President’s Address: Karen B. Domino, M.D., M.P.H.

I’m honored to serve as the 31st President of the Society of Neurosurgical Anesthesia and Critical Care (SNACC). Please join me in welcoming the two newly elected members-at-large to the board: Andy Kofke (University of Pennsylvania) and Susan Black (University of Alabama). Both are leaders in neuroanesthesiology and both have had a long-term commitment to SNACC. The board welcomes their energy and input!

In keeping with the mission of SNACC, the board has three major goals for SNACC in the coming year: to enhance collaborative research, increase web-based educational material, and increase membership involvement through its committee structure.

SNACC has been a leader among anesthesiology subspecialties in collaborative multi-institutional research, with the recently published IHAST trial (Todd MM et al., N Engl J Med 2005; 352:135-45). Although the prospective, randomized controlled trial is the gold standard, this design is costly in both time and money. Epidemiological projects can be fairly easily done within the context of clinical care and they increase our knowledge concerning anesthesia safety. Just look at the outstanding French studies on the complications of regional anesthesia (e.g. Auroy et al., Anesthesiology 2002; 97:1274-80). SNACC is a fertile environment for collaborative research, with our network of international centers from the IHAST trial and a largely academic membership.

The epidemiology of the devastating complication of blindness after prone spine surgery, ischemic optic neuropathy (ION), is an area of intense interest and importance. Fortunately, as our membership can attest, this devastating complication is rare, occurring in approximately 1:2500 prone spine surgeries. The mechanisms of and risk factors for ION are poorly understood. The ASA sponsors the Postoperative Visual Loss Registry (POVL), but unfortunately, the POVL Registry only describes the characteristics of cases with postoperative visual loss. It cannot evaluate associations between any particular risk factor and ION nor enlighten us as to how to prevent ION from occurring.

The ASA formed a Task Force on Perioperative Blindness this year to develop a consensus statement on the prevention of blindness following prone spine surgery. SNACC members, along with neuro-ophthalmologists and spine surgeons, will be polled regarding their opinions. You will receive a questionnaire soon, and your responses will be very much appreciated, as much of the evidence in the advisory will be the consensus opinion of experts and practitioners.

On the research end, we are considering enlisting SNACC members to provide information on control patients without visual loss for a case-control study, using cases from the POVL Registry. By matching on various characteristics, we can determine whether anesthetic factors such as anemia, hypotension, and fluid management are truly important risk factors for ION. As plans unfurl, we will describe them further in subsequent newsletters and at next autumn’s annual meeting. This study would be an important step in the direction for collaborative research efforts as a society.

Thanks for the opportunity to serve as the President of SNACC this year. I welcome your comments, questions, and feedback.

With warmest regards,
Karen B. Domino, M.D.

32nd Annual Meeting Report

This year’s program hosted 219 members of SNACC at the Flamingo Hotel in Las Vegas Nevada. Keynote lectures by renowned authorities in basic and clinical neurosciences were combined with the presentation of 93 scientific abstracts by the SNACC membership. Their abstracts are published in the Journal of Neurosurgical Anesthesiology, 2004, 16:328-45.

Basic Science Keynote Lectures on “Stem Cells”. The morning session provided basic science and ethical perspectives on a highly promising and controversial topic, Stem Cell Research. Evan Snyder, M.D., Ph.D., Director of Stem Cells and Regeneration at the Burnham Institute, San Diego began the proceedings by providing an extensive overview of the biology of stem cells. Drawing on work from his laboratory, Dr. Snyder detailed the various “types” of stem cells and their potential to provide another therapeutic modality for the treatment of acute central nervous system injury and neurodegenerative diseases. As a prelude to the following lecture, he also touched on the raging controversy on public funding of stem cell research in the state of California.

