Stroke Conference Planning Committee, member of the Executive Board for the Cardiovascular Division of ASPET, a member of the Editorial Board of the Heart and Circulatory section of the *American Journal of Physiology*, a member of the Awards Committee of the Microcirculatory Society, and a charter member of the Veterans Administration Neurobiology C Study Section, and the AHA National Brain 2 Study Section.

I have been an active participant of SNACC for ten years, serving on the Scientific Affairs Committee for the last two years. During this time, I have graded abstracts submitted for presentation at the annual meeting, moderated poster sessions, and helped organize the Journal Club Best Published Manuscript from the current year session at the annual meeting.

I seek consideration for a position as Director at Large to serve as a basic science representative and as a bridge between clinicians and basic scientists. Unfortunately, clinical and pre-clinical studies are typically carried out separately with little contemporaneous cross talk. However, I have been an active proponent for bi-directional translational research directed towards development of a

*Continued on page 14*
true bench-bedside scientific partnership between basic and clinician scientists. Election to the Board of Directors of SNACC will enable me to more effectively advocate for development of mutually beneficial collaborations between basic and clinical scientists.

**Director at Large**
**Lisa Wise-Faberowski, MD**

I would like to be considered for the Director-at-Large position for the Society of Neurosciences in Anesthesiology and Critical Care (SNACC). I have been a member of SNACC since 1996, at which time I completed a Neuroanesthesia fellowship at the University of Florida under the mentorship of Drs. Susan Black and Roy Cucchiara. My career became one specific to pediatric neuroanesthesia and critical care under the mentorship of Drs. Sulpicio Soriano and Mark Rockoff at The Children’s Hospital in Boston.

Not only has my academic career been directed toward clinical neuroanesthesia and critical care, but basic neuroscience as well. My basic neuroscience career began at the University of Florida and continued under the mentorship of Dr. David Warner at Duke University. I have been awarded two grants for basic neuroscience research, FAER and American Heart Association, and awarded one clinical neuroscience research grant from the IARS. The work of these grants has resulted in publications in several journals and is ongoing through the IARS.

As a member of SNACC, I represent what SNACC stands for, neuroscience in anesthesiology and critical care, and am presently continuing these pursuits at Stanford University under the mentorship of Drs. Rona Giffard and Bruce MacIver. Though my research focus has changed from that of neuroprotection to neurotoxicity, I remain dedicated to the neurosciences. I review neuroscience articles for *Anesthesiology, Anesthesia and Analgesia* and our own journal, *Journal of Neurosurgical Anesthesiology* for which I have participated as a member of the Editorial Board for five years.

I have served on the Scientific Advisory Committee for two years under the leadership of Dr. Deborah Culley. This has been an invaluable opportunity which has further encouraged me to pursue more involvement in the Society. I am proud to be a member of the Society and even more proud to potentially serve those who have mentored me and helped to shape my academic career.

**Don’t Miss It!**

Come and join the Neurophysiological Monitoring Workshop at SNACC’s 40 Annual Meeting. Do not miss on this year fourth neurophysiological monitoring at SNACC which will include advanced monitoring that is comely done in spine and brain surgery. Live demonstration of MEP/SSEP/ABR and EMG will be shown at the workshop. Emphasis will be on optimizing anesthesia for best recording and ways in which anesthesiologists can help during periods of surgical manipulation and stress on the nervous system.
Chanannait Paisansathan, MD

The Society for Neuroscience in Anesthesia and Critical Care (SNACC) scientific and academic mission is to advance knowledge and enhance an up to date technology in the field of neuroscience in anesthesia and critical care. One of SNACC educational tasks is to promote resident learning of our academic mission and develop their early involvement in our society.

SNACC and the Foundation for Anesthesia Education and Research (FAER) are partnering in FAER/SNACC Resident Scholar Program to provide such opportunity for residents. This year we have pleasure to welcome five FAER resident scholars (Dr. Nikan H. Khatibi, DO, from Loma Linda University, Dr. Jose V. Montoya-Gacharna, MD, from New York University Medical Center, Dr. Joseph Sebeo, MD, PhD, from Mount Sinai School of Medicine (New York), Dr. Nicholas J. Sparler, MD, from Wake Forest University School of Medicine and Dr. Boris Dove Heifets, MD, PhD, from Stanford University) to attend our 40th Anniversary Annual Meeting October 11-12, 2012 Washington, DC.

