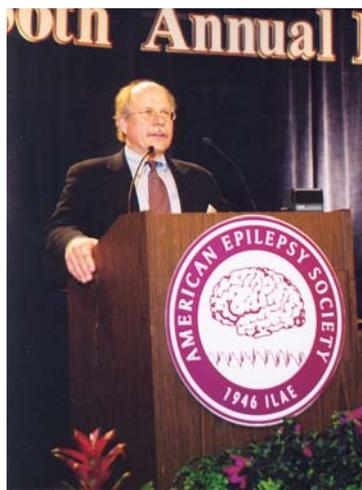


AMERICAN
EPILEPSY
SOCIETY



*Promoting research
and education for
professionals*

2002

A n n u a l R e p o r t

American Epilepsy Society

American Branch, International League Against Epilepsy

Mission:

The American Epilepsy Society promotes research and education for professionals dedicated to the prevention, treatment and cure of epilepsy.

The American Epilepsy Society is one of the oldest neurological professional organizations in the United States. The Society seeks to promote interdisciplinary communication, scientific investigation, and exchange of clinical information about epilepsy. Our membership consists of clinicians, scientists investigating basic and clinical aspects of epilepsy, and other professionals interested in seizure disorders. Members represent both pediatric and adult aspects of epilepsy.

The Society holds an annual meeting that features symposia, lectures, poster presentations, and exhibitions. This meeting attracts over 3,000 professionals and offers members a forum for communicating current findings, networking and sharing ideas in the field of epilepsy.



Table of Contents

Looking Forward, A Message from Jeffrey L. Noebels, M.D., Ph.D., President 2003	2
Looking Back, A Message from Thomas P. Sutula, M.D., Ph.D., President 2002	3
Report from the Executive Director, M. Suzanne C. Berry, M.B.A., CAE	4
AES 2003 Operational Plan	6
Annual Meeting Report	8
Sponsors and Exhibitors in 2002	10
Committee and Task Force Reports	12-22
<i>AED Development Task Force</i>	
<i>Annual Course Committee</i>	
<i>Annual Meeting Committee</i>	
<i>Clinical Investigators' Workshop Committee</i>	
<i>Clinical Neuropharmacology Task Force</i>	
<i>Corporate Advisory Committee</i>	
<i>Epilepsy and Employment Task Force</i>	
<i>Epilepsy Currents Editorial Board</i>	
<i>Genetics Task Force</i>	
<i>Guidelines Task Force</i>	
<i>Investigators' Workshop Committee</i>	
<i>Issues for Women with Epilepsy Task Force</i>	
<i>Membership Committee</i>	
<i>Practice Committee</i>	
<i>Research and Training Committee</i>	
<i>Research Initiative Fund Task Force</i>	
<i>Research Recognition Awards Committee</i>	
<i>Scientific Program Committee</i>	
<i>Year Round Education Committee</i>	
Features:	
<i>The TeleConsults Series</i>	23
<i>Technology Committee Report</i>	24
Financial Highlights	25
2002 Distinguished Achievement Awards	27
2002 Research Grants and Fellowships	29
Board of Directors	31
Staff Directory	31
57th Annual Meeting in Boston (2003)/Future Meetings	33

Looking Forward

A Message from Jeffrey L. Noebels, M.D., Ph.D., President 2003



I have the privilege of beginning my term as President of the American Epilepsy Society following an exciting and educationally robust Annual Meeting in Seattle. Our meeting continues to grow in both size and stature, and provides a uniquely rich source of new information and networking opportunities for clinicians and scientists from around the world.

My general theme as AES President this year centers on translational research, with a particular focus on the essential role of the clinician-investigator in bringing new basic science discoveries and diagnostic tools from the laboratory to the patient. In this vein, I will be working with members on several projects, including organizing a one-day Neurobiology of Disease Workshop on epilepsy that will convene in November at the Society for Neuroscience 2003 Annual Meeting in New Orleans. The workshop, co-organized with Marc Dichter, will focus specifically on the diverse biology of epileptogenesis underlying different seizure types, and will involve many clinician-scientists from our Society. The last such workshop was held 15 years ago, and I hope that we will again benefit from the fresh insight of younger basic neuroscientists drawn from many different backgrounds and be introduced to the exciting new research underway in our dynamic field of epilepsy prevention, treatment, and cure.

My emphasis on young investigators is part of the larger effort underway at AES to ensure that epilepsy research remains vigorous and productive by attracting and nurturing the best. AES serves an important role in providing crucial funding for both research and training opportunities to investigators at the earliest stages of their careers. The vigor of the well attended inaugural meeting of a Special Interest Group for young investigators at the Annual Meeting in Seattle shows that we are on the right track.

I look forward to a year of building on the solid record of accomplishments that previous AES presidents have achieved. I am fortunate, as they have been, in having the opportunity to work closely with a talented and dedicated AES Board of Directors, an indefatigable AES staff headed by our Executive Director Suzanne Berry, and the scores of AES members who are dedicated to our common cause. On behalf of the American Epilepsy Society, I thank them and you for your commitment, and look forward to our next Annual Meeting in Boston.

A handwritten signature in black ink that reads "Jeffrey L. Noebels". The signature is written in a cursive, flowing style.

Looking Back

A Message from Thomas P. Sutula, M.D., Ph.D., President 2002



It is a pleasure to report that the American Epilepsy Society made solid progress on our strategic goals in 2002. The past year was one in which we focused on the infrastructure and core activities of the Society to enhance their effectiveness in serving the mission of the Society.

We were pleased to renew our contract with Association Resources, Inc. as the association management company for the American Epilepsy Society. As a result of our partnership with Association Resources, managed both effectively and dynamically by our Executive Director M. Suzanne C. Berry, M.B.A., CAE, AES has grown over the past 12 years from a little over 1,000 neurologists to a multidisciplinary membership numbering over 2,300 today. During this period, our Annual Meeting registrations have grown from approximately 1,000 to over 3,000 at our most recent meeting in Seattle. During the process of reevaluating the AES relationship with Association Resources, the AES Board pursued a process of detailed examination of AES growth, needs, and financial position with the help of a consultant with expertise in nonprofit associations. This analysis strongly supported the Board's impression that we are very fortunate to have the opportunity to continue to work with Association Resources, and look forward to the continued success of our efforts to advance the circumstances of people with epilepsy.

We also launched another phase in our continuing long range planning efforts. By regularly examining our strategic goals to mark progress and make adjustments, we keep the Society's work relevant and on track. As part of the long range planning process, the Annual Meeting, which is the centerpiece of the Society and our premier educational activity, underwent careful scrutiny. Early in the year, an AES task force met to review the organization, content, and schedule of the Annual Meeting in order to identify options and possibilities for future directions of the meeting. Thanks to their work, we were able to identify a number of opportunities, beginning with some scheduling changes implemented for the 2002 Annual Meeting in Seattle.

Economics have demonstrated that the success of the Annual Meeting is critically dependent on maintaining effective partnerships among AES members, registrants, and industry supporters. This past year we focused carefully on our relationships with the various partners who provide the educational program sponsorships and exhibit fees that help fund the Annual Meeting. The AES leadership and committees have made a concerted effort to work effectively and fairly with our partners in industry in a way that avoids potential conflicts of interest and ensures that our meeting is free of any bias or any appearance of bias.

Thank you to all of our partners and constituents for your contributions to another successful and fruitful year for the American Epilepsy Society.

Tom Sutula

Report from the Executive Director

M. Suzanne C. Berry, M.B.A., CAE



“AES is well-poised for future growth.”

Every year is busy, but this year seemed to be overly so. As I look back, the list of accomplishments is impressive.

- Our meeting continues to grow. We took on the task of taking a hard look at the Annual Meeting by analyzing its size, structure, components and even the time of the year. We had several conference calls and a meeting was convened in Hartford in May 2002. Changes were actually made to the 2002 Annual Meeting. More work is yet to be done.
- Staff was very involved with the board in a review of operations. We worked with a national consultant who specializes in this area. We are proud to say that the final report had the following complimentary remarks: AES has a very stable financial condition and performs well compared to other similar organizations; AES is well-poised for future growth; and the staff structure is mission-centered and has the talent and capability to work effectively with the members and leadership. Overall, AES received very high marks in this assessment.
- Our third cycle of strategic planning was conducted this year. The board and several committee chairs met in Philadelphia in June 2002. You will see highlights of the plan later on in this report. The meeting was exciting and the ideas and thoughts that were shared were really quite impressive. We have come a long way since our first planning meeting in 1993.

