

AES News

AMERICAN EPILEPSY SOCIETY

Vol. 8, No. 1

Winter 1999

Orlando Set for 1999 Meeting

The 53rd Annual Meeting, December 3-8, 1999 will be held at Disney's Coronado Springs Resort in Lake Buena Vista, FL at the WALT DISNEY WORLD® Resort. The location offers AES a December average daily high temperature of 73 degrees and an all-inclusive property with comfortable guest rooms, an on-site exhibit hall, and meeting facilities with state-of-the-art audiovisual, lighting and sound capabilities.

AES Executive Director Sue Berry scheduled the 1999 meeting into the resort while the property was still under construction, securing excellent rates for AES meeting attendees. "The completed resort is even more stunning than the building plans indicated," she says. "It's a site that offers the ambience and convenience AES members want."



Disney's Coronado Springs Resort offers nearly 2000 guestrooms with a Mexican Southwest theme. There are colorful plazas and palm-shaded courtyards. A Mayan pyramid towers over a pool area with a water slide and playground. The resort is centrally located on the WALT DISNEY WORLD® Resort property near Disney-MGM Studios® and Epcot®, and is served by the WALT DISNEY WORLD® Resort transportation system.

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PRESIDENT'S MESSAGE

Pull photo from spring 98 issue, (1st vp) page 5

In AES little worthwhile is completed entirely within the one-year term of the President. It is therefore critically important that mechanisms be available for continuity of ideas

and effort. Outgoing President Robert Macdonald thus brought me, as the President-Elect, into the planning process earlier. With the help of Tom Sutula, AES staff and outside consultants, we formulated a long-range strategic plan that becomes the blueprint for action items for the next five years. It expresses our priorities and our vision, but also allows for flexibility.

During Bob Macdonald's year, a high priority was placed upon reorganization of research. Sources of potential research money were identified, detailed, and made available for a new Research Initiatives program directed by Jim McNamara and Phil Schwartzkroin. We have already received the first group of applications for this growing initiative program, which will provide support for training grants at the pre-doctoral and postdoctoral level, seed grants for collaborative projects, and planning conferences for innovative ideas. Raising larger amounts of money for research, via a \$20 million capital campaign towards a cure for epilepsy, remains as another AES priority. We are developing the campaign in conjunction with the Epilepsy Foundation, and development of the infrastructure, methodology, and sources to successfully execute the campaign will require sustained efforts over the next several years.

If the emphasis last year was research, this year it is on clinical practice. Our Society comprises many clinicians with needs in the areas of clinical care, neuropharmacology, AED trials, child neurology,

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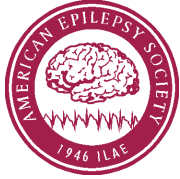
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Watch for These 1999 Dates!

April 23 — Due date for Paper Submissions—Call for Abstracts, Orlando Conference

May 7 — Due date for Electronic Submissions—Call for Abstracts, Orlando Conference

September 1 — Nominations for AES Awards Program, Service Awardee, and Penry Awardee



AES News

AES News is published by the American Epilepsy Society, American Branch, International League Against Epilepsy.

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AES News is published three times a year. Editorial materials should be submitted to:

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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 \$166 and includes a subscription to the journal *Epilepsia*. Junior Membership is \$126 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 \$125. Senior membership is available to Active Members who have reached the age of 65.

Editorial Deadlines:

Spring/Summer issue: May 3, 1999
Fall issue: September 1, 1999

President's Message

(continued from page 1)

practice management, epilepsy monitoring and surgery, and allied topics. AES has expanded the scope of its Practice Committee, under the direction of John Gates, to identify issues of concern to our clinical membership, and to formulate programs to address these concerns. This effort began under the presidency of Braxton Wannamaker and was chaired by Greg Walsh.

The priorities for my year are as follows:

1. Develop a mechanism for communication, using our Web site, for members who wish to perform collaborative research. This could take the form of sharing of data on clinical syndromes, development of antiepileptic drug trials, or even basic research projects. The clinic database project, shown at the Glaxo Wellcome booth during the Annual Meeting, is one example of our attempt to develop a common language for sharing of clinical data. Steven Schachter and Jack Pellock co-chair a task force to explore the opportunities and risks involved in formation of a clinical trials consortium under AES guidance.
2. Instigate a "reach-out" campaign to physicians who care for patients with epilepsy, but not as their major priority. Many people with epilepsy are in the hands of these physicians, and AES should be able to provide services and opportunities to that segment.
3. Extend the influence of the Annual Meeting by making summaries of our symposia available on the Web site and CDs, and with written materials. We will provide funding for certain conferences to develop projects and topics of interest to our membership, and make CME credits available in published materials throughout the year.
4. Develop a more effective collaboration with the Epilepsy Foundation. Many of our goals are the same as those of EF. Most of the EF Professional Advisory Board are members of the AES. Separate efforts will not be as effective as the effort to make epilepsy speak with one voice.

