



wssfn

World Society for Stereotactic
and Functional Neurosurgery

NEWSLETTER

WINTER 2021

patient care

teaching

research

WSSFN Winter 2021

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Jin Woo Chang

LETTER FROM THE PRESIDENT

Dear Colleagues and Friends,

First of all, I would like to express our solidarity through the World Society for Stereotactic and Functional Neurosurgery in these difficult times with the COVID-19 pandemic. It has been a challenge and already impacted many of the academic activities under the auspice of our society.

We were forced to postpone the 2021 Biennial Congress meeting to September, 2022.

Fortunately, with rapid advancements taking place in virtual conferencing technology, more and more meetings and forums are turning to Internet ways of communication as an alternative to arranging face-to-face meetings. We also try to provide opportunities not only offering education but also encouraging communication among members globally through virtual meetings.

However, virtual meetings should not completely replace personal interactions. An exchange of ideas and the need for this sense of community is now more critical than ever.

Certainly it will take a while to cope and to overcome the pandemic issues of COVID-19.

Currently, we all hope that with everyone's efforts, this devastating pandemic will be controlled sometime in 2021. Thus, we believe that in the fall of 2022 it will be safe to get over the many difficulties that have resulted from the COVID-19 pandemic.

The 19th WSSFN meeting, which is slated for Sondo Incheon, South Korea on September 4-7, 2022, will offer a timely opportunity for us to advance stereotactic and functional neurosurgery, regarding not only clinical but also the basic research field.

We have continued to work intensively on the organization of what is certain to be a successful 19th WSSFN meeting.

I am deeply thankful for your continuous support and hope to see you all soon again.

Please stay healthy and safe!

Sincerely,

Jin Woo Chang, MD, PhD
Seoul, Korea



Erich Richter

FROM THE EDITOR

Welcome to 2021, and a happy new year to all. Much has been said about the challenges of 2020 and the changes to our society's operations and meetings have been profound. The restrictions on travel have blocked many interactions and have stimulated more virtual encounters. We thank everyone for the contributions and are pleased to bring you this update for the society. We look forward to your contributions for our next issue and hearing about the exciting new ways each of you pushes forward through the changes to forge a stronger future for our patients.

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Have feedback or news to share?
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2022

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Dr. Morishita

EFFECT OF PANDEMIC ON MEETING ATTENDANCE

Attending International Meetings During the COVID-19 Pandemic in Japan

Covid-19 has impacted the practice of surgeons in Japan. Since most stereotactic and functional procedures are elective, many patients have canceled or postponed their scheduled surgeries as they are afraid to visit the hospital. We have been struggling to return to the pre-pandemic status of neurosurgical practice.

We have also transitioned from face-to-face meetings to online meetings. The first international meeting we attended during the pandemic was the 8th Joint Meeting of the German and Japan Neurosurgical Societies as a part of the 71st Annual Meeting of the German Society of Neurosurgery that took place in June 2020. Dr. Shiro Horisawa and I were invited to the session on functional neurosurgery. We were looking forward to traveling to Lubeck and were disappointed that we had to remain in Japan. Most institutions do not allow international travel without a mandatory two-week self-isolation after returning to Japan.

The time difference between Europe and Asia (seven hours during summer) makes scheduling online meetings challenging; therefore, Dr. Horisawa and I had originally set our schedules for the following day of the actual presentation day. I almost missed the meeting. However, Dr. Horisawa notified me about the correct meeting time via telephone just before its start at 9 pm. This was our first experience of an international online meeting, and we could attend the international

conference and enjoy the outstanding presentations and discussions. The presenters were Dr. Visser-Vandewall, Dr. Horisawa, Dr. Voges, Dr. Rasche, and Dr. Lozano, and the online meeting was chaired by Dr. Krauss and me. After the plenary session, we had another group meeting (picture). Even though we could not attend the meeting in person, we made some good memories.

