



## In This Issue...

2

Treasurer's Report

3

Resident's Corner

4

Section on Tumors Awards at 2005 CNS Annual Meeting

5

2006 AANS Annual Meeting Section on Tumors Meeting Highlights

International Report: Japan

6

Neurosurgeons as Clinical Investigators: Report of Roundtable Discussion

7

International Report: Italy

Skull Base Surgery Subcommittee

8

Membership in the Section on Tumors

Society for Neuro-Oncology (SNO) Update

9

Research Funding Opportunities

Editor's Corner

## Chairman's Message

### Volunteer Efforts Fuel New Initiatives



Ronald E. Warnick, MD

In the Fall 2005 issue of *Tumor News*, I outlined several new initiatives for the AANS/CNS Section on Tumors. The Executive Committee has been hard at work and has made significant progress in all of these areas.

#### Major Initiatives

(1) To make the Section on Tumors more relevant to community brain tumor neurosurgeons, the Section will introduce a new award at the 2006 CNS Annual Meeting. The BrainLab Community Neurosurgery Award will be given to a neurosurgeon practicing in a nonacademic setting who submits the best abstract related to central nervous system tumors. I would like to thank BrainLab for their support and Jeffrey Bruce, MD, FACS (Awards Subcommittee), for his efforts to recognize the scholarly work of community-based brain tumor neurosurgeons.

The Community Collaborative Initiatives Subcommittee, under the direction of Anthony Asher, MD, has created the Academic-Community Alliance, whose primary objective is to encourage collaborative activities between individuals in different practice settings with the intent of advancing patient care. The group is based on the principle that individuals in all practice settings have the potential, based on the skills and resources at their disposal, to make unique contributions to patient care and to the evolution of treatment paradigms. MGI Pharma has agreed to fund an organizational meeting of the Academic-Community Alliance

that will take place at the 2006 AANS Annual Meeting in San Francisco.

(2) To strengthen our relationships with other national neuro-oncology organizations, Susan Chang, MD (Medical Oncology Subcommittee) has excelled at keeping our Section informed regarding the activities of the Society of Neuro-Oncology (SNO). She has also organized a working group to establish guidelines for reporting surgical neuro-oncology clinical trials. The guidelines are intended to permit accurate analysis of clinical trial results and facilitate manuscript review and publication.

The Skull Base Surgery Subcommittee has secured a new award for the 2006 CNS Annual Meeting. The Synthes™ Skull Base Surgery Award will be presented to the attending neurosurgeon, resident, or fellow who submits the best abstract related to skull base surgery. I would like to thank Synthes for their financial support and Franco De Monte, MD, FACS, for his efforts to enhance the involvement of skull base neurosurgeons in the section by virtue of this award, and through his work on the Scientific Program Subcommittee.

(3) To broaden the Section on Tumors international presence, we are fortunate to have an International Subcommittee comprised of top leaders from worldwide neuro-oncology organizations: Francesco DiMeco, MD (Italy), Hee-Won Jung, MD (South Korea), Andrew H. Kaye, MD (Australia), Alejandra Rabadan, MD (Argentina), David G.T. Thomas, MD (United Kingdom), Manfred Westphal, PhD, MD (Germany), and Fumio Yamaguchi, MD, PhD (Japan). The International Report

will be a regular *Tumor News* feature and we are indebted to our international colleagues for keeping us apprised of neuro-oncology activities in their part of the world.

The Education Subcommittee, under the leadership of Frederick Lang Jr., MD, has developed a proposal to establish an international fellowship program sponsored by the Section on Tumors and funded by our industry partners. The goal is to provide an opportunity for international neurosurgeons to perform clinical or basic research at a North American brain tumor center. The fellowship will provide travel expenses and salary support for a one-year period, and thus in essence, would be a "reverse" Van Wagenen Fellowship.

(4) To develop the future leaders of our organization, our younger Executive Committee members have greatly benefited from one-to-one mentorship by more senior committee members. Jonas Sheehan, MD (Membership Subcommittee), is working closely with Gene Barnett, MD, FACS, to establish a free-standing Section on Tumors Web site ([www.tumorsection.org](http://www.tumorsection.org)) that should go live around the time of the 2006 AANS Annual Meeting. Meanwhile, Steve Kalkanis, MD (Guidelines Subcommittee), has formed a working group that will develop guidelines for the management of metastatic tumors. He has received considerable support from Mark Linskey, MD, who also functions as the Guidelines Liaison for the CNS Executive Committee. The Section is fortunate to have such energetic young members as the future leaders of our organization.

