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FROM THE CHAIR

Tumor Section Is 25 Years Young!



Michael W. McDermott, MD

It seems hard to believe that more than 25 years ago Mark Rosenblum, MD, and other members of the AANS and CNS with an interest in tumors of the central nervous system corralled their creative energy to form the AANS/CNS

Section on Tumors. Since that time, those of us with the common interest in these tumors have convened at our national meetings to focus on the latest developments in the basic and clinical sciences in surgical neurooncology. Hundreds of awards and thousands of dollars have gone toward recognizing excellence in these areas of investigation and treatment with the hope that the latest advances will be brought back to our own laboratories and clinics. Having been a participant in meetings since beginning my training in 1983, I can see that we have come a long way in many areas. My thanks to all past Tumor Section chairs, Executive Council members and Tumor Section members who have contributed to these efforts over the years.

In 2009 the Tumor Section will celebrate its 25th anniversary with a special event to be coordinated by Fred Barker, MD, our History Subcommittee chair. Many details of the event have already been put in place. We will have a black tie, paid ticket event on the Saturday evening of the AANS meeting in San Diego at the Hotel Coronado. We hope to present the Charles Wilson Award to a deserving member of the Tumor Section in recognition of significant contributions over a career. Please make every effort to attend this meeting with your spouse. Tickets will be limited, so watch for e-mail alerts

and check our Web site, tumorsection.org, for further information in the months ahead.

On a more serious note, at the 2008 AANS meeting in Chicago, the Tumor Section held two special symposia. The session on endoscopic and microsurgical approaches to the skull base was filled to capacity, and the presentations by each speaker were, as requested, concise to allow time for questions. Unfortunately, one interaction with a member of the audience tarnished the session and generated further discussion about how we should conduct ourselves with our colleagues during a national meeting. Rather than try to broach this topic alone, I asked a former section chair, Mark Bernstein, MD, who is published on the topics of ethics and professional conduct, to provide some guidelines for future meetings. Please take the time to read his article on page two.

The upcoming CNS meeting in Orlando looks to be another success, promising further attempts at improved learning with more interactive sessions. Alfredo Quinones, MD, has put together an interactive session on low-grade gliomas to be followed by one on neurosurgery in Latin America. Members should take note of a few facts based on 2006 U.S. Census statistics that will be relevant to our practice. According to those statistics, the U.S. Hispanic population is projected to be 47.8 million in 2010 and 59.7 million in 2020, up from 35.6 million in 2000. Currently, this ethnic group accounts for more than 15 percent of the U.S. population and represents 50 percent of the nation's total population growth. Its growth rate of 24 percent is three times the growth rate of the entire population of the United States. Clearly, those who are not familiar with the issues facing Latin American neurosurgeons with respect to cultural differences and subsequent choices about

Innovation, Fear and Conduct

Mark Bernstein, MD

Throughout the history of neurosurgery, there have been differences of opinion between great surgeons with great minds. Some are famous, like the Cushing-Dandy feud. Many of these differences stem from a surgeon taking an approach to a problem that is different from the standard party line, generally based on his or her attempt to use a new surgical approach. This was the case when the young upstart Dandy outdid his mentor Cushing by attempting gross total removal of vestibular schwannomas instead of performing Cushing's internal decompression.

Surgical innovation is one of the cornerstones of progress within the art and science of our specialty. Who would have thought of bringing in a microscope to help remove a lumbar disc? Who would have dreamed that aligning the little magnetic dipoles in the brain and then allowing them to relax would provide spectacular anatomic imaging? Who would have been brazen enough to punch a hole in the third ventricle to help reroute cerebrospinal fluid instead of committing every hydrocephalic patient to a piece of tubular hardware in his or her body? And who would have thought that one could remove sizeable skull base tumors through very small openings using endoscopes, with minimal manipulation of the brain?

How do surgeons ethically embrace surgical innovations and how do we monitor their medical acceptability, both in terms of efficacy and safety? One way is by publicly presenting our results at meetings and conferences, and another is by committing them to the scrutiny of publication in peer-reviewed journals. In the latter process, we can take our time to calmly prepare and examine the data, and assess whether it is valid.

But how do we quickly assess large amounts of data presented by a good surgeon and good presenter at a conference? The answer is that

we can't. However, we must have *a priori* trust that our colleagues are honest. We must ask important and incisive questions about the data and expect honest answers. When we present data, we must be humble and scrupulously honest in presenting the negative aspects of our surgical innovations, including the complications and limitations. We all must proceed cautiously but boldly.

Recently there has been another flare-up of acrimonious interchanges at meetings over the issue of minimal-access skull base neurosurgery. I humbly suggest that we all be wary of our conduct, especially in public forums. Yes, we must ask the tough questions and we must be prepared to give tough answers, but we must remain civil and open-minded. We must engage in constructive dialogue, not destructive outbursts. We must be good role models for other neurosurgeons and neurosurgery residents.

Ultimately, what drives neurosurgeons to behave badly over others' surgical innovations is the fear that these innovations will render their own work obsolete or perhaps cost them patients or even income. So be it. If the cost of progress is having to retool one's skill set to give better patient care, then thus it shall be. Because of all of these innovations, the therapeutic efficacy is better and the risk profile is less for most patients with neurosurgical conditions today than it was 40 years ago, or even four years ago. Our profession and our subspecialty must move forward—we are scientifically and ethically bound to do so.

We must embrace all of these innovations, conditional upon their proven worth, and the only way we can help to start to ensure their worth is by having a safe environment for presenting the results to our colleagues without fear of recrimination or invective.

Guidelines Momentum Builds

Mark E. Linskey, MD

Guidelines initiatives within the Tumor Section continue to expand and gain momentum. Since our last newsletter update, we have seen the completion and formal AANS and CNS approval of the "Newly Diagnosed GBM Guidelines" project. This major effort, ably led by Jeff Olson, MD, is now in press with the *Journal of Neuro-Oncology* and may even be available by the time this newsletter is published.

This special issue will include a clinical practice guidelines overview and commentary by our own guidelines committee chair. We thank Dr. Olson and his team for all their hard work and Linda Liau, MD, and her team at the *Journal of Neuro-Oncology* for their steadfast and generous support of our section.

The pituitary adenoma guidelines initiative led by Nelson Oyesiku, MD, and his team continues to move forward, and we are looking forward to an update at the Tumor Section Executive Council meeting in September. The metastatic brain tumor guidelines initiative, which is being led by Steve Kalkanis, MD

in collaboration with McMasters EPC, is moving forward and currently on schedule. The initial research has been completed and the preliminary evidence tables and abstract compilations have now gone out to the chapter writing group leaders.

With one project completed and two advanced in their course, the section is now poised to begin a fourth initiative. We have been approached by the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves leadership with a proposal to join them in a joint clinical practice parameter guidelines project focusing on metastatic spine disease. This proposal was overwhelmingly supported at our April 2008 Tumor Section Executive Council meeting, and the project will start soon under the leadership of Tim Ryken, MD, who is a member of both sections as well as co-vice chair of the Joint Guidelines Committee.

The guidelines committee of the Tumor Section is healthy, active, productive and growing. Those interested in participating should so advise by e-mail to mlinskey@uci.edu.

Tumor Section Symposia: 2009 AANS Annual Meeting

Manish Aghi, MD, PhD

The AANS/CNS Section on Tumors will hold two symposia at the 2009 AANS meeting in San Diego, on either Tuesday, May 5, 2009, or Wednesday, May 6, 2009 (date to be determined).

The first symposium will be entitled “Clinical and Scientific Advances in Oncolytic Viruses in Treatment of Glioma” and will be moderated by Manish Aghi, MD, of the University of California, San Francisco, E. Antonio Chiocca, MD, of Ohio State University, and William T. Curry, MD of Massachusetts General Hospital. The symposium is being held 18 years after the initial paper describing the use of engineered herpes viruses to treat gliomas was published in *Science*, and nine years after the first clinical trial results in oncolytic viruses for glioma were published. By 2009, several exciting trials reflecting the laboratory advances that have been made since that first trial will be ready for report of their results, and this symposium will be an ideal format in which to hear the findings.

The first symposium will open with “Introduction: DNA and RNA Viruses and Why They Have Appeal for Use in Glioma,” a five-minute overview by Dr. Aghi. This will be followed by reports of results that are expected to be released in May 2009 for three sequential clinical trials. The symposium also will include talks by Fred Lang, MD, of MD Anderson, presenting “Clinical Results With Replicating Adenovirus, a DNA Virus”; James Markert, MD, of University of Alabama at Birmingham, presenting “Clinical Results With Herpes Virus, a DNA Virus, and Convection-

Enhanced Delivery of Reovirus, an RNA Virus”; and Eva Galanis, MD, of Mayo Clinic, presenting “Clinical Results With Measles Virus, an RNA Virus.” The symposium will conclude with “Wrap-Up: Future Directions” by Dr. Curry.

