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NEWS

WOMEN IN NEUROSURGERY

Spring 2015

Message from the Chair

As many of you may know, a seminal event occurred in the history of Women in Neurosurgery (WINS) this past year.

During the chairmanship of Julie Pilitsis, MD, PhD, FAANS, there was an opportunity for WINS, with the approval of parent neurosurgical organizations American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), to become the AANS/CNS Section on Women in Neurosurgery (WINS). Over the course of 2013, the petition for WINS section status was ratified by the executive committees of both organizations, thus paving the way for a new era in WINS' history.

The AANS/CNS Section on WINS debuted its inaugural session at the CNS meeting in Boston in October 2014. This was a landmark moment for the organization; it gives the section an equal seat at the table with the other subspecialties/subpopulations within neurosurgery.

Is this necessary?

Absolutely.

Women in neurological surgery are still the minority; the gender parity seen



Aruna Ganju, MD, FAANS, FACS

in entering medical school classes is still not seen in our field. The statistics reveal that since 2001, approximately 47 percent of entering medical school classes nationally are composed of females. However, over the course of those four years, women elect to pursue careers in specialties, such as OB/GYN, pediatrics and primary care. Our specialty, orthopaedic and thoracic surgery share the distinction of having the least number of female trainees in residency programs. In each of these specialties, less than 20 percent of trainees are female. A number of studies have looked at the variables that influence medical students' career choice. It is appreciated that the decision to enter the surgical subspecialties is heavily influenced by early exposure to surgeons

in medical school. Furthermore, there is a strong association between female medical students' pursuing a surgical career and having a higher proportion of women as surgical faculty members¹.

Neurosurgical leaders, recognizing the gender disparity in our field, organized a committee to investigate; the resulting "white paper"² published in the *Journal of Neurosurgery* in 2008 discussed strategies to attract the best and brightest of female into our neurosurgery.

Nevertheless, challenges still exist: a follow up paper by Samadani et al³ looked at attrition rates of residents entering neurosurgical training programs during the years of 1990-1999. Females demonstrated a higher attrition rate than that of their male counterparts both during and after completion of neurosurgical training. In this study, 63 percent of the female cohort studied achieved board certification in comparison to the 81.3 percent of men who achieved board certification.

The future may be more promising as reported in

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Message from the Chair (continued)

an upcoming paper by Wolfe et al⁴ in the *Journal of Neurosurgery*. The authors found that in the 1990s, women comprised 10.7 percent of all residents entering neurosurgical training programs; by the following decade, this number had increased to 12 percent. Although this represents a modest increase, there is suggestion of an upward trend; by 2013, females accounted for 15.5 percent of all residents entering neurosurgical training.

While some progress has been made since the landmark paper of 2008, the journey is far from over. At present time, there remains only one female chairperson of a neurosurgical department. On the other hand, there are now 10 female directors of neurosurgical residency training programs. The WINS members discuss the ongoing journey, both in neurosurgical forums,⁵ as well as in the general medical community⁶. As they point out, in another 50 years both the workforce and its needs will have changed dramatically; they predict that the neurosurgical workforce will be comprised of 50-percent women.

The data would suggest that the world will be a different place for my two young daughters. No doubt, they will face different challenges than the ones we faced. Nevertheless, I want them to achieve their full potential; this starts at this young age, exposing them to the STEM disciplines, as well as music, art and literature. They need to see female (and male) role models in positions of leadership and mentorship. Each one of us can assist us on this journey; everyday, in our contact with the youngsters in our world, we can be influential and inspirational. Although I had a childhood dream of becoming a neurosurgeon, it was not until I met a (female) neurosurgeon in person that I realized my dream could indeed become a reality!



