CANS newsletter

President's Message

Mark E. Linskey, M.D. - President

It gives me great pleasure to announce that the CANS Annual Meeting Committee 2022 has now signed our meeting contract and our in-person CANS Annual meeting is now scheduled to be held the weekend of Martin Luther King's birthday January 14-16, 2022 in La Jolla, CA. We will be holding our meeting at the Hilton La Jolla Torrey Pines hotel https://www.hilton.com/en/hotels/santphh-hilton-la-jolla-torrey-pines/ . This venue is only 16.3 miles from the San Diego airport and is easily accessed. It is adjacent to the Torrey Pines State Nature Reserve with beautiful hiking trails and views https://torreypine.org/ and is 5 minutes from Torrey Pines State Beach https://www.parks.ca.gov/?page_id=658 . It is only 7 miles from Sea World and is close to La Jolla village and Birch Aquarium. The hotel overlooks the famous Torrey Pines golf course and all rooms have pacific ocean views. The hotel itself has hosted multiple US Open Championships including the 2021 US Open. It provides exclusive access to daily tee times but also has its own spectacular outdoor pool and pool area as well as tennis courts. This venue promises to be a terrific outing for our members as well as our families. *Please be sure to book your rooms in the CANS room block as soon as possible to enjoy the whole 3-day holiday weekend.* ***Use this link for booking your stay:*** **https://book.passkey.com/go/CANS22**
The more people who sign up and book rooms for both evenings as soon as possible, the better the deal that CANS will enjoy on our venue contract. We really would like to see everyone at the meeting. The support of each of our members is really important and certainly needed at this time.

Plans for the CANS meeting are well underway. I hope that everyone in CANS will consider registering for the annual meeting and reconnecting with their fellow California neurosurgeons as we emerge from this historic and oppressive pandemic and re-invigorate our state neurosurgical society. *I particularly wish to invite everyone to make reservations to join us for the Saturday pm annual CANS banquet* which will preview 2022 under President-Elect Dr Javed Siddiqi, and allow our Secretary and Membership Committee Chair, Dr Joseph Chen, to formally present and introduce many new CANS members that have joined our ranks over 2020 and 2021. With the timely topic of the "*Challenges of Corporate Employment*", the meeting program promises to be both timely and informative. Another key topic being planned includes a session on the use of telemedicine in neurosurgery, which has exploded since the onset of the pandemic, and carries with it unique challenges as well as opportunities going forward. In addition to important updates on state and federal health policy, business and regulatory issues facing California neurosurgeons, there will be a session where every residency training program can highlight the special projects going on in their individual programs through resident abstract presentations. Solicitation for residency program resident abstracts have gone out this month to California neurosurgery department chairs as well as residency training program directors. Continuing Medical Education, which has been difficult to obtain with all the meeting cancellations during the Covid pandemic will be offered for the CANS program.

The delta variant of Covid-19 has many understandably concerned. The August CSNS and AANS in-person meetings were cancelled at the last minute and transitioned to virtual meetings due to the state of the latest Covid surge in Florida. On the other hand, we have now witnessed the Neurosurgery Society of America (NSA) safely and successfully hold an in-person meeting in from June 20-23 in Stateline, Nevada, and the AANS/CNS Joint Section on Spine and Peripheral Nerves safely and successfully hold an in-person meeting in San Diego, CA from July 28-31. The Western Neurosurgical Society (WNS) is still planning on holding their annual meeting as an in-person meeting in Albuquerque, NM September 10-13, the Society of Neurological Surgeons (SNS) is still planning to hold an in-person meeting in Austin, TX October 15-16, and the President of the CNS during his CSNS address on August 21 assured everyone that the in-person CNS meeting in Austin, TX was still going forward as planned as an in-person meeting October 16-20. Currently,

we are both hopeful and optimistic that the delta variant surge will have abated in time for our January 2022 CANS Annual Meeting.

The CANS Board of Directors met virtually on Saturday August 7 as a virtual "Zoom" meeting for approximately six hours. A great deal of society business was addressed with the charges to each standing committee making progress towards completing their formal charges. For most, it looks like their work should be completed by our January 2022 Board meeting. The exception will be the Long Range Planning Committee which will only be taking the first step in an ongoing, long-term process as well as possibly the Ad Hoc Policies and Procedures Task Force which did not present a progress report at the last board meeting.

