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SNACC NEWS

Abstract Deadline
Extended to May 21, 1999

<http://anesthesia.ucsf.edu/snaccweb>

snacc@societyhq.com

Spring 1999



Patricia H. Petrozza, M.D.

President's Message

As we enjoy the beauties of springtime in the northern hemisphere, I would like to make SNACC members aware of several items. Autumn seems far away, but Christian Werner, M.D. has been very busy planning our next annual meeting in Dallas, Texas on October 8, 1999. Details of the program are included in this Newsletter as well as a second call for papers. Please plan to submit your research, bring your enthusiasm, and join the camaraderie at the conference.

The October meeting will have items of interest to both neuroanesthesiologists and critical care physicians. For some time critical care anesthesiologists have expressed concern about the decreasing numbers of anesthesiologists entering this subspecialty area. While membership in the American Society of Critical Care

Anesthesiologist (ASCCA) and SNACC have remained stable, increasingly, members of other specialties such as pulmonary medicine and trauma surgery play leadership roles in the intensive care setting. Notably few critical care anesthesiologists were invited to the first Pulmonary Artery Consensus Conference organized by the NIH and FDA in 1997. Recently, the Board of Directors of the ASCCA has contacted SNACC and other critical care organizations about a proposed meeting to develop a common ground and goals, and to strengthen the presence of critical care physicians within national organizations such as the American Society of Anesthesiologists (ASA). It is their hope that reimbursement issues and other concerns will be forcefully addressed. I would urge any members of SNACC who have a particular interest in critical care to contact the members of the Board of Directors with their concerns via the e-mail addresses listed following this message.

Members often express an interest in becoming more involved in the affairs of SNACC. Currently, the Board of Directors has several initiatives where volunteers would be most welcome. For instance, many of you will recall the address presented by Maurice S. Albin, M.D. from San Antonio on the occasion of the 25th Anniversary of SNACC. Dr. Albin has maintained records and historical information about SNACC for sometime and he has expressed a desire to see his unofficial role as "SNACC Historian" carried forwarded. Any members of the organization interested

in preserving our records and heritage are asked to contact me at the address listed below.

Another area where volunteer help is needed would be the maintenance of an updated neuroanesthesia fellowship list. An informational survey was most recently undertaken by Armin Schubert, M.D. approximately four years ago and updated by Jeffrey Kirsch, M.D. for placement on the SNACC webpage. We are now in need of someone to monitor, publicize, and update the list of fellowship opportunities annually, as members frequently contact the central office for this information. If you have

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The *SNACCNews* newsletter is the publication of the *Society of Neurosurgical Anesthesia and Critical Care*. It is published semi-annually. Editorial comment in italics may, on occasion, accompany articles. Letters to the editor and comments are welcome and should be directed to:

Administrative Office

SNACC
1910 Byrd Avenue, Suite 100
P.O. Box 11086
Richmond, VA 23230-1086
Ph: (804) 673-9037
Fax: (804) 282-0090
E-mail: snacc@societyhq.com

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Continued from front page

an interest in surveying the membership to complete this resource, please contact any of officers listed below.

Finally, the Board of Directors has for some time, with the aid of Ira Rampil, M.D., attempted to promote communication within the SNACC membership through the use of the SNACC Bulletin Board and webpage. To register for the Bulletin Board, contact Ira Rampil at <ira_rampil@vaxine.ucsf.edu>. To access the SNACC webpage, and to utilize member information, use the following address: <<http://anesthesia.ucsf.edu/snaccweb>>. Contact our headquarters for the member user code and password.

In closing, let me acknowledge the initiative of Jeffrey Kirsch, M.D., SNACC President-Elect. Soon each member will receive a certificate of membership which lists the initial year of Society affiliation. This certificate will serve as notice to all of your dedication to the disciplines of neuroanesthesia and critical care. Please consider offering your assistance to your fellow members in some of the areas outlined above so that SNACC remains a vital and responsive organization.

