Karen Domino and the ASA neurotrack committee has overseen development of this year’s neurotrack at the ASA Annual Meeting. The committee includes A. Bendo, L. Berkow, D. Cole, G. Crosby, P. Patel, S. Roth, and S. Soriano. You can search for specific elements of the program on the ASA Annual Meeting Web Page http://www2.asahq.org/web/index.asp. Click on the “Search 2009 Events” box (top right) and this will lead you to the meeting search page http://www2.asahq.org/web/SearchInfo.asp Choose “Learning track: Neuroanesthesia” (leave ALL in other boxes), and you get the master list of neurotrack events in chronological order. If you want to group them, choose “category.” If you want more detail for each, click on event title and you get all presenters, meeting location, and objectives.

The summary of the lineup for Neurotrack 2009:

Refresher Course Lectures
- Anesthesia for Spine Surgery
- Anesthesia for Functional Neurosurgery
- Fragile Brains - The Young and Old
- Anesthesia for Craniotomy
- Brain Failure in Aging and the Perioperative Period
- Misunderstandings in Neuroanesthesia: How May I Hurt Thee? Let Me Count the Ways
- Neurovascular Disease: Anesthetic Concerns and Management
- Cervical Spine Motion, Cervical Spine Surgery and the Unstable Neck

Refresher Course Lectures With Subtopic Panels
- Intraoperative Awareness, Best Practice. It’s Not Just Science
  1. Incidence and prevention of intraop awareness: the science
  2. The ASA Practice Advisory
  3. The impact of brain function monitors on medicolegal risk
  4. Doctor beware! Patient advocacy groups
- Perioperative Cerebral Homeostasis in Neurosurgical Patients: Physiology and Application
  1. Intraoperative brain protection
  2. Fluids and metabolic management
  3. Influence of cerebral blood flow, pressure and anesthetics
- Neurovascular Disease: Anesthetic Concerns and Management
  1. Patient with intracranial aneurysm
  2. Patient with carotid artery disease
  3. Patient for interventional neuroradiology

SNACC Breakfast Panel
- Perioperative Cognitive Dysfunction

Luncheon Panel
- Perioperative Issues in the Neurosurgical Patient

Panels
- Clinical Issues in Neurosurgery
- Neuroprotection: Why Does Everything Fail?
- Anesthesia. Sleep and Unconsciousness
- Perioperative Cerebral Homeostasis in Neurosurgical Patients: Physiology and Application
- Progress and Problems in Anesthetic-Induced Developmental Neurotoxicity: From Research to Regulation

Problem Based Learning Discussions - 28 are scheduled
Scientific Papers - 19 sessions are scheduled
Simulation- Two sessions are scheduled focusing on critical issues in neuroanesthesia
<table>
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<td>603</td>
<td>SNACC Breakfast Panel: Perioperative Cognitive Dysfunction</td>
<td>Talke, Pekka O.</td>
<td>October 18, 2009 7:00AM - 8:15AM</td>
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<td>LP11</td>
<td>Luncheon Panel Perioperative Issues in the Neurosurgical Patient</td>
<td>Soriano, Sulpicio G.</td>
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<td>PBLD Cardiac Arrest in a Patient With a Subarachnoid Hemorrhage During an Emergent Aneurysm Coiling</td>
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<td>Deiner, Stacie G.</td>
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<td>L-055</td>
<td>PBLD Deep Brain Stimulation for Parkinson's Disease: Is There a Role for the Anesthesiologist?</td>
<td>Metzner, Julia I.</td>
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<td>PBLD The Debate Between Clipping and Coiling of an Intra Cranial Aneurysm, How Do We Manage?</td>
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<td>L-066</td>
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<td>L-127</td>
<td>PBLD 65 Year-Old Female For Cervical Spine Fusion - SSEP Monitoring, Difficult Airway and Post Operative Blindness</td>
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<td>PBLD The Disappearing Waveforms: Cervical Spine Surgery with Evoked Potential Monitoring</td>
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<td>PBLD Child With Polytrauma: Emergent Laparotomy or Crash Craniotomy or ORIF Compound Fractures?</td>
<td>Bhananker, Sanjay M.</td>
<td>October 19, 2009 9:30AM - 10:45AM</td>
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<td>Refresher Courses (Panel) Perioperative Cerebral Homeostasis in</td>
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<td>Neurosurgical Patients: Physiology and Application</td>
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<td>Refresher Courses Misunderstandings in Neuroanesthesia: How May I</td>
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<td>Hurt Thee, Let Me Count the Ways</td>
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<td>834B</td>
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<td>Sinz, Elizabeth H.</td>
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<td>Sinz, Elizabeth H.</td>
<td>October 18, 2009 3:00PM - 5:00PM</td>
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There was a time when the neuroanesthesiologist ran the blood pressure at systolic of 60 mmHg all day, set up and interpreted the evoked potentials, induced hypothermia, created neuroprotection cocktails, ran craniotomies in awake patients, and was the expert on air in the veins. Some of that is in the dustbin of history and some is still with us as new challenges are facing neuroanesthesiologists, thereby creating other newer areas of expertise.

