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 in 1936 as the American Branch of the International League Against Epilepsy (ILAE) 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.

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

Its 3,000 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 close to 4,000 professionals from throughout the U.S. and abroad and offers excellent opportunities for networking and sharing of ideas.
CONTENTS

4  Looking Forward
5  Looking Back
6  Executive Director
8  Report on Membership
9  Report from the Treasurer
12 Corporate Sponsor Acknowledgment
14 Report on Research Funding & Awards
18 2006 Annual Meeting Report
20 Report from the Council on Education
22 Evolution of CME
25 Report on Epilepsy Currents
26 Volunteer Acknowledgment
27 Board Listings
John W. Swann, Ph.D, 2007 President

I am honored to serve the Society as its President at such an important time in its history. As my term began we were already exploring new means of educating our colleagues and peers; investigating new ways to fund research; developing a capacity to do advocacy and experimenting with involvement in performance measures. The Society also was playing a major role in the NIH’s Curing Epilepsy Conference and participating actively in the Epilepsy Foundation’s first ever National Walk for Epilepsy.

The Society’s strategic plan, updated last year, focuses our efforts on these areas. To meet our educational goals, the Education Council launched a regional ‘Epilepsy 101’ educational program for non-epileptologists and allied health professionals. This was modeled after the successful 2006 Mid-Year Meeting and will be presented in five cities during the year. In addition, the Student & Resident Education Subcommittee is working on enhancing the online textbook, Epilepsy Education Program by adding videos and self-testing capabilities. Our Web Content Committee, which is a revitalized version of the prior Technology Committee, is investing some time this year to develop ways to enhance the navigation and educational content of our Web site overall.

The Lennox Trust Fund Committee has been more formally placed under the Finance Committee, while a new Development Subcommittee has been empowered to explore new ways to enhance our research funds. A new Task Force is already working on collecting “funding success” stories from past grantees and fellows to be used in future fundraising efforts. The Research and Training Committee continues to review the effectiveness of the Society’s funding mechanisms and to provide as much research funding as possible. There is still a concern about the availability of funding for all of our mechanisms in the coming years, but this year is fully funded.

For the first time in our history, the Society is looking at advocacy and how we can make a difference. While our fledgling Advocacy Committee is still finding its footing, other related projects have developed. We are partnering with the Epilepsy Foundation on a quality of life survey, the results of which will contribute to a new patient checklist for doctor visits. A Task Force of members met to develop the questionnaire to be sure we weren’t collecting information we already had. In addition, we have joined forces with the Epilepsy Foundation on a SUDEP Task Force that is exploring what research priorities should be pursued and what education and advocacy efforts should be prioritized. The Society is also partnering with the Epilepsy Foundation, the International League Against Epilepsy and the AAN Epilepsy Section to examine the issues related to switching to generic AEDs. This Task Force, Access to Continuity of Supply, is working with the FDA to promote their MedWatch system and is exploring other research or advocacy efforts. Its first task was to survey members for knowledge of the MedWatch system. This survey found that only 45 percent had heard of the FDA MedWatch voluntary reporting system and only 13 percent had ever reported any cases, for any reason, to the FDA using the MedWatch voluntary reporting system.

Other activities this year included our participation in the March 2007 Curing Epilepsy Conference organized by the NINDS, Dennis Spencer and I were proud to chair that landmark event. As a result, new research benchmarks have been identified, including a new one on comorbidities. AES may be hosting some benchmark meetings in the next year or so to ensure that the progress continues. Several of those present for the conference participated in the Epilepsy Foundation’s first ever National Walk the day after the Curing Conference.

The Society is participating actively in development of performance measures or standards in our field. Our Practice Standards Task Force is working with the AAN and the NAEC to take the CDC’s epilepsy quality indicators and turn them into measures that will be accepted by the AMA’s Physician Consortium for Performance Improvement and eventually will be presented to CMS. This process is expected to continue throughout the year. In addition, this Task Force has just completed a survey on Epilepsy Monitoring Unit common practices that it is currently analyzing.
Looking Back

Gregory L. Holmes, M.D., 2006 President

Time waits for no man, woman or dog, especially my dog. In only a few months we will be meeting again in Philadelphia where we will be celebrating yet another World Series win by the Boston Red Sox.

We have accomplished much since the founding of our organization in 1936 and Dr. William G. Lennox, our founder and first president would be very proud. As insightful as he was, even William G. Lennox could not have anticipated the success and exponential growth of our organization. We now have about 3,000 members and attendance at the Annual Meeting this past year in San Diego was just under 4,000, the highest ever. The breadth of the scientific program matches the breadth of our membership. AES membership includes neurologists, basic neuroscientists, nurses, neurosurgeons, psychiatrists, psychologists, technologists, and other professionals interested in the field of epilepsy, from researchers investigating genes in the drosophila to nurses caring for patients following temporal lobectomies. Our educational programs at AES match this diversity of interests. Indeed, the AES is sometimes criticized for offering too many programs at our annual meeting.

The year 2006 was a great experience for me and I enjoyed serving as your President. We undertook a great deal last year, with one of the biggest projects being the first Mid-Year Meeting, which was held in Oak Brook, IL in June. The conference was geared to addressing the needs of health care practitioners who deal with epilepsy in their clinical practice. While the meeting was considered a success by those who attended, attendance was rather modest. In the coming years, AES will have to make a decision as to how much of our attention will be devoted to year round educational activities versus our Annual Meeting. Another decision that needs to be made is how much of the year round educational program should be aimed at our own members versus professionals not specializing in epilepsy.

The 2006 meeting was the first North American Regional Epilepsy Congress, done in collaboration with ILAE. In the future every other year will be a North American Regional Congress with the AES co-hosting with the ILAE chapters of Canada and Jamaica. While care for individuals with epilepsy continues to improve in North America, there are many areas of the world where epilepsy care is lacking. It is important for the AES to continue to partner with our colleagues in the ILAE to improve epilepsy care and research around the world.

While we treasure our history, our leadership looks to the future. I have been impressed with the dedication of our Board of Directors, our Committee Chairs and the many AES members who volunteer their time to help AES reach their goals. Our organization is currently in good hands with John Swann, who is demonstrating his skills as an energetic and thoughtful leader.

The American Epilepsy Society is geared toward the future, but we will never forget those who have paved the way for our success. The traditions and rich history of our organization are embedded in each of us and we still honor the names of pioneers like Lennox, Penry and Dreifuss, among many others, whose contributions to the epilepsy community will still impact epilepsy treatment, even in another 70 years. I look around at our membership and know that many of their names will eventually be up there with our greatest leaders.

This has been another great year for our organization and I want to thank you for allowing me to serve as your President. I look forward to seeing you all in Philadelphia.
A valued product of the AES 60th/70th Anniversary Celebration in 2006 is the excellent history compiled by Howard Goodkin and the Archives Committee tracing the American Epilepsy Society’s evolution from 1936. Goodkin notes in the published report that a precept articulated by the eminent Dr. Lennox in 1941 and highlighted here “is pervasive in the efforts of the AES even today.”

“A wider diffusion of present knowledge, a harder search for new knowledge, and a will to work together towards a common end, the end of epilepsy.”

–William G. Lennox

The primary vehicle for the diffusion of current knowledge is the AES Annual Meeting, whose evolution mirrors the organization’s overall development and growth. The meeting has evolved from a modest, lightly attended symposium to its present status as a major specialty conference with an annual attendance near 4,000, with roughly one-third of participants coming from outside of the United States.

