

EANS2019today

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A private audience with the Pope

Neurosurgery was on the agenda when Jesus Lafuente met Pope Francis at the Vatican earlier this year.

Dear friends and colleagues,
A few months back I wrote a letter to Pope Francis at the Vatican, in representation of neurosurgery as president of the EANS.

Taking into account the amount of work I do in Africa through annually planned neurosurgical missions, and the fact that in most of these countries there is an important presence of the catholic church, I thought it could be a good idea to unite all of the neurosurgical continental presidents in Vatican City and discuss with Pope Francis all of our related issues regarding cooperation in neurosurgery in all developing countries. Having all major representatives together in this way could complete a roadmap for the future in developing neurosurgery in such countries.

To be honest, I left the letter on my computer for some months. I thought that, although this might be a priority for us as neurosurgeons, it might not be in the Pope's agenda. But during the FLANC meeting in Santa Cruz, Bolivia, Luciana (Dr Yampolski's wife), who works as a journalist for the Vatican covering their news in Argentina, read the letter and offered to send it through the right channels – which I accepted. Three months later, I received a letter from the Vatican representative in Spain saying that I have been granted a private audience with the Pope. My first reaction was a mixture between pleasant surprise and disbelief. The representative of the Pope in Spain referred me to the Pope's personal secretary, with whom I arranged the details of the meeting. I then started thinking, what could we do as a joint venture with the Vatican that can include all neurosurgical societies, taking into account the numerous efforts made by individual neurosurgeons in establishing a neurosurgical framework in developing countries in order to assist faster, provide more easily, train effectively and help to create new neurosurgical centres?



"I started thinking, what could we do as a joint venture with the Vatican that can include all neurosurgical societies?"

Jesus Lafuente

May the third arrived, and I went to the private audience with Pope Francis at his library, situated under his personal apartment. I brought several presents: a bottle of olive oil, four bottles of wine, a book about neurosurgery written by me and

a very special surgical cap on which was written his name and the Vatican coat of arms. I wanted to have a picture of us both with caps on, so I told his sanctity: "I am a surgeon of the flesh; you are the surgeon of the soul. Let me give you this surgical cap, from one surgeon to another surgeon, and I would be grateful if you could put it on so we can take a picture." He looked happy and put it on, and then he asked me if I would like to wear his! I humbly declined. After the photoshoot, we remained in his personal library and started discussing my three projects.

- The first project I called, "Assistance in situ". I explained to Pope Francis that when we go to Africa to carry out surgical missions, sometimes some patients remain in the wards after we depart. My first request consisted

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in getting in touch with the relevant catholic authority in the country, so that we could organise for catholic church personnel to attend to these patients before they are discharged, or until the next mission arrives.

- The second project I called, "Africa 25". I explained our intention to train developing countries' surgeons for one year. This project involves three elements:
 1. Local country authorities, paying to transport the surgeon, so we can then ask them to sign a contract declaring that they will provide neurosurgical attention and training to the country of origin for a minimum of 15 years. This is done in order to avoid them from going straight into private practice, which they could do, but as an extra.
 2. The Catholic church (Vatican), providing accommodation and food for the period of time of training. This can be provided through some of the catholic housing infrastructure that they have around the globe.
 3. Hospital del Mar & Sant Pau University hospital, which through the local health service will allow full training of the surgeon at their centres.

At this point I decided to let him speak; I knew I had only 15 minutes, but I wanted to know how was he getting all this information and more importantly, his

thoughts. The first thing he said to me was that he was very touched that somebody, living in Barcelona like me and having the choice of watching TV to relax after work, had instead the concern to try to make things better for neurosurgical patients in difficult countries. He continued to say that if the world had more people like me the world would be a different one! I realised

"Pope Francis takes great pride in making you feel as though the most important person in the room is you."

Jesus Lafuente

then that Pope Francis takes great pride in making you feel as though the most important person in the room is you – truly amazing.

He went on, saying that he had a similar experience in Africa, where the Vatican helped to build a hospital for sick children, describing this as one of his most gratifying experiences. He then referenced Cardinal Turksson as a man of the church who has dedicated his whole life to working for African initiatives, and who now organises the cooperation programmes of the Vatican

in developing countries. Cardinal Turksson, "brilliant and unique" in the words of Pope Francis, is a man with great vision who could surely help us to push some of these projects through. Pope Francis asked me to write all of what was said in a letter that he could forward to Cardinal Turksson. I then took the opportunity, as time was coming to an end, to mention my third project.

I then decided I had given all the information I wanted to pass on to him in the interview time I had. Knowing that we were close to the 15 minutes, I thanked him for receiving me and shook his hand a long while. He asked me to pray for him, to which I replied that I also wanted him to pray for me. He then said in great spirits: "Yes, but everyone asks me for the same and they are many more." We both laughed and agreed that I would pray for him.

