



Advancing interest in neurological surgery and allied subjects

## It's time to renew your dues with the Neurosurgical Society of Alabama

The Neurosurgical Society of Alabama was organized in 1974 to advance the interest in neurological surgery and allied subjects and to act as a representative for its members at the discretion of the membership and for these purposes:

- Foster a feeling of fraternal spirit among those members of the medical profession and closely integrated scientific professions of the state of Alabama whose interests are chiefly concerned with neurological surgery or any of the allied fields which the membership decides.
- Stimulate interest within the state or surrounding area and within the medical professions at large in neurological surgery.
- Advance knowledge in the above respective fields through the medium of either clinical or preclinical endeavors.
- Facilitate the dissemination of knowledge among members of the Society concerning recent advances in any of the allied fields by appropriate means.
- To take and receive contributions for the purpose of setting up one or more tax free foundations.

### In order for us to fulfill these purposes, we need your membership!

We hope that you will join your colleagues across the state and support the NSA. Our partnership with the Medical Association of the State of Alabama allows us to offer quality CME programs, membership recruitment, communications, board management and legislative support to our members.

Dues statements for 2017 were mailed mid-January and will be mailed again March 1. You may also see page 5 of this newsletter or download a statement from our website at [www.alneurology.com/join-aan](http://www.alneurology.com/join-aan).

Talk to your colleagues and encourage them to join and attend our Annual Conference, July 7-9 in Sandestin. See more information on page 4 or on our website at [www.nsaneurosurgeons.com/conference](http://www.nsaneurosurgeons.com/conference). 

It's time to renew your membership in NSA for 2017.  
Visit [www.nsaneurosurgeons.com](http://www.nsaneurosurgeons.com).

# NSA



Neurosurgical Society  
of Alabama

## News & Notes

[WWW.NSANEUROSURGEONS.COM](http://WWW.NSANEUROSURGEONS.COM)

## American Association of Neurological Surgeons Annual Scientific Meeting

**April 22-26, 2017**  
**Los Angeles, Calif.**

The 2017 AANS Annual Scientific Meeting will take place April 22-26, 2017, in Los Angeles, with the theme: *Neurosurgery: A World of Innovation*.

This meeting explores the educational and technological advances transforming neurosurgery around the globe.

[Register Here](#) 

# “Repeal and Replace” Obamacare: How Will All of This Sort Itself Out?

[A Health Care Reform Blog – Bob Laszewski’s \(Jan. 17\) review of the latest developments in federal health policy, health care reform, and marketplace activities in the health care financing business.](#)

## Will the Republicans Follow Through on Their Promise to Repeal Obamacare?

**Yes.**

You have probably been reading press stories that bring into question whether or not Republicans will actually keep their campaign promise to “repeal” the Affordable Care Act (ACA). In fact, there is much discussion going on among Congressional Republicans about repealing key funding elements of the ACA as part of a budget process prior to having a replacement ready to pass the Congress.

But, they will defund the core elements of Obamacare sooner rather than later on their way to replacement. They have to. Repealing Obamacare as a first priority was a core campaign promise. If Congressional Republicans and President Trump fail to do this they will suffer a precipitous drop in credibility with their base.

## Do Republicans Have a Replacement Plan?

**Yes – at least a pretty specific outline for what they would do.**

Speaker Paul Ryan’s “Better Way” outline, last year’s very similar Burr, Hatch, Upton bill, and a number of other similar Republican proposals lay out a clear path for a preferred Republican alternative. Donald Trump said this weekend that his plan, likely very similar to these, will be released once his new Secretary of HHS is confirmed.

These plans share the same key elements but have not yet been put in legislative form or been “scored.” Just exactly what the new subsidy/tax credit scheme would look like and how it would impact consumers compared to what we now have in Obamacare is the biggest unknown.

The problem isn’t that they don’t have a plan. The problem is that Republicans don’t have a plan that will garner the required 60 votes in the U.S. Senate to become law. With 52 Republicans, they will need at least eight Democrats to

join them. There simply are not the eight Democrats, or a guarantee that all 52 Republicans can be counted on, to ensure something like the general Republican replacement outline can become law.

## Does This Mean That Republicans Will Retreat on Repeal Until Such Time as They Can Secure the Needed Democratic Support?

**No.**

First, Republicans are now in so deep on the repeal promise they can’t retreat and maintain credibility with their Republican/Trump base.

