Our 75th Anniversary was celebrated during the 65th Annual Meeting in Baltimore, MD. The event was memorialized by the presentation of a proclamation from the International League Against Epilepsy to AES, the American Chapter. The celebration of the 75th included a memorable event with food, dancing and entertainment. Five hundred people attended this event and enjoyed the period actors, music from the past several decades and historical panels. There was even an opportunity to be interviewed on your thoughts for the future. Photos from this event can be found on page 12.

Attendance was just under 4,300 people from 66 different countries including: Croatia, Cuba, East Timor, Egypt, Ethiopia, Haiti, Iran, Nigeria, Sri Lanka, Uruguay, and Vietnam. Forty-five percent of attendees were AES members and sixty-five percent from the U.S. A significant number of attendees are non-members and from other countries. MDs still make up the largest percentage of attendees, at forty-one percent. Other specialty groups such as basic science researchers, nurses, nurse practitioners, physician assistants, pharmacologists, psychologists, psychiatrists, veterinarians and others make up the rest of the group.

Attendees were kept busy with 15 lectures and symposia, 15 investigator and clinical investigator workshops, 38 special interest groups, three skills workshops, 27 platform sessions and 1,019 posters. The guided poster tours continued to be very popular. Large crowds followed the tour leaders over the three Poster Sessions. The lunch break on all three days was dedicated to poster presentations, with no other programming or activities allowed. This ensured that poster authors had an audience. The Exhibit Hall showcased 79 commercial and non-profit exhibitors and hosted lunch and snack breaks each of the three days. One feature of the exhibit hall was the Epilepsy Resource Center where many of the non-profit and patient advocacy organizations were located. The Exhibit Hall also featured Product Training Pavilions where companies had an opportunity to talk about their products to groups. This was in addition to the Scientific Exhibits which were elsewhere in the Convention Center to feature new and up and coming research of commercial entities.

The inaugural AES Fellows program (formerly the National EpiFellows Foundation Program) was held at the AES Annual Meeting on Friday, December 2, 2011. The goal of this program is to encourage epilepsy fellows in training to attend the AES meeting. Invitations were sent to Epilepsy Program Directors around the country. Fifty clinical fellows were awarded a travel grant plus registration fee for the Annual Meeting and were accepted on a first come, first served basis from the nearly ninety applications that were submitted. The fellows were matched with a mentor.
FROM THE PRESIDENT

I am honored to have the opportunity to serve as president of the American Epilepsy Society. I’d like to thank Jack Pellock for an incredible year of service to the Society. He dealt tirelessly with the issues that came up and made progress on so many fronts. I congratulate the Annual Meeting Committee and other Council on Education Committees for their terrific work in bringing us another outstanding scientific meeting. I’d also like to congratulate the Society on achieving the milestone of 75 years and I look forward to contributing to the future of the Society. I see this as a year of real opportunities for the Society.

The Board recently completed a Strategic Plan for the near future. Initiatives are focused both internally and externally. External challenges facing the Society include: shrinking institutional resources, the changing environment for clinical practice, and the need for AES to be involved in development and advocacy. A summary of these initiatives can be found on page 13.

With the shrinking of institutional resources we have opportunities to collaborate with other organizations to increase funding or focus funding on areas of high need. This is an opportunity for more data-sharing to make more efficient use of research dollars. The AES has always partnered to make the best use of research dollars and we hope to expand these programs. We are already working on developing more research funding opportunities and training programs.

The environment for clinical practice is changing due to many factors. We will shortly have a professional board and certification which will include life-long learning requirements. The AES is already working in conjunction with the ABPN and the AAN to provide the required training. The availability of generics has already affected our practice and comparative effectiveness studies are ongoing. The AES and the Epilepsy Foundation continue to support the FDA’s EQUIGEN study. With the growing emphasis on quality standards, AES Committees are looking at existing practice parameters and guidelines to determine how to meet member needs. Watch for a new section of Epilepsy Currents sharing information on new guidelines and other practice tools.

The Society has been growing into its newest role as fundraiser for the past couple of years. Our goal is to provide for training and research well into the future using endowments. Our development efforts continue to grow with new focused funds and opportunities to participate, such as the annual Walk in D.C. in March. For information on participating in the walk, go to page 7. The IOM report on Public Health Disparities in the Epilepsies is due out in the spring and the scope of the Vision 2020 Committee is expanding. In addition we are redefining our relationship with the Epilepsy Foundation and developing joint ventures with ILAE and the North American Commission.

Internally, the Strategic Plan will guide initiatives on committee structure, leadership development, and more. The Governance Committee continues to help the organization’s leadership be efficient and transparent. Recently the Research & Training Committee was named a Council with all the research related committees reporting. This should improve communication and reduce overlap.

Our leadership development activities are continuing through increased opportunities for training and mentoring during the Annual Meeting and clearer instructions to committee chairs on how to recruit and develop committee members.

A new Translational Task Force, which is a joint ILAE group, will be developing training, networking, community resources and funding opportunities.

Lastly, our online presence will undergo a redevelopment process this year as we make our web resources more accessible to members and non-members.

The coming year will be an exciting year with even more activity than before. I look forward to working with the Board, Committees and members on these initiatives. I welcome suggestions from members and thank you for allowing me to serve in this capacity.

Frances E. Jensen, M.D.
An Interview with James C. Cloyd, Pharm.D.