The second symposium will be entitled “Current Topics in Extramedullary Spinal Tumors” and will be moderated by Mark Bilsky, MD, of Memorial Sloan-Kettering Cancer Center. Our understanding of intradural extramedullary spinal tumors recently has expanded, particularly in regard to how pathology influences the finer points of surgical resection. And, the treatment of extradural extramedullary tumors has been heavily influenced by advances in radiosurgery and aggressive surgical techniques that enable complete removal of tumors previously thought unresectable. The symposium will open with an introduction by Dr. Bilsky, followed by talks by Paul McCormick, MD, from Columbia University on “Intradural Extramedullary Spinal Tumors: Pathologic and Surgical Pearls”; Peter Gerszten, MD, of Pittsburgh on “Use of Radiation for Extramedullary Extradural Tumors”; and Ziya Gokaslan, MD, of Johns Hopkins on “Surgical Options for Extramedullary Extradural Tumors.” The symposium will conclude with an interactive session in which cases (emphasizing extramedullary extradural tumors) provided by audience members are presented to the group, which then can vote for what their optimal management strategy would be, followed by a discussion of the case by the panel members. There will also be a wrap-up by Dr. Bilsky.

We look forward to seeing you all in San Diego in 2009.

Treasurer's Report

Jeffrey N. Bruce, MD

The academic mission of the Tumor Section has been generously supported by numerous entities including the American Brain Tumor Foundation, Synthes, The Integra Foundation, BrainLAB, The Bittner family, The National Brain Tumor Foundation, The Preuss Foundation, the *Journal of Neuro-Oncology*, and The Farber Foundation. These contributions have provided support for grants and section awards as well as the Young Neurosurgeons reception held at the AANS meeting in Chicago. The financial strength of the organization allows support for the section Web site, the Brain Metastasis Guideline Project, international travel stipends, sponsorship of the September meningioma meeting in Boston, the Academic Community Alliance and the Washington Committee.

Membership dues continue to be the main revenue source for the Tumor Section. Income from previous tumor satellite meetings has provided additional revenue. A membership dues increase was enacted this year but was easily offset by the additional benefit of a subscription to the *Journal of Neuro-Oncology*, which is now being distributed to every Tumor Section member. The AANS Executive Office oversees investments for the Tumor Section treasury account and has been an important component of our fiscal solvency.

Society of Neuro-Oncology Report

Susan Chang, MD

There will be a joint meeting of the AANS/CNS Section on Tumors and the Society of Neuro-Oncology in the fall of 2009 at the CNS Annual Meeting in New Orleans. Frederick Lang, MD, current vice president of SNO, and Randy Jensen, MD, will be co-chairing the scientific program. Details of the program will be made available when they are finalized.

Because of the recognized limitations of using the current radiological criteria to assess response and progression to therapeutic interventions, there has been an international effort to standardize response outcomes in neurooncology. Led by Martin Vandenberg, MD, Susan Chang, MD, Patrick Wen, MD, Michael Vogelbaum, MD, and David Macdonald, MD, various working groups have been formed. In addition to developing standardized criteria for the evaluation of therapies in the newly diagnosed and recurrent high-grade glioma population, criteria for assessment response for low-grade glioma and specifically for surgically based neurooncology trials are of priority. I am hopeful that the results of the efforts of these working groups can be shared with the neurooncology community in the fall of 2008.

Tumor Section Symposia: 2008 CNS Annual Meeting

Alfredo Quinones-Hinojosa, MD

The AANS/CNS Section on Tumors will hold two symposia at the 2008 CNS meeting.

The first is the “International Symposium” that will be held in the afternoon of Tuesday, Sept. 23 and will be moderated by Alessandro Olivi, MD, from Johns Hopkins and Rodrigo Ramos Zuniga, MD, from Mexico. The speakers will include Fernando Diaz, MD, PhD (professor, Department of Neurological Surgery, Wayne State University); Edgardo Spagnuolo, MD, from Uruguay (member representative of the Latin American Federation of Neurosurgery, FLANC); Jose Carlos Saleme, MD (president, Brazilian Society of Neurosurgery); Ramiro del Valle, MD (director, gamma knife surgery, Mexico City); and Alfredo Quinones, MD (assistant professor of neurosurgery, Johns Hopkins). The topics during this symposium will include: (1) “Neurosurgery in Latin America—Current Status,” with a special focus on workforce, training of neurosurgeons, universities, government funding, and status of treatment of brain tumors; (2)

“Latin American Neurosurgeons in the U.S.: Demographics of Spanish-Speaking Population in the U.S. Over Time,” focusing on the number of neurosurgeons now and the prospects for the future; and (3) “Epidemiology of Brain Tumors and Other Central Nervous System Disease in the Hispanic Population in the U.S.”

The second is an Integrated Medical Learning symposium, “Evaluating Alternatives in the Management of Low-Grade Gliomas,” that will be held on the morning of Wednesday, Sept. 24 and moderated by Fred Barker, MD, and Alfredo Quinones, MD. The speakers will be Manfred Westphal, MD, Mark Berenstein, MD, and Michael McDermott, MD. Topics will include the role of surgery in the management of low-grade gliomas as well as long-term efficacy of early versus delayed radiotherapy for low-grade astrocytoma and oligodendroglioma and the prognostic factors for survival in patients with cerebral low-grade gliomas.

We look forward to seeing you all during the 2008 CNS Annual Meeting in September.

Community Collaborative Initiatives Committee Report

Russell R. Lonser, MD, and Anthony Asher, MD, FACS

The Community Collaborative Initiatives Committee, CCIC, continues to build and expand the Academic Community Alliance. The ACA is a network of academic and community practitioners committed to exchanging information, enhancing research and optimizing neurooncology patient care. The ACA was developed to open and build strong lines of communication among clinicians from a variety of practice settings to foster collaborative activities and advance patient care. Membership recruitment, expansion of the ACA Web site and development of regional areas of cooperation and strategic partnerships are ongoing efforts in the ACA.

Membership

ACA membership is open to all neurosurgeons and medical/radiation neurooncologists. All interested practitioners can join by simply accessing the ACA Web site (www.tumorsection.org/aca) and creating a user account. Since the launch of the ACA Web site, approximately 125 individuals have registered for membership. Todd Vitaz, MD (t.vitaz@louisville.edu) is the national membership coordinator, and Gail Rosseau, MD, (grosseau@neurosource.com) is the international membership coordinator.

Web Site

The ACA Web site is the portal for communication, education and ongoing activities of the ACA. This Web site, hosted within the AANS/CNS Section on Tumors Web site (www.tumorsection.org), contains a searchable member database (with contact information) that can be filtered by criteria (for example, medical discipline, years in practice, location and type of practice). This feature is specifically designed to facilitate discussion and promote information-sharing among ACA members. The Clinical Trial section of the Web site

provides a list of clinical trials available in neurooncology and links ACA members to clinical trial educational sites. Regular educational updates via Select and Quarterly Topic Reviews in Neuro-Oncology are available to enhance the distribution of educational information. The Web site also offers interactive learning opportunities through the Case of the Month and the Survey of the Month. Lastly, the Topic Discussion of the Month is a forum in which members may open discussions on a topic posted on the ACA Web site.

Regional Areas of Cooperation and Strategic Partnerships

The ACA seeks to identify existing areas of cooperation to be profiled for the entire ACA membership. If you are aware of a successful community-academic cooperative effort, please contact your ACA regional membership director so that these types of collaborations can be expanded and/or utilized as a guide to the development of other regional collaborative efforts. The ACA leadership is also working to develop strategic partnerships. The National Institute of Neurological Diseases and Stroke, NINDS, is interested in facilitating community participation in clinical research, and the ACA has ongoing conversations with NINDS to determine how the groups might work together to foster collaborative research, allow community practitioners greater access to clinical research tools and develop cooperative educational programs.

We sincerely hope you will consider participating in this effort. Please do not hesitate to contact the ACA leadership with any questions about this effort.

Anthony Asher, MD, co-director, ACA, asher@cnsa.com

Russell R. Lonser, MD, co-director, ACA, lonser@ninds.nih.gov

International Reports

Argentina

Jorge Shilton, MD, and Alejandra T. Rabadan, MD

The Argentine Association of Neurosurgery, AANC, was founded in 1959 and has 318 active members, 250 adherent members and 48 associate members.

