Young Neurosurgeons' NEWS

American Association of Neurological Surgeons

Fall 2001

Focusing on Issues Relevant to Young Neurosurgeons

In This Issue...

Chairman's Message

John G. Golfinos, MD

Taking over the reins of the Young Neurosurgeons Committee (YNC) is an exciting and weighty challenge. The excitement comes from the realization that our constituency is the most important in neurosurgery. We represent neurosurgeons with the greatest promise and opportunities and at the same time facing some of the greatest challenges. Trying to establish new neurosurgical practices in the current hostile environment of managed care can be a daunting task. While struggling to become expert practitioners, we also have to struggle with new evaluation and management coding initiatives and new privacy statutes.

The YNC's goal is to help all young neurosurgeons in these battles. In our corner we have a powerful ally, our parent organization, the AANS. Under Stan Pelofsky, MD, the AANS has pledged to help the YNC in all its endeavors to the best of its ability. The degree of commitment from the AANS is proof of our importance to the future of neurosurgery.

The challenge of leading this organization is made daunting by the excellent job done by my predecessors. I am fortunate, though, to have Mark McLaughlin, MD, and Larry Chin, MD, serving as vice-chairman and secretary, respectively, for the YNC. Brian Subach, MD, takes over as the editor of this newsletter. Together we form the Executive Committee of the YNC, but we are assisted by our committee liaisons and by the Silent Auction and Annual Luncheon subcommittees.

Get involved with the YNC and help us go forward into a future of our own making.

While this may sound like bureaucratic politics, the fact of the matter is that the YNC gets things done by assigning responsibility to those who can follow through and accomplish our goals. Let me clearly state that our lifeblood is our membership. In the coming two years, our priority is to garner the involvement of as many young neurosurgeons as possible. We hope to foster this participation by welcoming our constituents at the end of our usual committee meetings. Bring your voice and your ideas.

The coming years will also, if possible, see the expansion of the YNC to welcome international members and constituents. Last year's YNC luncheon was filled to overflowing, and we hope to continue on that success by broadening our outreach. The YNC gives young neurosurgeons a voice in many important areas of organized neurosurgery: the AANS Board of Directors, the Scientific Program Committee and the Joint Section Executive Committees, just to name a few. These are organizations capable of fostering an agenda sensitive to our needs. We have more power than ever before in shaping our future. Get involved with the YNC and help us go forward into a future of our own making.

John G. Golfinos, MD, is Chairman, Young Neurosurgeons Committee.

Editor's Corner

By Brian R. Subach, MD

Brian R. Subach, MD

Yet another year has passed and another CNS meeting is upon us. Similarly, the editorship of the *Young Neurosurgeons' News* has changed. Having participated in the production of the past few newsletters as co-editor, I am joined by Tanvir Choudhri, MD, and Larry Chin, MD, in attempting to fill the void left by Mark McLaughlin, MD, who has been elected Vice-Chairman of the committee. I truly wish to thank Dr. McLaughlin, B. Gregory Thompson, MD, and David Jimenez, MD, for their vision and tireless efforts in establishing this newsletter, as well as the countless number of authors who have contributed to the success of the publication over the past two years.

Our goal for the future is no different from our goal in the past. We are here to bring our readership information, advice and the facts on topics of particular interest to neurosurgeons in training and the first few years of practice. We are simply organizers of a useful community forum. If you have information or knowledge that may be of particular interest to our readers, please contribute it. If you have criticisms or opinions, we welcome them. You may not like the organization of the newsletter, may find it lacking in specific areas, or you may simply not like my picture. You alone will have to bear this burden unless you communicate with us.

I believe this is an excellent publication that is made possible through the efforts of many people behind the scenes. I would like to thank the contributing authors and particularly Mr. Jay Copp and the AANS staff whose diligent work makes it all possible.

Brian Subach, MD can be reached at brian_subach@Emory.org.

Young Neurosurgeons Listserv Created

The Young Neurosurgeons Listserv, initiated by the YNC and sponsored by the AANS and the CNS, was recently introduced to the neurosurgical community. Spearheaded by Clara Epstein, MD, this Internet-based communication tool is meant to facilitate communication among members of the Young Neurosurgeons Committee, the Young Physicians Committee and interested neurosurgery residents, fellows, and staff.

Issues regarding upcoming activities and meetings will be posted. Opportunities to obtain advanced training and identify vacancies within neurosurgical practices will be presented in an organized fashion. Updated information on the Young Neurosurgeons page (http://www.neurosurgery.org/yns/) and the Resident Corner page (http://www.neurosurgery.org/resident/index.html) of **N://OC** (**NEUROSURGERY://ON-CALL**®) will be highlighted. The Young Neurosurgeons Listserv is an ideal way to get your message across to the rest of the community and learn what is going on around you.