Dr. James Cloyd is Professor and Lawrence C. Weaver Endowed Chair in Orphan Drug Development and Director of the Center for Orphan Drug Research at the University of Minnesota College of Pharmacy. During his career, Dr. Cloyd has trained 17 Ph.D. and post doctoral trainees, many of whom have pursued a career in epilepsy. Within the American Epilepsy Society, he has served on the Long Range Planning Committee, the Subcommittee on the Elderly, the Research and Training Committee, Co-Chair of the Antiepileptic Therapy Symposium, the Council on Education, and the Access to Continuity of Supply Task Force, the Clinical Pharmacology Committee, the original Strategic Planning Committee in 1994, the Long Range Planning Committee and on the Merritt Putnam faculty.He is a member of the editorial board of epilepsy.com and an ad-hoc reviewer for many journals in the areas of neurology, pharmacology, and epilepsy. He has served on an NINDS clinical trials study section and is a grant reviewer for several foundations.

Q How long have you been a member?
A In about 1974, I was at the University of Kentucky and actively involved in epilepsy research on the use of phenytoin in babies as well as patients with traumatic brain injury. That whetted my interest in epilepsy. I accepted a faculty position at the University of Minnesota, primarily because the Medical School and College of Pharmacy were establishing a comprehensive epilepsy program funded by the NIH. After attending the International Epilepsy Conference in Vancouver in 1978, I decided to join AES. From the moment I stepped into my first meeting it was clear that senior leaders recognized and supported merit so if you had something to contribute to epilepsy, you were included and supported. As a pharmacist in a medical society, this had enormous impact on my career: I knew I could flourish in AES.

Q What is the biggest benefit of membership?
A The biggest benefit for me is the collective focus on improving lives of people with epilepsy. That collective view inspires me every time I attend a meeting. The scientific advances reported at the meeting have given me great hope that we can cure epilepsy.

Q What volunteer roles have you had with AES?
A My volunteer activities started back in 1986 at the Seattle AES meeting. I gathered some pharmacy friends and created Pharmacists in Epilepsy, a group that met informally until it became a SIG. That SIG is now the Pharmacology SIG. I’m very proud of the contributions to science and education that the group has made. While on the Board of Directors I was asked to help shape and implement the Society’s Conflict of Interest policy and procedures to ensure that we identify and make explicit the responsibilities related to conflict of interest of all members in a position to represent the AES. In addition, I was involved in strategic planning that incorporated the reality of a new normal in which tough economic times and reduced corporate support would have a long lasting impact on the Society. This required some readjustment in thinking. I played a role in getting people to deal with the fact that this is not temporary and encouraged frequent communication to members. Lastly, I have been an advocate for entering into more formal, long-range relationships with other organizations with an interest in epilepsy. This initiative is already bearing benefits as evidenced by our expanding partnership with the American Academy of Neurology.

In my career at AES, I have attempted to play a role where I could remind the larger group that all constituencies should be recognized, identified and supported. I was not just a minority advocate, but rather played the role of educator: What I get out of my volunteering is a sense of satisfaction in seeing the Society thrive and know that I made a modest contribution.

Q What have you learned from volunteering at AES?
A I’ve found that if someone volunteers it’s important to make expectations clear, to recognize efforts of volunteers and to take action on their recommendations (i.e. don’t ignore their work). I’m amazed at the incredible effort volunteers devote to this organization. If you figure that there are about 700 volunteers, working a total of 20,000 hours a year and multiply that by salary and fringe it comes out to a lot of money.

Q Any pearls of wisdom for younger, newer members?
A Volunteer for the right reasons. Make sure it’s something you want to do. Know what you are getting into and be prepared to fulfill the obligations. Speak up. Good ideas are always welcomed. Know that Society leaders will listen to you.

Q How have you gained from your involvement with AES?
A I am where I am now because of AES. Through AES I found mentors and collaborators and received inspiration from the work of others. I had opportunities to share ideas and experiences. I would not have had the network, guidance, access to information or opportunity to share without AES. It has been gratifying to be involved in the Society. I’ve been especially impressed with AES staff and the membership of the Board, who work tirelessly and unselfishly to make the Society successful and improve the lives of those with epilepsy.

Q What do you see as the big challenges facing AES now?
A Our strength is in our multidisciplinary face. I fear we might begin to lose smaller constituencies due to membership costs and workload. This may make it harder to bring people in that represent important professional groups within epilepsy. Another really daunting challenge is attracting people to clinical research and making them successful. It’s nearly impossible for a young, up and coming investigator to get research funding and time to conduct research in our current institutional model. We need to figure out how to ensure clinical researchers can be nurtured and survive.

FROM THE BOARD ROOM
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AES recognized its Past Presidents at the 75th Anniversary Celebration Event.
Building for the Future: The Campaign for AES

The year 2011 was a significant step forward for the AES Development Campaign — Building for the Future. During the year, AES raised $1,232,782 in pledges and gifts to support research and training through AES endowment funds. We were successful in raising these gifts only because members and corporations stepped up to support AES endowment funds.

Why endowment fundraising? AES and the entire field of epilepsy is simply facing a new reality — funding sources that we once relied on for research and training programs are no longer available. By some estimations, more than 10 fellowships have been lost in just the past five years and AES leadership does not see these funds coming back. By building endowment funds within AES, the epilepsy community can direct its own future and ensure that research, training and education programs will survive and thrive regardless of the economic realities.

AES is also in the unique position among non-profit organizations by being able to say that 100% of funds raised by AES go to research and training! No other epilepsy organization can make this claim.

One of the goals for development in 2012 is to increase the percentage of members who give to AES. For example, if everyone reading this article gave at least $100 we would be one-quarter of the way to a new fellowship that would support research and training in epilepsy forever — it’s that easy. And, there are many ways to give to AES:

- Give an outright gift to AES by sending in a donation or on the AES website www.AES.net/contribute
- Consider a multi-year pledge
- Donate your honorarium when you speak
- Give a gift in honor of a colleague’s or loved one’s birthday or anniversary or have your friends honor you with gifts to AES for your next birthday
- Join the AES walk team in the National Epilepsy Walk hosted by Epilepsy Foundation (virtual walkers welcome)
- Watch your e-mail or mail and respond to AES appeals for support.