Patricia H. Petrozza, M.D.
President, SNACC

SNACC Welcomes its New Members

Bechtle, Perry, DO

Ponte Vedra, FL

Belopavlovic, M., PhD

Groningen, The Netherlands

Bredbacka, Sixten S.E., MD, PhD

Stockholm, Sweden

Childers, Sara Jean, MD

Chicago, Illinois

El-Dawlatly, Abdelazeem Ali, MD

Riyadh, Saudia Arabia

Kanter, Gary J., MD

Springfield, Massachusetts

Lee, Doo Ik., MD, PhD

Seoul, Korea

Rasulo, Frank A., MD

Brescia, Italy

Son, Yong, MD

Iksan, Korea

Washcke, Klaus F., MD

Schriesheim, Germany

SNACC-ASA 1999 Breakfast Panel

Monday, October 11, 1999

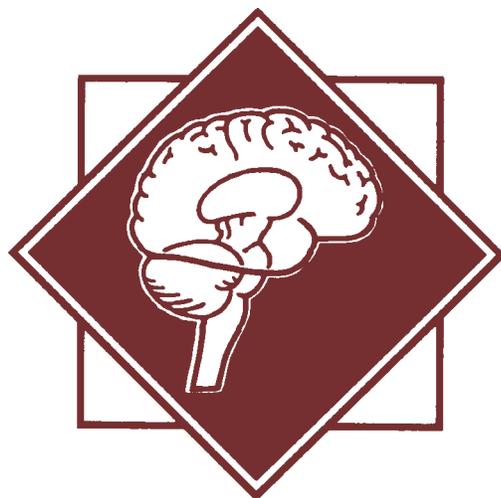
New Developments in Neuroanesthesia for Interventional Neuroradiology

Moderator: Piyush Patel, M.D.

Interventional Neuroradiology - Tools of the Trade
Charles Kerber, M.D.

Interventional Neuroradiology - A Neuroanesthesia Perspective
William Young, M.D.

Turf Wars - Non Surgical Approaches to Carotid Artery Disease
Dennis Doblak, M.D.



SNACC

SOCIETY OF NEUROSURGICAL
ANESTHESIA AND CRITICAL CARE

27th Annual Meeting
Friday, October 8, 1999

Wyndham Anatole Hotel
Dallas, Texas

Society of Neurosurgical Anesthesia and Critical Care
27th Annual Meeting immediately precedes the
American Society of Anesthesiologists' Annual Meeting

The Society for Education in Anesthesia (SEA) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

27th Annual Meeting
Dallas, Texas

Dear Colleagues:

The 27th Annual Meeting of the Society of Neurosurgical Anesthesia and Critical Care will be held at the Wyndham Anatole Hotel in Dallas, Texas on Friday, October 8, 1999. We have planned an exciting Scientific Program and I urge all of you to attend.

Enclosed you will find the application materials for the Scientific Program. The completed abstract submissions should be forwarded to my attention at the SNACC office: 1910 Byrd Avenue, P.O. Box 11086, Richmond, VA 23230-1086.

The deadline has been extended and all applications must be postmarked by May 21, 1999.

We will continue and expand the walk-around poster discussion this year. All abstracts that are accepted will, therefore, be discussed as an oral abstract or walk-around poster.

Research fellows or junior faculty within the first two years of practice are invited to submit a manuscript of their research to be considered for the New Investigator Award. Please submit all manuscripts following "Instructions for Contributors" in *The Journal of Neurosurgical Anesthesiology*.

Encourage your colleagues who are not members of SNACC to request a Call for Abstracts and submit an application.

If you have any questions, please feel free to contact me or the SNACC National Office at (804) 673-9037, Fax (804) 282-0090, or Email [snacc@societyhq.com]. I look forward to seeing you in Dallas, Texas this October!

Sincerely,

Christian P. Werner, M.D.
1999 Scientific Program Chair

Email: C.P.Werner@lrz.tu-muenchen.de
Office: 011 4989 4140 4291
Fax: 011 4989 4140 4886

General Information

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CME Information Annual Meeting

The Society for Education in Anesthesia (SEA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The SEA designates this continuing medical education activity for 8 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Hotel Information

Wyndham Anatole Hotel
an ASA headquarter hotel

Hotel information will be available in June 1999 from the ASA and this office. You are urged to make your reservations as early as possible, as the Texas/Oklahoma Football game will be played on Saturday, October 9 in Dallas.

Internet

<http://www.asahq.org> - click on Annual Meeting section

Program Faculty

Christian P. Werner, M.D.

1999 Program Chair
Technische Universität München
Klinikum rechts der Isar
München, Germany

James E. Cottrell, M.D.

SUNY Health Science Center at Brooklyn
Brooklyn, NY

John C. Drummond, M.D., F.R.C.P.C.

