The 2013 Annual Meeting is fast approaching. The Annual Meeting Brochure is available on the AES website. The Annual Meeting registration and housing reservations may also be done via the AES website. Visit www.AESnet.org.

Abstracts
All regular submitted abstracts will be available on the AES website in early November. All abstracts will also be published in the online Epilepsy Currents supplement which will be available in the first quarter of 2014.

ePosters – Available this year!
If you are presenting a poster at the 2013 AES Annual Meeting, this is a friendly reminder that you may upload your poster as a PDF file for others to view. The ePoster link was included in your abstract acceptance notice and ScholarOne will also be sending an email reminder which will contain the link to upload your ePoster. All ePosters will be available on the AES website after the Annual Meeting.

Featured Abstracts
Two platform presentations were chosen from all selected abstracts for these two special honors:

- Dreifuss Honor – On Monday, December 9 at 3:45 p.m., Zhong Wang, Ph.D. will present Platform A.01 entitled “Voxel-based Morphometric MRI Post-processing in “Nonlesional” Pharmacoresistant Focal Epilepsies.”

  The Fritz Dreifuss Epilepsy Fund honors the leadership and passion that Dr. Dreifuss brought to the care of his patients, research and the mentoring of young physicians.

- Goldberg Kaufman Honor – On Monday, December 9 at 5:00 p.m., Elizabeth Andresen, Ph.D. will present Platform B.06 entitled: “Mood and...”

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FROM THE PRESIDENT

As my presidential year draws to a close, I would like to update you on AES activities to date. It has been a great year, and I truly thank you for the opportunity to serve. There have been both new challenges and new and exciting opportunities at AES. I believe we have grown and changed in very positive directions. Here are some highlights of what has been happening.

The Nominating Committee just completed its work and you can now vote to support the candidates by going to http://www.AESnet.org/vote. Using your suggestions for good candidates and input from the Board on needed competencies, the committee had several lively discussions before arriving at this year’s nominees. We congratulate the nominees, all of whom have already contributed enormously to the field.

Over the last year, plans have been made to upgrade our Society’s website and expand the online education capability. The new online Epilepsy Learning Institute will be launched this fall with a Self-Assessment Exam that can help prepare you for the upcoming epilepsy boards. More online courses will be announced as they become available. If all goes according to plan, the website will be re-launched with a new look and improved navigation during the Annual Meeting. The new look includes a new logo and color scheme which the Leadership had a great deal of input in. I can’t express how much the leadership and the Society owes to the members who dedicated many hours to reviewing and organizing content and who continue to work on developing new content. I look forward to your feedback on the new site.

Due to several challenges including reductions in available funding for pre- and post-docs and the intersection of big projects, such as the website and Learning Institute and the Executive Director search process, developing a realistic budget was a challenge this year. Our fiscal year begins July 1 and we finally approved a budget in mid-August. My thanks to the staff and the Budget and Audit Committee for their creativity and willingness to search for solutions.

Research funding continues to be a challenge as we learn of shortfalls from community partners. The Research & Training Committee and the Board are looking at ways to reallocate funds within our current budget to help alleviate some of the shortfall.

As we announced earlier this year, our beloved Executive Director, Suzanne (Sue) Berry, has decided to step down from that position. After an exemplary 23 years at the helm we reluctantly accepted her decision and began the process to find a new Executive Director. The process began in late spring and we are hoping to have a new Executive Director in place by the end of the year. Sue is not retiring, but wanting to pursue some new professional challenges. We wish her all the best and look forward to staying in touch with her.

This year we have learned that the Centers for Medicare & Medicaid Services have proposed cuts in reimbursements to a number of EEG procedures and services that many of our members provide. The cuts would impact reimbursement for technical fees in the private practice setting. Our Advocacy Committee is working with the Epilepsy Foundation and the American Academy of Neurology to protest these cuts, but also to determine exactly how these cuts might impact our members, the timing of potential cuts, and what members can do to prepare.

This has been an active year for other advocacy issues as well. The AES Advocacy Committee and the Joint AES / EF Advocacy Committee...
Report from the Nominating Committee

We are delighted to announce an outstanding group of nominees for the AES Officer and Board of Director positions for the coming year. These nominees were the result of your response to the “Call for Nominations” sent to members in June.

Every attempt has been made to provide a balance of representation by selecting members with a variety of backgrounds, professional interests, and depth of experience in AES activities. The following criteria were used:

- Second Vice President Nominee: has served on the Board previously as either a full board member or ex-officio member, and / or has served as a committee chair;
- Board Member Nominee: has served on the Board previously, and / or has served as a committee chair; and / or has served as a member of an active committee;
- Nominating Committee Nominee: has served on the Board, and / or has served as a committee chair; and / or has served as a committee member.

Below is the list of the recommended nominees and brief biographies. Ballots have been distributed electronically and by mail to those without email addresses. Please continue to participate indicating your support for these candidates by submitting your completed ballot.