In the last several years, AANC President Jorge Shilton, MD, led the association to create eight sections: spine, vascular, trauma, functional, tumor, skull base, peripheral nerves and pediatrics. Each section organizes at least two postgraduate courses per year, some in cooperation with the University of Buenos Aires School of Medicine, and participates in the scientific program of the AANC Annual Meeting.

AANC sections also have professional ties with several local societies. Representatives of AANC work together with representatives from the Spine Society, Argentine League against Epilepsy, Stroke Council, and others. The AANC has liaisons with the Latin American Federation of Neurosurgical Societies, FLANC, which created its Tumor Section in 2004. Marcus Rotta, MD, from Brazil is the president of the FLANC Tumor Section.

The AANC has a bimonthly publication, *The Argentine Journal of Neurosurgery*. Horacio Fontana, MD, is its editor, and Leon Turjanski, MD, its past editor.

In Argentina, another very active neurosurgical society is the Neurosurgical Society of Buenos Aires State. Martin Saez, MD, is the society's president. It organizes an annual meeting and has its own journal, for which Carlos Gagliardi, MD, is the editor.

Regarding our topic of interest—tumors—the AMA Argentine Society of Cancerology created the Section of Neuro-Oncology in 2006, with Alejandra T. Rabadan, MD, as director. In 2006 the section published “Consensus for the Treatment of Brain Metastases,” developed by a multidisciplinary team, in *Revista Argentina de Microbiología*. In the last two years, the section has organized two symposia and two meetings, with guest speakers from Argentina, Chile, Brazil and the United States. Raymond Sawaya, MD, was the honored guest at its 2007 meeting.

Section of Neuro-Oncology activities for 2008 include the following:

The section's second symposium will be held August 8–9, 2008, in Buenos Aires during the Congress of the Society of Cancerology and Congress of the Federation of Societies of Cancerology of MERCOSUR. The symposium is held under the auspices of the AANC and FLANC. The main topic is new concepts in microsurgery of brain stem tumors, and the guest speaker is Sergio Cavalheiro, MD, of Brazil.

An international course, “Management of Meningiomas 2008,” will be held Nov. 25–29, 2008, in Pinamar before the Neurosurgical Society of Buenos Aires State Annual Meeting. FLANC representatives will participate as guest speakers, and the course has the support of the AANC and the FLANC.

All of us, working together, hope to develop opportunities for young neurosurgeons and to exchange experiences to stimulate the development of neurooncological surgery in Argentina.

Chile

Enrique Concha, MD

The Chapter of Neurooncology of The Society of Neurosurgery of Chile is directed by David Rojas, MD, and Gustavo Zomosa, MD. The group is working hard on the next annual meeting of the Society of Neurosurgery of Chile. The meeting will include the Controversies in Neurooncology Symposium. The Chapter of Neurooncology has created a program focused on molecular biology, diagnosis and therapy of high-grade gliomas. We have invited Susan Chang, MD, who will have a crucial role in the development of this meeting. Dr. Chang has been invited to visit two neurosurgical facilities in Chile where brain tumors are treated, and she has been encouraged to apply for the ASIST Award. Lastly, we are organizing a pre-congress course, “Skull Base Approaches: Hands-On,” which will be taught by Evandro de Oliveira, MD, from Brazil and will take place at the University of Valparaiso. Neurosurgeons from other countries are invited to participate in the annual meeting.

The Chapter of Neurooncology's monthly meetings cover topics like the creation of a high-grade gliomas registry, the Chilean high-grade gliomas guidelines, the development of a fellowship on surgical neurooncology, and Chilean brain metastasis guidelines. This diverse program reflects the goals of the Chilean Chapter of Neurooncology. We have created committees to work on each one of these matters at the monthly meetings.

The high-grade gliomas registry program is developing with the assistance of an epidemiologist, May Chomaly, MD. We currently are selecting variables that will be recorded and used to give us useful data later. This committee hopes to have a protocol to acquire the data by December 2008.

You are very welcome to participate in any of these subjects, and we hope to expand our professional relationships through this work.

England

Nitin Mukerji, MD, MRCSEd

The Society of British Neurological Surgeons, SBNS, had its spring meeting at Liverpool, the European capital for culture 2008, at the beginning of April. Issues relating to neurosurgical training were the main topics of discussion. The implementation of the European Working Time Directive in the U.K. and its impact on neurosurgical training was a subject that concerned everyone. A panel discussion involving trainees, consultant trainers and the management unanimously concluded that reduction in working hours and shift working was detrimental to continuity of patient care as well as training. Tait and colleagues (*British Journal of Neurosurgery*, Volume 22, Issue 1 February 2008, pages 28–31) had found that of neurosurgical registrars who were in a position to compare current shifts instituted to meet the directive with conventional on-call schedules, 95 percent felt that the on-call schedules allowed for the provision of better care and gave better

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clinical exposure; 86 percent felt that on-call schedules were safer; 64 percent considered that on-call schedules gave a better work-life balance; and 59 percent felt that they were more tired undertaking shifts than on-calls. Three-quarters of registrars who were shift-working expressed a desire to return to on-call schedules. The early part of 2008 also saw the first year of national selection of neurosurgical trainees. Until now, each deanery advertised and recruited its trainees independently, but starting this year a system of national recruitment through centralized interviews by a national selection panel was established.

Clinical and scientific sessions included free papers from trainees and neurosurgeons on the latest ongoing research from various neurosurgical units in the U.K. Important topics were the follow-up study on the International Subarachnoid Aneurysm Trial subjects and the impact of the trial on aneurysm surgery in the U.K., the burden of brain tumors in the elderly, and day case surgery for brain tumors.

The British Neuro-Oncology Society, BNOS, met at Preston in June 2008 for its annual meeting. The meeting brought together clinicians and pioneering basic scientists in the field of neurooncology who presented and discussed their work. Stimulating workshops were organized for neurosurgical trainees and the basic scientists. The meeting was very well attended and was a grand success in its fourth year. The BNOS (established in 2004) is the renaissance of the British Neuro-Oncology Group, which was conceived in 1980 to encourage dialogue between clinicians and basic scientists working in the field of neurooncology.

The SBNS aims to host the WFNS meeting at the Excel Centre in London. This would be just after the centenary of the death of Sir Victor Horsley, the first surgeon to be appointed to a hospital position specifically to perform brain operations. The SBNS plans to have an exhibition booth at the 2009 World Congress in Boston in preparation for the vote on the bid at the 2011 WFNS Interim Meeting.

The next SBNS meeting in the U.K. will be the autumn meeting Sept. 10–12, 2008, in Nottingham, a city with a fascinating past and rich heritage.

Finland

Anu-Maaria Sandmair, MD

The Finnish Subcommittee of the AANS/CNS Section on Tumors reports that currently the most interesting tumor study not only in Finland but in Europe is the multicenter adenovirus mediated herpes simplex virus thymidine kinase gene transfer in combination with intravenous ganciclovir medication study for malignant glioma patients (Cerepro). The study was closed in May and the final data is being collected for all centers. Altogether, 250 patients were enrolled in this phase III study. The results are expected to be released at the September meeting of the European Association of Neurooncology, EANO, in Barcelona. Two centers, Oulu and Turku, were active in Finland.

Another interesting project is a study in Helsinki that will compare transcranial magnet stimulation, f-MRI and cortical mapping. This study will start in autumn 2008 and will focus on patients after stereotactic single-shot therapy.

A large survival study that compared patients who had

undergone meningioma surgery to a random population is under way in Helsinki. Also in Helsinki, a boron neutron capture therapy protocol shows promising results for treating malignant meningiomas and head and neck cancer.

The upcoming EANO meeting in September in Barcelona will include the latest news in the European neurooncological field. We all are looking forward to it.

Germany

Pedram Emami, MD

The 2008 meeting of the German Society for Neuro-Oncology, DGNC, took place in the old town of Würzburg in the South of Germany from May 30 to June 4. Our European partner for this year's joint meeting was the Italian Society. The schedule was very different from those of the joint meetings in the past. While we were used to having parallel sessions in German and in the language of our guests (of course, we also had a few common sessions in English), at the 2008 meeting we had a unilingual setting—English only. Though some, especially younger colleagues who were presenting for the first time, were not comfortable with using a foreign language, the response was mainly positive. The unilingual setting emphasized the international and multicultural character of joint meetings, gave some of us a chance to get to know Italian colleagues and their points of view, and hopefully made things more convenient for our guests.