University of California, San Diego
San Diego, CA

Steven M. Frank, M.D.

Johns Hopkins Hospital
Baltimore, MD

Adrian Gelb, M.D.

University Hospital
London, ON, Canada

William E. Hoffman, Ph.D.

University of Illinois at Chicago
Chicago, IL

Bengt Nellgard, M.D., Ph.D.

Duke University Medical Center
Durham, NC

Patricia H. Petrozza, M.D.

President of SNACC
Wake Forest University Medical Center
Winston-Salem, NC

Donald S. Prough, M.D.

University of Texas at Galveston
Galveston, TX

Michael M. Todd, M.D.

The University of Iowa
Iowa City, IA

Walter Zieglgänsberger, M.D.

Max-Planck-Institut für Psychiatrie
München, Germany

Scientific Program Schedule

Thursday, October 7, 1999

- 3:00 pm Registration
6:00 pm Dinner Symposium (Sponsored by an unrestricted grant from Zeneca Pharmaceuticals)
Propofol: Exploring Options in the Neurosurgical Patient

Friday, October 8, 1999

- 7:00 am Registration and Continental Breakfast
7:30 am Welcome - Patricia H. Petrozza, M.D.
7:40 am **The Glutamate Cascade in Anesthesiology**
Introduction: James E. Cottrell, M.D.
Presenter: Walter Zieglgänsberger, M.D.
To summarize the current understanding of the plasticity of interneuronal communication in the central nervous system. Studies will be reported which combine molecular and cellular analyses with experimental and clinical behavioural and pharmacological approaches. A novel microscopic technique combined with laser stimulation of single neurons will be introduced as a tool to assess neuronal circuits. This data will advance the understanding of the significance of glutamate neurotransmitter diversity and their modulation by substances used for anesthesia.
- 8:30 am Beverage Service with Exhibitors and Poster Viewing
9:30 am **New Investigator's Award**
Introduction: Christian P. Werner, M.D.
9:45 am **Oral Abstracts**
11:15 am **Monitoring of Cerebral Tissue Oxygenation**
Presenter: William E. Hoffman, Ph.D.
Measurements of cerebral tissue oxygenation are one of the most recent developments in central nervous system monitoring. While oxygenation is a very sensitive parameter with respect to neuronal integrity, the invasive nature of this technique, the local information and the costs may outweigh the potential benefits of this monitoring modality. At the completion of this lecture, the audience should be able to elucidate the principles of tissue oxygenation measurements, understand potential indications in neurosurgical patients and the side effects and limitations of this monitoring modality.
- 12:00 pm Lunch
1:00 pm Coffee, Business Meeting / Election of Officers
1:30 pm **PRO / CON — Management of Cerebral Perfusion Pressure in Head-injured Patients: Keep the Pressure Up**
Moderator: Donald S. Prough, M.D.
PRO: John D. Drummond, M.D. CON: Bengt Nellgard, M.D.
Most of the available data concerning management of cerebral perfusion pressure (CPP) suggest that a CPP around 70 mmHg will reduce ischemic insults and decrease morbidity and mortality in patients with traumatic brain injury. This view was challenged recently by the "Lund Concept". According to this algorithm, patients with traumatic brain injury suffer from blood-brain-barrier disruption and may improve with lower precapillary pressures as this will reduce post traumatic edema formation. After this debate, the audience will understand the current view of the issue of optimal CPP management.
- 2:15 pm Beverage Service with Exhibitors and Poster Walk Around with facilitators
3:45 pm **PRO / CON — Hypothermia in Neurosurgical Patients.**
Moderator: Michael M. Todd, M.D.
PRO: Adrian Gelb, M.D. CON: Steve Frank, M.D.
Phase II - studies in patients with traumatic brain injury, acute stroke, and cardiac arrest have shown that the use of mild or moderate hypothermia reduces intracranial pressure and improves neurologic outcome. However, hypothermia is associated with a number of clinically relevant systemic side effects which may offset the beneficial effects of hypothermia on neuronal damage. As a result of this debate, the audience will learn the technical aspects of temperature control in neurosurgical patients and will understand the beneficial and potentially harmful effects of this neuroprotective entity.
- 4:30 pm Wine and Cheese Reception

Meeting Registration Form

SOCIETY OF NEUROSURGICAL
ANESTHESIA AND CRITICAL CARE
27th Annual Meeting
Friday, October 8, 1999
Wyndham Anatole Hotel
Dallas, Texas

Please print or type

Name: _____ MD PhD Other: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail: _____

Registration includes: continental breakfast, coffee breaks, luncheon, wine and cheese reception, and copy of the Journal of Neurosurgical Anesthesiology, which contains all abstracts.