To unsubscribe or make e-mail address changes to your subscription to the listserv, please visit http://www.neurosurgery.org/listserv/index.html.

Note that *Young Neurosurgeons' News* can be viewed at http://www.neurosurgery.org/yns/newsletter/index.html. Also, a new item on **N://OC** is "Emergency Room Coverage: What Every Neurosurgeon Should Know," an informational packet to help you provide the best possible care for neurotrauma patients. The packet is available at http://www.neurosurgery.org/trauma/emc.pdf.

Nominations Needed for Award

In the spring of 2000, the AANS Board of Directors established an annual award to be given on behalf of the Young Neurosurgeons Committee. The award is meant to acknowledge and honor the extraordinary efforts of a young neurosurgeon who, outside the traditional art and science of neurosurgery, has served the public in a meaningful fashion. In doing so, he or she benefits mankind as a whole and brings honor to our specialty. The first award was given last April to Carl Lauryssen, MD, for his efforts in bringing advanced neurosurgical care to an underserved community in Nairobi. His efforts have been targeted at both relieving the suffering of the patients in the area and educating the native medical staff at the local facility.

The Young Neurosurgeons Committee is currently calling for nominations for the 2002 YNC Public Service Award. Nominees should be actively engaged in neurosurgical training or within the first seven years of neurosurgical practice. Please focus upon the public service contribution of the individual outside of organized neurosurgery. The award will be presented at the Young Neurosurgeons Luncheon during the AANS Annual Meeting in Chicago, April 2002. Nominations should be directed to Chris Philips, AANS Membership Director, at cap@aans.org.

List of Officers

The officers of the Young Neurosurgeons Committee are:

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Learning Opportunities at the CNS Annual Meeting

The Congress of Neurological Surgeons Annual Meeting Sept. 29-Oct. 4 in San Diego will offer an array of valuable clinical and scientific presentations. Here are the sesssions of particular interest to residents:

Saturday, September 29

Practical Courses — 8 AM–NOON

PC05 Spinal Biomechanics and Clinical Management Decision Making
Course Director: *Edward C. Benzel*
Faculty: *Vincent C. Traynelis, Michael A. Marone, Eric J. Woodard, Nevan G. Baldwin*
Learning Objective: This practical course is an in-depth, didactic session presenting the physical principles and biomechanical foundation of spine surgery and spine stabilization.

PC10 CPT Coding, Medicare Documentation and Audits
Course Directors: *Gregory J. Pryzbylski, John G. Piper*
Faculty: *David Bissonette, PA, MBA, Kimberly Pollock, RN, MBA*
Learning Objective: This course provides a concentrated summary of the principles and application of CPT coding in describing office, consultation and hospital work performed by the neurosurgeon. In addition, methods for creating a compliance and review system as well as audit preparation are discussed.

1–5 PM

PC17 Outlook 98 for Windows/ Intermediate Level
Course Directors: *Catherine Hamma, Arlene Paraiso*
Learning Objective: This course is designed for participants who are familiar with Outlook 98 to enhance understanding of the capabilities of Microsoft Outlook and how users can manage those capabilities.

Sunday, September 30

Practical Courses — 8 AM–NOON

PC24 Managing and Building a Neurosurgical Practice Using Marketing, Media and the Internet
Course Directors: *Leonard J. Cerullo*
Faculty: *Catherine Gilmore*
Learning Objective: Using lecture, discussion, and question and answer sessions, this interactive course will help participants understand how to survive and prosper in the present health care environment.

PC29 Palm Pilot Skills
Course Director: *Joel D. MacDonald*
Faculty: *Harold J. Pikus, David M. McKalip, Richard A.A. Day, Paul J. Houle, Paul J. Camarata*
Learning Objective: This practical course is targeted at individuals who have a basic working familiarity with Palm devices such as the Palm Pilot, Visor or Handspring.

PC31 Stereotactic Radiosurgery
Course Director: *Bruce E. Pollock*
Faculty: *David W. Andrews, Steven D. Chang, Antonio A.F. De Salles, Mark E. Linskey, Ajay Niranjan*
Learning Objective: The principles of current and developing stereotactic radiosurgery for the management of brain tumors, vascular malformations, and functional disorders will be reviewed.

PC32 Critical Care for Neurotrauma
Course Directors: *Alex B. Valadka, Donald W. Marion*
Faculty: *John H. McVicker, Russ P. Nockels, Randall M. Chesnut, David B. Hoyt*
Learning Objective: This course will review current concepts regarding management of neurotrauma patients and systemic and neurologic pathophysiology after trauma.