Installation of these nominees will take place at the Annual Business Meeting held during the Annual Meeting in Washington, D.C. on Sunday, December 8, 2013 during the Annual Business Meeting at 8:00 a.m. All members are encouraged to attend.

The 2013 Nominating Committee
John M. Pellock, M.D., Chair
Tallie Z. Baram, M.D., Ph.D.
Howard Goodkin, M.D.
Frances E. Jensen, M.D.
Jaideep Kapur, M.D., Ph.D.

Second Vice President Nominee
Michael D. Privitera, M.D.

Dr. Michael Privitera is Professor of Neurology at the University of Cincinnati and has headed the Epilepsy Center at the University of Cincinnati Neuroscience Institute for more than 25 years.

Dr. Privitera is an internationally recognized expert on advanced treatments for epilepsy and has dedicated his career to investigating new treatments and caring for people with epilepsy. He established the Epilepsy Center over 25 years ago as the first comprehensive epilepsy program in the region. He has published over 100 scientific articles and a book on epilepsy, and has directed over 50 clinical studies on epilepsy treatment.

Dr. Privitera received his undergraduate degree from Johns Hopkins University and his medical degree from the State University of New York-Upstate Medical Center. He completed his residency at Georgetown University and a fellowship at the University of Texas Southwestern Medical Center. He has received numerous awards and honors during his career.

He has served the American Epilepsy Society on many committees, has directed the Annual Course and for the past five years has served on the AES Executive Committee as Treasurer.

Board of Directors Nominees
Bruce Hermann, Ph.D.

Dr. Bruce Hermann is Professor in the Department of Neurology at the University of Wisconsin School of Medicine and Public Health, and Director of the Charles Matthews Neuropsychology Section.

Dr. Hermann obtained his Ph.D. from the Illinois Institute of Technology in Experimental Psychology in 1977 and has worked at the University of Illinois Medical Center in Chicago (1978-1985), University of Tennessee – Memphis and Semmes-Murphey Clinic (1985-1995), and the University of Wisconsin (1995+). His broad research interests include the cognitive and behavioral complications of the epilepsies and the outcomes of epilepsy surgery. Of particular interest have been the neuropsychological outcomes of anterior temporal lobectomy and the alterations in surgical techniques that may minimize morbidity to memory and language, the impact of chronic epilepsy on the course of cognitive and brain aging, and most recently the effects of childhood onset epilepsies on cognitive and brain development. He has served previously on the boards of the American Epilepsy Society (AES) and the Epilepsy Foundation (EF) where

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AES / NINDS Epilepsy Research Benchmarks Stewards

By Brandy Fureman, Ph.D.

The Epilepsy Research Benchmarks Stewards are a group of epilepsy researchers who have volunteered to track and promote progress in areas highlighted by the NINDS Benchmarks for Research on the Epilepsies. Beginning in 2014, this group will be an AES Committee, and new stewards will be selected from among interested AES members. The Stewards Committee will prepare and publish reviews of progress relevant to the 2014 NINDS Benchmarks for Research on the Epilepsies, which are being developed based on input received before and during the April 2013 conference, “Curing the Epilepsies: Pathways Forward.”

The stewards may also choose to engage in other activities related to the benchmarks, such as symposia or additional publications. New stewards will serve three-year terms and should be current AES members at or beyond the assistant professor career stage, or equivalent. Research expertise is particularly needed in the areas of non-genetic causes of the epilepsies, epileptogenesis in acquired epilepsies, animal models and biomarkers, epilepsies and their treatment in specific populations such as women, children, and the elderly, and translational research toward antiepileptogenic, disease modifying, or anti-seizure interventions.

To indicate your interest in joining this committee, please go to your Profile in Professional Connections on the AES website, www.AESnet.org. Scroll down to “Take An Active Role.” Click on the gear symbol to edit and select the Benchmarks Committee.

National Walk For Epilepsy 2014 – Start Planning!

Illustrative of their motto: It is never too soon, TEAM NEREG (Northeast Regional Epilepsy Group) has already begun recruiting for their 2014 National Walk for Epilepsy Team! Consider this a wake-up call for those of you who had considered adding your name to the growing list of TEAM CAPTAINS, and mark your calendars for Saturday, March 22nd. The Epilepsy Foundation, a true partner to AES, returns all proceeds collected by AES TEAMS, allowing us to direct those funds to our research and training programs. So . . .

1. Pick your favorite fund
   • The New Initiative Fund
   • The Fritz Dreifuss Epilepsy Fund
   • The Rebecca Goldberg-Kaufman Ethical Neuropsychiatry Award Fund
   • The Lennox and Lombroso Trust
   • The J. Kiffin Penry Fund
   • The Susan S. Spencer Fund

2. Sign up to be a Team Captain
3. Recruit your Walkers . . . actual and / or virtual

ASET to Host a One-Day Course in Conjunction with the American Epilepsy Society 67th Annual Meeting in Washington, D.C.

