CANS newsletter

The Board meets in Oakland

Randall W. Smith, MD, Editor

The CANS Board of Directors met in Oakland on October 5th. In attendance were President Kaczmar; Officers Page, Henry, Kissel, Blumenfeld, Colohan, Vanefsky; Directors Hsu and Kliot; Consultants Smith, Prolo, Lippe, Bonner, Abou-Samra, Shuer and Wade. The Board observed a moment of silence in remembrance of CANS member E. Scott Conner.

The Secretary's report noted a stable membership with 178 active members, 62 senior members and 140 resident members plus 15 honorary and 8 inactive members. The Treasurer noted a profit from the 2013 meeting of approximately $14,000. The cost of hosting the 10 resident presentations was $4,337.82. Dr. Kaczmar outlined the tentative speakers for the 2014 annual meeting in Monterey. President-elect Kimberly Page announced her intention to hold the 2015 meeting in the San Diego area. The Board approved a reception for current and future members of CANS to be held at the CNS meeting head quarter's Marriott Marquis hotel on Monday October 21st from 6-8 PM in the Sierra Room which was kindly made available to CANS at no charge by the CNS.

The Nominating Committee announced it will recommend the following active members for the positions noted: President-Elect—Deborah Henry; 2nd VP—Praveen Mummaneni; Secretary—Patrick Rhoten; Director North—Michel Kliot; Directors South—Langston Holly & Farbod Asgarzadie Nominating Committee—Drs. Mummaneni, Blumenfeld, Lederhaus and a 4th member to be named later.

The Board approved the Awards Committee recommendation of Governor Jerry Brown for the Public Service Award and John Adler, M.D. for the Pevehouse Award both to be presented at the annual meeting in January. ❖

INSIDE THIS ISSUE:

CANS MISSION STATEMENT

'An organization of Neurosurgeons to promote the professional education and scientific achievement of surgeons and quality care for Californians'

Letter to the Editor

(In response to last month's editorial on the AMNews being dropped by the AMA—Ed)

It's never easy to say goodbye to an old and trusted friend, and while difficult, the closure of this long admired and award-winning publication is another symptom of the changing publishing industry and decline of news-oriented publications. Despite its editorial excellence, *AMNews* is not immune to the changing environment. AMA Board and Management have an obligation to deploy AMA's resources responsibly and sustainably to the best possible benefit for our members and the patients they serve.

Over the last 10 years *AMNews* has been unable to generate an operating surplus, with accelerating, substantial losses year after year. Over those same ten years the dissemination of news and digital technology has undergone dramatic change, change that also continues to accelerate. With accelerating losses and accelerating market changes, and after careful consideration, we reached a prudent decision that the AMA simply could not continue down an unsustainable path, especially when we have an opportunity to reinvent our communications portfolio with digital-first products.

Information has become much more personal in the digital age, as physicians carry their media with them everywhere on their phones and tablets. The AMA's vision accordingly looks forward to serving physicians with more accessible, personally useful content and tools that better meets physicians' news and information needs, and do so for a manageable cost. This includes enhancing existing or creating new digitally available AMA communication vehicles to provide physicians and the broader healthcare community with timely, relevant information about medicine, medical practice and the profession.

Rest assured, the AMA seeks to be clearly in sight, and top of mind to physicians and the broader healthcare community and we look forward to continued input and feedback as we strive to achieve that goal.

In the meantime, we sincerely hope that physicians find continued value in the variety of AMA offerings including:

- Clinical content offered through the *JAMA* Network;
- Practice tools and resources such as our recently launched Physician Sunshine Act Tool Kit (http://bit.ly/UYN2n9) and HIPPA Tool Kit (http://bit.ly/jEKl30);
- Research and education like the free webinar on Genetic Factors Affecting Patient Response to Opioids (http://bit.ly/16fsN3b); and
- The continued advocacy efforts of the AMA's Litigation Center, Advocacy Resource Center, and our work to transition from the broken SGR to a high performing Medicare program (http://fixmedicarenow.org/physicians/).

