The American Epilepsy Society (AES) is one of the oldest neurological professional organizations in the nation, with roots dating to 1898. 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.
Read the IOM report
WWW.IOM.EDU/EPILEPSY

Scan the code to access the IOM report and to take a quiz about epilepsy.
Report from the CURRENT PRESIDENT

Frances E. Jensen, M.D., 2012 President

I am honored to have the opportunity to serve as president of the American Epilepsy Society for 2012. I’d like to thank Jack Pellock for an incredible year of service to the Society. He dealt tirelessly with the issues that came up and made progress in so many fronts. This year also has many issues and opportunities. These include promoting translational research and the much anticipated Institute of Medicine Report.

The Institute of Medicine (IOM) report, Epilepsy Across the Spectrum: Promoting Health and Understanding, came out this spring. As a community, we thank the IOM for taking on the public health dimensions of the epilepsies and the AES members and other experts who gave many hours of their time to create the report. The report is available for download at http://www.iom.edu/Reports/2012/Epilepsy-Across-the-Spectrum.aspx. This report was made possible through the many contributions of the patient advocacy, professional and government agencies that supported this project with their time, expertise and money. Now we are charged with working on the many recommendations that are documented in the report. With the Vision 2020 Committee (made up of many non-profit advocacy groups, professional societies and government agencies) we have started to identify who is best placed to do what and how we prioritize activities to meet the recommendations. The momentum is picking up, thanks to the organizational efforts of AES, and I hope to have a report on some concrete progress by year end.

In conjunction with the partnerships and relationships we’ve developed through the IOM report process, we hope to expand the scope of the Vision 2020 Committee. Future directions include a better understanding of research funding availability and needs. We hope that a Research Summit will help all of the organizations fund research more effectively and help reduce the effect of lost government research funding.

To help bring more attention to Translational Research, I created a Translational Research Task Force as a joint effort with ILAE to developing training, networking, community resource and funding opportunities. The Task Force created a Translational Workshop that will be held prior to the European Commission’s Congress in London in September. They also created a call for proposals to determine research needs in this area. Several very good proposals were received and one was funded through a new funding mechanism authorized by the Board of Directors. Lastly, a Translational Symposium was added to the Annual Meeting schedule that will be launched at the 2012 meeting.

Our leadership development activities continue to be a priority for the Board of Directors and particularly the Executive Committee. To ensure that more people can participate we’ve moved the Leadership Development Program to Friday lunch time. This program is now offered for Committee Chairs and up and coming leaders to learn more about how the Society works. All Committee members were invited to participate in the Annual Leadership Breakfast and Business Meeting where we recognize volunteers, welcome new leaders and provide an overview of the state of the Society. All members were encouraged to attend the last half hour for a presentation on how the Society works and the inauguration of the new president. Lastly, we repeated the Professional Development at AES Program for Junior Members and Those in Transition. This program is organized by more junior members to help those just getting started in the Society learn more about the Society and how to get involved. This program was held Friday afternoon.
Looking back on the last year of activity at the American Epilepsy Society, I’m still amazed at how much has been accomplished and all the wonderful plans for the future. This is a thriving, energetic organization and it has been an honor and a pleasure to serve as your president.

We have further developed our Council on Clinical Activities which used to be the Practice Committee. It is now made up of four committees and multiple workgroups covering Treatments, Practice Management, Guidelines and figuring out how best to provide Resources and Information. The overall goal of the Council is to provide information to clinicians to help them in their practice. These groups are developing frequently asked questions, disseminating guidelines, responding to practice issues, writing articles for *Epilepsy Currents* and working closely with the committees designing the new AES website. The Council actually has AES’s first guideline submitted for publication.

The Society continues work to be financially independent of commercial support. One way is to present an operating budget without commercial support demonstrating how independent we already are. We also have continued with our fund-raising efforts which were very successful this past year due to efforts related to the 75th Anniversary. AES actively participates in the annual Walk for Epilepsy and has an agreement with the Epilepsy Foundation that all monies raised by AES teams comes back to AES. This past year that amounted to over $40,000. This money is so important to ensuring that AES can meet its mission to promote research and educate professionals. The 75th Anniversary was a tremendous success with the culmination of activities at the Annual Meeting. These activities provided a major impetus to our development campaign.

During 2011, we developed a better relationship with the American Academy of Neurology and will be repeating the Epilepsy Specialist programs at their 2013 meeting. We are also working with them on projects to meet some of the IOM recommendations. Our relationship with the Epilepsy Foundation remains strong, including partnering for pre- and postdoctoral fellowships as well as other research and educational programs. This year we are beginning joint advocacy efforts. We have also started building a relationship with the Child Neurology Society and look forward to developing joint educational programs.

The biggest event for AES during the past year, was the development and release of the Institute of Medicine report on epilepsy and its recommendations. The AES continues to host meetings of the Vision 2020 Committee and the IOM report-focused workgroups to allow multiple organizations to work together to accomplish these goals. More information on this report appears elsewhere in this Annual Report, but I want to thank Frances Jensen and the other AES members for all their efforts to make this happen. Through the report, they demonstrated the importance of the activities of AES and the need for AES to continue to coordinate these efforts.

Our journal, *Epilepsy Currents* has continued to evolve. This year saw a seamless change in senior editors. Many thanks to Mike Rogawski and Jackie French who rotated off. Congratulations to Jack Parent and Andy Kanner who jumped right in and helped develop new sections expanding the scope. We were excited to get an impact factor for the first time this year.

Lastly, I’d like to congratulate Frances Jensen and the Board of Directors on their accomplishments already this year. I thank all the volunteers for their efforts and especially the staff, as we couldn’t get it done without you. I look forward to continuing to work with the Society in the many ongoing projects.
Report from the EXECUTIVE DIRECTOR

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

AES Strategic Thinking and Planning: A Time-Honored Tradition

The theme for our Annual Report this year is “Building Pathways to the Future.” This theme has many meanings and intentionally highlights AES initiatives for building an endowment that will foster and fund important future research, entice and mentor young clinicians and scientists to become members and enter the field, develop new educational programs for future professional development needs, and in many more ways create future value for all of you. Past progress and deliberative plans for the future are part of a time-honored tradition in AES Strategic Thinking and Planning.

From its very beginning, AES has embraced and implemented strategic thinking and planning as its core value. In fact, in the 1978 Membership Roster, AES started listing its active committees, including the original Long Range Planning Committee chaired by Juhn Wada. Members consisted of David Daly, Fritz Dreifuss and Kiffin Penry. I am sure that if I dug deeply enough, strategic thinking about the organization probably permeated board discussions and deliberations from the very beginning in 1936!

Formal strategic planning retreats began in 1994. This was the first time that AES contracted with a professional facilitator for a two-day planning retreat. This was a big deal, but Eric Lothman, Chair of the Long Range Planning Committee easily convinced the Board that this would add value to the process and pay dividends for the future. My thanks to Ilo Leppik and Jim McNamara for envisioning the benefits of this new process. The session went very well and the use of a facilitator is now a routine practice.

Mission and Vision Statements

Over the years, the leadership has tweaked its mission statement. The main theme has always been to focus on the professionals — AES members. However, our reach is expanding to meet the needs of all professionals who treat persons with epilepsy. The IOM report that you have heard so much about, supports the need for AES to reach out to AAN and other medical professional societies.

Mission Statement: To promote research and education for professionals dedicated to the prevention, treatment and cure of epilepsy.

Mega Issues

In “strategic planning” speak, facilitators use the term “mega issue.” Over 10 years ago, AES began the process of identifying important mega issues for board discussion. Mega issues are over-riding issues of strategic importance that cut across multiple outcome areas. They address key issues that AES should answer, illuminating choices it must make, and the challenges that need to be overcome to better serve its members, fulfill its purpose, cause, or mission and to successfully move into the future. Here is a sampling of some issues that the Board has identified and discussed over the last decade. It is interesting to note that many of these issues are still relevant today. The Board has really been ahead of its time.

- Should the Society protect itself from becoming too dependent on financial support from the pharmaceutical industry? How should AES relate to industry? What are the ethical implications? These questions came up before CME, OAG, or CMSS code regulations and guidelines.

- Should the Society better educate the primary care physician, general neurologist, nonepileptologist about epilepsy care? Should AES be the primary source for education on epilepsy for all professionals? What should AES’s role be in educating the public?