Ours is a vital and successful organization. We are fortunate to have several hundred individuals who wish to serve the organization, work on committees, and participate in courses, workshops and policy decisions. All will not be able to serve at once, but each will get a turn, and the AES will be an even better organization because of it.

I am honored by the opportunity to be president of AES, and I look forward to my term.

Robert S. Fisher, M.D., Ph.D.

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Pregnancy and Related Issues in Women with Epilepsy

Nancy Foldvary, D.O.

Epilepsy affects over one percent of the population, including nearly one million women of childbearing potential⁽¹⁾. Women with epilepsy represent a particularly challenging group for neurologists and other health care providers. Approximately 40 percent of pregnancies in the United States are unplanned, and a higher percentage of women with planned pregnancies do not have contact with health care professionals within the first weeks of pregnancy⁽²⁾. These statistics highlight the tremendous need for physician and patient education in this area. Practice parameters for the management of women with epilepsy by the American Academy of Neurology Quality Standards Subcommittee and a comprehensive review of the literature have recently been published^(2,3). This article reviews the issues faced by women with epilepsy and their physicians, and management strategies including preconception counseling, obstetric complications, neonatal outcome, AED teratogenicity, and the effects of pregnancy on seizures.

Obstetric Complications

A variety of obstetric complications have been reported to occur more commonly in women with epilepsy. The incidence of spontaneous abortion, toxemia, preeclampsia, bleeding, anemia, placental abruption, premature labor, hyperemesis gravidarum, low birth weight deliveries, low Apgar scores, and perinatal mortality is variably increased. Labor and delivery are uncomplicated in the majority of cases. Although epilepsy alone is not an indication for labor induction or cesarean section, both procedures are performed at least twice as often in women with epilepsy. Cesarean section should be considered in women with neurologic or cognitive deficiencies likely to impair cooperation during labor, in women with poorly controlled seizures during the

third trimester, and in those with a history of stress-induced seizures. When seizures during labor adversely affect the fetus (bradycardia, reduced variability, and decelerations), emergent cesarean section should be considered.

Seizure Control

Seizure control during pregnancy is a major concern for women with epilepsy. Seizure frequency is unchanged in the majority of cases. However, up to one-third of women experience more frequent seizures⁽¹⁾. Worsening seizure control occurs

Seizure control during pregnancy is a major concern for women with epilepsy.

for a variety of reasons including reduction in AED concentrations, noncompliance, and sleep deprivation. Total serum AED concentrations decrease during pregnancy due to alterations in protein binding and volume of distribution and enhanced hepatic metabolism and renal clearance. The incidence of status epilepticus is comparable to that of the general epileptic population; however, morbidity and mortality for both the mother and fetus are high. Every effort should be made to reduce the frequency of convulsive seizures during pregnancy, since these have the potential of producing both maternal and fetal injury. Intracranial hemorrhage and intrauterine death have been described after isolated convulsive seizures. Other seizure types are not likely to injure the fetus directly but may indirectly affect the fetus by producing maternal injury or blunt abdominal trauma. Seizures during labor occur in 1-2 percent of women with epi-

lepsy, and another 1-2 percent will have a seizure in the immediate postpartum period⁽⁴⁾. Seizures during labor are best treated with intravenous fosphenytoin or a short-acting benzodiazepine, although the latter may produce respiratory depression in the mother and fetus. Women experiencing new seizure types or new onset seizures require evaluation for underlying etiologies that present during pregnancy or the postpartum period. These include eclampsia, subarachnoid hemorrhage, choriocarcinoma, pheochromocytoma, cerebral venous thrombosis, amniotic fluid embolus, and thrombotic thrombocytopenic purpura, among others.

Neonatal Outcome

There is an increased incidence of congenital malformations, growth retardation, cognitive deficiencies, and epilepsy in offspring of women with epilepsy. These problems are believed to be caused by a multitude of variables, the most significant of which seems to be the teratogenic effects of AEDs. Other factors that likely play a role include folate deficiency, heredity, socioeconomic status, and maternal health. Congenital malformations are identified in 4-8 percent of infants born to women with epilepsy, representing a two-fold increase over the general population⁽⁵⁾. Major malformations are structural defects formed during organogenesis that result in significant dysfunction or death if left untreated. The major malformations observed in infants exposed to AEDs include neural tube defects (NTDs), congenital heart disease, orofacial clefts, intestinal atresia, and urogenital defects. Minor malformations include facial dysmorphism and distal digit and nail hypoplasia that do not result in serious medical or cosmetic consequence. These are observed in approximately 10

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Pregnancy and Related Issues

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percent of exposed infants, representing a two- to three-fold increase over the general population. Minor malformations have also been identified in infants of untreated mothers and fathers with epilepsy, suggesting a genetic basis. Combinations of major and minor malformations have been described in infants exposed to all of the older AEDs. However, the concept that clearly distinguishable syndromes are produced by different AEDs is not longer accepted, because clinical features overlap significantly. Therefore, the term "fetal antiepileptic drug syndrome" is preferred to describe the constellations of malformations observed in infants exposed to AEDs in utero. Whether the newer AEDs, felbatol, gabapentin, lamotrigine, topiramate, and tiagabine, have similar teratogenic potential remains unknown.