The 12th Meeting of the Asian-Australasian Society for Stereotactic and Functional Neurosurgery (AASSFN) chaired by Dr. Jung-Il Lee in South Korea was originally planned in May 2020 but was postponed to September 2020. However, there were no in-person attendees from Japan. Most international attendees gave their presentations online or submitted recorded video presentations. We hope that the Covid-19 pandemic will have subsided by the time of the next AASSFN meeting chaired by Dr. Kishima from Osaka University in 2022.

I hope everyone stays safe and healthy until the next time we meet face-to-face.

Takashi Morishita, M.D., Ph.D.
Fukuoka, Japan



We Are The World: the WSSFN Mutual Benefit Plan

Not so very long ago, your society was a small and sleepy group. There were the American members, and a few dozen others. That was it, even though attendance at the quadrennial meeting numbered about 400 or so. Now? There are nearly 1000 members, and meeting attendance was about 1000 the last 2 events (we will get back there, post-Covid). Of course, a major driver in this growth has been the scientific and clinical excitement regarding ongoing developments in stereotactic and functional neurosurgery. But a big contribution came from bureaucratic hard work. Most of this was done by my predecessors as WSSFN President, Takaomi Taira and Joachim Krauss. They proposed to regional stereotactic societies around the world to automatically have their members be granted WSSFN membership as well. This plan was hammered out in conjunction with Karger, publisher of our journal, Stereotactic and Functional Neurosurgery.

Under the Mutual Benefit Plan, the regional organizations pay in bulk for half of their membership. The current fee is 29 Euros (derived from the equivalent dollar amount at the time that this arrangement was made with the European SSFN), so that if there are 100 members in a society, the group would pay the WSSFN 50 X 29 Euros = 1450 Euros. In exchange, all of the regional society members become WSSFN members, with benefits that include member rate registration

at the World Society meetings and complete online access to SFN (to those who suggest that the latter benefit is not needed due to medical school or hospital library access, think again. Your institution may not have a journal subscription). In addition, membership is a way to interest younger neurosurgeons in taking an active role in the society in any of the many avenues open to doing so.

The WSSFN has "individual" members who don't represent regional societies, and of course we remain very happy to have them. But we now have membership via the Mutual Benefit Plan from the American, European, Indian, Japanese, Korean, Middle Eastern, and Russian Societies for Stereotactic and Functional Neurosurgery, along with SLANFE, the Sociedad Latinoamericana de Neurocirugía Funcional y Estereotaxia. This plan has been a win all around – for the WSSFN, the regional societies, and all of the neurosurgeons who can come together as members in one organization where we can share thoughts, advance our ideas, and enjoy good company.

**Michael Schulner, MD
USA**

WORK OF TASK FORCE

Task Force on Neurosurgery for Psychiatric Disorders Produces Consensus Paper on DBS for OCD

Molecular Psychiatry

Ten years after a clinical report of DBS for refractory OCD (The Lancet 1999, 354:1526), the U.S. Food and Drug Administration (FDA) approved deep brain stimulation (DBS) for treatment-refractory obsessive-compulsive disorder (OCD) as a humanitarian device exemption (HDE H050003, 2009) and a Conformite Europeenne (CE mark, 2009) was obtained by Medtronic Inc.. Reimbursement became available in several EU countries. Evidence for safety and efficacy of DBS for treatment refractory OCD is increasing.

After 21 years of basic research and clinical trials, H. Wu et al. Molecular Psychiatry published the reasons why electrical stimulation for otherwise treatment refractory OCD using a multipolar electrode implanted in the ventral anterior capsule region (including bed nucleus of stria terminalis and nucleus accumbens) represents an emerging, but not yet established therapy. The authors are convinced that the medical community and the general public should be informed about the statement made in this manuscript, written under the auspices of the WSSFN and endorsed by, amongst others, a series of psychiatrists – co-authors.

H. Wu et al. Deep brain stimulation for refractory obsessive-compulsive disorder (OCD): emerging or established therapy ?, Molecular Psychiatry, 2020, (<https://rdcu.be/b9E3q>) published.

