wssfn
World Society for Stereotactic and Functional Neurosurgery
NEWSLETTER
SPRING 2011

patient care | teaching | research

Letter From The President

Dear Members,

It is my great pleasure to report the tremendous progress of our society. I deeply appreciate the great help from many people from all over the world. Dr. Melvill and Dr. Fieggen in South Africa are vigorously preparing to host the Interim Meeting in Cape Town in November 2011. The main aim of this meeting is education for local doctors, but it coincides with a 50th Anniversary of the WSSFN. I would ask as many doctors as possible to attend this meeting to understand and share the issues of functional neurosurgery in sub-Saharan Africa. It is also worth noting that this meeting has full support of the World Federation of Neurosurgical Societies and will be considered as its Educational Course.

Dr. Schwalb has made great effort for the Outreach Program. This program offers a complimentary one-year membership to the first 50 neurosurgeons from developing countries who apply for WSSFN membership. I am particularly interested in providing access to important information on stereotactic and functional neurosurgery to areas of the world that may need education and support in this important field. The program is intended to encourage neurosurgeons in developing countries to join and take advantage of the society's benefits.

Dr. Bernstein, Dr. Lipsman, and Dr.Mendelsohn have prepared and distributed a survey-type study of functional stereotactic surgery's ethical and practical considerations. WSSFN does have a psychiatric surgery sub-committee chaired by Dr. Vilela Filho. He and Dr Sun in Shanghai are planning a semi-closed WSSFN forum on psychosurgery in March 2011 where most specialists in this field will get together. Dr Richter developed a survey to have a better understanding of the international criteria for curriculum standards in the training of residents in our field. Many others contributed to the society for newsletter editing, website maintenance, membership processes and so on.

We have seen an increase in membership from 2009, as we promoted WSSFN by setting up a booth at meetings of WFNS in Boston, ASSFN in New York and ESSFN in Athens where information about membership and activities was shared with potential members.

In 2010, we lost two Honorary Members; Dr Chihiro Ohye and Dr Takashi Tsubokawa. In honor of these pioneers of our specialty, we have decided to start two awards. The awards will be bestowed during the 2013 WSSFN quadrennial meeting in Tokyo. Details will be announced soon in our website.

I thank all the members of the Society for your valuable advice, suggestion, and support. I especially thank our administrator, Melody Dian, for her excellent management. Without her assistance, such high activities were not possible.

I look forward to seeing all of you in Cape Town in 2011 and Tokyo in 2013.

President, WSSFN
Takaomi Taira, MD, PhD

Letter From The Editor

Welcome to the Spring 2011 edition of the WSSFN newsletter. The new editorial team looks forward to serving the membership with regular updates from the member societies and individual members that are moving our field forward all around the world. Our society is diverse, and our goal is to provide a forum to keep our membership aware of what the society and its members are doing. To accomplish that goal, we have instituted a few minor changes to the newsletter, including regional editors who will select the most important news from those member societies for inclusion in the WSSFN newsletter. Also, so that colleagues abroad will be aware, a member will be featured in each issue drawing attention to his/her accomplishments and contributions. This issue, we thought it best to focus our attention on Dr. Oh, who has served you as editor of this newsletter for the past several years. You can find a brief tribute and review of his work on page 2. We hope you enjoy this issue, and find this newsletter a useful resource for the who, what and when in the world of stereotactic and functional neurosurgery. We very much appreciate submissions and suggestions. If you have news that you would like to share with the membership, please email your suggestions to Ericht@lsuhsc.edu. Based on space considerations, we can give you an estimate of when we would be able to publish it and how long it should be. We look forward to hearing from you!

