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It is an honor to serve as the president of the Society for Neuroscience in Anesthesiology and Critical Care.

First, I would like to thank Dr. Greg Crosby and the SNACC leadership before him for setting the stage for SNACC to continue to expand its mission and activities. The firm foundation paves the way for us to continue to thrive and facilitate growth.

When I took office, a SNACC member and friend of mine asked me the following question: “What exactly does SNACC and the SNACC president do besides organize the meeting?” I thought this was a very important question and one that sets the stage for me to give the SNACC membership an overview of where we are, what we are doing and of the upcoming organizational activities and initiatives during this year.

Strengths, Weaknesses, Opportunities and Threats

Previous Presidential addresses have addressed many of these issues, and we continue to face some of the same challenges. Our core strength as a Society is that our 506 members are content experts in basic and applied/clinical neurosciences. Despite the expertise and the international nature of our membership, however, we are a relatively small Society. This makes it even more critical that we reinforce our membership and our Society activities, enhance the Society’s visibility, and remain the content experts for our parent organization, the American Society of Anesthesiologists. The name change reflects this broadening of vision for the Society, and the activities I describe below will not only answer the question my friend posed to me but also somewhat codify our plans for the upcoming year.

Annual Meeting

The fall 2010 San Diego meeting was a big success. We had a record number of 228 attendees, larger than the number last year. The program, led by Ansgar Brambrink, included diverse programming and was very well received by the membership. Featured highlights were the pre-meeting mentoring workshop led by Dr. Deborah Culley, the neuromonitoring workshops, back by popular demand, led by Dr. Antoun Koht, and the Dinner Symposium on Academics and Clinical Research, led by Dr. Martin Smith. The wine-and-cheese reception allowed for old friends to meet and new friendships to form. The day after the fall SNACC meeting, we drafted the preliminary 2011 fall meeting program, the pre-meeting dinner symposium, plans for the workshops and pre-meeting academic workshops. With these tasks completed, the SNACC Board of Directors moved forward to achieve their individual committee goals.

New Initiatives

The Society will embark on two new strategic initiatives. First, in recognition of the fact that evidence-based practice is becoming the cornerstone of clinical care, the Society has created a Task Force on Clinical Care. The charge to the committee, led by Dr. Pekka Talke (University of California San Francisco), is to convene a group of experts, including partner societies, to develop a set of guidelines on perioperative stroke. Over the next few months, we will be developing the methodology to build an infrastructure whereby SNACC can continue to update and create consensus statements on topics relevant to our practice. While we will only realistically be able to work on one topic this year, it is my hope that this process will allow the Society to lead rather than be led in the realm of neuroanesthesia practice. I thank Dr. Talke for taking on this role on behalf of our Society. Dr. Talke will also serve as the SNACC representative to the newly formed and strategically important ASA Anesthesia Quality Institute.

The second SNACC initiative this year will be to increase the Society’s visibility with relevant medical societies. The nature of these relationships may vary by society, but it is my hope that we will build into the Society’s function a partnership with key organizations where SNACC expertise is recognized at national forums. Examples of this include, but are not limited to, having SNACC-endorsed speakers at non-anesthesiology society meetings and inclusion of SNACC members on key national initiatives involving clinical care.

International Affairs

Our international membership is 151-strong. A number of international members expressed interest in our Society during the fall 2010 meeting. Dr. Serge Thal, from University of Mainz, will lead this committee. The World Congress has formally asked SNACC to recommend speakers for its 2012 international meeting in Buenos Aires. This is a wonderful opportunity for SNACC members to share their expertise in an international forum. We also have a number of members who will be representing SNACC and its membership at the 2011 Asian Society for Neuroanesthesia and Critical Care in New Delhi, India. We hope to bring our American SNACC members in touch with our international partners via interviews that will be communicated via our newsletter.
Education

The Education Committee plays a very important role in our Society's activities. Dr. Rafi Avitsian is already leading a new initiative with the SNACC problem-based learning panel at the 2011 IARS meeting in May 2011. The topic will be on awake craniotomy, and this session will be co-moderated by Dr. Deepak Sharma, from the University of Washington in Seattle. We look forward to hearing more about this committee's activities for the upcoming year. The 2011 ASA SNACC Panel will feature the topic of spine surgery, with Dr. Karen Domino moderating. The panel of speakers will be Dr. Jeffrey Pasternak, from the Mayo Clinic, who will talk about spine surgery outcomes, Dr. Antoun Kohr, who will discuss the role of neuromonitoring, and Dr. Lorri Lee, who will talk about anesthesia for spine surgery. Planning for next year's Friday program is well under way.