I came out of the library and saw my wife and daughter waiting for me. As we walked through an amazing renaissance passage, suddenly I saw an African cardinal walking our way. I think coincidences are not just luck, and that we should take them when they appear – so I asked the person walking us out of the Vatican if he could stop the cardinal so that I could talk to him. I ended up talking to Cardinal Turksson himself, and he gave me his personal email so that I could communicate with him about our upcoming neurosurgical projects within the developing countries.

Neurosurgery is already on the agenda.



How hands-on courses complete a neurosurgeon resident in his or her training cycle

Chairman of the EANS Training Committee and EANS board member Torstein Meling describes the improvements in hands-on training tailored to different neurosurgical trainees' needs.

The EANS training courses have been renowned for their excellence since their inception in the 1970s and remain the core business of the EANS. It has been a great honour to serve as Training Committee (TC) chair and a great privilege to work with Europe's most eminent teachers. Together, we have inspired and taught a generation of very competent trainees that will become leaders of European neurosurgery in the future. The camaraderie amongst the TC faculty made every training course and every hands-on course very special. We have continued to develop and improve the training courses. We have modernised the teaching and recently introduced endovascular simulators and demonstrations of endoscopic surgery.

However, during my time in the training committee I identified a need to expand our EANS hands-on training. We started the EANS hands-on course in Lyon back in 2012 and it has been a success story. The Lyon course originally consisted of one day of quite advanced spine surgery, followed by microsurgery in rats, transnasal approaches, and was completed by a variety of craniotomies, ranging from standard to more advanced. However, over the years, I realised two important things: firstly, that there is a great need for structured, faculty-intensive practical teaching; and secondly, that for some participants the Lyon course was too advanced, whereas for others it could have been more in-depth.

During my tenure as chairman, the TC created structured curricula for practical training, and we established four new courses in Cranial and Spinal surgery for residents in their first to third year (Step I), as well as for fourth to sixth years (Step II).

The EANS Hands-On Course curricula are designed to provide valuable experience for residents at all training levels. The Step I courses concentrate on basic surgical

anatomy and the procedures we expect the residents should master after their third year of training. The Step II courses repeat the anatomy, but go more in depth and teach much more advanced procedures.

They summarise what we expect residents to master after their sixth year of training. Each course has 20 participants and up to 10 faculty members, making them very faculty-intensive. Furthermore, up-front teaching is minimised, allowing for maximum time in the lab. Finally, as with the EANS Training

Courses, the hands-on courses emphasise social interaction and networking events.

The Step I and II courses complement the theoretical training served by the EANS training courses. It is my express goal to establish a specific certificate that will be presented during the EANS congresses to those who have participated in all four theoretical courses and all four practical courses.

After teaching Step I courses in Spine and in Cranial, it became apparent that there was also a need for very basic neurosurgical training. Many trainees had never held a craniotome or performed placement of ventricular drains themselves, let alone handled surgical

instruments. The ABC course has modules with diagnostics and patient communication (played by professional actors), practical simulation sessions, short theoretical lessons, discussions based on real cases, and, finally, cadaver sessions on basic emergency procedures and craniotomies. The goal is to cover the very basics aspects (the ABC) of cranial neurosurgery. The inaugural EANS bAsic Brain Course (ABC) was held at Besta NeuroSim Center in Milano and at the Swiss Foundation for Innovation and Training in Surgery in Geneva in January 2019.

Lastly, we addressed a need for more advanced courses to provide training in microsurgery and white matter dissections. The microsurgery course was designed to be a complete five-day microvascular experience and includes teaching on all types of anastomoses in rats, as well as experimental microsurgery models. The inaugural EANS Hands-On course in Microsurgery was held in Cluj, Romania in November 2018 and will be repeated in Rotterdam in November 2019.

The white matter course illustrates the growing importance of the cerebral white matter functional anatomy nowadays. The inaugural EANS Hands-On course in White Matter Dissection was organised together with Professor Christophe Destrieux and held in Tours, France in December 2018 and will be repeated in December 2019.

"Together, we have inspired and taught a generation of very competent trainees that will become leaders of European neurosurgery in the future."

Torstein Meling



Vox pop

Delegates share their views on the congress proceedings so far, and what they would like to see next year.



MARIKE BROEKMAN AND KIRSTEN VAN BAARSEN

MB: "I've greatly enjoyed the scientific sessions so far. It is a great mix. Some of the small rooms were overbooked, but I think that's an indication of how much appreciated the programme is. We should consider transferring those to plenary sessions."

There will be some great sessions later today on global neurosurgery, ethics - topics that don't get that much attention, but are very much appreciated."

KvB: "For me especially, the lecture yesterday from Steven Gill about convection-enhanced delivery was excellent. I haven't really seen the city so far but the venue is amazing. It's spacious, it's light."



GIULIO ANICHINI

"I have just come out of a talk on traumatic brain injury and the role of exercise during recovery. That was very interesting. The EANS has a good tradition as a meeting rich in topics and arguments.

The venue is fantastic; it is iconic, beautiful. And coming to Dublin is always a pleasure.

At the moment, the way the society is heading is promising."



FORTESA BYTYQI

"I enjoyed the Masterclass and How I Do It sessions. I am a neurosurgeon to be, let's say, and those for me were very, very helpful. I learned a lot.