We are looking at a 30 year time horizon and trying to visualize what AES will be like in 2032. The board is in a position to go beyond spending time on operational issues and to spend more time discussing “mega issues.” These mega issues are overriding issues of strategic importance that cut across multiple outcome areas. They address key issues that AES must answer, illuminating choices we must make, and the challenges that need to be overcome to better serve the membership. In addition these issues address fulfilling our purpose, cause or mission and how we will successfully move into the future. Some examples of these mega issues include: Should the AES better educate the primary care physician about epilepsy; What worldwide strategic partnerships and relationships does AES need to form in the future to remain successful; Should AES have a role in educating the public; What does AES need to do to reshape its current infrastructure to make it more volunteer user friendly. These are only a few examples and every year the board will review the list, add more, subtract from the list and select a few to focus on during the upcoming leadership year.

Our new plan demonstrates the Society’s strong leadership. This includes the board and all those members involved in committees. We already have such a solid foundation to build upon. Our potential for additional achievements is limitless.

“AES won the prestigious William Campbell Felch Award for Excellence in CME Research from the Alliance for CME for our 2001/2002 Needs Assessment project.”

Report from the Executive Director (cont.)

Lastly, let me report on an activity that has been underway for the last four years: the development of a world class continuing medical education program for the AES. While the impetus for improving our CME Program was our ACCME reaccreditation application, volunteer and staff leadership were truly interested in providing a rich tapestry of quality improvement initiatives that would impact on the care of our members' patients with epilepsy. Some of those initiatives were:

- Design and completion of a problem-based needs assessment that identified the stages of learning of our members and compared and contrasted that information between each of our membership segments (the AES won the prestigious William Campbell Felch Award for Excellence in CME Research from the Alliance for CME for this needs assessment).
- Utilization of the new AES Needs Assessment (and many other sources) in planning CME programs so that education offered by the Society was truly aimed at specific needs and learning issues for our adult epileptologists, pediatric epileptologists, nurses and other allied health professionals, and general neurologists.
- Conducting a year-long Self Study and Report in preparation for demonstrating that the AES is an exemplary provider of CME that involves all stakeholders within the AES.
- Implementation of new forms of evaluation of CME that focused on measurement of results in terms of participant learning and behavior change in the practice setting.
- Reorganization of the CME Committee into the Council on Education with committees covering all segments of the membership and types of education.
- Continuing growth in commercial support for CME that has resulted in increased revenues to the AES and additional resources to improve the educational process.

A word about why we decided to pursue an exemplary level of CME Program. We hope to translate all of our good work into an ACCME Accreditation with Commendation that will give the Society a six year accreditation instead of the standard four year accreditation. Whether or not we receive this distinction depends on how we compare with others going through accreditation at the same time. Nevertheless, the leadership of the Council, Dr. Dan Lowenstein and Dr. Frances Jensen, made a commitment to make the CME Program one of excellence. And for this, we are all winners. The bottom line benefit of the AES is its educational programming. Excellence in education will translate into improved membership and membership retention. I thank Dan, Frances, and Sandy Pizzoferrato for their hard and diligent work of these past two years to achieve these results.

As always, we welcome your comments and look forward to another productive and challenging year.



“Our new plan demonstrates the Society’s strong leadership.”

2003 Operational Plan

In 2002, AES undertook a comprehensive strategic planning process to update its strategic long range direction.

Operational Plan Updates and New Strategic Direction

During 2002 AES developed a new strategic direction for the future. Following is an update to the old Operational Plan and an introduction to the new strategic direction.

AES’s mission remains to promote research and education for professionals dedicated to the prevention, treatment and cure of epilepsy.

As part of the Strategic Planning process, the committee identified the long-term, goal for the Society as “Leading the Way to the Cure of Epilepsy.” This goal sets the direction for the succession of future strategic plans.

Goal A: AES will be its members’ primary resource for scientific and clinical education and knowledge exchange about epilepsy.

Accomplishments during 2002 include:

- Developed abstract archive and posted 2000 and 2001 abstracts on Web site.
- Conducted member profile survey to feed Epilepsy Foundation’s physician referral database.
- Added *Epilepsy Currents* content to the AES Web site.
- *Epilepsia* Supplement published from 2001 Monotherapy workshop and 2001 Annual Course.
- CD-ROM of the three scientific symposia from 2001 Annual Meeting produced and distributed.
- Published clinical reference material on AEDs on the Web site.

Strategies for the future include:

- Add educational resources to the Web site including online CME and poster presentations.
- Make *Epilepsy Currents* the flagship publication of AES and improve its visibility.
- Develop regional educational experiences.
- Make the Web site an indispensable source of professional education and services.
- Develop more formal mentoring strategies for younger members.
- Foster leadership opportunities for all membership groups.
- Enhance and sustain the collegiality, cooperative spirit and culture of the AES.

Goal B: AES will be a recognized advocate and resource for scientific research in the prevention, treatment and cure of epilepsy.

Accomplishments during 2002 include:

- AES funded 11 graduate fellowships and 10 postdoctoral fellowships and/or grants.
- AES has partnered with EF and NINDS in a targeted pediatric research program.

“The ‘Find an Epileptologist’ database, hosted on the Epilepsy Foundation Web site, will mirror the AES member profile database.”

2003 Operational Plan (cont.)

- AES granted funds to four Research and Training Workshops during 2002.

Strategies for the future include:

- Develop strategies and activities to attract the best researchers.
- Develop and mentor promising young investigators.
- Reevaluate, revise and update AES’s current portfolio of clinical training programs.
- Develop strategies to increase fund-raising activities for research.
- Develop and prepare a plan to implement strategies in clinical, basic behavioral, and translation research.

Goal C: AES will be a leader in developing strategic partnerships and collaborative relationships worldwide to increase resources to advance the treatment, prevention, and cure of epilepsy.

Accomplishments in 2002 include:

- AES is already active in the AAN Communications Workgroup that met in 2002.
- The 2002 Annual Meeting had an active Press Room.
- Began compiling member profile information for a collaborative physicians referral database.

Strategies for the future include:

- Increase collaboration with other professional organizations to promote the idea of epilepsy as a chronic brain disease.
- Develop a marketing campaign with other organizations to increase public awareness of epilepsy as an underrecognized and undertreated chronic disease.
- Increase collaboration with the AAN to develop education programs for students, fellows and neurologists, to develop sub-specialty certification, to engage in joint fund-raising and to exchange ex-officio board members.
- Enhance the interaction with ILAE and increase participation in ILAE-sponsored programs.

A new goal was added in 2002: AES will be a highly regarded and credible voice of professionals concerning the cause, consequences, care and cure of epilepsy.

Strategies for the future include:

- Define and implement a joint, external marketing and communications plan or effort with the Epilepsy Foundation, NINDS, NIMH, and ILAE.
- Establish a public information office with cooperating agencies.
- Develop mechanisms for the dissemination of practice guidelines and position policy statements that reinforce AES’s strategic direction.
- Enhance the AES Web site to make it an indispensable source of professional education and services worldwide.

2002 Annual Meeting Report



“The Annual Meeting was well balanced and covered important issues on each subject.”

Attendance

A little over half of the nearly 3,000 attendees at this year’s meeting were nonmembers. Thirty-eight percent of attendees identified themselves as Neurologists and/or Epileptologists. Basic Scientists made up 12% of attendees, Neurosurgeons, 3% and Allied Health Professionals, about 10%. Twenty-four percent of attendees were from outside of the US and Canada.

Special Event

The special event was a unique event featuring past-presidents reciting poetry to orchestral accompaniment. The program was called The Carnival of the Animals and featured duo pianists Sheila Kay Ferrendelli and Charles Tauber accompanying Seattle’s Garfield High School Orchestra. The audience and the participants enjoyed the humorous poetry and the wonderful music.

Popular Topics

Symposia covered a wide range of topics this year, reflecting the diversity of the AES membership. The highest registration, 1,223 people, was for the Merritt Putnam Symposium, “Epilepsy in the New Era of the Human Genome.” Also very popular was the AET symposium on “Epilepsy Therapy: Challenges of Adverse Events” with 1,219 registered.

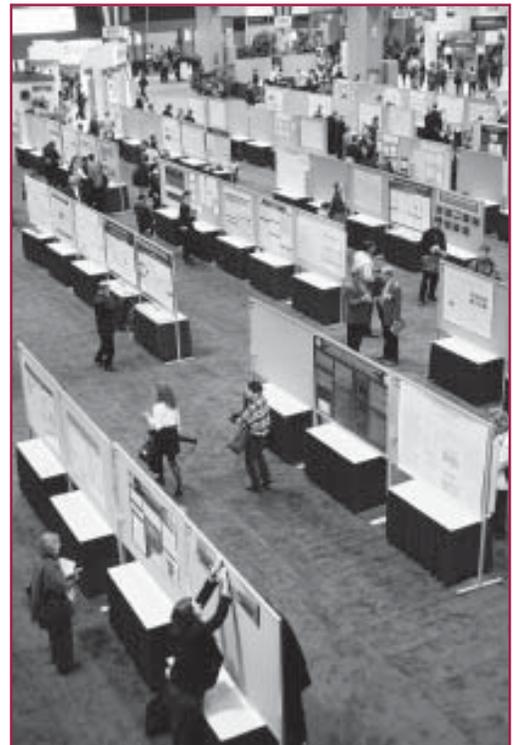
Other topics covered this year included:

- Consequences of Epilepsy: Cellular to Behavioral Perspectives
- Psychiatric Aspects of Epilepsy (in Spanish)
- Parahippocampal Networks and Mesial Temporal Lobe Epilepsy
- Neuroimmunology and Epilepsy
- Assessing the Efficacy of Antiepileptic Treatments

- The Burden of Epilepsy and Employment
- Practice Management Program on Coding, Bone Health and Alternative Medicines
- The Impact of Intraoperative Studies of Human Cognitive Neurobiology on Epilepsy Surgery Outcome
- Epilepsy and the Elderly
- Uncovering the Mysteries of Idiopathic Generalized Epilepsies
- Epilepsy Plus — Medical Conditions Complicating Epilepsy Management

Abstracts

One of the changes to the meeting format was the reduction in number of platform sessions, which increased the number of posters. Sixty-four platforms were presented in eight sessions and more than 900 posters were presented in three sessions.