We sincerely appreciate physician membership and engagement with the AMA and look forward to continually providing value and opportunities to connect on issues of importance to physicians across the nation.

Sincerely,
Ardis Dee Hoven
President, American Medical Association
(Dr. Dee Hoven is an internist and ID specialist from Lexington, KY and is the 168th president and only the third woman to hold the office.—Ed) ❖

Transitions in Neurosurgery

John Bonner, MD, Associate Editor

Many people are interested in athletics, whether it is baseball, basketball, soccer, tennis or boxing, to name a few. While it is good to compete, or at least participate, in athletics, it is also noted that such activities could lead to injury. Recently, the spotlight has been on football, as some former members of the NFL have reported symptoms of head injuries, leading to dementia, suicide and various cognitive and memory deficits. If a child plays football in grade school or high school, we have always considered the concern of concussions. Yet professional and college level football poses a greater risk of harm due to the strength and speed of the participants, and, at least for some NFL players, due to the increased length of exposure to such high impact contact.

Recently, the PBS program Frontline highlighted the potential for harm due to head injuries in professional football players. This program focused on long term effects of concussion(s). Apparently, many NFL owners have denied the existence of such long term effects – for quite some time – hoping to avoid financial losses. Nevertheless, it was reported that concussions, which are now recognized to have a cumulative effect, may contribute to significant and extensive brain injury. The details of harm due to concussions were originally demonstrated by a pathologist, Dr. Bennett Omalu. Dr. Omalu discovered physical evidence for disease, which is called Chronic Traumatic Encephalopathy ("CTE"). In 2002, Dr. Omalu first described CTE while examining the brain of former Pittsburgh Steeler Mike Webster. Dr. Omalu has since discovered CTE in the brains of other players as well. (Dr. Omalu now practices in California, and is associated with U.C. Davis Medical Center).

Despite Dr. Omalu's findings, the National Football League resisted recognizing CTE. The NFL seemed to turn a blind eye to the problem by refusing to invite Dr. Omalu or his associates to discuss the very serious problem of football head injuries. According to the book "League of Denial: The NFL Concussion and the Battle for Truth" by brothers Steve Fainaru and Mark Fainaru-Wada, the NFL did provide $30 million to the National Institute of Health to study the issue, although Commissioner Roger Goodell notes that "There is no recognition that anything was caused by football." The NFL also paid a $765 million settlement to some former players who had sued the NFL alleging harm.
Much more could be discussed about such head injuries (and neck and other injuries). We are not intending to destroy football – as most of us enjoy it – we just want to improve it to protect players.

===

Dr. Omalu recommends that a child under the age of 18 who experiences a concussion while playing football should wait at least three months before returning to the sport in order to reduce the risk of irreversible brain damage. Robert Cantu, M.D., a neurosurgeon from the Boston University School of Medicine and himself an NFL consultant, believes that children under the age of 14 should not participate in tackle football. ❖

Brain Waves

Deborah Henry, MD, Associate Editor

I was having dinner al fresco in Phoenix last week with a group of educators. As I was about to sip my curry pumpkin soup, a black cat happened by. Immediately the other scientist at the table and I commented on possible bad luck. Were we two scientists more superstitious than the others at the table who failed to notice the connection between a black cat, Halloween, and its relationship to bad luck?

Superstitions started playing a role in my life in fourth grade. September that year had a Friday the 13th and therefore my teacher, Miss Lee, decided to have a discussion on superstitions. That Friday the 13th also turned out especially bad for me as I was scheduled to have my tonsils out. I held my breath as long as I could while the nitrous oxide permeated the mask held over my mouth and nose. Needless to say, I lost the competition. This event forever colored how I talk with patients. At the time (we are talking the 1960s here) few doctors or parents discussed what was going to happen during an operation with their children assuming perhaps that the less they knew, the less scary it would be. But of course, this was no ordinary day. I just learned the bad news of Friday, the 13th. Plus, if a doctor was not going to tell me what would happen, I had plenty of classmates that did. "They just slash your throat and yank them out" was the common consensus. I expected to come away with a foot-long incision across my neck.

