



LETTER FROM THE PRESIDENT



Sr. Joachim K. Krauss

Dear colleagues, dear friends,

There have been several new and exciting developments in the past few months. As indicated earlier my main strategic goals for WSSFN are both to consolidate its structural basis and to achieve wider outreach increasing membership, involving the major stereotactic societies worldwide and fostering new activities.

Since January 2014, WSSFN has established a new and most important agreement with Karger, Swiss-based publishing company of our journal Stereotactic and Functional Neurosurgery. As you know SFN is the official journal of WSSFN, ASSFN and ESSFN, and it has been pivotal in promoting our field of added competence under the editorial leadership of David Roberts for years. One problem for people to become an individual WSSFN member, that is not through ASSFN or ESSFN, however, was always the relatively high fee for the print edition of SFN which was obligatory for individual WSSFN members. The new agreement which I have negotiated with Mr Nold from Karger now allows individual WSSFN membership with obligatory subscription to the online edition of SFN only. This means we now can offer individual membership at a much better rate – that is for 150 US \$ only. In addition, members will have online access for SNF back to the year 2000. WSSFN members who wish to have the print edition in addition are offered a special price of 172 US \$. This arrangement opens completely new perspectives !!

At the present time, besides individual WSSFN membership, all ASSFN and ESSFN members are WSSFN members by constitution of their so-

cieties. While such an arrangement has been in place for ASSFN since decades, ESSFN was re-integrated into WSSFN two years ago. After discussion with WSSFN leadership and Karger I have invited the leadership of three other major continental stereotactic societies (JSSFN, SLANFE and AASSFN) to adopt a similar arrangement for a mutual benefit plan in order to open WSSFN membership to all members of their society. It would be great to have everyone involved !

In order to facilitate and coordinate better some specific tasks, the WSSFN officers are now supported by several standing committees. The following rules for WSSFN committees have been established. The chair must be a neurosurgeon and a WSSFN member. The chair will be appointed by the president. The chair may suggest other members to join her/ him on the specific committee to be confirmed by the president. Number of committee members should not exceed five, except under special circumstances (eg Committee for Psychiatric Neurosurgery). Committee members may belong to other disciplines than neurosurgery as well. All neurosurgeons in the committee must be WSSFN members. Committee chairs will provide a short annual report to the WSSFN board of officers.

The Committee for Psychiatric Neurosurgery has been established already several years ago, and under the leadership of Bart Nuttin, the committee met on various occasions since then. The latest achievement of this committee has been the publication of the "Consensus on guidelines for stereotactic neurosurgery for psychiatric disorders" in the Journal of Neurology, Neurosurgery and Psychiatry which was prepared in collaboration with the World Psychiatric Association and others. Undoubtedly, this publication will be a key reference for psychiatric surgery in the future.

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LETTER FROM THE EDITOR



Dr. Erich Richter

Welcome to the Spring 2014 edition of the society newsletter. Under the leadership of Dr. Krauss, the executive committee, and the board, this is a time of dramatic growth and new opportunities. In this issue, we again call your attention to upcoming meetings around the globe, as well as opportunities for involvement and growth that are virtual and continuous. Dr. Hamani has been working on the website, and we encourage you to

check out the new sections there. I am particularly happy to bring you Dr. Spiegelmann's report of his work in Niger. I personally write this letter to you from Ouagadougou, and can speak to both the need and the tremendous obstacles to bringing the expertise, technology, and education to our colleagues in West Africa. I can't think of anything more encouraging to include in our societies news than humanitarian efforts such as this. In another new direction, we also bring you an opinions section for the first time. Dr. Hariz contributed a critique of published work that is certain to generate discussion, and as we prepare our next edition, I welcome any additional pieces from the members.

