**MINUTES OF THE EXECUTIVE COMMITTEE MEETING**
**NORTH AMERICAN GAMMA KNIFE CONSORTIUM**
**CONFERENCE CALL AUGUST 6, 2013**

Members in attendance include L. Dade Lunsford, Douglas Kondziolka, Jason Sheehan, Igor Barani, Sharon DeCesare, Ajay Niranjan, Hideyuki Kano, and Becky Shapiro.

At the Executive Committee meeting held by a phone conference call, the Executive Committee reviewed the current status of existing centers with 18 participating centers now onboard. Dr. Lunsford gave an update on the current dues received and noted at least one institution that is in arrears by several years (Hoag Hospital in Newport Beach, California, Dr. Christopher Duma). An email has been sent to Dr. Duma inquiring as to his desires for continued membership in the consortium. New members are Emory/St. Joseph's Hospital and William Beaumont Hospital. We are waiting annual dues receipt from several participating members, and reminder emails have been sent.

The committee then discussed both retrospective and new clinical trials

More than Four Metastases Trial.

Because of time constraints, prospective trials were discussed first beginning with the More than Four Metastases Trial under the direction of Dr. Barani at UCSF. Dr. Barani updated the current enrollment which is one patient accrued with three patients participating in the simultaneous validation study. Dr. Kondziolka reported that NYU has gotten IRB approval. Dr. Sheehan reported that UVA has second-stage approval hopefully to be complete by August 30. Dr. Niranjan updated our protocol and three questions related to the protocol as well as a definition of the actual neurocognitive battery that will be administered online. A copy of the email from our IRB will be sent to Dr. Barani by Dr. Niranjan. This is a standard-of-care trial, but it is designed to determine whether neurocognitive as well as tumor control outcomes are better with radiosurgery as primary management for more than four brain metastases, an area of continued clinical question. Dr. Kondziolka discussed that the NYU IRB in essence wanted to limit this to 5-12 brain metastases from a practical standpoint.

The Glioma Trial.

Dr. Niranjan updated the IRB application of our program which has requested minor changes in the protocol. Our IRB has also required that the protocol be referred to the Human Use Subcommittee as well. Currently, we are waiting for contract finalization between the NAGKC and Elekta relative to their share of the fund clinical trial. Most of the clinical trial will be funded by Genentech. This will require a separate contract with the University of Pittsburgh, as the University of Pittsburgh/UPMC is the primary investigator for this multicenter trial of 40 patients.

The Staged AVM followed by Embolization Trial.

Dr. Kano gave an update on the plan for this, and Ms. DeCesare mentioned that she was not sure that a final copy of the proposed protocol has been sent out. Dr. Kano will send that to her to get this out to membership for their interest. The proposal is to do staged radiosurgery for larger AVMs followed by embolization for vascular anomalies such as aneurysms or intramedullary fistulas for volume reduction and improved obliteration potential.

The ROSE Trial.

We are awaiting the final draft of the prototype Elekta contract related to the glioma trial which we used as the basis for the ROSE trial. It has been decided that Dr. Quigg at UVA will be the primary investigator. Funding from Elekta to complete this trial would be transmitted to the principal investigator who would then enroll patients at various approved sites.

Retrospective Trials.

1. A trial on esthesioneuroblastoma will be reassessed, and Dr. Van Gompel is the physician at Mayo Clinic that is spearheading this trial. We will need to get an update from him, and we asked Dr. Niranjan to contact him again.

2. Parasellar meningiomas. Dr. Sheehan is completing the preparation and submission.

3. The proposed AVM grading scale. Dr. Sheehan is exploring interests in participation. Pittsburgh is interested in participating as well as UVA, and this may be sufficient, as these are the largest volume centers doing AVM radiosurgery.

4. Posterior fossa meningioma. Under the direction of Dr. Sheehan who is in preparation.

5. Trigeminal neuralgia. Three times Gamma Knife cases have been submitted but some have been sent back to the referring center for missing data.

6. Chondrosarcoma. Currently in final preparation for submission to Neurosurgery.

7. Craniopharyngioma. Dr. Niranjan is in the process of completion of this.

8. Parasagittal falx meningiomas. Proposed by Dr. Sheehan and Dr. Kondziolka suggested that the focus should be on the volumetric assessment of edema and response over the course of time. Dr. Sheehan also made note of an article published previously on the measurement of the edema ratio on a paper published by Dr. Pan from his group.

9. Repeat Gamma Knife for AVM. Dr. Kano has proposed this as a potential trial. We will to obtain data from centers sufficient experience in repeat radiosurgery and looking at such things such as success, complications, edema, etc. Proposed sites would include UVA, UPMC, and Mayo.

Additional Issues.

The leadership group agreed that the NAGKC should have a business board meeting in conjunction with the Leksell Gamma Knife Society Meeting in New York in May, which most likely will be 4 pm on Sunday before the opening reception. The leadership group also raised the possibility of hosting a US meeting in 2015 of the NAGKC which would be both a business and an educational meeting. It was noted that the ISRS meeting will be in Yokohama that year. This should provide little conflict.

Dr. Niranjan discussed the placement of updates relative to the clinical protocols on the NAGKC website (www.nagkc.com), and we will hear brief summaries for this for presentation on the website so the members can assess this.

Finally, it was mentioned that first new clinical trials should definitely be part of the www.NIH.gov clinical trials recognition group and that we should get those listed.

Respectfully submitted by

L. Dade Lunsford, M.D.