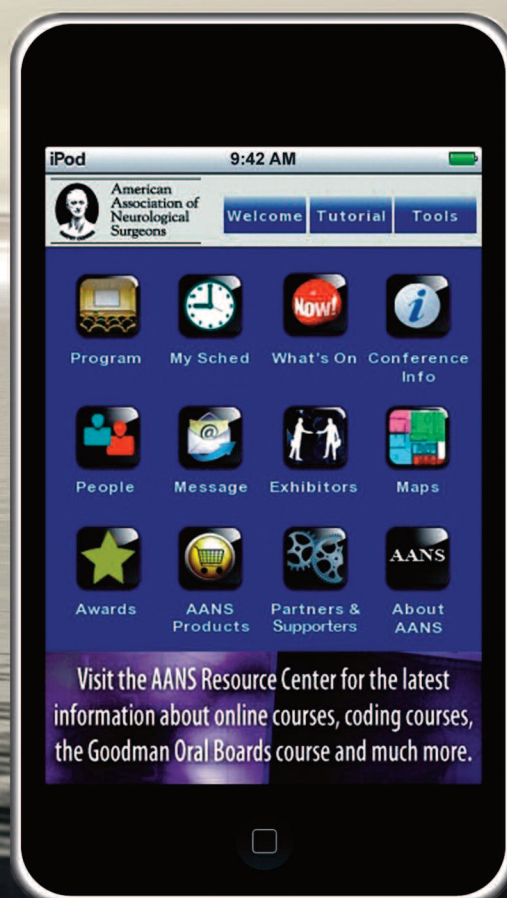
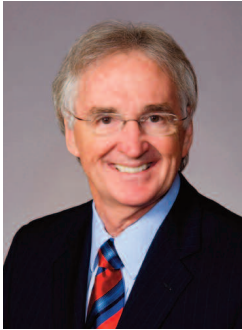


Changing the Landscape of Medical Meetings

2010 AANS ANNUAL REPORT





President's Message

Embracing a Whole New World of Innovation Takes a Visionary Leap of Faith

More than a year of preparation and planning went into the American Association of Neurological Surgeons leading the scientific community into the paperless world of the 21st century by conducting the first

paper free scientific meeting in Philadelphia in May 2010. This feat began as a product of the fertile mind of Michael Y. Oh, MD, and was a work product of a special committee led by Timothy B. Mapstone, MD, to recommend ways to improve the AANS Annual Meeting. At the onset, the idea seemed impossible to accomplish with a multitude of obstacles, not the least of which was financial. The paperless platform chosen for the meeting was the iPod touch®. Once the decision was made to move forward with the paperless meeting, thanks to a myriad of exceptional physician volunteers and terrific AANS headquarters team, nothing could stand in the way of success. The concept was not just to improve the meeting, but to develop an innovative mechanism with which future educational efforts could be implemented. The final outstanding result was a testament to the dogged determination of all involved — to not accept anything but total victory — embracing wholeheartedly a brave, new better world for educating our membership.

This year the AANS participated fully in the healthcare debate. Our involvement in this considerable effort was communicated to membership and is included in more depth later in this report. I do have to say that we have been true to our principles, based on the theme — that first and foremost — we must do what is best for our patients and we must do everything possible to preserve the doctor-patient relationship. We made every effort and left no stone unturned to promote these principles. At the end of the day, it was very obvious that the healthcare legislation did not fulfill most of these principles and therefore we opposed it, after being unable to obtain acceptable changes. Now that it is the law of the land, we will not give up and will continue to work to modify and or reject its many unacceptable features.

While published content and the scientific peer review process are defined and managed by the *Journal of Neurosurgery* (JNS) Editorial Board, financial and legal authority for the JNS is ultimately borne by the AANS. The AANS Board of Directors has a duty to the organization to ensure that the JNS remains financially stable and viable in order to both serve as the journal of record for neurosurgery and to effectively support the overall mission of the AANS. The AANS Board of Directors has exercised this responsibility through vigilant oversight and communication with the managing editor and management leadership of the JNS Publishing Group since its inception. As part of that continuing responsibility, in November 2009,

the AANS Board of Directors implemented a process to evaluate whether forming a strategic partnership with a commercial publisher could help preserve the financial integrity and expand the impact of the JNS in the rapidly evolving transition to online publications.

This past year, the new AANS Emerging Technology Committee began its work under the chairmanship of Jon H. Robertson, MD. This committee is designed to examine the scientific evidence for new technology and to make comments regarding that technology, in order to offer some guidance to our members about the applicability of the new technology before it has been fully vetted in the scientific literature.

Finally, the AANS has worked hard to preserve, protect and expand the scope of practice for all neurosurgeons. This year we focused on reinvigorating neurosurgical participation in the management of pain. A committee led by William T. Couldwell, MD, PhD, developed a practical guideline to accomplish these goals. This has been done in conjunction with the American Board of Neurological Surgery (ABNS) and the Residency Review Committees (RRC), expanding on the written definition of neurosurgery to emphasize neurosurgical treatment of pain and the planned implementation of offering expanded residency opportunities in the management of pain.

This year has been one in which the AANS has taken bold new approaches, fought for its principles, critically examined the way we do business in order to improve and adapt to changes in the world, and worked to expand the scope of neurosurgical practice. As an organization, we will continue to lead.

Troy M. Tippet, MD, FACS

2009-2010 AANS President



**American
Association of
Neurological
Surgeons**

and the American Association of Neurosurgeons



Executive Director's Report

Thinking Outside the Box Expands the Spectrum of Services to AANS Members

In an April 2010 article written about a large, national medical association (thankfully not the AANS) titled "Is {actual name deleted} the Worst Trade Association Ever?" healthcare law attorney Scott Becker, JD, CPA,

made the following observation: A trade association promotes its members' best interests. From time to time, it can embrace higher causes, even a cause such as health reform. But if it strays too far from its core mission of delivering benefits for members, it ceases to be a trade association and becomes something else — maybe an officious advisory group..."

By any measure, the most obvious centerpiece of the past year highlighted in this Annual Report to membership is AANS' innovation of being the first national medical association to successfully conduct its Annual Scientific Meeting for its members using the iPod touch®, a portable personal digital assistant, Wi-Fi platform, and portable media player designed and sold by Apple Inc.

As 2009-2010 AANS President Troy Tippet, MD, FACS, writes in his introduction to this report, the "result was a testament to the dogged determination of all involved ... embracing wholeheartedly a brave, new better world for educating our membership."

The significance of Dr. Tippet's observation goes well beyond the 2010 Meeting. As the Philadelphia Annual Meeting fades in the AANS' rearview mirror, I would suggest that its most meaningful footprint is more clearly seen now than it was this past spring.

Crossing the "we did it first" finish line was slightly noteworthy, but that was hardly the reason at all for the AANS to undertake such a bold commitment to innovation, let alone attempt to deliver it in the short timeframe from approval to implementation (51 weeks). In our frenetic world of whirlwind technological change, today's "first ever" is tomorrow's "that's already been done," with the original visionaries made to look antiquated in the process.

Nor was the most notable aspect of the 2010 Philadelphia Annual Meeting that the AANS "went green". Although this was a happy byproduct of the decision to conduct the AANS Annual Meeting completely paperless, that was never the primary reason in undertaking the significant effort, expense, and the myriad of risks that all came with the territory of this initiative.

This Annual Report you are now reading reveals in a very visual way, a clearer, more significant positioning of the 2010 Annual Meeting and what it means to you as an AANS member. In it, you will read about a year where, in addition to significantly contributing to the changing

landscape of medical education, the AANS also continued to vigorously participate in the national healthcare debate, undertook vital and candid self-assessments of its own time-honored products/services, and continued a campaign of advocacy on behalf of its own members and their patients in its ongoing efforts to enhance scope of practice issues affecting the specialty.

You will read about AANS members who gave of themselves, their time, and their talents to strengthen the organization with personal service and devotion, while committed to the advancement of medicine and patient care.

And you will come to understand that, despite being buffeted by the tumultuous global economic storm that rattled some of the most experienced financial helmsmen in the world, the past decade of fiscal prudence and attentive management enabled the AANS to not only weather the tempest, but undertake some of its most notable initiatives in recent years.

Cutting-edge advancement in a time when most organizations and corporations were retreating — that truly was the highlight of your association's past year.

As an event, the AANS iPod Meeting was distinctive in many respects. It was a textbook case of physician leadership and professional association managers collaborating on a new, untried and untested initiative — and on a field with no marked sidelines or end zones, at that.

It demonstrated an organizational willingness to discover at a time when most associations sought safety in the known and usual.

And it showed a trust in this organization and its leadership by you, the AANS members, who attended the Philadelphia Annual Meeting in near record numbers (falling short of the all time attendance record by 114 medical attendees). While some predicted that the paperless meeting would drive attendees away, the AANS membership displayed a willingness to adapt new learning styles and participate in an advanced state-of-the-art educational experience.