2002 Annual Meeting Report (cont.)

SIGs

A record number of Special Interest Groups and Participatory Roundtables met this year. Average attendance at the 26 programs was over 100. Four new topic areas were introduced this year and more are in the wings for next year.

- Basic Mechanisms of Epilepsy Roundtable
- Basic Neuroscience
- Children's Hour
- Clinical Pharmacology
- Controversies in Epilepsy Roundtable
- EEG
- Engineering and Epilepsy
- Epidemiology
- Idiopathic Juvenile Generalized Epilepsy — Clinical Roundtable
- How to Obtain NIH Funding
- Jr. Investigator Roundtable
- Ketogenic Diet Roundtable
- Neurodevelopmental Effects — Clinical Roundtable
- Neuroendocrinology
- Neuroimaging
- Neuropharmacology
- Neuropsychology
- Neurostimulation
- Nurses
- Psychiatry in Epilepsy
- Quality of Life and Outcomes
- Sleep and Epilepsy
- Surgery
- Temporal Lobe Club
- Women in Epileptology
- Women with Epilepsy

Exhibit Hall

Our exhibit hall continues to increase in size. We had a total of 54 exhibiting companies this year over two and one half-days. The Cyber Café was incorporated into the exhibit hall again this year and when the hall wasn't open, the Café was centrally located outside the hall and across from the Registration area.



Evaluation responses included the following . . .

"The selection of faculty was fabulous."

"It was a comprehensive review of pertinent subjects."



Sponsors and Exhibitors in 2002

“We would like to express our sincere gratitude to the following organizations for their generous support of AES and its programs during 2002.”



Organization Type of Support

4-D Neuroimaging	Exhibitor
Abbott Laboratories	Exhibitor, Opening Reception – Exhibit Hall, AET Symposium, Symposium “ <i>Uncovering the Mysteries of Idiopathic Generalized Epilepsies</i> ,” Conference Briefcases and Umbrellas, J. Kiffin Penry Award, Scientific Exhibit
Ad-Tech Medical Instrument Corporation	Exhibitor
AED (Antiepileptic Drug) Pregnancy Registry	Exhibitor
Bertek Pharmaceuticals	Exhibitor
Bio-logic Systems Corp.	Exhibitor
Blackwell Science	Exhibitor
Cadwell Laboratories, Inc.	Exhibitor
Centers for Disease Control and Prevention, NCCDPHP	Exhibitor
Cephalon, Inc.	Exhibitor
Cleveland Medical Devices, Inc.	Exhibitor
CNS News	Exhibitor
Compumedics Limited	Exhibitor
CTF Systems, Inc.	Exhibitor
Cyberonics, Inc.	Exhibitor, AET Symposium, Scientific Exhibit
Demos Medical Publishing, Inc.	Exhibitor
Eagle Technology, Inc.	Exhibitor
EEmagine/ANT Software	Exhibitor
Editions John Libbey Eurotext	Exhibitor
Elan Pharmaceuticals	Exhibitor, Nurses’ Travel Awards, AET Symposium, Presidential Symposium “ <i>Consequences of Epilepsy: Cellular to Behavioral Perspectives</i> ,” Spanish Symposium “ <i>Psychiatric Aspects of Epilepsy</i> ,” Symposium “ <i>AEDs in Pediatric Epilepsy: Strategies and Limitations</i> ,” Scientific Exhibit
Electrical Geodestics, Inc.	Exhibitor
Elsevier Science	Exhibitor
Epilepsy Foundation	Exhibitor
GlaxoSmithKline, Inc.	Exhibitor, Allied Health Symposium, Symposium “ <i>Malformations: What’s a Doctor to Do? Neural Tube Defects from Bench to Bedside</i> ,” Abstracts-on-Disk, Cyber Café – Exhibit Hall, Young Investigator Travel Awards, AET Symposium, Special Event: <i>The Carnival of the Animals</i> , TeleConsults in Epilepsy Programs, Scientific Exhibit
Grass-Telefactor, An Astro-Med, Inc. Product Group	Exhibitor
Hamit-Darwin-Freesh, Inc.	Exhibitor
Hygeia Marketing Associates, Inc.	Exhibitor
La Mont Medical Inc.	Exhibitor
Lieberman Research Worldwide	Exhibitor
Lippincott, Williams & Wilkins	Exhibitor



Sponsors and Exhibitors in 2002 (cont.)



“Our annual report would not be complete without highlighting the strong partnership that we enjoy with our corporate sponsors.”



Medcare Diagnostics, a Division of AirSep Corporation	Exhibitor
Medtronic, Inc.	Exhibitor
Meridian Medical Technology	Exhibitor
Milken Family Foundation	Awards Luncheon, Eight Fellowships, Two Research Awards
MINCEP Epilepsy Care	Exhibitor
Minnesota Epilepsy Group, P.A.	Exhibitor
National Association of Epilepsy Centers	Exhibitor
National Institutes of Neurological Disorders and Stroke (NINDS)	Exhibitor
NCI (Network Concepts, Inc.)	Exhibitor
Nicolet Biomedical, Inc.	Exhibitor
Nihon Kohden America, Inc.	Exhibitor
Novartis Pharmaceuticals Corporation	Exhibitor, Symposium “ <i>Consequences of Epilepsy: Cognitive, Health Outcome, Reproductive and Legal Aspects</i> ,” Afternoon Coffee Break, AET Symposium, Scientific Exhibit
Ortho-McNeil Pharmaceutical	Exhibitor, Symposium “ <i>Epilepsy Plus – Medical Conditions Complicating Epilepsy Management</i> ,” Exhibit Hall Banner, <i>AES Meeting News</i> , AET Symposium, Massage and Message Centers, Breaks in Exhibit Hall, Scientific Exhibit
Oxford Instruments Medical, Inc.	Exhibitor
Pfizer Inc.	Exhibitor, Special Event: <i>The Carnival of the Animals</i> , Merritt-Putnam Symposium, AET Symposium, Scientific Exhibit
PMT Corporation	Exhibitor
Saunders, Mosby, Churchill, Butterworth	Exhibitor
Shire US, Inc.	Exhibitor, AET Symposium, Scientific Exhibit
SHS North America	Exhibitor
SleepMed/DigiTrace	Exhibitor
Stellate Systems	Exhibitor
Tuberous Sclerosis Association	Exhibitor
UCB Pharma	Exhibitor, New Member Reception, AET Symposium, Allied Health Symposium, Symposium “ <i>Epilepsy in the Elderly</i> ,” Tuesday Lunch in Exhibit Hall, Lunch Tote, Exhibit Hall Banner, Press Room, Scientific Exhibit
Xcel Pharmaceuticals, Inc.	Exhibitor
XLTEK	Exhibitor



Committee and Task Force Reports

AED Development Task Force

Steve White, Ph.D. and Jim Stables, Pharm., M.S.A.

This Task Force was created as a result of the 2001 “Models for Epilepsy and Epileptogenesis” workshop to validate and apply models of epileptogenesis and epilepsy as biological test systems for novel therapy. Several specific benchmarks were identified. This work continues with the goal of realizing significant progress within 3 to 5 years. The following events have been critical in focusing resources for model development efforts.

March 2002 — Models I. The summary was reported in *Epilepsia*. There was an overall recognition that the existing processes of discovery and development should focus on development of more predictive models of clinical conditions. In addition, there were strong recommendations to identify treatments to prevent epileptogenesis through the identification and utilization of models.

Nov. 2002 — New Horizons in the development of antiepileptic drugs (Loscher & Schmidt).

July 2002 — Toronto planning meeting for Models.

Sept. 2002 — Models II. Preliminary report pending — publication to follow. Discussed the potential of any particular model to predict clinical success for a specific treatment. Also considered the relative ease of use of each model, the similarities between the human epilepsies and the models being evaluated. The evaluation process and the eventual recommendations focused on the potential for predicting clinical success, not the relative value of the models in basic research.