- What role should AES take in advocating for increased resources for treatment of and research in epilepsy?

- What key, worldwide strategic partnerships and relationships does AES need to form in the future to remain successful? How should AES define its global role? As an ILAE Chapter? How should AES relate to AAN?

The Board has struggled with whether this Mission Statement is lofty enough. We have talked about an “Envisioned Future” that might have the statement: To eradicate epilepsy and its consequences or Leading the way to the cure of epilepsy.
What will be the new PSE’s (Programs / Services / Experience) that will provide AES with additional sources of diversified, non-dues revenues and create more value and benefits to its members?

What is the image, reputation, identity of excellence, or brand that AES must have in the future to be successful?

What does AES need to reshape its current infrastructure to make it more volunteer user-friendly? Create opportunities and recruit new leadership talent?

What does AES need to reshape its current infrastructure to make it more volunteer user-friendly?

Core Values

In 2002, under the direction of President Tom Sutula, we added core values to the AES plan and they remain with the leadership today.

- Collegiality
- Inclusiveness
- Professionalism
- Collaboration
- Integrity
- Social responsibility
- Innovation
- Clinical and Scientific Excellence

In 2002, we tried to look into a “crystal ball” to envision what AES might look like and achieve by 2012. The list is quite revealing and again very progressive.

AES:

- is the dominant worldwide force in leading the way to the cure of epilepsy and advancing significant break-through research to cure epilepsy.
- is the recognized worldwide resource for epilepsy knowledge and professional education.
- plays a pivotal role in causing a direct improvement for the well being of people with or at risk for epilepsy.
- has an endowment that provides substantial funds for clinical and basic scientific research grants.
- has created the standards as to how disorders of the brain are researched, prevented, or cured.
- is involved in forming many strategic partnerships, coalitions, and relationships that focus on curing epilepsy.
- has positioned the cure of epilepsy in the same public focus as a major disease and is instrumental in coordinating healthcare’s focus on and partnership in the cure. It will be more involved in educating and fostering research on the social challenges and aspects of epilepsy — treating the whole person with epilepsy.
- will have more members, including younger members.
- will use a balance of technology and traditional forums for the delivery of its programs, education, and member services, including giving educational curriculum guidance on epilepsy to academic institutions.
- is an attractive venue for multidisciplinary professionals involved with epilepsy.
- is successful in creating more resources for and interest in all types of research on epilepsy.
- will make a major impact on reducing the stigma of epilepsy in the healthcare community.
- will publish a journal that is recognized as the most prestigious in its field and specialty.

The list above is very forward thinking, even today. What is most impressive is the actual progress that has been made in all the areas mentioned. Your leadership has been aggressively tackling all these important areas with tremendous energy and creative thinking.
Goals and Initiatives

Today, AES calls its goals “Initiatives” which is more action-oriented. Each Initiative carries several outcome statements supported by Actions / Tactics. Committees, Task Forces, and work groups are assigned to these actions, which are reviewed at each board meeting. Resources, including volunteer, financial and staff are allocated to get the actions accomplished.

Here is a list of past goals / initiatives. As can see, our goals / initiatives have attained a much higher level in an effort to facilitate thinking at a very high level. This allows the Board to really “think outside the box.”

The AES had several themes relating to its current initiatives. There has always been a statement about Research and Education. Over the years, the Board has added statements about its role in advocacy, communications, and impact on care and treatment issues.

Our current Initiatives, along with supporting Outcome Statements follow. Each outcome is supported by strategies. Action items are developed to actualize the strategies. Both strategies and action items are developed annually by Committee Chairs and the Board. Priorities are set and specific action items are selected, leading to an Annual Operational Plan. The Budget is directly correlated to the Plan. The AES leadership has successfully integrated all aspects of the AES infrastructure into a forward and strategic thinking process.

Initiatives / Outcomes:
1. Supporting excellence in education and research.
   
   Outcome Statements
   1. Take a more active role in advocating for research dollars
   2. Ensure the future of clinical and basic science research
   3. The AES will attract and embrace talented fellows and allied professionals in diverse forms of training.
   4. The AES will expand its educational offerings and products beyond the annual meeting.
   5. The AES will grow its official journal.

2. Enhancing the ability of professionals to provide high quality clinical care to persons with epilepsy through AES programs and services.
   
   Outcome Statements
   1. The AES will produce, generate and disseminate policies, guidelines, practice parameters, and checklists to its members and other stakeholders.

3. Build a strong financial and programmatic infrastructure to achieve sustained growth and continuous improvement of services.
   
   Outcome Statements
   1. Develop a sustained capacity to support AES high priority programs.
   2. The AES will grow and energize talented volunteers and staff leading to a sustained workforce.

4. Building financial resources to achieve sustained growth and longevity.
   
   Outcome Statements
   1. The AES will continue to increase its visibility and influence.

As members, you will begin to see more formal communication about the Annual Operational Plan and Direction. We will share with you what the plans are for the upcoming year and at the end of the year, what was accomplished. We welcome your comments and input. Of course, a very special thank you to the AES staff for their creativity and great work on behalf of AES.

M. Eugene C. Berry

2012 ANNUAL REPORT
American Epilepsy Society Staff

**Executive Director**
M. Suzanne C. Berry, M.B.A., CAE

**Assistant Executive Director**
Cheryl-Ann Tubby, IOM, CPP

**Director of Education**
Jeff Melin, M.Ed., CMP

**Membership Services**
Kathy Hucks

**Annual Meeting Group**
Elizabeth W. Kunsey, CMP

Jessica Tedford

**Education Group**
JoLynn Amsden

Cindy Johansson

Sandy Pizzoferrato

Paul Levisohn, M.D.
Margaret Jacobs

**Development Group**
Natalie Judd

Kate Flaherty

Susan Cipriani

**Communications**
Peter VanHaverbeke

**Leadership Operations**
Beth Baddeley

**Financial Group**
Gary Diak
The American Epilepsy Society closed the books on Fiscal Year 2011 / 2012 as of June 30, 2012. 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 early 2013 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 2011 / 2012 and a look forward to Fiscal Year 2012 / 2013. Despite a budgeted deficit, we finished Fiscal Year 2012 with a significant surplus. Our policy states that any operating surplus is split between the New Initiatives Fund and the Long Term Reserve Fund. The New Initiatives Fund is used for our research and training programs as well as new projects.

### Total Revenue

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<th>Category</th>
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<tbody>
<tr>
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<td>Education*</td>
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<td>Publications / Products</td>
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<tr>
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*Includes Annual Meeting

### Total Expenses

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<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Education</td>
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<tr>
<td>Total</td>
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### Overview of FY 2011 / 2012 Budget Accomplishments

The vision for the 2011 / 2012 fiscal year budget reflected our mission of education and research, which 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. The Board charged the Annual Meeting to reduce the dependence on industry support, and this has been ongoing for several years. This moved us away from the traditional sponsorship models common in professional societies. Budget reductions were made reflecting the loss of support for food events. We were able to get non-profit tax exemption status from the State of Maryland for our Annual Meeting in Baltimore which saved us more money. We made a concerted effort 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 2012 Annual Meeting in San Diego we continue to look for new ways to save money and increase revenues, while maintaining the extraordinary quality of our Annual Meeting. We continue to focus expenditures on programs and projects that support our Strategic Goals.

### Membership / Operations

- Dues stayed the same again this year and retention remains about 90 percent. Our total number of members is now over 3,000 and continues to grow.
- There has been no increase in the cost of the Epilepsia subscriptions.
- 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 implemented strategies to minimize market impact on our operations. The Finance Committee meets regularly to review the investments with our managers to balance risk and reward during these rather volatile times.
- We continue to provide leadership training to Board members and Committee Chairs.
- Board meeting support costs are within budget. We are planning meetings to make more efficient use of Ex-Officio member time and hopefully reduce our meeting costs.

### Technology

- Annual Meeting symposia continue to be added to the website and we are working on making them easier to search and access.
- The new online database continues to provide more benefits for members including access to their committees, dues payments and subscriptions.
- A professional networking system was launched last year and its use continues to grow. Committees are using it to view and distribute documents and discuss ideas. Members are blogging about issues in the news.
- 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. The journal is now self-published resulting in a substantial cost
savings without compromising the outstanding quality of the publication. We are pleased that the journal costs have remained within budget and we are beginning to see more advertising revenue interest.