Although induced hypotension and hypothermia are seldom seen in the neuro-operating room anymore, and seemingly, all the aneurysms are not getting clipped but coiled/stented/glued, neuroanesthesiologists are digging for solutions to new problems, still struggling with old ones, and getting into new fields such that monikers such as “Neuroscience” and “Neurocritical Care” are increasingly entering our lexicon.

The practice of neurosurgery continues to change and with it our practice changes. Now neurosurgeons get proximal control rather than drop pressure. Now some neurosurgeons are equally at ease not only cutting but also guiding an intracranial catheter under fluoro. Now many neurosurgeons are seemingly laser-wielding and working in increasingly small places with fiberoptics to help them. Also, those routine back cases are now often accompanied by fusions, plasties, grafts, corpectomies, and screws with lots of spinal cord tissue and retinas in jeopardy. Accordingly, neuroanesthesiologists are now dealing with very complex spine and spinal cord procedures and ever more complex procedures in the interventional neuroradiology suite (a.k.a., the outfield). The neuroradiology patients can be extremely ill and unstable neuro-ICU patients. Examples of what may be done in such patients include thrombolysis for acute stroke, aneurysmal coiling or stenting after subarachnoid hemorrhage, AVM or tumor embolization, angioplasty for vasospasm, stenting for vascular insufficiency, and occlusion of traumatic fistulas, to name a few. The monitoring challenges these patients bring can be daunting and include a variety of ICP monitoring techniques, electrophysiology, motor-evoked potentials, brain oxygenation and flow monitors, and microdialysis. The comorbidities can be difficult with significant brain tissue jeopardy. Plus, we are still pretty good dealing with elevated ICP and venous air embolism and doing the occasional awake crani or carotid, too.

However, we still are not satisfied with neuroprotection methods. We think that our anesthetics can prolong the time that brain ischemia can be tolerated but are still not quite sure… So now we are concerned with some very basic neuroscience aspects of both neuroprotection and neurotoxicity. Thus, research is continuing and clinical practice continues to explore potential new avenues for anesthetic and nonanesthetic neuroprotection. So the interface between neuroanesthesia and basic neuroscience is narrowing. Come to a SNACC meeting and one finds oral and poster presentations on molecular biology, proteomics and other basic approaches as applied to the clinical practice of neuroanesthesia. Moreover, one can even hear about bioengineering techniques applied to neuro issues such as continuous blood flow monitoring and brain protection. Who would have thought that some wavelengths of IR light could boost ATP production and perhaps be neuroprotective? It is because of this increasing embrace of basic neuroscience that the SNACC membership is now faced with the prospect of a name change, approved by the
board of directors, from the Society of Neurosurgical Anesthesia and Critical Care to the perhaps more appropriate name of the “Society of Neuroscience in Anesthesia and Critical Care”… still SNACC, and still dedicated to clinical issues in neuroanesthesia but now appreciating that we need more neuroscientists in the fold. We think if this name is adopted that SNACC will become the place to go for all anesthesiologists who have the heart in the brain syndrome.

