

# AES News

AMERICAN EPILEPSY SOCIETY

Vol. 12, No. 1

Winter/Spring 2003

## AAN Publishes Guidelines for Epilepsy Research

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

Five years of work have culminated in approval of evidence-based practice parameters for epilepsy surgery by the Quality Standards Subcommittee of the American Academy of Neurology (AAN). The practice parameters were simultaneously published in *Neurology* and *Epilepsia* in February 2003. This effort was initiated by AES and co-sponsored by AAN and the American Association of Neurological Surgeons.

Thanks to the randomized controlled trial of surgery for temporal lobe epilepsy (Wiebe et al., *NEJM* 345:311-318, 2001), which was considered to be a Class I study, surgery is now recommended for this condition. However, neither this study nor the practice parameters address *when* to refer patients for surgical intervention. Most neurologists who acknowledge the safety and efficacy of surgical treatment for epilepsy still consider this to be a last resort, and the average duration from seizure onset to surgery, for those who are eventually referred, is about 20 years.

The NINDS-funded multicenter randomized controlled trial titled Early Randomized Surgical Epilepsy Trial (ERSET) is based on the belief that early effective intervention for mesial temporal lobe epilepsy (MTLE) will prevent the development of irreversible adverse psychological and social consequences of recurrent epileptic seizures, and is designed to compare early surgery with early optimal pharmacotherapy.

ERSET, which began recruiting patients early this year, is not specifically about

surgery but rather about stopping disabling seizures, without unacceptable side effects, as soon as possible. This randomized controlled trial will compare the efficacy of a standard anterior mesial temporal resection with an optimal pharmacotherapy protocol, involving all new medications, designed by a panel of experts in clinical pharmacology of antiepileptic drugs.

Patients with mesial temporal lobe epilepsy 12 years old or older who have failed two AEDs, one of which must be either brand name Tegretol, Dilantin, Carbatrol, or Trileptal, and who have not had disabling seizures for more than two years (for patients who have experienced a remission of six months or greater, the two-year period begins with seizure recurrence), will be recruited to undergo an extensive neurodiagnostic evaluation. The evaluation will include neurocognitive and psychiatric test-

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### PRESIDENT'S MESSAGE

I have the privilege of beginning my term as the new 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. Appreciation is due in particular this year to Frances Jensen, chair of the Annual Meeting; Massimo Avoli, Scientific Program Committee chair; and all of the energetic AES members and AES staff who helped make this meeting so resoundingly successful.

Tom Sutula, both as former chair of the Strategic Planning Committee and as my immediate predecessor, has done an outstanding job in helping to clearly mark the path our Society will follow. The Board has reaffirmed our mission to carry forward four key strategic initiatives including: to promote research and education for epilepsy professionals, to be a recognized advocate for scientific research in epilepsy, and to be the leader in developing resources and collaborative relationships worldwide to advance patient care leading to the prevention and cure of epilepsy.

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 work-

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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 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 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**

Summer 2003 issue: May 16, 2003  
Fall 2003 issue: August 29, 2003  
Winter 2004 issue: January 23, 2004

**President's Message**

(continued from page 1)

shop, 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, and the NINDS column in this issue of *AES News* demonstrates how effective our Society has been in identifying and funding these promising individuals. The vigor of the well attended inaugural meeting of a Special Interest Group for young investigators at the Annual Meeting in Seattle

***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.***

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.

**Annual Meeting Travels to Boston for 2003**



Boston, Massachusetts will provide a vibrant urban setting for the 57th AES Annual Meeting scheduled for December 5-10, 2003. The 1215-room Sheraton Boston Hotel, which recently underwent a comprehensive \$110 million renovation, will serve as the AES Headquarters hotel for the meeting. The hotel and the nearby Hynes Convention Center, which will host an extensive series of exhibits and the poster presentations, are located in historic Back Bay close to the Financial District and businesses in Copley Square and Downtown Crossing, and one block from famed Newbury Street, the scenic Charles River and many favorite shops, restaurants and museums.

Topic areas for most of this year's Scientific Program have already been selected. The Annual Course will cover Imaging, and the Presidential Symposium will be on Translational Research. Topic areas for the Investigators' Workshops include both basic and clinical topics such as: T Channels, Post Translational Modifications, Mechanisms of Deep Brain Stimulation and Why Do Seizures Stop. This year evening symposia will include the topics of Sleep and Epilepsy, Catastrophic Epilepsies in Children, and Non-pharmacologic Treatment Options. Speakers are already working on their topics and more detail will be available in the next *AES News*.



# AES Members Join Board

**T**hanks to your input, the Nominating Committee presented several new Board members to the Society during the Annual Meeting. We thank you for participating in the nominations process. Profiles of these new Board members follow.

## Second Vice President

**Joan K. Austin, D.N.S., RN, FAAN** is Distinguished Professor of Nursing at Indiana University School of Nursing. A graduate of the Indiana School of Nursing, she joined the faculty there in the Department of Psychiatric/Mental Health Nursing after graduation, and also holds adjunct appointments in the Department of Psychiatry, Indiana University School of Medicine and in the Department of Psychology, Purdue University School of Science.