Making an LTM / ICU Monitoring Program Work: Technical Aspects is a one-day course taking place on Sunday, December 8 at the Washington Convention Center in conjunction with the AES 67th Annual Meeting. The goal of the course is to ensure that participants are able to provide an ideal environment for a comprehensive epilepsy evaluation. To accomplish this goal, caregivers must have an in-depth understanding of the features of EEG/video recording equipment and techniques that will optimize the process and increase the efficiency and accuracy of the recording session. Our course objectives will enable caregivers in the Epilepsy Monitoring Unit and the Neurological Intensive Care Unit to provide the highest quality patient experience. Our target audience is neurodiagnostic technologists, nurses who work with patients in long-term monitoring (LTM) and neurological intensive care units, and physicians with an interest in setting up and managing an LTM or neuro-ICU telemetry unit. The registration fee is $120. Please visit www.aset.org to view the meeting schedule, registration form, faculty profiles and course objectives.
Epilepsy Foundation National Walk and Advocacy Conference Highlights Strong AES Partnership

By Angela M. Ostrom, Esq., Vice President Public Policy and Advocacy

World Changers: Art of Innovation Gala
Join the Epilepsy Foundation and the American Epilepsy Society for an elegant evening to honor Dr. Steve Schachter for his innovative work in providing a means of expression for those living with epilepsy through the creation of art. The event will be held on Friday, December 6 at the Grand Hyatt in Washington, D.C. For more information about the evening, please contact the Epilepsy Foundation at gala@efa.org. Come out and celebrate the arts.

Generic Drug User Fee Amendment
The Epilepsy Foundation and AES provided comments to the Food & Drug Administration (FDA) on the Generic Drug User Fee Amendments of 2012 (GDUFA) and its regulatory research science plan related to bioequivalence and epilepsy drugs. For many people living with epilepsy, access to physician-directed care is critical for maintaining seizure control. For some individuals forced to switch medications, from brand to generic, or between generics, the change leads to a return of uncontrolled seizures and the associated complications and healthcare costs. The Epilepsy Foundation has joined with the FDA, the National Institutes of Health, and the American Epilepsy Society to collaborate on research that can help address safety, efficacy, and quality concerns on generic substitution of anti-epilepsy drugs. The Foundation’s comments focused on the need for pharmacokinetic studies and evaluation of anti-epilepsy drugs to remain on the agency’s GDUFA Regulatory Science Plan as a priority for 2014. We are very pleased to report that anti-epilepsy drugs (AEDs) were one of the most frequently mentioned topics received by the FDA! We commend the FDA for its inclusion of epilepsy research as a priority for FY2014 GDUFA research. With this move, the FDA will continue to look into bioequivalence for AEDs as well as looking into pharmacokinetic studies and evaluations. We are very excited that epilepsy remains a priority and look forward to the results of the work to be done by the FDA in the coming year. Read more: www.efa.org/advocacy.

Drug Enforcement Administration
The Epilepsy Foundation, AES, and others submitted a letter to the Drug Enforcement Administration (DEA) calling on the agency to change its policies regarding new drug approvals. After the Food and Drug Administration (FDA) approves a drug for use, the DEA must then evaluate the drug and label it with the controlled substance schedule. The DEA’s evaluation process has not been made public and the time it takes to complete can vary significantly. These delays negatively impact the epilepsy community as they must wait for DEA approval before gaining access to drugs approved by the FDA. Every second they wait is another second some must live with intractable or uncontrolled seizures.

To read more about our letter to the FDA or to send a message yourself please go to http://www.epilepsyfoundation.org/getinvolved/advocacy/DEA.cfm.
Professional Development at AES
Friday, December 6

Want to become more involved in AES but not sure where you fit in? Plan your arrival in Washington, D.C. to attend “Professional Development at AES: A Program for Junior Members and Those in Transition” on Friday, December 6 from 1:30 to 3:00 p.m. This informative session will cover how AES is structured and how you can become involved. You will hear from junior AES members who will share their stories and experiences. You will also have the opportunity to meet informally with these members, as well as AES leaders and Committee Chairs to determine where you will best fit in the organization.

Annual AES Mentoring Session for Junior Investigators
Saturday, December 7
7:00 a.m. – 8:30 a.m.

The Annual Meeting will again include an opportunity for epilepsy researchers to be assigned a mentor. The goal of the program is to foster careers of young investigators by matching them with experienced clinical or basic science research mentors for a single one on one mentoring session.

The session is an opportunity for personalized discussions between a junior investigator and a more senior researcher in a related area of research to discuss an area of interest to the mentee. Potential topics include obtaining funding in epilepsy research (discussion of specific aims, review of summary statements); scientific writing and manuscript review; general career development / curriculum vitae review; advice on changes in career path, job searches and job talks; negotiating resources; and networking in the epilepsy field.

