

AES News

AMERICAN EPILEPSY SOCIETY

Vol. 11, No. 3

Fall 2002

Annual Meeting to Promote Clinician-Researcher Interaction

The 2002 American Epilepsy Society Annual Meeting will offer a fruitful opportunity for clinicians and researchers active in all aspects of epilepsy to meet, exchange information, and receive updates on progress in epilepsy research, treatment and prevention. Nearly 3000 attendees from the United States, Canada, and around the world are expected to convene December 6-11 in Seattle for this premier scientific meeting.



Three AES plenary sessions will be presented during the Scientific Program running from Saturday, December 7 through Wednesday, December 11. *Consequences of Epilepsy: Cellular to Behavioral Perspectives* will be the topic of the Presidential Symposium on Saturday, December 7. The symposium, organized by AES President Dr. Tom Sutula, will examine new and far-ranging neuropsychological evidence of potential adverse effects of brief repeated seizures on the brain and behavior. Symposium II on Tuesday, December 10 is entitled *Involvement of Parahippocampal Networks In Temporal Lobe Epilepsy*, and will address the role of parahippocampal areas in the normal and in the epileptic brain. On Wednesday, December 11, Symposium III will examine *Neuroimmunology and Epilepsy*.

The Annual Course and Investigators' Workshops will be presented on Sunday, December 8. The Annual Course, chaired this year by Dr. Andrew Cole, will examine trial results, claims made based upon such results, and limitations in their interpretation.

The Investigators' Workshops will feature topics selected by the Investigators'

Workshops committee chaired by Drs. Carl Stafstrom and William Theodore. By making it possible for attendees to interact with leading researchers in important areas of epilepsy research, the workshops provide an update on the cutting edge epilepsy research as well as a venue for debate on controversial areas of that research.

This year, two new Special Interest Groups also will debut at the meeting. A Junior Investigators' Workshop is being convened to form a network of junior epilepsy researchers and provide a forum for discussing issues of interest to these researchers. The inaugural year of the new SIG regarding neuroendocrine influences on epilepsy will present a scientific discussion of the interaction of stress and seizures.

The 2002 Annual Meeting also will present 135 platform presentations, 800 poster sessions, satellite symposia, and industry-sponsored scientific exhibits focusing on such topics as results of clinical trials and drug development. Three days of exhibits from over 50 commercial, governmental and educational companies will provide attendees with the latest in pharmaceuticals, publications, technology and products in the field of epilepsy.

PRESIDENT'S MESSAGE



This issue of *AES News* arrives as final logistical preparations are underway for our Annual Meeting in Seattle in December. The meeting is now one of the largest subspecialty neurological meetings.

The AES Annual Meeting is repeatedly cited in surveys of our members as the major benefit of AES membership. Earlier, I reported on AES Board and leadership efforts to reexamine the organization and effectiveness of the Annual Meeting, and to consider possible options for its evolution as part of the 2002 long-range planning exercise for the Society. Annual Meeting Task Force recommendations now being considered include gradually shortening the meeting while preserving a balance of general and sub-group specific activities to ensure continued vitality for the increasingly multidisciplinary AES membership.

One reason the meeting is so important is that it is the major worldwide opportunity to gather face to face with other professionals interested in aspects of epilepsy from clinical care to molecular mechanisms of epileptogenesis; to discuss common inter-

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AES News

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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. Active membership for one year is \$180 and includes a subscription to the journal *Epilepsia*. Junior Membership is \$140 annually; *Epilepsia* subscription is optional for Junior and Corresponding members. Active and Junior membership is limited to residents of the USA, Canada, and Mexico. Corresponding membership is limited to residents outside of North America. It does not automatically include a subscription to *Epilepsia*, and fees are \$135. Senior membership is available to Active Members who have reached the age of 65.

Editorial Deadlines

Winter 2003 issue: January 24, 2003
Summer 2003 issue: May 16, 2003
Fall 2003 issue: August 22, 2003

President's Message

(continued from page 1)

ests, problems, and opportunities; and to form partnerships and common approaches to dealing with epilepsy. The Annual Meeting brings together professionals from neurology, nursing, neurosurgery, psychology, neuroscience, and industry, who are highly interdependent in their efforts to achieve the vision of effective epilepsy treatment and cure.

Economics demonstrate that the success and effectiveness of the Annual Meeting is also critically dependent on the partnership of AES members, registrants, and industry supporters. The average meeting cost per registrant is \$440, but the average meeting fee per registrant is only \$276. The deficit is covered by AES-industry partnerships such as major sponsorship, and exhibitor fees. AES-industry partnerships have supported new programs and meeting amenities that have made the Annual Meeting such an attractive destination and gathering place for epilepsy professionals.

Managing partnerships between healthcare professionals, scientists and the pharmaceutical industry is not a simple undertaking, and meetings of health care professionals have increasingly attracted the attention of regulatory agencies, the medical education establishment, and the public. During your stay in Seattle, you will hear comments from members and the AES leadership about commercial influence and presence at the meeting. These various perspectives reflect tensions in the public domain that question whether some relationships between medical professionals and industry may be detrimental to patient and public interest.

Many AES members rely on the Annual Meeting as a source for continuing medical education (CME) credit. Approximately half of the \$1.1 billion spent nationally for all CME in 1999 was derived from industry sources, and the proportion of CME expenditures coming from industry has doubled since 1996. The obvious potential for conflicts of interest has been recognized by professional organizations such as the AMA, and the Accreditation Council for Continuing Medical Education (ACCME), as well as by individual physicians, patients, and the public. Anecdotes about excesses (such as lavish meals and entertainment for prescription writers, and pressure and influence on content of educational programs) are common.