1–5 PM

PC38 Digital Images and Presentations
Course Directors: *Joel D. MacDonald, Richard A. Day, Tonya Hines, CMI*
Faculty: *Catherine Hamma, Thomas Ellis*
Learning Objective: This course is appropriate for individuals interested in learning more about digital imaging.

PC39 Grants: Getting Started, Applications and Funding
No CME credits will be awarded for this course.
Course Director: *Thomas P. Jacobs, PhD*
Faculty: *Edward A. Neuwelt, Gary K. Steinberg, Robert J. Dempsey*
Learning Objective: This course is dedicated to the development and promotion of basic science and clinical science research grant proposals among practicing neurosurgeons.

Monday, October 1

Luncheon Seminars — 12:30–2 PM

M01 International Luncheon and Program
Impact of the Internet on the Global Neurosurgery Village
Moderator: *Michael E. Carey*
Faculty: *Nelson M. Oyesiku, Alexander N. Konovalov, Adelola Adeloye, Abdeslam El Khamlichi, Richard Perrin, Brigadier Ramamurthi, Yoko Kato*
Learning Objective: This seminar will discuss the performance of neurosurgery around the world including in extreme environments and remote locations.

M25 Publishing Scientific Articles in Neurosurgery
No CME credits awarded for this seminar.
Moderator: *Michael L. J. Apuzzo*
Faculty: *Peter McL. Black, Charles J. Hodge, Jr., Daniel Sullivan*
Learning Objective: This seminar will discuss the process for publication of a scientific article in the neurological literature.

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M26 Neurotrauma Issues for the Neurosurgeon: Trauma Systems, Standards, and the Roles of Physician Extenders
Moderator: *Jack E. Wilberger, Jr.*
Faculty: *John H. McVicker, Guy L. Clifton, Graham Teasdale, Kerry E. Brega, W. Bruce Cherny*
Learning Objective: This seminar will discuss the roles of the neurosurgeon in the management of neurotrauma.

Tuesday, October 2

Luncheon Seminars 12:30–2 PM

T28 Resident and Honored Guest Luncheon — "Reinventing Neurological Surgery"
Moderator: *Stephen M. Papadopoulos*
Faculty: *Michael L.J. Apuzzo*
Learning Objective: Participants and our Honored Guest will review and discuss the Honored Guest's thoughts on defining perspectives of neurosurgery in the new millennium, neurorestoration and emergence of molecular and cellular neurosurgery in reinventing neurosurgery, and neurosurgery in the sports arena.

T39 Neurosurgical Coding: How to Get it Just Right
Moderator: *Samuel J. Hassenbusch*
Faculty: *Gregory J. Przybylski*
Learning Objective: In this seminar attendees will learn how to perform coding according to legal tenets as delineated by the government.

Wednesday, October 3

Luncheon Seminars 12:30–2 PM

W67 Coding for Spine
Moderator: *Samuel J. Hassenbusch*
Faculty: *Daria D. Schooler, Gregory J. Przybylski, John Wilson, Jeffrey W. Cozzens*
Learning Objective: This seminar will discuss the application of CPT coding in spine surgery.

W79 Medicolegal Issues: Facts, Questions and Answers
Moderator: *Fernando G. Diaz*
Faculty: *Alan M. Scarrow, Harold D. Portnoy, Michael Neil*
Learning Objective: This seminar will review the legal issues confronting the practicing neurosurgeon.

Scientific Sessions/Open Papers

Monday, October 1

Section on Cerebrovascular Surgery I
Galbraith Award 2–2:09 PM

700 Surface Modifications of Platinum and Biodegradable Microcoils for Localized Adenovirus Delivery in Vitro and in Vivo Using a Rat Aneurysm Model
John M. Abrahams, Cunxian Song, M. Sean Grady, Scott L. Diamond, Robert J. Levy

Section on Stereotactic and Functional Surgery I
Stereotactic and Functional Neurosurgery Resident Award 2–2:09 PM

710 Long-term Follow-up of Patients with Cavernous Malformations Treated by Stereotactic Radiosurgery
Toshinori Hasegawa, James McInerney, John Y. K. Lee, Douglas Kondziolka, John Flickinger, L. Dade Lunsford

Section on Tumors I
Preuss Award 2–2:09 PM

720 Protection Against Intracranial Tumor Using a Live Cellular Vaccine Genetically Engineered to Regress After Subcutaneous Inoculation
Andrew T. Parsa, John H. Chi, Christopher E. Mandigo, Patrick T. Hurley, Richard C. Anderson, Jeffrey N. Bruce

Tumor Young Investigator Award 2:09–2:18 PM

721 Hypoxia Inducible Factor 1a-Mediated Vascular Endothelial Growth Factor Secretion in Intracranial Tumors
Randy L. Jensen

Dr. Apuzzo To Address Residents

Michael L.J. Apuzzo, MD, one of the most creative scholars in U.S. neurosurgery, will be the honored guest at the 2001 CNS Annual Meeting. He will speak on "Reinventing Neurological Surgery" at the Resident and Honored Guest Luncheon from 12:30–2 PM on Tuesday, October 2.

