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**Thank you to the SNACC 41st Annual Meeting Supporters to Date**

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A Look at Our Future Plans

As spring approaches and we look forward to more daylight hours and better weather, I am reminded that we are almost halfway through the SNACC year. The Board of Directors has established an ambitious program for this year, and the halfway mark is an opportunity to review what progress has been made in the last six months and also what needs to be done between now and October. I am grateful to all our members and colleagues on the Board of Directors who have contributed to recent initiatives which will ensure that SNACC remains at the forefront of education, training, and standard setting in perioperative neuroscience. Below, I present a brief summary of some of this year’s initiatives.

SNACC has had a close relationship with the International Anesthesia Research Society (IARS) for many years and regularly contributed a PBLD and Panel at the IARS Annual Meeting. This year is no exception, but in addition to these panels, SNACC will for the first time sponsor a prize ($500 cash, one-year’s SNACC membership without Journal and complimentary registration at the SNACC 2013 Annual Meeting) for the best neuroscience poster presented at the IARS meeting. I am grateful to Dr. Jeff Pasternak and the Scientific Affairs Committee for coordinating this initiative and for reviewing and scoring the submitted abstracts. We will also present our regular Panel at the ASA Annual Meeting in October, and this year the panel will be coordinated by Dr. Deepak Sharma.

Several members have made requests for access to the SNACC membership list to conduct clinical practice surveys. We have recently tried to facilitate two such requests, but with limited success. The Scientific Affairs Committee is therefore looking again at how we might offer this service to members. I am confident that we will be able to find a solution that balances the wishes of those who seek access to our membership for clinical practice research, while still respecting the privacy of those who do not wish to contribute. I will report back on this matter in due course.

The SNACC consensus guideline on the Anesthetic Management of Endovascular Treatment of Acute Ischemic Stroke is almost complete. The draft guideline has now been reviewed by partner organizations and, following a short period of public consultation via the SNACC website, will be finalised prior to publication in the early summer. I am grateful to Dr. Pekka Talke and his group for their hard work in getting us to this stage. Please review the draft guidelines when they become available on the website and forward any comments to Dr. Talke.

The SNACC Bibliography, available to members via the SNACC website, has received very positive feedback. Dr. Rafi Avitsian and the Education Committee are now reviewing options for opening this resource more widely, possibly on a pay-to-view basis for non-members and with complimentary access for Residents/Fellows.

A short-lived Membership Taskforce is examining how we can deliver “added value” to our members, over and above the delivery of an outstanding Annual Meeting. The Taskforce is also considering how we can maintain and increase our membership base, including beyond our historic professional groups, in an increasingly competitive environment. The Taskforce will report its findings to the May Board of Directors Meeting.

A series of Special Interest Groups is being established by Dr. Deb Culley and I believe that these will become an integral component of SNACC business. Leaders of the SIGs have been appointed and further details will be available shortly on the website. Please consider whether you might be able to contribute to one of these SIGs when they are launched. The SNACC committees are also pivotal in driving the Society forward and you might also wish to consider serving on one of them. Details of their terms of reference and chairs are available on the relevant pages of the website.

Finally, I should like to take this opportunity to remind you that this year’s Annual Meeting will be held in San Francisco, October 10-11, 2013. Dr. Deb Culley has coordinated the development of an impressive program and this will be available soon on the website. In addition to the usual full Friday program, including the keynote lecture, mini-symposia, poster presentations and a
Editor’s Corner

Reza Gorji, MD
SNACC Newsletter Editor

I am glad you are reading the new SNACC newsletter. SNACC has become very successful as evidenced by the large number of new, as well as maintaining current members in its ranks.

In this issue of the newsletter, I interview two neuroanesthesia fellows from Northwestern University as well as Dr. Antoun Koht, one of the legends in neuromonitoring. Neuroanesthesia has changed significantly in the past decade; recall the days where there was no intraoperative neuromonitoring and the discovery of potential post-op deficits was on our minds. I invite you to look at the other sections of your newsletter. There are many important and interesting topics.