Communications

Dr. Andrew Kofke has been a stalwart for this committee, and he is invaluable to SNACC. He has formed a Communications Committee, which will primarily oversee the newsletter and the webpage. Improvements should be forthcoming in both. The newly formed website is more user-friendly and has been updated - with more to come.

Fellowship

To further elevate our profile, we are continuing efforts to develop an ACGME-accredited fellowship in neuroanesthesia. Dr. George Mashour's survey of SNACC membership showed that the majority of members who responded support an accreditation process (article published in JNA). To address this important issue, Dr. Greg Crosby, working with Drs. Bill Lanier and David Warner, has created a process for preparing the package of materials the ACGME will need. The first step is underway. Groups have been charged with putting together mock curricula for the fellowship in the areas of clinical education, critical care, monitoring, and research. Reports from these groups are due back soon. Drs. Crosby, Lanier, and Warner will collate the proposals into a preliminary draft of what a 1- or 2-year neuroanesthesia fellowship program might look like and distribute that document to the SNACC Board of Directors for discussion at its Spring meeting in Vancouver in May. Based on informal feedback from the ACGME and insights from groups that have successfully developed an accredited fellowship or are in the process of doing so, the Task Force is working under the premise that the neuroanesthesia fellowship will be 2 years in length, with the base year covering the essentials of clinical neuroanesthesia, neurocritical care, neuromonitoring etc. and the 2nd year allowing for research or clinical subspecialization according to the interests of the fellow. This is a work in progress, however, and we will keep the membership informed as the process unfolds.

Scientific Affairs Committee

This committee has set an aggressive agenda and is very busy. Led by Dr. Deb Culley, its tasks include planning the pre-meeting academic workshops, judging and organizing the Michenfelder Awards, and poster judging and moderation. Two aspects of this committees' charge are to retain participation from established SNACC investigators and increase the number of basic scientists who play a role in SNACC activities.

Visibility Within ASA

It is clear to us in the Society that we are the content experts in the perioperative care of the neurologically impaired patient. SNACC has representation on the ASA Annual Meeting Neurotrack, and we hope to work with the ASA to provide relevant educational content for their annual meeting. The 2010 SNACC breakfast panel this year was led by Dr. Crosby, and the topic was “Anesthetic Neurotoxicity.” This session was packed with attendees and was standing-room only. The Society also hopes to work with the Anesthesia Quality Institute to guide metrics for national neuroanesthesia care. Dr. Talke will play an important role in this activity.

Partnership With Journal of Neurosurgical Anesthesia

We have enjoyed a close relationship with JNA and are working closely with JNA leadership to explore areas of mutual growth. SNACC has agreed to provide articles for publication in JNA. The first of this will be a set of reports from the 2010 fall annual meeting, and Dr. Brambrink has already facilitated this activity. The benefits to this are mutual: increased visibility for authors and citations for JNA.

Our Society's role is more than merely holding the fall annual meeting. While we cannot address all of the challenges, as you can see, we are well under way 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 membership with an agenda that not only answers my friend's question of "What does SNACC do?", but that I have created a Plan-Do-Check-Act model-based agenda for SNACC that moves the Society forward.

Thank you for the opportunity to address our membership. SNACC is a highly respected, and might I say jewel among anesthesiology subspecialties, and I look forward to representing it, to reporting to you on our progress and to serving SNACC as its president this year.
Martha Jane Matjasko, M.D. —
The Field of Anesthesiology Loses a Great Leader

Martha Jane Matjasko, M.D., passed away on January 10, 2011, after a long and courageous battle with cancer. Wife of Shao Huang Chiu, M.D., retired orthopedic surgeon, and mother of David Chiu, M.D., of Winston Salem, North Carolina, Dr. Matjasko became a national and international leader in the field of anesthesiology at a time when few women were anesthesiologists. Dr. Matjasko retired in 2005 after nearly 20 years as chair of the Department of Anesthesiology at the University of Maryland School of Medicine.

