

President's Address: Cornelius Kalkman M.D., Ph.D.

Dear colleagues,

It is an honor to serve SNACC. Our organization is thriving. Despite a slow decline in membership of many anesthesia subspecialty societies, our membership has been growing slowly but steadily. Currently, four hundred and seventy four anesthesiologists, neurocritical care specialists, residents, and basic scientists consider SNACC membership well worth their time and money. SNACC is also rapidly becoming a truly international organization: a quarter of our members and half of our Board of Directors is from a non-US country.

Although this is indeed very good news, we must not become complacent. There are major changes in Anesthesiology and Neurosurgery, that require an appropriate response from our society. Care of the neurosurgical patient is no longer the exclusive domain of the neurosurgeon, as radiologists and cardiologists enter the domain of endovascular approaches to several neurovascular diseases. In many centers, coiling a cerebral aneurysm is now the first line of treatment, with an open neurosurgical approach reserved for those aneurysms that cannot be coiled or when attempts at coiling have failed. Functional neurosurgery is at the beginning of what may turn out to be a very steep and rapid growth curve. Apart from deep brain stimulation for Parkinson's disease, several groups are now applying DBS for typical psychiatric syndromes such as obsessive-compulsive disorders. Brain-computer interfaces are a new area that may transform the face of medicine as it promises return of sensory and motor function for patients with neurologic deficits that were previously considered incurable. Such changes are likely to impact the number of centers where neurosurgery is performed, as it is reasonable to expect that a lesser number of cases of higher complexity will necessitate concentration in a smaller number of highly specialized centers. These developments in turn, will impact our



President
Cornelius J Kalkman M.D., Ph.D.

practice and may require appropriate responses from the Neuroanesthesia community in terms of research, education, and training. Apart from the major changes in Neurosurgery, several new clinical neuroscience questions have emerged in Anesthesiology. Post-operative delirium and persistent cognitive decline, although already described as early as 1955¹, have now captured the full attention of the anesthesia community.² As anesthesiologists with a major interest and knowledge of the brain, we should be actively pursuing this issue by designing and conducting experimental and clinical studies of the highest possible standards. This is no trivial task, as many studies conducted in this area thus far were underpowered, and - as a result - have led to conflicting and inconclusive results. We all have been annoyed with surgical colleagues who - in response to patients who complained of cognitive deterioration weeks to months after surgery - attributed such subjective cognitive dysfunction to the residual effects of anesthesia. However, it seems that the anesthesia community is slowly opening up to the possibility that the deliberate shutdown of cortical neurons for one to several hours may not be as completely reversible as we had

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thought. The possibility of anesthetic neurotoxicity in the developing brain was first raised by the landmark studies from the laboratory of John Olney³. Again, to solve the question whether such phenomena are clinically relevant for pediatric anesthesia, we, as neuroanesthesiologists should step up to the challenge by designing appropriate high-quality clinical studies.

Such important and exciting new areas of interest for neuroanesthesia beg the question of whether the name of our organization: Society for *Neurosurgical Anesthesia and Critical Care* will remain appropriate for the 21st century. Dr. Greg Crosby, currently our Secretary Treasurer, recently suggested that we should seriously consider renaming our Society and proposed as the new name: *Society of Neuroscience in Anesthesia and Critical Care*. As you can see, the new name would still abbreviate to the comfortable acronym SNACC, but it would outline much better what we stand for. Several years ago, the Society for Intravenous Anesthesia (SIVA) changed its name to International Society of Anesthetic Pharmacology, when it became obvious that there was much more than was of interest to the membership than just the kinetics and dynamics of intravenous anesthetics. I have received positive responses to this proposal from several individuals within SNACC, but I would like to take the opportunity to use this Editorial to ask you, as member of our society, what you think about this issue. I would very much welcome your comments and suggestions (c.j.kalkman@umcutrecht.nl). Of course, changing the name of our society is pointless unless we can make meaningful contributions to the specialty of anesthesia. If we want to become the number one society where new knowledge regarding the effects of anesthesia on

the brain is generated and disseminated, we need to actively bring in those researchers and clinicians, who previously might have felt that SNACC was not the most natural home to them. Cardiac anesthesiologists who study the effects of cardiac surgery (with and without cardiopulmonary bypass) on the brain should feel that SNACC is the most natural podium for their research findings and the best opportunity to discuss results and controversies with peers. Similarly, researchers studying cognitive decline should feel that SNACC is their home base. I realize that this transformation will require a conscious decision on our part to broaden the scope of SNACC beyond the surgical specialty of Neurosurgery and Neurocritical Care. It may well take years to accomplish. Nonetheless, I feel that we should consider taking this step and expand our horizons.

Regards,

Cornelius J Kalkman M.D., Ph.D.

1. Bedford PD: Adverse cerebral effects of anaesthesia on old people. *Lancet* 1955; **269**: 259-63
2. Maze M, Todd MM. Special Issue on Postoperative Cognitive Dysfunction: Selected Reports from the Journal-sponsored Symposium. *Anesthesiology*. 2007; **106**: 418-420
3. Jevtovic-Todorovic V, Hartman RE, Izumi Y, Benshoff ND, Dikranian K, Zorumski CF, Olney JW, Wozniak DF. Early exposure to common anesthetic agents causes widespread neurodegeneration in the developing rat brain and persistent learning deficits. *J Neurosci* 2003; **23**: 876-82.