Patricia Churchland, B. Phil., the chairman of the Department of Philosophy at UCSD is an outspoken leader in the exploration of ethical issues surrounding stem cell research. In her lecture entitled, “Science, Religion and Stem Cell”, she gave a historical synopsis on how religion and society influences scientific innovation. Both Drs.
32nd Annual Meeting Report (cont. from page 1)

Snyder and Churchland’s provocative perspectives on stem cell research fueled a lively and contentious debate between the speakers and members of the audience.

Clinical Keynote Lecture on “The Interaction of the Lung and Brain”: Professor Luciano Gattinoni an international authority on mechanical ventilation and Professor of Anesthesiology and Critical Care at the Universita degli Studi di Milano, (Milan, Italy) provided his perspective on the physiological link between the brain and lung. Dr. Gattinoni outlined in detail the close interaction between these two organ systems. At times competing demands may complicate the management of ventilation in head injured patients. Such is the case with permissive hypcapnia for lung preservation and hypocapnia for reducing intracranial hypertension. He proposed innovative techniques for mechanical ventilation such as inducing negative intra-abdominal pressure and ventilation in the prone position.

Problem Based Learning Discussion: Dr. Susan Black served as the moderator to three expert clinician-members of SNACC as they conducted clinical discussions of neurosurgical and critical care scenarios. Dr. Martin Smith (University College London, UK) discussed the approach to the head injured patient in the ICU setting. Dr. Lorri A. Lee (University of Washington, Seattle) covered the perioperative management of the prone patients at risk for visual loss. Dr. Lisa Faberowski (Duke, Durham) outlined the perioperative issues in managing a pediatric patient with diabetes insipidus undergoing resection of a cranio-pharyngioma. Detailed syllabi of these case presentations can be found at www.snacc.org.

Hands-on Workshops: Attendees received instruction on the use of the Transcranial Doppler by Drs. Arthur M. Lam and Christian Werner, the vascular ultrasound by Dr. Andrew Bowdle, and Transthoracic Echocardiography by Dr. Donald Oxorn.

Clinical Symposium: Results from the IHAST2: The late afternoon session was a forum on International Hypothermia for Aneurysm Surgery Trial (IHAST-2). The results were presented by trial members Dr. Michael Todd, Dr. Bradley Hindman, (University of Iowa), and Basil Matta (Addenbrookes Hospital, Cambridge, UK). Drs. Clalbrone Johnstone, William Young (University of California, San Francisco), David S. Warner (Duke, Durham) and Sander Connolly (Columbia, New York) were invited for their unblased commentary. The IHAST2 members presented the study design and results of this randomized control trial involving 1001 patients from 30 medical centers throughout the world. Patients were randomized to either normothermia or mild hypothermia (33.5 °C) intra-operatively. The primary endpoint was the Glasgow Outcome Scale score 3 months after surgery. Despite the large study cohorts, intra-operative hypothermia did not have a significant effect on 3-month outcome in these patients. Discussion from the invited commentators and members of the audience reflected the quandary presented by this negative trial. Many felt that hypothermia should have a neuroprotective effect during cerebral aneurysm surgery, perhaps only in specific subgroup of patients. As a result, some neuroanesthesiologists and neurosurgeons may not change the current practice of perioperative cooling despite the results of this epic trial. The IHAST2 study has recently been published in the January 13, 2005 issue of the New England Journal of Medicine (NEJM, 2005;352:135-45).

Joint SNACC-ISAP Dinner Symposium: Dexmedetomidine: Molecular Mechanisms of Action and Clinical Application. Drs. Piyush Patel and Steven M. Shafer from the SNACC and ISAP respectively, moderated this basic and clinical science review of dexmedetomidine. Drawing from his laboratory work, Dr. Mervyn Maze (Imperial College, London, UK) reviewed the molecular mechanisms behind the sedative and analgesic action of dexmedetomidine. Dr. Robert H. Sladen Chief, Division of Critical Care, Columbia University, New York provided an overview of the clinical applications of dexmedetomidine, especially as a sedative agent for patients in the intensive care unit. The Dinner Symposium was supported by an unrestricted educational grant from Hospira, Inc.