The main topics at the meeting were translational neurosurgery, pediatric neurosurgery and tumors of the posterior fossa.

Besides the medical and scientific content, members of the DGNC were concerned with the request of some colleagues to extend the neurosurgical training period from six to seven years. This request was justified by:

- the rising number of fully certified neurosurgeons, and
- the legally limited working hours (depending on the special legal regulations of each federal state in Germany, they range from 56 to 66 hours per week) due to the directive of the European Council.

Both points could make it difficult to teach all required issues and achieve all learning objectives in six years.

The application for the extension of the training period was fortunately withdrawn after a short discussion and a speech by Prof. J.C. Tonn (director of the Neurosurgical Clinic of the University of Munich). He emphasized the importance of the quality of training, which is more significant than the quantity of time. He also reminded members of the decreasing number of medical students in Germany over the years, which seems to be explained by actual working and training conditions as well as a lack of career perspectives. An extended training period would make this job less attractive to young people.

Last (but not least), at this year's meeting Executive Committee members were elected. Prof. Dr. A. Unterberg (University of Heidelberg) replaces Prof. K. Roosen (University of Würzburg) as president/chairman; the new vice president is Prof. Dr. J. Maixensberger (University of Leipzig). Prof. Dr. R. Firsching (University of Magdeburg) will still be responsible for international relations. Now we are looking forward to next year's meeting,

which will be a joint meeting with our colleagues from Bulgaria and the Benelux in Munster from May 24 to 27, 2009.

Italy

Francesco DiMeco, MD

The 59th Annual Meeting of the German Society of Neurosurgery took place in Wurzburg from June 1 to 4, 2008, and was held in conjunction with the Italian Society of Neurosurgery, SINch. The two organizations have worked very closely together during the past two years, and this official "joint" meeting was intended to reciprocate the 2006 SINch Annual Meeting held in Turin.

The SINch is working to maintain an active profile within the international neurosurgical community. The 57th Annual Meeting of the Italian Neurosurgical Society, which will take place in Udine, Italy, Nov. 6–9, 2008, will be held in conjunction with the Japanese Society of Neurosurgery. Many colleagues from Japan are expected to attend and contribute to the success of the event.

Forthcoming meetings in Europe include:

- Sept. 25–27, 2008: Awake Surgery and Cognitive Mapping, Verona, Italy
- Nov. 6–9, 2008: 57th Congress of the Italian Neurosurgical Society (SINch)—Joint Meeting with the Japanese Society of Neurosurgery, Udine, Italy
- Dec. 12–15, 2008: 14th Endoscopic Neurosurgery Workshop, Ghent, Belgium

Japan

Fumio Yamaguchi, MD, PhD

Many neurosurgical meetings regarding brain tumors were held in Japan over the past year. The World Federation of Neurosurgical Societies 13th Interim Meeting/12th Asian-Australasian Society of Neurological Surgeons Congress was held Nov. 18–21, 2007, in Nagoya. Many neurosurgeons from the world over, including the U.S., participated, giving outstanding lectures. Furthermore, many young neurosurgeons from developing countries were invited with financial support. The goal of the meeting's state-of-the-art program is to promote the development of neurological services worldwide.

The 25th Annual Meeting of The Japan Society for Neuro-Oncology was held Dec. 9–11, 2007, in Tokyo. Topics included therapeutic factors for gliomas including CDK inhibitor, 17-AAG and IL-23. Factors for glioma analysis currently studied include SPARC (secreted protein acid and rich in cysteine), CDK5/p35, SDF-1/CXCR4, Arf6 (ADP-ribosylation factor 6), EP4 receptor, IL13R α 2 and WT1. A clinical trial involving temozolomide and MGMT was discussed in a session. The session "Interim Analysis of Combination Chemo-Radiotherapy by Means of Temozolomide and Interferon-beta for Malignant Glioma" also reported on a clinical trial. This is a multicenter trial phase I/IIa study (INTEGRA study) and an effective method for MGMT-positive glioma by reducing the expression of MGMT by administration of interferon-beta prior to temozolomide therapy.

The 31st Annual Meeting of the Japan Society for CNS Computed Imaging was held Feb. 21–22, 2008, in Tokyo. The meeting focused on preoperative evaluation of lesion character by imaging analysis. For brain tumors, many kinds of technologies

are now available for clinical use. In preoperative MRI, low ADC (apparent diffusion coefficient) value had good correlation with short overall survival. FLT (3'-deoxy-3'-[18F] fluorothymidine)-PET had a positive correlation with MIB-1 index and WHO grading in glioma cases. Higher fractional anisotropy showed harder meningioma. Some neurosurgeons are utilizing the fusion image of SPECT and MRI, FDG-PET and MRI, MET-PET and MRI, and multimodal information integrated into navigation systems. Proton-MRS for non-contrast-enhanced tumors was reported to be helpful for diagnosis.

We expect to have several meetings regarding brain tumors in the future. Upcoming 2008 and 2009 meetings include:

- 67th Annual Meeting of the Japan Neurosurgical Society
Oct. 1–3, 2008, Iwate, Japan
- 13th Annual Meeting of the Japanese Congress for Brain Tumor Surgery
Oct. 20–21, 2008, Osaka, Japan
- Joint Meeting of Italian-Japanese Neurosurgical Societies
Nov. 6–9, 2008, Udine and Venezia, Italy
- 26th Annual Meeting of The Japan Society for Neuro-Oncology
Nov. 30–Dec. 2, 2008, Matsuyama, Japan
- 19th Annual Meeting of the Japan Society for Hypothalamic and Pituitary Tumors
Feb. 27–28, 2009, Tokyo, Japan
- 32nd Annual Meeting of the Japan Society for CNS Computed Imaging
March 6–7, 2009, Osaka, Japan
- The 3rd Quadrennial Meeting of the World Federation of Neuro-Oncology jointly held with The 6th Meeting of the Asian Society for Neuro-Oncology (ASNO)
May 11–14, 2009, Yokohama, Japan
- 29th Annual Meeting of the Japanese Congress of Neurological Surgeons (JCNS)
May 15–17, 2009, Osaka, Japan
- 68th Annual Meeting of the Japan Neurosurgical Society
Oct. 14–16, 2009, Tokyo, Japan

Scotland

Sam Eljamel, MD

The Scottish Medicines Consortium approved the use of temozolomide (Temodal) and carmustine implants (Gliadel wafers) in patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and subsequently as monotherapy treatment, and issued strict guidelines.

The Scottish Adult Neuro-Oncology Network was established as a managed clinical network in Scotland to improve and standardize treatment protocols across the country and collect outcome data for audit and service improvement for patients with brain tumors.

The Scottish Association of Neurosciences meeting is taking place in Aviemore in the Scottish Highlands this fall with the Association of British Neurologists.

The Society of British Neurological Surgeons met in Liverpool, the European Capital of Culture 2008, on April 9–11, and plans are under way for the autumn meeting in Nottingham, England,

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Awards Committee Report

Gene Barnett, MD

The 2008 AANS Annual Meeting in Chicago demonstrated the depth of neurooncology research throughout the Tumor Section. The high quality of research spanning basic science, translation and clinical areas was recognized by the expansion of the monetary value and frequency of some Tumor Section awards.

Farber Award

A long-standing Tumor Section award is the Farber Award, instituted in 1994 and sponsored by the Anne and Jason Farber Foundation and James Farber. The award is presented at the annual meetings of the AANS and the Society for Neuro-Oncology in alternate years, and the awardee speaks at the respective meeting during the year of the award. Recipients are selected by a scientific subcommittee. The award recognizes the most promising investigators who are achieving significant results early in their careers. The award includes a monetary component of \$5,000 and is given only once to a recipient.

The Farber Award recipient is E. Antonio Chiocca, MD, (Fig. 1) professor and chair of the Department of Neurological Surgery at the Ohio State University School of Medicine. His research focus is on stem cell biology, interactions between viral and tumor cell life cycles, and definition of gene expression profiles in tumors that represent fields of research for possible therapy. Dr. Chiocca gave an outstanding lecture entitled “Barriers to Glioma Viral Therapy.”

Synthes Skull Base Award

The Synthes Skull Base Award is given to an attending neurosurgeon, resident or fellow in the Tumor Section who submits the best abstract related to skull base surgery. This \$1,000 award is given at the annual meetings of the AANS and CNS. Michael Sughrue, MD, (Fig. 2) of the University of California San Francisco was this meeting's recipient for his abstract, “The Natural History of Untreated Acoustic Neuroma.”