Legacy Giving or Planned Giving can be as simple as adding a line to your will including AES in the disbursement of your estate. However, there are many more choices available to you that may reduce taxes for you and your heirs, or perhaps you will choose one that provides a lifestream income for you.

List of funds to which you can contribute:
- The New Initiative Fund
- The Fritz Dreifuss Epilepsy Fund
- The Rebecca Goldberg Kaufman Ethical Neuropsychiatry Award Fund
- Lennox and Lombroso Trust
- J. Kiffin Penry Fund
- The Susan S. Spencer Fund

We have been successful because generous donors have stepped forward to underwrite our mission to promote research and education for professionals dedicated to the prevention, treatment and cure of epilepsy. Philanthropic support for the work of AES is critical to maintaining our position as leaders in research, treatment, training and professional development. We hope you will support AES today. For more information go to http://www.aesnet.org/contribute.

Join the “Fashion Crowd” at AES

You too can look like a leader. Order a silk tie, bow tie or scarf at our online store. A portion of the proceeds goes to support our research funds. Follow the simple steps below and update your wardrobe today!

2. On the left-hand side of the Home page click on myAES.
3. When that opens click on online store.
4. Click on merchandise on the top menu.
5. Follow steps for ordering.

If you prefer, you can call our office at 860.586.7500 ext 583 and speak directly to our fashion expert.
Epilepsy Therapy Project to Present Lifetime Accelerator Award to Harvey Kupferberg, Ph.D.

The Epilepsy Therapy Project (ETP), a non-profit organization whose mission is to accelerate new therapies for people living with epilepsy and seizures and the parent organization of epilepsy.com, announced that Harvey Kupferberg, Ph.D., has been named the recipient of the ETP Lifetime Accelerator Award in recognition of his commitment and contributions to the field of epilepsy and to the people affected by it. He was honored at the Third Biennial Epilepsy Pipeline Update Conference 2012, held on February 2-4, 2012, at the Hyatt Regency in San Francisco.

Dr. Kupferberg, the 2008 William G. Lennox Award winner, served for many years as Chief of the Preclinical Pharmacology Section, Epilepsy Branch, National Institute of Neurological Disorders and Stroke (NINDS), National Institutes of Health. He played an essential role in the NINDS Antiepileptic Drug Development (ADD) program which conducts preclinical studies of promising new drugs for the treatment of epilepsy.

“Harvey has rightfully been called the father of antiepileptic drug development,” said Jacqueline A. French, M.D., Professor, NYU Comprehensive Epilepsy Center and Vice President of Research, at ETP and First Vice President of AES. “Through the NINDS antiepileptic drug discovery program that he led for decades, a number of important new therapies were added to the armamentarium, including felbamate, topiramate, lacosamide and rufinamide, as well as the newest AED ezogabine.”

“Harvey’s many contributions are notable. But his heartfelt passion and enthusiasm for promising individual compounds in the epilepsy pipeline, his energy and sense of urgency, are inspiring to everyone in our community,” said Warren Lammert, Co-Founder and Chairman of the Epilepsy Therapy Project.

Inaugural Fritz Dreifuss Epilepsy Fund Honor Awarded to Kimford J. Meador, M.D.

The American Epilepsy Society is proud to announce the first Fritz Dreifuss Epilepsy Fund honor that was presented at the 2011 Annual Meeting. This award for the best paper is designed to honor the leadership and passion Dr. Dreifuss brought to the care of his patients and his research as well as the mentoring of young physicians.

Dr. Kimford Meador of the Emory School of Medicine, is the first to be honored, he presented his abstract, “Family History and Psychopathology in Pediatric Epilepsy,” which was presented on Monday, December 5 during the platform session.

Rochelle Caplan Recognized with The Rebecca Goldberg Kaufman Ethical Neuropsychiatry Honor

The Rebecca Goldberg Kaufman Ethical Neuropsychiatry Honor acknowledges the best abstract submitted to the Annual Meeting that raises the consciousness of the importance of psychiatry in epilepsy care. This year’s honoree was Rochelle Caplan, M.D. of the University of California. The first to be honored, she presented her abstract, “Family History and Psychopathology in Pediatric Epilepsy,” in a platform session on Monday, December 5 during the 2011 AES Annual Meeting.

ILAE and IBE Announce Awards Presented at the 29th International Epilepsy Congress

The Lifetime Achievement Award is given every two years by the Joint Executive Committee of the International Bureau for Epilepsy and the International League Against Epilepsy to honor those truly exceptional persons with a record of achievement in work against epilepsy, which exceeds even that of those who have been awarded the Ambassador for Epilepsy Award or the Award for Social Accomplishment.

We are proud to announce that the 2011 honoree is Jerome Engel Jr, M.D., Ph.D., Professor of Neurology, Neurobiology, and Psychiatry & Biobehavioral Sciences, UCLA – Reed Neurological Research.

Ambassador Awards are presented in recognition of outstanding international contributions to the cause of epilepsy. These activities have either been performed at an international level or have had international impact. Twelve people were presented with this honor during the Opening Ceremony of the 29th International Epilepsy Congress in Rome. The award consists of an Ambassador for Epilepsy ‘pin’ and is intended to reflect peer recognition of individual contributions to the international cause of epilepsy.

