

What Does it Take to be a NASBS President: A Cross-Sectional Study of Attributes and Academic History of Presidents of the North American Skull Base Society

Danner Butler, B.S. 1, Mehdi Khaleghi M.D. 1; Adnan Shahid M.B.B.S, MS, MCh 1; Garrett Dyess B.S. 1; John Citrin B.S. 1; Maxon Bassett B.S. 1, Jai D. Thakur M.D. 1

USA FREDERICK P. WHIDDON
COLLEGE OF MEDICINE
UNIVERSITY OF SOUTH ALABAMA

1. USA Health, Department of Neurosurgery

USA FREDERICK P. WHIDDON
COLLEGE OF MEDICINE
UNIVERSITY OF SOUTH ALABAMA

Introduction

Becoming president of NASBS comes with tremendous dedication and contribution towards the field. While other works have examined the characteristics behind presidents of both the AANS and CNS, no previous study has defined this path and associated portfolio. Our study focuses on the academic achievements and characteristics of past, current, and future elected North American Skull Base Society (NASBS) presidents since its inception in 1990.

This analysis aimed to define the professional pathways and achievements of NASBS presidents, offering an understanding of the qualifications and experiences that have shaped leadership in the field. By examining demographic data, research productivity, and career trajectories, this study provides insights and serves as a resource for those aspiring to similar roles in skull base surgery.

Methods

Identification of Presidents and Career Attributes

A list of all previous presidents of the NASBS dating back to its inception in 1989 were identified from the official website of the North American Skull Base Society (NASBS). President names and election year were recorded. A total of 36 individuals were included in the analysis, including the president elect of 2026. Variables collected for presidents included: sex, years of practice, specialty/subspecialty, place of residency, IMG status, additional degrees, private versus academic practice, geographical location of practice, NIH funding, and number of publications.

Data Collection

Publicly available sources including online curriculum vitae and official program sites of previous presidents were used to search for years of practice, specialty/subspecialty, place of residency, IMG status, additional degrees, and whether the individual practiced at a private or academic institution. Regions of practice were documented using the place of practice of the individual during the year of election.

The NIH RePORTER database was used as a means to document in binary fashion whether a president had received any source of NIH funding during a career. The total publications at time of election of presidents at the time of study were collected using the Scopus database.

Statistical Analysis

All descriptive statistics were performed in Microsoft Excel. Otolaryngology and neurosurgery were selected for more detailed statistical analyses due to their popularity amongst presidents. Student t-tests and chi squared tests were used for statistical analysis.

Results

NASBS President Characteristics

Overall, 35/36 (97.2%) of NASBS presidents or president-elects were male. 29/36 (80.6%) of individuals were Caucasian, while 6 (16.7%) were Asian/Indian, and 1 (2.8%) was Hispanic. The most common specialty was neurosurgery (skull base/open cerebrovascular) (15/36, 41.6%) followed by otolaryngology (14/36, 38.8%). Other specialties included neuro-radiology (1/36, 2.8%), plastic surgery (facial reconstructive) (5/36, 13.9%), and oncology (1/36, 2.8%) (**Figure 1**). The mean years of practice at time of election was 20.2 ± 5.7 years (range: 8-34 years). There was no significant difference in the mean years of practice between otolaryngologists and skull base neurosurgeons (20.6 ± 6.1 vs. 20.4 ± 5 years, respectively, $p = 0.88$).