Dr. Austin has been actively engaged in behavioral research on childhood epilepsy. Currently, she is principal investigator on NIH-supported research investigating child and family adaptation to childhood epilepsy. She has been recognized for her research by the AES/Milken Family Foundation Epilepsy Research Awards, Sigma Theta Tau International, and the International Bureau for Epilepsy/International League Against Epilepsy. She has served as a reviewer for numerous journals.

Dr. Austin has been a member of the AES Scientific Program Committee, the Finance Committee, the Research Recognition Awards Committee, and the Strategic Planning Committee.

## Treasurer

**Steven C. Schachter, M.D.** is Medical Director of the Office of Clinical Trials and Research at Beth Israel Deaconess Medical Center in Boston, MA and Associate Professor of Neurology at the Harvard University Medical School. He received his M.D. from Case Western Reserve University in Cleveland, OH, then completed an internship in Chapel Hill, NC, a neurological residency at the Harvard-Longwood Neurological Training Program, and an epilepsy fellowship at Beth Israel Hospital in Boston.



Dr. Schachter has directed over 80 research projects involving antiepileptic treatments and contributed extensively to the medical literature. He is the founding editor and editor-in-chief of *Epilepsy & Behavior*, selected by the Association of American Publishers as the best new medical or science journal in 2000.

Dr. Schachter is the immediate past chair of the Epilepsy Foundation Professional Advisory Board and serves on the Epilepsy Foundation's Board of Directors.

## Board Members



**John R. Gates, M.D.** is a board-certified neurologist and clinical neurophysiologist, widely published in the area of epilepsy and clinical neurophysiology. He is President of the Minnesota

Epilepsy Group with 20 dedicated beds for the admission of over 700 patients per year. Clinical Professor of Neurology at the University of Minnesota, member of the Legislative Affairs Committee of the American Academy of Neurology and past Chair of the American Epilepsy Society's Practice Committee, Dr. Gates is past President of the American Academy of Neurology's Congress of Neurosocieties and the Ramsey County Medical Society in St. Paul and currently is president of the Association of Neurologists of Minnesota. He is also a senior aviation medical examiner and consultant in neurology for the Federal Aviation Administration and is a commercial pilot.



**Dennis Spencer, M.D.** is the Harvey and Kate Cushing Professor and Chair of the Department of Neurosurgery at the Yale University School of Medicine. He received his M.D. from Washington

University and completed a neurosurgery residency at Yale-New Haven Hospital. He remained at Yale as a faculty member, becoming Chief of Neurosurgery in 1987 and, subsequently, the first Chairman of the newly formed department in 1996.

For the American Epilepsy Society, Dr. Spencer has participated as a speaker in multiple symposia and conferences, delivering the Lennox Lecture in 2001. He has

been a member of the AES Scientific Program Committee and the Quality Standard Subcommittee of the American Academy of Neurology in association with the AES and American Academy of Neurological Surgery, developing a practice parameter paper for epilepsy surgery. He was the 1999 recipient of the AES/Milken Family Foundation Epilepsy Research Award in clinical investigation and now serves on the Research Recognition Awards Committee.

Dr. Spencer is also past Chairman of the American Board of Neurological Surgery, and is Chairman of the Scientific Program Committee for the Society of Neurological Surgeons.

## AES 2003 Board of Directors

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# Impressions of a Campaign

Ann Scherer, *Epilepsy Foundation*

**T**he public relations/advertising industry measures the effects of media campaigns in several ways, one of which is by adding up the number of “media impressions” they achieve.

Media impressions represent the number of opportunities for a particular image or message to be seen or heard. They may include such groups as the number of listeners for radio stations on which messages are known to have been aired, the readership of newspapers and magazines in which stories have appeared, and even the number of automobiles passing billboards on which messages and images are carried.

The good news is that the Epilepsy Foundation’s 2002 *Entitled to Respect* Epilepsy Month campaign generated over 138 million media impressions, including 21.5 million impressions in areas where there is no Epilepsy Foundation affiliate.

This is more than double the number of media impressions (55 million) for the previous year’s campaign with \*NSYNC. An important factor in the increase was the Foundation’s newly formed partnership with Clear Channel Worldwide, operator of more than 1,200 radio stations across the nation, and their commitment to ensure that the radio PSAs featuring Ashton Kutcher and Triple Image were widely aired.

The *Entitled to Respect* campaign, which is designed to improve understanding and acceptance of epilepsy among America’s teens and “tweens” (teen wannabees aged 10-12), was, for the second year, produced in partnership with the Centers for Disease Control and Prevention, with additional support from Abbott Laboratories. Ogilvy Public Relations Worldwide developed the materials for the campaign.

In announcing the results, Eric R. Hargis, president and CEO of the Epilepsy Foundation, noted the importance of the CDC partnership and the work of the affiliate network at the community level.

“Our affiliates made sure there was a strong community-based aspect to the campaign,” he said. “We also appreciate the support of Abbott Laboratories, support that allowed us to provide campaign materials to our affiliates at no cost.”

## The Role of Advocacy

The CDC’s epilepsy program continues to grow, thanks in large part to the advocacy efforts of the Foundation’s Speak Up, Speak Out grassroots network and the advocacy training provided each year to affiliates and grass roots advocates attending the Public Policy Institute.

