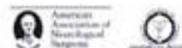


# Pediatric SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

Editor: Alan R. Cohen, MD

Fall 2007

## Pediatric Section Holds 36th Annual Meeting Nov. 28-30

John Ragheb, MD

The 36th Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery will be held for the first time in South Florida, Nov. 28-30, 2007. It will be held at the beautiful the oceanfront Loews Miami Beach Hotel, in the heart of Art Deco South Beach. The meeting will feature an exceptional scientific program as well as an expanded electronic poster format that draws from the nearly 200 submitted scientific abstracts.

In addition to the scientific program, there will be both pre- and post-meeting courses of special interest. The premeeting Pediatric Epilepsy Surgery Update, to be held Nov. 26-27, will bring together experts from the medical, surgical, imaging, pathology and research fields to discuss the current status and future direction of epilepsy surgery in children. The post-meeting course, which will take place Nov. 30 and Dec. 1, is a review of the "state of the art" by the recognized experts in pediatric neurosurgery and is intended for young neurosurgeons and residents. The lectures and discussions will be simultaneously translated to Spanish for the benefit of those attending from Latin America.

This year's Raimondi Lecturer is Roberto Heros, MD, professor and vice chairman of neurosurgery at the University of Miami. Dr Heros will share his thoughts on the geopolitical situation in Latin America and the Caribbean from his unique perspective as a Cuban American.

Come join your colleagues and friends, bring your families, and enjoy the best in pediatric neurosurgery presented in beautiful South Florida. We promise it will not snow at this year's meeting!

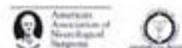
For more information or to register, [click here](#).

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## Pediatric Neurosurgery Workforce Initiative: Preliminary Survey Results

Susan R. Durham, MD

Thanks to everyone in the section for participating in the Pediatric Neurosurgery Workforce Survey. The response so far has been very positive and we are nearly to our goal of a 75 percent response rate. Because of the small number of practicing pediatric neurosurgeons, we can precisely describe our current workforce and make accurate predictions about the future supply of pediatric neurosurgeons. This is unique among most workforce studies and allows us to have sound data on which to base future health policy decisions.

We were able to find 342 individuals with pediatrics as an identified part of their neurosurgical practice in the membership directories of the American Board of Pediatric Neurological Surgery, American Society of Pediatric Neurosurgeons, the AANS/CNS Section on Pediatric Neurological Surgery and those self-reporting a pediatric subspecialty in the AANS Membership Directory. Our preliminary data shows that approximately 225 of these individuals maintain a practice of greater than 75 percent pediatric cases. As many as 20 percent of our respondents indicated that they are limiting their practices to adult patients or spine cases, and 16 percent wished to no longer offer trauma or emergency room coverage. This raises concern about our ability to provide care for pediatric neurosurgical patients in many areas of the United States where there currently are few pediatric neurosurgeons.

Our recent work also suggests that less than 8 percent of U.S. neurosurgical residency graduates go on to complete pediatric neurosurgical fellowships. Since the inception of the Accreditation Council for Pediatric Neurosurgical Fellowships in 1991, there have been nine fellowship graduates per year on average, with only five or six of them going on to achieve American Board of Pediatric Neurological Surgery certification. An increasing number of foreign-trained neurosurgical graduates are filling our fellowship positions with 46 percent of our fellowship positions filled by foreign-trained graduates in 2005-2006 compared to 0.0 percent from 1998 to 2001.

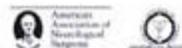
Working with pediatric physician workforce researchers at the Dartmouth Institute for Health Policy and Clinical Practice, we currently are studying the changing practice patterns of specific neurosurgical procedures that are performed on children. We hypothesize that the percentage of pediatric neurosurgical procedures performed by nonpediatric neurosurgeons has declined over the past decade, despite the number of pediatric neurosurgeons remaining rather stable. This has important implications for the future of the pediatric neurosurgical workforce and the neurosurgical care of children.

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# Pediatric SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

Alan R. Cohen, MD

Fall 2007

## Robin Humphreys Honored With Distinguished Service Award

Alan R. Cohen, MD

The AANS/CNS Section on Pediatric Neurological Surgery selected Robin P. Humphreys, MD, FRCSC, FACS, to be honored with the 2007 Franc D. Ingraham Distinguished Service Award for Pediatric Neurosurgery. Dr. Humphreys will be presented with the prestigious award at 10:45 a.m. on Thursday, Nov. 29, during the section's 2007 Annual Meeting in Miami, Fla.



Robin P. Humphreys,  
MD, FRCSC

Dr. Humphreys was appointed to the staff of the Hospital for Sick Children in 1970 and went on to earn an international reputation as one of the founders of the field of pediatric neurosurgery. He currently serves as director of the SickKids Foundation and, with his wife, Judith, has established the Robin and Judith Humphreys Fellowship in Pediatric Neurosurgery, which is intended to recognize and support neurosurgical education and research accomplishments.

