

Newsletter

SPRING 2026

We present the Spring 2026 edition of the AANS/CNS Section on Tumors Newsletter. This periodical highlights the continued and important efforts of each committee operating at the forefront of neurosurgical oncology. This year, their contributions are tailored and represent the American Association of Neurological Surgeons' theme of "Innovation, Collaboration, Transformation." We are excited to document their successes and celebrate the camaraderie of the Tumor Section.

Ryan Ormond MD, PhD and Stephanie Kim Cheek, MD
Tumor Section Newsletter Co-Chairs

LETTER FROM THE CHAIR



Dear Section on Tumors
Members and Colleagues,

Spring is upon us and as Robin Williams once said, "Spring is nature's way of saying, let's party!". As we march towards our upcoming 2026 AANS annual meeting in San Antonio May 1–4th, I want to

highlight exciting events our Tumor Section is leading.

Ashish Shah and **Stephanie Cheek** have organized an outstanding scientific program for the upcoming AANS annual meeting that includes interactive sessions discussing novel therapeutic approaches, complication avoidance, minimally invasive cranial tumor surgery, functional preservation in skull-base surgery, and intra-operative molecular testing. We had a plethora of tumor-related abstracts submitted for presentation consideration and our Awards subcommittee (**Linda Bi**, **Stephanie Cheek**, **Frank Attenello**) was quite busy granting 17 awards for the highest scoring abstracts.

Back by popular demand, on May 2nd during the AANS annual meeting, the Early Career Neurosurgeon Committee (ECNS) will be holding "A Tumor Soiree 2.0: Complications, Innovations, and Case Lessons". **Ankush Chandra**, **Yoshua Esquenazi**, and **Ashish Shah** and

have organized a wonderful event of camaraderie and fellowship during the AANS annual meeting consisting of case discussions over dinner. I am thrilled to be the honored guest and hope to share some of my journey through my career. Our Resident subcommittee will hold a second annual Tumor Wars II: Neuro-Onc Jeopardy-The Encore on May 3rd. This exciting, fast-paced competition will feature neurosurgeons serving as team captains, leading teams of medical students, residents, and fellows through a Jeopardy-style competition covering neuro-oncology topics.

I want to thank our Executive Committee for all their hard work this past year with so many initiatives we have set in motion. Over 45 webinars have now been successfully held globally covering most aspects of neurosurgical oncology (including skull base and spinal oncology) and neuro-oncology featuring many of our Tumor Section members. **Maria Noor-ul-Huda**, **Yoshua Esquenazi**, and the Education/Global Neurosurgery/Communications subcommittees have consistently helped with the organization of our webinars ensuring social media posting and coordination with the AANS staff. All our webinars have been recorded and are catalogued on our tumorsection.org website.

Chair's Message continued on page 2


In this Issue...

Chair’s Message1
 Bylaws Sub-Committee.....2
 Awards Committee3
 CAST Sub-Committee3
 Awards Committee3
 Metastasis.....3
 Clinical Trials and Registries.....4
 Belonging and Outreach.....5
 Global Neurosurgery.....5
 Communications Committee6
 History.....7
 Guidelines.....8
 Pediatrics9
 2026 American Association of
 Neurological Surgeons Annual
 Meeting Update9
 Membership and
 Membership Services10
 Spinal Oncology10
 Early Career Neurosurgeons.....11
 Education11
 Medical Neuro-Oncology12
 Journal of Neuro-Oncology14
 Nonprofits15
 Radiation Oncology16
 Resident Committee17
 Skull Base Surgery.....18
 Washington Committee.....19
 Society of Neuro-Oncology
 Meeting Update20

CHAIR’S MESSAGE *continued from page 2*

The first ever Neurosurgical Oncology Fellowship match will occur this spring. Thank you to all the fellowship directors and programs who are participating in the match through the National Resident Matching Program (NRMP). This was no easy initiative that was led by **Jeffrey Weinberg** and **Jason Sheehan**. The Tumor Section Travelling fellowship is in full swing with residents visiting other neurosurgical oncology programs to foster new collaborations between institutions. This important initiative could not have been launched without the leadership of **Raj Mukherjee** and industry sponsorship. On the research side, the Tumor Section continues to fund important tumor-related grants submitted to NREF by residents for research support and entry into the SNS Neurosurgeon-Scientist Training Program (NSTP). The Limelight Neuro-Oncology Research webinar series (**Yosef Ellenbogen** and **Rahul Kumar**) has provided the opportunity for trainees or early-career neurosurgeons to share their research with established neurosurgeon-scientists.

Upon the completion of our upcoming AANS annual meeting in San Antonio, I will be handing over the leadership baton to **Brian Nahed** as your upcoming Chair of the Tumor Section. Looking forward to Brian’s leadership and the participation of our incredible officers **Gab Zada**, **Jennifer Moliterno**, and **Raj Mukherjee**. Our Tumor Section is in excellent hands, and I am thankful and grateful for the opportunity to have served as your Chair for the past 2 years!

Sincerely,

Costas G. Hadjipanayis, MD, PhD
Chair, AANS/CNS Section on Tumors

BYLAWS SUB-COMMITTEE

Chair: Chris Cifarelli, MD PhD

The Bylaws Committee completed a comprehensive review and ratification of key updates to the Section on Tumors Rules and Regulations at last year’s AANS Annual Meeting.

In parallel, the Committee finalized revisions to the Section’s Standard Operating Procedures, establishing a streamlined and sustainable process for annual review and updates following each AANS meeting. These efforts strengthen governance, enhance transparency, and provide a consistent framework to support the Section’s continued growth and leadership in advancing neurosurgical oncology.

The views reflected in this newsletter are solely the views of the authors and do not necessarily represent the views, opinions or positions of either the AANS or the CNS.

AWARDS COMMITTEE

Chair: Wenya Linda Bi, MD, PhD

The Awards Committee reviewed a highly competitive pool of abstracts with excellent contributions from the glioma, meningioma, spinal tumor and pediatric fields. There was incredible diversity in study types, tumor topics, authorship, and national and global representation. The submitted science truly reflects the AANS 2026 theme, “Innovation, Collaboration, Transformation” in advancing care within our tumor field. Congratulations to the AANS 2026 awardees for their exceptional contributions.

AANS 2026 Tumor Section Awards:

American Brain Tumor Association (ABTA) Young Investigator Award—Franciska Otaner

Brainlab Neurosurgery Award—Tareq Juratli

Columbia Softball Skull Base Award—Maya Harary

Gladiator Project Award—Mokshal Porwal

Integra Foundation Award—Khizar Nandoliya

James T. Rutka Pediatric Brain Tumor Award—Kacie Wheeler

Journal of Neuro-Oncology Award—Sebastian Laguna

KLS Martin Award—Elad Mashiach

Lunsford & Leksell Radiosurgery Award—Saachi Jhandi

Medtronic Award—Peter Fecci

Preuss Brain Tumor Research Award—Karen Salmeron-Moreno

Raymond Sawaya Neuro-Oncology Trainee Award—Hannah Haile

Ronald L. Bittner Award on Brain Tumor Research—Nicholas Mikolajewicz

Rosenblum-Mahaley Clinical Research Award—Aarav Badani

Southeastern Brain Tumor Foundation (SBTF) Award—Shivani Baisiwala

Stryker Central Nervous System Tumor Award—Ishav Shukla

Zap Surgical Award—Ishav Shukla

Zeiss Brain Tumor Research Award—Walter Stummer

METASTASIS

Co-Chairs: Melanie Gephardt Hayden, MD, and Adam Robin, MD

As the inaugural Brain Metastasis (BrM) Sub-Committee (SC) on the AANS/CNS Tumor Section, our group aims to represent the BrM community as only neurosurgeons can; by leveraging our connected community to build a collaborative of like-minded centers to link our research efforts, tissue repositories and databasing of annotated cases including digitized image sets, histology and molecular data. We are currently writing a white paper describing our approach and another paper on a set of minimum BrM common data elements (CDE) designed to streamline data acquisition and transfer amongst the four current data sharing institutions in our BrM collaborative. By pooling our data, we can capitalize on the talent and volume of individual BrM centers across North America through shared efforts and build out a database as a substrate for new avenues of data analysis using new technologies going forward.