35th Annual SNACC Meeting 2007

SNACC to Celebrate 35th Annual Meeting in San Francisco

The newly remodeled Westin at Market Street Hotel (formerly the Argent Hotel) is the headquarters hotel for the SNACC 35th Annual Meeting which will be held on Friday, October 12, 2007, one day before the start of the ASA Annual Meeting. Due to limited meeting space and guest room availability at the ASA Annual Meeting, SNACC has reserved a block of 100 guest rooms at the Westin exclusively for SNACC members. Make your hotel reservations today by going to the ASA Annual Meeting homepage at www2.asahq.org and reserving your room at the Westin at Market Street (formerly the Argent Hotel).

The Westin is the closest ASA hotel to the Mascone Convention Center and is located on Third Street, directly behind the San Francisco Marriott. SNACC members are urged to stay at the Westin so that attrition charges are not incurred by the Society, allowing SNACC to keep

meeting expenses to a minimum. The Westin is located half a block from Market Street and its renowned Railway Museum of active streetcars, painted in the original colors of the city they served. For a low fee of \$1.50, one can enjoy a rolling museum and make your way to Fisherman's Wharf. Be sure to hold on to your receipt as you can use it as a free transfer for your return trip.

The space limitations incurred by most all organizations in San Francisco has made it necessary to modify this year's meeting program; however, many believe this is a modification for the better and will be reviewed as a new format for the SNACC Annual Meeting in future years. The most obvious change to the 2007 meeting program is the scheduling of poster discussion sessions. All other meeting features remain the same, including the popular Thursday evening dinner symposium. Look for meeting details which will be released soon. However, you should make your reservations now at the Westin.

ASA Neurotrack 2007

Once again, SNACC played an important role in assembling the neuroanesthesia track to be presented at the ASA 2007 Annual Meeting in San Francisco. Complementing the neuroanesthesia track, is the SNACC Annual Meeting to be held the Friday before the ASA meeting. This year's SNACC Annual Meeting will be held at the newly remodeled Westin Market Place Hotel (formerly the Argent Hotel).

The Society has designated the Westin as SNACC headquarters hotel during the ASA meeting, establishing a special block of 100 guest rooms exclusively for SNACC members. The Westin is located on Third Street, directly behind the San Francisco Marriott and is the closest hotel to the Mascone Convention Center. SNACC members are urged to stay at the Westin so that attrition charges are not incurred by SNACC, allow-

ASA Neurotrack 2007 (Continued from Page 2)

ing the Society to keep meeting expenses to a minimum. The ASA 2007 Neuroanesthesia Track consists of a variety of programs, including a breakfast panel, a luncheon panel, a clinical forum, four panel sessions, and eight refresher courses. A summary of the neuroanesthesia track is as follows:

Breakfast Panel

It's Hip to Be Cool: Hypothermia and the Injured Brain
Moderator: W. Andrew Kofke, M.D.

The Dark Side of Hyperthermia
Cor J. Kalkman, M.D.

Hypothermia after Cardiac Arrest
Christine Wijman, M.D.

Traumatic Brain Injury and Hypothermia
Nicholas Bircher, M.D.

Clinical Forum

Clinical Forum in Neuroanesthesia
Michael M. Todd, M.D., and Verna L. Baughman, M.D.
Co-moderators
Panelists
Karen B. Domino, M.D.
Arthur M. Lam, M.D.
Rene Templehoff, M.D.

SNACC/ASA Breakfast Panel 2006

The ASA breakfast panel organized by SNACC was attended by approximately 200 people. Alex Bekker, M.D., Ph.D. (New York University Medical Center, New York, NY) moderated the session which was entitled "Intracranial hypertension: Significance, Measurement, and Treatment.

The first speaker, Alan Artru, M.D. (University of Washington Medical School, Seattle, WA) examined the physiology of cerebrospinal fluid formation and reabsorption. He emphasized that CSF dynamics might be a clinically relevant factor in the care of patients where intracranial pressure is of concern. Special attention was given to the role and function of the blood brain barrier (BBB) in health and disease states. Alan dedicated the last portion of his presentation to a discussion of the various causes of cerebral edema. He examined the pathophysiology of vasogenic, ischemic, osmotic, cytotoxic, and interstitial edema. The success of treating increased ICP might be higher if the underlying mechanisms responsible for edema formation are identified. Alan's presentation set the stage for a discussion concerning the management and treatment of increased ICP.

The second speaker was Martin Smith, M.D. (The National Hospital for Neurology & Neurosurgery, London, UK), who discussed a rationale for measuring ICP as well as various ICP monitoring modalities. He began his presentation by describing intracranial pressure-volume and ICP - cerebral blood flow (CBF) relationships. This was followed by a brief discussion on rhythmic oscillations in ventricular fluid pressure (Lundberg's "wave") and their relationship to brain pathology. Measurement techniques may be classified as epidural, subdural-subarachnoid, intraventricular, or intraparenchymal. Martin discussed the indication for ICP monitoring, the utility of each technique as well

as possible complications. He demonstrated an application of the scientific principle of ICP monitoring using the example of a severe head injury. Some very informative pictures of ICP monitoring instruments accompanied Martin's presentation.