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LETTER FROM THE PRESIDENT [CONT'D]

[Continued from Page 1]

In my function as chair of the Committee for Education I have discussed several options for new educational programs, and basic and advanced teaching courses. While the WSSFN Interim meeting will provide immediate hands-on experience, other activities are coordinated also with ESSFN and the European Association of Neurological Surgery (EANS). I am very glad to announce that Joseph Neimat has accepted to chair the Committee for Industrial Relations. Dr Neimat has repeatedly shown his excellent skills in soliciting and negotiating grants for WSSFN activities. Finally, I wish to thank former WSSFN president Andres Lozano for his willingness to chair the Committee for Research. Who else would be suited better?

One other issue that deserves attention is that for the first time ever, WSSFN has adopted a strategic partnership with the Movement Disorder Society under the leadership of MDS president Matthew Stern. The MDS Pedunculopontine Nucleus DBS Working group in collaboration with WSSFN has been endorsed by MDS previously and has received a grant from Medtronic which will be handled now by WSSFN. The Executive Committee of this interdisciplinary Working group consists of neurologists Elena Moro, Bastian Bloem and Michael Okun, and neurosurgeons Joachim K. Krauss, Tipu Aziz and Andres Lozano. The working group now has more than thirty members who are involved in various aspects of PPN DBS. At the present time, two manuscripts on medical and surgical aspects are being prepared, and at a later stage it is planned to foster a multi-center study.



Dr. Roberto Spiegelmann with

There's no radiation therapy machine in Niger. Not even one for 17 million people. So if you have a glioma you are done in a month, which you could say is not that wrong, considering the alternatives. But the same grim outlook applies to breast cancer, or to a benign base of skull meningioma.

So it might be esoteric and misplaced to be doing a Vim thalamotomy to treat an old guy's tremor, or for the same token, a stereotactic biopsy in a man with a couple of ugly-looking intra axial lesions surrounded by extensive edema. It could be metastases or it could be one of the common CNS infections seen here, such as toxoplasma (AIDS is endemic) or tuberculoma. Actually, the usual management is antibiotics and steroids. If the patient gets better, good luck. If not, in any case there is not any definitive treatment that you could offer here. I ask Samuila what does a person in need of radiation therapy. Well, he answers: if he has enough money, he can seek treatment in one of the countries nearby that offer radiotherapy. If not, he just dies.

Samuila Sanoussi is the only certified Neurosurgeon in Niger. He was born in a small town some 900 kilometers from Niamey, Niger's capital, and the epicenter of the political and educational life in the country. Samuila got his neurosurgical training in Strasbourg and remained there for an additional 2 years as a staff Neurosurgeon. We are sitting in one of the few restaurants in Niamey, overlooking the city at night. Not that you can see much. There are very few lights in a sea of darkness. Niamey does not live by night. I ask Samuila how it was to come back to Niger after so many years in France. It was very hard he concedes. But not for the reasons I would assume. There was no neurosurgical instrumentation here. No power drill. No suction. No bipolar coagulator, and of course no operating microscope. But Samuila wanted to come back: "I could've remained in Strasbourg, but what was there for me? I wanted to make a difference; I wanted to be of relevance here, in the place where I belong.

And he has done it. He has a small but very motivated team of nurses and physician assistants, and they together make the most of the thin resources at hand at the Hospital National de Niamey.

We are having dinner at this restaurant overlooking the city, the heat is still high, the steak is good, but our good mood is only marginally related to those. We are exhilarated because we've accomplished something: one week of working together, two years after meeting in Cape Town, at the first convention ever of the WSSFN in Africa. November 2011. Samuila gave a

Mark your calenders! The date for the next WSSFN Interim meeting in Mumbai, hosted by Paresh Doshi, is September 3 – 6, 2015. As indicated earlier, this interim meeting will have a new flavor. It will combine a two day WSSFN teaching course and workshops with an additional one day WSSFN meeting with presentations selected from abstracts from the international WSSFN community. This day will serve as a bridge between the traditional quadrennial WSSFN congresses. The scientific committee chaired by Mojgan Hodaie and Joseph Neimat together with Paresh Doshi is already very busy preparing this unique event for you.