Among anesthesiologists, the neuroanesthesiologists tend to be most knowledgeable about methods for monitoring the nervous system and interactions of such monitors with our drugs. Indeed, neuroanesthesiologist Betty Grundy was a major pioneer in this field and taught a generation of neuroanesthesiologists how to do it. However, sadly, the finances of monitoring compared to the administration of anesthesia resulted in this province being largely ceded to neurologists and neurophysiologists. Nonetheless, there remain a few bastions of neuroanesthesia excellence where the neuroanesthesia team does the neuro monitoring, too. Many in SNACC think that we should be much more involved in intraoperative neuromonitoring.

Finally, the next big vista upon us is neurocritical care. Brain-oriented intensive care was originally pioneered by anesthesiologists such as Safar, Grenvik, Snyder, and Albin. Their lessons were incorporated into general critical care with one early neuro-ICU at MGH run by neurologist Allan Ropper with neuroanesthesiologists Sean Kennedy and subsequent leadership in the Hopkins Neuro-ICU by another neurology-anesthesia collaborative involving names such as Hanley, Borel, Kirsch, Mirski, and Ulatowski, with basic scientist Traystman. Over the past 10-20 years, the growth of interest in neurocritical care by our previously more sedentary neurology colleagues has expanded enormously. Now neurocritical care has emerged as a bona fide subspecialty, mostly populated these days by energetic neurologists with the certifying and accrediting body residing in the United Council for Neurologic Subspecialties (UCNS). SNACC has been an active collaborator and sponsor of the inception of the new neurocritical care specialty with a handful of SNACC members now having been certified as neurointensivists. The neuro-ICU fellowship pathway is open to anesthesiologists. It is a two-year program that allows for inclusion of substantial training in neuroanesthesia but, perhaps more importantly, embodies many of the values that academic anesthesia leadership has been advocating in recent years in its support of a significant part of clinical fellowships like this being dedicated not only to clinical competence but also to academic and research goals. Thus we think this can be a win-win collaboration in which we enrich and grow neuroanesthesia while continuing to ensure a multidisciplinary richness to this new subspecialty.

Those of us neuroanesthesiologists who are senior but not yet emeritus have had the privilege of witnessing and participating in these erstwhile neuroanesthesia skills, now part of history, as we endeavor to grow new skills and advance neuroanesthesia such that the neuroanesthesiologist of the future will be adept in all of the challenges in the O.R., neuromonitoring, neuroscience, and neurocritical care. That’s what neuroanesthesia is and thus defines the current issues being faced by the subspecialty and by SNACC.
Dinner Symposium

CONTROVERSIES IN THE PERI-OPERATIVE MANAGEMENT OF SUBARCHNOID HAEMORRHAGE

Moderator

Pekka Talke, M.D. UCSF

EKG Changes: Stunned Myocardium or Acute Coronary Syndrome?

Martin Smith, M.B.
London

HHH Therapy: Are We Evidence-Based?