Please feel free to contact me should you have any questions or suggestions. Contributions to the newsletter are welcomed by all, including residents and fellows interested in neuroanesthesia.

Reza Gorji, MD

SNACC 41st Annual Meeting
CALL FOR ABSTRACTS

Abstracts for the 2013 Society for Neuroscience in Anesthesiology and Critical Care Annual Meeting will open on Monday, April 15th. The deadline for submission is Monday, June 3, 2013 11:59:59 PM EDT. No abstracts will be accepted after this date.

A Look at Our Future Plans

Continued from page 2

pro-con debate, we are expanding activities on Thursday afternoon. The successful TCD Workshops will present basic and advanced courses this year, and there will be a full afternoon Mentoring Workshop for Residents and Fellows. For the first time, we are also planning a Research Workshop (CNS Inflammation: Friend or Foe) at which we hope to encourage attendance by basic and clinical scientists from disciplines beyond neuroanesthesia and neurocritical care. The 2013 Annual Meeting will build on the successes of the 40th Anniversary Meeting and I urge you to save the dates in your calendar.

See you in San Francisco in October!
An Interview with Antoun Koht, MD, from Northwestern University

Reza Gorji, MD
SNACC Newsletter Editor

Editor’s Note: In this issue of the newsletter, I have the distinct pleasure of interviewing Antoun Koht, MD. Dr. Koht is one of the pioneers in neuroanesthesia and neuromonitoring and is a distinguished member of SNACC.

Editor: How long have you been running the fellowship program?

Dr. Koht: Our Northwestern neurosurgical anesthesia program went through two stages and was established twice; the first program period started July 1, 1979 and lasted until June 1989. The second fellowship period is our present program. The first program was established when I joined the program as a junior attending and closed shortly after I left Northwestern University. The current day program was reestablished after my return to Northwestern University on May 1, 2006. We applied for the program and obtained approval from the University for the starting date of July 1, 2007. Our first fellow of the present fellowship was Dr. John Bebawy who started on July 1, 2007. After finishing, Dr. Bebawy joined us as a staff member.

Editor: I know Dr. John Bebawy and he is a fine neuroanesthesiologist. Dr. Koht, how many fellows do you accept a year?

Dr. Koht: Our program is approved by the university for three fellows and the fellowship can be either one or two years, however, at present, we are funded for two positions. In the first year we had one fellow and since July 2008, we have consistently had two fellows at the same time. We already have two of our residents signed for the year 2013-2014.

Editor: How do you structure your fellowship? Research, Clinical, ICU, etc.

Dr. Koht: Our fellowship includes both clinical and research components.

A. The clinical components include:
   a. Surgery on the cranium.
   b. Surgery on the spine with high risk spine.
   c. Interventional neuroradiology.
   d. Neurocritical care.
   e. Neurophysiological monitoring.

B. The clinical setup includes:
   a. Hands on experience by doing their own cases.
   b. Intermediary supervisory rule under the direction of the attending where they supervise residents or CRNAs.
   c. Night Calls from home to cover selective cases.

C. The research includes:
   a. Research is an important component of our fellowship. Fellows are involved in designing and executing one research project and they participate in ongoing group projects and ultimately participate in writing and presenting the results.
   b. Multiple papers were published by fellows from work done during their fellowship.
   c. Four of our fellows received either the SNACC Travel Award or the Northwestern Goldberg Travel Award.
   d. Our fellows presented some of their work at MARC/SNACC/ASA/IARS/ASNM.
   e. Two of our fellows presented at two international conferences.

Editor: It’s a beautiful blue print for emerging neuroanesthesia programs. What’s the most satisfying part of your career as it pertains to running a neuroanesthesia fellowship program?

