

TABLE OF CONTENTS

SNACC NEWS

President's Column	2
Levetiracetam (Keppra) for Seizure Prophylaxis in Neurosurgical Patients	4
2011-12 SNACC Board of Directors Election	6

COMMITTEE NEWS

Education Committee Report	9
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SNACC AWARDS

SNACC Announces 2011 Award Recipients	10
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MEETINGS & WORKSHOPS

SNACC 39 th Annual Meeting	11
SNACC Annual Meeting Support and Exhibitors	15
2011 NEUROANESTHESIA TRACK at ASA	16
2011 PBLDs in NEUROANESTHESIA TRACK at ASA	20

President's Column

Monica S. Vavilala, M.D.
President, SNACC
University of Washington

This year, I tried to answer one question: "What is the function of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC)?" Most people recognize SNACC as a subspecialty organization of the ASA but when I took office as President in October 2010, a SNACC member and good friend of mine asked me the following question: "What exactly does the SNACC president do besides organize the meeting?" It dawned on me that attempting to answer this question would be a very important initiative for this organization this year and one that sets the stage for me to provide the SNACC membership an overview of who we are, what we do, why we do it, what are our current activities and what we bring to the ASA and to the wider anesthesia and critical care community both within the U.S. and internationally.

SNACC's activities are aligned with the recently crafted mission which is "To advance the art and science of the care of the neurologically impaired patient". SNACC's activities this year places the Society in a strong position to answer this question, primarily by expanding its role beyond that of providing anesthesia care for the neurosurgical patient and beyond the conduct of its annual meeting. In this new model, SNACC with its content expertise in neuroanesthesia, neurocritical care and clinical neuroscience plays an important role in present and future clinical care, education, quality improvement and research activities aimed at improving functional outcomes in neurologically impaired patients. Our recent name change reflects our new mission and the broadening of our function as a Society.

This year, SNACC embarked on 2 new strategic initiatives. *First*, in recognition of the fact that evidence based practice is becoming the cornerstone of medical practice, the Society has created a task force on Clinical Care. The charge to the committee, led by Dr. Pekka Talke (Professor, University of California San Francisco) is to convene a group of experts within neuroanesthesia, including experts in neuroscience from non-anesthesiology partner societies, to develop a set of guidelines on the anesthetic management of acute stroke. SNACC developed and codified a methodology to build an infrastructure whereby SNACC will

continue to update, and create consensus statements on this topic and other topics relevant to our practice. While we will only realistically be able to address one topic this year, developing this infrastructure and process allows the Society to lead current and future neuroanesthesia and neurocritical care practice. Dr. Talke will also serve as the SNACC representative to the newly formed and strategically important Anesthesia Quality Institute. This initiative is of utmost importance to the clinical practice of neuroanesthesiology and SNACC is pleased to partner with AQI on developing quality metrics for neuroanesthesia. The *second* SNACC initiative this year was to increase the Society's visibility external to anesthesiology with relevant professional societies. The nature of these relationships varies by Society but we have built into the Society's function, a partnership with key medical specialties and organizations where SNACC's expertise is utilized to improve outcomes of the neurologically impaired patient. Importantly, the 2011 Brain Trauma Foundation solicited endorsement of its Second Pediatric Guidelines for the Management for Infants and Children with Severe Traumatic Brain Injury from a number of relevant neuroscience organizations. After review, SNACC is pleased to announce its endorsement of this clinically important document.



We are a small Society with just over 500 national and international members. Our goal this year is to be able to deliver to our members new knowledge, new skill sets and continuing medical education. Our international members are key partners to SNACC accomplishing our goals in clinical care, education, quality improvement and research and this year we have strengthened relationships with other neuroanesthesia and neurocritical care societies worldwide.

The education committee plays a very important role in our Society's activities. This year, Dr. Rafi Avitsian led a new initiative by introducing a new SNACC PBLD panel at the 2011 International Anesthesia Research Society meeting in May 2011 on the topic of awake craniotomy. The second new

SNACC activity is the “Chat with the Authors” section hosted on the SNACC website (www.snacc.org) where members can listen to an interview with an author on a recent peer reviewed publication on a key topic in neuroscience, neuroanesthesiology and neurocritical care. The 2011 ASA SNACC Panel will feature the topic of spine surgery, with Dr. Karen Domino moderating. The panel of speakers will be Jeffrey Pasternak, M.D., from the Mayo Clinic who will talk about spine surgery outcomes, Dr. Antoun Koht who will discuss the role of neuromonitoring and Dr. Lorri Lee, who will talk about anesthesia for spine surgery.

The SNACC scientific affairs committee has set an aggressive agenda and maintains a high standard for its annual meeting. Led by Dr. Deb Culley, its tasks include planning the pre-meeting academic workshop, judging and organizing the Michenfelder awards, and poster judging and moderation. Two aspects of this committee’s charge is to retain participation from established SNACC investigators and increase the number of basic scientists who play a role in SNACC activities. This year, back by popular demand at the annual meeting is a workshop on “How to Prepare a Published Manuscript” led by giants in the field of neuroanesthesiology. William L. Lanier, M.D., David Warner, MD and Michael Todd, MD will discuss scientific writing, Common Pitfalls that Will Prevent Your Paper from Being Published, and What To Do When Your Paper is Rejected. This formal session will be followed by 1:1 mentoring of a manuscript in process. Prospective attendees (limited to 75) will be asked to submit a single page CV and a first draft of their paper (or the completed data set) ahead of time so that they can be paired with appropriate mentor. SNACC is proud to be able to offer this type of high quality training and mentoring for its future academic neuroanesthesiologists.

Although SNACC’s role is clearly more than holding the fall annual meeting, excitement about the program is an understatement because this promises to be another outstanding SNACC meeting. This year’s 39th Annual SNACC Meeting will be held on October 13-14, 2011 in Chicago, Illinois and has been organized by Dr Martin Smith, Vice President for Education and Scientific Affairs. In addition to the pre-meeting scientific workshop, back by popular demand is the neurophysiological workshop led by Dr. Tony Koht. Topics will include “Monitoring

Carotid Surgery”, “Monitoring Cervical Spine Surgery”, “Monitoring Spine Surgery”, “Monitoring Cerebral Aneurysms” and “Monitoring Posterior Fossa Surgery” After attending the pre-meeting workshops, meeting attendees will be able to enjoy an educational and collegial dinner symposium on brain tissue oxygenation.