Mechanisms of AED teratogenicity are likely multifactorial. Malformations are more common in infants exposed to AED polytherapy and high serum concentrations. Polytherapy increases the formation of active metabolites such as 4-en-valproic acid and epoxides that bind to embryonic and fetal nucleic acids disrupting normal development. In some cases, genetically determined enzyme deficiencies such as epoxide hydrolase, the enzyme responsible for the detoxification of the epoxide intermediates of phenytoin and carbamazepine, have been shown to predispose to birth defects. Gestational folate deficiency has been associated with congenital malformations, intrauterine growth retardation, and spontaneous abortion. Phenytoin, phenobarbital, primidone, and carbamazepine affect the absorption of folic acid. It has been shown that valproic acid interferes with the enzymatic process that converts folic acid to its active metabolite. Dietary supplementation with folate 400:µg per day is recommended for all women of child-bearing potential and has been shown to be effective in the prevention of NTDs⁽⁶⁾. Higher daily doses are recommended for women with prior pregnancy complicated by NTD and women taking AEDs.

Early hemorrhagic disease of the newborn is another potential complication that occurs in infants of women with epilepsy. Exposure to enzyme-inducing AEDs leads to a deficiency of vitamin K₁ and its depen-

dent clotting factors in the fetus, which can cause internal bleeding within the first day of life. The disorder is believed to affect 10 percent of untreated infants and carries a 30 percent risk of mortality. Women with epilepsy on AEDs should be treated with vitamin K₁ during the last month of pregnancy to reduce the risk of bleeding in the neonate.

Management Strategies

The management of epilepsy during pregnancy begins prior to conception. Women should be counseled of the potential increased risk of obstetric complications, worsening seizure control, and congenital malformations. They should also be informed that pregnancy is normal and uneventful in over 90 percent of cases. Nevertheless, women with epilepsy are considered high risk and should be jointly managed by a team of professionals including the neurologist, gynecologist-obstetrician, pediatrician, and geneticist. Once pregnancy is identified, women should be strongly encouraged to contact the AED Pregnancy Registry at 1 (888) 233-2334. This is a North American registry devoted to the collection of data pertaining to the use of AEDs during pregnancy.

Antiepileptic drug regimens should be reassessed and optimized to assure appropriate treatment of seizure type(s) and epilepsy syndrome prior to conception. The best drug during pregnancy is the one that most effectively controls seizures with minimal or no adverse effects for the individual. Drug withdrawal should be considered in women who have been seizure free for 2-5 years and have a single seizure type, normal neurologic examination and IQ, and a normal EEG on treatment⁽²⁾. A period of observation off AEDs of at least 6 months should take place prior to conception, since most relapses occur during this time⁽⁷⁾. When possible, monotherapy using the most effective agent at the lowest serum concentration is recommended. Major changes in drug therapy are discouraged after conception so as to avoid an increase in seizures.

Due to a variety of factors, total AED concentrations often decrease as pregnancy progresses. These factors include alterations in protein binding, hepatic metabolism, and renal clearance. Serum drug concentrations reach a nadir near term and return to their preconception levels within

8 weeks postpartum. Serum concentrations of the non-protein bound fraction remain more stable and are more reliable during pregnancy. For these reasons, AED levels (including free fractions for highly protein bound drugs) should be monitored at least once per trimester, during the last month of pregnancy, and within 8 weeks postpartum⁽²⁾. Monitoring should be performed more frequently in patients with frequent seizures, signs or symptoms of toxicity, or suspected noncompliance. The dosage should be adjusted to control seizures and maintain serum concentrations in the therapeutic range near term to reduce the risk of seizures during labor and delivery. To avoid toxicity, dosages should be reduced to preconception levels within one month of delivery.

Most major congenital malformations can be identified in utero. Maternal serum alpha-fetoprotein (AFP) obtained between 16-18 weeks gestation is elevated in the presence of an open fetal NTD and detects approximately 85 percent of affected fetuses⁽⁸⁾. Level II fetal ultrasonography (US) should be performed between 18-22 weeks to identify major malformations. Over 90 percent of NTDs, life-threatening cardiac anomalies, and major skeletal malformations are detected by US during this time. Less severe cardiac anomalies and orofacial clefts may be identified by a second examination performed at 22-24 weeks gestation. Amniocentesis should be offered to women at high risk for having an infant with a NTD and those with an elevated serum AFP. Some centers advocate the offering of amniocentesis to all women taking valproic acid or carbamazepine because of the increased incidence of NTDs in infants exposed to these drugs (1 percent and 0.5 percent, respectively).

Women taking enzyme-inducing AEDs should be treated with vitamin K₁ (10 mg daily) in the final month of pregnancy to prevent early hemorrhagic disease of the newborn. Infants are treated with vitamin K₁ 1 mg intramuscularly at birth and fresh frozen plasma, if necessary.

