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A New Name Behind the Established Acronym:
Society for Neuroscience in Anesthesiology and Critical Care

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With the new name “SNACC” now stands for “Society for Neuroscience in Anesthesiology and Critical Care.” The society is embarking on a new area with a renewed emphasis under the well established acronym. SNACC has adopted a new logo and will receive a facelift online with a brand new Web page to be released in the near future.

Careful internal consideration over some two years preceded a final unanimous decision by the Board of Directors to suggest a new name for the Society that was approved by the membership at the last annual meeting in New Orleans on October 16, 2009.

The new name reflects significant changes in perioperative medicine over the last decades, and at the same time it represents the true spirit of the founding fathers of SNACC: that is to lead the community of perioperative physicians who serve patients with CNS disease, and who want to understand their medical needs and identify the best treatment strategies during critical times in the operating room, the post-anesthesia care unit and the intensive care unit.

Today, treatment decisions are expected to be evidence-based, which requires scientific analysis and discussion before the best possible therapeutic approach is established. Moreover, pursuit of excellence in clinical practice is key to success in the current health care environment, and this too can only be accomplished if the discussions about diagnostic and therapeutic strategies are based in scientific discourse.

With the new name, SNACC invites trainees and experts from the entire neuroscience community to join and become active members of SNACC. Thus, SNACC actively reaches out beyond the fields of neuroanesthesiology and neurosurgery.

Today, perioperative medicine for patients with active CNS disease involves many subspecialties, including neurosurgeons, neuroanesthesiologists, interventional neuroradiologists, neurology-, anesthesia-, or medicine-based neurointensivists, neurophysiologists, neurophysicists, neuro-oncologists, and neuroscientists. Moreover, the brain is at risk during a wide variety of non-neurosurgical procedures or diagnostic interventions and, regardless of the type of surgery, may be especially vulnerable when our patients are at the extremes of age or are critically ill. By expanding our clinical and scientific horizons and gathering under one roof specialists from different backgrounds who share a common interest in problems that affect brain function and well being in and around the time of surgery, SNACC is positioning itself as the organization that promotes brain health in the perioperative period through clinical expertise, educational programs and research.

Fostering neuroscience in anesthesiology and critical care also requires supporting scientists in the field and – in particular – actively mentoring young clinical scientists with a special interest in neuroscience. The name change represents SNACC’s growing commitment to this role. Such a clear stand is very important during difficult times for extramural support of even the finest research projects, both those with clinical and those with basic science-related hypothesis that carry the potential for changing practice in the future.

In the same vein, the new name underscores SNACC’s leadership role in the discussion about the need for accreditation of neuroanesthesiology and neurocritical care fellowship programs.
focused on highest-level clinical care and interdisciplinary development of the field. Some experts suggest that structured science-based training that allows the graduation of formally acknowledged specialists may be an indispensable strategy to secure a continuous influx of new leaders with a background in anesthesiology into these fields. SNACC is committed to helping attract the brightest scholars into the field and thus ensure its future growth as a recognized perioperative specialty.

The name change also emphasis SNACC's promotion of, and the active participation in, continuous medical education efforts at different national and international meetings that relate to the field of neuroscience in perioperative medicine, and its close cooperation with the respective hosts as, for example, the ASA, the IARS and the Neurocritical Care Society.

Finally, the new name reflects SNACC's long track record of cutting-edge annual scientific meetings where specialists from around world with a focus on experimental and applied neuroscience gather in one place to discuss the newest developments and actively network in an attempt to create a strong community, which can solve problems of today and in the future.

With the new name “Society for Neuroscience in Anesthesiology and Critical Care,” which expresses a clear commitment to the sciences in the field of neuroanesthesia and critical care, and the systematic implementation of all elements of this commitment into all organizational efforts, SNACC will be able to successfully compete as the leader of the field in the context of the new challenges of the 21st century.
William L. Young, M.D., was the recipient of the 2009 ASA Excellence in Research Award. Bill is a clinically active neuroanesthesiologist who holds the James P. Livingston endowed chair in the Department of Anesthesia and Perioperative Care at the University of California-San Francisco. He has been consistently NIH-funded since 1990, including two concurrent grants since 1994 and three-five since 1999. He is currently the Program Director for two separate NIH program grants (a P01 and a U54) that investigate bench-to-bedside aspects of various brain vascular malformations. He is an accomplished mentor, author, and journal and book editor. Bill was SNACC President in 1996-97.

What follows is taken from an informal interview with Bill conducted on behalf of the SNACC newsletter. It nicely illustrates an interplay of talent, serendipity and good mentorship.

Where did you grow up and go to school?
I grew up in Munster, Indiana, which is a small town (population 22,000) in the northwest corner of Indiana, part of the greater Chicago metropolitan area. My undergraduate and postgraduate educations were both at Indiana University.