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Have feedback or news to share? Contact us!
Melody Dian mdian@centurytel.net

Founded in 1961 as the International Society for Research in Stereoencephalotomy

FEATURED NEUROSURGEON:

Michael Oh, MD

In 1990 Dr. Oh graduated from the University of California in Santa Cruz with a bachelor of arts in mathematics. He then spent 2 years teaching mathematics and other subjects to both high school and adult students within the underprivileged school district of La Puente, California. He next moved to Los Angeles where he received his M.D. from the University of Southern California School of Medicine in 1996. His post-graduate training took him to Allegheny General Hospital in Pittsburgh where he completed a neurosurgery residency in 2002. During this time in Pittsburgh, Dr. Oh developed a strong clinical and research interest in stereotactic and functional neurosurgery. He spent dedicated time focused on neuromodulation, in particular deep brain stimulation (DBS), as a fellow under Dr. Donald M. Whiting at Allegheny General Hospital (AGH) and Dr. Andres Lozano in Toronto, Canada. During his time in Toronto, Dr. Oh investigated the potential of DBS for controlling post-stroke pain and obesity. His enthusiasm for computer-assisted neurosurgery and novel technology led to an appointment as adjunct faculty in the Robotics Institute at Carnegie Mellon University in Pittsburgh. Finally Dr. Oh also gained medical staff appointments at several surrounding hospitals including St. Clair Memorial Hospital in Pittsburgh, Canonsburg General Hospital in Canonsburg, PA and The Washington Hospital in Washington, PA where his practice focused on pain, neuromodulation, and both complex and minimally-invasive spine surgery.

Dr. Oh took his first job as neurosurgical faculty in 2004 at the University of Missouri-Columbia where he was director of functional neurosurgery. He returned to Pittsburgh in 2005 to join the neurosurgical department at AGH. Here Dr. Oh became co-director of movement disorders and later co-director of neuromodulation in 2007. He also obtained another faculty appointment in neurosurgery at West Virginia University (WVU) in Morgantown. In addition to helping establish a DBS program in Morgantown, Dr. Oh, in collaboration with WVU, has sponsored the first FDA-approved study of DBS for intractable human obesity.

In addition to a busy clinical practice which involves teaching neurosurgery residents at AGH and WVU, Dr. Oh has received NIH, United States Department of Defense, and industry funding for research involving motor cortex stimulation, deep brain stimulation, image-guided treatments for intracerebral hemorrhage, and image-guided ventriculostomy placement. He continues to train a new generation of pain and movement disorder fellows at AGH. Dr. Oh has also been involved with bioinformatics research which led an NIH funded on-demand surgical library. Finally, in addition to his clinical and research efforts, Dr. Oh has donated a significant amount of his time to organized medicine. He has served on multiple committees including the AANS Young Neurosurgeons Committee, the Scientific Advisory Committe of the Pittsburgh Chapter of the National Parkinson's Disease Foundation, and the AANS Education and Practice Management Committee. He acted as editor for this WSSFN newsletter from 2004 to 2010. His leadership in organized neurosurgery led to use of the iPod touch as a novel educational accessory to the 2010 AANS National Meeting in Philadelphia.

Dr. Oh has published numerous peer-reviewed journal articles and book chapters and continues to give frequent oral presentations at national neurosurgical gatherings. He currently has a particular interest in neurosurgical outcomes and complications reporting. Outside the hospital, Dr. Oh spends time raising his two daughters, volunteers at a local parish, and enjoys dancing and playing tennis.

We would like to thank him for his years of service to the WSSFN and his continued leadership role in academic neurosurgery.

WSSFN Ohye and Tsubokawa Awards

The WSSFN leadership is pleased to announce two awards in honour of deceased professors Ohye and Tsubokawa. The award is $2,500 each. The awards will be bestowed during the WSSFN congress in 2013 in Tokyo.

WSSFN Ohye Award

The aim of the Ohye award is to promote and initialize basic or clinical research projects in the field of stereotactic and functional neurosurgery. The award can be used as a start-up spark both financially and ideologically to initialize a larger research project.

The applicant must be a member of the WSSFN. There is no age limit. Applicants for the award should include a short proposal of the research project (limited to 500 words) and a current curriculum vitae.

WSSFN Tsubokawa Award

The aim of the Tsubokawa award is to recognize important publications which have been published by WSSFN members in the field of functional and stereotactic neurosurgery.

The manuscript must have been published within the period from 2011-2012 in a peer-reviewed journal, or be available online in PubMed. Manuscripts not yet published are not being considered. The applicant must be a member of the WSSFN. There is no age limit. Applicants for the award should send a copy of the publication and a current curriculum vitae.

Submission deadline for the awards is December 31, 2012.

