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2019 CANS Annual Meeting

Dear Colleagues,

On January 18th – 20th, 2019 CANS will be celebrating its **47th** Annual Meeting in Universal City, California. With its 400 members CANS is the largest state neurosurgical organization in the United States. We welcome you to participate in this meeting by demonstrating your products to a large gathering of neurosurgeons.

This year's meeting has an exciting agenda that will lead with a session on Head Trauma in Athletics. The short and long-term effects of sports related concussion have become an increasingly prevalent topic of conversation within various forms of media and households alike. Neurosurgeons play an important role in treating these patients, developing guidelines, and conducting traumatic brain injury research. We will discuss all sides of this debate, with a particular emphasis on youth sports.

We will follow this discussion with a session on Medical Litigation featuring lawyers, doctors and risk management officers. Several areas of interest include the manner in which the Electronic Health Record has changed the medicolegal landscape, as well as physician liabilities that are outside of routine patient care. There will be subsequent sessions that focus on leadership as well as how the November elections may change the delivery of Health Care.

It is a **MUST ATTEND** meeting. I look forward to seeing all of you in Los Angeles! Please go to www.cans1.org to register and book your hotel here: [CANS Annual Meeting](#)

We look forward to seeing you at CANS!

Sincerely,

A handwritten signature in black ink, appearing to read "Langston Holly".

Langston Holly, MD
President, CANS



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California Neurosurgery- Leading the Way

SCHEDULE of EVENTS January 18-20, 2019

FRIDAY

2-4pm CANS Board Meeting (open to all members-light bites before/during)

6:30–8:30pm Opening Night Reception (Attendees, Guests & Exhibitors)

SATURDAY

6:30–7:30 Continental Breakfast- Please visit EXHIBITS

7:30-7:35	Langston Holly, M.D.	President's Report
7:35-7:40	Farbod Asgarzadie, M.D.	Secretary's Report Voting: BOD/Nominating Committee
7:40-7:45	Joseph Chen, M.D.	Treasurer's Report

Session 1: Head & Spine Trauma in Athletics

8:00-8:25	Dr. Paul Vespa – Why your Child should NOT play Football
8:25-8:50	Dr. Christopher Giza- It IS FINE for your Child to play Football
8:50-9:15	Terrance Barnum – How to make Youth Sports Safer
9:15-9:40	Senator Richard Pan, M.D.- Head & Spine Injury in youth Athletics: Perspective from a Pediatrician and Legislator
9:40-10:05	Q&A, Panel Discussion led by Dr. Kenneth Blumenfeld

10:05-10:35 Break - Please visit exhibits

Session 2: Medicolegal Update

10:35 -10:55	Dick Carroll-" The Anatomy of a Lawsuit from Filing through Trial & How to best Avoid it "
10:55 -11:15	Johanna Klohn-" Electronic Health Record and Medical Litigation: The Good, the Bad & the Ugly "
11:15 - 11:35	Michael Trotter- Physician liabilities that fall outside of MICRA
11:35 – 11:55	Dr. Moustapha Abou-Samra – What I've learned about Medical Litigation as a physician
11:55 – 12:15	Q&A, Panel Discussion led by Dr. John Ratliff

12:15 – 1:15 Lunch with Exhibitors

Session 3: Leadership

1:20 – 1:45	Johnese Spisso – Innovation in Health Care and the role of leadership
1:45 – 2:10	Leo Orange – Leading through adversity: No excuses
2: 10 – 2:35	Dr. Shelly Timmons – Leading as a Mentor

Session 4:

2:45 – 3:05	Dr. Ann Stroink - Washington Committee Update
3:05 – 3:30	Dr. Gerald Kominski - The Mid-Term Elections Have Come and Gone: What's In Store for Health Care Now?
3:30 – 3:55	Katie Orrico – Neurosurgery Answering the Call
3:55- 4:15	Q &A, Panel Discussion
4:15 – 4:30	Dr. Langston Holly - Closing remarks.