What did your undergrad focus on?
Although I started out in premed as a chemistry major, I quickly realized that I had insufficient math skills to be a science major. I flirted with the idea of philosophy and enjoyed my first classes – until we got to Hegel, whose prose has been described as “extravagant mazes of words, such as had previously been known only in madhouses.” I ended up developing an interest in foreign languages and switched my major to German.

Where did music as a career option fit in?
I’ve always been a musician, although never classically trained. I started with the obligate piano lesions in grade school, and didn’t get very far. When the Beatles hit the scene, I was suddenly motivated and took up the drums. I picked up piano during down-time at rock band rehearsals in high school. I thought about majoring in music, but could never pass the piano proficiency exam needed for IU’s world-class music school. I seriously considered a music career in the early 1980s when some of my friends became successful in the music business, like Kenny Aronoff playing drums with John Mellencamp and Jeff Gerson writing T.V. scores for Mike Post. That was inspiring! I actually had a manager hooking me up with songwriters to co-author tunes. I was able to meet and work with a lot of interesting people in the music business. But it is a grueling business, and then I started getting more scientific papers published than songs. Thereafter, I confined myself to jazz piano, my real love, as a hobby.

What attracted you to anesthesiology?
My two role models (and advisors) in medical school were a very proper Bostonian pediatric oncologist and a just-returned-from-Vietnam trauma surgeon – opposite ends of the spectrum. Both stories appealed to me. I saw anesthesiology as the best of both worlds. There’s an old joke: surgeons can do everything and know nothing, internists know everything and can do nothing, and pathologists can do and know everything – but are a day late. I reasoned that anesthesiologists can both do and know everything – but on time.

What was the pathway into anesthesiology?
I started in an internal medicine residency at one of the Yale hospitals. Halfway through, I happened to read an article on
brain protection by barbiturates by Peter Safar, which really fired my imagination. Also, whenever we were in a real jam in the medical ICU, we called one of the anesthesiologists to get us and the patient out of trouble. I made the move to an anesthesia residency at NYU. I had great training there.

When did you decide to focus on neuroanesthesia? Who got you interested? What was the attraction?

I didn’t know what I wanted to do when I finished my residency. One day in the locker room at Bellevue toward the end of my residency, one of my fellow residents told me that Dick Matteo, the Director of Neuroanesthesia at Columbia, was looking for fellows. Since I had had an interest in cerebral injury, I decided to give him a call. “What the hell,” I thought. I took the subway uptown to meet him and fell in love with the place.

When and how did research become a major focus?

Dick was my first scientific mentor. I started a clinical neuroanesthesia fellowship in 1983 with essentially zero research experience. I was expected to do research and wanted to study cerebral ischemia. Dick, on the other hand, wanted me to study Pharmacokinetics and pharmacodynamics of neostigmine in the elderly. He is one of the pioneers of modern muscle relaxant pharmacology and definitely underappreciated in our specialty. Although not convinced I was making a rational choice, I reluctantly agreed. It was a fateful choice because what I didn’t know was that this was the perfect set of training wheels for the next step of studying cerebral physiology.

I knew I needed more training and wanted to study with Bo Siesjo in Sweden, who was a prominent neuroscience researcher. My chair, Henrik Bendixen, told me that “we can find you an expert right here in Washington Heights (the neighborhood where Columbia University Medical center is located) to train with.” So I signed up for a formal post-doctoral NRSA (eventually to become the T32 program) fellowship with Shu Chien, M.D., an eminent circulatory physiologist and bioengineer then still at Columbia. I was too foolish to avail myself of the superlative long-term opportunities that his program offered. At the time, I didn’t appreciate what a giant in physiology and bioengineering Shu was. It was good laboratory cerebral physiology training, though, and by happenstance I stumbled into Isak Prohovnik, Ph.D., a consummate clinical neuroscientist, who needed some help calibrating an end-tidal CO₂ monitor. Trained originally as a neurophysiologist, as were many of the great minds in cerebral physiology, he was an expert in measurement of cerebral perfusion. After much discussion, and under his mentorship, we were able to introduce 133-Xe radioisotope CBF measurements into the operating room. The first target was the study of cerebral perfusion and autoregulatory function during carotid endarterectomy.

When and how did AVMs and aneurysms become your career focus?

My career path was greatly influenced by the very strong mentorship from Bennett Stein, then chair of neurosurgery at Columbia. Ben saw me wheeling our CBF rig into an operating room to monitor a carotid endarterectomy one day and said, “Why don’t you bring that thing into my room and monitor today’s AVM resection?” That very first case had a remarkable complication probably related to perfusion changes. There is an uncommon set of complications from AVM resection that include massive brain swelling and/or intracranial hemorrhage unrelated to the technical aspects of the surgery. All the specialties taking care of these patients, anesthesia included, wanted to understand why these problems occurred and to prevent them. Our whole AVM project really started out as a consequence of what became a modest case report. We went on to investigate a lot of the basic physiology of brain AVMs, including changes in brain perfusion during and after AVM resection and studied autoregulatory function with an innovative method for superselective intra-arterial injection of radioactive tracer (133-Xe).