Check one:

	<i>Early Bird Thru 9/15</i>	<i>After 9/15</i>
<input type="checkbox"/> SNACC Physician Member	\$180	\$240
<input type="checkbox"/> Physician Non-Member	280*	340*
<input type="checkbox"/> SNACC Resident Member	95	125
<input type="checkbox"/> Resident Non-Member	120**	150**
<input type="checkbox"/> CRNA	180	240
<input type="checkbox"/> Thursday Dinner (Non-member)	\$25	\$35

Registration Total  \$ _____ \$ _____

* \$100 of this fee may be applied toward SNACC Membership. Completed **Membership Application** on the following page must accompany this form. (Note: Does not include subscription to Journal)

** \$25 of this fee may be applied toward SNACC Membership. Completed **Membership Application** on the following page must accompany this form. (Note: Does not include subscription to Journal)

I will attend the SNACC Dinner Symposium on October 7, 1999.

Refund Policy

Full refund through Sept. 15, 1999. 20% admin. fee from Sept. 16-30, 1999. No refund after Sept. 30, 1999.

Payment - Make checks (US currency) payable to: SNACC

Credit Card Payment: VISA MasterCard American Express

Card #: _____ Exp Date: _____

Name on Card: _____ Signature: _____

Mail registration/checks to: SNACC, 1910 Byrd Avenue, Suite 100, P.O. Box 11086,
Richmond, Virginia 23230-1086.
Phone: (804) 673-9037 FAX: (804) 282-0090
Email: snacc@societyhq.com

Membership Application Form

Please complete and return along with your payment to:

SOCIETY OF NEUROSURGICAL ANESTHESIA AND CRITICAL CARE

1910 Byrd Ave, Suite 100, P.O. Box 11086
Richmond, VA 23230-1086
TEL: (804) 673-9037
FAX: (804) 282-0090
snacc@societyhq.com

Please print or type

SSN#: _____

Name: _____ MD PhD Other: _____

Institution: _____

Title/Position: _____

Residency/Fellowship Ends: Month _____ Year _____

Preferred Mailing Address: _____

City: _____ State/Country: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail: _____

Research Areas: _____

Please send a copy of your curriculum vitae and your check for the first year dues of \$219.00* made payable to SNACC. Residents, send \$144.00* accompanied by a letter from your residency program director as proof of status. Emeritus (retired) membership is available to members in good standing who have retired from active practice at an annual rate of \$144.00*. * with Journal.

*Membership in SNACC includes a 25% reduction for a subscription to the *Journal of Neurosurgical Anesthesiology*. If you wish to become a member without receiving the journal, please check here and forward your payment of \$100.00 (Residents and Emeritus/Retired \$25.00). ___ **No Journal**.

Payment - Make checks (US currency) payable to: SNACC

Credit Card Payment: VISA MasterCard American Express

Card #: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Date Rec'd	Check#	Amt	Member #
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Instructions for Authors

The official program for the Annual Meeting, October 8, 1999 will contain photo-offset abstracts of all accepted formal papers.

It is essential that the abstract be prepared according to the following typing instructions. See the attached sample abstract as an example.

1. Camera-ready copy should be submitted on the enclosed abstract form. The entire abstract must fit into the markings of the 4 1/4" x 6 1/8" field.
2. Please use type with no visible corrections. Use a font which is no smaller than 10 point and no larger than 12 point.
3. The title should be brief and communicate the major finding of the study. Please use a new line to start the list of authors names. The list of names should be followed by the address and institution of the first author. Please skip one line prior to starting the body of the abstract. Please justify type to both the right and the left edge of abstract field.
4. The abstract must reflect what is actually to be presented from the society podium.
5. The abstract must be in a language intelligible to the average reader. Jargon, and undefined abbreviations, must be avoided. The text must be substantive. Statements such as "were reviewed," "were presented," and "were discussed," are not acceptable. In general, the abstract should be brief.
6. The abstract should consist of four single-spaced paragraphs. Do not include introductory terms such as TITLE, AUTHORS, etc. These paragraphs should include the following information.
 - a. State the purpose of the study - what question was asked and why it was asked.
 - b. Describe the methods used to seek the answer.
 - c. Report results.
 - d. Discuss the findings with respect to their relation to existing knowledge and their overall significance. References and acknowledgments are optional.
7. Mail abstract and the 10 blinded copies (*blinded copies do not include authors' names or institutions*) in a 9" x 12" envelope. Do not fold original abstract. **Faxed abstracts are unacceptable.** They must be camera-ready (original copies).
8. **Deadline: Must be postmarked by May 21, 1999.**