"Next year the congress will be in a smaller country. I don't know if the building will be this huge. Putting video screens outside the smaller rooms would help, so that those who are interested can always watch and hear the lectures through the monitors."



NORBERT SOLTI

"I am here for the fifth time. The organisation is very good. This is the second time I'm in Dublin. I was here twelve years ago, and a lot of things have changed since then - but for the better!"

Meet our new President elect

It is a privilege to be elected to the position of President elect of the EANS.

The last two years have been a time of transition for our association. The President and Board are worthy of congratulations for tackling this period head on. Through the necessary structural changes of our Administration Office and our Executive Director post, we have managed not only to maintain our primary output – education and training – but also to increase it. This last year has seen a greater than ever number of postgraduate, hands-on, and specialist courses and events directly organised by the EANS. Our congress is larger and more popular year on year. Our individual membership has continued to grow steadily.

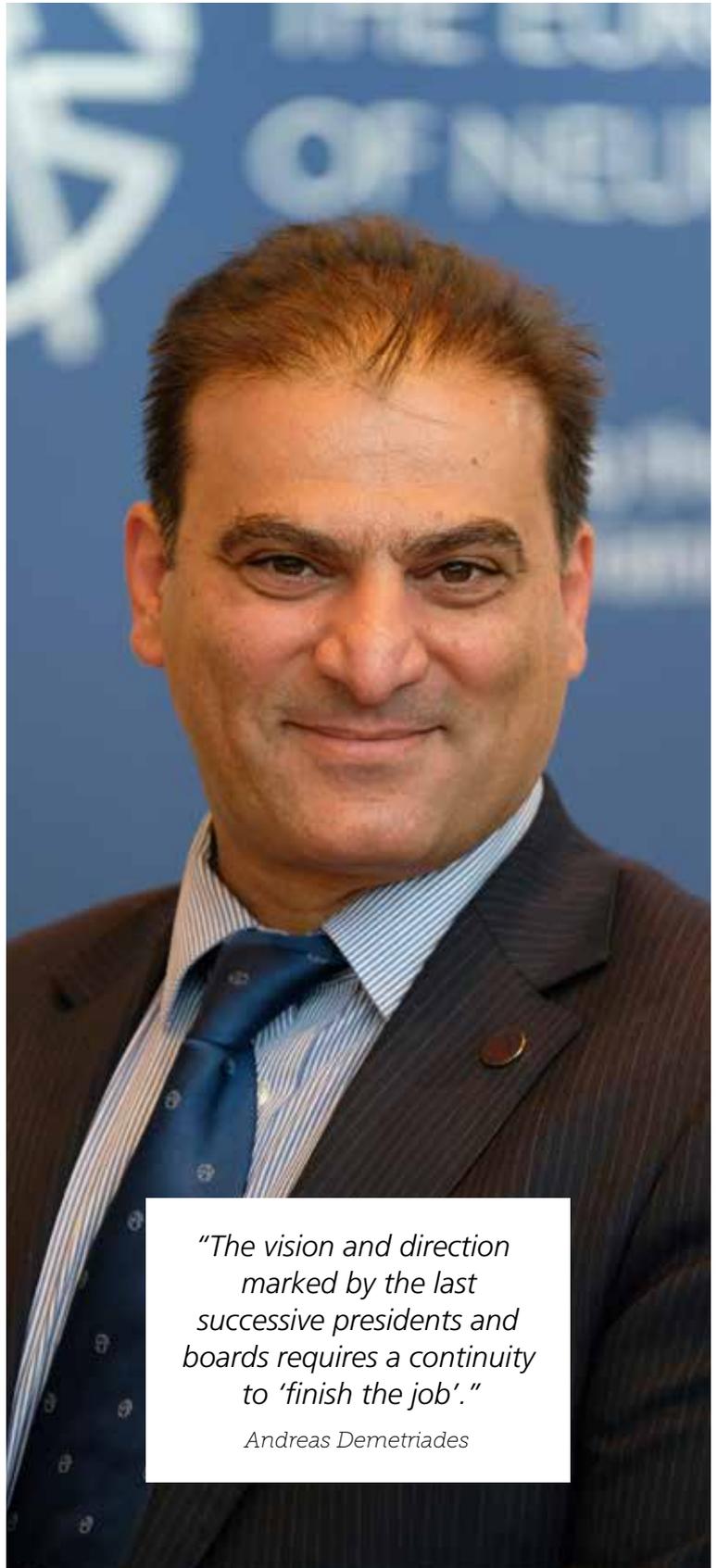
Having just completed a term as Secretary, I believe I am in the ideal position to run for the office of President elect. I have been directly involved in the necessary actions that arose due to the changes in our office structure, as well as the decisions that the board took in order to ensure the safe and effective running of our organisation. These changes are for the better. They involved a lot of hard work, with a lot of hours devoted over drafting job descriptions for the existing staff, interviewing and hiring new staff, and facilitating the creation of a new office team. This background work is essential to the functioning of our numerous sections and committees, whose demands are ever increasing, and appropriately so.

