Setting priorities is essential in cultivating a successful plan for the future. In 2003, the Academy solicited input from a broad range of AAN members, committee leaders, members of the Board of Directors, and staff to develop a list of priorities that are of critical importance to members. The result was the development of the new American Academy of Neurology Strategic Plan.

Our goal in developing a strategic vision was to ensure that the Academy’s achievements continue to reap benefits for patients, their families and caregivers, physicians, and society—to make an impact with everything we do. The Strategic Plan represents our greatest ideals and vision for the future of the practice of neurology—and empowers us to create an environment that supports ethical, high-quality neurological care.

In early 2003, the AAN Board of Directors unanimously approved the new Strategic Plan. The plan is comprised of nine initiatives that address areas of critical importance to members; these initiatives cover a range of issues, from research, to maintenance of certification, to improving practice management. Each initiative includes a position statement that clarifies the Academy’s approach, as well as a list of operational strategies that outline specific goals. The nine Strategic Plan key initiatives are: Physician Education; Medical Economics; Science; Advocacy; Leadership; Practice and Patient Care; Membership; Public Awareness; and Subspecialty Certification and Program Accreditation.

As we move forward under the direction of the Strategic Plan, committees will continue to evaluate existing programs and develop new ones, and create action steps that support the new plan. In partnership with members, the AAN staff will incorporate the plan into its operational activities. As the Academy grows it will continue to be a vital part of the professional lives of our members and focus on the areas where it can have the greatest impact. In the coming years, with focused efforts, we will accomplish our immediate and long-term goals by giving our priorities the commitment and resources that they deserve.

We encourage all of our members to examine our strategy firsthand. The complete Strategic Plan is available on the AAN Website. Inside this publication you will find the Academy’s achievements described according to the Strategic Plan initiative that they support. Each achievement is told through the eyes of one or more members, shedding further perspective on the benefits provided by each initiative.
The Strategic Plan is comprised of nine initiatives that address issues of critical importance to members:

- Physician Education
- Medical Economics
- Science
- Advocacy
- Leadership
- Practice and Patient Care
- Membership
- Public Awareness
- Subspecialty Certification and Program Accreditation

Visit the AAN Website at www.aan.com/strategic.cfm to learn more about the Academy’s plan for the future.
The AAN recognizes a need for comprehensive lifelong learning in neurology for its members as part of the AAN Strategic Plan. In 2003, the Academy brought members the highest quality continuing medical education and professional education opportunities. Through the development of preparatory programs and materials, the AAN provides members with several ways to prepare for maintenance of certification, as mandated by the American Board of Medical Specialties.

One of the AAN’s guiding principles is to provide high-quality continuing medical education (CME). The AAN currently develops preparatory material for the American Board of Psychiatry and Neurology’s (ABPN) Maintenance of Certification (MOC) program. This is the first effort by an organization in the field to develop tools for neurologists to adequately prepare for the MOC process.

Certified physicians will soon be required to demonstrate that they are keeping current with advances in medical sciences in order to maintain their certification with their specialty boards. In 2003, the AAN helped members prepare for the continuing medical education process. “The AAN is the national leader in providing CME to neurologists and can easily incorporate its CME programs into a comprehensive program of maintenance of certification for its members,” says Ralph F. Józefowicz, MD, FAAN, Chair of the AAN Education Committee.

Members were able to choose a format that best suited their learning styles. The ABPN-approved CME offerings include:

- Physician education programs offered at the 2003 Fall Conference in New Orleans
- Continuum: Lifelong Learning in Neurology®, a self-study publication designed to help practitioners stay current with advances in the field
- Thirty programs at the 2004 AAN Annual Meeting that cover a variety of disorders and neurology-related topics

The 30 ABPN approved programs at the Annual Meeting were the newest addition to the CME offerings. “This was the next logical step in providing meaningful CME opportunities to our members,” says Józefowicz.

A Continuum subscription gives physicians the opportunity to continue their professional development according to their own schedule. Each issue includes diagnostic and treatment outlines, clinical case studies, a detailed patient management problem, and a multiple-choice self-assessment examination.

The Annual Meeting allows members to participate in education and scientific sessions alongside a large number of colleagues, while Regional Conferences offer a smaller setting. Members can prepare for maintenance of certification requirements, as the current recertification system is replaced over the next several years.

“The quality of our national health care is directly related to adequate medical knowledge, clinical skills, and professionalism of our physicians,” says Józefowicz. He adds that the benefits of maintenance of certification are demonstrated to the public and other physicians. “It is part of our commitment as physicians to quality patient care in neurology—that we are constantly improving our medical knowledge to meet increasingly high standards of care.”

Ralph F. Józefowicz, MD, FAAN
PHYSICIAN EDUCATION
HIGHLIGHTS IN 2003

• Members who used the Neurology online CME at www.neurology.org were able to earn up to 72 hours of free CME credits (3 per issue) a year on a variety of neurologic topics; by taking an online quiz, members received instant feedback on their responses, and the system calculated the number of credits they earned.

• In October, the AAN Fall Conference held in New Orleans provided a three day Neurology Update program—approved by the ABPN—and offered practitioners, academicians, residents, and fellows a review in several key areas including movement disorders, epilepsy, stroke, and MS, as well as including a practice component.

• The 2003 Annual Meeting in Honolulu, Hawaii, offered nearly 60 new CME programs covering more than 20 topics, including such core curriculum as dementia, movement disorders, and stroke.

Strategic Plan Position Statement: Physician education is a fundamental obligation of the AAN that shall be reflected clearly and unambiguously in the Academy’s organizational structure and resource allocation.
The Academy maintains a strong stewardship of scientific research in neurology, and is dedicated to providing for both funding and professional recognition for advances made in the field. The Academy’s greatest direct impact for neuroscience research so far has been a decade-long collaboration with the AAN Foundation, allowing the Academy to extend its reach into basic and clinical research by fund raising and raising awareness. This close relationship between the Academy and the Foundation ensures a growing base of support for neurological medicine.