W. Andrew Kofke, M.D.
University of Pennsylvania

Neuroprotection in Subarachnoid Hemorrhage

Ansgar Brambrink, M.D.
University of Washington
<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>7:45 a.m.</td>
<td>Breakfast and Registration</td>
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<td>8:00 a.m.</td>
<td>Welcome</td>
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<td>Basil Matta, M.B., F.R.C.A., President</td>
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<tr>
<td>8:05-9 a.m.</td>
<td>Basic Science Lecture</td>
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<td>Moderator: Monica S. Vavilala, M.D.</td>
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<td>8:40-9 a.m. Gender Neurobiology: Shaping Brain Injury and Protection</td>
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<td>Patricia D. Hurn, Ph.D.</td>
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<td>9:05-9:15 a.m.</td>
<td>Minisymposium 1: Clinical Implications of Emerging Technologies in</td>
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<td>Neuroanesthesia / Critical Care Medicine</td>
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<td>Moderator: Richard Moberg, M.B., B.S.</td>
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<td>CNS Tissue Oxygen Monitoring</td>
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<td>Martin Smith, M.B.B.S., F.R.C.A.</td>
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<td>9:25-9:45 a.m. Transcranial Laser Therapy</td>
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<td>W. Andrew Kofke, M.D., M.B.A., FCCM</td>
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<tr>
<td>10:45-11:05 a.m.</td>
<td>Poster Session Announcement and Coffee Break</td>
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<tr>
<td>10:45 a.m.-11:15 a.m.</td>
<td>Poster Session 1 Walkaround with Moderators</td>
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<tr>
<td>12:15-1:30 p.m.</td>
<td>Lunch and Award Presentation</td>
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<tr>
<td>1:30-1:45 p.m.</td>
<td>2009 John D. Michenfelder New Investigator Oral Presentation</td>
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<td>1:45-2:45 p.m.</td>
<td>Minisymposium 2: Year’s Best Articles in Neuroanesthesia and Neurocritical Care Medicine</td>
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<td>Moderator: James E. Cottrell, M.D.</td>
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<td>1:50-2 p.m.</td>
<td>Anesthesia</td>
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<td>Eberhard F. Kochs, M.D.</td>
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<tr>
<td>2:10-2:20 p.m.</td>
<td>Anesthesia &amp; Analgesia</td>
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<td>Adrian W. Gelb, M.B., Ch.B., F.R.C.P.</td>
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<tr>
<td>2:20-2:30 p.m.</td>
<td>journal of Neurosurgical Anesthesia</td>
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<td>John Hartung, Ph.D.</td>
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<td>2:30-2:45 p.m.</td>
<td>Neurocritical Care</td>
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<td>Eelco M.F. Wijdicks, M.D., Ph.D.</td>
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<tr>
<td>2:45-3:05 p.m.</td>
<td>Poster Session Announcement and Coffee Break</td>
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<tr>
<td>3:05-4:30 p.m.</td>
<td>Poster Session 2 Walkaround with Moderators</td>
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**Concurrent Sessions**

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>4:30-5:50 p.m.</td>
<td>Clinical Forum: Perspectives on Subspecialty Accreditation</td>
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<td>Moderator: George A. Mashour, M.D.</td>
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<tr>
<td>4:35-5:00 p.m.</td>
<td>Experience with Pediatric Anesthesia</td>
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<td>Mark A. Rockoff, M.D.</td>
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<td>4:55-5:10 p.m.</td>
<td>Clair’s Perspective</td>
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<td>Debra A. Schwinn, M.D.</td>
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<tr>
<td>5:10-5:50 p.m.</td>
<td>Neuroanesthesiologist’s Perspective</td>
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<td>Ansgar Brambrink, M.D., Ph.D.</td>
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<tr>
<td>5:30-5:50 p.m.</td>
<td>Discussion</td>
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<td>4:30-5:50 p.m. Neuromonitoring Workshop*</td>
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<td>Co-moderator: Antoine Kohl, M.D.; Tod B. Sloan, M.D., M.B.A., Ph.D.</td>
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<td>*This workshop requires a separate fee; please make your selection on the registration form.</td>
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<tr>
<td>5:50-6 p.m.</td>
<td>Closing Remarks</td>
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<td>Basil Matta, M.B., F.R.C.A.</td>
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<td>6:30-7:30 p.m.</td>
<td>Wine and Cheese Reception</td>
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The Winners!