AES members receiving 2011 Ambassador For Epilepsy Awards included:
- Susan Axelrod – USA
- Lionel Carmant – Canada
- Andres Kanner – USA
- Wolfgang Löscher – Germany
- Eli M. Mizrahi – USA
- Asla Pitkänen – Finland
- Steven Schachter – USA
- Walter Van Emde Boas – Netherlands
The Epilepsy Foundation Gears Up for Major Events in Washington, D.C.

By Lisa Boylan

Everyone in the national office and our affiliates across the country are getting ready to welcome thousands of supporters to the 6th annual National Walk for Epilepsy on the National Mall in Washington, D.C. on March 31, 2012. Directly following the Walk, we will welcome kids with epilepsy from across the country for our annual Public Policy Institute and Kids Speak Up! advocacy events. The AES has been a partner with us since the inception of the Walk and they have been a fantastic and committed ally. Last year AES raised the most money of any other organization and also had the most walkers — 128. We look forward to seeing Team AES again this year. To join Team AES, go to http://www.aesnet.org/contribute/ef-walk.

Our Public Policy Institute and Kids Speak Up! events will begin on April 1. AES has also been a great supporter of this event, as the initial sponsor of the Public Policy Institute since the beginning. AES President Frances E. Jensen will be our keynote speaker on the opening night of the event. We expect about 40 teenagers from across the country to come and learn about grassroots advocacy and tell their stories about living with epilepsy to their legislators on Capitol Hill.

The young advocates will also garner support for the R.A.I.S.E Resolution, which will be the first step in creating a national epilepsy awareness campaign to increase an understanding of epilepsy and seizures in the workplace, schools and communities — making it safer for students, workers and citizens with epilepsy to access emergency care, continue employment and achieve an education.

We will also be encouraging support of the Modernizing Our Drug and Diagnostics Evaluation and Regulatory Network (MODDERN) Cures Act, which seeks to modernize our nation’s drug and diagnostics evaluation and regulatory network by encouraging the discovery and development of new treatments for many chronic conditions that need more options, like epilepsy. It would also create a system that rewards efficiency and effectiveness so that all people living with these kinds of conditions would benefit. Additionally, advocates will be asking their members of Congress to continue strong support for epilepsy programs that will help people live better in their local communities and research that will lead to a cure.

It’s a busy time at the Foundation, which is why we are so appreciative of our ongoing partnership with AES.

In 2011 six walk teams raised $56,026 which came back to AES to support research and training. This year four teams have already been organized to walk: Team AES, Team Dreifuss, Team McLeskey, Yale Epilepsy Susan Spencer Team and Team Penry-Pellock. Joining or contributing through any of these teams will directly benefit AES’s research and training programs.
The NINDS NeuroNEXT — A Clinical Research Network Designed to Accelerate Therapy Development

By Brandy Fureman, Ph.D.

To address the opportunities and need for testing new therapies, the NINDS has established the Network for Excellence in Neuroscience Clinical Trials, or NeuroNEXT. This network was created with three main goals in mind. First, NINDS wants to support scientifically valid, biomarker-informed Phase 2 (exploratory) clinical trials before embarking on large and costly Phase 3 (efficacy) trials. Second, NINDS wants to expand its ability to test the most promising new therapies, whether from academic or industry investigators. Third, as trial opportunities arise for a wide range of disorders affecting both children and adults, the Institute wants to provide the infrastructure for and expertise of a cadre of disease-specific investigators. NeuroNEXT is open to exploratory studies in any neurological disease area (including the epilepsies), and can include interventional Phase 2 studies or studies to validate candidate biomarkers.

Through NeuroNEXT, the NINDS is supporting 25 clinical sites across the United States, together with two other components: a Clinical Coordinating Center (CCC) at the Massachusetts General Hospital to provide cost-effective management in operating multiple trials, and a Data Coordinating Center (DCC) at the University of Iowa that will provide state of the art efficient statistical designs and take advantage of the economy of scales in data management and quality control, as well as set the stage for the sharing and mining of the valuable clinical datasets generated from the many research projects funded by the NINDS. One particularly innovative aspect of NeuroNEXT is the use of a common IRB that should significantly decrease the time between trial design and initiation while ensuring patient safety.

You DO NOT need to be part of the NeuroNEXT infrastructure to apply to conduct a study within the network. Applications from academic investigators, advocacy groups / foundations, small businesses and the pharmaceutical industry are welcomed. Prospective applicants should contact Dr. Elizabeth McNeil (mcneilde@ninds.nih.gov) to discuss the proposed trial. NINDS program staff, including the Office / Cluster which holds the disease of interest within its portfolio, will discuss the proposed trial, and trials which have good NINDS program support are referred to the NeuroNEXT Executive Committee to assess network feasibility. Projects which have NINDS program support and are feasible for network performance are asked to submit a formal application for peer review by the NeuroNEXT Special Emphasis Panel (SEP) and subsequent consideration by the NINDS Advisory Council. The NeuroNEXT CCC will assist in protocol development in support of the formal application. Please note that applications that are relevant to epilepsy are expected to include the Epilepsy Common Data Elements (http://www.commondataelements.ninds.nih.gov/#page=Definition) in study proposals.

To learn more about this important new initiative, please visit the network’s website: www.ninds.nih.gov/NeuroNEXT. Questions may be directed to NEXT@ninds.nih.gov.
Media Interest in Annual Meeting on Upswing

Recent changes in onsite pressroom activities have contributed to making the AES Annual Meeting a vital source of information on epilepsy research and care for key professional trade publications and major Internet medical/health news sites. An expanding group of writers for these media outlets now routinely attend each year’s meeting. Reports emanating from the recent meeting in Baltimore, for example, have appeared in Family Practice News, Clinical Psychiatry News, Internal Medicine News, MedScape Neurology, WebMD, and other relevant outlets.