The AES leadership and committees, mindful of the concerns raised by the media and patients, make a concerted effort to work effectively and fairly with AES members and their partners in industry. The entire content of the meeting originates from members and AES committees, based on an annual needs assessment of the membership and AES-determined educational and research priorities. Decisions about meeting content, which reside entirely with AES, are then implemented through negotiations about support with industry sponsors.

Few Annual Meeting attendees would wish to return to small meetings with limited information exchange. We must recognize, then, that success of the meeting and the advancement of epilepsy treatments and cure are critically dependent on effective partnerships, including the contributions of the pharmaceutical and device industries. Making the most of partnerships and avoiding the potential conflicts of interest and unregulated commercial influences require the continuing efforts of AES and industry both. Industry faces a considerable challenge in balancing responsibility to inform about their products, financial demands of investors, rigors of regulatory approval, and limited patent life. The pharmaceutical industry has been extraordinarily successful in developing new drugs for epilepsy, but with costs of \$800 million or more for new drugs which may have limited market impact, a steady stream of new drugs and novel treatments cannot be assumed. Given these challenges, it is doubtful that progress in the treatment and cure of epilepsy can occur without the resources and commitment of healthcare professionals in partnership with industry colleagues.

AES leadership and staff continue to be vigilant and to think critically about our partnerships. So when you arrive in Seattle, enjoy the meeting, and please take a moment to think about the vital partnerships that enhance our efforts to advance the treatment and cure of epilepsy.

The author thanks Liz Dega, University of Wisconsin '02, for assistance in assembling the background information for this column.

PEOPLE IN THE NEWS

Lisa R. Merlin, M.D.

The second annual Dreifuss-Penry Epilepsy Award was presented to Lisa R. Merlin, M.D. of the State University of New York Downstate Medical Center, at the American Academy of Neurology Scientific Awards Luncheon in Denver on April 17, 2002. The award recognizes physicians in the early stages of their careers who have made an independent contribution to epilepsy research. Dr. Merlin's research focuses on the role of metabotropic glutamate receptors in epilepsy.

The Dreifuss-Penry Awards Selection Committee was chaired by Dr. Solomon Moshé, with members Drs. Gregory Cascino, Beth Malow, Kimford Meador, Martha Morrell, and Mark Yerby.

Cesare T. Lombroso, M.D., Ph.D.

In June 2002 Cesare T. Lombroso, M.D., Ph.D., Professor of Neurology-Emeritus at Harvard Medical School, and Chief Emeritus of Seizure Unit and Division of Neurophysiology Children's Hospital, Boston, was named Visiting Professor at the Faculty of Medical Sciences, Kyusho University, Fukuoka, Japan in recognition of his "great contribution for education and research of Medical Sciences in Japan." He also delivered an invited lecture at the 44th Annual Meeting of the Japanese Society of Child Neurology and received an award for his "great contribution to the progress and development on Child Neurology in Japan." Further invited lectures were given at the University of Kanazawa and at Tokyo University Medical School.

**Christopher Walsh, M.D., Ph.D.,**

Christopher Walsh, M.D., Ph.D., of the Beth Israel Deaconess Medical Center, Boston, has been selected as one of 12 new Howard Hughes Medical Institute (HHMI) investigators. Dr. Walsh is the first Beth Israel Deaconess researcher to receive this prestigious honor.

The 2001 HHMI competition, for the first time ever, selected physician-scientists engaged in patient-oriented research to participate in an innovative program. The program's goal is to improve the translation of basic science discoveries into enhanced patient treatments.

A neurogeneticist focusing on the brain's cerebral cortex, Dr. Walsh is studying the causes of mental retardation and epilepsy in children by identifying genes that are mutated in patients with disorders of brain development. He has developed an ongoing collaboration with clinical geneticists and pediatric neurologists around the world to improve the diagnosis of pediatric brain disorders, and plans to use the HHMI funding to expand this outreach work.

Kimford Meador, M.D.

Kimford Meador, M.D., has been appointed Chief of Service for the Department of Neurology at Georgetown University Hospital. In his new position, Dr. Meador is tasked with advancing the hospital's epilepsy monitoring and surgery programs. Dr. Meador also continues as the principal investigator of a multi-center National Institutes of Health grant studying the long-term neurodevelopmental effects of antiepileptic drugs on children. The study will determine whether the medications affect a child's cognition and behavior.

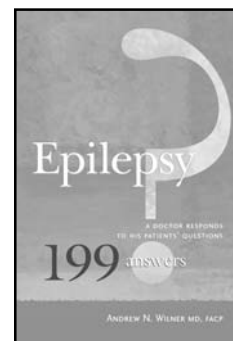


Dr. Meador brings 18 years of experience specializing in epilepsy evaluation and surgery. He has been principal investigator or co-investigator in over 50 research studies.

**Andrew N. Wilner, M.D., FACP**

The second edition of Dr. Wilner's patient education book, *Epilepsy: 199 Answers (A Doctor Responds to His Patients' Questions)* will be released in December 2002. The first edition was published in 1996 and received excellent reviews. Published by Demos Medical Publishing, the book is a reference for patients with epilepsy and addresses the needs of everyone with the disorder.

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PEOPLE IN THE NEWS

We're Interested!

Please send news of appointments, honors, and awards to:

AES People in the News
342 North Main Street
West Hartford, CT 06117-2507

2002 Annual Meeting . . . You are invited!

Please join us for the **Welcome Reception** scheduled for Saturday, December 7, at 2:00 pm at the Washington State Convention and Trade Center. This new event kicks off the Scientific Program of the Annual Meeting and immediately precedes the Presidential Symposium.

Please also plan to attend the **Annual Business Meeting** on Wednesday, December 11th at 7:30 am. Continental breakfast will be available.