CAST

Co-Chairs: Jeffrey Weinberg, MD and Jason Sheehan, MD

The CAST fellowship program in neurosurgical neuro-oncology is currently undergoing its first match cycle through the National Resident Matching Program (NRMP). Once the process is complete for the 2027–2028 fellowship class, we will welcome feedback from participating programs on the match experience. The tumor section website has been updated with the latest information regarding the match.

In parallel, we are re-evaluating the fellowship’s required index cases to ensure they continue to reflect the evolving scope and training needs of the field.

CLINICAL TRIALS AND REGISTRIES

Co-Chairs: Brad Elder, MD and Debraj “Raj” Mukherjee, MD MPH

From the “Clinical Trials and Registries” Committee, we are excited to provide updates on important tumor registries and highlight clinical trial activity.

IMPORTANT DATES

EORTC Brain Tumour Group Spring Meeting:

Brussels, Belgium, March 5–6, 2026

Alliance Spring Meeting: Chicago, IL; May 14, 2026

NRG Summer Meeting: Denver, CO; July 16–18, 2026

Alliance Fall Meeting: Chicago, IL; November 4–6, 2026

NRG Winter Meeting: Las Vegas, NV; January 28, 2027

Clinical Trials in Neuro-Oncology

In the prior newsletter, we highlighted the Alliance trial A072201 “Anti-Lag-3 (Relatlimab) and Anti-PD-1 Blockade versus standard of care for the treatment of patients with recurrent glioblastoma.”

In this report, we highlight the NRG trial BN003 “Phase III trial of observation versus irradiation for a gross totally resected grade II meningioma.” The aim of the study is to compare the clinical outcomes (progression free survival) of adjuvant RT versus observation for patients with newly diagnosed grade 2 meningiomas who undergo gross total resection. Patients are randomized to receive RT versus observation. Secondary outcomes include overall survival, neurocognitive function and patient reported outcomes. Accrual is ongoing. Target enrollment is 163 patients. PI is Leland Rogers, MD.

For additional information on joining these meetings or workgroups, please visit the following links or reach out to the following contacts:

NRG:

www.nrgoncology.org/Meetings

Contact: meeting-reg@nrgoncology.org

Alliance:

www.allianceforclinicaltrialsinoncology.org/main/public/standard.xhtml?path=%2FPublic%2FMeetings

Contact: Meetings@AllianceNCTN.org

EORTC:

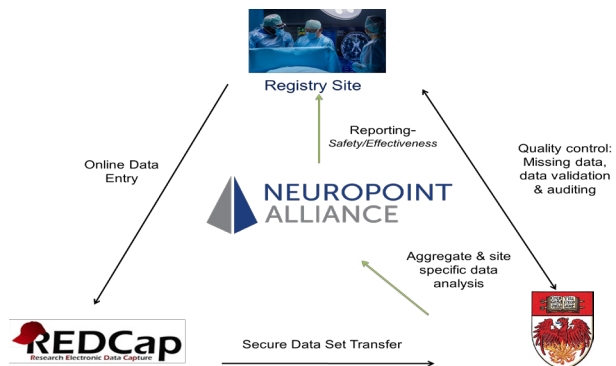
www.eortc.org/event/eortc-brain-tumour-group-autumn-meeting-3/

Contact: events@eortc.org

QOD-Tumor Registry

The NPA QOD Tumor Registry was developed in collaboration with the AANS/CNS Tumor Section Executive Committee and opened in April 2021 after a 1-year pilot study. The Tumor focuses on outcomes for intracranial tumor procedures. Participating sites enter outcomes data online through RedCap. Mayo Clinic is the coordinating center and provides data management, analysis and clinical and scientific guidance. The QOD Tumor Registry Steering Committee convened in 2021 provides strategic direction of the registry, provides content expertise, guidance and promotion of program activities. A quarterly report is provided to enrolling centers which gives a breakdown of demographics, case mix and outcomes in comparison to overall tumor registry data.

Tumor Registry Workflow



Participating in the Tumor QOD registry

Participating institutes can include academic medical centers, hospitals, ambulatory surgery centers, healthcare systems, private practice groups and individual surgeons. The startup process includes registration, training and onboarding, and is followed by continuous site support and monitoring.

The current price point is 3-year contract at \$5,000/year registration fees plus funding of a 0.5 FTE for data entry. The number of centers active and in contract is increasing. The registry has newly formed a Committee for Outcomes Research (CORE), which will initiate new retrospective and prospective studies among active centers.

Those interested in more information regarding participating in the QOD-Tumor Registry should contact Brad Elder at brad.elder@osumc.edu, Raj Mukherjee at drraj@jhmi.edu, or Michele Anderson manderson@neuropoint.org.

BELONGING AND OUTREACH

Co-Chairs: Shawn Hervey-Jumper, Nduka Amankulor, Analiz Rodriguez, and Mahua Dey

Aligned with the American Association of Neurological Surgeons 2026 Annual Meeting theme of *Innovation, Collaboration, and Transformation*, the Belonging and Outreach Subcommittee highlights national initiatives aimed at strengthening neurosurgical and neuroscience training while improving cancer outcomes across diverse populations. These efforts focus on understanding how tumor biology interacts with individual risk factors and broader social and environmental determinants of health.

Differences in clinical outcomes for brain tumors are well documented across patient populations. To address these gaps, the National Cancer Institute established the Specialized Programs of Research Excellence (SPORE) U54 initiative. This program seeks to elucidate the biological mechanisms underlying differences in health outcomes and translate such insights into improved patient outcomes. To date, five SPORE U54 proposals have been funded, involving collaborative efforts across multiple institutions, including the University of Miami, University of North Carolina, Baylor College of Medicine, Emory University, University of California San Francisco, MD Anderson Cancer Center, Duke University, and the University of Alabama. The Career Enhancement Program (CEP) within SPORE is designed to identify,

support, and mentor investigators with strong potential for independent careers in translational cancer health research. It also encourages both early-career and established non-translational researchers to pursue work in translational health outcomes. Complementing this effort, the Developmental Research Program (DRP) serves as a critical mechanism for advancing innovation within SPORE. The DRP supports pilot projects, fosters the development of new research resources, promotes the application of emerging technologies to translational cancer health outcomes research, and facilitates collaboration among investigators at partner institutions. Its central objective is to recruit and support outstanding investigators while funding high-impact feasibility studies that can meaningfully improve patient outcomes.

Currently, tumor section members from three institutions are actively participating in SPORE-supported projects. Members are encouraged to monitor upcoming Career Enhancement Program funding opportunities.

Resource link: <https://dctd.cancer.gov/about/news-events/news/2025-news/translational-research-program-announces-fy25-spore-grantees>

GLOBAL NEUROSURGERY

Co-Chairs: Kate Drummond, MD, and Walter Stummer, MD

The AANS/CNS Section on Tumors Global Neurosurgery Committee continues to work to our mission to collaborate with global organizations focusing on neurosurgical oncology, providing education and facilitating communication among international neurosurgical organization, ultimately, advancing neurosurgical care of brain and spine tumor patients across the globe. This mission is as important as ever with more than two-thirds of the world's population unable to access even basic care for their brain and spine tumours.

