



AES NEWS

AES Honors Members for Research and Service at the 2008 Annual Meeting

The 62nd Annual AES Meeting in Seattle, WA was a resounding success. If the hallways looked crowded it was because there were over 4,000 people in attendance, including over 460 first time attendees and 97 new members. The meeting offered 16 symposia and lectures, 38 Special Interest Groups, eleven Investigator and Clinical Investigator Workshops, nearly 1,000 posters, 24 platform sessions and several hot topic discussion venues. In addition to these educational activities there were several opportunities to honor your colleagues for their contributions. The Epilepsy Research Recognition Awards, the Distinguished Achievement Awards and the Early Career Physician-Scientist Awards were all presented during the Annual Meeting.

The Research Recognition Awards Committee, chaired by Jacqueline A. French, M.D., is charged with selecting the recipients of several awards presented at the Annual Meeting. Nominations are solicited from members of the Society each year. "I can't emphasize enough the importance of these peer nominations and recommendations to the Committee," states Dr. French. "The Committee is representative of the membership, but we don't know everyone's great accomplishments, and we really want these awards to represent the input of as much of the Society as possible. We welcome all the help we can get!"

All nominations and recommendations are reviewed by the Committee. Our most prestigious awards, the Research Recognition Award and the Lennox Award, require detailed nomination packages and use assigned primary and secondary reviewers to present summaries of the nominations to the full Committee at the September meeting. Preliminary scoring based on a list of criteria is used to limit discussion to the most likely candidates. Subcommittees review and recommend recipients for the AES Service and the Penny Awards which are also selected at the September meeting.

The **Epilepsy Research Recognition Awards**, considered the most prestigious prize for research in epilepsy, are given annually to active

scientists and clinicians working in all aspects of epilepsy research. The awards 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. The award, in the amount of \$10,000 is granted annually to one Basic Science Investigator and one Clinical Investigator.

Frances E. Jensen, M.D., recipient of the 2008 Epilepsy Research Recognition Award for Basic Science, is a professor of neurology at Children's Hospital Boston and Harvard Medical School, where she is also director of epilepsy research. Dr. Jensen is also a practicing physician in neurology at both Children's Hospital and Brigham and Women's Hospital. Dr. Jensen's research focuses on mechanisms of epileptogenesis and cortical injury in the developing brain, with specific emphasis on age specific therapies for clinical trials development.



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ILAE Centenary Meeting — June 2009

The 28th International Epilepsy Congress, organized jointly by the International League Against Epilepsy and the International Bureau for Epilepsy, will be held in Budapest, Hungary from June 28 to July 2, 2009. This will mark the centenary of the foundation of ILAE and this historic event will be celebrated during the Congress.

ILAE was founded in Budapest on August 30, 1909, during the XVIth International Medical Conference. Few if any societies in the field of neurology have such a long history and the centenary is indeed an extraordinary achievement for ILAE. It is also a tribute to the great contribution of the ILAE to the field of epilepsy. At the Congress, there will be various centenary events including a centenary reception, an historical exhibit, centenary lectures, a film festival (100 Years of Epilepsy in Film) and the launch of a centenary history book. It is hoped all attendees will join to celebrate the ILAE's first 100 years and help launch the Society into its second century.

The Scientific Program will focus on the following topics:

- Autonomic Functions and Biorhythmicity
- Searching for a Cure – Experimental Models and Human Epilepsy
- Comprehensive Care around the World
- The Family and Epilepsy – Clinical and Social Dimensions
- Brain Development, Plasticity and Epilepsy
- Imaging Epilepsy Networks and Cortical Dysplasia
- Non-Specialist Management of Epilepsy

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Editorial Deadlines

Spring/Summer 2009 – May 4, 2009

Fall 2009 – August 17, 2009

Winter 2009 – January 12, 2010

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.

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FROM THE PRESIDENT



I am humbled by the honor of serving you as president of the American Epilepsy Society. In these uncertain times, we are indeed very fortunate to have a strong, thriving society, managed by a superb staff led by Sue Berry and governed by a wonderful Board of Directors and executive team – First Vice President Jaideep Kapur, Second Vice President Jack Pellock and Treasurer Mike Privitera. Our committees and taskforces are passionate about their commitment to AES and our nearly 2,500 loyal and active members, as well as our many dedicated past presidents and board members are the foundation of AES. What more could a president ask for?

I am truly thankful to all of you, and like you, I am particularly grateful to our immediate Past President, Dennis Spencer for his dedication and mentorship.

Our recent annual meeting was a wonderful success. Over 4,000 people from 61 countries, including 450 residents, students and fellows, came to Seattle to teach, learn, present scientific results, network, be inspired, and have fun. Preparations are already well underway for the 2009 Annual Meeting in Boston, my home town. And of course, as presidents promise every year, our next annual meeting will be the best ever!

We should all be very proud of AES. We are increasingly front and center, representing our views as professionals in epilepsy care and research. In January, for example, AES was well represented at the FDA approval hearings on vigabatrin. Board of Directors members Frances Jensen and Eli Mizrahi served on the FDA advisory panel, Second VP Jack Pellock spoke on behalf of the infantile spasms indication, and I offered remarks in support of the adjunctive complex partial seizures indication in adults and the infantile spasms indication as part of the public comments sessions. Numerous other AES committee chairs and members participated in the proceedings. We have spoken to the media on several topics over the past couple months, including the FDA's warning on antiepileptic drugs and suicidality, the tragic death of Jett Travolta, and Senator Kennedy's seizure at the Obama inaugural luncheon.