Please submit manuscripts and documentation to ttaira@nij.twmu.ac.jp or krauss.joachim@mh-hannover.de

Selections will be made by an independent committee which will be commissioned by the WSSFN leadership.

13th Interim Meeting

R L Melvill, MD
Continental VP
Interim Meeting Chairman

The WSSFN Interim Meeting due to be held in Cape Town, South Africa will be of interest and fascination to all delegates.

This is the first time that the WSSFN will hold a meeting in sub-Saharan Africa. You are also reminded that 2011 represents the 50th anniversary of the founding of our original Society, the International Society for Research in Stereoencephalotomy.

The organizing committee encourages participation in the meeting by Neurosurgeons and Neurologists from Africa. Apart from the Mediterranean African countries and South Africa, Functional Neurosurgery is not well established on the continent; one of the main focuses of the meeting will be to encourage change in this respect. This meeting must act as a source of inspiration to our African colleagues as well as retain interest for those members of the Society who are well established in their fields of expertise. We see this as an interesting challenge and look forward to participation of many members of the Society who are willing to take up the chal-

lenge with us. We plan to include all areas of interest to Functional Neurosurgeons but we feel that Epilepsy Surgery is the one area that is likely to have the greatest impact for our African delegates; therefore a full day will be devoted to Epilepsy Surgery. Movement Disorders, Spasticity, Surgery of Pain, as well as Radiosurgery and Surgery for Psychiatric Illness must have their say. We look forward to an interesting discussion on the ethics of Surgery for Psychiatric Illness as we face the challenges of the new frontiers in this field. We need to understand the challenges of Neurosurgery in sub-Saharan Africa and so our African delegates will be encouraged to participate by presenting their local experience of neurosurgical development. This latter aspect of the meeting, we hope, will open opportunities for members of the Society to establish meaningful contacts with African delegates who could benefit from support and mentorship, as well as provide their knowledge and experience of African neurosurgery and neurology. We invite you to come and face these challenges with us!

A top class venue in the BOE Conference Centre at the Cape Town Waterfront has been secured. Accommodation will be available just a short and fascinating walk through the Waterfront to the Conference Centre.

Not that we hope that you will die soon, but you are reminded that Cape Town has been voted as one of the four cities to visit before you do. The weather during November is wonderful. Expect warm sunny days that will be a welcome break from the Northern winter. We can offer you mountains; we can offer you sea including the exciting prospect of a shark dive! Our fabulous Winelands are not to be missed. World famous game reserves are an easy journey from Cape Town. Although the days are long and the nights are short, there is still a life to be found after dusk. Come and join us and bring a friend!

Links
http://www.wssfn2011.org
http://www.cape-town.info/
http://www.sa-venues.com/attractionswc/waterfront.htm

Functional Neurosurgery in India

Paresh K. Doshi, MD
Dept. of Stereotactic and Functional Neurosurgery
Jaslok Hospital and Research Center
Mumbai, India

Functional neurosurgery formed an integral part of most neurosurgical programs at the beginning of neurosurgery in India. In 1949, Prof. Chandy, who had been trained at Montreal Neurological Institute, started epilepsy surgery with his neurological colleague Prof. Baldev Singh, when he established the first neurosurgical centre at Christian Medical College (CMC), Vellore. During the 1960's several centres simultaneously started stereotactic surgery for movement disorders, including Prof. Ramamurthi in Madras and Prof. Dastur in Mumbai. There were several aspects about these programs that made them unique. These included extensive training at reputed centres across the world, inclusion of the neurologist in the team, innovations to suit local needs and exemplary courage in taking up challenging cases ranging from movement disorders to psychiatric surgeries. By 1975, more than 1700 stereotactic functional neurosurgical procedures, ranging from conventional thalamotomies to unconventional hypothalamotomy, pulvinotomy, dentatectomy, etc; were performed at the Madras medical college. Unfortunately, from 1975 to 1990s there was a lull in the activity in functional neurosurgery, as the programs at these centres discontinued.