Who were your mentors and role models?

In addition to those already mentioned, I was exceedingly fortunate to have the strongest guidance in stroke neurology from J.P. Mohr, who, like Ben Stein, was another legend in his field. By studying AVMs, I was now “out to sea,” away from the more traditional anesthesiology type of research questions, and a sort of academic orphan. I was fortunate to have two academically rich uncles in Ben and J.P. Beginning in 1992, I also came to have an “older brother” in John Pile-Spellman, M.D. Ben recruited him to lead our Interventional neuroradiology service at a time when interest and options in endovascular therapy were in an exponential growth phase. It is with Pile-Spellman that we were able to do innovative and novel experiments using superselective cerebral artery catheterization in humans. Once, I asked John why all these famous guys would want to spend their time and energy with a young guy in another specialty. He explained it thus, quoting Marcus Aurelius: “No one tires of the useful.” At first blush, that sounds exploitive, but at a deeper level, it rings with great truth.
Your research now extends well beyond the usual bounds of anesthesia research. Is that good for anesthesia? How do you see the link to our clinical practice?

I think it is absolutely critical for the survival of the intellectual piece of our specialty. We are physicians first, and we must involve ourselves collectively in addressing what causes and treats diseases. I wrote an essay on this that will be published this spring in *Anesthesiology*. That is not to say that we can't do research on “anesthesia,” but we can't limit ourselves in terms of our horizons. We can study any disease that any of our patients have. We don't need to change what we do, we need to expand the scope of what is perceived by our colleagues as our field.

In retrospect what would have advanced your career in your initial years?

The most powerful positive force would have been if our specialty placed the same premium on scholarly activity that many other specialties do. Scholarly excellence should be an expectation, not an exception.

What do you see as the secret of your success in consistently getting major peer review funding?

Grant writing is not an exercise in gaining approval, it's an exercise in dealing with rejection. The emotional humors that flow after being rejected cannot be allowed to cross the blood brain barrier, at least not into the limbic system. In a way, grant writing is just a case in point of the larger system of modern science, which is based on critical discussion – with an emphasis on “critical,” sometimes hypercritical. But to paraphrase Churchill on democracy: peer-review is the worst system in the world, except for every other system.

What advice would you give a fledgling investigator?

Find a strong mentor, somebody who really inspires you, and spend a long time working under their wings. Don't think too much about “independence” – it's a trap. Musicians have to sound like somebody else by imitating the style and sound of the greats before they sound like themselves. As Miles Davis said, “it takes a long time to sound like yourself.”

Anything else?

It's amazing how much wind in your sails a simple act or statement of encouragement can provide— or how damnably discouraging faint praise or apathy can be. When I look back, simple words of encouragement from my seniors often kept me going when the odds were stacked very highly against me. Maurice Albin and Harvey Shapiro come to mind in this regard. Never miss an opportunity to encourage and show enthusiasm to somebody with a kernel of interest and promise for an academic career.

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**SNACC Meetings Calendar: Save the Dates**

**SNACC Annual Meeting**
Friday, October 15, 2010
San Diego, California

**SNACC Annual Meeting**
Friday, October 14, 2011
Chicago, Illinois
The SNACC 37th Annual Meeting was held on Friday, October 16, 2009, at the New Orleans Marriott.

The meeting opened with the welcome address by Basil Matta, M.B., F.R.C.A., this year’s SNACC President. Attendees were informed of SNACC’s decision to change the name of the society to “Society of Neuroscience in Anesthesia and Critical Care.”

The basic sciences keynote lecture titled “Gender Neurobiology: Shaping Brain Injury and Protection” was delivered by Patricia Hun, Ph.D. (Professor and Vice Chair of Research, Anesthesiology and Perioperative Medicine; Director, Research Center for Gender Based Medicine, Oregon Health and Science University). She highlighted the evidence supporting the impact of genetic sex and hormonal modulators on ischemic and traumatic brain injury, which indicate that the mechanisms of cell death and neuroprotection differ between male and female genders. She presented the data to suggest that female rodents are less sensitive to experimental cerebral ischemia than males, much like humans where male gender is well known to be a risk factor for stroke. She also discussed the gender-based sensitivity of neuronal cultures, with male neurons being more susceptible to glutamate and peroxynitrate than females, and the role of sex steroids in traumatic brain injury.