The breakfast panel continued with a presentation on the treatment of increased ICP by Ansgar Brambrink, M.D. (Oregon Health and Science University, Portland, OR). ICP levels above 20-25 mmHg are considered to be definitely elevated, and if maintained for more than 1-2 hours, should be treated. Clinical triggers might include rapid neurological deterioration and signs of herniation (i.e. dilated pupil). Ansgar subdivided the methods of treating ICP into two tiers. He discussed the current evidence, guidelines, and current practice for each therapeutic modality. The first tier includes the maintenance of homeostasis, hyperventilation, and osmotherapy. Ansgar clearly delineated advantages and disadvantages of using mannitol and hypertonic saline (1.7 - 29.2%) in specific situations. Second tier treatments which were discussed by Ansgar included barbiturate coma, decompressive craniotomy, and hypothermia. The consistent format of reviewing the various options added clarity to his presentation. He concluded his presentation by illustrating the principle of ICP management using a specific clinical case.

Dr. Alex Bekker then thanked the panelists and the audience for attending the session. He reminded the audience that next year's SNACC Annual Meeting would be held in San Francisco. The vast majority of attendees rated the Breakfast Panel content as well as the speakers as excellent or good.

It's All in the Name

The members are being solicited for their input regarding the proposal to rename SNACC the Society for Neuroscience in Anesthesia and Critical Care from the Society of Neurosurgical Anesthesia and Critical Care. The proposed change would retain the SNACC acronym.

Participate in the name change survey, go to <http://www.surveymonkey.com/s.asp?u=216743573766>.

2006 Distinguished Teacher Award

Distinguished Teaching Award – Dr. John Drummond

The Society of Neurosurgical Anesthesia and Critical Care (SNACC) is an organization dedicated to improving the art and science of neurosurgical anesthesia, and the care of the critically ill, neurologically impaired patient. Critical to this mission is the recruitment and training of anesthesia residents, neuroanesthesia clinical fellows, and neuroanesthesia research fellows. The contribution of those individuals who serve as teachers, mentors and role models to our specialty cannot be underestimated. In recognition of these contributions, the Society presents its Distinguished Teaching Award to those who have shown continued excellence in neuroanesthesia education.

The recipient of this year's DTA has excelled in all of the criteria that the Society uses to assess the contribution that individuals have made to Neuroanesthesia as a sub-specialty and to Anesthesiology in general.

Scientific Contributions

After completing his anesthesia residency at the University of Toronto, Canada, Dr. Drummond, in 1980, was the McLaughlin Research Fellow at the University of California, San Diego. Thereafter, he obtained a Francis Parker Investigatorship also at UCSD, under the tutelage of Dr. Harvey Shapiro. Since that time, he has been the director of the Neuroanesthesia Research Laboratory at UCSD. He has been prolific, and he has in excess of 130 peer reviewed scientific publications to his credit. This work has included contributions to basic neuroscience as well as clinical neuroanesthesiology.

Educational Contributions

He has authored 26 book chapters and review articles. With regard to the book chapters, these have become reference works that residents and fellows use as syllabus material. He has written numerous course syllabi for refresher course lectures and CME lectures that he has delivered across the world.

He has consistently been rated one of the very best clinical teachers at UCSD and has won the Faculty Teaching Award.

He has mentored 15 post-doctoral research (clinical and laboratory) fellows, many of whom have become successful investigators in their own right and who have served (or are serving) SNACC.

He is currently the Vice President of the Dannemiller Memorial Educational Foundation and is in charge of the development of the

courses. In this capacity, he has had the opportunity to provide continuing education to a large number of individuals in neuroanesthesia. In recognition of his efforts, he was awarded the Francis J. Dannemiller Award for Excellence in Education, 2004.

Clinical Contributions

Dr. Drummond is recognized as a clinician of the highest order. He has been named to the Best Doctors in America on several occasions, and he is one of the few who has been selected as the Best Doctors in San Diego in four consecutive years.

Administrative Service

Dr. Drummond served as the Chief of the Anesthesia Service at VA Medical Center, SD from 1991 to 1997. Thereafter, he was appointed the Chair of the Department of Anesthesia at UCSD from 1997 to 2004.

It is clear that Dr. Drummond has had a major impact on Neuroanesthesia education in this country and in the world. He has influenced medical students, residents, fellows, and junior faculty. In this capacity, he has had an extensive influence on the care of the neurosurgical patient, and on the neuroanesthesia community. In recognition of this service to the field, the Board of Directors of SNACC is proud to present its 2006 Distinguished Teaching Award to Dr. John Drummond.