Through partnerships with the AAN Foundation and the Corporate Roundtable, the AAN plays an essential role in supporting Clinical Research Training Fellowships. The fellowships help open doors to young researchers committed to the field of clinical neurology by providing several grant-based funds to young investigators, researchers, and clinicians allowing them the opportunity to grow and continue to develop along their career paths. Each award consists of $50,000 per year for two years, in addition to $7,000 per year for tuition reimbursement.

In 2003, Clinical Research Training Fellowships provided important early funding and career development in a mentored environment for three promising investigators as they made the transition from resident or fellow to researcher. The fellowship winners included Joel Shenker, MD; Deborah Hall, MD; and Eric Smith, MD. All three were recognized at the 2003 Annual Meeting Awards Luncheon in Hawaii.

“With the support of the fellowship, this past year I put the research design into action,” says Shenker. “I collected pilot data for my study, then used those experiences to improve research design and implementation.” Shenker explains that the fellowship has also allowed him the added benefit of exposure to leaders in the field of neurology that otherwise would have been difficult to obtain, and that their shared knowledge helped to create an informed, improved research study on the behavioral neurology of epilepsy.

For Hall the program has yielded many benefits. “The fellowship has provided education in biostatistics, ethics, and research design which I have used in my fellowship project,” she says. Hall experienced the added bonus of garnering new skills for her professional development. “I have gained skills to write grants, analyze data, and design new projects which will sustain me in the future,” she says.

Clinical Research Subcommittee Chair Ralph Sacco, MD, MS, FAAN, says the fellowships also provide a national platform for clinical research by falling in line with the National Institutes of Health’s (NIH) Roadmap, a stated plan outlining the NIH position on research. The roadmap states that the “NIH is uniquely positioned to catalyze changes that must be made to transform our new scientific knowledge into benefits for people.” And thereby a “re-engineering” of clinical research is underway, to expand the base of scientific knowledge in the United States. “The program’s goal is to improve clinical research—what we call Patient Oriented Research (POR)—involving human subjects,” says Sacco. “By improving training opportunities for young POR investigators, we will improve patient care, researchers, and the enterprise of clinical research as a whole.”

SCIENCE HIGHLIGHTS IN 2003

- Members unable to attend the Annual Meeting were able to access web-casts of the Plenary Sessions online at www.aan.com, including presentation slides, audio recordings, and transcripts from the meeting

- More than 2,500 abstracts were submitted in 2003—a record number—for presentation at the 2004 Annual Meeting, making competition intense for approximately 1,300 poster and platform sessions; in 2003 100 more international abstracts were submitted for consideration to be included in the poster sessions
Strategic Plan Position Statement: The AAN shall support research in clinical and translational neuroscience, health services, disease prevention, and other relevant areas of investigation.
Jonathan Hosey, MD, saw a need in rural areas of Pennsylvania for increased stroke education. After identifying a shortage in essential stroke-care resources, Hosey leveraged the skills and momentum he gleaned from the Palatucci Advocacy Leadership Forum—an AAN advocacy skills development program—to make changes in his home state. He felt the situation would not improve without neurologist involvement. “We need to be active on local, state, and national levels. We need to be willing to say ‘Let’s try this’ and get started,” says Hosey.

The Forum where Hosey learned his skills was developed by the Academy to help members face a variety challenges throughout the US and the world—from scope of practice issues, to national reimbursement policies, to lack of public awareness about neurology.

In order to help members respond to these issues, the Academy launched the program to train selected AAN members to be effective advocates for neurological issues. Now an annual offering, the Forum gives members grassroots advocacy and leadership skills to successfully negotiate the political process and advocate for change.

More than 30 participants graduated from the program in January of 2003, representing 20 US states, as well as the nations of Ireland and Japan. The Forum is named in honor of the late Donald M. Palatucci, MD, FAAN, who was a member of the AAN Board of Directors and a champion for AAN advocacy efforts.

The Forum’s first class has already spurred several success stories, including Hosey’s. He worked with colleagues, and sent a letter to US Senator Arlen Specter that outlined a great need to increase support for stroke education in rural areas, which were receiving less attention than their urban counterparts.

Within a week, Specter’s office responded asking for more information. Three weeks later, Specter said he wanted to see the situation in rural Pennsylvania firsthand. In addition, Senator Rick Santorum and various state legislators also made trips to the areas affected. The result was the sponsorship of the Pennsylvania Rural Stroke Initiative from the Department of Health and Human Services, Health Resources, and Services Administration providing $860,000 in funding for additional stroke education for patients in rural counties.

Hosey feels he has learned a great deal from his advocacy experiences. “It was invaluable to learn the ‘process’ of interaction with legislators and their staff,” says Hosey. “Communication, establishing an ongoing network of individuals championing advocacy, and aggressive involvement with the legislative agenda are critical.”

The American Academy of Neurology advocates for sound public policies that impact neurologists and their patients. Working with a multitude of stakeholders, including other national medical and patient organizations, the Academy has become a voice for policy changes at the federal and state levels. The AAN has also developed ways for neurologists to contact their legislators directly.
ADVOCACY HIGHLIGHTS IN 2003

• Palatucci Advocacy Leadership Forum graduate Orla Hardiman, MD, was recognized with the 2003 Advocate of the Year award for her efforts to gain increased funding for neurological care from Ireland’s national government

• More than 700 members in 46 states and Puerto Rico contacted their legislators on Capitol Hill without ever leaving their practice by using Vocus, an electronic “Advocacy in Action” tool, on the AAN Website at www.aan.com/advocacy

• More than 30 AAN members participated in the first annual Neurology on the Hill event in Washington, DC, and visited 69 Congressional offices, helping to raise awareness for neurological issues

Strategic Plan Position Statement: The AAN shall advocate for the practice of neurology to preserve patient access to high-quality neurological care and ensure the economic viability of the specialty.
AAN FOSTERS FUTURE COMMITTEE LEADERS

Cultivating leaders is essential for the overall health and prosperity of the AAN, and is one of the Academy’s core values. This past year the Academy developed operational strategies in the Strategic Plan that enhance the effectiveness of its Board of Directors and Committees, as well as identifying new leaders within membership. Through the development of individual leaders and collaboration in committee settings, the Academy makes the most of the talents and knowledge base of the members and creates the broadest, most profound impact on patients, clinicians, and society.