The first mini symposium was focused on the clinical implications of emerging technologies in neuroanesthesia and critical care. The symposium was moderated by Richard Moberg M.B.B.S. The first speaker, Dr Martin Smith, M.B.B.S., F.R.C.A., discussed various aspects of central nervous system tissue oxygen monitoring, including jugular venous oximetry (SjvO₂), brain tissue oxygen tension monitoring (PbtO₂) and near infrared spectroscopy (NIRS) and their role in detecting cerebral ischemia. He concluded that while the various regional and global oxygenation monitoring technologies have their respective limitations, they are not competitive or mutually exclusive, and that monitoring strategies should take advantage of the unique features of each technique. The second speaker, W. Andrew Kofke, M.D., M.B.A., F.C.C.M, discussed the role of transcranial laser therapy in wound healing, various pain syndromes, spinal cord injury, traumatic brain injury, and cerebral ischemia, and he presented data from recently published studies in this area.

The afternoon mini symposium “Year’s Best Articles in Neuroanesthesia and Neurocritical Care Medicine” was moderated by James E Cottrell, M.D. Editors from reputed anesthesiology journals presented their selections of best published neuroanesthesia studies in their respective journals in 2009. Eberhard F. Kochs, M.D. M.Sc. selected three studies published in *Anesthesiology* this year: Thiel RH, et al. (“Strict glucose control does not affect mortality after aneurysmal subarachnoid hemorrhage”), Bateman BT, et al. (“Perioperative acute ischemic stroke in non cardiac and nonvascular surgery”) and Alkire MT, et al. (“Thalamic microinfusion of antibody to a voltage-gated potassium channel restores consciousness during anesthesia”). Adrian W. Gelb M.B., ChB., F.R.C.P.C. picked the French study by Batoz H, et al., (“The analgesic properties of scalp infiltrations with ropivacaine after intracranial tumoral resection”) from *Anesthesia & Analgesia*, while John Hartung, Ph.D. chose “A retrospective cohort study of the association of anesthesia and hernia repair surgery with behavioral and...
developmental disorders in young children,” authored by DiMaggio, et al. from the *Journal of Neurosurgical Anesthesiology*. The editors opined that these studies significantly impacted the current understanding and practice of anesthesia.

The poster presentation sessions were directed by Pekka Talke, M.D. Two one-hour sessions (morning and afternoon) were held as walk-around discussions with moderators. More than 100 basic and clinical science research projects were presented. The scientific abstracts presented at the meeting were published in the October 2009 issue of the *Journal of Neurosurgical Anesthesiology*.

“Brain natriuretic peptide improves long-term functional recovery after acute CNS injury in mice.”

A clinical forum on perspectives on subspecialty accreditation in anesthesiology was moderated by George A. Mashour, M.D. Experience from accreditation of pediatric anesthesia fellowship was presented by Mark A. Rockoff M.D., who detailed the process of subspecialty accreditation and the various logistic and political hurdles around it and how SNACC could benefit from pediatric anesthesia experience. Debra A. Schwinn M.D., Chair, Department of Anesthesiology and Pain Medicine, University of Washington, Seattle, presented the chair’s perspective on subspecialty accreditation. While emphasizing the need for subspecialization for providing high-quality health care, she also stressed the importance of incorporating research training and mentoring in fellowship programs and described her experience as a chair with building a pain medicine fellowship. Ansgar M. Brambrink M.D., Ph.D., presented the neuroanesthesiologist’s view on the issue. He presented the results of the survey conducted by the SNACC neuroanesthesia fellowship task force. It was a Web-based survey distributed electronically to all active members of SNACC practicing in the U.S. Most responders supported
the idea of a neuroanesthesia fellowship, and most opined one year to be the optimal duration of the fellowship. Career development/mentorship, experience with neurocritical care, intraoperative neuromonitoring and interventional neuroradiology were rated as the most important aspects of fellowship training. Dr Brambrink discussed the pros and cons of a fellowship in neuroanesthesia and possible difficulties in getting accreditation.

For the first time, SNACC organized a neuromonitoring workshop. Antoun Koht M.D. and Tod B. Sloan, M.D., M.B.A., Ph.D. were the co-moderators. The workshops involved briefings and monitoring on volunteers and were widely appreciated by the participants of this sold-out event.

The meeting concluded with closing remarks from outgoing SNACC President Basil Matta, M.B., F.R.C.A. The annual meeting will reconvene on Friday October 15, 2010 in San Diego.
Evoked Potential Workshop at 2009 SNACC Meeting

Antoun Koht, M.D.
Northwestern University

Co-Directors: Antoun Koht and Tod B. Sloan
Faculty: Antoun Koht
Tod Sloan
Leslie Jameson
Dan Janik
Marc Bloom
Debbie Rusy
Richard Toleikis
John Bebawy
Laura Hemmer
Gerhard Schneider
Thomas N. Pajewski

Northwestern University
University of Colorado
University of Colorado
University of Colorado
NYU
University of Wisconsin, Madison
Rush Medical School, Chicago
Northwestern University
Northwestern University
Technische Universität, Munich, Germany
Northwestern University
University of Virginia
Health System Charlottesville

The Evoked potential workshop was conducted during the SNACC 2009 Annual Meeting. The workshop lasted for 80 minutes and covered three areas: MEP/SEP and EMG cranial nerves and pedicle screw.