As you can see, SNACC is well underway to increasing the impact of the Society. In addition to increasing our Society’s infrastructure, we also hope to grow beyond the boundaries of the Society and its members. I hope that I have provided the ASA membership with an agenda that not only answers my friend’s question of “What does SNACC do?”, but have created a Plan-Do-Check-Act model based agenda for SNACC that moves the Society forward.

It has been a terrific year working with outstanding neuroanesthesiologists who are dedicated to better outcomes for neurologically impaired patients and to advancing the Society’s mission. I look forward to seeing you all in October at the annual SNACC meeting in Chicago.

Levetiracetam (Keppra) for Seizure Prophylaxis in Neurosurgical Patients

Jeffrey J. Pasternak, M.D.
Assistant Professor
Department of Anesthesiology
Mayo Clinic
Rochester, Minnesota

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Resident
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Rochester, Minnesota

Perioperative seizures following intracranial neurosurgery or in critically-ill patients with neurologic disease can contribute to worsening outcome. As such, seizure prophylaxis is often a part of routine care for this patient population. However, antiepileptic drugs (AEDs) are often not well tolerated due to their side-effect profile. Until recently, fosphenytoin was the agent of choice for seizure prophylaxis in this setting despite multiple limitations, including excessive sedation, hypotension and the need to monitor serum drug concentrations. As such, clinicians have been searching for an AED with similar efficacy but an improved side-effect profile.

Levetiracetam is a second-generation AED that was originally approved for use in the U.S. in 1999 for partial onset seizures, but has since been used for broader applications. Although the mechanism of action is not fully understood, the antiepileptic effect of levetiracetam is likely due to a combination of its effect on reducing presynaptic neurotransmitter release by binding to synaptic vesicle protein 2A, effects on neuronal calcium currents, and enhancement of the affinity of γ -aminobutyric acid (GABA) and glycine receptors for their primary neurotransmitters.

One major advantage of levetiracetam over other AEDs (i.e., fosphenytoin) is its pharmacokinetic profile. Levetiracetam has minimal protein binding. As such, there is little concern for drug interactions involving alteration in serum drug concentration due to competition for protein binding sites. Unlike other AEDs, levetiracetam does not undergo extensive metabolism. The primary route of metabolism is enzymatic hydrolysis of

the acetamide moiety, which occurs at multiple sites, including within red blood cells. Metabolism by the hepatic cytochrome P450 system only accounts for approximately 2.5 percent of drug metabolism. Renal clearance of parent drug is the major route of elimination, accounting for approximately 66 percent of drug elimination. The terminal elimination half-life is approximately seven hours in adults. The minimal protein binding and metabolism give levetiracetam a very stable and linear dosing profile.

Levetiracetam is effective for multiple seizure morphologies such as partial seizures and generalized tonic clonic seizures. Common side effects include asthenia, somnolence, and dizziness. Unlike other AEDs, levetiracetam has not been associated with significant alterations in hemodynamics, serum electrolyte concentrations, hepatic toxicity, cutaneous hypersensitivity reactions, or tissue necrosis upon extravasation. Given its simple and linear pharmacokinetics, wide therapeutic window, minimal interactions with other drugs, and favorable safety profile, routine monitoring of serum levetiracetam concentrations are usually not necessary.

Three recent investigations evaluated the safety, tolerability and efficacy of levetiracetam in neurosurgical patients. In 17 patients with a history of at least one preoperative seizure who underwent brain tumor resection, Usery et al. administered levetiracetam 500 mg I.V. twice per day for two days following surgery. Subsequent doses were titrated in 500 mg increments based on seizure activity. After two days, subjects were given oral levetiracetam which was continued for one month. The most common adverse effects were somnolence, nausea, headache and insomnia. Of the 12 subjects available for the four-week assessment, 10 were seizure-free. The authors also evaluated concomitant medications used during the study period and noted that 92 potential drug-AED interactions were avoided by the use of levetiracetam, with the three most common interactions being dexamethasone-phenytoin, acetaminophen-phenytoin and fentanyl-phenytoin.

Merrell et al. retrospectively reviewed records of 76 patients with a history of preoperative seizures who underwent treatment for a glioma and who also had six-month follow-up data available.

Subjects were stratified based on the post-operative AED used: 25 were treated with phenytoin and 51 with levetiracetam. There was no difference between groups with respect to: 1) median days to first post-operative seizure ($p=0.58$), 2) fraction of patients who were seizure-free at six months ($p=0.56$) or 3) mean number of seizures per month ($p=0.78$) during the study period. The differences in these metrics remained similar despite multivariate logistic regression analysis correcting for demographics, disease severity and AED dosage differences. Further, there was a trend favoring a reduced rate of side effects in the levetiracetam group (6 percent) compared to the phenytoin group (20 percent; $p=0.11$)

Szaflarski et al. randomized 52 patients with either traumatic head injury or subarachnoid hemorrhage to receive either fosphenytoin ($n=18$) or levetiracetam ($n=38$) for seven days following hospital admission. Continuous electroencephalographic monitoring was conducted during the initial 72 hours following admission. There was no difference in the rate of seizures during this monitoring period ($p=1.0$) or at the six-month assessment ($p=1.0$). The rates of specific side effects were similar between groups except that subjects who received levetiracetam had a lower incidence of worsening neurologic status (a metric not well-defined in the manuscript) ($p=0.024$) and a reduced rate of gastrointestinal problems ($p=0.043$). Despite no difference in mortality, subjects who received levetiracetam experienced better overall outcome than those who received fosphenytoin based on both the Glasgow Outcome Score ($p=0.016$) and Disability Rating Scale ($p=0.037$) at six months following injury. The authors did not speculate on the nature of this long-term effect.

Therefore, it appears that levetiracetam is as effective as phenytoin or fosphenytoin for seizure prophylaxis in neurosurgical patients and, due to a simpler pharmacokinetic profile, wide therapeutic index, and better tolerability, has many advantages over phenytoin and its derivatives. As such, in the neurosurgical patient at risk for perioperative seizures, levetiracetam seems to be a suitable alternative to phenytoin and its derivatives.

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2011-12 SNACC Board of Directors Election

Each year, in conjunction with the SNACC Annual Meeting, elections are held for Society Board of Directors positions whose terms are ending. This year, the five open positions begin at the end of the 39th Annual Meeting.

Elections will take place at the 39th Annual Meeting during the Business Meeting of the Membership on Friday, October 14 at the Chicago Marriott Downtown. The following candidates have been nominated to leadership positions.