SATURDAY BANQUET –MUST HAVE TICKET

6:30 PM Cocktails Starview

7:00 PM Dinner Starview

SUNDAY**7:00-7:40 Breakfast/Please visit Exhibits****Session 1 Pearls and Lessons Learned**

- 7:30 – 8:00 Dr. Linda Liao – **Glioma Surgery**
 8:00 – 8:30 Dr. Ulrich Batzdorf – **Chiari Malformation and Syringomyelia**
 8:30 – 9:00 Dr. Steven Giannotta – **Vascular Neurosurgery**

9:00-9:30 BREAK-PLEASE VISIT EXHIBITS**9:30- 12:00****Resident/Fellow Presentations (have not received all topics-will have combo of head and spine cases)**

- 9:30-9:45 University of California San Francisco;** Leslie Robinson, MD
'Factors associated with 12-month return to work following surgery for grade 1 degenerative lumbar spondylolisthesis: an analysis of the Quality Outcomes Database'
- 9:45-10 University of California Irvine;** Benjamin Ball, MD
'Cost-Effectiveness of Transcutaneous Thermal Sensor Implementation for Evaluating Cerebrospinal Fluid Shunt Patency'
- 10-10:15 Desert Regional Medical Center, Palm Springs;** Tiffany Odell, DO
'Gender Disparity in Neurosurgery'
- 10:15-10:30 Stanford;** Arjun Pendharkar, MD
'Optogenetic Stimulation of Excitatory Motor Cortex Neurons Promotes Functional Recovery after Stroke'
- 10:30-10:45 University of California Los Angeles;** Yevgeniy Freyvert, MD
'Motion Capture Analysis Quantifies Trunk Control'
- 10:45-11 University of Southern California;** Michelle Wedemeyer, MD
'High Safety-Net Burden Carries Higher Mortality Rates in the Surgical Management of Traumatic Brain Injury'
- 11-11:15 University of California San Diego;** Joel Martin, MD
'Risk factors for 30-day readmission: a systematic review of socioeconomic factors'
- 11:15-11:30 Riverside University Health System;** James Berry, DO
'Emerging Treatments and prevention of secondary injury in concussion and other forms of traumatic brain injury'
- 11:30-11:45 University of California Davis;** Seun Omofoye, MD
'Using Fluorescence Lifetime Spectroscopy to differentiate Radiation Necrosis from Recurrent High-Grade Gliomas'
- 11:45-12 Loma Linda Medical Center;** Vadim Gospodarev, DO
'Implementation of regional awareness with Think First National Injury Prevention Foundation- Eliminating Shaken Baby Syndrome'
- 12-12:15 Award for Resident Presentation**

Neurosurgery in California—we are golden

Randall W. Smith, MD, Editor

California is considered the 10th worst state in the nation in which to practice medicine according to an MDLinx article based upon its cost of living being almost the highest in the nation (#49 out of 50 states), while physician wages are in the bottom half (#34). And it comes in dead last in terms of quality of life (#50), which is defined as social connectedness (think tight-knit communities) in a healthy environment (think clean air).

The best state for physicians to practice is Iowa. The Hawkeye state is also #1 overall in *US News & World Report's Best States* rankings. For physicians, Iowa ranks among the top 10 states in almost all their categories: wages (#9); quality of life (#9); physician density per population (#8); places to raise a family (#8); and health care access and quality (#3).

Well, reading the above brings to mind a few neurosurgical thoughts, particularly at this time of year when we are supposed to take some stock of ourselves and look to the future.

First, whatever MDLinx rule caused California to rank last in quality of life was created by someone who doesn't live here. My concept of quality of life has a lot to do with daily ambience and our weather has got to be the best in America. Where we live, closeted mostly by the beautiful and extensive Pacific coast, is pretty free of the seasonal swings that plague the rest of the country and is void of the deadliest stuff that afflicts man—namely tornados, hurricanes, blizzards and torrential rain. Grant you we live in fear of the generally absent big earthquake plus nasty wildfires that scorch the forests and suburban/rural enclaves that exist among the trees. But in the main, this is paradise and I must believe is a major reason for we docs to stay where we are.

Second, living together in California seems no less engaging than in other places. What your community is like is pretty much what you make of it personally. You want to be involved? Lots of opportunities (PTA, Elks, Scouts, Cause organizations, CMA, etc.). You want a tight knit community? Live in a small town or join a church.

Third, with gathering together and commerce comes pollution and I am not impressed that California has more of that than any other state with large urban areas. We lead in solar instillations (with paradise comes sun) and just as soon as we get cheaper batteries, we will be able to save enough of our solar generated electricity for use all night long.

Fourth, I do not recall getting so abysmally paid for being a CA neurosurgeon that I ever felt poor. Sure, I worked my tail off, but if your concept of practicing medicine means part time and no on-call, then you may not make much. But the bigger bucks are there if you want them.

Finally, our housing costs are indeed high. But our incomes are higher. We win.

