

SSG Quarterly

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SUBCORTICAL SURGERY GROUP

UPCOMING TRAINING OPPORTUNITIES

September

September 22: New England Hemorrhagic Stroke Meeting, Boston

September 26-30: 2015 Congress of Neurological Surgeons, New Orleans

October

October 23: Georgia Hemorrhagic Stroke Meeting & Product Training, Atlanta, GA

November

November 13-14: 6 Pillar Approach Course, Little Rock, AR

ABSTRACT OPPORTUNITIES

2015 Society of Neuro-Oncology: Late Breaking Data

- Meeting Dates: Nov. 19-22
- Abstract Deadline: Sept. 30, 2015

11th Anniversary Angioma Alliance CCM Scientific Meeting

- Meeting Dates: Nov. 19-20
- Abstract Deadline: Sept 30, 2015

2016 CNS/AANS Cerebrovascular Section Meeting

- Meeting Dates: April 28-29
- Abstract Deadline: Oct. 26, 2015

84th AANS Annual Scientific Meeting

- Meeting Dates: April 30-May 4
- Abstract Submission: OPEN

The SSG Quarterly is a newsletter published by the Subcortical Surgery Group. All patient case reviews are printed with permission by the surgeon and are published as an example of clinical results that can be achieved using a new transsulcal approach to neurosurgery in appropriate cases.

ANNUAL MEETING HIGHLIGHTS TECHNOLOGY VALIDATION AND NEW PROGRESS IN ICH

The 2nd Annual Meeting of the Subcortical Surgery Group held last month was a tremendous learning event for the more than 75 attendees and highlighted several key areas of interest – improved trajectory planning, safe subcortical access, improved optics surgical precision at the target, and rapid recovery. Dr. Julian Bailes, president of the SSG and chairman of the Department of Neurosurgery at NorthShore University Health System in Chicago, said the meeting opened many avenues for neurosurgeon collaboration.

“The future of neurosurgery is upon us, and we have a unique opportunity to influence the direction,” Bailes said. “We are making steady progress toward substantive clinical validation of this integrated surgical approach to the subcortical space, and the panel discussions on tumor and hemorrhagic stroke were a great step in this process.”

MARK YOUR CALENDAR TODAY

2016 SSG Annual Meeting
July 29-30 • Park City, Utah

The SSG is especially eager to continue to validate the early results for hemorrhagic stroke. In the coming months, there will be several clinical papers helping to support and validate the clinical outcomes on ICH. Later this year, there will be five separate training courses on tumor and ICH that will educate on the key principles and standardization of the trans-sulcal approach. Among the publication opportunities are those related to the topics below:

- Vascular abnormalities
- Economics
- Primary and secondary tumors
- Other innovations related to subcortical surgery
- DTI tract recovery
- Traumatic ICH
- Tissue and regenerative medicine

The SSG leadership team continues to work diligently to incorporate its mission of “open collaboration” and sharing of outcomes and experiences. Stay informed about next year’s meeting developments and other shared clinical experiences through the SSG Quarterly newsletter and the SSG website, www.SubcorticalSurgery.com.



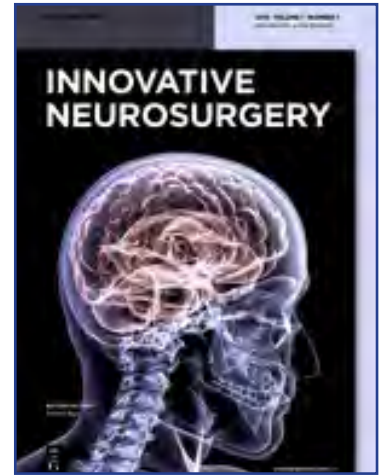
THE CHALLENGE OF FUNCTIONAL PRESERVATION: DOES A SOLUTION EXIST?

In continuation from Part I, discussed in the previous edition of the SSG Newsletter, Part II brings clinical application to the functional preservation. By selecting patients with lesions in the subcortical sensorimotor region, the authors' aim was to analyze the 6 Pillar Approach for feasibility and safety in the most complex scenarios.