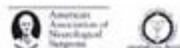
During his 37 years at SickKids, where he is now an honorary consultant, Dr. Humphreys has served as the hospital's neurosurgeon-in-chief and associate neurosurgeon-in-chief, and he was the inaugural recipient of the Harold J. Hoffman/Shoppers Drug Mart Chair in Pediatric Neurosurgery. In 2003, he received the hospital's Claus Wirsig Humanitarian Award. In addition to his regular pediatric case load, Dr. Humphreys assumed responsibility for the pediatric cerebrovascular program and collaborated in the development of Canada's first craniofacial unit.

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# Pediatric SHORT CUTS



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## ISPN Meeting in Liverpool

George I. Jallo, MD

The annual meeting of the International Society of Pediatric Neurosurgeons held in Liverpool this September had an excellent turnout of more than 400 participants from around the globe. Close to 20 neurosurgeons from the United States were in attendance.

The program was well-organized and comprehensive with invited speakers on major topics in hydrocephalus, craniofacial malformations, epilepsy, translational research and spinal dysraphism (tethered cord). The "state of the art" in these areas was discussed, namely prophylactic surgery versus observation for tethered cord, current management of ependymomas, craniopagus twins, and shunt infection and antibiotic catheters. There was a concomitant nurses program as well as video sessions on the major topics such as endoscope-assisted surgery, hemispherotomy for epilepsy, and tethered cord release surgery.

The social program was well-planned, and it included golf and sporting outings. The evenings featured a dinner cruise and a night at the Cavern Club (the old Beatles hangout and club).

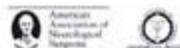
As a final note, Rick Abbott was named president of the ISPN at the gala dinner.

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## Section on Neurological Surgery of the American Academy of Pediatrics

Joseph Piatt, MD

Oct. 3, 2007

The mission of the Section on Neurological Surgery, SONS, of the American Academy of Pediatrics, AAP, includes education of parents, pediatricians, and pediatric subspecialists about conditions that require neurosurgical care, improvement in the quality of neurosurgical services for children, and advocacy for children in society.

### Education

At the 2007 National Conference and Exhibition, NCE in San Francisco, the SONS sponsored the following offerings:

- Neurosurgical Lumps, Bumps, Pocks and Divots -- a selected short subject presented by Nathan Selden, MD, PhD
- Incontinence: Urologic or Neurologic? What About the Tethered Cord Syndrome? -- a seminar presented by Nathan Selden, MD, PhD, and Steven Skoog, MD

The following proposals have been accepted for the 2008 NCE in Boston:

- Lifting the Burden of CSF Shunts: Endoscopic Surgery in the Management of Hydrocephalus -- a plenary session presentation by Liliana Goumnerova, MD
- The Chiari Malformation: What Does It Mean? -- a selected short subject to be presented by Edward Smith, MD

The 2009 NCE will be held in Washington, D.C. The NCE Planning Group places a high priority on minimization of travel expenses, so members of the SONS living within car or train travel of the conference who are interested in proposing a CME offering for this program are encouraged to step forward.

### Quality

Mark Dias, MD, has prepared a CD library of official AAP policies, clinical guidelines, clinical reports, and technical reports pertinent to the practice of pediatric neurosurgery. Copies will be distributed to members of the SONS and to fellowship trainees. Other interested persons are encouraged to inquire of Dr. Dias. A searchable compendium of all official AAP statements is available online at <http://aappolicy.aappublications.org>.

The AAP has been reassessing its role in the assurance of quality in the prevention and management of pediatric trauma. At the March 2007 Annual Leadership Forum, ALF, members of the board met with members of the Surgical Advisory Panel and other interested parties to survey the

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organizational landscape, to inventory the AAP's current activities, and to identify unmet needs. There was a consensus that the AAP should not attempt to duplicate or compete with the current leadership of the Committee on Trauma, COT, of the American College of Surgeons, ACS. The historical roles of the AAP and the ACS in injury prevention and acute care, respectively, have been complementary, and closer cooperation between the two organizations seems to be in the better interest of children. A formal liaison seat on the COT has been requested. The reassessment of trauma is continuing.

### **Advocacy**

The AAP's highest advocacy priority in recent months has been renewal and expansion of the State Children's Health Insurance Program, SCHIP. The outcome of its efforts remains uncertain at the time of this writing. Pediatric neurosurgeons will appreciate the importance of this effort for the welfare of American children, children's hospitals, and their own practices.