In an effort to create new leaders, the Academy mounted a successful campaign to mentor members of differing career levels. Many members had the opportunity to make an impact by participating in committee leadership roles. In 2003, the Academy invited committee members to attend a special orientation program at the AAN headquarters in St. Paul, MN.

The program was designed to give more recent members a crash course in the organizational structure of the AAN, as well as provide leadership development. “The leaders we train today are the guiding force for the Academy’s future,” says AAN President Sandra F. Olson, MD, FAAN. “The Academy is dedicated to helping new committee members grow into leadership roles through mentorship by senior members.”

Katherine Henry, MD, MEd, FAAN, a member of the Membership, Member Demographics, and Practice Committees, was invited to attend the weekend conference. There she learned more about the AAN’s organizational structure, policies, and procedures. In addition, Henry met with AAN leadership. “In just a few days, I got to know several of the board members,” she says. “The opportunity to sit in meetings and then have dinner with some of the greatest minds in neurology is an incredibly enriching experience. This is what participating in these committees is all about—maintaining the best of what we have and making changes that improve for the future.”

Henry also recognizes the collaborative efforts of her committees. She describes the organizational structure as traditional, but says that open dialogue is always encouraged. “What has impressed me is how varied the opinions are among our leadership on any number of issues, yet we come together as a coherent whole in our current leadership structure.”

As a new member of the Therapeutics and Technology Assessment Subcommittee, as well as the Practice Improvement Subcommittee, Janis Miyasaki, MD, also observed the collaborative efforts of her committees. “I am continually impressed by the commitment of the committee members—their selfless gift of time to the process and the desire to produce meaningful work to impact our membership, the health of patients worldwide, and health policy.”

Henry says she’s impressed with the direction that the AAN is providing for new leaders. “I’ve found that since the Strategic Plan was recently implemented, and changes were made, there is a real sense of energy and vitality.”

Both Miyasaki and Henry have found that there are many opportunities for those seeking to become more involved in AAN leadership roles. “The most important thing I learned from my first year on the committees was: do what you enjoy and state your interest in becoming involved,” says Miyasaki. “At the AAN there is plenty to do for those with energy, enthusiasm, and ability.”

LEADERSHIP HIGHLIGHTS IN 2003

• The AAN established the State Affairs Committee to build relationships with state societies and help them create the infrastructure and leadership needed to be more effective, as well as participated in neurological society meetings in North Carolina, California, New York, Connecticut, and Texas

• The Academy provided four scholarships to international members from Turkey, Taiwan, Brazil, and Italy who were under the age of 40, affording them the opportunity to participate in the AAN Annual Meeting
Strategic Plan Position Statement: The AAN shall design, budget for, and implement a formal program for leadership development aimed at identifying, fostering, and assisting future leaders. It will address Board and Committee effectiveness, identification of future leaders, and leadership training and mentoring.
In 2003, the AAN published eight clinical practice guidelines on priority topics, including epilepsy surgery, Guillain Barré syndrome, Global Developmental Delay, and treatment of children with a first seizure. Guidelines are developed to assist in clinical decision-making. They are provided in a variety of convenient formats, including full guidelines available on CD-ROM and the AAN Website, as well as summaries of guidelines for physicians and their patients. But it’s the pocket guidelines on personal digital assistant (PDA) that are proving to be attractive to a growing number of users for their versatility.

Small size and portability are seen as instant benefits for physicians who use the product. “The convenience of guidelines being on my PDA beats having only the printed copy,” says Hal Pineless, DO. “I can’t always access the printed copy in the hospital, but I carry my PDA all the time. It is the easiest way to access data. It is also easy to update, and the information is always current.”

At the University of Kentucky Medical Center, residents are finding that the guidelines in handheld electronic form have become especially useful as learning aids.

“Most residents use their PDAs as a ‘peripheral brain,’ and having the pocket guidelines has helped,” says Arman Sabet, MD, residency program director at the university. “They can discuss treatment options with the attending physician about their patients in the hospital, clinic, or ER, using the information provided. It teaches the residents that, in fact, one can practice evidence-based medicine and be efficient at the same time.”

Residents at the university agree on the value of guidelines. “It’s reassuring to have conclusions, based on a preponderance of the evidence-based medical literature, right in your pocket,” says resident Todd Rutland, MD. “It’s helpful to have a quick reference with concise recommendations regarding what workup and therapy is likely to be beneficial for a given patient.”

Regardless of their chosen delivery vehicle, the content of the practice guidelines is what has spurred their use. “Evidence-based guidelines represent best medical care—no matter where you live,” says J.D. Bartleson, MD, FAAN, Chair of the Practice Improvement Subcommittee.

In addition, neurologists from all over the globe are using them, and members from the international community are eager to assist in their development. “Guideline author panels often include representatives from outside of the United States, and the evidence upon which the guidelines are based is international in its scope,” says Bartleson. “We believe that these best practices are universal and do not just apply to one region or one country.”

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POCKET GUIDELINES ON PDA: SMALL PACKAGES REAP GREAT BENEFITS

The Academy offers an array of practice and patient care programs and products that improve efficiency, increase patient safety, ensure compliance with government regulations, and promote high-quality care. The AAN also develops and disseminates practice guidelines on selected topics as a way of providing diagnostic and treatment support to clinicians, particularly in situations of controversy or variation in practice. Tools are available to provide convenient assistance to clinicians at the point of care.
PRACTICE AND PATIENT CARE HIGHLIGHTS IN 2003

- The AAN offered a wide range of practice tools including the laminated E/M Pocket Coding Guide and the Stroke Pocket Guide, as well as the queen square hammer and tuning fork.

- The Fall Conference in New Orleans offered members and their office staff a variety of practice management programs that helped participants understand how to use diagnostic and procedural codes correctly, and helped practitioners make the most of office technology including mobile computing, web-based resources, email and electronic medical records.

- The Patient Safety Colloquium at the Annual Meeting in Hawaii provided information that included tips for physicians to identify communication problems that can lead to incidents as well as an array of resources and tools to improve patient safety.