Several awards will be announced at this year’s SNACC meeting

**Distinguished Service Award**

Michael Todd
University of Iowa

This award is presented to an individual who has made outstanding contributions to the field of neuroanesthesia and their distinguished service to the Society.

**Teacher of the Year Award**

Arthur Lam
University of Washington

This award is presented to the SNACC member who has had a significant impact as an educator of neuroanesthesia and neurocritical care.

**John D. Michenfelder**

**New Investigator Award**

Michael L. James
Duke University

The award is presented annually to the resident, fellow or starting junior faculty whose research exemplifies the Society’s mission of improving the art and science of neurosurgical anesthesia, and the care of the critically ill, neurologically impaired patient.

Details of their accomplishments and the award presentations will appear in the next newsletter.

At the ASA Annual Meeting, be sure to watch BILL YOUNG (UCSF) accept his ASA Excellence in Research Award. The background for this is fully outlined in the August 2009 ASA newsletter (http://www.asahq.org/Newsletters/NL%20Portal/aug09.html)
Call for Nominations

The Nominating Committee is seeking nominations for Secretary-Treasurer, and one Director-at-Large member for election at the October 2009 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 these positions are those who have demonstrated a commitment to SNACC and have served in a number of administrative positions. Their experience with these administrative responsibilities as well as their effectiveness in performing these tasks is crucial in their nomination. The following lists the responsibilities expected from each position.

1. Secretary-Treasurer: The Secretary-Treasurer shall serve to oversee the finances of the Society, keep records of the biannual Board of Directors meeting, aid the Vice-President for Communications in keeping open communications with the members and to perform such other duties as may be prescribed by the Board of Directors or President. The Secretary-Treasurer will serve a one (1) year term.

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

Contact Gregory Crosby for more information or to suggest a nominee gcrosby@zeus.bwh.harvard.edu.

The nomination committee recommends:

Secretary-Treasurer – Martin Smith (London)
Director at Large – Deborah Culley (Harvard/Brigham) and Marek Mirski (Hopkins)

SNACC Breakfast Panel ASA 2009

Perioperative Cognitive Dysfunction
Moderator: Pekka Talke, M.D.
UCSF

Cognitive Function
Lars Rasmussen
Copenhagen University Hospital

Postoperative Cognitive Dysfunction
Jacqueline Leung,
UCSF

Treatment/Prevention of Postoperative Cognitive Dysfunction
Mervyn Maze
Imperial College, London
Neuroanesthesia Allied Meetings
International and American

2009 ASA Annual Meeting

October 17-21, 2009
New Orleans
(847) 825-5586
www.asahq.org

Highlights:
Neurotrack, see ASA newsletter article mentioned previously.

Society for Neuroscience 2009
(conflicts with ASA!)

October 17-21 2009
McCormick Place, Chicago
(202) 962-400
www.SfN.org

Highlights:
New NIH Director To Speak at Neuroscience 2009: National Institutes of Health (NIH) Director Francis Collins, M.D., Ph.D., will deliver a special presentation at the SfN annual meeting in Chicago on Monday, October 19. Dr. Collins will discuss his vision for NIH, and the key challenges and opportunities facing NIH and the broader scientific community.

Dialogues Between Neuroscience and Society
Magic, the Brain, and the Mind
Speakers: James Randi, Apollo Robbins, Eric Mead

Presidential Special Lectures
Origins of Abstract Knowledge: Number and Geometry
Speaker: Elizabeth Spelke, Ph.D.
Harvard University

Brain Systems of Learning and Memory
Speaker: Richard G.M. Morris, Ph.D.
University of Edinburgh, United Kingdom

Addiction and Self-Control CME
Speaker: Nora D. Volkow, M.D.
National Institute on Drug Abuse, National Institutes of Health

On the Perpetuation of Long-Term Memory CME
Speaker: Eric R. Kandel, M.D.
Howard Hughes Medical Institute, Columbia University