BrainLAB Community Neurosurgery Award

The BrainLAB Community Neurosurgery Award is awarded at the annual meetings of the AANS and CNS to a neurosurgeon practicing in a nonacademic setting with the best abstract related to central nervous system tumors. The award is limited to Tumor Section members and includes an honorarium of \$1,000. Alan Villavicencio, MD, (Fig. 3) of Boulder Neurosurgical Associates in Boulder, Colo., received the BrainLAB award for his paper, “Survival Following Stereotactic Radiosurgery for Newly Diagnosed and Recurrent Glioblastoma Multiforme.”

Preuss Award

The Preuss Award, established by the Preuss Foundation for Brain Tumor Research in 1985, was given first in 1987 at the AANS meeting. The award is presented at both the AANS and CNS annual meetings to a young scientist investigating brain tumors within 10 years of training who has submitted the best basic science research paper. A monetary component of \$1,000 is included with an award certificate. The award is open to Tumor Section members only.

The recipient at the AANS meeting, John Park, MD, (Fig. 4) is from the Surgical and Molecular Neuro-oncology Unit of the National Institute of Neurological Disorders and Stroke. He presented his paper, “Interleukin-13 Receptor Alpha2 Expression in Glioblastoma Multiforme.”

The National Brain Tumor Foundation Mahaley Clinical Research Award

The Mahaley Award was named in memory of M. Stephen Mahaley, MD, an internationally known neurosurgeon and dedicated clinical investigator. The Mahaley Award is given at each of the AANS and CNS annual meetings to a neurosurgery resident, fellow or attending Tumor Section member who submits the best clinical study in neurooncology. The recipient receives a monetary award of \$1,000 as well as the award certificate. The award is open only to Tumor Section members.

The AANS Mahaley Clinical Research Award was given to Andrew Parsa, MD, (Fig. 5) from University of California San Francisco for his abstract, “Proliferative CD8 T Cell Infiltrate in Newly Diagnosed Glioblastoma Patients Correlates With Long-Term Survival.”

ABTA Young Investigator Award

Sponsored by the American Brain Tumor Association, the Young Investigator Award is given at each AANS and CNS meeting to a young faculty member involved in neuro-oncology research who has demonstrated outstanding potential for future basic science research. The recipient must be a member of the Tumor Section and have been in practice for less than six years. The award includes a stipend of \$2,000 as well as a certificate presented at each of the annual scientific meetings.

John Sampson, MD, PhD, (Fig. 6) from Duke University was the AANS recipient of the ABTA Young Investigator Award for “A Pilot Study of in vivo PET Imaging of Gene Expression and Tumor Localization of RNA-Modified T-cells in Patients With Glioblastoma.”

Integra Award

The Integra Foundation Award, sponsored by the Integra Foundation, is given at each of the AANS and CNS annual meetings for the best research or clinical paper submitted investigating benign brain, spinal or peripheral nerve tumors. The monetary component of the award is \$1,000, and the award includes a framed certificate. Both residents and attending neurosurgeons can submit papers for consideration, and the award is given only once to a recipient. Awardees must be members of the Tumor Section.

The recipient of the Integra Foundation Award at the AANS meeting was Joung Lee, MD, (Fig. 7) from the Cleveland Clinic for “Operative Outcome Following Meningioma Surgery: A Single Surgeon's Experience With 600 Cases.”

Journal of Neuro-Oncology Award

The Journal of Neuro-Oncology Award is sponsored by Springer Publishers. Previously, the award was given only at the AANS

Annual Meeting and included a free year's subscription to the *Journal of Neuro-Oncology*. Starting this year, the award will be given at both the AANS and CNS annual meetings and will include a monetary award of \$500. It is given to a high-ranking abstract in either clinical or basic science related to neurooncology. Tumor Section membership is not required.

This year's recipient, for an abstract entitled "Impact of Surgery on the Leptomeningeal Dissemination of Supratentorial Brain Metastasis," is Raymond Sawaya, MD, (Fig. 8) from the MD Anderson Cancer Center.

Bittner Award

The Bittner Award is endowed by E. Laurie Bittner in memory of her husband, Ronald L. Bittner, MD. The Bittner Award was established for a junior investigator based on a high-ranking abstract selected through the AANS/CNS Section on Tumors Abstract Review and Awards Committees. This award recognizes outstanding clinical research in the field of neurooncology and includes a \$500 honorarium, \$1,000 traveling scholarship reimbursement and a framed certificate. It is open to Tumor Section members only.

This year's AANS winner is Matthew McGirt, MD, (Fig. 9) from Johns Hopkins University, for his paper entitled, "Extent of Surgical Resection Is Independently Associated With Survival in Patients With Malignant and Low-Grade Brain Astrocytoma."

BrainLab International Fellowship

The AANS/CNS Section on Tumors/BrainLab International Fellowship was awarded for the first time at the 2007 AANS

Annual Meeting. This award, to be given once a year, provides funding for a neurosurgeon outside North America to spend one year of mentored neurosurgical oncology research in the United States. The proposals are reviewed by a subgroup of the Tumor Section's Executive Council.

The 2008 recipient is Xiang Wang, MD, from the People's Republic of China for his proposal, "The Trafficking of Bone Marrow Derived Mesenchymal Stem Cells in Brain Tumor Angiogenesis and Stromal Development." Dr. Wang will carry out his research in the laboratory of Victor C-K Tse, MD, PhD, associate professor of neurosurgery at Stanford University, who is a member of the Tumor Section. The fellowship will be from July 2008 to June 2009.

American Brain Tumor Association Clinical Research Award

The American Brain Tumor Association Clinical Research Award has been increased from a one-year \$50,000 grant to two consecutive \$50,000 one-year grants designed to support faculty who are involved in clinical research. The award is designed to provide pilot clinical data by the end of the two-year funding period for research having direct clinical application. Awards are designed to strengthen applications for permanent outside funding. Applicants should be full-time neurosurgeons who are members of the AANS/CNS Section on Tumors. Grant application forms are available from the ABTA or from the Tumor Section. Applications will be expected to provide evidence of clinical trial expertise, a well-designed hypothesis and clinical research plan along with any relevant supporting preliminary data, internal review board approval for the proposed study, eligibility criteria and a plan for subject accrual, and a timetable for completion

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Fig. 1 2008 Farber Award—Michael McDermott, MD, (left) presents the award to E. Antonio Chiocca, MD.

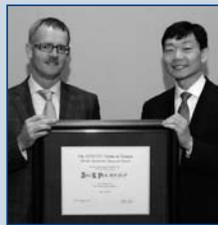


Fig. 4 John Park, MD, (right) is presented with the Preuss Award certificate by Michael McDermott, MD.



Fig. 7 Integra Award—Joung Lee, MD



Fig. 2 Michael Sughrue, MD, (left) is presented with the Synthes Skull Base Award certificate by Franco DeMonte, MD.



Fig. 5 Mahaley Award—Jeffrey Bruce, MD, (left) presents the award to Andrew Parsa, MD.



Fig. 8 Journal of Neuro-Oncology Award—Raymond Sawaya, MD, (right) is presented the award by Michael McDermott, MD.



Fig. 3 BrainLAB Community Neurosurgery Award—Gene Barnett, MD, (left) presents the award to Alan Villavicencio, MD.



Fig. 6 ABTA Young Investigator Award—John Sampson, MD, PhD



Fig. 9 Michael McDermott, MD, (left) presents the Bittner Award to Matthew McGirt, MD.

on Sept. 10–12, 2008. Further details are available from the society Web site, www.sbns.org.uk.

Switzerland

Dominik Cordier, MD

The Joint Meeting of the Swiss Society of Neurology, Swiss Society for Clinical Neurophysiology, Swiss Society of Neurosurgery, Swiss Society of Neuropediatrics, Swiss Society of Neuroradiology and Swiss Society of Neuropathology was held on April 23–26, 2008, at the Music and Convention Center in Montreux, Switzerland.

The meeting celebrated the 100-year anniversary of the Swiss Society of Neurology by inviting the other neuro-associated national societies. The meeting began with classical music, presentations concerning the current status of different neurological disorders (for example, Alzheimer's disease), tributes to former presidents, and the president's dinner.

On April 24 and 25, each society was invited to give state-of-the-art presentations concerning its current clinical development and research projects. The main focus was on neurological disorders such as Parkinson's disease and demyelating or ischemic disorders with their underlying pathophysiology. The primary neurosurgical contribution to this joint meeting was a review of 100 years of pituitary surgery in Berne (Prof. R. Seiler, Berne) as well as a lecture on brain perfusion and revascularization (Prof. F. Charbel, Chicago). Another presentation, a poster, provided follow-up results on 200 consecutive patients after selective amygdalohippocampectomy for intractable epilepsy (Prof. Y. Yonekawa, Zurich).