In addition to onsite media activity, media representatives off-site receive AES meeting press releases distributed electronically, and via access to the Newswise Medical News service. As of mid-January, the AES 2011 annual meeting releases archived on the Newswise site were accessed by 60 staff reporters and 24 freelance writers representing the full range of professional and general public media. Ninety-seven articles have appeared to date, most in the online media, from research content presented at the meeting.

Eight informal briefings were held for the onsite media throughout the course of the Baltimore Annual Meeting. These face to face sessions between researchers and the onsite group of reporters have helped to expand the range of topics being covered. Twenty professionals participated in the briefings and follow-up interviews concerning both basic research and clinical studies.

Scientific abstracts and presentations highlighted for the media are selected for their news value and potential to advance the Society’s mission of promoting research and education of professionals. The selection begins with the initial abstract evaluations when reviewers flag particular abstracts they consider “newsworthy.” Some 100 potentially newsworthy scientific reports typically are identified at this stage.

Subsequent consideration by the Investigators’ Workshop, pediatric program, and scientific program Chairs narrows the list to about 30 abstracts and presentations as primary candidates for promotion to the media. A final list of 18 to 20 reports results from discussions with the communications staff, based upon the availability and consent of the abstract authors to participate, and upon what are believed to be of current interest to the media.

No other professional conference has as much epilepsy science as is presented at the AES Annual Meeting. The Society is currently looking into the potential of the social media to extend its outreach in bringing this information about the disorder to a wider audience.
whom they met at the breakfast on Friday morning. They then attended two symposia that day: Epilepsy Specialists Symposium and the Annual Fundamentals of Epilepsy. The fellows and mentors then met for lunch where much discussion and review took place. In addition, fellows were encouraged to attend poster or platform presentations that their peers may have been presenting.

Evaluations of the meeting and the focus groups that happened at the 2010 Annual Meeting, established a clear need to have smaller, more focused intensives. We tried that this year with three Skills Workshops on Tuesday from 1:00-2:30 p.m. The topics were: Setting Up Clinical Trials, Epilepsy Surgery Update, and Setting Up an EEG Monitoring Unit. All three were successful with the Surgery Workshop filled to capacity. For 2012 we are planning to try and build six sessions that will be in two blocks of three concurrent sessions.

At the 75th Celebration, several members were interviewed on their thoughts for the future. As for the future of epilepsy research, some comments were:

• In 75 years there will be no epilepsy research because there will be no epilepsy
• We will look back at 2011 and say that surgery was primitive
• There will be more on helping people better manage epilepsy and mental health issues
• We will stop developing drugs for diseases and do them for specific channels defined by genetics
• We are on the brink of many discoveries
• I’m optimistic that we will be able to help more people than in the past
• We are entering an era where large, global groups of scientists can collaborate allowing approaches to questions never possible before
• We will have individualized medicine based on genome and people will know ahead of time what their susceptibilities will be to diseases and treatments
• We’ve made enormous advances in basic neuroscience that are now being translated to new ways of diagnosing and treating epilepsy. The possibility of a cure is in our grasp
• Cellular therapies and restorative therapies using stem cells are very promising
• Brain stimulation for neuromodulation will become more informed and refined
• We’ll be able to manipulate cellular pathways and avoid establishing epilepsy.

They were also asked what they think AES will look like in the future.

• If we do our job, there won’t be a society like there is today. We will always need a society to train experts, though
• AES will be integrally involved in bringing new developments to the clinic, a leader in making this happen
• AES is growing and will continue to grow with more basic scientists, more nurses, more social workers and more genetics
• It’s a premier organization that gets stronger, bigger and brings to light more exciting ways of helping people with epilepsy
• Much scientific knowledge is now transmitted at meetings. In the future it will be distributed in other ways and these meetings will be more social
• An interdisciplinary organization where all professions work together to help people live better with epilepsy
• It will be instrumental in molding researchers and clinicians to come together and serve as a forum for developing innovative therapies and in offering more strategies to treat patients better.

During the meeting, the Society honored several members for their research and service. The Epilepsy Research Recognition Awards are considered the most prestigious prizes for research in epilepsy. AES gives two of these awards 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.

Ivan Soltesz, Ph.D., Professor and Chair of Anatomy and Neurobiology in the School of Medicine at University of California, Irvine, received the 2011 Basic Science Investigator Award on December 3, 2011 during the annual Presidential Symposium. Kimford J. Meador, M.D., Professor of Neurology at Emory University, and Director of Epilepsy and Director of Clinical Neuroscience Research, received the 2011 Clinical Investigator Award. Drs. Soltesz and Meador also had the honor of presenting Keynote Addresses about their research during the Annual Meeting.

(continued on page 11)
Prof. Martin Brodie, Director of the Epilepsy Unit in the Western Infirmary, in Glasgow, Scotland since 1981, proudly accepted the Society’s most prestigious professional award from President Jack Pellock, Lennox and Lombroso Fund Trustee Tallie Z. Baram and Research Recognition Award Committee Chair Bob Fisher. The William G. Lennox Award is funded through the Lennox and Lombroso Trust for Epilepsy Research and Training and 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.

The 2011 J. Kiffin Penry Excellence in Epilepsy Care Award was also presented during the Annual Meeting. Patricia Dean, M.S.N., ARNP of Comprehensive Epilepsy Center of Miami Children’s Hospital, received this recognition on December 3rd. The award, presented by President Jack Pellock and Penry Award Subcommittee Chair Cynthia Harden, recognized her lifelong focus on and genuine concern for the patient with epilepsy as well as having a major impact on patient care and improving the lives of persons with epilepsy.