Superstition was first used in the English language in the 15th century as a derivative from an old French word. The Latin root "superstes" means "standing over or above" and "standing by, surviving". Paraskevidekatriaphobia, or fear of Friday the 13th, probably had its origin in the betrayal at the Last Supper as thirteen individuals, Jesus and his 12 disciples were at this dinner party. Then of course, the next day, Friday, Jesus was crucified.

Black cats were lucky in ancient Egypt as the Goddess Bast was a black, female cat. However, during the Middle Ages, with the rise of Christianity, black cats were associated with witches and hence suffered the same unfortunate demise.

In the 1950s, B. F. Skinner found that pigeons were superstitious. He delivered food at fixed intervals to pigeons in a box. Whatever behavior the pigeon was doing at the time, whether nodding its head or turning clockwise, the pigeon would repeat this action in hopes of getting more food. Of course, Skinner had another word for it: operant conditioning.

Doctors aren't immune to superstitions. In the operating room, I always tried to wear two pairs of shoe covers. In reality this was so I could remove the soiled outer cover prior to exiting the operating room in order to talk with families. However, I felt mighty uncomfortable on the few days I took the last two shoe covers from the box and only wore a single layer. Call days may be "white clouds" or "black clouds" depending whom is on with you. Paydays and full moons aren't good days to be on call either. Certainly, the operating ritual of how a case is set up is a natural for the superstitious. If something is out of order, it might be best to knock on wood. Or these days knocking on laminate might work. ❖

Tidbits from the Editors

CANS gets new Historian

Dr. John Kusske, former CANS President and Historian since 2008, has resigned his Historian and Consultant's positions because of his move to the Sun River area of Oregon. CANS President Ted Kaczmar has appointed **Donald Prolo, M.D.**, former CANS President and current CANS Board consultant, as the new Historian. Archiving the many paper documents pertaining to CANS activities over the years will be a major goal of his tenure which is for three years. Congratulations and good luck, Don!

Docs grade EHR vendors

Research firm KLAS recently published the results of their survey of about 400 practices of 1-10 docs as to their satisfaction with the electronic health record system they had purchased. EHR firms were ranked on a 100 point scale by the doc groups with Athenahealth (86.9) narrowly heading the list of vendors that deliver both a good product and helpful ongoing customer service. SRSsoft (86.7) and Practice Fusion (86.3) were close behind, holding the number 2 and 3 spots. Scoring higher than 80 were CureMD, Amazing Charts, e-MDs, SOAPware, Aprima Medical Software, Greenway Medical Technologies, Medical Information Engineering, and Quest Diagnostics. Scoring between 70 (the average of the field) and 80 were eClinicalWorks, MTBC, Cerner, ADP AdvancedMD, CompuGroup Medical, NextGen Healthcare, and Bizmatics. The six below average vendors were last place McKesson, with a rating of 53.6 for its Practice Partner EHR followed by GE Healthcare (68.3), Allscripts (68.5), Vitera Healthcare Solutions (68.6), Henry Schein (69.5) and SimplifyMD (69.9).

The higher ranking vendors were cited for usability, consistent, clean product enhancements, high service levels and customer support. The low ranking vendors seem to have problems in the levels of service and product releases. It was noted that ½ of EHR purchases in 2012 were replacements though not all of those were due to dissatisfaction. Many such replacements occur when a hospital or large group practice gobbles up a smaller practice and converts it to their existing medical software or a small practice in an independent physician association switches to an EHR system that the large group prefers for the sake of sharing patient data.