This is your opportunity to learn about what is new at AES.



Ann Scherer, Epilepsy Foundation

The Medicaid Shuffle

Some cash-strapped states juggling Medicaid dollars have turned to an age-old practice: robbing Peter to pay Paul. They're using the Administration's system of allowing waivers in how states comply with the federal law governing Medicaid. The waivers, known as 1115 waivers in honor of the section of the law to which they relate, allow establishment of "demonstration" projects to expand the number of people who can be covered by Medicaid.

A laudable goal, but it's being pursued at the expense of services available to the original populations for whom Medicaid was enacted, including people with disabilities. No new money has been appropriated for the projects, so the expansion (typically for prescription coverage for non-eligible elderly) must come from existing budgets.

The bottom line is that Medicaid-eligible people with epilepsy and other chronic disabilities are at considerable risk of having their entitlements and optional benefits reduced in the name of service to a larger pool.

Another tactic being tried by states scrambling to conserve Medicaid funds is to increase the rebates pharmaceutical companies are asked to pay for having their products included on the Medicaid formulary.

What is missing in much of the new rule making, whether of formulary choice or 1115 waivers, is the voice of the medical expert, even though medical care is at the core of the issue. AES members can be of enormous help when negative changes are proposed. As state budgets grow leaner, the entire epilepsy community should be alert to these issues and help to ensure that cost cutting doesn't limit appropriate care.

Calling Teens 'n Tweens

November is Epilepsy Month, and this year the Epilepsy Foundation is continuing its *Entitled to Respect* campaign to improve understanding and acceptance among young people.

Following last year's successes with the participation of *NSYNC, the Foundation has secured new celebrities popular with teenagers and, this year, the 10-12 year olds known as 'tweens. The celebrities are actor Ashton Kutcher (*Dude, Where's My Car* and *That 70's Show*) and Triple Image, a new singing trio of sisters aged 11 and 12 to carry

its messages to America's teens. Both scored high recently on the Teen Choice Awards.

Both Kutcher and Triple Image have recorded widely distributed radio public service announcements with the respect theme. They are also downloadable from the *Entitled to Respect* section of the Foundation's website, www.epilepsyfoundation.org.

The *Entitled to Respect* campaign, which includes widespread distribution of educational materials in schools and other settings where young people meet, is supported by a grant from the Centers for Disease Control and Prevention, with additional support from Abbott Laboratories.

Gene Discovery Project

The Epilepsy Foundation invites applications from scientists who wish to gain access to the pedigree information entered into the Foundation's Gene Discovery Project relational database.

EF, via its website, is collecting data on a voluntary and confidential basis from people who have a family history of epilepsy. Approved researchers are granted access to query the database and select pedigrees that match their genetic studies. The Epilepsy Foundation will serve to introduce researchers to families they may wish to invite to participate in a specific study.

More information about the Gene Discovery Project can be found by visiting www.epilepsyfoundation.org/gene/.

Grants and Fellowships

EF awards grants and fellowships for cutting-edge research into the causes of epilepsy. Program goals include understanding basic mechanisms, developing new therapeutic approaches, understanding the behavioral and psychosocial aspects of having epilepsy, and encouraging the professional growth of scientists and healthcare professionals.

We are currently inviting applications for the funding cycle beginning July 1, 2003. Information, including applications and deadlines, is available at www.epilepsyfoundation.org, or e-mail grants@efa.org

EF Testifies Before A Key House Subcommittee

In June, Eric Hargis testified on behalf of the Foundation before the House Energy and Commerce Subcommittee on Health. The hearing "The National Institutes of Health: Investigating in Research to Prevent and Cure Disease," is the first in a series on the status of research at NIH and future directions. It proved to be an excellent opportunity to educate Members and staff about epilepsy and to raise our profile in the research community.

This hearing focused on activities within the National Institute of Neurological Disorders and Stroke and the National Heart, Lung and Blood Institute. Participants were asked to comment on strengths and weaknesses within NINDS, collaborations and future directions. The hearing was very well attended by Members of the Subcommittee and ran long because of the number of questions by Members. Mr. Hargis was asked to provide additional information in writing regarding the nature of our relationship with NINDS.

Briefly the Foundation's testimony highlighted:

- The incidence and prevalence of epilepsy and its impact.
- The successful collaboration with NINDS on the Curing Epilepsy: Focus on the Future conference and the scientific benchmarks process.
- The importance of continuing the anti-convulsant screening program.
- Praise for NINDS progress in basic science research.
- The continuing need for NINDS to fund clinical research and stressing additional clinical research studies that should be undertaken to assist people living with epilepsy today, not just focusing on the cure.

Testimony also recommended that NINDS do more to educate the public about what research is being undertaken, and that NINDS continue to work with stakeholders like the Foundation in establishing its priorities and goals.

A copy of the full testimony is available on the EF web site at <http://www.epilepsyfoundation.org/epusa/hargis.html>.

AMERICAN EPILEPSY SOCIETY

ONE MINUTE SURVEY

How Can AES Improve AES News?