Secretary-Treasurer (one opening):

Deborah J. Culley, M.D., Harvard Medical School, Brigham & Women's Hospital, Boston, MA

SNACC has been my professional and academic home since I completed residency. I look to members of SNACC for collegiality, inspiration, education, and, yes, criticism of what I do clinically as well as scientifically. As Secretary-Treasurer and a member of the Executive Committee, I will work to keep SNACC doing those same things for all its members and to strengthen its position as the premier organization for those in anesthesiology who care about the brain. I'd like to continue efforts already underway to forge closer relationships with like-minded basic and clinical scientists in our specialty and related organizations; encourage junior faculty to bring their energy and ideas to SNACC and continue mentoring programs to help them become productive senior faculty; disseminate our expertise in the nervous system by developing innovative educational content, especially for the occasional neuroanesthesiologist; and see neuroanesthesia and neurocritical care recognized as important areas of subspecialization in anesthesiology through creation of an ACGME approved fellowship. My credentials for the job are broad but, as someone out of residency only 15 years, not all that deep. I am a clinical neuroanesthesiologist who has had modest success as a basic scientist, am active in a non-anesthesia specialty (geriatrics), sit on the SNACC Board of Directors and chair its Scientific Affairs Committee, chair the ASA Committee on Neuroanesthesia, am a member of the Anesthesia Residency Review Committee of the ACGME, and am a Director of the American Board of Anesthesiology. Because of this diversity of activity, I think by working with the many talented people in

this organization I can help SNACC navigate the fast changing world of medicine and help make it a pace-setter and leader in all things 'neuro' within anesthesiology. I cannot promise that SNACC will be better off if I'm elected but I can and do promise to do my best if I am.

W. Andrew Kofke, M.D., MBA, FCCM, Professor, Director Neuroanesthesia, Co-Director Neurocritical Care, University of Pennsylvania, Philadelphia, PA

I have been a SNACC member since 1983 (actually SNANSC originally), attending every meeting since then, and have been witness or party to the growth and ongoing development of SNACC over these years. I have been on the education committee, edited the old education newsletter, contributed to the SNACC bibliography, and have participated in numerous SNACC meeting panels, breakfast panels, and the recent SNACC simulation efforts. More recently I have been a director and, for the past four years, the VP for communications. As VP for communications, I put together the newsletter and webpage committee and with this committee, as a group, we continued the growth and improvements of the newsletter, added some enhancements to the web page, and have a nascent presence on facebook and twitter.

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

Vice President for Communications (one opening):

Reza Gorji, M.D., Upstate Medical University, Syracuse, NY

It would be my honor to serve on the communication committee as vice-president. I would like to further update the SNACC website making it more user friendly. At the same time I would move to make the site mobile friendly as well. With the plethora of mobile devices including products from Apple, Google, I think the future of computing will have more mobile devices interacting with the web. This will allow us further exposure to more web users which would be not only potential members but also current SNACC membership.

My second goal would be increase interaction with the education committee (which I am serving on now as well) allowing them more exposure on the SNACC website.

Marc J. Bloom, M.D., Ph.D., Director of Perioperative Technology, Co-Director of Neuroanesthesia, NYU Department of Anesthesiology, New York, NY

As an active member of SNACC from its infancy as SNANSC, it would be my honor and pleasure to serve as Vice-President for Communications.

Since the Vice-President for Communications is essentially in charge of all communication / Public Relations for SNACC, including the webpage and other forms of communications, I would first want to query the membership on what they see as most valuable, or in need of improvement. I believe more could be done with both social media as well as shared areas of the website. As a “techie” all my life, I would strive to make technology work for us to provide an enhanced opportunity for the exchange of ideas.

Directors at Large (two openings):

Jeffrey Pasternak, M.D., Department of Anesthesiology, Mayo Clinic, Rochester, MN

It would be an honor and privilege to serve as a Director at Large for SNACC. I am currently Chair of the Division of Neuroanesthesia, Mayo Clinic, Rochester, MN, and oversee the clinical and educational activities in that workgroup.

I have been a member of SNACC for many years and presently serve on its Scientific Advisory Committee. I am a hard worker and am committed to the present and future of both SNACC and the discipline of neuroanesthesia. I would very much welcome this opportunity to better serve the organization and explore methods to have it optimally advance neuroscience perspectives in anesthesiology research, education, and clinical practice.

Rafi Avitsian, M.D., Cleveland Clinic Foundation, Cleveland, OH

The strength of each organization lies within the number as well as engagement of its membership. Rarely has there been a more crucial period in the health system in our nation. Society in Neuroscience in Anesthesia and Critical Care has a mission in advocating the art and science of care in the neurologically impaired patient. This mission should not be influenced by any political turnover in health care; however its strength (i.e. the number and engagement of its members) is strongly affected by not only the current changes in health care, but also the recent economical aftermath.

During my term as a member of the SNACC board of directors I have strived to demonstrate the importance of membership participation, connection and contribution within the society. As chair of the education committee, I have exerted to improve the education component of our society. The innovative online educational material will be a window of opportunity to prove the value of being an active member in this society. My further plans in succeeding the online educational material include adding continuous medical education (CME) credits for our membership. In this regard our committee is in need of active members and the support of board of directors. The fellowship accreditation is another important component which I am sure I can contribute strongly if I continue as a director at large within the board of directors.

These plans will only be possible by strong support of our membership. I have realized that new generation of academic neuroanesthesiologists and neurointensivists as well as basic

Directors at Large (continued)

science researchers, with adequate mentorship from our experienced members are the best asset that the society. My strategy if elected to serve on the board of directors will be to create strong enthusiasm for our membership to be involved in society activities.

Marek A. Mirski, M.D., Ph.D., Vice-Chair for the Department of Anesthesiology & Critical Care Medicine at The Johns Hopkins Medical Institutions, Baltimore, MD

I would be most honored to work with SNACC in a leadership position to enhance the sub-specialty of neuroanesthetic practice and its contribution to operative anesthesia and critical care.

In brief review of my background and areas of interest within acute neurosciences, I received my combined medical degree from the Washington University of St. Louis in Missouri and postgraduate PhD training there in Neuropharmacology. I completed residencies - in Anesthesiology & Critical Care Medicine as well as Neurology, and two fellowships - in Neuroanesthesiology and Neurological Critical Care - all at Johns Hopkins Hospital in Baltimore, Maryland.