Finally, I would like to attract your attention to the report of Roberto Spiegelmann in this newsletter. Sometimes small steps will have big impact. It is certainly one of the absurdities of our times that despite advances in technology, internet and worldwide digital communication we can not travel and move freely. And in some instances visiting another country might appear virtually impossible because of the lack of diplomatic relationships between governments. Facilitating such endeavors is one of the true missions of a world society such as ours.

I look forward seeing you on one of the upcoming meetings of our international community, may it be in Washington, Maastricht, Tokyo, Mumbai, Istanbul or Berlin!

Joachim K. Krauss,
Hannover, Germany
President WSSFN

DR. ROBERTO SPIEGELMANN REFLECTS ON NIGER EXPERIENCE

talk describing neurosurgery at Niger. He mentioned that stereotactic surgery was nonexistent there, since he has no stereotactic equipment, no training in that field, and no outlook of getting resources for that purpose anytime in the foreseeable future.

While listening to his talk, I thought of one of my frames (which I custom-built in the 1990s for my personal use), that had become just a display piece in my office once I introduced computerized planning in my routine. For a few years though, when stereotactic planning only required a ruler, a pencil, and a school calculator, this was my favorite frame with which I performed a few hundred procedures.

I looked for Samuila that evening in the cocktail party and told him that I had this frame which was in perfect condition and I could not think of a better use for it than sending it to Niger. But of course he would need some training. And I said that I would be happy to come over and do it with him.

Easier said than done. Getting the OK from Sheba's Administration to donate my frame was no problem. Delivering the frame to Niamey was something else. There are no diplomatic links between Israel and Niger, no "interest desk", nothing. It took me more than one year to find someone in the Foreign Affairs Department who agreed to take the stereotactic frame and deliver it "safely" to Africa. The itinerary was convoluted and included a relay in Ivory Coast, where the Israeli Embassy made contact with one of Prof. Sanoussi's relatives, who personally took the gadget to Niamey. But of course, there was nothing Samuila could do with it until I came (the CT-localizer cage, made out of plastic, I had decided I'll bring with me to assure it would arrive in one piece).

And then both of us, busy clinicians, had to invest some time to get the needed authorizations (visa; letters from my hospital confirming that my old RF generator/stimulator is a piece of medical equipment and not a malicious gadget, so to improve the odds of not being stopped by airport security personnel; passive OK from the Foreign Ministry to visit Niger). We finally set dates. I tested again and again the RF equipment and thermo couple electrodes which for many years were left to oblivion, confirmed they were in mint condition, packed and padded them the best I could in my carry-on, threw in some biopsy needles, and off I went.

From the air, flying from the north east, Niger is a vast desert. As the plane approaches Niamey, patches of greenery interrupt the seas of sand. Samuila is at the airport to welcome me. In the evening we go through our schedule. Our first day is spent seeing patients who could be suitable for surgery

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OPINION: DBS IN PUBMED!

It is now possible to write fabrications and distortions, and to advertise your practice in a paper, and have it listed on the PubMed!

Submitted by Marwan Hariz, Queen Square, London, UK

To qualify to be listed on PubMed, a Journal paper has to comply with a minimum of requirements in terms of honesty and scientific content, and to have gone through a peer review process. The content of the paper, its methodology or conclusions may of course be subject to debate and may even be erroneous. Letters to the Editor may be written and in worst case scenarios, journals may be compelled to retract papers that were based on false results.

In the field of DBS, PubMed contains thousands of papers most of which positive to DBS, be it as a method for treatment of brain disorders, for research, for trials, or any other related issue. But has anybody ever seen a DBS paper on PubMed, advertising for an insurance company and their team of doctors, and featuring outright false statements? Well, here you have a "Grande Première":

I found on PubMed this "free access" review article published in the "Permanente Journal":

Sedrak M, Wong W, Wilson P, Bruce D, Bernstein I, Khandhar S, Pappas C, Heit G, Sabelman E: Deep brain stimulation for the treatment of severe, medically refractory obsessive-compulsive disorder. Perm J. 2013 Fall;17(4):47-51.

