AMERICAN EPILEPSY SOCIETY

2009-2010 ANNUAL REPORT

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www.AESNET.org
The American Epilepsy Society (AES) is one of the oldest neurological professional organizations in the nation, with roots dating to 1936. The Society was founded as the American Branch of the International League Against Epilepsy (ILAE) in 1936 and formally adopted its current name in 1954.

The Society, which is the United States Chapter of the International League Against Epilepsy (ILAE), has grown from a small organization formed during a dinner meeting in Kansas City, Missouri in 1936 to a membership of approximately 3,000 people from almost 50 countries. Although the Society was initially a physician-oriented society, it now unites physicians, nurses, basic scientists, and many other healthcare professionals who are committed to improving the lives of people with epilepsy through research and education. The Society’s support of these endeavors occurs in a variety of forms, including AES-sponsored grant programs, research awards, publication of *Epilepsy Currents*, and the AES’s Annual Meeting.

**MISSION**

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

Its 3,000 plus members are clinicians, researchers investigating basic and clinical aspects of epilepsy, and other healthcare professionals interested in seizure disorders. Members represent both pediatric and adult aspects of epilepsy.

The Society is based in West Hartford, Connecticut, and holds an Annual Meeting that offers symposia, lectures, poster presentations and exhibitions. The Meeting attracts more than 4,000 professionals from around the world and offers excellent opportunities for networking and sharing of ideas.
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Photo credit: Lagniappe Studio, Inc.
Jaideep Kapur, M.D., Ph.D., 2010 President

The American Epilepsy Society (AES) completes 74 years of its existence while looking forward to a bright future. Our investments in research, educating a new generation of epilepsy specialists, and improving care of patients with epilepsy continue to fuel the growth and success of this enterprise.

The Society remains committed to enhancing research into causes, mechanisms and treatment of epilepsy. It is only by understanding epilepsy and all of its manifestations that we will be able to improve the care of patients with epilepsy. Research in epilepsy has focused on suppressing seizures and keeping patients seizure free. This effort has brought multiple seizure-suppressing drugs to the market, which have improved the quality of life of many of patients. However, an important task remains ahead of us. It is to prevent the development of epilepsy and to cure epilepsy in those patients who already have it. Important and exciting research already ongoing in multiple laboratories all over the country and the world is likely to yield new methods, drugs and biological target mechanisms to prevent and cure epilepsy. This is an exciting challenge for the entire epilepsy community for the future. AES will play an important role in making this happen.

AES will also play an important role in delivering the best possible care to patients with epilepsy. In seeking to achieve this goal, AES has partnered with volunteer organizations such as Epilepsy Foundation, Epilepsy Therapy Development Project and professional organizations such as the American Academy of Neurology. We intend to help physicians pick the best treatments, alleviate the comorbitites of epilepsy and provide access to the best possible treatment options for our patients. With this goal in mind, we hope to galvanize all our constituents: neurologists, pediatric neurologists, neuropsychologists, psychiatrists, nurses, social workers and basic scientists to bring the wealth of their knowledge in epilepsy to improve patient care.

An important way in which the Society communicates is through its journal. AES will start publishing the Epilepsy Currents journal starting in January 2011. This offers us an exciting possibility to develop the journal into an important mechanism to communicate exciting developments in epilepsy research and developments in care of patients with epilepsy to our membership. We hope to utilize this handsomely in the future.

We believe that raising funds for our important activities will help us grow and provide critical resources for our members and other stakeholders. As we prepare for the 75th anniversary celebration of the Society we hope to launch a development campaign that includes funds for travel to our Annual Meeting as well as funds for research and training of our junior members. We would also hope to be able to support some of our lectures and programs during our Annual Meeting through this fundraising campaign. The success of this campaign will lay the foundations for the future success our organization.

The society remains committed to education of epileptologists and training a new generation of members. This goal is accomplished through the Annual Meeting, web based educational tools, Epilepsy Currents and other year-round educational efforts. The Annual Meeting remains the most important educational event of the year. The meeting is packed with symposia, poster presentations, special interest group meetings, courses, updates and more. It attracts more than 4,000 attendees from all over the world and continues to grow.

Our successes of past give me great hope that one day we will prevent most epilepsy from happening and cure those who get it.
Report from the **PAST PRESIDENT**

Steven C. Schachter, M.D., 2009 President

I was humbled and honored to serve as your president last year and to work with so many talented and passionate colleagues on the AES Board and Committees, and members of the AES staff, led by our Executive Director Sue Berry, and by Assistant Executive Director Cheryl-Ann Tubby.

If I could think of one headline for 2009, it would be that together we weathered the economic downturn while at the same time we maintained the excellence in our membership programs and services, and confidently planned for the future. Here are a few example of the excellent progress that we made last year.

- To broaden financial support for AES, we laid the foundation for a broad development campaign with 100% of the Board of Directors participating in the 2009 launch. One of the key achievements in 2009 for our development campaign was to establish the Susan Spencer Clinical Research and Education Fund.

- We were fortunate that so many of you elected to renew your membership in AES. Through a special President’s membership initiative, we enrolled 80 new junior members.

- We continued to maintain the highest standards of education and support for research and training, and were thrilled to receive six-year Reaccreditation with Commendation / Level III from ACCME.

- To achieve our mission takes a village, and in 2009 we strengthened relationships with our non-profit partners and sister professional societies within and outside the US. You may recall that my Presidential Symposium at our annual meeting in Boston focused on the treatment gap in epilepsy, and I am proud of our ongoing efforts within the Society to become a full partner with ILAE in the Global Campaign Against Epilepsy.

- The Society draws strength from the diversity of its members’ interests, which is reflected in the activities of 40 committees, subcommittees, councils and task forces. In 2009, we established new task forces on the Psychiatric Aspects of Epilepsy, SUDEP, and Epilepsy Benchmarks.

- In 2009, we re-launched the Vision 2020 Committee, refreshed the AES website in response to member feedback, installed a web-based membership database, represented AES before the FDA at vigabatrin hearings and a transparency task force and renewed our relationship with Association Resources, Inc, which manages AES. Our Continuity of Supply Task Force developed a protocol to test AED bioequivalence between generic and brand products, met with the FDA to optimize study design, and received funding to start the study.

My fellow past presidents all know from direct experience that we have been privileged to lead a wonderfully vibrant Society. I am excited by the further progress that has been made under the presidency of Jaideep Kapur this year, and under Vice Presidents Jack Pellock and Frances Jensen.

Please indulge me this one last chance to thank each of you for your support of AES and for all you do on behalf of persons affected by epilepsy and their families through patient care, education and advocacy, and research.

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2009–2010 ANNUAL REPORT
Report from the EXECUTIVE DIRECTOR

M. Suzanne C. Berry, M.B.A, CAE

20,000 and Growing

So what does 20,000 mean? I will get to that in a few minutes…..

This year’s annual report is about “Giving Back.” Giving back can mean so many things… volunteering your time and expertise, contributing to an organization or cause that is important to you, giving a lecture on a critical topic, hosting an event to help a cause or candidate, reading to a child, and so many other examples.

In a time where so many of my association executive colleagues express concern over the lack of volunteer effort, I remain silent and think to myself how lucky the staff is to work with so many wonderful leaders within the American Epilepsy Society. I felt this strong volunteer commitment from the moment I started working with AES back in 1990. It was clear that I was working with a caring and committed group of volunteers. Despite very busy jobs, clinics, large patient loads, no one has ever turned down an opportunity to work on AES programs and activities. Even in today’s changing and more demanding healthcare environment the spirit of volunteerism within AES still exists. The AES staff maintains a dynamic database that collects all the names of AES members who want to be involved in committee or project work. This database is accessed first when there is a need to add new members to a committee or workgroup.

Some stats on AES volunteerism……..