The American Epilepsy Society actively seeks ways to more closely identify and serve the needs of the AES membership. This brief survey is designed to capture your opinion of and suggestions for *AES News*, the newsletter publication distributed by mail to the AES membership three times a year. Your opinion is very important. **Please complete and fax this One Minute Survey to the AES office at (860) 586-7550 by November 30, 2002.**

1. **How satisfied are you with *AES News* overall? (CHECK one only)**

- Very satisfied Somewhat satisfied Not very satisfied Not satisfied at all Don't know/no opinion

2. **How well does *AES News* meet your need for information about the members and activities of the American Epilepsy Society? CHECK one only.**

- Very well Somewhat well Not very well Not well at all Don't know/no opinion

3. **In the past, *AES News* generally has run a scientific article in each issue. Now that the review journal *Epilepsy Currents* is available on the AES website at aesnet.org, do you still wish to see a scientific article in each issue of *AES News*?**

- Yes No

If yes, what author and/or topic would you like to see in *AES News*? (PLEASE SPECIFY)

Author: _____ Topic: _____
 Author: _____ Topic: _____

4. **What other topic areas would you like to see covered in the *AES News*?**

- My subspecialty area: _____
- Updates on AES/EF Funded Research
- Reports on recent events or conferences
- Board/Committee updates
- Other: _____

5. **Would you be willing to write an article on one of the above topic areas?**

- Yes (provide name) No Maybe (provide name)

Name: _____

6. **What ONE thing could AES do to improve the value of *AES News* to you?** _____

Please fax your completed One Minute Survey to (860) 586-7550 by November 30. Thank you!

AES 2002 Annual Meeting-at-a-Glance

Friday, December 6, 2002

- 8:00 a.m.-6:00 p.m. **Registration**
- 9:00 a.m.-4:00 p.m. **Advances in the Management of Epilepsy and the Epilepsy Clinic**
- 6:00 p.m.-7:00 p.m. Symposia Receptions
- 7:00 p.m.-9:30 p.m. **Spanish Symposium – Psychiatric Aspects of Epilepsy**
- Symposium—Uncovering the Mysteries: Idiopathic Generalized Epilepsies**
- Symposium—Epilepsy Plus: Medical Conditions Complicating Epilepsy Management**

Saturday, December 7, 2002

- 7:00 a.m.- 6:00 p.m. **Registration**
- 8:30 a.m.-1:45 p.m. **Merritt-Putnam Symposium—Epilepsy in the New Era of the Human Genome**
- (Includes lunch)
- 2:00 p.m. **Welcome Reception**
- 2:30 p.m.- 5:00 p.m. **Presidential Symposium—Consequences of Epilepsy: Cellular to Behavioral Perspectives**
- Service Award Presentation**
- 5:00 p.m.-7:00 p.m. **Allied Health Symposium—Burden of Epilepsy and Employment**
- 6:00 p.m.-7:00 p.m. Symposia Receptions
- 7:00 p.m.-9:30 p.m. **Symposium—A Doctor’s Dilemma: Neural Tube Defects from Bench to Bedside**
- Symposium—Epilepsy and the Elderly**

Sunday, December 8, 2002

- 7:00 a.m.-6:00 p.m. **Registration**
- 8:00 a.m.-4:00 p.m. **Annual Course—Assessing the Efficacy of Antiepileptic Treatments**
- 8:00 a.m.-4:00 p.m. **Investigators’ Workshop**
- 4:30 p.m.-6:00 p.m. **Special Interest Group Meetings and Participatory Roundtables**
- 5:00 p.m.-7:00 p.m. **Opening Reception – Exhibit Hall**
- 7:30 p.m.-10:30 p.m. **Special Event**

Monday, December 9, 2002

- 7:00 a.m.-6:00 p.m. **Registration**
- 7:00 a.m.-8:30 a.m. **Special Interest Group Meetings**
- 8:30 a.m.-11:30 a.m. **AET Symposium—Epilepsy Therapy: Challenges of Adverse Events**
- Penry Award Presentation**
- 10:00 a.m.-5:00 p.m. **Exhibits Open**
- 11:00 a.m.-5:00 p.m. **Poster Session I**
- 12:00 p.m.-2:00 p.m. **Epilepsy Research Awards Luncheon**
- 3:30 p.m.-6:00 p.m. **Platform Sessions A-D**

Tuesday, December 10, 2002

- 7:00 a.m.-4:00 p.m. **Registration**
- 8:30 a.m.-11:00 a.m. **Plenary Session — Involvement of Parahippocampal Networks In Temporal Lobe Epilepsy**
- Lennox Award Presentation**
- 10:00 a.m.-5:00 p.m. **Exhibits Open**
- 11:00 a.m.-5:00 p.m. **Poster Session II**
- 11:30 a.m.-12:15 p.m. **Lennox Lecture**
- 12:30 p.m.-2:00 p.m. **Special Interest Group Meetings and Participatory Roundtables**
- 3:00 p.m.- 3:30 p.m. Break (Exhibit Hall)
- 3:30 p.m.-6:00 p.m. **Platform Sessions E-H**
- 6:00 p.m.-7:00 p.m. Symposia Receptions
- 7:00 p.m.-9:30 p.m. **Symposium—AEDs in Pediatric Epilepsy: Strategies and Limitations**
- Symposium—Consequences of Epilepsy and Its Treatment**

Wednesday, December 11, 2002

- 7:00 a.m.-6:00 p.m. **Registration**
- 7:30 a.m.-8:15 a.m. **AES Business Meeting**
- 7:30 a.m.-1:00 p.m. **Poster Session III**
- 8:30 a.m.-11:00 a.m. **Plenary Session — Neuroimmunology and Epilepsy**
- Extraordinary Achievements Award Presentation**
- 11:00 a.m. (Boxed Lunch)
- 1:00 p.m. **Annual Meeting Concludes**

Seattle to Host 2002 Annual Meeting

Quirky downtown Seattle will serve as the exciting venue for the December 6-11, 2002 American Epilepsy Society Annual Meeting. The meeting will be held at the Washington State Convention and Trade Center, located in the vibrant heart of the city just 20 minutes from Seattle-Tacoma International Airport.

Next door to the Convention and Trade Center is the meeting's headquarters hotel, the Sheraton Seattle Hotel and Towers, which recently completed a \$14 million lobby renovation and offers a spectacular view of the city's skyline from the 35th floor.