Here are some pearls from that paper:

"DBS is established as a safe, reversible, adjustable, efficacious, evidence-based treatment for severe, refractory OCD..."

Well, as far as I know DBS for OCD is not "established"! It is approved by FDA as a HDE device and that approval has in fact been questioned by the very pioneers of OCD, surgeons, psychiatrists and ethicists (Fins JJ, Mayberg HS, Nuttin B, Kubu CS, Galert T, Sturm V, Stoppenbrink K, Merkel R, Schlaepfer TE: Misuse of the FDA's humanitarian device exemption in deep brain stimulation for obsessive-compulsive disorder. Health Aff (Millwood). 2011;30:302-11).

"Results of DBS for the treatment of severe OCD have been published for at least 9 studies (Table 1). Six of these studies were double-blind. In the double-blind studies, improvement rates ranged from 25% to 100%."

This is not true! Their Table 1 lists erroneously some studies as "double-blind" which they are not. They list also one study with 4 patients and

75% of these patients as "improved" not mentioning that the quoted study disclosed that one of the "improved" patients committed suicide. They also list one study with 100% improvement but that study was a case report on one single patient.

The Permanente authors conclude: "The emergence of DBS as a highly effective treatment for this population offers them hope of a much higher quality of life as well as more effective and efficient use of their financial resources. The Permanente Medical Group is uniquely situated to define and develop the appropriate scope of application of this promising intervention."

I always had faith in PubMed as an institution that makes sure that accepted Journals comply with a minimum of peer-review and honesty in their published articles, even if one may always discuss scientifically the content of papers. But to clear papers like this one, conveying a direct and blatant advertisement to a company, and what is worse, based on outright falsifications, and quoting the literature like the devil quotes the Bible, that was too much for me. So I asked three North-American very eminent experts in the field, two neurologists and one neurosurgeon, what they thought about PubMed "allowing" the listing of such a paper.

One Neurologist replied: "Marwan, This is Permanente physicians writing in the Permanente Journal concluding that the Permanente Group is ideal. Although the situation is apparent, there is no conflict of interest statement. So, what do you expect? The National Library of Medicine, that is responsible for PubMed, does evaluate journals when letting them in, but I don't think they continue to police the situation. I suspect one can't hold them responsible... But in the end, as always, you can't always believe what you read..."

The other neurologist replied: "Dear Marwan, ... This is not PubMed but the Journal and editors responsibility. Although ...not much can be done, a letter to the editor might have some effect—at least they will realize someone is reading the Journal..."

The neurosurgeon replied: "Dear Marwan, ... Not clear why they would go down this path- it is indeed dangerous for our field to have such misinformation and aggrandized claims. Pub Med is the messenger- we should not shoot it. The primary responsibility goes to the authors and secondarily to the journal for a lack of critical review... We clearly cannot rely on journals as the palace of truth..."

Indeed, indeed, but then I ask: is PubMed bound by the first Amendment on Freedom of Expression, and therefore allows listing of papers that not only convey an erroneous message but also make an outright advertisement for an insurance company and its team of neurosurgeons, neurologists and psychiatrists? Would we see in the future papers on DBS listed on PubMed in which the authors conclude that The Emory / UCLA / Florida / Harvard / Brown / Barrow / Cleveland / etc.. group "is uniquely situated to define and develop the appropriate scope of application of this promising intervention.??"

• Opinion reflects the personal opinion of a distinguished expert. It is not an official statement of WSSFN

WEBSITE UPDATE

We are in the process of improving our website by adding a new section.

This will be composed of three main segments: "How I do it", "Pearls in Functional Neurosurgery" and "Controversies in Functional Neurosurgery". Our goal is to have Neurosurgeons, Neurologists, Psychiatrists and other professionals write about their experience in managing patients, what they think about different Functional Neurosurgery topics and have their perspectives and rationale for choosing some techniques or therapeutic alternatives we use today.