Dr. Matjasko was the eldest daughter of the late Louis Jacob Matjasko and the late Ruth Lupton Fowler Matjasko, of Natrona Heights, Pennsylvania. She was both the president and valedictorian of the class of 1960 at St. Joseph’s High School in Natrona, Pennsylvania and a 1964 magna cum laude graduate of Mercyhurst College in Erie. In 1968, Dr. Matjasko graduated with numerous honors and awards from the Woman’s Medical College of Pennsylvania in Philadelphia (now Drexel University School of Medicine). Along with awards in surgery and internal medicine, and awards for highest academic standing in all four years of medical school, Dr. Matjasko was awarded the Beatrice Sterling Hollander Memorial Prize for “leadership, high character and creativeness,” plus the Rittenhouse Book Store Award for scholarship.

Dr. Matjasko completed her residency and fellowship in anesthesiology at the University of Maryland Hospital, and in 1972 joined the faculty of the Department of Anesthesiology at the University of Maryland School of Medicine.

She served as examiner, director and president of the American Board of Anesthesiology, and was very active in the American Society of Anesthesiologists, as well as the American Board of Medical Specialties. She also was involved with the Association of University Anesthesiologists, the Accreditation Council for Graduate Medical Education, the Society of Neurosurgical Anesthesia and Critical Care, and the Association of American Medical Colleges.

Dr. Matjasko was the author of numerous articles, book chapters and abstracts, and a book titled *Clinical Controversies in Neuroanesthesia and Neurosurgery*. She also spearheaded the growth of her department’s medical research. Before her retirement, the Department of Anesthesiology at the University of Maryland School of Medicine ranked seventh in research grants among all public and private medical schools, according to the Association of American Medical Colleges.

Dr. Matjasko and her husband were long-time generous financial supporters of the University of Maryland School of Medicine. Recently, Dr. Matjasko endowed two professorships in anesthesiology: The Matjasko Professorship for Research in Anesthesiology and The Matjasko Professorship for Education in Anesthesiology.

“M. Jane Matjasko was truly a guiding force in the field of anesthesiology, serving as a tireless advocate for patients and a selfless and visionary leader, mentor, and professor,” said Peter Rock, M.D., current Chair of Anesthesiology at the University of Maryland Medical Center. “She was a strong supporter of the medical school and its mission. Dr. Matjasko was a warm, compassionate individual. She was kind to everyone she interacted with — faculty, residents, students, patients, colleagues and staff. However, what she will be most remembered for was her dedication to education — to residents and medical students and their training and education.”
“Over her tenure as Chair, she trained more than 300 residents and fellows,” said Dr. Rock. “Under her leadership, the department developed four medical school courses to introduce students to anesthesiology. She started an anesthesiology externship program for medical students between their 1st and 2nd years of training. Her name will long be synonymous with the practice of anesthesiology at the University of Maryland and throughout the national anesthesiology community.”

In addition to her husband and son, Dr. Matjasko is survived by five brothers and sisters: Louis S. Matjasko (Karen) of Rockton, Illinois; Catherine E. Parsons (Gerald) of Lincoln, Nebraska; John J. Matjasko (Caroline) of Charlotte, North Carolina; Susannah E. Shawler (Kurt) of Frederick; and Lenora M. Vesio (Kenneth, MD) of Pittsburgh, along with several nieces and nephews, grandnieces and grandnephews.

A Memorial Mass was held Thursday, January 13, 2011 at St. John the Evangelist Roman Catholic Church, Frederick, with father Richard Gray officiating. Graveside services were held at St. John’s Cemetery on Friday, January 14, 2011.

In lieu of flowers, Dr. Matjasko’s family requests that donations be made to the M. Jane Matjasko, M.D. Endowment for Education and Research in Anesthesiology. Donations should be made payable to Trustees of the Endowment of the University of Maryland and sent to: University of Maryland School of Medicine, Office of Development, 100 North Greene St. Suite 600, Baltimore, MD, 21298-3520.

Journal of Neurosurgical Anesthesiology Report

Jim Cottrell, M.D.
John Hartung, Ph.D.

As printed on its cover, the Journal of Neurosurgical Anesthesiology remains the journal of the Society for Neuroscience in Anesthesiology and Critical Care. A critical factor in SNACC’s decision to continue the relationship was consideration of JNA’s recent Impact Factors.