Arman Sabet, MD

Strategic Plan Position Statement: The Academy shall support members in providing high-quality, state-of-the-art care to patients with neurological disorders.
IMPROVED CODING/REIMBURSEMENT PROCEDURES ADD UP FOR MEMBERS AND PATIENTS

As medical diagnostic and treatment procedures are introduced, changed, or updated, commensurate reimbursement is often an afterthought. The Academy works to ensure that members are consistently and effectively represented on key coding and reimbursement committees. Proper coding has an enormous impact on a practice’s ability to serve its patient by delivering the most current level of care available. The AAN supports members by helping them advocate for updated procedure codes, allowing members to be fairly reimbursed for their work. Through advocacy efforts, members become a part of the change process and can have a direct effect on the way they are reimbursed for their work and the care they provide.

In 2003, the AAN worked with several members to update new coding procedures for transcranial Doppler (TCD) and motor evoked potential (MEP) procedures. The TCD procedures have become increasingly complex over the last few years, and needed additional codes. MEP procedures, often used for monitoring, did not have a CPT code. “Our goal is to ensure that members are compensated fairly for their expertise in performing procedures,” says Laura Powers, MD, FAAN, Chair of the Medical Economics and Management Subcommittee.

The AAN worked with the Society for Vascular Surgery on new TCD codes. Three new codes were developed for specific TCD procedures—cerebrovascular reactivity testing, embolus detection without bubble injection, and embolus detection with bubble injection. Previously, neurologists had to perform these procedures as part of a complete or limited TCD exam as an add-on, which could not be reimbursed. The new TCD and MEP code values will be finalized in November 2004 and will become effective January 1, 2005.

“These new reimbursable codes should make it more financially feasible to offer TCD diagnostic studies, which should encourage more neurologists to offer such testing,” says Charles Tegeler, MD. “This translates into better patient access to these safe, noninvasive, relatively low cost procedures.” Tegeler represented the AAN, along with Marc Nuwer, MD, PhD, FAAN, and James Anthony, MD, FAAN, to advocate for the codes.

When advocating for new coding procedures and fair reimbursement, the AAN partners with other interested medical societies. The code development consortium surveys needs, usefulness, and required resources. A formal survey is conducted prior to presenting the new codes to the American Medical Association’s Relative Value Update Committee (RUC). Using the survey process to strengthen its case, the societies and the RUC recommend reimbursement levels to the Centers for Medicare and Medicaid Services (CMS). The CMS makes the final decision and publishes the values in the physician fee schedule.

The results may take time, but the final outcome can be positive. “The rewards of the process come in future years when the codes are widely used. When that happens, one appreciates how the system can be made to function well in the long run despite its complexities,” says Nuwer.

Physician involvement is an essential part of the process. “The CPT and RUC committees crave input from practicing physicians,” explains Tegeler. “Physicians can really facilitate change if they are willing to get involved rather than merely complaining about the way things are.” Nuwer agrees, “If we don’t participate, then others will determine our fate for us—usually in ways that fail to meet our needs.”

MEDICAL ECONOMICS HIGHLIGHTS IN 2003

- The Academy offered several new coding products, including the searchable PDA version of the popular ICD-9-CM for Neurologists, which is free to AAN members, as well as a PDA version of CPT codes
- Susan M. Naselli, MD, successfully worked in her home state of Tennessee to change a policy on off-label use of chemotherapy drugs before it took effect, ensuring that neurology patients won’t be denied access to the drugs they need
Strategic Plan Position Statement: The AAN shall advocate for healthcare policies at state and national levels that offer neurologists fair reimbursement and a reasonable regulatory environment. The AAN will assist neurologists in obtaining the information and resources required to manage their practices effectively, including ways to ensure that they are fairly reimbursed for their work.
MEMBERSHIP AT THE CORE OF AAN ACCOMPLISHMENTS

The Academy is dedicated to helping members achieve professional growth and development throughout the length of their careers. As a result, the AAN continues to seek and provide new opportunities for members to become involved. Through surveys, the tri-annual census, focus groups, and individual feedback, members give input about AAN tools, programs, and services, allowing the AAN to continually address and meet their needs.

At the AAN, membership expands beyond just products and services—it is at the core of everything the AAN set out to accomplish in 2003, from advocacy, to science, to physician education. “Membership is about more than belonging to the Academy; it is about investing in the goals of today, striving toward the goals we’ve defined for the future, all the while remaining committed to our Strategic Plan, our Mission Statement, and to the issues that impact the lives of our members,” says President Elect Thomas Swift, MD, FAAN.

Constant and consistent feedback from the AAN membership, through guided surveys, focus groups, and the census, helped the organization prioritize and satisfy the growing and diverse needs of the membership. In 2003, guided by the nine initiatives in the AAN’s Strategic Plan, the Academy remained committed to maintaining outstanding member benefits and also sought new opportunities that the individual member could use to improve her or his practice.

In 2003, the AAN released an updated Academy Online Store, at www.aan.com/academy.cfm, where members were able to quickly access and purchase a range tools for building practices, supporting neurology careers, and enhancing patient education—all at a discount for members of the AAN. The new store featured more intuitive navigation as well as an automatic purchase and tracking system. Three new products debuted in 2003 to help physicians educate patients about the brain, nervous system, and their disorder. These new products included life-sized, three-dimensional models of the brain and vertebral columns, and a new series of patient education posters.

Recognizing the growing demand for mobile computing solutions, the AAN unveiled its new Personal Digital Assistant (PDA) offerings at the 2003 Annual Meeting in Hawaii, all available at mobile.aan.com. This new PDA suite offers AAN products designed to enhance neurologic practice. From mobile.aan.com users can access sync.aan.com, the AAN’s AvantGo Channel containing the 2003 AAN Pocket Guidelines, Neurology journal table of contents and abstracts, and AANnews, as well as other AAN content. Mobile.aan.com also features pocketNeurology™, which contains the AAN’s PDA software applications, including the newest ICD-9-CM on PDA, CPT on PDA, and the AAN Membership Directory.