Notable for its seminal role in the history of the Society is the first joint meeting with the Association for Research in Nervous and Mental Disease (ARNMD), December 1946. That symposium marked the first time in seventeen years that the ARNMD annual meeting was focused on epilepsy. Forty-five papers were presented, including 24 concerning advances in both experimental and clinical studies made possible by electroencephalography, a new research and diagnostic tool at that time. The unbroken tradition of AES annual meetings began two years later.

Annual meetings were at first one-day sessions, typically with 12 to 14 paper presentations. As interest and activity in epilepsy research and clinical care increased in the 1970s, members requested a review of the meeting format. Among events contributing to a developing body of epilepsy information and driving the desirability of an expanded program was the establishment of the first regional comprehensive epilepsy centers under the auspices of the Veterans Administration; launching of the NIH-sponsored Anticonvulsant Screening Program (ASP); release of an unprecedented congressionally mandated national study of the disorder and its consequences; and the research and clinical application of CAT imaging, video/EEG monitoring, GLC blood drug level analysis, and other developing technologies.

The Annual Meeting was extended in 1975 to two days and presentations doubled to 24. A third day of scientific presentations was added in 1981. The full meeting, including the annual course and satellite symposia, was then a six-day annual event, a format that endured for more than 25 years until again restructured.

During the mid 1980s leadership recognized the desirability of expanding the meeting content to serve the diverse interests of basic scientists, nurses, psychologists, and other health care professionals concerned with the advancement of knowledge and care for people with epilepsy. By the 40th anniversary meeting in Seattle 1986, for example, presentations had increased in number to 93 platforms and 266 posters. Among major new features introduced that year was the all-day Investigators Workshop.

Accelerating scientific and clinical progress in the 1990s and beyond has presented a continuing challenge to AES meeting organizers in programming for the diverse interests of attendees. Platforms in 1992 had increased to 144, with posters reaching a new high of 516. The Clinical Investigators Workshop was introduced in 1994. Special interest group (SIG) meetings, which numbered only three at the 1983 annual meeting, had increased to 19 by 1999. That same year, roundtable sessions also were added to the program to provide more opportunity for active attendee participation.

Annual meeting registrations climbed dramatically from 1,000 in 1990 to 2,364 at the AES 50th Anniversary meeting six years later in San Francisco — a ten-fold increase from the 255 participants at the first west coast meeting in 1980 in San Diego. Society members far outnumbered non-member participants up to that time. However, non-members had become a substantial part of the annual event by the end of the century. The continuing rise in overall attendance today attests to the ever growing diversity and vitality of interest in epilepsy, AES and its Annual Scientific Conference.
Despite this success, and mindful of the changing needs of members, in 2000 AES leadership established an Educational Council comprising chairs of the various meeting components. With the great increase in scientific understanding of epilepsy and expanding range of available therapeutic options for the condition, diffusion of knowledge to a larger community of professionals was increasingly essential to the advancement of epilepsy care. The Council’s function allows for additional, diverse course programming for the educational portion of the annual meeting, and the expansion of course offerings outside of the meeting, including the repurposing of course offerings in other formats.

A series of special leadership gatherings in 2002, dubbed “meeting on the Meeting,” reviewed the length and character of the annual meeting, and looked for possible alterations for consideration in restructuring the event. The annual meeting was subsequently shortened by a day to help alleviate the mounting time demands of current professional practice. Further restructuring would be accomplished by incrementally adding new programs and sessions while still maintaining the core scientific and educational activities that promote interdisciplinary discussion and appeal to specific disciplines and subspecialties.

The first annual Spanish-language symposium was held in 2002 to accommodate an increasing number of Hispanic participants. An annual Junior Investigators Workshop also was added that year for networking and the discussion of common issues of interest. A pilot Investigators Workshop poster session introduced in 2003 is now an annual feature. The total of all posters for the annual meeting exceeded 1,000 for the first time in 2004. Annual course registrations also reached the 1,000 mark that year and increase annually.

The addition of new programs and sessions has been accomplished by a reduction in platforms over several years and the folding of sponsored symposia into the core scientific session. These measures have allowed for time in the schedule for more participatory activity, such as the 35 SIG meetings in 2006. We are projecting even more SIG meetings in 2007!

By 2006 the AES Annual Meeting had become the premier international scientific meeting in epileptology. In November, the Society participated in the 1st North American Regional Congress, a joint meeting with the Canadian League Against Epilepsy held in San Diego and reported elsewhere in these pages. Look for historical time line photos throughout this publication.

We are grateful for the teamwork demonstrated by the members of the committees, work groups, task forces and the Board of Directors. Countless hours are volunteered by our members to keep moving AES forward to achieve our goals. I would like to especially thank the AES staff team whose dedication and constant “thinking outside the box” keeps us all challenged and vibrant.

Thank you all for your support. It is our privilege and our commitment to work with you and for you.

M. Eugene C. Burrow
AES has always been an open organization, welcoming epilepsy professionals from all disciplines. To encourage this diversity the Society has expanded its membership categories to include a non-*Epilepsia* option for junior members and Professionals in Epilepsy Care (Allied Health and Nursing) members. To accommodate the needs of our international members, we now have a category that includes the *Epilepsia* subscription for our international colleagues who cannot receive it locally through an ILAE Chapter.

Total membership is currently a little over 3,000. Fifty-eight percent is made up of Active or full benefit members. Corresponding members, those residing outside of the US, Canada or Mexico, make up about 6 percent. Junior members, those still in training, make up about 5 percent. Professionals in Epilepsy Care is a category that is essentially an Active member, just without the *Epilepsia* subscription. Approximately 4 percent of our membership is in this category.

The broad diversity of our membership is reflected in the following chart. Members are asked to identify one or more primary practice areas, thus multiple areas are often reported. Approximately 60 percent of our membership indicates that they focus on adult or pediatric neurology and/or epileptology. Twelve percent of members identify themselves as basic scientists. Another 4 percent are nursing professionals, while 10 percent indicate one of their primary practice areas as EEG. The following areas account for the remaining 13 percent: Social Work/Psychology, Neuroimaging, Neurosurgery and Pharmacology.
The American Epilepsy Society closed the books on fiscal year 2006-2007 as of June 30, 2007. 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 2007 and will be available on the AES Web site at www.aesnet.org.

This report is a direct comparison of where we stood at the end of fiscal year 2006/2007 to where we stood at the end of fiscal year 2005/2006 and a look forward to fiscal year 2007/2008. This will give you an indication of the robustness of our Society.

### Total Revenue

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Operations</td>
<td>$963,612</td>
</tr>
<tr>
<td>Education</td>
<td>$3,511,097</td>
</tr>
<tr>
<td>Research</td>
<td>$659,099</td>
</tr>
<tr>
<td>Publications/Products</td>
<td>$270,387</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,404,195</strong></td>
</tr>
</tbody>
</table>

### Total Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Operations</td>
<td>$630,642</td>
</tr>
<tr>
<td>Education</td>
<td>$2,629,341</td>
</tr>
<tr>
<td>Research</td>
<td>$764,592</td>
</tr>
<tr>
<td>Publications/Products</td>
<td>$347,288</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,371,863</strong></td>
</tr>
</tbody>
</table>

### Strategic Planning and the Budget

The American Epilepsy Society views strategic planning as an ongoing process and continually reviews goals and objectives. During 2006, Society leadership updated the goals and set new objectives for the next three to five years. Six goal areas were established:

- **Education**: AES programs will provide high quality and comprehensive epilepsy education to professionals.
- **Research Funding**: AES will have increased support for epilepsy research.
- **Advocacy**: AES will have the capacity to impact legislative and regulatory issues important to the epilepsy community.
- **Performance Measures**: AES will be instrumental in creating nationally recognized epilepsy performance measures (standards).
- **Revenue Enhancement and Diversification**: AES financial resources will be fully funding its strategic initiatives.
- **Integration**: AES will be recognized as the leader in fostering communication between disciplines to advance innovation in epilepsy cures.