- We produced four issues of AES News, which is now distributed through the website to save printing costs.
- The periodic member e-blasts continued throughout the year and the look was updated.
- The Communications Council continues to oversee all publications, media responses and PR efforts.
- The Annual Report is now published online only and is easily available year round.

**Professional Development**

- A series of recorded webinars for EMU Safety have been posted online (EMUcaring.org) and will be launched in the Fall of 2012. This was a joint project with the National Association of Epilepsy Centers.
- A conference on SUDEP, called Partners Against Mortality in Epilepsy was held in the spring and was very successful. A report on the conference will appear as a supplement to Epilepsy Currents later this calendar year. 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.

**Annual Meeting 2011**

- Registration was again over 4,300 despite an increase in fees.
- The Annual Meeting continued to be a revenue generator with a net of $1,251,168. 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 supplements 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. Based on the directives of our board and membership, we have gradually but substantially reduced reliance on corporate support for our meeting over the past 3-5 years. We are pleased that we have kept the outstanding content and feel of the meeting and consistently had a surplus that feeds our research and education programs and projects.
- The part-time Medical Content Specialist position continued this year to assist with CME program development.
- The Skills Workshop will be continued and expanded for the 2012 meeting for local neurologists.

**Research and Awards Program**

- The AES continues to directly fund three each pre- and postdoctoral 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 each pre- and postdoctoral fellowship this year.
- AES is committed to its involvement with other research funding organizations and will continue to support collaborative efforts with these organizations.
- The second Susan Spencer Clinical Research Training Fellowship was given this year thanks to a partnership with the American Academy of Neurology and the Epilepsy Foundation.
- The Young Investigator and Nurse Awards, which are selected from submitted abstracts, continued to be offered. These awards provide travel stipends.
- The AES continued to support the Epilepsy Research Recognition Award program with two awards.
- A fund-raising campaign continued during the year to expand the Lennox and Lombroso Trust for Research & Training to ensure funds are available for future research.
- Three years ago we set the five-year goal for our development campaign at $2.5 million. As of June 30, 2012, we have raised $2.2 million. This includes bequests and pledges. We are making very good progress toward our ultimate goal of becoming financially independent of commercial support.
- A new Wine Tasting event will take place at the San Diego meeting aiming to raise money through a silent auction plus admission costs.

**Future Outlook 2012 / 2013**

As we enter our new budget year (July 1, 2012 – June 30, 2013) 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.

Several new projects were approved as part of the 2013 Fiscal Year Budget. These include the continued development of the educational side of the website (a Learning Management System); an upgrade to the website itself; a new Presidential Discretionary Fund; a mobile app for Epilepsy Currents and a new web survey tool.

Over the next year, we will continue programs that are supported by a sound and conservative budget. As of this new fiscal year we will be looking at our budget in a different way. We are separating the operational budget from discretionary and endowment budgets to report more clearly what funds are available and have been expended. 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.
Summary

Membership Total as of 6/30/2012: 3,245
Dropped Members through 11/10/2011: 328
New Members from 7/1/2011-6/30/2012: 441

Retention and Growth

The AES strives for a 100 percent retention rate for each year’s membership; however, our realistic goal is renewal of at least 90 percent. The three-year goals set by the outgoing chair, Ken Kaufman, were: 1) retained membership of at least 90 percent and 2) growth to over 3,000 members with an increase of 50 percent. During his time as chair of the Membership Committee, retention reached over 90 percent and membership remains over 3,000 with a greater than 50 percent increase in membership.

Member renewal reached 88 percent after non-renewed members were dropped in November 2011 and climbed to 91 percent in January 2012. In comparison, the retention rate in November 2010 was 89 percent after non-renewed members were dropped and climbed to over 90 percent by January 2011.

Membership Renewal Pattern

The membership year is the same as the Fiscal Year, July 1 through June 30. Several electronic dues notices and reminders were sent to members from May to October. Two printed invoices were sent, the first in May and the final in October. Each invoice includes the “drop date” at which time any member not renewed will be “dropped” or removed from the membership roll. Notices regarding the upcoming Annual Meeting include information about renewal and meeting registration discounts.

Some dropped members will request reinstatement in order to attend the next Annual Meeting as a member, and to get the member rate. For a percentage of members, meeting attendance is felt to be the presumptive reason for returning to the membership roll. Clearly, reduced annual meeting fees for members are highly beneficial when used, but when attendance is not an option that year, then dues are unpaid. This back and forth, renew and drop costs the Society in resources, subscriptions, and the absence of that revenue almost every other year. The Committee is considering the costs of this pattern and how it affects loyal, continuing members.

Membership Upgrades

Each year, membership upgrades will skew the numbers in member categories.

Junior members have six months after the completion of their training to upgrade their membership. They have the option of upgrading to Active membership if they are an M.D. / D.O., Professionals in Epilepsy Care if they are a non-M.D. / non-D.O., or to Corresponding membership if they live and work outside of Canada, Mexico, and United States.

To qualify for the Senior membership category which provides member discounts but no dues and no journal subscriptions, members have to meet the following criteria: 1) have been a paying member of AES continuously for at least 15 years and 2) had reached the age of 70 years young. Two long-time members requested their status change to Senior Member this year and both were granted.

Junior Membership and Reduced Fees

The Presidential Fund supporting membership of students, residents, and fellows into the Society continues. The funds were exhausted this year providing discounts for 125 new Junior members.

The Kaufman Fund for trainees in psychiatry had no beneficiaries in 2011-2012. Established to encourage more trainees in psychiatry and neuropsychiatry to join AES, this fund has great potential, but few takers despite the outreach efforts of Chair Ken Kaufman since 2010.

New Members

A total of 441 new applicants were welcomed into AES membership between July 1, 2011 – June 30, 2012.

Member Categories Represented

![Graph showing membership categories]
Professional Activities of AES Members

The Future of AES

The AES members know how important our professional society is and many recognize their AES membership is a bargain compared to other professional organizations. Despite decreasing commercial support for the Annual Meetings, the AES has maintained unchanged membership rates. 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 epilepsy research, training, quality medical care, 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 comorbid psychiatric disorders, this is a significant component of the treatment gap in epilepsy that has not yet been addressed and must be addressed 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.

Final thoughts from the outgoing Chair:

1. All AES Active members can and should serve as sponsors.
2. It is critical to grow the Junior membership and to have these members transfer to Active status.
3. It is important that all AES members donate to the endowment funds to maximize the growth of the AES Missions.
4. The AES can and should continue to grow beyond the current membership. As the premier scientific meeting, AES attracts clinicians and researchers from around the globe. As outgoing Chair, I suggest a growth rate goal of 10 percent annually.

I was most honored to carry out my responsibilities during my term as Chair and thank the committee members and AES leadership for their support. A special thank you is reserved for Kathy Hucks, AES Staff Liaison for membership with whom I have worked for the past six years. The Membership Committee maintained its commitment to diversity of culture, education and areas of expertise with the following members added this year: William Bell, Steven Glazier, Michael Schwabe, Judith Roman, Jose Tellez-Zenteno and Dawn Eliashiv.

It is time to say good-bye and thank you to Dr. Laura Strom who demonstrated her commitment to AES and its membership through her participation in committee activities during her three-year term. Dr. Joseph Drazkowski, Vice Chair for this year, will become Membership Committee Chair, effective January 1, 2013.
Instructions for requesting Table of Contents alerts from Epilepsy Currents

Step 1: Go to www.epilepsycurrents.org

If you have already registered on this website, Log In at the top of the screen with your e-mail and password. Then update your profile (Step 2).

If you have not yet Registered do so using the Register link at the top of the page, or the Not Yet Registered link at the bottom of the front page and follow the instructions.

STEP 2
Now that you are registered, you can check your settings by clicking on HELP in the banner.
Update your User Profile in the box on the left to select Alerts.
In the User Profile screen click on the Alerts tab.
Select Epilepsy Currents under Table of Contents alerts and click Submit at the bottom of the screen.

