Newsletter

FALL 2025

We present to you the Fall 2025 edition of the AANS/CNS Section on Tumors Newsletter. This edition highlights the impactful contributions of each committee and details the collective strength of the neurosurgical oncology community, embodying this year's Congress of Neurological Surgeon's theme: "*CNS: Connects.*" Through committee updates detailed herein, we celebrate the collaborative and interconnected spirit that drives innovation, research, and patient-centered care in our field. It is our hope that this newsletter serves as a source of inspiration and inventiveness for our readers, just as it has for us during the editorial process.

D. Ryan Ormond, MD, PhD and Stephanie Kim Cheok, MD
Tumor Section Newsletter Co-Chairs

LETTER FROM THE CHAIR

Dear Section on Tumors Members and Colleagues,

Summer has come and gone in a blink of an eye. I hope you were able to recharge during the summer months with your families. We have a busy fall this year with our upcoming 17th Biennial AANS/CNS Joint Tumor Section Symposium in Los Angeles October 10–11. As a reminder to all, this is our most important event we organize as a section. The theme of our meeting, "Beyond the Blade: Redefining the Role of the Tumor Neurosurgeon", captures the forward movement of neurosurgical oncology with exciting new technologies, diagnostics, and treatments that are redefining who we are. We will highlight how neurosurgeons are pushing beyond traditional surgical boundaries to innovate, advocate, and advance patient care. The symposium also includes dedicated mentorship sessions on building a lab, securing grant funding, and publishing in high-impact journals. I would like to thank **Daniel Orringer** and **Pablo Valdes** for all their hard work in helping organize our symposium. I would also like to thank all our industry partners who helped make this meeting possible and our incredible faculty and guest speakers.

At our gala reception during our symposium, I have the honor of granting special Tumor Section awards to our members who have made a lasting impact in our field. These awards (Mark Rosenblum Distinguished Service Award, Global Neurosurgery Oncology Award, Andy Parsa Mentorship Award, and the Charles Wilson Excellence Award) represent different facets of excellence we seek in our field. I am happy to report **Steven Kalkanis**, **Walter Stummer**, **Linda Liau**, and **Michael McDermott** will be the recipients of each award, respectively. Congratulations, and thank you for all you have done for all of us in the Tumor Section.

We are not finished yet! Immediately after our symposium, the Tumor Section scientific program for the CNS Annual Meeting will proceed in LA. A big thank you to **Mahua Day** and **Yoshua Esquenazi** for assembling an outstanding program. Our awards team, led by **Linda Bi** and **Frank Antonello** have ensured the best abstracts received the appropriate awards. We will hold a special

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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.

CHAIR'S MESSAGE *continued from page 2*

evening session to discuss neurosurgical oncology fellowships and the upcoming match the Tumor Section will oversee. Our new resident subcommittee led by **Ankush Chandra** and **Yosef Ellenbogen**, have organized this important event with a meet and greet with our fellowship directors. I would like to thank **Jeffrey Weinberg** and **Jason Sheehan** for helping lead the important match initiative for our fellowships in response to the mandate by CAST that all fellowships be part of a match.

Our Tumor Section webinars continue at an incredible pace including new areas of focus with skull base, spinal oncology, and a new Global Neurosurgery Tumor Board led by **Kate Drummond** and **Walter Stummer**. Please tune in to these wonderful webinars and check our website for all our activities (tumorsection.org).

Looking forward to seeing everyone soon as we collectively learn how to make a greater impact on the lives of our brain tumor patients through advocacy, innovation, and advancing patient care.

Sincerely,

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

DEVELOPMENT AND PARTNERSHIP

Chair: Chris Cifarelli, MD PhD

The Committee on Development & Partnerships continues to broaden perennial corporate and philanthropic support for Tumor Section priorities—education, research, and member engagement—while opening new conversations with emerging technology companies relevant to neuro-oncology and neurosurgical care.

Despite a challenging sponsorship climate, momentum remains strong. Renewals of previous support for the TS Symposium are healthy, our prospect pipeline is active, and targeted support for educational offerings—particularly the AANS/CNS Tumor Section Webinar Series—continues to be a primary focus. We are also evaluating mission-aligned opportunities to underwrite trainee programming and practice-readiness content that directly benefits members and their teams.

AWARDS COMMITTEE

Chair: Wenya Linda Bi, MD, PhD

We are happy to the report another strong roster of Tumor Section Award recipients for the 2025 Congress of Neurological Surgeons annual meeting, chosen from a competitive pool of submitted studies. Awards were chosen based on awardee criteria provided by sponsoring organizations. In line with the CNS 2025 theme of "CNS Connects", the award-winning abstracts represent investigators across diverse training stages, institutions, nations, and oncological niches.

Congratulations to the following CNS 2025 awardees for their exceptional work:

AANS/CNS Joint Section Tumor Neuro-Oncology Trainee Award (Ray Sawaya Trainee Award)— Owen Leary

American Brain Tumor Association Young Investigator Award—Jacob Young

BrainLab Neurosurgery Award—Muhammad Karim

Columbia Softball Skull Base Surgery Award— James Feghali

James Rutka Pediatric Tumors Award—Amelia Stepniak

Journal of Neuro-Oncology Award—John Choi

Lunsford and Leksell Radiosurgery Award—Suchet Taori

Medtronic Award—Leeor Yefet

Mizuho Minimally Invasive Brain Tumor Surgery Award—Youyuan Bao

Rosenblum-Mahaley Clinical Research Award— Andrew Sloan

Southeastern Brain Tumor Foundation (SBTF) Award— Zachary Gersey

StacheStrong Award—Adham Khalafallah

Zeiss Brain Tumor Research Award— Jane Skjøth-Rasmussen

BYLAWS SUB-COMMITTEE

Co-Chairs Walavan Sivakumar, MD and Desmond Brown, MD PhD

The Bylaws Committee completed a comprehensive review and ratification of significant updates to the Section on Tumors Rules and Regulations during this year's AANS Annual Meeting. The most notable revisions codify the specific requirements for becoming a voting member of the Section as well as eligibility criteria for service on the Executive Committee.