Each of these goals has several general objectives and specific strategies to meet those objectives. All projects and activities of the Society are connected to the Strategic Plan and the budget. Many of the strategies for accomplishing the above goals are already reflected in ongoing activities of committees or have caused the development of new task forces.

### Highlights of the 2006/2007 Budget

The vision for the 2006/2007 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 the seriousness of our commitment to our mission.

### Projects and Activities

#### Membership

- After much discussion by the Board and for the first time in several years, dues were increased by $20 for all categories.
- There has been no increase in the cost of the *Epilepsia* subscriptions.
• Membership/Operations revenue is about the same as it was last year, but expenses are less than in 2005/2006 thanks to ongoing cost reduction efforts.

• 2006 was the first time the Society considered advocacy as a goal. An Advocacy Committee was formed and has begun identifying the AES role.

Activities during the year included:

- Supported and participated in the NIH Curing Epilepsy Conference in March of 2007. John Swann, President and Dennis Spencer, First Vice President, chaired this meeting. New benchmarks were set for the future.

- A Task Force was created to look at Access to Continuity of Supply of AEDs. Several brands are already off patent and several more are going off patent in the next year or so. The Task Force is working closely with the FDA to explore developing a clinical study to collect the data required to prove whether or not there is a problem. Education programs on generics related issues will be presented through the TeleConsults Webinar program and the annual AET Symposium. This is a collaborative effort with the AAN, NAEC, Epilepsy Foundation and ILAE.

- Professionals and patients are clamoring for more information on SUDEP, so a Joint Task Force with the Epilepsy Foundation was created to develop recommendations for research and education.

- The Quality of Life survey project, also in partnership with the Epilepsy Foundation, was designed to measure patient attitudes, quality of life issues and identify gaps in understanding between patients and doctors. A total of 402 epilepsy patients participated in the telephone survey during the spring of 2007. Results will be used to develop patient and physician checklists.

- The Society participated in the Epilepsy Foundation’s first annual National Walk on the Mall in Washington, DC, raising $3,530. These funds have come back to AES to be used for research. Many members walked with or supported their local PAB. More than 5,000 walkers participated and raised a total of one million dollars.

- A Task Force was created early in 2007 to explore what AES can do to assist with educating the public and professionals on the risk of post-traumatic epilepsy in returning veterans. The Operation Give Back Task Force has developed materials for the AES Web site and is working closely with the VA system.

- A new regional meeting format was launched early in 2007 to benefit non-epileptologists and professionals in epilepsy care. Five cities played host to this new one day ‘Epilepsy 101’ program modeled after the 2006 Mid-Year program.

- In recognition of the international attraction of hosting the North American Regional Congress, we enabled attendees from third world countries to register at appropriate fees.

- Annual Meeting registrations hit a record of 3,854.

- We continue to provide daily breakfast, lunches and evening receptions at our annual meeting, despite the increasing costs.

- We celebrated our 70th Anniversary at the 2006 Annual Meeting.

- A second Professionals in Epilepsy Care symposium was added to the Annual Meeting schedule and ran successfully against the Merritt- Putnam program.

- A new Mentoring Task Force launched the first mentoring session during the 2006 Annual Meeting. Volunteers worked hard to match mentors and mentees and then arranged for time for them to meet.

Performance Measures Activities

- The Society convened a Task Force in 2005 representing the Practice Committee and the Guidelines Task Force to determine if AES should be developing epilepsy guidelines. The Practice Standards Task Force determined that evidence based guidelines are already being done by the American Academy of Neurology (AAN), with adequate representation from AES, and the International League Against Epilepsy.

- The Task Force recommended that AES pursue other forms of standards instead. In 2006 AES partnered with the AAN and the National Association of Epilepsy Centers (NAEC) to form the Epilepsy Measures Workgroup. This multi-organization group is exploring performance measures for epilepsy in association with the CDC with a goal of getting recommendations in front of CMS.

- The Practice Committee is working with the American Association of Neuroscience Nurses (AANN) to document current practice in epilepsy monitoring units. A member survey generated 275 responses. A similar survey has been posted for the AANN membership. This is the first of several areas that the committee will be surveying to document current practice. These surveys are a first step in the development of checklists for healthcare professionals. The checklists can be developed into electronic recordkeeping templates or used to enhance those templates.

Education and Annual Meeting

- The Society developed and launched a new educational program format with its 2006 Mid-Year Meeting. The target audience was non-epileptologists and the two-day program featured AES members speaking at symposia and running informal workshops. The program was focused on the Chicago metro area and attracted a total of 138 attendees and 15 exhibitors. General neurologists made up 30 percent of attendees with nurses and advanced practice nurses making up another 24 percent.
Research Funding and Awards

- The Milken Family Foundation continues to support the Early Career Physician-Scientist Award program with seven $50,000 awards presented at the Annual Meeting.
- AES continues to directly fund three predoctoral and three postdoctoral fellowships.
- The Lennox Trust Fund provided one predoctoral and one postdoctoral fellowship this year.
- AES is committed to its involvement with other research funding organizations and will support collaborative efforts with these other organizations.
- The Young Investigator and Nurse Awards, which are selected from submitted abstracts, continued to be offered. These awards provide travel stipends.
- AES continued to completely support the Epilepsy Research Recognition Award program.

Publications, Technology and Communications

- Annual Meeting symposia and 2006 Mid-Year Meeting Sessions were added to the Web site.
- A ‘refresh’ and upgrade of the Web site is underway.
- Electronic nominations and voting were added to streamline the process and encourage more member responses.
- Increased overall use of technology. This has significantly contributed to cost savings in the AES budget. For example, we are reducing “snail mail” mailings, sending dues invoices electronically, increasing the information available on the Web site and using conference calls to replace some physical meetings.
- Six issues of Epilepsy Currents and four issues of AES News were produced.
- The Publications Committee worked with Epilepsy Currents Editorial Board to create a balanced budget.
- The periodic member e-blasts were reformatting to reflect a more newsletter feel.
- AES conducted a Web site and publications member survey during 2006. The perceived value of all AES publications increased an average of 15-20 percent since the last survey was conducted. Regarding the Web site, approximately half of respondents reported visiting the Web site within the prior month and only two percent do not use the Web site at all. Ninety-six percent of respondents rated the online Annual Meeting registration as very valuable. Ninety-four percent rated the online publications very valuable. Our members are still not using the Web site for education as much as expected, though numbers are increasing. Seventy-eight percent indicated they either already have or are planning to access an educational program on the AES Web site. The vast majority of respon-

Future Outlook 2007/2008

As we enter our new budget year (July 1, 2007 – June 30, 2008) we will continue much of 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 year, we will be unveiling new programs that will be 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.
**CORPORATE SPONSOR ACKNOWLEDGMENT**

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

### 2006 Annual Meeting & Year Round Support

#### LEADERSHIP LEVEL
($250,000 - $499,999)

- **GlaxoSmithKline Pharmaceuticals**
  Evening Symposium; Scientific Exhibit; Annual Course; AET Symposium; Exhibit Booth; Inaugural Mid-Year Meeting; Research Fund and TeleConsults in Epilepsy Series