I currently serve as Vice-Chair for the Department of Anesthesiology & Critical Care Medicine at The Johns Hopkins Medical Institutions. I also serve as Director of the Johns Hopkins Neuroscience Critical Care Unit and Hopkins Bayview Neurocritical Care Unit, and am Division Chief of Neuroanesthesiology, Co-Director for the Johns Hopkins Comprehensive Stroke Center, and I also direct the Johns Hopkins Acute Peri-operative Clinical Research Platform. I have a triple appointment as Professor of Anesthesiology/Critical Care Medicine, Neurology, and Neurosurgery.

I serve on the Board of Directors of the Society of Neurological Critical Care and have authored 2 texts in Neurocritical Care. I have extensive experience in both laboratory and clinically applied research, and have authored over 150 peer-reviewed journal articles abstracts, and book chapters in journals such as Science, NEJM, Anesthesiology, Crit Care Med, J.Neurosurg Anesthesiol, Anesth Analgesia, Brain Research, Epilepsia, and Epilepsy Research. My research interests include the investigation of the subcortical mechanisms of seizure propagation and cortical synchrony, ICU sedation, and the hyperosmolar control of elevated intracranial pressure/edema following acute head injury, stroke, or perioperative ischemia. I have pioneered the treatment of hypertonic saline solutions in neurological critical care and was the first neuro-critical care physician to clinically introduce the use of very high concentration of NaCl solutions (23.4%) in 1994. This treatment has since been adopted by many neuro-intensivists and has become virtual standard of care in the

management of refractory brain edema and elevated intracranial pressure.

Michael (Luke) James, M.D. Assistant Professor, Department of Anesthesiology, Department of Medicine (Neurology), Duke University, Durham, NC

With dual training in neurology and anesthesiology and specialized advanced training in both vascular neurology and neurocritical care, I have achieved a clinical skill set and experience which I believe would be of benefit to the Board of the Society for Neuroscience in Anesthesiology and Critical Care. Through my principal appointment in the Department of Anesthesiology at Duke University, I split my clinical responsibilities between providing neurosurgical anesthesia and intensive care for neurological and neurosurgical patients. Furthermore, I have spent the last four years since ending my training, first as a fellow on a T32 training grant and then as a Principal Investigator on American Heart Association and Foundation for Anesthesia Education and Research grants, in the Multidisciplinary Neuroprotection Laboratories under Dr. David S. Warner, MD learning and developing various small animal models of acute CNS injury. We have completed a number of projects in the lab evaluating some of the brain's recovery mechanisms after injury and assessing the therapeutic potential of a variety of compounds, our work being honored by awards from both the Society of Critical Care Medicine (Annual Scientific Award) and the Society for Neuroscience in Anesthesia and Critical Care (John D. Michenfelder New Investigator Award). Finally, over the past three years, I have had the privilege of actively serving on a variety of committees for national societies, including the Membership Committee for the Society of Critical Care Medicine, the Fundraising Committee for the Neurocritical Care Society, and the Scientific Committees for the American Society of Anesthesiologists, Neurocritical Care Society, and the Society for Neuroscience in Anesthesia and Critical Care.

I believe that all of these attributes allow me a unique opportunity to contribute to SNACC in a variety of ways. My committee roles in the various professional societies should help me serve as a liaison between them. My scientific endeavors provide a critical perspective to serve the Society's research and educational pursuits. My clinical roles as both a neurointensivist and neuroanesthesiologist assist me in potentially serving to further all aspects of the Society's professional mission. The mentorship provided by Dr. Warner has given me a sense of respect and duty towards the Society. Most importantly, my record demonstrates that I am reliable and productive, which has led to the development of solid project and people management skills. Ultimately, I am able to listen and learn while engaging in areas that may benefit from my expertise.

Education Committee Report

Rafi Avitsian, M.D.
Chair, Education Committee
Cleveland Clinic

One can regard the SNACC Annual Meeting as the climax of the educational portion of our Society. Workshops, symposiums and lectures are carefully selected and planned to give the highest educational value for the participants. The planning committee has spared no effort to make the meeting worth every penny spent on registration and travel for our meeting participants. One often overlooks an important component of every meeting, which is the significant amount of professional interactions, networking and contacts that happen during these meetings. This becomes even more apparent for our new members who want to introduce themselves as interested in being keenly involved in the society activities.

Committee membership is an important stepping stone in allowing the membership to know you. In the *Education Committee* we recognize membership as far more than a simple name and title on the CV! We need members that will help improve the educational activities, including basic science and clinical portions of neuroscience relevant to anesthesia and critical care to a higher standard. Currently our committee is seeking **two new members**. Interested SNACC members can send a current CV and a statement about their ideas on helping the education committee to avitsir@ccf.org.

An important goal of the education committee is to offer educational resources to our membership beyond the annual meeting. Currently, we are in the process of renewing the education section of the new SNACC website. In the coming months, you will see the updated educational resources with new bibliography, meeting abstracts and the novel “Chat with the author” portion, where we provide an interview with authors of a new study. In this initiative, PowerPoint slides of the study are linked up with an audio file of the interview with the author. We are also planning to post links to other meetings and abstracts which have similar interests.

The most important driving factor for our Society in general and the education committee specifically, is the support we get from the membership. I encourage all to send us their suggestions and feedback so we can make our committee a trusted educational source.

SNACC Announces 2011 Award Recipients

The presentation of awards will be given during the Business Meeting of the Membership on Friday, October 14, during the 39th Annual Meeting at the Chicago Marriott Downtown. Visit www.snacc.org for more information.

Distinguished Service Award

David Warner, M.D., Duke University Medical Center, Durham, NC

The SNACC Distinguished Service Award honors a career neuroanesthesiologist and/or neuroscientist who has made substantial lifetime contributions to the specialty of neuroanesthesia and critical care and to the larger anesthesiology community as a whole, in addition to his or her distinguished service to the Society.

Teacher of the Year

William Lanier, Jr., M.D., F.A.C.A., Professor of Anesthesiology, Mayo Clinic in Rochester, MN

The Teacher of the Year award recognizes SNACC members who exemplify outstanding teaching of healthcare professionals in the areas of neuroscience, neurosurgical anesthesiology and neuro-critical care.

John D. Michenfelder Award

Eric Schnell, M.D., Ph.D., Portland VA Medical Center, Portland, OR

This 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.