Dr. Apuzzo is the Edwin M. Todd/Trent H. Wells Jr. Professor of Neurological Surgery, Radiation Oncology, Biology and Physics at the Keck School of Medicine at the University of Southern California.

Dr. Apuzzo's accomplishments are many. He pioneered and championed the concept of minimally invasive neurosurgery. He has been an ardent advocate for internationalism, education and global communication in neurosurgery. He has presented more than 50 keynote, named or commemorative lectures.

For a quarter of a century, working in concert with scientists and engineers, he assisted in developing and transferring complex technology to the operating room and other areas of patient care from the aerospace and defense industries. This included work on complex imaging utilization in intracranial surgery, robotics, the introduction of biosensors and biological applications of the free electron laser.

In 1976, he established one of the nation's first central nervous system tumor-immunology laboratories.

He also helped to develop and refine the novel imaging directed stereotactic systems for point and volume stereotaxy and early units of linear accelerator developed radiosurgery. He championed and popularized these concepts in the operating room and clinical settings.

Section on Neurotrauma and Critical Care I
Synthes Award for Resident Research in Spinal Cord and Spinal Column Injury **2–2:09 PM**

730 Progressive Lesions Accelerate Functional Axonal Reorganization
Ketan R. Bulsara, Sandra C. Moore, Karl Ruch, Julio J. Ramirez

Synthes Award for Resident Research in Brain and Craniofacial Injury **2:09–2:18 PM**

731 Role of the mGluR1 Receptor in Diffuse Axonal Injury after Brain and Spinal Cord Trauma: Potential for a Novel, Clinically Relevant Neuro-protective Strategy
Nicolas Phan, Andrew Baker, Navindra Persaud, Michael Fehlings

Council of State Neurosurgical Societies
CSNS Resident Award **2–2:09 PM**

740 Cost Effectiveness of Routine Intraoperative Angiography During Aneurysm Surgery
Gordon Tang, James McInerney, Michael Cawley, Robert E. Harbaugh, Jacques E. Dion, Daniel L. Barrow

CSNS Young Neurosurgeons Award **2:09–2:18 PM**

741 Economic Analysis of rhBMP-2 vs. Autogenous Iliac Crest Bone Graft for One Level Spinal Fusions
Christopher I. Shaffrey, David W. Polly, Jr., Robert C. Peterson, James W. Ogilvie, Stephen E. Heim

Tuesday, October 2

General Scientific Session II
CNS Resident Award **8:50–9 AM**

750 Transplantation of Human Neural Stem Cells (hNSCs) in a New Primate Model of Motor Neuron Degeneration - An Experimental Study of Potential Cell Therapy for ALS
Kadir Erkmen, Yang D. Teng, Richard L. Sidman, Jeremy Sheffner, Brian D. Snyder, Umberto De Girolami, Erik Ensrud, Bela Kosaras, Steven Kalkanis, Robert H. Brown, Jeffrey Rothstein, D. Eugene Redmond, Jr., Evan Y. Snyder

Section on Tumors II
Mahaley Clinical Research Award **2–2:09 PM**

761 Endoscopic Endonasal Skullbase Surgery
Hae-Dong Jho, In-Sung Park, Myung-Hyun Kim

Section on Pain I
Ronald Tasker Award **2–2:09 PM**

791 Percutaneous Retrogasserian Glycerol Rhizotomy in the Management of Trigeminal Neuralgia Associated with Multiple Sclerosis
Gwynedd E. Pickett, Gary G. Ferguson

Viewpoint: Post-residency Fellowships and Specialty Certification During Residency

Residency Offers 'Fellowship Training' in Spinal Surgery

By Daniel K. Resnick, MD

Post-residency training is currently available for most aspects of neurosurgery. Although there are no ACGME or ABNS "accredited" fellowships, hospital-based fellowship certificates are awarded to those neurosurgeons who complete these post-residency training programs. Because there is no accrediting body, the content, requirements, quality, and length of the various fellowships are variable. Whereas some fellowship opportunities are truly valuable educational experiences, others are merely a period of indentured servitude rewarded with a certificate at the end of an unspecified period of time. Most neurosurgeons would agree that post-residency training in pediatric neurosurgery or endovascular neurosurgery are prerequisites for a subspecialized career. Similarly, those neurosurgeons desiring to pursue academic careers are well advised to seek extra training in areas such as skull base, cerebrovascular, stereotactic and functional, or spinal neurosurgery.