David Kopf Lecture on Neuroethics
Eyes Wide Open, Brain Wide Shut? (Un)Consciousness in the Vegetative State
Speaker: Steven Laureys, M.D., Ph.D.
University of Liege, Belgium
Congress of Neurological Surgeons 2009 Annual Meeting

October 24-29, 2009
New Orleans
www.cns.org

Highlights:
Theme: A Culture of Excellence.
This theme will be amplified by an outstanding lineup of special lectures, including:
APJ Abdul Kalam, Ph.D., the former President of India, the International Leadership Oration
Walter Isaacson, the 10th Annual Walter E. Dandy Orator.
Basant Kumar Misra, Neurological Society of India President Lecture
P. David Adelson, Presidential Address, Defining Excellence in Neurosurgery
Governor Bobby Jindal, Invited Third Annual Julian T. Hoff Lecturer
James T. Rutka, Honored Guest, Excellence in Neurosurgical Program Building:
Enhancing the Academic Mission
Terry Orlick, Ph.D., CNS Michael L.J., Apuzzo Lecturer on Creativity and Innovation
Peter Agre, M.D., Fourth Annual John Thompson, History of Medicine Lecture

North American Skull Base Society 20th Annual Meeting
(Overlaps SNACC and ASA in New Orleans!)

October 16-18, 2009
New Orleans
Astor Crowne Plaza
http://www.nasbs.org/index.php

Highlights:
- PRACTICAL COURSE DISSECTION WORKSHOP
- Presidential Address, Dr. Daniel Nuss
- Systems Science, Complexity, and Chaos: A Dialectic Path to Optimizing Outcomes in Skull Base Surgery, Dr. Ivo Janecka
- Recovery and Renewal After a Life-Altering Event: A Surgeon’s Journey of Faith and Hope, Dr. Anna Pou
- Management of Facial Paralysis
- Getting Out of Trouble in Endoscopic and Open Skull Base Surgery
- Evidence-Based Medicine
- 20 years of the NASBS; What Has Been Our Impact on Patient Outcomes? A Senior Surgeon’s Retrospective, Dr. Robert Ojemann
- Functional Outcomes After Skull Base Surgery: What We Know and What We Don’t Know, Dr. Laligam Sekhar
- Assessment and Management of Neurocognitive and Behavioral Deficits Following Skull Base Surgery

Asian Society for Neuroanesthesia and Critical Care

7th Annual Neurocritical Care Society Meeting

November 11-14 2009
Hilton New Orleans Riverside New Orleans
(952) 646-2034
www.neurocriticalcare.org

Highlights:
Theme: Making Connections. Entire Session on Neuroanesthesia: Interface Between O.R. and NeuroICU, with SNACC involvement
- Neurocritical Care Fundamentals: Current & Future Care
- Brain-Lung Interactions
- Neuroanesthesia: Interface Between The O.R. And ICU
- Evening Symposium: Monitoring and Imaging in the Future Neuro-Icu

39th Critical Care Congress

January 9-13, 2010
Miami Beach Florida
www.sccm.org

Highlights:
NEUROSCIENCE
- Get Stoked for Strokes
- Hypothermia for CNS Injury
- Neuro ICU Patients Should
- Only be Managed by Neuro
- Intensivists: A Pro/Con Debate
- Novel Therapeutics for the
- Critically Ill Neuro Patient
- Who Needs a Hole in Their Head?

Society of Critical Care Medicine Post-Congress Conference

Hyperglycemia and Critical Illness:
Adaptive Response or Therapeutic Opportunity?
January 13-15, 2010
www.sccm.org

Highlights:
Enjoy an extended Congress by attending the Post Congress event, which will be held in Key West, Florida. A faculty of international experts will present a Pro/Con debate on the NICE Sugar Trial findings, case studies on insulin protocols and nutritional guidelines, and interactive debates on glucose variability and achieving glycemic control. Audience participation will be strongly encouraged to enhance the overall learning experience.