The chief activity of the committee is the quarterly tumour board webinar in collaboration with various continental societies, including the EANS and AASNS. The inaugural webinar was in September 2025, and there have been two subsequent webinars. Two cases are be presented by young or trainee neurosurgeons from around the globe, with comments by a panel of international experts We have included neurosurgeons from Germany, Greece, Australia, Nigeria, Philippines, India and the USA, and look forward to broadening our participation.

We thank the members of the AANS/CNS Joint Tumor Section who have in the past contributed to the committee's activities and look forward to continuing support!

COMMUNICATIONS COMMITTEE

Co-Chairs Randy D'Amico, MD, Maria Noor-ul-Huda, MD and Kristin Huntoon, DO PhD

The Communications Committee continues to advance the Tumor Section's mission by evolving from a traditional dissemination role into a digital-first educational platform.

Through a strategically developed virtual ecosystem, we have enabled direct engagement between trainees and leading neurosurgeons worldwide, breaking down traditional geographic and institutional barriers. Our programming emphasizes not only access, but meaningful participation which has transformed passive audiences into active contributors in case-based discussions and academic dialogue.

In keeping with this year's meeting theme, the Communications Committee continues to advance innovative models of global neurosurgical education through a dynamic, digitally driven engagement platform. Over the past cycle, we have established a scalable and interactive academic ecosystem that enables direct engagement with leading neurosurgeons worldwide, effectively overcoming traditional geographic and institutional barriers.

Talking about innovations, the section has a dedicated signature series on "Innovations in Glioma Therapy." This flagship initiative has brought together international experts to explore cutting-edge advances in tumor biology, surgical strategy, intraoperative technologies, and translational therapeutics, positioning the Section at the forefront of innovation in neurosurgical oncology.

Talking about collaborations, we have promoted the Limelight Research Series that allows the trainees and researchers to showcase their papers. We are currently considering collaborations with other international societies.

This year we are pleased to announce that the JNO Tumor Talk has officially transitioned to become an official AANS/CNS Section on Tumors webinar series. We will start advertising it through our section in April. TumorTalk will provide practical insights and expert-led discussions.

The Section also organized a dedicated Women's Day webinar aimed at supporting and empowering young women in neurosurgery. Through our interactive webinar series, we continue to enhance global outreach, strengthen communication, and foster meaningful professional

networking across the neurosurgical community

Coming to formal stats, our digital outreach continues to demonstrate strong growth and sustained engagement:

- 16,500+ content views
- 6,900+ unique global viewers
- 428+ engagement interactions (shares, comments, and reactions)
- Continued growth in global audience reach

These efforts reflect a broader shift toward high-impact, accessible, and continuously evolving educational delivery, with a clear emphasis on innovation and global connectivity.

Looking ahead, we aim to further expand our flagship programming, integrate more structured educational formats, and continue building a globally connected, academically rigorous neurosurgical learning network.

Beyond reach, these efforts have contributed to increased webinar attendance, broader trainee participation, and more diverse international faculty involvement, reflecting a shift from content distribution to community building.



Special Women's Day Webinar held on March 8, 2026. Dr. Noor ul Huda organized and hosted. Prof. Jennifer Moliterno and Prof. Kate Drummond graced the occasion. An activity like this helps promote women neurosurgeons from all over the world.

TUMOR TALK

We are pleased to announce that JNO's Tumor Talk has officially transitioned to become an AANS/CNS Joint Section on Tumors educational webinar series.

Tumor Talk has expert-led discussions on cutting edge articles published in JNO. The authors and the editors discuss the latest studies on Tumor Talk.

This transition ensures that the series continues to grow within the AANS/CNS Joint Section's robust academic framework, reaching an even wider audience and increasing engagement, while maintaining its mission of advancing neurosurgical oncology education worldwide.

We look forward to welcoming our global audience to this next chapter of Tumor Talk—now proudly presented as part of the AANS/CNS Tumor Section Webinar Series.

Tumor Talk has officially transitioned to become an AANS/CNS Section Webinar Series

- Supporting awareness campaigns such as Glioblastoma Awareness Day
- Partnering with organizations including the National Brain Tumor Society to enhance patient engagement and advocacy
- Encouraging contributions from members worldwide, including research, operative insights, and educational content

In alignment with the AANS theme of Innovation, Collaboration, and Transformation, our work reflects a broader shift in how neurosurgical education is delivered. Together, we are moving toward a more accessible, continuous, and globally connected model.

We welcome contributions from the community—whether research, publications, guidelines, events, or advocacy initiatives. Tag us on Instagram (@nstumorsection), X (@NSTumorSection), Facebook, or LinkedIn, or contact us directly to help amplify your work.

Together, we are redefining how neurosurgical knowledge is shared, scaled, and applied worldwide.

The Communications Committee also plays a key role in amplifying the work of the Tumor Section by:

- Promoting CME-accredited webinars, courses, and educational initiatives across all regions
- Highlighting key publications and advances in neurosurgical oncology

HISTORY

Co-Chairs: Ian Parney, MD PhD and Jonathan Sherman, MD

UPCOMING HISTORY EVENTS DURING AANS 2026

May 2nd Saturday

- History session with invited theme speakers—theme is Making a Difference in Neurosurgery with History
- Victor Horsley Lecture—Mark Preul—A “Neurosurgeon” Made a World of Difference: The Tale of M. Massot, a Russian General, and Napoleon
- Samuel Greenblatt Lecture—T. Force Dagi—Contributions of Dr. Samuel Greenblatt to Neurosurgical History and Education
- Roundtable: Neurosurgical History Matters! Profession, Residency Training, Medical Education

May 3rd Sunday 2PM Oral Presentations

- Mary Maciel: A Pioneer in Medical Illustration
- The Atlantic Synapse: A Century of the Society of British Neurological Surgeons and the Evolution of Modern Neurosurgery
- The Music of Illness: Neurological Disorders as Catalysts of Creativity
- Analysis of Karl Friedrich Burdach's Approach to Understanding Brain Pathology in the Early 19th Century
- Vesalius Award Presentation: Lateral Thinking: Tracing the Birth and Evolution of the Far Lateral Approach

GUIDELINES

Co-Chairs: D. Ryan Ormond, MD PhD, Kristin Huntoon, PhD DO

This year's theme at the AANS Annual meeting is, "Innovation, Collaboration and Transformation." The Guidelines Sub-Committee's efforts truly exemplify this theme. We work together on Guidelines development, and through this effort, work to improve the care of our tumor patients. Recent updates to Guidelines Criteria and new Guidelines and Practice Parameters projects show the innovation coming even from one of our longstanding Subcommittees. Through evidence and collaboration, we transform healthcare for our patients.

Significant work is being performed by authors of various Guidelines as well as review work by members of the JGRC from the Tumor Section. We appreciate and applaud all these efforts.

Recently completed works include the publication of the first **Functioning Pituitary Adenoma Guidelines** as a Supplement to Neurosurgery (with a Corrigendum published for the Surgery chapter this month), an update to the **Low-Grade Glioma Guidelines** and an update to the **Vestibular Schwannoma Guidelines**.

Metastatic Spine Tumor Guidelines under the direction of Dan Sciubba and John O'Toole are working on manuscript preparation.

Nonfunctioning Pituitary Adenoma Guidelines are being updated under the direction of Manish Aghi and are working on PICO question finalization.

Primary Glioblastoma Guidelines, **under the direction of Ryan Ormond, have PICO questions finalized and are awaiting the literature search to begin article review shortly.**

Metastatic Brain Tumor Guidelines has been put on hold due to funding cuts at PCORI but is now back in the queue to be updated by Guidelines authors when bandwidth allows.

Craniopharyngioma Guidelines are the newest of the Tumor Guidelines and abstract review is nearing completion under the direction of Mike Karsy and Jamie Van Gompel.