Over the coming year, I look forward to working with you and our many leaders in achieving our ambitious goals. And we have many, such as building our membership, establishing a development campaign to ensure ample funding for research and education in the years ahead, becoming a full partner in the global campaign against epilepsy, closely collaborating with the International League Against Epilepsy and its incoming president — former AES President Nico Moshé, invigorating and coordinating our committees, further developing our Web site and growing our journal — *Epilepsy Currents*, working closely with our sister professional societies and non-profit partners, training tomorrow's AES leaders, and reaching new heights with our educational programs, and continuing to enhance our internal and external communications.

You are the key to our continued and future success. Stay involved. Encourage your colleagues and trainees to join AES. Come and contribute to our annual meeting. Volunteer for committees. Participate in our local educational programs. Give generously in support of the Lennox-Lombroso Trust Fund to support our research mission.

I invite you to write or call me with your suggestions and ideas. We are a grass roots organization. I work for you and because of you.

I look forward to a great year!

Steven C. Schachter, M.D.

Members in the News



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

2008 CNS Lifetime Achievement Award Recipient

Dr. Lombroso received the 2008 CNS Lifetime Achievement Award at the 37th Annual CNS Annual Meeting. This award, initiated in 2004, recognizes a lifelong career dedicated to child neurology as a clinical discipline and outstanding commitment to humanism in medicine, as assessed by colleagues, trainees, patients and family. We congratulate Dr. Lombroso on this distinguished honor.

In Memoriam – Richard Penrose Schmidt, M.D.

Dr. Schmidt, 1964 president of AES, passed away in January 2008. He was active in both the American Epilepsy Society and the American Academy of Neurology. He helped develop the University of Washington's epilepsy center in Seattle in 1954 and published papers demonstrating how the EEG could be a valuable diagnostic instrument.

Meet the AES 2009 Board of Directors

The American Epilepsy Society installed the 2009 Board of Directors at the 62nd Annual Meeting in Seattle. Pictured here are the 2008 Board, ex-officio members and staff.

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NINDS
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Kevin Staley, M.D.
Research and Training Committee
Charlestown, MA

Richard Wennberg, M.D.
CLAE
Toronto, ON



ILAE Centenary Meeting — June 2009

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The seven main sessions will be supplemented by an extensive program of parallel sessions, satellite symposia, teaching sessions and workshops over a five-day period. A comprehensive schedule of free communications will also be held in the form of both platform and poster presentations. Pre-Congress activities will take place on Saturday and Sunday, June 27 & 28, 2009. Please visit the official Congress Web site www.epilepsybudapest2009.org for further details regarding the scientific program.

The Congress will be held at the HUNGEXPO Budapest Fair Center, Budapest, Hungary. The Center is in the heart of Budapest and a convenient 20-minute drive from the

international airport. Situated on over 36 landscaped hectares, its 50,000 square meters of pavilions and conference facilities provide the largest conference facilities in Hungary.

Important dates:

March 6, 2009	Early registration deadline
May 15, 2009	Mid registration deadline
June 12, 2009	Late registration deadline

**For more information go to:
www.epilepsybudapest2009.org**

FROM THE BOARD ROOM

An Interview with William H. Theodore, M.D.



Bill Theodore is Chief of the Clinical Epilepsy Section, National Institute of Neurological Diseases and Stroke, National Institutes of Health (NIH) in Bethesda, MD. Since joining AES in 1980 he's been involved in at least 10 committees, chairing some of them as well serving as a contributing editor to *Epilepsy Currents*. He just completed a three-year term on the Board of Directors.

Q Why did you join AES?

A I came to the NIH as an epilepsy fellow and joining AES was a natural. I expected membership would give me opportunities to interact with other investigators, both physician and non-physician and that's what I found. One of the best things about this Society is that it brings together the whole community — all those interested in epilepsy (neurologists, basic scientists, nurses, etc.). This is important because epilepsy is a complex problem with many implications going beyond medical treatment. I found the annual meeting an excellent venue for science and education as well as a platform to present your own work.

Q What would you say is the biggest benefit of membership?

A Personal interaction. The AES meeting is the best epilepsy meeting in the world. You get to meet people doing the best research, those who have the best ideas on how to improve treatment and those with the most experience. You have an opportunity to learn all about epilepsy and how it's treated around the world.

Q What expectations did you have of your service on the Board?

A I expected to learn about how the Society works and how things get done and I did. During my term we were immersed in financial issues so I now understand how the budget works, particularly when money is tight. We were also very involved in conflict of interest issues with industry, not only for CME purposes but because it is such a heavily covered media topic. Development of the new Conflict of Interest policy was a great learning experience for me.

I am pleased to see that AES is getting more involved globally. The project I'm most proud of was working with the North American Commission (of which AES is a member). The first and second North American Regional Congresses were held during my term. I participated in the North American Commission's "Epilepsy Around the World" Symposium this year. I also participated in developing the North American Declaration a couple years ago. The North American Commission has increased its regional activities and its international outreach. I hope these activities will continue and I look forward to continuing to participate.

One of my visions was for AES to get more involved in the issue of health insurance, which has not yet happened. I still hope that AES will work to confront that issue through partnerships and caregivers working with the underinsured.

Q What was your biggest accomplishment during your term?

A I think the biggest thing I did, partnering with Greg Cascino and the AAN, was to develop and shepherd the Epilepsy Subspecialty certification process. This process helped make AES a major voice for epilepsy expertise. The steps are progressing on schedule. This is important for providing good epilepsy care and increased recognition of epilepsy.

Q How can AES influence global advancement of epilepsy treatment?

A We can accomplish this through more programs like the North American Commission Symposium at the annual meeting. Another idea is to have a section of *Epilepsy Currents* highlight regional development. We are partnering with ILAE on a Visiting Professor Program in Latin America and I encourage AES to do more programs like this.

