



INTERNATIONAL PARKINSON AND MOVEMENT DISORDER SOCIETY (MDS)

MDS NEUROSURGERY SPECIAL INTEREST GROUP MEETING

21st International Congress of Parkinson's Disease and Movement Disorders

Vancouver Convention Center, Vancouver, BC, Canada

Tuesday - June 6, 2017

19:00 – 20:00

Rm 117

PRESENT: Keyoumars Ashkan; Vanessa Holanda; Joaquim Krauss; Ellen Air; Stephane Palfi; Zvi Israel; Gabriel Arango; Jonathan van Zijl; Maira Fiorella Contarino; Kelly Foote; Jill Ostrem; Chingiz Shashkin; William Deeb; Gertrud Tamas; and Jose Augusto Nasser Dos Santos.

STAFF: Samantha Surillo

MEETING MINUTES

The Chair, Keyoumars Ashkan, brought the meeting to order at 19:05 and welcomed the group.

K. Ashkan then informed the group the primary purpose of the meeting was to discuss involvement opportunities for Neurosurgeons, as well as plans for continuation of the Complications Scale project discussed in the past.

I. Minutes from the MDS Congress in Berlin – 2016

The chair requested a review of the minutes and any corrections or feedback the group may have.

***ACTION:** Minutes approved with no corrections.*

II. MDS Educational Courses for Neurosurgeons

The chair then identified there being an interest amongst neurosurgeons to be more engaged with MDS, noting one way as being through educational courses, with assertions it first be necessary to find an area of unmet need.

The group then discussed the idea, previously raised by Angelo Antonini, involving a 2-day course for surgical/implantation techniques and pre-op patient selection/ post op programming, noting there being a lack of courses for neurosurgeon and neurologist pairs. Members agreed this as becoming increasingly important, acknowledging, given the range of devices now available, the DBS field becoming even more complicated than in the past, further agreeing there may be a need to cover both surgical and programming aspects across disciplines.

The group agreed on the importance of not just creating another activity, noting they first need to understand what the target audience may be interested in.

The group further agreed the activity needs to be something that is encompassing to appeal to those trying to start a new DBS program as well as those who would like to share their learning curve.

Targeted to the Team

The group also discussed if the course should target the multidisciplinary team (including OT, PT, Psychologist, among others) combining people with vast experience in their specific areas to come together as a faculty; ensuring the Society is hitting all the disciplines in representation and teaching.

Another member of the group suggested MDS also ask industry be present.

The group further agreed the course should be targeted to the team, not just one discipline (but an interdisciplinary

program); noting MDS is particularly well positioned to put together this type of program. Members agreed that if organizations are really trying to have an interdisciplinary team development program, MDS might be in a better position than many other societies.

How to best Format a Course for Neurosurgeons

The group discussed possibilities of making the activity be a separate MDS sponsored course or offering it as an additional course at the MDS International Congress. Overall, the group felt that the course should occur separate to the main congress.

Members agreed, in terms of practicality, MDS should fund the course and not seek sponsorship from industry so there is no conflict of interest; noting industry can be invited to exhibit with equipment instead. One member of the group noted, if necessary, the group can consider getting industry funding but ground rules (stating no marketing) would need to be put in place, among other considerations.

The group discussed course development as needing to run through MDS, with the Course proposal needing to be submitted through the Education Committee.

Members acknowledged that MDS holds 30-35 activities each year and agreed sponsorship can be known to be competitive amongst courses as well.

Members then suggested it may be best for the SIG to work with the MDS Regional sections first, noting the MDS-Pan American Section (PAS) has a course they will be submitting soon, and the MDS Middle Eastern section will also be proposing a DBS course.

One member cautioned the group to be careful so as not to reinvent the wheel, noting that similar courses already exist, such as the MDS supported course in Grenoble (noting uncertainty if it was fully directed at teams, though teams were welcome to come). Members agreed it would offer an opportunity for discussion on how all can come together to have a good activity for each regional section.