But in the end, the most enduring impact of the Philadelphia Annual Meeting is that it was planned, developed, and undertaken in addition to, but not at the exclusion of, all of the innovative services and programs the AANS increasingly offers its members. That significance, as highlighted by this Annual Report, is evidence of an association that remains consistently true to its core mission: delivering meaningful, new, and creative value for its members' benefit. Despite fluctuations in politics, economies, technologies and the cyclical changes of leaders and perspectives, that continues to be the AANS' most consistent core mission.

As always, thank you for your membership in the AANS.

Thomas A. Marshall
AANS Executive Director



Cultivating a Rich and Varied Educational Landscape

The AANS continually strives to provide cutting-edge, compliant continuing medical education (CME) activities to meet the needs of neurosurgeons and allied health professionals. These activities are planned to allow neurosurgeons to conform to licensure requirements; AANS membership requirements; Board certification and Maintenance of Certification. The advent of a comprehensive AANS overall education survey has allowed us to assess our educational efforts and focus on topic areas and educational needs in addition to the types of educational formats requested by our members.

This year, the AANS offered a total of 14 directly sponsored activities, 29 jointly sponsored activities, more than 40 online educational courses and a variety of enduring materials. Topics ranged from practice management issues to clinical concerns encountered by neurosurgeons.

After a 2-year hiatus, the AANS successfully resurrected the Master Series by offering two sold-out clinical courses on topics with high appeal. In May, *Introduction to Stereotactic Radiosurgery*, directed by Gene H. Barnett, MD, FACS, focused on advanced techniques in the evolving field of radiosurgery presented to clinicians who expressed an interest in this type of training. Corporate supporters were Accuray Inc., Brainlab, Inc., Elekta and Varian Medical Systems. Later that

month, *Lateral and Other Minimally Invasive Approaches to the Spine*, co-directed by Regis W. Haid Jr., MD, and Christopher I. Shaffrey, MD, presented hands-on cutting edge techniques for neurosurgeons requesting to learn new, minimally invasive spinal surgery approaches. Corporate supporters were DePuy Spine, a Johnson & Johnson company, Globus Medical, Medtronic, NuVasive, Synthes Spine and Zimmer Spine.

The AANS Education Department responded to member requests for more practice management topics by adding a Coding Web Conference in early 2010. This conference, *2010 CPT and ICD-9 Code Changes in Neurosurgery: An Overview*, led by Gregory J. Przybylski, MD, provided neurosurgeons and their staff with 2010 CPT guidelines for modifiers, bundling, E/M coding, and consultation services. Deemed a tremendous success with over double the normal attendance for an AANS Web conference, Coding Director Joseph S. Cheng, MD, MS, plans to add additional Web conferences on niche coding topics of interest to members.

Providing Innovative Education and Support to Residents

The AANS continues its commitment to resident education by providing state-of-the-art training designed to augment and enhance the neurosurgical curricula. Taught by stellar faculty, residents selected to participate by their program directors have evaluated these courses again and again as a pivotal experience in their training. These courses are made possible through the generosity of

AANS corporate supporters, enabling the AANS to expand its reach on a variety of neurosurgical subspecialty topics since the inception of the program in 2006. During the past year, two new topics were added to the curriculum, providing world-class education to a total of 117 neurosurgical residents from across the U.S.

The AANS is grateful to Education and Practice Management Chair Michael Y. Oh, MD, and Development Chair Anil Nanda, MD, FACS, for spearheading the continuation of this highly successful collaboration between industry, residents and organized neurosurgery.

Nuances in Technique and Complication Avoidance in Cerebrovascular Neurosurgery, July 24-26, 2009, Practical Anatomy & Surgical Education Center, Saint Louis, Mo.; Course Director: Aaron A. Cohen-Gadol, MD; Supporters: Biomet MicroFixation, Codman, a Johnson & Johnson company, Leica, Medtronic Neurologic Technologies, Mizuho, OmniGuide, and Carl Zeiss Meditec, Inc.

Stereotactic Radiosurgery, October 16-17, 2009, University of Virginia at Charlottesville, Charlottesville, Va.; Course Director: Jason P. Sheehan, MD, PhD; Supporters: Accuray Inc., Brainlab, Inc., Elekta, Integra, Tomotherapy, and Varian Medical Systems.

Fundamentals in Spine, November 19-22, 2009, SERC Lab, Burr Ridge, Ill; Course Directors: Regis W. Haid Jr., MD, and Christopher I. Shaffrey, MD; Supporters: Biomet Spine, Covidien, DePuy Spine, a Johnson & Johnson company, Globus Medical, Medtronic, and Synthes Spine.

Spinal Deformity, April 17-19, 2010, Vista Lab, Baltimore, Md.; Course Director: Robert F. Heary, MD; Supporters: Covidien, DePuy Spine, a Johnson & Johnson company and Medtronic.

Resident Mentoring Program

Resident Mentoring continues to thrive as a meaningful program that matches residents with established neurosurgeons for the purposes of networking, career building, advice and any topic facing a young neurosurgeon. A completely voluntary effort, this program is not intended to replace the resident's relationship with his/her program director, but is designed to provide a new and possibly different



perspective. The relationship usually concludes at the completion of the residency program or may continue should both parties desire. This year, 469 physicians (303 mentors and 166 residents) participated in the Resident Mentoring Program under the direction of Robert E. Harbaugh, MD, FACS.

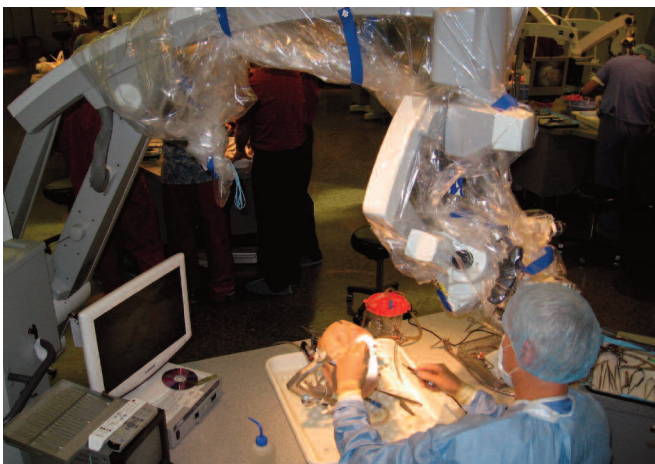
The AANS Successfully Culminates Year-Long Reaccreditation Process

In March 2010, the AANS successfully culminated the yearlong process for reaccreditation from the Accreditation Council of Continuing Medical Education (ACCME), allowing the organization to provide stellar CME activities to its members for the next four years.

This process encompassed several phases including drafting a self-study report describing the AANS educational planning processes, submitting numerous files of AANS educational activities demonstrating performance in practice, and a final interview with ACCME surveyors to audit the AANS self-study and activity files. The AANS wishes to extend special gratitude to H. Hunt Batjer, MD, FACS, and Jon H. Robertson, MD, for their invaluable participation in this process.

“Being a part of the process to ensure that the AANS was in full compliance with the ACCME creates opportunities in the way we deliver education. Going forward as our education processes evolve, we must continually document the needs of our members and offer education that narrows the gap in learning while being free from commercial bias. We must remain aware of the changing dynamic of the neurosurgical practice and be respectful of resources such as time out of the office and the cost of education,” stated Dr. Batjer, AANS MOC/CME Committee chair.

ACCME accreditation assures the medical community and the public that well designed educational activities provide physicians with education that can assist them in maintaining or improving their practice of medicine. The ACCME is the organization that sets educational standards for CME activities, and monitors its accredited providers' adherence to those standards.



Joseph S. Cheng, MD, MS

Championing Education on Many Fronts

Joseph S. Cheng, MD, MS, assumed the position of AANS Coding Course Director in late 2008 when Gregory Przybylski, MD, stepped down. A very instrumental education role, but by no means the only role Dr. Cheng played in fiscal year 2010 as he helped to build on the stellar education offered by the Association. He contributed visionary ideas on many educational fronts — from coding — to resident courses — to the iPod touch® initiative.

“Coding is viewed by many physicians as a necessary task administered primarily by office staff and practice managers. To make coding more relevant to neurosurgeons, we created a special, physicians-only breakout session during *Managing Coding & Reimbursement Challenges in Neurosurgery* that focuses on new technologies and areas of special interest to the physician,” Dr. Cheng said. Whether coding changes occur as a result of advances in neurosurgical procedures or due to the ever-changing Medicare program, Dr. Cheng has ensured that all attendees are well prepared to tackle the many aspects of coding and reimbursement.



Dr. Cheng works tirelessly on behalf of neurosurgery in the area of coding and reimbursement, whether developing new codes as CPT advisor to the American Medical Association or developing policy responses to various payors. In addition to writing articles on coding, he totally revamped the *2010 AANS Guide to Coding: Mastering the Global Service Package for Neurological Surgery Services*. The guide is easier to read, with individual sections for instruction on basic services included in the global service package and an updated section on Medicare.

As faculty for the resident spine education courses, Dr. Cheng has received rave reviews for his expertise in spine along with a down-to-earth, approachable style. But his contributions to education did not end there. Dr. Cheng served on the iPod touch Physician Task Force and approached this project with the same hands-on enthusiasm he brings to every project. Tasked with developing pre-meeting multimedia content for the initiative, Dr. Cheng not only conducted on-site interviews with his colleagues, but rolled up his sleeves and did his own video editing. His efforts resulted in several pre-meeting audio podcasts and a video that was launched at the meeting.