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WINS Events at the 2015 AANS Annual Scientific Meeting

The AANS/CNS Section on Women in Neurosurgery is hosting events at the 2015 AANS Annual Scientific Meeting in Washington, D.C.:

- Tuesday, May 5: WINS Scientific Session
- Ruth Kerr Jakoby, MD, JD, FAANS(L): An intimate conversation at the May 5 WINS evening reception
- Sally Satel, MD, the 2015 Louise Eisenhardt speaker, to speak at the May 6 Plenary session

WINS Scientific Session at the 2015 AANS Annual Scientific Meeting

The American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) Section on Women in Neurosurgery (WINS) scientific session will be held on Tuesday, May 5, 2015, from 2-5:30 p.m. in Washington, D.C. The session, titled "From founding principles to future: the making of a neurosurgeon," features speakers addressing the various stages of a neurosurgical career, from securing a neurosurgical residency position to maintenance of certification. The session schedule features:

Matching in Neurosurgery

Julie G. Pilitsis, MD, PhD, FAANS

Mastering Residency

Judy Huang, MD, FAANS

Giving Junior Partners the Skills to Succeed

William T. Couldwell, MD, PhD, FAANS

Preparing for the Oral Boards and MOC — What's New in the Specialties — Spine Update

Marjorie C. Wang, MD, MPH, FAANS

Preparing for the Oral Boards and MOC — What's New in the Specialties — Vascular Update

Sepideh Amin-Hanjani, MD, FAANS

Preparing for the Oral Boards and MOC — What's New in the Specialties — Trauma Update

Patty Raskin, MD

WINS at CNS 2014 in Boston

CNS 2014: WINS Reception

The American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) Section on Women in Neurosurgery (WINS) reception, held on Tuesday, Oct. 21, 2014, in Boston, featured Harvard Medical School (HMS) faculty Carol Bates, MD, assistant dean for faculty affairs and associate professor of medicine at HMS; and Alexandra Golby, MD, FAANS, associate professor of neurological surgery at HMS. The academicians spoke about their journey and some of the challenges still faced by women in medicine.

CNS 2014: WINS Session

WINS held its first section session on Monday, Oct. 20, 2014, in Boston. Following the annual CNS meeting theme of "A Question of Balance," the session, titled "Navigating a Neurosurgical Career: Always a Question of Balance," featured experienced neurosurgeons in both the academic and private practice arenas.

The keynote speaker of the session was Judith Singer, PhD, the James Bryant Conant Professor of Education at the Harvard Graduate School of Education and senior vice provost for faculty development and diversity at Harvard University. An internationally renowned statistician and social scientist, Singer's scholarly interests focus on improving the quantitative methods used in social, educational, and behavioral research. She presented both intra- and extra-institutional data in regards to gender parity in the workplace.



Despite the early morning session, the audience was intrigued by the lessons learned by their neurosurgical colleagues. Fernando G. Diaz, MD, PhD, FAANS; Karin M. Muraszko, MD, FAANS; James T. Rutka, MD, PhD, FAANS; and Deborah L. Benzil, MD, FAANS, spoke candidly to the audience, describing techniques for advancement of an individual's neurosurgical career. The speakers recognized and addressed the inherent similarities and differences between private and academic neurosurgical positions; strategies for conflict resolution in both environments were discussed.

A Legacy All Her Own: First ABNS-certified Female Neurosurgeon

By Swathi Chidambaram, Georgetown University School of Medicine, Class of 2016

Ruth Kerr Jakoby, MD, JD, FAANS(L) was born in Palo Alto, Calif., and spent most of her youth in New York City. Her father was a professor of geology at Columbia University and emphasized the importance of education to both her and her sister, a physicist. Her mother was a Spanish teacher and later a stay-at-home mother. Both her parents were influential in her career and very supportive of her education.