Board members meet three times a year- March, September and December (at the Annual Meeting). During the March and September board meetings, they spend at least one night away from their families and two days in meetings. The Board meets before the Annual Meeting adding to the already long time away from home and the office. Add to that time, the fact that the Executive Committee has a weekly call each Friday. The call lasts an hour or more and there is some prep time with pre-meeting materials. The President, during his or her year in office, spends many more hours a week on AES activities. I know…I receive emails throughout the weekend and most evenings from the Presidents I have worked with.

Committee chairs are very active and most conduct regular calls with their committee and have participated on calls with the Board reviewing the AES strategic plan.

AES members participate in the Annual Meeting as faculty, platform and poster presenters, coordinators of Special Interest Groups, and session chairs. Countless hours go into preparing for all these presentations and it is done without honorariums or reimbursement. Also at the Annual Meeting, you will see AES Ambassadors helping attendees with meeting logistics, responding to membership questions and demonstrating the new AES Professional Networking System.

Outside of AES, many members are involved with their local professional advisory boards of the local Epilepsy Foundation affiliate. Members also participate in the National Epilepsy Walk (usually held in DC in March ) and sit on a scientific advisory board for many of the epilepsy research foundations. AES members are also involved with the International League Against Epilepsy (ILAE) and serve on many committees with colleagues from around the world.

As I look back on my 20 years as the AES Executive Director (I am not retiring as I am too young!!!), I can’t help but reflect on the growth of the Society. When I started in 1990, there were 900 members, the budget was $500,000, and the Annual Meeting had just 900 attendees. Today, AES can boast as having close to 3,000 members, a $ 3.6 million budget supporting over $500,000 in research grants and fellowships, and 4,500 attendees at its annual meeting.
In addition to time that AES members invest in the Society, many members also donate their money. Approximately 737 members gave this past year to various fundraising activities conducted by AES to support the Lennox and Lombroso Trust Fund for Research and Training; the AES Annual Fund and the newly formed Susan S. Spencer Fund for Clinical Research and Training. Last, but not least, was the tremendous support demonstrated by the money raised to support the Epilepsy Clinic in Haiti. Over 100 members contributed more than $15,000. Lionel Carmant, MD, Hospital Ste-Justin in Montreal, Canada was the bridge between the AES and the Port-Au-Prince Clinic and reported that the money helped to keep the clinic open and serving patients. In addition to all of this, Grass Technologies donated a much needed EEG machine.

AES is not just a receiver of donated time and money, it also “gives back” to the epilepsy community by raising funds for the Lennox and Lombroso Trust, the Susan S. Spencer Fund and the Annual Fund. The money raised supports pre-doctoral/graduate students; post-doctoral fellows (both clinical and basic) as well as scholarships to junior investigators and nurses attending the meeting. This year we added financial support to physicians attending the meeting from outside the US.

AES has committed itself to organizing coalitions with epilepsy-related organizations and formed a group in 2004 called Vision 2020. Members of this alliance include: Epilepsy Foundation, International League Against Epilepsy (ILAE), Citizens United for Research in Epilepsy (CURE), Epilepsy Therapeutics Project (ETP), Tuberous Sclerosis Alliance (TSA), Milken Family Foundation (MFF), National Association of Epilepsy Centers (NAEC), Seizure Tracker, National Institutes of Neurologic Disorders and Syndromes (NINDS), Center for Disease Control (CDC), People Against Childhood Epilepsy, Inc (PACE), Finding A Cure for Epilepsy and Seizures (FACES), The IDEA League, The Anita Kaufman Foundation, Dravet Syndrome, National Epi-Fellows Foundation, Clinical Trials Consortium, and more organizations are joining all the time. As a result of this alliance, there is coordination among the organizations to make sure that there are no gaps in research funding, share knowledge of each organization’s advocacy efforts, as well as a new project to fund a study that will be undertaken by the Institute of Medicine in 2011. Many of our members serve as volunteers on grant review committees of these individual organizations.

As I look back on my 20 years as the AES Executive Director (I am not retiring as I am too young!!), I can’t help but reflect on the growth of the Society. When I started in 1990, there were 900 members, the budget was $500,000, and the Annual Meeting had just 900 attendees. Today, AES can boast as having close to 3,000 members, a $3.6 million budget supporting over $500,000 in research grants and fellowships, and 4,500 attendees at its annual meeting. How did this happen? Yes, staff will take a little credit, but the real credit and kudos go to each and every member who volunteers and “gives back” time to AES. The 20,000 highlighted as part of the title is a very rough estimate of the numbers of hours that are donated to the AES on an annual basis. I am sure that this number is understated, but it is staggering nonetheless.

AES will be celebrating its 75th Anniversary next year in 2011. We are all the recipients of what the leaders and members gave back then. Imagine what members will be saying 75 years from now with the time and energy that are being expended today.

Thanks to all for what you “give back” to the Society. It is for a worthy cause…the persons with epilepsy and their families.
The American Epilepsy Society closed the books on fiscal year 2009-2010 as of June 30, 2010. The information you see in this report is unaudited, but in the interest of providing our membership with up-to-date information, we are reporting our preliminary results to you now. An audited statement will be ready in November 2010 and will be available on the AES website at www.aesnet.org.

This report is an overview of where we stood at the end of Fiscal Year 2009/2010 and a look forward to Fiscal Year 2010/2011. Despite a budgeted deficit, we finished fiscal year 2010 with a surplus. Our policy states that any operating surplus is split between the Annual Fund and the Long Term Reserve Fund. The Annual Fund is used for our research and training programs.

Total Revenue

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<th>Category</th>
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<td>Membership Operations</td>
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*Includes Annual Meeting

Overview of FY 2009-2010 Budget Accomplishments

The vision for the 2009/2010 fiscal year budget reflected our mission of education and research, these were our biggest expenditures. Much of our research investments are generated from Annual Meeting revenue surplus, which demonstrates our commitment to our mission.

We have experienced continued pressure from the weak economy, CME rules and government regulations on industry support. In addition, there has been a conscious effort to reduce the dependence on industry support. In response we are gradually moving away from the traditional sponsorship models common in professional societies. This means developing creative ideas for support for programs as well as examining the value of all programs being offered. Morning symposia now start a little later, allowing us to eliminate the cost of providing breakfast. We were able to get a tax exemption from the State of Massachusetts for our Annual Meeting in Boston which saved us more money. As an experiment we removed the carpet from the poster hall, which saved $10,000. We made a concerted effort this year to bring more device manufacturers into our exhibit hall and created new ways to help industry share their latest research. As we plan for the 2010 Annual Meeting in San Antonio we continue to look for new ways to save money and increase revenues, while maintaining the extraordinary quality of our Annual Meeting. We have established a committee to enhance development programs for AES so that in the future we can be more self-sufficient in supporting our critical programs. We continue to focus expenditures on programs and projects that support our Strategic Goals.

Membership/Operations

- Dues rates remained the same again this year and retention remains about 90%.
- There has been no increase in the cost of the Epilepsia subscriptions.
- Dues income is close to last year’s; a good sign in a weak economy. The online member database launched last year makes it even easier for members to pay dues and track their dues payment history.
- Our Operations revenue continues to be adversely affected by unrealized gains/losses (investments of funds adversely affected by fluctuations in the stock market) which are required to be included in the budget, but don’t actually affect the budget. Our finance committee has chosen a new financial manager and implemented strategies to minimize market impact on our operations.
- We began providing leadership training to Board members and Committee Chairs.

Technology

- Annual Meeting symposia continue to be added to the website. This year the programs were available online by mid-February.
• The new online database continues to provide more benefits for members including access to their committees, dues payments and subscriptions. A new social networking-type program will be added later this year.
• A new website look was launched this spring.
• The ability to donate to research has been made easier with more options clearly available.