### Other Notable Section Activities

#### Membership is up!

Our new membership initiatives have produced 60 new Active members over the past six months, with 14 additional applications in progress. Credit goes to Isabelle Germano, MD, FACS (Membership Subcommittee) and Chris Phillips (AANS Membership Director) for this record-breaking recruitment. We expect further membership gains via the streamlined online application center available at [myAANS.org](http://myAANS.org).

#### Tumor Satellite Meeting site selected!

The Seventh Biennial Tumor Satellite Symposium will take place in Washington, D. C. in conjunction with the 2007 AANS Annual Meeting. Andrew Parsa, MD, PhD (Tumor Satellite Symposium Subcommittee), has assembled an outstanding team that promises a world-class Section meeting commensurate with the AANS 75<sup>th</sup> Anniversary taking place that year. Additional information regarding meeting dates and scientific program will be available in the near future.

#### Final Thoughts

It is impossible for me to recognize each and every member of

the Executive Committee. However, you can be confident that there are 46 highly motivated volunteers who are committed to ensuring the success of the Section on Tumors. We welcome your comments and suggestions on how we can grow the section to meet your needs. Please send me an email at: [nsgymd@mac.com](mailto:nsgymd@mac.com).

## Treasurer's Report

Michael W. McDermott, MD

The Executive Committee of the Section on Tumors held its semi-annual meeting at the CNS Annual Meeting in Boston, Massachusetts. Some items of note included:



- (1) The new Web site planned by the Section on Tumors will incur start-up and ongoing annual costs.
- (2) The results of an e-mail ballot will give fellows the same courtesy membership status as residents (196 for, 10 against).
- (3) The results of an e-mail vote will allow all business activity of the Section to be handled by the Executive Committee and reported to members at the semi-annual meetings (192 for, 12 against, two abstained).
- (4) Committee reports were introduced from Drs. Anthony Asher, Susan Chang, and Franco DeMonte for the newly-established Community Collaborative Initiatives, Medical Neuro-Oncology, and Skull Base Subcommittees (respectively).
- (5) Members with a record of more than three years unpaid dues will have their membership status revoked.
- (6) Our level of financial support for the Washington Committee and Neurosurgeons to Preserve Health Care Access (NPHCA) will continue as in the previous year.

Total assets for the Section on Tumors for the term ending November 30, 2005 were \$244,487. Long-term investments increased to \$69,953 resulting in a total of \$171,000 in intermediate and long-term reserves. Year-to-date revenues (as of November 30, 2005) for the 2006 fiscal year appear to be slightly ahead of this point last year after taking into account revenues from the 20th Anniversary Satellite meeting.

# Resident's Corner: The Changing Face of Residency Training in Surgical Neuro-Oncology

Peter M. Grossi, MD



In the November 2005 issue of *Journal of Neurosurgery*, John A. Jane, Jr., MD, PhD, Larry D. Sulton, PhD, and Edward R. Laws Jr., MD, evaluated resident experience with surgery for primary brain tumors at 94 neurosurgery training programs approved by the Accreditation Council for Graduate Medical Education.

The mean number of craniotomies for primary brain tumors at the various academic training programs was 156 per year; however, there was a tremendous range – from 26 to 591. Additionally, the variability in the number of transsphenoidal pituitary tumors was equally remarkable – from seven to 250 per year.

Surgical resection of primary brain tumors, like all complex procedures in neurosurgery, requires a certain number of cases to not only achieve technical proficiency, but also to provide trainees with enough experience to manage potential complications. Of course, the absolute number of cases is not the only factor in resident education. Factors such as the number of residents and fellows per program, resident operative exposure, and the extent of resident involvement in each case all greatly influence the training experience. For example, a smaller program performing 50 craniotomies for the resection of primary tumors per year having extensive resident participation and teaching may offer a better training experience than a very large program treating a larger number of tumors but having little or no resident involvement.

Several large studies evaluating both craniotomy for tumor resection (“The impact of provider volume on mortality after intracranial tumor resection” in *Neurosurgery* 52:48-53) and transsphenoidal pituitary surgery (*Transsphenoidal surgery for pituitary tumors in the United States, 1996-2000: mortality, morbidity, and the effects of hospital and surgeon volume. J Clin Endocrinol Metab* 88:4709-4719) have confirmed that surgical experience and hospital volume directly correlate with improved patient outcome. These studies suggest that in order to optimize resident training, each program should strive to increase their surgical volume; however, also as a result of these data, patients should be referred to the centers that have the largest volume of the particular pathology in order to minimize complications and optimize patient outcome. Therefore, as noted by Dr. Jane, there are competing forces between resident education and patient care. The natural progression of this is the development of large regional specialized centers for the treatment of individual pathologies.