In addition, the Committee finalized updates to the Section's Standard Operating Procedures, establishing a streamlined process to ensure these documents are reviewed and updated annually, shortly after each AANS meeting. These changes strengthen governance, enhance transparency, and provide a consistent framework to support the Section's continued growth and leadership in advancing the field of neurosurgical oncology.

CAST SUB-COMMITTEE

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

The CAST Sub-Committee is currently working with Tumor Section leadership and the AANS to establish a formal relationship with NRMP for conducting a match in neurosurgical oncology fellowships. Participating sites will be asked to commit to the fellowship match requirements and will be bound by NRMP rules. Such a match will be similar to those currently conducted for other CAST neurosurgical fellowship programs. More details will be forthcoming soon.

CLINICAL TRIALS AND REGISTRIES

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

IMPORTANT DATES

EORTC Brain Tumour Group: Prague, Czech Republic:
October 15, 2025
Alliance Fall Meeting: Chicago, IL:
November 5–7, 2025
NRG Winter Meeting: San Francisco, CA:
January 22–24, 2026
Alliance Spring Meeting: Chicago, IL:
May 13–15, 2026
NRG Summer Meeting: Denver, CO:
July 16–18, 2026

Clinical Trials in Neuro-Oncology

In the prior newsletter, we highlighted the NRG trial BN003 "Phase III trial of observation versus irradiation for a gross totally resected grade II meningioma."

In this report, we highlight 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." This phase II trial compares the safety and effectiveness of relatlimab + nivolumab to standard of care lomustine for patients with recurrent glioblastoma. Secondary outcomes include overall survival and progression free survival. This randomized trial aims to enroll 184 patients. PI is Michael Lim, MD, PhD.

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

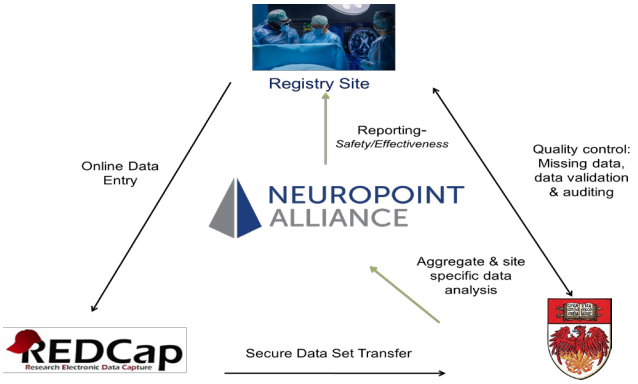
Alliance:
www.allianceforclinicaltrialsinoncology.org/main/public/standard.xhtml?path=%2FPublic%2FMeetings
Contact: Meetings@AllianceNCTN.org

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.

COMMUNICATIONS COMMITTEE

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

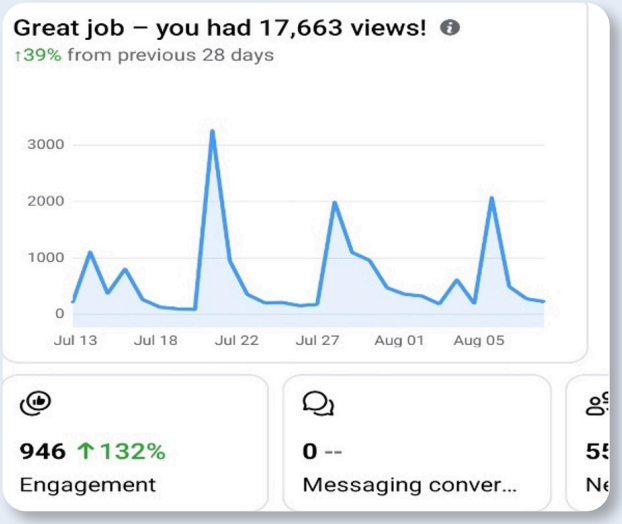
Our mission remains clear: to bridge the knowledge and academic gap between countries, with a particular emphasis on developing nations. Through a carefully planned calendar of CME-accredited educational activities and free webinars, we have created opportunities for participants worldwide to engage with top neurosurgeons, learn from their expertise, and discuss complex cases in an interactive format.

We organize CME-accredited, free educational webinars and virtual courses that allow participants from across the globe to learn directly from, and interact with, leading neurosurgeons. These sessions cover a wide range of topics in neurosurgical oncology, encouraging not only skill development but also international networking and exchange of ideas.

The Communication Committee plays a vital role in this mission by:

- Planned and disseminated announcements for all educational activities, ensuring that these events reach audiences in every region.
- Shared timely updates from our journal and from advances in neurosurgical oncology, making sure our members remain informed of the latest evidence-based practices.
- Highlighted key awareness dates, such as Glioblastoma Awareness Day, to emphasize our shared commitment to research, patient care, and advocacy.

Some notable stats are included:



Keeping with the CNS connect theme, we are always looking to promote more collaborations between our subcommittees, our members and neurosurgeons around the world. Some of our achievements in this context this year are as follows

- Connect neurosurgeons around the world by bringing them to a single platform both in person and through our virtual events
- Connect to patients through our collaboration with the National Brain Tumor Society and promoting MyTumorID
- Connecting to residents by promoting our events including the Limelight Research Series
- Connecting to the general public through awareness programs
- We have actively welcomed posts and contributions from colleagues around the world, giving them a platform to share their research, operative experiences, and educational initiatives.