Communications/Public Relations
• We produced six issues of Epilepsy Currents and four issues of AES News. The AES News is now distributed through the Web site to save printing costs. Epilepsy Currents will now be self published allowing a substantial cost savings without compromising the outstanding quality of the publication.
• The periodic member e-blasts continued throughout the year and the look was updated.
• A Communications Council was created to oversee all publications and PR efforts.
• The Annual Report is now published online only and is easily available year round.

Professional Development
• Visiting Professor Series programs were offered in community hospitals across the country thanks to financial support from our corporate sponsors.
• A Web based CME program titled: The Pharmacist’s Role in Epilepsy Management: Current Treatment Issues and Trends, was launched on ReachMD in partnership with Pri-Med, a medical communications company.
• A Web based CME activity on Medication Compliance was launched in partnership with Epilepsy.com/professionals and Epilepsy Therapy Project.

Annual Meeting
• Registration numbers hit a record of 4,158 despite an increase in fees.
• The Annual Meeting continued to be a revenue generator with a net of $1,124,248. This surplus is actually less than prior years, we believe due to environmental and economic changes. The surplus supports the research funds as well as supplementing the organization’s budget.
• The many cost cutting measures applied to the Annual Meeting successfully reduced expenses without compromising the outstanding quality of the meeting.
• The part-time Medical Content Specialist position continued this year to assist with CME program development.

Research and Awards Program
• The Milken Family Foundation continued to support the Early Career Physician-Scientist Award program with one $50,000 award presented at the 2009 Annual Meeting. This was the last year of this program.
• This was also the last year for the Grass Foundation’s R. S. Morison Fellowship.
• AES continues to directly fund three pre-doctoral and three post-doctoral fellowships. The Board voted to fund these directly from the budget instead of from surplus emphasizing our commitment to research.
• The Lennox Trust Fund provided one pre-doctoral fellowship this year.
• AES is committed to its involvement with other research funding organizations and will continue to support collaborative efforts with these organizations. We are currently working with the American Academy of Neurology and the Epilepsy Foundation to launch the Susan Spencer Clinical Research & Training Fellowship.
• The Young Investigator and Nurse Awards, which are selected from submitted abstracts, continued to be offered. These awards provide travel stipends.
• AES continued to support the Epilepsy Research Recognition Award program.
• A fundraising campaign continued during the year to expand the Lennox and Lombroso Trust for Epilepsy Research & Training to ensure funds are available for future research.

Future Outlook 2010/2011
As we enter our new budget year (July 1, 2010 – June 30, 2011) we will continue the good work that was started this past year. As always, AES will continue to listen to feedback from our members in developing new programs and services. Over the next year, we will be continuing programs that are supported by a sound and conservative budget. We are unwavering in our commitment to education and research, in fact, the surplus from the Annual Meeting provides funds to support AES initiated projects and programs.
Thank you to the following donors to the Lennox & Lombruso Trust for Research & Training; the Susan Spencer Fund for Clinical Research and Education and the AES Annual Fund who contributed between January 2009 and June 30, 2010. Donors are listed alphabetically by last name or company name.

Abou-Khalil, Basil W.
Acree, Lisa Hahn
Adhami, Seema
Akamatsu, Naoki
Alexandre, Veriano
Alexis, Richard P.
Ali, Amza
Allen, Anne-Marie N.
Alper, William
Amick, Carol J.
Anderson, Eva
Anderson, Frederick
Anderson, Anne E.
Anderson, Gail D.
Anderson, William Stanley
Aranibar-Zerpa, Alberto
Arnold, Bonnie
Aranibar-Zerpa, Alberto
Anderson, Gail D.
Anderson, Anne E.
Andermann, Eva
Andermann, Frederick
Babu, Jonathan
Babcock, Debra J.
Arnold, Bonnie
Aranibar-Zerpa, Alberto
Anderson, Gail D.
Anderson, Anne E.
Andermann, Eva
Andermann, Frederick
Anderson, Anne E.
Anderson, Gail D.
Anderson, William Stanley
Aranibar-Zerpa, Alberto
Arnold, Bonnie
Aranibar-Zerpa, Alberto
Anderson, Gail D.
Anderson, Anne E.
Andermann, Eva
Andermann, Frederick
Anderson, Anne E.
Anderson, Gail D.
Anderson, William Stanley
Aranibar-Zerpa, Alberto
Arnold, Bonnie
Aranibar-Zerpa, Alberto
Anderson, Gail D.
Anderson, Anne E.
Andermann, Eva
Andermann, Frederick
Anderson, Anne E.
Giving Back Financially

Donor Recognition (Continued)

Pan, Julie W.
Papavasiliou, Alex
Parent, Jack M.
Park, Youngsook
Parker, Joseph & Maureen
Partikian, Arthur
Patel, Manisha N.
Patterson, Joseph and Mary Ann
Pearl, Phillip L.
Pedley, Timothy A.
Pfellkoch, John M.
Pennell, Page
Penovich, Patricia E.
Peny, Martin D.
Perucca, Emilio
Pestana, Knight Elia M.
Petersen, Dolores
Petitot, Ogden A.
Phillips, Margaret L.
Pizzirini, Ada J.
Pickerrell, Wayne
Pincus, Steven
Pinsley, Alison
Pizzolato, Sandy
Porter, Roger J.
Powell, Elizabeth
Prince, David A.
Privitera, Michael D.
Prokop, Katherine S.
Pusey, Mary Anne
Puta, David A.
Ques, Donald O.
Rackley, Angela
Ramirez, Maria C.
Rao, Gautami
Reddy, Richard
Reynolds, Brenda A.
Richerson, George B.
Riikonen, Raija
Rinaldi, Angela
Risinger, Michael W.
Rittenbaum, Craig
Rivelli, James J.
Rizvi, Syed N.
Robbins, Carol A.
Roberts, David W.
Robinson, Dorothy K.
Rodgers-Neame, Nancy
Rogin, Joanne B.
Romo, Russell
Rooper, Steven N.
Rose, Alison and James
Rose, Cecily
Rosenberg, Brad
Roste, Line S.
Roth, Robert H.
Rothberg, Bonnie E.
Roth-Bowerse, Rose
Rothman, Steven
Rudloff, Nancy H.
Ruegg, Stephan
Rundranger, Lynn
Rusch, Mark D.
Rutelki, Paul A.
Sailas, Marianne C.
Salamova, Vicentina
Salpekar, Jay A.
Sammartino, Michele M.
Sanders, Dillo & Myong
Sanderson, Mary Louise
Sanker, Raman
Sanner, Colin
Santilli, Nancy
Saper, Clifford
Sarma, Amy
Sarnat, Harvey B.
Sasaki, Carolyn L.
Sato, Susumu
Savio, Berghud Ivanka
Scabini, Donatella
Schachter, Steven C.
Scharfman, Helen E.
Schiff, Steven J.
Scholz, Fritz
Schraeder, Lara M.
Schulman, Brian J.
Schwartz, John W.
Schwarz, Theodore H.
Schweikart, Steven B.
Segal, Tatiana and Karina
Segovia, Armando
Seifert, Bruce
Selwa, Linda M.
Shafer, Patricia O.
Shapiro, Henry
Shapiro, John
Shaw, Coraile
Shaywitz, Bennett
Shepherd, Amber
Shin, Joseph
Skinner, Shlomo
Sierzant, Tessa L.
Silveira, Dissely C.
Silverman, Richard A.
Slivinsky Family, The
Smith, Elaine
Smith, Georgette
Smith, Michael C.
Smith, Walton N.
So, Elson L.
Sogawa, Yoshihiko
Solok, Dennis A.
Sodara, Francesca
Solbrig, Mary Lou V.
Solomon, Gail E.
Sorbo, Aimée
Sorbo, Jane B.
Spann, Marissa
Spencer, Dennis D.
Spencer, Susan S.
Spitzberg, Karen
Stafstrom, Carl E.
Staley, Kevin J.
Starr, Irene and Bill
Starreveld, Elout
Steinhaeuser, Christian
Steitz, Joan A.
Sullivan, Ann
Sullivan, Patrick
Susan Spencer Fund, Yale Epilepsy Program
Surula, Thomas P.
Swann, John W.
Sweetman, Marie
Szabo, Charles A.
Tanaka, Tatsuya
Tanev, Kaloyan
Tannebaum, Kate
Tesar, George E.
Testa, Francine M.
Thadani, Vijay M.
Theodore, William H.
Thomas, Azreena B.
Thomas, Horace L.
Thompson, James L.
Thompson, Lowery L.
Thomson, Kyle
Thumm, M., & Mrs.
Tietjen, Lynn
Tilley, Michael and Kimberly
Tilley, Thomas and Brenda
Titos, Carolann
Tomson, Torbjorn
Townsend, Bonnie
Treiman, David M.
Trescher, William H.
Trevathan, Edwin
Tubby, Cheryl-An
Turnham, Joan E.
Valencia, Ignacio
Van Haverbeke, Peter
Van Ness, Paul C.
Vegter, Candace
Vender, Ronald
Vickery, Barbara G.
Vining, Eileen PG.
Vining, Eugenia
Vissicchio, Caroline G.
Vives, Kenneth P.
Wagner, Esperanza E.
Walker, Karla
Wannamaker, Braxon B.
Warren, Margo
Wasterlain, Claudia G.
Watkins, John & Peggy
Weiner, Howard L.
Weiss, Robert M.
West, Richard
Wheelock, James W.
White, Barbara
White, H. Steve
Wierzbinski, Michael
Wijesman, D.J. Philip
Wilcox, Karen S.
Wilensky, Alan J.
Wilkinson, Amy and Richard
Williamson, Anne
Willmore, L. James
Wilson, Janice
Wilson, Kathleen G.
Wilson, Melinda
Wilson, Michael
Wilton, Steve
Winer, Herbert
Winstanley, F. Scott
WISEYODA TEAM, AES & Wolek, James & Patricia
Wollmann, Guido
WPG, Solutions
Wren, Jeffrey
Wu, Brenda Y.
Wu, Ken
Wyman, Thomas C.
Yah, Barbara
Yarsawich, Donald
Yee, Audrey S.
Yoshikawa, Hideo
Zajac, Joy
Zaveri, Hitten P.
Since June 2008, the North American Commission of the International League Against Epilepsy, which includes American Epilepsy Society, Canadian League Against Epilepsy and the Jamaican League, has made significant progress toward improving care of the population living with epilepsy on the Island of Hispaniola shared by Haiti and the Dominican Republic. AES is a member of the North American Commission (NAC). Projects included the opening of the first epilepsy clinic in Haiti, the opening of an epilepsy surgery center in Santo Domingo and an assessment of the prevalence of epilepsy and neurocysticercosis in the population living in rural areas of the Dominican Republic. This was halted by the natural disaster that occurred on January 12, 2010, but the NAC is happy to report that the projects are progressing and have made a significant difference in the region.