Resident Scholars will be exposed to our best and most interesting research conducted in the field. SNACC workshop session will enhance their knowledge of how to assess cerebral blood flow with transcranial Doppler Ultrasonography, other neurophysiology monitoring commonly employed during brain and spinal cord surgery, and how to write a scientific paper. Moreover, residents will be able to attend our new education session, the problem-based learning discussion with three relevant topics in neuroanesthesia and critical care.

During the meeting, SNACC will provide residents with pairing mentors who are well established researchers and educators SNACC members. Mentors will illustrate the significance of research in neuroscience, share their knowledge and insight of how to identify research opportunities to residents and convey how to apply this information to their practice and future academic career. This year, the invited mentors include past SNACC Presidents, past recipient of SNACC Teacher of the Year and past recipient of SNACC John D. Michenfelder New Investigator Award: Dr. Sulpicio Soriano, Dr. David Warner, Dr. Verna Baughman and Dr. Chanannait Paisansathan.

MARK YOUR CALENDARS!

SNACC 41st Annual Meeting
October 10-11, 2013
San Francisco, CA

SNACC 42nd Annual Meeting
October 9-10, 2014
New Orleans, LA
Thursday - October 11, 2012

PBLD and Workshops

1:00 pm - 4:00 pm

**Problem-Based Learning Discussion (PBLD) (maximum participants: 15)**

- **PBLD 1 (1:00 pm, 2:00 pm and 3:00 pm)**
  - 10-Year-Old Patient with ARDS and Elevated ICP for Decompressive Craniectomy: Intraoperative Management (Elevated ICP, Physiological Variables, Anesthesia)
  - Sulipicio G. Soriano, MD

- **PBLD 2 (1:00 pm, 2:00 pm and 3:00 pm)**
  - Patient with Acute SDH who is on Clopidogrel and Dabigatran: Preoperative Strategies for Reversal of Anticoagulation
  - Cynthia A. Lien, MD

- **PBLD 3 (1:00 pm, 2:00 pm and 3:00 pm)**
  - “Brain Code”: Resuscitation of a Patient with Acutely Blown Pupils in the PACU
  - Ines P. Körner, MD, PhD

12:00 noon - 4:00 pm

**Neurophysiologic Monitoring Workshop**

(Participants will rotate through parts A-C, maximum participants: 49)
Organized by Antoun Koht, MD; Tod Sloan, MD, PhD

- **Part A: Spine Cases**
  - Linda S. Aglio, MD, MS; Daniel J. Janik, MD; J. Richard Toleikis, PhD

- **Part B: Brain Tumors and Vascular Lesions**
  - Laura B. Hemmer, MD; Christoph N. Seubert, MD, PhD; Gerhard Schneider, MD, PhD

- **Part C: Posterior Fossa Operations**
  - Leslie C. Jameson, MD; John J. McAuliffe, III, MD; Michael E. Mahla, MD; Kenneth J. Van Dyke, MD

1:00 pm - 4:00 pm

**Transcranial Doppler (TCD) Ultrasonography Workshop (maximum participants: 25)**

Short lectures including hands-on experience and TCD simulator
Organized by Deepak Sharma, MBBS, MD, DM

- **Cerebrovascular Anatomy and Principles of TCD**
  - Andrew W. Kofke, MD, MBA, FCCM

- **Performing the Basic TCD Examination**
  - Deepak Sharma, MBBS, MD, DM

- **Cerebrovascular Reactivity Testing**
  - Luzius A. Steiner, MD
Thursday - October 11, 2012

Transcranial Doppler (TCD) Ultrasonography Workshop (continued)

- Interpretation of TCD Waveforms and Results
  Arthur Lam, MD
- TCD for Emboli Monitoring
  Andrew W. Kofke, MD, MBA, FCCM
- TCD for Carotid Endarterectomy
  Arthur Lam, MD
- TCD for Cerebral Vasospasm
  Luzius A. Steiner, MD
- TCD for Cerebral Circulatory Arrest
  Deepak Sharma, MBBS, MD, DM