Nov. 2002 — NIH GRPRA Goals established — these include mention of efforts of the ASP to focus on drugs to aid in treatment-resistant epilepsy including development of validated animal models.

Annual Course Committee

Andrew J. Cole, M.D.

The Annual Course Committee had a successful year, which culminated in sponsoring the 2002 American Epilepsy Society Annual Course entitled “Evaluating the Efficacy of Anti-Epileptic Treatments.” This course was attended by over 800 participants. It examined methodological issues and the conduct of antiepileptic trials and specific data sets in a variety of situations, including surgical treatment for epilepsy, the ketogenic diet, device treatments for epilepsy, treatment of primary generalized epilepsy, and medical treatment of epilepsy in pediatric patients. Evaluations of this year’s annual course were favorable, with each speaker receiving a few nominations as the outstanding lecturer in the course. To us, this demonstrates the broad appeal of the subject matter and the success of this year’s effort.

Our current attention is focused on developing next year’s annual course, which will broadly consider advances in neuroimaging in epilepsy. We look forward to another successful annual course. The Annual Course is published as a supplement to *Epilepsia* so that final editing of manuscripts for the supplement goes on while the next year’s course is already being planned.



Committee and Task Force Reports (cont.)

Annual Meeting Committee

Frances E. Jensen, M.D.

The Annual Meeting Committee is responsible for the development of the various activities that comprise our Annual Meeting. Each component has its own subcommittee (Annual Course, Investigators' Workshop, Scientific Program and Educational Symposia.) These groups work individually to plan their respective programs and then come together to ensure cohesion of the overall meeting. All topics in these educational activities were chosen based on a needs assessment of the membership and meeting attendees.

During 2002 the Annual Meeting Committee convened a "Meeting on the Meeting" to ask important questions about the Annual Meeting's length, content, timing, and members' needs. This meeting was a result of analysis of the needs assessments conducted in 2001. In addition, the group looked at possibilities for mid-course corrections or major alterations that should be considered to ensure that the AES Annual Meeting remains a superb scientific, educational and networking event. The work group included past, current and incoming chairs of key meeting components. They took a close look at why the Annual Meeting currently works, then developed and discussed a series of options about how the meeting might evolve in the near future. The group's goal was to frame options to present to the Strategic Planning Committee and eventually to the AES Board.

As a result, several incremental changes were implemented in the 2002 Annual Meeting, including moving the Presidential Symposium to Saturday following a new Opening Reception, shortening the Merritt Putnam Symposium and ending the meeting at mid-day on Wednesday.

The Annual Meeting Committee continues to review the length, content, timing and member needs and will convene another think tank in 2003 to discuss the possibility of additional changes to the Annual Meeting.

Clinical Investigators' Workshop Committee

William H. Theodore, M.D.

Two topic areas were addressed this year: "Is Epilepsy a Progressive Disease" and "MRI Detected Brain Diffusion and Perfusion in Epilepsy: Technical Considerations and Clinical Applications." In the first session speakers reviewed evidence in animal models; discussed prospective epidemiological evidence, and surveyed imaging studies. Technical aspects and clinical applications in the diagnosis of epilepsy of DWI and PWI were presented and discussed in the second session. In epilepsy, interictal DWI may demonstrate structural abnormalities undetectable with optimal standard MRI. Speakers presented data to suggest that new approaches to PWI allow high resolution, serial measurement of perfusion changes in small brain volumes. Further studies are needed to clarify the precise role of DWI and PWI in the diagnosis of epilepsy. A lively discussion followed the presentations.

Plans for next year include workshops on Pharmacogenetics, and the role of stem cells in epilepsy.



Committee and Task Force Reports (cont.)

Clinical Neuropharmacology Task Force

Barry E. Gidal, Pharm.D., and Blaise Bourgeois, M.D.

At this year's AES meeting in Seattle, the Neuropharmacology Task Force reviewed the progress made in the development and implementation of a Web-based AED information resource. Briefly, the idea behind this project was to create a resource with comprehensive and up-to-date drug information that could be readily accessible to the general neurologist, pharmacist and nurse, as well as the epileptologist. Individual drug templates were created that contained basic drug data such as pharmacokinetic properties, drug interactions, and FDA approved indications. Importantly, given the rapid pace of clinical investigation, these templates have also been designed to include information regarding literature-based evidence for both adult and pediatric dosing, as well as newer clinical applications.

In addition to the development of literature-based, peer-reviewed AED monographs and drug information, this Web site will also be enhanced by links to other relevant sites such as FDA MedWatch. Future developments include the addition of generic AED products and alternative routes of AED administration.

Corporate Advisory Committee

Joyce Cramer and John Pellock, M.D.

The purpose of the Corporate Advisory Committee (CAC) is to bring together AES and industry representatives for discussion of areas of mutual interests. Discussion at the December 2002 meeting focused on the new guidelines on industry presence at the annual meeting.

The scope of the guidelines includes: 1) Competition for time with annual meeting scientific activities; 2) Scope of industry activities; 3) Content of events.

When the guidelines were announced in 2002, industry members noted the lack of clarity in some of the statements. In many ways the AES policy is moot because of the recent PHRMA guidelines for major pharmaceutical companies and the Federal guidelines drafted by the Office of the Inspector General (OIG) that went into effect during 2002. The OIG guidelines, affecting all companies, provide details about policies and procedures with numerous examples. The major item of concern about the AES guidelines is the limitation of sponsored events to 100 attendees. After discussion, it was agreed to ask the Board to rescind this limitation.

Dr. James Ferrendelli will chair an umbrella task force to address: 1) the role of the pharmaceutical industry in medical education, and 2) the value of sponsored medical education to clinicians. The working group will include academic and industry members.

Many thanks to Joyce Cramer who stepped down after co-chairing the CAC since its inception in 1993.



Committee and Task Force Reports (cont.)

Epilepsy and Employment Task Force

Robert T. Fraser, Ph.D.

The task force's goal for the year was to present the range of critical issues relating to epilepsy and employment in a half-day symposium at the annual December AES meeting. Areas of presentation were assigned and the four hours of programming were presented through incorporation into the "Advances in Management of the Epilepsy Clinic" program (2 hours) and the Allied Health Symposium (2 hours). Following this presentation, the task force's final product will be a supplement issue through *Epilepsia* or another epilepsy journal clarifying issues relating to epilepsy and work site risk. Other articles in this special issue are meant to be a tool box of resources for neurologists in dealing with employer/patient concerns regarding work site performance and safety.

At the task force meeting it was further agreed that a Web site needs to be established in relation to epilepsy and employment as a resource site for AES, linked to the Epilepsy Foundation's Web site and that of the Job Accommodation Network (housed at West Virginia University). Another product will be a state of the art paper on epilepsy and employment site risk for *JAMA* or a major family practice journal. All of these products are slated for completion within the next 12-15 months.

Epilepsy Currents Editorial Board

Susan Spencer, M.D. and Robert L. Macdonald, M.D., Ph.D., Chief Editors

In 2002 volume two of the journal of the American Epilepsy Society was published, a landmark as its first full, six-issue year. Growth and experience allowed a few changes in the structure of our support personnel and additions to the contributing editorial board. Our methodology, feedback, communication, and procedural details have been streamlined. Financial backing is strong, and we are currently seeking additional support.

Our publisher, AES staff, contributing editors, associate and chief editors have worked with tireless energy, seamless transitions, and continuous focus in their activity screening the literature, selecting appropriate information to highlight, commenting, reviewing and assessing the published work and status of the field. We are well into the preparations for the third issue of volume three.

Comments heard by all of us suggest that *Epilepsy Currents* is filling the role we had envisioned: it is read, discussed, and even *awaited* by neurologists, epileptologists, fellows, trainees, and students. Our content appears on the AES Web site and is heavily accessed. There is every reason to be optimistic about our coming volumes and the continued vitality and utility of our journal.



Committee and Task Force Reports (cont.)

Genetics Task Force

Jeffrey L. Noebels, M.D., Ph.D.

The goal of the Genetics Task Force is to integrate new advances in the genetics of epilepsy into our current understanding of how to better diagnose and treat the disorder. We are focused on professional education and projects that will accelerate collaborative research.

This year we concentrated on organizing workshops for identifying human genes, analyzing their function in normal and abnormal human tissue, and designing tools for collaborative research. Many common patterns of epilepsy may arise from the contribution of multiple gene defects, requiring large numbers of individuals for analysis. In January 2002, an international workshop was co-organized with NIH and ILAE to explore issues related to complex inheritance, and a consortium of laboratories for collaborative research has been proposed. The report appeared in the November issue of *Epilepsia*.