Lionel Carmant, M.D., who visited the epilepsy clinic in Haiti in March 2010, reports that healthcare services in the earthquake-ravaged country remain desperate. Dr. Carmant says, “More than twice as many patients, including epilepsy patients and hundreds with other healthcare needs have been seen at the epilepsy clinic in Port-au-Prince than were seen at that facility in the 18 months prior to the quake.” The number of new neurological disability cases, including individuals with epilepsy, in the earthquakes aftermath are estimated at 6,000, excluding the high number of individuals with post traumatic stress disorder and amputees.

Although located within five minutes of the Presidential palace, the epilepsy clinic (CLIDEP Clinique d’Épilepsie de Port-Au-Prince) remained standing after the earthquake. The North American Commission, in part through its fundraising campaign amongst AES members, has been able to provide financial support for the repair of the clinic. A generous contribution from Astro-Med Inc. provided the clinic with a portable EEG machine to perform EEGs in hospitals and rural areas.

CLIDEP has the only EEG equipment in Haiti, including the portable unit donated for the present crisis. Employees at the facility are now able to travel to the general hospital and to NGO treatment centers with the portable unit providing EEG services for a variety of suspected conditions. MRI and other imaging technologies do not exist in Haiti. Thus epilepsy surgery cannot be done in country. The nearest MRI is in the Dominican Republic where epilepsy surgeries recently started to be performed, again with the collaboration of the NAC.

Medical volunteers will continue to be needed at the epilepsy clinic. However, the lack of living accommodations remains a major problem. Dr. Carmant is looking for volunteers – ideally physicians who speak Creole or French – who might be willing to spend one week, so there is a neurologist every two months at the clinic for the next six months to follow-up on the more complicated patients.

Dr. Carmant is concerned that volunteer organizations are beginning to withdraw from Haiti leaving the country with a major unresolved crisis in healthcare and general recovery. “Haiti needs projects that are sustainable by local personnel,” he says. “And it will take a significant transfer of knowledge to bring the population to an adequate level of self-sufficiency.”

CLIDEP, the only epilepsy center in Haiti, needs our continuing support for equipment, supplies and building repairs. Since the first call for donations went out early in 2010, over $15,000 has been raised for the clinic. Contributions can be made by visiting the AES website at www.aesnet.org.
Giving Back Financially

Auction to Benefit Research and Training Funds

In 2009, Nihon Kohden America, Inc. teamed up with AES to announce the auction of its latest EEG technology in support of the AES Lennox and Lombroso Trust for Epilepsy Research and Training. Nihon Kohden America offered an EEG-1200A Diagnostic and Monitoring Solutions - System that included digital video, camera and spike and seizure detection software for auction on their own website from September 10 through November 10, 2009. The machine had a $42,000 value and the minimum bid was set at $10,000. They committed one hundred percent of the proceeds to the AES Lennox and Lombroso Trust for Epilepsy Research and Training. The highest bid was posted weekly on the Nihon Kohden America website through November 9th. The winner of the auction was notified by November 30th and publicly recognized at the AES Annual Meeting in Boston, MA on December 6. The Cleveland Clinic Foundation was the highest bidder at $23,360. The check for that amount was presented to AES President, Steve Schachter, MD who received the funds on behalf of the Trust.

Kathy Hart, Director of Nihon Kohden America’s Neurology Business stated, “For over 50 years Nihon Kohden has continuously strived to work with healthcare thought leaders to introduce technological advancements to improve the diagnosis for people with epilepsy. Nihon Kohden is proud to provide 100% of the proceeds from the EEG-1200A auction to the Lennox and Lombroso Trust for Epilepsy Research and Training to augment support for the next generation’s promising new scientists and research in epilepsy.”

“We appreciate the creative and generous way in which Nihon Kohden is supporting our efforts to expand the cadre of young scientists working to improve the lives of people with epilepsy,” said Braxton B. Wannamaker, M.D., 2009 Chair of the Lennox and Lombroso Trust Committee. “Recent advances in neuroscience present unprecedented opportunities for discovery in epilepsy research. This support will further encourage and foster young investigators to come into the field.”

The auction idea has been expanded for 2010 with three companies offering auctions to benefit the AES Lennox and Lombroso Fund and Susan Spencer Fund. Two devices and one software license will be auctioned before the 2010 Annual Meeting.

Research and Training Funds

The American Epilepsy Society needs your help to sustain and expand upon its mission of promoting research into the prevention, treatment and cure of epilepsy. Your donation can be designated in support of any of the following AES funds for epilepsy research and training.

The Lennox and Lombroso Trust for Epilepsy Research and Training supports programs funding fellowships and early career grants for pre- and postgraduates, and newly independent faculty. The Trust also recognizes role models for Epilepsy research via the Lennox and Lombroso Lecture and the Lennox Award.

The Susan S. Spencer Fund 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. The fellowships will be offered in partnership with the American Academy of Neurology and the Epilepsy Foundation in memory of Dr. Susan Spencer and her contributions. A lecture in the name of Susan S. Spencer may also be funded.