The KLAS report on EHRs for small practices can be purchased on the company's Web site ($980). Survey data on individual vendors are free if physicians complete a survey about the medical software, equipment, or computer services they use.

More EHR's--Docs feel you can't live with'em and you can't live without 'em

The AMA sponsored a study by the RAND Corporation which was released recently, found that being able to provide high-quality care to their patients is the primary reason for job satisfaction among physicians, while obstacles to doing so are a key source of stress in the profession. Among the most common contributors to professional dissatisfaction were the challenges posed by today's cumbersome electronic health records (EHR) systems. The physicians surveyed for the study expressed concern that current technology interferes with face-to-face discussions with patients, requires physicians to spend too much time on clerical work and degrades the accuracy of medical records by encouraging template-generated notes. Physicians also reported that the systems have been more costly than anticipated and do not provide the technology needed to interact with other systems to properly transmit patient medical information when it is needed.

Other drivers of dissatisfaction included excessive productivity quotas and limitations on the time spent with each patient, as well as the cumulative burden of rules and regulations that has drained time and resources away from patient care. "Physicians believe in the benefits of EHRs and do not want to go back to paper charts," said Mark Friedberg, MD, the study's lead author and a natural scientist at RAND. "But at the same time, they … are frustrated by systems that force them to do clerical work or distract them from paying close attention to their patients."

Sources of satisfaction included practice environments that allowed more autonomy in structuring clinical activities and more control over the pace and content of patient care. Doctors also were more likely to report satisfaction if they were in physician-owned practices or partnerships rather than practices owned by hospitals or corporations.

Dr. Robert E. Harbaugh Talks Sunshine Act

Recently, neurosurgeon Dr. Robert E. Harbaugh, participated in the 7th Annual Forum on Sunshine and Aggregated Spend conference, where he was a distinguished panelist during the "Creating Awareness of Sunshine Disclosure Among Physicians and Patients" session.

In his remarks, Dr. Harbaugh said, *I have concerns that an unintended consequence of the Sunshine law will be to inhibit the valuable interactions between physicians and industry that have led to great advances in patient care in the U.S. The high profile abuses of the relationship between industry and physicians are the exception and not the rule. If the Sunshine law makes physicians feel that all interactions with industry are somehow unethical it will have a profound negative influence on innovation and improvements in patient care. We must work hard to avoid this.*

It was noted that CMS has determined that payments or transfers of value for CME activities are exempt only if they meet three criteria to which Dr. Harbaugh noted:

No disclosure is necessary if the following 3 conditions are met:

1. *Program meets accreditation / certification requirements and standards of one of the following 5 organizations: ACCME, AOA, AMA, AAFP or ADA CERP;*
2. *The Manufacturer does not select the speaker and does not provide a distinct, identifiable set of individuals to be considered as speakers; and*
3. *The Manufacturer does not directly pay the physician speaker*

It is my understanding that neurosurgery's CME programming meets the requirements of the ACCME and/or AMA, so we don't have any serious concerns about the first requirement. In addition, the Scientific Program Committees of neurosurgery's organization, not the manufacturers, select CME speakers so the second requirement does not appear to be problematic. Finally, speakers on our education programs are not paid by manufacturers and this requirement will not prevent us from having a wide variety of educational content in our programs.

The annual CANS meeting program which offers CME credits will fulfill the three criteria.

CSNS actions from San Francisco

The Council of State Neurosurgical Societies meeting in San Francisco on October 18-19 resulted in the following resolutions be considered and acted upon as noted.

RESOLUTION I
Title: Secure collection and disposal of CSNS materials after each meeting
Action: Adopt Amended Resolution
BE IT RESOLVED, be it resolved that the CSNS explore ways to reduce the amount of printed materials that is generated during each meeting; and

BE IT FURTHER RESOLVED, that the CSNS mandate disposal of these materials by all attendees of the CSNS meeting in designated disposal containers and contract with an appropriate entity to ensure secure terminal disposal of these material by appropriate means; and
BE IT FURTHER RESOLVED, that the CSNS explore a strategic transition to a paperless meeting
BE IT FURTHER RESOLVED, that a single line disclaimer stating "This content represents the business of the CSNS meeting and does not represent CSNS, AANS, or CNS policy unless adopted by this body and approved by the parent organizations" be added to each resolution page.

