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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,

Langston Holly, MD

President, CANS

Please don't be late registering for this meeting as it will cost you an additional \$50.00 Registration deadline is Dec. 21st, 2018



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Neurosurgery—a tough specialty for all, especially the ladies

Randall W. Smith, MD, Editor

Brendan Murphy of the *AMA Wire* has called attention to our specialty in two different ways. First, he notes that the 2018 Residency Match indicated that neurosurgery was among the most competitive specialties. The National Resident Matching Program (NRMP) considers the most competitive specialties those that match with the highest percentage of U.S. medical school graduates. Neurological surgery had 240 U.S. senior applicants with 225 total matches made up of 90% U.S. seniors and 10% international medical graduates. By comparison, the other most competitive specialties were Integrated interventional radiology (97%), Orthopedic surgery (93%), Plastic surgery (93%), ENT (90%), Dermatology (88%) and Thoracic surgery (86%).

Neurological surgery was among the specialties that had the highest percentages of matched U.S. seniors with a PhD—14 percent. Overall, nearly 95 percent of U.S. allopathic senior medical students matched for PGY-1 positions in the 2018 Main Residency Match.

Second, and less flattering, neurosurgery is one of the most male-dominated specialties in the U.S. While overall male physicians only account for 54.6 percent of active residents practicing in the U.S., 82.5% of neurosurgery residents are male.

The list of specialties in which men make up the most significant portion of the working resident physicians was heavily populated by surgical specialties. Popular specialties in which men made up a significant portion of the resident workforce include:

- Orthopedic surgery—85.1 percent.
- Neurological surgery—82.5 percent.
- Thoracic surgery—73.8 percent.
- Radiology—73.8 percent.
- Vascular surgery—67 percent.
- Otolaryngology—65.2 percent.
- Plastic surgery—62 percent.

On the flip side, the ladies dominated elsewhere

- Obstetrics and gynecology—82.7 percent.
- Pediatrics—73 percent.
- Allergy and immunology—70.4 percent.
- Medical genetics—67.1 percent.
- Dermatology—64.4 percent.

A light at the end of the female neurosurgical tunnel is that the percentage of female NS residents 10 years ago was in the 10% range. ❖

**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!**

Rebuilding after natural disasters- living in a cardboard house

Moustapha Abou-Samra, MD, Associate Editor

The day I arrived in Christchurch, New Zealand was the day of the senseless mass shooting in Thousand Oaks, CA. The following day was the start of the massive November 2018, California wild fires: The Camp Fire in Northern California that wiped out Paradise, a retirement community, killing 85 people with more than two hundred missing and unaccounted for, and the Woolsey Fire in Southern California that killed three people and destroyed many, many homes in Los Angeles and Ventura Counties. In all 14000 homes, 514 businesses and 4265 other buildings were burnt. Ironically, it also was almost a year ago when the vicious Thomas Fire took our beloved home "557."

Christ Church Anglican Cathedral in Christchurch was severely damaged by the earthquake of 2011 and the aftershocks that followed. It still stands on Cathedral Square, cordoned off and waiting to be rebuilt. It is a stark reminder of that terrible quake that damaged much of downtown Christchurch and killed 185 people. The building was condemned, and the Diocese initially decided to raze it to the ground and build another one. A strong public backlash followed. A spirited public debate between the members of the community that wanted to preserve Christchurch's heritage, those who are fiscally conservative and those who wanted to build something new was waged. Eventually a decision to restore the Cathedral to its prior Gothic glory was made, a process that would take several years.

Meanwhile the community needed a temporary spiritual home, so they built what is officially described as the Transitional Cathedral, just a few blocks away on Latimer Square. To accomplish that, they turned to Shigeru Ban, a Japanese architect known as the "emergency architect." Evidently, after the Kobe quake in Japan in 1995, he designed a cardboard church to replace one that was destroyed. They asked him to do the same. The "Cardboard Cathedral" was finished in a little over two years, a record time, all the while adhering to and exceeding all the new safety regulations.

The Cardboard Cathedral is built of reinforced cardboard tubes, local wood and steel. The floor is polished concrete. This sanctuary evokes the feeling of a tent that opens from the front and sides to welcome everyone. The sides are made of large shipping containers, used for kitchen, restrooms, offices, etc. People in Christchurch frequently used shipping containers to replace various structures as they transitioned to rebuild their homes, businesses and lives. To complete the cathedral, triangular panels made with stained plastic replaced the exquisite Rose Medallion stained glass, destroyed in one of the aftershocks.

The cardboard tubes, about a foot in diameter and separated from each other by about an inch to help bring more light, make up the pitched roof and draw the eyes to the simple cross in the very front, also made of cardboard. You might think this place would leave you with a cold feeling. On the contrary, it feels welcoming, airy, happy and warm.

At full capacity it holds 700 people, it is used not only for worship but also for concerts and various community gathering. It has become also a popular tourist attraction.