The architecture of the Northwest has gained considerable attention with the region's growth as an international center for technology, trade and communications. Most recently, Northwest design has been assessed in light of its impact on the community and the built environment. "The sense of craft is much more contemporary and intellectual," commented Maryann Thompson, a juror for the 2001 American Institute of Architects Seattle Awards for Washington Architecture.

Added juror Brian MacKay-Lyons: "I saw a kind of renewed interest in simplicity



and the fundamentals of architecture, which suggests to me the architecture scene here is being revitalized."

Probably the most recognizable architectural feature on the Seattle scene is the familiar rotating 607-ft. Space Needle, which was hailed as futuristic and daring when it was built in 1962 for the Seattle World's Fair. Since opening in June 2000, however, the psychedelic Frank Gehry design of the Experience Music Project has been the buzz of the city. The \$240 million EMP, the most complex freeform building in the world, is a huge interactive museum with a mission to "create a destination for celebrating musical innovation and inspiring young and old to feel moved by music." Described variously by commentators as a "melted-candy design" and "a 'black box' in a voluptuously undulating musical form," the structure is dedicated to the late rock guitarist and 1960s musical icon Jimi Hendrix.

Other Seattle-area architectural highlights include Robert Venturi's red-arched Seattle Art Museum with its 48-foot high *Hammering Man* sculpture that "hammers" four times per minute during the day (except on Labor Day, when *Hammering Man* rests); the gilded foyer of the historic art-deco Seattle Asian Art Museum in Volunteer Park; and innovative space embracing the art museum, school, art studio, and community area of the Steven Holl-designed Bellevue Art Museum.

For more information about exhibits that will be running during the dates of the AES Annual Meeting, visit the Washington State Convention & Visitors Bureau through the AES website at aesnet.org.

Annual Meeting and Courses

December 6, 2002

- *Psychiatric Aspects of Epilepsy (Presented in Spanish)*
- *Advances in the Management of Epilepsy and the Epilepsy Clinic*

December 7, 2002

- *Merritt-Putnam Symposium*
- *Presidential Symposium*
- *The Burden of Epilepsy and Employment*

December 7 – 11, 2002

Scientific Program/Plenary Sessions

- *Consequences of Epilepsy: Cellular to Behavioral Perspectives*
- *Parahippocampal Networks in Mesial Temporal Lobe Epilepsy*
- *Neuroimmunology and Epilepsy*

December 8, 2002

AES Annual Course

- *Assessing the Efficacy of Antiepileptic Treatments*

Investigators' Workshop

The following have been scheduled:

- *Stem Cells in Epilepsy*
- *Pharmacogenetics of Antiepileptic Drugs*
- *Mitochondria and Free Radicals*
- *Neurotransmitter Transporters and Epilepsy*
- *Functional MRI and Memory*
- *Functional Imaging in Small Animal Models of Epilepsy*
- *Steroid Hormones and Epilepsy*
- *Gamma Knife Surgery in Epilepsy*

◆ **Over 800 Platform and Poster Sessions**

◆ **Special Interest Group Meetings**

◆ **Over 50 Exhibitors**

Don't Miss It!

The Carnival of the Animals

The American Epilepsy Society brings you The Carnival of the Animals, a whimsical, musical menagerie. Duo pianists Sheila Kay Ferrendelli and Charles Tauber, along with Seattle's award-winning Garfield High School Orchestra, will perform under the direction of guest conductor, Dr. Kay Hieronymus.

Each music-animal will be brilliantly introduced by an equally brilliant AES past president!

Sunday, December 8, 2002

7:30 pm Performance

8:15 pm Buffet Dinner

**Sheraton Seattle Hotel & Towers
Grand Ballroom**

Tickets in advance only - \$50

*Proceeds of this event will support the
American Epilepsy Society/Epilepsy
Foundation Research Fellowships.*

*Sponsored in part by GlaxoSmithKline
and Pfizer Inc.*

Neuroscience SIG—Influential Concepts in Temporal Lobe Epilepsy Research.

Coordinator: Paul Buckmaster, M.D.

Temporal lobe epilepsy is a common clinical problem and the topic of much research. Several hypotheses have shaped the thinking of epileptologists and the way researchers design experiments and interpret results. In this SIG, investigators who have contributed some of the most influential concepts about mechanisms of temporal lobe epilepsy will describe the generation and evolution of their hypotheses and address questions from participants. Dr. Gary Mathern will discuss GABAergic axon sprouting and hypersynchrony; Dr. J. Victor Nadler will talk about mossy fiber sprouting; Dr. Robert Sloviter will talk about the dormant basket cell hypothesis; and Dr. Istvan Mody will explore zinc-induced block of GABA_A receptors.

Junior Investigator Workshop

Coordinators: Scott C. Baraban, Ph.D., Meena Hiremath, Ph.D., and Margaret Jacobs

The first annual gathering of the Junior Investigator Workshop will be held at the AES meeting in Seattle. The objectives of this workshop are to begin to form a network of junior investigators in the epilepsy field, to highlight their current research objectives and progress, and to provide a forum for discussion of issues specific to this group of investigators. Some of the topics include initiation of new research collaborations, identification of funding support, mechanisms to become involved in epilepsy community efforts, and strategies to negotiate with mentors or potential employers.

This year's speakers are recipients of a recent NINDS research initiative, "Innovations in Translational Epilepsy Research for Junior Investigators." Each speaker will present a brief informal presentation on the innovative work proposed for the NINDS award. Presentations will also incorporate information on each investigator's research background, how and when they developed the specific hypotheses that became a part of the proposal, including, in some cases, how the investigator negotiated the release of the project from mentor, and/or how they initiated research collaborations. These presentations will be followed by extensive informal discussions between the participants and the audience. We encourage all

young investigators at the level of graduate students, postdoctoral fellows, residents, research fellows and assistant professor to attend.