We plan to include a broad list of topics, covering Movement Disorders, Epilepsy, Psychiatric Disorders, Radiosurgery and Pain.

If you have any suggestions on topics or would like to contribute, please email me at Clement.Hamani@uhn.on.ca.

Hope that you enjoy this new initiative and are able to contribute!

Submitted by WSSFN Webmaster Clement Hamani, MD
Department of Neurosurgery, Toronto Western Hospital

American Society for Stereotactic and Functional Neurosurgery (ASSFN)
2014 Biennial Meeting
May 31 – June 3, 2014 Washington, DC
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Log on to www.cns.org and make your arrangements today for this can't miss event!

MARK YOUR CALENDARS - INTERIM MEETING

It is my great pleasure and privilege to host the 2015 WSSFN Interim meeting from 3-6 September, 2015. Interim meetings have been always geared to enhance and impart knowledge and learning. Following Prof. Krauss' suggestion, the focus of this meeting will be on training, with two dedicated workshop days. The first two days will feature 12 interactive workshops conducted by eminent international and Indian faculty, dealing with a range of functional neurosurgery topics. The aim is to provide participants with knowledge and skills that they can immediately utilize in their practice. The workshops will be followed by a one-day WSSFN congress and one-day Indian Society for Stereotactic and Functional Neurosurgery (ISSFN) congress. We also plan to provide ample opportunities for delegates to present work in platform and e-poster formats.

We are adopting a novel concept for this meeting: country ambassadors.

The role of the ambassador will be to distribute meeting information to neurosurgical colleagues in their country, promote the meeting and work as a conduit in facilitating delegates. The meeting will have a restricted number of registrants (around 350) to ensure adequate exposure to the workshops for the delegates.

Mumbai is the financial capital of India and features high on the tourist maps. It has excellent connectivity from all parts of the world. We would like everyone to take active participation in this meeting, either as a faculty or a delegate. You can write to me for further information at: paresh.kd@gmail.com and visit our website: www.wssfn2015.com

Submitted by Paresh Doshi, MD

OUTREACH PROGRAM

Opportunities remain available for WSSFN membership through the Outreach Program. This program, organized by Dr. Jason Schwalb in conjunction with Karger Publications, provides a one year complimentary membership in WSSFN including a one year online subscription to the journal Stereotactic and Functional Neurosurgery for neurosurgeons in developing nations as categorized by the World Bank.

The intent is to encourage neurosurgeons that might otherwise be unable to join the society to benefit through membership in WSSFN. To date, 34

neurosurgeons have taken advantage of this opportunity.

Please reach out to those who might benefit from this opportunity and provide them with information on the Outreach Program.

Further information on how to apply can be found on the web site at www.wssfn.org. WSSFN administrator Melody Dian: mdian@centurytel.net can also provide assistance.

DR. ROBERTO SPIEGELMANN REFLECTS ON NIGER EXPERIENCE

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and checking that all the parts we need (RF generator, frame, electrodes, needles) arrived in working condition. Samuila has made rounds in the hospital telling colleagues I'll be here this week, and that we'll welcome patients with movement disorders. The pediatricians played along. In the morning, as we arrive in Prof. Sanoussi's office, coming through the open spaces in between the one-story pavilions of the Hospital National, dozens of mothers with sick small children on their backs await for us in the 41 degrees heat. We begin seeing them in Samuila's office. Almost all of them are affected with cerebral palsy, with diverse degrees of spasticity and limbs weakness. It is clear to us that the long cue outside does not bear candidates for stereotactic surgery, but we see them all anyway, even for a couple of minutes, because these desperate mothers have come in some cases from far away and they deserve at least to be seen and to be heard. As these children come and go, with their mothers who I'm informed in many cases are left alone to carry on with their lives and their handicapped offspring, I am overwhelmed by the nonsense we live. There's no rehabilitation ward in this hospital, no pediatric neurologist in Niger, and of course no prosthetic aids. These children, crippled at birth frequently by perinatal infections, have absolutely no chance. Baclofen pumps, planned rehabilitation and orthopedic corrections are not to happen here in the foreseeable future.

