It has been yet another great year for the Young Neurosurgeon’s Committee (YNC). As we continue to grow, we continue to develop the newest members of our Young Neurosurgeon group – our medical student members. We now have over 1,000 medical student members of the American Association of Neurological Surgeons (AANS), due in large part to the success of the AANS Medical Student Chapters, with over 30 across North America. We continue to add opportunities for medical students to be involved with the YNC, both as members and on committees. We also hope that by highlighting these chapters in our newsletter, we can continue to help other chapters develop.

We continue to add to our social media presence with our Twitter handle @youngneuros. Our YNC Twitter handle now has almost 1,000 followers, and we invite you to follow us for updates on happenings of the YNC, new science and live updates from the 2016 AANS Annual Scientific Meeting this spring in Chicago from April 30-May 4. The theme, “Neurosurgery Leading the Way”, will explore the many ways neurosurgeons exhibit leadership in medicine and beyond. We hope you can join us this spring and invite you to attend the YNC meeting!

Sincerely,

Krystal L. Tomei, MD, MPH
Assistant Professor of Neurological Surgery
University Hospitals Case Medical Center
Rainbow Babies and Children’s Hospital

Welcome to a special interim edition of the Young Neurosurgeons Committee (YNC) Newsletter! In an effort to bring you updates on the initiatives of the YNC and the American Association of Neurological Surgeons (AANS) in the most efficient manner possible, we will be moving our newsletter to a new post-meeting format. We will aim to deliver the newsletter to you as soon as possible following the most recently completed YNC meeting to keep you up to date on the key happenings in organized neurosurgery. Special thanks goes to AANS main office staff for facilitating this transition!

In this issue, we present our first new hire interview in the Career Corner. We feature Khoi Than, MD, our YNC vice president-elect and a new faculty member with the Neurosurgery Department at Oregon Health and Sciences University. We hope that this and future interviews with young attendings will help give residents who are beginning their private or academic job search an idea of how the process has worked well for others. We will also highlight the activities of our Washington Committee and NeurosurgeryPAC, two key organizations in our efforts to ensure that neurosurgery’s voice is heard in our nation’s capital.

Please feel free to contact me with suggestions for our next newsletter, targeted for May 2016. This is your newsletter, so we welcome your input!

Thank you again for the opportunity to serve.
Career Corner

An Interview with Khoi Than, MD, new faculty member in the Department of Neurological Surgery at Oregon Health & Science University.

Editor (E): Where are you currently working, and when did you start?

Khoi Than, MD (KT): I am currently working at Oregon Health & Science University (OHSU). I started in August 2015.

E: When did you decide what type of job you wanted? What factors went into that decision?

KT: I decided on a career in spine surgery by the end of my third year of residency. I enjoy spine surgery because of the decision-making that goes into it: Do you treat? How aggressive do you treat? What approach? Contrary to popular perception regarding spine patients, I find that with good decision making, patient outcomes can be very satisfactory.

I decided on academics even before deciding to focus on the spine. Even though there is less money in academics, you have the benefits of more difficult cases, the chance to do research and the opportunity to train residents and students.

E: Why did you decide to do a fellowship? What went into your decision to do one?

KT: With my interest in academics, all of my mentors during residency suggested that I pursue a fellowship in order to get that extra “stamp of approval.” Through my fellowship, I was able to fine-tune my clinical training as well as expand my network within the field of spine surgery.

E: When did you start actively looking for a job? What resources did you use?

KT: I started looking for a job in the January of my chief year, or a year and a half ahead of my anticipated start date. In retrospect, I feel that that was probably a bit of an early start. I started with a list of approximately 10 institutions that I felt would be a good place for me but rapidly expanded my search to approximately 20 places based on word-of-mouth as well as the advertisements in the back of our neurosurgery journals.

E: How did you first hear about the position where you were ultimately hired?

KT: OHSU was high on my initial list of “places to be,” given that I am a Portland native. I am fortunate that they were in need of a spine surgeon!

