



EDITORIAL

The Society for Pediatric Neurosurgical Oncology: an alternative view

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WE read with great interest the paper titled, "Society for Pediatric Neurosurgical Oncology: why now is the time," written by Dr. Klimo and others.¹ In the article, the authors run through a number of valid reasons for the creation of another pediatric neurosurgical organization. Their first point is that neuro-oncology has advanced at such a pace that keeping up with all of the advances is, at times, difficult. We fundamentally agree with this point, and we agree that pediatric neuro-oncology represents one of the subspecialties that requires multidisciplinary care. Trial eligibility and operative versus nonoperative treatments are all decisions that dictate care for the individual patient.

Additionally, the authors note that membership in this new organization will be inclusive of nonneurosurgeons. Our concern with this reasoning is that there are already several meetings where the main focus is on pediatric neuro-oncology and the attendees represent a multidisciplinary group (e.g., Society for Neuro-Oncology's Pediatric Neuro-Oncology Conference). Revenue for meetings is already being limited, with some hospitals restricting travel. Some universities have even instituted an outright travel ban. These travel restrictions, at least at our hospital, are more acutely felt in the pediatric subspecialties, thus limiting the potential for attendance by other pediatric subspecialties.

Within pediatric neurosurgery, neuro-oncology is already subsectioned into interest groups (e.g., the neuro-oncology research interest group in the AANS/CNS Joint Section on Pediatric Neurological Surgery and the neuro-oncology taskforce of the International Society for Pediatric Neurosurgery [ISPN]). At the AANS/CNS pediatric section, meeting attendance for the last several years has exceeded 300 individuals. Neurosurgeons with smaller neuro-oncology practices who attend the general pediatric neurosurgery meeting will potentially miss out on information presented exclusively at more specialized meetings. Such a situation would further limit the exposure of the nonacademic pediatric neurosurgeon to the most recent trials and basic science advances. There are approximately 300 pediatric neurosurgeons in the United States, and there are only so many conferences we can attend. Since

a large portion of the pediatric neurosurgical patients are treated close to where they present, it would seem important for every pediatric neurosurgeon to have the broadest exposure possible to new information to ensure that a practitioner seeing fewer tumors a year has at least some familiarity with the latest technology and clinical trials.

The last argument put forth by the authors regarding seeking counsel from fellow members regarding difficult cases is already addressed by LISTSERVs that many pediatric neurosurgery groups offer. One potential benefit of the proposed society would be in regard to expanding neuro-oncology care to low- and middle-income countries, but this is one mentioned aspect of the proposed society and not the main objective. In addition, there are currently several multidisciplinary, multinational tumor boards that serve multiple regions and have significant pediatric neurosurgical representation.

While we fundamentally agree about the importance of focusing on the surgical care of the pediatric neuro-oncology patient, we are concerned that creating another organization will do little to universally broaden exposure to high-quality neuro-oncological care. The limited resources now available for meeting maintenance is such that a highly specialized meeting will likely have limited attendance and do little to promote the increased exposure necessary for all pediatric neurosurgeons to provide the best neuro-oncological care possible.

<https://thejns.org/doi/abs/10.3171/2025.10.PEDS25459>

References

1. Klimo P Jr, Baird L, Aldave G, Niazi T. Society for Pediatric Neurosurgical Oncology: why now is the time. *J Neurosurg Pediatr*. Published online March 27, 2026. doi: 10.3171/2025.8.PEDS25238

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Response

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We appreciate the thoughtful engagement of the authors with our paper. While their concerns about redundancy and resource allocation are understandable, their arguments overlook the demonstrated need, unique purpose, and tangible success of the Society for Pediatric Neurosurgical Oncology (SPNO).