An additional requirement for the comprehensive care of these patients is an established infrastructure including state-of-the-art surgical facilities, as well as related specialists. For example, for

a particular program to treat a large number of primary brain tumors, it must generally be associated with an established multi-disciplinary cancer center including specialized neuro-oncologists, neurologists, and radiation oncologists. Additionally, the program must commit the resources necessary to develop facilities to ensure the optimal care of these patients. Finally, association with a well-regarded brain tumor research program not only provides residents the opportunity to participate in the basic research underlying the clinical management of these patients, but also builds the reputation of the program resulting in increased referrals from the community.

Due to the development of regional centers that specialize in certain areas of neurosurgery, as well as technological advances in subspecialties such as functional neurosurgery, minimally invasive spine surgery, and neurosurgical oncology, it will become more challenging for training programs to provide extensive training in all areas of neurosurgery. It is especially difficult for smaller programs in the vicinity of the largest academic neurosurgical centers to compete with the diversity of subspecialty training found at the larger programs.

One possible way to compete with the distribution of these subspecialties is to allow residents from multiple programs to rotate through these regional specialized centers to gain a diversity of experience. This, of course, already occurs on the fellowship level, in that a graduating resident seeking specialized training that is superior to that gained in residency will seek a fellowship that offers a large volume of cases in the specific area of interest. But, other than a few programs who share trauma or pediatric hospitals with other neighboring programs, there are very few opportunities for residents to rotate at other training programs to benefit from the particular strengths of the individual programs. The other possibility, as suggested by Dr. Jane, is to relax the requirements for maintenance of certification of neurosurgical training programs, and relegate more specialized procedures, such as transsphenoidal resection of pituitary neoplasms, to fellowship training and not as part of the standard residency training. Unfortunately, the approach will ultimately impact the number of community neurosurgeons who are able to treat the full spectrum of neurosurgical pathology.

...it will become more challenging for training programs to provide extensive training in all areas of neurosurgery

# Section on Tumors Awards at 2005 CNS Annual Meeting

Jeffrey Bruce, MD

The 2005 CNS Annual Meeting in Boston continued the long-standing success of the Section on Tumors with a series of awards highlighting the depth of clinical and basic science research recognized by the section. The awards, recognizing achievement in specific areas of neuro-oncology, also provide a monetary award to the recipient.

The selection of the Farber and National Brain Tumor Foundation Translational Research Grant Awards were completed since the last newsletter was published.

## Farber Award

Sponsored by the Farber Foundation, the Farber Award is presented at the annual meetings of the AANS and Society for Neuro-Oncology (SNO) in alternate years, and the award recipient speaks at both meetings the year the award is received. The recipient is selected by the presidents of both organizations and the Section on Tumors Awards chair, based on nominees from the Executive Committees of both organizations. The award, given only once to a recipient, recognizes the most promising investigators who are achieving significant results early in their careers.

The 2006 Farber Award winner is Mitchel S. Berger, MD, FACS, a long-standing member of the Section on Tumors Advisory Board. The award recognizes his significant contributions to the understanding of malignant gliomas. Dr. Berger is the professor and chairman of the Department of Neurosurgery at University of California, San Francisco, where he is also the director of the Brain Tumor Research Center. We congratulate him on this well-deserved honor!



Figure 1: Jason Sheehan, MD from University of Virginia (left) presented with National Brain Tumor Foundation Translational Research Grant Award certificate by Michael McDermott, MD

“Investigating interactions between anti-secretory medications and gamma knife surgery for the treatment of functioning pituitary adenomas”(Figure 1).

## NBTF Translational Research Grant Award

The National Brain Tumor Foundation (NBTF) Translational Research Award is given for the best translational research grant proposal submitted by the end of May each year. The winner is announced at CNS annual meetings.

This year’s proposals were reviewed by a subgroup of the Section on Tumors’ Executive Committee and the 2005 winner was Jason Sheehan, MD, from the University of Virginia, for his project,

## Preuss Award

The Preuss Award, sponsored by the Preuss Foundation, is given at each of 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.

At the 2005 CNS Annual Meeting, the winner was Mary Murphy, MD, from St. George’s Hospital in the United Kingdom for her abstract, “Maximal resection of low-grade intrinsic brain tumours (LGIBTs) using ‘awake’ craniotomy and multiple marginal smear biopsies: Operative complication rates and 10-year survival data” (Figure 2).