E: Were your mentors at your residency/fellowship actively involved in the initial job search process, or did you only involve them after you identified a potential position?

KT: My mentors were an important source of advice throughout the job search process. Frank La Marca, MD, FAANS, and Paul Park, MD, FAANS, at the University of Michigan, were key advisors to me in terms of institutions’ reputations, things to ask for during the negotiating process, etc. Praveen Mummaneni, MD, FAANS, at the University of California San Francisco (UCSF) was instrumental in these ways, as well as in informing me of places that were looking for a spine surgeon.

E: How did your fellowship affect your job search, if at all?

KT: I believe that doing a fellowship increased my attractiveness as a candidate. Certainly, the extra clinical training and academic productivity were very useful for that. Also, as mentioned, Dr. Mummaneni is well connected, quick to hear about places that are hiring and guides his trainees through that job search process.

E: What do you wish you had been told as you were beginning your job search, to make it easier?

KT: There are a few things I wish I had known. First, I would have started my job search a bit later, e.g. one year before start date. In academics, most places aren’t really sure of what their needs are until about one year before a given academic year. I was still being offered academic interviews with four months left in fellowship. Second, I found myself unsure about how to best approach programs. I had heard email vs. snail mailing letters vs. snail mailing binders of one’s best papers, etc. A conversation with Ziya Gokaslan reassured me that simple is best, e.g. email a cover letter with your CV attached. Third, and most important perhaps, is that the most common response is no response. Of 21 places I sent inquiries to, I interviewed or was offered an interview at nine, was told by two that they were not hiring, had a cursory/vague response from four and heard absolutely nothing from six. So, don’t get discouraged!
Chapter Profile – University of Pittsburgh School of Medicine

By: Kris Kimmell, MD

The University of Pittsburgh School of Medicine (UPMC) has developed one of the first and strongest medical student chapters of the American Association of Neurological Surgeons (AANS). Founded in 2014, the Pitt Neurosurgery Interest Group (NSIG) has already established a large, busy and productive membership. With enthusiastic direction from Raymond Sekula, MD, FAANS, as faculty sponsor and Nitin Agarwal, MD, as resident advisor, over 40 medical students from all four years are active members of NSIG. Several members attended the 2015 AANS Annual Scientific Meeting to present abstracts and contributed to more than 15 peer-reviewed publications.

For the 2014-15 academic year, chapter members met regularly with UPMC neurosurgery residents to brainstorm, plan and critique ongoing research projects. The group arranged multiple didactic sessions, including a neuroradiology workshop, faculty research panels and Q&A sessions with residents and fourth-year medical students. The chapter also held multiple suture workshops and a successful Valentine's Day fundraiser. The chapter has several exciting new initiatives planned for the upcoming year, including more advanced workshops on neuroradiology, surgical scrubbing, line insertion and lumbar puncture.

In 2015, two medical students from University of Pittsburgh, Stephanie Chen and Enyinna Nwachuku, successfully matched into neurosurgery, and this year, several students are applying for the neurosurgery match. The AANS Medical Student Chapter at University of Pittsburgh has a bright and promising future, and the YNC commends them for their stellar work thus far.

The Young Neurosurgeons Committee/Tumor Section Reception

By: Walavan Sivakumar, MD

At each national meeting, the Young Neurosurgeons Committee (YNC) and Tumor Section jointly host a reception for young neurosurgeons interested in neurosurgical oncology. John H. Sampson MD, PhD, MBA, FAANS, chairman of the department of neurosurgery at Duke University, shared insights and lessons learned on the progression of leadership within a neurosurgical career to a captivated audience at this year’s reception at the Congress of Neurological Surgeons (CNS) Annual Meeting on Sept. 29, 2015.