The program is targeted to fellows, postdoctoral researchers, instructors, and assistant professor level junior faculty. Epilepsy professionals at the associate professor or professor level are encouraged to volunteer to serve as mentors. The AES Mentoring Task Force will match mentees and mentors according to research interests, background, and career development needs. In order to ensure an appropriate match, we urge AES senior members to volunteer. Those who participated last year were very enthusiastic about the experience. (Last year’s mentees are welcome to apply again this year.)

Please share this announcement with junior investigators and potential mentors in your laboratory or department. The deadline for application is November 1, 2013. Questions can be sent to Cheryl-Ann Tubby, ctubby@AESnet.org.

To apply as a MENTEE, click here: https://www.surveymonkey.com/s/2013MenteeSignUp
To volunteer as a MENTOR, click here: https://www.surveymonkey.com/s/2013MentorSignUp
Self-Assessment Exam Available

In response to ABPN’s approval of a subspecialty certification in epilepsy (which will require successful completion of an ABPN examination), AES has developed a Self-Assessment Examination (SAE) targeting topics identified in the ABPN blueprint for the Epilepsy certification examination. The SAE will allow participants to identify areas in which further study in preparation for the ABPN examination may be useful, and will provide annotated answers, including relevant citations from peer-reviewed publications. The SAE can also serve as a self-assessment tool as mandated for Maintenance of Certification in neurology and in epilepsy. Completion of the SAE and review of the annotations will provide up to 8.0 Category 1 CME / MOC credits.

Partners Against Mortality in Epilepsy

In June 2012, Partners Against Mortality in Epilepsy (PAME) held its first three-day conference devoted predominantly to Sudden Unexpected Death In Epilepsy (SUDEP), where clinical, basic science and patient / family attendees came together to understand and support each other. This was 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. Archived sessions are available at http://www.AESnet.org/pame/.

The next conference is planned for June 19-22, 2014 in Minneapolis, MN. Housing and registration will open in January 2014.

Free Online Medical Education Series on Safety in the EMU

The American Epilepsy Society (AES) and the National Association of Epilepsy Centers (NAEC) is pleased to announce a free online continuing medical education series “Safety in the Epilepsy Monitoring Unit.” This specially structured learning presentation is intended to educate healthcare providers on the best ways to create a culture of safety in the epilepsy unit. Meant for all members of the epilepsy team, including physicians, nurses, EEG technologists, pharmacists, social workers, and any other staff in the unit, this program presents best practices as identified by a group of national experts in epilepsy.

“The relationship between how cohesively epilepsy monitoring units function and how effectively they can address the unique needs of their patients should not be understated,” says Patricia O. Shafer, R.N., M.N., Beth Israel Deaconess Medical Center and Content Chair for EMUCaring. “The finer attention that is paid to this relationship the greater probability of improved safety outcomes.”

The online program consists of seven modules addressing topics such as Seizure Observation, Environment and Activity, Managing Seizures and Comorbidities, and Preparing for Transition to Outpatient Care. For ease of learning, each module can be completed independently. Throughout the course, videos, slides and commentary provide practical information and guidance. This tool can be used for continuing in-service education and as a training tool for new members of the team. At present, the program has been approved for physicians, nurses and technologists to receive up to a maximum of 3.5 continuing education credits by the Accreditation Council for Continuing Medical Education (ACCME), EduPro Resources LLC (EDUPRO), and ASET – The Neurodiagnostic Society.

For more information on “Safety in the EMU” visit www.emucaring.org.
Women with Epilepsy Across the Life Cycle: Impact of Genetics and Brain Physiology
Coordinators: Danielle Andrade, M.D., M.Sc. and Mona Sazgar, M.D.

This program will be divided in two parts. In the first section the focus is on genetic causes of epilepsy in girls and how they are affected throughout their life cycle. The second part of this SIG will discuss our current knowledge about the physiologic changes in the brain during a menstrual period and the role it may play in pathogenesis of seizure exacerbation in women with catamenial epilepsy and its treatment implications.

Some forms of epilepsy affect only or predominantly women. These conditions are mostly genetically determined. Given the recent advances in genetic technology and genetic testing, the epileptologist is now able to diagnose such patients more easily. However most of us did not receive any training to manage these genetic epilepsies. Dr. Ingrid Scheffer and Dr. Danielle Andrade will discuss the clinical characteristics of genetically determined epilepsy affecting women only. When to think of these diagnoses? How are the seizures in these conditions? What other neurological, psychiatric and systemic problems are associated? What is the best treatment? These issues related to genetically determined epilepsy in women will be reviewed in the first part of the session.

In up to 70% of women with epilepsy, seizures exacerbate with menstrual fluctuation of sex hormones. In the second half of this SIG, the speakers will discuss the role of sex hormones in pathogenesis of seizure exacerbation in catamenial epilepsy and whether the response to treatment can be predicted. They will also address the effects of antiepileptic drugs and seizures on reproductive function from puberty to menopause. There will be an interactive discussion regarding how we can use our knowledge of complex interactions between seizures, sex hormones, seizure medications and brain physiology to implement meaningful treatment approaches for women with epilepsy.