That’s it!
You will receive e-mail with the Table of Contents as soon as the next issue is published.
Epilepsy Currents, the official journal of the American Epilepsy Society, is entering its 13th year of publication after first appearing in September 2001. The conceptual format of the journal remains unchanged, with a combination of commentaries on selected current articles in the peer-reviewed literature and short topical reviews. Contributing editors regularly submit articles of interest for consideration; these editors then prepare commentaries on the articles selected by the senior editors. The commentaries are designed to be insightful, critical analyses of important original research. In addition, timely reviews are solicited from experts, often individuals outside the editorial board. The journal is published bimonthly. Volume 12 of Epilepsy Currents published nine reviews, 64 commentaries and two supplements.

This was a year of significant changes for Epilepsy Currents. Dr. Michael Rogawski, one of the founding editors of Epilepsy Currents, completed his term of service as Chief Editor for Basic Science after guiding the journal with insight and vision for 12 years. Dr. Carl Stafstrom assumed the role of Chief Editor for Basic Science.

In 2011 Epilepsy Currents took the major step of moving to self-publishing with the assistance of Allen Press. The first year of self-publication has gone smoothly, with realization of major cost savings while maintaining high quality of content.

• The Annual Course, Merritt-Putnam Symposium and abstracts of the AES Annual Meeting are published either as supplements or summary articles within an issue of Epilepsy Currents.
• We now have a conflict of interest disclosure policy that uses the standard reporting form of the International Committee of Journal Medical Editors (ICJME).
• Solicited reviews are now peer-reviewed, either by editors of Epilepsy Currents or external reviewers when appropriate.
• Two sections have been added this year. ‘Translational Reviews’ presents timely topics that encompass basic advances in epilepsy research with their clinical applications. ‘Its Current’ provides news items of interest to the epilepsy community and notifications of upcoming meetings, courses, etc.
• We are regularly tweeting and posting interesting articles on Facebook.

The print version of Epilepsy Currents is mailed to all AES members. The journal remains an open access journal; complete texts of all commentaries and reviews are available on PubMed Central, the AES website and www.epilepsycurrents.org. Reviews and commentaries continue to be highly cited. This year we received our first impact factor of 2.159, quite impressive for the first assessment. The epilepsycurrents.org website has been enhanced to allow easy access to current and past issues from mobile devices.

Advertising support of Epilepsy Currents continues to grow to represent about 8 percent of the journal pages while covering over 75 percent of the costs of publication. This year we received our first electronic ad on epilepsycurrents.org. We thank these companies for their support of this journal.

Last year we signed an agreement with a publisher in India to print an Indian Edition of Epilepsy Currents for local distribution. This edition takes articles from recent issues and mails copies of the journal to neurologists in India.

We welcome your feedback on the journal, ideas for articles or ways to make it more useful. Thank you for your support.
Strategic Planning

The AES Council on Education held another Strategic Planning Session on September 21, 2012 to discuss the implementation of online e-learning, including the building of self-assessment tests, which will start with selected 2012 Annual Meeting symposia.

ABPN and MOC: Over the past year, AES has researched, qualified and referenced multiple web development companies that build and support a Learning Management System. In the spirit of Adult Education and looking toward compliance with Maintenance of Certification (MOC) requirements, AES will be launching the AES Epilepsy Institute in 2012. Each member will have the benefit of setting up their own dashboard for education interests, including being involved with a continuing and evolving self-assessment test system that will be tied to live and online resources. As our efforts evolve, we will plan to integrate our rich educational content from the Annual Meeting with ABPN and MOC efforts to continue to provide high level basic science, translational, and clinical programs.

Annual Meeting

CE credit added for Nursing in all symposia: CE credit (being provided by EDUPRO Resources, LLC) was added for nurses on most of the 2011 Annual Meeting symposia and will continue for the 2012 Annual Meeting.

Supporting Epilepsy Fellows: Due to the dwindling commercial support for the National Epilepsy Fellows and Top Scholars programs, the AES Board has formed a Task Force to look at how we can continue to support Fellows. For the 2011 Annual Meeting the Board voted to use AES funds to continue to support 50 Fellows to come to the Annual Meeting. For 2012 the Board has voted to increase that number to 75, including Professionals in Epilepsy Care. Additionally, we will implement Epi-PORT (Epilepsy Patient-Oriented Research Training), where 10 Fellows will be selected from the larger group of supported Fellows to participate in bi-monthly webinars and have a year round external mentor.

Epilepsy Specialist Symposium: Integrating the NINDS Benchmarks, creating emphasis on translational work of research and creating opportunity for both clinical providers and researchers to collaboratively take a critical look at what is needed, AES has created the Epilepsy Specialist Symposium. The success of the program at the 2011 Annual Meeting has led to its integration as a vital part of general epilepsy and fellows training.

Supplements: Supplements for the Annual Course and Merritt-Putnam Symposium are now being included with Epilepsy Currents.

Skills Workshops: Evaluations of the meeting and the focus groups at the 2010 Annual Meeting established a clear need to have smaller, more focused programs for interaction in smaller groups. For 2011, we introduced three Skills Workshops at the end of the Annual Meeting: Setting Up Clinical Trials, Epilepsy Surgery Update, and Setting Up an EEG Monitoring Unit. These were very successful, which resulted in increasing the offerings for 2012. The six programs for 2012 are: Essentials for the Epilepsy Monitoring Unit, Genetics, Pediatric Epilepsy surgery, Basic EEG, Intracranial EEG monitoring, and Neuroradiology.

Abstracts and online availability: 2011 Abstracts were available (and citeable) on the AES website in October. Abstracts were published in Epilepsy Currents in the first quarter of 2012.

Poster Tours: These tours were very popular at the 2010 Annual Meeting and were continued for 2011.

ILAE Symposium: What used to be Plenary III on Tuesday at the Annual Meeting has now been renamed North American Commission (NAC / ILAE) Symposium. This is a result of increased collaboration with the North American Commission and adding other commission collaborators in the future. This year’s symposium is part of the North American Commission joint meeting with AES.

Educational Funding and Support

Exhibits: Under the continuing services of our exhibit managers at Corcoran Expositions the 2011 Exhibit Hall recovered from the continued downsizing and exiting of a few large companies. With the added value of Innovation Pavilions and the popular Passport to Prizes program, the Exhibit Hall remains a viable source of product information for members. New companies are constantly being discovered and the Exhibit Hall remains a vibrant part of the meeting with more than 70 companies represented.

Educational Grant Support: It is becoming increasingly difficult to get commercial support for the Annual Meeting and / or educational activities. The AES continues to find innovative CME activity programs that have been approved for grants. New companies with products in the epilepsy therapy arena are starting to be involved with educational grant support and we submit grants to companies related to the topics chosen by the Annual Meeting Committee.
Partnerships: A key ingredient for CME activities and for funding sources and budget savings is collaboration. The AES is stepping up collaboration by working more closely with related organizations, such as the National Association of Epilepsy Centers, the Epilepsy Foundation and the American Academy of Neurology. In 2011, the PAME (Partners Against Mortality in Epilepsy) Conference had 13 society, private foundation, and government agencies supporting the three-day meeting in Chicago.

CMSS Code: The AES COI Committee and Board reviewed and adopted the Council of Medical Specialty Societies (CMSS) Code for Interactions with Companies in March 2011. This Code sets standards for commercial support outside of the CME requirements already in place. In 2012, the AES COI Committee collected and reviewed all Board and Chairs disclosures and the Board adopted the updated CMSS code.

Year Round Education

FDA Workshop: In 2011 AES was asked to participate in a workshop that was hosted at the FDA facilities outside Baltimore. AES helped to co-sponsor the activity with AAN and the National Association of Neuropsychologists (NAN).

EMU: Enhancing Patient Safety in Epilepsy Monitoring Units: Web-based Education and Resources. The EMU Patient Safety Workgroup was developed four years ago. This educational program includes six modules and will go live in late 2012. It includes video of AES volunteer faculty as well as interviews of key staff in three member institutions across the country. The National Association of Epilepsy Centers (NAEC) is a partner on this project. This project continues to look to grow with NAEC by incorporating an outcomes process that proves its patient care improvement effectiveness.