Dr. Jakoby attended Barnard College of Columbia University, receiving her BA in Chemistry in 1949; when she began medical school at Columbia College of Physicians and Surgeons in 1953, she was one of 13 women in her medical school class of 120 students. While at Columbia, Dr. Jakoby became interested in the Neurological Institute at Columbia Physicians and Surgeons and decided to pursue a career in neurosurgery. She was one of two women accepted to the general surgery internship at Grace New Haven Hospital in Yale University in 1953. After her internship, she applied to almost every approved neurosurgical residency program in the United States and was accepted at the Indiana University (IU) Medical Center's program. Of note, she was accepted only after Robert Heimberger, MD, the chief at IU, received confirmation from Paul C. Bucy, MD, president of the American Board of Neurological Surgery (ABNS), that a woman would be permitted to take the ABNS examination. At that time, in the 1950s, none of the 20 neurosurgical training programs had achieved the distinction of training a female resident.

In 1956, she and her husband moved to Washington, D.C., for him to pursue a position at the National Institutes of Health. The enterprising Dr. Jakoby contacted James Watts, MD, at George Washington



Ruth Kerr Jakoby, MD, JD, FAANS(L)

University (GWU) about transferring to his neurosurgical training program. Although Dr. Jakoby restarted her training as a first-year resident, at GWU, she identified several neurosurgical mentors, including Dr. Watts and Hugo Rizzoli, MD, FAANS; and General George Hayes, MD, at Walter Reed Medical Center.

Dr. Jakoby became the first female diplomat of the American Board of Neurological Surgery in 1961. Upon completion of her training, Dr. Jakoby maintained a private practice, while holding the positions of associate clinical professor of neurosurgery at GWU and chief medical officer of neurosurgery at DC General Hospital; in these roles, she was involved in the training of GWU and Georgetown residents. During this time, Dr. Jakoby and her husband welcomed the arrival of their two sons. Following her divorce from her husband, Dr. Jakoby gave up her neurosurgical practice, moving her family to Phoenix. Here, she took courses at Arizona State University and completed a geology thesis, titled "The Mogollon Rim as a Geological Barrier to the Spread of Bubonic Plague," a collaboration with her father.

Following her time in Arizona, Dr. Jakoby moved to Houston; during this time, she was the chief of the spinal cord injury service at the Veterans Administration Hospital in Houston. Other appointments included associate professor of neurosurgery at Baylor College of Medicine and associate professor of physical medicine and rehabilitation medicine at Texas Institute of Rehabilitation and Research (TIIRR). This career change allowed Dr. Jakoby more time with her children and cultivated her inter-

est in preventative medicine, health-care policies, administration and law. When her older son entered college at the University of Maryland, Dr. Jakoby moved to Maryland, enrolling in the Northern Virginia Law School and receiving her degree in 1986. As such, Dr. Jakoby was the first female neurosurgeon with a law degree. She has been a lawyer for almost 30 years now, and her special interests include mergers of medical, legal and educational institutions and antitrust issues. Although she has not practiced neurosurgery since 1982, Dr. Jakoby continues to attend meetings and keep abreast of advances in the field.

Dr. Jakoby is an inspiration and mentor to several generations of residents and medical students. Her impressive life and career are a testament to her passion for knowledge and continuing education, her willingness to be flexible with the changes that life brings, and her strength and independence to pursue what she loves through many obstacles. One of her great motivations has been the joy she finds in her work and in her role as a mother and grandmother. Through her humility, intelligence and passion for her work and family, she reminds us of the great value of being versatile in our skills and finding balance in our lives.

Author's Note: The following served as sources of reference for this profile: The article by Catherine Mazzola, MD, FAANS, on Dr. Jakoby in CNS.org; the transcript of a speech given by Dr. Jakoby at Fairfax Hospital in Virginia in conjunction with the History of Women in Medicine exhibit; and Dr. Jakoby's chapter in the WINS publication Heart of Lion the Hands of a Woman: What Women Neurosurgeons Do.

Please join us at the AANS/CNS Section on Women in Neurosurgery reception on Tuesday, May 5, 2015, from 6:30-8:30 p.m. at the Willard Intercontinental Hotel, Crystal Ballroom, 1401 Pennsylvania Avenue, NW, for "Dr. Ruth Kerr Jakoby: an intimate conversation with neurosurgical pioneer and attorney." Attendance is complimentary. In addition, Dr. Jakoby will be recognized for her achievements at the 83rd AANS Annual Scientific Meeting Plenary Session on Wednesday, May 6, 2015.