Breast-feeding need not be discouraged in women with epilepsy since the advantages seem to outweigh the disadvantages. All AEDs are detectable in breast milk with levels usually lower than maternal serum concentrations. The plasma half-

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Pregnancy and Related Issues

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life of drugs is longer and the free fraction higher in neonates, particularly in premature infants. Yet, most infants have no untoward effects due to AED exposure while breast-feeding. Rarely, irritability, sedation after feeding, and failure to thrive has been observed in infants exposed to barbiturates, or phenytoin, and withdrawal from barbiturates may occur when breast-feeding is discontinued.

Conclusions

Women with epilepsy represent a challenging population for neurologists and other health care professionals. Pregnancy is uncomplicated and neonatal outcome good in the vast majority of cases. Reassessing AED therapy and initiating folate supplementation prior to conception can optimize outcome. Good prenatal care, judicious monitoring of AED levels, and prenatal testing for congenital malformations maximize the likelihood of a good outcome. The effects of the newer AEDs on fetal development are unknown. All women with epilepsy should be encouraged to register with the North American AED Pregnancy Registry as soon as pregnancy is identified so that outcomes in women taking AEDs can be more thoroughly studied.

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AES CONVERSATION WITH . . .

Dr. Gerald Fischbach, NINDS Director



In July 1998, Gerald D. Fischbach, M.D. became Director of the National Institute of Neurological Disorders and Stroke (NINDS) at NIH. Former Chair of the Neurobiology Departments of Harvard Medical School and Massachusetts General Hospital, Dr. Fischbach also served previously as Chair of the Department of Anatomy and Neurobiology at Washington University Medical School in St. Louis. Throughout his career, Dr. Fischbach has studied the formation and maintenance of synapses, with a current focus on trophic factors that influence synapse efficacy and nerve cell survival.

NIH's Margaret Jacob recently spoke with Dr. Fischbach about NIH and AES.

MJ: You've been at NIH since July—how has it been?

GF: It's been exciting virtually every day that I've been here. There are many new things—about neurological disorders, about the interface between science and disease, and about how you make things work at NIH and across the country—that require intensive effort. It's also been wonderful to reacquaint myself with old friends, people I knew thirty years ago both here at the NIH and scattered around the country. It's a large group, almost a large family, of neuroscientists who have been in this field through most of its modern era.

One thing that has been surprising to me is the degree of interaction between institutes. As brain science has matured, many institutes previously interested in other areas of research now have begun to focus on how the brain works.

MJ: What was your impression of the AES Annual Meeting in San Diego?

GF: I thought the meeting was wonderful. The science was very exciting. I think the recent emphasis on genetics as a means of analyzing epilepsy is leading the whole field of neurogenetics. The discovery of new genes in siblings characterized by inherited epilepsy is remarkable. What is most encouraging is that the genes are pointing to therapies.

I also liked the meeting's emphasis on electrophysiology. Not only is that my own area of training and primary expertise, but I believe it is the wave of the future. We're going to be in the post-genomic era soon. We will have identified many, if not all, the disease-causing genes and many of the factors that modify disease, or are risk factors. And the great challenge in the next ten years is trying to understand what these disease genes encode. I think we're closer to that understanding in epilepsy research than in almost any other area.

The science was very exciting. I think the recent emphasis on genetics as a means of analyzing epilepsy is leading the whole field of neurogenetics.

I was impressed with the rank and file of AES, the people in the audience, the leadership of the society, people giving the symposium talks, and the officers. It seems as if these people all know each other and interact in a cooperative way. I felt the physicians were greatly appreciative of the effort of the Ph.D.s and M.D.-Ph.D.s and the reverse was true also.

MJ: NINDS deals with some 600 neurological disorders, many of which have advocacy groups. How do you balance the needs of the constituencies with the needs of the science?

GF: Well, in many areas the interests of the advocacy groups overlap. So what we're trying hard to do is to get people together, see the relationships and try to promote the science that serves several groups. I think the best thing we can do is help by advising, by pointing out the best science in the areas of interest, and by promoting NINDS' activities in those areas.

We haven't heard from all 600, but many of the groups have visited. They are one of the more interesting and challenging aspects of this job. I'm sure I would be doing exactly the same thing, and I hope with the same passion, if I had a family member stricken by one of these diseases.

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1998 Annual Meeting Highlights



Meeting attendees enjoying the boat cruise.