Dr. Cheng is associate professor of Neurosurgery at Vanderbilt University in Nashville, Tenn. He is also director of the Neurosurgery Spine Program, co-director of the Vanderbilt Comprehensive Spine Center, and co-director of the Spine and Bone Core Research Laboratory.

Great correlation between theoretical concepts and actual practical approaches as seen in cadavers. Was able to delineate anatomy for skull base/petrous approaches.

— Debbie K. Song, MD (*Nuances in Technique and Complication Avoidance in Cerebrovascular Neurosurgery Resident Course Participant*)

Taught by leading minds, senior spine surgeons, who were willing to share their accumulated wisdom (and passion) with residents.

— Matthew B. Maserati, MD (*Fundamentals in Spine Resident Course Participant*)

Great course – I'm in my first year of practice and this course should be required for all residents going out into practice.

— Peter M. Grossi, MD (*Managing Coding & Reimbursement Challenges in Neurosurgery Course Participant*)

2010 AANS Annual Meeting Indelibly Changes the Landscape of Medical Meetings in Grand Fashion

The AANS saw a yearlong dream come to fruition at its 78th Annual Meeting at the Pennsylvania Convention Center in Philadelphia, May 1-5. All the hard work and planning culminated in the most exciting and momentous meeting in the association's 78-year history — the first medical meeting to be conducted via the iPod touch® in North America. From all perspectives, this meeting exceeded expectations — the delivery of content via the iPod touch was a huge hit for the 3,383 medical attendees, from the highly techno savvy medical students — to veteran neurosurgeons unaccustomed to using such devices.

Part of the success of this meeting was attributed to the exhaustive technical preparation. Being the first time out, there was naturally a learning curve. Among the challenges were figuring out with Parliant, the developer, how all the technical elements of a complex, customized app would work, advanced coordination and on-site visits with the convention center to ensure that the facility could accommodate bandwidth, and the creation and download of the impressive amount of content onto 3,500 devices.



Changing members' perception of an annual meeting reliant on thousands of reams of paper — to a meeting conducted via a convenient, small device — was achieved through six months of carefully orchestrated marketing initiatives and tutorials. But even so, there were bound to be a few non-believers on site. Aware of this challenge, on site there were continuously streaming tutorials and the AANS enlisted the help of its Marshals — medical students and residents who have always volunteered at its meetings. This time out, however, they donned chartreuse armbands identifying themselves as iPod helpers, at the ready to help attendees navigate the device when they picked it up at the Overlook Café, as well as throughout the convention center.

The real achievement of utilizing this device was that the technology enabled a greatly enhanced experience for attendees. With static paper, printed addendums to the final program book need to be created on site to communicate changes; with the iPod touch, any updates that occurred on site were instantly updated on the device. So when a session presentation time changed, this was reflected in the program as well as in the personal schedule of each attendee, if they chose to use this feature. An interactive search tool facilitated finding a breakfast seminar, practical clinic, oral presentation, or electronic poster within the program with a few touches.

A significant benefit to both medical attendees and exhibitors was the ability to send messages. While individuals could send messages to each other via the device, many exhibitors/companies purchased electronic

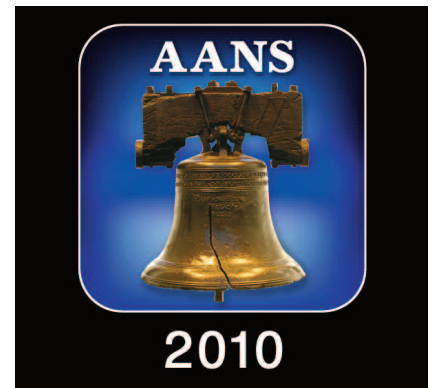
messages. This customized platform opened the door to a new world of interactive marketing possibilities. Replacing the majority of the countless paper door drops cluttering the hotel rooms of 3,383 medical attendees, 40 messages with company banners were sent out over the course of four days. While most messages were sent to all medical attendees, there was potential to target nearly 50 different groups based on registration and subspecialty categories. In addition, companies purchased full-screen ads or banner ads that rotated on the device.

Inside the app, members could access AANS products including an AANS clinical guidelines summary, maps of the convention center, including the exhibit hall and individual rooms, and bios/photos of all the award winners. Outside of the app, features included a welcome video from AANS President Troy M. Tippet, MD, FACS, audio podcasts with seven masters in neurosurgery, seven educational video presentations, and Open Table, an app to search for and make reservations at Philadelphia restaurants.

Not resting on the laurels of this successful meeting, the AANS is planning ways to expand on this successful use of technology at the 2011 AANS Annual Meeting in Denver. Philadelphia proved that well-orchestrated technology can deliver stellar member education and benefits in new and meaningful ways.

Congratulations to the AANS for adopting the advancement and use of technology in offering the iPod touch! Amazingly, I personally had no trouble adopting the use of the iPod touch and heard not a single negative experience.

—Anonymous Attendee (2010 AANS Annual Meeting Survey)



iPod touch Initiative Supporters

- Accuray Inc.
- Aesculap, Inc.
- Aesculap Implants Systems
- Alphatec Spine
- Anspach Companies
- Amedica Corporation
- Baxter
- Brainlab, Inc.
- Carl Zeiss Meditec, Inc.
- Codman & Shurtleff, Inc., a Johnson & Johnson company
- Covidien
- DePuy Spine, a Johnson & Johnson company
- Elekta
- EMD Serono
- ev3 Endovascular, Inc.
- Globus Medical
- Gore & Associates
- Integra Foundation
- Integra Neurosciences
- Leica Microsystems
- Medtronic
- MicroVention, Inc.
- NuVasive, Inc.
- Orthofix, Inc.
- Osteotech, Inc.
- PMT Corporation
- Stryker
- Synthes Spine
- Virtual Brain Tumor Board



At the AANS Annual Meeting in Philadelphia, the iPod touch ushered in a new era. Instead of a cluttered bag of program books, handouts, inserts, and promotional materials, attendees were presented with a single device containing all meeting materials, local information, and a platform for attendee feedback during the conference. Moving to an electronic meeting format improved meeting efficiency and was easily accepted by members. It was a fantastic success, and may be a real game-changer for how meetings are done in the future.

—John K. Ratliff, MD, Annual Meeting local host



Stacey Quintero Wolfe,
MD, LCDR, MC, USN

Embodying the Commitment to Volunteerism

Neurosurgery consumes waking hours with surgical successes, patient consultations, academic pursuits, and the business of running a practice. However, for a dedicated subset of the profession, there is the rewarding addition of volunteering for organized neurosurgery.

The AANS offers unique opportunities for young neurosurgeons, residents and students to become involved in organized neurosurgery. The AANS Young Neurosurgeons Committee, through volunteer involvement, serves the neurosurgical body through fundraising for research, advancement of young neurosurgeons, resident leadership and development, student promotion and service to the parent organizations.

AANS President Troy M. Tippet, MD, FACS, saw his vision for the iPod touch initiative come to fruition by espousing the tenet of volunteerism. In May 2010, Stacey Quintero Wolfe, MD, LCDR, MC, USN, embodied the commitment to that volunteer spirit as chair of the Marshals Subcommittee.

The Marshals were enlisted to act as an on-site troubleshooting presence to facilitate the transition from paper to digital at the first medical meeting in North America conducted via the iPod touch. More than 40 individuals, primarily medical students and residents, volunteered their time during the 78th AANS Annual Meeting. They introduced the iPod touch to attendees, answered questions, and assisted with any difficulties that arose.

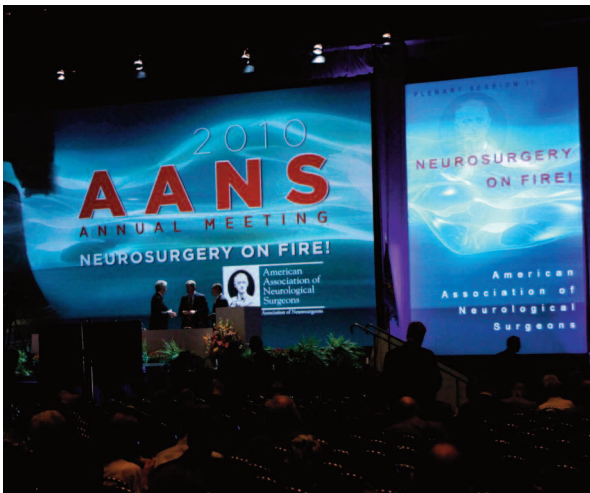
“It was with pride that I watched our small army of fluorescent armbands navigate the crowd and play an important role in a historical AANS achievement. Of special note were the Marshals who used their language skills to introduce the iPod touch in Mandarin, Spanish, Japanese and Hindi, among many other languages, to our international colleagues and guests,” Dr. Quintero Wolfe said.