The assertion that the SPNO merely duplicates the roles of existing organizations—such as the AANS/CNS Joint Section on Pediatric Neurological Surgery, ISPN, or the Society for Neuro-Oncology (SNO)—neglects to recognize the critical gap that our society was specifically created to fill. As discussed in our article, pediatric neurosurgical meetings are unavoidably broad in scope, covering the full spectrum of pediatric neurosurgery. Oncology sessions, therefore, are limited by time, focus, and large audience size. Conversely, meetings like those of the SNO, while rich in oncological content, are driven primarily by oncologists and understandably prioritize pharmacological, radiotherapeutic, and molecular advances over surgical decision-making, technical nuances, and perioperative challenges unique to neurosurgery. Neurosurgical oncology is so much more than simply categorizing our resection efforts as “subtotal,” “near-total,” or “gross-total.”

To our knowledge, the SPNO is the only forum dedicated exclusively to surgical excellence in pediatric neuro-oncology; no other organization currently offers such focused discussion and collaboration for neurosurgeons of all backgrounds engaged in the field: academic and non-academic, from high income and low- and middle-income countries, from North America and the rest of the world. This is also an area within pediatric neurosurgery that critically needs to evolve into more subspecialty-focused care. The LISTSRV, as mentioned by the authors, can in no way provide the level of discourse that is needed.

Since its inception, the SPNO has cultivated an enthusiastic and rapidly expanding community of pediatric neurosurgeons and multidisciplinary collaborators, a sign that it addresses a real and unmet need. Two successful and well-attended tumor symposiums have already convened (in 2023 and just recently in September 2025), drawing participation from across the United States and multiple international centers, with each event generating a level of enthusiasm and engagement that underscores the society's value. Our third meeting will take place on September 24–

25, 2026, at Texas Children's Hospital. We wholeheartedly agree with the authors that there are many annual meetings from which to choose. Naturally, our meetings will be smaller and attract a select group of participants. But what we offer is a different experience—less rigid than the typical pediatric neurosurgery meeting, but more intense and interactive.

Beyond the in-person meetings, we have established a monthly surgical tumor board, which has become a valuable forum for neurosurgeons to discuss complex cases, share expertise, and receive immediate peer support and input. Additionally, multiple active collaborative research projects are already underway, an early indication that this society is not competing for resources, but rather creating new collaborations, data, and opportunities for academic growth. For example, the founding members of the SPNO joined forces with members of the Posterior Fossa Society to create what we feel is an important contribution to the neurosurgical oncology literature in *Journal of Neurosurgery: Pediatrics*.¹

The authors' concern regarding limited institutional resources and travel restrictions are both real and shared by us. However, this very limitation underscores the need for an organization like the SPNO that is deliberately structured to overcome these barriers. Our monthly virtual tumor board provides real-time, high-quality educational exchange without requiring travel or institutional funding. We also have monthly research meetings and a newsletter for SPNO members. Our website (www.spno.org) was recently launched and will provide users (SPNO members and non-members) with an interactive interface and a means to stay up-to-date with SPNO activities. The annual (or biannual) in-person SPNO meeting is a vitally important aspect of our fledgling organization. There is no substitute for the energy and discourse created with a face-to-face gathering to fuel the mission and objectives of the SPNO. At this time we have no plans to implement registration fees or membership dues, thereby keeping costs down as much as possible.

In conclusion, we seek all like-minded colleagues and existing societies who *truly* want to push the field of neurosurgical oncology forward, openly discuss challenges and controversies, collaborate by asking and answering questions, and learn from each other's victories and struggles in a thoughtful and supportive environment. We hope to raise the bar through strength in numbers to ensure that we provide the very best care and achieve the most optimal outcomes for our patients who remain at the center of everything we do.

We warmly invite Drs. Sribnick and Leonard and anyone else to participate in our monthly or annual events. We are confident that they will see the benefits we so passionately proclaim.

References

1. Toescu SM, Pizer B, Gump W, et al. Toward reducing the risk of cerebellar mutism syndrome: consensus statement from the Posterior Fossa Society. *J Neurosurg Pediatr*. 2025;36(6):789-797. doi:10.3171/2025.5.PEDS2593

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