Second, the reality is that Washington, DC, wouldn’t be able to find a bipartisan route to get past gridlock on such a complex and politically charged issue as Obamacare without facing hard deadlines for replacement.

Those that argue that Republicans should first have the replacement plan in place before proceeding make the assumption that without the imperative repeal/defund would create the two sides would be able to come to a bipartisan solution. In this Washington, DC? I just don’t see that happening.

## But Hasn’t the Republican “Repeal and Replace” Strategy Now Put Them on the Defensive?

**Yes.**

Republicans are clearly losing the messaging battle with Democrats now on the offensive. A lack of a clear message about replacement creates a huge information gap that is easy to fill with bleak assessments for how the health insurance market will quickly collapse in the wake of Republican defunding.

Right now, Democrats are effectively, but disingenuously, arguing that repeal without a replacement will lead to millions of people losing their insurance. Disingenuous because Republicans have never intended to repeal without a seamless transition to replacement. But the Democratic arguments just had gasoline poured on them by the Congressional Budget Office (CBO) which today

estimated that repeal without replace would eventually add 32 million to the uninsured.

But Republicans have only themselves to blame for losing the messaging because they so far haven’t been able to fill the information vacuum with the detail for what they will do.

## Don’t Republicans Now Need to Put a Detailed Bill on the Table In Order to Assure Voters?

**No.**

They need to detail a series of commitments complete with a timeline for how repeal, transition, and replace will look and how it will provide insurance security.

Vague Republican assurances that there will be an orderly transition and that people won’t lose their coverage whither in the face of all kinds of bad scenarios the Democrats are and will be coming up with. Republicans have now let the Democrats take what had been their worst domestic issue over the past six years and turn the tables on the Republicans. Bad start for Republicans.

The final bill will be the result of complex negotiations first inside the Republican caucus and then with Democrats. But people need to know the Republican bottom line. What is the minimum that consumers can expect and over what timeline?

Republicans are now looking at a strategy to introduce a series of piecemeal Obamacare replacements to be voted on in the near term – some under budget rules as they complete the next 2018 budget and some requiring 60 Senate votes – thereby forcing Democrats to vote against what could be popular alternatives one at a time. But even this strategy will hit snags – for example repealing Obamacare’s popular preexisting condition reform and replacing it with a lesser Republican “continuous coverage” provision that would require 60 Senate votes.

*Source: Health Care Policy and Marketplace Review* 

# New method improves speed and diagnostic efficiency during brain surgery

## News Medical

A new approach to the practice of surgical pathology for brain tumor patients could make for a powerful combination: more accurate, safer and more efficient operations.

Neurosurgeons and pathologists at Michigan Medicine are the first to execute stimulated Raman histology, a method that improves speed and diagnostic efficiency, in an operating room. They detail the advance in a new Nature Biomedical Engineering paper.

The researchers imaged tissue from 101 neurosurgical patients using conventional methods and the new method. Both techniques, they found, produced accurate results but the new method was much faster.

That, if applied widely, could change the pace and structure of an operation.

“By achieving excellent image quality in fresh tissues, we’re able to make a diagnosis during surgery,” says first author Daniel A. Orringer, M.D., assistant professor of neurosurgery at the University of Michigan Medical School. “This eliminates the lengthy process of sending tissues out of the OR for processing and interpretation.”

Today’s workflow for determining a diagnosis during an operation requires the surgeon wait for 30 to 40 minutes while tissue is sent to a dedicated pathology lab for processing, sectioning, staining, mounting and interpretation. The entire team in the operating room may be idle while waiting for pathology results, Orringer says.

A more efficient surgical procedure would save money by requiring less time in the operating room.

“Our technique may disrupt the intraoperative diagnosis process in a great way, reducing it from a 30-minute process to about 3 minutes,” Orringer says. “Initially, we developed this technology as a means of helping surgeons detect microscopic tumor, but we found the technology was capable of much more than guiding surgery.”

## Near-perfect agreement

Stimulated Raman scattering microscopy, the technology behind SRH, was developed in 2008, but the hazardous lasers it involved made it unsuitable for use in an operating room. A clinical version has now been developed and tested in the operating room

for more than a year at U-M, with the fiber-laser-based microscope mounted right onto a clinical cart that plugs into the wall.

To interpret the samples, researchers developed SRH, which creates images familiar to those currently in use.

SRH uses virtual coloring to highlight the cellular and architectural features of brain tumors, with a result resembling traditional staining. The pathologist is then able to differentiate the tumor tissue from normal brain as usual.