We welcome your contributions—whether research, publications, guidelines, events, or advocacy initiatives. Tag us on Instagram (@nstumorsection), X (@NSTumorSection), Facebook, or LinkedIn, or email us directly (drnoorneuro@gmail.com, randy.damico@gmail.com, kristinhuntoon@gmail.com)—and we will help amplify your work.

Together, we are not only informing but are connecting the brain tumor community in meaningful and lasting ways.

EDUCATION

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

As we prepare for the upcoming **CNS Annual Meeting** in Los Angeles, we are excited to showcase this year's theme: *CNS Connects*. The 2025 CNS Annual Meeting (October 11–15, Los Angeles Convention Center) will once again serve as the premier neurosurgical conference, dedicated to fostering meaningful connections across our diverse and evolving field. Positioned at the intersection of innovation and tradition, the meeting will highlight the breadth of neurosurgical practice and perspectives while reaffirming the central values of humanism and compassion in medicine.

The Education Committee continues to reach new heights in promoting knowledge-sharing, professional development, and global collaboration within the neurosurgical community. Over the past period, the committee has made significant strides in fostering collaboration across all subcommittees, ensuring a unified approach to educational initiatives.

In alignment with the *Education Committee's mission* to support professional development across the career continuum, we are pleased to share several important updates on our initiatives:

Under the impeccable leadership of Prof. Costas Hadjipanayis, the section has made progress in different areas specifically under the domain of education. Prof. Hadjipanayis has just launched the *Journal of Neuro-Oncology: Discovery* which marks another big milestone for our field. Prof. Costas Hadjipanayis is the Editor in Chief of this new journal. It is an open access journal which will provide another platform for basic, translational, clinical, and interdisciplinary research in neuro-oncology. The *J Neuro-Oncology Discovery* will serve as the sister journal to the well-established and successful *J Neuro-Oncology*. Submissions are now open link.springer.com/journal/44499

A highlight of our efforts is the delivery of a diverse, CME-accredited, free webinar series covering a wide array of topics. These webinars provide an inclusive platform for learning and discussion, reflecting our commitment to advancing neurosurgical education globally.

In line with innovation, we are introducing a Computational Neurosurgery Series, highlighting an emerging area of great interest. This series will provide cutting-edge insights under supervision of Prof. Antonio di Leva.

Further strengthening our educational offerings, Prof. Kate Drummond will inaugurate the Tumor Board Series, an interactive platform designed for residents to present and discuss complex cases. This initiative aims to expand representation from Asia and foster international collaboration, particularly in partnership with the WFNS and AASNS.

We continue to promote the Limelight Series, a platform designed to showcase the research and clinical contributions of residents and students, encouraging active participation and highlighting the next generation of neurosurgical talent.

We also wish to highlight our equally diverse website, tumorsection.org, which truly has something for everyone. The site provides patient resources, educational content, and a digital library offering free access to all previous webinars, ensuring knowledge is accessible to learners worldwide.

The Skull Base, Innovations in Glioma Therapy and Brain Mapping are also our notable series which have already gained popularity. The Education Committee remains committed to incorporating new ideas and suggestions, ensuring our programs are dynamic, inclusive, and forward-looking. We welcome input from all members to continue enhancing the quality and reach of our educational initiatives.

Partnership with CNS Nexus:
Expanding Oncology Case Resources

We are proud to announce that the Tumor Section is a formal partner with CNS Nexus, a major milestone that underscores our commitment to advancing neurosurgical education. Over the coming year, we will collaborate to update and expand the oncology case collection within the Nexus platform, ensuring residents and early-career neurosurgeons have access to the most up-to-date and clinically relevant material.

Current Oncology Case Portfolio (Tumor Nexus Data):

- Total cases: 113
  - Extra-axial: 42
  - Intra-axial: 49
  - Endoscopic: 22

- Content quality: Most entries include a combination of intraoperative/postoperative images, videos, labels, and text.
  - 51 cases include videos (46%), though only a minority have audio or labeling.
  - 10 entries are currently empty (primarily intradural and LITT-related).
  - 6 cases require recategorization (colloid cyst/ventricular cases).

Opportunities for Growth:

- Expanding video content for entries currently limited to still figures.
- Filling in empty cases to ensure complete coverage.
- Exploring the addition of management protocols for lesions such as gliomas to enrich clinical context.

These enhancements will strengthen the educational value of the Nexus platform and directly support the professional development of our trainees and members. While the majority include images and supporting text, opportunities remain to expand video content, complete missing entries, and consider the addition of management protocols for complex lesions such as gliomas. These improvements will ensure that trainees and members alike benefit from the most current and clinically relevant oncology resources.

The Education Committee remains committed to advancing resources, fostering collaboration, and improving access to high-quality educational content for the Tumor Section and the wider neurosurgical community. We look forward to sharing continued progress at the CNS Annual Meeting and beyond. We remain committed to advancing education, collaboration, and innovation for the Tumor Section. We welcome members' ideas, feedback, and contributions of cases or educational materials to strengthen these resources even further. Together, we can continue to shape the future of neurosurgical education.

Thank you for your support and engagement.

RESEARCH AND NEUROSURGERY RESEARCH EDUCATION FOUNDATION

Co-Chairs: Daniel Cahill, MD and Gelareh Zadeh, MD PhD

We would like to highlight the activities of "The Limelight Research Webinar series" that continues to grow in its efforts with a second session hosted over the past quarter. Each session was designed to highlight the important contributions of trainees in neuro-oncology and to provide an open forum for discussion and exchange.