Dr. Koht: The most satisfying part of running the fellowship is seeing the results. Watching new fellows start and finish their training, gaining good experience, and
becoming comfortable with all kinds of neurosurgical cases is a fulfilling achievement. Equally important, is seeing our fellows get comfortable with neurophysiological monitoring. They are able to provide optimized anesthesia, recognize changes, participate effectively in the differential diagnosis of such changes, and ultimately help in the treatment. This is especially important for the future to fulfill a possible shortage.

Editor: For me, the most satisfying part of training residents is when I see them having pride in their work. How do you think SNACC can augment the present day neurofellow? Is there room for improvement?

Dr. Koht: There is always room for improvement and SNACC can achieve the following:

a. Set a teaching curriculum to establish uniformity between the different centers.
b. Enhance resources for residents and staff at the SNACC website.
c. Identify the strength of the different centers and the ways by which these centers can share and help each other's educational program.
d. Start advance training in neurocritical care that leads to certification.
e. Establish advanced training in neurophysiological monitoring which will lead to certification. This is important for the future, especially if other providers start to leave this field.
f. Enhance the neurological anesthesia presence in the interventional neuroradiology suites.

Editor: I love your answers. It shows your dedication to SNACC. Where do most of your fellows end up career wise, in an academic setting or private practice?

Dr. Koht: Most of our fellows end up in academic anesthesia or in large hospitals with distinguished neurosurgical anesthesia practices. Two of our fellows, Dr. John Bebawy and Dr. Laura Hemmer, remained as faculty in our institution, and they have become active SNACC and ASNM members. This includes Dr. Bebawy’s role on the SNACC Education Committee and Dr. Hemmer’s continued participation in SNACC, ASNM, and ASA neurophysiological monitoring workshops.

Editor: When you look back at your career, which one of your fellows stand out the most and why?

Dr. Koht: This is a very hard question, our fellows are like my children, I love them all. Each one has something special to contribute in his or her own way.

Editor: I love and understand your answer. I feel the same way towards my residents who have been hard working and have pride in their work. Thank you so much for your time and participation.

SNACC Newsletter Schedule

SNACC’s newsletter is open to submission by members of SNACC. Please adhere to the following schedule. Submissions do not guarantee publication. We are interested in news and articles of interest from the membership at large. In addition, if you have a question to ask any of the officers of SNACC, you can submit them as well. Due to time and the volume of issues anticipated, not all questions can be answered.

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An Interview with Neuro Fellows at Northwestern University, Drs. Natalie Moreland and Erin McNicholas

Reza Gorji, MD
SNACC Newsletter Editor

Editor’s Note: I hope you enjoy reading this interview. It offers a glimpse of the young members of SNACC.

Editor: Drs. Moreland and McNicholas, thank you for agreeing to answer some of my questions. It always intrigues me to discuss neuroanesthesia with the forthcoming generation of neuroanesthesiologists. What made you decide to do a neuro fellowship?

Natalie Moreland, MD: I decided to do a neuro fellowship for several reasons. First, I really enjoyed the complexity of the cases and how anesthetic management plays an integral role in the neurosurgical procedure and its outcome. Secondly, I wanted to further strengthen my clinical skills. A neuro fellowship allows for advanced training in airway management, placement of invasive monitors, and intraoperative management of highly specialized cases. Lastly, during residency I developed strong mentorships in the neuroanesthesia division through my research project in spine patients, and I wanted to continue my work with them for another year.

Erin McNicholas, MD: I really enjoyed my neuroanesthesia rotation in residency. I think that providing anesthetics for neurosurgical patients can be particularly satisfying. Knowing that what I do in the operating room or in the interventional radiology suite can directly impact the patient's life and their ability to function is what motivates me.

Editor: What’s the best part of your fellowship? I know its Dr. Antoun Koht but there has to be other reasons you decided to pursue this fellowship.

Natalie Moreland, MD: The best part of my fellowship is the flexibility. I can choose which case or cases interest me. I have the opportunity to supervise residents and nurse anesthetists as well as perform anesthetics on my own under the supervision of an attending.