The workshop was scheduled to have 25 participants only, but the number was increased to 30 due to the high demand, and yet it still was overbooked seven weeks ahead of the meeting. Many participants were not able to attend due to the 30-member limitation.

Due the high demand and success of this workshop, plans are being made to have a three-hour workshop on Thursday afternoon just before the SNACC annual dinner this year (2010). The number of participants will be increased to 50.
SNACC Simulation Workshop at ASA 2009 Annual Meeting

Lisa Sinz, M.D.
Pennsylvania State University
Hershey

At the ASA 2009 Annual Meeting last October, simulation-based teaching was again sponsored by subspecialty societies. SNACC sponsored one of the five sessions, with two simulated cases presented to small groups of doctors. Non-neuroanesthesiologists had the opportunity to manage cases they might occasionally encounter in a regular anesthesia practice. Participants had the chance to learn about and improve their management skills for crisis events and to hear advice from specialists in neuroanesthesia.

The teachers representing SNACC included: Dimitry Baranov and Andy Kofke (University of Pennsylvania), William McIvor and Steve Whitehurst (University of Pittsburgh), Kathryn Lauer (University of Wisconsin), Sadeq Quraishi (Johns Hopkins), Keith Ruskin (Yale University), Peggy Seidman and Chris Gallagher (Stonybrook), Lisa Sinz (Penn State University), and Ellen Wang (Harvard University). Many thanks for their help and expertise! Planning for next year’s event is under way, and SNACC is again being asked to develop a session with neuroanesthesia cases that would be challenging and appropriate for anesthesiologists in a typical practice. Please contact Lisa Sinz with any suggestions or questions about the sessions esinz@psu.edu.
AWARDS

2009 SNACC Travel Award Recipients

SNACC travel awards are given to residents presenting abstracts judged by the SNACC Scientific Affairs Committee to be in the top resident submissions.

In 2009, the awardees were:

Michael L. James, M.D.
Duke University
Medical Center

Akiva Leibowitz, M.D.
Soroka University
Medical Center

Panayiotis Tsokas, M.D.
SUNY Downstate
Medical Center

Guang-Xiang Yu, M.D.
Cleveland Clinic

Congratulations!

The SNACC Travel Award program is supported by the Integra Foundation.
2009 John D. Michenfelder New Investigator Award Goes to Michael L. James M.D., Duke University

Michael L. James, M.D. was the 2009 recipient of the Michenfelder New Investigator Award (NIA). The abstract submitted in his paper to the NIA committee follows:

**Brain Natriuretic Peptide Improves Long-Term Functional Recovery After Acute CNS Injury in Mice**

Michael L. James, M.D.; Haichen Wang, M.D.; Talaigair Venkatraman, Ph.D.; Pingping Song, M.D., M.S.; Christopher D. Lascola, M.D., Ph.D.; Daniel T. Laskowitz, M.D., M.H.S.; Duke University, Departments of Anesthesiology, Medicine (Neurology), Radiology, and Neurobiology.

**Introduction:** There is emerging evidence to suggest that brain natriuretic peptide (BNP) is elevated after acute brain injury and may play an adaptive role in recovery through augmentation of cerebral blood flow (CBF). Through a series of experiments, we tested the hypothesis that the administration of BNP after different acute CNS injury mechanisms could improve functional recovery by improving cerebral blood flow.

**Methods and materials:** C57 wild-type mice were exposed to either pneumatic-induced closed traumatic brain injury (TBI) or collagenase-induced intracerebral hemorrhage (ICH). After injury, either nesiritide (hBNP) (8 µg/kg) or normal saline were administered via tail vein injection at 30 min and 4 hrs. Mice then underwent functional neurological testing via rotatorod latency over the following 5 days and neurocognitive testing via Morris water maze on days 24-28. CBF was assessed by laser Doppler for 90 min after injury. After ICH, mRNA PCR and histochemical staining were performed during the acute injury phase (<24 hrs) to determine effects on inflammation.

**Results:** Following TBI and ICH, administration of hBNP was associated with improved functional performance as assessed by rotorod and Morris water maze latencies (p<0.01). CBF was increased (p<0.05), and inflammatory markers (TNF-α and IL-6; p<0.05), activated microglial (F4/80; p<0.05), and neuronal degeneration (Flouro-jade B; p<0.05) were reduced in mice receiving hBNP.