And we would love to keep JNA strong by having SNACC members submit more high-impact papers to their society’s journal. Review articles have particular potential in that regard, so please start writing that review paper that you have been contemplating … after sending an inquiry about its appropriateness (and the possibility that it may be redundant to a manuscript currently in press), to JNA’s Review Articles Editor William Young William.Young@ucsf.edu.

Just to let everyone know, we have asked JNA’s publisher (LWW) about the advisability of changing the journal’s name to the Journal of Neuroscience in Anesthesiology and Critical Care. Unfortunately, the Institute for Scientific Information is not user-friendly when it comes to changing the names of established journals. They split such journal’s Impact Factor between the two names for two years … a procedure that truncates an already too-short time frame for basing such an influential index. LWW advises against taking that risk … but if we got enough of those high-impact review articles … maybe we could afford to roll those dice!
MEETINGS AND WORKSHOPS

SNACC Activities at ASA: The Story in Photos

SNACC Simulation Session
ASA Distinguished Service Award to Dr. Cottrell
MEETINGS AND WORKSHOPS

Followed by a reception in his honor by the NYSSA
MEETINGS AND WORKSHOPS

ASA/SNACC Breakfast Panel

ANESTHETIC NEUROTOXICITY:
What Do We Tell The Parents?

PANELISTS
Laszlo Vutskits, MD, Ph.D – University of Geneva
Randall Flick, MD – Mayo Clinic, Rochester
Sol Soriano, MD – Boston Children’s Hospital
The SNACC 38th Annual Meeting was held on Friday, October 15, 2010, at the Hilton San Diego Bayfront in San Diego. The meeting comprised an interesting mix of applied and clinical neuroscience symposia, basic science and clinical research presentations and workshops on mentoring and neurophysiological monitoring.

The meeting opened with the welcome address by Dr. Gregory Crosby, this year’s SNACC President, followed by a symposium on applied neuroscience focusing on functional brain surgery.

Dr. Ansgar M. Brambrink (Oregon Health & Science University, Portland, OR) was the moderator for this very comprehensive symposium. Dr. Kim J. Burchiel (Oregon Health and Sciences University, Portland, OR) presented the scientific background and current techniques of functional brain surgery while Dr. Jerrold L. Vitek (University of Minnesota, Minneapolis, MN) described the pathomechanism based therapy of Parkinson Disease. This was followed by a presentation on future therapeutic opportunities and approaches by Dr. Jamie M. Henderson (Stanford University Medical Center, Stanford, CA), and challenges for the anesthesiologist by Dr. Karen B. Domino (University of Washington, Seattle, WA). The symposium included some very interesting video presentations by the panelists and was followed by a very lively discussion session on current practices and future trends.

The afternoon symposium on Neurocritical Care was hosted by NCS (Neuro Critical care Society) and
SNACC and focused on the current controversies in perioperative ICU management of neurosurgical patients. The moderators for this session were Dr. Michael J. Souter (University of Washington, Seattle, WA) and Dr. Neeraj Badjatia (Columbia University Medical Center, New York, NY). Dr. Andrew M. Naidech (Northwestern University, Chicago, IL) addressed the controversy of transfusion targets for neurosurgical patients and Dr. Miriam Treggiari (University of Washington, Seattle, WA) reviewed the evidence-based hemodynamic management after subarachnoid hemorrhage and traumatic brain injury. Finally, Dr. William M. Coplin (Wayne State University, Detroit, MI) evaluated the status of decompressive craniectomy in current clinical practice. The session finished with some spirited discussion around translating critical care criteria into patient care in the operating room and challenges in further evaluation of transfusion strategies, blood pressure management practices and evolving role of decompressive craniectomy.

The two poster presentation sessions were announced by Dr. Laszlo Vutskits (University of Geneva Medical School, Geneva) which were held as walk-around discussions with moderators. One hundred and twenty-seven basic and clinical science research projects were presented. The scientific abstracts presented at the meeting were published in the October 2010 issue of the Journal of Neurosurgical Anesthesiology.

The Distinguished Teacher Award was presented to Dr. Hari Hara Dash (Professor & Head of Neuroanesthesiology, Chief of Neurosciences Center, All India Institute of Medical Sciences, New Delhi, India) during the business meeting luncheon for his outstanding contribution to teaching and education of Neuroanesthesiology over three decades.