The AAN continues to provide news and information to members through a suite of publications: Neurology, the scientific journal; Neurology Today, AAN’s monthly tabloid reporting on issues and trends in policy, research, and practice; and AANnews, the members newsletter, which covers Academy policies, programs, products and services. In 2003, Neurology Today took home an award given by the Society of National Association Publications for an article covering Alzheimer’s disease. The story, “More Complications in Human Trials of Alzheimer’s Vaccine, Dosing Stopped,” was granted a Gold Award, the highest prize in the society’s Excel Awards competition.

“The value of membership is significant,” explains Membership Committee Chair Kenneth Tyler, MD, FAAN. “For example, membership in the Academy can actually save members money. The significant discounts to members on the Annual Meeting alone exceed the cost of membership dues.” Tyler adds, “Through the demonstrated value of membership, we are not only working to satisfy the needs of current members, we are working to grow the organization of the future.”
Strategic Plan Position Statement: The AAN shall continually demonstrate value to its members in order to maintain its position as a leading neurological organization.
The Academy’s media relations and news release program assisted reporters by providing information about groundbreaking neurological efforts in 2003. At the 55th Annual Meeting in Hawaii, the AAN garnered publicity for several researchers’ findings. Despite the distance from the mainland and coverage of the war in Iraq, more than 60 reporters covered the Annual Meeting onsite, with an additional 219 reporters developing stories offsite.

Nidhi Watson, MD, was given a national platform for her research while she attended the Annual Meeting. The research project that she presented at the meeting proved to be an enormous draw for health and science writers worldwide. Watson’s research on “Focal Neurologic Deficits as a Frequent Clinical Manifestation of West Nile Virus Infection” attracted immediate media attention, due to the timely manner of the findings. It was Watson’s first media experience, and the response from the media was, in her own words, “overwhelming,” but still welcome, as it led to a rush of calls from reporters asking for interviews. “It was flattering and nerve racking all at the same time,” says Watson. Her findings were mentioned in more than 80 printed news articles including the New York Times. She was interviewed by numerous media outlets including CNN, affiliates of every major news network, Canadian Public Radio, and others. Her research was chosen as one of the scientific highlights for the 2003 Annual Meeting, as presented by Timothy A. Pedley, MD, FAAN. The AAN’s own Neurology Today and AAN news also covered the story.

The AAN strives to increase media coverage by distributing press releases to news outlets and arranging interviews with study authors and other experts. In addition, the AAN online Press Room has resources for reporters including a list of experts, media kits, and fact sheets. Publications Committee member James P. Kelly, MD, FAAN, explains how informing the public about neurology as a specialty is a benefit to every member. “It’s important for the general public to understand that this is a distinct discipline at the forefront of scientific advances, and is best suited for the proper diagnosis and treatment of neurological disorders,” says Kelly. Kelly acts as a consultant to AAN staff for press materials before being distributed to media outlets.

In Watson’s case, she credits the efforts of the AAN for writing a news release that was key to all the publicity of the West Nile virus research. “The AAN was paramount in publicizing my research,” says Watson. “Without the news release, none of the subsequent publicity would have occurred. The Academy did a great job writing an accurate piece on my research, which formed the basis of many articles and quotes. In Hawaii, I liked the format for the press briefing and the media relations team was always available to assist me.”

Watson and her colleagues had originally intended to educate other physicians about their local experiences with the infection. Once the project was publicized through the efforts of the AAN, the research took on an expanded role in informing the public in mainstream media. Eventually, the media blitz surrounding West Nile virus led to National Institutes of Health-sponsored studies on the disease.

In 2003 the West Nile virus research project came full circle. What began as a sharing of information with other doctors snowballed into a national news story—helping to educate the public—and eventually inspired new research studies on an infectious disease of growing concern. “I felt rewarded and honored that my project received such an enormous amount of publicity,” says Watson.
PUBLIC AWARENESS HIGHLIGHTS IN 2003

• The AAN continued to provide resources for members to use in discussions with patients, caregivers, and families including the “What is a Neurologist?” brochure, brochures about eight common neurological disorders, 10 patient education posters, and the Neurology Patient Pages section located online at www.neurology.org

• Jay Rosenberg, MD, FAAN, and his wife, Judy, hosted the first “salon” to raise public awareness and support for neurological disease at their home in southern California raising $17,745 from 58 donations

• The Brain Matters Website at www.thebrainmatters.org was redesigned to incorporate a more user-friendly navigation and design for neurology patients and their families; new featured sections include Sleep Disorders, Dystonia, Working With Your Doctor, and information for families and friends (learn more on page 30)
AAN FORMS UNITED COUNCIL FOR NEUROLOGIC SUBSPECIALTIES

In the Strategic Plan, the Academy outlines a multi-step strategy for enhancing the quality of training for neurologic subspecialties and increasing the overall quality of patient care by subspecialties. By partnering with independent medical organizations, the AAN has helped to create a separate non-profit entity that will provide program accreditation and certification of subspecialties.

The AAN first explored the concept of subspecialty certification in 1991. The Academy’s Commission on Subspecialty Certification began in 1998 reviewing trends across all medical specialties toward subspecialization, driven in part by new science and technology. The increasing need for subspecialty certification was identified through national AAN member surveys. In 2000, 75 percent of graduating neurology residents entered fellowship programs to develop subspecialty expertise.

As a result, the AAN made it a priority in 2002 to support the development and deployment of a method of program accreditation and subspecialty certification for neurologic subspecialties, while maintaining the value of the generalist. Due to these efforts, the United Council for Neurologic Subspecialties (UCNS) was established in March 2003.

The UCNS, a non-profit professional medical organization, is sponsored by the five major teaching organizations in neurology: the AAN, the American Neurological Association (ANA), the Association of University Professors of Neurology (AUPN), the Child Neurology Society (CNS), and the Professors of Child Neurology (PCN). Its primary mission is to provide for accreditation and certification with the goal of enhancing the quality of training for physicians in neurological subspecialties thereby enhancing the quality of patient care.