PAME: Partners Against Mortality in Epilepsy. The SUDEP Task Force of the AES held a three-day conference June 22-24, 2012 in Chicago. It was a wonderful gathering of nearly 300, bringing together clinicians, scientists, and family advocates to provide a forum for all interested in SUDEP. The primary co-sponsors of the activity with AES included the Epilepsy Foundation, CURE, and Epilepsy Therapy Project. There were also seven other supporting organizations, including CDC and NINDS. Educational grant support was also obtained from UCB, Inc, Lundbeck, Eisai Inc, Questcor Pharmaceuticals, Inc. and Cyberonics, Inc. The AES provided the CME credit for the activity.

NAC Caribbean Congress: The North American Commission of the ILAE held their 3rd North American Regional Caribbean Congress on Epilepsy February 17 and 18, 2012 in Antigua. The AES provided the CME credit for the program.

Technology

Repurposing: We have repurposed the audio and slides from all of the main symposia from the Annual Meeting onto the AES website since 2004. For 2010, we added a feature that enables viewers to select individual presentations from a list. Faculty were asked to record a brief introduction to their presentation.

Website renewal: The Education Development and Web Committees have found that more and more are using the AES website. Therefore, the Council on Education has obtained Board approval to develop a new educational website. This education portion of the website will be called AES Epilepsy Institute and will be a Learning Management System (LMS), whereby each learner will be able to take self-assessment exams to outline their educational needs, and direct their education to their needs and interests.

Itinerary Planner / Apps: In order to better serve the increasing number of members and attendees to the AES Annual Meeting, AES has developed an Annual Meeting App with the support of UCB, Inc. The App will be launched at the 2012 meeting. It will include program and exhibitor listings, as well as audience response system and access to handout.
During the last fiscal year the Society recreated the Practice Committee into a Council of Clinical Activities (CCA). The mission of the Council is to provide resources to help the practitioner in all disciplines to deliver the best epilepsy care. The Council is made up of four Committees, which have Task Forces and work groups focused on particular projects. The Chairs of those Committees each have a seat on the Council. The Council structure ensures communication and cooperation among these Committees and provides a pipeline for information to and from the Board of Directors.

Several initiatives in the Strategic plan are assigned to this Council and the Committees have been working to accomplish them. The Council itself is comparing the Society’s approved definitions of documents created by the Committees (i.e., Practice Tool, Consensus Statement, Guideline, etc.) with definitions recently published by the American Academy of Pediatrics. Recent accomplishments and ongoing projects include:

**Resources and Information Committee**
- Reviewing the contents of the Patients and Practice sections of the website to see what is missing or needs reorganization. They are working with the Web Content Committee.
- Working with the IOM report work groups on a repository of information on all the non-profit and government groups involved in the report.
- Looking into providing better links to existing information on other websites like epilepsy.com.
- Publishing the IOM recommendations in *Epilepsy Currents*, making them easily accessible for members.

**Guidelines Committee**
- The Status guideline, which is an update of a guideline published by the Epilepsy Foundation in 2004, has been submitted to JAMA for publication.
- A Practice Parameter on Neurocysticercosis came to us from the AAN for endorsement. The Committee recommended endorsement.
- The AEDs for HIV/AIDS parameter created by the AAN was reviewed and endorsed.
- The Committee recommended a commentary in *Epilepsy Currents* promoting the EMU Guidelines that have been accepted for publication in *Epilepsy & Behavior*. This is in process.

**Practice Management Committee**
- Progress has been made on a transition practice tool based on an article from the American Academy of Pediatrics.
- The FAQ for AEDs and Safety was recently approved by the Board of Directors and posted on the AES website.
- An article explaining the Cognitive Behavior Tool is being submitted to *Epilepsy Currents*.
- On the recommendation of this Committee, the Board of Directors recently agreed to endorse a statement on healthcare to be used by Epilepsy Foundation advocates to bring to Hill visits.
- A suicidality practice tool is being drafted by the Psychiatry in Epilepsy Task Force.

**Treatments Committee**
- An editorial on the AHRQ issue was published in *Epilepsy Currents*. The Committee is working with Mike Privitera on the latest developments.
- David Vossler is working with an ad hoc group on a white paper on the use of new drugs for status epilepticus.

A new Task Force working on a web-based tool to survey for and help document current practice is up and running. This Task Force is a joint project with the Council on Education.
On March 30, 2012, the Institute of Medicine (IOM) released a landmark report on the epilepsies. Entitled, “Epilepsy Across the Spectrum: Promoting Health and Understanding” the report highlighted numerous gaps in the knowledge and management of epilepsy and recommended actions for improving the lives of those with epilepsy and their families and for promoting better understanding of the disorder.

The Institute of Medicine is one of four organizations (National Academy of Sciences, National Academy of Engineering, National Research Council, and IOM) that comprise the National Academies. Established by Congress in 1863, and signed by President Lincoln, the National Academies is a non-governmental institution that brings together individuals with a variety of scientific and technological expertise to address issues considered of national importance. Each panel consists of approximately 10-20 members from within the field under investigation as well as in related areas. The panels compile available scientific information and testimonies from members of the scientific community and the public to determine what exists on a chosen topic and make recommendations as to what can and should be done.

The report receives review by a second group of independent experts anonymous to the committee before being revised and transmitted to the agency or organizations that sponsored the study and then released to the public. The resulting reports are considered highly significant and can serve to guide future policies.

The IOM was asked by 24 sponsoring epilepsy organizations (half federal agencies and half from Vision 20-20, a coalition of nonprofit organizations focusing on epilepsy research, care, services, education and advocacy*) to examine the public health dimensions of epilepsy research, care, services, education and advocacy*) to examine the public health dimensions of the epilepsies, focusing on four areas:

- Public health surveillance and data collection
- Population and public health research
- Health policy, healthcare and human services
- Education for providers, people with epilepsy and their families, and the public.

Specific questions being addressed were:

- How can the public health burden of epilepsy for patients and families be more accurately assessed?
- What priorities for future population health studies could inform treatment and preventions?
- How can the access to health and human services and the quality of care for people with epilepsy be improved?
- How can the education and training of professionals who work with people with epilepsy be improved?
- How can the understanding of epilepsy in patients and the general public be improved to create supportive communities?

The Statement of Task concentrated on the public health aspects rather than on biomedical research questions because the latter were considered covered by the National Institute of Neurological Diseases and Stroke (NINDS) through the Epilepsy Research Benchmarks, developed in 2000 and updated in 2007. The report was expected to have a largely domestic focus, yet identify major international issues.

Both the voluntary and governmental sponsors submitted over 150 names as recommendations for panel members. The seventeen final members had expertise in epilepsy care, health services research, epidemiology, public health surveillance, mental health services, health care services and delivery, health literacy, public health, education and communication. The panel was chaired by Mary Jane England, M.D.

Three public meetings were held during the first six months of 2011. The first, in January in Washington, D.C., concentrated on the background and context for the study, including: the adequacy of existing epidemiological and public health surveillance data; quality of and access to care from the patient / family and provider perspectives; and what is needed to educate patients, providers and the public. This was followed by two workshops, in March in Los Angeles, and in June, in Washington, D.C., which addressed the specific questions in the Statement of Task. At all three meetings, members of the public testified, as did representatives of the scientific and medical communities. More than 80 people provided formal presentations and personal stories and the Committee also heard from individuals via email. Following the three meetings, the panel continued to meet in sessions closed to the public to examine the data and testimonies and write their report. As Dr. England said in her introduction, “The Committee’s work was greatly enhanced by the testimony and presentations provided by people with epilepsy, their family members and friends, epilepsy researchers, and health professionals. Their compelling insights into the challenges that epilepsy imposes spurred the Committee toward developing practical, action-oriented recommendations to improve the lives of people with epilepsy.” The report was reviewed independently in draft form by individuals with diverse perspectives and technical expertise. Their comments and suggestions were taken into consideration by the Committee.
Introduction to the Institute of Medicine Report “Epilepsy Across the Spectrum: Promoting Health and Understanding” (Continued)

The final report is nearly 540 pages in length, including appendices. It has been published in book form but is also available for free PDF download through the National Academies Press: www.nap.edu. The emphasis is on epilepsy as a spectrum disorder, composed of many syndromes and seizure types that vary in severity, involve multiple comorbidities, and cross the age span in the United States and around the world. The report emphasizes five key messages (also from Dr. England’s introduction, p. x):

- Epilepsy is a common and a complex neurological disorder that affects health and quality of life.
- Effective treatments are available for many types of epilepsy, but timely referrals and access to these treatments fall short. Better data from surveillance and research could improve epilepsy care and prevention.
- Many health professionals need to be better informed about epilepsy.
- Education efforts for people with epilepsy and their families need to be thorough and sensitive to health literacy and cultural considerations.
- The stigma of epilepsy has to be eliminated.