The Distinguished Service Award was presented to Dr. Adrian Gelb (University of California San Francisco).

The 2010 John D. Michenfelder New Investigator Award was conferred upon Dr. Matthew L. Pearn (University of California San Diego) for his paper titled "Propofol neurotoxicity is mediated by p75 neurotrophin receptor anesthetic neurotoxicity."

Dr. Monica S. Vavilala (University of Washington, Seattle, WA) took over the responsibility of SNACC president for the coming year.

Five residents and fellows were awarded the Resident Travel Award for their highest-scoring scientific papers.

The SNACC journal club session moderated by Dr. Deborah J. Culley (Harvard Medical School, Brigham and Women's Hospital, Boston, MA) comprised presentation of interesting recent articles in Neuroanesthesia and Neurocritical care by original authors of these articles. Dr. Bradley J. Hindman (University of Iowa Carver College of Medicine, Iowa City, IA) of the IHAST presented his study "Intraoperative Hypothermia or Supplemental Protective Drug and Neurologic Outcomes in Patients Undergoing Temporary Clipping during Cerebral Aneurysm Surgery"
published in Anesthesiology this year. Dr Federico Bilotta (University of Rome, “La Sapienza,” Rome, Italy) presented his study “Safety and Efficacy of Intensive Insulin Therapy in Critical Neurosurgical Patients” published in Anesthesiology, 2009; and Dr. Michael S. Avidan (Washington University School of Medicine, St. Louis, MO) presented his study “Association of Perioperative Risk Factors and Cumulative Duration of Low Bispectral Index with Intermediate-term Mortality after Cardiac Surgery in the B-Unaware Trial” published in Anesthesiology, 2010. The audience utilized this opportunity to interact with the original authors of these landmark studies and the speakers shared their research experiences from conducting these in addition to their scientific findings and their implications.

For the first time, SNACC organized a mentoring workshop which was a huge success. This pre-meeting workshop moderated by Dr. Adrian W. Gelb and Dr. Deborah J. Culley provided a unique opportunity for young investigators to benefit from the experience of accomplished senior faculty. The session involved lectures by Dr. Steven L. Shafer (Columbia University Medical Center, New York, NY) and Dr. William L. Lanier, Jr. (Mayo Clinic College of Medicine, Rochester, MN) followed by an interactive “speed mentoring” session where junior faculty members interacted one-on-one with academically renowned Neuroanesthesiologists for 5-minute sessions and then a networking hour during which junior faculty members had the opportunity to interact with peers and mentors.

After last years’ success, the neurophysiologic monitoring workshop was again organized this year by Dr. Antoun Koht and Dr. Tod B. Sloan with support of many other senior Neuroanesthesiologists experienced in neurophysiologic monitoring. This year the workshop was organized in two simultaneous sessions – a basic level and another advanced level to suit participant needs. The workshops involved lectures, briefings and interactive sessions and were widely appreciated by the participants.

The pre-meeting dinner symposium chaired by Dr Adrian W. Gelb focused on opportunities and barriers to translating clinical research into clinical practice. The panel included a talk on the beginners’ perspective on getting started in research career by Dr. M. Luke James (Duke University Medical Center, Durham, NC) followed by the chairs’ perspective on supporting and investing in junior faculty by Dr. Mark F. Newman (Duke University Medical Center, Durham, NC). Dr. Michael M. Todd (University of Iowa Carver College of Medicine, Iowa City, IA) delivered an inspiring talk on keys to a successful research career and planning quality research projects while Dr. William L. Young (University of California San Francisco, San Francisco, CA) delivered a spirited lecture on developing research portfolio and shared keys to successful funding in research. Dr. Deborah J. Culley and Dr. Cor J. Kalkman were the other panelists.