“The Foundation owes a special vote of thanks to the American Epilepsy Society for its long-standing support of the Public Policy Institute, and we’re pleased to have AES’s president, Jeff Noebels, as a keynote speaker at this year’s Institute,” said Eric Hargis.

The Public Policy Institute takes place in Washington, D.C., April 6-9, 2003.

## Living Well II

In addition to its partnership with the Foundation, the CDC’s epilepsy program is also supporting a variety of research and educational activities in the areas of epidemiology, parent education, attitude surveys, and other public health issues.

The initiatives are largely in response to recommendations from the 1997 Living Well With Epilepsy conference, co-sponsored by the Epilepsy Foundation, the American Epilepsy Society, and the National Association of Epilepsy Centers (NAEC).

The Living Well conference brought together epilepsy specialists, advocates, researchers, and consumers and their representative organizations.

For two days the attendees worked together to assess what was currently known about epilepsy, to identify critical gaps in recognition and treatment, and to arrive at a series of recommendations to overcome barriers and improve functioning for people with epilepsy.

Now another Living Well conference is being planned. Once again it will bring together the epilepsy, medical and public health communities to review what has been achieved as a result of the first meeting, and develop a new action plan for the public health community.

The Living Well II conference, once again jointly sponsored by the CDC, the Epilepsy Foundation, AES, and NAEC, is scheduled for July 30-31, 2003, in Baltimore, MD.

A conference planning committee, chaired by Patricia Osborne Shafer, R.N., M.N. and Greg Barkley, M.D., has identified four primary areas of discussion: recognition, diagnosis and treatment; epidemiology and surveillance; self-management education; and quality of life/stigma.

Committee members include: Joan Austin, D.N.S., R.N., FAAN; Denise Cyzman, M.S., R.D.; Donald J. Goodwin, MS, Dr.Ph; Margaret Jacobs, Ph.D.; David M. Labiner, M.D.; Solomon Moshé, M.D.; Patricia Price, D.O.; Michael R. Sperling, M.D.; and David Thurman, M.D., M.P.H. The CDC’s Chronic Disease Directors are also taking part in the planning.



## Gene Discovery Project

**T**he Epilepsy Foundation invites applications from researchers in the field of genetics to participate in The Gene Discovery Project, which collects genetic pedigrees online from individuals whose families are affected by epilepsy.

Approved researchers may access the project’s database to identify and select anonymous family trees that match their own research criteria. Applicants must have an M.D., Ph.D., or equivalent degree and have completed all research training. Applicants must be associated with a university or medical school in the U.S. and have current Institutional Review Board (IRB) approval.

For more information or for an application form, go to the Foundation’s web site at [www.efa.org](http://www.efa.org).

## NINDS REPORT

## Junior Investigators Who Receive EF/AES Grants are Successful with NIH Grants

Meenah Hiremath, Ph.D.

**T**he AES/EF research grant program has helped support many investigators in the past thirty years. It has not been clear, however, how many of these investigators have continued to pursue careers in epilepsy research.

In a joint effort with the Epilepsy Foundation and AES, NINDS has begun an assessment of the AES/EF research program by determining how many of these awardees go on to apply for NIH funding and how many are successful. We also examined whether the professional degree affected the success rates. The ultimate goal is to identify ways to assist Junior Investigators in their career paths and encourage them to remain in epilepsy research.

We looked at AES/EF grantees from the past seven years. Of these, 35% of M.D.s, 70% of M.D./Ph.D.s, and 44% of Ph.D.s applied for NIH research grants (investigator-initiated grants and program projects). Of those who did apply for NIH research grants, the success rate was a consistent 70% regardless of degree(s) held.

Generally, it takes approximately five to seven years for AES/EF awardees to successfully receive NIH research awards. Interestingly, M.D.s and M.D./Ph.D.s were more successful (80-90% success rate) in obtaining training grants (fellowships and career development awards) compared to Ph.D.s (60% success rate). The AES/EF research program most associated with successful NIH funding was the Research Grant Program for Junior Investigators.

Based on our preliminary findings, it appears that the AES/EF Research Grant Program is successful and is filling a niche in funding for Junior Investigators. In terms of the success rate based on degree held, it has been suggested that many M.D.s drop out of the academic career path because of debt burden (M.D./Ph.D.s don't seem to have as much burden as M.D.s). On the other hand, many of the Ph.D.s who might compete well for NIH grants may be opting for alternative careers or industry.

With tough NIH funding projections ahead, it is a good idea to maximize the effectiveness of the AES/EF research pro-

gram to enhance the rate of success. To accomplish this, EF, AES and NINDS are planning to investigate what happens to those individuals who did not get/or do not currently have NIH funding support. Specific suggestions that might help Junior Investigators include increasing the publicizing of programs like the medical school loan payback programs and special NIH initiatives such as the translational research program and the epilepsy Junior Investigator Initiative. Second, having a central resource available for AES/EF fellows to search for foundations and agencies that might be interested in funding epilepsy research would also be helpful.