Michael A. Rogawski, M.D., Ph.D. received the AES Service Award on December 3rd from President Jack Pellock and Service Award Subcommittee Chair, Samuel Wiebe. This award recognizes an AES member who provides outstanding service in the field of epilepsy and exemplary contributions to the welfare of the AES and its members.

Nominations for these awards are solicited by the Research Recognition Award Committee during the summer. Nomination packages are reviewed early in the fall and the awardees are selected based on a list of criteria. The process for nominating can be found on the website at http://www.aesnet.org/go/research/research-awards.

The vast majority completing the online evaluator are clinicians, so a separate online evaluation was promoted for the non-CME activities. This included the Investigators’ Workshops and the SIGs. In addition, a team of volunteer Ambassadors provided feedback on non-CME activities during the meeting.

Feedback from this tool included:

- This was an outstanding way to showcase our junior members who do the work in our labs
- Discussion was great and should have been longer
- Good interactive session. Need more of this type
- Extraordinary content and quality of presentation
- The reason for the overall rating of excellent is due to the importance of the new data presented
- Gained information about rapamycin and mTor that I did not know
- I would have preferred if it did not conflict with so many other important sessions
- I appreciated the format of this SIG. They did a series of debates that were appropriate for the subject matter. A lot of speakers. A little more time for audience discussion would have been good, but overall excellent
- Unfortunately the room size as with several other SIGs was not adequate.
Throughout the last year, the Board of Directors worked on an update to the Society’s Strategic Plan and Direction that would help the organization move forward as well as to evaluate itself and its leadership. With the assistance of a leadership consultant, Nancy Axelrod of NonProfit Leadership Services in Washington, D.C., they used surveys, workgroups and discussion to identify priorities.

The Board was satisfied to learn that many of the priority outcomes identified in 2009 and 2010 had been achieved. A discussion on strengthening the Mission was tabled for a future meeting, though the essence of the Mission was reaffirmed.

The main initiatives of the current Strategic Plan were reaffirmed, namely:

1. Supporting excellence in education and research.
2. Enhancing the ability of professionals to provide high quality clinical care through AES programs and services.
3. Building financial resources to achieve sustained growth and longevity.

The fourth initiative from the Plan, “Forging external relationships to raise awareness and in support of education and research on the wide spectrum of epilepsies,” was absorbed into the other three since it should be addressed under each of them.

New potential outcomes for these broad initiatives were suggested and the strategies to accomplish them were discussed. The process of identifying specific actions and prioritizing them will continue throughout the year as the Board reviews outcomes and accomplishments. This will be a living document that is updated and changed as needed.

The Plan is a matrix with many levels. For example, one of the priority outcomes under the first Initiative (Research & Education) is “to ensure the future of clinical and basic science research by increasing sources of funds.” The strategy to accomplish this initiative is to increase the research and training budget from $600,000 to $1,200,000. To achieve that goal, several outcomes were proposed. One is to create a task force to identify and develop strategic alliances with entities and individuals who can provide statistics and analysis. Another proposed outcome is to regularly assess research priorities through NINDS Benchmarks. That particular strategy has eight proposed outcomes. The specific actions that will need to happen to accomplish these outcomes are currently being developed and prioritized. Each action will be assigned to a Committee, Task Force or Work Group with milestones to ensure it is completed in a timely manner.

Following is a chart with the three top levels of the matrix so you can see where the organization is going and where you might fit in.

The Board will be sharing the Plan and the action assignments with Committee Chairs later this spring.

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

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**Strategic Plan Matrix**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Take a more active role in advocacy for research dollars</td>
<td>1. Seek Partnerships with other organizations</td>
</tr>
<tr>
<td>#2 Ensure the future of clinical and basic science research by increasing sources of funds.</td>
<td>1. Increase research and training budget from $600,000 to $1,200,000</td>
</tr>
<tr>
<td>#3 AES will attract and embrace talented fellows and allied professionals in diverse forms of training through support of AES</td>
<td>1. Provide Support for increased number of new professionals to come to the meeting</td>
</tr>
<tr>
<td>#4 AES will make all educational material available electronically</td>
<td>1. Define audience that our educational material will be of interest to</td>
</tr>
<tr>
<td>#5 AES will grow its official journal: Epilepsy Currents</td>
<td>1. Develop a longer term vision for the journal</td>
</tr>
<tr>
<td>#6 AES will produce, generate and disseminate policies, guidelines, practice parameters, and checklists to its members and other stakeholders</td>
<td>1. AES will conduct the annual Epilepsy specialist course at the AES meeting and at AAN</td>
</tr>
<tr>
<td>#7 AES will target professional education by level</td>
<td>2. Inventory all AES materials and mediums: web site, Epilepsy Currents, professional connections, membership database</td>
</tr>
<tr>
<td>#8 AES will develop policies, guidelines and practice tools</td>
<td>3. Collaborate with other organizations to leverage assets</td>
</tr>
<tr>
<td>#9 AES will look at inventory of programs to improve access to epilepsy information</td>
<td>4. Develop policies, guidelines and practice tools</td>
</tr>
<tr>
<td>#10 AES will look to more year round programs</td>
<td>5. Look to more year round programs</td>
</tr>
<tr>
<td>#11 AES will develop and measure of all educational activities</td>
<td>6. Development of metrics and measurement of all educational activities</td>
</tr>
<tr>
<td>#12 AES will develop and measure of all educational activities</td>
<td>1. Investgate non-traditional sources of funding outside of corporate funding</td>
</tr>
<tr>
<td>#13 AES will develop and measure of all educational activities</td>
<td>2. Leverage our partnerships to increase research, training and education support</td>
</tr>
<tr>
<td>#14 AES will continue to increase its visibility</td>
<td>3. Identify ways to generate new revenue from existing programs</td>
</tr>
<tr>
<td>#15 AES will develop and measure of all educational activities</td>
<td>1. Revisit internal and external communications strategy</td>
</tr>
<tr>
<td>#16 AES will lend its voice to encouraging new treatments for patients</td>
<td>2. AES will lend its voice to encouraging new treatments for patients</td>
</tr>
<tr>
<td>#17 AES will grow and energize talented volunteers and staff leading to a sustained workforce</td>
<td>3. Assign councils and committees with priorities from strategic plan</td>
</tr>
</tbody>
</table>
Clinical Nursing
Madona Plueger, M.S.N., RN, CNRN, ACNS-BC and Gigi Smith, M.S.N., APRN, CPNP
The 2011 Clinical Nursing SIG was a great success. Five of the six nursing poster award recipients presented a summary of their respective poster and entertained questions and comments from an audience of close to 50 registered nurses and advanced practice nurses.