The first session took place on April 10 and was hosted by Dr. Ian Parney with trainee talks from Cecile Riviere-Cazaux (medical student), Adarsha Malla (medical student), and Sanjeev Herr (medical student). This session set the stage for the series with engaging presentations and active discussion that reflected the range of research being pursued by trainees. The second session, held on July 11, was co-hosted by Dr. Kate Drummond and Dr. Michael Link. This session featured new presentations that covered a diverse set of topics. The trainee presenters were Rahul Kumar (PGY5), Dr. Husain Shakil (PGY5), and Kyle Tuohy (PGY4).

Attendance at both sessions has been excellent, with strong participation from medical students, residents, fellows, and faculty. The webinars are being held on a quarterly basis, creating a regular opportunity for trainees to present and for the community to come together. The next session is planned for this fall, and details will be announced shortly. With each event, the series continues to grow as a space for connection, learning, and recognition of trainee-led research. The limelight initiative also supports resident mentorship and development. Dr. Yosef Ellenbogen, a PGY4 Neurosurgery Resident and PhD candidate at University of Toronto, has gained leadership experience in creating, organizing and co-leading with Dr. Cahill and Dr. Zadeh.

GUIDELINES

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

This year's theme at the CNS Annual meeting is "CNS Connects." The Guidelines Sub-Committee's efforts truly exemplify this theme. We work together with the CNS Guidelines Committee on Guidelines development, and through this effort, work to improve the care of our tumor 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, 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 completing the systematic review of eligible articles and working on tables.

Nonfunctioning Pituitary Adenoma Guidelines are being updated under the direction of Manish Aghi and are in the abstract review process.

Primary Glioblastoma Guidelines are due for an update, and author groups have been organized under the direction of Ryan Ormond and work will commence later this year.

Metastatic Brain Tumor Guidelines are being updated through a PCORI grant with the systematic review underway.

Craniopharyngioma Guidelines have been accepted as the newest of the Tumor Guidelines by the CNS Guidelines Committee, PICO questions have been finalized and the literature search will proceed with abstract review shortly under the direction of Mike Karsy and Jamie Van Gompel.

In order 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.

Finally, The Joint Tumor Section strives to increase the efficiency of Guidelines Development. With a large backlog of CNS Guidelines from multiple sections, we appreciate that the Tumor Section Executive Committee Leadership has approved the purchase of four Distiller licenses for the Tumor Section's exclusive use, along with the strategic use of Rayyan software, to help keep Guidelines writing moving more efficiently through the development process.

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 maybe 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 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.

Many recent developments are worth noting. We have three major dedicated pediatric CNS tumor consortia (PBTC, PNOC, 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. An increasing number of national multi-disciplinary think-tanks and disease-focused expert groups are focused on the best way to translate the rapidly growing molecular data into the most effective clinical trials and treatments for our patients. 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.

SPINAL ONCOLOGY

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

Spine oncology continues to emerge as a vital and rapidly evolving subspecialty within neurosurgical oncology. Advances in surgical techniques, systemic therapies, and radiation modalities combined with the distinct challenges of spinal instrumentation in oncologic patients have underscored the need for specialized focus and collaboration. The Spine Oncology Sub-Committee remains committed to advancing the field through education, research, and connection, ensuring that patients benefit from the latest innovations and multidisciplinary approaches.

Over the past year, we have focused on strengthening education and collaboration within our field through a series of interactive webinars. These hour-long sessions have allowed us to explore a range of important topics, including spinal metastatic disease, intramedullary tumors, radiation treatment, and the practical considerations of building and sustaining a spine oncology practice. By bringing together experts across disciplines, these programs provided our members with valuable perspectives and clinical data that inform patient care.

This year's theme, CNS Connects, resonates deeply with the mission of our sub-committee. Our work emphasizes the importance of connection—connecting clinicians with knowledge, connecting specialists across diverse practices, and connecting our community of neurosurgeons with the latest advances in spine oncology. The dialogue fostered in our webinars reflects this spirit, providing a platform for shared learning that reaches well beyond the walls of a single institution.

Looking ahead, the Spine Oncology Sub-Committee is committed to building on these efforts by expanding opportunities for engagement and education. We aim to further enhance collaboration between neurosurgery, radiation oncology, and medical oncology while continuing to address the evolving challenges in spine tumor care. We look forward to deepening these connections at the upcoming CNS Annual Meeting and invite all members to join us in advancing both our knowledge and our community.

SKULL BASE SURGERY

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

The Skull Base Sub Committee has had a busy year, reinforcing the strong commitment of the Tumor Section and the CNS to skull base and pituitary tumors. Close collaboration with the NASBS leadership and membership has helped to strengthen these efforts. One example of this is the ongoing webinar series in collaboration with the NASBS. Covering a wide range of skull base tumor topics, including a series on endoscopy in skull base surgery and webinars on rare tumor trials, acoustic neuroma management and updates on meningioma, these webinars are a great example of the Tumor Section subcommittee organization at work.

The 35th Annual Meeting of the North American Skull Base Society (NASBS) will take place in San Diego from March 6-8, 2026, with a pre-meeting hands-on cadaver course immediately preceding the meeting. Under the leadership of Madison Michael, the NASBS continues to grow membership and broaden their scope. Efforts toward greater global connection, dramatically expanded by the joint WFSBS meeting this past year are continuing with collaborations with skull base societies in Canada, South and Central America. Many CNS Tumor Section and NASBS members are also taking part in the upcoming ESBS (European Skull Base Society) meeting from December 4–7, 2025, in Zagreb, Croatia. A premeeting practical course is also planned for the 2 days prior to the meeting. Already with the largest confirmed international faculty in recent years, this cross-continental collaboration should prove to be another sign of the growth of our subspecialty and will feature a significant contribution by surgeons from the US and members of the Tumor Section. Simultaneously, the Tumor Section is partnering with the World Federation of Neurosurgical Societies (WFNS) to help organize the Skull Base Program in Dubai during the first week of December 2025. Several Tumor Section members have already confirmed their participation, further underscoring our growing global collaboration and commitment to advancing the skull base surgical field.