AES Annual Fund provides support for named awards, lectureships, and junior investigator travel awards. In addition, this Fund supports both pre- and post-doctoral research training fellowships that help strengthen the connection to epilepsy research. Contributions to any of these funds or to create a named lecture can be done through the AES website at http://www.aesnet.org/go/contributions.

Steven Schachter, President (far right) accepts the check for the EEG-1200A machine at the AES Annual Meeting. Also pictures are Fumio Suzuki, President and COO, Nihon Kohden Corporation, Tallie Z. Baram, M.D., incoming Chair of the Lennox & Lombroso Fund Trustees, Braxton B. Wannamaker, M.D., outgoing Chair of the Lennox & Lombroso Fund Trustees and Kathy Hart, Director, Neurology Business Nihon Kohden America.
AES Participates in 2010 Epilepsy Walk and Public Policy Institute in Washington DC

AES holds its spring Board meeting in Washington, DC in conjunction with the Epilepsy Foundation’s Public Policy Institute/Kids Speak Up program every year. President Jaideep Kapur gave the keynote talk at the annual Public Policy dinner in March and most of the Board and staff walked in the 2010 Epilepsy Walk. The Yale team walks in memory of Susan Spencer and directs the funds they raise to AES. Counting some other donations, the two teams raised $19,425 which came back to AES. This money will be used to fund research and training.
As of June 10, twenty days before the close of the fiscal and membership year, AES membership stands at 2,720 members strong! Three hundred and fifty-five new members applied and were approved during this membership year. Below, a pie chart illustrates the breakdown of membership by member category. A second pie chart shows the breakdown of professional activity. Since members are allowed to choose more than one professional activity, the percentages listed for this statistic add up to more than 100%; reflecting these numbers relative to the total group.

Our retention rate coming out of the last fiscal year was at 86%. However, an interesting phenomenon occurred: gradually, the retention/renewal rate increased after members were dropped. Many were “reinstated” for the 2009-2010 year which caused the final retention rate to reach 92%. We’re confident that with the slightly earlier invoicing cycle, more members will be renewing early and on time so that retention for 2010-2011 will be near 100% at this publication’s completion, and certainly by October 1, 2010.

Prior to the decision to change the membership year to the fiscal year (July – June), it made good sense to renew membership with Annual Meeting registration, or actually during the meeting at the registration desk! This convenience is no longer appropriate for the financial operation of the Society. Dues are requested three times during the renewal period, via electronic and printed (USPS) invoices; Late April, July, and September. The Membership Committee decided that October 1 was a reasonable and fair deadline for dues renewals.

The adjustment of the invoicing cycle has created the clarity and fairness a membership organization needs when benefits are attached to renewal. Dues paid before the Annual Meeting registration cut off allows renewed members to receive the registration discount, and non-renewed members to pay the full, non-member rate. The Society also saves the expense of purchasing *Epilepsia* subscriptions for those not intending to renew. While members can always be “reinstated” by renewing after the renewal deadline, reapplication for membership is required after a reasonable period has lapsed. If you have concerns about this policy, feel free to discuss it with any member of the Membership Committee.

**Funding Programs for Students, Residents, and Fellows**

AES President, Jaideep Kapur, M.D., Ph.D., continued the tradition Dr. Steven Schachter began with his Presidency in 2009: setting aside funds for 125 Junior Memberships at a reduced dues rate. This “Presidential Fund” allows a student, resident, or fellow to join --- with or without *Epilepsia* --- for either $35 or $110, respectively. This is a tradition that will hopefully continue with future AES Presidents!

Training Program Directors were contacted through an emailed invitation to share the benefits of membership in AES with their students. Reminders to all members were included in our E-newsletters to be sure the word got out to anyone at an institution where students, residents, and fellows are training. The long time members of AES know how important it is to create a community for the next generation of practitioners so they can continue the AES tradition.

The 125 available membership subsidies that began with the strategic and thoughtful gesture by then President Schachter have been exhausted. To date, 65 Junior Members have taken advantage of the Kapur Presidential Fund for Junior Membership.
The Kaufman Fund for Psychiatry in Epilepsy was established this year by the Chairman of the Membership Committee to enable students/residents/fellows in psychiatry and neuropsychiatry to similarly join the AES at a discounted Junior Membership rate. As noted in the pie chart, less than 1% of members identifies themselves as psychiatrists though psychiatric illness is highly co-morbid with epilepsy with a significantly increased suicide rate compared to the general population. As a psychiatrist, I feel strongly that our efforts to address the treatment gap in the treatment of epilepsy must also address the lack of appropriately trained psychiatrists in this field. Our first student to take advantage of this program was Joanna Spencer, M.D., daughter of our beloved Susan S. and Dennis D. Spencer.

The Future of AES Membership – AES members know how important our professional society is, and many recognize their AES membership is a bargain compared to other professional organizations. Even in these tenuous economic times the need for epilepsy research and education to attain maximal quality care will continue unabated. The AES must confirm our ongoing commitment for communication and action.

In order to enhance our usually high membership retention rate, at a time when some institutions and individuals are de-prioritizing dues payments, AES membership solicitations will be expanded to all healthcare professionals involved in the treatment of epilepsy or the use of antiepileptic drugs. Two physician groups to be targeted are psychiatrists and pain specialists, for the majority of antiepileptic drugs are utilized in psychiatry and pain management, not in the treatment of epilepsy. As the majority of patients with epilepsy (PWE) have co-morbid psychiatric disorders, this is a significant component of the treatment gap in epilepsy that has not yet been addressed and must be if our patients are to truly have an improved Quality of Life.

Though the primary goals of the AES concern research, education, and quality healthcare for PWE, the AES has an obligation to share its knowledge of antiepileptic drugs with those specialties that most commonly prescribe these agents. By so doing, it is hoped that the future will see collaborative research and educational efforts among these specialties.

I was most honored to be co-chair at the Membership Committee meeting held during the AES Annual Meeting in Boston. This year, I look forward to chairing the first meeting as Committee Chair and have so far enjoyed the committee including the addition of two new members to our Membership Committee: Laura Strom, M.D. and Tracey Milligan, M.D. We will say goodbye to several members at the meeting in San Antonio and wish to thank Joseph Drazkowski, M.D., Kimberle M. Jacobs, Ph.D., David Y. Ko, M.D., Paul M. Maertens, M.D., for their years of service and commitment to AES and its membership.
Epilepsy Currents – the official AES journal – is entering its eleventh year of publication. As has been the case from inception, the journal continues to publish short topical reviews directed to the epilepsy community and commentaries on research papers of particular interest. So as not to compete with Epilepsia and other journals whose primary purpose is the communication of original research, Epilepsy Currents does not publish contributed research papers. The journal is managed by Gregory K. Bergey (clinical science) and Michael A. Rogawski (basic science), who serve as Senior Editors, along with Associate Editors Jacqueline A. French and Carl E. Stafstrom. An editorial board that now numbers 51 serves the important function of identifying topics of interest and contributing much of the content of the journal. AES staff member Cheryl-Ann Tubby manages the journal. Reviews published in the journal are solicited by the managing editors from experts in the field; the commentaries are written by a member of the journal’s editorial board.

The journal is published in six bimonthly issues per year. Each issue is divided into two main sections: basic science and clinical science. Volume 10 of the journal (2009–2010) includes 42 commentaries and 10 reviews. The publisher averaged 67 days to produce the printed journal from receipt of articles from the society.