The Counsel of State Neurosurgical Societies (CSNS) met virtually August 20 and 21, 2021. Dr Smith summarizes the resolution results as well as the CANS position on each resolution later on in this newsletter. The point that I want to emphasize to everyone in this message is that the CANS CSNS delegation, ably led by Dr Patrick Wade, once again, really did our organization proud at this recent meeting. The CANS delegate and delegate alternate representation and participation in testimony before the reference committee, during the Southwest Quadrant meeting early Saturday am, as well as during the plenary session was very active and contributed greatly to the house of delegate resolution outcomes. We had nine delegate plus alternate delegates participating as well as other members of CANS present as CSNS officers, caucus members and even guests. I was very proud to see that CANS had the greatest presence and participation of any neurosurgical state society. Gone are the days from as recently as 2018 and 2019 where only a few senior delegates from CANS were showing up. Our new group of delegates is young, energized, and actively contributing in very positive ways. We even had a new California resident fellow and CANS member from UC Irvine in the Southwest quadrant, Dr Jordan Xu, co-author two important resolutions on telemedicine, each of which were adopted at the plenary session with votes of 59-1 and 56-3, respectively! In my 21 years serving in the CSNS, I have never seen anything similar happen before. The prospects for CANS future participation and position within the CSNS are very bright indeed.

I would once again like to take this opportunity to ask all CANS members to please consider getting involved. We need your thoughts, ideas and input to help plan the best meeting possible January 2022. Suggestions for speakers for the topics outlined in last month's newsletter message as well as suggestions for possible additional topics are very welcome. We are always in need of concerned, aware, and engaged neurosurgeons. Please do not hesitate to contact me regarding our upcoming meeting, and/or let me know if you would like to get more involved with CANS at mlinskey@hs.uci.edu. Even if you cannot dedicate your own time and effort, please consider financially supporting CANS, the national Neurosurgery Political Action Committee (Neurosurgery PAC) (https://www.aans.org/en/Advocacy/NeurosurgeryPAC), and the CMA Political Action Committee (CalPAC - https://www.cmadocs.org/calpac/donate). Please do whatever you can to support CANS, the NeurosurgeryPAC and the CMA, they are fighting for you.

All the best!

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BOG Meeting Long and Interesting

Randall W. Smith, MD – Editor

The CANS Board of Directors met virtually on August 7th for about 6 hours. It was well attended by pretty much every officer, director, and consultant plus our two new resident consulting members—**Jenifer Quan** MD from Stanford and **Arvin Wali** MD from UCSD.

Dr. Linskey announced the choice of the **Hilton Torrey Pines** hotel in San Diego for our annual meeting on January 15-16, 2022. The room rate is a reasonable $159/night but with a somewhat stiff daily "resort fee" of $35/night and self-parking for $33/night (reduced to $10/night for each if we fill 80% of our room block). It is a very pleasant not huge hotel overlooking the famous Torrey Pines golf course. The hotel is in the north part of the city 16 miles from the SD airport, a $60 cab ride (plentiful at airport), $45 Uber.

The annual meeting program will center on corporate employment of neurosurgeons.

The Board approved active membership for **Geoffrey Colby,** MD from UCLA.

Treasurer Ciara Harraher recommended placing our reserve funds in better performing assets which was approved.

Considerable discussion of the resolutions to be considered at the CSNS meeting occurred positions taken as indicated in the CSNS resolutions article in this newsletter.

In an electronic vote after the meeting, the Bod chose to submit the following for AANS positions:
President Elect: Anthony L. Asher MD, FAANS, FACS
Vice President: Sepideh Amin-Hanjani MD, FAANS
Treasurer: P. David Adelson MD, FAANS, FACS
Nominating Committee (2): Praveen V. Mummaneni MD, FAANS & Marc Vanefsky, MD
Member, Board of Directors (2): John Ratliff MD, FAANS, FACS & Javed Siddiqi, MD, FAANS, FACS

The Board voted unanimously to invoke Article 9, Section 9.01 of the by-laws and initiate disciplinary action to terminate the membership of an active member for unprofessional conduct resulting in a felony conviction. The member will be given a notice of the charges and be afforded an opportunity to respond.❖

CANS MISSION STATEMENT

'To Advocate for the Practice of California Neurosurgery Benefitting our Patients and Profession'

The Future of Medicine | *Should we be worried?*

Moustapha Abou-Samra, MD – Associate Editor

As Chair of CELJA (CMA Council on Ethics, Legal and Judicial Affairs), I attended the in-person Board of Trustees Meeting in Sacramento on August 30, 2021. I already reported to the CANS Board my impressions. Unfortunately, it appears that this is the last in-person meeting of the BOT this year, given the resurgence of the Delta Variant of COVID-19.