Task Force members attended a brain bank workshop at NIH to explore the development of a tissue bank for pathological analysis of epilepsy tissue, and we look forward to initiating a pilot program in 2003, along with a virtual brain bank on the Internet. Organizing the tissue network will involve neurologists, neurosurgeons and neuropathologists to characterize and conserve the case material for investigation, and the help of other advocates, including CURE and EF to increase awareness of this need. Task Force members also co-organized an NINDS workshop in October 2002 that will lead to a consortium project on gene microarray profiling of epileptic tissue, with a goal to data sharing between interested laboratories. Projects for the coming year include the construction of a Web-based epilepsy gene information database, and hosting the first Genetics of Epilepsy SIG at next year's annual meeting. We look forward to reporting on the outcome of these efforts in the newsletter during the forthcoming year.

Guidelines Task Force

Jacqueline French, M.D.

This was a very productive year for the Guidelines Committee of the American Epilepsy Society. Several evidence-based guidelines that have been jointly developed by the AES and other organizations are either in press or in draft format. These are as follows:

- **Epilepsy surgery guideline:** This guideline, under the auspices of Pete Engel, has been in process for several years. It has now been accepted for publication simultaneously in *Neurology* and *Epilepsia*.
- **Guidelines on first seizure in children and adolescents:** Developed together with CNS and AAN led by Deborah Hirtz. Shlomo Shinnar was the AES representative to this committee. It is currently in press in *Neurology*.
- **Guideline on first seizure in adults:** This guideline is under development under the auspices of Alan Krumholz.



Committee and Task Force Reports (cont.)

- **Guideline on infantile spasms:** This guideline is in preparation.
- **Guideline on the use of new antiepileptic drugs:** A large working group has been moving forward with this guideline over the past year. A preliminary draft has been created. It will be submitted to the Quality Standard Subcommittee of the American Academy of Neurology in April. Publication is expected in spring of 2004.
- **Guideline on the use of generics:** Tom Browne is chairing the preparation of this guideline under the auspices of the Technology and Therapeutic Assessment Committee of the American Academy of Neurology.
- **Guideline on the use of MEG:** A panel has been selected to begin an update of the previous assessment of the use of MEG in epilepsy. It will be chaired by John Ebersole.
- **Guideline on the use of phenytoin:** Although this guideline has been underway for some time, a decision has been made to add new personnel to the writing committee. Hopefully this will reinvigorate the effort.

Investigators' Workshop Committee

Carl E. Stafstrom, M.D., Ph.D.

The Investigators' Workshop Committee is responsible for the planning and facilitation of the basic science component of the Investigators' Workshop at the AES Annual Meeting. We work closely with the Clinical Investigators' Workshop Committee to present a series of workshops of broad interest to both clinical and basic epilepsy researchers as well as to interested physicians and other healthcare professionals. In selecting topics for workshops, we carefully consider suggestions from the AES membership. A liaison from the committee works closely with each workshop coordinator to obtain top-notch speakers and plan each session so as to ensure audience interaction to the greatest extent possible. We try to maintain an interactive, "workshop" format, a formidable challenge given the burgeoning size of the meeting. The morning sessions aim to cover topics with wide clinical and basic implications, while the afternoon sessions address questions more specifically geared to the basic scientist.

For the 2002 workshops, we were able to attract as speakers a large number of nonmembers as well as AES members who have not spoken at previous AES meetings. This infusion of "new blood" exposed our membership to a wide variety of scientific perspectives. It also induced scientists who do not study epilepsy directly to think about some of the issues facing our understanding of this complex disorder. The 2002 workshop topics were: "Stem Cells in Epilepsy," "Pharmacogenetics of Antiepileptic Drugs," "Mitochondria and Free Radicals," "Neurotransmitter Transporters and Epilepsy," "Functional Imaging in Small Animal Models of Epilepsy," and "Steroid Hormones and Epilepsy."



Committee and Task Force Reports (cont.)

Issues for Women with Epilepsy Task Force

Joyce Liporace, M.D.

The Task Force on Issues for Women with Epilepsy has focused on bringing concerns to the larger body of the AES. The symposium on neural tube defects and epilepsy presented at the 2002 AES meeting was initiated by the task force and led to a very successful and informative conference. We have been developing a schema for the evaluation and intervention regarding bone health for women with epilepsy taking antiseizure medications. The Task Force suggests that all patients over age 12 years who have taken antiseizure medications for more than two years undergo a DEXA scan as a starting point for guiding treatment.



Membership Committee

Jeffrey Buchhalter, M.D., Ph.D.

We are happy to report that AES gained 135 new members this year for a total paid membership as of the 2002 AES Annual Meeting of 2,521.

Our membership is increasingly diverse with 4% of members identifying themselves as nurses or neurosurgeons, 2% as specializing in social work, psychology or pharmacology, and 5% as specializing in electroencephalography. Basic scientists have increased slightly in membership to 9% while pediatric neurologist/epileptologists and adult neurologist/epileptologists hold steady at 19% and 31%. There are still quite a few members who have not provided a specialty, so these numbers might actually be higher.

The Membership Committee addressed several issues this year including creating a “Corporate” category of membership. This would accommodate the increasing numbers of applications from industry into a membership category that does not have voting or office-holding privileges. The criteria for this category are currently being discussed by the Membership Committee and the Board.

The possibility of reducing the membership fee for nurses, EEG technologists and social workers to increase their participation was also discussed. Past feedback has identified cost as the major barrier to participation. A proposal to create another category such as “affiliate, associate, or allied health professional” with voting and office-holding privileges will be submitted to current allied health members for comment.

Other issues addressed this year were the recommendation for Bylaw changes to clarify and simplify Resignation and Member Application as well as updates to the guidelines for Special Interest Groups (SIGs) and Participatory Roundtables (PRTs), due to an increase in requests and expectations.



Committee and Task Force Reports (cont.)

Practice Committee

Gregory L. Barkley, M.D.

The AES Practice Committee addresses issues of interest to clinicians involved in care of patients with epilepsy. The committee has run a popular 90-minute patient management course at the annual meeting for the past several years. In the past, the course has featured talks on coding and reimbursement as well as an annual update on the new Medicare Fee Schedule for the following year. This year, the course also featured talks on two issues that the committee has been working on for the past few meetings, a practical guide to bone health for patients on anticonvulsant drugs and a clinical discussion of complementary and alternative medications relevant to epilepsy. Judging by attendance, these three talks were very popular.

Since the AES does not have representation or work directly with national regulatory bodies, the Practice Committee maintains contacts with the American Academy of Neurology and the National Association of Epilepsy Centers in order to keep AES membership informed about new regulatory issues. In selected situations, the committee works to support these or other sister professional organizations on selected issues. For example, in the summer, the AES Practice Committee wrote a letter supporting an initiative from the Child Neurology Society concerning the status of vigabatrin. The committee is also supporting an effort by the Instrumentation Committee of the American Clinical Neurophysiology Society to develop a set of standard, open file formats for neurophysiological data such as EEG, EP, and MEG data. The committee is also working with the Epilepsy Foundation on a way to improve the cumbersome and time-consuming patient assistance programs of the pharmaceutical and implanted medical device companies.

Other issues that the committee has been addressing include HIPAA regulations, the AED Pregnancy Registry, and issues related to pediatric indications of medications. The AES Practice Committee meets at the AES Annual Meeting and the American Academy of Neurology Annual Meeting.

Research and Training Committee

John W. Swann, Ph.D.

The Research and Training Committee is responsible for identifying and evaluating all sources of funds used to support epilepsy research and training, making recommendations to the AES for allocation of funding and reviewing the outcomes of previously funded research. AES allocated \$544,000 this year to fund pre- and postdoctoral research fellowships and clinical training fellowships. AES participated with the Epilepsy Foundation in reviewing and funding: 7 junior faculty grants, 13 postdoctoral research fellowships, 4 predoctoral research fellowships and 4 clinical research fellowships during 2002.

The committee also recommended an additional \$50,000 be allocated to the Partnership for Pediatric Epilepsy Research, a joint targeted research grants program, administered by the Epilepsy Foundation.



Committee and Task Force Reports (cont.)

The committee is also responsible for managing the AES Research and Training Workshops Program. The intent of this program is to encourage members to develop novel and creative national consensus or review conferences of broad interest to the AES membership. During 2002, four workshops were funded. A full listing of the funded grants, fellowships and workshops can be found on pages 30 and 31.

Research Initiative Fund Task Force

Subcommittee of the Research and Training Committee

Jerome Engel, Jr., M.D., Ph.D.

The Task Force reviewed applications for this award and found that none of them met what we considered to be the criteria for funding. Investigators were either too junior, or already adequately funded to support the research they were proposing. It was decided that the award needed to be better advertised, and that a two-step application procedure should be introduced, beginning with an RFP to permit us to weed out inappropriate projects, after which complete applications would be requested.