Research fellows or junior faculty within the first two years of practice are invited to submit a manuscript of their research to be considered for the New Investigator Award. Please submit all manuscripts following "Instructions for Contributors" in *The Journal of Neurosurgical Anesthesiology*.

Please mail to: Christian P. Werner, M.D., Scientific Program Chair, SNACC, 1910 Byrd Ave, Suite 100, P.O. Box 11086, Richmond, VA 23230-1086.

Abstract Form

Please choose the ONE category that best applies to your abstract.

- Cerebral Blood Flow/Physiology
- Monitoring
- Clinical Neurological Science/
Pharmacology
- Cerebral Blood Flow/Pharmacology
- Drugs and Techniques
- Clinical Neurological Science/Critical
Care
- Cerebral Ischemia/Molecular Biology
- Cerebral Protection/Pharmacology
- Monitoring/Spinal Cord
- Cerebral Protection/Techniques
- Cerebral Blood Flow/TCD
- Other: _____

Please check all that apply.

For Human Studies:

Yes No

- Protocol approved by institutional ethics committee.
- Informed consent obtained.

For Animal Studies:

Yes No

- Protocol approved by Institutional animal use and care committee.

The Direct Cerebral Vasodilatory Effects of Sevoflurane in Humans
Karen Heath FRCA, Sanjeeva Gupta FRCA, Basil Matta FRCA
Department of Anaesthesia, Box 93, Addenbrooke's Hospital, Hills Road
Cambridge CB2 2QQ UK

The effect of inhaled anaesthetics on cerebral blood flow depends on the balance between direct vasodilation and indirect vasoconstriction secondary to flow-metabolism coupling.¹ This study aimed to evaluate the direct vasodilatory effect of sevoflurane on the cerebral circulation in humans.

With ethical committee approval and written informed consent, 10 patients (ages 20-62 yrs. ASA 1-2) undergoing routine spinal surgery were studied. In addition to routine monitoring (ECG, non-invasive blood pressure, pulse oximetry and end tidal capnography), brain electrical activity was measured using an EEG monitor (A-1000, Aspect Medical Systems, USA), and cerebral blood flow velocity (Vmca) was measured by insonating the middle cerebral artery using a transcranial Doppler ultrasound (Multidop, DVT, Sipplingen, Germany). Anaesthesia was induced with propofol 2.5 mg/kg, fentanyl 2 µg/kg and atracurium 0.5 mg/kg and the lungs ventilated with an air oxygen mixture (FiO₂ 0.5) to mild hypocapnia (PeCO₂ 4.0-4.6 kPa). Anaesthesia was maintained with a propofol infusion at a rate sufficient to achieve EEG silence. After a 20 minute period of stable propofol infusion and isoelectric EEG, Vmca, mean arterial pressure (MAP), PeCO₂, and heart rate were measured. Sevoflurane at 0.5 MAC and then at 1.5 MAC was administered and after a further 15 minute period of unchanged end tidal concentration at each MAC value the measurements were repeated. ANOVA was used to detect significance at p<0.05.

There was no significant change in PeCO₂, heart rate, MAP during the study period. 0.5 MAC and 1.5 MAC sevoflurane significantly increased Vmca by 3.9% ± 1.3 and 16.2% ± 1.0, respectively (p<0.05).

We conclude that the direct vasodilatory effect of sevoflurane on the cerebral vasculature is much less than other volatile anaesthetic agents previously investigated.¹ Sevoflurane may be a suitable agent for use in neuroanaesthesia.

1. Anesthesiology 83: 980-985.

- Consider for New Investigator Award
- Manuscript Enclosed

Mail abstract and the 10 blinded copies (*blinded copies do not include authors' names or institutions*) in a 9" x 12" envelope. Do not fold original abstract.

Faxed abstracts are unacceptable.