1:00 pm - 4:00 pm How to Write a Paper Workshop
Organized by Deborah J. Culley, MD

- Overcoming Writer’s Block and Other Obstacles to Scientific Writing
  William L. Lanier, Jr., MD
- Common Pitfalls that will Prevent your Paper from Being Published
  David S. Warner, MD
- To Prepare a Publishable and VALID Manuscript,
  Do Research that is Driven by a Question
  John D. Hartung, PhD
- What to Do When your Paper is Rejected
  Michael M. Todd, MD

Dinner Symposium (No CME)

5:00 pm - 6:00 pm Champagne Reception

6:00 pm - 6:10 pm Welcome Address
Ansgar M. Brambrink, MD, PhD

6:10 pm - 7:00 pm 40 Years of SNACC - From the Past to the Future
Moderators: William L. Young, MD and Daniel J. Cole, MD

- The Roots of SNACC
  James E. Cottrell, MD
- What Should Happen in the Next 40 Years?
  William L. Lanier, Jr., MD

7:00 pm - 8:00 pm Dinner

8:00 pm - 8:45 pm Honor the Past Presidents of SNACC
Monica S. Vavilala, MD; Deborah J. Culley, MD

SNACC appreciates the support of its exhibitors.
Please meet with our sponsors during the exhibit times listed below.

Friday - October 12, 2012
7:00 am - 7:50 am 10:15 am - 10:45 am 2:45 pm - 3:15 pm 5:45 pm - 6:45 pm
**Scientific Program**

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>6:30 am</td>
<td><strong>Registration</strong></td>
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<tr>
<td>7:00 am - 7:50 am</td>
<td><strong>Continental Breakfast with Exhibits</strong></td>
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<td>7:50 am - 8:00 am</td>
<td><strong>Welcome Address</strong></td>
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<td>Ansgar M. Brambrink, MD, PhD</td>
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<td>8:00 am - 8:45 am</td>
<td><strong>Keynote Lecture</strong></td>
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<td>Moderators: Tod B. Sloan, MD, PhD and David S. Warner, MD</td>
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<td><strong>Quality and Clinical Outcome in Neuroanesthesia</strong></td>
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<td>Timothy McDonald, MD, JD</td>
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<td>8:45 am - 10:15 am</td>
<td><strong>Mini Symposium 1: The Brain, the Heart, and the Lung Cross-Talk</strong></td>
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<td>Moderators: Piyush M. Patel, MD and Christian P. Werner, MD</td>
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<td>Joint Meeting with: Neurocritical Care Society and Society of Cardiovascular Anesthesiologists</td>
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<td><strong>Perioperative Brain Heart Cross-Talk</strong></td>
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<td>G. Burkhard Mackensen, MD, PhD</td>
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<td><strong>Cross-Talk Between the Injured Brain and the Lung</strong></td>
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<td>Jonathan Rhodes, MD, PhD, MBChB, FRCA</td>
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<td><strong>Therapeutic Challenges of Brain, Heart, and Lung Cross-Talk</strong></td>
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<td>J. Claude Hemphill, III, MD, MAS</td>
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<tr>
<td>10:15 am - 10:45 am</td>
<td><strong>Coffee Break with Exhibits</strong></td>
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<td>10:45 am - 12:00 noon</td>
<td><strong>Poster Session 1</strong></td>
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<tr>
<td>No CME</td>
<td>Moderator: Jeffrey J. Pasternak, MD</td>
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<tr>
<td>12:00 noon - 1:30 pm</td>
<td><strong>Business Lunch and Award Presentation including the</strong></td>
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<td>John D. Michenfelder 2012 New Investigator Award Oral Presentation</td>
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<td>Moderators: Patricia H. Petrozza, MD and Basil F. Matta, MA, FRCA, FFICM</td>
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<td>1:30 pm - 2:45 pm</td>
<td><strong>Poster Session 2</strong></td>
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<td>No CME</td>
<td>Moderator: Concezione Tommasino, MD</td>
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<td>2:45 pm - 3:15 pm</td>
<td><strong>Coffee Break with Exhibits</strong></td>
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<td>3:15 pm - 4:55 pm</td>
<td><strong>Mini Symposium 2: NINDS Common Data Element Project</strong></td>
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<td>Joint Meeting with National Institute of Neurological Disorders and Stroke (NINDS) and Common Data Elements (CDE)</td>
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<tr>
<td>Moderators: Sulpicio G. Soriano, MD and Jeffrey R. Kirsch, MD</td>
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<td><strong>Overview of the Common Data Element Program</strong></td>
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<td>Joanne Odenkirchen, MPH</td>
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<td><strong>Acute Hospitalized and Intraoperative Components of NINDS Common Data Elements Project for Traumatic Brain Injury Project</strong></td>
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<td>Monica S. Vavilala, MD</td>
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<td><strong>Understanding Recovery From Head Injury to Inform Care: Lessons From the UK RAIN Study</strong></td>
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<td>Martin Smith, MBBS, FRCA, FFICM</td>
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<td><strong>Traumatic Brain Injury - From the Patient’s Perspective</strong></td>
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<td>Christine Soule, Ariele Soule</td>
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<td>4:55 pm - 5:35 pm</td>
<td><strong>Pro-Con Debate: Striving for a Culture of Quality and Safety</strong></td>
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<td>Moderators: Adrian W. Gelb, MBChB, FRCPC and Arthur Lam, MD</td>
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<td><strong>Awake ye Dinosaurs! Medicine has Changed. We need Quality and Safety!</strong></td>
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<td>Cor Kalkman, MD, PhD</td>
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<td><strong>Beware the Quality Potion - It’s More Bun than Beef!</strong></td>
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<td>Gregory J. Crosby, MD</td>
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<td>5:35 pm - 5:45 pm</td>
<td><strong>Closing Remarks</strong></td>
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<td>Ansgar M. Brambrink, MD, PhD</td>
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<td>5:45 pm - 6:45 pm</td>
<td><strong>Wine and Cheese Reception with Exhibits including the inaugural meetings of the Special Interest Groups</strong> (Sign up on the registration form)</td>
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<tr>
<td>1. POCD, Delirium, Anesthetic Neurotoxicity</td>
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<td>2. Stroke, Traumatic Brain Injury, Neuroprotection</td>
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<tr>
<td>3. Neuromonitoring</td>
<td></td>
</tr>
<tr>
<td>4. Outcome Research</td>
<td></td>
</tr>
<tr>
<td>5. Perioperative Medicine &amp; Critical Care</td>
<td></td>
</tr>
<tr>
<td>6. Intracranial Surgery</td>
<td></td>
</tr>
<tr>
<td>7. Spine Surgery</td>
<td></td>
</tr>
</tbody>
</table>
Registration Form (Page 1 of 2)