2004 New Investigator Awardee: Olaf L. Cremer, MD

The SNACC New Investigator Award was presented by Dr. Rona Giffard to Dr. Olaf L. Cremer for his work ‘Effect of Intracranial Pressure Monitoring and Targeted Intensive Care on Functional Outcome after Severe Head Injury’. Dr. Cremer is a resident in Anesthesiology at the University Medical Center Utrecht, the Netherlands. With Dr. Cor Kalkman serving as his research mentor, Dr. Cremer compared two trauma centers with very similar patient profiles but very different intensive care management. Compared with supportive intensive care without ICP monitoring, ICP/CPP targeted care resulted in prolonged mechanical ventilation and increased morbidity, without evidence for improved outcome in comatose patients who survived beyond 24h following severe head injury. These findings suggest that it is acceptable to withhold ICP monitoring in this setting. Dr. Cremer is also a PhD candidate working on "Goal-directed therapy in traumatic brain injury. The studies that will form part of his thesis include: effects of increased ICP on autoregulation in traumatic brain injury patients, effects of experimental therapeutic hyperthermia on cerebral autoregulation, predicting functional outcome after TBI, and 'propofol infusion syndrome' in patients receiving high-dose propofol sedation during intensive care treatment for TBI. As part of this combined PhD/residency project Dr. Cremer completed the MSc program in Clinical Epidemiology at the Netherlands Institute of Health Sciences, Erasmus University Rotterdam. He hopes to pursue an academic career in Anesthesiology and will do a postgraduate fellowship in intensive care after completion of his thesis and residency training early in 2006. SNACC congratulates Dr. Cremer and his mentor Dr. Cor Kalkman for their outstanding work.
2004 Distinguished Service Award: James E. Cottrell, MD

SNACC has had a tradition of recognizing the contributions that neuroanesthetists and neuroscientists have made to the specialty of neuroanesthesia and to the larger anesthesiology community as a whole. In that spirit, SNACC recognizes the important contributions made by Dr. James E. Cottrell, Professor and Chair of Anesthesiology, SUNY Downstate Medical Center Brooklyn, New York. Dr. Cottrell is the immediate Past President of ASA and founder of both SNACC and the Journal of Neurosurgical Anesthesiology. He is the author of many authoritative publications in the field of neuroanesthesiology and has been an influential mentor to many neuroanesthesiologists who were trained at SUNY Downstate over the years. He recognized these distinguished members of SNACC including, Drs. Audree Bendo (recipient of the Teaching Award), John Hartung (co-editor of JNA) and Ira Kass.

2004 Distinguished Teacher Award: Audree Bendo, MD

The Distinguished Teacher Award was presented to Dr. Audree A. Bendo, for her ever stimulating and excellent way in teaching young professionals the ins and outs of neuroanesthesia. Dr. Bendo pointed out that she, in turn, had had a magnificent teacher in Dr. James E. Cottrell, M.D. A trainee noted that, “At all times she was my mentor and role model and has given me the tools and strategies that have contributed to my success as a neuroanesthesiologist.” What better way to achieve the SNACC mission than to be a teacher to future generations of neuroanesthesiologists.

Nominations for Officers

The Nominating Committee (C. Stella Tommasino, M.D., Brenda Fahy, M.D., and Verna Baughman, M.D.) seeking nominations for Secretary/Treasurer and three Board-at-Large members for election at the October 2005 SNACC meeting. The bylaws read “Additional nominations for officers may be made by the membership by petitions duly filed with the Secretary/Treasurer at least thirty (30) days prior to an election at the annual membership meeting. In order to qualify as nominating petitions, there shall be affixed thereto the signatures of twenty-five (25) members of the Society as a minimum.” Individuals chosen for the Secretary/Treasurer position are those who have demonstrated a commitment to SNACC and have served the Society in a number of administrative positions. Their experience with these administrative responsibilities as well as their effectiveness in performing these tasks is crucial in their nomination. C. Stella Tommasino, M.D.