Among its "Top 10" resolutions, the March 2007 ALF sent to the Board of Directors a request for a task force on transition to adult care settings for children with chronic medical and surgical conditions. The resolution originated in the SONS and was endorsed or co-sponsored by the Surgical Advisory Panel, the Pennsylvania Chapter, and Pennsylvania's parent District III. The board has not yet acted on this request.

In a related development the AAP has joined the ACS, the American Board of Internal Medicine, the American College of Physicians, the American Academy of Family Practice, and a number of other medical organizations in an initiative called the Stepping up to the Plate Alliance, SUTTP. The stated purpose of SUTTP is to improve "transitions across locations of care." The initial emphasis of SUTTP has been transition from inpatient to outpatient and from primary physician to specialist, but transition from pediatric to adult seems to be within the scope of its mission. Marion Walker, MD, has been asked to participate in the AAP's interface with SUTTP.

There are widespread concerns about the adequacy of the pediatric surgical subspecialty workforce, and the SONS is participating in several related workforce initiatives. The Section on Pediatric Neurological Surgery of the AANS/CNS is in conversation with the American Society for Pediatric Neurosurgery about the production of a pediatric neurosurgery workforce study. On behalf of the Surgical Advisory Panel of the AAP, the SONS responded last year to a request from the Agency for Healthcare Research and Quality, AHRQ, with a proposal for a surgical subspecialty workforce study. This proposal was submitted in late 2006 and is still pending. Lastly, this past spring the ACS announced a well-funded study of the national surgical workforce. The Surgical Advisory Panel has petitioned the ACS to carve out the pediatric surgical subspecialties for separate analysis.

A current description of the AAP's advocacy activities at the federal and state levels can be viewed at <http://www.aap.org/advocacy.html>.

### **Membership**

The SONS currently has 80 Active Members.

The requirements for Specialty Fellowship in the AAP and membership in the SONS are posted at <http://www.aap.org/member/NEUROLOGICAL%20SURGERY.pdf>. They are

- certification by the American Board of Neurological Surgery (or Fellowship in the Royal College of Surgeons of Canada as a neurosurgeon), and

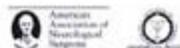
- either certification by the American Board of Pediatric Neurological Surgery or a practice consisting of greater than 75 percent infants, children, and adolescents as demonstrable by a case log. Applications are available at <http://www.aap.org/member/SpecFellowApp.pdf>. There is a Candidate Fellow status available to surgeons in pediatric neurosurgical practice who are not yet certified by the American Board of Neurological Surgery, and there is a Post-Residency Training Fellow status for trainees in accredited pediatric neurosurgical fellowships.

AAP membership dues for Specialty Fellows are substantial. There is a discounted rate for new members and for Candidate Fellows. The SONS pays AAP dues for fellowship trainees. There is no surcharge for membership in the SONS. The modest financial resources of the SONS are replenished now by a recently instituted arrangement whereby a fraction of AAP Specialty Fellow membership dues are returned to the home section.

Inquiries about membership or about the activities of the SONS may be directed to any member of the Executive Committee: David Adelson, MD, Mark Dias, MD (chair-elect), Hector James, MD, Thomas Luerksen, MD, Andrew Parent, MD, Joseph Piatt, MD (chair), and Marion Walker, MD (immediate past chair).

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## Committee Updates

### Devices and Technology Committee

### Education Committee

### Washington Committee

### Web Site Committee

#### Devices and Technology Committee

Mark R Proctor, MD

The Devices and Technology Committee met with the FDA in San Diego on Sept. 15. The previous meeting with the FDA was in April during the AANS meeting in Washington, D.C.

To recap the September meeting, Jeff Blount, MD, gave an excellent presentation to the FDA regarding the use of vagal nerve stimulators in the pediatric population. This presentation was essentially informational, and no action items were generated. There were some suggestions on how to proceed to obtain FDA approval of pediatric use for this device, but since it is already on the market and the process would be so cumbersome, it seems unlikely that this will occur. Compassionate use options were discussed.

There also was a recap of our rejected FDA "Petition to Exempt Cranial Orthoses from Premarket Notification Requirements." To briefly summarize, this petition was jointly submitted to the FDA by the Pediatric Section and the Washington Committee of the AANS/CNS in an effort to make helmets more accessible (both financially and geographically). Despite an initial enthusiastic response from the FDA, the petition ultimately was rejected. A law firm, which presumably represented the large helmet manufacturers, objected to our motion in a late filing; the wording of the FDA's final ruling was remarkably similar to that of the filing.