On April 26, a satellite symposium of the Swiss Society of Behavioural Neurology was held, focusing primarily on anosognosia and current ethical concerns. Tumor-related poster presentations included the visualization of glioma cells by using the 5-aminolevulinic acid method (V. Clement, MD) as well as the impact of intraoperative neuronavigation on the extent of resection in intended gross total resection (C. Schneider, MD, Aarau).

From the Chair *continued from page 1*

treatment should attend the session.

Lastly, I am pleased to inform our resident members, and those medical students with an interest in neurooncology, that the Tumor Section has secured funding for a new award from Stryker. The \$1,000 award will be awarded twice a year beginning with the 2009 AANS meeting. It will be given to a high-ranking abstract submitted to the AANS and CNS meetings by a resident, or by a medical student working with a Tumor Section member, the latter as senior author. Look for further details about eligibility criteria from Gene Barnett, MD, in the awards section of our Web site in the near future.

I look forward to seeing you at the CNS meeting in Orlando in September!

Tumor Section–SNO Scientific Meeting

Oct. 22–24, 2009

Randy Jensen, MD

A scientific meeting jointly held by the AANS/CNS Section on Tumors and the Society for Neuro-Oncology, SNO, will be take place Oct. 22–24, 2009, in New Orleans, La., immediately preceding the CNS Annual Meeting. A joint planning committee headed by Fred Lang, MD, and Randy Jensen, MD, includes members from SNO and the Tumor Section and is currently making preparations for this new endeavor. The overall theme of the meeting will emphasize what neurosurgeons add to neurooncology. This will be emphasized in the call for abstracts directed toward neurosurgeons planning on attending the CNS meeting.

The meeting will begin on Thursday, Oct. 22, with the educational day that has been traditional for each SNO meeting. The basic science section of the meeting will focus on tumor microenvironment with subtopics including the role of hypoxia, pH, microglia, invasion, metastasis, and stem cells in tumor development and growth. The second half of the day will highlight topics concerning the use of endoscopic approaches in neurosurgical oncology.

Friday, Oct. 23, will be the first day of the main scientific session. The plenary session will discuss contemporary treatment of primary and metastatic spinal disease. Afternoon concurrent sessions will address the management of cerebrospinal-fluid-related disease such as leptomenigeal disease and treatment related normal pressure hydrocephalus. There will also be panel discussions on microRNA and RNA interference in brain tumors and another on stereotactic radiosurgery. The remainder of the day and evening will include open scientific papers in the form of platform talks and posters.

The final day, Saturday, Oct. 24, will begin with a plenary session on skull base surgery emphasizing malignant head and neck tumors invading the skull base. The afternoon concurrent session will include panel discussions on molecular profiling and prognostic markers, management of recurrent and aggressive meningiomas, and clinical trial design in neurooncology. Additional open papers and posters will complete the remainder of this meeting.

This is a new venture for both the Tumor Section and SNO with the potential benefit of increasing attendance at both meetings, cross-fertilization of different subspecialties and strengthening relationships between these two societies. Many Tumor Section members have never attended the SNO meeting before, and this will be a great opportunity for them to experience this meeting with less disruption to their busy clinical practices. Conversely, non-neurosurgical members of SNO will benefit from the infusion of more voices from the Tumor Section in their annual meeting.

Please encourage your colleagues to plan on attending this singular event in October of 2009.

International Research Fellowship Begins Another Round of Funding

Frederick F. Lang, MD

In 2006, the AANS/CNS Section on Tumors established the Section on Tumors/BrainLAB International Research Fellowship. The goal of the fellowship is to provide neurosurgeons from outside the United States or Canada with the opportunity to come to the United States for the specific purpose of undertaking research in neurosurgical oncology. BrainLAB AG, a German company that develops surgical image-guidance systems, has supported the fellowship through an unrestricted educational grant for the past two rounds of funding and will continue to provide support for this next round. The fellowship carries a stipend of \$50,000 for travel expenses and salary support for a period of one year.

The first two years of the fellowship have been a major success. The Scientific Review Committee has had the pleasure of evaluating many high-quality proposals from outstanding investigators from Australia, Brazil, China, Germany, Honduras, India, Iran, Italy, Japan, Jordan, Nigeria, Serbia, Sudan, Taiwan, the Netherlands and Turkey.

The first award was granted to Kazuhiko Kurozumi, MD, from Okayama, Japan, who worked at The Ohio State University in the laboratory of E. Antonio Chiocca, MD, PhD, from July 2007 to June 2008. Dr. Kurozumi's project focused on modulating the glioma extracellular matrix in order to enhance oncolytic viral therapy, and resulted in an outstanding publication in *The Journal of the National Cancer Institute*, entitled "Effect of Tumor Micro-environment Modulation on the Efficacy of Oncolytic Virus Therapy" (*J Natl Cancer Inst* 99:1768–1781, 2007).

The current awardee is Xiang Wang, MD, from the People's Republic of China, who began his fellowship in July 2008 in the laboratory of Victor C-K Tse, MD, PhD, associate professor of neurosurgery at Stanford University. The title of Dr. Wang's proposal is "The Trafficking of Bone Marrow Derived Mesenchymal Stem Cells in Brain Tumor Angiogenesis and Stromal Development." Dr. Wang will finish his fellowship in June 2009.

Applications for next year's award (commencing July 2009) are due on Nov. 17, 2008. Interested neurosurgeons can obtain applications and details about the submission process through the Tumor Section Web site, by contacting Julie Quattrocchi by e-mail (jaq@aans.org), or by writing to the AANS, 5550 Meadowbrook Drive, Rolling Meadows, IL 60008-3852 USA.

The application requires a five-page proposal outlining the purpose and methods of the research, an essay describing the importance of the fellowship in the applicant's career, and letters of recommendation. A letter of support from the sponsor in the United States, who must be a member of the Tumor Section, also is required. All proposals are reviewed independently by the Scientific Review Committee, which consists of six members from the Executive Council of the Tumor Section. Proposals can focus on any clinical or basic research topic in neurosurgical oncology.

The AANS/CNS Section on Tumors again thanks those who have worked so hard to make this fellowship successful. Special

thanks go to Julie Quattrocchi and Michele Gregory, who have played critical administrative roles in overseeing the entire application process. The Tumor Section remains grateful to BrainLAB AG for its generous financial support.

Clinical Research Committee Report

Michael A. Vogelbaum, MD

In 2007, the Clinical Research Committee of the AANS/CNS Section on Tumors, in joint sponsorship with the American Brain Tumor Association, ABTA, introduced a new clinical award, the ABTA–AANS/CNS Section on Tumors Clinical Research Award. This one-year grant of \$50,000 was designed to provide support for pilot clinical research activities that could potentially lead to the development of a larger, multiyear clinical trial supported by federal funding. Applicants were asked to provide evidence of clinical trial expertise, a well-designed hypothesis and clinical research plan along with any relevant supporting preliminary data, internal review board approval for the proposed study, eligibility criteria and a plan for subject accrual, and a timetable for completion of the clinical trial.

Seven excellent applications were received and peer reviewed. The first ABTA–AANS/CNS Section on Tumors Clinical Research Award was given to John Sampson, MD, of Duke University Medical Center for his project entitled, "A Pilot Study of in vivo PET Imaging of Gene Expression and Tumor Localization of RNA-Modified T-Cells in Patients With Glioblastoma." The work of the Tumor Section members who evaluated and scored the proposals is greatly appreciated.

Thanks to the fundraising efforts of Naomi Berkowitz and the ABTA, this clinical award has been increased to a two-year, \$100,000 grant. Solicitations for new proposals will begin later this year.

Clinical research education will be a focus of the 2008 CNS Annual Meeting. Fred Barker, MD, and Michael Vogelbaum, MD, will be plenary session speakers on Tuesday, Sept. 23, when they will discuss "Instruments for Understanding Evidence." They will be joined by Peter Angelos, MD, a surgeon who is highly regarded for his expertise in the ethics of clinical research. Dr. Vogelbaum also has organized and will moderate an afternoon Neurosurgical Forum session on clinical trial design and participation on Monday, Sept. 22.

Finally, the Tumor Section continues to have a strong presence in the Radiation Therapy Oncology Group and in the newly forming Adult Brain Tumor Consortium. This latter group will replace the two separate consortia (NABTT and NABTC) and will continue to focus on phase I and II trials of new drugs and technologies for treating high-grade gliomas.