Past Eisenhardt Lecturers

2007

Sally Ride, PhD
American Astronaut

2008

Marcia Angell, MD
Editor, *New England Journal of Medicine*

2009

Geraldine Brooks
Pulitzer Prize-winning author of *People of the Book*, *Nine Parts of Desire*, *March* and others

2010

Mary Sue Coleman, PhD
President of the University of Michigan

2011

Kristen Iversen
Author of *Molly Brown: Unraveling the Myth*

2012

Cynthia Breazeal, ScD
Associate professor of media arts and sciences at Massachusetts Institute of Technology (MIT), where she is the director of the Personal Robots Group at the MIT Media Laboratory

2013

Carolyn M. Clancy, MD
Director of the Agency for Healthcare Research and Quality

2014

Anne Marie Slaughter, PhD
President and CEO, New America Foundation

2015 Eisenhardt Lecturer



Sally Satel, MD

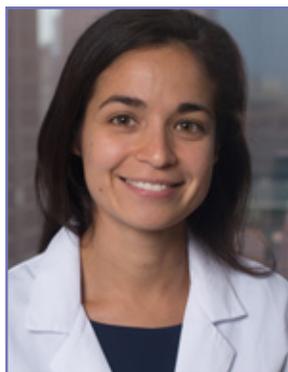
Wednesday, May 6, 2015, at the 83rd AANS Annual Scientific Meeting, Washington, D.C.

Sally Satel, MD, is a practicing psychiatrist and lecturer at the Yale University School of Medicine; her work examines mental health policy, as well as political trends in medicine. Her publications include *PC, M.D.: How Political Correctness Is Corrupting Medicine* (Basic Books, 2001); *The Health Disparities Myth* (AEI Press, 2006); *When Altruism Isn't Enough: The Case for Compensating Organ Donors* (AEI Press, 2009); and *One Nation under Therapy* (St. Martin's Press, 2005), coauthored with Christina Hoff Sommers. She is the invited guest speaker at the AANS/CNS Section on Women in Neurosurgery (WINS) breakfast on Wednesday, May 6, 2015, at 7 a.m., as well as the 2015 Louise Eisenhardt Lecturer.

Achieving a Mindful Balance

By Roxanna Garcia, MD, PGY I resident at McGaw Medical Center of Northwestern University, Chicago, IL

It is now March of intern year and nearing the end of what some say is one of the most challenging moments in residency. The learning curve at times is sharply steep, and the constant shifting of roles forces me to recognize the importance of resilience and life balance. Everyday I am reminded of this, as the expectations are raised, and more responsibility is delegated. It is exciting to finally be a practicing physician, but at the same time daunting and humbling to see the landscape of knowledge and technical skills that must be acquired over the next six years. I recognize this marathon will continue beyond residency, but pacing each phase of this training experience has become an art form. The ingredients that create a healthful balance change with each new rotation and team. Fortunately, I have mentors and life experiences that have informed my ability to find balance in



residency training.

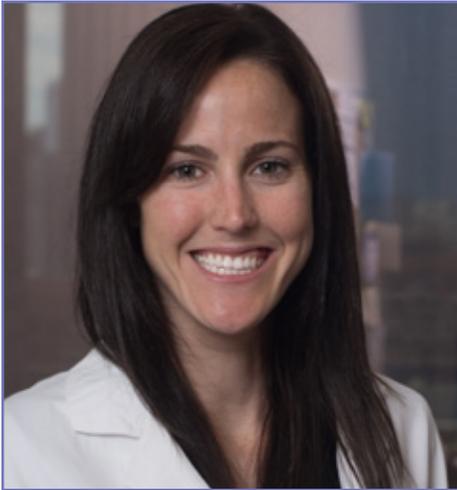
One of my most important mentors in medical school at University of California in San Francisco gave an inspirational presentation at Grand Rounds about his intense pursuit to become an expert within neurosurgery. He noted the most important key to approaching success was not only an unwavering commitment to the practice of neurosurgery but one's ability to meaningfully decompress and de-stress regularly. For him, this meant spending much needed time with his wife and daughters,

and taking yearly off-road mountain bike trips.