Quality, Value and Safety
Coordinator: Jeffrey W. Britton, M.D.
Speakers: Jeffrey W. Britton, M.D., F. M. Cutrer, Erik K. St. Louis, M.D., Katherine Noe, Ph.D.

There is increased emphasis on quality of care metrics and safety in medical care. Any metric brings with it practical challenges as to how it will be efficiently captured and tracked from medical record systems, and an understanding of extraneous factors which may affect it. First, a novel system using data entry during history-taking will be demonstrated, which allows simultaneous data capture and note generation. Such systems could be used to facilitate quality control and clinical research, as well as saving on transcription resources. Second, to address confounding factors affecting quality of life measures in epilepsy, results of quality of life data obtained in the interictal state following medication reduction in an EMU environment will be presented. The speaker will discuss impacts of AED side effects, mood state, seizures and sleep co-morbidities on quality of life measures. Third, an update on EMU safety initiatives will be presented.

Cognitive / Behavioral Approaches for Treatment of Epileptic Seizures and PNES
Coordinators: Steve Schachter, M.D. Siegward Elsas, M.D., Lauren Frey, M.D., Marcio Sotero De Menezes, M.D. Rosa Michaelis, M.D.; Proposed Speaker: Dr. Curt LaFrance

Medically-refractory epilepsy and persistent psychogenic nonepileptic seizures represent a substantial fraction of patients seen in epilepsy practices worldwide. Factors that can increase the likelihood of both epileptic and psychogenic nonepileptic seizures can overlap and successful treatment options can be few in either case, despite the high prevalence and disabling nature of these disorders. Literature suggests that adjunctive behavioral treatment approaches that investigate multiple factors underlying seizure activity can lead to proactive strategies for avoiding seizure triggers which may also facilitate the transition of an individual’s sense of self-identity from “chronically ill” to “normal” and “being in control.”

This group session aims at offering a platform which gives practitioners an opportunity to exchange tools that will allow them to implement elements of cognitive behavioral

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interventions in their clinical practice. Dr. Curt LaFrance will present work from a soon to be published workbook authored by the Andrews / Reiter Epilepsy Treatment Program, “Taking Control of Your Seizures.” The workbook’s multi-modal counseling intervention and the challenges of integrating this approach into an in-patient / ambulatory setting will be discussed.

**Tumor-Induced Epilepsy**
Coordinator: Jeffrey Politsky, M.D.

This year marks the third year of the tumor-related epilepsy SIG. The first year included discussions on medical and surgical approaches to treatment. Last year speakers provided theories on mechanisms underlying tumor inhibition and epileptogenesis. This year the focus will turn exclusively to pediatric tumor-induced epilepsy. Participants are also encouraged to provide challenging clinical cases in advance for discussion during the SIG.

1) “Epilepsy and pediatric low-grade tumors”; Roger J. Packer, M.D. Senior VP, Center for Neuroscience and Behavior Medicine. Director, Brain Tumor Institute; Director, Daniel and Jennifer Gilbert Neurofibromatosis Institute DC Children’s Hospital Professor, Neurology & Pediatrics George Washington University

2) “Epilepsy and brain tumors in children: important neuroimaging characteristics”; Harry T. Chugani, M.D. Professor and Chief, Pediatric Neurology, Rosen Professor of Neurology Director, PET Center Children’s Hospital of Michigan Wayne State University School of Medicine

3) “Surgical approach to pediatric tumor-related epilepsy”; Jeffrey P. Greenfield, M.D., Ph.D., Director, Children’s Brain Tumor Project, Weill Cornell Medical College

4) “Basic mechanisms of pediatric tumor-related epilepsy”; Jong M. Rho, M.D. Professor of Pediatrics and Clinical Neurosciences, Dr. Robert Haslam, Chair in Child Neurology, University of Calgary Faculty of Medicine Chief, Section of Paediatric Neurology, Alberta Children’s Hospital

**Psychiatry in Epilepsy: Epilepsy Comorbidity Profiles: Treatment Targets**

Coordinators: Rochelle Caplan, M.D. and John Barry M.D.

Despite extensive evidence on the comorbidities of epilepsy and their impact on quality of life, resources are limited to conduct comprehensive assessment and treatment of the inter-related psychiatric, cognitive, linguistic, and social comorbidities of many epilepsy patients. To address these unmet needs, this year’s Psychiatry in Epilepsy SIG has two main goals. The first goal is to inform the audience about the different comorbidity profiles and how to determine which individuals are in most need for treatment of the comorbidities. The second goal is to introduce participants to cognitive rehabilitation techniques and cognitive behavior treatment (CBT) that modify the comorbidity profile and improve the functioning and quality of life of epilepsy patients across the ages.

