WFNS SPINE COMMITTEE

Newsletter 2nd Issue I September 2022



Francesco Costa and Nikolay Peev



Dear All,

After the first number of the Newsletter of April, Where a return to a "normal" scientific life (and not only) was advocated, we can make a mid-year summary.

With the world reopening and travel resuming in its shape and form more or less similar to the one before the pandemic, the scientific world has gained more force and participation with a fresh desire to discover and share experiences.

In March the WFNS Congress was hosted in Bogota, Columbia, with an outstanding event rich with ideas and prospectives for the future of Neurosurgery. In this venue, we experienced a full immersive event, both from a scientific as well as from a cultural point of view. After that, many other courses and congresses were held and the spine committee of WFNS played a central role, trying to manage the expertise of its members, managing consensus as well as an educational program.

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HIGH HOPE WFNS NANGA PARBAT EXPEDITION

Francesco Costa, Italy

Pakistan, May 2022. The light of day left space to the darkness, and a sky full of stars appeared over the bright shadow of the Nanga Parbat. All around only silence.



This is the wonderful picture that appeared to the international faculty, composed of neurosurgeons with different skills, from skull base as well as spine surgery, representing a unique polyhedric group, all united by a great passion. Or better still of two passions: neurosurgery and a mountain with its natural sense of adventure.

Starting from the begining: Prof Salman Sharif organized the Skull Base Workshop and the Spine Workshop (also held during this session was the WFNS spine committee consensus meeting on Back pain and Lumbar disc herniation) in Karachi. The scientific event was of great value, with sessions of live surgery, as well as hands-on spine surgery. The spine committee members performed the first round of the consensus meeting on Back pain and Lumbar disc herniation.

But more than the scientific point of view I want to underline the beauty and importance of the days leading up to the Course. A trip through the north area of Pakistan, along the Karakoram Highway (KKH) one of the highest paved roads in the world, passing through the Karakoram mountain range near the Khunjerab Pass. Wonderful landscapes winding through one of the branches of the ancient Silk Road. And from there the group visited Fairy Meadows and the Nanga Parbat base camp I: but to reach a heavenly place you have to take a hellish and scary path. The road also called "Road of Death" is a steep and bumpy rocky road swirling up almost 8000 feet on its horrifying 10 km path. Not for the faint of heart. But here, more than at other "classical" social events, many friendships were built during hiking, sharing not only work experience but personal emotions, fatigue and successes that only the mountain heights can reward you with...... The hope, the high hope, is that this team and adventurous spirit can continue to grow within us and be shared in other situations as well, providing opportunities to better manage our profession.



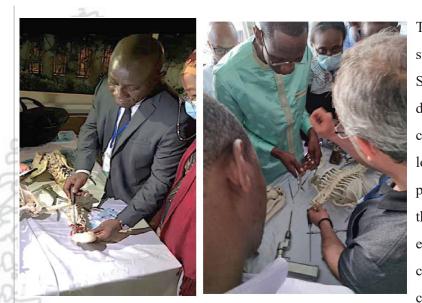
Fairy Meadows reflection lake at 3400 meters

EDUCATION AROUND THE WORLD: "WFNS Spine Africa 2022"

Basic Course for 100 Neurosurgeons

Education is one of the hottest topics all around the world. However, many different programs, opportunities and facilities exist. One of the aims of the WFNS, and of our committee, is to share knowledge and provide effective educational programs. With this purpose, on June 24 – 25, 2022, the Ivory Coast in (West Africa) hosted the 1st WFNS spine committee basic spine course held in the African continent. This event was also the first continental in-person gathering post-Covid19 and was combined with the 3rd Congress of the Ivorian Society of Neurosurgery. The education program of WFNS spine committee aims to setup basic spine education courses in LMI Countries. The basic course was a 2-day course with topics including, fundamental spine anatomy and biomechanics, decision making, case discussions, surgical approaches, and saw-bone sessions with hands-on techniques. The Basic course targets residents in their 4th to 6th year of training and recent graduates within their first 3 years of practice.

One hundred and fifty participants registered and 108 attended the WFNS spine committee course. The participants came from 17 French and English-speaking sub-Sahara African countries mainly western Africa (Benin, Burkina Faso, Côte d'Ivoire, Gambia, Guinee-Conakry, Niger, Mali, Senegal, Togo, Liberia, Nigeria), central Africa (Cameroun, Congo-Brazzaville, Congo-Kinshasa, Gabon, Tchad) and Southern Africa (Namibia), attended the event. The course was interactive and led by 5 members and collaborators from the WFNS Spine Committee.