ISNACC

January 29-31, 2010
Joy, Kolkata, India
http://www.isnacc2010.org/reg.html
Program Agenda will be announced soon...
EuroNeuro 6th Congress
February 4-6, 2010
Portugal
www.euroneuro.eu

Highlights:
- Plenary Session 1: Brain, Consciousness, Memory and Anesthesia
- Plenary Session 2: Postoperative Cognitive Dysfunction
- Plenary Session 3: Brain Protection
- Plenary Session 4: Cooling the Brain: The Debate Is Not Over

- Breakout Session 1: Brain Surgery and Anesthesia Techniques
- Breakout Session 2: Stroke
- Breakout Session 3: Preconditioning the Brain
- Breakout Session 4: Traumatic Brain Injury
- Breakout Session 5: Pain Medicine
- Breakout Session 6: Spine Surgery and Spinal Cord Injury
- Breakout Session 7: Neurointensive Care
- Breakout Session 8: Sub-Arachnoid Hemorrhage
- Breakout Session 9: Neurosurgical innovations
- Breakout Session 10: Drugs and Brain
- Breakout Session 11: Controversies in Neurosurgery and Neuroanesthesia
- Breakout Session 12: Carotid Surgery
- Breakout Session 13: Brain Monitoring
- Breakout Session 14: A Picture Is Worth a Thousand Words
- Breakout Session 15: Inflammation and Brain
- Breakout Session 16: New Molecules to Improve Outcomes
- Breakout Session 17: Controversy in TBI Treatment

2010 IARS Annual Meeting
March 20-23, 2010
Hilton Hawaiian Village Honolulu Hawaii
www.iars.org

AUA 57th Annual Meeting
April 8-10, 2010
Grand Hyatt Denver
(847) 825-5586
http://www.auahq.org/

ANA 2010 Annual Meeting
American Academy of Neurology
April 10-17, 2010
Toronto Ontario
www.aan.com
SOCIETÀ ITALIANA DI ANESTESIA ANALGESIA RIANIMAZIONE E TERAPIA INTENSIVA

May 13-16, 2010
Siena, Italy
http://www.annualneuromeeting.it/

Highlights:
Lectures by
- Mark A. Rockoff (Boston, U.S.A.)
- M. Antonelli (Roma, Italy)
- Nino Stocchetti (Milano, Italy)
- Andrew I.R. Maas (Antwerp, Belgium)
- Basil Matta (Cambridge, U.K.)
- Peter J. Pronovost (Baltimore, U.S.A.)
- David S. Warner (Durham, U.S.A.)
- Didier Payen (Paris, France)
- David K. Menon (Cambridge, U.K.)
- Todd Dormann (Baltimore, U.S.A.)
- Mark J. Alberts (Chicago, U.S.A.)
- Vedrane Deletis (New York, U.S.A.)
- Kees H. Polderman (Utrecht, Netherlands)
- Yves P. Gobin (New York, U.S.A.)
- Mervyn Maze (London, U.K.)
- Eberhard F. Kochs (Munich, Germany)

Workshops on
- TIVA-TCI in Neurosurgery/ ANALGO-SEDATION in Neuro Intensive Care - theory and practice
- MONITORING THE CEREBRAL BLOOD FLOW & METABOLISM - theory and practice
- NEUROLOGICAL & NEUROSURGICAL NURSING
- Update on Neuro Intensive Care & Neurosurgery Infections
- Update on Brain Tumor – PreSurgical Treatments – Neurosurgery - PostSurgical-Treatments
- Monitoring & Clinical Interpretations of Hemodynamic
- SPINE: PreSurgicalTreatments – Neurosurgery - PostSurgicalTreatments
- NEUROMONITURING & NEUROSTIMULATION
- NEURO-PEDIATRICS