By recounting the challenges he faced through various periods of his medical career, he described the qualities the young neurosurgeon needs to develop in order to advance in their career. He related that early on in one’s career, it is important for the neurosurgeon to remain flexible and humble and take the opportunities presented to them. These can vary and may not necessarily align with initial plans and goals. This point underscored the importance of pursuing influential mentors early on who can “open doors” and afford opportunities that would allow for meaningful experiences and eventual advancement both within the home institution and on the national stage.

The pursuit of an executive MBA taught him the importance of learning how to negotiate and perform an honest self-assessment. He noted that given the scale of a large academic center, the overall contribution of neurosurgery is relatively small, necessitating intellectual poise and savvy when negotiating with hospital and university administrations. This can be facilitated by honest introspection and carefully listening to your team to enable one to identify the strengths within a department and the areas of weakness which need to be fortified with time and effort.

These lessons were carefully spun together and, partially in jest, likened to advice given by life success coach Tony Robbins: 1) really figure out what you want, 2) find someone who has done it and 3) do what they do. These simplified “take-home points” brought together the various lessons related by Dr. Sampson over the course of the talk.

The YNC and Tumor Section are pleased to announce that the special guest lecturer for the YNC/Tumor Section reception at the 2016 American Association of Neurological Surgeons (AANS) Annual Scientific Meeting will be former AANS president William T. Couldwell MD, PhD, FAANS, chairman of the department of neurosurgery at the University of Utah.
Chapter Profile: Emory University School of Medicine

By: Brian Howard, MD

Since the inception of the American Association of Neurological Surgeons (AANS) medical student chapter at Emory in early 2015, under the guidance of advisors Gustavo Pradilla, MD, (faculty) and D. Jay McCracken, MD, (resident), the number of actively participating chapter members has swelled to 13 students. Of the five MS4 student members, four entered the match this year. In addition, three third-year students and five second-year students are involved with the group. The focus of the group has been to foster interest in neurosurgery among medical students at Emory, to engage students in clinical and basic science research with faculty and residents and to provide mentorship to students committed to the pursuit of a career in neurosurgery.

The students are currently involved in nearly 20 unique research projects with multiple faculty members and residents. Their hard work has yielded four manuscripts which were accepted by various neurosurgical journals for publishing, three papers under peer-review, over 30 podium presentations given at various regional and national meetings including the 2015 Congress of Neurological Surgeons and AANS Annual Scientific Meetings, and accepted for presentation at upcoming Joint Section and national meetings. Five medical students were involved in projects presented at the Georgia Neurosurgical Society Fall Meeting over the weekend of Dec. 5-6, 2015; with two giving talks as first author.

In addition, the group has engaged in several educational and social events. Most recently, the faculty and several residents put on a practicum on suturing and basic neurosurgical procedures. The event drew wide interest from the medical student community with over 50 students who expressed interest in the 20 available slots. Moreover, Dr. Pradilla hosted the first “Neurosurgery 101” session with approximately 60 medical students to discuss a wide range of topics, including neurosurgical history, the path to residency and the life of an academic neurosurgeon. The number of students and faculty engaged in meetings continues to climb, as does our mutual enthusiasm. We anticipate watching with pride as our students develop into fine residents and surgeons.

Book Reviews

“Neurosurgery Knowledge Update”
Robert E. Harbaugh, MD, FAANS; Christopher Shaffrey, MD, FAANS; William T. Couldwell, MD, PhD, FAANS; Mitchel S. Berger, MD, FAANS

Dr. Harbaugh and his team have compiled a masterful text which tackles one of the major needs of the neurosurgical community: a clinically-oriented text that is designed to be a comprehensive reference source for what one needs to pass the ABNS oral board examination and Maintenance of Certification (MOC) courses. Each chapter begins with a case and several follow-up questions that take the reader through the major clinical concerns and possible complications related to the case, just as would be done during an oral examination. After this, key points inform the reader on how to approach the case, together with the answers to the questions. In this way, the prospective examinee can work his or her way through the book, case by case, in whatever spare moments are available. This is a must-have reference book for any young neurosurgeon starting a practice or for the experienced neurosurgeon looking for a reference prior to the MOC.