The 13 consecutive patients evaluated in Part II, published in the journal *Innovative Neurosurgery*, were comprised of 6 glioblastoma multiforme, 1 metastasis, 1 pilocytic astrocytoma, 1 abscess, and 4 primary intracerebral hemorrhages. All disease was located in the subcortical sensorimotor area.

Undergoing surgical intervention using the 6 Pillar Approach, surgeons used all key aspects of the systems approach as described in Part I, including - image interpretation, trajectory planning and dynamic navigation, atraumatic access and resection. Post-operatively, no new deficits or worsening of pre-existing deficits developed. Overall, 53% of patients achieved recovery of motor function despite the eloquent location of disease. Specific to intracerebral hemorrhage patients, 2 patients experienced 100% evacuation, with the remaining two patients having greater than 85% surgical evacuation.

The integration of the 6 Pillar approach was found to provide a safe and effective solution to accessing and resecting subcortical lesions of the sensorimotor area due to the parafascicular, minimally invasive nature of the approach. The publication notes 7 of the 13 patients saw neurological improvements post-operatively and no patients experienced cannulation-related injuries. The study draws the conclusion that functional recovery is possible using the 6 Pillar integrated approach, independent of the specific pathology, even in the case of infiltrative malignant brain tumors.



Want to know more? Visit <http://www.degruyter.com/view/j/ins.2015.3.issue-1-2/issue-files/ins.2015.3.issue-1-2.xml>.

Interested in publishing your experiences using the 6 Pillar Approach? Let us know by contacting us at info@subcorticalsurgery.com.

MARKET NEWS OF INTEREST

Favorable Reimbursement and Novel Devices will Fuel Growth in the US Neurosurgery Device Market

In an August 6 press release distributed by Decision Resources Group, key findings from the Medtech 360 report covering the US neurosurgery device market showed that "the neurosurgical device market will grow robustly over the next 10 years, driven primarily by a strong reimbursement rate for neurosurgical procedures and adoption of premium-priced devices".



One key analyst validates the reluctance of neurosurgeons to adopt new technology and validates the need for positive clinical and economic data to influence market growth.

- Growth of the neurosurgical market is driven mainly by innovation
- Small competitors in the space – such as Vycor and NICO – specialize in device innovation
- The positive rate of reimbursement for neurosurgical procedures is pushing hospitals to expand their neurosurgery offerings to create neurosurgery centers of excellence
- Numerous exciting devices expand treatment capabilities and vastly improve on established techniques

"Because the field of neurosurgery has traditionally advanced almost solely on the basis of improved surgical techniques using standard instrumentation, neurosurgeons are somewhat reluctant to adopt new technology compared to their counterparts in other specialties, making positive clinical data demonstrating device efficacy, favorable clinical outcomes, and health economic value essential to market growth."

You can read the full press release [HERE](#).

RECENT PUBLISHED EVIDENCE

A minimally invasive anterior skull base approach for evacuation of a basal ganglia hemorrhage. Ding D, Przybylowski CJ, Starke, RM.

<http://dx.doi.org/10.1016/j.jocn.2015.03.052>

Endoport-assisted surgery for the management of spontaneous intracerebral hemorrhage.

Przybylowski CJ, Ding D, Starke RM, Crowley RW, Liu KC.

<http://dx.doi.org/10.1016/j.jocn.2015.05.015>

High definition exoscope system for microneurosurgery: Use of an exoscope in combination with tubular retraction and frameless neuronavigation for microsurgical resection of deep brain lesions.

Nagatani K, Takeuchi S, Feng D, Mori K, Day JD. <http://medicalfinder.jp/doi/abs/10.11477/mf.1436203086>

CALL TO ACTION: PUBLICATION PARTICIPATION

Interested in being part of a multi-center study for publication? The SSG is looking for multiple centers to participate in select topics related to vascular abnormalities, primary and secondary tumors, and tissue/regenerative medicine.

Contact info@subcorticalsurgery.com to get involved.