Finally, getting constructive feedback on grants submitted to AES/EF, having some sort of informal mock review group among Junior Investigators, and having mentors to review actual grant proposals prior to submission to NIH could be an immeasurable service; this would in essence give applicants a "fourth" round of review toward the successful funding of their application.

## The AES/VEC Is Open For Business

Be sure to check out the  
American Epilepsy Society Virtual  
Exhibition Center at [www.aesnet.org](http://www.aesnet.org)

Hours: 24 hours a Days, 7 Days a Week



## Introducing the 2002 AES Distinguished Achievement Awardees

### 2002 AES Service Award



**Braxton Wannamaker, M.D.**, Private Practice Epileptologist, in Orangeburg, SC. The Service award recognizes outstanding service by a member of AES in the field of

epilepsy (including non-educational and non-scientific) and exemplary contributions to the welfare of the Society and its members.

### 2002 William G. Lennox Award



**James A. Ferrendelli, M.D.**, University of Texas-Houston Health Science Center, Houston, TX. This award recognizes members of the Society who have a record of lifetime contribu-

tions and accomplishments related to 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 aspects and to promote better care and treatment for persons with epilepsy.

### 2002 J. Kiffin Penry Award for Excellence in Epilepsy Care



**Peter D. Williamson, M.D.**, Dartmouth Hitchcock Medical Center, Lebanon, NH. This award, funded by Abbott Laboratories, was established in 1997 to honor Dr. Penry's lifelong

focus on and genuine concern for the patient with epilepsy, by recognizing individuals 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.

### 2002 William G. Lennox Lecturer



**George A. Ojemann, M.D.** is Professor of Neurological Surgery at the University of Washington in Seattle. Dr. Ojemann spoke on "The Impact of Intraoperative Studies of Human

Cognitive Neurobiology on Epilepsy Surgery Outcome" during the 56th Annual AES Meeting in Seattle.

# Highlights of the 2002 AES Annual Meeting



Attendance topped 2,500.



The Exhibit Hall continues to be a popular attraction.



Jeff Noebels, M.D., Ph.D., Gary Mathern, M.D. and Dan Lowenstein, M.D. in a heated discussion.



There were many opportunities to participate as these attendees did in a Q & A session.



More than 900 posters were presented this year.



The Oxygen Bar in the Exhibit Hall was a refreshing place to visit.



Jerome Engel, Jr., M.D., Ph.D., speaks at a symposium.



Masimo Avoli, M.D., Ph.D., Scientific Program Committee Chair opens a session.



Jim Ferrendelli, M.D., participates in the Carnival of the Animals event.



Marc Dichter, M.D., Ph.D., went to the birds during the special event.



AES/Milken Award winners Christopher Walsh, M.D., Ph.D., and F. Edward Dudek, Ph.D., are congratulated by AES President Tom Sutula, M.D., Ph.D., and Richard Sandler (Milken Family Foundation).



The Annual Meeting continues to be a venue for renewing acquaintances and networking.



The Cyber Café is always a busy place.



Joyce Cramer was one of the outgoing committee chairs recognized by President Tom Sutula and AES Executive Director Suzanne Berry.

## Basic Scientists Win 2002 Epilepsy Research Awards

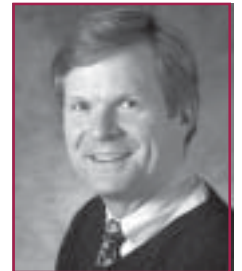
The 2002 American Epilepsy Society/Milken Family Foundation Epilepsy Research Awards were presented in December 2002 to basic scientists F. Edward Dudek, Ph.D. of Colorado State University and Christopher A. Walsh, M.D., Ph.D. of Harvard Medical School.

The awards, given annually during the AES Annual Meeting, are extended to active scientists and clinicians working in all aspects of epilepsy research. They are designed to recognize professional excellence reflected in a distinguished history of research or important promise for the improved understanding, diagnosis and treatment of epilepsy.



**Dr. Dudek** received his Ph.D. in Physiology and conducted postdoctoral research at the University of California, Irvine, with additional postdoctoral study at Columbia University and the University of Texas. His notable research focusing on the link between seizure-induced synaptic alterations, cellular excitability, and clinical epilepsy has compared brain tissue from laboratory animals and from humans with epilepsy to derive common principles and mechanisms. Dr. Dudek also has been awarded a Grass Foundation Traveling Scientist Award, a Javits Neuroscience Investigator Award, and several prestigious teaching awards.

An M.D. and Ph.D. in neurobiology graduate of the University of Chicago, **Dr. Walsh** has been a member of the Harvard Medical School faculty since 1992, and serves also as Chief of the Division of Neurogenetics at Beth Israel Deaconess. His research into heredity epilepsy has examined both the normal development of the cerebral cortex and genetic malformations of the cortex to focus on dysgenesis leading to epilepsy in humans. Dr. Walsh has been honored by the Dana Foundation, the Klingenstein Foundation, and Howard Hughes Medical Institute as well as receiving awards for outstanding investigation from the American Neurological Association and NINDS.