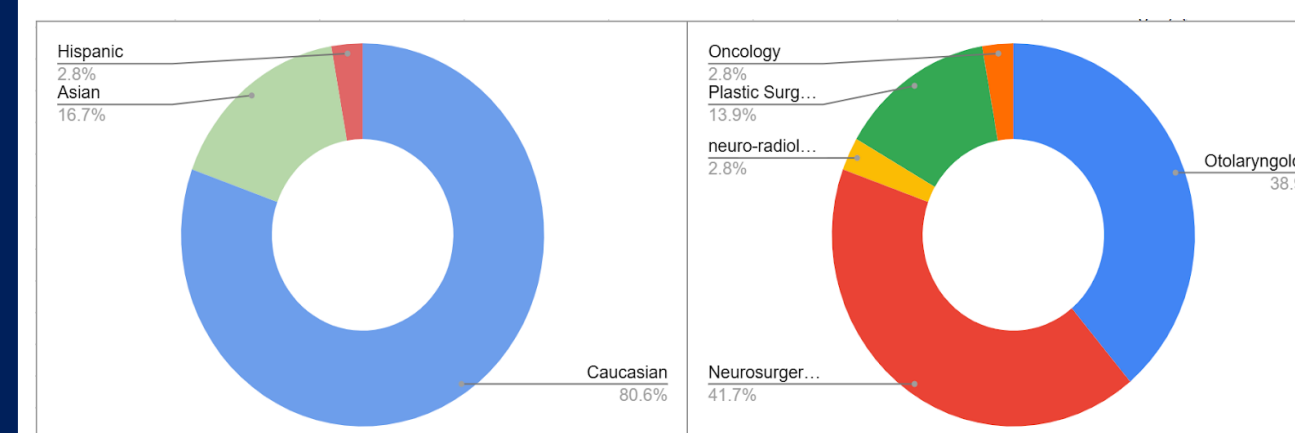


Figure 1: Race (left) and specialty (right) distribution of past, current, and future NASBS presidents..

Research Productivity and Funding

Presidents from 1990-1996 were not included in the analysis of publication numbers as these presidents' works were not reported on Scopus. The mean number of publications for presidents before election was 100.3 ± 89.7 (range: 2 - 470).

Comparison Between Specialties

Upon comparison of the two most popular specialties for NASBS presidents, 4/14 (28.6%) of otolaryngologist and 4/15 (26.7%) of skull base neurosurgeons were IMGs, with no significant difference in the rates between two groups ($p=0.91$). There was no significant difference in the mean years of practice between otolaryngologists and skull base neurosurgeons (20.6 ± 6.1 vs. 20.4 ± 5 years, respectively, $p=0.88$).

Results (Cont.)

The most common states of practice were New York (5/36, 13.9%) and Massachusetts (4/36, 11.1%), followed by Florida (3/36, 8.3%) and California (3/36, 8.3%). Graphical representation of location of practice at time of presidency is depicted in **Figure 2**.

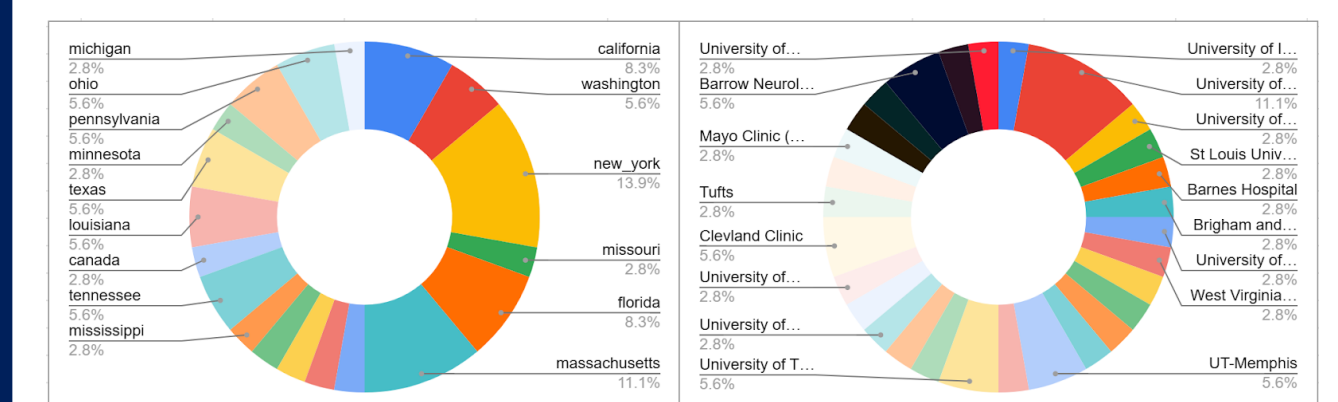


Figure 2: Location of practice at time of elect (left) and residency (right) of NASBS presidents.

Conclusion

Analysis of academic characteristics of past NASBS presidents serves as a useful resource for practicing physicians within the field early in their career. An association appears to exist between academic careers with greater than 20 years of research and election to the NASBS president position. NASBS provides one of the largest inclusive diversities in electing presidents irrespective of country of origin. Future work should continue to examine these characteristics to see how these trends change throughout history.