It is beautiful in its simple elegant design. I lingered there for a while and didn't want to leave. I kept thinking of 557, and of all the competing thoughts that are constantly flooding my mind: to rebuild or not; same or different; our reasons; its place in our family, individually and collectively; the soul of 557 and how to preserve it; is it even possible? ... an emotional rollercoaster we did not choose to ride.

There is not a day that passes, when Joanie and I don't question our decision to rebuild. Fiscally, it might not be the soundest of decisions. What to rebuild is an area where we do not hold identical views; this is

of some consternation to me, since we've been married for over 45 years and we've been so far able to agree on most things. Joanie would like to see some improvement added to the design and some incorporation of modern concepts of space utilization. By contrast, I feel that rebuilding the exact house we lost would make me fulfilled and happy.

Is it possible, no matter how hard we try, to rebuild the exact 557 and reproduce its soul? Should we, instead, build our own cardboard version? A haven that maybe completed sooner than later and one that will be made into "our home" once we started living in it?

Different, like the Cardboard Cathedral, could be as powerful of a symbol, and beautiful as well as special in its own way. But how would our children who grew up in "557," and our grandkids who only knew "557" as Nana and Papa's house, react to something that is very different?

The senseless violence and the destructive fires that seem to be the new norm in our world where climate change is a reality from which there is no escaping, brought me back to the other reality: we are still, after all, very fortunate. Our family is safe, healthy and strong. We still have each other to lean on and to love. We are Thankful.

Whether we live in a house that looks identical to 557, or in a cardboard house, we shall move forward, create memories and thrive. ❖

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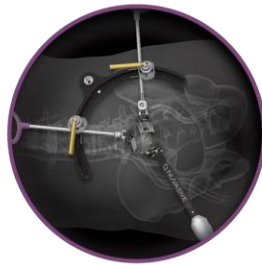
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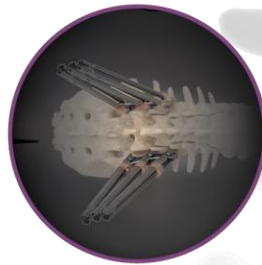
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CANS Annual Meeting January 18 – 20, 2019

Residents: Please consider submitting an abstract to your Program Director for consideration to present in Los Angeles!
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!

Brain Waves

Deborah C. Henry, MD, Associate Editor

Thanksgiving 1992, and I was about to sit down to an afternoon feast at a colleague's home with her extended family when my pager disrupted the serenity. A young man had shot himself in the head and was being intubated. He never made it passed the inside of the ER. For me, in my first year of practice, it was an introduction to the duality of the holidays, times of cheer for some and immense sadness for others. Just this past week, a student of mine in her 20's succumbed to the ravages of lupus and an old friend to the scourge of glioblastoma. I gratefully spent another Thanksgiving with my 93 year-old mother in Houston.

Interestingly, over the four days of my trip, I was asked at least twice how I ended up in medicine. This conversation often starts as we discuss what will my 17 year-old son do now that he is a senior in high school and applying to colleges. It is much easier to say what he won't do. It's been "Mom, I won't be a doctor," since he was four years old. We were the parents who never encouraged or discouraged him in medicine, but rather he saw the work and the duality of enjoyment and misery in the practice and opted out.

For me, medicine came about because a college advisor, whom I did not know well, telling me that with my grades, I needed to go to medical school. I thought I would do research. My view of doctors was that they never really told the truth: "It won't hurt a bit." Obviously, that's a saying I never used. After a year of running Southern and Western blots and operating on rats and mice, I chose to go ahead and complete my clinicals, picking surgery first to do, as there was no way that I was going to do gallbladder after gallbladder. I dragged my feet for two weeks on the rotation before entering the operating room. The first case was a mastectomy. I was in awe. The draping, the focus, the working with one's hands, the completion of a task all spoke to me. Maybe surgery wasn't as boring as it looked from a naive student's perspective. My second rotation was internal medicine, a clear winner, I thought, that is until my first patient died from pericarditis and my second patient was diagnosed with pancreatic

cancer. All of a sudden knowing about hemolytic uremic syndrome and Menke's kinky hair syndrome did not seem so rewarding.

So it was back to looking at surgery. I loved the nervous system and its logic, form, and elegance. Understanding it came easy to me as compared to the complexity of the cardiovascular system. I also loved having delivered 40 babies as a student for \$4 an hour on my week vacation. My two elective choices were neurosurgery and infertility surgery. Seeing the brain pulse after opening up the dura won out over aspirating eggs through a laparoscope, and my career was launched.