To improve trainees' experience in the use and development of guidelines across the entire spectrum of neurosurgical experience, the CNS guidelines office has established a fellowship program to expose trainees to the importance of guidelines and the details of their development. The Joint Tumor Section is actively using this resource for guideline search development and refinement and to assist in the modification of guidelines methodology. Residents and fellows interested in these positions should contact the CNS Guidelines office. There are multiple positions available.

Guidelines

Application for development of future guidelines projects can be obtained at <https://www.cns.org/guidelines/nominate-a-guideline>. If individuals in the section are interested in developing a topic, the Joint Tumor Section Guidelines Sub-Committee can assist in the technical aspects of such a project. If authors want the assistance of the CNS Guidelines Office resources for this work, the proposed topic must be proposed in the official nomination form (from the above website) and be presented to and approved by the CNS Guidelines Committee. The use of the CNS Guidelines Office will obligate the authors, by written agreement, to publish in Neurosurgery.

Practice Parameters

Practice Parameters are less scientifically rigorous recommendations for important topics that may lack significant scientific evidence. Information on the steps to formally initiate this process and obtain CNS support for selected topics is available at: <https://www.cns.org/guidelines/practic-parameters>.

CNS Guidelines Office Resources

The Joint Tumor Section Guidelines Leadership wants to thank Guidelines Committee members, Guidelines authors and reviewers, and Tumor Section Leadership support, along with Trish Rehring and Kirsten Aquino of the CNS Guidelines Office who have provided key logistical, reference librarian and proofreading expertise for our projects.

PEDIATRICS

Co-Chairs: Amy Lee, MD and Anthony Wang, MD

The field of pediatric neuro-oncology continues to advance and expand with focused work on targeted molecular therapies, immunotherapies, local therapies, toxicity limitations for our young patients, long-term quality of life support, and an expanding focus on the AYA population. Pediatric-type high grade gliomas are now recognized as an independent subset by the WHO.

Many recent developments are worth noting. We have three major dedicated pediatric CNS tumor consortia (PBTC, PNOG, and CONNECT) running multi-institution clinical trials; and the National Comprehensive Cancer Network has now released its “Guidelines for Pediatric Central Nervous System Cancers,” which includes medulloblastoma, high-grade glioma, and now low-grade glioma. Pediatric neurosurgery continues to be represented by Anthony Wang in these efforts. The Cancer Adoptive Cellular Therapy (Can-ACT) Network has issued pediatric-specific research funding announcements for 3 consecutive years. Targeted molecular therapies

primarily applicable to pediatric/AYA CNS tumor types have recently become available, including drugs such as tovorafenib, vorasidenib, and dordaviprone (ONC201). Finally, a national/international diffuse midline glioma tumor board is being organized monthly as a resource to physicians who seek options for their patients.

We have much further to go: the most recent data from the Central Brain Tumor Registry of the United States now describe brain and other CNS tumors to be the most common cancer as well as the most common cause of cancer death in children and adolescents. There are also ongoing efforts to organize global outreach support and education with international tumor boards. We continue to strive towards the best possible care of pediatric neuro-oncology patients with a collaborative network of clinicians and scientists as well as growing expertise in clinical trials, translational development, pharmaceutical discovery, and data science surrounding CNS tumors.

2026 AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS ANNUAL MEETING UPDATE

Committee Planners: Stephanie Cheek, MD and Ashish Shah, MD

The AANS 2026 Annual Meeting is just around the corner! We're excited by the outstanding quality of abstracts and submissions this year and congratulations to all awardees and invited speakers.

This year's program offers a dynamic and thought-provoking lineup that reflects our theme: *advancing neurosurgery through Innovation, Collaboration, and Transformation*. Tumor-focused highlights include sessions

on optimizing the balance between extent of resection and functional preservation, strategies for complication avoidance and management, career development, innovations and AI in tumor surgery, a tumor biologics debate, and much more. We are honored to welcome Dr. Michael Vogelbaum as the honored Bittner lecturer. We look forward to fostering a highly interactive environment that encourages meaningful engagement between speakers and attendees.

MEMBERSHIP AND MEMBERSHIP SERVICES

Co-Chairs: Garni Barkhoudarian, MD and Randy Jensen, MD PhD

The membership committee continues to work to add value to Tumor Section membership. We personally contacted all tumor section members that had not paid their 2024 and 2025 membership dues. Many members responded to our reminder, and we have significantly improved our number of dues paying members. That said, if you happen fall into this category, please take a little effort to pay those dues and be an up-to-date member of our Section.

We continue to adjudicate member survey requests. Each year several surveys are sent to the Tumor Section leadership to ask to send surveys to our members. To prevent our members from being continuously inundated with frequent surveys we want to limit these surveys to only the most important and potentially beneficial for our Section. Any input from Section members would be appreciated.

We continue to explore ways to maximize Tumor Section member benefits and value. We are also thinking of ways to expand our membership to groups that have not been traditionally part of our group. We would appreciate member input on both goals.

We currently have 1,979 members, over 500 active members and over 1,000 medical student, resident and fellow members. See the figure below for full membership statistics.

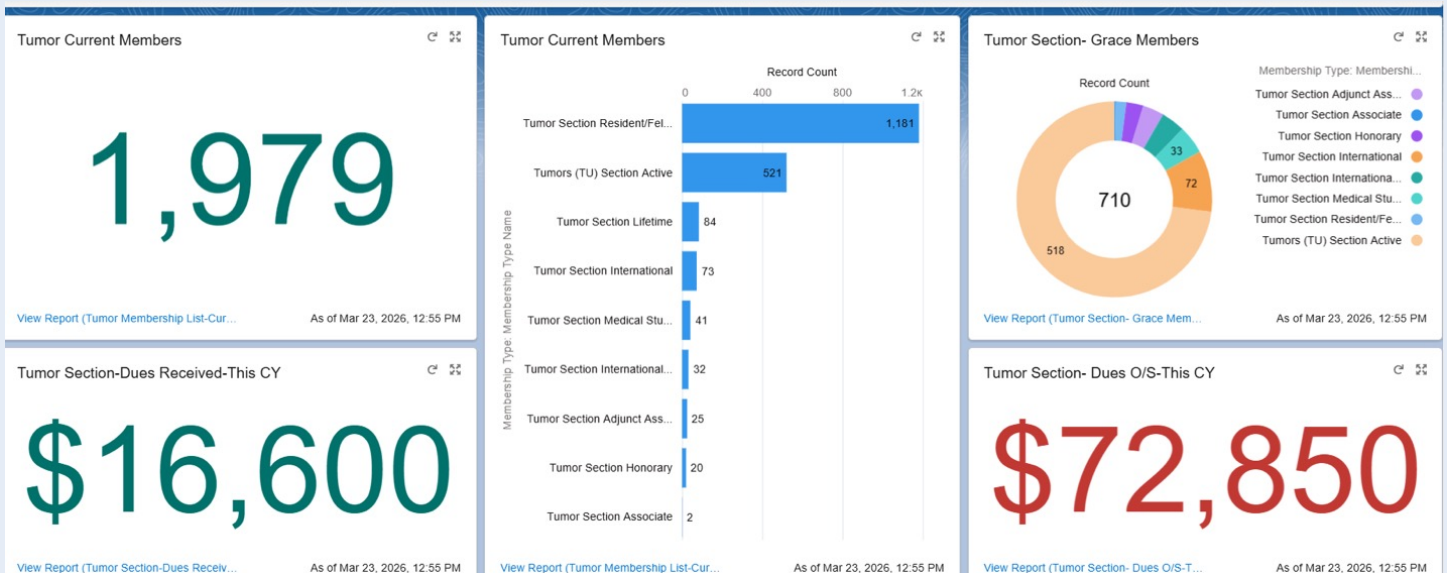
SPINAL ONCOLOGY

Chairs: W. Christopher Newman, MD, MPH and Pascal Zinn, MD, PhD

The Spine Oncology Subcommittee remains focused on advancing educational and academic opportunities within this important field. Building on the strong success of our recent video-based educational efforts, we are enthusiastic about continuing to grow this initiative as a core part of our programming. These video offerings have created an accessible and effective platform for sharing practical, high-yield spine oncology content while fostering meaningful engagement around challenging and evolving clinical topics.