Finally, this year will contain the third year for skull base fellowship match through the NASBS. The process has provided a stable and consistent format for matching of the multitude of trainees seeking advanced training post-residency. The number of fellowship positions has continued to increase, reflecting the growth of the skull base subspecialty and recognition of its importance within neurosurgery.

RESIDENT COMMITTEE

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

We are excited to announce the formation of the Tumor Section Resident Subcommittee, a new initiative designed to support education, collaboration, and engagement among trainees in neuro-oncology. The subcommittee includes 16 members, with representation from across North America as well as two international residents, highlighting the broad interest and enthusiasm for this effort.

The group is already working on a number of exciting projects. At the upcoming satellite Tumor Section meeting, the subcommittee will host Exploring Neurosurgical Oncology Fellowships: A Resident Meet and Greet on Saturday, October 11, from 7:00–9:30 pm. This informal gathering will provide residents with the chance to connect directly with fellowship directors, current fellows, and recent applicants. The programs participating include MD Anderson, MSKCC, Barrow, UCLA, Yale, Mayo Clinic, Emory, Moffitt, University of Miami, Washington University, Ohio State, and others.

In addition, the subcommittee is planning a Tumor Jeopardy event for the CNS meeting, which will serve as a fun and interactive activity to bring residents together and build community during the conference. The group is also developing a mentorship program to connect residents with faculty mentors and support career development.

We are excited about the launch of these projects and look forward to sharing more updates as the work of the Resident Subcommittee continues to grow. Please reach out if you have any questions or ideas (ankush.chandra@uth.tmc.edu or yosef.ellenbogen@uhn.ca)

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 tumors.

Our most exciting update is the development of a quarterly tumor board webinar in collaboration with the WFNS Neuro-Oncology Committee and the various continental societies. The inaugural webinar, on September 4th, will be in collaboration with the EANS. Three cases will be presented by young or trainee neurosurgeons, with comments by a panel of international experts. We hope you can join us for our first webinar, which will be a truly global experience, with contributions from Germany, Australia, Nigeria, India and the USA.

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!

EARLY CAREER NEUROSURGEONS

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

As co-chairs for the Early Career Neurosurgeons Subcommittee, Dr. Esquenazi and Dr. Shah are very excited about the progress of our committee over the last year. We have begun our series of Tumor Section webinars with neurosurgeons from across the world to discuss relevant topics in neuro-oncology. These educational initiatives are designed to provide robust learning opportunities, and allow for ECNC members to network and engage in a thoughtful discussion on emerging issues in tumor neurosurgery. Additionally, we are planning our first inaugural Tumor Soiree on April 27 that the AANS to discuss controversial cases and novel treatment paradigms for brain tumors on Sunday. Our dinner will feature young and mid-career neurosurgeons and will encourage collegia discussions on important clinical cases. In keeping with the theme of "Power of One, Impact of many", we will also be honoring Dr. Randy Jensen at the dinner at the AANS to highlight his indelible impact on tumor neurosurgery. We look forward to seeing you at the AANS!

INNOVATION AND TECHNOLOGY

Co-Chairs: Michael Ivan, MD and Kimberly Hoang, MD

Since last update, the Tumor Section's Technology & Innovation Subcommittee has continued development of its initiative entitled "Time to Technology." The goal of this project is to characterize and quantify the timeline and trajectory of major technological developments in neurosurgical oncology. By mapping the path from proof-of-concept through clinical adoption, we aim to highlight the value of academic investment, demonstrate return on innovation, and position the Section to engage industry partners for investment in neurosurgical oncology technology development.

Technologies under evaluation include laser interstitial thermal therapy (LITT), 5-ALA fluorescence, brachytherapy, connectomics, Raman spectroscopy, and focused ultrasound, with additional modalities to be incorporated, as appropriate. For each technology, we track milestones such as first proof of concept, preclinical studies, first-in-human reports, clinical trials, and adoption into practice, while also assessing abstracts, publications, sponsorship data, and industry engagement.

Deliverables will include a recurring database and metric system to monitor the emergence of new technologies. These efforts are expected to culminate in scientific abstracts, publications, and long-term sponsorship opportunities that strengthen the partnership between neurosurgical oncology and the broader innovation community.

MEDICAL NEURO-ONCOLOGY

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

Over the past year, neuro-oncology has seen several major milestones—ranging from new FDA approvals to exciting early-phase innovations.

Dordaviprone (Modeyso) received accelerated FDA approval on August 6, 2025, for H3 K27M–mutant diffuse midline glioma—the very first systemic therapy approved for this aggressive subtype.

This year's ASCO meeting provided several high-impact neuro-oncology updates. The final analysis of CATNON defined the optimal treatment for intermediate and high grade IDH mutant astrocytomas. Radiotherapy followed by 12 cycles of adjuvant temozolomide increased median overall survival to 12.5 years, with concurrent temozolomide showing no benefit—thus cementing adjuvant-only TMZ as the new standard of care in this group.

Cell therapy continues to capture attention. Penn researchers presented promising Phase I data on a dual-target CART approach (EGFR + IL13Rα2) delivered directly into the cerebrospinal fluid for patients with recurrent glioblastoma.

Another CART strategy, dubbed CARv3TEAME, targets the EGFRvIII antigen while simultaneously engaging wild-type EGFR via secreted Tcell engaging molecules. In the INCIPIENT trial, intraventricular administration led to detectable CART cells in cerebrospinal fluid for over a month and demonstrated clear immune activation, reinforcing early signs of feasibility and safety

The meeting further highlighted a CAR T trial delivering HER2 targeted cells into the CSF—well-tolerated and showing encouraging radiographic and cytologic responses, along with prolonged CAR T presence in the CSF.