The awards of \$50,000 each are part of the AES/MFF Epilepsy Research Award, Grant & Fellowship Program that was established in 1989. The program in addition provides young investigators, who also were individually recognized at the Annual Meeting awards luncheon, with funding for research and training. The recognition and financial support provided through the program have been instrumental in encouraging young epilepsy investigators to enter and remain in the field.



### Save the Date

Make Tracks for  
**Boston**

December 5-10, 2003

## PEOPLE IN THE NEWS

Researcher **Joyce A. Cramer** of the Yale Department of Psychiatry recently received the World Scientists Forum International Award of "Eminent Scientist of the Year 2002" from the International Research Promotion Council (IRPC). The selection was based on her research in the area of health-related quality of life. Ms. Cramer has developed methods for the evaluation of drug efficacy and adverse effects, study design and management, and enhancement of medication compliance, as well as instruments to assess quality of life and other patient-reported outcomes for various medical disorders. The IRPC award is constituted by a Gold Medal and Certificate of Excellence, and a special publication with a manuscript describing key work.



**Alan B. Ettinger, M.D.** and **Alexandra E. McBride, M.D.**, recently appeared in a televised report on the Long Island Jewish Comprehensive Epilepsy Center. The Eye-witness News segment, which was broadcast on the New York City metropolitan ABC affiliate Channel 7, focused on the subtlety of symptoms associated with seizures and highlighted the importance of the epilepsy specialist and the role of video-EEG monitoring in establishing a proper diagnosis. A half-hour television program profiling a LIJ center patient who showed remarkable improvement after epilepsy surgery also has been running periodically on the Long Island Telecare television network, hosted by Dr. Frank Field.

## Press Room Successful in Publicizing AES Research, Accomplishments

An active and visible press room at the AES 56th Annual Meeting was successful in communicating news of AES research and accomplishments through local and national media. To date, some 58 AES-related stories have already appeared in trade and consumer outlets including Associated Press, Dow Jones, Reuters, Reuters Health, National Public Radio, *Seattle Post-Intelligencer*, Medscape, HealthScoutNews and Doctor's Guide. Additional coverage is anticipated in other publications with longer editorial lead times.

More than a dozen interviews with epilepsy investigators and clinicians were arranged by the AES press room staff during poster presentations, in the press room, or via telephone. Thirteen reporters were on-site during the meeting, and others accessed information remotely. The number of registered media was comparable to last year, and overall media coverage exceeded that of the 2001 Annual Meeting in Philadelphia.

This year's press room, which was open on four days, was organized and staffed by media professionals from the Ketchum public relations firm of New York City. Ketchum staff were joined by representatives from AES and the Epilepsy Foundation.

Of particular interest to the media were stories on a range of specific antiepileptic drugs; depression and epilepsy; and epilepsy in specific populations such as children, women, and the elderly.

"The press room is vital to communicating the work of the American Epilepsy Society," said AES Executive Director M. Suzanne C. Berry, M.B.A., CAE. "We are grateful to UCB Pharma for its continuing support for our press room activities at the Annual Meeting. Thanks to our partners UCB Pharma and Ketchum, information about important AES research and advances is being effectively communicated to other scientists and physicians as well as to the general public."

## AES CIRCUIT

## Website Updates

## Technology Committee

The AES Technology Committee met in December. During that meeting, it was decided that the Epilepsy Foundation's project to "Find an Epileptologist" would serve our members and the public better if multiple practice locations were available in our profile database. If you are a clinician with multiple practice locations, please update your profile to include those additional addresses. Go to [http://www.aesnet.org/mem\\_search/dsp\\_search.cfm](http://www.aesnet.org/mem_search/dsp_search.cfm) and click on "member profile."



## Abstracts

The abstracts from the 2002 AES Annual Meeting have been added to the abstract archive. New this year are links from selected abstracts to the poster presentations that were presented at the meeting. This feature is reserved for members so when you click on the link to the poster presentation, you will need to login with your member id and password.

The website provides a mechanism to retrieve your password and/or ID if you have forgotten it so don't hesitate to use the member only sections of the site. If you have any questions or technical problems, please let us know. You can e-mail [info@aesnet.org](mailto:info@aesnet.org) or call us at (860) 586-7505.

## And There's More to Come

Keep checking the site because there are more features planned. The Presidential Symposium from the 2002 AES Annual Meeting will be available online soon. This feature will include keyword search capability, transcript of slides, and the visuals. The Resident Education Program is being expanded to include educational materials for other specialties, including nursing and surgery. Improvements to the way you view the *Epilepsy Currents* content are also planned with direct access to the publisher's site for all members.

## Don't forget

You can always read the AES News newsletter online. You can even search the newsletter for topics or names.

**AAN Publishes Guidelines***(continued from page 1)*

***We sincerely hope that AES members will take time to learn about ERSET and refer potential candidates for ERSET to the closest ERSET site.***

ing, MRI, PET, and video-EEG telemetry. Those meeting predefined criteria for surgical resection will be randomized to either surgery or the pharmacotherapy protocol. Patients randomized to surgery will also undergo an intracarotid amobarbital procedure (IAP).