Unfortunately, the issue of fellowship training has become politicized within spine surgery, as most orthopedic spine surgeons are "fellowship" trained. This is because most general orthopedic residencies expose their residents to very little spine surgery. In order for the average orthopedic surgeon to obtain significant expertise in spinal surgery, he or she must pursue post-residency training. As the number of orthopedic surgeons far exceeds the number of neurosurgeons, a perception exists that all spinal surgeons should be "fellowship" trained. In contrast, approximately 70 percent of general neurosurgery relates to the spine and neurosurgical residents are exposed to spinal surgery from the very beginning of their six- or seven-year training period.

Spine Competency is Expected

The Education Committee of the CNS has published a curriculum for neurosurgical residents that includes a segment on spinal surgery (see **N://OC**). The ideal senior neurosurgical resident should, according to the CNS, possess the following skills:

1. Demonstrate the ability to function independently in all phases of management of patients with spinal disorders.
2. Demonstrate the ability to perform occipital-cervical arthrodesis.
3. Demonstrate the ability to properly place sublaminar wires, lateral mass screws, lower cervical/upper thoracic pedicle screws, C2 pars interarticularis screws, and C1-2 transarticular screws for the management of cervical spine disorders.
4. Demonstrate the ability to perform, with assistance if necessary, transoral odontoidectomy.
5. Demonstrate common techniques for performing C1-2 arthrodesis.
6. Demonstrate the ability to perform anterior cervical corpectomy followed by arthrodesis.
7. Demonstrate the ability to perform, with assistance if necessary, transthoracic, thoracoabdominal, retroperitoneal, and transabdominal approaches to the thoracic and lumbar spine.
8. Demonstrate the ability to perform costotransverse and lateral

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Certifications During Residency Water Down the Whole Concept

By Joseph T. Alexander, MD

Should organized neurosurgery offer (or allow to be offered) "certification" for skills learned during time spent on an elective rotation during residency? This is a deceptively simple question. Although it seems obvious that we should, I feel that this type of recognition actually will harm our profession as a whole.

From a personal perspective, I took an interest in complex spine surgery late in my residency. Paul McCormick, MD, had rejoined the faculty of the Neurological Institute at Columbia University after having completed a formal post-residency spine fellowship with Sanford Larson, MD, in Milwaukee. During the last two years of my residency, I spent as much time with Dr. McCormick as possible, and I learned many aspects of spinal instrumentation to complement the traditional foundation in spinal surgery that I had gained throughout my residency. After residency, I spent four years at an Army hospital, where these skills allowed me to become the "spine guy," since Orthopedics had no spine surgeons to handle fusions or instrumentation. Because I wanted an academic position following my military commitment, I chose to spend an additional year of formal spine fellowship with Regis Haid, MD, at Emory University.

Avoid Balkanizing Neurosurgery

Specialty certification for time spent in residency gets down to the fundamental question of what is a neurosurgeon. Historically, all neurosurgeons that have completed an accredited residency were considered capable of managing vascular, spinal, intracranial, critical care, peripheral nerve, pediatric, functional and chronic pain problems, in addition to being capable of conducting and evaluating research. Although each residency program has its strengths and weaknesses, the Residency Review Committee ensures that residents are broadly trained in all aspects of neurosurgery. Residents that concentrate too much on one area of neurosurgery during their training may jeopardize their chance to learn the full skill set that we should all start out with. We want to be careful not to balkanize our profession any further than it already is.