In the remaining days of my stay, we carry out 4 procedures: a vim thalamotomy in a tremor dominant PD patient and 3 biopsies for diverse lesions, each requiring some differences in planning. We need to make some improvisations to overcome pitfalls for which we could not plan ahead (such as the frame attachment to the operating table, or the CT couch). The CT scanner in the National Hospital is broken and will be replaced by a new one in the next few months, so that we take our framed patients on ambulance to a nearby Clinic that has the only working CT scanner in Niamey. Needless to say, CT for stereotaxis is new to the whole team, so we spend a good deal of time with our first patient achieving proper positioning, writing protocols for thin slice- large field scanning, and setting the tools for on-screen target and trajectory calculation, cut-film printing that will enable



multi-slice planning for functional cases, and going through the intricacies of AC- PC determination, graphic reconstruction of ICL on paper diagrams, and determination of magnification factors. Here I should disclose that it took me a good deal of time before the trip to recall the procedural steps I used to make in hundreds of cases more than 15 years ago.

The last morning in Niamey I gave a talk on stereotactic applications to the Hospital's staff, and then Prof. Sanoussi performed the last biopsy we will be doing together. But he already knows the technique, and he is getting used to think in stereotactic terms

of safe trajectory and its determination. More training will be needed for thalamotomies and pallidotomies. But this is OK for it gives us a reason to plan our next time together.

And when the sun goes down in a feast of colors past the Niger River, I think again on the meaning of treating tremor where spasticity is king, or getting pathological diagnosis that won't be followed by tailored treatment. But this time, I know the answer. Nor Samuila, nor myself are used to fit what we do to the conditions at hand. Making a change, setting the clock, is what sets us in motion every day. And we are doing it. Here in Niger.

Submitted by Roberto Spiegelmann, MD

AASSFN MEETING SUMMARY



Professor Bomin Sun

The 9th Scientific Meeting for the Asian Australasian Society of Stereotactic and Functional Neurosurgery (AASSFN) in 2014 was held at the Marriott Hotel City Centre from January 9-12 in Shanghai, China.

Over 300 neurosurgeons, neurologists, neuroscientists, neuro-radiologists, and psychiatrists from China, Korea, Japan, Germany, America, France, Holland and many other countries and regions have participated the Meeting.

Many internationally-acclaimed speakers shared their researches and advances had being made in functional neurosurgery on the Meeting. The presentations and the posters on display represented a remarkably wide range of applications now under development in this area.



Professor Bomin Sun with Jin Woo Chang

On the Meeting, the top experts on functional neurosurgery in the world also exchanged views on issues of common concern and discussed how could further the development of the object.

At the Society Board conference of the Meeting, Professor Bomin Sun was elected as chairman of the Asian Australasian Society of Stereotactic and Functional Neurosurgery (AASSFN).

Submitted by Hiroki Toda, MD, PhD



Deadline for abstract submission has been extended to June 15, 2014

IOIS MEETING IN DELHI



File photo

The organizing committee welcomes you to India and the 5th Meeting of the Intraoperative Imaging Society (IOIS). The meeting is to be held at the Oberoi Hotel Gurgaon from February 12-15, 2015. It will also be preceded by a hands-on workshop February 11, 2015.

The IOIS meeting is a platform for clinicians and scientists working in the field of intraoperative imaging to exchange experience and knowledge. Internationally recognized experts will present and discuss technological advances, clinical applications and socioeconomic aspects of intraoperative imaging. While core group has been comprised primarily of neurosurgeons, all other medical specialties are especially invited to participate as we evolve into a truly multidisciplinary society.