RESOLUTION II
Title: CSNS meeting information placed on the AANS and CNS Annual Meeting websites
Action: Adopted resolution
BE IT RESOLVED, the CSNS petition both the AANS and the CNS to include CSNS meeting information on their annual meeting websites; and
BE IT FURTHER RESOLVED, the CSNS petition both the AANS and the CNS to include a hyperlink to the CSNS meeting registration website.

RESOLUTION III
Title: Development of a Neurosurgical Data Schema
Action: Referral to CSNS Executive Committee
BE IT RESOLVED, that the Council of State Neurosurgical Societies develop a published **Neurosurgical Data Schema** based on the work of the Neuropoint Alliance (NPA) so that Neurosurgical practices may collect consistent, high quality data that can be more easily aggregated for quality determination and research purposes; and
BE IT FURTHER RESOLVED, that the Council of State Neurosurgical Societies Executive Committee petition our parent organizations (AANS/CNS) to support the published **Neurosurgical Data Schema** for payor policy responses and quality reporting such as PQRS.

RESOLUTION IV
Title: Transparency of Industry-Physician Financial Relationships
Action: Rejected
BE IT RESOLVED, that the CSNS in conjunction with the AANS and CNS reassess and/or reaffirm the May 2008 position statement regarding ethical and transparent collaboration with industry, given recent legislative changes such as the Sunshine Act (February 2013).

RESOLUTION V
Title: Towards integration of practice patterns in academic, private and hospital-based neurosurgical practices
Action: Adopted substitute resolution
BE IT RESOLVED, that the CSNS, in collaboration with NERVES, develop and distribute a survey to address socioeconomic practice patterns, including cost containment strategies and outcomes assessments, in academic, private practice, and hospital based neurosurgery practices.
BE IT FURTHER RESOLVED, that the CSNS publish a white paper delineating the results of said survey in order to educate neurosurgeons regarding current socioeconomic practice patterns in the various practice settings."

RESOLUTION VI
Title: Survey based assessments of trends in medical practices
Action: Adopted substitute amended resolution

BE IT RESOLVED, that the CSNS will develop education on construction of high quality surveys that will be posted in the CSNS toolbox, AANS and CNS websites, and distributed via web-link to all neurosurgeons; and
BE IT FURTHER RESOLVED, that a prospective database of new CSNS surveys, with details of survey title, key words, sponsoring organization or author, and date of survey distribution, will be constructed on the CSNS website and will be searchable by topic and key words.

RESOLUTION VII
Title: **Best practices regarding personal electronic devices**
Action: **Adopted substitute resolution**
BE IT RESOLVED, that the CSNS develop educational materials and seminars regarding use of PEDs.

RESOLUTION VIII
Title: **Elucidating the prevalence and potential pitfalls of Physician Owned Distributorships (POD's)**
Action: **Rejected**
BE IT RESOLVED, that the CSNS study the prevalence and level of POD participation nationally within Neurosurgical practices; and
BE IT FURTHER RESOLVED, that the AANS and CNS be petitioned to work through the Washington Committee to investigate and report upon the potential legal pitfalls of POD participation as a resource which would be made available to the Neurosurgical community.

RESOLUTION IX
Title: **Possible Creation of a New CSNS Representative Section**
Action: **Rejected**
BE IT RESOLVED, that the CSNS openly debate the potential need and benefits of forming new CSNS Representative Section to represent minority interests, at their Fall 2013 meeting, whether this be in the form of a Woman Neurosurgeon Representative Section, or a more broadly defined Diversity Representative Section, and
BE IT FURTHER RESOLVED, that if forming some form of new CSNS representative section representing neurosurgery minority interests be endorsed by the CSNS plenary body, that this go forward in the form of a new CSNS Rules and Regulations change proposal to be considered for ratification at the Spring 2014 CSNS meeting, with the proposed new section able to sit in session at the Fall 2014 CSNS meeting.