- **Ortho-McNeil Neurologics, Inc.**
  Attendee Badges and Lanyards; AET Symposium; Exhibit Hall Banner; AES Meeting News; Abstracts on CD; Abstracts on www.AESNET.org; Scientific Exhibit; Nurse Awards; Exhibit Booth and Inaugural Mid-Year Meeting

- **Pfizer Inc.**
  AET Symposium; Merritt-Putnam Symposium; Scientific Exhibit; Exhibit Booth; Research Fund and Inaugural Mid-Year Meeting

- **UCB Pharma, Inc.**
  Exhibit Hall Lunch & Lunch Tote; AET Symposium; New Member Reception; Press Room; Pediatric State of the Art Symposium; Scientific Exhibit; Exhibit Booth; Postdoctoral Fellowship and Inaugural Mid-Year Meeting

#### SPONSOR LEVEL
($100,000 - $249,999)

- **Abbott Laboratories**
  Annual Meeting Bags; Annual Course; J. Kiffin Penry Award; Exhibit Booth and Inaugural Mid-Year Meeting

#### CONTRIBUTOR LEVEL
($25,000 - $99,999)

- **Cyberonics**
  Neurobehavioral Fellows Program; Annual Course; Exhibit Booth; Research Fund and Inaugural Mid-Year Meeting

- **Eisai Inc.**
  Presidential Symposium; Scientific Exhibit; Exhibit Booth and Inaugural Mid-Year Meeting

#### ADVOCATE LEVEL
($10,000 - $24,999)

- **Medtronic**
  Young Investigators Awards

- **Schwarz Pharma**
  AES Symposium; Scientific Exhibit and Exhibit Booth

#### OTHER SUPPORTERS

- **Epilepsy Therapy Development Project**
  Inaugural Mid-Year Meeting and Exhibit Booth

---

Mid 1960s

Cesare T. Lombroso and Herbert Jasper at Laurentian Mountains EEG meeting.
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.

4-D Neuroimaging
Ad-Tech Medical Instrument Corporation
AED Pregnancy Registry
American Board of Clinical Neurophysiology, Inc.
American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc.
Advanced Neuro Technology
Applied Neurology Magazine
Athena Diagnostics, Inc.
Beaumont Hospital
Bio-logic Systems Corp.
Blackwell Publishing, Inc.
Cadwell Laboratories, Inc.
Cambridge University Press
Cleaver System, Inc.
CNS News
Compumedics USA, Ltd.
Data Sciences International
Demos Medical Publishing, Inc.
Electrical Geodesics, Inc.
Elekta
Epilepsy Coalition of New York State, Inc.
Epilepsy Foundation
Integra
Issues in Neurology
John Libbey Eurotext Ltd.
Lippincott Williams & Wilkins
Mayo Clinic
MedPointe Pharmaceuticals
MINCEP Epilepsy Care
Minnesota Epilepsy Group, P.A.
National Association of Epilepsy Centers
Neuralynx, Inc.
Nihon Kohden America, Inc.
NINDS
Novartis Pharmaceuticals Corporation
Nutricia North American
Ovation Pharmaceuticals
PMT Corporation
Questcor Pharmaceuticals
Rhythmlink International, LLC
Rochester Electro-Medical, Inc.
Saunders/Mosby/Churchill
Shire Pharmaceuticals
SleepMed/DigiTrace
Special Products Limited
Stellate Systems
The Charlie Foundation
Tuberous Sclerosis Alliance
Valeant Pharmaceuticals North America
VIASYS Healthcare
VSM MedTech
XLTEK
The Research and Training (R&T) Committee promotes epilepsy research and seeks to mentor a new generation of investigators. The goals of the committee are achieved by working closely with various foundations that support epilepsy research. Several foundations have greatly enhanced the support for innovative research into causes, prevention, treatment and cure of epilepsy. Major new activities of our partners in epilepsy research are summarized here.

**The Epilepsy Foundation** has introduced targeted initiatives focused on mood disorders related to epilepsy and epilepsy in seniors. Other targeted initiatives will be introduced soon. In addition the Foundation has partnered with the Epilepsy Therapy Development Project to form the Epilepsy Research Foundation, which supports new therapy grants. The Epilepsy Foundation has also provided strong support for Pre- and Postdoctoral fellowships, Health Sciences Student Fellowships, Clinical Fellowships and Junior Investigator Grants and the Pediatric Partnership.

**Citizens United for Research in Epilepsy (CURE)** has initiated a series of new funding mechanisms with a goal to curing epilepsy. CURE has supported several highly innovative multidisciplinary grants from teams of investigators both in and out of the field. It has supported research into preventing post-traumatic epilepsy in collaboration with the Department of Defense and supported research into causes and prevention of sudden unexpected death in epilepsy. CURE continues to invest in pioneering research projects, which have the promise of reducing the burden of epilepsy.

**The Epilepsy Therapy Development Project** has made a major effort in developing new technologies and therapies for epilepsy. It has supported development of unconventional therapies derived from traditional medicine in various cultures, and therapies based on discoveries made in basic science laboratories. New technologies and devices to detect and terminate seizures in patients have received support from the Project. The Project is creating a consortium of clinical centers to accelerate clinical testing of new anticonvulsant drugs. The Epilepsy Therapy Development Project provides critical support for translating laboratory and clinical discoveries into improved patient care.

**The Milken Family Foundation** has started an Early Career Physician-Scientist award, which supports mentored research training of clinician scientists who have a faculty position in Neurology or Neurosurgery. The award seeks to build a cadre of clinician scientists who can accelerate development of new therapies for epilepsy. The Milken Family Foundation also initiated a Translational Research award in collaboration with the Epilepsy Therapy Development Project.

In addition to working with various private foundations, **American Epilepsy Society** has maintained its strong commitment to supporting research. The society supports research grants and awards by drawing from investment returns on the Long-term Reserve Fund and William G. Lennox Trust Fund. In addition, the society uses a New Projects Fund to support research. The society has initiated steps to revitalize and grow the Lennox Trust Fund. It is hoped that a strong partnership between the American Epilepsy Society, various foundations and federal agencies such as the National Institutes of Health and Centers for Disease Control will continue to provide strong support for epilepsy research in the future.
RESEARCH FUNDING
Selected by the Research & Training Committee and Subcommittees

■ Early Career Physician-Scientist Awards
Funded by the Milken Family Foundation
Presented during the 2006 Annual Meeting
Funding as of January 2007

Devin K. Binder, M.D., Ph.D.
University of California, Irvine
Mentor: Tallie Z. Baram, M.D., Ph.D.
“AQP4 and Epileptogenesis”

Derek J. Chong, M.D., M.Sc.
Columbia University
Mentor: Frank Gilliam, M.D., MPH
“Effects of verapamil as an adjunct on seizure control”

Beate Diehl, M.D. – Second Year Funding
Cleveland Clinic Foundation
Mentor: Hans O. Lüders, M.D., Ph.D.
“Diffusion tensor imaging and tractography of the arcuate fascicle in patients with temporal lobe epilepsy and controls”

Kevin C. Ess, M.D., Ph.D.
Vanderbilt University
Mentor: Robert L. Macdonald, M.D., Ph.D.
“GABAergic Interneurons”

Christina Gurnett, M.D., Ph.D. – Second Year Funding
St. Louis Children’s Hospital/Washington University
Mentor: Édwin Trevathan, M.D.
“Identification of a seizure susceptibility gene common to both mendelian and complex inherited epilepsy”

Eliane Kobayashi, M.D., Ph.D.
Montreal Neurological Institute, McGill University
Mentor: Jean Gotman, Ph.D.
“Multimodal investigation of focal epilepsies: what can we see beyond the epileptogenic area?”