In short, I am not convinced that the unbroken open spaces of Iowa beat where we are.

So, my New Year's resolution #1 is to sit tight. ❖

**DO YOU KNOW A NEUROSURGEON NEW TO CALIFORNIA?
TELL THEM ABOUT CANS AND DIRECT THEM TO THE CANS WEBSITE:
WWW.CANS1.ORG! THERE IS A MEMBERSHIP APPLICATION ON THE SITE!**

SLATE FOR 2019

The CANS Nominating Committee has prepared the following slate of officers for 2019 after reviewing all nominations submitted by the membership.

(New officers are in **bold, italic**)

John Ratliff, MD	President
Mark Linskey, MD	President-Elect
Javed Siddiqi, MD, PhD	1st Vice President
Kimberly Page, MD	2nd Vice President
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Esther Kim, MD	Director-South
Donald Blaskiewicz, MD	Director-South

Nominating Committee: Mark Linskey (Chair)
Northern California: Mitch Berger, MD (N) Odette Harris (N)
Southern California: Frank Hsu, MD (S) Ian Ross, MD (S)

Since no further nominations were received from the membership, the bolded CANS members above will be **confirmed** as elected at the annual meeting in January.

A somber occasion with silver lining Moustapha Abou-Samra, MD, Associate Editor

A year ago, on December 5, our beloved 557 went up in flames.

The first anniversary was a somber day for my family and me, and for many who lost their homes in our hometown of Ventura, but also across our State that suffered so many national disasters over the past eighteen months.

Ironically there were two other events that helped commemorate this sad occasion. The first was the funeral of President George Herbert Walker Bush at the National Cathedral; the second was the funeral of a dear colleague who died of a malignant brain tumor. I watched some of the National ceremony on TV and was impressed by the eloquence of the people who gave eulogies but missed George W. Bush's eulogy, because I was on my way to attend the second funeral that was held in Fresno, California. Later, and at the end of my day, I was able to watch our past president speak about his father whom he and the Nation loved and admired.

Anniversaries and funerals are occasions for reflection on what we lost, and introspection: What kind of person passed from this world? And in the case of our home, what do we remember about it and what did it mean to us? How were we affected? Are we moving forward?

Both funerals had positive and hopeful notes, reflecting the kind of individuals being honored. Much has been said about the passing of our 41st president, so I won't add anything except to say that it signaled the end of an era, an era of civility and care for each other. I pray that our Nation would correct its course soon.

The funeral of my colleague was an occasion to reflect on a noble life spent caring for patients, a life dedicated to family and friends, a life of integrity and principles. He, too, was a rare breed among surgeons; he always took the time to listen.

A Gaelic prayer printed below the photo of my colleague as a younger surgeon in the program booklet read as follows:

*"May the road rise up to meet you.
May the wind be always at your back.
May the sun shine warm upon your face;
the rains fall soft upon your fields and until we meet again,
may God hold you in the palm of His hand."*

As I read this, I was transported back to the first weekend I spent in New Jersey in 1972 when I came to the US to start my surgical training. It was displayed on the wall of a tavern overlooking the Raritan Bay in Perth Amboy, New Jersey. I remember clearly how much I loved it; I wrote it down on a napkin and eventually included it in a letter I wrote to my father. I have since shared it with many and I consider it one of the most beautiful and hopeful prayers.

The singing of "Amazing Grace" concluded the church celebration reminding us of special gifts we all receive and enjoy in our lives when we least expect them or deserve them. This was also a very hopeful note.

On December 3, I went to check on our lot. I had avoided going there because visiting our old neighborhood made me depressed, every time. This time was no different. But in addition to feeling depressed, I felt guilty. It was as if I neglected a member of my family or a part of my body.

One of the two large pine trees in the front yard is completely dead. My beloved roses are dead. The orange and lemon trees at the northern edge of our property are dying and the wiry cedar tree that stood at the edge of one of the structures next to the garage has no leaves, it is completely charred and looks like a ghost. All the bushes and shrubs on the west end of the property are completely burned. The small fig tree is dying, however the olive tree in the very corner is still alive but in need of care; it didn't bear any fruit this year as if in mourning. The bougainvillea by the driveway that covers the sloping hillside is thriving, since it is planted above our septic tank, but needs trimming and a lot of TLC.