Figure 2: Mary Murphy, MD (left) from St. George’s Hospital presented with the Preuss Award certificate by Jeffrey Bruce, MD

## Mahaley Award

The Mahaley Award is given at each of the AANS and CNS annual meetings to a neurosurgery attending physician, resident, or fellow who submits the best clinical study in neuro-oncology.

At the 2005 CNS Annual Meeting, the winner was John Yu, MD, from Cedars-Sinai Hospital for his abstract, “Results of a Phase II trial of tumor lysate-pulsed dendritic cell vaccination for malignant glioma” (Figure 3).

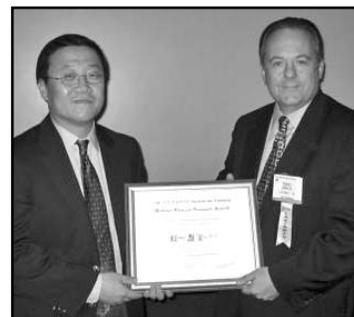


Figure 3: John Yu, MD (left) from Cedars-Sinai presented with Mahaley Award certificate by Ronald Warnick, MD

## Young Investigator Award

Sponsored by the American Brain Tumor Association (ABTA), the Young Investigator Award is given at each of the AANS and CNS annual meetings to a young faculty member involved in neuro-oncology research who has demonstrated outstanding potential for future basic science research. The applicant must have completed training less than six years ago.



Figure 4: Michael Synowitz, MD (left) from Helios Klinikum presented with the Young Investigator Award certificate by Jeffrey Bruce, MD

At the 2005 CNS Annual Meeting, the winner was Michael Synowitz, MD, from Helios Klinikum in Berlin, Germany for his abstract, "Glioblastoma-induced neurogenesis" (Figure 4).

### 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 investigating benign brain, spinal or peripheral nerve tumors.

At the 2005 CNS Annual Meeting, the winner was Joshua Ammerman, MD, from George Washington University Medical Center for his abstract, "Long-term natural history of hemangioblastomas in von Hippel-Lindau disease: Implications for treatment" (Figure 5).

Through our sponsoring agencies, the Awards Subcommittee is pleased to be able to continue to support excellence in both clinical and basic science research involving tumors of the central and peripheral nervous system. All of our awards require that the recipient be an Active, International or Resident member of the Section on Tumors, and each award is given to a recipient only once. At the April 2006 AANS Annual Meeting in San Francisco, the Mahaley, Preuss, Young Investigator, Farber, Bittner, Integra Foundation and Journal of Neuro-Oncology awards will be presented. For further details, please visit the Section on Tumors Web site at <http://www.neurosurgery.org/sections/section.aspx?Section=TU&Page=awards.asp>.



Figure 5: Joshua Ammerman, MD (left) from George Washington University presented with Integra Award certificate by Raymond Sawaya, MD

## 2006 AANS Annual Meeting: Section on Tumors Meeting Highlights

Randy L. Jensen, MD

The upcoming AANS Annual Meeting will mark the beginning of an exciting new era for the Section on Tumors. This year's meeting will feature two afternoon sessions devoted to central nervous system tumors. The first session will be on Tuesday, April 25, 2006, from 2:45 to 5:30 p.m. In addition to the usual high quality scientific presentations and posters, this session will feature a mini-symposium, entitled "Fractionation, hypofractionation, or radiosurgery for benign skull base lesions near critical neurological structures." The panel of experts on this topic include: Michael McDermott, MD (moderator), L. Dade Lunsford, MD, John Adler Jr., MD, and David Larsen, PhD, MD. This session will focus on treatment strategies and selection criteria for radiotherapy of surgically refractory lesions near cranial nerves. This will be a lively debate and should be very informative for all neurosurgeons faced with managing these lesions.

The second session of the Section on Tumors will occur on Wednesday, April 26, 2006, from 2:45 to 5:30 p.m. Similar to the preceding day's session, awards and selected papers will be presented. This session will also include a mini-symposium on, "The role of hypoxia in human brain tumors." A discussion of this topic, with panelists Eric Huang, PhD, and Kevin Judy, MD, will be moderated by Randy Jensen, MD. This panel will discuss hypoxia as a factor in the tumorigenesis of brain tumors, imaging of tumor hypoxia, and potential approaches that might exploit hypoxia as a target for therapeutic measures.