Outcome measures at the end of two years will be freedom from disabling seizures, health-related quality of life, a variety of ancillary measures of psychological and social functions, morbidity, mortality, and neuroimaging evidence of progressive changes in mesial temporal structures. Patients randomized to pharmacotherapy who want surgery at the end of the two-year follow-up period, and pass the IAP, will receive it as part of the study.

It is anticipated that recruitment will be a challenge for the successful completion of ERSET. Approximately 20 ERSET sites, evenly distributed around the country, will need to recruit an average of 10 patients per site over the next two years in order to enroll 200 patients.

Because patients meeting ERSET inclusion criteria are usually still under the care of primary care physicians or general neurologists, and not yet referred to tertiary epilepsy centers or epilepsy specialists, a national media campaign is planned to begin this spring. The campaign will focus on raising awareness about the importance of early effective treatment for epilepsy. This publicity could result in an increase in referral of a variety of patients with seizures to all epilepsy specialists.

We sincerely hope that AES members will take time to learn about ERSET and refer potential candidates for ERSET to the closest ERSET site. More information is available at [www.erset.org](http://www.erset.org).

**PRACTICE RX**

## 2003 Medicare Fee Schedule Slashes Reimbursement for Some Video EEG Services

*Gregory L. Barkley, M.D., Chair, Practice Committee*

**O**n December 31, 2002, CMS announced the 2003 Medicare Fee Schedule to become effective on March 1, 2003. The major news for AES members is that the technical reimbursement for Video EEG Monitoring, CPT-4 code 95951, has been slashed from 37.38 RVUs in 2002 to 0.39 RVUs in 2003. The professional fee has decreased slightly from 9.92 RVUs to 8.82 RVUs. The payment for the technical component however will drop from \$1629.02 to \$14.36! I will describe who is affected by this change and a workaround for the fee change in this article.

First the good news in the confusing world of Medicare reimbursement. By extensive lobbying, there has been a congressional rollback of the proposed 4.5% cut in the conversion factor. The 2003 conversion factor will actually increase from \$36.1992 per RVU to \$36.7856 per RVU. For 95951, this means your professional fee will increase for each video EEG from \$322.90 in 2002 to \$324.44 despite the slight decrease in the professional RVUs. The professional fee will not change if the patient is an inpatient or outpatient or whether you are in a private office or in a hospital-based practice. However, the technical fee for video EEGs will vary considerably depending upon these factors. For hospitalized patients, the technical fees are bundled with the other charges and are reimbursed as a single DRG payment. For many, if not most AES members, who practice in academic medical centers, the technical fee for outpatient video EEGs is determined by the APC, the outpatient equivalent of the DRG. The APC has not changed for 2003. However, if you are in a non hospital-based practice and are performing outpatient video EEGs, your reimbursement will be only \$14.36, giving you a global charge of only \$338.80. Curiously, the technical charge for EEG monitoring without video, 95956, actually increased 23% and will be \$541.48 in 2003 and the global charge will be \$707.75.

Even if you are not directly affected by the fee change in 95951, you should be



concerned. While the changes apply only to Medicare patients in certain ambulatory practices, we all know that the Medicare fee schedule is the template for pricing by private insurers. All epileptologists should be alarmed by the capricious 99% drop in reimbursement in the major CPT code for epilepsy centers since the technical fees are necessary to purchase the equipment and staffing needed for video EEG monitoring.

The National Association of Epilepsy Centers, (NAEC), contacted CMS about the major error in the rate for 95951 as soon as the changes were announced. The initial CMS response has been that they will issue a memorandum, instructing the local Medicare carriers to negotiate a different technical (and global) fee with physicians in each state. The NAEC, along with the Medical Economics and Management Subcommittee (MEMS) of the AAN, are working to establish a new fee schedule with local carriers and are also actively pursuing some long-term solutions.

The AES has historically not gotten involved with issues of practice management. Physicians who are interested in keeping abreast of practice management issues could visit the AAN website and find the Medicare fee schedules and other useful information. The AAN epilepsy section used to have a listserv where epileptologists could exchange information. However the AAN has recently stopped all of their list servers. Now might be the time for the AES to establish a listserv of their own. If you would be interested in having a listserv, contact one of the AES board members or email Cheryl-Ann Tubby at [ctubby@aesnet.org](mailto:ctubby@aesnet.org) or me at [barkley@neuro.hfh.edu](mailto:barkley@neuro.hfh.edu).

The other option for those interested in practice management issues is to join the National Association of Epilepsy Centers. The NAEC is a trade association for epilepsy centers and represents the interests of epileptologists in practice management issues with the government and private insurers. The NAEC will help you with your negotiations with your local Medicare carrier.