SNACC/ASA Breakfast Panel – Awake Craniotomy

The annual SNACC/ASA breakfast panel was held on Tuesday morning, October 26, in the Las Vegas Hilton. Dr. Mark Zornow served as the moderator for the meeting that focused on the airway and sedation strategies used for awake craniotomies. Dr. W. Andrew Kolke provided a historical background on awake craniotomies and then discussed the current indications for this procedure. Next, Dr. Alex Bekker described some of the pharmacologic agents, including dexmedetomidine, that have been successfully used for sedation and analgesia for this operation. He emphasized the need to be able to rapidly alter the patients’ level of consciousness, depending on stage of the procedure. Finally, Dr. Irene Osborn related her experience with the use of LMAs to assist in the management of the airway during awake craniotomies. She presented short video clips of the successful use of LMAs in patients with some very challenging anatomy. The meeting concluded with an opportunity for the members of the audience to ask questions of the panelists and relate some of their experiences with sedation and airway management techniques for awake craniotomies. Mark Zornow, M.D.
Laboratory Focus: Looking into the Brain
University of Cambridge, Division of Anaesthesia, UK

1. Organisational context, infrastructure and facilities
The research program of the University Division of Anaesthesia aims to understand regional cerebral pathophysiology to advance the care of critically ill patients after brain injury, from initial ictus, through recovery, coma and rehabilitation, to final outcome. These aims have been realized through grants based in the Wolfson Brain Imaging Centre (WBIC), which have formed a focus for productive collaboration with other departments in the Clinical School, and the broader neuroscience community in Cambridge. Substantial academic leadership for this research program has come from the Division of Anaesthesia (DKM is Co-Chair of the Acute Brain Injury Program), but key collaborations have included NHS colleagues in the Neurocritical Care Unit (Drs Absalom, Burnstein, Duane, Gupta, Matta, Morris, and Swami), the University Departments of Neurosurgery, Psychiatry, and Experimental Psychology, and the MRC Cognition and Brain Sciences Unit. The WBIC houses a positron emission tomography (PET) camera and a 3 Tesla magnetic resonance imaging (MRI) system. The research program in the Division has also supported the maturation of a multimodal bedside monitoring programme, with implementation of microdialysis, neurochemistry and mathematical modeling initiatives. This clinical research is underpinned by a program of experimental research in acute brain injury based at the Cambridge Brain Repair Centre (BRC), which provides excellent facilities for stem cell biology and access to the only quantitative animal PET system (microPET) in the UK.

2. Clinical excellence as a platform for innovative research
Central to the success of the brain injury programme has been the establishment of a state-of-the-art Neurosciences Critical Care Unit (NCCU) adjacent to the WBIC. Protocol driven management has facilitated research, with clear evidence of mutual benefit for research and clinical care imperatives (Fig 1a). A partnership between the Regional Health Authority and Addenbrooke’s NHS Trust has resulted in a £2 million investment and expanded the NCCU from 11 to 21 beds (Fig 1b). The collaboration with the NHS Department in Cambridge provides added value by ensuring a close and productive interaction between clinical service delivery and research. The quality of research is greatly improved by the acquisition of high quality outcome data, undertaken within the context of the NCCU follow up clinic, which is the only one of its kind in the UK.