Here, I'd like to concentrate on one of the presentations I heard. It has significant ethical implications and raises several concerns. I also plan to briefly discuss an article published in the August AMA Journal of Ethics, so I may outline a major difference between medical ethics and business ethics.

The presentation titled "*Soaring Private Equity, Investment in the Healthcare Sector: Consolidation accelerated, Competition undermined, and Patients at Risk*" was given by Richard M. Scheffler, Ph.D. Professor at UC Berkley Health Economics and Public Policy. It was an eye opener. Frankly, likely because of my naiveté, I didn't realize that such a thing existed.

Professor Scheffler and his team studied this phenomenon and found that private equity firms have become increasingly interested in investing-in/buying medical practices. The type of practice is usually the large and to some degree medium sized practice, not the small one.

Apparently, Private Equity Firms developed a fail proof formula; they do not lose-they always make a profit.

In general, they approach a successful practice that needs funds to expand, upgrade services or improve their technology and or equipment. They make lots of promises. Usually, they keep some of the promises the first year. Then, they raise the bar expecting higher volume-more patients seen and more productivity; following that they cut physicians salaries. Then they start restricting care and making patients access more difficult. Eventually, they sell the group to another Private Equity Firm. On the average their investment spans no more than seven years.

This does not bode well for physicians.

Some ethical issues must be addressed. Does a physician who find himself or herself in such a situation obligated to inform his or her patient of such an arrangement? After all, their decision making is influenced, if not totally dictated, by the management team of the Private Equity Firm whose main objective is to cut cost and make money even at the expense of patients. And if it is necessary to inform patients, as I think it is, when must patients be informed. Should each one of their patients be informed? Or should this be on an as needed basis, leaving the decision up to a potentially conflicted physician.

The AMA Journal of Ethics Peer-Reviewed article I mentioned is titled "How Should Economic Value Be Considered in Treatment Decisions for Individual Patients." August 2021, Volume 23, Number 8. *AMA J Ethics.*

The author, **Hadley Stevens Smith, PhD, MPSA**, is a health economist and a health policy postdoctoral research fellow in the Center for Medical Ethics and Health Policy at Baylor College of Medicine in Houston, Texas. Her research interest is in the intersection of health economics and the ethical, legal, and social implications of genomic medicine. She built her discussion around an expensive biological drug for

Ulcerative Colitis; a newer drug that is more effective than older drugs, but prohibitively more expensive, and not considered cost effective.

The author states that a physician has three obligations: "a primary responsibility to promote patients' well-being;" "not causing financial harm;" and "duty to prudently steward health care resources." She admits that balancing these obligations is and can be difficult. I was pleased to read her conclusions that transparency is of utmost importance. Here I want to draw a parallel between medical ethics where physicians try to be transparent and honest with their patients and business ethics were companies/owners do their best to keep their clients -in this case patients- in the dark. In reality I should not have been surprised to hear about the Private Equity Firms buying Medical Practices phenomenon. The corporatization of Medicine is a phenomenon that started in the eighties, encouraged by both the Federal Government and insurance companies. And now, enter Private Equity Firms.

I am delighted that our president Mark Linskey is planning our annual CANS Meeting next January around a detailed discussion of the corporatization of Medicine. It is an important and timely topic.

Are we heading in the wrong direction? Should we be worried? Is there hope?

Yes, we should be worried, and the more "business" is introduced to Medicine the more we find ourselves heading in the wrong direction. But there is always hope

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I firmly believe that profit should be eliminated from Medicine. No, this does not mean that physicians should not be well compensated. It does mean, however, that Wall Street should not benefit by restricting care on Main Street. This applies to insurance companies, for-profit hospitals, and Private Equity Firms.

Some Challenges Facing Women in Academic Medicine

For full disclosure, I am female neurosurgeon at an academic institution. The things I write in this article are taken from multiple sources and they do not reflect my current institution.