At the same time, we are committed to expanding the subcommittee’s broader academic and professional footprint. In the coming year, we hope to encourage increased participation in spine oncology abstract submissions and presentations at national meetings, helping to further elevate the visibility of spine oncology within the neurosurgical community. We are also especially eager to incorporate trainees more fully into our activities, with the goal of creating additional opportunities for mentorship, scholarly development, and early engagement in the field.

Through these efforts, we look forward to continuing to strengthen the subcommittee’s role as a collaborative and forward-looking home for education, academic growth, and innovation in spine oncology.



EARLY CAREER NEUROSURGEONS

Co-Chairs: Yoshua Esquenazi, MD and Ashish Shah, MD

Dr. Esquenazi and Dr. Shah are honored to continue serving as co-chairs of the Early Career Neurosurgeons Subcommittee and look forward to another productive year supporting the professional development of early career neurosurgeons and trainees. In alignment with this year's AANS theme, "Innovation, Collaboration, and Transformation," our subcommittee aims to expand opportunities that foster academic growth, mentorship, and meaningful collaboration within the neurosurgical oncology community.

Over the past year, we have continued to develop educational initiatives designed to support early career neurosurgeons as they navigate the transition from training to independent practice and academic leadership. Our "Highlights in Neurosurgical Oncology" webinar series has been a tremendous success, with more than 20 sessions featuring distinguished speakers from a broad and diverse group of experts across the field. These discussions have created an engaging platform for knowledge exchange, mentorship, and exposure to emerging ideas and innovations in neurosurgical oncology.

In addition to our educational programming, we have continued to prioritize networking and collaborative opportunities that strengthen connections among early career neurosurgeons across institutions. We are particularly excited about the upcoming Second Annual Tumor Soirée: Complications, Innovations, and Case Lessons, which will take place during the 2026 AANS Annual Meeting in San Antonio, Texas, on Saturday, May 2nd. This event has been met with tremendous enthusiasm, and we are expecting over 100 attendees, reflecting the strong interest in collaborative case discussions and shared learning within our community.

Through these initiatives, our goal is to support innovation in research and clinical care while fostering a strong and connected community within the Tumor Section. We are grateful for the continued engagement of our colleagues and look forward to another year of collaboration, learning, and progress.

EDUCATION

Co-Chairs: Maria Noor-ul-Huda, MD and Isaac Yang, MD

The Education Committee continues to advance a comprehensive and forward-looking framework for neuro-oncological education, with a clear emphasis on innovation, clinical integration, collaboration and structured learning pathways.

Since the theme of this year's meeting is Innovation and Collaboration, we are pleased to share that we have already been building our educational activities on these foundations.

Regarding innovations, we have a signature Innovations in Glioma Therapy Webinar Series which serves as a dedicated platform for exploring cutting-edge developments in tumor biology, surgical strategies, intraoperative technologies, and emerging therapeutics. This series brings together leading experts to critically examine evolving paradigms and translate innovation into neurosurgical practice.

Regarding collaboration, our Tumor Board initiative actively led by Prof. Kate Drummond and Prof. Walter Stummer, continue to strengthen, providing a robust, case-based platform for multidisciplinary discussion and decision-making bringing together cases and experts from HIC and LMICs. These sessions emphasize real-world clinical reasoning, integrating radiology, pathology, surgical judgment, and adjuvant treatment strategies—thereby reinforcing the bridge between knowledge and practice.

Regarding international collaboration, we are considering collaboration with other international societies actively.

At the trainee level, the Young Neurosurgeons Series has been developed as a structured educational stream, focusing on core concepts, exam-relevant topics, and foundational principles in neuro-oncology. This initiative ensures accessibility while supporting the next generation of neurosurgeons in a progressive learning environment.

Collectively, these initiatives reflect a deliberate strategy to capture neuro-oncological education across all levels and dimensions—from innovation and advanced subspecialty discourse to practical decision-making and foundational training.

Looking ahead, we aim to further expand these platforms, integrate structured curricula, and continue delivering high-impact, globally accessible neurosurgical education.

MEDICAL NEURO-ONCOLOGY

Co-Chairs: Soma Sengupta, MD PhD MBA and Jan Drappatz, MD

The past year in neuro-oncology has been defined more by clarification than breakthrough. Several long-standing clinical questions have reached more mature answers, while emerging therapies continue to generate early signals that are not yet practice-defining. Progress remains steady-but largely incremental.

CATNON: Establishing the Standard in higher grade IDH-Mutant Glioma

Long-term follow-up from the CATNON trial (Lancet Oncology, January 2026) provides definitive guidance in the management of IDH-mutant, 1p/19q non-codeleted astrocytoma.

- Temozolomide demonstrates benefit only within the IDH + molecular subset
- Efficacy is driven by the adjuvant phase, with no added benefit from concurrent therapy
- Median overall survival:
 - ~12–13 years with adjuvant therapy
 - ~6 years without

Clinical implication: Radiotherapy followed by adjuvant temozolomide is now firmly established as the standard of care.

Evolving Strategies in IDH-Mutant Disease

With a now well-established role of vorasidenib, a mutant IDH1/2 inhibitor that reduces 2-hydroxyglutarate in low grade IDH + gliomas, there is an increased interest in evaluating the role of IDH inhibition in higher grade tumors. The Alliance A072301 study is evaluating vorasidenib in newly diagnosed grade 3 IDH-mutant astrocytoma.

Whether targeted metabolic inhibition will translate into improved clinical outcomes in higher grade IDH mutant tumors remains an important open question.

STELLAR: The Limits of Subgroup Signals

The STELLAR trial (SNO 2025), a phase 3 trial of oral eflornithine plus lomustine versus lomustine alone in recurrent grade 3 astrocytoma after prior radiation and temozolomide did not demonstrate an overall survival benefit.

- A signal in grade 3 IDH-mutant astrocytoma was observed
- However, this finding was not pre-specified

Key takeaway: Post hoc subgroup signals require cautious interpretation and prospective validation before influencing practice.

GBM AGILE and Ongoing Drug Development Challenges

The GBM AGILE platform continues to evaluate novel agents, highlighting both innovation and the persistent difficulty of improving outcomes in glioblastoma.

Paxalisib, a brain-penetrant PI3K/mTOR inhibitor, did not improve survival in randomized evaluation and the paxalisib arm has now closed.

A new arm evaluating AZD1390, an ATM inhibitor designed to impair DNA damage repair and enhance radiotherapy has recently opened. AZD 1390 has demonstrated CNS penetration; A phase I study showed median overall survival of approximately 12 months in recurrent GBMs (AACR 2024)

An additional new arm evaluating Tinostamustine, a bifunctional alkylator combining DNA crosslinking with histone deacetylase inhibition is planned.

Key Takeaways: The conclusion of trial arms for regorafenib and paxalisib without meeting primary efficacy goals has highlighted the persistent difficulty of treating GBM even when a strong biologic rationale is present. However, rather than signaling failure, these results demonstrate that the GBM AGILE platform is working exactly as intended.

Primary CNS Lymphoma: Progress with BTK Inhibition

Tirabrutinib, a second-generation BTK inhibitor, has demonstrated

- Response rates approaching 70%
- Median progression-free survival of approximately 6 months in recurrent PCNSL

The FDA accepted its NDA in February 2026 (PDUFA: December 18, 2026).