Atlas of the Facial Nerve and Related Structures
Nobutaka Yoshioka, MD; Albert L. Rhoton, Jr., MD, FAANS(L)

This is a beautifully illustrated atlas that could only stem from the exquisite work performed in the lab of Dr. Albert L. Rhoton, Jr.,
The strength of this text is its specific focus on the facial nerve and related structures. The course of the facial nerve and its branches from the brainstem to the face can be extremely complicated at times and difficult to follow in three-dimensional space. This text gives the surgeon who wants to be an expert in these areas a definitive reference from which to draw when the anatomy is at all unclear. This would be an excellent text for any budding skull base surgeons as well as the young neurosurgeon attempting to have a better understanding of the skull base and related structures.

**Biomechanics of Spine Stabilization**
Edward C. Benzel, MD, FAANS

The third edition of Dr. Benzel’s heralded volume, the Biomechanics of Spine Stabilization, remains remarkable for its in-depth discussion of complex engineering concepts made approachable for the practicing clinician. Even more remarkable, in its third edition, is that it remains a single-authored text, with innumerable hand-drawn illustrations by Dr. Benzel himself. As Dr. Benzel points out in the text, the vast majority of spinal stabilization failures are not a failure of the devices but rather their utilization, meaning that an adequate understanding of the biomechanical forces at play and how they intersect with pathology are paramount. Any trainee or practitioner who wants to ensure that his or her spinal stabilization is founded on sound biomechanical principles would be strongly encouraged to purchase this text and reference it liberally when making stabilization decisions.

**Clinical Otology**
Myles L. Pensak, Daniel I. Choo

All surgeons who operate on skull base lesions need to have an excellent understanding of the temporal bone anatomy and its related structures. While this volume may be primarily aimed at otologists, those attempting to have a true in-depth understanding of clinical otology should consider adding this reference to their armamentarium. The authors present the basic science behind the functioning of the ear, management of common pathological conditions as well as options for rehabilitation of hearing disorders. With numerous diagrams and photos to illustrate its discussions, it would make a valuable addition to the library of any residency or practice.

**Endonasal Endoscopic Surgery of Skull Base Tumors: An Interdisciplinary Approach**
Wolfgang Draf; Ricardo L. Carrau; Ulrike Bockmühl; Amin B. Kassam, MD; Peter Vajkoczy, MD

This is a very ambitious text which aims to give a thorough review of the various ways that the endoscopic endonasal approach can be used to address tumors of the skull base. As this field has changed tremendously in recent years, the scope of the text is broad, but it does a very good job breaking the subject matter down into approachable sections that are very well covered and illustrated. It starts with an interesting overview of the history of these approaches, then moves on to the complex anatomy encountered during an endonasal endoscopic approach. The various standard and extended approaches are covered, along with the various pathologies that can be treated from such an approach. This volume will be of great interest to any practice that routinely uses endonasal approaches in their treatment of skull base lesions.

**AOSpine Masters Series**
Luiz Roberto Vialle

*Volume 4: Adult Spinal Deformities*
Kenneth M.C. Cheung, MD, FAANS(L); Lawrence G. Lenke, MD

*Volume 5: Cervical Spine Trauma*
F. Cumhur Oner; Alexander R. Vaccaro, MD

The AOSpine Masters Series texts attempt to tackle defined, narrow spine-related pathological conditions and present these in an approachable small volume that covers all of the related clinical concerns. The cervical spine trauma volume and adult spinal deformities volume both do an excellent job of doing this. Each chapter functions almost as a standalone review article on a given subset of the pathology covered, but together they cohesively create a volume that covers the targeted pathology in depth. Together with the other eight volumes in the series, these texts create a valuable set of references for any budding spine surgeon for quick primers on pathologies one might encounter.