The meeting concluded with closing remarks from outgoing SNACC President Dr. Gregory Crosby. The annual meeting will reconvene on Friday October 14, 2011 in Chicago.
REPORT: 19th Annual Meeting of the International Society of Anesthetic Pharmacology (ISAP) Friday, October 15, 2010 Hilton Gaslamp Quarter, San Diego

James Blair, M.D.
Vanderbilt University

While dedicated to pharmacology, ISAP commonly presents topics/studies relevant to neuroanesthesia. This year’s ISAP meeting was dedicated to the ramifications of inflammation in three major realms of Neuroanesthesia/Anesthesia: 1) Neuropathic Pain (NP); 2) Alzheimer’s Disease (AD); and 3) Systemic Inflammation and Sepsis (SIRS). Vesna Jevtovic-Todorovic, M.D., Ph.D. chaired the meeting, with the three sessions moderated by Mohamed Naguib, M.D., for Session 1, and Dr. Jevtovic-Todorovic for the Sessions 2 and 3. There were several presentations of interest to the SNACC membership; three are selected for discussion as well as the “Best Abstract” of the meeting.

Neuropathic Pain

Charles Inturrisi, M.D., of Cornell University, is currently doing translational work on an ERK2-targeting drug for pain management, and gave that sole disclaimer. Dr. Inturrisi presented an extremely detailed talk providing “Current Insights into the Pathophysiology of Inflammatory vs. Neuropathic Pain.” NMDA receptor antagonists (ketamine, CPP, dextromethorphan, MK-801) have some efficacy in patients with persistent pain but often at doses that have too severe a side effect profile. Furthermore, in addition to pain hypersensitivity, NMDA and other glutamate receptors have been implicated in the development of morphine tolerance and dependence, leaving NMDA receptors “an alluring but elusive target.”

Dr. Inturrisi noted that multiple peripheral (spinal cord dorsal horn – SCDH) neuronal-glial interactions maintain injury-induced pain as one of the major mechanisms underlying the pathophysiology of both inflammatory and neuropathic pain. Since a constitutive KO of the NMDA receptor (NMDAR) is not viable, employing a viral vector, Dr. Inturrisi’s group has used gene targeting to knock out just the NR1 subunit of the NMDAR to identify an NMDAR-independent mechanism involving extracellular signal-regulated kinases (pERK1/2) that leads to central sensitization and persistent pain. These researchers have shown that NMDAR-dependent pERK2 expression occurs in neurons, and NMDAR-independent pERK2 activation occurs predominantly in astrocytes. Carrying the model a step further, the Cornell researchers have demonstrated that astrocytes release the cytokines IL-1beta, activating IL-1R on neurons to produce pain mediators.

In so doing, Inturrisi’s group has identified an important feed-forward signaling cascade involving spinal-neuronal interactions that appear to contribute to the onset and maintenance of inflammatory pain. As a result, ERK2 may be an important target for novel drugs for inflammatory pain. NMDA-independent pain mechanisms may explain the limited clinical efficacy (narrow therapeutic range) of NMDAR antagonists for injury-induced pain.


Glia & Neurodegeneration

Michele Block, M.D., of Virginia Commonwealth University, reviewed “Gliarial Cell-Induced Neurodegeneration,” describing a variety of instigators of neuroinflammation and microgliosis. Inflammation is an underlying component of a diverse range of neurodegenerative diseases and their associated neuropathology, and increasing evidence suggests that microglia are a key causative factor in this process. Dr. Block presented evidence for a role of over-activated microglia in a variety of neurodegenerative diseases, including AD, PD, HIV dementia, MS, ALS, Huntington’s disease and Pick’s disease. Further, although not neurodegenerative per se, neuronal damage after stroke and reperfusion are also linked to microglial activation.

Dr. Block gave evidence for a variety of toxins that cause neurotoxicity through microglia-derived, NADPH oxidase-induced ROS, including, Paraquat® (a commonly used herbicide), Lipopolysaccharide (LPS – a highly inflammatory component of gram negative cell membrane) and perhaps not surprisingly, air pollution. All can affect neuronal survival by activating microglia. Focusing on the latter, particulate matter is the ubiquitous particle component of air pollution that has been receiving increasing attention due to its association with
Microglia actively monitor the brain environment with pattern recognition receptors (there are at least eight different types of PRRs). PRRs are members of the family of toll-like receptors (TLR) and are responsible for several phagocyte functions such as the identification of pathogens, the production of extracellular superoxide, the release of pro-inflammatory compounds, and the removal and destruction of toxic stimuli through internalization and phagocytosis. Microglia-mediated neurotoxicity occurs through PRRs when pathogen-associated molecular patterns (PAMPs) trigger an excessive immune response, or when stimuli (environmental toxins, endogenous proteins and neuron damage) are misinterpreted as pathogens, where NADPH oxidase is activated and pro-inflammatory cytokines might be produced.