The IGNITE study is underway, comparing tirabrutinib with rituximab/temozolomide in recurrent PCNSL.

Cellular Therapy in Glioma

CAR-based cellular therapies continue to evolve:

- Emphasis on multi-antigen targeting
- Increasing use of regional delivery strategies

Programs at leading centers are moving these approaches earlier in disease, including newly diagnosed MGMT-unmethylated glioblastoma.

However, durable responses remain uncommon, underscoring the need for further optimization.

Emerging signal: CAR-NK therapy combined with IL-15 (ANKTIVA platform) has shown early, non-peer-reviewed survival signals in recurrent GBM. These findings remain preliminary.

Imaging and Drug Delivery Innovations

TLX101

A radiolabeled amino acid platform enabling tumor imaging and targeted radiotherapy. The companion PET agent advanced to NDA submission in 2026 and may improve differentiation between treatment effect and tumor progression.

Focused Ultrasound

Microbubble-mediated disruption of the blood-brain barrier enhances drug delivery.

In the BT008NA study (Lancet Oncology, December 2025), patients with newly diagnosed GBM receiving Temozolomide achieved:

- Median PFS: ~13.5 months
- Median OS: ~31 months

Interpretation is, however, limited by small sample size, non-randomized design, and patient heterogeneity.

Immunotherapy Beyond PD-1

IGV-001, an autologous tumor cell-based immunotherapy, did not meet its progression-free survival endpoint but demonstrated an overall survival signal (20.3 vs 14.0 months).

This raises important considerations:

- Delayed immunologic effects
- Limitations of radiographic endpoints
- Potential confounding from post-progression therapies

The next step is maturation of the dataset and regulatory discussion to define the path forward.

Efforts to move beyond PD-1 inhibition include targeting LAG-3, an immune checkpoint associated with T-cell exhaustion.

- Early studies demonstrated feasibility and biologic activity
- This work has progressed to A072201, evaluating relatlimab plus nivolumab in recurrent glioblastoma versus Lomustine

Leptomeningeal Disease: Expanding Therapeutic Possibilities

Systemic therapies are increasingly demonstrating activity in leptomeningeal disease:

- Tucatinib + trastuzumab + capecitabine (TBCRC049):
 - Median OS: ~11–13 months
 - Meaningful CNS responses
- Trastuzumab deruxtecan (Enhertu):
 - High response rates
 - Median response duration: ~7–8 months

These findings represent an important shift in a historically treatment-refractory condition.

Vaccines

SurVaxM, a survivin-targeted peptide vaccine, remains under active investigation. Results from the phase 2b SURVIVE trial are anticipated this year.

Summary

Neuro-oncology continues to move forward through incremental refinement rather than transformative breakthroughs. While trials such as CATNON have clarified standards of care, many others highlight the ongoing challenge of achieving durable clinical benefit.

Key themes:

- Molecular stratification is essential
- Early signals require confirmation in randomized trials
- Heterogeneous cohorts limit interpretability
- Reproducibility in larger confirmatory and randomized trials remains the cornerstone of progress

Key Meetings

- ASCO Annual Meeting, May 29-June 2, 2026, Chicago
- British Neuro-Oncology Society Meeting, July 1-3, 2026, Birmingham, UK.
- SNO/ASCO Brain Metastases Conference, August 13-15, 2026, Boston
- Society for Neuro-Oncology (SNO) Conference, November 11-15, 2026, Philadelphia
- European Association of Neuro-Oncology (EANO) Conference, September 24-27, 2026, Rome.

JOURNAL OF NEURO-ONCOLOGY

Editor-in-Chief: Jason Sheehan, MD

JNO's popular Tumor Talk Series continues to spotlight important work in neuro-oncology while drawing broad and engaged audiences. This webinar series serves as an excellent platform to feature contributions from Tumor Section members. Going forward, Tumor Talk will be hosted on the AANS webinar platform and will work in close partnership with the Tumor Section. We are pleased to expand these offerings for Tumor Section members.

We also encourage submissions to JNO's special collections, which continue to highlight timely and impactful topics across the field.

Current Special Collections

Consortia, Cooperative Groups, Registries, and Big Data in Neuro-Oncology

Guest editors: Dr. A. Karim Ahmed, Dr. Priscilla Brastianos, and Dr. Debraj "Raj" Mukherjee
Submission deadline: March 31

Artificial Intelligence in Neuro-Oncology

Guest editors: Dr. Soma Sengupta, Dr. Sonikpreet Aulakh, and Dr. Akanksha Sharma
Submission deadline: May 31

Upcoming Special Collections in 2026

Chordoma Collection

Guest editors: Dr. Shaan M. Raza, Dr. Paul A. Gardner, and Dr. George A. Zenonos
Submissions open: March 1

Biomarkers for Gliomas

Guest editors: Dr. Yoshua Esquenazi and Dr. Leomar Ballester
Submissions open: May 1

Connectomics in Neuro-Oncology

Guest editors: Dr. Randy S. D'Amico, Dr. Michael E. Ivan, and Dr. Michael E. Sughrue
Submissions open: August 1



Please consider submitting your work to these collections, and feel free to send me your suggestions for special collections in 2027.

In addition, Journal of Neuro-Oncology Discovery, led by Dr. Hadjipanayis, is now open to submissions. This new gold open-access Springer publication will provide an important new forum for work in neurosurgical neuro-oncology and related areas.

As always, I welcome your recommendations and suggestions for JNO. Opportunities to become involved as a reviewer or special collection editor are also greatly appreciated. I can be reached at jsheehan@virginia.edu.

NONPROFITS

Co-Chairs Shawn Hervey-Jumper, MD and Mahua Dey, MD

An estimated one million individuals in the United States are living with a brain tumor. The nonprofit sector plays a critical role in supporting this population by providing education, patient support services, mentorship, and advocacy. These organizations serve a broad community that includes patients, caregivers, advocates, scientists, and clinicians, all working toward improved patient outcomes.

The Nonprofit Subcommittee of the Tumor Section remains actively engaged with brain tumor advocacy organizations and funding agencies. Current members of the AANS/CNS Tumor Section contribute to this ecosystem through leadership roles on boards, as well as on scientific and medical advisory committees for several organizations, including the National Brain Tumor Society (NBTS), American Brain Tumor Association (ABTA), Sontag Foundation, Brain Tumor Network, International Brain Tumor Alliance, OligoNation, LoGlio Consortium, Musella Foundation, and StacheStrong.

Recently, the advocacy community collaborated to address persistent unmet needs in brain tumor care, with a focus on reducing disparities and improving outcomes for affected individuals. This effort culminated in a publication in *Neuro-Oncology Practice* (PMID: 39917767), titled “*Brain tumor patients’ rights and the power of patient advocacy: The current international landscape.*” Representing a coalition of 27 nonprofit organizations, this work highlights global challenges faced by patients, caregivers, and advocates, and establishes a framework for future progress.

Clinical trials remain a cornerstone of advances in neuro-oncology. They offer patients early access to innovative therapies prior to widespread availability, contribute to improved survival outcomes, and support the development of more effective diagnostic tools and symptom management strategies. Collectively, these efforts enhance overall quality of life for patients.

The nonprofit community continues to prioritize improving access to and awareness of clinical trials through both digital platforms and personalized support services. Recent examples include the ABTA Clinical Trial Finder, the National Brain Tumor Society’s Match and Connect platform, and the Brain Tumor Network’s patient navigation services, which provide individualized guidance to patients and families.

These initiatives are supported and guided by the dedicated members of the AANS/CNS Tumor Section, and we anticipate continued collaboration and impact in the years ahead.