While women have attained gender equality in the entry stages of academic medicine with equity into admission to medical schools, it is recognized that there is a lack of women in senior leadership levels. There has been a severe failure of the pipeline model to senior leadership and many different factors have been outlined by multiple reports. Some report outdated institutional policies, lack of family-friendly policies, dearth of successful and highly placed women mentors and role models, and disproportionate burden of family responsibilities that is often borne by women. Others speak to the observation that women are more likely to work part-time, dedicate a greater proportion to professional effort to teaching and patient care as opposed to research, gender-related obstacles to academic advancement in the work environment, which are often incongruent with traditional measures of academic success, and receive gender-discordant role modeling and mentoring.

When I was a medical student at University of Maryland from 2005-2009, women constituted over 50% of the student population. The vast majority of my instructors and attendings were male. The entire Department of Neurosurgery at University of Maryland at the time was male. Fortunately, I was exposed to Neurosurgery before my time at University of Maryland. Prior to my entrance into medical school, I was a laboratory technician in a lab studying Autonomic dysfunction in Spinal Cord Injured rats. During that time, I met a female neurosurgeon from another institution who had come to our lab to learn rodent techniques. That was the first time meeting a female neurosurgeon. We discussed a wide range of topics in and outside of medicine and discussed her path in academia. Her immense intelligence coupled with grit was inspiring. Here was an Asian female, entering the upper echelons of academia in a male-dominated field. Having an early mentor, even informal, was formative in my early experience in medicine. While having a female mentor was incredibly important, any status of mentoring of women is helpful. Multiple studies have shown that there is a correlation between mentoring and compensation, promotion, and career satisfaction. The ability to see that type of representation propelled me onto my path of becoming an academic neurosurgeon.

It would not be until my first year of neurosurgery residency that I would work with another female neurosurgeon for a short period of time. After she left, the department would not have another female attending until I joined the institution after finishing my residency. There are well documented reports of the female resident experience. In a 2019 survey of 7,409 residents by the New England Journal of Medicine reported that over 65% of female residents experienced discrimination and 19.9% reported sexual harassment. Patients were the most frequent source of gender discrimination and attending surgeons were identified as the most frequent source of sexual harassment and abuse. While these numbers should horrify everyone, I am not surprised. I have heard many stories from multiple female surgeons of hazing rituals. These female applicants, both for residency and fellowships, would be taken out to strip clubs or bars for drinks or bear the remarks of not being a team player for not joining in. These events occurred in academic institutions. Not only do women in the medical field need mentors, we need allies as well. Female neurosurgeons are essentially isolated individuals with respect to representation within the neurosurgery workforce. Some studies suggest that the critical mass for representation for a minority group is 15%. This term suggests that women may feel isolated from their peers, which may impede their progress in a male-dominated field.

While people note women may be choosing family duties instead of career advancement, I believe this is a misnomer. Women may be pushed out of advancement opportunities due to implicit and explicit bias. One story I heard involved the interview of a female surgeon for a director position within a multispecialty medical group for working with Hospital administration on Physician Wellness by advocating for Hospitality lounges. The goal of this female surgeon was to promote food service as a form of wellness and increase the satisfaction of the physician group. While it wasn't directly discussed that the position was well suited for her because of her gender, it was odd that this was the position that she was being interviewed for when there were multiple other director positions available during that time.

There is often a perception amongst female surgeons that they need to work and study harder to be recognized as equal to their male counterparts. This has been borne out of multiple studies showing that women earn less than men even after adjusting for rank, track, degree, specialty, years in rank and administrative positions, and productivity. There are a wide variety of reasons attributed to these findings. Women authorship in journals remains lower than men, and to even a greater degree in high impact journals. Women often begin with fewer research-related resources than men, which set them up for reduced productivity. This extends to pay disparities and promotional opportunities. For many years, there was one female neurosurgery chair, and only recently has that number increased to 4. Even when controlling for cost of living, length of time, academic subspecialization, across academic institutions, female chairs are paid $70,000 less than men at public medical schools. This calls into question the common justifications that people have tried to use for pay inequality.

Outlining all the hurdles faced by women in academic medicine is outside of the scope of this article. My hope is to provide context of some of the challenges we face. Even though female academic physicians are presented with these challenges, the rewards of mentoring, education, research, and advancing the field of medicine often provide the fuel necessary to continue their careers in academia. Between sitting down with medical students to discuss their career paths to seeing residents having that light bulb moment when they're looking at surgical anatomy, these moments provide me with an inexplicable reward and sense of accomplishment.