“The benefits of volunteering for organized neurosurgery are not limited to altruistic service to one’s specialty. The Marshals are just one of many subcommittees with which one can get involved. Volunteering offers the chance to develop professional connections and form lifelong friendships, a venue to meet nationally and internationally recognized neurosurgeons, and a platform to learn about new academic and research opportunities. According to a Greek proverb, ‘A society grows great when men plant trees whose shade they know they shall never sit in.’” Dr. Quintero Wolfe concluded.

Dr. Quintero Wolfe is chief of Cerebrovascular Surgery, Department of Neurosurgery, Tripler Army Medical Center in Honolulu, Hawaii.

I loved the integration of technology with the iPod touch. It made navigating the conference very easy and had so many amazing features that really enabled me to get the most out of the experience.

— Anonymous Attendee
(2010 AANS Annual Meeting Survey)



The 2010 AANS Annual Meeting Snapshot

- Scientific Meeting content delivered and accessible via the iPod touch to all medical attendees.
- 30 practical clinics and four International Masters practical clinics
- 20 general scientific sessions and three plenary sessions
- 152 oral abstract presentations
- Nearly 400 electronic poster presentations
- 800 exhibit booths representing about 200 companies
- 64 educational breakfast seminars

Keynote Speaker — Cushing Oration

Newt Gingrich, PhD, delivered a lively oration to a full house on Tuesday, May 3. After the oration, Mr. Gingrich granted an exclusive interview to *AANS Neurosurgeon* which was posted as an audio podcast in the inaugural online issue. As Speaker of the U.S. House of Representatives from 1995 to 1999, Mr. Gingrich disrupted the status quo by moving power out of Washington and back to the American people. Under his leadership, Congress passed welfare reform, the first balanced budget in a generation, and the first tax cut in 16 years.

Neurosurgical Top Gun Competition

For five consecutive years, the Young Neurosurgeons Committee has offered a skills competition for residents and fellows at the AANS Annual Meeting. Under the leadership of Anand V. Germanwala, MD, this year's Top Gun event included stations with image-guided lumbar pedicle screw, bone scalpel, virtual thoracic vertebroplasty and virtual ventriculostomy. Sponsors of this year's innovative competition were: Anspach Companies, Aesculap Inc., Codman, a Johnson & Johnson company, DePuy Spine, a Johnson & Johnson company, Stryker CME, Brainlab, Inc., and Medtronic.

Thanks to the generous contributions of corporate supporters, awards were given to the Neurosurgical Top Gun and to his/her institution along with the winners of each individual station. Honors were bestowed upon the following individuals:

- Overall Top Honors: Betty Y.S. Kim, MD, PhD (resident); University of Toronto (to graduate June 2011)
- Top Honors for the Lumbar Pedicle Screw Station: Ricardo Fontes, MD (fellow); Rush University Medical Center (completed fellowship July 2010)
- Top Honors for Bone Scalpel Station: Demitre Serletis, MD (resident); University of Toronto (to graduate June 2012)
- Top Honors for the Vertebroplasty Station: Elias B. Rizk, MD (resident); Pennsylvania State University (to graduate June 2012)
- Top Honors for the Ventriculostomy Station: Edjah Kweku-Ebura Nduom, MD (resident); Emory University (to graduate June 2013)

Recognizing Leaders who Positively Influenced the Neurosurgical Landscape

- Cushing Medalist — Roberto C. Heros, MD
- Distinguished Service Award — Katie Orrico, JD
- Humanitarian Award — Timir Banerjee, MD, FACS

Varied Neurosurgical Spectrum Reflected in Special Lectures

- The Richard C. Schneider Lecturer — Alex B. Valadka, MD, FACS
- The Hunt-Wilson Lecturer — Andres M. Lozano, MD, PhD
- The Ronald L. Bittner Lecturer — William T. Couldwell, MD, PhD
- The Rhoton Family Lecturer — Christopher M. Loftus, MD, FACS
- The Van Wagenen Lecturer — Patrick J. Kelly, MD, FACS
- The Louise Eisenhardt Lecturer — Mary Sue Coleman
- The Theodore Kurze Lecturer — Albert L. Rhoton Jr., MD



An Increasing Panorama of Member Benefits

The highly rated *AANS Neurosurgeon* continues to publish in-depth peer-reviewed articles and explore the key socioeconomic issues affecting the specialty. Cover articles in fiscal year 2010 included: *This is Not Healthcare Reform; When They're 65: Treating More (and More) Older Adults; Ready or Not, We're All In: Social Networking Basics for You and Your Practice*.

A considerable accomplishment was the launch of the inaugural online issue of *AANS Neurosurgeon* in late June. With this issue, readers were offered an online experience enhanced by a fresh look and increased functionality. Readers were invited to browse the site and participate by commenting on articles, taking the Random Sample survey on the home page as well as the Gray Matters clinical survey, and sharing information with colleagues. The new website represents a big leap for *AANS Neurosurgeon* — a greatly enhanced online presence and delivery of information and analysis useful in neurosurgical practice.

The AANS is committed to developing products and services that address both the clinical and practice management needs of its members. In fiscal year 2010, new offerings included:

- *Tethered Cord Syndrome in Children and Adults, Second Edition* by Shokei Yamada, MD
- *2010 AANS Guide to Coding: Mastering the Global Service Package for Neurological Surgery Services*
- *AANS 2010 Annual Meeting Sessions* (offered online or on DVD)
- *A Patients Guide to Neck Pain* (revised 2010)
- *A Patients Guide to Brain Tumors* (revised 2010)

In support of the iPod touch® initiative, a sample iChapter of the *Atlas of Emergency Neurosurgery* by Jamie Ullman, MD, was introduced. This navigable sample chapter was uploaded to all devices and offered a glimpse at *Preprocedure Considerations, Operative Procedures, Indications* and much more.

Expanding the Global Vista through International Relationship Building

AANS members benefit from open communication with leaders of neurosurgical organizations around the world. The relationships the AANS has been building through its international outreach efforts help members keep abreast of important issues affecting neurosurgery, learn about pending innovations in patient care, facilitate collaboration, and bring value through membership diversity.

In 2010, the AANS worked with the Sociedade Brasileira de Neurocirurgia on international programming for the AANS Annual Meeting. Their president, Luiz Carlos Alencastro, MD, assisted the AANS Scientific Program Committee in developing the program for the international symposium as well as several practical clinics. As a result, the meeting saw a record number of registrants from Brazil and the highest number of international attendees since 2001.

During the International Reception, the AANS presented the International Lifetime Recognition Award to Jose G. Martin-Rodriguez, MD, from Madrid, Spain. Dr. Martin-Rodriguez is most recognized for his decades of service to the World Federation of Neurosurgical Societies (WFNS) and his humanitarian efforts to advance neurosurgical education in developing countries. This award is the highest international honor the AANS bestows, and celebrates a lifetime of contributions to neurosurgery globally, but particularly in the recipient's home country.

The AANS awarded several other international honors in 2010. The AANS International Abstract Award is given to the highest ranking international abstract submitted to the AANS Annual Meeting. This honor went to Pedro Lylyk, MD, from Buenos Aires, Argentina, for his abstract titled *Endovascular Treatment of Ruptured Intracranial Aneurysm with Pipeline™ Flow-Diverter Stent: Pros and Cons*.

The 2010 recipient of the AANS International Visiting Surgeons Fellowship was Yu-Guang Guan, MD, a neurosurgical resident at the Sanbo Brain Institute in Beijing, China. Dr. Guan spent three months at the Yale Epilepsy Surgery Program under the supervision of Dennis D. Spencer, MD. Presently obtaining his PhD in molecular biology and neuron repair, Dr. Guan is pursuing a career in epilepsy surgery. During his observational study at Yale, he focused on the surgical treatment of refractory epilepsy, especially surgical treatment of temporal lobe epilepsy.

In an effort to facilitate membership for neurosurgeons in developing countries, the AANS offers a special membership category with a reduced dues level. These neurosurgeons can become International Members for only \$75.

Hosting the XIV World Congress of Neurological Surgery of the World Federation of Neurosurgical Societies a Noteworthy AANS International Achievement

The AANS hosted the XIV World Congress of the WFNS in August 2009 in Boston, Mass. More than 3,400 attendees from 117 countries benefited from a stellar scientific program and enjoyed the social events. This meeting occurs only every four years, and for neurosurgeons in some countries without national organizations, is an especially invaluable opportunity. Over 400 neurosurgical residents from developing countries attended the meeting with complementary registration — some through the Codman/DePuy Spine Inc. Neurosurgeon Traveling Fellowship offered to young neurosurgeons. Many neurosurgical residents were able to participate in the meeting because registration rates for residents were tiered by country.

The scientific program featured 520 oral papers, 900 electronic posters and 120 video presentations from presenters representing 86 countries. The program also offered:

- 12 Practical Courses
- 100 Breakfast Sessions
- 50 Topic Sessions
- 4 Plenary Sessions
- 6 Luncheon Symposia
- 2 Allied Health Sessions
- 20 Interactive Sessions

Attendees toured more than 100 exhibits in the exhibit hall and over 1100 exhibitors registered. The XIV World Congress showcased Boston with highlights including events at the John F. Kennedy Library and Museum and Boston Symphony Hall. WFNS leadership noted that their organization will benefit for many years from the XIV World Congress attendee experience.