A print version of the journal is mailed to all AES members. In addition, the journal content is available without access fee on the AES website and on the National Library of Medicine’s electronic publishing platform PubMed Central. Articles are indexed in PubMed. Citation numbers are available on Google Scholar. The four most highly cited articles published in the journal are the following reviews: (1) “The Association Between Antiepileptic Drugs and Bone Disease” by Alison M. Pack (Epilepsy Currents, Vol. 3, Issue 3, Pages 91–95, 2003); (2) “The Yin and Yang of the H-Channel and Its Role in Epilepsy” by Nicholas P. Poolos (Epilepsy Currents, Vol. 4, Issue 1, Pages 3–6, 2004); (3) “Effects of Seizures on Autonomic and Cardiovascular Function” by Orrin Devinsky (Epilepsy Currents, Vol. 4, Issue 2, Pages 43–46, 2004); and (4) “Depression in Epilepsy: A Neurobiologic Perspective” by Andres M. Kanner (Epilepsy Currents, Vol. 5, Issue 1, Pages 21–27, 2004).
The Council on Education (COE) oversees the development and implementation of all educational programs sponsored by the American Epilepsy Society. Activities are directed to both AES members and non-members including epileptologists, neurologists (both adult and pediatric), neurosurgeons, psychiatrists, pharmacists, and professionals in epilepsy care with a significant interest in the research, diagnosis and treatment of epilepsy, (e.g. nurses, social workers, research scientists, neuropsychologists, other referring specialists, and general practice physicians who provide care for patients with epilepsy, and others interested in the field of epilepsy.)

The main role of the Council on Education is the strategic planning for all AES educational programming, ensuring that the CME Mission Statement is carried through, as well as the oversight and implementation of new educational initiatives. The COE also develops, reviews, and implements all policies with relation to CME activities and ensures that its activities meet the rules as set forth by the Accreditation Council for Continuing Medical Education (ACCME). The Council ensures that these mandates are followed when planning all educational activities.

The Council on Education oversees two committees responsible for planning educational programs: Annual Meeting and Educational Development.

**Annual Meeting Committee**
This Committee is charged with organizing the content of the premier event of the AES, our Annual Meeting. It is made up of the chairpersons of the various committees that develop educational symposia and programs that are presented at the annual meeting. They include:

- the Scientific Program Committee which reviews abstract submissions and assigns poster and platform sessions, as well as planning up to two plenary sessions
- Annual Course
- Investigators’ Workshops
- Pediatric Content Committee
- AET Symposium
- Practice Management
- Spanish Symposium
- Presidential Symposium
- Merritt-Putnam Symposium and
- Professionals in Epilepsy Care Symposia.

These groups meet individually during the AES annual meeting to review and discuss potential topics for future annual meetings. They are then presented and refined at a meeting of the Annual Meeting Committee which ensures that the programs are aligned with meeting attendee interests and educational goals, and to prevent overlap of topics and scheduling.

Overall Annual Meeting attendance set a new record high of 4200 in Boston in 2009. There were 23% more attendees generating 26% more revenue than budgeted. There was a record number of nonmembers.

**Educational Development Committee**
The Educational Development Committee is comprised of four individual sub-committees (CME Review, Professionals in Epilepsy Care, Basic Sciences, and Resident/Student Education). It is responsible for developing, reviewing, and ultimately approving educational programs that are of interest to the AES members and which fall within the scope of our educational mission. It directs and provides guidance to these programs and ensures that AES educational activities meet ACCME standards.

Two initiatives that began in 2008 concluded at the end of 2009: Epilepsy Update: A Case Series Newsletter and the Visiting Professor Series. Both were supported with educational grants. The newsletter is now available on the AES website.

Two more educational activities were initiated in late 2009. AES along with the Epilepsy Therapy Project are jointly sponsoring a new CME activity entitled “Medication Compliance.” The activity is geared to epileptologists, general neurologists, nurses, pharmacists and other healthcare professionals involved in the care of patients with epilepsy.

In addition, the American Epilepsy Society, Pri-Med and ReachMD have partnered in a CME activity entitled “The Pharmacist’s Role in Epilepsy Management: Current Treatment Issues and Future Trends.” This program is targeted to both pharmacists and neurologists.
Accreditation
In 2009 the Society was awarded “Accreditation with Commendation” by the ACCME. This is an accomplishment of which we are very proud. This status places AES in the top 10% of accredited CME providers. We continue to review and improve upon our CME program by examining current policies and making necessary adjustments.

Medical Content Specialist
Paul Levisohn, M.D. continues as our part-time Medical Content Specialist. Dr. Levisohn assists the Annual Meeting Committee, staff and faculty with documenting educational content to meet ACCME requirements. He also reviews and summarizes needs reported by our membership generating a needs assessment so that programming better serves the needs of our membership.

Educational Outcomes
One of the most important components of the Council on Education’s role is assessing the success of our educational programs. We regularly assess the reviews of the programs and continue to evaluate the program’s ability to facilitate changes in physician behavior afterwards. We are looking at creative ways to do similar assessments of all of our programs. The Annual Meeting of the American Epilepsy Society provides the opportunity for the Society to achieve one of its major missions, provision of educational opportunities for our members. AES adheres to the directives from ACCME regarding the provision of CME credits. CME must address the educational needs of our members as they relate to clinical care and patient outcomes. Toward that end, AES provides the opportunity for our membership to tell us about their needs and interests through the AES website. In addition, the committees charged with developing symposia and courses for the Annual meeting provide input regarding needs.

Analysis of the Needs Assessment from the 2009 Annual Meeting reveals the broad clinical interests of the membership. Topics as varied as neurophysiology to billing and practice management were identified. Broad categories of needs can be defined, reflecting the varied membership of AES. These categories include diagnostic techniques, treatment (including medication and non-pharmacologic treatments), clinical epilepsy (e.g., comorbidities, legal and practice issues), research and basic sciences, behavioral sciences, and special populations (e.g., pediatrics, women’s issues). Recent CME programs have addressed needs identified in each of these areas. While providing CME opportunities is important for the Society and its members, most important is the quality of these educational opportunities. The active participation of our membership allows for development of innovative programs. For example, while not providing CME credit, Special Interest Groups further the goal of providing for the educational needs of our membership in more focused areas, in a less formal venue.

Updates
Staff Update: In an effort to mainstream work flow, we no longer employ the services of medical education companies to help organize Annual Meeting activities. The functions previously done by these organizations are now done by full-time AES staff.

Online repurposing: we are exploring changes to our online repurposing programs to make past symposia available on MP3 and MP4 formats.

Funding of educational programs: Commercial support continues to be difficult as pharmaceutical industry support continues to decline. Commercial supporters are still in the process of paradigm changes separating out marketing dollars from grant dollars. Most major supporters have now converted to using online grant applications, which are separated from marketing money and reviewed/approved based upon strict educational needs, objectives and outcomes requirements. While total dollars of support for our educational mission have declined, we have actually been able to increase the breadth of supporters, often through member contacts.
Giving Back Through Service

AES appreciates its volunteers, particularly those who take on the responsibility of Chairing a Committee or Task Force. Many thanks to our 2010 Committee Chairs.

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Council on Education
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Research Initiative Fund Subcommittee
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Research Recognition Awards Committee
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Research & Training Committee
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Special Interest Group Oversight
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Student & Resident Education Subcommittee
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One of the core goals of the American Epilepsy Society is advancement of research into the causes and treatment of epilepsy. To this end, the AES commits substantial resources to fund innovative proposals from all levels of the membership of the Society. These projects are funded in close collaboration with other organizations such as the Epilepsy Foundation of America, which shares the research goals of AES. Ongoing communication and cooperation between the organizations is the key to the seamless facilitation of the dozens of research projects and training fellowships launched every year in the fight to overcome epilepsy.

This year has seen many exciting developments. The Vision 2020 group is a coalition of epilepsy advocacy and research organizations that are working together to identify common goals. One of the first such goals is establishing the public health impact of epilepsy, and the Institute of Medicine is being engaged to address this important issue.