I am still figuring out my regular routine. It was almost non-existent at the beginning of intern year. Now it has grown to involve a combination of running, vinyasa yoga, connecting to my loved ones, and eating fresh foods when I can — all simple acts that existed prior to residency in varying degrees. But just as I train myself to be consistent in daily neurosurgical clinical evaluations and procedures, I train myself to find a consistent frequency for which I can incorporate these activities into my life regularly. To be mindful that I can only become an excellent and well-rounded neurosurgeon through deliberate acts of finding a sustainable life balance, a routine that will not only carry me through residency training, but through many years of neurosurgical practice.

To Freeze or Not to Freeze

By Angela Bohnen, MD, PGY4 resident at McGaw Medical Center of Northwestern University, Chicago, IL



As a mid-level resident in this demanding field, my concerns over the past few years have been skewed towards my neurosurgical training, i.e. patient care, surgical technique and identifying my newly developing surgeon's personality — not to mention when I'm going to eat, sleep, or even better, go to the bathroom. A new question arose as I am recently engaged and will have new life decisions in the future.

I am 31 years old; I will be done with training around 35. The question in the back of my mind is: when and how am I going to make a family? I don't want children during residency. Yes, I understand that it's doable — balancing motherhood, wife-hood, and education. Arguably it is easier in training programs of less intensity, but I'm sure somewhere, someone has had a child as a neurosurgical resident/fellow. Let's not forget that maternity leave in a 15 to 20 resident program isn't easy and can promote bitterness from colleagues. Advanced maternal age may have risks, but child-bearing during the stressful years of training does as well. What if I am one of the statistics that will be infertile later in life, then what? The concept of assisted reproductive therapy (ART), particularly, oocyte freezing, is increasingly being utilized by women. Should I consider this? These thoughts provoked me to search for numbers and information. Here is what I

learned:

An American Medical Association (AMA)-sponsored study from the University of Michigan found that female physicians bear children seven years later than the general population. Shockingly, 25 percent had been diagnosed with infertility; in contrast, 15 percent of the general population has been given this diagnosis. In retrospect, 27 percent of surveyed female physicians would have conceived earlier, 17 percent would have entered a different specialty, and 7 percent would have utilized oocyte/embryo cryopreservation. Most importantly, only 4 percent of the surveyed population were non-ob/gyn surgeons.¹ Are these numbers under-reported for our field?

A poster presented at the 2013 ACS Clinical Congress looked at surgical specialties. Of those surveyed, 32 percent had difficulty with fertility; 76 percent of this group used ART. This number represented 15 percent of female surgeons; in contrast, 5 percent in general population utilize ART. The variables related to infertility included unexplained (70%), anovulation (23%), advanced maternal age/premature ovarian failure (22%), PCOS (19%), endometriosis (13%), recurrent miscarriage (12%) and male infertility (19%).²

Similar results were reported in a study of female orthopaedic residents; in this, 30 percent experienced infertility. Eighteen percent used ART to help conceive; however, successful results were only seen in 56 percent. Overall, 26.5 percent had at least one child during training, but the complication rate was 31 percent, compared to 14.5 percent in the general population even when an age-matched control group was used. In addition, an adverse outcome of 1.86 was observed compared to non-physicians from a similar socioeconomic status.³

The evidence I have read thus far has convinced me of one thing: There's a chance that I will be one of the above

statistics. And if I do conceive, the possibility of a developmental abnormality is of concern. Based on the Society for Reproductive Medicine and the Society for Assisted Reproductive Technology, the use of cryopreserved eggs is safe and without increased risk of chromosomal abnormalities and birth defects when compared to regular IVF and natural conception. However, cryopreservation is not inexpensive, costing upwards of \$10,000, excluding yearly storage fees. This is an expense that I doubt most residents can afford. Cryopreservation is not fool-proof, either. For every 100 eggs, only two will survive the freezing process to be potentially viable. In addition, there are the undesirable side-effects of injecting hormones.⁴ What to do? I don't know. There is obviously no right or wrong answer here, only personal opinions. For now, I think I'll sit tight and see what the next few years bring.