**Bart Nuttin, MD, PhD
Belgium**



ASSFN and WSSFN Encourage Companies to Continue Supporting Traditional Frames

Recently both Integra and Elekta announced significant changes to their level of support for the international market for stereotactic frames. As you are aware, these two companies manufacture the major frame systems currently in use worldwide – the CRW (Integra) and Leksell model G and Vantage (Elekta) frames. Integra has decided to cease production of new CRW frames altogether starting in 2021. Leksell is going to phase out the model G frame. In both cases, these frames will not be supported beyond 2025 and, while the companies have stated their intent to continue providing service through then, it will be increasingly difficult to obtain spare parts for these devices as the end of service date draws near.

Given that these frames serve as the basis for many functional neurosurgery programs around the world, we distributed a survey to the global ASSFN/WSSFN membership to examine their current practice with regards to frame use, their future plans given these developments, and their level of enthusiasm for the ASSFN/WSSFN to undertake a formal dialogue with Integra and Elekta in the hopes of reversing these decisions.

I would like to share some of the results of the survey.

We received 199 responses. 96% of the respondents routinely utilize stereotactic frames. Not unexpectedly, the Leksell (58%) and CRW (39%) were the most commonly used frames, followed by the Elekta Leksell Vantage frame (8%). 90% of respondents stated that they want to continue to use frames going forward. Importantly, neurosurgeons are using frames for a myriad of procedures, including DBS, RNS, sEEG, LITT, radiofrequency lesioning, and biopsy.

Regarding future plans, users of the CRW frame were about evenly split as to changing to a different frame or going to a completely different targeting method, such as a frameless system or stereotactic robot. Most (68%) users of the Leksell G frame stated that they would shift to the Vantage frame once the G frame was no longer supported.

One of the reasons given by Elekta and Integra for their decisions is the lack of financial viability of the frame market. However, we found that 12% of respondents would buy a frame in the next year if these changes are reversed and almost half (48%) would buy a new frame in the next 2-5 years.

There was broad support (75%-85%) among respondents for the ASSFN/WSSFN to work to preserve the CRW and Leksell G frames.

I'd also like to share some of the comments that were received as part of the survey, as I think these are telling as to the global situation regarding stereotactic frames:

In Africa we all use CRW and Leksell G frame only. Problem with Vantage Leksell frame = cannot do lateral trajectories and not able to do posterior fossa placements.

Frames are integral part of functional neurosurgery. They will never go out of place. Companies have already invested in R&D and manufacturing, if they can continue to provide the equipment it will be of great help. Alternatively, one can approach Medtronic/Boston/Abbott may be interested to take over their production as Boston did for the Cosman lesion generator.

Some of us are in countries that could not afford to buy new frames and with the more and functional surgeon being train, frame base surgery should be preserved. It is still the gold standard for accurate targeting tool as used by our founding fathers.

I want the ASSFN and all other Stereotactic and functional neurosurgery societies to work for ensuring the continued production of such frames especially for those facilities with limited resources who are not able to upgrade their frames in recent or may be in distant future.

The Vantage system and robot-assisted surgery are way too expensive for many centers. Taking the Leksell G and CRW out of the market will prevent some hospitals from expanding their functional activities.

STRONG lobby effort to continue making frames. Far too many centers in the world rely on these systems.

It is clear there is widespread support for continued availability of these frames that serve as a bedrock piece of the global practice of functional neurosurgery from the ASSFN/WSSFN membership. Loss of support for these frames could jeopardize patient care in many developing markets and place undue capital costs on programs around the world, while relegating neurosurgeons to only 1 main frame available in the global market.

Frames such as the ZD frame are only available in limited markets and are not supported to the extent of Leksell and CRW frames. While the Vantage frame has some improvements over the G frame, it does not have all the capabilities of the older model, such as the ability to position the arc in sagittal orientation or to easily perform occipital/posterior fossa procedures, such as biopsies, laser placement, sEEG electrode placement and other applications in those regions.