Dr. John Drummond, center, with colleagues at SNACC

2006 John D. Michenfelder New Investigator Award

Ines P. Koerner, M.D., Ph.D., Oregon Health and Science University, Portland, Oregon, is the recipient of the 2006 John D. Michenfelder New Investigator Award. The award was presented during ceremonies at the SNACC 34th Annual Meeting in Chicago last October. Dr. Koerner received the \$2,500 cash award for her research "Polymorphisms in the Human Soluble Epoxid Hydrolase Gene (EPHX2) Linked to Neuronal Survival after Ischemic Injury." The following is Dr. Koerner's abstract.

Single nucleotide polymorphisms (SNP) in the human *EPHX2* gene have recently been implemented in susceptibility to cardiovascular disease, including stroke [1]. *EPHX2* encodes for soluble epoxide hydrolase (sEH), an important enzyme in the metabolic breakdown of arachidonic acid-derived eicosanoids referred to as epoxyeicosatrienoic acids (EETs) [2]. We previously demonstrated

that EETs are protective against ischemic cell death in neuronal cultures [3]. Therefore, we tested the hypothesis that polymorphisms in the human *EPHX2* gene alter sEH enzyme activity and affect neuronal survival after ischemic injury in-vitro.

Human *EPHX2* mutants were recreated by site-directed mutagenesis and fused downstream of TAT protein transduction domain to allow for high-efficiency transduction of rat primary cultured cortical neurons with sEH protein variants. Transduction efficiency was evaluated by Western blot and immunocytochemistry (ICC), and enzyme activity of TAT-she fusion proteins was measured by the conversion of exogenously applied EETs to corresponding dihydroxyeicosatrienoic acids (DHETs). The impact of sEH variants of ischemic cell death was evaluated by lactate dehydrogenase (LDH) release from transduced neurons after exposure to 2 hours of oxygen-glucose depriva-

2006 John D. Michenfelder New Investigator Award (continued from page 4)

riation (OGD), followed by 24 hours of reoxygenation. Western blot analysis and ICC staining revealed high transduction efficiency of TAT-sEH variants in cortical neurons, primarily localized to neuronal cytosol. Wild-type sEH was associated with increased conversion of EETs to DHETs, suggesting that transduced proteins were enzymatically active. A human mutation that leads to Arg103Cys amino acid substitution, previously shown to increase sEH enzymatic activity, was associated with increased OGD-induced cell death in transduced neurons, while the Arg287Gln mutation was associated with reduced sEH activity and protection of transduced neurons from OGD-induced cell death.

We conclude that sequence variations in the human *EPHX2* gene alter susceptibility to ischemic injury and neuronal survival in a manner linked to changes in the enzyme's hydrolase activity. The findings

suggest that human *EPHX2* mutations may in part explain the genetic variability in sensitivity to and outcome from acute ischemic brain injury.

References:

1. Fornage et al. *Hum Mol Genet.* 2005; 14(19):2829-37.
2. Kroetz et al. *Curr Opin Lipido.* 2002; 13(3):273-83.
3. Koerner et al. *J Neurosurg Anesthesiol.* 2005; 17(4):231.



Funded by the Integra Foundation

SNACC Call for Abstracts

Online submission available: April 6, 2007

Submission Deadline is: June 1, 2007

Manuscript Deadline is: June 22, 2007

The Society of Neurosurgical Anesthesia and Critical Care invites electronic submission of abstracts for presentation at the SNACC 34th Annual Meeting, which will take place on October 12, 2007, in San Francisco, California. Abstracts will be graded competitively on the basis of scientific merit and will be selected for poster presentation. Your abstract presentation at the SNACC Annual Meeting does not conflict with or preclude presentation at the ASA 2007 Annual Meeting, which immediately follows the SNACC Annual Meeting. Accepted abstracts will be published in the October 2007 issue of the *Journal of Neurosurgical Anesthesiology*.

I invite you to encourage your residents, fellows, and young faculty member colleagues to submit an abstract for presentation. Abstracts submitted by Residents should be marked accordingly by checking the respective box on the online submission form. Presentation of selected abstracts by Residents will be identified as such in the poster session. Thanks to the generous funding from the [Integra Foundation](#), SNACC will be able to offer ten (10) \$1000 travel awards to residents whose abstracts receive the highest grades, and who will present their work at the meeting.

Also available for residents, fellows and junior faculty within three (3) years of ending their post-graduate training, is the John D. Michenfelder New Investigator Award, please note you also must be a SNACC member. To be considered, simply submit an online abstract, check the respective box, and submit a full length manuscript to snaccmeetings@asahq.org. Please note that the deadline to submit your **manuscript** is **June 22, 2007**. The recipient will be asked to make an oral presentation of their work at the SNACC Annual Meeting and will receive a plaque in honor of this occasion and \$2500 for travel reimbursement funded by the [Integra Foundation](#).

The Society has made it easy to submit your abstracts for presentation at the SNACC Annual Meeting! Starting April 6th you may submit a SNACC abstract by visiting the Society's online submission program at www.snacc.org, complete the submission form and upload your abstract as an MS Word document. It is that simple. Please note, **ONLY** electronic submissions will be accepted for consideration.

The **abstract** submission deadline is **June 1, 2007**.

Please contact the SNACC office at (847) 825-5586 or snacc@asahq.org should you have any questions regarding the above information.

We look forward to receiving your submission.