- PLEASE PRINT OR TYPE -

First Name ___________________________ MI ______ Last Name ___________________________ Credentials ______________

Specialty ___________________________ Institution ___________________________

Institution/Work Address ________________________________________________________________

City ___________________________ State ___________ Zip Code _______________ Country ______________

Phone _______________ Fax _______________ Email Address ______________________________

Is this your first time attending a SNACC Annual Meeting?  □ Yes  □ No  ABA # (for CME reporting) ____________________________

How did you hear about SNACC?

Which best describes your field of anesthesiology? (Please select one)  □ Neurosurgical  □ Critical Care  □ Other ______________

Which of the following best describes your medical practice environment? (Please select one)

□ Teaching Institution □ Hospital □ Small Private Practice □ Consulting □ Large Group Practice □ Retired □ Other __________

Meeting Registration

Your registration fee covers Friday’s continental breakfast, lunch, refreshment break, wine and cheese reception, meeting syllabus and handout materials. To register for PBLD, workshops and the Thursday dinner event, please see page two of this form.

<table>
<thead>
<tr>
<th></th>
<th>Early Bird Rate through Sept. 4</th>
<th>Rate through Oct. 8</th>
<th>Onsite Rate after Oct. 8</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNACC Member Rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician / CRNA</td>
<td>$340</td>
<td>$380</td>
<td>$420</td>
<td>$ __________</td>
</tr>
<tr>
<td>Resident/ Medical Student/Emeritus</td>
<td>$170</td>
<td>$210</td>
<td>$250</td>
<td>$ __________</td>
</tr>
<tr>
<td>Non-Member Rates (Includes a one-year free trial membership)</td>
<td></td>
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<tr>
<td>Physician / CRNA</td>
<td>$490</td>
<td>$530</td>
<td>$570</td>
<td>$ __________</td>
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<tr>
<td>Resident/ Medical Student</td>
<td>$290</td>
<td>$330</td>
<td>$370</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

Page One Total $ __________

Page Two Total $ __________

GRAND TOTAL $ __________

Your registration can be completed online at www.snacc.org or mailed or faxed to the address below.

