

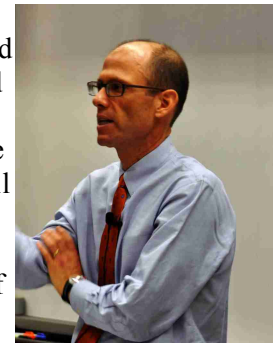
The ANA/NJ Mini-Conference
October 24, 2010
Summit Medical Group Lawrence Pavilion
Berkeley Heights, NJ



Wilma Ruskin opens the Conference

All reports tell us that the 2010 Mini Conference, “Diagnosis Acoustic Neuroma: What Next?” was a great success. About ninety people were in attendance, including an unprecedented number of eight participating medical professionals. The day was busy, the meetings were information-packed, the Summit Medical Group facilities were excellent, there were opportunities to ask questions, meet new friends, take a chance on the raffle, buy one of the new ANA/NJ T-shirts, and there was a very good box lunch.

At the morning session, ANA/NJ president Wilma Ruskin welcomed everyone, and Victor Mankoski, the program chairperson, introduced the members of the Doctors’ Panel who were present to discuss “Patient Profiles – Treatment Options.” As shown in the photo above (from left to right), the panelists were: Dr. Philip E. Stieg (Weill Cornell), Dr. John Gofinos (NYU), Dr. James Liu (UMDNJ) and Dr. Louis Schwartz (Overlook). The panel moderator was Dr. Jed A. Kwartler (Summit Medical Group). Dr. Kwartler’s orchestration of the panel discussion was outstanding.



Dr Jed Kwartler

The panelists were confronted with a series of AN patient profiles and associated MRIs, and they were asked about possible treatment options, to include wait-and-watch, the surgical approaches, single-dose radiation (radiosurgery) and fractionated radiation (radiotherapy). Case No.1, for example, was that of a young male patient, age 38, who presented with no useful hearing, facial nerve weakness, and a giant acoustic tumor, as shown in the MRI projected on the large screen at the front of the room. The flow of ideas this case provoked was fascinating to follow. Briefly (1) Dr. Steig – radiation not an option in view of tumor size; wait-and-watch out because of young age; retrosigmoid surgery recommended, but could be translab (2) Dr. Gofinos- translab surgery the way to go; MRI shows the tumor one of the “soft” ones, a “sticky problem for removal (3) Dr. Liu – a patient type that gets into trouble; translab surgery best, he’s young, try to get it all (4) Dr. Schwartz – agree the tumor too large for radiation; hearing is not an issue; consider surgery to decompress.

The interchange among medical professionals was fascinating to witness, and it became even more intriguing as Dr. Kwartler began to alter the patient profiles & MRIs: thus, Case No.2, young male, no hearing, small tumor; Case No.3, young female, moderate hearing loss, small tumor; Case No.4, large left and right side tumors, neurofibromatosis/ NF-2. A few of the many ideas generated by and discussed for these cases were:

- Hearing “preservation” for tumors more than 2.0 cm is always problematic. Radiotherapy perhaps has greater success than radiosurgery in saving useful hearing.
- In Norway the practice is: wait-and-watch for tumors less than 2.0 cm; “dealer’s choice” for 2-3.0 cm; surgery for all 3.0 cm and over.
- Malignant transformation of acoustic tumors by radiation treatment is a myth.
- The head frame for Gamma Knife treatment is too uncomfortable. Perhaps for some, but isn’t accuracy during radiation treatment the more important concern?
- Treatment of acoustic neuroma should not be expected to cure tinnitus.
- NF-2 is a really tough disease to treat, and maybe doctors are learning to just wait it out for many cases, with the understanding that new and better treatments are on the way.
- Monitoring hearing during surgery is still not as good as it should be.

After the break for lunch, the afternoon began with a presentation on “Vestibular Rehabilitation” by Dr. Michael Rosenberg, NJ Neuroscience Institute, JFK. A diagnosis of



acoustic neuroma often involves some experience with imbalance, dizziness, vertigo or visual disorientation, before or after treatment, and Dr. Rosenberg was excellent in sorting out the nature and causes of such problems. Rehabilitation, he emphasized, is a way of helping the brain “compensate for a dysfunctional vestibular system.” It takes time, focus and just the right amount of practice to retrain the brain. Too much practice—a “no pain, no gain” policy—does not apply, he advised. There were many questions for Dr. Rosenberg, but he deferred these to the following “Informal Discussion Session for Patients & Physicians,” which he planned to attend.

Dr. Michael Rosenberg

The discussion session involved more medical professionals than originally anticipated. Present were not only Dr. Rosenberg, but also Dr. Schwartz (CyberKnife) from the morning panel, as well as Dina Leyden (physical therapist) and Dr. Reza Momeni (plastic surgeon) from the Summit Medical Group. Dr. Kwartler moderated the session. The day ended in discussions about various imbalance problems, tinnitus, sound directionality issues related to hearing loss, hearing loss and fractionated radiation, and how to find a good acoustic neuroma physician.



Afternoon Discussion Session