## International Report: Japan

Fumio Yamaguchi, MD, PhD



Fumio Yamaguchi

The 64th Annual Meeting of the Japan Neurosurgical Society was held in October 2005 in Yokohama. Utilization of brain mapping for surgery and risk factors of surgery for skull base meningioma were discussed as symposium sessions. More hospitals are starting to use DTI tractography for planning tumor surgery near pyramidal tracts and optic tracts. However, intra-operative electrophysiological

monitoring is still the standard method used to help preserve neurological function. Regarding chemotherapy and radiotherapy, no marked progress was reported so far.

As one of the new developments reported, the use of IL13-PE38QQR administration by Convection Enhanced Delivery (CED) after tumor resection in patients with recurrent malignant glioma is currently in preparation for clinical trials in Japan.

We expect to have several meetings regarding tumors of the central nervous system. Upcoming meetings in Japan and Asian countries include:

- 15th Annual Meeting of Conference on Neurosurgical Techniques and Tools, April 6-7, 2006, Kyoto, Japan
- 26th Annual Meeting of The Japanese Congress of Neurological Surgeons, May 12-14, 2006, Tokyo, Japan
- 15th Annual Meeting of Japanese Society of Acoustic Neurinoma JSAN, June 3, 2006, Tokyo, Japan
- 12th International Symposium on Pediatric Neuro-Oncology 2006, June 6-9, 2006, Nara, Japan; <http://www.convex.co.jp/ispno2006>
- 24th Annual Meeting of The Japan Society of Brain Tumor Pathology, June 29-30, 2006, Okinawa, Japan
- 18th Annual Meeting of Japanese Society for Skull Base Surgery, July 27-28, 2006, Nagoya, Japan
- 7th Annual Meeting of The Japan Society of Molecular Neurosurgery, September 2-3, 2006, Tokyo, Japan
- 24th Annual Meeting of The Japan Society for Neuro-Oncology, October 1-3, 2006, Hokkaido, Japan
- 65th Annual Meeting of the Japan Neurosurgical Society, October 18-20, 2006, Kyoto, Japan

# Neurosurgeons as Clinical Investigators: Report of Roundtable Discussion

Michael A. Vogelbaum, MD



Clinical research conducted by neurosurgeons has always been vital to the continued growth and development of our specialty. Over the past decade, the processes that fund and regulate the conduct of clinical research have become more complex, while other forces have progressively reduced the time and effort neurosurgeons have available to participate in, and drive, clinical research. As neurosurgery has continued to become more and more subspecialized, the degree of cooperation with other medical specialties (neurology, medical oncology, pediatrics) has also increased. Many of these allied fields have incorporated training in clinical research methodology into their residency programs and research itself into their daily practice. With the thought that a similar training and presence in clinical research programs would be beneficial for neurosurgeons, the CNS and the Section on Tumors organized a Roundtable Discussion on "Neurosurgeons as Clinical Investigators." This roundtable, which was well-attended, was held at the 2005 CNS Annual Meeting on Tuesday, October 11, 2005 during the Section on Tumors Scientific Session I.

A pre-meeting survey of both academic and private practice neurosurgeons on clinical research was performed, and the results are as follows:

- Ninety-two percent of respondents thought that clinical research on neurosurgical diseases should be conducted by neurosurgeons.
- Twenty-five percent of respondents have had no experience in designing or running clinical research trials.
- Nearly 50 percent of respondents who participate in clinical research received no training and only started to do research while in practice.
- Nearly 75 percent of respondents thought that the AANS and CNS should take a more active role in educating neurosurgeons to participate in clinical research.

Speakers at the Roundtable included:

- Jeffrey Abrams, MD, chief, Clinical Investigations Branch, Cancer Therapy Evaluation Program (CTEP), National Institutes of Health (NIH), National Cancer Institute (NCI)
- Thomas Jacobs, PhD, program director, Extramural Research Program for NIH/National Institute of Neurological Disorders and Stroke (NINDS)
- Tony Asher, MD, vice-president, Congress of Neurological Surgeons (CNS)
- Fred Barker MD, chair, Brain Tumor Working Group, American College of Surgeons Oncology Group (ACOSOG).

The speakers also served on an expert panel and were joined by:

- Henry Brem, MD, chairman, Department of Neurosurgery, Johns Hopkins School of Medicine

- Susan Chang, MD, director of Neuro-Oncology at University of California, San Francisco and vice-president of the Society for Neuro-Oncology.