## SIGnals

### Sleep & Epilepsy SIG

*Beth Malow, M.D.*

This year's Sleep and Epilepsy SIG focused on the occurrence of seizures in sleep. Dr. Beth Malow provided an introductory background on relevant aspects of basic science and clinical neurophysiology, followed by talks by Drs. Susan Herman and Daniela Minecan. Dr. Herman presented her paper published in *Neurology* (2001;56:1453-1459) on the influence of seizure onset site on the distribution of partial seizures during the sleep-wake cycle. Dr. Minecan presented her work published in *Sleep* (2002;25:899-904) on the activating effects of lighter stages of NREM sleep on partial seizures. An animated discussion followed with many members of the audience asking stimulating questions that were addressed by our panel of co-moderators and speakers (Drs. Nancy Foldvary-Schaefer, Brad Vaughn, Malow, Herman, and Minecan). These questions included the mechanisms whereby sleep might promote seizure activity, the preference of frontal lobe seizures to occur during sleep, and the influence of antiepileptic drugs and sleep disorders on nocturnal seizures. Many of the audience's questions may serve as the springboard for future research endeavors in this area. We are interested in your ideas for topics and any other comments. Please email any comments to Dr. Beth Malow at [bmalow@umich.edu](mailto:bmalow@umich.edu).

### Imaging SIG

*Greg Cascino, M.D.*

The topic of the Imaging SIG was "Functional Imaging in the Identification of the Epileptogenic Zone." Dr. Elson So opened the meeting and welcomed approximately 250 colleagues in the "standing room" audience. Three functional imaging modalities were discussed: PET (Dr. Harry Chugani), MEG (Dr. Carter Snead), and SICOM (Dr. Elson So). Each discussant presented the state-of-the-knowledge regarding the association between the functional imaging modality on the one hand, and intracranial ictal EEG and resective surgery outcome on the other. Discussions from the floor addressed both technical and clinical aspects of these diagnostic tests and their current usefulness and limitations in epilepsy surgery evaluation. Topics to be discussed at the 2003 SIG on Imaging are currently being considered. Contact [gcascino@mayo.edu](mailto:gcascino@mayo.edu)

with any suggestions.

### Neurosteroid SIG

*Cynthia L. Harden, M.D.*

The first Neurosteroid Special Interest Group tackled the issue of stress and seizures. This topic generated a good response from the membership, with lively and varied discourse. The presentation by Dr. Pavel Klein included data on the response of epilepsy patients in the Washington, DC area to the 9/11 disaster. This data is unique in that it is likely the only American dataset on the response of persons with epilepsy to a generalized external traumatic experience.

True to our aim of associating clinical experience with basic biological science, Dr. Michael Rogawski followed up with a review of his laboratory's experiments on regulation of seizure susceptibility by neurosteroid hormone release in response to stress. Specifically, the work focused on a neurosteroid precursor released from the adrenal gland, deoxycorticosterone (DOC). The experimental protocols were scrutinized by the scientists in the group, and the information was sufficiently compelling to lead the participants to hypothesize that some neurosteroid metabolites could be useful for treating epileptic conditions including status epilepticus.

We look forward to continuing the Neurosteroid SIG and hope to continue the stimulating discussions at the next AES meeting.

### Genetics SIG

*Daniel Burgess, Ph.D.*

Due to rapidly expanding interest in the role of genetics in epilepsy, a Genetics SIG meeting is being considered for the 57th Annual Meeting of the American Epilepsy Society in Boston. This SIG would examine a broad range of topics in genetics and genomics with an emphasis on discussing the most exciting epilepsy gene discoveries and technical advances made over the preceding year. If you support the creation of this SIG please send a brief email, including your name, to Dan Burgess ([dburgess@bcm.tmc.edu](mailto:dburgess@bcm.tmc.edu)) or Nanda Singh ([nandas@genetics.utah.edu](mailto:nandas@genetics.utah.edu)). The number of "electronic signatures" received over the next few weeks will help us determine the most practical format for the SIG. Comments and suggestions regarding sub-topics are also welcome at this time.

### Nursing SIG

*Susan O. Smith, RN*

The Nursing Special Interest Group had 65 attendees at the presentation in Seattle. For the first time contact hours were awarded for attendance. Our three speakers covered the role of the advanced practice nurse in an epilepsy center, an update on newer antiseizure medications and a review of the legal and social issues surrounding epilepsy. As in years past, there was a mixed audience of registered nurses and advanced practice nurses actively practicing in the care of epilepsy patients. The evaluations were very favorable and all attendees were pleased to be awarded 1.8 contact hours at no additional cost. Suggestions for next year included presentation of complex case studies, pre-operative education models for pediatric surgery patients, the nurse's role in drug trials/research and non-epileptic psychosocial patient management strategies. Several attendees volunteered to present topics next year.

### Junior Investigators Roundtable

*Meena Hiremath, Ph.D.*

Junior Investigators ranging from graduate students to assistant professors gathered at an inaugural meeting to discuss issues facing a new generation of scientists. Grant recipients of the NINDS RFA "Innovations in Translational Epilepsy Research for Junior Investigators" discussed their research and various aspects of their academic career paths. Topics ranged from how to effectively form collaborations, how and when to become independent from your mentor, personal considerations that go into making career decisions, and all the things that one was not taught about running a lab, such as personnel and budgetary management.

The participants enjoyed discussing "non-scientific" topics affecting junior scientists pursuing academic careers. They appreciated the mix of basic scientists and clinicians on the panel, and found comfort in knowing that they weren't alone in the obstacles they face. The prospective and retrospective perceptions shared by the panelists were enlightening as well. Based on the enthusiastic response to this new SIG, we plan to meet again in Boston.