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Women in Neurosurgery: Past, Present and Future

By Sharona Ben-Haim, MD; and Julie Pilitsis, MD, PhD, FAANS



During a time of overt inequality in the United States, the women of the 1960s earned 59 cents to the male dollar, and pregnancy was a potentially fire-able offense. The feminist movement was just gaining traction as women were still systematically excluded from many Ivy League institutions and could not serve on juries in most states. In 1965, females represented only 9 percent of U.S. medical school enrollment, and only 7 percent of medical school graduates¹. Not surprisingly, only two women were board-certified in neurosurgery between the years of 1960-1969.

While immense strides have been made for women throughout the past 50 years, and laws are now in place to prevent gross gender discrimination, inequality in the workplace still exists. Women now represent nearly half of the U.S. workforce, but still make only 78 cents to the male dollar². They represent 46 percent of all U.S. medical residents, yet only comprise 15.8 percent of all neurosurgical residents and 6 percent of all board-certified neurosurgeons³. Recent work demonstrates that female residents graduating from 1990-1999 were significantly less likely to become board-certified than their male colleagues⁴. Along with orthopaedics and thoracic surgery, neurosurgery currently trails behind all other specialties, including general surgery, in attracting, retaining, and promoting accomplished women.

This disparity continues at all levels of academic medicine with respect to faculty appointments, promotions and tenure. There is a striking lack of women in positions of leadership, and women remain underrepresented in professional societies and on editorial boards⁵. There is currently

ABNS-Certified Female Neurosurgeons by Decade

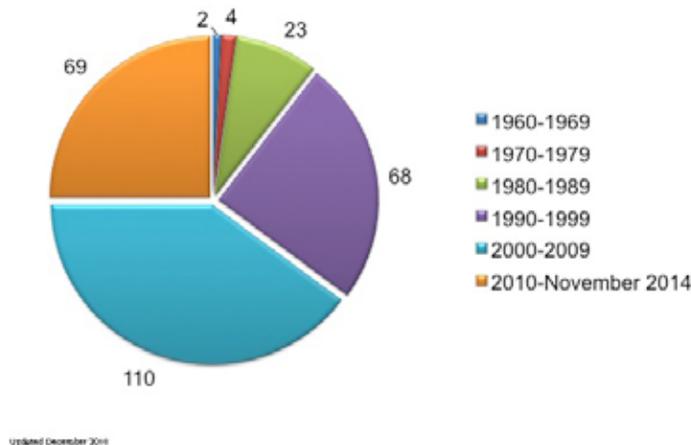


Figure 1. Board-certified Female Neurosurgeons by Decade. American Board of Neurological Surgeons, Women in Neurosurgery (WINS), 2014

only one female chair of a neurosurgical department and approximately 10 female professors of neurosurgery. None of our three major national organizations have had a female neurosurgeon serve as president.

Though we have a significant way to go, neurosurgery has seen an exponential growth in the numbers of board certified female neurosurgeons over the past 50 years (see Figure 1). We will continue to see the advancement of women in our field, and in society in general, concurrent with the changes in the post-industrial workforce during this era of information revolution. The future economy will be dependent on knowledge, innovation and ideas grounded in technological platforms. Social intelligence, communication, team-building and management skills will become increasingly more vital to success, traits in which women have traditionally excelled⁶. Changes in our current thought paradigm and diverse thinking will be mandatory for success.