In the mid 1990s, there was a resurgence of interest in functional neurosurgery due to advances in the field of stereotaxy. In 1995, Dr. Radhakrishnan, a neurologist, started an epilepsy surgery program at the Sree Chitra Tirunal Institute for Medical Science and Technology (SCTIMST) in Trivandrum. Presently there are around 10 centres in India performing epilepsy surgery, with approximately 200 surgeries per year. In 1997, Dr. Doshi, after his training in England and Europe, established the first comprehensive functional neurosurgical program at the Jaslok Hospital and Research Centre, Mumbai. He started with the introduction of movement disorders surgery. Pallidotomies and thalamotomies were performed from 1997 to 1999. Following encouraging reports of DBS surgery for Parkinson's disease he performed the first DBS in India on a 42-year-old patient in 1999. From 1999 to 2010 DBS remained the primary form of surgical treatment, but lesional surgeries such as thalamotomies, pallidotomies, and subthalamotomies, continued to be carried out. During this time around 275 movement disorders surgeries were performed at Jaslok hospital, including 195 DBS surgeries. In India, unlike western countries, patients have to fund their own surgical treatment. It also has a unique social system where children feel responsible for the care and well being of their parents. As a result of this, there is a unique opportunity to study DBS in elderly patients. At Jaslok hospital, 38 of the 195 DBS surgery patients were above 65 years, with the oldest one being 85 years old. Subsequently other centres started offering DBS surgeries in India, including VIMHANS and All India Institute of Medical Sciences (AIIMS), New Delhi; Hinduja hospital, Mumbai; Nizam's institute, Hyderabad; and SCTIMST, Trivandrum.

The epilepsy surgical program was started at the Jaslok hospital in 2000, chronic pain in 2002, spasticity in 2003 and psychiatric disorders surgery in 2009. In 2009, under the guidance of Dr. Doshi, Indian Psychiatrists met to review the evidence for psychosurgery and formulate guidelines for psychosurgery in India. They approved intractable OCD as an indication for surgical treatment. Indian psychiatrists have taken a proactive role for psychosurgery and are going to have their first national debate on Psychosurgery at the forthcoming annual meeting "ANCIPS-2011" chaired by Dr. Doshi. A fellowship in functional neurosurgery was started in 2007 at the Jaslok hospital. This is offered for a period of one year to the fellows after completing their neurosurgical training.

Another area of interest in functional neurosurgery is neural transplantation. In 1984-85, a multidisciplinary group was established at the AIIMS, under Prof. Tandon, to study the neurobiological and behavioral consequences of the fetal neural tissue transplants in rats and rhesus monkeys. They found that neural transplantaion was successful in only 20-30% of rhesus monkeys as compared to 80% in rats and hence not suitable for a human trial. There is now resurgence in the interest of neural transplantation, with an active role played by India's Department of Biotechnology.

Over 30 institutions, hospitals and industry are involved in stem cell research (SCR) in India. The government has invested about 8.0 million US$ for SCR in last two years. Draft guidelines for SCR in the country have been formulated and the same are currently being placed for public debate. Studies to explore the potential ap-

plications of adult stem cells in stroke, myocardial infarction, spinal cord injury, use of lectins for hematopoietic stem cell preservation etc. are underway. Jaslok hospital has initiated a phase I study of the use of autologus mesenchymal stem cell transplantation for Parkinson's disease along with Reliance Life Sciences, who has developed the technology of isolating mesenchymal stem cells from bone marrow and inducing them along neuronal pathway. Other centres active in stem cell research include CMC, Vellore, AIIMS, New Delhi and National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore.

The Indian society for Stereotactic and Functional Neurosurgery was formed in 1997. Currently there are around 100 members of the society and the society meets every alternate year. There is also an Indian society for the study of pain, which was established in 1975 with a current membership of more than 1800 members. Currently, India is experiencing a renaissance of stereotactic and functional neurosurgery. This is evidenced by the increasing number of applications received every year for the fellowship program at Jaslok hospital. Realizing the potential of India as a global health care provider, a large number of private hospitals have begun to invest in state-of-the-art equipment, thus providing an important platform for the development of this subspecialty.