Our plans to rebuild our house had been delayed because of insurance problems. But, and coincidentally, at the end of the day and almost exactly one year from that fateful day, after my trip to our neighborhood, I finally received a letter from our insurance company that clarified some of the issues of contention. So, we now hope to restart the process of redesigning our house, getting permits and rebuilding it without further delays. And we plan to pay more attention to our lot that will hopefully provide a sanctuary for our family.

Over this past year, we have been on an emotional rollercoaster. Our determination to stay positive helped us in the ups of this bumpy ride. But it seems like many factors out of our control, including mundane insurance issues, city and county requirements and major natural disasters make us relive our trauma creating the lows in this unplanned journey.

And we learned a lot. We learned many things we didn't realize we needed to know about "insurance", not all positive; we learned a lot about human nature, some negative but mostly positive; we learned about gratitude: we have so much for which to be grateful; and we learned about being empathetic: there are so many people here and, in our world that are suffering from so much strife, and who need our empathy.

And we learned about Grace.

And with the Grace of God, we shall move forward, supported by our beautiful, growing and strong family.

Merry Christmas and Happy New Year! ❖

CANS MISSION STATEMENT

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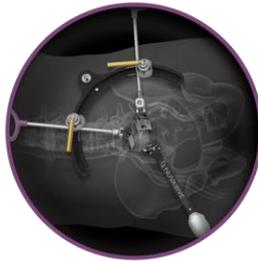
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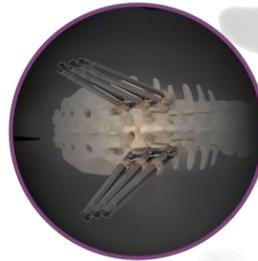
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Register Today!

CANS Annual Meeting January 18 – 20, 2019

Residents: It's free for you to attend-Come support your colleagues!

Active Members: Please mark your calendars for this meeting!

Exhibitors: Please consider supporting this meeting! Contact, emily@cans1.org or 916-457-2267 for more details! **2 spots remaining!**

Brain Waves

Deborah C. Henry, MD, Associate Editor

A few years ago, my sister and I had a phone discussion on the difference between sympathy, empathy, and compassion. The first two were easy for me to define. To me, sympathy is the understanding what someone is feeling and empathy is the ability to feel those feelings. In other words, in the recent house fires, if I sympathized with you, I could understand your emotions at this time and perhaps I would have those same emotions if I also lost my house. If I empathized with you, your sadness would become my sadness. I had more trouble defining compassion until I remembered a single event where I felt compassionate. It was a time when I worked at Kaiser and was walking through the halls on the ground floor. A patient, perhaps mine, was on a gurney waiting for transport back to his room from radiology. As is typical, he was dressed in a hospital gown and covered with one of those skimpy white blankets. The hallway was at operating room temperature. I stopped and asked him how long he had been waiting. However long it was must have been enough to trigger compassion in me. I decided to push him back to his floor. So down the hallway and up the elevator we went to the fifth floor where surprised nurses took over for me and brought him safely to his room. That single incident gave me the definition for compassion. Compassion is doing something, usually out of your ordinary way, to provide comfort for another.

I have kept the same ob-gyn doctor since he delivered my son. A certain trust develops between the patient and doctor who delivered her child. I miscarried my second child. I

remember the discussion my ob-gyn and I were having after he told me there was no hope. He spoke to me as one physician to another. It was the way we always conversed throughout my first pregnancy. But suddenly, I needed to be a patient. I needed to cry. He understood immediately and backed away from the medical conversation. When I went in for my D&C, he held my hand while I went under anesthesia. He never would know that single act of compassion made a world of difference. It was something that I rarely if ever did in the operating room, preferring to stay out of the way of the anesthesiologist and working instead on the post-op orders, a throwback perhaps to residency training. In fact, now thinking about it, I cannot recall seeing an act of compassion happening during residency. Perhaps I did not know what it was.

A while ago at this time of year I learned the term pay-it-forward. My teaching assistant told me that he was in the long drive-through line at Starbucks. When he finally arrived at the drive through window, he found that his drink was paid for by the customer in front of him. That customer had just committed a random act of kindness. One day driving to an Angel's baseball game, I needed to weave into a different lane in order to pay for parking. The elderly gentleman to my side let me sneak in front of him. Parking was \$10 and I had a \$20. On the spur of the moment, I decided to pay for his parking too. I perhaps should have told the parking attendant that the person behind me did not know I was paying for his ticket as I could see them frankly discussing the situation as I drove away to park.