Erin McNicholas, MD: As a resident, the neuroanesthesia rotation is only one month long and during some months, for example, there are less aneurysm clippings or awake craniotomies than other months. As a fellow, I have the opportunity to provide anesthetics for patients with various neurological diseases undergoing different types of neurosurgical procedures on a daily basis. Every day I am exposed to something new and I learn from my patients. Our neuroanesthesia attendings are also one of the best parts of my fellowship.

Editor: What’s the hardest part of being a fellow? The easiest and most satisfying part?

Erin McNicholas, MD: Supervising and teaching residents is both the hardest part and the most satisfying part of being a fellow. It is sometimes difficult to know how much to help residents without interfering with their learning. It is satisfying when residents tell me that they have enjoyed their neuroanesthesia rotation and that they have learned a lot on their rotation. The best is when a resident decides to do a neuroanesthesia fellowship because of their experience during their rotation.

Natalie Moreland, MD: I think teaching residents is the hardest part and the best part. It is a challenge to explain how to perform procedures, for example, without simply taking over. On the other hand, it is satisfying when a new CA-1 resident becomes much more confident with complex cases after a one month rotation or when I notice improvement in procedural techniques.

Editor: Very interesting that you both mentioned teaching other residents as challenging. Were you able to do any research and if so, on what?

Erin McNicholas, MD: I was able to do some research on scalp blocks in patients undergoing awake craniotomies.

Natalie Moreland, MD: Yes, I have been able to do research in clinical outcomes after multi-level spine fusion surgery. We
are currently enrolling patients in a trial randomizing high risk spine patients to tranexamic acid versus placebo with a primary outcome of amount of blood transfused.

**Editor:** What do you expect to do with your fellowship after you are done?

**Natalie Moreland, MD:** I have accepted a job in private practice at a hospital with a neurointerventional suite, stroke center, and an expanding neurosurgery department.

**Erin McNicholas, MD:** I hope to be able to continue to provide anesthetics for neurosurgical patients and to continue to expand my knowledge of neuroanesthesia.

**Editor:** I really like the fact that you are using your education to pursue your careers in neuroanesthesia. Do you think SNACC is relevant to neuroanesthesia?

**Natalie Moreland, MD:** Yes, I find SNACC completely relevant to neuroanesthesia, as it is a forum where researchers and clinicians can learn from each other in order to advance the care of neurosurgical patients. I plan to continue my membership as a start to my career and I look forward to connecting with former and new colleagues.

**Erin McNicholas, MD:** Yes, SNACC provides a means of advancing our profession through networking, collaboration and the sharing knowledge and ideas so that we can better care for our patients.

**Editor:** I always love to ask this question so please forgive me in advance: Do you think a neuroanesthesiologist is different than a general anesthesiologist?

**Erin McNicholas, MD:** A neuroanesthesiologist is a general anesthesiologist that has had additional training and experience caring for the neurosurgical patient. They are more familiar with neuromonitoring, neuroprotection and the perioperative management of the neurosurgical patient for a variety of procedures from awake craniotomies to AVM resections to complex spine surgeries.

**Natalie Moreland, MD:** While a neuroanesthesiologist and a general anesthesiologist possess the same fundamental skills needed to safely perform an anesthetic, I think that neuroanesthesiologists’ subspecialty training and broader experience with the management of neurologically impaired patients on a routine basis makes them well equipped to manage neurosurgical cases and their potential complications. In addition, I think that in general neuroanesthesia is a fundamentally academic specialty, whereas the majority of general anesthesiologists are not in academic practice.

**Editor:** This is a difficult question, but in your opinion where do you see neuroanesthesiologists in 15 years?

**Natalie Moreland, MD:** I see neuroanesthesiologists continuing to take care of patients in the operating room and perhaps also expanding their role outside the operating room in the care of pre-operative and post-operative patients.

**Erin McNicholas, MD:** Advances in technology are making it possible to do more complex neurosurgical procedures. This directly affects the depth of knowledge required to provide anesthesia for increasingly complex neurosurgical patients. Fellowship trained neuroanesthesiologists will be essential.