To me, the difficulty of neurosurgery lies in the emotional roller coaster from the extreme highs of making someone walk again to the inconceivable lows of pronouncing a child dead of a hematoma. The holidays are the most difficult time for this as wonder and worry, joy and sadness are juxtaposed. My heart aches for those who have lost their homes, their loved-ones, and their spirit. May this holiday season offer everyone the comfort of happy memories and hopeful beginnings. ❖

Tidbits from the Editor

Wild Fires prompt Feds to waive some replacement rules

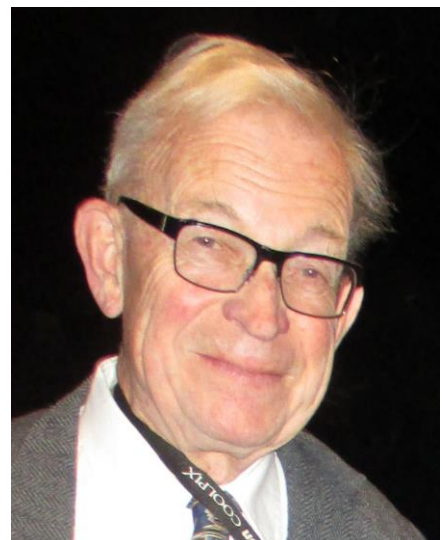
As a result of the wildfires in the State of California, CMS has determined it is appropriate to issue a blanket waiver to suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) where DMEPOS are lost, destroyed, irreparably damaged, or otherwise rendered unusable. Under this waiver, the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required for replacement.

Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS were lost, destroyed, irreparably damaged or otherwise rendered unusable as a result of the wildfires.

For more information refer to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Medicare Beneficiaries Impacted by an Emergency or Disaster fact sheet at <https://www.cms.gov/About-CMS/AgencyInformation/Emergency/Downloads/Emergency-DME-Beneficiaries-Hurricanes.pdf>.

IN MEMORIAM: John Bonner 12/7/1936—11/21/2018

California neurosurgery lost a good friend and CANS leader on Thanksgiving eve when John (Jack) Bonner succumbed to the malignant glioma he had been battling for 5 years. He died peacefully at home with family just barely over two months beyond his attendance at the annual meeting of the Western Neurosurgical Society, another organization in which he was quite active.



Jack, along with John Slater, anchored Fresno neurosurgery for decades and although Jack stopped doing neurosurgery some years ago, he continued practicing as a California Disability Determination Service evaluator for years, only stopping in early 2018.

Dr. Bonner held many positions in organized medicine and was a strong supporter and contributor to the AMA and the CMA. He was a past President of CANS, the Western and the Fresno Madera Medical Society as well as a recipient of the CANS Pevehouse award and the FMMS Lifetime Achievement award.

Dr. Bonner was a Montana boy and high school valedictorian who, when the time came for college, had a hankering for California and Stanford but couldn't pass up the scholarship he got to Carrol College in Helena. With no medical school in Montana, he attended the University of Chicago (another scholarship) for his MD and the University of Washington for neurosurgical training. This writer had Jack for a chief resident and never could feel friendly toward him until serving with him at CANS and the Western where I learned to like and respect him for his equanimity, calm and knowledge of medical practice.

Jack and his RN wife Romona, whom he met and married when at the UC, formed a dandy duo when it came to conversation and task completions. Both formed strong connection to the Fresno State University's sports teams and enology endeavors. Romona recently preceded Jack in death after 52 years of marriage but Jack subsequently enjoyed the support of his daughter Cheryl who along with sister Kerry and brother David (plus beloved 5th German Shorthaired Pointer Liesl) are the surviving Bonners.

Services for Jack start with a Visitation 12-4pm, Tuesday, December 4 at Whitehurst, Sullivan, Burns & Blair Funeral home in Fresno CA. Rosary on December 4 at 7pm on Tuesday December 4 at Holy Spirit Catholic Church. Funeral on Wednesday, December 5, at 10:00am, Holy Spirit Catholic Church with a luncheon reception to follow.

Donations in Dr. Bonner's memory can be directed to Stanford Neurosurgery, Brain Tumor Research Program. Please make checks payable to Stanford University and mail to: Allie Gregorian, Stanford Medical Center Development, 3172 Porter Drive, Suite 210, Palo Alto, CA 94304. Memo Line: Brain Tumor Research c/o Drs. Recht/Shuer.

Remembrances may also be sent to The University of Chicago Pritzker School of Medicine, Development Office, 5801 S. Ellis Avenue, Chicago, IL 60637 or to Carroll College, 1601 N Benton Avenue, Helena, MT 59625 or to German Shorthaired Pointer Rescue of Northern California, P.O. Box 933, Menlo Park, CA 94026. ❖

Quotation of the Month

Success is not final. Failure is not fatal. It is the courage to continue that counts—Winston Churchill

Meetings of Interest for the next 12 months:

AANS/CNS Joint Pediatric NS Section: Ann. Meeting, December 6-9, 2018, Nashville, TN
Cervical Spine Research Society: Annual Meeting, December 6-8, 2018, Scottsdale, AZ
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 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

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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**This newsletter is published
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**California Association
 of
 Neurological Surgeons**
 5380 Elvas Avenue
 Suite 215
 Sacramento, CA 95819
 Tel 916 457-2267
 Fax 916 457-8202
www.cans1.org

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Randy Smith, M.D.

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**Moustapha Abou-Samra, M.D.
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Contributing Writer

Ciara Haraheer, M.D.