Q What advice would you give to newer members that want to get involved in AES?

A Think about and choose areas that you are particularly interested in learning about and get involved. I volunteered to work on the North American Declaration, which was a report on the status of epilepsy care in the region. It was really an International League Against Epilepsy project. This was something outside of my career at NIH because it involved more epidemiology and social aspects. I learned a great deal in the process and am proud of my contributions.

Q What are the biggest challenges facing the AES and the field in general?

A Future progress in research and treatment depends on recruitment of enthusiastic, committed epilepsy professionals. Epilepsy education is limited in medical school, both in the pre-clinical and clinical years, so medical students may not be aware of its frequency and potentially devastating effects. Since epilepsy is such a large part of general neurology practice, the need for special expertise and multidisciplinary care approaches may not be appreciated by trainees. If future research does not produce exciting new treatment approaches, there may be difficulty attracting neurology residents to specialize in epilepsy. Moreover, neurology residents may be attracted to epilepsy programs in order to obtain training in electrophysiologic procedures they perceive to be lucrative rather than epilepsy management itself.

To meet these challenges, the epilepsy community needs to form alliances with other groups devoted to improving research and treatment for brain disorders. We need to work together to increase public awareness, decrease stigma, and ensure adequate clinical and research funding.

NINDS UPDATE

Farewell

By Margaret Jacobs



This is my final NINDS column for the *AES News*. As many of you know, I will be retiring at the end of February after more than 30 years' involvement with epilepsy research, the last 18 at NINDS. During this time I have seen the field explode with the development of new therapies and technologies, discovery of epilepsy genes, use of a variety of animal models, investigations into underlying

mechanisms, and awareness of the role of comorbidities. The notion of "cure" (preventing epilepsy in those at risk and no seizures, no side effects in those who have the disorder) wasn't part of the lexicon until the "Curing Epilepsy: Focus on the Future" Conference in 2000, nor was the concept of epileptogenesis, which guides so much of the research today.

When I first started attending AES annual meetings in the early 1980s, there were several hundred people, we met in small hotels, and "everyone knew your name." Research findings centered on seizures and the several available therapies. The Antiepileptic Drug Screening Program was in its infancy, there were only a few surgical centers, and clinical trials had limited medications to test. Contrast this with today's AES which attracts thousands of attendees from all over the world and has so many scientific

sessions, Investigators' Workshops, Special Interest Groups and satellite meetings that attending them all is impossible. The combination of clinician researchers, basic scientists and other Professionals in Epilepsy Care that make AES the vibrant, interactive society it is in 2008, also evolved during this time.

Even though this recitation makes me sound extremely ancient, it hasn't been all that long, and the years have passed incredibly quickly. I am delighted that Brandy Fureman, Ph.D., will be taking my position. Many of you know Brandy through the Epilepsy Research Benchmarks, Hoyer Lecture, and her current role as Clinical Projects Manager in the Clinical Trials Cluster at NINDS. I know she will be welcomed and welcoming.

There are so many in the epilepsy community I've had the pleasure and honor to know over the years that I can't begin to acknowledge all of you, but I hope you know who you are. I have been able to count on you for help, encouragement, and friendship and for that I am extremely grateful. Above all, however, I am indebted to the people with epilepsy and their families who have taught me so much and who remind us all on a daily basis why we do what we do.

Best of luck, and thanks for the memories,

Margaret

2009 Call for Abstracts

The AES invites you to submit abstracts for the 2009 Annual Meeting. The submission site opens on Monday, March 2, 2009 and closes on Monday, June 1, 2009. You may submit abstracts online at www.AESNET.org. Detailed instructions are also available on the submitter Web site.

Please Note: A \$25 fee for each abstract submission is now in effect. This fee covers the cost of abstract processing and will also help AES maintain the excellent quality of our Annual Meeting. Abstract submissions are the cornerstone of our scientific program and we thank you for your support.

The author is responsible for reading all guidelines and procedures before submitting an abstract. Tables, graphs and illustrations are allowed. Both member and non-members are encouraged to submit.

It is the author's responsibility to ensure that the abstract is submitted via the online abstract submitter no later than 11:59 p.m. (ET) on Monday, June 1, 2009. There will be NO extensions or exceptions to the deadline.

Important Abstract Dates

March 2, 2009

Abstract submission site opens

June 1, 2009

Submission site closes at 11:50 p.m. (ET)

August 24, 2009

Acceptance notices sent via email

EPILEPSY FOUNDATION

Talk About It: An Interview with Greg Grunberg

By John Schneider, Vice President, Communications



Greg Grunberg, star of NBC's hit series "Heroes" and three-time Chair of the "National Walk for Epilepsy," discusses his new and unique project with the Epilepsy Foundation: "Talk About It."

Greg, what's "Talk About It?"

I attended my first American Epilepsy Society conference in 2007 where I met so many amazingly

dedicated epilepsy professionals from around the world. During the conference, I kept hearing the same thing: epilepsy, we need to talk about it more. Over and over: we need to talk about it, talk about it. So, I bought the Web address — www.talkaboutit.org — and announced this new project during the conference. I was thrilled when the Epilepsy Foundation immediately jumped on board to help make it happen.

What's the goal of "Talk About It?"

As you know, epilepsy is thousands of years old and while it's probably the oldest known medical condition, it is also one of the least understood. Just look at the myths still out there — like putting something in a person's mouth when they have a seizure, for example. C'mon. That's crazy. That kind of stuff has to end. A big part of "Talk About It" is education.