John Christopher Oakely, M.D., Ph.D.
University of Washington
Mentor: William Catterall, Ph.D.
“Neocortical whole-cell sodium currents in a mouse model of severe myoclonic epilepsy of infancy”

■ AES-funded Postdoctoral Fellowships
Funded for the 2006/2007 Academic Year

Sebastian Jessberger, M.D.
Salk Institute for Biological Studies
“Functional role of seizure-generated neurons in cognitive impairment associated with epileptic activity”

Hongato Ma, Ph.D.
Cornell University
“Simultaneous optical imaging of voltage, perfusion, and oximetry during epileptic events”

Biwen Peng, M.D., Ph.D.
University of Texas
“Altered A-currents in dentate granule cells in perinatal hypoxia-induced epileptogenesis”

Richard S. Saliba, Ph.D.
University of Pennsylvania
“Modification of GABA(A) receptor phosphorylation and receptor number in status epilepticus”

■ Postdoctoral Fellowship Funded by UCB Pharma

Tommaso Fellin, Ph.D.
University of Pennsylvania
“Glia roles in epilepsy”

■ Postdoctoral Research & Training Fellowship for Clinicians Funded by The Grass Foundation

Douglas C. Maus, Ph.D.
University of Pennsylvania
“Quantitative correlation of high-frequency field oscillations to unit ensembles in human epilepsy”
 AES Funded Predoctoral Fellowships

Mihyun Bae
University of Maryland
“Recovery of interneuron defects and seizure susceptibility by hepatocyte growth factor”

Joel Greenwood
University of California, San Francisco
“Endocannabinoid modulation of excitatory circuits in a malformed hippocampus”

Sara Jean McCann
Baylor College of Medicine
“Sodium channel expression profiling in the epileptic brain using mutant mouse models”

William G. Lennox Predoctoral Fellowship

Xiaoying Huang
Georgetown University
“Spiral waves in sustained seizure activity in neocortex of acute rat model”

Research Initiative Fund
Funded by AES

James O. McNamara, M.D. & David Goldstein, Ph.D.
Duke University Medical Center
“Map the Chromosomal Break Points and Identify the Gene Causing the Disease Phenotype”

Ingrid E. Scheffer, MBBS, Ph.D., FRACP
University of Melbourne
“Novel Molecular and Bioinformatic Approaches Facilitate Epilepsy Gene Discovery”

Research Infrastructure Program
Funded by AES and Epilepsy Foundation

Michael D. Privitera, M.D. & David Ficker, M.D. Second Year
University of Cincinnati
“A multicenter consortium to plan and execute a randomized clinical trial exploring medication resistance in newly diagnosed epilepsy”

Steven C. Schachter, M.D.
Second Year
Beth Israel Deaconess Medical Center
“Evaluation of Asian herbal medicine-derived compounds with in vitro and in vivo assessments relative to epilepsy”

William D. Gaillard, M.D.
Second Year
Children’s Research Institute
“Multi-site pediatric network for fMRI mapping in childhood epilepsy”
AES Awards
Society Awards selected annually by the Research Recognition Awards Committee

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
Prof. Dr. Wolfgang Löscher

Award for Clinical Science
Robert S. Fisher, M.D., Ph.D.

DISTINGUISHED ACHIEVEMENT AWARDS
Honors members for service and achievements

2006 J. Kiffin Penry Excellence in Epilepsy Care Award
Patricia Osborne Shafer, RN, M.N.

2006 AES Service Award
Steven C. Schachter, M.D.

2006 William G. Lennox Award
Timothy A. Pedley, M.D.
**Attendance**

San Diego, California was the site for the first North American Regional Epilepsy Congress hosted by AES at its 2006 Annual Meeting. AES will host the Epilepsy Congress every even year. Co-hosts were the Canadian League Against Epilepsy and the Jamaican Chapter of ILAE. The meeting attracted a total of 3,854 registrants which is about 2 percent more than last year. Non-members made up 35 percent of registrants and residents, students and fellows made up 16 percent. Eight individuals took advantage of the new developing countries discount. Approximately 31 percent of attendees came from countries other than the US, Canada and Mexico. First time attendees made up 14 percent.

Attendees are asked to provide their primary practice area. The largest representation is adult neurologists/epileptologists with 36 percent, followed by pediatric neurologists/epileptologists at 17 percent and basic science/research at 16 percent. Other areas, such as nursing, EEG, neurosurgery, neuroimaging and social work/psychology come in at 3 or 4 percent of attendees.

**Popular Topics**

The most popular symposium topic this year was “Brain Oscillations: Good and Bad Vibrations” which was covered in the Presidential Symposium. Approximately 1,500 attendees participated. Over 1,300 attended the Merritt-Putnam Symposium on “Mapping Epileptic Circuitry,” the Annual AET Symposium covering “New Frontiers” and the Lennox Lecture on “Ictal Propagation and Secondarily Generalized Seizures: Review of Clinical and Basic Studies.” The Professionals in Epilepsy Care Symposium on “Non-epileptic Seizures” was a surprise hit with standing room only.

A diverse range of topics was offered:

- **Neurocysticercosis:** Old Disease, New Concepts – Spanish Symposium
- **Pathways to Discovery in Epilepsy Research:** Rethinking the Quest for Cure
- **Epilepsy and the Older Adult:** Mid-life and Beyond
- **Hot Topics**
- **Problems for People with Epilepsy Beyond Seizures**
- **Genetics 101**
- **Detailed Imaging and Surgical Assessment**
- **Epilepsy in the North American Region:** Challenges and Opportunities
- **Continuous Epileptiform Discharges in Sleep:** Pathophysiology, Clinical Spectrum, and Controversies in Treatment
- **Legal Aspects of Epilepsy Care**
- **Mortality**
- **Pediatric Epilepsy Highlights**
- **Seizures, Epilepsy and Models:** What Are We Really Modeling?
- **Practice Management Course**

**1986**

Twenty-four Past Presidents attended the 1986 conference in Seattle.
**Special Interest Groups**
The member-directed Special Interest Groups continue to expand and grow in popularity. Thirty-five sessions were run during three days of the meeting. The most popular sessions covered topics such as: Animal Models of Febrile Seizures and Febrile Status Epilepticus: What Do They Tell Us About Epilepsy; Secondary Epileptic Foci: Do They Exist and How to Image Them?; Functional Imaging Face-Off: EEG vs. MEG vs. fMRI; Clinical Effects of Neurostimulation for Epilepsy; and The Varied Roles of Kainate Receptors on Epilepsy.

**Abstracts**
A total of 1,067 abstract submissions were selected for presentation at this year’s meeting. Twenty-six Investigator Posters were shown during a separate poster session and 35 were presented as platforms during a highlights session with the posters available in an adjoining room. Remaining posters were available in four separate sessions.

**Exhibit Hall - Epilepsy Resource Center**
The Resource Center featured more companies than ever before over two days. The total booth space was down a little due to reduced booth sizes of companies nearing the end of a product cycle. But several companies also increased their presence. Exhibit sales for the 2007 meeting are ahead of previous years.