Travel Award Recipients:

1. **Dinesh Pal, Ph.D.:** "Propofol reduces antero-posterior feedback connectivity and acetylcholine (ACh) levels in prefrontal cortex (PFC) on a similar time scale in sprague dawley rat," University of Michigan, Ann Arbor, MI
2. **Eva-Verena Schaible, M.D.:** "Alpha-MSH(11-13) improves posttraumatic inflammation and brain damage after experimental TBI," University Medical Center of the Johannes Gutenberg University Main, Germany
3. **Fransisca Indraswari, M.D.:** "Statins modulate neuroinflammatory responses and improve functional and histological outcomes in murine models of traumatic brain injury and intracerebral hemorrhage," Duke University, Durham, NC
4. **Denis Jordan, Ph.D.:** "Electroencephalographic symbolic transfer entropy indicates changes in cortical information flow during propofol sedation and unconsciousness," Klinikum rechts der Isar der Technischen Universit, Munich, Germany
5. **Vijay K. Ramaiah, M.D.:** "A comparison of two glucose sampling frequencies for an intensive insulin protocol during craniotomy in non-diabetic patients: How efficiently and safely can we maintain target glucose levels?," Northwestern University Feinberg School of Medicine, Chicago, IL.

SNACC 39th Annual Meeting

Pre-Meeting Workshops* - Thursday, October 13

(Concurrent sessions: 1:30 p.m. – 4:45 p.m.)

How to Prepare a Publishable Manuscript

(1:30 p.m. – 4:45 p.m.)

Organizer: Deborah J. Culley, M.D.

Lecture 1: Overcoming Writer's Block and Other Obstacles to Scientific Writing (40 minutes).

William L. Lanier, M.D.

Lecture 2: Common Pitfalls that Will Prevent Your Paper from Being Published (20 minutes).

David S. Warner, M.D.

Lecture 3: What To Do When Your Paper is Rejected (20 minutes).

Michael M. Todd, M.D.

Followed by 1:1 mentoring of a manuscript in process (1 hour and 15 minutes). Prospective attendees (limited to 75) will be asked to submit a single page CV and a first draft of their paper (or the completed data set) ahead of time so that they can be paired with appropriate mentor.

Neurophysiologic Monitoring Workshops

(1:30 p.m. – 4:45 p.m.)

Organizer: Antoun Koht, M.D.

Co-Directors: Tod Sloan, M.D., Ph.D. and J. Richard Toleikis, Ph.D.

Monitoring Carotid surgery

Gerhard Schneider, M.D., Ph.D.; Stephan Schuele, M.D., M.P.H.; Deepak Sharma, M.D.

Monitoring Cervical Spine Surgery

Daniel Janik, M.D.; J. Richard Toleikis, Ph.D.

Monitoring Spine Surgery, Thoracic/Lumbar

Jeremy Lieberman, M.D.; Tod Sloan, M.D., Ph.D.

Monitoring Cerebral Aneurysms

Christoph Seubert, M.D., Ph.D.; Laura Hemmer, M.D.

Monitoring Posterior Fossa Surgery

Leslie Jameson, M.D.; Lawrence R. Wierzbowski, Au.D.

Pre-Meeting Dinner Symposium

Thursday, October 13

Update on Perioperative Neuromonitoring

Co-Moderators: Kristin R. Engelhard, M.D., Ph.D. and Hari Hara Dash, M.D.

6:30 - 7:00 p.m. Reception (cash bar)

7:00 - 7:45 p.m. Dinner

7:45 - 9:00 p.m. Presentations and Panel Discussion

Presentations:

1. NIRS – When Should We Use It?

Hilary P. Grocott, M.D.

2. PtiO₂ and Outcome after Neuronal Damage

Arthur Lam, M.D.

3. TCD – Cerebrovascular Autoregulation in Critical Care Patients

Patrick Schramm, M.D.



Program Schedule - Friday, October 14

- 7:00 a.m. – 7:40 a.m.** Breakfast and Registration – Exhibits Open
- 7:45 a.m. – 7:50 a.m.** Welcome Address
Monica S. Vavilala, M.D., SNACC President
- 7:50 a.m. – 9:30 a.m.** Mini Symposium 1: Sleep
Moderator: Martin Smith, M.B.B.S., F.R.C.A., FFICM
- 7:50 a.m. – 8:25 a.m.** Basic Science of Sleep
Mark R. Opp, Ph.D.
- 8:25 a.m. – 8:50 a.m.** Circadian Rhythms, Sleep and Performance
Elizabeth B. Klerman M.D., Ph.D.
- 8:50 a.m. – 9:15 a.m.** Sleep/Delirium on the ICU
Pratik Pandharipande, M.D.
- 9:15 a.m. – 9:30 a.m.** Discussion with Panelists
- 9:30 a.m. - 10:00 a.m.** Moderated Poster Session
Jeffrey J. Pasternak, M.D.
- Coffee Break
- 10:00 a.m. - 11:30 a.m.** Poster Session 1
- 11:30 a.m. - 11:45 a.m.** Transfer to 4th Floor for Lunch/Business Meeting
- 11:45 a.m. - 1:00 p.m.** Business Lunch and Award Presentations
Travel Awards Presenter: Lisa Wise-Faberowski, M.D.
- FAER Presentation**
Presenter: Armin Schubert, M.D., M.B.A.
- 1:00 p.m. - 1:15 p.m.** Dr. Jane Matjasko Tribute
Patricia Petrozza, M.D., Gary M. Fiskum, Ph.D.
- 1:15 p.m. - 1:30 p.m.** Transfer to 7th Floor for Afternoon Session
- 1:30 p.m. - 1:45 p.m.** 2011 John D. Michenfelder New Investigator Award Oral Presentation
Moderator: Zhiyi Zuo, M.D., Ph.D.
- 1:45 p.m. - 3:15 p.m.** Mini Symposium 2: Acute Ischemic Stroke
Moderator: Pekka O. Talke, M.D.
- 1:45 p.m. – 2:10 p.m.** Pathophysiology & Interventional Management
David S. Warner, M.D.
- 2:10 p.m. – 2:35 p.m.** Acute and ICU Management
Thomas P. Bleck, M.D., F.C.C.M.
- 2:35 p.m. – 3:00 p.m.** Anesthetic Techniques During Interventional Management of AIS
Adrian W. Gelb, M.B.,B.Ch.
- 3:00 p.m. – 3:15 p.m.** Discussion with Panelists
- 3:15 p.m. – 3:45 p.m.** Poster Session Announcement
Jeffrey J. Pasternak, M.D.
- Coffee Break
- 3:45 p.m. – 4:45 p.m.** Poster Session 2
- 4:45 p.m. – 5:45 p.m.** SNACC Journal Club
Organizers/Moderators: Deborah J. Culley, M.D.; William M. Armstead, Ph.D.
- 4:45 p.m. – 5:00 p.m.** Heat Shock Protein 72 Overexpression Prevents Early Postoperative Memory Decline after Orthopedic Surgery under General Anesthesia in Mice.
Marcela P. Vizcaychipi, M.B.B.S., M.D., E.D.I.C.M., F.R.C.A.
- 5:00 p.m. – 5:15 p.m.** Arteriovenous Malformation in the Adult Mouse Brain Resembling the Human Disease.
William L. Young, M.D.
- 5:15 p.m. – 5:30 p.m.** Inhibition of Myosin Light Chain Kinase Reduces Brain Edema Formation after Traumatic Brain Injury.
Serge C. Thal, M.D.
- 5:30 p.m. – 5:45 p.m.** Discussion with Panelists