Another big part is literally talking about it. I want everyone — everyone — to be talking about epilepsy. I have asked all my Hollywood friends to participate, and so you will see them on the Web site, in promotional campaigns, and at events. This is going to be HUGE.

Who is the audience for "Talk About It?"

Everyone! For people with epilepsy, "Talk About It" in partnership with the Epilepsy Foundation will be a great community resource. People can, in every imaginable way, talk about epilepsy with each other, and know they are not alone. They will be able to participate in discussion forums, chat rooms, create blogs, post videos ... all kinds of things.

Here's why this is incredibly important to me. When my oldest son was first diagnosed with epilepsy, my wife and I were desperate to talk to anyone who was in the same situation. We were running so fast to learn all we could, to

try and learn how other people were dealing with it. And it was really hard to find people talking about epilepsy. Now, anytime I hear about someone with epilepsy, I do everything I can to reach out to them. That's a big part of why I am so psyched about "Talk About It." It's a new way for people with epilepsy to engage, connect and find support.

But "Talk About It" is also for people without epilepsy. I want EVERYONE to talk about epilepsy, because together we will blow up this ridiculous stigma associated with epilepsy. If everyone knows about epilepsy, we will end the fear that sometimes still exists. And more than that, we will improve situations in communities all over the country, and also get more research going.

This is all about changing the world for people with epilepsy. We need everyone to be a part of it.

Who else is involved with "Talk About It?"

Well, first, I am lucky to have a great partner in the Epilepsy Foundation. I have been Chair of their "National Walk for Epilepsy" since it began, and will be in Washington, D.C. again on March 28, 2009, which, by the way, is also right around when "Talk About It" will be launching.

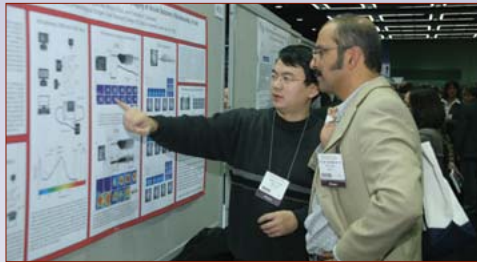
And, I am very lucky to work with so many amazing and generous people. Of course, there's the cast and crew of "Heroes," who are so supportive. I also have a celebrity band, "Band from TV," which just released a CD with all proceeds going to charity, including epilepsy. You have people like Hugh Laurie and Jesse Spencer from "House," Teri Hatcher and James Denton from "Desperate Housewives," so many. When I tell my Hollywood friends what I am doing, they are so excited and always ask how they can help.

What excites you most about "Talk About It?"

So many things excite me, but I think most of all, "Talk About It" will help create a huge difference in the lives of people impacted by epilepsy. As we all know, epilepsy can be a challenging condition. I want "Talk About It" to break down as many barriers as we can — in education, in understanding — to make life easier for people living with epilepsy.

TalkAboutIt.org launches in March 2009.

2008 ANNUAL MEETING



AES Honors Members for Research and Service at the 2008 Annual Meeting

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Anne T. Berg, Ph.D., recipient of the 2008 Epilepsy Research Recognition Award for Clinical Science, is a research professor in biological sciences at Northern Illinois University. Dr. Berg is chair of the ILAE Commission on Classification and Terminology as well as a co-chair for the NINDS benchmark on comorbidities in epilepsy. Her research has focused on the clinical epidemiology of seizure disorders with an emphasis on delineating short- and long-term seizure outcomes as well as the behavioral, cognitive and social comorbidities frequently associated with epilepsy.



The **William G. Lennox Award** is also a prestigious professional award funded by the William G. Lennox Trust Fund. The Fund was established in 1962 to advance and disseminate knowledge concerning epilepsy in all of its aspects — biological, clinical and social, and to promote better care and treatment for persons with epilepsy. This award, in the amount of \$10,000, was established to recognize members of the Society, usually at a senior level, who have a record of lifetime contributions and accomplishments related to epilepsy.

Harvey Kupferberg, Ph.D., Pharm.D., a consulting pharmacologist and former NIH epilepsy drug development officer, has been named recipient of the 2008 award. Dr. Kupferberg is recognized for his extraordinary and tireless contribution to anticonvulsant drug (AED) pharmacology, including developing of both the federal government's AED screening program and its preclinical AED toxicology program, thus singlehandedly advancing the availability of much needed new treatments for patients with epilepsy.

The **AES Service Award** recognizes outstanding service in the field of epilepsy (including non-educational and non-scientific) and exemplary contributions to the welfare of the AES and its members.

Elinor Ben-Menachem, M.D., Ph.D., 2008 AES Service Award recipient, is Professor of Neurology and Epilepsy at the Institute for Clinical Neurosciences and Physiology, Göteborg University, Göteborg, Sweden. She has been the Chair of the ILAE Antiepileptic Drug Guideline Subcommittee and the AES Annual Course Committee. She serves as Chief Editor of *Acta Neurológica Scandinavica* and is active in the Swedish Medical Association, Swedish Neurological Association, Swedish Epilepsy Society, Danish Epilepsy Society, American Epilepsy Society, American Academy of Neurology and American Neurological Association as well as serving as a fellow of the Royal College of Physicians, Edinburgh. In addition to experience on several AES committees, she has been an *Epilepsy Currents* editor since 2005.

The **J. Kiffin Penry Excellence in Epilepsy Care Award** honors a clinician's lifelong focus on and genuine concern for the patient with epilepsy. This award recognizes those whose work has had a major impact on patient care and improved the quality of life for persons with epilepsy as well as recognizing excellence in the care of persons with epilepsy.