**Press Room**
Almost twice as many members of the media registered and covered the meeting as last year. This can be attributed to the availability of AES members for interviews. As of March 2007, there have been a total of 69 placements, resulting in approximately 18 million impressions so far. We even had television coverage by the local Univision station featuring several AES members. We made a concerted effort this year to reach out to sponsors and encourage their PR people to take advantage of the media representatives. In addition, a series of press briefings were scheduled to promote the availability with AES members providing expert analysis and commentary on the material being presented at the meeting. Nearly 30 media interviews were coordinated.

---

1996
Phil Schwartzkroin, Braxton Wannamaker and Michael Milken present the Research Recognition Award to Jeffrey Noebels.
The Council on Education (COE) oversees the development of all directly sponsored, co-sponsored and jointly sponsored CME activities available to AES members and non-members and ensures that all programs reach out to all of our constituencies — for example, epileptologists (pediatric and adult), basic scientists, professionals in epilepsy care, academic and practicing neurologists and neurosurgeons.

The COE oversees the Annual Meeting Committee and the Educational Development Committee (formerly the Year Round Education Committee).

Under the Annual Meeting Committee, there are committees for: Annual Course, Scientific Program, Investigators Workshops, Clinical Investigators’ Workshops, Pediatric Content, AET Symposium, Practice Management Course, Spanish Symposium, Merritt-Putnam Symposium and Presidential Symposium.

The Educational Development Committee includes CME Review, Basic Sciences, Resident/Student Education, Mid-Year Meeting, and Professionals in Epilepsy Care (PEC).

The COE concerns itself with strategic planning of all AES educational programs, ensuring the CME mission statement is carried through, and oversees and implements new initiatives. The COE develops and implements policies to keep up with the expanding educational environment. New educational initiatives are driven by members’ needs and interests and the changing environment of CME.

During the 2006-2007 fiscal year the COE oversaw many changes and ongoing initiatives for the Society.

**Educational Development – Regional Symposia**

A major project during 2007 was a series of five, half-day regional educational symposia (Comprehensive Review of Epilepsy Management: Overcoming the Changes) — three were held in Los Angeles, Houston and Atlanta. Two others are scheduled for Chicago in September and co-located with the Annual Meeting in Philadelphia in December 2007. These CME educational activities were specifically geared toward the general neurologist and other general clinicians.

**Strategic Planning Meeting**

Using the analysis report of the AES Needs Assessment conducted in early 2006, the Council held a formal Strategic Planning Meeting in Hartford in September. This meeting refined the needs so committees could make final selections for the 2007 Annual Meeting at the 2006 Meeting.

**Professionals in Epilepsy Care**

Formerly known as Allied Health Care, this group was renamed Professionals in Epilepsy Care (PECs) in 2005 so as to be more inclusive of all professions. This group expanded to offering two symposia at the 2006 Annual Meeting and continued to plan and coordinate a successful TeleConsults program year round.

**Reformatting the Content of the Meeting**

After monitoring attendees attending sessions at the 2005 Annual Meeting a task force was set up to review the meeting length and schedule in February 2007. The charge was to allow for free time, reduce constituency program overlap and maintain a balance of constituency group needs. Some sessions were built to better accommodate the needs of basic scientists, including converting some sessions to be partial and non-CME.

**Education Development Committee (formerly Year Round Education)**

This Committee traditionally receives and reviews application for CME programs requesting AES joint sponsorship. Beginning in 2006-2007 the committee began a process of being more proactive in creating education for the members and other clinician groups, based upon the needs expressed in the AES Needs Assessment. A new, electronic method...
of needs collection was incorporated into the Medical Education Evaluator and a Needs Lister was added to the AES Web site to be better able to capture needs of other disciplines and others who did not attend the Annual Meeting.

**Conflict of Interest/CME Issues**

Driven by the ACCME requirements to collect/resolve faculty conflict of interest and vet presentations for bias, AES developed an online method (Speaker Ready Room) for faculty letters, including collection and review of submitted data and slides.

**Task Force for Council on Education**

The Council on Education implemented a vice chair for each position for all annual meeting and year round education committees. This will ensure a smooth transition for the incoming chair and that initiatives and projects continue. The task force also evaluated the liaison review system.

---

**2001**

Young Investigators take advantage of networking opportunities at the Annual Fellows Reception
“The American Epilepsy Society (AES) is committed to the support and enhancement of the study, acquisition, dissemination, and application of medical knowledge concerning epilepsy in all of its phases: biological, clinical and social.” – CME Mission Statement

The American Epilepsy Society has provided continuing medical education programs to members and non-members for nearly 27 years. Since 1980-1981 the AES is an accredited provider of CME, achieving this status through the efforts of its volunteer leadership and staff.

Quality medical education has been provided to the members of AES in the form of scientific sessions since 1946. With a mandate from the AES Council (Board of Directors), the steps to become an accredited CME organization began in 1979 under the leadership of Dr. James Cereghino, then Chair of the AES Ad Hoc Committee on Education along with committee members Drs. John Freeman and Paul Pritchard. In a letter to Mrs. Margaret Henry, Executive Secretary, Dr. Cereghino states, “It was the impression of the Committee Chairman that the site visit went very well and there appeared to be no major deficiencies in the application.”

In 1980 AES received notice of provisional accreditation with a resurvey two years later. The Society had to meet specific requirements in the development of educational activities, as put forth by the ACCME in its “Essentials for Accreditation of Institutions and Organizations offering Continuing Medical Education Programs.” Program topics were developed by the Program Committee along with the Long Range Planning Committee, Board of Directors and an Ad Hoc Committee on Education. Topics were requested from attendees on each program evaluation form. The Ad Hoc Committee on Education became the CME Committee with Dr. Cereghino as its Chair.

While meeting attendance in 1977 was 337, today more than 3,000 attend a meeting! In 1977 there were eight programs presented at the Annual Meeting; today there are thirteen. In a 1978 survey of meeting attendees 21 out of 22 indicated an interest in obtaining continuing medical education credit. Today, more than 800 attendees obtain CME credit from the Annual Meeting. AES jointly sponsors its annual meeting with like-minded organizations, such as the American Clinical Neurophysiology Society.

The 1979 Annual Meeting was a two-day program with two symposia, presentation of the William G. Lennox Award, free platform presentations and the Annual Business Meeting. Posters were not yet part of the program. Today the meeting lasts five days. Registration was $15 for members, $25 for non-members and $5 for students. While meeting registration fees have increased, the meeting remains a great value with members now paying $380 and students paying $185 (early registration) for a five-day meeting providing nearly 30 hours of CME, a two-day trade show, three days of Posters, Investigator Workshops, and nearly 40 Special Interest Group meetings.

Topic development for the meeting today continues to build upon methods used two decades ago. In his report to the ACCME in 1982, Dr. Cereghino stated, “Symposium topics
are determined several years in advance through consultation with the AES Board of Directors, the Long-Range Planning Committee, and the Director of CME.” Today the development of the curriculum for the symposium begins one year prior to the meeting with the appointment of a chair for the activity by the appropriate committee. Members are asked to submit topics for courses and the needs and wishes of the membership are considered in planning courses. In 1982 Dr. Cereghino stated that “a balance between basic and clinical sciences is sought and program participants are asked to comment on that balance.”