The Grass Foundation has a long history of working with the American Epilepsy Society to fund research into causes and treatments of epilepsy. This year the Grass Foundation and AES are collaborating to establish a new travel grant to enable students and young investigators to attend the AES meeting. This program, to be launched next year, will provide young neuroscientists access to the latest issues in epilepsy research and clinical care, with the goal of encouraging more of the best and brightest young investigators to study epilepsy.

The first Susan Spencer Clinical Fellowships will be awarded this year. This is a new two-year program designed to train a new generation of clinical epilepsy researchers. This training and research support was championed by the late Dr. Susan Spencer. The new fellowship is jointly funded by the AES, American Academy of Neurology (AAN) and the Epilepsy Foundation. It will be administered by the AAN.

As I conclude my three year term as Chair of the Research & Training Committee, I want to thank all the volunteers who have served with me. In addition to the Research & Training Committee itself, the three subcommittees that reviewed funding applications each year (Research Initiative Fund, Research Infrastructure Award, and Early Career Physician-Scientist Award) helped us meet our mission of funding research. I welcome Doug Coulter to the Chair of this committee and wish him much success over the next three years.

## Early Career Physician-Scientist Awards

**Yoshimi Sogawa, M.D.**

Albert Einstein College of Medicine, Montefiore Medical Center

Mentor: Shlomo Shinnar, M.D., Ph.D.

“Computerized EEG Analysis Methods to Create the Algorithm to Detect Subtle Features on EEG”
AES-funded Postdoctoral Fellowships

Funded for the 2009/2010 Academic Year, administered by the Epilepsy Foundation

David Feliciano, Ph.D.
Yale University School of Medicine
“Electrophysiological analysis of a malformation of cortical development”

Jeanne Paz, Ph.D.
Stanford University
“The role of thalamus in epileptogenesis following cortical stroke”

Timothy Petros, Ph.D.
Joan & Sanford I. Weill Medical College of Cornell University
“Developing a cell based therapy for intractable cortical seizures”

Postdoctoral Research & Training Fellowship for Clinicians Funded by The Grass Foundation/R.S. Morison Fellowship Second Year

Gabriel Ustin Martz, M.D.
University of Virginia
“Intracerebral Infusion to Treat Limbic Epilepsy”

AES Funded Predoctoral Fellowships

Funded for the 2009/2010 Academic Year, administered by the Epilepsy Foundation

Katharine Nicole Gurba, B.A.
Vanderbilt University Medical Center
“Effect of GABAα receptor beta3(G32R) mutation on GABAr assembly & function”

Jerrah Kathleen Holth, B.S.
Baylor College of Medicine
“Converging Mechanisms of Epilepsy and Alzheimer’s Disease”

Sung Kwon
University of Wisconsin-Madison
“Molecular mechanisms of an antiepileptic drug, Levetiracetam”

William G. Lennox Predoctoral Fellowship

Nicole Lykens
Drexel University
“AMPA receptor splice-modulating oligonucleotides to treat epilepsy”

Research Initiative Fund

Funded January 2010 by AES

Amy Brooks-Kayal, M.D.
University of Colorado Denver
“Role of p75 neurotrophin receptor signaling in epileptogenesis”

Research Infrastructure Program

Funded January 2010 by AES and the Epilepsy Foundation

W. Curt LaFrance, Jr., M.D., M.P.H.
Rhode Island Hospital
“Establish a collaborative multicenter research program on non-epileptic seizures”
Research Recognition Awards
Given annually to active scientists and clinicians working in all aspects of epilepsy research, this program was designed to recognize professional excellence reflected in a distinguished history of research or important promise for the improved understanding, diagnosis and treatment of epilepsy.

Award for Basic Science
Annmaria Vezzani, Ph.D.

Distinguished Achievement Awards
Honors members for service and achievements

2009 J. Kiffin Penry Excellence in Epilepsy Care Award
Allan Krumholz, M.D.

2009 AES Service Award
L. James Willmore, M.D.

2009 William C. Lennox Award
Braxton B. Wannamaker, M.D.
Attendance
The 63rd AES Annual Meeting turned the Hynes Convention Center in Boston into a hive of activity during the first week of December. A record number of attendees (4,158) included more than 860 who registered on site at the meeting. Any fears of reduced attendance due to the economy or fear of snow in Boston were eliminated when Friday sessions were overflowing their rooms. Approximately 39% of attendees were from outside the US including countries such as the Dominican Republic, Iceland, Nigeria and Oman. A majority of meeting attendees (58%) were not members of AES.

Programs
The meeting provided a variety of educational offerings including 15 lectures and symposia, 37 Special Interest Groups, 15 Investigators’ Workshops, 1,060 posters in five poster sessions, 40 platform presentations, scientific exhibits, a mentoring session, and several receptions for networking.

The most popular programs with over 1,200 registered were the Merritt-Putnam Symposium and the Hoyer Lecture. Next were the Annual Course and the Presidential Symposium with over 1,100 registered. As usual, topics covered a broad range of interests. Slides and transcripts from 13 of the symposia are on the AES website.

• Neurophysiology 101 - Annual Fundamentals of Epilepsy
• Biomarkers in Epilepsy - Hot Topics Symposium
• Pitfalls in Diagnosis and Treatment of Epilepsy - Spanish Symposium
• Battling Epilepsy with Models and Molecules – 7th Judith Hoyer Lecture in Epilepsy
• Predictors and Methodologies of Epilepsy Self-Management – Professionals in Epilepsy Care Symposium
• Beyond Seizures: Mechanisms Underlying Epilepsy Spectrum Disorder – Merritt-Putnam Symposium
• Treatment Strategies for the Patient with Epilepsy – AET Symposium
• Selecting Patients for Epilepsy Surgery – Annual Course
• Expert Consensus on Patient Safety – Epilepsy Monitoring Unit Symposium
• It Takes A Village: Solving the Treatment Gap – Presidential Symposium
• The Future of Epilepsy Therapy – Lennox Lecture
• Treatable Metabolic Epilepsies – Pediatric State of the Art Symposium

• The Postictal and Interictal Periods: What Are We Missing? – Plenary II
• Redefining Treatment Resistant Epilepsy – ILAE Symposium
• ICU Monitoring – Plenary III

A keynote session for the Epilepsy Research Recognition Award winners was offered on Sunday during the lunch break. This gave the awardees a chance to share some of their award winning accomplishments with attendees.

Posters
The Scientific Program Committee accepted a total of 1,060 abstracts for presentation during the meeting. The Investigators’ Workshop program included two poster sessions showcasing 41 posters. These posters were also presented during one of the three main poster sessions in the Poster Hall. Posters were presented over three days in the following categories: Professionals in Epilepsy Care; Clinical Neurophysiology; Clinical Epilepsy; Comorbidity (Somatic and Psychiatric); Human Imaging; Antiepileptic Drugs; Non-AED/Non-Surgical Treatments; Surgery; Human Genetics; Practice Resources; Neuropsychology/Language/Behavior; Health Services; Translational Research; and Neuropathology of Epilepsy. The categories with the most posters were Clinical Epilepsy with 217 posters and Translational Research with 162. In addition to the Poster Session, 26 Platform Sessions were held focusing on Translational Research; Surgery/Imaging and Clinical Epilepsy. Another 14 poster presenters participated in the Pediatric Epilepsy Highlights Session.