At the April meeting the new chief of the neurological devices committee at the FDA had informed us that the petition was rejected because we failed to submit medical device reports that outline the risks of the helmets. To the best of our knowledge no MDRs were in existence, which is why none was submitted with the petition. In short, for five months now we have been attempting to obtain the MDRs for the FDA. We have done an exhaustive search of all available public records and cannot find a single MDR that reports an adverse effect of helmet use to the FDA. We have asked the FDA on several occasions to help with this search. At the September meeting we elected to file a Freedom of Information Act with the FDA to locate the alleged MDRs. If in fact the FDA is unable to produce an MDR, the rejection of our petition was without basis and we will have to decide how to proceed (potential options include resubmission, producing our own scientific statement in our literature on the safety of the helmets, or producing a public statement critical of the FDA for rejecting the petition without basis). I propose that we await the results of the Freedom of Information Act filing before proceeding further.

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**Education Committee**

Paul Steinbok, MD, BSc

The Pediatric Section's Education Committee is cosponsoring two courses in 2007. The first, cosponsored with FLANC, is a neuroendoscopy and pediatric neurosurgery course to be held in Baranquilla, Colombia, Oct. 27-31. Section participants are Paul Steinbok, MD, Jeff Wisoff, MD, Dale Swift, MD, and Mark Souweidane, MD. The second course, cosponsored with the ISPN, will be held in Beijing, China, Dec. 8-9. Section participants are Tad Tomita, MD, Paul Steinbok, MD, and Enrique Ventureyra, MD.

The committee also is conducting two surveys. George Jallo, MD, has completed a survey of international activities that have been carried out by section members, and Phil Aldana is surveying section members to identify the educational needs of pediatricians. The latter information will assist in developing educational programs in pediatric neurosurgery for pediatricians.

**Washington Committee**

Andrew Parent, MD

The Washington Committee met July 13 in Washington, D.C., and discussed the following topics.

The third edition of the Traumatic Brain Injury Guidelines has been released. The guidelines include some significant modifications specifically alluding to the option of anticonvulsants in head injuries, suggesting that in low-risk patients, their utilization may not be needed. These guidelines do not change the pediatric neurotrauma guidelines that have previously been released.

The Centers for Medicare and Medicaid Services is changing its usage of "comparative effectiveness research" as a measure of success in its pay-for-performance program. It appears that patient outcomes will be utilized in the future to determine a portion of physician payment. The efficacy of this approach has certainly not been demonstrated, especially in the surgical arena. Its relevance seems to be related to the prophylactic use of antibiotics, prevention of deep venous thrombosis, wound healing and the control of other medical conditions.

The Washington Committee's subcommittee to determine the value of a neurosurgeon to a hospital has had its first meeting. At this particular meeting, James Ausman, MD, made a presentation defining the value of a neurosurgeon as the "contribution margin" to a hospital. This is defined as the difference between what a hospital collects as a result of the work of a neurosurgeon minus the cost. Although this contribution margin will clearly vary depending upon the types of cases performed, the payer mix of patients, as well as geographic location of the contribution margin may vary between \$5,000 and \$12,000 per case, based upon data in the year 2004. The contribution margin is highest in tumor, vascular and trauma cases, moderate in epilepsy, stereotactic, spine and pediatrics and low in peripheral nerve cases. The total neurosurgery hospital contribution margin, per neurosurgeon, ranges from \$1.5 million to \$2 million per year for an average practicing neurosurgeon, according to the case data that was presented.

There was a presentation by the American College of Surgeons regarding its National Surgical Quality Improvement Program, ACS NSQIP, which is based upon a similar program that had been developed in the U.S. Department of Veteran's Affairs system. At present, there is no pediatric program, although a pilot program is planned in the near future. Nationally, there are over 160 hospitals collecting data with greater than 200 cases regarding 136 variables in surgical patient care.

There was a report from the American Board of Neurological Surgery, the Congress of Neurological Surgery and the American Association of Neurological Surgeons on the coordination of data collection from ABNS Maintenance of Certification into a single database, allowing the development of outcome reports. At present, it is anticipated that there will be 14 key cases that will be monitored, among which will be aneurysms, tumors, anterior cervical discectomies, tethered cord, Chiari malformation and intracerebral hemorrhages. From this data will be developed risk analysis benchmarks as well as outcome data. Data will not be identifiable by practitioner. This data system may be online as early as September 2007 and the Washington Committee will play an important role in the coordination of data collection, although the system will continued to be owned by the American Board of Neurological Surgery.

**Web Site Committee**

Douglas Brockmeyer, MD

The Web Site Committee continues to refine and modify the new Web site, [www.pedsneurosurgery.org](http://www.pedsneurosurgery.org), in an effort to better serve the Pediatric Section membership.

One such refinement is the Shunt X-ray Project submitted by S. Scott Lollis, MD, and Ann-Christine Duhaime, MD. For the first time, X-rays that show how various shunts appear radiographically are organized in one place. You can view these images at [pedsneurosurgery.org](http://pedsneurosurgery.org). We hope this project is a helpful service to our members!

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