## Communicate Electronically With AES



### AES WEB SITE

**Address:** [www.aesnet.org](http://www.aesnet.org)

**Research:** Check out the Grant Program information.

**Membership:** *AES On-Line 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 2001 and 2002 Annual Meetings.

Highlights from 2001

AES/ACNS Joint Meeting

Neuroprotection and Epilepsy

2000 Conference Highlights

Poster presentations from 2002

Annual Meeting

### LISTSERVS

Several committees have listservs established and Special Interest Groups are putting listservs up as well.

### E-MAIL

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### FAX NUMBER

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### FAX-ON-DEMAND

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.

## Dr. Goldring Presented with Extraordinary Contribution to the Field of Epilepsy Award



**Sidney Goldring, M.D.** Professor of Neurological Surgery at the Washington University School in St. Louis since 1966, was presented with the AES Extraordinary Contribution to the Field of Epilepsy Award at the Annual Meeting in Seattle.

Over his long career, Sid Goldring's extensive contributions to the field of epilepsy have spanned both basic neuroscience and exemplary clinical application of that research. He is acknowledged both nationally and internationally as one of the principal pioneers and a leader in epilepsy surgery. He developed innovative methods and techniques for performing pediatric epilepsy surgery under general anesthesia, successfully treating hundreds of children with medically intractable epilepsy.

Dr. Goldring has willingly given his time serving the National Institutes of Health Neurology Study Section and the National Advisory Council of NINCDS, the American Board of Neurological Surgery and the Residency Review Committee for Neurosurgery. He has also been a member of the Board of Trustees of the Grass Foundation, and President for the Society of Neurological Surgeons, the American Academy of Neurological Surgery and the American Association of Neurological Surgeons. Dr. Goldring is also a past recipient of the AES/MFF Epilepsy Research Award.

### 2003 CALENDAR OF EVENTS

#### 2003

**MARCH 20-22**

#### ANTI-EPILEPTIC DRUG TRIALS VII

Sonesta Beach Hotel, Key Biscayne, FL  
Website: [www.savethebrain.org/aedtrials](http://www.savethebrain.org/aedtrials)

**MARCH 20-22**

#### EPILEPSY, NEUROBIOLOGY AND RELIGIOUS CREATIVITY

Vadstena Castle, Vadstena, Sweden  
Website: <http://infoweb.unit.liu.se/hu/inr/conference2003>  
Or <http://www.sanctabirgitta.com>

**MARCH 22-25**

#### 8TH PRAGUE INTERNATIONAL SYMPOSIUM OF CHILD NEUROLOGY

Prague Congress Centre, Czech Republic  
Contact: Conference Partners, [info@conference.cz](mailto:info@conference.cz)  
Website: [www.conference.cz/childneurology](http://www.conference.cz/childneurology)

**JULY 10-19**

#### VENICE EPILEPSY SUMMER SCHOOL

International School of Neurological Sciences of Venice  
International Course: From basic knowledge to rational prescribing in epilepsy (Sponsored by the ILAE)  
Web sites: [www.ilae-epilepsy.org](http://www.ilae-epilepsy.org); [www.epilepsy-academy.org](http://www.epilepsy-academy.org);  
or <http://195.31.128.133/isnv/sezioni/istituzionale/info.html>

**JULY 30-31**

#### LIVING WELL WITH EPILEPSY II: A CONFERENCE ON CURRENT ISSUES AND FUTURE STRATEGIES

Baltimore, MD  
Website: [www.efa.org](http://www.efa.org)

**DECEMBER 5-10**

#### 57TH AES ANNUAL MEETING

Sheraton Boston Hotel, Boston, MA  
Contact: [info@aesnet.org](mailto:info@aesnet.org)  
Abstract Deadline: May 1, 2003

## American Epilepsy Society

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### Update Your Profile for EF's "Find an Epileptologist"

If you are a clinician with multiple practice locations, please update your online member profile to include those additional addresses.

This project will benefit both AES members and the public by linking EF's "Find an Epileptologist" program to the information you provide in your profile.

You may list up to three practice locations. Go to [http://www.aesnet.org/mem\\_search/dsp\\_search.cfm](http://www.aesnet.org/mem_search/dsp_search.cfm) and click on "member profile." Please include complete addresses, including zip code, plus the telephone number where someone would call to book an appointment.

Contact [info@aesnet.org](mailto:info@aesnet.org) for assistance if you have difficulty.

*Thank you for your help!*

## AES 2003 CALL FOR ABSTRACTS

*Abstracts for the 2003  
Annual Meeting in  
Boston are now being  
accepted.*

Visit the AES website at [www.aesnet.org](http://www.aesnet.org) to submit your abstract.

The deadline for receipt of electronic abstracts is May 1, 2003.



## 2003 Epilepsy Research Awards

The Epilepsy Research Awards program is funded by the Milken Family Foundation to encourage and reward clinical and basic science investigators whose research contributes importantly to understanding and conquering epilepsy.

The deadline for completed nominations is September 5, 2003. The awards are presented during the AES Annual Meeting in December. Nomination forms and instructions are located on the website at [http://www.aesnet.org/research/ep\\_research.cfm](http://www.aesnet.org/research/ep_research.cfm).