



Pediatric Section of Neurological Surgery  
of the American Association of Neurological Surgeons  
22 S. Washington Street, Suite 100, Park Ridge, IL 60068

# SHORT CUTS

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R. Michael Scott, M.D., Editor

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## MINUTES OF BUSINESS MEETING PEDIATRIC SECTION OF THE AANS Chicago, December 9, 1987

The meeting was called to order by Section Chairman, David McLone at 4:35 p.m. with 56 members of the section in attendance. The minutes circulated to the section membership in the newsletter were approved as circulated. The Treasurer's Report was given by Mike Scott, who indicated that there was a fund balance of \$108,772 as of September 30, 1987, compared with \$94,345 at the similar period last year. Because the December meeting expenses are frequently included in the following year's accounts, it is often difficult to compare year to year expenses and revenues, and it was suggested that the section go on a fiscal year from July to June; this will be discussed with the central office.

Dave McLone reported on his appointments to various committees of the section: the Membership Committee will consist of Jack Laurent, Chairman, and Bruce Storrs and Lee Sutton. The Bylaws Committee will be chaired by Hal ReKate, with Jerry Oakes and Paul Chapman as members. The Nominating Committee will consist of Bill Cheek, Chairman Ex Officio as past section chairman, and Robin Humphreys and John Shillito.

The Nominating Committee proposed Art Marlin for Secretary-Treasurer and Dave Klein and Don Reigel for members at large of the Executive Council, all terms to begin in April 1988; these names were unanimously approved by vote of the membership.

Bill Cheek gave the report of the Adhoc Committee on Chiari Malformation Terminology. This group, composed of Peter Carmel, Dave McLone, Mike Scott, Bill Cheek, and neuroradiologists Tom Naidich, Samuel Wolpert, and Jacqueline Bello, concluded that even with the latest MRI image data, the terminology of Chiari remained adequate for descriptions of the syndrome and the committee recommended no changes.

The Matson Lecturer for the April meeting in Tor-

onto will be Bruce Hendrick, Senior Pediatric Neurosurgeon at the Hospital for Sick Children in Toronto.

The Shulman Award for the outstanding resident paper of the meeting will be decided by vote of the Executive Council after the close of the meeting, and the winner notified by mail. There are 30 competitors for the paper this year, one of the highest number of entries within memory. The

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## PAOLO RAIMONDI LECTURE GIVEN BY DALE JOHNSON, M.D.

Dale Johnson, Professor of Pediatric Surgery at the University of Utah, gave the eighth annual interim meeting Paolo Raimondi Lecture on the development of subspecialization in pediatric surgery. His talk reviewed the history of the quest of pediatric surgeons to obtain their own certification of competence, and was filled with fascinating historical vignettes and anecdotes.

Dr. Johnson began by remarking on the consistent opposition in American medicine to the formation of specialty groups of all types, including even the American College of Surgeons, which in 1913 was labelled as "unethical and illegal" - probably because of a fear on the part of many doing surgery as part of their general practice that by formation of such a group, its members would become politically unified and considered more competent. Nevertheless, the specialty boards of ophthalmology (1916), otolaryngology (1924), obstetrics and gynecology (1930) and dermatology (1932) were formed, with the Advisory Board of Medical Specialties, later to become the American Board of Medical Specialties (ABMS), organized in 1933. A dedicated group of pediatric surgeons working within this system made their first request for certification in 1955 and routinely suffered setbacks that delayed the certification process for years at a time. It was interesting to hear that a second attempt to institute certification in 1960 was vigorously opposed by urology,

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AANS ARCHIVES

## KENNETH SHULMAN AWARD

The competition for the Shulman Award, given at the annual winter meeting of the Pediatric Section for the outstanding resident paper at the meeting, was more intense than any previous meeting, with 30 papers submitted by resident authors for consideration. The award, selected by a committee of the executive council of the section, has been given to Dr. Marc R. Del Bigio of Winnipeg for his paper entitled, "Shunt-induced Reversal of Periventricular Pathology in Experimental Hydrocephalus." Dr. Del Bigio was the sole author on his paper, which reviewed the neuropathological changes occurring in hydrocephalic rabbits before and after shunting, and to what extent these changes are reversible; his work tended to support the thesis that earlier shunting permitted more rapid and possibly more complete reversal of periventricular pathologic changes seen in this animal model. The award, named in memory of Dr. Kenneth Shulman, a pioneer in pediatric neurosurgery who was one of the founding members of the Pediatric Section, consists of a certificate and prize of \$500. This year, the prize will be formally awarded at the Toronto meeting during the Section meeting.