The Contemporary Practice of Psychiatric Surgery: Results From a Survey of North American Functional Neurosurgeons

Nir Lipsman, MD
Daniel Mendelsohn, MD
Takaomi Taira, MD
Mark Bernstein, MD

There is intense interest in the neurosurgical literature, and indeed in the broader neuroscience world, in deep brain stimulation for psychiatric disease. Although there appears to be enthusiasm for the growing indication, it is unclear what the attitudes are of present day functional neurosurgeons towards the practice, its future and its promise. In order to gauge these attitudes, an electronic survey was designed and distributed to all functional neurosurgeons in North America, assessing their current functional practice as well as the details of their psychiatric surgery practice. This study was designed as the first of two stages, with the first examining North American attitudes, and the second stage, soon to begin, assessing global attitudes of surgeons around the world.

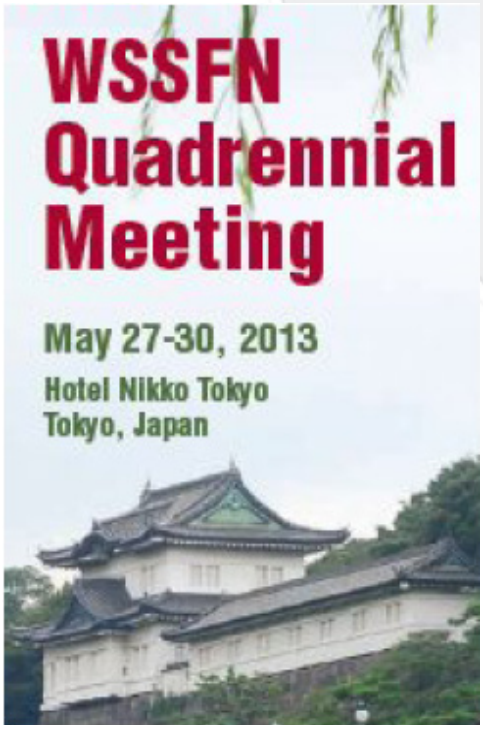
299 surveys were distributed, and a response rate of nearly 30% was obtained. The survey found that functional neurosurgeons practice predominantly in multi-disciplinary academic institutions, with movement disorders and pain accounting for a large majority of their daily practice. Nearly 80% of surgeons routinely use microelectrode recording to localize targets, and nearly 60% report DBS as the most common technical procedure they do. Of the surgeons surveyed, 50% report being engaged in psychiatric neurosurgery, and all of these report the indication as accounting for less than a quarter of their practice. Of the surgeons who engage in psychiatric surgery, 50% do so exclusively with DBS and 30% exclusively with lesioning. The remainder use a combination of both procedures. Obsessive-compulsive disorder (58%), followed by depression (36%), are the most common diagnoses sent for neurosurgical referral. Although psychiatric surgery makes up a minority of their practice, 78% of the surgeons who participate in the practice see the indication as growing, and believe it will account for a substantially larger part of their practice in the future. Interestingly, when asked to comment on the main obstacle to more widespread surgical psychiatry, both surgeons engaged and not engaged in the practice reported reluctance on the part of psychiatrists to refer patients as the primary obstacle. A clear majority of survey respondents expressed optimism about the future of psychiatric neurosurgery.

Participants were also asked to comment on their attitudes towards the hypothetical future use of neurosurgery for enhancement, or the improvement of non-pathological traits. This is a topic generating much interest in the neuroethics literature, and the attitudes of surgeons are invaluable to shaping the debate. For example, nearly 50% of survey respondents believed it would be ethical, if a safe and effective procedure were developed, to provide healthy individuals with surgical memory enhancement. The most common reasons against neuroenhancement were that surgery should only be reserved for demonstrated pathology, and that enhancement could potentially introduce artificial imbalances into society.

This survey provided a snapshot in time of functional neurosurgical practice, as it relates specifically to psychiatric neurosurgery. Clearly, surgeons in the field see the promise of the practice and believe it has the potential to help many patients with intractable mental illness. Results of future versions of this survey will build on, and greatly inform, these findings and help explain how larger cultural and societal factors influence contemporary medical practice.