Resource link:

ABTA Clinical Trial Finder—<https://www.abta.org/find-clinical-trials/#/study>

National Brain Tumor Society (NBTS) Match and Connect clinical trial finder—<https://braintumor.org/trials/>

Navigator resources available through Brain Tumor Network (BTN)—<https://www.braintumornetwork.org/about/>

RADIATION ONCOLOGY

Chairs: Serah Choi, MD, PhD and Daniel Trifiletti, MD

The phase 3 METIS clinical trial [NCT02831959] randomized patients with brain metastases from non-small cell lung cancer brain metastases 1:1 to stereotactic radiosurgery (SRS) followed by tumor treatment fields (TTFields) vs SRS alone. Treating Fields (TTFields) are electric fields delivered via skin-based arrays that disrupt cancer cell division. Eligibility criteria included patients ≥ 18 years with a life expectancy of ≥ 3 months, Karnofsky performance status ≥ 70 , and newly diagnosed brain metastases from a histologically or cytologically confirmed primary or metastatic NSCLC. Patients had one inoperable or two to 10 brain metastases (< 10 cm³, longest tumor diameter < 3 cm, and cumulative volume ≤ 15 cm³). TTFields significantly delayed time to intracranial progression (hazard ratio 0.72 [95% CI, 0.53-0.98]; $p=0.044$). Adverse events associated with TTFields were primarily grade ≤ 2 skin events. TTFields did not cause QoL deterioration, and improvements in deterioration-free survival and time to deterioration of the global health status, physical functioning and fatigue domains were observed (post hoc).

Conventional MRI is often inadequate in accurately distinguishing between tumor recurrence and adverse radiation effect (radiation necrosis), particularly after SRS. The PURSUE clinical trial [NCT04410367] was an open-label, single-arm, prospective, multicenter phase 2b study established effective, histopathologically verified ¹⁸F-fluciclovine PET interpretation criteria in detecting recurrent brain metastases after SRS or whole brain radiotherapy in patients that were already planned for craniotomy. Twenty-three reference lesions from 23 patients were included and 10 (43%) were histopathologically confirmed as recurrence. PET with the ¹⁸F-fluciclovine amino acid tracer was performed < 42 days post-MRI and 1-21 days precraniotomy. At 10-20 minutes postinjection, the highest performing qualitative measure was “uptake higher than parotid” (specificity: 92%-100%; sensitivity: 40%-80% across

readers). SUVmax was a high-performing metric on receiver operating characteristic analysis (area under the curve: 0.87, sensitivity: 80%, specificity: 85% for SUVmax threshold = 4.8). SUVR-based interpretation using a threshold of 1.1 provided 70% to 80% sensitivity and 85% specificity.

Evaluation of the efficacy and prognostic factors of single-fraction stereotactic radiosurgery (SRS) for intracranial solitary fibrous tumors (SFTs) was conducted through the International Radiosurgery Research Foundation (IRRF). This was a multicenter retrospective study of 107 patients with this rare tumor (253 total SFTs) treated with single-fraction SRS at 18 centers (1989-2024). The 5-year local control rate was 56.8% with a low rate of adverse radiation effect of 2.8%. Margin dose > 16 Gy, small tumor volume and early treatment after diagnosis were associated with higher local control.

A phase 2 randomized control trial from the National Taiwan University Hospital aimed to determine the optimal target delineation for spine radiosurgery. The elective field (EF) spine radiosurgery approach endorsed by The International Spine Radiosurgery Consortium (ISRC) contouring guidelines where visible tumor and adjacent anatomical regions at risk are included was compared to an involved field (IF) approach where the clinical target volume (CTV) was defined as the visible tumor (GTV) along with an 8-mm isotropic margin. 106 patients with spinal metastases not requiring surgery were randomized between August 2019 and May 2024 to receive 16 Gy in a single fraction by EF vs IF targeting. At a follow-up of 12 months, the EF group showed lower cumulative incidence of treatment failure per patient (EF 2.8% vs IF 13.5%, $p=0.03$) and per-segment (EF 2.6% vs. IF 11.8%, $p=0.02$). In the IF group, two thirds of the out-of-field or marginal recurrences could be enclosed by the EF contouring strategy. The study demonstrated that ISRC contouring guidelines should be the standard practice.

RESIDENT COMMITTEE

Co-Chairs: Ankush Chandra, MD and Yosef Ellenbogen, MD

We are excited to share continued momentum from the Tumor Section Resident Subcommittee, an initiative dedicated to advancing education, collaboration, mentorship, and trainee engagement in neurosurgical oncology.

A major highlight of this year was our programming at the CNS Annual Meeting, where we successfully hosted both the Resident Meet and Greet for Neurosurgical Oncology Fellowships and the inaugural Neuro-Onc Jeopardy competition. These events were tremendous successes, bringing together residents, fellows, faculty, and fellowship directors in an engaging environment focused on education, mentorship, and community building.

This January, the subcommittee also launched the comprehensive Neurosurgical Oncology Fellowship Match Guide, a major new educational resource for fellowship applicants. The guide includes a detailed fellowship program directory, step-by-step guidance on the match process, and program presentations outlining the unique strengths and opportunities across participating fellowships.

The Limelight Webinar Series continues to be a highlight, featuring engaging quarterly sessions. The goal of these seminars is to provide trainees with a space to connect with leaders in neurosurgical oncology through focused educational discussions and meaningful career

development conversations. Recent panelists have included Drs. Paul Gardner and Daniel Prevedello (January 12, 2026) and Drs. Bryan Choi and Robert North (April 2, 2026). The series was developed under the direction of Drs. Gelareh Zadeh and Daniel Cahill and continues to grow in scope and engagement. We are grateful for the strong support of Tumor Section members, whose participation as panelists and ongoing contributions have been central to the success of this initiative.

We are also pleased to share that the Neurosurgical Oncology Mentorship Program has officially launched, and we are currently in the process of pairing residents with faculty mentors aligned with their academic and career interests.

Looking ahead to the 2026 AANS Annual Meeting in San Antonio, we are excited to host the second Neuro-Onc Jeopardy competition: Tumor Wars II: The Encore. This year's edition will feature five attending faculty team captains, adding an exciting new dimension to the competition. We invite all interested medical students, residents, and fellows to join us on Sunday, May 3rd, from 5:45–6:45 PM for what promises to be another high-yield and memorable event.

We are incredibly proud of the growth of this initiative and look forward to continuing to build meaningful opportunities for trainees interested in neurosurgical oncology.



Resident Meet and Greet



Neuro-Onc Jeopardy

SKULL BASE SURGERY

Co-Chairs: Paul Garder, MD and Dan Prevedello, MD

Over the last six months, skull base surgery has had an unusually strong international presence. At the WFNS World Congress in Dubai, held December 1–5, 2025, skull base stood out as one of the congress’s most visible and heavily engaged subspecialty areas, with a dedicated premeeting Skull Base Symposium and multiple skull base-tagged sessions embedded across the official scientific program; the broader neurosurgical community had already highlighted the Dubai skull base program as a major collaborative effort in advance of the meeting. Shortly afterward, the 16th Congress of the European Skull Base Society in Zagreb, Croatia, on December 4–6, 2025, reinforced that momentum with a program centered on all essential aspects of skull base surgery, including keynote debates, disease-specific sessions, evidence-based treatment strategies, and instructional courses from international experts. ESBS notes that its biennial congress typically attracts more than 500 participants, and the Zagreb recap emphasized the breadth of topics covered across anterior and lateral skull base, oncology, radiotherapy, and imaging.

