

UPMC Health System
Suite B-400
200 Lothrop Street
Pittsburgh, PA 15213-2582



**Center for Image-Guided
Neurosurgery
University of Pittsburgh**

**Principles and Practice
of Gamma Knife®
Radiosurgery
(Perfexion and 4C Training)
Pittsburgh, Pennsylvania**

**July 11-15, 2011
September 26-September 30, 2011
October 24-28, 2011
January 9-13, 2012
March 19-23, 2012
May 14-18, 2012
June 11-15, 2012**

UPMC- Main Conference Room
Fourth Floor
B-wing

**Sponsored by:
University of Pittsburgh School of Medicine
Department of Neurosurgery
And
Center for Continuing Education
In the Health Sciences**

General Information

Introduction/intent

Through attendance at this program, registrants should obtain knowledge about the practical aspects of stereotactic radiosurgery using the Leksell Gamma Knife®. Principles of radiation physics and radiobiology, as they apply to single-session, focused, small volume irradiation will be covered. Registrants should be able to create radiosurgery dose plans for brain tumors, vascular malformations, and trigeminal neuralgia. At the close of the program, participants should be able to discuss those issues relevant to dose selection in individual patients and discuss the spectrum of complications after radiosurgery and their management.

TUITION

\$6,200 for each participant for (5) day. \$3,600 for 3 day Perfexion-Tuesday, Wednesday, Thursday. Please make check payable to, "UPMC Presbyterian Shadyside" including name of participant and last (5) digits social security number.

ACCOMMODATIONS

We have negotiated a special rate of \$121.00/night for course participants and will reserve a single room in your name upon receiving a Registration Form with arrival and departure dates. [Note: Rate will change to \$124 beginning in January 2012.] If you are bringing a companion or have a special rooming request, please let us know when registering. An executive floor room can be arranged. The hotel is located within walking distance of the campus. Amenities include: an indoor pool, sauna, work-out area and restaurant.

Holiday Inn University Center Phone: (412) 682-6200
100 Lytton Avenue Fax: (412) 681-5714
Pittsburgh, PA 15213

REGISTRATION

As course enrollment is limited to 15 people, early registration is recommended. Please complete the attached Registration Form and return promptly.

CME CREDITS

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Pittsburgh designates this live activity for a maximum of 49.50 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Other healthcare professionals are awarded 4.95 Continuing Education Unit (CEU's) which are equal to 49.5 contact hours.

Perfexion Course Credits: 24. AMA PRA Category 1 Credits™.

Course Directors

L.Dade Lunsford, M.D., Professor
Dept of Neurological Surgery
Douglas Kondziolka, M.D., M.Sc., FRCS (C),
Professor of Neurological Surgery
John C. Flickinger, M.D.,
Professor of Radiation Oncology

Guest Faculty

Susan E. Lohman, RN, CNOR
Elekta Instruments, Inc.
Rebecca L. Emerick, MS, MBA, CPA
Director, IRSA

J.Greenberg, M.D. Michael Sheetz, M.S., CHP
Assistant Professor Director,
of Anesthesia Radiation Safety Office

Ajay Niranjjan, Mch
Research Assistant Professor

Medical Physics

Jagdish Bhatnagar, ScD.
Greg Bednarz, Ph.D.

Nursing

Jonet Vacsulka, BSN

In accordance with the Accreditation Council for Continuing Medical Education requirements on disclosure, information about relationships of presenters with commercial interests (if any) will be included in materials, which will be distributed at the time of the conference.

Address

Center for Image-Guided Neurosurgery
Suite B-400, PUH
200 Lothrop Street
Pittsburgh, PA 15213
Phone: (412)881.0602 and Fax: (412)881.2450

Target Audience:

Neurosurgeons, Radiation Oncologists, and Medical Physicists who will perform Gamma Knife® Radiosurgery.



SPECIAL NEEDS Participation by all individuals is encouraged. Advance notification of any special needs will help us better serve you. Please notify us of you needs at least two weeks in advance of the program.

Program Overview (Approximate Daily Hours 8:00 – 5:00)

- Monday** Stereotaxy and Gamma Knife® Principles
- Tuesday** Physics, Radiobiology, and Dose-Planning
 Malignant Tumors, Schwannomas
- Wednesday** AVMs, Meningiomas and
 Radiation Safety
- Thursday** Pituitary, and Skull Base, Anesthesia
 NRC Issues
 Dose Selection
- Friday** Functional Radiosurgery
 Cavernous Malformations
 Dose Planning Issues

Your Current Experience/Background

(please check)

- Neurosurgeon _____
- Radiation Oncologist _____
- *Medical Physicist _____
- Other _____

***PHYSICIST ATTENDING THE 3 DAY PERFEXION ARE ASK TO ARRIVE ON MONDAY FOR THE 12:00 NOON SESSION.**

Average # Performed Per Year

**Frame Based Operative Stereotactic Procedures
Prior Radiosurgical Procedures** _____

Gamma Knife® _____

Linac _____

Proton _____

Site where GK Introductory Training
(if taking the Perfexion Course) _____

Principles and Practice of Gamma Knife® Radiosurgery Registration Form

- I am registering for Course Dates: _____
- I cannot attend a course now, Please inform me of upcoming dates.
Please supply all of the requested information to ensure the accuracy of course materials, i.e., participant list, etc.

Name & Degree: _____

Social Security #: _____
(Last (5) Digits
Title: _____

Department: _____

Hospital: _____

Address: _____

City, State & Zip: _____

Phone # : _____

Fax #: _____

E-mail: _____

Please Specify if Gamma Knife® site affiliation is different from Hospital listed above: _____

Tuition Enclosed \$ _____

(\$6,200.00) **No registration will be accepted without payment**

(\$3,600.00 – 3 day Perfexion Training)

Please make your check payable to **UPMC Presbyterian Shadyside** and send it with this form to:

**Charlene H. Baker-Course Coordinator
UPMC /Suite B 400
200 Lothrop Street
Pittsburgh, PA 15213-2582**

Accommodations*:

Arrival Date: _____

Departure Date: _____

*A single room will be reserved unless you specify that you are bringing a guest.

The Center for Continuing Education and the Department of Neurosurgery do not certify that, through participation in this program, participants are competent to perform certain procedures or skills.

I understand that satisfactory completion of this course does not imply or confirm competency in gamma knife® stereotactic radiosurgery.

Signature _____