I believe that the vision and direction marked by the last successive presidents and boards requires a continuity to ‘finish the job’ of modernisation and structural reorganisation within the foundations of our EANS. It requires dedication and inspiration, to maintain the effectiveness of our activities – and yet to continuously improve their quality.

My proposed plans, which will evolve over the next couple of years before I take office, include:

- concentrating on strengthening the ‘hub’ of our organisation, the office;
- building further on professional qualifications that can arise from our courses;
- supporting research efforts;
- exploring the feasibility of an EANS Clinical Trials Unit or Hub;
- creating sub-specialty study groups through our sections, for tackling relevant projects;
- promoting the creation of EANS guidelines on specific conditions;
- Considering the centralisation of the Annual Scientific Congress; and
- encouraging links and collaborations with sister societies in need of philanthropic support.

My recent and past experience as EANS Secretary, Chair of the Individual Membership Committee, and Chair of the Young Neurosurgeons Committee, along with participation in other sections and committees, has provided me with the opportunity to gain insight into the what, when and how of the EANS structure. I intend to put that knowledge to good use to enhance our strengths and to minimise our weaknesses. This is a job more than an office for me, and I sincerely hope that I can rely on your support.



“The vision and direction marked by the last successive presidents and boards requires a continuity to ‘finish the job’.”

Andreas Demetriades

New EANS Board announced

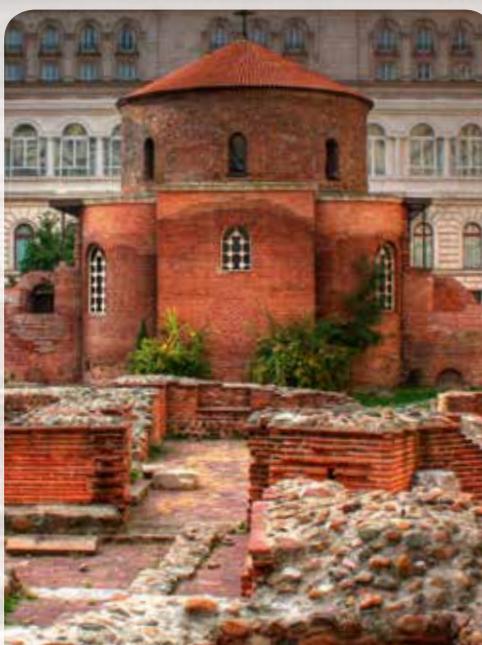
Tuesday 24 September saw the election of the new EANS Board following the Annual General Meeting at EANS2019.

Board Members			
President	Karl Schaller	Research Committee	Aki Laakso
President Elect	Andreas Demetriades	Young Neurosurgeons Committee	Christian F. Freyschlag
Secretary	Johannes van Loon	JRAAC	Eberhard Uhl
Treasurer	Nicolas Foroglou	Sub Committees – Varia	
Past President	Jesus Lafuente	Chair, Hands On Courses	Torstein Melling
Individual Members	Hans Clusmann	Task Force: Frontiers in Neurosurgery	Jean Regis
Scientific Liaison	Francesco Sala	Section Chairs	
Audit and Governance	Miroslav Vukic	Functional Section	Damianos Sakkas
CME and Guidelines	Nikolay Konovalov	Neuro-Oncology (Tumour) Section	Colin Watts
Chair of the Training Committee	Claudius Thome	Section of Neurotrauma and Critical Care	Niklas Marklund
Chair Elect of the Training Committee (non voting)	Vakis Papanastassiou	Section of Pediatric Neurosurgery	Marianne Juhler
Board Member (non voting)	Tiit Mathiesen	Section of Peripheral Nerve Surgery	Lukas Rasulic
Committee Chairs		Section of Radiosurgery	Bodo Lippitz
Ethico-Legal Committee	Ciaran Bolger	Section of Skull Base Neurosurgery	Michaël Bruneau
EBNS – Exams	Peter Whitfield	Spine Section	John Duff
International Relations Committee	Marcel Ivanov	Vascular Section	Andreas Raabe

Sofia named winning bidder for EANS 2020 Congress

Sofia is amongst the oldest cities in Europe. Its name comes from the Greek *sophia*, meaning wisdom.

A crossroad of different cultures and religions, Sofia is a unique place where a church, a mosque, a synagogue and ancient ruins may be found within 200 metres of each other. What could be a better message for the possibility of building bridges, connecting people and cultures, unifying efforts and knowledge?



Pictured is the 4th century Church of St George Rotunda, thought to be the oldest building in Sofia, amid the ruins of ancient Serdica.

Global neurosurgery session tackles international inequity

William Harkness, past president of the International Society of Paediatric Neurosurgery, introduced Tuesday's Global Neurosurgery session, which focused on strategies to bridge the inequity in access to affordable neurosurgery in low- and middle-income countries.

"We are talking about embedding for the future and developing sustainable practices across the world."