**Announcing....
The Society of Neurosurgical
Anesthesia and Critical Care**

**John D. Michenfelder New Investigator Award
Funded by the Integra Foundation
To Presented at the**



35th Annual Meeting

**Friday, October 12, 2007
San Francisco, California**

CALL FOR ABSTRACTS/MANUSCRIPTS

**Abstract Deadline: May 29, 2006
Manuscript Deadline: June 22, 2007**

The Society of Neurosurgical Anesthesia and Critical Care is pleased to offer the John D. Michenfelder New Investigator Award, to encourage anesthesiology residents and fellows to become more involved in the Society. The award is presented annually to the resident, fellow, or starting junior faculty whose research exemplifies the Society's mission of improving the art and science of neurosurgical anesthesia and care of the critically ill neurosurgical patient.

SNACC Members are encouraged to have their residents, fellows, and junior faculty apply for this prestigious honor. The requirements to be considered for this award include SNACC membership and the Resident, Fellow, or Junior faculty at the time of the award must be within three years of the end of training. To apply for the New Investigator Award, residents, fellows, and junior faculty must submit an abstract for the SNACC Annual Meeting, check the box that they wish to apply for the John D. Michenfelder New Investigator Award and submit a full length manuscript reporting their findings to the administrative office by June 22, 2007.

The recipient of the New Investigator Award will make an oral presentation of their work at the SNACC Annual Meeting on October 12, 2007 and will receive a plaque in honor of this occasion and \$2500 for travel reimbursement funded by the Integra Foundation.



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

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

2006 SNACC Travel Award Recipients

Funded by the Integra Foundation who is graciously presenting ten \$1000 travel awards

Keiichi Akaiwa, M.D.
Kurume University School of Medicine
Kurume, Japan

Qing Ma, M.D.
Duke University Medical Center
Durham, NC

Jeffrey Sall, M.D.
UCSF
San Francisco, CA

Fellery de Lange, M.D.
University Medical Center Utrecht
Utrecht, Netherlands

Leslie P. Osei-Tutu, M.D.
UMDNJ
Newark, NJ

Ken Takata, M.D.
Duke University
Durham, NC

J.M. Dieleman, M.D.
University Medical Center Utrecht
Utrecht, Netherlands

Prairie N. Robinson, M.D.
University of Colorado
Denver, CO

Bettina Jungwirth, M.D.
Klinikum rechts der Isar
Munchen, Germany

Hiroaki Sakai, M.D.
Duke University
Durham, NC



Funded by the Integra Foundation

Meet the New Board Members

Gregory J. Crosby, M.D. Secretary/Treasurer

Dr. Crosby is presently the Vice Chair for Finance & Administration in the Department of Anesthesia at the Brigham and Women's Hospital and Associate Professor of Anaesthesia at the Harvard Medical School. He is an authority on perioperative cognitive & neurologic dysfunction. His other research interests include central nervous system aging and anesthetic action on synaptic plasticity and learning. He is a recipient of NIH funding for these scientific activities. He has been a major participant in SNACC activities. Dr. Crosby hopes to expand the focus of SNACC by making it more broadly neuroscience oriented, not just for those with an interest in neurosurgical patients. His broad experience as a neuroscientist, neuroanesthesiologist, educator, and administrator will be a valuable resource for the SNACC membership.

Martin Smith, M.B., F.R.C.A.

Consultant in Neuroanaesthesia and Neurocritical Care
Honorary Reader in Anaesthesia and Critical Care
Director, Neurosurgical ICU
The National Hospital for Neurology and Neurosurgery
University College London Hospitals
Queen Square
London
United Kingdom



Dr Martin Smith is a clinician and clinical scientist. His clinical interests focus on neurotrauma and vascular brain injury and he is director of neurosurgical critical care at the National Hospital for Neurology and Neurosurgery. Dr Smith leads a multi-disciplinary research group affiliated to the Centre for Anaesthesia and Institute of Neurology, University College London. His research focuses on monitoring the injured brain and, with colleagues from Medical Physics at UCL, he has developed and tested novel optical techniques for the measurement of cerebral oxygenation, haemodynamics and cellular energy status. He is author of 70 publications in peer reviewed journals, 35 abstracts and more than 20 book chapters.

Dr Smith is a member of the editorial board of the Journal of Neurosurgical Anesthesiology and *ad hoc* reviewer for eight other anaesthesia and critical care journals. He has developed broad teaching responsibilities in medical and nursing undergraduate and postgraduate programmes and is honorary reader at University College London and visiting professor at London Southbank University. Dr Smith has acted as host and moderator at numerous national and international scientific meetings and has delivered more than 20 invited lectures in the last few years.

Dr Smith is currently the President of the Neuroanaesthesia Society of Great Britain and Ireland and is involved in many national neurocritical care projects, including recent initiatives led by the UK Department of Health. He has co-authored several national guidelines on neuroanaesthesia and neurocritical care related issues.

In his spare time Dr Smith enjoys travelling, listening to music, and enjoying fine wine.