If we want the best and brightest in neurosurgery, we must recruit more women into neurosurgery. Why would you want to exclude half of the applicant pool? To do that, we need mentors for all stages within academics, medical students, residents, and surgeons. We must hire and retain female neurosurgeons at academic institutions. We must provide them with leadership and promotional opportunities.

Esther Kim, MD
Loma Linda
CANS Director, South

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Tidbits

CSNS resolutions considered in Orlando

(As part of the CSNS agenda, it was reported that the Congress of Neurological Surgeons declined to alter their age limitations on officers as requested by an adopted resolution from the previous CSNS meeting. That resolution, authored by CANS, was submitted to address inequities related to childbearing by female CNS members as they juggle motherhood with academic careers and participation in CNS leadership opportunities. The CNS felt they were doing just fine dealing with these issues and saw no reason to change anything.)

The following resolutions were considered by the Council of State Neurosurgical Societies at their virtual meeting on August 20-21, 2021. All nine of CANS delegates were in attendance. The final resolution results are listed with CANS position in parentheses.

RESOLUTION I--Adopted Amended resolution (support)
Title: National Organization Support for Neurosurgery Inventors and Innovators
BE IT RESOLVED, that the CSNS develop a survey to gauge concepts and potential biases about conflict of interest, industry relationships, and impact of these issues on the neurosurgeon as an inventor and innovator.

RESOLUTION II) --Adopted Amended resolution (support)
Title: Optimizing the Neurosurgical Sub-Internship Process
BE IT RESOLVED, that the CSNS ask the parent bodies to work with the SNS to investigate and to rectify existing inefficiencies in the sub-internship application process; and
BE IT FURTHER RESOLVED, that the CSNS ask the parent bodies to work with the SNS investigate a single standardized date on which sub-internship offers are released by all residency programs, followed by a two-week window in which applicants must accept or reject the offer.

RESOLUTION III --Adopted Amended resolution (neutral)
Title: Promoting Equity in Neurosurgical Sub-Internship and Interview Process
BE IT RESOLVED, that the CSNS collaborate with the parent bodies and the SNS to explore financial assistance programs for disadvantaged medical students interested in neurosurgery (including application fee waivers and need-based grants to alleviate travel and lodging costs associated with sub-internships and interviews).
BE IT FURTHER RESOLVED, that the CSNS ask the AANS/CNS to request that the SNS write a position statement (or equivalent) of support for efforts ensuring that medical students, attending an accredited LCME or COCA school, interested in neurosurgery, regardless of financial or other disadvantage, have equal access to sub-internships and interviews.

RESOLUTION IV --Adopted Amended resolution (support)
TITLE: Exploring and Defining Neurosurgery Experience, Needs, and Potential New Opportunities Associated with Telemedicine
BE IT RESOLVED, that the CSNS conduct a survey in conjunction with the AANS/CNS Washington Committee distributed to all neurosurgeons to – (1) explore degree of penetration and use of telehealth across state lines during the Covid 19 pandemic, (2) gauge the interest and

desirability of continuing this opportunity after the expiration of emergency authorization among the members of our specialty, and (3) identify any perceived obstacles as well opportunities and challenges unique to the practice of neurological surgery related to telehealth; and
BE IT FURTHER RESOLVED that the results of this survey be presented at Spring CSNS Plenary session, and that they be released to the AANS, CNS, AANS/CNS Washington Committee and our AANS/CNS AMA delegates for use as they see fit to, assist organized neurosurgery initiatives, in an expedient fashion.

RESOLUTION V --Adopted Substitute resolution (support)
TITLE: Ensuring the Availability of Specialty Neurosurgical Consultation and Care via Telemedicine
BE IT RESOLVED, that the CSNS formally petition the AANS and CNS to create, publish, distribute, and publicize an official national neurosurgery position statement on telemedicine outlining the position of neurosurgery regarding all aspects of this issue, especially emphasizing where this position might deviate from that included in upcoming AMA policy proposals; and
BE IT FURTHER RESOLVED, that the CSNS formally petition the AANS and CNS to task its own AMA delegations to bring a resolution forward at the next AMA House of Delegates meeting proposing that AMA policy efforts be broadened to include supporting telemedicine services across state lines for initial consultations and second or third opinion visits in addition to follow up visits where a pre-existing patient-physician relationship already exists, and
BE IT FURTHER RESOLVED, that the CSNS request that the AANS and CNS advocate for federal and state polices that allow for physicians to establish a new physician-patient relationship via telemedicine with a patient who is in a state other than that where the physician is licensed when that relationship is for the provision of either emergent care or for subspecialty care not available in the patient's locale; and
BE IT FURTHER RESOLVED, that the CSNS request that the AANS and CNS advocate for continuation of equal reimbursement of telehealth visits once the public health emergency is deemed over; and
BE IT FURTHER RESOLVED, that the CSNS request that the AANS and CNS continue to advocate for policies that reduce the financial and administrative burdens to participation in and utilization of the Interstate Medical Licensure Compact provisions in those states already part of the compact and that they encourage states to join the compact.