Journal of Neuro-Oncology: Editor's Message

Linda M. Liau, MD, PhD

I am pleased to announce that Springer recently has entered into a formal agreement with the AANS and CNS to officially detail the affiliation between the AANS/CNS Section on Tumors and the *Journal of Neuro-Oncology*.

Tumor Section Benefits

The AANS/CNS Section on Tumors will be given two pages per issue in the journal to advertise and promote its annual conferences or other related activities. All material should be submitted to the editor-in-chief.

Springer will acknowledge that the journal is published in cooperation with the Tumor Section in all promotional materials and on the journal's Web site.

Tumor Section members will be entitled to all of the unique electronic enhancements the *Journal of Neuro-Oncology* offers, such as:

- Editorial Manager: Web-based submission and peer review system
- Online First: Online publication of fully citable articles prior to the print edition

Tumor Section members will receive all 15 print issues of the journal. In addition, Springer will provide members with user names and passwords for full-text online access to the journal. Springer will provide member subscriptions to the *Journal of Neuro-Oncology* at the "preferred society rate" of \$75 for both online and print editions. Pricing includes taxes and shipping. The Tumor Section will send the list of names and addresses of each member subscription to Springer on an annual basis. To avoid a lapse from year to year, the list should be provided in December of the previous year.

Springer also will provide two annual cash awards in the amount of \$500 each to be paid directly to the corresponding author(s) selected for the best tumor-related papers selected from the AANS and CNS annual meetings. The editor-in-chief will communicate these details to the publisher, in writing, with name, contact details, as well as the title of the paper.

As part of the AANS/CNS Section on Tumors 25th anniversary celebration at the upcoming AANS Annual Meeting in San Diego

25th Anniversary Banquet

Frederick G. Barker, MD

The Tumor Section's 25th Anniversary Banquet will be held in San Diego on Saturday, May 2, 2009, in association with the 2009 AANS Annual Meeting. This event will be held at the San Diego landmark Hotel del Coronado. A garden reception will be followed by dinner in an historic banquet room. Plans include the third presentation of the Charles Wilson Award for lifetime contribution to neurooncology; after-dinner speeches will be strictly limited to the minimum required by California law. Members are encouraged to bring spouses, as there will be dancing after dinner.

in May 2009, the *Journal of Neuro-Oncology* has offered to publish a supplemental issue containing original work authored by past Tumor Section chairs. Invitations for article submissions have recently been sent out. Manuscripts are due by Oct. 1; please submit your papers at www.editorialmanager.com/NEON/ by the due date. For article type, please choose Editor's Invited Manuscript on the pull-down menu and upload your article as instructed.

Young Neurosurgeons News

Jay Jagannathan, MD

The Young Neurosurgeons Committee organized the AANS/CNS Section on Tumors' new member reception at the 2008 AANS meeting in Chicago. The overall goal of this reception is to provide an opportunity for younger section members to meet more senior membership in an informal atmosphere. The reception was an overwhelming success, with more than 200 attendees. A highlight of the event was the talk on head and neck injuries sustained during auto racing, given by current Tumor Section Chair Michael McDermott, MD.

Thanks to Sponsors

The committee would like to acknowledge the generous contributions from sponsors, which included Integra, MGI Pharma and Compass Surgical. Two new sponsors, the Focused Ultrasound Foundation (www.FUSfoundation.org) and Synthes (www.synthesresident.org), also made generous contributions to the meeting. Both of these sponsors have new educational programs and grants available to young members of the Tumor Section. More information is available on their respective Web sites.

The 2008 reception will be held at the CNS meeting in Orlando on Monday Sept. 22, from 5:45 to 7 p.m. at the Peabody Hotel. We anticipate great turnout again, and more details will be disseminated via an e-blast closer to the meeting date.

The Young Neurosurgeons Committee also is working with the Society of Neuro-Oncology, which is starting a young neurosurgeons program. This program will allow young committee members to become involved with SNO and with meetings, grant and award opportunities, and mentorship.

Marshals Opportunities

Lastly, the Young Neurosurgeons Committee continues to encourage resident participation in Tumor Section courses and events during the AANS and CNS meetings via the Marshals Program. A section representative also will sit on the AANS Marshals Committee. Please send an e-mail to cap@aans.org or jj5a@virginia.edu if you are interested in participating. Resident and Fellow members of the section who serve as marshals will be given free admission to the courses in which they participate. Sign-up for 2009 marshaling opportunities will begin early next year.

Immunotherapy Task Force Report

Amy Heimberger, MD

The investigational efforts in the fields of neurooncology immunology and immunotherapy have continued to grow and have been enjoying ever-increasing prominence at many of the annual meetings of the American Association for Cancer Research, the AANS, and the American Society of Clinical Oncology. Last year the Annual Immunotherapy Task Force Meeting was incorporated into the Society for Neuro-Oncology Annual Meeting as an afternoon seminar session, with record-breaking attendance. Invited keynote speaker Drew Pardoll, MD, presented his landmark studies on the role of STAT-3 in tumor progression and immune suppression. The organizers for the annual Aspen Symposium on Brain Tumor Immunotherapy have decided that the conference will be held every other year; thus the next meeting will be in the fall of 2009.

An update on the phase II clinical trial results from the EGFRvIII peptide vaccine study administered sequentially with temozolomide (ACT II) conducted at Duke University Medical Center and MD Anderson Cancer Center were released at the annual meeting of the American Society of Clinical Oncology. In newly diagnosed GBM patients who receive concurrent temozolomide and the EGFRvIII vaccine, median survival was 33.1 months. Efforts are still under way throughout Europe to conduct clinical trials utilizing dendritic cell immunotherapy for high-grade malignant glioma patients, but they are awaiting word on funding. If you have an open immunotherapy trial at your site and want it listed for notification, please submit it to aheimber@mdanderson.org.

Ongoing Immunotherapy Clinical Trials for Malignant Glioma Patients

Agent Delivered/Site	Phase	Sponsor or Centers Involved	Eligibility
GM-CSF + PEP-3-KLH + temozolomide versus standard of care temozolomide	II/III	Celldex Therapeutics 27 Sites Nationally www.celldextherapeutic.com	Newly diagnosed GBM, gross-total resection, EGFRvIII +, no progression post-radiation
VEGF Trap	II	UCLA, UCSF, Dana Farber, NCI, Duke, Sloan-Kettering, U. of Pittsburgh, U. of Wisconsin, U. of Texas at San Antonio, MD Anderson Cancer Center	Recurrent temozolomide-resistant malignant gliomas
Dendritic cells + tumor lysate (DCVax-Brain)	II	Northwestern Biotherapeutics www.nwbio.com	Newly diagnosed GBM
Intralesional Adoptive cellular therapy with IL-2-stimulated lymphocytes	II	Hoag Memorial Hospital Presbyterian	GBM
Dendritic cells + tumor lysate	I/II	Cedars-Sinai Maxine Dunitz Neurosurgical Institute	Newly diagnosed or recurrent All high-grade gliomas (includes pediatric)
Heat Shock Protein (HSP-96)	I/II	UCSF	Recurrent high-grade
Dendritic cells + multiple peptides	I/II	U. of Pittsburgh	Recurrent GBM/AA, HLA-A2+
Dendritic cells + tumor associated antigen	I	Cedars-Sinai Maxine Dunitz Neurosurgical Institute	Newly diagnosed or recurrent GBM or brainstem glioma (includes pediatric)
Dendritic cells + glioma associated antigen peptide	I	UCLA	Newly diagnosed and recurrent high-grade glioma

Bylaws Committee Update

E. Antonio Chiocca, MD

At the last Tumor Section meeting, the results of two electronic ballot initiatives were announced. Both resolutions passed with an overwhelming two-thirds majority and were adopted as changes to the current bylaws. The new changes to the bylaws would limit an individual's appointment to the Executive Council to a maximum term of 10 years. After this time, the individual may serve an additional two-year term on the advisory board at the discretion of the chairperson. Former chairs of the Executive Council will serve six years on the advisory board. In addition, the role of the Young Neurosurgeons Committee was clarified.

Michael McDermott, MD, pointed out that these term-limit changes are designed to maximize new input into the committee. William Couldwell, MD, who is the chair of the Advisory Committee, had polled members and found all approved of these changes. A motion was made to approve the changes, and the motion was seconded. After further discussion, the changes were unanimously approved.

The ballots for this change of bylaws follow.

Current Bylaw:

Article I: Section 8. Election of Officers and Members of the Executive Council.