With this survey information in hand, the leadership of the ASSFN (and WSSFN) has reached out to Integra and other companies who might consider supporting these devices. Together they are working toward a solution that will preserve this important tool for stereotactic surgery.

**Joshua M. Rosenow, MD, FAANS, FACS
USA**

Upcoming Meetings

2021

ISRS

International Stereotactic Radiosurgery Society

Initially: 30/May/21 - 3/JUN/21

Postponed: 3-7/APR/22 Brisbane, Australia

INS

September 2-4, 2021

Paris, France

AANS

April 17-21, 2021

Vancouver

2022

AASFN 13th Meeting

2022/Osaka, Japan

Chairman: Prof. Haruhiko Kishima

ASSFN Biennial Meeting

June 4-7, 2022

Atlanta, GA

NANS

January 10-16, 2022

Orlando, FL



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Lesioning Procedures for Management of Cancer and Non-cancer Related Pain

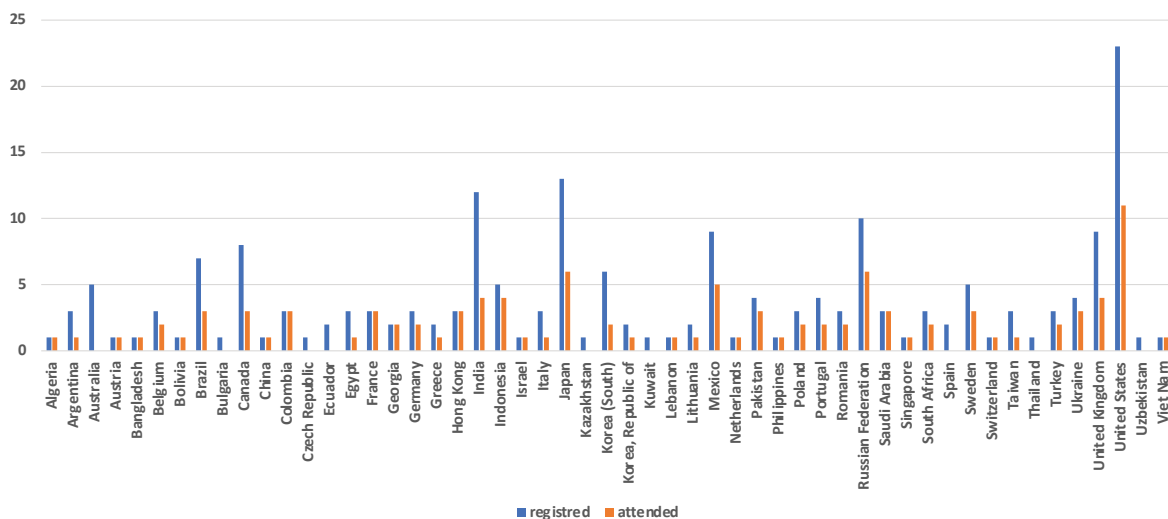
Konstantin Slavin



Professor & Head of Section of Stereotactic and Functional Neurosurgery, University of Illinois at Chicago, College of Medicine, IL, USA.

Topic: « **the various lesioning procedures available for management of cancer and non-cancer related pain, their indications, technical nuances and complications were discussed on the webinar** » .