Drs. Abrams and Jacobs highlighted the various research funding opportunities and training programs supported by the NIH. Multi-center clinical research programs supported by NCI include the cooperative trial groups including ACOSOG, Radiation Therapy Oncology Group (RTOG), Southwest Oncology Group (SWOG), North Central Cancer Treatment Group (NCCTG), as well as two more specialized research consortia, New Approaches to Brain Tumor Therapy (NABTT) and North American Brain Tumor Coalition (NABTC). NCI also supports individual or small group research efforts focused on brain tumors via R01 and R21 ("QuickTrials") funding mechanisms. More information about NCI funding opportunities is available at [www.cancer.gov](http://www.cancer.gov). While NINDS also supports neuro-oncology research, the majority of its research and training programs support investigations into a wide range of neurological and neurosurgical diseases. Dr. Jacobs summarized the various funding and training mechanisms available via NINDS and a complete listing of these programs can be found at <http://www.ninds.nih.gov/funding/index.htm>.

Dr. Asher discussed the opportunities for research that are available to community neurosurgeons. Participation in clinical research by community neurosurgeons will be essential for our specialty to continue making progress in neurosurgical diseases. To that end, Dr. Asher is creating an Academic-Community Alliance that will be launched in the near future. The goal of this initiative is to create stronger bonds between community and academic neurosurgeons that will allow for more effective two-way communication and collaboration.

Dr. Barker discussed barriers to neurosurgical involvement in clinical research. He noted that there is developing literature focused on this issue with both systematic reviews and neurosurgery-specific articles. Dr. Barker listed many of the barriers including time constraints, reward mechanisms, adequate support staffing, and lack of training in clinical research.

During the open discussion portion of the roundtable, Dr. Brem discussed his experience working with the Food and Drug Administration (FDA) and the need for neurosurgeons who are interested in clinical research to fully understand the regulatory environment.

Dr. Chang discussed mechanisms by which medical oncologists (both community and academic) are trained to lead and participate in clinical research. She noted that all neurosurgical residents in her department are trained in clinical research methodology.

Plans for the future include the development of a clinical trial registry for the Section on Tumors Web site and courses/seminars at the AANS and CNS annual meetings focused on clinical trial methodology. Improvements in communication about clinical

*continued on page 7*

# International Report: Italy

Francesco DiMeco, MD

The first International Symposium on Updates in Neuro-Oncology took place in the beautiful city of Arezzo, in the heart of Tuscany, on June 24-26, 2005. The meeting marked the first of a series of collaborative symposia of the Istituto Neurologico Besta of Milan, Italy, the Semmes-Murphey Clinic at the University of Tennessee, and the Department of Neurosurgery at the Johns Hopkins University. The international speakers panel was outstanding and the topics covered at the meeting provided a comprehensive review of the most recent advances in the field of neuro-oncology. In addition, the visits to the recently restored stunning frescoes of the early Renaissance painter Piero della Francesca in the Cappella Maggiore of Arezzo, coupled with the traditional Italian convivial atmosphere, greatly contributed to the success of the meeting. We plan to repeat this meeting in the summer of 2007.

The 54th Annual Meeting of the Italian Neurosurgical Society took place in Turin on December 14-17, 2005. Since the meeting was held in conjunction with the Neurosurgical Society of Germany, many colleagues from Germany contributed to the meeting's success. In addition, a number of Italian-American neurosurgeons were invited with the intent of maintaining the close ties between the two respective neurosurgical communities.

One of the topics covered at the meeting was the status and the actual impact of pre-clinical and clinical research in neuro-oncology in Italy. The neurosurgical community acknowledged and welcomed the Italian government's recent decision to be more supportive of research efforts in the field of oncology. Previously, the government had dedicated little attention to the field of research, thereby forcing research labs to rely almost exclusively on the support of private industries and donations. In 2006, for the first time in years, and likely as a result of the impetus generated by this and other scientific meetings, the Italian government took a long overdue step forward by allocating funding to tumor research.



## Roundtable Discussion *continued from page 6*

research opportunities and recognition for these research efforts will help to foster a culture that rewards innovation in the treatment of neurosurgical diseases. For more information about opportunities to help promote clinical research awareness and education, please contact Dr. Michael Vogelbaum at [vogelbm@neus.ccf.org](mailto:vogelbm@neus.ccf.org).