As CME continues to evolve and the ACCME continues to revise its regulations, we no longer focus just on attendee satisfaction. As attendees are bound to notice due to the increasing complexity of the program evaluations, we recently moved to designing programs that meet our attendees needs. We are also trying to find ways to identify actual outcomes, or how the learning affected the learner’s work. The newest requirement is to base programming on learner knowledge gaps and tie the education back to how the learner applied the knowledge on the job to close that gap. Needless to say, the CME rules are becoming more stringent causing Annual Meeting program chairs to work harder to ensure their programs meet the rules.

Following is a chronology of development of CME at AES, including all the recent technological advances being used for vetting and tracking required by ACCME guidelines. It has never been easy to meet the formidable tasks of soliciting and tracking needs, creating high quality content, selecting unbiased faculty and delivering stellar education but AES remains one of the best in the business.

A Brief Timeline of AES CME Accreditation

1979 – First applied for accreditation
1980 – Became accredited. First offering of CME for two programs “Antiepileptic Drugs: Current Concepts” (2 hours); “Epilepsy: Modern Management” (Geigy symposium – 6 hours) for total of 8 CME hours (following the Society’s Annual Meeting)
1982 – Reaccreditation interview in Chicago (Dr. Cereghino). Joint meeting with American EEG Society. March 5 – Reaccredited for two years additional provisional accreditation. ACCME required defining budget for CME versus general budget, construction of educational objectives and production of a mission statement
1984 – Received notice of reaccreditation for four years – due for resurvey in 1988. Recommendations: educational needs of members should be assessed in more detail; evaluation data needs to be analyzed and applied to future programs; need more CME staff support
1988 – Received two-year accreditation
1989 – Proposed reorganization of educational Committees. A Continuing Education Committee was created with two subcommittees: free-standing symposia and annual meeting subcommittee. Each of the chairs continue in the spirit of my able predecessors Jim Cereghino, Braxton Wannamaker, Paul Pritchard, Marc Dichter, Robert Macdonald, Dan Lowenstein and Frances Jensen. Their oversight and direction of the AES CME program sets the high mark that is typical of the AES today.”
THE EVOLUTION OF CME AT THE AMERICAN EPILEPSY SOCIETY

(Continued)

appointed by the president of AES for 3-year term. Chair of the Continuing Education Committee appointed to AES Council as ex-officio.

1990 – Received four-year accreditation. In their letter to the AES, the ACCME stated, “an excellent mission statement has been adopted.”

1992 – Symposia Committee (free-standing symposia) dissolved and functions assumed by and integrated into the overall functions of the CME Committee.

1994 – Reaccredited for two years; on probationary status — not fully compliant in joint sponsorship and other essential areas. Proposal made to reorganize the Annual Meeting Committee to be a standing committee. Established “liaisons” to each educational activity.

1996 – On-site review at AES headquarters.

1997 – Received two-year accreditation. Began exploring use of internet for educational activities. Began developing and approving various CME policies.

1999 – Re-survey interview held in Hartford via teleconference.

2000 – Proposal to Board of Directors to restructure CME Committee into “Council on Education.” With two subcommittees: Annual Meeting and Year-Round Education.

2002 – AES receives the William Campbell Felch Award for Excellence in CME Research from the Alliance for Continuing Medical Education.

2003 – Reaccreditation interview at AES office. Approved for the first time as Exemplary Status for six years.

2004 – Developed Medical Education Evaluator to evaluate CME, collect needs data and establish individual certificate tracking for meeting attendees. Repurposed all major Annual Meeting sessions and provided CME for them. Brought logistical management of evening symposia, Merritt-Putnam and AET under AES staff.

2005 – All Annual Meeting activities managed by staff. Converted medical education company relationships to be contracted as extension of staff to manage faculty and on-site logistics. Started producing paper syllabus handouts for all Annual Meeting CME activities and gave each attendee a CD with all handouts. Repurposed activities with searchable transcriptions and ability to download MP3 files.

2006 – Converted to electronic CME files. Developed an electronic process to access conflict of interest disclosure. Developed electronic Speaker Ready Room to manage faculty disclosure and slide review. Year Round Education Committee is converted to Educational Development Committee. First Mid-Year Meeting is held in Chicago.

2007 – Five Regional Symposia are funded for general neurologists and other clinicians. New projects such as Epilepsy Case Series (publication with CME) and Visiting Professor Series (sending epilepsy faculty to 40-50 community hospitals) are being planned for 2008.

Looking to 2008 – AES starts the process for reaccreditation with new ACCME guidelines and levels. (Exemplary Accreditation is now called Accreditation with Commendation.)
Report on

**EPILEPSY CURRENTS**

Robert Macdonald, M.D., Ph.D., Chief Editor, Basic Science
Susan Spencer, M.D., Chief Editor, Clinical Science

*Epilepsy Currents*, the only official publication of the American Epilepsy Society, published its seventh volume this year, continuing with the format of publishing commentaries and reviews by leaders in the field, a format that has been well received and fulfills a previously unmet need. The journal is published bimonthly. Each issue has two reviews and eight to ten commentaries on recently published articles, divided between basic science and clinical science topics. Because of the sponsorship format, *Epilepsy Currents* enjoys the highest circulation of any dedicated epilepsy publication in the world.

Significant achievements from the past year for *Epilepsy Currents* include:

- Global institutional access to *Currents* through Blackwell’s sales program increased 10 percent
- Total subscriptions increased 10.5 percent
- Electronic table of contents subscriptions increased 18 percent
- An English-language Indian reprint and a Spanish translation of *Currents* were distributed in 2006
- Revenue increased in 2006 due to consortia and rights income

The number of *Epilepsy Currents* articles downloaded through Blackwell Synergy and other online hosts continues to be strong. The content is also available freely on AES’s Web site and on PubMedCentral. The combination of downloads from all sources indicates that the total usage of the online journal content is still increasing.

John Wiley & Sons, Inc. acquired Blackwell Publishing in 2007. The merger has not resulted in any noticeable changes to *Epilepsy Currents* as the production process remained in tact and the publishing schedules were maintained. The publisher expects that the merger will strengthen their position as the world’s leading society publisher, enabling them to expand their marketing and sales reach and invest more in technology. They now offer their library and consortia customers a more comprehensive journals list than any other publisher. *Epilepsy Currents* is part of that list and should benefit from their expanded marketing and sales reach.

The *Epilepsy Currents* Editorial Board meets each December at the AES Annual Meeting. This meeting is a forum where editors discuss the editorial process and explore ideas for continued improvement. In addition to the feedback we get at this meeting, we also welcome your feedback on the journal and how it can better serve your needs.

---

2003

Remember the Boston meeting?
Volunteer Acknowledgment

AES appreciates its volunteers, in particular those who take on the responsibility of Chairing a Committee or Task Force. Many thanks to our 2006/2007 Committee Chairs.