Special Interest Groups (SIGs)
These 90-minute, member-directed discussion groups continue to be one of the most popular parts of the Annual Meeting. The most anticipated SIG was the Neurostimulation session on “Programming Neurostimulation Devices: The Nuts and the Volts” with 628 registered. Next was the Neuroimaging session on “Imaging Evidence of White-Matter Damage in MTLE” with 402 registered. Many SIG rooms were overflowing with attendees this year.
Investigators’ Workshops
The Investigators’ and Clinical Investigators’ Workshops were held over three days and featured speakers from all over the world. Topics included:

• The Impact of Neuroinflammation on Neuronal Excitability and Excitotoxicity
• Mapping Cortical Function with Intracranial Electrodes
• Magnetic Resonance Imaging Changes After Prolonged Febrile Seizures and Temporal Lobe Epilepsy
• Imaging Synchrony with Activity-dependent Dyes
• Stem Cells and Epilepsy
• Imaging Drug Resistance
• Rapamycin: From Tuberous Sclerosis and Beyond
• The Two Faces of BDNF/Jak Dependent Neurogenesis
• Possible Mechanisms of SUDEP
• Do Neonatal Seizures per se Cause Brain Damage?
• Optical Imaging of Epilepsy
• Sensing the Brain in Epilepsy
• Curing the Disease by Replacing the Defective Gene
• Neuron-glía Signaling and Epilepsy
• Rodent Models of Febrile Seizures

Press Room
More than 200 reports referencing the AES annual meeting appeared in print and online during December 2009 through January 2010 compared to 45 published reports for the same period the previous year. The published articles, including two news reports in JAMA and articles in at least five languages, generated 64 million media impressions (a metric for the number of potential readers/online visitors who have seen the published reports).

The December meeting marked the third year in which a special media briefing was held for journalists onsite and remotely by telephone. Presenters for the briefing, a report on the treatment gap in epilepsy, were Steven C. Schachter, M.D. (AES); Patrick Kwan, M.D., Ph.D. (ILAE); and Eric Hargis (Epilepsy Foundation).

Eight ‘mini-briefings’ were held throughout the course of the meeting, a new feature giving journalists onsite the opportunity for informal, sit-down interviews with scientists and session presenters. The mini-briefings involved seventeen researchers and fourteen scientific reports. The majority of reports concerned basic and translational science, research areas typically given less coverage by journalists attending previous AES annual meetings.

Special Event
A very special event was held on the Saturday night of the meeting. A memorial concert in memory of Susan Spencer was performed by Longwood Symphony at the New England Conservatory in Boston. The symphony, made up mostly of medical professionals, students and residents includes Susan and Dennis Spencer’s daughter, Andrea, a violist. The concert, which was followed by a reception for AES ticket holders, raised $45,200 for the Susan Spencer Memorial Fund. This fund will support clinical research fellowships.

Exhibit Hall and Commercial Support
The Exhibit Hall was a lively place with 73 separate exhibitors representing pharmaceutical companies, device and equipment manufacturers, publishers, non-profit organizations, recruiters, and more. This year a drawing was held for people who got their “passports” validated at ten participating booths. Twelve meeting attendees received prizes such as American Express gift certificates or digital cameras. Within the exhibit hall was the Epilepsy Resource Center with comfortable chairs, AES membership information, practice resource demonstrations, clinical trial information and copies of AAN Guidelines.

In addition to the commercial exhibits in the exhibit hall, four companies showcased their up and coming products at Scientific Exhibits in a different part of the Convention Center.
CORPORATE PARTNERS ACKNOWLEDGMENT

The American Epilepsy Society would like to recognize the Annual Meeting and year round support of the following corporate partners:

2009 Annual Meeting & Year Round Support

LEADERSHIP LEVEL
($250,000 – $500,000)

• Pfizer, Inc.
  Support of Presidential Symposium, Plenary II, two Special Interest Groups; Exhibit Booth; and Exhibit Hall Lunch.

• UCB, Inc.
  Support of Presidential Symposium, AET Symposium; Spanish Symposium; EMU Symposium; Plenary III; two Scientific Exhibits; and Exhibit Booth.

SPONSOR LEVEL
($100,000 – $249,999)

• GlaxoSmithKlein
  Support for AET Symposium; Merritt-Putnam Symposium; PEC Symposium; Year Round Education and Exhibit Booth.

• Sepracor Inc.
  Support for AET Symposium; Scientific Exhibit (all day); two Special Interest Groups; and Exhibit Booth.

• Stellate, An Alpine Biomed Company
  Support through an Exhibit Booth.

• Ad Tech Medical Instrument Corp.
  Support through an Exhibit Booth.

CONTRIBUTOR LEVEL
($25,000 – $49,999)

• Nihon Kohden American, Inc.
  Support for Lennox and Lombroso Trust through an auction of Video EEG machine and an Exhibit Booth.

• Medtronic
  Support for Junior Investigator Awards and Scientific Exhibit.

• Advance Level
  Support through an Exhibit Booth.

PATRON LEVEL
($5,000 – $9,999)

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  Support through an Exhibit Booth.

• Blackrock Microsystems
  Support through an Exhibit Booth.

• Cadwell Laboratories
  Support through an Exhibit Booth.

• Electrical Geodesics, Inc.
  Support through an Exhibit Booth.

• Epilepsy Foundation
  Support through an Exhibit Booth.

• Health Learning Systems/LEAD
  Support through an Exhibit Booth.

• NeuroLogica Corporation
  Support through an Exhibit Booth.

• Ripple LLC
  Support through an Exhibit Booth.

• Valeant Pharmaceuticals International
  Support through an Exhibit Booth.

SUPPORTER LEVEL
($50,000 – $99,999)

• Eisai Inc.
  Support for Program Book ad; President’s Reception; Lennox and Lombroso Trust; and Susan Spencer Clinical Research Fund.

• Lundbeck
  Support for ILAE Symposium; Cyber Café in Exhibit Hall; Scientific Exhibit; one Special Interest Group and Exhibit Booth.

• Questcor Pharmaceuticals, Inc.
  Support for Pediatric Symposium; one Special Interest Group, Cyber Café in Registration area and Exhibit Booth.

• Cyberonics
  Support for one Special Interest Group and Exhibit Booth.

• Elekta
  Support through an Exhibit Booth.

• Compumedics Limited
  Support through an Exhibit Booth.

• Natus Medical
  Support through an Exhibit Booth.

• PMT Corporation
  Support through an Exhibit Booth and a Program Book Ad.

• Care Fusion/Cardinal Health
  Support through an Exhibit Booth.

• Grass Technologies
  Support through an Exhibit Booth.
OTHER ANNUAL MEETING EXHIBITORS

The Annual Meeting of the American Epilepsy Society is designed as a forum for the exchange of ideas among professionals and brings together those engaged in the research and treatment of epilepsy. Meeting attendees welcome the opportunity to meet with exhibitors and learn how products and services can aid their research or treatment of epilepsy.

Ad-Tech Medical Instrument Corporation
AED Pregnancy Registry
American Express Open
American Board of Clinical Neurophysiology, Inc.
American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc.
AnalyzeDirect Inc.
Angelman Syndrome Foundation, Inc.
Angioma Alliance
The Anita Kaufmann Foundation
Athena Diagnostics, Inc.
Blackrock Microsystems
Cadwell Laboratories, Inc.
CareFusion (formerly Cardinal Health)
Clever System, Inc.
CNS Vital Signs
Cochrane Epilepsy Group
Compumedics USA, Ltd.
CURE: Citizens United for Research in Epilepsy
Cyberonics
Data Sciences International
Demos Medical Publishing, Inc.
Diagnostic MD
DigiTrace – Subsidiary of SleepMed, Inc.
Dixi Microtechniques
 Eisai
Electrical Geodesics, Inc.
Elekta, Inc.
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Epilepsy Foundation
Epilepsy Phenome/Genome Project
Epilepsy Therapy Project
Family Studies in Epilepsy at Columbia University
GlaxoSmithKline
The IDEA League
Integra LifeSciences Corporation
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John Libbey Eurotext Ltd.
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LGS Foundation
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SAN ANTONIO, TX
CONVENTION CENTER
December 3-7, 2010

2010
San Antonio, TX
San Antonio Convention Center
December 3-7

2011
Baltimore, MD
Baltimore Convention Center
December 2-6

2012
San Diego, CA
San Diego Convention Center
November 30-December 4

2013
Washington, DC
Washington Convention Center
December 6-10