These messages are incorporated into 13 specific recommendations. The recommendations can be divided into three major topic areas, each of which contain detailed sub-recommendations:

- **Recommendations #1-3 Surveillance and Prevention**
- **Recommendations #4-7 Healthcare Providers**
- **Recommendations #8-11, 13 Patients, Families and Education**
- **Recommendation #12 Vision 20-20 Working Groups and Collaborative Partnerships.**

Each recommendation also identifies the organization(s), which should take primary responsibility for its implementation.

This report is the most comprehensive attempt to address issues facing people with epilepsy, their families and those who provide care. It identifies current gaps in knowledge, care and education. It provides research priorities to address these gaps and recommends specific actions to follow to achieve short- and long-term improvements for people with epilepsy.

The epilepsy patient and professional communities thank the Committee and the IOM staff for the enormous efforts that went into this report.

*Vision 20-20 Sponsors:
- American Epilepsy Society
- Citizens United for Research in Epilepsy
- Dravet.org
- Epilepsy Foundation
- Epilepsy Therapy Project
- Finding a Cure for Epilepsy and Seizures
- Hemispherectomy Foundation
- International League Against Epilepsy
- National Association of Epilepsy Centers
- Preventing Teen Tragedy
- Rasmussen’s Encephalitis Children’s Project
- Tuberous Sclerosis Alliance

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- National Center on Birth Defects and Developmental Disabilities
- National Institute of Mental Health
- National Institute of Neurological Disorders and Stroke
- National Institute on Aging
- Office of the Assistant Secretary for Health
- Office of the Assistant Secretary for Planning and Evaluation
- Office on Women’s Health

Reference
Volunteer Acknowledgment

AES appreciates its volunteers, particularly those who take on the responsibility of chairing a Committee or Task Force. Many thanks to our 2012 Committee Chairs.

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One of the primary missions of the American Epilepsy Society is advancement of research focused on the causes and treatment of epilepsy. In support of this goal, the AES, in partnership with other organizations such as the Epilepsy Foundation, commits substantial resources to fund innovative, ground-breaking proposals from all levels of the membership of the Society. The Epilepsy Foundation shares the research mission of the AES, and continued partnership, communication, and cooperation between these organizations is critical in the facilitation of the dozens of research projects and training fellowships launched every year to expand the fight to overcome epilepsy.

The past year has seen many exciting developments. With significant contributions and an outstanding commitment from the Vision 20-20 group (and funding from the AES and other organizations), 2012 has seen the release of a high profile Institute of Medicine Report entitled “Epilepsy Across the Spectrum: Promoting Health and Understanding”, focused on the public health impact of epilepsy. The potential impact of this report is significant. It highlights the importance of epilepsy, and suggests critical areas of emphasis in the care of patients with epilepsy, prevention of epilepsy, and in funding important new developments in epilepsy research at a national and international level.

One major new program that has been approved by the AES Board of Directors and is being implemented for the coming year is a novel Seed Grant program. This initiative will support the funding of up to five, $20,000 awards designed to foster collaborative interactions between two or more established epilepsy research laboratories. These awards are designed to enable information exchange / technology transfer, travel of postdoctoral fellows between laboratories, and for small supply budgets. In the funding environment that exists today, this kind of grant mechanism may serve to better leverage existing resources to allow more technically encompassing, multifaceted, multi-investigator proposals to come together, and be more competitive in the current tight funding climate at the National Institutes of Health.

A second new research program funded in the past year has originated from the efforts of the Translational Research Task Force. This Task Force awarded a grant to Dr. Kevin Staley, directed towards implementing a standardized EEG analysis platform available to all epilepsy researchers which could facilitate assessment of epilepsy severity in animal models of this disorder. EEG analysis is a critical bottleneck in epilepsy research, and development of this standardized platform could be a significant advance for the field.

A third new research program initiated during 2012 is the Epilepsy Patient-Oriented Research Training (EpiPORT) program, designed to introduce epilepsy Fellows and other epilepsy trainees to clinical research methodology and to provide mentorship for careers in epilepsy patient-oriented and translational research. The EpiPORT will provide a practical overview of clinical research issues commonly encountered during training and medical practice. Fellows will gain the tools and resources needed to plan clinical research careers and pursue fellowships and grants.

All of these research initiatives have been implemented through the tireless and expert efforts of volunteers serving on the Research and Training Council, the Research Initiatives, Research Infrastructure and Clinical Research Committees, and the Translational Research Task Force. Please join me in thanking these AES
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
Ivan Soltesz, Ph.D.

Distinguished Achievement Awards
Honors members for service and achievements

2011 J. Kiffin Penry Excellence in Epilepsy Care Award
Patricia Dean, M.S.N., ARNP

Award for Clinical Science
Kimford J. Meador, M.D.

2011 AES Service Award
Michael A. Rogawski, M.D., Ph.D.

2011 William G. Lennox Award
Prof. Martin Brodie
Research Funding

Oversight is provided by the Research & Training Committee and its subcommittees.

AES-funded Postdoctoral Fellowships
Through the financial support from AES members, corporations and other donors, AES, in collaboration with the Epilepsy Foundation has awarded the following research and training awards for the 2011 / 2012 academic year:

Yishan Sun, M.D.,
Stanford University
“A model for severe myoclonic epilepsy of infancy using human iPS cells”

Jacy Wagnon, M.D.
The Jackson Laboratory
“Mechanism of genetically complex epilepsy in Celf4 mutant mice”

Zhong Wang, M.D.
Cleveland Clinic Foundation
“Improving detection of subtle cortical dysplasia in MRI-negative epilepsy”

AES-funded Predoctoral Fellowships

Jeffrey Calhoun
University of Michigan
“Role of SCN1B in pediatric epilepsy”

James Gee
University of Utah
“The role of TNF-alpha in reactive astrocyte gliotransmission”

Xuan Huang
Vanderbilt University Medical Center
“Epileptogenesis in a conditional knock-in mouse model of a genetic epilepsy”

Lennox & Lombroso Predoctoral Fellowship

Michael Hester
Cincinnati Children’s Hospital Medical Center
“mTOR regulation of hippocampal granule cell pathology in epilepsy”

Research Initiative Fund

Karen Gale, Ph.D.
Georgetown University Medical Center
“Optogenetic Control of Seizures”

Research Infrastructure Program

Funded January 2012 by AES and the Epilepsy Foundation

Orrin Devinsky, M.D.
New York University Langone School of Medicine
“Development of a North American SUDEP Registry”

Kelly Knupp M.D. and Elaine Wirrell, M.D.
University of Colorado and Mayo Clinic Rochester
“Establishment of a Multicenter Pediatric Epilepsy Group (PEG) to Facilitate Collaborative Research in Epileptic Encephalopathies of Infancy and Childhood”

Susan S. Spencer, M.D. Clinical Research and Training Fellowship Recipients

2011 AANF/AES/Epilepsy Foundation
Susan S. Spencer Clinical Research Training Fellowship
Piero Perucca, M.D.
Montreal Neurological Institute at McGill University in Montreal, Quebec
“High-Frequency Oscillations During Seizures: Towards an Improved Identification of the Epileptogenic Zone”

2012 American Brain Foundation/American Epilepsy Society/Epilepsy Foundation
Susan S. Spencer Clinical Research Training Fellowship in Epilepsy
Anli Liu, M.D., M.A.
Beth Israel Deaconess Medical Center, Harvard Medical School
Mentors: Alvaro Pascual-Leone, M.D., Ph.D.; Steven Schachter, M.D., FAAN
“Efficacy of tDCS to Improve Working Memory Dysfunction and Depression in Patients with Temporal Lobe Epilepsy”
The AES Development Campaign, Building for the Future, kicked off in 2010 and has met its goal each year since. In 2011, AES leveraged its 75th anniversary to raise more than $750,000 from AES members, corporations, individual donors, bequests and foundations with 100 percent of funds raised by AES going to research and training!