RESOLUTION VI--Adopted Amended resolution (support)
TITLE: Assessing the Response to Serious Adverse Events Among Neurosurgeons
BE IT RESOLVED, that the CSNS develop an online survey with input from mental health experts aimed to discover the prevalence, impact, and coping behaviors using validated metrics among neurosurgeons whose patients suffer serious adverse events (SAE); and
BE IT FURTHER RESOLVED, that the CSNS request that the AANS/CNS disseminate this survey and solicit volunteers for further study on the impact and prevalence of psychological distress among neurosurgeons following SAEs.

Resolution VII--Adopted Amended resolution (opposed)
Title: Evaluation of Gap between Radiologist and Neurosurgeon Interpretation of Cervical Spine Imaging Impact on Prior Authorization
BE IT RESOLVED, that the CSNS develop a survey for practicing neurosurgeons to determine how differences in interpretation of spine imaging between neurosurgeons and radiologists impact prior authorization; and
BE IT FURTHER RESOLVED, that the CSNS explore collaboration with the AANS/CNS

Joint Section on Disorders of the Spine and Peripheral Nerves along with the Scoliosis Research Society (SRS), American Academy of Orthopedic Surgeons (AAOS) and the International Society for the Advancement of Spine Surgery (ISASS) to assess impact of differences in interpretation between neurosurgical and radiological spine imaging.

CA PA's Make about Half That of a GP

The average annual salary for physician assistants in the U.S. is $116,080, according to the U.S. Bureau of Labor Statistics' occupational employment statistics survey, released March 31.

Physician assistants have the highest average annual salary in Alaska and the lowest in Kentucky.

Here is the average annual salary for PAs by state, in descending order.

1. Alaska: $150,430
2. Connecticut: $146,110
3. Rhode Island: $135,800
4. California: $135,180

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Quote of the Month:

The perfect surgeon must have the heart of a lion and the hands of a lady, not the claws of a lion and the heart of a sheep."
—Lord Berkeley Moynihan (1865-1936).v

Meetings of Interest for the next 12 months:

Western Neurosurgical Society: Annual Meeting, Santa Ana Pueblo, NM, September 10-13, 2021
North American Spine Society: Annual Meeting, September 29-Oct. 2, 2021, Boston, MA
Congress of Neurological Surgeons: Annual Meeting, October 16–20, 2021 Austin, TX
CSNS Meeting, October 16-17, 2021, Austin, TX
International Society for Pediatric Neurosurgery: Annual Meeting, November 14-18, 2021, Singapore
AANS/CNS Joint Pediatric NS Section: Ann. Meeting, December 7-10, 2021, Salt Lake City, UT
Cervical Spine Research Society: Annual Meeting, December 2-4, 2021, Atlanta, GA
CANS, Annual Meeting, January 15-16, 2022; San Diego, CA
Southern Neurosurgical Society: Annual Meeting, February 17-19, 2022, Hollywood, FL
California Neurology Society: Meeting, November 12-15, 2021, Santa Barbara, CA
AANS/CNS Joint Section on Pain: Annual Meeting, TBA
Neurosurgical Society of America: Annual Meeting, 2022 TBA
Rocky Mountain Neurosurgical Society: Ann. Meet., 2022, TBA
New England Neurosurgical Society: Annual Meeting, 2022, TBA
AANS/CNS Joint Cerebrovascular Section: Annual Meeting, 2022, TBA
AANS/CNS Joint Spine Section: Annual Meeting, February 23-26, 2022, Las Vegas, NV
North American Neuromodulation Society: Annual Meeting, 2022, TBA
AANS: Annual Meeting, April 29-May 2, 2022, Philadelphia, PA
CSNS Meeting, April 28-29, 2022, Philadelphia, PA
NERVES Annual Meeting, 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. Mark Linskey 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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