Eileen P. G. Vining, M.D, recipient of the 2008 J. Kiffin Penry Excellence in Epilepsy Care Award, is the Lederer Professor of Pediatric Epilepsy, Professor of Neurology and Pediatrics at the Johns Hopkins University School of Medicine. She is Director of the John M. Freeman Pediatric Epilepsy Center at Johns Hopkins and Director of the Epilepsy Monitoring

Unit. Dr. Vining has a long commitment to the assessment of care of the "whole child." Early in her career, she had the remarkable opportunity of working with Dr. Penry to develop and implement a Quality of Life program. She has been active in the American Academy of Pediatrics, numerous AES committees and the Epilepsy Foundation.

Early Career Physician-Scientist Awards

AES and the Milken Family Foundation are proud to announce the 2008 Early Career Physician-Scientist Awards. This is a funding mechanism for physician scientists who are embarking on academic careers and wish to develop outstanding epilepsy research programs. Generously funded by the Milken Family Foundation this program seeks to encourage the development of new therapies for epilepsy by providing research training for physicians early in their academic career. These awards are primarily for investigators whose research interests will potentially affect epilepsy patients in the near term.

2008 Award Recipients

David K. Chen, M.D., Baylor College of Medicine, Houston, TX
 Mentor: Harvey S. Levin, Ph.D.

Autumn Klein, M.D., Ph.D., Brigham and Women's Hospital, Boston, MA
 Mentor: Edward B. Bromfield, M.D.

Tobias Loddenkemper, M.D., Children's Hospital of Boston, Boston, MA
 Mentor: Frances E. Jensen, M.D.

Second Year Funding

Joseph Parvizi, M.D., Ph.D., Stanford University, Stanford, CA
 Mentor: Robert S. Fisher, M.D., Ph.D.



R. S. Morison Fellowship

AES and the Grass Foundation are proud to announce the 2008-2010 Robert S. Morison Fellowship recipient. Dr. Gabriel Martz, University of Virginia is the recipient of this two-year postdoctoral fellowship. The fellowship is awarded to a promising young investigator possessing an M.D. degree who intends to continue training in basic science in an epilepsy research laboratory. The fellowship was created in honor of the contributions of Dr. Morison, one of the founding Trustees of The Grass Foundation. Albert and Ellen Grass started The Grass Foundation in the 1950s and have made many contributions to the scientific and social aspects of epilepsy.



SIGnals

SIGnals provides ongoing information on the activities of AES Special Interest Groups (SIGs). For more information on current SIGs or guidelines for creating a SIG, visit the AES Web site at www.aesnet.org.

Quality and Value Indicators in the Care of Patients with Epilepsy

Joseph I. Sirven, M.D.

This initial meeting covered the various facets of quality indicators in the care of patients with seizures. The first speaker was Dr. Richard Zimmerman who presented an overall evaluation of quality indicators and how they are utilized by both hospital and government payers. He was followed by Dr. William Tatum who presented the Pugh et al. guidelines for potential quality indicators for adult patients with epilepsy. Christine O'Dell presented on quality in the Epilepsy Monitoring Unit and summarized some of the salient findings on potential quality measures that could be addressed in the EMU. Lastly, Dr. Nathan Fountain presented the eight candidate quality measures that would be required as documentation for the care of patients with seizures and epilepsy. Dr. Fountain and Dr. Paul Van Ness are currently co-chairing the Epilepsy Quality Measure Development Group for the American Academy of Neurology which is currently obtaining public comment on the selected measurements for epilepsy. We are looking forward to further discussion and refinement of these issues over the course of this year via the AES online Message Board.

Neurostimulation

James Wheless, M.D.

The 2008 program attracted 350 people to hear three talks on recent developments. Dr. Anna Velasco, General Hospital of Mexico, discussed her group's results using motor cortex stimulation for the treatment of epilepsy. She discussed her center's experience in centromedian nucleus of the thalamus stimulation in Lennox-Gastaut syndrome as a treatment for generalized tonic clonic seizures. Dr. Robrecht Raedt, from the University Hospital in Ghent, Belgium, presented the results of his group's use of hippocampal and amygdala stimulation for the treatment of temporal lobe epilepsy. Finally, Dr. Walter Besio from the University of Rhode Island presented his data using transcutaneous electrical stimulation with concentric ring electrodes in rats. All three speakers kept the audience actively engaged when reviewing recent developments in neurostimulation therapy. There was a lively exchange between the audience and the speakers after the presentations. We look forward to the 2009 event in Boston and hope you will plan on being there.

Pediatric Epilepsy: Case Discussions

Elaine Wyllie, M.D.

Our SIG featured terrific case presentations from a panel of seasoned clinicians as well as rising stars! The session was notable for fascinating cases and vibrant audience interaction. This year's wide-ranging discussion included: (1) approach to the presurgical evaluation in the child with normal MRI (Dennis Dlugos, M.D.); (2) diagnosis and treatment of an unusual form of benign reflex epilepsy (Renee Shellhaus, M.D.); (3) considerations for and against epilepsy surgery in different scenarios, when EEG findings include benign focal epileptiform discharges of childhood (Deepak Lachhwani, MBBS, M.D., and Tobias Loddenkemper, M.D.); (4) recognition of a potentially fatal non-neurological complication of MELAS: aortic rupture due to microangiopathy (Douglas Nordli, M.D.); and (5) appreciation of surgical possibilities in the child with an early-acquired focal epileptogenic lesion and generalized ictal and interictal EEG (Elaine Wyllie, M.D.).

The Pediatric Epilepsy SIG provided a wonderful opportunity for adult and pediatric epileptologists and other

professionals to gather for open discussion about challenging cases from our clinical practice!