Neuroimaging SIG

Coordinator: Gregory Cascino, M.D.

The objective of this year's program is to critically assess the current state of knowledge of the use of functional imaging in delineating the epileptogenic zone for epilepsy surgery. The following modalities of functional imaging will be discussed: PET, SPECT, and MEG. Each speaker will be asked to critically evaluate EEG correlates of the functional imaging abnormality and the significance of functional imaging abnormality in terms of epilepsy surgery outcomes. Each of the speakers will present the evidence in 20 minutes, after which discussion from the floor will be encouraged. Speakers include: Harry T. Chugani, M.D., Professor of Neurology, Children's Hospital of Michigan, Wayne State University, Director of PET Center, Detroit, Michigan; Elson L. So, M.D., Professor of Neurology, Director Section of Electroencephalography, Mayo Clinic and Mayo Medical School, Rochester, Minnesota; and O. Carter Snead, M.D., Professor of Neurology, The Hospital for Sick Children, University of Toronto Faculty of Medicine, Toronto, Canada.

The Ketogenic Diet: Mechanisms of Antiepileptic Action

Coordinator: T. N. Seyfried, Ph.D.

Diet therapies for epilepsy management have evolved over the ages to accommodate changes in the ideas about the origins of epilepsy. The high fat, low carbohydrate ketogenic diet (KD) was developed originally to mimic the antiepileptic effects of fasting. The KD is remarkably effective in managing intractable seizures in children and may also be effective for some seizure disorders in adults. Although fasting or caloric restriction lowers blood glucose levels and raises ketone levels, it is not clear if these or other fasting-associated metabolic changes underlie the anti-seizure effects of the ketogenic diet. Research on animal models of epilepsy may provide clues on the mechanisms by which the ketogenic diet, fasting, and caloric restriction might influence seizure susceptibility. The objective of this Roundtable is to familiarize participants with potential antiepileptic mechanisms of diet therapies.

Women with Epilepsy SIG

Coordinator: Joyce Liporace, M.D.

Epilepsy has unique effects on more than one million American women and girls. The goal of this SIG is to promote awareness for their health concerns. Optimal care of pregnant women with epilepsy requires collaboration among neurologists, obstetricians, internists, family practitioners, nurse educators, and genetic counselors. At this year's meeting, the SIG will discuss anti-epileptic drug (AED) use during pregnancy and the post-partum period. Special attention will be paid to the new AEDs and their pharmacokinetic profiles throughout pregnancy.

Children's Hour SIG

Coordinator: Paul M. Levisohn, M.D.

At the Children's Hour SIG four speakers will briefly present topics related to changing nature of clinical trials in children (new goals and new ways of doing trials); ethical issues in pediatric trials; trials for rare disorders (orphan drugs); and the view from the pharmaceutical industry. Hopefully this will lead to discussion of the practicality of pediatric trials, as well as appropriate outcome measures. What are the ethical issues, including experience with what and what will not pass muster with IRBs? What are the goals of the pharmaceutical companies (other than patent extension)? Aside from industry support, are there other ways to do clinical trials in pediatric epilepsy? Is there a need and desire for a consortium of pediatric centers to impact the way trials are done?

Psychiatric Issues in Epilepsy SIG

Coordinator: Alan B. Ettinger, M.D.

Although depression is a common problem in epilepsy (estimated to occur in over 50% of tertiary epilepsy patients), depression in epilepsy is frequently unrecognized and unfortunately often dismissed by clinicians as a "normal" reaction to having a chronic condition.

This year's SIG focuses upon this important problem. Dr. Alan Ettinger will highlight recent community-based data demonstrating higher depression rates not only in tertiary epilepsy patients but in the general epilepsy population as well. Dr. Andres Kanner will discuss attempts to define the unique characteristics of depression in epilepsy and will review the development of a new depression inventory for epilepsy patients.

Continued on page 9

SIGnals

tients. Dr. Frank Gilliam will present research relating structural correlates and MR spectroscopy data to impairments in quality of life and mood in epilepsy.

Nursing SIG

Coordinators: Linda Goldenberg, M.S.N., RN, CS, NP, Susan O. Smith, M.S., RN, NP

The focus for the Nursing Special Interest Group will include the role of the advance practice nurse in a comprehensive epilepsy center, the societal and legal issues of epilepsy, and a look at therapeutic levels, signs of toxicity and lab value interpretations for new AEDs. 1.9 CEU's will be offered for this seminar.

Neuroendocrinology SIG

Coordinator: Cynthia L. Harden, M.D.

The inaugural year of the SIG regarding neuroendocrine influences on epilepsy will present a scientific discussion of the interaction of stress and seizures. In keeping with our goal of bringing together basic scientists and clinicians, the presenters will be Dr. Michael A. Rogawski on laboratory evidence of an interaction, and Dr. Pavel Klein on clinical evidence of a relationship between stress and seizures. These presentations will lead to a group discussion.

Areas of focus for this special interest group include hormonal and neurosteroid influences on epilepsy, and central nervous system effects of hormones on brain excitability for both genders.

Surgery SIG

Coordinator: Nicholas M. Barbaro, M.D.

Hypothalamic hamartomas are rare lesions that are typically discovered when associated with precocious puberty or seizures, most commonly gelastic seizures. Seizures associated with hypothalamic are often difficult to control. This SIG will cover the medical and surgical treatments for hypothalamic hamartomas, including open microsurgery and radiosurgery. After a brief but comprehensive review of the recent literature on this topic, there will be extensive discussion of the advantages and disadvantages of these approaches. Speakers will include Andre Palmi, Eliseu Paglioli and Jean Regis who will discuss medical treatment, open microsurgery and radiosurgery, respectively.