The topics presented were:

- Adult Treatment Issues in Epilepsy
  - Kristen Fowler – Hormonal versus non-hormonal contraception effects on seizures in women with epilepsy: Interim data from the Epilepsy Birth Control Registry
  - Diane Teagarden – Low Vitamin D Levels Are Common in Patients with Epilepsy

- Pediatric Treatment Issues in Epilepsy
  - Angie Elia – Epilepsy Surgery in Children with Intellectual Disabilities

- Clinical Care Issues for Persons with Epilepsy
  - Laura Jurasek – Development and Implementation of a Nurse Practitioner-led Pediatric Emergency Seizure Clinic
  - Jane Von Gaudecker – Medical Personnel Survey of Social Attitude about Epilepsy Patients

This format will again be used in 2012 with minimal changes. One lesson we learned is to request the presentations prior to the SIG so they are ready to go once the SIG begins. We also have discussed the possibility of opening it up to two additional nursing poster presenters, as there was ample time for this. Another idea we are considering is to have the last 30 minutes include a workshop on research. This workshop could assist presenters and audience participants to identify barriers and productive solutions for future and ongoing epilepsy nursing research. The presenters have commented that even simple quotes from the audience this year helped them as they prepared to stand and present their posters in the Exhibit Hall. In addition, other participants commented they could see themselves taking on a research or evidence-based project regarding epilepsy.

Quality, Safety and Value
Jeffrey W. Britton, M.D.
The Quality, Safety and Value SIG introduced the concept of “value” and how this concept could be applied in determining quality and safety initiatives in epilepsy care. “Value” is similar in concept to cost-effectiveness, and has been expressed by some as the quotient: Value = Quality (outcome, safety, patient satisfaction) / Cost.
Examples of value-oriented research were provided, as were potential ideas for future projects. Value as applied to epilepsy neuroradiology processes were presented by Dr. Karl Krecke, M.D. (epilepsy radiologist and radiology quality Chair) to provide further examples. Suicidality was expressed by some as the quotient: Value = Quality (psychiatrist and suicidologist). Also, the epilepsy monitoring safety literature and potential epilepsy monitoring safety metrics were discussed by Dr. Nathan Factorn, M.D. Many attendees stayed after the scheduled time to ask the speakers questions, and there were requests for slides to be made available on line. PDFs of the slides shown in the Quality, Safety and Value SIG are now available in the

Neuropharmacology
Jeannine Conway, Pharm.D. and Scott Mintzer, M.D.
The Neuropharmacology SIG meeting was held on Sunday, December 4 with approximately 90 attendees. The meeting included three presentations focusing on different aspects of the Cytochrome P450 enzyme system and their role in endogenous metabolic pathways and antiepilepsy drugs. Many of the drug-drug interactions observed with AEDs are due to their involvement with the P450 enzyme pathways; however, involvement of these enzymes in endogenous pathways also plays a significant role regarding what may be observed in clinical practice. Gail Anderson, Ph.D. provided the group with an overview of cytochrome P450 enzymes that are present in a number of drug and endogenous metabolic pathways such as steroids, Vitamin D, cholesterol and others. Dr. Anderson reviewed the nuclear receptors (PXR and CAR) that regulate the P450 genes and that have a role in enzyme induction observed with administration of enzyme-inducing AEDs. The current data available regarding AED effects on bone health, Vitamin D, and female reproduction function was presented by Alison Pack, M.D. Finally, Scott Mintzer, M.D. presented the current data available surrounding the effects of enzyme-inducing AEDs on lipids, vascular risk markers, and male reproductive function. The speakers provided outstanding updates and highlighted current gaps that limit our ability to understand the impact of enzyme-inducing AEDs on enzymatic pathways beyond their primary pharmacological mechanisms. The session ended with a thoughtful panel discussion involving the attendees and the session faculty regarding the implications of the findings for management of epilepsy patients. Positive reviews were obtained online from attendees.

MEG SIG
Jerry J. Shih, M.D.
This year’s MEG SIG adopted a debate format to address two controversial topics that encompass basic science, effective practice patterns, and potentially the future of MEG vis-a-vis other neuroimaging modalities. Michael Weisend of the University of New Mexico and John Mosher of Cleveland Clinic debated whether the equivalent current dipole in a spherical volume conductor model is adequate for clinical epilepsy studies. They ultimately agreed that while other modeling techniques may be more accurate in certain situations, the single ECD model was adequate for most clinical studies on epilepsy patients. William Gaillard of the NIH / Children’s National Medical Center and John Ebersole of the University of Chicago discussed if fMRI can do everything that simultaneous EEG / MEG can, but better and cheaper. The weight of the evidence presented showed these two modalities had unique strengths, and that fMRI is currently not a replacement for MEG.