Scientific Program Application

Society of Neurosurgical Anesthesia and Critical Care
Friday, October 8, 1999
Dallas, Texas

This application, with the original abstract typed on the enclosed form, plus ten (10) blinded copies of the abstract, **must be postmarked by May 21, 1999** to: Christian P. Werner, M.D., Scientific Program Chair, SNACC, 1910 Byrd Ave, Suite 100, P.O. Box 11086, Richmond, VA 23230-1086. Incomplete submissions and/or abstracts submitted on something other than the official abstract form will not be reviewed.

**** Print or Type ****

Title _____

Presenting Author _____

Presenter's Preferred Mailing Address _____

Phone: Work: () _____ Fax: () _____

Email: _____

Co-Authors: (Name, academic degree, street, city, state and zip code)

(1) _____

(2) _____

(3) _____

(4) _____

Are you a SNACC member?

Yes

No

Would you be willing to present this paper as a poster?

Yes

No

Has this paper been presented previously?

Yes

No

If Yes, where: _____

Has this been published or accepted for publication?

Yes

No

If yes, where? _____

Signature _____ Date _____

Conflict of Interest Policy

It is the intent of the Society of Neurosurgical Anesthesia and Critical Care to assure that its educational mission, and Continuing Medical Education activities in particular, should not be influenced by the special interests of individuals associated with these programs. A conflict of interest may be considered to exist if a CME course faculty member or planner is affiliated with or has financial interest in any organization(s) that may receive direct benefit from the subject matter of the CME presentation. It is acknowledged that situations involving a potential conflict of interest are not inherently improper; however, the prospective audience should be made aware of the affiliation or financial interest through acknowledgment in the program syllabus.

For example, if Dr. Doe has an affiliation:

John Doe, M.D.
Assistant Professor of Anesthesiology, ABC University
Research Consultant, XYZ Pharmaceuticals, City, State

If Dr. Doe has a financial interest/arrangement:*

John Doe, M.D.
Assistant Professor of Anesthesiology, ABC University
Stockholder, XYZ Pharmaceuticals, City, State

* Possible financial relationships between an individual and a commercial company include: paying the individual to make the presentation, provision of research or educational funds by the company to the individual, acting as a paid consultant or advisory board member to the company or a stockholder of directly purchased shares in the company related to the material presented. All CME course directors, planning committee members and presenters must fill out and sign the Conflict of Interest Declaration. FAILURE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY WILL PRECLUDE PARTICIPATION IN THE CME PROGRAM.

Conflict of Interest Declaration *(Return with Abstract)*

Having an interest in or affiliation with any corporate organization does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience in accordance with the Standards of the Association Council for Continuing Medical Education. A reasonable test to guide decisions about what to disclose is whether any particular affiliation could cause embarrassment to the individual or institutions involved, or lead to questions about the speaker's motives, if such affiliation(s) were made known to the general public.

CME Program: 27th Annual Meeting, Society of Neurosurgical Anesthesia and Critical Care

Faculty Name: _____

Presentation Title: _____

Neither I nor any member of my family have a financial interest, arrangement, or affiliation with any corporate organizations, which supported or assisted in my presentation

Signature Date

I (or any member of my family) have a financial interest, arrangement, or affiliation with one or more corporate organizations, which supported or assisted in my presentation

(Please print clearly or type)

Affiliation/Financial Interest	Corporate Organization(s)
1) Grants/Research Support	1)
2) Consultant	2)
3) Stock Shareholder (Directly Purchased)	3)
4) Honorarium	4)
5) Other Financial/Material Support	5)

Signature Date

Nota Bene: If any conflicts of interest exist they will be duly noted in the Supplement or Course Syllabus.

Abstract Form

Please choose the **ONE** category that best applies to your abstract.

- Cerebral Blood Flow/Physiology
- Monitoring
- Clinical Neurological Science/
Pharmacology
- Cerebral Blood Flow/Pharmacology
- Drugs and Techniques
- Clinical Neurological Science/Critical
Care
- Cerebral Ischemia/Molecular Biology
- Cerebral Protection/Pharmacology
- Monitoring/Spinal Cord
- Cerebral Protection/Techniques
- Cerebral Blood Flow/TCD
- Other: _____

Please check all that apply.

For Human Studies:

Yes No

- Protocol approved by institutional ethics committee.
- Informed consent obtained.

For Animal Studies:

Yes No

- Protocol approved by Institutional animal use and care committee.