Surgical treatment has historically been associated with significant morbidity. With modern neurosurgical techniques including frameless navigation and microsurgical

technique, significant morbidity has been dramatically reduced in recent series. An alternative to open surgery, radiosurgery, has been used to treat patients with seizures associated with hypothalamic hamartomas. This technique is non-invasive and overall morbidity is quite low. Questions remain with respect to the long-term seizure control and risks of radiation in young patients treated with radiosurgery.

Clinical Participatory Roundtable -- Neurodevelopmental Effects of Epilepsy

Co-Chairs: Bruce P. Hermann, Ph.D. and Claude Wasterlain, M.D.

Clinical investigations of the impact of childhood epilepsy on cognition, brain structure and neurodevelopment have progressed largely independent of the basic science literature examining the neuropathological and cognitive consequences of neonatal seizures and status epilepticus. This unique clinical-basic science session will search for common findings and themes in the pediatric/neuropsychology and basic science literatures and attempt to identify areas that have been investigated in one field but not the other. Pro and con discussion is encouraged, since many results are open to widely divergent interpretations.

CALENDAR OF EVENTS

- | | |
|--------------------------|--|
| NOVEMBER 2-7 2002 | NEUROSCIENCE 2002 - SOCIETY FOR NEUROSCIENCE 32ND ANNUAL MEETING
Orange County Convention Center, Orlando, FL
Contact: www.sfn.org |
| NOVEMBER 7-9 | FIRST INTERNATIONAL WORKSHOP ON MAGNETOENCEPHALOGRAPHY
The Wyndham Warrick Hotel, Houston, TX
Contact: The University of Texas Medical School at Houston, Valerie.L.Wallace@uth.tcm.edu, (713) 500-5128 |
| DECEMBER 5-6 | MYOCLONIC EPILEPSIES OF INFANCY, CHILDHOOD, ADOLESCENCE AND ADULTHOOD
International Symposium-Workshop
Elliott Grand Hyatt Seattle, Seattle, WA
Contact: (310) 794-2620 |
| DECEMBER 6-11 | 56TH ANNUAL MEETING OF THE AMERICAN EPILEPSY SOCIETY
Washington State Convention & Trade Center, Seattle, WA
Website: www.aesnet.org
Contact: info@aesnet.org |
| JANUARY 9-12 2003 | 2ND BIENNIAL ROCKY MOUNTAIN EPILEPSY RESEARCH AND Clinical Conference – Neuroprotection and Clinical Epileptology
Breckenridge, CO
Contact: Jose Cavazos, MD, PhD at cavazosj@uthscsa.edu or http://home.satx.rr.com/neurology/epilepsy.html |
| MARCH 22-25 | 8TH PRAGUE INTERNATIONAL SYMPOSIUM OF CHILD NEUROLOGY
Prague Congress Centre, Czech Republic
Contact: Conference Partners, info@conference.cz
Website: www.conference.cz/childneurology |
| OCTOBER 12-16 | 25TH INTERNATIONAL EPILEPSY CONGRESS
Tunis, Tunisia
Contact: info@epilepsycongress.org or www.epilepsycongress.org |

PRACTICE RX

CMS Proposes New MEG Reimbursement Rates

*Gregory L. Barkley, M.D., Chair, Practice Committee and
Patricia O. Shafer, RN, M.N., Chair, EF Professional Advisory Board*

Neurophysiologists with MEG units from across the country joined physicians and staff of the AAN, ACNR, NAEC, and Practice Committee of the AES to improve Medicare outpatient hospital reimbursement for clinical MEG services. These efforts resulted in a change in the assignment of the MEG codes to a better paying Ambulatory Patient Classification (APCs). APCs are a new outpatient hospital facility payment system similar to the Diagnosis Related Groupings (DRGs) used for inpatient payments. There are no changes in the RVUs for the professional fees for MEG studies. For 2003, the following Medicare payment for MEG is proposed (see table below).

Unless there were changes during the comment period, which ended October 5, 2002, the new APC values will replace the existing hospital facility payment of \$150 for each MEG code. The other major change is that the multiple code reduction of 50% would no longer apply to the MEG codes provided APC assignments have S status. (In the 2002 assignment, there was a 50% reduction in the payment of a second and each subsequent MEG code provided on the same day as the first code.) This affects patients having pre-surgical functional mapping who might have somatosensory, visual, motor, and/or language evoked response studies performed during a single visit with or without epilepsy mapping. These payment schedules apply only to patients with Medicare. However, health care plans across the country use the Medicare fee schedules as a basis for setting their own reimbursement rates.

It is gratifying to see a promising new technology enter clinical practice. MEG offers much to patients with epilepsy and other brain disorders who are considering brain surgery. For neurologists and neurosurgeons, MEG expands the possibilities of noninvasive neurodiagnostic testing, providing information that previously could only be obtained by invasive EEG monitoring. In looking back over the process that led to approval of the clinical codes and setting the reimbursement values, I am pleased to see that the regulatory process worked out well and that fair values were assigned to the MEG codes. With reimbursement values now set at reasonable values, MEG is currently positioned to expand into major neurophysiology centers across the country.

CPT-4 Code	APC	Reimbursement Rate (hospital facility fee)	wRVU/total RVU	Professional Rate (2002 conversion factor of \$36.26)
95965 spontaneous MEG (epilepsy mapping)	0717	\$2250	8.0/11.39	\$290.08
95966 MEG evoked response	0714	\$1375	4.0/5.78	\$129.04
95967 each additional evoked response	0712	\$875	3.5/5.07	\$126.91

The AES/VEC Is Open For Business

Be sure to check out the American Epilepsy Society Virtual Exhibition Center at www.aesnet.org

Hours: 24 hours a Days, 7 Days a Week



Communicate Electronically With AES



AES Web Site

Address: www.aesnet.org

Research: Check out the Grant Program information.