Dr. Ayal Aizer from Brigham and Women's Hospital presented phase III data comparing stereotactic radiotherapy (SRS/SRT) with hippocampal avoidance whole-brain radiotherapy (HAWBRT) in patients with 5 to 20 brain metastases. The study demonstrated that SRS/SRT led to significantly fewer patient reported symptoms and less interference with daily functioning compared to HAWBRT, without compromising survival. These results extend the cognitive advantages of SRS beyond the traditional 1–4 metastases window and may influence evolving practice guidelines favoring SRS for broader patient groups.

Regarding ultrasound-mediated drug delivery, the pivotal SONOBIRD trial is testing the SonoCloud 9 implantable ultrasound device combined with carboplatin in recurrent GBM. The device transiently opens the blood–brain barrier to enhance chemotherapy penetration. This Phase III study compares the combination against standard-of-care chemotherapy (lomustine or temozolomide) in first recurrence GBM, with a target enrollment of 560 patients across ~40 sites in Europe and the U.S. Recruitment began in February 2024 and over 100 patients have been enrolled to date, with completion expected in 2026.

On the vaccine front, two late-phase GBM trials are nearing their pivotal readouts. IGV 001, an antisense oligonucleotide-based autologous vaccine, has completed accrual in its Phase IIb study following FDA fast-track designation. SurVaxM, an amino acid–peptide conjugate vaccine in newly diagnosed GBM, has also finished enrollment in its Phase IIb registration trial. Results from both studies are expected within the next year and could help define the role of therapeutic vaccines in GBM management.

Progress is underway with Diakonos Oncology's novel dendritic cell vaccine, DOC1021 (also known as Dubodencel), in treating glioblastoma. Early Phase I data showed an excellent safety profile and encouraging signs of immune activation—prompting the move into a randomized Phase II trial which is now enrolling, with the first patient recently dosed.

The global Phase III Gliofocus trial is testing whether the PARP inhibitor niraparib can improve outcomes compared with temozolomide in newly diagnosed, MGMT-unmethylated glioblastoma. Building on early data showing high brain penetration, the study is planning to be enrolling at more than 100 sites worldwide, with results expected to clarify niraparib's role as a potential new standard in this high-need population.

Upcoming Readouts & Trial Timelines

Trial / Program	Status	Timeline
IGV 001 vaccine (antisense oligonucleotide platform)	Phase IIb complete	Readout expected in 2025–2026
SurVaxM vaccine (amino acid–peptide conjugate)	Phase IIb trial complete	Results anticipated 2025–2026
ACTION (dordaviproneconfirmatory)	Ongoing	Initial data likely in 2026
GLIOFOCUS (niraparib vs TMZ in MGMT-unmethylated GBM)	Phase III	Readout expected in 2027
SonoCloud 9 / SONOBIRD (ultrasound + carboplatin in recurrent GBM)	Phase III	Completion expected 2026

Vorasidenib, already FDA-approved for grade 2 IDH-mutant gliomas, received a positive opinion from the EMA's CHMP in July 2025, paving the way for its first approval in Europe. The decision follows Phase III INDIGO trial results showing the drug more than doubled progression-free survival and significantly delayed the need for further treatment, offering a strategy to postpone radiation or chemotherapy in selected patients.

JOURNAL OF NEURO-ONCOLOGY

Editor-in-Chief: Jason Sheehan, MD

JNO's popular Tumor Talk Series with the Seattle Science Foundation (SSF) continues to highlight important works and gather broad audiences. This webinar series is a means to highlight works by Tumor Section contributors. JNO had more than 1.2M downloads of works in 2024 demonstrating the broad reach of the journal and its offerings.

Regarding JNO special collections, Dr. Shepard, Dr. Williams, and Dr. Cifarelli are leading a special collection on cutting edge approaches for glioblastoma management. Drs. Bouffet and Khatua are leading a collection on immunotherapy for pediatric brain tumors. Drs. Lim, Choi, and Kim are leading a special collection on vestibular schwannomas. Also, Drs. Barnholtz-Sloan, Ostrom, and Waite are leading a special collection on real-world data sources for brain and CNS tumor research.

JNO has a YTD increase in submissions of ~35%. Thus, the competition for publication in JNO continues to increase.

The Tumor Section and JNO/Springer have finalized a new agreement and will continue to offer electronic subscriptions to Tumor Section members. Also, the Tumor Section has the option for 1 special collection per year. Finally, JNO continues to sponsor awards at the AANS and CNS annual meetings for Tumor Section scientific accomplishments.

Please contact me with your recommendations and suggestions for JNO. Involvement as a reviewer or special collection editor are always welcomed. I can be reached at jsheehan@virginia.edu.

MEMBERSHIP AND MEMBERSHIP SERVICES

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

The membership committee has worked hard to add value to Tumor Section membership. We personally contacted all tumor section members that had not paid their 2025 membership dues. Many members responded to our reminder, and we have significantly improved our number of dues paying members at year-to-date. 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 1,950 total members, with over 500 active members that are tracking ahead of the prior year, and over 1,000 medical student, resident and fellow members.

METASTASIS

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

As the inaugural Brain Metastasis (BrM) Sub-Committee (SC), our group continues to refine our objectives, build partnerships and extend our impact. Our aim to represent the BrM neurosurgery community at annual meetings through cross disciplinary and multi-sector collaboration continues most recently via participation at the SNO/ASCO CNS Metastases Conference in Baltimore, MD, this August 2025 where brainstorming sessions and new research into connectome-based SRS and recognition of leptomeningeal disease as a combination neoplastic/inflammatory state, yielded exciting advances in both areas of study. We continue to work with NCI leadership to advocate for greater representation of our BrM SC members in research discussions. Efforts continue to increase BrM SC member participation in multidisciplinary trials and panels to help define standard of care and synthesize BrM efforts across consortia. We have had preliminary meetings with the ABTA to serve as a resource for patient-directed education and build relationships as they grow BrM specific research funding. Finally, we continue our work towards a BrM collaborative to capitalize on the talent and volume of individual CNS Metastasis Centers across North America through our shared efforts.