Certification beyond the standard "completion of an accredited residency" or "board-eligible" may imply that not all neurosurgeons are on an equal footing from a training or competency perspective in their first years in practice. Any program director should be able to provide documentation that a graduate was capable of performing any specific technique for hospital credentialing purposes, so in-training certification is not necessary for this issue. The "lack" of specialty certification at the completion of residency could come to imply that someone was not "competent" in some area of neurosurgery. This could in turn lead to the issuance of numerous "certifications" in every aspect of our practice. The end result would be that these certifications would become meaningless since we would all

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extracavitary approaches to the thoracolumbar spine.
9. Demonstrate the ability to excise a herniated thoracic disc by use of the above-mentioned approaches.
10. Demonstrate the ability to perform vertebral corpectomy of the thoracolumbar spine for tumor, infection, or trauma, utilizing the above-mentioned approaches.
11. Demonstrate the ability to perform anterior arthrodesis of the thoracolumbar spine.
12. Demonstrate the proper placement of transpedicular screws in the thoracic and lumbar spine.
13. Demonstrate the proper placement of laminar, transverse process, and pedicle hooks in the thoracic and lumbar spine.
14. Demonstrate the ability to resect intradural spinal neoplasms.
15. Demonstrate the ability to perform methylmethacrylate vertebroplasty.
16. Demonstrate techniques of open reduction of fractures and dislocations of the cervical, thoracic and lumbar spine.
17. Demonstrate the ability to surgically manage arachnoid cysts and spinal cord syrinx.
18. Demonstrate the ability to perform intradural procedures for congenital, neoplastic and vascular lesions.

Therefore, it is apparent that neurosurgical residents are expected to be trained as spine surgeons during the course of their residency. Additional certification of training in spinal surgery is, in most cases, superfluous.

Reasons for More Training

Additional training in spinal surgery should be sought by those individual neurosurgeons who feel that their home institution did not provide an adequate education in spinal surgery. For example, none of the neurosurgical staff at my hospital performs vertebroplasty. If a resident wanted to obtain hands-on experience with the vertebroplasty techniques, he or she would need to go elsewhere to learn this particular technique.

Another valid reason for the pursuit of extra training would be the desire to pursue an academic career within the neurosurgical subspecialty of spinal surgery. Training outside of the resident's home institution allows for a broader exposure to different surgical techniques, practice management and academic principles. From a career development standpoint, extracurricular training allows for the formation of relationships with prominent figures within the spine community.

The decision as to when and for how long extra-residency training should take place should be an individual decision made by the resident. In many cases, a full-year post-residency fellowship will be required in order to attain the resident's career goals. For example, if a young neurosurgeon does not have the opportunity to pursue spinal surgery as an academic interest during residency and desires an academic career within spinal neurosurgery, a full-year post-residency fellowship will likely be required. This time is probably necessary to develop the technical skills, political contacts and publication record necessary to secure an academic position. In contrast, the resident who wishes to simply broaden his or her experience by travelling to a center with known expertise in spinal surgery may spend however many weeks or months are available within the elective time built into

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have all of them.

The American Board of Neurological Surgery also plays its part in ensuring a broad range of skills in diplomates by only having one category of board certification without any additional subcategories. It is unclear at this point whether there will be any subcategories allowed during the eventual recertification process. Time spent and cases performed during a post-residency fellowship do not count toward the application for the oral board examination. Time spent and cases performed during an in-residency elective for which specialty certification was to be offered should be similarly excluded from residency requirements.

Having experienced both sides of this issue personally, I can state that there is considerable benefit in a formal fellowship after residency for someone with a keen interest in a particular area of neurosurgery. In addition to the actual cases performed, there is the opportunity to reflect in a much deeper fashion in the area of one's interest and to be exposed to different ideas and new techniques. Free from some of the most onerous aspects of a resident's life, there is the opportunity to read beyond the rudiments necessary to get through the next day's case, to pursue research interests and to meet colleagues that share similar interests.

Competitors Are Watching

Lastly, and perhaps most importantly, there is the issue of credibility and fairness. Many areas of neurosurgery interface with related areas of other specialties such as spine, peripheral nerve and vascular. It is critical that any certifications that we offer be seen as meaningful, rather than attempts to make ourselves seem more than we are. Our competitors and collaborators in other fields will be paying attention and will quickly figure out if our specialty certifications are not substantive. It is not fair to those who have devoted extra time and effort beyond residency to be awarded the same recognition as those who have merely completed an elective.

In summary, we need to be careful to preserve our reputation that has been built up over decades as being competent in all areas of neurosurgery at the completion of our residencies. We need to guard against the fragmentation of our specialty during our residencies by excessive concentration in one area to the exclusion of others. We need to recognize the effort that an individual makes to seek specialty training above and beyond the normal residency requirements, and we should stay on the high ground versus our competitors in other specialties.

N://OC Offers Job Service

Looking for a position? **NEUROSURGERY://ON-CALL®** has an easy-to-use job placement service. **N://OC** provides this free service for neurosurgeons, residents, employers of neurosurgeons and others.

Users can search and post positions and search and post applications. Questions about the service can be directed to P. David Adelson, MD, at adelsod@chplink.chp.edu. The job placement service is located at http://thinker.neurosurgery.org/job.