Fortunately, endogenous protective regulatory signals in the brain have been identified that inhibit microglial over-activation, such as neuropeptides, cannabinoids, anti-inflammatory cytokines (that is, IL-10 and transforming growth factor- [TGF ]) estrogen, glucocorticoids and even microglial apoptosis. However, it has been proposed that when the ability to activate these protective mechanisms fails, or when they are overwhelmed by an excessive inflammatory response, microglia initiate neuronal death and drive the progressive nature of neurodegenerative disease.

Dr. Block summarized by stating that inflammation-mediated neurotoxicity in neurodegenerative disease can occur as a consequence of microglial dysregulation and over-activation. Microglia monitor the brain environment by interpreting and processing stimuli (environmental toxins, endogenous proteins or reactive microgliosis) through PRRs. Several of these factors might be correctly recognized by microglia as pathogenic. However, misinterpretation of innocuous stimuli through PRRs could be a predominant mechanism through which microglia become over-activated and uncontrolled, and therefore able to exert neurotoxic effects. Although different combinations of receptors might be involved in the recognition of toxic and pro-inflammatory stimuli, there is a common deleterious downstream pathway involving oxidative stress that both induces neuronal death and amplifies ongoing microglial activation to drive perpetuating neurotoxicity.

Alzheimer's Disease, Anesthesia and Cognitive Decline

Rod Eckenhoff, M.D., University of Pennsylvania, presented a review of “Anesthetic Modulation of Neuroinflammation in Alzheimer’s Disease” (AD). Dr. Eckenhoff opened by noting that “the choice truths of medicine are often blended with a heap of rubbish” [attributing the quote to Dr. John Morgan, founder of the first medical school in the U.S. and the first Surgeon General of the Army under George Washington]. After discussing the epidemiology (approximately 1 percent of AD is familial) and current literature on the inflammatory pathogenesis of AD, he proceeded to outline current efforts at treating AD – including early use of NSAIDs in those genetically at risk (ApoE4), as well as the use of minocycline, an antibiotic with anti-inflammatory potential via inhibition of microglial activation, attenuation of apoptosis, and suppression of reactive oxygen species production. He followed with a discussion of inflammatory biomarkers in AD (TNF-alpha & cytokines IL-1 alpha and beta, IL-6, including autoantibodies against Beta amyloid) and the effect of the superimposition of non-CNS (corporeal) inflammation on AD pathology in both animals and humans. Dr. Eckenhoff proceeded with evidence of the differential effects of anesthesia versus surgery, showing that while anesthesia alone can cause cognitive
decline as well as enhanced amyloidopathy and tauopathy, it actually inhibits inflammatory changes. Contrarily, surgery seems to cause neuroinflammation, at least in the hippocampus, which is associated with early post-op cognitive decline.

In summary, Dr. Eckenhoff presented evidence that neuroinflammation is a major contributor to Alzheimer’s disease. Further, he presented evidence that anesthesia alone can cause cognitive decline, as well as neurodegeneration, but not neuroinflammation. Dr. Eckenhoff presented recent animal evidence that surgery causes neuroinflammation associated with cognitive decline, and finally that the vulnerable brain – affected by genetics, aging, trauma or sickness – is the most at risk.


POSTERS

30 Poster Abstracts were presented at the meeting with the Best Poster: “The Mu Opiate Receptor as a Potential Therapeutic Target in Lung Cancer”, presented by Biji Mathew, Ph.D., et al. of the University of Chicago. There is growing evidence that anesthetic technique may have a significant effect on tumor recurrence in patients undergoing surgery for cancer resection. Previous work in the U of C lab and elsewhere has demonstrated increased expression of the mu opioid receptor (MOR) in several types of tumors, especially non-small cell lung cancer (NSCLC). Building on the work of Exadaktylos, Biki and others, these researchers have demonstrated that MOR is a potential therapeutic target for inhibition of tumor cell proliferation, invasion and angiogenesis and provide a plausible explanation for the epidemiologic observations on anesthetic technique and cancer recurrence.
# 2010 Neurocritical Care Meeting Report

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

The 8th Annual Meeting of the Neurocritical Care Society was held in San Francisco on September 15-18, 2010. The first half of the meeting included a variety of workshops, of which SNACC sponsored the airway workshop. Also at this time was a review course of neurocritical care aimed at covering the material included in the UCNS certifying examination. Scientific sessions followed. Abstracts presented at the meeting that I think might be of interest to SNACC members are below.