3. The Acute Brain Injury Program
The imaging programme in acute brain injury is based on clinical studies in brain trauma and subarachnoid haemorrhage, which have addressed the central role of abnormal cerebrovascular physiology in the injured brain. Over the last 5 years we have published over 50 papers in this area. Some of these have delivered key methodological advances, which have allowed the use of modern imaging tools in this setting. Others have enunciated key pathophysiological concepts that have changed the way we look at neurocritical care in these conditions. Finally, we have used the methodological advances to better understand pathophysiology in brain injury. Thus, we have developed methodologies to quantify distributed ischaemia in the injured brain using $^{15}$O-PET, and used these to unequivocally demonstrate, for the first time, that true ischaemia does occur in the context of head injury (Fig 2). Combining these imaging techniques with novel bedside monitoring tools such as tissue oxygen monitoring has allowed us to identify microvascular dysfunction as a mechanism that increases oxygen diffusion barriers. Such microvascular ischaemia is responsible for a perfusion-utilisation mismatch in the brain, and is now recognised to be an important cause of tissue hypoxia, and is part of a novel conceptualisation of the “traumatic penumbra”, which represents the portion of brain at risk and amenable to therapy. A rigorous analysis of the test-retest capabilities of PET has allowed us to define the dangers of some commonly used therapies across patient populations, while highlighting inter-individual variations in benefits from others. Perhaps most importantly, we have not confined our research to the acute phase. The NCCU follow up clinic has allowed us to acquire high quality outcome data, and recruit patients to studies in the recovery phase. These studies allow us to relate acute physiology (which we manipulate) to eventual outcome, and provide new (and sometimes surprising) insights. For example, we have recently shown that the cognitive deficits seen after head injury are best related not to focal sites of injury, but to dysfunction of specific (particularly cholinergic) neurotransmitter systems (Fig 3). These have raised important pathophysiological questions regarding the mechanisms of specific cholinergic vulnerability, and suggested new avenues of therapy, both in the acute and chronic phase.

Fig 1a. protocol driven therapy on outcome from head injury, measured as the Glasgow Outcome Score

Figure 2. PET images after early head injury. X-ray CT, PET CBF, and OEF images obtained from a 42-year-old woman 16 hours after injury following evacuation of a subdural hematoma. (From Ref 2).
In combination with the SNACC meeting, the Neuroanesthesiology Track at the ASA results in a fantastic educational and scientific program in clinical poster-discussion sessions, and one large poster session.

The Task Force on Neuroanesthesiology was chaired by Dan Cole, M.D., and included Audree Bendo, M.D., Karen Domino, M.D., Hugh Hemmings, and basic neurosciences!

“Cerebral Protection. What do I do in my daily practice, and where are we going?” and “Cerebral Aneurysms: Is my practice going to be in the operating room or the neuroradiology suite?” will also be presented, followed by an oral abstract session on anesthetic neurotoxicity. In addition to the standard Refresher Courses, there will be two Refresher Course Sessions, during which 3 Refresher Courses will be presented during a two hour time block. Topics for these include “Cerebral Protection. What do I do in my daily practice, and where are we going?”

The Scientific Sessions will also take place on Saturday and Sunday and involve three oral abstract sessions, three poster-discussion sessions, and one large poster session.

In combination with the SNACC meeting, the Neuroanesthesiology Track at the ASA results in a fantastic educational and scientific program in clinical and basic neuroscience! The Task Force on Neuroanesthesiology was chaired by Dan Cole, M.D., and included Audree Bendo, M.D., Karen Domino, M.D., Hugh Hemmings, M.D., Arthur Lam, M.D., and Piyush Patel, M.D.

Karen B. Domino, M.D.

Laboratory Focus: University of Cambridge (cont.)

4. Clinical research is underpinned by experimental research
An experimental program of research based at the Cambridge Brain Repair Centre (BRC), and led by Dr John Beech, underpins the clinical research program outlined above. While we have published on anaesthetic neuroprotection in the past, our current experimental work has two main areas of focus. The first of these is the use of animal models of cerebral ischaemia and trauma to understand reactive processes in brain injury. These include both injury mechanisms (e.g. of chemokine mediated inflammatory activation) and repair processes and therapies (such as endogenous stem cell recruitment and stem cell therapy). The experimental transplantation studies have tied in closely with pilot MRC funded clinical studies of neural transplantation in Huntington’s disease. The second major strand of experimental research involves the use of animal imaging to better understand our clinical research. These include the definition of specific MRI signatures as early markers of ischaemic injury, and, more recently, the concerted use of microPET to explore pathophysiology in ischaemia and trauma.