The advertising for this award will consist of an announcement for a novel grant opportunity for innovative collaborative basic or clinical research by AES members who are established investigators. “Established” means associate professor level and above, or assistant professor with secure grant funding. “Innovative” means that the proposed research represents a new direction for the investigator, and is sufficiently novel that funding would not be available from NIH or other standard funding sources. “Collaborative” means that the proposed project requires the participation of one or more investigators outside the candidate’s area of expertise, preferably in a different department or a different institution. The objective of these awards is to encourage established investigators to think “outside the box” and involve other established investigators who may not now be working in the field of epilepsy. Members who are candidates for an Epilepsy Foundation Junior Investigator Award or AES and EF research or training fellowships will not be considered.



Several AES Past Presidents participated in the Special Event in 2002.



Committee and Task Force Reports (cont.)

Research Recognition Awards Committee

Philip Schwartzkroin, Ph.D.

This committee is charged with selecting recipients of a number of prestigious AES awards. Nominations are solicited during the year from AES membership. The Awards Committee met on October 1, 2002, and recommended the following individuals for our AES awards which were presented during the 2002 Annual Meeting in Seattle:

AES Service Award – Braxton Wannamaker, M.D.

J. Kiffin Penry Award for Excellence in Epilepsy Care – Peter Williamson, M.D.

William G. Lennox Award – James Ferrendelli, M.D.

Extraordinary Contributions to the Field of Epilepsy – Sidney Goldring, M.D.

In addition, the Committee voted the following recipients of the *AES/Milken Epilepsy Research Recognition Awards*:

F. Edward Dudek, Ph.D.

Christopher A. Walsh, M.D., Ph.D.

Note: While there were a large number of highly qualified basic science nominees for the Research Recognition Award, the number of clinical investigators nominated for this honor was disappointing. Since we know that there are many outstanding clinical investigators in our midst, the Committee urges the AES membership to nominate these individuals. The nomination procedure is available on the AES Web site.

Scientific Program Committee

Massimo Avoli, M.D.

During 2002 the Scientific Program Committee worked to accommodate the changes to the Annual Meeting that resulted from member surveys and a planning meeting early in the year. These changes included shortening the meeting by half a day; reducing the number of platform presentations from twelve to eight, and moving the Presidential Symposium to Saturday afternoon.

The Committee successfully met these challenges and provided quality educational programs to approximately 3,000 attendees. Topic areas covered in this year's plenary sessions included "Consequences of Epilepsy: Cellular to Behavioral Perspectives," "Parahippocampal Networks and Mesial Temporal Lobe Epilepsy" and "Neuroimmunology and Epilepsy."

In addition the committee, composed of 44 members, reviewed over 1,000 abstracts, which covered a wide range of topic areas including experimental animal models, clinical neurophysiology, pediatric epilepsy, AEDs, surgery, neuropsychology, nursing/psychosocial health issues, pregnancy/gender issues, genetics, clinical epilepsy and imaging.

The Committee continues to be involved in discussing additional changes to the format of the Annual Meeting and looks forward to the challenge.



Committee and Task Force Reports (cont.)

Year Round Education Committee

L. James Willmore, M.D.

Planning for, review of, and approval for educational activities that result in earned hours for continuing medical education, continue to be critical activities of the Committee. Major creative and innovative efforts to develop and utilize Internet education are beginning to influence how year round education will be conducted by the society.

Developing strengths will include enhancing the review and development of enduring educational materials. This effort will be developed in conjunction with the Internet educational efforts of the society. Epilepsy education for the general neurologist continues to be supported through the efforts of funded CME activities developed with the support of industry. Regional symposia are expected to be offered again within the context of the Merritt-Putman programs. An effort to deliver educational programs regarding women's health is underway. Mini-fellowship programs continue to offer in-depth educational programs for experienced neurologists, physicians caring for patients in state institutions, and for physicians in training.

Recommendations for consolidation of subcommittees within this committee were submitted to the Council on Education for consideration by the Board. Internet Education combined with Enduring Materials appears to be a natural program for enhanced productivity. Allied Health continues with important success, having developed a second symposium presented at the 2002 Annual Meeting.

Although most of the efforts of the committee appear to be directed toward the delivery of CME based programs, one major effort that is independent of such motivation is medical student and resident education. Web-based teaching materials have been produced and posted for use by teaching programs. Our Society continues to benefit from the strength and dedication of subcommittee chairs and their membership. Again, expertise and enthusiasm have resulted in a highly productive and successful effort on behalf of persons with epilepsy.

Subcommittees

Allied Health Professional Education	Patricia O. Shafer, RN, M.N.
Basic Science Education	Tallie Z. Baram, M.D., Ph.D.
Enduring Materials Education	Edward H. Bertram III, M.D.
Epileptologist Education	Patricia K. Crumrine, M.D.
General Neurologist Education	L. James Willmore, M.D.
Internet Education	Jaideep Kapur, M.D., Ph.D.
Pediatric Education	Eileen P.G. Vining, M.D.
Primary Care Education	Eli M. Mizrahi, M.D.
Student and Resident Education	José E. Cavazos, M.D., Ph.D.



Special Feature

Educating Nurses and Allied Health Professionals, The TeleConsults Series

Patricia O. Shafer, RN, M.S.N., Allied Health Education Chair

Keeping up with the latest advances in epilepsy is not easy. In order to care for patients most effectively, we must recognize that *the patient's treatment team* may be larger than the core epilepsy treatment team. Epilepsy nurse specialists, advanced practice nurses, school nurses, psychologists, social workers, vocational rehabilitation providers, direct care providers, or case managers are often included in the treatment team. They may be found anywhere — tertiary care hospitals, ambulatory settings, inpatient units, schools, group homes, rehabilitation or skilled nursing facilities or community agencies.

In 1995 the American Epilepsy Society recognized the need to provide ongoing education to this diverse group of professionals. This was an immense challenge, one which Nancy Santilli, FAAN, RN, PNP, M.S.N. (formerly Associate Program Director at the University of Virginia and currently Medical Affairs, Elan Pharmaceuticals) took on willingly. The result was a Nursing TeleConsults Series that continues to reach out to professionals around the country eight years later. In the beginning, the TeleConsults were envisioned as a way of reaching out to nurses from different practice settings who were unable to attend AES annual meetings or wanted to increase their knowledge of epilepsy. In the past two years, the program has expanded to other allied health professionals as well, such as social workers, psychologists and pharmacists. Twenty-five different topics have been offered over 50 times, at no charge thanks to generous support from corporate sponsors.

Ease of use is the key factor in providing continuing education to nurses and other allied health professionals who have low budgets for continuing education and no time! AES responded by offering participants the chance to dial in from any phone and listen to a prepared talk. Participants can question the speaker or share best practices and tips regarding the topic of the night. Topics have ranged from newer AEDs and compliance to acute management of seizures, depression in epilepsy, adjustment issues for children and families, advocacy issues, alternative therapies, non-epileptic seizures, epilepsy surgery and much, much more.

In addition to real-time teleconferences, this program offers enduring materials of past programs in print and on audiotape. The Allied Health Education Subcommittee is exploring better ways of using technology to distribute materials to participants and making Web-based versions of presentations available to larger audiences through the AES Web site.

Innovative programs such as the TeleConsults require coordination, time and creativity — from volunteers and staff alike. Following Nancy Santilli's leadership was Susan Lannon, RN, M.S., and now Barbara Beck, RN, M.S.N., CPNP and Janice Buelow, Ph.D., RN coordinate this ongoing program with Cheryl-Ann Tubby of AES staff. AES is very grateful for the opportunity to continue this educational outreach and ultimately improve the care for people with epilepsy.



*“The
TeleConsults
Series
continues to
reach out to
professionals
around the
country.”*

Special Feature

Technology Committee

Michael Rogawski, M.D., Ph.D., Technology Committee Chair

The Technology Committee continued to enhance the AES Web site, maintaining content and developing new features. The goal of the site is to service our members and in so doing, we have focused on adding more educational content while working towards increasing member benefits through better online communication and improved accessibility to Society-related information.

Begun in 2002 with a completion date in 2003 is the “Find an Epileptologist” feature to be hosted on the Epilepsy Foundation (EF) site. This database of epileptologists will mirror the AES member profile database. Users of the EF site will be able to conduct a search for an epileptologist by location. The program will return a list of AES members who practice within that geographical area. This is one of our signature collaborations with EF and a member benefit we are pleased to provide for our clinicians.

The AES member profile database is also an excellent networking resource for our members. To take full advantage of its capabilities, members must keep their own information up to date. With profiles on every member, the information in this database is accessible to the entire membership and can be used to secure contact information as well as specifics about the specialties and certifications of each member. Participation is voluntary but the more data members put into the database, the more useful this resource becomes for all members.

Educational content has been our key focus this year. We have added more content to the site, including a wonderful abstracts database. This database is easy to use and includes the abstracts from the 2000, 2001, and 2002 AES annual meetings. The Technology Committee decided at the December 2002 meeting to expand this database to include access to select posters and presentations. This project, started in 2002, also has a completion date in 2003.