Epidemiology

Dale Hesdorffer, Ph.D.

This year we focused on the comorbidity of epilepsy with cognitive deficits, psychiatric disorders, migraine and somatic disorders. Cognitive dysfunction is associated with childhood-onset epilepsy with lower scores on neuropsychological tests observed even among children with idiopathic epilepsy. Such cognitive comorbidity may occur due to underlying "symptomatic" causes of epilepsy, transient or episodic effects of seizures, progressive effects of seizures, mechanisms underlying both seizures and deficits, and effects of AEDs. Dr. Anne Berg concluded that the most plausible model was a common underlying etiology with ongoing seizures exerting further adverse effects on cognition. She further speculated that cognitive deficits present before epilepsy onset may be a consequence of subclinical seizure activity. When time order is examined, both ADHD and depression are associated with an increased risk for developing epilepsy. Based on these data and studies showing that depression is associated with more severe epilepsy and with greater likelihood of continued seizures after epilepsy surgery, Dr. Andres Kanner hypothesized that depression may be a marker for more severe epilepsy and that serotonergic dysfunction may underlie the co-occurrence of depression and epilepsy. Dr. Petur Ludvigsson described the bidirectional relationship between epilepsy and migraine, where migraine with aura is associated with an increased risk for developing epilepsy and epilepsy is associated with an increased risk for developing migraine. Additionally, migraine is associated with a worse prognosis for epilepsy. A wide range of somatic disorders are associated with prevalent epilepsy, but Dr. Dale Hesdorffer indicated that more work is needed as several biases may explain the findings. Additionally, several of the somatic disorders are associated with stroke, a known epilepsy risk factor.

Neuroimaging

Hoby Hetherington, Ph.D.

This year's Neuroimaging SIG featured two speakers, Dr. Olli Grohn, University of Kuopio and Dr. Theodore Schwartz, Cornell University. Non-invasive imaging measures of axonal plasticity can potentially provide surrogate markers for disease progression or recovery in both basic science and clinical investigations of epilepsy. Dr. Grohn demonstrated that axonal plasticity can be detected in vivo using manganese-enhanced magnetic resonance imaging (MEMRI) after kainic acid induced status epilepticus. Although MEMRI may become an important tool to study mossy fiber sprouting in experimental settings, its use clinically is limited due to its toxicity. For possible clinical application, Dr. Grohn demonstrated that increases in fractional anisotropy in the dentate gyrus in pilocarpine and kainate models are correlated with the amount of mossy fiber sprouting. These results suggest that detection of mossy fiber sprouting in patients at risk for epilepsy may be possible using DTI.

Dr. Schwartz presented work using optical imaging spectroscopy during interictal spikes and seizures in animals and humans. First, Dr. Schwartz showed that both types of epileptiform events cause a focal decrease in tissue and hemoglobin oxygenation lasting anywhere from a few seconds to a minute. Such a negative BOLD signal is generally not described in the fMRI literature. This signal was also much more focal than the traditional positive BOLD signal, which was poorly localized with the focus until tens of seconds after the offset of the seizure. However, this late positive BOLD signal may be a useful signal for

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fMRI. Finally, data was presented that indicated the intriguing possibility that changes in hemoglobin oxygenation may actually precede electrographic onset of the seizure and be a useful method for seizure prediction.

Women with Epilepsy

Katherine Noe, M.D., Ph.D. and Romila Mushtaq, M.D.

This year's program focused on concerns of the perimenopausal and menopausal years. The coordinators presented the current state of the evidence on impact of the menopausal transition and hormone replacement therapy on seizure control, as well as data relevant to the risk of premature menopause in women with epilepsy. Around a quarter of participants noted anecdotal experience with peri-menopause as a potential trigger for development of new onset idiopathic epilepsy. Osteoporosis and fracture are a particular concern of the postmenopausal woman. Dr. Allison Pack discussed the latest information on bone health, including the role of AED exposure and impact of epilepsy on bone, as well as recommendations for screening and prevention. The overwhelming majority of participants volunteered that they are routinely prescribing prophylactic calcium and vitamin D supplementation, and more than half were routinely screening for vitamin D deficiency. Dr. Jim McAuley once again provided a bibliography of articles relevant to women with epilepsy published in the last year.

We are currently exploring topics for next year's program, with a potential focus on the adolescent female. Past years' topics have included management of pregnancy, breastfeeding, and sexual dysfunction in women with epilepsy. Please contact Dr. Katherine Noe (noe.katherine@mayo.edu) or Dr. Romila Mushtaq (mushtaq@mcw.edu), or utilize the SIG Message Board on the AES Web site, with any feedback or suggestions for the 2009 program.

Nursing Research

Rebecca Schultz, RN, M.S.N. & Colleen Dilorio, Ph.D., RN

This year's theme was "Conducting Clinical Trials — Success and Barriers." Laura Jarasek, RN, PNP, M.N., Stollery Children's Hospital, Edmonton, Alberta, and Daphne Quigley, BScN, RN, University of Alberta Hospital, Edmonton, presented their experiences in the development, implementation, and evaluation of an adolescent transition clinic. Successful development and implementation was attained through identifying the gaps in service/knowledge, collaboration with staff — nurses and physicians, and awareness of the differences and similarities in needs of the adolescents/families during the transition process. Kristen Schardein, RN, MS, University of California, San Francisco, Ariele Edwards, MSPH, CHES, Emory University, and Peggy Clark, RN, M.S.N., PNP, Cincinnati Children's Hospital Medical Center discussed recruitment issues in clinical research. A brief review of the literature on effective methods to increase the enrollment of underrepresented racial and ethnic minorities in clinical research and barriers to successful enrollment of minorities was presented. Finally, the Childhood Absence Epilepsy study, a multi-site study of children with Childhood Absence Epilepsy, was discussed as a model illustrating some of the strategies for successful enrollment of minority and ethnic populations. Following these presentations, the floor was opened to audience participation and group discussion. Suggestions for topics for next year are welcome.