Dr. Robert Macdonald,
AES President



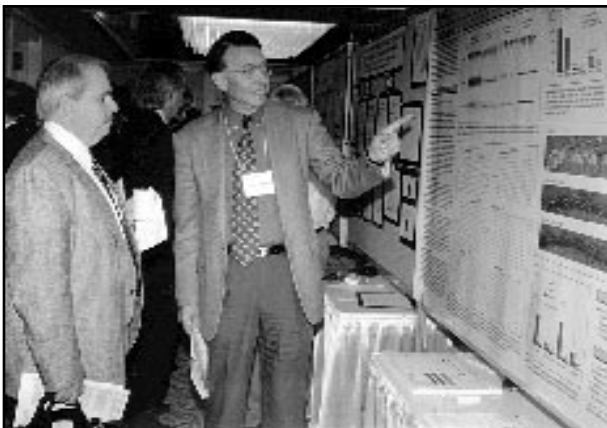
Dr. Tim Pedley, Dr. Robert Wong, Epilepsy Research Awardee,
Mr. Michael Milken, and Dr. David Prince



Reception in Exhibit Hall



General Session



Poster Sessions



Exhibit Hall



Dr. William Feindel, J. Kiffin Penry Awardee, and Dr. Braxton Wannamaker



Dr. Juhn Wada, Lennox Awardee



Mr. Michael Milken, addressing Luncheon Awards attendees



Jazz Quartet, performing at reception



Dr. Samuel Berkovic, 1998 Lennox Lecturer

DeLorenzo, Wong AES/Milken Awardees

At an awards luncheon December 7, 1998, during the AES Annual Meeting, Robert J. DeLorenzo, M.D., Ph.D., M.P.H. and Robert S.K. Wong, Ph.D. were presented with the 1998 AES/Milken Family Foundation Epilepsy Research Awards.

In comments preceding the presentation, MFF co-founder and director Michael Milken spoke of the need to effect a shift in government funding in order to allocate more funds to medical research, emphasizing the potential breakthroughs that can be effected by researchers conducting interdisciplinary research to "marry the science of physics and biology and chemistry."

Robert DeLorenzo, currently the George B. Bliley, III, Professor and Chairman of Neurology at the Medical College of Virginia, received the Clinical Investigator award. Dr. DeLorenzo's research on the epidemiology of status epilepticus has included developing the first prospective, population-based epidemiological study of status epilepticus including both children and adults. In presenting Dr. DeLorenzo with the Clinical Investigator award, the committee noted his work on behalf of epilepsy professionals and people with epilepsy.

Robert S.K. Wong received the Basic Scientist award recognizing his more than 20 years of contributions to elucidating the basic mechanisms of cell behavior and epileptogenesis in the hippocampus. Professor and Chairman of the Department of Physiology and Pharmacology at the State University of New York Health Science Center in Brooklyn, Robert Wong has been lauded for his generosity to the epilepsy community and his mentoring of young investigators in the field.

The awards were part of the AES/Milken Family Foundation 10th Epilepsy Research Award, Grant & Fellowship Program. The program also has enabled AES to offer research grants for young investigators and to enlarge the number of research training fellowships available. In his remarks at the awards luncheon, AES President Robert L. Macdonald spoke of the "fellowship investment" made by the AES/MFF program and emphasized the importance of encouraging young investigators to enter and remain in the field of epilepsy research.



Dr. Jim McNamara, Mr. Michael Milken, Drs. Wong and DeLorenzo, Epilepsy Research Awardees, and Dr. Macdonald



Dr. Macdonald, Ms. Joyce Cramer, Service Awardee, and Dr. Jim Ferrendelli

AES CALENDAR OF EVENTS

1999

- APRIL 14-18** **10TH INTERNATIONAL BETHEL-CLEVELAND CLINIC**
Epilepsy Symposium, "Comprehensive Care for People with Epilepsy"
Bielefeld, Germany
Contact: Mrs. Inez Petzold, Epilepsy Center Bethel
Maraweg 21, D-33617, Bielefeld
Phone: 49-521-144-3152, Fax: +49-521-144-3458
- APRIL 24 - MAY 1** **SECOND SPRING EPILEPSY RESEARCH CONFERENCE**
Grand Cayman, British West Indies
Contact Dr. R.S. Sloviter
Phone (520) 626-6491 Fax (520) 626-8244
E-mail sloviter@u.arizona.edu
Web Address www.u.arizona.edu/~sloviter/
- MAY 16-18** **27TH ANNUAL HANS BERGER SYMPOSIUM**
Medical College of Virginia, Richmond, VA
Contact: Frances Ewing, Phone (804) 828-9721, Fax (804) 828-3667
- MAY 16-19** **FOCUS ON EPILEPSY V—GENERALIZED EPILEPSIES**
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- AUGUST 9-13** **AMERICAN SOCIETY FOR ELECTRONEURODIAGNOSTIC TECHNOLOGISTS (ASET)**
Marriott Waterside Hotel, Norfolk, VA
Contact: Phone (712) 792-2978, Fax (712) 792-6962
e-mail: aset@netins.net, www.aset.org
- SEPT. 12-17** **23RD INTERNATIONAL EPILEPSY CONGRESS**
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Fax: +420-2-24 21 21 03 E-mail: iec23@guarant.cz
- OCT. 1-2** **THIRD ETNEAN EPILEPSY SYMPOSIUM**
Saint Thomas Covent, Llinguaglossa, Sicily, ITALY
Dr. Antonino Pavone, Neurology Dept., Ospedale Garibaldi, 95100,
Catania, Italy, Fax: +39-095-312152
- OCT. 6-10** **AMERICAN ASSOCIATION OF ELECTRODIAGNOSTIC MEDICINE**
Hyatt Regency Hotel, Vancouver, BC, CANADA
Contact: Phone (507) 288-0100, Fax (507) 288-1225
- NOV. 27- Dec. 4** **WORLD CONFERENCE ON PEDIATRIC NEUROSURGERY**
Martinique, Contact: Congress Management International
Phone: 33-1-47-03-04-12, Fax: 33-1-47-03-04-10
- DEC. 3-9** **AMERICAN EPILEPSY SOCIETY 53RD ANNUAL MEETING**
Disney Coronado Springs Resort, Orlando, FL
Contact: Karan Murray, Phone (860) 586-7505
Fax: (860)586-7550, E-Mail: info@aesnet.org