**Examination of Peripheral Nerve Injuries**
Stephen Russell, MD, FAANS

This monograph is a concise, well-illustrated manual that provides the trainee or physician in practice with all of the anatomical and physical examination tools that one might need to thoroughly examine a patient for a suspected peripheral nerve injury. Given the complexity of an area that is often overlooked in residency training, such an easy to approach manuscript is a wonderful addition for the resident studying for boards or medical student preparing for a neurosurgical rotation.
When Breath Becomes Air

Paul Kalanithi, MD

This is a departure from our typical book reviews, which tend to focus on textbooks developed for the clinical and scientific education of young neurosurgeons. When Breath Becomes Air provides a completely different type of education, but one that is nonetheless extremely important to us all. In the book, Paul Kalanithi, MD, shares a strikingly honest look at the relationships and events surrounding his diagnosis with lung cancer; a jarring event that occurred right when he was entering his prime as a physician-scientist. His beautiful prose provides vivid imagery describing his life during treatment and his ultimate decline. He offers a particularly insightful depiction of his physician-patient relationship, where, this time, the patient is a physician, learning to cede control to another. His wife, Lucy, provides a very moving cap to the book, detailing how Paul passed away with an admirable degree of strength and courage. The book provides an approach to life, death and dying that is uniquely poignant for young neurosurgeons like us, as we can all imagine finding ourselves in Paul’s shoes - and I imagine that many of us have. I strongly encourage you to take the time to seek this book out, and it is now widely available, both in a hardcover and eBook format. You may find yourselves holding your loved ones just a little bit tighter once you’re done.

Washington Update

By: Gabriel Zada, MD

The American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) Washington Committee develops and promotes organized neurosurgery’s positions on numerous issues affecting our specialty. Through advocacy, policy development and public relations, the Washington Committee and the Washington Office work tirelessly to protect our ability to practice medicine freely and to help ensure the continued advancement of neurosurgery.

This work is critical as organized neurosurgery continues to be at the forefront of health policy debates and constantly makes it clear to policymakers that we are dedicated to advancing the specialty of neurological surgery in order to promote the highest quality of patient care. As an example, in April of 2015, the Washington Committee, under the leadership of John Wilson, MD, FAANS, and Katie Orrico, was instrumental in the repeal of the Medicare sustained growth rate (SGR) patch. By repealing the SGR and creating a period of stability in Medicare physician payments, the Washington Committee has provided benefits to neurosurgeons such as restructuring and streamlining physician-led quality improvement that allows the medical specialty societies to determine the most appropriate and clinically relevant quality improvement metrics and strategies for use in future quality initiatives.

The Washington Committee represents our collective interests in policymaking and is involved in a variety of important issues ranging from Medicare reform to research to development of guidelines. There are multiple liaisons to external agencies also represented by The Washington Committee. During these meetings, leading members from the AANS and the CNS convene to discuss and provide updates on a range of these issues. The Young Neurosurgeons Committee (YNC) is fortunate to have a dedicated liaison to the AANS/CNS Washington Committee.

NeurosurgeryPAC Update

The Neurosurgery Political Action Committee (NeurosurgeryPAC) is our active organization that provides us to access to lawmakers on Capitol Hill. Your investment in NeurosurgeryPAC allows us to reach out to lawmakers to discuss critical issues facing neurosurgeons. For example, our Washington Update provided information about the Medicare Access and CHIP Reauthorization Act of 2015, the law that permanently repealed the Sustainable Growth Rate, preventing the annual pay cuts and providing physicians with positive payment updates annually. What you may not know is that our grassroots efforts supported by our NeurosurgeryPAC were pivotal in preventing the elimination of the 10-day and 90-day global surgery payments. Elimination of the global payments would have decreased payment to neurosurgeons by approximately $17,500 to $26,250 per neurosurgeon every year.

There will always be issues facing our ability to treat our patients, and we cannot sit idly by. So what can you do? Donate to the NeurosurgeryPAC to support our efforts in Washington D.C. You can donate on MyAANS at https://myaans.aans.org/myaans.aspx.