**Advocacy Committee**
Frances E. Jensen, M.D.
David M. Treiman, M.D.

**Access to Continuity of Supply Task Force**
Michel J. Berg, M.D.

**AED Development Task Force**
James Stables, M.S., B.S.
H. Steve White, Ph.D.

**Annual Course Committee**
Elinor Ben-Menachem, M.D.

**Annual Meeting Committee**
David M. Labiner, M.D.

**Archives Task Force**
Howard Goodkin, M.D., Ph.D.

**Basic Sciences Committee**
Ivan Soltesz, Ph.D.

**Budget Committee**
John M. Pellock, M.D.

**Clinical Investigators’ Workshop Committee**
Vijay Thadani, M.D.

**Clinical Therapeutics Committee**
Page Pennell, M.D.

**CME Review Subcommittee**
Fred Lado, M.D., Ph.D.

**Corporate Advisory Committee**
John M. Pellock, M.D.

**Council on Education**
L. James Willmore, M.D.

**Early Career Physician-Scientist Award Subcommittee**
Gary W. Mathern, M.D.

**Education Development Committee**
Edward H. Bertram, III, M.D.

**Epilepsy & Employment Task Force**
Robert T. Fraser, Ph.D., CRC

**Epilepsy Currents Editors**
Robert L. Macdonald, M.D., Ph.D., Chief Basic Editor
Susan Spencer, M.D., Chief Clinical Editor
Gregory K. Bergey, M.D., Associate Clinical Editor
Michael A. Rogawski, M.D. Ph.D., Associate Basic Editor

**Finance Committee**
John M. Pellock, M.D.

**Genetics Task Force**
Jeffrey L. Noebels, M.D., Ph.D.

**Guidelines Task Force**
Andres M. Kanner, M.D.

**International Affairs Committee**
Jeffrey L. Noebels, M.D., Ph.D.

**Investigators’ Workshop Committee**
John Huguenard, Ph.D.
Heinz Beck, M.D.

**Membership Committee**
Richard C. Burgess, M.D., Ph.D.

**Mid-Year Planning Committee**
Steven C. Schachter, M.D.

**Nominating Committee**
Joan K. Austin, D.N.S., RN

**Operation Giveback Task Force**
Marc A. Dichter, M.D., Ph.D.

**Pediatric Content Committee**
William D. Gaillard, M.D.

**Post Graduate Training Committee**
Eli M. Mizrahi, M.D.

**Practice Committee**
Paul M. Levisohn, M.D.
Christine O’Dell, RN, M.S.N., CNS

**Practice Standards Task Force**
Michael D. Privitera, M.D.

**Professionals in Epilepsy Education Subcommittee**
Patricia Dean, M.S.N, ARNP

**Professionals in Epilepsy Care Steering Committee**
Patricia Osborne Shafer, RN, M.N.

**Publications Committee**
Helen E. Scharfman, Ph.D.

**QOL Survey Work Group**
William R. Turk, M.D.

**Research Infrastructure Award Subcommittee**
Scott C. Baraban, Ph.D.

**Research Initiative Fund Subcommittee**
Marc A. Dichter, M.D., Ph.D.

**Research Recognition Awards Committee**
Shlomo Shinnar, M.D.
Jacqueline A. French, M.D.

**Research & Training Committee**
Jaideep Kapur, M.D., Ph.D.
Kevin J. Staley, M.D.

**Scientific Program Committee**
Brian Litt, M.D.

**Student & Resident Education Subcommittee**
Lawrence J. Hirsch, M.D.

**SUDEP Task Force**
Elsin L. So, M.D.
Tess L. Sierzant, RN, M.S.

**Web Content Committee**
Jose E. Cavazos, M.D., Ph.D.
2007 Board of Directors

President
John W. Swann, Ph.D.
Baylor College of Medicine

FIRST VICE PRESIDENT
Dennis Spencer, M.D.
Yale University School of Medicine

SECOND VICE PRESIDENT
Steven C. Schachter, M.D.
Beth Israel Deaconess Medical Center

TREASURER
John M. Pellock, M.D.
Medical College of Virginia

PAST PRESIDENT
Gregory L. Holmes, M.D.
Dartmouth Medical School

BOARD MEMBERS
Amy Brooks-Kayal, M.D.
Children’s Hospital of Philadelphia

Gregory Barkley, M.D.
Henry Ford Hospital

Eli M. Mizrahi, M.D.
Baylor College of Medicine

Michael D. Privitera, M.D.
University of Cincinnati

Patricia Osborne Shafer, RN, MN
Beth Israel Deaconess Medical Center

William H. Theodore, M.D.
National Institutes of Health

EX-OFFICIO
Resident Agent
Cesare T. Lombroso, M.D., Ph.D.
Harvard Medical School

CANADIAN LEAGUE REPRESENTATIVE
Lionel Carmant, M.D.
Hospital St. Justine

EF PAB LIAISON
Bruce Hermann, Ph.D.
University of Wisconsin

CME DIRECTOR
L. James Willmore, M.D.
Saint Louis University School of Medicine

AAN LIAISON
Shlomo Shinnar, M.D., Ph.D.
Albert Einstein College of Medicine

EPILEPSY CURRENTS
Susan Spencer, M.D.
Yale University School of Medicine

Robert L. Macdonald, M.D., Ph.D.
Vanderbilt University Medical Center

RESEARCH
Jaideep Kapur, M.D., Ph.D.
University of Virginia

EPILEPSY FOUNDATION
Eric Hargis
Chief Executive Officer

ILAE LIAISON
Solomon L. Moshé, M.D.
Albert Einstein College of Medicine

NINDS LIAISON
Margaret P. Jacobs, Ph.D.
2006 Board of Directors

**PRESIDENT**
Gregory L. Holmes, M.D.
Dartmouth Medical School

**FIRST VICE PRESIDENT**
John W. Swann, Ph.D.
Baylor College of Medicine

**SECOND VICE PRESIDENT**
Dennis Spencer, M.D.
Yale University School of Medicine

**TREASURER**
John M. Pellock, M.D.
Medical College of Virginia

**PAST PRESIDENT**
Joan K. Austin, D.N.S., RN
Indiana University School of Nursing

**BOARD MEMBERS**
Tallie Z. Baram, M.D., Ph.D.
University of California – Irvine

Gregory Barkley, M.D.
Henry Ford Hospital

Gary W. Mathern, M.D.
University of California- LA

Michael D. Privitera, M.D.
University of Cincinnati

Patricia Osborne Shafer, RN, MN
Beth Israel Deaconess Medical Center

William H. Theodore, M.D.
National Institutes of Health

**EX-OFFICIO**
Resident Agent
Cesare T. Lombroso, M.D., Ph.D.
Harvard Medical School

**CANADIAN LEAGUE REPRESENTATIVE**
Samuel Wiebe, M.D.
Foothills Medical Centre

**EF PAB Liaison**
Bruce Hermann, Ph.D.
University of Wisconsin

**CME DIRECTOR**
Frances E. Jensen, M.D.
Harvard Medical School

**AAN LIAISON**
Shlomo Shinnar, M.D., Ph.D.
Albert Einstein College of Medicine

**EPILEPSY CURRENTS**
Susan Spencer, M.D.
Yale University School of Medicine

Robert L. Macdonald, M.D., Ph.D.
Vanderbilt University Medical Center

**EPILEPSIA**
Philip A. Schwartzkroin, Ph.D.
University of California – Davis

Simon D. Shorvon
Chalfont Centre for Epilepsy

**RESEARCH**
Jaideep Kapur, M.D., Ph.D.
University of Virginia

**EPILEPSY FOUNDATION**
Eric Hargis
Chief Executive Officer

**NINDS LIAISON**
Margaret P. Jacobs, Ph.D.
62nd ANNUAL MEETING

December 5-9, 2008

SEATTLE, WA

Washington State Convention & Trade Center

MEETING HIGHLIGHTS

- CME Symposia and Lectures
- Platform Sessions
- Poster Sessions
- Commercial Exhibits
- Special Interest Groups

For updates and information on the Annual Meeting read the AES News, your source for highlights and the latest in Annual Meeting news.

WATCH FOR THESE 2008 DATES!

Annual Meeting Call for Abstracts
March 3, 2008

AES Research Recognition & Distinguished Achievement Awards Nominations
August 15, 2008