Other educational programming goals set in 2002 for development in 2003 include hosting the 2002 Presidential Symposia online, expansion of the Medical Education section of the site, and increased online CME opportunities.

The site is a popular place for professionals in epilepsy to secure educational content. One of the site’s biggest draws is the content of *Epilepsy Currents*, the Society’s review journal. (See page 16 for a report on this important AES project.) The *Epilepsy Currents* section of the site gets approximately 40,000 hits per month.

The Technology Committee will continue to build the AES site with the goals of increasing member benefits and providing easy access to educational content; 2002 was a great year, not only for providing more features online, but also for the inception of features that will be built and hosted in 2003.



“Strategies for the future include making the Web site an indispensable source of professional education and services.”

Financial Highlights



Ruben I. Kuzniecky, M.D., Treasurer

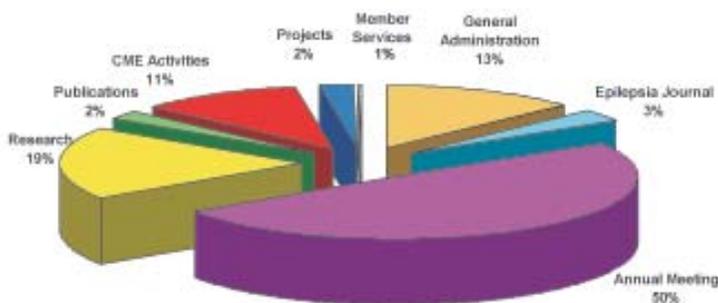
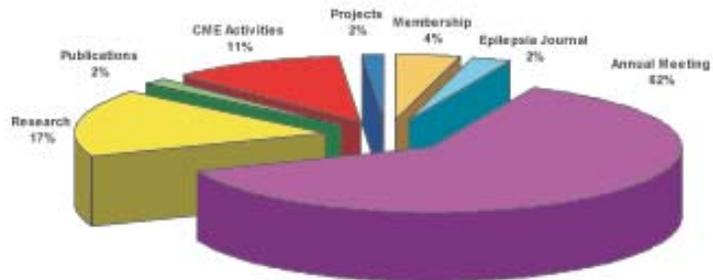
AES has again closed out the fiscal year with a surplus, \$93,684 to be exact. Though our investment portfolio is still adversely affected by the markets, we continue to hold a strong financial position.

Below are pie charts showing the major revenue and expense categories for the past year. Our primary revenue source is still the Annual Meeting, providing 68% of our annual revenue. Sixty-five percent of the Annual Meeting revenue comes from sponsorships, grants and exhibitors, which helps keep registration fees affordable and provides income that helps keep membership dues low.

AES continued its commitment to financing research, combining sponsored funds with our own funds. In 2002 we were able to increase our research funding by almost 25%. We funded four Research and Training Workshops and provided a travel grant through the John & Barbara Heffer Travel Fund. AES funded five pre-doctoral fellowships, two post-doctoral clinical fellowships and partnered with the Epilepsy Foundation to fund additional research fellowships. This activity represents

2002 Revenue Report

Membership	\$221,759
Epilepsia Journal	\$123,975
Annual Meeting	\$3,222,636
Interest	(\$429,691)
Research Awards	\$861,282
Publications/Products	\$88,767
CME Administration	\$562,521
Special Projects/Initiatives	\$78,057
Total Revenue	\$4,729,306



2002 Expense Report

General Administration	\$599,882
Epilepsia Journal	\$149,700
Annual Meeting	\$2,292,108
Research Awards	\$872,258
Publications/Products	\$99,098
CME Administration	\$508,228
Special Projects/Initiatives	\$100,742
Member Services	\$13,606
Total Expenses	\$4,635,622

“AES has a very stable financial condition and performs well compared to similar organizations.”

Financial Highlights (cont.)

a continued collaborative effort with the Epilepsy Foundation. In addition we continued our funding of the Epilepsy Foundation’s Public Policy Forum and contributed to the Pediatric Research Partnership administered by the Epilepsy Foundation. The Milken Family Foundation provided funding for another eight post-doctoral fellowships.

Expenses for the 2002 Annual Meeting are slightly less than 2001 and comprise only 49% of expenses this year, down from 52%. The cost of CME Administration also went down this year.

Administrative costs were higher this year due mostly to the costs of the Strategic Planning meeting, additional Board of Directors and Task Force expenses and the Management Review conducted by a consultant to review the services provided by Association Resources. Offsetting a portion of these one-time expenses were reductions in printing and mailing costs, some committee and task force expenses as well as some administrative cost savings.

Educational activities outside of the Annual Meeting continue to benefit all members. Regional meetings during 2002 resulted in a net gain for AES of over \$80,000 and the Merritt-Putnam initiative came in at almost \$10,000 above expenses. Our investment in education includes the TeleConsults in Epilepsy program, aimed at Allied Health Professionals (completely sponsored) and the Medical Education Program on the AES Web site which is currently being updated. The Monotherapy Conference, conducted in 2001 by the Practice Committee and funded mostly by sponsorships, resulted in an *Epilepsia* Supplement published in 2002. The new AED Section of the AES Web site is being polished by the Clinical Neuropharmacology Task Force.

Statement of Financial Position

ASSETS	12/31/02 *	12/31/01	LIABILITIES & NET ASSETS	12/31/02	12/31/01
CURRENT ASSETS			CURRENT LIABILITIES		
Cash and Equivalents	\$4,770	\$128,477	Accounts Payable	\$85,195	\$649,390
Accounts Receivable	\$324,018	\$224,518	Refunds Payable	(\$15,382)	(\$6,750)
Investments	\$2,754,220	\$3,831,520	Deferred Revenue	\$108,865	\$611,168
Prepaid Expenses	\$23,439	\$54,858	Total Current Liabilities	\$178,678	\$1,253,808
Total Current Assets	\$3,106,477	\$4,239,373			
Total Assets	\$3,106,447	\$4,239,373	NET ASSETS		
			Reserve Fund	\$2,834,083	\$2,631,908
			Prior Year Income/Expenses	\$0	\$9,500
			Current Earnings	\$93,686	\$344,157
			Total Net Assets	\$2,927,769	\$2,985,565
			TOTAL LIABILITIES AND ASSETS	\$3,106,447	\$4,239,373

* Unaudited

2002 Distinguished Achievement Awards

During 2002 the Society presented the following special awards to recognize excellence in research, practice and service in the field of epilepsy. These annual awards are based on peer nominations and are presented at the Annual Meeting.



James A.
Ferrendelli, M.D.

William G. Lennox Award

The Society was honored to present this award to **James A. Ferrendelli, M.D.** The Lennox award was established in 1966 and is presented annually to an individual who has made a significant contribution to the field of epilepsy. The award is funded by the William G. Lennox Trust Fund established in 1962 to advance and disseminate knowledge concerning epilepsy in all of its phases — biological, clinical and social — and to promote better care and treatment for persons subject to seizures.

Past Winners (since 1990)

1990	Dr. Harou Akimoto
1991	Dr. Paul H. Crandall
1992	Dr. Francis M. Forster
1993	Dr. John M. Freeman
1994	Dr. Richard H. Mattson
1995	Dr. Brenda Milner
1996	Dr. Peter Kellaway
1997	Dr. Cesare T. Lombroso
1998	Dr. Juhn Wada
1999	Dr. Jerome P. Engel, Jr.
2000	Dr. Frederick Andermann
2001	Dr. V. Elving Anderson
2002	Dr. James A. Ferrendelli



Braxton B.
Wannamaker, M.D.

American Epilepsy Society Service Award

The Society proudly presented the 2002 Service Award to **Braxton B. Wannamaker, M.D.** Established in 1993, this award is presented annually at the AES Annual Meeting to a member of the American Epilepsy Society. The award recognizes outstanding service in the field of epilepsy (including non-educational and non-scientific efforts) and exemplary contributions to the welfare of the American Epilepsy Society and its members.

Past Winners

1994	Dr. Harvey Kupferberg
1995	Dr. Eric W. Lothman
1996	Dr. Donald Shields
1997	Dr. Eli S. Goldensohn
1998	Ms. Joyce Cramer
1999	Ms. Margaret P. Jacobs
2000	Dr. Timothy A. Pedley
2001	Dr. Robert J. Gumnit
2002	Dr. Braxton B. Wannamaker

2002 Distinguished Achievement Awards (cont.)



Peter D.
Williamson, M.D.

J. Kiffin Penry Award for Excellence in Epilepsy Care

This year, the Society recognized the efforts of **Peter D. Williamson, M.D.** with the Penry Award. This award, funded by Abbott Laboratories, was established 1997. The winner need not be a Society member even though the award is presented at the American Epilepsy Society Annual Meeting. The reward honors Dr. Penry's lifelong focus on and genuine concern for the patient with epilepsy. The Penry Award recognizes those whose work has had a major impact on patient care and improved the quality of life for persons with epilepsy as well as recognizing excellence in the care of persons with epilepsy.