SNACC 2007 Nominating Committee

The Nominating Committee is seeking nominations for Vice-President for Communications, Delegate to the ASA and two (2) Director-at-Large members for election at the October 2007 SNACC meeting. The bylaws reads "Additional nominations for officers may be made by the membership by petitions duly filed with the Secretary/Treasurer at least thirty (30) days prior to an election at the annual membership meeting. In order to qualify as nominating petitions, there shall be affixed thereto the signatures of twenty-five (25) members of the Society as a minimum." Individuals chosen for these positions are those who have demonstrated a commitment to SNACC and have served in a number of administrative positions. Their experience with these administrative responsibilities as well as their effectiveness in performing these tasks is crucial in their nomination. The following lists the responsibilities expected from each position.

1. Vice-President for Communications: The Vice-President for Communications shall serve to publish a newsletter, to maintain a Web site for the Society, and to perform such other duties as may be prescribed by the Board of Directors or President. The Vice-President for Communications will serve a two (2) year term, fall from Saturday through Wednesday. The ASA House of Delegates sessions concludes on Wednesday at noon. In addition, the SNACC delegate should be a member of good standing of the ASA and be familiar with ASA procedures and functions.

SNACC 2007 Nominating Committee (continued from page 7)

2. SNACC Delegate to the ASA: This individual will serve as the SNACC liaison to the ASA House of Delegates and be an advocate for SNACC initiatives. The requirements for this position are a committed to attend the ASA annual meeting in the fall from Saturday through Wednesday. The ASA House of Delegates sessions concludes on Wednesday at noon. In addition, the SNACC delegate should be as member of good standing of the ASA and be familiar with ASA procedures and functions.

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

Please forward suggested nominees for these positions to the SNACC office at g.hoormann@asahq.org.

Distinguished Service Award Nominations

SNACC members are asked to submit nominees for the Society's Distinguished Service Award which will be presented at the SNACC 2007 Annual Meeting in San Francisco. The award is presented to an individual who has made outstanding contributions to the field of neuroanesthesia and their distinguished service to the Society. Nominations may be made to the SNACC office between now and **August 3, 2007**. To make a nomination, please forward the name of the nominee along with a brief summary of the reasons for the nomination. Nominations should be forwarded to g.hoormann@asahq.org.

Volunteering in SNACC

SNACC features a structure of committees comprised of members who volunteer their time and expertise to further the Society's goals and mission. As a volunteer, you not only assist SNACC in developing programs and services that benefit practitioners of regional anesthesia and pain medicine, committee service helps you improve skills important to professional development, including management skills, interpersonal relations skills, communications skills, team building skills and more. Your volunteer service on an SNACC committee helps to stimulate creative ideas and programs as well as places you on the path towards leadership within the Society.

SNACC members are encouraged to volunteer to serve on any of the Society's committees and task forces

Committee on Educational Affairs
Committee on Scientific Affairs
Committee on Neurocritical Care
Committee on Finance
Committee on Annual Meeting
Committee on Distinguished Service Award
Committee on Teacher of the Year Award
Committee on Newsletter/Electronic Communications
Committee on Newsletter
Committee on Membership

Contact the SNACC office at g.hoormann@asahq.org and volunteer to serve on a SNACC committee.

The Neurocritical Care Society 5th Annual Meeting

www.neurocriticalcare.org

October 31 - November 3, 2007
Rio Suites, Las Vegas, NV

The Neurocritical Care Society was founded to improve outcomes for patients with life-threatening neurological illnesses by promoting quality patient care, professional collaboration, research, training and advocacy

2006 SNACC Reports of Scientific Meeting

Reports of Scientific Meeting: Society of Neurosurgical Anesthesia and Critical Care Scientific Meeting

34th Annual Meeting

Chicago, Illinois

October 13, 2006

The 34th Annual Meeting of the Society of Neurosurgical Anesthesia and Critical Care (SNACC) was convened at the Chicago Hilton Hotel on South Michigan Avenue, Chicago, Illinois with a welcome address from SNACC president, Dr. C. Stella Tommasino. With the continued growth of this anesthesiology subspecialty society, a record number of 286 individuals were in attendance this year. The program included lectures from distinguished researchers and clinicians from both the basic science and clinical arenas. In addition, the SNACC participants presented 128 scientific abstracts, 46 of which were by resident anesthesiologists. Both the total number of abstracts and the number of resident abstracts set records this year.

Basic Science Keynote Lecture:

Richard M. Ransohoff, M.D., Director of the Neuroinflammation Research Center at the Lerner Research Institute, Cleveland Clinic, began the Friday morning lecture by introducing inflammation of the central nervous system (CNS) as a component of diverse CNS diseases, including autoimmune, infectious, neoplastic, degenerative, and traumatic. He proceeded to provide an overview of the mechanisms mediating leukocyte/endothelial interaction and leukocyte extravasation. He used the monoclonal antibody natalizumab, which targets integrins involved in leukocyte arrest and has been used in the treatment of multiple sclerosis, and a case series of patients treated with this drug who developed progressive multifocal leukoencephalopathy (PML) as a construct with which to explore the biochemistry of immune-function and immune-modulation in the CNS. PML, a devastating neurologic disease caused by the JC virus, which resides dormant in the kidney and bone marrow, rarely occurs in anyone except the severely immunosuppressed. Natalizumab created "the perfect storm" or ideal conditions for this disease to arise via three effects. First, by interfering with cellular attachment to stroma in the bone marrow, natalizumab allows release of JC virus into the periphery. Second, because natalizumab decreases entrance of leukocytes into the CNS, brain immunosurveillance is diminished by the drug. Third, natalizumab prevents leukocyte recruitment into the CNS by mitigating the normal blood-brain barrier disruption that should occur in regions of inflammation. The combination of these three effects is probably what allowed a normally harmless virus to cause two fatalities and one case of permanent neurologic disability in patients undergoing trial therapy with the drug. Dr. Ransohoff summarized his lecture by stating that leukocyte trafficking is an established method for targeting CNS inflammatory disorders such as MS, that chemokine receptors may be a reasonable target for accomplishing this purpose, but that each therapeutic intervention will also have a potential downside yet to be determined.