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

**FRIDAY, OCTOBER 14, 2011:
EXHIBIT HOURS**

**7:00 – 7:40 a.m.
9:30 – 1:15 p.m.
3:15 – 4:45 p.m.**



- 5:45 p.m. – 6:25 p.m. **Pro-Con Debate: A Neuroanesthesiologist is Essential for all Intracranial Neurosurgical Procedures**
Moderator: John Drummond, M.D., F.R.C.P.C.
Pro: Karen B. Domino, M.D., M.P.H.
Con: Michael M. Todd, M.D.
- 6:25 p.m. – 6:30 p.m. **Closing Remarks**
Monica S. Vavilala, M.D.
- 6:30 p.m. – 7:30 p.m. **Wine and Cheese Reception**

SNACC Breakfast Panel presented at the ASA 2011 Annual Meeting*

**This ASA Breakfast Panel Session is not a part of the SNACC Annual Meeting; to attend you must register through ASA meeting registration. Please check the ASA website for any changes to the location of this session.*

Spine Surgery: Anesthetic Techniques, Monitoring, and Outcomes

on Tuesday, October 18, 2011, 7:00 a.m. - 8:15 a.m.

Hyatt Regency McCormick Place

Neuroanesthesia Track

Learning objectives: The learner will be able to: 1) discuss outcomes of patients after spine surgery; 2) discuss pros and cons of neuromonitoring for spine surgery; 3) discuss anesthetic techniques for spine surgery.

Moderator

Karen B. Domino, M.D., M.P.H. - University of Washington

Speakers

Neuromonitoring for Spine Surgery Antoun Koht, M.D. - Northwestern University

Anesthetic Techniques Lorri Lee, M.D. - University of Washington

Spine Surgery Outcomes Jeffrey Pasternak, M.D. - Mayo Clinic College of Medicine



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SNACC Annual Meeting Support and Exhibitors


The SNACC Annual Meeting has long been recognized for its thought-provoking programs, presenting information participants can take home and immediately put to use in their practices. In addition to the education, the event offers an opportunity to meet with the vendors in the exhibit hall who provide equipment and services to our neuroscience and neuroanesthesia practice.

This year, SNACC's President-Elect, Ansgar Brambrink, M.D., implemented a new revenue-generating program to

increase support from corporate donors and exhibitors with three levels of sponsorship packages: Gold, Silver and Bronze. Each level offers corporate visibility and the opportunity to showcase their products and services. The program has proven to be quite successful with an increase in contributions this year.

Please stop by the exhibit hall to meet with the vendors in the Grand Ballroom of the Chicago Marriott Downtown hotel on Friday, October 14.

The Society for Neuroscience in Anesthesiology and Critical Care would like to thank the following supporters:

 **CADWELL**® Cadwell - Support provided for the Neurophysiologic Monitoring Workshops

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The Society for Neuroscience in Anesthesiology and Critical Care would like to thank the following exhibitors:



2011 NEUROANESTHESIA TRACK at ASA

Saturday, October 15

RC 104: Evaluation and Management of the Patient with Carotid Artery Disease.

8:00 – 8:50 a.m., Room S104ab

Daniel J. Cole, M.D., Moderator

OR 05-1 (Oral Presentations): Clinical Neuroscience – Outcome and Complications

8:00 – 9:30 a.m., Hyatt Regency 11AB

A001 Post-operative cognitive dysfunction is correlated with urine formaldehyde level in elderly noncardiac surgical patients - J Wang

A002 Isoflurane treatment of depression - S Tadler

A003 Anesthesia Awareness Registry: psychological impacts for patients – CD Kent

A004 Open vs endovascular abdominal aortic surgery is a risk factor for perioperative stroke - LE Moore

A005 Postoperative learning and memory: effects of modafinil at one week and three months in older patients – RG Desai

A006 Intraoperative evoked potentials and delayed onset spinal cord injury after thoracic endovascular aortic repair – FW Lombard

805 Simulation-Based Training in Critical Incident Management and Teamwork

8:00 – 10:00 a.m., Room N426a-c

Faculty from SNACC: Keith J. Ruskin, Dmitry Baranov, W. Andrew Kofke, Kathryn K. Lauer, William R. McIvor, Ramachandran Ramani, Elizabeth H. Sinz, Ellen Y. Wang

806 Simulation-Based Training in Critical Incident Management and Teamwork

10:00 – 12:00 p.m., Room N426a-c

Faculty from SNACC: Keith J. Ruskin, Dmitry Baranov, W. Andrew Kofke, Kathryn K. Lauer, William R. McIvor, Ramachandran Ramani, Elizabeth H. Sinz, Ellen Y. Wang

RC 111: Preventing CNS Complications during Anesthesia and Surgery.

12:40 – 1:30 p.m., Room S102a-d

James E. Cottrell, M.D., Moderator

PO 05-1 (Poster Sessions): Clinical Neuroscience – Outcome and Complications I

1:00 – 4:00 p.m., Hall B2 Area J

PO 10-1 (Poster Sessions): Experimental Neurosciences: Channels, Synapses and Systems

1:00 – 4:00 p.m., Hall B2 Area L

RC 122 (2 hour): Anesthetic-induced Neurotoxicity.