HISTORY

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

1. A new named lecture from the AANS History Section (The Samuel Greenblatt Lecture) will be inaugurated in San Antonio to recognize the significant contributions of Dr. Greenblatt to the history of medicine and specifically the study of cerebral functional localization. The lecture will feature annually a neurosurgeon or neuroscientist who has fundamentally contributed to this topic, which very much involves the history and surgery of brain tumors and localizing other lesions or diseases.
2. The Samuel Greenblatt Award will honor the best history abstract and essay/paper (unpublished or not submitted) by a medical student with a $200 prize and an oral presentation.
3. A great History Section Dinner is planned in San Antonio with a return to the reputable best meeting dinner structure—cocktails, sit down, and a fantastic presentation on the relevant history of the Texas Revolution presented by the Alamo Historian, Dr. R. Bruce Winders—Weapons and Wounds of the Texas Revolution—Don't miss the History Dinner!
4. We want engagement from young and old members. We seek shared section involvement. Let us know how we can help your section, and you ours!
5. We are trying to return to our best "graduate seminar" series on the history of neurosurgery featuring topical readings and discussion involvement by all attending—plans are forthcoming.

RADIATION ONCOLOGY

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

A number of clinical trials have reported findings that guide SRS practice. At the 2025 ASCO Annual Meeting, Aizer A et al. presented results of a randomized control trial comparing outcomes of patients who received SRS vs. hippocampal whole brain radiotherapy (HA-WBRT) for 5-20 brain metastases from solid primary cancers other than small cell lung cancer [NCT03075072]. The primary endpoint was quality of life, measured as the average of patient-reported symptom severity and interference over the first six months post-baseline relative to baseline, using the MD Anderson Symptom Inventory–Brain Tumor (MDASI-BT) module. There were 196 patients enrolled in the study between 2017 - 2024 and the median number of brain metastases was 14 (IQR 11-18). The study showed that patients with 5-20 brain metastases experienced fewer symptoms and less interference in function after SRS vs. HA-WBRT, without differences in overall survival, demonstrating the benefit of SRS over HA-WBRT in this patient population.

Regarding SRS outcomes for patients with small cell lung cancer brain metastases, a single-arm, multicenter, phase 2 prospective clinical trial of SRS in patients with 1-10 brain metastases was done to evaluate the rates of neurologic death compared to historical controls of patients with small cell lung cancer brain metastases treated with WBRT [Aizer A et al, JCO, 2025, NCT03391362]. Between 2018-2023, 100 patients were enrolled. The median number of brain metastases was 2 (IQR 1-4). The median overall survival of the cohort was 10.2 months. The rate of neurologic death at one year was 11.0% (95%, CI, 5.8-18.1), whereas the historical rate in patients treated with WBRT was 17.5%, supporting the role of SRS for this patient group.

For preoperative SRS for brain metastases, the optimal dose has been unclear. Initial reports of preoperative single fraction SRS used an empirical 10-20% dose reduction compared to the standard RTOG 90-05 single fraction SRS doses, but subsequent studies showed the safety of both standard and dose-reduced preoperative SRS. The multicenter cohort study from the Preoperative Radiosurgery for Brain Metastases (PROPS-BM), which combines prospective and retrospective registries from eight institutions, compared the outcomes of dose-reduced versus standard preoperative SRS doses [Prabhu R.S. et al, Advances Radiation Oncology 2025]. Of 307 patients, 60% received dose-reduced SRS for brain metastases and 40% received standard single fraction SRS dose (≥20 Gy for lesions ≤2 cm, ≥17 Gy for >2 to 3 cm, and ≥14 Gy for >3 to 4 cm) for brain metastases up to 4 cm in maximum diameter. At two years, there were no differences in cavity local recurrence (15.3% vs. 16.3%, p=0.69), meningeal disease (8.3% vs. 1.7%, p=0.07), nodular meningeal disease (23% vs. 22%, p=0.86), or adverse radiation effect (6.8% vs. 8.0%). A trend for increased rate of meningeal disease after dose-reduced preoperative SRS was seen in univariable and multivariate analysis, but not in propensity score matched analyses. Of note, the ongoing NRG Oncology cooperative group phase 3 clinical trial of preoperative versus postoperative SRS for patients with brain metastases (NRG BN012, NCT05438212) uses mildly RD single fraction preoperative SRS.

For vestibular schwannomas, a randomized clinical trial compared outcomes of two SRS dose/fractionation regimens [Marchetti M et al, IJROBP, 2025]. 108 patients were enrolled and randomized to either hypofractionated SRS with 18 Gy in 3 consecutive fractions or single fraction SRS with 12 Gy in 1 fraction using a Cyberknife platform. The primary endpoint was hearing preservation 36 months after radiation. The mean cochlea dose was 7.5 Gy in the 3-fraction arm and 4.5 Gy in the single fraction arm. The PFS at 3, 5, and 10 years from radiosurgery was 92.7%, 89.8%, and 89.8%, respectively, with no significant differences between the two groups. At 36 months, there was no significant difference between the 3 fractions versus single fraction regimen in maintenance of serviceable hearing (hazard ration 1.083; [95% CI, 0.603-1.946], and P = .789) indicating that hypofractionated SRS did not significantly improve the hearing preservation rate compared to single fraction SRS for vestibular schwannoma.