By 2065, with increasingly more successful women in the general workforce, there will be an attendant change in family

dynamics and a resultant transformation of the global workplace culture. We will see a transition to an outcome-oriented rather than a face-time-driven model of success. High-functioning workplaces will emphasize an environment that promotes optimal employee performance, which will depend on a tailored understanding of how best to motivate and reward its employees. Leaders will require the social intelligence to understand gender differences in motivation strategies; For example, while men often strive to achieve success through rank and position, women may view success based on the development of meaningful achievements⁷. The leaders of the future will understand how to create workplace value systems that transcend the current model to effectively stimulate the entire workforce.

Similarly by 2065, we predict that the neurosurgical training paradigm will shift to a goal-oriented, outcomes-based model, resulting in a more effective and resourceful preparation for neurosurgical practice. Teaching strategies will tailor to individual learning styles and environments

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By 2065, 50 percent of neurosurgical residents will be female.

conductive to learning. These strategies will account for the potential for gender differences in learning as well as differences in the way men and women tend to perceive their performances, with men traditionally overestimating and women underestimating how well they do⁸. The most successful training programs in 2065 will be the ones that focus on fostering the consistent development of competent, compassionate and innovative neurosurgeons. Residents trained in these flexible, forward-thinking workplaces will go on to foster similar environments in their careers, thus propagating the cultivation and maintenance of a diverse workforce.

Outside the workplace in 2065, society will look quite different. With the increased workplace flexibility that equality demands, caregiving for elders and children will be far more gender neutral.

As the societal value placed on care of the family increases over the next 50 years, the 20 hour/week discrepancy between the current number of hours successful academic men and women currently dedicate to work in the home⁹ will be greatly diminished. With an increased number of effective women in the workforce and a decrease in gender disparity in caregiving and household responsibilities, American society will begin to value the caregiving of family to an equal extent as career success, further propagating gender equality in the home and subsequently the workplace.

By 2065, 50 percent of neurosurgical residents will be female, and neurosurgical departments will be well on their way to achieving equality in gender distribution. With an increased number of female mentors and residency programs focused on targeted learning, we will attract the best and brightest individuals, regardless of gender. The result will be a more balanced and effective workforce working together to ensure the successful future of our field. With these advances, the next 50 years will see a burst of growth and ideas, allowing for more precisely targeted, safer and more efficient surgical practices. Combined with a greater understanding of the functional circuitry of the human brain, we will set the stage for the rise of a new era of neurosurgical interventions.

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Women Neurosurgeons Board-certified in 2014

Carmina Flores Angeles, MD, PhD
Taryn McFadden Bragg, MD, FAANS
Aneela Darbar, MD
Michaux R. Kilpatrick, MD, FAANS
Grace Mandigo, MD, FAANS
Erika Anne Petersen, MD, FAANS
Patricia Quebada-Clerkin, MD, FAANS
Moksha G. Ranasinghe, MD, FAANS
Violette Mathilde Renard Recinos, MD, FAANS
Deanna Mary Sasaki-Adams, MD, FAANS

WINS Awards and Scholarships

WINS has long supported neurosurgery residents. This page highlights some of the most recent award winners.

Interested applicants for the Sherry Apple and Louise Eisenhardt resident travel scholarships should submit abstracts through the CNS and AANS abstract centers, respectively, and indicate for which award scholarship they are applying.

For the WINS Greg Wilkins-Barrick Chair Visiting International Surgeon Award, application details can be found at www.neurosurgerywins.org.

2014 Sherry Apple Resident Travel Scholarship

The Sherry Apple Resident Scholarship was named in honor of WINS colleague and president who passed away in 2001; the award is granted annually to an outstanding resident abstract presented at the Congress of Neurological Surgeons annual meeting. The \$2,000 award is intended to cover travel expenses.

Franziska Loebel, MD, is the 2014 awardee of the Sherry Apple Resident Scholarship for her paper, "Assessment of Treatment Response in IDH-mutant Gliomas by Quantification of 2-Hydroxyglutamate with in-vivo 3D Magnetic Resonance Spectroscopy."