The meeting also helped the AANS increase its international membership this year, and build enduring relationships with the neurosurgical organizations who are members of the WFNS.



Ever Changing Healthcare Reform Landscape Requires Intensive Advocacy Efforts

Neurosurgical leaders spent most of their waking hours in fiscal year 2010 focused on the massive national healthcare reform efforts. While organized neurosurgery supported many of the important improvements to strengthen the nation's healthcare system, there were also many troubling components that kept us up at night and drove us to continually "sound the alarm" with any lawmaker who would listen. As a united voice — both from a neurosurgical standpoint and as part of larger surgical and specialty medicine coalitions — we tried to influence the influencers by advising and warning them of what each change in the vast healthcare reform legislation would actually mean to healthcare professionals and ultimately to patients.

At the very beginning of the fiscal year, the AANS/CNS Washington Committee was already working around the clock to voice the concerns and advocate for what was in the best interest of the nation's neurosurgeons and their patients. Throughout the next 12 months, these tireless efforts included: engaging members to speak up by issuing multiple Grassroots Action Alerts; sending letters to the American Medical Association (AMA) and American College of Surgeons about our position on reform; launching a major advertising campaign to defeat the Senate bill in December 2009; and issuing more than a dozen news releases on various aspects of healthcare reform.

Through our affiliation with the Alliance of Specialty Medicine, of which the AANS and the CNS are founding members, more than a dozen comprehensive letters were sent to Congress, multiple meetings were arranged with key Members of Congress and their staff, and ads were placed in key Hill media outlets. Additionally, through the Surgical Coalition, which includes the AANS and the CNS, eight detailed letters were sent to the Hill, multiple meetings

were arranged with key Members of Congress and their staff, and the alarming results of a Medicare participation survey were widely distributed. Furthermore, through the Coalition of State Medical and National Specialty Societies, which includes the AANS and the CNS, numerous collaborative letters to Congress were sent, building on the AMA's health system reform policies.

The Washington Committee made countless phone calls and visits to key lawmakers and their staff which led to a handful of improvements to the healthcare reform bill, including the elimination of the public health insurance option; elimination of the budget neutral primary care bonus; and clarification that the new comparative effectiveness institute cannot establish practice guidelines or make coverage or payment policy.

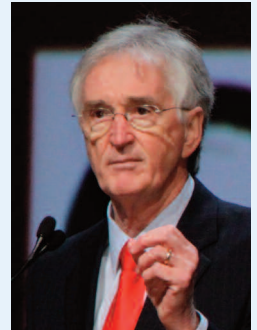
Faced with Medicare payment cuts of nearly 22 percent in 2010, and in excess of 40 percent over the next several years, we tried to show lawmakers and the public, the startling reality regarding Medicare participation, including the financial challenges physicians now face and how ultimately steep pay cuts will hurt seniors' access to timely, quality neurosurgical care. In February 2010, the Washington Committee and the Council of State Neurosurgical Societies (CSNS) released the results of a member survey that highlighted the current and future Medicare participation of the nation's neurosurgeons. The results painted a troubling picture for patients, which will only worsen, if drastic Medicare physician payment cuts continue.

President Obama signed the Patient Protection and Affordable Care Act into law (Pub. L. No. 111-148) on March 23, 2010, and on March 30, the president signed the Health Care and Education Reconciliation Act into law (Pub. L. No. 111-152). Once healthcare reform became law, the Washington Committee began working with the Surgical Coalition, the Alliance of Specialty Medicine, and other groups to address a number of issues that were not resolved in the healthcare reform legislation — notably the lack of proven medical liability reform or the permanent repeal of Medicare's sustainable growth rate (SGR) formula. The Washington Committee has also asked Congress to repeal the Independent Payment Advisory Board, a 15-member board of non-elected officials who will recommend Medicare spending reductions in order to reduce the per capita rate of growth in Medicare in years when spending exceeds a targeted growth rate.

In fiscal year 2010, the countless Grassroots Action Alerts, letters to the Hill, news releases, coalition messages and other efforts related to healthcare reform ultimately led to the unique perspective of the nation's neurosurgeons being heard and sometimes heeded. Although there were successes along the way, there is much more work to be done. In the years to come in the lengthy and complicated reform implementation process, the Washington Committee will monitor, assess, and express its views — as it continues intensive efforts to influence the healthcare reform landscape.

Troy Tippett, MD, FACS

Healthcare Reform Pioneer



Like all explorers who came before him, he had no map to follow. He only had a compass that pointed him in the right direction. It was his profound leadership instincts and ability, coupled with his passion to “do the right thing,” that fueled him to successfully navigate the challenging healthcare reform terrain. During his May 2009 to May 2010 reign as AANS President, Troy M. Tippett, MD, FACS, guided us forward and kept us on solid footing.

Dr. Tippett led organized neurosurgery on this journey just weeks after President Obama, in a joint address to Congress, called for healthcare reform. It's a journey where he made an impact for 8,000 neurosurgeons and their patients. “I strongly believe that even though our numbers were small in the grand healthcare debate, we were heard and we were influential,” Dr. Tippett said. “We didn't always offer the popular view, but we spoke from our hearts and our minds and advocated for what was ultimately the best for doctors and patients in this country.”

During his year at the helm of the AANS, Dr. Tippett pushed us past the “continental divide,” hostile inhabitants, and treacherous landscapes, making our stance known through numerous letters to lawmakers, visits to the Hill, news releases and statements to the media and the public, along with national advertising campaigns and Grassroots Action Alerts which mobilized our members to speak up in a unified voice.

Dr. Tippett added that with the massive healthcare reform effort, “I think that all physicians would like to see every one of their patients have the availability of adequate insurance coverage and access to healthcare when they need it, but I don't think most are interested in getting rid of a system that generally works pretty well. If we really zero in on what's broken, it's the medical liability system and the resultant waste of billions of healthcare dollars on defensive medicine.”

Perhaps that's his next frontier.

Dr. Tippett is medical director of the Neurosurgical Group in Pensacola, Fla.

A Challenging Media Backdrop Requires Stepped-up Outreach Efforts

While media coverage for the AANS has grown exponentially over the last few years, the economic downturn continued to hit the media hard, necessitating ramped up AANS media strategies. The media world staffing cuts that started in 2008 continued, with a large portion of content transitioning from print to online only. Despite that, in 2009, AANS media campaigns reached a potential audience of more than 4 billion people. Looking back just four years, this represents an increase of nearly 600 percent in AANS media circulation.

iPod touch Initiative Opens an Exciting New Door for Media Outreach

There is no doubt that the iPod touch® initiative opened the door to a whole new world of media for the AANS. Being the first medical meeting in North America to be conducted via the iPod touch, this innovation paved the way for non-traditional annual meeting media outreach. That initiative and the appearance of Cushing Orator Newt Gingrich generated two separate segments on KWT Radio, the largest news radio station in Philadelphia with 1.5 million listeners.

On the heels of the very successful iPod touch meeting, a post-event iPod-specific news release was distributed to meeting and convention magazines, business reporters, computer/hi-tech publications, and other national media.

The iPod touch initiative generated a total of 39 articles, reaching an estimated audience of 88 million. Among the outlets that covered this groundbreaking meeting: the Philadelphia Inquirer, the Los Angeles Times, the Spokesman-Review, Yahoo!Finance, CNET News, MSNBC, Bloomberg Business Week, Medscape, Wild Blue Yonder (Frontier Airlines in-flight magazine) Orthopedics This Week, AOL News, Association Trends, Convene, Midwest Meetings, and Trade Show Executive.

In addition to generating articles, the post-meeting news release helped the AANS procure an industry award. Trade Show Executive Media Group President Darlene Gudea was so impressed with the iPod initiative that she entered the AANS into their Gold 100 competition. AANS Deputy Executive Director Ron Engelbreit, the iPod touch project leader was featured in an article that was published in the June 2010 issue of Trade Show Executive. The framed award is displayed proudly in the AANS Executive Office, as inspiration for expanding on the success next year in Denver.

A Spectrum of Neurosurgical Research Propels AANS Annual Meeting Media Outreach Success

The 12 scientific abstracts selected by the Public Relations Committee to highlight to the media generated impressive media coverage and surpassed the circulation mark set at the 2009 AANS Annual Meeting. Total media coverage for the scientific meeting stands at 227 articles and 1.15 billion media impressions. The research linking Normal Pressure Hydrocephalus to Alzheimer's disease garnered outstanding coverage. Author Sebastian Koga, MD, fielded several on-site and phone media interviews, resulting in coverage in major news outlets including HealthDay, MSN, Yahoo!News, Medscape, Health, and U.S. News & World Report, yielding 268 million media impressions.