Special Greeting from the President of the Japanese Society for Stereotactic and Functional Neurosurgery: 50th Annual Meeting

Kaoru Kurisu, MD, PhD
Professor and Chairman
Department of Neurosurgery
Hiroshima University Hospital
Hiroshima, Japan



It is a great pleasure and honor for me to make this announcement to all members of the World Society of Stereotactic and Functional Neurosurgery. It was also a great honor to hold the 50th Annual Meeting of the Japanese Society for Stereotactic and Functional Neurosurgery this year from January 21st to 22nd in Hiroshima. This society is the second oldest in the field of neurosurgery in Japan , following the Japanese Society of Neurosurgery (entering its 70th annual meeting). The main theme of this meeting was the development of the SFN during the past 50 years, and perspectives on the near future, "know the past, create the future".

We chose 8 themes for the symposium: 1)) new fields of neuromodulation, 2) creation of new items for brain machine interface in the field of neurosurgery, 3) re-evaluation of thalamotomy, 4) development of diagnostic imaging related to functional neurosurgery, 5) evaluation of long-term outcomes of deep brain stimulation, 6) evaluation of surgical treatment for central pain, 7) new horizons in medication, and 8) monitoring brain function for function-focused neurosurgical treatment.

Including other general fields of SFN, a total of 128 papers were submitted. According to the content of the papers, we organized 41 presentations in 8 symposia, 57 presentations in oral sessions and 30 papers in 6 poster sessions in one and half days.

Additionally, we had special lectures by Prof. Katayama of Nihon University, and Prof. Taira of Tokyo Women's Medical University and an invited lecture by Prof. Krauss of Hannover Medical School. As a result, the program was full with a full day education seminar.

In Japan, there are many board certified neurosurgeons who cover not only surgical treatment of neurological disorders, but also of stroke including ischemic disease, neuro-emergency, neuro-imaging, neuro-intervention, neuro-rehabilitation and so on. So, one of the most important duties of the Japanese Neurosurgical Society is contributing to the education of the many fields of neurosurgery around the world, especially in developing countries.

Again I would like to express my sincere thanks to the staff of this newsletter for their efforts to keep and develop the World Society of Stereotactic and Functional Neurosurgery.

In Memory of Professor Takashi Tsubokawa

Yoichi Katayama, MD, PhD
Department of Neurological Surgery
Nihon University School of Medicine
Tokyo, Japan

Professor Takashi Tsubokawa, a recipient of the Spiegel-Wycis Award in 2009, has passed away on August 25, 2010. He was an exceptional neurosurgeon, thoughtful neuroscientist and excellent teacher who contributed to a number of important aspects of neurosurgery. He was loved by everyone who knew him. I herein pay tribute to his memory.

He graduated from Nihon University School of Medicine, Tokyo, Japan, with the highest honors in 1954 receiving an MD degree. He was then trained as a neurosurgeon by Professor Miyoshi Urabe at the Department of Surgery, Kanazawa University Hospital, Kanazawa, Japan. He received a DSc degree from Kanazawa University Graduate School of Medical Sciences in 1960, and was promoted there to Assistant Professor of Surgery (Section chief of Neurosurgery) in 1965.

Since 1962, he was involved in neurophysiological studies on hypothalamic function as a research fellow of Professor Jerome Sutin at the Department of Anatomy, Yale University School of Medicine, Newhaven, Connecticut. In 1967, he joined the faculty of the Departments of Anatomy and Neurosurgery, Emory University School of Medicine, Atlanta, Georgia, and conducted neurophysiological research on the functions of the basal ganglia, the substantia nigra and the subthalamic nucleus.

After returning to Japan, he was appointed Assistant Professor and then Associate Professor of Neurosurgery, Nihon University School of Medicine, and elected Professor and Chairman of the Department of Neurological Surgery in 1982. He sat on the board of directors of the Japanese Neurosurgical Society, and was extremely active in clinical practice as well as basic research in various fields of neurosurgery.

He was of course most active in the field of stereotactic and functional neurosurgery. He served as Secretary of the Japanese Society for Stereotactic and Functional Neurosurgery (JSSFN) for many years, and was elected to President of the JSSFN during 1983-1984. He devised his original frame for stereotactic neurosurgery (the Tsubokawa frame) in the 1960s, which was used at Nihon University Hospitals and other institutes until 1976. He performed thalamotomy of the nucleus ventralis intermedius (Vim) and the nucelus centre median (CM) as well as pallidotomy in many patients with movement disorders or intractable pain in the 1960s and 1970s. He reported the effects of lateral pallidotomy on persistent ballism and CM-thalamotomy on intractable pain.