STAFF REPORT

AES Headquarters Moves to New Address

When the Society's management firm Association Resources moved its offices in January, AES gained a headquarters now located in a larger and newer facility. AES members who visited the previous office in Hartford, CT may miss the charming Tudor house that had been home to AES for almost 10 years. However, the new location at 342 North Main Street in West Hartford is close to major highways and only three minutes from the old location. The phone number, fax number and e-mail address for AES all have stayed the same.

The new facility, with double the square footage, will provide more benefits to AES as well as the staff. The new location offers more file, storage and work space as well as a larger, high-tech conference room that can be used for board and committee meetings.

We look forward to servicing AES from our new location and invite you to stop in and see our new office.



Our new home at 342 North Main Street, West Hartford, CT

Conversation With . . .

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So I don't think of advocates as an obstacle to the science. It's quite the opposite: I think of them as a creative stimulus.

MJ: What attracted you to the NINDS Director position?

GF: Many people advised me that this could be a time to make a difference in relating basic neuroscience to neurological disorders. That impression has been reinforced in the area of epilepsy, where you can almost feel the breakthroughs that are directly the outcome of years of excellent science that preceded the modern efforts. And it's true in the areas of neurodegenerative disease and myelinating disorders. This is a wonderful time in neuroscience.

How to Communicate With AES Electronically



AES Home Page

Address: aesnet.org

New on the Web—

Conference: Information on Orlando and Disney. The brochure will be on the home page in early July.

Electronic Abstracts: 1999 Meeting Research: Check out the Surgery and Genetics section of the home page.

Membership: AES On-Line Membership Roster—"Members On-Line." Use your user ID and password and have access to the latest addresses for AES members. This is the "Members' Only" section.

NeuroCentral: Also available in the "Members' Only" section.

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Listservs

Pharmacology:

Pharmacy@aesnet.org

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

Fax Number

AES Office: (860) 586-7550

Fax-on-Demand

AES makes available to members various information through its 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.

AES CIRCUIT



This issue, "Circuit" focuses on two AES sites and an EF site on the World Wide Web.

The AES sites, designed to provide easy access for AES members, offer opportunities for promoting collaborative research by putting clinicians and researchers with common interests in touch with one another. The **Epilepsy Genetics Web Site** (<http://www.aesnet.org>) contains three areas. "I Know a Family" is a bulletin board on which clinicians can post electronic "index cards" reporting on the existence among their patients of families with inherited epilepsy. "Gene Hunt" allows genetics researchers to post information on studies underway and thus alert colleagues both to the existence of the studies and to the need for families with certain inherited syndromes to participate in those studies. Researchers then can network to discuss possibilities for collaboration and follow up.

"We've got to find these families with epilepsy," says Dr. Jeffrey Nobels, chair of the AES Genetic Epilepsy Task Force. "The genetic approach to solving diseases is in third gear all over the world. It's the surest way of making significant breakthroughs right now."

In addition, the genetic epilepsy Web site contains "Gene Watch," a place for scientists working with epilepsy genes to report on their findings. To increase the utility of this area, Dr. Nobels is looking for a volunteer to interpret information breakthroughs and scientific findings reported in "Gene Watch" in order to make information available in patient-friendly language that physicians can download and distribute.

The **Epilepsy Surgery Web Site** (<http://www.aesnet.org>) is designed to encourage the exchange of information about clinical practice and basic research in epilepsy surgery, in order to promote multicenter studies. "The site has great potential to link people and begin the process of collaborative research," says Dr. Susan Spencer, who heads the effort. She points out that single centers often have insufficient numbers of patients or too little time available to undertake significant sci-

entific investigation. The Web site is designed to overcome those problems by helping researchers and clinicians join together in multicenter collaborative research.

The surgery Web site allows a center or single investigator to announce interest concerning a topic in epilepsy surgery and issue a call for collaborative research. To date, over a dozen have been entered at the site; sample topics include inquiry into the use of electrocorticography in specific surgery, and surgery for nonlesional frontal lobe epilepsies.