**Coming Soon...**  
[www.tumorsection.org](http://www.tumorsection.org)

## Skull Base Surgery Subcommittee

Franco DeMonte, MD

I am delighted to announce the creation of a Section on Tumors award specifically dedicated to scholarly excellence in the field of Skull Base Surgery (see Chairman's Message). Upcoming events include:

- North American Skull Base Society Annual Meeting: February 16-19, 2006 at Pointe South Mountain Resort, Phoenix, Arizona.
- Fifth International Congress of the World Federation of Skull Base Societies Meeting in conjunction with the 19th Annual Meeting of the North American Skull Base Society: September 11-14, 2008 in Vancouver, Canada.



# Membership in the Section on Tumors

Isabelle M. Germano, MD



Under the leadership of Dr. Warnick, the Section on Tumors is a strong, vibrant organization that continues to expand its membership. Over the past six months, the Section on Tumors Membership Subcommittee has focused on recruiting new members interested in central nervous system tumors. The section welcomes these new members and it is looking forward to collaborating with them.

We are also expanding our international membership. We thank Dr. Yamaguchi for posting our invitation to join the Section on Tumors on the Japanese Neurosurgery Society Web site, and Dr. DiMeco and Giovanni Broggi, MD, for promoting our section within the Italian Neurosurgery Society.

Why join the Section on Tumors? Consider the following benefits: 1) Formal acknowledgement of your special interest in tumors with enhanced credibility with tumor patients and in medico-legal activities; 2) Semi-annual newsletter, with the latest news on section activities, announcement of clinical trials, interesting articles on advances in brain tumor management; 3) Journal of Neuro-Oncology at a 50 percent discount, the official journal of the AANS/CNS Section on Tumors; 4) Reduced registration at the Tumor Sections Satellite Meeting; and 5) Access to colleagues with similar interests.

Your membership also helps support the activities of the section, which serves as the official voice of the AANS and CNS in matters related to tumors. The Section on Tumors deals with a myriad of tumor-related issues, including new CPT codes, resident and fellowship education, and research initiatives, as well as supporting organized neurosurgery in areas pertinent to the scope of neurosurgical tumor practice and policy.

A particular focus over the next six months will be the recruitment of adjunct members. Adjunct members can be recruited among our colleagues in allied health, radiation oncology, neuro-radiology, and neuro-oncology.

An application and details on membership requirements are available at: <http://www.neurosurgery.org/sections/section.aspx?Section=TU&Page=mbrInfo.asp>

Send your complete application and recent CV to:

Isabelle M. Germano, MD, Professor of Neurosurgery  
Box 1136, Mount Sinai School of Medicine  
One Gustave Levy Place, New York, NY 10029; or  
e-mail to: [isabelle.germano@mountsinai.org](mailto:isabelle.germano@mountsinai.org)

As Dr. Warnick, recently stated: "Our greatest resource is you...our members!"

## Society for Neuro-Oncology (SNO) Update

Susan M. Chang, MD

Ever since the inception of the Society of Neuro-Oncology (SNO) in 1995, members of the Section on Tumors have played a significant role in the leadership of the organization. We would like to congratulate Abhijit Guha, MD, on his nomination as president of the Society for Neuro-Oncology for the 2005-2007 term. Dr. Guha has contributed significantly to this society and served as the Board of Directors representative of the Basic Science discipline in 2002-2004. He also chaired the scientific program for the annual meeting of the Society for Neuro-Oncology in 2003-2004.



In addition to Dr. Guha's leadership, other members of the Section on Tumors who currently serve on the Board of Directors of SNO include Corey Raffel, MD, PhD (Secretary-Treasurer, 2003-2007) and Dr. Lang Jr. (Neurosurgery representative, 2004-2006).

The SNO Board of Directors consists of members of the various clinical and scientific disciplines in neuro-oncology. The first representative for neurosurgery and president of the society from 1997-1999 was Dr. Berger. He currently is on the SNO Foundation Board of Directors and is charged with the responsibility of developing collaborative partnerships to ensure the success of the society and achieve the goal of finding a cure for brain tumors. Other representatives from neurosurgery who have served on the SNO Board of Directors include Raymond Sawaya, MD (1997-1998) and Dr. Raffel (1998-2004).

Again, congratulations to Dr. Guha on his nomination! He is an ideal choice to continue to increase the growth of the society to influence the future of neuro-oncology research, practice, and education.