William Harkness



Indeed, he noted, the World Health Assembly Resolution WHA68.15, 'Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component of Universal Health Coverage' (2015), specifies the highest level of political commitments to address the public health gaps arising from lack of safe, affordable, and accessible surgical and anesthetic services.²

Turning to neurosurgery per se, Dr Harkness cited recent work by Dewan et al (2018) comparing case capacity versus deficit in the specialty in a number of WHO regions. The authors identified an annual deficit of just over five million unmet essential neurosurgical cases, all in low- and middle-income countries – translating to a need for approximately 23,000 additional neurosurgeons, the greatest needs being in Southeast Asia, Africa and Latin America.³

While the demand still exceeds supply, the current global neurosurgical efforts to improve access has revealed some strengths, particularly in the realm of training, have recently been addressed by Park et al (2016)⁴. "Indeed we are doing a lot," commented Dr Harkness. "Neurosurgeons have led the way in global surgery in many ways. But there is still much

A selection of eminent speakers addressed not only the delivery of care, training and education, but also on models of small- and large-scale collaboration and infrastructure building in low- and middle-income countries (LMICs.)

"Global neurosurgery can be defined as an area of study of research practice and advocacy that places priority on improving health outcomes and achieving health equity for all people worldwide," Dr Harkness began. "It is important that we are not just talking about what we consider to be the old-fashioned method of providing aid by doing surgical missions – we are talking about embedding for the future and developing sustainable practices across the world."

He cited the 2015 Lancet Commission on Global Surgery, which highlighted that five billion people in the world lack access to safe and affordable anaesthetic care, that 143 million additional procedures were needed in LMICs each year to save lives and prevent disability, and that, of those people who were able to access surgery, many faced financial ruin in doing so.¹

He continued: "Most importantly, the head of the World Bank Group at that stage [Jim Yong Kim] pointed out that investment in surgical care actually improved the

economy of nations. He said that surgery is an indivisible, indispensable part of healthcare.

"If we look at the deaths as a result of surgically treatable conditions, they are three times greater than the combined deaths due to HIV, AIDS, TB and malaria¹. Yet, as we all know, huge amounts of money are dedicated to these infectious diseases, when in fact non-communicable diseases are now the things that are really killing people on a global scale."





more that we can do.”

He continued: “What can you do? The traditional way is providing surgical care, but it is much more important that we concentrate on developing infrastructures, developing training programmes, protocols that are suitable for management in the local environment, encourage ethical and joint research, facilitate workforce optimisation. This really can only come if we develop collaborative partnerships.

“My colleagues and I have developed InterSurgeon⁵. This is like a dating site, facilitating contacts between surgeons in

different environments around the world. We have been going since March 2018. We launched with paediatric neurosurgery (because that is our background), and we have now added adult neurosurgery and neurology. We have 335 members in 73 countries, and we are just about to add a platform for non-governmental organisations as well. All members of EANS are invited to join.”

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The importance of building strong relationships with partner Societies

I recently had the honour of accepting the role of Communications Coordinator at EANS. As part of my role, I am in charge of increasing the EANS’ visibility by managing the brand image, the design of marketing materials and the management of media relations. Along with this – and what intrigues me most – one of my current tasks is to create the base for cross-promotion opportunities and to barter agreements with partner societies. In this context, I connect with partner associations to make the proper arrangements to form long-lasting strategic partnerships.

Communicating with the marketing departments of other associations during the last six months, I have come to realise how important it is for an association like EANS to build strong relationships with partner societies. The relationships with our individual members and the member countries form the very groundwork of our association. The same could be said for our relationships with our partners. Together, we can work towards promoting better healthcare for a better world and enhancing the quality of neuroscientific care to patients. That is precisely why we aim to build strong, long and fruitful alliances.

The effects of strengthening the association’s community relations is beneficial on many levels. It allows members in all regions worldwide – not

only in Europe – to strengthen their own ties and increase their profile within the European medical associations’ communities. And exchanging promotion and arranging barter agreements between EANS and other medical associations helps form strong partnerships among a diverse group of organisations – a key step in evolving to a successful association.

This process is not always as easy as it might seem! Building strong relationships with partner societies and maintaining them takes effort, time and a well-planned strategy. When difficulties arise, the strength of a strategic partnership can really help steer things in the right direction. Before entering into a partnership it is essential to set certain rules. And, while oral partnerships may work well in some instances, when it comes to more formal arrangements a lot more work is necessary. This is why my professional motto is: prepare the ground, build trust, form partnerships and better support our members!



“The effects of strengthening the association’s community relations is beneficial on many levels.”

Maria Kantziari



EANS new website!

A fountain of endless networking opportunities for EANS members

Prodrimos Nikolaidis, Sponsorship – Funding Coordinator, discusses the new developments bringing the digital era of the EANS into full swing.

Welcome to Dublin! We are excited to combine your participation at the EANS 2019 Congress with the live introduction of our new website and membership platform.

With the advent of the digital era, it was high time for EANS to make all the necessary developments to adapt to the needs of our members in Europe and the rest of the world. As such, we created a platform that enables EANS members to connect with each other and to share ideas, thoughts, scientific content and job opportunities.