The surgery site also includes a data base for entering unusual observations related to epilepsy surgery, such as a rare response or complication. Site users can record their own observations and also look to see whether other investigators or centers have reported similar questions or observations. A listing of currently funded research related to epilepsy surgery is also under construction at the surgery Web site.

Drs. Nobels and Spencer emphasize that the epilepsy Web sites have been designed for easy access and use. "It's set up to be simple and rapid," Dr. Spencer comments about the surgery site. She points out that an investigator need only write a descriptive paragraph or two in order to enter a study into the database, and can respond to an inquiry simply by clicking on the address for the study.

"We're making it even easier to speed through to the place you want to go on the genetic epilepsy Web site," adds Dr. Nobels.

The Epilepsy Foundation's **Gene Discovery Project** (www.efa.org/research/gene.html) is preparing to begin its pilot phase and is accepting applications from researchers who would like to participate. The purpose of the Gene Discovery Project is to collect and store data on a voluntary and confidential basis from families around the world and connect them with genetic scientists at qualified research centers who are interested in studying their family trees.

Researcher applications must be completed and returned to the Epilepsy Foundation by March 1, 1999 for consideration. Applications are available through EF's Web site or contact EF at 4351 Garden City Drive, Landover, MD 20785, (301) 459-3700.

Meet Your New Board Members

Last year's nominating process brought three new board members to the Society. They are Solomon Moshé, M.D., Gregory Bergey, M.D., and Thomas Sutula, M.D., Ph.D.

The Nominating Committee, consisting of Marc Dichter, M.D., Ph.D., Chair, Jim Ferrendelli, M.D., Jack Pellock, M.D., Phil Schwartzkroin, Ph.D., and Jim Willmore, M.D. prepared the slate of nominees for the membership to vote on. We thank you for your participation in this process.

A listing of the 1999 Board of Directors follows. In addition, a brief description of the new board members is also included. They have been actively involved in the Society and represent different areas of interest of our membership. They are all committed to serving AES. Feel free to contact any of the board members at any time.

BOARD OF DIRECTORS—1999

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Second Vice President

Solomon L. Moshé, M.D.



Dr. Moshé is Professor of Neurology, Neuroscience and Pediatrics at Albert Einstein College of Medicine, where he is Director of Child Neurology and Clinical Neurophysiology. He received his M.D.

from the National University of Athens School of Medicine, Athens, Greece and trained in Pediatrics at the University of Maryland and in Child Neurology at Albert Einstein. His research has focused on understanding the mechanisms underlying age-related differences in epilepsy in humans and in animal models.

Dr. Moshé has been AES Secretary (1988-1991) and chair of the Membership and the Annual Program Committees, and member of the Long Range Planning and the Research Recognition Award Committees. He is a member of the EF Professional Advisory Board and has served as an ad hoc reviewer of several NIH study sections.

Dr. Moshé has been the recipient of a number of honors and awards, including a Jacob Javitz Neuroscience Investigator Award from NIH, a Martin A. and Emily L. Fisher fellowship in Neurology and Pediatrics, and an American Epilepsy Society Research Award.

Board Members

Gregory K. Bergey, M.D.



Dr. Bergey is Professor of Neurology and Physiology and Director of the Maryland Epilepsy Center at the University of Maryland School of Medicine and Medical

Center. After receiving his M.D. from the University of Pennsylvania School of Medicine, he completed residencies at Yale and Johns Hopkins and trained as a research fellow in cellular neurophysiology at NICHD. He is presently principal investigator on NIH-supported research involving analyses of patterns of seizure onset, propagation and cessation using

multichannel parametric methods and time-frequency decomposition.

A member of the National EpiFellows Advisory Board, Dr. Bergey has been chair of the AES Scientific Program Committee, served on the 1998 Long Range Planning Committee, is a member of the Continuing Medical Education Committee and chairs the Technology Task Force.

Thomas P. Sutula, M.D., Ph.D.



Dr. Sutula is Chair of the Department of Neurology at the University of Wisconsin in Madison, WI. After graduating from the University of Pennsylvania School of

Medicine, Dr. Sutula completed his internship and residency in medicine at Barnes Hospital, Washington University in St. Louis, MO, then completed a neurology residency and obtained a Ph.D. in the Neuroscience Program at the University of Virginia.

His major area of research interest is the relationship between neural plasticity and epileptogenesis, and the influence of neural activity on the functional and structural organization of the hippocampus in development and adulthood.

He has served as an ad hoc reviewer for NINCDS and the National Science Foundation, chaired an NIH Study Section and is currently the chair of the EF Research Grants Committee.

Dr. Sutula has been active in the AES leadership and recently completed his assignment of Chair of the Long Range Planning Committee. He has served on the Investigators Workshop Committee, the Annual Meeting Committee, and has chaired the Scientific Program Committee.

Address Changes?