The 2-day-training aimed at strengthening the capacity of sub-Saharan African neurosurgeons in dealing with simple to complex spine cases. Sub-Sahara Africa has the lowest ratio of Neurosurgeons to population worldwide. In addition, the lack of dedicated neurosurgical equipment and facilities remains a challenge unlike northern African countries. In this context of economic

challenges, local neurosurgeons are exposed to neurotrauma pathologies and degenerative spine diseases, cases that make up most of their practice. Over the past 2 decades, local efforts have been made to increase the number of neurosurgeons trained locally. The initial number of 2 to 3 neurosurgeons per country, has now reached up to 10-15 neurosurgeons in most of the western and central Africa countries in which neurosurgery is practiced both in public and private hospitals. Some of these countries possess high-speed drills, C-arm and instrumentation allowing to perform spine surgery from the cranio-cervical junction to the lumbo-sacral region.

In West Africa, Nigeria, Senegal and the Ivory Coast are the leading countries with neurosurgery residency programs. Since 2005, the Ivory Coast has had a 5-year training curriculum producing 32 local and regional neurosurgeons with 45 residents actually in training. Since 2019, the Ivorian training program partnered with the Department of Human Anatomy from the University Felix Houphouët Boigny of Abidjan to open a neurosurgical laboratory. Cadaveric workshops on surgical approaches and screw-placement techniques are regularly organized. Recently, more sub-Saharan countries such as Burkina Faso, Cameroon, Niger and Mauritania have opened their national residency programs. The remaining countries from West and Central send their physicians for training to either WFNS RTC (World Federation Rabat Training Center), the Ivory Coast or Senegal.



WFNS Spine Committee Newsletter

MERITROCACY IN NEUROSURGERY

Manuel Encarnacion, Renat Nurmukhametov, Francesco Costa and Artem Gushcha

Is meritocracy a myth or reality? Is it fair, difficult or even impossible to compare neurosurgeons and residents who didn't have the same opportunities. We like to hear success stories for people who stood up and succeed, but unfortunately these are exceptions, rather than a rule. stories of neurosurgeons who have stood out, but this is the exception not the rule.

Taking its origin from political science, meritocracy, has been a major point of discussion for most prominent scholars and philosophers, starting with Confucius in the sixth century BC, through Plato and Aristotle, and more recently by Alan Fox, Michael Dunlop Young and Hannah Arendt. As we are going to apply this concept into a professional, rather than political, sphere, it is important to clarify the definition used in this article. Here, meritocracy is understood as being considered deserving of a professional position based on one's merit, regardless of their familiar and societal connections, race or gender.

However, in the same way as our societies are not prospering with equality, neither is the world of medicine, and more specifically- neurosurgery. The fact is that neurosurgeons across the globe are not provided with equal opportunities. Some of the most frequently argued issues are regional problem with subsequent economics disparities, socioeconomics status, race and gender.

In fact, it is not a secret that the good education could be expensive and, in this respect, a better socioeconomic position could be a prerequisite for a better access to a quality educational options and also possible better professional positions. In the same way, the privileges of represented majorities (RM), and the disadvantages of underrepresented minorities (URM) racial categories, have well-documented impacts on the aspiring neurosurgeon, powerfully influencing the odds of every major experience/variable affecting applicant candidacy for neurosurgery residency.

Regrettably, the phrase "neurosurgery is a speciality for men" has been heard by the majority of us. However, something is changing and during the past 30 years. Many initiatives have been employed to try to address issues of gender parity within the surgery and the female representation has increased within the surgery. In 1991, women accounted for only 3% of consultant surgeons, while actually this figure has increased to 12.9%.

If meritocracy is a myth what can we do to change it into reality?

One of the aim of the WFNS Spine Committee is to warranty a worldwide educational program with courses, congress and webinar which can reach more and more young neurosurgeons and fellows, knocking down step by step the dogma limiting the meritrocacy concept.

INTERVIEW OF THE SPINE COMMITTEE

MEMBER

by Mirza Pojskic



Prof. Sandeep Vaishya India

Q. Could you please introduce yourself briefly and tell us `what is your subspeciality area of work in Neurosurgery?

I was born and brought up in Gwalior, India which is an ancient historic town. I did my medical school and general surgery residency there and later did my Neurosurgery residency at AIIMS, New Delhi and then was a faculty there for 10 years. In between I did Sundt Fellowship at Mayo Clinic, Rochester, USA.

My areas of subspeciality are degenerative spine, minimally invasive spine surgery, spine tumor and spinal dysraphisms. Apart from spine my interest is in Brachial Plexus injuries, Functional Neurosurgery (Radiosurgery, DBS and surgery for pain) and brain tumors.

Q. Please tell us about your activity in the WFNS Spine Committee?

I have been part of WFNS Spine Committee for last 1 year and organized a webinar on complications in spine surgery. Planning a consensus meeting next year in New Delhi and a text book on cervical spine/ trauma.

Q. What are the main problems neurosurgeons in your part of the world face?

In big cities, the neurosurgeons in our part of the world have availability of all the latest equipments and exposure to advanced training in all aspects of spine surgery. But in small towns the biggest problem the surgeons face is the lack of modern equipment. We also have to face the cultural resistance of the patients to any form of spine surgery and the usual refrain is "my relatives have told me never to get any spine surgery". And in the backdrop of this it becomes challenging to convince a patient to undergo any surgery.