The Award Committee felt that the second and third place papers also were deserving of mention because of their general overall excellence. In second place was the paper of John Ruge, M.D., from Northwestern, entitled, "Severe Head Injury in Children: The Use of I-123 HDPDM SPECT Scan and Arteriojugular Venous O<sub>2</sub> Difference." Dr. Ruge's co-workers were Yoon Hahn, James Conway and Zehava Noah. The third place paper was given by Antonio Disclafani of San Francisco: "Cerebral Salt Wasting Post Hypothalamic Region Surgery: Diagnosis, Management and Pathophysiology." Dr. Disclafani's co-workers were Gregory Stidham and Robert Sanford.

## NATIONAL BRAIN TUMOR PROTOCOLS REVIEWED

During a lunch break at the section meeting Friday afternoon, Alex Sanford from Memphis and Jeff Wisoff from New York reviewed current brain tumor protocols under study. The following is a brief synopsis of their presentations.

**BRAIN STEM GLIOMAS** Hyperfractionation of radiotherapy is currently under investigation, with 38 patients now participating in a protocol that will close shortly. A pre-irradiation chemotherapy protocol is planned as an interim protocol prior to escalation of the hyperfractionation dosage.

**EPENDYMOMAS** This is a natural history study in patients treated by surgery and standard x-ray therapy postoperatively. The patterns of treatment failure are being evaluated.

**MALIGNANT TUMORS IN CHILDREN UNDER 3** This study of children with any malignant brain tumor uses chemotherapy to delay irradiation in order to

reduce side effects of radiotherapy in this group of children. Thusfar, there has been an 80% response rate in the children treated; the best results seem to be obtained in those children with gross total removal of their tumors.

**MEDULLOBLASTOMA** This is a combined study with the Children's Cancer Study Group ("CCSG") for children with tumors confined to the fourth ventricle giving standard radiation doses to the posterior fossa and decreasing the dose to the cranial-spinal axis. A pre-irradiation chemotherapy protocol for children with incompletely resected tumors is also available at POG institutions.

**SUPRATENTORIAL MALIGNANT GLIOMAS** This is a pre-irradiation protocol with cis-platinum and ARA-C.

**CRANIOPHARYNGIOMA** A proposed study is under development to compare total removal vs. subtotal removal and adjuvant radiotherapy.

Alex also discussed briefly phase two protocols for recurrent malignant tumors, including a new interferon study and a low-dose methotrexate protocol for patients who have failed all other conventional therapies.

Jeff Wisoff at NYU discussed the current investigational studies of the Children's Cancer Study Group ("CCSG"):

**LOW-RISK MEDULLOBLASTOMA** This is the same study referred to above, a combined study with POG.

**HIGH-RISK MEDULLOBLASTOMA OR PNET** These children by definition have locally invasive tumors (Chang stage T3 or T4 or metastases), which are treated by one of two protocols - standard x-ray with weekly vincristine and six cycles of other agents, or the eight-in-one regimen, two courses being given prior to standard radiation followed by subsequent courses of the regimen. (Jeff noted that the numbers of patients being evaluated for all protocols with completely resected medulloblastomas seems to be going up, and that there has been only one patient whose death could be attributed to complications from chemotherapy. The medulloblastoma study currently has more than 90 patients enrolled).

**MALIGNANT ASTROCYTOMAS** An eight-in-one regimen is being compared with standard chemotherapy and radiation; eighty patients are currently participating.

**RECURRENT ASTROCYTOMAS** This is a phase two study analyzing the penetration into the recurrent tumors at the time of reoperation of a new chemotherapeutic agent, VP 16.

**BRAIN STEM GLIOMAS** This study using hyperfractionation radiation techniques has completed one phase in which 6600 cGy delivered by this method was found to have no beneficial effect on survival. The current study involves 7200 cGy, with initial data suggesting a doubling of usual survival rates.