The symposia will be a scientific treat along with the cultural feast for all. India in general and Delhi in particular, can boast of World Class Facilities for tourists. India has lovely beaches, dense green forests, deserts, wild life and landscapes for eco-tourism, snow, river and mountain peaks for adventure tourism, technological parks and science museums for science tourism; centers of pilgrimage for spiritual tourism; heritage trains and hotels for heritage tourism. With monuments like Taj Mahal, and city like Jaipur, being just few hours away from Delhi, it is a congress worth attending with your family.

Please visit the meeting web site for information and updates at <http://conferenceindia.org/iois-2015/index.html> or through the society home page at www.intraopimaging.org

Ajaya Nand Jha, MD Host Chairman

LESIONING COURSE - TOKYO

Dear Colleagues and Friends,

I am pleased to announce that "Noble Art of Lesioning, Tokyo 2014" will be held on November 17-19, 2014.

This training course was first held in Marseille in October 2013 with great success. (<http://nobleartoflesioning.mcocongres.com/en/>).

Even in the era of deep brain stimulation, stereotactic lesioning procedures still play an important role in various situations of functional neurosurgery. However, there are few active neurosurgeons in the world who have rich experience of lesioning and who can convey their knowledge, skills, techniques, and arts to the younger generation. Contrary to stimulation techniques that are extremely supported by industry, lesioning techniques can not have enough industrial support, and the needs of lesioning vs DBS are often biased.

As a group of international functional neurosurgeons, we wish to establish a practical course with hands-on aiming at teaching stereotactic

lesioning techniques to younger colleagues. This course "Noble Art of Lesioning, Tokyo 2014" will be held November 17-19, 2014 with endorsement of the World Society for Stereotactic and Functional Neurosurgery. Details of the course will be updated soon on the website. Because we intend person to person training, the maximum number of attendees will be restricted up to 40 doctors. PLEASE SAVE THE DATE for this exciting training course.

Scientific Faculty is as follows.
Professor Rees COSGROVE, Rhode Island Hospital, Providence, USA
Professor Marwan HARIZ, Queen Square Hospital, London, England
Professor Jean REGIS, Hopital de la Timone, Marseille, France
Professor Takaomi TAIRA, Tokyo Women's Medical University, Tokyo, Japan

With best wishes,
Takaomi Taira, MD, Ph.D.
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NEUROSURGICALAID.ORG

Neurosurgicalaid.org is a non-profit organization whose goal is to provide neurosurgical training and equipment to centers who would like to perform stereotactic procedures. Essentially it functions as a gathering place where 1. developing neurosurgical centers can request help to obtain stereotactic equipment and training, 2. established neurosurgical centers can donate stereotactic frames and, 3. experienced stereotactic neurosurgeons can volunteer their time to teach in the developing center. We have received support from the Boards of the WSSFN, ASSFN and ESSFN.

In the past, some of our colleagues who have volunteered to teach stereotactic procedures have been hampered by a lack of equipment. Occasionally there are centers with stereotactic equipment but no one to teach them how to use it ideally. It is our hope that neurosurgicalaid.org will help bring together everything that might be needed to begin doing stereotactic procedures safely in a new center.

So far, we have had requests from several centers for help and offers from several of our stereotactic neurosurgical colleagues to teach - but no frames.

If you have an older frame that you are considering replacing, I hope you will give thought to donating the frame to this cause. I look forward to updating you on this effort to help our colleagues in the developing centers.

Submitted by Chris Honey, Associate Professor of Neurosurgery, UBC, Vancouver, Canada

Announcing



WSSFN Interim Meeting-2015 September 3-6, 2015 Mumbai, India

Watch for future details of the WSSFN Interim Meeting to be held in Mumbai, India September 3-6, 2015.

Visit the website at www.wssfn.org

Also, for further information contact Dr. Paresh Doshi, Interim Meeting Host Chairman at pareshkd@gmail.com

www.wssfn.org

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