- Consider for New Investigator Award
- Manuscript Enclosed

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Faxed abstracts are unacceptable.

Literature Spotlight

Tirilazad Mesylate-tirilazad mesylate is a nonglucocorticoid 21-aminosteroid which is a potent inhibitor of free radical-induced lipid peroxidation with iron-chelating properties. Although tirilazad mesylate has demonstrated neuroprotective properties in many animal models of cerebral injury, it has generated equivocal results in clinical trials which evaluated its efficacy in stroke, spinal cord injury, and head injury.¹⁻³

However, a promising area is the use of tirilazad mesylate for aneurysmal subarachnoid hemorrhage (SAH). Several large, randomized, human trials evaluating the use of tirilazad mesylate in aneurysmal SAH have been completed. In these studies, aneurysmal SAH was documented angiographically and treatment begun within 72 hours of SAH.

European-Australasian Trial⁴-this multicenter study, n=1015, was conducted in Europe, Australia and New Zealand. Patients received vehicle or 0.6, 2.0 or 6.0 mg/kg/day of tirilazad mesylate. There was a trend towards reduction of symptomatic vasospasm, and a significant improvement in recovery and a lower death rate at three months. These findings were most pronounced in males which was hypothesized due to pharmacokinetic differences in the metabolism of tirilazad, accounting for a lower serum drug level in females.

North American Trial⁵-a similar multicenter study (n=897) was carried out in Canada and the United States. Only two doses of tirilazad mesylate (2.0 and 6.0 mg/kg/day) were compared to vehicle. In this study, there were no significant differences in symptomatic vasospasm or outcome at three months. However, there was a trend toward a lower death rate that was most marked in males with a severe clinical grade SAH. Possible explanations for the discrepancy between these two trials include a better outcome for control patients in the North American study, making it more difficult to discriminate a treatment difference; and the use of anticonvulsants in the North American trial which can lower the blood level of tirilazad mesylate. Other meaningful differences, between the two studies, include admission grade, timing of surgery, and use of prophylactic hypervolemic-hemodilution with hypertension.

Clinical Trials in Females-because of the differences between men and women in the above two studies, two further trials have been performed in females comparing a single dose of tirilazad mesylate (15 mg/kg/day) with vehicle. Preliminary results suggest efficacy for tirilazad mesylate in the treatment of aneurysmal vasospasm, especially in poor-grade patients.

Meta-analysis (see Table)-combined analysis of the above studies comprises males who received 6 mg/kg/day of tirilazad mesylate, and females who received 6 or 15 mg/kg/day.

Table — meta-analysis of clinical studies in males and females evaluating the use of tirilazad mesylate for the treatment of aneurysmal vasospasm. WFNS-World Federation of Neurological Surgeons.

	Vehicle	Tirilazad	P value	Odds Ratio (95% Confidence Interval)
Males				
All Grades (WFNS I-V)				
Symptomatic Vasospasm (%)	31	27	0.34	0.81 (0.52-1.25)
Death Rate (%)	18	6	<0.01	0.27 (0.14-0.51)
Unfavourable Outcome (%)	31	23	0.07	0.66 (0.42-1.04)
Poor Grades (WFNS IV & V)				
Symptomatic Vasospasm (%)	32	39	0.78	1.16 (0.41-3.30)
Death Rate (%)	41	3	<0.01	0.12 (0.03-0.44)
Unfavorable Outcome (%)	70	50	0.17	0.51 (0.19-1.35)
Females				
All Grades (WFNS I-V)				
Symptomatic Vasospasm (%)	34	29	0.10	0.79 (0.66-0.94)
Death Rate (%)	17	16	0.63	0.95 (0.76-1.18)
Unfavourable Outcome (%)	30	31	0.60	1.05 (0.88-1.25)
Poor Grades (WFNS IV & V)				
Symptomatic Vasospasm (%)	35	29	0.10	0.74 (0.52-1.06)
Death Rate (%)	39	30	0.04	0.69 (0.48-0.97)
Unfavorable Outcome (%)	59	57	0.61	0.92 (0.65-1.29)

This meta-analysis supports the efficacy of tirilazad mesylate in reducing the death rate from SAH. It appears to most effective in males in general, especially those with a poor clinical grade, and in poor-grade females. The gender differences are very significant, and may in part be explained by pharmacokinetic differences in the metabolism of tirilazad mesylate between genders. The numbers are insufficient to make any inference about the effect of treatment delay on outcome (up to a 72 hour treatment delay was allowed in these studies). However, logically if a therapy is to be effective in poor-grade patients, it should be started as soon as possible.