Injury Prevention Topics Significantly Boost AANS Media Coverage

In fiscal year 2010, AANS injury prevention campaigns were repeatedly picked up in major top-40 print, Web, and broadcast media outlets including Yahoo, US News & World Report, Forbes, MSN.com, Discovery Health, About.com, USA Today, Everyday Health, CNBC, ABC News, Daily News, RealAge, Washington Post, AOL.com, Los Angeles Times, Consumer Reports, Newsday, Philadelphia Inquirer, Plain Dealer, and the San Francisco Chronicle. Injury prevention releases covered football, a *JNS: Pediatrics* article on car surfing, and ice hockey/skiing. The three releases combined generated 170 articles and reached a potential audience of 369 million people. In addition to coverage in the U.S., media outlets in Australia, Austria, Canada, Germany, India, Israel, Mexico, Romania, Thailand, and the United Kingdom published articles on these AANS injury prevention campaigns.

The comprehensive AANS Sports-Related Head Injury topic on the public website continued to rank number one on Google and was widely cited by the media. In fiscal year 2010, this topic alone yielded 133 articles and 593 million media impressions.



Research Fellowships Open the Door to Unique Neurosurgical Perspective

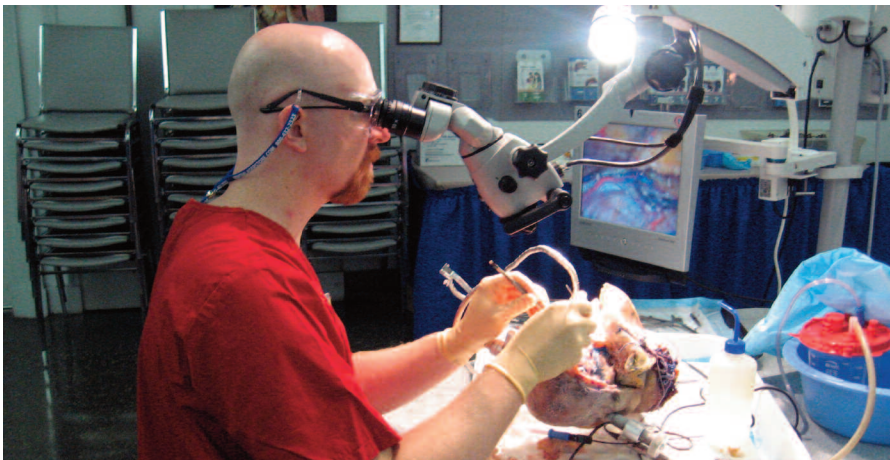
Medical Student Summer Research Fellowship

The Medical Student Summer Research Fellowship Program was launched in 2007 and has continued to receive a positive response since its inception. The goal of the fellowship is to expand neurosurgical curriculum to first and second year medical students, thereby inspiring them to choose neurosurgery when they make a decision about residency training. The students spend a summer working in a neurosurgical laboratory, mentored by a neurosurgical investigator who is a member of the AANS and serves as the sponsor. Once again in 2010, a total of 15 fellowships of \$2,500 each were awarded.

William Van Wagenen Fellowship

Awarded annually since 1968, the Van Wagenen Fellowship is offered for post-resident study in a foreign country for a period of six to 12 months. In 2008, the award stipend was increased from \$60,000 to \$120,000, with an additional \$15,000 award to the host university, lab or program for the 12-month fellowship.

Andrew Grande, MD, was selected as the recipient of the 2010 William P. Van Wagenen Fellowship. Dr. Grande embarked to Germany to study with Professor Magdalena Götz at Helmholtz Zentrum München (the German institute of stem cell research). This fellowship will enable Dr. Grande to investigate neuronal regeneration and integration in the injured adult mammalian neocortex. Utilizing a layer-specific cortical injury model, originally developed at Harvard University, Dr. Grande will assess monosynaptic connections to new neurons derived from endogenous neural stem cells using a novel labeling technique developed by Professor Götz.



Post-Residency Clinical Fellowship Program Enriches the Neurosurgical Research Landscape

With funding for medical research and neurosurgical education needed now more than ever and government support diminishing, the funding given directly to hospitals and academic programs by corporate supporters continues to come under increased scrutiny. Expanding beyond its traditional research grants and young clinician awards has enabled the Neurosurgery Research and Education Foundation (NREF) to support neurosurgical education in another meaningful way, and has allowed partner companies to continue to support high quality education and training in a transparent and independent manner.

The NREF entered into agreements with DePuy Spine, Inc. (DePuy Spine) and Codman & Shurtleff, Inc. in fiscal year 2010 to provide funding to the NREF in support of the

Foundation's new post-residency fellowship program. The 2010-2011 DePuy Spine funding to the NREF for post-residency clinical fellowships focuses on spine. The 2010-2011 Codman & Shurtleff, Inc. funding focuses on areas including general neurosurgery, pediatric neurosurgery, neurosurgical oncology, peripheral nerves, neurocritical care, stereotactic/functional neurosurgery and other cerebrovascular-related areas (with the exception of endovascular).

The NREF is responsible for all aspects of the fellowship grant program, including review and approval of grant applications. The NREF bestows grants based upon established fellowship program criteria and the needs of the requesting hospital and/or academic institution. A new NREF Educational Grants Committee (EGC) was formed in fall 2009, comprised of neurosurgeons that do not receive financial or other support from the medical device industry, to review and approve fellowship grant applications in an independent, unbiased manner. Individuals serving on the EGC are volunteers and do not receive compensation from the NREF for their efforts. Corporate supporters of this program have no role in the selection of fellows or training institutions which receive funding.

2010-2011 DePuy Spine Fellowship Funding Recipients

- Cleveland Clinic's Center for Spine Health
- Northwestern University
- Rush University; Stanford University
- Temple University
- University of California at Los Angeles
- University of California at San Francisco
- University of Miami
- University of South Florida
- University of Utah and University of Virginia

2010-2011 Codman & Shurtleff, Inc. Fellowship Funding Recipients

- Baylor College of Medicine (pediatric neurosurgery)
- Brigham & Women's Hospital (general neurosurgery)
- Rush University (stereotactic/functional neurosurgery)
- University of Utah (pediatric neurosurgery)
- University of Washington (skull base/cerebrovascular neurosurgery)



The Path to Innovative Neurosurgical Research Beyond the Horizon

The Neurosurgery Research and Education Foundation (NREF) was established in 1981 in response to the alarming decline in federal, state and private funding for medical research. Since awarding its first grant in 1983, the NREF has bestowed much sought after research grant support to 159 worthy grant applicants. The majority of the residents and young clinicians/researchers who have received NREF grants continue their work in the same areas, contributing significantly to the field of neurosurgery in their professional careers.

After 20 years of dedicated service to the NREF Scientific Advisory Committee, Robert G. Grossman, MD, stepped down from his position as chairman, and Edward H. Oldfield, MD, succeeded him in that role. Dr. Oldfield is uniquely qualified to serve in this capacity, bringing to the table a wealth of knowledge and experience in the neurosurgical field, particularly in the areas of cerebrovascular and brain tumors.

In fiscal year 2010, there were 92 first-time donors, generating \$39,876.64 in support. The dues appeal generated 311 donors and the registration appeal generated 118 for total giving of \$74,575. Overall, there were 647 donors in fiscal year 2010, equating to \$1,393,456.16 in total support.

American College of Surgeons/AANS-NREF Faculty Career Development Award

Daniel A. Lim, MD, PhD, University of California at San Francisco, *Gene Therapy Based Induction of Neurogenesis from Adult Human Neural Precursor Cells*

Research Fellowship Award (\$40,000 for One Year, \$70,000 for Two Years)

Kaveh Asadi-Moghaddam, MD, Ohio State University, (cosponsored by Porex Surgical, Inc.), *The Role of MicroRNA-128 in Glioma Stem Cell Self-Renewal*

Joel Bauman, MD, University of Pennsylvania, (cosponsored by Medtronic), *Motion Preservation and Dynamic Stabilization in Port-Laminectomy Cervical Spine: Facet Joint Kinematics and Pressures in a Human Cadaveric Model*

Raqeeb M. Haque, MD, Columbia-Presbyterian Medical Center, (cosponsored by the AANS/CNS Section on Spine and Peripheral Nerves), *A Novel Approach for Convection Enhanced Delivery of Nerve Growth Factors in a Peripheral Nerve Bridge Model to Bypass Spinal Cord Injury*

Michael T. Koltz, MD, University of Maryland, (cosponsored by the AANS/CNS Cerebrovascular Section), *SURI-Regulated NC (Ca-ATP) Channel – A Novel Therapeutic Target in Perinatal Hypoxia and Germinal Matrix Hemorrhage*

Shahid M. Nimjee, MD, PhD, Duke University, (cosponsored by Codman, a Johnson & Johnson company), *Antidote-Controlled Platelet Inhibition using RNA Aptamer Technology*

Zeguang Ren, MD, University of Rochester, (cosponsored by DePuy Spine, a Johnson & Johnson company), *Antagonism of EphrinB2 in Astrocytes to Promote the Spinal Cord Injury Repair in Mice*

Demitre Serletis, MD, University of Toronto, (cosponsored by the American Academy of Neurological Surgery), *The Neurodynamical Complexity Underlying Noise in the Brain: Implications for Seizure Detection and Prediction*

Michael E. Sughrue, MD, University of California at San Francisco, (cosponsored by Biomet Microfixation), *The Role of Complement Activation in Glioma Proliferation*

Young Clinician Investigator Award (\$40,000 for One Year)

Michael Lim, MD, Johns Hopkins University, *Immune Characterization of STAT3 in GBM*

12th Annual Silent Auction

The 12th Annual Silent Auction was sponsored by the Young Neurosurgeons Committee and took place during the 2010 Annual Meeting in Philadelphia. Todd Hankinson, MD, of Children's Hospital Denver/University of Colorado led this year's auction efforts by chairing the Silent Auction Committee along with several other members of the Young Neurosurgeons Committee.