**Editor:** I’ve asked you tough questions. Do you have any questions to ask me?

**Natalie Moreland, MD:** What advice do you have for me as I start my career as a neuroanesthesiologist?

**Editor:** Your career is just starting; pass your boards then continue to study and have pride in what you do as well as be humble to your patients and neuroanesthesia.

**Erin McNicholas, MD:** What do you think is the best part about being a neuroanesthesiologist? What is the most challenging part of being a neuroanesthesiologist? Where do you see neuroanesthesia in 15 years?

**Editor:** I think the answer to that question varies from person to person, but for me it is alleviating suffering and putting a human face to patients who suffer sometimes devastating neurological disease. Many times patients are described as someone with a mass lesion or an entity with high ICP. The patients are not physiological parameters. They have feelings and need and deserve compassion and care from us as neuroanesthesiologists.

*Continued on page 8*
Are Anesthetics Safe for Children?

The safety of anesthetics in the developing brain of infants and young children has become one of the most important questions in the practice of pediatric anesthesia. Each year, millions of infants and young children undergo surgeries that require anesthetics or sedatives. However, we know very little about the impact of these drugs on the developing brain. Research has shown that commonly used anesthetics can produce adverse neurobehavioral effects in young animals, but the results of studies in young children are mixed.

SmartTots, a public/private partnership between the U.S. Food and Drug Administration (FDA) and the International Anesthesia Research Society (IARS), was created to help close research gaps related to the effects of anesthetics on the developing brain and ensure the safety of infants and young children undergoing anesthetics in medical procedures. Findings from SmartTots research studies will determine the safety of commonly used anesthetics and sedatives in medical procedures. Findings from SmartTots research studies will determine the safety of commonly used anesthetics, establish new practice guidelines, and potentially foster the development of new, safer anesthetics and sedatives.

In December 2012, SmartTots released a consensus statement regarding the safety of anesthetics and sedative agents administered to infants and young children. The consensus message, endorsed by the International Anesthesia Research Society (IARS), US Food and Drug Administration (FDA), the American Academy of Pediatrics (AAP), the Society for Pediatric Anesthesia (SPA), and the Society for Neuroscience in Anesthesiology and Critical Care (SNACC) is intended to enable immediate awareness and education for parents and physicians while research studies look for more definitive data to either prove or disprove the existence of real and clinically relevant risks to children.

“SNACC is pleased to support SmartTots as part of its broader mission to promote excellent patient care through professional and public education,” shared Martin Smith, President of SNACC.

SmartTots is actively securing funds for new and ongoing investigations that will help close research gaps and ensure the identification of safe anesthetic treatments. We need your support to conduct well-controlled studies that yield definitive answers about the possible risks of anesthesia and sedation in infants and young children. We can’t wait any longer. We need to start now.

Please donate to SmartTots online today at www.SmartTots.org/Donate. Your gift will be matched by 50%, increasing the total impact of your donation.

Dues Renewal

Renew your SNACC membership today. Every day neuroanesthesiologists and neuroscientists enlighten others on the value of SNACC and supporting it. That’s because we believe in the power of SNACC’s membership. Go to www.snacc.org to renew your membership and take advantage of our many member benefits.

The most challenging part of my job is to instill pride in my residents. In 15 years, I see neuroanaesthesia as an established entity of anaesthesia (probable board specialization) with more advanced techniques available through better understanding of applied pharmacology and physiology to patients with neurosurgical problems. There will be enhanced monitoring of patients thru means not imaginable today.
Global Audit of Treatment of Refractory and Super-Refractory Status Epilepticus

