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Guidelines for the Management of Severe Traumatic Brain Injury, Fourth Edition.

World Health Organization Classification of Tumors of the Central Nervous System 2016.

Solitary fibrous tumor/hemangiopericytoma (SFT/HPC) is a combined entity for which a soft-tissue-type grading system, ranging from grades I to III, was introduced in the 2016 WHO classification of tumors of the CNS.

Hemangiopericytomas were first described in 1942 and initially thought to be a vascular neoplasm related to smooth muscle perivascular cells known as pericytes <sup>1)</sup>.

A meta-analysis from the Cochrane Library in 2016, suggested that evidence comparing surgery to non-surgical approaches in lumbar spinal stenosis was of low quality and that standardized conservative protocols were needed <sup>2)</sup>

In 2016, Li et al. introduced the use of FLAIR sequences to demonstrate the association of EOR with survival and found that additional resection of the peri-enhancement area could prolong the survival of patients with Glioblastoma <sup>3)</sup>.

Ducis et al pointed out in their 2016 study, only 8.9% of neurosurgical studies were regarded as being high-quality evidence with wide variability existing between subspecialty. Additionally, less than 25% of all guidelines they considered were offered with the highest degree of confidence (Class I) 4).

Since 2016, 35 of 50 U.S. states have passed opioid-limiting laws.

The Food and Drug Administration approved the use of DRG stimulation for refractory lower extremity pain related to complex regional pain syndrome (CRPS) in 2016. 51.

The Mazor X Stealth Edition was introduced in 2018. This robotic system integrates Medtronic's Stealth navigation technology into the Mazor X platform, which was introduced in 2016.

In December 2016 in Bogotá Colombia, a group of neurosurgeons recognized the massive deficit in neurosurgical care, particularly in the developing world, and called upon the leaders of organized neurosurgery to take action. From this meeting the final version of the Bogotá Declaration on Global Neurosurgery was released, after a series of subsequent revisions and additions from leaders in the field at various society meetings across the world. The declaration was the first of its kind to acknowledge the massive deficit in global neurosurgical care and also place responsibility onto our own professional community to create collective and unified efforts to improve access to neurosurgical care.

The Fifth International Conference on Concussion in Sport was held in Berlin in October 2016. A series of 12 questions and subquestions was developed and the expert panel members were required to perform a systematic review to answer each question. Following presentation at the Berlin meeting of the systematic review, poster abstracts and audience discussion, the summary Consensus Statement was produced. Further, a series of tools for the management of sport-related concussion was developed, including the Sport Concussion Assessment Tool Fifth edition (SCAT5), the Child SCAT5, and the Concussion Recognition Tool Fifth edition <sup>6</sup>.

Stout AP, Murray MR. HEMANGIOPERICYTOMA: A VASCULAR TUMOR FEATURING ZIMMERMANN'S PERICYTES. Ann Surg. 1942 Jul;116(1):26-33. PubMed PMID: 17858068; PubMed Central PMCID: PMC1543753.

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Zaina F., Tomkins-Lane C., Carragee E., Negrini S. Surgical versus non-surgical treatment for lumbar spinal stenosis. Cochrane Database Syst. Rev. 2016;2016:CD010264. doi: 10.1002/14651858.CD010264.pub2

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Li YM, Suki D, Hess K, Sawaya R: The influence of maximum safe resection of glioblastoma on survival in 1229 patients: can we do better than gross-total resection? J Neurosurg 124:977–988, 2016

Ducis K, Florman JE, Rughani Al. Appraisal of the quality of neurosurgery clinical practice guidelines. World Neurosurgery. 2016;90:322-339.

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