The Nominating Committee shall mail a list of nominees for each position to be elected to the active members within the first 15 days of January every two years. No more than two individuals may be nominated for each office. Only those ballots received from the active members by March 15 will be counted. A person shall be considered elected if he or she receives a simple majority of the votes cast.

Proposed Bylaw:

Article I: Section 8. Appointment of Members of the Executive Council and Election of Secretary-Treasurer.

The chairperson will appoint Executive Council members for a two-year term of office. The representative of the Young Neurosurgeons Committee will be proposed to the chairperson by the Young Neurosurgeons Committee. The chairperson will then appoint this proposed individual to a one-year term of office.

The Nominating Committee shall propose a list of nominees for the position of secretary-treasurer from the current Executive Council membership to be elected by the Executive Council every two years within the first 15 days of January. No more than two individuals may be nominated. Vote will be conducted by mail or by e-mail. Only votes received by two weeks before the Executive Council meeting of that year will be counted.

Current Bylaw:

Article I: Section 9. Terms of office for the members of the Executive Committee shall begin and end on the last day of the Annual Meeting of the AANS.

Proposed Bylaw:

Article I: Section 9. An Executive Council member can only be appointed to positions within the Executive Council for a maximum of ten (10) years. After this time, they may serve an additional two- (2-) year term on the Advisory Board, at the discretion of the chairperson. After this two-year term, their service to the section will be completed and they will not be able to be reappointed to the Executive Council or advisory board for another six (6) years. Former chairpersons of the Executive Council will serve six (6) years on the Advisory Board. After this six- (6-) year term, their service to the section will be completed and they will not be able to be reappointed to the Executive Council or Advisory Board for another six (6) years.

Membership Committee Report

Jonas Sheehan, MD

As a new benefit for section members in 2008, paid membership to the AANS/CNS Section on Tumors entitles each member to a full print and electronic subscription to the *Journal of Neuro-Oncology*, the supporting journal of the section. In this way, members have ready access to many of the leading and cutting-edge articles in the field of neurooncology. In addition to the journal subscription, members continue to receive discounted registration at the biennial Tumor Satellite Symposium, the Section on Tumors newsletter, and access to the members' section of the Tumor Section Web site. Section membership also supports the overall goal of promotion of education and research in the field of neurooncology by supporting grants, awards, fellowships and educational programs in the field.

The Tumor Section's Web site continues to serve, along with this newsletter, as the hub of section communication. Information regarding upcoming tumor-related meetings and meeting highlights are listed. An up-to-date and comprehensive listing of the section's many awards and recipients is maintained. Archived versions of the section's newsletters are available, as are updates from Tumor Section members from around the world regarding neurooncology progress and opportunities in their respective countries. Regular briefings from the Washington Committee and the Immunotherapy Task Force are also available.

The members' section of the Web site (accessible using username *tumor* and password *section*) contains valuable information for section members, including a comprehensive list of tumor-related clinical trials, a listing of funding and research opportunities in neuro-oncology, and a copy of the current issue of *Tumor News*. A comprehensive listing of neurooncology-relevant guidelines endorsed scientifically and methodologically by the AANS/CNS Section on Tumors is also provided in the members' section.

Membership has its privileges, and when it comes to the Tumor Section, those benefits continue to grow. Consider encouraging your colleagues in neurosurgery and other fields related to neurooncology to join the Tumor Section and begin to enjoy the benefits of membership.

Washington Committee Report

Isabelle M. Germano, MD, FACS

The Washington Committee efforts cover multiple important topics, including Medicare physician payment legislation, emergency neurosurgical services and quality improvement. The latter focused on moving forward with a solid plan to institute a data collection program. Topics of specific interest to the AANS/CNS Section on Tumors are detailed below.

Coding and Reimbursement—Code 61793

New technology and more diverse indications for stereotactic radiosurgery have made the present code 61793 (stereotactic radiosurgery [particle beam, gamma ray or linear accelerator], one or more sessions) inadequate to describe the full range of procedures and services that are now performed by stereotactic radiosurgery. The old code 61793 (stereotactic radiosurgery [particle beam, gamma ray or linear accelerator], one or more sessions) is worded in a way that was adequate 20 years ago to describe the existing technique of stereotactic radiosurgery but now is confusing to physicians and payers. Under the leadership of Jeff Cozzens, MD, of the American Medical Association, a survey to better document the relative value units of the treatment of each lesion was submitted to neurosurgeons actively performing radiosurgery. We actively participated in creating this list. The preliminary review of this survey suggests that there is evidence supporting the increased relative value units when treating multiple lesions in the same session. Data analysis needs to be compelled to corroborate this preliminary impression. Additionally, a new code for spine is being considered for 2009.

Awards *continued from page 9*

of the clinical trial. Multicenter collaborations are permitted. The successful grant applicant will be chosen after a peer-reviewed process conducted by members of the Executive Council of the AANS/CNS Section on Tumors. The scientific merit of the proposed study, as well as the credentials of the applicant and the support of the institution, will be important factors. Proposals will be due by Jan. 15, and the grant will be awarded on March 1 as well as announced at each AANS Annual Meeting.

Through our sponsoring agencies, the Awards Committee, on behalf of the Tumor Section, is pleased to be able to continue to support excellence in both clinical and basic science neuro-oncology research. Our awards require that the recipient be an active, international or resident member of the Tumor Section, and each award is given to a recipient only once. At this year's upcoming September 2008 CNS meeting in Orlando, Fla. the Mahaley, Preuss, ABTA Young Investigator, Integra Foundation, BrainLab, Journal of Neuro-Oncology and Synthes awards will be presented. For further details, please visit the Tumor Section Web site at www.tumorsection.org.

Guidelines Committee

The Joint Guidelines Committee, under the leadership of David Adelson, MD, and Mark Linskey, MD, is working on several tumor-related projects, including Metastatic Brain Tumor Multidisciplinary Evidence-Based Clinical and Practice Parameter Guideline Initiatives for Newly-Diagnosed GBM.

Another important topic to the Tumor Section is the American College of Radiology (ACR) criteria. Although these criteria have been around for nearly a decade, the AANS and CNS recently became aware of the initiative whereby the ACR has developed criteria for determining the appropriateness of imaging. The ACR leadership developed these criteria because they concluded that there was an immediate need to develop a system of nationally accepted, scientifically based guidelines to assist radiologists and referring physicians in making appropriate imaging decisions for given patient clinical conditions. The ACR has created a comprehensive list of appropriateness criteria that apply to more than 160 different conditions and various sub-indications. The list covers essentially the entire field of neurosurgery. The criteria pertinent to tumors were reviewed by appointed Executive Council members of the Tumor Section. Feedback was provided to the Washington Committee.

New Washington Committee Leadership

Several new appointees began their terms of service Jan. 1, replacing those whose terms ended Dec. 31, 2007. Of particular note, Bob Harbaugh, MD, became Washington Committee chair; Immediate Past Chair Troy Tippet, MD, continues to serve as a member of the committee.

Skull Base Surgery Subcommittee Report Franco DeMonte, MD

As chair of the skull base surgery subcommittee of the Tumor Section and president of the North American Skull Base Society, I extend my personal invitation to section members to attend the 19th Annual Meeting of the North American Skull Base Society, which will be held in conjunction with the 5th World Federation of Skull Base Societies meeting in Vancouver, Canada, in September 2008. The premeeting practical courses will be held on Tuesday, Sept. 9, and Wednesday, Sept. 10. There will be full-day clinics on endoscopic and open skull base techniques and two half-day courses on 3-D skull base anatomy given by Al Rhoton, MD. The meeting will follow and will run from Thursday, Sept. 11, to noon on Sunday, Sept. 14. The preliminary program for the meeting, along with hotel and registration information, is on the North American Skull Base Society Web site, www.nasbs.org. If I can be of any assistance to any of our membership, please contact me at fdemonte@mdanderson.org.

AANS/CNS Section on Tumors

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Pediatric Cancer Legislation

Howard Weiner, MD

Legislation that recognizes the brain as one of the key areas affected by childhood cancers and that increases federal investment for research in pediatric cancer became Public Law No 110-285 on July 29. The Caroline Pryce Walker Conquer Childhood Cancer Act of 2008 authorizes the allocation of \$30 million per year from fiscal 2009 through 2013 to support pediatric cancer research, establish a childhood cancer database, and provide information about the diseases to affected families. On July 16 the U.S. Senate passed H.R. 1553 by unanimous consent. The bill was introduced in the U.S. House of Representatives on March 15, 2007, by Congresswoman Deborah Pryce of Ohio. The legislation can be viewed at <http://thomas.loc.gov>.