SPECIAL GUEST LECTURE & CONFERENCE THE EXECUTIVE BRAIN:
Frontal Lobes and The Civilized Mind
Elkhonon Goldberg (New York, U.S.A.)
Professor at the New York University School of Medicine
Director, Institute of Neuropsychology & Cognitive Performance
Meeting Report by William Armstead, Ph.D.
University of Pennsylvania

Plenary Session themes:
1. **Epidemiology and Injury Classification.**
   a. Differences in patient numbers between EU and US due to under-reporting: pre- versus post-hospital admissions; lack of common definition of TBI.
   b. Proposed definition: An alteration of brain function caused by an external force.
   c. Globally, incidence of TBI is rising, mainly due to increased MVA in low- and middle-income countries. In higher-income countries, preventative measures have decreased mortality with MVA, but incidence of TBI due to falls is rising. This is important since it relates to pathology (DAI with MVA and contusion with fall).
   d. Challenges and recommendations: standardize epidemiologic monitoring, standardize data collection, use multi-modal approach toward assessment, embrace prevention, define common data elements for studies, increase use of early MRI, more complex bioinformatic and statistical tools, agreement on outcome measures needed, more phase II surrogates and trials needed.

2. **Golden Hour: Prehospital Management of Neurotrauma and Polytrauma**
   a. Multi-system injury and its effects on the wounded brain in the war theater: IED and blast injury.
   b. Emergency care in the developing world has different challenges: transport of patient to hospital due to lack of infrastructure a real concern. Rural areas often have no trauma facility; patients taken to hospital that is not equipped to handle trauma cases. Patients often carried on improvised stretchers or on the backs of another person for miles.
   c. Vasopressin for TBI. New ongoing clinical trial to use vasopressin for systemic pressor support after TBI.

3. **Controversies in Neurotrauma: A World View**
   a. Real-time polling among audience using PDA. Topics included CPP- versus ICP-based therapy: Most use ICP rather than CPP as index for assessment and treatment. Spinal cord injury and basic science-derived topics.
   b. How best to promote interaction between bench and clinic; ICU is a lab and its use should be encouraged for enhanced cross-talk between disciplines.
   c. There should be more focus on immature models in basic science studies as well as investigation into mild TBI.
   d. Primary impediment and concern among basic scientists and clinicians for making advances in future research: lack of funding – message heard by NIH Program (Mona Hicks in audience).

**Breakout Sessions:**
1. Inflammation
2. Sports
3. Cerebral microdialysis
4. Secondary injury/spreading depression
5. Hypothermia
6. CPP therapy. Lund concept.

**Overall Assessment**
This was a much more clinically driven meeting this year, with heavy emphasis on CPP, ICP, resuscitation; not much basic science at this meeting compared to years past. I personally like this approach and would encourage similar increased emphasis on clinically driven topics.
2008-09 Officers

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Immediate Past President
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ASA House of Delegates Representative
Audree A. Bendo, M.D. audree.bendo@downstate.edu

Executive Director
Jill Mlodoch j.mlodoch@snacc.org

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1978-1979 Donald P. Becker, M.D.
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1982-1983 Peter J. Janetta, M.D.
1983-1984 M. Jane Matjasko, M.D.
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1985-1986 Robert F. Bedford, M.D.
1986-1987 Lawrence Marshall, M.D.
1987-1988 Phillipa Newfield, M.D.
1988-1989 Neal Kassell, M.D.
1989-1990 Wayne K. Marshall, M.D.
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1991-1992 David S. Smith, M.D., Ph.D.
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1993-1994 William L. Lanier, M.D.
1994-1995 David S. Warner, M.D.
1995-1996 Adrian W. Gelb, M.D.
1996-1997 William L. Young, M.D.
1997-1998 Arthur M. Lam, M.D.
1998-1999 Patricia H. Petrozza, M.D.
1999-2000 Jeffrey R. Kirsch, M.D.
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17