## Save the Dates

**Seventh Biennial  
Tumor Satellite  
Symposium  
April 13-14, 2007  
Washington, DC**



# Research Funding Opportunities

Donald M. O'Rourke, MD



The following are some of the many funding opportunities available for brain tumor research:

1. **The Sontag Foundation:** Distinguished Scientist Awards in Brain Cancer Research: Full information regarding eligibility requirements and application process for Distinguished Scientist Awards is available in the brain cancer awards section of the following Web site: [http://www.sontagfoundation.com/grant\\_opps/grant\\_opps\\_dsa.htm](http://www.sontagfoundation.com/grant_opps/grant_opps_dsa.htm). The funding cycle is posted in January.
2. **National Brain Tumor Foundation (NBTF) Awards:** NBTF offers various awards to proposals focusing basic and translational research on glioblastoma and oligodendroglioma. Grant funding will be announced in November. Full information can be obtained from their Web site: <http://www.brainumor.org>.
3. **National Brain Tumor Foundation (NBTF) Translational Research Grant:** This award is given to a faculty member or attending practicing neurosurgeon with the best proposal for translational research in the area of brain tumor investigation and treatment. Further details will be forthcoming with a due date for applications in June 2006. Contact [Donald.orourke@uphs.upenn.edu](mailto:Donald.orourke@uphs.upenn.edu) for more information.
4. **The Brain Tumor Society:** The Brain Tumor Society invites applications for basic scientific research on brain tumors directed at finding a cure. The grant application deadline is March 16, 2006. Full information can be obtained at [www.tbts.org](http://www.tbts.org).

5. **Accelerate Brain Cancer Cure (ABC2):** ABC2 favors research applications focused on translational and clinical programs that will benefit patients with advanced brain cancer in the near term. The deadline for their 2006 award is April 1, 2006. Full information can be obtained at [www.abc2.org](http://www.abc2.org).
6. **Musella Foundation:** The Musella Foundation For Brain Tumor Research is a 501(c)3 non-profit organization dedicated to improving the quality of life and survival times for brain tumor patients. They do not have deadlines or timetables, and minimal paperwork is required. Contact [musella@virtualtrials.com](mailto:musella@virtualtrials.com) for more details.
7. **American Brain Tumor Association (ABTA):** ABTA is accepting proposals for two grant programs –Translational Grants and the Basic Research Fellowship program. Fellowship Award Applications are available each fall. To obtain application materials for the 2006-2008 funding period, e-mail your name and mailing address to [Linda@abta.org](mailto:Linda@abta.org).
8. **James S. McDonnell Foundation:** James S. McDonnell provides 21st Century Research Awards that are designed to support research projects focusing on three areas: Bridging Brain, Mind, and Behavior; Studying Complex Systems; and Brain Cancer Research. Their deadline starts in the fall of the year. Complete information can be obtained at [www.jsmf.org](http://www.jsmf.org).
9. **Pediatric Brain Tumor Foundation (PBTF):** PBTF offers funding for proposals in the area of basic or translational pediatric brain tumor research. The deadline for applications is September 2006. Other details can be found on the Pediatric Brain Tumor Foundation Web site [www.pbtfus.org](http://www.pbtfus.org) under “Grant Funding” and “Call for Proposals”.
10. **Goldhirsh Foundation:** The Goldhirsh Foundation offers several three-year (\$600,000) and one-year (\$100,000) awards. The 2006 grant cycle application guidelines will be available in October of 2006 at the Goldhirsh Foundation Web site: [www.goldhirshfoundation.org](http://www.goldhirshfoundation.org).
11. **AANS/CNS grants:** The AANS and CNS offer a variety of funding opportunities for neurosurgery residents to support their research. Deadlines for most the funding opportunities is October 2006. Detailed information about various funding opportunities can be obtained at <http://www.aans.org/education/grants.aspx> and <http://www.cns.org/education/grants.asp>.
12. **American Association of Cancer Research (AACR):** AACR offers research fellowships to postdoctoral and clinical fellows. The deadline is November, 2006. Visit [www.aacr.org](http://www.aacr.org) for more information.
13. **Sidney Kimmel Foundation:** Each year the Kimmel Foundation selects up to 10 grant recipients who will receive \$100,000 per year for two years. The deadline to submit applications is December 2006. Visit [www.skccfoundation.org](http://www.skccfoundation.org) for more information.
14. **NIH Funding Opportunities:** Visit [www.cancer.gov](http://www.cancer.gov) for K12 and K22 Career Transition Award details.

## Editor's Corner

Linda M. Liau, MD, PhD



The success and usefulness of *Tumor News* depends on the input from the Section on Tumors membership, so we welcome submissions for future issues and more “letters to the editor” commenting on previous articles or topics. We encourage contributions related to specific tumor-related topics or of general interest to the neurosurgical oncology community.

If you have any suggestions for this newsletter or content to submit for publication, please contact me at:

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