**Discussion:** hBNP improves neurological function in murine models of TBI and ICH and was associated with enhanced CBF and downregulation of neuroinflammatory responses. hBNP may represent a novel therapeutic strategy after acute CNS injury.
A highlight of the SNACC 37th Annual Meeting in New Orleans was the recognition of Arthur M. Lam, M.D. for the Teacher of the Year Award. His achievements embody SNACC’s mission in the areas of research in clinical neurosciences and education in neuroanesthesia and critical care. In all respects, Dr. Lam’s accomplishments make him a worthy recipient of this honor.

**Research Activities:**

Dr. Lam has an extensive record of accomplishment in clinical neuroscience research. He has pioneered the use of transcranial Doppler ultrasonography as a noninvasive tool to investigate cerebrovascular physiology in the setting of anesthesia and traumatic brain injury. More important, he served as a mentor for a generation of academic neuroanesthesiologists and intensivists throughout the world. Many of these individuals have assumed leadership roles in their academic departments and SNACC. His bibliography of over 200 publications and four textbooks is a testament of his influence on our subspecialty.

**Educational Activities:**

Dr. Lam has been an outstanding teacher and educator throughout his career. In the physiology laboratory as well as at the bedside, he has served as mentor for dozens of trainees in neuroanesthesia and neuroscience. He is unique in his extraordinary ability to foster critical thinking and to stimulate trainees to develop and nurture life-long curiosity in our field. His reputation and standing as an authority and educator in neuroanesthesia have been validated by more than 200 invited lectures in his fields of expertise at the regional, national and international level for professional societies, medical centers and medical schools and more than 40 invitations as a visiting professor at major institutions in this country and abroad. He is in great demand as a speaker and educator internationally. He has also chaired and directed several clinical symposia on neuroanesthesia and critical care.

**SNACC Contributions:**

In 1997-98, Dr. Lam served as the 24th SNACC president, the largest international society in this field, and he continues to have a significant presence in our annual meetings. His major contribution to SNACC was fostering the importance of cerebrovascular physiology and advocating the use of transcranial Doppler technology in the care of the neurologically impaired patient.

**Summary:**

Dr. Lam’s accomplishments include internationally recognized contributions as an educator, clinician and clinical investigator. His ability to excel simultaneously in these areas marks him as one of the giants in our field and a role model for aspiring academic neuroanesthesiologists. It is clear that he ranks at the very top of his field both nationally and internationally. Over the years, Dr. Lam has been a great source for professional advice and guidance for aspiring and veteran neuroanesthesiologists and intensivists. He is always generous with his ideas, which are based on his experience and unyielding devotion to academic neuroanesthesia. Dr. Lam is without doubt a worthy recipient of a 2009 SNACC Teacher of the Year Award.
The SNACC Education Committee is welcoming new members again. During the last board meeting it was decided to define a clearer job description for the committee. This decision will be in accordance with the strategic plans of the Society for Neurosciences in Anesthesiology and Critical Care. It will also require involvement from the relatively more experienced and senior members of SNACC to help the new members who have shown interest in educational activities and to help with the direction of their involvement.

The online Web-based PBLD (problem-based learning discussion) has not been active as much as we had planned; however, we are not going to lose hope. Since we have not been able to find volunteers for adding case discussions, we decided to solicit directly for cases. We would still gladly accept volunteers, and you might hear from us asking for a case submission. My plea is specifically directed to those involved in resident education since these PBLDs could be a good resource for resident training. It can also encourage residents from different programs to engage in the discussions. Dr. Antoun Koht will present a case for January 2010.

At the SNACC 2009 Annual Meeting, with the exceptional effort of Dr. Antoun Koht, we were able to organize a workshop in neurophysiologic monitoring. The workshop was overwhelmingly welcomed by many SNACC members. Although the number of participants was originally planned to be limited to 25, it was later expanded to 30. The workshop was overbooked seven weeks ahead of the meeting. The evaluations were very positive and encouraging, and there is a plan to provide a more comprehensive workshop next year. It is still too soon for details, but the organizing body headed by Dr. Koht is planning to increase the capacity for participants to 50.

The 2009 Annual Meeting also had an abundance of educational posters, many of which were presented by residents and other trainees. The SNACC Annual Meeting poster sessions are always full of excitement. It is very inspiring to see the vigorous discussions in which everyone is eager to present their work. This year, I asked two resident trainees about their experience at the SNACC Annual Meeting. Their responses showed that trainees have a heightened interest in participating in SNACC. One of the responses in the form of a letter was particularly inspiring to me, and I would like to share it with the readers.

Dear Dr. Avitsian,

I would like to take a few moments to pen my experience at the SNAAC meeting held in New Orleans just prior to the ASA meeting. This was my first attendance at a meeting geared not only towards the anesthetic but also the critical care of patients with neurological issues.