A wide variety of auction donations provided many interesting choices for auction bidders. This year's event raised more than \$13,000 in support for the NREF grant program. The online fundraising service, BiddingForGood, provided maximum flexibility by enabling bidders to access the auction 24 hours a day. It provided an automated check-out process enabling bidders to win an auction item and process payments without being present at the close of the auction. The widespread use of the iPod touch® throughout the Annual Meeting provided an excellent platform for increasing exposure to the auction, allowing participants to browse through items and track bids anytime and from any place.

The NREF Cushing Circle

This program is a cumulative, lifetime and planned/deferred giving society for neurosurgeons who support the NREF. The goals of the NREF Cushing Circle include increasing NREF giving (annual, major and planned gifts), creating an organizational identity, and building camaraderie among philanthropists who consistently support the NREF. Contributors who have made significant financial commitments

to the NREF and neurosurgical research are eligible to receive benefits including special invitations to AANS Annual Meeting VIP events, advance notification on new products, services and educational offerings, and more. Criteria for individual membership include:

- Historical giving total of at least \$20,000
- Historical giving total of at least \$10,000, with a pledge of at least \$10,000 within the next five years (at a minimum rate of \$2,000 per year)
- Historical giving total of at least \$10,000, with a memorandum of understanding for a willed bequest of at least \$50,000.

Cushing Circle of Donors

In fiscal year 2010, the Cushing Circle added two new members, reaching a total of 21 donors at year end.

Dr. Merwyn & Mrs. Carol Bagan

Timir Banerjee, MD, FACS

Mrs. E. Laurie Bittner

Hans C. Coester, MD, FACS

Dr. & Mrs. Robert G. Grossman

Dr. & Mrs. Robert L. Grubb Jr.

Dr. & Mrs. John Guarnaschelli

Dr. Griffith R. Harsh IV & Ms. Margaret Whitman

Dr. & Mrs. Robert Levinthal

Dr. & Mrs. Herbert Oestreich

Dr. & Mrs. Russel H. Patterson Jr.

Dr. & Mrs. Donald O. Quest

Dr. & Mrs. Robert Ratcheson

Dr. & Mrs. Albert L. Rhoton Jr.

Gail L. Rosseau, MD

Dr. & Mrs. Richard L. Rovit

Dr. & Mrs. John F. Schuhmacher

Edward L. Seljeskog, MD, PhD

Dr. & Mrs. Warren R. Selman

Ms. Virginia Van Sant Reeves

Seth Weingarten, MD

Pinnacle Partners in Neurosurgery

The AANS Pinnacle Partners in Neurosurgery program began in 2004 as a way to offer a unique opportunity for corporate supporters to demonstrate their sustained commitment to the success of the neurosciences while increasing their recognition and exposure to the neurosurgical community. In 2006, the AANS' vision of offering resident education courses, with both didactic and hands-on components, became a reality, thanks in large part to the support offered by Pinnacle Partners. Their contributions in support of these much needed, extremely popular educational offerings for neurosurgeons-in-training has made a huge difference, affording the opportunity to offer resident education and training courses in topics such as spinal deformity,

fundamentals in spinal surgery, endovascular neurosurgery, cerebrovascular and stereotactic radiosurgery.

In fiscal year 2010, the AANS Pinnacle Partners in Neurosurgery welcomed five new Pinnacle Partners, raising the total numbers of partners to 19. The AANS gratefully acknowledges the support of the following Pinnacle Partners in Neurosurgery participating companies:

Five New AANS Pinnacle Partners

- Accuray Inc.
- Brainlab, Inc.
- Monteris Medical Inc.
- Spine Wave, Inc.
- Varian Medical Systems

Fourteen AANS Pinnacle Partners Renewed Their Support

- Biomet Spine
- Boston Scientific Neurovascular
- Carl Zeiss Meditec, Inc.
- Codman & Shurtleff, Inc.,
a Johnson & Johnson company
- Covidien
- DePuy Spine,
a Johnson & Johnson company
- Elekta
- ev3, Endovascular, Inc.
- Globus Medical
- Integra Foundation
- Medtronic
- MicroVention, Inc.
- Stryker
- Synthes Spine

Corporate/Leadership Council

The Corporate/Leadership Council's mission to provide a forum for discussion and collaboration between the AANS and its corporate partners on issues related to neurosurgical education, research, advocacy and patient care is steady and remains a cornerstone of the meetings.

Leading the July 2009 meeting in Chicago was newly appointed Development Committee Chair Anil Nanda, MD. Dr. Nanda succeeded William T. Couldwell, MD, PhD, as chair of this committee in April 2009. Dr. Nanda has made it his personal goal to grow the Pinnacle Partners program to 25 participating companies, in support of neurosurgical education, training and research for neurosurgeons and neurosurgeons-in-training.



Christopher I. Shaffrey, MD

Advancing State-of-the-Art Education

Christopher I. Shaffrey, MD, feels passionate about sharing his vast knowledge about cutting-edge techniques in spine surgery with neurosurgical residents and his peers. Board certified in both neurological and orthopaedic

surgery, Dr. Shaffrey brings that unique perspective, extensive knowledge, and surgical experience in the treatment of adult and pediatric spine conditions to the AANS educational and corporate relations fronts.

In fiscal year 2010, Dr. Shaffrey served as co-director for two highly successful spine education courses. The first was the resident education course, *Fundamentals in Spine* in November 2009, and in May 2010, he co-directed the Master Series course, *Lateral and Other Minimally Invasive Approaches to the Spine*.

"The spine subspecialty is ever evolving, with new and minimally invasive techniques being introduced, making it a challenge for neurosurgeons practicing in this area to stay on top of the latest in technology. AANS resident and master courses help ensure that both residents and veteran neurosurgeons are up to date on state-of-the-art techniques in spine surgery, in which advances are rapid and device technology is ever changing," Dr. Shaffrey said.

AANS corporate support is an integral part of this equation, for the generous sponsorship of these courses, as well as the interactive involvement of the companies at the courses. "The important collaborative relationship with neurosurgical residents and companies is established early on through exposure at AANS resident courses. The neurosurgeon-industry relationship is especially relevant in the area of spine, and I believe that this early exposure will go a long way to maintaining the integrity of this relationship as these young neurosurgeons progress in their careers," concluded Dr. Shaffrey.

Dr. Shaffrey is the Harrison Distinguished Teaching Professor of Neurological and Orthopaedic Surgery at the University of Virginia in Charlottesville, Va.

At the meeting, physician leadership and staff from the AANS met with representatives from 14 of the 16 Pinnacle Partners in Neurosurgery program participants. The meeting generated a number of action items and areas of follow-up for both industry and the association, including, but not limited to the administration of the post-residency clinical fellowship program, and the creation of expanded opportunities to promote ethical behavior and appropriate decision-making by neurosurgeons where corporate partnerships are concerned.

Corporate Associates Program

The Corporate Associates Program enables industry to help support young researchers working on potential treatments and cures for neurosurgical diseases and conditions that affect millions of people. The following companies helped support NREF grants in fiscal year 2010:

- AANS/CNS Section on Tumors
- AANS/CNS Cerebrovascular Section
- AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
- American Academy of Neurological Surgery
- American College of Surgeons
- Biomet MicroFixation
- Codman & Shurtleff, Inc., a Johnson & Johnson company
- DePuy Spine, a Johnson & Johnson company
- International Business Machine
- Medtronic
- PMT Corporation
- Porex Surgical, Inc.
- Stryker Spine



Regis W. Haid Jr., MD

Embracing Collaborative Education

A pioneer in minimally invasive, cervical arthroplasty, and spinal reconstruction techniques, Regis W. Haid Jr., MD, brings a great deal to the education table as co-director of AANS spine courses. In addition to his vast spine surgery expertise, he embraces

the philosophy that corporate support is an essential component to furthering neurosurgical research and education. This belief is eloquently and enthusiastically articulated to the supporting companies and participants at the courses he directs.

In fiscal year 2010, Dr. Haid co-directed the resident education course, *Fundamentals in Spine* and the Master Series course, *Lateral and Other Minimally Invasive Approaches to the Spine*, both with Christopher I. Shaffrey, MD.

"The spine courses offered by the AANS present state-of-the-art techniques, with high faculty-to-participant ratios. This environment promotes mentoring and individualized learning, utilizing hands-on instruction provided by seasoned master spine surgeons," Dr. Haid said.