The world is constantly and rapidly changing, and EANS has caught up with the latest developments. As of May 2019, we have moved to a brand new website that lives up with the expectations and needs of our members. A user friendly environment with easy access and navigation, fast browsing, practical and always up to

date with news and developments in the neurosurgical world – this is what your will experience by visiting www.eans.org. We urge you to visit our website and discover how EANS is being reintroduced to the public.

In addition to the new website, we are

“Imagine a Facebook for neurosurgeons only! EANS provides you with this option.”

Prodrimos Nikolaidis

also very proud to launch our new top-notch membership platform. EANS is now giving the option to our members to use our very own social media platform. As an EANS individual member, you are now a part of a large community, ready to connect with colleagues from Europe and around the world. Through the new membership platform, you can post text and photos, participate in section groups, read various updates on upcoming opportunities, events and job postings.

Imagine a Facebook for neurosurgeons only! Share your news, your ideas and concerns and discuss them with the global neurosurgical community! EANS provides you with this option.

If you have any questions on the new website and membership platform, please visit us at the EANS Membership Lounge, 1st floor. We will be happy to introduce you to the amazing things our new platform offers and to answer your questions and queries.

EANS welcomes you to Dublin – join us and let’s take together the next step to connect our community!



Become a member of EANS!

10 reasons to join our community...

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- 
- 
- 1 be part of a vibrant, inclusive worldwide neurosurgical community. Cement existing friendships and forge new connections
 - 2 get involved – there are leadership opportunities available; become a part of a committee or a section
 - 3 you'll be eligible to apply for all EANS awards, prizes and fellowships
 - 4 and to sit the European Board of Neurological Surgery Exams, parts I and II
 - 5 keep up to date: you'll receive regular newsletters and section updates, and there's also the opportunity to join private Facebook groups
 - 6 print and / or online access to our journal, Acta Neurochirurgica
 - 7 full access to our learning portal, the EANS Academy
 - 8 discounted registration fees to all EANS events (+ many others)
 - 9 EANS members' discount at selected publishers
 - 10 an exclusive Member's Lounge at EANS Congresses. Visit us at the foyer on Level 3

Find out more and join us today at www.eans.org



THE EUROPEAN ASSOCIATION
OF NEUROSURGICAL SOCIETIES

Taking EANS to another level

President elect Karl Schaller outlines some of the future ambitions of the EANS.

General perspective

It is with humility and pride that I take over the EANS presidency from Jesus Lafuente as of September 2019. The EANS continues to evolve and has an entirely positive connotation among its peers. This is due to its multifaceted and truly international spirit and due to the academic, medical and cultural diversity of its contributors.

Compared to most of its member societies or to other international neurosurgical societies, the EANS is still a young organisation. It was founded by creatives and charismatics, and has since then been run by similarly-minded leaders, as much as it has by those more analytical or administrative by nature. However, such an organisation can neither be run by charisma nor by bean-counting alone. Therefore, our board of officers (formerly the administrative council) has always played a decisive role in the management and development of the EANS.

So does the current form of bottom-up organisation with all our sections and committees. These are the heart of the EANS. They allow us to assemble and to collimate particular interests and competences through the active participation of young neurosurgeons and of senior experts from all our 38 membership societies. It is this polyvalent energetic ground that allows us to be constantly inspired and to inspire, and to react to political and societal demands as well. It seems there is a place for every motivated and skilled neurosurgeon, be they in one of the highly-specialised clinical sections, or be they in one of our committees. This explains the continuous growth of the EANS, with now almost 2,000 individual members in addition to the 38 membership societies, has provided the human capital that allows us to run a big European Congress of Neurosurgery now every year since 2014.

Our transformation into a large entity holding numerous activities has necessitated a progressive professionalisation of our

organisation. The process was initiated by the various leaders of the EANS in the past, and will remain a key element during the years to come. It will be essential to balance our good and personal spirit with a progressive growth and management of the EANS. The way our own management and office is organised has changed. This affects our business meetings, our training courses, our congresses, the management of our membership database, the way we communicate, the way our public image is perceived, and many other issues. These changes were executed by a lengthy and painstaking process. Some may see this as a progressive depersonalisation of our organisation and may carry mixed feelings about it. I acknowledge that feelings were hurt during these processes. However, I would ask those who are carrying doubts in regard to the new organisation to give us a leap of faith: to think forward, and to let us adapt to these changes ourselves before making their final judgement.

The EANS has become a home to many of us. We have built friendships across geographical and whatever other borders. We are spending some of the most rewarding time of our professional lives during EANS events with some of the finest people we will ever come across in our lives. That is a privilege, and I wish to build on that privilege. I know that my time as president of EANS will be rewarding and challenging for myself, while for the EANS it will be just another period of transition to – hopefully – another level, as has been the legacy of each president, and as it shall continue in the future.

In that context, I would like to outline where I see chances and opportunities for the EANS, and tasks for myself and for our board, to move forward as a whole.