Krystal L. Tomei, MD, MPH

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Krystal L. Tomei, MD, MPH
Affiliated Organizations Division

**Joint Guidelines**
Training has now been formalized and can be completed in a morning session during a national meeting. Guidelines reviewed this year include EVD guidelines, unruptured aneurysm treatment, IVtPA for stroke, spine trauma, traumatic brain injury, DBS for OCD, low grade glioma and non-functional pituitary adenoma. Guidelines in development include degenerative disease, ulnar nerve, DBS targets for Parkinson’s, ablative neurosurgical techniques for cancer pain and vestibular schwannoma. After recommendation from the JGC, new AHA guidelines sent to the committee will include evidentiary tables. The Brain Tumor Foundation will also be working closely with the trauma section for the creation of future guidelines.

**ThinkFirst**
The new Chair is Mark A. Spatola, MD, FAANS.
ThinkFirst is celebrating its 30th year in 2016.
There will be an event at the House of Blues in Chicago at the upcoming 2016 AANS Annual Scientific Meeting.
Look out for the upcoming ThinkFirst Award given to the best abstract in trauma prevention submitted to the AANS or CNS annual meetings.

**CSNS**
There has been discussion regarding the upcoming ICD-10 transition and the Sunshine Act.
The CSNS is working to give more access to young neurosurgeons to get involved.

**Washington Committee/NeurosurgeryPAC**
Please see our NeurosurgeryPAC update from our chair, Krystal Tomei, MD, and Washington Update from our vice chair, Gabriel Zada, MD.

**Communications Division**

**AANS Neurosurgeon**
The *AANS Neurosurgeon* editorial board met during this meeting. The next issue will be on work-life balance for neurosurgeons. Anyone interested in contributing to the publication can contact Kris Kimmell, MD (kkimmell@gmail.com).

**NREF**
After the restructuring of the NREF, there has been solid financial support from neurosurgeons. General giving has increased steadily. We are also seeing a rapidly increasing trend for directed giving. Programs such as “Honor Your Mentor” have had a lot of success. Several neurosurgeons are participating with donated royalties. The NREF will be able to support all resident courses again this coming year.

**IT Committee**
The redesign of the MyAANS web portal was reviewed, including visual updates and mobile compatibility. It was approved and is now live.
The utility and cost of a single sign-on and more inter-compatibility between the AANS website and the JNS online resources was discussed. The cost for this would be high, and the SNS is working on a master neurosurgery resource portal project. It was decided that the IT committee would ask the executive committee to investigate this further to prevent duplication of work and appropriate allocation of NRS resources.

A dedicated AANS App was discussed in light of the AANS website redesign

**Education Division**

**Education and Practice Management Committee (EPM)**
Coding courses for neurosurgeons, advanced practice providers and practice managers are well attended, particularly with ICD-10 implementation underway. AANS Operative Grand Rounds will soon be cross-referenced with JNS articles and supported by the NREF. The AANS Goodman Oral Board Preparation course attracted more attendees this year (n=140) relative to last year (n=126). The *MOC Preparation* course will take place in San Antonio for the first time in Feb. 2016. NERVES’ last survey included 650 neurosurgeons, the most ever. Results will be available in early Dec. 2015.

**N2QOD Operations Committee**
N2QOD continues to grow with more centers participating. The committee is working on creating strategies to improve long-term data collection. Deficient centers, especially in regards to patient recruitment, have been identified and will be notified about their performance. The N2QOD is contemplating changing vendors for this service.

**AANS MOC/CME Committee**
As above, the AANS MOC Preparation course will take place in San Antonio for the first time in Feb. 2016.

**NREF Development**
Contribution from the NREF to section research funding was a major focus, and representatives from the NREF were present at section meetings this year to facilitate funding discussions.