"These courses are made possible through the generous support and interactive participation of AANS corporate supporters. Their support enables the AANS to attain renowned neurosurgeons as faculty, who collaborate with the company reps on site to provide one-on-one mentoring and uniquely tailor the curriculum to each attendee. I believe that everyone who participates walks away with new insight into furthering the role of neurosurgery in treating patients with spinal conditions," Dr. Haid concluded.

Dr. Haid is a founding member of Atlanta Brain and Spine Care and medical director of the Piedmont Spine Center and Neuroscience Service Line, Piedmont Hospital in Atlanta, Ga.

Advancing Neuroresearch

Donor Support 2009-2010

The Executive Council of the Neurosurgery Research and Education Foundation (NREF) gratefully acknowledges the nearly 650 individuals, groups, medical practices, corporate partners and members of the general public who benevolently supported the NREF from July 1, 2009 through June 30, 2010.

** Denotes NREF Cushing Circle of Giving Member*

Contributions of \$20,000 and above

Griffith R. Harsh IV & Margaret C. Whitman Foundation*

Contributions of \$5,000 to \$19,999

Hans C. Coester, MD, FACS*
Robert G. Grossman, MD*
Robert L. Martuza, MD
James T. Rutka, MD, PhD
Kelly Suzanne Schmidt, MD

Contributions of \$2,500 to \$4,999

D. Cory Adamson, MD, PhD
Gary M. Bloomgarden, MD, FACS
Catherine Anne Mazzola, MD
Dr. & Mrs. Paul McCormick
Bruce E. Pollock, MD
Dr. & Mrs. Albert L. Rhoton Jr.*

Contributions of \$1,000 to \$2,499

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Sepideh Amin-Hanjani, MD
Dr. Ronald I. Apfelbaum & Dr. Kathy Murray
Dr. & Mrs. Nicholas M. Barbaro
James R. Bean, MD
Charles L. Branch Jr., MD
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2010 Financial Summary

In fiscal year 2010, the AANS experienced a much improved bottom line, realizing a profit of \$824,700 compared to a loss of \$2,200,400 in fiscal year 2009. Of historical note is that during the last 10 fiscal years, the AANS has realized a profitable bottom line eight times, with the only red years in 2001 and 2009. Also significant this year, is that the AANS realized a greatly improved bottom line while hosting the successful, but very costly XIV World Congress of the World Federation of Neurosurgical Societies in August 2009.

This report reflects the combined financial statements of the American Association of Neurological Surgeons and the American Association of Neurosurgeons covering the period of July 1, 2009, through June 30, 2010.

Revenue

Net operating revenue fared very well in fiscal year 2010, posting a 639,300 gain from 2009 figures. All net revenue areas except for Professional Development courses exceeded last year's totals. While market conditions continued to fluctuate in fiscal year 2010, the stock market saw an overall improvement in fiscal year 2010, equating to investment earnings of \$959,400.

- The 2010 AANS Annual Meeting yielded gross revenue that exceeded last year's total by a healthy \$387,500. Contributing to this impressive increase were the enhanced sponsorship/advertising opportunities and registration revenue made possible through the iPod touch initiative. These two areas increased by \$270,400 and \$509,300, respectively.
- Products and Services saw a healthy increase in revenue, which can be attributed to several factors. Among these were greater publication and merchandise sales, increased royalty revenue, an upswing in member participation in several key affinity programs, and a late-breaking boost in AANS Annual Meeting Online Sessions sales. By fiscal year-end, the latter had recorded the highest number of purchases ever, with revenue exceeding both budget and estimate.
- Through the generous support of industry partners, the AANS was able to offer stellar education to residents once again in 2010. The AANS Pinnacle Partners in Neurosurgery program expanded in fiscal year 2010, with five new companies signing on and one existing company increasing its support.

The pie chart (page 33) indicates the various sources of income. These sources remained in line with fiscal year 2009 numbers, posting very small gross increases or decreases.

Expenses

Overall gross expenses decreased by \$734,800, with all areas posting reductions compared to 2009, with the exception of the AANS Annual Meeting. AANS leadership and staff employed adept cost-containing measures through a detailed and informative financial management process, with keen insight provided by the AANS Finance Committee.

- The 2010 AANS Annual Meeting in Philadelphia was a groundbreaking one conducted via the iPod touch. Despite the considerable price tag associated with this innovation, several cost-savings implementations were employed that equated to a remarkably modest increase in expenses from 2009. Among these were decreases in food and beverage outlay, audio visual expenses, practical clinic set-ups, transportation costs, and facility labor/audio charges.
- The Journal of Neurosurgery (JNS) Publishing Group produced a remarkable number of print and online journals, with articles posted online, remarkably, within 30 days of acceptance. Even though there were a greater number of submissions with the associated costs of processing and editing an impressive volume of manuscripts, overall expenses decreased in fiscal year 2010.



- AANS committees are responsible for carrying out the core values and mission of the association, reflected in the strategic plan and fulfilled through the diverse array of committee projects. In fiscal year 2010, these committees oversaw an impressive number of programs while decreasing their expenses by \$74,800.
- Although the XIV World Congress of the WFNS was incredibly successful from an international outreach, scientific, and attendee standpoint, it resulted in considerable expenses to the AANS. The XIV World Congress of the WFNS posted a net loss of \$847,900, but did not negatively impact the overall bottom line. Back in 2004, AANS leadership determined that management of the meeting, including all losses, would be taken out of the healthy AANS reserve.

All year-end financial statements of the AANS are reviewed by outside auditors. Any material differences between a published financial statement and the auditors' report are communicated to AANS members in *AANS Neurosurgeon*. Copies of the most recent audit are available to members by writing to: AANS Accounting Department, 5550 Meadowbrook Drive, Rolling Meadows, IL 60008-3852.

STATEMENT OF FINANCIAL POSITION 6/30/10

ASSETS

Cash and Investments	11,821,993
Other Current Assets	3,117,660
Property and Equipment, net	2,953,532
Other Assets	940,775
TOTAL ASSETS	\$18,833,960

LIABILITIES AND EQUITY

Liabilities

Accounts Payable	3,368,202
Deferred Revenues	3,058,707
TOTAL LIABILITIES	\$6,426,909

Equity

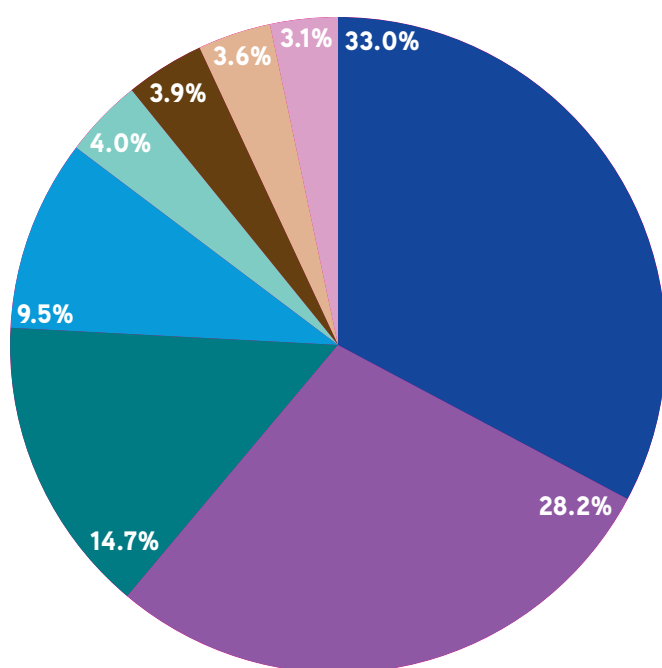
Beginning Net Assets	11,582,393
Net Income	824,658
TOTAL EQUITY	\$2,407,051
TOTAL LIABILITIES AND EQUITY	\$18,833,960

INCOME STATEMENT

Revenue

Operating Revenue	15,992,777
Operating Expenses	15,237,850
NET OPERATING INCOME (LOSS)	\$754,927

Non-Operating Activities	69,731
NET INCOME (LOSS)	\$824,658



FY 2010 Sources of Revenue

■ 33.0%	Annual Meeting
■ 28.2%	Journal of Neurosurgery
■ 14.7%	Dues
■ 9.5%	Professional Development
■ 4.0%	Joint Programs
■ 3.9%	Products & Services
■ 3.6%	Other
■ 3.1%	Contract Services

AANS Mission Statement

The American Association of Neurological Surgeons (AANS) is the organization that speaks for all of neurosurgery. The AANS is dedicated to advancing the specialty of neurological surgery in order to promote the highest quality of patient care.

AANS Vision Statement

- The American Association of Neurological Surgeons will ensure that neurosurgeons are recognized as the preeminent providers of quality care to patients with surgical disorders that affect the nervous system.
- The American Association of Neurological Surgeons will work to expand the scope of neurosurgical care as new technologies and treatments of neurological disorders become available.
- The American Association of Neurological Surgeons will be the organization speaking for neurosurgery through its communications and interactions with the public, media, government, medical communities, and third party payers.
- The American Association of Neurological Surgeons will be its members' principal resource for professional interaction, practice information and education.
- The American Association of Neurological Surgeons will promote and support appropriate clinical and basic science to expand the scope of neurosurgical practice.

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