References:

1. Haley EC, Jr. High-dose tirilazad for acute stroke (RANTTAS II). *Stroke* 29:1256-1257, 1998.
2. Bracken MB, Shepard MJ, Holford TR, et al. Methylprednisolone or tirilazad mesylate administration after acute spinal cord injury: 1-year follow up. Results of the third National Acute Spinal Cord Injury randomized controlled trial. *J Neurosurg* 89:699-706, 1998.
3. Marshall LF, Maas AI, Marshall SB, et al. A multicenter trial on the efficacy of using tirilazad mesylate in cases of head injury. *J Neurosurg* 89:519-525, 1998.
4. Kassell NF, Haley EC Jr, Apperson-Hansen C, Alves WM, and the Participants. Randomized, double-blind, vehicle-controlled trial of tirilazad mesylate in patients with aneurysmal subarachnoid hemorrhage: a cooperative study in Europe, Australia, and New Zealand. *J Neurosurg* 84:221-228, 1996
5. Haley EC Jr, Kassell NF, Apperson-Hansen C, Maile MH, Alves WM, and the Participants. A randomized, double-blind, vehicle-controlled trial of tirilazad mesylate in patients with aneurysmal subarachnoid hemorrhage: a cooperative study in North America. *J Neurosurg* 86:467-474, 1997.

Tirilazad mesylate is under development by Pharmacia & Upjohn with an anticipated request to the Food and Drug Administration for commercial release in the near future.

Continuing Medical Education Needs Assessment

The Society asks that you give consideration to topics you would like to have addressed at future educational offerings.

1. What topics would you like to see addressed at future annual meetings?

1. _____	2. _____
3. _____	4. _____

2. Do you like workshops at the annual meeting?

Very Much	-	-	-	Not at All
1	2	3	4	5

3. If you like workshops, which topic would you like to see included:

1. _____	2. _____
3. _____	4. _____

4. a. Would you be interested in a 2nd SNACC meeting during the year?

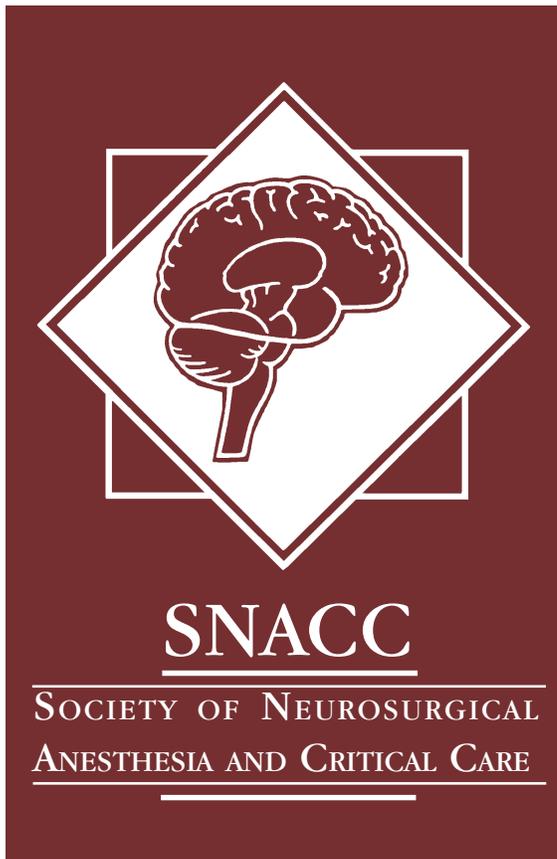
Very Much	-	-	-	Not at All
1	2	3	4	5

b. Would you like the meeting to be co-sponsored with another organization (i.e., critical care, neurology, etc.)?

Very Much	-	-	-	Not at All
1	2	3	4	5

5. Additional comments and suggestions:

Mail to: SNACC • P.O. Box 11086 / 1910 Byrd Ave., Suite 100 • Richmond, VA 23230-1086
 Fax to: (804) 282-0090



Registration Materials Enclosed

27th Annual Meeting
October 8, 1999

Dallas, Texas



Extended Abstract Deadline: May 21, 1999

SNACC

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