Scientific Abstract Presentations:

As an opportunity to share the ongoing scholarship of the diverse and international SNACC membership, ample time was allotted to walk-around poster presentations in both the morning and afternoon. Dr. Ansgar Brambrink (Oregon Health Sciences University) introduced the morning session and Dr. Pekka Talke (University of California San Francisco) introduced the afternoon session. A record number of 128 abstracts were accepted for presentation. Novo Nordisk, Inc. sponsored the poster sessions through an unrestricted educational grant. Posters were separated into various sub-topics within the field of neuroanesthesia and critical care, including monitoring, cerebral

protection, cerebral blood flow, clinical neurological science, critical care, cerebral ischemia molecular biology, as well as new techniques and devices. SNACC members who are experts in their respective fields functioned as moderators for the poster discussion sessions. The abstracts are published in the *Journal of Neurosurgical Anesthesiology* (2006; 18:274-336.)

SNACC Resident Travel Awards:

SNACC presented ten travel awards in the amount of \$1000 each to ten residents presenting abstracts at the meeting this year. They included Keiichi Akaiwa, M.D., Fellery de Lange, M.D., Jan M. Dieleman, M.D., Bettina Jungwirth, M.D., Qing Ma, M.D., Leslie P. Osei-Tutu, M.D., Prairie Neeley Robinson, M.D., Hirokai Sakai, M.D., Jeffrey Sall, M.D., Ph.D., and Ken Takata, M.D.

2006 John D. Michenfelder, MD, SNACC New Investigator Award:

The 2006 John D. Michenfelder, M.D., SNACC New Investigator Award was presented this year to Ines P. Koerner, M.D., Ph.D., (Oregon Health Sciences University) who submitted a full length manuscript as part of this annual competition. Her paper, *Polymorphisms in the Human Soluble Epoxide Hydrolase Gene (EPHX2) Linked to Neuronal Survival After Ischemic Injury*, explored EPHX2 mutations as a possible explanation for a genetic etiology of the variability in outcome following ischemic injury to the brain. This *in vitro* study found that cells with mutations leading to increased activity of soluble epoxide hydrolase were more susceptible to oxygen-glucose deprivation induced cell-death, whereas cells with decreased activity of soluble epoxide hydrolase were less susceptible. Koerner received a plaque and a \$2500 award sponsored by the Integra Foundation for her achievement.

2006 Distinguished Teacher Award:

The 2006 Distinguished Teacher Award was presented to John C. Drummond, M.D., Professor and Chair of Anesthesiology at University of California San Diego. Dr. Drummond has more than 130 peer reviewed articles, numerous chapters, and a host of successful anesthesiologists he has trained and mentored, a number of whom were present at SNACC to celebrate with him in the recognition of his great contributions as an educator in the field of anesthesiology.

Mini-Symposium in Pediatric Traumatic Brain Injury:

Prior to lunch, Monica Vavilala, M.D. (University of Washington) moderated a mini-symposium on pediatric traumatic brain injury (TBI). The speakers included Patrick M. Kochanek, M.D., director of the Safar Center for Resuscitation Research in Pittsburgh, Pennsylvania and P. David Adelson, M.D., Professor and Vice Chairman of Neurosurgery at the University of Pittsburgh.

Dr. Kochanek gave a thorough overview of ongoing research in the mechanisms of damage and repair in TBI, in particular looking at areas of active research that go beyond issues of physiology. He emphasized the need to consider TBI from the perspective of the cellular and molecular level. Following TBI, there appears to be a dramatic loss of antioxidant mechanisms to protect the brain, leaving it susceptible to further insult, whether it is ischemic-reperfusion, peroxynitrite, or other causes of secondary injury. He touched briefly on PARP-mediated cellular necrosis, the multiple pathways to apoptosis, and a new "hot topic" in research, the possible harm of disturbed autophagy, the process by which a cell recycles its organelles. Dr. Kochanek also discussed the role of mild hypothermia in TBI and its effect on inflammation. Finally Dr. Kochanek discussed issues related to inflicted TBI, such as the lack of an acute phase response in abuse.

Dr. David Adelson followed Dr. Kochanek with a discussion of "Contemporary and Novel Treatment of Pediatric Traumatic Brain Injury." As framework for his talk, he emphasized the need to discriminate between physiologic and pathophysiologic response to trauma. Dr.