2015 Louise Eisenhardt Resident Travel Scholarship

The Louise Eisenhardt Resident Travel Scholarship is granted annually to an outstanding resident abstract presented at the American Association of Neurological Surgeons Meeting (AANS) Annual Scientific Meeting. The \$2,000 award is intended to cover travel expenses.

Teresa Purzner, MD, is the 2015 awardee of the Louise Eisenhardt Resident Travel Scholarship for her paper "Quantitative Phosphoproteomics for Targeted Cancer Therapy."

Female Neurosurgery in the News

Chair-elect of the AANS/CNS Section on Women in Neurosurgery (WINS) and lead investigator **Uzma Samadani, MD, PhD, FAANS**, assistant professor in the departments of neurosurgery, psychiatry, neuroscience and physiology at NYU Langone Medical Center was [recently featured in multiple arenas](#) regarding innovative work her group is conducting on eye tracking as a means to gauge concussion severity.

Immediate past-chair of WINS and current chair of the AANS/CNS Section on Pain, **Julie Pilitsis, MD, PhD, FAANS**, is an R01-funded associate professor at Albany Medical College. In her [TED x Albany talk](#), she addresses the topic, "So you want to be a Neurosurgeon."

Kathryn Ko, MD, MFA, FAANS, is featured in the [New York Times](#) for her abstract and conceptual artwork inspired by her career in emergency brain and spine surgery.

[The New Physician](#) explores the challenging history of women in neurosurgery and the development of Women in Neurosurgery as a driving force in the field.

WINS/Greg Wilkins-Barrick Chair Visiting International Surgeon Award

Thanks to the generosity of Mark Bernstein, MD, FAANS, the Greg Wilkins-Barrick Chair in International Surgery, two annual awards are available to encourage international collegiality, education and collaboration. The \$5,000 award, intended to fund travel and registration fees, enables an international female resident or faculty neurosurgeon to attend the American Association of Neurological Surgeons (AANS) or Congress of Neurological Surgeons (CNS) annual meeting.

The recipient of the WINS/Greg Wilkins-Barrick Chair VISA Award for CNS 2014 was Moroccan neurosurgeon Mahjouba Boutarbouch, MD. Dr. Boutarbouch was born in Rabat, Morocco. She completed her medical studies in 2003; this was followed residency in neurosurgery at the department of neurosurgery, CHU Ibn Sina-Rabat. In 2006-2008, she pursued residency training in neurosurgery and interventional neuroradiology at CHU Dijon, University of Bourgogne Dijon in France.

Since 2008, she has been a neurosurgeon at department of neurosurgery, Hôpital des Spécialités ONO, CHU Ibn Sina-Rabat.

Ling Feng, MD, PhD, is the recipient of the WINS/Greg Wilkins-Barrick Chair VISA Award for the 2015 AANS Annual Scientific Meeting. A native of China, Dr. Feng began her neurosurgical career in 1978 and obtained her MD and PhD degrees in neurosurgery and neuropathology. She continued her education by seeking additional training abroad in France and the United Kingdom, becoming the chair of the department of neurosurgery at Xuanwu Hospital of the Capital Medical University in Beijing.

During her tenure, she has educated seven female PhD students in neurosurgery, increasing the number of female neurosurgeons in the department from zero to six. She is the current president of the Chinese Congress of Neurosurgeons, the only female to hold that position. Her title and

achievements are numerous: among them, elected vice-president of the Chinese Association of Medical Doctors and the last president of Women in Neurosurgery in the World Federation of Neurosurgical Societies (WFNS). She has been prolific in her attempt to support the advancement of women locally and internationally in the field of neurosurgery, embodying the traits of international collegiality, education and collaboration that WINS /Greg Wilkins-Barrick Chair Visiting International Surgeon Award intended to recognize and promote.

Please join us at the AANS/CNS Section on Women in Neurosurgery breakfast session on Wednesday, May 6, 2015, from 7:30-9 a.m. at the Marriott Marquis in Washington, D.C., where Dr. Feng will receive her award.

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