NONPROFITS

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

The Non-profit Subcommittee remains committed to building bridges between the Tumor Section and non-profit brain tumor groups to promote research, clinical care, and advocacy.

The American Brain Tumor Association (ABTA) recently launched its clinical advisory committee (CAC), which neurosurgeon epidemiologist Dr Elizabeth Claus chairs. In ABTA's efforts to provide top-notch patient-facing education and research funding to brain tumor investigators, the CAC offers guidance on the organization's operations, including patient services, educational brochures, financial assistance programs, and patient meeting toolkits, in addition to the various webinars and annual meetings run by the organization. Perhaps most impactful has been the recently launched Clinical Trial Finder on the ABTA website (https://www.abta.org/about-brain-tumors/treatments-side-effects/find-clinical-trials/#/study). The phased rollout of this resource has been a huge success, featuring AI-simplified study descriptions with real-time updates performed by partner institutions. Tumor section members are invited to share these valuable resources with colleagues, patients, and families.

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. This year, 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.

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 lead 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/or 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 also 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

The Society for Neuro-Oncology received a record number of abstract submissions for its 30th Annual Scientific Meeting and Education Day, which this year will be held in conjunction with the 7th Quadrennial World Federation of Neuro-Oncology Societies meeting—an honor SNO receives only once every 12 years. Overall, abstract submissions increased from 1,330 to 1,961 year-over-year (a 47.4% increase). Of particular note, neurosurgical abstracts rose from 127 to 195.

An international planning committee—including representatives from the Asian Society for Neuro-Oncology (ASNO) and the European Association of Neuro-Oncology (EANO)—led by SNO scientific co-chairs Adrienne Boire, Howard Colman, Mariella Filbin, Joanna Phillips, and Erik Sulman, have organized a broad and varied program. Highlights include keynote presentations from Hui Gan, Dieter Henrik Heiland, Sabine Mueller, and Mario Suvà. Tracy Batchelor will deliver the Victor Levin Lecture, and Adrienne Boire will present the Quinn and Zeng Spinal Oncology Lecture. Immediately preceding the main meeting, SNO's Education Day will explore comparative international approaches to neuro-oncologic care and emerging technologies in the treatment of brain tumors, further reflecting the global nature of this year's conference.

Earlier this year, SNO organized two additional topic-specific conferences: the Biennial Conference on Pediatric Neuro-Oncology (May 15–17, 2025, San Diego, CA) and the Joint SNO/ASCO Conference on CNS Metastases (August 14–16, 2025, Baltimore, MD). Both events achieved record attendance.

In August, SNO proudly announced the launch of the fourth title in the Neuro-Oncology family of journals: *Neuro-Oncology Pediatrics*. This new open-access, interdisciplinary journal is dedicated to advancing the field of pediatric and adolescent/young adult (AYA) neuro-oncology. Led by Editor-in-Chief Sabine Mueller, the journal publishes high-quality basic, translational, and clinical research spanning the full spectrum of brain, spine, and peripheral nerve tumors affecting children and AYAs—including studies on late effects, survivorship, and quality of life. *Neuro-Oncology Pediatrics* is published by Oxford University Press and is co-owned by EANO and SNO. Its editorial leadership team includes representatives from the three charter members of the World Federation of Neuro-Oncology Societies—ASNO, EANO, and SNO—ensuring a truly international perspective. SNO thanks the Pediatric Brain Tumor Foundation for its generous grant to help establish the new journal.

Also on the publishing front, SNO recently finalized a strategic affiliation with the Central Brain Tumor Registry of the United States (CBTRUS). This partnership is designed to strengthen both organizations' efforts in brain tumor research and education, while fostering an integrated strategy to improve publishing efficiency, amplify shared resources, and further solidify CBTRUS as the premier source for annual histology-specific statistical information on all primary brain and other CNS tumors in the United States.

Finally, SNO's philanthropic arm was reorganized this year as an independent 501(c)(3) non-profit corporation, *Beat Brain Cancer: The Foundation of the Society for Neuro-Oncology*. Beat Brain Cancer will further enhance SNO's educational mission by funding innovative programs and investing in practical courses to ensure members are equipped to usher in the next era of discovery. To celebrate SNO's anniversary, founding president Victor Levin has generously pledged $250,000 to match all donations made to Beat Brain Cancer, up to $250,000. More information about the foundation is available at www.beatbraincancer.org.

2026 AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS ANNUAL MEETING UPDATE

President: E. Sander Connolly Jr., MD, FAANS

All Tumor Section members are invited to attend 2026 AANS Annual Scientific Meeting, taking place May 1–4 in San Antonio, Texas. This vibrant, fast-growing city will serve as the backdrop for our boldest program yet, built around the theme: Neurosurgery Frontiers: Innovation, Collaboration, Transformation.

This meeting will showcase the future of neurosurgery—spotlighting pioneering research, cutting-edge technologies and bold new approaches to care. The scientific program will explore advances in AI, robotics, intraoperative tools, personalized medicine and more. Designed to foster collaboration across all corners of the specialty, this meeting will challenge us to think differently, connect more deeply and drive real change.

New this year, we're introducing enhanced formats that bring together scientific and industry leaders in dynamic, solution-focused forums. These sessions will allow our partners to spotlight key innovations and engage directly with neurosurgical teams to define what's next in the field. It's a powerful opportunity to align clinical insight with technological advancement—together.

Housing is open, and registration opens soon. I encourage you to reserve your accommodations to secure your spot at the center of the action in San Antonio, TX. Learn more at https://annualmeeting.aans.org/.

We're building something extraordinary—don't miss your opportunity to be part of it. Join us as we push the boundaries of innovation and shape the future of neurosurgery together.