On Clinics & Education

The heart of the EANS has always been education, with the Training Committee ("TC") being the integrative force of our activities: Consisting of delegates from all

membership societies, the TC reflects the true international values of the EANS. The TC gives the pace for the development of clinical common sense and a true European curriculum. Thereby, it provides a perspective on the European practice of neurosurgery and it serves as a thermometer for the general state of our association. That doesn't mean it is always easy to achieve such common clinical sense and standards in teaching. That is, in part, due to the fact that differences in culture and socioeconomics and care still exist across all 38 membership societies. But each course and its content is the result of open and occasionally intense discussion among the TC. That brings life to the TC – and to the courses are a product of constant evaluation and improvement and renewal of the faculty. The link with the subspecialty sections, which are run by leaders in their respective fields, provides the TC and the EANS as a whole with privileged access to up-to-date knowledge and (wherever possible, evidence-based) treatment guidelines. Their diffusion to a wider EANS audience and readership, via the sections and the EANS homepage, is subject to ongoing refinement.

In addition, definition of learning objectives for our theoretical courses has allowed us to establish close links with the EANS examination committee and to continue to build a large pool of TC questions.

More recently, a whole portfolio of structured hands-on courses, separated into cranial and spinal topics, and for all levels, has been introduced. Multiple course sites across Europe and Eurasia have been visited and provide up-to-date and complementary facilities for courses, which are either run or endorsed by the EANS. Here, we are in the builder's phase still. Organising these courses requires constant negotiations with the surgical device industry, so as to provide best practice possibilities for the trainees. This is why a new section has been founded to support that development.

In a wider context of education and training, EANS cannot stay on the side-lines when it comes to the general discussion

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"It is this polyvalent energetic ground that allows us to be constantly inspired and to inspire, and to react to political and societal demands."

Karl Schaller



THE EUROPEAN ASSOCIATION
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Taking EANS to another level

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on how to train the future generations of neurosurgeons and how many. EANS is also challenged to develop proposals for training schemes, which include new simulation technology, 3D-printed realistic pathology models, and dedicated cadaver courses in realistic OR-environment. Undeniably, the number of trainees and young neurosurgeons are skyrocketing in some Western countries, whereas in other parts of the world there isn't even access to neurosurgical care. It is also our responsibility to address such issues, which go beyond standard training. These questions, which carry impact on society, have to be addressed by us. We shall provide the adequate forum to discuss these issues.

On Research & Innovation

European neurosurgery has always been a treasure of ideas for our specialty! Many, if not most innovations in modern-day neurosurgery were triggered by European neurosurgeons. Compared to training, where we are continuously shaping our specific European canon through common sense and through the implementation of theoretical and hands-on courses for all levels, mediated through an all-international group of leading neurosurgeons, research has not received the same level of attention as of yet. That is due to the fact that training has been our traditional starting point, and because training was partially self-funded. Research takes a longer breath, however, as much as it requires an injection of money without immediate return of investment. Furthermore, all neurosurgeons are intrinsically interested in training and practice, but not necessarily eager to go into academics. Yet there is a research gap across our various membership countries, related to differences in national income rather than to sole differences in prioritisation among our community.

This is why the board recently decided to invest heavily in the development of a second large EANS pillar: Research & Innovation. What we have achieved for training shall be complemented by our efforts to close this research gap. This shall happen through improved fund-

raising activities, by targeted funding of research activities of individual clinical or basic neurosurgical researchers, and by the introduction of a significant prize on behalf of the EANS. The latter serves as an inspiration for young neurosurgeons to pursue a career in innovation-driven fields of academic neurosurgery and surgical innovation. Our newly founded section on Frontiers of Neurosurgery will play an important role here.

Due to differences in socioeconomic standing, some EANS regions are more

“Our transformation into a large entity holding numerous activities has necessitated a progressive professionalisation of our organisation.”

Karl Schaller

privileged in research spending than others. This is the result of cultural heritage and of differences of political systems and prioritisation. There are accumulated advantages of certain regions over others. These may have grown over generations, i.e. due to the proximity of clinical stakeholders, technical universities and industry, with the various actors enjoying a direct and fruitful working relationship. Of course, it is easier to develop a certain device for intraoperative monitoring if the relevant industry happens to be localised close by or if the university provides administrative support for the protection of intellectual property and industry-university interaction. This successful practice shall not be questioned. But we should support and cultivate similar initiatives for motivated and innovative colleagues in less privileged regions, and we should set incentives for those creative minds who might serve as innovation hubs for the future generation of neurosurgeons in those regions.

Research needs generosity. That may require a change of mindset in the public concerning neuro-disease, as well as

within our own community. We should not complain about the greediness of others, if we are not willing to contribute and to give ourselves. With this in mind, we have relaunched our cooperation with the European Brain Council (EBC). The EANS research fund shall be filled with money from our association, industry and other donors. Our fund is run by Peter Hutchinson, who will be assisted by all of us in the goal of arriving at 1 million € on our research account as soon as possible, in order to achieve maximal flexibility when it comes to allocation of financial resources. Each of us is encouraged to promote the EANS research fund, and I encourage neurosurgical departments to build teams to support the EANS with 10 K € annually – all fully tax deductible. We will provide examples of this during the EANS congress in Dublin.