RESOLUTION X
Title: **Pain Medication Prescribing and Neurosurgery**
Action: **Rejected**
BE IT RESOLVED, the CSNS conduct a survey to identify where neurosurgeons lie on the pain control/management spectrum, and specifically, assess pain medication prescribing practices in the postoperative setting; and
BE IT FURTHER RESOLVED, that this information be used to inform the neurosurgical community, not to develop rigid, practice mandates.

RESOLUTION XI
Title: **Scheduling Socioeconomic AANS/CNS Seminars during the CSNS Biannual Meeting**
Action: **Adopted substitute resolution**

BE IT RESOLVED, that the CSNS request the AANS and CNS schedule socioeconomic CME activities and/or committee meetings after the conclusion of the CSNS meeting.

RESOLUTION XII
Title: **Creation of a Resident Radiation Safety Protocol**
Action: **Adopted substitute resolution**
BE IT RESOLVED, that the CSNS study radiation exposure and safety in neurosurgical training and practice for the development of educational materials; and
BE IT FURTHER RESOLVED, that the CSNS request that the AANS and CNS ask the RRC to give immediate consideration to the issue of radiation exposure and safety in neurosurgical training; and
BE IT FURTHER RESOLVED, that the CSNS request the AANS and CNS to ask the SNS to consider inclusion of the topic of radiation exposure and safety into Neurosurgery Bootcamp.

RESOLUTION XIII
Title: **Participation in the CSNS by non-delegate, non-appointee neurosurgeons**
Action: **Referred to CSNS Executive Committee**
BE IT RESOLVED, that the current Rules and Regulations be amended to allow non-state delegate, non-appointee neurosurgeons to participate in all CSNS activities, including plenary sessions, the right to opine before the reference committee under discretion of the reference committee chair, committee work, luncheons, and enjoy all aspects of the meeting, without voting and formal debate privileges; and
BE IT FURTHER RESOLVED, that the changes required in the CSNS Rules and Regulations be referred to the Executive Committee of the CSNS for development.

RESOLUTION XIV
Title: **Repeal of CMS rules related to Hospital inpatient admission order and certification**
Action: **Adopted Substitute Resolution**
BE IT RESOLVED, that the CSNS request that the AANS and CNS, working through the Washington Committee and their AMA delegations, continue to seek the repeal of the Aug 19 rules regarding the Hospital Inpatient Admission Orders and Certification; and,
BE IT FUTHER RESOLVED, that the CSNS request that the AANS and CNS direct their AMA delegations to work through the AMA to get immediate guidance and clarification from CMS regarding physician documentation to demonstrate "medical necessity" and prevent unnecessary audit recoupment; and
BE IT FUTHER RESOLVED, that the CSNS request that the AANS and CNS direct the Communications Subcommittee of the Washington Committee to embark upon a physician member and medicare patient education campaign that outlines the issues related to the Hospital Inpatient Admission Orders and Certification. ❖

OBSERVATION OF THE MONTH:

I'm supposed to respect my elders,

but it's getting harder and harder for me to find one now.

NOMINATIONS!!! Application for Exhibitors

Emily Schile, Executive Secretary

The CANS Nominating Committee (chair Kimberly Page, MD, Deborah Henry, MD, Kenneth Blumenfeld, MD, Praveen Mummaneni, MD) has prepared the following slate of officers for 2014 after reviewing all nominations submitted by the membership.