5. Functional imaging of altered cognition
Both PET and functional MR have been used to explore the basis of anaesthesia pathological coma and altered states of consciousness in humans. In a series of important papers we have shown that patients with a clinical diagnosis of the vegetative state may continue to exhibit complex cognitive processing, including the ability to recognise faces and undertake subtle language processing. More recently, we have looked at the long-range connectivity of different cortical regions during periods of unstimulated fMRI acquisition and demonstrated a hierarchical clustering of brain areas that may underlie integrated neural processing. This connectivity replicates the small-world characteristics of cortical connectivity demonstrated in previous experimental studies, and is clearly disrupted in pathological coma (Fig 4). We will use the methodologies developed in these studies to explore the hypothesis that the anaesthetic state can be mechanistically explained by loss of such integrative inter-regional coupling.

References:
Call to Order

Piyush M. Patel, M.D., called the meeting to order at 12:25 p.m.

Finance Statement

Cornelis J. Kalkman, M.D., Ph.D., advised that the Society remains sound financially, but that efforts are needed to increase member revenue and corporate sponsorship. In accordance with the By-Laws of the Society, SNACC has sufficient funds to cover the expenses for the operation of the Society for a period of one year. He commented that Hospira and Abbott are the two largest contributors to the Society, but that this funding may be reduced. He added that Annual Meeting expenditures will be watched and that while the organization must keep the breakfast and lunch-eon as part of the SNACC Annual Meeting, the dinner may be cancelled should a sponsor not be found.

Membership Report

Stella Tommasino, M.D. presented the membership report. Currently there are 289 active members, 127 international members, 25 resident members, and 4 emeritus members for a total membership of 445, of which 53% (234) subscribe to the JNA. Membership numbers are stable over time but SNACC needs to increase resident involvement.

Electronic Communication

Sulpicio G. Soriano, M.D., stated the SNACC newsletter is distributed electronically via the Society’s Web site and is downloadable and printable as a pdf file. He commented that future ideas for the newsletter include identifying individuals to write on specific neuroanesthesia topics. There are plans to expand the SNACC E-. There will also be bulleted items linked to articles and to the Web site. Planned features include problem case studies and professional questions. The Board is interested in having the content of the SNACC Web site expanded to include problem-based learning discussions and discussions on submitted peer-reviewed items. The Annual Meeting syllabus will be available on the Web site after the first of the year. In addition, it has been suggested that a program be developed to allow members to ask questions of Annual Meeting speakers online and to have the answers posted for all to review. Other features being considered include the possibility of members being able to log into the Annual Meeting at a fee. Finally, the Web-site design is being evaluated for improvements, including drop-down menus.

Nominations

Dr. Patel announced the results of the Society’s election as follows:

Secretary-Treasurer

Sulpicio (Sol) Soriano, M.D.

Vice President for Communications

Basil Matta, M.B.

Directors-at-Large

Susan Black, M.D., and W. Andrew Kofke, M.D.

ASA Delegate

Daniel J. Cole, M.D.

Alternate ASA Delegate:

Jeffrey R. Kirsch, M.D.

Nominating Committee:

Brenda G. Fasy, M.D.

Distinguished Service Award

James E. Cottrell, M.D., was presented the Society’s 2005 Distinguished Service Award.

Distinguished Teacher Award

Audree A. Bendo, M.D., was presented the Society’s 2005 Distinguished Teacher Award.

Introduction of New President

Dr. Patel thanked the membership, the officers and directors and the committee chairs for their support over the past two years. He asked Karen B. Domino, M.D. to step forward and accept the Presidential Gavel, marking the start of her term as President.

Presentation of Plaque to Immediate Past President

Dr. Domino thanked the membership for bestowing their trust and faith in her to lead the Society during the coming year. She welcomed their comments and suggestions. Dr. Domino’s first official order of business was to present Dr. Patel with a Past President’s Scroll commemorating his term in office.