The UCNS is designed to assist subspecialties that have matured to the point where accreditation of training programs and certification of program graduates is appropriate yet these subspecialties have not grown to the size that would allow for American Board of Psychiatry and Neurology (ABPN) certification.

At its first Board of Directors meeting in the spring of 2003, the UCNS approved bylaws, elected officers, and established the policies, procedures, and criteria for membership and accreditation. Stephen Sergay, MD, FAAN, was nominated by the AAN to the Board and was then elected Chair of the UCNS.

“We believe this is a natural evolution of neurology and medicine in general,” says Sergay. “At one time, all physicians were general practitioners. Now we have many defined types of specialists who have trained in accredited programs and have been certified. Subspecialty accreditation and certification takes that evolution one step further by offering clearly defined training standards for physicians and recognition by certification of competence thereafter. We strongly believe this will enhance the quality of care for our patients.”

The UCNS recognizes that neurologists care for only a fraction of patients who have neurological disorders and believes that further recognition of the subspecialties of neurology will expand the number of patients to be cared for.
by a neurologist. This will expand the opportunities for care by all neurologists, both generalists and subspecialists, who for the most part practice general neurology as well as their subspecialty.

To facilitate the membership application process the UCNS developed a website at www.ucns.org. An Independent Board and two Neurological Subspecialty Areas have initiated the application process for membership in the UCNS. Once membership is approved, training programs in those subspecialties may begin the process of gaining accreditation. Following training in these programs, candidates may achieve certification. ■

Stephen Sergay, MD, FAAN

Strategic Plan Position Statement: The AAN shall develop and deploy accreditation and credentialing options for neurological subspecialties while maintaining the value of the generalist.
During the 2003 calendar year, the Academy and its two subsidiaries (AAN Enterprises, Inc., and the American Academy of Neurology Foundation) had consolidated revenues of $21.3 million. The major income sources were:

- Member dues remained stable at $4.9 million, which came from the 17,744 Academy members and from the Corporate Roundtable members.
- Annual Meeting corporate sponsorships declined to provide $1.6 million in revenue, while exhibits and registration revenue declined to $4.7 million in revenue. The Annual Meeting represents 29 percent of the Academy’s total revenue.
- Publications including the *Neurology* journal are another major revenue source, representing 19 percent of the Academy’s revenue, and $4.1 million in revenue.
- Academy investments experienced a 20 percent rate of return on the long-term holdings. The Investment Committee continues to review and monitor the performance of the funds held in the portfolio.

The Academy and its subsidiaries programs and services required expenditures of $19.4 million for calendar year 2003. The major areas were:

- Annual Meeting expenses remained at $5.5 million or 28 percent of Academy services.
- Subscriptions to *Neurology* remained relatively constant and represent 8 percent or $1.6 million of the costs.
- A variety of predominantly health policy projects and initiatives have continued to support the mission and strategic directions of the Academy and represent 13 percent or $2.6 million of the Academy’s costs. Leadership continues to explore how expanded advocacy efforts might benefit the bottom line of member neurologists.
- The three Boards, 19 standing committees, 39 subcommittees, one ad hoc committee, and four task forces contribute significantly to the Academy’s operations and represent 9 percent or $1.7 million of operations.
- Support services represent 18 percent or $3.4 million of operational costs. This is considerably lower than the 30 percent industry standard thereby enabling more monies to be directed towards critical programs and services.
- Included in support services are technology enhancements for the website, other enhancements to our technological systems, and development costs for new services, including financial support for the United Council for Neurologic Subspecialties (UCNS).

The leadership focuses our budget on the critical needs of neurology and neurologists. For the 2003 calendar year, the consolidated net income for the Academy and its two subsidiaries was $1,895,000. We make every effort to assure that the financial information is consistently prepared with the highest level of financial integrity and we are currently undergoing an audit by an independent outside firm, which to date has noted no areas of concern. For the 2004 fiscal year, the AAN Board approved a conservative consolidated balanced operating budget by program of $23.7 million.

It is an honor to serve as your Treasurer. I thank the American Academy of Neurology’s Board, Finance Committee, and staff for their leadership, support, and hard work that have given us another successful year.

Michael L. Goldstein, MD, FAAN
American Academy of Neurology Treasurer
BALANCE SHEET
December 31, 2003 and 2002

ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$ 8,576,004</td>
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<tr>
<td>Long Term Investments</td>
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<td>Accounts Receivable</td>
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<td>Prepaid Expenses</td>
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<tr>
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<tr>
<td>Equipment &amp; Leasehold Improvements</td>
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<tr>
<td>Deferred Income Tax</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$24,805,687</strong></td>
<td><strong>$22,319,089</strong></td>
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LIABILITIES AND FUND BALANCE

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
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<td>$ 1,097,955</td>
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<tr>
<td>Deferred Revenue</td>
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<td>3,989,045</td>
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<tr>
<td>Accrued Expenses</td>
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<td>612,940</td>
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<tr>
<td>Fund Balance</td>
<td>18,513,918</td>
<td>16,619,149</td>
</tr>
<tr>
<td><strong>Total Liabilities and Fund Balance</strong></td>
<td><strong>$24,805,687</strong></td>
<td><strong>$22,319,089</strong></td>
</tr>
</tbody>
</table>

Complete audit available upon request.
AAN LEADERSHIP

AMERICAN ACADEMY OF NEUROLOGY BOARD OF DIRECTORS
Sandra F. Olson, MD, FAAN, President
Thomas R. Swift, MD, FAAN, President Elect
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Huda Zoghbi, MD, Chair

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American Board of Psychiatry and Neurology
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United Network for Organ Sharing
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Pan-American Congress
Antonio Culebras, MD, FAAN, Liaison

Physician Association Joint Liaison Committee
Michael A. Lobatz, MD, Liaison

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AAN/AAPM&R Joint Task Force
George H. Kraft, MD, Co-Chair
Kenneth M. Viste, Jr., MD, FAAN, Co-Chair

Pharmaceutical and Physician Guideline Task Force
Michael A. Williams, MD, FAAN, Chair
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Kenneth M. Viste, Jr., MD, FAAN; Sandra F. Olson, MD, FAAN; Michael L. Goldstein, MD, FAAN; Mark Hallett, MD, FAAN;
Barbara J. Scherokman, MD, FAAN