The timing and the place of this meeting allowed us to participate in two great meetings, the SNAAC and the ASA. Medicine not being an exacting science tends to change as we gain more insight and experience in the care of our patients. This venue offered an opportunity for discussing not only the science but also the art of management of complex and often controversial issues in the care of our patients. The topics were carefully identified such that there was a flavor of what we have achieved but also what was in the horizon. There was ample time for discussions and exchange of thought and ideas.

The poster session that I was actively involved in was far different from other meetings that I have attended. Often these poster sessions are relegated to the “corner of the meeting” where sometimes the presenters exceed the number of presentations. Often there are multiple sessions on simultaneously, thus making it difficult to pick and choose between the many options. In this meeting, I was pleasantly surprised to note that we did not have any “simultaneous sessions” going on and we walked around in small groups, and all the poster presentation were discussed, alternative options were identified and the carry-home message was clearly defined. This gave us residents, who were new in this field, a clear understanding of what we do and why. Thus the presenter and the attendees got something out of the time well spent. Thus, this meeting, in my opinion, gave me the best bang for my buck from an educational point of view. We spent only one day, but I feel that I came away with a better understanding of neuro-anesthesia and critical care. If given a choice of presenting a poster, I would definitely encourage all residents to partake of this great learning opportunity.

Sekar S. Bhavani, M.D., M.S., F.R.C.S.(I).

The education committee will put effort into making the SNACC Annual Meeting even more interesting for trainees to participate in. We also see this as an opportunity to entice more trainees to continue their post-graduate training in neurosciences.
CALL FOR NOMINATIONS

Seeking Nominees for Distinguished Service Award

SNACC members are asked to submit nominees for the Society’s Distinguished Service Award for presentation at the SNACC 2010 Annual Meeting in San Diego. The award is presented to an individual who has made outstanding contributions to the field of neuroanesthesia and for his/her distinguished service to the Society. Nominations may be made to the SNACC office by August 2, 2010. To make a nomination, please forward the name of the nominee along with a brief summary of the reasons for the nomination. Nominations should be forwarded to the SNACC office at snacc@snacc.org.

John Michenfelder New Investigator Award

The Society of Neurosurgical Anesthesia and Critical Care, in its efforts to encourage anesthesiology residents, fellows and junior faculty to become more involved in the Society, is excited to offer the John D. Michenfelder New Investigator Award (NIA). 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 or neurologically impaired patient.

Eligibility: Member of SNACC and Resident, Fellow or Junior faculty at the time of the award and within three years of the end of training.

Selection Process: The recipient of the award is chosen by the SNACC Committee on New Investigator Award based on the submission of a full-length manuscript reporting the research. To be considered, the applicant must be a SNACC member and will need to submit an online abstract, checking the respective box to identify their interest in the NIA. In addition, the applicant for the award needs to submit a full-length manuscript to snacc@snacc.org. The New Investigator manuscript deadline is June 21, 2010.
SNACC Abstracts: Get Them Ready for Submission Soon!

Deborah J. Culley, M.D.
Brigham & Womens Hospital
Harvard Medical School
Chair, Committee on Scientific Affairs

One of the highlights of the SNACC Annual Meeting has been presentation of scientific abstracts. The format of the scientific sessions has been poster discussions. Abstracts are typically divided into groups of 10 to 12 that cover similar subject matters. Each poster session has been led by two moderators. At least one of the moderators is a “senior member” of SNACC. SNACC has been pleased by the high quality and wide variety of topics of the abstracts. Presenters have represented multiple countries and have ranged from students to full professors. These scientific sessions have received excellent reviews by SNACC meeting attendees.

The 38th SNACC Annual Meeting will be held in San Diego on October 15, 2010. It is time again to start preparing abstracts for the 2009 Annual Meeting. This year’s submission deadline is May 31, 2010. The abstracts should be submitted electronically through the SNACC Web site and by following the format outlined in the instructions. Submissions can be made starting on April 5, 2010. Each abstract will be graded by three Scientific Affairs Committee members and will be selected based on their scientific merit. Accepted abstracts will be published in the October 2010 issue of the Journal of Neurosurgical Anesthesiology. Presenting abstracts at the SNACC 2010 Annual Meeting does not conflict with presenting also at the ASA 2010 Annual Meeting.

SNACC encourages investigators to support their students, residents and junior faculty. The SNACC scientific meeting provides an excellent environment for young investigators to present their work and gain experience in communicating their research with other scientists. It also offers a good opportunity to discuss future research ideas with nationally and internationally known experts.

In the past years, due to a generous contribution from Integra Foundation, SNACC has been able to offer a travel award to residents with the highest-scoring abstracts. When submitting the abstracts, please mark the form accordingly (travel award), as we hope to be able to present travel awards again this year. Also, posters that will be presented by residents will be marked as such on the poster boards with recognition noted in the meeting book and at the business meeting.