Study coordinators, on behalf of the International Steering Committee

Professor Simon Shorvon  
UCL Institute of Neurology  
London, England

Professor Eugen Trinka  
Paracelsus Medical University  
Salzburg, Austria

Dr. Sara Hocker  
Mayo Clinic  
Rochester, United States

Dr. Monica Ferlisi  
University Hospital Verona, Italy

We invite you to join us in a global audit of the treatment of refractory and super-refractory status epilepticus. Intensivists from around the world are being asked to participate in order that we may better understand the range of treatment practices used in the refractory and super-refractory stage of status epilepticus around the world. This information will be collected via a prospective multicentre case registry using ‘active surveillance’. We consider this as an exploratory analysis of current treatment practices and outcomes around the world, in the recognition that randomized data is not possible to collect and that individual units will see cases too infrequently to collect large numbers. The audit is governed by a Steering Committee comprised of neurologists and neurointensivists from the United Kingdom, Austria, Italy and the United States. Stated aims of the audit are:

• To gain a better understanding of the range of treatments used and outcomes associated with the refractory/super-refractory stage of status epilepticus around the world.

• To identify key areas for future research in the treatment of refractory and super refractory status epilepticus.

Refractory status epilepticus is defined as: status epilepticus not responding to adequate treatment with benzodiazepines and at least one intravenous antiepileptic drug, requiring general anesthesia in an intensive care unit (ICU). Super-refractory status epilepticus is defined as: status epilepticus that continues, despite general anesthesia for more than 24 hours. Participation is free and any physician taking care of these patients is encouraged to enroll de-identified data on all patients with refractory/super-refractory stage status epilepticus hospitalized at their institution. A standardized, web-based data collection form allows for easy data entry.

No patient identifiers will be requested. As this is an audit of physician practice preferences, ethics approval is not usually required. Patient consent is not usually required as these are questions about the treating physician’s preferences and judgment.

To Participate:

A participating doctor simply has to supply his/her email address and a few basic demographic details. Once he/she is signed on, the following will be the investigatory procedure:

1. Monthly emails are sent to each participating doctor (automatically from the website).

2. The email asks if a case has been seen in the previous month. If the answer is no, the doctor just clicks on a link and a ‘thank you’ notice is posted.

3. If the answer is ‘yes’ the doctor clicks on the ‘Yes, a case has been seen’ button, and this is a link which opens the online questionnaire page. He or she is asked to take the questionnaire (it should take 3-5 minutes and can be completed from memory without accessing hospital notes).

4. Once a case is reported, in two weeks questionnaires are automatically sent (taking 1-3 minutes to complete), asking about the treatment being used, until the patient is no longer on the ICU when an outcome questionnaire is sent, followed by a final outcome questionnaire 6 months later.

Link to Website:  
www.status-epilepticus.net/

If you have any queries, please do not hesitate to contact us at:  
info@status-epilepticus.net
SNACC 2013 Annual Meeting Update

Deborah Culley, MD
Vice President for Education and Scientific Affairs

The 2013 Annual Meeting of the Society for Neuroscience in Anesthesiology and Critical care will be held October 10-11, 2013 in San Francisco, CA. The meeting will begin with a schedule of concurrently running Workshops and a Research Symposium beginning at noon on Thursday, a Thursday evening Dinner Symposium, and conclude with the formal Annual Meeting on Friday.

The Thursday workshops are diverse and include a Mentoring Workshop organized by Jeffrey Pasternak, MD and Chanannit Paisansathan, MD and two Transcranial Doppler Ultrasonography Workshops organized by Deepak Sharma, MBBS, MD. The Mentoring Workshop will include lectures from four distinguished SNACC members. Michael Todd, MD will speak on Experience with a Formal Mentoring Program, Gregory Crosby, MD on Getting Started and Staying Alive in Research, William Lanier, Jr., MD on Academic Advancement and Promotions: Philosophy and Application, and Kathryn Lauer, MD on Work-life Balance and the Enjoyment of Academic Medicine and will be moderated by Jeffrey Pasternak, MD. Although all members are welcome to attend this workshop it is intended for residents, fellows and junior faculty and preregistration is required.