Silent Auction Was a Great Success

By Lawrence Chin, MD

The Fourth Annual Silent Auction to benefit the Neurosurgery Research and Education Foundation (NREF) will be held April 6-10, 2002, during AANS Annual Meeting in Chicago, Ill. The last silent auction, which was held at the AANS Annual Meeting in Toronto, was the most successful auction to date. Forty-five items were offered and 44 received bids, raising nearly $15,000. Each year the event has grown larger and next year promises to be no different. Home entertainment items were very successful at the last auction and will be emphasized again. We will also offer local interest items such as gift certificates to restaurants and theaters that can be used while meeting attendees are in Chicago.

The NREF was founded in 1981 by the AANS as an independent, non-profit organization dedicated to advances in the prevention and treatment of neurological disorders. Since 1983, 31 Research Fellowships and 29 Young Clinician Investigator Awards have been granted, thus making it an important cause for young neurosurgeons to support.

A Silent Auction booth will be set up at the registration area over the weekend with selected items available for viewing and bidding at that time. Starting Monday, the booth will be moved into the exhibit hall at the AANS Member Resources Booth. As in previous years, bids will be accepted on Monday, Tuesday and Wednesday morning with winners announced at noon and prize pickup in the afternoon. The silent auction will be co-chaired by Larry Chin, MD, and Victor Perry, MD. Volunteers will be needed to assist in the solicitation of donations as well as monitoring the auction at the booth. If anyone would like to volunteer or has suggestions, please contact me at (410) 328-3113, lchin@smail.umaryland.edu, or Laurie Singer at (888) 566-AANS, ext. 526.

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the residency program and have a very worthwhile experience.

These two experiences are clearly very different in terms of the time, financial commitment and effort expended by both the trainee and the host program. Certificates issued by participating programs should reflect the nature and length of the training period. However, there is no accreditation of fellowship programs, and the definition of "neurosurgical fellow" is open to wide interpretation. The CNS lists 28 full-year post-residency spinal fellowships on **N://OC**. These fellowships are all administered by prominent spinal neurosurgeons with international reputations as surgeon-educators.

Fellowship Abuse

Unfortunately, "fellowship" certification may be abused. There exist multiple other fellowships with varying requirements for entry and certification. Some centers are willing to issue "fellowship" certificates to their own residents who spend a few months of their elective time rotating through the spine service. Other centers offer certificates as reward for nothing more than a period of indentured servitude. These certifications are offered and sought because of political factors related to the training of orthopedic surgeons. Supplemental certification of neurosurgeons as "spinal" surgeons is superfluous in the vast majority of cases and is probably detrimental to neurosurgery as a whole.

Neurosurgical residents must be adequately trained in the performance of spinal surgery. Post-residency experience is desirable for the few who choose academic careers or wish to fill gaps in their individual training. Post-residency training in spinal surgery should not be viewed as a requirement for participation in "spine centers" or for approval of hospital privileges. The decisions as to the necessity, length, and location of extracurricular training in spinal surgery should be made based on the individual training and career aspirations of the neurosurgical resident. Certificates documenting extracurricular training should be issued, but must be absolutely accurate in terms of the length, nature and timing of training.

Roberto Heros, MD, Shares Reflections

By Tanvir Choudhri, MD

Roberto Heros, MD, shared his wisdom with a standing-room-only audience of residents, fellows and young neurosurgeons at the AANS Annual Meeting in Toronto. Dr. Heros, Professor of Neurological Surgery, Co-Chairman of the Department of Neurosurgery and Director of the Residency Training Program at the University of Miami School of Medicine, was the Honored Guest at the Annual Young Neurosurgeon Committee's (YNC) Luncheon.

After introductory remarks from then-YNC Chair B. Gregory Thompson, MD, Dr. Heros spoke on dealing with complications, which are part of every practice. He suggested that we feel each complication deeply and consider it honestly, both to ourselves and others. Following a complication, he recommended we study every aspect of the case carefully to determine what, if anything, could have been done differently or better. He cautioned us to not let complications affect us adversely so that our care of future patients suffers. Only with this approach, he said, will we learn from each complication and better avoid it in the future.

Dr. Heros acknowledged the many socioeconomic challenges facing practicing neurosurgeons. He advised us to try hard not to get overly discouraged, particularly about reimbursement. He suggested we assume that our income may decrease 20 percent. If we are prepared for such a decrease, we will be able to handle it better when it occurs. If it does not happen, we will be pleasantly surprised.

Dr. Heros said that in the modern academic environment there is sometimes a greater emphasis on the number of publications, chapters and so forth than on the quality of each individual work. He strongly advised that residents, fellows, and academic neurosurgeons strive to publish at least one work of particular significance each year. He recommended that we look back at the end of each year to make sure we have made such a contribution.