The past president of the World Society of stereotactic functional neurosurgery (WSSFN) then offered, if there is interest, a collaboration may be considered in order to develop this type of course. While other members of the group agreed that doing a collaboration with both the American Society of Stereotactic functional neurosurgery (ASSFN) and WSSFN would be a brilliant idea, the group ultimately agreed the best way would be to provide Neurosurgeon training directly from MDS.

***ACTION:** The Neurosurgery SIG will plan to work with the MDS regional sections in order to identify audience needs and work together in developing an educational activity for neurosurgeons with a focus on all disciplines; the group will further discuss initial approach and plans in their next meeting.*

III. Complications Scale

The chair then requested members review the attached materials relating to the Complications scale noting he would like to discuss moving the project forward as it has been on the agenda for several years now. The chair further noted that it is very important to understand the complications scale, from both a neurosurgeons and neurologists perspective and it will be important for the group to be involved in any paper that is published.

The Chair informed the group the Neurosurgery SIG was tasked with developing scales that covered many aspects of DBS, in the scale format similar to the UPDRS, with 0, 1, 2, 3, etc.

The chair also noted it would be good to update the current materials in order to have something that is more concrete.

***ACTION:** The Neurosurgery SIG Chair, K. Ashkan, will discuss the Complications Scale idea with the Rating Scales Program to gain insight on moving forward.*

The chair went on further to provide background of how the scale idea came about, noting when individuals see all the publications with all different scale approaches, it gets difficult to understand what may be best to use; therefore, the goal was to produce something that has clear definitions and defines a standardized way to handle

or record complications. However, efforts fell off for many years because the structure of the group changed, therefore, the chair suggested the group consider re-starting the process, noting it could generate revenue for MDS through licensing.

Members of the group noted that there were already complication “scales” such as that used by the FDA, but that this was not comprehensive and did not record the full spectrum of complications. Nonetheless, this opened further discussion on how the “MDS Complication Scale” could be moved forward. It was suggested that instead of developing a quantitative scale, it might be a better idea to review all the complications thus far recorded in the literature with the intention of categorizing these into specific groups which neurosurgeons/ neurologists could then use in everyday life when treating DBS patients. A working group was thought the best way to move this forward.

One member then identified that 7 years ago there was a request for funds, noting the group may need to request funding for an in-person meeting to review the literature for complications in a separate meeting over a number of days, perhaps for eight people.

One member identified if the SIG would like to pursue a work group, they will need to go through the process on the MDS website where the group will need to apply for it and suggest the members, noting the president will then go through it one by one to select the appropriate people to serve. The group agreed that someone will need to go through the web based system to submit with the suggested group needing to be small, where milestones must be identified (where it cannot be open ended), and it must note and follow through with completion within 3 years. Members noted such working group would be handled in a more formal fashion, with the intention of bringing more order to the structure and accountability to the groups.

Members then agreed they should develop a working group to address the scales development.

***ACTION:** The International Secretariat will work with the Neurosurgery SIG Chair, K. Ashkan, to submit a request with MDS to form a new task force focused on discussing scale development.*

IV. Inclusion of Neurosurgeons and Other Health Professionals in MDS

Group members then discussed how, in general, there are far too few neurosurgeons at the MDS International Congress each year, and with MDS being the most influential organization in delivery of care to Parkinson’s disease (PD) patients, Neurosurgeons would like more influence at MDS meetings. The group agreed that rather than complain that Neurosurgeons do not have a voice, they will plan to be more proactive.

Another member of the group suggested a proposal be made for MDS committees to have representation from at least one Neurosurgeon and Health Professional (HP), which could broaden the scope and membership of the Society.

Members of the SIG further noted, about 15-20% of talks at the MDS Congress have neurosurgery topics, and agreed it may be in MDS’ best interest to be more broad with leadership representation across disciplines.

***ACTION:** The International Secretariat and Neurosurgery SIG Chair will work together to draft a proposal to MDS leadership to explore inclusion of one Neurosurgeon and HP on committees.*

The chair brought the meeting to close at 20:07.

Respectfully submitted by,

Samantha Surillo
MDS International Secretariat