Dr. Caplan will briefly describe how to screen for the comorbidity profile across the ages and identify patients most in need of intervention. Drs. Lin and Barry will talk about cognitive rehabilitation and psychiatric treatment, respectively, in adults with epilepsy. Dr. Berl will discuss cognitive rehabilitation for working memory deficits, and Dr. Jones will describe CBT in children with epilepsy with anxiety disorders. After these brief presentations, how best to treat two complex cases, one adult and one child, will be the focus of discussion by the speakers and audience.

**Ictal Semiology**

Coordinators: Felix Rosenow, M.D. and Charles Akos Szabo, M.D.

“Ictal Semiology” will be held on Saturday, December 7, at 6:15 p.m. at the 2013 Annual Meeting of the American Epilepsy Society. Ictal semiology is defined by subjective and objective changes in perception, consciousness and motor behavior associated with an ictal electroencephalographic discharge. In spite of improved electrophysiological and neuroimaging technologies, understanding ictal semiology remains the clinically most specific and cost-effective factor in epilepsy diagnosis and surgical management. Several challenging clinical cases will be presented, in which ictal semiology provides a defining feature in diagnosis and localization of the epileptogenic zone. This will be an interactive SIG, in which the audience is invited to participate in the discussion of semiology, diagnosis and management.

(continues on page 10)
NEW

Non-Profit Resources for Epilepsy Research – What we don’t know that we don’t know about the availability of epilepsy research resources
Organizer: Steven Roberds, Ph.D.

Funding and resources for AES researchers are increasingly scarce. However, multiple non-profit organizations are increasing their research investments into one or more aspects of the epilepsies. Although these organizations work together through Vision 20/20 for common educational and advocacy efforts, most AES researchers are unaware of the variety and extent of specific research resources available from these non-profit organizations, e.g., funding, registries, natural history databases, and biospecimens. The purpose of this SIG is to generate focused two-way discussion between non-profit affiliates of AES and basic and clinical researchers attending the AES annual meeting. This discussion will educate researchers on how non-profits set their priorities and fund research or make other resources available, and it will educate non-profit leaders on what else they could do to support basic and clinical researchers in the epilepsies. The ultimate goal of this group is to accelerate research on the epilepsies by more effectively making valuable resources available to the research community. To stimulate questions and dialogue, the session will begin with short, specific examples of unique resources available from non-profit organizations and how these have been utilized by AES researchers, but the majority of the time will be dedicated to address the major questions and concerns of researchers in attendance.

NEW

Post-Traumatic Epilepsy
Coordinators: Enrique A. Feoli M.D. and Joseph Drazkowski, M.D.

Traumatic brain injury (TBI) is a major cause of acquired epilepsy accounting for 20% of symptomatic epilepsies in the general population. TBI also represents a very good model of focal epilepsy, both from the basic science and clinical perspectives. TBI is a major contributor to diminished quality of life and is associated with a significant co-morbidity and economic burden to society. Refractory epilepsy secondary to TBI further diminishes quality of life and increases both co-morbidity and economic burden to society.

Various studies have been conducted to identify risk factors for the development of the early and late seizures secondary to TBI, and trials have also been undertaken to examine treatment options, primarily aimed at preventing both early and late seizures. However the mechanisms that underlie post-traumatic epilepsy (PTE) are sundry and complicated and consensus is lacking both in terms of cause and therapeutic approach. For example, most studies that have attempted to evaluate the benefit of anti-seizure drug prophylaxis in TBI have failed to show any benefit to this approach.

The primary point of this SIG is to bring together specialists who care for patients with TBI and PTE and in so doing, to improve our understanding of the underlying causes and our approach to the care of these patients. Multiple questions about TBI and PTE remain unanswered and deserve coordinated focus and discussion, including but not limited to, anti-seizure drug prophylaxis, the value of electroencephalography, novel treatments in the acute setting, such as hypothermia, epileptogenicity of various forms of TBI, prevalence and impact of early seizures and status epilepticus, interplay between AEDs, seizures, and cognitive function.

The first year (2013) topics, will include the following discussion points:

a. Consensus on AED prophylaxis and benefit of early (first week) AED therapy.

b. Prevalence of status epilepticus and utility of continuous EEG in early TBI.

c. Existing animal models of PTE.

d. Case presentations.
Behavior Outcome Following Pediatric Epilepsy Surgery.”

The Rebecca Goldberg Kaufman Ethical Neuropsychiatry Fund raises consciousness of the importance of psychiatry in epilepsy care.

Print-Your-Own Badges
In addition to mailing badges to early registrants, stations will be available for pre-registered attendees to print their own badges. Those who register after November 6 will need to pick up their badge on site at the meeting. Prior to that date, registrations from the U.S., Canada and Mexico will receive their badge in the mail. International registrants should plan to pick up badges onsite.

Registration Available Longer
Standard registration rates are in effect for members until December 2. Mailed or faxed registrations must be received by November 21, but online registration will remain open through December 2. Increased onsite rates go into effect after December 2.