This time of year is always for reflection and resolution. My wish for myself and for all is that we discover what compassion means to us and we act on that definition. A simple act of compassion may mean the world to someone out there. ❖

Tidbits

New Opioids RX form—alert from the Medical Board

Assembly Bill 1753 (Low, Chapter 479) was signed into law in 2018 and becomes effective on January 1, 2019. This bill requires controlled substance security prescription forms to include a unique serialized number in a format approved by the Department of Justice (DOJ). This bill did not include any transition period to allow for continued use of old controlled substance security prescription forms on or after January 1, 2019.

Pharmacists and pharmacies will be looking for the unique serialization numbers on controlled substance security prescription forms on and after January 1, 2019. The Board encourages physician prescribers to utilize the new forms that include the serialization number. However, if you are unable to obtain the new prescription forms by January 1, 2019, please be aware that the Enforcement Committee of the Board of Pharmacy has recommended that the Board of Pharmacy not make any investigation or action a priority that is against a pharmacist who, in the exercise of his or her professional judgment, determines that it is in the best interest of patient or public health or safety to nonetheless fill such prescription.

The Board of Pharmacy is urging pharmacists and pharmacies to exercise their best judgment in handling these situations, and sent a notice reminding pharmacists and pharmacies of the following possible responses:

- Communicating with the prescriber about the need for a compliant security prescription;
- Advising the prescriber to substitute an electronic prescription;
- Consulting with the prescriber about whether the patient might be terminally ill and eligible for a "11159.2 exemption" prescription under Health and Safety Code section 11159.2;
- Treating prescription orders written on the outdated forms for Schedule III, IV and V medications as oral prescriptions, and verifying the order telephonically with the prescriber's office, pursuant to Health and Safety Code section 11164, subdivision (b);
- Schedule II prescriptions on non-compliant security prescription forms present unique challenges, because of the inability to substitute an oral prescription. It is therefore especially important that pharmacists use their best professional judgement to get

needed Schedule II medications to their patients, and the same enforcement priority will be applied to these dispensing decisions until July 1, 2019.

- If failure to dispense may result in loss of life or intense suffering, dispensing pursuant to the emergency situation requirements of Health and Safety Code section 11167, and curing with a compliant controlled substance security prescription form within seven (7) days; and
- Refusing to fill the prescription.

Again, physician prescribers are encouraged to utilize controlled substance security prescription forms with a unique serialized number, as pharmacies and pharmacists will be identifying prescribers who do not timely transition to the new security prescription forms to the appropriate prescribing board, so that compliance can be encouraged.

Quotation of the Month

Stressed spelled backwards is desserts

Meetings of Interest for the next 12 months:

North American Neuromodulation Society: Ann. Meet., January 17-20, 2019, Las Vegas, NV
CANS, Annual Meeting, January 18-20, 2019; Sheraton Universal Hotel, Universal City/Burbank, CA
AANS/CNS Joint Cerebrovascular Section: Ann. Meeting, February 4-5, 2019, Honolulu, HI
Southern Neurosurgical Society: Ann. Meeting, February 20-23, 2019, Key Largo, FL
AANS/CNS Joint Section on Pain: Annual Meeting, March 13-14, 2019, Miami Beach, FL
AANS/CNS Joint Spine Section: Annual Meeting, March 14-17, 2019, Miami Beach, FL
CSNS Meeting, April 12-13, 2019, San Diego, CA
AANS: Annual Meeting, April 13-17, 2019, San Diego, CA
NERVES Annual meeting, April 11-13, 2019, San Diego, CA
Neurosurgical Society of America: Annual Meeting, June 16-19, 2019, Banff, Alberta, Canada
Rocky Mountain Neurosurgical Society: Ann. Meeting, June 15th-19th, 2019, Durango, CO
New England Neurosurgical Society: Annual Meeting, June 27-29, 2019, Brewster, MA.
California Neurology Society: Ann. Meeting, 2019, TBA
CSNS Meeting, October 18-19, 2019, San Francisco, CA
Congress of Neurological Surgeons: Annual Meeting, October 19-23, 2019, San Francisco, CA
International Society for Pediatric Neurosurgery: Annual meeting, October 20-24, 2019, Birmingham, UK.
North American Spine Society: Annual Meeting, September 25-28, 2019, Chicago, IL
Western Neurosurgical Society: Annual Meeting, November 8-11, 2019, Scottsdale, AZ
AANS/CNS Joint Pediatric NS Section: Ann. Meeting, 2019, TBA
Cervical Spine Research Society: Annual Meeting, 2019, TBA

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

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

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

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