That energy carried directly into the NASBS 35th Annual Meeting in San Diego on March 5–8, 2026. The meeting welcomed over 1200 physicians from around the world, and the program showed just how broad the field has become: dedicated tracks on anterior skull base and orbit, sellar/parasellar disease, chordoma, orbit and transorbital surgery, reconstruction, skull base AI, and Rhoton Room “dueling dissections,” alongside proffered papers and videos on meningioma, clivus/craniocervical

junction, vestibular schwannoma, pituitary, and skull base tumors. In addition to the popular premeeting course, there was a dedicated International Consortium on Meningioma (ICOM) Education Day preceding the Society meeting. In other words, San Diego was not just a routine annual meeting; it was a snapshot of a maturing specialty that is simultaneously becoming more multidisciplinary, more data-driven, and more technically diverse. There were also special sections dedicated to the memory of great masters, including:

- Bernard George
- Victor Dolenc

Looking ahead to the next six months, the major landmark in that period is clearly EndoAthens 2026 in Athens: the EndoAthens pre-congress dissection course runs June 16–17, and the 10th World Congress for Endoscopic Surgery of the Paranasal Sinuses, Skull Base, Brain, Orbit and Spine follows on June 18–20 at the Megaron International Conference Center. With its combination of cadaveric dissection, endoscopic skull base anatomy, and a broad international faculty, EndoAthens is positioned to be one of the field’s most important educational gatherings of 2026. In addition, the Brazilian Skull Base Society, who have collaborated with the NASBS in recent years, will be holding their 2nd Congress from July 16-17, 2026, in Gramado, Brazil. The NASBS is also hosting the very popular Summer Course for trainees from August 20-23 at the LSU Health Sciences Center in New Orleans.

WASHINGTON COMMITTEE

Co-Chairs: Tiffany R. Hodges, MD and Andrew Sloan, MD

Despite the challenges in healthcare, neurosurgery advocacy remains steadfast in addressing policies that impact our patients and providers. In 2025, the AANS and the CNS joined other leading medical organizations in sending a joint letter to the National Institutes of Health (NIH), expressing concerns over the agency's policy imposing a 15% cap on indirect cost rates for all NIH grants. This cap negatively impacts the advancement of research across the nation, particularly in neurosurgical oncology, where research is paramount in clinical trial advancement and patient outcomes. The Washington Committee has remained at the forefront of neurosurgery's federal advocacy, focusing on targeted reforms to the Medicare Physician Fee Schedule and administrative burden reduction. The Committee led national efforts to respond to CMS's proposed WISeR model, organized multi-specialty sign-on letters to Congress and appropriators, and supported high-impact legislation addressing payment stability, market competition, and regulatory oversight.

Although AANS, CNS, and the RRC applauded the bipartisan reintroduction of the Improving Seniors Timely Access to Care Act, there is still more to be done. When it comes to protecting Medicare access, a joint letter was sent to Senate Republican leadership urging the Senate to include a critical provision to provide access to care for seniors and individuals with disabilities who rely on traditional Medicare. Again, we would like to iterate the progress that has been made in advocacy for Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) and for Laser interstitial thermal therapy (LITT) coverage. Following AANS/CNS advocacy efforts, CMS reversed its proposed devaluation of MRgFUS restoring the RUC-approved value. The National Comprehensive Cancer Center Network (NCCN) has updated the NCCN Guidelines to include LITT as an option for "patients who are poor surgical candidates (craniotomy or resection). Potential indications include relapsed brain metastases, radiation necrosis, glioblastomas, and other gliomas."



The established LITT clinical evidence has driven this expansion and led to the updated Clinical Practice Guidelines in Oncology for Central Nervous System Cancers. Please refer to <https://www.nccn.org/> for further details. Moreover, Washington Committee leaders have worked on numerous payor coverage responses, including an outreach to 20 Blue Cross/Blue Shield (BCBS) plans with non-coverage for LITT. So far, the outreach has resulted in BCBS of South Carolina agreeing to cover LITT procedures.

With a rapidly changing and challenging health care climate, the Washington Committee will remain steadfast in engaging our policymakers on the issues that affect neurosurgeons and our patients. Members of the AANS/CNS Tumor Section are encouraged to communicate with Tiffany R. Hodges, MD, FAANS, FCNS and Andrew Sloan, MD, FAANS who serve as your tumor section liaisons to bring issues or concerns to our Washington Committee. You can stay informed on health care policy topics by subscribing to Neurosurgery Blog at www.neurosurgeryblog.org and following the Washington Committee on Twitter @neurosurgery and on their website <https://neurosurgery.org/>. Finally, periodic updates are available via AANS and CNS publications and through presentations at neurosurgery meetings.

SOCIETY OF NEURO-ONCOLOGY MEETING UPDATE

Directors: Daphne Haas-Kogan, MD, Michael Lim, MD, Chas Haynes, JD

In November of 2025, the Society for Neuro-Oncology was honored to host the 7th Quadrennial Meeting of the World Federation of Neuro-Oncology Societies (WFNOS), which was held in conjunction with the Society's 30th Annual Meeting & Education Day, in Honolulu, Hawaii.

The WFNOS is a global collaborative platform uniting neuro-oncology societies across continents to accelerate advances in research, education, and clinical care of central nervous system tumors. As a truly international event, the educational program was developed with scientific representing our sister societies, including the Asian Society for Neuro-Oncology, the European Association of Neuro-Oncology, the Society for Neuro-Oncology in Latin America, and the Society for Neuro-Oncology in Sub-Saharan Africa.

With the conference also marking the 30th Anniversary of SNO, the event set new records for abstract submissions (1961), overall attendance (>3000), and the number of countries represented (60). Also of note, a record 504 registrants listed Neurosurgery as their primary specialty.

The event opened with an Education Day featuring two dedicated tracks that explored international models of neuro-oncologic care and the latest advances in brain tumor technologies. The main scientific program included outstanding keynote lectures and plenary sessions, 26 concurrent sessions on a broad range of cutting-edge topics, two lunchtime poster sessions, high-impact abstract presentations, and over 1600 scientific posters. To ensure truly global participation, sessions were supported by simultaneous interpretation into more than 60 languages, reinforcing SNO's commitment to inclusive, worldwide engagement. Of note, a special joint SNO-Tumor Section session was organized by Farshad Nassiri and Costas Hadjipanayis, entitled the Evolution of Neurosurgical Brain Tumor Care Over the Last 30 Years.

Looking to 2026, the Society's 31st Annual Meeting & Education Day will be held in the Pennsylvania Convention Center in Philadelphia, over the dates of November 12-15, 2026. [The abstracts submission site is now open](#), with a submission deadline of Tuesday, May 26, 2026. The SNO/ASCO Joint Conference on CNS Metastases will be held August 13-15, 2026, in Boston, Massachusetts. The [abstract deadline](#) for SNO/ASCO Joint Conference on CNS Metastases is Friday, March 27, 2026.

SNO is currently accepting applications for two practical education courses and neurosurgeons are encouraged to apply.

1. SNO OUP Editorial Fellowship Program: Introduction to the SNO Publishing Enterprise and Peer Review

A joint initiative of SNO and Oxford University Press, this course is open to early career professionals seeking an introduction to academic publishing and the journal peer-review process, ethical considerations, editing, and publishing of medical research manuscripts. The [application deadline](#) is May 31, 2026.

2. Clinical Trial Design and Protocol Development Workshop

With three distinct tracks based on the participants' experience in clinical trials, this course introduces clinical trial design across multi-disciplinary teams and provides foundational didactic background knowledge and unique mentored clinical trial design opportunities. This will also allow for collaboration between new and emerging investigators leading neuro-oncology clinical trials and members of the clinical research team. The [application deadline](#) is May 15, 2026.

Lastly, readers are encouraged to save the date for two upcoming virtual CME webinars.

1. SNO Adult Molecular Tumor Board: Molecular Stratification and Novel Therapeutic Approaches for Meningioma. Live broadcast date: April 16, 2026.

2. SNO Pediatric Molecular Tumor Board: Gliomatosis Cerebri. Live broadcast date: April 23, 2026.

Registration for both CME webinars is complimentary and can be accessed through the SNO [Neuro-Oncology Academy](#).