(New officers are in bold, italic)
Kimberly Page, MD President
Deborah Henry, MD President-Elect
Phillip Kissel, MD 1st Vice President
Praveen Mummaneni, MD 2nd Vice President
Patrick R.L. Rhoten, MD Secretary
Kenneth Blumenfeld, MD Treasurer
Michel Kliot, MD Director-North
John Ratliff, MD Director-North
Marshal Rosario, MD Director-North
Frank Hsu, MD Director-South
_____, MD Director-South
Farbod Asgarzadie, MD Director-South
Bob Carter, MD Director-South

Nominating Committee: Southern California: S. Ledehaus, MD, L. Holly, MD
Northern California: P. Mummaneni, MD, K. Blumenfel, MD

Further nominations to the slate of officers will be accepted until December 2nd, 2013. According to the CANS bylaws, each of these nominations must have three supporting signatures of active CANS members and written permission of the candidate for placement on the slate.

On December 17th, 2013, ballots will be mailed to all active members of CANS. The candidate for each office receiving the majority vote of active members will be elected. In order to be counted, ballots must be received by the Executive Secretary on or before January 14, 2014, 72 hours prior to the Annual Business Meeting.

Editorial

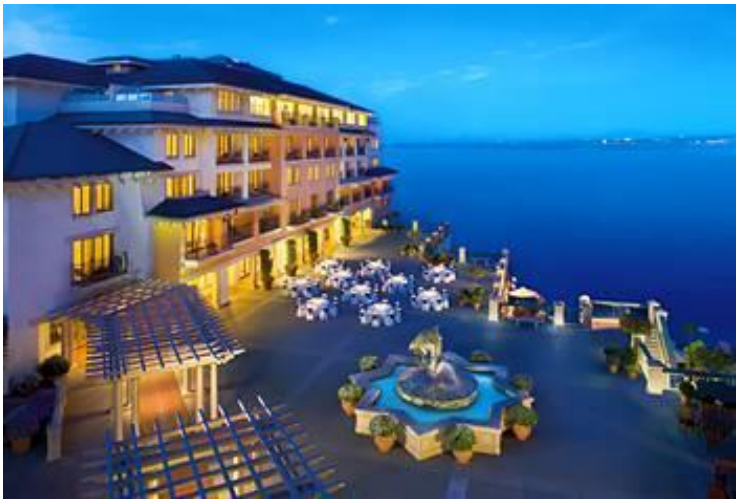
CANS Members: If you wish to nominate someone other than those listed above, please complete the following so that the name can be added to the ballot in December. The nomination must be supported by 3 active CANS members and accompanied by written permission of candidate.

Name_____ for Board position _____

EXHIBITORS: Exhibitor registration information & form is **NOW AVAILABLE** on our website: www.cans1.org!

BOARD MEMBERS: Please extend an invite to your local representative for our Annual Meeting! They are a huge component in making our meeting successful! You can direct them to the website (www.cans1.org) or email me directly at emily@cans1.org!

ATTENTION CANS MEMBERS: Do you know a neurosurgeon new to California? What about an existing CA neurosurgeon who isn't yet a member? Direct them to our website: www.cans1.org for more information! The more the merrier! ❖



SPECIAL THANKS TO THESE CONFIRMED EXHIBITORS!

Arbor Pharmaceuticals
BrainLab
Doctors Company
ExamWorks
PMT Corporation
Stryker

Meetings of Interest for the next 12 months:

AANS/CNS Joint Pediatric NS Section: Ann. Meeting, December 3-6, 2013, Toronto, Canada
North American Neuromodulation Society: Annual meeting, December 5-8, 2013, Las Vegas, NV
Cervical Spine Research Society: Annual Meeting, December 5-7, 2013, Los Angeles, CA
CANS Annual Meeting, Monterey Bay Resort, January 17-19, 2014, Monterey, CA
AANS/CNS Joint Cerebrovascular Section: Annual Meeting, Feb. 10-11, 2014, San Diego, CA
Southern Neurosurgical Society: Annual Meeting, February 19-22, 2014, San Juan, Puerto Rico
AANS/CNS Joint Spine Section: Annual Meeting, March 5-8, 2014, Orlando, FL
CSNS Meeting, April 4-5, 2014, San Francisco, CA
AANS/CNS Joint Pain Section Bi-Annual Meeting, April 4, 2014, San Francisco, CA
AANS: Annual Meeting, April 5-9, 2014, San Francisco, CA
Nsurg. Soc. of Amer: Ann. Mt., June 8-11, 2014, St.Andrews-by-the Sea, New Brunswk, Canada
Rocky Mountain Neurosurgical Society: Annual Meeting, June, 2014, Hawaii
New England Neurosurgical Society: Annual Meeting, June 26-28, 2014, Brewster, MA
Western Neurosurgical Society: Annual Meeting, August 16-19, 2014, Sun Valley, ID
CSNS Meeting, October 17-18, 2014, Boston, MA
Congress of Neurological Surgeons: Annual Meeting, October 18 - 22, 2014, Boston, MA
North American Spine Society: Annual Meeting, November 12-15, 2014, San Francisco, CA

Any **CANS** member who is looking for a new associate/partner/PA/NP or who is looking for a position (all California neurosurgery residents are CANS members and get this newsletter) is free to submit a 150 word summary of a position available or of one's qualifications for a two month posting in this newsletter. Submit your text to the CANS office by E-mail (emily@cans1.org) or fax (916-457-8202)—Ed. ❖

The assistance of Emily Schile and Dr. Ted Kaczmar in the preparation of this newsletter is acknowledged and appreciated.

- To place a newsletter ad, contact the executive office for complete price list and details.
- Comments can be sent to the editor, Randall W. Smith, M.D., at rws-avopro@sbcglobal.net or to the CANS office emily@cans1.org.
- Past newsletter issues are available on the CANS website at www.cans1.org.
- If you do not wish to receive this newsletter in the future, please E-mail, phone or fax Emily Schile (emily@cans1.org, 916-457-2267 t, 916-457-8202 f) with the word "unsubscribe" in the subject line.

CANS Board of Directors

President	Theodore Kaczmar, Jr, MD	Salinas
President-Elect	Kimberly A. Page, MD	Redding
1st Vice-Pres	Deborah C. Henry, MD	Newport Beach
2nd Vice-Pres	Phillip Kissel, MD	San Luis Obispo
Secretary	Praveen V. Mummaneni, MD	San Francisco
Treasurer	Kenneth Blumenfeld, MD	San Jose
Immed Past Pres	Austin R. T. Colohan, MD	Loma Linda
Past President	Marc A. Vanefsky, MD	Anaheim
Directors		
Northern CA	Michel Kliot, MD	San Francisco
	John K. Ratliff, MD	Stanford
	Marshal Rosario, MD	Campbell
Southern CA	Langston Holly, MD	Los Angeles
	Frank Hsu, MD	UCI
	Bob Carter, MD	San Diego
	Patrick R.L. Rhoten, MD	Beverly Hills
Consultants	Moustapha Abou-Samra, MD	Ventura
	John T. Bonner, MD	Fresno
	William L. Caton III, MD	Pasadena
	Philipp M. Lippe, MD	San Jose
	Donald J. Prolo, MD	San Jose
	J. Ronald Rich, MD	Santa Monica
	Lawrence M. Shuer, MD	Stanford
	Randall W. Smith, MD	Escondido
	Patrick J. Wade, MD	Glendale
	Kenneth Ott, MD	San Diego

Executive Secretary Emily Schile
emily@cans1.org

Editorial Committee

Editor
Randy Smith, M.D.

Associate Editors
John Bonner, M.D.
Deborah Henry, M.D.

This newsletter is published monthly from the Executive Office:

California Association of Neurological Surgeons
5380 Elvas Avenue
Suite 216
Sacramento, CA 95819
Tel 916 457-2267
Fax 916 457-8202
www.cans1.org