Past Winners

1997	Dr. Fritz Dreifuss
1998	Dr. William Feindel
1999	Dr. B. J. Wilder
2000	Patricia A. Gibson
2001	Dr. John M. Freeman
2002	Dr. Peter D. Williamson



Sidney Goldring,
M.D.

Extraordinary Contributions to the Field of Epilepsy Award

A new award was created during 2000 to recognize individuals who have made extraordinary contributions to the field of epilepsy that the awards committee had no other way of recognizing. The award was presented this year to **Sidney Goldring, M.D.** for his life-long interests in and understanding of treating patients with severe seizure disorders. The award was accepted by Dr. James Ferrendelli.

Past Winners

2000	Mrs. Ellen Grass
2002	Dr. Sidney Goldring



2002 Research Grants and Fellowships

2002 Epilepsy Research Award Program

This is a recognition program funded by the Milken Family Foundation designed to encourage and reward investigators whose research contributes importantly to understanding and conquering epilepsy.

This year's 2002 Basic Science Award winners are:

F. Edward Dudek, Ph.D.

Department of Anatomy Neurobiology,
Colorado State University, Fort Collins, CO

Christopher A. Walsh, M.D., Ph.D.

Bullard Professor of Neurology,
Howard Hughes Medical Institute,
Harvard Medical School, Boston, MA



Thomas Sutula, M.D., Ph.D., Christopher Walsh, M.D., Ph.D., F. Edward Dudek, Ph.D., and Richard Sandler (Milken Family Foundation).

AES Sponsored Research Training Fellowships

Parnali Chatterjee, Ph.D.

University of Utah, Department of
Pharmacology and Toxicology
“The Role of CYP3A7 in Embryotoxicity”

Deb K. Pal, Ph.D.

Columbia University
“Detecting Gene-Gene Interaction in Idiopathic
Generalized Epilepsy”

AES Sponsored Post-Doctoral Clinical Research Training Fellowships

Jorge G. Burneo, M.D.

University of Alabama at Birmingham,
Department of Neurology
“Reorganization of the Somatosensory and Motor
Cortices in Epileptic Malformations of Cortical
Development”

Ahmed H. Sadek, M.D.

Hospital of the University of Pennsylvania,
Department of Neurology
“Post-ictal Changes in Memory, Vigilance, and
Mood”

AES Sponsored Training Programs

*This program provides funding for
targeted workshops intended for clinical
or scientific audiences and on specific
collaborative topics in neuroscience.*

Marc A. Dichter, M.D., Ph.D.

University of Pennsylvania, Department
of Neurology, Philadelphia, PA
“Clinical Trials in Neuroprotection”

R. Eugene Ramsay, M.D.

International Center for Epilepsy,
University of Miami, Miami, FL
“International Geriatric Epilepsy Conference
2003”

Philip A. Schwartzkroin, Ph.D.

University of California, Davis, CA
“Seizures and Autism: Implications of abnormal
brain activity for brain development and behav-
ioral/neurological regression”

**Frederick Andermann, M.D.,
FRCP(C)**

Neurology and Paediatrics, McGill
University, Montreal, PQ
“Second International Symposium Rasmussen's
Syndrome”

Research Grants and Fellowships (cont.)

(Funding Year July 2002–June 2003)

Pre-Doctoral Research Fellowships

Deborah Schrager Hoffnung
Long Island Jewish Medical Center
“A Qualitative Analysis of Figural Memory Performance in Persons with Epilepsy”

Mentor: Kenneth Perrine, Ph.D., ABPP

Jamie L. Maguire
The George Washington University
“The Role of Glutamate Transport in Glioma-Induced Epileptogenesis”

Mentor: Margaret Sutherland, Ph.D.

Carrie R. McDonald
University of Florida
“Inhibition in Memory and Attention: The Role of the Frontal Lobes”

Mentor: Russell M. Bauer, Ph.D., ABPP/CN

John & Barbara Heffer Travel Fund

Established in 2001 to promote the exchange of information and expertise in epilepsy between health care professionals of the U.S. and other countries.

Astrid Y. Nehlig, Ph.D.
Inserm Institute National, Faculté de Médecine, Strausbourg, Cedex-France

To travel to Albert Einstein College of Medicine, Bronx, NY

Milken Family Foundation Research Training Fellowships

Steve Danzer, Ph.D.
Duke University Medical Center
“The Role of Neurotrophins in the Development of Epilepsy”

Preceptor: James O. McNamara, M.D.

Milken Family Foundation (cont.)

Alicia M. Goldman, M.D., Ph.D.
Baylor College of Medicine, University of Texas, Houston
“Mutation of Ion Channel Genes Co-Expressed in Heart and Brain: A Candidate Mechanism Linking Brain Limbic Pathways with Cardiac Arrhythmia and Sudden Death”

Preceptor: Jeffrey L. Noebels, M.D., Ph.D.

Kurt Haas, Ph.D.
Cold Spring Harbor Laboratory
“The Role of Glutamate Receptor Activity in Dendritic Growth – A Potential Site for Seizure-Induced Changes in Neuronal Connectivity and Origin of Idiopathic Epilepsies”

Preceptor: Hollis T. Cline, Ph.D.

Xianzeng Liu, M.D., Ph.D.
Harvard Medical School, Children’s Hospital Boston
“Effect of Recurrent Seizures on Cognitive Impairment and Place Cell Physiology”

Preceptor: Gregory L. Holmes, M.D.

Michelle M. Martin, Ph.D.
University of Washington
“Effects of Ionic Balance on GABAergic Inhibition”

Preceptor: William Spain, M.D.

Chengsan Sun, Ph.D.
University of Virginia
“The Subcellular Distribution of GABA_A Receptor Subunits During Status Epilepticus”

Preceptor: Jaideep Kapur, M.D., Ph.D.

Teruyuki Tanaka, M.D.
University of California, San Diego
“Functional and Genetic Interactions of Causative Genes for Type-1 Lissencephaly”

Preceptor: Joseph G. Gleason, M.D.

David A. Wagner, Ph.D.
University of Wisconsin, Madison
“Biophysics of the GABA Binding Pocket”

Preceptor: Mathew V. Jones, Ph.D.

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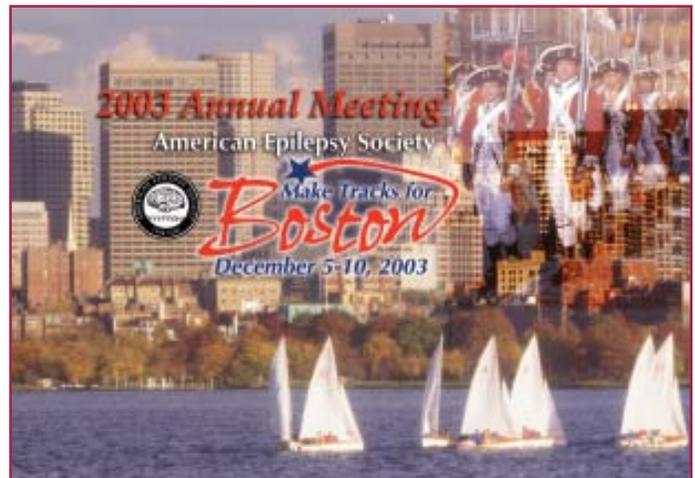
57th Annual Meeting of the American Epilepsy Society

The American Epilepsy Society's Fifty-Seventh Annual Meeting will be held December 5–10, 2003 in Boston, MA at the Sheraton Hotel and Towers and the Hynes Convention Center.

The Scientific Program, chaired by Dr. Paul Rutecki, will consist of three main symposia, approximately 800 poster sessions, platform presentations, more Special Interest Group meetings than ever before, the popular AET Symposium, the Lennox Lecturer and Awardee, AES/Milken Family Foundation Annual Research Awards luncheon, two full days of Exhibit Hall displays, the Merritt-Putnam symposium, and Allied Health Symposium and various other educational symposia.

The Annual Course and Investigators' Workshop will be held simultaneously. Dr. Andrew Cole is chair of the Annual Course and Dr. Kevin Staley will chair the Investigator's Workshop. Both will be held on Sunday, December 7th.

We hope to see you at our Annual Meeting in Boston.



For more information:
contact Maria Rivera at
(860) 586-7505 or
e-mail us at
info@aesnet.org

American Epilepsy Society Future Meetings

2004

New Orleans, Louisiana

Sheraton New Orleans Hotel
& Ernest N. Morial Convention Center
December 3-8

2005

Washington, DC

Washington Convention Center
December 2-7

2006

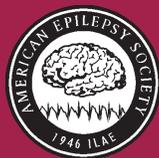
San Diego, California

San Diego Convention Center
November 30–December 5

2007

Philadelphia, Pennsylvania

Pennsylvania Convention Center
November 30–December 5



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