Membership: *AES OnLine Membership Roster*. This is your resource for up-to-date contact information for your colleagues.

Practice Management: Patient Assistance Programs, Drug Updates and other articles

Education/CME

Abstracts: View abstracts from the 2000 and 2001 Meetings.

Highlights from 2001 AES/ACNS Joint Meeting

Special Challenges in Status Epilepticus

Listservs

Several committees have listservs established. Committees and task forces are encouraged to use this service.

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Information is available on the fax-on-demand service, (860) 586-7575; request the index to see all that's available. For a directory of all of AES's documents, call AES's fax-on-demand and order document 30000.

NIH REPORT

NIH Announces New Research Program in Stigma and Global Health

by Margaret Jacobs

The Fogarty International Center (FIC) of the National Institutes of Health (NIH) recently announced a new research program to support international collaborations to study stigma and global health. NINDS has joined with FIC and 10 other NIH Institutes, the Health Research Services Administration, the Canadian Institutes of Health Research (CIHR) and the International Development Research Centre in this research effort. The combined financial commitment of the Stigma and Global Health Research Program partners is approximately \$2.75 million for the first year, with total support anticipated to be approximately \$11 million over the next five years.



support research that leads to better understanding of the role of stigma in health throughout the world. Research in this area is the best hope for developing evidence-based interventions to prevent or mitigate stigma's negative effects on the health of individuals, families, and societies worldwide," said FIC Director Gerald T. Keusch, M.D. on behalf of the partners. "Stigma prevents people from seeking diagnosis and care and from participating in research that could lead to effective interventions. This program will break new ground by providing new information to help us understand stigma and, most importantly, minimize its impact on health." Information about the initiative can be found at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-TW-03-001.html>

The initiative defines stigma as a "process that occurs when perceived differences between an individual or group and the rest of society result in an unfavorable labeling of that person or group". The consequences of stigma, which are experienced by many people with epilepsy, can be disapproval, rejection, exclusion, and ultimately discrimination. Stigma threatens psychological and physical well-being, and helps to perpetuate health inequalities within societies. Effective action has been slow in coming, in part because of the continuing gaps in knowledge. Little is known about how pervasive the problem of stigma is, the mechanisms involved, and how healthcare systems can tackle its negative effects.

A primary aim of the initiative is to bring together researchers to facilitate the study of stigma across a variety of disciplines, including biomedical, social, and behavioral sciences. "Our goal in this program is to

"Stigma prevents people from seeking diagnosis and care and from participating in research that could lead to effective interventions. This program will break new ground by providing new information to help us understand stigma and, most importantly, minimize its impact on health."

The initiative is a result of a major international conference held at NIH in September 2001, which explored the relationship between stigma and public health and recommended future research opportunities. The conference, sponsored by FIC, NINDS and other organizations, brought together health professionals, scientists and media and policy experts from around the world, including more than 100 from developing countries. The conference was notable because it was the first to address the relationship of stigma to global health, including infectious and non-infectious diseases, as well as physical and behavioral conditions, and because many of the participants were from the developing world, where conditions that are often stigmatized are highly prevalent. Information and presentations from the conference are available at www.stigmaconference.nih.gov.

Dreifuss-Penry Epilepsy Award

This American Academy of Neurology scientific award recognizes physicians in the early stages of their careers who have made an independent contribution to epilepsy research. The award is named for two epileptologists who made outstanding contributions to the field of epilepsy.

Eligibility:

- Must be a resident, fellow or junior faculty member within 10 years of residency or fellowship at the time of submission.
- Must have carried out independent research (clinical, basic, or multidisciplinary) in the field of epilepsy.

Recipient will receive:

- Certificate of recognition and \$1,000 prize
- Complimentary registration for 55th Annual AAN Meeting
- Recognition at 2003 Awards Luncheon at 55th Annual AAN Meeting
- Applicants should submit current CV, a letter summarizing the focus of the applicant's research program, the independent contributions made to the field and why the applicant should receive the award. In addition, an appendix of up to three relevant publications is optional.

Application deadline is November 1, 2002.

For more information or for application forms, contact Kelly Tinsley at ktinsley@aan.com or (651) 695-2709 or visit the Annual Meeting website at am.aan.com

American Epilepsy Society

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THE PREMIER WEB SITE ON EPILEPSY KEEPS GETTING BETTER! VISIT WWW.AESNET.ORG

An archive for the **AES abstracts** is now available under Education/Publications. This database contains the 2000 and 2001 abstracts. The 2002 abstracts will be added to the database after the 2002 Annual Meeting. Search by title, author, or keyword. It's so easy to use and a great resource.

A brand new section of the web site dedicated to AED Information will be available in December. You will be able to view information on drug names, manufacturers, dosing, formulations, side effects, etc. The Clinical Neuropharmacology Task Force compiled this information and welcomes your feedback.

**LOGON NOW
FOR THESE NEW
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We've improved our whole **site search feature**. When users search the site for a keyword, the results will indicate not only the name of the document that contains that keyword but will also display which section of the site is being accessed. This should help narrow the choices and the number of clicks it takes our users to find the information they need. The search feature is available from our home page or from the bottom of every page on the site.

The **Medical Education Residents Program** is being expanded and updated and will be available early in 2003. A new, easy to use search will let users view information based on their level of interest. Instructors will still be able to download PowerPoint slides for teaching. Case studies will be added to enhance the learning experience.