MEG/MSI

Wenbo Zhang, M.D., Ph.D.

Four MEG/MSI experts shared their experiences. Dr. Robert Knowlton delineated the role of MSI in epilepsy surgery as compared with other neuroimaging tools and

cortical mapping. He concluded that MSI plays an important role in patient selection, improving ICEEG localization yield and accuracy, and may increase the proportion of patients that can avoid ICEEG. Dr. Gregory Barkley described the coherence analysis of MSI data in epilepsy patients to identify the epileptogenic zone. He demonstrated the advantage of coherence analysis. Dr. Marta Santiuste reported the simultaneous recording of MEG and intra-cranial depth EEG and compared to findings with SISCOM. She claimed that epileptiform activity from deep sources (amygdala, hippocampus) is still detectable in MEG measurements with magnetometers. Dr. Jing Xiang shared his experience in localization of high-frequency brain signals (HFBS). He was able to identify and localize HFBS corresponding to epileptic and cognitive activity. He also demonstrated the integration of MEG data and other neuroimaging tools, such as SICOM, PET and DTI in his practice. Given the abundant data published before and during 2008, MEG/MSI consolidated its position as a clinical tool in pre-surgical mapping and epileptogenic localization. More localization algorithms such as coherence analysis and high frequency analysis may become more mature and widely used clinically in the near future. Dr. Jerry Shih will be coordinating this SIG starting in 2009.

Epilepsy and Engineering

Piotr J. Franaszczuk, Ph.D. and Gregory K. Bergey, M.D.

Progress reports at this Annual Meeting on the clinical trials of anterior thalamic stimulation and responsive neurostimulation helped fuel interest in this SIG. Over 300 attended the session which focused on "Neurostimulation of the Brain in the Treatment of Epilepsy: What We Need to Know Before We Start." Stan Anderson of Harvard Medical School opened with a discussion of neural network models and how they could provide potential insights into which stimulus parameters might be most effective in producing seizure termination. Brett Wingeier of Neuropace, Inc. discussed the various important considerations in the brain-electrode interface. While intracranial targets are chosen for stimulation (either chronic or responsive) it is not known how close to the seizure focus stimulation needs to be for the optimal response. Stimulation typically is of low intensity (several mA) and what tissue is actually stimulated depends upon electrical field considerations. These issues were addressed by Bruce Gluckman of Penn State University who discussed many of the biophysical considerations that need to be taken into account. The concluding presentation by Ryder Gwinn of Swedish Neuroscience Institute summarized what we currently understand about stimulus parameters. The SIG addressed important areas, but it is acknowledged that the ideal stimulus parameters may not yet be known and may differ for different patients or for seizures from different brain regions. These considerations become even more important as additional methods of neurostimulation (in addition to VNS) may become approved therapy for epilepsy in the near future.

Children's Hour

Lionel Carmant, M.D. and Marcio Sotero de Menezes, M.D.

This program covered diagnosis and two under-recognized causes of seizures: vitamin B6 deficiencies and mitochondrial disorders. The first subject was the clinical and electro-encephalographic presentation of metabolic disorders in childhood. Dr. Douglas Nordli, Jr. discussed the differential diagnosis of seizures associated with common and less common metabolic disorders based on clinical presentation and EEG patterns. He showed that a specific pattern is rarely observed and that other clinical signs and symptoms should raise our degree of clinical suspicion. Dr. Sid

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Because You Asked! How Does AES Work?

The mission of the American Epilepsy Society is to promote research and education for professionals dedicated to the prevention, treatment and cure of epilepsy. (For a history of the AES go to www.aesnet.org/go/about-aes.)

The Board of Directors is a group of volunteers who work to ensure that the organization stays focused on that mission. Their tools include the budget and the Strategic Plan. The Strategic Plan is created and renewed every few years by the Board to identify areas where the organization should be focusing its efforts. The main goal areas of our current Strategic Plan are: Education, Research Funding, Advocacy, Performance Measures, Revenue Enhancement and Diversification, and Integration. Each of these goal areas have several specific objectives. The objectives are assigned to committees, task forces, the Board itself and staff. Since many of the objectives have been accomplished, the Board will meet in 2009 to draft a new Strategic Plan for the next three to four years.

Committees and task forces are created by the Board to accomplish tasks on behalf of the organization. Each is given a specific charge. (You can see the list of committees and task forces along with their charges and members on the Web site at www.aesnet.org/go/about-aes.) Committees are long-term commitments, while task forces and work groups are often project specific and end when they have accomplished their assignments. There are currently 30 committees and subcommittees and 10 task forces.

AES committees include Membership, Practice, Finance, Nominating, Council on Education, Research Recognition Awards and Research & Training. These all have long-term goals and ongoing charges. (You can see these charges on the Web page referenced above.)

Many committees have subcommittees that enable them to accomplish their tasks. The best example is education. The Council on Education is made up of chairs of all of its subcommittees. The subcommittees include all the annual meeting and year round education committees. So the Annual Meeting Committee, Annual Course Committee, Pediatric Content Committee, Education Development Committee and PEC Education Committee are all subcommittees of the Council on Education. The chairs of the subcommittees sit on the Council so each gets an equal vote. The subcommittees are grouped by annual meeting focus or year round activity. The Annual Meeting Committee oversees all annual meeting planning committees and is made up of the chairs of all of those committees. This structure (see graphic at right) ensures good communication and teamwork.