The YNC and membership thank Dr. Heros for his significant contributions to neurosurgery and also for his thoughtful and personal advice at the luncheon.

-22 Modifier To Be Used Again in 2002

By Greg Przybylski, MD

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In 2001, Current Procedural Terminology (CPT) introduced the new modifier –60 for use in altered surgical fields. In part stimulated by the variable reimbursement of the –22 unusual procedural service modifier, the CPT Editorial Panel had previously formed a workgroup to discuss the –22 modifier and explore alternative methods for describing the increased time and complexity in performing surgery in the setting of radiation, trauma, infection, or prior surgery. Methods considered included creating many new codes to mirror existing codes but specifically identifying the "altered surgical field" component or creating a new modifier.

Reasons Against New Codes

From a practical perspective, the method of creating new codes was deemed quite cumbersome. In fact, one might imagine that nearly every procedure could be performed in the setting of an altered surgical field, creating a logistical problem of doubling the size of CPT.

From a reimbursement perspective, it was also suggested that creating new codes would not provide a net gain in reimbursement. Given the Congressional mandate of budget neutrality in the Medicare system, the development of values for new codes that have been previously described with old codes must necessarily result in a reduction of the value of the old codes.

For example, code 61510, describing a craniotomy for supratentorial tumor removal, would be used for initial removal of a lobar glioblastoma as well as for a subsequent debulking after radiotherapy had been given. Most neurosurgeons would agree that the second operation entails more time as well as more risk of postoperative complications. Using a resource-based relative value system (RBRVS), the relative work value of the second operation should be greater than the first. However, if a new code was created to describe the reoperation, then the increase work value for the reoperation would also result in a frequency-adjusted reduction in the work value of the primary operation code. Since the original code accounted for both scenarios, the total money allocated for both procedures must be accounted for in the current money allocated for 61510.

-60 Modifier Not Recognized

Consequently, the workgroup recommended creation of a new modifier –60 and called it the altered surgical field modifier. This could be appended to any procedural code in which an altered surgical field increased operative time and/or complexity. The altered field was defined as an area of prior surgery, marked scarring, adhesion, inflammation, distorted anatomy, irradiation, infection, trauma or very low weight neonates/infants. This was accepted by the CPT Editorial Panel and became included in Appendix A of the CPT book in 2001.

However, the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Finance Administration, published a payment policy that would not recognize this modifier. CMS reasoned that the frequency of usage and therefore the financial implication of this modifier could not be predicted, whereas the existing –22 modifier had a long track record and was paid by CMS with appropriate documentation. Other private carriers followed this lead, resulting in a new modifier that was not recognized for payment. Consequently, the CPT Editorial Panel voted to reinstate the broad coverage of the –22 modifier to account for these examples of the altered surgical field, since the current –22 modifier for 2001 contained language precluding its use in altered surgical fields.

In 2002, the –22 modifier will again be the reporting mechanism for describing physician work that exceeds the typical patient encountered for a particular procedure. In the AANS Coding and Reimbursement Course, we recommend that use of the –22 modifier is justified when the additional physician work exceeds by 25 percent or more the work performed on the typical patient. There is no reimbursement rule for the amount that a carrier will pay for a procedure appended with the –22 modifier. The surgeon should submit a fee that reflects the incremental additional work provided to the patient. This claim will be automatically subjected to manual review. As a result, electronic filing would not be useful. The operative note must be submitted and must contain language which justifies the reasons for the unusual services provided as well as the actual incremental work performed. It is then at the carrier's discretion to determine the payment based upon your documentation.

RUNN Seminar Set

The renowned Research Update in Neurobiology for Neurosurgeons (RUNN) Course will be held from Oct. 15-22 in Woods Hole, Mass. It is sponsored by the Society of Neurological Surgeons.

This year's program highlights are developmental neurobiology, neuroregeneration, neuroprotection, apoptosis, molecular genetics, stem cells, microscopy techniques, grantsmanship, scientific methodology, neoplasia and signaling.

Course directors are Issam Awad, Charles Hodge, Ed Oldfield, Allan Friedman, Bruce Andersen and Robert Dempsey.

For information or to register, call Catherine Awad, course coordinator, at (303) 806-0777, e-mail her at caawad@hotmail.com, or visit the RUNN Web site at www.societyns.org.

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To find out more about this course, or to register, call the AANS Department of Education and Practice Management at (888) 566-AANS.

The American Board of Neurological Surgery does not require this course before taking the Boards.