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Adelson highlighted age-related differences in injury, response, and management, such as age-appropriate CPP goals. Although the mainstay of care remains treatment of ICP and avoidance of secondary insult, he emphasized the need for utilization of additional monitoring and therapeutic modalities available to the clinician as well as research to determine their efficacy. He specifically discussed brain tissue oxygenometry as an example of an under-utilized modality that needs further investigation to determine its role.

Emerging Issues in Neuroanesthesia and Critical Care:

In the afternoon William Slikker Jr., PhD, Acting Director of the National Center for Toxicological Research in Arkansas, a branch of the FDA, presented a lecture on "Anesthetic-Induced Neurodegeneration During Development." This talk focused specifically on ketamine and the toxicity related to its NMDA antagonism. An *in vitro* model of developing neurons demonstrates increased apoptosis following exposure to ketamine. This apoptosis occurs only after some time delay following removal of the exposure. The mechanism is thought to be an upregulation of receptor during blockade with ketamine, followed by an increased influx of calcium following cessation of blockade. The increased intracellular calcium initiates a complex intracellular process resulting in apoptosis. The developmental time window during

which the neuron is at risk for ketamine-induced neuronal death varies between animals. It remains uncertain whether similar degeneration occurs in pediatric patients exposed to ketamine.

Clinical Forum:

The final session of the day was a lively case-based discussion moderated by Dr. Basil Matta (Cambridge University Foundation Trust Hospital) and Dr. Arthur Lam (University of Washington), with audience participation. One case focused on the management of a patient with traumatic brain injury in combination with non-neurological trauma. Although all participants agreed on the need to resuscitate aggressively someone with life-threatening hemorrhage, there was no consensus regarding the appropriate resuscitation fluid. The second case involved the appropriate surgical, anesthetic, and ICU care of a patient with aneurysmal subarachnoid hemorrhage and a very poor exam. This case highlighted some differences between various healthcare systems regarding whether the grim prognosis and poor exam should figure into the decision algorithm for diagnostic and therapeutic intervention.

Closing Remarks:

Dr. C. Stella Tommasino, the outgoing president of SNACC, closed the meeting. SNACC will be held in October of 2007 in San Francisco.

The 25th Annual National Neurotrauma Society Symposium

<http://www.neurotrauma.org/2007/>

July 30 - August 1
Kansas City, Missouri

The National Neurotrauma Society (NNS) and the Virginia Commonwealth University School of Medicine (VCU), invite you to attend The 25th Annual National Neurotrauma Symposium at the Westin Crown Center in Kansas City, Missouri.

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General Questions:

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The United Council for Neurologic Subspecialties Announcement

The United Council for Neurologic Subspecialties (UCNS) is offering two subspecialty certification examinations in December, 2007: Neurocritical Care (NCC) and Neuroimaging (NI). The deadline to apply for the examinations is July 15, 2007. Please share this information with interested groups within your organization. Each subspecialty examination will be a 200 question, multiple choice, computer examination lasting four hours. Pearson VUE will administer each examination at Pearson Professional Centers across the United States. Candidates will have the option of choosing one of the five days to sit for each examination and be able to select a location so that traveling will be minimized. The examination dates for the NCC and NI examinations are December 10-14, 2007. The Information for Candidates booklet, which includes the examination requirements, Certification Application can be found on the UCNS Website www.ucns.org/certification

<<http://www.llmsi.com/index.php?cid=823297&forward=2213>>

<<http://www.llmsi.com/index.php?cid=823297&forward=2213>>

The application and \$1,400 application and examination fee must be submitted to the UCNS Executive Office by July 15, 2007.

REMINDER: The application deadline for the Behavioral Neurology & Neuropsychiatry (BN & NP) and Headache Medicine (HM) examinations is April 15, 2007. The examinations will be held October 8-12, 2007. Questions regarding the examinations or certification application should be directed to Mary E. Post, MBA, CAE, AAN COO, at 651-695-2750 or mpost@aan.com.



Photos of SNACC at the Annual 2006 Meeting

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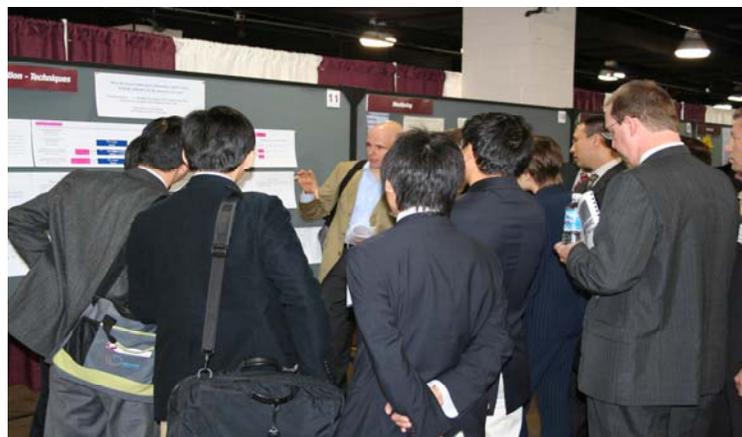
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SNACC Meeting



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