“It’s very similar to what we currently do in our intraoperative diagnosis, with the exception that the tissue is fresh, has not been processed or stained,” says senior author Sandra Camelo-Piragua, M.D., assistant professor of pathology at the U-M Medical School.

In the Nature Biomedical Engineering study, neuropathologists were given 30 specimen samples, processed via SRH or traditional methods. They were told the same information about each patient’s medical history and the location of the tumor and asked to make a diagnosis.

Those pathologists, the U-M researchers found, were equally likely to make a correct diagnosis whether they used SRH or conventional slides.

“SRH imaging will ensure that appropriate and good quality tissue is collected to reach our ultimate goal: accurate diagnosis,” Camelo-Piragua says.

## Artificial intelligence

As Orringer and his team continue to improve this imaging technology, they’re also teaching a computer how to use SRH images to make diagnoses.

They built and validated a machine learning process that was able to predict brain tumor subtype with 90 percent accuracy in a subset of 30 patient samples.

“The more we feed the computer, the more accurate its diagnoses will become,” Orringer says.

## Connecting hospitals

Using SRH might also improve the workflow for facilities without access to expert neuropathologists. Orringer notes that smaller hospitals may be able to partner with larger systems that do have access, since there are fewer than 800 board-certified neuropathologists compared to the approximately 1,400 U.S. institutions performing brain surgery.

“Bringing the SRH to smaller hospitals would extend their capabilities because the images can be interpreted remotely,” he says. Sample preparation is minimal and the SRH could quickly deliver virtual histologic sections to aid diagnosis remotely.

The next step is a large-scale clinical trial, with an eventual goal of showing equivalence between SRH technique for making diagnoses, Orringer says. The prototype system is currently intended for research use only. 

## NSA News & Notes

### Neurosurgical Society of Alabama

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*The articles contained in NSA News & Notes are meant to provoke thought and comment and do not necessarily reflect the views and opinions of the members, Executive Council or staff of the Neurosurgical Society of Alabama. Comments and letters to the editor are welcome Send to [cmorris@alamedical.org](mailto:cmorris@alamedical.org).*

## Help us spread the word about NSA's 2017 Conference

Vendor participation is vital to the success our conferences. Please use the business cards included with your Dues statement to invite vendors to join us, or contact Jennifer Hayes at (334) 954-2500 or [jhayes@alamedical.org](mailto:jhayes@alamedical.org).



# Neurosurgical Society of Alabama

2017 Annual Conference • July 7-9 • Hilton Sandestin

### 2017 CONFERENCE REGISTRATION FORM • PLEASE PRINT CLEARLY

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#### REGISTRATION FEES (Before June 30) – After June 30 add \$50

- NSA Physician Member \$250       NSA Physician Non-Member \$300  
 RN, CRNP, PA \$250  
 Saturday Only \$195       Sunday Only \$195  
 Spouse and guests are free

Total number of adults attending Friday Reception: \_\_\_\_\_

Total number of kids attending Friday Reception: \_\_\_\_\_

Total number of adults attending Saturday Dinner: \_\_\_\_\_

Total number of kids attending Saturday Dinner: \_\_\_\_\_

#### ACCOMMODATIONS

Rooms at the Hilton Sandestin begin at \$310 per night. Rate applies for two days before and two days after our meeting based on availability. Make your hotel reservations by calling (850) 267-9500 and reference room block code NSA. NOTE: Room block closes June 7. **We expect rooms to sell out early.**

#### Reserve your room today!

Overflow accommodations are available at TOPS'L Beach & Racquet Resort, 9011 Us Highway 98 W, Miramar Beach, FL 32550. Make reservations by calling 800-380-4808 and identify yourself with the Neurosurgical Society of Alabama, customer code XF003.

#### DETAILS

More conference information is available online at [www.nsaneurosurgeons.com](http://www.nsaneurosurgeons.com). If you have special needs and/or need assistance, contact Jennifer Hayes, Executive Director, at (334) 954-2500 or [JHayes@alamedical.org](mailto:JHayes@alamedical.org).

#### MAIL REGISTRATION FORM AND PAYMENT TO

NSA Annual Conference | Attn. Jennifer Hayes | PO Box 1900 | Montgomery, AL 36102-1900



# Neurosurgical Society of Alabama

## 2017 STATEMENT

**ONE STATEMENT PER MEMBER, PLEASE.**

**SELECT A DUES CATEGORY:**

- Active Member \$250**  
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Please take a moment to provide us with your contact information if different than what is listed above.

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