Announcement of Annual Meeting for 2005 in New Orleans

Dr. Domino informed the membership that the SNACC 2005 Annual Meeting will be held on October 21, 2005, in New Orleans.

Adjournment

Dr. Domino adjourned the meeting at 1:00 p.m.

Respectfully submitted,

Cornelis J. Kalkman, M.D., Ph.D.

Secretary/Treasurer

Piyush M. Patel, M.D., called the meeting to order at 12:25 p.m.

Call to Order

Finance Statement

Membership Report

Electronic Communication

Nominations

Secretary-Treasurer

Sulpicio G. Soriano, M.D.

Vice President for Communications

Basil Matta, M.B.

Directors-at-Large

Susan Black, M.D., and W. Andrew Kofke, M.D.

ASA Delegate

Daniel J. Cole, M.D.

Alternate ASA Delegate:

Jeffrey R. Kirsch, M.D.

Nominating Committee:

Brenda G. Fasy, M.D.

Distinguished Service Award

James E. Cottrell, M.D., was presented the Society’s 2005 Distinguished Service Award.

Distinguished Teacher Award

Audree A. Bendo, M.D., was presented the Society’s 2005 Distinguished Teacher Award.

Introduction of New President

Dr. Patel thanked the membership, the officers and directors and the committee chairs for their support over the past two years. He asked Karen B. Domino, M.D. to step forward and accept the Presidential Gavel, marking the start of her term as President.

Presentation of Plaque to Immediate Past President

Dr. Domino thanked the membership for bestowing their trust and faith in her to lead the Society during the coming year. She welcomed their comments and suggestions. Dr. Domino’s first official order of business was to present Dr. Patel with a Past President’s Scroll commemorating his term in office.

Announcement of Annual Meeting for 2005 in New Orleans

Dr. Domino informed the membership that the SNACC 2005 Annual Meeting will be held on October 21, 2005, in New Orleans.

Adjournment

Dr. Domino adjourned the meeting at 1:00 p.m.

Respectfully submitted,

Cornelis J. Kalkman, M.D., Ph.D.

Secretary/Treasurer

Piyush M. Patel, M.D., called the meeting to order at 12:25 p.m.

Call to Order

Finance Statement

Membership Report

Electronic Communication

Nominations

Secretary-Treasurer

Sulpicio G. Soriano, M.D.

Vice President for Communications

Basil Matta, M.B.

Directors-at-Large

Susan Black, M.D., and W. Andrew Kofke, M.D.

ASA Delegate

Daniel J. Cole, M.D.

Alternate ASA Delegate:

Jeffrey R. Kirsch, M.D.

Nominating Committee:

Brenda G. Fasy, M.D.

Distinguished Service Award

James E. Cottrell, M.D., was presented the Society’s 2005 Distinguished Service Award.

Distinguished Teacher Award

Audree A. Bendo, M.D., was presented the Society’s 2005 Distinguished Teacher Award.

Introduction of New President

Dr. Patel thanked the membership, the officers and directors and the committee chairs for their support over the past two years. He asked Karen B. Domino, M.D. to step forward and accept the Presidential Gavel, marking the start of her term as President.

Presentation of Plaque to Immediate Past President

Dr. Domino thanked the membership for bestowing their trust and faith in her to lead the Society during the coming year. She welcomed their comments and suggestions. Dr. Domino’s first official order of business was to present Dr. Patel with a Past President’s Scroll commemorating his term in office.

Announcement of Annual Meeting for 2005 in New Orleans

Dr. Domino informed the membership that the SNACC 2005 Annual Meeting will be held on October 21, 2005, in New Orleans.

Adjournment

Dr. Domino adjourned the meeting at 1:00 p.m.

Respectfully submitted,

Cornelis J. Kalkman, M.D., Ph.D.

Secretary/Treasurer