Available for residents, fellows and junior faculty within three years of ending their post-graduate training is the John D. Michenfelder New Investigator Award. Please note that you must be a SNACC member to be eligible. To be considered, the applicant will need to submit an online abstract and check the respective box to identify their interest. In addition, the applicant for the award needs to submit a full-length manuscript to snacc@snacc.org. The deadline to submit your manuscript is June 21, 2010. The final award recipient will be asked to make an oral presentation of their work at the SNACC Annual Meeting and will receive a plaque in honor of this occasion and $2,500 for travel reimbursement. Last year’s winner was Michael L. James from Duke University, with a manuscript and presentation titled “Brain natriuretic peptide improves long-term functional recovery after acute CNS injury in mice.”

With the 2010 SNACC Annual Meeting approaching, please start making travel arrangements and preparing your abstracts. I look forward to seeing you in San Diego, and SNACC thanks you in advance for making the scientific sessions of the SNACC Annual Meetings enjoyable and scientifically rewarding.

SNACC Call for Abstracts: 38th Annual Meeting, San Diego
October 15, 2010

Online abstract submission available: April 5, 2010
Abstract Submission Deadline is: May 31, 2010
John Michenfelder New Investigator Manuscript
Deadline is: June 21, 2010

Please contact the SNACC office at (847) 825-5586 or snacc@snacc.org should you have any questions regarding the above information. We look forward to receiving your submission.
An excellent neuroanesthesiologist is a good neurosurgeon and neurointensivist as well. Similarly, an excellent neurosurgeon is a good neuroanesthesiologist and neurointensivist as well."

Among all the anesthesia subspecialties, neurosurgical anesthesiology enjoys the best diversity and development. The neuroscience field has been impacted not only in the neurosurgical and neurology fields but also by neuroimaging, neuromonitoring, neurodevelopment and nanosurgery. The field is constantly changing and has a tremendous future. It is one of the rare fields that is in an infantile stage now and moving progressively.

The time is now for neuroanesthesiologists to expand their roles in many of the neuroscience fields, not only in the operating room but also in neuro-ICU, neuro-imaging, neuromonitoring, neurodevelopment and research. For instance, instead of the college of surgeons looking at trauma surgeons to solve the neurotrauma shortage by neurosurgeons to place an intracranial pressure monitor, the neuroanesthesiologist can perform this procedure as well. Neuroanesthesiologists are already placing all the critical hemodynamic, including jugular oxygen monitoring. Neuromonitoring can also come back to the neuroanesthesiologist since they are taking care of all other monitoring under anesthesia.

Being a SNACC member since 1989, a neurosurgeon, neurointensivist and neuroanesthesiologist, I see a great vision to the future of our specialty. The neuroscience anesthesiology fellowship may include the minimum categories mentioned below to be distributed over two years. The neuroanesthesiologist should be exposed to not only neurosurgical anesthesia, but also to neurosurgery, neurocritical care, neuroimaging, neuroresearch and others. The more we demand from our specialty, the more our field flourishes. Neuroanesthesiologists’ backgrounds are unique in their knowledge of the diversity of neuroscience, including neurophysiology, neuropharmacology, neuropathology and recently neuro-genetics. The field is comprehensive, multidisciplinary and broad-spectrum with great potential.

At the end of the neuroscience anesthesia fellowship, the physician should be skilled and trained as a neuroanesthesiologist, neurointensivist and neuroresearcher and have a good understanding of the field of neurosurgery. I also tell my residents: “A good neuroanesthesiologist is a good neurosurgeon and neurointensivist. Similarly, a good neurosurgeon is a good neuroanesthesiologist and neurointensivist.”

I would like to urge our society and members to consider the following categories:

1. **NEUROSURGERY**
   - IN-UTERO-NEONATE AND PEDIATRIC- ADULT-GERIATRICS
   - BRAIN- SPINE
   - VASCULAR- TUMOR- OTHERS
   - FUNCTIONAL NEUROSURGERY

2. **INTERVENTIONAL NEURORADIOLOGY**

3. **NEUROCRITICAL CARE:**
   - INCLUDING INVASIVE PROCEDURES (LUMBAR DRAINS, JUGULAR CATHETERIZATION, ICP MONITORING, CBF)

4. **NEURO-IMAGING:**
   - INCLUDING INTRAOPERATIVE

5. **NEUROMONITORING AND NEUROPHYSIOLOGY**

6. **NEURO-PROCEDURES**

7. **ROBOTIC NEUROSCIENCE:**
   - INCLUDING COMPUTER-BRAIN AND EXTREMITY INTERFACE

8. **NEUROLOGY**

9. **NEUROTECHNOLOGY** (ONGOING EVERDAY PROGRESS IN NEW DEVELOPMENT)

10. **NEURO-PROTECTION**

11. **NEUROSCIENCE RESEARCH**

Respectfully,

Ramsis F. Ghaly, M.D., F.A.C.S.
Neurosurgeon, Neuroanesthesiologist and Neurointensivist
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