Back Row:
Joseph C. Masdeu, MD, PhD, FAAN; Catherine M. Rydell; Kapil D. Sethi, MD, FAAN; Terrence L. Cascino, MD, FAAN;
Robert C. Griggs, MD, FAAN; John Booss, MD, FAAN; Robin L. Brey, MD, FAAN; Kenneth L. Tyler, MD, FAAN;
Marc R. Nuwer, MD, PhD, FAAN
In its first decade, the Foundation partnered with neurologists, neuroscientists, industry, patients, and patient advocacy groups to raise money for clinical research and public outreach. More than $1.8 million funded promising young investigators seeking treatments and cures for a range of neurological disorders. These accomplishments are chronicled in the Foundation publication, *Seeds of Discovery*. The Foundation also created a public website [www.thebrainmatters.org](http://www.thebrainmatters.org) to help increase understanding of neurological disorders and the role of the neurologist.

In 2003, the Foundation built on the success of the last ten years by:

• Raising $3.3 million to support neurological research, public education, and physician education
• Awarding three Clinical Research Training Fellowships
• Attracting a record number applicants for the Aventis Minority Scholars program
• Unveiling an enhanced version of the [thebrainmatters.org](http://www.thebrainmatters.org) Website with updated information and functionality

At the end of 2003, Martin “Marty” Schaefer joined the Foundation as its new executive director. Under his leadership, the Foundation will continue its commitment to neurological research and public education in partnership with the AAN and the neurology community.

These “seeds” that have been planted in the first decade of the Foundation will yield a future of hope for people worldwide who are living with neurological disease in the next.
**MAKING RESEARCH HAPPEN**

“Yesterday’s research is today’s treatment, and today’s research is tomorrow’s cure,” says Darryl C. De Vivo, MD, FAAN, and Chair of the AAN Foundation Research Council. With this in mind, the Foundation focused on clinical, epidemiological, and translational research that brings scientific discovery from bench to bedside.

This past year the AAN and AAN Foundation awarded three Clinical Research Training Fellowships that were funded by AAN members, Corporate Roundtable partners, and private donations. The fellowships provide a two-year award of $50,000 per year, plus a tuition stipend of up to $7,000 per year. Proceeds from the Silent Auction, held each year at the AAN Annual Meeting, also fund fellowship awards.

Additional research awards were introduced in 2003 with the assistance of partner organizations. The Canavan Foundation sponsored a Clinical Research Training Fellowship aimed at finding a treatment or cure for Canavan Disease. In addition, the Spinal Muscular Atrophy (SMA) Foundation funded three Young Investigator Awards of $85,000 per year for three years (and one honorary, non-monetary award) designed to advance research critical to finding a treatment or cure for SMA. The first awards were conferred in 2004.

— Darryl C. De Vivo, MD, FAAN

“Arbor Mirabilis,” by artist Jim Dryden, was commissioned to commemorate the AAN Foundation’s Tenth Anniversary.
PROMISE FOR THE FUTURE

The Foundation expanded its investment in clinical research awards through the growth of new funds that were established in 2003:

**Donald M. Palatucci Fund:**
A memorial fund honoring Donald M. Palatucci, MD, FAAN, a long-time AAN member and leader, the Palatucci Fund will support a fellowship that will help a clinician make the transition to full-time researcher.

**Judith Ann Rosenberg Fund for MS Research:**
A memorial fund honoring Judy Rosenberg, wife of AAN member Jay H. Rosenberg, MD, FAAN. She is remembered for living life successfully with chronic illness and working tirelessly to raise awareness about MS and the importance of research.

**Raymond D. Adams Fund for Clinical Research:**
Established through a large donation from an anonymous donor as a tribute to Raymond D. Adams, MD, a revered teacher and leader in neurology, the Adams Fund will support a fellowship in neurogenetics.

**Vincent Di Carlo, MD Stroke Research Fund:**
A memorial fund honoring Vincent Di Carlo, MD, who dedicated his life to researching neurodegenerative diseases. Di Carlo was a Cornerstone Donor, and was committed to the AAN Foundation’s goals of improving patient care through education and research.

Seeds of Discovery, published by the AAN Foundation and edited by Darryl C. De Vivo, MD, FAAN; Steven P. Ringel, MD, FAAN; and Lewis P. Rowland, MD, FAAN, celebrates the vision and progress of bright young researchers who have been supported by Foundation grants in the last ten years.
FOUNDATION LEADERSHIP

AAN FOUNDATION BOARD OF TRUSTEES

Kenneth M. Viste, Jr., MD, FAAN, Chair
Gerald G. Brew, Vice Chair, Public Trustee
Austin J. Sumner, MD, FAAN, Vice Chair
Darryl C. De Vivo, MD, FAAN, Secretary
Eric J. Liebler, Treasurer, Public Trustee
Jay H. Rosenberg, MD, FAAN, Past-Chair
Stanley Fahn, MD, FAAN
Patrick A. Griffith, MD, FAAN
Sandra F. Olson, MD, FAAN
Lewis P. Rowland, MD, FAAN

Catherine M. Rydell, AAN Executive Director
Thomas R. Swift, MD, FAAN
Gilles Gallant, Public Trustee
William E. Moeller, Public Trustee
Rochelle E. Pleet, Public Trustee
Cathy Pollini, Public Trustee
Francis L. Kittredge, Jr., MD, FAAN, Founding Trustee
Pat LaFontaine, Honorary Trustee

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Allergan, Inc.
AstraZeneca
Aventis Pharmaceuticals, Inc.
Berlex Laboratories, Inc.
Biogen Idec
Boehringer Ingelheim Pharmaceuticals, Inc.
Bristol-Myers Squibb/Sanofi-Aventis
Cephalon, Inc.
Cyberonics, Inc.
Eisai Inc.
Elan Pharmaceuticals
Eli Lilly & Company
Forest Laboratories, Inc.
GlaxoSmithKline
Janssen Pharmaceutica
Medtronic, Inc.
Merck & Co., Inc.
Ortho-McNeil Pharmaceutical
Pharmacia Corporation
Pfizer Inc
Purdue Pharma
Schwarz Pharma
Serono, Inc.
Shire US Inc.
Teva Neuroscience
UCB Pharma
Valeant Pharmaceuticals International
Viasys Healthcare