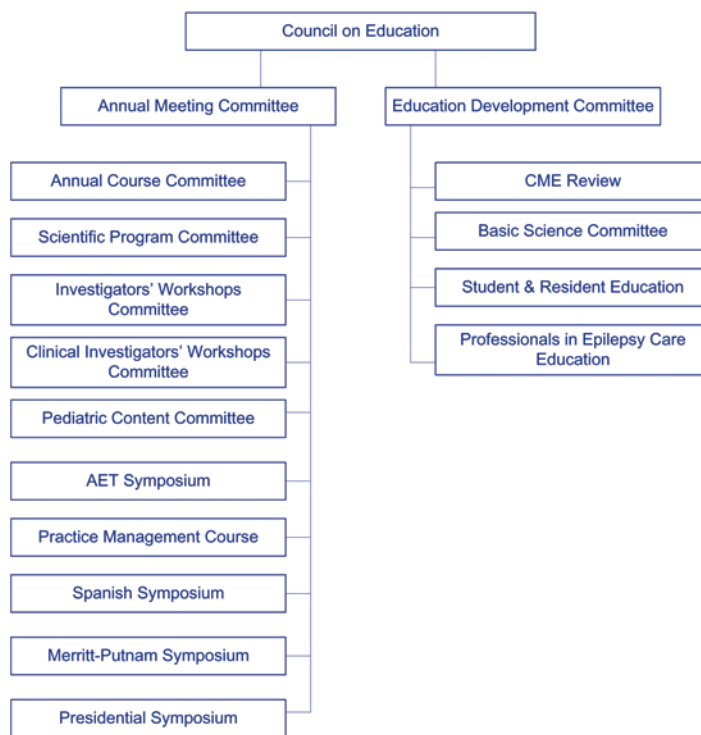
The Research and Training Committee is also a "parent committee" for the research committee structure. Three subcommittees focus on reviewing separate funding mechanisms and making recommendations to the Research & Training Committee. The only committee with research in its title that is not part of this relationship is the Research Recognition Awards Committee because it focuses on awards, not research funding.

We also have committees that are charged with simply representing the needs of a part of the membership and recommending changes or programs to meet those needs. The Basic Sciences Committee looks at the annual meeting and other Society activities overall to see if the needs of Basic Science members are being met. The Professionals in Epilepsy Care (PEC) Steering Committee does the same for nursing and allied health members. The PEC Steering Committee also looks for opportunities to do educational outreach to other Societies.

Task forces and work groups are usually created to accomplish a specific objective. On occasion they evolve into longstanding committees. A good example is the Funding Success Task Force which created a survey to track the success of individuals who received research funding from AES. This group has continued and developed a second survey which will feed a

database, allowing us to track the status of these individuals over the years. More typical is the Epilepsy & Employment Task Force which has created a guide for physicians to use to respond to employer requests. Their task is just about complete and they will fade away. The Practice Standards Task Force was created as a result of the strategic plan goal of Performance Measures. This task force made some recommendations and has been absorbed into the Practice Committee, since that committee has accepted the recommended tasks.

President, Steve Schachter and First Vice President, Jaideep Kapur, have created a committee of the Board, called the Governance Committee that will provide continuing oversight and guidance to committees and task forces. Their charge will be to look at all these groups, their charges and how they relate to the Strategic Plan. They will also work on improving communication among committees and between committees and the Board. This project will help ensure that we are all working effectively toward meeting our organization's mission.



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Gospe provided us with an update on the clinical presentation of vitamin B6 deficiency and dependency. He discussed clinical presentation, diagnosis, treatment and outcome and shared his large clinical experience on the subject. He shared new data on mutations of the antiquitin gene (ALDH7A1) as the molecular basis of neonatal-onset PDS and for some but not all later-onset cases. Also of note is the fact that children with infantile spasms with good outcomes lacked evidence for antiquitin dysfunction, suggesting that this phenotype is less compelling for PDS. The final speaker, Dr. Russell P. Saneto, discussed the topic of seizures in mitochondrial disorders. He reviewed his experience with under diagnosed electron transport chain disorders. He stressed that they can often present with infantile spasms and a normal diagnosis leading to a false classification of cryptogenic infantile spasms.

For more 2008 SIG summaries, more detailed information and to discuss these topics, go to the Message Board on www.aesnet.org, available under the Member's Only section.

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CALENDAR OF EVENTS

March 4-7, 2009

American Society for
Experimental Neurotherapeutics
11th Annual Meeting
Arlington, VA
www.asent.org

March 4-8, 2009

American Clinical
Neurophysiology Society
Annual Meeting and Courses
www.acns.org

April 13-17, 2009

Epilepsy and Stigma: How Do We
Conquer It in Africa? An
International Conference
Lusaka, Zambia
www.epilepsyzambia2009.org

April 15-19, 2009

Antiepileptic Drug Trials X
Coral Gables, FL
www.aedtrials.com

April 25-May 2, 2009

American Academy of Neurology
61st Annual Meeting
Seattle, WA
www.aan.com/am

June 19-24, 2009

Epileptology Symposia 2009
Cleveland, OH
www.clevelandclinicmeded.com

June 28-July 2, 2009

100th Anniversary of ILAE
28th International Epilepsy
Congress
Budapest, Hungary
www.epilepsybudapest2009.org

December 4-8, 2009

63rd Annual AES Meeting
Boston, MA
www.aesnet.org

March 17-20, 2010

1st International Congress on
Epilepsy, Brain and Mind
Prague, Czech Republic
www.epilepsy-brain-mind2010.eu