Full abstracts can be found on the Neurocritical Care journal website. [http://www.springerlink.com/content/1541-6933/13/s1/](http://www.springerlink.com/content/1541-6933/13/s1/)

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One of the highlights of the SNACC Annual Meeting has been the presentation of scientific abstracts. The format of the scientific sessions has been poster discussions, with each poster session led by moderators. Abstracts are typically divided into groups of 10 to 12 that cover similar subject matters. Presenters have represented multiple countries and have ranged from students to full professors. SNACC has been pleased by the high quality and wide variety of topics of the abstracts, and these scientific sessions have received excellent reviews by SNACC meeting attendees.

The SNACC 39th Annual Meeting, including poster presentations, will be held in Chicago on Friday, October 14, 2011, with pre-meeting workshops and dinner symposia occurring the day before (Thursday, October 13). We hope that you will consider submitting an abstract this year.

Abstracts are required to be submitted electronically through the SNACC website. Submissions can be made starting on April 1, 2011. The deadline for this year’s online submission form will be May 25, 2011. Please check the SNACC website www.snacc.org for additional updates.

We look forward to seeing you in Chicago, and SNACC thanks you in advance for making the scientific sessions of the SNACC Annual Meetings enjoyable and scientifically rewarding.

Save the Date: Call for Abstracts for SNACC 39th Annual Meeting, Friday, October 14, 2011, Chicago

ARE YOU
Programmer? Linked-In? Technophile? Member of STA? Communicator?
Radio Shackster? Digitalist? Subscriber to PC World?

If the answer to any of these is YES!
Then SNACC needs you.

Please volunteer for the communications committee. We have needs for people with ideas and skills to bring our web page and general IT interface with members and the world into the modern era. Send me an e-mail if interested.

Andrew Kolke, M.D., M.B.A. - Vice President for Communications - andrew.kolke@uphs.upenn.edu
Call for Nominations: SNACC Board of Directors

The SNACC Nominating Committee is seeking nominations for open positions on the SNACC Board of Directors (2011-12 term; this incoming board will take office at the conclusion of the SNACC 39th Annual meeting on Friday, October 14, 2011). The 2011-12 term vacancies open for nominations by the SNACC membership are: Secretary-Treasurer, two Directors-at-Large, Vice-President for Communications, and a nominating committee member. The actual election for the 2011-12 Board vacancies will occur at the October 14, 2011 Annual Meeting.

The bylaws read: “The Society’s officers and directors shall be nominated by the Nominating Committee, ratified or rejected by the Board of Directors, and the names given to the Board of Directors in sufficient time to announce and publish its nominees in a newsletter or equivalent communication at least 6 months prior to the election. Additional nominations for officers may be made by the membership by petitions duly filed with the Secretary/Treasurer at least thirty (30) days prior to an election at the annual membership meeting. In order to qualify as nominating petitions, there shall be affixed thereto the signatures of twenty-five (25) members of the Society as a minimum.” Individuals chosen for these positions are those who have demonstrated a commitment to SNACC and have served in a number of administrative positions. Their experiences with these administrative responsibilities as well as their effectiveness in performing these tasks are crucial in their nomination.

The following lists the responsibilities expected from each position.

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

**Directors-at-Large of the Board of Directors:**
These individuals should be members in good standing of SNACC and provide advice and promote the activities of the Society. They are required to attend the Board of Director’s meeting on Thursday before the annual meeting in the fall. They will serve staggered three-year terms. Individuals serving as Directors at Large may serve only two successive full terms in these positions.

**Vice-President for Communications:**
The Vice-President for Communications will serve a two-year term. Individuals serving as Vice-President for Communications may serve only two successive full terms in this position.

**Nominating Committee members:**
The Nominating Committee consists of two regular members of the Society who are not officers or directors and who are elected at the annual meeting for staggered two-year terms, and the President-Elect presides as chair of the committee.

By February 28, 2011, please contact Ansgar Brambrink, M.D., Ph.D., for more information or to suggest a nominee at brambrin@ohsu.edu.
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For more information check the SNACC Web site at www.snacc.org, or contact the Society’s office:

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