

David O. Warner, M.D., Editor

## Society of Neurosurgical Anesthesia and Critical Care Annual Meeting, Orlando, Florida, October 11, 2002.

This year's annual meeting of the Society of Neurosurgical Anesthesia and Critical Care (SNACC) was organized by Piyush M. Patel, M.D., F.R.C.P.C. (University of California, San Diego, California), and had an attendance of 179. The morning sessions started with two basic science keynote lectures followed by a discussion of 41 posters and the Young Investigator's Award presentation. After the luncheon presentation, the afternoon sessions commenced with a symposium on head injury, which was followed by a problem-based learning discussion with three case presentations, a debate on whether SNACC should adopt practice standards, and the second poster discussion, featuring 32 posters. Abstracts of scientific papers are published in the *Journal of Neurosurgical Anesthesiology* 2002; 14:326-52.

**Keynote Lectures.** Greg Lemke, Ph.D. (The Salk Institute for Biological Studies, La Jolla, California), began the meeting with a presentation entitled "Making Topographic Connections from the Eye to Brain." Dr. Lemke discussed the topographic mapping of ganglion cells in the mouse retina to the superior colliculus of the midbrain. He presented studies using gene insertions in "knock-in" transgenic mice to demonstrate that the net ephrin-A receptor concentration in the retinal ganglion cells predicts the topographic map formed in the colliculus by interaction with the collicular ephrin-A ligands.

Gary Fiskum, Ph.D. (University of Maryland School of Medicine, Baltimore, Maryland), gave the second keynote lecture on "Mechanisms of Ischemic Neural Cell Death and Neuroprotective Interventions." He discussed the important role that mitochondria play in acute ischemic neural cell death *via* apoptosis and necrosis. Dr. Fiskum outlined the pathways involved in apoptosis during ischemia-reperfusion. By understanding the mechanisms involved in apoptosis, Dr. Fiskum postulated that we should be able to develop neuroprotective interventions.

**Young Investigator Award.** Kirstin M. Erickson, M.D. (The Mayo Clinic and Mayo Medical School, Rochester, Minnesota), was the recipient of the SNACC Young Investigator Award for her work entitled "Anesthetic Technique Influences Brain Temperature, Independent of Core Temperature, During Craniotomy in Cats." She, along with William Lanier, M.D. (The Mayo Clinic and Mayo Medical School, Rochester, Minnesota), demonstrated a statistically significant decrease in brain temperature during craniotomy in cats using high-dose pentothal and normocapnia compared with cats anesthetized with 1.5% halothane under either normocapnic or hypocapnic conditions. She concluded that the decrease in temperature was related to a decrease in metabolic rate and associated brain heat production.

**Luncheon Presentation.** Girish P. Joshi, M.B., B.S., M.D., F.F.A.R.S.C.I. (University of Texas Southwestern Medical Center, Dallas, Texas), spoke on "Perioperative Use of COX-2 Inhibitors." Dr. Joshi's presentation was made possible by an unrestricted educational grant from Pharmacia (Skokie, Illinois). He compared celecoxib, rofecoxib, and valdecoxib and introduced parecoxib, a new parenteral cyclooxygenase-2 inhibitor.

**Symposium on Head Injury.** Michael M. Todd, M.D. (The University of Iowa, Iowa City, Iowa), moderated the symposium on head injury. He introduced the first speaker, Guy L. Clifton, M.D. (University of Texas Medical School, Houston, Texas), who reviewed the results of the National Institutes of Health (NIH) hypothermia trial in acute head injury with a focus on subset analysis of different patient populations and outcomes. He also discussed the upcoming second NIH trial examining the therapeutic benefit of hypothermia in a subset of acute

head injury patients (age,  $\leq 45$  yr; Glasgow Coma Scale score, 5-8) who arrive in the emergency room hypothermic. Dr. Clifton was followed by Tracy McIntosh, Ph.D. (University of Pennsylvania, Philadelphia, Pennsylvania), who lectured on "Molecular and Cellular Sequelae of Experimental Traumatic Brain Injury: Implications for Novel Therapeutic Strategies." He discussed many animal models of acute head injury and potential therapeutic interventions aimed at the molecular mechanisms involved, including a calpain inhibitor, interleukin-1 receptor antagonist, and monoclonal antibodies to tumor necrosis factor  $\alpha$ . He noted new findings of diffuse  $\beta$ -amyloid depositions in young head injury patients' brains, which is a new area of investigation. In addition, he discussed the effects of repetitive head injuries in sports and the late functional decline 2 to 3 months after the injury. He concluded by emphasizing the need for a multidisciplinary approach to head injury to assimilate knowledge gained from oncology, inflammation, developmental neurobiology, and degenerative diseases.

**Case Presentations and Debate.** After the symposium on head injury, John C. Drummond, M.D., F.R.C.P.C. (University of California, San Diego, California), moderated three case discussions, including (1) spine surgery with intraoperative somatosensory evoked potential changes, presented by Michael E. Mahala, M.D. (University of Florida College of Medicine, Gainesville, Florida); (2) craniostomy repair in a 3 month old, presented by Sulpicio G. Soriano, M.D. (Children's Hospital, Harvard Medical School, Boston, Massachusetts); and (3) postoperative hyponatremia in an aneurysmal subarachnoid hemorrhage patient, presented by Andrew J. Baker, M.D., F.R.C.P.C. (University of Toronto, Toronto, Ontario, Canada).

The last session of the meeting was a debate moderated by Adrian W. Gelb, M.B., Ch.B., F.R.C.P.C. (University of Western Ontario, London, Ontario, Canada), on whether SNACC should adopt practice standards or guidelines. Marek A. Merski, M.D., Ph.D. (Johns Hopkins University, Baltimore, Maryland), started this session by presenting the results of his survey of practice patterns among SNACC members. Arthur M. Lam, M.D., F.R.C.P.C. (University of Washington, Seattle, Washington), was the protagonist and stated that evidence-based medicine demands class I evidence from randomized, controlled trials to establish standards. Although there is a paucity of class I evidence in our field, Dr. Lam argued that, at a minimum, we should establish guidelines based on experts' opinions, similar to the Brain Trauma Foundation Guidelines. He also noted that both consumers and third-party payers (e.g., The Leapfrog Group, Washington, D.C.) are placing demands on the healthcare system for things such as specialist care in the intensive care unit and will eventually expect standards of care from various specialties. Gregory Crosby, M.D. (Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts), countered Dr. Lam's position by arguing that pressure on the healthcare system from organizations such as The Leapfrog Group is motivated by cost only. He conceded that specialists are important but not because of standardization of care. He postulated that if SNACC were to set standards of care or guidelines, we would hinder innovation and discourse within our own subspecialty, as monitoring boards and third-party payers would make it difficult to make changes.

The meeting concluded after the debate. The society will reconvene at the 2003 annual meeting in San Francisco, California, October 10, 2003.

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