AES has been successful because generous donors have stepped forward to underwrite our mission to promote research and education for professionals dedicated to the prevention, treatment and cure of epilepsy. Philanthropic support for the work of AES is critical to maintaining our position as leaders in research, treatment, training and professional development.

In this year, AES allocated $545,000 toward research and training, and here is how it was allocated:
AES Participates in 2012 Epilepsy Foundation Walk and Public Policy Institute in Washington, D.C.

The AES holds its spring Board meeting in Washington, D.C. in conjunction with the Epilepsy Foundation’s Public Policy Institute / Kids Speak Up program every year. President Frances E. Jensen gave the keynote talk at the annual Public Policy dinner in March and most of the Board and staff walked in the 2012 Epilepsy Walk. This year eight teams directed their donations to AES’s research funds. To learn more about AES’s research endowments, go to page 32. This year AES brought the second biggest group of walkers, and its teams together raised the most money. The Susan Spencer / Yale Epilepsy Program team walked in memory of Susan Spencer and directed the $20,510 they raised to the Susan Spencer Fund which will support a clinical research fellowship. Team Dreifuss raised $2,365 which were directed to the new Dreifuss endowment fund to support educational programming. Team Penry-Pellock raised $4,265 which was added to the existing Penry Fund. The New England Seizure Freedom Trail team raised $4,070. Together the eight teams raised $41,171 which came back to AES to fund research and training.

AES member Patty Shafer and Board President Frances E. Jensen get ready for the walk on a crisp morning.

The AES Walk Team assembles on the Mall in Washington, D.C.

Some of the Yale / Susan Spencer Team at the Walk.

President Frances E. Jensen speaks at the PPI dinner.

Dr. Jensen answers audience questions after her talk.
Thank you to the following contributors to the AES Annual Fund, the Fritz Dreifuss Epilepsy Fund, the Rebecca Kaufman Ethical Neuropsychiatry Fund, the Lennox and Lombroso Trust, the J. Kiffin Penny Fund and the Susan S. Spencer Fund for January 1, 2012 through December 31, 2012. Contributors are listed alphabetically by last name within each giving category.

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We have made our best attempt to carefully review all contributor lists. We apologize if we have inadvertently left anyone off the list. Please inform the AES staff if this is the case and we will correct this error for future listings.

A special thank you to all who have helped to support AES research and training programs.
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AES Annual Fund – provides support for named awards, lectureships, junior investigator travel awards. In addition, this Fund supports both pre- and postdoctoral research training fellowships that help 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 – 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 J. Kiffen Penny Fund – An award identifying 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 Clinical Research 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. A lecture in the name of Susan S. Spencer will be funded by support to the fund in her name.
**75th Anniversary**

Our 75th Anniversary was celebrated during the 65th Annual Meeting in Baltimore, MD. The event was memorialized in the presentation by ILAE President Nico Moshé to AES President Jack Pellock of a proclamation from the International League Against Epilepsy to AES, the American Chapter. The celebration of the 75th included a memorable event with food, dancing and entertainment. Approximately 500 people attended this event and enjoyed the period actors, music from the past several decades and historical panels. There was even an opportunity to be interviewed on your thoughts for the future.

Attendees were asked what they think AES will look like in the future. Following are some of the responses:

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

**Attendance**

Attendance was just under 4,300 people from 66 different countries including: Croatia, Cuba, East Timor, Egypt, Ethiopia, Haiti, Iran, Nigeria, Sri Lanka, Uruguay, and Vietnam. Forty-five percent of attendees were AES members and sixty-five percent from the U.S. A significant number of attendees are non-members and from other countries. Medical doctors still make up the largest percentage of attendees, at 41 percent. Other specialty groups such as basic science researchers, nurses, nurse practitioners, physician assistants, pharmacologists, psychologists, psychiatrists, veterinarians and others make up the rest of the group.

**Programs**

Attendees were kept busy with 15 lectures and symposia, 15 Investigator and Clinical Investigator Workshops, 38 Special Interest Groups, three Skills Workshops, 27 Platform Sessions and 1,019 posters. All symposia offered CME with a maximum of 32 AMA PRA Category 1 Credits™ available for U.S. and non-U.S. licensed physicians. For the first time continuing education credits were available for all the main symposia, up to 28.5 contact hours for nurses. A maximum of 32 contact hours was also available for pharmacists.

The most popular programs with over 1,300 registered were the Presidential Symposium and the Merritt-Putnam Symposium. Next most popular were the Hoyer Lecture and Lennox and Lombrosor Lecture with over 1,000 registered. Topics covered a broad range of interests. The slides and audio of all of the symposia are available on the AES website. New this year were the Epilepsy Specialist Program, the AES Fellows Program and the Skills Workshops.

Topics covered were as follows:

- Epilepsy Specialist Program: Bridging the Gap through Collaborative, Translational Relationships: Using Epilepsy Benchmarks to Step into the Future
- Annual Fundamentals of Epilepsy: Basic Diagnosis of Epilepsy
- Spanish Symposium: Refractory Epilepsy Throughout Life
- Hot Topics Symposium: Semiology, Functional Connectivity and MRI
- 9th Judith Hoyer Lecture in Epilepsy
- Presidential Symposium: AES 75 Years: Then, Now and the Future
- AET Symposium: AET in the 21st Century: Origins and Future Directions
- Annual Course: Overcoming Barriers to Successful Epilepsy Management
- Professionals in Epilepsy Care Symposium: Psychosocial Interventions for Managing Epilepsy
- Merritt-Putnam Symposium: Sleep and Epilepsy
- Pediatric State of the Art Symposium: EEG Monitoring in the Pediatric Intensive Care Unit
- Scientific Plenary II: EEG and MEG Source Imaging in Epilepsy: Which Is Better?
- ILAE Symposium: Research Networks in Europe and the USA: How Results Apply to Clinical Practice
The guided poster tours continued to be very popular. Large crowds followed the tour leaders over the three Poster Sessions. The lunch break on all three days was dedicated to poster presentations, with no other programming or activities allowed. This ensured that poster authors had an audience. The Exhibit Hall showcased 79 commercial and non-profit exhibitors and hosted lunch and snack breaks each of the three days. One feature of the Exhibit Hall was the Epilepsy Resource Center where many of the non-profit and patient advocacy organizations were located.

**Special Interest Groups (SIGs)**

These 90-minute, member-directed discussion groups, known as SIGs, continue to be one of the most popular parts of the Annual Meeting. Thirty-eight different SIGs were presented over the five days of the meeting. Topics covered a wide range of clinical and basic science as well as behavioral areas. A Social Networking Group time slot was also offered. This was simply space for small groups to network or discuss identified topics.

**Investigators’ Workshops**

The Investigators’ and Clinical Investigators’ Workshops were held over three days and featured speakers from all over the world. Two Poster Sessions were also held in conjunction with the workshops. Topics included:

- What’s Next? A Young Investigator Workshop
- Translational: Seizure Localization: A Clinical Challenge to Basic Scientists
- Neuronal Death and Pediatric Epilepsy: Any Effect of Early-Life Seizures? A Cause – or Not – of Later Epilepsy?
- Cell Signaling Pathways and Epileptogenesis
- Pathophysiology of Memory Dysfunction in Epilepsy
- Novel Therapeutic Target Identification for Epilepsies From the Ketogenic Diet Research
- Neurobiological Mechanisms of Comorbidities
- Clinical and Basic Mechanisms of Epilepsy Surgery Failure
- The Importance of Subcortical Structures in Epilepsy
- The “Methylation Hypothesis:” Does Epigenetic Chromalin Modification Play a Role in Epileptogenesis?
- Refractory Insular Cortex Epilepsy
- Molecular, Cellular and Network Aspects of HCN Channel Function in Epilepsy
- Mechanisms of High-Frequency Activity in Epileptic Foci
- Photosensitive Epilepsy in Humans and Baboons: A Window to Networks Underlying IGE
- Studying High-Frequency Oscillations, Microseizures and Human Microelectrode Recordings Using the International Epilepsy Electrophysiology Database (EED) and Cloud Computing

**Exhibit Hall and Commercial Support**

The Exhibit Hall showcased 79 commercial and non-profit exhibitors and hosted lunch and snack breaks each of the three days. Exhibitors included pharmaceutical companies, device and equipment manufacturers, publishers, patient advocacy organizations, recruiters, and more. A drawing, supported by several exhibitors, was held for participants who had their ‘passport’ validated at exhibit booths. Twelve attendees received prizes such as American Express gift cards.