New Special Interest Groups
Enrique Feoli has organized a SIG to bring together specialists who care for patients with TBI and PTE to improve our understanding of the underlying causes and our approach to care for these patients. The topics for this inaugural session can be found on page 10. The SIG will also use case presentations to guide discussion.

Steve Roberds and other representatives from the Vision 2020 Committee are offering a SIG on “What we don’t know that we don’t know about the availability of epilepsy research resources.” This SIG will bring together non-profits funding research with researchers to discuss how these organizations make resources available and how the non-profits can support basic and clinical research. Brief presentations will start the program, and then the focus will be Q&A and discussion.

AES Fellows Program
The American Epilepsy Society is holding its Fellows program at the Annual Meeting, Friday, December 6, 2013 in Washington, D.C. Ninety-five fellows were accepted, ten of which are Ph.D.s doing research. There were 128 applications received. Invitations were sent out in August to epilepsy directors and AES members.

The goal of the AES Fellows program is to encourage epilepsy Fellows in training to attend the AES Annual Meeting where they are exposed to the latest updates in clinical and basic science research. A breakfast and lunch will be sponsored by the AES to allow Fellows to meet and pair with mentors who can provide guidance regarding career planning, potential research paths, and clinical endeavors. Following the breakfast the Fellows will attend the AES Epilepsy Specialist Symposium followed by the Annual Fundamentals of Epilepsy Symposium, the Hoy Lecture and the NAC Symposium. Additionally, a panel will present for the Fellows on Friday afternoon.

The 2013 AES Epilepsy Fellows program is supported by Lundbeck, Inc., Upsher-Smith, Eisai, Acorda, Cyberonics and Questcor.

Social Networking Groups
This venue allows small groups to meet and discuss topics of interest. Topics already scheduled include Epilepsy and Sports; Evidence-based Behavioral Assessment and Intervention; and Autism and Epilepsy.

If you are thinking about starting a SIG, this is a good opportunity to test interest and get feedback from attendees. Space is provided on Sunday, December 8 after the day’s programs. Contact Cheryl-Ann at ctubby@aesnet.org.

Town Hall on Federal Support for Epilepsy Initiatives
Join us on Saturday, December 7 at 7:00 a.m. for an opportunity to hear from both NINDS and FDA. Representatives from the NINDS will update us on the Anticonvulsant Screening Program, research-funding opportunities and new directions. Representatives from the FDA will provide an update on generic equivalence and current clinical trials. There will be plenty of opportunity for Q&A.

Wine Tasting and Suds for Scientists Fundraisers
You will have several opportunities to participate in events raising money for research. The very successful Wine Tasting Event, held for the first time last year will be repeated at a nearby restaurant. Tickets are now on sale for this opportunity to not only taste, but purchase wine. The auction part of the evening features favorite wines donated by members and collectors.

New this year is the ‘Suds for Scientists’ event which is open to everyone. This event will be held on Sunday, December 8 at 5:00 p.m. in the Exhibit Hall. Beer and wine will be available for purchase with half of the purchase price going to boost the funds for pre- and post-doc fellowships.
he chaired the Research Committee, later elected to the Chair of the EF Professional Advisory Board. Dr. Hermann has served on the editorial boards of Epilepsia, Epilepsy & Behavior, Epilepsy Currents, Neuropsychology, and Neuropsychology Review, and has reviewed research grants for NIH, CDC, and several epilepsy-related national and international organizations.

Jack M. Parent, Ph.D.
Dr. Jack Parent is Professor of Neurology and Co-Director of the Epilepsy Program at the University of Michigan Medical Center.

Dr. Parent received an A.B. at Stanford University and his M.D. from Yale University. He completed neurology residency, epilepsy and clinical neurophysiology fellowship, and post-doctoral research training at the University of California, San Francisco. In 2000, he joined the faculty of the Department of Neurology at the University of Michigan, where he established the Neurodevelopment and Regeneration Laboratory and serves as codirector of the Epilepsy Division. Dr. Parent’s research focuses on epileptogenic mechanisms using novel developmental and stem cell biological approaches. He has received several research awards, including the Dreifuss-Penny Epilepsy Award from the American Academy of Neurology, and the Grass Foundation Award in Neuroscience from the American Neurological Association. Dr. Parent recently served as co-chair of the Epilepsy Foundation Research Grants Committee and as a member of NIH CNNT study section. He currently chairs the scientific advisory board of the Dravet Syndrome Foundation, is a member of the Epilepsy Foundation Professional Advisory Board and serves on the AES Investigators’ Workshop, Basic Science and Research Recognition Awards Committees. Dr. Parent also serves on several editorial boards, and is the associate editor for basic science of Epilepsy Currents and the epilepsy section editor of Experimental Neurology.