2:50 – 4:50 p.m., Room S102a-d

Sulpicio G. Soriano, M.D., Moderator

Piyush M. Patel, M.D.: Anesthetic-induced neurotoxicity: the science behind it

Cor J. Kalkman, M.D., Ph.D.: Anesthetic-induced neurotoxicity and the young brain

Gregory J. Crosby, M.D.: Anesthetic-induced neurotoxicity and the old brain

Sunday, October 16

RC 202: Neuroanesthesia: Pharmacology and Physiology that Really Matters.

8:00 – 8:50 a.m., Room S102a-d

John C. Drummond, M.D., Moderator

PO 05-3 (Poster Sessions): Clinical Neuroscience – Depth of Anesthesia Monitoring

8:00 – 11:00 a.m., Hall B2 Area C

PN 24 (2 hour): Perioperative Management of the Cerebral Aneurysm/Subarachnoid Hemorrhage Patient.

9:10 – 11:10 a.m., Room S504a-c

David S. Warner, M.D., Moderator

Sam O. Zaidat, M.D.: Surgical approach (endovascular versus open)

David L. McDonagh, M.D.: Intraoperative care (use of adenosine arrest, burst suppression, hypothermia)

Arthur Lam, M.D.: Multimodality ICU monitoring and care

OR 10-2 (Oral Presentations): Experimental Neurosciences: Cognitive Function

10:00 – 11:30 a.m., Hyatt Regency 10AB

A402 The COX-2 inhibitor meloxicam ameliorates short term memory dysfunction and modulates microglia activation after splenectomy in adult mice – M Haile

A403 Cholinergic regulation of surgery-induced neuroinflammation and cognitive decline – N Terrando

A404 Refanalin, a hepatocyte growth factor mimetic, causes sustained improvement in outcome from focal brain ischemia in rats – RE Chaparro

A405 Surgery itself induces neuroinflammation, A β accumulation and learning/memory impairment in older mice – Z Xu

A406 Geldanamycin protects SOD2 hemizygous knockout mice from cerebral ischemia/reperfusion injury – L Xu

A407 Early and chronic treatment with dantrolene ameliorated later learning and memory deficits in older Alzheimer triple transgenic mice – H Wei

PN 28 (2 hour): Clinical Controversies in Neuroanesthesia and Neurocritical Care.

1:00 – 3:00 p.m., Room S501a-c

Antoun Koht, M.D., Moderator

Andrew M. Naidech, M.D.: Transfusion thresholds for neurosurgical patients: what should it be?

Ansgar M. Brambrink, M.D., Ph.D.: Neuromonitoring for craniotomy: important or unnecessary?

Edward C. Nemergut, M.D.: Perioperative glucose management: is tight control needed for the neurosurgical patient?

PO 10-2 (Poster Sessions): Experimental Neurosciences: Neurotoxicity

1:00 – 4:00 p.m., Hall B2 Area K

RC 227: Perioperative Management of Patients Undergoing Spine Surgery.

2:10 – 3:00 p.m., Room S103a-d

Susan Black, M.D., Moderator

PN 40: Preventing Intraoperative Awareness: An Evidence-based Approach.

3:30 – 5:00 p.m., Room S504d

Michael F. O'Connor, M.D., moderator

Michael S. Avidan, M.B. B.Ch.: Preventing awareness in a high-risk surgical population: results of the BAG-RECALL Trial

George A. Mashour, M.D., Ph.D.: Preventing awareness in a broad surgical population: results of the MACS Trial

Monday, October 17

PO 10-3 (Poster Sessions): Experimental Neurosciences: Ischemic Injury

8:00 – 11:00 a.m., Hall B2 Area D

RC 313 (2 hour): Evaluation and Management of Traumatic Brain Injury.

1:00 – 3:00 p.m., Room S103a-d

William L. Lanier, M.D., Moderator

Audree A. Bendo, M.D.: Adult traumatic brain injury

Monica S. Vavilala, M.D.: Pediatric brain injury

Donald S. Prough, M.D.: Fluid metabolic management of traumatic brain injury

CF 10: Challenging Neuroanesthesia Cases.

1:00 – 2:30 p.m., Room N231

William L. Young, M.D., Co-moderator

Michael M. Todd, M.D., Co-moderator

Speakers: Deborah A. Rusy, M.D.; Adrian W. Gelb, M.B. B.Ch.; Tod B. Sloan, M.D., Ph.D.; Kristin R. Engelhard, M.D., Ph.D.

PO 05-2 (Poster Sessions): Clinical Neuroscience – Outcome and Complications II

1:00-4:00 p.m., Hall B2 Area J

OR 05-2 (Oral Presentations): Clinical Neuroscience – CBF, Metabolism and Protection

3:00 – 4:30 p.m., Hyatt Regency 10AB

A796 The negative impact of phenylephrine bolus treatment on cerebral oxygenation is modulated by carbon dioxide in propofol and remifentanyl anesthetized patients – B Alexander

A797 Continuous and nonlinear response of cerebral oxygenation to changing end-tidal carbon dioxide in propofol-remifentanyl versus sevoflurane anesthetized patients – L Meng

A798 Optimizing cerebral oxygenation in anesthetized patients with carotid artery stenosis: the influence of inspired oxygen fraction – P Picton

A799 Noninvasive quantification over a brain temperature tunnel of increased brain temperature during ECT – TM Banack

A800 Propofol 2 µg/mL induces a non-uniformity in rCBF-fMRI study in volunteers – MJ Rose

A801 Influence of arterial CO₂ tension upon cerebral tissue oxygen saturation – DB MacLeod

RC 328: Anesthesia for Functional Neurosurgery.

3:20 – 4:10 p.m., Room S106ab

Karen B. Domino, M.D., MPH, Co-moderator, Anesthesia for deep brain stimulation

Barbara M. Van de Wiele, M.D., Co-moderator, Anesthesia for awake craniotomies

PN 62: Perioperative Cognitive Dysfunction: Us or Them?

3:30 – 5:00 p.m., Room S502ab

Deborah J. Culley, M.D., Moderator

Brendan S. Silbert, M.D.: It's the patient: role of pre-existing cognitive impairment

Mervyn Maze, MBChB: It's the surgeons: role of inflammation

Gregory J. Crosby, M.D.: It's us: role of sedative/anesthetic medications

Tuesday, October 18

PN 610 (SNACC Breakfast Panel): Spine Surgery: Techniques and Outcomes.