Number of registration & attendees per country

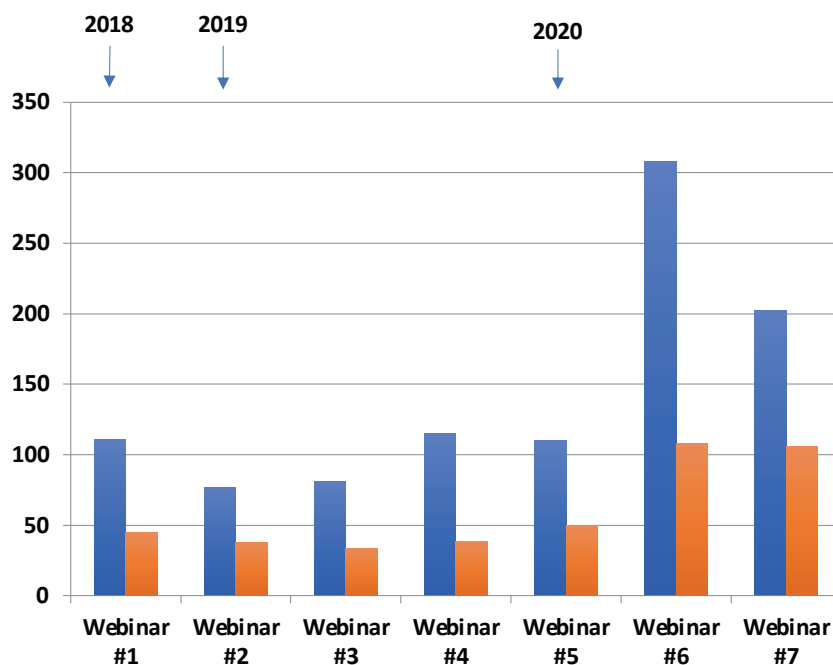


Representative Questions

- Thank you for your presentation and the fact that you trying to change the huge problem of the high percentage of addiction to opioids, which as you used is connected serious side effects. We the doctors consider this normal, because its so frequent – *By Miltiadis Geogiopoulos*
- Thank for such a magnificent presentation dr. What procedure could you recommended for post herpetic neuralgia in a patient with failed spinal stimulation?? – *By Fabio Guerre*
- What about cranial ablative procedures?? – *By Marwan Hariz*
- What kind of monitoring do you do for Trigeminal Tractoromy? And how do you know you are in the correct location? – *By Ahmed Najjar*
- Can cingulotomy be done by frameless stereotactic navigation? – *By Ahmad Shenkiti*
- What would be your choice for patients with malignant visceral pelvic pain? – *By Osvaldo Vilela-Filho*
- In your opinion, when would you consider reticulothalamic mesencephalotomy? – *By Oslavo Vilela-Filho*
- Anterior cingulotomy for pain is usually performed at the same target as for depression. Nociceptive neurons, however, have been identified in a more posterior region of the anterior cingulate gyrus. Would you consider the targetmore posteriorly? – *By Oslavo Vilela-Filho*

Webinars session - evolution

■ Registrations ■ Attendees



Drs. Al Otaibi and Krauss in Dubai in December 2019 preparing the WSSFN Interim meeting before the world went to the lockdown.





The pandemic has effected all parts of our lives including the way that we update and connect educationally with those in the field of stereotactic and functional neurosurgery.

With the change of the WSSFN Congress from 2021 to September 2022, the Scientific Committee and Officers wanted to provide special virtual symposia to be held twice per year starting in May 2021.

The symposia will be two hours in length and provide cutting edge and controversial topics presented by leaders in the field. There will be varying formats with ample opportunity for connectivity by the audience.

Also, WSSFN has contributed to educational outreach through periodic webinars. As a member you can connect to any one of the webinars listed that you will find on the WSSFN website.

Lesioning procedures for management of cancer and non-cancer related pain

By Pr Konstantin Slavin

Moderator: Dr. Rushna Ali

Psychiatric Neurosurgery - Past & Present

By Pr Patric Blomstedt

Moderator: Dr Nico Enslin

Neuromodulation for tremor and related conditions

By Pr Patric Blomstedt and Pr Ludvic Zrinzo

Moderator: Dr Nico Enslin

Surgical management of drug-resistant epilepsy: Resection versus Neuromodulation

By Dario ENGLLOT & Dileep NAIR

Moderator: Dr. Rushna Ali

Transcranial Magnetic Stimulation: Applications in Neuromodulation, Perioperative monitoring and Neurorestoration

By John ROTHWELL & Dirk DE RIDDER

& VERGANI & TAYLOR & OBERMAN

Moderator: Dr Nico Enslin

DBS using directional leads

By Dr. Jens Volkmann and Dr. Till Dembek

Moderator: Dr. Rushna Ali

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