The instructors for the two Transcranial Doppler Ultrasonography Workshops include Drs. Deepak Sharma, Arthur Lam, Andrew Kofke, Luzius Steiner, Abhijit Lele and Ryan Pong. This year there will be a “Beginning Workshop” to introduce basic principles and techniques of Transcranial Doppler Ultrasonography and its application to the practice of Neuroanesthesiology and an Advanced TCD Workshop that will include discussion on the specific applications of TCD ultrasonography and interpretation of TCD waveforms.

In addition to the workshops, a Research Symposium on CNS Inflammation: Friend or Foe? has been organized and moderated by William Armstead, PhD and will occur on Thursday afternoon. This symposium will include a lecture on the Physiology and Pathophysiology of Brain Inflammation by Edward Sherwood, MD, the Role of Inflammation in POCD and Alzheimer’s Disease by Roderic Eckenhoff, MD, the Role of Inflammation in the Development of Chronic Pain Syndromes by Temugin Berta, PhD and the Role of Inflammation in Stroke by Midori Yenari, MD. A poster discussion session will follow the lectures and all interested SNACC members and non-SNACC members interested in CNS inflammation are welcome to attend although registration is required.

The Thursday Dinner Symposium is being organized by W. Andrew Kofke, MD, MBA and is sponsored by a generous grant from Masimo. The theme will be Blood Products and Fluids in Neurosurgery. Three 30-minute talks are planned. The moderator will be W. Andrew Kofke MD, MBA,
FCCM, University of Pennsylvania. The three speakers will be: Keith Ruskin, MD, Yale University who will speak on *Issues in RBC Transfusion in Neurosurgery Patients*, Jerrold Levy, MD, FAHA, FCCM, Duke University speaking on *Managing Anticoagulated Patients in Neurosurgery* and Jose Suarez, MD, Baylor College of Medicine in Houston who will speak on the *Use of Colloids and Crystalloids in Neurosurgery*.

Like the Workshops and the Research Symposium, this year's Annual Meeting agenda is packed with interesting speakers and topics. The Key Note Lecture will be moderated by Adrian Gelb, MBBS, FRCPC, who will introduce Robert T. Knight, MD, Professor of Psychology and Neuroscience from UC Berkley who will speak on *Lessons from Direct Cortical Recording – Can We Hear What You Think?* A Mini Symposium entitled *Psychoneuroanesthesia-Really?* will be moderated by David Warner, MD and will follow the Key Note Lecture. The speakers for this session will be Laszlo Vutskits, MD, PhD on *General Anesthetics: Do They Trigger or Treat Psychiatric Diseases?* and Philip Starr, MD, PhD a neurosurgeon, on *Deep Brain Stimulation and Depression*.

Following the first Mini Symposium and the Poster Session, moderated by Jeffrey Pasternak, MD, we will attend our Business Luncheon that will include presentation of the Resident Research Awards and the John D. Michenfelder Award.

In the early afternoon, William Young, MD will moderate the second Mini Symposium on *Neuroanesthesia: Myths and Fads*. Speakers include Arthur Lam, MD, *Evoked Potential Monitoring – the Good, the Bad and the Ugly*, Ramsis Ghaly, MD, *Do Neurosurgeons Need a Neuroanesthesiologist?*, Michael Todd, MD, *Neuroanaesthesia and Dead Horses – Round 2?* and Elizabeth Sinz, MD, *Every Neuroanesthesiologist Should Participate in NeuroSim*. The day will conclude with the traditionally lively Pro/Con Debate between John Drummond, MD, *Does Ice Cream Really Cause Boating Accidents?*, and William Lanier, Jr., MD, on *The Utility and Validity of Database Research* that will be moderated by Cor Kalkman, MD, PhD.

We are looking forward to a lively and interesting 41st annual meeting and look forward to seeing you in San Francisco.
41st Annual Meeting
October 10-11, 2013

Society for Neuroscience in Anesthesiology and Critical Care
2209 Dickens Road • Richmond, VA 23230-2005
(804) 565-6360 • snacc@snacc.org • www.snacc.org

Photos courtesy of Lewis Sommer, San Francisco Convention & Visitor's Bureau