Excellent starting points for EANS-supported research could be in the domains of head injury or in training. Several initiatives have been launched already. But to get access to substantial grants, e.g. from the ERC, professional grant writing and the creation of management teams is often needed. This requires considerable financial injections and a level of professionalisation, which we neurosurgeons may have underestimated in the past as compared to other clinical and basic neuroscientists. Here, we shall establish help and/or support schemes to enable the creation of international networks, driven by EANS members, allowing the submission of research projects at the highest level. Thus, with more financial stability and success of the EANS research fund, we shall advertise calls for applied and basic research projects and scholarships. We will make sure to prioritise quality. And we will try to help to boost departments and groups, where the academic spirit has been blocked all too often by bureaucratic and financial constraints.

Another way to boost clinical research will consist of providing EANS-mediated aid and to build teams with the aim to look into databases and to help primarily non-English speaking colleagues to write up their clinical series.

Recent initiatives by private companies

“As opposed to European politics in general, we neurosurgeons understand that it is the diversity across our group that makes us radiate energy.”

Karl Schaller

“The EANS has become a home to many of us.”

Karl Schaller

and investors aiming at a large-scale creation of brain computer interfaces (BCI), are alarming. EANS cannot avoid speaking when it comes to questions of how far we will go when it comes to neuroprosthetics, the development of CNS- and PNS-computer interfaces with the ultimate goal to create repaired, enhanced or hybrid human beings. This will take us to an entirely new discussion, which will require the inclusion of our Research Committee and of our Ethico-Legal Committee.

Last but not least, a recent EANS initiative concerns the future of neurosurgical publishing and the way in which knowledge should be conveyed to our community. How can we collimate our neurosurgical research and publication activities across all of Europe, and in which languages, whilst staying attractive for the scientific community by keeping high standards and a high impact factor? We shall try to provide answers to these questions in the near future.

On Friendship and Politics

The roots of the EANS date back to the 1970s, when a small group of eminent neurosurgeons, sharing the common interest of neurosurgery and equally a European spirit, built the fundamentals of our organisation, launching the first training course on functional neurosurgery and head injury in Brussels in 1974. Profound friendship between those neurosurgeons nurtured these roots. As opposed to European politics in general, we neurosurgeons understand that it is the diversity across our group that makes us

radiate energy and that renders us equally inspiring and attractive for the neurosurgical community as a whole. This particular European spirit of neurosurgery is carried by the EANS, its individual members and its membership countries. We would be prudent to retain that for the next generations of neurosurgeons. And this is how we have achieved what politics have never achieved: we are one team – from Vladivostok to Lisbon, from Tromso to Melilla! The friendship between us, between the members of the board, those in the TC and between the numerous section members, sets an example to the juniors around us who are becoming more and more actively involved in our association. We are spending significant life-time with each other, and that is something we enjoy visibly. Our spirit is the spirit of doctors. That's what makes us help each other to achieve our goals in a non-bureaucratic way – opposed to grand politics. And this spirit has brought EANS forward to where we are standing today. Our teaching is exemplary and our congress has evolved to excellent scientific quality.

This is how – through the various constitutional and organisational elements established by our predecessors – we have arrived at a stage where we are becoming attractive for neurosurgeons from outside EANS countries as well. More recently, gentle yet solid ties have been formed with our colleagues from North America (AANS), from South America (FLANC), and with the WFNS. The starting point – as so often is – was

the content, the curriculum and the atmosphere of our training courses have become legendary, stimulating exchange and the development of common activities with neurosurgeons from all around the world. We will continue to drive in this direction, thereby strengthening joint international teaching activities and accepting trainees from all over the world. We will continue to develop scholarship programmes and travel grants for those outside of EANS soil. And we are building curricula for humanitarian activities jointly with our partner societies and as a sideline of the annual World Health Assembly. We will ask for your support and for your participation on many occasions, and we will inform you about all steps we are undertaking in these directions.

On Legacy

Chairpersons and departments differ from each other and are undergoing cyclic evolution and self-reinvention. So do privately organised neurosurgeons, with all their various foci of interests and clinical specialisations. Due to the intrinsic financial interests and business orientation of the medico-industrial scene, visions has become somewhat blurred when it comes to crediting European surgeons who have contributed to the technological and intellectual advancement of our speciality. These contributions must be recorded as an inspiration for the current generation of young neurosurgeons. This will need a historian. Most of our knowledge concerning the founding and the evolution of the EANS is based on the books of John Garfield, who died earlier this year. He accompanied the EANS for many years and documented, for example, the course sites and the congress cities. But since his death, this cataloguing has been lacking, and there are numerous holes in our collective memory. We will try to fill these gaps and to assure that whatever is happening shall be conserved for future generations. Our history is rich and our legacy deserves to be preserved. Looking jealously to other, even younger societies creating their legacies is not a solution. We have to build our own. And we shall do so. All together.





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