**LOW GRADE ASTROCYTOMAS IN PATIENTS 5 YEARS AND OLDER** The two arms of this study, essentially a natural history protocol, study radical resection with no additional therapy versus survival rates in children with incomplete resection receiving radiation or no additional therapy. This study is currently in the development stage.

Jeff also mentioned the existence of protocols for ependymoma and germ cell tumors of the brain, noting that the rarity of the latter tumors - only about 30/year newly diagnosed in the U.S. - makes cooperative study of their treatment essential. He also noted that review of recent medulloblastoma and malignant astrocytoma protocols indicates a dramatic increase in the number of patients receiving radical resection compared to studies completed five year ago.

For further information regarding any of these protocols, members of the section can contact Dr. Sanford or Wisoff directly. Surgical procedures are routinely carried out by the referring neurosurgeon, and the chemotherapy can be carried out in the home institution as well if the appropriate personnel and ancillary facilities are available.

### MEMBERSHIP CANDIDATES

The following candidates meet the membership requirements for the AANS and are recommended for acceptance by the Membership Committee at the Toronto meeting:

#### RECOMMENDATIONS OF MEMBERSHIP COMMITTEE

CANDIDATE	SPONSOR
German Montoya, M.D. Orlando, FL	Parker Mickle, M.D. Glenn Morrison, M.D.
Dudley Davis, M.D. Rochester, MN	Edward Laws, Jr., M.D. David McLone, M.D.
Ronald Uscinski, M.D. Bethesda, MD	Leland Albright, M.D. David McCullough, M.D.
Parker Mickle, M.D. Gainesville, FL	Donald Reigel, M.D. Michael Scott, M.D.
Robert Beatty, M.D. Kansas City, MO	John Shillito, M.D. Michael Scott, M.D.
Edward Benzel, M.D. Shreveport, LA	Marco Ramos, M.D. Donald Smith, M.D.

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winner may be invited to present his talk at the plenary session at the annual meeting of the AANS in April.

The next meeting of the section will take place December 6-9, 1988 at the Marriott Camelback Resort near Phoenix, Arizona. The meeting has been tentatively scheduled to run only in the morning to allow free afternoons for enjoying the beautiful Phoenix environment, tennis, golfing, etc.

Hal ReKate gave the report of the Membership Committee, and recommended Steven Barrer, Philip Cogen, Clarence Green, John Godersky, Yoon Hahn and Mahnoud Nagib for section membership. These six individuals were voted in unanimously.

There being no further old or new business, the meeting was adjourned at 4:46 p.m.

Respectfully submitted,

R. Michael Scott, M.D.

### PAOLO RAIMONDI LECTURE

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orthopedics, thoracic surgery, and even neurosurgery - all of these specialties apparently feeling that the establishment of pediatric surgery would infringe on their own territory. Dr. Johnson enumerated certain milestones which proved to be of importance in achieving the goal of subspecialty status: the publication of a specialty journal (with Chick Koop as first editor); the formation of a committee to supervise and approve specialty training in pediatric surgery; the listing by the ACS of "pediatrics" as a recognized subclassification in their annual statistics. It took yearly requests to the American Board of Surgery and the ABMS - finally acceded to in 1973 - before the first exam for special competence in pediatric surgery could be administered in 1975.

Although working within the system exacted a certain price (the examination itself would subsequently be administered by the American Board of Surgery, and determination of eligibility of training centers would be determined by the ABMS), this structure also served to immunize the new specialty against charges of favoritism or nepotism as these functions were carried out. The standards of training have been easily enforced and there appears to have been no striking proliferation of programs after certification became a fact. Once the process of obtaining certification was completed, the pediatric surgeons now found that they had a voice at all levels in national organizations and boards where members from their own board were now invited to participate ex officio. Dr. Johnson closed his informative talk by reminding his audience of the words of Denis Brown, prominent pediatric surgeon from Great Britain, that the primary goal of certification for any specialty should be: "To set a standard, not to seek a monopoly."

**Don't forget to mark your calendars for the next  
Interim Meeting of the Pediatric Section of the AANS  
December 6-9, 1988  
Marriott Camelback Resort  
Phoenix, Arizona**