Nominating Committee Nominee
Mary L. Zupanc, M.D.
Dr. Mary Zupanc is a Professor in the Departments of Pediatrics and Neurology at the University of California – Irvine (UCI). She is Division Chief of Pediatric Neurology UCI / Children’s Hospital of Orange County, and Director of the Pediatric Comprehensive Epilepsy Program. Dr. Zupanc received her M.D. degree from UCLA, her pediatric training at the University of Washington – Seattle, and her pediatric neurology training at the University of Wisconsin – Madison. She subsequently broadened her training in epilepsy at the University of Wisconsin, UCLA, and Stanford University. Dr. Zupanc is board-certified in Pediatrics, Neurology with special competency in Child Neurology, and Clinical Neurophysiology.

Dr. Zupanc has a broad record of published work in peer-reviewed journals. Her research interests include pediatric epilepsy, infantile spasms, and pediatric epilepsy surgery.

Dr. Zupanc has served in multiple national organizations, including the American Academy of Neurology and Child Neurology Society. She has also been appointed to the United Council of Neurologic Subspecialties, serving as Vice Chair. She has held positions in the American Board of Psychiatry of Neurology, as a member of the ABPN Committee for Maintenance of Certification Exam for Child Neurology and a board examiner.

Dr. Zupanc has also been a program director for pediatric neurology training programs at the University of Wisconsin and the University of California – Irvine. She is passionate about education and has been given awards for teaching recognition and clinical care at each of the major institutions she has served.

Report from the Nominating Committee
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have worked with the Board to sign onto several letters supporting funding for the NIH as well as support for the efforts of the AAN and Epilepsy Foundation. We are working to keep members updated on the EEG reimbursement issues and were able to connect several members with activities undertaken by the AAN. We also participated in efforts calling on the Drug Enforcement Administration (DEA) to change its policies regarding new drug approvals. We responded to a request for input to guidelines for Merchant Marines and were invited to send a member to speak to their Advisory Board. AES supports the annual Kids Speak Up / Public Policy Institute financially as well as bringing our Board to their annual dinner to speak and answer questions from parents. Lastly, we’ve shared several opportunities with you to participate by contacting your Congress people.

I look forward to seeing all of you in Washington, D.C. in December.

Jacqueline A. French, M.D.
5 Ways to Enhance Your AES Annual Meeting Experience with Social Media

1. Join in the conversation – use the Twitter hashtag #AESMTG13, AES LinkedIn group or the AES Facebook page to follow annual meeting activities, speakers, events and conversations.

2. “Attend” more than one session at a time – seeing posts from various sessions throughout the AES meeting will allow you to eavesdrop on more than one session at a time.

3. Find New Friends – use the “Social” icon on the Annual Meeting App to communicate with attendees.

4. Expand your notes – think about social media as a way to collect your notes and share thoughts about the sessions with others.


For your convenience, Wi-Fi is available in all the AES meeting and session rooms at the Convention Center, as well as the Registration Area.

Network Name (SSID): AES Attendee Wifi
Password: AES2013DC
Building for the Future

How many ways are there to say that we, your American Epilepsy Society, need your financial help to continue to provide fellowships, research grants and training programs that help you to treat and cure epilepsy? Over the past few years, you may have heard that more than 10 fellowships and postdocs in epilepsy have been lost due to cuts in corporate or government funding. Now, even the Epilepsy Foundation is decreasing its funding for postdocs and fellowships by half — it is no longer an option for AES to step up and fill the gaps to ensure that research and training opportunities in epilepsy still exist — it is a necessity.

Imagine what could be accomplished if every member of AES made an annual contribution of even $10, $25 or $100! If you have not had the opportunity to make a contribution in the past, why not start this year. If you are a previous contributor — thank you — and we hope you will consider increasing your donation.

Donations can be made by sending a check made payable to the American Epilepsy Society and indicating the fund of your choice or you can go to our website at www.AESnet.org/contribute and complete the online contribution form. You may direct your contribution to one of the funds listed below or ‘where it is needed most.’

- **New Initiatives Fund** provides support for named awards, lectureships, junior investigator travel awards. In addition, this Fund supports both pre- and postdoctoral research training fellowships that helps strengthen the connection to epilepsy research.
- **The Fritz Dreifuss Epilepsy Fund** – Honoring the leadership and passion Dr. Dreifuss brought to the care of his patients, research and the mentoring of young physicians.
- **The Rebecca Goldberg-Kaufman Ethical Neuropsychiatry Award Fund** – Raising the consciousness of the importance of psychiatry in epilepsy care.
- **The Lennox and Lombroso Trust for Research & Training** supports programs funding fellowships and early career grants for pre- and postgraduates, and newly independent faculty.
- **The J. Kiffin Penry Fund** – An award recognizing individuals whose work has had a major impact on patient care and improved the quality of life for persons with epilepsy.
- **The Susan S. Spencer Fund for Clinical Research and Education** supports a two-year clinical research fellowship designed to provide clinical lab and methodology experience as well as execution of the research project. These training fellowships are designed for new investigators at the beginning of their career.