SILVER LEVEL

Acorda Therapeutics, Inc.
Endo Pharmaceuticals Inc.
Orphan Medical, Inc.
Pat LaFontaine, Honorary Trustee
Founding Trustee

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Bylaws Committee
Austin J. Sumner, MD, FAAN, Chair
Development Committee
Cathy Pollini, Chair
Executive Committee
Kenneth M. Viste, Jr., MD, FAAN, Chair
Finance Committee
Eric J. Liebler, Chair
Nominations Committee
Austin J. Sumner, MD, FAAN, Chair
Public Education
Gilles Gallant, Chair
Research Council
Darryl C. De Vivo, MD, FAAN, Chair
We are pleased to report that in 2003 the AAN Foundation continued to have a stable cash position with over $1,000,000 in short-term funds and over $1,400,000 in long-term investments. This allowed the Foundation to continue its mission to broaden support for clinical research and public education in neurology.

The Foundation supported clinical research in neurology through two Clinical Research Training Fellowships. The Foundation also continued to fund public education by enhancing its Brain Matters Website, www.thebrainmatters.org, with added information and functionality.

Through grants, the Foundation transferred over $1,880,000 to the American Academy of Neurology. This financial support provided a portion of the funding for the Academy’s Annual Meeting programming and other educational programs, including Dystonia/Spasticity Workshops, and the Palatucci Advocacy Leadership Forum.

The Foundation also supported the recognition of neurologists who have exemplified excellence in their respective fields through several awards granted by the Academy including: the Potamkin Prize for Research in Pick’s, Alzheimer’s and Related Diseases, the Sheila Essey Award for ALS Research, and the Neuroscience Research Prize. Additionally, in the past year we saw the first partnerships with the Spinal Muscular Atrophy Foundation and the Canavan Foundation, which created several new fellowships. We look forward to expanding on this success in the future.

We also continued support for increased cultural diversity among neurologists by once again offering the Aventis Minority Scholars Award to medical students.

Contributions, major gifts, corporate support from our pharmaceutical partners and planned gifts all add to the growth of the Foundation in its support of the Foundation’s Mission Statement. The Foundation’s ability to accomplish its mission and make a difference in the lives of people touched by neurological conditions depends on you. Your continued financial support of the Foundation makes all the difference and we are counting on you. Thank you.

Eric Liebler
American Academy of Neurology Foundation Treasurer
**BALANCE SHEET**
December 31, 2003 and 2002

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2003</th>
<th>2002</th>
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<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
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<tr>
<td>Cash and Cash Equivalents</td>
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<td>Contributions Receivable, Current</td>
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<td><strong>CONTRIBUTIONS RECEIVABLE, LONG-TERM</strong></td>
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<td>219,702</td>
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<td><strong>INVESTMENTS</strong></td>
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<td>$1,436,433</td>
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<td><strong>Total Assets</strong></td>
<td>$3,443,732</td>
<td>$3,963,044</td>
</tr>
</tbody>
</table>

| LIABILITIES AND NET ASSETS | | |
| **CURRENT LIABILITIES** | | |
| Accounts Payable | $13,011 | $70,149 |
| Grants Payable | 50,000 | 155,000 |
| Amounts Held For Others | 139,998 | 139,998 |
| **Total Current Liabilities** | $203,009 | $365,147 |
| **NET ASSETS** | | |
| Unrestricted | 252,537 | 409,088 |
| Temporarily Restricted – Foundation | 1,723,515 | 1,439,459 |
| Temporarily Restricted – Academy | 963,665 | 1,517,000 |
| Permanently Restricted | 301,006 | 232,350 |
| **Total Net Assets** | $3,240,723 | $3,597,897 |
| **Total Liabilities and Net Assets** | $3,443,732 | $3,963,044 |

Complete audit available upon request.
10TH ANNIVERSARY FUND

Benefactor ($25,000 – $249,000)
Berlex Laboratories

Baker Society ($1,000 – $4,999)
Anonymous (3)
Bruce T. Adornato, MD
Jitendra K. Baruah, MD
Deborah L. Friedman, MD
Michael L. Goldstein, MD
Mark Hallett, MD
Patrick A. Griffith, MD (in honor of Charles F. Barlow, MD)
Edgar J. Kenton, III, MD
Aaron E. Miller, MD
Neurology Associates of Eastern Maine, P.A.
Neuroscience Group of Northeast Wisconsin (in the names of Dr. Lisa Kokontis, Dr. Gizell Larson, Dr. Thomas Lyons, Dr. Thomas Mattio, Dr. Steven Price, and Dr. Philip Yabak)
Lewis P. Rowland, MD
Serge J. C. Pierre-Louis, MD
Lewis P. Rowland, MD
Sandra Z. Salan, MD
Stephen M. Sergay, MD (in memory of Maury Muench)
Jeff Sorensen
Hannes Vogel, MD
Alison Wichman, MD
Dewey K. Ziegler, MD
Justin A. Zivin, MD, PhD

Charcot Society ($100 – $499)
Anonymous (7)
Robert H. Ackerman, MD
Brian P. Ahlstrom, MD
Don Blanck
Thomas P. Bleck, MD (in memory of Frank Morrell, MD)
Thomas P. Bleck, MD (in memory of Harold L. Klawans, MD)
Joe R. Brown, MD
Jane A. Burnham, MD, PhD
Calvin L. Calhoun, MD (in memory of A. B. Baker, MD)
Myron Candido (in memory of Mont Simms)
Edward S. Cooper, MD
Marinos C. Dalakas, MD
Edward David, MD
Chester R. Dela Cruz, MD
David J. Dickoff, MD
J. Alejandro Donoso, PhD
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Patrick A. Griffith, MD (in honor of Charles F. Barlow, MD)
Edgar J. Kenton, III, MD
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Serge J. C. Pierre-Louis, MD
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