(continued on page 15)
Tumor-Induced Epilepsy
Jeffrey Pollsky, M.D., FRCP(C) and Theodore Schwartz, M.D., FACS

Tumor-induced epilepsy was a new SIG at the 2011 AES meeting in Baltimore. Nearly 100 members attended the early evening session, which featured discussions on medical and surgical approaches to tumors, morphologic differences in tumor patients with and without seizures, and epileptogenicity of tumors according to tumor type and location.

Tumor-induced epilepsy is a complicated and challenging topic for several reasons: it bridges not only two distinct neurologic sub-specialties (epilepsy and neuro-oncology) but also neurosurgery, neuroradiology, and medical and radiation oncology, and behavioral neurology and psychiatry; the patient population is at risk for and often has significant co-morbidity because of the dual diagnoses of brain tumor and epilepsy, and the need for multiple medications and treatment types. This is also an equally difficult topic to study and published data is scant: patient data is difficult to collect, coordinate, and stratify because a) multi-disciplinary care is required, b) there are different (and even potentially competing) approaches to patient care among sub-specialties, c) multiple treatment modalities are employed, d) there are multiple different tumor types, and e) patient survival is variable.

There are two primary goals of this SIG: first to raise awareness within the epilepsy community of tumor-induced epilepsy; second to develop a network of clinicians and scientists interested in developing a network to study and advance the care of patients with tumor-induced epilepsy.

Over the course of 2012, we aim to establish a core group of individuals (from private practice and academic institutions alike) that will form the Tumor-Induced Epilepsy Research & Education Network. Brain tumors represent a unique model of symptomatic focal epilepsy. This network will provide the infrastructure for the study of these related sub-fields in neurology, neurosurgery, oncology, radiology, and neuropsychiatry, including the generation and critique of ideas, and the necessary facilitation vis-à-vis data access and funding. Over time, this network will also be expected to develop a clinical advocacy arm that will work with patient advocacy groups to enhance patient access to medical care and education.

The focus of the 2012 session will be how to conduct meaningful and ethical research to advance our understanding of the field and our ability to care for brain tumor patients (with and without seizures). The SIG will include discussions on anti-seizure drug trials; effects of various treatment modalities on tumor growth, recurrence, and epileptogenicity; ways to utilize resected tissue (e.g., established and new brain tissue banks); relationship of tumor development to neuronal network function (including epileptogenesis, functional and dysfunctional reorganization, and cognitive function); functional mapping and neuro-imaging.

If you are interested in participating in this network, please join the Tumor-Induced SIG discussion group in Professional Connection. Likewise, if there are other research topics of interest for the 2012 SIG, please contact us.

Women’s Issues in Epilepsy
Coordinators: Lisa M. Bateman, M.D., FRCP and Mary L. Zupanc, M.D.
The 2011 Women’s Issues in Epilepsy SIG focused on the care of women in the reproductive age, with updates on topics pertinent to both adult and pediatric specialists managing patients in this population. Dr. Cynthia Harden spoke on contraceptive management for women with epilepsy and also briefly discussed the results of the Phase 3 NIH progesterone trial. Dr. Martha Morrell gave a presentation on sexual dysfunction and its management. Dr. Georgia Montouris, one of the Co-Chairs of the AED Pregnancy Registry SIG, gave a brief update on new information arising from AED pregnancy registries. Finally, Dr. Page Pennell spoke on the management of seizures in pregnancy. Attendance at this SIG was standing room only, with the majority of participants staying through all of the presentations despite this. Following the presentations, there was an extended and lively discussion session with the speaker panel and several audience participants.

In keeping with the enthusiasm for this year’s panel discussion session, the 2012 Women’s SIG will focus on case-based vignettes with expert opinions and an interactive panel discussion on controversial issues in the management of women with epilepsy.
CALENDAR OF EVENTS

March 21 – 25, 2012
9th Asian and Oceanian Epilepsy Congress
Manila, Philippines
http://www.epilepsymanila2012.org/

April 21 – 28, 2012
64th AAN Annual Meeting
New Orleans, LA
http://www.aan.com/go/am12

May 6 – 10, 2012
Eleventh Eilat Conference on New Antiepileptic Drugs (Eilat XI)
Eilat, Israel
http://www.eilat-aeds.com/XI/

June 21 – 23, 2012
1st African Epilepsy Congress
Nairobi, Kenya
http://www.epilepsynairobi2012.org/

June 21 – 24, 2012
Partners Against Mortality Conference (PAME)
Chicago, IL
http://www.aesnet.org/pame

September 30 – October 4, 2012
10th European Congress on Epileptology
London, UK
http://www.epilepsylondon2012.org/

October 13 – 17, 2012
Society for Neuroscience Annual Meeting
New Orleans, LA

October 31 – November 3, 2012
Child Neurology Society Annual Meeting
Huntington Beach, California
http://www.childneurologysociety.org/annual_meeting

November 30 – December 4, 2012
66th AES Annual Meeting and 4th Biennial North American Regional Epilepsy Congress
San Diego, CA
http://www.aesnet.org

This three-day learning event is the first Partners Against Mortality in Epilepsy (PAME) Conference devoted predominantly to Sudden Unexpected Death In Epilepsy (SUDEP), where clinical, basic science and patient / family attendees will come together to understand and support each other. This is a joint effort of SUDEP Coalition partners (AES, CDC, CURE, EFA. ETP / FACES, NINDS, SUDEP Aware) with meeting coordination and production by the American Epilepsy Society. Please visit www.aesnet.org/pame for more information.