Q. How do you see future of neurosurgery in your country and globally?

I feel that the future of neurosurgery is quite good in my country. It is one of the most sought after branches for young residents and thus we are getting the brightest minds attracted towards it. With newer technology like robotics, Intraoperative imaging and neuronavigation, neurosurgery OR has become a more exciting place than ever. I think its the same all over the world. Internationally, there may be some underdeveloped areas with lack of training/facility and I feel its our duty to train them. Im glad that WFNS spine committee is working hard towards achieving that goal.

Q. Do you have any message or advice for young residents and medical students who want to pursue neurosurgery?

For young neurosurgeons there are are far more opportunities for training, workshops, conferences and exposure to technology than it was at the time of my training. These are exciting times for Neurosurgery and for the medical students who want to pursue it as a speciality.

Upcoming Congress and Courses

Below we present the next scheduled events:

- Eurospine October (Milan Italy)
- EANS October (Belgrade Serbia)
- World Spine 9 November (Athens Greece)
- CLAN XL Congresso Latino Americano de Neurochirurgia 19th November (Miami USA)
- 2nd CV Junction Consensus, Porto 3rd 4th December 2022
- 2nd Neuroscience Conference (Karad, India) 27-29th January 2023
- Global Spine Conference (Peshawar, Pakistan) 10-12th March 2023
- Dushanbe, Tajikistan 1st-2nd May 2023

2022 Publications of Spine Committee

WFNS Spine Committee has published the consensus / Recommendations on Osteoporosis of Spine in Journal of Neurosurgical Sciences. We would like to remind you that all of the papers are open access. The specific recommendations and publication of the spine committee can be found on the website of WFNS: http://wfns-spine.org/recommendations & https://www.wfns-spine.org/osteoporotic-spine-fractures.

1. Zileli M, Fornari m, Parthiban J, Sharif S. Editorial: Osteoporotic vertebral fracture: WFNS Spine Committee Recommendations. J Neurosurg Sci. 2022 vol 66 n 4: 279-281

2. Zileli M, Fornari M, Costa F, Anania CD, Parthiban J, Sharif S. Epidemiology, natural course, and preventive measures of osteoporotic vertebral fractures: WFNS Spine Committee Recommendations. J Neurosurg Sci. 2022 vol 66 n 4: 282-290. doi: 10.23736/S0390-5616.22.05643-0. PMID: 35301844.

3. Sih IM, Shimokawa N, Zileli M, Fornari M, Parthiban J. Osteoporotic vertebral fractures: radiologic diagnosis, clinical and radiologic factors affecting surgical decision making: WFNS Spine Committee Recommendations. J Neurosurg Sci. 2022 vol 66 n 4: 291-299. doi: 10.23736/S0390-5616.22.05636-3. Epub ahead of print. PMID: 35301843.

4. Kim SH, Ramani PS, Jahagirdar VR, Roitberg B, Zileli M. Endocrine assessment, chemotherapy, non surgical treatment, and rehabilitation for osteoporotic spine fracture: WFNS spine committee recommendation. J Neurosurg Sci. 2022 vol 66 n 4: 300-310

5. Sharif S, Ali MY, Costa F, Zileli M, Parthiban J. Vertebral augmentation in osteoporotic fracture: WFNS spine committee recommendation. J Neurosurg Sci. 2022 vol 66 n 4: 311-326

Yaman O, Zileli M, Sharif S. Decompression and fusion surgery for osteoporotic vertebral fractures: WFNS Spine Committee Recommendations. J Neurosurg Sci. 2022 vol 66 n 4: 327-334. doi: 10.23736/S0390-5616.22.05640-5. Epub ahead of print. PMID: 35380203.



The following Webinar were done in 2022 by the Spine Committee.

Publication in Neurosurgery on 5th March 2022 https://youtu.be/Zn2c4Szxfso



WSCS / WFNS - How I Do It (Spinal Tumor) on 26th June 2022 https://youtu.be/EtksnFFqsT8



WFNS Spine / YNS Award Committee - Innovations in Spine Surgery on 26th May 2022 https://youtu.be/DM1AOklBkzs



WFNS Spine / YNS Award Committee - Innovations in Spine Surgery on 26th May 2022 https://youtu.be/yAtfIbhQl84



World Neurosurgery Students Society on 28th August, 2022 https://youtu.be/ePBSHTH1Ut0

Appreciation

We are grateful to Prof. Erica Bisson for helping us in 1st year of WFNS Spine Committee tenures. She was the lead in WFNS Spine Africa 2022 project along with Prof. Mirza and Prof. Mehmet. Unfortunately, because of her institutional commitment she is unable to continue.



We wish her best of luck for her future.

WFNS SPINE COMMITTEE 2021-2023



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Aderehime Haidara (Ivory Coast)



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Ian Vlok (South Africa)



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Onur Yaman (Turkey)



Sandeep Vaishya (India)



Toshihiro Takami (Japan)



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