Have you changed your address or telephone number? Do you have a new E-mail address or fax number? If so, please contact the AES office so we can update our records at:

Phone: (860) 586-7505

Fax: (860) 586-7550

E-mail: info@aesnet.org

Research Initiative Awards

The American Epilepsy Society seeks proposals from the membership requesting seed support for innovative collaborative research in all disciplines (clinical, social, basic science) associated with the epilepsy field. Awards from the Research Initiative Fund will be given to help support a variety of activities, such as:

- initiation of multi-center studies (clinical, basic, etc.)
- pilot collaborative research projects
- focused workshops designed to establish research collaborations
- inter-laboratory visits to share expertise needed to pursue collaborative studies.

The AES seeks to support projects with the following key features:

- Innovative approaches to epilepsy research
- Collaborative/interactive research activities
- High likelihood of subsequent funding by other agencies.

Awards will be made based on the proposed budget, with an anticipated average award of \$15,000 per project (4-6 projects funded per year). Only AES members are eligible to apply. Applications may be submitted at any time, and will be reviewed three times a year (April 30, August 31, December 31) by a senior research committee appointed by the AES president. Notice of award will be sent out within five months of submission.

Instructions for application procedures for the Research Initiative Awards are available on the AES home page at www.aesnet.org

PEOPLE IN THE NEWS

EF Names New CEO



Eric R. Hargis has been named Chief Executive Officer of the Epilepsy Foundation.

"Eric has extremely strong financial development and management skills developed over 20 years in service with several leading national voluntary health agencies," said Jeanne A. Carpenter, EF President, in making the announcement. "We're confident that he will focus national attention on seizures and epilepsy, a major national health problem, and strengthen the Epilepsy Foundation's ability to generate public support."

As the Epilepsy Foundation's Chief Executive Officer, Hargis will be responsible for the day-to-day management of the national organization and for working with 63 independently-incorporated local Epilepsy Foundations across the nation.

The Epilepsy Foundation, established in 1968, is dedicated to research, advocacy, education and service on behalf of more than 2.5 million Americans with seizure disorders.

Lombroso Honored



Caesare T. Lombroso, M.D., Ph.D., professor of neurology emeritus and senior associate neurologist at Children's Hospital in Boston, was presented with a plaque honoring his work in the epilepsy field, during the 1998 Etnean Epilepsy Symposium in Italy. The silver plaque was engraved as follows: "His work in the field of the neurosciences has honored the name of Italy throughout the world."

Dr. Lombroso, who also serves as AES Resident Agent in Massachusetts, lectured at the symposium on epileptic and non-epileptic movement disorders in children.

SOCIETY COMMUNICATIONS

Two communications firms provided specialized service to keep meeting attendees and the general public informed about activities of the 52nd Annual Meeting in San Diego.

Global Newslines LLC of Hoboken, NJ, a leader in focused meeting media, partnered with AES staff to produce *AES Newslines '98*. The issues and highlights program, which debuted at the Annual Meeting in Boston last year, was broadcast daily from Sunday, December 6 through Wednesday, December 9 on closed circuit TV.

Annual Meeting attendees have responded favorably to *AES Newslines*, calling the video presentations "professional looking" and "an excellent addition to the conference" in a on-site survey of 80 attendees. Nearly 90 percent reported that

they would like to see the program offered at future meetings. *AES Newslines '98* was sponsored by Ortho-McNeil Pharmaceutical.

Fleishman-Hilliard, Inc. of Kansas City, MO conducted an on-site press room in San Diego and a "virtual press room" allowing interested media contacts who could not attend the Annual Meeting the opportunity to fax requests and topics for telephone interviews with epilepsy experts. Four groups of topics were featured for the media: cutting edge options, including brain cell transplant, hormone therapy and gamma-knife surgery; medical breakthroughs in the ketogenic diet; epilepsy surgery on children; and epilepsy in the elderly. The AES Annual Meeting Press Room was sponsored by Hoechst Marion Roussel.

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

American Epilepsy Society

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AES 1999 Call For Abstracts



It's easier than ever to submit abstracts for the AES 53rd Annual Meeting!

We've used current technology and automated the abstract process to simplify and improve abstract submission and review. You can e-mail your completed submission in either a Macintosh or IBM-compatible format and eliminate the need to mail or overnight a diskette or other hard copy material.

Electronic Submission Benefits

- Easier to complete
- Enhanced data accuracy
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- Ability to include tables easily
- **Later submission deadline—May 7, 1999**

Take advantage of this improved, electronic process for submitting your abstract the easy and efficient way. You can obtain the free software you need by:

1) Visiting the World Wide Web and downloading the software at <http://www.aesnet.org>

or

2) Requesting a diskette that provides the abstract format in either MS Windows or Macintosh.

Paper Submissions

Paper submissions are discouraged. However, if you cannot use any of the electronic formats, you may request a paper form. **The deadline for paper submission is April 23, 1999, two weeks earlier than electronic submission.** Abstracts received after that date will be returned to sender.

Questions?

Call AES at (860) 586-7505 • Fax: (860) 586-7550
Fax-on-demand: (860) 586-7575 • E-mail: info@aesnet.org