**YNC Subcommittees**

**Marshals**
Krystal Tomei, MD, described the program and encouraged members of the YNC to volunteer as marshals.
**YNC Newsletter**
Edjah Nduom, MD, reported that the newsletter went out just before the meeting. He asked for article ideas and submissions and would like to do a career corner with interviews of recent hires. The next issue and subsequent issues will be released after meetings instead of before them.

**Neurosurgical Top Gun**
Kris Kimmel, MD, described the annual competition that is organized and executed by the YNC. He has started working with the AANS Meetings staff on the 2016 competition and encouraged members of the YNC to assist in the booth.

At the Young Neurosurgeons Luncheon, Dr. Zada announced that Roberto Heros, MD, FAANS(L), will be the 2016 speaker, and he will work with Dr. Khoi, the vice chair elect, on this program.

**Information Technology**
The Twitter account has been successful, and we are investigating live streaming at the 2016 AANS Annual Scientific Meeting on Twitter.

**Sections**
**Section on Disorders of the Spine and Peripheral Nerve**
The executive committee on the Section of Spine and Peripheral Nerve discussed specifics regarding standardizing their fellowship process as they begin to apply for CAST approval. They discussed whether enfolded fellowships would be accepted or whether they would only be approving PGY-7 or post-graduate fellowships. Further reports will be given at the 2016 AANS Annual Scientific Meeting. Funding has been consistent for Section sponsored awards and fellowships.

**Section on Pain**
The executive committee of the Section on Pain discussed a variety of topics. There is a concerted effort to develop more research interest within the Section by increasing funding through the NREF. The Section is also in the process of developing guidelines for a Pain fellowship.

**Section on Women in Neurosurgery (WINS)**
There is a push for retention of female members to WINS after graduation, as all female residents are automatically members. There is an offer to program directors to sponsor the first three years of membership for graduating residents. Please note that WINS is now a joint section of the AANS/CNS and will hold a scientific session on Monday, 7-8:30 a.m. The theme is “Mentorship and Innovation,” and all are welcome to attend. WINS held a reception at the 2015 CNS Annual Meeting with a guest speaker who gave a talk entitled “Succeeding the Odds – Women in Innovation.” The next WINS meeting is Sunday, May 1, at the 2016 AANS Annual Scientific Meeting and is open to all who would like to become involved.

**Section on Stereotactic and Functional Neurosurgery (ASSFN)**
The Stereotactic and Functional Neurosurgery Journal is now at 2.1, a 10-fold increase over the past 10 years. The section is currently discussing the CAST approval process for functional fellowships. They discussed whether to codify fellowships into specific subspecialties (DBS, epilepsy, etc.) or keep one general fellowship. They also discussed whether or not to accept enfolded fellowships, and if so, whether they should be limited to the senior years, or just to year seven. They held their first biannual social hour during the 2015 CNS Annual Meeting and are currently accepting abstracts for their ASSFN biennial meeting. The next meeting will be June 18-21, 2016, in Chicago.

**Section on Tumors**
The committee discussed the initiation of a Section on Tumor sponsored fellowship that will be dedicated to Andrew Parsa MD, PhD. The Section has also initiated the development of CAST approved fellowship criteria. There are current discussions between the Section on Tumors and Cerebrovascular Section regarding the management of skull base fellowships. Multiple guidelines are currently in development. The Tumor Section continues to hold a Young Neurosurgeons Reception at the AANS Annual Scientific Meeting and the CNS Annual Meeting together with the YNC. The special guest lecturer for the 2015 CNS Annual Meeting was John Sampson MD, PhD, FAANS. E. Antonio Chiocca, MD, PhD, FAANS, was elected president of the Society for Neuro-Oncology.

**Cerebrovascular Section**
The Cerebrovascular Section discussed a variety of topics, including funding and plans to increase medical student membership. The section is currently developing guidelines for CAST approval for their vascular/endovascular fellowships and are discussing these with the Tumor Section and various other specialties with mutual interest.

**Section on Neurotrauma & Critical Care**
The executive committee of the Section on Trauma primarily discussed the release of guidelines for traumatic brain injury.