One company conducted an online auction of equipment to benefit the research funds this year. We thank Nihon Kohden for their assistance in raising $28,293.30 for the Lennox & Lombroso Trust and the Susan S. Spencer Fund.

The Product Training Pavilions were back in the Exhibit Hall this year giving exhibitors an opportunity to talk about their products to groups. This was in addition to the Scientific Exhibits which were elsewhere in the Convention Center to feature new and up and coming research of commercial entities.

**Press Room**

Media reports from the Annual Meeting covered a wider range of epilepsy research than the annual event had previously generated. Reports emanating from the meeting have appeared in Family Practice News, Clinical Psychiatry News, Internal Medicine News, MedScape Neurology, WebMD, and other relevant outlets.

The reporting was facilitated by a briefing format that brings journalists and researchers together in a series of informal mini-briefings scheduled throughout the meeting. The series provided reporters an opportunity to hear from investigators associated with the research. Topics included:

- Potential Therapeutic Approaches to Dravet Syndrome
- Catamenial Seizures and Progesterone Clinical Trial Results
- Cutting-Edge Technology in Seizure Detection & Localization
- Barriers to Patient Acceptance of Epilepsy Surgery
- 3-D Television and Risk of Seizures
- Hypothalamic Hamartoma and Gamma Knife Surgery
- Epilepsy and Autism Common Morbidities
- Autism and Cognitive Risks of Fetal Exposure to an AED

The AES media briefings serve to disseminate information of potential interest and value to clinicians, and to raise awareness of the progress and scope of epilepsy science as a backdrop for increasing support of epilepsy research. The Society also works with the media throughout the year, frequently connecting reporters with AES members who provide expert comment on published research reports and issues of concern to the epilepsy community.
The American Epilepsy Society would like to recognize the Annual Meeting and year round support of the following corporate partners:

**LEADERSHIP LEVEL**
- **UCB, Inc.**
  - Hot Topics Symposium;
  - 75th Anniversary Diamond Host;
  - Scientific Exhibit; Exhibit; Program Book ad; Epilepsy Currents Ads;
  - Educational Grants for the AET Symposium, Annual Course and Safety in the EMU project.

**PARTNER LEVEL**
- **Eisai Inc.**
  - 75th Anniversary Gold Host;
  - Exhibit; Innovation Pavilion; Epilepsy Currents Ads; Educational Grant for Annual Course.
- **GlaxoSmithKlein**
  - 75th Anniversary Diamond Host; Exhibit.
- **Lundbeck**
  - 75th Anniversary Bronze Host; Exhibit; Scientific Exhibit; two Innovation Pavilions; Cyber Café twice; Epilepsy Currents Ads.
- **Sunovion Pharmaceuticals, Inc.**
  - 75th Anniversary Silver Host; Exhibit; Scientific Exhibit; Educational Grant for Presidential Symposium; lunch in the Exhibit Hall.

**CONTRIBUTOR LEVEL**
- **Cyberonics, Inc.**
  - 75th Anniversary Silver Host;
  - Exhibit.
- **Nihon Kohden America, Inc.**
  - 75th Anniversary Silver Host; Auction of Video EEG for Lennox and Lombroso / Susan Spencer Research Trusts; Exhibit.
- **Supernus Pharmaceuticals, Inc.**
  - 75th Anniversary Patron Host; Exhibit; Scientific Exhibit; Cyber Café twice; Program Book Ad; Epilepsy Currents Ads.

**SUPPORTER LEVEL**
- **Questcor**
  - 75th Anniversary Bronze Host; Exhibit; Cyber Café twice; Special Interest Group; Educational Grant for Pediatric Symposium.

**ADVOCATE LEVEL**
- **Cadwell Laboratories**
  - Exhibit.
- **Care Fusion**
  - Exhibit.
- **Compumedics Limited**
  - Exhibit; Epilepsy Currents Ads.
- **Electrical Geodesics, Inc.**
  - 75th Anniversary Contributor Host; Exhibit.
- **Elekta**
  - Exhibit

**PATRON LEVEL**
- **Ad Tech Medical Instrument Corp.**
  - Exhibit.
- **Blackrock Microsystems**
  - Exhibit.
- **Epilepsy Foundation**
  - Exhibit.
- **Neuropace**
  - Scientific Exhibit.
- **Nerolynx, Inc.**
  - Exhibit.
- **PMT Corporation**
  - Exhibit.
- **Grass Technologies**
  - Exhibit.
- **Medtronic, Inc**
  - Junior Investigator Awards.
- **Natus Medical**
  - Exhibit.
- **Novartis Pharmaceuticals Corporation**
  - Product Training Pavilion; Exhibit.
- **Pfizer Inc.**
  - 75th Anniversary Bronze Host; Epilepsy Currents Ad.
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
The American Board of Clinical Neurophysiology, Inc. (ABCN)
American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc.
American Clinical MEG Society (ACMEGS)
ASET
The Anita Kaufmann Foundation
Athena Diagnostics, Inc.
BIOPAC Systems, Inc.
Blackrock Microsystems
Brainlab
Cadwell Laboratories, Inc.
CareFusion
The Charlie Foundation and Matthew’s Friends
Child Neurology Foundation (CNF)
Citizens United for Research in Epilepsy
Clever System, Inc.
Compumedics USA
Cyberonics, Inc.
Data Sciences International
Demos Medical Publishing, Inc.
DigiTrace EEG Services
Dravet.org (formerly IDEA League)
Eisai, Inc.
Electrical Geodesics, Inc.
ELEKTA, Inc.
Elsevier, Inc.
Emfit Corp.
Emka TECHNOLOGIES INC
Epilepsy Foundation
Epilepsy Life Links
Epilepsy Phenome/Genome Project
Epilepsy Therapy Project
GeneDx
GlaxoSmithKline
GLUT1 Deficiency Foundation
Grass-Technologies
Heidelberg Engineering
The Hemispherectomy Foundation
Hope for Hypothalamic Hamartoma
HRA Healthcare Research & Analytics
Integra LifeSciences Corporation
John Libbey Eurotext Ltd.
Johns Hopkins University Press - Books Division
LGS (Lennox-Gastaut Syndrome) Foundation
LifeLines Neurodiagnostic Systems, Inc.
Lippincott Williams & Wilkins
Lundbeck, Inc.
Multi Channel Systems
National Association of Epilepsy Centers
National Institute of Neurological Disorders and Stroke
Natus Medical Incorporated
Neuralynx, Inc.
NeuroLogics
NeuroNexus Technologies
NeuroSigma, Inc.
NIH Countermeasures Against Chemical Threats (Counter-ACT) Program
Nihon Kohden America, Inc.
Novartis Pharmaceuticals Corporation
Nutricia North American
Optima Neuroscience
Oxford University Press
Pinnacle Technology, Inc.
PMT Corporation
Questcor IS Awareness Week
Ripple LLC
Rogue Resolutions Ltd
SeizureTracker.com
Smart Monitor Corp
Sunovion Pharmaceuticals Inc.
Supernus Pharmaceuticals, Inc.
Transgenomic, Inc.
Triangle BioSystems, Inc.
Tuberous Sclerosis Alliance
UCB, Inc.
Upsher-Smith Laboratories, Inc.
Visualase, Inc.
Wiley-Blackwell
2013

AMERICAN EPILEPSY SOCIETY

67TH ANNUAL MEETING

WASHINGTON, D.C.
WASHINGTON CONVENTION CENTER
December 6 – December 10

MEETING HIGHLIGHTS
- CME Symposia and Lectures
- Platform Sessions
- Poster Sessions
- Commercial Exhibits
- Special Interest Group Meetings
- Skills Workshops

Future Annual Meeting Dates

2014
Seattle, WA
Washington State Convention Center
December 5 – 9

2015
Philadelphia, PA
Pennsylvania Convention Center
December 4 – 8

2016
Houston, TX
George R. Brown Convention Center
December 2 – 6

2017
Washington, D.C.
Washington Convention Center
December 1 – 5

2018
New Orleans, LA
Ernest N. Morial Convention Center
November 30 – December 4
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