7:00 – 8:15 a.m., Hyatt McCormick Place – Regency C

Karen B. Domino, M.D., MPH, Moderator

Jeffrey Pasternak, M.D.: Anesthetic techniques and outcomes of spine surgery

Antoun Koht, M.D.: The pros and cons of neuromonitoring for spine surgery
Lorri Lee, M.D.: Perioperative complications

RC 402: Anesthesia for Neurosurgery: Does the Anesthetic Technique and Drug Matter?

8:00 – 8:50 a.m., Room S102a-d
David S. Warner, M.D., Moderator

OR 10-1 (Oral Presentations): Experimental Neurosciences: Systems Analysis

8:00 – 9:30, Hyatt Regency 10AB

A1162 Strain differences in fractional components of EEG during induction and emergence using isoflurane – TA Stekiel

A1163 Propofol-induced change in information processing between neocortex and hippocampus –

M Kreuzer

A1164 Propofol infusion decreases rCBF and increases GABA level in the thalamus – fMRI, MRS study in volunteers – R Ramani

A1165 Hypersensitivity to volatile anesthetics in a mouse lacking a mitochondrial complex I protein –

PG Morgan

A1166 Toward a new class of amnestic agent: blocking de novo synthesis of PKM α potently prevents the consolidation of long-term memory – P Tsokas

A1167 Increased functional connectivity in the limbic network of isoflurane-anesthetized rats during electrical stimulation of the nucleus
Pontis Oralis – S Pillay

PO 05-4 (Poster Sessions): Clinical Neuroscience – Cerebral Oxygenation and Functional Monitoring and Miscellaneous

8:00 – 11:00 a.m., Hall B2 Area C

PO 10-4 (Poster Sessions): Experimental Neurosciences: Neuroprotection

8:00 – 11:00 a.m., Hall B2 Area E

PN 87: Novel Concepts for CNS Disorders.

3:30 – 5:00 p.m., Room S503ab

Steven Roth, M.D., Moderator

Richard P. Kraig, M.D., Ph.D.: Environmental enrichment, neuroprotection and immune signaling

Maciej Lesniak, M.D., MHCM: Novel drug delivery techniques for CNS disorders

Jeffrey M. Giddy, Ph.D.: Preconditioning the brain

Wednesday, October 19

PO 10-5 (Poster Sessions): Experimental Neurosciences: Cerebral Metabolism, Blood Flow and Other

8:00 – 11:00 a.m., Hall B2 Area E

2011 PBLDs in NEUROANESTHESIA TRACK at ASA

Saturday, October 15

L 012 (PBLD): Deep Brain Stimulation for Parkinson's Disease: What is the Role of the Anesthesiologists?

7:30 – 8:45 a.m., Room S406b

Julia I. Metzner, M.D.

L 033 (PBLD): A Trip to Neuroradiology: Just a Straightforward Vertebroplasty in the Special Procedures Suite.

12:00 – 1:15 p.m., Room S406b

Jess W. Brallier, M.D.

L 047 (PBLD): Acute Subarachnoid Hemorrhage: Anesthetic Management of Endovascular Aneurysm Coiling

12:00 – 1:15 p.m., Room S406b

Kenneth Van Dyke, Jr., M.D.

L 051 (PBLD): A Trip to Neuroradiology: Just a Straightforward Vertebroplasty in the Special Procedures Suite.

3:30 – 4:45 p.m., Room S406b

Jess W. Brallier, M.D.

L 057 (PBLD): Anesthesia for Deep Brain Stimulation. It's Just a MAC Case!!!

3:30 – 4:45 p.m., Room S406b

Letha Mathews, M.D.

L 058 (PBLD). Deep Brain Stimulation for Parkinson's Disease: What is the Role of the Anesthesiologist?

3:30 – 4:45 p.m., Room S406b

Julia I. Metzner, M.D.

Sunday, October 16

L 089 (PBLD): The Disappearing Waveforms: Cervical Spine Surgery with Evoked Potential Monitoring.

9:30 – 10:45 a.m., Room S406b

Julia I. Metzner, M.D.

L 105 (PBLD): Spine Fusion Confusion.

12:00 – 1:15 p.m., Room S406b

Mohamed Mahmoud, M.D.

L 106 (PBLD) Anesthesia for Deep Brain Stimulation. It's Just a MAC Case !!!

12:00 – 1:15 p.m., Room S504b

Letha Mathews, M.D.

L 122 (PBLD): The Disappearing Waveforms: Cervical Spine Surgery with Evoked Potential Monitoring.

3:30 – 4:45 p.m., Room S406b

Julia I. Metzner, M.D.

L 125 (PBLD): Acute Subarachnoid Hemorrhage: Anesthetic Management of Endovascular Aneurysm Coiling

3:30 – 4:45 p.m., Room S406b

Kenneth Van Dyke, Jr., M.D.

Monday, October 17

L 134 (PBLD): Spine Fusion Confusion.

9:30 – 10:45 a.m., Room S406b

Mohamed Mahmoud, M.D.

L 141 (PBLD): Awake Craniotomy in a Patient with Obstructive Sleep Apnea.

9:30 – 10:45 a.m., Room S406b

Karl Willmann, M.D.

L 159 (PBLD): I Feel Spine; A Complicated Posterior Cervical Fusion.

3:30 – 4:45 pm, Room S40-6b

Stacie Deiner, M.D.

Tuesday, October 18

L 173 (PBLD): Anesthesia for Intracerebral Stenting: It Isn't Necessarily Over When You Get the Patient to PACU.

9:30 – 10:45 a.m., Room S406b

Apolonia E. Abramowicz, M.D.

L 181 (PBLD): Hypophysectomy in a Healthy Young Man – Anesthetic and Critical Care Considerations.

9:30 – 10:45 a.m., S406b

Heidi M. Koenig, M.D.

L 164 (PBLD): Hypophysectomy in a Healthy Young Man – Anesthetic and Critical Care Considerations.

12:00 – 1:15 p.m., S406b

Heidi M. Koenig, M.D.

L 190 (PBLD): I Feel Spine; A Complicated Posterior Cervical Fusion.

12:00 – 1:15 p.m., Room S40-6b

Stacie Deiner, M.D.

L 199 (PBLD): Awake Craniotomy in a Patient with Obstructive Sleep Apnea.

12:00 – 1:15 p.m., Room S406b

Karl Willmann, M.D.

L 202 (PBLD): Anesthesia for Intracerebral Stenting: It Isn't Necessarily Over When You Get the Patient to PACU.

3:30 – 4:45 p.m., Room S406b

Apolonia E. Abramowicz, M.D.

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