SNACC • 2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6360 • Fax (804) 282-0090 • snacc@snacc.org
Pre-Meeting Workshops and Dinner Symposium Registration
Thursday, October 11, 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshop Title</th>
<th>Early Bird Rate through Sept. 4</th>
<th>Rate through Oct. 8</th>
<th>Onsite Rate after Oct. 8</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 pm - 4:00 pm</td>
<td>How to Write a Paper Workshop</td>
<td>SNACC Member: $15</td>
<td>$20</td>
<td>$25</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Member: $25</td>
<td>$30</td>
<td>$35</td>
<td>$</td>
</tr>
<tr>
<td>1:00 pm - 4:00 pm</td>
<td>Transcranial Doppler (TCD) Ultrasonography Workshop (Limited to 25 participants)</td>
<td>SNACC Member: $175</td>
<td>$200</td>
<td>$225</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Member: $250</td>
<td>$275</td>
<td>$300</td>
<td>$</td>
</tr>
<tr>
<td>12:00 n - 4:00 pm</td>
<td>Neurophysiologic Monitoring Workshop (Limited to 49 participants)</td>
<td>SNACC Member: $175</td>
<td>$200</td>
<td>$225</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Member: $250</td>
<td>$275</td>
<td>$300</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshop Title</th>
<th>SNACC Member: $20 each session</th>
<th>$40 each session</th>
<th>$60 each session</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 pm - 4:00 pm</td>
<td>PBLD Sessions (Limited to 15 participants)</td>
<td>Non-Member: $40 each session</td>
<td>$60 each session</td>
<td>$80 each session</td>
<td>$</td>
</tr>
<tr>
<td>6:00 pm - 7:00 pm</td>
<td>40th Anniversary Dinner Event (Pre-registration by Oct. 8, 2012 is required.)</td>
<td>SNACC Member: No additional fee if registered for the Annual Meeting.</td>
<td>I will attend.</td>
<td>I will not attend.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Member: $40 each session</td>
<td>$60 each session</td>
<td>$80 each session</td>
<td>$</td>
</tr>
</tbody>
</table>

*Add the page two total above to the meeting registration total on page one of this form to get your payment amount.

Friday, October 12, 2012

5:45 pm - 6:45 pm | Special Interest Group Meetings - Choose One (Held during the Wine & Cheese Reception at 5:45 pm) (limited seating provided on a first-come, first-served basis, free of charge)

1. POCD, Delirium, Anesthetic Neurotoxicity
2. Stroke, Traumatic Brain Injury, Neuroprotection
3. Neuromonitoring
4. Outcome Research
5. Perioperative Medicine & Critical Care
6. Intracranial Operations
7. Spine Surgery

Do you have a good basic knowledge in (circle Yes or No):

- [ ] Yes
- [ ] No

- Neurophysiological Monitoring
- MEP
- SSEP

Special Needs:
- [ ] I will require special accommodations (a SNACC staff member will contact you).
- [ ] Request for vegetarian meals
- [ ] Request for kosher meals

Payment Information

- [ ] Check payable to SNACC, U.S. currency
- [ ] VISA
- [ ] MasterCard
- [ ] AMEX
- [ ] Discover

Credit Card No. ____________ Exp. Date ____________ CVV Security Code* ____________

Credit Card Billing Address __________________________________________________________

Zip Code ____________

Signature ____________________________________________ Printed Name on Card

*CVV code is the three-digit number on the back of VISA, MC or Discover or the four-digit number on the front of AMEX above the account number.

Refund Policy: 80% refund through Sept. 4, 2012; no refunds after Sept. 4, 2012. Refunds will be determined by the date a cancellation request is received in writing at SNACC. Americans with Disabilities Act: The Society for Neuroscience in Anesthesiology and Critical Care has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact SNACC at (804) 565-6360 for assistance.

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