He began clinical studies on deep brain stimulation (DBS) in the 1970s. Initially, he carefully investigated the acute effects of stimulation of various brain areas with externalized leads which were connected to a conventional stimulator. In 1979, he performed chronic DBS with an internalized lead and coil for the first time in Japan. He extensively evaluated the effects of DBS of the periaqueductal gray, the thalamic nucleus ventralis caudalis (Vc) or the locus coeruleus complex on intractable pain in the 1970s and 1980s.

He also confirmed the effects of high frequency Vim-DBS on tremor and other movement disorders, and reported the effects of Vim-DBS on persistent ballism in 1995. In addition, he undertook a trial to improve awareness in patients in a vegetative state by CM-DBS or DBS of the nucleus cuneiformis of the brainstem, which was reported in 1990.

He examined the effects of cortical stimulation on post-stroke pain in the 1990s, since he noticed that in patients with post-stroke pain, Vc-DBS frequently provokes allodynia-like pain rather than attenuates their pain. He found that, when the motor cortex was stimulated, approximately half of patients with post-stroke pain experience attenuation of their pain. Among his numerous and varied works, this finding deserves special mention, since it opened up a new field which could be called cortical neuromodulation. He retired as Chairman of the Department of Neurological Surgery in 1995, and was afforded the honor of Professor Emeritus by Nihon University in 2009.

Historical Archiving:

There was a great deal of excitement generated from Dr. Taira's posting of historical letters and photos to WSSFN members particularly with the upcoming meeting "Psychiatric Surgical Treatment Forum" in Shanghai. Interest ran high with several members naming individuals in old photos and also providing some of their own archival information. A special journal supplement was suggested. Also, Dr. Neimat (the WSSFN webmaster) is in the process of posting the photos and letters on our web site, so watch for this soon!

Outreach Program:

You are encouraged to promote membership in WSSFN and particularly membership through the Outreach Program. The program offers a complimentary one year membership to the first 50 neurosurgeons from developing countries who apply for WSSFN membership. The program is intended to encourage neurosurgeons in developing countries to join and take advantage of the society's programs. We hope that you will reach out to those who would most benefit by this tremendous opportunity and provide them with information. Further details on what countries meet the criteria established by the World Bank, and information on how to apply can be found on the web site at www.wssfn.org.

Upcoming Events:

WSSFN Psychiatric Surgical Treatment Forum
3/9-3/11, 2011
Shanghai, China
www.ruijin-ns.com/psychosurgeryforum

American Association for Neurological Surgeons
4/9-4/13, 2011
Denver, Colorado
www.aans.org

World Institute of Pain
4/29-5/1, 2011
Seoul, Korea
www.worldinstituteofpain.org

10th Biennial Congress of the International Stereotactic Radiosurgery Society
5/8-5/12, 2011
Paris, France
www.ISRScongress.org

International Neuromodulation Society World Congress
5/21-5/26, 2011
London, England
www.neuromodulation.org

Congress of Neurological Surgeons
10/1-10/6, 2011
Washington, DC
www.cns.org

14th European Congress of Neurosurgery
10/9-10/14, 2011
Rome, Italy
www.kenes.com/eans

Latin American Society of Stereotactic and Functional Neurosurgery (SLANFE) and Colombian Association of Neurosurgery II International Functional and Stereotactic Neurosurgery Symposium
10/27-10/29,2011
Cartagena, Colombia

World Society for Stereotactic and Functional Neurosurgery Interim Meeting
11/21-11/23, 2011
Cape Town, South Africa
www.wssfn.org

North American Neuromodulation Society
12/8-12/11, 2011
Las Vegas, Nevada
www.neuromodulation.org

American Society for Stereotactic and Functional Neurosurgery
6/3-6/6, 2012
San Francisco, California
www.assfn.org

World Society for Stereotactic and Functional Neurosurgery Quadrennial Meeting
5/27-5/30, 2013
Tokyo, Japan
www.wssfn.org

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